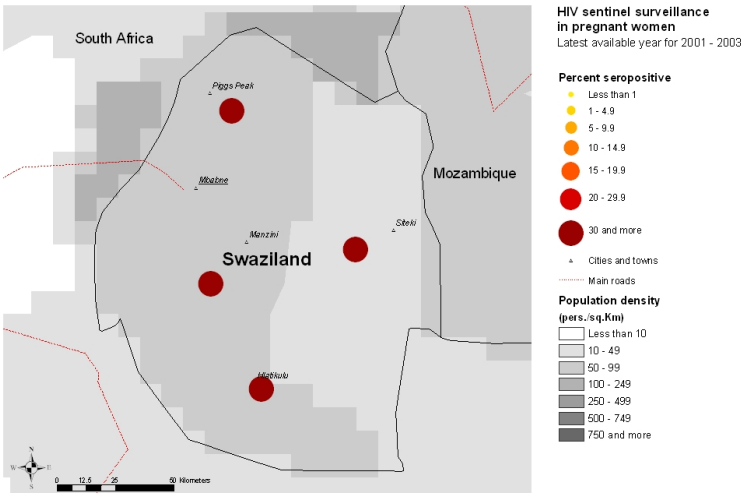
SWAZILAND

June 2005

WHO estimate of number of people requiring treatment - end 2004: 36 500
Antiretroviral therapy target declared by country: 12 000 by the end of 2005



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1.1	United Nations
Population in urban areas (%)	2004	23	United Nations
Life expectancy at birth (years)	2004	40-45	United Nations
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	2002	0.519	UNDP

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 (15-49 years)	March 2005	8373	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	36 500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2004	25	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Dec 2004	30 000	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2003	75 - 80%	Ministry of Health

3. Situation analysis

Epidemic level and trend and gender data
Swaziland is one of the most severely HIV-affected countries in the world. The first AIDS case in Swaziland was reported in 1987; today one in three adults is infected and Swaziland faces a generalized HIV/AIDS epidemic. Most deaths have occurred among young people. 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 20-29 years old, with a prevalence rate of 56%. 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 had a severe impact on society and the economy.

Major vulnerable and affected groups
The primary mode of transmission is heterosexual contact. The population most affected by HIV/AIDS are 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. Pre-test 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 identifies seven treatment centres (including regional hospitals and private clinics) to be considered for the first phase of the scaling-up process, and five health centres and some private clinics for the second phase. Under the Plan, the government has already started to provide 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$ 175 per person per year.

Assessment of overall health sector reponse 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 diseases and ensuring safe blood transfusion. 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 2005, the National Strategic Plan was reviewed and recommendations made for the development of the next National Strategic Plan for 2006-2008. A policy document on preventing and controlling HIV/AIDS and sexually transmitted infections was developed in 2001. 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. A National Emergency Response Committee on HIV/AIDS was established in 2001, replacing the Crisis Management and Technical Committee, to coordinate the multisectoral response to the epidemic. 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. 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 recommendations 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. 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, few incentives and low pay. 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 in the Ministry of Health and Social Welfare needs to be strengthened to be able to adequately implement and monitor programmes. 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 patients receiving antiretroviral therapy.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

• WHO estimates that between US$ 29.1 million and US$ 30.4 million is required to support scaling up antiretroviral therapy to reach the WHO “3 by 5” treatment target of 16 000 people by the end of 2005.
• The major sources of funding for antiretroviral therapy are the government budget, the Global Fund to Fight AIDS, Tuberculosis and Malaria 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. Of government funds, an estimated US$ 15.6 million is expected to be committed during 2004-2005 for scaling up antiretroviral therapy.
• Swaziland submitted a successful Round 2 proposal to the Global Fund, for a total amount of US$ 54.8 million over five years and two-year approved funding of US$ 29.6 million, focusing on preventing mother-to-child transmission, expanding voluntary counselling and testing, providing HIV treatment and providing social support to orphaned children. 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. An estimated US$ 11 million is expected to be available from the Global Fund grants to support scaling up antiretroviral therapy during 2004-2005.
• Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that Swaziland will face a funding gap of between US$ 2.5 million and US$ 3.8 to reach 16 000 people by the end of 2005.

5. Antiretroviral therapy coverage

• In 2003, WHO/UNAIDS estimated Swaziland’s total treatment need to be 32 000 people, and the WHO “3 by 5” treatment target was set at 16 000 people (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that Swaziland’s treatment need had risen to 36 500 people.
• The Government of Swaziland estimated that 26 000 people needed antiretroviral therapy in 2003. The government is committed to providing antiretroviral therapy to 12 000 people by the end of 2005.
• About 3200 people were receiving antiretroviral therapy in June 2004; 5453 people were receiving antiretroviral therapy by October 2004; and about 8373 people by March 2005.
• The public sector started providing antiretroviral therapy in 2001 at Mbabane Hospital, and antiretroviral drugs have been offered free of charge since November 2003. About 500 people are being treated at that site.
• The government has also supported an antiretroviral therapy programme initiated by people living with HIV/AIDS through the Swaziland AIDS Support Organization, an umbrella body for people living with HIV/AIDS; 620 people benefit from this service.
• 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 plans to provide treatment for 10 000 people by the end of 2005. The Round 4 proposal plans to provide treatment to an additional 3000 people by the end of 2005.
• 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.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management
The Ministry of Health and Social Welfare and the National Emergency Response Committee on HIV/AIDS, attached to the Prime Minister’s Office, provide leadership in treatment scale-up. The Ministry of Health and Social Welfare is responsible for developing policies, strategies and guidelines for implementing antiretroviral therapy programmes. UNAIDS and WHO provide support to the Ministry of Health and Social Welfare in planning and strengthening coordination mechanisms.

Antiretroviral therapy service delivery
The Ministry of Health and Social Welfare takes the lead in delivering antiretroviral therapy. 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 in the Directorate of Health Services in the Ministry of Health and Social Welfare and the Central Medical Stores are responsible for drug policy, and drug procurement, storage, distribution and use within the public health system. Swaziland has one local pharmaceutical manufacturer, and drugs are mostly 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. UNDP provides support for training health workers. 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. UNICEF supports preventing mother-to-child transmission and prevention strategies targeted at young people.

Community mobilization
Several nongovernmental organizations are involved in efforts to mobilize community involvement in providing antiretroviral therapy and supporting treatment. The Swaziland AIDS Support Organization manages treatment literacy programmes among people living with HIV/AIDS and the general public. Other nongovernmental organizations include The AIDS Support Centre, Swazis for Positive Living and Swaziland Youth United against HIV/AIDS. 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 counselling and home-based care for people living with HIV/AIDS.

Strategic information
The Ministry of Health has developed a computerized system for tracking the people receiving antiretroviral therapy in collaboration with the private sector. However a recent review of the computerized system revealed considerable technical difficulties with implementation of the software, and WHO has been requested to assist with the development an alternative solution. 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. WHO support for scaling up antiretroviral therapy

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 resources situation and developing strategies for strengthening human resource capacity for an expanding antiretroviral therapy programme
• 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
• 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 continuing suppofor identifying strategies to address human resource constraints in the health sector response to HIV/AIDS and building human resource capacity for expanding antiretroviral therapy
• Providing continuing support in strengthening the mechanisms for procuring and supplying drugs
• 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 to develop a simplified and viable monitoring and evaluation system for antiretroviral therapy, including for tracking antiretroviral drug resistance

Staffing input for scaling up antiretroviral therapy and accelerating prevention
• The current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections includes one Medical Officer for HIV/AIDS.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Swaziland and the WHO Regional Office for Africa