1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Data</th>
<th>2004 Estimate</th>
<th>2005 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (millions)</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Population in urban areas (%)</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>40-45</td>
<td>40-45</td>
</tr>
<tr>
<td>Gross domestic product per capita (US$)</td>
<td>1096</td>
<td>1096</td>
</tr>
<tr>
<td>Government budget spent on health care (%)</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Per capita expenditure on health (US$)</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Human Development Index</td>
<td>0.519</td>
<td>0.519</td>
</tr>
</tbody>
</table>

2. HIV indicators

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult prevalence of HIV/AIDS (15-49 years)</td>
<td>2003</td>
<td>37.2% - 40.4%</td>
</tr>
<tr>
<td>Estimated number of people living with HIV/AIDS (0-49 years)</td>
<td>2003</td>
<td>210 000 - 230 000</td>
</tr>
<tr>
<td>Reported number of people receiving antiretroviral therapy (15-49 years)</td>
<td>March 2005</td>
<td>8373</td>
</tr>
<tr>
<td>Estimated total number needing antiretroviral therapy in 2004</td>
<td>Dec 2004</td>
<td>36 500</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of sites</td>
<td>Dec 2004</td>
<td>25</td>
</tr>
<tr>
<td>HIV testing and counselling sites: number of people tested at all sites</td>
<td>Dec 2004</td>
<td>30 000</td>
</tr>
<tr>
<td>Prevalence of HIV among adults with tuberculosis (15-49 years)</td>
<td>2003</td>
<td>75 - 80%</td>
</tr>
</tbody>
</table>

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 highest 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 co-infected 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 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 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 primary health care, strengthening the health infrastructure, and improving communication, promoting and distributing condoms, and managing sexually transmitted diseases, and ensuring safe blood transfusion. In 1999, the Kingdom of Swaziland declared HIV/AIDS a national disaster, and established the Anti-aid and Multisectoral Coordinating 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 2004, the Crisis Management and Technical Committee developed a multisectoral response to the epidemic. The Ministry of Health and Social Welfare continues to provide antiretroviral therapy services and to strengthen the health infrastructure and management. The programme was reviewed in 2005, and recommendations for improving the programme were made. The programme has succeeded in increasing treatment coverage and in improving the quality of care.

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" 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.
- In 2004, the government budgets were US$ 3.7 million, and US$ 2.3 million was allocated to the National AIDS Programme.
- Antiretroviral drug supply is secured through the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- The programme receives additional funding from donor agencies, including UNICEF and UNDP.
- The programme also receives funding from the government budget, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donor agencies.

5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated that Swaziland's total treatment need was 32 000 people, and the WHO "3 by 5" 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, about 4500 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 the Mbabane Hospital.
- 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 benefitted from the programme.
- The private sector supplying 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 8000 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 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 is 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 development, 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.
- **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 Health Unit. In May 2005, an Action Plan for 2006-2007 was approved by the Ministry of Health and Social Welfare. The Action Plan contains specific activities related to strengthening human resource capacity and voluntary testing and counselling.
- **Strategic information**
  - The Ministry of Health and Social Welfare 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 of an alternative solution.
  - The Swaziland National 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 for so far
SWAZILAND

Key areas for WHO support in the future

- Providing continuing 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
- 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 reliable 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.

© World Health Organization 2005