

**Government of the Kingdom of
Swaziland**

**THE NATIONAL
MULTISECTORAL HIV AND AIDS
POLICY**

A Nation at War with HIV and AIDS

June 2006

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FOREWORD

I am impressed with the large number of activities and services that are in progress in response to the epidemic. Undeniably, this is evidence of the increased momentum of the national response. There is however an enormous challenge ahead of us. We have yet to see a stabilisation of HIV prevalence or evidence of a reduction in new infection rates. That will be the primary evidence that the tide has turned.

The key to defeating this epidemic is behaviour change. Unlike any other battle that mankind has had to face, HIV and AIDS has been the most elusive. It is perhaps because this is a battle where the outcome lies almost entirely in the hands of the individual. For it is in the hands of each one of us, by making sure that our sexual behaviour is safe (does not lead to becoming infected) – safe for ourselves and safe for our partners that we shall succeed. It has to be said that the way in which this country's HIV prevalence rate has increased over the years tells us that our sexual behaviour has been a major challenge. As evidence has shown, one of the main drivers of the epidemic in our country is the practice of multiple concurrent casual sexual partners which, from any viewpoint, moral or medical, is irresponsible and downright dangerous.

To those in leadership positions in the country, you have a critical role to play in providing not only exemplary leadership but also to be the role models and spearhead the fight against HIV and AIDS. I urge you, therefore, to take this as a most serious message, a plea, in fact, to acknowledge how you can help repel this threat to the people you serve. I ask you to ensure in future, indeed from this very day onwards, that every public statement you make includes a plea for a change in behaviour, a plea to stop unsafe practices and, above all, a plea for all to respect the honour and safety of our women and children. The people look to you for guidance and encouragement. Tell them the facts, dispel the myths, help us to eradicate the stigma surrounding the disease. Do not be afraid to repeat yourselves time after time for often messages require repetition to have any impact. It has worked in other countries and it can work here.

I urge everybody in the country to support the national efforts. We will only overcome this epidemic if we, as a Nation, continue to be united in our attitude and actions. I am grateful to all those who have contributed to the impressive achievements and encourage them to continue. I therefore invite all stakeholders to play their respective roles in the implementation of this policy with vigor and urgency. We need to literally “take the bull by its horns”. I am confident that, together as a nation, we are going to win this war.

Mr. A. T. Dlamini
PRIME MINISTER OF THE KINGDOM OF SWAZILAND

PREFACE

To date, the national response to HIV and AIDS has been guided by the health sector policy document on HIV and AIDS and STD Prevention and Control of 1998. This policy focused primarily on the health sector response to the epidemic. It is now an accepted principle that HIV and AIDS is not just a health issue but a major development concern, reversing the development gains achieved by the country over the past 30 years. In view of the need to involve all stakeholders in the national response the country has adopted the multisectoral approach in responding to HIV and AIDS.

Government has further established the National Emergency Response Council on HIV and AIDS (NERCHA) to coordinate and facilitate the national multisectoral response to the epidemic. The country's response is further guided by the international principles of the "Three Ones": one Coordinating Body, one Strategic Plan and one Monitoring and Evaluation framework. Alignment to these principles has galvanised stronger partnerships in the response.

The National Multisectoral HIV and AIDS Policy has been formulated to provide the framework, direction and general principles for interventions. The full implementation of this policy will strengthen and expand efforts to manage and coordinate the response, promote prevention interventions, provide effective treatment, care and support to people living with HIV and AIDS and mitigate the impact of the epidemic.

The political will and commitment to halting the disastrous impact of the epidemic is increasingly important and critical. We all have to play our role as a nation, government, communities, families and individuals for us to win the battle. It is a fight that will only be won if we all unite against HIV- "*Yindzaba yetfu sonkhe*".

Mr Njabulo Mabuza

MINISTER OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENTS

The National Multisectoral HIV and AIDS Policy is a product of widespread consultation and participation of many institutions, stakeholders and individuals. The policy provides broad guidelines for the design, implementation and management of HIV and AIDS interventions, programmes and activities at various levels.

The National Emergency Response Council on HIV and AIDS (NERCHA) wishes to thank all the individuals and organisations that have made contributions to the development of this policy. In particular, NERCHA extends its most sincere gratitude to the Core Team and Steering Committee that managed the process of formulation, which included the review of earlier drafts of the policy document. Special thanks and appreciation go to members of the HIV and AIDS Policy Drafting Team, namely Mr. Sethoria Mshotola, Dr. Solomon Dlamini and Dr. Sikhomba Gumbi, for their hard work and dedication. Similar acknowledgement is extended to the team of consultants preparing the National Strategic Plan and Action Plan, who acted as a technical working group for the Policy Drafting Team. In addition, the hard work and dedication of the Process Administrator, Cebile Manzini, and her assistant, Ntombifuthi Dennis, which went a long way in facilitating the development of this policy is greatly appreciated.

Finally, heartfelt thanks go to all stakeholders, Government representatives, international development partners, Parliamentarians and members of the public for their participation and contributions during the consultations and discussions on the several drafts of the policy document.

We are encouraged that the implementation of this policy will lead to success in the fight against HIV and AIDS.

Chief J. L. Simelane
CHAIRPERSON, NATIONAL EMERGENCY RESPONSE
COUNCIL ON HIV AND AIDS

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ABC	Abstinence, Be Faithful, Condomise
ANC	Antenatal Care
AP	Action Plan
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
BCC	Behavior Change Communication
BSS	Swaziland Behavioral Surveillance Survey
CBOs	Community Based Organisations
CMTC	Crisis Management and Technical Committee
FBOs	Faith-Based Organizations
FLAS	Family Life Association of Swaziland
GDP	Gross Domestic Product
HIV	Human Immuno-deficiency Virus
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
NGOs	Non-governmental Organisations
NERCHA	National Emergency Response Council on HIV and AIDS
NEPAD	New Partnership for Africa's Development
NDS	National Development Strategy
NSP	National Strategic Plan
OIs	Opportunistic Infections
OVCs	Orphaned and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV
SADC	Southern African Development Community
SNAP	Swaziland National AIDS Programme
SPEED	Smart Programme on Economic Empowerment and Development
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session of HIV and AIDS

1. INTRODUCTION

1.1 Background

The Kingdom of Swaziland is a landlocked country, with an estimated land area of 17,364 square kilometres, making it the smallest country in Southern Africa. It shares borders with the Republics of South Africa and Mozambique. The last population census conducted in 1997 estimated the country's population to be 980,722. Currently, it is estimated at about 1.16 million (Central Statistics Office, undated). The majority of the population resides in rural areas, with only about 23% residing in urban areas. The population is also relatively young, with about 69% under the age of 25.

The country is divided into four administrative regions: Hhohho (where the capital city, Mbabane, and Government ministries are located), Manzini (which contains the largest industrial site in the country), Lubombo (where most of the agricultural plantations are located) and Shiselweni (the least developed region). The country is further subdivided into 55 constituencies (*tinkhundla*) for political purposes. An Inkhundla operates as an administrative centre.

For many years Swaziland was classified as a lower middle income country, despite that about 69 percent of the population lives below the poverty line (Swaziland Income and Expenditure Survey, 2002). However, the 2005 United Nations Human Development Report classified Swaziland among countries with low human development index. The country is facing acute and increasing levels of poverty, persistent drought and food insecurity. Unemployment is also high, with almost a third of the economically active population unemployed. Official figures place the unemployment rate at 29% (2002), while some unofficial sources estimate the national unemployment rate to be around 40% (Swaziland Business Year Book, 2005). The youth are the hardest hit, with an unemployment rate of 60%. There are also rural-urban and gender disparities.

1.2 Country Profile On HIV and AIDS

HIV infection in the country was identified for the first time in 1986 and the first AIDS case in 1987. Since that time, the number of persons living with HIV and AIDS has increased rapidly throughout the population. Data from the National HIV Sentinel Surveys of women attending antenatal clinics are currently used to provide estimates of HIV prevalence and trends. These surveys indicate that whilst in 1992 only 3.9% of pregnant women tested HIV positive, in 2004 this number has increased ten-fold to 42.6% (9th Round of National HIV Sero-surveillance, 2004). The current HIV prevalence level is considered to be the highest in the world (UNAIDS, 2004). It is estimated that in 2004 about 220,000 people were living with HIV and AIDS in Swaziland (UNAIDS, 2004). This could be estimated to mean that about 1 in 5 persons are HIV positive in the country (20% national prevalence). Of the HIV infected persons, about 20,000 are children under the age of 15. The epidemic in the country is generalized and primarily driven by heterosexual transmission.

Although studies show that HIV and AIDS knowledge levels are high this has not translated to the desired sexual behaviour change. The forces that drive the rapid increase

in HIV infections have not yet been well characterized, but include engaging in non-regular heterosexual relationships, generally low and inconsistent condom use, young people starting sexual activity at a relatively young age, intergenerational sex, high prevalence of sexually transmitted infections, low status of women and high levels of gender-based violence, stigma and discrimination, fear of testing, high mobility, alcohol and drug abuse, limited recognition (even denial) of personal risk of HIV infection.

1.3 Rationale and Context for Policy Development

Swaziland's response to the HIV and AIDS epidemic has matured. The country has established strong linkages and partnerships with a wide range of partners from within and outside of Swaziland. Resources, though not adequate, have been mobilized and are available to fight the epidemic and have encouragingly increased over the past years. The Government, international development partners, and the private sector have provided the funding for the national response. Stakeholders including non-governmental organizations (NGOs), people living with HIV and AIDS (PLWHA), civil society groups, faith-based organizations, organized labour, the media, the business sector, and traditional leaders and community involvement and participation in the response have similarly increased. This has allowed for cohesion and consensus on the critical issues and actions to be taken in the national response.

Notwithstanding the positive developments outlined above, HIV prevalence has continued to rise at an alarming rate. This upward trend shows that the battle is yet a long way to be won, hence the need to scale up the country's effort to halt the further spread of HIV and AIDS. Recent developments in the national response to HIV and AIDS, coupled with strong political commitment have created an enabling environment and opportunity for the development of the National Multisectoral HIV and AIDS Policy. These include:

- The declaration of the HIV and AIDS situation in the country as a “national disaster” by His Majesty King Mswati III in 1999;
- The Government signing international and regional declarations in which Government has committed to be fully involved in the response to HIV and AIDS. These declarations include the United Nations General Assembly Special Session Declaration of Commitment on HIV and AIDS (UNGASS 2001), the Millennium Development Goals (2000), Abuja Declaration on HIV and AIDS and Plan of Action (2001), the Abuja Summit for African Union Heads of States (2006), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the New Partnership for Africa's Development (2001), the United Nations General Assembly Declaration on Children (2001), and the Maseru Declaration on HIV and AIDS by SADC member States (2003);
- The launching of the National Development Strategy (NDS) by His Majesty King Mswati III in 1999. NDS outlines a vision for the country's social and economic development, which states that: “By the year 2022, the Kingdom of Swaziland will be in the top 10% of the medium human development group of countries founded on

sustainable economic development, social justice and political stability”. NDS noted that the country’s development process is undermined by the AIDS epidemic, and called for the strengthening of the national response;

- The establishment of the National Emergency Response Council on HIV and AIDS in December 2001 and commitment of Government funds for the multi sectoral response to fight HIV and AIDS;
- The formulation of major policies and strategic plans that address related socio-economic issues, which include the National Population Policy (2003), National Youth Policy (2003), Decentralization Policy (2005), draft National Policy on Children, including Orphans and Vulnerable Children, draft National Gender Policy, draft Social Welfare Policy, National HIV/AIDS Communication Strategy, Health Sector Response Plan (2003-2005), and the draft Poverty Reduction Strategy and Action Plan;
- The launch in 2004 of the Government’ Smart Programme on Economic Empowerment and Development (SPEED), which recognizes the challenges faced by the national health system and stresses the need for the nation to address the threats posed by the AIDS epidemic; and
- The willingness of international development partners to continue supporting the national response to HIV and AIDS, as well as the availability of financial assistance from the Global Fund to Fight AIDS, Tuberculosis, and Malaria since 2003, to complement and catalyze the attraction of more resources.

This policy shall provide the policy framework, direction, guidelines, and general principles to guide interventions in prevention, treatment, care and support of those infected and affected by the epidemic and mitigation of its impact. It outlines broad policy measures for the management and coordination of the national response. It also provides the guidelines for the monitoring and evaluation of the national response, including research, communication and advocacy, resource mobilization, utilization, and tracking, legal framework and finally policy implementation framework.

1.4 Policy Goal

The overall goal of this policy is to create an enabling policy environment for the national multi sectoral response to the HIV and AIDS epidemic.

1.5 Policy Objectives

The overall objective of this policy is to strengthen the multisectoral institutional framework for the coordination and implementation of HIV and AIDS interventions in the country. More specifically, the policy seeks to:

- prevent the transmission of HIV;
- improve the provision and delivery of treatment, care and support to all those infected and affected by HIV and AIDS;
- mitigate the social and economic effects and impacts of the epidemic on Swazi society; and
- create an enabling environment for the scaled-up and better coordinated national response to the AIDS epidemic.

1.6 Guiding principles

The national response shall be guided by the following principles:

- A Multi sectoral and holistic approach;
- Implementation of the response within the “Principle of Three Ones” – One HIV and AIDS Action Framework, One National AIDS Coordinating Authority, and One Monitoring and Evaluation System;
- A strong Political will and commitment;
- Strengthened coordination and management of the response including implementation;
- Reliance on sound and evidence based information to inform the response;
- Efficient and effective use of resources;
- Good governance, transparency and exemplary leadership at all levels;
- Individual and collective responsibility;
- Promoting positive cultural practices;
- Full, meaningful involvement and participation of PLWHA and other vulnerable groups in all issues affecting them;
- Protection, non discrimination, non stigmatization of people living with HIV and AIDS and other vulnerable groups;
- Respect for human rights;
- Universal access to HIV and AIDS related health services;
- Compliance with international treaties, conventions and declarations signed and ratified by the Government of Swaziland and national laws;
- Gender equality and equity;
- Confidentiality and privacy; and
- Community owned and driven initiatives, use existing structures, local solutions, equity and sustainability of programmes.

1.7 Scope of Application

This policy shall apply to Government and all other stakeholders and partners involved in and supporting the country in the national response to the epidemic. In particular, it obligates all Government ministries and organs, stakeholders and partners to mainstream HIV and AIDS into their plans and programmes.

The policy measures outlined in this policy shall be used to guide the development of the National Strategic Plan and Action Plan, sectoral and thematic HIV and AIDS policies, operational guidelines, strategic plans, and programmes, including service delivery at all levels.

2. POLICY STATEMENTS

2.1 Prevention

The ultimate success of the battle against HIV and AIDS will be the elimination of the transmission of the virus. We have learnt from the past that providing information about the virus does not lead to change of behaviour. Although people are aware of the epidemic, the prevalence is still progressing. It is now accepted that the key to winning this battle is the change in sexual behaviour of people. Special attention is focused on prevention of HIV infection among young people. Sexual behaviour change and availability of appropriate and updated and evidence based knowledge is key strategy to prevent further transmission of HIV.

To address the multiplicity of factors that fuel the spread of HIV infection in the country, a comprehensive prevention approach is adopted. Hence the policy measures include the adoption of risk-reducing behavior or sexual behaviour change, reduction of multiple concurrent sexual partners, proper and consistent use of condoms, transfusion of safe blood, HIV testing and counseling, prevention and treatment of sexually transmitted infections, and use of antiretroviral medicines to prevent mother to child transmission and to provide post-exposure prophylaxis in the workplace and including victims of sexual violence. Also addressed is legislative reform to criminalize intentional transmission of HIV and reduce sexual abuse-related transmission. Emerging preventive measures such as male circumcision and the use of microbicides are also considered.

2.1.1 Adults and Adults not Sexually Active

- 2.1.1.1 Evidence based, appropriate and updated strategies for prevention shall inform the response to HIV and AIDS;
- 2.1.1.2 Comprehensive measures that go beyond the Abstinence, Be faithful and Condom use (ABC) and Behavioural Change Communication (BCC) models shall be promoted to prevent further spread of HIV and AIDS;
- 2.1.1.3 Measures to address HIV and AIDS related stigma and discrimination shall be developed and implemented;

2.1.2 Prevention of HIV infection among Young People

- 2.1.2.1 Young people shall be encouraged to abstain from sex or delay sexual debut.
- 2.1.2.2 Faithfulness and consistent condom use shall be encouraged among young people who choose to be sexually active;
- 2.1.2.3 Young people shall be provided with evidence-based sex education, Youth-friendly sexual and reproductive health services and school-based Health Clubs shall be promoted;
- 2.1.2.4 HIV and AIDS and life skills shall be promoted in primary and high schools, tertiary and vocational institutions and integrated in the curricula as an examinable subject;

- 2.1.2.5 Leadership at all levels shall create an enabling environment for proper development of youth;
- 2.1.2.6 HIV counseling and testing of children under the age of **18** years shall require consent.

2.1.3 Condom Distribution and Logistics

- 2.1.3.1 High quality male and female condoms shall be made available, accessible and affordable to all.
- 2.1.3.2 Information on the proper use and disposal of condoms shall be provided; and
- 2.1.3.3 Individuals, institutions and organizations, including the media, shall provide correct, scientific and positive messages on the safety of condoms to members of the public.

2.1.4 Blood safety

- 2.1.4.1 The National Blood Transfusion Services shall screen all blood for HIV and other infectious diseases;
- 2.1.4.2 There shall be an operational blood policy

2.1.5 HIV Testing and Counseling

- 2.1.5.1 HIV Counseling and Testing (HTC) shall be provided and made available to all.
- 2.1.5.2 Individual consent for HIV testing shall be sought; and confidentiality and privacy shall be observed. However, HIV testing without consent shall be permitted in the following circumstances:
- sample screening through anonymous unlinked testing for surveillance or as approved by an ethics committee; and
 - testing of blood for transfusion;
- 2.1.5.3 Consent for minors shall be sought from parents, guardians, caregivers or health or social workers.
- 2.1.5.4 Couple HIV testing and counseling and partner–disclosure of HIV test results shall be encouraged and promoted; and
- 2.1.5.5 Health provider-initiated testing and counseling shall be routinely offered in the context of clinical care.

2.1.6 Prevention of Mother to Child Transmission and (PMTCT Plus)

- 2.1.6.1 Women attending antenatal clinics shall be educated about the risks of mother to child transmission of HIV and appropriate mother to child HIV prevention therapy shall be made available to pregnant women who are HIV positive;
- 2.1.6.2 Guidelines on breast feeding and HIV and AIDS shall be disseminated;
- 2.1.6.3 Male involvement and participation in PMTCT programmes shall be encouraged and promoted.

- 2.1.6.4 Prevention, Treatment and Management of Sexually Transmitted Infections
- 2.1.6.5 HIV testing and counseling shall be routinely offered to all STI patients;
- 2.1.6.6 The treatment and management of STIs shall receive specific attention in the effort to prevent and control their spread and the spread of HIV; and
- 2.1.6.7 Behavior change communication materials dealing with the prevention of STIs, including HIV shall be developed and disseminated extensively.

2.1.7 Post-exposure Prophylaxis and Universal Precautions

- 2.1.7.1 Post-Exposure Prophylaxis guidelines shall be strengthened and implemented;
- 2.1.7.2 Post-Exposure Prophylaxis shall be offered to victims of sexual violence
- 2.1.7.3 Universal Precautions to reduce the risk of HIV infection through accidental exposure shall be promoted at institutions and community levels; and
- 2.1.7.4 Employers shall put in place measures to ensure that employees are protected from work-related exposure to HIV infection.

2.1.8 Preventive Legislation

- 2.1.8.1 Legislation that addresses issues of sexual assault, abuse and exploitation shall be reviewed and amended in light of HIV and AIDS;
- 2.1.8.2 Legislative changes shall be instituted to address issues related to HIV and AIDS, such as intentional transmission; and
- 2.1.8.3 The sexual and reproductive rights of individuals, especially women and children shall be upheld.

2.1.9 Emerging Developments in HIV Prevention

- 2.1.9.1 Trials, studies and research in HIV prevention shall be monitored and findings appropriately implemented

2.2 Care and Support

This policy recognizes that whilst there is still no cure for AIDS, it is treatable and manageable with antiretroviral therapy (ART). Thus, ART can prolong and improve the quality of life of persons living with HIV and AIDS (PLWHA). The key issues that the policy addresses in the area of treatment, care and support include increased access and proper utilization of ART, clinical management of opportunistic infections, diagnostic testing and counseling, institutional and home based care, and palliative care. It also acknowledged that the majority of people in the country consult traditional healers and make use of traditional remedies. Other issues addressed by the policy include the importance of nutrition and mental health services.

2.2.1 Pre ART and Antiretroviral Therapy (ART)

- 2.2.1.1 Pre ART and ART policies and Guidelines shall be implemented;
- 2.2.1.2 ART literacy shall be promoted for all.
- 2.2.1.3 All PLWHA shall benefit from (accessible, continuous, affordable) ART programme, including pediatric formulations;
- 2.2.1.4 Health care workers shall receive adequate training on the use and management of ART.

2.2.2 Management of Opportunistic Infections and other HIV-related Conditions

- 2.2.2.1 Treatment for opportunistic infections and other HIV-related conditions shall be made available, accessible and affordable with particular attention to HIV/TB co-infection;
- 2.2.2.2 Prophylactic therapy shall be offered to HIV positive persons;

2.2.3 Home-Based Care and Palliative Care

- 2.2.3.1 Capacity building for community-driven interventions shall be strengthened to reinforce the work done by home-based caregivers, an effective referral system by providers of HIV and AIDS related services, as an integral part of the continuum of care, shall be established and materials for home-based care shall be made available and accessible;
- 2.2.3.2 Environmentally friendly and hygienic mechanisms for disposal of home-based care materials and waste shall be promoted;
- 2.2.3.3 The participation of men in home-based care shall be promoted;
- 2.2.3.4 National policy, strategies and guidelines for home based care and palliative care shall be developed and implemented.

2.2.4 Nutrition

- 2.2.4.1 A Nutrition and Food Security Policy and guidelines to support PLWHA shall be implemented;
- 2.2.4.2 Economic empowerment of PLWHAs shall be promoted

2.2.5 Traditional and Alternative Health Therapies

2.2.5.1 A collaborative framework between modern and traditional care givers shall be promoted;

2.2.5.2 Research on traditional herbal remedies and practices shall be promoted;

2.2.6 Management of HIV and AIDS-related Mental Health Services

2.2.6.1 HIV and AIDS related mental health services shall be made available

2.2.6.2 Mental health services policy shall be implemented

2.3 Impact Mitigation

The AIDS epidemic continues to have a devastating impact on individuals, families, communities and the nation at large. These include increased morbidity and mortality, decline in productivity, increase in the numbers of orphans and vulnerable children and other vulnerable populations. This policy recognizes that the protection and empowerment of PLWHA and other vulnerable populations is critical to efforts that seek to minimize the impact of the epidemic. Vulnerable populations include women, children, orphans, widows, widowers, youth, the poor, sex workers, inmates, and persons with disabilities. These are persons most likely to be exposed to HIV and suffer disproportionately from the negative consequences of HIV and AIDS. Other issues addressed include counseling and emotional care for HIV infected and affected persons and protection of employees in the workplace.

2.3.1 Protection and Empowerment of People Living with HIV and AIDS

2.3.1.1 The human rights and dignity of persons infected and affected by HIV and AIDS, including the right to privacy and confidentiality shall be respected and protected

2.3.1.2 Legislation shall be developed to protect the rights of PLWHA including protection against any form of stigma and or discrimination; the HIV status of a person shall not be used as a reason for denying access to services, including education, health care, or employment.

2.3.1.3 PLWHA shall, where relevant, be actively involved in the planning, development, implementation, monitoring and evaluation of HIV and AIDS –related plans and programmes.

2.3.2 Protection and Empowerment of Vulnerable Populations

2.3.2.1 The rights of women and girls to decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health shall be protected;

2.3.2.2 Women and girls and other vulnerable groups shall be protected against gender based violence, including domestic violence, sexual abuse, including against traditional, cultural and other practices that may negatively affect their health;

- 2.3.2.3 Interventions for OVC shall be guided by the four principles enshrined in the United Nations Convention on the Rights of the Child.
- 2.3.2.4 Universal Primary Education shall be implemented to facilitate access to education for all children and in particular, OVCs in line with the Constitution of Swaziland of 2005;
- 2.3.2.5 Interventions aimed at protecting, improving access to basic needs and improving livelihoods of OVCs and other vulnerable populations shall be encouraged, promoted, strengthened and supported;
- 2.3.2.6 The right of children to participate in interventions affecting them shall be promoted.
- 2.3.2.7 OVCs shall be cared for first and foremost within the family and community structures and exceptionally in residential care facilities;
- 2.3.2.8 Community based OVC caring shall be supported;
- 2.3.2.9 Traditional and other practices that impinge on the rights of surviving spouses (especially widows) and orphans to inherit property and on the rights of widows to decide freely on sexual matters (such as wife inheritance) shall be reviewed and corrective action taken;
- 2.3.2.10 There shall be a National Policy and Action Plan on children
- 2.3.2.11 There shall be a Poverty Reduction Strategy and Action Plan;
- 2.3.2.12 All HIV and AIDS-related services shall be made accessible to all vulnerable social groups.

2.3.3 Psychological and Emotional Support

- 2.3.3.1 Counseling and emotional care services for HIV infected and affected persons shall be strengthened and expanded;
- 2.3.3.2 Counseling and emotional care services for institutional and home-based caregivers shall be expanded; and
- 2.3.3.3 Information on Positive Living shall be made available to HIV infected and affected persons.

2.3.4 Protection in the Workplace

- 2.3.4.1 All workplace policies, guidelines and programmes shall comply with ILO code of conduct

2.3.5 Food Security and Environmental Protection

- 2.3.5.1 Measures to mitigate the impact of HIV and AIDS on poverty and food security shall be implemented; and
- 2.3.5.2 The Swaziland Environmental Policy and Action Plan shall be implemented.

2.3.6 Legal Framework

- 2.3.6.1 Government shall facilitate that existing laws are reviewed and amended and new laws passed to ensure that the law adequately addresses, among other things, the public health and human rights issues related to HIV and AIDS;
- 2.3.6.2 Access to legal services shall be made available for vulnerable populations;
- 2.3.6.3 The legal framework facilitating the implementation of this policy shall be in compliance with the Constitution of Swaziland of 2005 and international conventions and declarations signed and ratified by the country.

3. Coordination and Management of the National Multi Sectoral Response

A strong and well defined coordination and management mechanism for the national response will encourage greater collaboration among the different partners contributing to the national fight against HIV and AIDS. It shall also establish strong partnerships between stakeholders and ensure an effective national response to the epidemic. In the country there are several stakeholders who are involved and contributing to the national fight against HIV and AIDS. The programmes supported are also diverse. There is a need to bring together all the stakeholders to achieve common understanding of the national HIV and AIDS response, processes of coordination, increase collaboration between partners and maximize the use of limited resources. In general, coordination structures shall be responsible for policy development and oversight, planning and programme development, resource mobilization and management, advocacy, capacity development, monitoring and evaluation of the national response at the different levels. Coordination will therefore ensure a harmonized service delivery mechanism and increased collaboration and cooperation amongst the players. Coordination of the multisectoral national response shall be facilitated and promoted at national, decentralized and through the sector approach.

3.1 National Coordination

The effective implementation of this policy shall require, among other things, strong political leadership and commitment, the establishment and strengthening of committees at different levels to strengthen management and coordination of the national response, the adoption and enforcement of the “three ones” principle, the allocation of specific roles and responsibilities to all stakeholders, legislation reform, resource mobilization, utilization and tracking and monitoring and evaluation. The country shall support an integrated approach to planning and implementation of the national response. Government has established NERCHA through an Act of Parliament to coordinate and facilitate the national multisectoral response to HIV and AIDS. In addition to the functions stated in the Act, NERCHA in collaboration with partners, shall coordinate and facilitate:

- a) the implementation, monitoring and periodic review of this policy;
- b) the development of a national database of HIV and AIDS related policies and facilitate policy dissemination;
- c) the development and implementation and periodic review of the National Strategic Plan and Action Plan on HIV and AIDS;
- d) the development and periodic review of sector HIV and AIDS policies, Strategies and Action Plans;
- e) development and periodic review of a database of responding organizations, institutions, departments and communities in the national response shall be maintained; and
- f) dialogues, consultations and information dissemination.

3.1.1 Monitoring and Evaluation,

3.1.1.1 Government through NERCHA shall coordinate and facilitate monitoring and evaluation of the national response to HIV and AIDS.

3.1.1.2 The National Multi Sectoral HIV and AIDS Monitoring and Evaluation System and guidelines shall be implemented and periodically reviewed. The System shall:

- i. be responsive to the National Multi Sectoral HIV and AIDS Strategic Plan
- ii. contain harmonized, standardized national indicators that adhere to international HIV indicator standards, data sources, information products¹, and dissemination channels,
- iii. define the national reporting procedures on HIV interventions for all stakeholders;
- iv. define data flow channels, the reporting format to be used for reporting and frequency of reporting;
- v. define mechanisms to promote efficient use of data and resources by making sure that indicators and sampling methodologies are standardized;
- vi. promote the monitoring of both programme data and financial data for reporting purposes
- vii. outline roles and responsibilities of all public sector institutions, the private sector and civil society at national and regional level in terms of
 - (a) monitoring their own HIV interventions, and
 - (b) routinely reporting the results of their monitoring efforts to NERCHA,

3.1.1.3 The Swaziland HIV and AIDS Programme Monitoring System (SHAPMoS) shall be implemented and reviewed from time to time.

¹ An information product is defined as a regular and routine report that the NERCHA' M&E unit produces to communicate the progress with the achievement of the objectives of the national HIV and AIDS Strategic Framework. Information products may report on the national output indicators only, or it may report on all the indicators in the national HIV and AIDS M&E strategy

3.1.2 Research and ethics

- 3.1.2.1 The National Research Council shall be strengthened
- 3.1.2.2 NERCHA shall coordinate and facilitate research related to HIV and AIDS.
- 3.1.2.3 The National HIV and AIDS Research Strategy and Agenda shall be implemented reviewed from time to time;
- 3.1.2.4 The National HIV and AIDS information depository mechanism shall be established and guidelines implemented to control accessibility, storage and retrieval of information and data;
- 3.1.2.5 The National Multi Sectoral Ethics Committee on HIV and AIDS shall be established to safeguard the human rights and take into consideration all ethical issues relating to biomedical and social sciences HIV and AIDS research involving human subjects;
- 3.1.2.6 The National multi sectoral HIV and AIDS Peer Review mechanism shall be strengthened and implemented;
- 3.1.2.7 Capacity development for HIV and AIDS related research shall be promoted;

3.1.3 Resource Mobilisation, Management and Tracking

- 3.1.3.1 The Government of Swaziland shall support the national response to HIV and AIDS through allocating a reasonable percentage of the national budget to fight the epidemic;
- 3.1.3.2 Government ministries shall mainstream HIV and AIDS responses and allocate a budget from their ministry budgets for HIV and AIDS interventions;
- 3.1.3.3 Government shall allocate funding to NERCHA for management and coordination of the national multi sectoral response to HIV and AIDS.
- 3.1.3.4 Responding organizations, institutions, departments and communities shall access funding through joint planning in line with the National Strategic Plan and Action Plan;
- 3.1.3.5 NERCHA shall coordinate and facilitate development of an appropriate resource mobilization and management framework for the national HIV and AIDS response;
- 3.1.3.6 NERCHA shall coordinate resource mobilization efforts in line with the NSP and NAP and maintain a database of all HIV and AIDS implementing and funding partners to monitor the flow of financial resources;

- 3.1.3.7 All stakeholders shall share information with NERCHA and relevant or umbrella bodies to avoid duplication in the allocation and use of available resources;
- 3.1.3.8 Stakeholders shall conduct resource mobilization for HIV and AIDS activities and financial assistance received shall be reported to the relevant ministry responsible for coordinating External Assistance to Swaziland in accordance with the Kingdom of Swaziland AID Policy;
- 3.1.3.9 Transparent, efficient and effective use of resources shall be ensured.
- 3.1.3.10 The Kingdom of Swaziland AID Policy shall guide all external aid interventions by partners

3.1.4 Communication and Advocacy

- 3.1.4.1 The National Communication Strategy on HIV and AIDS shall be implemented and reviewed periodically;
- 3.1.4.2 The National Resource Centre shall be the depository and clearing house of all HIV and AIDS related information and research;
- 3.1.4.3 The Swaziland Journalist Code of Ethics shall be implemented when reporting on HIV/AIDS.
- 3.1.4.4 Media institutions shall implement editorial, advertising and marketing policies that are responsive to National Strategic Plan on HIV and AIDS.
- 3.1.4.5 Advocacy on HIV and AIDS shall be a collaborative and coordinated effort of all partners involved in the national response and in particular people living with HIV and AIDS.
- 3.1.4.6 Capacity building initiatives for advocacy shall be facilitated and strengthened;

3.2 Decentralised (Vertical) Coordination

In line with the Decentralization Policy of Government, NERCHA shall facilitate strengthening and or establishing of mechanisms to coordinate HIV and AIDS interventions at the decentralized levels. This shall include:

- Regional HIV and AIDS Coordinating Committees;
- Inkhundla HIV and AIDS Coordinating Committees; and
- Chiefdom /Sub-Chiefdom HIV and AIDS Coordinating Committees.

3.3 Sector (Lateral) Coordination

The approach entails the strengthening of various sectors and umbrella bodies that bring together stakeholders with a common interest in the national response. The sectors and umbrella bodies shall ensure the involvement of relevant stakeholders and shall represent the collective interest of stakeholders. The sectors and umbrella bodies have cross cutting interests and are uniquely mandated and positioned to contribute to the national effort to fight HIV and AIDS. NERCHA shall:

- 3.3.1 working in collaboration with partners facilitate strengthening of the sectors and umbrella bodies.
- 3.3.2 Facilitate Government ministries coordination of sector responses inline with their respective mandates.

3.4 Development Partners

National and international development partners and organizations involved in HIV and AIDS interventions in the country shall align to the National Multi Sectoral HIV and AIDS Policy and National Multi Sectoral HIV and AIDS Strategic Plan and Action Plan.

3.5 Stakeholders Role

- 3.5.1 The overall leadership and responsibility for the implementation of this policy rests with the Office of the Prime Minister.
- 3.5.2 This policy shall be implemented by all Government ministries and organs, the private sector, civil society organizations, community and faith based organizations, PLWHA, and all other stakeholders including traditional healers associations, academic and research institutions, international development partners, the media, communities and traditional leaders and individuals in Swaziland.
- 3.5.3 The specific roles and responsibilities the various stakeholders and partners shall be outlined in the operational guidelines.

3.6 Development of National Strategic Plan on HIV and AIDS and National Action Plan.

- 3.6.1 The National Multisectoral HIV and AIDS Strategic Plan and Action Plan shall be developed based on this policy;
- 3.6.2 Sectoral and thematic HIV and AIDS policies, strategic plans and Action Plans shall be developed and aligned with this policy.
- 3.6.3 Government ministries and organs and all other stakeholders and partners shall mainstream HIV and AIDS into all their policies, strategies, action plans and programmes to promote an integrated focus on the AIDS epidemic.

4 IMPLEMENTATION MECHANISM

4.1 Policy approval Process

This policy shall be submitted to the Council for their consideration and recommendation to the Prime Minister who shall in turn present it to Cabinet and Parliament for final approval.

4.2 Policy operational Guidelines or Regulation

NERCHA shall, in consultation with stakeholders, facilitate the establishment of operation guidelines for easy implementation of this policy.

4.3 Periodic development and Review of the NSP and NAP

- 4.3.1 NERCHA shall coordinate and facilitate the process of developing the National Strategic Plan for HIV and AIDS and the costed National Action Plan in consultation with stakeholders and in line with this policy.
- 4.3.2 NERCHA shall coordinate and facilitate the periodic review of the National Strategic Plan and National Action Plan.