



**Permanent Mission of the Kingdom of Swaziland
to the United Nations**

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**STATEMENT DELIVERED BY
HIS EXCELLENCY THE RIGHT HONOURABLE
ABSALOM THEMBA DLAMINI
PRIME MINISTER OF THE KINGDOM OF SWAZILAND**

**ON THE OCCASION OF THE COMPREHENSIVE REVIEW OF THE
PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF
COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION
ON HIV/AIDS**

**NEW YORK
JUNE 10, 2008**

Mr. President
Mr. Secretary-General
Excellencies Heads of State and Government
Distinguished Delegates

I am delighted to join other delegations at this summit to review progress made in the fight against HIV and AIDS.

In this regard, I have the honour to deliver this statement on behalf of His Majesty King Mswati III who could not personally attend due to other equally important commitments.

As you may be aware, the Kingdom of Swaziland is among the countries hardest hit by the HIV/AIDS pandemic, as estimated by our demographic and health survey of 2006/7, that 26% of the population between the ages 15-49 years are infected with HIV.

Mr. President,

Since the last review period in 2005/6, the Kingdom of Swaziland has made great progress in the national response to HIV and AIDS. This has been a result of collective efforts by the government, multilateral and bilateral partners, national and international non-governmental organisations, community based organisations, faith based organisations, the private sector, support groups of people living with HIV and the community at large.

A major achievement for the country has been evident in the decreasing of HIV prevalence among the youth less than 25 years old. Data from HIV sentinel survey among ante-natal clients show a decline in HIV prevalence in the age 15 – 19 years from 32.5% in 2002, to 29.3% in 2004 and 26% in 2006. This Mr. President brings hope and encourages us to step up efforts towards reducing new infections.

Awareness and knowledge on HIV and AIDS continues to be reasonably high in all sections although genuine translation to positive behaviour change in many aspects remains a challenge.

Mr. President,

HIV testing and counselling continues to be an integral component of the national response. As you know, this is the entry point to HIV prevention, treatment, care and support services. It is also a vital ingredient in reducing stigma and discrimination associated with HIV and AIDS.

Data from our routine monitoring and evaluation reports shows that as of December 2007, 25% of the population in the country have tested and know their HIV status. The target for 2010 is to have at least 50% of men and women age 15 – 49 years having tested and knowing their HIV status.

Mr. President,

Implementation of a Comprehensive Prevention of Mother to Child Transmission (PMTCT) Program remains one of our national priority areas in the quest to save lives of newborns and their parents. Since 2004 the country has increased the proportion of facilities providing the services from 10% in 2004 to 71% by end of 2007.

As of December 2007, 65% of HIV-positive pregnant women received anti retroviral drugs to reduce the risk of mother to child transmission. The target is to enrol at least 80% of these women by 2010. Our challenge however is dealing with the significant percentage of women who give birth outside of health facilities.

Mr. President,

In the area of care and support, the country has seen significant progress, as it is one of the few countries that achieved the WHO 3 by 5 target. The momentum gained during this period has seen the country increase the number of facilities providing Anti-Retroviral Therapy (ART) services from one in 2003 to 51 in December 2007, with plans to further decentralise access to the primary health care level.

The number of people on ART increased from 383 in 2003 to 24,535 by December 2007. This is 42.1% of the estimated number of people in need of ART. The country targets to enrol at least 60% people living with HIV on ART by 2010.

Mr. President,

The country is stepping up its fight against HIV/TB co-infection. All TB patients are offered HIV testing, counselling and prevention of TB among HIV positive patients is done.

Mr. President,

The Swaziland Government is committed to strengthening ART patient follow up and drug management systems including capacity of the laboratory services and the overall human resources for health. On behalf of His Majesty's Government, may I take this opportunity to request assistance from the international community in this regard.

Mr. President,

In relation to impact mitigation strategies, the country's focus is on the provision of basic support to children and the elderly. As such, the Government has set-up funds and community-based social safety nets to address the plight of the elderly, orphaned and vulnerable children (OVCS).

Over 40% orphans and vulnerable children ages 0 – 17 years receive free basic external support in their households. The Government target is to reach 61% by 2010. The challenge however, is to strengthen the provision of food, shelter and psychosocial support in the context of an increasing number of OVC'S.

His Majesty's Government remains committed to achieving the targets set in 2001 and the 2006 Political Declaration by the General Assembly. We highly appreciate the valuable support we continue to receive from our development partners, the international community, especially the invaluable support from the Global Fund, and UNAIDS to name but a few.

Mr. President,

This forum affords us as members of the UN family, an opportunity to share our experiences; and also invigorate our political commitments and efforts, in our fight against HIV and AIDS. Our vision is an HIV/AIDS free Swaziland, which we believe, can be achieved with your technical and financial support.

I thank for your attention.