Swaziland faces a severe HIV/AIDS epidemic that had over the years eroded the gains made in health. However, due to reforms in the health sector as well as comprehensive response to HIV/AIDS and ART coverage reaching 90%, the country is showing major improvements in the health status of the population. The life expectancy at birth stands at 54 years compared to 48 years in 2007. Compared to the years 2008/09, the Infant mortality rate and the under-five mortality have reduced from 100 to 79 per 1000 live births and 146 to 104 per 1000 live births respectively. Maternal mortality ratio was estimated at 390 in 2005 and now is estimated at 320 per 100 000 live births. Malaria burden is going down as the country aims for malaria elimination by 2015. The country has made some progress towards attaining the health related MDGs, however a lot more needs to be done especially for MDG 5.

Despite these positive trends, Swaziland continues to face a double burden of communicable and non-communicable diseases. The country has the highest HIV prevalence standing at 26% among the sexually active population. Tuberculosis burden is estimated to be about 1380 incident TB cases per 100,000 annually. The TB/HIV co-infection rate has remained around 80%. There is also considerable MDR-TB burden of 7.7% among new cases and 33.9% among previously treated ones. Though they have not received adequate attention in the last few years, Non-Communicable diseases particularly hypertension, diabetes and cancers are becoming a growing problem.

Despite its classification as a lower-middle income country, about 63% of the populations live below the poverty line. About 91% of the urban population has access to safe water as compared to only 37% for the rural population. In Swaziland the adult literacy rate is 90% in urban areas compared to 78.3% in rural areas. Swaziland is experiencing a growing problem of unemployment, which is currently estimated at 23 percent of the economically active population, and much higher among the youth. The disparity in access to social services and gender distribution of wealth and social services is an important determinant for health.

Swaziland signed the WHO FCTC in 2004; ratified it in 2006 and promulgated the Tobacco Products Control Act No. 16 of 2013. The Tobacco control policy and regulations to the Act are being developed. The country is continuing with the building of core capacities for the implementation of IHR 2005.

HEALTH POLICIES AND SYSTEMS


The country has scaled up and decentralized services for HIV prevention, treatment and care, thereby reaching over 90% coverage of ART as well as PMTCT services. Services for the control of TB, including MDR TB and TB/HIV have also been scaled up and decentralized. EPI services have been strengthened resulting in increased immunization coverage now standing at 93% and has maintained polio free certification. The MDG acceleration framework focusing on MDG 5 and integrated SRH strategy have been developed to guide the strengthening of maternal health as has a National Policy and Strategic Plan for the Non-communicable diseases. To ensure strengthening of the health systems a number of guiding documents including the EHC, Essential Medicines List, Standard Treatment Guidelines, National HRH policy and Strategic Plan have been developed and are being implemented.

The country’s health care system consists of the formal and the informal sectors. The informal sector consists of traditional health practitioners and other unregulated service providers. The formal health sector is based on the concepts of primary health care and decentralization. Its infrastructure is made up of government, mission and private health facilities. These health facilities consist of: 14 hospitals of which 6 are public health units, 215 clinics and outreach sites. The clinics are mostly situated in the rural areas and only 23 have maternity facilities. The clinics are managed by nurses.

COORDINATION FOR HEALTH

There are a number of key health development partners supporting the country. These include UN agencies, the United States Government/PEPFAR, World Bank, EU, GFATM, JICA, and the Republic of China on Taiwan. The main areas of focus for most partners are HIV/AIDS, TB, Malaria, and health systems strengthening. Other global health partnerships such as the Bill and Melinda Gates Foundation, Clinton Health Access Initiative (CHAI), and Médecins Sans Frontières (MSF) continue to support in various aspects of health. Other stakeholders active in health include: civil society and nongovernmental organizations, community groups, academic institutions.

The National Health Partnership Consortium is the mechanism through which partners in health come together and coordinate their efforts. The work of the UN is guided by the UNDAF (2011 – 2015) and operationalized through joint programming and joint programs (Gender, Data and HIV/AIDS). Joint UN support in health focuses on HIV/AIDS, Sexual and Reproductive Health and Immunizations. For the next UNDAF post 2015, the UNCT is considering adopting DaO modality for joint UN support.
**WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2019)**

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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Communicable diseases (HIV/AIDS, Tuberculosis, Malaria, Neglected Tropical Diseases, Vaccine Preventable Diseases) | • Support and scale up HIV, TB and Malaria prevention, treatment, testing and care services towards universal access to services.  
• Support Elimination or Eradication of selected Neglected Tropical Diseases (NTDs) by 2019 and beyond  
• Support efforts to increase coverage of vaccination services and introduction of new vaccines |
| **STRATEGIC PRIORITY 2:** Noncommunicable diseases (NCDs) including Mental Health and Substance Abuse, Violence and Injury, Disability and Rehabilitation, Nutrition | • Support the development and implementation of sector-wide policies, strategies and guidelines and assessing the health situation and trends to prevent and control NCDs including mental health, violence and injury and including research, surveillance, monitoring and evaluation  
• Strengthening the programming and coordination of rehabilitation services and develop a policy for rehabilitation and strategic plan  
• Updating the Comprehensive Nutrition Policy, develop a strategy to address acute/chronic malnutrition including stunting and obesity & infant and young child feeding and conducting national survey on nutritional status of the population |
| **STRATEGIC PRIORITY 3:** Promoting health through the life course (Reproductive, Maternal, New-born, Child and Adolescent Health, Ageing and Health, Gender, Equity & Human Rights, Mainstreaming Environmental Health, Social Determinants of Health) | • Promote implementation and monitoring of evidence-based interventions to reduce mortality through the life course by supporting implementation and monitoring of interventions on family planning, prevention and management of abortions, STIs cancers of the reproductive organs and adaptation and implementation of guidelines for sexual and reproductive health  
• Supporting the development of policies and strategies that foster healthy and active ageing  
• Support integration of gender, equity and human rights into national policies and programmes  
• Support implementation of the Libreville Declaration through National Plans of joint Action (NPJAs)  
• Support the improvement of where people live using Urban HEART (Health Equity Assessment and Response Tool)  
• Reviving and strengthening the multisectoral collaboration on addressing SDH and implementation of health in all Policies |
| **STRATEGIC PRIORITY 4:** Health systems strengthening (National Health Policies, Strategies and Plans, Integrated people Centred Health Services, Strengthen access to Medicines and Health Technologies, Health Systems Information and Evidence) | • Support the review and development of comprehensive national health policies, strategies and plans,  
• Strengthen country capacity to develop tools for equitable people centred integrated service delivery and strengthening of public health approaches including implementation of the Ouagadougou PHC Framework of implementation and leadership and management capacity in the health sector  
• Support the country capacity to implement the national human resources for health policy and strategy including EHCP  
• Support the establishment of the national medicines regulatory mechanism, including norms, standards, guidelines for medical products and health technologies  
• Provide technical support for policy, tools, guidelines for health information, research and M&E |
| **STRATEGIC PRIORITY 5:** Preparedness, surveillance and response Alert and response Epidemic preparedness and response Emergency Risks and crisis management Food safety | • National Capacity building for health and other relevant sectors for the implementation of IHR including training, surveillance, risk assessment and communication  
• Build capacity and support the implementation of National Polio end game strategy  
• Strengthen cross-sectorial linkage and action in food safety including surveillance of food borne and zoonotic diseases in the context of IHR |

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