Imperatives and challenges faced while responding to some health threats.

*Kingdom of Swaziland experience*

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Outline

- Kingdom of Swaziland
- Health threats
- Imperatives in responding
- Remaining challenges
The Kingdom of Swaziland

- Size: 6,704 sq miles, 4 administrative regions
- Lower middle income country, Population: 1,093,238
- Total health expenditure per capita $434
- Life expectancy at birth: M/F: 49/51 year
Key Health threats

1. Infectious Diseases
   - HIV/AIDS
   - TB

2. Non-communicable diseases
   - Cancer, Obesity, hypertension

3. Trauma and injuries

4. Mental Health
TB response progress

TB Prevalence, Incidence & Notification trends
## HIV response progress

<table>
<thead>
<tr>
<th>Indicator</th>
<th>SHIMS 1 (2011)</th>
<th>SHIMS 2 (2016-17)</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence</td>
<td>32.1%</td>
<td>30.5%</td>
<td>Stabilised</td>
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<tr>
<td>HIV Incidence</td>
<td>2.5%</td>
<td>1.4%</td>
<td>44% Reduction</td>
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<tr>
<td>Pop. viral load suppression</td>
<td>34.8%</td>
<td>71.3%</td>
<td>Doubled</td>
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<tr>
<td>(PLHIV- Viral Load &lt;1000 cp/mL)</td>
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1. MOH Stewardship and Leadership
National Health Sector Strategic Plan

Vision:
A healthy and economically productive Swazi population that live longer, fulfilling and responsible lives.

Mission:
To build an efficient and equitable client-centred health system for accelerated attainment of highest standard of health to all people in Swaziland.

Goal:
To move towards attainment of universal health coverage with defined health services.
2. Defined national strategy for delivery of services

- Health systems built on a backbone of primary health care
  - Decentralization of services
  - Model for effective coordination and reduction of congestion
3. Partnerships

[Logos and images of various organizations are displayed on the page, including UNFPA, Fresenius Medical Care, URC University Research Co., LLC, Clinton Health Access Initiative, The Global Fund, Elizabeth Glaser Pediatric AIDS Foundation, European Union, World Health Organization, World Bank, Standard Bank, ICAP, PEPFAR, Swaziland Water Services Corporation, USA Distillers, ICAP, MTN, FNB, BCM, BIPAI, Texas Children's Hospital, Bristol-Myers Squibb, and UNICEF.]
4. Mentoring

- Nurse-led health care, e.g. ART initiation at primary health care facility
- Mentoring at
  - Community level
  - Facility level
  - Regional level
  - National level
5. Use of Data for decision making

• Robust monitoring and evaluation tools implemented (paper based and CMIS)

• National and sub-national program evaluations eg SHIMS

• Investment in health research

• Periodic data review mechanisms at all levels
Remaining Challenges

• Strengthening NCD response
• Use of data for decision making at facility and community levels
• Evidence based health action in other sectors – eg response to geographic disparity
• Continuous mentoring of policy makers – In line with global health developments
• Maximizing use of technology for reduction of disparities
Thank you for your attention