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Sep 2017 - Feb 2018



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The United Nations Delivering as One in Kingdom of Eswatini



ENDING AIDS TOGETHER

EI NINO DROUGHT
Cost Swazi economy E3.8bn

POPULATION COUNT RESULTS

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cover photo

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UNAIDS Programme Coordination Board and local senior representatives of government and UN agencies
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Sisonkhe

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The Deputy Prime Minister, Senator Paul Dlamini with the UN Resident Coordinator, Mr. Israel Dessalegne during the WAC 2017.
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UN Resident Coordinator, Israel Dessalegne

UNDP Swaziland © 2015

Strong UN. Better World.

The Kingdom of Eswatini continues to make significant strides in integrating the Sustainable Development Goals (SDGs) into the national planning processes. The Government has finalised the review of the National Development Strategy (NDS) 1997-2022 with the objective of integrating the targets contained in the SDGs and Agenda 2063 of the AU into national planning frameworks. The review has culminated in a revised NDS with a new theme called “The Development Strategy for Swaziland – Promoting Sustainable Development and Inclusive Growth (SSDIG)”.

It is indeed commendable that the Kingdom of Eswatini is accelerating the implementation of Agenda 2030 by developing national guiding frameworks for all actors implementing SDGs in the country. The UN Country Team remains committed to supporting the process and substance associated with the new strategy in advancing the SDGs.

On the 31st May 2018, the UN General Assembly adopted Resolution 72/276 which is aimed at repositioning the UN development system to better support countries towards the achievement of the SDGs under stronger national leadership and international cooperation. The reform process is expected to result in significant changes to the setup, leadership, accountability mechanisms and capacities of the UN development system; ensuring it meets national needs not only for implementing the SDGs but also in meeting the climate change commitments made in the 2015 Paris Agreement. The key ingredients for the UN repositioning process in Eswatini have already been identified and are under implementation in varying degree of intensity.

In this issue, the UN Communications Group has captured a few activities that demonstrate the work supported by the UN Country Team in the Kingdom of Eswatini. We invite you to interact with all our communications tools, including the website, www.sz.one.un.org, and give us feedback so that we can continuously improve our service.

Enjoy your read!

FOREWORD



#1: End poverty in all its forms everywhere





(Front row, L-R) UN Resident Coordinator, Israel Dessalegne; UNAIDS Regional Director for East and Southern Africa, Dr. Catherine Sozi; PCB Chair, Mr. Alexander Grant Ntrakwa; Acting Prime Minister, Hon. Senator Paul Dlamini; Minister of Health, Senator Sibongile Ndlela-Simelane; Minister of Economic Planning and Development, Prince Hlangusemphi; NERCHA Council Chairperson and the entire PCB delegation, including other government and UN officials.
 © UNAIDS Swaziland ©2017

TURNING THE HIV EPIDEMIC INTO AN OPPORTUNITY

Swaziland will soon be celebrating achievements on the 90-90-90 Fast Track targets as the nation steps up its efforts to realize the King's vision of ending AIDS by 2022.

The UNAIDS Programme Coordinating Board (PCB), led by Mr. Alexander Grant Ntrakwa, PCB Chair, and Dr. Catherine Sozi, UNAIDS Regional Director for East and Southern Africa, met with the Acting Prime Minister, Hon. Senator Paul Dlamini, to congratulate the Kingdom of Swaziland for the impressive progress made towards ending AIDS and to gather lessons learnt for the global response.

Through various interactions with senior government officials, UN family, civil society and health professionals, the PCB learnt first-hand how Swaziland's unique traditional structures, setting and cultural practices contributed to the country's success in halving new HIV infections rate and doubling viral load suppression in five years (2011 – 2016). The PCB applauded His Majesty, King Mswati III for taking lead in the response – ensuring HIV interventions are coordinated at the Prime Minister's office, following the

declaration of the epidemic as an emergency in 1999. Consistent HIV advocacy messages carried in the Head of State's public speeches, decentralized and integrated health services and shared responsibility among health professionals were highlighted by the Minister of Health, Hon. Sibongile Ndlela-Simelane, as some of the key efforts undertaken by the country in the fight against HIV/AIDS.

Sharing the country's experience and vision in turning the HIV epidemic from a crisis to an opportunity, the Acting Prime Minister expressed his confidence that Swaziland will soon be celebrating achievements on the 90-90-90 Fast Track targets as the nation steps up its efforts to realize the King's vision of ending AIDS by 2022. He further acknowledged UNAIDS for being one of Swaziland's strongest allies in the HIV response and for giving the country space to share successes in global events.

The PCB met with the UN Country Team and noted with admiration how the United Nations Development Assistance Framework (UNDAF) supports interagency collaboration in the HIV response, particularly interventions targeting young adolescents, women and key populations.

In a meeting with civil society, the PCB appreciated interventions that make use of existing structures unique to Swaziland, including the over 350 traditionally-led chiefdoms, to improve treatment and prevention literacy skewed towards rural communities.

The PCB also visited the Correctional Services Clinic, the Central Medical Stores, and the Matsapha Comprehensive Care Clinic providing integrated HIV/TB services. Swaziland's vision of ending AIDS is articulated in Umgubudla, the Swaziland HIV Investment Case which identified high impact game changing interventions on HIV Treatment, Prevention of Mother to Child Transmission (PMTCT), Voluntary Medical Male Circumcision, HIV prevention for adolescent girls and young women and the management and treatment of TB and HIV co-infections.

ENDING AIDS TOGETHER

“Ending AIDS in Swaziland by 2022 is an objective we must turn into reality. HIV prevention is an essential component of Ending AIDS in our families, communities and across the country.”

As both the Head of Government and the Minister responsible for HIV/AIDS, the Right Honourable Prime Minister, Dr. B. Sibusiso Dlamini, shared his official annual World AIDS Day message through a statement read by the Acting Prime Minister, Senator Paul Dlamini.

Themed, “Ending AIDS Together,” the 2017 World AIDS Day was commemorated at Sigwe Inkhundla in the Shiselweni region, on December 1. His Excellency the Prime Minister, noted that substantive progress made in the HIV response has been enhanced through the strong partnership between governments, communities, non-governmental organizations and generous development partners such as The United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund.

The Prime Minister urged the nation never to forget the remarkable scientific achievement represented by the anti-retroviral medication itself, which has transformed societies and economies. “Ending AIDS in Swaziland by 2022 is an objective we must turn into reality,” stated the PM. “HIV prevention is an essential component of Ending AIDS in our families, communities and across the country. Preventing HIV requires there to be no new infections. The recent SHIMS 2 results in that respect are inspiring and strengthen our resolve that, as a nation, we can end AIDS as a public health threat by 2022. Globally, all countries are expected to systematically deliver on prevention outcomes.”

The Prime Minister later presented the United Nations 100 days action plan to the Swazi Nation as a short-term roadmap to catalyse the country's collective efforts and provide a boost to the national prevention response. Through this roadmap, Swaziland is expected to

demonstrate progress in attainment of the Ten Point Plan for accelerating prevention at the country level, and report back in February 2018. The Ten Point Plan aims at meeting the target of reducing new infections by 75% between now and 2020. “I call upon the nation, young and old, to embrace this target of reducing new infections,” he said.

Speaking on behalf of the UN family, the UN Resident Coordinator, Israel Dessalegne noted that World AIDS Day allows us to reflect on the interdependence between progress in ending AIDS and progress towards universal health coverage and the right to health.

There are several highlights from the various activities that took place as part of the 2017 World AIDS campaign (WAC). Such include the launch of the WAC/WAD 2017 at the Hope House in Manzini on the 31st October.

The Minister of Health, Sibongile Ndlela-Simelane stated that “Ending AIDS Together” urges everyone to look closely at the factors that makes them individually and socially vulnerable to acquiring HIV, from a physical and mental standpoint.

This requires the examination of the social determinants of health – reduction of stigma, access to health, involvement of all communities, and increasing of resources for funding the response. “In order to end AIDS together successfully, we have to fight the disease and its symptoms. We have to fight stigma and discrimination; we have to fight poverty; we have to fight inequality, in terms of human rights and economic opportunity,” she said.

One of the three regional campaigns, held in November 10, at the Mhlambanyatsi Inkhundla targeted young people. The Guest Speaker, Honorable Owen Nxumalo, Minister for Public Service challenged young people and the adults, to ask themselves why the HIV infection remains high amongst young people in the country; and what could be done to stop these new HIV infections and end AIDS as a public health threat in Swaziland. “Young people have the option to delay sex. We are sure about this as a viable option. It is the safest,” Nxumalo advised.

CONTRIBUTED BY: Samkelo Mahlalela / National HIV and AIDS Information and Training Centre

The Honourable Deputy Prime Minister, Senator Paul Dlamini with NERCHA Director, Khanya Mabuza, visiting stalls for various organizations providing health services during the commemoration.
UN Swaziland©2017





#3: Ensure healthy lives and promote well-being for all at all ages



SWAZILAND RELEASES POPULATION COUNT FOR 2017 CENSUS

“The 2017 Population and Housing Census is a very special census as it represents a major shift in the collection of census data, that is; from a paper based data collection system to one that is digital”

Swaziland has a population of 1,093,238 people. This is according to the 2017 Census Preliminary Results launched by the Deputy Prime Minister, Senator Paul Dlamini who was representing the Right Honorable Prime Minister, Dr. Barnabas Sibusiso Dlamini on the 9th November 2017.

Of this figure, 562,127 are females and 531,111 are males. This effectively means that the population of Swaziland increased by 74,789 persons in the ten-year period, 2007 to 2017. This represents an annual growth rate of 0.7 percent. In terms of regions, Manzini remains the most populous region with 355,945 inhabitants, followed by Hhohho with a population of 320,651. Lubombo is next with a population of 212,531 and the least populated region is Shiselweni with 204,111 inhabitants.

“The increase in the size of our population is primarily due to three demographic factors namely fertility, mortality and migration rates. An in-depth analysis of the census data will, in due course, be undertaken to produce precise

identification and analysis of the cause of the population increase confirmed by the 2017 census,” the Deputy Prime Minister remarked.

The data have been collected and analysed according to international standards with technical support and guidance from international experts. The United Nations Population Fund (UNFPA) provided technical support, procured mobile census equipment, and also supported South-South information exchange programmes as well as other regional training programmes. Other United Nations agencies; UNICEF, UNDP, WHO, WFP and UNAIDS, also provided financial support to ensure a successful digital census. In the spirit of South-South collaboration, the South African Government borrowed the Swaziland Government 3000 tablets, at no cost, to use during data collection.

Speaking at the event, UNFPA Representative, Sharareh Amirkhaili reiterated that “the 2017 Population and Housing Census is a very special census as it represents a major shift in the collection of census

data, that is; from a paper based data collection system to one that is digital”. She further noted that this shift was historical in the Southern Africa region as Swaziland was the second country after Lesotho and the fifth in the Africa continent after Senegal, Lesotho, Cape Verde and Ivory Coast to migrate to a digital census.

“Census data is an important working instrument that allows us to know the socio-demographic realities and to gauge the effects of our Government activities on important social indicators”, observed the Minister of Economic Planning and Development, Prince Hlangusemphi, during his remarks. UNFPA

UNFPA Representative noted that census data is at the heart of ensuring that no one is left behind because it provides data even for the smallest geographic unit. “The 2030 Agenda on the Sustainable Development Goals is premised on the assumption that every country will be able to identify and locate the most vulnerable people, identify interventions that result in the greatest improvements in their welfare, and monitor progress over a wide array of national and international targets,” she said.

The Preliminary Results also showed that the working age population increased by 3 percentage points i.e. from 56.7 percent in 2007 to 59.7 percent in 2017, whilst the population age 0-14 years declined from 39.5 percent in 2007 to 35.6 percent in 2017. This is a fall of 3.9 percentage points. These changes in the age structure of the Swazi population point to an urgent need to step up investments in the education, health and employment of young people to enable Swaziland to harness the demographic dividend.

The Honourable Deputy Prime Minister, Senator Paul Dlamini (3rd from right), Minister of Economic Planning and Development Prince Hlangusemphi, UNFPA Representative Ms. Sharareh Amirkhaili, Representative for the US Ambassador, Mr. Mark Trahan, Hhohho Regional Administrator Prince Tshakedi (2nd from right) and UNAIDS Country Director, Mr. Tim Rwabuhemba,





#4: Ensure inclusive and quality education for all and promote lifelong learning





SWAZILAND STRENGTHENS RESEARCH FOR HEALTHCARE PROGRAMMING

Research, evidence, and information are the foundation for sound health policies towards “the attainment by all people of the highest possible level of health”. Research and the evidence that research yields are critical elements for improving health and health equity, as well as economic development.

The World Health Organisation (WHO) supports the Kingdom of Swaziland in building capacity to strengthen health research systems, setting of research priorities that meet health, developing an enabling environment for research through the creation of norms and standards for good research practice as well as ensuring that quality evidence is turned into affordable health technologies and evidence-informed policy.

A few years ago, the Kingdom of Swaziland lacked document to guide the coordination and conduction of health research. The country did not have a national health research policy and strategic plan. There was no research agenda both at national level and within respective institutions. Though the

Swaziland Scientific and Ethics Committee (SEC) was in place, it was not able to monitor the conduct, management and results or products of research projects. There was limited research skills capacity in the country.

Health developed the National Health Research Policy and the five-year National Health Research Strategic plan in 2014. The Ministry of Health also managed to set a research agenda for the country to guide priority research. The health research agenda was developed through consultations with different stakeholders.

Following the approval of the National Health Research Policy 2014, the government established the National Health Research Department whose vision is a health sector sufficiently capacitated to generate and utilise evidence for effective planning and delivery of health services. The department oversees and coordinates the country’s research environment through guidance and promotion of scientifically sound and ethical health research practice through a well-regulated, resourced and with support from WHO and other partners the Ministry of

coordinated national research system.

The National Health Research Department has managed to convene and host biennial National Health Research Conferences of increasing magnitude since 2010. It has become tradition that each edition of the conference is officially opened by His Excellency the right Honourable Prime Minister Sibusiso Dlamini, while the WHO Regional Director has been attending and making remarks at all the conferences either in person or represented by high level officials from the regional office. Each edition of the conference adopts a different theme with the inaugural one being: Universal access to health care.

The second conference was held from 7 -9 November 2012 under the theme “Health systems strengthening for improved health outcomes” The third conference was held from 15-17 October 2014 under the theme “Investing in Health for Development.”



#5: Achieve gender equality and empower women and girls



SWAZILAND ECONOMIC CONFERENCE: PATH TO ECONOMIC RECOVERY AND SUSTAINABLE GROWTH IN SWAZILAND

While Swaziland continues to face various challenges; with an economy that is characterised by low GDP and unstable revenue; the country still boasts of well-crafted strategies aimed at spearheading development initiatives.

This is one of the observations that came from deliberations at the Swaziland Economic Conference (SEC) 2017. Renowned Governance Specialist Dumsani Hlophe who is based in UNISA's School of Governance in Pretoria, who was one of the speakers at the Conference made this observation. "For instance, the much talked about Vision 2022 Strategy whose main objective is to catapult the country to First World Status by 2022. Even though Vision 2022 is a grand strategy on paper, the biggest challenge lies with the lack of an implementation mechanism and activation plan. It is one thing to develop a strategy and another to implement it and see results. The absence of proper mechanisms to implement this policy into attainable targets by 2022", he said.

The Swaziland Economic Conference came about as an initiative by The Swaziland Economic Policy Analysis and Research Centre (SEPARC) who partnered with the Central Bank of Swaziland (CBS), the University of Swaziland (UNISWA) and the United Nations Development Programme (UNDP). With the aim of enhancing national development dialogue on the path to economic recovery and growth in Swaziland as well as highlight implementation challenges and how to address them, the conference initiated an all-important dialogue for the Nation. It brought together academics, policymakers, the private sector, development partners, and other development practitioners to deliberate on economic policy issues, under the



Leaders (L-R): Deputy Governor, Mr. Mfanfikile Dlamini, UNISWA Vice Chancellor, Prof. Cisco Magagula, UN Resident Coordinator, Israel Dessalegne, Governor, Majozi Sithole, Deputy Prime Minister, Senator Paul Dlamini, Minister of Finance, Hon. Martin Dlamini and SRA Commissioner, Mr. Dumisani Masilela. © UNDP © 2017

theme "Turning the Key: Path to Economic Recovery and Sustainable Growth in Swaziland". The conference set out to answer the question: "How can Swaziland eradicate poverty and hunger, and jump-start its economic recovery?"

The conference also provided a platform to discuss successes, lessons learnt, and identify remaining gaps on a variety of issues, including the implementation of the Poverty Reduction Strategy and Action Plan (PRSAP); deregulating the insurance industry; transitioning from Customs and Excise to a revenue authority; the relevance of agricultural marketing boards; developing and sharing economic datasets, and public health policy issues. Discussions at the conference focused on efforts made towards economic recovery and sustainable growth in Swaziland, further anchoring the development agenda and refine the building blocks for an implementation framework for the country's National Development Strategy.

Other presenters were Henk Gnade from BMI Re-search, Dr Mcebisi Mkhwanazi from UNISWA, and Asha Kanan from UNDP.

A Roundtable Discussion comprised a

panel of high level economic experts and policymakers set the tone for the Conference deliberations. The panel comprised of Central Bank of Swaziland Governor Majozi Sithole, SEPARC Chairman Dumisani Masilela, UNISWA Vice Chancellor Cisco Magagula, Principal Secretary in the DPM's Office Khangeziwe Mabuza, Federation of Swaziland Employers and Chamber of Commerce President Andrew Le Roux, Swaziland Sugar Association CEO Phil Mnisi and FINCORP MD Dumisani Msibi.

The Deputy Prime Minister Paul Dlamini was the guest speaker on behalf of Prime Minister Dr Barnabas Sibusiso Dlamini. He described the conference as being a perfect avenue for policy-makers, development partners and captains of industry to share ideas and to learn from research while identifying the opportunities for a way forward to faster economic growth.

UNDP Economic Advisor, Asha Kanan presented on the Sustainable Development Goals (SDGs) and how they can be mainstreamed into development policies and implemented to benefit member states such as Swaziland.



#6: Ensure access to water and sanitation for all

EL NINO DROUGHT COST SWAZI ECONOMY



The state of Mnjoli dam at the height the drought in 2016. © UNDP Swaziland © 2017

The El Nino induced drought experienced during the 2015/16 ploughing season cost the economy of the Kingdom of Swaziland about E3.8 billion. This is equivalent to about 7.01 percent of the country's gross domestic product (GDP), and accounts for about 18.6 percent of government expenditure in 2015/2016.

This is contained in the findings of a study titled, 'The Socio- Economic Impact of the El Nino,' undertaken by the Swaziland Economic Policy Analysis and Research Centre (SEPARC), commissioned by the National Disaster Management Agency (NDMA) with support of the United Nations Development Programme (UNDP). This follows a severe drought that affected the country, and most parts of Southern Africa, described as the worst in 35 years. Water resources became scarce as people were forced to share water sources with livestock, exposing them to various diseases and also led to over 88,000 (15% of national stock) death of livestock by December 2016. The study was presented to various national stakeholders where SEPARC Researcher, Mangaliso Mohammed presented its findings and recommendations. It highlights that as the drought intensified, the country experienced not only agricultural and economic fragmentation, but also social disintegration, among other impacts, as citizens explored different coping strategies such as reducing

their meals per day, while others turned to less preferred and less nutritious cheap food.

The study notes that the country has a solid Disaster Risk Management (DRM) Policy (2010), but still struggles to become drought proof because, despite the experience and knowledge gained from previous droughts in 1992, 2001, 2007 and 2009/10, the country's economic backbone still rests on agriculture.

Through the analysis, it became clear that the Agriculture, Environment and Water Sectors were the hardest hit by the drought. Education, Health and the Energy Sector (electricity generation) also experienced significant impacts. At the same time, the study also talks to social ramifications of these impacts on households and general socioeconomic development in the country. A copy of the findings of the study will be made available to the public.

Recommendations that strategies for drought-proofing should be put in place and prioritise rehabilitating and strengthening the food production system as well as exploring options for less dependency on rain-fed agriculture sector. In addition, the study advises a shared responsibility between government and vulnerable households to eliminate adverse exposure to drought impacts. The study further recommended that government should continue playing a leading role in the development of

policies and infrastructure such as water harvesting and storage, while households ensure uptake of adaptive practices to allow continuous production in the agriculture sector even in times of drought. The study also notes that while government gave considerable priority to drought relief and mitigation measures, because of resource redirection, the country deflected the implementation of key development strategies, which means the economic consequences will linger long after the drought.

NDMA CEO, Russell Dlamini explained that the findings and recommendations of the study will be used to inform the organisation's programming as well as influence policy and actions on Disaster Risk Management in the country.

The Principal Secretary in the Deputy Prime Minister's Office Khangeziwe Mabuza expressed appreciation to UNDP for supporting the partnership between NDMA and SEPARC, which has enabled the country to identify and quantify the social and economic losses that were suffered because of the 2015/16 drought. Mabuza said the findings of the study would significantly contribute to the country's future risk assessment and contingency planning endeavours. In addition, she said the study would strengthen national efforts on building and enhancing resilience by specifically contributing to the improvement of disaster losses and risk knowledge. She mentioned that the country recognises that DRR policies are essential to poverty reduction and the findings of the study will contribute to DRR planning, which will strengthen national recovery efforts.

The UN remains committed as a knowledge broker in working with the government of Swaziland, non-governmental organisations, and academia, including traditional authorities to help the kingdom build community resilience and invest in policy research and analysis for better informed sustainable development.



#7: Ensure access to affordable, reliable, sustainable and modern energy for all



SWAZILAND SECURES FUNDING FOR NCPs



Principal Secretary in the Ministry of Economic Planning and Development, Mr. Bertram Stewart with the Minister Counsellor at Embassy of Japan, Mr. Shuichiro Kawaguchi and WFP Swaziland Country Director, Mr. Alberto Mendes during the signing.
© WFP Swaziland © 2017

The United Nations World Food Programme (WFP) prioritises its work with the Government of Swaziland, especially as it seeks new funds in a resource constrained environment.

The Government of Eswatini has demonstrated leadership in helping Swaziland achieve SDGs by 2030. They have shown strong commitment in the domestication of the SDGs into the national development plans, and in particular prioritizing SDG 2, to end hunger.

This has allowed WFP to work in coordination with the Government to secure a generous donation from the Government of Japan. This donation will allow WFP's support to Orphans and Vulnerable Children to continue. The donation consists of rice valued at US\$1.8 million to support some 55,000 children in Swaziland for a period of one year. The rice was distributed to the children – who are orphans or otherwise vulnerable, and between two and eight years old – at up to 1,600 Neighbourhood Care Points (NCPs) around the country.

Japan has been a consistent donor to WFP in Swaziland, proving vital support at a time with low levels of funding have meant programmatic shortages and supporting emergency assistance during the El Nino induced drought.

At a signing ceremony for the

donation, hosted by the Ministry of Economic Planning and Development, Mr. Shuichiro Kawaguchi, Minister Counsellor at the Embassy of Japan, said "this humanitarian food support is given with the aim of improving the lives and food security of Swaziland's most vulnerable children, allowing them to feed their dreams."

"This donation from Japan comes at a crucial time", said WFP Swaziland Country Director Alberto Mendes. "It goes a long way to ease the funding shortfalls that have negatively impacted our ability to help these vulnerable children, who account for nearly half of Swaziland's under 18 population".

Beyond supporting food security, NCPs provide a safe place for boys and girls, many of whom live with relatives or in child-headed households, to access early education and basic care services. These children are too young to attend primary school, and families or guardians cannot afford to send them to formal pre-schools or daycare centres. Volunteer caregivers who manage the NCPs provide services such as early childhood education and links to basic health care, as many of the children cannot yet access other social safety nets, such as school meals or education grants, available to older OVC in primary schools.



Caregivers busy with children in one of the NCPs supported by the programme.
© WFP Swaziland © 2017



#8: Promote inclusive and sustainable economic growth, employment and decent work for all



SWAZILAND RECORDS A DRASTIC REDUCTION IN VACCINE PREVENTABLE DISEASES IN 2017

“Let us ensure that every child is fully immunized. Even one life lost is one too many. The World Health Organisation is committed to the provision of technical support to the Ministry of Health in the prevention of vaccine preventable diseases, in particular introducing new vaccines as they become available. Let us keep up the momentum and accelerate progress towards universal access to immunization” Dr Tigest Ketsela Mengestu - WHO Representative.

A few years ago vaccine preventable diseases like polio, diphtheria, whooping cough, tetanus, measles, meningitis, pneumonia and rotavirus diarrhoea used to be of great concern for child survival in the Kingdom of Swaziland. However, over the years great strides have been made in expanding immunization as a critical component of high impact child survival strategies in the country. The World Health Organisation (WHO) and UNICEF's support for immunization illustrates the United Nations capacity to support the country in developing sustainable, country owned public health programmes. Immunization saves lives, makes communities more productive, and is a core component of strengthening health systems and attaining the Sustainable Development Goals (SDGs).

In 2017, for the first time since the establishment of the EPI programme in 1979, Swaziland made a remarkable achievement, recording zero cases of polio, disability and death from diphtheria, tetanus, whooping cough, measles and rubella. Even though the country has been in the elimination stage of these diseases for some time now, one or more cases have been confirmed each year during the last decade. “This indeed is a clear indication that vaccines work and countless lives of Swazi children have been saved. It is a clear demonstration of the benefits of immunization as one of the most successful and cost-effective health interventions known,” said WHO EPI Officer Lonkululeko Khumalo.

Also of note is the fact that no case of Polio has been recorded in the country since 1989. This is in line with the Global Polio Eradication



and Endgame Strategic Plan 2013-2018 whose aim is to have a polio-free world by 2018. Meanwhile, the last measles outbreak in the country was experienced in 2010 whilst the last rotavirus diarrhoea outbreak was last experienced in 2014 - before the introduction of the rota virus vaccine in 2015. Nonetheless, no outbreaks due to the other vaccine preventable diseases have been recorded in the last decade, marking a significant reduction in the burden of vaccine preventable disease.

As a result of immunization combined with other health care and development interventions such as improved access to clean water and sanitation, better hygiene and education—the annual number of deaths among children under five years has fallen drastically. Under five mortality has been reduced from 210 per 1 000 in the 1960s to 67 per 1 000 in 2014.

Over the last 10 years Swaziland has introduced four new vaccines including Haemophilus Influenzae type B, Pneumococcal Conjugate, Rotavirus and Inactivated Polio Vaccine (IPV). The introduction of new vaccines to prevent infectious

diseases in Swaziland has become high priority in the health agenda and advanced plans are in place to introduce yet another vaccine against Human Papilloma Virus (HPV) which causes cervical cancer. Cervical cancer constitutes about one third of all cancers in the country.

At inception, the EPI started with very few antigens but to date the national routine immunization schedule contains 13 vaccines protecting children against infectious diseases. In line with Universal Health Coverage (UHC) the government of Swaziland, through the Ministry of Health provides vaccinations free of charge to all children regardless of sex, race or social status. This is in line with the 2016 Addis Ababa Declaration on "Universal access to immunization as a cornerstone for health and development in Africa". Swaziland is committed to increasing vaccine-related funding, strengthening supply chains and delivery systems, and making universal access to vaccines a cornerstone of health and development efforts.



LUSUTFU

#9: Build resilient infrastructure, promote sustainable industrialization and foster innovation



INVESTING IN HEALTH WORKFORCE: THE PATH TOWARDS SUSTAINABLE DEVELOPMENT



The vision of the “Global Strategy on Human Resources for Health: Workforce 2030” is to accelerate progress towards Universal Health Coverage and the Sustainable Development Goals (SDGs) by ensuring equitable access to a skilled and motivated health worker within a performing health system. The Kingdom of Swaziland has set out the policy agenda to ensure a workforce that is fit for purpose to attain the targets of the SDGs.

In the past years, the Ministry of Health in Swaziland had insufficient institutional capacity to lead and coordinate the Human Resources for Health (HRH) planning, production and management of the health workforce in the country. These functions were fragmented in different departments and units in the Ministry. The majority of personnel involved in Human Resources (HR) activities were not adequately trained and experienced in human resources for health functions. Further, the assignment of these personnel from the Ministry of Public Service did not consider the required qualifications and experiences to undertake HRH related functions, which include health workforce planning, production and training, and management of health personnel in a health sector

environment.

As a result, the health workforce planning, development and management were not clearly aligned with the needs of the health service delivery system in the country. Further, job descriptions were not adequately responding to the emerging changes in healthcare, and tasks were not clearly assigned. The poor state of the HRH in the country was considered to be one of the major setbacks to the country's worsened health indicators, including the high HIV and TB infection rates in the past years.

In light of these challenges, there was the need for the country to accelerate efforts to strengthen the HRH unit of the Ministry of Health while building institutional capacity to sustain these efforts. In 2015, the World Health Organisation (WHO) country office in Swaziland, with funding from the Government of the United States of America through PEPFAR provided technical support and guidance to transform the HRH unit. The goal was to change the relatively underperforming personnel management unit to a more strategic focused department that can effectively provide strategic direction for the health workforce in the country. According to WHO HRH Advisor Dr

James Antwi, the transformation process led by the Ministry of Health involved initial engagements with personnel to review expectations and change in roles and tasks among other things. Dr Antwi noted that this has resulted in improvements in human resource functions such as recruitment, and retention, deployment, and staff development.

“Production of key health workers has improved over the last few years and most of the vacant positions have been filled. The human resource information system has been revamped to generate evidence on health workers for informed decision making,” he said.

Among the achievements outlined by Dr Antwi was the formation of a Human Resource for Health Management Committee (HRHMC) at the Ministry of Health to manage the recruitment, deployment, promotion and transfer of health workers. The recruitment process which hitherto was a key bottleneck was streamlined following the development of recruitment guidelines and functionality of the HRHMC. The HRH hiring process was streamlined through tools such as applicant tracking systems and communicating with applicants and candidates about the selection process. As a result, on average, the recruitment process now takes one month to complete as compared to the 4 – 6 months as was previously the case.

The current recruitment process in the Ministry encourages fair employment practices that treat applicants equally, focusing solely on experience, expertise and qualifications. In 2016, a total of 389 health workers were recruited, accounting for approximately 10% of the total in Government establishment. Majority of those recruited were nursing, laboratory and pharmacy cadres who are instrumental in the provision of HIV/AIDS and TB services. By January, 2016 a total of 3,588 out of 4,357 established posts were filled representing an 82% filling rate of the establishment positions.



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#10: Reduce inequality within and among countries



DISASTER RISK REDUCTION DAY: RESILIENCE BUILDING KEY TO DEVELOPMENT PLANNING



Accident scene simulation during the International Day for Disaster Reduction
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Disaster Risk Reduction (DRR) and resilience building are an integral part of national development planning. As such, governments around the world have acknowledged climate change as a principal driver of increased frequency and intensity of natural disasters and working towards finding lasting solutions for citizens.

"An important, but hitherto relatively unspoken, measure for reducing the risk of disaster in integrating indigenous knowledge into early warning systems. It really can save lives," said Swaziland Prime Minister Dr. Barnabas Sibusiso Dlamini at the commemoration of International Day for Disaster Risk Reduction.

Represented by his Deputy, Senator Paul Dlamini, the PM noted that accumulated experiences handed down over generations have enabled small-scale farmers in Swaziland to develop intricate systems for predicting and interpreting weather systems.

"We need to examine how traditional knowledge systems can be integrated into modern agricultural and weather monitoring activities to minimize losses arising from weather extremes," he added.

He said the commemoration was about raising awareness on the effective actions, policies and practices put in place to reduce vulnerability to disaster.

UN Resident Coordinator Israel Dessalegne applauded the government for putting in place monitoring systems such as the National Emergency Response and Adaptation Plan (NERMAP) in place which clearly articulates the needs and priorities of

the country where Disaster Risk Reduction (DRR) is concerned. He further commended stakeholders for collaborating with government and NDMA towards the development of other important frameworks such as the compilation of the 'Lessons Learned' from national response; the development of the National Resilience Building Strategy as well as regular national consultations on mitigation and adaptation strategies to effectively address the impact of climate change. The UN Development system in Swaziland supported these initiatives through NDMA.

Dessalegne went on to read the UN Secretary General's message to the global community, highlighting the importance of the Sendai Framework for Disaster Risk Reduction with its seven targets for the prevention of disasters and reducing disaster losses in achieving SDGs.

"We have had great success in reducing the number of lives lost to disasters, thanks to early warning systems, preparedness and more efficient evacuations. Now we must focus on reducing human suffering and the number of people affected," read part of the SGs message.



The International Day for Disaster Reduction is internationally observed on October 13 but the commemoration in Swaziland was held on October 30, 2017. The 2017 edition was commemorated under the theme "Reducing the number of people affected by Disasters by the year 2030", which is part of the "Sendai Seven" campaign, centred on the seven targets of the Sendai Framework.

The commemoration was held at Matsapha, Swaziland's largest industrial town yet densely populated. As part of the event, guests were treated to staged disaster simulations such as Road Traffic Accident (pile up), Gas emissions from a factory as well as a fire incidence.

International Day for Disaster Reduction is an opportunity to acknowledge the substantial progress being made toward reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries. Such an outcome is the aim of the Sendai Framework for Disaster Risk Reduction adopted at the Third UN World Conference on Disaster Risk Reduction in Japan in March 2015.

The Sendai Framework has strategic targets to advocate for the critical work that remains to be done and establish a roadmap toward full implementation.

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#11: Make cities inclusive, safe, resilient and sustainable



16 DAYS FOR ACTIVISM AGAINST GENDER-BASED VIOLENCE: SEKU- YINYANDZALEYO



Participants of a community dialogue on Gender-Based Violence during the 16 Days
UNFPA ©2017

Globally, the 25th November to the 10th December is a period that is used to vigorously advocate and take local actions to bring an end to gender based violence, particularly against young women, adolescent girls and children. This is coined the 16 Days for Activism against Gender Based Violence as an annual reminder to everyone not to forget to dedicate efforts to stop gender-based violence in its tracks. Swaziland joined the rest of the world during this period through a long campaign conducted for close to a month.

The international campaign theme was 'Unite to End Violence Against Women' and the local theme was "Let us all UNITE to End Violence Against Women and Girls: Yinyandzaleyo". The national launch was conducted at Ngwenya Town Board an urban area in the Hhohho region. The launch was graced by the honourable Deputy Prime Minister, Senator Paul Dlamini, the UNFPA Representative, Ms. Sharareh Amirkhaili, Civil Society Organisations, the Gender Consortium, Traditional Leadership from the Motshane Inkhundla and Ngwenya community.

The launch was preceded by a community dialogue due to concerns raised by police on the high number of GBV cases emanating from the Ngwenya community. The dialogue was attended by women, men and young people from the Ngwenya community and surrounding areas. Participants identified a number of causes of gender based violence in their community. They highlighted families living in one roomed flats, parents not staying and raising their own children, parents not listening

to their children, culture being misconstrued (paying of lobola or bride price as ownership of a woman), lack of economic empowerment for women and girls who end up engaging in relationships for survival. A majority of participants during this dialogue decried the lack of stiff sentences for perpetrators of gender based violence and called upon policy makers to fast track the passing of the Sexual Offences and Domestic Violence Bill to address some of the challenges. According to Nelisiwe Tsabedze of Motshane, presenting during the dialogue "...sentencing for gender based violence perpetrators should be stiffer, to teach other perpetrators. Passing of the Sexual Offences and Domestic Violence Bill would really help us women."

During the national launch Mr. Psheshya Hlatshwayo, a Member of Parliament under the Motshane Inkhundla had this to say "...what has killed the nation when it comes to gender based violence is the silence that people who witness these acts keep. Neighbours should take action and report. We give assurance as a community that we will stand and make gender based violence a thing of the past". He further promised that they are lobbying Senators to pass the Sexual Offences and Domestic Violence Bill to address the gender based violence scourge. The launch was also graced by a drama performance by Siyembili Arts who portrayed a domestic violence situation which captivated those in attendance. The Honourable Deputy Prime Minister, Senator Paul Dlamini had this to say... " I have not seen even one community where committees discuss issues of gender based violence. Government cannot do it alone.

Communities need to come up and address such challenges. People should stop hiding behind alcohol." He further highlighted that the Sexual Offences and Domestic Violence Bill will also propel those that witness gender-based violence to report it. He further made a request to the older generation that they should teach the younger generation on how to behave and requested women not to retaliate on their abusers but to report to relevant authorities. The Senator further said, "Hardly a day passes without reports of violence, in particular sexual and physical violence resulting in death...To attain Sustainable Development Goals 3 (good health and well-being) and 5 (gender equality), we need to upscale efforts towards elimination of all forms of violence against women and children". In her remarks, UNFPA Representative Ms. Sharareh Amirkhaili emphasized the timely implementation of the frameworks that hinge on gender based violence eradication and study recommendations toward the same in the country. She further added her voice to those calling for the passing of the Sexual Offences and Domestic Violence bill into law and reiterated on the critical importance of fully engaging men and boys into dialogue platforms addressing gender based violence issues. "Zero gender based violence cases is the only acceptable number we should all aspire to", she said.

The 16 Days for Activism Against Gender Based Violence campaign implemented with many partner organisations included a GBV Arts Workshop, GBV Campus dialogues, a "Walk in Her Mile" march, Arts Against Abuse music concert, and a disseminating meeting for key GBV documents including the National Strategy to End Violence and Action Plan, the GBV National Surveillance report and the National Gender Index report attended by The Honourable Minister of Economic Planning and Development, Prince Hlangusempi, UN Women Deputy Representative, Mr. Themba Kalua and United Nations Economic Commission Director for Gender Division representative Ms. Keiso Mantashane.



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#12: Ensure sustainable consumption and production patterns

WORLD DIABETES AWARENESS MONTH: WOMEN AND DIABETES

The Ministry of health in Swaziland dedicated the whole month of November to Diabetes awareness, with a special focus on women as per the 2017 theme: "Women and diabetes - our right to a healthy future".

The awareness campaign was launched on the 1st of November 2017 and the whole month was dedicated to creating awareness about diabetes and ensuring access to services for all. Diabetes among women causes cardiovascular diseases, poor sexual health, depression and eating disorders. In pregnant women diabetes can cause abnormalities in the unborn child, prematurity delivery and miscarriages. Diabetes mellitus can also result in infertility for women when it affects their ovaries.

Diabetes in the African region including Swaziland is a serious, chronic and costly disease that affects both males and females and is estimated to rise to 23.9 million cases by 2030. Globally 1 in 10 women are living with diabetes and 2 out of every 5 of these women are of reproductive age. Of note is the fact that 1 in 7 births are affected by pregnancy induced diabetes and women with type 1 diabetes have an increased risk of early miscarriage or having a baby with malformations.

Diabetes and its complications can be significantly reduced by maintaining a healthy body weight, engaging in sufficient amounts of physical activity, eating a well-balanced diet, and avoiding tobacco and harmful use of alcohol throughout the life course.

As part of creating awareness and scaling up services, the ministry of Health in partnership with the World Health Organisation (WHO), the Swaziland Breast and Cervical Cancer Network



WHO Representative Dr Tigest Ketsela Mengestu addressing the gathering while Minister for Health, Hon. Sibongile Ndlela-Simelane and Mafutseni MP Hon. Christopher Gamedze look on. © WHO ©2017

(SBCCN), Swaziland Diabetes Association and other partners took cervical and breast cancer screening services to communities. This move was received positively by women who came in their numbers for screening during the World Diabetes Day commemoration at Mafutseni Inkhundla on November 16.

The Swaziland Diabetes Association, through champions, increased awareness about the disease since the beginning of the month. One of the champions Lindokuhle Sibiyi, a patient co-infected with HIV, TB and diabetes confessed that it is challenging to live with the two contrasting conditions where: HIV medication requires that a person eats enough food before taking them, while diabetes on the other hand requires that a person does not eat a lot. She said, however, with the support of nurses and the association she has been able to manage both conditions and TB at one point. She said support is also important at the community level and urged community members to support and encourage one another.

Another champion, Nelisiwe Msibi stated that she was forced to retire from her

teaching profession for medical reasons. Msibi said her right leg was amputated due to complications from diabetes. She thanked her children who stood by her through the trying times, adding that people die due to depression when they fail to cope with the situation.

Speaking at the event, Minister of Health Sibongile Ndlela-Simelane emphasised that early detection and effective management of diabetes among women is key. She stated that health education and promotion activities need to highlight the information to all women who attend health facilities and those in the communities. Data from the Health Management Information Systems (HMIS) shows us that there has been an increase in the number of people presenting with diabetes since 2010. The Minister said this could be attributed to an increasing burden or an improved system for detecting the condition. Ndlela-Simelane said her ministry aspires to ensure that the screening, diagnosis and treatment of Diabetes is accessible at the level of clinics.

Meanwhile, WHO Representative Dr Tigest Ketsela Mengestu stated that the country needs robust diabetes prevention and control policies to promote healthy diets and physical activity at home, schools, workplaces and other settings. She noted that the focus for 2017 was on women, and therefore screening for diabetes should be integrated into other maternal health interventions and services at primary healthcare level to ensure early detection, better care for women and reduced maternal deaths.





#13: Take urgent action to combat climate change and its impact



UN SPOTLIGHT



UN Swaziland©2017



#14: Conserve and sustainably use the oceans, seas and marine resources



WORLD MENTAL HEALTH DAY: MENTAL HEALTH IN THE WORKPLACE



Textile workers listening to presentations during the World Mental Health Day at Kang-Fa Knitwear in Siteki. © WHO ©2017

During the commemoration of World Mental Health Day, over 300 textile workers were sensitised about the importance of keeping a healthy mental state.

This was during a visit by Minister of Health Sibongile Ndlela-Simelane to Kang-Fa Knitwear in Siteki in the Lubombo region to commemorate World Mental Health Day on October 18. The Minister was accompanied by the World Health Organisation (WHO) Officer in Charge Dr Khosi Mthethwa, Director of Health Services Dr Vusi Magagula, National Psychiatrist Dr Violet Mwanjali and her team of mental health nurses from the National Psychiatric Referral Hospital, among others. This day is usually commemorated on the 10th of October, but Swaziland shifted the commemoration to the 18th, targeting textile workers. The reason for this was that this year the theme focuses on “Mental Health in the Workplace”. Since most working people spend over 60% of their waking hours at work, mental health at work is at the heart of daily social interactions. The World Mental Health Day is aimed at raising awareness of mental health issues across the globe and mobilises efforts in support of mental health.

Addressing the workers which comprised of mainly women, the Minister stated that good mental health enables people to realize their full potential, cope with normal stresses of life, work productively and contribute to their communities. She emphasised that

it is important that everyone has someone to talk to whenever they are faced with a challenge. She encouraged the employees to support one another in order to maintain a stable mental state. She noted that while many employers have policies to support a healthy workforce, there is no shared vision for mental health in the workplace. She said stigma and discrimination limit equality in the workplace. She observed that untreated mental disorders, in employees or their family members, result in diminished productivity at work, an increase in workplace accidents and high staff turnover, among other things. Globally, an estimated 10% of the employed population has taken time off work for depression, and an average of 36 work days are lost when a worker gets depressed. Symptoms such as difficulties in concentrating and making decisions cause significant impairment in productivity at work.

In Swaziland about 102 Swazi males committed suicide in 2014, compared to 23 females in the same year due to depression. About 29 females were admitted for the first time at the National Psychiatric Hospital between January and December 2015 compared to 15 males. About 10 females were re-admitted at the National Psychiatric Hospital between January and December 2015 compared to 5 males.

The Minister stated that evidence shows that positive workplace culture and having managers that actively support employees with mental health problems are associated with greater openness and awareness of mental health issues

and in turn with a more productive workforce. She emphasised that in lifting the burden of workplace stress and mental ill-health, a continued focus and awareness of mental health in the workplace is vital. Employers can foster psychosocially healthy work environment by identifying and addressing stress risk factors in the work place and facilitating access to care for those who need it. Preventative strategies and inclusion in the workplaces are also crucial in protecting mental health and in handling the causes and consequences of work-related stress, with both individual and collective efforts.

The Minister further urged all employers to make meaningful investment in mental health promotion, preventative and treatment programs in the workplace. “Today, I urge for a nationwide consensus in all the four regions of the country in supporting mental health and well-being in the workplace; a consensus that enables individuals with mental health conditions to seek help in and out of the workplace and an environment that fosters good employment practices with regards to mental health”.

Speaking at the same event, WHO OIC Dr Khosi Mthethwa said mental health is one of WHO’s priorities. She said the organisation encourages countries to promote mental health in the workplace, and build broad coalitions to promote best practice, decrease negative attitudes and empower individuals to promote good mental health for all. She said workplace wellbeing is key to ensuring a healthy, sustainable workforce which is essential for a healthier, more productive and prosperous African Region.

This event ended with an address of health workers at Siteki Hotel, characterized by speeches, mental health inspired drama and songs.



#15: Sustainably manage forests, combat desertification, halt and reverse land degradation, halt biodiversity loss



SEXUAL HARASSMENT IN THE WORKPLACE

Introduction

When sexual harassment in the workplace is mentioned, the first inclination is probably to think about unwelcome sexual advances from a male employee toward a female co-worker. In reality, however, sexual harassment can take many forms. In some cases, you may not even realize that the actions of a colleague are actually a form of sexual harassment.

Definition

Defining Sexual Harassment continues to be a challenge as there is no clear definition and its definition depends on specific behaviour and circumstances in which it occurs. It is a form of sexual discrimination and can be defined from a legal and social-psychological perspective.

- Sexual harassment in the workplace constitute unwelcome sexual advances or conduct of a sexual nature that unreasonably interferes with the performance of a person's job.
- It may range from derogatory comments to inappropriate touching, and even threats of a sexual

The issue

·Swaziland's Extended National Multisectoral HIV and AIDS Framework (eNSF) 2014-2018 highlights sexual gender based violence (SGBV) as one of the key contributors of new HIV infections.

Drivers / Causes

- Ÿ Ignorance of rights
- Ÿ Seeking favours: employment, promotion or trainings
- Ÿ It is an acceptable norm

Reasons for not reporting

- Ÿ Fear of being fired
- Ÿ Fear of reprisal
- Ÿ Management won't act on it
- Ÿ Management won't believe me
- Ÿ Very light or no penalties for perpetrators
- Ÿ No clear systems for reporting
- Ÿ Management generally incapacitated on how to deal with sexual harassment cases

Victims

- Ÿ ILO emphasises that even though victims tend to be women, there is a growing number and awareness of males victims.
- Ÿ Financially dependent workers, young workers, especially younger women, are common targets for sexual harassment.
- Ÿ The 2016 HIV Incident Measurement Survey 2 indicates that young women aged 20-24 are at least five (5) times more likely to contract HIV than their male counterparts due to high levels of sexual violence, widespread poverty and patriarchal norms.
- Ÿ Casual/temporal, and entry level positions put workers in precarious conditions
- Ÿ Single, separated, widowed, and divorced employees also face higher incidences of sexual harassment
- Ÿ Women working in predominately male environments littered with male supervisors are likely to be subjects of sexual harassment
- Ÿ Young men, and gay men, working in female dominated occupations are more vulnerable to be subjects of sexual harassment

Way Forward

- Ÿ Enable conducive environment to guide on practices e.g. Review of the Employment Act of 1980, advocate for provisions to prevent/curb workplace sexual harassment.
- Ÿ Work with the Ministry of Labour and Social Security to develop workplace sexual harassment policy template that can be adopted by all companies and organisations in Swaziland
- Advocate for the enactment of the Sexual Offences and Domestic Violence (SODV) Bill of 2015.
- Ÿ Encourage companies /organisations to develop stand-alone sexual harassment policies based on the national policy template on workplace sexual harassment.
- Ÿ Develop national capacities to prevent Sexual Harassment in work place and general society
- Ÿ Advocate for better understanding of sexual harassment and consequences
- Ÿ Improve reporting and disclosing on sexual harassment



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#16: Promote just, peaceful and inclusive societies



MENTAL DISORDERS

Key Facts

- There are many different mental disorders, with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others.
- Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism.
- There are effective strategies for preventing mental disorders such as depression.
- There are effective treatments for mental disorders and ways to alleviate the suffering caused by them.
- Access to health care and social services capable of providing treatment and social support is key.

Depression

Depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated 300 million people are affected by depression. More women are affected than men. Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. Sufferers may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people's ability to function at work or school and to cope with daily life. At its most severe, depression can lead to suicide. Prevention programmes have been shown to reduce depression, both for children (e.g. through protection and psychological support following physical and sexual abuse) and adults (e.g. through psychosocial assistance after disasters and conflicts). There are also effective treatments. Mild to moderate depression can be effectively treated with talking therapies, such as cognitive behaviour therapy or psychotherapy. Antidepressants can be an effective form of treatment for moderate to severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with caution. Management of depression has to include psychosocial aspects, including identifying stress factors, such as financial problems, difficulties at work or physical or mental abuse, and sources of support, such as family members and friends. The maintenance or reactivation of social networks and social activities is important.

Bipolar affective disorder

This disorder affects about 60 million people worldwide. It typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder. Effective treatments are available for the treatment of the acute phase of bipolar disorder and the prevention of relapse. These are medicines that stabilize mood. Psychosocial support is an important component of treatment.

Schizophrenia and other psychoses

Schizophrenia is a severe mental disorder, affecting about 21 million people worldwide. Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common psychotic experiences include hallucinations (hearing, seeing or feeling things that are not there) and delusions (fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary). The disorder can make it difficult for people affected to work or study normally. Stigma and discrimination can result in a lack of access to health and social services. Furthermore, people with psychosis are at high risk of exposure to human rights violations, such as long term confinement in institutions. Schizophrenia typically begins in late adolescence or early adulthood. Treatment with

medicines and psychosocial support is effective. With appropriate treatment and social support, affected people can lead a productive life, be integrated in society. Facilitation of assisted living, supported housing and supported employment can act as a base from which people with severe mental disorders, including Schizophrenia, can achieve numerous recovery goals as they often face difficulty in obtaining or retaining normal employment or housing opportunities.

Dementia

Worldwide, 47.5 million people have dementia. Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. Dementia is caused by a variety of diseases and injuries that affect the brain, such as Alzheimer's disease or stroke. Though there is no treatment currently available to cure dementia or to alter its progressive course, many treatments are in various stages of clinical trials. Much can be done, however, to support and improve both the lives of people with dementia and their caregivers and families.

Developmental disorders including autism

Developmental disorder is an umbrella term covering intellectual disability and pervasive developmental disorders including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods of remissions and relapses that characterize many other mental disorders. Intellectual disability is characterized by impairment of skills across multiple developmental area such as cognitive functioning and adaptive behaviour. Lower intelligence diminishes the ability to adapt to the daily demands of life. Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability. Family involvement in care of people with developmental disorders is very important. Knowing what causes affected people both distress and wellbeing is an important element of care, as is finding out what environments are most conducive to better learning. Structure to daily routines help prevent unnecessary stress, with regular times for eating, playing, learning, being with others, and sleeping. Regular follow up by health services of both children and adults with developmental disorders, and their carers, needs to be in place. The community at large has a role to play in respecting the rights and needs of people with disabilities.



#17: Revitalize the global partnership for sustainable development



NEW APPOINTMENT

MS. Alice Akunga - UNICEF Resident Representative

UNICEF



2004 - Ph.D in Education, Kenyatta University, Nairobi, Kenya.

2000 - Masters Degree in Education, University of Illinois-Urbana Champaign, USA.

1993 - Masters Degree in Education, Kenyatta University, Nairobi, Kenya.

Summary of Experience

March 2014 - UNICEF Representative to Maldives. Providing overall leadership in developing, implementing, monitoring and evaluating UNICEF Country Programmes.

March 2009 to February 2013 - UNICEF Chief of Education, based in Abuja, Nigeria. Provided technical leadership in the development and implementation of education programmes in the country.

March 2007 to March 2009 - UNICEF Education Specialist, based in Abuja, Nigeria.

October 2004 to December 2006 - Consultant with UNICEF Regional Office for Eastern and Southern Africa based in Nairobi, Kenya.

September 2002 to September 2003 - Consultant with World Vision and World Conference of Religion and Peace, based in Nairobi, Kenya.

February 2000 to December 2002 - Lead consultant with UNICEF in Nairobi, Kenya.

February 1987 to May 2005 - Lecturer with Kenyatta University and Kenya Technical Teachers College.



UNICEF is on the ground in 155 countries and territories to help children survive and thrive, from early childhood through adolescence.

The world's largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS.

UNICEF is funded entirely by the voluntary contributions of individuals, businesses, foundations and governments




UNICEF began providing assistance to Swaziland after 1968. Since then, we and the Swazi government have been partners in protecting Swazi children. UNICEF in Swaziland has more than 35 people working to promote and protect the rights of children. A Commitment to Every Child

"In our mission to protect and fulfill the rights of children and women, we at UNICEF Swaziland pledge our commitment to the value of integrity, love, success, health and vitality, by: (1) Placing children's interest first, especially the less fortunate (2) Being honest and professional in all our dealings (3) Building good team relationships through mutual support (4) Ensuring a healthy working environment and (5) Solving problems together and being open to new ideas"

FAREWELL

UNFPA Resident Representative Ms. Sharareh Amirkhalili bids Farewell to the Kingdom of Eswatini



UNFPA Staff during their farewell function with the Representative at Esibayeni Lodge  UNFPA ©2018

The United Nations Population Fund (UNFPA) Resident Representative, Ms. Sharareh Amirkhalili has completed her four-year tenure in the Kingdom of Eswatini which began in 2014 after serving in a number of countries including South Sudan, India and Bhutan. The completion of her tenure also coincides with her retirement from work. She bid farewell to a number of Ministers that have played a key role in the implementation of the Government of the Kingdom of Eswatini and UNFPA 5th-6th Country programme. These included the Honourable Minister of Economic Planning and Development, Prince Hlangusempi, Honourable Minister of Health, Senator Sibongile Ndlela-Simelane, the Honourable Deputy Prime Minister, Senator Paul Dlamini.

In her courtesy visits to the different ministries, all the Ministers appreciated the excellent collaboration their ministries had with UNFPA citing the support being aligned with the country's national priorities. The Honourable Minister of Economic Planning, Prince Hlangusempi appreciated UNFPA's contributions to the country's development.

"What you have done for the Kingdom of Eswatini is commendable, with so many notable achievements in a short space of time working each day like it was your last. Through UNFPA's contribution during your tenure, the country has a good future and our country's flag flies higher", said the Honourable Minister of Economic Planning and Development, Prince Hlangusempi.

The Honourable Minister of Health emphasized how as government they cannot achieve any milestones without strong partners such as UNFPA. "Retirement does not mean you are tired but it's a stage of being resourceful providing technical assistance where needed. I wish you a good retirement my sister", said the Honourable Minister.

The outgoing Representative took the opportunity to express gratitude for the excellent partnership and commitment of the Eswatini Government during the period of her assignment in the Kingdom of Eswatini. She cited a number of results achieved through the assistance from UNFPA CO including support to Population and Housing Census 2017, The positioning of the demographic dividend in national development, support to HIV prevention and response, positioning of the Gender based violence prevention and response and addressing maternal mortality and family planning. She had this to say "I am honoured to have served with the UNFPA Country Office team, the people of Eswatini to the best of my abilities and to retire from this beautiful country."


During the Representative's courtesy call to the Honourable Deputy Prime Minister, he appreciated the rapport that UNFPA had with his office which led to the development of the National Strategy to End Violence together with a costed Action Plan and advocacy efforts towards the enactment of the Sexual Offences and

Domestic Violence Bill into law. He further expressed his desire that this Bill be enacted into law soon. He further wished the Representative a happy retirement. "You will now be an Ambassador for Eswatini as you start your new life", said the Honourable Deputy Prime Minister.

The UNFPA Country Office also bid farewell to the Representative and staff passed their sentiments on the Representative's departure. They highlighted that she was a motherly leader who showed personal concern for her staff. They appreciated her generosity of spirit and kindness. She appreciated the staff emphasizing that they are a winning team and she had full confidence in their abilities in continuing with the work of UNFPA.

During a joint UN and government farewell function in honour of the UNFPA Representative at the Royal Villas, the Government through the Acting Principal Secretary of MEPD, Mr. Siboniso Masilela, acknowledged a number of outstanding achievements with UNFPA support, especially the undertaking of the 2017 national digital census and the demographic dividend which contributed to the country achieving its international milestones. The Resident Coordinator, Mr. Israel Dessalegne had this to say "Sharareh prefers to lead from behind, and was passionate about key development challenges that the country is facing. She would use her colleagues as sounding boards to address issues" The RC further wished the Representative a happy retirement.



UNFPA Representative during her courtesy call to the Honourable Minister of Economic Planning & Development (MEPD), Prince Hlangusempi flanked by left) UNFPA Assistant Representative, Ms. Margaret Thwala-Tembe.  UNFPA ©2018

UN STAFF MOVEMENTS

INCOMING

Gugulethu Dlamini




UNDP
Programme Analyst

Sibusiso Mngadi




UNDP
SDG Communications Associate

Sakhile Nsingwane



UNFPA

Samkeliso Makhanya



UNDP
SNPAS Project Manager

Makhoselive Dlamini



WHO
Programme Coordinator - Malaria

OUTGOING

UNFPA



Ms. Sharareh Amirkhalili
UNFPA Resident Representative

WHO



Ms. Tanya Earnshaw
Human Resource for Health Officer

RCO



Mr. Lwazi Ian Dlamini
UN Communications Consultant

SUSTAINABLE DEVELOPMENT GOALS



1 NO POVERTY

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

7 AFFORDABLE AND CLEAN ENERGY

8 DECENT WORK AND ECONOMIC GROWTH

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

13 CLIMATE ACTION

14 LIFE BELOW WATER

15 LIFE ON LAND

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

17 PARTNERSHIPS FOR THE GOALS

SUSTAINABLE DEVELOPMENT GOALS



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