Delegation from: Swaziland

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The topics to be discussed in the committee for WHO are: Non-Communicable Diseases, Global Pharmaceutical Development and Universal Access to Medication, Gender-Based Inequities in Global Health. These issues are important problems that need to be solved in order to improve universal health. Here are Swaziland’s particular views on the subject.

* Non-Communicable Diseases

Swaziland recognizes that the non-communicable diseases' load is increasing around the world and that an augmentation as been seen in low-middle-income countries. However, according to the WHO Country Cooperation Strategic Agenda from 2014 to 2019, NCDs are the second strategic priority behind communicable diseases. Swaziland suffers highly of communicable diseases such as HIV/AIDS, Tuberculosis and Malaria. For example, Swaziland faces the world’s highest HIV/AIDS prevalence rate. The CIA evaluated the rate at 28%. In 2015, more than 218,600 Swazis were living with the STD. In 2015, the WHO estimated a tuberculosis burden of 1380 incident cases per 100,000. In Swaziland, communicable diseases are estimated to account for 63% of the deaths vs. 28% for the NCDs. In Kenya and Lesotho they account for 64%, in Madagascar they account for 51% and in Mozambique they account for 66%. According to these statistics, the country should save its efforts to tackle down HIV, TB, malaria and scale up prevention.

However, Swaziland is conscious that noncommunicable diseases are existent and that their rate will increase over the years, in consequence of globalization. Thus, Swaziland is open to work on resolutions focused on prevention and education. Teaching good lifestyle habits in schools should be primordial. The WHO report on the global tobacco epidemic of 2015 demonstrates that several regulations banning tobacco advertising were adopted. But Anti-Tobacco campaigns should definitely be put in place and health warnings on cigarette packages should be emphasized. The cost of packages and taxes should also be increased.

Also, the Swazis suffer from malnutrition. The over 40% stunting and underweight prevalence rate is high among children and the wasting rate of 50.6% is predominant among women. Food insecurity, overuse of small plots and outdated agricultural techniques are the cause of this nutrition problem. To fix the poor crop yields; it would be necessary to provide classes and resources to the farmers and to show them how to properly increase their yields and save their crops. Increasing access to vitamins and supplements would benefit the Swazis. 77% of the newborn receive a dose of vitamin A supplements but after that, the percentage drops and no data are available. A good resolution would be to assure the disposition of iodized salt, iron supplements and vitamins to every inhabitant. It would definitely lower the percentage of the population below the minimum level of dietary energy consumption (27%).

* Global Pharmaceutical Development and Universal Access to Medication

Patents, global trade agreements and the high price of pharmaceutics limit access to essential medications in low-middle-income countries. Sub-Saharan countries often lack capital to buy pharmaceutics. Consequently, they deal with low-quality products. We all know that availability and affordability of quality medication is primordial for lifesaving. The Swazi population is currently facing the highest HIV prevalence rate in the world. This STD is the number-one cause of death in the country. HIV in addition to Tuberculosis and Malaria create an extremely high demand for services in Swaziland. It is important to improve access to pharmaceuticals such as antiretroviral therapy.

Therefore, The Swaziland’s Ministry of Health adopted with help of the WHO their National Pharmaceutical Policy in 2011. Swaziland Pharmaceutical Strategic Plan of 2012-2016 followed this policy. In both documents, the Ministry of Health forwards objectives and strategies to improve their pharmaceutical policy. Swaziland would like to deepen these strategies at the conferences.

The first objective is to increase the donations and founding to measure up current and future demands for medication and treatment. The resolution would be to create more partnerships between LMICs and organizations such as the Global Found, the Bill and Melinda Gates foundation, the Clinton Health Access Initiative and Médecins sans Frontière. These partnerships are the perfect occasion to speak up about the universal access to medication issues. In order to make a difference, collaboration from everyone is needed. For this purpose, awareness-raising campaigns should be created in developed countries. Awareness campaigns following UNICEF’s way of procedure (10$=vitamin supplements for a month, one week of antiretroviral therapy) could benefit us all, even rich countries. With tourism, international transportation facilities and climatic warming, diseases like Zika, Ebola and HIV will spread up. Thus, industrialized countries and organizations should help LMICs prevent, treat and eliminate diseases.

The second objective is favouring generic medication. The Ministry of Health of Swaziland works in both public and private sector on enforcement of generic prescribing and dispensing. The delegate of Swaziland recommends other countries to do so and to authorize the generic substitution. A possible resolution would be to provide adequate qualified pharmacists to inform patients and health ministries of the generic medications available on the market. The emplacement of strict regulations (interdiction?) on the advertising and promotion of patent medication could be another solution. The exemption of taxes applied to pharmaceutics should also be extended for LMICs and the prices lowered for needy populations.

The third objective of Swaziland is to encourage local research and production. It would improve the availability and accessibility of essential medication. The implantation of a research unit within the MOH is under development.

* Gender-Based Inequities in Global Health

The Kingdom of Swaziland sets gender equity as its third strategic priority in the WHO Country Cooperation Strategic Agenda of 2014-2019. The Ministry of health of Swaziland focuses on female health inequities, particularly on reproductive and maternal rights. Swaziland agreed to the Convention to the elimination of all forms of discrimination against women in 1979 and showed interest in improving and protecting the sexual and reproductive rights of women in its 2010 National Gender Policy.

In 2000, the maternal deaths valued for 48.8% of all deaths. Improvement has been made since but there is a place for more. In 2015, the maternal mortality ration per 100,000 live births was 389 in Swaziland and was over 500 in the WHO region of Africa. It is way higher than the under 10/100,000 ratios for Canada and the UK. About 82% of the births in 2010 were attended by skilled health workers, but work can still be done when comparing it to the 98.4% and over for Canada and the USA. The most shocking statistic is that there is only 1.602 nurse and midwife for 1000 people. These rates demonstrate that the need for more health specialists such as obstetricians is required. The formation of skilled professionals should be encouraged and their availability in the rural communities should be assured.

In Addition, many South African countries (Botswana, Lesotho, Mozambique, South Africa, Zimbabwe) including the Kingdom of Swaziland are patriarchal societies. Their traditions promote the superiority of men over women. They agreed to the convention mentioned in the introduction body but still have laws propitious to gender discrimination. For example, women do not have words over their sexuality and reproductive rights. In Lesotho and Swaziland, a married woman is considered as a minor. She cannot access to land propriety and cannot sign contracts without her husband’s permission. Women with multiple partners are committing adultery crime but men are allowed to practice polygamy. Therefore, the risk of HIV infection is increased. For the benefit of the country, strategies altering the stereotypes and traditional practices of Swaziland should be adopted to decrease the vulnerability of men and mostly women to HIV infection.

Also, the superiority of men over women encourages domestic abuse. About 40.4% of women testify being a victim of domestic violence involving any kind of verbal, physical, emotional, sexual and financial abuses. To reduce the extent of the problem, the subservience of women to men needs to stop. Research on domestic violence against women in Swaziland made in 2007 suggests that efforts should be made to push women’s education above secondary school. Next, the employment of women should be emboldened. This measure would allow women to earn sufficient incomes and so become less dependent on their husband or partner.

The delegate of Swaziland believes that prevention should be made in schools. Teaching at a young age the consequences of domestic abuse is essential. Screening suspicious households and setting up help programs for women could also help make a difference.