



# HEALTH PROFILE: SWAZILAND

## HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	220,000 [210,000-230,000]
Total Population (2005 estimate)	1,173,900
Adult HIV Prevalence (end 2003)	38.8% [37.2%-40.4%]

Sources: UNAIDS, United States Census Bureau, World Bank, United States Embassy Mbabane

HIV/AIDS remains one of the major challenges to Swaziland's socioeconomic development. The epidemic has continued to spread relentlessly in all the parts of the country.

Periodic surveillance of antenatal clinics in the country has shown a consistent rise in HIV prevalence among pregnant women attending the clinics. The most recent surveillance in antenatal women reported an overall prevalence of 42.6% in 2004. Prevalence of 28% was found among young women aged 15–19. In women ages 25–29, prevalence was at an alarming 56%.

## NATIONAL RESPONSE

In 2003, the National Emergency Response Committee on HIV/AIDS (NERCHA) was established to coordinate and facilitate the national multisectoral response to HIV/AIDS, while the Ministry of Health and Social Welfare (MOHSW) was to implement activities. The previous national HIV/AIDS strategic plan covered the period 2000–2005; a new national HIV/AIDS strategic plan and a national HIV/AIDS action plan for the 2006–2008 period are currently being developed by a broad group of national stakeholders. To date, the six key areas of the plan are prevention, care and support, impact mitigation, communications, monitoring and evaluation, and management/coordination.

Despite the widespread nature of the epidemic in Swaziland, HIV/AIDS is still heavily stigmatized. Few people living with HIV/AIDS, particularly prominent people such as religious and traditional leaders and media/sports personalities, have come out publicly and revealed their status. Stigma hinders the flow of information to communities, hampers prevention efforts, and reduces utilization of services.

## U.S. GOVERNMENT SUPPORT

Support from USAID is provided through its Regional HIV/AIDS Program (RHAP) based in Pretoria, South Africa, in collaboration with the United States Embassy in Swaziland. Anticipating increased funding for Swaziland for fiscal year 2005, a rapid appraisal of the U.S. Government (USG) strategy was conducted in August 2004, with a team comprising technical staff from the Washington and regional offices of USAID and the U.S. Centers for Disease Control and Prevention (CDC), with technical support from USAID

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forces will also include the U.S. Department of Labor, DoD, the African Development Fund, and other USG agencies that support HIV/AIDS programs in Swaziland.

The CDC is actively supporting HIV/AIDS activities in Swaziland. These activities include provision of financial and technical assistance for national monitoring and evaluation activities, HIV-counseling and testing programs, and prevention efforts among teachers and FBOs.

**Community-based organizations**

Recognizing the need for organizational capacity-building among local NGOs/FBOs/CBOs, USAID’s RHAP has entered into an agreement with Pact to provide organizational strengthening and grants management support. In June 2005, USAID, assisted by Pact, launched an Annual Program Statement (APS) calling for proposals from NGOs/FBOs/CBOs to deliver prevention, treatment, and care services focusing on a community-based, community-owned approaches. Expected services include activities and programs for advocacy with the community- and faith-based groups; ABC behavior change approaches; addressing the needs of orphans and vulnerable children; counseling and testing linked with services; home-based care and treatment; and literacy and preparedness. Pact will provide assistance in organizational development, including building local capacity for financial management and monitoring and evaluation.

**Behavior change communication**

Project activities previously supported under the Corridors of Hope HIV/AIDS prevention program in Swaziland were focused on a variety of vulnerable subpopulations, from pedestrians and truckers crossing the country’s main border posts to the thousands of migrant workers who frequent Swaziland’s main factory area, Matsapha. USAID RHAP has now reoriented the Corridors of Hope program in Swaziland to address the highly generalized epidemic at the community level. Local programs previously under the Corridors of Hope project are expected to reorient activities to address the generalized nature of the epidemic in Swaziland and to compete under the APS process.

partner Family Health International (FHI). The major objectives of the rapid appraisal were to plan a joint USG strategy for Swaziland and make recommendations to reorient USG programs within a highly generalized epidemic.

Recommendations included significant scale-up of prevention/ behavior change communication, care, and treatment services; capacity-building to local nongovernmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs); assistance with the development of human capacity; HIV/AIDS advocacy strategies involving the Royal Family, traditional leadership, churches, traditional healers, and other key opinion leaders; development of a strategic prevention program using the “abstinence, be faithful, or correct and consistent use of condoms” (ABC) model, with a focus on fidelity and partner reduction; and involvement of indigenous networks of people living with HIV/AIDS in all aspects of the program, but particularly in prevention and working with youth, FBOs, and local leadership.

The U.S. Embassy in Swaziland has organized a USG task force to help coordinate the growing HIV/AIDS activities in Swaziland. Members of the first task force included the Ambassador and staff from the U.S. Embassy, USAID, the U.S. Department of Health and Human Services (HHS)/CDC, the HHS/Health Attaché, the U.S. Department of Defense (DoD), and the Peace Corps. Future task

USAID recognizes the potential of FBOs to reach large numbers of people in Swaziland with behavior change and other important HIV-related messages. To date, a large National Pastor's Conference organized by the Dream for Africa organization reached more than 500 Swazi pastors. USAID (funded centrally by USAID/Washington) is also supporting the delivery of abstinence and fidelity messages through mass media by a consortium led by the Medical Institute and Trans World Radio.

The Academy for Educational Development (AED), through the Health Communication Partnership, is targeting youth through technical assistance to the government, including assistance with tailoring a life-skills curriculum for Swaziland.

### ***Human capacity development***

USAID addresses the human capacity crisis in Swaziland by supporting the Capacity Project in improving the quality, accessibility, and use of priority health care services through improving workforce policies and planning, developing better education and training programs for the workforce, and strengthening systems to support workforce performance. Activities include: strengthening the MOHSW and country-level human resource leadership; creating an enabling human resource policy framework; building on the existing analytical and planning work begun by the World Health Organization; developing new career management structures and schemes of service within the MOHSW; assessing the training requirements for staff in the sector; pre-service to in-service training coordination; mobilizing new staff into the workforce; reorganizing and strengthening human resource management capacity at all levels of the public health system; strengthening human resource information systems; and assisting in Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) planning and coordination. The Capacity Project in Swaziland will support a long-term (two-year) Human Resources Planning and Management Advisor to provide technical assistance, management, and coordination to the Human Resources Division.

### ***Prevention of mother-to-child transmission***

In late 2003, after considerable planning and dialog with the Swaziland MOHSW, and following a prevention of mother-to-child transmission (PMTCT) assessment conducted by the United Nations Children's Fund, the MOHSW requested that the Elizabeth Glaser Pediatric AIDS Foundation initiate PMTCT services in three sites within the Manzini region, with plans for further expansion in 2005. Subsequently, USAID organized a local PMTCT partnership for coordinating PMTCT, PMTCT+, and postnatal care activities in the region, including local government counterparts, the Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, AED/Linkages, Population Services International, the Population Council, Baylor College of Medicine, and the Clinton Foundation.

### ***Strategic information***

In collaboration with the CDC, MEASURE Evaluation supports USAID's HIV/AIDS program monitoring and evaluation efforts in Swaziland by providing technical assistance and other targeted project support to improve the quality, availability, and use of strategic information. The project collaborates with NERCHA, the MOHSW, and the World Bank to redesign and support the national-level system for National Programme Reporting, including a specific Global Fund component that reports through NERCHA, the principal recipient. Through support to CIET, a South Africa-based social science research firm, a rapid survey to assess behavior change at the household level was completed in June 2005. ORC-Macro is providing technical assistance to the MOHSW to conduct a demographic and health survey in Swaziland. USAID, through MEASURE, also plans to sponsor three or four individuals from the Swaziland government for a short course in monitoring and evaluation in South Africa.

### ***Other activities***

USAID is working with University Research Corporation to carry out an assessment and to make key recommendations examining the link between HIV/AIDS and tuberculosis. USAID is also funding Management Sciences for Health's Rational Pharmaceutical Management *Plus* program to carry out an assessment and to make key recommendations to improve drug and commodity supply systems and management at the country level.

## **IMPORTANT LINKS AND CONTACTS**

USAID Regional HIV/AIDS Program (RHAP), P.O. Box 43, Pretoria, South Africa 0027

Tel: 27-12-452-2229, Fax: 27-12-452-2399

E-mail: [kphillips@usaid.gov](mailto:kphillips@usaid.gov), Website: [www.rhap.org.za](http://www.rhap.org.za)

United States Embassy, Central Bank Building, 7th Floor, P.O. Box 199, Mbabane, Swaziland

Tel: 268-404-6441, Fax: 268-404-1695

E-mail: [coryjx@state.gov](mailto:coryjx@state.gov), [dorseyds@state.gov](mailto:dorseyds@state.gov)

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