# Equity profile Eswatini

This analysis is based on a methodology developed from 2010 and 2020[[1]](#footnote-1) [[2]](#footnote-2) [[3]](#footnote-3).It uses international data sources to identify global wellbeing references, identifies the levels replicable to all and estimates the deficit from those by country, time-period, sex and age group.

This new way of looking at a country’s performance on ecology, economy and wellbeing within the feasible and sustainable parameters, can stimulate further subnational analysis and more precise and useful elements to drive local, national and international policies towards equity.

**Methodology**

The only global health objective agreed by all countries is the constitution of the World Health Organization, which aims at the “*best feasible level of health for all*”. With international data - from 1960-2020- we identified such “best feasible level of health” and selected countries with good health (life expectancy above world average) with “globally feasible” economic (GDP and wealth pcy < world average) and ecologic conditions (bio capacity < world average and ecological and carbon footprint < sustainable threshold) sustainable in time, hence safeguarding intergenerational equity.

Using those *healthy, replicable and sustainable* (HRS) models[[4]](#footnote-4), we adjusted mortality rates by age and sex published by the UN Population Division every five years. We call the excess mortality above that from the HRS models, the *burden of health inequity*. The analysis also allows setting the “*dignity threshold*” (below which no country has achieved that best feasible health) and the “*upper threshold*” (above which wellbeing does not improve). Those thresholds frame the *equity curve* between both and the level of *redistribution required* for those under the dignity threshold (in need of net support) or from those above the upper threshold (ethically responsible for net contribution).

Taking into account the negative impact on third countries by excess income pc or excess carbon emissions pc, we estimated the *Sustainable and Equitable Wellbeing (SEW) Index[[5]](#footnote-5).* The methodology we hereby propose challenges XXth century concepts such as high income-development models, constant GDP growth, poverty, ODA and the human development index. The hereby suggested “*equity lenses*” provide a useful tool to identify *alternative wellbeing models*, subnational analysis and policies towards territorial and fiscal equity and individual and collective conscious responsibility based on the ethical principle of equity.

Figure 1 Global equity curve between dignity and excess thresholds allowing best feasible level of health for all



Our analysis reveals that the best levels of wellbeing (through proxy life expectancy) can be achieved within the equity curve, which accommodates all countries, and within them, all peoples above the dignity threshold and below the upper threshold. In 2020 the equity scope was from 4,000-18,000 GDP pc CV, below which no country could achieve best feasible levels of health (right to health) and above which wellbeing did not improve any further while no country was ecologically sustainable and the excess income prevented others from the right to health.

## Comparison with neighbour countries and other with similar natural and economic means

The first attempt to assess a situation is to compare with others in similar situations and identify the potential to improve. The following table compare the ecological, economic and wellbeing indicators (including the burden of health inequity) with the closes countries (geographically and with historical and cultural links) to Eswatini:

Table 1 Comparative analysis with neighbouring countries



The above table shows how Eswatini has a bio capacity between the two neighbour countries, South Africa and Lesotho, and economic power (estimated though GDP CV) between the two. It uses natural resources (measured by the ecological footprint) at a rate between the two. The level of life expectancy at birth is between the two neighbour countries.

Table 2 Comparative analysis with countries of similar natural and economic means



The countries with closest levels of GDP CV pcy (proxy of average income, subject to subnational inequities) and bio capacity pcy, are Indonesia and Tunisia. Eswatini has a life expectancy at birth lower than both mentioned countries.

Table 3 Comparative analysis with the international average and the HRS reference indicators



The table above shows the relation of the ecologic, economic and health main indicators of Eswatini with the international average and with the Healthy-Replicable-Sustainable standards.

It reveals that the bio capacity of Eswatini is 52% of the world average, hence being replicable at global level. The ecological footprint of Eswatini is 67% of the international average and 114% of the recycling threshold, hence ecologically non-sustainable. As regards the balance with its own natural resources, the ecological footprint of Eswatini is 218% of its average bio capacity pcy, therefore it is non-sustainable at national level. The level of CO2 emissions pcy is 19% of the international level and 48% of the ethical threshold, therefore preventing global warming.

As regards the economic indicators, Eswatinis GDP CV pc is 35% of the international average (hence economically replicable) and 97% of the HRS reference. Its cumulative wealth pcy is 0% of the international average and 0% of the HRS reference.

In terms of health, the life expectancy in Eswatini is 14.34 years below the international average (12.05 in women and 16.64 below in men) and 18.41 years below the HRS level (17.33 below in women and 19.49 below in men) with a proportional sex difference of 14.49%, higher than the world’s average.

## HRS indicators 1961-2020

### Ecologic indicators:

The following graphs represent the annual average levels of the nature’s recycling capacity in hectares pcy (bio capacity), the rate at which such resources are used (ecological footprint) and the level of CO2 emissions pcy in Eswatini. These indicators are compared with the international average and the recycling threshold above which the level is not replicable (bio capacity pcy) or not sustainable (ecological and carbon footprints), leading to nature’s depletion and (in the case of CO2 emissions) global warming.

Figure 2 Bio capacity pcy vs. world average 1961-2020



Figure 3 Ecological footprint pcy vs world average and recycling threshold 1961-2020



Figure 4 CO2 emissions pcy vs world average and ethical threshold 1960-2020



As the graphs above show, Eswatini has a bio capacity pcy replicable at global level, regarding its ecological footprint it is ecologically non-sustainable at global level and its present level of CO2 emissions is preventing global warming above 1.5 degrees during this century. The use of natural resources is also non-sustainable at national level.

### Economic indicators:

The graphs below the annual average levels of economic flows measured by GDP constant value (CV) and Purchasing Power Parity (PPP) pcy.

Figure 5 GDP CV pcy vs international average, dignity and excess thresholds 1961-2020



The above figure shows the trend of the GDP CV pc in Eswatini in relation with the levels of the international average, the HRS reference (below which no country in 60 years has achieved the feasible best level of health for all –hence named “dignity threshold”-) and the upper limit (symmetrical level above which wellbeing does not increase further while it hampers others’ reach of the dignity level and is not compatible with respecting planetary boundaries –hence named “excess threshold”-). The overall GDP of Eswatini is $3970967998, *0.0049%* of the world’s GDP (while being *0.0150%* of the world’s population), which translates in GDP pc $3808pcy, as mentioned above, 35% of the international average and 97% of the HRS reference.

Figure 6 GDP PPP pcy vs equity thresholds 1986-2020



The graphs above show that the level of GDP CV and PPP pcy during the study period (1961-2020 for CV and 2000-2020 for PPP) in Eswatini is replicable globally considering the level of global economic resources.

Figure 7 ODA flow pcy (provided/received) 1961-2020



Figure 8 Ethical redistribution required (receive/contribute) 1961-2020



Figure 9 ODA as % of the ethical redistribution required 1961-2020



The figures above show the levels of ODA pcy. In relation with required reception from international redistribution of $ 103 pcy to enable global economic and health equity, Eswatini received an annual average during 2016-2020 $ 47.34 pcy (45.84% of required).

### Health indicators:

The graphs below represent the level of life expectancy at birth evolving over time from 1961 until 2020, and comparing the levels of Eswatini with those of the international average and the HRS reference.

Figure 10 Life expectancy by sex and time periods vs. international average and HRS reference, 1961-2020



The graph above shows the relation of life expectancy in Eswatini, between 1961-2020; with the international average and the HRS reference. The graph shows a dramatic drop from 1991 to 2006 due to the AIDS impact. Such gap is today 12.05 below the international average in women and 16.64 below in men, and 17.33 years below in women and 19.49 below in men than the HRS reference.

Figure 11 Healthy life expectancy vs international average and HRS standard, 1996-2020



The estimates of the World Health Organization, of the healthy life expectancy (HALE), accounting for disability as well, reflect that the trend of HALE in Eswatini, in relation with the international and HRS average. At present, the estimated level of healthy life expectancy in Eswatini is 78% of the international average and 75% of the HRS level.

Figure 12 Life expectancy gap by sex, vs international average 1961-2020



Figure 13 LE % lower in men than in women, vs international average 1961-2020



What the graphs above show is the trend in the difference between life expectancy between men and women in Eswatini. It stands today at 9.08 years lower in men, which is higher than the world % difference (at present some 6%).

## Burden of health inequity

### Burden vs. HRS reference:

As mentioned in the methodology, we selected the country (Sri Lanka) which has maintained the ecological sustainability, economic replicability and the health above average as the reference to compare mortality rates by sex, age group and time period and estimated, through adjust mortality rates the excess mortality from those feasible standards.

Figure 15 nBHiE ref HRS by sex and time period 1961-2020



The above graph represents the excess mortality in Eswatini, (with 97% GDP CV pc of the HRS reference), that is, the net burden of health inequity (nBHiE). The graph shows a dramatic increase from 1991 to 2006 due to the AIDS impact and has decreased in the last 15 years yet still at levels higher than those before AIDS. Today it stands at 3202 in women and 4121 in men, a total of 7323, which is *0.0456%* of the world’s total (compared with Eswatini ‘s *0.0150%* of the world’s population).

Figure 16 nBHiE by sex and age group 2016-2020



The above figure represents the age distribution of the excess mortality in reference to the HRS feasible-for-all levels. Highest rates take placer children under-5, more boys than girls, lower rates but in all adult age groups, with higher levels among them in the reproductive age group.

Figure 17 rBHiE by sex and time period vs international average, 1961-2020



The share of all deaths that was in excess in Eswatini when compared with the feasible mortality rates in the HRS reference, allows comparison in time and with other countries and the international reference as it is not influenced by the size and/or shape of the demographic pyramid. It increased until 2000 and has decreased slightly in the last two decades. was is today of 67.15% in women and 69.90% in men, an average of 68.52%, 241% of the world’s average.

Figure 18 rBHiE by sex and age vs international average, 2016-2020



The above figure represents the age distribution of the share of excess mortality in reference to the HRS feasible-for-all levels and reveals high shares in under 5 (around 80%), in adults from 25-50 years old (close to 90% in women and around 80% in men and lower shares (still 40-50%) in older age groups.

### Burden vs. best SEW reference:

While the minimum aspiration of feasible health for all is the HRS reference, which uses 40% of the world’s average resources per person, the comparison with the best level of sustainable and equitable wellbeing (see below), Costa Rica, challenges to higher levels of wellbeing within the equity curve and void of negative impact from excess income or CO2 emissions.

Figure 19 nBHiE ref best SEW, by sex and time period 1961-2020



The above figure reveals how the comparison of mortality rates by sex, age group and time period between Eswatini and the best SEW reference (with 32.02% of its GDP CV pc). The trend reflects socioeconomic and ecologic conditions over the last 60 years in Eswatini and in the best SEW country (Costa Rica). It stands today at 3550 in women and 4559 in men, totalling 8036 excess deaths (*0.0358%* of the world’s total burden ref. best SEW vs. being *0.0150%* of the population).

Figure 20 nBHiE vs best SEW reference by age and sex, 2016-2020



The above figure represents the age distribution of the excess mortality in reference to the best SEW reference. As with ref HRS, it shows highest rates in under-5, more boys than girls, lower rates in all adult age groups, with higher levels among them in the reproductive age group and in older than 70, more in men than women.

Figure 21 rBHiE by sex and time period vs international average, 1961-2020



The figure above shows the share of excess mortality ref. best SEW in relation to the total number of deaths, that is, the rBHiE. It evolved during the 1961-2020 period until today’s level of 75.36% (191% of the world’s level-close to 40%-), 74.45% in women and 77.33% in men.

Figure 22rBHiE ref best SEW by sex and age group vs international average, 1916-2020



The above figure represents the age distribution of the share of excess mortality in reference to the best SEW reference and shows high shares in under 5s (over 80%), in adults from 20-55 years old (around 90%) and slightly lower in older age groups.

## Sustainable and Equitable Wellbeing (SEW) index

Figure LYL on others by excess emissions and excess income, 1961-2020

Figure 24Sustainable and equitable wellbeing index, 1961-2020



This last figure of our analysis of the equity profile in Eswatini reveals the sustainable and equitable index, that is, the average life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations). We estimated one week life lost per annual GDP pc 1000$ above the excess threshold and two life days lost per annual excess CO2 mTon above the ethical threshold[[6]](#footnote-6) [[7]](#footnote-7). With 0.00 impact through excess carbon emissions and 0.00 by excess income, it stands today at 58.10 life years, and ranks 155 in the world, -17 positions below the Human development Index (which does not limit CO2 emissions or excess GDP pc income).

In summary, the equity profile of Eswatini, reveals that with 52% of the world average bio capacity pcy, its ecological footprint is 114% of the global recycling threshold (non-sustainable) and also 218% of its national recycling capacity (non-sustainable). The level of CO2 emissions pcy is 48% of the ethical threshold, therefore preventing global warming. Eswatini ’s GDP CV pc is 35% of the international average and 97% of the HRS reference. Life expectancy is 14.34 years below the international average (12.05 in women and 16.64 below in men) with a proportional sex difference of 14.49% higher in women, higher than the world’s average. The present annual excess mortality in Eswatini, in relation to HRS reference (feasible for all), is of 7323 (3202 in women and 4121 in men), meaning 68.52% of all deaths (67.15% in women and 69.90% in men). When compared with the best level of sustainable and equitable wellbeing, the present annual excess mortality rises to 8036, 75.36% of all deaths. The Sustainable and Equitable Wellbeing index, that is, life expectancy at birth after deducting the damage on other countries through excess income (in the present generations) and through excess CO2 emissions (in the coming generations) stands today at 58.10 life years, and ranks 155 in the world.

1. https://www.sciencedirect.com/science/article/pii/S0033350617301610 [↑](#footnote-ref-1)
2. https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-62?rskey=fNaAhA&result=2 [↑](#footnote-ref-2)
3. http://www.peah.it/2021/04/9658/ [↑](#footnote-ref-3)
4. From 1960-2010 the countries which met all criteria constantly were Albania, Armenia, Belize, Colombia, Costa Rica, Cuba, Grenada, Saint Lucia, Saint Vincent, Georgia, Paraguay, Sri Lanka, Tonga and Vietnam, from 1960-2015 they were reduced to Armenia, Colombia, Costa Rica, Paraguay, Sri- Lanka and Tonga and from 1960-2020 only Sri Lanka remains. [↑](#footnote-ref-4)
5. The country with best SEW index, within the equity curve is Costa Rica. [↑](#footnote-ref-5)
6. <http://www.peah.it/2021/04/9658/> [↑](#footnote-ref-6)
7. <http://www.peah.it/2018/07/5498/> [↑](#footnote-ref-7)