

# Country Disease Outlook

## Eswatini

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World Health  
Organization

African Region

### Background

The Kingdom of Eswatini is a landlocked country only 200 km by 130 km sharing borders with South Africa and Mozambique. It is one of the smallest countries in Africa with a diverse climate and topography ranging from a cool and mountainous highveld to a hot and dry lowveld. The population of the country is about 1.192 million, with a median age of 21.5 years. It is a lower middle-income country with a GDP per capita of US\$ 3,978 (2021).

### Key points

- ❖ Eswatini has a high burden of communicable and non-communicable disease (NCDs), with the latter making up 46% of deaths in 2019.
- ❖ Eswatini had 199,947 people receiving antiretroviral therapy in 2021 and has made strong progress towards achieving the 95-95-95 goals for HIV, reaching 93-98-98 in 2021.
- ❖ Eswatini has not yet met the 90% target coverage rates for vaccination in children, reaching 77% with the third dose of DTP-containing vaccine and 80% with the first dose of measles-containing vaccine in 2021. The country should consider implementing catch-up strategies for vaccination.
- ❖ Eswatini was certified free of dracunculiasis disease (Guinea Worm) in the 1980s. It is still endemic for two of the five NTDs amenable to preventive chemotherapy through mass drug administration, namely soil-transmitted helminthiasis and schistosomiasis.

**UHC/CN**

Universal Health Coverage/Communicable  
and Non-communicable Diseases  
WHO Regional Office for Africa





2019

46%

of deaths due to NCDs

## Broad disease outlook

The country has high burden of non-communicable disease (NCDs) compared to the diseases such as malaria, with NCDs causing 46% of deaths in 2019. The burden of HIV/AIDs and tuberculosis is also relatively high.

## Communicable diseases

### Malaria

Eswatini has been described previously as one of the countries at the margins of Africa's stable and unstable transmission. While there has been a decline in malaria case incidence stemming back to the mid-2000s, there were 306 cases were reported in 2021 compared to 318 in 2015. However, there were no deaths attributed to malaria in 2021. The malaria situation in Eswatini highlights the need for cooperation with neighbouring Mozambique and a more aggressive containment of transmission if the country aims to eliminate all local transmission.

### Tuberculosis and HIV/AIDs

HIV and Tuberculosis (TB) continue to be a major cause of morbidity and mortality in Eswatini. It is listed among the 41 high TB/HIV burden countries, with current estimates of TB prevalence at 907/100,000 population. The TB/HIV infection rate and an incidence of TB among People Living with HIV of 73% and 464 per 100 000 people annually. Estimates for reported data in 2021 show that 199,947 people were receiving antiretroviral treatment. Since 2015, there was a steady decline in the mortality rate related to HIV and TB. There is progress against the 95-95-95 goals which stand as:

- ▲ 93% of people living with HIV know their status.
- ▲ 98% of people living with HIV who know their status are on treatment.
- ▲ 98% of people living with HIV and on treatment who are virally suppressed.

### Neglected tropical diseases

The country was certified free of dracunculiasis disease (Guinea Worm) in the 1980s. It is still endemic for two of the five NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely soil-transmitted helminthiasis and schistosomiasis. There is limited data on the coverage of MDA for these endemic PC-NTDs. Other known endemic NTDs include chromoblastomycosis and other deep mycoses, foodborne trematodiasis,

rabies, cystic echinococcosis and taeniasis. While intervention for these diseases is ongoing, they are not fully integrated and scaled up nationally.

## Non-communicable diseases

The age-standardised mortality rate across four major NCDs (cardiovascular disease, chronic respiratory disease, cancer and diabetes) for this disease was one of the highest in Africa at 1,254 per 100,000 population in males and 754 in females. A national NCD policy and plan has been implemented but there remain gaps in the implementation of other NCD-related progress indicators, such as policies around tobacco use, advertising, alcohol, guidance around NCD, marketing to children and physical activity awareness.

## Childhood Immunization

Similar to many countries in the region, Eswatini's recent immunisation trends suggest a dip in coverage of basic childhood immunisation since 2019. Historically, immunisation in children was greater than 85% across the basic vaccine antigens since 2015. In 2021, Eswatini coverage rate was 77% for the third dose of DTP-containing vaccine and 80% for the first dose of measles-containing vaccine in 2021. Among the vaccine-preventable diseases, mumps has been the most prevalent disease outbreak in Eswatini. Additionally, there were an estimated 168,258 zero-dose children in 2021.

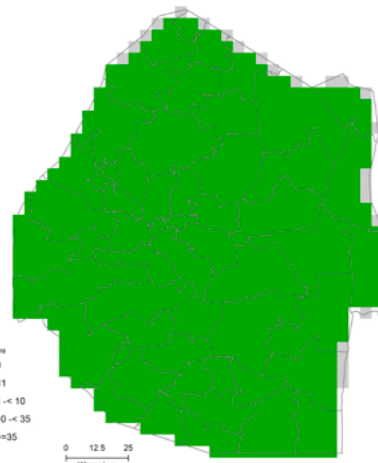
## Child survival

Based on the UN Inter-agency Group for Child Mortality Estimation (UN IGME) estimates derived from national data from censuses, surveys or vital registration systems, the under-5 mortality stands at 52.6 per 1000 live births (SDG3 target of 25 per 1000 live births) while the neonatal mortality is 23.3 per 1000 live births (SDG3 target of 12 per 1000 live births).

**MALARIA**

POPULATION AT RISK IN 2022	TOTAL MALARIA CASES IN 2021	TOTAL MALARIA DEATHS IN 2021
<b>32.8 million</b>	<b>306</b>	<b>None/Zero</b>

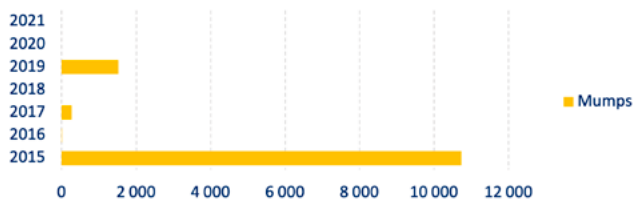
ITN use in children under five years 54.1% and 58.7% use of ACTs among those with fever for whom care was sought and received a finger or heel prick



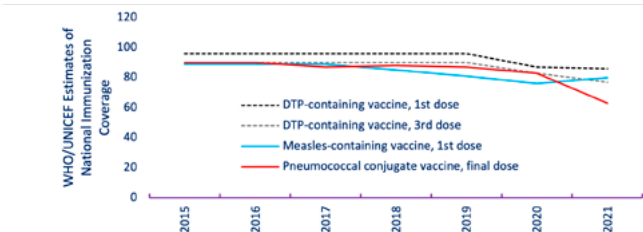
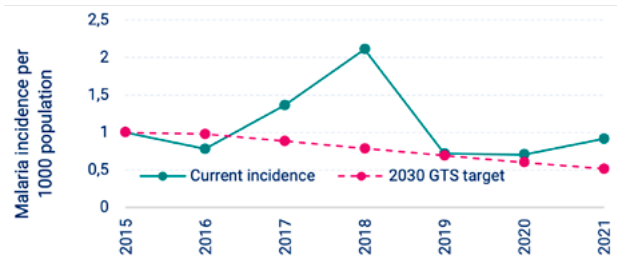
*Plasmodium falciparum* malaria prevalence in children in Eswatini in 2020. Estimates from the Malaria Atlas project

**Malaria incidence in Eswatini since 2015 compared to GTS targets shows that Eswatini reversed its malaria targets in 2020**

**EXPANDED PROGRAMME ON IMMUNIZATION IN CHILDREN**



**Cooperation with neighbouring Mozambique that provides seasonal labour and more aggressive containment of transmission is essential if Eswatini aims to eliminate all local malaria transmission**



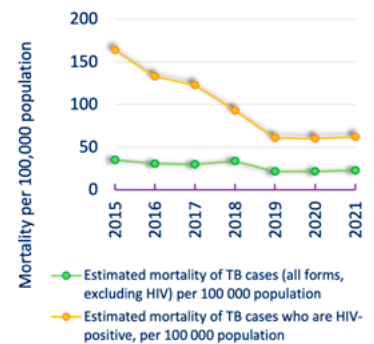
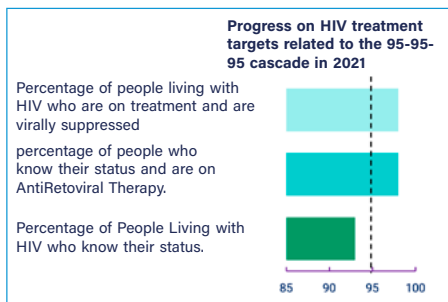
**Zero dose children 168,258 Under-immunized 234,675**

WUENIC estimates show that vaccination coverage dipped since 2019 and suggest a strong need for catch-up campaigns to restore to previous levels. This is across basic childhood vaccines. The country also experienced outbreaks of mumps.

**HIV AND TUBERCULOSIS**

- 199,947** people receiving antiretroviral therapy in 2021
- 79%** Treatment success rate for HIV-positive TB cases
- 63%** of children (aged < 5 years) household contacts of bacteriologically-confirmed TB cases on preventive treatment

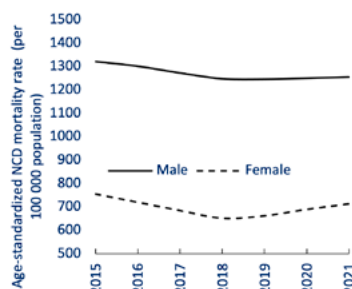
**4.2%** Domestic funding for TB  
Limited data on Domestic funding for HIV



- Indicator 1 - Targets
- Indicator 2 - CRV Mortality
- Indicator 3 - Surveys
- Indicator 4 - NCD policy and Plan
- Indicator 5A - Tobacco taxes
- Indicator 5B - Tobacco smoke free/polution
- Indicator 5C - Tobacco health warning
- Indicator 5D - Tobacco advertising ban
- Indicator 5E - Tobacco media campaign
- Indicator 6A - Alcohol availability
- Indicator 6B - Alcohol advertising restrictions
- Indicator 6C - Alcohol taxes
- Indicator 7A - Salt policies
- Indicator 7B - Trans fats policies
- Indicator 7C - Marketing to children
- Indicator 8 - Physical activity awareness
- Indicator 9 - NCD guidelines

**NCD PROGRESS INDICATORS**

- **Achieved**
- **Partially achieved**
- **Not achieved/Unknown**



**NEGLECTED TROPICAL DISEASES**

**Endemic NTDS requiring Preventive Chemotherapy (PC)**

- Non-endemic Lymphatic filariasis
- Soil-transmitted helminthiasis
- Schistosomiasis
- Trachoma (Unknown)
- Non-endemic Onchocerciasis

**PC-NTDs treatment in 2021**  
Limited data targeted for MDA  
Limited data treated with MDA

**OTHER MAJOR NTDS**

- Human Africa trypanosomiasis (*gambiense*)
- Leishmaniasis (cutaneous)
- Buruli ulcer
- Taeniasis and cysticercosis
- Leprosy
- Rabies