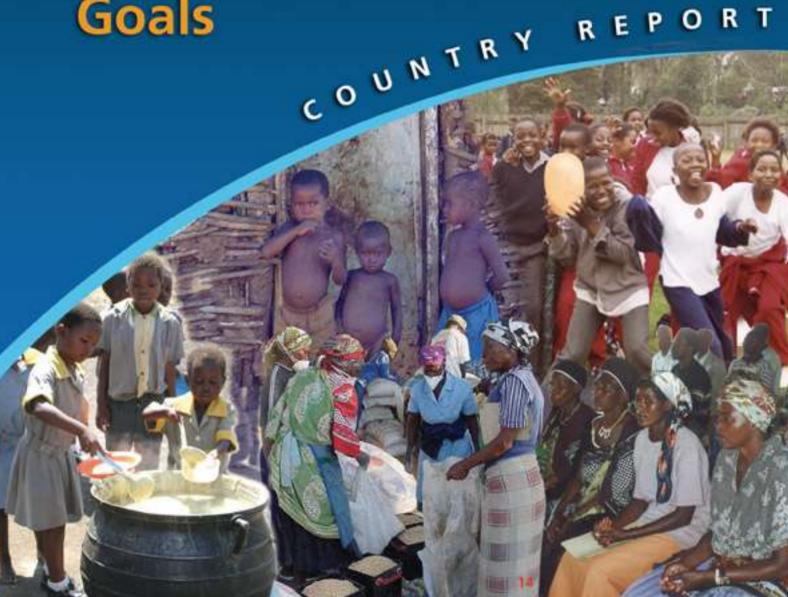


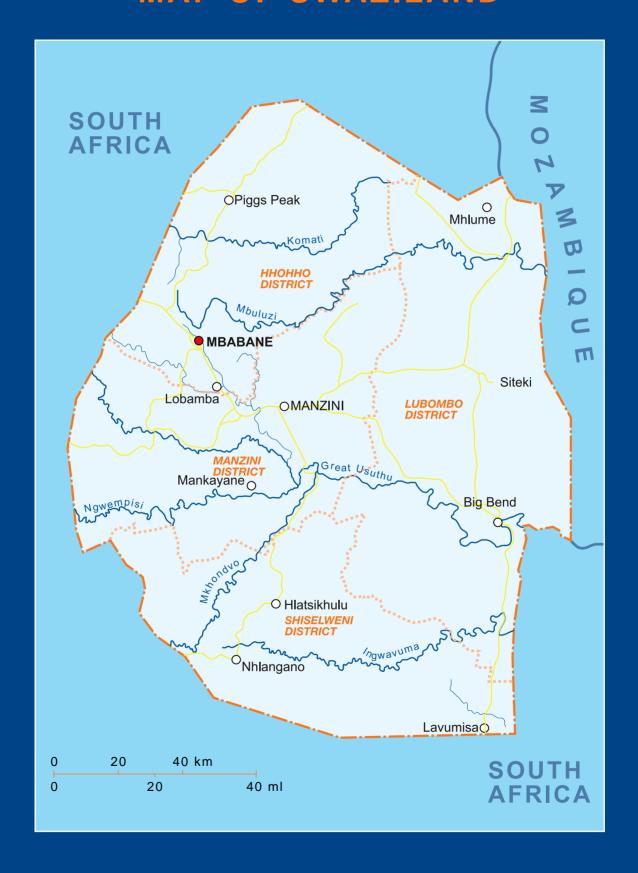


Millennium Development Goals



SWAZILAND

MAP OF SWAZILAND





Millennium Development Goals

- 1. Eradicate extreme poverty and hunger
- 2. Achieve universal primary education
- 3. Promote gender equality and empower women
 - 4. Reduce child mortality
 - 5. Improve maternal health
- 6. Combat HIV/AIDS, malaria and other diseases
 - 7. Ensure environmental sustainability
- 8. Develop a global partnership for development

Foreword

The Government of Swaziland is one of the 189 countries who met at the UN Millennium Assembly in September 2000 and endorsed the Millennium Declaration. The Declaration includes urgent, collective commitments to overcome the poverty that grips most of the world's people. In this summit, the UN General Assembly also charged the UN Secretary General to prepare a road map for achieving the declaration's commitments. This resulted in the Millennium Development Goals (MDGs) made up of 8 goals, 18 targets and 48 indicators aimed at enhancing global human development. The set goals acknowledge that countries are at different levels of development. National ownership of the MDGs become critical and so UNDP was mandated to assist countries to develop short, medium and long term strategies towards achieving the MDGs. The MDGs already represents an opportunity for Swaziland to achieve the vision 2022 embraced in the National Development Strategy (NDS) document. The NDS has poverty reduction as one of its major goal. The MDGs therefore dovetail very well within the NDS. MDGs are, therefore, not impossible to achieve. Experience has shown that strong leadership, deeper participation, genuine partnerships, more home grown pro-poor policies can contribute to put countries on track towards achieving these goals by the target year of 2015.

This document is the first progress report on the status of attainment of the MDGs in Swaziland. This report was prepared jointly by the Ministry of Economic Planing and Development and the UN Country Team after a process of consultations with other stakeholders. It presents a unique opportunity to reflect on Swaziland's current position on each of the eight goals. The report identifies challenges and opportunities associated with each goal. It also provides a basis for the country to evaluate progress in achieving the goals in the years to come before the target year of 2015.

Swaziland is classified as a low middle-income country, with a relatively high level of income per capita. However, poverty still remains a major challenge for the country, reflecting the underlying skewed distribution of income.

It is estimated that about 66% of Swazis live below the poverty line. Food insecurity in the country is one of the main areas of concern. The HIV/AIDS epidemic has increased at alarming rates over the past 10 years pausing a major threat to Human Development.

The Government of Swaziland is committed to the achievement of the MDGs, which requires a concerted, and continuous effort from all development partners, both national and international. Swaziland believes that it is only with the cooperation of all partners that the MDGs can be achieved.

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Hon. Minister of Econ. Planning and Dev.

CoordinatorGovernment of the Kingdom of Swaziland

Ms. Elizabeth Lwanga

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List of Acronyms

AIDS Acquired Immune Deficiency Syndrome. AGOA African Growth and Opportunity Act.

AMICAALL Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.

ANC Anti Natal Care. ARV Anti Retroviral. **ART** Anti Retroviral Therapy.

CANGO

Coordination Assembly of Non Governmental Organizations.
Convention on the Elimination of All Forms of Discrimination Against Women. CEDAW

Central Statistical Office (Swaziland). CSO CCA Common Country Assessment.

CMTC Multi Sectoral Crisis Management and Technical Committee. Convention on International Trade in Endangered Species. CITES

CMA Common Monetary Area.

COMESA Common Market for Eastern and Southern Africa.

ESRA Economic and Social Reform Agenda.

FDI Foreign Direct Investment. Family Life Association. **FLAS GER** Gross Enrolment Rate.

Generalized System of Preferences. **GSP**

GDP Gross Domestic Product. HIV Human Immuno Virus.

ICT Information and Communication Technologies.

II O International Labour Organisation.

Integrated Management of Childhood Illness. IMCI

Indoor Residual House Spraying. **IRHS** ITNs Incecticide Treated Nets.

Japanese International Cooperation Agency. JICA

LMIC Low Middle Income Country.

MAP Millennium Action Plan. MDGs Millennium Development Goals.

Millennium Development Goals Country Report. **MDGR**

MICS Multiple Indicator Cluster Survey.

MMR Maternal Mortality Rate. MOE Ministry of Education. Ministry of Home Affairs. **MOHA**

MOHSW Ministry of Health and Social Welfare.

Mother to Child Transmission. **MTCT**

NEPAD New Partnership for African Development.

Net Enrolment Rate. **NER**

NERCHA National Emergency Response Committee on HIV/AIDS.

NDS National Development Strategy. **NHDR** National Human Development Report. **NGOs** Non Governmental Organizations. Overseas Development Assistance. ODA **OVCs** Orphans and Vulnerable Children. **PLWHA** People Living with HIV/AIDS.

PMTCT Prevention of Mother to child Transmission.

Public Policy Coordinating Unit. **PPCU** Poverty Reduction Strategy. PRS

Poverty Reduction Strategy and Action Plan. PRSAP

RBM Roll Back Malaria.

RICA Royal Initiative to Combat HIV/AIDS.

Republic of South Africa. **RSA**

SADO Southern Africa Development Community.

Southern African Custom Union. SACU

SCOGWA Swaziland Committee of Gender and Women's Affairs

Swaziland Environmental Authority. SEA **SEAP** Swaziland Environmental Action Plan.

SHIES Swaziland Household Income and Expenditure Survey.

Swaziland Investment Promotion Authority. SIPA Swaziland National AIDS Programme. **SNAP** SME Small and Medium Scale Enterprises.

SNC Swazi National Council. Swazi Nation Land. SNI

Sexual and Reproductive Health. SRH **TASC** The AIDS Information Support Care.

TB Tuberculosis. UN United Nations.

UNAIDS Joint United Nations Programme on HIV/AIDS. UN Convention to Combat Desertification. UNCCD

UNCBD UN Convention on Biodiversity.

Under five years (children below 5 years). **UNDGO** United Nations Development Group Office. United Nations Development Programme. UNDP

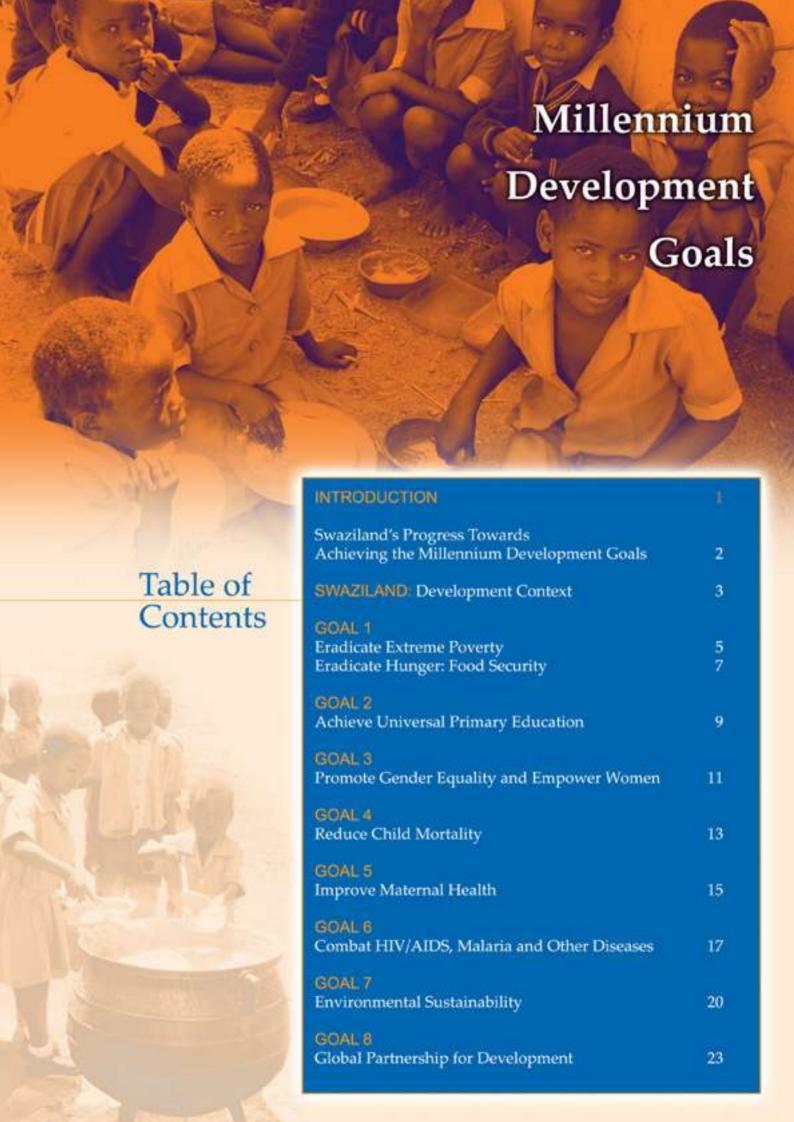
UNESCO United Nations Educational Scientifc and Cultural Organisation.

UNFPA United Nations Fund for Population Activities. **UNGASS** United Nations General Assembly's Special Session.

UNICEF United Nations Children Fund. UNCCC UN Convention on Climate Change. VCT Voluntary Counseling and Testing.

WB World Bank.

WFP World Food Programme. World Health Organisation. WHO



Introduction

In September 2001, Swaziland was among the 191 UN Member States to adopt the MDGs, an unprecedented international commitment to accelerate sustainable human development and poverty reduction. The goals aim to:

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education
- 3) Promote gender equality and empower women
- 4) Reduce child mortality
- 5) Improve maternal health
- 6) Combat HIV/AIDS, malaria and other diseases
- 7) Ensure environmental sustainability
- 8) Develop a global partnership for development

Each goal comprises numerical targets to be achieved by 2015. Appropriate indicators have been selected to monitor progress. The eight goals and the associated targets and indicators will help ensure a common assessment and understanding of the status of the MDGs at global, regional and national levels.

The 2003 MDG Report for Swaziland is a response to the national MDGs monitoring and evaluative pro-

cess. This report has been prepared in a consultative manner, involving key government officials, civil society, academics, donors and the UN Country Team.

The 2003 MDGR for Swaziland highlights a number of important achievements in the country, including the implementation of the NDS. Other important developments include the nearly completed national poverty reduction strategy, and the proposed establishment of a poverty-monitoring unit. The MDGR process in Swaziland also highlights serious data paucity. It should be noted that the effective tracking of progress towards the achievement of the MDGs requires the availability of statistics that are reliable, valid and up to date. It is hoped that this report, which outlines the status of Swaziland's capacity for monitoring and reporting each of the eight goals, increases attention to the importance of improving the national statistics system. It is also hoped that the 2003 Swaziland MDGR achieves its purpose of awareness raising, advocacy, alliance building and renewal of political commitments at the country level.

Swaziland's Progress Towards Achieving the Millennium Development Goals

Goal / Target	Will the Goal/Target be Met?				State of Supportive Environment			
EXTREME POVERTY								
Halve the proportion of people living in extreme poverty 1990- 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
HUNGER								
Halve the proportion of people who suffer from hunger by 2005	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
EDUCATION								
Achieve universal access primary education by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
GENDER EQUALITY								
Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
CHILD MORTALITY								
Reduce under-five mortality ration by three quarters by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
MATERNAL HEALTH								
Reduce maternal mortality ratio by three quarters by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
HIV/AIDS								
Halt and reverse the spread of HIV/AIDS by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
ENVIRONMENT								
Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
GLOBAL PARTNERSHIP FOR DEVELOPMENT								
Address the special needs of landlocked and small island countries.	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak

Swaziland:

Development Context

Swaziland is classified as a middle-income developing country with a gross domestic product (GDP) per capita of US\$1,350 (2000). The Swazi economy performed very well during the 1980s. However, since the 1990s Swaziland experienced a sharp decline in growth, averaging 3.4 percent over the 1992-97 period compared to approximately 9 percent in the 1980s. Some of this decline is the result of an increase in competition for investment in the region, especially from South Africa and Mozambique. The stiff competition resulted in Swaziland experiencing slow economic growth, declining foreign direct investment (FDI) and a failure to create employment in the domestic economy.

Swaziland is currently facing a serious socioeconomic situation, exacerbated by the increasing prevalence of HIV/AIDS. In addition to the HIV/AIDS epidemic, Swaziland is challenged with high unemployment, income inequality, and poverty. Swaziland has a population growth rate of 2.9 percent. Over 40 percent of the population is below 15 years of age. The country has one of the highest HIV/AIDS prevalence rates in the world, at 38.6 percent in 2002. The unemployment rate is an estimated 22 percent and approximately 66 percent of the population lives below the poverty line.

Similar to other countries in the southern African region, Swaziland's output is almost entirely accounted for by the industrial and service sectors. Agricultural production accounted for 8.7 percent of GDP in 2001, which was higher than most countries in the region. However, overgrazing, soil erosion, floods and drought persist, and adversely affect agricultural production. Macroeconomic trends in Swaziland are largely influenced by those in South Africa. This reflects Swaziland's close economic relationship with South Africa, which accounts for 80 percent of Swaziland's imports and more than half of its exports.

In order to focus growth and development between the years 1997-2022, Swaziland established the National Development Strategy (NDS). The NDS guides the preparation of a three-year national development plan. It also forms the basis of the government's Economic and Social Reform Agenda (ESRA). The ESRA was developed in response to the sluggish growth rate of the 1990's, stagnating private sector investment, high population growth and unemployment rates compounded by emerging fiscal deficits. ESRA is a short-term action program with measurable targets. The main objective of the ESRA is to accelerate economic growth. The millennium action plan was developed in the new millennium to substitute ESRA.

Some of the key developmental challenges facing the country, as articulated in the NDS, include issues relating to economic growth rates, HIV/AIDS, unemployment, gender and governance. The NDS acknowledge that Swaziland's long-term socioeconomic development depends on the extent to which these major challenges are successfully addressed.

Swaziland is currently facing a serious socio-economic situation, exacerbated by the increasing prevalence of HIV/AIDS. In addition to the HIV/AIDS epidemic, Swaziland is challenged with high unemployment, income inequality, and poverty.

Indicator	Value	Year
Population size	929718	1997
Area size	17 364km²	
Annual population growth rate	2.9%	1997
Life expectancy at birth	38.2 years	2001
GNP per capita	USD 1350	2000
External debt as % of GNP	18.3	1999
Poverty Ratio	66%	1995
Proportion of rural population under poverty	71%	1995
Proportion of urban population under poverty	45%	1995
Proportion of underweight children (Under five years)	10%	2000
Net primary enrolment	70.1	1998
Ratio of Girls to Boys in primary Education	88.4:95	1998
Under five mortality rate (per thousand)	122	2002
Maternal mortality rate	229	2002
Prevalence of HIV/AIDS	38.6%	2002
Adult literacy	81.3%	2000
Adult literacy: Male	80.4%	2000
Adult literacy: Female	78.1%	2000

CURRENCY: Emalangeni (E)

EXCHANGE RATE: South African Rand (R): E1 = R1 (at par).

US Dollar, 2002 - End of Period: \$ = E7.4295

Period Average: \$ = E7.911

The government is currently drafting the Poverty Reduction Strategy (PRS). The main objective of this strategy will be to reduce the incidence of poverty by more than half, from the current level of 66 percent to 30 percent by the year 2015, and to eliminate extreme poverty by 2022. The Swazi Government understands that poverty may threaten the social and economic stability that characterizes Swaziland's past, and is willing to take action as evidenced by the various initiatives alluded to above.

The national poverty reduction strategy and the prioritized action plan includes a three-prong strategy for a rapid acceleration of economic growth based on broad-based participation, empowering the poor to generate income and equitable distribution of the benefits through pro-poor public expenditure. The Swazi Government is determined to reverse the rising trend of stagnating growth by encouraging a pro-poor growth process.