Eswatini Country Updates

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Designation: DSD Focal Person
Eswatini National AIDS Program**

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?**
  - Stakeholder coordination and prioritization processes
  - Engagement with CQUIN
  - Update on Country Action Plans
  - Update on Integrating Non-HIV and HIV Services
  - Program sustainability efforts and opportunities
  - Successes and Challenges
- **2025 Priorities**

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Eswatini Progress Towards 95:95:95 (All Ages)

<15 years - 95%
15+ years - 97%
ALL -96.9%
Aware of HIV Status

<15 years - 91%
15+ years - 99%
ALL – 99.5%
PLHIV on Treatment
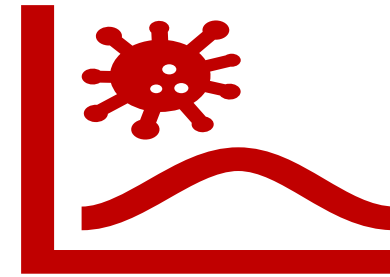
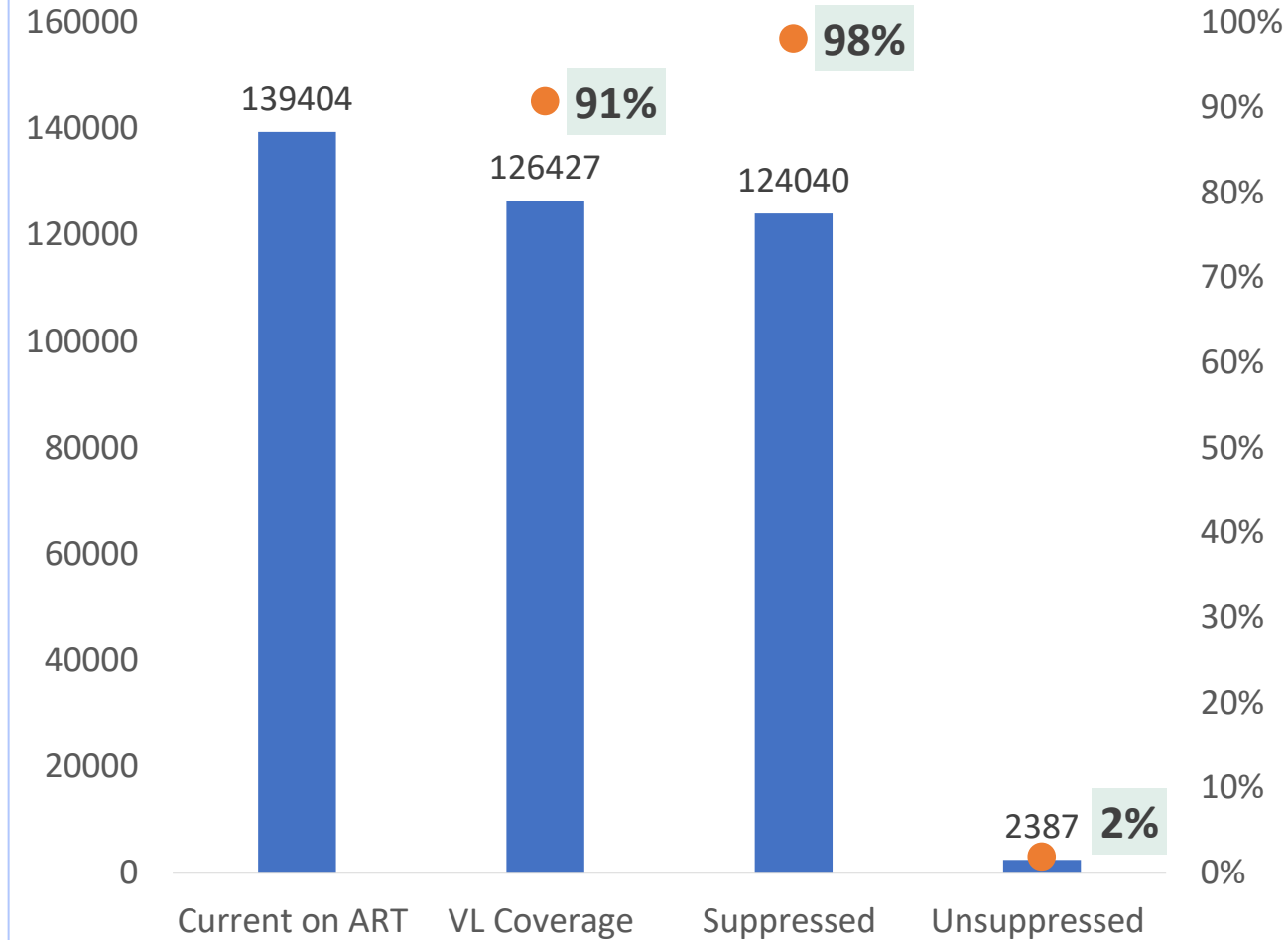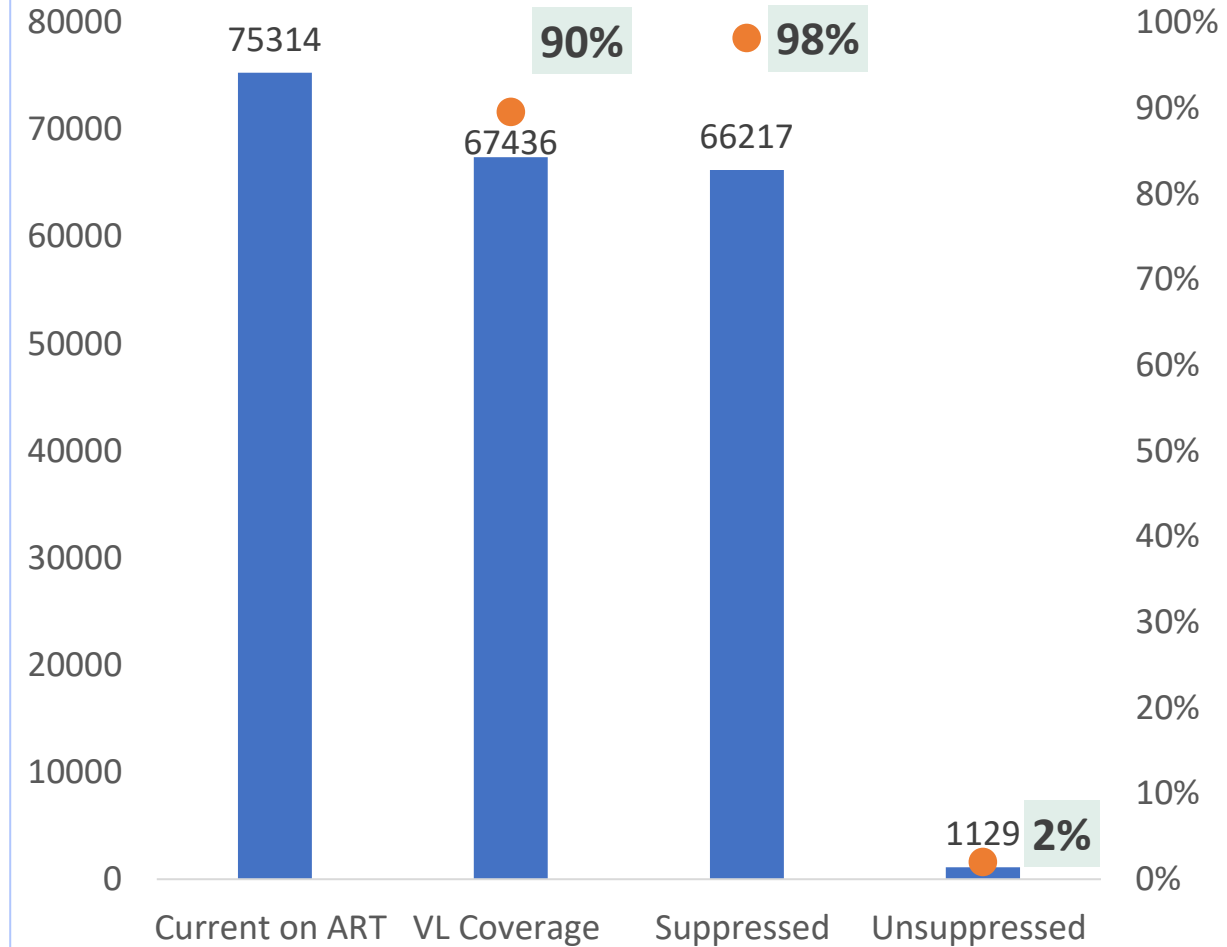**<15 years - 95%**
15+ years - 98%
ALL – 98.3%
Virally Suppressed

❖ In 2023 an estimated 221,183 PLHIV in Eswatini

❖ PLHIV on ART **213,416**

❖ VL Coverage at **94%**

❖ VL Suppression **198,162**

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VL Coverage and Suppression, July-Sept. 24

VL Coverage & Suppression in Females

- Current on ART: 139404
- VL Coverage: 126427 — 91%
- Suppressed: 124040 — 98%
- Unsuppressed: 2387 — 2%

VL Coverage & Suppression in Males

- Current on ART: 75314
- VL Coverage: 67436 — 90%
- Suppressed: 66217 — 98%
- Unsuppressed: 1129 — 2%

Eswatini Treatment CMM Results: 2024

Policies			
Guidelines			
Diversity			
Scale Up Plan			
Coordination			
Community			
Training			
Procurement			
Facility Coverage	**M&E System**		**MCH**
Client Coverage	**AHD**	**TB/HIV**	**Family Planning**
Key Populations	**Impact**	**NCD/HIV**	**Quality**

Most mature → **Least mature**
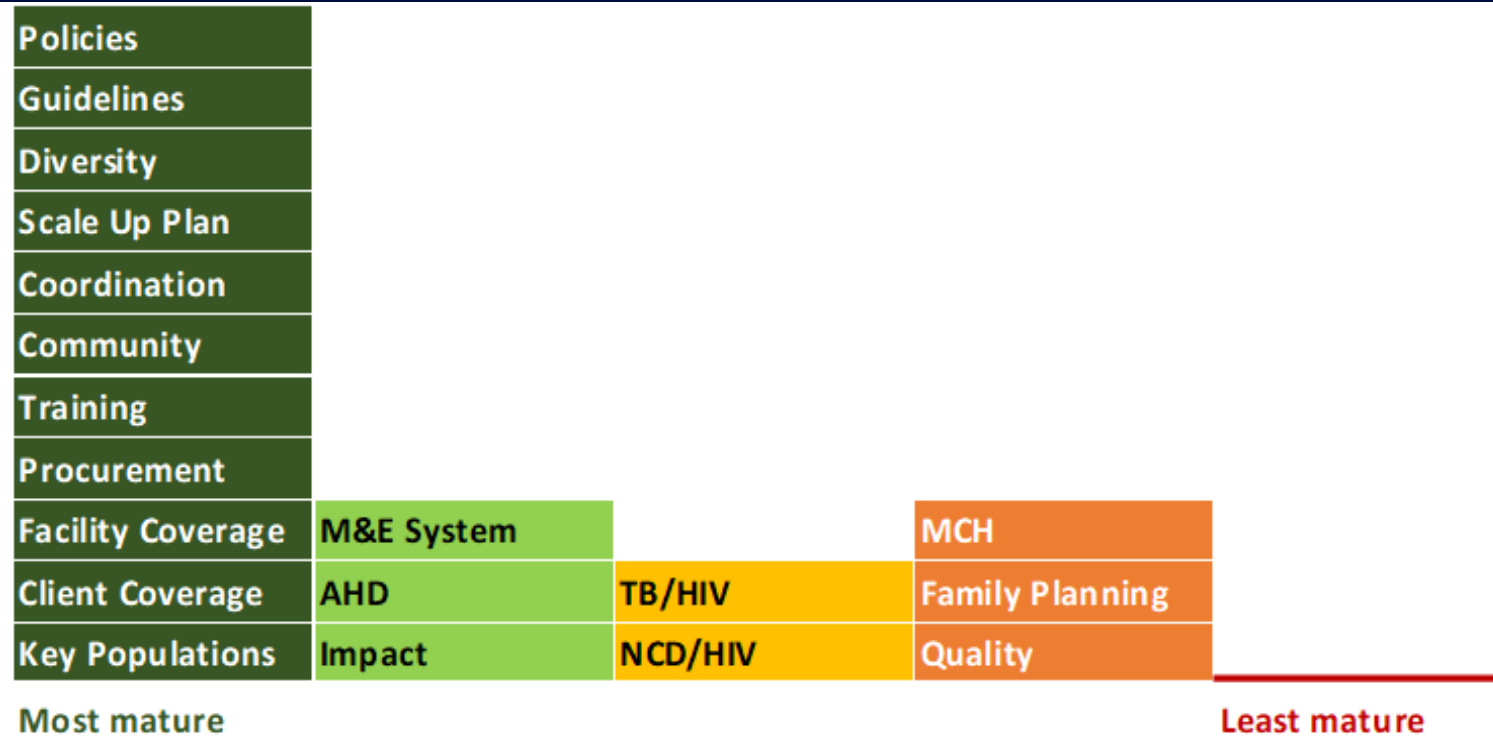
- General improvement is observed across all the domains with 58%, 14 out of 19, domains most mature [with dark and light green staging]
- There are no domains in the red staging. More efforts to be applied towards the 5 domains i.e. 3 in the orange and 2 in the yellow staging

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Eswatini Treatment CMM Results: Change Over Time

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

- **Scale up Plan:** A scale-up plan exists which is being monitored
- **Coordination:** A national DSD focal person within the MOH coordinates DSD activities
- **M&E:** The national data is not disaggregated according to number of pill pick-ups per client per year
- **AHD:** Even though there were global AHD diagnostic stock outs there were no AHD medicines stock outs this contributed to the light green staging
- **Key Populations:** 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 HIVST distribution, Test and start in DICs, peer support and case management

Eswatini Treatment CMM Results: Change Over Time - 2

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

- **TB/HIV:** Persisting documentation challenges at facility level (both paper based and CMIS down times) led to stagnation at the yellow stage
- **MCH:** There are currently no coverage targets for PBFW in less intense models
- **NCD/HIV:** Although the MoH can now report PLHIV with NCD, data cannot be disaggregated by DSD model.
- **Family Planning:** There are no national targets for the women of reproductive age living with HIV using modern contraceptives
- **Quality:** SIMS tool not yet adapted; hence assessments are pending
- **Impact:** Data analysis on VLS and retention amongst clients on DSD done in 2024

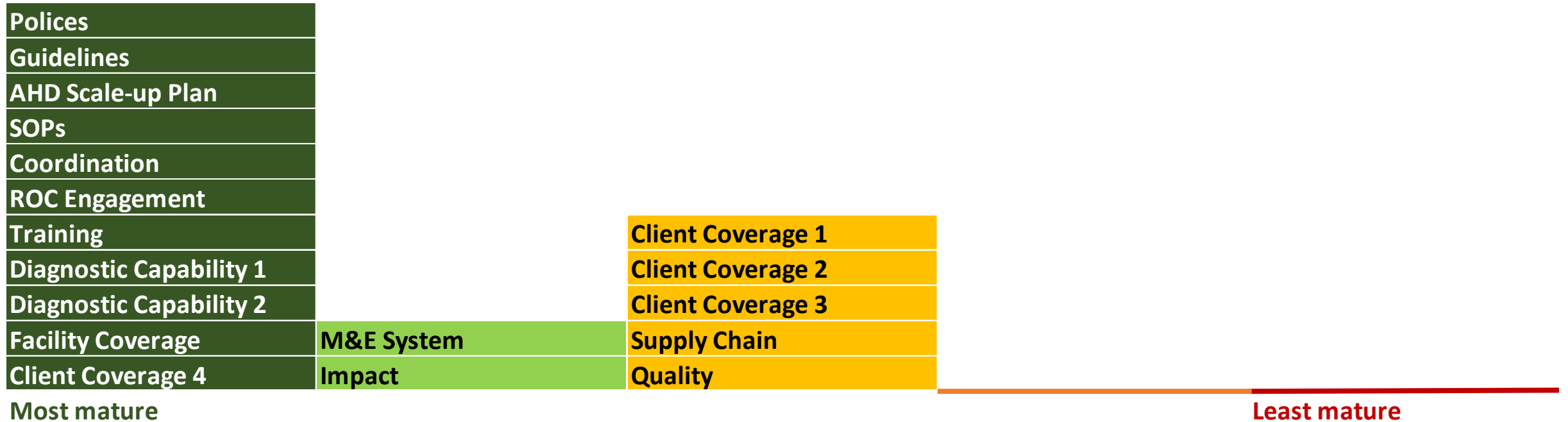# Eswatini Differentiated Treatment Model Mix
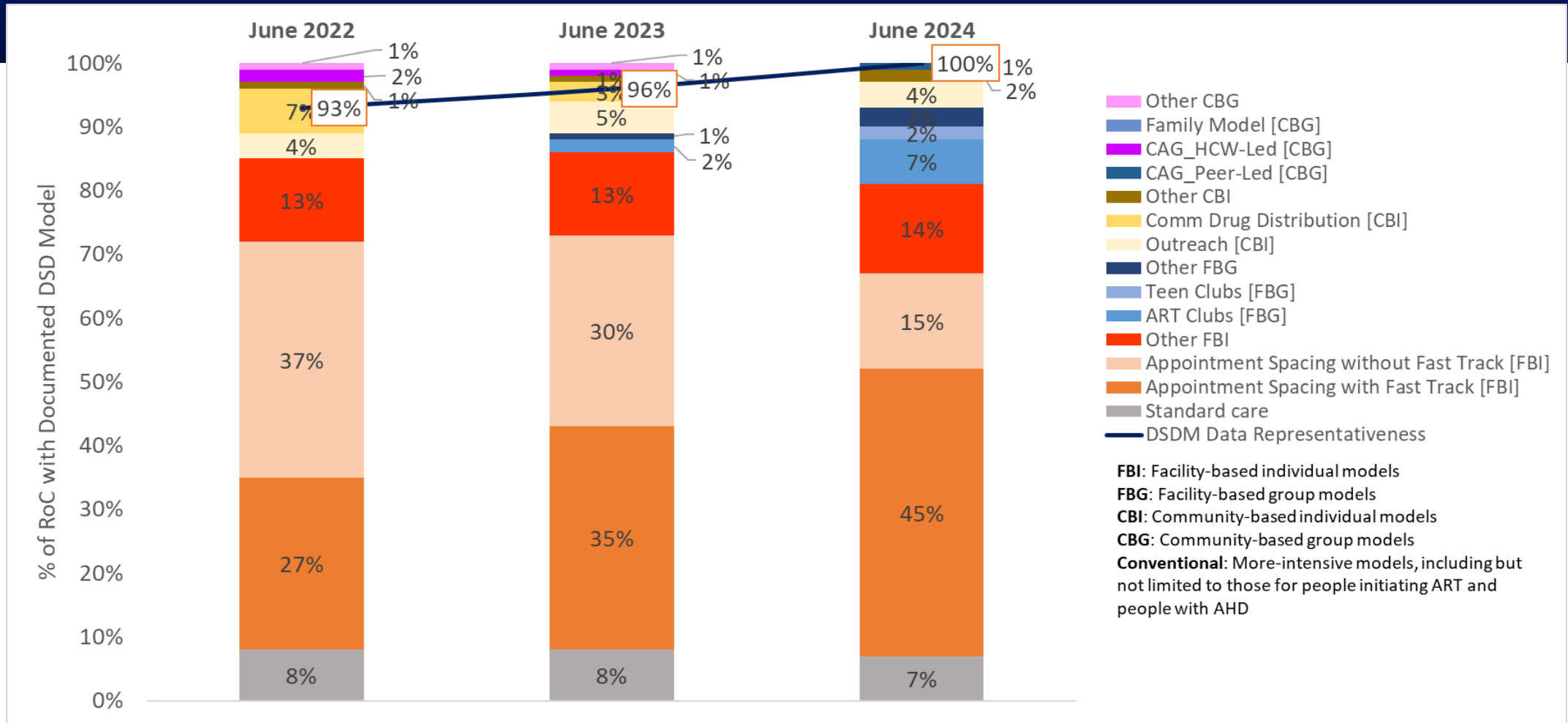
- There is an increase in RoC enrolled on fast-track (45%), which has been attributed by the availability of Automated Medicines Dispensing System (AMDS) and improved documentation of ART models
- Peer-Led CAGs were introduced, this year 2024

Eswatini Differentiated Treatment: Multi-Month Dispensing
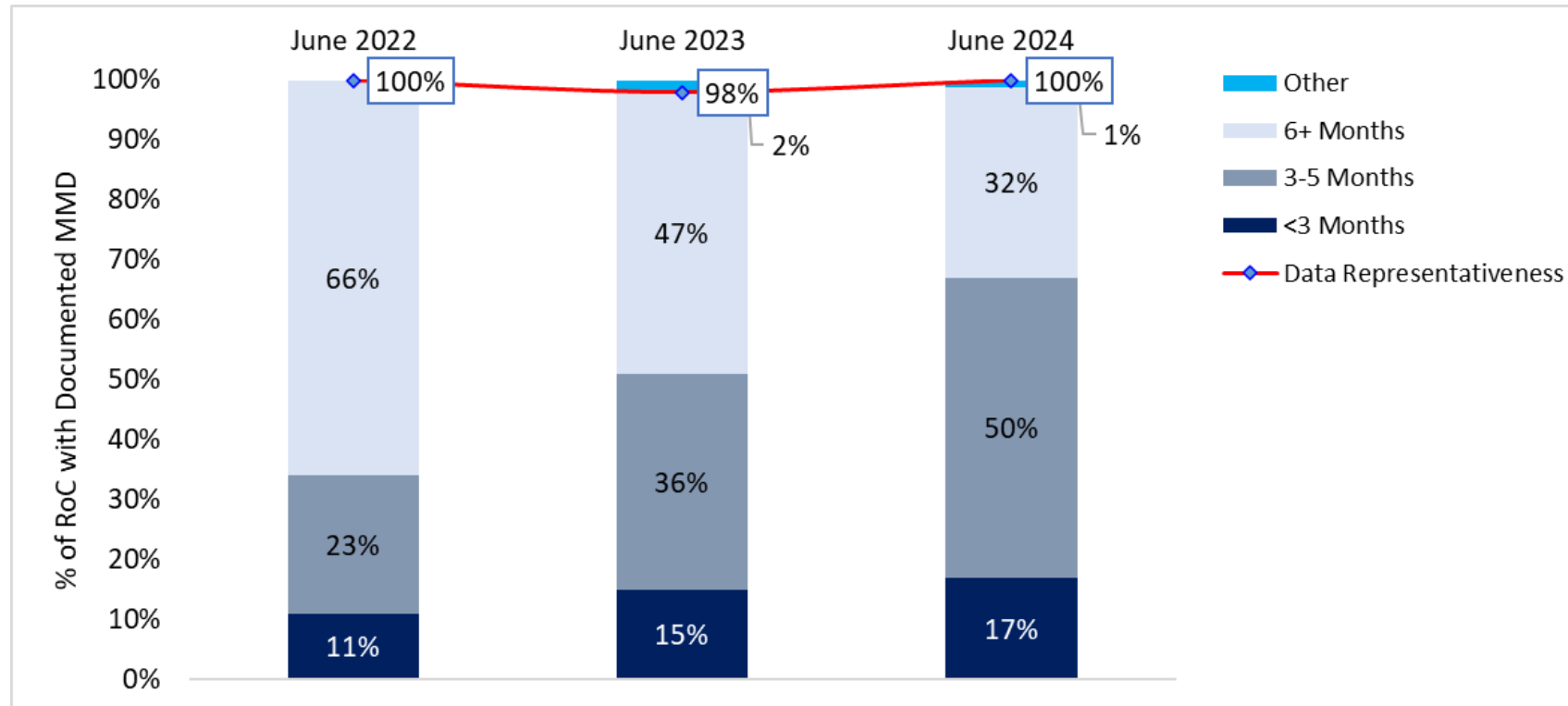
- 6+ MMD decreased from 66% in June 2022 to 32% in June 2024 due to discrepancy of prescription vs remaining pills from pill count at facility level (due to system error, which needs review)
- <3 MMD increased from 11% to 17% due to client preferences, poor-adherence and uncontrolled comorbidities
- Other: These are clients that are not categorized in the system (unknown)

Eswatini AHD CMM Results 2024

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

- 13 domains are in the more mature stage (dark and light green) while 5 domains are in yellow staging. There are no domains in the orange and red staging
- Client coverage 1 to 3 - Client coverage data is available but not disaggregated according to sub-populations likely to have AHD (Global guidance). This is exceptional for client coverage 4.
- Supply chain: Global TB-LAM and CrAg stock-outs affected the supply chain domain
- Quality: QIPs not implemented after conducting assessments

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

Positive upgrade on domains:
- There was slight improvement in AHD documentation impacting Coverage 1, 3 and 4

Negative Shift contributions:
- Coverage 2 has regressed due to AHD/TB-LAM stock-out

Stagnation:
- **Quality:** Facilities have not been assisted to develop and implement mitigation plans after baseline assessments on AHD
- **Impact:** Evaluations are not conducted annually; they can only be done at the end of each NSP (cost implications)
- **M&E:** There is need to improve client coverage 1, 2 and 3 by disaggregating data according to TX_NEW, RTT and those failing treatment

Eswatini dHTS CMM results – 2023 vs 2024

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

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.

Overview of HIV Program 2024 CMM Results - 1

Eswatini

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

DART Domains	2024
Policies	
Guidelines	
Diversity	
Scale Up Plan	
Coordination	
Community	
Training	
M&E System	
Procurement	
Facility Coverage	
Client Coverage	
AHD	
Key Populations	
TB/HIV	
MCH	
NCD/HIV	
Family Planning	
Quality	
Impact	

AHD Domains	2024
Policies	
Guidelines	
AHD Scale-up Plan	
SOPs	
Coordination	
ROC Engagement	
Training	
Supply Chain	
M&E System	
Diagnostic Capability 1	
Diagnostic Capability 2	
Facility Coverage	
Client Coverage 1	
Client Coverage 2	
Client Coverage 3	
Client Coverage 4	
Quality	
Impact	

- Enabling domains are mostly mature across the three CMMs with the exception of the dHTS CMM where there are few domains that are least mature

- The HIV program is performing well on domains that solely rely on the program, with challenges in domains where the program collaborates with other programs or units like EQA which is based in the Lab, FP which should be pursued with SRHU and NCD/HIV

Overview of HIV Program 2024 CMM Results - 2

- M&E for dHTS demonstrated low maturation with an orange staging
- There is a need to prioritize M&E for dHTS , linkage to prevention, integration of non-HIV services [i.e. MCH and FP] and quality for DART

Eswatini

dHTS Domains	2024
Policy: Strategic Model Mix	
Policy: Optimizing HIV Testing	
Policy: Linkage	
Finance/Resource Allocation	
SOPs	
Scale-up Plan	
Community Engagement	
Private Sector Engagement	
Coordination	
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M&E	
Procurement/Supply Chain	
Population Coverage	
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Clinical Services	
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DART Domains	2024
Policies	
Guidelines	
Diversity	
Scale Up Plan	
Coordination	
Community	
Training	
M&E System	
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Facility Coverage	
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Impact	

AHD Domains	2024
Policies	
Guidelines	
AHD Scale-up Plan	
SOPs	
Coordination	
ROC Engagement	
Training	
Supply Chain	
M&E System	
Diagnostic Capability 1	
Diagnostic Capability 2	
Facility Coverage	
Client Coverage 1	
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Client Coverage 3	
Client Coverage 4	
Quality	
Impact	

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Stakeholder Coordination and Prioritization Processes

DSD coordination platforms

- There is a DSD core team which holds meetings quarterly
- DSD is included in annual plans and the National Strategic Plan

Recipient of care organizations actively participating in meetings

- Eswatini Network of Young Positives (ENYP+)
- Positive Women Together
- Dream Alive Eswatini

DSD Activities Adopted for In-Country Funding

Activities funded through PEPFAR COP
- Quarterly workplan review meetings (TWG Meetings)
- Finalize annual workplans by March 2024

Activities funded through Global Fund
- Develop an integration framework - Integrated Chronic Disease Management Framework (ICDM)
- Conduct training to improve data capturing and reporting of AHD indicators

Activities funded through other in country partners
- Adopt 6MMD of PrEP commodities - FHI360 Mosaic project
- Update basic minimum package of care for KPs in the KP implementation guide **– FHI 360**

Prioritization of action plans to get donor buy in for funding was based on the country's performance over the past strategic plan period

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Engagement with CQUIN

Communities of Practice

- Eswatini has participated in the dHTS, M&E, HIV/Hypertension integration, DSD in MCH, DSD Quality, DSD for Key populations Communities of practice

- Learnt good practices from other countries which were adopted in the country e.g., developing KP standards

Country-to-Country Learning Exchange Visits

- There were no country-to-country exchange visits for the country in 2024

- However, collaborated with Kenya and South Africa in developing a facility assessment tool for our Integrated Chronic Disease Management (ICDM) framework

DSD Dashboard Integration into Central CMIS Dashboard
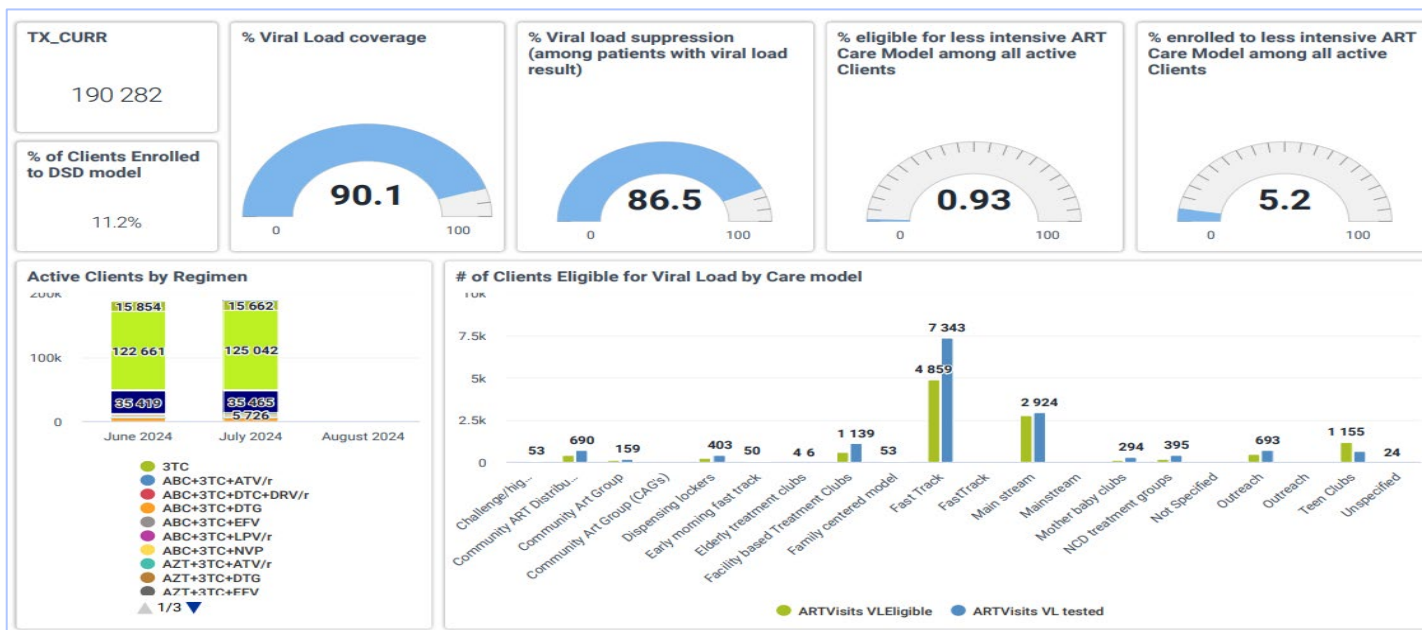
- **Integration of DSD dashboard into the Client Management Information System (CMIS) Dashboard**
  - Meeting with the Data Management Team (DMT) on November 28, 2024, to validate the DSD dashboards was successful.
- **Migration of DSD data elements into the HMIS platform**
  - Development of the migration scripts completed
  - The development or import of data elements into DHIS2 completed
  - Development of the data visual/ dashboards is ongoing

Update on Country Action Plans from 2024 Meetings

Activities that have been successfully completed:

- Conducted quarterly work plan review meetings (TWG Meetings)
- Updated basic minimum package of care for KPs in the HCW training manual on comprehensive services for KPs
- Report on linkage to prevention for priority population – done

Activities that are still ongoing:

- Monitoring TPT coverage by DSD models
- Development of the ICDM framework – draft is available
- DSD dashboard integration into central CMIS dashboard
- Adapt SIMS for HIV service quality assessment
- Finalize prevention indicators and cascade - ongoing
- Train health care workers for KP on escalation counselling and use of visual aids and pre-treatment VL – activity done but pending the finalization of pre-treatment VL SOP

Update on Country Action Plans from 2024 Meetings 2

Activities that were dropped include:

1. Review findings from AHD staging which were not met and develop remedial actions – assessment was done 2 years back, hence there is need to conduct another assessment
2. Conduct AHD services impact assessment periodically – to be conducted at the end of the current NSP in 2028

Update on Integrating Non-HIV and HIV Services

Defining integration:
- Integrated care defined as a 'one-stop' chronic care facility, where patients with either one or more of chronic conditions receive care at same triage point, sharing same waiting area, reviewed by the same clinician and given single return appointment if they have more than one condition.

Establishing a coordinating mechanism:
- An integration task team has been constituted which is chaired by the deputy director clinical services
- Representation from NTCP, SNAP, NCD, Mental Health, SRH, PEPFAR and IPs, RoCs, and other MoH departments

Update on Integrating Non-HIV and HIV Services - 2

Community Engagement:

o   RoC and primary care clinics with close collaboration with communities are represented in the coordinating team

o   Recipients of care representatives are part of ICDM task team and are fully engaged in designing of the ICDM model

o   RHMTs will coordinate ICDM and collaborate with health facilities and communities through the Community Health Systems

Defining integration metrics

o   Indicators have been drafted for all the disease programs integrating into HIV services e.g., Hypertension, Diabetes, Mental Health, Cancers (prostate and cervical), maternal child health

o   Frequency of meetings defined

Update on Integrating Non-HIV and HIV Services: Defining Integration metrics

Defining integration metrics: Integration performance indicators clearly outlined in the ICDM framework and incorporated in CMIS, hence integration data is available in the system

- Some examples of integration metrics within the ICDM

Input indicators	Process	Output	Outcome
% of HF with at least one trained health care worker trained on chronic disease management	% of HF reporting stock-out within the reporting period	Number of chronic care clients enrolled into the ICDM model	% of ART clients living with hypertension with controlled blood pressure (<140/90)

Program Sustainability Efforts and Opportunities - 1

- **Sustainability of DSD activities**
  - Eswatini has assigned a MoH DSD coordinator.
  - Fast-track model can be sustained as there is little support needed for its implementation
- **National sustainability roadmap**
  - Develop, disseminate and implement comprehensive sustainability plans
  - Strengthen local ownership and leadership
  - Integrate sustainability into training and capacity building
  - Develop transition plans with gradual handover of responsibilities

Program Sustainability Efforts and Opportunities - 2

- Extent to which DSD is factored into the ongoing national sustainability planning in country

    o DSD is included in all the plans developed for sustainability

- Extent to which integrated service delivery is factored into the ongoing national sustainability planning in country

    o The sustainability matrix has a section on integration to assess which activities are mature enough to be transitioned to the MoH

DSD Implementation Successes in 2024

- Processs for the revision of the DSD guidelines has started

- Improved documentation in HFs which has substantially led to a decrease in the number of RoC in unspecified DSD models

- Revision of indicator compendium started, and DSD indicators have been updated

- HIV guidelines updated and RoC are now eligible for DSD enrolment if virally suppressed within 9 months of starting ART

- The 1st VL following ART initiation is now done 3 months post-ART initiation, so clients are eligible for up to 3MMD if virally suppressed

Challenges in DSD Implementation in 2024

- Data capturing at health facility level still needs to improve
- The team has been overstretched, and some coordination meetings were missed
- Stock challenges with non-HIV medicines meant some clients could not get more than 1-month refills
- There are multiple concurrent assessments which require remedial actions. This translates to increased workload for HF service providers in implementing remedial actions
  - Impact of the assessments is unappreciated because there is loss of focus in the implementation of the recommendations

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DSD Priorities for 2025

Most important DSD-related goals and projections for 2025
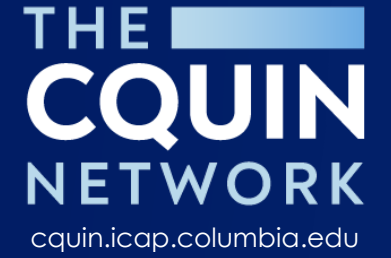
- Finalization and implementation of the ICDM framework
- Monitoring of the updated DSD indicators and crafting remedial actions
- Finalization of the DSD dashboard and have it fully integrated into national CMIS

Areas to learn from other countries in the CQUIN network in the coming year

- How other countries are coordinating with other program areas or departments outside of the HIV program

Acknowledgements

- SNAP officers

- SRH

- Georgetown University

- USAID Contractor – The ASPIRE Project

- Recipients of Care

- ICAP CQUIN