

**FOR:** **SAfAIDS Program** *“Strengthening Community Capacities  
in Prevention, Care, Support and Treatment of HIV and AIDS  
Complementing National Efforts”*

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## **ACKNOWLEDGEMENTS**

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We deeply appreciate the unwavering support we received from the Government of the Kingdom of Swaziland, through the presence of their esteemed officials. SAfAIDS anticipates that they will take into cognisance points raised during the APD to inform decision-making at national level, towards ART-friendly policy reform.

We extend our gratitude to all the SAfAIDS country implementing partners and their community representatives, who participated in this event and shared their valuable contributions, thus bring to the fore critical community perspectives that made the dialogue a platform for meaningful self-review and strategy formation. The participation representatives of groups of people living with HIV and AIDS, and stakeholders from civil society, the private sector, multi- and bi-lateral organisations in the Kingdom is keenly acknowledged. Our hope remains that this APD and those to follow, will contribute to their concerted efforts collaborations towards rapid scaling-up of access to prevention, care, support and treatment (Universal Access) within the national HIV and AIDS response framework.

SAfAIDS acknowledges with sincere appreciation the support of their donor, USAID (RHAP), for the generous funding availed by the United States Government, without which this event could have been realised.

**SAfAIDS**  
**July 2007**

## ACRONYMS

APD	– Antiretroviral Therapy Policy Dialogue
ART	– Anti Retroviral Therapy
ARV	– Antiretrovirals (Drugs)
CDC	– Centre for Disease Control
MIPA	- Meaningful Involvement of People Infected, or Affected, by HIV
OI	– Opportunistic Infection
PEP	– Post Exposure Prophylaxis
PLHIV	– People Living With HIV
SNAP	– Swaziland National AIDS Programme
STI	– Sexually Transmitted Infection
SWANNEPHA	– Swaziland National Network for People Living With HIV and AIDS
USG	– United States Government
WHO	– World Health Organisation
NERCHA	- National Emergency Response Council on HIV and AIDS

## 1. BACKGROUND

The Antiretroviral Policy Dialogues (APDs) serve as platforms for open, frank and meaningful experience sharing, reflection and strategizing within the treatment forte of HIV and AIDS policy and programming. They are a strategy towards closing information exchange gaps around ART issues, and availing crucial opportunities and spaces that bridge the information gaps between governance / policy making levels with community implementers and “voices”.

By hosting the APDs in collaboration with the Ministry of Health and Social Welfare (MOHSW – SNAP) and, Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) in the Kingdom of Swaziland, SAfAIDS assumes a strategic role for convener and facilitator of such meetings. These platforms will serve as avenues to strengthen partnerships and collaboration between Government and other key players in national HIV and AIDS treatment roll out programs. The key word being ‘*dialogue*’, as such meetings are not meetings to apportion blame and antagonize one another, but rather to foster a culture of cooperation, self-review, self-critic and ownership of the process. Each APD is centred around a key, country specific, ART relevant policy question, for exploration by stakeholders. As activities, challenges, successes and lessons learnt are presented by multiple groups engaged in HIV and AIDS responses at country level, participants will be guided in thematic consultation towards Community Preparedness in scaling-up the national treatment continuum.

The APD within the scope of this report, was organised following consultations with SNAP (MOHSW) and SWANNEPHA, both key focal points for the SAfAIDS program (funded by USAID/RHAP) in Swaziland. The program focuses on strengthening capacities of communities in prevention, care, support and treatment of HIV and AIDS, complementing national efforts.

## 2. INTRODUCTION

The aim of this report is to outline the proceedings of the second ART Policy Dialogue (APD), which was held at the National HIV and AIDS Information Centre (NERCHA/SAfAIDS) in Manzini, Swaziland on the 17<sup>th</sup> of July 2007. The second APD was informed by the initial APD hence the theme “***Nutrition, Herbs and ART: How can This Critical Linkage Be Supported By Policy?***” Participants included representatives from the six SAfAIDS implementing partners, community based organisations, PLWHA, representatives from MOHSW, media houses, UN agencies, USG to mention but a few.

The APD Moderator, Dr. Winnie Nhlengethwa, (the Principal of the Nazarene Nursing College) welcomed all the participants to the second APD and requested that the APD be officially opened in prayer after which she reminded all participants to register. She then went on to introduce the panel of presenters.



**Dr. Winnie Nhlengethwa, APD Moderator**

## **2.1 Participants Profile**

There were 81 participants present at the second APD and represented almost the whole of Swaziland. These participants represented PLWHAs, UN agencies, MOHSW, Pharmacists, Nurses, Doctors, Traditional Healers, USG partners, and all the six SAfAIDS implementing partners. A detailed participants' list is found in the Annex section. Members of the Swazi TV were present to document the proceedings of the day.

## **2.2 Opening Remarks & Setting the Pace**

Dr. Cesphinah Mabuza, the Director of Health Services presented the welcoming remarks. She began by greeting all participants and pointed out that her task was the simplest of the day and followed suit from the moderator by using both siSwati and English in order to accommodate all present at the APD. She informed all that she comes from a clinical background, and that she began working in the Hospital trained to practise clinical medicine. Dr. Mabuza mentioned that she has been in the field for a while and recalled that when she started practising HIV was not there and that there were fewer numbers of patients in hospitals, with mostly elderly people with old age related illness and the mode was always jolly in the wards.

After the first case of HIV was report, hospitals went under the shift of younger generations replacing the older ones and the number of admitted people began to grow. During those days there was only one drug that was used (monotherapy) and as health workers we saw the bad side effects of the drugs. Then came other drugs and issues of nutrition, some people were informed that they should not take the drugs but should rely on good nutrition, which proved to be very difficult. For instance, keeping to a diet for diabetes is not easy. What actually makes it difficult for patients to adhere to certain diets is the bad attitude that people have towards health diets; they seem to think they are following the diet for the doctor when in fact it is for their own benefit and wellbeing.

Dr. Mabuza went on to say that the situation has improved because there are now a number of ARVs available and, as health workers, we were very happy when they arrived, and we saw people that were previously bed ridden improve. For the twenty thousand people that were started on ARVs last year, only seventeen thousand were still in registers by the end of the year, and pondered the reasons for this: did they die, default or are they lost to communities? She emphasised that it is our duty to give people correct advice whether you are part of the health sector or not.

She went on to state that we our now in an era where hospitals are over populated and depend on home based care to take care of the patients that sent back home. She then cautioned that if there are herbs that help, let us not claim that they cure HIV and AIDS but inform people on what the herbs really do and how they should be used. And in conclusion

stated that we have a strong political will because there is support from the Government in the country for ARVs, and thanked the opportunity to be part of the dialogue and said she was there to learn as well.

Ms. Lotshiwe (SAfAIDS), welcomed all the participants on behalf of the SAfAIDS Executive Director. She thanked SNAP for allowing SAfAIDS to carry out this program, SWANNEPHA and NERCHA for their continued support as well as USAG, the funder of the SAfAIDS program. The second APD, where the first APD was looking at *how free is free all* which recommended a further look into herbs, traditional medicines and nutrition hence, the topic for the second APD. She stated every participant's experiences, thoughts and suggestions were important and ended by hoping we would have a successful and fruitful dialogue.



**Ms Lotshiwe Cheuka, Head of Administration and Finance setting the pace.**

### **2.3 Dialogue Program Overview**

After the officially opening, welcome remarks and setting the pace, the first key presentations were made. The Swaziland National Nutritional Council under the MOHSW shared the Government perspectives on the Nutrition and Food Security Policy and Guidelines. The voice of PLWHA dealt with the issue Are Nutrition Security and the use of Herbs complementing PLWHA's accessibility and adherence to ART and other care and treatment options? And the Health Care Service Provider Perspectives was also heard. A queries and responses sector followed there after which was followed by tea break after which gave way to a presentation on What is the role of Traditional and Herbal Medicines in HIV and AIDS treatment in Swaziland? by the Swaziland Traditional Healers Association and then followed the breakaway session. Detailed program is posted on the ANNEX

## **3. PRESENTATION OVERVIEWS**

### **3.1 Government Perspectives on the Nutrition and Food Security Policy and Guidelines**

Ms. Dansile Vilakati of the Swaziland National Nutritional Council under the MOHSW began by highlighting that malnutrition is a serious problem in the country for the Government. People are food insecure and hungry because there is no food. HIV positive people are at greater risk of being malnourished. There is a vicious cycle of malnutrition – infection. Nutrition does not cure HIV but delays the illnesses that come with the infection. The drugs lower the virus but

nutrition builds the body tissues. (The weight of the person and height do correspond – Body Mass Index)

The Government commitments:

Obligations with a bearing on nutrition and food security

National Development strategy Malnutrition – Government recognises that adequate nutrition is required to optimise the benefits of ARVs. There are a lot of mix-messages out there; hence there is a need to harmonise.

Herbs are used to enhance our taste; there is nutritional value in garlic, it is an antifungal, antibacterial and antiviral agent. It is important to be informed so that we can disseminate the information correctly. Herbs can be used by PLWHA as long as they are used as supplements.

Development of National Guidelines on HIV and Nutrition still on the draft phase, there is also a need for a National Nutrition Policy where the issues of nutrition can be taken care off, as well as the need to circulate information so that people are informed.



**Ms Danisile Vilakati, Swaziland National Nutrition Council, emphasizing a point**

### **3.2 Are Nutrition Security and the use of Herbs complementing PLHIV's accessibility & adherence to ART and other care and treatment options?**

Ms. Nompilo Matsebula of the Nhlngano AIDS Training Information and Counselling Centre (NATICC) initiated her speech by pointing out that nutrition tends to be an important medicine in every persons health regardless of the persons HIV status and cautioned that ***let thy food be thy medicine***, because you are what you eat and without food any medicine becomes poisonous to the body. On the issue of herbs, she stated that herbs do not have the same effect on all people. Many people are willing to try anything to try and live longer. Some of the herbs help to cure Opportunistic Infections, but these herbs are very expensive. The benefits of ARVs overshadow the myths of ARVs.

When citing challenges, Ms. Matsebula said there is still a need to be informed on what we are talking about when we talk of herbs, and posed the question 'which ones therefore are we referring to in this meeting'. The lack of guidelines is a challenge on its own and the lack of research in Africa on the effectiveness of herbs in HIV and AIDS treatment is letting us down.

Adherence remains a major challenge regardless of treatment literacy, beliefs and the fact that there is no clear linkage of ARVs and herbal treatment.

Recommendations:

- Policy that will clearly define the meaning of HERBS
- Develop principles



**Nompilo Matsebula, NATICC stressing a point.**

### **3.3 Health Care Service Provider Perspectives – How are Nutrition/Herbs Therapies influencing rollout of the ART program?**

A Health Care Service Provider at the Mbabane Government Hospital, Ms. Thandi Kunene began by affirming that PLWHA are at high risk of malnutrition. On the issue of food and drug interaction, she stated that side effects of medication can affect nutrition absorption and that drugs can also enhance or inhibit the intake of food.

- Need to increase the consumption of some food sources
- Need to offer
- Need to involve the client
- Need to take into account the use of herbal and traditional remedies

As health workers, we should understand the client-specific context, both access and acting habits and need to begin by looking at the diet of the person who is already on ARVs before you can prescribe more medication. The nutrition component should be included.

### **3.4 What is the role of Traditional & Herbal Medicine in HIV and AIDS treatment in Swaziland?**

The president of the Swaziland Traditional Leaders Association, Nhlavana Maseko, began his presentation by placing papers with three circles drawn on them and said these symbolise the patient, the health sector and the traditional healers organisations. He stated that he comes from a background of traditional healers and learnt all the he knows from his grandfather. Want to a missionary school after running away from home because his grandfather was very strict. He excelled at the school and was very brilliant. While at the school, he fell sick and was taken to various hospitals to cure him but they all failed to help until an old lady that work at the school recognised the sickness for with it was, a traditional sickness, and suggested that he be taken to a traditional health practitioner where eventually got healed.

Mr. Maseko mentioned that many people have been preaching about traditional healers and citing his name in particular to the extent that, one time at a funeral close to his home, the pastor stated preaching about people that secretly go for help from traditional healers and mentioned Nhlavana not knowing that the people active in leading the choir were his children who in the even walked out of the gathering. He said for those who were wondering about his status, "I am in the window period".



**Mr. Nhlavana Maseko, Swaziland Traditional Healers Association**

He went on to outline that a pastor took him to a Herbal College and he also did Physiotherapy, hence he is not just a traditional healer but a qualified doctor as well. The Government also sent him to Germany so that the Herbal Medicinal Plants that we have in the country could be scientifically tested, and these testes were performed on rats. Another research was started on marijuana with the help of sponsorships and the University of Swaziland, but that research had to stop when one too many university students started helping themselves on the plant.

Mr. Nhlavana Maseko related that he was a physician to the late King Sobhuza II and have been for six monarchies. He was put in prison after the King's death and would make remedies to help the policies offices when they fell sick, but would always insist on growing to the hospital when he fell sick or felt like he needed some fresh air. He stated that when AIDS was brought to Africa it was not introduced the way right way. We need to categorize ourselves to the standard health regulations. He recalled that he was once involved in an accident where he was unconscious for sometime and was due to be amputated, on regaining consciousness informed the doctor not to cut off his limbs and was able to regain the use of all his limbs with the help of traditional remedies.



**Attentive Participants**

#### **4. DISCUSSION HIGHLIGHTS**

Following the key presentations, the plenary was opened for discussions and participants were invited to pose questions and comments around the theme.

The following challenges and discussion points were raised:

- There is a need to update information on HIV and AIDS issues as the media allows conflicting information to be aired. It was felt that the key people or representatives of companies that usually advertise their services in the media are still missing from such policy dialogues. Collective government effort was cited as a way to address the issue of conflicting messages in the media.
- On nutrition, it was noted that most people who test positive get discouraged after realizing that the foods they would have been advised to take during counselling are not affordable and also easily accessible to them.
- An urgent need for the harmonization of health and traditional medicines was noted.
- There is need for capacity building on policy implications. Key players had been involved in other policy foras but because of lack of commitment, the recommendations raised in these meetings were not followed up.
- On the nutrition policy, donors have begun supporting nutritional policy development and other related issues through NERCHA. However, lack of funds is still a major problem.
- Traditional issues are tackled under the King's office and efforts are being made through this office to meet with all the traditional healers so as to find out the components of the remedies. The major challenge on traditional remedies and the media is that an individual/company is given a permit to run a business and that individual/company is not required by any law to go through the Ministry of Health for standardization. Consequently, the Ministry of Health has no way of regulating and standardizing the traditional remedies that are sold to the public. The major concern is that what goes into these traditional remedies is kept a secret and it is only the traditional healer who knows the ingredients of the concoction.
- ARV drugs have their side effects and these are made known to the public, on the traditional medicines there is one called *Mvuthuza* which is widely used those who use it are never informed of the side effects.

- Reference has been made in several foras to the contribution that the pastors could make complementing the efforts being made by the government and the traditional healers but surprisingly they were still not involved in these discussions.
- On drug interaction, a case in point is were a person who is HIV positive and is on ARV drugs also has a heart problem and needs to take drugs for the heart problem. The traditional healers who encounter these problems needed to know whether this would not lead to the implications of drug interactions.
- Lack of communication and proper coordination amongst the concerned stakeholders was cited as one major challenge in the fight against HIV and AIDS in Swaziland.



**Some of the participants of the APD**

### **Recommendations**

- The ingredients used in traditional medicines are food substances which include but are not limited to African potato, Rooibos tea, spirulina and soya beans. There is no type of food that has no side effects if it is not taken correctly. The traditional healers do not want to integrate but would rather collaborate. The traditional healers lamented that the way they are approached is demeaning and as long as it continues they vowed to shut out the health sector. They further proposed that they should be treated as one with the rest of the health sector as in the slogan which says "*iHIV yindzaba yeftu sonke*" loosely translated as 'HIV is everybody's concern'
- Responding to the issue of drug interactions, the Director of Health Services indicated that it is advisable that traditional healers should find out what other medication the patient is on before prescribing other medicines. *It is important to take note of which medicines work together or work against each other*, explained the Director of Health Services. The medication only starts working once it is absorbed into the blood stream, so if these medicines work against each other in the stomach, very little or nothing will be absorbed into the blood stream.

### **BREAKAWAYS SESSIONS**

The participants broke into three groups to discuss the assigned topics and the following proposals were generated.

## **Group 1:**

What are the policy and community related issues around herbal and traditional practices and therapies, and their influence on community access and adherence to HIV/AIDS care and treatment? What are the three key recommendations for this area?

Group 1 raised the following issues as those related to policy and the community

- Confidentiality – It was revealed during the discussions that people are unable to adhere to ARVs because they are afraid to be seen
- Stigma and discrimination-These were cited as major obstacles to community access and adherence to HIV/AIDS care and treatment.
- Poverty – As one becomes dependant on another person the person on ART will get the treatment that the provider wants
  - Water security
  - Refilling of ART every month needs to be changed to at least once in every three months
- Beliefs / myths – conflicting messages, Traditional vs. Religious vs. Western

### **Policies / Recommendations**

- Merge stakeholders and Government Ministries to create a Policy to Guide people working on health issues
- Promote production of indigenous foods
- Policy to guide information on facts and claims for AIDS and chronic illness (cancer, TB) cure.



**Some of the participants during breakaway sessions**

## **Group 2:**

What are the Policy and Community related issues around nutrition/food security and sustainability of ART program roll-out (access, adherence, availability of OI treatment etc)? What are the three key recommendations for this area?

### **Nutrition/Security**

- Availability of water: safe water for drinking and raw water for agricultural purposes.
- Availability of food

- Affordability of food and accessibility of food
- Cooking skills of indigenous foods
- Nutritional Guidelines from national level to grassroots level
- Food production methods

#### Sustainability of ART

- Lack of supermarket approach, counselling on nutrition, cooking, food security
- Lack of monitoring and evaluation system
- Lack of information (clientele)
- Lack of resource integration amongst stakeholders
- Lack of national guidelines on the referral and support system
- Involvement of PLWHA

#### Recommendations

- Provision of food packs to clients on ARVs until they are able to stand on their own

#### Group 3

What processes need to take place to ensure that nutrition security, herbal therapies and conventional treatment using ARVs are harmonised within the public and private sector? What policy and program structures and mechanisms are necessary to enable this harmony?

- Create a coordination link for nutrition
- Bring together nutritionist and herbalist groups together
- Create dietician or nutritionist posts
- Capacity building – lay counsellors
- I.E.C material development – speed up nutrition policy development
- Planning and budgeting processes for HIV and AIDS should include nutrition
- Strengthen partnerships amongst public and private sector.

#### Questions raised on Group 2:

- Who are the experts of cooking the indigenous foods?
- What is a herbalist? What category are we talking about?
- The APD was greatly appreciated because a nutrition aspect was lack, Is there a proposal that will come out from this dialogue?

#### Response by Group 2:

- The grandmothers in the communities are the experts of cooking the indigenous foods because they have been using them for a long time.
- All the information obtained will be feed into the system.
- On stigma, the training should be for everybody and the supermarket approach.

## 6. CONCLUSIONS & WAY FORWARD

Ms. Faith Dlamini of NERCHA thanked everybody for participating and went on to address six issues as follows:

- A. Gaps in policy framework have been identified.

### **POLICY DEVELOPMENT**

- Leadership will be with the MOHSW
  - Focus on the national nutrition policy that has HIV and AIDS
    - Must have clear guidelines
    - Must inform IEC materials development
  - Policy should also be explicit on issues of
    - Harmonization
    - Coordination
    - Collaboration – between MOHSW, Ministry of Enterprise & Employment, THO and the media
    - Regulation issues including – media, herbal remedy practitioners
- B. Gaps in capacities amongst the various stakeholders has been identified
- CAPACITY BUILDING** for:
- Media – Nutrition and HIV and AIDS
  - PLWHA
  - Lay counsellors – involvement in actual service provision
  - Health care workers – nutritionists, dieticians
- C. Resource gaps affecting service provision

### **RESOURCE MOBILIZATION**

- Proper planning and budgeting for HIV and AIDS to include nutrition issues
- Leverage resources through stakeholders sharing resources to ensure these resources go a long way.

### **D. PARTNERSHIPS**

Strengthen existing partnerships with other stakeholders – where these are non-existent create / develop partnership – leverage resources

### **E. COLLABORATION**

Strengthen collaboration between conventional practitioners and traditional healers.

### **F. COORDINATION**

- MOHSW to lead, that is, SNAP and National Nutrition Council
- Opportunity to share guidelines

G. Further Dialogues to explore issues – there is a need for a Health Summit. These could be community, national and regional dialogues on various issues.

## **7. CLOSING REMARKS**

Mr. Peter Vranken, of the Centre for Disease Control (CDC) in Swaziland, delivered the closing remarks on behalf of the United States Government (USG). He mentioned that USG is supporting a lot of issues on HIV and AIDS in Swaziland but nutrition is really a big part of the support. USG also funds SAfAIDS, which is a regional program. He further stated that the thing he really likes about this kind of dialogue is that brings together different kinds of people from different levels of society and all works of life because the people on the higher levels usually do not have a clear picture of what is really happening on the ground. He ended by thanking the organizers of the APD and all the participants and wished everybody a safe trip home.

## ANNEXURE

### ANNEX I:



**SAfAIDS** Southern Africa  
HIV and AIDS Information  
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## PROGRAM

### Antiretroviral Treatment Policy Dialogue (APD)

National HIV and AIDS Information Centre (NERCHA/SAfAIDS), Manzini, Swaziland

Tuesday, 17 July 2007

**Theme: Nutrition, Herbs and ART: How Can This Critical Linkage Be Supported By Policy?**

#### Time

8.15 - 8.30 a.m.	Registration
8.30 – 8.15 a.m	Introductions – <i>Dr. Winnie Nhlengetwa - APD Moderator</i>
8.15 - 9.00 a.m.	Welcome Remarks <i>Dr. Cesphinah Mabuza - Director of Health Services</i>
9.00 – 9.10 a.m.	Setting the Pace <b><i>Ms Lotshiwe Cheuka - SAfAIDS Head of Finance and Administration</i></b>
9.10 – 10.00 a.m.	<b>Key Presentations A</b> Government Perspectives on the Nutrition and Food Security Policy and Guidelines: What Are the Issues? Danisile Vilakati - Swaziland National Nutritional Council, MOHSW  Are Nutrition Security and the use of Herbs complementing PLHIV's accessibility & adherence to ART and other care and treatment options? <i>Nompilo Matsebula - Nhlanguano AIDS Training Information and Counselling Centre (NATICC)</i>  Health Care Service Provider Perspectives-How are Nutrition/Herbs Therapies influencing roll-out of the ART program? What service provider issues need policy reform for aligning ART & Nutrition/Herbs? Thandi Kunene- Mbabane Government Hospital
10.00 – 10.30	Queries & Responses - <i>Moderator</i>

<b>10.30 – 10.45 a.m.</b>	<b>Tea Break</b>
10.45 – 11.20 a.m.	<p><b>Key Presentations B</b></p> <p><i>What is the role of Traditional &amp; Herbal Medicine in HIV and AIDS treatment in Swaziland?</i></p> <p>Nhlavana Maseko- Swaziland Traditional Healers Association.</p> <p>Technical Perspectives: How can the linkage between Nutrition, Herbs &amp; ART Programs be supported by Policy? What are challenges, successes lessons learnt? What recommendations, to harmonise complementary therapies to the National ART Program, can be offered?</p> <p>Food and Agricultural Organisation (FAO)-Swazi Country Representative</p>
11.20 – 12.30 a.m.	Breakaways Sessions ( <i>See Breakaway Session Guide</i> )
<b>12.30-1.30 p.m.</b>	<b>Lunch</b>
1.30 – 2.15 p.m.	Feedback from Breakaways
2.15 – 2.30 p.m.	Conclusions and Way Forward – <i>SNAP and NERCHA</i>
2.30 – 2.50 p.m.	Closing Remarks – <i>USG Representative.</i>
2.50 – 3.00 p.m.	Completion of APD Comments Forms Group Photograph
<b>3.00 p.m.</b>	<b>Tea Break &amp; Departure</b>



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