



SWAZILAND TEAM MEMBERS



- ❶ Princess Thulile Msane
- ❷ Brenda Dlamini
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DEMOGRAPHIC AND ECONOMIC PROFILE



Swaziland (Kingdom of eSwatini, the Switzerland of Africa) is a landlocked kingdom situated between Mozambique and the RSA.

- Smallest country in the southern hemisphere (17.000 square kilometers)
- Administrative capital is Mbabane

DEMOGRAPHIC AND ECONOMIC PROFILE



- Language spoken: SiSwati and English
 - 4 regions: Manzini, Shiselweni, Hhohho and Lubombo
 - People : Swazis
- Ref: Swaziland, business year book 2006

DEMOGRAPHIC AND ECONOMIC PROFILE



- Census report (2006): population estimated is 1,1 million (77% in rural areas and 23 % live in cities)
- Average life expectancy: 56 years (1997) to 37.5 years (2005)
- Above 64 years: 3% population, female (53%), children below 15 years (44%).
- 69% live below the food poverty line
- 30% Unemployment rate
- Per capita income-US \$ 1,660

Ref: Swaziland, business year book 2006

HEALTH SYSTEM



- ✂ The national policy promotes rehabilitative, preventive and curative care
- ☞ 187 institutions (hospital, health centers and clinics) currently run by government, industry, missions and NGO.
- ☞ Workforce: 184 Doctors, 3070 staff nurses, 275 nurses assistant and 46 pharmacists.

HEALTH SYSTEM



- ☞ The health care receives 90% of subvention from government.
- ☞ National programme: TB, ART, NCD, Malaria, API, NERCHA, SNAP
- ☞ The system receives international support from WHO, UNICEF, UNAIDS,...

Ref: Ministry of Health and Social Selfare,
Policy 2007

PREVALENCE OF CANCER IN SWAZILAND



- 503 cancers histologically diagnosed in men: Oral cavity (12,3%), skin cancer (22,1%), genital cancer (13,9%)
- 317 cases histologically diagnosed in female: cervical cancer (43,1%), breast cancer (10,2%).
- The prevalence of cervical cancer and Kaposi sarcoma has drastically increased with the HIV/AIDS pandemic
- It is estimated that this prevalence might be higher if the screening method were adequate.
- There is no oncologist in the country. There is only 1 pathologist nationwide
- Continuity of care is often done by Swaziland hospice at home
- Ref: Ministry of health and social welfare, report 2007

HIV/AIDS PREVALENCE



- poses a major challenge for the country.
- One of the highest prevalences in the world.
- 25.9% (age 15-49 years)
- 31.1% (female 15-49 years)

HIV/AIDS PREVALENCE



- ❑ 19.7% (males 15-49 years)
- ❑ 42.6% (ANC)
- ❑ Child mortality rate: 120 per 1000 population
- ❑ 23.3% orphans under 18 years due to HIV/AIDS

Ref: Central Statistical Office/ MOHSW, national policy, 2007

STATUS OF PALLIATIVE CARE IN SWAZILAND



- ❶ Palliative care is still new in Swaziland.
- ❷ Recently the country has embarked on capacity building for health care workers operating in this sector.
- ❸ Few organizations exist and provide care to terminally ill patients (Hospice at home, salvation army,)
- ❹ Lack of national policies, lack of coordination amongst all service providers and ignorance are some of the obstacles to effective palliative care in the country.

TRAINING AND EDUCATION



Palliative Care training in 2007:

- Training of 22 nurse supervisors
- Training of 10 parish nurses
- Training of nurses (soldiers) from the Defense Force
- Introductory sessions on PC for 60 nurses

Ref: Report Swaziland hospice at home.

POLICY AND LEGISLATION



- PC is not included in the national HIV/AIDS policy
- PC is not mentioned in the GOS health sector policy
- The Pharmacy Act not revised since 1926
- New Pharmacy bill is being drafted
- Medicines and Related Substances bill being drafted.

OPIOID AVAILABILITY



MEDICATIONS	FORMULATIONS
Morphine injection	15mg
Fentanyl injection	100mcg
Morphine SR tablet	30mg
Pethidine injection	50mg, 100mg
Dihydrocodeine tablets	30mg

- **Additional opioids needed in Swaziland**

- ✚ Morphine powder for solution
- ✚ Additional oral morphine dosages
- ✚ Fentanyl skin patches- pts return from S. Africa on Fentanyl
- ✚ Methadone- medium term projection

- **Cost issues**

- ◆ Some institutions do not charge patients (hospice)
- ◆ In others it is part of the general fee paid.
- ◆ Some institutions are supplied by Hospice at home
- ◆ Challenge: affordability in the long run.



PROCUREMENT ISSUES



- † Importation of opioids into the country is done by the central medical store and other pharmaceuticals, upon an import permit issued by the MOHSW, through the office of the Chief Pharmacist.
- † Distribution to health institutions is done upon a request submitted by the health institution pharmacist to the central medical store which is in charge of procurement, storage and distribution to government, parastatal, health centers and mission hospitals .

BARRIERS AND CHALLENGES TO OPIOID AVAILABILITY



- Absence of review of drugs regulatory laws and policies on accessing opioids and ensuring their availability.
- Medical needs for narcotic drugs are not critically examined by government.
- Legal requirements are not discussed between government and health professional on the use of narcotic drugs.

BARRIERS AND CHALLENGES TO OPIOID AVAILABILITY



- Concerns of HCW are not addressed about being investigated by anti-narcotic agencies
- Barrier of opiophobia among professional cadres
- Need for training of health care professional on pain assessment and management
- Limited accessibility of opioids to health care professional

BARRIERS AND CHALLENGES



- Inadequate staffing at the CMS
- Irregular review of essential medicine list

WAY FORWARD



This team will provide:

Advocacy for the availability of opioids for pain control

Advocacy for policy formulation

Advocacy for training of healthcare workers

Advocacy for standards development and effective monitoring and evaluation of programs

Implementation of country action strategy and plan

Thank you (SIYABONGA) !!!

