

# Monitoring HIV self-testing (HIVST) in Eswatini

Setsabile Gulwako

Monitoring and Evaluation Analyst

Ministry of Health- Eswatini



# Outline

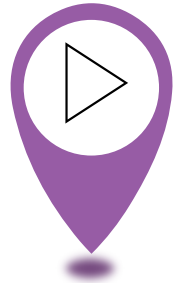
- Objectives
- Timeline of HIVST in Eswatini
- Progress of HIVST Reporting Cascades in Eswatini
- Data Collection for HTS and HIV Prevention in Eswatini
- Monitoring of HIVST in Eswatini
- Successes and Challenges of Monitoring HIVST
- Next Steps

# Objective

- To review advancements in M&E systems for HIV self-testing (HIVST) monitoring
- Understand key indicators and metrics that are considered in evaluating the performance and impact of HIVST initiatives
- Understand needs of MoH data and reporting system

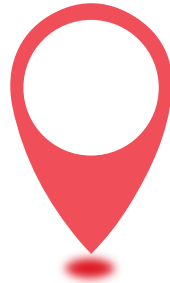
# Timeline of HIVST in Eswatini

2017



- Pilot in Shiselweni region
- Assisted and unassisted approaches

2018



- Implementation was expanded nationally.
- Focus on men, workforce, Key Populations , Pregnant & Lactating women .
- HIVST was integrated in community & facility HTS

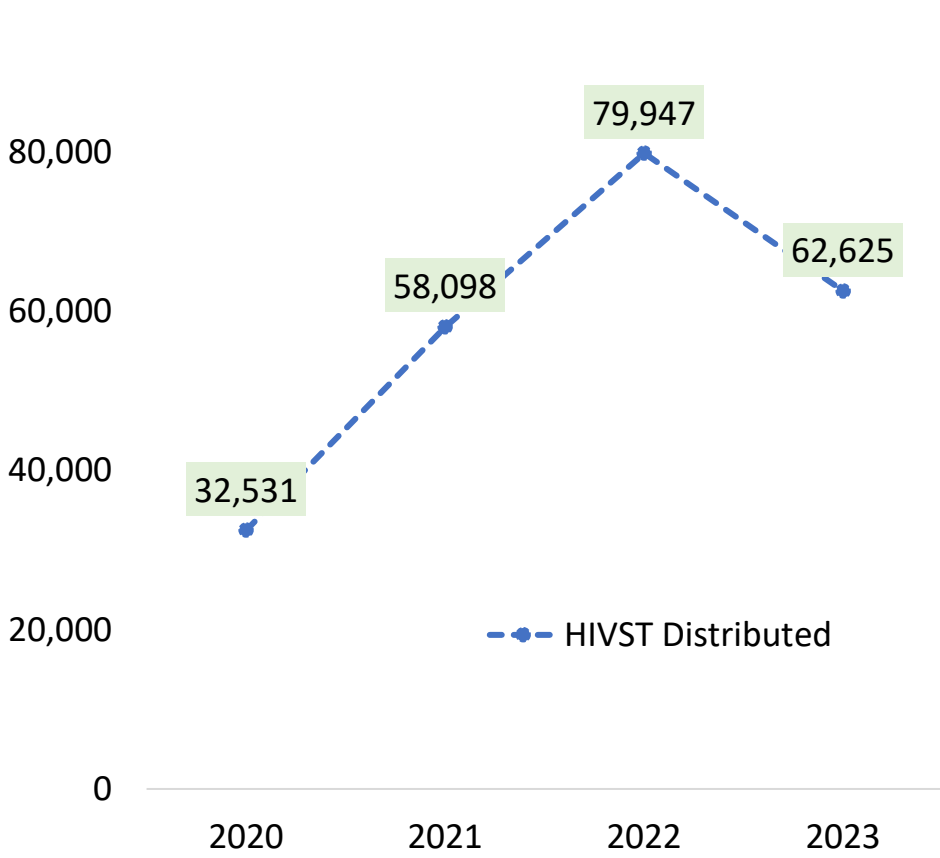
2019



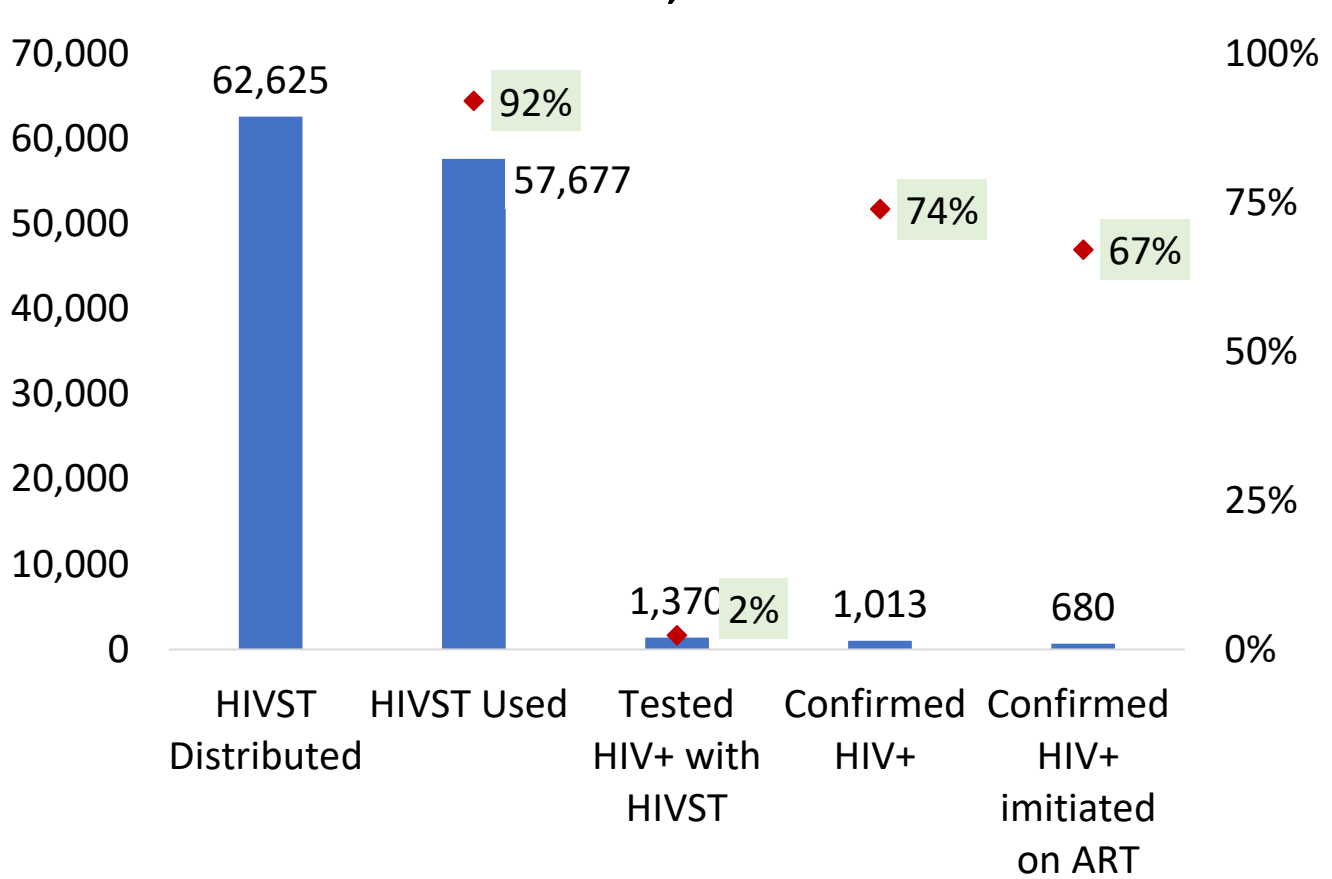
- First HIVST standard operating procedures developed with M&E framework.
- Pilot data collection tools revised and finalized

# Progress of HIVST Reporting Cascades in Eswatini

HIVST kits distributed, 2020-23



HIVST Cascade, Jan-Dec 2023



# Data Collection for HTS and HIV Prevention in Eswatini

- **Purpose:** To facilitate informed, data-driven decision-making to guide HIV prevention and testing programs
- Most HTS and HIV prevention data is captured at patient level using the national electronic Client Management Information System (CMIS)
  - Most HTS approaches are provided at facility and community level
  - PrEP, VMMC, Condoms, STI screening/testing and treatment
- Some HTS approaches partially captured electronically
  - **This includes index testing and HIVST distribution/testing ( cascades partially collected)**

# Monitoring of HIVST in Eswatini – HIVST Data Collection Tool

## Demographics

Name of site: _____				Inkundla of distribution: _____						
Fill in for primary and secondary distribution										
Date	Model	Channel	Distribution Type	Client Information						
Date of Distribution	1. Community 2. Facility	1. Workplace 2. Campaigns and ongoing events 3. Index testing for partners (community) 4. Secondary distribution at ANC and STI clinics 5. Secondary distribution for index contract tracing 6. High-volume OPD	1. Primary 2. Secondary	Name and surname of the Client	Patient ID (write N/A if not available)	Contact Number	Gender: 1.F 2.M	Age in years	Key Population 1. FSW 2. MSM 3. IDU 4. N/A	Client's Inkhundla of residence
DD/MM/YYYY										
DD/MM/YYYY										

# Monitoring of HIVST in Eswatini – HIVST Data Collection Tool

## Follow-up of HIVST Use

Name of Distributor: _____										Affiliation of the Distributor: _____					
Fill in for primary distribution only			Fill in for secondary distribution only												
HIV Testing History			Secondary Distribution			HIVST follow up 1			HIVST follow up 2			Final follow up Outcome	Total no. of kits given		
Ever tested for HIV? 1. Yes 2. No	Ever used HIV self-test? 1. Yes 2. No	Self-test result (in case of directly assisted testing) 1. Reactive (positive) 2. Non-reactive (negative)	Age in years	Gender 1.F 2.M	Contact number	Contact Date	Client was reached 1. Yes 2. No	Follow up Outcome: 1. Client reported partner used HIVST 2. Client reported partner did not use HIVST	HIVST screening Results 1. Negative 2. Positive 3. Unknown	Contact Date	Client was reached 1. Yes 2. No	Follow Up Outcome 1. Client reported partner used HIVST 2. Client reported partner did not use HIVST	HIVST screening Results 1. Negative 2. Positive 3. Unknown	Final follow up Outcome 1. Client reached & partner used HIVST 2. Client reached & partner did not use HIVST 3. Client was not reached	



# Entry of HIVST and HTS on CMIS

Confirmation of HIV positive self-test result

REP QRM Female, 24 yrs [PROFILE](#)

Patient ID: H044080798-2 DOB: 08 Jul 1998 Marital status: Widowed

- Vitals
- Palliative Care
- TB Screening
- In-Patient
- NCD
- HTS
- PrEP
- PEP
- ART
- TB (DS)
- TB (DR)
- ANC
- Maternity

## HIV Testing Service

### Pre-Test Assessment

Entry point ★

HIV Testing and Counselling

Key populations ★

× Sero-discordant partner

Client tested for HIV recently? ★

Yes

Received HIVST Kit? ★

Recent type of test

Self test

Self test modality

Directly Assisted

Source of HIVST kit

Facility

Recent HIV test date

20/05/2023

# Entry of HIVST and HTS on CMIS

Test and Results

**HIV rapid test - Determine**  
Not done

**Date**

**HIV rapid test - Uni Gold**  
Select

**Date**

Test and Results

**HIV rapid test - Determine**  
Not done

**Date**

**HIV rapid test - Uni Gold**  
Select

**Date**

**DNA PCR sample collected?**  
Select

**DNA PCR collection date**

Post-Test Assessment

**Client received results?**  
Yes

**Retest date**

 Save

 Back

# HIVST Cascade

a. Number HIVST kits distributed

b. Number of clients who used HIVST

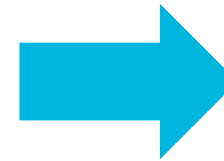
c. Tested positive with HIVST

d. Returned for confirmation test

e. Successfully linked for confirmation

f. Confirmed HIV positive

g. Linked to ART care



- ❖ First two indicators of cascade are captured on above register
- ❖ Indicators c to g captured on electronic client management information system (CMIS)
  - ❖ Patient national ID is link

# Successes and Challenges of Monitoring HIVST

## Successes

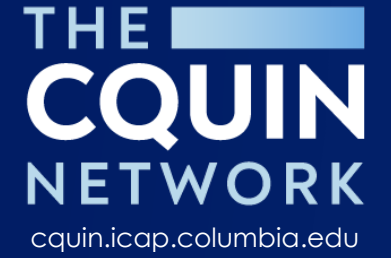
- ❖ Improved reporting of HIVST cascade over the years .
  - ❖ Improved from reporting distributions only to complete HIVST cascade.

## Challenges

- ❖ Persistent stockout of HIVST disrupting the implementation.
- ❖ Use of paper-based has challenges of reporting of distributions especially unassisted in some settings e.g. workplace, pharmacy & community
- ❖ Lack of a comprehensive HIVST section in the electronic client management system, thus follow-ups sometimes a challenge

# Next Steps

- Introducing HIVST for PrEP clients at refill visits
- Due to the low sensitivity of the national HIV risk screening tool in flagging at-risk clients for testing, the country has introduced the use of the HIVST as a screening tool in outpatient department
- Capturing all (from secondary distribution, follow-up HIVST use etc) data electronically (prototype developed)
  - Introducing community electronic system for community distributions
- Scaling up the pharmacy HIVST strategy to all regions
- Introducing blood-based HIVST as an option



Thank You!

