

DEC. 2023



NEWSLETTER

FOURTH QUARTER



IN THIS ISSUE

Eswatini conducts full-scale cholera simulation exercise

WHO supports COVID-19 vaccine Post Introduction Evaluation

25 EmaSwati complete phase 1 (a) of the African Health Volunteers Corps training

WHO donates E3.1million medical supplies to Ministry of Health



FULL-SCALE CHOLERA SIMULATION EXERCISE CONDUCTED IN ESWATINI

The Kingdom of Eswatini has conducted the first of its kind full-scale simulation exercise, focusing on cholera. The purpose of this exercise was to evaluate the country's preparedness and response mechanisms to cholera outbreak, to validate existing mechanisms, protocols and standard operating procedures as well as identify areas for improvement.

The simulation exercise came after the WHO African Region experienced the worst cholera outbreak in a decade, which started in 2021. Even though the Kingdom of Eswatini has so far reported 2 cholera cases and zero deaths, it remains at risk of importing the disease since neighbouring countries such as South Africa and Mozambique continue to record cases with 78 cases and 8 deaths, and 30843 cases and

132 deaths respectively. The simulation exercise was led by the Ministry of Health and the National Disaster Management Agency (NDMA), with support from the World Health Organization (WHO), World Bank, Africa CDC, UNICEF and International Organization for Migration (IOM).

Preparations for this exercise started a year ago when the country, using the WHO Strategic Tool for Assessing Risk (STAR) tool, identified top priority hazards that are likely to affect the country including storm/flood/cyclone; road crash; veld/forest fire; drought; Ebola; cholera/gastro-intestinal/food-borne disease; gas leak; civil unrest; heat wave; poliomyelitis; and chemical spillage. To improve the capacity of the country to manage and respond to



Emergency Preparedness and Response Team carrying a Cholera patient into Ndwabangeni Clinic during the simulation exercise



The Rapid Response Team attending to a cholera patient at home

emergencies and disasters in a more efficient and timely manner, the country developed the National Emergency Response Operational Plan (NHEROP), the Public Health Emergency Operation Centre (PHOEC) Handbook and Standard Operational procedures (SOPs) including the Cholera preparedness and response Plan. In addition, the Ministry of Health has established a Public Health Emergency Operations Centre to coordinate response during a public health emergency.

“WHO is very pleased that this simulation exercise has come to fruition after several months of extensive planning. The simulation exercise is meant to test our plans, to gauge if they are in line with what we plan to do in the event of an emergency. All of us should be encouraged with these results and learn from the identified gaps,” said WHO Representative Dr Susan Tembo. The capacities tested during the exercise include Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH), case management, surveillance, risk communication and community engagement, coordination, points of entry and logistics. From monitoring the simulation exercise indicators, the trained emergency responders scored well in most of the capacities that were being tested, while case management and IPC scored very low. From the simulation,

strengths deduced include strong coordination at national level, functional Emergency Operation Centre (EOC), timely Inter-cluster meeting, functional ambulance services, availability of skilled multidisciplinary teams for emergency response, availability of cholera commodities, a system in place for quick mobilization of resources and availability of waste management system.

However, there were gaps identified including the lack of a dedicated national emergency fund, limited capacity for case management, Integrated Disease Surveillance and Response (IDSR) and PC among healthcare workers, inadequate Personal Protective Equipment (PPE) at the sub-national health centres, lack of a dedicated cholera treatment centre, limited knowledge on International Health Regulation (IHR) notification and inadequate awareness at the grassroot on the causes and preventive measures for cholera.

The WHO AFRO led team recommended that the country should among other things, convene regular inter-cluster meetings to take stock of the country’s preparedness for emergencies, develop and roll out an integrated training package on cholera across all levels of the health system, establish well equipped cholera treatment facilities and also support the WHO country office to train and retrain multidisciplinary teams for emergency preparedness and response.

The exercise was officially closed by the Deputy Director of Health Services Mrs Rejoice Nkambule who commended the team for their dedication to the exercise. Nkambule said the simulation exercise would go a long way in testing the country’s preparedness for health emergencies. She particularly thanked WHO and the different partners for the immense technical support that they provided towards this exercise including trainings and carrying out the exercise.

Coordination



Rapid Response Team



Infection Prevention and Control



Risk Communication and Community Engagement



Infodemic Management

The Control Room



WHO SUPPORTS COVID-19 VACCINE POST INTRODUCTION EVALUATION

The Kingdom of Eswatini has conducted a comprehensive Post Introduction Evaluation (cPIE) for the COVID-19 vaccine. COVID vaccination in the country was introduced in March 2021 after the government had received the first batch of 12,000 doses of the Oxford-AstraZeneca through the COVAX facility.

The COVID vaccination programme was initially introduced in phases, targeting 223,270 Emaswati, which included all people aged 12 years and older. The first phase (phase 1 a) was planned to cover the 3% of the population at the highest risk such as Health care workers while phase 1 (b) targeted 17% of the population mainly the elderly and individuals with co-morbidities. Phase 2 covered an additional 60% of the population including the vulnerable different groups and phase 3 covered all persons above 18 years old, about 824699 emaSwati.

The Kingdom of Eswatini registered its first case of COVID-19 (Coronavirus Disease of 2019) early 2020 and like the rest of the world, the country was affected by the COVID 19 pandemic where about 74,000 cases of infection were recorded and about 1400 deaths by September 2023. The health sector had to lead an aggressive emergency response that sought to curb the worse impact of the disease. Introduction of the vaccine came as a relief as more deaths were to be prevented through vaccination.

In preparation for the smooth rollout of the vaccination programme, The World Health Organization (WHO) provided technical support towards training of vaccinators as well as the adaptation of training manuals, guidelines and micro planning at the lowest level. The vaccine roll out was guided by the National Deployment and Vaccination Plan (NDVP) which outlined, the coordination and management structure. This was one of the major support areas of WHO, hence the country had a very successful take off



Former Deputy Prime Minister Honorable Themba Masuku taking the first jab to mark the roll-out of the COVID-19 vaccination exercise



Former Minister of Health Honorable Lizzie Nkosi (second from left) receiving vaccine brought into the country through the COVAX facility

of the vaccination campaigns. The Ministry of Health provided overall leadership at the policy level, and the National Technical Working Group (TWG) on the technical side. At the regional level, the Regional Health Management Teams (RHMT) were responsible for operationalizing the plan.

During the first six months, the country received about 422,030 doses of a mix of AstraZeneca (119630) and Johnson and Johnson (J&J) (302400). The overall vaccines received from March 2021 to October 2022 were about 1,118,320 doses. In July 2021, the country introduced the J&J vaccine, targeting schoolteachers paving way for the re-opening of schools which had been closed due to the increase in COVID-19 cases. The flow of vaccines increased over time as Pfizer was introduced into the vaccination programme. The arrival of the Pfizer vaccine allowed for the vaccination of children between 12 and 17 years,



A WHO officer training health workers on Pfizer vaccination



A member of the public receiving her COVID-19 shot at an outreach site

which were initially not targeted with the other candidates of the COVID vaccine that were already on the ground. The role of the WHO was to ensure technical guidance is cascaded timely from the WHO SAGE recommendation - ensuring update

Vaccine uptake rapidly grew in the first 6 months of the roll, placing Eswatini as one of the countries with successful uptake of the vaccine in the African region. As the perceived risk of COVID declined, uptake slowed down with national coverage somehow plateauing just about 36.9% and 51.9% of the total population and targeted population respectively by end of May 2023. During that time, the total number of people that had completed their primary series of the vaccines was 428,261. Those that are partially vaccinated are 286,768 whilst those that have not received any vaccine dose are 98,480.

The cPIE conducted with technical assistance from the WHO Regional office showed that coverage among the population 40 years and older is high, at 70%. However, coverage is lowest (35%) among the population younger than 29 years. The progress in vaccine roll out was characterized by vaccine hesitancy in general as well as delays in targeting of the younger population among other things.

As the number of cases declined during the year 2022, which was the second year of the roll out of the vaccine delivery strategy, government

refocused on integrating the vaccine in PHC (Primary Health Care) services (including routine vaccination sites) at fixed facilities. As a result, the COVID 19 response was de-escalated from an emergency mode to integration of the new vaccine into routine services.

The vaccination programme thrived on collective partner support as the cPIE found that all the partners had developed budgets to support the COVID-19 vaccination programme. These partners provided funding either directly or indirectly with most of them doing it indirectly by hiring human resources, paying for transport and other services. The establishment of a Control Room, which allowed for data analysis and sharing of data in real time was commended. The cPIE also acknowledged the strong political will that existed as evidenced in the Government sending out key messages, mobilizing and providing the resources that were required for the response including vaccination.

Government commitment was also seen in the engagement of various ministries and multi-stakeholders and setting up necessary structures to facilitate regular interaction. The Government also facilitated the establishment of partner networks for vaccine delivery that are still working up to now. Other aspects that worked well included the pooling and deployment of resources for the COVID-19 response and the utilization of existing structures like HIV-

platform in regions to promote vaccine uptake. The cPIE also commended the government of Eswatini for establishing a strong vaccine security system as this helped with accountability measures.

However, shortages in human resource were sighted as the shortcomings, which were fueled by the ongoing employment freeze in the public sector. The evaluation also found that vaccine supply was not linked to demand due to inconsistent vaccine supplies and limited vaccine preferences, especially at the beginning of the vaccination programme which resulted in sub-optimal vaccine stock flow.

As COVID-19 vaccination is being integrated into primary health care services and targeting the older and vulnerable populations, the cPIE has recommended that this programme should utilize existing health service delivery systems that are working well such the NCD, HIV programme and TB screening, as some of the entry points for screening, vaccination, and counselling on COVID-19. The evaluation has also recommended that the Ministry of Health should ensure that the health promotion strategy is strengthened and to establish a strong Risk Communication and Community Engagement (RCCE) component that will in turn strengthen demand creation through meaningful community engagement and develop a robust demand generation plan to improve vaccine uptake. On issues of data, the cPIE recommended the transitioning of data management on COVID-19 vaccination from an external server to the Ministry of Health as well as advocate for the rolling out of DHIS 2.



Members of the public queuing for their COVID vaccination at an outreach site



Former Minister of Education and Training Honorable Lady Howard making remarks during the launch of Johnson & Johnson vaccine targeting teachers



One of the teachers receiving a COVID shot



Stakeholders during a COVID-19 vaccine simulation exercise in Manzini

25 EMASWATI COMPLETE PHASE 1 (A) OF THE AFRICAN HEALTH VOLUNTEERS CORPS TRAINING

Following the recommendations of the Joint External Evaluation (JEE) conducted by the World Health Organization (WHO) in 2018 in the Kingdom of Eswatini, 25 technical officers have been trained to respond to emergencies, contributing to a pool of over 3000 emergency responders to be trained in the African region. Included in the training were five participants from Boitekanelo College in Botswana, an institution that will carry out step down trainings on the basics of public health emergency management in the country.

The JEE conducted by global and local experts revealed that Eswatini had no capacity in 20 of the 48 indicators assessed. Limited capacity was recorded in 19 indicators. To address some of the gaps identified in the JEE, capacity building of front-line health care workers on public health emergency management was identified as the key intervention for the country. Based on lessons learnt from the COVID-19 pandemic, WHO AFRO in collaboration with Africa CDC has launched an Emergency Preparedness and Response Flagship initiative. This initiative has three components - Promoting Resilience of Systems for Emergencies (PROSE) which focuses on preparedness, Transforming African Surveillance Systems (TASS) which focuses on detection and Strengthening and Utilizing Response Groups for Emergencies (SURGE) which focuses on response.

In a bid to strengthen capacity for crisis preparedness and response in the African continent, WHO is collaborating with member states to strengthen the response infrastructure. Africa is leading the way in protecting the world from pandemics and progress has been made in ensuring health security is strengthened through proven public health interventions. This includes reducing the number and duration of



One of the facilitators training on donning and doffing of Personal Protective Equipment



WHO Representative Dr Susan Tembo making her remarks during the official opening of the AVoHC training while Deputy Director of Health Services Mrs Rejoice Nkambule looks on

outbreaks as well as building capacity through the AVoHC SURGE trainings.

The SURGE initiative aims at training 3000 African responders (at least 50 per country) who can be deployed within 24-48 hours of occurrence of an emergency. In Eswatini, the training was conducted between October and November 2023. A total of 25 participants from various sectors and disciplines were trained to qualify them into the roster of African Health Volunteers Corps (AVoHC) SURGE emergency responders with desired qualities ready to deploy, to detect and respond to emergencies. The purpose of the training was to strengthen skills and core capacities of the AVoHC-SURGE members in public health emergency management in order to effectively manage emergencies with public health impact, using all-hazards approach.

This training was facilitated by technical officers from the Public Health EOC Network in the Africa region, WHO Regional Officer for Africa and WHO country office. The training is organized in two phases, the first one being the on-boarding phase which has 4 modules, while phase two comprises of specialized trainings specific to the disciplines. The team has already covered two of the phase 1 modules of this training and the other two will be covered in 2024. Topics covered during the training include introduction to WHO Emergency Response Framework, risk assessment and grading, emergency management planning, Emergency management legal framework, Policies, plans and procedures, External Communication, Procurement and Infection, Prevention and Control (IPC). The trainings utilized participative methodologies combining presentations with group work and practical sessions.

The training was officially opened by Director of Health Services Dr Velephi Okello and closed by the Ministry of Health CDC COAG Chief of Party Dr Gcinile Buthelezi. Speaking during the closing ceremony of the training, Dr Buthelezi commended the World Bank and WHO for the technical and financial support towards the training. She urged WHO to prioritize the country for the last two modules remaining in order for the country's team to graduate phase 1.

Speaking at the same event, World Bank technical officer Tengetile Tsabedze reiterated that the grant from the World Bank is for ensuring that the next pandemic finds Eswatini better prepared than it was during COVID-19. "The World Bank has confidence in the team and the ministry of health has done a commendable job in learning from COVID-19 as well as kickstarting the process to prepare for the next pandemic," she said.



The AVoHC trainees posing for a photo with the National Disaster Management Agency Acting CEO Mr Victor Mahlalela (second from left, from row), Dr Gcinile Buthelezi representing the Ministry of Health, WHO Representative Dr Susan Tembo and Tengetile Tsabedze from the World Bank during the closing ceremony of phase I(a) of the training

Meanwhile, the WHO Representative Dr Susan Tembo added that building the capacity of member states to adequately prevent, prepare for, detect, and rapidly respond to health emergencies is more critical now than ever. "This is even more so in the African region where over a hundred emergencies occur each year adding to the strain brought by the three years of COVID-19 on public health systems and on society at large," she said adding that WHO will continue to facilitate capacity building activities to enhance public health emergency preparedness and response.

The National Disaster Management Agency (NDMA) Acting Chief Executive Officer Mr. Victor Mahlalela encouraged the participants to uplift the spirit of the country when it comes to preparedness. He added that NDMA will support all initiatives aimed at addressing the issues highlighted in the JEE report. "We understand the International Health Regulation (IHR) and we will help the Ministry of Health in all initiatives that are aimed at increasing capacity for emergency response. We will support all the initiatives that are focusing on preparedness, and make sure that we are ready as a country for any pandemic that we may experience," he said.

WHO DONATES E3.1 MILLION MEDICAL SUPPLIES TO MINISTRY OF HEALTH

WHO Representative Dr Susan Tembo presented medical supplies worth over E3.1 million to the Ministry of Health. The items were received by Minister of Health Mr. Mduduzi Matsebula. The supplies included among other things: C-section sets hypertension and diabetes medicines, prospect Rotavirus Kits (96) Tests, Dell Laptop for GIS and VPD. In her remark, the WR said:

“WHO is aware of the efforts the country is making towards attainment of the Universal Health Coverage. The efforts towards the attainment of Universal Health Coverage, Honorable Minister require strategic shifts.

The donation will contribute to reduction of maternal, neonatal and child mortality. In addition, laboratory reagents will contribute to strengthening surveillance and laboratory services ultimately building the overall health systems”.

“The donation today is also a demonstration of the WHO commitment in supporting the country to achieve universal health coverage, that’s ensuring that emaSwati have access to equitable quality health services including availability of quality medicines and medical supplies and availability of skilled health workers”. “Through this donation we would also like to extend our appreciation to the Ministry of Health for the continued partnership we enjoy. Your support has been instrumental in fostering collaboration and partnerships with other stakeholders in health”.

The Minister said: “The donation is timely as we are strengthening and accelerating provision of quality services in all our health facilities. This donation will contribute towards the reduction of maternal, neonatal and child mortality. The laboratory supplies will strengthen surveillance for early detection, investigation and response to public health threats. Our government is grateful for the continued support from WHO and other partners towards improving the health of the people of Eswatini”.



happy HOLIDAYS



HAPPY HOLIDAYS

“As we sign off for the festive season, wishing you and your loved ones a safe, healthy, Merry Christmas and a Prosperous New Year!”



GOOD HEALTH

Drink a lot of water this festive, eat lots of fruits and vegetables, get plenty of sleep, exercise



STOP GENDER BASED VIOLENCE

There is no excuse for violence, not at home, not in the community, not anywhere

ESWATINI HEALTH PARTNERS AND DONORS



UNITED NATIONS
ESWATINI



HEALTH EMERGENCY
PREPAREDNESS & RESPONSE
UMBRELLA PROGRAM



USAID
FROM THE AMERICAN PEOPLE



BILL & MELINDA
GATES *foundation*

