

MAX ART NEWSLETTER

For Better Health and Zero New HIV Infections

ELIMINATION

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others.



Near an HIV free generation? It's happening in Eswatini

Content:

'MaxART fits perfectly into DreamFund's objectives'

'We felt the urgency to act – MaxART introduced an innovative approach'

Foreword

Early Access to ART for all: Eswatini's success story

As a country severely hit by the HIV epidemic, Eswatini decided to embark on an ambitious journey towards achieving an AIDS-free nation. In 2011, offering HIV treatment regardless of CD4 was still considered unethical. However, the MaxART study proved that it is not only possible, but also effective and affordable to provide ART to all people living with HIV. I am proud to present MaxART's groundbreaking results in this tenth and final newsletter. The excellent leadership of the Ministry of Health has taken Eswatini to being an example for the region and the world. Yes, ending AIDS, it's possible.

Louise van Deth
Executive director Aidsfonds



Our dream

In 2011, we had a big dream: to ensure early access to ART for all people living with HIV in Eswatini (formerly known as Swaziland), with the ultimate goal of ending the HIV epidemic. Bold and unearmarked support of the Dutch Postcode Lottery enabled us to develop our dream into the MaxART programme and implementation study: A unique possibility to assess feasibility, acceptability, clinical outcomes, affordability, and scalability of offering ART to all people living with HIV regardless of CD4-count in a government-managed health system.

MaxART programme

The Ministry of Health took the lead

in our collective effort of a multi-disciplinary group of partners. We supported 14 clinics in Hhohho region to make the successful transition to providing ART to all. We invested in training of health workers and strengthening health systems to enhance testing and improve services and data collection. We informed communities and linked them better to formal health services. We reached out to specific target groups, including men and young people. And we made sure that there were continuous feedback loops between communities, health services and the Ministry.

Results

Our research shows that Early Access is *acceptable* for clients and *retention*

increased. Providing early ART proved to have a *large effect on viral suppression* and *does not enhance public sector costs*. It did not negatively affect *adherence and disclosure*. In other words, MaxART demonstrated that providing Early Access to ART through the public health system is feasible, acceptable and highly effective. Our results strongly support the scale-up of Early Access to ART for All in Eswatini and countries with similar HIV epidemics and health systems. Through early ART we can build an HIV free generation.

'There is no fear in the communities. People talk freely on their HIV status because they are empowered on health issues.'

Sibongile Mnisi, regional coordinator Hhohho region at SWANNEPHA



EARLY ACCESS TO ART FOR ALL

Activities and Achievements (A selection)

CLINICAL MENTORING



14 facilities successfully transitioned
>400 healthcare workers trained

COMMUNITY MOBILISATION



92 demand creation community dialogues conducted reaching **7,234** people, **1,562** utilised HIV testing services, **115** tested HIV positive

743 community based volunteers oriented, reaching **36,516** people, **18,467** referred

450 inner council members, **67** traditional healers and **110** religious leaders oriented

COMMUNITY ADVISORY BOARD



19 facility and **22** community visits
226 toll-free hotline calls
37 support groups oriented on Early ART (**1,201** people)

COMMUNICATIONS STRATEGY

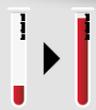


508 healthcare workers, support staff and community resource groups attended capacity building workshops on interpersonal communication

Results



12-month retention rate increased from 80% to 86%



Viral suppression rates at 12 months post-ART initiation increased from 4% to 79%



Early ART does not negatively affect adherence, disclosure or pressure to start ART. Client's perceived benefit increased significantly



Average public-sector costs per ART patient-year in Swaziland remain the same under Early ART

Conclusion:

Early Access to ART for All is effective, feasible, acceptable, affordable and scalable

Facts and Figures

Early Access to ART for All study results, 1 September 2014 - 1 August 2017

- 3405 clients enrolled in the study (38% male; 62% female)
- 2101 clients had CD4 count <500 at enrolment
- 857 clients had CD4 count >500 at enrolment
- 1225 clients between 18 and 30 years old at enrolment
- Viral load of 3071 clients known at enrolment

'MaxART fits perfectly into DreamFund's objectives'

Newsflash:

MaxART proudly presents...



You can find *MaxART* at AIDS2018 where it will present study results and lessons learned during a satellite session. Furthermore an animation video and factsheet are available showcasing the activities and results of the *MaxART* study. The final report will be published in September 2018.



Photo by Postcode Loterij

The Dutch Postcode Lottery is the main funder of our MaxART programme. Margriet Schreuders, Head of Charities, explains the Lottery's enthusiasm for this initiative in Eswatini.

What is the core value of the Dutch Postcode Lottery's funding policy?

"We believe that non-governmental organisations are the drivers of social change. They address injustices, make voices heard and promote innovations. With our funding we want to enable them to do their work. That's why our funding is mostly unearmarked, long-term and does not come with a high administrative burden."

And how about the DreamFund?

"Our DreamFund gives organisations a chance to develop and implement

high-risk projects with potentially large benefits. *MaxART* fits perfectly into DreamFund's objectives: it is innovative, high-risk but has the potential to improve the lives of millions of people."

What aspect of MaxART are you most proud of?

"I'm greatly impressed by the leadership of Aidsfonds. This project is truly visionary, and required flexibility and cleverness to overcome barriers and initial resistance. *MaxART* illustrates how extraordinary things can be achieved under the right leadership and with the right investments. We use this success in our conversations with other donors to encourage longer-term, unearmarked funding based on trust and collaboration.

'Most remarkable about Early Access to ART is that we no longer have many very sick people, which has resulted in the hospital wards being emptier than they used to be.'

Matron Siphwe Mahlalela, Pigg's Peak Government Hospital

'We felt the urgency to act – MaxART introduced an innovative approach'

Two questions for Peter Ehrenkranz, US Centers for Disease Control and Prevention (CDC) in Swaziland - HIV Care and Treatment Lead (2009-2011), Country Director (2012-2014)

What is the best part of the MaxART programme?

"In 2011, when the Swaziland HIV Incidence Measurement Survey (SHIMS) showed a national HIV prevalence rate of 31%, it was clear that something audacious was needed to accelerate the fight against this devastating epidemic. Conveniently, "something audacious" was exactly what the Dutch Postcode Lottery was looking to fund. Designing and implementing the *MaxART* programme helped to build the crucial partnership between the Ministry of Health, implementing partners and donors. Everybody was feeling the urgency."

What makes the HIV response in Swaziland different from approaches in other countries?

"Swaziland systematically uses data to inform programming decisions. The best example of this is a national HIV data review, called by the Ministry



Photo by PEPFAR

of Health every 6 months. This meeting brings implementers and donors together with key Ministry of Health leaders from both frontline facilities and cross-cutting central units like supply chain, laboratory, and monitoring and evaluation. The participants share results, successes, and challenge each other to improve in a setting of peer-to-peer

accountability. When the 2017 SHIMS 2 survey revealed that the rate of HIV infections had declined by 44%, everyone was filled with pride. I am certain that the semi-annual reviews were key to this success. I give tremendous credit to both the Ministry of Health and the partners for continuing to lead and support the reviews."

Publications

Scientific publications of the *MaxART* implementation study can be found on the Aidsfonds website:

<http://bit.ly/maxART>

'With many years of HIV education done in Swaziland, it's now up to the people to act accordingly to save their lives.'

Joskei Magagula, community headman of Zinyane



aidsfonds



GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV



UNIVERSITY OF AMSTERDAM



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.

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