

POLICY DOCUMENT

ON

**HIV/AIDS AND STD
PREVENTION AND CONTROL**

1998

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LIST OF ABBREVIATIONS

| | |
|---------------|---|
| AIDS | ACQUIRED IMMUNE DEFICIENCY SYNDROME |
| CBO | COMMUNITY-BASED ORGANISATION |
| HIV | HUMAN IMMUNODEFICIENCY VIRUS |
| IEC | INFORMATION, EDUCATION AND COMMUNICATION |
| NGO | NON-GOVERNMENTAL ORGANISATION |
| PLWHA | PERSON LIVING WITH HIV/AIDS |
| SNAP | SWAZILAND NATIONAL AIDS PROGRAMME |
| STD | SEXUALLY TRANSMITTED DISEASE |
| UNAIDS | JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS |
| WHO | WORLD HEALTH ORGANISATION |

1.0 INTRODUCTION:

The first case of the Acquired Immune Deficiency Syndrome (AIDS) in the Kingdom of Swaziland was reported in 1987. Since that time the disease has spread rapidly through the Swazi population. As at the end of December 1997 2774 cases of AIDS had been officially reported by the Ministry of Health and Social Welfare. It is estimated that these reported cases represent less than a quarter the AIDS cases that have occurred in the country. Since AIDS cases represent only the visible part of the epidemic, a system to monitor the proportion of pregnant women attending ante-natal clinics who are infected with the Human Immuno deficiency Virus (HIV), the causative organism of AIDS, has been instituted since 1992. Information from this system indicates that the proportion of HIV-infected pregnant women has risen from 3.9 percent in 1992 to 26 percent in 1996. Pregnant women aged 20 to 24 years are the worst affected. In 1996 the proportion of HIV-infected women in this age group was 32 percent. This situation is similar in all the four Regions of the country. It was estimated by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) that 40,000 adults aged 15 to 49 years were living with HIV/AIDS in the country in 1994. This had increased to 79,000 infected adults by 1997.

Several factors are thought to have contributed to the rapid spread of HIV in Swaziland. These include the increasing practice of having multiple sexual partners, a high rate of other Sexually Transmitted Diseases (STD), rapid urbanisation and a migrant labour force, breakdown of traditional norms, poverty, and the lack of decision-making power of women in reproductive health issues.

The impact of the HIV/AIDS situation in Swaziland is already being felt. The demand for hospital beds has increased with HIV/AIDS - related conditions taking up more than 50 percent of the hospital beds in some hospitals. The number of tuberculosis cases has been rising in recent times because of HIV weakening the immune system of otherwise healthy adults. Private companies are already experiencing increasing costs of paying medical bills and funeral expenses of their employees. The coping limits of the extended family system are being stretched by the increasing number of AIDS orphans.

The Kingdom of Swaziland has made serious efforts at preventing and controlling HIV/AIDS and other STD since the late eighties. A Short-Term Plan (1986-1988) and a Medium-Term Plan (1989-1992) for the prevention and control of HIV and AIDS in Swaziland have been implemented and control efforts are still ongoing. The main strategies that have been adopted include the following:

- Information, Education and Communication (IEC)
- Condom promotion and distribution
- Management of Sexually Transmitted Diseases
- Ensuring safe blood transfusion

The following are the main accomplishments:

- A high level of awareness and knowledge of HIV/AIDS/STD (more than 90 percent) exists in the country.
- All the blood that is transfused is tested for HIV.
- An HIV/AIDS surveillance system has been instituted to measure the magnitude of the problem and to monitor its trends
- The management of STD has been improved through the development of guidelines and training of health workers.
- A limited number of governmental and private institutions and Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBO) have been mobilised into the fight against HIV/AIDS.

Despite the modest gains made in the effort to control HIV/AIDS/STD in the country, there are still a number of issues that need to be addressed. These include the following:

- Inadequate practical translation of the political commitment
- Inadequate involvement of several partners
- Weak co-ordination of the national response to HIV/AIDS
- Limited change in positive sexual behaviour
- Inconsistent supply of condoms
- Lack of a clear policy on the national response to HIV/AIDS and other STD

The Kingdom of Swaziland recognises the critical importance of establishing appropriate responses to HIV/AIDS and other STD. It recognises the potential roles that key partners, including government and its institutions, the private sector, non-governmental and community-based organisations, communities and individuals, and donor agencies including multi-laterals and bi-laterals can play. These roles and responses must be guided by policies that are guided by current scientific knowledge, that recognise the need to respect the human rights, privacy and self-determination of all people, including persons living with HIV/AIDS (PLWHA), and that takes into consideration the social, cultural and religious norms of the people of Swaziland. 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.

2.0 GOALS AND OBJECTIVES

2.1 Main Goal:

The main goal is to create a conducive policy environment for the prevention and control of HIV/AIDS and other STD.

2.2 Specific Objectives:

The specific objectives are:

- To maintain a sustained political commitment at all levels for HIV/AIDS prevention and control
- To expand the national response to the HIV/AIDS epidemic by strengthening maintaining the multisectoral approach
- To improve co-ordination of HIV/AIDS prevention and control activities at all levels
- To ensure that the general public has access to appropriate Information, Education and Communication (IEC) programmes on HIV/AIDS and STD
- To increase the capacity of women, youth and other vulnerable or disadvantaged groups (e.g. disabled persons, sex workers, street children, etc.) to protect themselves against HIV/AIDS and other STD
- To ensure that HIV testing is used to maximise prevention and care
- To provide comprehensive health care and social support for people with HIV/AIDS and their families
- To safeguard the human rights of people living with HIV/AIDS
- To promote HIV/AIDS related research and surveillance activities

3.0 GENERAL POLICIES:

3.1 Political Commitment:

The Government of Swaziland recognises that HIV/AIDS is not only a health problem but a development problem that has social, economic and cultural implications. The fact that HIV/AIDS affects the most productive segment of the population and is debilitating and incurable, make it a threat to the country's economic growth. The King and the Government have already declared HIV/AIDS "a disaster of national proportion deserving national priority status".¹

The Government will continue to ensure that HIV/AIDS and STD continue to remain in the public agenda by seizing every opportunity to advocate on HIV/AIDS and STD-related issues.

¹ Prime Minister, 1993; Minister of Finance, 1998; the King, 1998.

The Government will advocate for the allocation of adequate human and financial resources by all sectors, including Government itself, for the prevention and control of HIV/AIDS and other STD.

3.2 Multisectoral Approach:

The Government recognises the broad implications of HIV/AIDS on all sectors of the Swazi society and the roles that all sectors, including government and its institutions and not just the Ministry of Health and Social Welfare, the private sector, non-governmental and community-based organisations, communities and individuals, and donor agencies can play. All sectors will be mobilised to contribute towards the fight against HIV/AIDS.

All Government sectors, organisations and institutions will plan, allocate resources from the regular budget, and implement appropriate HIV/AIDS and STD prevention and control activities. Focal persons for HIV/AIDS/STD activities will be designated by these sectors, organisations and institutions.

The private sector, NGOs and CBOs, communities and private individuals, including persons living with HIV/AIDS, will be encouraged to plan and implement HIV/AIDS/STD prevention and control activities.

3.3 Co-ordination:

Co-ordination of the multisectoral national response is critical for efficient implementation and optimal use of resources. It aims at ensuring that the programmes of all sectors and partners conform with national aspirations as articulated in the National Strategic Plan and are guided by national policies. As a result, co-ordinating structures at national and regional levels will be strengthened.

The highest level co-ordinating unit, the National AIDS Committee, will consist of Ministers of the all government ministries, representatives of selected NGOs and the private sector, representatives of selected donor agencies, and individuals selected in their own private capacity. The committee will be chaired by the Deputy Prime Minister and answerable to the Cabinet. The Committee will meet at least quarterly.

The following are the terms of reference of the National AIDS Committee:

- Advocacy
- Initiate policy formulation and review:
- Co-ordination
- Resource mobilisation
- Monitoring and evaluation

The AIDS Task Force will be formed by the National AIDS Committee to provide technical advice to the Committee. The AIDS Task Force will be a multisectoral and multi-disciplinary

group comprising technical experts from the fields of health, education, communications, social science, religion, law and human rights, economic development, social welfare, etc. The chairman and the secretary of the AIDS Task Force will be members of the National AIDS Committee. The AIDS Task Force will meet at least four times a year.

The Swaziland National AIDS Programme (SNAP) will serve as the secretariat to the National AIDS Committee and its AIDS Task Force. SNAP will form a working group with HIV/AIDS focal persons of sector ministries, NGOs, and the private sector to promote co-ordination. This working group will meet quarterly.

NGOs and CBOs involved in HIV/AIDS and STD prevention and control will be encouraged to form a co-ordinating committee to facilitate their work.

A multisectoral committee which is answerable to the Regional Administrator will be formed in each region to co-ordinate HIV/AIDS prevention and control activities.

3.4 Information, Education and Communication (IEC):

In the absence of a vaccine or cure for HIV/AIDS, Information, Education and Communication (IEC) remain the major weapon against HIV/AIDS. IEC programmes will ensure that accurate messages, appropriate for the general population and specific target groups are provided. These messages will take into account the social and cultural circumstances of the audience. The broad themes of these messages will include the promotion of positive and responsible sexual behaviour, promotion of STD care seeking behaviour, the promotion of human rights and the avoidance of discrimination. Positive and responsible sexual behaviour will include abstinence and delay of sexual activity, fidelity, reduction in the number of sexual partners and appropriate use of condoms. Traditional values promoting positive and responsible sexual behaviour will be emphasized. The role of the individual in assuming responsibility for his/her own protection will feature prominently in all educational programmes.

Channels of communication that will be used will include the mass media (radio, television, newspapers), bill-boards, posters, leaflets, drama, music, community durbars, and inter-personal communication. National radio and television stations will provide free air-time for HIV/AIDS and STD educational programmes.

All sectors and partners will be encouraged to implement IEC programmes. Adequate emphasis will be put on IEC programmes targeting women, youth, sex workers and other vulnerable groups.

To eliminate complacency and denial about the magnitude of the country's HIV/AIDS problem, persons living with HIV/AIDS will be encouraged to actively and openly participate in IEC programmes.

3.5 HIV Testing:

3.5 HIV Testing:

HIV testing may be done for the purposes of diagnosis, ensuring safe blood transfusion, surveillance and research.

For the purpose of diagnosis, HIV testing will be voluntary, linked and confidential. Pre-test counselling and informed consent will be required and test results will be given after post-test counselling. For the avoidance of doubt, HIV testing for diagnosis will not be mandatory.

For ensuring safe blood transfusion, HIV testing will be mandatory and will not require pre-test counselling and informed consent.

HIV testing for sentinel surveillance will be un-linked and anonymous, i.e. part of blood taken for other purposes will be tested for HIV after all identifiers have been removed from the sample. Thus test results cannot be linked to any individuals. This is the only instance where persons may be tested without their knowledge, except when they are unconscious and HIV testing is considered essential for their medical care.

HIV testing for research purposes will require pre-test counselling and informed consent.

HIV test results will be kept confidential. The principle of shared confidentiality will apply where appropriate, i.e. those who need to know in order for appropriate health and social welfare care to be provided should be told. This would include medical professionals and/or family members who are providing care for the infected person and stand some risk of infection themselves. It may be necessary in certain circumstances to break confidentiality. For example, counselling of the HIV-positive person has failed to achieve appropriate behavioural change, the HIV-positive person has failed to notify or consent to the notification of his/her partner, etc. This will be done only after repeated counselling and after the individual has been informed that confidentiality will be broken.

Results of HIV tests will not be used for discriminatory purposes.

Access to voluntary HIV testing will be increased through the establishment of voluntary counselling and testing centres.

The Government of Swaziland will institute quality assurance measures for HIV testing done in all laboratories, both government and private.

3.6 Comprehensive Health Care and Social Support:

The Government of Swaziland recognises the special medical and social needs of people infected with HIV and their families. Governmental institutions, NGOs, including religious organisations, the private sector, and the community at large will be mobilised to provide medical care and psycho-social support.

Appropriate health facility-based care for persons, including counselling, will be provided to persons with HIV-related conditions and AIDS. The capacity of health and social workers to provide care and support will be strengthened. Adequate quantities of appropriate drugs for treating opportunistic infections will be made available.

Appropriate measures will be taken to prevent HIV transmission during the course of medical care in health facilities. HIV post-exposure prophylaxis will be made available to health workers who are accidentally exposed to HIV-infected material during the course of their professional duties.

It is recognised that family members can provide a conducive social and psychological environment for PLWHA. Therefore home-based care of PLWHA will be promoted. This will include providing education and support to family members to reduce their risks of acquiring HIV infection as a result of providing care at home.

Government will promote the development of a multisectoral response to the social support needs of PLWHA. Assistance (legal advice, welfare assistance) will be provided to the extent that prevailing economic conditions and social structures will allow, and to the extent that the assistance is available to others with similar needs.

The Government of Swaziland will support the formation of self-supportive groups of PLWHA. The participation of these groups in HIV/AIDS/STD education and counselling programmes will be encouraged.

3.7 Human Rights and Avoidance of Discrimination:

Recognising the dangers of discriminatory action against people with HIV/AIDS and that this arises from ignorance, misinformation, fear and prejudice, Government will spearhead a broad multisectoral response to promote the human rights of PLWHA and avoid discrimination against them. Information and education programmes aimed at removing unfounded fears and myths about HIV/AIDS will be implemented. Persons living with HIV/AIDS will have the same rights as any individual, especially the right to non-discrimination. Persons who suffer from discrimination due to HIV/AIDS will be supported to seek legal recourse through the appropriate channels.

3.8 Research and Surveillance:

The Government of Swaziland recognises the importance of research in the national response to HIV/AIDS and will continue to create a favourable environment for research.

HIV/AIDS-related research will require ethical clearance from the relevant clearance committees, and must conform to International Guidelines for Biomedical Research involving Human Subjects.

Government will encourage partnerships between local and international research institutions and will allocate resources for HIV/AIDS/STD research.

Results of any HIV/AIDS/STD-related research will be communicated to the relevant national authorities before publication.

AIDS shall be one of the notifiable diseases. Reporting of AIDS cases will however be on an anonymous basis. Government will continue to support the conduct of the annual HIV sentinel surveillance system. Other HIV/AIDS/STD surveillance systems will be established as appropriate.

4.0 SPECIFIC POLICIES:

4.1 Condom Promotion and Utilisation:

The effectiveness of condoms for preventing the transmission of HIV/AIDS and other STDs is well recognised. The use of condoms will be actively promoted taking into consideration the social and cultural environment. Condoms will be made widely available at affordable prices through social marketing schemes (Government and NGOs). Appropriate mechanisms for ensuring the quality of condoms will be instituted.

4.2 Safe Blood Supply:

The Government will ensure that HIV is not transmitted through blood transfusion. Efforts will be intensified to obtain blood from voluntary donors. All blood donors will have their blood screened for HIV and Hepatitis-B and only non-reactive blood will be transfused.

4.3 HIV/AIDS and Youth:

Young people are at a greater risk of HIV/AIDS and other STD because they tend to be more sexually active and have more sexual partners over a period of time. They also lack access to adequate health information and education inside and outside school which is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality.

HIV/AIDS and STD education will be integrated into the curricula of schools at all levels. Career and guidance counsellors will be designated and trained to offer counselling to the youth.

Specific interventions for out-of-school youth using peer educators will be promoted.

Efforts will be made to improve the access of the youth to confidential sexual and reproductive health services, including HIV/AIDS information, counselling, testing and prevention measures such as condoms, and to social support services if affected by HIV/AIDS. The provision of these services to children/adolescents will reflect the appropriate balance between the rights of the child/adolescent to be involved in decision-making according to his/her evolving capabilities and the rights and duties of parents/guardians for the health and well-being of the child.

4.4 HIV/AIDS and Women:

The following reasons account for the increased vulnerability of women to HIV/AIDS:

- Less access to information about HIV/AIDS and STD
- Lower knowledge about HIV/AIDS and STD
- Economic and social dependence of women on men
- Asymptomatic nature of STDs in women

Special efforts will be made to increase women's access to accurate and comprehensive information and counselling on HIV transmission as well as access to the available resources to minimize their risk, including the female condom. Targeted training for women will aim at increasing self esteem, assertiveness and capacity for decision making in order to improve their negotiating position in sexual relationships.

HIV/AIDS and STD prevention and care services will be a major component of Reproductive Health services and will be integrated into primary health care programmes.

Religious and cultural traditions that impact negatively on women will be reviewed.

4.5 STD Prevention and Control:

Many STDs, particularly those associated with genital ulcers, increase the acquisition and transmission of HIV. Also there is evidence of increased severity of manifestations and reduced response to antibiotics of STD in people infected with HIV. Thus efforts to prevent and control HIV/AIDS will include efforts to prevent and control the traditional STDs, ie. the two programmes will be integrated.

The syndromic approach will continue to be the main strategy for managing STD cases. STD case management will be integrated into primary health care facilities, including those of the private sector. Effective drugs for the treatment of STD will be made available at these facilities.

IEC campaigns will be implemented to promote positive STD care-seeking behaviour.

4.6 HIV/AIDS and Breastfeeding:

Babies who escape HIV infection before and during delivery and are breastfed by their HIV-infected mothers are at an increased risk of acquiring HIV. On the hand there are increased risks of diarrhoea with dehydration and possible death, and malnutrition with infant formula feeding. However, it is mothers who are in the best position to decide whether to breastfeed. Mothers will thus be counselled to make fully informed decisions as to breastfeed or not. Mothers who opt for formula feeding will be provided with the necessary support.

4.7 HIV/AIDS and the Workplace:

HIV/AIDS not only causes illness, disability, and death to employees and severe economic and emotional disruptions to their families, it also increases the cost of doing business. Employers face a greater burden of health care, death benefits, pensions, and other costs. AIDS causes decreased productivity as workers are absent due to illness or away from work to care for sick relatives. Costs rise as experienced workers with valuable skills become ill and unable to work; this causes disruptions in production and increases training and labour costs. It is thus important that HIV/AIDS/STD prevention and control programmes are implemented at the workplace.

HIV testing will not be part of pre-employment medical examination of the would-be employee.

Employers will be encouraged to provide HIV/AIDS/STD education to their employees at their workplace.

Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained. An employee is not obliged to inform his/her employer of his/her HIV status and an employer may not seek such information about an employee.

Discrimination in the workplace against those infected with HIV will be avoided. Healthy HIV carriers will be treated the same as any other employee with regard to training, promotion, etc. For as long as an HIV infected employee is medically fit he/she will not be denied employment opportunities.

4.8 HIV AIDS and Insurance:

Persons infected with HIV shall not be denied access to insurance. HIV testing for the purpose of obtaining an insurance policy shall not be done without pre- and post-test counselling. Exemptions for life insurance should only relate to reasonable actuarial data, so that HIV/AIDS is not treated differently from analogous medical conditions.

4.9 HIV/AIDS and Prisons:

Correctional services authorities will provide inmates, and staff and their families with access to HIV-related prevention information, education, voluntary testing and counselling, means of prevention, treatment and care.

Correctional services authorities will be encouraged to take all necessary measures, including adequate staffing, surveillance and appropriate-disciplinary measures, to protect prison inmates from rape, sexual violence and coercion.

Inmates known to be infected with HIV will not be discriminated against. On the contrary, inmates with terminal AIDS would be considered for possible compassionate early release to allow them to die at home among relatives.

4.10 HIV/AIDS and International Travel:

There will be no restrictions placed on travel by persons known or suspected to have HIV/AIDS because of their HIV status whether they are Swazi nationals or foreigners residing in or visiting the Kingdom.

4.11 HIV/AIDS and Orphans:

The Government of Swaziland recognises the difficulties faced by orphans as they grow up and the need for them to receive the love, care and education requisite for growing into responsible adults and productive members of society.

Children who become orphans as a result of HIV/AIDS will enjoy the same facilities as other orphans and will not suffer discrimination. Whenever appropriate, members of extended families will be encouraged and assisted to care for orphans.

Government institutions and NGOs will be supported to establish and maintain proper caring facilities for orphans.

5.0 LEGAL ASPECTS:

Existing laws will be reviewed to ensure that they adequately address the public health and human rights issues raised by HIV/AIDS. Where necessary, appropriate laws passed and regulations made that will facilitate and enforce the implementation of HIV/AIDS-related policies. These will include issues related to sexual violence and rape.

6.0 FUNDING:

The Government of Swaziland has demonstrated its commitment to dealing with the HIV/AIDS epidemic by allocating human, material and financial resources for HIV/AIDS and STD prevention and control. Government will endeavor to financial resources for HIV/AIDS prevention and control activities through the regular budget of government sectors, institutions and organisations.

The private sector and NGOs will be encouraged to commit additional financial resources for HIV/AIDS and STD prevention and control.

Government will mobilise additional financial resources from external donor agencies and governments to complement internal resources for HIV/AIDS and STD prevention and control.

7.0 MONITORING AND EVALUATION:

The Government of Swaziland will institute appropriate mechanisms for monitoring and evaluating the implementation of HIV/AIDS/STD-related policies. Information on the implementation on these policies will be collected on a regular basis and focal persons will be required to submit regular reports on the extent of policy implementation, or otherwise.

HIV/AIDS is a dynamic and rapidly-changing problem and new knowledge is constantly emerging. HIV/AIDS/STD-related policies will therefore be under regular review for its applicability and effectiveness as regards current knowledge and changing circumstances of the people of the Kingdom of Swaziland. When necessary, the National AIDS Committee will ensure that changes are made following broad consultations with the nation.

8.0 CONCLUSION:

The Government of Swaziland reaffirms its commitment to fight the HIV/AIDS epidemic as it threatens to compromise the economic development of the Kingdom. The Government believes that the policies set out in this document provides the vision and direction that will help all partners to deal with the HIV/AIDS problem consistently, responsibly and cost-effectively. The Government calls on all partners, including traditional and religious leaders, communities, families and individuals, to support and participate in the expanded national response to this scourge of our times.