HIV Prevention Main achievements

The kingdom of Eswatini is remains committed to accelerate HIV prevention and support sustainable community-led HIV prevention responses. As such, the country adopted the UNAIDS Global Accelerated HIV Prevention 2020 Road Map which informed the development of a number of key plans and guidelines that provide a robust HIV prevention program. These are:

- The National Strategic Framework 2018-2023 which aims to reduce new HIV infections by 85% by 2022, with emphasis on high impact combination prevention interventions, targeting specific populations and geographic areas where new infections are highest.
- The National HIV Prevention Coordination strategy,
- The National HIV Prevention Policy and
- The National HIV prevention Referral and linkages job aid.
- HIV Risk Reduction Communication Module: A guideline for implementors

- The focus of the HIV prevention agenda is on the scale-up of Combination prevention (VMMC, Condom, PrEP and PMTCT) targeting men, Adolescent Girls and Young Women (AGYW) and Key Populations.

- The Kingdom of Eswatini has made great progress in tackling HIV, the country is the first country to have reached and surpassed the global target of 90-90-90 and reached 95-95-95, this has contributed in the reduction of new infections by 66% between 2010 and 2019. Just to mention some of achievements in HIV prevention;
Eswatini has surpassed PrEP target, and currently is at 158%. The Country implemented PrEP targeting high-risk groups, through integration with other services such as family planning, outpatient, antenatal and HIV testing clinics.

The kingdom is strongly encouraged by the landmark clinical study known as HPTN 084, which has demonstrated that an injectable form of pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition in women, and this is presenting a welcomed new option to help keep women safe from the virus that causes AIDS.

This study which was implemented in seven countries in the Sub-Saharan Africa including the kingdom of Eswatini, was the country’s first randomized clinical trial with an investigational product.

Further, Eswatini has improved HIV prevention coverage for adolescent girls and young women with about 80% constituencies reached with evidence-based prevention programs such as the DREAMS package, Steppingstones, Life skills Education and other social media platforms. Even though the 2020 target has not been met, the progress is promising at 71% against a target of 90%.

Last but not least on achievements, the country has improved HIV prevention service coverage for sex workers, with 83% sex workers having received more than two HIV Prevention services with a high coverage of condom use.
In spite of the achievements highlighted, the country still has challenges in relation to HIV prevention. There is still unacceptable high incidence of HIV infections amongst adolescent girls and young women aged 15-24 years and key populations. The Key drivers of HIV new infections among the AGYW is transactional sex and intergenerational sex.

In response to this challenge the country plans to Strengthen HIV prevention programmes targeting high risk population groups including adolescent girls and young women aged 15-29 years and key populations.

As I conclude my remarks, The Kingdom of Eswatini has been affected by COVID-19 like many of the countries. Therefore to maintain the HIV prevention gains achieved thus far, the country plans to:

1. intensify HIV prevention services using differentiated service delivery model, which is client centred at community level and;

2. Follow-up on community HIV prevention service disruption as a result of COVID-19 and understand the complex needs of population groups most at risk of HIV infection to develop effective strategies for adequate targeted uptake of HIV prevention interventions.

Thank you!