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ESWATINI SUCCESSFULLY COMPLETES SECOND JOINT EXTERNAL EVALUATION (JEE)



The Kingdom of Eswatini has successfully completed its second Joint External Evaluation (JEE) of the implementation of the International Health Regulations (IHR) (2005) capacities. The JEE is a voluntary, collaborative, and multisectoral process designed to assess a country's ability to prevent, detect, and respond swiftly to public health risks, whether they arise naturally or from deliberate or accidental events. It is a key component of the WHO International Health Regulations (IHR) Monitoring and Evaluation Framework, developed and implemented in collaboration with initiatives such as the Global Health Security Agenda (GHSA) and the World Organization for Animal Health's (OIE's) Performance of Veterinary Services (PVS) Pathway. Under the IHR, States Parties are required to develop and maintain minimum core capacities for surveillance

and response to detect, assess, notify, and respond to any potential public health event of international concern. The first JEE, conducted in 2018, identified gaps in Eswatini's preparedness and response systems to health emergencies. The 2018 JEE rated the country low on preparedness with a score of 38 points, indicating limited capacity to detect and respond to emergencies. Additionally, based on the Global Health Security Index score, Eswatini was classified as a 'least prepared country with a low score of 31.1.

In September 2024, a team of external evaluators from the World Health Organization (WHO), Africa Centre for Disease Control (CDC), US CDC, UNFPA, IOM, and Zambia Public Health Institute, in collaboration with the World Bank, conducted the second JEE. Prior to this, an internal evaluation was conducted in August 2024, where the country assessed its own systems to respond to health emergencies.

The process was validated through field trips to enhance the team's understanding of national capacities. The purpose of the second JEE was to assess the progress made since 2018.

The JEE was commissioned by the Minister of Health, Honorable Mduduzi Matsebula, in Ezulwini on September 23. The Minister highlighted that the JEE came at a crucial time when WHO and Africa CDC had declared Mpox as a Public Health Emergency of International Concern (PHEIC) and a Public Health Emergency of Continental Security (PHECS), respectively.

“While the country has not yet confirmed any case of Mpox, we remain vigilant as our Public Health Emergency Operation Centre has transitioned from Watch Mode to Alert Mode for Mpox, with heightened surveillance systems activated,” the Minister stated.

He further outlined the strides made to improve the country's preparedness and response to emergencies since the last JEE. In April 2020, in response to the COVID-19 crisis, the World Bank approved a US\$6 million loan for Eswatini to support the implementation of the COVID-19 National Emergency Response and Preparedness Plan through the COVID-19 Emergency Response Project. The project development objective was to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Eswatini. Additional funding of US\$8 million, comprising a US\$5 million loan from the International Bank for Reconstruction and Development (IBRD) and a US\$3 million grant from the Health Emergency Preparedness Trust Fund (HEPRTF), was approved in April 2021 to support the expansion of activities under the COVID-19 Strategic Preparedness and Response Plan, using the Multiphase Programmatic



The team also visited the Veterinary Services where they reviewed important documents guiding the operations at the centre



Dr Arisekola Jinadu taking notes during the team's visit to the Public Health Emergency Operation Centre while Sister Rosemary Ngwenya explains how the centre operates

Approach. The Minister highlighted that the implementation of the Health Emergency Preparedness Trust Fund has significantly strengthened national preparedness for future emergencies and ensured the sustainability of interventions. Key achievements include the development of high-level guiding documents such as the Strategic Toolkit for Assessing Risks (STAR) report, the National Health Emergency Response Operations Plan, and specific contingency plans. Eswatini further tested its readiness to respond to incidents through its first-ever full-scale simulation exercise conducted in November 2023.

WHO, following recommendations from various WHO committees developed three flagship programs to support member states in the African region in preparing for, detecting and responding to public health



The team observing temperature screening at Ngwenya Border Post

emergencies. “Consequently, a scoping mission for the EPR Flagship Initiative was conducted in Eswatini, resulting in the development and validation of a two-year EPR Flagship Initiative Roadmap. Eswatini also benefited from the WHO-EPR Flagship program, training the first-ever 20-member Eswatini “*Nkwe*” AVoHC-SURGE team, comprising members from various sectors and disciplines,” the Minister stated.

Dr. Susan Tembo, the WHO Representative emphasized the necessity of adequate capacity across all relevant sectors to prevent and detect events or threats. She stated that the JEE would help the country to identify the most critical gaps within the human and animal health systems, prioritize opportunities for enhanced preparedness and response, and engage with current and prospective partners and donors to effectively target resources.

“I would like to commend the government of Eswatini for its dedication to safeguarding the health and well-being of Eswatini. This commitment is evident through the adoption of the IHR Monitoring and Evaluation Framework (MEF), which guides the assessment of progress in health security. I also commend the Government’s consistency in monitoring the core capacities under the IHR using standardized tools such



The external and internal team entering the Ngwenya Border Post during the JEE

such as the State Party Annual Reporting Tool (SPAR),” she said.

Dr. Tembo further reiterated that WHO, along with other partners, remains committed to collaborating with various sectors to sustain and achieve the necessary capacities outlined in the IHR (2005). This includes supporting the country in establishing a One Health coordination mechanism and implementing One Health approaches that integrate animal and human health interventions.

Meanwhile, The JEE found that Eswatini demonstrates strong political will and a clear whole-of-government approach. There is also a robust multisectoral collaboration mechanism and strong technical leadership by the IHR focal point. Additionally, partner support for the implementation of IHR was also found to be strong in the country.

However, the JEE recommended that Eswatini need to improve and establish a well-defined information-sharing structure for strategic health information across sectors. There is also a need to institutionalize review processes for the implementation of the National Action Plan for Health Security (NAPHS) to inform the next JEE and establish a multisectoral coordination platform (ONE HEALTH).

ESWATINI AT ADVANCE STAGES OF INTRODUCING RADIOTHERAPY IN CANCER TREATMENT

The Kingdom of Eswatini has made strides in its quest to introduce radiotherapy in cancer treatment for Eswatini.

The country is currently in the process of finalising the draft Nuclear and Radiation Safety Bill regulation to protect the public, after which, construction of the radiotherapy facility will commence.

“A place has already been allocated in Manzini for the construction of the radiotherapy unit, the Director of Health Services Dr Velephi Okello revealed during a debrief meeting for the imPACT review for cancer control in Ezulwini.

A team of international experts from the World Health Organization AFRO regional office (WHO), International Agency for Atomic Energy (IAEA) and the International Agency for Research on Cancer (IARC) was in the country in August 2024 to present findings of the review conducted in March this year.

An imPACT review is a participatory analysis of national cancer prevention and control capacities and needs. Through the imPACT report, WHO, IAEA and IARC developed an integrated analysis of the national health care system in its capabilities to address the cancer continuum, which includes planning, surveillance, prevention, early detection, diagnosis, treatment, palliative care and rehabilitation, as well as radiation safety and the protection of radioactive sources in medical use. The imPACT review was part of the efforts of the Government to carry out a comprehensive approach to oncological pathology, establishing strategies for prevention, early detection, strengthening human capacity, as well as treatment, including palliative care and implementation of the Cancer Registry.

Front Row: Minister of Health Hon. Mduduzi Matsebula, Minister of Natural Resources and Energy Prince Lonkhokhela and the WHO Rep Dr Susan Tembo posing with the experts who were in the country for the Cancer Impact Review



The objectives of the review were to assess the state of the cancer prevention and control system, which includes policies, regulations, infrastructure, technology, human resources, practices and measure progress in cancer prevention and control made since the first imPACT Review in 2017. The Review was also aimed at identifying gaps in the national health system to establish a comprehensive and efficient cancer prevention and control system.

Whilst in the country, the team among other things, reviewed the implementation of the National Cancer Control Plan 2019–2022 and also assessed the needs and capacities of national and regional hospitals in terms of infrastructure, equipment and workforce to provide cancer diagnosis, treatment, palliative and supportive care. The team of experts visited different facilities that are involved in cancer treatment and further made recommendations on cancer prevention, diagnosed and proper treatment. Among other things, the review provided an overview of the national infrastructure for radiation safety and security of radioactive sources in medical practices. The team also assessed the identified site in Manzini, and it was found to be fit to accommodate the structure.

Dr Velephi Okello, the Director of Health Services mentioned that the country has come a long way in setting up a radiotherapy facility. She mentioned that the Ministry of Health, working with partners has already started working on this to ensure that in the next five years, the country will have radiotherapy facility so that it is not left behind in comprehensive treatment of cancer.

“Hopefully this will further reduce the transfer of patients to neighbouring countries for radiotherapy. It will also reduce the amount of money spent in patients who need radiotherapy,” Dr Okello said.

Cancer used to take up about 60% of the budget for outside referrals through Phalala Fund. In 2023/14, over 1000 people were referred outside through Phalala, and



WHO Rep Dr Susan Tembo and Director of Health Services Dr Velephi Okello listening to presentations during the review debriefing meeting



Members of the House of Senate and other dignitaries following proceedings during the commissioning of the review mission

over 300 were cancer patients. The challenge is that cancer patients have to go more than once for radiation. Dr Okello added that: “We have been advised to ensure that we have adequate and skilled health workers in cancer control, including cancer treatment. We also need to pay attention to the laboratory,” she said.

The director noted that, though great improvement has been achieved in cancer treatment in the past five years, there is still shortage of staff including pathologist and the systems need to be improved.

Nonetheless, the review team commended the country for its ability to treat cancer with chemotherapy, however, highlighted the need to ensure that there is adequate infrastructure to provide radiotherapy. The country was also commended for having the required drugs for cancer treatment as well as the availability of diagnostic machines to detect cancer such as the CT-scanner. The Pathology department was commended for having trained staff as results no longer delay because there is enough staff and modern systems and technologies.

WHO IMPROVES MPOX DIAGNOSIS, OVER 200 HEALTH WORKERS TRAINED



Mpox training taking place at Matsanjeni Health Centre

The World Health Organization (WHO) has improved Mpox testing in the country by providing support towards training of over 200 health workers on Mpox diagnosis and management.

The training started with the capacitation of about 25 health workers to be trainers in the different regions. The training was then cascaded to the different regions where over 200 Nurses and Phlebotomists Laboratory technicians were trained on Mpox diagnosis and case management. The training was carried out in the four regions, and topics covered included surveillance, Infection, Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), case management and specimen handling. The purpose of the training was to equip health workers to ensure early identification of Mpox suspected cases.

Sister Phindile Tembe from Matsanjeni Health Centre in the Shiselweni region appreciated the training, saying that colleagues from different clinics have been trained to treat every patient as a suspect. A suspected case is a person of any age presenting in a Mpox non-endemic country with an unexplained sudden onset of rash in the body. Other symptoms may include headache, fever,

swollen lymph nodes, muscle and body aches, and general body weakness. Tembe mentioned that the training equipped them to be able to report patients presenting with lesions and take samples for testing.

“We have been trained on how to take samples from the lesions. Some patients come late when the lesions are already healing and we have been taught that in such cases, one needs to take a swab,” explained the nurse.

The Mpox virus is transmitted from one person to another through close contact with lesions/sores, body fluids, respiratory droplets and contaminated materials such as bedding. The incubation period after infection with Mpox virus ranges from 6 to 13 days but can take up to 21 days.

Tembe explained that once a patient is suspected to have Mpox, the clinic has to take biographic information of the patient and then do line listing. The sample is taken and stored in the refrigerator in readiness for transportation to the laboratory.

She mentioned that the training was important for them since they are closer to the border with South Africa.

Eswatini is a land locked country which is almost entirely surrounded by South Africa. Many Emaswati and South African nationals move in and out of the two countries, making it easy for diseases to cross the borders into the other country.

South Africa has reported cases of Mpox since June 2024. Many Emaswati travel between South Africa and Eswatini for commodities, hence it is important that the people of Eswatini are equipped with information to stay vigilant to protect themselves from Mpox. Tembe said everyone should be sensitized so that people are encouraged to come to the clinic for testing.

At the clinic, suspected cases are isolated so that others are not exposed to those with Mpox symptoms. Tembe said it is thus, important that all people are sensitized about Mpox as well as the triage procedure. She said, in that case they conduct health education sessions every morning and also share information with the public during outreach services. Information is also disseminated through the Rural Health Motivators.

The Eswatini Ministry of Health emergency management systems remain on high alert to dictate any suspected case of Mpox.

Since the beginning of the pandemic, WHO continues to provide technical guidelines to Eswatini to respond to Mpox across all pillars. WHO further provides global and regional situational updates during the weekly Public Health Emergency Management Committee meetings (PHEMCO). WHO also supported the country to conduct Mpox readiness assessment using the WHO Mpox checklist and provide guidance on identified gaps and has also helped in putting together the Mpox contingency plan covering all pillars.

Mpox remains a notifiable disease which is part of the 13 public health threats that are being monitored through the weekly surveillance system in the country.



Training of Trainers on Mpox taking place in Ezulwini



Mpox training taking place in Mbabane



Mpox training taking place in Matsanjani Health Centre



Training of Trainers on Mpox taking place in Ezulwini



FACILITIES COMMENDED FOR EXCELLENT VACCINE COLD-CHAIN MANAGEMENT

The Kingdom of Eswatini, like many other countries relies on vaccines to prevent morbidity and mortality of its people. Immunization remains one of the most effective public health interventions, preventing two to three million child deaths every year. Millions of children still miss out on the full benefits of vaccines each year including adolescent girls for HPV vaccine.

With support from the World Health Organization (WHO), The Ministry of Health, through the National Cancer Control Unit (NCCU), School Health Program (SHP), and Expanded Program on Immunization (EPI), has facilitated Integration of the human papillomavirus (HPV) vaccine into the regular immunization schedule as part of a strategy for preventing and reducing the burden of cervical cancer. HPV vaccination in the country was first made available to the nation in June 2023, as part of a campaign for all girls aged 9 and 14 years.

In August 2024, the WHO and Ministry of Health officials – including facility nurses and officers from EPI conducted active surveillance and integrating routine supportive supervision targeting Hhohho and Manzini regions. The teams visited different facilities in the two regions, including government and private health facilities. The purpose of the Active Supervision exercise was to track progress on the delivery of routine immunization services, including HPV and COVID-19 vaccination.

Dr Angel Dlamini, the WHO HPV focal person stated that vaccines must be kept at certain temperatures from the manufacturer through to the facility. To ensure the efficacy and effectiveness of vaccines in the country, WHO, working with the Ministry of Health conducts Active Supervision from time to time, in health facilities around the country to monitor the cold-chain management.



Nurses conducting active supervision at Siganejni Clinic

Dr Dlamini emphasized that Integrated supportive Supervision helps facilities to manage vaccines stock, monitor the cold-chain management of vaccines, monitor Vaccine Preventable Disease (VPDs) surveillance through conducting retrospective record review, proxy indicators and on-site mentoring. Identified gaps are timely corrected in order to maintain the effectiveness of the vaccination services.

During the team's visit to the Pigg's Peak public health unit, Sister Gcinile Shongwe said Supportive Supervision helps gives them an opportunity to identify challenges that hinder their smooth delivery of vaccination services and also helps facilities to be corrected where they are not doing well.

"We are trying as a unit to ensure that our vaccines are kept at the correct temperatures so that we retain their efficacy. From time to time, we also carry out outreach services to reach those in the most peripheral areas and those that had missed their appointments for -



Sister Thulile Matsebula and Tholokwakhe Simelane checking the charts during active supervision at Siganejni Clinic

routine immunization. We make announcements through the Rural Health Motivators to ensure that all parents are sensitized of the dates and services that we are bringing. We also have digital tools to record at the outreach sites, however, in most instances we use paper-based and transfer into the Client Management Information System (CMIS) on return,” she said.

Shongwe noted that through the active supervision they have also managed to address the issue of expiring drugs. She mentioned that the rate of expiring drugs has gone down because they are in a better position to manage stock.

“In the event we have a surplus, we share with other neighbouring facilities, and we are also able to get what we lack from other facilities. Follow up is also done to ascertain if facilities are complying with the vaccine cold chain management. “In order for us to score the goal of protecting Emaswati from vaccine preventable diseases, we need to handle the vaccines as advised,” she emphasised.

meanwhile, Sister Thulile Matsebula commended the visited facilities for their well-managed vaccine storage, adding that it shows that the health workers understand that vaccines are sensitive to freezing or heat. “What I liked is that those that are sensitive to freezing are rightly placed and those that are sensitive to heat are placed far from the cold side of the fridge,” she said.

She applauded the unit for setting a good example in that, officers sent on attachment learn the correct standards of



WHO HPV Focal person Dr Angel Dlamini and Sister Thulile Matsebula checking the vaccine refrigerator at Pigg's Peak maternity unit



handling and managing vaccines and implement them. Other observations were that the multi dose vial policy was in place in most of the visited facilities and their VVM at usable stage. “The vaccines that we found in the freezer were VVM stage one, which means they are usable. ”One area that needs improvement is the vaccine carriers. We need to maintain conditioning of icepacks to sustain the temperature until the end of vaccination for the day” Matsebula said.

The team also inquired about surveillance of notifiable disease and those that are at elimination stage. The team wanted to know if facilities submit regular Integrated Disease Surveillance Report. The health workers were reminded that the healthcare worker who is in contact with the patient should report all suspected cases of the diseases under surveillance including measles, Active Flaccid Paralysis, neonatal tetanus among others.





FATHER PROUD AFTER VACCINATING HIS DAUGHTER AGAINST HPV

Mpendulo Lukhele is a happy father following his decision to allow his daughter Nosimilo Lukhele to take the human papillomavirus (HPV) vaccine which protects against cervical cancer.

Ten (10)-year-old Nosimilo took the HPV vaccine in June 2023, when health workers visited her school, Peak Central Primary School, during the HPV introduction campaign conducted by the government.

The campaign was launched by Her Royal Highness Inkhosikati LaMatsebula in June 2023. Health workers visited schools around the country and other community centres to vaccinate both school-going and out-of-school girls between the ages 9 and 14 years. The campaign was supported by World Health Organization (WHO), which provided both technical and financial support through funding from the Gavi, Vaccine Alliance, UNICEF, Clinton Health Access Initiative (CHAI), Africa Centre for Disease Control (CDC),

PEPFAR and MSD. HPV vaccination in the country currently stands at 73.3%.

Lukhele says when his daughter first relayed the HPV vaccination information, like many other parents, he did not understand, hence it was not easy for him to give consent. “At first, I did not understand because there were many things being said about the vaccine in the public space. Us, men, especially, are usually the last people in the family to understand and accept information about health interventions,” he said.

There has been a lot of misinformation about the vaccine, some of which is circulating in Eswatini. This has the potential to deprive some children of this lifesaving intervention. Lukhele mentioned that men in most instances are the last to accept health interventions, yet they play an important role in the health decisions of their families.

Mpendulo Lukhele posing with his daughter Nosimilo



“Some people are always negative when it comes to health services and we, the non-health workers, always listen to these rumours, which in many cases are aimed at discrediting health interventions, thus negatively influencing people’s decisions about their uptake of health services. Some people were saying the vaccine will cause infertility among our children,” he says.

The Ministry of Health and teachers took their time to educate the public about the vaccine. Several media campaigns and social mobilization activities were carried out by the Risk Communication and Community Engagement (RCCE) team to educate the public about the vaccine. Lukhele said through those health education sessions, he was able to get more information about the HPV vaccine and was convinced to allow his daughter to benefit from the school health vaccination.

“I was able to get the understanding that I needed about the vaccine. Thus, together with my wife, we allowed our daughter to get vaccinated so that she is protected from cervical cancer. I took the decision to allow my child for her own protection because this is not about me, but my child. These children are the future, hence their protection from any harm is important and relies on us,” he said.

HPV is a virus that causes cancers, mainly of the reproductive system, including cervical cancer. Cervical cancer is the leading cancer among women ages 15–49 years in Eswatini, fueled by the high numbers of HIV cases. Eswatini records approximately 360 cases of cervical cancer each year and 27% of these cases result in death. Currently, a total of 2129 women are living with cancer in the Kingdom. In the last five years, 771 women have died due to cancer related illness. HPV vaccines are highly safe and efficacious in preventing infection with HPV types 16 and 18, which are together responsible for causing approximately 70% of cervical cancer cases globally.

The vaccines are also highly efficacious in preventing precancerous cervical lesions caused by these virus types. Lukhele said he also heard on radio that cervical cancer is a big problem, affecting a lot of women in the country and globally. “You find that some are diagnosed very late because they start by taking traditional concoctions trying to cure the disease. I would like to encourage Emaswati to stand up against cervical cancer, allow children to take the HPV vaccine. Let us do everything that we can to protect our future generations from this disease. Even if the older generations are not protected, now that there is protection, let us do it for our future generations,” he said.

Nosimilo, on the other hand expressed her appreciation to WHO and the government for bringing the vaccine to the country. She stated that during the campaign, the school principal told the learners that health workers would be coming to the school to vaccinate, and they were given consent forms to give their parents for signing.

“They told us that cervical cancer affects only females, and they encouraged us to vaccinate. The teachers told us how the HPV is spread, so I took the consent form and gave it to my mother and told her what they had said at school. My parents signed the consent form and I took it back to school. I urge my peers to take the HPV vaccine so that they can protect themselves because cancer is very dangerous,” she said.

Meanwhile, WHO Representative Dr Susan Tembo reiterated that all countries including Eswatini have committed to eliminating cervical cancer as a public health problem by 2030, with targets including vaccinating 90% of girls with the HPV vaccine by age 15. She extended gratitude to teachers, school principals, school health and health workers, as well as parents, families, and communities for their commitment to providing children with both education and the health they deserve.

CLINICS ROLL OUT SECOND DOSE OF HPV VACCINE FOR IMMUNOCOMPROMISED GIRLS

The World Health Organization (WHO) has supported the roll out of the second dose of the Human Papilloma Virus (HPV) vaccine for immunocompromised girls.

Eswatini introduced the HPV vaccine in June 2023, targeting girls between the ages 9 and 14 years. According to the recommendation by WHO, a single dose is enough to protect the child against HPV which causes cervical cancer. However, there has been evidence that immunocompromised girls require two doses to be fully protected. Immunocompromised children are those living with comorbidities such as asthma, HIV, BP, those that are on TB treatment and any other disease that affect the immune system.

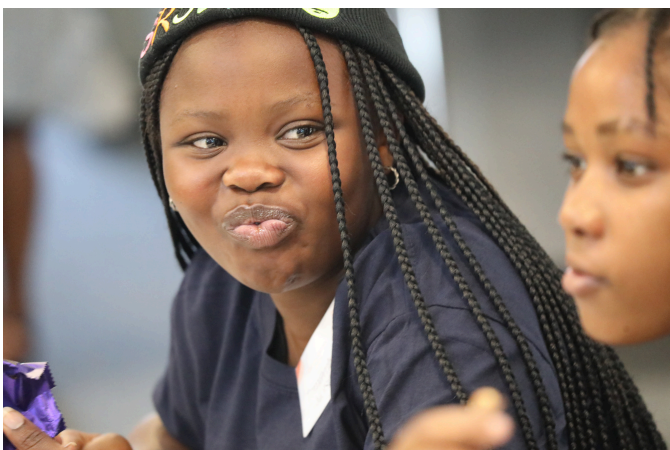
As part of the preparations for the introduction of the second dose, WHO and the Clinton Health Access Initiative (CHAI), with financial support from the GAVI Alliance have supported a training for Nurses in the different regions. The trained nurses were those from facilities that have teen clubs.

Sister Thuli Magagula from the EPI unit said in order to prevent these girls from stigma and discriminating, they had to target them at their teen clubs at the NCDs and ART clinics.

WHO HPV Focal point Dr Angel Dlamini said the HPV vaccine is now available in all clinics. She encouraged all parents with immunocompromised children to send them for their second dose because they are higher risk of developing cervical cancer.



WHO ENGAGES YOUNG GIRLS ON MENTAL HEALTH DURING BRAVE GIRL CAMP



WHO ESWATINI ON X



ACKNOWLEDGEMENTS



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