# Goal 6 Combat HIV/AIDS, Malaria & Other Diseases

**Target:** Reverse the spread of HIV/AIDS and other diseases by 2015.
**Indicator:** HIV/AIDS prevalence (15-49 years) rate; number of anti-natal care (ANC) clients that are HIV positive; death rates associated with tuberculosis; number of children orphaned by HIV/AIDS.

## STATUS AT A GLANCE

| Will the Goal/Target be Met | State of Supportive Environment |
|---|---|
| Potentially **Unlikely** Insufficient Data | Strong **Fair** Weak but improving Weak |

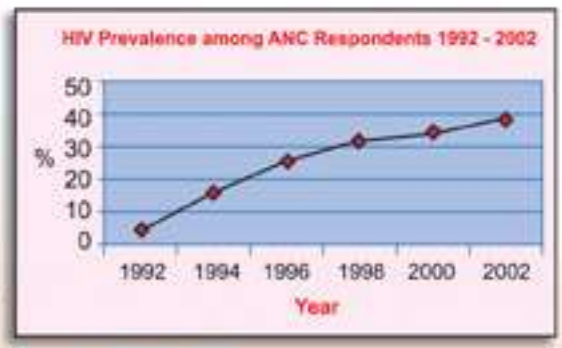
Tracking Maternal Mortality and Reproductive Health: Monitoring and Evaluation Environment

| Elements of monitoring environment | Assessment | | |
|---|---|---|---|
| Data gathering capacities | Strong | Fair | Weak |
| Quality of recent survey information | **Strong** | Fair | Weak |
| Statistical tracking capacities | Strong | Fair | Weak |
| Statistical analysis capacities | Strong | Fair | Weak |
| Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism | Strong | Fair | **Weak** |
| Monitoring and evaluation mechanisms | Strong | Fair | **Weak** |

## Status and Trends

Swaziland has one of the highest prevalence rates in the world. According to the 2002 National Sero-Surveillance Report, 38.6 percent of women attending ANC were HIV positive. There is nearly a 50 percent infection prevalence in the age range 23-28. HIV prevalence rate among antenatal care clients has been rising at an alarming rate from a low of 3.9 percent in 1992 to the current rate of 38.6 per cent. Women are the most vulnerable group.

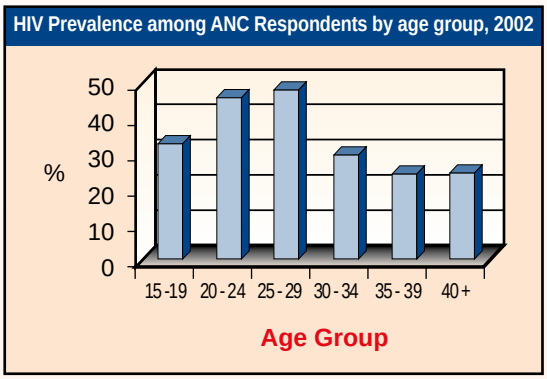
Women are not only being infected with HIV more frequently than men, they are also becoming infected at a younger age. The vulnerability of women is also increased by the marginalized status of women, the majority being unable to negotiate safer sex and many other socio-economic factors.




*Source: MHSW 2002.*

The number of orphaned children is estimated to be approximately 60,000 (2003 projections). The number of orphans is projected to rise at an average of 10,000 per year for the next 10 years. Child-headed and elderly-headed households are becoming more prevalent.

The effects of HIV/AIDS are felt at every level of society and in every sector of the economy. HIV/AIDS is felt not only in the health system but also in the household, education, agricultural sectors as well as in the general economy in terms of eroded capacity and lost productivity due to ill health and premature death.




*Source: MHSW 2002.*

Malaria is a major public health problem in Swaziland with between 20,000 and 32000 clinical malaria cases occurring each year. An estimated 32 % of the population is at risk of malaria. Malaria transmission is unstable and, hence, there is a high risk of epidemics. The burden of malaria is greatest in Lowveld and Lubombo plateau regions of the country. However, outbreaks and epidemics can occur in the other regions of the country following above normal rainfall and temperatures. Malaria control efforts, principally IRHS and case management, have reduced malaria morbidity and mortality to near acceptable levels.

The principles and goal of RBM – the global partnership to control malaria – were adopted by Swaziland in 1999. Since then the country has been going through the RBM inception process to build consensus and partnerships, establish an evidence-base, and prepare a strategic plan. Swaziland has put in place a strategic plan for malaria with clear targets to be achieved in 2007. The strategic plan aims to concretise the Abuja targets for Swaziland and give clear direction for malaria control over the next five years.

# Major Challenges

The major challenge in Swaziland is to address both the health and wider development related causes for high rates of infection. Some of the reasons for the high prevalence rate in Swaziland include the high rate of sexually transmitted disease, multiple sexual partners, migrant labour, poverty, the breakdown of traditional norms and gender power relations between men and women.

- The promotion of the use of ITNs.
- The minority status of women renders women virtually powerless to negotiate safe sex with their partners, or even to decline having sex with an infected partner.
- Increase health resources,infrastructure and health personnel, including home based care services. The rapid spread of HIV/AIDS puts extreme pressure on health care services, in terms of available hospital beds and health personnel. In the year 2000, the two major cities, Manzini and Mbabane reported that 70-80 percent of bed occupancy was occupied by patients with HIV/AIDS.
- Increased demand for home-based care services.
- Strengthening the absorptive capacity of existing institutions to enhance their capability of utilizing up-scaled financial resources to be availed through the Global AIDS Fund.
- Scaling up VCT services to meet ART.
- Stigma and discrimination. People seem reluctant to be HIV/AIDS tested for fear of isolation and discrimination if they test positive.
- Behaviour change: The people are generally well-versed on HIV/AIDS and its modes of transmission. The challenge is in changing established behaviour patterns among the general public.

# Supportive Environment

## Political Commitment and Leadership

- The declaration of HIV/AIDS as a national crisis by his Majesty King Mswati III in 1999. There is also a RICA that has been formed.
- The formation of a Cabinet Committee on HIV/AIDS, chaired by the Deputy Prime Minister, the

Multi-Sectoral CMTC on HIV/AIDS and AMICAALL and NERCHA appointed in 2002 in order to coordinate organizations focusing on HIV/AIDS response. A sum of US$ 52 million has been made available to NERCHA over five years, from the Global Fund.

- Global fund resources have raised to procure 16000 ITNs.
- Swaziland has adopted the goals and principles of RBM.
- The country has a strategic plan in place for malaria.

### National Response to HIV/AIDS

The Swazi Government has formulated appropriate policies and strategic interventions that bring together NGO's, private sector, community based organizations and other stakeholders in combating HIV/AIDS.

- The National Strategic Plan for HIV/AIDS (2000-2005) which outlines the following priorities: risk reduction, coordination of all activities aimed at combating HIV/AIDS, and impact mitigation.
- Mainstreaming HIV/AIDS in the PRS is in progress.
- There is SNAP in place which was established in 1987.
- The MOHSW developed specific health sector response and policies on critical issues such as PMTCT, ARV and VCT, which are awaiting approval.
- Availability of care and treatment of opportunistic infections and ART programme.
- MOHSW is scaling up VCT services and ART in the country.
- There is are active organizations for People living With HIV and AIDS.
- Ther are various programmes by all stake holders , employers, workers, donors, government and NGOs on HIV and AIDS.

## Priorities For Development Assistance

- Human resource development and retention needs to be addressed in order to win the battle against HIV/AIDS and TB.
- The country needs assistance to improve access to care, improving the health system, scaling-up programmes and procuring appropriate medications.
- Support for adequate food security and nutrition is needed to boost immune levels and to delay the onset of full blown AIDS.
- Explore the use of ICT to replace lost capacity.
- Training women and children to use ITNs.