

SWAZILAND AND HIV/AIDS

Key Talking Points

The HIV/AIDS epidemic has spread so rapidly that Swaziland now ranks among the four countries in the world most affected by HIV/AIDS:

- 20 to 23 percent of adults (ages 15 and over) are HIV-positive.
- In 1998 the National AIDS Task Force performed a blind study of inpatients at hospitals and found that 45 to 50 percent were HIV-positive.
- The majority of AIDS cases are in the reproductive and economically-productive age range of 20 to 39; 52 percent of males and 68 percent of females fall within this age group.
- According to the World Health Organization (WHO), as many as one-third of young and middle-aged adults in Swaziland are infected with HIV.

AIDS Deaths By 2010 AIDS will increase the crude death rate in Swaziland by more than 200 percent, and life expectancy will drop by more than 40 percent (to only 37 years) as a result of AIDS. More than 5,000 Swazis died of AIDS-related diseases in 1997.

Women and HIV/AIDS In 1998, 31 percent of pregnant women at antenatal clinics tested positive for HIV. The HIV prevalence rate for women in STI clinics ranged from 35 to 43 percent in different regions in 1996.

Children, Youth and HIV/AIDS In 1998, infant mortality in Swaziland was 103 per 1,000 and child mortality (under age 5) was 168 per 1,000. The U.S. Census Bureau estimates these mortality rates for 1998 would have been 84 per 1,000 and 114 per 1,000, respectively, in the absence of AIDS. By 2010 the infant mortality rate is expected to be twice as high as it would have been in the absence of AIDS.

Socioeconomic effects of HIV/AIDS According to a 1998 UNICEF/Government of Swaziland report, an estimated 23,960 children will be orphaned by AIDS by the year 2000. The migration of mine workers is a factor in the high HIV prevalence rate in Swaziland: Remittances from Swazi workers in South African mines supplement domestically-earned income by as much as 20 percent.

National Response Political leadership was lacking until 1999 when King Mswati III declared that AIDS was a national crisis and called for all sectors—public, private, NGOs, and communities—to take action. AIDS committees to establish policy and implement multisectoral programs have been launched by the Prime Minister, but until resources are committed, action plans are established, and programs are developed, Swaziland will not be able to garner the external donor assistance—technical and financial—it desperately needs to fight the HIV/AIDS epidemic.

USAID currently has no mission in Swaziland.



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SWAZILAND AND HIV/AIDS

Country Profile

The Kingdom of Swaziland is a small, landlocked country with a population of approximately one million, one-third of whom live in urban areas. Swaziland's economy is based largely on subsistence agriculture and the country is heavily dependent on South Africa, which almost entirely surrounds its borders, and from which it receives 90 percent of its imports. Remittances from Swazi workers in South African mines supplement domestically-earned income by as much as 20 percent. This migration of mine workers is a factor in the high HIV prevalence rate in Swaziland.

As of 1997, 16 percent of Swaziland's gross domestic product (GDP) was earned from

agriculture, with the remainder split between industry and services. The GDP growth rate dropped from 3.9 percent in 1996 to 2.5 percent in 1997. Three percent of the GDP was budgeted for the health sector in 1996. The country's gross national product (GNP) per capita is US\$1,440, close to the level of "lower-middle" income for sub-Saharan Africa.

Swaziland faces serious health sector problems that threaten to exacerbate the country's HIV/AIDS epidemic, most notably the marked rise in tuberculosis cases, which doubled from 1994 to 1998.

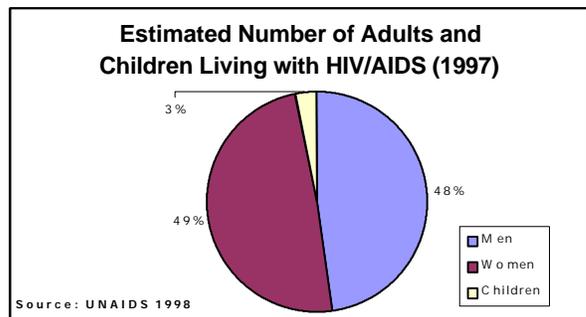
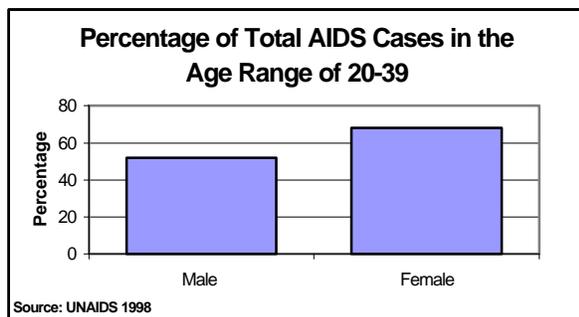
HIV/AIDS in Swaziland

The first AIDS case was reported in Swaziland in 1987. Since then, the HIV/AIDS epidemic has continued to rise to alarming levels, with Swaziland now ranking as one of the four most-affected countries in the world, along with Zimbabwe, Botswana, and Namibia.

- According to the 1998 sentinel surveillance conducted by the National AIDS Program (NAP), 20 to 23 percent of adults (age 15 and over) are HIV-positive.
- In 1998 the National AIDS Task Force performed a blind study of inpatients at hospitals

and found that 45 to 50 percent were HIV-positive.

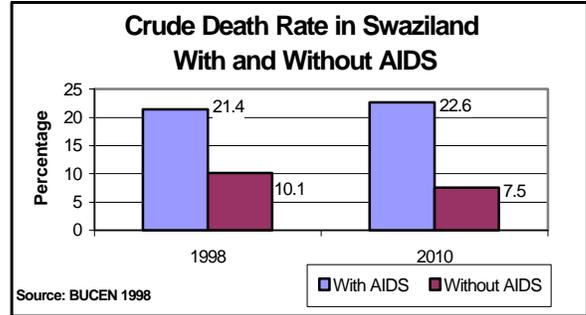
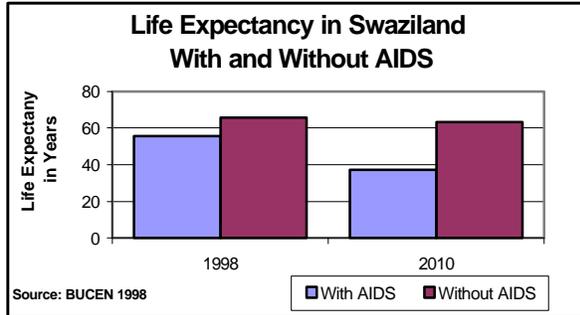
- The majority of AIDS cases are among 20- to 39- year-olds—the reproductive and economically-productive age range; 52 percent of males and 68 percent of females fall within this age group.
- According to the World Health Organization (WHO), as many as one-third of young and middle-aged adults in Swaziland are infected with HIV.



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According to U.S. Census Bureau (BUCEN) data, by 2010 AIDS will increase the crude death rate in Swaziland by more than 200 percent.

- More than 5,000 Swazis died of AIDS-related diseases in 1997.
- By 2010, life expectancy will drop by more than 40 percent as a result of AIDS.



Women and HIV/AIDS

The number of women living with HIV/AIDS in Swaziland is growing. Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound their vulnerability.

- The high incidence of illegal abortion is a growing concern in Swaziland, and a particularly significant problem among teenage girls (UN Secretariat 1995).

- According to NAP's 1998 sentinel surveillance data, 31 percent of pregnant women at antenatal clinics tested positive for HIV.
- According to 1996 U.S. Census Bureau statistics, the HIV prevalence rate in STI clinics ranged from 35 to 43 percent in different regions.

In Swaziland, marriage law, under Roman-Dutch Law, confers upon the husband undisputed control over the acquisition and disposal of marital property. The combined effect of the Roman-Dutch Law and Swazi Customary Law is to relegate women to the position of minors.

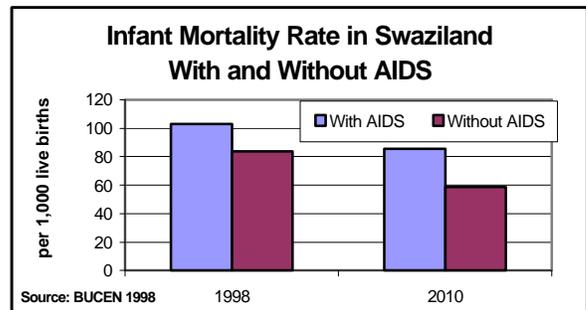
Children, Youth and HIV/AIDS

The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV.

Swaziland's children will be orphaned over the next decade as the adult death toll climbs.

According to BUCEN, infant mortality in Swaziland in 1998 was 103 per 1,000. BUCEN

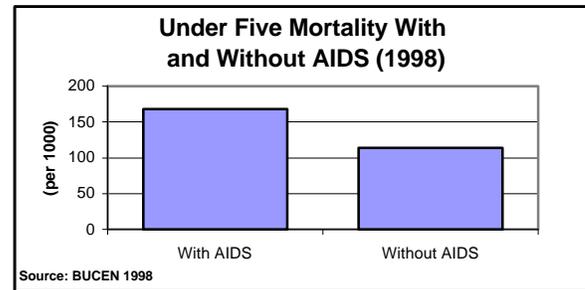
- Forty-nine percent of the Swazi population are under age 15.
- According to a 1998 UNICEF/Government of Swaziland report, an estimated 23,960 children will be orphaned by AIDS by the year 2000.
- As one of the African countries hardest hit by the HIV/AIDS epidemic, 20 to 33 percent of



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estimates the infant mortality rate would have been 84 per 1,000 in 1998 in the absence of AIDS.

- By 2010 the infant mortality rate will be nearly double what it would be in the absence of AIDS.
- Child mortality (under age 5) in 1998 was 168 per 1,000, compared with the estimated 114 per 1,000 it would have been in the absence of AIDS.



Socioeconomic Effects of AIDS

About 90 percent of reported AIDS cases are adults 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a

family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *socioeconomic analysis* presented by the Policy Project.)

Interventions

National Response

The NAP Secretariat was established in the Ministry of Health in 1989, with support from the World Health Organization (WHO). A National AIDS Task Force has also been established.

The first sentinel surveillance was conducted in 1991 and has been conducted annually, except in 1997 because of resource constraints.

UNAIDS, through the Ministry of Education, has supported the NGO School AIDS Prevention Education (SHAPE) in working with secondary schools. Through their IEC activities, NGOs were

largely effective in bringing information about HIV/AIDS information to the country. However, sexual behavior change and condom use have not accompanied the knowledge.

The Baphalali Swaziland Red Cross, in collaboration with the Ministry of Health, is working to improve the screening of the blood supply.

Following study tours to observe AIDS programs in Zambia and Uganda in 1996-1997, the Government of Swaziland (GOS) prepared a

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comprehensive home-based care framework but was unable to implement a program because of resource constraints. Currently, the GOS, UNAIDS, and the Italian Cooperation are funding two pilot sites for home-based care in rural areas, involving traditional healers and community volunteers. The Salvation Army, Hospice at Home, the Catholic Church through Caritas, and the Swedish missionary Mkhuzweni Health Center are also involved in home-based care. These efforts are just now being initiated and are limited geographically and in their scope of services.

Recently, Swazi authorities have publicly acknowledged that HIV/AIDS has become a "national disaster." In February 1999, at the

opening of Parliament, King Mswati III declared that AIDS was a national crisis and called for all sectors of the nation—public, private, NGOs, and communities—to take action.

In May 1999, the Prime Minister launched the Cabinet Committee on HIV/AIDS, chaired by the Deputy Prime Minister, and the multisectoral Crisis Management and Technical Committees on HIV/AIDS. The government recognized that the crisis could not be addressed by the Ministry of Health alone but requires a multisectoral strategy. The new committees will set policy directions and manage the mobilization of resources for all sectors, ensuring a more unified and coherent national response.

Donors

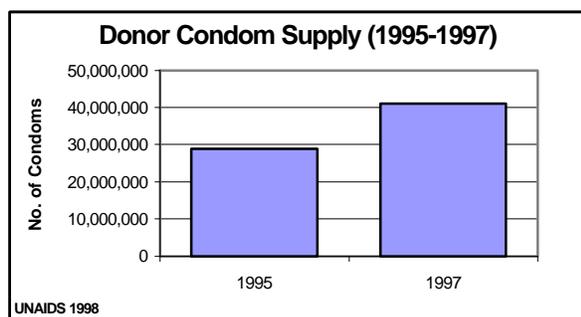
While few bilateral or multilateral donors are active in Swaziland, representatives from the United States, Britain, Italy, Germany, and the European Union (EU) are involved in HIV/AIDS prevention activities. USAID currently has no mission in Swaziland.

According to a UNAIDS/Harvard study:

The German Technical Cooperation (GTZ) has supported HIV/AIDS care activities and provided condoms, contributing DM 434,807 in 1996-97.

The European Union (EU) supports the NGO SHAPE's HIV/AIDS prevention project in secondary schools.

The Italian Cooperation is supporting home-based care pilot projects.



Donors supplied 29 million condoms in 1995 and more than 41 million condoms in 1997.

UNAIDS has a coordinating Theme Group in Swaziland, with representatives from UNICEF,

UNDP, UNFPA, WHO, and UNESCO, chaired by WHO.

UNAIDS financed HIV/AIDS activities with US\$106,000 in 1996-1997 and US\$140,000 in 1998-1999. Activities include:

- Improving community home-based care and counseling.
- Strengthening a multisectoral response.
- Supporting the HIV and TB Prevention and Counseling Pilot Project.
- Building the capacity and coordinating the work of AIDS service organizations.
- Mobilizing young people against HIV/AIDS.
- Providing support for people living with HIV/AIDS (PLWHA).
- Supporting the work of the NGO SHAPE in secondary schools.

WHO has provided technical assistance in HIV/AIDS evaluation and programming; surveillance; a TB and HIV/AIDS program; and development of a national HIV/AIDS policy. WHO has also supported the publication of health education materials.

UNDP has been instrumental in policy-level advocacy; provides technical assistance to the Ministry of Health and NGOs; supports sentinel surveillance; and has assisted in the development

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of the framework for home-based care programming and support for PLWHA.

UNICEF has supported a situation analysis of orphans; provided training for primary school teachers in HIV/AIDS education; and assisted NGOs in capacity building.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities funded by multilateral and bilateral donors. *See attached preliminary chart for PVO and NGO HIV/AIDS activities target areas. This list is evolving and changes periodically.*

The bulk of AIDS activities to date in Swaziland have been carried out by NGOs and AIDS service organizations. Some NGOs working in Swaziland include:

- The Family Life Association of Swaziland (FLAS) conducts lectures on family planning, STIs, and AIDS in army barracks in eight sites, reaching about 2,000 men per year. FLAS also

UNFPA has financed study tours for NGOs and sponsored workshops on HIV, gender, and poverty alleviation. UNFPA is the major donor of condoms.

works in HIV/AIDS education in industry, and provides youth counseling.

- The Swaziland AIDS Support Organization (SASO) supports programs benefiting PLWHA.
- The AIDS Support Organization (TASO) provides counseling and testing services.
- The Traditional Healers Organization (THO) provides HIV/AIDS prevention education.

The NGO coalition Swaziland AIDS Network Organization (SWANASO) coordinates the activities of NGOs working in HIV/AIDS.

Challenges

Major constraints to HIV/AIDS control in Swaziland include the following:

- Political leadership was lacking until 1999.
- HIV/AIDS/STI prevention and care programs are few.
- Until recently, only the MOH has been involved in HIV/AIDS policy and programming.
- Resources and donor assistance are inadequate.
- Women have a weak social and economic position and have little control over their sexual health.
- There is resistance to change in high-risk sexual behavior, even with knowledge of HIV transmission, particularly among youth.
- Unemployment and poverty are growing.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Swaziland:

- A clear national policy on HIV/AIDS is needed.
- Action plans must be prepared.
- National commitment must be demonstrated to convince donors to become involved.
- Budget allocations and programs are needed from all ministries.
- Programs must be developed for mass media information and education; care and support for PLWHA and those affected by HIV/AIDS; voluntary counseling and testing; and orphans.
- The promotion of, supply of, and access to condoms must be improved.

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The Future

The recent commitment by the King of Swaziland and the Prime Minister are signs that the country is ready to tackle the HIV/AIDS epidemic; however, the government must also commit its resources to proactive HIV/AIDS/STI prevention and control. In addition to government efforts, community participation at all levels is essential for effective HIV/AIDS care, prevention, and support activities.

If a clear HIV/AIDS policy is established, multisectoral involvement is achieved, and action plans are established, Swaziland will be able to garner the external donor assistance—technical and financial—it desperately needs to fight the HIV/AIDS epidemic.

Important Links

1. AIDS Cabinet Committee: Deputy Prime Minister Arthur Khoza, Tel: (268-40) 42723/4; Fax: (268-40) 40084
2. Crisis Management and Technical Committee on AIDS: Ms. Christabel Motsa, Tel/Fax: (268-50) 52294
3. National AIDS Program: Beatrice Dlamini, P.O. Box 903, Mbabane. Tel: (268-40) 48209/48440
4. UNAIDS Focal Point: Alfred Mndzebele, UNDP, P.O. Box 903, Mbabane. Tel: (268-40) 42301-4; Fax (268-40) 45341; E-mail: alfred.Mndzebele@undp.org
5. Swaziland AIDS Network Organization (SWANASO)



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June 1999

Swaziland

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
Pathfinder International		X							X								
PVOs/NGOs																	
Media for Development International		X							X								
IPPF/WHR				X													
Civil/Military Alliance to Combat HIV/AIDS	X							X									
Lutheran World Relief				X					X								

KEY:	Advoc. Advocacy	MTCT Mother to Child Transmission activities
	BCI Behavior Change Intervention	Research HIV/AIDS research activities
	Care/S Care & Support Activities	Policy Policy monitoring or development
	Training HIV/AIDS training programs	STD STD services or drug distribution
	Cond. Condom Distribution	VCT Voluntary counseling and testing
	SM Social Marketing	Orphan AIDS orphan activities
	Eval. Evaluation of several projects	TB TB control
	HR Human Rights activities	Other (I.e. blood supply, etc.).
	IEC Information, education, communication activities	