Eswatini DSD Model for Key Populations

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Empowering Health for 15 years
ICAP
Columbia University
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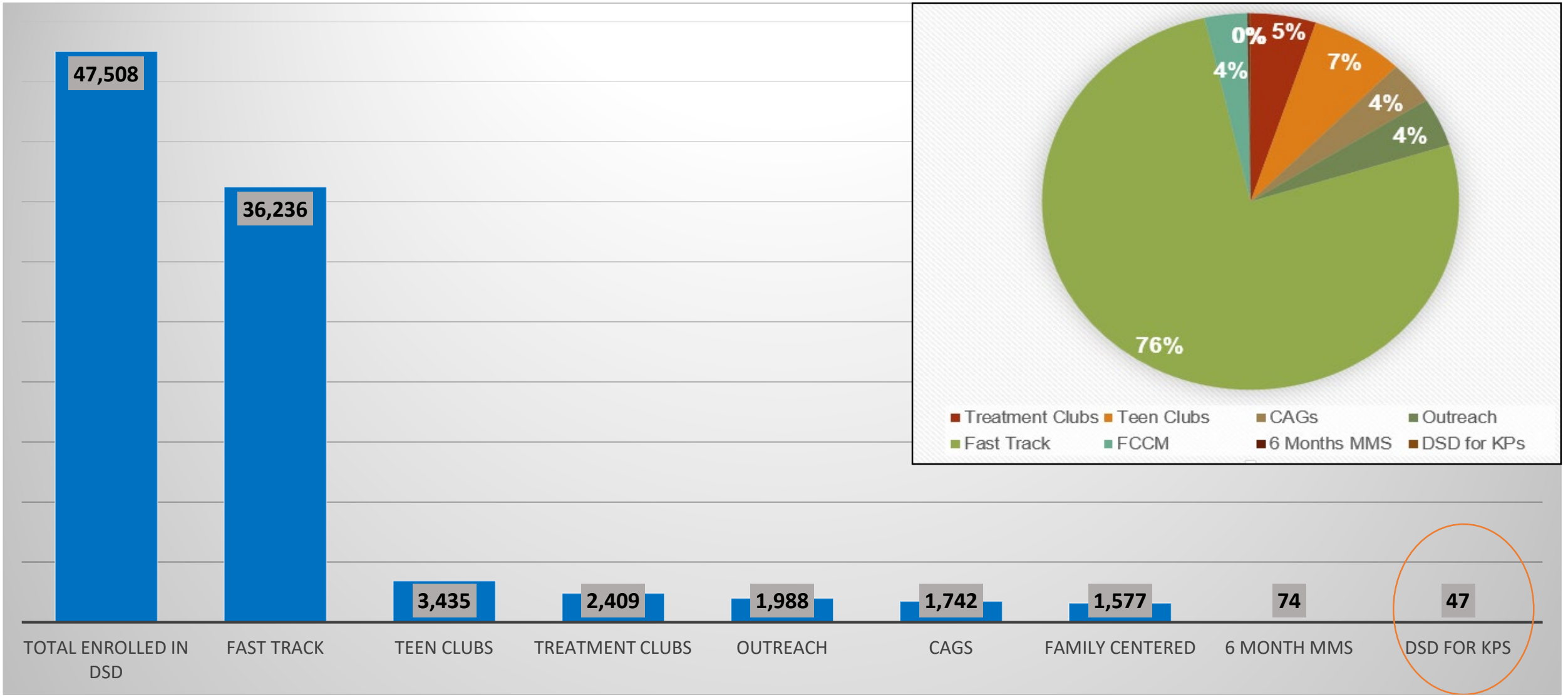
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

National DSD Enrollment (June 2019)

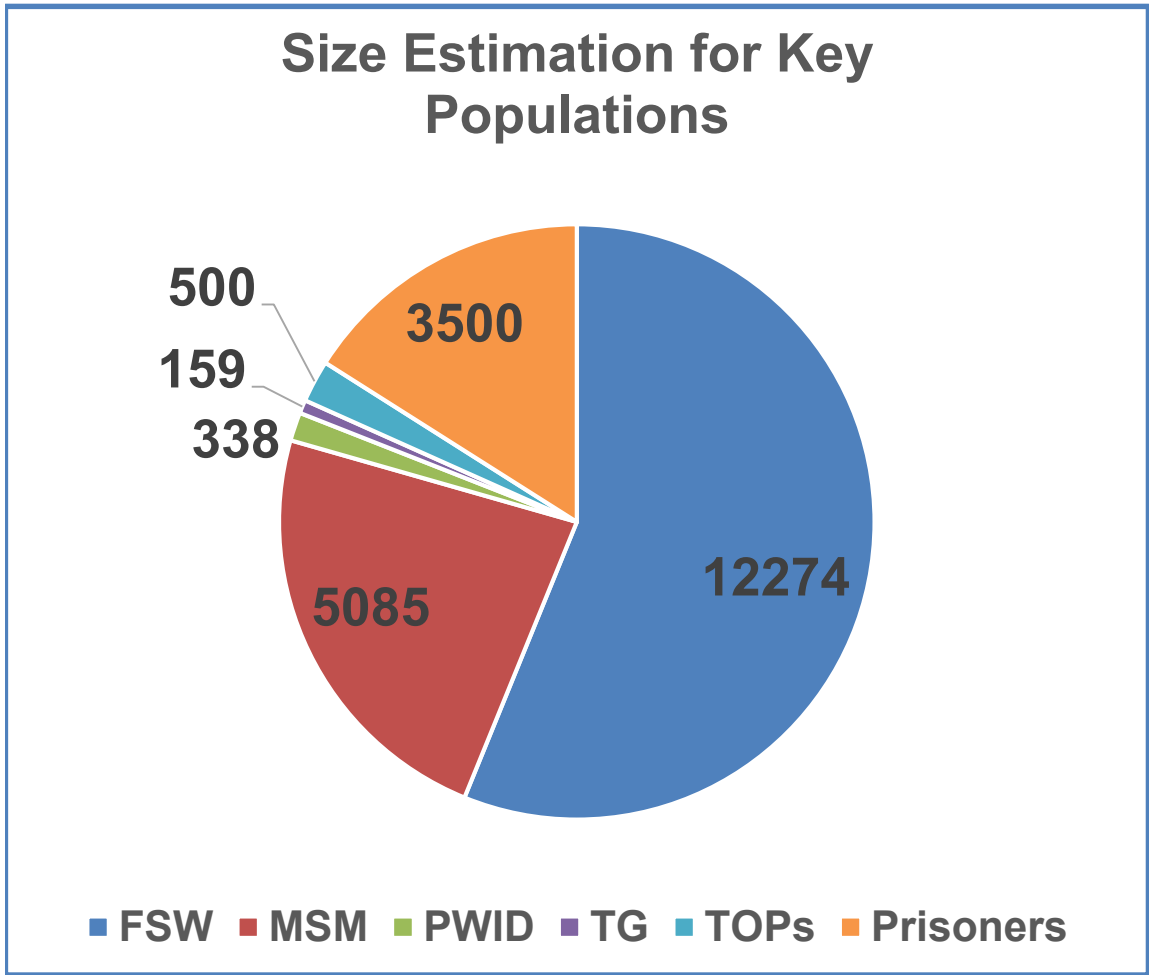


Background

- Key and Vulnerable Populations

Female Sex Workers (FSWs)	Men who have sex with Men (MSM)
Prisoners	Transport Operators (TOPs)
People Who Inject Drugs (PWIDs)	Transgender (TG)

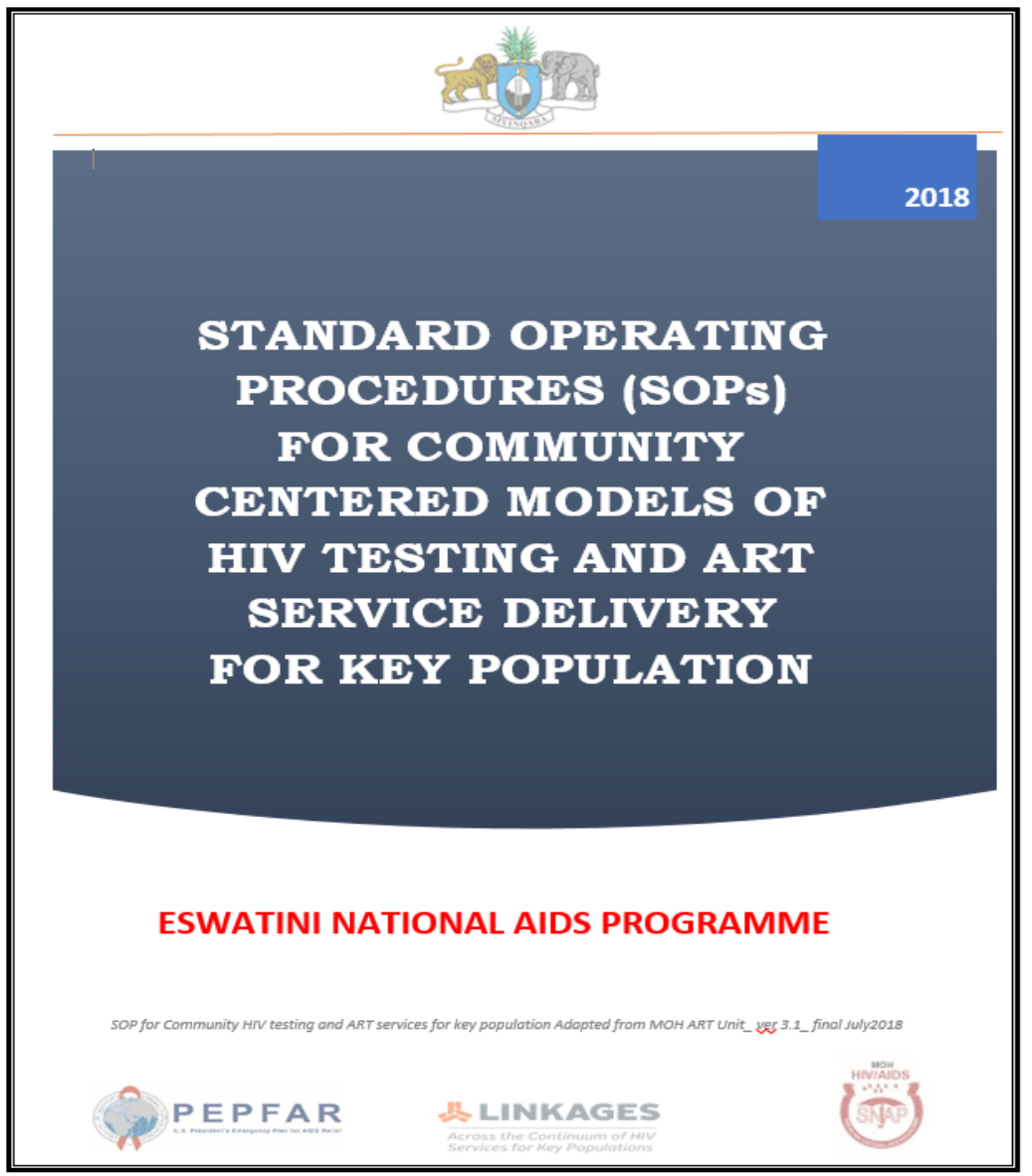
- The Unit has a National Coordinator and National Officer
- Supported by FHI 360



Process

- National DSD Scale up Plan Goal:
  - To Increase DSD Coverage from 16% to 45% by December 2019
  - **Ensure Diversity by Reaching Different Groups**: Children and Adolescent, KPs, Clients with Comorbidities
- CQUIN Learning Exchange Visit to TASO Uganda
  - CDDP model: Health Facility Team provide services at a site in the community and clients are divided in small groups
- Feedback to SNAP, Care & Treatment TWG, and RHMTs
- Interest of the KPs Unit to adopt this model because barriers at health facilities

Guiding Document



Models of KPs Friendly ART Delivery in Eswatini

Models of KP Friendly ART delivery in Swaziland

	Overview	Number of visits/year	Priority Implementation	Benefits	Implications for KP Programming
Mainstream care	Clients who require close clinical attention and/or monitoring.	Variable	For clients who require clinical care	Intense clinical services available	Stigma at clinics needs to be reduced with in depth targeted programming.
Outreach*	Mobile teams from facilities take the available services to the community	Variable – between 4 and 12 visits/year	Hard to reach areas	Increases access, reduce time/cost for clients	Include ART initiation and refills; Expand hours and locations of outreach; improve scheduling.
Fast Track	Clients skip consultant and directly collect their ART refill	4 (2 ART refill visits + 2 clinical)	High volume sites, crowded facilities, where clients have constrained working hours	Reduced time in facility, decreased congestion	Successfully implemented in Siteki and can be expanded. Pick up location isn't at clinic but with a PHU nurse.
Community ART Groups (CAG)	Groups of 2-6 clients who take turns visiting the facility to get refills on behalf of the other group members	Variable 4-12 CAG meetings for ART refills + 2 clinical visits	Where there are pre-existing networks, where clients stay in hard-to reach areas	Increased peer support, decreased visits to the facility reduced costs	Greatest potential for KP Programs, but also greatest complications due to mobile populations and ability to access ART refills outside of home facility.

Scope

Joint efforts of:

- SNAP KP Unit
- SNAP ART unit
- Through KPs friendly Mobile Clinic Services supported by FHI 360, LINKAGES Project

Implementation of 3 ART initiation and ART refills models for KPs including:

- **Expanded CommLink services** : Community HTS, ART initiation and Linkage services
- **Community Outreach services:** ART initiation and Refills provided at a KPs Service Delivery Points (SDP: A cluster of hotspots where KPs interact with clients to solicit sex or to meet and socialize).
- **Community ART Groups:** Clinical Review and Drug Refill

Expanded CommLink Services

- Facility/IP led outreach teams offer HTS and ART initiation in the community
- Mobile clinic initiates ART on behalf of health facility within the geographical catchment area (ART numbers, Chronic Care Files, and ARVs obtained from a Government's health facility).
- Clients Files are transferred to the health facility within 5 days of initiation.
- Clients who decline to be initiated are linked to the preferred health facility of their choice

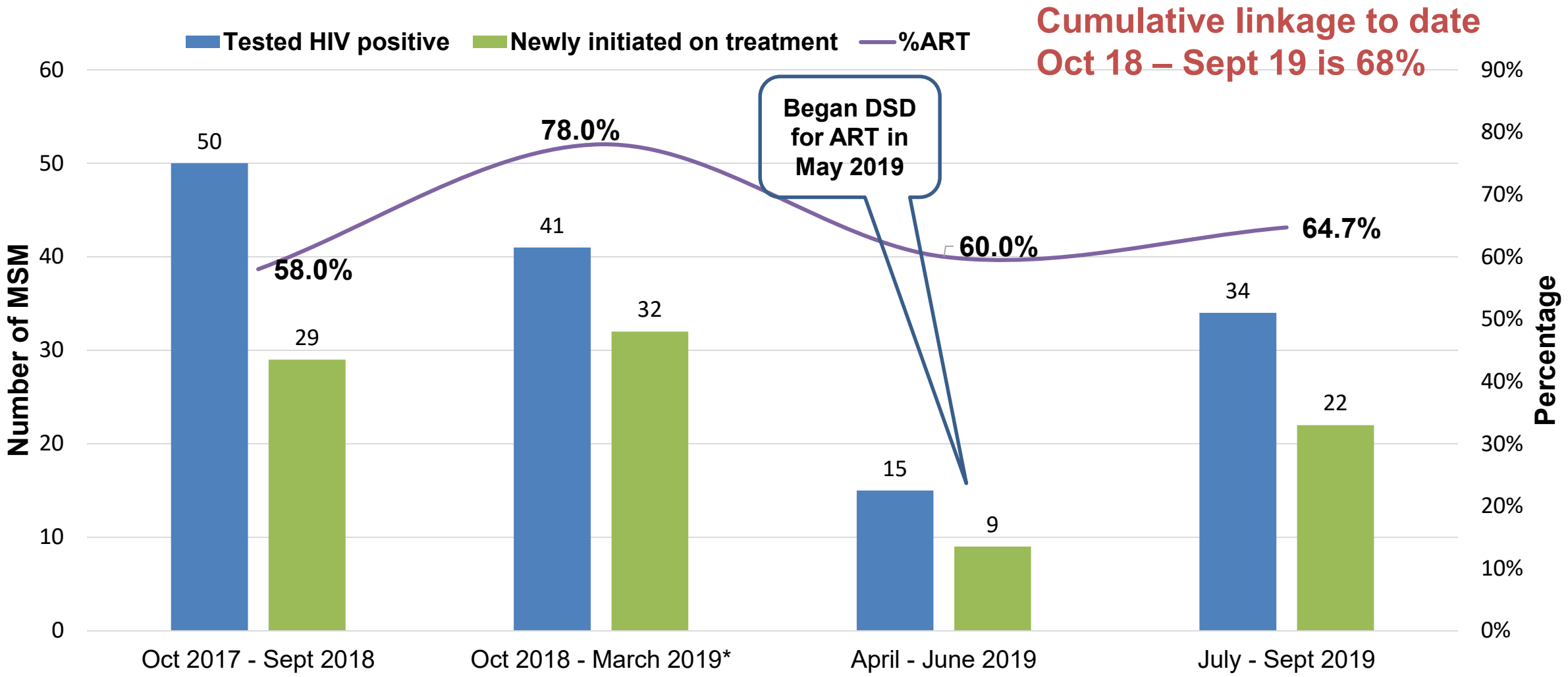
Community Outreach services (Facility led)

- **Who:** IPs (FHI 360) supports Government's Facilities to provide health services
- **What:**
  - HIV Prevention
  - STIs
  - ARVs monthly refills (Fixed field visits)
  - IPT
  - Blood collection: VL, CD4, Hb, Hbs Ag, blood glucose and pregnancy test.
- **Where:** Selected Service Delivery Points where high HIV yield is anticipated.
- **When:** After normal working hours
- Target: All Clients are eligible for initiation and continue to be refilled in the Safe Delivery Points

Community ART Groups (CAGs)

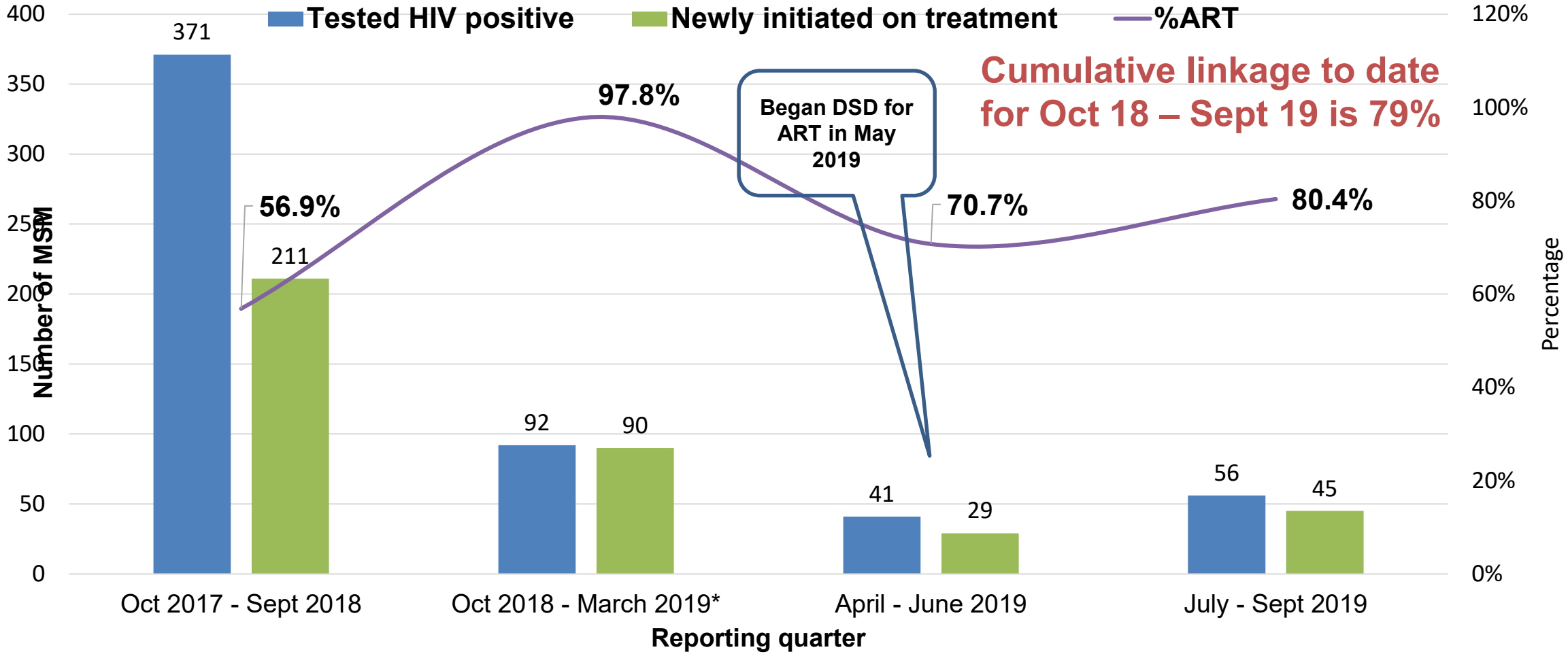
- **Who:** IPs (FHI 360) supports Government's Facilities to form CAGs for KPs
- **How:**
  - This DSD model rely on pre-existing social networks such as support groups.
  - The groups are driven by a Peer Navigator who identify 2-6 members in the community
  - FHI 360 facilitates a conducive environment for CAGs self-formation.
  - CAG representatives will access ART at the mobile clinic
- **When:** ART is provided on a predetermined schedule in clients "safe spaces".
- **Where:** On return from the Mobile Clinic, CAG representative meets peers at their 'safe spaces'/SDPs/hotspots to handover medication and any instructions.

Trends in case finding and linkage to ART among MSM in Eswatini
High rates of linkages to treatment



*Linkage rate for Oct 2018 – March 2019 includes those closed since March 2019, thus a higher closure rate

Trends in case finding and linkage to ART among FSW in Eswatini
High rates of linkages to treatment



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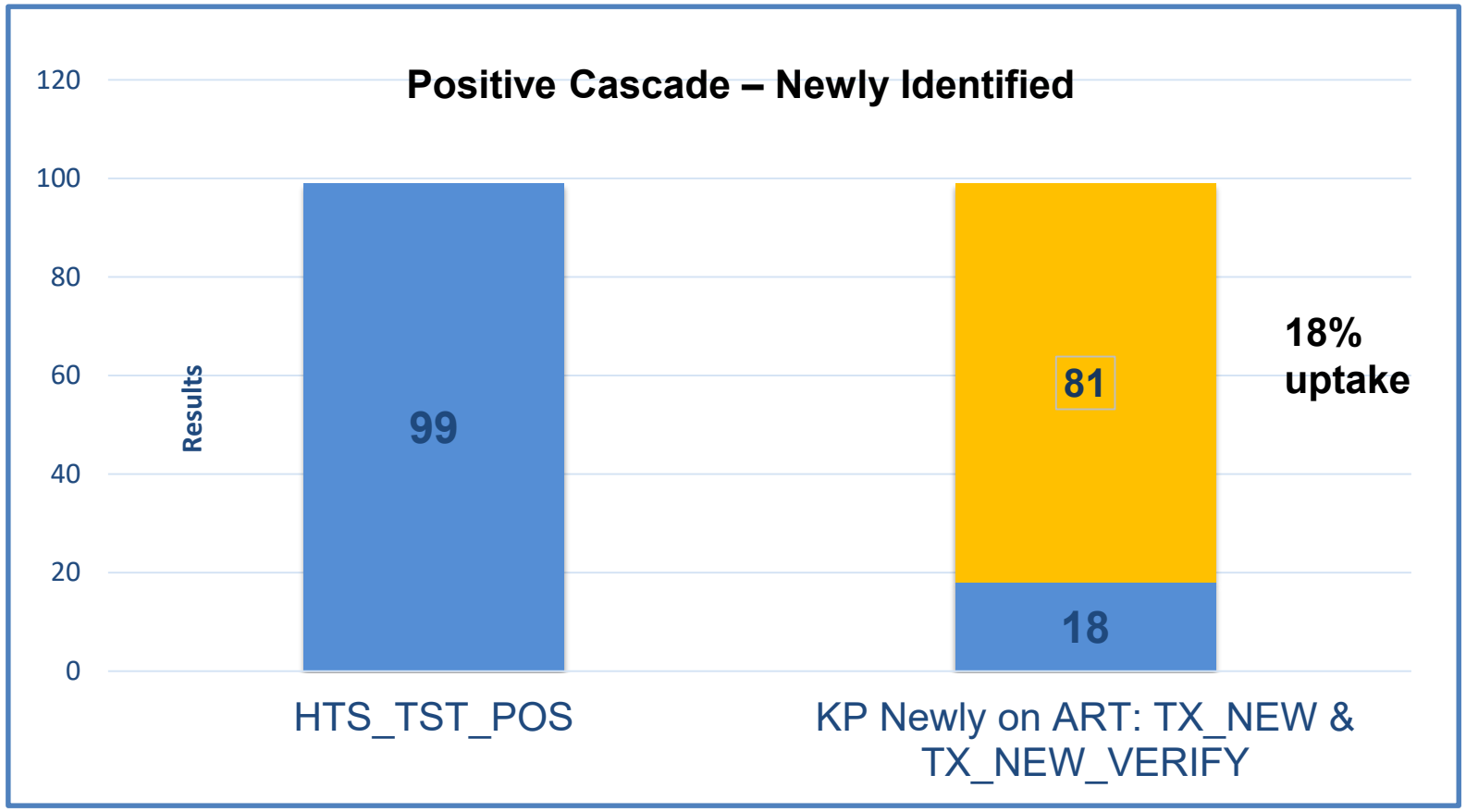
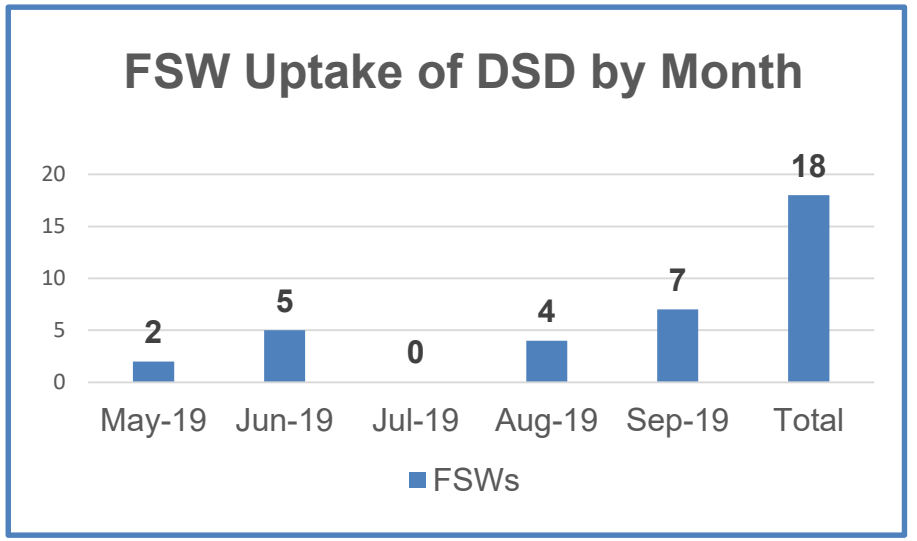
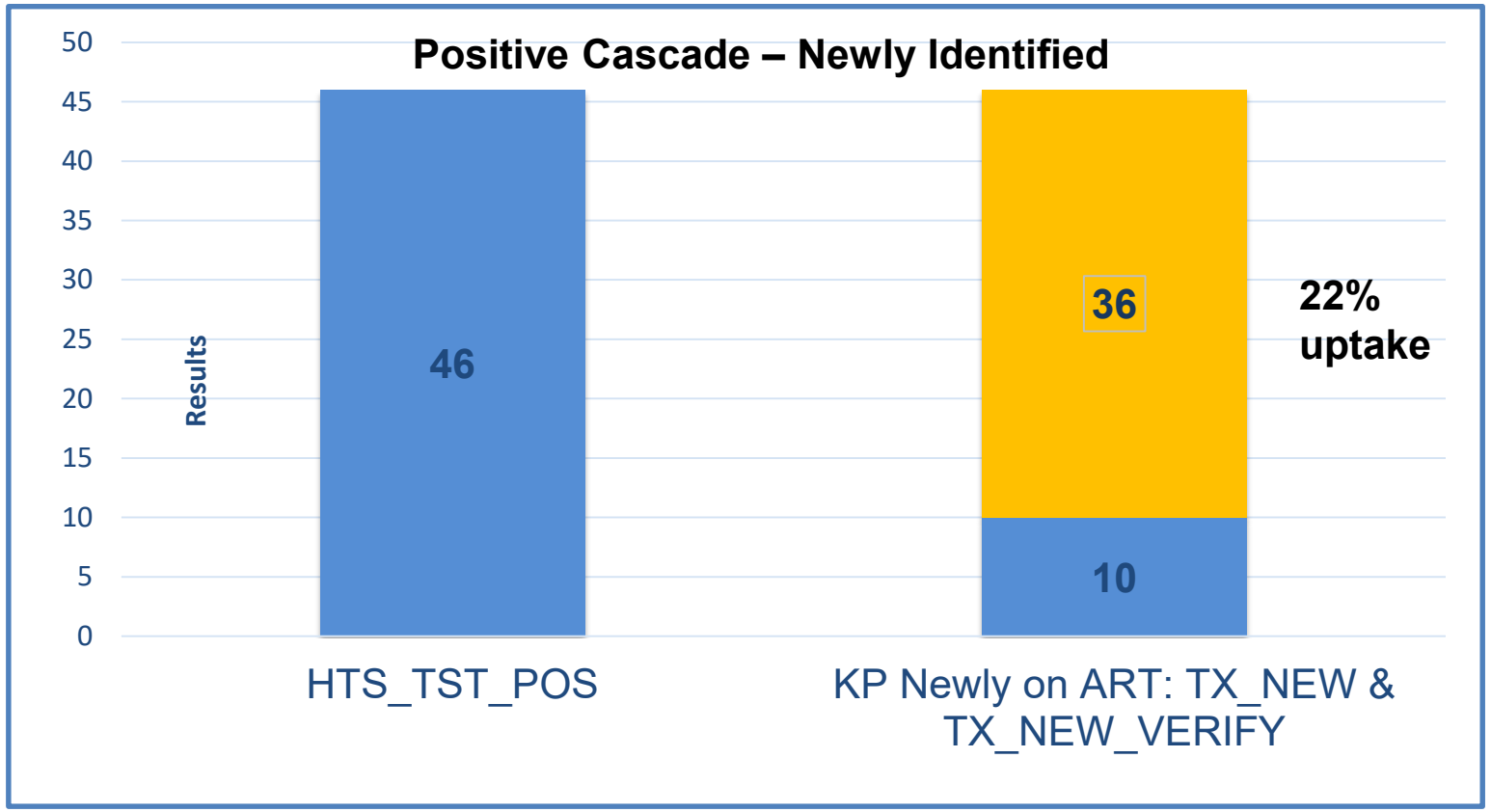
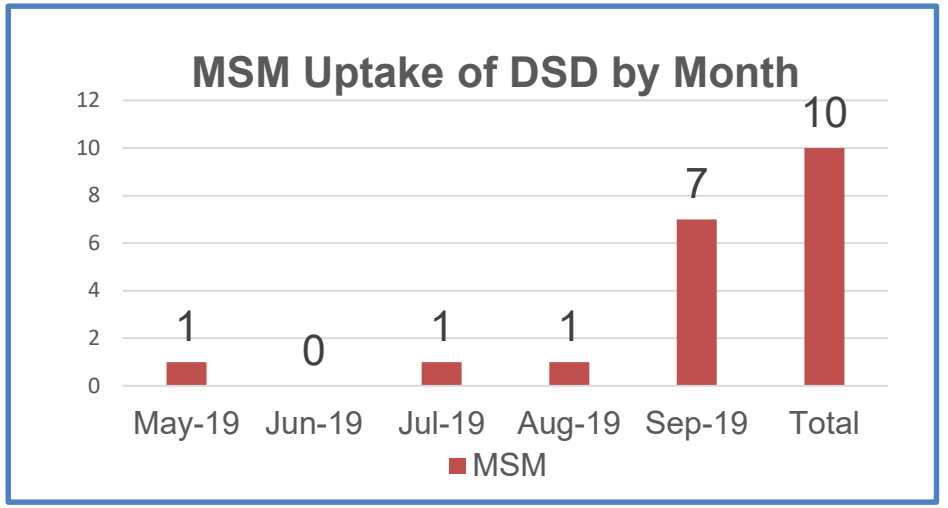
Positive Cascade: Oct 2018 – Sept 2019 FSWs Population





Positive Cascade: May– Sept 2019 MSM Population





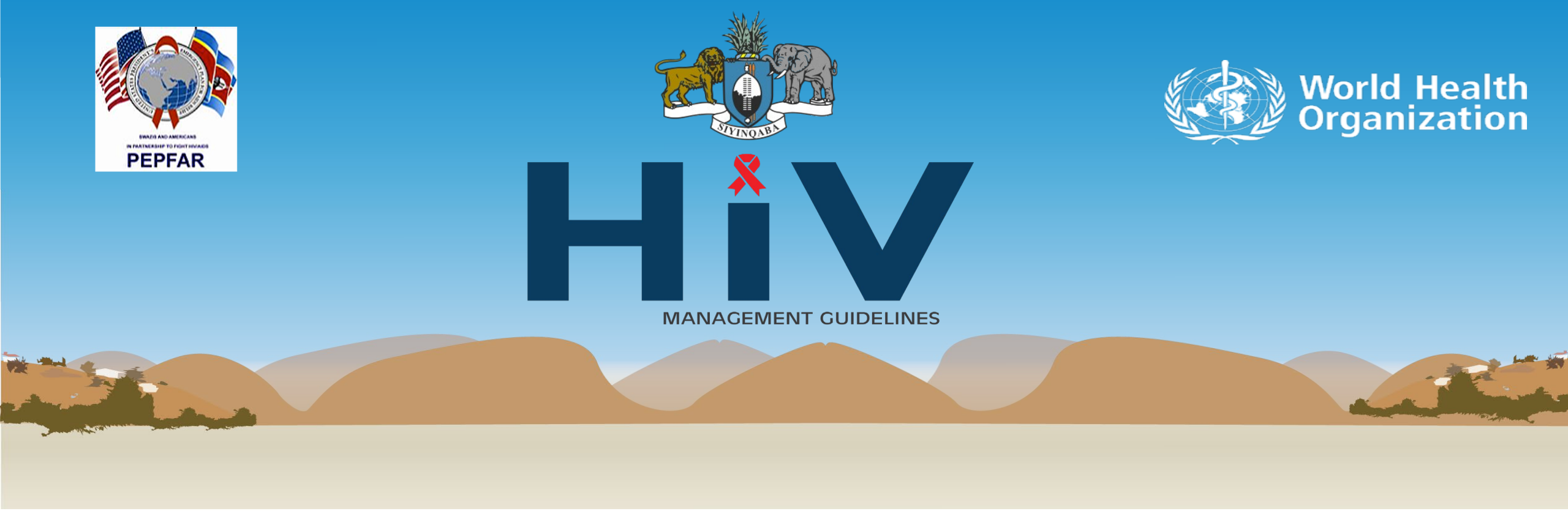
Implementation Challenges

- High mobility and sporadic schedules:
  - Challenges of confirming client's eligibility
  - Complicated rotation within the CAG
  - Challenges of confirming ART Status before initiation (Unique Identifier, CMIS Rollout)
- Lack of system to recruit clients to a CAG
  - KPs don't always want to be in a CAG with other KPs
- HCWs have been trained but some are still showing stigma and discrimination attitude.
- Stigma at the community might affect CAGs formation

Acknowledgments

ICAP and the CQUIN Project

FHI 360, LINKAGE Project



PEPFAR

MOH HIV/AIDS SNAP

USAID FROM THE AMERICAN PEOPLE

CDC Centers for Disease Control and Prevention

ICAP GLOBAL. HEALTH. ACTION. Columbia University Mailman School of Public Health

URC University Research Co., LLC

Medecins Sans Frontieres

Elizabeth Glaser Pediatric AIDS Foundation

AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation

Clinton Health Access Initiative

Baylor College of Medicine Children's Foundation Swaziland

psi Healthy lives. Measurable results.

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