Swaziland has made significant progress in the health sector after the last update of the country cooperation strategy in 2014 as a result of structural reforms and strategies to control HIV/AIDS and TB. The average life expectancy at birth stands at 59 years compared to 54 years in 2014. Infant mortality and under-five mortality rates have reduced from 79 and 104 per 1000 live births in 2014 to 42.7 and 56.3 per 1000 live births respectively. Despite these positive strides maternal mortality ratio estimated at 320 per 100,000 live births in 2010 currently stands at 389 per 100,000 live births while neonatal mortality rate estimated at 19 per 1000 live births in 2014 stands at 19.5 per 1000 live births. The HIV prevalence estimated at 26% among the sexually active population in 2014 now stands at 27%. However, the HIV incidence among adults and children per 1,000 uninfected population which was 2.2 in 2014 has reduced to 1.85 and ART retention rate has increased from 82% in 2014 to 88%. Tuberculosis burden including Multi Drug Resistant (MDR-TB) declined by 30% with 70% of cases bacteriologically confirmed. TB treatment outcomes were 52% cured and 33% completed. Percentage of children who are fully immunized increased from 75 in 2014 to 89 in 2016. Malaria deaths per 1,000 of population have reduced from 0.006 in 2014 to 0.002. Non-Communicable diseases particularly hypertension, diabetes and cancers are becoming a growing problem and have not received adequate attention in the last years. The population of Swaziland is 1093,239 with a density of 63 persons per square kilometer and an annual growth rate of 0.7%. Though Swaziland is classified as a lower-middle-income country, about 63% of the populations live below the poverty line. About 91% of the urban population has access to safe water as compared to only 37% for the rural population. Adult literacy rate is 90% in urban areas compared to 78.3% in rural areas. Unemployment is estimated at 23 percent of the economically active population, and much higher among the youth. The disparity in access to social services and gender distribution of wealth and social services is an important determinant for health.

**HEALTH POLICIES AND SYSTEMS**


The country is making efforts to increase access to universal health coverage (UHC) within the framework of the SDGs through inter-sectoral approach. Maternal and child health continue to receive priority policy attention with guidelines for integrated SRH strategy. Decentralized services for HIV prevention, treatment and care have been scaled up, contributing to over 90% coverage of ART as well as PMTCT services. Services for the control of TB, including MDR TB and TB/HIV have also been scaled up and decentralized. EPI services have been strengthened resulting in increased immunization coverage now standing at 90% and has maintained polio free certification. To support the strengthening of the health system’s a number of guiding documents including, the EHCP, Essential Medicines List, Standard Treatment Guidelines, Multi-hazard response plan, National HRH policy and Strategic Plan have been developed, reviewed and are being implemented. The aggregate density of doctors, nurses, and midwives stands at 1.64 per 1,000 of population.

The country’s health care system consists of the formal and the informal sectors. The informal sector consists of traditional health practitioners and other unregulated service providers. The formal health sector is based on the concepts of primary health care and decentralization. Its infrastructure is made up of government, mission and private health facilities. These health facilities consist of: 14 hospitals of which 6 are private hospitals, 5 government health centers, 6 public health units, 215 clinics and outreach sites. The clinics are mostly situated in the rural areas and only 23 have maternity facilities. The clinics are managed by nurses. The Ministry is introducing the health post concept to increase access to healthcare at the community level.

**HEALTH SITUATION**

Swaziland is a landlocked country in southern Africa with a population of 1.09 million in 2019, of which 63% live below the poverty line. About 91% of the urban population has access to safe water as compared to only 37% for the rural population. Adult literacy rate is 90% in urban areas compared to 78.3% in rural areas. Unemployment is estimated at 23% of the economically active population, and much higher among the youth.

**Country Cooperation Strategy at a glance**

**Swaziland**

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**WHO region**

Africa

**World Bank income group**

Lower-middle-income

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**Child health**

- Infants exclusively breastfed for the first six months of life (% (2014))
  - 63.8

- Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (% (2016))
  - 90

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**Demographic and socioeconomic statistics**

- Life expectancy at birth (years) (2015)
  - 56.6 (Male)
  - 58.9 (Female)

- Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)
  - 60.6

- Literacy rate among adults aged >= 15 years (% (2007-2012))
  - 98

- Gender Inequality Index rank (2014)
  - 128

- Human Development Index rank (2014)
  - 150

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**Health systems**

- Total expenditure on health as a percentage of gross domestic product (2014)
  - 9.25

- Private expenditure on health as a percentage of total expenditure on health (2014)
  - 24.29

- General government expenditure on health as a percentage of total government expenditure (2014)
  - 16.58

- Physicians density (per 1000 population) (2017)
  - 2.16

- Nursing and midwifery personnel density (per 1000 population) (2017)
  - 0.81

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**Mortality and global health estimates**

- Neonatal mortality rate (per 1000 live births) (2016)
  - 21.4 [13.6-33.2]

- Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)
  - 70.4 [48.4-101.9]

- Maternal mortality ratio (per 100 000 live births) (2015)
  - 389 [251 - 627]

- Births attended by skilled health personnel (%) (2014)
  - 98.3

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**Public health and environment**

- Population using safely managed sanitation services (%)
  - 1.6

- Population using safely managed drinking water services (% (2015)
  - 88 (Urban)

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**Sources of data:**

1. Global Health Observatory (GHO) [http://apps.who.int/gho/data/node.cco](http://apps.who.int/gho/data/node.cco)
2. Population Reference Bureau (PRB)
4. Multiple Indicator Survey (MIS)
7. Service Availability Readiness Assessment - WHO (2011)
9. Health Department of Swaziland (MOS 2012)
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

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