

STRATEGIC FOCUS

The Centers for Disease Control and Prevention (CDC) is working closely with the Ministry of Health (MOH) of the Kingdom of Eswatini and implementing partners to improve the quality and national coverage of HIV and tuberculosis (TB) treatment and prevention services. CDC efforts aim to achieve UNAIDS' HIV epidemic control goal of 95-95-95 (95% of HIV positive people know their HIV status; 95% of those are on treatment; and 95% of those are virally suppressed) by 2020. These partnerships strive to ensure sustainable public health and information systems are in place for long-term programs.

Improving HIV and TB treatment services and establishing strategies for sustainable programs: CDC leads and provides support to develop integrated national, regional, and facility-based TB/HIV service planning, delivery, and mentorship programs at facilities in order to:

- 1) Formulate key policies and procedures to guide progress towards HIV epidemic control, implement high-quality management systems to attain laboratory and referral facility certifications, support supervision and mentorship, ensure quality assurance processes, and implement compliance audits and customer satisfaction surveys, and
- 2) Strengthen strategic information systems to ensure accurate data collection, processing, and reporting to monitor progress and guide strategic decision-making to achieve goals

KEY ACTIVITIES AND ACCOMPLISHMENTS

CDC provides technical assistance (TA) to Eswatini across public health program areas, including:

Strategic Information: CDC provides TA to implement HIV Incidence Measurement Surveys (SHIMS), part of CDC's global population-based HIV impact assessment (PHIA) initiative. CDC supports the MOH's Health Research Units (HRU), Epidemiology and Disease Control Unit (EDCU), and the Central Statistics Office (CSO) to promote routine data collection and dissemination for effective programming and policymaking. CDC is also assisting initiation of HIV recency testing surveillance.

Prevention, Linkage, Treatment and Retention: CDC and implementing partners provide technical assistance to comprehensive HIV services in the regions to improve quality and coverage of HIV Testing Services (HTS), prevention of mother-to-child HIV transmission (PMTCT), and pediatric and adult antiretroviral treatment (ART) and to closely monitor HIV drug resistance. CDC assists the MOH in scaling up HIV index testing, HIV self-testing, Test and Start of antiretroviral treatment, routine viral load monitoring, and community HIV testing services (ARROWS project [ART Referral, Retention, and Ongoing Wellness Support]).

TB/HIV Program Management and National Capacity Development: CDC provides TA to integrate TB and HIV services for co-infected individuals and provide HIV Treatment Services for TB presumptive and diagnosed TB patients, ART for TB/HIV co-infected patients, and TB preventative treatment for those at high-risk for TB infection. The country is extending advanced HIV disease care packages, including TB Lipoarabinomannan (TB LAM) and Cryptococcal Antigenemia (CrAg) screening.

Continuous Quality Improvement: Using the Site Improvement through Monitoring System (SIMS), CDC supports assessments at high-volume facilities to improve the quality of service delivery and increase the impact on patient outcomes. The data are utilized at the site for service quality-improvement and decision-making.

Pharmaceutical Delivery Monitoring and Laboratory Quality and Coverage Improvement: Extensive pharmaceutical policies, sustainable drug procurement plans, pharmaceutical stock management, storage, and distribution is in place. Eswatini has successfully decentralized viral load (VL) testing and expanded testing from 3,000 to 16,000 tests per month over the last year (PEPFAR program data). The Stepwise Laboratory Improvement Process Toward Accreditation (SLIPTA), a sustainable quality assurance program, is ongoing in all major public laboratories in the country.

Regional Health Management Team (RHMT) Mentoring: RHMTs in two of the four regions receive technical assistance from CDC and its partners to coordinate and assure quality HIV/TB service delivery at health facilities. The goal is to create a seamless management process from facility managers to regional managers and coordination between HIV/TB programs and RHMTs to effectively implement MOH strategies consistent with WHO, PEPFAR, UNAIDS, and other global programs, organizations, initiatives, and goals.

Our success is built on the backbone of science and strong partnerships.

Key Country Leadership

Prime Minister:
Ambrose Dlamini

Minister of Health:
Lizzy Nkosi

U.S. Ambassador:
Lisa Peterson

CDC/DGHT Director:
Caroline Ryan

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$3,850 (2018)

Population (million):
1.14 (2018)

Under 5 Mortality:
54/1,000 live births (2017)

Life Expectancy:
58 years (2017)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 27.3% (2018)

Estimated AIDS Deaths
(Age ≥15): 2,100 (2018)

Estimated Orphans Due to
AIDS: 45,000 (2018)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
168,602 (2018)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
308/100,000 population
(2017)

TB patients with known HIV
status who are HIV positive:
69% (2017)

TB Treatment Success Rate:
83% (2016)

TB Mortality:
10/100,000 population
(2017)

DGHT Country Staff: 11
Locally Employed Staff: 8
Direct Hires: 3
Fellows & Contactors: 0

