

ESWATINI

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, FAO, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Eswatini maintained high antiretroviral treatment (ART) coverage through expansion of multimonth dispensing of ART, point-of-care viral load testing, integration of HIV testing in antenatal care, early infant diagnosis, ART literacy training, mentor mothers, and community treatment support. Dolutegravir-based paediatric formulation was adopted as first line regimen for children living with HIV. Access to HIV self-testing and index testing services are increasing; and community-based mentor mothers were trained to support pregnant and lactating mothers around prevention of mother-to-child transmission of HIV and syphilis. National guidelines, standard operating procedures, and job aids were developed to implement and scale up event-driven pre-exposure prophylaxis (PrEP) programmes. Life Skills Education was provided to out-of-school youth and adolescent girls and young women during traditional ceremonies. Sustainable financing strategy was developed, and funds were mobilized to reinforce comprehensive service delivery among key populations with focus on elimination of stigma and discrimination in healthcare facilities.

HIV TESTING AND TREATMENT

The Joint Team supported the Ministry of Health in adopting standard operating procedures for community-based HIV testing with integrated COVID-19 prevention measures. The Ministry was also assisted in developing the national testing algorithm which introduced use of three rapid tests for determination of HIV status, and dual HIV-syphilis rapid tests. As a result of technical support, HIV programmes across the country scaled up HIV self-testing, index testing services, and community-led multimonth dispensing (MMD) of antiretroviral medicines during the COVID-19 pandemic. Eswatini also adopted guidelines and implemented Dolutegravir-based (DTG) treatment regimen for children living with HIV in 2021, with technical support from the Joint Team. To improve HIV treatment literacy among people living with HIV, training was conducted for 12 facilitators, including people living with or affected by HIV, people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community, who in turn reached 512 people living with HIV to improve their knowledge on ART.

Support was provided for the validation of the National Social Protection Policy and advocacy efforts to ensure inclusion of people living with HIV in population groups targeted for social protection support. In partnership with the World Vision International and Save the Children, the Joint Team provided cash transfers for 6000 people living with HIV.

In collaboration with the Ministry of Health, Ministry of Agriculture, Swaziland Network of Yong Positives (SNYP+) and Membatsise Home-Based Care, the Joint Team also supported the training of 232 households of people living with HIV (with 944 residents), including adolescent girls and young women, and key populations on various income-generating activities and distributed inputs for poultry and crop production to sustain their livelihood during the COVID-19 pandemic.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The Joint Team partnered with the Global Fund in training 286 community-based mentor mothers (CMMs) on prevention of mother-to-child transmission of HIV and syphilis. In 2020, the trained CMMs reached 12 396 pregnant women during antenatal and post-natal care consultations.

Support was provided for the review of the community-based training manual, and facility training guides for the provision of Maternal, Neonatal, Child and Adolescent Health, and Nutrition (RMNCAH&N) services in Eswatini.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team provided technical and financial assistance to the Government to develop various strategies aimed at expanding HIV and essential health services among key populations. These included the Parliament HIV and AIDS Strategy 2022-2026; His Majesty's Correctional Service Health and Wellness Policy 2021-2025, and His Majesty's Correctional Service Health and Wellness Strategy 2021-2024.

The National Emergency Response Council on HIV and AIDS (NERCHA), the Ministry of Health, the United States Agency for International Development (USAID), and the Joint Team developed an HIV Prevention Referral and Linkages Job Aid programme and trained 893 healthcare workers and 36 health facility mentors to improve HIV prevention services among vulnerable and key populations in Eswatini.

Technical assistance provided to the Ministry of Health resulted in the development of national guidelines, standard operating procedures, and job aids for the implementation of event-driven PrEP programmes, and nationwide rollout is underway. In 2021, the UN-led White Condom Campaign distributed 11 660 000 male condoms, 130 699 female condoms, and 365 850 lubricants across the country.

In collaboration with the National Curriculum Centre and the Educational Testing Guidance and Psychological Services, the Joint Team facilitated the Primary School Life Skills Education (LSE) Audit workshop in 2021. Furthermore, to improve access and quality of LSE, the Joint Team and the Ministry of Education and Training completed the LSE Framework and trained 34 deputy head teachers and 39 teachers on LSE. The Joint Team also reached 180 out-of-school youth and 1275 adolescent girls and young women with LSE during traditional ceremonies.

In 2020-2021, the Joint Team kicked off the Parent-Child Communication (PCC) programme, to promote direct conversation between partners/guardians and adolescents and young people aged 10-24 years around SRH, HIV, and gender-based violence (GBV). Since the launch, 205 parents and 102 adolescent and young people were engaged in five discussion sessions using the Our Talk Manual on SRH.

INVESTMENT AND EFFICIENCY

Support from the Joint Team included the mobilization of resources to support the colliding HIV and COVID-19 pandemics in 2020-2021. Through the Global Fund COVID-19 Response Mechanism, a total of US\$ 18 661 889 was approved in 2021 to support implementation of catchup plans in Eswatini, including recruitment of personnel for HIV and COVID-19 responses. In addition, US\$ 53 908 893 was successfully mobilized from the Global Fund's Country Coordinating Mechanism for the 2021-2024 period for HIV, tuberculosis, malaria, and building resilient and sustainable systems for health.

The Joint Team in collaboration with PEPFAR and organizations of key populations to provide technical support to the Ministry of Health for the development of the Key Populations Sustainable Financing Strategy 2022-2026. A total of US\$ 100 000 was also mobilized to expand comprehensive service delivery for key populations, focussing on GBV, stigma and discrimination in healthcare facilities.

In 2020-2021, the Ministry of Health, NERCHA, Family Health International (FHI 360), key populations organizations, and the Joint Team collaborated for the implementation of HIV size estimations and the Integrated Bio-Behavioural Surveillance (IBBS) Survey among gay men and other men who have sex with men and female sex workers in Eswatini. The survey revealed an estimated 59% HIV prevalence among female sex workers, 21% among men who have sex with men, and 41% among transgender people. It also showed increased HIV prevalence among the key population groups targeted in the study compared to the general population in Eswatini. Results of these surveys will inform decision-making and further improve programming for key populations.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

As a result of technical support to the Ministry of Health, the National COVID-19 Clinical Management Guidelines were reviewed and aligned with the 2021 WHO guidance for clinical management of COVID-19. The Joint Team also recruited 27 personnel to support with management of COVID-19 patients in critical care—directly contributing to Sustainable Development Goal (SDG) 3.

Various programmes, including cash transfer and livelihood capacity building initiatives targeting adolescent girls and young women, and adult women were implemented in all regions with the aim of reaching at least 75% people from this group. The Joint Team also successfully advocated for greater involvement and inclusion of adolescent girls and young women with disabilities and the effective implementation of the Education Plus Initiative—in line with SDGs 1, 2, 3, and 5.

The National Mechanism on Reporting and Feedback (NMRF) was supported for drafting and submission of the Universal Periodic Review (UPR) Report and the drafting of the report on Convention on the Rights of People with Disabilities (CRPD). Key recommendations from these reports will contribute to SDGs 2, 3, 5, 10, 16, and 17.

The Joint Team, in partnership with the Deputy Prime Minister's Office, Ministry of Tinkhundla Administration and Development, University of Eswatini, and other partners completed two Seasonal Livelihood Programming activities supporting climate change resilience programming—in line with SDGs 1 and 7.

CHALLENGES AND LESSONS LEARNED

In 2020-2021, in addition to the unprecedented COVID-19 pandemic, Eswatini also experienced civil unrest that restricted movement and implementation of school-based, capacity building, social protection, and community-led programmes. The extended closure of schools also increased high-risk behaviours that put people at high-risk of HIV infection and teenage pregnancies. Several mitigation strategies were adopted, including the use of digital platforms to increase access to HIV prevention information, cash transfers via mobile money, and utilizing government structures to deliver community-led services. Personnel from the Ministry of Health and the Joint Team were reassigned to respond to COVID-19 pandemic resulting in delays of HIV programme implementation, such as community-led HIV testing and counselling (HTC). The challenge triggered a need for regular review of data to monitor uptake of HTC and treatment services.

A third of new HIV infections in Eswatini occur among adolescent girls and young women. There is also a low uptake of HIV prevention services, including voluntary medical male circumcision and PrEP services. In response, efforts are being made to scale up community-led prevention programmes across the country. However, integration of HIV and SRH services still requires concerted efforts.

Despite high treatment coverage, there are challenges related to HIV treatment adherence. Viral load testing coverage is still suboptimal, especially among children and pregnant women. There is still a need to support and expand Point-of-Care viral load testing, and strengthen ART toxicity monitoring systems, especially following the rollout of DTG. Similarly, there are limited resources to support SRH and ART literacy among women living with HIV.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org