

Swaziland

Country Brief

Global. Health. Action.

ICAP ensures the wellness of families and communities by strengthening health systems around the world.

ICAP is committed to partnering with the Government of the Kingdom of Swaziland through service, education and training, and research projects that support sustainable health system strengthening and ensure impact towards national health development goals.

In Swaziland, 75 percent of all HIV patients on ART receive treatment at ICAP-supported facilities.

Background

In 2005, ICAP began its work in Swaziland with support from USAID through the President's Emergency Plan for AIDS Relief (PEPFAR) to reduce perinatal transmission of HIV. In partnership with the Swaziland Ministry of Health (MOH), ICAP supported activities to strengthen, link, and decentralize services to prevent mother-to-child transmission of HIV (PMTCT) and comprehensive family-focused HIV care and treatment.

ICAP's current portfolio focuses on supporting the scale-up of quality, integrated HIV care and treatment services in three of Swaziland's four regions, namely Hhohho, Lubombo, and Manzini. ICAP also supports nursing and midwifery education and is conducting two research studies—Safe Generations, which is evaluating the impact of Option B+ on mother-to-child transmission, and Link4Health, an implementation science study, which is evaluating the effectiveness of various HIV intervention strategies on linkage and retention in care.

ICAP informs the development and implementation of guidelines, standard operating procedures and key policies through collaboration with the Swaziland National ART Program (SNAP) and plays a leadership role with the MOH's technical working groups on care and treatment, pediatrics, PMTCT, palliative care, and monitoring and evaluation. ICAP also partners with NGOs, community leaders, and associations of people living with HIV.

ICAP's work is supported by a senior team based at Columbia University with technical, clinical, implementation, and research expertise. In Swaziland, ICAP's multidisciplinary team of over 70 staff members includes physicians, nurse advisors, monitoring and evaluation (M&E) officers, operations management, financial and technical advisors, and research staff.

ICAP has received support for its work in Swaziland from: bilateral donors, including the U.S. Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH).

Current Projects

Rapid Scale-Up of HIV Care and Treatment Services under PEPFAR

Though this five-year project supported by the CDC, ICAP is working closely with the MOH and collaborative partners in the regions of Hhohho, Lubombo, and Manzini to:

[Decentralize adult and pediatric HIV services](#) from hospitals and health centers to clinics and expand treatment through a proven service-delivery model for nurse-initiated antiretroviral treatment (ART).

[Advance a multidisciplinary team approach](#) by strengthening networks of service providers and facility managers at the central and regional level.

[Enhance linkages](#) to care and referral systems.

[Introduce the Expert Client Program](#) to support individual adherence and retention in care.

Additionally, ICAP partnered with Swaziland MOH and the CDC to conduct the Swaziland HIV Incidence Measurement Survey (SHIMS), a national impact assessment of HIV prevention and treatment services. Online at shims.icap.columbia.edu.



icap.columbia.edu

About ICAP: A global leader in HIV/AIDS and health systems strengthening, ICAP provides technical assistance and implementation support to governments and NGOs in more than 21 countries. ICAP has supported work at more than 3,380 health facilities around the world. More than 1.2 million people have received HIV treatment through ICAP-supported programs.

ICAP is using this as a springboard to develop research capacity in Swaziland and has established the Health Research Training Program to mentor and train public health professionals to design, implement, and interpret health research to influence public policy. In addition, ICAP supported the MOH in establishing an advisory board to monitor progress and advise on implementation science studies in Swaziland.

Technical Assistance for HIV Prevention, Care and Treatment & Other Infectious Diseases that Impact HIV Patients

Through this funding mechanism, ICAP is supported by the CDC to strengthen the capacity of the MOH and SNAP to use national HIV program data to inform public health decision-making and ART programs, to design and implement evaluations of priority programs and to strengthen monitoring and evaluation capacity within the MOH's Strategic Information Department. This work includes an evaluation of the national ART program, implementation of a semi-annual regional ART data review, and technical guidance and workshops for key MOH staff in data analysis to improve national-level reporting.

Global Nurse Capacity Building Program (GNCBP)

Through GNCBP, supported by HRSA, ICAP is working to enhance the capacity of nursing educational institutions in order to increase the number of qualified nurses capable of meeting Swaziland's HIV and other health needs. The project aims to improve the quality and relevance of nurse teaching and learning through the introduction of competency-based curricula, innovative learning strategies, academic-service partnerships, and policies and guidelines that support an expanded clinical role for nurses. ICAP is partnering with the University of Swaziland, Southern African Nazarene University, Good Shepherd College of Nursing, and the Clinical Nursing Council. ICAP also supported the Swaziland Wellness Center through database installation, in-service training, and hepatitis B immunization campaigns.

Situkulwane Lesiphephile – Safe Generations

Funded by USAID, this implementation science study is evaluating the Option B+ strategy for PMTCT, in which all pregnant women initiate lifelong triple ARV therapy independent of CD4+ count. A stepped-wedge design is being used at ten health facilities with one facility transitioning from Option A to Option B+ every month over 12 months. This study will test whether Option B+ results in differences in rates of infant HIV infection and mother and child retention in care.

Link4Health: A Combination Strategy for Linkage and Retention

Funded by the NIH, Link4Health is an implementation science study that uses a facility randomized trial design to evaluate the effectiveness of a combination intervention strategy, as compared to standard of care, on the combined outcome of rapid linkage to HIV care within one month and retention in care at 12 months among adults who have tested HIV positive.

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