Community HIV testing continuity in the context of COVID-19 lockdown and physical distancing in Eswatini

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Population: 1,140,000
Rural population: 76%
Median age: 21.7 years

HIV prevalence, age 15-49 (2018)
- HIV: 27%
- No HIV: 73%

Achieved all three 90s (2018)

Botswana  Eswatini  Namibia
Denmark  Netherlands  United Kingdom

Proportion PLHIV unaware of HIV-positive status (2016-7)
- 15 - 24 y.o. LHIV*: 34%
- Male LHIV: 23%
- Urban pop. LHIV: 20%
- Female LHIV: 11%
- Total pop. LHIV: 15%

*LHIV = living with HIV
HIVST in Eswatini

- Oral HIV self-tests piloted in 2017
- STAR project began in 2017 in Eswatini, largest evaluation of HIV self-testing worldwide
- Scale-up in 2019 with PEPFAR support; multiple implementing partners in communities and in facilities

National AIDS Program guidance on HIVST:

**Targeted populations:**
1. Young women (16–24)
2. Men (all ages)
3. Key Populations

**Distribution in the community:**
1. At workplaces (factories; manufacturing plants; logistics companies)
2. Community hotspots/events
3. Index contact tracing

**Distribution in health facilities:**
1. At high-volume health facilities
2. Secondary distribution to pregnant women, clients with STIs; PLHIV

**PSI Eswatini supports MOH in**
- community HIV testing,
- community ART initiation and
- HIV prevention interventions
- NCD interventions in all four regions of the country.

Tihlole wena! Do it yourself!
COVID-19 in Eswatini

28 March 2020: National lockdown announced
- Non-essential businesses closed
- Pharmacies, healthcare facilities, food stores open
- Work from home order in place
- Community HTS paused thus previous HIVST distribution channels inaccessible; fewer clients accessing health facility services

As of June 29:
- Total population of Eswatini: 1,140,000
- Total number of confirmed cases: 795 (7 per 10,000 people)
- Total recoveries: 380 (48%)
- Total deaths: 11 (0.01% mortality rate)
Recommendation for HIV testing services from Ministry of Health

In order to ensure continuity of HIV testing services with less risk for healthcare workforce and the community MOH is recommending:

1. That community HTS counselors may be used in facilities to provide HTS eligibility screening and risk assessment, contact elicitation and contact follow up through phone calls.

2. The use of HIV self-testing distribution to reach contacts of positive patients identified in the facility. Only contacts screening positive with the self-test kit should attend the facility for the purpose of confirmation.

3. Community distribution of HIV self-test kits in the community by HTS counsellors using only pharmacies and shops as channels for distribution.

Your continued support and cooperation is always appreciated.

Yours sincerely,

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**MODALITY:**

Index contact tracing in the community

- HCW elicits contacts from a newly diagnosed PLHIV
- HCW approaches the associates of a PLHIV to do assisted onsite HIVST
- Reactive HIVST can be confirmed onsite – meet the client where they are

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**MODALITY:**

Primary & secondary distribution at pharmacies and food shops

- Eligibility screening and risk assessment is conducted
- Consent for follow up
- Phone call for follow up support, including linkage to prevention and HIV treatment

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**HIV self-testing at PSI Eswatini: before and after lockdown**

Total number of HIVST kits distributed (2019/2020)

- November: 1220
- December: 379
- March: 677
- April: 14104
- May: 9019

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**Lockdown**
Distribution in front of pharmacies; grocery stores
Distribution of oral HIVST kits during lockdown, April & May 2020

Primary HIVST distribution by sex
(n=18,564)

Primary HIVST distribution by age, sex and testing frequency
(n=18,564)
Further analysis of never-testers

Number of clients received HIVST kits (primary distribution) who had never tested for HIV before, April - May 2020 (n=3,213)

17% of all clients reached had never tested for HIV in the past:

- 53% of those were males (n=1,714)
- 13% were age 40+ (n=423)
Linkage to care cascade; follow-up calls in April, May 2020

- Successfully reached (primary) 5090 (89%)
- Used kit 4508
- Reactive 151 (3%)
- Already on ART 64
- Newly diagnosed 39
- Initiated ART 23

Total 59% | Reactive 42% | Newly diagnosed 45%
Conclusions

- **Community HTS** are an important component of HTS in Eswatini, so we were required to act quickly to continue providing this important service to the public.
- **Rapid adaptation** of HTS after lockdown: both by MoH & by HTS partners.
- HIVST is ideal for **physical distancing** and screening for HIV.
- This modality is likely playing an important role in normalizing HTS, decreasing HIV-testing related **stigma** & creating demand for the HIV self-test.
- **Reaching clients we normally wouldn’t** through our standard targeted means (e.g. clients who may not go to sports events; cultural events; at the typical workplaces that we service; tertiary institutions.)
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