



Eswatini Update

CQUIN 5th Annual Meeting

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National ART Coordinator
18th November 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Outline

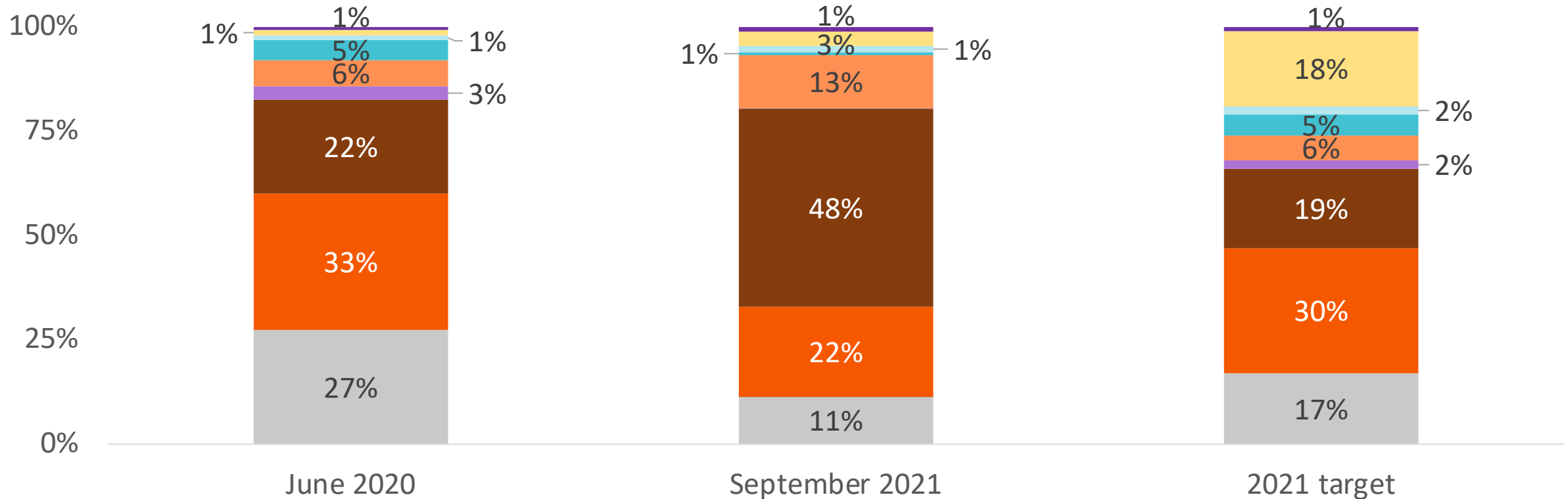
- **Where are we now?**
 - CQUIN Dashboard Results
 - DART Model Mix
- **How did we get here?**
 - Update on CQUIN Action Plan
 - COVID19 specific adaptations
 - Successes and Challenges
- **2022 goals and targets**

CQUIN Dashboard Results

- Scores in three domains (training, M&E, and quality) have changed since 2020
- The team believes that the current stages are more accurate
 - Training = light green
 - M&E system = yellow
 - Quality = light green

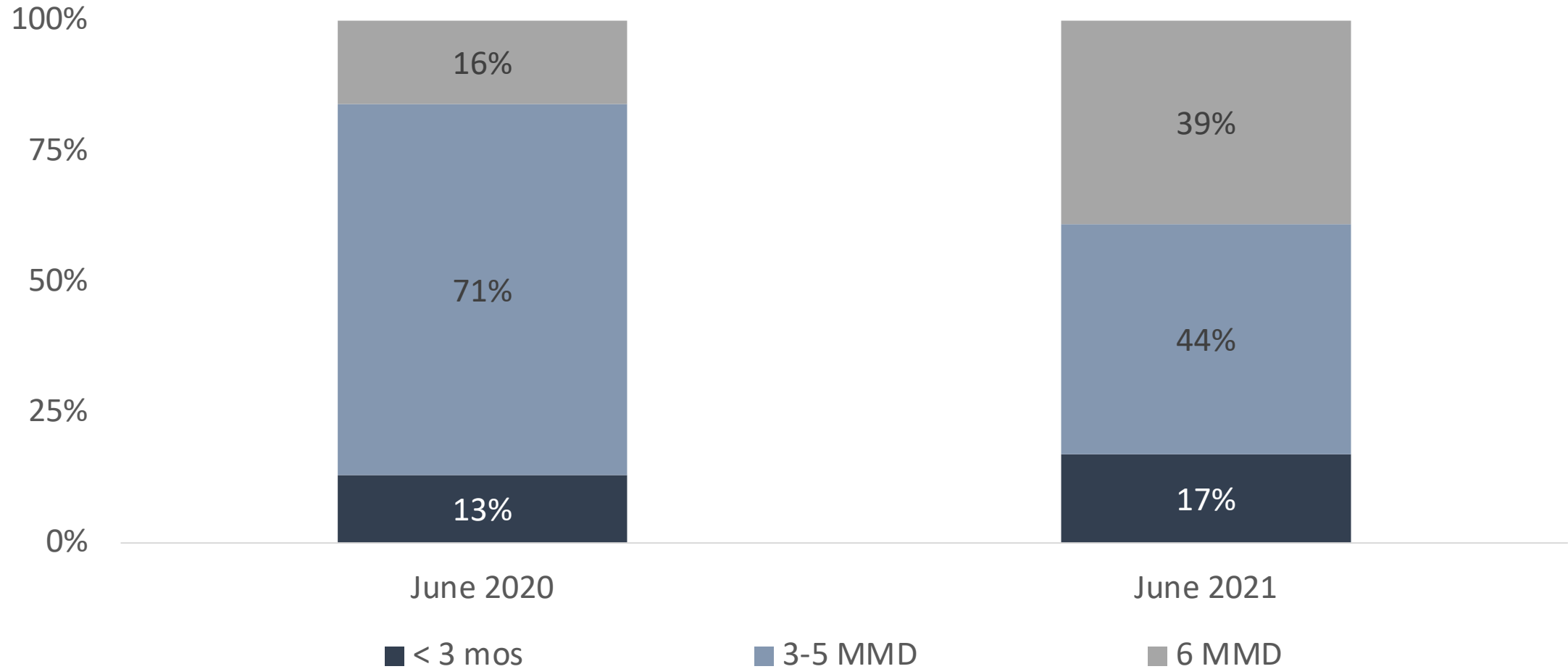
Domain	2017	2018 I	2018 II	2019	2020	2021
Policies	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Guidelines	Yellow	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Diversity	Yellow	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Scale-Up Plan	Light Green	Yellow	Dark Green	Dark Green	Dark Green	Dark Green
Coordination	Light Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green
Community Engagement	Light Green	Light Green	Dark Green	Dark Green	Dark Green	Dark Green
Training	Yellow	Yellow	Yellow	Light Green	Dark Green	Light Green
SOPs/Job Aids	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
M&E System	Yellow	Light Green	Orange	Light Green	Light Green	Yellow
Facility Coverage*	Light Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Patient Coverage	Grey	Grey	Orange	Yellow	Dark Green	Dark Green
Quality	Yellow	Yellow	Orange	Dark Green	Dark Green	Light Green
Impact	Light Green	Light Green	Yellow	Yellow	Yellow	Yellow

Differentiated Treatment Model Mix



- Conventional model
- Any more-intensive model
- 3MMD
- 6MMD
- Family Centered Care
- Fast Track
- Treatment Club
- Teen Club
- Outreach
- Community Drug Distribution
- Community ART group

MMD



AHD Background

- Eswatini adopted CrAg screening for clients with a CD4 of <100 cells/mm³ and TB LAM testing for all TB presumptive cases with CD4 less than 100cells/mm³ or seriously ill regardless of CD4 count.
- The AHD project aim to scale up the implementation of AHD to lower-level facilities.
- Priority areas;
 - Decentralization of POC diagnostics
 - Decentralization of AHD medicines
 - Decentralization of tools and robust electronic M&E system
 - Trainings and capacity building

AHD Dashboard Results

Domain	Score
Policies	Green
Guidelines	Green
National AHD implementation plan	Light Green
Standard Operating Protocols (SOPs)	Light Green
Coordination	Green
Engagement of Recipients of Care	Green
Training	Green
Diagnostic capability 1: Capacity to identify AHD (advanced immunosuppression)	Yellow
Diagnostic capability 2: Capacity to identify OIs and comorbidities: (X-pert MTB/Rif assay, TB LAM and CrAg)	Green
Facility Coverage	Green
Patient Coverage 1: Testing of people to identify AHD	Yellow
Patient Coverage 2: Screening of people with advanced immunosuppression for prevalent OIs / comorbidities (CrAg, TB LAM, cervical cancer screening, screening for psychosocial risk factors, etc.)	Green
Patient Coverage 3: Prevention of opportunistic infections/ comorbidities amongst people with advanced immunosuppression: OI prophylaxis (e.g., TPT, CTX, cryptococcal prophylaxis)	Light Green
Patient Coverage 4: Management of opportunistic infections/ comorbidities	Green
Supply Chain Management for AHD Commodities	Yellow
M&E System	Yellow
Quality of AHD Services	Red
Impact of AHD Services	Light Green

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Update on CQUIN Action Plan

No activities from last year have been completed but none have been dropped – all are ongoing. Examples include:

- To rollout HIV & NCDs integration models to 15 facilities with QI exercise - **Ongoing**
- To conduct a study to assess retention and VL suppression among clients in DSD vs those who are not – **In planning**
- To conduct a satisfaction study for children and adolescents on DSD models – **Pending**

Were any items added to the action plan midyear?

- **After the Differentiated MNCH meeting in May 2021?**
 - MCH DSD proposed models
 - Pregnant and Lactating Teen clubs (PLTCs)
 - Adult Mother- Baby Pair Club
 - Post-natal Outreach club
 - Pregnant and Lactating women High VL club
- **After the Differentiated KP services meeting in August 2021?**
 - Stigma reduction towards KP in health care facilities
 - Creating receptive environment for KP in accessing police services
 - Use data for improvement of DSD programming by KP partners

COVID-specific adaptations

(No change from last year)

Key Policy changes	
Expanding eligibility criteria for MMD?	3MMD for Stable children above 2 years of age. Integration of Prophylaxis services (TPT, CTX and fluconazole) and FP in line with ART refills
Moving to 3-MMD or 6-MMD?	Rapid escalation of 6 MMD for first line clients
Rapid scale-up of community services	ARVs, NCDs, and TPT, HIVST for index testing, and Viral load using DBS platforms
MMD for any non-ART meds?	2-3 MMD of DS-TB, TPT and NCDs medicines whenever the stock is available
Changes to how group models work?	Integration of 3-6MMD in group models CAGs modified to individual community ARV distribution

- Which of these will be sustained beyond COVID19? –Possibly all

M&E adaptations made in response to COVID19 and new DSD policies adapted to enhance data reporting – No change from last year

- Facilities used either the ART refill encounter form (ART prescription) or chronic care file or Client Management Information System (CMIS) downtime forms to document ART refills and other commodities distributed or services provided during community refills
- The health care workers who conduct the community refill were responsible to make sure that all files and visits in the system are updated
- Data Clerks from mother facilities would assist baby facilities with capturing of backlogs of files or downtime forms to ensure that all client records are up to date before reporting.

Successes

- Rapid scale up of 3 - 6MMD
- Rapid adoption and implementation of community commodities distribution. Regular stakeholder's virtual meetings.
- Scale up of innovative DSD model of community health commodity distribution to improve retention in care
 - Integrated model of care
 - HCF added different curative and HIV related services based on client specific needs, and availability of the commodities.
 - Include some lab services such as VL tests
- DSD SOPs integrated in national TPT SOPs and TPT refills are aligned to ART refills in facilities.
- Implementation of HIV/NCDs models including the Quality Improvement to 15 facilities

Challenges (other than COVID-19)

- Unrest in the country prevents implementation of some activities and disturbs client flow
- Monitoring and evaluation to be fully integrated in the national reporting system (CMIS)
 - Data challenges - baseline and more data to monitor the intervention (specific for MNCH).
- MMD excluded patients on adult formulations of PIs (LPV/r 200/25mg, ATV/r 300mg) due to stock challenges
- Laboratory challenges - Suboptimal coverage by NSTS, Long turn around times for VL results
- How to transition expensive CCD model adopted and supported by partners during COVID-19 to MOH

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2022 Goals and Targets – 1

By CQUIN's next annual meeting (end-2022):

- **90%** of people on ART will be in less-intensive DSD treatment models
- Plans for model mix – e.g., adding any less-intensive treatment models? Moving to scale-up of 6-MMD? Change in prioritization for any specific models? –
 - Looking into dispensing Lockers or Private pharmacies models?
 - To adopt strategies to sustain CCD and 6 MMD
- Plans to integrate TB/HIV services into less-intensive models?
 - Work with the National TB/HIV team and integrate TB/HIV services in DSD
- Plans to integrate NCDs services into less-intensive models? –
 - 15 facilities doing QIC in HIV/NCD integration
 - Work with NCDs unit to scale up of DSD models for HIV/NCDs integration to more health facilities
- Plans to integrate family planning into less-intensive models? – **ongoing**
 - Pregnant and Lactating Teen clubs (PLTCs)
 - Adult Mother- Baby Pair Club
 - Post-natal Outreach club
 - Pregnant and Lactating women High VL club

2022 Goals and Targets - 2

- Plans for AHD services?
 - scale up the implementation of AHD to lower-level facilities
- Plans for differentiated MNCH services?
 - To engage M&E for more data and analysis (e.g., the MMD already happening but no analyzed data available in the program.)
- Plans for differentiated KP services? –
 - Develop and scale up differentiated care models – in KP
- Plans for differentiated HIV services for mobile, migrant and/or displaced people? **None**
- Any plans for impact assessment?
 - To conduct a study to assess retention and VL suppression among clients in DSD vs those who are not – In planning
 - To conduct a satisfaction study for children and adolescents on DSD models – Pending
- Add other goals/targets here
 - To continue working closely with M&E team to improve monitoring and reporting of DSD indicators

2022 Goals and Targets – 3

What are the *most important* DSD-related goals or targets in your country's plans for 2022?

- To improve domain scores on dashboard to dark green by 9/2022
 - Training from light green
 - M&E system from yellow
 - Quality from light green
 - Impact from yellow

Acknowledgements

