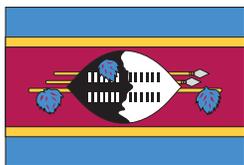


Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa



Country Profile: SWAZILAND

Despite tremendous progress scaling up AIDS treatment, care, and prevention services over the past decade, the epidemic among gay men, other MSM, and transgender individuals continues to grow. With 26.1 percent of adults living with HIV, Swaziland has the highest adult HIV prevalence rate in the world.¹ Among MSM, prevalence is estimated to be as high as 16.7 percent, yet there are few programs specifically aimed at addressing the epidemic in this neglected population.² Though international donors have adopted policies to address the epidemic among key populations, these commitments are not being upheld by current levels of funding or implementation.

Stigma and discrimination against this population are commonplace. Laws that criminalize same-sex practices further marginalize and prevent access to life-saving programs. As a result, these men and women struggle to obtain the most basic health services, such as condoms, lubricant, and HIV testing.

In the report, **Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa**, amfAR, The Foundation for AIDS Research and The Johns Hopkins University Center for Public Health and Human Rights document the current state of the AIDS response for gay men, other MSM, and transgender individuals in six Southern African countries: Botswana, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe. What follows is a summary of the findings for Swaziland and recommendations for moving forward. For the full report, please visit www.amfar.org/gmtreport. All data current as of May 2013.

LIMITED FUNDING FOR MSM-SPECIFIC PROGRAMS

The government of Swaziland has not directed any public funding toward HIV programs specifically targeting MSM. International donors, specifically The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States government (via PEPFAR), have made efforts to adopt progressive policies toward gay men, other MSM, and transgender individuals, but

implementation of these policies has been inconsistent on the ground.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

To date, Swaziland has received \$155.1 million in approved HIV funding from The Global Fund, yet there are currently no Global Fund supported programs specifically designed to reach gay men, other MSM, or transgender individuals in the country.

MSM were not listed as a most-at-risk population (MARP) in the country's unsuccessful Round 10 proposal, which claimed that "evidence of men having sex with men is insufficient in Swaziland."³ However, MSM were included in a draft of Swaziland's application for Round 11, but the round was ultimately cancelled.

MSM were among the groups included in the definition of key populations in the country's successful application for support



from transitional funding mechanism. However the proposal did not describe any specific activities that would target the population.⁴

United States Government

There is no mention of MSM in Swaziland’s 2008 or 2009 country operational plans (COPs).

In 2010, a total of \$1,083,000 was proposed for MSM-specific activities—approximately 9 percent of the total eligible COP. HIV counseling and testing for MSM, as well as female sex workers and mobile populations, was listed as one of 13 activities identified for an \$833,000 mechanism to be implemented by Population Services International (PSI). A \$50,000 mechanism in which scale-up of HIV counseling and testing for MSM, female sex workers, and mobile populations was listed as an activity was also included. Additionally, \$200,000 was earmarked for a Johns Hopkins University implemented prevention program targeting MARPs, including MSM.

In 2011, PEPFAR revised its definition of MARPs to include MSM, but not transgender individuals.

PUNITIVE LAWS, STIGMA, AND DISCRIMINATION⁵

There are no laws in Swaziland that specifically prohibit homosexuality, but same-sex practices are understood to be illegal under the Sodomy Act. Same-sex practices can also be charged as indecent acts or a public nuisance under common law.

What is criminalized?	What are the punitive measures?
Anal sex between men is criminalized under common law	No specific punishment

Stigma and discrimination against gay men, other MSM, and transgender individuals are common. A study published by USAID’s Research to Prevention task force found that over one-third of MSM in Swaziland reported having been tortured due to their sexual orientation.⁶ The same study found that about one in five (19 percent) of respondents felt that they had received lower quality medical care due to their sexual orientation.

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The government’s lack of interest in addressing the needs of MSM has allowed such stigma and discrimination to flourish; some government officials, including the prime minister, have denied the very existence of MSM in the country.⁷

While the situation for MSM in urban areas has shown signs of slight improvement, it remains far worse in rural areas where stigma associated with same-sex practices is especially strong. This growing gap perpetuates an urban bias in the provision of healthcare services for MSM as none of the organizations providing such services have branches in rural areas.

MOVING FORWARD

UNAIDS’s new Investment Framework, The Global Fund’s 2012–2016 Strategy Framework, and PEPFAR’s *Blueprint for Creating an AIDS-Free Generation* all emphasize the need to target MSM and transgender individuals. However, to date, implementation lags far behind these policies.

Despite the many challenges that persist, there are also signs of opportunity.

Though government denial and inaction persists, the National Strategic Framework (NSF) has recognized that there is a gap in services for MSM.⁸ While it does not propose any specific strategies for addressing this, the inclusion of MSM in the NSF offers hope for a more comprehensive response.

Some civil society organizations have undertaken work of relevance to the greater LGBT community, including awareness raising and capacity building. Swaziland for Positive Living (SWAPOL) initiated a program in 2010 with support from the Open Society Initiative for Southern Africa aimed at creating awareness on LGBT issues. SWAPOL is also providing training on human rights and advocacy for MSM. PSI, with support from PEPFAR, has begun providing condoms and condom-compatible lubricant for distribution through peer networks in a limited number of settings. The Family Life Association has also opened two clinics to provide targeted treatment of STIs for MSM under the age of 24.

RECOMMENDATIONS

- The government of Swaziland should decriminalize same-sex practices between consenting adults, as well as promote other equitable policies related to full access to public and private services.
- Donors should require that a share of their funding be directed toward the needs of gay men, other MSM, and transgender individuals. Part of this effort might be supporting civil society advocacy aimed at reducing discriminatory services in the health sector and the decriminalization of same-sex practices.
- The needs of gay men, other MSM, and transgender individuals should be mainstreamed within the healthcare system. An important step would be the development of curriculum addressing the population's specific needs.
- Gay men, other MSM, and transgender individuals should be involved in all decision making regarding their own health and lives, including the development of specific HIV prevention and treatment strategies and research. Participation in decision-making bodies, such as The Global Fund Country Coordinating Mechanism, is vital to such success.
- More and improved research on this population should be conducted in Swaziland. All such efforts should ensure that the community is fully engaged from planning until completion.

ENDNOTES

- 1 UNAIDS (2011). AIDSInfo database. Available at www.unaids.org/en/dataanalysis/datatools/aidsinfo
- 2 Behavioral sentinel surveillance survey for MARPs (2011). Preliminary results, as reported in Swaziland's 2012 country progress report for 2012. Available at [www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_SZ_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_SZ_Narrative_Report[1].pdf)
- 3 Global Fund (2010). Swaziland Round 10 proposal to The Global Fund to Fight AIDS, Tuberculosis and Malaria. Available at www.theglobalfund.org/documents/rounds/10/notapproved/10SWZH_2124_0_full
- 4 Global Fund (2012). Swaziland transitional funding mechanism single country applicant. Available at www.theglobalfund.org/grantdocuments/SWZ_TFM_HA_Proposal_0_en/
- 5 Itaborahy L (2012). State-sponsored homophobia: A world survey on laws criminalizing same-sex sexual acts between consenting adults. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). Available at http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf
- 6 Baral S et al (2013). Examining prevalence of HIV infection and risk factors among female sex workers and men who have sex with men in Swaziland. USAID Project SEARCH. Available at www.jhsph.edu/research/centers-and-institutes/research-to-prevention/publications/Swazi-Quantitative-final.pdf
- 7 As cited in the *Times of Swaziland*, June 15, 2012.
- 8 Government of Swaziland (2009). The national multi-sectoral strategic framework for HIV and AIDS 2009-2014. Available at www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_174723.pdf

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