

SPOTLIGHT REPORT ON THE SUSTAINABLE DEVELOPMENT GOALS  
VOLUNTARY NATIONAL REVIEW OF THE KINGDOM OF ESWATINI

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## **Civil Society Submission under Paragraph 89 of the Agenda 2030 (A/RES/70/1)**

*June 2025*





## Introduction

Eswatini has reaffirmed its commitment to implementing the 2030 Agenda for Sustainable Development. Eswatini has integrated the recommendations from its last Voluntary National Review (VNR) in 2022 into the current National Development Plan (2022/23 – 2027/8) and has reported significant progress towards clean water and sanitation, energy, environmental sustainability as well as good health and well-being and gender equality, including for populations “left behind” such as women and young girls.

Despite these efforts, Eswatini continues to face substantial challenges, including in strengthening decent work and economic growth and reducing inequalities. Also, challenges continue to exist in achieving gender equality in law and policy and in addressing gender-based violence, including for marginalized populations such as lesbian, gay, bisexual, transgender, queer, intersex and other gender-diverse (LGBTQI+) populations and sex workers.

This report highlights critical gaps in Eswatini’s implementation of the 2030 Agenda, with a focus on the equality, health and socio-economic rights of marginalized populations such as LGBTQI+ communities and sex workers. This submission focuses on key targets under Sustainable Development Goal (SDG) 3 (Good Health and Well-Being), SDG 5 (Gender Equality) and SDG 8 (Decent Work and Economic Growth). It draws on recent data, including findings from the 2023 People Living with HIV Stigma Index and the 2021 Integrated Biological and Behavioural Surveillance Survey (IBBSS), amongst others, to illustrate how stigma, discrimination, violence and legal barriers continue to prevent LGBTQI+ individuals and sex workers from achieving relevant SDG targets—ultimately undermining Eswatini’s commitment to the 2030 Agenda and its pledge to “leave no one behind”.

## Methodology

This report used publicly-available data, reports from United Nations bodies and documented cases collected from LGBTQI+ members of United Voices for Diversity. **United Voices for Diversity in Eswatini** is an LGBTQI+ consortium that collaborates with local organizations to promote inclusivity, equality, and human rights, particularly for marginalized communities. The membership (8 members) includes Eswatini Sexual and Gender Minorities, TranSwati, House of our Pride, Health Plus for Men, Queer Women’s Network, The Rock of Hope, Parents United and Care for Children (PUCAC) and the United Youth for Sustainable Globe.



## Goal 3: Good health and well-being

**Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases**

**Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations**

Eswatini has made progress with respect to Target 3.3 in the past three years. In 2021, the HIV incidence amongst adults aged 15 to 29 years was 0.85%, down from 1.2% in 2016.<sup>1</sup> UNAIDS reports that there were 3700 new HIV infections and HIV prevalence of 25.1% amongst adults aged 15-49 years in 2023, with women more affected than men.<sup>2</sup> However, a 2021 Integrated Biological and Behavioural Surveillance Survey (IBBSS) shows that key populations remain at higher risk. Men who have sex with men (MSM) have 21% HIV prevalence, higher than that of men in the general population, transgender people have 41.2% and sex workers have an alarming 58.8% HIV prevalence. The IBBSS also provided updated data on access to antiretroviral treatment (ART) and viral load suppression, which suggests that key populations are not achieving 95-95-95 targets, with low awareness of HIV status and linkage to ART amongst MSM.<sup>3</sup>

1 In terms of Swaziland HIV Incidence Measurement Survey 2 (2016) and Swaziland HIV Incidence Measurement Survey 3 (2021).

2 AIDS Info at [www.aidsinfo.unaids.org](http://www.aidsinfo.unaids.org); SNYP+, MoH, NERCHA and others (2023) Eswatini PLHIV Stigma Index 2.0 Study Report 2023.

3 Eswatini Joint Program Review Report (TB, HIV & STIs) of 2023.

## How are LGBTQI+ people and sex workers left behind

Despite recent progress, LGBTQI+ individuals and sex workers in Eswatini remain at high risk of HIV. An Eswatini Joint Program Review Report (TB, HIV & STIs) of 2023 identified various challenges to health programme implementation in Eswatini, including the unprotective legal and policy environment, limited domestic funding for key population health initiatives, limited data on key population size estimates particularly for transgender people and people who use drugs and the limited sensitization of healthcare workers to services for key populations.

Punitive and discriminatory laws, as well as stigma, discrimination and violence drive HIV transmission, marginalizing key populations such as LGBTQI+ communities and sex workers, exacerbating their vulnerability to HIV exposure and creating further barriers to their ability to access HIV-related prevention and healthcare services and to adhere to HIV treatment.<sup>4</sup>

Sex work is criminalized in Swaziland under Part III of the Sexual Offences and Domestic Violence Act of 2018, which criminalises both the buying and selling of sex, as well as ‘benefiting’ or ‘living from the earnings’ of sex work and keeping a brothel. Sex workers in Eswatini have been found to be highly vulnerable to stigma, discrimination and violence, with limited recourse to justice, in this unprotective legal environment.<sup>5</sup>

Eswatini’s legal framework does not explicitly provide for the protections for LGBTQI+ people. Section 20 of the Constitution protects the right to equality before and equal protection of the law; however it does not explicitly prohibit discrimination based on sexual orientation or gender identity and expression (SOGIE). Although there is no specific law that criminalizes same-sex relationships, section 185(5) of the country’s Criminal Procedure and Evidence Act of 1938 still retains colonial-era sodomy laws that can be used to prosecute consensual same-sex sexual activity. There is no law in Eswatini that allows a person to change their gender marker, although the Births, Marriages and Deaths Registration Act of 1983 could possibly be used to bring an application.<sup>6</sup> There are no oversight mechanisms to protect LGBTQI+ persons who face discrimination.<sup>7</sup>

Civil society organisations struggle to operate in this environment. An LGBTQI+ organisation, Eswatini Sexual and Gender Minorities (ESGM), was denied registration again recently (on the basis that the name and objects of ESGM offended public morality, common law and customary principles), despite a 2023 Supreme Court ruling that the previous denial of registration was unconstitutional.<sup>8</sup> Eswatini did not have a national Key Populations’ Consortium (a consortium of key population-led civil society organisations and networks as well as relevant government entities and development partners) which is considered a ‘best practice’ for involving key populations in health policy decisions and programme design for some time.<sup>9</sup> Recently, the LGBTQI+ Consortium known as the “United Voices for Diversity” was revived in 2024, with a clear terms of reference and strategic plan developed to guide its work. However, many member organisations have been affected by the USAID funding cuts, placing the Consortium and member organisations’ ability to operate, at risk.

According to the 2023 Eswatini People Living with HIV (PLHIV) Stigma Index Study, Eswatini has made positive strides in reducing HIV-related stigma and discrimination to below 10% across sectors of society. However, 14.9% of people living with HIV experienced HIV-related discrimination in healthcare settings and 17.9% reported internalised stigma as a result of their HIV status. Key and vulnerable populations were disproportionately affected by stigma and discrimination while accessing healthcare services, with 17% of women, 17% of people who use drugs, 20% of transgender people and 25% of sex workers reporting discrimination in healthcare.<sup>10</sup> The participants in the study were also asked if fears about other people learning their HIV status led them to miss a dose of their antiretroviral treatment in the last 12 months. Participants who identified as female (18.4%), youth (22.4%), sex workers (31.1%) and people who use / inject drugs (32.5%) were most likely to have missed a treatment in the last 12 months out of fear that someone would discover their HIV status.

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4 See Global Commission on HIV and the Law (2015) Risks, Rights and Health; see also Eswatini Joint Program Review Report (TB, HIV & STIs) of 2023

5 UNDP, NERCHA (2015) Swaziland Legal Environment Assessment for HIV

6 Southern African Litigation Centre (2016) Laws and Policies Affecting Transgender Persons in Southern Africa.

7 Out and Proud: LGBTI Equality and Rights in Southern Africa (2021) Discrimination against persons in Eswatini: Eswatini’s 3<sup>rd</sup> Universal Periodic Review, 37<sup>th</sup> Session, October 2021.

8 *Simelane NO & Others v Minister of Commerce and Trade and Industry and Others* (Civil Case No. 34 of 2022) [2023] SZSC (16 June 2023).

9 Eswatini Joint Program Review Report (TB, HIV & STIs) of 2023.

10 SNYP+, MoH, NERCHA and others (2023) Eswatini PLHIV Stigma Index 2.0 Study Report 2023.

The country's IBBSS of 2021 found that 31% of MSM, 29% of transgender people and 25% of sex workers fear attending health care services and 24% of MSM, 35% of transgender people and 21% of sex workers avoided accessing health care for fear of being identified for who they are. Almost 50% of key populations reported that clinical staff are not always friendly or professional. A high proportion of female sex workers participating in the IBBSS also reported harassment by law enforcement officials, with 37% of the sample reporting having been harassed because of selling sex. Around 22% reported having condoms confiscated by police, while 14% reported having avoided carrying condoms because of fear of getting in trouble with the police. Such experiences of violence from the police undermine HIV prevention efforts among female sex workers and other key populations; increased efforts to address such structural barriers in HIV programs are essential.

During the most recent Universal Periodic Review (UPR) cycle in 2022, Denmark noted with concern the discrimination against LGBTQI+ people in Eswatini and recommended the decriminalization of same-sex sex. Ireland noted concerns with “the stigmatization of people living with HIV”. Ukraine recommended that Eswatini redouble efforts to combat HIV-related stigma and discrimination and Uruguay recommended investing in awareness-raising campaigns to ensure that “all people are duly informed about the risks of transmission of this disease, as well as to combat the stigmatization associated with it”. Various countries<sup>11</sup> also recommended the need to strengthen the resourcing, independence and functioning of the Commission on Human Rights and Public Administration in order to establish an effective and impartial human rights complaints mechanism in the country.<sup>12</sup>

Violence against sex workers and LGBTQI+ populations is discussed in further detail under Goal 5, below.

## Recommendations

To address these gaps, we recommend the following:

1. Review and amend laws to decriminalize same-sex sex and sex work.
2. Review anti-discrimination laws to explicitly include SOGIE among the prohibited grounds of discrimination.
3. Launch public campaigns to combat stigma and raise awareness about LGBTQI+ rights, sex workers' rights and HIV and health rights, focusing on equality, inclusion, non-violence and public health.
4. Develop and implement nationwide training for healthcare workers on non-discrimination, confidentiality, and respectful care for key populations, including LGBTQI+ people and sex workers.
5. Resource and support community-led HIV services tailored for LGBTQI+ people and sex workers, ensuring these groups are involved in design, development, implementation and monitoring and evaluation.
6. Improve the independence of the Commission on Human Rights and Public Administration and/or establish independent mechanisms to monitor and respond to human rights violations against LGBTQI+ individuals and sex workers, including abuse by health workers or law enforcement officials.



## Goal 5: Gender equality

### Target 5.1: End all forms of discrimination against all women and girls everywhere

#### **Indicator 5.1.1: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non discrimination on the basis of sex**

Since the 2022 VNR, Eswatini has continued to make progress in advancing gender equality. In 2023, the country launched the National Gender Policy for 2023-2033, outlining the country's vision for gender equality in

<sup>11</sup> Djibouti, Haiti, Montenegro, Morocco, Nepal, Pakistan, Senegal, United Arab Emirates and Zambia.

<sup>12</sup> Human Rights Council (2022) Report of the Working Group on the Universal Periodic Review Eswatini. A/HRC/49/14.

all sectors of society. Efforts have been made to increase women's participation in political and public life, with notable progress in women's representation in Parliament in the 2023 elections.

### **How LGBTQI+ people are left behind**

Section 20 of the National Constitution of 2005 provides for the right to equality and prohibits discrimination on the basis of gender. Section 28 also makes specific provision for the rights and freedoms of women, including the right to equal treatment with men, and for government obligations towards providing the necessary facilities and opportunities to support women's development. There is no specific protection from discrimination on the basis of sexual orientation or gender identity.

### **Recommendations**

1. Review anti-discrimination laws to explicitly include SOGIE among the prohibited grounds of discrimination.
2. Review the National Gender Policy and associated strategies and plans for its implementation to include efforts to advance equality for LGBTQI+ people. This should include public awareness campaigns, legal literacy programs and capacity-building for law enforcement and judicial actors.
3. Launch nationwide campaigns to challenge stereotypes and promote understanding, tolerance, and respect for sexual and gender diversity, targeting all sectors of society including schools, workplaces and community spaces.
4. Improve the independence of the Commission on Human Rights and Public Administration and/or establish independent mechanisms to provide accessible, safe and confidential mechanisms for reporting discrimination, and mechanisms for investigating, monitoring and responding to human rights violations against LGBTQI+ individuals and sex workers, including abuse by health workers or law enforcement officials.
5. Provide LGBTQI+ people with appropriate legal, psychological, and social support services for acts of discrimination.
6. Establish mechanisms for the systematic collection of disaggregated data on incidents of discrimination and stigma against LGBTQI+ persons. Data should be used to inform evidence-based policies and programmes, allocate resources and monitor progress.

### **Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation**

#### ***Indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence***

Eswatini has also recently developed a National Strategy and Action Plan to End Violence (2023-2027). Efforts have been made to strengthen comprehensive medical, psychosocial and legal services to survivors of gender-based violence in Eswatini in terms of the National Action Plan on gender-based violence.

### **How LGBTQI+ people and sex workers are left behind**

The National Gender Policy and National Strategy and Action Plan to End Violence fail to specifically prioritise violence against sex workers, as a vulnerable population, and violence against LGBTQI+ people.

In the 2023 PLHIV Stigma Index 2.0 Study Report some participants reported being forced to have sex without condom, despite knowing their HIV status.<sup>13</sup>

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13 SNYP+, MoH, NERCHA and others (2023) Eswatini PLHIV Stigma Index 2.0 Study Report 2023.

A high proportion of female sex workers participating in the IBBSS reported sexual violence. About a third (32%) had been forced to have sex against their will and 34% had first been raped younger than age 15. Experiences of harassment by police was also high.<sup>14</sup>

LGBTQI+ communities in Eswatini report high levels of stigma, discrimination, violence and abuse, with a recent studying finding that 60% of LGBTQI+ people experienced violence in their lifetime and 25% of lesbians reporting sexual violence in 2021.<sup>15</sup> The 2023 PLHIV Stigma Index 2.0 Study Report also found that more female participants (11.3%) experienced stigma and discrimination than males (5.5%).

In the Eswatini IBBSS, transgender people reported higher experiences of violence than sex workers and MSM. For instance, 71% of the transgender participants were harassed because of being a trans person, compared with 44% of MSM and 41% of female sex workers. In the 2023 PLHIV Stigma Index 2.0 Study Report, a transgender participant narrated an experience of 'corrective rape' as a result of the community refusing to accept their gender identity.<sup>16</sup>

During the most recent UPR cycle in 2022, Denmark expressed concern at "the discrimination and stigmatization faced by the lesbian, gay, bisexual, transgender and intersex community". A number of countries recommended strengthened laws, policies and measures to combat, investigate and provide redress for discrimination and violence on the basis of sexual orientation and gender identity,<sup>17</sup> and eight countries<sup>18</sup> recommended that Eswatini consider decriminalizing same-sex sex.<sup>19</sup>

## Recommendations

1. Review the National Strategy and Action Plan to End Violence and associated strategies and plans for its implementation to include efforts to address violence against sex workers and LGBTQI+ people.
2. Launch nationwide campaigns to increase public awareness, reduce violence, strengthen legal literacy and promote access to post-violence services.
3. Undertake training and sensitization for healthcare workers, law enforcement officials including police, prosecutors, and judges on human rights, gender sensitivity and handling cases involving LGBTQI+ persons and sex workers without prejudice.
4. Create confidential, accessible, and safe channels for LGBTQI+ individuals and sex workers to report violence and abuse.
5. Improve the independence of the Commission on Human Rights and Public Administration and/or establish independent mechanisms to provide accessible, safe and confidential mechanisms for reporting violence, and mechanisms for investigating, monitoring and responding to violence against LGBTQI+ individuals and sex workers, including abuse by healthcare workers and law enforcement officials.
6. Ensure all reported cases of violence and harassment against LGBTQI+ individuals and sex workers are thoroughly investigated and prosecuted. Publicly report on progress in bringing perpetrators to justice to build trust among affected communities.
7. Strengthen accountability mechanisms for redress in the event of misconduct or inaction by healthcare workers and law enforcers.
8. Provide LGBTQI+ people and sex workers with access to appropriate legal, psychological, and social support services, including shelters, for acts of violence.

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14 IBBSS 2021.

15 US Department of State (2023) Country Reports on Human Rights Practices: Eswatini.

16 SNYP+, MoH, NERCHA and others (2023) Eswatini PLHIV Stigma Index 2.0 Study Report 2023.

17 Fiji, Brazil, Iceland, Italy, Luxembourg, Mexico, Canada, Chile, Spain, United Kingdom, Costa Rica, Argentina, Australia

18 Denmark, Brazil, Iceland, Italy, Luxembourg, Mexico, Canada, Spain, United Kingdom, Costa Rica, Australia

19 Human Rights Council (2022) Report of the Working Group on the Universal Periodic Review Eswatini. A/HRC/49/14.

9. Establish mechanisms for the systematic collection of disaggregated data on incidents of violence against sex workers and LGBTQI+ persons. Data should be used to inform evidence-based policies and programmes, allocate resources and monitor progress.



## Goal 8: Decent work and economic growth

**Target 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value**

**Indicator 8.5.2 Unemployment rate, by age, sex and persons with disabilities**

**Target 8.6 By 2030, substantially reduce the proportion of youth not in employment, education or training**

**Indicator 8.6.1 Proportion of youth (aged 15-24 years) not in education, employment or training.**

**Target 8.8. Protect labour right and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.**

**Indicator 8.8.2 Increase in national compliance of labour rights (freedom of association and collective bargaining) based on ILO textual sources and national legislation, by sex and migrant status.**

The youth unemployment rate has reduced since 2021 and Eswatini has shown some progress in employment of younger women. However, the youth unemployment rate is still exceptionally high with 56% compared to 35% among the general population, with more young women than young men unemployed and not in education, employment and training. Programmes have been initiated to provide skills training, curb youth unemployment and stimulate youth entrepreneurship.

### How are LGBTQI+ people and sex workers left behind

There is limited data on the number of key populations (e.g., LGBTQI people) who are unemployed, or not in education, employment or training. However, data on youth unemployment would include unemployment of young key populations such as LGBTQI+ communities and sex workers, since they are often marginalized populations.

According to the 2023 PLHIV Stigma Index 2.0 Study Report, 45.8% of people living with HIV were unemployed. In fact, only 28.8% reported being in full time work. Most participants reported unemployment as a challenge and the lack of food, including how this impacted on their ability to take their treatment. Just over 70% of people living with HIV reported being unable to meet their basic needs most or some of the time in the preceding 12 months. Transgender people and young people faced greater challenges in meeting basic needs.

The PLHIV Stigma Index Study 2.0 also reported that 1.5% of the people living with HIV participating in the study reported being refused employment or losing a job due to their HIV status; additionally 1.5% of MSM reported being refused employment or losing a job due to their HIV status in the preceding 12 months, which highlights the sensitivity of HIV disclosure. In the report a participant was denied a promotion because their supervisor knew their HIV status: "I was denied promotion at work because my supervisor knows my status. She has the tendency of calling me into her office and tell me that she cannot recommend me for higher position because I'm sick. That really hurts because I know, and she knows that I deserve a better position at the company."

Fear of disclosure lead to many avoiding applying for jobs or isolating from social networks, reducing their economic opportunities.<sup>20</sup>

As set out above, sex work is criminalized and therefore not recognised as work in Eswatini. The PLHIV Stigma Index 2.0 Study Report noted that "the criminalization of sex work and lack of protective legal frameworks for LGBTQI people ... limit access to safe employment". Sex worker participants also reported abuse by clients that

20 SNYP+, MoH, NERCHA and others (2023) Eswatini PLHIV Stigma Index 2.0 Study Report 2023.

refuse to pay, which they were unable to report. Some clients refuse to use protection even on disclosure of HIV status.<sup>21</sup>

## **Recommendations**

1. Support efforts to systematically collect and analyze data on employment, income, and economic vulnerability disaggregated by sexual orientation and gender identity, to inform inclusive policies and programs.
2. Encourage awareness campaigns and capacity-building for employers, public officials, and service providers to promote inclusive workplaces and challenge homophobia and transphobia.
3. Urge Eswatini to integrate the specific needs of LGBTQI+ people into broader strategies to stimulate economic growth and address youth unemployment, including e.g, the National Growth Strategy, ensuring no one is left behind.
4. Protect the rights of sex workers to fair labour practices and decriminalize sex work.

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21 Ibid.



United Voices  
For Diversity