

# AHF *in* SWAZILAND



## FACTS (UNAIDS/WHO, 2008)

Country Population	1.1 million
Persons living with HIV/AIDS	190,000
Persons in need of ART	59,000
Persons receiving ART	25,000

### 1 AHF Site:

#### LaMvelase Help Center, Manzini

AHF clients in care	2,749
AHF clients on ART	1,433

## BACKGROUND

Swaziland became independent in 1968, and though capital is Mbabane, its principal commercial city is the more populous Manzini. Life expectancy is only 40 years, due mostly in part to the extremely high adult HIV prevalence rate (26.1% according to UNAIDS/WHO) and 69% of the country lives in poverty.

Swaziland's response to the epidemic is led by the National Emergency Response Council on HIV and AIDS. In general, despite the Swaziland government's high level of political commitment to fighting the

spread of HIV, the response has been ineffective and prevalence rates have steadily increased since the first AIDS case was reported in 1987.

Condoms have been widely available in Swaziland since the 1990s but use remains unpopular. The government's Behavioral Surveillance Survey of 2002, however, showed that condom use among at-risk populations is relatively high; female sex workers reported 90% use of condoms. Behavior change campaigns have been generally ineffective and the same survey

found that risky behavior is common, despite high levels of knowledge regarding how HIV is transmitted.

The Swaziland government estimates that only 20% of people know their HIV status. Antiretroviral therapy (ART) has been free since 2003 but the lack of infrastructure and human resources greatly impedes effective treatment delivery. 59,000 people with HIV need ART but only 25,000 (42%) are currently receiving it. Further, rural populations have very limited access to VCT and health services.



## AHF's GLOBAL PROGRAM SINCE 2007

The LaMvelase clinic in Manzini, Swaziland has been operating since September 2007, engaging in rapid scale up of treatment and care by a dedicated team. The LaMvelase Help Center provides the full continuum of integrated HIV/AIDS services, providing free confidential HIV/AIDS testing and counseling and, if needed, high-quality HIV/AIDS care and treatment. In AHF's family care model, parents are encouraged to bring their children and husbands and wives are encouraged to come together. In the past year, the client numbers have nearly doubled, with the clinic providing treatment and care services to over 2,200 people living with HIV/AIDS, including 48 pediatric patients. Patients on the waiting list at the government clinics were able to transfer to the LaMvelase for more immediate access to ART.

The clinic is a partnership between AHF, the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), and the Family Life Association of Swaziland (funded by Population Services International). AHF works in close partnership with Baylor University's program that focuses on pediatrics, and refers many of our pediatric cases to that specialized center. Before the opening of LaMvelase Help Center, Manzini, the largest city in Swaziland, had only one hospital providing ART. The strong partnership between the NGO partners in Swaziland ensures that all people who visit the clinic receive the best possible care. Other partners include the Kingdom of Swaziland's Ministry of Health, and the Manzini City Council.



HIV Mass Testing Initiative 2008

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## AHF MODELS OF CARE

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### Current Partners:

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Kingdom of Swaziland Ministry of Health

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Manzini City Council

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Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level

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Family Life Association of Swaziland

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### Models of Care:

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HIV Counseling and Testing

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Direct Care

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Training and Supervision

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