



SWAZILAND NATIONAL AIDS PROGRAMME QUARTERLY NEWSLETTER

January - March 2017

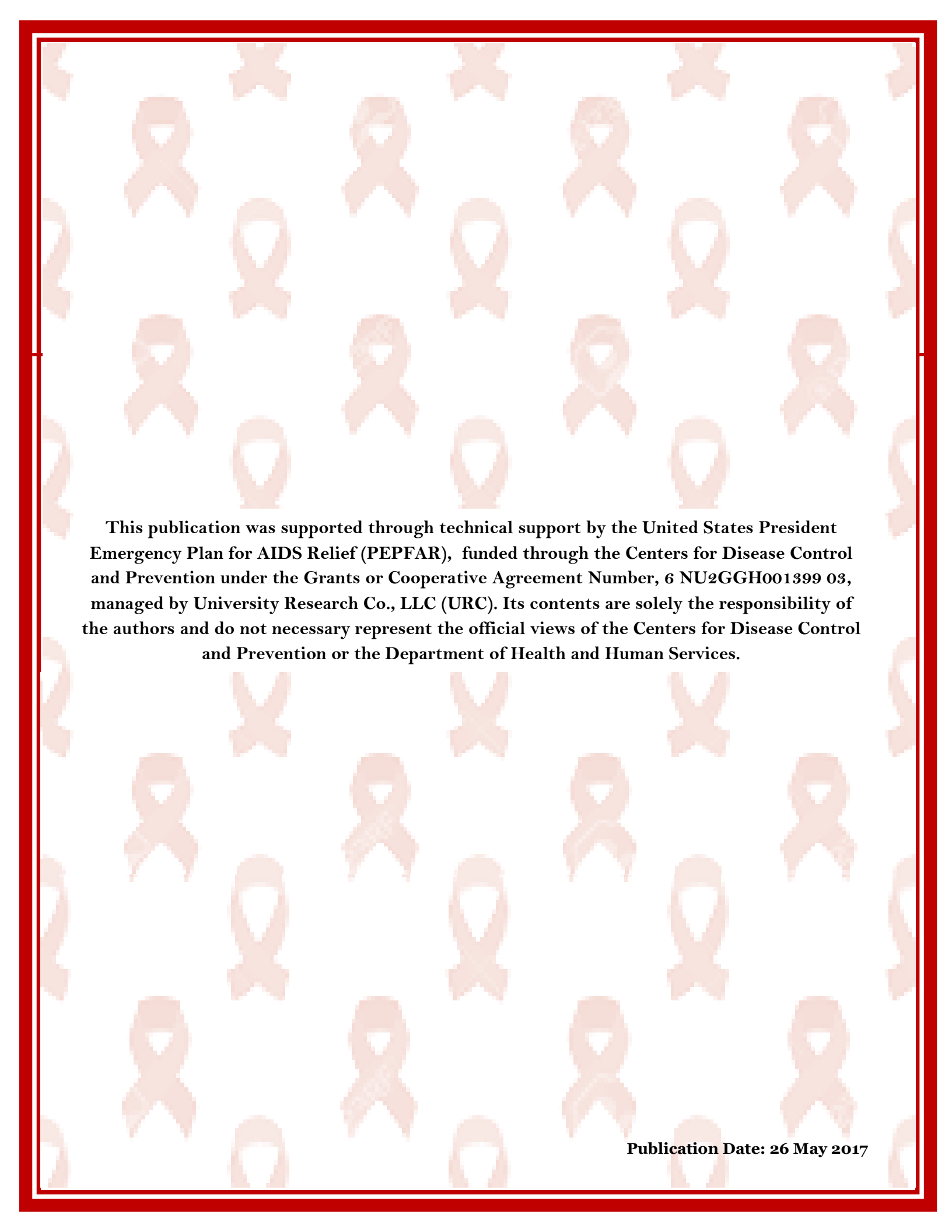
Volume 1, Issue 1

INSIDE THIS ISSUE

Foreword by Programme Manager	1
SNAP Overview	2-4
HIV/AIDS Cross Border Initiative in Swaziland	5
Test and Start: New Initiative in Swaziland	6-7
Couple Testing	8
Adherence & Psychosocial Support and VL Monitoring Training	9
Peer Education Training: Equipped to Engage Key Populations	10
Addressing stigma, discrimination and violence among key population	11
Treat the pain project	12
Stepping Stone Training for community Youth Facilitators	13
Psychological Care and Support Program	14
World TB Day	15
What you need to know about ORAL PrEP	16
Test and Start Poster	17
Coming Activities	18



“As a country we want to ensure that children benefit from new scientific health innovations”



This publication was supported through technical support by the United States President Emergency Plan for AIDS Relief (PEPFAR), funded through the Centers for Disease Control and Prevention under the Grants or Cooperative Agreement Number, 6 NU2GGH001399 03, managed by University Research Co., LLC (URC). Its contents are solely the responsibility of the authors and do not necessary represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Publication Date: 26 May 2017

PROGRAMME MANAGER'S FOREWORD



*Muhle Dlamini,
SNAP Programme Manager*

SNAP envisions a Swaziland where every person living with HIV has access to quality care and is treated with dignity. Effective prevention, care and support for HIV and AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV and AIDS live a life without stigma and discrimination.

SNAP has taken measures to ensure that people living with HIV have equal access to quality health services. By fostering close collaboration with NGOs, women's self-help groups, faith-based organisations, positive people's networks and communities. SNAP hopes to improve access

and accountability of the services. It stands committed to building an enabling environment wherein those infected and affected by HIV play a central role in all responses to the epidemic - at state, district and grassroots level.

SNAP is thus committed to contain the spread of HIV in Swaziland by building an all-encompassing response reaching out to diverse populations. We endeavour to provide people with accurate, complete and consistent information about HIV, promote use of condoms for protection, and emphasise treatment of sexually transmitted diseases. SNAP works to motivate men and

women for a responsible sexual behaviour.

The technical leadership by the Ministry of Health in the national HIV and AIDS response has been consistent. This manifests through development of key policies and guidelines, monitoring and reporting on the status of the epidemic, development and dissemination of messages as well as research that generates new knowledge on HIV and AIDS transmission, survival and disease progression. Policies for comprehensive HIV prevention, care and treatment have been developed and updated in response to the emerging global and national challenges.

Over the past decade, Swaziland has sustained some impressive response to the HIV and AIDS epidemic grounded in a coordinated manner. However, HIV and AIDS continues to be a major socio-economic challenge and is among the leading causes of morbidity and mortality.

We are pleased for SNAP to have the first issue of this newsletter!!

INTRODUCING SWAZILAND NATIONAL AIDS PROGRAMME

SNAP OVERVIEW

The Swaziland Ministry of Health (MOH) coordinates about 80% of Swaziland's response to HIV and AIDS. The Ministry of Health established the Swaziland National AIDS Programme (SNAP) in 1987 to coordinate HIV Programmes in the country, to ensure that the response is efficiently and effectively managed at national, regional and facility level. The national program delivers the services through its several thematic areas which are HIV Prevention, HIV Care and treatment, Research and Cross Cutting Interventions.

Thematic areas at a glimpse:

Key Population

The Key populations unit is responsible for designing HIV intervention targeting key populations and vulnerable groups. The program strives to address these barriers and ensure access to health services by key populations. Key populations are populations that are at higher risk of being infected by HIV, and play a key role in how HIV spreads in the general population. In the country the groups include; men who have sex with other men, sex workers, people who inject drugs and prisoners. Vulnerable populations are groups of people who are mainly vulnerable to HIV infection in certain situations or contexts. The groups include mobile populations, people living with disability and young women (aged 15-24 years). Mobile populations includes; factory workers, cane cutters (seasonal workers), transport operators, construction workers, long-distance truck drivers and uniformed forces.

Sexually Transmitted Infections (STIs)

The mission of the sexually transmitted infection unit which works in collaboration with the SRH program is to reduce the occurrence of STI through preventive methods, case finding, screening, diagnosis, case management preventive therapy, disease surveillance outbreak investigation and health education.

HIV Testing Services

HIV Testing Services (HTS) is a critical entry point for HIV prevention, treatment, care and support services. HTS has enabled individuals to access other services such as male circumcision (MC), post exposure prophylaxis (PEP) prevention of mother to child transmission (PMTCT), treatment (ART,TB/HIV) and control and management of sexually transmitted infections (STIs). HTS also provides a unique opportunity for service providers to offer health information and education, to create awareness of HIV and AIDS, and create demand for other services.

TB/HIV Co-infection

The country is also making efforts to decrease the burden of HIV among patients diagnosed with TB through implementing provider initiated HIV testing and counselling services, HIV infection preventive services and providing cotrimoxazole prophylaxis and ART to those diagnosed HIV positive. The National TB/HIV Coordinating Committee serves as a platform for joint planning between SNAP, National Tuberculosis Control Program and collaborating Partners to guide the implementation of integrated TB/HIV collaborative activities.

Palliative Care

Palliative care (PC) refers to active total care of clients living with a chronic illness such as cancers, HIV/AIDS and other illnesses and their families. This approach to care involves a team approach, enabling clients and families to achieve the best possible quality of life throughout the course of the illness and during the final stage of the client's illness. The need for palliative care has become paramount with the increasing disease burden and terminal illnesses attributable to HIV and Cancers in Swaziland. Palliative care services in Swaziland have been provided in the country by the Ministry of Health (MoH) and partners to cater primarily for debilitating chronic illnesses. The MoH is committed in providing PC to poor and vulnerable populations especially women and children suffering from debilitating illnesses and that is why it takes the lead in guiding the implementation of palliative care. Lack

of palliative care results in untreated symptoms that hamper an individual's ability to continue with their activities of daily life. Swaziland, with a high burden of HIV infection, has made palliative care part of the comprehensive care and support package for PLHIV.

Male Circumcision

Swaziland has the highest rates of HIV, with 31% prevalence among sexually active adults. As a result there is an urgent need to scale up HIV prevention response in Swaziland using a combination approach. The objective of Male Circumcision (MC) unit is to increase the uptake of voluntary medical male circumcision (VMMC) among all eligible males in Swaziland. VMMC is a critical pillar of Swaziland's HIV response. VMMC is considered to be a safe and effective method which contributes towards reduction of new infections by as much as 30%.

In 2008, Swaziland started the scaling up of male circumcision (MC) as a HIV prevention strategy, a policy on safe voluntary male circumcision for HIV prevention was developed in 2009 and a Communication Strategy in 2011. The MC services have now been integrated into a majority of public hospitals and health centres, NGO supported fixed sites, outreaches, mobile services and targeted campaigns. Intensified advocacy for MC has resulted in improved MC uptake as evidenced by the high uptake of the service by young men during school holidays. The rate of MC among those aged 15-49 has more

than doubled from 7% in 2007 to 19% in 2010. As part of MC operationalization, systems have been strengthened including an adverse event management system.

Psychological Care and Support

The Psychological Care and Support (PCS) unit was conceptualized in 2005, to provide care for the carers through the Voluntary Counselling Testing (VCT) component, as a counsellor care intervention to reduce stress and prevent burnout. This unit under SNAP focuses on providing psychological support to Health care Workers (HCW) across the Health Sector as a whole. The availability of PCS unit ensures that the Health sector continue providing quality HIV services.

The Psychological Care and Support unit of the Swaziland National AIDS Program (SNAP) is tasked with providing psychological support to health care workers. That is, the unit is focused on health care workers in the health sector as a whole. For health care workers across the health sector to continue providing quality HIV services, both their physical and psychological well-being must be addressed adequately. In 2009 the PCS program collaborated with Public Sector HIV/AIDS Coordinating Committee (PSHACC) in the provision of psychological services which is to all Government departments as per request. In 2013 the program expanded with additional human resource to scale up service provision to health care workers in the country.

Quality Management

Swaziland National AIDS Program (SNAP) coordinates the health sector response to the epidemic and ensures the quality of all HIV services through Quality Management approaches. This approaches are defined by QM Program as standard approaches for health care service deliver. By coordinating QM at all stages of HIV continuum of care services, SNAP is better positioned to generate a comprehensive picture of HIV care and treatment services and outcomes across the whole country.

SNAP approach to QM has been improved by making use of existing evidence and targeting HIV activities where they are needed to maintain standards and improve quality. SNAP is moving away from a one size fits all model of care and treatment their services but to be more responsive to the needs and challenges of individual regions, health facilities and individual. Through improving quality in service delivery SNAP is working with different partners who are supporting in the implementation of the QM activities. While SNAP is making sure quality service is delivered QI training for HCW are conducted on-site and offsite.

HIV/AIDS CROSS BORDER INITIATIVE IN SWAZILAND



Wellness site at Lavumisa with patients queuing to access services.

The SADC region is implementing an HIV and AIDS Cross-Border Initiative (CBI) in twelve mainland countries including Swaziland. The CBI is supported by the Global Fund and Ministry of Health and its purpose is to facilitate ease access to basic health and HIV services by Sex Workers (SWs), Long Distance Truck Drivers (LDTDs) and community members around selected high volume border posts. In the country two border sites have been identified for this project. These are Ngwenya Road-side Wellness and Lavumisa Wellness.

Ngwenya site started functioning in 2011, recently the site received an additional newly invented container and has been relocated from the Puma Garage to the opposite side of the main road to the border.

Whilst Lavumisa a newly established site (2016) has also received its container in December and has recently started functioning fully (March 2017).



HCW counselling a patient before conducting HIV test.

Services provided at the sites:

- STI screening and treatment
- TB screening and referral for treatment
- HTS
- Pre- ART
- Screening and Treatment of non-communicable diseases
- Treatment of minor ailments
- Referral and linkage for ART



KINGDOM OF SWAZILAND



Test  Start
for HIV ARVs

No matter the CD4 count

“Test and Start” is a strategy that aims to initiate all PLWH on antiretroviral therapy (ART) as soon as possible after diagnosis of HIV infection, irrespective of CD4 count.

TEST & START: NEW INITIATIVE IN SWAZILAND

In line with the ambitious 90-90-90 UNAIDS targets which aims to end new HIV infections by 2020, the Ministry of Health has introduced Test & Start initiative, as of 1 October 2016 in all facilities in the country. Test & Start initiative promotes early initiation of ART among all people living with HIV, regardless of their CD4count.

The move by the Ministry was informed by the results of clinical research globally and locally. In Swaziland, two studies on Early Access to ART for all (EAAA) are ongoing in Hhohho and Shiselweni to examine the feasibility and acceptability of Test and Start in the country. The benefits highlighted from the study results, could greatly contribute to His Majesty vision of an AIDS free generation by 2022, in addition to:

- attaining the national goal of universal ART coverage by 2022;

- Achieving a 50% reduction in new HIV infections in adults and 90% reduction in new infections in children by 2018;
- Averting 15% AIDS deaths among PLHIV

A lot of work went into the preparation and ensuring that the country adopts this new initiative successfully. To ensure buy-in from health care workers and the general public, communication strategy was developed to inform the development of Information Education Communication (IEC) materials. Trainings were also conducted to assist with capaci-

tating health care workers on Test & Start. Other activities include public engagement during community outreach activities.

The successful implementation of the “Test and Start” initiative relies on continued commitment from the government to ensure sustainability through timely budget allocation for ARV and other related supplies and for people living with HIV to start and adhere to ARV treatment. A special thanks go to all the health care workers and the partners that supported this initiative.

Early results from these studies showed that early ART initiation can:

- Improve the lives and livelihoods of people living with HIV
- Reduce HIV related illnesses by 42%
- Reduce extra-pulmonary TB incidence by 83%; and
- Reduce HIV transmission risk among sero-discordant couples by 96%
- Reduce Mother to child transmission of HIV



COUPLE TESTING: IT'S NOT JUST AN HIV TEST, IT'S A LOVE TEST

Couple testing is a new initiative that has been introduced in the country, aimed at encouraging couples to recognize the month of February as Couples Month and make an obligation to test together for HIV. Previously, this event used to be held in the urban and peri-urban areas. However, this year's event was held at Enjabulweni Free Evangelical Assemblies in Ngudzeni area on the 18th of February. Ngudzeni is located in the Shiselweni District, between Nhlanguano Town and Big Bend.

It was a lovely day, couples were streaming in holding hands excited about the event. The target groups was the Ngudzeni surroundings couples and the attendance was so wonderful. This special group was targeted because February is lover's month, plus promoting HIV



A polygamous family getting tested during the couple testing event.

testing for all couples. The most striking moment was when the Minister of Health Sibongile Ndlela– Simelane deliver her passionate speech about the importance of testing together. She then move on to talk about test and start initiative.



The guest speaker Minister of Health– S bongile Ndlela-Simelane with HCW during the event.

ADHERENCE & PSYCHOSOCIAL SUPPORT AND VL MONITORING TRAINING

Introduction of new initiatives in the management of HIV test and start as well as effort to reach the 90 90 90 goal that has been adopted from UNAIDS by Swaziland, there is a need to capacitate support for HIV clients. Therefore, an APS and VL Monitoring training conducted for the Lubombo regional Expert Clients to capacitate lay cadres that would help to bridge the HRH gap, within the health facilities in management of HIV by task shifting.

The training was conducted at Sibane Hotel running for two consecutive weeks on which the first group attended the training on the 18th –20th January followed by the last group on the 25th – 27th of January 2017. The objective of the training was to strengthen the capacity of HCWs to provide quality assured HIV and treatment services through training, mentoring, placement of HR establishment of MDR and scale of electronic medical records.

The participants were taken through power point presentations, practicals, group discussions, experience sharing and case studies. During presentations participants were allowed to brainstorm on how Test and Start implementation is happening in their facilities. There was a also a concern that there is a need to continue educating and providing information on benefits of IPT and that emphasis should be done from the

initial contact with the client during adherence counselling.

Participants were later oriented on community ART models and participants from facilities that had started these models were asked to share their experience on how they are convincing the clients to join. Overall, the training was a success and all the invited participants were present.



Facilitators Nompilo Gwebu and Yvonne Makwabarara facilitating presentations during the training.

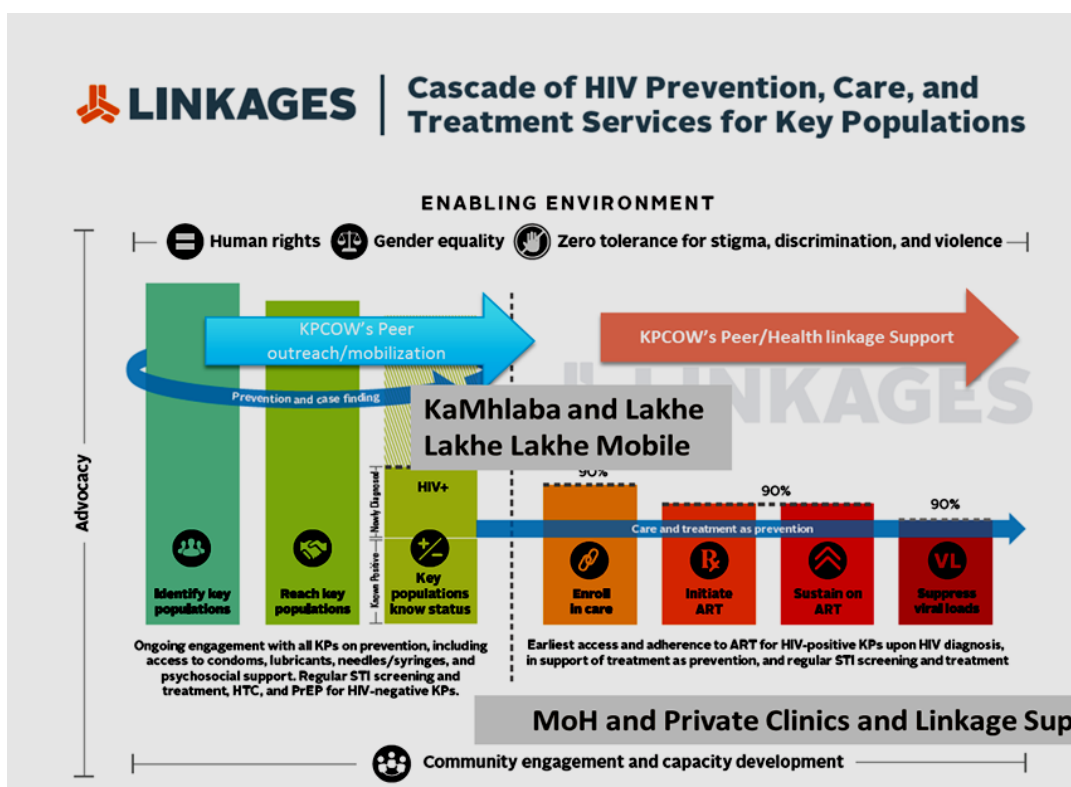
PEER EDUCATION TRAINING: EQUIPPED TO ENGAGED KEY POPULATIONS

Evidence has shown that peer education program is an effective strategy if provided in combination with other prevention services and is delivered better by its members to their peers. Hence, the Key populations Unit in collaboration with partners has recruited and trained Community outreach workers (peer educators) from the following groups; sex workers, men who have sex with men and transport operators.

These trainings were held on the 20-24 March and on the 26-31 March 2017 at the Global Village and the main sponsor was FLAS. The main purpose of the trainings was to ensure that peer outreach workers are

equipped with knowledge and skills in HIV and SRH issues, in delivering a minimum package of services to their peers. A total number of 45 transport operators, 50 sex workers and 20 MSM attended the training and they were equipped to carry the following duties:

- Providing a one on one peer education on HIV and SRH services;
- Micro planning using hotspot mapping data;
- Tracking individuals through the cascade ;
- Identifying ways to track individuals/clients and link to health clinics ;
- Identifying ways to increase the reach of KPs.



ADDRESSING STIGMA, DISCRIMINATION AND VIOLENCE AMONG KEY POPULATIONS

In nearly all settings, female sex workers and men who have sex with men are stigmatized groups of people. To address the problem effective strategies are required and the Key Population Unit from SNAP has considered conducting facility based sensitization meetings and use of champions.

A team comprising of program officers from Ministry of Health (MoH) and Health Capacity Collaborative (HC3) and Key Population (KP) champions (sex worker and MSM) conducted sensitization meetings, between the months of January - March 2017, within health facilities and among police officers on Key Populations health needs and challenges, using the country specific evidence. During the meeting champions were also allowed to share their experiences.



REGIONS	NUMBER OF FACILITIES SENSITIZED	COVERAGE %
Hhohho	38	100%
Manzini	6	13%
Shiselweni	30	90%
Lubombo	4	11%
Total	82	53.5%

Facilities sensitized to date

TREAT THE PAIN PROJECT: IMPROVING THE CAPACITY OF HEALTH CARE WORKERS TO PROVIDE QUALITY PAIN MANAGEMENT TO ART PATIENTS

Effective pain and symptom control is the foundation of palliative care and is best achieved through a team approach to address the problems of psychological, social, spiritual and physical needs of a patient and their families. This follows findings from several studies which show that between 29% - 74% of people whom are on ART, experience pain symptoms.

It is critical that patients do not suffer distressing symptoms, including uncontrolled pain, especially, if it is possible to significantly control pain as well as other symptoms which a patient might experience. An impeccable assessment of symptoms, including pain, is

important so as to identify the cause of the symptom and manage it.

The palliative care project was piloted in 12 facilities covering all the four regions of the kingdom of Swaziland and these selected facilities include 7 hospitals and 5 Health Centres.

Therefore, healthcare workers during the month of January 2017 were capacitated on the important principles of pain and symptom control which include, medical expertise, quality nursing care, a thorough assessment with full attention of details, regular review and good communication skills with listening ability. Other activities were conducted as seen in table below.

ACTIVITIES	SUMMARY
Improve the capacity of Health Care Workers/Facilities to provide quality pain management	
Pain management onsite trainings	Onsite trainings were conducted at two health facilities (Mbabane Government Hospital and Lubombo Hospital). In total 26 health care workers were trained including 3 doctors, 17 nurses, 1 anaesthetist, 1 pharmacy technician, and 4 other cadres.
Experience sharing meeting on pain management	One experience sharing meeting was conducted. The objective of the meeting was to gather implementers from the facilities to share their experience, challenges and successes related to the project. A total of 8 health facilities attended the meeting out of 12 invited, these are: 5 Hospitals (Mbabane Government, Good Shepherd, Mankayane, Lubombo, and Pigg’s Peak) and 3 Health Centres (Dvokolwako Sithobela, and Nhlangano). Participants among these groups present were: 5 Medical doctors, 7 Nurses.
Implement a quality assurance program for oral morphine production	
Upgrade the morphine production unit at Mbabane Government Hospital	Upgrading of the morphine production unit is ongoing, the partition of the unit which was the first step has been completed during the reporting period, the next step is the procurement of a water distiller.

STEPPING STONE TRAINING FOR COMMUNITY YOUTH FACILITATORS



Stepping stone is a capacity building initiative for adolescents between the ages of 15-24 out of school. STI collaborated with Stepping Stone in prevention of STI and early pregnancy among young people.

Young people are at the centre of the global AIDS epidemic and are potentially the greatest force for change if they can be reached with the right interventions. A majority of young people start engaging in sexual activities during adolescence and thus increasing young people's vulnerability to HIV, STIs as well as unplanned pregnancies. This, however, can be avoided through the adoption and maintenance of safe protective behaviours to ensure good health in adult years.

To address this issues faced by the young generation interventions and programs have been established. One program that has been established is Stepping Stone.

Stepping stone is a capacity building programme for out of school adolescents between the ages of 15-24.

Stepping Stone has an aim of improving knowledge on HIV risk factors among young people, hence, on the 13–24th March Stepping Stone conducted a training that was held at Sibayeni Lodge. The aim of the training was to revive community youth facilitators to improve and ensure quality on the stepping stone modules facilitation. Training methods used included group discussions, role plays, usage of flip cards and relevant games. At the end of the training it was observed that most of the participants have been revived and they were more than ready to go and share with others what they learnt.

PSYCHOLOGICAL CARE AND SUPPORT PROGRAM



SNAP, Promise Dlamini sensitizing pupils on PTSD

On the 10th March 2017, the Psychological Care and Support team went to Mpofo Primary School following the incident that happened to a pupil who was attacked by a crocodile, reported newspapers. The aim of the visit was to sensitize the pupils on Post Traumatic Stress Disorder (PTSD) in order for the children to understand their behaviours and seek help when necessary.

Special attention through psychotherapy was extended to the 3 boys whom witnessed their friend being attacked by the crocodile. A family therapy was also provided to the victim’s relatives.

As a way forward, the Psychological Care and Support team will do a follow up session to monitor progress and improvement on the victim’s family and friends as there was clear identification of unresolved emotions.

TIPS ON PTSD

What is PTSD?

Post Traumatic Stress Disorder refers to a complex psychiatric condition characterized by 4 groups of symptoms: intrusive recollections, avoidant, numbing symptoms and hyper-arousal symptoms .

Causes of PTSD

Any traumatic event experienced directly or witnessed; going through/ seeing violence, stories of traumatic experience; death of a loved one; work related stress; domestic violence and having terminal illness like cancer or AIDS.

Who can get PTSD?

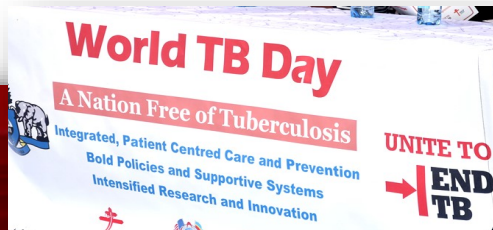
Any traumatic event can cause it and can affect anyone who has been caught up in traumatic event.

NB: PTSD makes one to re-live the pain and memories of the trauma all the time.

WORLD TB DAY 2017: “LETS UNITE TO END TB”



The Minister of Health, Sibongile Ndlela-Simelane delivering her speech TB day Commemoration event.



Information stalls where public was engaged on HIV issues.

Every year the country joins the rest of the world to commemorate the World TB Day. The purpose of the event is to bring awareness to the general public that TB is a disease that can be managed and eradicated through treatment. This year's commemoration event was held on the 25th of March at Lobamba Lomdzala Constituency.

The commemoration was supported by dignitaries who amongst them was the Minister of Health, Sibongile Ndlela-Simelane, WHO Country Representative, Dr Mengestu Ketsela, and others. The general public and school children from surrounding areas also came in their numbers to support this event. NGO's were also present to display their work.

The event was kick started by a march from 3 starting points namely Lobamba Lomdzala High School, Lusushwana Bridge and Mandela Restaurant led by the Uniformed Forces Band which started in the early morning hours. The march consisted of school children and members of the public.

The Minister of Health in her remarks encouraged the importance of screening children who are below five years and those who are already affected by TB to be treated. She emphasised the importance of children benefiting from new scientific health innovations as they are the countries future generation. World Health Organisation (WHO) representative Dr Mengestu Ketsela confirmed the new medication that will be used to treat TB on children. This medication was introduced as a easier way of treating children suffering from TB.

KNOWLEDGE NUGGET

WHAT YOU NEED TO KNOW ABOUT ORAL PREP DEMONSTRATION PROJECTS

What is oral PrEP?

ORAL PREP IS THE USE OF ARV DRUGS BY HIV-UNINFECTED PERSONS TO PREVENT THE ACQUISITION OF HIV BEFORE EXPOSURE TO HIV. PREP PILLS NEED TO BE TAKEN DAILY AND HELP TO PREVENT HIV. WHEN USED CONSISTENTLY AND AS PRESCRIBED, PREP HAS BEEN SHOWN TO REDUCE THE RISK OF HIV INFECTION BY MORE THAN 90% AMONG PEOPLE AT HIGH RISK FOR HIV INFECTION.



Who should take PrEP?

PrEP is recommended for people who are HIV-negative and who are at high risk for HIV infection. Identified priority groups includes;

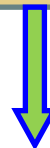
- Pregnant and lactating women
- Young women 16-24 years
- Discordant couples
- Clients with sexually transmitted infections
- Men who have sex with men
- Sex workers
- Clients who will request PrEP



PrEP usage

World Health Organization (WHO) has recommended a combination of TDF/FTC and TDF/3TC depending what is available in country.

- Oral PrEP reaches effectiveness after 7 daily doses and it requires optimal adherence.
- PrEP is needed during “periods” of high HIV risk.
- Individuals taking PrEP require ongoing risk assessment and PrEP can be discontinued if they:
 - ◆ Acquire HIV infection.
 - ◆ Are no longer at substantial risk for HIV infection.
 - ◆ Decide to use other effective prevention methods.



PrEP safety

- Oral PrEP is safe, and only a few people who start PrEP will develop mild side-effects. These may include
- Gastrointestinal symptoms (diarrhoea, nausea, vomiting and flatulence), dizziness or headache. Usually these side effects do not persist beyond the first month.
- Creatinine elevation (typically reversible).
- Loss of bone mineral density; recovers after stopping PrEP.



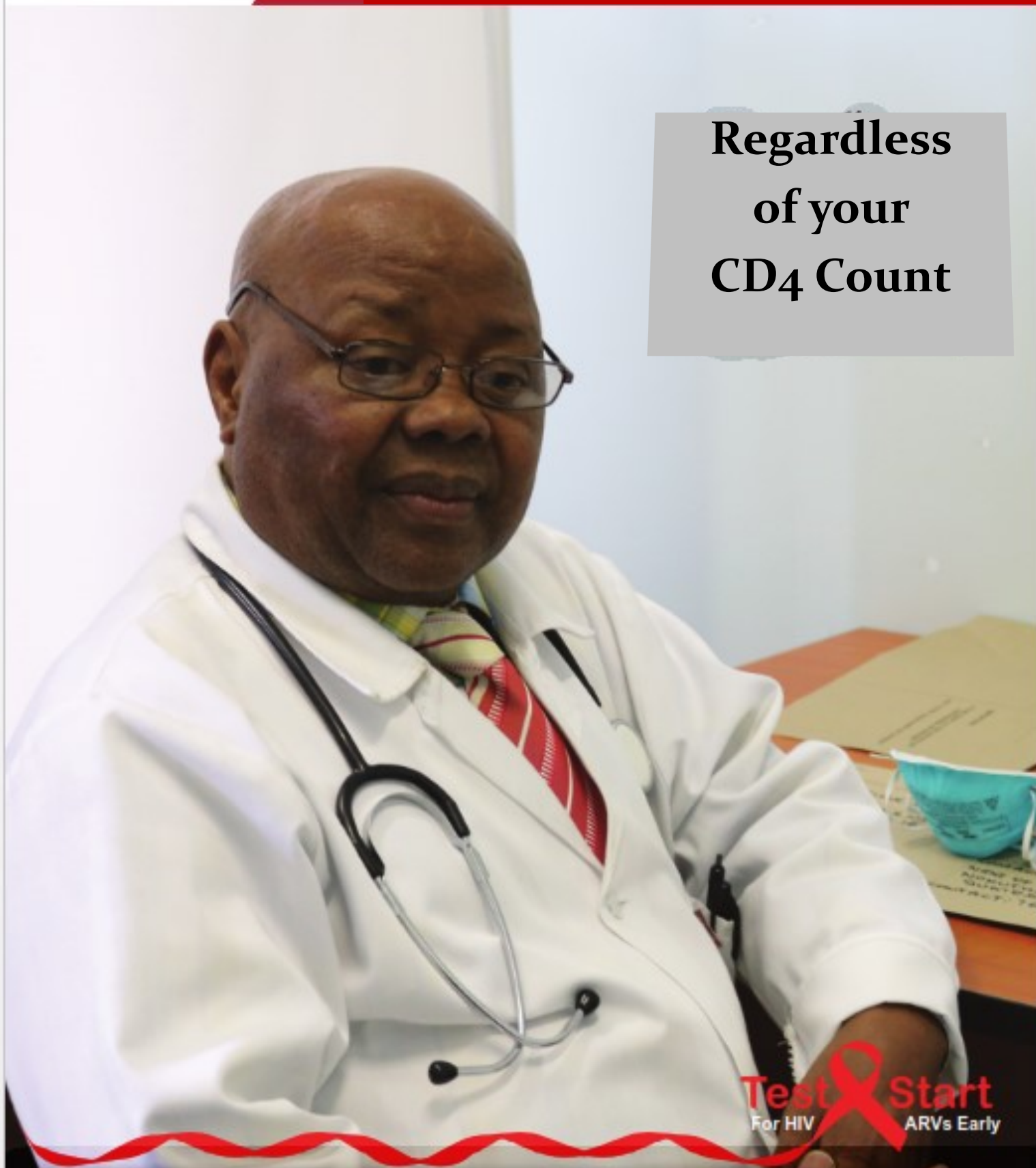
PrEP does not

- Prevent other STIs
- Prevent pregnancy
- Protect you from HIV after exposure, it reduces your risk before exposure.



"We are offering HIV Services... Test & Start"

Regardless of your CD4 Count



Test Start For HIV ARVs Early



SNAP

Who Are We...

The Swaziland National AIDS Program was established in 1987 to respond to the HIV Epidemic. The core mandate of the national AIDS program is to coordinate health sector interventions as they account for more than 70% of the total HIV response.

VISION

Winning the fight against HIV and AIDS through effort for an AIDS free generation.

MISSION

To improve the health of the people of Swaziland through an effectively coordinated health sector response to HIV and AIDS.

Other activities Jan-Mar:

- HTC stakeholder meeting
- TB Seminar

Upcoming activities in the next Quarter:

- National TB/HIV Joint Programme Review
- Key population training
- Development of National Quality Management Programme Annual work plan 2017/2018

SWAZILAND NATIONAL AIDS PROGRAMME

Cooper Centre Building
Mbabane,
PO Box 1119
Mbabane H100, Swaziland

Tel: +268 404 8440
Fax: +268 404 8209

website: www.swaziidsprogramme.org

Editorial Team:

Editor in Chief

- Ncinci Shabangu

Editors:

- Muhle Dlamini
- Jilly Motsa
- Janet Ongole
- Bongiwe Mazibuko

Contributors:

- Key Population– Ms Sindi Matse
- Palliative Care & Support - Mr Herve Nzereka Kambale
- APS & VL– Ms Nompilo Gwebu
- HTS– Ms Lenhle Dube
- Psychological care & support - Ms Promise Dlamini
- TB/HIV - Ms Phumzile Mndzebele
- Test & Start - Dr Nomthandazo Lukhele
- STI—Mr Mphumelelo Mavimbela
- Quality Management– Ms Thembi Dlamini

