

SITUATION OF PERSONS WITH ALBINISM IN ESWATINI

Joint Submission to the Universal Periodic Review

By



Africa Albinism Network (AAN)

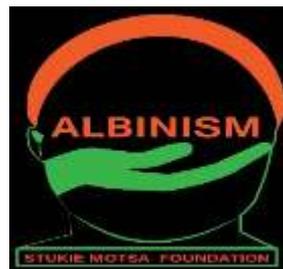
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Executive Summary

This report assesses the human rights situation of persons with albinism in the Kingdom of Eswatini in the context of the Universal Periodic Review (UPR). It examines progress and persistent gaps in the protection of the rights of persons with albinism since the country's previous UPR cycles, focusing on five priority areas: education, health, employment, violence and personal security, and discrimination. The analysis draws on national legislation and policies, official statistics including the 2017 Population and Housing Census, reports from United Nations human rights mechanisms, civil society documentation, and consultations with leaders of albinism organizations.

According to the 2017 census, approximately 7,332 persons with albinism live in Eswatini, representing about 0.7 percent of the population, although civil society actors believe this figure is likely underestimated due to stigma and underreporting. While the Constitution of Eswatini, the Persons with Disabilities Act (2018), and the National Disability Plan of Action (2024–2028) provide an important legal framework for protection and inclusion, the lived experiences of persons with albinism reveal significant gaps between legal commitments and practical implementation.

Persons with albinism continue to face systemic barriers in education, including inadequate reasonable accommodation for visual impairments and widespread bullying in schools. In the health sector, limited access to sunscreen, dermatological screening, and specialized eye care exposes many individuals to preventable health risks, including skin cancer. Employment opportunities remain restricted due to discrimination, educational disadvantage, and unsafe working conditions. At the same time, persistent stigma and harmful myths contribute to social exclusion and, in some cases, violence and threats against persons with albinism.

The report recommends that stronger implementation of existing laws, the development and adoption of a National action plan for PWA, improved data collection, and targeted policy measures are necessary to ensure the effective protection and inclusion of persons with albinism in Eswatini.

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Questions to the Government of Eswatini

- 1) What specific budgetary allocations are dedicated to addressing the health needs of persons with albinism, including access to sunscreen, dermatological screening, and low-vision services?
- 2) What concrete measures is the Government of Eswatini taking to improve access to employment and economic opportunities for persons with albinism
- 3) How does the Government plan to operationalize the National Disability Plan of Action (2024–2028) to ensure measurable improvements for persons with albinism, particularly in education and employment?
- 4) What mechanisms exist to systematically monitor, prevent, and respond to threats and attacks against persons with albinism, and how are these mechanisms resourced?
- 5) How many cases involving violence or threats against persons with albinism have been investigated and prosecuted since the last UPR cycle, and what were the outcomes?
- 6) What steps are being taken to ensure inclusive education and reasonable accommodation for learners with albinism in mainstream schools?
- 7) Are there plans to develop a dedicated national action plan on albinism, aligned with regional and international frameworks, including the African Union Plan of Action on Albinism?

I. Introduction and Methodology

This submission assesses the human rights situation of persons with albinism in the Kingdom of Eswatini for the purposes of the Universal Periodic Review (UPR). It focuses exclusively on the lived realities of persons with albinism and examines progress and gaps in the protection and promotion of their rights since Eswatini's previous UPR cycles. Attention is paid to five priority areas: education, health, employment, violence, and discrimination.

Persons with albinism constitute one of the most marginalized groups in Eswatini, facing intersecting forms of discrimination linked to disability, physical appearance, poverty, and entrenched social stigma. Despite constitutional guarantees of equality and the adoption of disability-related legislation and policies, persons with albinism continue to experience significant barriers to the enjoyment of their fundamental rights. This report is based on a review of:

- National laws and policies, including the Constitution of Eswatini, the Persons with Disabilities Act (2018), and the National Disability Plan of Action (2024–2028);
- Official population and disability statistics, particularly the 2017 Population and Housing Census;
- Civil society reports and submissions to UN treaty bodies;
- Reports and statements by United Nations human rights mechanisms, including the Independent Expert on the enjoyment of human rights by persons with albinism;
- Credible media reports and documented cases.
- In-person consultation with leaders of Albinism groups from Eswatini during the Zimbabwe Learning Forum organised by the Africa Albinism Network.

The submission adopts a human right–based and implementation-focused approach, consistent with OHCHR guidelines for stakeholder submissions. It avoids general descriptions and instead highlights concrete patterns, gaps, and impacts, supported by facts, statistics, and documented cases.

II. Context: Persons with Albinism in Eswatini

Albinism is a rare, non-contagious, genetically inherited condition characterized by a lack or reduction of melanin in the skin, hair, and eyes. This results in very light pigmentation, congenital visual impairment of varying degrees, and a high susceptibility to sun-induced skin damage, including skin cancer.¹

In Eswatini, persons with albinism are officially recognized within the broader category of persons with disabilities. The 2017 Population and Housing Census recorded 7,332 persons with albinism, representing approximately 0.7 per cent of the national population, with 4,191 of these being children.² Civil society organizations working on albinism consider these figures to be conservative, as families may conceal members with albinism during data collection due to fear of stigma or violence.³

Eswatini's legal framework contains important protections on paper. The Constitution prohibits discrimination on the basis of disability and guarantees respect for human dignity. The Persons with Disabilities Act of 2018 provides a framework for the protection of the rights and welfare of persons with disabilities and criminalizes harmful practices against them.⁴ Eswatini is also a State Party to the Convention on the Rights of Persons with Disabilities (CRPD).

Notwithstanding these commitments, the lived experiences of persons with albinism reveal persistent structural barriers. Deep-rooted myths associating albinism with curses, misfortune, or supernatural power continue to shape social attitudes, particularly in rural areas. These beliefs fuel discrimination, exclusion, and, in extreme cases, violence.

III. Education

A. Access to Education

¹ United Nations Human Rights Council, *Report of the Independent Expert on the enjoyment of human rights by persons with albinism*, UN Doc. A/HRC/34/59 (2017), paras. 8–12.

² Kingdom of Eswatini, *Population and Housing Census 2017: Thematic Report on Disability*, Central Statistics Office (CSO), Mbabane, 2019.

³ Africa Albinism Alliance; Swaziland Association of Persons with Albinism (SAPA); Albinism Society of Eswatini, *Alternative Report to the Committee on the Rights of the Child on the Situation of Children with Albinism in Eswatini* (2021).

⁴ Kingdom of Eswatini, *Persons with Disabilities Act*, Act No. 16 of 2018.

The introduction of free primary education in Eswatini in 2010 contributed to increased school enrolment for children with disabilities, including children with albinism.⁵ However, access alone has not translated into equal participation or educational outcomes for learners with albinism.

Children with albinism face significant barriers in mainstream schools due to their visual impairment. Most schools lack basic, reasonable accommodations such as large-print textbooks, magnifying devices, or appropriate seating arrangements. Teachers are often unaware that albinism involves low vision and mistakenly assume that learners with albinism can see adequately.⁶

As a result, learners with albinism struggle to read from chalkboards, follow written materials, and participate fully in classroom activities. These challenges frequently lead to poor academic performance, repetition of grades, and early dropout, particularly at the transition from primary to secondary education.⁷

B. Safety, Bullying, and Stigma in Schools

In addition to structural barriers, learners with albinism are exposed to stigma and bullying in educational settings. Peers often subject them to name-calling, mockery, and social exclusion based on their appearance. Such treatment begins at an early age and has a cumulative impact on self-esteem and mental well-being.

In some cases, safety concerns extend beyond bullying. Families of children with albinism have reported keeping children at home during periods of heightened fear related to ritual attacks, particularly around election periods or in communities with a history of violence against persons with albinism. These fears disrupt schooling and reinforce exclusion.

Teachers and school administrators are not consistently trained to respond to bullying or to create inclusive environments for learners with

⁵ Ministry of Education and Training (Eswatini), Free Primary Education Policy Framework (2010).

⁶ Africa Albinism Alliance et al., Alternative Report to the Committee on the Rights of the Child on the Situation of Children with Albinism in Eswatini (2021), paras. 90–99.

⁷ Stukie Motsa Foundation, *The Plight of People with Albinism in Swaziland*, Mbabane (2019).

albinism. While inclusive education policies exist, their implementation remains uneven and insufficiently monitored.

C. Long-Term Impact

The educational barriers faced by persons with albinism have long-term consequences. Many adults with albinism report having completed only primary education or having dropped out of school prematurely.⁸ This limits access to vocational training, higher education, and skilled employment, reinforcing cycles of poverty and marginalization.

Girls with albinism face compounded disadvantages. In addition to disability-related stigma, they are exposed to gender-based discrimination and heightened vulnerability to abuse, which further undermines educational retention.

IV. Health

A. Skin Cancer and Preventive Care

Health challenges faced by persons with albinism in Eswatini are severe and, in many cases, life-threatening. Due to the absence of protective melanin, persons with albinism are highly vulnerable to sun damage and skin cancer. Across sub-Saharan Africa, skin cancer is a leading cause of premature death among persons with albinism, often occurring in early adulthood.

In Eswatini, access to preventive measures such as sunscreen, protective clothing, and regular dermatological screening is extremely limited. Sunscreen is not included in the national essential medicines list, and public health facilities do not routinely provide it. Where sunscreen is available, it is often through sporadic donations rather than systematic government provision.

The cost of sunscreen in private pharmacies places it beyond the reach of many families. As a result, children and adults with albinism are frequently left unprotected from intense sun exposure, particularly in rural areas where subsistence farming and outdoor labor are common.

⁸ Africa Albinism Alliance; SAPA; Albinism Society of Eswatini, *CRC Alternative Report on Eswatini (2021)*.

B. Access to Specialized Health Services

Eswatini has a very limited dermatological capacity. There is no nationwide program for regular skin screening for persons with albinism, and specialist services are concentrated in urban centers. Advanced cases of skin cancer often require referral outside the country, primarily to South Africa, through the Phalala Fund. Such referrals benefit only a small number of patients and do not constitute a sustainable public health response.

Visual impairment associated with albinism is also inadequately addressed. Access to optometry services, low-vision aids, and corrective lenses remains limited, further affecting education and employment outcomes.

C. Stigma within Health Services

Stigma surrounding albinism is not confined to communities; it also manifests within healthcare settings. Civil society organizations report cases where parents of children with albinism have been blamed by health workers for their children's condition or scolded for skin damage caused by sun exposure, rather than receiving supportive guidance.

Midwives and nurses are often not trained to provide appropriate counselling to parents at the birth of a child with albinism. The absence of early guidance on sun protection and eye care increases health risks and contributes to fear, misinformation, and family rejection.

V. Employment

A. Barriers to Accessing Work

Access to decent work remains a persistent challenge for persons with albinism in Eswatini. While national laws prohibit discrimination on the basis of disability, the practical reality is that persons with albinism continue to face exclusion from job opportunities, limited access to skills development, and poor workplace accommodation. These barriers are shaped by a combination of stigma, visual impairment, health vulnerabilities, and the long-term effects of educational disadvantage.

Many persons with albinism report being rejected in recruitment processes due to bias linked to their appearance or presumed incapacity. Evidence from organizations of persons with albinism reflects a pattern where jobseekers with albinism perceive discrimination even when it is not explicitly stated, describing repeated non-selection despite meeting requirements, and the sense of being judged before their skills are assessed. For example, in Eswatini, a qualified lawyer with albinism was denied employment at the Ministry of Labour because recruiters refused to believe she could have attained the necessary academic credentials. Such discrimination deepens poverty and undermines the right to equality and economic participation.

Educational barriers discussed in Part I significantly affect employment outcomes. With limited reasonable accommodation in schools and high dropout rates among learners with albinism, many enter adulthood with only basic qualifications, narrowing access to formal employment and vocational pathways.⁹ This creates a cycle in which structural exclusion in education translates into exclusion from the labour market.

B. Unsafe or Unsuitable Work Conditions

Even where employment is secured, work conditions may be unsafe or unsuitable without reasonable accommodation. Persons with albinism are highly vulnerable to sun exposure due to lack of melanin and face increased risk of skin damage and skin cancer. Work that involves prolonged exposure to sunlight common in agriculture, construction, and informal trading can be hazardous without protective clothing, hats, sunscreen, or flexible scheduling. Yet these forms of accommodation are rarely provided by employers as standard practice.

Cultural expectations can also operate as indirect barriers. Documentation highlights that certain community norms discourage men from wearing hats in formal settings as a sign of respect, even when hats are medically necessary to prevent sunburn and skin damage. Such norms create dilemmas: persons with albinism may avoid community-

⁹ Africa Albinism Alliance, Albinism Society of Eswatini, and Swaziland Association of Persons with Albinism (SAPA), Submission to the Committee on the Rights of the Child on the situation of children with albinism in Eswatini (18 August 2021).

based economic activities or leadership roles where these expectations apply, thereby limiting their social and economic participation.

C. Limited Targeted Economic Support

Eswatini has adopted disability-related strategies that include skills development and labour market participation as priority areas, but these frameworks remain broad and have not consistently translated into targeted support for persons with albinism. Persons with albinism continue to report limited access to entrepreneurship training, financial inclusion initiatives, or supported employment programmes tailored to their specific circumstances.

In the absence of proactive labour inclusion measures, persons with albinism are often pushed into precarious, informal livelihoods or dependency. The economic consequences are far-reaching and contribute to heightened vulnerability to exploitation and exclusion.

VI. Violence and Personal Security

A. Attacks, Threats, and the Risk of Harmful Practices

The right to life and security remains a central concern for persons with albinism in Eswatini. According to data compiled by Under The Same Sun (UTSS)¹⁰, as of January 2026, 841 attacks against persons with albinism have been recorded globally across 31 countries, including 260 killings. Eswatini accounts for 12 documented cases, comprising four killings and eight survivors of attempted attacks, with the most recent recorded case occurring in November 2019

The true extent of violence may be underreported. Civil society groups note that attacks are often surrounded by silence, sometimes due to fear of reprisals, stigma, distrust in protection systems, or the involvement of individuals close to victims. The absence of a formal national mechanism to monitor threats and attacks against persons with albinism further contributes to under-documentation.

A key pattern emerging from available reporting is that children with albinism face heightened risk. In addition to their physical vulnerability,

¹⁰ See Reported attacks by UTSS available at <https://www.underthesamesun.com/wp-content/uploads/2026/01/Attacks-of-PWA-Extended-23.01.2026.pdf> accessed on 30 January 2026

harmful myths often treat children's body parts as especially "powerful" due to perceptions of innocence. This creates significant fear among families, sometimes leading to restrictions on children's movement and participation in normal community life.

B. Documented Cases and Cross-Border Risks

Eswatini's experience must also be understood within a broader regional context. Documentation highlights cross-border dimensions, including the reported involvement of an Eswatini traditional healer in cases of violence targeting children with albinism in South Africa. These cases underline the need for regional cooperation and strong domestic prevention systems to address trafficking and cross-border criminal networks.

Local reports have also cited incidents where individuals approached families offering money in exchange for children with albinism. Such incidents, whether ultimately executed or not create a climate of fear and demonstrate that threats are not solely historical but remain an ongoing protection concern.

C. State Response and Accountability

Eswatini has adopted important legal protections. The Persons with Disabilities Act (2018) provides for protection against harmful practices targeting persons with disabilities and strengthens penalties for violence linked to disability status. However, the effectiveness of these protections depends on enforcement, investigations, prosecutions, and victim support.

Available information indicates that, in some instances, investigations have been prolonged, and certain past cases remain unresolved or without publicly known outcomes. Where justice is delayed or uncertain, the deterrent effect is weakened and trust in protection systems is undermined.

Beyond criminal justice responses, protection requires preventive measures. Persons with albinism and their families need early-warning systems, accessible reporting channels, safe relocation options where necessary, and witness protection. These measures are not yet sufficiently institutionalized nationwide.

VII. Discrimination and Social Exclusion

A. Persistent Stigma and Harmful Myths

Discrimination against persons with albinism in Eswatini remains pervasive. Stigma is often rooted in myths portraying persons with albinism as cursed, supernatural, or less human beliefs that fuel exclusion and harmful treatment. These attitudes manifest in families, schools, workplaces, religious communities, and public spaces.

Discrimination often begins at birth. Mothers of children with albinism may face blame and rejection within families and communities, sometimes leading to abandonment or violence. Children with albinism may grow up isolated, treated as a source of shame, or denied social belonging, which undermines mental well-being and development.

B. Discrimination in Community Life and Services

In community settings, persons with albinism may be excluded from social events, leadership opportunities, or communal decision-making. Cultural practices that fail to consider the medical realities of albinism, such as norms discouraging sun-protective clothing in certain contexts, can function as indirect discrimination.

Discrimination is also reported in service delivery. Civil society documentation notes that stigma sometimes affects the way persons with albinism are treated in healthcare settings, including instances where health workers blame parents for skin damage rather than providing supportive guidance. Such experiences discourage early access to care and worsen preventable health outcomes.

C. Legal Protections Versus Lived Reality

Eswatini's Constitution and disability legislation prohibit discrimination. The State has also ratified the CRPD and adopted national disability plans intended to advance inclusion. Nevertheless, the lived experience of persons with albinism indicates that legal protections have not yet translated into consistent, accessible remedies for discrimination, nor into sustained nationwide attitude change.

A major gap remains the absence of a dedicated national framework or action plan on albinism with clear targets, budgets, and accountability

measures. Without such a framework, interventions remain fragmented and dependent on sporadic projects led by civil society or media campaigns rather than systematic State action.

D. Positive Efforts and Remaining Gaps

Some awareness-raising efforts exist, including advocacy by associations of persons with albinism and initiatives linked to International Albinism Awareness Day. Media campaigns have also contributed to visibility and support to some learners with albinism through scholarships and materials. However, these actions are not yet institutionalized as part of a sustained national strategy.

Overall, discrimination remains a cross-cutting driver of exclusion in education, health, employment, and security. Ending discrimination requires combined legal enforcement, public education, community engagement, including with traditional leaders and traditional healers and sustained support services.

VIII. Assessment of Implementation of Previous UPR

Recommendations

During previous Universal Periodic Review cycles, Eswatini accepted a number of recommendations relevant to the protection of persons with disabilities and, implicitly, persons with albinism. These recommendations addressed non-discrimination, access to health care, protection from violence, and social inclusion. In the third UPR cycle (2021), States encouraged Eswatini to strengthen measures aimed at protecting vulnerable groups from harmful practices and ensuring equal access to education, health, and employment.

Since the last review, Eswatini has taken certain normative and policy-oriented steps. The enactment of the Persons with Disabilities Act (2018) and the adoption of the National Disability Plan of Action (2024–2028) represent important formal commitments. However, implementation remains uneven, and persons with albinism have not experienced commensurate improvements in their daily lives.

In particular, the absence of a standalone national framework addressing albinism means that previous recommendations have been implemented

only indirectly and partially. Protection from violence remains reactive rather than preventive; access to health care, especially preventive dermatological care, remains inconsistent; and education and employment outcomes continue to lag significantly behind national averages for the general population.

Moreover, Eswatini has not yet fully engaged with international thematic mechanisms specific to albinism. Despite repeated calls from civil society and references in UPR processes, the State has not formally facilitated a country visit by the United Nations Independent Expert on the enjoyment of human rights by persons with albinism. This limits opportunities for technical guidance and independent assessment.

IX. Cross-Cutting Challenges

The challenges facing persons with albinism in Eswatini are interrelated and mutually reinforcing. Discrimination fuels exclusion from education, which in turn limits employment opportunities and entrenches poverty. Poverty exacerbates health risks by restricting access to sunscreen, protective clothing, and specialized medical care. Weak protection mechanisms leave individuals exposed to violence and persistent fear.

A key cross-cutting concern is the gap between law and practice. While Eswatini's legal framework is broadly aligned with international human rights standards, enforcement mechanisms remain weak. Persons with albinism rarely access remedies for discrimination or violence, and data on investigations, prosecutions, and convictions related to attacks against persons with albinism are not publicly available in a systematic manner.

Another major challenge is the lack of disaggregated and regularly updated data. Apart from the 2017 census, there is limited publicly available information on the socio-economic status, health outcomes, educational attainment, or employment of persons with albinism. This hampers evidence-based policymaking and resource allocation.

Finally, stigma and harmful beliefs remain deeply entrenched at the community level. While awareness-raising initiatives exist, they are often sporadic, project-based, and dependent on civil society leadership rather than sustained State action.

XI. Recommendations to the Government of Eswatini

The submitting stakeholders respectfully propose the following recommendations:

A. Protection from Violence and Harmful Practices

- Establish, by 2026, a national prevention and monitoring mechanism for violence against persons with albinism, including:
 - a confidential reporting system for threats and attempted attacks;
 - clear referral pathways for protection and emergency support; and,
 - regular public reporting on cases and outcomes.
- Ensure that all allegations of violence, attempted violence, or trafficking involving persons with albinism are promptly investigated and prosecuted, and that perpetrators are sanctioned in accordance with the Persons with Disabilities Act and applicable criminal law.
- Strengthen cross-border cooperation with neighbouring States to address transnational networks involved in ritual-related crimes, including information-sharing and joint investigations.

B. Right to Health

- Include sunscreen and other essential protective items for persons with albinism in the national essential medicines and supplies framework by 2026, and ensure free or subsidized nationwide distribution through public health facilities.
- Establish regular dermatological screening programmes for persons with albinism in all regions, with a particular focus on rural communities.
- Train health workers, including nurses and midwives, on albinism-related health needs and non-discriminatory care, and integrate albinism-specific guidance into maternal and child health services.

C. Right to Education

- Ensure that all learners with albinism have access to reasonable accommodation in mainstream schools, including low-vision assistive devices, appropriate seating, and adapted learning materials, by 2027.

- Provide systematic training for teachers and school administrators on inclusive education and the specific needs of learners with albinism.
- Strengthen anti-bullying policies and reporting mechanisms in schools to protect learners with albinism from harassment and exclusion.

D. Employment and Economic Inclusion

- Develop targeted skills development and employment support programmes for persons with albinism, including access to vocational training, entrepreneurship support, and public-sector employment opportunities.
- Enforce non-discrimination provisions in employment law and establish accessible complaint mechanisms for persons with albinism who experience workplace discrimination.
- Promote workplace accommodations, including flexible schedules and protective measures for outdoor work, to ensure safe and sustainable employment.

E. Combating Discrimination and Stigma

- Conduct sustained nationwide public awareness campaigns, in partnership with civil society and traditional leaders, to dispel myths and harmful beliefs about albinism and promote inclusion.
- Integrate information about albinism, disability rights, and non-discrimination into school curricula and community education programmes.

F. Policy, Coordination, and International Cooperation

- Develop and adopt, by 2027, a standalone National Action Plan on Albinism, with clear targets, timelines, and budgetary commitments, developed in consultation with persons with albinism and their representative organizations.
- Improve data collection on persons with albinism, including disaggregated data on education, health, employment, and security, to inform policy and monitor progress.

- Strengthen cooperation with international and regional human rights mechanisms, including by facilitating a country visit by the United Nations Independent Expert on the enjoyment of human rights by persons with albinism.

XII. Conclusion

Persons with albinism in Eswatini continue to face significant and persistent human rights challenges despite existing legal and policy commitments. Structural discrimination, health risks, limited educational and employment opportunities, and ongoing threats to personal security undermine their ability to live with dignity and equality. The adoption of targeted strategies, meaningful engagement with affected communities, and sustained political will are essential to ensuring that persons with albinism are fully included in Eswatini's social, economic, and political life.