



ESWATINI'S HEALTH SECTOR



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1. Country Overview

The Kingdom of Eswatini, formerly known as Swaziland, is a landlocked country in southern Africa, bordering South Africa and Mozambique. It has a total area of 17,364 square kilometers. Eswatini is one of the few countries in the world with two capitals: Mbabane and Lobamba.

According to United Nations data from 2021, the population size of Eswatini is 1.176 million and it is ranked 169 in the world by population. Thirty percent of the population lives in urban areas and the median age is 20.7 years^[1]. The dominant ethnic group is Swazi, constituting over seventy-seven percent of the total country's population. The minority group is Zulu. Afrikaans, English, Comorian, Maore, Chichewa, Sotho, Hindi, Swati, Tsonga, and Zulu are the main languages spoken in the country with Swati and English being the official languages.



Eswatini gained its independence from British rule in 1968 with King Sobhuza II as the head of state. King Mswati III has been ruling Eswatini since 1986. It is the last absolute monarchy in Sub-Saharan Africa. The constitution was adopted in 2005 outlining basic concepts such as the kingdom, the monarchy, protection and promotion of fundamental rights and freedoms, citizenship, the directive principles of state policy and duties of the citizen, the structure of the branches of government, and other functions of conduct.

In 2018, King Mswati III changed the name of the country from the Kingdom of Swaziland to Kingdom of Eswatini. Mbabane serves as the administrative and judicial capital where Lobamba serves as the legislative capital.

Eswatini is a monarchy, with the King as the chief of state and the prime minister as the head of the government. The government consist of three branches: executive, judicial and legislative.

The country, through its National Development Strategy (NDS) 2022, is aiming to promote equality and empower women, to develop global partnership for development, to eradicate extreme poverty and hunger, achieve universal primary education, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, and ensure environmental sustainability^[2].

According to WorldData.Info the total length of streets and highways in Eswatini is 3,769 kilometers. This is equivalent to 3.28 meters per one person in the country and it is ranked 142nd in terms of worldwide comparison of roads infrastructure. The country has a length of 0.26 meters of railway tracks per person and this makes it 58th in the world when ranked in terms of length of railway tracks per person^[3]. Eswatini has two main airports, which are the King Mswati III International Airport and the Mastapha Airport, along with 14 other airstrips.

Eswatini is a member of several regional and international trade agreements. The main ones are the Common Market for Eastern and Southern Africa (COMESA), a preferential trade area agreement for Eastern and Southern Africa which grants Swati goods and services preferential access to a market of over 250 million people. It is also a member of the Southern Africa Development Community's (SADC), which grants minimal export controls, and the Southern African Customs Union (SACU), which allows for duty-free exchange of goods to a market of 45 million people^[4].

In 2019, Eswatini's Gross Domestic Product (GDP) was approximately \$4.5 billion, with the annual growth rate at 2.2%^[5]. The country is classified as a lower-middle-income country. According to the 2021 Index of Economic Freedom, the country has an economic freedom score of 55.1 making its economy 137th freest in the world^[6].

2021 Pro-Democracy Protests

Starting from June 2021, the country has seen dozens killed in pro-democracy protests. The demonstrators have been calling for King Mswati III to step down and allow for a transition to democracy. UN human rights agency has termed this deadly violence as "deeply concerning." A delegation from the Southern Africa regional bloc (SADC) met Eswatini government officials and other stakeholders to address the ongoing crisis. UN human rights agency has also called for prompt and transparent investigations into human rights violations as well as the opening of a forum for a long-term dialogue to address the concerns of the public.

1.1. Key Country Statistics



60 years
Total life expectancy, 2019



2.2
GDP growth (annual %), 2019



45.9 Exports of goods and services as a % of GDP, 2019



43.2 Imports of goods and services as % of GDP, 2019

**Source: World Bank*



Imported products, 2019:
Refined Petroleum (**\$202M**),
Gold (**\$76.1M**), and
Electricity (**\$67.6M**)^[7]



Exported products, 2019:
Laboratory Glassware (**\$1.44B**),
Scented Mixtures (**\$639M**),
and Raw Sugar (**\$421M**)



Surplus of \$169.2M
Balance of trade, 2019

2. COVID-19 Pandemic

As of 15th June 2021:

- There were 18,746 total cases with 676 deaths and 17,952 recoveries.
- The first COVID-19 case was reported in Eswatini on 14th March 2020.
- The country recorded its highest daily COVID-19 cases on 20th January 2021, which was 366. The number of daily COVID-19 cases have been decreasing since January 2021. Only 10 COVID-19 daily cases were reported on 14th June 2021.
- The number of active COVID-19 cases was highest during the month of January 2021. Since then, the number has been gradually decreasing. Only 118 COVID-19 active cases were reported on 14th June 2021.
- The country recorded its highest COVID-19 death cases during December 2020 and February 2021. It only reported two daily COVID-19 deaths on 9th June 2021.

Source: Worldometer

- Eswatini started its COVID-19 vaccination campaign on 14th March 2021 after receiving 32,000 doses. These doses were to be equally distributed using a phased approach. The health workers were the first ones to be considered, followed by the elderly and those with co-morbidities, then all those at high risk of exposure to COVID-19 virus and lastly all other individuals above 18 years of age ^[8].

3. Health Overview

Significant investments have been made in the health sector which have improved the lives of many in Eswatini. However, challenges remain. The total life expectancy at birth, which is among the lowest in the world, stands at fifty-nine as compared to sixty in 2019. Both infant and under-five mortalities have gradually reduced. The total number of infant and under-five mortalities in 2019 were 39 and 49.4 respectively. Maternal mortality is a big health challenge in the country. HIV, malaria and tuberculosis prevalence is still high, with 27 percent of the population aged 15 years to 49 years living with HIV, and 363 people out of 100,000 at risk of contracting tuberculosis. Eswatini has the highest HIV prevalence in the world. Fifty eight percent of the population live below the national poverty line, living on less than US \$1.9 a day ^[9].

The health sector is delivered under the mandate of the national government and the Ministry of Health and Social Welfare (MoHSW). The MoHSW is responsible for the formulation of policies, regulations, norms, standards, and guidance for health services. It has formulated the National Health Sector Strategic Plan 2019-2023. The MoHSW has set targets to increase life expectancy, reduce maternal and child mortality rate, and train nurses and midwives per 100,000 by 2022 ^[10].

The country's health system consists of formal and informal sectors. The informal sector constitutes traditional medicine and other unregulated service providers. The formal sector infrastructure is made up of government, mission, and private healthcare facilities. There are six government hospitals, two mission hospitals, five government health centers and over 100 private health clinics ^[11]. Most government facilities do not have adequate supplies and medicine and are understaffed. The private health facilities provide higher standards of healthcare as compared to government facilities which have adequate staff, better equipment and wider range of healthcare services.

Despite receiving significant international aid, the health sector is still not adequately funded. Primary healthcare is relatively free but does not meet the needs of the people because of its poor quality. Most public healthcare services are subsidized but the majority of the population pays out-of-pocket for those services. Over 40 percent of people opt for private healthcare services instead of other healthcare facilities ^[12].

According to the World Health Organization (WHO), non-communicable diseases (NCDs) account for 37 percent of all deaths in Eswatini. Fifty four percent of deaths are as a result of communicable, maternal, perinatal and nutritional conditions ^[13].

The top 10 causes of death are:



HIV/AIDS



Lower respiratory infections



Ischemic heart diseases



Diabetes



Stroke



Diarrheal diseases



Tuberculosis



Road injuries



Neonatal disorders



Interpersonal violence

3.1 Key Health Statistics



6.54

Current health expenditure as a % of GDP, 2018

24.61

Private health expenditure as a % of current health expenditure, 2018

32.87

Government health expenditure as a % of current health expenditure, 2018



11.26

Out-of-pocket expenditure as a % of current health expenditure, 2018



18

Maternal mortality rate, neonatal (per 1000 live births), 2018



49

Under 5 mortality rate (per 1,000 live births), 2019

4. Challenges Facing the Private Health Sector


- HIV/AIDs, malaria and tuberculosis prevalence.
- High maternal and child mortality rate.
- High poverty levels.

5. Opportunities in the Private Health Sector

- Private sector innovative health funding mechanisms.
- Capacity building opportunities in private sector.
- Need to supplement the existing demand of medical equipment and supplies.
- There is a need for support maternal, new-born and child gealth (MNCH) services from private sector.

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