

MAX ART NEWSLETTER

For Better Health and Zero New HIV Infections



Content:

What's in it for me?

'I took the medicines that same day'

Next steps in MaxART study

Foreword

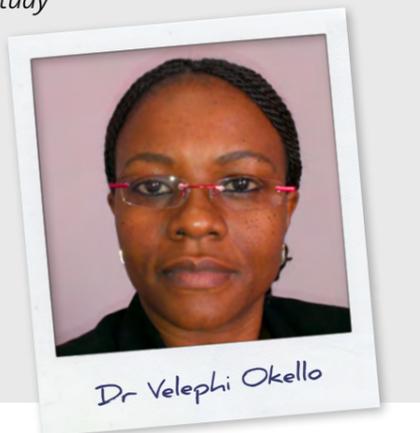
On 1 October 2016, the 'Test & Start' approach was adopted in all health facilities of Swaziland. The lessons learned from the Early Access to ART for All studies have continued to provide the Ministry of Health with information showing that implementing Test & Start would not be a mammoth task. Furthermore, using the lessons learned, a national communications strategy will ensure harmonization of information related to Test & Start and provide guidance for health workers communicating to clients who start ART.

Swaziland is one of 144 low- and middle-income countries that have adopted Test & Start. I'm delighted that Swaziland has taken great strides towards becoming an AIDS-free country.

Dr Velephi Okello

Deputy Director of Health Services - Clinical (Ministry of Health, Swaziland)

Principal Investigator MaxART's Early Access to ART for All implementation study



MaxART informs 'Test & Start' approach

 Swaziland took an amazing step forward towards the goal of ending AIDS countrywide. In 2016, the Ministry of Health officially introduced 'Test & Start' as an approach for HIV testing and treatment. MaxART and Médecins Sans Frontières have been implementing pilot studies on early access to HIV treatment in two districts of Swaziland since 2014 and the promising lessons learnt have contributed to Test & Start being adopted even before the studies have been completed.

Test & Start allows for people who are ready to initiate on antiretroviral therapy (ART) immediately after an HIV-positive diagnosis in an effort to improve their health. Swaziland is implementing two Early Access to ART for All implementation studies, one

being conducted in Hhohho (MaxART) and the other in Shiselweni (Médecins Sans Frontières) which are designed to inform the Ministry of Health on the feasibility, acceptability, clinical outcomes, affordability and scalability of offering early ART to all HIV-positive individuals in Swaziland. Preliminary lessons learned are now contributing in informing the Test & Start roll-out.

90-90-90 targets

90% of the people living with HIV are aware of their status; 90% of them receive ART; and 90% of them are virally suppressed.

By introducing the Test & Start approach, the Swaziland Ministry of Health aims to achieve universal access to ART and the UNAIDS 90-90-90

targets by 2020. Test & Start is also informed by epidemiological research that shows that when people begin ART soon after they are diagnosed with HIV - regardless of CD4 count - HIV incidence in the population will be significantly reduced.

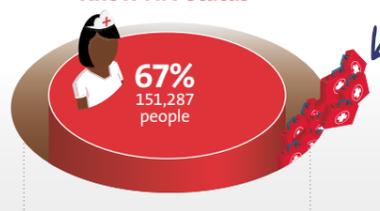
Lessons learned

The Early Access to ART for All study demonstrates that it is necessary to test the right people, in the right places, with the right strategies. Another lesson learned is that it is important to ensure that individuals are linked to care and initiated early on ART. The last lesson learned is that measures to ensure quality care should be in place to maximise retention and viral suppression. The Test & Start approach puts these findings into practice to improve the lives of people living with HIV.

Current status 90-90-90 targets in Swaziland

Number of people living with HIV in Swaziland: 226,920 people

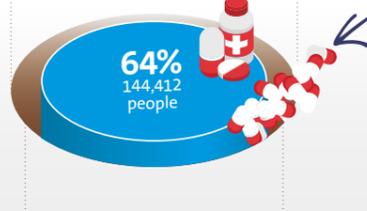
Know HIV status



Lessons learned from Early Access to ART for All to fill the gaps:

- Test the right people, in the right places
- Targeted community mobilization strategies and integrated messaging
- On-site testing services during community events
- Work-place testing

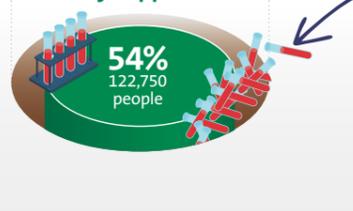
Receive ART



Ensure individuals are linked to care and initiated on ART

- On-site health care worker training, mentoring and facility performance feedback meetings
- Patient centred engagement strategy, service integration and individual case management
- Pro-actively identifying and enrolling pre-ART clients

Virally suppressed



Ensure high quality of care that maximizes retention and viral suppression

- Addressing operational challenges for viral load monitoring scale up
- Improve viral load knowledge health care workers and clients
- Facility performance feedback meetings and appointing viral load facility focal person

source: UNAIDS 2016 Estimates

'Test & Start will contribute greatly to Swaziland's efforts to achieve the UNAIDS 90-90-90 targets by 2020. It will also reduce new HIV infections.'

Dr Velephi Okello

Facts and Figures

Early Access to ART for All study results, 1 September 2014 - 31 October 2016:

- 14 health facilities successfully transitioned to the Early Access to ART for All implementation phase
- 2,931 ART-naive clients were enrolled in the study, among whom 63% females (38% aged 20-29 years) and 37% males (46% aged 30-39 years)
- 2,660 clients had a CD4 count done and were available for enrolment
- 2,395 clients were initiated on ART irrespective of CD4 count

What's in it for me?

Swaziland's ambition is to increase access to HIV services. Communicating the benefits of these services is essential. What's in it for me? Will it be a waste of my time? Is the treatment good for me? The Test & Start communications strategy will inform the government's approach on the national roll-out.

To be successful, Test & Start needs appropriate messages and channels for different target groups, namely people living with HIV, health providers and the general public. The messaging is guided by the communications strategy of the study conducted by MaxART and Médecins Sans Frontières. For example, bus stickers were reported more effective than posters. This was discovered when people indicated the stigma



Photo by Lungile Dlamini - Zwane

associated with reading a public poster on HIV. It was felt that everybody reads a message inside a bus during the trip. So, over time, interventions have been adapted to be more in-line with prevailing circumstances.

Test & Start communications strategy
All lessons learned will contribute in

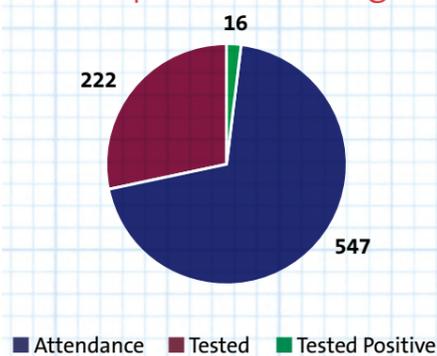
informing the national Test & Start communications strategy. In addition, Early Access to Art for All information materials, such as brochures, are being adapted to fit the government's strategy. What's more, MaxART's Communications Associate is a member of the Test & Start Communications Task Team.

HIV testing at dip tank sites

Attending 'dip tank' meetings is one way to reach men in Swaziland. The aim is to increase utilization of HIV testing services.

Fewer than 25 per cent of all men in Swaziland use HIV testing and counselling services. A lesson learned is to test in the right places. MaxART and Populations Services International (PSI) now meet men at livestock dip tank sites to provide HIV services.

Number of people reached during 11 dip tank meetings



'You are doing a good thing to bring the services to us. But also bring the medication to us. So when I test positive, I can get the tablets.'

Man during a dip tank meeting

'I took the medicines that same day'



Photo by MaxART

Lungile, nearly 21 years old, lives in the Hhohho region in Swaziland. She dropped out of school in the seventh grade. When she was 19, her boyfriend told her he was HIV-positive. But she didn't believe him because he looked so healthy.

Lungile became pregnant after a condom burst. Four months into her pregnancy, she discovered that she was HIV-positive. She was tested while attending antenatal classes in the clinic. Lungile: 'I met a very good nurse in the clinic. She advised me to start HIV treatment as quickly as possible. She also encouraged me to talk about my status with someone I trusted, so

that this person could support me. The nurse further explained the benefits of Early Access to ART. I wanted to protect my unborn child and I took the medicines that same day.'

Supportive relatives

She told her mother about her status. Her mother thanked her for being open with her so she could support her. Later, her other relatives were informed. Although saddened by the news, they were supportive. Lungile: 'I was extremely excited when I went for my ART refill last October and heard that my viral load was undetectable. This has encouraged me to continue taking my pills, so I remain healthy.'

Newsflash:

Next steps in MaxART study

While Test & Start is being rolled out, the implementation of MaxART's Early Access to ART for All study continues. The end-date of data collection remains 31 August 2017.

To minimise any potential for bias, the final step in the study was moved forward three months. In this way, the transition of the final two facilities from control to intervention phase coincided with the initiation of Test & Start. Results will be presented in Swaziland end-2017 and during the International AIDS Conference 2018.

STOP AIDS NOW! going forward as Aidsfonds

As of December 2016 STOP AIDS NOW! and Aids Fonds joined forces in one brand: Aidsfonds. Read more: bit.ly/2jz7Q5i

aidsfonds

Publications

■ **Longing for Belonging: Adolescents' experiences of living with HIV in different types of families in Swaziland**, a PhD thesis by Fortunate Sindisiwe Shabalala, successfully defended on January 18, 2017 at the University of Amsterdam. stopaidsnow.org/longing-for-belonging

■ **Task shifting or shifting care practices? The impact of task shifting on patients' experiences and health care arrangements in Swaziland** by Thandeka Dlamini and Eileen Moyer, University of Amsterdam, conducted in phase 2 of MaxART: stopaidsnow.org/task-shifting

■ **Lost to Follow Up: Rethinking Delayed and Interrupted HIV Treatment among Married Swazi Women**, a publication by Thandeka Dlamini and Eileen Moyer of University of Amsterdam, conducted in phase 1 of MaxART. stopaidsnow.org/lost-to-follow-up

■ **Viral Load Testing Uptake in a Public Health System: Lessons Learned from an Early Access to ART for All Study in Swaziland** was published in the Clinton Health Access Initiative's 'Evidence for Impact' newsletter: bit.ly/2j2TqdH



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The Swaziland Ministry of Health, STOP AIDS NOW!, and the Clinton Health Access Initiative (CHAI) initiated the MaxART programme in Swaziland. The programme partners include the Swaziland Network of People Living with HIV and AIDS (SWANNEPHA) and the Global Network of People Living with HIV (GNP+), the National Emergency Response Council on HIV/AIDS (NERCHA), national and international non-governmental organisations including the Southern Africa HIV & AIDS Information Dissemination Service (SAHAIDS), social scientists from the University of Amsterdam and researchers from the South African Centre for Epidemiological Modelling and Analysis (SACEMA).

The MaxART Consortium gratefully acknowledges the extensive contributions of all partners who support initiatives within the project as well as broader efforts to strengthen health outcomes across Swaziland. These include, but are not limited to, PEPFAR/CDC/USAID, WHO, UNAIDS, PSI, EGPAF, ICAP, MSH, URC, Baylor, FLAS, AHF, M2M, Lusweti, and World Vision.

Do you want to contact MaxART staff? Please send an e-mail to: Charmaine Khudzie Mlambo, Senior Research Manager of the MaxART programme: kmlambo@clintonhealthaccess.org or Eliane Vrolings, Overall Coordinator of the MaxART programme: evrolings@aidsfonds.nl