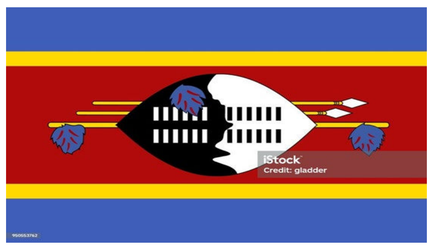

Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in Eswatini

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KINGDOM OF ESWATINI
Ministry of Health

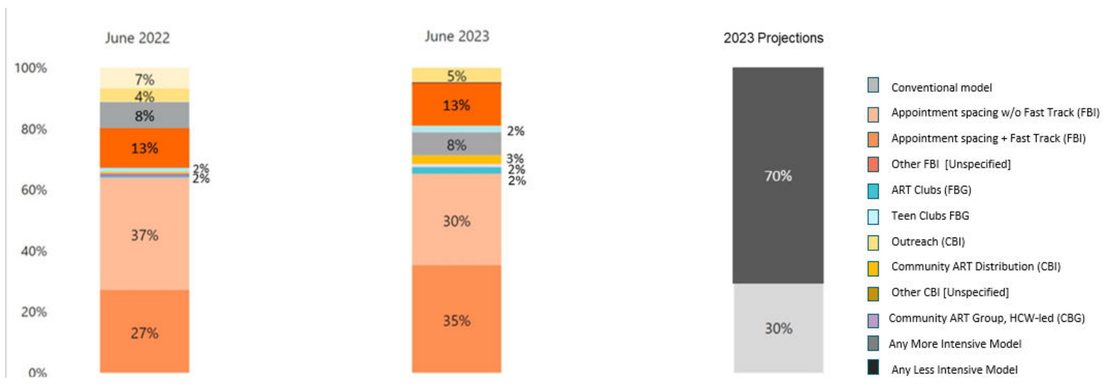
BACKGROUND

Eswatini started implementing differentiated service delivery (DSD) in 2014 and joined the CQUIN learning network in 2017. Key priorities for Eswatini in the scale-up of DSD include:

- Integration of DSD services and building the capacity of health care workers to provide high-quality DSD services
- Training, facilitating, and empowering support groups to create and/or increase demand for less-intensive DSD services
- Strengthening coordination and implementation of more-intensive DSD models
- Broadening the scope beyond less- and more-intensive DSD models to integrate services for NCDs (HTN, DM, and cancers), FP, TPT, and KP into DSD models
- Improving the coverage and quality of people living with HIV in their preferred model of care (particularly strengthening the coordination and quality of HIV care and treatment in private community facility service delivery points
- Strengthening the recording and reporting of DSD indicators through CMIS (Client Management Information System)
- Scaling up innovative DSD models

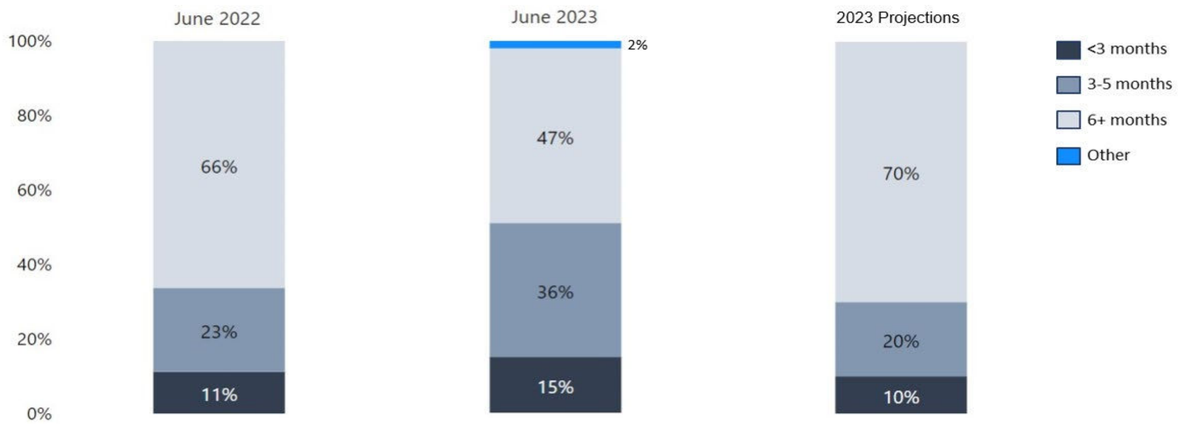
DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results *vs. Projections*



All 204 ART facilities in Eswatini provide less-intensive DART, which are for those established on ART (i.e., > 6 months on ART with VL suppression and not meeting any other AHD criteria). More-intensive models available include mainstream (standard of care) and viremia clinics. Individuals with high VL and/or AHD, as well as those newly initiated on ART, are in more-intensive models, which are represented under the "conventional model" and account for 8% of individuals on ART. 92% of people on ART are in less-intensive models, which include fast track, appointment spacing without fast-track, facility-based treatment clubs, family-centered care, teen clubs, dispensing lockers, etc. Community-based models include outreach, community drug distribution, and community ART groups.

Figure 2: Multi-month Dispensing (MMD): Results *vs. Projections*



Of note:

- There was a 19% decline for recipients of care (RoCs) on 6+ MMD, which can primarily be attributed to low ARV stock levels
- RoCs receiving <3months MMD increased by 4%, from 11% in June 2022 to 15% in June 2023
- 36% of RoCs received 3-5 MMD, increasing from 23% in 2022
- In 2023, the 2% of RoCs with an unspecified [other] MMD category had missing information on the duration of prescription/medication

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Eswatini participates in nine community of practices: Differentiated M&E, Quality & QI, AHD, Differentiated TB/HIV, Differentiated MCH, Differentiated HIV/NCD services, DSD for key populations, DSD for mobile, migrant and displaced populations, and Differentiated HIV testing services. In addition, the Eswatini team participated in two country-to-country visits:

- A visit to Rwanda focused on the integration of FP/HIV
- Eswatini hosted a visit from Zambia focused on AHD

From CQUIN meetings, lessons were learned related to dHTS and linkages to combination prevention services (Kenya) and the integration of FP/HIV services (Rwanda), which influenced country activities and the implementation of HIV testing verification standard operating procedures, Be U campaign, B-OK visual aids, and an AHD situational analysis.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART CMM Trends (2022-2023)

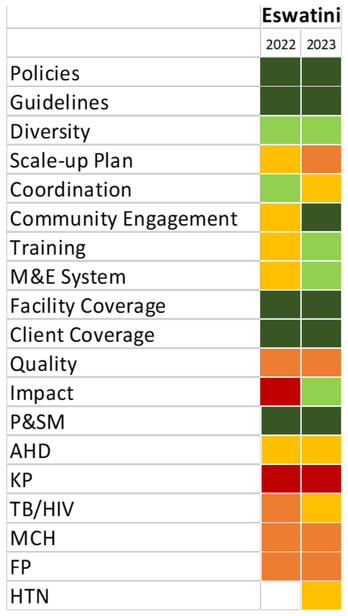


Figure 3 shows results of the country team's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023. In 2023, Eswatini achieved the most mature stage (dark green) in **six domains**, while **one domain** remained in the least mature (red) stage.
Of note:

- Policies and guidelines were updated, which enabled good community engagement and facility and client coverage. Quantification and forecasting was done, which ensured an uninterrupted supply of first-line ART.
- The KP domain remained least mature, as national documents describing the minimum package for KP sub-populations was not finalized at the time of assessment.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

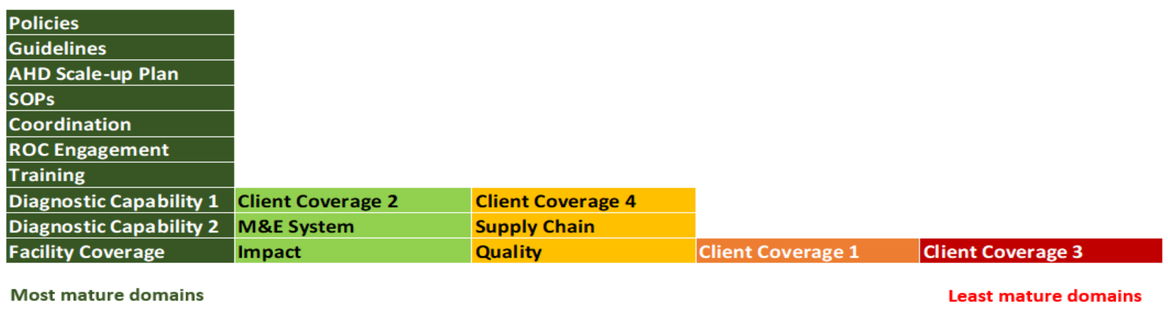


Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. These results show that Eswatini has 13 mature domains and 5 less mature domains. Of note:

- Client coverage 1: CD4 testing is a key gap, which is due to frequent stock-outs of CD4 reagents.
- Client coverage 3: Currently, the program is not routinely reporting on TPT and cotrimoxazole among AHD clients, but rather reports on all PLHIV.
- Client coverage 4: The supply chain gap was due to stock-outs of AHD diagnostics and drugs.
- Quality: The program conducted one quality standards evaluation and some elements were not met.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

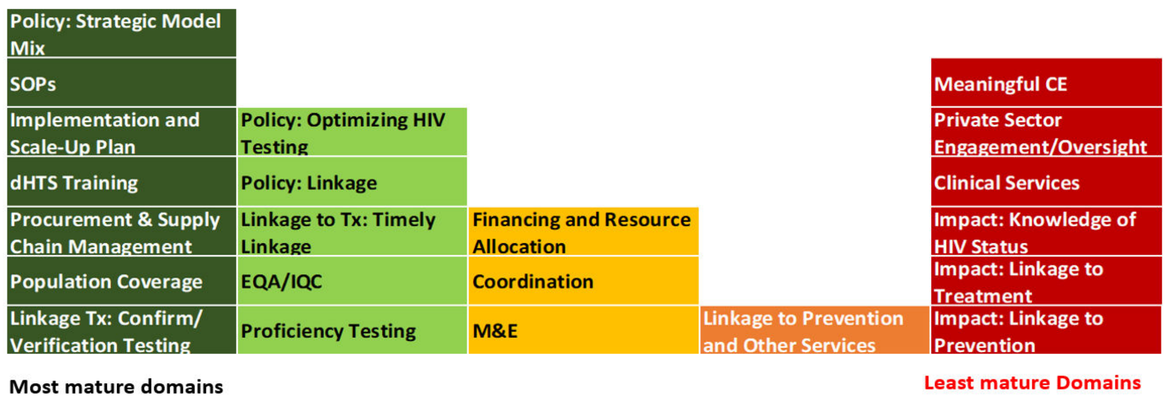


Figure 5 shows the results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model. The impact of knowledge of status, linkage to treatment, and prevention has improved with the different populations through the introduction of a module in CMIS and the piloting of CMIS lite at the community level. Linkage to treatment remained least mature as the data were not submitted at the time of assessment. Of note:

- There is good representation of PLHIV and KP, with challenges in AGYW.
- There continues to be a lack in private sector engagement and mentorship (currently using MoUs).
- There is a lack of a combination prevention framework and prevention cascade.
- dHTS quality standards and IPV standards are only monitored in public health facilities (and not in private health facilities).

NEXT STEPS / WAY FORWARD

- Strengthen the integration of HIV/NCD/SRH in DSD models
- Strengthen reporting on DSD model-specific indicators (FP, TPT, NCD, cotrimoxazole)
- Finalise the HIV combination prevention framework and cascade

MOH HIV/AIDS SNAP

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