

# Eswatini

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**CQUIN 7<sup>th</sup> Annual Meeting**

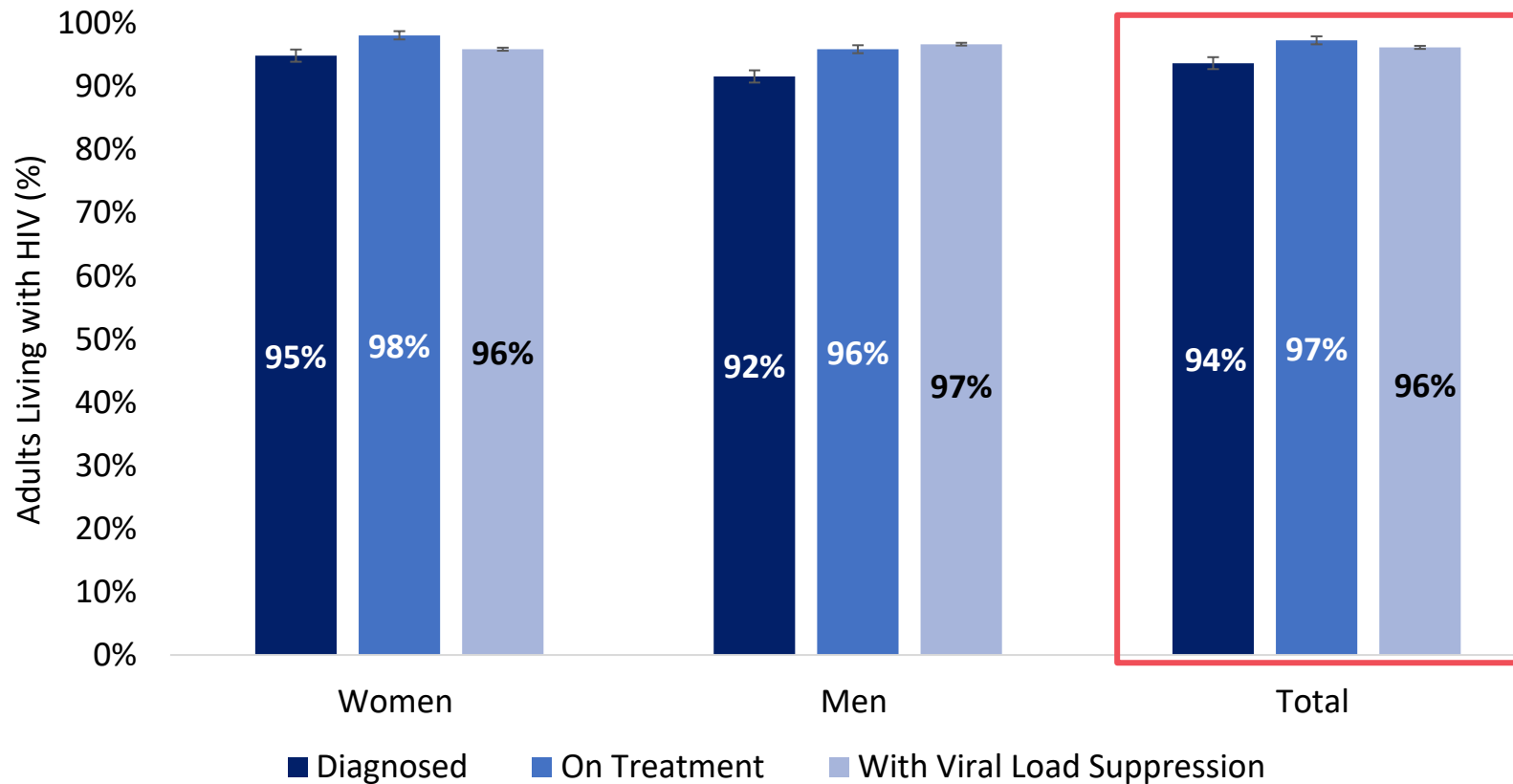
November 13 – 17, 2023 | Johannesburg, South Africa



# Outline

- **Where are we now?**
  - Progress towards 95:95:95 targets
  - Treatment capability maturity model self-staging results
  - DART model mix and MMD
  - AHD CMM self-staging results
  - dHTS CMM self-staging results
- **How did we get here?**
  - Country planning and coordination activities
  - Engagement with CQUIN
  - **Update on CQUIN Action Plan**
    - 6<sup>th</sup> annual meeting action plans
    - dHTS meeting action plans
  - **Integration of HIV and Non-HIV services into DSD**
  - **Successes and Challenges**
- **What's next?**

# Progress towards the 95:95:95 targets



Tremendous progress in cascade since SHIMS 2016 from 87-89-91 to 94-97-96 among 15+ years

2021 Eswatini HIV Incidence Measurement Survey, (SHIMS 3)

# CQUIN Treatment Dashboard Results: 2023

<b>Policies</b>				
<b>Guidelines</b>				
<b>Community Eng.</b>	<b>Diversity</b>	<b>Coordination</b>	<b>Scale Up Plan</b>	
<b>Procurement</b>	<b>Training</b>	<b>AHD</b>	<b>MCH</b>	
<b>Facility Coverage</b>	<b>M&amp;E System</b>	<b>TB/HIV</b>	<b>Family Planning</b>	
<b>Client Coverage</b>	<b>Impact</b>	<b>HTN</b>	<b>Quality</b>	<b>Key Populations</b>

Most mature domains

Least mature domains

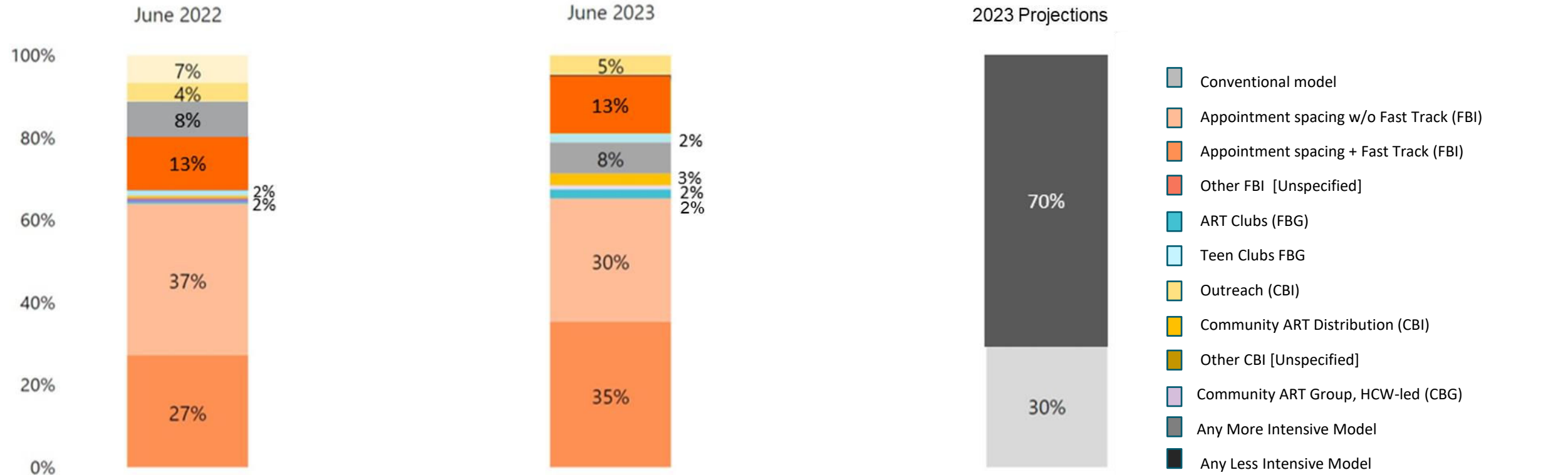
Recent country dashboard has 6 dark greens, 4 light greens, 4 yellow, 4 orange and 1 red. Eswatini now has 6 most mature domains, an increase of 5 from previous year. TB/HIV: TPT coverage was at 77% as a result of data issues, and other HRH related issues.

# CQUIN Treatment Dashboard Results: Change Over Time

- ❖ 11 domains remained the same from 2022 to 2023:
  - Five domains (policies, guidelines, procurement, facility and client coverage) maintained dark green status.
  - No change in maturity in six domains (Diversity, quality, KP, AHD, MCH, and FP)
- ❖ DSD included in the draft **2023-2027 HIV NSP**.
- ❖ Annual plan with **DSD scale-up plan** was under development at the time of the CMM assessment. Document is finalized.
- ❖ **Community engagement** domain improved following an assessment using the *Community engagement toolkit* with feedback provided from community led monitoring assessment conducted by CSO.
- ❖ **M&E system** changed from amber to light green - DSD data is available, but the indicators are not routinely monitored.

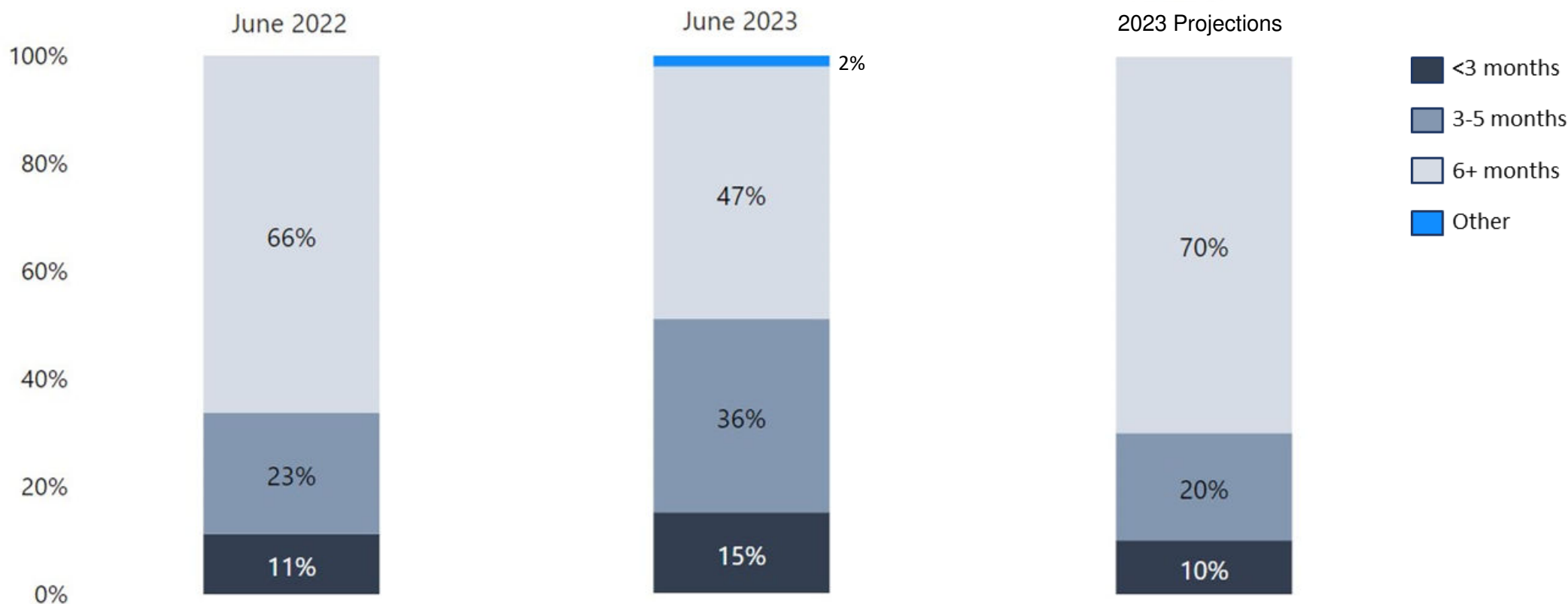
	Eswatini	
	2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Amber	Orange
Coordination	Light Green	Amber
Community Engagement	Amber	Dark Green
Training	Amber	Light Green
M&E System	Amber	Light Green
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Orange	Orange
Impact	Red	Light Green
P&SM	Dark Green	Dark Green
AHD	Amber	Amber
KP	Red	Red
TB/HIV	Orange	Amber
MCH	Orange	Orange
FP	Orange	Orange
HTN		Amber

# Differentiated Treatment Model Mix



In terms of model mix coverage, conventional models had an 8% coverage while the less intensive DSD models had a 92% coverage. Thus, the 70% projections for the less-intensive DSD models were surpassed

# Differentiated Treatment: Multi-month Dispensing



There was a 19% decline for clients on 6+ MMD which was primarily due to low ARV stock levels  
RoC receiving <3months MMD increased by 4% from 11% in June 2022 to 15% as of June 2023.  
36% of RoC received 3-5 MMD, which was also an increase from 23% in 2022.  
In 2023, the 2% RoC with an unspecified [other] MMD category had missing information on the duration of prescription/medication

# CQUIN AHD Dashboard Results 2023

Policies					
Guidelines					
AHD Scale-up Plan					
SOPs					
Coordination					
ROC Engagement					
Training					
Diagnostic Capability 1	Client Coverage 2	Client Coverage 4			
Diagnostic Capability 2	M&E System	Supply Chain			
Facility Coverage	Impact	Quality	Client Coverage 1	Client Coverage 3	

Most mature domains

Least mature domains

The recent staging results show that Eswatini has 13 mature domains, and 5 less matured domains.

- ❖ **Client Coverage 1:** The gap is with CD4 testing due to frequent stock-out of CD4 reagents.
- ❖ **Client coverage 3:** The program is currently not routinely reporting on TPT and cotrimoxazole among AHD clients but report on all PLHIV
- ❖ **Client Coverage 4:** The supply chain gap was due to stock-outs of AHD diagnostics and drugs. Under quality, the program conducted one quality standards evaluation and some elements were not met.



# CQUIN Testing & Linkage Dashboard – 2023

Policy: Strategic Model Mix				
SOPs				Meaningful CE
Implementation and Scale-Up Plan	Policy: Optimizing HIV Testing			Private Sector Engagement/Oversight
dHTS Training	Policy: Linkage			Clinical Services
Procurement & Supply Chain Management	Linkage to Tx: Timely Linkage	Financing and Resource Allocation		Impact: Knowledge of HIV Status
Population Coverage	EQA/IQC	Coordination		Impact: Linkage to Treatment
Linkage Tx: Confirm/Verification Testing	Proficiency Testing	M&E	Linkage to Prevention and Other Services	Impact: Linkage to Prevention
<b>Most mature domains</b>			<b>Least mature Domains</b>	

- ❖ The impact of knowledge of status, linkage to treatment and prevention has improved with the different populations by the introduction of a module in CMIS and piloting of CMIS lite at community level. Linkage to treatment remained least mature as the data was not submitted at the time of assessment.
- ❖ There is a good representation of the of PLWH and Key Populations, with challenges in AGYW.
- ❖ There continues to be a lack in the private sector engagement and mentorship (currently using MoUs)
- ❖ Lack of a combination prevention framework and prevention cascade.
- ❖ dHTS quality standards and IPV standards are only monitored in public HFs facilities and not in private HFs

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# Country Level Planning and Coordination

## Country coordination

- ❖ DSD services are coordinated through the quarterly care and treatment TWG during the year three meetings were held
- ❖ KPs, PLHIV, AGYW, TB/HIV survivors were represented within these meetings

## Action plans prioritized at CQUIN meetings which have been included for funding by PEPFAR

- ❖ Development and printing of the re -testing messages
- ❖ Development and implementation of the welcome back package for ITT

## Action plans prioritized at CQUIN meetings which have been included for funding by WHO/GF

- ❖ 3 tests strategy (HIV Testing ALGORITHM) and integration of dual HIV /Syphilis test
- ❖ Purchase of AHD commodities (drugs & diagnostics) supported by GF

## Process used, to prioritize action plans to get donor buy-in for funding prioritization through COP22 and GF?

- ❖ Conducted feedback meeting to discuss action annual action plans.
- ❖ Action plan was incorporated in the program annual plan and HIV NSP.

# Engagement with CQUIN

## Eswatini participated in the following community of practice meetings:

- ❖ dHTS community of practice
- ❖ AHD Community of practice
- ❖ HIV/NCD DSD Integration
- ❖ DSD Coordinators community of Practice
- ❖ M&E Community of practice
- ❖ KP Community of practice
- ❖ MCH
- ❖ Quality and QI
- ❖ Mobile and displaced populations
- ❖ TB/HIV

# Engagement with CQUIN

## **Did the country participate in any country-to-country visits?**

- ❖ Attended C2C on integration of FP/HIV (Rwanda)
- ❖ Hosted C2C on AHD (Zambia)

## **Did the country conduct DSD Performance Review?**

- ❖ CQUIN supported the development of the DSD dashboard that is anchored on a DHIS2 platform using EMR data

## **Did the country participate in any CQUIN-supported quality assessment exercises?**

- ❖ AHD Quality standards pilot
- ❖ Quality Improvement standards

## **Were other DSD-related activities supported by CQUIN (meetings, trainings, catalytic projects, etc.)?**

- ❖ dHTS Self Staging Capability Maturity Model

## **Describe key lessons learned and impact on country DSD implementation plans**

- ❖ Status Neutral scale up strengthened linkage to prevention
- ❖ Re-engagement of clients interrupting treatment. Resulted in the development of the return to care strategy

# Update on Country Action Plan from the 6<sup>th</sup> Annual Meeting (2022)

- **Activities that have been successfully completed include:**
  - ❖ Development of messages addressing retesting issues
  - ❖ ED PrEP Scale-up
  - ❖ Development of NCD/HIV SOP
  - ❖ Re-testing messages developed, and BE U campaign launched with information disseminated in all media platforms
  - ❖ Mapping of AGYW services completed
  - ❖ Verification SOP implementation done and monitored for improvement
- **Activities that are still underway include:**
  - ❖ Evaluation of the 3-test strategy
  - ❖ Revising the counselling quality assessment tools
  - ❖ Evaluation of the pediatric screening protocol, which will be used for screening for eligibility for HIV testing among pediatrics aged 2-11 years.
  - ❖ Development of the return to care strategy

# Were any activities added to the action plan midyear?

## After the MOH strategic planning meeting in February 2023?

- ❖ Histoplasmosis screening and treatment in AHD programing

## After a country-to-country visit?

- ❖ Review DSD Guidelines
- ❖ Review FP/HIV Integration to include tracking indicators

# Integration of HIV and Non-HIV services into DSD

## Integration policies you adopted this year or are working on adopting

- ❖ Review FP/HIV Integration to include tracking indicators
- ❖ Development of the Integrated Chronic Disease management (ICDM) policy
- ❖ Implementation of the Eswatini Integrated HIV Management Guidelines (2022)

## Activities being implemented to scale up integration of FP and NCDs into DSD models

- ❖ Integrate FP in three ART sites (Matsanjeni and Sithobela Health Centres and Pigg's Peak Hosp)
- ❖ Finalization of the FP/ART integration SOP.
- ❖ Review of FP/ART CMIS module

## What are the major barriers in the country against scale up of integrated services?

- ❖ Commodities stock outs
- ❖ Health care workers skills due to high staff turnover
- ❖ Infrastructure
- ❖ Documentation and Reporting
- ❖ The use of dual systems (Electronic and paper based)
- ❖ Aligning FP and HIV appointments



# DSD Implementation Successes in 2023

- ❖ Integration of FP and NCD services
  - ❖ Development of SOPs for integration of both FP and NCD
  - ❖ Provision of integrated FP and NCD services using different care models , at different facility level
- ❖ Integration of DSD Coordinator responsibilities within the different thematic leads
- ❖ Improvement of linkage and retention to treatment through eLCM, motivational and escalation counseling
- ❖ Implementation of model mix for HIV treatment and prevention
- ❖ Development of treatment literacy manual and campaigns
- ❖ Successful launch of the **BE U campaign** that addresses the re-testing issues for people with a known HIV positive status

# Challenges in DSD Implementation

- ❖ Inconsistent supply chain for HIV and AHD diagnostics and therapeutics (ARVs, FP, NCDs)
- ❖ Fluconazole still not classified as available at primary level
- ❖ Existence of the dual system hinders complete reporting of DSD
- ❖ Inconsistent tracking of DSD indicators
- ❖ Non-existence of private- sector coordination framework, currently MoUs are used which are non-binding

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# DSD priorities for 2024

## What are the *most important* DSD-related goals and/or projections in your country's plans for 2024?

- ❖ Strengthen HIV/NCD/SRH Integration into DSD models
- ❖ To report on DSD models specific indicators
- ❖ Streamline DSD models for implementation fidelity

## What do you want to learn from other countries in the CQUIN network in the coming year?

- ❖ Management of clients who interrupt treatment
- ❖ Implementation of combination prevention

# Acknowledgements

**Ministry of Health**

**PEPFAR**

**Global Fund**

**CSOs**

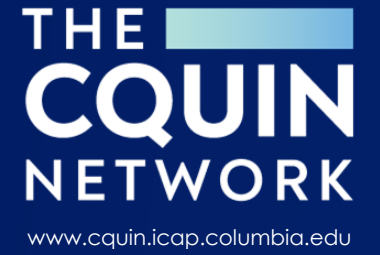
**ROC**

**UN Agencies**

**NERCHA**

**MSF**

**ICAP/CQUIN**



Thank you!

