

Country progress report - Eswatini

Global AIDS Monitoring 2020



the 1990s, the number of people in the world who are poor has increased from 1.1 billion to 1.5 billion.

There are a number of reasons why the number of people in the world who are poor has increased. One reason is that the world's population has grown rapidly. Another reason is that the world's economy has not grown fast enough to keep pace with the population growth.

There are a number of things that can be done to help reduce the number of people in the world who are poor. One thing is to help the world's economy grow faster. Another thing is to help the world's population grow more slowly.

There are a number of things that can be done to help the world's economy grow faster. One thing is to help the world's countries trade more with each other. Another thing is to help the world's countries invest in infrastructure.

There are a number of things that can be done to help the world's population grow more slowly. One thing is to help the world's countries provide better family planning services. Another thing is to help the world's countries provide better education for women.

There are a number of things that can be done to help the world's countries provide better family planning services. One thing is to help the world's countries provide better information about family planning. Another thing is to help the world's countries provide better access to family planning services.

There are a number of things that can be done to help the world's countries provide better education for women. One thing is to help the world's countries provide better access to education for women. Another thing is to help the world's countries provide better quality education for women.

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Overall

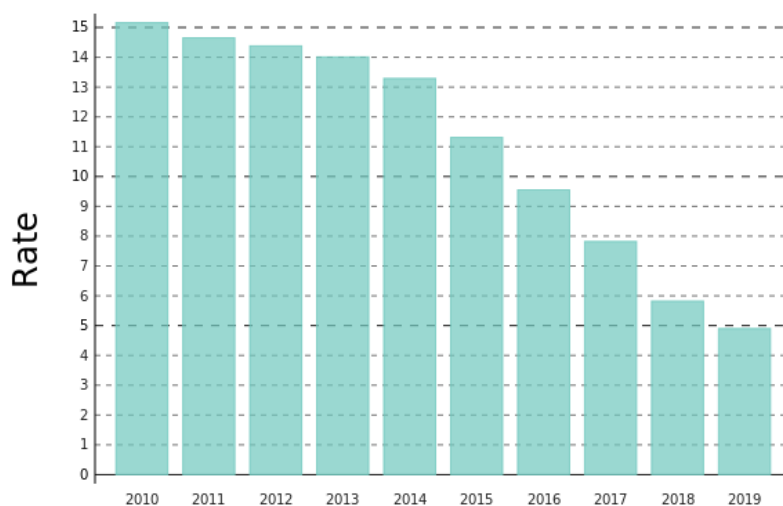
Fast-track targets

Progress summary

The country has exceeded targets on HIV treatment coverage and PMTCT. However, HIV prevention approaches shows disproportionate results, whereby adolescent girls and young women are lagging behind. Innovative HIV interventions to improve HIV protection knowledge (e.g Life Skills Education in primary and secondary schools) are being rolled-out. PrEP services are being rolled out in all health facilities in the country. HIV and SRHR services are integrated, and delivered within human rights and gender-sensitive context. Gender based violence is still a challenge. The country has passed the Sexual Offences and Domestic Violence Act in 2018. The Act will contribute to prevention and prosecution of GBV cases. HIV investment has flattened, but sufficient to sustain the AIDS response.

3.1 HIV incidence rate per 1000, Eswatini (2010-2019)

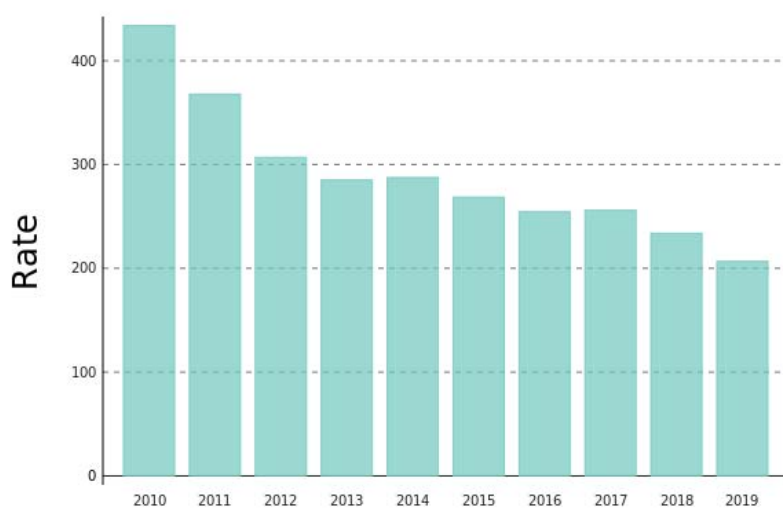
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Eswatini (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

The country has achieved 90-90-90.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

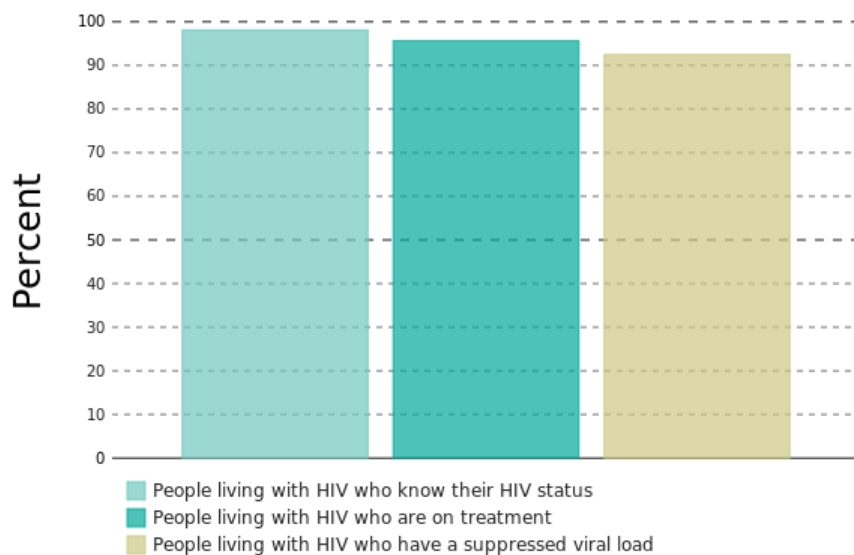
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

b) For children

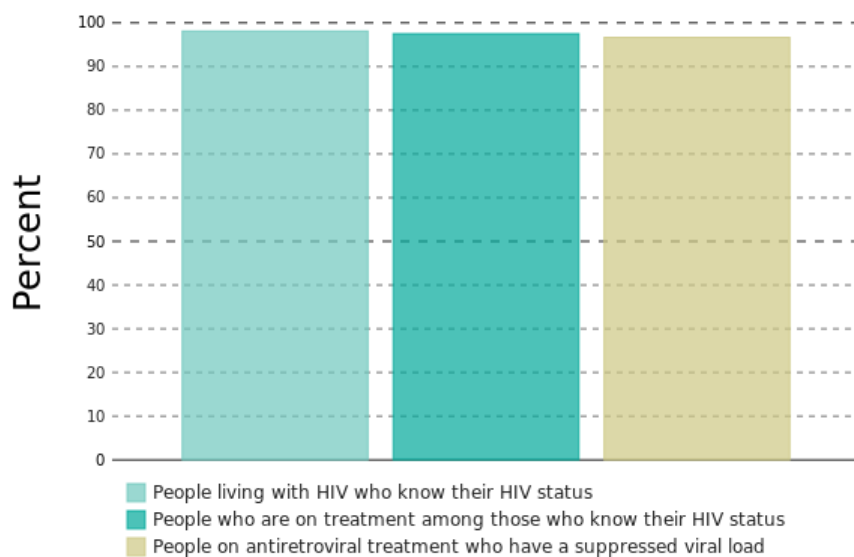
Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Eswatini (2019)



Source: Spectrum file

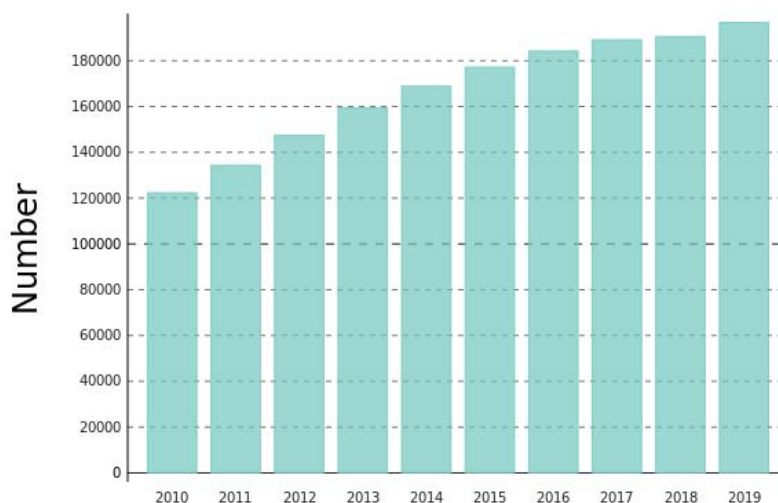
Progress towards 90-90-90 target, Eswatini (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Eswatini (2010-2019)

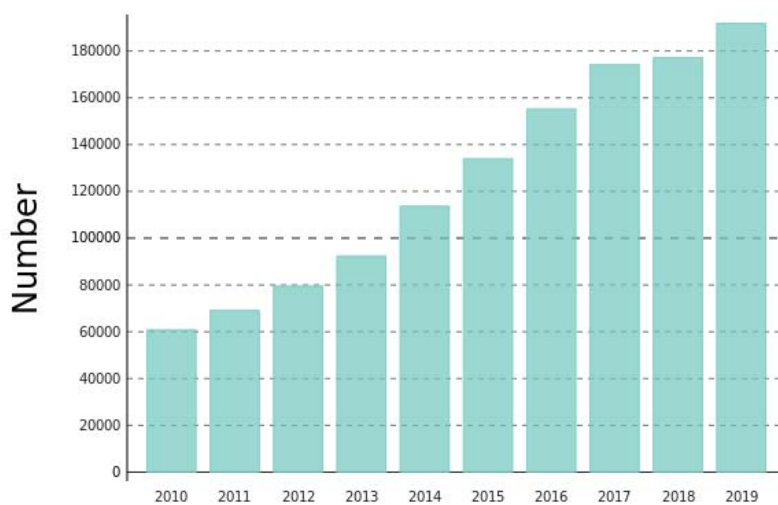
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Eswatini (2010-2019)

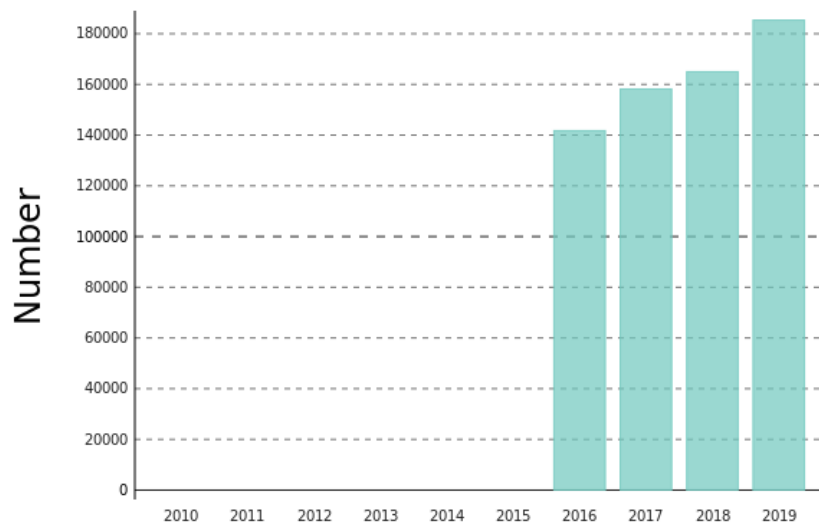
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Eswatini (2010-2019)

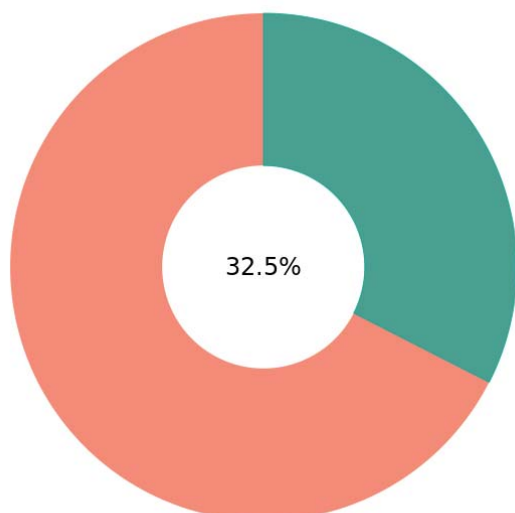
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

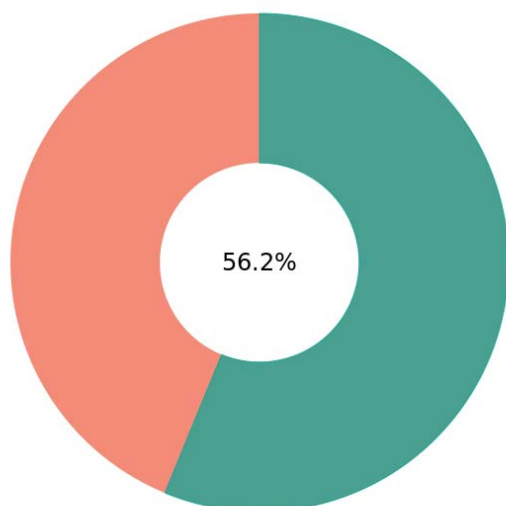
1.4 Late HIV diagnosis, Eswatini (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period



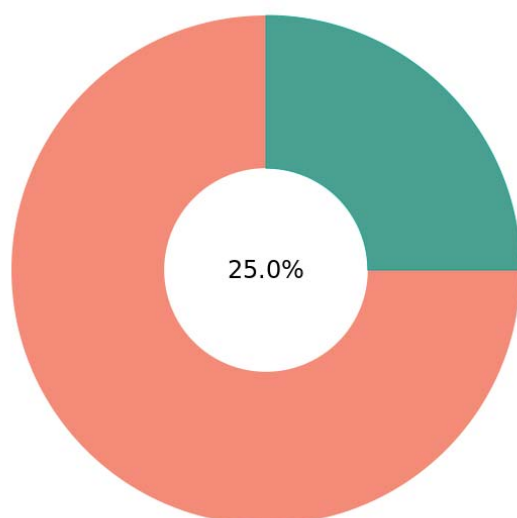
1.4 Late HIV diagnosis, Eswatini (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm³ during the reporting period



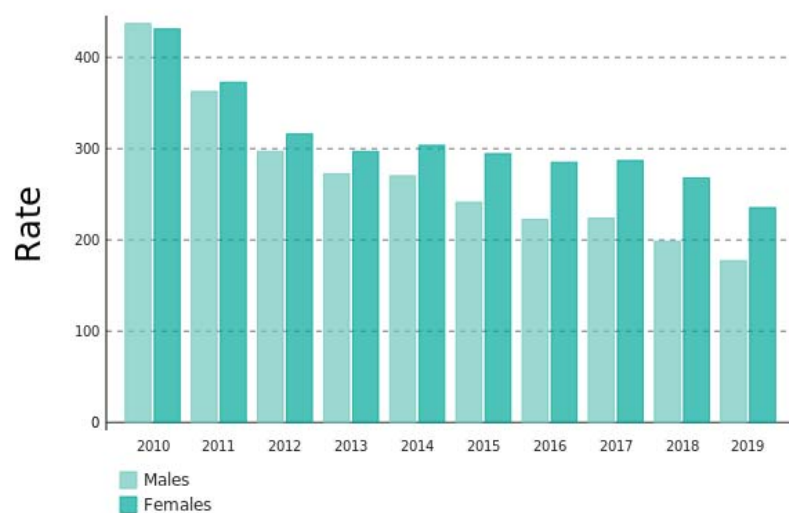
1.5 Antiretroviral medicine stock-outs, Eswatini (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



1.6 AIDS mortality rate per 100 000, Eswatini (2010-2019)

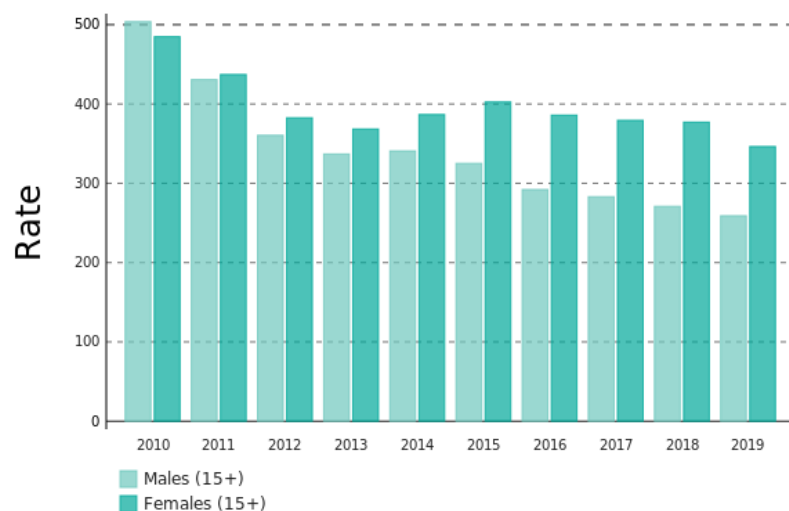
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Eswatini (2010-2019)

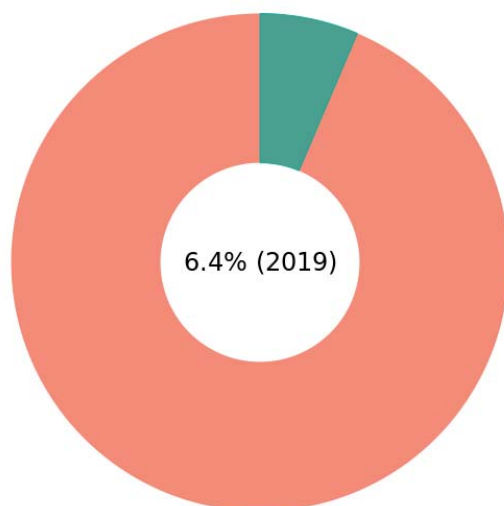
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 HIV testing volume and positivity, Eswatini

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 373 934

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

The country is on track for elimination of mother to child transmission of HIV. PMTCT coverage is above 95%

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: <5%; 2022

Elimination target(s) (such as the number of cases/population) and year: <500/100000; 2022

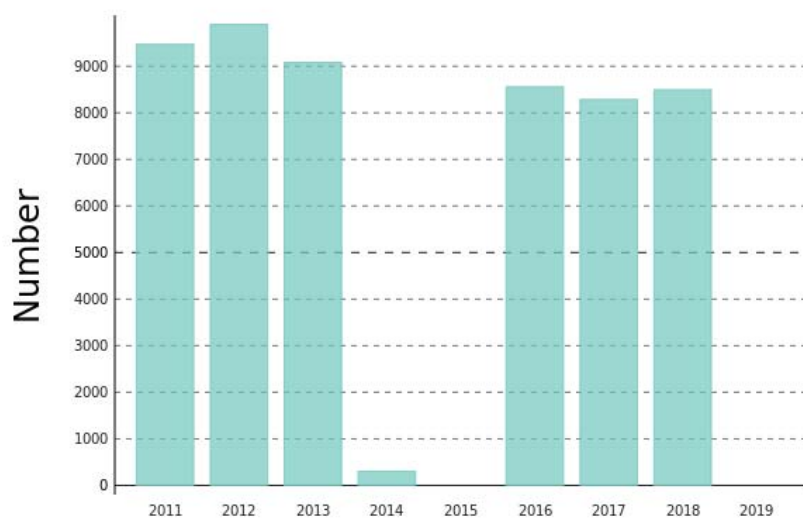
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

-

-

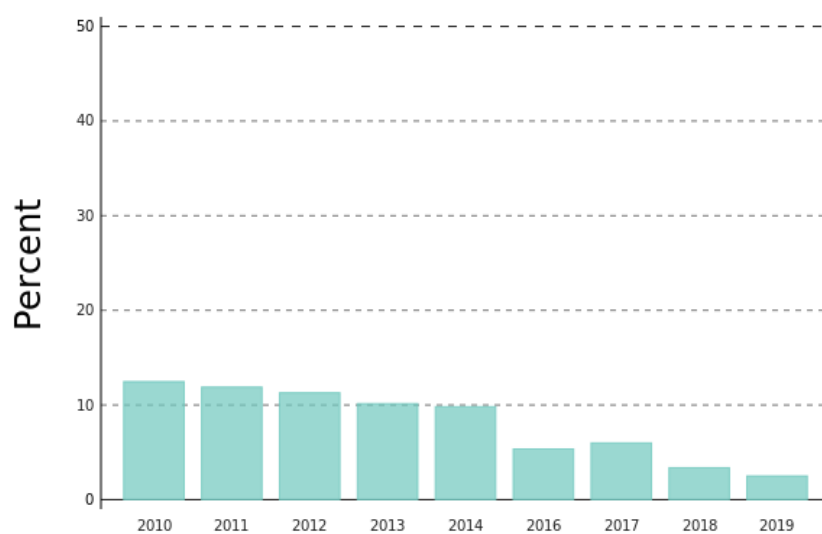
2.1 Early infant diagnosis, Eswatini (2011-2019)

Number of infants who received an HIV test within two months of birth



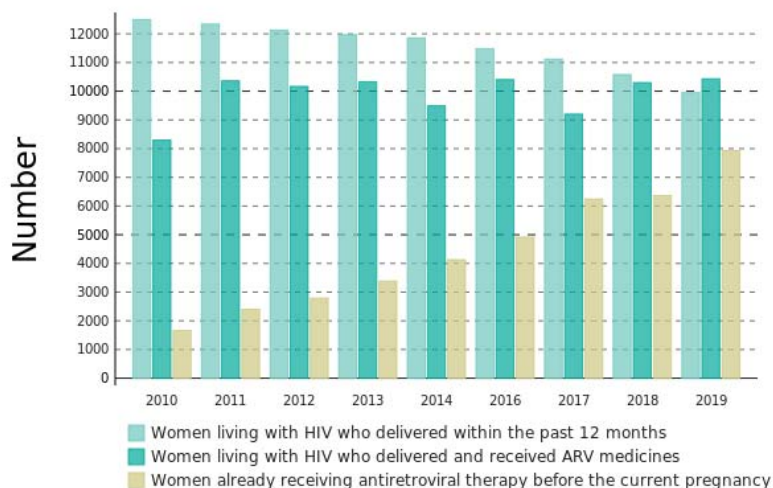
2.2 Mother-to-child transmission of HIV, Eswatini (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

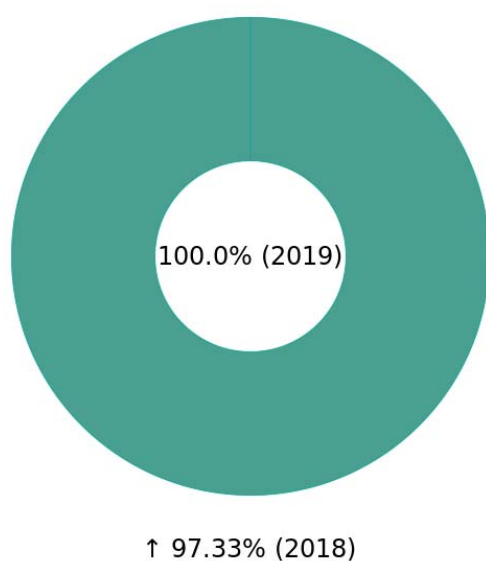
2.3 Preventing mother-to-child transmission of HIV, Eswatini (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Eswatini (2018-2019)

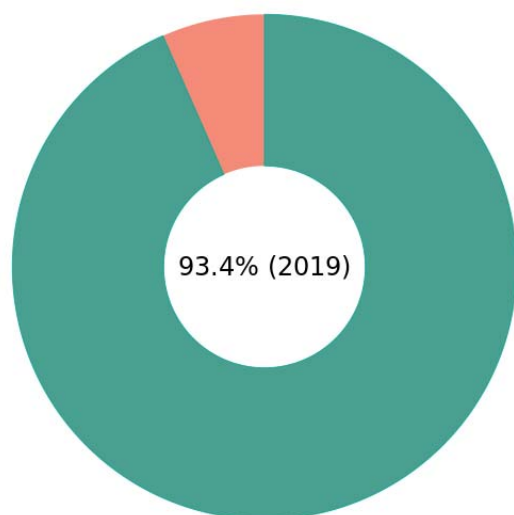
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

2.6 HIV testing in pregnant women, Eswatini (2018-2019)

Percentage of pregnant women with known HIV status



↑ 0% (2018)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

PrEP services have been rolled out in all health facilities in the country. VMMC performance falls of short targets. VMMC programme is receiving programmatic and resource investment from government and stakeholders.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Other punitive and/or administrative regulation of sex work

Men who have sex with men

- Yes, imprisonment (up to 14 years)

Is drug use or possession for personal use an offence in your country?

- Drug use or consumption is specified as a criminal offence
- Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- Other non-discrimination provisions specifying sexual orientation

People who inject drugs

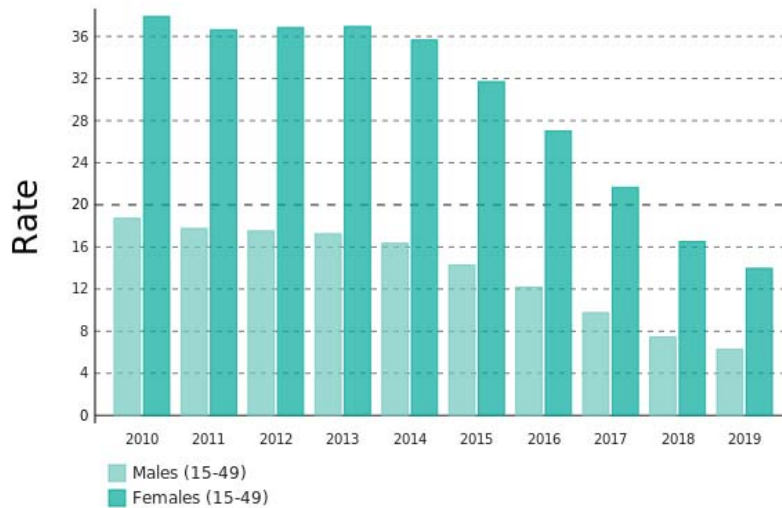
- Yes

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed but are not yet being implemented

3.1 HIV incidence rate per 1000, Eswatini (2010-2019)

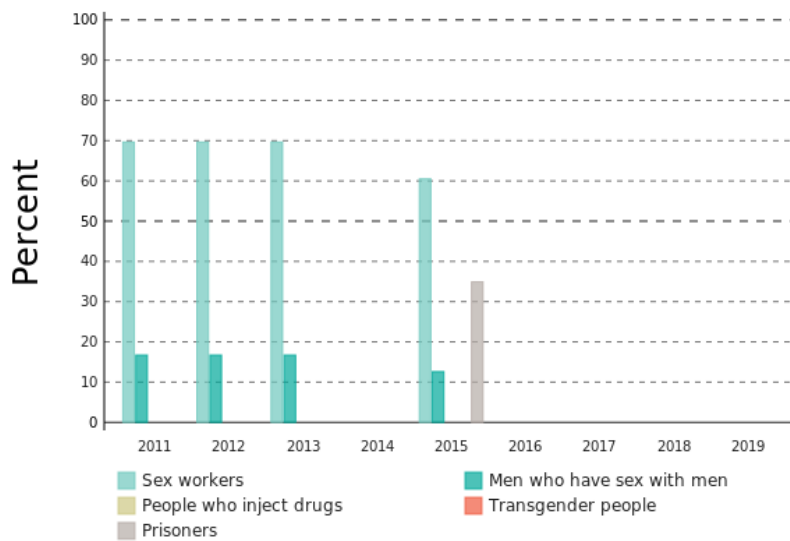
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

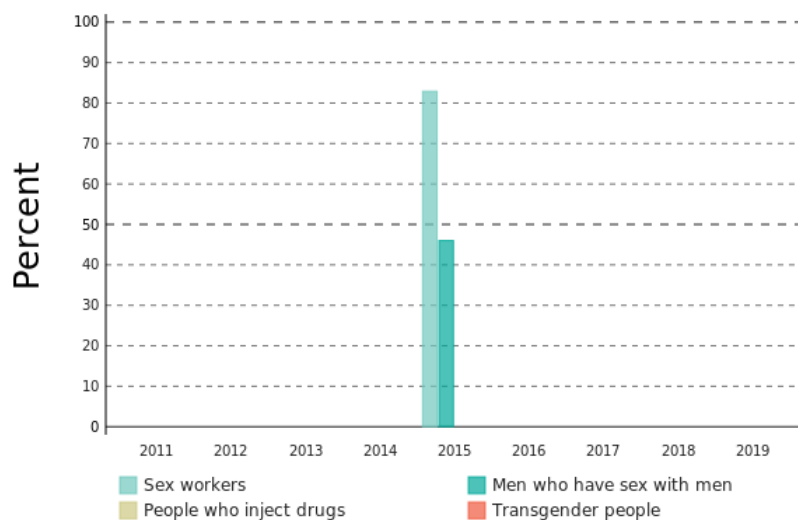
3.3 HIV prevalence among key populations, Eswatini (2011-2019)

Percentage of specific key populations living with HIV



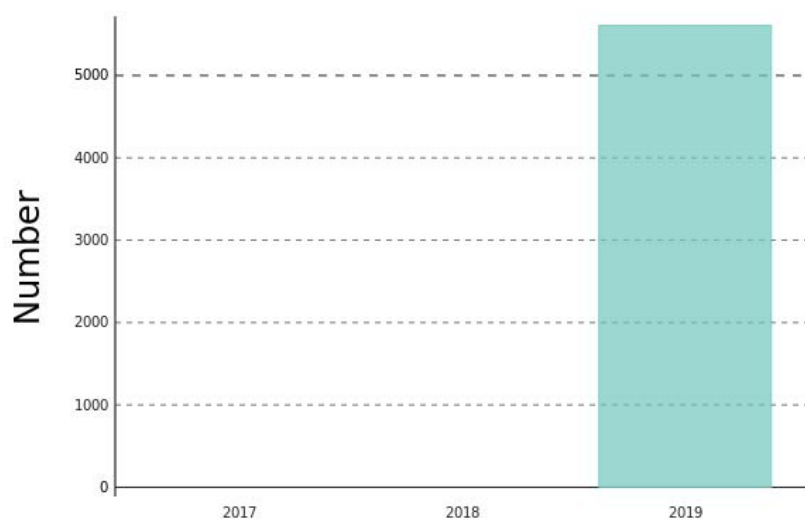
3.6 Condom use among key populations, Eswatini (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



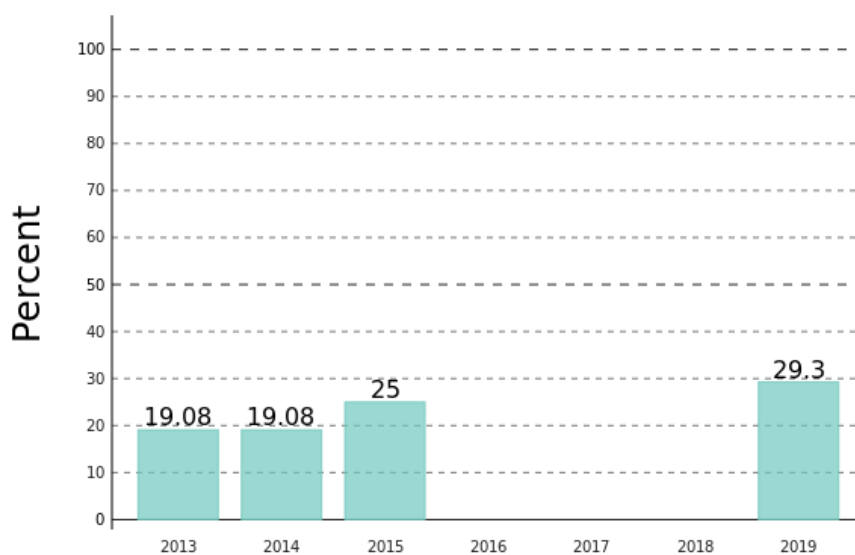
3.15 People who received pre-exposure prophylaxis, Eswatini (2017-2019)

Total number of people who received oral PrEP at least once during the reporting period



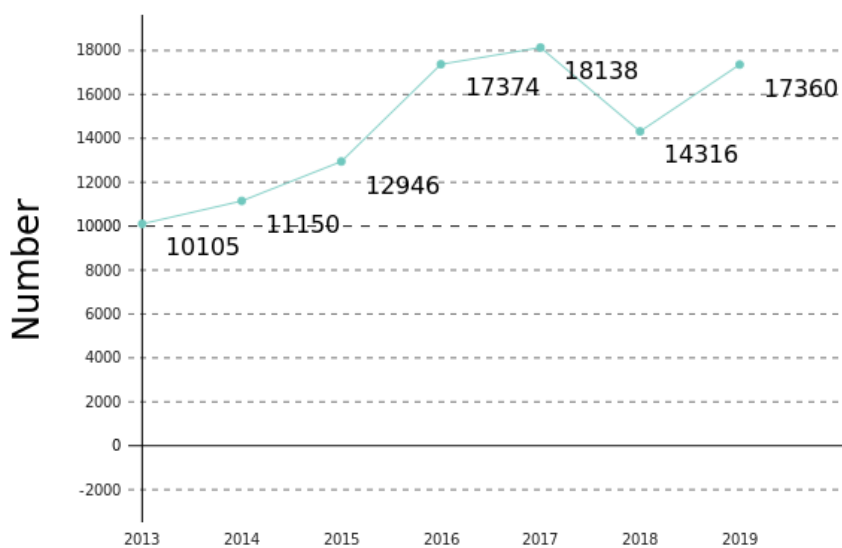
3.16 Prevalence of male circumcision, Eswatini (2013-2019)

Percentage of men 15-49 that are circumcised



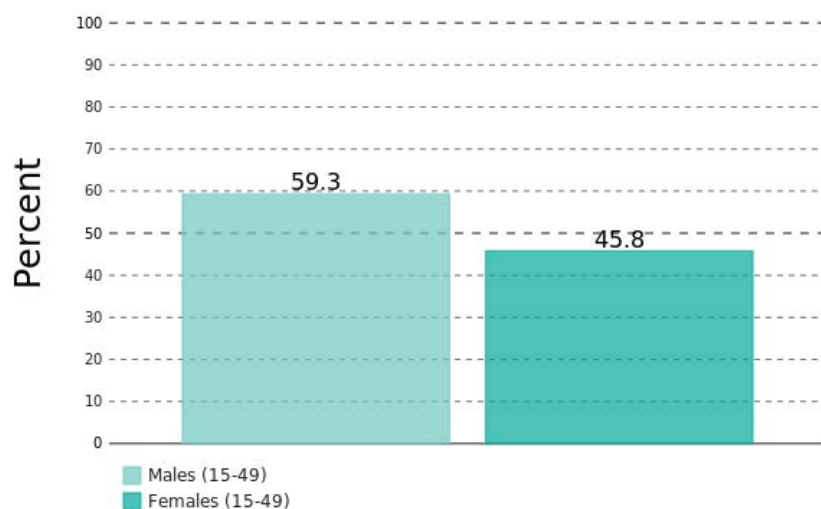
3.17 Annual number of males voluntarily circumcised, Eswatini (2013-2019)

Number of male circumcisions performed according to national standards during the past 12 months



3.18 Condom use at last high-risk sex, Eswatini (2017)

Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months



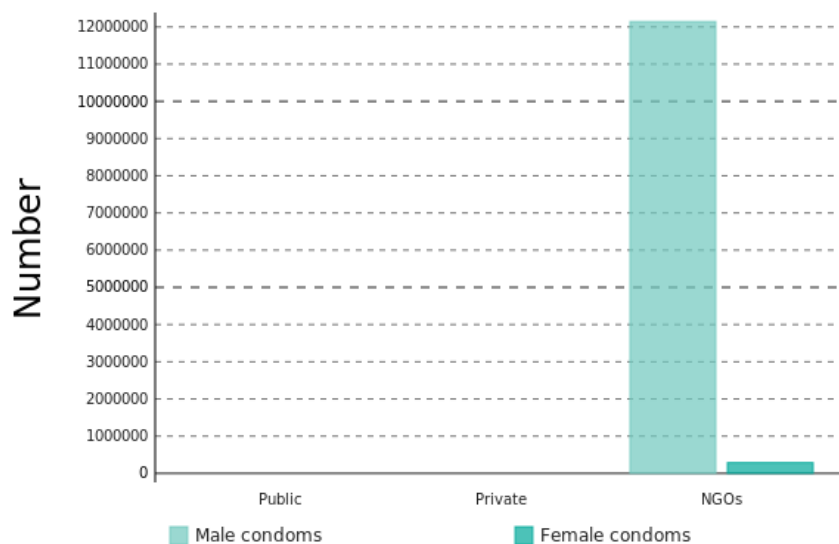
3.19 Annual number of condoms distributed, Eswatini (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Eswatini (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

The country is making progress on this commitment. The country has passed the Sexual Offences and Domestic Violence Act in 2018 and it received royal assent. SODV Act 2018 criminalizes marital rape and other domestic offences. People living with HIV completed the HIV Stigma Index survey in 2019 with the support of Government, and partners.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Explicit criminalization of marital rape
- Protection of unmarried intimate partners

What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence*
- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

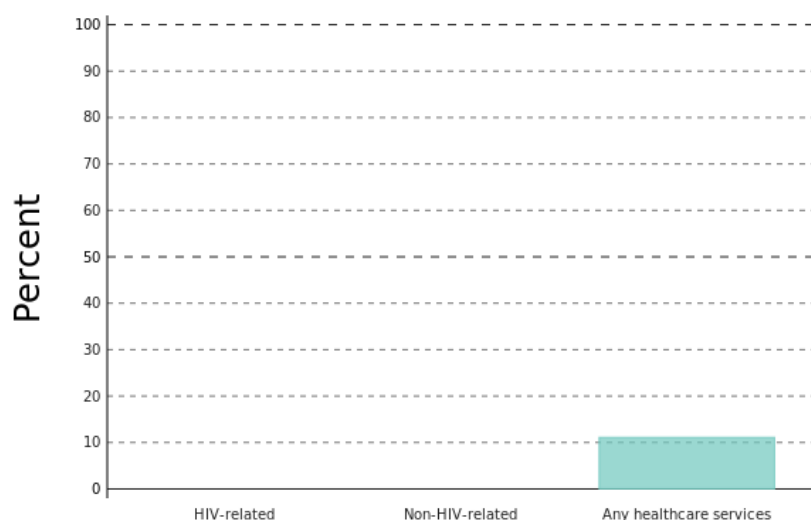
Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

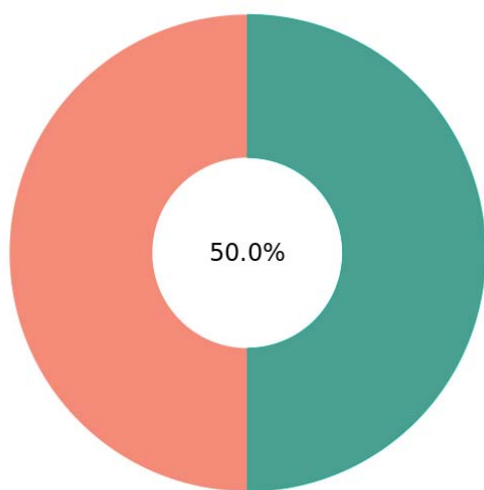
No, but prosecutions exist based on general criminal laws

4.4 Experience of HIV-related stigma and discrimination in healthcare settings, Eswatini (2019)

Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings - disaggregated by type of health service



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

The low levels of knowledge of HIV prevention among young people (15-24 years) are bottleneck to HIV prevention. Integrated Youth Friendly services are provided at health facilities. Life skills education is being rolled out in primary and secondary schools in the country.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

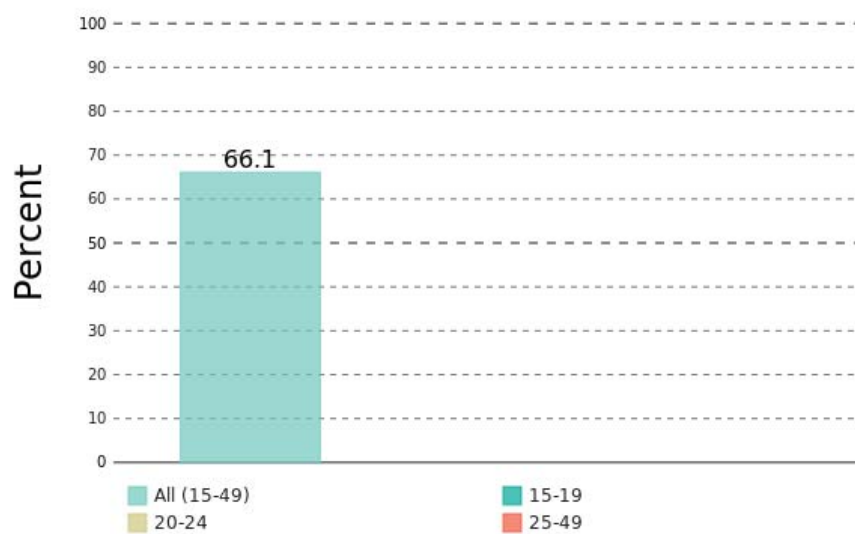
Yes

c) Teacher training

Yes

5.2 Demand for family planning satisfied by modern methods, Eswatini (2019)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

The country has free primary education which benefits all children - including children living with HIV and AIDS orphans. The country has education grant for OVCs at the secondary and high schools.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

- Sex workers
- Gay men and other men who have sex with men
- Transgender persons
- People who inject drugs
- Prisoners

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

No

f) Does it recognize families affected by HIV as key beneficiaries?

No

g) Does it address the issue of unpaid care work in the context of HIV?

No

What barriers, if any, limit access to social protection programmes in your country?

- Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

The country has community programmes which includes differentiated service delivery models, community and self-testing, community refills for HIV treatment, and expect clients for the linkages of people tested positive to HIV treatment enrollment. However, most of the community services are initiated by health outreach programmes, and not community-led. There are pilot interventions aimed at empowering community leaders to generate data which could inform their HIV programmes.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

Yes

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

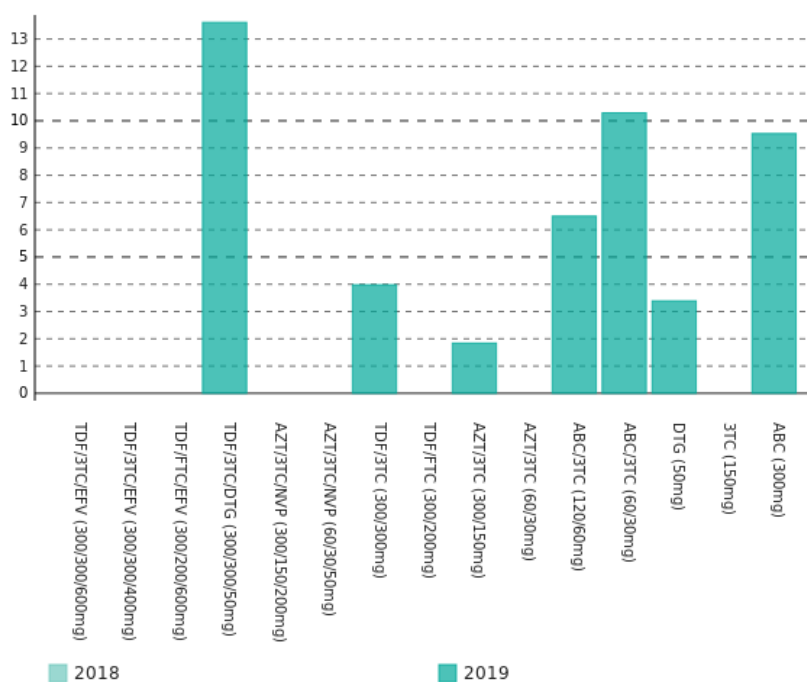
HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

HIV investment has been disbursed at the level adequate to sustain the response. About 8% of HIV resources are allocated to HIV prevention, and the allocation to social enablers is short of the target.

8.2 The average unit prices of antiretroviral regimens (in US\$), Eswatini (2018-2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The country has developed and is implementing key population guidelines for the police and other law enforcement.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Complaints procedure
- Mechanisms of redress

What barriers in accessing accountability mechanisms does your country have, if any?

- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

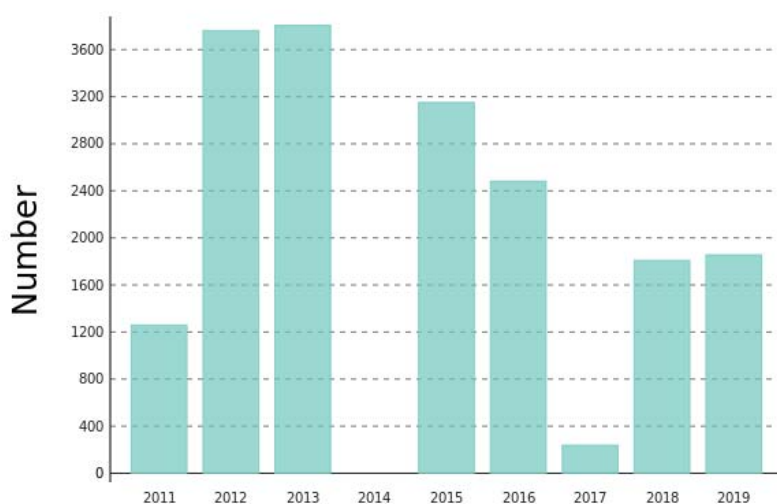
Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

The country provides integrated services for HIV, TB, cervical and hepatitis.

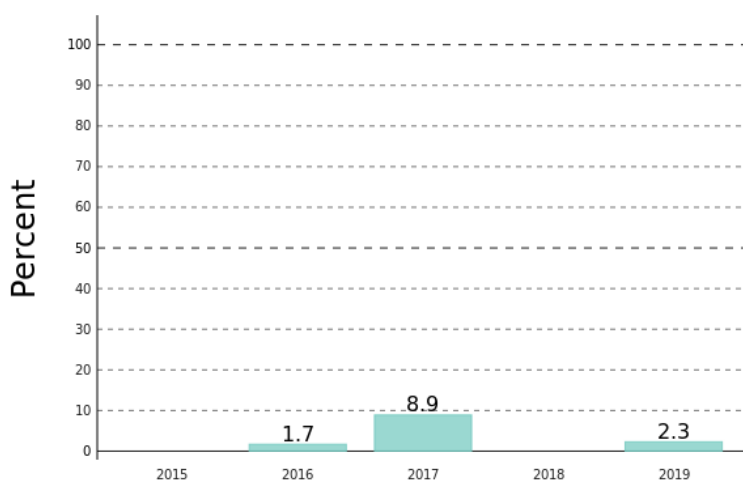
10.1 Co-managing TB and HIV treatment, Eswatini (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



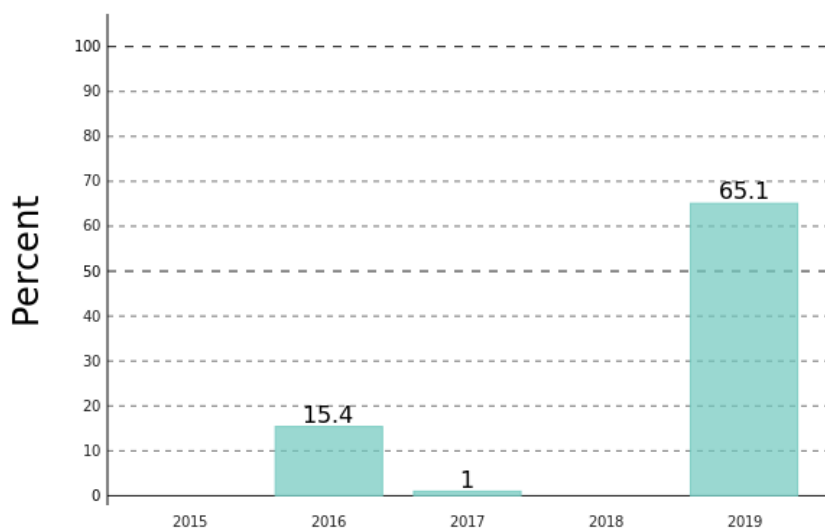
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Eswatini (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Eswatini (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



10.4/10.5 Sexually transmitted infections, Eswatini (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

