



Kingdom of Eswatini
Ministry of Health

THE NATIONAL HEALTH SECTOR POLICY VERSION 3

2016 - 2026

Towards attainment of Universal Health Coverage

FOREWORD

The country is accelerating efforts towards the realization of Sustainable Development Goals (SDGs) and Eswatini's vision 2022. The Ministry of Health is committed to strengthening health systems in order to achieve Universal Health Coverage (UHC) as one of the key initiatives towards the attainment of the country's vision. The health sector is faced with growing challenges due to the ever-increasing burden of emerging and re-emerging diseases. The roots of most health conditions depend on social determinants outside the health system's direct control.

This policy provides concrete areas of focus for the health sector and is aligned to international and national policies, frameworks and guidelines. The national health policy recognises the role other sectors play through intersectoral, cross-government action, strategic partnerships and networking. The key policy directions outline actions to advance service delivery reforms, leadership reforms and universal health coverage reforms with social health protection.

The development of the policy involved extensive consultations with key informants which included government, private sector, NGOs and other stakeholders at various levels. This document will be used by policymakers, managers and service providers at all levels in public and private sectors as well as civil society.

The ministry is committed to implementing this policy, and I urge all stakeholders, implementers and partners involved in the provision of health services in the country to adhere and actively support the ministry in ensuring a concerted and smooth implementation of this policy.

Senator Sibongile Ndlela-Simelane
Minister for Health

ACKNOWLEDGEMENTS

The Ministry of Health would like to acknowledge with sincere thanks and appreciation the World Health Organization (WHO) for providing continued technical and financial support in the development and production of the revised National Health Policy. Special appreciation goes to the Government Ministries, Non-Governmental Institutions and partners in the health sector for working together with the Ministry of Health throughout the development process.

Sincere thanks goes to the Public Policy Coordinating Unit for providing guidance and support. The leadership and guidance of the Ministry of Health officers is also appreciated.

Finally, the Ministry of Health highly appreciates the dedication and commitment of the National Health Policy Drafting Team for such technical knowledge in the development of the Revised Health Policy.

Dr. Simon Zwane
Principal Secretary
Ministry of Health

ACRONYMS

AGOA	Africa Growth and Opportunity Act
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retro Viral Treatment (Therapy)
CAP	Country Action Plan
CDR	Crude Death Rate
COMESA	Common Market for Eastern and Southern Africa
EHCP	Essential Health Care Package
FBOs	Faith-Based Organizations
GDP	Gross Domestic Product
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IMR	Infant Mortality Rate
ISO	International Organization Standard
MAF	MDG Acceleration Framework
MDGs	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MTEF	Medium Term Expenditure Framework
MDR	Multi-Drug Resistant
NCDs	Non-Communicable Diseases
NDS	National Development Strategy
NHP	National Health Policy
NHSSP	National Health Sector Strategic Plan
NGO	Non-Governmental Organization
NMRA	National Medicines Regulatory Authority
PMTCT	Prevention of Mother-to-Child Transmission

PPCU	Public Policy Coordination Unit
PRSAP	Poverty Reduction Strategy Action Plan
QMS	Quality Management Systems
RMNCAH	Reproductive Maternal Neonatal Child Adolescent Health
SACU	Southern African Customs Union
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SPEED	Swaziland Program on Economic Empowerment and Development
SDI	Swaziland Development Index
TB	Tuberculosis
TORs	Terms of Reference
UNICEF	United Nations International Children's Emergency Fund
UHC	Universal Health Coverage
U5MR	Under-five Mortality Rate
UNAIDS	United Nations AIDS Program
WHO	World Health Organization
XDR	Extensively Drug-Resistant

TABLE OF CONTENTS

FOREWORD	i
ACKNOWLEDGEMENTS	ii
ACRONYMS	iii
TABLE OF CONTENTS	v
CHAPTER 1	1
1. INTRODUCTION	1
1.1. CONTEXT	2
1.1.1. Political/Administrative, Demographic and Economic Profile	2
1.1.2. Profile of Health Services	3
1.1.3. Profile of Health Status	3
CHAPTER 2	4
Vision	4
Mission	4
Policy Goal	4
Policy Objectives	4
Health Policy Scope	4
Guiding Principles	4
CHAPTER 3	6
Policy Directions – Health Services Objectives	6
3.1. Promoting health through the life course	6
3.2. Prevention & control of communicable and non-communicable conditions	6
3.3. Influencing health actions in key sectors	7
3.4. Managing medical and related conditions	7
3.5. Rehabilitation and palliative care	8
CHAPTER 4	9
4. Policy Directions – Health System Orientations	9
4.1. Healthcare service delivery system	9
4.2. Human Resource for Health	10
4.3. Health Financing	10
4.4. Health Infrastructure	11
4.5. Health information systems	11
4.6. Medical products, vaccines and technologies	11

4.7. Leadership and Governance	Error! Bookmark not defined.
CHAPTER 5	13
5. POLICY IMPLEMENTATION FRAMEWORK	13
5.1. IMPLEMENTATION MECHANISMS	13
CHAPTER 6	15
CONCLUSION	15
REFERENCES	16

DRAFT

CHAPTER 1

1. INTRODUCTION

The health sector aspires to have a healthy and productive population of Eswatini that live longer, fulfilling and responsible lives. This commitment is not only a basic necessity for any population to improve its health status, but it is also central in the advancement of the country economically and socially. The health policy desires to implement the social objects of the Constitution of the Kingdom of Eswatini and the National Development Strategy. Paragraph 60 (8) of the National Constitution; places responsibility on the State to ensure the provision of basic health services to the population of Eswatini.

To achieve its vision, the health sector has been implementing the National Health Policy of 2007 which sought to reverse the not so favourable health outcomes through: Organization and Management of Services; Coordination; Human Resources; Quality Assurance; Health Financing; Infrastructure Development and Equipment Management; Service Provision.

During the implementation of the 2007 policy there have been successes and challenges. Notable successes were malaria control and management, Prevention of Mother to Child Transmission of HIV (PMTCT), increased Anti-Retroviral Therapy (ART) coverage, Health Sector Reforms through the development and implementation of the Essential Health Care Package (EHCP), introduction of new vaccines, strengthening of the National Health Research unit and establishment of national public health programs such as the Quality Management and Emergency Preparedness and Response (EPR). The emerging and re-emerging of diseases such as the drug resistant Tuberculosis (MDR and XDR) and an increase in non- communicable conditions prove to be a challenge for the Health Sector.

The development and review of the health sector policy is informed by the global, regional and national health commitments and goals. The formulation of the Sustainable Development Goals (SDGs) is envisaged to address the global and national health challenges through the concept of Universal Health Coverage (UHC). These cover a wide range of human activity across the three sustainable development dimensions (economic, social and environmental): people, planet, prosperity, peace and partnership, commonly referred to as the five Ps of the new agenda for all countries.

The regional front, the African Union, came up with The Africa Vision (Agenda 2063) which has a subtitle of “The Africa we want”. Under Aspiration 1, Africa aspires for her people to have a high standard of living, and quality of life, sound health and well-being, well-educated and skilled people. Meanwhile, the Southern African Development Community’s Regional Indicative Strategic Development Plan (RISDP) identifies one of the areas of focus as the manufacturing of essential drugs and ARVs, research, as well as mechanisms for referral of patients for tertiary care and combating of major diseases such as HIV and AIDS, TB and malaria. It went on to align its targets with those of the Sustainable Development Goals (SDGs).

In an attempt to revisit the country's national development vision of 1999 the Kingdom of Eswatini is reviewing the National Development Strategy (NDS) in the context of the Eswatini Development Index (SDI). The government has developed a customized definition of the First World Status and a vision which states " a first world country is one where all citizens are able to sustainably pursue their life goals and enjoy lives of value and dignity in a safe and secure environment by 2022. This implies equitable access to sufficient resources, education, health, food security, quality infrastructure and services, as well as good governance".

The Eswatini Development Index outlines a number of specific indicators which have been defined for each of the identified areas to guide the monitoring and evaluation process towards Vision 2022. Health-related indicators in the Eswatini Development Index (SDI/ESD) include the target of not more than 15.6% for under five years with stunted growth; Life expectancy of 60 years; Maternal mortality ratio of 120 per 100,000 live births; Child mortality ratio of 60 per 1,000; trained nurses and midwives of 2.8 per 1,000 people; and a target of 95% population living within a 5km radius of a health facility. The process for developing this policy involved an in-depth analysis of the national Health System's responsiveness in the context of the burden of many global disease challenges. Key policy issues which needed to be addressed urgently were identified and defined.

1.1. CONTEXT

1.1.1. Political/Administrative, Demographic and Economic Profile

The country's administrative system is made up of a traditional Tinkhundla system and western-based administrative organization. The latter is headed by the Prime Minister and made up of the Cabinet and Parliament whose members are elected and appointed. The administrative structure consists of various sectoral ministries headed by Ministers and Principal Secretaries as controlling officers. The Tinkhundla system provides a foundation on which to implement government's Decentralization Policy of 2006.

The population was estimated at 1.093 million in 2013, based on projections from the 2007 national census. Eswatini has a young population with 44 percent of the population Under 15 years; 4 percent aged 65 years and older. Fifty-three percent of the population is female and almost half (48%) of the households are headed by women. The total fertility rate was estimated at 3.8 in 2007, representing a significant decline from 6.4 in 1986.

According to the World Bank, Eswatini with its gross national income per (GNI) per capita of US\$ 2,860 in 2012 is in the lower middle income category of countries (US\$ 1,036 to 4,085). The Eswatini economy is relatively diversified compared to other small economies and has grown at an average of 1.3% over the past five years against a national target of 5%. The nominal gross domestic product (GDP) was US\$3.6 billion in 2012, driven mainly by manufacturing, agriculture, whole sale and retail trade. Agro-based manufacturing, specifically sugar processing, and food canning contribute to a growing share of Swaziland's gross product. Supported by trade preferences the country exports a large range of products including sugar, textiles, soft drink concentrates, canned food and citrus fruits. Swaziland is integrated into the global economy and

is a member of Southern African Customs Union (SACU), Southern African Development Community (SADC) and Common Market for Eastern and Southern Africa (COMESA). However, the global economic crisis, a slump in agricultural prices, persistent drought and climate change have compromised the country's ability to implement policies that will help achieve its goals for health, education, job creation, safe water, sanitation and rural development.

The Government of the Kingdom of Eswatini has made the health sector a priority, with the ministry receiving an average of 11.5% of the national annual budget in the past few years. However, this has not met the recommended Abuja Declaration of 15% of the national annual budget to the health sector.

1.1.2. Profile of Health Services

The country's health-care system consists of the informal and formal sectors. The informal sector consists of traditional health practitioners and other unregulated service providers. The health service that is based on western medicine is considered to be formal and consists of public and private health services.

1.1.3. Profile of Health Status

The formal health sector is based on the concepts of primary health care and decentralization. Its infrastructure is made up of government, mission, industry and private health facilities. These health facilities consist of hospitals, health centres, public health units, clinics and outreach sites. There has been some improvement in the health outcomes of the country. However, under-five mortality is still high. The 2014 Multiple Indicator Cluster Survey (MICS) report shows a decline from 120 deaths per 1,000 live births in 2007 to 67 deaths per 1,000 live births. In 2007 infant mortality rate - deaths within the first year of life - were estimated at 85 deaths per 1,000 live births. Neonatal Mortality Rate is estimated at 20 children per 1,000 within the first 28 days of life; Maternal Mortality Ratio has remained high at 593 per 100,000 in 2014 from 589 per 100,000 in 2007. Interventions on maternal, new born and child health have resulted in significant improvement on the infant mortality.

CHAPTER 2

Vision

A healthy and productive Eswatini population that lives longer, fulfilling and responsible lives

Mission

To build an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for all people in the Kingdom of Eswatini

Policy Goal

The overall goal of this policy is to create an enabling environment towards attainment of Universal Health Coverage

Policy Objectives

The overall objectives of this policy are to:

- Promote health and prevent diseases.
- Reduce morbidity and mortality.
- Strengthen health systems capacity and performance.
- Improve access to essential affordable and quality health services.

Health Policy Scope

This policy shall apply to government, private sector, mission and Non-Governmental Organization (NGO) both local and international, and all other stakeholders/involved in supporting the country in the delivery of quality health services.

Guiding Principles

In executing its mandate, the ministry of health, all its organs and related structures shall adhere to the following fundamental principles:

- Fundamental human rights
- Quality and safe health services
- Good Governance and leadership
- Primary Health Care
- Equity
- Client-centered.
- Multi-sectoral approach
- Efficiency and effectiveness
- Universal Health Coverage
- Comprehensive health care service:
- Community participation and Social accountability:
- Evidence-based decision making
- Gender equity

DRAFT

CHAPTER 3

Policy Directions – Health Services Objectives

This section of the document outlines the policy directions and implications to guide implementation and delivery of health services at all levels.

3.1.Promoting health through the life course

Policy Statement

The Health Sector shall promote quality of health at key stages of life, taking into account the need to address social determinants of health, gender, equity and human rights.

Policy Implication

- Health promotion shall be the cornerstone of all health care service delivery in accordance with Ottawa Charter on Health Promotion.
- Effective interventions for improving health and reducing maternal, neonatal, child and morbidity and mortality shall be implemented and expanded, making them accessible for all and ensuring the quality of care.
- Adolescents shall be provided with comprehensive evidence based youth friendly sexual reproductive and other essential health services
- The health of the elderly shall be given priority, with particular attention to maintaining independence and end-of-life care
- Essential nutrition interventions shall be integrated into all levels of health care service delivery.

3.2.Prevention & control of communicable and non-communicable conditions

3.2.1 Communicable diseases

Policy Statement

The health sector shall prioritize the prevention, control and elimination of communicable diseases/conditions.

Policy Implications

- The health sector shall establish, maintain and strengthen effective prevention and control Programmes for communicable diseases.
- Interventions towards the treatment of all communicable diseases, for all age groups and vulnerable populations shall be strengthened and implemented by the health sector.
- The Health Sector shall implement strategies to eliminate Malaria and end TB and AIDS epidemic and other emerging communicable diseases.
- The health sector shall comply with the provisions of the International Health Regulations.

3.2.2. Non-Communicable Conditions

Policy Statement

The health sector shall prioritize the prevention, control and management of non-communicable diseases

Policy Implications

- NCDs prevention and control service delivery shall be implemented at all levels of care through a multi-disciplinary, multi-sectoral and integrated approach.
- The Ministry of Health shall develop treatment guidelines and protocols to effectively manage NCDs and referrals.
- All providers of health services shall be expected to comply with established guidelines and protocols

3.3. Influencing health actions in key sectors

Policy statement

The health sector shall influence inclusion of public health issues in the policies of other key sectors and advancing sector wide approach in planning, coordination of health interventions.

Policy Implication

- There shall be increased collaboration with other sectors on matters affecting public health in line with the social determinants of health framework.
- The social determinants approach to health shall be used to promote governance in other sectors in ways that positively affect human health through the use of tools like the Health-in-All-Policies framework.

3.4. Managing medical and related conditions

Policy Statement

The health sector shall provide essential equipment materials, supplies and an enabling environment to enhance the management of medical and related conditions.

Policy Implications

- The health sector shall establish health facilities that are sufficiently equipped to provide quality general and specialized medical services,
- The Ministry shall promote collaboration and partnership with the private sector and other sectors in the provision of in health services.
- The Ministry shall promote the use of modern technologies and roll out e-health in the health sector.
- The Ministry shall strengthen collaboration between public health and clinical services.
- The health sector shall strengthen provision of essential diagnostic services.

3.5. Rehabilitation and palliative care.

Policy Statement

The health sector shall provide comprehensive rehabilitative and palliative services.

Policy Implications

- All health facilities shall be strengthened to provide rehabilitation and palliative services to all clients in need regardless of their conditions.

DRAFT

CHAPTER 4

4. Policy Directions – Health System Orientations

This defines the commitment the Health Stakeholders are making to ensure there is a “fit for purpose” resilient and responsive health system able to deliver the health services desired by the people of Swaziland.

4.1. Leadership and Governance

Policy statement

- The Ministry of Health shall provide oversight responsibility for overall development, management, coordination and articulation of National Health Sector Policy.

Policy Implications

- The Ministry of Health shall strengthen decentralized, administrative and management structures at all levels of health service delivery
- The Ministry of Health shall strengthen systems for coordinating support to the Health Sector in line with National health priorities
- The Ministry of Health shall support the establishment and strengthening of National health regulatory bodies.
- All other departmental or programmatic policies shall be aligned to the National Health Policy.

4.2. Healthcare service delivery system

Policy Statement

All health care services shall be provided in accordance with the country’s defined essential health care package

Policy Implications

- All providers of health services shall comply with established guidelines and protocols for preventive interventions, case management and referral
- All facilities shall put in place institutional quality assurance and infection prevention and control measures in line with national guidelines
- The establishment of new health facilities and specialized services shall be informed by a comprehensive needs assessment
- Health service delivery shall be provided in accordance with the Essential Health Care Package
- The Health Sector emergency preparedness and response for emerging and reemerging diseases, outbreaks and disasters shall be strengthened.
- The health sector shall promote comprehensive environmental health programs and interventions
- There shall be established Health Posts within communities to bring services closer to the community.

4.3.Human Resource for Health

Policy statement

- The health sector shall plan, develop and manage the health workforce to ensure availability of relevant skilled and competent health workforce at all times.
- The health sector shall maintain a healthy workforce for increased productivity and quality service delivery.

Policy Implications

- There shall be a Health Service Commission established to manage recruitment, deployment promotion and discipline of healthcare professionals.
- Planning for human resources shall take into account the socio economic, and drivers of human resource for health
- The Ministry of Health shall strengthen the coordination and collaboration of pre and in service training with regulatory bodies and other key stakeholders.
- The health sector shall put in place systems to attract, retain and motivate a productive health work force.
- The Health Sector shall strengthen the Employee Wellness Program
- The Health Sector shall establish a national framework for supportive supervision and mentoring.

4.4 Health Financing

Policy Statement

The health sector shall ensure financial risk protection for the population so as to attain Universal Health Coverage.

Policy Implications

- In collaboration with central agencies the Ministry of Health shall plan, budget and explore alternative financing options to ensure equity and access to health services by all citizens
- Ministry of Health shall ensure that health services are provided free of charge to vulnerable groups according to established guidelines. This requires that budget allocations to the ministry be in line with the Abuja Declaration (allocating 15% of national budget to health).
- The Ministry shall ensure that efficient procurement mechanisms that guarantee value for money are adhered to.
- The health sector shall ensure that service provision is cost effective and efficient.
- The Ministry of Health shall provide a subvention to NGOs and FBOs that offer services that are deemed important according to established guidelines, financial accountability and transparency.
- The health sector shall declare all health funding both internal and external in origin including supplies and technical assistance.

4.5 Health Infrastructure

Policy Statement

The health sector shall provide quality health infrastructure suitable and accessible for internal and external customers suitable for service delivery.

Policy Implications

- There shall be an infrastructure development and maintenance plan that shall guide the construction, procurement and maintenance of health infrastructure including medical/health equipment and health information infrastructure hardware and networking.
- Construction of health facilities and acquisition of equipment including donated equipment shall conform to national established standards

4.6 Health management information systems

Policy Statement

- The health sector shall strengthen integrated data architecture, coordinate and manage health information from all sources.

Policy Implications

- The health sector shall facilitate the development of harmonized health information systems.
- The health sector shall facilitate management, dissemination and use of health information products.
- The Health Sector shall ensure regular reporting of health data by all health facilities private and public.
- The Ministry of Health shall be the custodian of all health related data and the official source of health information in the country.
- The health Information System Coordination Committee (HISCC) shall coordinate introduction of all health information management system tools in the country.
- The National Health Research Committee shall be responsible for all health research undertakings in the country.
- The Ministry of Health shall ensure coordination of health sector strategic information.
- All Health Care providers shall be required to provide health information to the Strategic Information Department.

4.7 Medical products, vaccines and technologies

Policy Statement

The health sector shall ensure the accessibility of quality, safe and cost effective medical products, vaccines and innovative technologies.

Policy Implications

- The health sector shall strengthen the overall capacity of the supply chain management system.

SWAZILAND MINISTRY OF HEALTH

- The Ministry of Health shall establish the legal framework for the control and regulation of medicines and or medical products in line with regional and international standards.
- The Ministry of Health shall establish National Medicines Regulatory Authority (NMRA) to regulate the manufacture, importation, exportation, distribution, storage and sale of medicines and related products.
- The Ministry of Health shall collaborate with traditional and complementary medicine practitioners.
- The Ministry of Health shall promote, implement and maintain new technologies for diagnostics and management services in accordance with international and national standards

DRAFT

CHAPTER 5

5 POLICY IMPLEMENTATION FRAMEWORK

5.5 IMPLEMENTATION MECHANISMS

- 5.5.1 The Ministry of Health shall provide leadership for an effective implementation of this policy.
- 5.5.2 The implementation of this policy shall require, among other things, strong political will, leadership and commitment from all the relevant sectors and key players.
- 5.5.3 This policy shall be made operational and translated by the Health Sector Strategic Plan.
- 5.5.4 The Ministry of Health shall communicate widely the policy across all relevant sectors nationally and regionally.
- 5.5.5 Implementation of this policy shall be funded primarily by government, with some contribution from development partners, individuals and private sector.
- 5.5.6 The health policy shall guide development of ministry of health legislation, standards, guidelines and protocols.
- 5.5.7 Health service providers shall comply with the provisions of the National Health Policy, legislation and related regulations.
- 5.5.8 The Ministry of Health shall require all public and privately owned health care delivery service points to deliver services in accordance with the Quality Management Standards ISO 9001.

5.6 ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

The implementation of this policy shall ensure active engagement of state actors, non-state actors and external actors with clearly defined roles and responsibilities and based on comparative advantage and mandates. The table below outlines the actors and their roles in the implementation of the policy.

STAKEHOLDERS	ROLES
State Actors	Provide leadership in the implementation of policy, strategies and implementation plan.
	Internalize, communicate the policy across relevant sectors.
	Provide comprehensive and appropriate sector direction through the development of specific thematic policy, strategy and implementation plan.
	Shall provide guidance on the requisite guidelines and tools for the implementation of the policy are available.
	Shall ensure the decentralization of the policy implementation from the Policy and Planning (Central Level) through to the regional level.
	Mobilize resources for the implementation of policy framework.

STAKEHOLDERS	ROLES
	Facilitate the partnership process at all levels to ensure that all actors are meaningfully engaged in the policy implementation process.
	Provide and support capacity-building to implement the policy.
Non-State actors	Support the implementation of the policy statements in line with strategic plan and implementation plan.
	Adhere to the policy framework and other regulations.
	Adhere to good governance practices in ensuring that the policy informs the design and development of their organizational policies.
External Actors	Provide technical and financial support to facilitate implementation of the policy.
	Lobby and advocate for funding support to align with the policy priorities.

5.7 MONITORING, REVIEW AND EVALUATION PROCESS

- 5.7.1 Monitoring and evaluation of the policy shall be the responsibility of the Ministry's Strategic Information Department.
- 5.7.2 The policy shall be monitored based on the agreed set of performance indicators.
- 5.7.3 Monitoring and Evaluation of the health policy shall be integrated into the Ministry-wide monitoring and evaluation health information system.
- 5.7.4 The M&E unit will report regularly to the Policy and Planning committee of the Ministry of Health on the policy implementation progress, and convene forums to update actors on policy implementation.
- 5.7.5 The national health policy shall be revised after 15 years, while corresponding action plans shall be prepared, implemented, monitored and evaluated annually
- 5.7.6 Emerging evidence and changes in legislation among other things, shall inform policy review before the end of the 15 year period

CHAPTER 6

CONCLUSION

The National Health Policy is a policy document that will guide the health sector as a whole. It provides policy directions and implications to the Sector as it moves towards Universal Health Coverage with improved health benefits for the population of Eswatini. The National Health Policy, therefore, defines the commitment Health Stakeholders are making to ensure the health system is “fit for purpose”, resilient and responsive to deliver the health services desired by the people of the Kingdom of Eswatini.

The Government, in partnership with the development partners, private sector and other stakeholders, is committed to the implementation of this policy to improve the health of the people of the Kingdom of Eswatini.

DRAFT

REFERENCES

- Government of Swaziland (1999), *National Development Strategy*, Mbabane, Swaziland
- Government of Swaziland (2006), *The National Multi-sectorial HIV and AIDS Policy*, Mbabane, Swaziland
- Government of Swaziland (2012), *National HIV Prevention Policy*, Mbabane, Swaziland
- Government of Swaziland (2014), *Swaziland Development Index*, Mbabane, Swaziland
- Ministry of Economic Planning and Development (2006), *Poverty Reduction Strategy and Action Programme*, Mbabane, Swaziland
- Ministry of Health (1983), *National Health Policy*, Mbabane, Swaziland
- Ministry of Health (2007), *National Health Policy*, Mbabane, Swaziland
- Ministry of Health (2010), *National Pharmaceutical Policy*, Mbabane, Swaziland
- Ministry of Health (2012) *National Human Resource Policy for Health*, Mbabane, Swaziland
- Ministry of Health (2013), *National Policy on Sexual and Reproductive Health*, Mbabane, Swaziland
- Ministry of Health (2013), *Service Availability Mapping*, Mbabane, Swaziland
- Ministry of Health (2015), *National Health Research Policy*, Mbabane, Swaziland
- Ministry of Health (2015), *Second National Health Sector Strategic Plan 2014-2018*, Mbabane, Swaziland
- World Health Organization (2014), *Country Cooperation Strategy*, Mbabane, 2014-2019