

ESWATINI HIV PREVENTION INDABA 2026



Introduction and Methodology

The HIV Prevention Indaba, conducted between November 2025 and March 2026, was a nationwide qualitative assessment designed to capture community-driven perspectives on HIV prevention among high-risk populations aged 15 years and above across all four regions of Eswatini. Through structured and inclusive dialogues, the Indaba moved beyond documenting lived experiences to amplifying the voices, expectations, and aspirations of participants on how HIV prevention should be designed and delivered. The findings provide critical insights across diverse population groups and signal a strategic shift from a predominantly biomedical approach to one that integrates social and structural determinants of health. The study adopted a participatory qualitative design, engaging 1,284 participants through Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs). It included a wide range of priority populations such as in-school and out-of-school youth, young women, pregnant and lactating women, persons with disabilities, and policy stakeholders. The process was led by the Government of Eswatini through NERCHA, in collaboration with ministerial sectors, UNAIDS, and multi-sectoral steering committees and task teams. This inclusive approach ensured that the findings reflect authentic lived realities and inform responsive, people-centered HIV prevention strategies.

Most of the 1,284 participants engaged in the HIV Prevention Indaba were young people aged 15–34 years (over 80%; n = 1032); reflecting the population most affected by new HIV infections. The study achieved broad representation across key groups, including in-school youth (21%; n = 272), young women across multiple categories (~25%; n = 318), pregnant and lactating women (9%; n = 117), people living with HIV (8%; n = 108), men aged 18+ (8%; n = 102), and key populations (7%; n = 87), alongside smaller but important inclusion of persons with disabilities and policy actors. Most participants had at least secondary or high school education (over 70%; n = 907), indicating that HIV prevention gaps persist despite relatively good educational attainment. In addition, majority (~35%; n = 445) of the participants were from Manzini region, possibly because of the region’s populace (Fig. 1).

Table 1: Participant characteristics by age and populations targeted by the HIV prevention Indaba

Characteristics	N=1284 (%)
Age Groups	
15-24 627(48.8)	627(48.8)
25-34 405(31.5)	405(31.5)
35-44 142(11.1)	142(11.1)
45-54 67(5.2)	67(5.2)
55+	43(3.3)
Target Groups	
In school youth	272(21.0)
Out of school youth	134(10.0)
Public transport workers	105(8.0)
Tertiary young women	113(9.0)
Textile young women	98(8.0)
Women aged 25-34	107(8.0)
Pregnant and lactating women	117(9.0)
People living with HIV	108(8.0)
People with disabilities	23(2.0)
Key Populations	87(7.0)
Men 18 years +	102(8.0)
Policy makers	8(1.0)
Economic Strengthening Partners	10(1.0)

Participants demographics by region

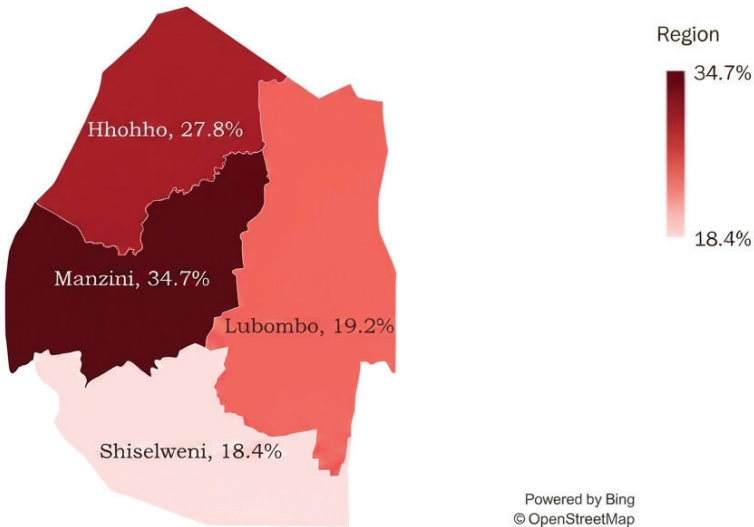


Figure 1: Distribution of the Eswatini population by region

Notably, the cohort was largely economically vulnerable, with 36.1% (n = 464) participants unemployed and 31.9% (n = 409) students, underscoring the role of structural factors such as unemployment and economic insecurity in shaping HIV risk and access to prevention services.

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Table 2 provides a summary of key findings that emerged from the HIV prevention Indaba.

Population Group	Finding	Excerpt (Voice of Participants)	Policy Implication
In-School Youth	Breakdown in HIV communication at household level, limiting open discussions on relationships and prevention.	"Our parents are hostile but that doesn't stop us from doing things... it just stops us from discussing with them."	Strengthen parent-child communication platforms and revive culturally grounded approaches (e.g., lisango) to support early prevention.
Out-of-School Youth	Persistent risky sexual behaviours despite awareness, especially in high-risk social environments such as night clubs.	"Even if condoms are there, they do not come to mind."	Design context-responsive prevention strategies, including behavioural nudges and targeted interventions in high-risk settings.
Tertiary Young Women	Strong demand for accessible, youth-friendly HIV prevention services due to barriers like distance and stigma.	"They should bring PrEP injections... hospitals are far."	Decentralize HIV services to campuses and communities and expand youth-friendly service delivery models.
Pregnant & Lactating Women	Preference for long-acting prevention and treatment options due to challenges with daily adherence.	"They should make an injection... so I know I am covered."	Accelerate rollout of long-acting injectable PrEP and ART to improve adherence and sustained protection.
Persons with Disabilities (PWDs)	Gaps in inclusive and confidential health services, with breaches in privacy.	"My confidential information is shared without my consent."	Strengthen inclusive health systems through disability-sensitive training and enforce confidentiality standards.
Policy Makers & Stakeholders	Strong call for domestic financing to sustain HIV prevention efforts.	"Let us build our own domestic funding."	Increase domestic resource mobilization and integrate HIV prevention into national financing frameworks for sustainability.

Discussion

The findings from the HIV Prevention Indaba reflect well-documented gaps between knowledge and behaviour observed in HIV research across sub-Saharan Africa. Despite high levels of awareness, young people continue to engage in risky sexual behaviours due to social and structural barriers, including poor parent-child communication and high-risk environments. Studies have consistently shown that limited open communication within households is associated with increased sexual risk-taking among adolescents (Bastien et al., 2011; WHO, 2019). Similarly, evidence indicates that availability of prevention tools alone does not guarantee use, particularly in informal or spontaneous contexts such as nightlife settings (UNAIDS, 2023). The expressed need by young women for accessible, youth-friendly services aligns with findings that distance, stigma, and cost significantly reduce uptake of HIV services among young people (MacPherson et al., 2015). These insights reinforce the need for prevention strategies that are not only informative but context-responsive, behaviourally informed, and embedded within the realities of the populations they aim to serve.

In addition, the Indaba highlights emerging priorities around innovation, inclusivity, and sustainability in HIV prevention. The strong preference for long-acting injectable PrEP and ART reflects growing global evidence that simplified, less frequent dosing improves adherence and acceptability, particularly among women (Delany-Moretlwe et al., 2022; Landovitz et al., 2021). At the same time, the experiences shared by persons with disabilities (PWD) point to persistent inequities in health systems, consistent with literature showing that PWDs face barriers related to confidentiality, communication, and provider bias (De Beaudrap et al., 2017). The call for increased domestic financing further echoes global concerns about the sustainability of HIV programs in the face of declining donor funding, with UNAIDS advocating for stronger country ownership and integration into national systems (UNAIDS, 2023). Taken together, these findings underscore the need for a paradigm shift—from a predominantly biomedical model to a more integrated, people-centred approach that prioritizes accessibility, dignity, innovation, and long-term sustainability.

References

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