Ending AIDS: Hope or Hype? A country Perspective

Ms Rejoice Nkambule,
Deputy Director Health Services, Public Health

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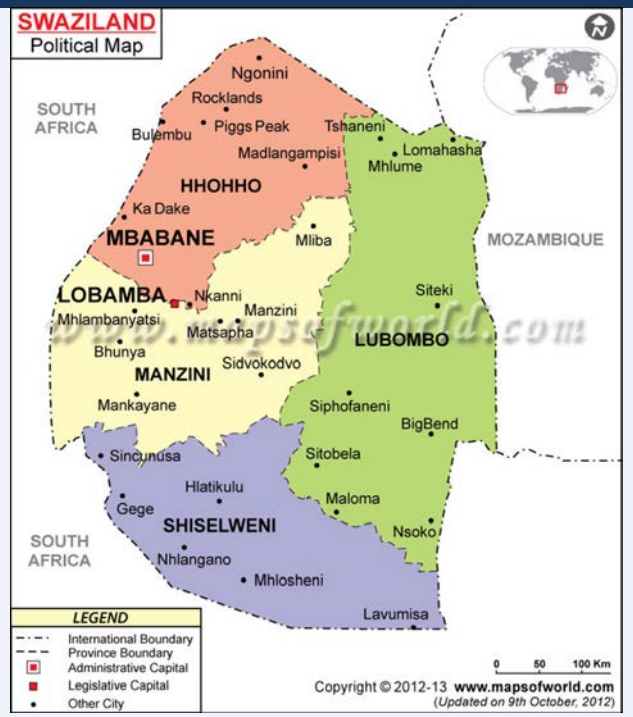
Outline

- HIV disease burden
- Observations in the HIV response that have provided hope
- Challenges that could make this hype

The Kingdom of Swaziland



- Size: 6,704 sq miles, 4 administrative regions
- Lower middle income country, Population: 1,093,238
- Total health expenditure per capita $434
- Life expectancy at birth: M/F: 49/51 year

HIV in Swaziland

- First cases identified in 1986
- Generalized epidemic
  - One of the highest HIV prevalence in the world
- High TB burden
  - High rate of HIV/TB co-morbidity: >80% in the early years of the epidemic
  - High mortality rates

Where did the HIV Response begin?

- Swaziland National ART Program (SNAP) established in 1987
- Panic over overwhelming number of AIDS cases and AIDS-related deaths
- Skepticism over HIV-related data
- Denial in the region on the role of ART, and the cause of AIDS

What has led to hope: Swaziland's HIV Response

Extensive scale-up of national HIV prevention and treatment services

- Rapid adoption of new ART guidelines, culminating in treat-all
- Nurse-led ART initiation and decentralization to facilitate rapid scale-up of HIV services
- Promotion of HIV prevention services

ART funding supported by Swazi government irrespective of fiscal challenges

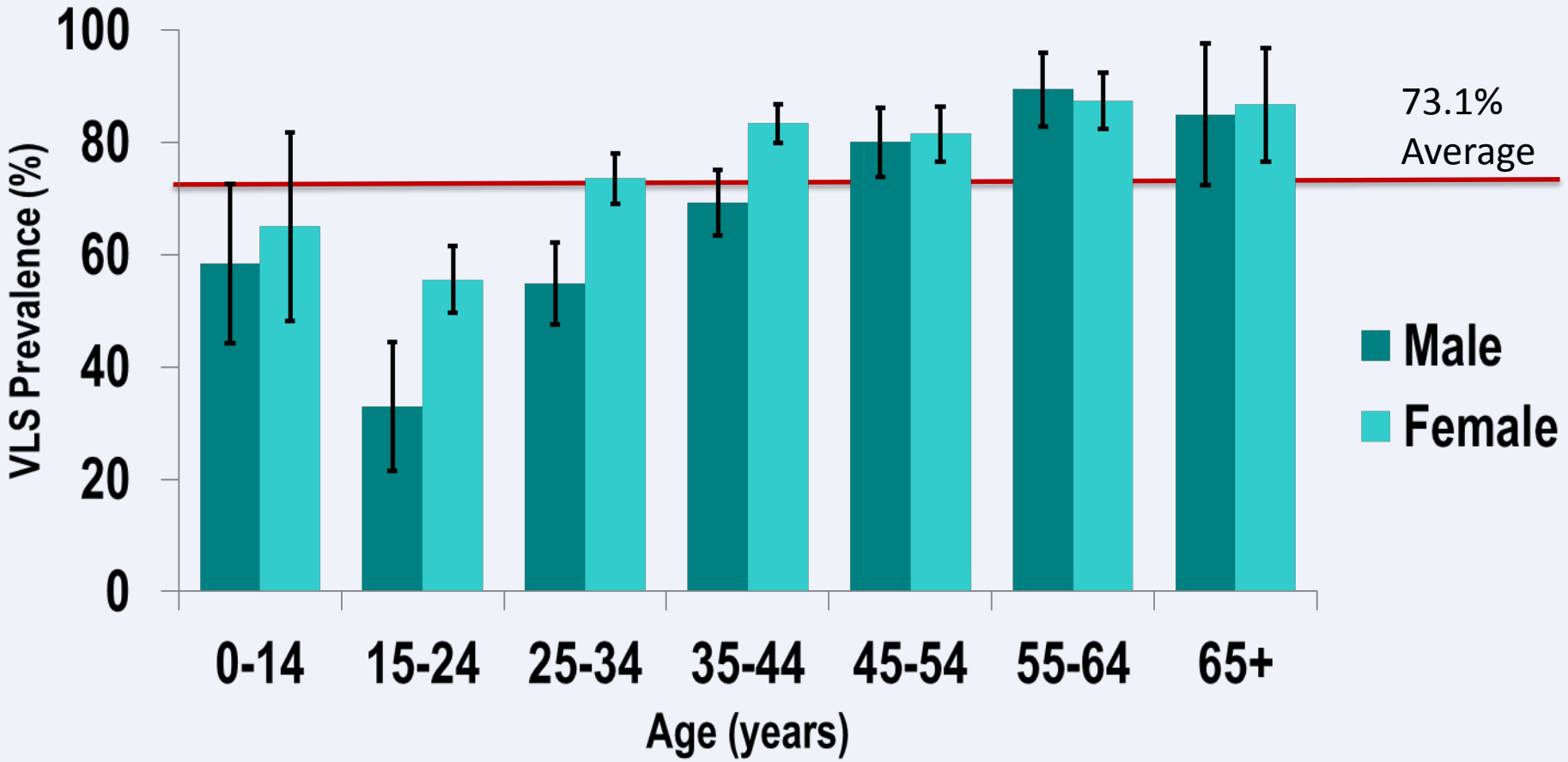
What has led to hope: Swaziland's HIV Response

From 2011 to 2016, increases in

- Annual number of HIV tests
  - 180,433 to 410,947; x2.3↑
- Annual number of PLHIV starting ART:
  - 14,184 to 22,554; x1.6↑
- Cumulative number of PLHIV on ART:
  - 72,402 to 171,266; x2.4↑
- Cumulative number of VMMC:
  - 38,106 to 93,357; x2.4↑

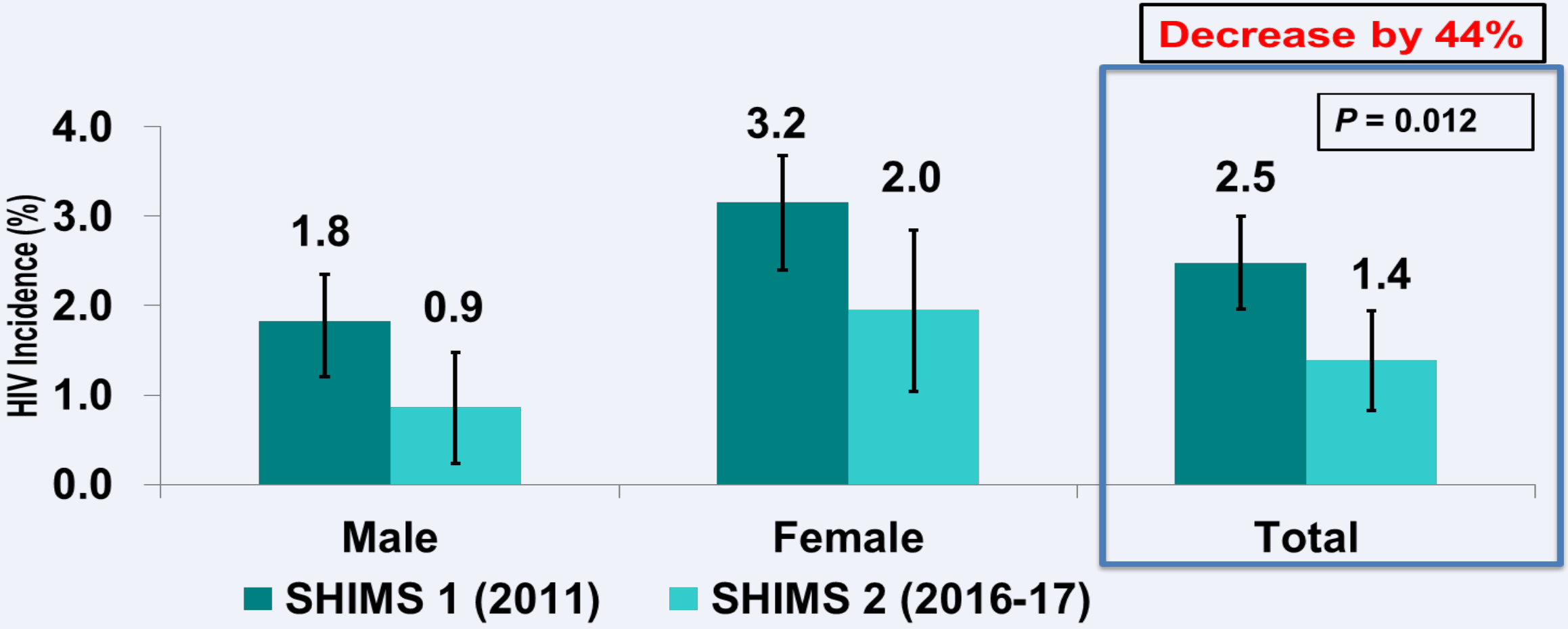
Scale up of PMTCT and ART for pregnant and breast feeding women

High % of PLHIV with Viral Suppression



* Denominator is all PLHIV with viral load results (irrespective of awareness of HIV positive status and ART status.

HIV Incidence Decreased by 44% Among Adults 18-49 years



50% reduction for males; 38% reduction for females

Data demand, ownership and use

- Data use by decision makers
- Data use in national and regional semi-annual review meetings, and at facility level

Health System Strengthening Gains

- Infrastructure has been established that can be leveraged for other emergencies
  - E.g. lab infrastructure
  - Introduction of clinical and monitoring and evaluation (M&E) tools
- Capacity building
  - Staff training and mentoring
    - Clinical, research, laboratory, community
  - Government absorption of donor funded positions
- Data-driven decision making

Remaining Challenges

- High HIV disease burden
- High prevalence and incidence of HIV among adolescent girls and young women
- Aging HIV population
  - Comorbidities
  - Treatment fatigue
- Hard to reach groups e.g. men and adolescents