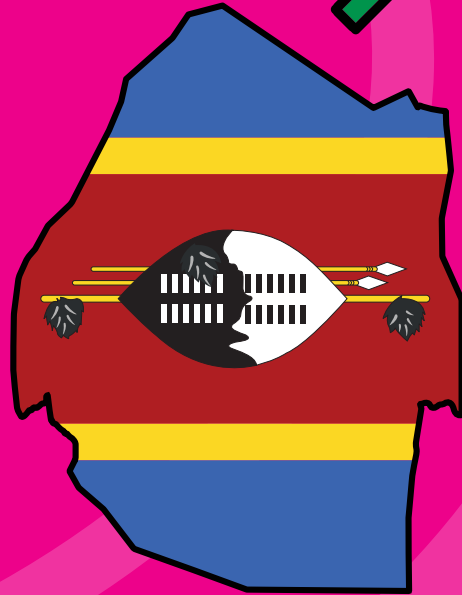
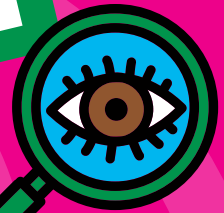


ESWATINI



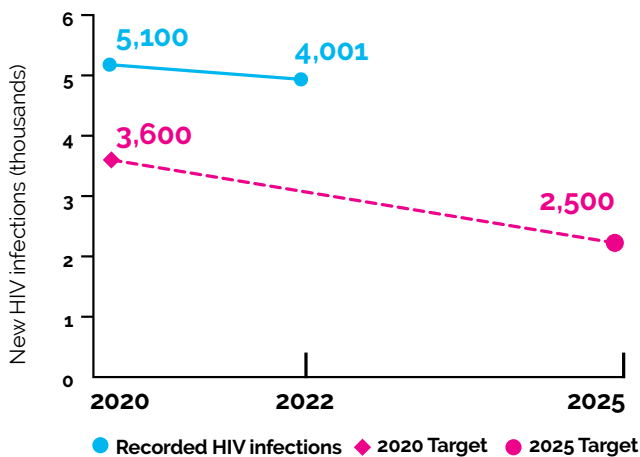
**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

SUMMARY OF CIVIL SOCIETY ANALYSIS

Eswatini has made substantial progress in controlling the HIV epidemic. A new five-year National Strategic Plan (NSP) is in development, and a new national HIV prevention Road Map is nearly in place. Accurate population size estimates (PSE) are available for most key population groups, providing a solid foundation for targeting prevention strategies. The government is also dedicated to promoting community-based interventions, with clear targets designed to boost the provision of essential HIV services in communities.

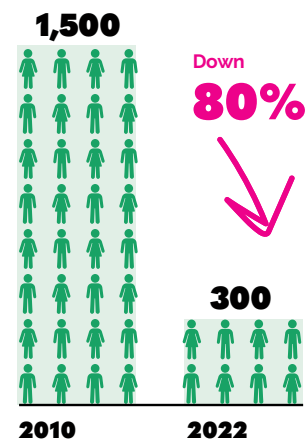
However, there are still some significant challenges. Formal social contracting mechanisms are still not in place, and progress towards increasing the low levels of domestic financing has been slow. Civil society has also expressed concerns regarding irregular financial reporting and a lack of financial transparency. They are calling for a fuller role for civil society and communities in designing, implementing and monitoring the national HIV response.

NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

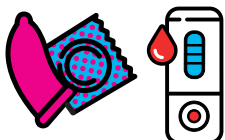


KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2022	2022	2022	NO DATA
Estimated HIV prevalence	60%	27%	NO DATA	NO DATA
HIV prevention service coverage	9%	29%	37%	NO DATA
Avoidance of healthcare due to stigma and discrimination	34%	24%	NO DATA	NO DATA

Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

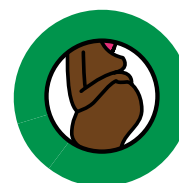
INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

✓ Integrated in some health facilities

Source: [National Commitments and Policy Instruments Database](#)



100%

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

STRUCTURAL BARRIERS



LEGAL ENVIRONMENT

	Criminalised?
Same-sex sexual acts	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	CRIMINALISED
HIV transmission, non-disclosure, or exposure	NO DATA

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

GENDER VIOLENCE



NO DATA

Women who experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

STIGMA



Latest stigma index report conducted in

2019

Source: [Global Network of People Living with HIV \(GNP+\)](#)

FINANCING



15% Abuja Declaration target

10% of government budget to health expenditure

Source: [UNICEF](#)



International funding for HIV prevention

5%

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

95%

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✓ Yes, for adolescents aged over 12 years



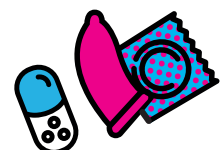
HIV testing without parental consent

✓ Yes, for adolescents aged over 12 years



National CSE curricula in place

✓ Yes, primary and secondary

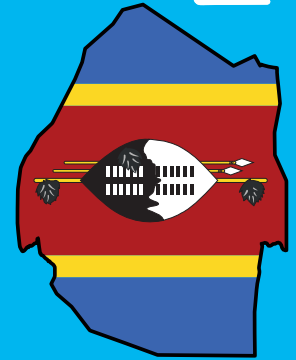


49.53%

Knowledge of HIV prevention amongst adolescents (aged 15–24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

ESWATINI



PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Eswatini's current National Multisectoral HIV and AIDS Strategic Framework 2018–2023 (NSF) came to an end this year and an extensive evaluation was carried out. This highlighted the need for increased investment in under-prioritised areas, including key population programming, programmes for adolescent boys and men, and programmes designed to reduce vertical transmission, in addition to addressing the underlying structural barriers that drive new HIV infections.

The government is developing a new five-year integrated Tuberculosis (TB) and HIV National Strategic Plan (2023–2027). Eswatini's National AIDS Programme (ENAP) organised workshops with civil society and key population networks to identify gaps and prioritise actions. A draft plan is now in the validation stage, with input from civil society.

Accurate population size estimates (PSE) now exist for most key population groups. In 2020–2021, a second Integrated Biological and Behavioural Surveillance (IBBS) survey was conducted for female sex workers and men who have sex with men. Two annual hotspot mapping exercises for these populations were conducted, including people who inject

drugs and transgender people, resulting in a 76% increase in the number of hotspots identified. However, addressing data gaps for prisoners remains a challenge.

The most recent Eswatini Demographic and Health Information Survey (DHS) was conducted almost 16 years ago. There are no plans to carry out a new DHS due to limited resources. Other surveys, such as the Multiple Indicator Cluster Survey (MICS), Eswatini's HIV Incidence Measurement Survey (SHIMS) and the Services Availability Mapping (SAM) are conducted much more regularly. However, the full reports are not widely available.

RECOMMENDATIONS

- ✓ Conduct an up-to-date population size estimate for prisoners (working with the United Nations Office on Drugs and Crime – UNODC), and for trans and gender diverse people.
- ✓ Conduct a full DHS to address gaps and complement data collected through other population-based surveys and ensure that results from population-based surveys are shared promptly.

ACTION**2****PRECISION PREVENTION APPROACH**

Eswatini is on the verge of meeting the Joint United Nations Programme on HIV and AIDS (UNAIDS) [95-95-95](#) targets. However, progress on other areas of the response is less clear. A comprehensive Results Framework was included in the old NSF, broken down by output and outcome targets for most pillars, including condom use and distribution, voluntary medical male circumcision (VMMC) and pre-exposure prophylaxis (PrEP).

Targets on reducing gender-based violence (GBV) and stigma and discrimination towards men who have sex with men and female sex workers were also included. However, there was a notable absence of specific targets related to addressing legal and policy barriers – perhaps because this falls under the Ministry of Justice. There are only a limited number of targets related to key population programming. Advocates want to see these gaps addressed in the new NSP and Results Framework.

The HIV Prevention Technical Working Group (TWG) is chaired by the National Emergency Response Council on HIV/AIDS (NERCHA), and meets quarterly, but there is a need for more active participation and involvement for civil

society and community networks. The coordination of other TWGs – including groups on key populations, sexual and reproductive health and rights (SRHR) and young people – is ENAP's responsibility. These groups function effectively, but certain issues, like GBV and psychosocial support for key populations, are sometimes overlooked.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is supporting the creation of a new key population consortium, which will take over the coordination, meetings and strengthen advocacy for these groups, allowing the TWG to focus on providing technical assistance and programme support.

RECOMMENDATIONS

- ✓ Ensure the new NSP Results Framework addresses the gaps outlined in the end-of-term evaluation of the NSF (2018–2023) and includes specific targets on legal barriers.
- ✓ Develop specific targets to track service coverage and condom use for all key population groups.

ACTION**3****COUNTRY INVESTMENT NEEDS**

Approximately 10% of total government budget currently goes towards health, falling short of the Abuja Declaration target of 15%.

The new National Strategic Plan (2023–2027) is fully costed, but a final version has not yet been shared. Data on governmental expenditure is released, but not annually. The most recent National AIDS Spending Assessment (NASA) was expected to be completed in 2022, but is not yet available. This irregular reporting makes it difficult for civil society to track levels of investment.

The most recent NASA report (2016–2019) revealed a 12% increase in HIV prevention spending between 2016–2017 to 2017–2018, and a further 3% increase in 2018–2019, despite funding cuts from PEPFAR and the Global Fund.

In 2018–2019, the highest expenditures for HIV prevention were for programmes targeting children and youth (28%), followed by VMMC (15%) and condoms (13%). Programmes specifically for adolescent girls and young women accounted for 10%, with PrEP accounting for 2% and key population programming accounting for less than 1% of prevention spending. Notably, in 2018–2019, 40% of Eswatini's HIV budget came from domestic sources, although domestic financing for HIV prevention was lower at 5%.

In 2018–2019, 40% of Eswatini's HIV budget came from domestic sources, although domestic financing for HIV

prevention was lower at 5%. International donors contributed more than 75% of funding for advocacy and human rights programmes. Advocacy on financing is challenging due to a lack of information available to properly influence budget decisions.

There is currently no public health insurance scheme in Eswatini, with a draft National Health Insurance (NHI) Bill under review by the Ministry of Health (MoH). These discussions have been informed by the National Health Policy (2018) and the new National Health Sector Strategic Plan, which is currently in development.

RECOMMENDATIONS

- ✓ Make financial data such as annual budgets and spending reports, including NASA, accessible to civil society, communities and the public in a timely manner, and enhance opportunities for civil society and communities to actively participate in financing processes and accountability.
- ✓ Develop a consolidated plan to increase domestic financing for health and bring Eswatini closer to the Abuja Declaration targets.
- ✓ Finalise the NHI Bill and the National Health Sector Strategic Plan, with support and input from communities and civil society organisations.

ACTION**4****HIV PREVENTION POLITICAL LEADERSHIP**

ENAP manages the day-to-day operations of Eswatini's HIV response and coordinates with other government departments, while NERCHA, under the Prime Minister's Office, provides strategic leadership and governance.

Despite successful programme performance, both departments face challenges. ENAP grapples with staffing and budget weaknesses and relies on external partners like PEPFAR and the Global Fund to fund key positions, particularly those working with key populations. This raises concerns about the long-term viability of the technical programme leadership.

NERCHA has served as the Principal Recipient since the Global Fund's inception and has a corporate strategy to diversify AIDS funding. However, it currently lacks a robust resource mobilisation and fundraising function. Efforts to enhance programme efficiency are ongoing, including staff re-deployment, but the full impact of these changes are yet to be felt.

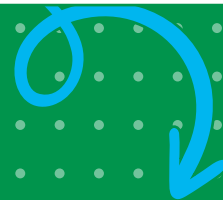
There is a need for enhanced coordination and monitoring at the Tinkhundla (an administrative subdivision smaller than a district) and chiefdom/municipality levels. Legislative and policy changes have been proposed to help decentralise public services, but nothing concrete has been finalised.

Greater coordination between government departments is needed to minimise duplication and optimise collaboration. Additionally, there is a need for ENAP to undertake regular mapping and tracking of private sector investments in HIV services.

Both ENAP and NERCHA are generally supportive of key populations. However, there is a widening schism between the nation's judicial and executive branches over lesbian, gay, bisexual, trans and queer communities' (LGBTQ+) rights, with the Eswatini Commerce, Industry and Trade Ministry defying a ruling from the Supreme Court allowing LGBTQ+ organisations to register.

RECOMMENDATIONS

- ✓ **Strengthen ENAP's staffing and budget to reduce its reliance on external partners and improve operational capacity.**
- ✓ **Finalise and implement legislative and policy changes to decentralise public services.**
- ✓ **Allocate additional funding and support to CSOs and community networks that are advocating for rights and enforce the Supreme Court ruling on the registration of LGBTQ+ networks.**

ACTION**5****COMMUNITY-LED HIV PREVENTION SERVICES**

Civil society is still able to influence conversations around health and development, despite Eswatini's absolute monarchy and political party ban. CSOs currently face no restrictions on international funding but a draft Non-Governmental Organisation (NGO) Bill – which looks likely to pass – could jeopardise their autonomy and ability to advocate effectively.

The recently ended NSF included targets for the strengthening of community systems and commitments to allocate more resources to the community response.

The government has a goal to raise the percentage of communities offering essential HIV services from 62% to at least 90% by 2025. While civil society welcomes this ambition, the government does not regularly report on this indicator and there are no specific frameworks or policies to guide this approach.

Although civil society and community networks contribute to policy discussions and attend TWG meetings, there is still limited involvement of community leaders in programme coordination. Insufficient funding has also led to gaps in programming.

The majority of CSOs still receive funding from external sources and donors. Within the most recent Global Fund

grant (GC6), CSOs received approximately 11% of the total HIV grant. Some CSOs receive grants from the government, but there are no clear qualifying criteria for these funds and no formal social contracting mechanism in place.

Some technical assistance is available but an overarching framework is not in place. NERCHA provides general oversight and quality monitoring, with support from donors and technical partners. Capacity assessments also identified a lack of standardised training programmes and limited skills and resources for organisations and individuals providing community-level care.

RECOMMENDATIONS

- ✓ **Establish clear and regular reporting on the government's progress towards the goal of increasing the percentage of communities providing essential HIV services to at least 90% by 2025.**
- ✓ **Implement clear criteria for CSOs to qualify for government grants and establish a formal social contracting mechanism.**
- ✓ **Develop a structure for regulating, overseeing and guiding all community health work, including regulating the minimum standards for service delivery at community level.**

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



Established in 2009, Eswatini's Human Rights Commission investigates potential violations of fundamental rights and freedoms, but reporting mechanisms are not clear and the Commission rarely publishes its reports. The lack of accountability for human rights abuses, including police brutality, perpetuates a culture of impunity.

Eswatini passed the Sexual Offences and Domestic Violence Act in 2018, after strong advocacy from civil society. While the Act has encouraged more GBV case reporting, further steps are needed to track cases from reporting to conviction. Programmes to support survivors also need to be scaled-up and strengthened.

In 2015, a thorough HIV legal environment assessment was conducted, identifying significant challenges, but the government lacks the political will or resources to implement the recommendations in full. A recent study found that 60% of LGBTQ+ people reported experiences of violence, demonstrating that specific legal protections are missing, with the law still criminalising same-sex sexual acts.

Sex work also remains illegal, pushing it further underground. Sex workers are exposed to high levels of stigma and violence, reducing their ability to access health services and negotiate safer sex. This vulnerability is compounded by the lack of targeted programmes for sex workers.

The extremely outdated Opium and Habit Forming Drugs Act of 1922 prohibits drug use. People who use drugs face high levels of stigma, and policies fall short of promoting a public health-based approach.

Eswatini uses the HIV Stigma Index to monitor stigma and discrimination, with the most recent study completed in 2019. Recommendations from this were not implemented fully. A new Stigma index is in progress and includes key populations.

Positively, the age of consent to access sexual and reproductive health services and HIV testing was lowered from 16 to 12 years in the Health Sector Policy. The Ministry of Education also introduced the Life Skills Education programme in secondary schools in 2016. Although it is comprehensive in scope and reviewed regularly, not all children are reached. To implement this curriculum more effectively, additional funding and monitoring are needed. Other obstacles remain, with condoms not available in schools.

RECOMMENDATIONS

- ✓ Work with other ministries towards the decriminalisation of same-sex sexual acts, sex work and drug use.
- ✓ Ensure that Human Rights Commission reports are published more frequently and that there is wide dissemination, with accountability for acting on the report recommendations.
- ✓ Provide training for law enforcement officials and introduce stronger accountability mechanisms to end police brutality.
- ✓ Increase the budget available for the Life Skills Education programme to reach more schools.



ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



Condom coverage is high, especially among men, with the Ministry of Health aiming to take over condom procurement and centralise storage. PEPFAR remains committed to procuring condoms and lubricant for key populations.

Eswatini is still struggling to achieve its voluntary medical male circumcision (VMMC) targets in 2022 due to the lingering impacts of COVID-19 and cultural barriers. To address this, the government is testing data-driven strategies to pinpoint underserved areas and men who were missed by previous campaigns.

PrEP is now offered to all eligible, HIV-negative individuals at substantial risk, including adolescent girls, pregnant/lactating women, sero-discordant couples, and key populations, excluding drug users. However, PrEP coverage is worryingly low. One of the biggest challenges is the availability of commodities, with stock outages from July–September 2023.

HIV prevention programmes for young women and girls and their male partners are available in 80% of high-priority districts. However, improvements could still be made, including expanding PrEP access for young women and integrating GBV reduction activities following the results of the 2022 Violence Against Children survey.

The NSF identifies all key populations, excluding prisoners, but lacks minimum service packages. Access to services for these groups remains insufficient, necessitating outreach and key population-sensitive providers. In 2021, the government introduced programming for transgender

people and people who inject drugs, focusing on basic clinical services and advocacy for an enabling environment, but fell short of a formal harm reduction programme. Sustainability and funding for these interventions both remain a concern.

The new national strategic planning process offers an opportunity to strengthen integration, not only with TB services but also with sexually transmitted infection (STI) prevention and reproductive maternal neonatal child and adolescent health services.

Integration is a priority, with an example being the multi-sectoral task team on GBV, however, there are irregular meetings due to funding constraints.

RECOMMENDATIONS

- ✓ Improve PrEP availability and manage stock-outs to enhance access.
- ✓ Increase funding for young women and girls' programmes to ensure all high-priority districts are covered with essential services.
- ✓ Develop, implement and fund comprehensive national minimum service packages for all key populations.
- ✓ Fully fund the work of the multi-sectoral task team on GBV, aligned with the implementation of a new sub-regional GBV initiative, and build on learnings from the National Multi-Sectoral Strategy to End Violence in Swaziland (2017–2022).



ACTION

8

NEW HIV PREVENTION TECHNOLOGIES



Two years ago, the World Health Organization (WHO) recommended event-driven PrEP for at-risk men. The event-driven PrEP dosing schedule was included in the updated national guidelines published in 2022 and the WHO provided training for non-PEPFAR sites and private facilities.

Eswatini approved the Dapivirine Vaginal Ring (DVR) in 2022 and is now conducting an implementation study in six facilities. Before the pilot, the Ministry of Health, with support from WHO and national partners, engaged stakeholders to gauge the product's acceptability. There are also funding commitments within the new Global Fund grant (GC7) to support the procurement and rollout of this new tool.

Cabotegravir Long-Acting Injectable PrEP (CAB-LA) is awaiting formal approval. To pave the way for its introduction, the Ministry of Health partnered with PEPFAR to conduct formative research to guide implementation. They engaged with representatives from various communities, including adolescent girls and young women, men who have sex with men, trans and gender diverse

people and sex workers, to understand their preferences for CAB-LA and to inform the rollout of this new tool.

The charity Médecins Sans Frontières (MSF) has been in discussions with ViiV Healthcare to access CAB-LA for implementation research with female sex workers and men who have sex with men. However, approval of this tool is needed before this can begin. Additional funding from Global Fund Matching Funds or PEPFAR will also be available in 2024–2025.

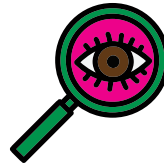
RECOMMENDATIONS

- ✓ Accelerate the process of registering CAB-LA and work with the creator and manufacturers to negotiate a more cost-effective price.
- ✓ As part of preparing for implementation, add both the DVR and CAB-LA into the PrEP guidelines, and fund civil society and community organisations to support their rollout, including demand generation activities.

ACTION

9

REAL-TIME PREVENTION PROGRAMME MONITORING



Eswatini is implementing a new web-based Client Management Information System (CMIS) for electronic medical records, with PEPFAR support since 2018. This system for clinical partners allows the Ministry of Health (MoH) to track health data at the national, district and community levels.

Before this, the MoH relied on a paper-based data management system, which made it challenging to monitor service users across different clinics or access their medical history. Now, when a person visits any health facility, their health history is readily available to facility staff.

CMIS is used to track data for all diseases, including HIV and TB. The system also uses unique national identification numbers to prevent double counting, although this is also a challenge when it comes to capturing data of criminalised populations that do not want to provide identifying information. Technical problems also occasionally lead to system downtime, resulting in gaps in data entry.

Data is collected through CMIS and is disaggregated by age, sex and location. This allows for greater analysis and better decision making. Community partners use the Swaziland HIV/AIDS Monitoring System (SHAPMOS), a new reporting

platform designed to aggregate data on community-led interventions. However, SHAPMOS faces challenges in providing feedback to communities.

There are a number of mechanisms through which data is supposedly reported and verified, including HIV Semi-Annual Reviews and Regional HIV Semi-Annual Reviews, as well as routine data quality management. The MoH is meant to generate quarterly reports to share at relevant meetings. However, the frequency of these meetings and the accessibility of data needs to be improved.

RECOMMENDATIONS

- ✓ Allocate resources for improved data use and feedback to civil society and other stakeholders.
- ✓ Link national reporting systems so that similar indicators are tracked across both platforms. This will allow for better data analysis and impact assessment.
- ✓ Offer capacity building for partners – especially CSOs – to align their reporting processes with national monitoring and evaluation systems (CMIS, SHAPMOS etc).

ACTION



ACCOUNTABILITY FOR HIV PREVENTION

10

A National HIV Prevention Road Map has been created with clear milestones, but has not yet been launched. It is aligned with the new NSF and accurately identifies gaps and challenges, covering both biomedical and behavioural aspects. It was developed in close collaboration with civil society and community groups.

There is strong and effective leadership at ENAP and the MoH. Investment in HIV is championed within the cabinet, and by the Prime Minister and Deputy Prime Minister's office.

Eswatini has implemented community-led monitoring (CLM) programmes funded by PEPFAR at selected sites. Since their introduction, they have been successful in creating a feedback mechanism to consolidate advocacy issues for engagement. However, these programmes do not specifically focus on HIV prevention and could be expanded.

Greater transparency is needed to ensure the government delivers on its commitments. While ENAP involves civil society and community organisations in strategy development and TWG discussions, there are still significant gaps that need to be addressed. Civil society

engagement in stock-taking meetings remains patchy and information is not routinely shared.

Additionally, civil society and community networks were not engaged on the submission of the Global HIV Prevention Coalition (GPC) survey that was submitted to UNAIDS earlier in 2023. They are also not routinely invited to participate in the validation processes for the annual Global AIDS Monitoring (GAM) data. Lack of budget transparency prevents advocates from holding the government to account on finances.

RECOMMENDATIONS

- ✓ Finalise and publish the new Road Map. This document should have clear milestones for each action, along with clear timelines and priorities.
- ✓ Actively involve communities and civil society in the validation of GAM data and ensure civil society has the opportunity to review the annual GPC survey data, including the progress report on national milestones.
- ✓ Expand the focus of CLM activities to include HIV prevention.



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

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