

# Implementation of HIV prevention package

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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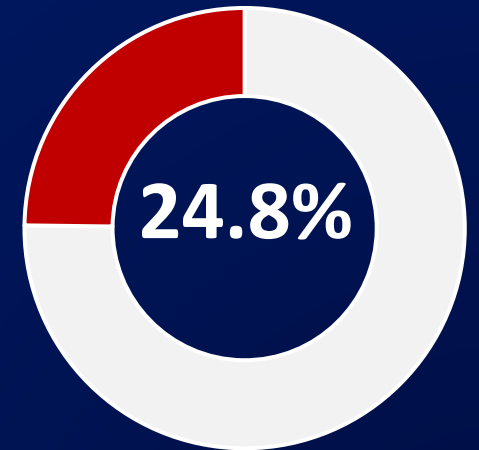


## Eswatini country profile



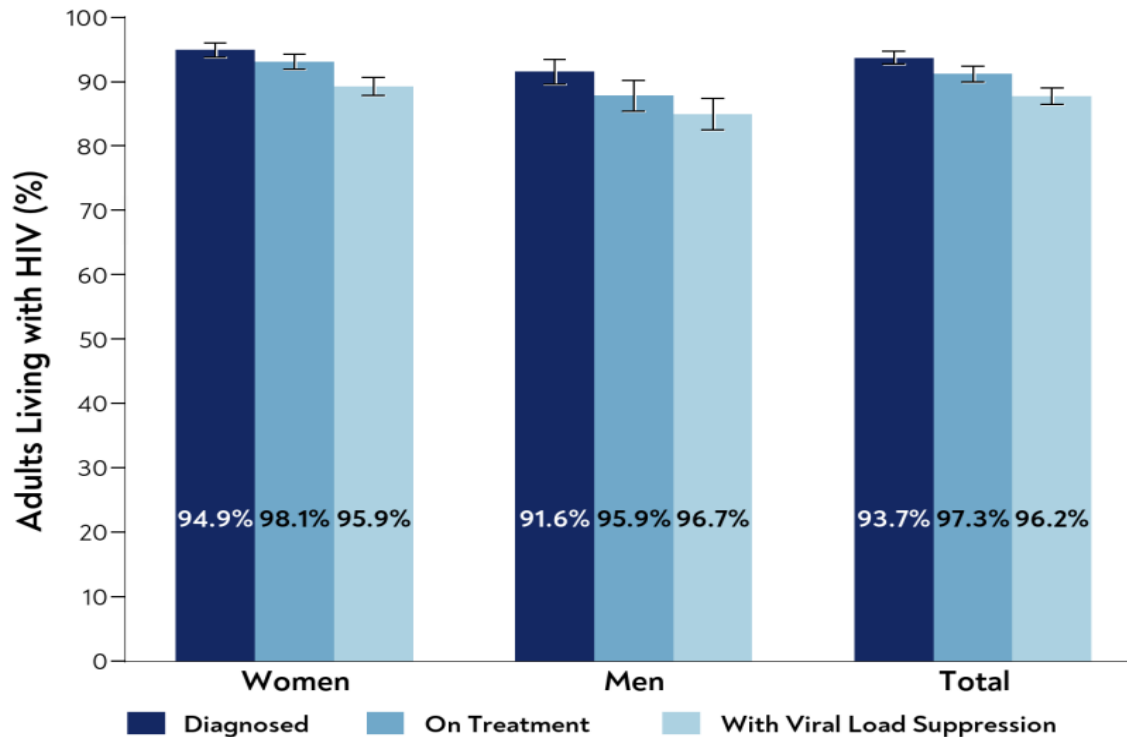
**Total  
population  
1,160,164**

**National  
HIV  
prevalence  
age 15+**



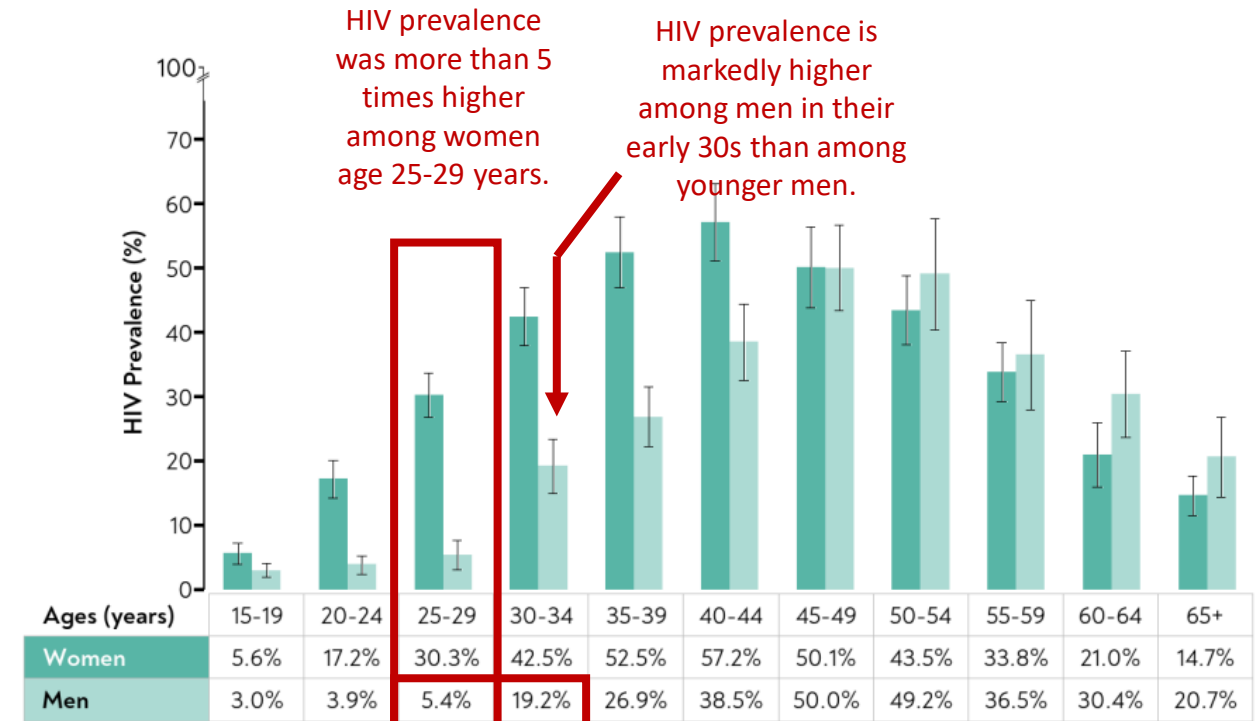
# Eswatini country profile

Eswatini achieved **94 - 97 - 96**, surpassing targets for people on ART and viral suppression



Source: <https://phia.icap.columbia.edu/eswatini-summary-sheet-2021/>

National HIV prevalence age 15+ is **24.8%** (27.0% in SHIMS2)



Error bars represent 95% CIs.

HIV prevalence among adults by age

# HIV incidence

- New infections continue to occur in Eswatini despite major strides in the national response.
- Annual HIV incidence (%) for adults 15+ is at 0.62, corresponding to approximately 4,000 new cases of HIV per year among adults.
- HIV incidence is nearly seven times higher among women (1.11%) than among men (0.17%)
- Need to scale prevention efforts to prevent new HIV acquisition
- Successful prevention programs require a combination of evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions.

Annual percentage of new infections

Description	SHIM2 Value	95% CI	SHIMS3 Value	95% CI
Adults aged 15 years and older	1.13	(0.73-1.53)	0.62	(0.31-1.93)
▪ Females	1.41	(0.78-2.04)	1.11	(0.53-1.68)
▪ Males	0.85	(0.34-1.35)	0.17	(0.00-0.41)
Adults aged 15-49 years	1.28	(0.77-1.79)	0.77	(0.39-1.15)
▪ Females	1.73	(0.96-2.50)	1.45	(0.69-2.20)
▪ Males	0.85	(0.21-1.49)	0.20	(0.00-0.48)

# Key and priority populations for HIV prevention

The MoH has selected some Key and priority groups to be prioritized for HIV prevention.

Sero-different couples	AGYW 16-24 years	Clients with STI's
MSM	Pregnant women	Lactating women
Sex workers	Transgender	High risk males (20-34)

**In addition to individuals belonging to those groups, any HIV negative person with a substantial likelihood of acquiring HIV can start PrEP**

# Combination HIV prevention

- In Eswatini, a combination HIV prevention package is offered at all different service delivery points to HIV negative clients
- The prevention methods suitable for an individual will vary based on individual risk factors and circumstances
- Clients is empowered to select a combination of HIV prevention methods most suitable and acceptable for them
- Greater impact may come from combining approaches than from using single interventions alone



# Combination HIV prevention

## Structural

- Policies
- Laws
- Regulatory environment
- Culture

## Behavioral

- Education
- Counseling
- Stigma reduction
- Harm reduction
- Adherence interventions

## Biomedical

- HIV testing
- Condoms
- VMMC
- Prevention of vertical transmission
- Treatment of STIs
- Pre-exposure Prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Treatment as prevention

# HIV risk assessment

- Following an HIV negative test result, a risk assessment tool is used to identify individuals that could benefit from HIV prevention interventions.
- The risk assessment is integrated in the HTS register/CMIS HTS module

RISK ASSESSMENT					RISK OUTCOME
Adolescents only	Adults and adolescents				<b>1= at risk</b> <b>2= not at risk</b> <b>3= NA</b>
Are you sexually active?  Y   N   NA	Did you have unprotected sex after a negative test result or past 2 months?  Y   N   NA	Have you had more than one sexual partner in the past 12 months?  Y   N   NA	Have you been in contact with body fluids like blood, secretions after an HIV negative test or in the past 2 months?  Y   N   NA	Are you injecting drugs and /or sharing needles, syringes and other drug equipment with others?  Y   N   NA	



# Referrals and Linkages to HIV Prevention Services

- Following the risk assessment, the level of risk of exposure to HIV for clients is identified.
- Motivational counselling is conducted with clients that support understanding their needs using a HIV prevention job aid
- A client is offered the HIV prevention package
- Based on their needs, the client selects their preferred combination of HIV prevention services most suitable and acceptable for them

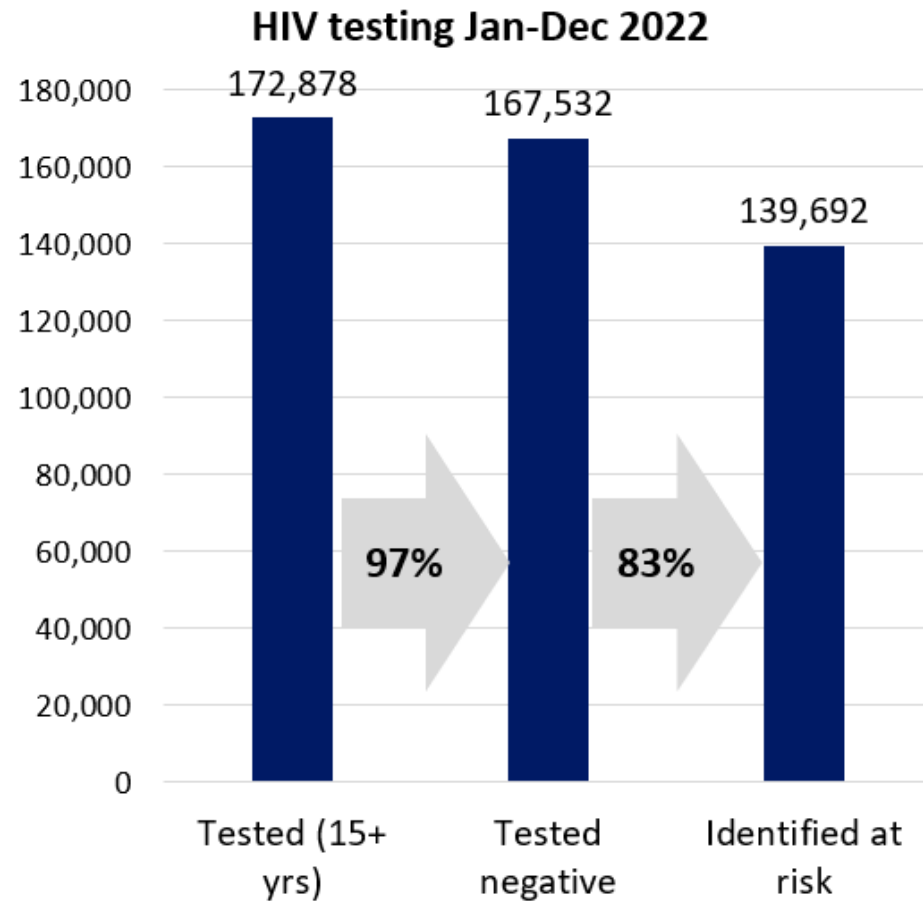


# Integration of HIV prevention package in CMIS HTS module

- To ensure offering of HIV prevention services to clients testing HIV negative, a package has been included in the
  - CMIS HTS module
  - Register
- Option of acceptance /decline has been included

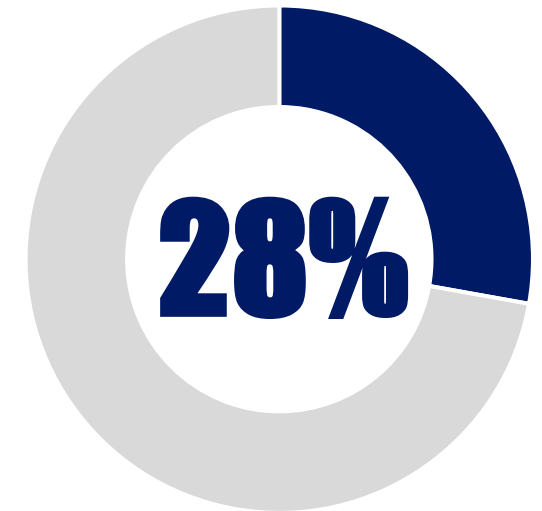
Service	Offered	Reason for refusal
Contraceptives	Select	Select
Family Planning	Select	Select
PEP	Select	Select
PrEP	Select	Select
STI	Select	Select
VMMC	Select	Select

# HIV prevention cascade



## Referral/ initiations of HIV prevention services

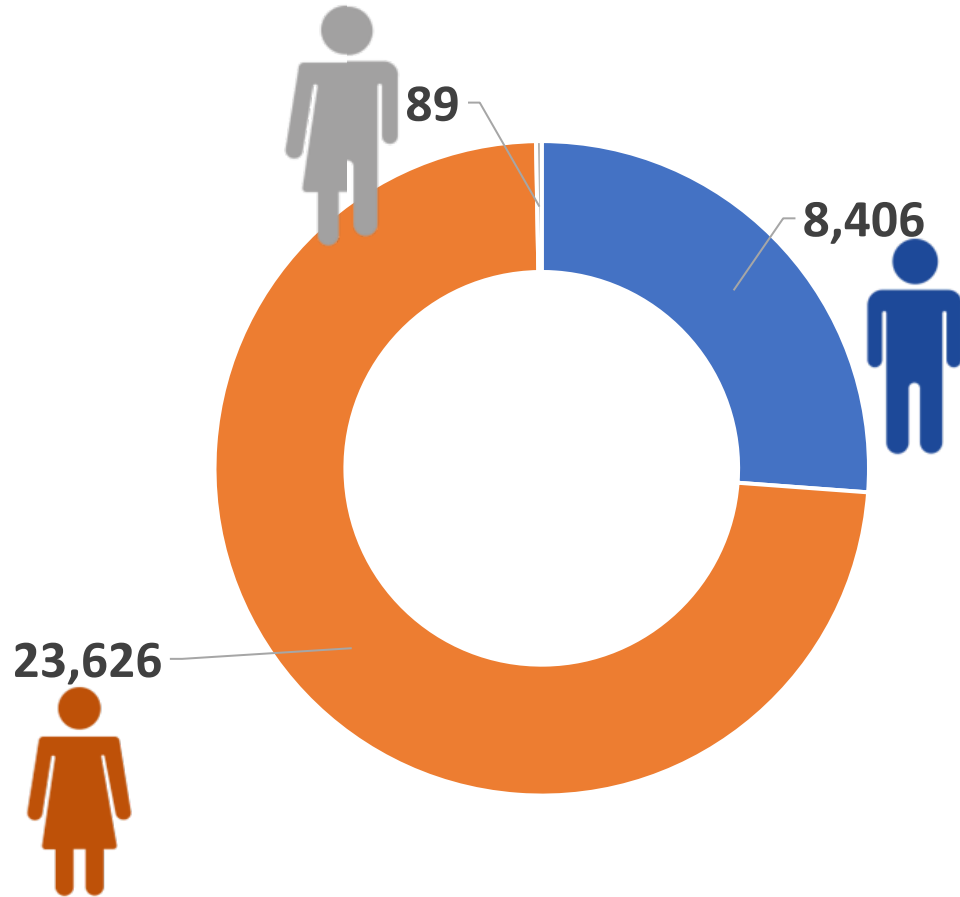
PrEP:	32,121 (23%)
VMMC:	2,148 (2%)
Family Planning:	718 (1%)
PMTCT:	1,212 (1%)
STI treatment:	1,069 (1%)
PEP:	1,102 (1%)
Other prevention:	483 (0%)



Only 28% of HIV-negative clients had a documented referral to HIV prevention service

# HIV prevention cascade

PrEP initiations by sex



## Referral/ Initiations of HIV Prevention services

**PrEP: 32,121 (23%)**

VMMC: 2,148 (2%)

Family Planning: 718 (1%)

PMTCT: 1,212 (1%)

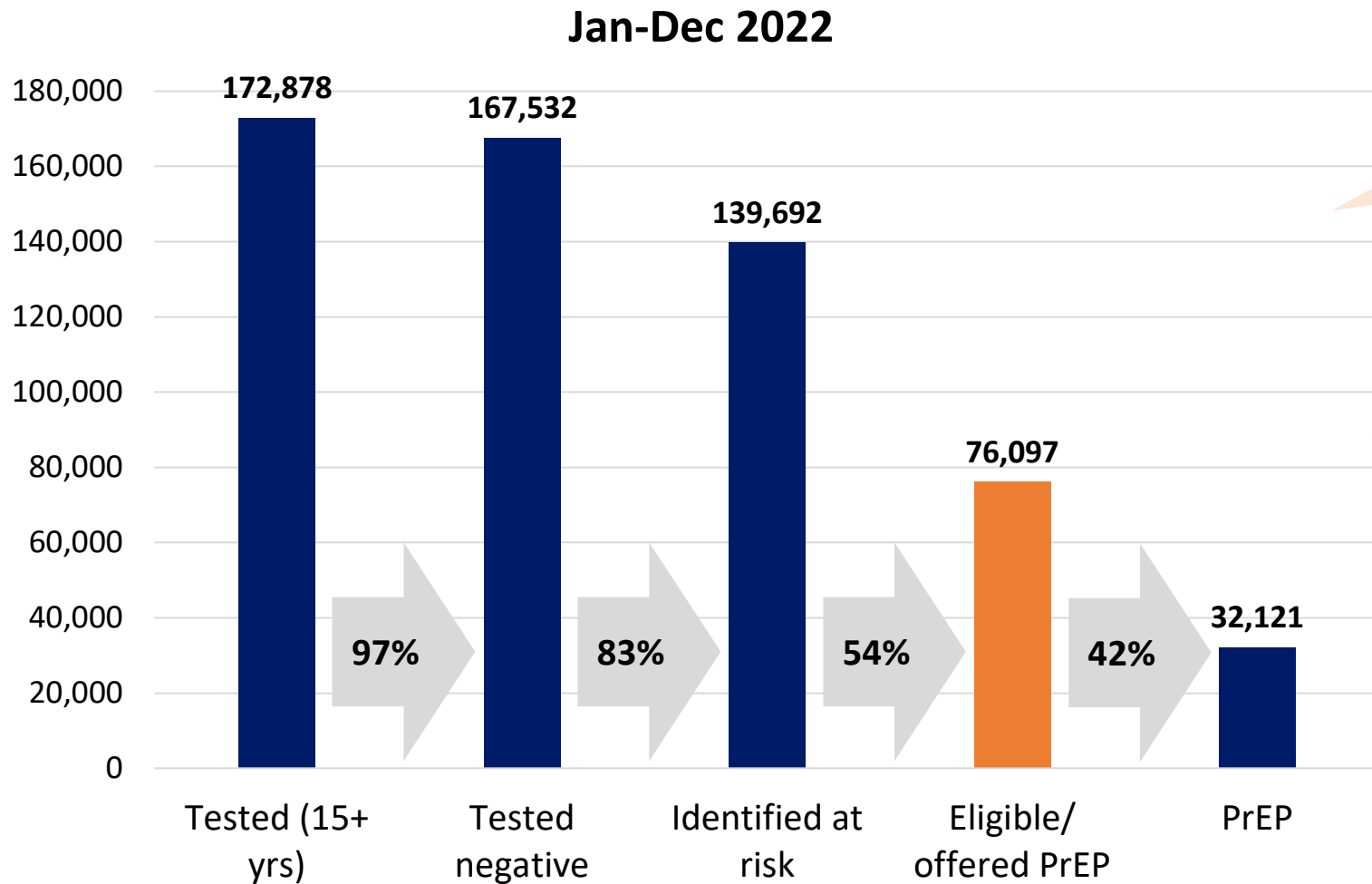
STI treatment: 1,069 (1%)

PEP: 1,102 (1%)

Other prevention: 483 (0%)

**74%** of PrEP initiations is among women

# HIV PrEP cascade

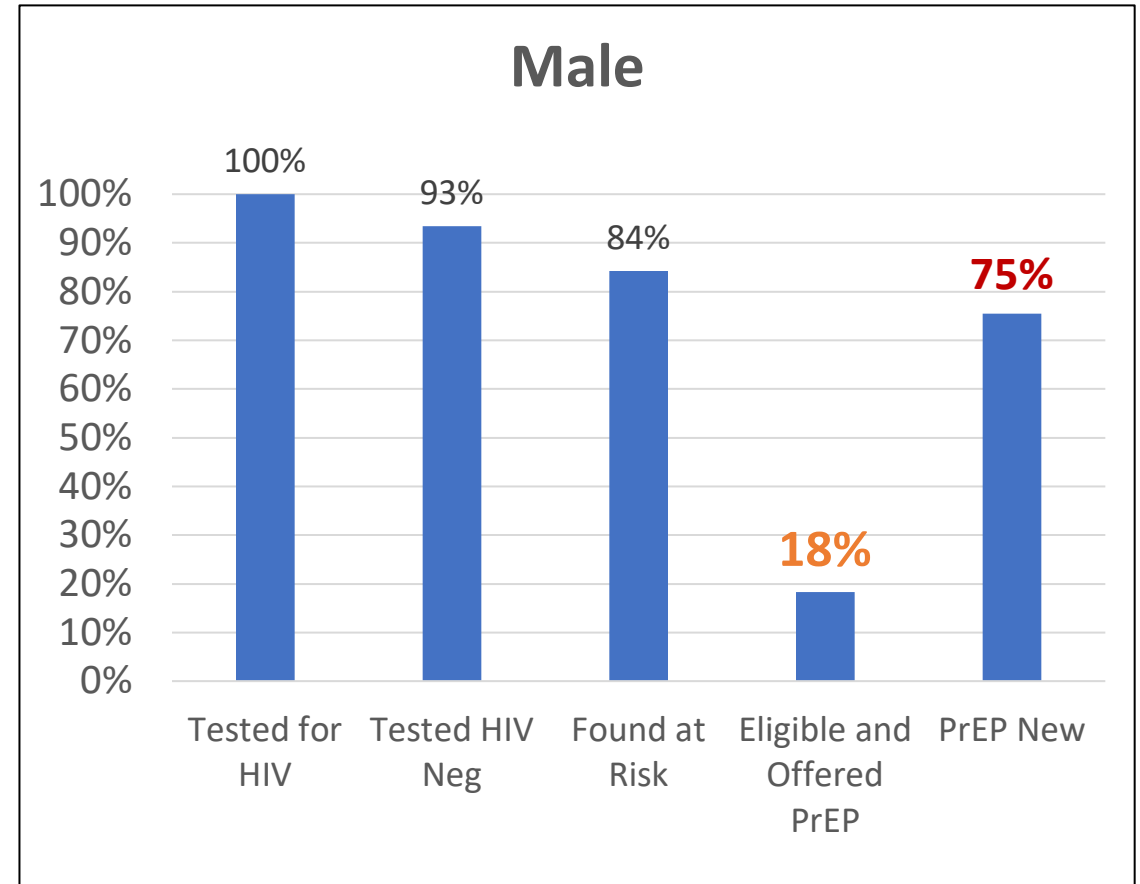
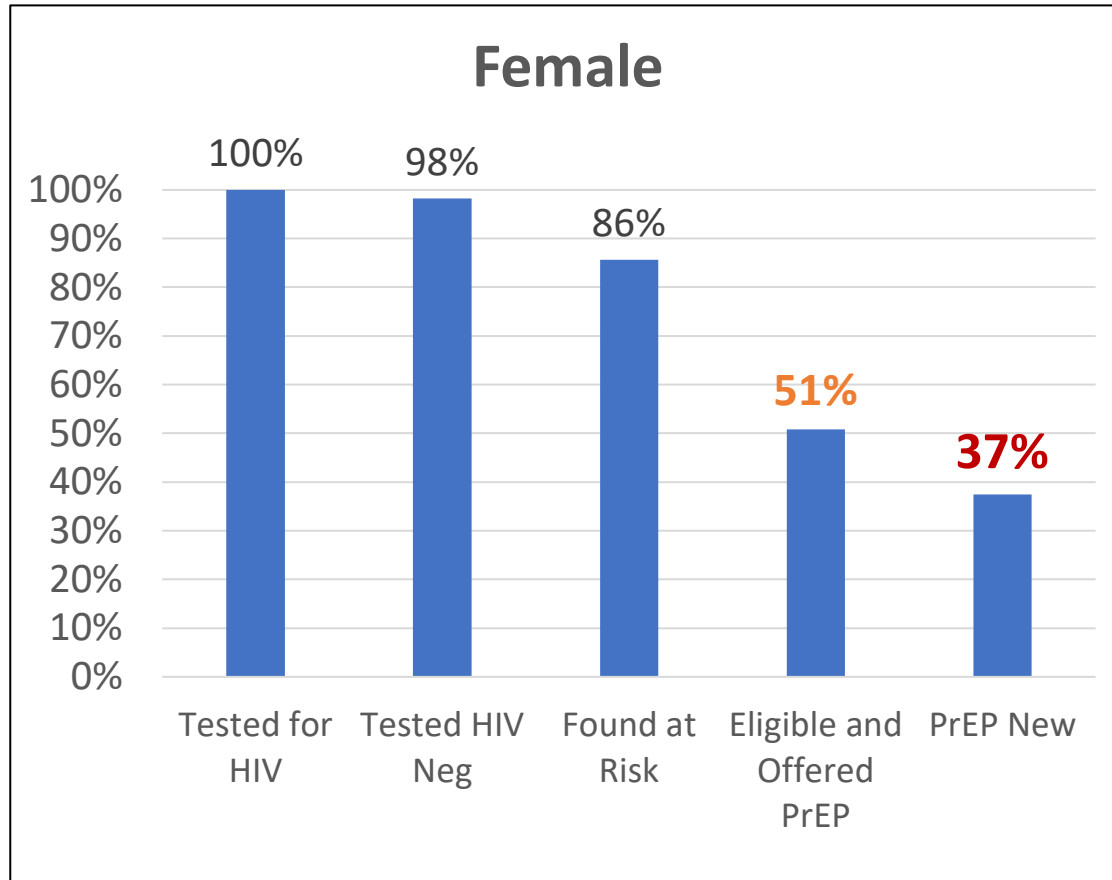


“What makes me not to offer PrEP is the pressure of the line. The line is just too long to even start the risk assessment” (Nurse)

“PrEP takes a long time, to teach the client, to do the risk assessment, to initiate. And that is just one client, and you find there are still waiting, and the line is long and there are other things yo need to do” (HTS Counsellor)

DE-MEDICALIZING PREP AND TAKING PREP OUT OF THE FACILITIES SHOULD BE FURTHER EXPLORED

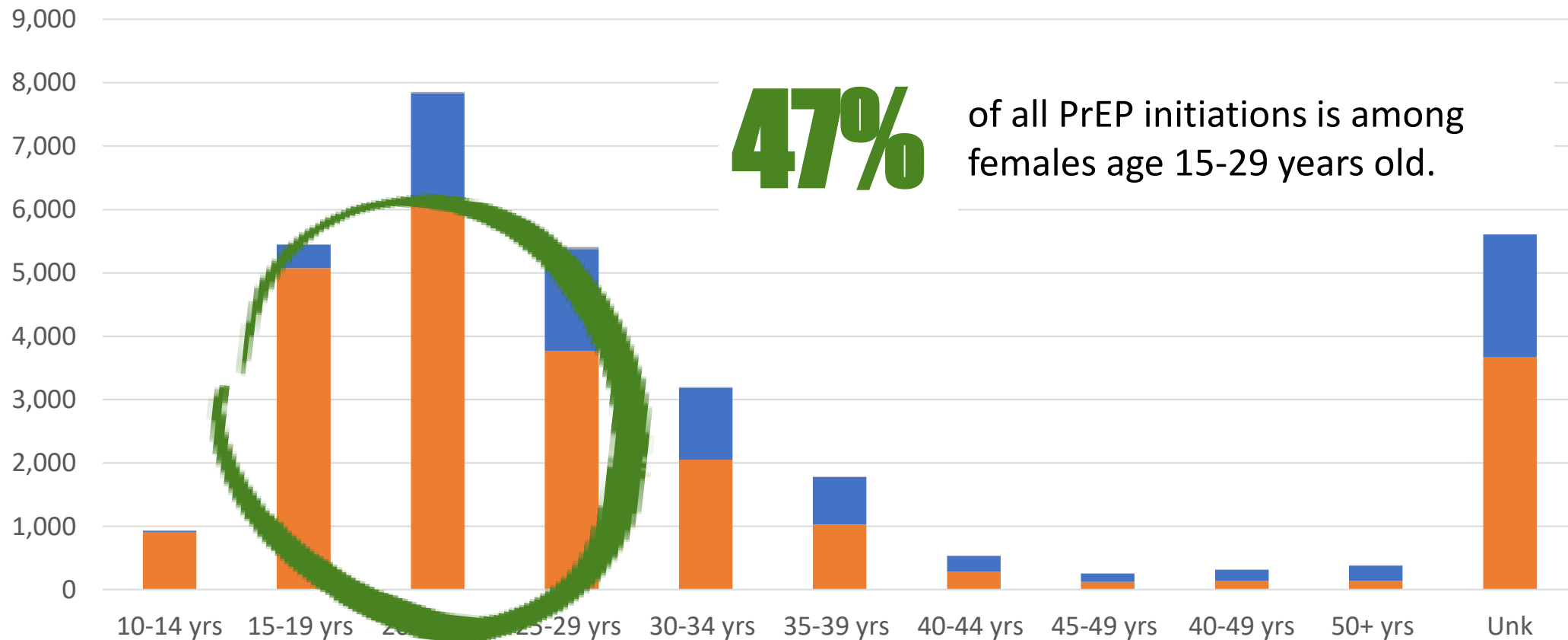
# HIV PrEP cascade by gender (data from 2 regions only)



HIV negative **females** at risk are **almost 3 times** more likely than men to be **offered PrEP**.

**Males** offered PrEP are **twice as likely** to accept a PrEP offer compared to females.

# PrEP initiations by age and sex



**47%**

of all PrEP initiations is among females age 15-29 years old.



# Summary and recommendations

- Although a comprehensive HIV prevention package is offered to all clients testing HIV negative, there are **gaps in the HIV prevention cascade**.
- Overall referrals of HIV negative individuals to HIV prevention services is low.
- Only about half of the HIV negative females identified at risk are offered PrEP vs. 18% of males.
- Opportunities to improve **integration of HIV prevention with SRH and other** services should be explored.
- Opportunities to **reach men** need to be identified
- **Integration** of HIV prevention services with **existing DSD models** should be encouraged
- **Opportunities and barriers** to HIV prevention services in the **private sector** should be explored as well as other opportunities to further **de-medicalize** PrEP (planned for March 2023)



Thank you!

