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General data

POPULATION, 2023  
**1,210,822**

PHYSICIANS/1000 INH, 2020-2022  
**1.6**

NURSES/1000 INH, 2020-2022  
**3.19**

LIFE EXPECTANCY, 2022  
**64.40**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**126**

GDP PER CAPITA (US\$), 2023  
**3,610.61**

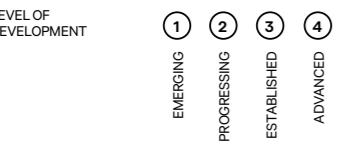
HEALTH EXPENDITURE, 2021  
**279.92**

UNIVERSAL HEALTH COVERAGE, 2021  
**56**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



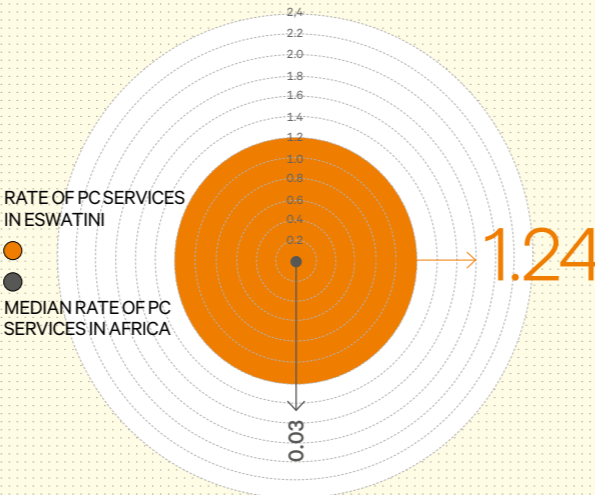
Eswatini

F Provision of PC (Specialised Services)

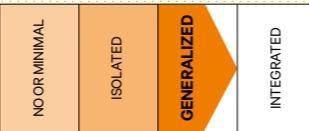
Total number of Specialised PC services  
**15**

Rate of PC services per 100,000 inhabitants  
**1.24**

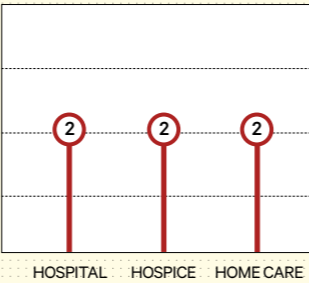
Eswatini in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**3**

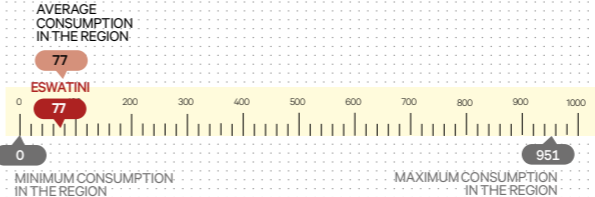
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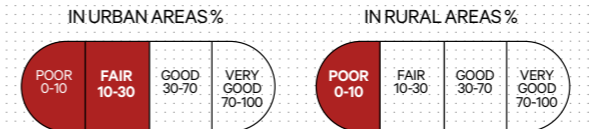
D Use of essential medicines

Opioids consumption (excluding methadone)  
**77**  
S-DDD/MILL INHABITANTS/DAY

Eswatini in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: No.  
Consultants: Ntombifuthi Ginindza.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association: Endorsed By External Expert indicated by APCA.  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching  
**0/1**

Nursing schools with mandatory PC teaching  
**4/4**

Recognition of PC specialty  
**1**

B Policies

National PC plan or strategy  
**4**

Responsible authority for PC in the Ministry of Health  
**3**

Inclusion of PC in the basic health package at the primary care level  
**4**





A Empowerment of people and communities

Groups promoting the rights of PC patients  
**3**


Advanced care planning-related policies  
**1**

# AF Eswatini

## Policies

<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	Eswatini does not have a national palliative care association. However, organisations such as the Hope House Palliative Care Centre and Eswatini Hospice at Home are active in the field. In addition to providing clinical and home-based hospice care, Eswatini Hospice at Home also offers education and training services. These entities contribute to service provision and professional development in the absence of a formal coordinating association.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	Eswatini's palliative care policy, which is outdated and overdue for review, primarily concentrates on service delivery but notably lacks provisions for advance care planning.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.   There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	In Eswatini, palliative care is included in several national policies, such as the 2016 Non-Communicable Diseases (NCD) Policy, the 2016–2026 National Health Sector Policy, and the 2021–2023 National NCD Strategic Plan. It is also referenced in the 2019 National Cancer Prevention and Control Strategy and the National Cancer Control Unit Strategy, currently under revision. These plans define specific indicators, lead entities, actions, and timelines to support implementation and monitoring. The country's first and only standalone National Palliative Care Policy, launched in 2011/2012, included monitoring and evaluation mechanisms, though it is now outdated. The National Health Sector Policy lists palliative care as a core service objective and states that all health facilities should be strengthened to provide rehabilitation and palliative services to all patients in need, regardless of condition.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Since 2010, palliative care has been included in the Essential Health Care Package for Eswatini. According to this document, palliative care should be available at all service levels (from community to national referral hospital) for HIV/AIDS management in children's health services, cervical cancer screening services, ear, nose and throat services, and medical clinical services. For HIV/AIDS management, palliative care should be part of all health services except public health units, and for malignancies, it should be available only in national referral hospitals. The Health Bill No. 1 of 2022 aims to enhance the capacity and performance of the health system to ensure the effective delivery of healthcare services, safeguard public health, and improve access to essential, affordable, and high-quality healthcare for the people of Eswatini. While the Bill has been enacted, its implementation is currently constrained by the absence of an operationalisation instrument.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).   There are concrete functions and staff, but do not have a budget.	Palliative care coordination is situated within the Ministry of Health's Non-Communicable Diseases (NCD) programme and contributes to the National AIDS Programme. However, the NCD programme's broader mandate extends beyond palliative care. While palliative care organisations receive government subsidies, with funding integrated into the NCD programme budget, the establishment of a national authority with dedicated functions, budget, and staffing remains incomplete. Although staff training has occurred, the strategic assignment and ongoing support necessary for the effective practice and implementation of palliative care interventions are lacking. Further development is needed to establish a focused and robust national authority.

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<b>Ind6</b>  Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>Even though palliative care topics are included in the biannual Health Sector Conference and NCD Technical Working Group meetings, Eswatini lacks dedicated congresses for palliative care, and no national health conferences have occurred in the past five years.</div>
<b>Ind7</b>  Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified one peer-reviewed article on palliative care in Eswatini that met the inclusion criteria for this indicator.</div>
<b>Ind8</b>  Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div><div></div><div>77</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div><div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div><div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>ESWATINI</div><div>77</div><div>0</div><div>1000</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div>


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Eswatini

<b>Ind9</b>  9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div><div>2</div><div></div><div></div><div></div></div><div>Fair: Between 10% to 30%.</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div>	<div>The availability of essential palliative care medicines in Eswatini is limited. While basic analgesics like paracetamol and aspirin are reasonably available, access to other crucial medications is suboptimal. The Eswatini Services Availability and Readiness Assessment 2017 highlights very low availability of fluoxetine and haloperidol, essential for managing psychological symptoms. Specific data on opioids is lacking, but limited access is likely due to regulatory restrictions. Regional disparities exist, with the Shiselweni and Lubombo regions generally having better availability than Manzini and Hhohho. Larger facilities, such as the National Referral Hospital, tend to have better availability compared to primary care facilities.</div>
<b>Ind10</b>  10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div>	<div>Immediate-release oral morphine is not generally available at the primary care level in Eswatini. Morphine is classified as a controlled Class C drug under the National Palliative Care Trainees Manual (2013), and its prescription is restricted to authorised doctors, creating a significant barrier to access. Outdated legislation, such as the Pharmacy Act of 1929 and the Opium and Habit-Forming Drugs Act of 1922, has further limited regulatory oversight, as the country lacks a Medicines Regulatory Authority. While opioids can be prescribed at doctor-led facilities and shipped to primary-level centres for patient pick-up, the absence of prescribing privileges for nurses and inadequate distribution systems significantly hinder accessibility at the primary care level.</div>

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<div>Ind11</div> <div><div>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</div><div>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</div></div>	<div>0/1</div> <div>0/1</div> <div>4/4</div> <div>NA/4</div>	<div></div> <div>There is only one medical school in the country: Eswatini Medical Christian University, located in Mbabane. Eswatini has four nursing schools: Eswatini Medical Christian University, the University of Eswatini, Southern Africa Nazarene University, and Good Shepherd College of Nursing. Palliative care is a compulsory subject in the curriculum of all these nursing schools, with introductory modules covering the foundational principles.</div>
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div>	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialization for palliative care physicians.</div>	<div>There is no training institution for doctors in the country.</div>

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Eswatini

<div>Ind13</div> <div><div>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</div><div>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</div><div>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</div><div>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div>	<div><div><div></div><div></div><div>3</div><div></div></div><div>Generalized provision: Exists in many parts of the country but with some gaps.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div>	<div>There are 15 palliative care services in Eswatini, which provides a proportion of 1.24 services per 100,000 inhabitants (based on Eswatini's 2023 population). General palliative care is integrated into the healthcare system and available at all levels of service delivery. Specialized palliative care (PC) is offered at 11 tertiary-level facilities with dedicated palliative care units. In addition, two key facilities, Eswatini Hospice at Home and Hope House, deliver comprehensive palliative care services. Eswatini Hospice supports patients through regional PC nurses conducting home visits, assisted by community health workers. The Rocking-horse Project in Mbabane is a notable non-profit organization offering specialized palliative care for children, further expanding access to targeted care.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div></div><div><div>ESWATINI</div><div>1.24</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>0</div></div><div><div>MAXIMUM RATE IN THE REGION</div><div>1.68</div></div></div><div><div>15</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div></div>
<div>Ind14</div> <div><div>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialized services or teams for children exists in country.</div></div> <div><div>3</div><div>PPC TEAMS</div></div>	<div>Palliative care services for children in Eswatini are generally integrated into adult services. However, one institution, the Rocking-Horse Project in Mbabane, provides specialised care exclusively for children. This non-profit organisation, established under Section 17 of the Companies Act, 2009 (Certificate No. 248 of 2013), delivers comprehensive support addressing the physical, psychological, social, and spiritual needs of children with life-limiting and life-threatening conditions, as well as their families.</div>