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*The experience of the Swaziland
National Provident Fund*

Prince Lonkhokhela Dlamini

Chief Executive Officer
Swaziland National Provident Fund
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Introduction

HIV/AIDS continues to pose an immense challenge to Swaziland, as the Kingdom strives to prevent and control the epidemic which is growing at an alarming rate. The first AIDS case was officially reported in 1986 and since then, the number of AIDS cases has been increasing annually and in the past years the statistics on HIV/AIDS have increased dramatically. The impact of the epidemic in the country is becoming more visible as mortality and morbidity amongst the productive age group has increased.

This pandemic has not only affected individuals and families but also the communities, the industries and the overall performance of economic development. This indeed, is a major task for the government to cope with, considering also the ongoing fight against poverty, in general, which has been further aggravated by this pandemic. The war against HIV/AIDS rages on and there is obviously a great need by all partners to assist in the fight against this pandemic.

National disaster

In 1987, the government through the Ministry of Health and Social Welfare and in collaboration with the World Health Organization Global Programme on AIDS (GPA) established the National Aids Programme (SNAP). The HIV/AIDS Policy was developed and approved by cabinet in 1998. The Government of Swaziland recognized the need for accelerated action to tackle the HIV/AIDS pandemic in 1999 when His Majesty, King Mswati III declared the epidemic a national disaster.

Following this declaration, a Crisis Management and Technical Committee (CMTC), under the Deputy Prime Minister's Office, was created. Its mandate was to coordinate the multi-sectoral approach to handling the issue of HIV/AIDS. A five-year National Strategic Plan for HIV/AIDS (2000-2005) was developed to curb the epidemic.

At the United Nations General Special Assembly on HIV/AIDS (UNGASS) of 2002, His Majesty, King Mswati III stated, "My people are dying, they are dying before their time,

leaving their children as orphans and a nation in a continuous state of mourning". This was to re-affirm the declaration made in 1999.

National emergency response council on HIV/AIDS

Given the unprecedented increase in the HIV infection rate, emergency action is required to counteract the devastating effects of HIV/AIDS on the nation. In line with the United Nations General Special Assembly on HIV/AIDS Declaration, the government established the National Emergency Response Council on HIV/AIDS (NERCHA) as a resource mobilizing, financing and coordinating mechanism to accelerate the national multi-sectoral response.

The vision of NERCHA is to significantly reduce HIV/AIDS in Swaziland and to assist those who are infected and affected appropriately. The mission is to ensure that appropriate and comprehensive services in the areas of prevention, care and support and impact mitigation of HIV/AIDS are delivered to the people who need them.

NERCHA receives technical and financial assistance from the Swaziland Government, Global Fund, the World Bank, UNAIDS, Italian cooperation, the United States Government, the Department for International Development of the United Kingdom and the European Union.

Swaziland has a particularly young population and this is the group that is most affected by HIV/AIDS. In 2004, the HIV prevalence rate amongst pregnant women attending antenatal clinics was found to be 42.6 per cent, an increase of 4 per cent from 2002, indicating an urgent need to prevent the further spread of HIV amongst this section of the population. Young adults should be the most productive sector of society and make the greatest contribution to sustainable development. Without a national effort to accelerate action and curtail these trends, the country will indeed be heading for disaster. The table below shows the prevalence of HIV (as a percentage among antenatal clients from 1992 to 2004).

Year	1992	1994	1996	1998	2000	2002	2004
HIV prevalence	3.9	16.1	26.0	31.6	34.2	38.6	42.6
95 % CI	2.5-5.3	14.5-17.5	24.2-27.8	29.3-33.9	32.3-36.2	36.8-40.4	40.7-44.5
Number tested	726	2,343	2,468	1,659	2,316	2,787	2,665

In 2004, Swaziland replaced Botswana as having the highest HIV prevalence levels in the world, with a prevalence rate of 38.6 per cent. The spread of this epidemic is attributed to various factors such as the high levels of rural and urban poverty, income inequality, education, access to health services, levels of violence, misconception about women's rights, drought and gender inequality. Swaziland therefore faces a great challenge as a country to halt the rising infection levels and reduce the impact of HIV/AIDS on the economy and the Swazi people.

Socio-economic impact of HIV/AIDS

HIV/AIDS is reversing the social and economic progress that Swaziland has achieved since independence. Life expectancy has already fallen from 60 years in 1997 to 40 years in 2003.

In all sectors, the impact is being felt. The health sector is struggling to cope with the demand for hospital beds. As a result, families are caring for the sick at home with minimal skills and resources. The agricultural and private sectors are losing skilled labour, which in turn impacts negatively upon food security. Companies and organizations that invest in their employees through capacity building and staff development are losing in terms of time, money and skills as employees get infected before fully applying knowledge and skills acquired from the training provided. People who otherwise would have contributed to the growth of the economy die early; this affects the economic base of the country. The number of orphans is increasing yearly; there are already 60,000 orphans and they are expected to increase to 120,000 by 2010. The potential effects of this epidemic are devastating, to both the social fabric of Swaziland's society and to economic growth.

The Swaziland National Provident Fund operates in the environment described above. Although the effects of HIV/AIDS cannot be directly attributed to the increase in the payment of survivors benefits, on the basis of the life expectancy in Swaziland being reported to have dropped from 60 to 40 years, it can reasonably be concluded that it does have an effect.

The tables below show how the benefits have been paid over the past five years.

Benefits payments

Number of claims paid over the last five years

Year	Survivors	Retirement	Age	Invalidity	Emigration	Supplementary	Refund	Total
2000	920	602	3,451	268	13	161	135	5,550
2001	973	664	3,389	232	17	183	157	5,615
2002	1,169	705	3,569	209	5	118	190	5,965
2003	1,231	697	3,085	155	11	51	167	5,397
2004	1,261	684	2,770	192	12	35	160	5,114

Value of benefits paid over the last five years

Year	Survivors	Retirement	Age	Invalidity	Emigration	Supplementary	Refund	Total SZL ¹
2000	2,672,666	2,837,392	13,016,774	1,269,850	51,744	884,244	66,879	20,799,548
2001	3,405,331	3,341,776	12,942,151	1,145,717	78,988	1,553,807	94,375	22,562,145
2002	4,435,499	3,762,016	15,747,140	1,176,110	16,583	1,102,229	146,356	26,385,932
2003	5,665,815	4,703,406	14,749,796	852,697	50,056	382,087	139,369	26,543,176
2004	6,018,636	4,464,674	14,531,974	1,223,573	60,418	272,296	102,687	26,647,258

During the year 2002 the number of survivors claims paid increased from 973 to 1,169 representing an increase of 20 per cent compared to the previous year. The corresponding increase in the value of benefits paid was from SZL 3,405,331 to SZL 4,435,499 representing a 30 per cent increase.

The number of claims paid has been maintained at this level in subsequent years, with a steady increase in the value of survivors benefits paid.

Funeral coverage

The Fund is exploring possibilities of introducing a basic funeral benefit for its members. This benefit is intended to alleviate hardship associated with the deceased member's funeral

¹ SZL = Swaziland Lilageni. USD 1.00 = SZL 6.54.

expenses. In most cases death due to HIV/AIDS comes after all financial resources have been exhausted on medication.

National HIV/AIDS strategic interventions

The impact of HIV/AIDS first appears within the families. As such, strengthening community responses is central to making a difference at the local level. The major challenge is to enable the local leadership to coordinate the community response. In this regard, the concept of "Indlunkulu" is being revived as a local solution to addressing the needs of orphans and vulnerable children (OVCs).

This concept seeks to use communally owned land to produce food for OVCs and other destitute community members. The resulting harvest is distributed to those in need by the communities. This concept also seeks to revive community responsibility to help the young to become respectable Swazi citizens by providing psychological and social support. The women's regiments Lutsango Lwakangwane have been mobilized to take full responsibility for ensuring that the young are properly socialized through a well thought out strategy for early childhood care and development. A group of women in all the chiefdoms are currently being trained to provide this support.

It is recognized that the community response is more complex than the Indlunkulu concept, but, it is hoped that the revival of this concept will be a catalyst in propelling a massive community level response that will ensure prevention, care and support and that impact mitigation interventions are properly targeted and sustainable. This project is in line with the country's development strategy to decentralize services to the local level.

As a coordinating body, NECHA is responsible for facilitating the implementation of the National HIV/AIDS Strategic Plan, which assigns a role to each and every sector of society. The multi-sectoral response is comprised of the government, NGOs, the church, the private sector, donor and international partners. It recognizes that it is only through the efforts of the entire nation that Swaziland can succeed in halting the progress of the epidemic. However, the Ministry of Health and Social Welfare still remains central to the national response to HIV/AIDS and in all issues of medical care. Progress has been made towards increasing the capacity of the health sector to manage the response to HIV/AIDS.

NERCHA is in the process of decentralizing its coordinating function to the regions. Although no evaluation of the national efforts has been undertaken, the available limited evidence suggests that implementation is accelerating and coverage is expanding. To effectively coordinate accelerated action against HIV/AIDS, NERCHA works through thirteen technical committees. These are grouped under three areas of concern, namely prevention, care and support and impact mitigation.

One of the major interventions supported by NERCHA in the area of prevention is HIV/AIDS in the workplace. HIV/AIDS mostly affects the working age group of 15-49 years old. Consequently, the business sector is experiencing a loss of skilled employees and faces the challenge of maintaining productivity whilst coping with increasing absenteeism and sickness amongst staff. Against this background, the workplace provides an opportune environment for sharing information, promoting safer sexual behaviour and implementing interventions that promote healthy lifestyles.

Work place policies

Under the coordination of the Business Coalition against HIV/AIDS, businesses are being assisted to put in place non-discriminatory workplace policies, procedures and practices. These are intended to support individuals living with HIV/AIDS and to provide a strong foundation for establishing workplace programmes.

Most companies in Swaziland have responded to this challenge by developing policies and programmes designed to educate employees about HIV/AIDS, prevent discriminatory behaviour, support employees who are ill and contribute to the general fight against the disease. Initially, social considerations were the principal motivating force for business response to HIV/AIDS, but economic factors are now driving efforts to address the pandemic. Focal-point persons have been appointed, within most companies in Swaziland, to incorporate HIV/AIDS issues in the day-to-day operations. Amongst issues addressed through the HIV/AIDS workplace policies are: thematic areas such as workplace counselling, legal responses to HIV/AIDS, clinical management, behaviour change, discussion on condom use and distribution.

Antiretroviral drug therapy is one of the issues that have emerged in the area of HIV/AIDS. It is being used in Swaziland and it generally improves the quality and length of life for persons living with HIV/AIDS. What used to be an acute, terminal illness can become a manageable, chronic illness with the use of this therapy.

The public sector remains the leading employer in Swaziland, but had not, until February 2004, launched a HIV/AIDS workplace programme. To address this, a Public Sector HIV/AIDS Coordinating Committee was put in place, comprising of ten Under Secretaries. This Committee is chaired by the Ministry of Public Service and Information and is responsible for ensuring the implementation of the sector commitments stated in the National HIV/AIDS Strategic Plan (2000 - 2005).

HIV/AIDS is affecting the core of the workforce. The Swaziland National Provident Fund is advocating for companies in Swaziland to take into account the following points while developing HIV/AIDS workplace policies:

- Recognition of HIV/AIDS as a workplace issue: HIV/AIDS is a workplace issue, not only because it affects the workplace, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.
- Non-discrimination: There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.
- Gender Equality: More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.
- Healthy work environment: The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.
- Social dialogue: A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between employers, workers and the government.
- Screening for the purpose of employment: HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified.
- Continuing the employment relationship: HIV infection should not be a cause for termination of employment. Persons with HIV related illnesses should be able to work for as long as medically fit in appropriate conditions.

- Prevention: The social partners are in a unique position to promote prevention efforts through information and education, support changes in attitude and behaviour.
- Care and support: Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

There is a firm belief in Swaziland that with the implementation of workplace policies on HIV/AIDS, companies will:

- Take steps that support employees living with HIV and comply with workplace laws relating to employees with HIV/AIDS.
- Benefit from being able to maintain a workforce that represents multiple perspectives, talents, and skills as well as being more reflective of the general population.
- Reduce the rate of employee loss due to the disease.
- Improve employee morale and in addition, provide information that allays fears and offers guidance on preventing infection. Such programmes would be an indication to the employees that employers are knowledgeable about the issues and care about their employees. Formal policies on HIV/AIDS should also increase the morale by accepting responsibilities and responding to expectations.

Conclusion

As an organization that is responsible for the social security of their clients, the Swaziland National Provident Fund is equally concerned about contributing to the reduction of this epidemic in the country. The Fund is grateful for the national response work being done to strengthen the national response to HIV/AIDS.

The adoption of the multi-sectoral approach has significantly changed the nature of the response to HIV/AIDS in the Kingdom of Swaziland. It has brought more stakeholders on board. These are the non-governmental organizations (NGOs), community based organizations, faith based organizations, the private sector and government Ministries in addition to the Ministry of Health and Social Welfare, which has continued to play a major role in the fight against HIV/AIDS.

The Kingdom's multi-sectoral national HIV/AIDS response was reviewed during the last quarter of 2004. Its objective was to identify lessons learnt, achievements, gaps, constraints, challenges and opportunities in relation to the major thematic areas in the National Strategic Plan on HIV/AIDS 2000-2005 and make recommendations for strengthening and improving the national response. The findings of the review are being used to develop the next national strategic framework/plan, which is currently underway.

It is noteworthy that the second National Strategic Plan 2006-2010 is being developed and its activities will be based on consultative meetings and the findings of the 2000-2005 national response.