Eswatini

Country Operational Plan

(COP) 2023 Year 2

Strategic Direction Summary Addendum

March 2024

Contents

1.0 Introduction

The PEPFAR/Eswatini (PEPFAR/E) Country Operational Plan 2023 (COP23) year-2 of implementation will continue to center around (1) evolving service delivery support to close gaps to 95-95-95 in sub-populations, (2) support the government of the Kingdom of Eswatini (GKoE) to develop a blueprint to guide the sustainability of the National HIV response (3) strengthening health systems and facilitating an enabling environment to increase domestic responsibility while maintaining HIV epidemic control.

Based upon real-time analysis of PEPFAR data, stakeholder feedback, and consultation with GKoE, the PEPFAR/E team will continue to implement the COP23 strategy with minimal shifts to key program areas. These shifts, along with pivoting responsibility, and new initiatives will be laid out in this addendum to the COP23 strategic direction summary (SDS). Additionally, progress to date on the Sustainability Roadmap discussions will be presented.

1.1 HIV epidemic

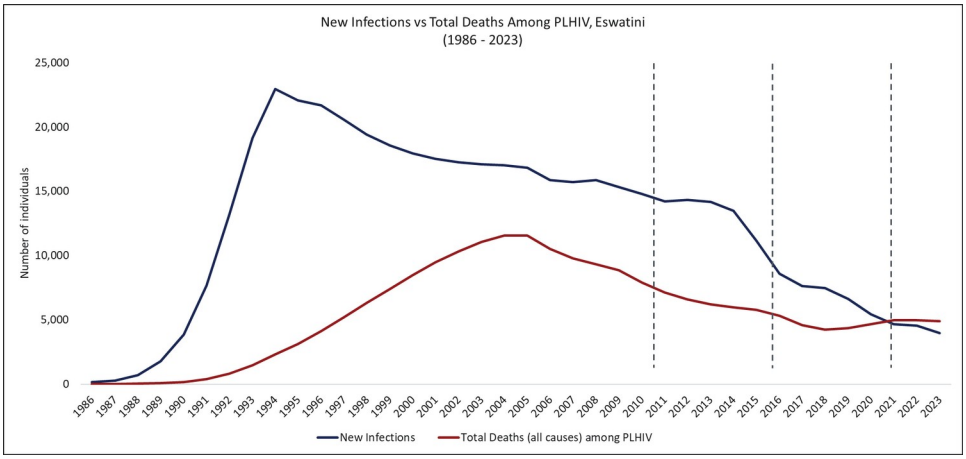

Figure 1: New Infections vs. Total Deaths Among PLHIV, Eswatini

New infections in Eswatini continue to decline and mortality is on a downward trajectory. This course of the epidemic is influenced by key policy and program shifts, and we believe that Eswatini's targeted and adapted strategies will continue to mitigate new infections.

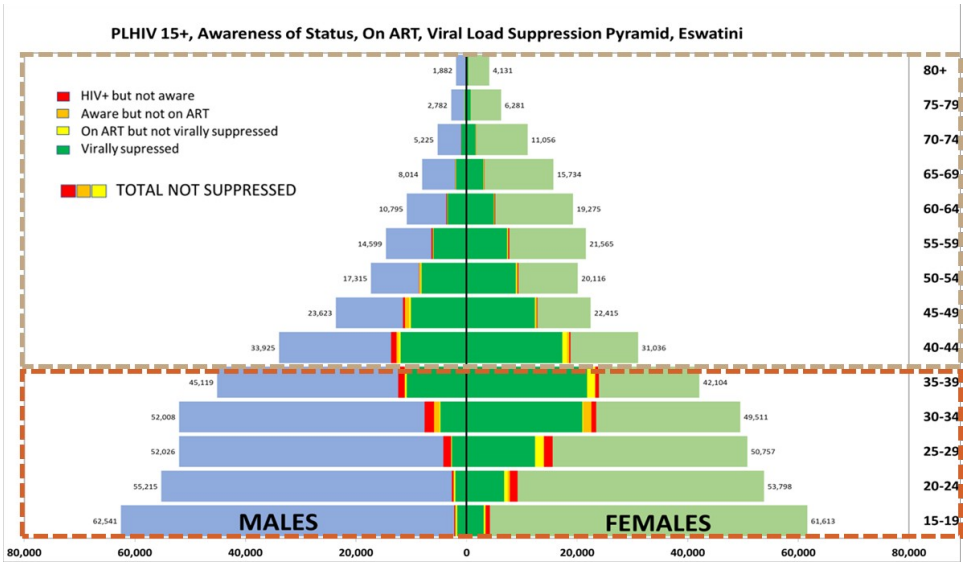

Figure 2: Awareness of Status, On ART, Viral Load Suppression Pyramid, Eswatini PLHIV 15+ (2022)

Source: World Population Prospects Eswatini Estimates 2022; SHIMS3 2021

While an overall downward trend in incidence is observed, rates remain high among women [at 1.11 - a rate that is seven times higher than among men]. However, despite the heavy burden of disease, epidemic control has been reached for the 35 and older population. The burden of disease is lower in the younger population, but, epidemic control is yet to be reached. The under 35-year-olds represent a high proportion of the total population, highlighting the importance of heightening prevention efforts and rapidly closing the remaining gaps as summarized by figure 3, below.

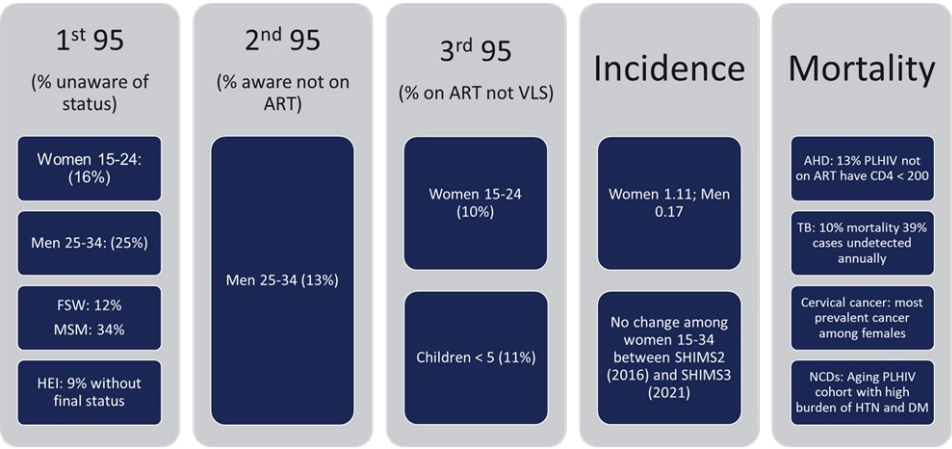

Figure 3: Remaining gaps to address HIV as a public health threat by 2030

Critical gaps remain across the cascade and for priority populations. Among females 15-29, lower viral suppression levels are driven by gaps in awareness of HIV status and treatment continuity. This is in the context of persistently high incidence among females 15-29. Among males, lower viral suppression levels are driven by large gaps in awareness of HIV status and linkage to treatment for 25–34-year-olds and gaps in treatment continuity for the younger men 15-24. These gaps have significant implications for continued onward transmission.

Eswatini's PMTCT program has demonstrated strong outcomes. However, program data indicates that 9% of HIV exposed infants have an unknown final outcome. Particular attention is also warranted for young children under 5 who are not virally suppressed.

For optimized health outcomes, data suggest that there is a need to address other prevalent conditions that impact PLHIV morbidity and mortality. These include advanced HIV disease, tuberculosis (TB) - where 39% of cases are not detected annually, cervical cancer, and prevalent non-communicable diseases (NCDs) such as hypertension and diabetes.

2.0 Strategic Shifts and Key Agreements

2.1 Section Outline

The Tables below reflect the various program and technical area shifts agreed upon during this year's COP23 Yr-2 Midterm Review Meeting. These decisions, agreements, and strategic shifts were made with inputs from all national stakeholders and the GKoE. The tables below are organized by program area and will reflect: (1) the activity, (2) who is supporting these activities (i.e. PEPFAR, the Global Fund, GKoE, WHO, World Bank, etc), (3) the status of implementation, and (4) how the activity is shifting and/or which priorities are being modified.

2.2 Strengthening Resilient Health Systems

2.2.1 .Strategic Information & Systems

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Institutional Strengthening of MOH Strategic Information Department	PEPFAR, World Bank	A lead for MoH Strategic Information Department was appointed and the department is being reorganized to improve capacity, leadership, governance, and co-ordination. There is an opportunity to play a positive role with minimal investment to complement the capacity strengthening initiative.	PEPFAR will support onboarding 4 to 6 interns from local tertiary institutions to mitigate the staffing shortages.
Inventory of Health Data Systems (facility, community, surveillance)	PEPFAR	Rapid Inventory of Surveillance systems is in progress	PEPFAR/Eswatini will explore accessing PEPFAR inter-agency health information systems (HIS) technical assistance (TA) to support a MOH-led HIS Landscape Assessment. This activity is aimed at identifying

			opportunities for systems integration, interoperability, and development of HIS standards

The COP23 midpoint check-in was also used to improve collaboration and alignment of Strategic Information (SI) Investments across various funding partners. The following complementary areas were identified as being supported by other partners:

Activity	**Funding Partner**
Supply Chain data management system (ELMIS/EMMS)	Global Fund, World Bank
Community Based Health Information System	World Bank
Service Availability & Readiness Assessment (SARA)	Global Fund (Grant Cycle 7 – To be confirmed)
Procurements and Installation Last mile site connectivity equipment	World Bank
CMIS Evaluation	Global Fund (Grant Cycle 7 – To be confirmed)
Communication strategy for research and training HCW on health research	Global Fund (Grant Cycle 7 – To be confirmed)

2.2.2 Supply Chain & Commodities

In COP23 Y2 PEPFAR/Eswatini will continue to support the GKoE-led national annual quantification, forecasting exercise, and the subsequent commodity quarterly supply planning approvals. The GKoE, PEPFAR/Eswatini, and the Global Fund will continue to fund selected commodities to ensure uninterrupted commodity supplies. To further strengthen commodity security and mitigate commodity stock out rates, PEPFAR/Eswatini and the Global Fund will gradually transition their support to overall supply chain strengthening and advocate for GKoE to increase the commodity categories that will have a ring-fenced health budget to support TB/HIV prevention, case finding, treatment and patient monitoring. This will be amplified by the GKoE commitment to further improve supply chain coordination and ensure timely release of funds for order placement into the multiple procurement platforms its partners have availed for GKoE to utilize. PEPFAR/Eswatini and the Global fund will further support the introduction of newer regimen of pediatric ARVs and further support roll out of the newly introduced pre-exposure prophylaxis (PrEP) formulations, namely cabotegravir long-acting injectable (CAB-LA) and the Dapivirine vaginal ring.

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Enhancing GKoE coordination of health commodity supply chain to minimize inefficiencies	PEPFAR, MOH, GF, WB	Ongoing	Revitalization of the Supply Chain Technical Working Group and advocacy for budget ring fencing for TB/HIV commodities
Central Medical Stores (CMS) autonomy	PEPFAR, MOH, GF, WB	Ongoing	Support the ongoing business and workflow modifications for the CMS to reach autonomy and filling of key staffing gaps at the CMS
Enhancing end to end commodity data visibility	PEPFAR, MOH, GF, WB	Ongoing	Support the optimization and enhanced utility of the Navision software at CMS and provide support for anticipated roll out of the eLMIS to 22 more facilities
Promoting medicines and medical product regulation	PEPFAR, MOH, GF, WB	Ongoing	Operationalize recommendations from the Medicines Regulation Unit assessment to transition into a Medicines Regulatory Authority

2.2.3 Lab Systems

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Policy and governance	GKoE, PEPFAR	Development of the new Eswatini Health Laboratory Services (EHLS) 5-year strategic plan and associated workplan are year 1 priorities	In year 2, we will support the development of the products catalogue and the guidelines for equipment optimization and placement
Diagnostic network optimization (DNO)	GKoE, PEPFAR	Continue implementation of the recommendations of the 2021 diagnostic network optimization (DNO) exercise	In year 2, PEPFAR will support the desk review of the diagnostic network to integrate CD4 testing and further multiplex point of care testing (POCT) based on the previous DNO recommendations
HIV drug resistance (HIV-DR) monitoring for patients on ART	GKoE, PEPFAR	Four laboratory staffs have been trained and deemed competent to conduct genomic sequencing for HIV drug resistance surveillance for patients on DTG; the testing activities are	Routine monitoring of HIV drug resistance for individuals on second line ARV has been so far done in South Africa. In year, PEPFAR will provide technical assistance to further capacitate EHLS staff to conduct locally routine monitoring of treatment outcomes for individuals second line

		currently ongoing	ARV and reduce the turnaround time for timely clinical management.

2.3 Closing Equity Gaps

2.3.1 Testing Strategies

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Children: accelerate validation and roll out of the pediatric HIV screening tool to health facilities:	PEPFAR	Currently MOH and partners have finalized the HIV screening tool protocol and will be ready for approval then study pilot	Print, orient and roll out of the pediatric screening tool to high volume out-patient departments (OPD)
Collaborate with orphaned and vulnerable children (OVC), sexual reproductive health (SRH), TB, rural health motivators (RHM) programs to intensify HIV Testing Services (HTS) for children	GKoE, PEPFAR	The OVC program has fully integrated pediatric HIV testing	Review job aids for RHMs to identify children for HTS and link to a community-testing partner or facility.
• Optimize provider-initiated testing and counseling, • Offer universal screening using HIV self-tests (HIVST) to males 20-34 and females 15-24 years receiving care through OPD unless they qualify for routine testing • Pilot and roll out the 3-Test algorithm to prevent HIV misdiagnosis	GKoE, PEPFAR, GF, WHO	• Currently facilities are using a paper-based screening tool to identify eligible clients for HTS due to RTKS frequent stock-outs • HIVST stock availability expected to resume in Q2 FY24 at which time facilities will resume HIVST screening in OPD for target populations. • The 3 -Test Algorithm validation is in process and is currently at data analysis stage. Report writing and dissemination of finding is expected to be	• The Program will saturate high volume entry points (OPD) in selected facilities to expand testing coverage (re-distribute counsellors, multiple concurrent testing using HIVST.PEPFAR and G/F will support HIVST procurement and monitor the supply chain of kits. PEPFAR will support MOH to develop a MOU between MOH and private health facilities to ensure proper HTS implementation and timely reporting of private clinics. Current guidelines now cover this strategy and the HIVST age of consent has been

		completed by end of FY24,Q2 (March 2024) • Implementation of the 3-test algorithm will be in a phased approach to ensure availability of commodities and test quality with phase 1 to be completed by end Sept 2024. National scale-up planned for FY25	lowered from 16 years to 12 years to increase uptake. • MOH and partners will orient and roll out the 3-Testing algorithm and PEPFAR will provide T/A and onsite training through mentors to expand the 3-Test algorithm to all sites.
Continue to optimize index testing for all priority populations	PEPFAR/MOH	Index testing is being implemented at both community and facility and an increased testing coverage and elicitation ratio have been observed	Implementing partners will build capacity to index providers to improve the quality of elicited index contacts and testing coverage. Index teams will continue to track and test all elicited contacts in communities. PEPFAR will enroll mentors for safe and ethical index testing training under the PEPFAR virtual academy
Intensify early case finding in communities • Strengthen social network (SNT) strategy to reach more AGYWs • Use of automated smart locker to access HIVST in communities • Expand HIVST in pharmacies • Infiltrate informal and formal men dominated spaces - Dagga field, car washes, transport industry, Eswatini Business Association	GKoE, PEPFAR, GF	• SNT strategy is currently being implemented by the community partners and KP program . • Under the LIFT UP fund, AGWs (tertiary institutions) will be accessing HIVST through automated lockers. • Targeted but not coordinated informal workplace testing at selected community level	• This strategy will be rolled out to facilities to access more women. AGYWs champions will be trained on this strategy, who will distribute HIVST kits to their peers. A coupon system will be used to improve linkages and follow up. - Secondly the OU will expand HIVST pharmacy distribution to all regions to reach more males and will continue to utilize the automated lockers to reach more AGYWs. • Deliberate and coordinated infiltration of both formal and informal workplace with HIV prevention packages /mental health / SRH services and HTS to target men

Strategic HTS marketing and use of digital platforms to reach ABYM and AGYWS	PEPFAR	Only discussions have started at technical group level with pending funding	The OU will engage a private company to develop and implement evidence-based approaches in SBC. (e.g. Men Connect, Imphilo Yami) to increase uptake of HIV services amongst Men
Continue to address and reduce re-testing of PLHIVs already on ART	GKoE	Eswatini is implementing a health literacy campaign addressing re-testing and practices for re-engaging in care. Eswatini has developed verification SOPS that are currently implemented by all HIV testing sites	MOH and PEPFAR will to introduce a feature for HIV positive clients with reasons for re-testing whilst on ART in the Client Management Information System and partners will start reporting on re-testing for clients already on ART

2.3.2 PMTCT & Pediatrics

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Support the adoption and use of current health information systems for cohort tracking and reporting of Early Infant Diagnosis (EID) and Viral Load (VL) coverage results among pregnant women (PW). The PMTCT program has had challenges in the computation of the two proxy indicators resulting in EID coverage rates greater than 100% and lower VL coverage among PW.	GKoE, PEPFAR	Ongoing	The program will advocate for the inclusion of all PMTCT indicators in the national Data Management Team (DMT) processes. Standardizing PMTCT results reporting through the DMT processes has the potential to address some of the challenges in computing proxy EID and VL coverage. In addition, the program will support HCW mentorship to ensure adequate completion of VL requests for pregnant women
The national PMTCT program will be focusing on preparing for the WHO elimination of mother-to-child transmission (EMTCT) validation process. While the PMTCT program has the HIV data points required for the validation process, there are still	GKoE, WHO, UNICEF, GF, PEPFAR	Ongoing	In preparation for the EMTCT validation process, the national program will focus on strengthening the data collection processes for Hep B and Syphilis. In addition, PEPFAR and Global Fund will support the procurement of dual HIV/syphilis, RPR, TPHA, and Hep B test kits.

challenges with the Hepatitis B and Syphilis data.			
Closing gaps on pediatric case finding and subsequent linkages to care and treatment	GKoE, PEPFAR	Ongoing	Institute longitudinal/ Cohort tracking of Mother baby pairs for key indicators in children up to the age of 10.
Enhancing mental health and social protection for pediatrics and adolescents	GKoE, PEPFAR, GF, UNICEF	Ongoing	Expand and consolidate investments for digital tools that improve overall pediatrics and adolescent outcomes
Leveraging on the community-based health services national coverage to improve pediatric outcomes	GKoE, PEPAR, GF	To be initiated	Support the national community-based health services consolidate its efforts in improving pediatric outcomes

2.3.3 AGYW, OVC, and Youth

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Increase demand and uptake of PrEP using peer-to-peer approaches and expand access to PrEP products such as the PrEP ring and CAB-LA to provide more options to AGYW.	GKoE, PEPFAR, Global Fund	• PEPFAR implementing partners have appointed PrEP Ambassadors (1 per constituency) to advocate for PrEP and encourage its retention. • PrEP ring study is ongoing in selected health facilities and one DREAMS on Wheels site	• Expand the peer-to-peer strategy (1 per community/cluster) for generating demand for PrEP and other clinical services • Integrate PrEP into Family Planning (FP) services
Intensified HTS through novel differentiated service delivery (DSD) models	GKoE, PEPFAR	Age of consent for HIVST was lowered to 12years	Explore partnerships with pharmacies to provide an all-inclusive HIV and pregnancy prevention package
Strengthen and implement targeted interventions for Adolescent Boys and Young Men including sexual partners of AGYW	PEPFAR, Global Fund	• Peace Corps continues to target ABYM between ages (9-24) with a layered HIV prevention program delivered through community youth clubs • DREAMS partners are targeting partners of AGYW through innovative approaches including	None

		referrals to DREAMS on Wheels for clinical services	
Provide HIV services to Adolescents and Young People in selected none-DREAMS sites (DREAMS Next Gen)	PEPFAR	• Youth from 5 none DREAMS sites are provided with clinical services through DREAMS on Wheels • No Means No will be implemented in 3 of these sites	• Expand implementation of the No Means No approach
Streamline DREAMS services in saturated sites to prioritize high impact prevention services	PEPFAR	The DREAMS layering table was revised to remove financial literacy for 15-29 age group and the caregiver/parenting services were moved to contextual interventions	Layer and sequence services based on risk and need prioritizing high risk AGYW and explore utilizing digital health solutions to reach AGYW
Enhance the provision of comprehensive and age-appropriate post-violence clinical services	PEPFAR, GKoE (MoH, MoET, DPMO & MoJCA), Global Fund, UN	• OSC operational documents were finalized, including service level agreements between the relevant ministries. • The 24-hour mobile emergency response unit has been established to provide first aid to high-risk GBV cases	• Expand OSC to Lubombo and Shiselweni regions • Train teachers on the LIVES CC approach to improve GBV prevention and response in schools
Prioritize high impact economic strengthening services for AGYW	GKoE, PEPFAR, GF	• Establish a multi-sectoral youth economic strengthening forum • Implementation of the decentralized TVET model is on-going • Private sector engagement for ES opportunities is on-going	• Capacity support to MoET to strengthen coordination of MoET resource partners and alignment across partners • Integrate private sector engagement across the program cycle • Use saturation data to establish reallocation of funds within the program to strengthen structural interventions (ES and education support) • Consider ES partnerships between DREAMS and DREAMS program participants

			• Operationalize ES multi-sector youth forum
Institutionalize evidence based GBV and HIV prevention in schools	MoET, PEPFAR, Global Fund, UNESCO	The Ministry of Education has been engaged on the provision of integrated health services in schools and is in the process of finalizing the school's referrals and linkages strategy that will guide implementation	None
Provide above-site support to the Deputy Prime Minister's Office (DPMO) to improve coordination of GBV activities.	PEPFAR, DPMO	Embedded Technical and M&E positions in the DPMO to provide technical support	• Operationalize national level coordination mechanisms (leads of different government ministries and partners) • Strengthen the use of the Child Protection Information System (CPMIS) and support integration of the GBV module.
Comprehensive support to critical sub-populations-high-risk C/ALHIV, HEI and pregnant AGYW to achieve 95-95-95 among children	MoH, PEPFAR, Global Fund	Ongoing	• Strengthen community to facility referrals for the enrollment of priority populations
Increase enrollment of C/ALHIV into the OVC program and provide the modified package of services to all C/ALHIV within and outside of OVC SNUs who are clients in any PEPFAR supported facility.	PEPFAR	Ongoing	• None
Address barriers to the acquisition of vital national documents such as birth certificates and national IDs for OVC	MoHA, DPMO	The revised Birth, Marriage and Death BMD) Act has been tabled to Parliament	• Finalize and implement the BMD Act • Consider issuing out temporary PIN to children who do not have birth certificates so that they can enroll in school whilst working on getting the documents

2.3.4 Key Populations

Description of the Activity	Supporting Partner(s)	Implementation Status	Strategic Shifts & Priorities
Identify a government ministry for stewardship of KP issues	GKoE	On going – government to explore the process of including KP stewardship in ministry mandates	Define KP packages in key sectors and continue to implement comprehensive programming for KP
Integrate KP competent service delivery	GKoE and PEPFAR	On going	• Identify a department within the MOH to lead the consolidation of people centres service delivery standards. • Integrate KP competency into the mentorship programme and include KP competency in comprehensive people centred service delivery standards. Shift key some key staff to support implementation of the KP program from MOH.
Establish or integrate KP messaging into a clearing house	GKoE and PEPFAR	Planned for year 2	• Integrate KP message development and dissemination into the health promotion platforms
Support finding and utilizing new networks to close the testing gaps	PEPFAR	On going	• Refresh mobilizers and networks to find KPLHIV who do not know their status. • Continue with in person and virtual KP mobilizations. • Bridge the gap between online booking and service delivery by utilizing linkage case managers to follow up on the clients who did not take up services.
Continue to provide comprehensive services for KP and their children	PEPFAR	On going	• Continue to optimize testing, prevention and treatment services for KP and their children by providing universal testing for KP and continue to optimize HIVST for children of KP. • Strengthen prevention approaches for KP including the PrEP opt out approach • Continue to implement precision combination

			prevention utilizing an opt out approach including PrEP, the DSD for both prevention and treatment services and strengthen viral load testing by utilizing the centrifuge and DBS. • Integrate NCDs into the KP programming. • Strengthen the GBV response in the KP programme including screening, training, psychosocial support, referrals and reporting. • Shift mobile outreach services to The Luke Commission • Introduce a private doctor model in the Hhohho region and continue with drop-in centres and mainstream health facilities services provision.
Develop and implement a package for young sex workers	GKoE and PEPFAR	On going	Support the implementation of a package of services for young sex workers including removing underage adolescents from exploitation
Provide capacity building for KP CBOs	PEPFAR	On going	Graduate Non-U.S. Organization Pre-Award Survey (NUPAS) ready CBOs to PR for greater community leadership in programming. Support implementation KP consortium plans and resource mobilization for the CBOs
Conduct the IBBSS	PEPFAR	On going – protocol has been developed and will be validated in the second quarter. Approvals by IRBs are expected to be provided at the beginning of the third quarter.	Support the dissemination of the IBBSS
Utilize CLM for service delivery improvement	PEPFAR	On going	Provide data to the KP community and service providers to improve service delivery. Prioritize KP led CLM implementation and data utilization
Support an environmental legal assessment for KP	GKoE and UNDP	On going	Support the Ministry of Justice to establish a working team to facilitate the implementation of the environmental legal assessment. UNDP will

			develop strategic papers on the experiences of KP to advocate for environmental changes.
Continue to support integrated shelters inclusive of KP	Global fund	On going	

2.3.5 Men (ages 25-34) & Military

The program has noted the testing and linkage gaps affecting this population and will continue to optimize the activities agreed on in COP 23 year 1 as they have not been fully implemented. The program has developed action items to accelerate the implementation of agreed upon strategies with no major shifts in activities and priorities. Specifically for the military: the program will continue to close the programmatic and systems gaps identified in the SABERS, SIMS, and MILSID assessments. Another challenging area that needs additional input is management and governance structures and process.

2.3.6 Reducing Morbidity & Mortality

COP23 Year 1 priorities are on-track and collaborating partners remain unchanged. The focus continues to be (i) closing the gaps on TB case finding and improving TB/HIV treatment outcomes, (ii) ensuring optimal NCD screening and management among clients on antiretroviral therapy (ART) - especially hypertension, and (iii) screening for advanced HIV disease and linking clients to appropriate diagnostics and treatment. Cervical cancer screening services for women living with HIV will continue to be expanded whilst supporting the MOH with the roll out of the human papilloma virus (HPV) vaccination for young girls. TB targets have been increased in line with the Eswatini TB/HIV acceleration plan. To ensure increased screening and management of NCDs to improve outcomes of ART patients, particularly hypertension, monitoring and reporting of hypertension will commence in FY24.

3.0 Civil Society Organization Agreements

Issues Identified	Response & Solutions
Boys continue to lag in information compared to their female counterparts because they do not have a structured program like AGYW	Reaching boys in schools sessions is going to leverage the DREAMS program strengthening life skills education is schools
There is a persistent challenge with youth unemployment which drives negative outcomes for HIV and health such high new infections among AGYW	An economic strengthening forum is getting established through NERCHA and it will be operationalized with considerations of a leading ministry to address economic

	issues that impact HIV and related outcomes
Populations that are hard to reach yet vulnerable such as people with disability that the HIV program needs to ensure receive services	The ongoing partnership with Eswatini Comprehensive Disability Mainstreaming Initiative (EDCMI), implemented through PEPFAR Small Grants is a proof of concept whose lessons will further inform programming to be more inclusive of unique needs for people with disabilities
KP CBOs have been provided with capacity strengthening for a while and there is a need to graduate them for greater involvement in programming and managing resources.	In year 2, PEPFAR is going to aim to graduate CBOs that are NUPAS ready to PR status.
There are some service gaps such as hormonal therapy for trans gender people	The MOH is awaiting guidance on provision of hormonal therapy which required government wide engagement and agreements
The faith community engagement in programming is not optimized to ensure that they address issues of norms that drive negative HIV and related outcomes.	The faith community platform will continue to be leveraged to improve HIV literacy and advance advocacy to changes in harmful norms

4.0 Activities at Risk of Affecting FY25 Performance

Key activities that have ended or been delayed affecting the anticipated progress leading into FY25 implementation of the **KP IBBSS** is ongoing. The protocol is under development and anticipated to be finalized for IRB review submission in early March. A protocol validation workshop with in-country stakeholders was conducted in February and the next steps include incorporating the inputs from that meeting. IRB approvals are expected in the third quarter hence implementation may start in the latter part of the third quarter or the fourth. Data collection, cleaning, analysis and report writing activities will overlap into FY25.

Regarding **LIFT Up initiative** activities; most of the GBV response activities are on track to be completed by the end of FY24, however implementation of the GBV prevention (No Means No and Every Hour Matters) will likely overlap to FY25.

5.0 Updated Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control.

Prioritization (Planning Year)	FY25 PLHIV Estimate	New Infections	Expected Current on ART (FY24)	Newly initiated (FY25)	FY25 ART Coverage	FY26 ART Coverage
No Prioritization			3,544	325		
Attained	218,702	6,750	214,980	4,474	98.0%	
Total	**218,702**	**6,750**	**218,524**	**4,799**	**99.7%**	

Source: PAW

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

SNU 1	Fiscal Year	2024				2025			
	Target Setting Age Bands	Estimated Population Male	Current Coverage	VMMC_CIRC Target	Expected Coverage	Estimated Population Male	Current Coverage	VMMC_CIRC Target	Expected Coverage
_Military Eswatini	15-24			90				90	
	25-34			100				100	
	35-49			20				20	
	50+								
Hhohho	15-24	34,432		809				770	
	25-34	31,011		419				390	
	35-49	32,309		149				136	
	50+	17,919		86				75	
Lubombo	15-24	24,069		664				635	
	25-34	19,804		328				305	
	35-49	23,071		178				161	
	50+	13,041		52				46	
Manzini	15-24	39,672		1,466				1,394	
	25-34	37,679		800				744	
	35-49	38,059		351				318	
	50+	19,869		111				97	
Shiselweni	15-24	23,149		510				487	
	25-34	14,206		226				210	

	35-49	15,275		82				75	
	50+	11,653		56				49	
Total		**395,218**		**6,497**				**6,102**	

Source: PAW

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

SNU 1	Key Population	Total Population 2024	PLHIV 2024	PLHIV 2025	KP_PREV Target 2024	KP_PREV Target 2025	PP_PREV Target 2024	PP_PREV Target 2025	AGYW_PREV Target 2024	AGYW_PREV Target 2025
_Military Eswatini	N/A						6,719	6,719		
Hhohho	FSW				4,544	4,544				
	MSM				2,400	2,400				
	N/A	348,176	59,532	57,506			17,217	14,290	14,944	17,454
	PWID				100	100				
	TG				78	78				
Lubombo	FSW				1,136	1,136				
	MSM				600	600				
	N/A	247,402	39,757	40,118			12,727	4,537	11,010	4,854
	PWID				25	25				
	TG				20	20				
Manzini	FSW				4,544	4,544				
	MSM				2,400	2,400				
	N/A	408,231	81,951	84,105			22,065	9,289	18,881	10,796
	PWID				100	100				
	TG				78	78				
Shiselweni	FSW				1,136	1,136				
	MSM				600	600				
	N/A	220,519	37,332	36,973			7,824	3,778	6,775	4,723
	PWID				25	25				
	TG				20	20				
Total		**1,224,328**	**218,572**	**218,702**	**17,806**	**17,806**	**66,552**	**38,613**	**51,610**	**37,827**

Source: PAW

Target Table 4 Targets for OVC and Linkages to HIV Services

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC OVC_SERV Comprehensive**	**Target # of OVC OVC_SERV Preventative**	**Target # of active OVC OVC_SERV DREAMS**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT**
Hhohho		15,373	1,447	1,896	11,216
Lubombo		17,236	3,317	1,238	12,154
Manzini		16,369	842	1,912	11,941
Shiselweni		9,433	2,039	1,056	6,782
Total		**58,411**	**7,645**	**6,102**	**42,093**

6.0 Updated Budget Tables

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Operating Unit	Country	Fiscal Year / Intervention	2023 Budget	2024 Budget	2025 Budget
Total			$71,826,032	$71,065,200	$65,000,000
Eswatini	Eswatini	ASP>HMIS, surveillance, & research>Non Service Delivery>AGYW	$100,000		
Eswatini	Eswatini	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$2,666,739		
Eswatini	Eswatini	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>AGYW		$300,000	$270,000
Eswatini	Eswatini	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$982,482	$1,208,000
Eswatini	Eswatini	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$938,092	$818,092	$573,092
Eswatini	Eswatini	ASP>Laws, regulations & policy environment>Non Service Delivery>AGYW		$235,000	$215,000
Eswatini	Eswatini	ASP>Management of Disease Control Programs>Non Service Delivery>AGYW		$500,000	$320,300
Eswatini	Eswatini	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$80,000	$300,000
Eswatini	Eswatini	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations	$400,000	$2,870,724	$2,276,001
Eswatini	Eswatini	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>AGYW	$150,000		
Eswatini	Eswatini	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations	$80,000		
Eswatini	Eswatini	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$2,319,962		
Eswatini	Eswatini	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$638,000	$761,452	$761,452
Eswatini	Eswatini	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$205,000		
Eswatini	Eswatini	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$600,000	
Eswatini	Eswatini	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$1,394,391	$1,227,705
Eswatini	Eswatini	C&T>HIV Clinical Services>Non Service Delivery>AGYW	$50,000	$25,000	$25,000
Eswatini	Eswatini	C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$50,000	$250,000
Eswatini	Eswatini	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$6,277,322	$7,647,091	$6,996,826
Eswatini	Eswatini	C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$188,679	$188,679	$181,068
Eswatini	Eswatini	C&T>HIV Clinical Services>Service Delivery>AGYW	$268,100	$268,100	$254,700
Eswatini	Eswatini	C&T>HIV Clinical Services>Service Delivery>Key Populations	$302,408	$302,408	$395,000
Eswatini	Eswatini	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$8,635,610	$8,100,371	$6,830,391
Eswatini	Eswatini	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$598,354	$598,354	$591,208
Eswatini	Eswatini	C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	$755,191	$755,191	$784,745

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Intervention	Budget	Budget	Budget
Eswatini	Eswatini	C&T>HIV Drugs>Service Delivery>Children	$971,681	$775,730	$347,722
Eswatini	Eswatini	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$875,433	$599,356	$17,678
Eswatini	Eswatini	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$847,639	$892,639	$885,714
Eswatini	Eswatini	C&T>HIV Laboratory Services>Service Delivery>AGYW	$37,843	$37,843	
Eswatini	Eswatini	C&T>HIV Laboratory Services>Service Delivery>Children		$76,045	$473,209
Eswatini	Eswatini	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$3,748,962	$3,437,919	$3,612,748
Eswatini	Eswatini	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$2,269,666		
Eswatini	Eswatini	HTS>Community-based testing>Non Service Delivery>AGYW		$37,018	$37,018
Eswatini	Eswatini	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations		$96,000	$63,503
Eswatini	Eswatini	HTS>Community-based testing>Service Delivery>Key Populations	$188,739	$371,655	$70,000
Eswatini	Eswatini	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$730,402	$484,402	$369,801
Eswatini	Eswatini	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$154,000	$134,303	$127,587
Eswatini	Eswatini	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$946,067	$1,442,002	$1,725,872
Eswatini	Eswatini	HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	$107,100	$107,100	$100,700
Eswatini	Eswatini	HTS>Not Disaggregated>Non Service Delivery>AGYW	$28,669		
Eswatini	Eswatini	HTS>Not Disaggregated>Service Delivery>Key Populations	$182,916		
Eswatini	Eswatini	HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$499,773		
Eswatini	Eswatini	Not Specified>Not Specified>Not Specified>Non-Targeted Populations	$146,508		
Eswatini	Eswatini	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$175,000	$350,842	$116,947
Eswatini	Eswatini	PM>IM Program Management>Non Service Delivery>AGYW	$1,130,791	$1,164,791	$1,062,000
Eswatini	Eswatini	PM>IM Program Management>Non Service Delivery>Key Populations	$515,000	$515,000	$250,000
Eswatini	Eswatini	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$7,177,840	$7,231,978	$6,591,217
Eswatini	Eswatini	PM>IM Program Management>Non Service Delivery>OVC	$870,102	$553,450	$506,400
Eswatini	Eswatini	PM>USG Program Management>Non Service Delivery>AGYW	$446,000	$446,000	$420,000
Eswatini	Eswatini	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$6,716,521	$7,517,859	$7,783,014
Eswatini	Eswatini	PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	$1,391,664		
Eswatini	Eswatini	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	$459,832		
Eswatini	Eswatini	PREV>Comm. mobilization, behavior & norms change>Service Delivery>OVC	$406,411		
Eswatini	Eswatini	PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations	$37,500	$37,500	$37,500

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Intervention	Budget	Budget	Budget
Eswatini	Eswatini	PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations	$112,663	$112,500	$112,500
Eswatini	Eswatini	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$499,837	$500,000	$500,000
Eswatini	Eswatini	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		$100,000	$95,000
Eswatini	Eswatini	PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$1,589,063	$1,411,349
Eswatini	Eswatini	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		$327,832	$299,900
Eswatini	Eswatini	PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC		$643,411	$588,800
Eswatini	Eswatini	PREV>Not Disaggregated>Non Service Delivery>AGYW	$1,220,845	$1,085,845	$1,057,865
Eswatini	Eswatini	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$300,000	$50,000	
Eswatini	Eswatini	PREV>Not Disaggregated>Service Delivery>AGYW	$915,904	$1,121,019	$1,254,315
Eswatini	Eswatini	PREV>Not Disaggregated>Service Delivery>Key Populations	$222,900	$222,900	$310,000
Eswatini	Eswatini	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$234,317	$294,817	$205,350
Eswatini	Eswatini	PREV>PrEP>Non Service Delivery>AGYW	$134,000	$134,000	$86,000
Eswatini	Eswatini	PREV>PrEP>Non Service Delivery>Key Populations	$745	$745	
Eswatini	Eswatini	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$531,812	$674,255	$506,657
Eswatini	Eswatini	PREV>PrEP>Service Delivery>AGYW	$717,435	$817,435	$683,518
Eswatini	Eswatini	PREV>PrEP>Service Delivery>Key Populations	$190,257	$190,257	$237,000
Eswatini	Eswatini	PREV>PrEP>Service Delivery>Non-Targeted Populations	$501,317	$602,884	$626,225
Eswatini	Eswatini	PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	$1,305,902		
Eswatini	Eswatini	PREV>Primary prevention of HIV and sexual violence>Service Delivery>Non-Targeted Populations	$172,500		
Eswatini	Eswatini	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$284,849	$285,619	$254,855
Eswatini	Eswatini	PREV>VMMC>Service Delivery>Non-Targeted Populations	$834,301	$856,531	$670,048
Eswatini	Eswatini	PREV>Violence Prevention and Response>Non Service Delivery>AGYW		$46,000	
Eswatini	Eswatini	PREV>Violence Prevention and Response>Service Delivery>AGYW		$495,388	$465,000
Eswatini	Eswatini	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations		$115,000	$110,000
Eswatini	Eswatini	SE>Case Management>Non Service Delivery>OVC	$93,214	$711,682	$684,200
Eswatini	Eswatini	SE>Case Management>Service Delivery>Key Populations		$206,000	$290,000
Eswatini	Eswatini	SE>Case Management>Service Delivery>OVC	$1,600,906	$1,513,835	$1,385,200
Eswatini	Eswatini	SE>Economic strengthening>Service Delivery>AGYW	$1,715,793	$1,521,793	$1,392,400
Eswatini	Eswatini	SE>Economic strengthening>Service Delivery>OVC	$742,338	$1,017,338	$931,000

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Intervention	Budget	Budget	Budget
Eswatini	Eswatini	SE>Education assistance>Service Delivery>AGYW	$737,375	$878,375	$803,700
Eswatini	Eswatini	SE>Education assistance>Service Delivery>OVC	$885,670	$938,670	$858,900
Eswatini	Eswatini	SE>Legal, human rights & protection>Service Delivery>Key Populations	$206,000		
Eswatini	Eswatini	SE>Legal, human rights & protection>Service Delivery>OVC	$66,929		
Eswatini	Eswatini	SE>Not Disaggregated>Non Service Delivery>OVC	$600,468		
Eswatini	Eswatini	SE>Not Disaggregated>Service Delivery>Non-Targeted Populations	$7,500		
Eswatini	Eswatini	SE>Not Disaggregated>Service Delivery>OVC	$17,500		
Eswatini	Eswatini	SE>Psychosocial support>Service Delivery>OVC	$1,337,239	$1,225,239	$1,121,100

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Program	Budget	Budget	Budget
Total			**$71,826,032**	**$71,065,200**	**$65,000,000**
Eswatini	Eswatini	C&T	$25,826,888	$23,754,726	$21,646,009
Eswatini	Eswatini	HTS	$2,837,666	$2,672,480	$2,494,481
Eswatini	Eswatini	PREV	$10,474,991	$10,303,001	$9,511,882
Eswatini	Eswatini	SE	$8,010,932	$8,012,932	$7,466,500
Eswatini	Eswatini	ASP	$7,497,793	$8,542,141	$7,151,550
Eswatini	Eswatini	PM	$17,031,254	$17,779,920	$16,729,578
Eswatini	Eswatini	Not Specified	$146,508		

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Targeted Beneficiary	Budget	Budget	Budget
Total			**$71,826,032**	**$71,065,200**	**$65,000,000**
Eswatini	Eswatini	AGYW	$10,350,321	$10,702,670	$9,758,165
Eswatini	Eswatini	Children	$971,681	$851,775	$820,931
Eswatini	Eswatini	Key Populations	$1,926,465	$2,576,465	$2,139,500
Eswatini	Eswatini	Non-Targeted Populations	$51,062,655	$49,436,532	$45,332,828
Eswatini	Eswatini	OVC	$6,620,777	$6,603,625	$6,075,600
Eswatini	Eswatini	Pregnant & Breastfeeding Women	$894,133	$894,133	$872,976

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Operating Unit	Country	Fiscal Year	2023	2024	2025
		Initiative Name	Budget	Budget	Budget
Total			**$71,826,032**	**$71,065,200**	**$65,000,000**
Eswatini	Eswatini	Cervical Cancer	$2,086,032	$1,500,000	$2,141,836
Eswatini	Eswatini	Community-Led Monitoring	$230,000	$263,906	$238,786
Eswatini	Eswatini	Condoms (GHP-USAID Central Funding)	$500,000	$500,000	$500,000
Eswatini	Eswatini	Core Program	$50,364,199	$48,564,304	$44,506,921
Eswatini	Eswatini	DREAMS	$10,209,626	$10,209,815	$9,443,265
Eswatini	Eswatini	KP Survey		$600,000	
Eswatini	Eswatini	LIFT UP Equity Initiative		$650,000	$150,000
Eswatini	Eswatini	OVC (Non-DREAMS)	$5,733,175	$6,050,175	$5,569,200
Eswatini	Eswatini	USAID Southern Africa Regional Platform	$1,203,000	$1,203,000	$1,203,000
Eswatini	Eswatini	VMMC	$1,500,000	$1,524,000	$1,246,992

7. 0 Above Site Updates

Table C.1

Country	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Measurable Output by end of Year 1	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Eswatini	Capacity building for VMMC services	Strengthen the capacity of the Eswatini National AIDS Program (ENAP) to lead, monitor, and sustain VMMC program activities. Capacitate MOH to assess and accredit sites for VMMC service delivery. Integrate VMMC QMS into MOH Quality Management Department	Lack of technical capacity & financial resources	FY24, increase in the number of sites accredited providing VMMC services from 15 to 22. MOH led site readiness assessment and accreditation plan and roadmap.	$281,850	$255,050	(10%)
Eswatini	CDAP	Community profiling support to facilitate community response leadership, norms change and coordination	Negative social norms	200 quarterly community profiles developed, disseminated and utilized; negative social norms identified including persisting stigma and discrimination	Not Provided	$175,000	Not Provided
Eswatini	Closing GBV gaps for AGYW	Institute systems strengthening and capacity building for GBV first responders	Limited capacity for GBV response	Improved capacity of 977 emergency services to respond to GBV cases	$100,000	$0	(100%)
Eswatini	CMIS	Eswatini Client Management Information System (CMIS)	System scale, POC, data use, analytics, one source	CMIS Uptime 95%, CMIS Plus in 100 facilities HTS client level data coverage to 90% 85% of TX_Curr linked to MPI 75% CMIS Facilities using dashboards monthly M&E and Surveillance using Data Repository analytics 100% facility based HIV indicators submitted directly from MOH system to DATIM	$950,000	$1,023,000	8%
Eswatini	DREAMS database support	Sustain DREAMS MER reporting for all Ips from one system and support IP use of client level system for DREAMS Roadmap for integration of DREAMS/OVC systems with GoKE systems	DREAMS and OVC data	Sustain DREAMS MER reporting for all Ips from one system and support IP use of client level system for DREAMS Roadmap for integration of DREAMS/OVC systems with GoKE systems	$300,000	$270,000	(10%)
Eswatini	EDCU support	Guide EDCU towards a more integrated national surveillance approach. Institutionalize HIV case surveillance with potential expansion to other areas of concern, including TB and NCDs. Support for quality HIV recency implementation and improving mortality reporting. Advance capacity to manage, analyze, disseminate & use surveillance data.	Institutionalized HIV/TB surveillance systems	1) Real-time surveillance dashboard for case surveillance 2) Mentorship for case surveillance monitoring data analysis and response 3) Rapid assessment of strategic documents, guidance, & policies to inform strategic updates 4) Rapid assessment of existing surveillance systems	$1,224,391	$1,091,705	(11%)

Country	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Measurable Output by end of Year 1	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Eswatini	ENAP/NTCP capacity building	Continue to strengthen capacities within the MOH, ENAP, NTCP and RHMTs to improve effective coordination of the TB and HIV response to develop and implement policies pertaining to HIV and TB epidemics. Coordinate meetings to contribute to the sustainability roadmap with a focus on HRH and clinical training and mentorship approach	Lack of technical capacity	Capacity built for ENAP/NTCP to lead & coordinate quarterly TWG meetings. Coordinated dissemination of HIV guidelines and onsite trainings. New NSP developed for TB & HIV programs. Annual plan developed & costed. Support MOH Planning Office to organize & coordinate all trainings & COPs on clinical care in all regions. Develop sustainability roadmap	$642,614	$841,380	31%
Eswatini	GBV Coordination	Strengthen capacity of the Deputy Prime Minister's Office (DPMO) to lead, coordinate and monitor GBV prevention and response activities	DPMO lacks GBV coordination mechanisms	Functioning multi-sector GBV TWG by end of FY24	$235,000	$215,000	(9%)
Eswatini	HIV-DR surveillance	1) Support the establishment of a laboratory-based HIV drug resistance surveillance system to detect emerging drug resistance and to inform appropriate 2nd- and 3rd-line ARV regimens. 2) Procure HIV DR testing commodities	Limited technical capacity and financial resources	1) In FY24, EHLS staff trained are capable of performing HIV DR (DTG) testing for patient-level monitoring and analysis of sequences. 2) The lab has sufficient commodities to perform testing, is enrolled and participates successfully in international EQA program.	$170,000	$136,000	(20%)
Eswatini	Key population survey	Intergrated Bio Behavioural Surveilance Survey to support updated HIV prevalence, testing, treatment, viral load suppression and STI data on key populations to inform programming for MSM, FSW, TG and PWID	Updating 2020 KP data	Updated Integrated Bio behaviours| Surveilance Survey completed	$600,000	$0	(100%)
Eswatini	Key populations stigma reduction	Key populations stigma reduction support	Limited access to services by KP	Health care workers and law enforcement training on stigma reduction to improve access to services for KP. The KP advocacy consortium is established.	$80,000	$150,000	88%

Country	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Measurable Output by end of Year 1	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Eswatini	Lab accreditation capacity building	Strengthen the national regulatory authority (SWASA) capacity to support EHLS lab QMS efforts and develop an accreditation scheme for sub-national laboratories. Provide technical assistance to develop the operational and staffing plan for designated National Public Health Laboratory (EPHL) for timely detection of pathogens of public concerns	Lack of technical capacity & financial resources	SWASA staff trained on clinical lab standards (ISO15189), and work with EHLS to develop the national accreditation plan for sub-national labs. EPHL institutional structure and operational plan are fully developed	$75,000	$25,000	(67%)
Eswatini	Lab QMS and Mentorship	Strengthen EHLS and regional mentorship capacity to oversee implementation of LQMS within the lab network. Ensure NRLs maintain accreditation. Support revision HIV testing algorithm & EHLS 5yr strategic plan, development of national lab quality regulatory framework. Provide logistical support for national sample transport systems	Limited technical capacity and financial resources	NMRL & NTRL maintained accreditation status. 50% of main labs & 50% mini labs improved scores by 50%. Regional lab techs trained on mentorship to support facility labs. New HIV testing algorithm revised. New 5yrs EHLs strategic plan and national quality regulatory framework approved. Reduced TAT to return lab results.	$743,092	$548,092	(26%)
Eswatini	National Health Research capacity	1. Support to improve National Health Research capacity in the synthesis, dissemination, and utilisation of research products. 2. Support to EHHRRB (local IRB) to broaden capacity to improve the review of research protocols & monitoring of studies.	Data analysis/use; Protocol review/monitoring	1) Increase GKoE capacity for secondary analysis of survey results (SHIMS/VACS) to answer research questions 2) Knowledge management system/platform established & related guidelines/SOPs developed (eg. Sharepoint) 3) 2 post approval monitoring of ongoing research activities conducted	$209,800	$209,800	0%
Eswatini	NCCU Technical Assistance	Provide technical assistance to the National Cancer Control Unit (NCCU) to improve the planning, coordination and delivery of cervical cancer services	Suboptimal quality assurance for services	Updated National Cancer guidelines to include the latest testing algorithm and linkage to treatment services; finalized Quality Assurance framework to ensure provision of standardized cervical cancer services across all health facilities;	$80,000	$80,000	0%
Eswatini	NERCHA	Support National Emergency Response Council on HIV/AIDS (NERCHA) mandate to facilitate, coordinate, and monitor implementation of the national multi-sectoral response	Weak multisectoral coordination	All NSF interventions implementated by key sectors; all NSF indicators tracked and reported on through a functional multisectoral M&E system and all multisectoral coordination platforms functioning	Not Provided	$238,900	Not Provided

Country	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Measurable Output by end of Year 1	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Eswatini	Not Provided	Provide technical assistance to the National Key Populations Program to improve the planning, coordination and delivery of key populations services in mainstream facilities, mobile clinics and drop on centers.	Limited capacity for KP responsive services.	Not Provided	Not Provided	$150,000	Not Provided
Eswatini	Not Provided	This is a temporary TBD mechanism witholding $1,265,589 from across five other mechanisms: 85152, 84244, 109137, 81935, 85552.	National government engagement in G22 planning.	n/a for FY24. For FY23, PEPFAR Eswatini will start G2G planning working group in consultation with the GKoE by end of June 2023. By mid-July of 2023, consensus will be reached on the way forward on certain PEPFAR-funded sustainability and G2G activites for COP23. Decisions will then be operationalized in COP23 tools by the end of July 2023.	$1,265,589	$0	(100%)
Eswatini	Safe Space for GBV survivors	Establish safe spaces for GBV survivors	Inadequate GBV safe spaces	Renovated and functional GBV safe space by end of FY24	$150,000	$0	(100%)
Eswatini	SID review	TA to undertake a review of the structure of the Strategic Information Department (SID) to improve coordination.	Lack of technical capacity	1) SID review conducted and associated report presented to the MOH Leadership. 2) Recommendations for implementation prioritized by MOH	$32,482	$10,000	(69%)
Eswatini	SRHU Technical Assistance	Provide technical assistance to the Sexual and Reproductive Health Unit (SRHU) to improve the planning, coordination, delivery, monitoring and use of data for PMTCT services	Limited use of PMTCT data for decision making	Updated PMTCT guidelines and standard operating procedures (SOPs) to reflecte the latest national, WHO and PEPFAR guidance and recommendations. Conduct quarterly data reviews in collaboration with the Data Management Team (M&E and HMIS) and move towards sourcing PEPFAR PMTCT IP reporting from MOH client level data systems.	Not Provided	$250,000	Not Provided
Eswatini	Supply Chain Technical Assistance	MOH/MOF health commodity quantification, procurement and tracking enhancement.	Commodity security for TB/HIV programs	Ministry of Health/Ministry of Finance Procurement and Finance commitee fully operationalised with a 50% improvement on order placement and 90% utilization of the MOH commodities budget, For commodities supporting the National laboratory,tuberculosis and HIV programs	$761,452	$761,452	0%

Country	Unique Activity Title (optional)	Short Activity Description	Gap Activity Will Address	Measurable Output by end of Year 1	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Eswatini	TA for ENAP/NTCP capacity	Provide TA and financial resources to ENAP/NTCP to improve planning, coordination & enable them to drive the TB/HIV response in country. TA to develop key policy, guidance documents. Develop plan to transition community of practice (COP) program to ENAP/NTCP & capacitate them to run monthly sessions	Technical capacity to coordinate the response	4 TWG meetings coordinated by ENAP/NCTP. HIV guidelines disseminated & training conducted for all ART sites. TB & HIV NSP developed. Annual plan costed. Monthly COPs runand plan to transition to MOH developed. HIVSTas screening tool rolled out. Site training on integration of NCD screening & treatment in ART sites conducted.	$290,871	$400,871	38%
Eswatini	TA to (MoET) to integrate DREAMS	Provide TA to (MoET) to integrate HIV/SRH and GBV/VAC prevention services	Schools lack HIV/SRH and GBV services	Revised Life Skills Curriculum in place by end of FY24	$350,000	$320,300	(8%)

8.0 USG staffing updates

For USG staffing updates, add in new positions, repurposed positions, or eliminated positions by agency.

- **PEPFAR Coordinating Office (PCO)** – PCO will be recruiting for new Communication Specialist position approved in FY22.
- **Centers for Disease Control and Prevention** – CDC will be recruiting for new Associate Director position approved in FY23.
- **USAID** – No change to current staffing footprint. New Deputy has been identified and will arrive at Post in current FY (FY24).
- **Peace Corps** – No changes to staffing footprint. New Deputy has been identified and will arrive at Post in current FY (FY24).
- **Department of Defense** – No changes to staffing footprint.

9.0 PEPFAR/E Resource Commitments and Priority Areas for Sustainability Roadmap

With support from PEPFAR/E and the Global Fund, UNAIDS will convene and engage in discussions with GKoE and other key stakeholders to develop a country-led HIV response sustainability roadmap for Eswatini. The roadmap will be built around the existing government structures and work that has been done thus far. Partners will support the GKoE to create a roadmap that will complement the existing National Multisectoral HIV/AIDS Response Strategic Plan (NSP) and other national heath and economic planning strategies.

After multiple consultations on the roadmap development process, PEPFAR/E is still in the very early stages of development. As of February 2023, the team is working with the GKoE to develop an approach and set the vision for how the process will be structured. Once focal person(s) have been identified within the GKoE, PEPFAR/E and other stakeholders will work to support the development of a sustainability framework that encompasses various aspects of the roadmap to include: political commitment, integration, policy development, and a financing landscape. Multiple stakeholder engagements are still required and necessary to move into the next phase of planning.

During the COP23 Yr-2 Midterm Review meeting, support structures were discussed, and tentative agreements were made to support the development of the roadmap:

- **PEPFAR:** The PEPFAR/E will work toward funding a short-term consultant (May 2024 – September 2024) through the Panagora mechanism to work directly with an identified sustainability champion within the office of the Secretary to the Cabinet.
- **The Global Fund:** Through GC6 and GC7 support, the Global Fund through their Principal Recipient NERCHA, will support the logistics, meetings, and any other support identified in order to convene the necessary stakeholders throughout the roadmap process. The Global Fund PR will work directly

with the PEPFAR consultant and the sustainability champion within government to establish a meeting schedule and design the roadmap document itself.

- **UNAIDS:** The UNAIDS country office will engage at every level, ensuring that all partners are supporting the GKoE's vision for a sustainable HIV response in Eswatini.
- **Government:** A sustainability champion will be identified within the office of the Secretary to Cabinet and will act as the main focal person for HIV sustainability in Eswatini. The GKoE POC will lead this effort and guide all stakeholders throughout this process. They will work directly with the Ministry of Health to establish a blueprint for how the GKoE will incorporate increased domestic resources for HIV and establish clear metrics and milestones to guide all partners and key stakeholders.

The PEPFAR/E team will continue to engage with key GKoE counterparts, especially within the Ministry of Health, meeting on a monthly basis to provide updates and ensure streamlined planning. PEPFAR/E has identified funding within the USAID M&O budget to fund a short-term consultant that can help jumpstart this process and be our key liaison with all supporting partners. Funding has also been identified within the current COP (COP23 Yr-1) to fast track the roadmap process and in order to meet the December 1st deadline for the roadmap document.

The PEPFAR/E team is also currently engaging on health system strengthening efforts to support the government in creating efficiencies and modernize various areas of the health system that can/will feed into the national public health system and compliment the sustainability roadmap process:

- **eLMIS:** In line with the government's eGovernance vision, the PEPFAR/E team will support the GKoE to revise and redeploy the electronic Logistics Management Information System (eLMIS) to improve end-to-end visibility of health product management and availability. PEPFAR/E will support with technical assistance, while the Global Fund has allocated funding within the GC6 and GC7 grants to resource this initiative and the World Bank has also set aside funds to support this activity.
- **Central Medical Stores (CMS):** Additionally, PEPFAR/E has been providing TA to central medical stores (CMS) and the Ministry of Health in the effort to support the governments plans for a semi-autonomous CMS.
- **National Public Health Institute (NPHI) / Eswatini CDC:** King Mswati III announced his plans to establish the "Eswatini CDC" in June 2023 as one of the outcomes of Ambassador Nkengasong's visit to the Kingdom. The Ministry of Health has appointed an officer to lead this effort and a task team has been established. To date, a concept note with a timeline has been drafted which initially establishes the NPHI as a department within the MoH as an interim step toward establishing the NPHI as an independent entity by 2028. A benchmarking visit and scoping/landscape mapping are planned for Mar-Jun 2024 supported by Africa CDC. PEPFAR is providing technical guidance through both local and headquarters resources, as well as supporting key convening and coordination activities both locally and regionally. Further, PEPFAR investments in laboratory, surveillance, and public health workforce systems are being aligned to strengthen these core NPHI pillars. Additional partnerships and funding opportunities for NPHI establishment are being explored with Global Fund, WHO, and World Bank.
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