



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.1 million (mid-2007)
Estimated Population Living with HIV/AIDS**	220,000 [140,000-270,000] (end 2005)
Adult HIV Prevalence***	25.9% (2006/2007)
HIV Prevalence in Most-At-Risk Populations**	STI Patients (Hhohho): 48.9% (2000)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	42% (end 2006)

*U.S. Census Bureau **UNAIDS *** DHS 2006/07 ****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

With an estimated adult prevalence of 25.9 percent, based on recent data from the 2006–2007 Demographic and Health Survey (DHS), Swaziland has the world’s most severe HIV/AIDS epidemic, which poses a serious challenge to the country’s economic development. Results from this population-based survey represent improved accuracy of HIV/AIDS estimates and indicate a lower national prevalence rate than the 33.4 percent previously reported in the 2006 UNAIDS *Report on the Global AIDS Epidemic*. Since the country’s first AIDS case was reported in 1986, the epidemic has spread relentlessly in all parts of Swaziland. From 1992 to 2004, prevalence among pregnant women attending antenatal clinics rose from 3.9 percent to 42.6 percent, according to Swaziland’s 2005 report to UNGASS. According to UNAIDS, in 2005, women aged 15 to 24 attending antenatal clinics

had an HIV prevalence of 39 percent nationally and 43 percent in Manzini. UNAIDS also estimates that approximately 220,000 people in Swaziland are HIV positive, including 15,000 children under age 15.

The primary mode of HIV transmission in Swaziland is heterosexual contact. Swaziland’s epidemic is feminized; 31 percent of women are infected, compared with 21 percent of men, according to the 2006–2007 DHS. At 48.9 percent, women aged 25 to 29 have the highest prevalence of either sex; among men, prevalence is highest among 35- to 39-year-olds, at 44.9 percent. These extremely high prevalence rates are due in part to high-risk behaviors. Furthermore, among women aged 15 to 49, 45.4 percent who had high-risk sex and 43.4 percent who had multiple partners in the past 12 months did not use condoms.

Most-at-risk populations include youth, sex workers, seasonal and factory workers, long-distance truck drivers, soldiers, and employees of the public transport sector. Sexual aggression appears to be common in Swaziland, with 18 percent of sexually active high school students reporting that their first sexual experience had been coerced, according to a 2004 study cited by UNAIDS. However, with more than one-third of Swaziland’s population living with HIV/AIDS, even the general public qualifies as “at-risk.” Despite the widespread nature of the epidemic in Swaziland, HIV/AIDS is still heavily stigmatized. This stigma hinders the flow of information to communities, hampers prevention efforts, and reduces use of HIV/AIDS services. Other barriers to prevention, treatment, care, and support include the limited coverage of behavioral change communications, the lack of empowerment for women, limited access to services, insufficient focus on pediatric cases, inadequate laboratory services and lack of trained staff, and limited capacity for home-based care.

Children are affected by the epidemic by contracting the disease from their mothers and by losing a parent to the disease. According to the Government of Swaziland’s National Plan of Action for Orphans and Vulnerable Children, the number of children under age 18 orphaned by AIDS has increased from 12,000 in 1999 to 70,000 in 2006. The traditional extended family and other support systems are overwhelmed by this situation. The majority of these children have no extended family networks on which to rely following the death of their parents. The elderly have also been affected by the AIDS-related deaths of their children, who had previously supported them.

People living with HIV are particularly vulnerable to developing drug-resistant tuberculosis (TB) because of their increased susceptibility to infection and progression to active TB. Furthermore, TB is one of the main causes of death for people living with HIV. Swaziland has one of the highest TB incidence rates in the world, with an estimated 458 cases per 100,000 population in 2006, according to the World Health Organization. TB-HIV co-infection is also extremely high, and an estimated 75 percent of adult-incident TB patients are also HIV positive.



National Response

Swaziland has actively responded to HIV since 1986. In 1999, King Mswati III declared AIDS a national disaster and established the Cabinet Committee on HIV and AIDS and the Crisis Management and Technical Committee, which developed the National Strategic Plan for 2000–2005. In 2003, the National Emergency Response Committee on HIV/AIDS was established to coordinate and facilitate the national multisectoral response to HIV/AIDS, while the Ministry of Health and Social Welfare (MOHSW) implemented activities. In 2005, the first National Strategic Plan was reviewed by a broad group of national stakeholders. Based on this review, a new National HIV/AIDS Strategic Plan for 2006–2008, a National HIV/AIDS Action Plan, and the National Multisectoral HIV and AIDS Policy were developed in 2006 to coordinate the national response. The six key areas of the response are prevention, care and support, impact mitigation, communications, monitoring and evaluation, and management and coordination.

In 2003, MOHSW launched the Emergency Care and Treatment Implementation Plan to provide free antiretroviral therapy (ART) to people living with HIV/AIDS. The plan increased the number of health facilities from three in 2003 to 17 in 2005. Currently, 42 percent of HIV-infected people are receiving treatment according to the 2007 WHO/UNAIDS/UNICEF report, *Towards Universal Access*.

In November 2007, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved Swaziland's third grant – a seventh-round proposal for a five-year, \$81.9 million grant for HIV/AIDS. Swaziland is currently implementing a fourth-round grant approved in 2004 to scale up key components of the national HIV/AIDS response. The United States is by far Swaziland's largest bilateral donor, as the U.S. Government (USG) provides one-third of the Global Fund's total contributions. Other international donors to Swaziland include the European Union, the Italian Cooperation, and several UN agencies.

USAID Support

Through the U.S. Agency for International Development (USAID), Swaziland in fiscal year (FY) 2008 received \$8.33 million for essential HIV/AIDS programs and services. USAID programs in Swaziland are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

The PEPFAR team comprises several U.S. Government agencies, namely USAID, the Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC), the Department of Defense, the Peace Corps, the Department of State (DOS), and the Department of Labor.

The PEPFAR program covers all regions in Swaziland and is organized around four main technical areas: prevention, care and treatment, human capacity development, and strategic information. Working in close collaboration and leveraging the particular technical expertise of each agency, the PEPFAR program is working to implement a sustainable, evidence-based, results-oriented program.

USAID manages the majority of the PEPFAR funding, followed by the CDC and the DOS. USAID program and technical support focuses on prevention, human capacity development, nongovernmental organization (NGO) capacity building, and health systems strengthening. USAID also provides significant technical assistance to the development and management of ART and patient monitoring systems in order to assist Swaziland in adhering to Global Fund requirements.

The USAID Regional HIV/AIDS Program, based in Pretoria, South Africa, provides technical and program management assistance to PEPFAR Swaziland. Specific successes from USAID and PEPFAR assistance include:

- A computerized system implemented to manage and monitor antiretroviral drugs (ARVs) at ART sites, which enabled the Global Fund to lift its moratorium on the use of Global Fund resources to purchase ARVs and TB medicines for Swaziland Government programs.
- A successful family-centered care model for the prevention of mother-to-child transmission of HIV, which has resulted in a rapidly increasing number of individuals who received HIV counseling and testing and received their results.
- Assistance in collaboration with the CDC on the National TB Program (NTP). Policy, operational guidelines/standard operating procedures, laboratory services, in-service training, and programmatic and surveillance information systems

for infection control planning and extensively drug- and multidrug-resistant TB have all been upgraded. The NTP has evolved from a weak organization at risk of losing Global Fund allocations to one now regarded as a fairly strong piece of the overall programmatic response to HIV and TB in Swaziland.

- Support for the Swaziland National AIDS Program in the area of HIV testing and counseling. The organizations have been at the forefront of policy, technical guidance, service delivery, and training for national HIV testing and counseling scale-up. The U.S. Government has provided very substantial assistance to the rollout of Swaziland's provider-initiated counseling and testing plan while maintaining important focus on outreach and client-initiated counseling and testing.
- Support for the Swaziland Action Group Against Abuse's "Reducing Gender Based Violence as a Cause and Consequence of HIV/AIDS" program, which reached more than 5,980 people in 67 communities while also promoting men's involvement in prevention of HIV and gender-based violence.
- Support for HIV/AIDS prevention, palliative care, and orphans and vulnerable children support grants to local and international NGOs and faith- and community-based organizations, designed to facilitate the efficient flow of grant funds and to deliver capacity-building services to organizations contributing to the fight against HIV/AIDS.

Important Links and Contacts

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USAID HIV/AIDS Web site for Swaziland: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/swaziland.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/

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