



**World Health
Organization**

WHO Country Office Swaziland

2014-2015 Biennial Report

FOREWORD

The World Health Organization (WHO) in Swaziland is pleased to share with its partners and stakeholders its 2014-2015 Biennial Report. This report covers the contribution WHO made towards addressing some of the health challenges and disease burden in the country. Over the two year the health sector made a lot of progress towards improving the health status of the people of Swaziland.

We applaud the Government of the Kingdom of Swaziland for prioritising the health sector in national budget allocation. The Government provides full funding for procurement of essential medicines like antiretroviral drugs and vaccines. We also congratulate the government for developing the second Health Sector Strategic Plan which puts Universal Health Coverage (UHC) as its central theme. The country also successfully hosted the third National Health Research Conference in 2014 and developed a national research agenda for health.

There have been several achievements during the biennium. The year 2014 saw the government introducing the Pneumococcal Conjugate Vaccine (PCV13), a cost effective child survival intervention that contributes towards achieving the Millennium Development Goals (MDGs) targets. In 2015 the Rota Virus vaccine was added to the national routine immunisation schedule. The assent to the Tobacco Products Control Act of 2013 was followed by the development of the National Tobacco Control policy and regulations to the Act in 2014. Significant progress was made towards improving the health of mothers and children in line with attaining MDG 4 and 5. The country also completed the Stepwise approach to disease surveillance (STEPS survey) which provides essential evidence for the prevention and control of non-communicable diseases. Swaziland also successfully conducted the mapping survey for Soil transmitted Helminthiasis and schistosomiasis with support from WHO.

We would like to express our sincere gratitude to the Government of Swaziland, development partners, local non-governmental organizations and members of the communities for their support during the biennium. WHO Swaziland Country Office is committed to playing its leadership role in matters concerning health, providing technical support, building capacity of the health sector to deal with the health problems facing the country.

ACRONYMS

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CCS	Country Cooperating Strategy
CDC	Center for Disease Control
CHDs	Child Health Days
CMIS	Client Management Information System
cMYP	Comprehensive Multi Year Plan
DNA PCR	Deoxyribonucleic Acid -Polymerase Chain Reaction
DST	Drug Sensitivity Testing
EWI	Early Warning Indicators
FTCT	Framework Convention on Tobacco Control
GF-NFM	Global Fund- New Funding Mechanism
HIV	Human Immunodeficiency Virus
HIV/DR	HIV Drug resistance
HMIS	Health Management Information System
HRH	Human Resources for Health
ICD	International Classification of Diseases
LLINS	Long Lasting Insecticide Treated Nets
MDGs	Millennium Development Goals
MDR-TB	Multi Drug Resistant TB
MOH	Ministry of Health
NCC	National Coordinating Committee
NGO	Non-Governmental Organisation
NTCP	National TB Control Programme
NTD	Neglected Tropical Diseases
PCV13	Pneumococcal Conjugate Vaccine 13
PEPFAR	President's Emergency Plan for AIDS Relief
PIN	Personal Identification Numbers
PMTCT	Prevention of Mother to Child Transmission of HIV
REC	Reaching Every Community
RHMT	Regional Health Management Teams

SEPI	Swaziland Expanded Programme on Immunization
SNAP	Swaziland National AIDS Programme
TB	Tuberculosis
UHC	Universal Health Coverage
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
XDR-TB	Extensively Drug Resistant TB

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1. NATIONAL CONTEXT: POLITICAL, SECURITY AND ECONOMIC ENVIRONMENT

The country remained calm politically and in terms of security. There were no incidences of any threats to national security. His Majesty King Mswati III opened the first session of the 10th Parliament in February 2014 following peaceful national elections conducted during the latter part of 2013.

According to the International Monetary Fund (IMF), Swaziland showed improvement in economic performance over the two years. The government of Swaziland continues to prioritise the health sector as evidenced by the amount of resources allocated to it. The Ministry of Health received 10% of the total budget which is a significant amount to cover the nation's health challenges which include the high burden of HIV and Tuberculosis infection as well as rising burden of non-communicable diseases. A significant amount of money was set aside for the procurement of antiretroviral drugs, vaccines and other medicines. Allowances for the national TB hospital, completion of Lubombo Referral Hospital, construction of a filter clinic for Mbabane Government Hospital as well as rehabilitation of the hospital were made. Some money was also set aside for provision of transport for expecting mothers, improved water and sanitation in the country as well as improving housing. Money was also budgeted for subvention to two mission hospitals.

2. CRITICAL EVENTS RELATED TO HEALTH OR IMPACTING ON HEALTH

The country experienced unpredictable adverse weather patterns. In 2014 the country experienced incessant rains characterised by hail and thunder storms. There were reports of over 10 rivers flooded, incidences of bridges being washed away, drownings and families being struck and killed by lightening. More than 10 deaths related to the rains were reported including two incidences of drowning in dams. However the general impact on health was minimal. In 2015 the country experienced the impact of the El Nino phenomenon in the form of drought. The country received very minimal rains resulting very little farming activities leaving about 300 000 individuals food insecure.

The country successful held the annual traditional festivals which include the "Baganu", the "Umhlanga" Reed Dance and "Incwala" ceremonies. The annual "baganu" festival where the country celebrates the marula season by sharing the

traditional marula brew is generally characterised by some incidences of violence as some over indulge in the beverage. The annual Umhlanga ceremony was attended by thousands of young girls. The ceremony presented a forum for reaching the young girls with health promotion messages and other health interventions like HIV counselling and testing. The “Incwala” targets young boys which also created opportunities to reach them with health promotion interventions.

His Majesty also opened King Mswati III International Airport which connects the country to the global community as a port of entry. This comes with increased threats due to events of public health concern like the Ebola and Zika Virus diseases.

3. WHO’S LEADERSHIP ROLE IN THE PROVISION OF NORMATIVE AND POLICY GUIDANCE

The WHO country office (WCO) continued demonstrating its leadership role on national health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to the country and monitoring and assessing health trends.

The WCO supported a number of programmes under the Ministry of Health in the development of policy and normative documents. These documents included the prevention and control of communicable and non- communicable diseases, maternal and child health, health systems strengthening, Expanded Programme on Immunization(EPI), health promotion, environmental health, school health, social determinants of health as well as epidemic preparedness, surveillance and response. The WCO supported the Ministry of Health in finalising the following policy documents: Health Sector Wellness, Health Research, School health, Mental Health, Tobacco Control, and Healthcare Waste Management.

The WCO also supported the development of strategic plans of action for the following programmes; National Health Sector, Research, Epidemiology and Surveillance, Malaria Elimination, Tuberculosis Control ,Health sector Response to HIV as well as HIV prevention.

Contributions were also made towards the production of various reports. The WCO supported the writing of a number of annual reports including, progress report on Universal Access to Sexual and Reproductive Health and Comprehensive HIV

annual report for 2013. Technical support in the development of programme guidelines for community based volunteers was also provided.

4. STRENGTHENING PARTNERSHIPS AND HARMONIZATION

The WCO continued to support the Ministry of Health through the regular bilateral monthly consultations with the Ministry. Key issues concerning health are discussed during these meetings attended by the senior management in the Ministry of Health. In 2014 the WCO also held monthly bilateral meetings with President's Emergency Plan for AIDS Relief (PEPFAR) as a way of strengthening partnerships.

The WCO developed the third generation Country Cooperating Strategy (CCS) to cover the period 2014 to 2019.



Figure 1: The Swaziland WHO Country Cooperation Strategy

The document defines WHO's contribution toward improving the health of the people of the Kingdom of Swaziland. Following wide consultations with stakeholders a draft document was produced. Support was also provided towards the dissemination of the United Nations Development Assistance Framework (UNDAF) Mid Term Review results. The WCO also participated fully in the development of the UNDAF 2016-2020 as well as the joint work plan and monitoring framework for 2016-2017.

5. HEALTH SYSTEMS STRENGTHENING

There is a growing recognition that to maintain and improve the health of the people governments must shape sound, efficient health systems that provide effective disease prevention and treatment to all women, men and children, no matter who

they are or where they live. WHO in Swaziland is committed to assisting the government with that task.

A Health Systems Strengthening Technical Working Group, comprising of members from PEPFAR Partners, NGOs and MOH was established. WHO worked together with these partners to strengthen the national health system.

Health systems strengthening relies on evidence generated in country hence the WCO continued to support the generation of evidence for planning through technical support to the scientific and ethics committee. The scientific and ethics committee established with support from WHO approves research studies conducted in the country. There is a lot of research going on in the country as evidenced by the papers presented at the biennial research conference. The research conference is an event that is held every two years since 2010 supported by a number of development partners including WHO. In 2014 the country held its 3rd National Health Research Conference, whose theme was; “Investing in Health for Development”, during which the Regional Director for the African Region, represented by Dr David Okello, the WHO Inter country Support Team for Eastern and Southern Africa Coordinator presented a key note address. Realizing the need for policy documents to guide health research, technical support was provided to the country to develop the National Health Research Policy, Health Research Strategic Plan and the National Health Research Agenda.

In line with the promotion of Universal Health Coverage the country held a workshop with the Regional Health Management Teams (RHMT) on Universal Coverage in the context of Primary Health Care. Regional workshops were also conducted to orient RMHT on their role in the implementation of the Essential Health Care Package and its use in the provision of health care services at the different levels of health care. Support was also provided in training of Regional Health Management Teams on the concept of renewed Primary Health Care and Health Systems Strengthening. The dissemination of the World Health Report 2013 entitled Research for Universal Health Coverage also contributed to the raising of awareness on the importance of universal health coverage based on evidence from sound research.

The year 2015 saw a new development where the country held A National Dialogue on health issues with various stakeholders, such as the Traditional Leaders, Health

Workers at different levels of care, Traditional Healers, Women Organizations, Civil Society and Politicians. This meeting was officially opened by the Prime Minister, Dr S.B. Dlamini. This dialogue was followed by a meeting for Members of Parliament and Senate aimed at sensitising the legislators on the New National Health Sector Strategic Plan 2014-2018 including the concept Universal Health Coverage as the theme of the Strategic Plan 2. The parliamentarians were also sensitised on the prevention and control of non-communicable diseases, tobacco control and malaria elimination.

As far as human resources for health is concerned support was provided to the Ministry of Health to conduct Human Resources for Health (HRH) organizational capacity assessment. The WCO also provided the MOH with technical support to review the National Human Resource for Health Strategic Plan, as it was due for Mid-Term Review. A capacity building on leadership for nurse managers was conducted with support from WHO. WHO supported training of a senior human resource officer at Master's level on Change Management as well as the Deputy Director Public Health on Human Resources for Health.

The Human Resource for Information Unit capacity was strengthened, through recruitment of an Information and Technology expert. The system is maintained at all times to ensure that data is kept up-to-date. WHO also supported the MOH Human Resource Unit by hiring a Regional Human Resources Officer to look into the human resources issues for the Manzini Region. The mandate for this position was to ensure the management of contract staff, ensure that policies and procedures are followed when it comes to HR functions, and facilitate the absorption of employees into Government. WHO also supported MOH by procuring IT equipment for the whole Human Resources Unit.

Regarding Health Information System, The WHO Country Office supported the Health Management Information Services (HMIS) department to establish a Client Management Information System (CMIS) that uses Personal Identification Numbers (PIN) as a unique patient identifier. The country was supported to develop capacity on International Classification of Diseases (ICD10). To strengthen HMIS, the WCO supported the country through engagement of a consultant to commence the development of the eHealth Strategy.

6. PROGRAMME SUPPORT

The WHO country office continued to provide technical and financial support towards different programmes under the Ministry of Health. These included communicable, non-communicable diseases, maternal and child health, nutrition, health promotion as well as preparedness, surveillance and response.

Swaziland has made tremendous strides towards the prevention and control of communicable and non-communicable diseases. The focus of WHO activities has been towards reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, Neglected Tropical Diseases (NTDs) and vaccine-preventable diseases. Efforts also targeted non communicable disease prevention and control including mental health, violence and injury, disability and rehabilitation as well as their risk factors. Support was also provided in addressing the social and environmental determinants of health and epidemic preparedness, disease surveillance and response. The World Health Organization supported the Ministry of Health in the implementation of a number of activities under these areas.

6.1 COMMUNICABLE DISEASES

6.1.1 HIV/AIDS

HIV and AIDS continue to be major challenges in Swaziland. However Swaziland has made tremendous strides towards addressing these challenges. The WCO provided both technical and financial support in the areas including: the finalisation of Consolidated HIV guidelines including dissemination and roll-out planning of the guidelines. The updated guidelines adaptations included moving Antiretroviral Therapy (ART) eligibility to CD4<500cells; treating all HIV positive <5years old and Option B+ for pregnant and lactating mothers as well as the introduction of routine viral load testing. The implementation plan of the guidelines included a phased approach starting in 2015. Regional mentorship teams were trained to mentor health facilities as they transition from the old guidance to the new ones.

The WCO also participated and provided technical support in the joint TB/HIV concept note development for Global Fund- New Funding Mechanism (NFM). The office supported sensitisation of the TB/HIV National Coordinating Committee (NCC) as well as drafting and finalisation of the concept note. The GF-NFM joint TB/HIV

concept note was submitted on 15th October 2014. The writing of the concept note was accompanied by the development of the National Health Sector Response to HIV Plan through the TB/HIV collaborative framework. The WCO was fully involved in the strategic plan development.

As part of strengthening HIV prevention, technical support was provide towards the development of a Voluntary Medical Male Circumcision(VMMC) strategic plan. The plan was finalised and launched on the 2nd October 2014. The strategic plan included the recommendations from WHO on the use of the Dorsal Slit method for the 10-14 years old boys and the forceps guided method on young adolescent boys. All Hospitals and Health Centres in the country currently have integrated VMMC and/or Early Infant Male Circumcision (EIMC) as part of routine care

National HIV Drug resistance (HIV/DR) plan prioritising Early Warning Indicators (EWI), Pre-treatment Drug Resistance and Acquired Drug Resistance (ADR) was developed and costed with support from WHO and other partners. In the same line WHO supported the National Reference Laboratory and Swaziland National AIDS Programme (SNAP) with resources for the shipment and processing of samples in Canada for HIV/DR survey done in 2011.

Swaziland is making significant strides towards eliminating paediatric HIV due to mother to child transmission and in this regard Swaziland is rolling out implementation of Option B+. The WCO supported the development of the rolling out plan. Technical support was also provided in the finalization process of the PMTCT (Option B+) guidelines and the Paediatric ART guidelines. There was a total of 139 sites, offering quality, comprehensive PMTCT services. The PMTCT coverage is at 95%.

In terms of information sharing the WCO supported the production of the Comprehensive HIV annual report for 2013. Financial support for the dissemination of the Impact Assessment of ART, TB Treatment, and PMTCT using Triangulation approach report as well as the PMTCT Impact Evaluation report was also provided.

Following the revised denominators of people in need of ART the Antiretroviral Therapy (ART) coverage for 2014 was 58% (55% children and 59% adults). The Prevention of Mother to Child Transmission of HIV (PMTCT) cascade was as

follows: 99% HIV testing uptake, 38% being positivity rate, and 91% of pregnant women were on ART. About 97% exposed infants had the Deoxyribonucleic Acid - Polymerase Chain Reaction (DNA PCR) performed and 2% of these came out to be HIV positive.

6.1.2 TUBERCULOSIS

Swaziland continues to intensify efforts to address the Tuberculosis burden in the country. The emergence of Multi Drug Resistant TB (MDR-TB) and Extensively Drug Resistant TB (XDR-TB) has complicated the situation. The WCO with support from WHO Intercountry Support Team coordinated and participated in the National TB Control Programme Review. The findings of the programme review informed the development of the TB National Strategic Plan, 2015-2019 with technical support of the WCO.

The WCO is providing ongoing support to implement the recommendations of the second line Drug Sensitivity Testing (DST) assessment. The support includes sample transportation and processing as well as capacity building for National TB Reference Laboratory staff. Technical support in terms of advocacy for the National Reference Laboratory to be assessed for conducting second line DST testing in-country was also provided.

MDR-TB treatment success rate improved from 58% to 66%. The NTCP, in its mandate to decentralize TB services, accredited 9 more TB Basic Management Units (health facilities) bringing the total to 86 country wide. The National TB Control Programme (NTCP) expanded the laboratory network to strengthen diagnosis by increasing the number of Gene Expert machines from 18 machines in 13 health facilities to 24 machines in 18 health facilities. The supply of cartridges for the machines is supported by UNITAID through WHO.

TB services were available in 86 health facilities out of 287 facilities while MDR-TB services were available in eight health facilities in the country. The number of TB cases that were diagnosed with various types of TB in 2014 was 5,582, of which 97% were tested for HIV.

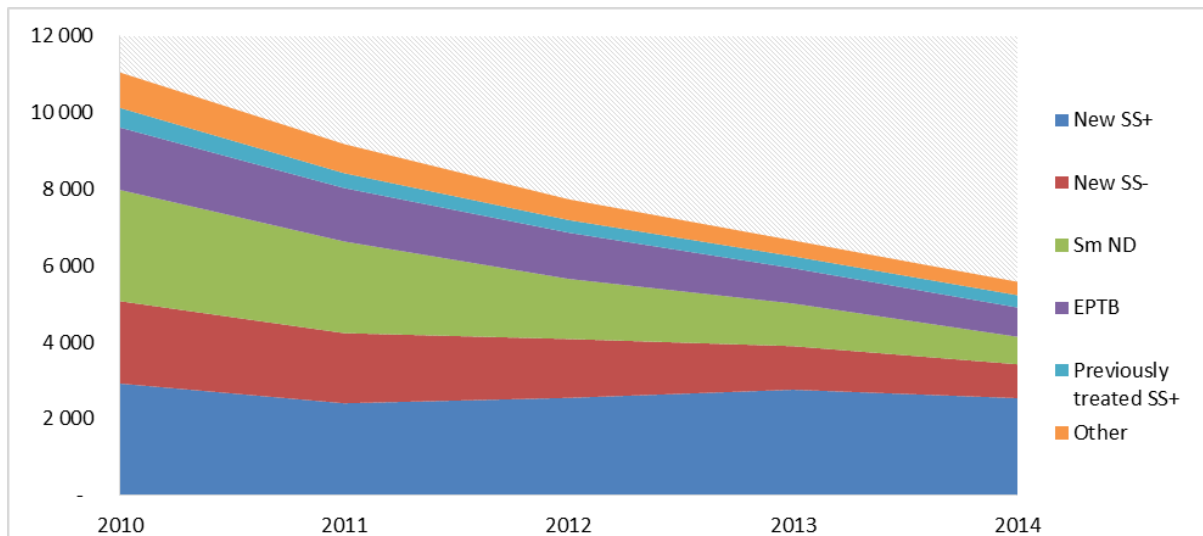


Figure 2: Number of notified cases by types 2010-2014

Amongst these, 73% were HIV positive. About 98% of those patients were started on cotrimoxazole while 79% were enrolled on ART. The TB treatment success rate has increased from about 69% in 2010 to 76% in 2014. In 2014, the program enrolled 438 patients on MDR-TB treatment and the treatment success rate for the 2011 cohort stood at 56%.

6.1.3 MALARIA

Swaziland is aiming towards eliminating malaria by 2018. The WCO supported the development of the Malaria Elimination Strategic plan 2015-2020 which was finalised and endorsed by the Minister for Health. A Monitoring and Evaluation framework was also developed in line with the strategic plan. The documents were used for the development of the concept note for Global Fund new funding model. The concept note was successfully submitted and the grant making process was also completed.

WHO also supported the training of two Malaria Programme officers on Malaria Surveillance and M&E in Russia in June 2014. The WCO facilitated the submission of the Swaziland contribution to the Malaria World Report. Technical support was also provided towards the development of a communication strategy for Malaria Elimination. The World Health Day 2014 theme was on Vector borne diseases and Swaziland focused on malaria. A community event aimed at raising awareness about vector borne disease and malaria in particular was organized and supported by WHO and other partners.

There were a total of 685 confirmed malaria cases in 2014 up from 379 in 2013.

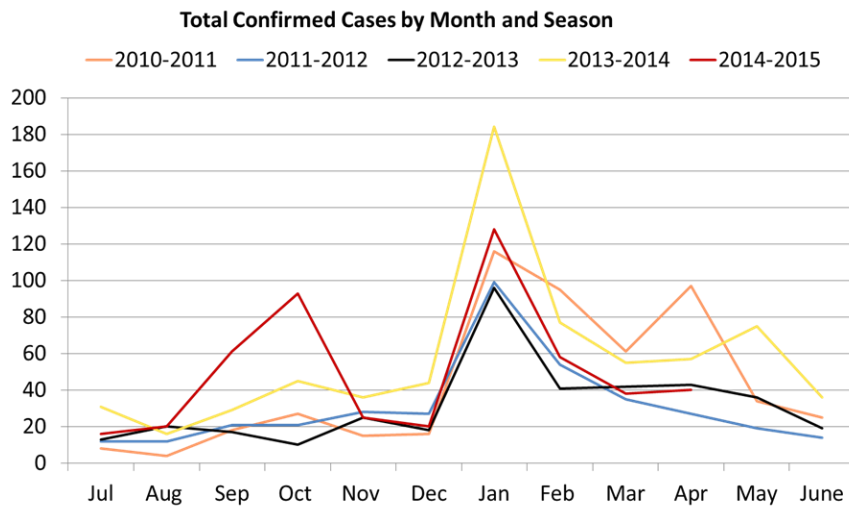


Figure 3: Trend in malaria confirmed cases from 2010-2015

Of the 685 cases 188 (28%) were classified as local.

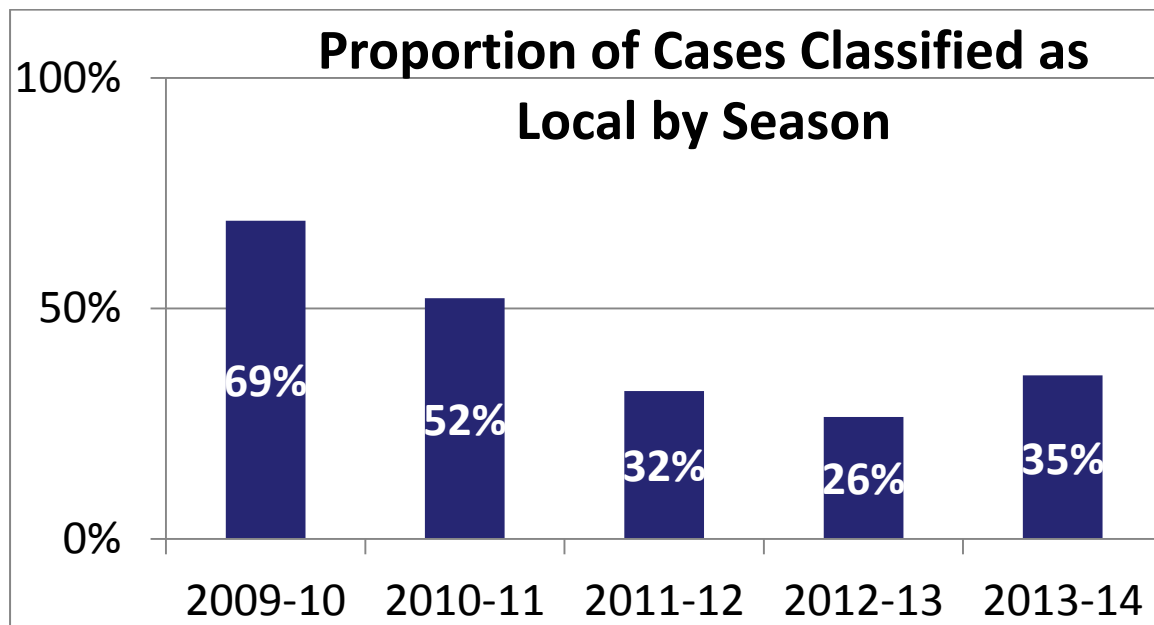


Figure 4: Proportion of investigated malaria cases classified as local for the period 2010-2014

For the 2013 – 2014 malaria seasons all investigated cases were diagnosed as per the guidelines and 98% of cases were treated according to national guidelines. A 97% spray coverage was achieved and up to end of 2014, 154, 218 Long Lasting Insecticide Treated Nets (LLIN's) had been distributed covering a population of 208, 443. During the 2013 – 14 malaria seasons, 84% of cases were investigated within 7 days.

6.1.4 NEGLECTED TROPICAL DISEASES

The WCO provided technical and financial support towards the mapping of Schistosomiasis and Soil Transmitted Helminthiasis in Swaziland.

A total of 13,690 school-aged children aged 10-14 years in 276 schools in all of the 4 regions and 55 Tinkundla were included in the survey. Overall 16.5% children had either schistosomiasis or soil transmitted helminthiasis or both. Schistosomiasis infections affected 15.1% with *S.mansoni* accounting for 0.3% and *S. haematobium* being the more prevalent affecting 15.0%. All of the *S.mansoni* infections were of low intensity (1-99 eggs per gram in stool) while 2.9% of the *S. haematobium* infections were heavy (over 50eggs/10ML urine). Soil Transmitted Helminthiasis affected 5.3% of the children. The prevalence of *Ascaris* was 4.3%, *Trichuris* 1.0% and hookworm 0.5%. Amongst other parasites detected taenia and strongyloides accounted for 1.6%.

The national coverage of access to safe water in the schools was 96%.The toilet coverage was 99.6%. Handwashing facilities were provided in 66.7% of the schools, and only 25.7% provided handwashing with soap. Nationally the prevalence of open urination among the school children was 1.7% while for open defecation it was 0.8%.

Based on the findings of the survey a process of developing a master plan for the prevention and control of NTDs in Swaziland was initiated and finalised with support from WHO/AFRO. Joint Reporting Forms and Drugs application were submitted with the plan to implement one round of school based mass drug administration in 2016.

6.1.5 VACCINE PREVENTABLE DISEASES

Swaziland Expanded Programme on Immunization (SEPI) has a five year Comprehensive Multi Year Plan (cMYP), 2012 – 2016 from which the biennial and annual plans are derived. Progress in the implementation of this plan was made during the biennium.

WHO supported the Ministry of Health to build capacity on the Reaching Every Community (REC) strategy for EPI managers and health facility staff. Hard to reach areas were reached through outreach services and Child Health Days (CHDs). The annual African Vaccination Week with vaccination was commemorated. This

assisted in raising awareness on the importance of immunization and demand generation for immunization services.

In the area of new vaccines, WHO supported and provided technical guidance to the Ministry of Health to introduce PCV 13 and rotavirus vaccines. A feasibility study for introduction of Human Papilloma Virus (HPV) vaccine in the country was conducted in anticipation of introducing the vaccine soon. The country has maintained and achieved all polio free certification indicators. A Non-Polio AFP rate of above 2.0 /100,000 and stool adequacy of 93% and 90% in 2014 and 2015 respectively has been achieved.

The country has implemented the five key strategies recommended for accelerating measles control and eventually measles and rubella elimination namely routine immunization, supplementary immunization, enhanced surveillance, vitamin A supplementation and adequate case management. The Swaziland Measles Elimination Strategic Plan 2012 – 2020 was developed as a comprehensive plan which provides a strategic framework of the implementation of measles and rubella elimination activities. The country has switched from measles surveillance to Measles rubella surveillance.

Swaziland has achieved the elimination of neonatal tetanus. No case was reported in the biennial hence the elimination target of < 1 case per 1000 live births has been achieved. WHO continued to support Haemophilus Influenza type b (Hib) disease sentinel surveillance as well as rota virus surveillance.

The WCO provided technical support towards an Effective Vaccine Management Assessment (EVMA) whose recommendations were implemented. The WCO also supported the procurement of 16 cold chain equipment (refrigerators) to replace old and domestic refrigerators which were not WHO/UNICEF prequalified to store vaccines. These were handed over to the government by the WHO Country Representative.



Figure 5: The WHO Country Representative, Dr Owen Kaluwa handing over cold chain equipment to the Ministry of Health

The Ministry of Health was technically supported to develop an EPI Advocacy, Communication and Social Mobilization (ACSM) strategic plan to guide ACSM activities as well as establish an multidisciplinary ACSM Task Force.

WHO also supported the Ministry of Health to hold monthly data harmonization meeting to harmonize case based and laboratory data including analysis of data for action at national level. In addition, the Ministry of Health was supported to develop a data quality improvement plan. WHO also donated laptops to the Ministry for data management. WHO also provided support to the national and regional level to conduct supportive supervision on quarterly basis. This activity resulted in improved monitoring of routine immunization, vaccine management and surveillance.

WHO technically supported a Mid-Level Management courses for Pre-service lectures and regional managers. This enhanced their understanding on global and regional EPI initiative and strategic plans for betterment of performance. Skills and knowledge were also acquired on different components of EPI based on MLM modules for quality planning, implementation and monitoring of services.

WHO successfully mobilized financial resources from external sources namely, AGFUND, CDC and Polio Oversight Board. The AGFUND resources were used to support the Ministry in improving access to immunization and other child survival interventions in hard to reach areas. The main activities conducted included training

of health workers on REC strategy, conducting child Health days, commemoration of AVW, conducting supportive supervision and mentoring, sensitization of community and opinion leaders to advocate for immunization and development and dissemination of IEC packages. The mobilized financial resources from CDC were entirely used for running the Mid-Level Management course for pre-service lectures and regional managers as well as the recruitment of the STOP Team. Technical support was provided by WHO/IST. The POB funds have been partially used to develop IPV guidelines, development and printing of IEC materials in preparation for IPV vaccine introduction. The remaining resources will be used to train health workers, launching and monitoring and supervision post introduction.

A middle Income Country strategy mission was conducted in the country which is designed to respond to the needs of the Middle Income Countries to ensure ability to progressively move towards the Global Vaccine Action Plan goals. The Middle Income Country Strategy (MICs) Task Force has initiated the engagement with some countries to better understand the needs of the MICs. Swaziland is the first country to participate in this process. The findings will be used to ascertain country needs and confirming actual demand for and uptake of the Strategy's menu of options. The country's findings were shared with senior management of the Ministry of Health.

6.2 NON COMMUNICABLE DISEASES

The WCO provided technical and financial support towards strengthening non-communicable disease (NCDs) prevention and control in the country. The WCO supported the realignment of the NCDs prevention and control policy and strategic plan to the Global Action Plan 2014-2020. A plan to accelerate the implementation of activities to strengthen NCDs prevention and control in the country was developed. The targeted activities included the development of diseases treatment guidelines as well as the purchasing of diagnostic equipment, consumables and drugs.

The country successfully conducted the WHO STEPs survey in 2014 with support from WHO/ HQ, WHO/AFRO and WCO as well as other development partners. The process involved the development of the survey protocol and budget. Resources were mobilised and survey teams assembled. Data were collected in November and December 2014.

In line with strengthening surveillance for non-communicable diseases technical support was provided towards plans to develop a population based national cancer registry. Support was also provided to the National Data Coordinator for the Violence prevention survey and the Global Status Report on Road safety 2014 during data collection and submission of reports to HQ

Financial and technical support towards successful hosting of national tobacco control workshops was provided. The workshops were on Tobacco and Trade, development of Tobacco Control Policy and development of Regulations to the Tobacco Products Act of 2013. The tobacco control policy and regulations to the Tobacco Products Control Act of 2013 were finalised.

The WCO also supported activities aimed at strengthening community based rehabilitation in the country. There were discussions aimed at strengthening community based rehabilitation through partnering with MOH and Cheshire Homes, a Nongovernmental charity organization. The country also started the process of developing an action plan for eye care as a follow up to vision 2020 and in line with the Universal eye health: a global action plan 2014-2019. Given that hearing loss is a problem in the country and to raise awareness about ear care and hearing the WCO supported and facilitated the successful commemoration of the International Ear Care Day 2014. The commemoration included a high level advocacy meeting and provision of services to primary school children at Mbuluzi Primary School at the outskirts of Mbabane. Grade one pupils were screened and treated for hearing and ear diseases.



Figure 6: The Ear Nose and Throat (ENT) team providing ear health services to Mbuluzi Primary school pupils

The WCO also supported the Disability awareness day 2014 commemoration.

6.3 PUTTING THE HEALTH OF MOTHERS AND CHILDREN FIRST

A number of women die from pregnancy- or childbirth-related events in the country. Effective interventions exist for improving health and reducing maternal, neonatal and child mortality. WHO supports the implementation of these interventions, making them accessible for all during pregnancy, childbirth and the early years of life, and ensuring the quality of care. Work in this area has high-level commitment as a result of its inclusion in Millennium Development Goals 4 and 5, and the establishment of the Commission on Information and Accountability for Women's and Children's Health.

The WCO continued to work on promoting effective interventions that already exist to reduce under-five mortality rate in Swaziland, with particular attention being given to treatment of pneumonia and diarrhoea, linkages to early child development, and effective coordination with related programmes for vaccine-preventable diseases. For adolescents, the work focused both on their sexual and reproductive health needs and health risk behaviours, given that much behaviour that start in adolescence affect health in later life.

The WHO continued to support maternal deaths reviews at national and regional levels including production of the death audit reports. It also supported capacity building of health facility on management of maternal complications as indicated in

the review of maternal deaths. The WCO also provided support in the Inter-Agency Technical Coordinating Committee (IATCC) meeting. Technical support in adaptation of IMPAC training manual was also provided. Tools for collecting forensic materials on examination of survivors of gender based violence were finalised with support from WHO.

The Accountability Road Map for women and children's health was developed and being implemented. National MDSR guidelines, tools and training materials were developed and 20 national trainers and 200 service providers were trained on MDSR. Regional Health Management Teams (RHMTs) were sensitised on Maternal Perinatal and Neonatal Death Surveillance and Response (MPNDSR) and all hospitals and health centres MPNDSR committees (105 members) in 3 regions were trained. Confidential Enquiry into maternal death committee was set up. Quarterly maternal death reviews were conducted with 27 cases reviewed in 2014 and 21 maternal deaths reviewed in in the first 3 quarters of 2015. Health facilities were capacitated on management of selected conditions as indicated in the maternal death review meeting.

CRVS assessment tools were adapted, a comprehensive country assessment on CRVS was conducted and the country assessment report with plan was produced and launched. Core indicators are incorporated in the ongoing client management information system, which is a real time system for data capturing and reporting. In September, 2015, 30 strategic information officers from all regions throughout the country were trained on collection of data with emphasis on core indicators, accuracy, completeness, consistency, uniqueness and timeliness of data.

WHO supported the response to Rota Virus diarrhoea outbreak in 2014. About 600 Health workers and day care centres caregivers were training on diarrhoea prevention and control. Communities were engaged on prevention of diarrhoea, malnutrition and timely health seeking. Sensitisation meetings were conducted in five constituencies in two regions reaching about 12,000 people.

Distance course in Integrated Management of New-born and Child Infection (d-IMNCI) modules were adapted in preparation for introducing the distance d-IMNCI course in the country. Facilitation skills trainings were conducted resulting in 12

facilitators being trained and 24 nurses enrolled in the first d-IMNCI course in the country.

The WCO provided technical support in the establishment of a task team for cervical cancer prevention and control. It also supported the development of the cervical cancer screening training material for training service providers. In as far as prevention is concerned support was provided for the development of a feasibility plan for introduction of Human Papilloma Virus (HPV) vaccine. A plan to scale up cervical cancer screening in the country was developed. WHO also donated equipment for screening for cervical cancer which was distributed to 10 health facilities including five hospitals, three health centres, one public health unit and one clinic.



Figure 7: The WR, Dr Owen Kaluwa handing over cervical cancer screening equipment to the Honourable Minister of Health, Senator Sibongile Ndlela-Simelane

A task team for cervical cancer prevention and control was assembled. Tools and training material for cervical cancer screening using Visual inspection under Acetic Acid (VIA) were developed and field tested in a Training of Trainers where 16 trainers were trained and a total 36 health workers were trained on screening for cervical cancer using VIA. Mass media campaign using Radio were conducted to

create awareness on cervical cancer screening services and educate the public on cervical cancer.

In collaboration with UNFPA, Family planning guidelines were reviewed and 30 health workers trained on the new guidelines. Family planning services were also integrated to HIV service delivery points to improve on access to services especially for women living with HIV. Mass media campaign using Radio were conducted to create awareness and educate the public on family planning

Assessment on quality of care provided for maternal and newborn health was conducted in all Hospitals, Health Centres and selected Public Health Units conducted. This assessment identified that health facilities were mostly clean with well-maintained buildings, with good availability of essential drugs, equipment and supplies as well as laboratory services .emergency maternity services were offered 24 hours a day in the major hospitals. However major gaps were identified in most of maternal and neonatal service delivery areas. There was no well-organized triage and emergency treatment area/room in assessed hospitals and health centres. Emergency drugs including magnesium sulphate and diazepam were missing from trollies and essential equipment and supplies were not readily available for emergency treatment. Public Health Units readiness to handle emergencies was poor where there were no emergency drugs, IV fluids and resuscitation equipment at all. Shortage of staff both in number and level of training, case management of common maternal and neonatal conditions, supportive care, monitoring of progress, counselling and patient follow up after discharges were main problems in assessed facilities. Availability, Knowledge and adherence to treatment guidelines were limited. Policies on community participation, in-service trainings, restricting access of visitors, were not available in assessed facilities. National training manuals were also lacking. Each health facility assessed would be supported in 2016 to develop plans for implementation of the recommendations that came from its assessment.

6.5 NUTRITION

A National Nutrition policy was finalized and awaits endorsement. National guidelines for Integrated Management of Acute Malnutrition (IMAM) were reviewed and health workers oriented on the guidelines. A nutrition surveillance system was strengthened.

6.6 GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING

Development of tools for collection of forensic material from survivors of SGBV was initiated. National consultation on Gender, Equity and Human Rights (GER) approach was conducted.

6.7 FOOD SAFETY

In May 2015, the contact person for Codex Alimentarius and the focal person for INFOSAN were appointed and are functional. National Codex Committee (NCC) and Technical Committees (TCs) have been reconstituted

6.8 ACCELERATING RESPONSE TO THE DETERMINANTS OF HEALTH

Health promotion is crucial to the primary health care approach. Health is determined by the broad determinants of health that include social and environmental factors. In an effort to improve health through intersectoral action of the determinants of health The WCO supported the selection of members of Health promotion technical working group. Technical support in developing the health promotion annual work plan for 2014-2015 was provided.

In efforts to intensify the creation of health promoting environments the WCO with technical support from WHO/IST supported the finalisation of the school health policy and submission for cabinet approval. The policy gives direction of the provision of school health services in the country.

Urbanisation is a key determinant of health and urban dwellers in different part of cities experience differential health status. In an effort to address these inequities the WCO in collaboration with the Ministry of health and the Matsapha Municipality adopted the WHO Urban Health Equity Assessment and Response Tool(Urban HEART). A 3 days workshop on Urban HEART involving Matsapha Municipality; MOH and other stakeholders was organized and successfully held. This resulted in the formation of the Matsapha Urban HEART Team. The team collected data on identified health indicators set to assess the degree of disparity in health status among the town dwellers. The information generated helped to identify areas that need interventions to narrow the gap and as a result a set of interventions was

developed in the form of an action plan which is being implemented to address the health challenges faced by Matsapha.

The WCO also supported the Situation Analysis and Needs Assessment (SANA) for the implementation of the Libreville Declaration. This started with the formation of the Country Task Team (CTT). The team collected data on the interlinkages between the health and the environment. The data was compiled through stakeholder consultations, and review of documents. The information generated was presented to stakeholders for validation and a report was produced. The country is now undergoing a process of developing the National Plans of Joint Action .

In an effort to improve health through intersectoral action of the determinants of health technical working group for health promotion was established. A health promotion annual work plan for 2014-2015 as well a national school health policy was developed.

6.9 EMERGENCY PREPAREDNESS AND RESPONSE

To enhance surveillance and epidemic preparedness and response the WCO supported the MOH in the drafting of the Epidemiology and surveillance strategic plan. The development process involved stakeholder consultations .The document covers interventions for improving surveillance in Swaziland in line with the disease Surveillance and Response (IDSR) guidelines .The issues to be improved include timeliness of reporting, data quality, completeness and feedback. Swaziland adapted the training manuals for IDSR and organized one week Training of Trainers on Integrated Disease Surveillance and Response. The trainers then conducted regional trainings on IDSR which included training for laboratory staff. This was followed by the training of health workers and programme surveillance officers on epidemiology and surveillance.

Swaziland experienced an outbreak of Rota Virus diarrhoea in July 2014. The WHO supported the epidemiological investigation of Rota virus outbreak which included field work. There were a lot of community engagement activities which included sensitisation meeting for the media as well as development and distribution of Information, Education and Communication material (posters, booklets and pamphlets). There were sensitization meetings in informal settlement areas on good

hygiene practices since these were hard hit by the outbreak. Community awareness on the diarrhoea outbreak with emphasis on early health seeking behaviour, how to make sugar salt solution, and prevention of diarrhoea through good hygiene practice over the radio were created. Nurses were trained on the management of diarrhoea using the IMCI strategy, triaging, managing Oral Rehydration Therapy (ORT) corners and how to use plans A-C in the management of diarrhoea. Supportive supervision to selected health facilities to strengthen skill on management of diarrhoea and pneumonia were conducted

The WCO also took part in the quarterly Inter-Agency Cluster Coordination meetings for Emergency Preparedness and Response. WHO co-chairs the health cluster with the MOH. The meetings focused on updating of the Multi Hazard Contingency Plan (MHCP). The WCO also supported the development of Ebola Virus Disease Preparedness and Response with support from WHO/IST. The development of the plan was based on the evaluation of the International Health Regulation (IHR) 2005 core capacities development. The plan was developed, finalised and costed and a number of activities were implemented under the preparedness. The activities included awareness creation through community engagement, mass media and interpersonal communication. Health workers were sensitised and trained on Infection Prevention and Control (IPC). There was also designation of Ebola Team which was ready to respond, the Ebola Centre was identified. The plan was also tested through simulations.

7. THE ROLE OF THE OPERATIONS CLUSTER

The operations team comprise of finance, budget, human resources, logistics, transport and information and technology. The team provided support to the technical programmes and responded to issues affecting the daily running of the office.

The team worked on award budgeting, recruitment and other staffing issues, procurements, events and meetings, assets management and control, transport, travel, protocol, security as well as office communication .The team created an enabling environment for the smooth functioning of the office as well as the welfare of the staff.

8. ENABLING FACTORS

The WHO continues to enjoy a cordial relationship with the Ministry for Health and other sectors, development partners and stakeholders. Collaboration with other Partners, especially sister UN Agencies in providing harmonised support to countries This creates a very favourable environment for WHO to deliver on her mandate. The WCO was able to draw on its technical expertise at regional and headquarter levels to support the country efforts. The ability of the office to draw expertise from various levels contributed greatly to the implementation of many activities. Improvements in the connectivity in the WCO made it easier to communicate with other levels of the organization like through video conferencing.

Financial resources mobilized from outside WHO e.g AGFUND, CDC and also enabled implementation of a number of activities. Capacity development for both WCO and MOH staff through workshops and training organized by IST and AFRO was very useful . Sharing of updated tools for adaptation at country level was good.

9. CHALLENGES

The country office continues to face the challenge of unpredictable funding. There are always funding gaps with planned activities mainly because of the financial constraints that are being faced as an organization. The WCO always receives less Voluntary Contributions (VC) funds than what has been planned for. The financial implementation in the WCO Swaziland average was slightly over 50%, this includes both Assessed Contributions (AC) and VC funding. Due to the financial constraints, the AC funding has been mainly used for funding salaries and running of the country office. Programme activities have had to rely mainly on VC funding. The office also continues to face human resources challenges.

Limited Human Resource capacity at both the Ministry of Health and WHO to support all the needs of the sector. On recruitment there are still a lot of inconsistencies, there is no communication from facilities, head of cadres and the HRU on the allocation of posts for the newly recruited employees. These inconsistencies then result in the breach of the Employment Act and taken to CMAC. Also with regard to any work environment changes the staff is not engaged on the changes affecting them directly and no documentation is communicated to the staff

on the changes affecting their jobs. This also results in a lot of disputes being lodged.

There is a challenge of the data quality of the MOPS/HRIS system. The MOH needs to lobby the Ministry of Public Service and Government Computer Services to try and fix the problem on the data quality.

There is also a challenge related to weak legislative environment, as the Public Health Act is very old and the Bill is still under review.

10. STAFFING

The total number of staff as at 31st December 2014 was 16. Of the 16, there was 1 International staff, 5 National Professional Officers (NPOs), and 10 General Service (GS) staff .

11. PRIORITIES FOR NEXT BIENNIUM

The following were the main areas of focus for the next biennium:

1. Considering the limited technical capacity in both the Ministry of Health and the WHO Country Office, working with other partners in a coordinated manner would be the best model going forward.
2. Strengthening Health Management Information System by adopting ICD 10 coding system.
3. Support the review of the National Health Policy and development of a new policy during the first quarter of 2016.
4. Provide leadership role in accelerating polio eradication endgame and legacy by 2017.
5. Provide technical guidance on strategies to improve population immunity as a measure to prevent vaccine preventable diseases and introducing new vaccine.
6. Support the malaria elimination campaign at all levels as especially at community level to achieve the National Malaria Elimination Goal.

7. Support the building of core capacities for International Health Regulations (IHR) 2005 to meet deadline of June 2016.
8. Support the implementation of PHASE approach for prevention and control of Schistosomiasis and Soil Transmitted Helminthiasis with focus on mass drug administration.
9. Support the Ministry of Health to domesticate Maternal Death Surveillance in all hospitals and health centres.
10. Support the introduction and implementation of Maternal , Newborn and Child Health (MNCH) interventions based on evidence.
11. Provide technical support in the scale up of quality HIV prevention, care and treatment programmes, STI and hepatitis integration in line with WHO guidance.
12. Provide technical support in improving quality services of all TB case findings and management and intensify monitoring and surveillance of TB epidemic trends

12. THE HIGHLIGHTS OF THE BIENNIUM

12.1 THE NATIONAL HEALTH RESEARCH CONFERENCE

Swaziland successfully held the national health research conference at the convention centre in Ezulwini from the 15th to the 17th of October 2014 under the theme **“Investing in Health for Development”**. The conference was held under 3 tracks namely; Universal health access and coverage; Mobilization and efficient use of resources for health; Improving health outcomes and health; and Equity and development from a human rights perspective.

The conference was attended by The Right Honourable Prime Minister of Swaziland Dr Sibusiso Barnabas Dlamini, who officially opened the conference. The WHO Regional Director for Africa, Dr Luis Sambo was represented by Dr David Okello, the World Health Organization Inter-country Support Team Coordinator for East and Southern Africa. Dr Okello, on behalf of Dr Luis Gomes Sambo, gave remarks during the opening session of the conference. The Honourable Minister for Health , Senator Sibongile Ndlela—Simelane, the United Nations Resident Coordinator, Mr Israel

Dessalegne, the WHO Country Representative, Dr Owen Kaluwa, Heads of other UN Agencies and Development Partners, Senior Government officials, researchers as well as members of the media also attended the conference.



Figure 8: The Right Honourable prime Minister, Dr Barnabas, Sibusiso Dlamini, The WHO IST Coordinator, Dr David Okello and The UN Resident Coordinator, Mr Israel Dessalegne

Dr Okello delivered the message from the WHO Regional Director. He emphasised WHO's commitment to promotion and conducting of research. He said that three of WHO's core functions directly reflect this commitment. "WHO will continue to promote the message that research is fundamental to generating knowledge to improve health outcomes", he said.



Figure 9: Dr David Okello delivering the message from the WHO Regional Director

He also focused on the importance of ethics of research on human subjects as well as moving from research to policy. He also commended Swaziland on the great

success achieved in the areas of HIV and childhood immunization. He also assured the nation of WHO's readiness and commitments to continue supporting the national efforts to address the health development challenges that the country faces.



Figure 10: The WR , Dr Owen Kaluwa making remarks during the conference

The WHO country representative, Dr Owen Kaluwa made a plenary presentation on Universal Health Coverage during the conference as well as making remarks during the official closing ceremony. In his remarks he congratulated the Honourable Minister, the conference organizers, the speakers and everyone for the job well done in holding the conference.

He then commended the country for making significant strides towards strengthening health systems. The National research agenda needs support to enable high quality evidence generation. He urged everyone to take full advantage of the potential that research has in improving delivery of health services.

He concluded by reiterating the support WHO continues to give to the country toward addressing the health challenges that the country is facing.

During the three days of the conference a lot of high quality information was shared through plenary presentations, break away sessions, poster presentations and other special sessions which included a dinner.

12.2 THE NATIONAL HEALTH SECTOR DIALOGUE

The Kingdom of Swaziland with support from the World Health Organization (WHO) and other development partners successfully held a two days meeting with key

stakeholders to create dialogue on health. The meeting was held from 24 to 25 August 2015 at Esibayeni Lodge in Matsapha. The meeting was officially opened by His Excellence , the Right Honourable Prime Minister of Swaziland , Dr Barnabas Sibusiso Dlamini. The meeting brought together Cabinet Ministers including the Honourable Minister of Health, Senator Sibongile Ndlela-Simelane, parliamentarians, traditional and religious leaders, traditional healers, health workers and other community members. The Heads of United Nations agencies were also present including the acting WHO Country Representative, Dr Tigest Ketsela Mengestu.

The theme of the meeting was “facilitating health action in key sectors towards vision 2022”. This is in line with His Majesty, King Mswati III’s vision of Swaziland attaining first world status by year 2022. The objectives of the meeting were to mobilise key stakeholders for a renewed commitment to health action as well as to deliberate on the impact of traditional and religious practices on access to health services with particular reference to the prevention and control of communicable and non-communicable diseases. After the two days of fruitful deliberations key conclusions and recommendations were identified for action. There were renewed commitments by different stakeholders to pursue health actions within their sectors for promotion, prevention, treatment, care and support services for communicable and non-communicable diseases.



The dignitaries who attended the meeting

During the official opening of the meeting, Dr Banarbas Sibusiso Dlamini emphasised the fact that there is need for intersectoral action for health. He

recognised the important role played by the traditional healers and the need for them to work in harmony with other stakeholders. He also reiterated that there is no cure for HIV/AIDS and people should adhere to medication prescribed and advice from the health workers.



His excellence, the Prime Minister, Dr Barnabas Sibisiso Dlamini addressing the gathering

The World Health Organization country representative Dr Tigest Ketsela Mengestu also addressed the gathering. She emphasised the need to use the primary health care approach which provides people centred holistic health care. She also touched on the need for Universal Health coverage, addressing the social determinants of health as well as encouraging intersectoral action. She also mentioned that within the context of primary health care, the traditional and western medicine blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. “Well integrated traditional medicine can provide a backbone of much preventive care and treatment of common ailments” she said.



Dr Tigest Ketsela Mengestu making her remarks on behalf of WHO during the meeting

The participants were also orientated on the second generation National Health Sector Strategic plan 2014-2018 whose main focus is Universal Health Coverage. In line with health equity Mrs Khosi Mthethwa from the WHO country office made a presentation on social determinants of health emphasising that the health sector alone cannot address most of the health challenges and hence the need for Intersectoral Action for Health (IAH) and Health in All Policies(HiAP). There were lots of deliberations on how traditional practices and religious practices contribute positively or negatively to health outcomes as well as how the health sector can work closely with other sectors to achieve positive health outcomes for the Swazi people.



The leader of the Traditional Healers association speaking during the meeting

The discussions were facilitated by Professor Mararike and Mr Chibukire from Zimbabwe contracted by the World Health Organization on behalf of the Ministry of health.