TheGlobalFund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **National Emergency Response Council on HIV and AIDS** (the "Principal Recipient") on behalf of the Kingdom of Eswatini (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 21 November 2014, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at http://www.theglobalfund.org/GrantRegulations). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Kingdom of Eswatini
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Halting the spread of HIV and reducing TB Prevalence and Mortality in Eswatini
3.4	Grant Name:	SWZ-C-NERCHA
3.5	GA Number:	2602
3.6	Grant Funds:	Up to the amount of USD 48,765,001 or its equivalent in other currencies
3.7	Implementation Period:	From 1 October 2021 to 30 September 2024 (inclusive)
3.8	Principal Recipient:	National Emergency Response Council on HIV and AIDS P.O. Box 1937

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		H100 Mbabane Kingdom of Eswatini Attention: Mr. Khanyakwezwe Mabuza Executive Director Telephone: 26824065000 Email: khanya.mabuza@nercha.org.sz
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	PricewaterhouseCoopers Services (Pty) Ltd Rhus Office Park Kal Grant Street H100 Mbabane Kingdom of Eswatini Attention: Makhosazana Mhlanga Telephone: +26876028433 Email: makhosazana.mhlanga@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Gail Steckley Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: gail.steckley@theglobalfund.org

4. **Policies**. The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

5. **Representations**. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents,

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any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.3 Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

(1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the

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current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements; and

(2) comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of USD 7,690,965.30 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements.

6.4 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.5 The regional Green Light Committee (the "GLC") shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR-TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of US$ 50,000 in Grant Funds annually may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

6.6 The Program budget includes USD 4,739,416 ("Matching Funds") programmed towards activities to support TB preventive treatment for People Living with HIV with a family approach (the "Catalytic Priority"). Notwithstanding anything to the contrary in the Grant Agreement, Matching Funds must remain invested in activities relating to the Catalytic Priority for the duration of the Implementation Period, and may only be reprogrammed for other activities supporting that Catalytic Priority, unless otherwise approved in writing by the Global Fund.

6.7 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), no later than 30 November 2021, the Principal Recipient, in collaboration with the CCM, will provide an absorption plan to the Global Fund detailing the required preparatory steps, starting 1 January 2022, for the partial governmental absorption of funding for national human resources of health staff independently of Global Fund support. This plan should be aligned to the human resources absorption commitment by the Principal Secretary of the Ministry of Health of the Kingdom of Eswatini dated April 2021. The Principal Recipient must report on progress made on this plan with every progress update.

6.8 Any payment with respect to salary increases due to cost of living adjustments must align with governmental regulations for the relevant year and must be approved by the Global Fund prior to its implementation.

[*Signature Page Follows.*]

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IN WITNESS WHEREOF, the Global Fund and the Principal Recipient, acting on behalf of the Grantee, have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: M.A. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Aug 18, 2021

National Emergency Response Council on HIV and AIDS
on behalf of the Kingdom of Eswatini

By: _____

Name: Khanyakwezwe Mabuza

Title: Executive Director

Date: 9th August, 2021

Acknowledged by

By: _____

Name: Deliswa Maphanga

Title: Chair Country Coordinating Mechanism of the Kingdom of Eswatini

Date: 10th August, 2021

By: _____

Name: Colani Magongo

Title: Civil Society Signatory Country Coordinating Mechanism of the Kingdom of Eswatini

Date: 9th August, 2021

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for Program

The TB and HIV burden continues to be a huge public health threat for the Eswatini with an HIV prevalence of 27.0% among adults aged 15-49 years (35.6% in women and 18.0% in men). TB incidence, on the other hand, was estimated to be 441 per 100,000 people, for a total of 4,821 incident cases. The TB incidence has, however, significantly reduced from a peak of 1,382 per 100,000 in 2013.

In 2019, Eswatini had an estimated 200,000 people living with HIV (PLHIV), including 190,000 adults and 10,000 children. HIV prevalence is 27.0% among adults aged 15-49 years (35.6% in women and 18.0% in men). The gender disparity is most pronounced among 20-24-year-olds, where HIV prevalence is five times higher among young women (20.9%) than among young men (4.2%). Women face a disproportionate HIV burden until age 45, after which prevalence is higher in men (Figure 1). Prevalence is highest among women aged 35-39 years (54.2%) and lowest among boys aged 15-19 years (3.9%). HIV prevalence does not vary significantly across Eswatini's 4 regions, 55 Tinkhundla (local government constituencies), and 385 Chiefdoms. Lubombo region has the highest prevalence (28.9%) and Hhohho has the lowest (25.1%).

There are age and gender-related disparities amongst TB patients, with men aged 25-44 years most affected, followed by women aged 25-34 years. Behavioral factors drive the gender disparity; men are 10 times more likely to smoke than women (16.5% vs. 1.7%), which increases TB risk by 2-3-fold and is associated with poor treatment results. There were an estimated 360 drug-resistant TB (DR-TB) cases in 2018.

Demographic and economic inequities drive the HIV epidemic. While Eswatini is classified as a lower middle-income country, 58.9% of the country's 1,139,370 population still live-in poverty. The overall unemployment rate is high, at 22.8%, but it is more than twice that for young people aged 15-24 years (45.8%).

Adult HIV incidence has fallen from 3.4% in 2000 to 0.98% in 2019, as a result of effective treatment and prevention programs implemented by the government, civil society, and their partners. Though progress has been made, the 4,200 new adult (aged 15+ years) HIV infections in 2019 mean that the country is off track to achieve its 2020 Fast-Track target of 2,500 infections. Scaled up prevention programs are needed. HIV incidence rates shine a spotlight on age and gender inequality in the context of the epidemic. Among adolescents aged 15-19 years, HIV incidence rates are 46-fold greater for girls (2.3%) than for their male peers (0.05%). Below the age of 30 years, HIV incidence is higher for women, but after this age it is men who are more vulnerable (Figure 2). This suggests a cycle of new infections, whereby adolescent girls, and young women (AGYW) are infected by men older than they are, who then in-turn infect their male partners later in life.

Eswatini's 2016 Gender Assessment points to numerous social, structural and behavioral risk-factors that make AGYW vulnerable to HIV infection. These include low HIV knowledge (49.1%), early sexual debut (48% of AGYW have sex before the age of 18 years), high rates of teenage pregnancy (23% among 15-19-year-olds), low secondary school education (54.7% attendance

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rate), transactional sex (21% among AGYW aged 15-24 years), and sexual violence (55.9% among girls aged 13-17 years). Though child marriage is less common than in other countries in the region, 4% of girls aged15-19 years are married or in union, often influenced by early pregnancy and negatively affecting girls' educational attainment.

On TB the 4,821 TB cases in 2018, 3,151 were reported to the National TB Control Program (NTCP), meaning there was a case detection rate of 65% and 1,700 missing people with TB. The gap between incident and notified cases has been steadily decreasing since 2013. The slight widening in 2018 is explained by the recent prevalence survey, which found that TB incidence for Eswatini was previously underestimated. The second drug resistant TB survey (DRS) conducted in 2017/2018 revealed that the GeneXpert misses about 58% of rifampicin-resistant TB (RR-TB) cases. These missed cases harbor a rpoB 491 mutation, that is also missed by all currently available diagnostic techniques in the country warranting implementation of Next Generation Sequencer (NGS). This gap is consistent with WHO TB report, 2019, which reported a lower DR-TB case detection rate of 51% in 2018 (182 detected of 360).

2. Goals, Strategies and Activities

The Program aims to achieve the following goals:

- Halt the spread of HIV and reverse its impact in the society of Eswatini
- Ensure adequest health system to support the attainment of health service targets, especially relating to the HIV/AIDS, TB and Malaria.
- Reduce TB mortaity by 50% and TB incidence by 40% in 2023.

The Strategies and Interventions are:

The Program aims to achieve the above goals by:

- Accelerated scale-up of ART;
- Scale-up of VMMC;
- Innovative HIV Prevention approaches for AGYW, with a focus on economic empowerment, transformation of gender roles and relations, and innovative social and behavior change communication;
- elimination of mother-to-child transmission;
- Intensified TB/HIV co-infection diagnosis and treatment
- Screening, including the increase of pediatric screening and all activities required to reach at least 90% CDR
- Increasing treatment outcomes in drug sensitive and drug resistant patients
- Expanding TPT for HIV-ART patients
- Expanding household screening and TPT for children under 5

3. Target Group/Beneficiaries

- Adolescent Girls and Young Women
- Boys and Men
- PLHIV
- TB Patients
- Key populations (Female Sex Workers, Men who Have Sex with Men, Transgender People)
- TB Key Populations (Prisoners, mineworkers, ex-miners and their families)

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- Priority Populations (DR TB Patients, TB/HIV Coinfected Patients, PLHIV with CD4<100, Pregnant and lactating women, sero-discordant couples, clients with STIs)

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Summary Budget

Country	Eswatini
Grant Name	SWZ-C-NERCHA
Implementation Period	01-Oct-2021 - 30-Sep-2024
Principal Recipient	National Emergency Response Council on HIV and AIDS

By Module	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
Differentiated HIV Testing Services	$344,474				**$344,474**	$203,759				**$203,759**	$197,584				**$197,584**	**$745,816**	**1.5 %**
MDR-TB	$92,713	$53,542	$52,736	$52,736	**$251,726**	$73,153	$69,146	$69,146	$69,146	**$280,589**	$72,659	$71,231	$71,231	$71,231	**$286,353**	**$818,668**	**1.7 %**
PMTCT	$369,577	$134,394	$134,394	$134,394	**$772,757**	$141,108	$141,108	$141,108	$141,108	**$564,431**	$148,508	$148,508	$148,508	$148,508	**$594,031**	**$1,931,220**	**4.0 %**
Prevention	$37,925	$136,550	$50,323	$170,355	**$395,154**	$640,619	$45,875	$36,078	$36,078	**$758,650**	$91,768	$595,540	$36,097	$36,097	**$759,503**	**$1,913,307**	**3.9 %**
Program management	$816,477	$275,796	$289,130	$188,003	**$1,569,406**	$2,161,469	$243,576	$273,878	$201,699	**$2,880,622**	$559,608	$361,975	$226,409	$873,602	**$2,021,594**	**$6,471,622**	**13.3 %**
RSSH: Health management information systems and M&E	$80,563	$307,782	$543,661	$274,652	**$1,206,658**	$107,252	$123,819	$125,765	$64,684	**$421,521**	$112,781	$140,356	$121,402	$68,107	**$442,647**	**$2,070,826**	**4.2 %**
RSSH: Health products management systems	$99,602	$161,087	$139,852	$109,682	**$510,223**	$162,900	$109,861	$88,363	$105,361	**$466,484**	$122,600	$126,496	$84,112	$102,016	**$435,224**	**$1,411,931**	**2.9 %**
RSSH: Integrated service delivery and quality improvement		$23,298	$13,043		**$36,341**											**$36,341**	**0.1 %**
TB care and prevention	$1,838,299	$805,095	$371,257	$358,401	**$3,373,053**	$1,311,440	$546,996	$374,705	$374,322	**$2,607,463**	$1,194,231	$469,866	$304,950	$304,546	**$2,273,592**	**$8,254,108**	**16.9 %**
TB/HIV	$6,448	$39,371	$89,733	$39,188	**$174,740**	$320,298	$45,014	$15,324	$45,014	**$425,649**	$914,463	$49,563	$18,387	$49,563	**$1,031,976**	**$1,632,366**	**3.3 %**
Treatment, care and support	$2,766,329	$1,799,171	$200,030	$185,361	**$4,950,891**	$16,336,303	$577,888	$194,739	$194,739	**$17,303,668**	$225,914	$588,207	$205,058	$205,058	**$1,224,237**	**$23,478,797**	**48.1 %**
Grand Total	**$6,452,406**	**$3,736,086**	**$1,884,159**	**$1,512,772**	**$13,585,423**	**$21,458,300**	**$1,903,281**	**$1,319,106**	**$1,232,150**	**$25,912,837**	**$3,640,117**	**$2,551,741**	**$1,216,155**	**$1,858,728**	**$9,266,741**	**$48,765,001**	**100.0 %**

By Cost Grouping	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$840,451	$865,295	$865,295	$865,295	**$3,436,337**	$878,907	$878,907	$878,907	$878,907	**$3,515,628**	$833,690	$833,690	$833,690	$833,690	**$3,334,759**	**$10,286,724**	**21.1 %**
Travel related costs (TRC)	$101,626	$336,249	$365,521	$239,103	**$1,042,500**	$210,479	$186,012	$141,570	$113,360	**$651,421**	$204,338	$177,603	$135,870	$111,158	**$628,968**	**$2,322,889**	**4.8 %**
External Professional services (EPS)	$14,793	$104,591	$100,916	$8,563	**$228,862**	$14,973	$53,365	$96,659	$9,013	**$174,010**	$15,225	$64,838	$38,544	$62,200	**$180,807**	**$583,679**	**1.2 %**
Health Products - Pharmaceutical Products (HPPP)	$854,998	$223,664			**$1,078,662**	$16,956,040				**$16,956,040**	$1,395,311				**$1,395,311**	**$19,430,013**	**39.8 %**
Health Products - Non-Pharmaceuticals (HPNP)	$3,578,750	$1,446,650	$7,413	$16,722	**$5,049,536**	$963,038	$400,749	$7,803	$7,803	**$1,379,392**	$542,815	$790,982	$8,232	$8,232	**$1,350,261**	**$7,779,189**	**16.0 %**
Health Products - Equipment (HPE)	$200,433	$161,475			**$361,908**		$141,213			**$141,213**		$145,294			**$145,294**	**$648,414**	**1.3 %**
Procurement and Supply-Chain Management costs (PSM)	$647,835	$49,080	$1,461	$607	**$698,984**	$2,130,263	$6,860	$638	$638	**$2,138,399**	$369,606	$298,213	$1,382	$1,382	**$670,583**	**$3,507,966**	**7.2 %**
Non-health equipment (NHP)	$86,456	$339,456	$411,104	$254,400	**$1,091,416**	$111,565	$73,293	$46,503	$73,293	**$304,654**	$76,782	$72,745	$44,483	$72,745	**$266,756**	**$1,662,825**	**3.4 %**
Communication Material and Publications (CMP)	$1,702	$22,262	$6,371		**$30,335**	$1,856				**$1,856**	$1,958				**$1,958**	**$34,148**	**0.1 %**
Indirect and Overhead Costs	$73,032	$127,867	$66,580	$68,585	**$336,064**	$112,242	$83,946	$68,087	$70,198	**$334,473**	$116,503	$84,485	$70,065	$685,431	**$956,484**	**$1,627,021**	**3.3 %**
Living support to client/ target population (LSCTP)	$52,329	$59,497	$59,497	$59,497	**$230,820**	$78,938	$78,938	$78,938	$78,938	**$315,751**	$83,890	$83,890	$83,890	$83,890	**$335,561**	**$882,132**	**1.8 %**
GrandTotal	**$6,452,406**	**$3,736,086**	**$1,884,159**	**$1,512,772**	**$13,585,423**	**$21,458,300**	**$1,903,281**	**$1,319,106**	**$1,232,150**	**$25,912,837**	**$3,640,117**	**$2,551,741**	**$1,216,155**	**$1,858,728**	**$9,266,741**	**$48,765,001**	**100.0 %**

By Recipients	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	Total Y1	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	Total Y2	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	01/07/2024 - 30/09/2024	Total Y3	Grand Total	% of Grand Total
PR	**$6,452,406**	**$3,736,086**	**$1,884,159**	**$1,512,772**	**$13,585,423**	**$21,458,300**	**$1,903,281**	**$1,319,106**	**$1,232,150**	**$25,912,837**	**$3,640,117**	**$2,551,741**	**$1,216,155**	**$1,858,728**	**$9,266,741**	**$48,765,001**	**100.0 %**
National Emergency Response Council on HIV and AIDS	$6,452,406	$3,736,086	$1,884,159	$1,512,772	$13,585,423	$21,458,300	$1,903,281	$1,319,106	$1,232,150	$25,912,837	$3,640,117	$2,551,741	$1,216,155	$1,858,728	$9,266,741	$48,765,001	100.0 %
Grand Total	**$6,452,406**	**$3,736,086**	**$1,884,159**	**$1,512,772**	**$13,585,423**	**$21,458,300**	**$1,903,281**	**$1,319,106**	**$1,232,150**	**$25,912,837**	**$3,640,117**	**$2,551,741**	**$1,216,155**	**$1,858,728**	**$9,266,741**	**$48,765,001**	**100.0 %**

Performance Framework

Country	Eswatini
Grant Name	SWZ-C-NERCHA
Implementation Period	01-Oct-2021 - 30-Sep-2024
Principal Recipient	National Emergency Response Council on HIV and AIDS

Reporting Periods						
	Start Date	01-Oct-2021	01-Jul-2022	01-Jan-2023	01-Jul-2023	01-Jan-2024
	End Date	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023	30-Sep-2024
	PU includes DR?	No	Yes	No	Yes	No

Program Goals, Impact Indicators and targets

1	The goal of the HIV NSF 2018-2023 is to super-fast track the HIV response to reduce new HIV infections by 85% and AIDS related mortality by 50% from 2017 levels by 2023.
2	The goal of the TB NSP 2020-2023 is to reduce TB incidence by 50% and TB deaths by 75% from 2015 baseline by 2023.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV I-13 Percentage of people living with HIV	Eswatini	N: 200,481 D: 1,093,238 P: 18.3%	2019 Eswatini HIV Estimates and Projection Report, 2020 Eswatini Population Census Report, 2017	Gender | Age,Gender,Age	National Emergency Response Council on HIV and AIDS	N: D: P: 18.12% Due Date: 15-Feb-2022	N: D: P: 18.02% Due Date: 15-Feb-2023	N: D: P: 17.92% Due Date: 15-Feb-2024	N: D: P: 17.89% Due Date: 15-Feb-2025
	Comments									
	Data will be collected through population based surveys such as SHIMS, or/and any other surveillance study. HIV Estimates and Projections 2019 showed a decline in PLHIV, as the total population increases the number of PLHIV will eitheir remain the same or decline due to the stage the country has reached of epidemic control, where fewer people test positive. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023)								
2	HIV I-4 Number of AIDS-related deaths per 100,000 population	Eswatini	N: 213 D: P:	2019 Eswatini HIV Estimates and Projection Report, 2019	Age,Gender,Gender | Age	National Emergency Response Council on HIV and AIDS	N: 183 D: P: % Due Date: 15-Feb-2022	N: 164 D: P: % Due Date: 15-Feb-2023	N: 146 D: P: % Due Date: 15-Feb-2024	N: 137 D: P: % Due Date: 15-Feb-2025
	Comments									
	The targets are based on the annual AIDS related deaths. The baseline is based on 2,329 deaths in 2019 against estimated population of 1,415,775. The target numerators are based on estimated AIDS-related deaths of 2,000; 1,800; 1,600; and 1,500 in 2021; 2022; 2023; and 2024 respectively. The population (denominators) are based on population estimates calculated at a population groth rate of 0.09 from 2017. 1,682,082; 1,833,470; 1,998,482 and 2,178,346 in 2021; 2022; 2023; and 2024 respectively. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023)									
3	HIV I-14 Number of new HIV infections per 1000 uninfected population	Eswatini	N: 4,480 D: P:	2019 Eswatini HIV Estimates and Projection Report, 2019	Gender | Age,Gender,Age	National Emergency Response Council on HIV and AIDS	N: 3,300 D: P: % Due Date: 15-Feb-2022	N: 3,143 D: P: % Due Date: 15-Feb-2023	N: 3,091 D: P: % Due Date: 15-Feb-2024	N: 3,043 D: P: % Due Date: 15-Feb-2025
	Comments									
	Baseline line targets are based on 2016/17 SHIMS 2 findings among ages 15-49 years. The 2023 and 2024 targets are as per the 2018-2023 Eswatini NSF. NSF targets were set based on the SHIMS, for the year 2020 the target was set at 0.68 and for the 2023, the target stands at 0.41. HIV Estimates and Projections projected a much higher infection rate (2019) of 0.63, 0.59 and 0.57.									
4	TB/HIV I-1 TB/HIV mortality rate per 100,000 population	Eswatini	N: 61 D: P:	2019 WHO Global TB Report, 2019 (Eswatini Profile)		National Emergency Response Council on HIV and AIDS	N: 51 D: P: % Due Date: 15-Feb-2022	N: 40 D: P: % Due Date: 15-Feb-2023	N: 30 D: P: % Due Date: 15-Feb-2024	N: 20 D: P: % Due Date: 15-Feb-2025
	Comments									

4	The baseline for this indicator has been extracted from the WHO Country Profile (Aug 2020). The Goal of TB NSP Reduce TB mortaity by 50% in 2023. A 50% reduction would mean that the Country would reach a TB/HIV mortality of about 31/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 17% annually.									
5	TB I-2 TB incidence rate per 100,000 population	Eswatini	N: 363 D: P:	2019 WHO Global TB Report, 2020 (Eswatini Profile)		National Emergency Response Council on HIV and AIDS	N: 315 D: P: % Due Date: 15-Feb-2022	N: 266 D: P: % Due Date: 15-Feb-2023	N: 218 D: P: % Due Date: 15-Feb-2024	N: 169 D: P: % Due Date: 15-Feb-2025
	Comments									
	The baseline for this indicator has been extracted from the WHO Country Profile (Dec 2020). The Goal of TB NSP Reduce TB incidence of all forms of TB by 40% in 2023. A 40% reduction would mean that the Country would reach a TB incidence of about 218/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 13% annually.									
6	TB I-3□ᴹ□ TB mortality rate per 100,000 population	Eswatini	N: 22 D: P:	2019 WHO Global TB Report, 2020 (Eswatini Profile)		National Emergency Response Council on HIV and AIDS	N: 18 D: P: % Due Date: 15-Feb-2022	N: 14 D: P: % Due Date: 15-Feb-2023	N: 11 D: P: % Due Date: 15-Feb-2024	N: 8 D: P: % Due Date: 15-Feb-2025
	Comments									
	The baseline for this indicator has been extracted from the WHO Country Profile (Aug 2020). The Goal of TB NSP Reduce TB mortaity by 50% in 2023. A 50% reduction would mean that the Country would reach a TB incidence of about 11/100000 in 2023. We have etrapolated the years in between by factoring in a reduction of about 17% annually.									
7	TB I-4□ᴹ□ RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Eswatini	N: D: P: 8.6%	2017 Drug Resistant Survey (DRS)			N: D: P: 8.00% Due Date: 15-Feb-2022	N: D: P: 8.00% Due Date: 15-Feb-2023	N: D: P: 8.00% Due Date: 15-Feb-2024	N: D: P: 8.00% Due Date: 15-Feb-2025
	Comments									
	Estimated MDR-TB prevalence is currently 8.6% among new cases. Implementing TB sequencing will allow the country to generate an accrurate estimate of magnitude of RR and/or MDR among new TB cases. Indicator will be reported on based on the WHO annual TB reports on subsequent years.									
8	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Eswatini	N: D: P: 1.2%	2019 Eswatini HIV Estimates and Projection Report, 2019		National Emergency Response Council on HIV and AIDS	N: D: P: 1.77% Due Date: 15-Feb-2022	N: D: P: 1.78% Due Date: 15-Feb-2023	N: D: P: 1.80% Due Date: 15-Feb-2024	N: D: P: 1.80% Due Date: 15-Feb-2025
	Comments									
	HIV transmission rate at 6 weeks for exposed infants was 1.21% in 2019. HIV transmission rate at 6 weeks is projected to remain below 2% between 2019 up until 2024. The 2019 MTCT rate is estimated at 2.5% after cessation of breastfeeding and projected to remain below 3.0% in 2024.									

Program Objectives, Outcome Indicators and targets

1	HIV: Reduction of HIV incidence among persons aged 15-49 years by 85% by 2023 from the 2017 baselines
2	HIV: Reduction of HIV incidence among persons aged 15-24 by 85% by 2023 from the 2017 baselines
3	HIV: Reduction of new HIV infections among infants aged 0-1 year to less than 0.05% by 2023 from 2.5% in 2019
4	HIV: Reduction of AIDS deaths by 50% by 2023 from the 2017 baselines
5	TB: Establish and Operationalize Multi-sectoral mechanisms to address TB issues, by 2023
6	TB: Secure 90% of required TB NSP funding, build capacity and maintain focused positions for TB control at all levels, by 2023
7	TB: Increase TB treatment coverage (all forms) from 80% in 2018 to 90 % in 2023
8	TB: Increase the proportion of childhood TB case notifications from 6% in 2019 to 12 % in 2023
9	TB: Increase TB Preventive Therapy (TPT) uptake from 62% among the under 5 years children TB contacts and from 65% among PLHIV (2019) to 90% by 2023
10	TB: Increase treatment success rate for all forms of TB (drug-susceptible TB and Drug resistant TB) from 83% in 2019 to 90% in 2023 and 95% in 2025
11	TB: Reduce the proportion of affected families facing catastrophic costs due to TB to zero by 2023

12	TB: Increase TB/HIV/NCDs collaborative activities (Diabetes, Hypertension, Chronic lung diseases and Mental Health services) in TB BMUs from unknown in 2019 to 50% BMUs in 2023

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV O-11□ᴹ□ Percentage of people living with HIV who know their HIV status at the end of the reporting period	Eswatini	N: 192,462 D: 200,481 P: 96.0%	2019 HIV Estimates and Projections	Gender	National Emergency Response Council on HIV and AIDS	N: D: P: 96.00% Due Date: 15-Feb-2022	N: D: P: 96.00% Due Date: 15-Feb-2023	N: D: P: 98.00% Due Date: 15-Feb-2024	N: D: P: 100.00% Due Date: 15-Feb-2025
	Comments									
	Disaggregation will be by age (children and adults) and gender because, the proportion who know their HIV status is lower among children compared to adults. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023) and adjusted for the upper bound of PLHIV estimates									
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Eswatini	N: 184,355 D: 191,782 P: 96.1%	2019 HIV Estimates and Projections	Gender	National Emergency Response Council on HIV and AIDS	N: D: P: 93.00% Due Date: 15-Feb-2022	N: D: P: 95.00% Due Date: 15-Feb-2023	N: D: P: 97.00% Due Date: 15-Feb-2024	N: D: P: 99.00% Due Date: 15-Feb-2025
	Comments									
	Eswatini already attained the 95-95-95 treatment targets which was determined using the spectrum estimates. However, for this indicator and treatment, the country is using the upper bound of the estimate hence the pseudo reduction on the year 1 and 2 targets. The targets are aligned to the national strategic plan for HIV (National multisectoral HIV and AIDS strategic framework 2018-2023) and adjusted for the upper bound of PLHIV estimates								
3	HIV O-14 Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	Eswatini	N: D: P: 37.0%	2014 Multiple Indicator Cluster Survey (MICS)		National Emergency Response Council on HIV and AIDS	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 5.00% Due Date: 15-Feb-2024	N: D: P: % Due Date:
	Comments									
	The target is aligned to the HIV NSF 2018 - 2023 document which set the targets to ≤10% in 2020 and ≤ 5% by 2023.									
4	TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Eswatini	N: 262 D: P:	2019 National TB Program		National Emergency Response Council on HIV and AIDS	N: 177 D: P: % Due Date: 15-Feb-2022	N: 158 D: P: % Due Date: 15-Feb-2023	N: 145 D: P: % Due Date: 15-Feb-2024	N: 130 D: P: % Due Date: 15-Feb-2025
	Comments									
	Case notification targets were generated base on estimated notification volumes derived by the TIME Modelling exercise. The targets take into account implementing the objectives of the NSP. The TIME model estimate that the NSP will avert 970 new TB cases (10.6% reduction relative to 2018 baseline) and that it will lead to 1,569 additional TB notifications for the period 2020-2023.								
5	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Eswatini	N: 2,494 D: 2,771 P: 90.0%	2019 National TB Program		National Emergency Response Council on HIV and AIDS	N: D: P: 90.00% Due Date: 15-Feb-2022	N: D: P: 90.00% Due Date: 15-Feb-2023	N: D: P: 90.00% Due Date: 15-Feb-2024	N: D: P: 95.00% Due Date: 15-Feb-2025
	Comments									
	The TB NSP aims to maintain treatment success rate for all forms of TB at over 90% and over by 2023. This a challenging objective that will see the the implementation of a shorter Orall DR-TB regimen, strengthen pharmacovigilance, Integrated Management of TB and NCDs and ensuring uniterreupted supply of TB drugs.								
6	TB O-6 Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	Eswatini	N: 159 D: 373 P: 42.6%	2019 National TB Program		National Emergency Response Council on HIV and AIDS	N: 199 D: 361 P: 55.12% Due Date: 15-Feb-2022	N: 179 D: 326 P: 54.91% Due Date: 15-Feb-2023	N: 166 D: 299 P: 55.52% Due Date: 15-Feb-2024	N: 150 D: 268 P: 55.97% Due Date: 15-Feb-2025

6	**Comments** Findings from the Drug Resistance Survey conducted in indicated that atleast 58% of RR cases were being missed by GeneXpert. The NSP Modelling report provide the estimated number of DR-TB cases. In 2019 the proportion of RR/MDR-TB cases among all notified DR-TB cases stood at 52% and fell to 47% in 2020. TB sequencing is expected to improve the dectection of RR cases. The target takes into account recent perfomance of the indicator and the declining overall TB burden in the country as observed since 2013.									
7	TB O-4□M□ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Eswatini	N: 280 D: 363 P: 77.1%	2019 National TB Program		National Emergency Response Council on HIV and AIDS	N: 129 D: 159 P: 81.13% Due Date: 15-Feb-2022	N: 190 D: 229 P: 82.97% Due Date: 15-Feb-2023	N: 169 D: 199 P: 84.92% Due Date: 15-Feb-2024	N: 156 D: 179 P: 87.15% Due Date: 15-Feb-2025
	Comments The denominators for this indicator are informed by the NSP Modelling Report 2020. The Programme is currently implementing an all-oral shorter regimen under operational research conditions, with strict monitoring and documentation in two regions (Shiselweni and Lubombo) then scale up to other regions with lessons learnt from these two regions. The Programme will also expand provision of DOT through implementing Video Observe Therapy and Patient support programmes such food and nutritional package and transport stipends for patient. Combined these initiaves will contribute to improved treatment adherence.									
8	TB O-5□M□ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Eswatini	N: 2,900 D: 4,203 P: 69.0%	2019 National TB Program		National Emergency Response Council on HIV and AIDS	N: 1,896 D: 3,122 P: 60.73% Due Date: 15-Feb-2022	N: 1,784 D: 2,498 P: 71.42% Due Date: 15-Feb-2023	N: 1,652 D: 1,873 P: 88.20% Due Date: 15-Feb-2024	N: 1,496 D: 1,630 P: 91.78% Due Date: 15-Feb-2025
	Comments As a result of COVID-19 lockdowns and the disruptions it brought to the supply and also demand of TB services we expect Treatment coverage (low TB initiations) to be adversely affected in 2020 . We expect treatment coverage to contract in 2020 due to measures that we put in place to deal with the COVID 19 pandemic but pick up again from 2022 when full TB services have been restored.									

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Oct-2021 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023	01-Jan-2024 30-Sep-2024
Treatment, care and support														
1	All people living with HIV	TCS-1.1□M□ Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 191,782 D: 200,481 P: 95.7%	2019 HIV Annual Report (2019) and Eswatini HIV Projections and Estimates (2020)	Age,Gender,Gender | Age,Duration of treatment,Target / Risk population group	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative – other	N: 196,471 D: 200,481 P: 98.0%	N: 198,476 D: 200,481 P: 99.0%	N: 198,476 D: 200,481 P: 99.0%	N: 198,476 D: 200,481 P: 99.0%	N: 198,476 D: 200,481 P: 99.0%
	Comments The baseline and target denominators are based on 2019 HIV Projections and Estimates. The baseline numerator, which number of people on ART is as of 31 December 2019. We have used the baseline as the denominator for target scheuding. Coverage is aligned to PEPFAR													
TB/HIV														
4		TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 16,349 D: 16,540 P: 98.8%	2019 HIV Annual Report (2019)	Gender,Age	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%
	Comments Target denominator and numerator will be based on annual programe data and provided at reporting. The program intends to ensure that all people living with HIV newly initiated on ART are screened for TB. As Eswatini has attained 95-95-95, challenges are being experienced adequately determining number of PLHIV to be newly initiated on ART. For this reason, targets are presented as % and the numerator and denominator values will be provided at reporting.													
5		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 33,901 D: 162,547 P: 20.9%	2019 HIV Annual Report (2019)	Age,Gender,TPT regimen	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative	N: D: P: 80.0%	N: D: P: 80.0%	N: D: P: 85.0%	N: D: P: 85.0%	N: D: P: 90.0%
	Comments Target denominators used to calculate the targets are based on 2019 HIV Projections and Estimates. There is a scale up plan for MOH developed with PEPAFR and it is very robust. It includes introduction of new TPT short term regimen, 3HP, 6 dose combination TPT (INH/VB6/Cotrim). There will be trainings and demand creation, mentoring and site visits. Targets in the NSP appear as percentage which is what has been used. At reporting, the numerator and denominator values will be provided.													

8		TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 2,888 D: 2,900 P: 99.6%	2019 National TB Annual Report,2019	Age,Gender,HIV test status	Yes		Non cumulative	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%
	Comments													
	The total number of notified cases (denominator)is derived from the Modelling Report. The 99% is maintained for HTS uptake based on current program performance and NSP objectives.													
9		TB/HIV-6□ᴹ□ Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 1,856 D: 1,895 P: 97.9%	2019 National TB Annual Report,2019	Age,Gender	Yes		Non cumulative	N: 626 D: 639 P: 98.0%	N: 626 D: 639 P: 98.0%	N: 563 D: 574 P: 98.1%	N: 563 D: 574 P: 98.1%	N: 521 D: 532 P: 97.9%
	Comments													
	The service is provided in all the BMUs providing TB services spread countrywide.													
TB care and prevention														
10		TCP-1□ᴹ□ Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 2,876 D: P:	2019 National TB Annual Report,2019	Age,Gender,HIV test status,TB case definition	Yes		Non cumulative	N: 1,986 D: P:	N: 1,784 D: P:	N: 1,652 D: P:	N: 1,496 D: P:	N: 1,425 D: P:
	Comments													
	TB case notification has been declining steadily in the last 5 years. One of the Key Objectives of the TB NSP 2020-2023 is to increase TB case dection from the current 65% to 90% by 2023 and the Programme also targets to achieve a Treatment Coverage rate of 80%. These targets are informed by the objectives of the NSP and also take into account the impact of COVID-19 on the health sector's capacity to provide TB services. The targets come from the modelling that has been done for the NSP which included the impact of COVID-19. Due to the service interruptions and the inputs that have been put in the calibration, it shows that it will take a more than 12 months to restore services hence the decline in the cases that will be notified. There is a need to revise the targets on an annual basis when new evidence or data is available the countries capacity to detect and notify TB cases.												
11		TCP-2□ᴹ□ Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 2,482 D: 2,771 P: 89.6%	2019 National TB Annual Report,2019	Age,Gender,HIV test status	Yes		Non cumulative	N: D: P: 90.0%	N: D: P: 90.0%	N: D: P: 90.0%	N: D: P: 90.0%	N: D: P: 90.0%
	Comments													
	The TB Programme has targetted to achieve a Treatment success rate above 90% for Drug Susceptible TB (DS-TB) and 85% and above for Drug Resistant TB (DR-TB). Overall, the Prgramme is targetting to reach a treatment success rate of above 90% by 2023.													
MDR-TB														
12		MDR TB-2□ᴹ□ Number of TB cases with RR-TB and/or MDR-TB notified	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 159 D: P:	2019 National TB Annual Report,2019	Age,Gender	Yes		Non cumulative	N: 199 D: P:	N: 189 D: P:	N: 179 D: P:	N: 174 D: P:	N: 170 D: P:
	Comments													
	This indicator presents the number of bacterioloigical confirmed RR and/or MDR. The NSP modelling report provide the estimated RR/MDR-TB case to be notified. The recent Drug Resistant Survey (2018) indicated that 58% of RR/MDR-TB cases are being missed by GeneXpert as they habour rpoB I491 mutation which makes it dificult to be detected by GeneXpert, LPA and/or MGIT. Begining in January 2021, with support from Ministry of Health Germany and Boston University (US) the country through the National TB Rerence Laboratory (NTRL) will implement a whole genome sequencing which has been shown to detect all the mutations.													
13		MDR TB-3□ᴹ□ Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 151 D: P:	2019 National TB Annual Report,2019	Age,Gender,TB regimen	Yes		Non cumulative	N: 199 D: P:	N: 189 D: P:	N: 179 D: P:	N: 174 D: P:	N: 170 D: P:
	Comments													
	The PMDT has been striving to ensure that all notified RR-TB and/or MDR-TB cases are timely enrolled on treatment. All MDR-TB that were notified in MDR TB-2 above will be enrolled on treatment.													
Differentiated HIV Testing Services														

6	Non-specified population groups	HTS-4 Percentage of HIV-positive results among the total HIV tests performed during the reporting period	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 23,970 D: 373,934 P: 6.4%	2019 HIV Annual Report (2019)	Age,Gender,Community testing,Facility testing	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative	N: 13,355 D: 222,586 P: 6.0%	N: 13,355 D: 222,586 P: 6.0%	N: 11,129 D: 222,586 P: 5.0%	N: 11,129 D: 222,586 P: 5.0%	N: 8,903 D: 222,586 P: 4.0%
	Comments													
	From all the HIV tests conducted over the past, the positivity rate has been stagnant at 6% save for 2017 where it stood at 5%. One of the approaches to this will be the targeted testing, where the program will embark on searching for the HIV positives who still do not know their status.													
7	Non-specified population groups	HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 22,104 D: 23,970 P: 92.2%	2019 HIV Annual Report (2019)	Gender,Target / Risk population group	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative	N: D: P: 93.0%	N: D: P: 94.0%	N: D: P: 95.0%	N: D: P: 96.0%	N: D: P: 96.0%
	Comments													
	The numerator is all individuals newly diagnosed initiated on ART, whereas denominator is total number of individuals newly diagnosed with HIV for period under review. The actual numerator and denominator values will be provided during reporting as it is based on the outcome of testing.													
PMTCT														
2		PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 10,276 D: 11,311 P: 90.8%	2019 SRH Annual Report 2019		Yes	National Emergency Response Council on HIV and AIDS	Non cumulative - special	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 95.0%
	Comments													
	This indicator tracks the number of positive pregnant women who have been initiated on ART during pregnancy and or labour and delivery. The expected target is greater than the 95%. Though the numerator and denominator values should be provided, this was not possible as the data is still under review. PMTCT data is still under review and getting actual numbers is a challenge. The Program has noticed the flactuating figures and still looking at contributing factors. The Population Projection Report projected a drop in pregnancies in the coming years. What is feasible for the Program now is to target in %													
3		PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 9,948 D: 10,357 P: 96.1%	2019 SRH Annual Report 2019	HIV test status	Yes	National Emergency Response Council on HIV and AIDS	Non cumulative	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%	N: D: P: 100.0%
	Comments													
	This indicator tracks the number of infants that received an HIV test (virological) test within two months of birth. The expectation is that all children born of HIV positive women should receive a test post delivery in a bid to ascertain status.													
RSSH: Health products management systems														
15		PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: D: P: 79.0%	2020 LMIS (CTS) Database		Yes	National Emergency Response Council on HIV and AIDS	Non cumulative – other	N: D: P: 85.0%	N: D: P: 85.0%	N: D: P: 88.0%	N: D: P: 88.0%	N: D: P: 90.0%
	Comments													
	This indicator looks at the tracer medicines for the three diseases and a list of tracer medicine is available at the CMS. For data collection and reporting of this indicator, the SI team will utilize CMS data systems (LMIS and Navision). For TB: RHZE, INH, HIV ART: TLD, ABC/3TC and Malaria: RDT, Artemeter Lumefantrine (Coartem).													
16		PSM-5 Percentage of consignments delivered on-time and in-full among the total number of consignments expected to be delivered for the three diseases during the reporting period	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 126 D: 247 P: 51.0%	2020 Microsoft Navision		Yes	National Emergency Response Council on HIV and AIDS	Non cumulative – other	N: D: P: 60.0%	N: D: P: 65.0%	N: D: P: 70.0%	N: D: P: 75.0%	N: D: P: 80.0%
	Comments													
	For this particular indicator, the country will track consignments for the laboratory as a way of piloting the procurement processes. It is known that the laboratory procures reagents frequently, on a semi annual basis a report will be generated on consignments delivered on time.													
RSSH: Health management information systems and M&E														

14		M&E-5 Percentage of facilities which record and submit data using the electronic information system	Country: Eswatini; Coverage: Geographic National, 100% of national program target	N: 188 D: 334 P: 56.3%	2020 CMIS		Yes	National Emergency Response Council on HIV and AIDS	Non cumulative – other	N: 132.3 D: 189 P: 70.0%	N: 141.75 D: 189 P: 75.0%	N: 151.2 D: 189 P: 80.0%	N: 160.65 D: 189 P: 85.0%	N: 170.1 D: 189 P: 90.0%
	Comments													
	This indicator tracks the number of facilities with an electronic information system (CMIS), focus should be on the number of facilities providing HIV, TB and malaria services for now and then by the end of the grant all health facilities will have CMIS installed and operational for data collection and reporting.													

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	
Comments						