



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1.1	United Nations
Population in urban areas (%)	2003	23.5	United Nations
Life expectancy at birth (years)	2002	38.8	WHO
Gross domestic product per capita (US\$)	2001	1244	United Nations
Government budget spent on health care (%)	2001	7.5	WHO
Per capita expenditure on health (US\$)	2001	41	WHO
Human Development Index	2001	0.547	UNDP

3. Situation analysis

- **Epidemic level and trend and gender data.** Swaziland is considered to be one of the most HIV-affected countries in the world, with about one in three adults infected. Swaziland is experiencing a generalized HIV/AIDS epidemic. The prevalence of HIV infection has increased sharply, from 3.0% in 1992 to between 37.2% and 40.4% in 2003. About 200 000 people are living with HIV/AIDS, and more than 12 000 adults and children have already died from AIDS. About 75% of the people with tuberculosis are coinfecting with HIV.
- **Major vulnerable and affected groups.** The population most affected by HIV/AIDS is women 20–24 years old. No information is available on the HIV prevalence 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 as part of testing and counselling services linked to health services (tuberculosis clinics, sexually transmitted infections, preventing mother-to-child transmission and others) or through stand-alone voluntary counselling and testing clinics. HIV testing is always voluntary. 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, two private clinics and two company clinics) to be considered for the first phase of the scaling-up process. 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

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
Cumulative number of reported AIDS cases	2001	4 787	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	3 200	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	32 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites	2003	12 000	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	75.1%	WHO

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 conducive policy environment to facilitate scaling up antiretroviral therapy services.

- **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 recently negotiated price for a triple combination regimen is US\$ 175 per person per year.
- **Assessment of overall health sector response and capacity.** Swaziland has made enormous progress towards providing antiretroviral therapy guided by the Health Sector Response Plan for HIV/AIDS 2003–2005 and the Emergency Care and Treatment Implementation Plan. 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. 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. A system to ensure continuous supply and distribution of AIDS medicines and diagnostics needs to be strengthened. The various agencies



involved in procurement, storage and supply of 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. A major challenge is strengthening the Swaziland National HIV/AIDS Programme in the Ministry of Health and Social Welfare to be able to adequately scale up care and treatment.

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

- WHO estimates that the total funding 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 is between US\$ 27 million and US\$ 30 million.
- 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 has allocated US\$ 2 million in 2003 and US\$ 2.5 million in 2004 for purchasing antiretroviral drugs.
- Swaziland submitted a successful Round 2 proposal to the Global Fund for AIDS, Tuberculosis and Malaria, for US\$ 29.6 million over two years for HIV/AIDS, focusing on preventing mother-to-child transmission, expanding voluntary counselling and testing, providing HIV treatment and providing social support to orphaned children. Of this amount, it is estimated that about US\$ 8 million will be available to support scaling up antiretroviral therapy during 2004–2005.
- The Country Coordinating Mechanism has submitted a Round 4 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for US\$ 48 million over five years, with a focus on reducing the incidence of HIV/AIDS in Swaziland and mitigating the impact on the infected and affected individuals, families and communities, including palliative care.
- Taking into account funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Swaziland to reach 16 000 people by the end of 2005 is between US\$ 19 million and US\$ 22 million.

5. Antiretroviral therapy coverage

- Swaziland's total treatment need for 2005 is estimated to be 32 000 people, and the WHO "3 by 5" treatment target is 16 000 people by the end of 2005 (based on 50% of need).
- WHO estimates that about 3200 people were receiving antiretroviral therapy in June 2004.
- The government is committed to providing antiretroviral therapy to 12 000 people by the end of 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; 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.
- Round 2 funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria are intended to provide treatment for 10 000 people by the end of 2005. The Round 4 proposal aims to provide treatment to an additional 3000 people by the end of 2005.

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, which is 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 provides support to the Ministry of Health and Social Welfare in strengthening coordination mechanisms.
- *Antiretroviral therapy service delivery.* The Ministry of Health and Social Welfare takes the lead in implementing antiretroviral therapy scale-up. It sets standards and guidelines for antiretroviral therapy and provides supervision and technical support to both public and private providers. Others involved in providing antiretroviral therapy include private providers and mission hospitals. WHO provides normative technical support. Several partners provide support to the government in delivering antiretroviral therapy services. The Japan International Cooperation Agency and the Italian Cooperation support drug procurement. The United Kingdom Department for International Development and the European Union support activities related to voluntary testing and counselling.
- *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 is an umbrella body for people living with HIV/AIDS and is involved in treatment literacy 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.

- *Strategic information.* The Ministry of Health and the private sector have developed a computerized patient-tracking system. 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 to the Ministry of Health and Social Welfare in finalizing the national framework for scaling up antiretroviral therapy
- Supporting the Ministry of Health and Social Welfare in analysing human resources in depth to provide a basis for expanding an antiretroviral therapy programme
- Supporting the development of training materials for various categories of health care providers
- Supporting the strengthening of systems for procuring, storing, distributing and managing drugs, including the regulation and quality control of medicine
- 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
- Supporting the Country Coordinating Mechanism in developing the Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria

Key areas for WHO support in the future

- Providing continuing support in identifying strategies to address human resource constraints in the health sector response to HIV/AIDS
- Providing continuing support in strengthening mechanisms for procuring and supplying drugs
- Supporting the revision of national treatment protocols in accordance with WHO guidelines
- 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 help to develop a simplified and viable monitoring and evaluation system for antiretroviral therapy, especially 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 technical officer for HIV/AIDS, and recruitment of a subregional "3 by 5" officer (Botswana, Lesotho and Swaziland) is currently underway.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

"3 by 5" Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

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

