Welcome to the Swaziland HIV Prevention Toolkit. This collection of materials has been compiled by the National HIV & AIDS Information and Training Centre (Info Centre). The resources in this eToolkit cover a broad range of topics pertaining to HIV and AIDS prevention. The material are in the form of research papers, periodicals, books, training materials (toolkits and manuals), and awareness raising products (posters, booklets, leaflets, presentations), that creatively and factually share current and dynamic knowledge and skills relating to HIV and AIDS, TB, and other related prevention and impact mitigation responses.

The Swaziland HIV Prevention Toolkit is a collection of various publications from different organizations and individuals. The materials are on Social and Behaviour Change Communication; Male Circumcision; Prevention of Mother-to-Child Transmission; Condom Use, Distribution and Management; Blood Safety; HIV Prevention for Most-at-Risk Populations; HIV Testing and Counselling; Post-Exposure Prophylaxis; Sexually Transmitted Infections; Workplace Programmes; and Positive Health, Dignity in Prevention. The eToolkit was developed to be a one-stop shop for all resources on HIV prevention in Swaziland.

What is the Swaziland HIV Prevention Toolkit?

It is a collection of HIV prevention resources with all of the prevention sub-thematic areas and is specific to Swaziland.

What is the purpose of this toolkit?

This toolkit ensures that all HIV stakeholders and implementers have access to current HIV prevention information to enhance evidence informed decision-making and improve program performance and patient outcomes.

Who are the intended audiences?
This toolkit is intended for all public, private and NGO sectors involved in the HIV response. In addition, students in tertiary institutions will benefit from this resource as they conduct their research projects.

**What is the intended use of this toolkit?**

All HIV stakeholders will have access to the online toolkit and innovative ways will ensure access to partners with limited or no access to Internet. All HIV implementers will be expected to use this page to update their skills and knowledge in emerging issues and national guidance for HIV prevention.

**How often is the toolkit reviewed to ensure accuracy?**

This toolkit will be reviewed every three months to ensure it contains accurate and relevant information.

**Who developed this toolkit?**

This is an initiative of NERCHA and MOH with the support of the ICT Ministry. PEPFAR through USAID has financed the toolkit. In addition, K4Health, PSI, and the Information Centre assisted in the establishment of the toolkit.

**What is the benefit of this toolkit to clients and patients?**

The more HIV partners and implementers who have access to current tools, information and resources to advance the HIV agenda, the better the quality of care across all beneficiaries of HIV care.

**General**

Prevention remains critical for the national response to HIV. Effective prevention will also have long term collateral benefits for treatment, care and support and impact mitigation. The prevention interventions are designed to reduce exposure to HIV, reduce the probability of transmission when exposed, and influence change in societal norms, values and practices that tend to impact on peoples’ ability to adopt key prevention behaviours.

**Resources:**

- **Swaziland National Policy on Sexual and Reproductive Health**
The country is accelerating efforts toward the realization of Millennium Development Goals (MDGs) and strengthening the access and utilization of Sexual and Reproductive Health (SRH) services at all levels is one of the key initiatives that the Ministry of Health is targeting. This Policy provides concrete areas of focus and is aligned to international and national policies and frameworks. It addresses reproductive health and rights challenges faced by citizens of Swaziland and outlines implications for the different levels in the Ministry. It also recognises the role that other sectors play in improving the SRH of the people of the Kingdom of Swaziland.

- **Swaziland HIV Incidence Measurement Survey (SHIMS) report**

The Swaziland HIV Incidence Measurement Survey (SHIMS) is a nationally representative survey aimed at assessing the impact of Soka Uncobe in the context of other national HIV prevention programs. SHIMS is the first measurement of directly-observed new HIV infections in Swaziland. This survey was led by the Ministry of Health in collaboration with PEPFAR and CDC and with ICAP as an implementing partner. The survey coincided with the Government of Swaziland?s expansion of HIV prevention services such as HIV counseling and testing, condom use, antiretroviral treatment, and male circumcision. This report describes data collected from a cross-sectional, pre-cohort survey and from a longitudinal cohort which was conducted prior to the expansion of Soka Uncobe. It describes a national HIV prevalence estimate, a prevalence measure of male circumcision, and a directly observed HIV incidence rate. It also describes the results of the validation of three laboratory assays (NAAT, BED EIA, and LAg-Avidity EIA) for the estimation of HIV incidence.

- **Swaziland National HIV Prevention Policy**


- **ART Annual Report 2012**
This report describes the achievements that the national ART program realized during calendar year 2012. These achievements reflect the strong partnership and collaboration between Government and various entities that work in the area of HIV and AIDS. They also indicate that, as the country aspires to achieve the three zeros (zero new HIV infections, zero HIV related deaths and zero stigma and discrimination) by 2015, more ambitious targets will have to be set. The country is on track towards achieving the three zeros; however, success will require new ways of thinking and more resources invested in targeting the hard-to-reach populations and in mobilizing communities for HTC uptake and linking them to care and treatment at the earliest opportunity. The proper implementation of new strategies such as Treatment as Prevention will further contribute towards the three zeros, with emphasis on people taking ARVs primarily to improve their own health with the secondary benefit of reducing transmission of HIV.

The Swaziland HIV Testing and Counseling (HTC) 2012 Report

Each year, close to 200 000 HIV antibody tests are performed at public and private clinics in Swaziland. According to the Health Management Information System (HMIS), 205 health facilities reported to provide HIV testing and counseling (HTC) services in the country during 2012. From the Swaziland Demographic and Health Survey 2006-2007 (SDHS), HIV prevalence stood at 26% for the 15-49 year age group and 19% for the general population. Since 2006, a dual approach (provider- and client-initiated) to HTC has been followed, which vastly contributed to increased HTC coverage. HTC Guidelines were reviewed in 2010, following a shift from voluntary testing to the dual approach. The guidelines were aligned to other program guidelines, such as those for the prevention of mother-to-child transmission of HIV (PMTCT).

HTC data from the HMIS were extracted and imported into STATA 12 for analysis. In line with the National Strategic Framework on HIV and AIDS 2009-2014 (NSF), this report provides information on progress towards HTC program targets and objectives set for 2012. This report aims to inform policy and be useful to program managers, partners, implementers as well as the public at large.

Swaziland HIV Prevention Response and Modes of Transmission Analysis

NERCHA, MOHSW, UNAIDS and GAMET/World Bank are collaborating in a capacity development process to support an evidence-based review of Swaziland’s epidemiological situation (Know your epidemic, KYE) and the national HIV prevention response (Know your response, KYR). The purpose of this modes of transmission (MoT) study is to contribute to the ongoing efforts to understand the epidemic and response in Swaziland and thus help the country improve the scope (doing the right kind of activities), relevance (with the right populations) and comprehensiveness (reaching all members of target populations) of HIV
The process for the KYE was an in-depth review of available epidemiological data from Swaziland and the sub-region, and application of the UNAIDS incidence estimation model. The aim was to determine the epidemiology of new (incident) infections. For the KYR part, data were collected on the policy context for prevention, prevention and prevention activities by implementers, and data from the National AIDS Spending Assessment (NASA) of 2008 were reviewed.

In a final step, the KYE and KYR evidence was linked to produce an epidemic, response and policy synthesis with recommendations to improve the HIV prevention response through aligning prevention activities with the evidence on the sources of new infections. The study examined the hypothesis that multiple, concurrent long-term heterosexual relationships, happening in a context of implicitly permissive social norms, gender inequality and economic need, are a key contributor to HIV transmission in Swaziland.

- **Costing Male Circumcision in Swaziland and Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention**

Clinical trials have now confirmed the efficacy of male circumcision (MC) in reducing female-to-male HIV transmission. Some cost data have been reported (ranging between US$25 and US$69) and these cost data also formed the basis of a cost-effectiveness analysis. It is unclear, however, what exactly is included in the costing studies and hence whether these costs are directly comparable. For example, often, indirect costs are not fully reflected; donations (especially clinicians’ time) are not costed; and variation by provider type and level of health facility is not considered. It is anticipated that this cost analysis will provide a more detailed examination of the costs of male circumcision and inform a sounder basis for an assessment of the cost-effectiveness of MC and planning for implementation of MC in Swaziland. This analysis is part of a larger study titled the “Costing Male Circumcision in Lesotho, Swaziland, and Zambia: Implications for Cost-Effectiveness of Circumcision as an HIV Intervention.” The larger study has two major components: (1) costing MC and (2) modeling the impact of MC on the HIV epidemic.

The purpose of the analysis in Swaziland was to (1) understand the social, cultural, and policy context of male circumcision; (2) assess the cost of providing adult MC in a resource-constrained setting; and (3) evaluate the implications of scaling up MC for the cost-effectiveness of MC and for the health system (e.g., resource mobilization and health system capacity).

- **HIV Prevention Module 1-5: Introduction to the HIV**
prevention modules

The modules are a package of materials containing content relating to specific behavioural outcomes (such as increasing male circumcision rates) that can be used to implement HIV prevention interventions. The modules focus on social and behaviour change communications for age-specific and segmented target groups in Swaziland.

The modules are intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Reasons for the lack of success in changing risk behaviours include the fact that efforts have been patchy and uncoordinated, not specifically targeted at groups most in need of support, and content has been inconsistent and occasionally inaccurate. To this can be added that activities and materials have not usually been evidence-informed or guided by theories of behavioural and social change.

- **Introduction**
- **Implementation guide**
- **Module 1: Delayed Sexual Debut**
- **Module 2: Multiple and Concurrent Sexual Partnerships**
- **Module 3: Condom use**
- **Module 4: Male Circumcision**
- **Module 5: Health-seeking behaviours (PMTCT, PEP, HTC, STIs)**

**HIV Prevention Module 1: Delayed Sexual Debut**

Delaying sexual debut is one of the focus behaviours under the social and behaviour change communication prevention priority for Swaziland.

The wording of the behavioural outcome relating to delayed sexual debut in the National Strategic Framework is wait longer before having sex which implies that individuals always have agency over their decision to initiate sexual activity, and the focus is on reducing the number of young people who choose to have sex before the age of 15.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.
HIV Prevention Module 2: Multiple and Concurrent Sexual Partnerships

The reduction of multiple and concurrent partnerships (MCP) amongst the sexually active population has been identified as a priority prevention intervention in Swaziland for the period 2009-2014. MCP and related behaviours form the basis of a number of behavioural outcomes describe a desired change in behaviour, values, attitudes or uptake of services, and the outcome results are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

HIV Prevention Module 3: Condom Use

Correct and consistent condom use has been promoted in Swaziland as a primary prevention method along with Abstain and Be Faithful (the ABC of prevention). The limitations of the ABC approach are evident in the lack of impact and are being addressed by taking a more nuanced, evidence-informed approach to prevention. Abstain and Be Faithful has faced challenges in Swaziland as most young people engage in sex very early, at the age of 18 years on average, and only 23% of people are in a relationship that they can be faithful to. The national strategic framework has recognised continued low levels of consistent condom use as a driver of the epidemic. The outcome results for condom use are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

HIV Prevention Module 4: Male Circumcision

Swaziland has adopted a comprehensive HIV prevention approach in order to address the multiple factors that fuel the spread of infection in the country. It has developed an HIV and AIDS policy which includes measures addressing prevention, treatment, care and support, and creating an enabling environment for a scaled-up and better coordinated national response to the HIV and AIDS epidemic. The policy commits to implementing new evidence-based
interventions that can contribute to turning around the epidemic.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

**HIV Prevention Module 5: Health Seeking Behaviours (PMTCT, PEP, HTC, STIs)**

PMTCT is a priority intervention in Swaziland for the period 2009-2014. Two key outcomes describe desired changes in behaviour and uptake of services, and the outcome results are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

**HIV Prevention Module 1-5: Implementation Guide**

The implementation guide contains background information and a set of tools that can be used to implement the HIV prevention modules. It is divided into four sections. The first section orients users to the behaviour change approach that underpins the five content modules. The second section explains the step by step process of designing and implementing a prevention intervention. The third section contains a series of tools and aide-memoires to guide users through the process of selecting core content to focus on activities to achieve specific target outcomes; to selecting materials to support the activities, and ensuring the intervention is tailored to your target group. The fourth section draws attention to issues for adapting the content for use by frontline staff, planning and coordination. Finally the fifth section provides a Monitoring and Evaluation Framework.

This implementation guide forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the package.

**Blood Safety**

Since the transfusion of blood or its products is an extremely efficient way of transmitting HIV,
screening blood and blood products for HIV before using them is an essential public health intervention as it directly reduces possible accidental exposure of patients to HIV. Swaziland has established a blood donor recruitment department, and developed a blood safety policy in 2000 and guidelines in 2001. Swaziland uses WHO clinical guidelines on the use of blood and has trained phlebotomists. The country has initiated a voluntary blood donor system targeting school children aged 15 to 19 years. The strategy helped to increase the number of blood units collected from 6,000 to 7,700 units by 2007. Swaziland has attained 100% blood safety.

Resources:

- **National Clinical Guidelines for the appropriate use of blood and blood products**

Blood collection, testing, processing and transfusion are an essential part of the national Health System. Transfusions can save lives; however blood can transmit infections and be accompanied by adverse reactions and complications. Appropriate and rational use of blood products maximizes the effects of transfusion and contributes to avoiding unwanted complications. Moreover early detection and proper care of unavoidable side-effects can minimize patient’s morbidity and mortality. So it is imperative to avoid unnecessary transfusions putting in place other measures like prevention or treatment of anaemia or use of replacement fluids.

The Swaziland National Blood Transfusion Service (SNBTS) is responsible for collecting, testing, processing and distributing blood components. All donated blood is tested for Transfusion Transmitted Infections (TTIs) such as HIV, HBV, HCV, and Syphilis, since the end of ?80s. SNBTS aims to collect blood from regular voluntary non-remunerated donors which are the safest blood donors. The majority of blood is collected from school pupils during outreach visits to their schools.

These guidelines do not aim to replace definitive texts and specialized manuals or guidelines on Haematology and Transfusion Medicine.

The guidelines do intend to provide the clinicians who prescribe blood, with practical information for the appropriate and rational use of blood products.

Hospital Transfusion Committees should ensure the adherence to these guidelines.

- **National Blood Transfusion Service Policy - Draft, November 2010**
National Vision

The Swaziland National Blood Transfusion Service (SNBTS) shall be a semi autonomous service with its own organizational structure, buildings, dedicated staff and adequate budget to provide excellence in donor recruitment, blood collection and the provision of safe blood and blood products according to international standards to meet the needs of the people of Swaziland.

Current situation

Currently the SNBTS is undergoing a separation process from being a department under the Clinical laboratories to a semi autonomous unit with a structure, budget line, centre number and its own personnel within the MOH. A Cabinet paper has been prepared on the establishment of the semi autonomous service, presented to Parliament and has gone through the preliminary stages.

Swaziland Blood Safety Strategic Plan Version 11

Mission statement

The Swaziland National Blood Transfusion Service is committed on behalf of the government to provide a service that meets internationally accepted standards of ethics, quality, safety and practice to supply blood and blood products timely, in sufficient quantities and used appropriately and effectively to meet the blood needs of the people of Swaziland.

Condom Use, Distribution and Management

Condoms form a barrier between the HIV virus and an individual and if used correctly, reduce the risk of exposure to HIV (Holmes et al, 2004). However, it is essential that condoms are used correctly and consistently ? only then are condoms 90% to 95% effective against HIV transmission (Pinkerton and Abramson, 1997). A national condom strategy was developed to inform and guide the procurement, distribution, education and social marketing of condoms. Condom logistics and warehousing has improved with the building of a condom warehouse in the regions, and new outlets for distribution of socially-marketed condoms. To improve coordination and management, a national condom technical committee has been established. Access the documents below to read more on Swaziland?s condom program.

Resources:

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The National Condom Strategy 2010-2015: A Call for Safer Sex

HIV and AIDS continues to be an overwhelming crisis in Swaziland, rapidly spreading and impacting deeply on the social, cultural and economic spheres of life. The rising HIV prevalence and its consequences are putting enormous pressure on an already stretched health care system in the country. The main drivers of the epidemic in Swaziland are multiple concurrent sexual partnerships, early sexual debut, low levels of condom use, inter-generational sex, mobility and migration, low levels of male circumcision, and alcohol and drug abuse (NSF, 2009 - 2014). All these factors link to behavior change.

Therefore a wide realization on the extent to which change in sexual behavior reduces the spread of HIV transmission is crucial. The Government has prioritized HIV transmission and identified key health sector based interventions reduction of new infections and this calls for, among others scaling-up, promotion and proper management of condoms. It is the plea of government that sexually active populace reduce the number of sexual partners and avoid social and sexual behaviors that expose them to the risk of Sexually Transmitted Infections (STIs) and unintended pregnancies.

In addition, people are encouraged to use condoms as protection against HIV and other STIs. In recognition of the high HIV incidence the country will scale up its efforts for slowing and reversing HIV infection transmission. The Condom Strategy is thus designed with the goal of enhancing access by all sexually active people to high quality condoms at affordable prices through effective and responsive service delivery systems. The Strategy also endeavors to heighten risk perception through public education and advocacy with the view of translating the current knowledge and awareness of HIV&AIDS, into avoidance of risky behaviors.

The Condom Strategy enjoins many stakeholders in its implementation and success, including the Government and its Departments, the private sector, non-governmental organizations, Development Partners, communities and individuals. Under the co-ordination of the Sexual Reproductive Health Unit in whose docket falls the Reproductive Health Strategy, the Swaziland National AIDS Programme in the Ministry of Health and National Emergency Response Council on HIV/AIDS will provide key inputs in operationalising the Strategy.

Mapping National Condom Coverage and Penetration in Swaziland
Through efforts to expand distribution of free and socially marketed condoms in formal and informal distribution outlets, PSI/Swaziland conducted a study to assess condom coverage and penetration. Study findings will inform programming to improve national condom access.

- **Pamphlet: Use condoms correctly everytime**

  A pamphlet produced by the Ministry of Health & Social Welfare on the correct use of condoms.

- **HIV Prevention Module 3: Condom Use**

  Correct and consistent condom use has been promoted in Swaziland as a primary prevention method along with Abstain and Be Faithful (the ABC of prevention). The limitations of the ABC approach are evident in the lack of impact and are being addressed by taking a more nuanced, evidence-informed approach to prevention. Abstain and Be Faithful has faced challenges in Swaziland as most young people engage in sex very early, at the age of 18 years on average, and only 23% of people are in a relationship that they can be faithful to. The national strategic framework has recognised continued low levels of consistent condom use as a driver of the epidemic. The outcome results for condom use are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

  This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

**HIV Prevention for Most-at-Risk Populations**

Key populations at risk are those populations who have higher HIV prevalence and display behavior that puts them at higher risk of HIV infection. From an epidemiological view, in a generalized epidemic, controlling HIV infections amongst these key populations at risk may not have a significant impact on reducing new infections (depending on the distribution of new infections) and does not prevent the HIV epidemic from sustaining itself. However, as a human rights issue prevention interventions will be targeted at some of these key populations at risk.

**Resources:**

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MARPS Bio-Behavioral Surveillance Survey (BSS) Results: Men Who Have Sex With Men (MSM) and Sex Workers (SW)

A presentation made on 31 May 2012 at a stakeholders dissemination meeting.

Globally, men who have sex with men (MSM) and female sex workers (SW) have a higher risk of HIV infection than the general population. These groups are considered Most-at-Risk Populations (MARPS).

- Migration-induced HIV and AIDS in rural Mozambique and Swaziland

This study examines the vulnerability of rural partners in southern Mozambique and southern Swaziland, which are two major source areas for migrant miners. It presents the results of surveys with miners and partners in these two sending-areas and affords the opportunity to compare two different mine-sending areas.

- Report on the hot spots assessment (a snapshot)

This report presents and discusses findings on four hot spots that were part of the snapshot survey conducted to assess the situation on sex work in some hot spots in the country.

Section I introduces the survey and the methodology used, Section II presents findings among sex workers and sexual activities among women employed in the Matsapha firms and Section III presents the conclusion and recommendations.

HIV Testing and Counselling

In Swaziland, HIV Testing and Counseling (HTC) is both provider and client initiated. One hundred and nineteen (119) facilities were offering HTC out of 162 health facilities. Services
include testing and counseling for PMTCT, and HIV testing for survivors of sexual violence. HTC Services are offered through free standing centers, VCT and Outreach HTC services. While HTC is not a preventive strategy, it is an important entry point for HIV prevention. Knowing one?s status helps people to make informed decisions and choices on their sexuality. A key strategy that has worked is couples counseling. Promoting couples testing and counseling makes it possible to identify the long-term sexual partners of HIV positive persons and then empower them with the information and education they need to make informed decisions about their sexual and other practices to avoid re-infection, or infecting their partners.

Resources:

- Ministry of Health HIV Testing & Counselling Programme Annual Report 2011

Since 2006, HIV testing and counselling (HTC) services have been following a dual approach (provider and client initiated). The significance of the HTC service delivery is based on the understanding that unless people know their HIV status, provision of treatment, care and support services would be difficult. HTC has been identified as the entry point for HIV prevention, treatment, care and support in Swaziland HTC is viewed as an approach to empower individuals to make informed choices and decisions in seeking early health care services. During the period of the HSSP (2009-2014), HTC services will be provided to increase testing opportunities so that those who test and know their status can seek HIV prevention, treatment and care services. According to the 2010 Service Availability Mapping, there are a total of 265 registered health facilities in Swaziland. As at the end of 2011, HTC services were being offered in 205 (76%) health facilities. This represents an increase of over 90% between 2006 and 2010. Of the 205 health facilities providing HTC services 7 (3%) sites were free standing VCT centres and the rest were health facilities where HTC is offered as part of clinical care and disease prevention. This is consistent with the Ministry of Health strategy of integrating HTC services into routine clinical care, in order to increase availability and access to HIV testing and counselling.

- Patient linkage, retention and follow-up in HIV care: Standard operating procedures

HIV Testing and Counseling, HTC, in Swaziland has made great progress over the past few years. The home?based testing and counseling (HBHTC) program reached almost 10,000 people in Hhohho during 2010, and integration of HTC into male circumcision campaigns such as SOKA UNCOBE have successfully increased male testing. SNAP HTC has simultaneously been working closely with health facilities to increase uptake of Provider?Initiated HIV testing and counseling (PIHTC). In the coming years, the expansion
and strengthening of HIV testing services in the country is likely to greatly increase the number of Swazis who access HTC services and know their HIV status.

Access to both pre?ART and ART services increased dramatically in 2011. Roll out of the pre?ART care system to all facilities enables all HIV?positive individuals to receive high quality care (i.e. not just those who are sick and need ART). Through the Nurse?Led ART Initiation in Swaziland? (NARTIS) initiative, nurses at over 40 rural clinics have now been equipped to initiate patients on ART. Through strengthening of pre?ART care services, continued scale?up of NARTIS, and deployment of point?of?care (POC) CD4 devices, initiation of ART?eligible patients is expected to increase steadily.

The Swaziland HIV Testing and Counseling (HTC) 2012 Report

Each year, close to 200 000 HIV antibody tests are performed at public and private clinics in Swaziland. According to the Health Management Information System (HMIS), 205 health facilities reported to provide HIV testing and counseling (HTC) services in the country during 2012. From the Swaziland Demographic and Health Survey 2006-2007 (SDHS), HIV prevalence stood at 26% for the 15-49 year age group and 19% for the general population. Since 2006, a dual approach (provider- and client-initiated) to HTC has been followed, which vastly contributed to increased HTC coverage. HTC Guidelines were reviewed in 2010, following a shift from voluntary testing to the dual approach. The guidelines were aligned to other program guidelines, such as those for the prevention of mother-to-child transmission of HIV (PMTCT).

HTC data from the HMIS were extracted and imported into STATA 12 for analysis. In line with the National Strategic Framework on HIV and AIDS 2009-2014 (NSF), this report provides information on progress towards HTC program targets and objectives set for 2012. This report aims to inform policy and be useful to program managers, partners, implementers as well as the public at large.

Evaluation of an Intervention to Increase Human Immunodeficiency Virus Testing Among Youth in Manzini, Swaziland: A Randomized Control Trial

Source: Journal of Adolescent Health - May 2011 (Vol. 48, Issue 5, Pages 507-513, DOI: 10.1016/j.jadohealth.2010.08.015)

There is an urgent need for effective HIV prevention programs for adolescents in Swaziland, given the high prevalence of HIV and lack of HIV-related knowledge and skills among Swazi youth.
This study set out to determine whether an HIV education intervention designed in the United States, and adapted for Swaziland, would be effective in changing participants' HIV-related knowledge, attitudes, and protective behaviors including HIV testing. We also explored whether the components of Self-Efficacy Theory are associated with these behaviors.

Data were obtained from 135 students who participated in a school-based program. The study found significant differences between the intervention and control groups regarding HIV knowledge, self-efficacy for abstinence, condom use, and getting HIV test results, outcome expectations for knowing one's own HIV status, and the protective behavior of getting an HIV test. This is evidence that school-based HIV education programs can successfully increase HIV testing among in-school youth in Swaziland.


The Couples HIV Testing and Counseling (CHTC) Intervention and Training Curriculum was developed in response to increased demand from field partners for interventions and training that would help them address the complex issues related to HIV testing and counseling (HCT) with couples. The materials are intended to guide trainers and participants through a general course covering essential topics and activities for the CHTC provider. By addressing CHTC technical content, and counseling and communication skills through learning exercises and hands-on practice, the materials aim to increase the skills of counselors who provide HCT to couples.

Working with couples can be challenging and complex, even for the most experienced counselor. This manual was developed to address the challenges faced by these counselors in the field.

The goal of this manual is to guide trainers in training HIV prevention counselors to conduct CHTC sessions. The chapters outlined in the curriculum will build upon the existing counseling skills of HCT providers so that they may help individuals in a couple understand the results of their HIV tests, as well as the importance of preventing all of their partners from becoming infected with HIV.

An empowerment programme for nurses working in voluntary counselling and testing services in Swaziland

The HIV/AIDS epidemic is described as a crisis by the Global Report. Swaziland's King Mswati III also declared the HIV/AIDS epidemic as a disaster when the HIV/AIDS prevalence...
rate increased from 3.9% in 1192 to 42.6% in 2004. In responding to the increasing numbers, the Government of Swaziland established various programmes, one of them being the Voluntary Counselling and Testing (VCT) services to meet societal needs.

- **HIV Prevention Module 5: Health Seeking Behaviours (PMTCT, PEP, HTC, STIs)**

PMTCT is a priority intervention in Swaziland for the period 2009-2014. Two key outcomes describe desired changes in behaviour and uptake of services, and the outcome results are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

- **Swaziland Standard Operating Procedures HTC QA**

The purpose of this document is to guide quality HTC service provision in the country.

Swaziland has adopted two (2) approaches to scale up HIV counseling and testing (HTC). Both these two approaches require qualified, trained personnel to manage and ensure quality HIV counseling services. Key aspects include; qualifications, competency assessment and workload. Before an HTC service provider is permitted to offer HTC services on their own, his/her ability to conduct the service should be demonstrated and documented by the trainer. Assessments are also carried out periodically after training.

To ensure the quality and accuracy of these services, SNAP HTC unit has adapted HTC QA tools to be used at all HTC settings in the country.

**Male Circumcision**

It has been proven that male circumcision reduces the probability of transmission from HIV positive females to HIV negative males by 60%54. As a result WHO and UNAIDS recommend the inclusion of male circumcision in HIV prevention in high prevalence countries (WHO and UNAIDS, 2007). Swaziland will focus on young people aged 10-24 years as a priority target
group, infants from birth to 8 weeks and adult males aged 25-49. Swaziland has been at the forefront of MC and has successfully increased MC prevalence from 8% in 2007 to 19% in 2010. Male circumcision has been included in the package of prevention interventions to reduce HIV infection in Swaziland, but has not yet been rolled out nationally. A policy on male circumcision was developed in November 2007, and an operational plan in 2008.

Resources:

- **Making Medical Male Circumcision Work for Women: Women’s HIV Prevention Tracking Project (WHiPT)**

There is general support from women participating in WHiPT for the implementation of medical male circumcision (MMC) as an HIV prevention strategy. However, these women qualified their support with various statements. In general, women who participated lack detailed factual knowledge of the benefits and risks of MMC for HIV prevention.

Many women interviewed believe erroneously that they would be directly protected against HIV if their partners were medically circumcised. Country studies highlighted a perceived belief among women interviewed that traditional male circumcision (which has not been evaluated for its HIV prevention benefits) might afford the same protection as MMC for HIV prevention.

- **Policy on safe Male Circumcision for HIV Prevention**

The Government of Swaziland is prioritizing HIV prevention within its national response to HIV and AIDS by adopting a comprehensive HIV prevention approach including male circumcision. A coordinated, multi-sectoral HIV and AIDS National policy was developed in 2006, which includes measures to address prevention, treatment, care and support.

This policy serves to guide the Male Circumcision response in Swaziland and shall be implemented in the context of the National Health Policy and National Multisectoral HIV and AIDS Policy and Strategy, Health Sector Response Plan, and other relevant Policies and Strategies of Swaziland, and it shall be guided by the principles outlined in the National HIV and AIDS Policy.
Strategy and Implementation Plan for Scaling Up Safe Male Circumcision for HIV Prevention in Swaziland

In light of ecologic, observational and conclusive scientific evidence from randomized-controlled clinical trials that male circumcision provides partial protection against HIV acquisition by men, WHO, in November 2007, recommended that MC be added to existing comprehensive HIV prevention programmes in 13 countries throughout sub-Saharan Africa: countries with high HIV prevalence, low male circumcision (MC) prevalence, and predominantly heterosexual (generalized) epidemics.

Swaziland has the highest HIV prevalence in the world, a generalized HIV epidemic, and almost all Swazi men are uncircumcised. Therefore, in November 2007, Swaziland drafted a formal MC policy, Policy on Safe Male Circumcision for HIV Prevention (hereafter, THE MC Policy), as a first step to begin providing MC services to curb the spread of HIV throughout the country.

- **Swaziland?s comprehensive 5-year strategy to reduce HIV incidence through voluntary, safe male circumcision services**

The MC Strategy has been developed carefully to ensure that safe MC for HIV prevention services may be provided to as many Swazi men in the highest risk age group as quickly as possible; implementation on a public health scale (reaching many men, quickly) has the best potential to maximally impact Swaziland?s HIV epidemic.

As indicated in The Policy, MC as a means of preventing HIV transmission in Swaziland is not a stand-alone effort but complements existing HIV prevention strategies, including: HTC; treatment of sexually transmitted infections (STIs); abstinence, and reduced risk of infection through safer sexual practices (proper and consistent use of condoms in penetrative sex, faithfulness to partner(s), and avoidance of concurrent sexual partnerships). To this end, MC will be implemented in a way that guarantees clients and communities access to all other forms of HIV prevention.

- **Swaziland Male Circumcision for HIV Prevention Clinical Protocol**

The Swaziland Male Circumcision for HIV Prevention Clinical Protocol document is a guide
meant for male circumcision (MC) service providers to ensure that high quality and safe male circumcision services are available to the people of Swaziland. This document is to be used in conjunction with the other National documents that have been developed to guide the implementation of MC for HIV prevention in Swaziland including: National Policy on Safe Male Circumcision for HIV Prevention; Strategy and Implementation Plan for Scaling up Safe Male Circumcision for HIV Prevention in Swaziland 2009?2013; and MC Communication Strategy 2009?2013.

Draft policy on safe male circumcision for HIV prevention

Swaziland has one of the most severe HIV and AIDS epidemics in the world, with an estimated HIV prevalence among pregnant women attending antenatal clinics of 42.0% in 2008. The Swaziland Demographic and Health Survey (2006/7) showed a prevalence rate of 19% for the population aged 2 years and older, and 26% for the adult population of reproductive age (15-49 years). According to the 2006/7 DHS results, the age-sex specific HIV prevalence among the 15-19 year age group was estimated at 10% for females and 2% for males, and the respective prevalence is as high as 49% (females) and 28% (males) for those aged 25-29. With such high HIV prevalence rates, the Swaziland HIV and AIDS epidemic is threatening the future survival of the country.

The Government of Swaziland is prioritizing HIV prevention within its national response to HIV and AIDS by adopting a comprehensive HIV prevention approach including male circumcision, in order to address the multiple factors that fuel the spread of infection in the country. A multi-sectoral HIV and AIDS policy has been developed which includes measures addressing prevention, treatment, care and support, and creating an enabling environment for a scaled-up and better coordinated national response to the HIV and AIDS epidemic. The policy commits to implementing new evidence-based interventions that can contribute to turning around the epidemic.

Costing Male Circumcision in Swaziland and Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention

Clinical trials have now confirmed the efficacy of male circumcision (MC) in reducing female-to-male HIV transmission. Some cost data have been reported (ranging between US$25 and US$69) and these cost data also formed the basis of a cost-effectiveness analysis. It is unclear, however, what exactly is included in the costing studies and hence whether these costs are directly comparable. For example, often, indirect costs are not fully reflected; donations (especially clinicians? time) are not costed; and variation by provider type and level
of health facility is not considered. It is anticipated that this cost analysis will provide a more detailed examination of the costs of male circumcision and inform a sounder basis for an assessment of the cost-effectiveness of MC and planning for implementation of MC in Swaziland. This analysis is part of a larger study titled the ?Costing Male Circumcision in Lesotho, Swaziland, and Zambia: Implications for Cost-Effectiveness of Circumcision as an HIV Intervention.? The larger study has two major components: (1) costing MC and (2) modeling the impact of MC on the HIV epidemic.

The purpose of the analysis in Swaziland was to (1) understand the social, cultural, and policy context of male circumcision; (2) assess the cost of providing adult MC in a resource-constrained setting; and (3) evaluate the implications of scaling up MC for the cost-effectiveness of MC and for the health system (e.g., resource mobilization and health system capacity).

- **Report of the Male Circumcision & HIV Prevention Country Consultation Meeting**

Evidence from two decades of observational studies suggests that MC can partially protect men from acquiring HIV. Results form the Orange Farm Intervention Trial in South Africa indicated a 60% reduction in HIV acquisition among uncircumcised men aged 18-24 years thus prompting UNAIDS to issue a position statement and to develop a UN Work Plan on MC & HIV. In line with this plan, UNAIDS is working with countries to determine the potential role of MC within their comprehensive HIV prevention programmes and Swaziland is one of the countries receiving support through the UN Work Plan. Despite increased investments in HIV&AIDS interventions, Swaziland has been losing the war against the pandemic with the HIV prevalence multiplying ten times from 3.9% in 1992 to 42.6% in 2004.

- **FLAS Baseline Study: Knowledge, Perceptions and Practices on Male Circumcision**

Swaziland is faced with a raging HIV and AIDS epidemic. It is estimated that 75% of the people living with HIV and AIDS worldwide are located in the sub-Saharan Africa. Over the last few years, Swaziland has witnessed a sharp increase in the HIV prevalence rate. The 2004 Sentinel Surveillance indicates that the prevalence rate is at 42.6%, thus placing Swaziland as the most affected in the whole world. Male circumcision (MC) is currently offered at FLAS clinics as part of the expanded programme on sexual reproductive health for men.

- **HIV Prevention Module 4: Male Circumcision**
Swaziland has adopted a comprehensive HIV prevention approach in order to address the multiple factors that fuel the spread of infection in the country. It has developed an HIV and AIDS policy which includes measures addressing prevention, treatment, care and support, and creating an enabling environment for a scaled-up and better coordinated national response to the HIV and AIDS epidemic. The policy commits to implementing new evidence-based interventions that can contribute to turning around the epidemic.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

Positive Health, Dignity in Prevention

Positive Health, Dignity and Prevention highlight the importance of placing the person living with HIV at the centre of managing their health and wellbeing. Among other things, it takes us beyond the more limited concept of positive prevention that focuses only on people living with HIV preventing the transmission of HIV to emphasizing the importance of addressing prevention and treatment simultaneously and holistically. This is a distinct shift from narrowly targeting at changing the behaviour of people who know that they are HIV-positive, with limited consideration of how failure to meet their needs for social support, human rights and treatment of PLHIV can undermine HIV treatment and prevention efforts to recognising the value of PLHIV as partners, leaders and implementers of the HIV response, including HIV prevention. Swaziland has embraced this shift and as part of HIV combination prevention.

Resources:

- Exploring the Positive Health, Dignity and Prevention Needs of Female Sex Workers, Men Who Have Sex with Men and Transgender Women in the Dominican Republic and Swaziland

Female sex workers (FSW), men who have sex with men (MSM) and transgender women (TW) are key populations (KP) that are disproportionately affected by HIV around the world. While these populations are frequently the focus of HIV-related surveillance and primary prevention efforts, little is known about the prevention and care experiences of individuals from these KP who are living with HIV, particularly as they relate to the Positive Health, Dignity and Prevention (PHDP) framework. Kennedy et al. (2010) outline four goals of PHDP efforts: (1) physical health; (2) mental health; (3)
prevention of further
transmission of HIV; and (4) active involvement of people living with HIV (PLHIV) in
prevention activities, leadership and advocacy. This study explored the prevention, care and
treatment needs of FSW, MSM,
and TW living with HIV in the Dominican Republic (DR) and Swaziland in order to better tailor
PHDP programs and messages to meet their specific needs.

- **Swaziland Paediatric HIV/AIDS treatment guidelines**

  About 2.3 million children below the age of 15 years are living with HIV/AIDS and 2.1 million
  of them are in SubSaharan Africa. There are 16000 children living with HIV/AIDS in
  Swaziland and an estimated 65 000 AIDS orphans (UNAIDS 2004 Report). Swaziland's
  infant mortality rate (IMR) is 108 per 1000 live births and under 5 mortality is 156 per 1000
  both the IMR and Under 5 mortality. It is paramount that the HIV prevention, treatment and
care of children are scaled up if significant reduction in childhood mortality is to be achieved.

- **Documenting experiences of PLHIV in the context of
testing and treatment scale-up in Swaziland**

  The Swaziland Network of People Living with HIV (SWANNEPHA) is playing a critical role in
gathering evidence about the experiences of PLHIV within a national programme called
Maximising ART for Better Health and Zero New Infections (MaxART). Led by the Ministry of
Health, MaxART aims to scale up access to HIV testing and treatment in Swaziland.

- **ARV treatment literacy course hand book for community
  based health workers**

  Antiretroviral therapy (ART), including Antiretriviral drugs (ARVs), is quiet new in many
countries; because of this, delivery of ART services is a team effort, requiring the knowledge
and skills of trained clinicians (physicians, nurses and midwives), as well as community
based providers. The material presented here is primarily designed for training community-
based workers in all aspects of antiretroviral therapy and care. Efforts have been made to
simplify it so that it can easily be understood by non-medical persons.

- **Peer Education and Support in HIV/AIDS Prevention,**
Care, and Treatment: A Comprehensive Training Course for Expert Clients in the Kingdom of Swaziland

This is a Comprehensive Training Course for Expert Clients in the Kingdom of Swaziland

1. Understand the Expert Client’s critical role in comprehensive HIV/AIDS prevention, care, treatment, psychosocial support, and referral linkage activities.
2. Provide basic counseling and practical strategies to patients, especially pregnant women, so they have a better understanding and are able to access care and treatment, adherence, disclosure, positive living, and prevention services.
3. Assist patients and their families to access other services within the hospital, such as ART (for women enrolled in pMTCT-Plus), TB diagnosis and treatment, and pediatric care and treatment.
4. Assist in patient follow-up through linkages with community-based services and improved tracing mechanisms for patients lost to follow-up.
5. Contribute to decreasing stigma and discrimination of PLWHA by working as an integral part of facility multidisciplinary care teams and by engaging their communities in the fight against HIV/AIDS.

Post-Exposure Prophylaxis

In a country such a Swaziland with a high HIV prevalence of 19%, it is expected that a sizeable proportion of health care patients are HIV positive. It is also expected that there will be increased risk of infection with rape considering the trauma to the genital tract. Post-exposure prophylaxis (PEP) is a necessary secondary prevention measure in health care settings, since there will always be instances in which primary preventions fail and healthcare workers or patients may be accidentally, or through unsafe procedures, exposed to the risk of HIV transmission.

The vast majority of incidents of occupational exposure to blood borne pathogens, including HIV, occur in health care settings. PEP for HIV consists of a comprehensive set of services to prevent infection developing in an exposed person, including: first aid care; counseling and risk assessment; HIV testing and counseling; and, depending on the risk assessment, the short term (28 day) provision of antiretroviral drugs, with support and follow up.

Resources:

- Ministry of Health Kingdom of Swaziland Post-Exposure Prophylaxis (PEP) Guidelines
These PEP guidelines serve to assist clinical teams in the management of all eligible persons exposed to blood borne infections, be it health care/public workers or the public. The guidelines also serve as a framework/road map forming part of prevention strategies adapted and proven to be highly effective to strive for the care and support to reduce the spread of HIV and other blood borne pathogens Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

What is Post-Exposure Prophylaxis (PEP)?

This brochure provides an explanation of what Post-Exposure Prophylaxis (PEP) is. It also explains how it works, when and where PEP can be found.

National Guidelines for Antiretroviral Treatment and Post-Exposure prophylaxis for Adults and Adolescents

These guidelines have been devised within the framework of a public health approach. Standardised first and second line regimens have been agreed upon, taking into account the ease of dosing, toxicity profiles and laboratory monitoring requirements. These standardised regimens allow for simpler, easier and more effective ART initiation and follow-up in situations where most patients will not be managed by a physician specialised in HIV medicine and require the management of a patient using the health care team approach.

One of the major keys to a successful ART programme lies in optimal adherence among people taking the ARVs. Many factors influence adherence to the medication and these need to be key considerations when assessing each individual patient's readiness to be initiated on ART. The guidelines provide information on strategies to ensure good adherence to ART and the practical steps which the health care team can take to ensure optimal adherence, including the involvement of community workers and PLWHA support groups.

It is hoped that with good patient management by the clinicians, optimal adherence by the patient and good linkages between the health workers and the community workers in supporting adherence, the full benefits of ART can be experienced by most of the patients in the country.

Post-exposure Prophylaxis Guidelines

A country such as Swaziland, with a high HIV prevalence of 39.2% means that the majority of
hospital attendances (about 60%) are due to HIV related illness. In addition, the severe short
staffing in facilities, coupled with the large numbers of patients requiring medical attention,
means that health workers are often fatigued and may not observe precaution adequately.
This therefore puts the health worker at risk of exposure to HIV and other bloodborne
pathogens, and makes PEP an important intervention in the efforts to improve the well-being
of the health worker.

- HIV Prevention Module 5: Health Seeking Behaviours
  (PMTCT, PEP, HTC, STIs)

PMTCT is a priority intervention in Swaziland for the period 2009-2014. Two key outcomes
describe desired changes in behaviour and uptake of services, and the outcome results are
measurable, time-bound targets that will be assessed to provide a precise indicator of
whether the change has occurred. The baseline figures are derived from the Swaziland
Demographic and Health Survey (SDHS) conducted in 2006-7.

This module forms part of a package of materials intended to support improved prevention
efforts in Swaziland in influencing HIV-related behaviour at the individual and community
level. Access the other modules.

Prevention of Mother-to-Child Transmission

In Swaziland, a four pronged approach to prevention of HIV infection in women and infants has
been adopted including primary prevention of HIV; prevention of unintended pregnancies among
HIV positive women; reduction of mother to child transmission among HIV positive women and
provision of treatment, care and support for HIV positive women and their families. Care of HIV
exposed infants and diagnosis of HIV infection in infants are part of PMTCT services. Currently,
PMTCT services are available in 110 out of 162 health facilities56 which means that 68% of
health facilities offer the minimum package for prevention of HIV infection in infants and young
children (MOHSW 2008). The minimum package of services for PMTCT consists of
comprehensive ANC for pregnant women, HTC; ART or ARV prophylaxis for prevention; infant
feeding and young child counseling and support; follow up services and a continuum of care
including linkages to care and treatment.

Resources:

- Media Brief on Prevention of Mother-to-Child
  Transmission (PMTCT) of HIV in Swaziland
This media brief on the Prevention of Mother-to-Child Transmission of HIV (PMTCT), therefore, has been developed to provide journalists with the necessary information on the programme. PMTCT is one of the national priority biomedical strategies for HIV prevention, with a special focus on ensuring that fewer infants are exposed to or infected with HIV from their infected mothers.

The brief is aimed at assisting the journalists to be able to report on PMTCT from an informed point of view, thereby empowering the communities, families and especially mothers on the benefits of PMTCT, reduction of HIV infection risks for the HIV negative sexually active population and reduction of HIV incidence among babies born to HIV infected mothers.

- Preventing Mother to Child Transmission Program Annual Report 2012

Analysis of the cascade of PMTCT services shows both advancements made as well as the biggest hurdles faced in implementation. Furthermore, such analysis helps to anticipate and to plan for improved future achievements and outcomes. The country started to implement PMTCT services within maternal, newborn and child health (MNCH) services in 2003. Swaziland has witnessed a dramatic scale up of PMTCT in the country. The PMTCT program and its supporting partners have implemented many actions to scale up PMTCT interventions and focus areas during 2012, including:
  - Expanded targeted mentoring on PMTCT at health facilities
  - Improved coordination at national, regional, and facility level
  - Strengthened and expanded PMTCT service provision to community level
  - Implementation of innovative program interventions for the involvement of male partners, significant
  - Family members and communities to create a supportive environment for PMTCT
  - Strengthened tracing and follow up of antenatal care clients and HIV exposed infants

Data reported in calendar year 2012 have been used to develop this report. In line with the National Multisectoral Strategic Framework on HIV and AIDS 2009-2014 (NSF), this report provides information on the progress towards targets and objectives of the PMTCT Program for 2012. The report portrays the country’s progress on key PMTCT indicators as highlighted in the NSF.

- Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A case study from Swaziland
This case study (and related film), based in Swaziland, is part of a series of joint publications on strengthening linkages between sexual and reproductive health and HIV. Increasingly the first two prongs—preventing new HIV infections (Prong 1) and preventing unintended pregnancies in women living with HIV (Prong 2)—are receiving the recognition, commitment and programming support required to have an impact.

**Standard Operating Procedures for Prevention of Mother To Child Transmission and Child Care**

Prevention of mother to child transmission (PMTCT) is viewed as a key strategy that provides entry for both primary prevention of HIV transmission and care and treatment for HIV infected families. PMTCT services have to be delivered in a comprehensive way in order to benefit all categories of clients. Since 2003, PMTCT services in Swaziland have expanded rapidly. This has been made possible by availability of clear national guidelines and protocols for delivery of PMTCT combined with didactic training and on site mentoring of health care providers. As the country expands geographic coverage of PMTCT services, issues of standardization and quality of services are becoming critical. Therefore, the MOHFW through Sexual and Reproductive Health Unit has found it critical to develop standard operating procedures for health workers.

The Standard operating procedures (SOPs) describe processes and provide instructions to maximize PMTCT and child care service delivery at health facilities in accordance with national guidelines. The SOPs will guide clinicians in providing interventions, treatment and care in maternal and child health care settings, and in evaluating performance, thereby serving as a quality assurance tool for management. This document is divided into two parts: the first part is dealing with the standards, which are intended to provide guidance on the PMTCT and child care services and quality improvement process to be observed in all maternal and child health settings. The second part of this document focuses on the procedures which should be followed in order to achieve the standards in PMTCT and child care services. These procedures describe processes and provide instructions to maximize PMTCT and child care service delivery at health facilities according to the national guidelines. Since PMTCT is integrated in maternal and child health care setting, the incharge at MCH is responsible for orientation of health care workers and implementation of the SOPs at the facility level.

**Decentralizing HIV Care and Treatment Services for Pregnant Women to Primary Care Facilities in Swaziland**

The International Center for AIDS Care and Treatment Programs (ICAP) has been providing technical, program and systems support at national and site level (4 hospitals and 6 primary
The Kingdom of Swaziland is a landlocked country, located in south-eastern Africa between South Africa and Mozambique, with surface area of 17,364 sq km. It has a population of approximately 1,032,000. The economy is based on agriculture, mining, food processing and the manufacture of clothing and light consumer goods. Health services are delivered through 6 hospitals, 6 public health units, 5 health centres and 145 clinics throughout the country. These health facilities are either government-owned, church, or private institutions. The Office of the Directorate of Health Services, the Chief Pharmacist, and the Central Medical Stores are responsible for drug policy and for drug procurement, storage, distribution and use within the public health system.

HIV Prevention Module 5: Health Seeking Behaviours (PMTCT, PEP, HTC, STIs)

PMTCT is a priority intervention in Swaziland for the period 2009-2014. Two key outcomes describe desired changes in behaviour and uptake of services, and the outcome results are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

STI treatment is an important public health intervention in its own right and as such STI control for the general population should be a priority intervention as part of sexual reproductive health. Moreover, on an individual level, presence of ulcerative STIs increases susceptibility to HIV infection, further reason for STI treatment.

Resources:

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Standard Treatment Guidelines and Essential Medicines
List of Common Medical Conditions in the Kingdom of Swaziland

These systematically developed statements are designed to assist practitioners in making decisions about appropriate treatment for specific clinical conditions. They are meant to reflect expert consensus based on a review of current and published scientific evidence of acceptable approaches to diagnosis, management, or prevention of specific conditions.

- Management of Sexually Transmitted Infections, Reference manual for STI Trainers

This manual is an adapted version of the 'The Participants Handbook for the Management of Sexually Transmitted Diseases' of HIV/AIDS and STDs Directorate, Department of Health, of the Republic of South Africa.

- End of project assessment of the quality of STI care in the public health sector of Swaziland

The HIV/AIDS Prevention and Care (HAPAC) Programme, a joint programme by the Ministry of Health and Social Welfare (MoHSW) and the European Commission, supports the strengthening of STI case management at public and private health clinics in Swaziland. As part of this support, two health facility based surveys were conducted to evaluate the quality of STI care offered at public health facilities, at the beginning and at the end of the project.

- Protocols for the Management of a Person with a Sexually Transmitted Infection

Syndromic management of STIs is based on identification of consistent groups of symptoms and easily recognized signs (syndromes), and the provision of treatment that will deal with the majority or most serious organisms responsible for producing each syndrome.

The objective of syndromic management of STIs are:

- Make an accurate and efficient diagnosis
- Provide effective treatment
- Give advice on compliance with treatment
- Give education and counseling on risk reduction
- Promote and provide condoms
- Help patient to refer sexual partners for treatment
- Arrange follow up as necessary

Policy Document on HIV/AIDS and STD Prevention and Control

This policy document, “The Government of Swaziland Policy Document on HIV/AIDS and STD Prevention and Control” provides a clear policy framework that will guide all partners, both national and external, in our individual and collective efforts to prevent the further spread of the HIV/AIDS epidemic and to reduce its impact on affected individuals, their families and the community at large. It will form the policy basis for the development and implementation of the Swaziland National Strategic Plan for the Prevention and control of HIV/AIDS and other STD.

HIV Prevention Module 5: Health Seeking Behaviours (PMTCT, PEP, HTC, STIs)

PMTCT is a priority intervention in Swaziland for the period 2009-2014. Two key outcomes describe desired changes in behaviour and uptake of services, and the outcome results are measurable, time-bound targets that will be assessed to provide a precise indicator of whether the change has occurred. The baseline figures are derived from the Swaziland Demographic and Health Survey (SDHS) conducted in 2006-7.

This module forms part of a package of materials intended to support improved prevention efforts in Swaziland in influencing HIV-related behaviour at the individual and community level. Access the other modules.

Social and Behaviour Change Communication

Social and behavior change communication is a necessity? there is now a growing consensus that BCC strategies must be complemented by more participatory approaches that work through and address broader underlying social and economic influences? (Gregson et al., 2004). It is a relatively new concept, and is an evolution of the commonly adopted BCC approach. Whereas
BCC is a collection of communication tools, messages and techniques to motivate individuals to change their own behavior, social change communication involves also changing norms in society about acceptable and unacceptable sexual behavior. How to bring about such social change is still a matter for more debate and evidence-gathering (Gorgens-Albino et al., 2008) but it can and must be done. Swaziland is happy to share current strategies and tools used to advance this important agenda.

Resources:

- **Swaziland Hearsay Ethnography Study**

  This study used an innovative methodology of qualitative data collection - hearsay ethnography. The methodology gives insights into sexual and societal norms and cultural scripts held by community members. Trained ethnographers listened to public conversations about HIV-related topics which occurred in public and could be noted down in journals. The ethnographers were not to ask questions or direct the conversation in any way.

  The research was carried out in several places in Swaziland in order to capture some of the diversity in the country: Ludzeludze, Bhuleni, Siphofaneni and Mathandele. Two of the sites, Buhleni and Siphofaneni, are rural growth points i.e. rapidly growing areas. Ludzeludze, in the vicinity of Manzini, has considerable urban influence, and Mathandele is under the jurisdiction of the Nhlangano Town Council and considered urban.

  The research found that there is a great deal of talk about all types of sexual partnerships, from marriage to multiple sexual partners to commercial sex work. The most common topic is non-marital partnerships of all types. The conversations are critical of non-marital partnerships, and are often studded with insults about those who violate community norms about proper sexual behaviour.

- **Swaziland National Strategy for Social & Behaviour Change 2009-2014**

  National response to Swaziland’s HIV and AIDS epidemic intensified in 2000 with the establishment of the National Emergency Response Council for HIV and AIDS (NERCHA), which allowed for a broad multisectoral approach coordinated by one agency. In line with global recommendations, Swaziland’s national response includes knowledge and awareness creation, expansion of clinical and biomedical interventions and the creation of more enabling environments for HIV prevention. Social and behaviour change communication (SBCC) is a priority intervention because social and behaviour change are essential to all strategies and can improve the effectiveness of these efforts? building knowledge and awareness of HIV risks, increasing demand for risk reduction services, improving compliance with recommended regimens and enhancing the success of client-provider interactions for impact HIV
Swaziland HIV Prevention Response & Mode of Transmission analysis

This study, and similar studies in Kenya, Lesotho, Mozambique, Uganda, and Zambia is the outcome of close collaborative by a team in Swaziland, with technical and financial support from the UNAIDS Regional Support Team for Eastern and Southern Africa, UNAIDS Geneva, and the World Bank's Global HIV/AIDS Program (Global AIDS Monitoring and Evaluation Team). The study entailed using existing data and collecting new data to better know the country’s HIV epidemic, know the country HIV response and how funding was allocated, so as to improve the HIV response and strengthen prevention based on evidence on what works to prevent new infections.

NERCHA, MOHSH, UNAIDS and GAMET/World Bank collaborated in a capacity development process to support an evidence-based review of Swaziland’s epidemiological situation (Know your epidemic, KYE) and the national HIV prevention response (Know your response, KYR).

The purpose of this modes of transmission (MoT) study is "to contribute to the ongoing efforts to understand the epidemic and response in Swaziland and thus help the country improve the scope (doing the right kind of activities), relevance (with the right populations) and comprehensiveness (reaching all members of target populations) of HIV prevention efforts".

The process for the KYE was an in-depth review of available epidemiological data from Swaziland and the sub-region, and application of the UNAIDS incidence estimation model. The aim was to determine the epidemiology of new (incident) infections. For the KYR part, data were collected on the policy context for prevention, prevention and prevention activities by implementers, and data from the National AIDS Spending Assessment (NASA) of 2008 were reviewed. In a final step, the KYE and KYR evidence was linked to produce an epidemic, response and policy synthesis with recommendations to improve the HIV prevention response through aligning prevention activities with the evidence on the sources of new infections. The study examined the hypothesis that multiple, concurrent long-term heterosexual relationships, happening in a context of implicitly permissive social norms, gender inequality and economic need, are a key contributor to HIV transmission in Swaziland.

Timing of the study -

The MoT study took place at an opportune time when Swaziland also was reviewing the second national multisectoral HIV/AIDS strategic plan (2006-2008) and preparing a new National Strategic Framework. The findings of the SDHS 2006-07, the NASA 2008 and the Mapping of the National Minimum Package of HIV Services? 2008 had just become
available, and the MOHSW and NERCHA had established functional monitoring and evaluation (M&E) systems providing routine data. These all provided essential input into the KYE and KYR analyses.

**Supervision and review** -

the study was overseen by the MoT Core Team through monthly meetings and progress reports. Dissemination of the findings and their translation into policy and practice is the responsibility of the MoT Policy Team. Coordination and communication were ensured by the Coordinator of Communication & Advocacy of NERCHA and technical leadership was with GAMET/World Bank. The report benefited from several reviews by the Swaziland Core Team, the Policy Team, Swaziland stakeholders, and regional peer reviewers (implementers of other MoT studies in Africa, UNAIDS RST ESA & UNAIDS Geneva, and GAMET/World Bank).

- **A National Mass Media Campaign to address Multiple & Concurrent Partnerships**

In July 2006, this blunt ad?simultaneously suggestive and terrifying? first appeared in newspapers and billboards and on the radio in Swaziland. It was issued by the Makhwapheni Campaign, the country?apos;s first national media effort to focus on the HIV risk of multiple and concurrent sexual partnerships (MCP). The campaign sought to promote HIV prevention throughout Swaziland, which has the world?apos;s highest HIV prevalence. As with all HIV prevention campaigns, the goal was to broadcast a powerful message that would resonate with the public and encourage behavior change. But the strength of the response took all by surprise. That message struck a nerve, sparking a passionate national debate in the media and in communities.

On call-in radio shows, in the newspapers, and between friends, Swazi openly discussed the formerly unmentionable practice of makhwapheni and the attitudes of fellow citizens toward multiple sexual partnerships.

- **Secret Lovers Kill (Makwapheni case study)**

This technical brief focuses on the Makhwapheni Campaign that NERCHA developed between 2001 and 2006. Makhwapheni, which can be translated as ?my secrets,? implies ?my secret lover? when used within the context of the campaign. It was seen as an effective way of referring to relationships ?on the side? that are not entirely acceptable.

The National Strategic Framework (NSF) outlines the plan to improve and expand effective prevention, treatment and care to all Swazis. Prevention is not only critical to gain control of the epidemic, success in preventing new infection is critical for the capacity to continue to support treatment and care. The new framework pushes for greater reliance on evidence-based planning and mainstreaming of strategies for social and behaviour change as catalysts for more effective prevention.

- **Swaziland National Strategy for Social & Behaviour Change Communication**

Swaziland’s National Strategic Framework 2009-2014 (NSF) for response to HIV and AIDS is aimed at improving and expanding effective prevention, treatment and care to all Swazis. The new framework pushes for greater reliance on evidence-informed planning and the mainstreaming of strategies for social and behaviour change as catalysts for more effective prevention. Prevention remains critical to Swaziland’s ability to gain control of the epidemic. The NSF also seeks to increase life expectancy and increase the capacity of vulnerable households to cope with the impact of HIV.

- **A Report on the Hot Spots assessment (A Snapshot)**

Hot Spots in Malkerns, Manzini/Matsapha and Happy Valley Areas

This report presents and discusses findings on four hot spots that were part of the Snapshot survey conducted to assess the situation on sex work in some hot spots in the country. Section I introduces the survey and the methodology used, Section II presents findings among sex workers and sexual activities among women employed in the Matsapha firms and Section III presents the conclusion and recommendations.

- **An assessment of the effectiveness of radio information campaigns on HIV/AIDS awareness and behaviour**
change in Swaziland

This report is an assessment of the effectiveness of HIV/AIDS information campaigns on radio in Swaziland. It is an attempt to explain why the number of HIV/AIDS infected persons increases by the day despite the dissemination of information on radio. Radio has been extensively used in the process of conscientising people about the disease and persuading them to change attitudes and behaviour. Moreover, it is a medium that most people have access to in Swaziland.

Workplace Programmes

HIV workplace policy has been developed for public sector employees, and for the uniformed forces. MOH has expanded its workplace program to cover all employees in the health sector. A few private sector institutions have developed HIV and AIDS workplace program. Private sector response is coordinated by the Business Coalition on HIV and AIDS (BCHA).

Resources:

- **Teacher management in a context of HIV and AIDS**
  - Swaziland report

  This study aims to describe and analyse the results of a qualitative research study on teacher management policies, tools and practices in Swaziland, a country where HIV and AIDS are highly prevalent. The research aims to discover whether teacher management policies, tools and practices have evolved in high prevalence settings as a response to the HIV epidemic.

  The current report is part of a series of monographs commissioned by the International Institute for Educational Planning (IIEP) at the United Nations Educational, Scientific and Cultural Organization (UNESCO) and will contribute to a multi-country synthesis of similar studies. The eight countries included in the study have some of the highest prevalence rates in southern Africa: Botswana, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Zambia and Zimbabwe. It is expected that analysing the situation in countries most affected by HIV and AIDS will shed light on innovative approaches undertaken in terms of teacher management.

- **His Majesty's Correctional Services HIV and AIDS Policy: Swaziland**
His Majesty's Correctional Services HIV and AIDS Program seeks to improve the quality of life of personnel, their dependents and inmates by providing comprehensive HIV and AIDS prevention, care and support services for its members, through a coordinated, relevant and accessible program.

This policy is a result of the hard work and good team effort between the cooperating partners and His Majesty's Correctional Services personnel an inmates from all our stations.

**Evaluation of the USDF HIV/AIDS/STIs Peer Education Project Report**

**Rationale of the project**

Recognizing that HIV and AIDS can have serious social and economic impacts at all levels of society, USDF, in collaboration with UNFPA and UNAIDS launched an HIV and AIDS/STIs prevention project in Swaziland. The primary objectives of this project were to contribute towards the reduction of STIs/HIV and AIDS risk behavior among the target population group and to reduce the level of related stigma and discrimination against People who are HIV positive.

**HIV/AIDS in the Umbufto Swaziland Defence Force**

*Chapter from "The Enemy Within - Southern African Militaries' Quarter-Century Battle with HIV and AIDS", Institute for Security Studies (ISS)*

Swaziland, like most sub-Saharan countries, continues to face the challenges imposed by the advance of HIV/AIDS. The pandemic is of concern not only because of the physical destruction it inflicts on individuals, but also because it undermines almost all aspects of human existence in Swaziland. Since its advent, human resources have been depleted, state capacity to deliver services has been damaged, communities are under continuous stress, and the number of vulnerable children continues to rise. The Swazi social fabric has been greatly undermined as no sector has been untouched by the impact of HIV/AIDS.

For researchers, HIV/AIDS has posed the challenge of knowing the extent to which the pandemic has affected different sectors of Swazi society. A large body of literature has emerged addressing some of the research concerns surrounding the havoc in Swaziland caused by the pandemic.1 In spite of the numerous works on HIV/AIDS in Swaziland, research gaps are still glaring. For instance, up to now no comprehensive study has been produced that analyses the HIV/AIDS situation in the Umbufto Swaziland Defence Force.
This chapter analyses the HIV/AIDS situation in the USDF, with particular emphasis on the manner in which the Swaziland military has reacted to the general advent of HIV/AIDS. The chapter first presents the national HIV/AIDS situation, with particular reference to the manner in which Swaziland has responded to the challenge of HIV/AIDS. We consider this crucial because it contextualises the situation in the military and because what the USDF does is largely and fundamentally informed by what is happening at the national level. The chapter then proceeds to an analysis of the HIV/AIDS situation within the USDF. Owing to the limited research that has been done in this sector, the work in this chapter is but the first cut and therefore cannot be comprehensive.

- **Briefing note on HIV and labour migration in Swaziland**

In the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) Declaration, adopted in 2001, countries committed themselves to: By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services. As a Member State, Swaziland has committed to pursuing this goal and is to report on its progress every two years.

In light of this commitment, the purpose of this Briefing Note is to provide an overall picture of labour migration patterns in Swaziland, present the main sectors employing migrant and mobile workers, and highlight the particular vulnerabilities to HIV of these workers. Existing plans and policies related to HIV and migration will then be highlighted and finally recommendations made on how Swaziland can better fulfil its UNGASS, and other, commitments to migrants and mobile populations.

- **HIV/AIDS policy for the Swaziland public service**

The public service is one of the largest employment sectors in Swaziland with a total of about 31,000 employees. Like the rest of the sectors in the Kingdom, the public service is not immune to HIV and it is expected that a significant proportion of public servants is HIV positive.

The epidemic by its nature therefore impacts the workplace. As a result, the workplace has become one critical site for the formulation of AIDS policies in order to address the needs of both those that are affected and those that are infected with the disease. The Swaziland Government, as an employer, acknowledges the seriousness of the HIV/AIDS epidemic and the fact that the ripple effects will be felt both internally, within the public servants come from and also serve. The Swaziland Government therefore seeks to minimise the social, economic
and developmental consequences to its officers; and commits itself to providing resources and the necessary leadership to implement required HIV/AIDS workplace programmes for the public service.

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