



World Health
Organization

Eswatini

ANNUAL RESULTS REPORT 2025

**BRAVE
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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CAB-LA	Cabotegravir Long-Acting
DHIS2	District Health Information Software 2
EHCP	Essential Health Care Package
EPR	Emergency Preparedness and Response
eSPAR	electronic State Party Self-Assessment Annual Reporting Tool
FCTC	WHO Framework Convention on Tobacco Control
HIV	Human Immunodeficiency Virus
ICD-11	International Classification of Diseases, 11th Revision
IHR	International Health Regulations
LEN	Lenacapavir
MOH	Ministry of Health
NCDs	Non-communicable diseases,
NHEROP	National Health Emergency Response Operations Plan
NHSSP	National Health Sector Strategic Plan
NTDs	Neglected Tropical Diseases
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
PrEP	Pre-Exposure Prophylaxis
RCCE	Risk Communication and Community Engagement
REMAP	Resource Mapping
SRMCAH	Sexual Reproductive, Maternal, Child and Adolescent Health
STEPs	STEPwise approach to NCD risk factor surveillance
STI	Sexually Transmitted Infections
TB	Tuberculosis
UHC	Universal Health Coverage

UN	United Nation
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need



MESSAGE FROM THE WHO REPRESENTATIVE

the implementation of programmes in Eswatini from January to December. This year was marked by financial constraints and a shifting global funding environment, alongside a persistent burden of HIV, tuberculosis, noncommunicable diseases, and emerging health security threats. Despite these challenges, partnerships continued to form the backbone of our collective response and achievements.

In close collaboration with the Ministry of Health (MOH) and various stakeholders, the World Health Organization (WHO) emphasised the importance of strategic diplomatic engagement, joint planning, and improved coordination to sustain essential health programmes. High-level partner interactions, including targeted donor visits and regular bilateral consultations, played a vital role in aligning priorities, strengthening cooperation, and mobilising support. These initiatives ensured that, even amid funding constraints at the start of the year, programme implementation remained focused and flexible.

Together, we successfully maintained essential interventions and advanced key national reforms. Critical programmes across Universal Health Coverage (UHC), communicable and non-communicable diseases, Sexual Reproductive, Maternal, Child and Adolescent Health (SRMCAH), and Emergency Preparedness and Response (EPR) were upheld, with a strong focus on equity and the protection of vulnerable populations. The completion of critical national strategic plans, policies, guidelines, the strengthening of national health information systems, and the government of Eswatini's ongoing support for the delivery of quality public health services exemplify our shared resilience and commitment.

It is an honour to present the 2025 Annual Report, which outlines

These achievements illustrate the steadfast leadership and commitment of WHO and MOH to improve the health of Eswatini through support, collaboration, and dedication from our partners and donors. As demonstrated in this report, these combined efforts have strengthened health systems, expanded access to essential services, and improved health outcomes for the people of Eswatini.

At the same time, the challenges encountered throughout the year offer valuable insights. Funding volatility underscores the need to enhance efficiency, diversify financing sources, and strengthen domestic resource mobilisation, while highlighting the importance of country ownership and investment in emergency preparedness, health promotion, and disease prevention to ensure sustainability.

Looking ahead, we remain dedicated to transparent governance, evidence-based initiatives, and strong partnerships. We will continue collaborating to reach ambitious goals, thereby creating a healthier and fairer future for all emaSwati.

I sincerely thank all our partners and donors for their ongoing support and commitment.

Dr Susan Tembo
WHO Representative, Eswatini

EXECUTIVE SUMMARY

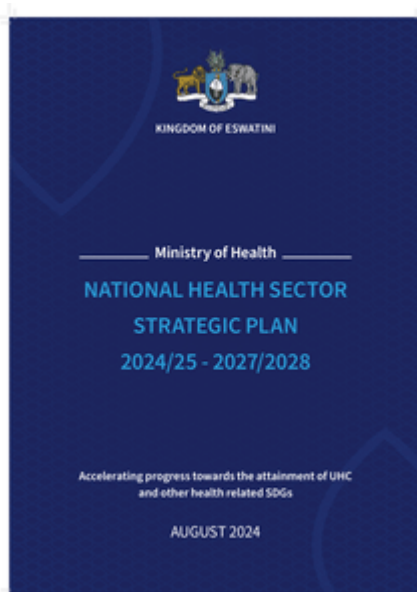
Driving Health Gains and System Resilience in Eswatini

Overall Impact

Working closely with the Ministry of Health and partners, WHO supported transformative reforms that delivered measurable progress in population health outcomes, service delivery, and health system resilience.

Key results

- ◆ Maternal mortality reduced from 107 to 70 per 100,000 live births (2019–2024)
- ◆ PMTCT coverage reached 98%
- ◆ TB incidence has fallen by 46% since 2015
- ◆ Malaria case investigation reached 98%
- ◆ Cervical cancer screening reached 66%



Health Sector Reform Milestones

WHO technical support enabled adoption of:

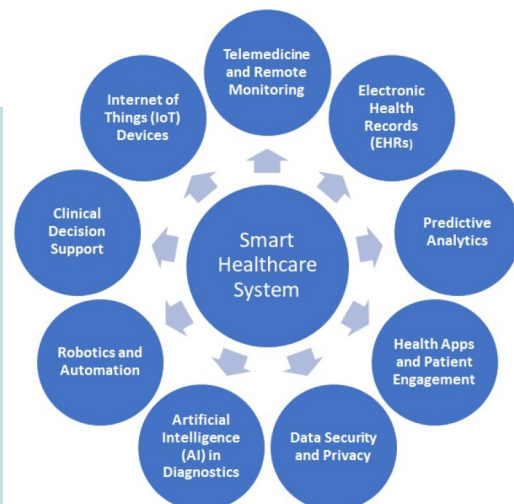
- ◆ Essential Health Care Package (EHCP)
- ◆ National Health Sector Strategic Plan 2024–2028
- ◆ Health Financing Strategy
- ◆ Human Resources for Health Strategy 2025–2030
- ◆ Strategic Information Plan

These reforms strengthened priority-setting, financing efficiency, workforce planning, and evidence-based decision-making.

Smarter Health Systems

WHO supported:

- ◆ DHIS2 optimisation
- ◆ Better data integration
- ◆ Improved governance of health information
- ◆ Stronger use of data for planning and accountability



Emergency Preparedness Strengthened

Eswatini improved readiness for future emergencies through:

- ◆ 2024 IHR assessment completed (42% core capacity)
- ◆ National Mpox simulation exercise conducted
- ◆ Polio & Measles response plans updated
- ◆ National Action Plan for Health Security was developed with 80+ stakeholders
- ◆ National responders increased to 58



Communicable Disease Progress

WHO supported:

- ◆ Updated HIV testing strategies
- ◆ Introduction of long-acting PrEP
- ◆ HIV & TB strategic plans finalised

NCDs, Cancer & Mental Health

Significant gains included:

- ◆ STEPS and school health surveys completed
- ◆ National NCD Prevention Strategy endorsed
- ◆ Improved cervical cancer screening capacity
- ◆ Cancer imPACT review completed
- ◆ Nuclear & Radiation Safety Act advanced
- ◆ Suicide prevention advocacy aligned with WHO **LIVE LIFE**

Remaining Challenges

Despite progress, the health system still faces:

- ◆ High HIV prevalence
- ◆ Significant TB burden
- ◆ Rising NCDs & mental health conditions
- ◆ Workforce shortages
- ◆ Funding constraints
- ◆ Climate and cross-border disease risks
- ◆ Persistent inequalities



These achievements have laid a stronger foundation for Universal Health Coverage, healthier communities, and a more resilient future for Eswatini.

ESWATINI HEALTH CONTEXT IN 2025

Navigating a Complex and Changing Health Landscape

Overview

In 2025, Eswatini's health system operated within a challenging environment shaped by a **dual burden of communicable and non-communicable diseases**, demographic transition, environmental pressures, and structural inequalities.

Major Health Burdens

Communicable Diseases

- One of the **highest HIV prevalence rates globally**
- Continued **high tuberculosis burden**
- Cross-border disease transmission remains a concern

Non-Communicable Diseases

Rapidly rising cases of:

- Hypertension
- Diabetes Mellitus
- Cancers
- Mental Health Conditions

Environmental and Social Pressures

Climate Risks

- Droughts
- Changing rainfall patterns
- Increased impact on malaria transmission and health security

Social Determinants

- Unequal healthcare access between **urban and rural communities**
- Poverty and unemployment
- Education and nutrition gaps

Demographic Shifts

Population trends increasing demand for services:

- Growing adolescent population
- Ageing population of people living with HIV
- More chronic disease management needs

System Constraints

Challenge

- Workforce shortages
- Limited financing
- Uneven resource allocation
- High disease burden

Strategic Imperatives for 2025+

To sustain progress, Eswatini requires:

- Increased domestic health financing
- Stronger multisectoral collaboration
- Investment in workforce and primary care
- Action on education, nutrition & livelihoods
- Equity-focused approaches so **no one is left behind**

Despite significant pressures, Eswatini has opportunities to accelerate progress toward **Universal Health Coverage, resilience, and healthier communities** through targeted investments and inclusive action.

HEADLINE RESULTS AT A GLANCE

Key Achievements Driving Better Health Outcomes in Eswatini

Major Milestones in 2025

Health Systems Strengthened

- ⇒ **Essential Health Care Package** finalised and disseminated
- ⇒ **National Health Sector Strategic Plan (NHSSP) 2024–2028** endorsed
- ⇒ **1,400+** health workers trained across priority programmes

Immunisation Expanded

- ⇒ 119,728 children vaccinated through the Measles-Rubella campaign
- ⇒ 87.3% campaign coverage achieved
- ⇒ HPV vaccination coverage reached 74.4% among girls aged 9–14

Supply Chain Improved

- ⇒ Vaccine stockouts reduced from 12% (2023) to 4% (2025)



Health Learning Material for immunisation

Cancer Prevention Strengthened

- ⇒ Cervical cancer screening coverage increased to 65.9%

Why It Matters

These achievements reflect stronger health systems, expanded prevention services, better supply chain performance, and increased access to life-saving care.

STRATEGIC DOCUMENTS DEVELOPED AND ENDORSED IN 2025

One of WHO's mandates is to provide strategic leadership in Eswatini on health issues. This involves establishing guidelines and standards aligned with global health practices, including disease prevention, treatment protocols, and strengthening the health system. WHO develops international health regulations to address public risks. In 2025, WHO led the creation and advocated for the endorsement of strategic documents that are utilised by programmes to achieve health outcomes in the country. Some of the endorsed strategic documents include:

1. National Health Sector Strategic Plan (NHSSP) 2024/25–2027/2028
2. Eswatini Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategic Plan 2024–2028.
3. Eswatini National Acceleration Plan to Stop Obesity 2025–2030.
4. Eswatini National Health Sector Response Plan for the Prevention and Control of Noncommunicable Diseases, Injuries and Mental Health 2024-2028
5. National Cervical Cancer Elimination Acceleration Plan 2024–2030
6. Joint external evaluation of the International Health Regulations (2005) core capacities of Eswatini 2024
7. Eswatini Voluntary Medical Male Circumcision (VMMC) Coordination Framework 2024–2028
8. Eswatini National Health Accounts Report 2022–2024 (Tracking Health Expenditure)
9. Eswatini Essential Health Care Package 2024–2028
10. Eswatini Human Resources for Health Strategy 2024–2030
11. Eswatini National Strategic Plan for HIV, STIs and Viral Hepatitis 2024–2028
12. Eswatini National Tuberculosis Prevention and Control Strategic Plan 2024–2028
13. Eswatini National Neglected Tropical Diseases Master Plan 2024–2030
14. Eswatini National Health Emergency Response Operations Plan (NHEROP) 2023–2026
15. Eswatini National Immunisation Strategy 2024–2028



RESULTS BY STRATEGIC PRIORITY

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UNIVERSAL HEALTH COVERAGE



Outreach for health service delivery in Eswatini

Eswatini continues to make progress towards Universal Health Coverage (UHC) despite ongoing structural and systemic challenges, such as limited health financing, shortages and uneven distribution of health workers, and fragmented health information systems. These issues have historically restricted equitable access to essential health services and affected the overall efficiency and responsiveness of the health system. By 2025, with continued technical and strategic support from the WHO and partners, the country will have strengthened efforts to address these bottlenecks through integrated, results-based reforms.

These reforms aimed to strengthen the foundations of a resilient and fair health system by improving governance, enhancing health financing mechanisms, developing a more responsive

health workforce, and modernising health information systems. Key national frameworks and tools were developed and implemented to guide this transformation, including strategic planning instruments, evidence-based financing reforms, and workforce planning methodologies.

Advancing Universal Health Coverage: Building a Resilient and Fair Healthcare System in Eswatini



Launch of normative guiding documents for advancing Universal Health Coverage

Ongoing structural challenges, including disjointed health financing, critical shortages of health workers, and weak, fragmented health information systems, influenced Eswatini's progress towards UHC. These issues continued to limit fair access to essential services and compromised the efficiency of the health system. In response, the WHO, working closely with the Ministry of Health and partners, supported a series of integrated, result-focused reforms to improve governance, financing, workforce capacity, and health information systems. A major achievement during the year was the finalisation and national endorsement of the Essential Health Care Package (EHCP), which delineates a clear set of priority services to be delivered across all levels of care. Developed through extensive consultations with clinicians, public health practitioners, and stakeholders, the EHCP provides a crucial foundation for equitable service delivery and resource allocation. This was complemented by the development and dissemination of the

National Health Sector Strategic Plan (NHSSP) 2024–2028, which outlines the country's health priorities for the next five years and aligns sector efforts with the Sustainable Development Goals. Together, these frameworks have strengthened strategic coherence and provided a unified direction for health sector reforms.

To address longstanding inefficiencies in health financing, WHO supported the development of a Health Financing Strategy, building on the existing 2018 policy and informed by a Health Financing Progress Matrix assessment. This effort was further strengthened by the completion of the National Health Accounts for 2021–2023, which provided essential evidence on health expenditure patterns to enable more efficient and sustainable resource allocation. Regular high-level engagements between WHO and the Ministry of Health, along with participation in national and United Nations coordination platforms, further improved governance, policy alignment, and multisectoral collaboration.

Significant progress was also made in strengthening the health workforce. WHO provided technical and financial support for the development of a costed Human Resources for Health Strategy (2025–2030) and the implementation of the Workload Indicators of Staffing Need (WISN) methodology. This process improved national capacity for evidence-based workforce planning, with 40 multi-sectoral stakeholders and 80 health professionals trained, and comprehensive workload and staffing data collected from 114 public health facilities.

The staffing norms and workload standards across 41 professional cadres have established a solid evidence base to inform recruitment, deployment, and policy decisions. Additionally, these initiatives supported national advocacy to recruit 400 additional health workers and address critical gaps in service delivery.



Meanwhile, WHO supported transformative improvements in health information systems to strengthen evidence-based decision-making, through a phased optimisation of the District Health Information Software 2 (DHIS2), national servers were established, data elements standardised, and interoperability enhanced across key health programmes, including HIV, maternal health, surveillance, noncommunicable diseases, and immunisation. Capacity was strengthened through the training of 21 DHIS2 super users and technical workshops for system developers and analysts, improving the national ability to manage, analyse, and utilise health data. The development of the Strategic Information Department's Strategic Plan (2024–2028) further

reinforced data governance, integration, and the use of data for policy and planning.



The International Classification of Diseases, 11th Revision (ICD-11) training for data managers

Efforts to improve health intelligence advanced further with the introduction of Verbal Autopsy to address key gaps in mortality data, particularly for community deaths where causes are often unknown. Piloted in two regions and covering 800 deaths, this initiative, aligned with the transition to the International Classification of Diseases, 11th Revision (ICD-11), has enhanced the country's capacity to generate accurate cause-of-death statistics and better understand population health trends.

These combined interventions have yielded tangible results in strengthening the foundations of UHC in Eswatini. The EHCP has clarified service entitlements and improved prioritisation, while the NHSSP 2024–2028 has enhanced policy coherence and alignment across programmes. Evidence-based workforce planning has improved decision-making on staffing, and strengthened health information systems have enhanced data quality, accessibility, and utilisation. Collectively, these reforms have im-

proved governance, coordination, and the health system's capacity to deliver integrated, people-centred services.

However, significant challenges remain. Workforce shortages and unequal distribution continue to restrict service delivery, while financial constraints and reliance on external funding threaten sustainability. Although progress has been made in strengthening data systems, ongoing investment is necessary to ensure full integration and optimal utilisation. Moving forward, improving domestic resource mobilisation and reinforcing multisectoral collaboration will be vital to accelerate progress towards an equitable, resilient, and sustainable health system.

COMMUNICABLE DISEASES



Temperature monitoring by health worker

Eswatini continues to face a significant burden of communicable diseases, especially HIV and tuberculosis (TB), while also striving to maintain progress towards malaria elimination and control of neglected tropical diseases (NTDs). Ongoing social inequalities, demographic changes, climate change, and limitations within the health system influence these challenges. By 2025, these issues were worsened by gaps in detection, prevention, and service provision caused by a sudden decline in external donor support to the programmes.

In response, WHO provided strategic leadership and technical support to the Ministry of Health, which helped them navigate a very challenging year for the programmes. The focus was on optimising the system to sustain the provision of integrated, people-centred services, enhance surveillance, and accelerate progress towards the disease control and elimination targets.

Sustaining Gains, Addressing Gaps: Eswatini's Evolving HIV Response



Right Honourable Prime Minister Mr Russell Dlamini launching Lenacapavir in Eswatini

Eswatini remains one of the countries most affected by HIV globally, with an estimated 226,595 people living with HIV in 2025. The epidemic continues to disproportionately impact young people, particularly adolescent girls and young women, with HIV prevalence at 23.4% among those aged 15–49 and significantly higher among females than males. Key populations, including female sex workers, face an even greater burden. Meanwhile, the growing cohort of ageing PLHIV on antiretroviral therapy presents challenges with the emergence of NCDs and mental health co-morbidities among them.

In response, WHO supported strengthening national HIV policies and programmes by adopting the WHO-recommended three-test HIV testing strategy, thereby improving diagnostic accuracy and reducing misclassification. Prevention efforts were expanded through the introduction of long-acting pre-exposure prophylaxis options, including Cabotegravir Long-Acting (CAB-LA) and Lenacapavir (LEN), with a particular focus on high-risk groups, including

adolescent girls, young women, and key populations. Moreover, WHO helped finalise the national HIV Strategic Plan, the HIV drug resistance strategy, and updated guidelines to enhance programme implementation and sustainability.

These efforts have contributed to continuous progress in the HIV response. New infections and AIDS-related deaths have decreased by approximately 70% and 56%, respectively, since 2010, demonstrating the effectiveness of combined prevention and treatment strategies. The country was among the first to achieve the UNAIDS 95-95-95 targets and is currently working to maintain those gains. Prevention of mother-to-child transmission (PMTCT) services remain strong, with coverage reaching 98% and vertical transmission reduced to 1.3%, placing Eswatini on track towards elimination goals. However, ongoing transmission among vulnerable groups underscores the need for sustained investment in prevention, community engagement, and targeted interventions.

Turning the Corner on Tuberculosis: Progress, Innovation, and Remaining Gaps.



Drug-resistant TB survivor

Tuberculosis (TB) remains a significant public health challenge in Eswatini, even though the country has made notable progress over the past decade. The estimated TB incidence rate in 2023 was 350 cases per 100,000 people, meaning approximately 4,300 individuals contracted TB. This marks a substantial decline from 648 per 100,000 in 2015, demonstrating strong progress in TB control.

Despite these improvements, Eswatini remains among the 30 countries with the highest TB and HIV burdens worldwide, primarily due to the strong link between TB and HIV. In 2023, approximately 53.5% of all TB patients were people living with HIV, making TB/HIV co-infection

one of the country's most urgent issues. Nevertheless, collaborative TB/HIV services have performed well, with 98% of TB patients aware of their HIV status and 98% of co-infected patients on antiretroviral therapy (ART).

Drug-resistant TB remains a threat. In 2025, it was estimated that there were 18 cases of drug-resistant TB per 100,000 people, affecting around 230 individuals. This puts pressure on diagnostic services, treatment systems, and infection prevention programmes.



Innovative TB diagnostics in Eswatini

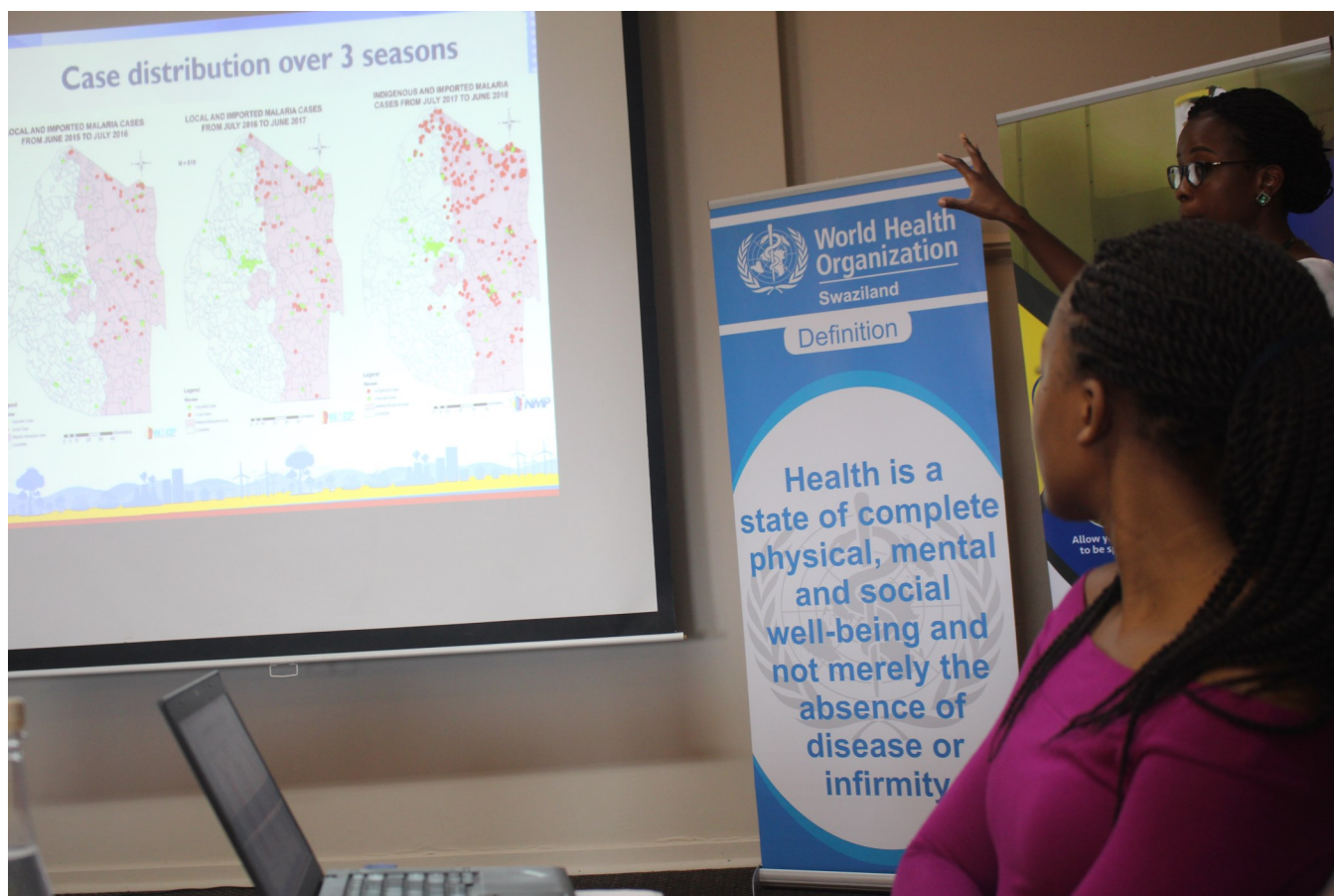
WHO supported the enhancement of TB prevention, detection, treatment, and care through updated screening algorithms that prioritise high-risk populations, including PLHIV and children. The rollout of digital chest X-rays powered by artificial intelligence provided a more sensitive screening method during both passive and active case finding. WHO also helped expand access to universal rapid molecular diagnosis for all presumptive TB cases. This included introducing stool-based testing to improve the diagnosis of paediatric TB. Additionally, WHO supported finalising and distributing the National TB Strategic Plan (2024–2028), updating guidelines, conducting data reviews, and providing training for healthcare workers.

These efforts yielded strong results. TB incidence and deaths have decreased significantly, by 46% and 58% respectively, since 2015. All notified TB cases are now tested for rifampicin resistance, enhancing the detection of drug-resistant TB. Preven

tive interventions have also expanded, with tuberculosis preventive therapy (TPT) reaching 89% coverage among PLHIV and achieving an 84% completion rate. Treatment outcomes have improved, with success rates exceeding 80% for drug-sensitive TB and similar results for multidrug-resistant TB.

However, gaps persist. At 61%, TB treatment coverage remains suboptimal, and many people with TB go undiagnosed, especially children and key populations. Access to diagnostics is uneven, and 69% of people with TB and their households face catastrophic costs when seeking TB services. Additionally, TB/HIV co-infection remains very high. Continued investment in quality diagnostics, workforce capacity, and integrated services will be crucial to accelerate progress toward ending TB.

Near Zero: Maintaining Momentum in Eswatini's Elimination Effort



Programme officer presenting the malaria situation in Eswatini

In 2025, malaria remained Eswatini's most strategically crucial vector-borne disease, while schistosomiasis and helminth infections represented the largest residual burden of neglected tropical diseases. Although the country has made significant progress and is well into the malaria elimination phase, with transmission now relatively low and mainly concentrated in the lowveld and border regions neighbouring Mozambique and South Africa, imported and cross-border cases continued to pose a significant threat to maintaining those gains.

Over the past decade, Eswatini has seen significant reductions in malaria morbidity and mortality, bringing the country closer to elimination; however, risks from population movements, climate change, and regional transmis-

sion dynamics remain. Meanwhile, although Eswatini's overall neglected tropical disease burden remains lower than that of many sub-Saharan African countries, several conditions continue to pose substantial public health challenges. Consequently, the national challenge has shifted from just treatment to maintaining elimination progress, preventing resurgence, and developing resilient financing and surveillance systems that can safeguard these hard-won achievements.

WHO supported strengthening malaria surveillance and response systems, including updating epidemic preparedness and response plans, refining outbreak thresholds, and enhancing standard operating procedures.



Malaria vector control team searching for mosquito breeding sites

Health care workers were also trained on the updated malaria case management guidelines. Community sensitisation and awareness campaigns were conducted to improve prevention and early detection, especially in high-risk areas.

As a result, malaria transmission remained low. During the 2024/2025 season, a total of 375 confirmed cases were reported. Of these, 98% were investigated, demonstrating strong surveillance coverage and programme responsiveness. Strengthened case management, supported by improved data systems and coordinated response mechanisms, helped limit onward transmission and prevent outbreaks.

However, a significant proportion of cases were imported or linked to cross-border movement from neighbouring high-transmission areas, highlighting the persistent risk of reintroduction. Transmission remains geographically concentrated in the lowveld and border regions,

requiring sustained targeted interventions. Climate variability and population mobility continue to pose additional risks to elimination efforts.

Maintaining progress will require ongoing investment in surveillance systems, vector control, and cross-border cooperation, alongside sustained community engagement to ensure early detection and prompt treatment. Enhancing regional coordination and operational capacity will be essential for achieving and maintaining malaria elimination.

Neglected Tropical Disease: Strengthening Surveillance and Advancing Multi-Disease Elimination



Mass Drug Administration in Eswatini

WHO supported the shift in neglected tropical diseases (NTDs) programming towards integrated, evidence-based, and surveillance-driven approaches, leading to measurable progress in multi-disease elimination. A significant achievement was the implementation of the national schistosomiasis and soil-transmitted helminths (STH) impact assessment, which produced high-quality data to guide the stratification of endemic areas, optimise mass drug administration, and inform the move towards targeted, risk-based interventions.

This evidence now informs programme decision-making, including the identification of persistent transmission hotspots and the integration of complementary measures such as water, sanitation, and hygiene (WASH) interventions and behaviour change strategies to reduce reinfection.

Significant progress was also made in elimination efforts. Eswatini reported zero cases of human rabies and zero indigenous leprosy cases, reflecting sustained interruption of transmission, strong surveillance systems, and effective intersectoral collaboration. These milestones demonstrate real progress towards national and global elimination targets.

Despite a relatively low overall NTD burden, residual transmission persists in focal areas, especially for schistosomiasis and helminth infections. Sustaining progress will require strengthening sentinel surveillance, maintaining targeted interventions in high-risk zones, and deepening cross-sector collaboration. Ongoing investment in surveillance, community engagement, and integrated service delivery will be crucial to prevent resurgence and consolidate progress towards elimination.



NONCOMMUNICABLE DISEASES



Health worker checking blood pressure

Eswatini faces a growing burden of non-communicable diseases (NCDs), which cause about 46% of all deaths, alongside rising mental health challenges. Key factors include poor diets, lack of physical activity, harmful alcohol consumption, and increasing rates of overweight and obesity. The health system continues to face various challenges, such as limited decentralisation of services, weak referral pathways, shortages of specialised health workers, and gaps in routine health information systems. These issues have impacted the availability, accessibility, and continuity of care for NCDs, cancer, and mental health conditions, with many specialised services remaining mainly located at the central level.

Turning the Tide on NCDs: Eswatini's Progress in Prevention, Policy, and Risk Reduction



Individuals engaging in physical activity

Eswatini faces a rising burden of noncommunicable diseases (NCDs), now responsible for 46% of all deaths, up from 38% in 2017. Key modifiable risk factors include unhealthy diets, physical inactivity, harmful alcohol use, tobacco consumption, and increasing rates of overweight and obesity. WHO provided technical support to generate evidence, inform policy and strategic planning, enhance national capacity, and catalyse a multisectoral response to NCDs.

A significant achievement was the completion of the 2024 WHO STEPS survey report, which provides Eswatini's first decade comparison dataset on NCD risk factors for those aged 18-69 years. The findings highlight trends such as

an increase in tobacco use from 6.9% in 2014 to 11% in 2024, an adult obesity rate of 24.7%, and hypertension affecting 21.7% of adults, of whom only 28.6% are receiving treatment, and just 13.9% have controlled blood pressure.

To improve adolescent health monitoring and school-based prevention, WHO, in collaboration with UNESCO, assisted the Ministry of Health in implementing the Global School-based Student Health Survey (GSHS) and the Global School Health Policies and Practices Survey (GSHPS). These surveys will provide crucial insights into adolescent risk behaviours, mental well-being, and the preparedness of school health systems, with reports expected in 2026.



Fruits and vegetables for healthy diets

WHO also provided technical guidance to support the development of population-level risk-reduction policies in line with WHO “Best Buys.” This assistance led to increases in excise levies in 2025, raising tobacco taxes from 7% to 12% and alcohol levies from 7% to 10% simultaneously. WHO facilitated a legal review of the Tobacco Products Control Act (2013) to better align it with the WHO Framework Convention on Tobacco Control (FCTC).

Significant progress was made in strengthening national policies and strategic frameworks. With WHO technical leadership in Eswatini, key national strategies were developed and launched, including the Health Sector NCD Prevention and Control Strategic Plan (2024–2028) and the National Stop Obesity Acceleration Plan (2025–2030). To enhance service delivery, WHO also finalised and disseminated national clinical protocols for hypertension and

diabetes to standardise care and improve treatment outcomes at the facility level.

WHO will continue to provide strategic technical assistance, coordination, and data support to sustain and accelerate national efforts towards NCD prevention and control. Future priorities include facilitating the national implementation of the PEN Plus approach; advancing decentralisation of mental health services, including suicide prevention and epilepsy care; strengthening multisectoral action on NCD risk factors through improved legislation and regulation for tobacco and alcohol control; leveraging recent STEPS and Global School Health Survey data to advocate for policy reform and increased intersectoral collaboration; and enhancing monitoring and evaluation to ensure progress towards national strategic targets.

Scaling Up Mental Health Services and Suicide Prevention in Eswatini



World Suicide Prevention Day commemoration

Mental health challenges in Eswatini continue to worsen, with a suicide rate of 31.8 deaths per 100,000 people, making the country the second-highest in the WHO African Region after Lesotho. Despite this heavy burden, service delivery is limited by a small workforce, poor referral systems, and a lack of mental health services at the primary healthcare level.

In response, WHO intensified advocacy, coordination, and community engagement efforts in 2025. Multistakeholder dialogues were convened with youth, policymakers, media professionals, and civil society to introduce and operationalise the WHO LIVE LIFE suicide prevention framework.

These initiatives helped elevate mental health on the national agenda and culminated in Eswatini commemorating World Suicide Prevention Day for the first time in 2025, a landmark achievement in raising awareness, reducing stigma, and fostering public discourse on suicide prevention.

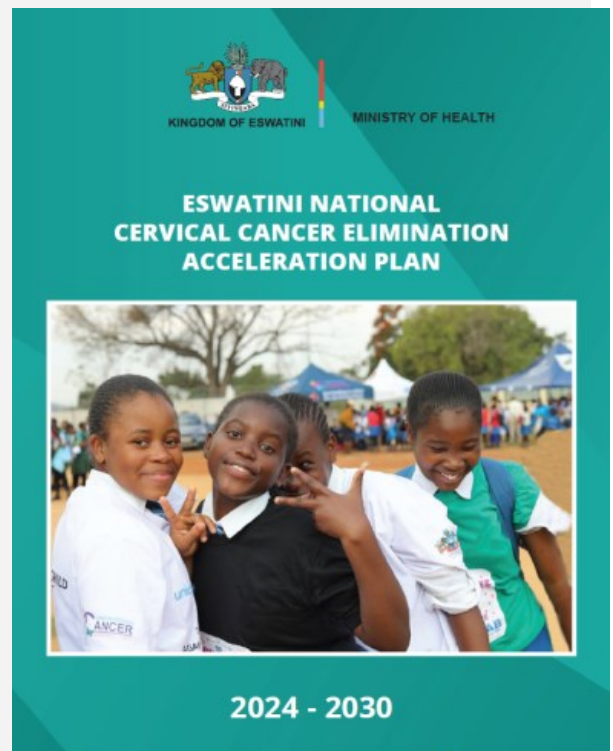
Advancing National Cancer Control in Eswatini: Prevention to Treatment

The rising burden of cancer further aggravates Eswatini's NCD challenge, with cervical cancer remaining the leading cause of cancer-related deaths among women and increasing concerns over breast and childhood cancers.

WHO provided technical leadership in developing and launching the Eswatini National Cervical Cancer Elimination Acceleration Plan (2024–2030). To enhance early detection and treatment, WHO supported capacity-building for frontline health workers, including training 31 healthcare professionals in loop electrosurgical excision procedures (LEEP) and the acquisition of thermocoagulation equipment. These initiatives, along with community-based awareness campaigns and provider mentorship, increased cervical cancer screening coverage from 21.7% in 2014 to 65.9% in 2024. These improvements in early detection and treatment are helping Eswatini reduce late-stage cervical cancer diagnoses and related mortality over time, moving towards national and global cervical cancer elimination targets.

In collaboration with the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC), WHO supported the 2024 national cancer impACT review. This comprehensive assessment accelerated planning for establishing a national radiotherapy unit, facilitated the enactment of the Nuclear and Radiation Safety Act in 2025, and guided the development of the next National Cancer Prevention and Control Plan, set to be launched in 2026.

These policy, regulatory, and service delivery reforms are expected to gradually reduce catastrophic health expenditure related to cancer care by improving access to preventative services, early diagnosis, and treatment within the public health system. For cancer control, WHO will continue providing technical assistance to accelerate progress in prevention, early detection, diagnosis, and equitable access to quality treatment for cervical, breast, and childhood cancers, aligning with global initiatives and targets. These concerted efforts aim to reduce preventable mortality, improve health outcomes, and move towards a healthier, more resilient Eswatini.



REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH AND IMMUNISATION

Eswatini focused on Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) to attain Universal Health Coverage and advance towards the Sustainable Development Goals. Despite recent progress, challenges such as maternal and neonatal mortality, low antenatal care attendance, and inconsistent quality of care persisted. Health system problems, including workforce shortages and uneven service coverage, intensified these issues. In response, the WHO partnered with the Ministry of Health to implement a results-oriented package of interventions to strengthen RMNCAH policies, service delivery, and system capacity.

Major initiatives included developing integrated strategies, standardising clinical guidelines, and expanding access to quality health services. This summary highlights 2025's achievements in governance, maternal and child health outcomes, and immunisation coverage, while recognising ongoing gaps that demand attention.



Healthy Beginnings, Strong Futures: Advancing RMNCAH in Eswatini

Eswatini continued to prioritise improvements in Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) as a key element for achieving Universal Health Coverage and the Sustainable Development Goals. The RMNCAH and Immunisation programme remained committed to supporting the Ministry of Health in strengthening policy, service delivery, and health system capacity to provide equitable, integrated, and high-quality services across the entire life course. Despite significant progress, the country still faced ongoing challenges, including maternal and neonatal mortality, low rates of completed antenatal care visits, gaps in continuity and quality of care, and disparities in access to essential services. Shortages of the health workforce, uneven service coverage, and underutilisation of health data further hindered progress.



Pregnant woman awaiting delivery in hospital

In response, the WHO, in collaboration with the Ministry of Health and partners, supported a comprehensive and results-oriented programme to strengthen governance, accountability, service delivery, and strategic direction for RMNCAH. A key milestone was the development and finalisation of the National RMNCAH Strategic Plan (2025–2029), which offers an integrated roadmap for actions across pre-pregnancy, childbirth, infancy, childhood, adolescence, and reproductive health. The strategy was developed following a review of the National Health Sector Strategic Plan and now directs the implementation of priority interventions in line with the UN Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) and national development priorities.

To enhance the quality, safety, and responsiveness of reproductive health services, WHO supported the development, validation, and dissemination of comprehensive Post-Abortion Care (PAC) Guidelines in collaboration with UNFPA. National capacity for implementation was significantly strengthened through training and mentorship. Fifteen national trainers and more than 250 healthcare providers across all four regions improved their competencies in delivering standardised, evidence-based PAC services, helping to expand access to quality reproductive healthcare while reducing preventable complications.



Breastfeeding soon after birth

Efforts to improve maternal and newborn survival were further strengthened through enhanced surveillance, review, and accountability systems. WHO supported the implementation of the Maternal and Perinatal Death Surveillance and Response (MPDSR) system, boosting the country's capacity to analyse causes of maternal and perinatal deaths and to take corrective action. At Mbabane Government Hospital and its affiliated maternity clinics, quarterly data review meetings improved local ownership of data and enabled timely identification of service delivery bottlenecks. During the year, 12 maternal death audits were completed, providing evidence-based insights to prevent recurrence and enhance the quality of care.

These interventions led to measurable improvements in maternal health outcomes. Maternal mortality significantly decreased from 107 per 100,000 live births in 2019 to 70 in 2024, reflecting stronger accountability systems, better access to skilled care, and improved service quality. Skilled birth attendance remained high, with 27,341 deliveries attended by trained health professionals in 2024, showing sustained use of facility-based delivery services. However, key gaps persisted across the continuum of care. Only 22.5% of pregnant women completed four antenatal care visits, and just 2% achieved the recommended eight contacts. Neonatal mortality remained steady at 21 deaths per 1,000 live births, highlighting the need for increased investments in quality newborn care, emergency obstetric and neonatal services, and timely referral systems.



Immunisation campaign in a hard to reach area

Immunisation continued to play a vital role in safeguarding child health and preventing vaccine-preventable diseases. WHO provided technical and financial support to strengthen routine immunisation systems and carry out high-impact campaigns. The Measles-Rubella campaign achieved 87.3% coverage, reaching about 119,728 children aged 0–59 months and reducing the risk of outbreaks while progressing towards elimination targets. Human Papillomavirus (HPV) vaccination coverage among girls aged 9–14 years reached 74.4%, while around 228 immunocompromised adolescents were also vaccinated through targeted outreach. Campaign efforts helped improve overall coverage to 88% in some settings, with further gains anticipated through follow-up interventions.

WHO also supported the deployment of the second dose of Inactivated Polio Vaccine (IPV2) through training more than 600 healthcare workers across all four regions, thereby strengthening national preparedness and service delivery capacity. Routine immunisation coverage remained moderate for several antigens, including DPT3 (84.2%), MCV1 (85.3%), BCG (86.3%), and IPV (70.4%), highlighting progress while emphasising the need for more consistent performance across regions. African Vaccination Week further expanded outreach to over 5,000 under- and unimmunised children, while enhancing community awareness, demand generation, and trust in vaccines.



A doctor attending to a newborn

Advocacy and community mobilisation were also emphasised through commemorations of national and global health days. World Health Day 2025 was observed under the global theme Healthy Beginnings, Hopeful Futures, which supported a year-long campaign to end preventable maternal and newborn deaths and promote the long-term well-being of women and children. WHO collaborated with the Government of Eswatini in a high-profile national celebration that reflected the country's commitment to maternal and newborn health.

Overall, these efforts have significantly improved governance, service quality, accountability, and population immunity within the RMNCAH programme. Enhanced policy frameworks, better use of health data, expanded provider capacity, and increased immunisation coverage have contributed to improved maternal and child health outcomes. However, sustained progress will require intensified efforts to address antenatal care gaps, accelerate reductions in neonatal mortality, strengthen referral pathways, and ensure high-quality care from the community to the facility level. Ongoing investment in resilient health systems, frontline workers, digital data systems, and community engagement will be crucial for securing healthier beginnings and brighter futures for every mother, newborn, child, and adolescent in Eswatini.

EMERGENCY PREPAREDNESS AND RESPONSE



Launch of the AVoHC SURGE on boarding training

Eswatini has made significant progress in health emergency preparedness and compliance with the International Health Regulations (IHR 2005), despite starting from a challenging position. With support from the WHO and partners, efforts have focused on strengthening surveillance, laboratory systems, emergency coordination, risk communication, and workforce readiness to enhance health emergency responses. Key initiatives included structured assessments, simulation exercises, and strategic planning tools, which improved multisectoral coordination and operational preparedness across the health system.

Enhancing IHR Capacities and Emergency Preparedness in Eswatini

Eswatini made significant progress in strengthening health emergency preparedness and improving compliance with the International Health Regulations (IHR 2005), despite ongoing low baseline capacities and rising risks of epidemics and other public health threats. With technical support from the WHO, the country concentrated on investments in surveillance, coordination, workforce readiness, and emergency planning to enhance its ability to prevent, detect, and respond to health emergencies.

A significant milestone was the successful completion of the 2024 IHR Annual Self-Assessment using the electronic State Party Self-Assessment Annual Reporting Tool (eSPAR). The assessment evaluated 15 technical areas, including surveillance systems, laboratory capacity, emergency response operations, and risk communication. It enhanced collaboration across the health, agriculture, environment, and related sectors, further embedding a One Health approach within national preparedness systems. The assessment recorded an average national IHR core capacity score of 42%, offering an evidence-based benchmark to guide future investments, monitor progress, and align national priorities with the Joint External Evaluation (JEE) and the National Action Plan for Health Security (NAPHS).



Joint External Evaluation field visit to Ngwenya Border

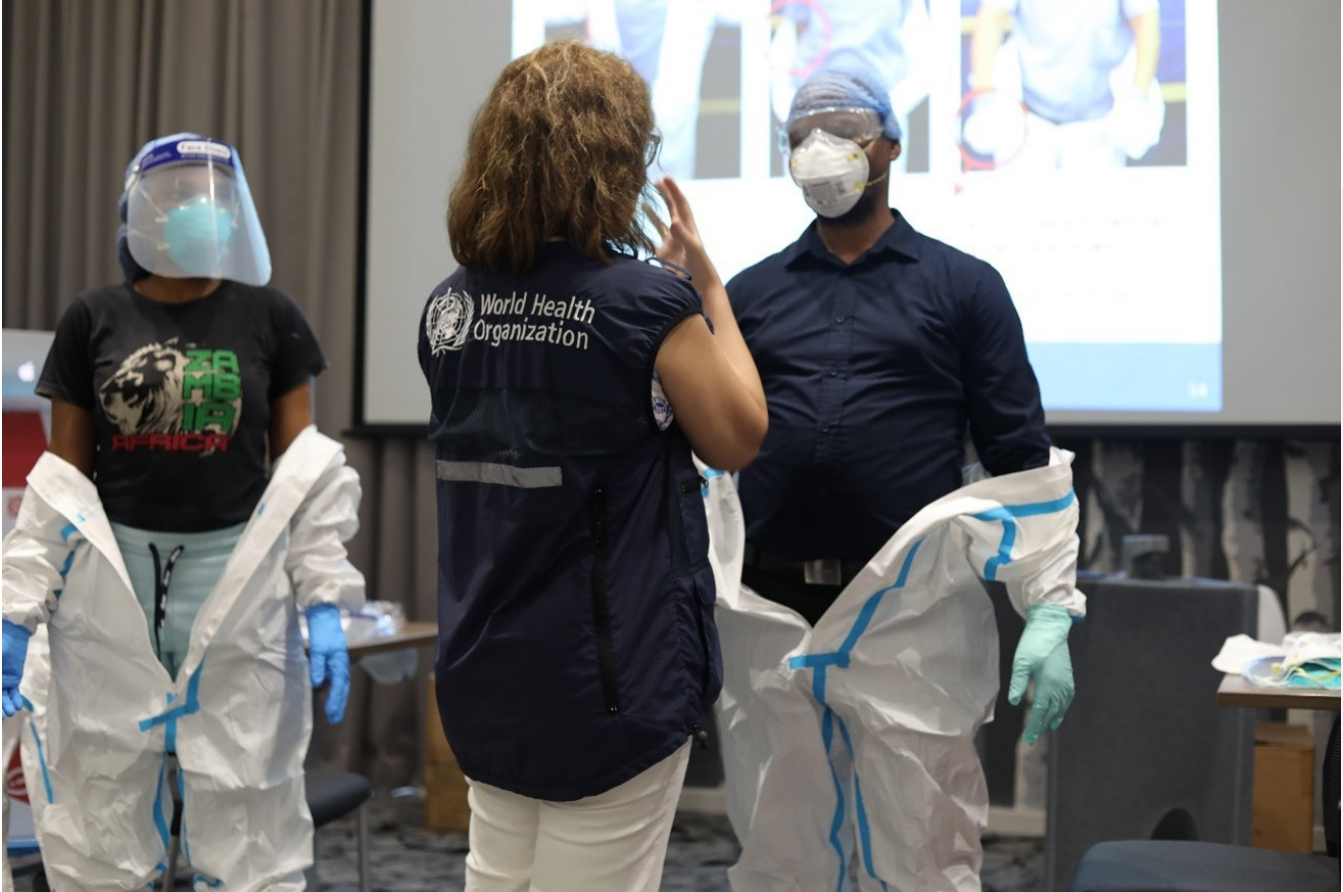
Building on this assessment, Eswatini improved operational preparedness through a national Mpox simulation exercise conducted with WHO guidance. The exercise involved 41 participants from government agencies, UN bodies, Africa CDC, the World Bank, and other partners. It tested national alert systems, coordination frameworks, and response procedures under realistic outbreak scenarios. The simulation offered practical recommendations to enhance surveillance, case management, cross-border preparedness, risk communication, and community engagement. It also validated national emergency structures and increased confidence in the country's capacity to respond effectively to disease outbreaks.



National emergency team developing the National Action Plan on Health Security

Preparedness for vaccine-preventable disease outbreaks was also enhanced through the review and update of Polio and Measles Preparedness and Response Plans. These revised plans now provide clear operational guidance for early warning systems, surveillance, case management, immunisation response, and communication during emergencies. As a result, Eswatini is better prepared to detect and contain outbreaks swiftly and to coordinate emergency vaccination campaigns more efficiently.

Another important achievement was the successful completion of the National Action Plan for Health Security (NAPHS), developed collaboratively with WHO and Africa CDC. More than 80 stakeholders from government ministries, security agencies, academia, civil society, regulatory bodies, and development partners participated in the process, ensuring strong national ownership and a truly multisectoral approach. The finalised plan provides a comprehensive framework for preventing, detecting, and responding to infectious disease threats, as well as chemical and radiological hazards. This was complemented by a Resource Mapping (REMAP) exercise, which identified existing resources, funding gaps, and priority investment areas, thereby improving co-ordination and resource mobilisation for preparedness.



Surge capacity building

To strengthen frontline capacity, Integrated Disease Surveillance and Response (IDSR) training was provided to 25 frontline health workers, improving early detection of priority diseases, the promptness and quality of routine reporting, and rapid response at the subnational level. Additional SURGE capacity-building efforts increased the number of trained national responders to 58, supporting emergency operations. These investments have enhanced Eswatini's ability to quickly expand response capacity during outbreaks and other health emergencies.

Overall, these interconnected interventions led to tangible improvements in Eswatini's preparedness architecture, especially in coordination, planning, simulation-based readiness, and response workforce capacity. However, progress remains limited by unpredictable and insufficient funding. A key lesson from implementation is that preparedness must be institutionalised through ongoing domestic investment, dependable financing mechanisms, regular simulation drills, and continuous workforce development to ensure long-term resilience against future public health emergencies.

HEALTH PROMOTION, RISK FACTORS AND SOCIAL DETERMINANTS OF HEALTH



Living conditions in one of the informal settlements in Eswatini

Eswatini continues to face a high burden of behavioural risk factors, limited health literacy, and ongoing social and structural determinants that negatively affect health outcomes. The widespread presence of unhealthy lifestyles, along with the rapid dissemination of misinformation and infodemics, remains a major obstacle to effective disease prevention and the promotion of healthy behaviours. These issues highlight the importance of sustained, coordinated health promotion initiatives that go beyond the health sector alone.

In response, the country, with technical and coordination support from the WHO, strengthened its health promotion and risk communication systems through integrated communication strategies, community engagement, and targeted advocacy initiatives. Efforts focused on enhancing public awareness, countering misinformation, and promoting healthier behaviours through culturally appropriate and accessible messaging platforms.

Addressing Social Determinants and Advancing Health Promotion in Eswatini



Risk communication and community engagement in Eswatini

In 2025, Eswatini continued to face a high burden of behavioural risk factors, increasing misinformation, and persistent social determinants that negatively impact health outcomes. Risk behaviours linked to non-communicable diseases, limited health literacy, and the rapid spread of false health information remained significant obstacles to disease prevention and healthy lifestyles. In response, the country, with technical and coordination support from the WHO, improved health promotion systems through integrated communication, advocacy, and community engagement to increase public awareness and promote healthier behaviours.

A key strategy involved establishing national health days and public health commemorations as platforms for advocacy, education, and community mo-

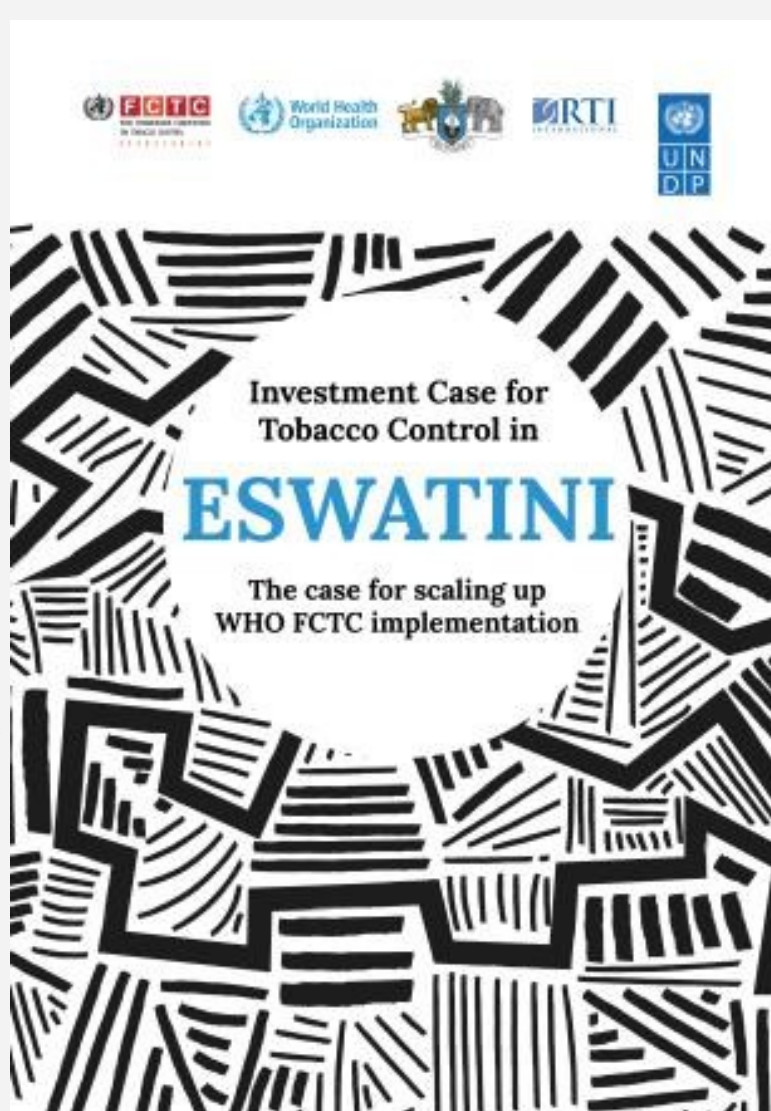
bilisation. These occasions were supported by the development and distribution of Information, Education and Communication (IEC) materials tailored to priority health issues, ensuring clear, consistent, and accessible messaging across communities. WHO also backed Risk Communication and Community Engagement (RCCE) efforts to foster public trust, promote positive health-seeking behaviours, and facilitate the prompt dissemination of accurate information during routine health programmes and public health events. Simultaneously, infodemic management strategies were implemented to combat misinformation and enhance public understanding of health risks through evidence-based communication.

Significant progress was also achieved in tobacco control through activities aligned with the WHO Framework Convention on Tobacco Control (FCTC). Awareness and capacity-building initiatives reached 75 young people, 60 UN agency staff, and 30 policymakers. Additionally, 60 media professionals and multisectoral committee members received training on monitoring and reporting the activities of the tobacco industry. Legislative reform progressed with amendments to the Tobacco Control Act of 2013, while World No Tobacco Day commemorations engaged approximately 200 community members with prevention messages and advocacy efforts. These actions enhanced policy coherence and strengthened national capacity for tobacco control implementation.

Overall, these initiatives raised public awareness and enhanced community engagement on priority health issues. More than 8,000 individuals were reached through integrated campaigns carried out across various platforms and community outreach efforts.

Awareness of disease prevention improved, responsiveness to health messages grew, and stronger links between communities and health services were built. Coordinated communication efforts also increased the visibility, consistency, and credibility of public health messaging at both national and subnational levels.

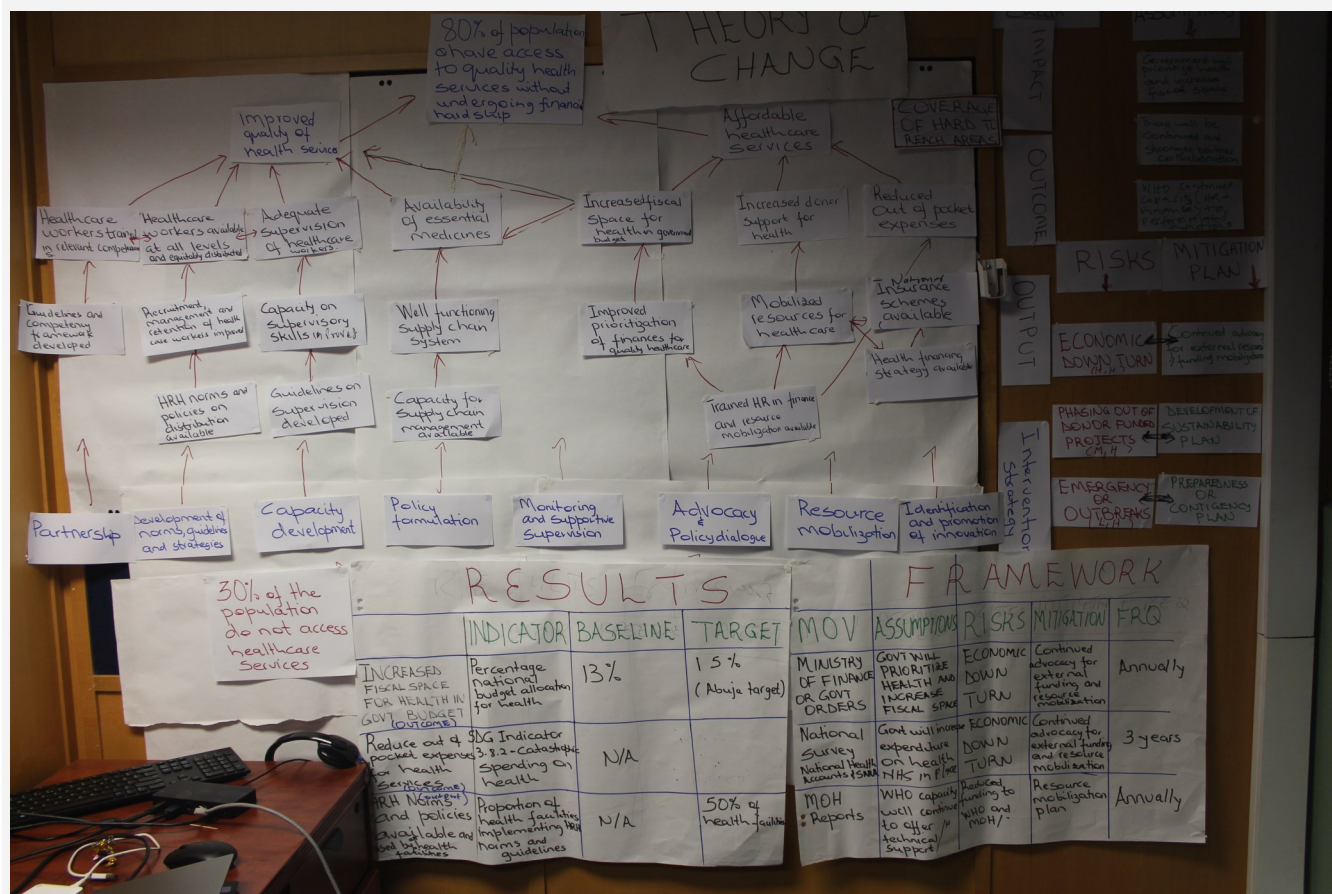
Despite these gains, implementation shows that lasting behaviour change cannot rely solely on communication interventions. A key lesson from 2025 is that stronger multisectoral policy action is needed to address the wider social determinants of health, including education, housing, the environment, governance and socioeconomic conditions. Long-term impact will depend on whole-of-government approaches that embed health promotion within broader national development frameworks and foster supportive environments for healthier choices.



BETTER SUPPORT

Eswatini's health sector operated within a challenging, constrained financing environment characterised by declining donor support, competing global priorities, and increased volatility in external funding. These pressures placed significant strain on the continuity of essential health services, especially in programmes heavily reliant on development assistance. Simultaneously, limited domestic fiscal space and competing national demands highlighted the need for more strategic, efficient, and sustainable approaches to health financing and service delivery.

In response, WHO improved efforts in two complementary areas: partnerships and resource mobilisation, and operational excellence. These efforts aimed to strengthen coordination with development partners, better align with national priorities, mobilise external resources, and enhance the efficient use of available funds and human resources. Key interventions included structured partner engagement platforms, resource mapping, integrated planning processes, and innovative service delivery and capacity-building approaches designed to maximise impact under resource constraints.



Operational results based planning

Partnerships and Resource Mobilisation: Strengthening Financing Resilience for Health



Strengthening partnerships between the Ministry of Health and the World Health Organization

In 2025, Eswatini continued operating in a challenging financing environment characterised by declining donor support, competing global priorities, and increasing volatility in external funding. These pressures posed risks to the continuity of essential health programmes, especially in sectors heavily dependent on development assistance. In response, the Government of Eswatini, with support from the WHO focused on strengthening partnerships and adopting more strategic approaches to resource mobilisation to sustain vital interventions and boost financial resilience across the health sector.

To enhance coordination and alignment among stakeholders, WHO supported the organisation of

partner engagement forums and joint programme review meetings. These platforms offered structured opportunities for dialogue, transparency, and collective decision-making among government institutions, development partners, funding agencies, and implementing organisations. Through these engagements, stakeholders jointly assessed progress, identified financing and implementation gaps, and aligned support with national health priorities. WHO also played an important role in facilitating engagement with Global Fund processes, ensuring that national priorities for HIV, tuberculosis, and related programmes were accurately reflected in strategic plans, funding requests, and implementation frameworks.



The WHO Country Representative, Dr Susan Tembo, The Minister of Health , Hon Mduzuzi Matsebula and the Principal Secretary Mr Khanyakwezwe Mabuza

Another milestone was the implementation of the Resource Mapping (REMAP) exercise, which offered a comprehensive overview of available resources, funding flows, partner contributions, and financing gaps across priority health programmes. This evidence enabled more informed planning, better prioritisation, and more efficient resource allocation. It also enhanced visibility of investment opportunities and strengthened the government’s capacity to coordinate partner support around identified needs.

These coordinated efforts yielded tangible outcomes, most notably securing a US\$42.7 million Global Fund grant to support priority national health interventions. The process also improved partner coherence and decreased effort duplication, enhancing the efficiency and impact of external investments. Additionally, the joint development and alignment of HIV and TB strategic plans and funding proposals demonstrated stronger national leadership and

a more unified response to major public health priorities.

Overall, these interventions improved Eswatini’s ability to engage strategically with partners, attract external resources, and manage development financing more efficiently. However, the experience also revealed an important lesson: long-term sustainability cannot depend solely on donor funding. Future resilience will rely on diversifying financing sources, strengthening domestic resource mobilisation, and continuing efforts to integrate health priorities into national budgeting processes to protect essential services against future financial uncertainties.

Operational Excellence: Delivering More Impact with Limited Resources



Integrated annual training of doctors on malaria elimination

In 2025, the WHO continued to face limited financial and human resources, creating an urgent need to maximise the impact of available investments while delivering impact at the country level. WHO prioritised operational excellence as a strategic approach to improve efficiency, strengthen national capacity, and achieve better results amid resource limitations. Efforts focused on optimising systems, reducing duplication, and promoting integrated service delivery models capable of delivering greater value for money.

A key step was adopting integrated training programmes that merged various health priorities into unified capacity-building platforms. This replaced fragmented, programme-specific training with coordinated sessions that used time, funding, and per-

sonnel more effectively, while also improving cross-cutting skills among health workers. Through this approach, over 300 health workers were trained, fostering a more resilient and adaptable workforce capable of tackling diverse health challenges.

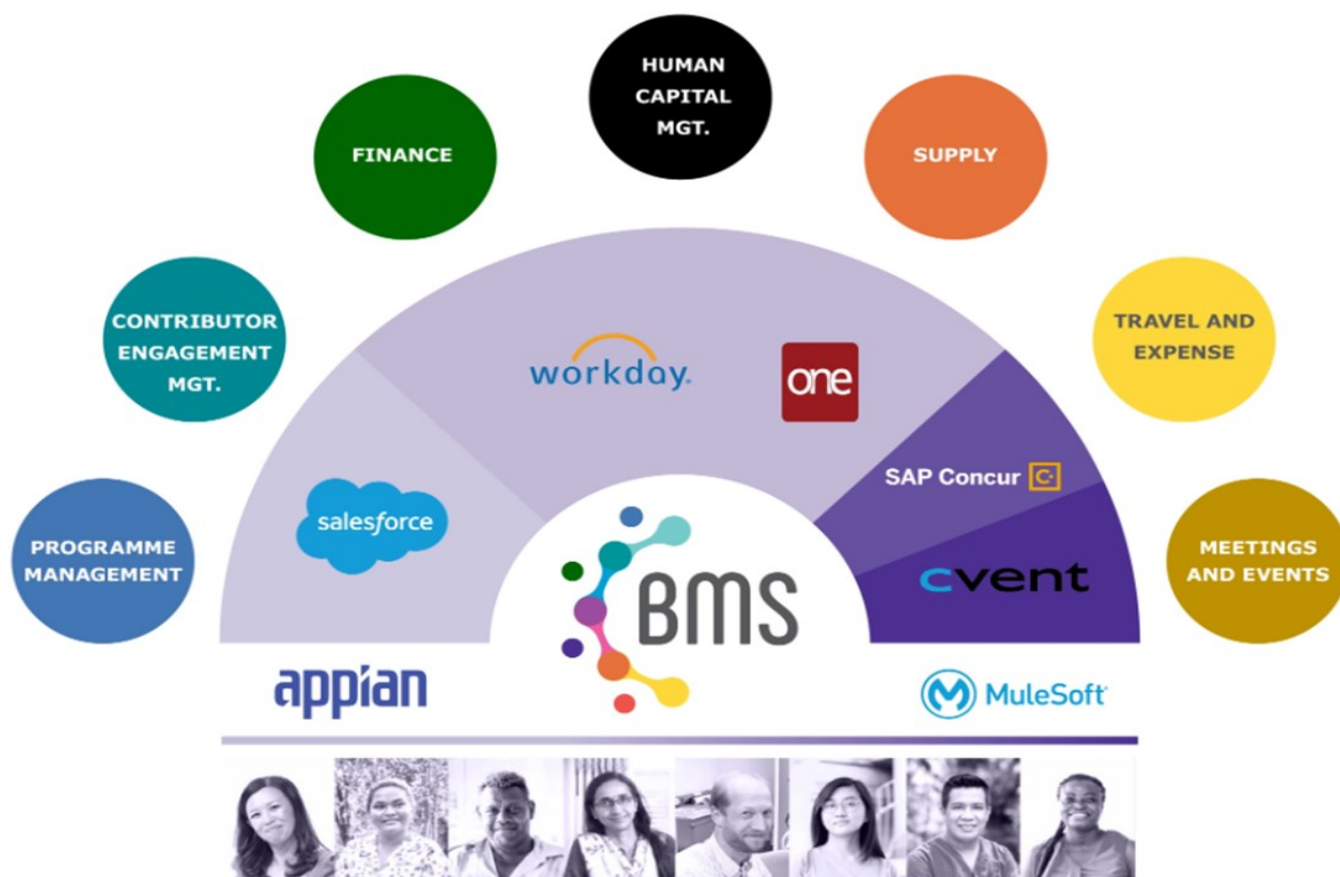
To further promote sustainability, WHO supported the introduction of “super-user” models, which developed groups of highly skilled personnel capable of providing mentorship, technical assistance, and on-the-job coaching at national and subnational levels. This approach strengthened internal expertise, reduced reliance on external consultants, and improved continuity of support to frontline teams. It also created practical pathways for knowledge transfer and quicker problem-solving within the health system.

Operational efficiency was further enhanced by streamlining and integrating community campaigns. Instead of managing multiple separate outreach activities, shared platforms were used to deliver several health messages and interventions simultaneously. This approach reduced logistical and operational costs, improved coordination across programmes, and expanded the reach and impact of community engagement efforts. Additionally, integrated campaign delivery reinforced the consistency of public health messaging and increased service uptake at the community level.

These combined interventions resulted in clear improvements in efficiency, cost savings, and workforce capacity. Reduced duplication of activities, better logistics utilisation, and coordi-

nated planning enhanced programme effectiveness across both facility and community settings. At the same time, integrated capacity-building and mentorship models strengthened national ownership and resilience, positioning the health system to sustain results despite limited resources.

Overall, the emphasis on operational excellence has made WHO more efficient and responsive. However, a key lesson from implementation is that these improvements must be embedded to ensure sustainability. Incorporating strategic planning, standardised training models, super-user approaches, and routine efficiency assessments into daily WHO operations will be vital for maintaining and expanding the progress made.



**BRINGING TOGETHER PEOPLE, PROCESS
& TECHNOLOGY TO DELIVER HEALTH FOR ALL.**

Rolling out of Business Management System for enhancing operational efficiency

CHALLENGES AND MITIGATION MEASURES

Overall, the experience of 2025 demonstrated that health system resilience depends on the ability to adapt quickly to shocks while maintaining progress on long-term reforms. A key lesson from implementation is that vital system reforms, including financing reform, workforce enhancement, and digital integration, must be protected during periods of fiscal stress. Continued progress will require greater domestic investment, strategic prioritisation, and ongoing partner collaboration to prevent short-term pressures from undoing long-term advances.



Strengthening health service delivery

Sustaining Health System Reforms Under Pressure

In 2025, the implementation of health programmes in Eswatini took place within a complex environment marked by fiscal constraints, workforce shortages, and ongoing public health demands. Although notable progress was achieved across various programme sectors, several systemic and operational challenges affected the pace, scale, and sustainability of implementation. In response, the Government of Eswatini, with support from the WHO and partners, adopted targeted mitigation measures to sustain priority services and protect essential health system reforms.

A major challenge was the persistence of funding gaps, worsened by the withdrawal or reduction of key external financing, including United States support, alongside broader global resource shifts. These pressures particularly affected HIV and tuberculosis programmes, where continuity of financing remains critical. To mitigate these risks, the Ministry of Health and partners prioritised high-impact interventions, strengthened alignment among development partners, and used resource mapping exercises to improve coordination and optimise available funding. Additional efforts were initiated to enhance domestic resource mobilisation and diversify financing sources, thereby improving long-term sustainability and reducing dependence on external support.



Health systems strengthening building blocks

Human resource shortages continued to constrain service delivery, particularly in specialised and underserved areas such as NCDs and mental health. To address this, Eswatini advanced evidence-based workforce planning using the Workload Indicators of Staffing Need (WISN) methodology, which supported more effective deployment of available staff. This was complemented by the implementation of the Human Resources for Health (HRH) strategy and the adoption of task-shifting approaches to expand service capacity. These measures improved the utilisation of existing staff and helped maintain continuity of care, although shortages in specialised cadres remain a significant challenge. Mental health services also began to expand, including prevention and community support initiatives, but progress remains limited by staffing constraints and insufficient prioritisation.

Data fragmentation across programmes posed a significant challenge by hindering timely decision-making, performance monitoring, and the efficient use of information. To address this, efforts were made to strengthen digital health governance and improve the integration of information systems via the DHIS2 platform. These initiatives aimed to enhance data quality, interoperability, accessibility, and its use for evidence-based planning. The progress in this area demonstrated that digital transformation relies not only on technological solutions but also on strong governance, coordination, and workforce capacity to achieve meaningful outcomes.



KINGDOM OF ESWATINI

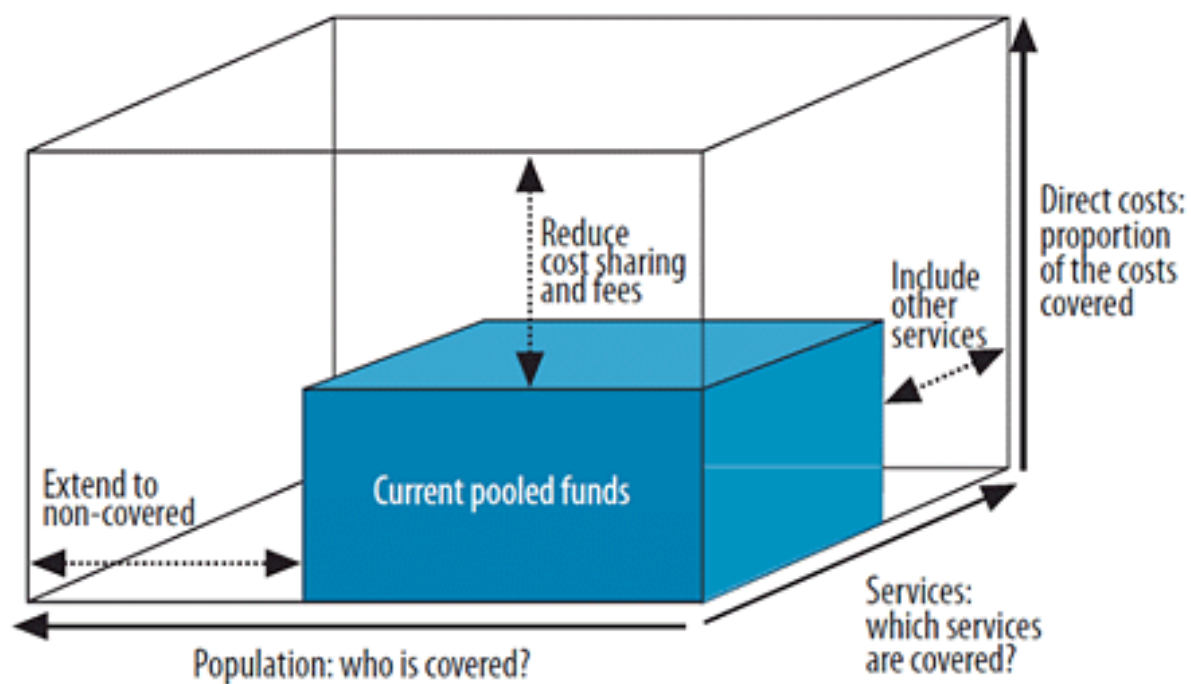
Ministry of Health

NATIONAL HEALTH SECTOR STRATEGIC PLAN 2024/2025 - 2027/2028

Accelerating progress towards the attainment of UHC
and other health related SDGs

KEY LESSONS LEARNED

Overall, the lessons from 2025 emphasise that resilient health systems are built through sustained reforms, integrated service models, strategic workforce investments, and strong governance. These insights provide a practical roadmap for accelerating progress towards UHC and ensuring that future investments deliver lasting and equitable health benefits.



Three dimensions to consider when moving towards universal coverage

Building Stronger Systems for Universal Health Coverage

TARGET 3.8

3 GOOD HEALTH AND WELL-BEING



ACHIEVE UNIVERSAL HEALTH COVERAGE

- In 2025, the implementation across health programme areas in Eswatini offered valuable lessons on strengthening health systems and sustaining progress towards UHC. Although notable gains were achieved, the experience also demonstrated that long-term success depends not only on delivering individual interventions but also on safeguarding and continuously improving the core systems that enable health services to operate effectively. These include financing systems, the health workforce, and digital governance structures.
- A key lesson from implementation is that system reforms must be protected during periods of financial constraint. Economic shocks and resource uncertainty can easily disrupt vital reforms in workforce development, digital transformation, and service delivery integration if they are not institutionalised. Safeguarding these investments is therefore crucial to maintaining progress towards resilient, people-centred health systems and preventing setbacks in health outcomes.
- The year also confirmed that integrated primary health care (PHC) approaches are among the most effective pathways for accelerating equity in access to services. By reducing programme fragmentation and bringing services closer to communities, integrated PHC models improved efficiency and expanded access, particularly for underserved populations. These approaches also strengthened continuity of care across prevention, treatment, and referral services, highlighting the importance of PHC as the foundation for equitable health systems.

- Another significant lesson was the importance of strategic workforce planning as the foundation of UHC. The experience demonstrated that achieving health goals depends on having the right number of health workers with appropriate skills, deployed where they are most needed. Tools such as workforce assessments, staffing optimisation, and task-shifting approaches proved vital in expanding service coverage and responsiveness, especially in areas facing chronic shortages. Ongoing investment in workforce planning and development remains essential for future progress.
- Finally, implementation revealed that digital governance is as crucial as digital technology itself. While digital platforms can enhance data quality, efficiency, and decision-making, their success depends on strong policies, clear accountability frameworks, interoperability standards, and coordinated leadership. Without these governance mechanisms, technology investments risk fragmentation and underperformance. Eswatini's experience demonstrated that successful digital transformation requires equal emphasis on systems leadership, institutional capacity, and governance structures.



Health workers at work in Eswatini

LOOKING AHEAD TO 2026



The WHO Country Representative, Dr Susan Tembo: Reprioritise, Restructure, Realign

As Eswatini approaches 2026, the health sector is entering a vital phase of moving from strategy development to the full realisation of endorsed national frameworks. This occurs as the country continues to manage fiscal constraints, shifting health priorities, and rising demands for resilient, equitable, and high-quality health services. Building on the achievements of 2025, the focus will be on turning plans into sustained action and measurable impact across all programme areas.

The emphasis will be on implementing key national strategies and frameworks related to health security, workforce development, and disease control. Central to this will be the operationalisation of the National Action Plan for Health Security, strengthening integrated disease surveillance and response systems, and ongoing investment in workforce development to ensure sufficient staffing levels and improved service delivery capacity. These efforts will be complemented by a strong drive to accelerate progress towards Universal Health Coverage through more integrated, efficient, and people-centred primary health care services.



Teamwork: The Eswatini WHO Staff

A key priority in 2026 will also be strengthening domestic resource mobilisation to reduce reliance on external funding and enhance long-term financial sustainability. Simultaneously, preparedness and response systems will be further institutionalised so that emergency readiness becomes a routine and embedded function of the health system, rather than a temporary or donor-driven activity. This shift is expected to bolster resilience and guarantee a more consistent response capacity during public health emergencies.

In the RMNCAH and immunisation programme areas, efforts will continue to focus on maintaining high immunisation coverage of at least 95 per cent, advancing measles elimination, and maintaining polio-free certification. Expansion of HPV vaccination will remain a key priority, alongside investments in cold chain systems and digital health infrastructure to improve efficiency and reliability. Improving the quality of maternal and neonatal care services will be central to reducing preventable deaths. At the same time, increased community engagement through multisectoral partnerships will support greater demand for and uptake of essential health services.

Overall, 2026 will be a year of consolidation and acceleration, aiming to translate commitments into results, strengthen sustainability systems, and ensure equitable distribution of health benefits. Continued progress depends on strong leadership, ongoing domestic investment, and effective collaboration across sectors to build a more resilient and responsive health system.



Young girls in Eswatini

CONCLUSION

The results achieved in 2025 show that, even in a resource-limited environment, Eswatini has made significant, measurable progress across key health programme areas. This progress has been possible through strong national leadership, effective partnerships, and the consistent use of evidence-based interventions, supported by technical and strategic assistance from the WHO. Collectively, these elements have helped the health sector maintain momentum, strengthen systems, and deliver tangible results despite financial and operational challenges.

The experience of 2025 reinforces an important lesson: sustained investment, strong national ownership, and ongoing focus on health system strengthening are vital for consolidating progress and ensuring long-term impact. As the country advances into 2026 and beyond, maintaining this momentum will be essential to improve health outcomes further, increase system resilience, and achieve national and global health goals.



Thank you to all our partners!
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