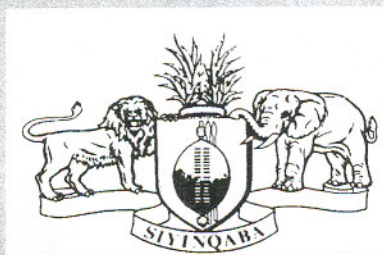


# **GOVERNMENT OF SWAZILAND**



## **STATEMENT**

**BY THE RIGHT HONOURABLE  
PRIME MINISTER,**

**DR B.S.S. DLAMINI**

Read by Acting deputy Prime Minister  
Hon Chief Mgwagwa Gamedze

**At the Commemoration of World  
AIDS Day 2102**

**At Mavuso International Trade  
Centre, Manzini**

**Friday 30 November 2012**



**STATEMENT BY THE RT HON PRIME MINISTER**

**DR B.S.S. DLAMINI**

**Read by the Acting Deputy Prime Minister**

**Hon. Chief Mgwagwa Gamedze**

**AT THE WORLD AIDS DAY COMMEMORATION  
AT MAVUSO INTERNATIONAL CONVENTION CENTRE  
FRIDAY 30 NOVEMBER 2012**

Your Royal Highnesses

Cabinet Ministers

Chiefs

Members of Parliament

Regional Administrator

Excellencies of the Diplomatic Corps

Representatives of Development Partners

Representatives of NGOs

Distinguished Guests

Ladies and Gentlemen

The commemoration of World AIDS Day each year is a hugely important event in the global calendar. And for the Kingdom of Swaziland too, not least because we are a country that has had to face a formidable challenge from the HIV and AIDS pandemic.

Families have lost loved ones, communities have experienced loss and the economy has been ravaged. Our first thoughts today must be for those who lost their lives,

for their close relatives and, in particular, for the many thousands of children who were orphaned when parents lost their lives while in the grip of AIDS.

In the three decades since the disease was identified the manner in which it has been addressed - the emotional and political response, the preventive measures, treatment and impact mitigation in progress - has changed enormously.

When the country discovered the first HIV case in 1986, public emotions ranged from panic to worry to denial. In the early days of the Swaziland National AIDS programme (SNAP) an individual diagnosed with HIV was expected to have a further lifespan of no more than 7 to 9 years, with AIDS finally destroying the body's ability to fight off opportunistic diseases. New HIV infections during the mid-to late 1990s averaged 12,000 to 15,000 cases per year - in other words around 1,000 each month. That became a deeply worrying situation, giving rise to widespread denial, stigma and the proliferation of myths and other forms of confusion. In those days, even at the highest echelons of medical research there was no solution to the deadly prognosis attached to the disease. In our own country, academics and health practitioners were predicting nothing short of a decimation of the Swazi population.

The business sector was losing its all-important resource, labour, as employers faced the increased absence of employees through ill-health. The agricultural sector was estimated to be experiencing labour productivity losses in excess of 25%. The health sector was flooded with in-patients, and hospitals were fast becoming unable to cope, and increasingly fell upon the need for home-based care services.

The extended family unit, which has always been the bedrock of Swazi society, became painfully stretched by the burden of care. As the crisis deepened, a substantial



segment of the Swazi population became one of single parent households, and even grandparent-headed households, and finally child-headed households.

In addition to the very serious humanitarian tragedy for individuals and families, the impact of these macroeconomic destabilizers was felt in company profits and lower tax revenue for Government, while at the same time it was necessary to find additional resources from the *public purse* in order to tackle HIV and AIDS.

A truly significant moment in our national response, was the point at which that response was re-engineered to become cross-sectoral. This was in 1999 - the time when the highest political commitment to an all-round response to HIV was demonstrated with His Majesty King Mswati III declaring HIV as a national disaster and calling HIV *Indzaba yetfu sonkhe* - a call for all persons, sectors and partners to come together to make a difference.

The National Development Strategy (NDS) explicitly identified HIV as a multi-sector threat to development efforts and lays down multi-sector action as fundamental to an effective response.

In response to the crisis, His Majesty's Government, in collaboration with international partners, established structures and strategies to address and mitigate the HIV/AIDS epidemic. Swaziland became one of the first countries to set up a multi-sectoral coordinating body (NERCHA), a strategic plan and a sound monitoring and evaluation system. This ensured that every Swazi was meaningfully involved in the response "*Yindzaba yetfu Sonkhe*."

It is important to note, albeit briefly, the substantial progress that we have made in the ensuing years. In the first instance, Swaziland is moving steadily towards its target of eliminating mother-to-child HIV transmission by



2015, around 40% of the population know their HIV status, and over 80% of those known to be eligible for antiretroviral (ARV) treatment are currently receiving it.

Beginning in the 2009/10 financial year, His Majesty's Government took up the responsibility to fund the national ARV drugs requirement. And, despite the fiscal challenges the public sector has faced since that time, Government's funding commitment has been sustained and there have been no lapses in supply of the necessary drugs.

One has to be careful using the word "success" when the battle has been against a disease which has caused so much human and economic damage, the effect of which will still be felt for many years to come, within families and the economy. And for which there is no known cure. But in rolling out treatment and removing the death sentence to which HIV status amounted in those early days, we have contained the impact of the pandemic to a remarkable degree.

- ✓ HIV prevalence among adolescents (15-24 years) is on the decrease. Children, who were out of school, are back in class and receiving meals in schools and their communities. Communities themselves have established local response structures, rooted on traditional systems. HIV services have been expanded to a majority of health facilities and programmes through mainstreaming.

And at the root of the progress we have made is that most productive of human activities – partnership. From major development partners to non-government organizations to chiefs and communities it is the collaboration from partnership that is the most conspicuous catalyst in achieving such progress. While national spending on HIV is on the increase, that partnership is seeing a bigger private sector contribution and use of domestic resources,



thereby reducing reliance on external support. Plans for an HIV Resource Mobilisation strategy are underway.

The theme for World AIDS Day 2012 is "Getting to Zero" meaning - *Zero new infections, Zero Stigma and Discrimination and Zero AIDS-related deaths.*

For us, those targets represent a very significant challenge, calling for collective efforts from individuals, stakeholders, and development partners. Prevention remains crucial to the curbing of HIV/AIDS and, quite obviously, is the main initiative to secure the objective of zero new infections. We are not there yet and, while on an improving trend, the level of new infections is still too high.

This, while assisted by technically valuable measures such as male circumcision, basically demands a fundamental change in individual behaviour. I do very much hope that our multi-sectoral partnership will continue to come out strongly on the issue of commitment to loyalty and faithfulness in sexual partnerships and a condemnation of that principal cause of new HIV infections – multiple concurrent sexual partnerships.

Reducing the AIDS related deaths down to zero is very closely related both to stigma and denial!. Where stigma remains, denial will stay entrenched and the essential actions of testing and treatment will remain off the agenda. If society can once-and-for-all remove the stigma, more people will test, more people who are found to be eligible for ART would be taking the drugs, prolonging their own lives and preventing more new infections. Because those on ART will generally have far lower viral loads and therefore be less infectious. What is the alternative? Quite simply – those who fear stigma so much that they eventually lose their lives for lack of testing and treatment, and in so doing, endanger others.

On a day such as this, where every individual wants to make some expression of support for the global fight

against HIV and AIDS, it is for me to thank the People living with HIV who have publicly shared their HIV status and have influenced others to do so. I must add our deep appreciation for the excellent work that has been done by volunteers, Civil Society organizations, the private sector, churches, traditional structures and the public sector in making their contribution to the National Response.

Swaziland alone would not have made such strides without the support of the United Nations family, the donor community, and especially our bilateral and multilateral partners.

Our country has made substantial progress in the National Response. It is eminently possible to reach that golden target of an HIV-free generation in Swaziland but this is one target where we are dependent on every individual within the relevant category, and I mean every individual, being committed to *making the difference* through their own personal behaviour.

Thank you.