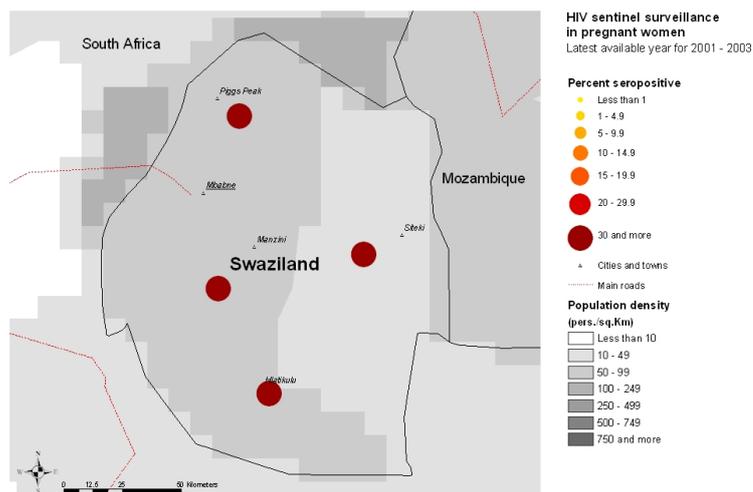


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **42 000**  
 Antiretroviral therapy target declared by country: **12 000 by the end of 2005**



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1.1	United Nations
Population in urban areas (%)	2005	23.8	United Nations
Life expectancy at birth (years)	2004	40-45	WHO
Gross domestic product per capita (US\$)	2002	1096	United Nations
Government budget spent on health care (%)	2004	7.5	United Nations
Per capita expenditure on health (US\$)	2002	66	WHO
Human Development Index	2003	0.498	UNDP

<sup>°</sup>= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

<sup>\*\*</sup>=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* Multiple Indicator Cluster Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	37.2 - 40.4%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	210 000 - 230 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	13 006	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	42 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	37	Ministry of Health and Social Welfare
HIV testing and counselling sites: number of people tested at all sites	Dec 2004	100 000	Ministry of Health and Social Welfare
Knowledge of HIV prevention methods (15-24 years)% - female <sup>°</sup>	2000	27	MICS*
Knowledge of HIV prevention methods (15-24 years)% - male <sup>°</sup>		NA	
Reported condom use at last higher risk sex (15-24 years)% - female <sup>**</sup>		NA	
Reported condom use at last higher risk sex (15-24 years)% - male <sup>**</sup>		NA	

## 3. Situation analysis

### Epidemic level and trend and gender data

Swaziland is one of the most severely HIV-affected countries. The first AIDS case in Swaziland was reported in 1987; today more than one in three adults is infected and Swaziland faces a generalized HIV/AIDS epidemic. The HIV prevalence rate among pregnant women is currently estimated to be 43%. According to Swaziland's ninth HIV seroprevalence survey conducted in 2004 among women attending antenatal care clinics, the HIV prevalence rate among 15- to 19-year-olds declined from 32% in 2002 to 29% in 2004, indicating that the number of new infections in this age group may be declining. However, the prevalence rate was increasing in other age groups, the hardest hit being those 25-29 years old, with a prevalence rate of 56%. Most deaths have occurred among young people. Rural and urban areas do not differ significantly. About 75-80% of the people with tuberculosis are coinfected with HIV. The epidemic has been fuelled by poverty, unemployment, a large migrant population, conservative religious and traditional beliefs against condom use and frequent multiple sexual partners and has severely affected society and the economy.

### Major vulnerable and affected groups

The primary mode of transmission is heterosexual contact. The population group most affected by HIV/AIDS is women 20-24 years old. No information is available on the HIV prevalence rate among sex workers. Men and women with sexually transmitted infections have high HIV prevalence rates.

### Policy on HIV testing and treatment

HIV testing is available through testing and counselling services linked to health services (clinics for tuberculosis, sexually transmitted infections, preventing mother-to-child transmission and others) or through stand-alone voluntary counselling and testing clinics and outreach mobile units. Guidelines on voluntary counselling and testing have been developed. HIV testing is voluntary and confidential. Pretest counselling and informed consent are required, and test results are provided after post-test counselling. Testing is mandatory only for blood transfusion. In September 2003, the Ministry of Health and Social Welfare developed an Emergency Care and Treatment Implementation Plan to initiate scaling up of antiretroviral therapy through a phased approach. This Plan identified six major public hospitals to be considered for the first phase of the scaling-up process and five health centres including some private clinics for the second phase. Under the Plan, the government is providing antiretroviral drugs free of charge to people living with HIV/AIDS. The Plan also includes strategies for strengthening human resource capacity for scaling up antiretroviral therapy, ensuring adequate supplies of safe, approved and affordable antiretroviral drugs, promoting the accessibility of antiretroviral drugs to children and at the workplace, establishing a community-based antiretroviral therapy support system and ensuring a policy environment that is conducive to scaling up antiretroviral therapy services. Guidelines for providing antiretroviral therapy have been developed, including treatment for children.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The most commonly used combination is stavudine + lamivudine + nevirapine (66%), followed by stavudine + lamivudine + efavirenz (12%), zidovudine + lamivudine + nevirapine (7%) and zidovudine + lamivudine + efavirenz (4%). The price of a triple combination regimen is US\$ 168 per person per year.

### Assessment of overall health sector response and capacity



The Government of Swaziland has demonstrated a high level of political commitment to fight HIV/AIDS since the start of the epidemic. The Swaziland National AIDS Programme was established in 1987. A Short-term Plan (1986-1988) and a Medium-term Plan (1989-1992) for preventing and controlling HIV/AIDS in Swaziland were implemented, with a focus on providing information, education and communication, promoting and distributing condoms, managing sexually transmitted infections and ensuring safe blood transfusion. A policy document on preventing and controlling HIV/AIDS and sexually transmitted infections was developed in 1998. Its objectives include improving the coordination of HIV/AIDS prevention and control activities at all levels; providing comprehensive health care and social support for people with HIV/AIDS and their families; ensuring that HIV testing is used to maximize prevention and care; increasing the capacity of vulnerable population groups to protect themselves against HIV; safeguarding the human rights of people living with HIV/AIDS and promoting surveillance related to HIV/AIDS and research activities. In 1999, the King of Swaziland declared HIV/AIDS a national disaster and established an HIV/AIDS Cabinet Committee and a multisectoral HIV/AIDS Crisis Management and Technical Committee under the office of the Deputy Prime Minister. In 2000, the Crisis Management and Technical Committee developed a National Strategic Plan for HIV/AIDS for 2000-2005. In 2001, a National Emergency Response Committee on HIV/AIDS was established to replace the Crisis Management and Technical Committee, to coordinate the multisectoral response to the epidemic. In 2005, under the supervision of National Emergency Response Committee on HIV/AIDS, the National Strategic Plan for HIV/AIDS was reviewed and recommendations made for the development of the next National Strategic Plan for HIV/AIDS for 2006-2008. Swaziland has made significant progress towards providing antiretroviral therapy guided by the Health Sector Response Plan for HIV/AIDS for 2003-2005 and the Emergency Care and Treatment Implementation Plan developed in 2003. The Swaziland National AIDS Programme was strengthened in 2004 to coordinate the national antiretroviral therapy programme with the recruitment of a national antiretroviral therapy coordinator with financial support from the United Kingdom Department for International Development. An operational plan for HIV prevention, care and treatment in the health sector in 2006-2008 is being developed with a well-defined health sector HIV prevention strategy and a monitoring and evaluation framework. Voluntary testing and counselling services are being scaled up to expand coverage, and laboratories are being strengthened to support the delivery of antiretroviral therapy services. National interventions for preventing mother-to-child transmission were introduced in 2003. The health workforce was comprehensively analysed in 2004 with WHO support, and strategies to strengthen the human resource base were identified, including making the most effective use of the existing health workforce, recruiting and retaining additional health professionals and inspiring leadership and motivation among workers. The most important priority of the strategy, according to the Ministry of Health and Social Welfare, is to build the capacity of "rural health motivators" - primary health care workers. Health workers are being trained with support from WHO using the Integrated Management of Adult and Adolescent Illness (IMAI) strategy. Swaziland has good infrastructure (roads, electricity and water) and community networks that can be used to support treatment scale-up.

#### Critical issues and major challenges

Lack of human resources capacity is a major challenge to scaling up antiretroviral therapy in Swaziland. The recruitment and retention of staff is constrained by poor working conditions and limited incentives. The availability of health workers is further declining due to HIV. A system to ensure the continuous supply and distribution of AIDS medicines and diagnostics needs to be established. The various agencies involved in procuring, storing and supplying drugs need to harmonize their efforts, including the Government Tender Board, the Central Medical Stores and the care centres. Laboratory capacity is being strengthened at the central level; the same needs to be done at the regional level. The Swaziland National HIV/AIDS Programme of the Ministry of Health and Social Welfare needs to be strengthened to be able to adequately manage, implement and monitor programmes. HIV prevention strategies need to be strengthened. An integrated strategy for information, education and communication needs to be developed targeting young people and vulnerable populations. Community-based organizations need to be strengthened to provide adherence and psychosocial support to people living with HIV/AIDS. An efficient monitoring and evaluation and referral system needs to be developed to ensure appropriate follow-up of people receiving antiretroviral therapy.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 29.1 million and US\$ 30.4 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 13 000 people by the end of 2005.
- The major sources of funding for the national HIV/AIDS programme are the government budget, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral partners and the private sector.
- The government provides funds for human resources to deliver antiretroviral therapy, palliative care, laboratory tests and treatment of opportunistic infections. The government also provides funds to purchase antiretroviral drugs.
- Swaziland submitted a successful Round 2 proposal to the Global Fund, for a total amount of US\$ 52.5 million over five years, focusing on preventing mother-to-child transmission, expanding voluntary counselling and testing, providing HIV/AIDS treatment and providing social support to orphaned children. As of November 2005, US\$ 23.4 million had been disbursed for grant implementation. Swaziland also submitted a Round 4 proposal to the Global Fund, for a total amount of US\$ 48.2 million over five years and two-year approved funding of US\$ 16.3 million, with a focus on reducing the incidence of HIV/AIDS in Swaziland and mitigating the impact on infected and affected individuals, families and communities by promoting safe sexual conduct among young people, strengthening the clinical management of people living with HIV/AIDS, strengthening home-based care and ensuring monitoring and evaluation of HIV/AIDS programmes. As of November 2005, US\$ 4.3 million had been disbursed for implementation of the grant.
- Bilateral partners providing support to the national HIV/AIDS programme include the Italian Cooperation, the United Kingdom Department for International Development, the Japanese International Cooperation Agency and the European Union. United Nations agencies also support the national response.

## 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Swaziland's total treatment need to be 26 000 people, and the WHO "3 by 5" treatment target was set at 13 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Swaziland's treatment need had risen to 42 000 people.
- About 600 people were receiving antiretroviral therapy at the end of 2003; about 3200 people in June 2004; 6484 people by the end of 2004; 9714 people by June 2005; and around 13 000 by December 2005, meeting the national treatment target.
- The public sector started providing antiretroviral therapy in November 2003 at Mbabane Government Hospital. At present, about 5000 people living with HIV/AIDS who are receiving antiretroviral therapy are also receiving treatment and follow-up services at that site. As of September 2005, antiretroviral therapy is being provided in 17 sites in the country, of which 9 are in the public sector. In January 2005, Bristol-Myers Squibb announced the construction of Swaziland's first paediatric HIV/AIDS centre to provide care and treatment to children living with HIV/AIDS and support to their families.
- The private sector is providing antiretroviral drugs to about 700 people through a medical-aid scheme. In addition, private companies have organized specific programmes to provide antiretroviral drugs to their employees.
- The Global Fund Round 2 proposal planned to provide treatment for 10 000 people by the end of 2005. The Round 4 proposal planned to provide treatment to an additional 3000 people by the end of 2005.
- Voluntary counselling and testing services have been gradually scaled up in the country. At the end of 2003, Swaziland had 13 sites providing voluntary counselling and testing services. By December 2005, there were 37 sites, of which 16 in the public sector, covering all four districts in the country.
- Services for the prevention of mother-to-child transmission are available in 44 sites in the country, covering all four districts.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health and Social Welfare provides leadership in scaling up treatment. It is responsible for developing policies, strategies and guidelines for implementing antiretroviral therapy programmes. The National Emergency Response on HIV/AIDS attached to the Prime Minister's Office creates a conducive environment to support the roll-out of the antiretroviral therapy programme. UNAIDS and WHO provide support to the Ministry of Health and Social Welfare in planning and strengthening coordination mechanisms.

#### Service delivery

The Ministry of Health and Social Welfare takes the lead in delivering HIV prevention, care and treatment services. It sets standards and guidelines for antiretroviral therapy and provides supervision and technical support to both public and private providers. Other partners involved in providing antiretroviral therapy include private providers and mission hospitals. The Office of the Chief Pharmacist and the Directorate of Health Services in the Ministry of Health and Social Welfare and the Central Medical Stores are responsible for drug policy and for drug procurement, storage, distribution and use within the public health system. Drugs are imported from neighbouring South Africa. Several partners provide support to the government in delivering antiretroviral therapy services. WHO provides technical support for developing clinical guidelines for HIV care and treatment, voluntary counselling and testing, human capacity-building and drug procurement and supply management. The Italian Cooperation supports voluntary counselling and testing and strengthening laboratory services. The Japan International Cooperation Agency supports laboratory monitoring for HIV/AIDS and tuberculosis. The European Union supports activities related to voluntary testing and counselling and managing sexually transmitted infections. The United Kingdom Department for International Development supports activities related to strengthening human resource capacity and voluntary testing and counselling as well as the involvement of people living with HIV/AIDS. UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation support preventing mother-to-child transmission and prevention strategies targeted at young people. The World Food Programme supports the provision of nutritional aid at antiretroviral therapy delivery sites.

#### Community mobilization

Several nongovernmental organizations are involved in efforts to mobilize community involvement in providing antiretroviral therapy and supporting treatment. The Swaziland Network of People Living with HIV/AIDS manages treatment literacy programmes among people living with HIV/AIDS, whereas rural health motivators support the expansion of treatment literacy among the general public. UNICEF and UNDP provide technical support for mobilizing communities and building capacity. The Business Coalition Initiative on HIV/AIDS supports workplace interventions. Bristol-Myers Squibb supports capacity-building for community-based organizations and nongovernmental organizations. The Cheshire Homes of Swaziland provide care related to physical therapy for people living with HIV/AIDS.

#### Strategic information

The Ministry of Health and Social Welfare has developed registers, patient cards and reporting tools to be used by antiretroviral therapy centres. WHO has been requested to assist the Ministry of Health and Social Welfare in developing a simple computerized system to facilitate recording and managing information on the people receiving antiretroviral therapy. The Swaziland National HIV/AIDS Programme and the National Emergency Response Committee on HIV/AIDS undertake other aspects of monitoring and evaluation, supported by the World Bank. WHO and UNAIDS provide technical support in HIV surveillance, monitoring drug resistance and operational research.

## 7. Staffing input for scaling up HIV treatment and prevention

### WHO's response so far

- Conducting a WHO scoping mission in January 2004 in collaboration with the Ministry of Health and Social Welfare and UNAIDS to assess the status of antiretroviral therapy implementation and to identify opportunities and challenges for scaling up antiretroviral therapy and areas of WHO support
- Providing technical assistance in finalizing the national framework for scaling up antiretroviral therapy
- Providing technical assistance in developing national guidelines on antiretroviral therapy, including treatment for children
- Supporting the Ministry of Health and Social Welfare in analysing the human resource situation and developing strategies for strengthening human resource capacity for an expanding antiretroviral therapy programme
- Providing support for identifying strategies to address human resource constraints in the health sector response to HIV/AIDS and building human resource capacity for expanding antiretroviral therapy
- Supporting the development of technical guidelines and training materials for various categories of health care providers within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach
- Supporting the strengthening of systems for procuring, storing, distributing and managing drug supplies, including regulating and controlling the quality of medicines
- Providing support for developing a health sector strategy for preventing HIV/AIDS
- Supporting the country coordinating mechanism in developing the Round 4 proposal for the Global Fund
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, providing support in two districts (Mbabane and Mankayane) for improving access to and the quality of voluntary testing and counselling services, strengthening the National Blood Service by developing a quality management system and strengthening the continuum of care in managing and monitoring people living with HIV/AIDS

### Key areas for WHO support in the future

- Providing support for evaluating the Health Sector Response Plan for HIV/AIDS for 2003-2005 and for developing a health sector response plan for 2006-2008
- Providing ongoing support for capacity-building within the framework of the IMAI approach
- Providing continuing support in strengthening the mechanisms for procuring and supplying drugs
- Providing support for strengthening the care of children
- Providing support for scaling up voluntary counselling and testing
- Supporting the development and implementation of a countrywide information, education and communication strategy, targeting the general public and specific groups, including health workers, people living with HIV/AIDS, teenagers, schoolchildren and the mass media
- Providing technical advice for developing a simplified and viable monitoring and evaluation system for antiretroviral therapy, including for tracking antiretroviral drug resistance
- Providing support for implementing Phase II of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

### Staffing input for scaling up HIV treatment and prevention

- The current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections includes an international HIV/AIDS Country Officer.