

CDC in Swaziland

Factsheet



Staffing
3 U.S. Assignees
3 Locally Employed

Impact in Swaziland

- Antiretroviral treatment reached over 85 percent of those eligible for treatment (79,000 persons) in 2012
- High-quality HIV testing and counseling services served over 180,000 men, women, and children (including most at-risk populations) in 2012
- Collaboration with the Swazi National Reference Laboratory resulted in drastically reduced turn-around time for key HIV and TB diagnostics
- Baseline was completed for the first-of-its-kind Swaziland HIV Incidence Measurement Survey

The Centers for Disease Control and Prevention (CDC) began supporting Swaziland in 2004 and opened a field office there in 2007. With 26 percent of adults in the 15-49 age group HIV positive, Swaziland has the world's highest estimated prevalence rate of HIV-infected adults. In addition, Swaziland's tuberculosis (TB) incidence rate is the highest in the world and 80 percent of TB patients are co-infected with HIV. CDC works closely with the Ministry of Health (MoH), WHO, International Centre for AIDS Care and Treatment Programs, and other partners in building health systems for a sustained response to the epidemic.

Top 10 Causes of Death in Swaziland

1. HIV	37%	6. Tuberculosis	4%
2. Lower Respiratory Infections	6%	7. Interpersonal Violence	4%
3. Diarrheal Diseases	5%	8. Diabetes	3%
4. Cancer	5%	9. Ischemic Heart Disease	3%
5. Stroke	4%	10. Chronic Obstructive Pulmonary Disease	2%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

HIV/AIDS

CDC provides comprehensive technical and financial support for HIV/AIDS prevention, care, treatment, strategic information, and systems strengthening activities as described in the following paragraphs:

Prevention

CDC has a long-standing partnership with the MoH, WHO, and other partners to expand HIV testing and counseling services in facilities and communities throughout the country. Through two grants to strengthen HIV testing and counseling, CDC is supporting the MoH to improve coverage and quality of couples testing, testing for men, and optimizing testing within outpatient and inpatient departments.

Care and Treatment

CDC supports the MoH in increasing access to comprehensive HIV care services for all persons living with HIV/AIDS. These services include providing high quality antiretroviral treatment; screening and referral for TB services; and promoting good hygiene, nutritional practices, safe drinking water, abstinence, and partner reduction. Access to antiretroviral therapy (ART) has increased sharply since 2005. In 2012, the ART program reached over 85% percent of those eligible for treatment based on WHO and national guidelines. CDC also supports community outreach to help persons living with HIV/AIDS continue to receive care and to adhere to their prescribed ART treatment. Significant effort has gone into strengthening systems to improve referrals and linkage to care from testing and quality improvement. In addition, CDC addresses drug-resistant TB through developing multidrug-resistant TB management guidelines, case recording, and improved laboratory surveillance. In collaboration with Medecins Sans Frontieres, CDC supported completion of a national Biosafety Level 3 laboratory for enhanced TB diagnostics.



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Strategic Information

CDC supports the MoH in developing innovative systems to improve collecting and utilizing data that guides strategic decision making. This includes a first-of-its-kind national HIV survey and study to improve linkage of persons newly diagnosed with HIV to care services. Supported technically and financially by CDC, the Swaziland HIV Incidence Measurement survey (SHIMS) provides information to evaluate combination HIV prevention efforts including the national medical male circumcision campaign. Findings from the first phase of SHIMS indicated that HIV prevalence in Swaziland remains high at 32% among the age group 18-49, but that prevalence has sharply declined in men and women under age 25 since 2006. CDC is supporting a redesign of the ART/TB client management information system to improve user friendliness and is providing hands-on training to encourage data use at the facility level. A computer software dashboard has also been developed to analyze data from satellite facilities separately from those of the main ART centers. National ART outcomes and costing studies are being completed in 2012 and, for the first time, will provide the country with cost-effectiveness information on which to base program decisions.

Swaziland at a Glance

Population:	1,109,000
Per capita income:	\$1,510
Life expectancy at birth women/men:	58/54 yrs
Infant mortality rate:	78/1000 live births

Population Reference Bureau World Population Data Sheet, 2011

Systems Strengthening

CDC assisted the MoH in establishing and strengthening the National Blood Transfusion Service in 2011 and is currently supporting their efforts to reach their donor recruitment target of 18,000 units. Collaboration between CDC and the Swazi National Referral Laboratory resulted in drastically reducing the turnaround time for key HIV and TB diagnostics through innovative sample transport systems and by building new cadres of laboratory staff to address emerging needs. CDC has also supported human resource development in the MoH to improve leadership skills for planning, quality assurance/improvement, evaluation, and coordination.

Global Health Initiative

CDC Swaziland operates in the context of a "whole of U.S. Government (USG)" approach, applying the Global Health Initiative (GHI) principles to expand the impact and sustainability of its health investments, while engendering ownership within Swazi institutions for the long term. In close partnership with other U.S. government agencies and key Swazi stakeholders, CDC is leveraging its strong HIV program presence on the ground as a platform for addressing GHI-Swaziland focus areas: integration of programs for prevention of mother-to-child transmission of HIV and maternal/neonatal/child health; research and evaluation for innovation; addressing harmful gender norms; and health systems strengthening.



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