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Dr Mabuza, Eswatini came close to achieving its 2020 HIV prevention targets. Your government wants to further reduce infections. How is Eswatini creating national systems that would help the government to achieve its 2025 HIV prevention targets?

Eswatini is at 66% of the prevention target against that of 75%.

- **Recognizing that fit for purpose prevention programs involve coordination of multisectoral national systems –highlight how eSwatini created this capacity**

Eswatini is implementing a three-prong approach

1. **Sector**s were created to ensure that specific audiences receive HIV prevention interventions. Examples of sectors; traditional, private and Civil Society. The sectors are responsible for ensuring that all population groups within their sectors are receiving HIV Prevention information/services.

2. **Technical Working Groups (TWG)** were created to address critical technical issues such as HIV prevention service access by Adolescent Girls and Young Women (AGYW) and key populations including development of national guidelines for each HIV prevention Program/intervention.

3. **Public sector /Government** leads implementation of HIV prevention interventions. This sector also created national documents such as – HIV Prevention policy, National Strategic Framework, National HIV and AIDS Multisectoral Coordination Framework to guide HIV prevention program implementation. All Eswatini documents are in alignment with global and regional documents.

- **Inform on the approach eSwatini has taken to focusing on prioritized data driven prevention interventions for optimized impact**

- Eswatini uses Population based data, mainly surveys to inform HIV prevention programming. For example, the HIV incidence direct major SHIMS survey which shows HIV infections in different population groups, in the process showing gaps where prevention programs are needed the most. For key populations, the Integrated Biological and Behavioral Survey (IBBS) triggered the need for Eswatini to target key populations.

- Eswatini HIV Recent Infection Surveillance (EHRIS) Program – Is showing where new HIV infections are coming from. There are still few countries implementing this kind of survey.

- Eswatini also uses National AIDS Spending Assessment (NASA) which shows how much money is being spent on HIV prevention and where funding gaps in prevention are. HIV Estimates and projections show national and regional level estimates and

produces outputs like estimates of HIV incidence, prevalence, new HIV infections, number of people living with HIV, ART coverage to mention but a few.

- Both Population based survey and routine data indicate that the country's major drivers are disproportional. The structural drivers are socio-economical and influenced by gender inequalities.
- In is critical for countries to use disaggregated data systems i.e. granular data for community based decision making, Subpopulation data analysis and reinvigorate the use of data for policy making

- **Mention to what extent has harnessing the strengths of community-led organizations and networks been a factor in eSwatini's success**

- **Civil Society –** Eswatini has built on existing coordination structures to ensure that the cost of coordination is minimize and the response is mainstreamed. Civil society groups are classified on their core mandate and the sub-populations they are working with. Key focus is ensuring that vulnerable populations such as, KPs, adolescent girls and young women are reached. To reach the 2030 HIV target we need to work very closely with PLHIV in order reinforce positive prevention. The success of the prevention continuum is through community volunteers and the traditional structures.

- **Government** has integrated prevention programs in all ministries and has ensured that all sectors and communities are reached and each ministry took a stand in leading the response through its competitive advantage. The in school you are reach SLE, food security through agriculture. The Response is highly multisectoral, coordinated and there strong political commitment.

- **Ministry of Health** – has successfully led the treatment program. Eswatini is one of the first countries to reach the global treatment target of 95.95.95. The high viral suppression has inevitably reduced the transmission rate of HIV. This success has been linked to improved interface between community systems and the health systems. The use of expert clients, reprogram and improved helath sysyms has been a core in Eswatini success

- Eswatini invested in **community level HIV response mechanism** by encouraging community led organizations and networks to establish local based youth clubs, training community mobilisers, forming community girl clubs, using community expert clients and conducting peer to peer education. Community level interventions such as DREAMS, Stepping Stones, Homestead Head approach were implemented in Eswatini.

Conclusion;

Donor in Eswatini are coordinates work with the National strategy. We need to increase financing for prevention however countries need to prove that prevention works

Finally, we need to do a study to investigate the effects of COVID-19 on eroding the gains by HIV to inform a proper response. There is an opportunity to combine the response to these two epidemics.