



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



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BACKGROUND

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

- Integration of DSD services and capacity building of healthcare workers to provide high-quality DSD services.
- Improving the enrolment and coverage of people living with HIV in their preferred model of care through the coordination and quality of HIV care and treatment in the private sector, community, and facility service delivery points.
- Training, facilitating and empowering support groups to create and increase demand for less-intensive DSD models (LIM).
- Increasing the scope of less intensive DSD models to integrate services for non-communicable diseases (hypertension [HTN], diabetes mellitus and cancers), family planning, tuberculosis preventive therapy, and key populations (KP).
- Strengthening documentation and reporting of DSD indicators through the national electronic medical record system
- The country has incorporated DSD within community-led monitoring to get client satisfaction on the various DSD models.
- Eswatini uses SIMS for HIV service quality assessment for DSD

Challenges:

- Multiple concurrent assessments which require remedial actions. This translates to an increase in workload for the service providers.
- Impact of the assessments is no longer seen because there is loss of focus in implementing the remedial plans to completion.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Trend Over Time, 2022-2024

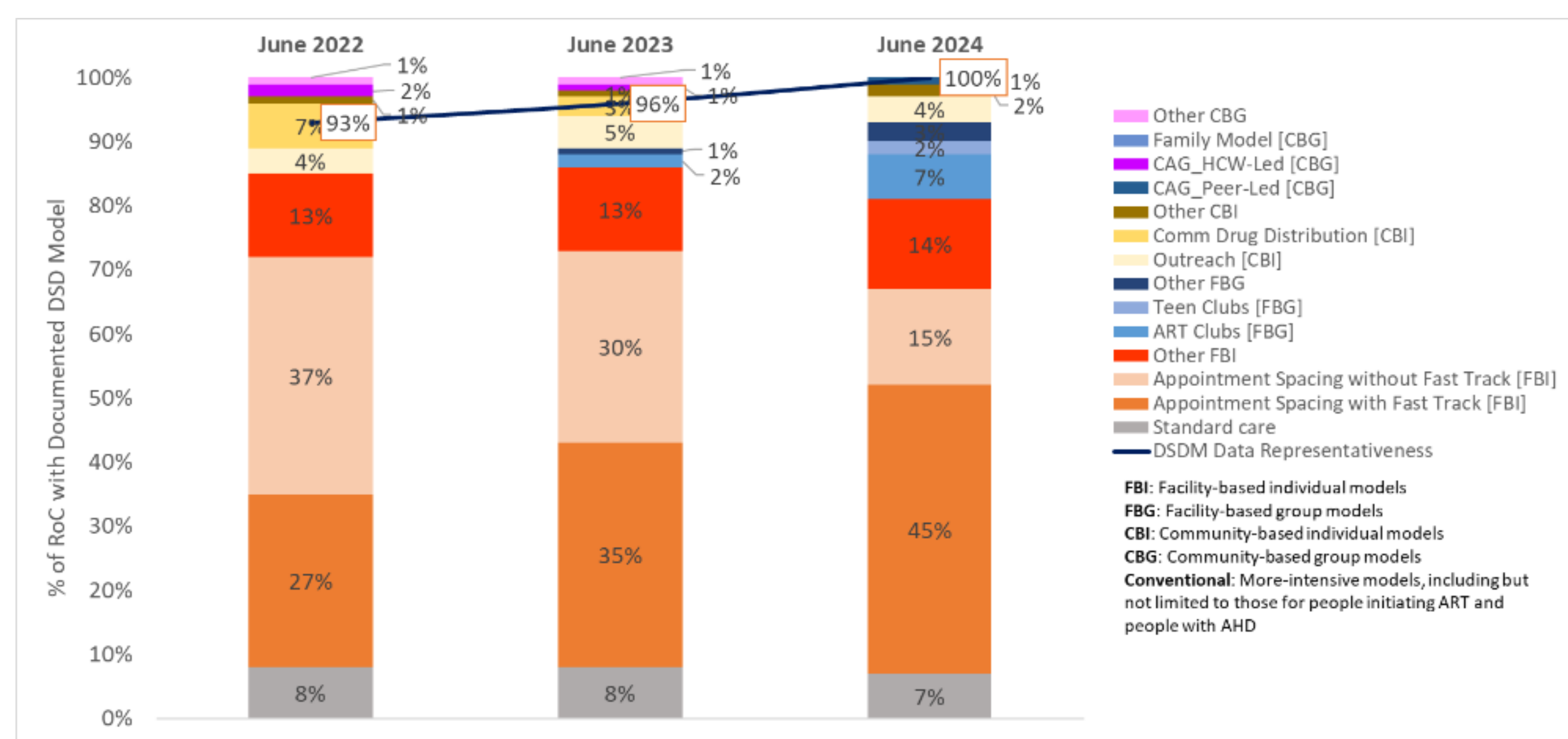
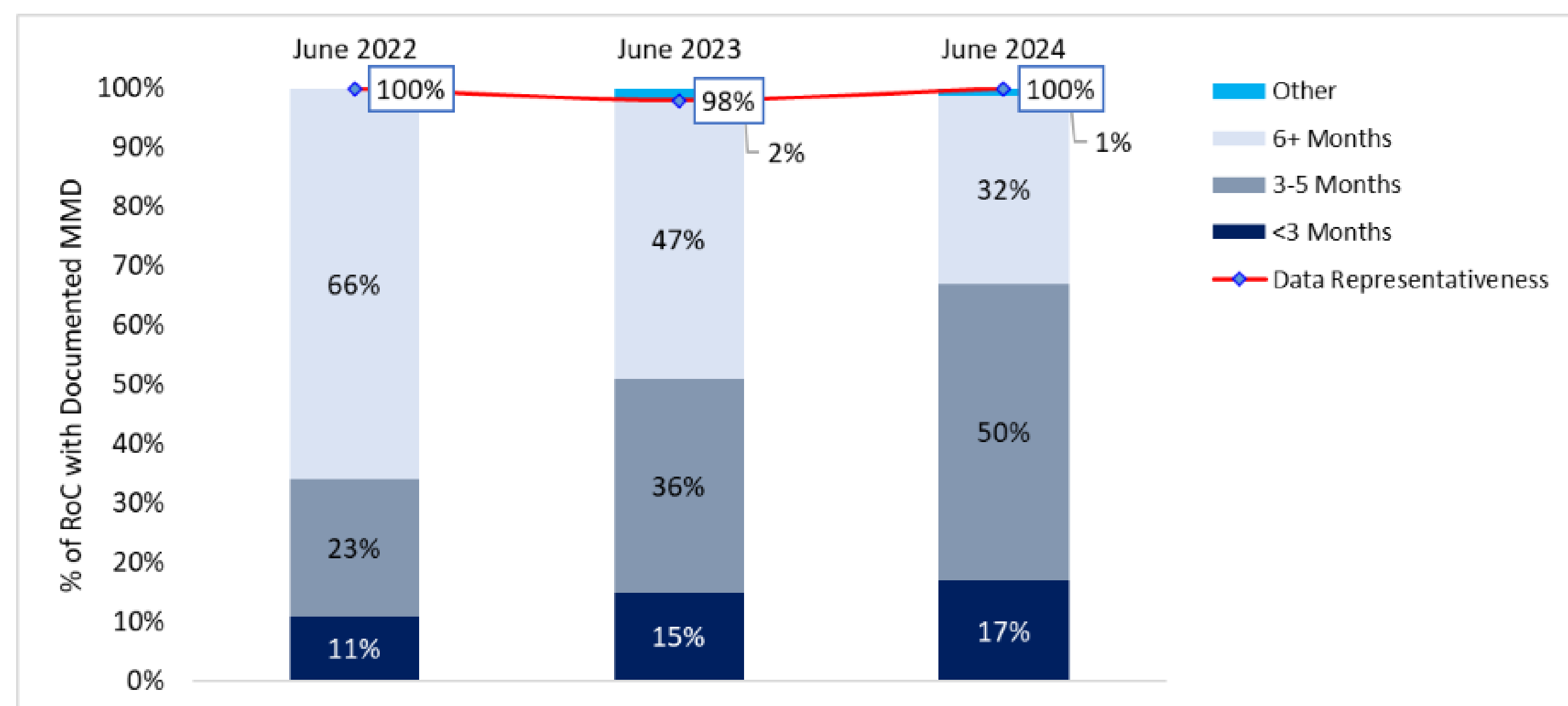


Figure 2: Multi-Month Dispensing (MMD): Trend over Time, 2022-2024



- 93% of recipients of care (ROC) on ART are in LIMs and this has remained stable over the past 3 years
- 6+ multi-month dispensing (MMD) decreased from 66% to 32% due to a system error causing a discrepancy of prescription versus remaining pills from pill count at the facility level
 - RoC being reported as being on 3-5 MMD but are actually on 6+ MMD has led to the 3-5 MMD increase from 23% to 50%
- <3 MMD increased from 11% to 17% due to client preferences, poor-adherence and uncontrolled comorbidities
- Other Category: These are RoC with an unknown MMD category

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Eswatini has participated in the dHTS, M&E, HIV/HTN, MCH, DSD quality, and DSD for KPs COPs
- Learnt best practices from other countries which were adopted in-country (e.g., developing KP standards)

Country-to-Country (C2C) Learning Exchange Visits

- The country did not participate in any C2C visits during the year
- However, Eswatini collaborated with Kenya and South Africa in developing a facility assessment tool for our Integrated Chronic Disease Management framework.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

Domains	2022	2023	2024
Policies	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Dark Green	Dark Green	Dark Green
Scale Up Plan	Yellow	Orange	Dark Green
Coordination	Yellow	Orange	Dark Green
Community	Yellow	Orange	Dark Green
Training	Yellow	Orange	Dark Green
M&E System	Yellow	Orange	Dark Green
Procurement	Yellow	Orange	Dark Green
Facility Coverage	Dark Green	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green	Dark Green
AHD	Yellow	Orange	Dark Green
Key Populations	Red	Orange	Dark Green
TB/HIV	Red	Orange	Dark Green
MCH	Red	Orange	Dark Green
NCD/HIV	Red	Orange	Dark Green
Family Planning	Red	Orange	Dark Green
Quality	Red	Orange	Dark Green
Impact	Red	Orange	Dark Green

- General improvement is observed across all the domains, with 58% of the domains being most matured (dark green).
- No domain under the least mature staging (red), but more efforts need to be applied towards the 5 least mature domains (3 in orange and 2 in yellow domains).
- The scale-up plan is in place and being implemented and monitored.
- DSD is coordinated by a Ministry of Health officer and regular technical working groups (TWG) are convened.
- The KP domain has achieved the following:
 - Reviewed implementation guide with packages for the KPs
 - Meeting the targets - there has been periodic size estimates conducted every 6 months by the program which include ART coverage, and the program has been meeting targets
 - Program has put in measures to enhance service provision through HIV self-test distribution, test and start in drop-in centers, peer support and case management.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2024

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

Most mature (Dark Green) | Least mature (Red)

Figure 4. In 2024, 13 domains are in the more mature stages (dark and light green) while 5 domains are in yellow staging. There are no domains in the orange and red staging.

- The staging of Client Coverage 1, 2 and 3 is attributed to unavailability of data disaggregation to according to sub-populations at risk of AHD (Global Guidance). This is however exceptional for client coverage 4 which scored dark green.
- The supply chain domain scored yellow because of the global TB-LAM and CrAg stock-out.
- The quality of AHD domain scored yellow because quality improvement plans have not been implemented.
- Impact evaluations are not conducted yearly, but at the end of the national strategic plan (NSP). The last one was conducted in 2022.
- Overall, the facility coverage of AHD is at 100% (204 health facilities), onsite or by referral.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM Results, 2024

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

Most mature domains (Dark Green) | Least mature domains (Red)

Figure 5. In 2024, Eswatini achieved the most mature staging (dark green) in 8 domains while the linkage to prevention impact domain remained in the least mature (red) staging.

- Scale-up plan: There was a draft national dHTS implementation plan which is imbedded into the NSP and has been approved.
- M&E of dHTS has low maturation since in-country cascades were not synchronized with the dHTS indicators.
- Linkage to Prevention: There are missing estimates of populations at risk to calculate coverage for HIV prevention
 - The score was <75% for linkage for at least 3 populations at risk on HIV prevention services (standards for linkages to HIV prevention service are not yet available).

NEXT STEPS / WAY FORWARD

- Most domains have demonstrated maturation across all the three CMMs. Impressive performance has been informed by conducting the quarterly review meetings with the TWGs and the team approach to implementing the activities. Very few domains are still in the least mature staging.
- Sustainability plans must be strengthened to ensure retention of the gains.
- The impact of linkage to prevention on the dHTS CMM needs more focus for improvement, including M&E and quality domains.

Planned Activities

- Update the indicator compendium.
- Improve stakeholder engagement with the domains that need more attention including driving the integration agenda.
- Improve data quality at facility level.
- Finalize the adoption of SIMS tool to have one consolidated tool for service quality assessment.

