STATEMENT BY THE KINGDOM OF ESWATINI

Preamble.

The Kingdom of Eswatini reaffirms its commitment in scaling up prevention services and embraces the global prevention coalition targets. The country continues to work with partners and all communities to ensure that HIV/AIDS remains in the national development agenda. The vision of the country is to end AIDS by the year 2022 and reduce HIV incidence to less than 1 percent. There are three critical milestones on prevention;

I) Judicious leadership
II) Replication of best prevention practices
III) Generating granular data for programming and policy use

A) Judicious leadership

Review prevention policy and create an enabling environment for program delivery, accountability, responsibly, coordination and sustainable financing of prevention programs

Status core.

HIV prevention remains in the office of the prime minister to ensure a multisectoral approach. The HIV prevention policy was reviewed and launched in November 2019. The new policy reaffirms the country’s political commitment on prevention. Next steps include development of a prevention coordination framework and a policy implementation plan.

The country had established a high level HIV finance sustainability committee that is under the auspices of the prime Minister. The community task is to develop strategies to raise resources to sustain HIV, TB and malaria program
B) Replication of best service

The county is conducting a best practice analysis on national, regional and global HIV interventions. The aim of review is to rollout impact based interventions to populations and communities that are at high risk.

Status core

Programme reviews on prevention such as stepping stones and dreams who are targeting adolescent and young women were done as priority interventions. The findings will be used for scaling up the programs to national level.

The country with support of the world bank conducted an impact evaluation study on cash incentive, school attendance and HIV prevention. The study is used to inform government to develop social and structural programs for AGYW.

C) Generating granular data for programming and policy use

There is a need to generate community based data and link it with Health care service in the community. The country aims at using the 95.95. 95 goal not only as a national target but also at community level.

status core.

A new service coverage tool has been introduced to 27 zones. It hoped that the tool will be scaled up to all the zones.