

LINKAGES ESWATINI

Summary of Achievements

October 2016–September 2020

From October 2016 to September 2020, the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Eswatini in partnership with government stakeholders, key population (KP) individuals, and local civil society organizations, with support from the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The project aimed to reduce HIV transmission among KP groups through improving enrollment and retention in care among KP individuals living with HIV. The project developed and introduced multiple strategic approaches to ensure KP individuals were reached and supported with HIV prevention, care, and treatment services, including hot spot mapping, differentiated testing and treatment models, pre-exposure prophylaxis (PrEP) delivery, and stigma reduction interventions. The project also supported capacity strengthening of the Ministry of Health (MOH) and KP-led organizations in coordinating and implementing KP-focused HIV programming, respectively. This brief summarizes the achievements of the LINKAGES project in Eswatini.

BACKGROUND

Starting in October 2016, the LINKAGES project in Eswatini was implemented in close collaboration with the MOH and five local KP-led organizations: House of Our Pride (HOOP), Rock of Hope (ROH), Health Plus 4 Men (HP4M), Voice of Our Voices (VOOV), and TransSwati. The project initially only provided services to men who have sex with men (MSM) and female sex workers (FSWs). In September 2019, it expanded to serve transgender people and people who inject drugs (PWID), beginning with a formative assessment to understand transgender and PWID community networks and needs.

LINKAGES' KP-led partners played an essential role in reaching and serving KP individuals. Each partner focused on different KP groups, interventions, and geographies (Table 1). Services to PWID were provided directly by LINKAGES. During the first three years of implementation, LINKAGES collaborated with Pact Eswatini to strengthen the organizational capacity of KP-led partners. Under the leadership of MOH, LINKAGES provided overall technical

Highlights

- Conducted two annual hot spot mapping exercises of FSWs, MSM, PWID, and transgender people, resulting in a 76% increase in hot spots identified
- Conducted the second integrated biological and behavioral surveillance survey (IBBSS) and size estimation study among FSWs and MSM, informing national KP programming
- Provided HIV testing services (HTS) to 11,343 KP individuals, identifying 1,060 (9%) new HIV-positive cases and initiating 89% of those people on antiretroviral therapy (ART)
- Started groundwork to inform national programming for transgender people and PWID, including engaging transgender partners to define their health needs and priorities and conducting hot spot mapping for transgender and PWID populations
- Supported MOH in rolling out PrEP services nationally, initiating 2,044 KP individuals and engaging a PrEP Ambassador to create demand and navigate clients to clinical services
- Integrated gender-based and intimate-partner violence screening into index testing and PrEP services and provided psychosocial services to KP members who experienced violence
- Responded to the COVID-19 pandemic by strengthening provision of virtual services for demand creation and adherence monitoring; and decentralizing services to avoid crowding health facilities
- In collaboration with KPs and MOH, addressed structural barriers to access HIV services through sensitization and trainings on stigma, discrimination, and violence interventions among police and health care workers
- Transitioned program implementation to four local KP-led organizations and provided technical and organizational capacity assistance
- Ensured coordination and collaboration among KP-led organizations, allowing for joint program planning, performance reviews, and cooperative implementation at hot spots, district, regional and national levels

support on KP programming to health facilities and all partners. LINKAGES also provided clinical services to KP members mobilized and reached by Global Fund partners.

LINKAGES Eswatini introduced multiple testing strategies that were more effective than previous approaches and resulted in increased uptake of HIV testing and improved HIV case finding. LINKAGES was instrumental in expanding the identification of KP groups at a national level through conducting

the first programmatic hot spot mapping and size estimation. Through these interventions, the project provided the MOH with robust information about KP mobility and their risk networks. The mapping resulted in increased reach and service coverage for KPs at the national level. The program also supported MOH to improve the enabling environment for HIV prevention and treatment service delivery by sensitizing and training health care workers and police officers in addressing stigma, discrimination, and gender inequalities.

Table 1. LINKAGES Eswatini partners

Organization	Target Population	Core Focus	Coverage (Region)
House of Our Pride (HOOP)	MSM	Demand creation for HIV clinical services	Manzini, Lubombo
Health Plus 4 Men (HP4M)	MSM	Demand creation for HIV clinical services	Hhohho, Shiselweni
Rock of Hope (ROH)	All KPs	Stigma reduction in health and police facilities; Going Online; development of information, education, and communication (IEC) materials	Manzini, Lubombo, Hhohho, Shiselweni
Voice of Our Voices (VOOV)	FSWs	Demand creation for HIV clinical services	Manzini, Lubombo, Hhohho, Shiselweni
TransSwati	Transgender people	Demand creation for HIV clinical services	Manzini, Hhohho
Pact Eswatini	LINKAGES KP-led partners	Capacity development for all KP-led partners	Not applicable

Table 2. Core package of services

Prevention	Treatment
<ul style="list-style-type: none"> • Peer education • Risk segmentation, counseling, and risk-reduction planning • Condom and lubricant promotion and distribution • Referral to VMMC services • HIV testing and counseling through enhanced peer outreach approach (EPOA), risk network referrals (RNR), index testing, and HIV self-testing (HIVST) • PrEP screening, initiation, and refills • Violence prevention, screening, and referral to medical, psychosocial, and legal services • Syndromic screening, testing, and treatment • Stigma and discrimination reduction through sensitizations and trainings for health workers and police officers 	<ul style="list-style-type: none"> • Peer-led navigation to link to ART services • Community-based ART initiation and refills • Peer-led appointment reminders • Peer-led ART adherence support and monitoring • Psychosocial care and adherence to ART through a professional counselor • Undetectable = untransmissible (U=U) messaging and counseling • Laboratory monitoring, including CD4 and viral load testing • Peer-led tracing of PLHIV lost to follow up prior and after ART initiation • Opportunistic infections screening and referral for treatment • Integrated COVID-19 and tuberculosis (TB) screening and referrals for COVID-19 testing and TB treatment or prophylaxis • Cervical cancer screening • Sexually transmitted infection (STI) screening and treatment • Treatment of minor ailments • Community care through support groups and home visits

KEY PROGRAMMATIC ELEMENTS

LINKAGES Eswatini engaged KP-led organizations to deliver a comprehensive package of interventions designed to increase access to high-quality HIV prevention, treatment, care, and support services for KPs. The services were delivered through a differentiated service delivery model, including comprehensive mobile outreach, makeshift venues, home-based visits, and at two KP-friendly community drop-in centers (DICs) coordinated by KP-led organizations. The core package of services is described in Table 2.

SERVICE DELIVERY IMPACT

PREVENTION

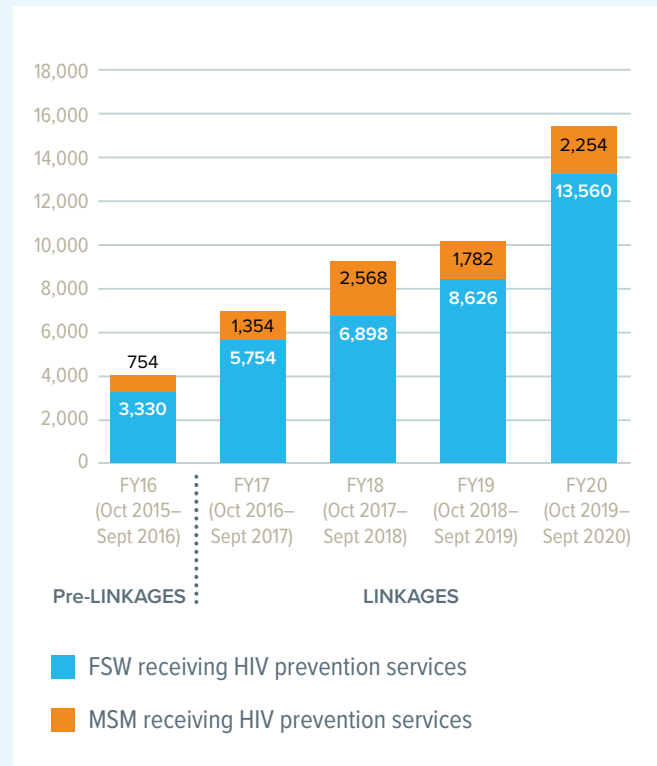
Between October 2016 and September 2020, LINKAGES Eswatini provided services in 85% of the districts in the country. As a result of providing peer-led HIV prevention services at hot spots, which were informed by findings from the size estimates study, the project progressively increased its reach of KPs through HIV prevention services (Figure 1). This intervention, as well as the improvements in size estimations for KP groups, resulted in the number of MSM served increasing by three times compared to pre-LINKAGES reports, and the number of FSWs served increasing four times. During its last fiscal year (FY20), LINKAGES began to reach additional KP groups, such as transgender people and PWID, which resulted in providing 24 transgender people and 27 PWID with HIV prevention services.

Following the national launch of PrEP services, the project initiated 2,044 KP individuals on PrEP from October 2019 to September 2020. Of those, 1,713 were reached through direct service provision and 331 through linkage to government services.

TESTING

Over the life of the project, LINKAGES Eswatini provided HIV testing services (HTS) to 11,343 KP individuals (6,604 FSWs; 4,707 MSM; 32 transgender people and PWID), with 1,060 testing positive, resulting in 9% case detection rate. Services were provided at the community level through outreach at hot spots and within community centers, using differentiated testing modalities such as EPOA, index testing, and self-testing.

Figure 1. FSWs and MSM reached with HIV prevention services (KP PREV), prior and during LINKAGES, by quarter, FY16–FY20



HIV Self-Test

HIVST kits were distributed through outreach workers (ORWs), KP-led partners, and at outreach and community centers. HIVST distribution increased access to testing among populations at a higher risk of HIV exposure and contributed to an increase in case identification. ORWs tracked HIVST results, assisted clients with a reactive HIVST to access confirmatory testing, and linked them to ART services. Between October 2019 and September 2020, LINKAGES distributed a total of 14,198 HIVST kits to KPs, of which 79% (11,225/14,198) were used, resulting in 3% (329/11,225) reactivity rate. Of those, 52% (170/329) were confirmed to be HIV positive, while the remainder (48%) did not access confirmatory testing (Figure 2). Almost all HIVST kits were offered through assisted testing, but COVID-19 lockdowns and travel restrictions hindered follow-up for confirmatory testing, resulting in slightly less than half of reactive tests not being confirmed.

Index Testing

LINKAGES began implementing index testing in October 2019 for HIV positive FSWs and MSM. The project developed standards to ensure index testing

was implemented safely and ethically. Index testing rates gradually increased as the program was able to strengthen providers' capacity in offering the service safely through motivational counseling. Overall, 66% (185/279) of the index clients accepted the index testing service. Of the 167 contacts elicited, 49% were found and 57% (47/82) of those found already knew they were HIV positive. Of the 55 contacts tested, eight tested positive, resulting in 14% (8/55) case detection rate (Figure 3).

Enhanced Peer Outreach Approach

The project used EPOA—a peer-led, coupon-based referral network approach—to reach underserved KP individuals with HIV prevention, testing, and treatment services. The periodic implementation of EPOA resulted in a steady increase in HIV case finding. Between FY17 and FY20, the project conducted four EPOA campaigns among MSM and three among FSWs (Figures 4 and 5). Case finding among MSM was five times as high in Q4 FY20 as in Q1 FY17 when the project started. Case finding among FSWs fluctuated throughout implementation but remained high throughout.

TREATMENT AND VIRAL SUPPRESSION

Over the life of the project, 1,069 HIV-positive clients were identified, of which 204 (22%) were directly started on ART at project-supported sites and 739 (78%) were newly enrolled at government health facilities. In October 2019, the project started direct treatment initiation of ART for clients testing HIV positive through differentiated service delivery at community outreach sites and at two community centers, which greatly increased enrollment in treatment services. Prior to direct service delivery of ART initiation, HIV-positive clients were navigated to government ART clinics for linkage.

LINKAGES engaged a case manager to track and support treatment adherence and viral load monitoring of HIV-positive KP individuals. The case manager worked in close coordination with the ORWs to reach clients eligible for viral load testing and ensure timely sample collection and transportation to the national laboratory. However, a long turnaround time by the national laboratory represented a major bottleneck.

Figure 2. HIVST cascade among KPs, October 2019–September 2020 (FY20)

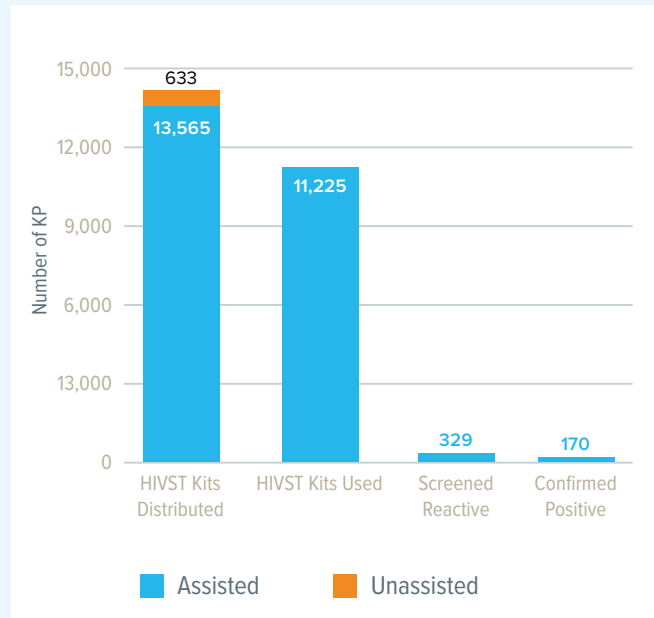


Figure 3. Index testing cascade among KP index clients and contacts, October 2019–September 2020 (FY20)

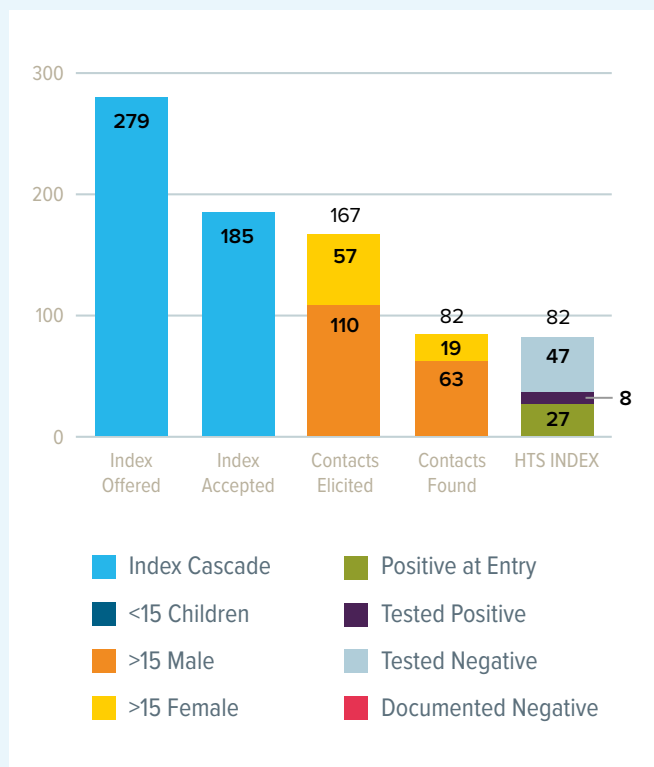
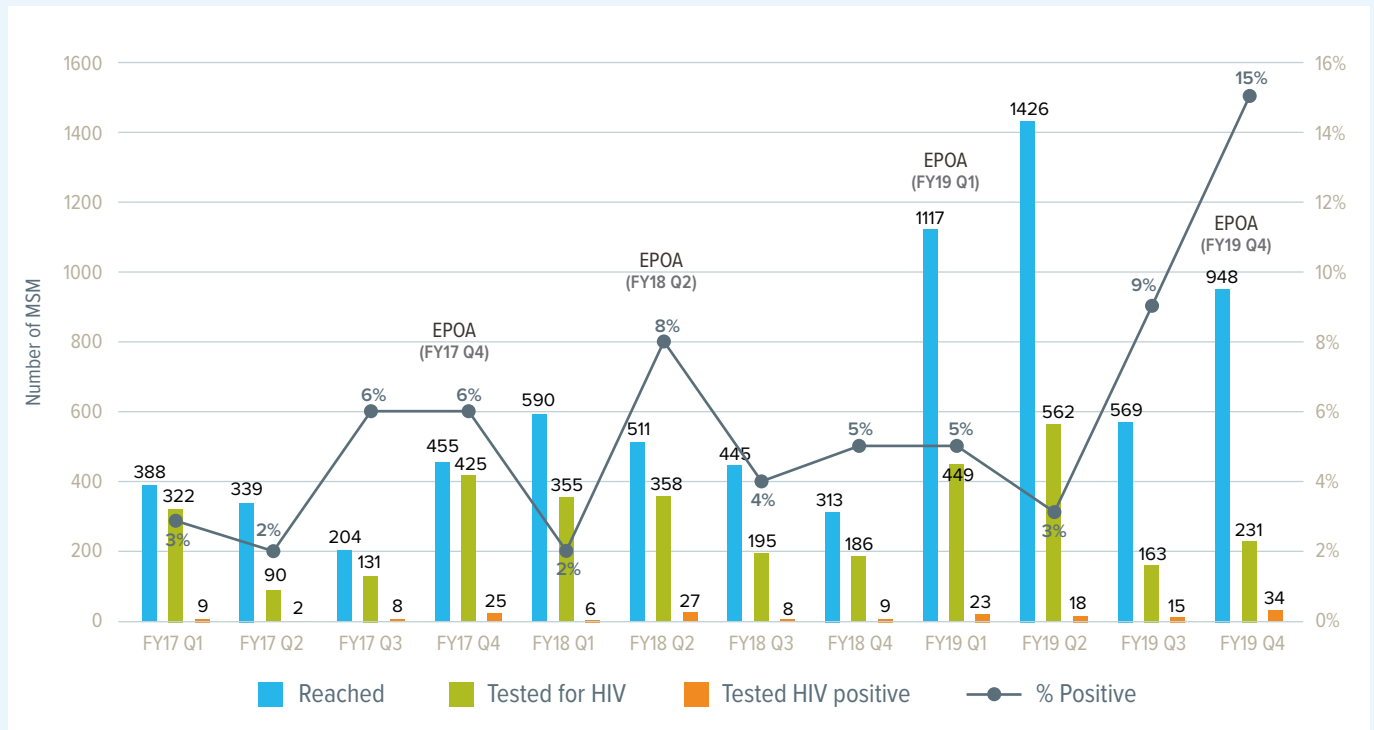
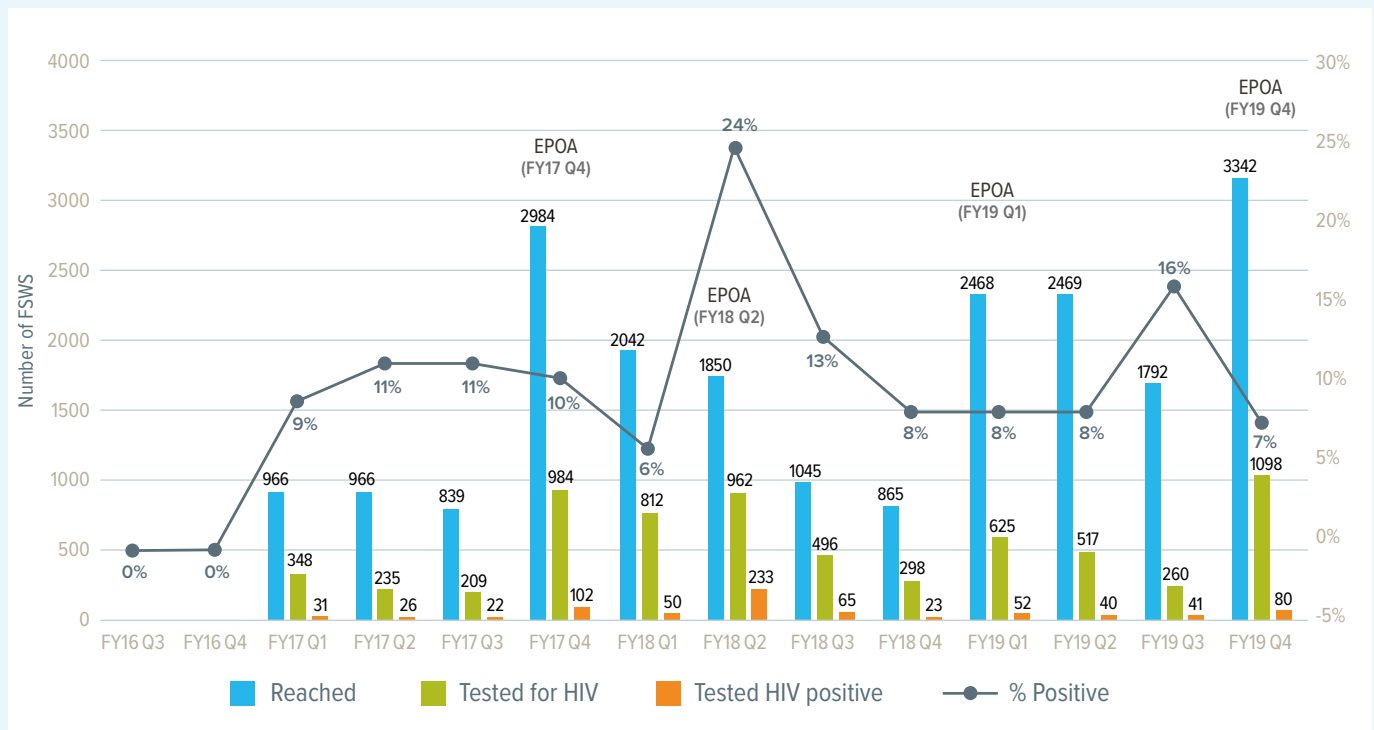


Figure 4. EPOA testing among MSM, by quarter, FY17-19**Figure 5. EPOA testing among FSWs, by quarter, FY17-19**

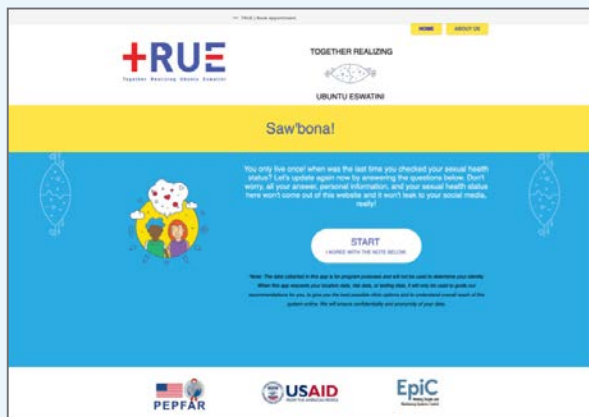
TECHNICAL HIGHLIGHTS

LINKAGES used a range of technical strategies to improve program performance and meet the differentiated needs of KP individuals in Eswatini.

GOING ONLINE

In March 2019, the project launched a “Going Online” platform, named True-Eswatini, consisting of a website, trueEswatini.com, with an Online Reservation App (ORA). This tool gave clients the privacy and convenience of booking services at community centers or mobile outreach sites online. Clients were able to book HIV testing and treatment, STI screening and treatment, PrEP and pre-exposure prophylaxis (PEP) services, psychosocial care, family planning, and other services through the site. KP-led organizations also used the online platform to reach KP groups with HIV education information and referral to clinical services. By the end of the LINKAGES project, 7,566 clients had booked services through ORA. Among those, 268 (4%) did a self-risk assessment, and 7,298 (96%) did direct bookings without going through the risk assessment.

Figure 6. Eswatini Going Online



RISK SEGMENTATION

Between July and September 2019 (Q4 FY19), LINKAGES introduced a KP-specific risk assessment segmentation tool (RAST). Two versions of the RAST were developed: one to be used by the ORWs within the community during provision of prevention services and another for service providers (HTS counselors and nurses) to be used at clinical sites before HIV testing.

The assessment included nine risk factors, four in both tools, to help categorize clients into low, medium, and high risk (Table 3). The RAST included questions about HIV testing history, risk exposure, and sexual behavior/practices, as well as characteristics associated with HIV acquisition. The RAST used by the ORWs also assessed clients' needs to be referred for an additional risk assessment by a clinical provider.

The RAST allowed for a more targeted testing approach, focusing on underserved KP individuals with a higher risk of being exposed to HIV. Data from the RAST were systematically captured between October 2019 and September 2020. Of the 4,557 clients offered HIV testing, 37 (1%) scored high risk, 2,870 (63%) medium, and 1,650 (36%) low. Case finding was proportional to the risk levels: 35% (13/37) among high risk; 11% (303/2,870) among medium risk, and 4% (68/1,650) among low-risk clients. ORWs felt that the RAST improved client engagement and the tool assisted the program to identify higher-risk individuals, higher-risk networks, and locations to scale up testing services.

MICROPLANNING

LINKAGES used program data to assign locations (Tinkhundla) into three tiers associated with the HIV risk in each location and used this information to inform the services provided (Table 4). Tinkhundla in tier one accounted for more than 80% of the project's case finding and were allocated a full package of clinical services. Tinkhundla in tier three had low HIV case finding so were only assigned an HIV prevention package and one clinical service per quarter. The microplanning approach and tiering system of Tinkhundla was developed in FY20 and was based on service delivery performance of the prior three years of implementation.

ENABLING ENVIRONMENT

LINKAGES Eswatini engaged KP stakeholders, including MOH and KP-led organizations, to address structural barriers preventing KP individuals from accessing clinical services. LINKAGES created the Multisectoral Violence Prevention and Response forum for KP stakeholders including civil society organizations, law enforcement, KP organizations, policymakers, and judiciary to plan and implement activities to respond to violence. In addition, LINKAGES conducted stigma-reduction activities in health

Table 3. Risk factors assessed through the RAST tools

Risk Factors	RAST used by ORW	RAST used by HTS counselor/nurse
Have you had unprotected sex (sex without a condom or broken condom) after your most recent HIV-negative test result?	X	X
Did you exchange sex for goods, gifts, favors, or money in the last three months?	X	
Do you have sex with females, males, or both?	X	
Do you have casual sex (not with your main partner) with people who are older, same age, or younger?	X	X
Do you have or have you (add since last test if ever tested) had sex with people you know are HIV positive?	X	
Did you have any STI symptoms over the last month?	X	X
Have you injected drugs in the last three months? shared a syringe?	X	X
Are you 30 years old or older?		X
Was your last HIV test more than seven months ago, or have you never been tested?		X

facilities, including pre-service training for nursing students in tertiary institutions and in-service training for health care workers in health care facilities. The project also trained and sensitized seven police executives and 23 members of senior management in the police force. The stigma-reduction training among police leadership impacted lower levels of the police force as well and resulted in the training and appointment of 36 focal persons from the police domestic and violence unit.

LINKAGES further provided technical assistance to MOH on developing the national training curriculum for police on KP human rights (Figure 7). In collaboration with police leadership, the project conducted on-site sensitizations on KPs' rights to care and on human

Table 4. KP services delivery by Tinkhundla tiering based on HIV case-finding performance

	Tier 1	Tier 2	Tier 3
SERVICES			
Mobile comprehensive services	x		
Static partial services		x	
Demand creation for clinical services	x	x	
HIV prevention services (education; condom and lube promotion and provision)	x	x	x
HIV risk segmentation (low, medium, high)	x	x	x
HIV testing service through national rapid test	x	x	x
Index testing	x	x	x
HIVST			x
EPOA	x	x	x
Peer-led navigation and linkage to ART service	x	x	x
ART initiation and refill	x	x	
Viral load monitoring (sample collection and transportation)	x	x	
PrEP initiation and refill	x	x	x
Small group discussions	x	x	x
Psychosocial support	x	x	x
MODALITIES			
Mobile outreach clinic	x		
Community centers	x		
Makeshift	x	x	
Home-based testing: HIVST confirmations, index	x	x	x
Appointment-based testing	x		
Scheduled roving mobile clinic		x	
Pickup points for HIVST: managed by roving ORWs		x	x
MOBILIZATION STRATEGIES			
Peer-led demand creation at hot spots	x	x	
Virtual, social media	x	x	x
ORA booking	x	x	
Peer energizers		x	x
FREQUENCY			
ORWs reach: daily	x		
Mobile and DDD: bimonthly to monthly	x		
EPOA: quarterly	x		
Peer energizers reach: weekly to monthly		x	x
Roving mobile clinic: bimonthly		x	
Makeshifts: monthly		x	
COMMUNITY CADRE			
Regional/roving ORWs	x	x	x
Seeds and peer mobilizers for EPOA	x		
Case management teams	x		
PrEP ambassadors	x	x	
Peer energizers		x	x

rights violations in all seven police regional headquarters and three police stations. LINKAGES also sensitized some human-rights lawyers who are now actively supporting cases that involve KP-related issues.

Figure 7.

Training curriculum for police developed under LINKAGES Eswatini KP rights and service needs

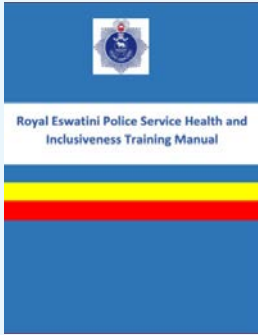


Figure 8.

Police Deputy Commissioner opening a training for station commanders on providing services to KPs



Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

was a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES worked in 40 countries from 2014 to 2021 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

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FUTURE DIRECTION

LINKAGES Eswatini made important progress toward epidemic control by improving KP size estimates, improving the social and structural environment, and expanding access to comprehensive, KP-friendly HIV services. However, gaps remain in attaining the first and third UNAIDS 95-95-95 targets. Much of the work supported by LINKAGES Eswatini will continue under the FHI 360-led and USAID/PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project.

The EpiC project will prioritize strengthening index testing by improving provider's motivational counseling skills and exploring the rollout of hybrid case-finding approaches that combine index testing with HIVST and EPOA. The project will also continue offering EPOA by regularly conducting network analysis to further advance the KP networks and increase HIV case finding and will continue mapping and targeted microplanning toward higher density, higher case-finding locations to increase targeted programming and provision of relevant service packages. EpiC will build on LINKAGES work to identify efficient and effective solutions for reaching the 95-95-95 targets.