

## STRATEGIC FOCUS

The overarching goal of U.S. Centers for Disease Control and Prevention (CDC) remains to support the Government of the Kingdom of Eswatini to achieve and sustain HIV epidemic control, provide high-quality client-centered HIV services to people living with HIV (PLHIV), and continue to rapidly reduce the number of new infections. The program activities are guided by and aligned to Eswatini's National Multi-Sectoral Strategic Framework for HIV and AIDS 2018-2022. CDC is focused on strengthening crucial systems that support information systems, supply chain, infection surveillance, and laboratory capacity in Eswatini.

**Improving coverage and quality of HIV/TB treatment services through strategic approaches:** CDC is supporting the development of integrated regional service delivery mechanisms focusing on facility and community-based service delivery through collaboration with and capacity building of the Ministry of Health's (MOH) Regional Health Management Teams (RHMTs):

- Formulate key policies, strategies, and procedures to guide towards epidemic control; implement quality management systems to attain laboratory and referral facility certifications; and provide supportive supervision and mentorship.
- Strengthen strategic information systems to ensure accurate data collection and reporting to monitor progress and guide strategic decision-making to achieve the UNAIDS 95-95-95 global objectives by ensuring 95% of all PLHIV knowing their HIV status, 95% of those who know their HIV status are on antiretroviral therapy (ART), and 95% of those on ART are virally suppressed.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**Strategic Information:** CDC is supporting the Government to conduct SHIMS3, the Eswatini Population-based HIV Impact Assessment. The survey will provide critical results on the country's latest progress towards HIV epidemic control. With support from CDC, the Government is also undertaking efforts to plan for the second Violence Against Children Survey in 2022. Additional support goes to the MOH's National Health Research and Innovation Department (NHRID), Epidemiology and Disease Control Unit (EDCU), and the Central Statistical Office (CSO) to promote routine collection, use, and dissemination of data for effective programming and policy making.

**Prevention, Treatment, Linkage and Retention:** CDC and its implementing partners provide central and regional-level support to the Eswatini National AIDS Program and the National TB Control Program. CDC supports two administrative regions (Manzini and Lubombo) to provide comprehensive TB and HIV prevention and treatment services. The initial drive was to increase coverage of services, but as the country is nearing epidemic control, there is increased focus on improving quality of services provided with the goal of minimizing interruption in treatment, maximizing viral load suppression and ultimately reducing onward HIV transmission.

**Regional Health Management Teams:** have been capacitated to provide oversight on all HIV and TB service provision in the supported regions (Manzini and Lubombo) in line with national objectives and guidelines. The goal is to create a seamless management process from the facility through the RHMTs to the Directorate level.

**Continuous Quality Improvement:** All high-volume CDC-supported facilities are assessed through the Site Improvement Monitoring System to improve quality of service delivery and increase impact. The data is linked with Facility HIV Semi-Annual Reviews, Regional HIV Semi-Annual Reviews and National HIV Semi-Annual Reviews. These management review meetings, organized by the MOH and supported by CDC, provide site, regional, and national-level performance feedback to health providers and program implementers.

**Pharmaceutical and Laboratory:** Extensive pharmaceutical policies, drug procurements and stock management protocols, and drug storage and distribution have been achieved. Investments in laboratory quality management systems, sample transportation, and expansion of diagnostic platforms have led to achievement of high viral load and early infant diagnosis coverage as well as improved access to TB diagnosis. The systems and infrastructure have allowed Eswatini to rapidly incorporate COVID-19 diagnostics and surveillance into the national system.

**Addressing TB:** CDC supports comprehensive TB/HIV activities, including routine TB screening and diagnostic systems capacity, integrating TB/HIV services, management of TB/HIV coinfection and multidrug-resistant TB, and provision of TB preventive therapy for all eligible PLHIV.

## Key Country Leadership

Prime Minister:  
Cleopas Dlamini

Minister of Health:  
Senator Lizzy Nkosi

U.S. Ambassador:  
Jeanne M. Maloney

CDC/DGHT Director:  
Dr. Michelle Adler

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$3,580 (2020)

Population (millions):  
1.16 (2020)

Under 5 Mortality:  
49/1,000 live births (2019)

Life Expectancy:  
60 years (2019)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 35.0% (2020)

Estimated AIDS Deaths  
(Age ≥15): 2,200 (2020)

Estimated Orphans Due to  
AIDS: 53,000 (2020)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
195,374 (2020)

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

Estimated TB Incidence:  
363/100,000 population  
(2019)

TB Patients with Known HIV-  
Status who are HIV-Positive:  
66% (2019)

TB Treatment Success Rate:  
90% (2018)

Estimated TB Mortality:  
84/100,000 population  
(2019)

## DGHT Country Staff: 11

Locally Employed Staff: 8  
Direct Hires: 3  
Fellows & Contactors: 00

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

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