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## DISCLAIMER

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## COI QUERY RESPONSE

### SWAZILAND - INFORMATION ON HEALTHCARE

The *UK Foreign Office* in November 2024 mentioned that: "Basic healthcare is available in Eswatini, but there are shortages of common medicines."<sup>1</sup>

The *Times of Swaziland* in October 2024 reported that: "Eswatini is one of the few countries on the continent that provides free medical care and treatment to the elderly despite the challenge of a drug shortage. However, one must acknowledge that this does not help much in the face of the current drug shortage crisis. 77-year-old Matilda Vilane is diabetic and living with a disability in that she is not able to walk; the issue is not lack of drugs, but that she cannot afford to go to the hospital to get medication even when it is available. The nearest medical facility is 53 kilometres away, in Siteki. She lives in Vuvulane, and at least once a month, she is required to go for medical checkups to ensure that she gets the much-needed refill of the medication. Without this medicine, her medical condition only worsens. Speaking inside her one-roomed house, Vilane, sitting on her bed, said she had no other option than to ask the members of the public for help getting to the hospital. She expressed that she lives in an area known as Khombaso and that many people there cannot afford much due to the high rate of unemployment. "I need to go to the hospital at least once a month for my checkups," Matilda explained, her voice clearly frustrated. But I haven't been able to go for two months now. It's too expensive," she added. According to UChicago Med and MedicalSA., elderly diabetic patients over 60 need regular checkups at least every 2-3 months, depending on their type of diabetes. However, they should never miss their medication dosage."<sup>2</sup>

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<sup>1</sup> UK Foreign Office (21 November 2024) Eswatini travel advice (November 2024)

<sup>2</sup> Times of Swaziland (26 October 2024) Gogo (77) Can't Afford Monthly E700 Hospital Trip

The *UN Women* in September 2024 notes that: “There is currently limited access to mental health services in Eswatini, quality service comes at a cost.”<sup>3</sup>

In September 2024 the *Journal of Disability Policy Studies* points out that: “Considering the above-mentioned challenges to the implementation of the NDPR documents in Eswatini, it is not surprising that this study found that the end users lacked knowledge regarding the existence and the content of the policies. This finding was particularly true for end users who were not involved in the policy development and implementation process, or who were not members of disability organizations in Eswatini. Participants also perceived the policies as having failed to contribute positively toward the facilitation of health care access for persons with disabilities, as they continue to encounter challenges related to the availability of services, acceptability and accommodation in health care facilities, as well as financial and geographical access to services.”<sup>4</sup>

The *Swazi Observer* in August 2024 reported that: “WORKERS at the National Psychiatric Referral Hospital in Manzini have revealed that patients are living under terrible conditions, not fit for humans, let alone patients. The healthcare facility is also reportedly overcrowded, especially the male wards, with the male acute ward having an average of 90 patients in the past two months. This is despite that the wards capacity is only 45 patients. In July alone, a total of 112 male patients with acute mental health conditions were admitted at the hospital. The acute mental health illnesses include severe depression, bipolar disorder, schizophrenia, or acute anxiety disorders.”<sup>5</sup>

The same document states that: “Also, the healthcare workers mentioned that with the high volumes of patients admitted at the hospital, some who need psychotherapy, the institution only has one psychologist. “The psychologist is overwhelmed by the number of patients requiring psychotherapy. Some of the patients, even those with severe depression, end up being discharged without getting the psychologist’s services,” lamented the workers. In addition to the challenges, workers have expressed their concern over the occasional shortage of treatment for the patients, which they said cause them to relapse. They noted that from time to time, injectable treatment runs out at the institution’s pharmacy, yet it is best for most patients because they take it once a month, unlike the oral medication that they need to take at specific times daily.”<sup>6</sup>

The document further mentioned that: “Nurses have also told this newspaper that there was an acute shortage of workers at the psychiatric institution, so much that the ratio of 1:5 ratio of patients to nurses cannot be met. The sources said each patient with acute mental conditions needed to be attended to by five nurses, but at the institution this did not happen. Instead, a maximum of three healthcare workers attend to all the admitted patients, which is overwhelming for them.”<sup>7</sup>

A report issued by *Amnesty International* in April 2024 notes that: “Public healthcare remained systemically under-resourced, resulting in nationwide demonstrations in June and July. Health personnel and patients protested against the government’s failure to supply drugs, medical supplies,

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<sup>3</sup> UN Women (30 September 2024) The Kingdom of Eswatini The Kingdom of Eswatini Country Progress Report on the Implementation Of Beijing Declaration and Platform for Action – July 2024, p.91)

<sup>4</sup> Journal of Disability Policy Studies (September 2024) Analyzing Eswatini’s National Disability Policy Reforms: Access to Health Care Implications for Citizens With Disabilities

<sup>5</sup> Swazi Observer (5 August 2024) Psychiatric Centre Overcrowded, Has One Psychologist

<sup>6</sup> ibid

<sup>7</sup> ibid

equipment, transport and fuel in public clinics and hospitals. The health minister acknowledged the crisis, and later announced that a sub-committee tasked by the cabinet had introduced strategies for the sustainable financing and delivery of healthcare.”<sup>8</sup>

In May 2024 *Times of Swaziland* points out that: “Access to cancer healthcare facilities poses a significant challenge for many men, especially those residing in remote areas. Most of these diagnostic and treatment facilities are in Mbabane and Manzini. Mpedulo Shongwe, a 67-year-old prostate cancer survivor from Palala in the Lubombo Region, faced difficulties in accessing the necessary medical facilities for his treatment. “The treatment journey was very difficult for me. In my condition, I had to travel to Mbabane Government Hospital which was far and costly,” said Shongwe. Many prostate cancer patients like Shongwe rely on the public health system, which is cheaper compared to the private sector.”<sup>9</sup>

The *US Department of State Country Reports on Human Rights Practices* in April 2024 reported that: “Throughout the year, there were allegations of corruption in the Ministry of Works regarding lack of transparency in the tendering system. In August and September, corruption in the health sector spilled into public view, when shortages of drugs and medical supplies led to negative impacts on public perception of the government’s service delivery.”<sup>10</sup>

This report further points out that: “Although there were periodic disruptions in the supply of family planning commodities, generally there was wide access to contraception, including in health facilities, retail stores, public restrooms, and workplaces throughout the country, and most persons had access to reproductive health and contraception information.”<sup>11</sup>

The document further mentioned that: “According to the World Health Organization, the maternal mortality ratio was 437 deaths per 100,000 live births. A general pattern of late presentation for first antenatal care visits resulted in late identification of high-risk pregnancies. Lack of equipment and medications, limited training, and a shortage of specialist obstetricians further worsened maternal and neonatal health outcomes.”<sup>12</sup>

The document also notes that: “Persons with disabilities could not access education, health services, public buildings, and transportation on an equal basis with others.”<sup>13</sup>

The *US Overseas Security Advisory Council (OSAC)* in February 2024 mentioned that: “LGBTI+ persons face discrimination and were subject to ridicule based on their sexual orientation, particularly when seeking employment and healthcare services in hospitals and clinics.”<sup>14</sup>

This report further states that: “The law protects the rights of persons with physical, sensory, intellectual, and mental disabilities, including their access to education, employment, health services, information, communications, buildings, transportation, the judicial system, and other state services.

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<sup>8</sup> Amnesty International (23 April 2024) *The State of the World’s Human Rights - Amnesty International Report 2023/24: Eswatini*

<sup>9</sup> *Times of Swaziland* (1 May 2024) *Prostate Cancer’s Hidden Struggles, Urgent Needs*

<sup>10</sup> US Department of State (22 April 2024) *2023 Country Reports on Human Rights Practices: Eswatini*

<sup>11</sup> *Ibid*

<sup>12</sup> *Ibid*,

<sup>13</sup> *ibid*

<sup>14</sup> US Overseas Security Advisory Council (OSAC) (23 February 2024) *Eswatini Country Security Report 2024*

The law mandates access to health care for persons with disabilities and accessibility to buildings, transportation, information, communications, and public services. However, the government does not effectively enforce the law. Little progress has been made to date in expanding accessibility and access to public services for persons with disabilities, although some newer government buildings, and those under construction, included various improvements for persons with disabilities, including access ramps.”<sup>15</sup>

A report issued by *Human Rights Watch* in January 2024 notes that: “Eswatini has the highest HIV rate globally, reporting a prevalence of 19.58 percent, and is confronted with many challenges contributing to this rate, including limited availability of stigma-free sexual and reproductive health education, low condom use, the normalization of polygamous marriages and multiple intimate partners, limited access to healthcare services, and HIV/AIDS-related stigma.”<sup>16</sup>

In January 2024 *Amnesty International* reported that: “In the National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018 – 2023, The Eswatini government reported that two-thirds of gay men experience stigma related to their sexual orientation in health care settings. A different report from 2018, which surveyed lesbian, gay, bisexual, trans and gender nonconforming Swazis, found that 40% of all respondents had been insulted in a healthcare facility, with almost one third denied care because of their sexual orientation or gender identity. The report further indicates the stigma against LGBTI persons has engendered a mental health crisis among LGBTI persons in Eswatini.”<sup>17</sup>

This report also points out that: “Transgender or gender non-conforming people face particular challenges accessing gender affirming practices due to stigma, discrimination and exclusion. While not all transgender and gender non-conforming people need or desire gender affirming healthcare, only 8% of respondents had access to hormone treatment, and none had access to surgical interventions.”<sup>18</sup>

In March 2023 *People’s Dispatch* mentioned that: “...hospitals in Swaziland have been under-equipped, under-staffed, and running short of even basic medicines from well before the COVID pandemic. Healthcare, like education, is chronically underfunded by the monarch, who controls much of Swaziland’s economy and splurges the national wealth on his palaces, extravagant parties, a fleet of Rolls Royce cars, private jets, and other luxuries, while 70% of his subjects live in poverty. “I had to wait for more than 40 minutes after reaching the hospital to be attended by a doctor and nurse,” Mvuselelo said, adding that he could not, however, blame them. Severely understaffed, the overburdened medics were doing their best, struggling to treat patients with the few resources at their disposal, he explained. “But they did not have the medicines needed for my treatment. So they only gave a painkiller injection, bandaged my wound, and admitted me for the night,” he said.”<sup>19</sup>

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<sup>15</sup> Ibid, p.10

<sup>16</sup> Human Rights Watch (11 January 2024) World Report 2024: Eswatini, p.4

<sup>17</sup> Amnesty International (9 January 2024) We are facing extinction: Escalating anti-LGBTI sentiment, the weaponization of law and their human rights implications in select African countries [Eswatini excerpt]

<sup>18</sup> Ibid

<sup>19</sup> People’s Dispatch (10 March 2023) Shot and tortured by police, Communist Party of Swaziland’s Mvuselelo Mkhabela escapes, calls for continued anti-monarchist resistance

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UNHCR Refworld

### **Contact Information**

Refugee Documentation Centre  
Legal Aid Board  
48/49 North Brunswick Street  
Dublin 7  
Ireland

Email: [research@legalaidboard.ie](mailto:research@legalaidboard.ie)