



KINGDOM OF ESWATINI

Ministry of Health

NATIONAL HEALTH SECTOR STRATEGIC PLAN 2024/25 - 2027/2028

Accelerating progress towards the attainment of UHC
and other health related SDGs

AUGUST 2024



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Foreword



The Government of the Kingdom of Eswatini in 1997 elaborated the first long-term national development agenda, the National Development Strategy (NDS) 1997 – 2022 (“The *Vision 2022*”). The overarching goal of this plan was “to improving the economic performance and achieve the highest level of human development in the country based on good governance principles, national and political stability”.

The NDS 1997-2022 prioritised seven strategic areas for the health sector namely: 1) Planning to focus on developing organisational structures at national, regional and health facilities level and implementing an effective management information system to enhance the management and coordination of health services. 2) To improve health service delivery with the focus on primary health care, integration, quality of care, cooperation with donor agencies and NGO, 3) Innovative, sustainable health financing with transparent

management, 4) Training of health personnel and develop career structure, 5) Health campaigns to fight against HIV/AIDS pandemic and health for all, 6) Strengthen the control, prevention and treatment of communicable and non-communicable diseases, 7) Decentralise management and function with community based health system. The NDS 1997 -2022 was implemented through successive 3-year medium-term National Development Plans (NDPs), the last being the NDP 2019-2022. Within respective sectors, line government ministries developed respective sector specific strategies in line with the NDP Plans.

The National Health Sector Strategic Plan (NHSSP) 2019-2022 was thus developed to guide the 5-year health sector strategic agenda during the NDP 2019-2022 period. More recently, the government of Eswatini launched the National Development Plan (NDP) 2023/24 – 2027/2028, themed: *Good Governance, the Anchor for Economic Recovery, Green Growth, and Sustainable Livelihoods*. This NDP 2024-2028 has articulated various key objectives, including health sector specific ones, to guide the strategic national development agenda over the next five years, as it makes progress towards the realisation of the countries Sustainable Development Goals (SDGs) targets. In 2023, the Ministry of Health (MoH) commissioned an End-Term Review (ETR) of the implementation of the NHSSP 2019-2023.

The ETR noted that the NHSSP 2019-2022 attained 77.8% performance of its targets demonstrating the significant positive strides that the health sector has been making in the country. Among outstanding achievements have been in the management of medical and health conditions, where waiting times and turnaround times were significantly reduced, thus making crucial healthcare services more accessible. Public health emergencies preparedness and response also emerged as a strong point, evident in the sector's swift and effective response to the COVID-19 pandemic.

However, the evaluation also noted several areas that require further attention. These include health sector leadership, regulation and governance, health products and technologies, and health information and knowledge management.

In addition, the ETR noted the following key findings which have a strategic implementation on the health sector:

- » The country is undergoing an epidemiological transition characterised by unfinished business in endemic communicable disease including neglected tropical diseases, challenges in RMNCAH, and increasing burden of non-communicable diseases (NCDs), and a significant burden of trauma and injuries.
- » The country is undergoing population demographic transition characterised by a progressive ballooning of the middle of the population pyramid (increase in adult and elderly population) and shrinking of the base of the population pyramid (reducing birth-cohort)

- » The country has undergone and is still going through an economic transition characterised by its re-classification as a lower-middle-income country and, leading to progressive donor transition especially in the health sector
- » There are several emerging and re-emerging challenges including climate change and disease outbreaks; that will continue to face the health sector in the future.

Guided by the findings of the ETR, committed to putting the health sector on a clear and acceleration path towards the attainment of health-related SDGs by 2030, this NHSSP 2024-2028 has been developed in full alignment with the NDP 2024-2028. It articulates the health sector specific strategic contribution towards the attainment of the overall NDP 2024-2028.

To ensure compliance in the delivery of the aspirations of this NHSSP 2024 – 2028, the government shall enact and/or update all relevant legislations, policies and guidelines for purposes of strengthening health sector governance and regulations for supporting the implementation of this NHSSP 2022-2028.



Hon Mduduzi M. Matsebula. MP

Minister for Health

Acknowledgments



The Ministry of Health would like to express its sincere gratitude to all partners, stakeholders, and individuals who contributed to the successful development of this National Health Sector Strategic Plan (NHSSP) 2024-2028.

The Ministry wishes to extend its deepest appreciation to the Technical Working Group (TWG) which was comprised of representatives from various sections (departments and programs) of the Ministry of Health coordinated by the Planning Unit.

The Ministry also extends its sincere gratitude to the entire MOH staff for their support. Additionally, the Ministry recognizes the invaluable contributions of the United Nations team, which comprises representatives from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Clinton Health Access Initiative (CHAI) as well as EGPAF/ASPIRE and World Vision. Their commitment and expertise were instrumental in shaping this crucial document for the country.

The feedback and input received from various government departments, partners, civil society, health facilities, and stakeholders were highly valued and played a pivotal role in finalising this comprehensive Strategic Plan. The Ministry is also immensely grateful for the invaluable technical support provided by the WHO Regional Office for Africa (AFRO) through the Country Office. Lastly, the Ministry acknowledges WHO's financial support throughout the writing process.

A handwritten signature in black ink, appearing to read 'Khanyakwezwe Mabuza'.

Mr. Khanyakwezwe Mabuza
Principal Secretary for Health
Ministry of Health

Executive Summary

This NHSSP 2024-2024 shall be conceptually guided by a framework (figure 1) which broadly outlines the health sector investments (**Health System Inputs/Building Blocks**) to produce specific health system outputs (**the strategic objectives**), which in turn will lead into the health system functioning (**health system performance**) to meet the long-term goals of the health system (**strategic aspirations**).

The NHSSP 2024-2028 outlines a **vision** of attaining the universal access and utilization of acceptable, affordable, effective, equitable and efficient promotive, preventive, curative, rehabilitative and palliative health services to all populations in Eswatini.



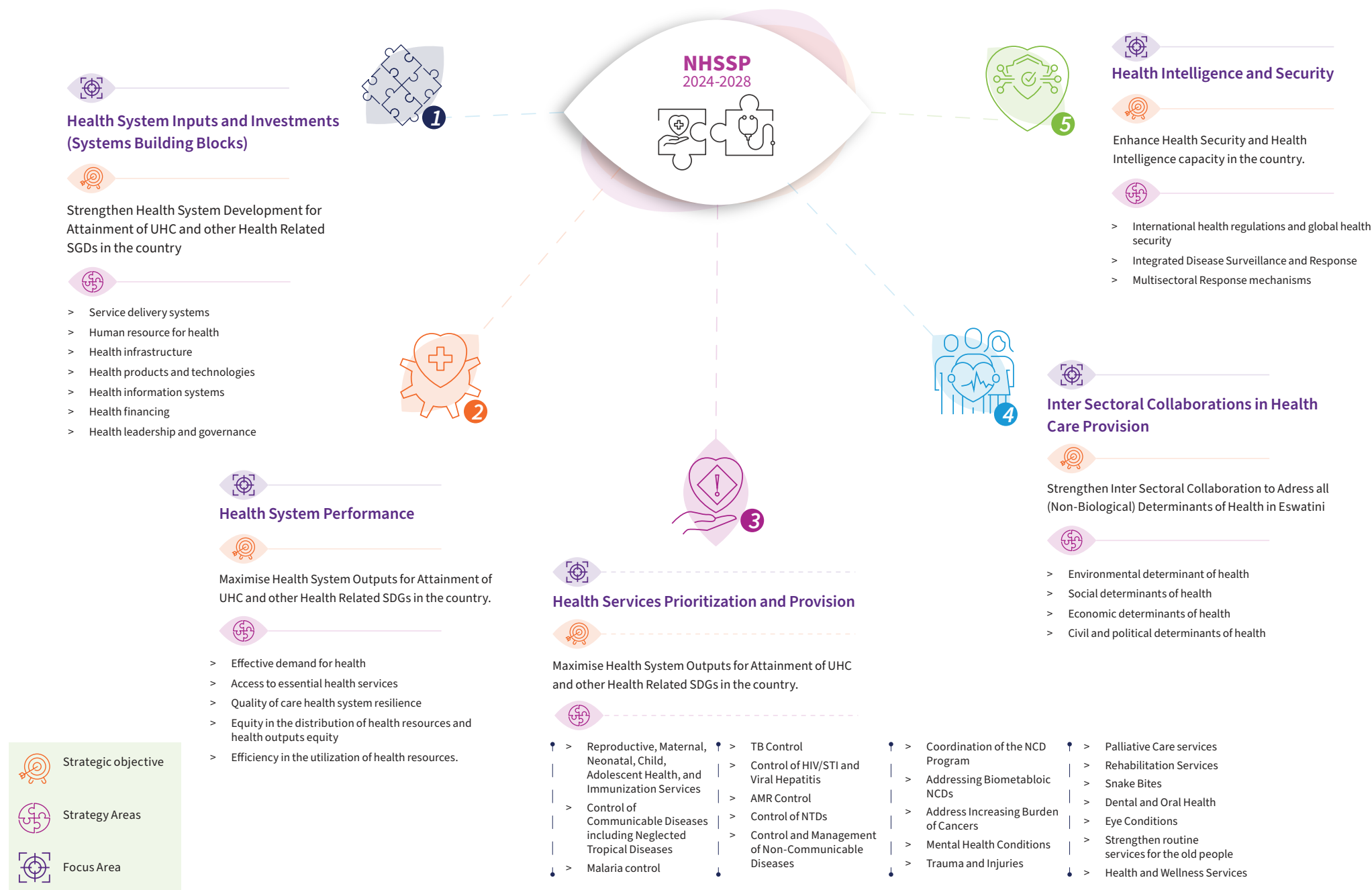
It further sets a **goal** of accelerating progress towards the attainment of UHC and other health related SDGs by 2030 in the country.

Following a detailed situation analysis, stakeholder consultations, alignment with global and regional health commitments, and aspirations of the overall national development plan NDP 2024-2028 goals, this NHSSP 2024-2028 outlines five strategic areas. It further proceeded to elaborate a strategic objective aimed at addressing each strategic area.

The NHSSP 2024-2028 further outlines the key strategic focus areas that shall be prioritized for each strategic objective as summarized in the figure below.



FIGURE 1. NHSSP 2024-2028 key strategic focus areas priorities



This NHSSP 2024-2028 shall be operationalized through respective, Ministry of Health (MoH) Directorates, departments and Disease Program strategies and plans (at national level); and Regional, and facility level operational plans (at sub-national levels).

These strategies and plans for all the levels and planning units will subsequently be operationalized through annual work plans which will be developed in alignment with the annual government of the Kingdom of Eswatini budget cycle guided by treasury and ministry of planning.

The various implementation tools for this NHSSP namely: i) Strategies for various directorates, departments, and programs at national levels, ii) Regional operational Plans,

iii) health facility operational plans and the iv) respective annual workplans shall serve as key implementation and monitoring and tracking tools for the implementation progress of this NHSSP.

A core set of generic indicators shall be used to track the implementation and achievements of this NHSSP 2024-2028, and the health sector performance in general.

These indicators shall be adapted for tracking the implementation of strategic and annual workplans for the various planning units as necessary through the public sector Performance Management System (PMS), routine reporting, surveys, research studies, evaluations and other platform and strategies.



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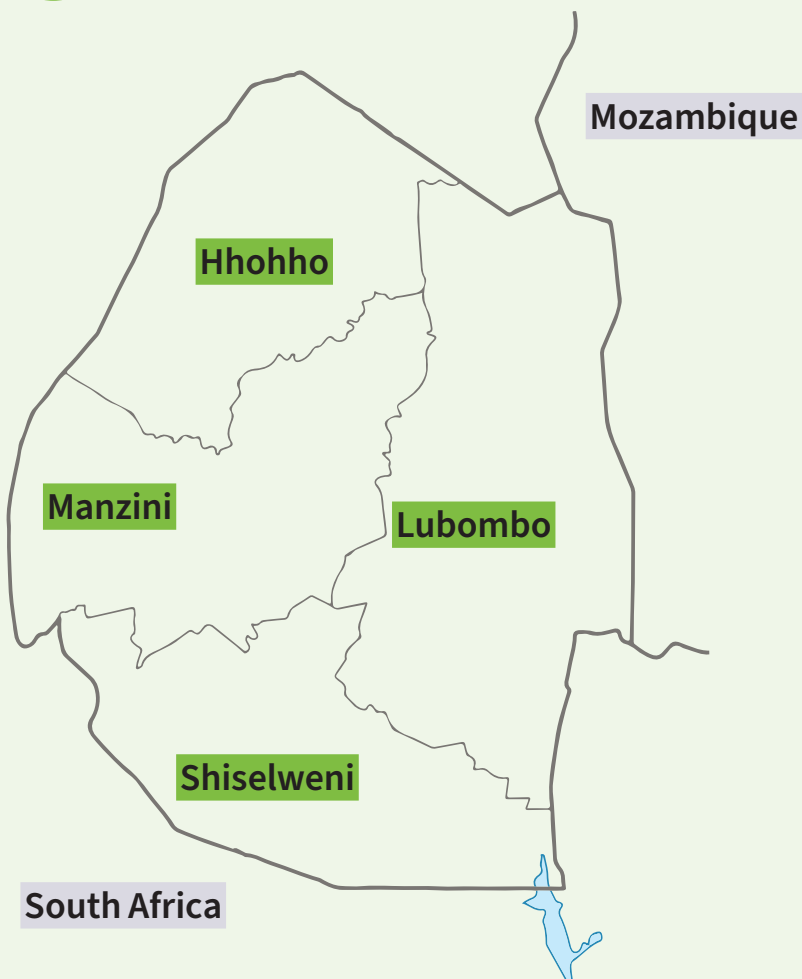
Context

Chapter 1. Introduction and Background

1.1. Overview of the Governance Context in the Country

The Kingdom of Eswatini is a monarchy, with a dual political and legal system. The country has traditional institutions, and institutions of modern western governance which both play equal and important roles in the society.

The country practises a *Tinkhundla*-based electoral system of government whereby 59 *Tinkhundla* elect a representative to the House of Assembly in Parliament. The country is also divided into **4 administrative regions** namely *Lubombo*, *Manzini*, *Hhohho* and *Shiselweni*. It has been one of the most stable and peaceful nations in the Sub-Saharan region.



*Tinkhundla**-based electoral system

59 *Tinkhundla*

elect a representative to the House of Assembly in the Parliament

* They are intermediate structures between national government and chiefdoms.

1.2. Overview of the Population and Demographic Context in the Country

The 2017 national population and housing census reported that the country's population was 1,093,238 in 2017, comprising 531,111 males (48.6 percent) and 562,127 females (51.4 percent).

Population growth rates have been decelerating over the decades and grew by an average of just 0.7 percent a year from 2007 to 2017. This has been due to falling fertility rates, which have dropped from an average of 6.7 to 3.3 children per woman.

Fertility rates in the country are expected to continue to fall to 2.1 children by 2050, although the impact of this on population growth is expected to be counterbalanced by falling mortality rates. Given these dynamics, the population is projected to rise to 1.4 million by 2050.

1.3. Overview of the Economic Context in the Country

The Kingdom of Eswatini is a small [17,364 km²] landlocked country. Eswatini is a Lower-Middle Income Country with a GDP per capita of approximately US\$3,000 per annum.

However, income distribution in the country is skewed; it is estimated that more than 50 percent of wealth is owned by less than 20 percent of the population.

Despite its size, the country has previously attracted substantial foreign direct investment and had a vibrant private sector, supported by a skilled and healthy labour force. It invested substantially in infrastructure development building, roads, dams, and health and education facilities. In the recent past however, the prosperity the country has previously enjoyed is fading and, as with her peers in the region, the country's economy is struggling.

There has been progressively declining economic growth coupled with high accumulative fiscal deficits, narrowing revenue base, rising expenditures, declining private sector activities, and deepening poverty; poor public sector performance and service delivery to mention some of the challenges. The government acted promptly by enforcing a Strategic Roadmap and re-introduced National Development Plan (NDP) production to guide policy development and national budgeting. It places in priority good governance focus on fiscal stability, inclusive and sustainable growth driven by private sector development, human capital development, efficiencies in public sector service delivery and national stability.

The percentage of Domestic general government health expenditure (GGHE-D) out of total general government expenditure (GGE) has been increased from 7.79 % in 2016 to 10 % in 2020, 11.29% out of pocket health expenditure out of total health expenditure. Population with household spending on health greater than 25% of total household budget was reduced marginally from 10% in the FY 2017/18 to 9% in the FY 2019/2020.



POPULATION AND DEMOGRAPHIC CONTEXT



1,093,238 in 2017



531,111 males (48.6 %)



562,127 females (51.4 %)



GROWTH RATE

0.7% from 2007- 2017



FERTILITY RATE

6.7 to **3.3** children per woman

2.1 children per woman by 2050

POPULATION PROJECTION



1.4 million by 2050



ECONOMIC CONTEXT



AREA

17,364 km²



GDP PER CAPITA

~US\$3,000 per annum



WEALTH DISTRIBUTION

50% of wealth is owned by **< 20%**



GGHE-D

7.79 % in 2016 to **10 %** in 2020, **11.29%**



HOUSEHOLD SPENDING ON HEALTH

>25%

1.4. Overview of the National Strategic Development Agenda in the Country



[The Vision 2022 and the National Development Strategy \(1997 – 2022\)](#)







The Government of the Kingdom of Eswatini in 1997 elaborated a long-term national Development Plan/Agenda – “The Vision 2022 and the National Development Strategy (1997 – 2022)” whose overarching goal was “Improving the economic performance and achieving the highest level of human development based on good governance principles, national and political stability.”

Seven strategic areas were prioritised in the NDS as long-term visions.

These were: 1) Planning to focus on developing organisational structures at national, regional and health facilities level and implementing an effective management information system to enhance the management and coordination of health services. 2) to improve health service delivery with the focus on primary health care, integration, quality of care, cooperation with donor agencies and NGO, 3) innovative, sustainable health financing with transparent management, 4) training of health personnel and develop career structure, 5) health campaigns to fight against HIV/AIDS pandemic and health for all, 6) strengthen the control, prevention and treatment of communicable and non-communicable diseases, and 7) decentralise management and function with community based health system.

The implementation of this long-term national development plan was to happen in successive 5-year Medium-Term Development Plans (MDPs). The country just concluded the implementation of the National Development Plan 2019/20-2021/22 which was developed with an overall aim of moving the country “Towards an economic recovery trajectory anchored on the principles of good

governance and focused on attaining fiscal consolidation, inclusive and sustainable growth and creating a conducive environment for a vibrant private sector that is export-oriented and employment creating”. It further identified some key priority areas with which all government ministries and departments were to align their plans long namely:

- 
 » Good governance and fiscal stability-public finance management efficient service delivery.
- 
 » Economic recovery underpinned by inclusive and sustainable growth.
- 
 » Private sector development
- 
 » Human capital development
- 
 » Poverty reductions
- 
 » National stability-peace and security, law, and order.

More recently, the Country Launched the National Development Plan (NDP) 2023/24 – 2027/2028, themed: *Good Governance, the Anchor for Economic Recovery, Green Growth, and Sustainable Livelihoods*.

The NDP 2024-2028 has articulated the following key objectives for national development:

- Restoring good governance and fiscal stability – public finance management and gaining efficiencies, anti-corruption.
- Strengthening the role of the state in facilitating and guiding socio-economic development.
- Rebuilding of the nation and its social fabric for unity, peace and stability. Eswatini has always been known for peace and stability which has been the main attraction for tourists and investments.
- Transformation of agriculture into a productive, high value and market-oriented sector, also capable of providing adequate diverse and nutritious food supplies to the nation.

- Development of a competitive private sector with a diversified product package to boost growth, exports, and employment.
- Implementation of good governance principles to ensure sound economic management, elimination of corruption, respect to the rule of law and human rights.
- Comprehensive investments in human capital development encompassing education and skills development, health, as well as harnessing information and technology.
- Youth empowerment. Nurturing the potential of the youth and vulnerable groups.
- Revitalize the economy for recovery underpinned by inclusive and sustainable growth.
- Better manage Eswatini's environment and its natural resources.
- Invest in quality, viable and resilient infrastructural development, climate proofing all investments.
- Promotion of regional economic integration and cooperation; and
- Cross-cutting issues: policy reform implementation, gender equity, climate change, disaster risk reduction, sustainable environmental and natural resource management.

This NHSSP 2024/2025-2027/2028 has been developed in full alignment with the NDP 2024-2028. It articulates the health sector specific strategic contribution towards the attainment of the overall NDP 2024-2028.

1.5. Evolution of the Health Sector Strategic Agenda in the Country

Over the years, the country health sector strategic agenda has been outlined in the successive National Health Sector Strategic Plans. The most recent one being the NHSSP 2018-2023 which was developed guided by and within the context of NDP 2019-2022, local health aspiration and international health commitments.

The NHSSP 2018-2023 plan outlined eleven strategic areas within which the health sector was to prioritise its efforts on. After a five-year implementation period, the implementation

of the plan and achievements there in, was reviewed through a stakeholder participatory process led by the Ministry of Health (MoH) and with technical support from the World Health Organization (WHO). The finding of the review forms the core of the situation analysis of this new NHSSP 2024/2025-2027/2028, and its recommendations have informed the crafting of the various priority strategies for this plan.

1.5.1. The Organisation of Health System in the Country

The government of Eswatini through MoH is the main provider and regulator of health service delivery in the country.

MoH manages the health sector of the country through high level intersectoral/inter-ministerial coordination. The MoH is organised around various directorates, departments, divisions, and programs; and is collectively in charge of providing overall health sector stewardship, strategy, and policy formulation.


Across the four administrative regions, each region has a regional Health Management Team whose mandate is to oversee and coordinate health service delivery within the regions. The public sector health service delivery system is organised in a hierarchical manner.

There exists a community service delivery system that delivers household and community interventions through community health motivators. Primary care services are delivered in clinics and health centres across the country. Secondary care/referral services are provided in regional referral hospitals.

There exists at least one secondary hospital in each region. Tertiary services are provided in the national Mbabane government hospital. There exists a vibrant private health service delivery system in the country which complements the government health service provision.







Chapter 2. Situation Analysis and Emerging Strategic Priorities

This chapter summarises the findings from the health sector/health system situation analysis in the country. These were largely draw from the findings of the End-Term Review (ETR) of the NHSSP 2019-2023.

2.1. Situation Analysis of the Health System Investment Areas (Building Blocks) in the Country.

This section presents the finding of the situation analysis on the health system building blocks, and their strategic implications. These are summarised in Tabel 1 below.

TABLE 1. Analysis of Issues in Health System Investments (Building Blocks) in the Country

SYSTEM AREA (BUILDING BLOCK)	KEY ISSUES OF STRATEGIC RELEVANCE	STRATEGIC IMPLICATION
Service Delivery Systems	<ul style="list-style-type: none"> » Essential Health Care Package (EHCP) development underway. Yet to be finalized. » Lack of a comprehensive referral policy and strategy guiding entry and continuum of care. » Limited integration of Community health services at point of care. 	<ul style="list-style-type: none"> » Need of prioritize finalization of EHCP – and development of all relevant health system operational tools (policies and guidelines). » Expand the primary health care system by strengthening the Community Health System that consists of 5000 CHWs integrated into the public health system. » Need to develop a compressive health system referral strategy to guide the access and continuum of care in the country.
Human Resources of Health	<ul style="list-style-type: none"> » There has been a progressive increase in the production of health workers in the country. » The density of HRH per 10000 population increased by 52.7% from 1.5 in 2018 to 2.29 in 2022. » Staff shortages exist across all levels of the health system despite MoH having over 99% of available position filled. » More acute shortage of specialists in the level 4 and 5 hospitals » “Net freeze” in public service employment, has had a serious toll on the health sector. 	<ul style="list-style-type: none"> » Need to develop HRH norms and standards for the public sector guided by the EHP. » Health Labour Market Analysis (HLMA) conducted in 2023. » Workload Indicator Staffing Need (WISN) – yet to be done. » Need to update public service/MoH HRH positions/staff establishment based on the new norms and standards. » Need to develop a comprehensive HRH strategy to address the entire HRH management cycle priority interventions including concerning: Production, attraction and recruitment, retention, motivation, career progression and succession planning.
Leadership and Governance	<ul style="list-style-type: none"> » New health act recently enacted. » Sub-national management structures in place with delegated management responsibility, but very minimal authority (decision space). » Lack of a comprehensive health sector partnership coordination framework. 	<ul style="list-style-type: none"> » Need to review and update health sector regulatory frameworks in line with the new Health Act and the EHCP. » Need to update/review structure in line with the new Health Act and the EHCP » Need to address role clarity within and across levels of the system. » Need to develop and operationalize comprehensive health sector partnership framework. » Establish health sector partnership coordination structures and roles across levels.

Health Infrastructure	<ul style="list-style-type: none"> » Have many relatively new health facilities, some of which are underutilized across the country. » Maintenance of health infrastructure (biomed services) is centralized leading to delays and inefficiencies. 	<ul style="list-style-type: none"> » Need to develop compressive infostructure norms and standards guided by the new EHCP and health act; and focusing on the needs for building and facilities, medical equipment, IT infrastructure and Transport facilities. » Need to develop a comprehensive health infrastructure development plan focusing procurement/construction, service maintenance and decommissioning.
Health Products and Technologies	<ul style="list-style-type: none"> » The country uses a “pull system” of commodity supplies where health facility order commodities they need. » There are on-going efforts to streamline HPTs management process through the autonomation of the Central Medical Stores. » Long HPTs stock outs period is reported across all health service delivery levels. 	<ul style="list-style-type: none"> » Need to update the essential medicines list guided by the new EHP. » Need to provide Capacity support to operationalize the autonomized CMS. » Need to strengthen HPT strategic management capacity strengthening across all levels (national, regional, and facility level) for strategic commodity management. » Need to provide and mechanism for guiding “emergency procurement” for emergency commodities.
Health Information Systems	<ul style="list-style-type: none"> » Substantial progress in automation of data systems, » Disjointed of data system linkages leading to poor and/or lack of essential health and administrative information for decision making across levels. » Country is making progress to fully adopt operationalization of DHIS2. 	<ul style="list-style-type: none"> » Need to fully deploy and operationalize the integrated DHIS2 as the core health information system for the sector. » Need to develop a Comprehensive HIS strategy for guiding data collection, reporting and information flow in the sector.
Health Financing	<ul style="list-style-type: none"> » Health sector budget has been progressively decreased over the past few years. » Health sector budget servicing is low. » No comprehensive health financing strategy. » Routine recurrent finance management processes are highly centralized as the current PFM laws do not provide room for decentralized finance management responsibilities. 	<ul style="list-style-type: none"> » Need to fast track the finalization of the development of health financing strategy. » Need to progressively improve operational finance management autonomy for health facilities starting with referral/regional hospitals. » Need to set up strategies for addressing budget absorption bottlenecks. » Need to explore feasibility of Social Health Insurance scheme in the country. » Need to ensure the availability of a standardized benefit package of health (drawn from the EHP) at service delivery points to reduce out of pocket expenditure in the country.

2.2. Situation Analysis of Priority Health Services in the Country.

This section presents findings on the situation analysis on the organisation, delivery and coverage of priority health services in the country, and their respective strategic implications. These are summarised in Table 2 below.

TABLE 2. Analysis of Issues in Priority Health Services and Interventions

HEALTH SERVICE AREA	STRATEGIC FOCUS AREA	KEY ISSUES OF STRATEGIC RELEVANCE	POLICY AND STRATEGIC IMPLICATION
Essential Health Services addressing Common Health Conditions in the Country	Communicable Diseases Control	The country aimed to eliminate malaria by 2023 – however some 487 locally acquired cases have been reported in the last five years. Malaria case fatality is high .	» Strengthen malaria case management capacity in across all levels. » Accelerate national malaria elimination efforts.
		» HIV incidence rate and prevalence in the country are still high. » The country became the first African country to achieve the UNAIDS 95-95-95 target by 2021.	Accelerate targeted interventions to reduce the HIV burden in the country.
		» There has been steady decrease in new TB cases since 2010. » There was progress in reducing MDR TB from 4.5 to 4.3 in the last strategic plan. » TB mortality has been on the rise and the treatment success rate stands at 79%.	» Sustain efforts in TB screening can case detection. » Accelerate targeted interventions to improve TB treatment success rate and reduce MDR TB cases.
		There is absence of national NTD management guidelines. National NTD program has significant limited human and financial resources hindering progress.	» Accelerate existing interventions for targets NTDs. » Initiate targeted interventions for other NTDs.
	Non-Communicable Conditions	» Country witnessing an increasing trend of NCDs including hypertension, and diabetes. » Weak capacity for managing NCDs at primary care level. » High rates of overweight and obesity. » Lack of essential NCD medication and equipment hindering overall program effectiveness.	Initiate and accelerate NCDs control interventions by strengthening primary care facilities capacity for managing NCDs.

Determinants of Health (Enhancing Inter Sectoral Collaborations)	Cancers	<ul style="list-style-type: none"> » Country witnessed an increase in reporting for common cancers. » Insufficient capacity for routine screening for common cancers. » Lack of qualified human resource for managing the cancer diseases. » Lack of essential cancer medication and equipment hampering the overall treatment services. 	<ul style="list-style-type: none"> » Accelerate programs for control of common cancers including at PHC level. » Initiate programs for implementing the cancer screening services. » Increase the number of qualified human resource skilled in managing the cancers. » Expand the number of cancer drugs in the bid tendering process.
	Mental Health Management	The country aimed to increase the availability of mental health integrated services in 70% of facilities by 2023. But there lacks a data reporting system to track progress.	Increase capacity for diagnosis, control, and management of mental health especially in primary care level in the country.
	Reproductive, Maternal, Neonatal, Child Health and Immunization	Maternal, under-five and neonatal mortality trends have been reporting a downward trend.	Accelerate targeted RMNCH interventions.
		ANC attendance and skilled deliveries coverage have significantly improved	Need to accelerate access of essential RMNCH services at primary care level.
		<ul style="list-style-type: none"> » The national full immunization coverage rate achieved 77%, falling short of the 95% target. » Reported occasions of vaccine stockouts in the country. 	<ul style="list-style-type: none"> » Need to accelerate targeted childhood immunization interventions. » Strengthen PHC interventions
	Trauma and Injuries	Country witnessing increasing reporting/trends for trauma and injuries - esp. road traffic accidents (RTAs).	<ul style="list-style-type: none"> » Need to Strengthen multisectoral collaboration to reduce RTs. » Need to strengthen trauma emergency response services
	Social Determinants of Health	Progress in adolescent birth rate in the country but fell off the 2023 target.	<ul style="list-style-type: none"> » Need to accelerate more efforts to reduce adolescent birth rate. » Need to accelerate efforts to increase adult education rates.

	Environmental Determinants of Health and Climate Change	There are increasing cases of Low Birth Weight and Stunting in the country are high.	» Accelerate nutritional interventions. » Improve food-security in the country.
		» Occasional flooding in parts of the country disrupting accesses to health services.	» Accelerate interventions for mitigate against flooding.
		» Injury and deaths, as a result of flash floods and cyclones (strong winds).	» Increased awareness of context-specific, climate-induced threats to health and mitigation of risks all levels, focusing on vulnerable populations.
	Economic Determinants of Health	Country has been re-based as an upper middle-income country leading to loss of traditional donor support into health sector.	Need to increase mobilization for domestic financing for health interventions.
		High rates of OOP expenditure (direct transport costs) during process of access to health services.	Ensure availability of a publicly funded health benefit package to all citizens.
		Currently no user fees levied at point of care in public sector.	
Health Security	Political/Civil Determinants of Health	The country has implemented ICD11 coding – but yet to implement a system for verbal autopsy.	
	International Health Regulations	Legal and regulatory framework for IHR in place.	Strengthen the operationalisation of institutions for implementing IHR.
	Disease Surveillance and Response	» The country has developed public health structures, including a fully activated Public Health Emergency Operations Centre. » The country uses the Integrated Disease Surveillance and Response (IDSR) framework as a backbone to implement surveillance activities.	» Strengthen the functionality of the PHEOC. » Strengthen IDSR implementation in the country.
	Inherent/Everyday Health System Resilience	System level capacity for addressing everyday (chronic) challenges and stressors progressively increasing.	Accelerate system level capacity strengthening for addressing everyday (chronic) challenges and stressors progressively increasing.

2.3. Situation Analysis of Health System Outputs in the Country.

This section presents findings on the situation analysis of the health system outputs in the country. These are summarised in Table 3 below.

TABLE 3. Analysis of Issues in Health System Outputs in the Country

STRATEGIC AREA	FOCUS AREA	KEY ISSUES OF STRATEGIC IMPORTANCE	STRATEGIC IMPLICATION
Health System Outputs: Demand, Access Quality of Care and Health System Resilience	Demand for essential services	Demand for essential health services in the country is low as depicted by the low coverage with proxy indicators of demand.	Need to institute various health proportion strategies for creating and improving demand for health services.
	Access for Essential Health Services	Geographic access to health services is good, with all citizens living within 8 KMs to a health facility.	
		High Out of Pockets (OOP) costs while accessing care – due to constant commodity stock outs.	Need to address economic access barriers.
		Socio-cultural barriers still exist especially for certain service categories.	Address socio-cultural access barriers through health education and promotion.
	Quality of Care of Essential Health Services	Routine quality of care (QoC) monitoring system is weak across health service delivery levels.	Need to strengthen QoC system including tracking and monitoring across all service delivery levels.
	Health System Resilience	The country has established systems for improving disease surveillance and response Routine IDSR reporting is still a challenge across all service delivery levels .	Strengthen IDSR systems.
		Health system capacity to address everyday/chronic health system challenges across all levels of the system is weak.	Need for capacity strengthening to build “everyday (inherent) health system resilience capacity.

Equity and Efficiency in Resource Allocation and Resource Use	Equity in allocation and distribution of health resources	<p>Majority of the health services – specifically secondary and tertiary facilities are predominantly in the urban areas.</p> <p>Disproportionate allocation of health resources to curative services which are mainly found in urban centres.</p>	<p>Address geographic access barriers for specialized essential health services to enhance equity in health services access.</p> <p>Need to progressively increase allocation to primary facilities to reach more people with essential health services.</p>
	Efficiency in utilization of health sector resources	<p>The system investments are biased toward curative care in hospitals which tends to increase services cost.</p> <p>Low levels of worker productivity in the public sector because of staffing shortages and in availability of appropriate technologies.</p>	<p>Reorientate the service delivery system to increase allocation to health promotion and prevention.</p> <p>Address HRH availability, retentions, and motivation in public sector.</p>
UHC and other health related SDGs	Progress in attainment of UHC	<ul style="list-style-type: none"> » UHC SCI is increasing trends from 33.63 in 2000 to 63 in 2017. » In recent years, SCI slightly decreased to 55.8 in 2023. 	Accelerate interventions / investments to improve availability of essential services, Population coverage with essential services and enhance financial risk protection.
	Progress in coverage for other health related SDGs	<ul style="list-style-type: none"> » Some progress in reducing burden of communicable diseases (Malaria, HIV/AIDS, and TB), and NTDs. » Good improvements in maternal health interventions. 	Accelerate interventions to sustain gains.

2.4. Health Sector Strengthen, Weaknesses, Threats, and Opportunities (SWOT) Analysis.

This section presents a summary of the SWOT analysis findings. These are summarized in Table 4 below.

TABLE 4. Health Sector Strengths, Weaknesses, Threats, and Opportunities (SWOT) Analysis.

HEALTH SECTOR INTERNAL ENVIRONMENT		
Variables	Strengths	Weaknesses
Strategic focus	<ul style="list-style-type: none"> » The health sector had a 5-year strategic plans, aligned to the overall government NDP. » Priorities outlined in the NHSSP guided some of the program strategic and operational plans. 	<ul style="list-style-type: none"> » Some of the NHSSP priorities and indicators were not translated into program strategies and monitoring indicators. » A number of health sector actors are not familiar with the contents of the NHSSP. » Health service delivery has focused on curative services with limited support to the primary role of health promotion, prevention, rehabilitation.
Structure for implementation	MoH has a clear organization with management and coordination structures at national, regional and facility levels.	The regional and facility level management structures have delegated mandates but no authority and resources to carry out the mandates
Systems to support implementation	There is availability of good health infrastructure for the implementation of the NHSSP.	Severe staffing shortages across all levels hampering service delivery
Shared values by different stakeholders within the health sector	Support partners and stakeholders in the country are aligned with the MoH vision and values.	There is limited coordination of donor support in the sector.
Style of management/ leadership	<ul style="list-style-type: none"> » Strong political will and ownership of the health sector strategic agenda. » Highly motivated and skilled health managers across various levels of the system. 	Weak coordination mechanisms between national MoH and RHMTs.
Staff presence	Currently most of the established positions in the staffing establishment have been filled.	<ul style="list-style-type: none"> » Severe staff shortages hampering service delivery. » Inequitable distribution within the sector, across geographic locations, and by services and service settings.
Skills among staff	Health facilities have qualified staff as per the staff establishment of each level.	Inadequate skill mix at the various health facility levels, e.g., inadequate specialists .
Health Sector External Environment		

HEALTH SECTOR INTERNAL ENVIRONMENT		
Variables	Strengths	Weaknesses
Variables	Opportunities	Threats
Political issues	<ul style="list-style-type: none"> » Good political support for the health sector at all levels » A mixed traditional and modern governance system in practice 	Highly centralized public finance management system in the country.
Economic issues – funding environment	<ul style="list-style-type: none"> » Government is the main funder of the health sector. » Expanding private sector. 	<ul style="list-style-type: none"> » Donor funding support for the health sector has been decreasing. » Funding remains skewed towards communicable diseases despite the threat of NCDs. » Limited manufacturing and production of health and related commodities.
Sociological issues– societal/ healthcare worker values attitudes and beliefs	Promotion and advocacy for both curative and preventive health services.	<ul style="list-style-type: none"> » Unhealthy lifestyles – alcohol and tobacco use » Diverse social groups (e.g., nomads) » Cultural practices (e.g., child marriages) » Substance abuse
Technological issues	<ul style="list-style-type: none"> » Increasing use of online and other virtual platform in the health sector. » Political will to support digitization of the health sector. » Service level CMIS in place. 	<ul style="list-style-type: none"> » Lack of a comprehensive integrated health information system » Challenges around collecting data from the private sector.
Ecological issues	Emerging resilience and coordination in responding to emerging Public Health threats (e.g., COVID-19).	Limited responsiveness to emergencies.
Legislative issues - legal framework	Several legal instruments to support health sector governance are under development.	Some legal documents too old/outdated to address contemporary health challenges.
Environmental issues	National Disaster Risk Preparedness Management structures are in place.	Threats from climate change – drought, floods, excessive temperatures.



Strategic Directions



Chapter 3. Strategic Framework

3.1. Values and Principles

The implementation of this NHSSP 2024/2025-2027/2028 shall be guided by the following values and principles:

- **Health as a basic human right:** The government, through the MoH shall strive to advance the entitlement of essential health services to all citizens.
- **Political Commitment:** The Government of the Kingdom of Eswatini and its leadership undertakes the commitments to implement this NHSSP 2024/2025-2027/2028.
- **Equity in distribution of health services and interventions:** The government shall strive to enhance and ensure equity in the allocation of health resources and provision of health services to all citizens.
- **People-centred approach and social accountability in delivery of health services:** The government shall ensure that the organisation and provision of health services in the country is responsive and accountable to all citizens.
- **Efficiency in application of health technologies:** The government shall strive to enhance efficiency in the management of health sector resources in the country.
- **Intersectoral action for health.** The government shall adopt a whole of government approach in the implementation of this NHSSP 2024/2025-2027/2028.
- **Primary Health Care:** The government will revitalise PHC in the country as the core approach to the attainment of the national UHC goals.

3.2. Mission Statement

To undertake the promotion and provision of high quality, accessible, acceptable, affordable, effective, equitable and efficient promotive, preventive, curative, rehabilitative and palliative health services to all citizens of Eswatini.

3.3. Vision Statement

To attain the universal access and utilization of acceptable, affordable, effective, equitable and efficient promotive, preventive, curative, rehabilitative and palliative health services to all populations in Eswatini.

3.4. Strategic Goal

Accelerating progress towards the attainment of UHC and other health related SDGs

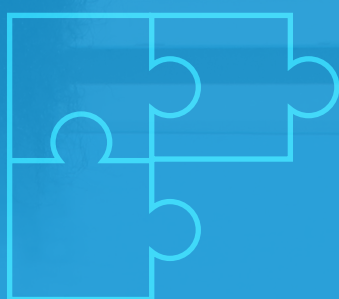
3.5. NHSSP 2024-2028 Strategic Framework

This NHSSP 2024-2028 shall be conceptually guided by a framework (figure 2) which broadly outlines the health sector investments (**Health System Inputs/Building Blocks**) to produce specific health system outputs (**the strategic objectives**), which in turn will lead into the health system functioning (**health system performance**) to meet the long-term goals of the health system (**strategic aspirations**).

FIGURE 2. NHSSP 2024/2025-2027/2028 Strategic Framework







Chapter 4. The Strategy

Following on the situation analysis, which was informed by the NHSSP 2019-2023 ETR, this new National Health Sector Strategic Plan 2024/2025-2027/2028 has identified five strategic objectives addressing **five focus areas**. Table 5 below outlines the five strategic objectives along the strategic focus areas.

TABLE 5. Summary of Policy Objectives and Focus Areas

STRATEGIC FOCUS AREA		STRATEGIC OBJECTIVE
1	Health System Inputs and Investments	Strengthen Health System Development for Attainment of <i>Universal Health Coverage</i> and Other Health related <i>Sustainable Development Goals</i> targets in the country.
2	Health System Outputs	Maximise Health System Outputs for the Attainment of <i>Universal Health Coverage</i> and Other Health Related <i>Sustainable Development Goals</i> targets in the country.
3	Health Services Prioritization and Provision	Expand Health Service Coverage for all health conditions for affecting all Citizens in the Country.
4	Inter Sectoral Collaborations in Health Care Provision	Strengthen Inter Sectoral Collaboration to address all (Non-Biological) Determinants of Health in Eswatini.
5	Health Intelligence and Security	Enhance Health Security and Health Intelligence capacity in the country.

4.1. Strategic Objective 1: Strengthen Health System Development for Attainment of Universal Health Coverage and Other Health Related Sustainable Development Goals Targets in Country

4.1.1. Introduction

This strategic objective focuses on the strategic actions that the sector will be undertaking in guiding strategic actions along the health system inputs and investment areas. This objective aims to appropriately equip the health system in the country to be able to function optimally, for the attainment of the countries health goals.

Specifically, this strategic objective outlines the priority interventions for the seven, health system building blocks namely:



» Service delivery systems



» Human resource for health



» Health infrastructure



» Health products and technologies



» Health information systems



» Health financing



» Health leadership and governance

4.1.2. Service Delivery Systems

This strategic area focusses on the organisation of essential health services in the country. It outlines the objectives and priority interventions that shall be undertaken to ensure availability and access of essential health services to all. The Table 6 below summarises the objectives and strategic interventions for this strategic area.

TABLE 6. Summary of objectives and strategic interventions for service delivery systems

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Essential health services	Develop and Implement the Essential Health Care Package (EHCP) for the country	<ul style="list-style-type: none"> » Elaborate a comprehensive EHCP outlining all essential health services and interventions to be provided to all citizens across all age cohorts and across service delivery levels – in the country. » Outline a universal benefit package drawn from the EHCP to be universally provided at the various levels of care. » Implement a standard universal benefit package across the various level of care based on existing capacity. » Progressively increase the interventions and services on the benefit package across all levels of care to move toward the EHCP, as health system capacity is improved over time.
Healthcare referral system	Develop and implement national health services referral and linkages system	<ul style="list-style-type: none"> » Develop a comprehensive referral framework and strategy to guide the four components (patient movement, health worker movements, sample movements parameters movements) and linkages pathway. » Develop referral and linkages policy. » Implement gatekeeping policy/guidelines to guide entry into care at the various levels of the referral pathway to enhance service provision efficiency across various levels.
Emergency medical services	Strengthen national emergency medical dispatch system	<ul style="list-style-type: none"> » Integrate national dispatch protocol to include all other EMS stakeholders. » Review and monitor ambulance regulations and standards. » Equip Emergency Call Centre with required resources to meet demands and expectations of the system.
	Strengthen national emergency medical pre-hospital service and post crash care.	<ul style="list-style-type: none"> » Build Capacity for ambulance responders. » Establish public private partnership policy and program for emergency response. » Procure additional ambulances to be placed at regional levels. » Integrate facility-based ambulances into ambulance National dispatch system. » Develop fuelling and maintenance plan for response vehicles.
Clinical Nutrition and dietetics Services (Medical Nutrition Therapy services)	Coordination of clinical nutrition services	<ul style="list-style-type: none"> » Establish a functional clinical nutrition and dietetics unit/ department for the ministry of Health.

To improve and scale up clinical nutrition and dietetic services and practices	<ul style="list-style-type: none"> » Develop and disseminate standard operating procedures (SOP) for nutrition and dietetics: protocol on nutrition management in diseases and conditions; inpatient feeding protocol. » Develop and disseminate clinical nutrition tools: screening, inter-facility referral, patient feeding monitoring and service quality management tools. » Develop and disseminate basic training and patient safety package for clinical nutrition and dietetics. » Develop and disseminate guidelines, strategies and policies on clinical nutrition and dietetics: guidelines for nutritional management of patients in disease and illness; home-based care guidelines for nutrition; guidelines on therapeutic food production units.
Improved technical capacity for clinical nutrition and dietetics in disease management	<ul style="list-style-type: none"> » Develop basic essential clinical nutrition and dietetics care package in diseases. » Build the capacity of the health workers in clinical nutrition and dietetics care package at all levels of care.
To strengthen and promote appropriate use of clinical nutrition commodities	<ul style="list-style-type: none"> » Strengthen procurement of clinical nutrition commodities for feeding and management of special medical conditions based on inpatient and outpatient feeding protocols. » Review and update the hospitals and health centres inpatient catering menus and tender documents.
Advocate for integration of clinical nutrition therapy in prevention and control of NCDs into policies across all sectors	<ul style="list-style-type: none"> » Develop/review existing standards and regulations on healthy diets, NCDs and physical activities. » Develop policies and guidelines on nutrition and NCDs. » Develop legislations on advertising, packaging, labelling and marketing of foods and beverages.
Integrate clinical nutrition agenda for prevention and control of NCDs into relevant policies across all government and private sectors	Enhance participation of clinical nutrition in NCDs Inter-Agency Coordinating Committee consisting of representatives from all sectors, national, country government and development partners.
<ul style="list-style-type: none"> » Advocate for inclusion of clinical nutrition content in both print and electronic media » Strengthen behaviour change communication on the consumption of healthy diets among the populations 	<ul style="list-style-type: none"> » Develop behaviour change communication strategy on clinical nutrition. » Develop key messages, advocacy tool kits and sensitize media, journalist and editors on clinical nutrition and dietetic services. » Create public demand for physical activity and healthy diet at workplace, institutions and community.

Laboratory services	Increase access to quality laboratory services at all levels of the healthcare system	<ul style="list-style-type: none"> » Improve laboratory linkage and referral systems to increase access in diagnostic services. » Standardize the introduction, Optimization and roll out of modern technologies and tests. » Strengthen quality assurance for all examination processes. » Strengthen and sustain a laboratory quality management system towards accreditation. » Strengthen National Public Health laboratory linkages and referral systems to increase access to diagnostic services for emerging and re-emerging public health threats.
	Strengthen the availability of health workforce at all levels of the laboratory network	<ul style="list-style-type: none"> » Map and define the operational Laboratory organogram and reporting structure at National, Regional and Facility Level. » Establish a clearly defined Induction and deployment Procedure and conduct in-service training for laboratory staff. » Strengthen coordination of laboratory of human resources to ensure optimization, increased productivity, and improved performance. <p>Recruit, deploy and retain staff to adequately provide laboratory services in the country.</p>
	Strengthen availability of essential laboratory equipment	<ul style="list-style-type: none"> » Establish and maintain a national equipment inventory list that is accessible to all health facilities. » Develop tool for national equipment inventory list. » Develop a service and maintenance plan system for NSTS. » Strengthen local capacity of calibrating auxiliary equipment (e.g. pipette aids, thermometer etc.) » Establish and implement a preceptorship training program.
	Ensure uninterrupted supply of good quality laboratory commodities	<ul style="list-style-type: none"> » Strengthen forecasting and quantification process to ensure reliable and accurate projections to track and monitor implementation of supply plan output. » Capacity building on inventory management, good storage practices and LMIS reporting and ordering for lab personnel at facility level.
	Promote laboratory-based research	<ul style="list-style-type: none"> » Build capacity of laboratory professionals on research methodology, ethics, and data analysis.
	Strengthen laboratory monitoring and evaluation system	<ul style="list-style-type: none"> » Improve lab data quality through capturing, results reporting and monitoring. » conduct semi-annual data quality assessments. » Provide support for a well-functioning LIS and LIS and CMIS interoperability in the EHLS network. » Develop & install mini-LIS API module in CMIS. » Improve result return using digital platforms (AI, SMS, email).

	Strengthen the EHLS Leadership and Governance	<ul style="list-style-type: none"> » Develop an EHLS Fiscal framework that addresses the fiscal needs to optimize operations and maximize compliance to lab service standards. » Develop coordinated, proactive, and inclusive procedures for budgeting and budget execution. » Develop a resource mobilization and advocacy strategy. » Review the current organizational structure of the EHLS to meet new developments in the network i.e. EHLS Directorate.
Medical Imaging services	To provide quality medical imaging services to all the people in Eswatini	<ul style="list-style-type: none"> » Improve the coverage of imaging services. » Equip at least 2 regional facilities with advanced imaging modalities like (Mammography, Fluoroscopy, CT scan and MRI.) » Establish a medical imaging referral and reporting system through the use of technology (telemedicine).
	Establishment of a radiotherapy unit at the national oncology centre	<ul style="list-style-type: none"> » Introduce the use of appropriate equipment and technology for diagnosis and treatment of cancer. » Collaborate with key stakeholders in the training of core radiation therapy personnel. » Collaborate with key stakeholders in the acquisition of radiation therapy equipment.
	Strengthen coordination, leadership and governance of imaging services	<ul style="list-style-type: none"> » Establish a national medical imaging organizational structure with clearly defined roles and responsibilities. » Ensure that the construction and renovation of medical imaging facilities conform to the international and national radiation safety guidelines. » Strengthen Radiology information systems to promote medical imaging performance, quality patient care, communication, planning, and policy, while keeping abreast with latest technological advances. » Ensure resource mobilization for expansion of imaging services and Improved access to imaging equipment. » Establish and maintain a robust legal framework for the regulation of medical imaging services and medical imaging personnel. » Ensure that the national legal and regulatory framework components are initiated and strengthened to enforce licensing, registration and control and regular inspection of all medical imaging services and practices in the country and maintain quality standards for medical imaging services in collaboration with relevant regulatory bodies.
Community Health Services	Strengthen the delivery of integrated comprehensive and high-quality community health	<ul style="list-style-type: none"> » Deliver a standardized, integrated essential package of community health services. » Increase coverage for community health services. » Increase demand and utilization of community health services. » Strengthen and streamline referral and follow up mechanisms to reinforce linkages between the community and health facilities. » Strengthen the capacity of community health workforce for the provision of high-quality CBHS. » Strengthen the provision of high-quality community health services.

Build an equipped, competent, committed, motivated, equitably distributed and well compensated community health workforce	<ul style="list-style-type: none"> » Review and institutionalize the community health personnel scheme of service and career progression. » Strengthen the capacity of the CBHS supervisors on mentorship and supervision. » Operationalize a performance management framework for CHWs using the “DESC” approach. » Ensure optimal and standardized recruitment and deployment of CHWs. » Provide a harmonized and standardized framework for financial and nonfinancial remuneration and incentivizing of CHWs.
Engage and empower communities for accountability and improved health outcomes	<ul style="list-style-type: none"> » Enhance effective mobilization of families, communities and citizens for community engagement and participation. » Improve community participation in governance, coordination, collaboration, planning and implementation of community health interventions.
Ensure the availability essential commodities and supplies at community level	<ul style="list-style-type: none"> » Ensure commodity security, quality, and safety of CBHS supplies. » Digitize and integrate CBHS PSCM into the national PSCM.
Increase availability, quality, demand, and utilization of community health data.	<ul style="list-style-type: none"> » Standardize community health indicators. » Enhance the capacity of the CHW to effectively collect, collate and report quality community health data. » Provision of reporting tools at community level. » Develop and implement a harmonized digital community health information system. » Improve the use of data in decision making, data review for decision making and evidence generation. » Establish Community Based Surveillance (CBS) system. » Institutionalize social accountability in the quality of PHC services using community health data. » Institutionalize social accountability in the quality of primary health care services using community health data.
Mobilize and increase sustainable Resourcing for community health	<ul style="list-style-type: none"> » Develop mechanisms for resource mobilization at national level. » Engagement of stakeholders for efficient resource distribution. » Develop mechanisms for resource mobilization for community health services. » Diversify sources of financing.
Strengthen leadership, stewardship, management, and coordination of community health governance structures at all levels	<ul style="list-style-type: none"> » Re-establish a functional CBHS structure. » Strengthen leadership and multi-sectoral coordination, planning and implementation of CBHS.
	<ul style="list-style-type: none"> » Implement Human Rights community approach to reduce human rights barriers to health services.

National Blood Transfusion Services	Strengthen blood transfusion services necessary to meet the blood requirements for all patients in the country (at least 15 units per 1000 population)	<ul style="list-style-type: none"> » Implement Donor Recruitment and Retention strategies to grow and diversify a sustainable donor base, including community engagement and awareness campaigns. » Ensure Provision Safe Blood by collecting blood from 100% Voluntary Non-remunerated Blood Donors (VNRBD), testing, processing, storage, and distribution of blood and blood products while meeting the highest international blood safety standards. » Capacitate Pre-transfusion testing laboratories to improve compatibility testing and pre-natal ABO/RH-D screening. » Ensure provision of plasma derived medicinal products (PDMP (i.e. albumin, clotting factors, etc.))
	Increase recruitment of qualified HRH to support decentralized regional blood bank services	<ul style="list-style-type: none"> » Ensure recruitment and retention of adequate, medically qualified, and competent human resource at national and regional level.
	Develop effective mechanisms to assist in the selection, procurement and maintenance of equipment, devices, and consumables	<ul style="list-style-type: none"> » Ensure provision of adequate premises, equipment, and furniture to operationalize decentralized services. » Ensure adequate and appropriate transport for regional blood banks.
	To Ensure Continuous Supply of blood bank Commodities, Reagents and Supplies	<ul style="list-style-type: none"> » Develop and maintain robust supply chain management system to ensure uninterrupted supply of critical supplies for blood collection centres and compatibility testing laboratories at national and regional level.
	Develop an effective national system for the collection and management of data, monitoring and evaluation, research and development	<ul style="list-style-type: none"> » Acquire and install robust blood management information system (BMIS).
	Strengthen organizational financial resource base	<ul style="list-style-type: none"> » Develop a financial plan to ensure the blood bank's operations are sustainable in the long term, including exploring funding opportunities and cost-saving measures.
	Strengthen leadership and governance of the national blood transfusion service	<ul style="list-style-type: none"> » Develop and implement a national blood transfusion policy. » Set national standards for quality of blood and blood products, services, processes, and systems. » Develop a framework for a regulatory mechanism for the registration, licensing, operation, and inspection of the national blood transfusion service. » Ensure adequate and sustainable financing for the national blood transfusion service.

To expand the blood transfusion infrastructure to operate adequately within a decentralized health care delivery system

» Establish two more regional blood collection fixed sites at Lubombo and Hhohho region.

To promote appropriate clinical use of blood and blood products

» Promote rational use of blood and blood products.
» Strengthened Hemovigilance in transfusing facilities.

4.1.3. Human Resources for Health

This strategic area focuses on the strategic investments and actions that shall be undertaken in strengthening Human Resources for Health (HRH) in the country. It outlines key priority interventions that shall be undertaken across the entire cycle of HRH management. The Table 7 below summarises the objectives and strategic interventions for this strategic area.

TABLE 7. Summary of objectives and strategic interventions for human resources for health

FOCUS AREA	OBJECTIVE	STRATEGIC INTERVENTIONS AND ACTIVITIES
HRH Governance Regulation and Management	Enhance capacity of HWF in management, planning, leadership, and coordination	» Conduct a national Workload Indicators of Staffing Need (WISN) based on the new essential package of care.
		» Review public sector HRH staffing establishment based on the new HRH norms and standards.
		» Develop a compressive HRH strategic plan focusing on the entire HRH management cycle: production, attraction and recruitment, retention, motivation and career progression and succession planning.
		» Develop comprehensive HRH norms and standards to determine appropriate HRH numbers and skills mix for delivery of the essential health care package.
		» Strengthen the use of data in planning and reporting of health interventions and outcomes to strengthen accountability for the health workforce.
		» Develop and implement mechanisms, structures, and tools for integrated planning, implementation, and monitoring to increase efficiency and sustainability.
		» Scale up the Human Resources Information System.
	Improve health workforce regulation	» Strengthen Health Professionals Councils and regulatory bodies.
		» Improve monitoring of health workforce compliance with professional code of conduct .
		» Improve registration and licensure of health workforce
	Optimise management of HRH to ensure equitable distribution, retention and performance	» Build capacity of HRH managers and planners in management, planning, leadership, and coordination .
		» Develop a comprehensive retention strategy.
		» Conduct leadership and governance needs assessments.
		» Train senior managers and supervisors on identified capacity needs in leadership and governance.
		» Expand HRH employment to accelerate service coverage.

Strengthen education and training of health professionals to address health needs.	Improve health workforce training quality	<ul style="list-style-type: none"> » Streamline HRH production in the country to focus on country priority skills need. » Explore collaborative arrangement with regional universities to establish a collegiate training system for in country training of medical specialists. » Develop and implement a comprehensive master HRH training planning and a competency framework for the training of Health Workers in the Country. » Institute a rural pipeline program where some training slots are tied to employment opportunities in rural and underserved areas. » Build capacity for regular skills gap analysis to determine training needs. » Establish and enforce standards for quality needs-based training at all levels. » Train healthcare workers on new treatment guidelines, technological advancements, and emergencies. » Integrate improvement competencies into pre-service and in-service training to equip health workers with competencies to innovate, test, study, implement and spread changes.
Optimise management of the health workforce to ensure equitable distribution, retention and performance	Implement a Comprehensive HRH Performance Management System	<ul style="list-style-type: none"> » Operationalize the Performance Management System » Advocate for adequate resources for all health workers in order to ensure functionality of PMS.
	HRH attraction and retention in public service	<ul style="list-style-type: none"> » Review schemes of service. » Train health care workers and sensitize on how to handle discrimination, harassment, and grievances at work. » Develop a workplace wellness plan to identify and address psychological challenges affecting health care workers.
	Improve workplace conditions.	<ul style="list-style-type: none"> » Train all staff in health facilities and mentor them on safety at the workplace as best practice. » Conduct annual analysis of personal protection equipment (PPE) needs and other working tools to improve service delivery. » Implement Safety policy and guidelines for health workers.
	Reduce absenteeism.	<ul style="list-style-type: none"> » Use duty monitoring systems at all levels to reduce absenteeism. » Link attendance to duty tracking with duty rosters scaled up to all health facilities. » Monthly individual reporting done at all levels.
Expand health workforce employment to accelerate service coverage and attainment of key health targets.	Recruitment and deployment	<ul style="list-style-type: none"> » Optimize HRH recruitment to address staffing needs by cadres across all levels guided by the EHCP. » Re-focus and prioritize recruitment and deployment of HRH to primary health services. » Re-focus and prioritize recruitment and deployment of HRH to primary health services. » Recruit and retain annually to achieve the targeted 100% staffing Complement. » Develop annual costed plan for recruitment and retention health workforce.

Monitoring and Evaluation of health workforce collaborative activities	Scale up the Human Resources Information System	<ul style="list-style-type: none"> » Ensure a functional HRIS system, including software /hardware maintenance and staff trainings. » Update regularly HRIS database at all levels. » Share information from the developed dashboards and annual HRH analysis to stakeholders to inform decision making. » Capacity building for HRIS data use at National and regional level. » Develop robust HRH Information System (HRIS) and National Health Workforce Accounts (NHWA).
	Develop and implement monitoring mechanisms	<ul style="list-style-type: none"> » Prepare annual plans and identify and agree on priority change and responsibilities. » Prepare regularly and annual reports to communicate successes and outcomes of interventions of all stakeholders. » Carry out HRH audits. » Define success criteria and indicators of health workforce actions and how they will be measured. » Strengthen HRH TWG for decision making. » Conduct mid and end-term evaluation of the HRH strategic Plan.

4.1.4. Health Infrastructure

This strategic area focuses on the strategic priority interventions that the sector shall undertake to progressively improve health infrastructure in the country. It focuses on the four broad health infrastructure elements namely: Building infrastructure, plant and equipment infrastructure, IT infrastructure and motor vehicles.

The Table 8 below summarises the objectives and strategic interventions for this strategic area.

TABLE 8. Summary of objectives and strategic interventions for health infrastructure

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Health infrastructure governance and management	Strengthen strategic planning for infrastructure development	<ul style="list-style-type: none"> » Develop Norms and Standards for health infrastructure for provision of the essential health care package. » Establish and maintain an up-to-date comprehensive digital national health infrastructure inventory.
	Strengthen asset management	<ul style="list-style-type: none"> » Develop Electronic Asset management system for MOH facilities and Buildings (medical and non-medical equipment).
Building Infrastructure	Ensure availability and functionality of required physical infrastructure	<ul style="list-style-type: none"> » Orientate maintenance team on physical infrastructure maintenance and construction. » Strengthen capacity for biomed department to provide routine service maintenance of health infrastructure. » Develop and adopt maintenance standards. » Develop and implement Infrastructure Development Plan.
	Establish and maintain an organizational structure (Project implementation unit (PIU) with qualified staff and resources to support management of infrastructure	<ul style="list-style-type: none"> » Design and organize training for workers in order to increase skills and awareness of construction risks as well as mitigation of measures. » Initiate regular targeted refresher training for Biomed and Planning Unit who are responsible infrastructure management, prior to the project implementation or throughout the construction period.
Plant and Equipment	Strengthen strategic management of plant and equipment	<ul style="list-style-type: none"> » Train in Medical equipment procurement in terms of effectiveness, efficiency, and sustainability. » Develop medical equipment policy through medical equipment technical working group for the regulation of medical equipment. » Design and implement training on maintenance series and external guidance methodology, which includes preventive and corrective maintenance. » Initiate computerized medical equipment management systems which will help pinpoint or predict a gap at any hospital or facility. » Recruit vacant and creation for new posts for Infrastructure and Oxygen Plants.

Transport infrastructure	Transport fleet management	» Improve fleet usage policies.
		» Enforce fleet controls.
		» Ascertain transport needs.
		» Improve disposing exercise for old fleet.
		» Resource mobilization for fleet management.
		» Develop an electronic fleet management system.
	Fleet maintenance	» Improve fleet maintenance.
		» Effective and timeous maintenance adherence.
	Fuel security	» Adequate availability and access to fuel. Increase fueling facilities.
		» Improve fuel security and usage.
		» Adhere to fueling policies and capacity building.

4.1.5. Health Products and Technologies

This strategic area focuses on the strategic interventions that the sector shall undertake in improving availability of quality medical products and technologies at all service delivery points in the country.

The Table 9 below summarises the objectives and strategic interventions for this strategic area.

TABLE 9. Summary of objectives and strategic interventions for health products and technologies

FOCAS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Strengthen leadership, management and governance for HPTs	Facilitate transition CMS to a semi-autonomous institution to improve efficiency and effectiveness of HPT management	» Establish and strengthen the management and coordinating bodies for CMS and supply chain management.
	To strengthen HPT supply chain management capacity across all levels of the systems	» Facilitate functionality of supply Chain Technical Working Group and Sub levels for effective. » Strengthen the Supply Chain Technical Working Group (TWG) to include all programs. » Establish the supply chain Sub-committees. » Capacity strengthening across all levels (national, regional, and facility level) for strategic commodity management.
	Strengthen HPT governance capacity across the system	» Establish and operationalize Medicine Therapeutic committees across all levels of the health system. » Conduct regular routine continuous medical education seminars to provide update of changes in rational prescribing practices. » Establish system for monitoring rationale prescribing practice.
	To improve product selection and procurement	» Revise and update the essential medicines list guided by the essential health package. » Develop national catalogue of health commodities to meet international standards. » Support standard Treatment Guidelines Essential Medicines List technical working group (STG/EML TWG) to review and implement new medicines recommendations.
	Enhance the capacity for strategic planning and management of health products across all levels of the system	» Develop a new strategic plan for Supply Chain Management. » Develop National Commodity Security Plan.

	<p>To strengthen forecasting and supply planning for all health commodities</p> <p>To improve health commodity security systems at all levels</p>	<ul style="list-style-type: none"> » Strengthen the policy guide for forecasting and supply planning. » Build capacity in quantification and supply planning at all levels. » Conduct an integrated and standardized approach for the annual forecasting & supply planning of all commodities. » Disseminate the annual forecasting & supply planning results to all relevant stakeholders. » Establish a mechanism for guiding “emergency procurement” for emergency HPTs commodities. » Streamline and strengthen forecasting and quantification, procurement, warehousing and storage, facility level stock management of HPTs. » Ensure continued availability of good quality essential HPT commodities across all service delivery levels. » Establish a monitoring and tracking processes for the supply chain system of all essential HPTs. » Establish and strengthen routine surveillance for adverse drug reactions. » improve distribution of health commodities from CMS to facilities. » Establish a mechanism for guiding “emergency procurement” for emergency HPTs commodities.
Strengthen health workforce for HPTs	To increase supply chain staff at all levels for efficient commodity management	<ul style="list-style-type: none"> » Conduct a comprehensive assessment of the supply chain human resource needs. » Develop a costed organizational structure and workforce development plan for supply chain management. » Implement key recommendations of the comprehensive assessment of the supply chain human resource needs. » Create a budget line for MoH in-service supply chain training, monitoring, and evaluation at all levels. » Establish opportunities for multitasking for staff as strategy for sustaining human resources within supply chain operations.
Improve HPTs management infrastructure	Improve Warehousing and inventory management	<ul style="list-style-type: none"> » Engage a consultant to review the current operations in CMS warehouses. » Implement key recommendations of CMS operations assessment report. » Improve the use of barcode scanners and ensure that they align with CMS warehouses. operations. » Implement quick wins (5S, dived bins, fast moving inventory list, Zpick and S pick, dally planner for improved operations. » Update Standard Operating Procedures to align with recent practices.

Improve warehouse IT management system

- » Update version of NAVISION warehouse management system for improved effectiveness of the CMS.
- » Conduct staff training on NAVISION and create access for information purposes to staff and HQ officials.
- » Ensure engagement of IT support staff.
- » Improve IT security and cyber protection for all levels of supply chain management.

Improve maintenance planning for CMS infrastructure

- » Develop maintenance plan for all vehicles.
- » Dispose of all old and non-useable vehicles.
- » Conduct assessment of all equipment at CMS with the ideal maintenance plan for each.
- » Develop maintenance plan that is costed for use in advocacy.
- » Conduct an evaluation of the CMS premises.
- » Strengthen regional transportation capacity for monitoring and reporting support to facilities.

4.1.6. Health Information Systems

This strategic area focuses on the strategic interventions that the sector shall make in the strategic health information systems so as to improve relevant data and information availability for decision making across all levels of the health system.

The Table 10 below summarises the objectives and strategic interventions for this strategic area.

TABLE 10. Summary of objectives and strategic interventions for health information systems

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Strengthen the coordination and governance functions for the country's health strategic information system	» Develop strategic documents that will guide coordination of the SI, to enhance coordination, communication, partnerships ensuring that relevant stakeholders are kept informed and engaged	» Develop strategic information (SI) strategic plan. » Develop SI policy. » Develop unit operational plans. » Review data management SOPs. » Establish and operationalize SI TWG and sub committees. » Coordinate all routine program monitoring, surveillance, evaluations, and reviews and research in the health sector.
	» Enhance leadership capabilities within the SI by providing training and development opportunities	» Conduct trainings/workshops to strengthen leadership skills.
	» Monitor and evaluate the effectiveness of coordination and leadership efforts in strategic information for health	» Conduct an assessment on Strategic Information Department on coordination, structure, roles and functions and implement action plan.
	» To ensure existence of adequate legal and policy framework for Research	» Advocate for inclusion in the health ACT. » Development/adaptation of good clinical practice guidelines. » Development of guidelines to conduct clinical trials.

Strengthen health information systems for the availability of comprehensive quality data.	» Ensure systems availability for data collection of clinical and non-clinical data	» Enhance, scaleup, maintain and use CMIS, IDNS, eLMIS, CBHIS, EMMS, HRIS etc. throughout the regions.
	» Ensuring the availability of quality data	» Finalize and operationalize the developed data warehouse.
	» Ensure the ONE Health approach systems through interoperability within MoH and other external government	» Develop SOP for DQAs and RDQAs
	» Strengthen a centralized data repository with robust access controls to improve data integration, accessibility, and security	» Conduct regular data quality assessment and data audits and establish key performance indicators (KPIs) to track and monitor data quality improvements.
Improve capacity for data management	» Improve human resource capacity for data management	Strengthen systems interoperability.
	» Capacitate SI with data analytics and technologies	» Establish a fully-fledged computer hardware maintenance Lab.
	» Provision of non-clinical data to support infrastructural development and HR management	» Improve the network infrastructure for the health sector (WAN and LAN).
		» Conduct training need assessment.
		» Train SI and Health Care workers in data management.
		» Automate data analysis and reporting processes.
		» Resource mobilization for relevant data management software licensing and technologies.
		Conduct training for MoH personnel on non-clinical systems management (HRIS, etc.)

Promote a culture for data and information use at all levels.	» Develop a data use plan	<ul style="list-style-type: none"> » Streamline Data Use Strategies in the Strategic Information Strategy. » Strengthen institutional capacity at the health facility, regional and national levels for routine data analysis, interpretation, and use. » Monitor data use. » Conduct critical reflections e.g. COHSAR, FAHSAR, REHSAR, NAHSAR. » Update and market Eswatini Health Indicator Compendium. » Conduct program effectiveness evaluations. » Develop and roll out data visuals for health performance monitoring at all levels of the health care system.
	» Strengthen and sustain the health research system	<ul style="list-style-type: none"> » Build infrastructure and capacity that supports research talent, harnesses innovation, and creates a culture of research improvement. » Decentralize research activities to regions, health facilities and communities.
	» Provide a mechanism for resource mobilization for health Research	<ul style="list-style-type: none"> » Develop and implement a mechanism for financing health Research. » Develop and promote partnerships to leverage financial and technical resources for health. » Conduct periodic cost-effective analysis for Research conducted in the country.
	» Establishing knowledge sharing practices	Develop information storage and sharing guidelines and SOPs.
	» Establish data sharing practices	<ul style="list-style-type: none"> » Develop guidelines and SOPs on data sharing practices. » Produce annual, quarterly, ad hoc publications/reports of health sector performance.

4.1.7. Health Financing

This strategic area focuses on the financing and funding systems and arrangements for the health sector. It outlines various strategies and strategic interventions aimed at improving the funding situations and financing arrangements of the health sector.

The Table 11 below summarises the objectives and strategic interventions for this strategic area.

TABLE 11. Summary of objectives and strategic interventions for health financing

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Strategic management of health financing	Strengthen health financing strategic management	» Finalize the development of a health financing strategy. » Implement strategies for increasing resource mobilization (fiscal space) for health.
Health financing operational management	Strengthen health financing operational management across the system	» Progressively improve operational finance management autonomy for health facilities starting with referral/ regional hospitals. » Strategies for addressing budget absorption bottlenecks.
Resource mobilisation	Expanding health sector resource pool/fiscal space	» Explore the feasibility of a Social or National Health Insurance scheme for the country.

4.1.8. Health Leadership and Governance

This strategic area focuses on the strategic interventions that shall be undertaken to strengthen health sector leadership and governance. These will be aimed at the three elements of health leadership and governance namely: the stewardship and management role of government structures within the sector, the accountability and regulatory roles and functions, and partnership coordination.,

The Table 12 below summarises the objectives and strategic interventions for this strategic area.

TABLE 12. Summary of objectives and strategic interventions for health financing

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS AND ACTIVITIES
Health Sector stewardship	Strengthen health sector stewardship	» Strengthen health sector decentralization by providing necessary management autonomy and authority to various (sub-national) levels of the health system. » Address role clarity within and across levels of the system. » Revise and/or update relevant health sector policies and guidelines in line with new Health Act and the essential health care package. » Institutionalize and strengthen routine annual work planning aligned to government budget development process for the implementation on the NHSSP.

Health sector governance and regulation	Strengthen health sector governance and regulation	» Review and update health sector regulatory frameworks in line with the new Health Act and the Essential health care package. » Operationalize established professional councils. » Develop regulations for Public Health Act.
Health sector partnership coordination	Strengthen health sector partnership coordination	» Develop and operationalize comprehensive health sector partnership framework. » Establish health sector partnership coordination structures and roles across levels.

4.2. Strategic Objective 2: Maximize Health System Outputs for the Attainment of Universal Health Coverage and Other Health Related Sustainable Development Goals Targets in the Country.

4.2.1. Introduction

This strategic objective focuses on the health system functioning on the following health system output attributes:

- Effective demand for health
- Access to essential health services
- Quality of care
- Health system resilience
- Equity in the distribution of health resources and health outputs equity
- Efficiency in the utilisation of health resources.

The objective outlines the strategic areas and priority interventions that the sector will undertake to maximise health system outputs across the six strategic areas.

4.2.2. Effective Demand for Health Services.

This strategic area focuses on various strategies and interventions that the sector shall undertake to Enhance effective demand for health services in the country.

Table 13 below summarises the objectives and various priority strategic interventions that shall be deployed.

TABLE 13. Summary of objectives and strategic interventions for enhancing effective demand for health services.

FOCUS AREA	OBJECTIVES	PRIORITY INTERVENTIONS
Leadership and governance of Health promotion	<ul style="list-style-type: none"> » Strengthen the organization and coordination structures at national, regional, facility level and community level to improve Health promotion activities. » Implement coordinated health promotion activities. 	<ul style="list-style-type: none"> » Strengthen Health Promotion structure to lead and coordinate the planning, implementation, monitoring and reporting of Health promotion activities. » Develop and implement health promotion guidelines for all service delivery levels. » Train and Mentor health workers on the health promotion concept .
Information Education and Communication	<ul style="list-style-type: none"> » Implement and coordinate all IEC materials production and evaluation 	<ul style="list-style-type: none"> » Develop and implement all IEC related guidelines for all service delivery levels. » Build capacity of at least 80% healthcare workers in clinics and OPDs on health promotion concept.
Community engagement	<ul style="list-style-type: none"> » Engage and empower communities for accountability and improved health outcomes. 	<ul style="list-style-type: none"> » Enhance effective mobilization of families, communities and citizens for community engagement and participation. » Improve community participation in governance, coordination, collaboration, planning and implementation of community health interventions. » Educate communities and individuals for health screening, and behaviour change from lifestyle to uptake of health services.
Building partnerships and collaborations	<ul style="list-style-type: none"> » Engage other government ministries and private sector. 	<ul style="list-style-type: none"> » Enhance collaboration with other government and private sector to address determinants of health and create an enabling environment for the individual to change health behaviour.
Responsiveness	<ul style="list-style-type: none"> » Strengthen clients feedback systems. 	<ul style="list-style-type: none"> » Develop and implement patients/client complaints/inputs and feedback mechanism across all levels of the health system. » Collect feedback from clients and communities.
Promoting physical activity	<ul style="list-style-type: none"> » To increase physical activity of school going children, adolescents, and adults in communities. 	<ul style="list-style-type: none"> » Develop and disseminate national physical activity guidelines using and adapting WHO global guidelines. » Advocate for availability of spaces and infrastructure for physical activity with municipalities, workplaces, schools, and other settings (Tinkhundla centers). » Advocate with Ministries of Housing and Urban Development and Public Works and Transport to ensure that there is more public open space (for walking and cycling).

4.2.3. Access to Essential Health Services

This strategic area focuses on various strategies and interventions that the sector shall undertake to reduce various health services access barriers in the country.

Table 14 below summarises the objectives and various priority strategic interventions that shall be deployed.

TABLE 14. Summary of objectives and strategic interventions for enhancing access to health services

FOCUS AREA	OBJECTIVES	PRIORITY INTERVENTIONS
Financial Access	Reducing direct OOP expenditure to eliminate financial barriers of accesses.	<ul style="list-style-type: none">» Roll out a universal health benefit package drawn from the EHCP for all citizens across different levels of care.» Ensure service availability and readiness for the universal benefit package across all levels of care.
Geographic and social access barriers	Minimise geographic and social access barriers to essential health services.	<ul style="list-style-type: none">» Undertake targeted improvements of health service access to underserved vulnerable and special populations through a mix of both targeted infrastructure expansion and outreach services to address geographic access barriers.

4.2.4. Quality of Care

This strategic area focuses on various strategies and interventions that the sector shall undertake to improve quality of care for all health services in the country. Table 15 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 15. Summary of objectives and strategic interventions for enhancing quality of care

FOCUS AREA	OBJECTIVE	STRATEGIC INTERVENTIONS
Leadership and governance of quality management system	Strengthen the organization and coordination structures at national, regional and facility levels to improve quality of healthcare.	<ul style="list-style-type: none">» Review the quality management strategic plan.» Strengthen Quality Management structure to lead and coordinate the planning, implementation, monitoring and reporting of Quality Management activities.» Review the implementation progress on Quality Management plans and reporting of Quality management Activities and addressing emerging issues.
	Build capacity of at least 80% staff implementing quality related activities.	<ul style="list-style-type: none">» Train and Mentor health workers on Quality of care.

Person Centred Care	To improve client satisfaction to 80% when accessing health care facilities.	» Monitor customer satisfaction trends in facilities, regions and at National level.
	Monitor and measure impact of client satisfaction monitoring (CSFM) system implementation.	» Strengthen the functionality of client satisfaction monitoring (CSFM) system.
Patient and Health Worker Safety	Establish a functional national Infection Prevention and Control (IPC) program.	» Develop/review Infection Prevention and Control (IPC) policy and guidelines.
		» Review IPC multi-year plan.
		» Develop IPC minimum standards.
		» Develop legal framework for health worker's protection.
Quality Standards	Set health quality standards and monitor compliance.	» Monitor the implementation of guiding documents.
		» Roll out quality of care standards in all health facilities.
Monitoring and Evaluation of QoC implementation	Monitor the implementation of quality of care and infection Prevention and Control (IPC).	» Assess MoH programs and departments to identify availability of program relevant quality standards.
		» Identify IPC, quality of care indicators and orient quality team.
		» Conduct quarterly review meetings.
	Identify, evaluate, and scale up evidence-based practices to improve the quality of care.	» Integration of Quality indicators into CMIS.
		» Develop and implement a national QI Tracker .
		» Identify, evaluate and scale up evidence-based practices to improve the quality of care.

4.2.5. Health System Resilience

This strategic area focuses on various strategies and interventions that the sector shall undertake to strengthen health system resilience in the country. Table 16 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 16. Summary of objectives and strategic interventions for strengthening health system resilience

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS
Inherent (everyday) health system resilience.	Nurture health system capacity for developing and deploying various level of strategies to deal with day-to-day health systems challenges.	» Build Capacity for health system managers at all levels of the system to enhance the leadership and management capacity and ability to deploy health system resilience capacities
Emergency preparedness and response	Enhance system emergency preparedness and response.	» Build Capacity at all levels of the system to Strengthen system capacity for emergency preparedness and response.

4.2.6. Equity in the Distribution and Allocation of Health Resources

This strategic area focuses on various strategies and interventions that the sector shall undertake to enhance equity in allocation and distribution of health resources in the country. Table 17 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 17. Summary of objectives and strategic interventions for enhancing equity

FOCUS AREA	OBJECTIVE	PRIORITY INTERVENTIONS
Equity in allocation of health resources	Promote equity in distribution of health resources and health benefits.	Prioritize resource allocation / redistribution to underserved vulnerable and special populations.

4.2.7. Efficiency in the Utilisation of Health Resources

This strategic area focuses on various strategies and interventions that the sector shall undertake to enhance efficiency in utilisation of health resources in the country. Table 18 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 18. Summary of objectives and strategic interventions for enhancing efficiency

FOCUS AREA	OBJECTIVE	PRIORITY INTERVENTIONS
Health System Efficiency	Enhance technical and allocative efficiency.	<ul style="list-style-type: none"> » Maximize technical efficiency in health programming and health service/intervention prioritisation. » Maximise allocative efficiency in health sector planning and budgeting. » Implement financial and management autonomy at sub-national level to facilitate prompt decision making.

4.3. Strategic Objective 3: Expand Health Service Coverage for Addressing Common Health Conditions for Affecting all Citizens

- Reproductive, Maternal, Neonatal, Child, Adolescent Health, and Immunization Services
- Control of Communicable Diseases including Neglected Tropical Diseases
- Control and Management of Non-Communicable Diseases

4.3.1. Introduction

This strategic objective focuses on the actions that the sector will undertake in combating the leading causes of morbidity and mortality in the country across all age cohorts.

In implementing this objective, the sector aims at reducing (and eliminating for some conditions) the leading causes of morbidity and mortality for all citizens, across all age cohorts.

This is a critical goal in the country quest to achieve its UHC targets by 2030. Specifically, this objective will address the following health conditions:

4.3.2. Reproductive, Maternal, Neonatal, Child, Adolescent Health, and Immunization Services

This strategic area focuses on various strategies and interventions that the sector shall undertake to ensure universal access to all essential RAMNCAH-I services in the country.

Table 19 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 19. Summary of objectives and strategic interventions for addressing RAMNCAH-I services

STRATEGIC FOCUS AREA	OBJECTIVES	STRATEGIES AND/OR ACTIVITIES
Reproductive Health Services	» Increase availability of FP/contraceptives at all levels of care (both public and private) including community level.	Develop and manage coordination mechanism for the delivery of comprehensive FP services. Update the current FP choice.
	» Increase detection, prevention, immediate management services of, and referrals for cases of sexual and gender-based violence.	<ul style="list-style-type: none"> » Review and update the Health Sector Response to GBV. » Capacity building and orientations of health care workers on the health sector response to SGBV. » Improve quality assurance management; multi-disciplinary multi-sectoral referral and linkages for SGBV. » Advocacy; skills capacity building and orientations; quality assurance management; multi-disciplinary and improve multi-sectoral referral and linkages. » Improve data quality and documentation for clinical and court preparations. » Increase access to and make available mental health services for HCWs and Clients exposed or affected by SGBV respectively.
	» Promote prevention, early diagnosis of sexual dysfunction and infertility.	Develop and monitor coordination of Infertility and sexual dysfunction services.
Maternal and Neonatal Health Services	» Ensure availability of quality comprehensive and integrated maternal and neonatal health interventions at all levels of care.	<ul style="list-style-type: none"> » Build capacity of service providers in competency-based skills for provision of high impact maternal and newborn interventions through innovative pre- and in-service capacity building approaches. » Advocate for constant and un-interrupted availability of adequate commodities and supplies for managing morbidity and mortality of mothers and newborns in Eswatini. » Advocate for appropriate infrastructure for provision of quality high impact maternal and newborn health interventions including KMC units. » Strengthen referral systems for improved access to high impact maternal and newborn health intervention.

	<ul style="list-style-type: none"> » Improve quality and accountability in provision of maternal and newborn health interventions including ANC, SBA, HemOnc, essential and critical newborn care, and PNC for both mother and newborn at facility levels. 	<ul style="list-style-type: none"> » Update guidelines, SOPs, Job Aids throughout the continuum of care. » Implement the WHO standards and establish Quality improvement initiatives on maternal and newborn health services at all levels of health service delivery. » Strengthen, ensure institutionalization and functionality of MPDSR at national, facility and community level.
	<ul style="list-style-type: none"> » Achieve and maintain triple elimination of MTCT of HIV, HEPATITIS B and SYPHILIS 	<ul style="list-style-type: none"> » Develop a triple elimination validation road map. » Conduct validation pre-assessment. » Apply for and conduct an eMTCT WHO validation for HIV.
	<ul style="list-style-type: none"> » Improve access to safe medical abortion and postabortion care services including for adolescent girls. 	Develop post-abortion guidelines and implement the Medical Exceptions in the Preservation of Life (TOP) SOP.
Child Health	Scale up and sustain coverage for childhood immunization.	Advocate for adequate budget for supply and procurement of vaccines
	<ul style="list-style-type: none"> » Promote implementation of integrated management of childhood illnesses. 	<ul style="list-style-type: none"> » Review, update, and disseminate guidelines, SOPs and job aids for management of common childhood illnesses. » Promote implementation of integrated management of childhood illnesses.
	<ul style="list-style-type: none"> » Integrate early childhood development (ECD) in child health programming and SRMNCAH domains. 	Review, update, or develop guidelines and tools for provision of early childhood development interventions across the SRMNCAH&N continuum especially during the first 1000 days.
Immunization Services	<ul style="list-style-type: none"> » Increase and sustain immunization coverages of key routine immunization antigens to ≥90% through life course and integration. 	<ul style="list-style-type: none"> » Mobilize and efficiently allocate resources for immunization and operational costs for all immunization system's components at all levels. » Increase equity by reaching zero-dose children and communities with full vaccination. » Extend immunization services to regularly reach "zero dose" and under-immunized children and communities. » Introduce or switch to new vaccines as per countries needs and demands (Hepatis B birth dose, IPV2, TB vaccine). » Establish and sustain integrated delivery points of contact between immunization and other public health interventions for different target age groups.

» Increase and sustain domestic investments and funding allocations to meet the cost of traditional vaccines, fulfil new vaccine financing requirements; and provide financial support for operational implementation of immunization activities.	» Strengthen supply chains to ensure that high-quality. » vaccines are always available in the right quantity and form at the right time, in the right place and stored and distributed under the right conditions. » Institute a sustainable Cold Chain Management System with competent technicians to guarantee the potency of vaccines in storage. » Strengthen the country's cold chain planning process by deploying an Inventory Gap Analysis Tool (IGA).
» Create an enabling environment to reinforce and sustain strong leadership, management, collaborative and well-coordinated national immunization program.	» Develop National immunisation strategy 2025-2030. » Approve and implement the EPI organizational structure. » Build capacities of healthcare workers on Immunization in Practice manual and new vaccine technologies. » Strengthen vaccine accountability and inventory management practices to ensure vaccine availability at all operational levels (stock management, distribution planning, forecasting, and procurement). » Provide technical support to Polio committees, National Measles verification committees and National Immunization Technical Expert groups (NITAG).
» Build and sustain strong political and financial commitment for immunization at all levels to ensure that all people and communities value, support and actively seek out immunization services.	» Develop robust, innovative strategies to mitigate vaccine misinformation, respond to public concerns and reduce its propagation and negative impact. » Improve demand for quality immunization and primary health services.
» Build and strengthen comprehensive vaccine-preventable disease surveillance as a component of the national public health surveillance system, supported by strong, reliable laboratory networks.	» Review Prepare and test VPD outbreak response plans on biennial yearly basis. » Accelerate Vaccine preventable Disease: Control/Elimination/Eradication Initiative for polio, measles neonatal tetanus, and HPV. » Conduct research on effectiveness of the vaccine against the prevented VPDs in Eswatini. » Establish timely and appropriate immunization services guidelines for use during emergencies, and in communities affected by conflict, disaster and humanitarian crisis.

	<ul style="list-style-type: none"> » Strengthen immunization information within a robust health information system, and promote use of high quality, and “fit-for-purpose” data for action at all levels. 	<ul style="list-style-type: none"> » Ensure that key performance vaccination program indicators are monitored at all levels to inform data driven decision making. » Conduct post evaluations of newly introduced vaccines at least after 6 months post introduction. » Conduct HPV vaccine post introduction evaluation. » Evaluate and interpret the immunization providers’ and public’s a knowledge, attitudes and perceptions for immunization.
Adolescent Sexual Health Services	<ul style="list-style-type: none"> » Ensure availability and promotion of high impact integrated, comprehensive, and quality adolescent friendly SRH interventions at all levels of care. 	<ul style="list-style-type: none"> » Build Capacity of 200 healthcare workers (per year) on the provision of quality youth friendly services. » Implement the AYFHS standards in all health facilities. » Develop quality improvement projects (QIPs) in all health facilities to track progress of friendliness in health facilities. » Implement the ASRH Guidelines in all the health facilities. » Audit the AYFHS standards to measure performance and see if they are implemented in all health facilities. » Support implementation of electronic feedback mechanism and conduct exit client interviews on a quarterly basis in selected health facilities in the region.
	<ul style="list-style-type: none"> » Empower adolescents and young people with correct, adequate knowledge and skills to demand for access SRH services including contraception. 	<ul style="list-style-type: none"> » Conduct community sensitizations on SRH and HIV prevention for adolescents and young people on a quarterly basis. » Offer SRH, HIV and STIs -preventative services through mobile and static health facilities and service delivery points. » Ensure adolescents and young people access comprehensive sexuality education both in school and out of school. » Ensure availability of SOPs for access to SRH and HIV services. » Implement the Self-care guidelines for both in school and out of school adolescents and youth.

	<ul style="list-style-type: none"> » Engage with 'gate keeper' including parents, religious and traditional leaders to promote demand and utilization of comprehensive SRH services. 	<ul style="list-style-type: none"> » Implement the parental engagement manual, conduct community sensitizations on parental involvement in ASRH. » Conduct ASRH parental child communication sessions at constituency level/ community level etc. » Integrate ASRH activities into existing community- based health platforms and organizations. » Empower adolescents and young people on SRH Rights. » Develop and implement community- based programs to address the root causes of inadequate parental guidance and childcare challenges.
	<ul style="list-style-type: none"> » Prevention of new HIV among Adolescents, key and vulnerable population. 	<ul style="list-style-type: none"> » Operationalize and monitor policies to support SRH/HIV/LSE uptake of information and services by adolescents. » Build capacity of stakeholders in HIV programming to periodically review cost-effectiveness of HIV interventions for adolescents and young people and to have the ability to effectively adapt programming. » Conduct formative research to establish factors that would contribute to increase in HIV testing among adolescents. » Strengthen implementation combination prevention of HIV for AYP to ensure consistent availability of Condoms across all other prevention methods (PEP, PrEP and VMMC). » Mobilize support to achieve 100% country coverage of HIV interventions for AYP.
Nutrition Services	<ul style="list-style-type: none"> » Strengthen infant and young child feeding practices. 	<ul style="list-style-type: none"> » Promote, protect, and support appropriate infant and young child feeding practices and behaviours. » Review, update or develop key nutrition documents (strategy, SOPs, guidelines). » Upscale delivery of the Baby Friendly Hospital Initiative.
	<ul style="list-style-type: none"> » Improve nutrition for children, adolescents, pregnant and lactating women and other vulnerable groups. 	<ul style="list-style-type: none"> » Scale up the delivery of nutrition interventions (adolescent nutrition, maternal nutrition, management of acute malnutrition, Baby Friendly hospital initiative). » Ensure the availability of nutrition screening tools.
	<ul style="list-style-type: none"> » Prevention and Management of maternal, child malnutrition and other vulnerable groups. 	<ul style="list-style-type: none"> » Build capacity of healthcare workers on the prevention and management of nutrition conditions. » Forecast and procure nutritional commodities for vulnerable groups. » Establish and train mother support groups.

4.3.3. Control of Communicable Disease Including Neglected Tropical Diseases

This strategic area focuses on various strategies and interventions that the sector shall undertake to manage, control, and where possible eliminate various communicable diseases including Neglected Tropical Disease (NTDs) in the country. Table 20 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 20. Summary of objectives and strategic interventions for addressing communicable disease including neglected tropical diseases

FOCUS AREA	OBJECTIVES	STRATEGIC INTERVENTIONS
Malaria Control	» To achieve 100% coverage of at-risk populations with appropriate vector control interventions in residual non-active and active foci and areas with high malariogenic potential according to national guidelines.	» Implementing Long Lasting Insecticide Treated bed nets (LLINs) and supplementary vector control interventions targeting special population groups and areas. » Implement the Integrated Vector Management (IVM) guidelines. » Implement the Integrated Vector Management (IVM) guidelines. » Conducting quality IRS in active foci, residual non-active foci, areas with high malariogenic potential and reactive IRS to interrupt malaria transmission and prevent re-establishment
	» To provide prompt quality assured diagnosis to all suspected malaria cases and effective treatment for all confirmed malaria cases that is in line with national guidelines.	» Ensure the availability of quality malaria consumables and commodities at all levels. » Ensure universal access to quality treatment for confirmed malaria cases.
	» To develop a fully functional malaria elimination surveillance system that is capable of early detection of cases, investigation of all cases and timely response to all cases detected.	» Strengthen case investigation of all malaria cases within 48 hours in all Tinkhundla. » Strengthen implementation of focus investigation, classification, and response.
Control of Tuberculosis.	» To achieve 90% TB Treatment Coverage by 2028.	» Expand access to TB screening services in the community, key population, and congregate settings. » Enhance TB case-finding approaches at the facility level. » Strengthen clinical skills to improve the index of suspicion of TB. » Optimize drug-resistant TB diagnosis and surveillance. » Improve childhood TB diagnosis using an alternative sample (Stool) testing for children. » Strengthen the quality of the TB diagnostic network. » Raise TB awareness and create demand.
	» To strengthen Primary and Secondary TB Prevention Services.	» Ensure compliance with IPC measures in the health facilities. » Scale up TPT in all risk populations.

<ul style="list-style-type: none"> » To achieve a 90% treatment success rate for all forms of TB including DS-TB and DR-TB through the provision of integrated quality care. 	<ul style="list-style-type: none"> » Enhance collaboration between TB/HIV/NCDs. » Provide a quality integrated approach in the management of TB/ HIV/NCDs/Mental health services. » Enhance case management. » Establish an uninterrupted supply of screening tools, testing equipment, and reagents for HIV and NCDs through proper quantification, regular monitoring, and timely disbursement of funds. » Collaborate with ENAP and NCDs program to ensure availability of ARVs and NCDs medicines in the TB Clinics. » Scale up Patient support. » Strengthen mortality reviews to improve clinical care systems. » Develop a programmatic approach to PTLD. » Scale up cross boarder referral to track LTFU. » Strengthen Treatment monitoring. » Establish a robust mechanism for tracing LTFU. » Scale up a patient-friendly formulation for both children and adults. » Sustain the comprehensive care package and support for DR-TB patients and scale up to DS-TB patients.
<ul style="list-style-type: none"> » To improve TB screening, diagnosis, treatment, and prevention among children and adolescents. 	<ul style="list-style-type: none"> » Build capacity of healthcare workers to diagnose and manage TB in children and adolescents. » Enhance nutritional support for optimal treatment outcome. » Enhance DOTS in Children. » Enhance Treatment outcome of childhood TB. » Increase the number of children and adolescents who initiate and complete TPT.
<ul style="list-style-type: none"> » To improve the Quality and Utilization of TB Information for decision-making and programmatic actions. 	<ul style="list-style-type: none"> » Strengthen data quality assurance procedures. » Accelerate the transition from paper-based reporting to case-based surveillance (Client Management Information System). » Enhance data-driven programming and decision-making. » Strengthen the handling of TB data. » Institutionalize usage of a unique identifier (National ID) across the cascade to improve surveillance. » Ensure availability of evidence to inform TB burden and to track program successes. » Strengthen reporting and data governance for TB data.

	<ul style="list-style-type: none"> » To strengthen Coordination, Governance, and Organizational Capacity for Optimal Program Management and Performance by: <ul style="list-style-type: none"> » Strengthen coordination for effective TB control oversight and management. » Enhance the Public-private mix (PPM) to strengthen TB management. » Secure resources to support the achievement of NSP goals and ensure an efficient, sustainable TB response. » Enhance community engagement in the implementation of TB interventions. » Optimize collaboration with CMS and EHLS to ensure uninterrupted drug and commodities supply. » Strengthen human resource planning and development for the TB Program. » Enhance strategic advocacy, communication, and social mobilization (ACSM) for optimal national TB response. » Strengthen the operation of occupational Health Service Centres for the comprehensive TB response.
HIV/AIDS, STI and Viral Hepatitis Control	<ul style="list-style-type: none"> » To achieve ≥95% status knowledge for all PLHIV in all sub-populations by 2028. <ul style="list-style-type: none"> » Optimize Information, Education and Communication (IEC)/ Social and behaviour change communication (SBCC) campaigns focusing on key and other priority population groups. » Utilize all media and digital platforms for targeted HIV awareness among KPs and other priority population groups. » Conduct targeted case-finding among critical sub-populations, including children, AYPs, men, military personnel, PWD, migrant populations and KPs. » Optimize testing to all high-risk group. » Prioritize HIV self-testing (HIVST) for key and other priority populations. » Provide safe and ethical index testing services in facility and community settings. » To reduce new HIV infections from ~4000 in 2022 to < 2500 in 2028. <ul style="list-style-type: none"> » Optimize implementation of effective evidence-based combination prevention interventions » Improve the availability and timely access to ARV-based prevention (PrEP, PEP) to key and other priority populations. » Expand VMMC service provision through task shifting and introduction of device-based male circumcision methods to improve coverage and uptake. » Increase distribution of male and female condoms and lubricants through facility, community, and non-traditional distribution points. » Optimize comprehensive eMTCT activities to reduce the number of infants and children infected with HIV during pregnancy and breastfeeding. » Increase access to comprehensive STI and VH services.

» To link at least 95% of all newly diagnosed PLHIV to ART within a month of diagnosis by 2028 and retain ≥95% of PLHIV on ART across all age and population groups by 2028.	» Foster rapid ART initiation for newly HIV diagnosed clients and strengthen continuity in care for all PLHIV on ART. » Implement key and priority population-centred demand generation strategies to enhance early uptake of ART. » Implement pre-treatment VL testing to guide ART initiation and VLS. » Promote inclusivity and gender equity to combat stigma and discrimination.
» Increase and sustain viral suppression to at least ≥95% for all sub-populations on ART by 2028.	» Sustain and optimize long-term access to quality healthcare and ART. » Transition eligible PLHIV into recommended ART regimens that are simplified, highly efficacious, durable. » Monitor VL test results and use them for treatment decision-making and adherence support for all clients. » Routinely conduct HIVDR surveillance to inform programming. » Streamline the DSD model mix for all sub populations and expand specific models to increase the proportion of PLHIV on less intensive DSD models.
» To reduce HIV-related/ All-cause mortality from ~2,730 in 2022 to < 1,100 by 2028.	» Improve the management of PLHIV with co-morbidities, including LTBI, TB disease and NCDs. » Enhance TB screening and TPT uptake among PLHIV to reach at least 95%. » Routine screening and management of NCDs among PLHIV (HTP, DM, mental health, cancers) » Scale up access to AHD services for PLHIV. » Decentralize AHD management to all levels of care. » Enhance psychosocial support among PLHIV to improve their health outcomes, including children. » Provide psychological and social support for PLHIV to improve linkage to care, adherence and retention in care.

	<ul style="list-style-type: none"> » To strengthen the management, governance, and leadership of HIV response. 	<ul style="list-style-type: none"> » Promote a culture of quality improvement for HIV care services. » Strengthen implementation of quality improvement collaboratives. » Enhance the quality, accessibility, sharing, and use of data, including HIV prevention, care continuum and social determinants data. » Conduct Data Quality Audits (DQAs). » Develop data integration interfaces between health programs. » Strengthen the staff capacity in leadership, management, resource mobilization and coordination of the HIV response. » Conduct training to build capacity for the staff on leadership and management skills. » Develop Multisectoral accountability framework for coordinating the Health Sector HIV response. » Achieve Universal Health Coverage (UHC) through integrated collaboration at Primary Health Care (PHC) level, and application of innovative solutions, community systems strengthening models, and collaboration with the multisectoral stakeholders. » Optimize health and community systems for impact. » Improve access to equitable high-quality, evidence-based, people-centred HIV/STIs/VH prevention, care, and treatment services at community level.
Address increasing burden of AMR (anti-bacterial resistance)	<ul style="list-style-type: none"> » To build capacity of bacteriological testing services in all (100%) of public hospitals. 	<ul style="list-style-type: none"> » Develop infrastructure of laboratories including equipment procurement. » Mobilize and allocate resources for procurement of laboratory reagents and consumables. » Increase Antimicrobial diagnostic stewardship to mitigate the spread of bacterial pathogens in community and hospital settings. » Enhance lab information system, data analysis and interpretation and monitoring trends of resistance to gauge response. » Enhance Infection prevention and control (IPC) measures to reduce health facility associated infections (HAIs). » Improve clinical-Lab collaborative activities through strengthening functionality of therapeutic and AMS committees at all public hospitals.
	<ul style="list-style-type: none"> » To build capacity in rational use of antibiotics, data generation, analysis and interpretation of antimicrobial use (AMU) and antimicrobial consumption (AMC) and data use for change of practice, policy and programming. 	<ul style="list-style-type: none"> » Strengthen facility level antimicrobial stewardship (AMS) committee and Pharmaceutical Therapeutic committees (PTC) in public and private hospitals. » Promote evidence-based review of essential medicines aligned to resistance profile of pathogens identified in country. » Strengthen awareness creation and sensitization of community through different campaign mechanisms.

Control of Neglected Tropical Disease (NTDs)	» Strengthen NTDs program ownership and leadership at all levels.	» Conduct Regular planning and review meetings.
		» Improve community involvement in NTD control interventions.
		» Conduct NTDs advocacy workshops for policymakers.
	» Integrated preventive chemotherapy to maintain 100% geographic coverage, scale down PC intervention where applicable and achieve the minimum disease-specific treatment coverage level for Schistosomiasis and Soil Transmitted Helminths.	» Implement MDA for SCH/STH in all Tinkhundla.
		» Conduct Social mobilization and BCC.
	» Ensure early detection and prompt treatment of targeted case management NTDs.	» Build national capacity for timely detection and response for outbreak prone NTDs.
		» Develop guidelines and manuals for NTDs.
		» Build the capacity of HCWs for case management, morbidity management and disability prevention.

4.3.4. Control and Management of Non-Communicable Diseases

This strategic area focuses on various strategies and interventions that the sector shall undertake to manage and control various non-communicable diseases in the country. Table 21 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 21. Summary of objectives and strategic interventions for addressing non-communicable diseases

FOCUS AREA	OBJECTIVES	PRIORITY INTERVENTIONS
Coordination of the NCD Program in the MoH	» Strengthen governance, leadership at all levels	<ul style="list-style-type: none"> » Institutionalize the NCD, Injuries and mental health program within the Ministry of Health structure. » Endorse organogram, create and fill post for the NCDIMH. » Secure office space for NCDIMH. » Build staff capacity in leadership, management, resource mobilization and coordination. » Mobilize and allocate resources for the NCDIMH. » Advocate for increased budgetary allocation for NCDIMH prevention and control. » Advocate for tobacco and alcohol levy to support prevention strategies. » Establish a multisectoral coordination mechanism. » Declare NCDs as a national public health threat and health priority.
	» Create an enabling environment for addressing NCDs, Injuries and mental health disorders at all levels	<ul style="list-style-type: none"> » Address deficits in the policy and regulatory environment that impede the effective delivery of high quality, evidence based, and people centred NCDI and mental health services. » to include regulation of novel and emerging tobacco products and eliminate illicit trade of tobacco products. » Develop Amend the Tobacco Products Control 2013 Act to align with the WHO FCTC 2030 protocol » Healthy Public Food Procurement Policy to guide on food served in public settings (including schools and hospitals). » Validate and launch the Obesity Acceleration Road Map.
	» Reduce the incidence of preventable NCDIMH by addressing modifiable risk factors	<ul style="list-style-type: none"> » Advocate for tax policies and regulation on front page food labelling, public food procurement, tobacco plain packaging, creation of green spaces in cities, reduction of air pollution » Advocate for increase of taxes on Tobacco, alcohol, salts, sweetened beverages and saturated fats. » Conduct Social mobilization, Behaviour Change Communication, and screening on modifiable and metabolic risk factors for NCDIs and mental health disorders.

<ul style="list-style-type: none"> » Deliver high quality, evidence based, and people centred NCDI and mental health services 	<ul style="list-style-type: none"> » Improve management of NCDs, Injuries and mental health disorders at all levels of the health system. » Implement Integrated Chronic Disease Management (ICDM) Model. » Build capacity of health care workers on prevention and management of NCDIs. » Scale-up rehabilitative and palliative care services for NCDIs and mental health disorders at all levels. » Review NCDIMH clinical guidelines.
	<ul style="list-style-type: none"> » Advocate for operationalization of the NCD specialised unit at Manzini Government Hospital. » Recruit NCDI specialists to manage complicated NCDs.
<ul style="list-style-type: none"> » Increase funding allocation to NCD Control 	<ul style="list-style-type: none"> » Develop and disseminate an investment case for NCDIs and Mental health. » Mobilise domestic and external financing to support the national response to NCDIs and mental health disorders. » Cost the NCDI and Mental health strategy and action plan and mobilise with the Ministry of finance for funding.
<ul style="list-style-type: none"> » Strengthen data generation, analysis, and data use for stretching decision making in NCD programming 	<ul style="list-style-type: none"> » Strengthen capacity to effectively track the performance of the NCD interventions at all levels. » Develop and implement a national monitoring and evaluation framework and action plan for NCDIs and mental health disorders. » Align the current M&E system to enable effective monitoring of NCDIs and mental health disorders.
	<ul style="list-style-type: none"> » Ensure harmonized, timely and comprehensive routine and episodic monitoring systems to provide quality NCDI and mental health data. » Develop an evaluation plan to enable reporting of routine and periodic/survey indicators that guides on timely reporting of NCDIs and mental health. » Implement research priorities as outlined in the National Health Research Agenda. » Conduct implementation research on NCDIs and mental health interventions. » Establish NCDIMH surveillance registries.

Addressing Biometabolic NCDs (Diabetes, Hypertension and others)	» To increase the consumption of healthy food and drinks over the life course, and to decrease their consumption of unhealthy foods	<ul style="list-style-type: none"> » Develop and disseminate Food Based Dietary Guidelines (FBDGs) to inform communication campaign. » Advocate for the review of the education curriculum with FBDGs and nutrition action and management of obesity. » Adapt the WHO Procurement framework of healthy diets for Eswatini's context (schools, prisons, hospitals, elderly homes, neighborhood care points). » Update of public food procurement standards and regulations » Develop nutrient profile model for marketing of unhealthy foods and non-alcoholic beverages (adaptation of AFRO model). » Develop & endorse standard and regulation/policy on the marketing of unhealthy foods and non-alcoholic beverages. » Enforce the regulation of the marketing of unhealthy foods and non-alcoholic beverages. » Develop a standardized workplace policy that applies across private and public sector and integrate into [Employment Act].
	» To increase physical activity of school going children, adolescents, and adults'	<ul style="list-style-type: none"> » Develop and disseminate national physical activity guidelines using and adapting WHO global guidelines. » Build capacity of educators on physical education/sports on the updated guidelines. » Advocate with Ministries of Housing and Urban Development and Public Works and Transport to ensure that there is more public open space (for walking).
Address Increasing Burden of Cancers	» To strengthen effective leadership and governance for cancer control services	<ul style="list-style-type: none"> » Finalize and fill in the post for the cancer care governing structure . » Finalize the establishment of the comprehensive treatment centre including the radiation therapy. » Mobilize and allocate resources for the National Cancer control unit. » Advocate for increased budgetary allocation for cancer services.
	» Conduct Comprehensive assessment of cancer burden including incidence, prevalence and mortality across different population groups and regions	<ul style="list-style-type: none"> » Strengthen the capacity of the cancer registry to collect and analyze cancer cases. » Identify high-risk populations and prevalent cancer types for targeted interventions. » Develop tailored strategies for high-risk populations.
	» Reduce the incidence of preventable cancers by addressing modifiable risk factors	<ul style="list-style-type: none"> » Advocate for policies and regulation to reduce exposures to carcinogens in the workplace and communities.

	» Increase early detection of cancer through systematic screening programs	<ul style="list-style-type: none"> » Review and update cancer screening guidelines focusing on the screenable cancers including Cervical cancer, breast cancer, Prostate cancer, colorectal cancer, and lung cancer. » Review cancer treatment guidelines » Develop HPV testing guidelines. » Develop quality assurance guidelines for all screenable cancers. » Establish Childhood cancer screening guidelines. » Strengthen timely referral and linkage pathway for pre-cancer treatment and follow up. » Strengthen HPV / DNA testing at point of care utilize GeneXpert.
	» Provide comprehensive management of common cancers to all	<ul style="list-style-type: none"> » Improve access to timely quality cancer diagnosis. » Improve access to quality treatment services, including surgery, chemotherapy, and radiation. » Enhance access to palliative care services to improve quality of life and symptom management. » Ensure readily available of morphine.
	» Foster cancer research, innovation, and technology transfer to advance knowledge, improve treatment and enhance health care delivery	<ul style="list-style-type: none"> » Include the cancer research in the National Research Program. » Utilize cancer registry data to provide evidence data programming for cancer activities. » Apply for grants to improve cancer activities in the country. » Collaborate with international organizations for fellowships and experiential learning.
Address increasing Burden of Mental Health Conditions	» To strengthen effective leadership and governance for mental health	<ul style="list-style-type: none"> » Develop a Mental Health Policy addendum to be incorporated in national health policy. » Establish a National Mental Health Unit within the NCDI Cluster. » Recruit/Deploy a national mental health coordinator. » Mobilize and allocate resources for the National Mental Health Unit. » Advocate for increased budgetary allocation for mental health services. » Recruit mental health specialists.
	» Strengthen interdisciplinary collaboration, intersectoral and multisectoral partnership for mental health.	<ul style="list-style-type: none"> » Establish a mental health observatory with key stakeholders. » Review the Mental Health Order of 1978 ensuring the provision of a mental capacity component.
	» To provide comprehensive, integrated, and responsive mental health and social care services at all levels of health care system	<ul style="list-style-type: none"> » Decentralize mental health services to secondary and primary level facilities » Establish community mental health services for people living with disabling mental health conditions. » Formulate a mental health services package for delivery of standardized mental health services in the country. » Build capacity of health care workers on mental health to deliver evidence based clinical interventions.

	» To reduce modifiable risk factors for mental illnesses.	» Develop an action plan for alcohol and substance use reduction. » Plan for the creation of an Alcohol and Substance Use Centre for rehabilitation, tertiary prevention, and demand reduction.
Address Trauma and Injuries	» Strengthen national and regional coordination for injuries and trauma	» Set up coordination framework for injuries and trauma. » Set up an injury registry.
	» Improve techniques and technology for optimal care for trauma and injuries	» Enforce adherence and monitoring of road safety standards and drink driving checks by the traffic police. » Promote use of breathalyzer kits for testing breath alcohol content (BrAC). » Conduct awareness campaigns on the prevention of injuries, including drowning. » Create awareness on prevention of injuries.
Strengthen Palliative Care services	» Enhance public understanding and knowledge about palliative care; so, they can know where and how to access services and be involved in decisions about their care	» Increase public awareness and understanding on palliative and end-of-life care issues among the public.
	» Improve delivery of quality, integrated palliative care services at all levels of care, starting from care in specialized palliative care units or hospices, to care at the community level and in the patient's own home	» Strengthen Specialist Palliative Care Services provision across all levels of care. » Improve provision of Rehabilitation services in palliative care at all levels of care delivery.
	» Strengthen human resources for palliative care services delivery, at all levels of service delivery	» Improve the palliative care workforce capacity through education and training at all care settings. » Develop and sustain the palliative care workforce at all levels of service delivery.
	» Create an enabling and sustainable environment for the delivery of quality integrated palliative care services to patients, their families, and carers with person-centred care and support based on their unique needs and preferences across care settings	» Improve Governance and financing of palliative care nationally. » Improve palliative care demand forecasting and improving continuity of care across services and care settings. » Improve coordination of linkages, referrals and delivery of palliative care across services and care settings. » Improve access to medicines and equipment for pain relief and palliative care. » Improve Information Systems, quality improvement and build research capacity in palliative care.

Strengthen Rehabilitation Services	» Improve delivery of rehabilitation services at all levels of care	» Decentralize rehabilitative services to be available at all levels of service delivery. » Recruit rehabilitation specialists. » Improve supply chain of key rehabilitation commodities and assistive technology. » Build capacity of health care workers on rehabilitative care services. » Create awareness on prevention of disability and rehabilitation services.
Snake Bites	» Achieve a reduction of mortality by 50%	» Provide antivenom to all health facilities for treatment according to the guidelines. » Procurement of antivenom. » Provide health education for snakebite prevention and seeking early treatment. » Engage communities on snake bites.
Dental and Oral Health	» Provision of essential oral health services	» Decentralize dental/oral health services to primary level guided by the EHCP. » Ensure availability of dental/oral health supplies.
	» Provide rehabilitative oral health services	Promote and provide rehabilitative oral health services for proper function.
	» Oral health promotion	» Scale up oral health promotion / health education. » Establish school-based toothbrush program.
	» Increase specialties in oral health	» Recruit dental therapists and technologists. » Recruit oral health specialists.
Ear, Nose and Throat (ENT) Health	» Provision of essential ENT health services	» Decentralize ENT health services to all levels of service delivery guided by the EHCP. » Ensure availability of ENT health supplies. » Promote and provide rehabilitative ENT health services for proper function.
	» Increase specialties in ENT health	Recruit ENT specialists. Recruit ENT therapists and technologists.
Eye Conditions	» To counter the transmission of eye infections (Communicable eye conditions including Viral conjunctivitis, Bacterial Conjunctivitis, Ophthalmia Neonatorum etc.) to reduce/ prevent avoidable to all people by the year 2030	» Develop, disseminate IEC material on transmissible eye conditions. » Conduct community dialogues on eye care. » Promote early health seeking behaviors on eye care.

	» To prevent /reduce blindness from complications of non-communicable diseases including, refractive errors, cataract, diabetic retinopathy, hypertensive retinopathy, glaucoma, and eye Injuries	» Build capacity on primary eye care to at least 90% of health care workers. » Conduct follows ups for diabetic, hypertensive and for people living with HIV to identify early complications. » Advocate for training of more ophthalmologists for regional hospitals and more optometrists and ophthalmic nurses for the regional hospitals and health care centers. » Recruit eye specialists.
	» Provide rehabilitative eye services	» Promote and provide rehabilitative eye services for the visually impaired.
Strengthen routine services for the old people	» Developing essential care package for elderly population at PHC level integrated in the EHCP	» Accelerate universal access for essential elderly/geriatric health interventions.
Health and Wellness Services	» Strengthen effective leadership and governance at national level	» Advocate for buy in for the wellness program among management team at National, Regional and facility level. » Advocate for budget line/centre number (responsibility centre). » Strengthen coordination of Health and Wellness services National, Regional and facility level.
	» To improve health outcomes and equity as well as strengthening health systems for healthcare workers	» Improve healthcare services and promote patient centred care. » Mapping of key stakeholders.
	» To provide comprehensive, integrated, and responsive Health and Wellness services	» Build the capacity of Health and Wellness for Health Care workers.
	» Establish and sustain intersectoral health and wellness forums at National, regional and community level	» Establish a Technical Working Group for Health and Wellness.

4.4. Strategic Objective 4: Strengthen Inter Sectoral Collaboration to Address all (Non-Biological) Determinants of Health in Eswatini

4.4.1. Introduction

This strategic objective focuses on harnessing and strengthening multi, and cross sectoral collaborations and actions which are essential in addressing the increasing effect of non-biological department of health. Specifically, the objective shall focus on addressing the following non-biological determinants of health:

- Environmental determinant of health
- Social determinants of health
- Economic determinants of health
- Civil and political determinants of health

4.4.2. Environmental Determinants of Health Including Climate Change

This strategic area focuses on various strategies and interventions that the sector shall undertake to address and mitigate against environmental determinants of health including risk of climate change in the country.



TABLE 22. Below summarizes the objectives and various priority strategic interventions that shall be deployed in this strategic area

STRATEGIC FOCUS	OBJECTIVES	PRIORITY STRATEGIES AND INTERVENTIONS
Tackle food and waterborne diseases.	Ensure food and water safer	<ul style="list-style-type: none"> » Strengthen capacity for food and water quality monitoring. » Promote and create awareness of food safety and hygiene culture. » Establish a food laboratory for food and water analysis. » Procure portable labs and consumables for onsite water analysis. » Establishment and enforcement of water and food safety legal framework.
Sanitation and Hygiene	Adress sanitation and hygiene	<ul style="list-style-type: none"> » Increase access to sanitation and hygiene facilities.
Housing and Health Related Conditions - indoor pollution	To prevent health risks that can emanate from built environment	<ul style="list-style-type: none"> » Establish a health monitoring system in the built environment. » Develop inspection guidelines and protocols for buildings (Commercial, Residential and Institutions.
	Adress housing related health condition	<ul style="list-style-type: none"> » Establish an effective occupational health and safety legal and policy framework in the country. » Establish a health and safety program in health facilities, schools, and other workplaces.
Climate change	Enhance climate risk mitigation	<ul style="list-style-type: none"> » Promote climate change awareness at all levels of health system and communities. » Mainstream climate change in national health policies and strategies. » Conduct climate change and vulnerability assessments of the health sector to climate change impacts at national, regional and community levels. » Improve the capture, management, storage, and dissemination of health information to understand the impact, and measure the scale and nature of health vulnerability to climate change, the vulnerability of the health sector and the main impacts on health as trends. » Link data on epidemiology of diseases with climate data (including historical climate data). » Implement a national information centre that is linked to relevant regional centres containing detailed timed information on the incidence and type of diseases and their geographical locations and linked environmental and climatological data. » Strengthen the climate resilience and environmental sustainability of healthcare services and systems including development of tools, guidance and training packages on climate change and health systems & services in Eswatini. » Develop a comprehensive regulatory framework to mainstream climate change into the health sector to achieve the desired outcomes.

4.4.3. Social Determinants of Health

This strategic area focuses on various strategies and interventions that the sector shall undertake to address and mitigate against social determinants of health in the country.

Table 23 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 23. Summary of objectives and strategic interventions for addressing social determinants of health

FOCUS AREA	OBJECTIVE	PRIORITY INTERVENTIONS
Education Promotion	Promote universal access to basic and secondary education	<ul style="list-style-type: none">» Promote universal access of basic education for all children in the country.» Adopt and strengthen health education strategies to address negative health beliefs and practices.
Gender equity	Promote gender equity and inclusion	<ul style="list-style-type: none">» Promote gender equity and equality in access to essential health services.» Strengthen interventions on prevention of gender based and domestic violence and suicide prevention.
Alcohol and substance abuse	Mitigate against negative effects of alcohol and substance abuse	<ul style="list-style-type: none">» Strengthen alcohol and substance abuse prevention programs and interventions (in- and outpatient treatment), continuation of care.» Develop and enforce legislation on alcohol and substance abuse control.
Alternative Medicine	Strengthen collaboration with Traditional and spiritual health practitioners	<ul style="list-style-type: none">» Develop a traditional and alternative medicine policy and guidelines.

4.4.4. Economic Determinants of Health

This strategic area focuses on various strategies and interventions that the sector shall undertake to address and mitigate against economic determinants of health in the country.

Table 24 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 24. Summary of objectives and strategic interventions for addressing economic determinants of health

FOCUS AREA	OBJECTIVE	PRIORITY INTERVENTIONS
Economic Empowerment	Promote economic empowerment	» Adopt economic empowerment Programmes and interventions aimed a poverty reduction in the country.
Social welfare services	Promote social welfare	» Strengthen public funded social welfare services to reach vulnerable populations.

4.4.5. Civil and Political Determinants of Health

This strategic area focuses on various strategies and interventions that the sector shall undertake to address civil and political determinants of health in the country.

Table 25 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 25. Summary of objectives and strategic interventions for addressing civil and political determinants of health

FOCUS AREA	OBJECTIVES	PRIORITY INTERVENTIONS
Civil Registration and Vital Statistics	Improve Civil Registration and National Vital Statistics	» Accelerate implementation of comprehensive civil registration and statistics system in the country. » Capacity strengthening for CRVSS. » Accelerate the registration and report of births deaths and causes of death.
Health mainstreaming	Promote health mainstreaming in government policy making	» Adopt and implement a health in all health policies.

4.5. Strategic Objective 5: Enhance Health Security and Health Intelligence Capacity in the Country

4.5.1. Introduction

This strategic objective focuses on addressing the increasing importance of heath intelligence and health security in the country. Specifically, it addresses the following strategic areas.

- International health regulations and global health security
- Integrated Disease Surveillance and Response
- Multisectoral Response mechanisms

4.5.2. International Health Regulations and Global Health Security

This strategic area focuses on various strategies and interventions that the sector shall undertake to address international health regulations (IHR) and global health security.

Table 26 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 26. Summary of objectives and strategic interventions for addressing international health regulations

STRATEGIC FOCUS	OBJECTIVES	PRIORITY STRATEGIES
» To strengthen risk assessment, mapping, monitoring, and evaluation of national capacity to prevent, detect and respond to public health and humanitarian emergencies. JEE, SPAR TOOL, VRAM	» Conduct the Strategic Tool for Assessing Risks (STAR)	» Develop and update disease specific contingency plans. » Develop an M&E framework for STAR. » Train multisector (AVoHC) emergency responders. » Establish medical counter measures and intercountry collaboration and engagements. » Conduct STAR review biennial.
» Build capacity to implement IHR (2005) core capacities	» Develop National IHR implementation strategy.	» Strengthen port health surveillance. » Conduct annual IHR 2005 reporting. » Conduct Joint External Evaluation. » Implement the recommendations of the Joint External Evaluation. » Conduct simulation exercises and after-action reviews on emergency preparedness capacities.

4.5.3. Integrated Disease Surveillance and Response

This strategic area focuses on various strategies and interventions that the sector shall undertake to address integrated disease surveillance and response (IDSR) in the country.

Table 27 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 27. Summary of objectives and strategic interventions for addressing IDSR

STRATEGIC FOCUS	OBJECTIVES	PRIORITY STRATEGIES
To strengthen IDSR implementation and coordination of Surveillance activities	Build a robust, integrated, and reliable surveillance system	<ul style="list-style-type: none"> » Conduct epidemiological studies to inform policy direction through an evidence-based approach. » Establish a unified decentralized surveillance structure, with all surveillance officers reporting to the EDCU. » Develop a unified framework for surveillance data. » Develop Community Based Surveillance (CBS) system. » Implement Event Based Surveillance (EBS).
	Timely identification, investigation, and trigger response to events of public health concern and emergencies	<ul style="list-style-type: none"> » Monitor disease thresholds and trends. » Regular review and updating of case definition. » Investigate all suspected and confirmed outbreaks or events to inform a timely and effective response.
	Strengthen epidemiological surveillance capacity	<ul style="list-style-type: none"> » Conduct capacity building on IDSR implementation for all health workers. » Conduct capacity building on Epidemiological skills (Field Epidemiology Training Program). » Strengthen analytic skills for data analysis, interpretation and use at all levels (health facility, regional and national levels). » Provide epidemiological expertise and training at all levels.
	Produce regular epidemiological information products	<ul style="list-style-type: none"> » Publish epidemiological information products (IDSR weekly reports, weekly bulletin, Monthly bulletins, Public Health Threats).
	Dissemination of surveillance data to National and regional stakeholders	<ul style="list-style-type: none"> » Regularly communicate surveillance data (trends) to stakeholders.
Existence of a functional Public Health Emergency Operation Centre (PHEOC)	Strengthen and maintain a functional PHEOC to coordinate, manage and link with other EOCs for response to public health emergencies	<ul style="list-style-type: none"> » Strengthen and maintain a functional PHEOC to coordinate, manage and link with other EOCs for response to public health emergencies. » Review of Emergency Operation Centre Manual, Procedures and Plans to incorporate bio-surveillance laboratory networks and information systems. » Conduct Training of staff on PHEOC procedures, plans and surge capacity. » Strengthen coordination and collaboration within the Ministry of Health, Animal health and other UN Agency and multi-sectoral. » Train health workers on Public Health Emergency Management (PHEM).

Existence of a National Public Health institute (NPHI)	Establish Eswatini CDC	<ul style="list-style-type: none"> » Develop legislation establishing the NPHI and guiding documents. » Conduct a baseline assessment. » Develop NPHI structure/organogram. » Develop NPHI infrastructure. » Establish posts and recruit NPHI staff. » Build workforce capacity of NPHI staff.
Existence of a functional National Public health Laboratory (NPHL)	Establishment of the National Public health Laboratory (NPHL)	<ul style="list-style-type: none"> » Advocate for NPHL budget allocation (designated centre number). » Solicit funding to support a fully-fledged NPHL infrastructure (Redesigning/restructuring of the designated building, Human resource, Equipment with service contracts, Reagent and consumables, Internet support, biometric system installation, Lab information system licensing etc.) » Coordinate Laboratory based surveillance for prompt response to public health threat, (outbreak response). » Generate research based scientific evidence that informs public health practice and law. » Collaborate with academic institutions to carry out research activities for public health interventions.

4.5.4. Multisectoral Response Mechanisms

This strategic area focuses on various strategies and interventions that the sector shall undertake to strengthen multisectoral outbreak response mechanisms in the country.

Table 28 below summarises the objectives and various priority strategic interventions that shall be deployed in this strategic area.

TABLE 28. Summary of objectives and strategic interventions for strengthening multisectoral response mechanisms

STRATEGIC FOCUS	OBJECTIVES	PRIORITY STRATEGIES
Existence of a functional Public Health Emergency Operation Centre (PHEOC)	» Strengthen and maintain a functional PHEOC to coordinate, manage and link with other EOCs for response to public health emergencies	<ul style="list-style-type: none"> » Strengthen and maintain a functional PHEOC to coordinate, manage and link with other EOCs for response to public health emergencies. » Review of Emergency Operation Centre Manual, Procedures and Plans to incorporate bio-surveillance laboratory networks and information systems. » Conduct Training of staff on PHEOC procedures, plans and surge capacity. » Strengthen coordination and collaboration within the Ministry of Health, Animal health and other UN Agency and multi-sectoral. » Train health workers on Public Health Emergency Management (PHEM).
Strengthen the Antimicrobial Resistance Containment with a multi-sector collaboration	<ul style="list-style-type: none"> » Strengthen the governance and leadership of the AMR containment committee (AMRCC) » To prevent and slow down the spread of antimicrobial resistant pathogens, monitoring with a multi-sector involvement and collaboration 	<ul style="list-style-type: none"> » Develop/review national action plan for AMR surveillance and its implementation plan. » Promote cross-sectoral collaboration in mitigation of AMR through regular reviews and coordinated response. » Strengthen multi-sector AMR data sharing and review for improved interventions under one health approach. » Enhance leadership, governance, coordination, and investment in containing AMR. » Improve awareness and understanding of AMR through effective communication, education, and training of health providers. » Strengthen community literacy about AMR issues in country and at global level. » Strengthen the knowledge and evidence base for AMR containment through surveillance and research. » Promote inter sectoral collaboration for reduction of the incidence of infection with resistant pathogens and for optimized use of antimicrobial medicines in human and animal health sectors through AMR stewardship.



Implementation Arrangements



Chapter 5. Institutional Framework for Implementation

5.1. Implementation of the National Health Sector Strategic Plan

This National Health Sector Strategic Plan 2024-2028 outlines the next five-year health sector strategic agenda for the Kingdom of Eswatini. It is aligned to the National Development Plan 2024-2028. The NHSSP 2024/2025-2027/2028 implementation arrangements shall be fully aligned with the government long-term development plan.

This NHSSP 2024/2025-2027/2028 shall be operationalized through respective, Ministry of Health (MoH) Directorates, Departments, Units and Public Health Program strategies and plans (at national level); and Regional, and facility level operational plans (at sub-national levels). These strategies and plans for all the levels and planning units will subsequently be operationalized through annual work plans which will be developed in alignment with the annual government of the Kingdom of Eswatini budget cycle guided by Ministry of Finance, Ministry of Public Service and Ministry of Economic Planning and Development.

In addition, the government through the MoH shall seek to enact, revise and/or update all necessary policy tools including relevant legislation, policies and guidelines that shall be required to facilitate the smooth implementation of the various strategies and interventions outlined in this NHSSP 2024/2025-2027/2028.

5.2. Leadership, and Stewardship of the NHSSP 2024/2025-2027/2028 Implementation

The government through the MoH shall assume the overall leadership and stewardship of the health sector in the country. At the regional levels, the Regional Health Management Teams shall provide the leadership and stewardship role of the health sector within their respective jurisdiction.

During the implementation of this NHSSP 2024/2025-2027/2028, several strategies and interventions shall be undertaken to strengthen the organizational management structures of the MoH across levels, including providing more role clarity capacity strengthening and legal empowerment to enable these structures to provide the sector stewardship roles more adequately.

5.3. Governance Framework for the NHSSP 2024/2025-2027/2028

To ensure compliance in the delivery of the aspirations of this NHSSP 2024/2025-2027/2028, the government shall enact and/or update all relevant legislations for purposes of strengthening health sector regulations.

These legislations shall aim at strengthening the health sector regulatory framework by establishing or/and strengthening all relevant health sector regulatory bodies

through providing them with more autonomy, role clarity and authority to execute their regulatory mandate.

To enhance direct community/social accountability in the implementation of this NHSSP 2024/2025-2027/2028, the government shall activate and/or strengthen health sector social accountability structures. At the national level, parliament through the relevant parliamentary committee(s) shall be empowered and engaged to provide a more active supportive role; and strengthening its accountability and oversight roles in facilitating and tracking the implementation of this NHSSP 2024/2025-2027/2028.

At the regional level, the Regional Administration and Chiefdoms shall be mobilized and engaged to play a more active oversight role of the health sector within their respective regions.

At the facility levels, Health Facility Management Teams and Committees (HMTs/FMCs) shall be established in all health facility levels; and/or their capacities strengthened, for them to play a more active oversight role at the respective facility level.

5.4. Partnership Coordination Framework for the Implementation of the NHSSP

The health sector plays a crucial role in the overall national development agenda in the country. The functioning and performance of the health sector plays a critical facilitating

role for other sectors, and subsequent contribution into the country's development agenda. Similarly, there are other sectors whose functioning and performance also do play a complementary and facilitatory role for the health sector's performance.

Within the health sector, beyond the MoH, there are multiple other actors including other government agencies, United Nations (UN) partners, bilateral partners, civil society organizations and various private sector players who play an active role in the health sector functioning. This NHSSP 2024/2025-2027/2028 will prioritize the development and

operationalization of a comprehensive health sector partnership coordination framework which shall outline the structures and processes for coordinating the roles of various government and non-government health sector actors.

At the broader government level, the government in recognizing that population health can be improved through policies and actions of other sectors, shall adopt "health in all policies" policy. This will aim at ensuring coherent and synergistic government actions across all sectors that have a direct and indirect effect on population health.







Chapter 6. Monitoring and Evaluation

6.1. Performance Review and Monitoring

The NHSSP's implementation will be guided by various strategic tools, including strategic plans for national-level directorates, departments, and programs, regional operational plans, health facility operational plans, and their respective annual workplans. These tools will play a crucial role in monitoring and tracking the progress of the NHSSP.

To ensure effective implementation, annual workplans will be evaluated at the end of each fiscal year. Strategic plans will undergo both mid-term and end-term reviews to assess progress and identify areas for improvement.

A core set of generic indicators, as outlined in Table 11, will be used to monitor the implementation and achievements of the NHSSP 2024/2025-2027/2028. These indicators will also assess the overall performance of the health sector.

These indicators will be adapted to track the progress of strategic and annual workplans across various planning units. This will be done through the public sector Performance Management System (PMS), ensuring alignment with routine reporting, surveys, research studies, and evaluations.

The NHSSP's performance monitoring framework will include regular assessments of the annual workplans, allowing for timely adjustments and improvements in implementation strategies.

Mid-term and end-term reviews of strategic plans will provide critical insights into the effectiveness of the NHSSP, helping to guide future health sector policies and initiatives.

The use of generic indicators will enable a consistent and comprehensive approach to tracking the progress of the NHSSP, ensuring that key objectives are met over the 2024/2025-2027/2028 period.

The integration of the Performance Management System (PMS) with routine monitoring and evaluation activities will facilitate a holistic approach to assessing the NHSSP's impact, supported by data from various sources including surveys and research studies. The details of the health sector monitoring and evaluation have been elaborated in the M&E plan accompanying this health sector strategic plan.



TABLE 29. Core Indicators for Monitoring the NHSSP 2024-28

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
Health System Investments (Inputs)	Health Infrastructure	Health facility density and distribution	2.6	2.8	3	HHFA; MFL
		Proportion of health facilities meeting minimum standards as defined by the Infrastructure norms and standards	TBD	50%	75%	HHFA
		Health Infrastructure Government Budget allocation as a percentage of Government Health Budget allocation	4.1%	4.5%	5%	Eswatini Annual Budget Estimate Book
		Health Infrastructure Government Budget expenditure as a percentage of Government Health Budget expenditure	4%	4.5%	5%	Ministry of Finance Annual Report
		Percentage population living within 5-8 Kms to nearest health facility	TBD	≥75%	≥80%	HHFA
	Human Resources for Health	Proportion of established positions filled in the public sector	92.7%	95%	98%	HRH Annual Report
		Budget allocation on HRH as a percentage of MoH budget allocation	28.2%	29.2%	30.2%	Eswatini Annual Budget Estimate Book
		Availability of HRH Strategy	No	Yes	Yes	HRH Strategy
		Health workforce density per 10,000 population	Doctors: 5.78; Nurses/ Midwives: 44.13; CHVs: 27.26	Doctors: 6; Nurses/Midwives: 45; CHVs: 40	Doctors: 7; Nurses/ Midwives: 46; CHVs: 50	HRH Annual Report/RHM Report
	Essential Medicines and Medical Supplies	Annual MoH budget allocation on EMMS as a percentage of MoH budget allocation	25.6%	26%	27.5%	Eswatini Annual Budget Estimate Book

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		Annual MoH budget expenditure on EMMS as a percentage of MoH budget expenditure	14.05%	15%	16%	Ministry of Finance Annual Report
		Average Order fill rate (product) of pharmaceutical and non-pharmaceutical commodities	45	65	80	CMS Stores Order Fill Rate Report
		Proportion of health facilities with essential (tracer) medicines	67%	77%	90%	Pharmaceutical Performance Report
		Proportion of facilities with functional Medicine Therapeutic Committees (MTCs)	Clinics: 0%; Health centres and Hospitals: 80%	Clinics: 20%; Health centres and Hospitals: 100%	Clinics: 50%; Health centres and Hospitals: 100%	RHMT Reports
	Health Financing	Total public health expenditure as a % of gross domestic product	4.6%	5.0%	5.2%	Eswatini Government Annual Budget Estimate Book
		Per capita health expenditure (USD)	\$342	\$356	\$370	National Health Accounts
		Out of pocket expenditure as a percentage of Current Health Expenditure	9.2%	8.7%	8.2%	National Health Accounts
	Strategic Information for Health Systems	Percentage of health facilities with complete documentation of mandatory data elements for health services in CMIS (and HMIS Portal)	TBD	≥90%	≥90%	HMIS Data Quality Reports
		Percentage of health facilities submitting timely reports	TBD	≥90%	≥90%	HMIS Data Quality Reports
		The proportion of health facilities with Electronic Health Records (CMIS)	71%	80%	95%	HMIS Reports
		Proportion of facilities experiencing CMIS downtime	TBD	≥5%	≥5%	HMIS Reports
		Number of data review meetings conducted (ReHSAR and NaHSAR)	2	5	5	Data Review Reports
	Service Delivery systems	Percentage facilities with up-to-date treatment guidelines	100%	100%	100%	HHFA
		Percentage of health facilities with referral and linkages SOPs	TBD	100%	100%	HHFA

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
	Leadership and governance	Proportion of level 1 health facilities with defined and integrated community health services (CHS)	TBD	50%	80%	Facilities annual report
		Percentage facilities with client feedback systems	75%	80%	85%	NQMP Annual Reports
		Percentage regions/health facilities with up-to-date Annual work plans	Regions: 100%; Facilities: TBD	Regions: 100%; Facilities: 80%	Regions: 100%; Facilities: 90%	Quarterly Regional review reports/HHFA
		Percentage regions/health facilities conducting routine (annual/quarterly/monthly) performance review meetings	Regions: 100%; Facilities: 60%	Regions:100%; Facilities: 100%	Regions:100%; Facilities: 100%	Quarterly data review reports/ FaHSAR/MDT reports
		Percentage facilities receiving routine quarterly supervision	70%	80%	90%	NQMP Annual reports
		Percentage regions/facilities with functional governance structures (Regional Health Management Team)	Regions: 100%; Facilities: TBD	Regions:100%; Facilities: 100%	Regions:100%; Facilities: 100%	RHMT reports
		Percentage regions/facilities with functional stakeholder engagement structures (Regional stakeholder engagement forums)	Regions: 100%; Facilities: TBD	Regions: 100%; Facilities: 70%	Regions: 100%; Facilities: 90%	RHMT reports
		Proportion of constituencies (Tinkhundla) with active client lead monitoring structures	0%	25%	50%	Ministry of Tinkhundla
Health System Outputs	Access to essential health services	BCG Coverage	96.1%	98%	98%	Child Health Annual Report
		Percentage children with zero dose immunisation for DTP 1	8%	<5%	<5%	Child Health Annual Report
		Proportion of population living within 5-8 km to a health facility	TBD	TBD	TBD	HHFA
		Proportion of population with household spending on health greater than 10% of total household budget	5%	4.5%	4.5%	ESHIES
		Proportion of population with household spending on health greater than 25% of total household budget	1%	0.5%	0.5%	ESHIES
		Out of pocket expenditure as a percentage of Current Health Expenditure	9.2%	8.6%	8%	National Health Accounts

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
	Demand for essential health services	OPD per capita utilisation rate	TBD	TBD	TBD	CMIS/HMIS (OPD reports)
		Percentage of infants receiving three doses of Penta3/DPT3	85%	90%	95%	Child Health Annual Report
		Percentage children with zero dose immunisation for DTP-1	8%	<5%	<5%	Child Health Annual Report
		Proportion of clients satisfied with services	80%	83%	85%	NQMP Annual Report/ CSFM
	Quality of Care	TB treatment success rate	79%	>90%	>90%	TB Program Annual Report
		Average (In patient) Length of Stay (ALOS)	1.8	1.5	1.2	Annual Regional Performance reports
		Facility neonatal deaths rate	21	17	13	SRH Annual Report
		Fresh stillbirth rate	14.2	13	10	SRH Annual Report
		The proportion of facility maternal deaths audited	75%	80%	85%	SRH Annual Report
		Percentage of healthcare facilities complying with quality of care standards	7%	30%	50%	NQMP Annual Reports
		Proportion of health facilities complying with IPC guidelines	12%	40%	60%	NQMP Annual Reports
	Resilience	Average of 19 International Health Regulations core capacity scores	42%	50%	60%	SPAR/JEE
		Sub-national level health system resilience index	TBD	50	80	Sub-national Unit (SNU) Functionality
		Percentage of healthcare workers trained on public health emergency management	5%	15%	40%	PHEOC Report
		Percentage of health facilities with updated public health emergency management, preparedness and response plans	0%	45%	75%	PHEOC report
		Availability of an operational One Health mechanism/roadmap for improved IHR core capacities and health security	No	Yes	Yes	SPAR/JEE

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		Availability of a fully functional PHEOC according to WHO minimum standards	Partial	Yes	Yes	PHEOC report
Health System Outcomes (Health service Coverage)	RMNCHA-AE	Timing of first ANC Visit	22%	30%	40%	SRH Annual Reports & MICS
		4 ANC visits coverage rate	99%	99%	99%	SRH Annual Reports & MICS
		Proportion of deliveries conducted by skilled birth attendants	93%	95%	>95%	SRH Annual Reports & MICS
		Facility (Institutional) Maternal Mortality Ratio	90	80	75	SRH Annual Report
		Fresh stillbirth rate	14.2	13	12	SRH Annual Reports
		Facility neonatal deaths rate	21	17	10	SRH Annual Report
		BCG coverage rate	96.1%	98%	98%	RI Data (HMIS) & Child Health Annual Report
		Percentage of infants receiving three doses of Penta3/DPT3	90%	95%	95%	RI Data (HMIS) & Child Health Annual Report
		Measles containing vaccine second dose (MCV2) immunization coverage by the nationally recommended age (%)	83.7%	93%	95%	RI Data (HMIS) & Child Health Annual Report
		Full Immunization Coverage	84.7%	93%	95%	RI Data (HMIS) & Child Health Annual Report
		Percentage of children 0-5 (<6) months who were exclusively breastfed	54.3%	70%	80%	MICS
		Percentage children with zero dose immunisation for DPT-1	8%	<5%	<5%	Child Health Annual Report
		Percentage of young girls who have received full vaccination for HPV	73%	90%	95%	Child Health /NCCU Annual reports

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
	Malaria	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods (%)	73%	80%	90%	MICS
		Unmet need for family planning	20.4%	18.5%	17%	MICS
		Number of confirmed malaria cases	Local cases: 273; Imported cases:	Local cases: 130; Imported cases:	Local cases: 50; Imported cases:	Malaria Program Annual Report
		Malaria mortality rate	TBD	<0.01	<0.01	Malaria Program Annual Report
		Proportion of population at risk receiving at least one round of indoor residual spraying	95%	97%	100%	Malaria Program Annual Report
	HIV/AIDS	HIV Incidence rate	0.62 %	0.55 %	0.31 %	SHIMS
		Proportion of HIV positive pregnant women who are currently on ART	97%	98%	99%	SRH Report
		Number of HIV-related deaths per 100,000 population	~2,730	1,752	<1,100	HIV Estimates and Projections
		PLHIV who are aware of their HIV positive status	Adults = 93.7% 0-14 yrs = FSW & MSM = 80%	≥ 95%	≥ 95%	SHIMS 3, 2021 IBBSS & HIV Estimates and Projections
		PLHIV who know their HIV status on ART	Adults = 97.3% 0-14 yrs = FSW & MSM = 97%	≥ 95%	≥ 95%	SHIMS 3, 2021 IBBSS & HIV Estimates and Projections

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		PLHIV on ART with a documented VL<1000 copies/ml	Adults = 96.2% 0-14 yrs = FSW & MSM = 94%	≥ 95%	≥ 95%	SHIMS 3, 2021 IBBSS & HIV Estimates and Projections
	TB	TB incidence rate (per 100,000 population)	325	265	239	TB Program Report
		TB treatment success rate	79%	>90%	>90%	TB Program Report
		TB treatment coverage rate	61%	80%	>90%	TB Program Report
		Percentage of TB patients with documented HIV status recorded who are HIV-positive	99%	99%	99%	TB Program Report
	Other Communicable Diseases	Incidence of Hepatitis B	TBD	TBD	TBD	HIV, Hepatitis and STI/Lab Reports
	NTDs	Number of NTDs eliminated from Eswatini	0	1	3	NTD Reports
		Population coverage with mass drug administration for common NTDs	SCH: 19.3%; STH: 70%	SCH: 75%; STH: 75%	SCH: 90%; STH: 90%	NTD Annual Report
	NCDs	In-patient mortality due to NCDs (per 1,000 population)	159	151	143	NCD/IMH report
		Number (%) of clients (18+ years) screened for NCDs at OPD	- Diabetes = 138,437 - Hypertension = TBD	- Diabetes =TBD Hypertension = TBD	- Diabetes =TBD Hypertension = TBD	NCD/IMH report

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		Number (%) of clients newly diagnosed with NCDs at OPD	- Diabetes = TBD - Hypertension =	- Diabetes = 20% increase from baseline - Hypertension = 20% increase from baseline	- Diabetes = 40% increase from baseline - Hypertension = 40% increase from baseline	NCD/IMH report
		Percentage of clients on NCD treatment	- Diabetes = - Hypertension =	- Diabetes = 20% increase from baseline - Hypertension = 20% increase from baseline	- Diabetes = 40% increase from baseline - Hypertension = 40% increase from baseline	NCD/IMH report
		Suicide mortality rate (per 100,000 population)	29.4	25%	20%	REPS Reports
		Total alcohol per capita (≥ 15 years of age) consumption (litres of pure alcohol)	8.1	5	3	STEPS
		Age standardized prevalence of hypertension (raised blood pressure) among adults aged 30–79 years (%)	TBD	20% reduction from baseline	20% reduction from baseline	STEPS
		Hypertension Incidence rate (per 100,000)	1,201	1,140	1,083	- NCDIMH Annual report
		Diabetes incidence rate (per 100,000)	421	399	379	- NCDIMH Annual report
		Percentage of women aged 25-49 years screened for cervical cancer	48%	65%	90%	NCCU Annual reports
		Percentage of women identified with having precancerous lesions that received treatment	65%	80%	90%	NCCU Annual reports

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		Percentage of women identified with having invasive cancer that received treatment	58%	70%	85%	NCCU Annual reports
		Road traffic mortality rate (per 100,000 population)	34	32	30	Road Safety Council/ REPS Report
		UHC (Service Coverage) Index	56	60	70	Eswatini Health Observatory
Health Security	IHR Index	Average of 19 International Health Regulations core capacity scores	42%	60%	70%	SPAR/JEE Report
	Inherent System Resilience	Sub-national level health system resilience index	TBD	20% increase from baseline	40% increase from baseline	Sub-national Unit (SNU) Functionality
Other Determinants of Health	Social Determinants of Health	Percentage of adults aged 15-49 years who completed secondary education	Female: 80.2%; Male: 75%	Female: 85%; Male: 80%	Female: 90%; Male: ≥85%	Education Management Information System/MICS
		Adult literacy rate (population ≥15 years)	89%	90%	>90%	Education Management Information System/MICS
		Adolescent birth rate	10-14 years: TBD; 15-19 years: 78	10-14 years: TBD; 15-19 years: 70	10-14 years: TBD; 15-19 years: 65	SRH Annual Report/MICS
		Percentage of women aged 15-49 years who have ever experienced physical and/or sexual violence in the past 12 months	Physical Violence: 6% Sexual Violence: 0.5%	Physical Violence: 3% Sexual Violence: 0.3	Physical Violence: <1% Sexual Violence: <0.1%	MICS/SRH Annual Report
		Proportion of women and girls aged 15-49 years subjected to physical and/or sexual violence in their lifetime (%)	28.4%	25%	20%	MICS

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		Proportion of men and women aged 18-24 years who experienced sexual violence by age 18	Females: 5.5%; Males: 2.1%	Females: 4.5%; Males: 1.8%	Females: 3.5%; Males: 1.5%	Eswatini Violence Against Children and Youth Survey Priority Indicator Report Survey
	Environmental Determinants of Health	Percentage of households using improved sanitation facilities	58%	63%	68%	EHD Reports
		Percentage of households with access to hygiene facilities	55%	60%	65%	EHD Reports
		Availability of a fully functional food laboratory	No	Yes	Yes	EHD Reports
		Percentage of food borne pathogens and food borne hazards detected and managed timely	0%	45%	80%	EHD Reports
		Availability of mitigation and adaptation plan for climate change in the health sector	No	Yes	Yes	EHD Reports
		Percentage of households with access to safe water facilities	81.2	85%	89%	MICS
		Percentage of children under 5yrs who are overweight	9.8%	9.5%	8.5%	Child Health Annual Report/Vulnerability Assessment report/ MICS
		Percentage of children under 5 years who are stunted	20.0%	18%	17.5%	Child Health Annual Report/Vulnerability Assessment report/ MICS
		Percentage of children under 5 years who are wasting	1.8	1.5%	1.3%	Child Health Annual Report/Vulnerability Assessment report/ MICS
	Economic Determinants Rate	Urban Unemployment Rate	-	-	-	-
		Youth Unemployment Rate	58.2%	20% decrease from baseline	40% decrease from baseline	-
		Human Development Index	0.61	0.65	0.7	-

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
		% of the population living below the international poverty line of US\$2.15 per day	TBD	30% decrease from baseline	30% decrease from baseline	-Planning Unit
	Security/ Political Determinants of Health	Mortality rate due to homicide	12.66	11%	10%	REPS Report
		Percentage of health facilities with access to source of safe water	TBD	80	100%	HHFA
		Percentage of health facilities with access to source of reliable electricity/energy	TBD	70	90%	HHFA
		Birth registration rate for children under 5 years (from CRVS)	65.7	70%	80%	MICS
		Death notification rate (from CRVS)	TBD	80%	100%	
Health System Impact	Burden of risk factors minimised	Fertility rate	3.2	3.35	3.5	MICS/Census
		Percentage of children 0-5 (<6 months) months who were exclusively breastfed	54.3%	63%	70%	MICS
		Prevalence of stunting in children under 5yrs (%)	20.0%	18%	17.5%	Child Health Annual Report/Vulnerability Assessment report/ MICS
		Prevalence of overweight in children under 5yr (%)	9.8%	9.5%	8.5%	Child Health Annual Report/Vulnerability Assessment report/ MICS
		Prevalence of anaemia in women of reproductive age (15–49 years) (%)	TBD	30% decrease from baseline	60% decrease from baseline	TBD

DOMAIN	ELEMENT	TRACER INDICATORS	BASELINE	MID-TERM TARGET	END-TERM TARGET	DATA SOURCE
	Burden of disease – by age and condition reduced	Neonatal mortality rates	21	17	13	- IDSR - MICS/Census
		Under-five mortality rate	41	33	25	MICS/Census
		Maternal mortality ratio (per 100,000 live births)	452	401	350	Census
	Length and Quality of Healthy Lives Increased	Life expectancy at birth	Males: 61; Females: 65; Average: 63	Males: 61.5; Females: 65.5; Average: 63.5	Males: 62; Females: 66; Average: 64	CSO

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