

Eswatini Country Updates

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July 10, 2024



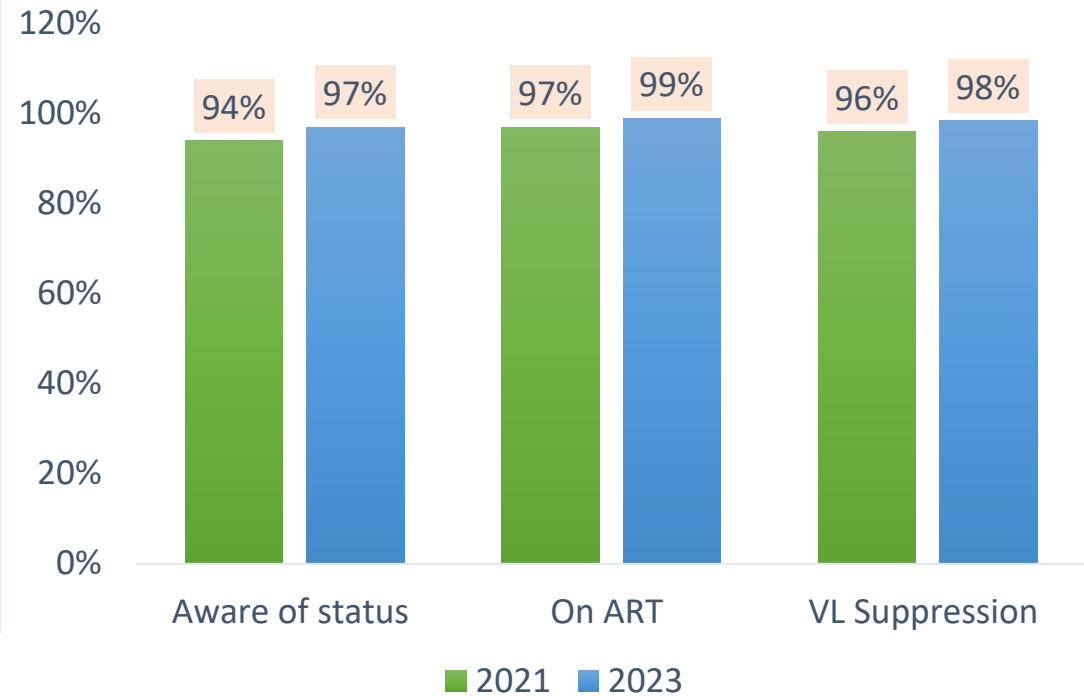
Outline

- Country background
- Progress in the implementation of the 2023 action plans
- 2024 dHTS CMM self-staging results
- dHTS CMM results – 2023 vs 2024
- Activities that influenced the 2024 CMM results
- Engagement with CQUIN and other stakeholders on dHTS
- 2025 dHTS CMM priority activities and projected scores
- Cross-learning topics of interest in 2024
- Acknowledgements

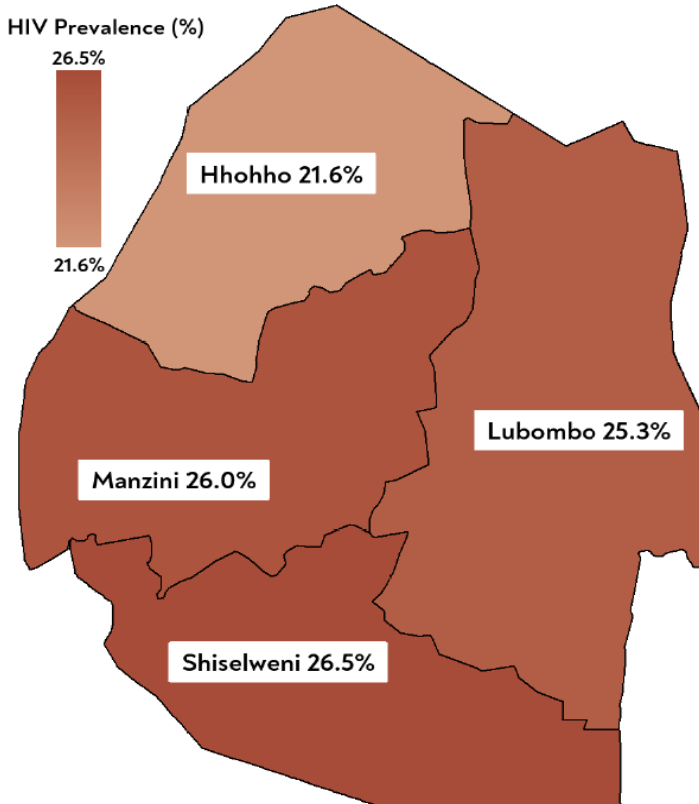
Country Background

In 2023 an estimated 221,183 PLHIV with 213,416 active on ART.

Eswatini 95-95-95 Cascade 2021 & 2023



- Eswatini HIV prevalence is **24.8%**
- HIV prevalence in women is almost **TWO times** higher compared to males (**30.4% vs 18.7%**)
- HIV incidence is **0.62%** (**1.11% in women vs 0.17% in men**)

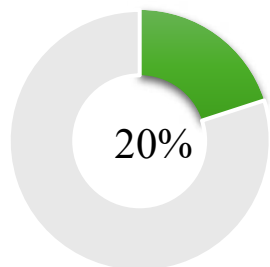


Source: 2021 SHIMS 3 and 2023 Eswatini HIV Report

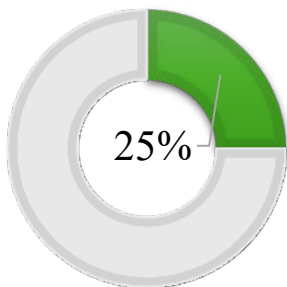
Country Background

Proportion of Undiagnosed PLHIV Priority Sub-Populations

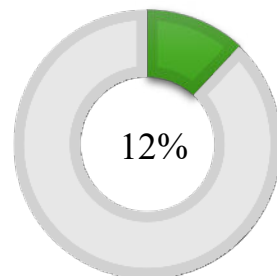
AGYW(15-24)



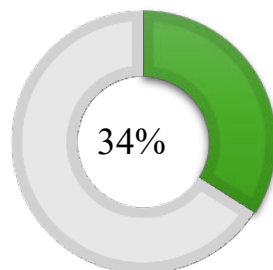
Men (25-34)



FSW

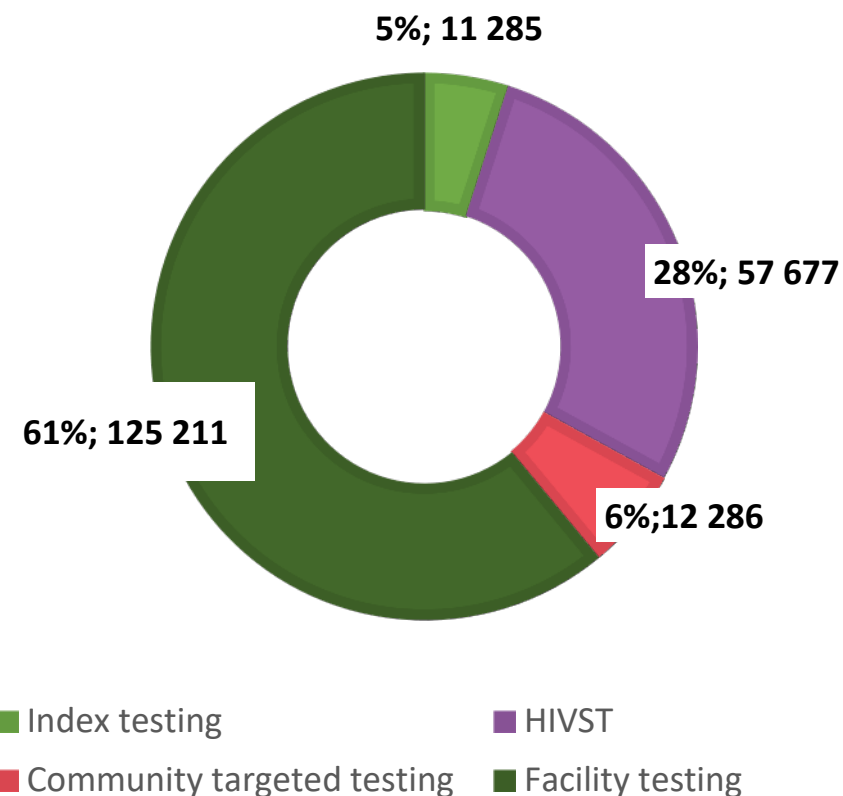


MSM



Sub population	n
AGYW(15-24)	3400
Men (25-34 years)	4000
Female sex workers	850
Men Having sex with men	1360
Military	No data

Country Testing Model Mix



Progress on the implementation of the 2023 action plans: Activities where progress was achieved

Domain	Activity	Progress made by 31 March, 2024
<p>Private sector engagement</p>	<ul style="list-style-type: none"> Sensitization of MOH SNAP and relevant stakeholders on the importance of engagement of the private sector in planning, designing and implementation of HTS activities Drafted the HIV National Strategic Plan (NSP), which includes a section on Public Private Partnership (PPP) 	<ul style="list-style-type: none"> NSP that includes a component on Public Private Partnership (PPP) was validated with relevant stakeholders including members of the private sector The SNAP 2024/2025 annual workplan includes an activity to develop a PPP coordination framework Identification of key members that participate in planning, designing and implementation of national HTS activities pending the PPP coordination framework

Progress on implementing 2023 action plans: Activities where progress was achieved

Domain	Activity	Progress made by March 31, 2024
Coordination	<ul style="list-style-type: none"> • Sensitization of MOH SNAP program on the importance of engagement and involvement of the marginalized community in the HTS TWG (KP, AGYW) in planning, designing and implementation of HTS activities • Sensitized MOH SNAP to advocate for the establishment of a network or an umbrella body for the coordination of marginalized groups • Developed SNAP 2024/2025 annual work plan that includes recruitment and training of community peer navigators to distribute HIVST 	<ul style="list-style-type: none"> • All core team meetings involve the marginalized groups in planning, designing, and implementation of HTS activities • Strategy and trainings on using peer navigators in the distribution of HIVST included in the Global Fund application

Progress on implementing 2023 action plans: Activities where progress was achieved

Domain	Activity	Progress made by March 31, 2024
Timely linkages to treatment	<ul style="list-style-type: none"> Conducted a literature review for clients interrupting treatment Developed a zero-draft e-engagement and retention SOP and shared with internal reviewers Reviewed datasets and timelines for reporting 	<ul style="list-style-type: none"> Conducted a validation exercise with relevant stakeholders that includes Recipients of Care (ROC), AGYW, KPs and ABYM Timely reporting and utilization of linkages to treatment
Differentiated Testing	<ul style="list-style-type: none"> Increased the number of pharmacies distributing HIVST from 18 to 55 in all regions. Introduced the distribution of HIVST in geographic areas with a high number of recent infections as guided by the Recency data. Implementation of intensified Index testing of non-biological children as guided by Eswatini integrated HIV management guidelines (2022) 	<ul style="list-style-type: none"> Increased number of priority populations (i.e. AGYW, men, KPs etc.) accessing HIVST in private pharmacies around the country Upscaling of the use of anonymous elicitation Extending of indexing to non-biological children living in the same household as the HIV+ client

Progress on implementing 2023 action plans: Activities where progress/implementation has

Domain	Activities Prioritized	Reasons for implementation delay	Plans for remediation
Linkages to Prevention	<ul style="list-style-type: none"> • Develop an SOP that can give guidance on implementation and tracking of combination prevention • Sensitization and dissemination of the developed SOP • Establish a prevention cascade that will track HIV combination prevention • Develop and define tracking indicators to monitor prevention • Defining a denominator for people at risk that need to be linked to prevention services • Drafted Terms of References (ToRs) for the HIV prevention coordination and shared with Program Manager and HIV prevention stakeholders 	Resignation (September 2023) and the delay in the appointment of the National HIV prevention coordinator negatively affected HIV prevention coordination	<ul style="list-style-type: none"> • To identify HIV Prevention coordinator (appointed in February 2024) • To fast-track the implementation of the prevention activities in the 2024/2025 plan

Progress on implementing 2023 action plans: 2-3 activities where progress/implementation has delayed

Domain	Activities Prioritized	Reasons for Implementation Delay	Plans for Remediation
Scale up plan	Finalize the draft scale up plan	Frequent HIV testing commodities stockout which delays the implementation of proposed strategies	<ul style="list-style-type: none"> • To collaborate with the Eswatini Health Laboratory Services to improve the supply chain of HTS commodities • To fast-track finalization of the draft scale-up plan
M&E	Finalize indicators for linkage to combination prevention	Awaiting finalization of HIV combination prevention policy guidance that will define combination prevention	Most prevention indicators available on CMIS, team needs to finalize the combination prevention cascade

2024 dHTS CMM Results

Policy: Strategic Model Mix				
SOPs	Policy: Linkage			
Community Engagement	Finance/Resource Allocation			
Coordination	Private Sector Engagement			
dHTS Training	Procurement/Supply Chain	Policy: Optimizing HIV Testing		
Population Coverage	Linkage to Tx: Timely Linkage	Linkage to Prevention		
Linkage to Tx: Verification	EQA/IQC	Proficiency Testing	Scale-up Plan	
Clinical Services	Impact: Linkage to Tx	Impact: Knowledge of Status	M&E	Impact: Linkage to Prevention
Most mature domains				Least mature domains

Eswatini dHTS CMM results – 2023 vs 2024

OBSERVATIONS

RESULTS	Eswatini	
	2023	2024
Policy: Strategic Model Mix	Dark Green	Dark Green
Policy: Optimizing HIV Testing	Light Green	Yellow
Policy: Linkage	Light Green	Light Green
Finance/Resource Allocation	Yellow	Light Green
SOPs	Dark Green	Dark Green
Scale-up Plan	Dark Green	Orange
Community Engagement	Red	Dark Green
Private Sector Engagement	Red	Light Green
Coordination	Yellow	Dark Green
dHTS Training	Dark Green	Dark Green
M&E	Yellow	Orange
Procurement/Supply Chain	Dark Green	Light Green
Population Coverage	Dark Green	Dark Green
Linkage to Tx: Timely Linkage	Light Green	Light Green
Linkage to Tx: Verification	Dark Green	Dark Green
Linkage to Prevention	Orange	Yellow
EQA/IQC	Light Green	Light Green
Proficiency Testing	Light Green	Yellow
Clinical Services	Red	Dark Green
Impact: Knowledge of Status	Red	Yellow
Impact: Linkage to Tx	Red	Light Green
Impact: Linkage to Prevention	Red	Red

- Generally, the program has improved
 - Most mature domains increased from 7 to 8.
- Greatest improvements have been seen in the engagement of the private and community sectors in the planning and designing of dHTS activities. Improvement in these domains was due to the involvement of all the program thematic areas and stakeholders. Ownership from the program and stakeholders in implementation and coordination of dHTS activities.
- Least mature domains were reduced from 6 to one which was Impact: linkage to prevention this was mainly due to the nation data system not able to track and monitor HIV linkages to combination prevention.

Eswatini dHTS CMM results – 2023 vs 2024

OBSERVATIONS

RESULTS	Eswatini	
	2023	2024
Policy: Strategic Model Mix	Green	Green
Policy: Optimizing HIV Testing	Light Green	Yellow
Policy: Linkage	Light Green	Light Green
Finance/Resource Allocation	Yellow	Light Green
SOPs	Green	Green
Scale-up Plan	Green	Orange
Community Engagement	Red	Green
Private Sector Engagement	Red	Light Green
Coordination	Yellow	Green
dHTS Training	Green	Green
M&E	Yellow	Orange
Procurement/Supply Chain	Green	Light Green
Population Coverage	Green	Green
Linkage to Tx: Timely Linkage	Light Green	Light Green
Linkage to Tx: Verification	Green	Green
Linkage to Prevention	Orange	Yellow
EQA/IQC	Light Green	Light Green
Proficiency Testing	Light Green	Yellow
Clinical Services	Red	Green
Impact: Knowledge of Status	Red	Yellow
Impact: Linkage to Tx	Red	Light Green
Impact: Linkage to Prevention	Red	Red

- domains regressed to less matured domains
 - optimization of HTS- The country's testing algorithm is still not implementing the three serial validated rapid diagnostic tests to confirm HIV positive status, however we are at the analysis stage of the validation process.
 - scale-up plan- Plan was developed and approved by MOH, however there were delays in implementation due to the frequent stock out of testing commodities.
 - M&E- The country is still experience changes in defining and tracking linkages to HIV combination prevention.
 - Proficiency testing – The PT system has been developed, however there are no systems to track and monitoring those who have passed or failed the assessment

Key lessons learned over the past year – facilitators and barriers

Facilitators

- Sharing the plan with the HIV program for buy-in and ownership
- Sensitization and involvement of all stakeholders including the private, community, and marginalized groups
- Collaboration with all thematic areas within the program to validate and implement the plan
- Actively tracking the plan on a monthly basis
- Identification of a DSD focal person within the HIV program

Barriers/Challenges

- Non-existence of Key and vulnerable population (KVP) umbrella network body
- Involvement of the KVP groups needs resources (stipend to attend dHTS planning meetings).

Engagement with CQUIN and other stakeholders on dHTS

- **Received technical assistance** - orientation on dHTS CMM self-staging tools by CQUIN team
- **Meetings attended:**
 - **Physical:** The CQUIN annual meeting
 - **Virtual:** - dHTS and key populations joint communities of practice
 - Updates on WHO/HIV testing services guidelines (with a focus on improving the quality of testing to prevent HIV misdiagnosis)
 - Joint M&E and dHTS communities of practice
 - IAS dHTS framework review meeting
 - M&E of dHTS from testing to linkage to combination prevention
 - Linkage to HIV prevention
- **Tools shared:** Eswatini shared the Linkage to HIV prevention package all network countries during the dHTS COP call on linkages to prevention, Uganda specifically referred to the document to develop their dHTS scale up plan
- **Budget Support** for the dHTS Capability Maturity Model (CMM) self-staging meeting

2025 dHTS CMM priority activities and projected scores

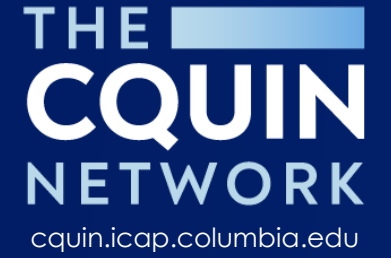
Domain	2024 score	2025 Projected score	Planned actions
Linkages to Prevention	Red	Light green	<ul style="list-style-type: none"> • Training of healthcare workers on status-neutral HTS • Imbed and track reporting indicators in the client management system • Sensitize health care workers and SID officers on documentation of the prevention indicators
M&E	Orange	Dark green	<ul style="list-style-type: none"> • Finalize indicators for linkage to combination prevention • Conduct quarterly data review meetings on combination prevention • Train health care workers on the HIV prevention cascade
Scale-up plan	Orange	Dark green	Finalize the draft scale-up plan for the lagging-behind sub populations

Cross-Learning Topics of Interest in 2024

- Linkages to HIV combination prevention (status neutral, tracking and reporting)
- HIV proficiency testing
- Quality assurance on HTS (quality of counseling)

Acknowledgements

- Ministry of Health
- PEPFAR
- UN Agencies
- Civil Society Organizations
- Private sector
- ICAP/CQUIN



Thank You!

