

There has been an increase in the proportion of women in employment in both the public and private sectors. In 1992, women employment in the private sector stood at 29.8 percent whilst in the public sector the figure stood at 39.3 percent (CCA 2000). It should also be noted that women dominate the lower salary ranks where they occupy more support-related activities, as opposed to the managerial ones, despite the existence of laws such as the Employment Act, which prohibits sexual discrimination. Males dominate formal paid employment. Women (59 percent) dominate the informal sector.

The NDS recognizes gender equality and women empowerment as pillars of development. The government has tried to foster gender equality through legislative measures such as the Employment Act, the creation of institutional support structures such as SCOGWA and the Gender Unit.

Current developments include the ratification of CEDAW.

Major Challenges

- ◆ Entrenching a fully engendered constitutional framework that will guide efforts towards gender equality and women empowerment.
- ◆ Aspects of culture and socialization that perpetuate women subordination are hard to change.
- ◆ The dual legal system poses major challenges requiring the need to address the legal aspects that adversely affect women.
- ◆ There are an inadequate number of gender specialists in the public, private and NGO sectors.
- ◆ Inadequate political will is signified by delay in the ratification of CEDAW and the implementation of the SADC Gender and Development Declaration of 1997.
- ◆ Lack of gender awareness amongst policy-makers.
- ◆ The need to strengthen institutional mechanisms for fostering gender equality, as stipulated in the Beijing Plus 5 commitment.

Supportive Environment

- ◆ The NDS places gender equality and the empowerment of women at the center of development.
- ◆ The Employment Act prohibits sexual discrimination.

- ◆ Swaziland is a signatory to the ILO conventions that prohibit gender-based discrimination at the workplace.
- ◆ In 1994 the government established SCOGWA, forums where all major stakeholders come together to formulate policies and programmes for national action.
- ◆ The Gender Unit in the ministry of Home Affairs facilitated the development of a gender policy that was promulgated in 2002 and is currently awaiting cabinet approval.
- ◆ There are also various initiatives by NGO's and community-based groups on gender sensitization and training and the mainstreaming of gender into their programmes.
- ◆ Research has been conducted on laws and other issues that affect women.
- ◆ In 1997, Swaziland, signed a SADC Declaration on Gender and Development Declaration. All signatories agreed to work towards achieving 30 percent women representation in decision-making positions by 2005.

- ◆ CEDAW was approved by parliament and is awaiting ratification. Sensitization on the CEDAW has been undertaken with UNDP assistance. Law reform is currently underway to remove the minority status of women.
- ◆ The draft constitution is supportive to human rights including the rights of women.

Priorities For Development Assistance

- ◆ There is a need to establish gender desks in public, private, and NGOs institutions, and to support the training of specialists to mainstream gender in all organizational activities and programmes.
- ◆ There is a need to educate all stakeholders the importance of gender issues in order to ensure political commitment to effective programmes and plans of action.
- ◆ Support and strengthen networking through technical support and equipment.
- ◆ Education for the creation of a critical mass to effectively engage with the gender issues and to bring about transformation.
- ◆ Strengthen the Gender unit in the MOHA.

Goal

4

Reduce Child Mortality

Target: Reduce under-five mortality by two thirds by 2015

Indicator: Under-five mortality rate

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

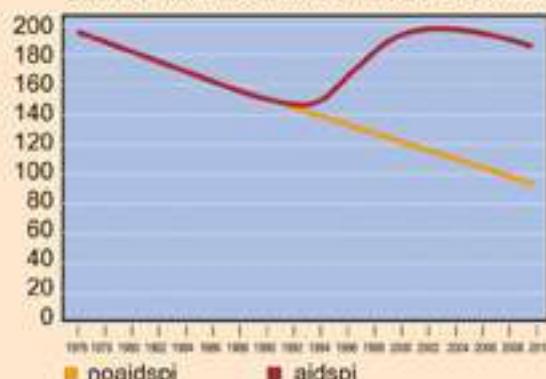
State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Under-five Mortality Levels: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Under 5 Mortality Rate (Per 1000 Live Births)



Source: World Bank and Staneck Projections.

Infant Mortality Rate per 100 000 Live Births

1976	156
1986	99
1991	72
1997	78
2000	87

Source: CSO, report, 2000

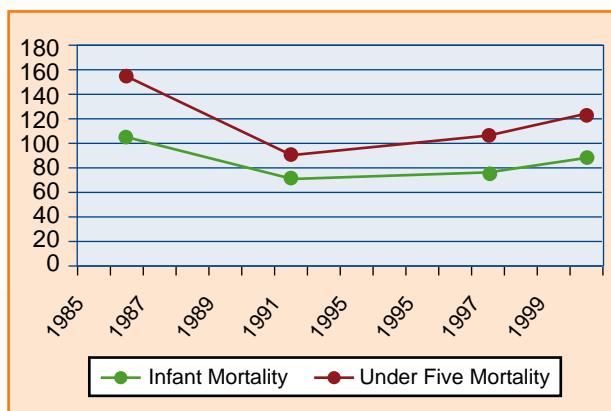
Status and Trends

In 1990 at the World Summit for Children, the government of Swaziland committed to a Declaration and Plan of Action to benefit Children. An initiative was then implemented in which the country committed to: reduce the infant and under-five mortality rate by one third between 1990 and 2000; reduce severe and moderate forms of malnutrition on children less than 5 years of age; provide universal access to safe drinking water and sanitary means of excreta disposal. By the year 2000, these goals had not been attained.

Under five mortality increased from 89 per 1000 in 1991 to 106 per 1000 in 1997 and to 122 per 1000 in 2000 (MICS, 2000). Infant mortality rate also rose from 72 per 1000 in 1991 to 78 per 1000 in 1997, rising from 87.7 per 1000 in 2000 (MICS, 2000). Underweight prevalence is 10 percent, among which the stunting prevalence is 30 percent. Access to safe drinking water is an estimated 51 percent. Sanitation is 72 percent. Birth weight below 2.5 kg is 5 percent while the exclusive breast-feeding rate is an estimated 31.2 percent (MICS, 2000). Diphtheria, pertussis and tetanus immuniza-

tion coverage is 77.2 percent. Measles immunization coverage by age 1 is 72.3 percent (CSO, Multiple Indicator Cluster Survey, 2000).

Chart 4 Infant and Under 5 Mortality



The increase in child mortality in the last decade is mainly accounted for by increased mother-to-child HIV infections, and the continued prevalence of water-borne and other infectious childhood diseases.

Major Challenges

- ◆ The advent of HIV/AIDS and its high prevalence accounts for a significant proportion of the increase in infant and child mortality. Childhood diseases such as diarrhea, water-borne disease, malnutrition and other infections also contribute to high child mortality.
- ◆ Inadequate skills to deal with major causes of morbidity and mortality among infants.
- ◆ The need to promote universal access to reproductive health care to prevent unwanted pregnancies.
- ◆ The lack of safe water and sanitation for the rural majority .

Supportive Environment

◆ Swaziland adopted the IMCI strategy in 1999 as a means to increase the capacity for the management of the major killer diseases in children, i.e. ARIs, diarrhea, measles, malaria, and malnutrition.

◆ A policy guide on the prevention of mother-to-child transmission of HIV/AIDS has been developed.

Priorities For Development Assistance

◆ Human resource capacities are critical; the country has few pediatricians and very few people properly trained on the IMCI strategy.

◆ Support is needed towards the scaling up of safe water and proper sanitation in the rural areas where there is a high prevalence of water borne diseases relating to poor sanitations.

◆ Support for nutrition and food security for mothers and children, particularly OVCs.

◆ Support for sustained immunization programmes.

◆ Support for the prevention of mother to child HIV/AIDS transmission.

◆ General support for OVCs.

Goal 5

Improve Maternal Health

Target: Reduce maternal mortality ratio by three-quarters by 2015.

Indicator: Maternal mortality ratio.

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Maternal Mortality and Reproductive Health:
Monitoring and Evaluation Environment

Elements of monitoring environment		Assessment		
Data gathering capacities	Strong	Fair	Weak	
Quality of recent survey information	Strong	Fair	Weak	
Statistical tracking capacities	Strong	Fair	Weak	
Statistical analysis capacities	Strong	Fair	Weak	
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak	
Monitoring and evaluation mechanisms	Strong	Fair	Weak	

Maternal Mortality Rate per 100 000 Live Births	
1991	110
1995	229

Source: CSO, report, 2000

nel is 72 percent (MICS, 2000). The figure increases to 97.8 percent if single qualified nurses (nurses who are not trained as midwives) and nursing assistants are included.

The sharp increase in maternal death is attributed to preventable or treatable diseases such as hemorrhage, hypertensive diseases, unsafe abortion and lack of clinical skills in handling obstetric and abortion emergencies. The Ministry of Health records suggest that every year more than 3,000 mothers develop long-lasting disabilities following labour and delivery; most of these disabilities are preventable and would be curable with improved access to quality care.

In the peri-urban and rural areas, health facilities are not easily accessible especially in cases of emergency; mainly due to the shortage of health centers and health facilities.

The advent of HIV/AIDS has led to an increase in MMR, posing added challenges in the country's efforts towards achieving the set goal by 2015.

Status and Trends

Maternal death is high in Swaziland. The overall maternal mortality increased from 110 per 100,000 live births in 1991 to 229 per 100,000 live births in 2002 (Poverty Extract, 2002).

It is estimated that 98 percent of women attend antenatal care. The contraceptive prevalence rate is approximately 42 percent. 25 percent of clients delivering in health facilities are teenagers, and 86.5 percent of clients are within an hour of travel time to a health facility (MICS, 2000). In terms of childbirth care, it is estimated that the proportion of births attended by skilled health person-

Major Challenges

- ◆ The inadequate number of skilled personnel and limited knowledge base in Swaziland, especially pertaining to essential and emergency obstetric care.
- ◆ Inadequate referral and communication services. This delays timely management of complications.
- ◆ Increasing HIV prevalence among women of reproductive age and PMTCT.
- ◆ Limited or no access to ARV treatment to pregnant women who have undergone voluntary counseling and testing.
- ◆ High Poverty rates in some parts of the country and high unemployment rates contribute to poor health seeking behaviour.
- ◆ Limited male involvement in reproductive health issues needs to be addressed. There is a need for strategic family planning, education programming and the promotion and distribution of female condoms.
- ◆ Data gathering capacity also needs to be strengthened, including the registration of major events such birth, marriage and death.
- ◆ In availability of Youth Drop-in Centres in all regions.

Supportive Environment

- ◆ The country has a SHR unit within the MOHSW.
- ◆ The national Reproductive Health Policy is being developed.
- ◆ Protocols on the management of obstetrical emergencies have been developed.
- ◆ Contraceptive use has been encouraged and is widely promoted through the provision of user-friendly services.

Priorities For Development Assistance

- ◆ Support is needed to address the shortage of skilled personnel.
- ◆ There is a need to strengthen health centers and to provide mobile clinics for reproductive health services.
- ◆ Improve referral and communication system for timely referral and management of complications.
- ◆ Support for education of adolescents and expansion of youth friendly service centers for reproductive health care.
- ◆ Investigate the usage of IT (e-medicine) to improve outreach programmes on emergency obstetric care to rural and peri-urban areas.
- ◆ Support implementation of PMTCT.
- ◆ Develop Strategy to involve men in SRH.

Goal 6

Combat HIV/AIDS,

Malaria & Other Diseases

Target: Reverse the spread of HIV/AIDS and other diseases by 2015.

Indicator: HIV/AIDS prevalence (15-49 years) rate; number of anti-natal care (ANC) clients that are HIV positive; death rates associated with tuberculosis; number of children orphaned by HIV/AIDS.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

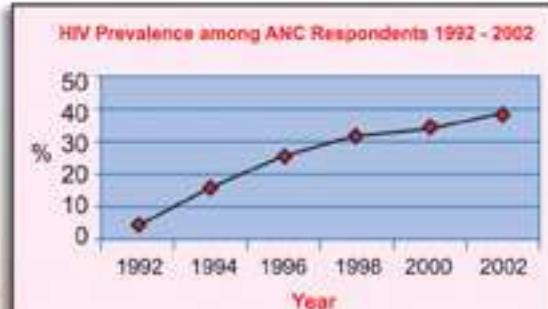
State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Maternal Mortality and Reproductive Health:
Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Women are not only being infected with HIV more frequently than men, they are also becoming infected at a younger age. The vulnerability of women is also increased by the marginalized status of women, the majority being unable to negotiate safer sex and many other socio-economic factors.



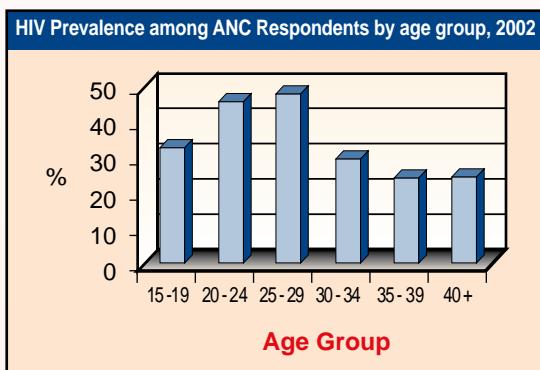
Source: MHSW 2002.

Status and Trends

Swaziland has one of the highest prevalence rates in the world. According to the 2002 National Seroprevalence Report, 38.6 percent of women attending ANC were HIV positive. There is nearly a 50 percent infection prevalence in the age range 23-28. HIV prevalence rate among antenatal care clients has been rising at an alarming rate from a low of 3.9 percent in 1992 to the current rate of 38.6 per cent. Women are the most vulnerable group.

The number of orphaned children is estimated to be approximately 60,000 (2003 projections). The number of orphans is projected to rise at an average of 10,000 per year for the next 10 years. Child-headed and elderly-headed households are becoming more prevalent.

The effects of HIV/AIDS are felt at every level of society and in every sector of the economy. HIV/AIDS is felt not only in the health system but also in the household, education, agricultural sectors as well as in the general economy in terms of eroded capacity and lost productivity due to ill health and premature death.



Source: MHSW 2002.

Malaria is a major public health problem in Swaziland with between 20,000 and 32000 clinical malaria cases occurring each year. An estimated 32 % of the population is at risk of malaria. Malaria transmission is unstable and, hence, there is a high risk of epidemics. The burden of malaria is greatest in Lowveld and Lubombo plateau regions of the country. However, outbreaks and epidemics can occur in the other regions of the country following above normal rainfall and temperatures. Malaria control efforts, principally IRHS and case management, have reduced malaria morbidity and mortality to near acceptable levels.

The principles and goal of RBM – the global partnership to control malaria – were adopted by Swaziland in 1999. Since then the country has been going through the RBM inception process to build consensus and partnerships, establish an evidence-base, and prepare a strategic plan. Swaziland has put in place a strategic plan for malaria with clear targets to be achieved in 2007. The strategic plan aims to concretise the Abuja targets for Swaziland and give clear direction for malaria control over the next five years.

Major Challenges

The major challenge in Swaziland is to address both the health and wider development related causes for

high rates of infection. Some of the reasons for the high prevalence rate in Swaziland include the high rate of sexually transmitted disease, multiple sexual partners, migrant labour, poverty, the breakdown of traditional norms and gender power relations between men and women.

- ◆ The promotion of the use of ITNs.
- ◆ The minority status of women renders women virtually powerless to negotiate safe sex with their partners, or even to decline having sex with an infected partner.
- ◆ Increase health resources, infrastructure and health personnel, including home based care services. The rapid spread of HIV/AIDS puts extreme pressure on health care services, in terms of available hospital beds and health personnel. In the year 2000, the two major cities, Manzini and Mbabane reported that 70-80 percent of bed occupancy was occupied by patients with HIV/AIDS.
- ◆ Increased demand for home-based care services.
- ◆ Strengthening the absorptive capacity of existing institutions to enhance their capability of utilizing up-scaled financial resources to be availed through the Global AIDS Fund.
- ◆ Scaling up VCT services to meet ART.
- ◆ Stigma and discrimination. People seem reluctant to be HIV/AIDS tested for fear of isolation and discrimination if they test positive.
- ◆ Behaviour change: The people are generally well-versed on HIV/AIDS and its modes of transmission. The challenge is in changing established behaviour patterns among the general public.

Supportive Environment

Political Commitment and Leadership

- ◆ The declaration of HIV/AIDS as a national crisis by his Majesty King Mswati III in 1999. There is also a RICA that has been formed.
- ◆ The formation of a Cabinet Committee on HIV/AIDS, chaired by the Deputy Prime Minister, the

Multi-Sectoral CMTC on HIV/AIDS and AMICAALL and NERCHA appointed in 2002 in order to coordinate organizations focusing on HIV/AIDS response. A sum of US\$ 52 million has been made available to NERCHA over five years, from the Global Fund.

- ◆ Global fund resources have raised to procure 16000 ITNs.
- ◆ Swaziland has adopted the goals and principles of RBM.
- ◆ The country has a strategic plan in place for malaria.

National Response to HIV/AIDS

The Swazi Government has formulated appropriate policies and strategic interventions that bring together NGO's, private sector, community based organizations and other stakeholders in combating HIV/AIDS.

- ◆ The National Strategic Plan for HIV/AIDS (2000-2005) which outlines the following priorities: risk reduction, coordination of all activities aimed at combating HIV/AIDS, and impact mitigation.
- ◆ Mainstreaming HIV/AIDS in the PRS is in progress.
- ◆ There is SNAP in place which was established in 1987.
- ◆ The MOHSW developed specific health sector response and policies on critical issues such as PMTCT, ARV and VCT, which are awaiting approval.

- ◆ Availability of care and treatment of opportunistic infections and ART programme.
- ◆ MOHSW is scaling up VCT services and ART in the country.
- ◆ There are active organizations for People living With HIV and AIDS.
- ◆ Ther are various programmes by all stake holders , employers, workers, donors, government and NGOs on HIV and AIDS.

Priorities For Development Assistance

- ◆ Human resource development and retention needs to be addressed in order to win the battle against HIV/AIDS and TB.
- ◆ The country needs assistance to improve access to care, improving the health system, scaling-up programmes and procuring appropriate medications.
- ◆ Support for adequate food security and nutrition is needed to boost immune levels and to delay the onset of full blown AIDS.
- ◆ Explore the use of ICT to replace lost capacity.
- ◆ Training women and children to use ITNs.

Goal 7

Environmental Sustainability

Target: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Indicator: Development and implementation of a national strategy for sustainable development by 2015; proportion of land area covered by forests; ratio of area protected to maintain biological diversity to surface area; proportion of population using solid fuel as major source of energy; proportion of the population with access to improved water source (urban/rural); proportion of the population with improved sanitation (urban/rural); and, proportion of households with access to secure tenure.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking the Goal for Environmental Resources: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



Status and Trends

Swaziland covers an area of 17,364 km², of which 11 percent is arable. Both the NDS and SEAP reiterate the Government's commitment to "provide a climate and infrastructure that will progressively maximise the quality and security of the life of the people of Swaziland and make the best use of the country's

natural and human resources". About 49 percent of the total land area is vulnerable to desertification and degradation. Erosion is prevalent in all the agro-ecological zones, but more so in communal grazing Swazi Nation Lands. Overstocking and cattle movement are the major contributing factors to this problem. A programme for the improvement of degraded Swazi Nation Land involving communities, the Government, non-governmental organizations and a team of experts from the JICA has initiated programmes in 3 target pilot areas covering 618 km².

Emphasis is on income generation for communities, improvement of living conditions and environment conservation in and around communities in the target areas. Specific projects are: community gardens, grazing control, soil conservation, forest management, water source protection and technology transfer for efficient energy use.

Since 1994, approximately 4 percent of total land area is protected for bio-diversity. Recent surveys and recommendations have identified protection worthy areas, which, if proclaimed, would result in a total of 10 percent protected land area. According to the Forestry Department of the Ministry of Agriculture and Co-operatives, forests cover 45 percent of total surface area.

Data from the 1995 SHIES suggests that the proportion of the population using wood fuel as the main source of energy for heating and cooking stood at 65 percent and 66 percent respectively. Rural homesteads were the highest users at 92 and 93 percent. The Swaziland Environmental Authority estimates that by 2010, the use of wood fuel will increase by 33 percent.

Access to sanitation has fluctuated between 63-80 percent between 1985-1998. Access to water has declined from 60 percent in the mid-1990s to 56 percent in 1998. Trends for rural water and sanitation suggest an improvement.

In overall, an estimated 49 percent of the population does not have access to safe water, and 30 percent lack proper sanitation, leading to high incidence of water-borne disease (MICS 2000). National data on a disaggregated level is not available.

The NHDR 2000, estimates that of the 30 percent who live in urban areas, over 60 percent live in unplanned townships, without safe water and sewerage. Government is committed to improve the housing.

Year	Water	Sanitation	
	Urban	Rural	Rural
1997	89	40	40
2000	84	48	4
2001	84	49	51
2002	84	50	50

It is estimated that 30 percent of Swazi households have low standard of accommodation. There are significant differences between rural and urban housing standards. However, since the inception of the Urban Development Programme, up to 100,000 people have benefited from improved housing and service provision.

Major Challenges

Existing Challenges on Environmental Issues are:

- ◆ Limited of collaboration between government sectors concerned with water, sanitation and health.
- ◆ Inadequate planning of grazing, farming and habitats, and lack of enforcement of legislation. There is need for improved early warning system to improve on food security.
- ◆ Limited utilisation of indigenous knowledge systems in central planning and management activities.

- ◆ A lack of baseline information which can be used to gauge the impact of biodiversity interventions that have been put in place.
- ◆ Worsening environmental degradation and lack of awareness on environmental issues.
- ◆ The preparation of a solid waste management strategy needs to be expedited in order to halt environmental damage attributed to unsafe waste disposal.
- ◆ The protected land area is 4 percent, which has been stagnant; the goal is 6 percent.
- ◆ Land covered by forests is low and declining.
- ◆ Increased risk posed by disposal of condoms, gloves, disposable napkins in the advent of HIV/AIDS.

Supportive Environment

- ◆ The country has an environmental policy in place and a Department of Environmental Health in the Ministry of Health and Social Welfare.
- ◆ The government formulated SEAP, in support of sound environmental management and to honor its commitment to the environment through Agenda 21.

- ◆ Swaziland is a signatory to a number of International Conventions such as the UNCCD, UNCCC, UNCBD, Montreal Protocol, Vienna Convention, CITES and Prohibition of Chemical Weapons and Land Mines. A national steering committee on the UN-CCD is established.

Priorities For Development

- ◆ Development of water supply schemes in rural areas.
- ◆ Capacity building for environmental management and monitoring especially statistical data collection and analysis.
- ◆ Financial resources needed to extend and replicate the programme for up-grading peri-urban and other residential areas and improve service provision.
- ◆ Up-scaling programmes for land rehabilitation and involvement of communities.

8 Global Partnership For Development

Target: Address the special needs of landlocked countries and small island developing countries.

Indicator: Proportion of exports admitted free of duties and quotas; proportion of overseas development assistance provided to help build trade capacity.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Status and Trends

In 1999 the ratio exports to GDP was 68 percent, which decreased to approximately 65 percent in 2000. This openness means the economy is heavily influenced by international developments, both within and outside the region, thereby drawing importance to the nature and depth of regional and global partnerships.

Real growth in GDP began to slow in the mid 1990s, following improvements in the political and business environments in South Africa and Mozambique. This brought about increased competition for FDI. Some businesses restructured their operations, others closed, leading to increased unemployment. These developments made it imperative for the country to forge global partnership to maximize benefits.

Table 8 Economic Indicators for Swaziland

Indicator	1999	2000	2001	2002
Real GDP at Factor Cost (E' mil)	1,452	1,481	1,5057	+1,529
GDP Growth Rate	3.5	2.0	1.8	1.6
Merch. Exports	5,723	6,281	8,951	10,287
-to RSA	3,445	3,327	3,089	4,521
-other	2,267	2,943	3,865	5,655
Merch. Imports	-6,526	-7,225	-9,587	-10,884
-RSA	5,124	5,957	8,343	9,145
-other	998	1,266	1,244	1,229
Trade Balance	(803)	(945)	(636)	(597)
Exchange Rates E: US\$	6.1578	7.5687	12.0050	11.4400

Source: Central Bank of Swaziland

Regional Integration

The small size of the Swazi economy made trade an important cornerstone of the economy. The SACU brought about strong trade relations with South Africa whilst the CMA has cemented financial partnership between the two countries. Other regional economic groups to which Swaziland is a member include the SADC and COMESA. Swaziland is also a beneficiary of the Lomé convention, receiving preferences from GSP and is eligible for AGOA where it benefits from operations of a number of foreign companies mainly in the textile industry. A total of 12 new companies started operations by end 2001 with a total of E157 million worth of investment. More than 30 companies, employing approximately 20,000 people now benefit from AGOA.

Oda

Due to the country's classification as a lower middle-income developing country, the level of ODA received has been relatively lower than levels experienced in other Sub-Saharan African countries. In 1996, total ODA to Swaziland was estimated at US\$41.8 million while in 2000 it rose to US\$45.2 million. The rate of increase could have been higher had a number of donor agencies not closed office during this period. Overall, the ratio of ODA to GDP in Swaziland is estimated at 3.2 percent, which represents about US\$45 per capita. In 2000, ODA to the country originated from 10 multilateral donors, 12 bilateral donors and 18 international NGOs.

Debt

Between the years 1995-2000, Swaziland's total public external debt more than doubled, to E2.7 billion, with debt from multilateral sources showing the fastest growth. The main factors contributing to the increase in the country's debt are the rate of disbursement on public sector loans and the continued depreciation of the local currency. Despite this large increase, Swaziland's external debt to GDP remains relatively low at 18 percent in 2000. The debt service ratio is also low; it is an estimated 2.3 percent in 2000.

Forging Global Partnerships

The country is soliciting partners to assist with its MDGs obtainment. Most of the efforts are directed towards resource mobilization through the Donor Round-Table process, the SMART Partnership Summit/dialogue as well as regional and continental initiatives such, as NEPAD. The UN system remains Swaziland's most supportive partner. Support from UN agencies has contributed towards policy advisory and institution capacity building. UNAIDS is a partner in the fight against HIV/AIDS.

Major Challenges

- ◆ The single major challenge facing the country is its classification as a lower middle-income

country (LMIC), all the while 66 percent of the Swaziland's population lives below the poverty line. This status disqualifies Swaziland for concessionary lending. It is, therefore, imperative for the government to strengthen partnerships aimed at micro-enterprise development.

- ◆ There is a need for broadening and diversifying the country's revenue base.
- ◆ Restore investor confidence and broaden donor support base.
- ◆ Increased institutional capacity dealing with trade and industrial policy to ensure maximum returns.

Supporting Environment

- ◆ The amendment of the Company's Act of 1912 is a positive development toward a better working environment. The long awaited Securities Bill is currently at a drafting stage. The bill is expected to promote the development of the capital market in Swaziland through the mobilization of finances.
- ◆ The Ministry of Economic Planning and Development formulated an aid policy. The unit also monitors aid flow and disbursement.
- ◆ The SIPA plays a major role in promoting the country and forging investment partnerships in a highly competitive global environment.

Priorities For Development Assistance

- ◆ Swaziland needs support for capacity building in trade policy formulation, review and negotiation.
- ◆ The country also requires technical assistance in the study of possibilities to account for other country specific considerations with regard to its classification as a LMIC.





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