



SWAZILAND NATIONAL AIDS PROGRAMME QUARTERLY NEWSLETTER

APRIL-JUNE 2017

Volume 1, Issue 2

INSIDE THIS ISSUE

Foreword by Programme Manager.....	2
Joint HIV, TB, PMTCT and Hepatitis independent mid-term Review.....	3-4
Adolescent Testing Service.....	5-6
Wellness Day- Team Building.....	7
The National Health Semi-Annual Review.....	8
Dev-Info Monitoring Training On Safeguard Young People Programme.....	9
Routine Viral Load Tests for All ART Clients Nationally.....	10
Viral Load Poster.....	11
Implementation of PrEP to Curb New HIV Infections	12
Ensuring Quality of all HIV Services	13
Utilization of the SNAP Resource Centre during NaHSAR.....	14
Employee Transitional Preparedness.....	15
SNAP Resource Centre:	16
Swaziland Chapter on 3 Frees.....	17-18
What you need to know about Oral HIV Self-Test.....	19
Coming Activities in the next quarter..	20



“Together we will win
the fight against HIV”

PROGRAMME MANAGER'S FOREWORD



*Muhle Dlamini,
SNAP Programme Manager*

It is with pleasure that I present this 2nd issue of our SNAP newsletter. This has been a busy quarter, as the Ministry of Health in collaboration with the World Health Organization (WHO) has conducted a midterm review (MTR). This was a joint review focusing on HIV, TB and PMTCT planned activities. The planned activities have reached a midterm stage, therefore it was necessary to review progress made under each of the intervention areas. The extent to which the plan is being implemented is reflected in the various chapters of the report. I am glad to note that the joint midterm review was conducted through a participatory process by all key stakeholders and has successfully been concluded. I wish to thank all the Ministry of Health staff and other stakeholders who participated in the review process.

Also in the month of June we conducted the National Health Semi-annual Review (NAHSAR), targeting all national and regional HIV/TB care and treatment stakeholders. The SNAP team participated in drafting HIV and TB data report that summarizes the status of key health indicators. It is produced annually and should provide information on health statistics nationally and regionally. This includes service delivery statistics as well as specific health outcomes. Once again, I appreciate all those who embraced the new guideline as they relate to TB/HIV and PMTCT and also participated in this year's NAHSAR.

JOINT HIV, TB, PMTCT AND HEPATITIS INDEPENDENT MIDTERM REVIEW

The joint review is a comprehensive, periodic, systematic assessment of the overall national response to the TB and HIV epidemic. It is carried out jointly with stakeholders and partners and as integral part of a strategic programming cycle. The primary purpose of the mid-term review is to provide feedback on the performance of HIV and TB Programs to date, to improve implementation and inform subsequent planning in line with the country's plan to strengthen TB and HIV integrated TB, HIV and PMTCT review. The Ministry of Health (MOH) conducted the mid-term review on the 1-12 May in all the four regions, six teams were deployed in each region, one for hepatitis and one at central level. Each team member that was selected, per team, brought different expertise to each group. A mixture of public private, rural,

On the 12th of May, the outcomes were then presented at The Royal Swazi Convention Centre and Mountain Inn Hotel which is located in Mbabane. Different stakeholders also had a breakfast meeting at Mountain Inn Hotel where the results of the review were shared. The final stakeholders' meeting was held at Royal Swazi Hotel in eZulwini. Closing remarks were done by the SNAP Programme Manager, Mr Muhle Dlamini who thanked all the partners for their partici-

urban, big and small facilities and institutions were reviewed. Standard data collection tools, direct observations, interviews and records reviews were used to collect data from the programmes in the regions.

The review was able to meet the below set objectives:

- Review progress towards reaching national health sector targets for HIV, PMTCT and TB.
- Level of integration of management and services for HIV, TB, PMTCT, child material, sexual and reproductive health.
- Assess quality and effectiveness of HIV and TB services.
- Assess capacities and challenges related to cross cutting health system element for services delivery.

pation and hard work. He further urged partners to continue supporting and working together to win the fight against HIV. The meeting was attended by World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations AIDS Programme (UNAIDS), and other development partners representatives as well as senior Ministry of Health officials attended the final meeting.

The assessment produced good outcomes and achievements from the different thematic areas. The results showed that Active Case Finding (ACF) strategy implemented by the National TB Control Programme produces more active cases. It was also stressed that 99% of children enrolled on TB treatment were also tested for HIV. Currently, the death rate among TB/HIV co-infected patients is 14%. Moreover on the HIV thematic area the outcome was that HIV response on the other hand is also increasing its initiatives to end the virus. During the assessment, it was highlighted that ART initiation has been reorganized to Public Health Units (PHU), Public Health Centres and TB units, with

initiation inception from CD4 <500 to Test and Start. It was further highlighted that “routine” Viral Load testing officially started on the 1st of April 2017; viral suppression results among the tested ranged from 78 -90% and the implementation of Comm ART to improve adherence and retention amongst people living with HIV. It was further mentioned that PMTCT remains a priority for the Government of Swaziland and it is managed within the SRHU in MoH to ensure integration of services. The Government funds 100% of the PMTCT drugs as well as infrastructure and basic HR.



Discussions that took place after the results were presented during the TB/HIV PMTCT Joint Review.



Muhle Dlamini, SNAP Programme Manager delivering his closing remarks during the TB/HIV PMTCT Joint Review meeting.

ADOLESCENT HIV TESTING SERVICES: SCALING UP HIV TESTING AMONG ADOLESCENTS

The country is currently struggling with providing HIV Testing Services to adolescents, thus having noted the problem the Swaziland National AIDS Programme (SNAP) in collaboration with regional partners aims to reduce new HIV infections among adults/adolescents and children. To avert the problem a need arose to have all HIV Testing Services (HTS) stakeholders meet to try and identify best practices as well as give updates on the status of adolescent testing nationally. It is for this reason that SNAP HTS program through the assistance from UNICEF convened a community adolescents' HTS meeting that was held at Happy Valley, on the 24th May 2017.

A total of 31 participants were present during the meeting. The participants were able to share some of the achievements, best practices, challenges and recommendations to address the challenges met. Moreover, it was to solicit HTS Community partner's contributions on the way forward for reaching this particular population.

Presentations were given by different organisational representatives focusing on approaches and innovations for Identifying and testing Adolescents. The National HTS coordinator, Ms Lenhle Dube gave a presentation on the Priority areas in HTS leading to 2018 deliverables. The Chief, Adolescents and Youth Development from UNICEF presented on strategies to



Participants listening to a presentation during the adolescent HIV testing services meeting.

upscale adolescent testing as well as how best can the HIV screening tool be used to identify adolescents who are eligible for testing for HIV.

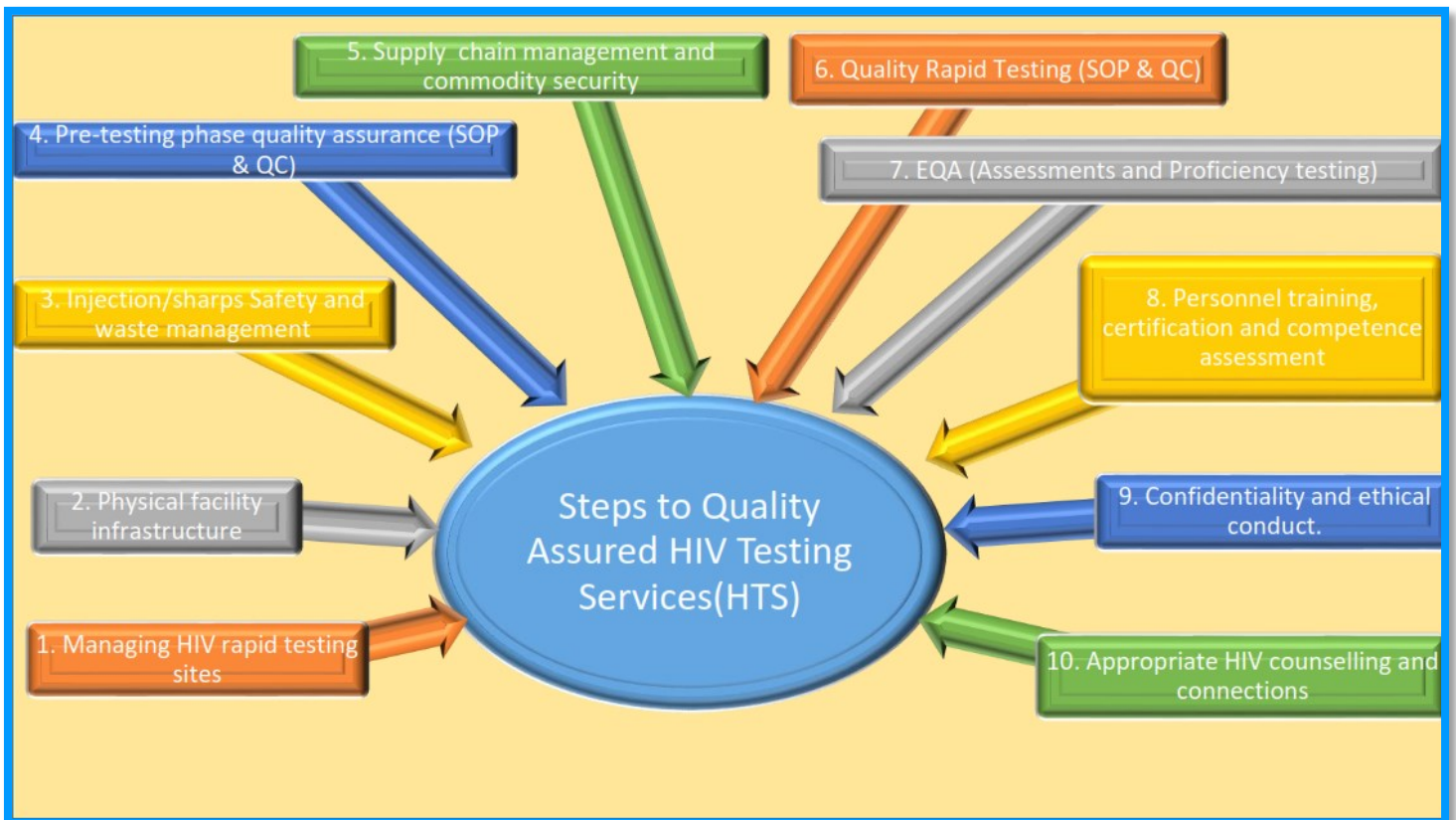
Moreover, the Family Life Association of Swaziland and the AIDS Healthcare Foundation presented on adolescent Testing and Linkage to care mainly sharing the experiences from the field. There was also a presentation on External Quality Assurance and Quality Control by the National Laboratory focal.

Other presentations were from the SNAP Quality manager who presented on Quality standards; PSI focal presented on Referral and Linkage to care and the National Adolescent focal whose presentation was on

adolescent friendly health services focusing on the status and opportunities for testing. The national PIHTC advisor presented on the new approaches to the stakeholders. Discussions were also part of the agenda and they were led by the HTS Coordinator focusing on the key strategies that can be adopted by the other community partners as a way of up scaling the adolescents.

The expected outcomes of the meeting were met as all the present HTS stakeholders were updated on new innovations. Inputs that came forth from the meeting were well documented and considered.

Quality Assurance Procedure presented by Quality Manager during the meeting.



WELLNESS DAY-TEAM BUILDING



CHAPS team doing the tag of war during the team building event.

The Centre for HIV and AIDS Prevention Studies (CHAPS) and the Psychological Care & Support team from SNAP collaborated and hosted an employee wellness day which was held at Emafini on the 22 of May 2017. The activity was an outcome of the drop in productivity rate and rising tension among the 75 CHAPS' employees who attended the workshop. Therefore the wellness day was aimed at assisting the team with reducing stress levels, strengthening team work amongst employees and to allow them to cater to their health.

The National Psychological Care & Support Coordinator, Promise Dlamini facilitated discussions on pros and cons of a workplace. The discussions were aimed at leaving the employees feeling more determined to embrace all that makes life worth living even in the face of overwhelming odds, "the spirit of resilience".

Shortly after the discussions, employees engaged in different sporting activities which were aimed at cre-

ating a unified work team. The activities included aerobics, blind folding, tug of war and soccer. Apart from these sporting activities clinical services were provided during the day and these included Blood Pressure (BP) and diabetes screening and HIV testing.

Overall, the activity was a success as the objectives were fully met as the participants participated fully during the debriefing session. Further they showed a great team spirit during the sporting activities through communicating with team players.



Participants playing soccer.

THE NATIONAL HIV SEMI-ANNUAL REVIEW

The National HIV Semi-Annual Review (NaHSAR) meeting, held semi-annually, brings together regional health management teams, facility management, clinicians, programmes and development partners with a common goal of reducing the burden of HIV and TB to the Swazi population. The objective of the meeting is to promote evidence based decision making by using data to inform decisions and also sharing best practices to replicate to other areas. Since 2010, NaHSAR meetings were being done semi-annually and consistently. The meeting has evolved from focusing on few high volume facilities to focusing on a complete national performance and comparing regional data.

The 15th NaHSAR which was held from the 14th- 16th June 2017 and for the first time the whole meeting was scheduled on weekdays. It was attended by over 180 participants, the largest number ever and for the first time was conducted at Royal Swazi Spar Convention Centre instead of the traditional Pigg's Peak Hotel.

Highlights of the meeting included the rise in ART initiation due to Test and Start after October roll out, successful nationwide implementation of routine viral load monitoring and addition of 4 new sites to provide ART. High HIV testing and ART coverage in pregnant and lactating women was also observed although mother to child transmission of HIV remain a challenge at 3% far



SNAP National ART Coordinator, Dr Nomthandazo with URC Country Director presenting certificates.

off the elimination target of <1%. In addition the historical high proportions of deaths among TB patients co-infected with HIV have still require innovative strategies to pull it down from the current high of 14%. However there were a few noted gaps which need to be addressed. These include patient follow up, utilisation of results and delays in accrediting facilities.

The work of the regional management teams and facility health care workers is appreciated through a dinner award ceremony. This ceremony was conducted in on Thursday evening, on the (15th June 2017). During this event Lubombo region managed to scoop the overall best performing region award. Shiselweni also came second in the number of awards achieved. Of special note is that every region demonstrated the best performances in at least one category.

DEV-INFO MONITORING TRAINING FOR SAFEGUARD YOUNG PEOPLE PROGRAMME

Dev-Info Monitoring is an electronically based M&E system software introduced in 2016 during the Annual Coordination Meeting held in Malawi, Lilongwe. This system was introduced to monitor the implementation of the Safeguard Young People (SYP) programme in countries and implementing partners to help improve Data Quality. The SYP programme adopts a multi-sectoral approach that addresses the needs and rights of the young population holistically, in their diverse, complex environments with an emphasis on transforming the gender dynamic that marginalize and harm young people the programme aimed at empowering and improving the sexual and reproductive health status of young people.

Having discussed the reporting challenges that the SYP programme faced the previous year and how the challenges persisted in 2016, the Coordination Meeting resolved that adoption of Dev-Info was the sure way of ensuring effective SYP reporting. This was done through a training held in Johannesburg, Sandton, from the 21st -25th May 2017 where participants from different countries were in attendance. These countries included Lesotho Swaziland, Botswana, Zimbabwe and Mozambique and each country was represented by an average of 5 participants from the following countries

The training was opened by Justine Coulson, Deputy Regional Director for UNFPA who in her remarks welcomed and thanked the participants for their attend-

ance. She further assured them that the training will equip them in maximizing Data Quality so they can effectively perform the task that lies ahead of them in their countries.

The hands-on training had different objectives which were to enable informed decision making to improve programme performance training; improve accountability and transparency among stakeholder and to facilitate meaningful dialogue between programme partners in order to apply corrective measures. In addition the training aimed at assessing progress against targets of the programme. These objectives were met since the training provided an in-depth introduction on the ways in which Dev-Info Monitoring was expected to be used for the monitoring of SYP indicators. Moreover, participants had the opportunity of learning and applying the required technical skills with regard to the utilization of the tool and shared the data among partners.



ROUTINE VIRAL LOAD TESTS FOR ALL ART CLIENTS NATIONALLY

As we are moving towards ending AIDS in the country, the Ministry of Health has made improvements in ensuring that all people living with HIV (PLVHIV) who are on ART, are provided with routine viral load tests. This is all in effort to ensure that 90% of clients on ART are retained virally suppressed in care. In the country, Routine Viral Load monitoring was made available in all ART providing sites from the first of April 2017.

A viral load test is a laboratory test that measures the amount of HIV present in the blood. It is described as the number of 'copies' of HIV's genetic material (RNA) per millilitre of blood (copies/ml). The higher the viral load the faster the immune system (CD4 cells) is destroyed, this leads to an increased risk of HIV related illnesses faster progression toward AIDS and ultimately death. WHO has defined a viral load of <1000 copies/ml to indicate successful treatment. However, it should be noted that the best viral load test result is "undetectable" or "below the limit of quantification." This does not imply that HIV is not present; it just means that the level of HIV is too low to be detected or measured by the test ("ligciwane lelicindzetelekile"). This means that the client is adherent to treatment and the ART is effective, as it is able to suppress the multiplication of the HIV virus.

With Regard to viral load monitoring, it is SNAP's goal is to increase viral load coverage from a baseline of

13% in December 2016 to 58% which is about 100 000. SNAP is aiming to have 100 000 viral load test done per client done by December 2017. This has been done through the establishment of regional laboratories that are aimed at increasing access to viral load tests in the four regions of the country.

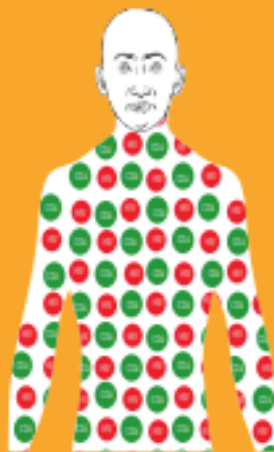
All PLHIV who have been on antiretroviral treatment (ART) for more than six months must have a viral load test at least once a year to monitor their treatment outcomes. Clients who will not be suppressed will undergo stepped up counselling for at least 3 months before a repeat viral load is taken to determine need for a change in ART regimen. Those that need to be switched to second line, an Atazanivir (ATV/r) based regimen is recommended. Please note that ATV/r is now available in country, at central medical stores.

Test and start and Viral load IEC material have been developed and printed. They can be collected from SNAP. The IEC is meant to educate clients on Test and Start and the importance of Viral load monitoring.

This was all in support from all MoH Partners and stakeholders especially PEPFAR and Global fund whose financial and technical support has made it possible to routinely offer Viral load testing services to all PLHIV in Swaziland. Continued collaboration and support from all stakeholders especially PLHIV is still needed to sustain current gains.

VIRAL LOAD

(linani le HIV engatini)



LINANI LE HIV
LELISETULU



Kunatsa emaARVs kahle
kunenzuzo lenhle.



LINANI LE HIV
LESELICINDZETELEKILE

● HIV
● CD4

Yini luhlolo lwe Viral Load?

Yindlela yekubona linani le HIV engatini kulonatsa emaphilisi ekutsintsibalisa ligciwane leHIV (emaARVs).

Injongo yekuhlola IViral Load

Kubona ligciwane lelicindzetelekile kulonatsa emaARVs (undetectable viral load)

Bumcoka bekuhlola IViral Load

Isita kutsi ubone kutsi emaARVs lowanatsako akusebentela kahle yini.

Ihlolwa nini IViral Load?

Losanatsa emaARVs kufanele ente loluhlolo njalo ngemuva kwetinyanga letisitfupha.

Buta ngaloluhlolo emfolamphilo lositakala kuwo.

Yini ICD4 count?

Linani lemasotja engatini kulophila neligciwane le HIV.

MAART

Natsa emaARVs akho kahle utophila imphilo lenhle nalendze.

IMPLEMENTATION OF PREP TO CURB HIV NEW INFECTIONS AMONG HIGH RISK GROUPS



Healthcare Worker being awarded with a certificate of participation

In order to reduce transmission and the spread of infections, targeted programmes for high-risk populations are essential. PrEP is the use of ARV drugs by uninfected persons to prevent the acquisition of HIV before exposure to HIV and could be one of the solutions to the challenge. Hence the country is planning to implement PReP demonstration projects in August. The demonstrations programme will be implemented in selected facilities in Hhohho, Manzini and Shiselweni regions where several activities have been planned. These activities include the training of Health Care Workers in different sites where PrEP will be implemented .

The objectives for the trainings are to share global evidence on PrEP; orientation on national Oral PrEP Implementation framework for demonstration projects in the country and training on the implementation guide on oral PrEP. They also include orientation of HCWs on the

monitoring and evaluation tools and messages on oral PrEP. Several tools and IEC material have been developed, pre-tested and finalized by the stakeholders. Part of the IEC material developed included posters, flyers and palm cards. The tools developed were the:

- Risk assessment form,
- Screening and eligibility form,
- Client file,
- Register,
- Client appointment card.



Facilitators during a PReP Training.

In conclusion the main aim of PReP demonstrating is to assess the operationalization of PrEP in Swaziland as an additional service within HIV combination prevention among the population and individuals at high risk of HIV infection. All participants that were present during these trainings were awarded with certificates.

ENSURING QUALITY OF ALL HIV SERVICES THROUGH QUALITY ASSURANCE AND QUALITY IMPROVEMENT APPROACHES

The Swaziland National AIDS Programme coordinates the health sector HIV response and ensures the quality of all HIV services through Quality Assurance and Quality Improvements (QA/QI) approaches. The purpose of HIV QA/QI is to improve the delivery of HIV services through defined measures and improvement of quality of services to satisfy the customer.

As a result of QA/QI, SNAP has introduced a resource centre with support from University Research, LLC (URC). Its purpose is to ensure there is easy access to reliable and accurate information on HIV/AIDS. The centre will provide service to researchers, students, healthcare workers, partners and the general public in a friendly environment.

To improve the initiative the resource centre establishing team conducted two visits one to the United State

Embassy Information Resource Centre and the other to the Swaziland National Library. The purpose of their visits was to seek available support in the setting up of the SNAP resource centre.

During the visit at the Swaziland National Library which was conducted on the 26th of June, the Director expressed her happiness on the new initiative of working towards providing and increasing ease of information access that SNAP has come up with. She briefed the team about the work done by the National Library which is providing support to growing libraries. However, in order to receive that kind of support the team was advised to write a letter of request in which after a representative will be sent to assist with cataloguing and placement of items at the Resource Centre. Moreover, the Director advised that there is a need to ensure secu-



The team at the Swaziland National Library.



URC SI&KM Director and SNAP Quality Coordinator touring the Library.

UTILIZATION OF THE SNAP REPOURCE CENTRE DURING NAHSAR

The project is working closely with SNAP to ensure there is an increased number of health facilities that meet performance targets on HIV care and treatment services. This is monitored through reviews such as the NaHSAR and ReHSAR. Therefore, the project team participated in the NaHSAR which took place at the Royal Swazi Convention Centre from 14th – 16th June 2017.

An information stall was set up to provide information to stakeholders about the technical and strategic documents available for HIV/AIDS management. The collection of items available at the stall included guidelines, job aids, and IEC materials. Over 300 items of IEC materials were requested for and provided to participants at the NaHSAR.



Senior Program Officer Quality Improvement, Thembie and URC Documents, Records & Knowledge Management Improvement Advisor, Faith during NaHSAR



SNAP Expert Coordinator, Nompilo and SNAP Intern, Ncinci operating the SNAP mobile resource centre



URC SI & KM Director and SNAP Quality Coordinator at the Information Stall at the 15th NaHSAR

EMPLOYEE TRANSITIONAL PREPAREDNESS

On the 23 of May 2017 the Psychological Care and Support team held an employee transitional preparedness workshop. This workshop was targeting employees from Water Aid, EGPAF and ICAP whose contracts were not renewed due to cut of funds from project funders. The employee contracts were terminated between the months of May and July. The workshop was held at Nazarene compassionate attended by 14 participants. The workshop was aimed at assisting the participants to manage or cope as they transition to not working after having worked for a certain period.

Promise Dlamini, SNAP Psychological and Care Focal Person, facilitated a session on Advantages of working and some of the challenges that might be faced while working. This exercise was conducted with underlining principles of confidentiality, voluntary participation and compulsory engagement. The management was however requested to excuse the team during the one of the session where the team was venting out the challenges they faced.

In addition, Ms Salaphi Dlamini also conducted a Presentation on Building spirit of resilience. The presentation focused on building the spirit of resilience to individuals who have lost hope in life. The end of contracts was abruptly hence it was difficult for the employees to come into terms with its ending. Thus employees were equipped on how to live in such a diverse situation.

Stress symptoms

Stress may exhibit itself in different ways hence it is important to reflect and take note of your stress symptoms unique as it may not be same as others and the fact that we may not perceive a stressful situation the same. However, these were the identified stress symptoms;

- Headaches
- Sleepless nights
- Back pain
- Dementia
- Confusion
- Shock about end of contract
- Eating too much
- Irritability
- Loss of concentration
- BP low and flue attack
- Gazing
- Restlessness

SNAP RESOURCE CENTRE: PROVIDING UP-TO-DATE INFORMATIONAL MATERIAL ON HIV AND AIDS MANAGEMENT

The Swaziland National AIDS Programme (SNAP) is currently receiving technical assistance from University Research Co., LLC (URC) to manage and lead HIV response in the country through PEPFAR/CDC funding. SNAP’s mission is to improve the health of the people of Swaziland through an effectively coordinated health sector response to HIV and AIDS. In line with this endeavour, a new establishment, a Resource Centre, has been set up at the SNAP office. The purpose of the resource centre is to ensure easy access to reliable and accurate information on HIV/AIDS. The establishment will further provide up-to date information on HIV and AIDS management.

The information available at the centre covers a wide range of thematic areas including, but not limited to HTS, PMTCT, VMMC, Care and Treatment, Palliative Care, Psychological Care and Support, Monitoring and Evaluation, Research and Quality Management.

The resource centre has access to a number of resources through a vast network of partners including the national library, UNISWA and NERCHA info Centre. With the diversity of information provided the centre reaches an even wider audience such as researchers, students, healthcare workers, partners and the general public in a friendly environment.

SERVICES THAT WILL BE PROVIDED

- * Internet
- * Email
- * Borrowing
- * Current awareness services (bulletins and notice boards)
- * Abstract Development
- * Enquiries services
- * Information packs



Resource Centre IEC display unit and hard copy cabinets



Resource Centre IEC display unit and reading desk.

THE SWAZILAND CHAPTER ON THE 3 FREES

The Start Free, Stay Free, AIDS Free is a new collaborative Framework that aims to accelerate the end of the AIDS epidemic among children, adolescents and young women by 2020. It is built on the success of the Global Plan towards ending new HIV infections among children by 2015 and keeping their mothers alive. It also embraces the goals set by United Nations Member States in the 2016 Political Declaration on HIV and AIDS – on the Fast-Track to accelerate the fight against HIV and to end the AIDS epidemic by 2030.

The Start Free, Stay Free, AIDS Free is a global initiative introduced by UNAIDS and PEPFAR through the Swaziland Ministry of Health to fight HIV/AIDS in the country. The Start Free, Stay Free, AIDS-Free is about galvanizing a global movement around a shared and ambitious agenda in-country which can only be achieved through: ensuring children, adolescents, young women and expectant mothers can access the HIV prevention, treatment, care, and support services they need, and deserve.

The Swaziland chapter of the 3 Frees was launched at a breakfast meeting which was held at Royal Swazi Convention Centre on May 17, 2017. In attendance was the Minister of Health, Mrs Sbondle Ndlela- Simelane, WHO Representative, UNAIDS Country Representative, PEPFAR Country Representative, CDC and USAID Country Representative, Senior Government Officials, Director NERCHA, Directors of Local and International NGOs and Health Care Workers.

Objectives of the meeting

- Accelerate progress in eliminating new HIV infections among children
- Retain pregnant and breastfeeding women living with HIV on treatment for their own health
- Reduce onward transmission, including by reducing new HIV infections among adolescent girls and young women
- Rapidly increase case-finding and access to HIV treatment for both children and adolescents

Key remarks from dignitaries included remarks from the Minister of Health Mrs Sbondle Ndlela- Simelane who highlighted that initiative is a reminder for the Government and partners to accelerate efforts towards ending AIDS by strengthening implementation of prevention of HIV infections among children aged 0 to 14 years and provision of life-long antiretroviral therapy to pregnant women living with HIV. The Initiative further focuses on reducing the number of new HIV infections among adolescents and young women aged 10 to 24 years and providing voluntary medical male circumcision to young men aged 10 to 29 years. She further urged the public to eliminate stigma and discrimination totally, as it prevents people from accessing HIV related services that will benefit their own health. In conclusion, she highlighted that the Kingdom of Swaziland remains committed to creating an AIDS-free generation and will con-

tinue play an active role to achieve the Global Plan of Ending the AIDS Epidemic by 2030.

Speaking in the same event was the US Ambassador, Lisa Peterson who affirmed that the US Government is proud to work in partnership with the Kingdom of Swaziland, alongside with the UN family, Civil Society, MSF and other partners, to participate in and support ‘Start Free, Stay Free, AIDS Free’ activities. She also highlighted that the framework will further strengthen partner-

ship and accelerate the elimination of HIV. She then applauded the Government of the Kingdom of Swaziland for its unwavering commitment to halt the AIDS epidemic in Swaziland, and especially for the attention to reducing the impact on children, adolescent girls and young women.

The “3 frees” framework comprises 3 main streams of work:

“Start Free” (prevention of new infections in children and life-long care and treatment for women living with HIV)

“Stay Free” (prevention interventions to keep young women and adolescent girls and their male partners free of HIV)

“AIDS Free” (treatment and care of children and adolescents living with HIV)



KNOWLEDGE NUGGET**WHAT YOU NEED TO KNOW ABOUT
ORAL HIV SELF-TEST****WHAT IS ORAL HIV SELF-TEST (HIVST)?**

Oral HIV self-test is a screening test that can be easily done with no need for needles or finger prick. You can test yourself in the privacy of your home, when you feel ready, or at the facility, with or without the support of the counsellor or nurse. This is a new initiative by the Ministry of Health of Swaziland.

**WHO CAN HAVE ACCESS TO
ORAL HIVST?**

The Oral HIVST is intended for people who are over the age of 16 years.

**WHAT HAPPENS IF YOU
ARE ON ART?**

If you are HIV Positive and on ART, This test will NOT work for YOU.

**HIV Self Testing
Benefits**

- Increase access to testing and earlier diagnosis for people living with HIV.
- People who self test also experience greater convenience, autonomy and privacy when testing, and this may provide an option for individuals who are not using existing HTC services or those who do not have regular contact with (or access to) health services where HIV testing is offered.
- Key populations (including men who have sex with men, transgender people, sex workers and people who inject drugs) may benefit from self-testing, as might members of the general population in areas with a high prevalence of HIV (including health workers, couples and partners, serodiscordant partners, adolescents and re-testers).
- HIV self-testing may reduce sexual risk behaviour and increase testing frequency among men who have sex with men, and that HIV self-testing may also facilitate voluntary disclosure within couples.

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

An HIV free generation and AIDS free population

MISSION

Improving the health of the people of Swaziland through an effectively coordinated health sector response to HIV.

Other activities April– June:

- Men’s Health Campaign Launch
- TB Seminar
- Regional Health Semi-Annual Review

Upcoming activities in the next Quarter:

- Training of Expert Clients
- International Trade Fair
- PrEP demonstration project

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

Editors:

- Ms Ncinci Shabangu
- Mr Muhle Dlamini
- Ms Jilly Motsa
- Ms Janet Ongole
- Ms Bongwe Mazibuko

Contributors:

- Key Population –MsSindy Matse
- HTC – Ms Lenhle Dube
- Psychological care & support –Ms Promise Dlamini
- STI– Mr Mphumelelo Mavimbela
- DR Pasipamire Munyaradzi
- DR Nomthandazo Lukhele
- RAC-Hhohho-Ms Nonhlanhla Dlamini
- Quality assurance-Ms Thembi Dlamini
- National TB/HIV advisor- DR Nicholas Kisyeri

This document was supported through technical support by the United States President Emergency Plan for AIDS Relief (PEPFAR), funded through the Centres 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 Centres for Disease Control and Prevention or the Department of Health and Human Services.

