



KINGDOM OF ESWATINI

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Snapshot of the Strength of the Health Information System as a Source of HIV Data

Health information systems (HIS) are important tools in combatting the HIV epidemic, from the individual to the population level. Electronic health records contain individual patient information that helps clinicians provide high-quality care and can improve continuity of care across services and institutions. Laboratory information systems improve the submission of lab tests and the receipt of results. Logistic information systems can help forecast the need for medications and other commodities and reduce stockouts of antiretroviral drugs and other medications. Routine health information systems are used to compile this information for reports from facilities to the national level. Data use at all levels of the health system is necessary to monitor coverage of HIV interventions and progress toward targets. And finally, population-level surveys provide information on changes in behavior and HIV prevalence every few years; these data are needed to assess the impact of HIV programs over time.

HIV IN KINGDOM OF ESWATINI

- Adult HIV prevalence rate: 27.4¹
- Prevalence rate for women: 35.1¹
- Prevalence rate for men: 19.3¹
- Number of adults living with HIV: 220,000²
- Number of new HIV infections in 2016: 8,800²
- Number of AIDS-related deaths in 2016: 3,900²
- People living with HIV who know their status: 85%²
- People who know their status and are on antiretroviral therapy (ART): 87%²
- People on ART who have achieved viral suppression: 92%²

1 UNAIDS. (2017). AIDSinfo. <http://aidsinfo.unaids.org>

2 United States President's Emergency Plan for AIDS Relief. (2018). Country Specific Information: Eswatini. Retrieved from <https://www.pepfar.gov/countries/index.htm>

3 World Health Organization. (2018). Global Health Observatory: Eswatini Summary Statistics. Retrieved from <http://apps.who.int/gho/data>

4 United Nations Statistics Division. (2016). 2020 World Population and Housing Census Programme. Retrieved from <https://unstats.un.org/unsd/demographic/sources/census/censusdates.htm>

5 United Nations Development Programme (UNDP). (2018) Human Development Indices and Indicators: 2018 Statistical Update. Retrieved from <http://hdr.undp.org/en/2018-update>

6 International Telecommunications Union. (2017). ICT Development Index 2017. Retrieved from <https://www.itu.int/net4/ITU-D/idi/2017/index.html>



Population

1,343,000+³

Year of last census

2007⁴

Life expectancy at birth

54.9/59.9 years (m/f)^{3,5}

Total expenditure on health

7.0% GDP³

Physician density

0.147 per 10,000³

Nurse & midwife density

1.386 per 10,000³

Hospital bed density

21 per 10,000³

Internet users

28.6% of the population⁶

HEALTH INFORMATION SYSTEM FACTS

Indicator name	Status	Global* status	Title and details
Health strategy	no	72%	The Second National Health Sector Strategic Plan–NHSSP II 2014–2018
Health sector monitoring and evaluation (M&E) plan	no	42%	The Second National Health Sector Strategic Plan–NHSSP II Monitoring and Evaluation Plan 2014–2018
Health information system (HIS) policy	no	19%	Health Management Information Policy 2008
HIS strategic plan	no	33%	Health Information System Strategic Plan 2010–2014
Core health indicators	no	49%	The Second National Health Sector Strategic Plan–NHSSP II Monitoring and Evaluation Plan 2014–2018, pages 19–21
HIS coordinating body	yes	26%	Establishment was mentioned in national health strategy on page 41
Master health facility list	yes	28%	Service Availability Mapping (SAM) database
Completed Health Metrics Network assessment	yes	56%	Swaziland Health Information System: Review and Assessment 2007
Population census within the past 10 years	no	49%	2007 Census
Availability of national health surveys	yes	100%	2006-2007 Demographic and Health Survey
Completeness of vital registration (births and deaths)	no	7%	18.0% complete for deaths; 32.5% complete for live births
Electronic system for routine site-level data	no	91%	
Health statistics office	yes	98%	http://www.swazistats.org.sz
Annual health statistics report	no	9%	Swaziland Annual Health Sector Report 2015
Health statistics website with latest data available	no	49%	http://www.gov.sz/index.php/health-documents
Data quality assessment aligned with health sector strategy	yes	67%	

Indicator name	Status	Global* status	Title and details
Performance of Routine Information System Management (PRISM) assessment conducted in any region or district	no	47%	
Percentage of facilities represented in health management information system reports is available	yes	74%	
Proportion of government offices using data to manage health programs (set and monitor targets) is available	no	40%	
Measles coverage reported to the World Health Organization (WHO)/UNICEF	yes	98%	WHO/UNICEF estimates of immunization coverage: 2017 revision ; page 9.
Data on the number of institutional deliveries available by district and published within a year	no	28%	2016 Sexual and Reproductive Health Report
Policies, laws, and regulations mandating public and private health facilities to report indicators determined by the national HIS	no	33%	
Standards or guidelines for routine health information system data collection, reporting, and analysis	no	51%	
Procedures to verify the data quality	no	47%	
Routine health information system forms allow for gender disaggregation	yes	60%	
At least one national health account completed in the past 5 years	yes	35%	National Health Accounts
Database of healthcare workers by district and main cadres updated in the past 2 years	no	26%	
Annual data on tracer medicines and commodities in public and private health facilities available	no	21%	
eHealth strategy	yes	58%	Kingdom of Swaziland eHealth Strategy 2016-2020: Transforming healthcare for a better life
Completeness of disease surveillance reporting is available	no	28%	

* "Global status" is the percentage of the 43 countries tracked by the [HIS Strengthening Resource Center](#) that have a positive result (yes/no) for the indicator. A positive result (yes) indicates that the indicator is available and current; a negative result (no) indicates that the indicator is unknown, not available, or not current.

According to the results of the 2014 Multiple Indicator Cluster Survey, the percentage of women 15–49 years of age who were tested for HIV in the past 12 months and received the results of the test was 66.5. Of men in the same age group, it was 54.3 percent. Of women who had had a live birth in the past two years and who reported receiving antenatal (ANC) care, 89.9 percent reported receiving HIV counseling in ANC, and 95.3 percent reported taking an HIV test and receiving results within ANC.⁷

According to the 2015 Swaziland integrated HIV guidelines, the country's goal is to ensure that 90 percent of those eligible for ART receive it. Eligibility criteria were expanded to cover more HIV-positive people in these guidelines.⁸ In the 2016/17 Swaziland HIV Incidence and Measurement Survey 2: A Population-Based HIV Impact Assessment, 74.1 percent of those over 15 years of age who knew they were HIV-positive were on ART (77% of women and 68.7% of men). For the same age group, 68.1 percent of those on ART were virally suppressed (71% of women and 62.7% of men).⁹

There is not a current Health Information Strategic Plan; the last one produced was for the years 2010–2014, which is not available online. According to the Eswatini Health Information System website, a 2013 health management information system review prompted the development of an electronic client management information system (CMIS) that was piloted in 2014.¹⁰ According to a 2017 stakeholder review of the CMIS, which Measure Evaluation conducted, the purpose of creating the CMIS was to address problems with (1) the existence of parallel information systems, (2) lack of continuity of care, and (3) inaccuracies generated in statistics because of the HIS's inability to identify people who received services.¹¹ However, the rollout of the system has been plagued by several challenges: problems with the system itself (either being slow or nonfunctional for periods of time) and lack of technical support for users following implementation of the CMIS at their site. As of 2017, 69 sites were linked to the CMIS and using it.¹¹

7 Central Statistical Office. (2015). Swaziland Multiple Indicator Cluster Survey 2014, Key Findings. Mbabane, Swaziland: Central Statistical Office. Retrieved from https://mics-surveys-prod.s3.amazonaws.com/MICS5/Eastern%20and%20Southern%20Africa/Eswatini/2014/Key%20findings/Swaziland%202014%20MICS%20KFR_English.pdf

8 Swaziland Ministry of Health. (2015). Swaziland Integrated HIV Management Guides. Retrieved from https://aidsfree.usaid.gov/sites/default/files/swaziland_hiv_mgmt_gl.pdf

9 Ministry of Health and Central Statistical Office. (2017). Swaziland HIV Incidence Measurement Survey 2: A Population-Based HIV Impact Assessment (SHIMS2 2016-2017), Preliminary Findings Summary Sheet. Retrieved from https://phia.icap.columbia.edu/wp-content/uploads/2017/11/Swaziland_new.v8.pdf

10 Swaziland Health Management Information System (HMIS). (2014). What is the Client Management Information System (CMIS)? Retrieved from <http://www.hmisswaziland.com/page/cmisp.php>

11 Silvestre, Eva. (2017). Implementing Swaziland's Client Management Information System: Stakeholders' Views of the Process and Recommendations to Improve It. Retrieved from <https://www.measureevaluation.org/resources/publications/tr-17-226/>