



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

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**Statement by**

**His Majesty King Mswati III  
Head of State of the Kingdom of Swaziland**

**at the**

**2006 High-Level Meeting on AIDS  
United Nations General Assembly**

**2<sup>nd</sup> June 2006  
New York**

President of the UN General Assembly  
Your Excellencies Heads of State and Government  
The United Nations Secretary General  
Ladies and Gentlemen

I am pleased to join other heads of state and government at this summit to review the progress we have made in our fight against the HIV and AIDS pandemic which has engulfed the whole world. For instance, statistics reveal that in Sub Saharan Africa about 3million people died of AIDS related sicknesses in the year 2005.

Our fight against the scourge has been made more difficult for us in developing countries because we still have the challenges of small economies characterized by poverty, unemployment and emerging disasters that often shift focus and divert resources from the HIV/AIDS war.

Our health systems have been strained by the disease burden due to AIDS. The presence of TB and Malaria in Africa further complicates the problems of HIV and AIDS.

The high costs of treating opportunistic sicknesses is beyond the means of our people. Government is forced to pay for such costs. In addition, we are loosing our skilled human resources to developed countries.

Worst still some of our countries have been classified as middle income states and thus been deprived of certain support and assistance in spite of the attacks we suffer under this pandemic. This unacceptable position must be reviewed without delay because the pandemic has negatively affected our fragile economies.

What is clear is that the prevalence rate is not showing any signs of decreasing at the rate that we would like to see. It is clear that HIV/AIDS is a serious disease especially when you look at the number of people that are dying of aids. This disease requires commitment from all of us.

Allow me Mr. President, to use my country as a demonstration of the relentless efforts we have made in fighting HIV and aids since 2001.

I am happy to say that as a country we have been fully committed and willing to fight the pandemic.

I declared the pandemic as a national disaster in 2001. A national AIDS council (NERCHA) was established through an act of parliament in 2003.

Over the years there has been significant increase in the allocation of resources. Through the multi-sectoral approach the country has been able to put in place interventions to address, manage and mitigate the impact of the epidemic at all levels of society despite the meagre resources.

With the assistance of the global fund and other international cooperating partners, we have successfully managed to fulfil the Three - One principle by establishing one national coordinating body, One monitoring and evaluation plan and One HIV and

AIDS national strategic plan. This has been achieved through a wider consultative approach with all stakeholders.

The National Development Strategy (NDS), Poverty Reduction Strategy Paper (PRSP), and SPEED highlight HIV and AIDS as a national priority.

Our national policies highlight HIV and AIDS as a priority and call for accelerated universal access to prevention, care, treatment and support.

Since 2001, Swaziland has scaled up preventive strategies targeting young men and women aimed at reducing the HIV prevalence rate.

HIV and AIDS prevention remains a priority in the workplace. With support from the UN agencies and other developing partners, we have also intensified the work place HIV prevention program, through a coordinated tripartite mechanism.

Through the reproductive health program Swaziland has successfully accelerated prevention of mother to child transmission of HIV.

These strategies are informed by behavioural studies indicating the factors that are influencing the spread of the epidemic. In spite of these interventions HIV prevalence has remained high, due to a high unemployment rate, coupled with a youthful population, high consumption of alcohol and multiple concurrent sexual relationships.

However recent studies are showing signs of stagnation and decline within the 15 – 24 age group, especially after the reintroduction of our traditional values and methods of abstinence.

Therefore we shall continue to intensify prevention programs targeting the youth through our traditional, cultural and evidence based behavioural interventions.

The Kingdom of Swaziland has successfully rolled out Antiretroviral Therapy (ART) in all hospitals. **Swaziland is one of the few countries in sub Saharan Africa which have met the three by five target set by the World Health Organization.** As of march 2006 more than 50% of the patients eligible for ARV's have been enrolled.

In view of the relationship between TB, HIV and AIDS, we have integrated TB, HIV and AIDS services which are free and accessible to communities through the scaled up Direct Observed Treatment Short course (DOTS). HIV Testing and Counselling (HTC) is provided in all hospitals and some clinics.

HIV testing has increased from less than 3% to 10% of the total population.

The country is faced with the ever increasing number of orphans and vulnerable children resulting in high number of child headed households.

Therefore, we have embarked on a program of ensuring that all children have universal access to quality health services, food, shelter and primary education. Education for Orphans and Vulnerable Children (OVC) is free.

Through our traditional neighbourhood care points, (Kagogo Centres and Indlunkhulu) we provide the OVCs with shelter, food and elderly supervision to give them life skills to grow up like other children, so that they secure a good future.

In 2005, the Kingdom of Swaziland ratified the convention on elimination of all forms of discrimination against women. The process of domesticating the provisions of this convention is in progress.

The Constitution of Swaziland of 2005 contains a bill of rights enshrining the rights and privileges of the people of Swaziland, included therein are the rights against discrimination.

I am happy to report that my country has a successful malaria program. More than 60% of the population has access to malaria treatment within 24 hours of onset of symptoms. Deaths attributed to malaria have been reduced from more than 80 in 2000 to less than 10 in 2005 and clinical malaria cases reduced from about 45000 in 2000 to 7500 in 2005. My country has continued to achieve more than 90% coverage of indoor residual house spraying in targeted areas over the years.

Due to the recognition of our successful malaria program, we have been requested and accordingly provided technical support to a number of member states.

In conclusion I am confident that this summit shall come up with meaningful solutions and workable strategies, and not be a disappointment to the people we are representing here.

In order for us to meet the millennium development goals, HIV and AIDS remains a challenge. All our achievements, so far, have been made possible by the invaluable support of the global fund and other development partners and we are profoundly grateful to all of them.

Since the donor community and our development partners are now aware of the magnitude of the problems that we face, I am confident that their commitment and assistance will match the seriousness of the situation, prevailing in our countries as a result of the pandemic.

Amongst other things, as a matter of urgency, we request for assistance in capacity building and compensation for the human resources that we continue to lose to the developed world, at such a critical time.

I thank you!