

ESWATINI

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, scale-up treatment to meet 95–95–95 targets, reduce AIDS-related deaths by 50%, and eliminate HIV-related stigma and discrimination.	WITHIN REACH	In 2020, 98% of all people living with HIV knew their HIV status; 99% of all people diagnosed with HIV infection were on ART; 97% of all people receiving ART were virally suppressed. Men and children are slightly lagging on the treatment cascade (respectively 97–93–97 and 85–100–91) (GAM 2021). Compared with 4,600 AIDS-related deaths in 2010, Eswatini recorded 1,952 deaths in 2020, a decline of 49% (GAM 2021). The 2019 Stigma Index report shows that the country has reduced HIV-related stigma and discrimination to less than 10%, but there are still people reporting missing HIV treatment due to fear of stigma.
Mother-to-child transmission declined from 8% to less than 5% on cessation of breastfeeding.	ACHIEVED	PMTCT coverage is above 95%, and the final MTCT rate is 2.5%.
By 2021, reduction of HIV incidence among persons aged 15–49 years by 85%.	ON TRACK	Overall new HIV infections were reduced by 72% between 2010 and 2020; 70% for 15–49 years (from 11 000 in 2010 to 3,200 in 2020). HIV incidence among adults 15–49 years is estimated at 0.67%. New HIV infections is estimated at 3,200 versus 7,500 in 2016. HIV incidence among adolescent girls and young women aged 15–24 years is estimated at 12% (with 2,000 new infections in 2020) compared to 4% (with 500 new infections) among adolescent boys and young men (GAM 2021).
By 2021, increase total HIV expenditure provided by domestic resources to 70% and HIV finances allocated to HIV prevention to 30%.	SLOW PROGRESS	Total HIV expenditure funded from domestic resources increased to 40%, from 35% in 2016/2017, and 16% of HIV finance was allocated to HIV prevention.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

With high PMTCT coverage and antenatal care, and the 95–95–95 targets for 2030 achieved a decade in advance, Eswatini is successfully moving towards the end of AIDS. Strong support was provided during the COVID-19 pandemic to keep people living with HIV on ART and sustain PMTCT progress through the Community Mentor Mothers initiative. The Joint Team has also been instrumental in accelerating HIV prevention for adolescents and young people in school and health settings, with plans in 2021 to increase HIV self-testing and index testing amongst young people to build on those gains.

**HIV TESTING AND TREATMENT
TECHNICAL SUPPORT**

HIV self-testing guidelines were completed, and a campaign was launched in September 2020 to revitalize HIV testing in communities during COVID-19. Fully 81 000 people undertook HIV self-tests, with a 6.4% positivity rate (about 5,100) between January and June 2020. In addition, support was provided to a Ministry of Health workplace outreach programme, through which 200 women in the textile industries were reached with HIV testing services.

The Joint Team provided technical support for the revision of dolutegravir guidelines and for a concept note for the monitoring of dolutegravir toxicity, which have been adopted by the Ministry of Health, supporting the ongoing transition to dolutegravir from previous regimens.

Stigma and discrimination among key populations remain challenges to people living with HIV and key populations accessing testing and treatment. Key populations size estimations and IBBS among sex workers and gay men and other men who have sex with men are ongoing. These and future studies on prisoners will inform ongoing HIV prevention programmes on HIV-related stigma and discrimination, and programmes for key populations.

**EMTCT COVERAGE
TECHNICAL SUPPORT; PARTNERSHIPS; COMMUNITY ENGAGEMENT**

Approximately 99% of pregnant women attend antenatal care at least once during pregnancy, and total of 10 433 pregnant women living with HIV accessed HIV treatment in 2020. Technical and financial support was provided for the development of the eMTCT framework and the creation of the national eMTCT committee, a platform for innovation and implementation of the PMTCT programme. A three-year impact study is being implemented on final transmission rates post-delivery or at cessation of breastfeeding, and programme impact assessment.

Technical and financial support has been provided for the rollout of the Community Mentor Mothers programme in all four regions of Eswatini, and 286 community mentor mothers were trained in the provision of maternal and neonatal health services, focusing on PMTCT. The trained mentor mothers reached 12 396 pregnant women during both antenatal care and postnatal care, conducting 70 618 household visits (at least four visits for each pregnant woman).

PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS TECHNICAL SUPPORT; PARTNERSHIPS; COMMUNITY ENGAGEMENT

The country's HIV prevention practices have been accelerated through the release of the HIV prevention policy, the National Condom Strategy 2018–2022, and the Reproductive, Maternal, Newborn, Child and Adolescent Health strategic plan. The roll-out of the CONDOMIZE! campaign is ongoing, and over 22 million male and 500 000 female condoms have been distributed in total. At the Buganu Festival in Hlane, approximately 40 000 people were reached and engaged on using condoms for protection against HIV, STIs and unintended pregnancies.

HIV prevention job aids were developed with technical guidance from the Joint Team. The job aids are used for monitoring referrals and linkages to HIV prevention services for people who test HIV negative. Training and mentoring were provided for 190 health-care workers to deliver quality family planning services; all hospitals and health centres with maternity units were reached. Additionally, 71 health-care providers received training and mentoring on STI guidelines and adolescent- and youth-friendly health services.

Life skills education and sexual and reproductive health have been implemented through online training (45 teachers from 9 secondary schools), and implementation in primary and secondary curricula, potentially reaching over 220 000 learners in 320 schools. Thirty-three curriculum designers were trained on a pilot toolkit for teachers, addressing TB/HIV, tobacco, drug and alcohol use, sexual and reproductive health, and gender-based violence in classroom settings. More than 8,700 adolescents and young people were reached. In addition, approximately 2,500 adolescents are being reached with HIV prevention and SRH messages through a parent-to-child communication programme operating in seven chiefdoms. In a separate outreach activity, involving community dialogues, 1,100 parents were reached. In- and out-of-school youth have been targeted in the online HIV/SRH/COVID-19 "Tune Me" campaign, reaching more than 100 000 viewers.

PrEP-initiating facilities increased from 22 demonstration sites in 2017 to 191 health-care facilities in 2020, including 34 private facilities. PrEP is offered in communities through three national mobile outreach teams. Seventy-three clinicians were trained for PrEP scaled-up and 9,125 people were initiated on PrEP.

INVESTMENT AND EFFICIENCY TECHNICAL SUPPORT

The Joint Team conducted a National AIDS Spending Assessment, which showed that resources for HIV programmes had stagnated, with HIV prevention expenditures lower compared to other programmes. Domestic resources on HIV increased slightly from 13% in 2016/2017 to 16% in 2018/2019.

The Joint Team has advocated for government's successful request to the Global Fund to reallocate US\$ 20 million for procurement of ARVs, and provided support with the drafting of National Sustainability Plan for TB, HIV and Malaria; currently under review. A financial landscape analysis and field consultations were completed.

CONTRIBUTION TO THE COVID-19 RESPONSE

Over 6,770 health-care workers were trained on COVID-19 prevention, testing and management. An additional 354 laboratory staff were trained to conduct COVID-19 diagnosis, and the country is now maintaining an up-to-date referral system for patients.

US\$ 200 000 of Global Fund support for social protection during COVID-19 reached 2,500 people living with HIV and 3,600 households of orphaned and vulnerable children. The Joint Team mobilized US\$ 125 000 to provide a cash-based transfer safety net to vulnerable groups. A nutrition-sensitive cash transfer of US\$ 70 (SZL 1044) was made available to malnourished people living with HIV/TB.

Due to COVID-19 there has been a rapid expansion in the number of community ART distribution points and the numbers of people receiving ARVs in that manner. Through technical support from the Joint Team, continuity of health-care services was ensured, reaching more than 55 761 vulnerable people, including 9,605 children aged 0–23 months, at both health facility and community levels. Catalytic funding and training for the Community Mentor Mothers programme resulted in 286/300 (95%). Mentor mothers from all four regions were trained in August and September 2020 and were then recruited to help cover the community-level PMTCT gap.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team contributed to the development of the UNSDCF Guidance 2021–2025, anchored on the principle of "leave no one behind". Technical guidance was provided to assess implementation of the Sexual Violence and Domestic Violence Act 2018, as well as to engage people at community levels and uniformed officers in raising awareness on the Act, and on gender-based violence and HIV. Annual reports of sexual and domestic violence cases increased by 289% between 2015 and 2019, with 25% of them reported by or on behalf of minors.

Support was provided to institutionalize life skills education in the education sector and communities through the review and validation of the National Life Skills Framework, which was integrated into grade three and four instructional materials. Forty-five teachers were trained online. More than 330 schools (secondary and primary) are offering life skills education, reaching more than 220 000 learners.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>COVID-19 and lockdown regulations affected HIV programme implementation (shifting HIV personnel to implement the COVID-19 response; PMTCT impact study enrolment; community programmes, including Community Mentor Mothers programme and the CONDOMIZE! campaign).</p>	<p>Evaluate the impact of COVID-19 on the HIV and TB programme, and the sustainability of community distribution of ARVs to inform the development of catch-up plans.</p> <p>Expand the supervision and mentorship of community-based mentor mothers and collaborate with the national laboratory to improve turnaround time to ensure PMTCT coverage is sustained above 95%.</p> <p>Continue to support the procurement of personal protective equipment for health-care workers during COVID-19.</p>
<p>Disproportionately high numbers of new HIV infections are occurring among adolescent girls and young people compared with other population groups, due to economic inequality, school discontinuation, gender-based violence, low knowledge of HIV prevention, and lack of or inconsistent condom use.</p>	<p>Engage adolescent girls and young women and their partners on sexual and reproductive health, HIV, and COVID-19 prevention to improve their knowledge and achieve increased condom use.</p> <p>Support the revision of HIV testing guidelines, and the development of standard operating procedures on the integration of HIV, sexual and reproductive health and rights, and cervical cancer.</p> <p>Support the Ministry of Education on multicountry comprehensive sexuality education needs assessment to inform the development of teaching and learning materials for learners with disabilities.</p>
<p>Men and children perform poorer along the treatment cascade, compared with women. Dolutegravir is limited to newly-initiated patients, pregnant and lactating women, children, adolescents above 20kg, and patients failing on first-line regimens due to insufficient stock.</p>	<p>Support the roll-out of dolutegravir to improve HIV treatment coverage and viral suppression among men.</p>
<p>Due to limited resources, HIV testing is only for adolescents who are assessed to be at risk of infection.</p>	<p>Support expansion of HIV self-testing and index testing among adolescents and young people.</p>
<p>Intermittent stock-outs of paediatric HIV treatment formulations affect optimal treatment for children.</p>	<p>Advocate for donor support on procurement of ART for children, and for strengthening supply-chain management.</p> <p>Support the roll-out of paediatric dolutegravir.</p>

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