

## Swaziland

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Life expectancy at birth (both sexes) (2007)	<b>48</b>
Infant mortality rate(2010)	<b>79/1000 live births (MICS, 2010)</b>
Maternal mortality ratio(2007)	<b>589/100,000 live births</b>
Under five mortality rate (2010)	<b>104/1000 (MICS, 2010)</b>
HIV/AIDS mortality rate (2007)	<b>876/100,000 population</b>
HIV prevalence among adults aged fifteen to 49 (2007)	<b>26%(2007)</b>
HIV prevalence from two years and above	<b>19% (2007)</b>
Tuberculosis prevalence rate (2010)	<b>708/per 100,000 population</b>
Noncommunicable diseases mortality rate (2004)	<b>707/100,000 population (2004)</b>
Malaria mortality rate (2006)	<b>&lt;1 /100,000 population</b>
Antenatal care coverage (at least four visits) (2010)	<b>76.6% (MICS, 2010)</b>
Births attended by skilled health personnel (2010)	<b>82% (MICS, 2010)</b>
Immunization coverage (2010)	<b>DPT 90.6% (MICS, 2010)</b>
Vitamin A supplementation among children (2010)	<b>68% (MICS, 2010)</b>
ART coverage (2011)	<b>79%</b>
Incidence of TB	<b>1287/100 000</b>
Tuberculosis treatment success under DOTS (2010 cohort)	<b>73%</b>
Access improved drinking water sources (2010)	<b>67.3% MICS, 2010</b>
Access to improved sanitation (2006)	<b>50%</b>

Sources: DHS 2007, National Census 2007, SHIES2010

The Kingdom of Swaziland is a small landlocked country surrounded by South Africa and Mozambique. It covers a land surface of 17,364 square kilometres. The total population is 1,018,449 (2007 Census). Independence was obtained in 1968. The King is a head of state ruling in Council. Swaziland has a constitution which came into effect in July 2005. Administratively, the country is divided into four regions (Hhohho, Lubombo, Manzini, and Shiselweni), fifty-five Tinkhundla (Constituencies) and about 360 chiefdoms. The Gross National Product per capita stands at US\$ 2,461 (Source: Central Statistics Office, 2007) whilst the Human Development Index is ranked at 141 (Source: UNDP Human development report 2007/2008).

### HEALTH & DEVELOPMENT

Swaziland is classified as a lower middle income country. However, the distribution of income is highly skewed, and as a result the majority of people are poor. The percentage of people living below the poverty line has remained high, estimated at 63% in 2010. Unemployment also depicts an upward trend increasing from 22% in 1995 to 29% by 2010. The HIV/AIDS epidemic continues to pose a major threat to the Swazi nation and its impact is already felt in all sectors. It is estimated that about 210,000 to 230,000 (about a quarter of the population of 1.018 million) people are living with HIV/AIDS in the country. The prevalence rate among pregnant women has escalated from 3.9% in 1993 to 41% in 2010, having reached a peak of 42.6% in 2004. Tuberculosis is the leading cause of morbidity and mortality among adults in Swaziland. It is estimated that TB kills an estimated 50% of HIV infected patients and accounts for more than 25% of all hospital admissions. There is high maternal and neonatal morbidity and mortality and Infant Mortality Rate was estimated at 79/1000 in 2010. Non-communicable Diseases (NCDs) have received inadequate attention, given the serious double burden of disease that prevails in the country. The country's health system is experiencing persistent challenges such as low budget, depleted infrastructure and inadequate supplies to respond to the heavy burden of disease. Health management systems, including financial management and budgeting are centralized and mostly unresponsive to the new health development challenges at different levels of service delivery. The increase in patient loads, long queues, shortened consultation times by health care providers combined with the complexity of many cases associated with HIV and AIDS, have all mitigated against the quality of health care. The national capacity to effectively manage information, research and knowledge requires strengthening. National health information is not easily accessible to potential users due to uncoordinated health information systems. This leads to health information about the country being either outdated and or unavailable in national, regional, and international databases

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>The current government has given priority to the health sector</li> <li>The availability of health financing from the Global Fund, European Union, and United States Government</li> <li>The government have declared TB as a national emergency</li> <li>Successful mobilization of additional funding for TB interventions (US\$39m)through Global Fund</li> <li>The National Health Sector Strategic Plan 2008-2013 provides focus for the sector</li> <li>Poverty Reduction Strategy and Action Plan 2006-2015 has a focus on human capital development as a contribution of health to poverty reduction</li> <li>National dialogue on health and HIV will contribute to improved appreciation and national support to health</li> </ul>	<ul style="list-style-type: none"> <li>A severe HIV/AIDS epidemic which has had a negative impact on all health indicators</li> <li>High levels of poverty, estimated at 63% of the population (below the poverty line) SHIES 2010</li> <li>High TB-HIV co-infection rate of 83%</li> <li>High MDR rate of 7.7% in new cases, and 33.9% in previously treated cases constitutes a major threat to effective TB control;</li> <li>Mortality rates, such as Crude Death Rates, Infant Mortality Rates, Under 5 Mortality Rates, and Maternal Mortality Rates, have all risen significantly since the early 1990s</li> <li>There is a growing burden of Non Communicable Diseases</li> <li>The interrelated effects of HIV/AIDS, high poverty levels and recurrent droughts have led to high malnutrition rates</li> <li>Poor capacity in the health sector has resulted in systemic weaknesses in the health system, relating to human resources, financing, policy and planning, and service delivery</li> <li>Because of its classification as a lower middle income country, there are few donors in the health sector, and the Ministry has not yet developed the capacity to coordinate the donors and other partners.</li> <li>Economic crisis, due to reduced income from SACU</li> </ul>

## PARTNERS

Partner	Major area(s) of support
African Development Bank	Health Infrastructure
European Commission	Health system strengthening HIV and AIDS
PEPFAR	HIV and AIDS Laboratory Tuberculosis
Republic of China on Taiwan	Medical equipment and supplies
United Nations Agencies	Health system strengthening HIV and AIDS Maternal and child health
Japanese Social Development	Maternal and child health
World Bank	Health system strengthening HIV and AIDS Maternal and child health
Global Fund	HIV and AIDS, TB, Malaria and Health System Strengthening

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Newly established SWAPs mechanism</li> <li>• UN reforms put emphasis on alignment and harmonization</li> <li>• UNDAF roll out 2010-2015</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring compliance by all partners and stakeholders with the dictates of the national coordination mechanisms.</li> </ul>

## WHO STRATEGIC AGENDA

- **Improve the health sector stewardship function of the Ministry of Health and Social Welfare (MOHSW):** Here the CCS focuses on leadership and stewardship in the health sector and various aspects of health systems development. It supports the regulation of health practice, responsiveness of the health sector to pressing needs, effective management of human resources, increase investment in health, and management of health information system
- **Reduce excess mortality due to high disease burden:** The focus is on disease control, child and adolescent health, and maternal and neonatal health. In this regard, efforts will concentrate on HIV and AIDS, tuberculosis, vaccine preventable diseases, communicable and noncommunicable diseases namely, cancers, diabetes, cardiovascular diseases, mental health, and other emerging diseases.
- **Strengthen health systems to improve health outcomes:** Focus will be directed on strengthening health systems capacity for strategic planning, implementation of plans, quality assurance, management of human resources and the health facilities, and the definition of essential health care packages for each of the different levels of health care delivery system. This CCS also intends to strengthen the health information system including development of a national health information sharing and dissemination framework.



## ADDITIONAL INFORMATION

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