

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) has been working closely with the Government of the Kingdom of Eswatini since 2004 with an in-country presence since 2007 to address the HIV and tuberculosis (TB) epidemic. CDC informs decision-making and program implementation by utilizing evidence-based programs, conducting active program evaluation, monitoring, surveillance, and using population-based survey data. For nearly 20 years, CDC's investments through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) have played a significant role in establishing essential infrastructure and processes that have aided Eswatini in detecting and responding to emerging public health threats.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Program Support and Progress: Eswatini made remarkable progress towards the global targets for treatment and viral suppression, surpassing the 2025 UNAIDS 95-95-95 goal. As of 2021, 94% of adults 15 years and older living with HIV are aware of their HIV status, 97% of those aware of their status are on antiretroviral therapy (ART), and 96% of people on ART have achieved viral suppression. Since CDC conducted the second population-based HIV impact assessment (SHIMS2), the number of new HIV infections decreased from approximately 6,000 in 2016-2017 to an estimated 4,000 in 2021. However, HIV remains a leading cause of mortality and morbidity in Eswatini, affecting nearly 25% of the population 15 years and older and contributing to approximately 2,700 deaths annually. CDC, through PEPFAR, supports Eswatini in achieving and sustaining HIV epidemic control by providing high-quality services to people living with HIV (PLHIV), reducing new infections, decreasing HIV-related mortality, increasing access to cervical cancer screening for women living with HIV, and strengthening laboratory and surveillance systems to address HIV, TB, and other public health threats. CDC works with the government to develop effective policies, strategies, and procedures, implement quality management systems, and provide oversight and mentorship.

Tuberculosis (TB) Activities: In 2011, the Government of Eswatini declared TB a national emergency. With support from CDC, PEPFAR, and partners, Eswatini launched a rapid, multi-sectoral response. These include TB screening, diagnostics, integration of TB and HIV services, management of coinfection and drug-resistant TB, and provision of TB preventive treatment. With CDC's support, Eswatini's TB program focuses on finding missing TB cases through improved screening, scaling up short-term TB preventive treatment, and the introduction of TB sequencing. Between 2015 and 2021, Eswatini saw a 46% reduction in TB incidence, a 62% decrease in the number of notified TB cases, and a 55% decrease in TB deaths.

Laboratory Capacity Strengthening: CDC supports Eswatini's national laboratory programs to strengthen diagnostic systems for HIV, TB, and other diseases. This includes staffing assistance, decentralizing tests, and procurement of lab commodities. CDC strengthens connections between health facilities and laboratories in the Eswatini Health Laboratory Service network through a robust specimen transport network and laboratory information system for the timely return of results. CDC provides technical support for medical laboratory professional development, strategic planning, and establishment of a national public health laboratory framework. With CDC's support, two national laboratories in Eswatini achieved international accreditation. CDC's investments improved access to viral load and early infant diagnosis and facilitated the introduction new methodologies for identifying advanced HIV disease and TB. Average monthly viral load tests increased from 3,000 in 2012 to over 20,000 in 2022.

Strategic Information: CDC provides funding and technical assistance to the Ministry of Health's National Health Research and Innovation Department, the Epidemiology and Disease Control Unit, and the Central Statistical Office. This investment supports the generation, collect, use, and dissemination of service delivery and surveillance data for adjusting program activities and making policy recommendations. Surveillance data systems and infrastructure have been leveraged for the country's COVID-19 response, including developing data dashboards, situation reports and establishing sentinel surveillance sites.

Continuous Quality Improvement: The Site Improvement Monitoring System assesses all high-volume CDC-supported facilities to enhance service quality, reduce HIV transmission, and increase impact. The data are linked with each facility's HIV semi-annual and annual reviews, providing timely performance feedback to health providers and program implementers at the site, regional, and national levels. These program review meetings, organized by the Ministry of Health and supported by CDC, drive improvements in service delivery.

Key Country Leadership

Prime Minister:
Cleopas Dlamini

Minister of Health:
Senator Lizzie Nkosi

Chargé d'Affaires:
Earl R. Miller

CDC Director:
Michelle Adler

Country Quick Facts

worldbank.org/en/where-we-work

Per Capita GNI:
\$3,800 (2022)

Population (millions):
1.2 (2022)

Under 5 Mortality:
52.6/1,000 live births (2021)

Life Expectancy:
57 years (2022)

Global HIV/AIDS Epidemic

aidsinfo.unaids.org

Estimated HIV Prevalence (Ages 15-49 yrs): 25.9% (2022)

Estimated Annual AIDS Deaths (Age ≥15 yrs): 2,700 (2022)

Estimated # of Orphans Due to AIDS: 57,000 (2022)

Reported # of Persons Receiving Antiretroviral Therapy (ART) (Age ≥15): 205,009 (2022)

Global Tuberculosis (TB) Epidemic

who.int/tb/country/data/profiles/en

Estimated TB Incidence : 348/100,000 population (2021)

TB Patients with Known HIV-Status who are HIV-Positive: 63% (2021)

TB Treatment Success Rate: 81% (2020)

DGHT Country Staff: 12

Locally Employed Staff: 6
US Government Direct Hire: 3
Fellows & Contractors: 2

Our success is built on the backbone of science and strong partnerships.

September 2023 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding.

