

**Swaziland Civil Society Treatment Optimisation Workshop
Manzini City Council Chamber
28 July 2016**



Background

Recent scientific developments have proved that antiretroviral regimens can be substantially improved through either dose adjustment or the substitution of older molecules with newer and more tolerant ones.

This knowledge is crucial for informing future regimens to ensure that they are well tolerated with less side effects and will consequently induce better adherence, and smaller compounds which might translate into cost savings.

The twin issues of drug tolerability and drug cost are the cornerstone of national ART programs and should therefore attract added attention during the ongoing national processes of adapting the WHO 2015 treatment guidelines to the local ones.

Introduction

AFROCAB held an induction workshop for some of its members in Rwanda on the February 2016 on treatment optimisation with the objective of influencing the outcomes of national processes in adapting to the 2015 WHO treatment guidelines in line with the available evidence on treatment optimisation. A number of generic activities were agreed upon to be adapted to country realities. This meeting was followed by another one in Yaoundé, Cameroon, in May 2016.

Swaziland

Swaziland has one member on the AFROCAB, Albertina Nyatsi. Following the two workshops, Albertina joined the care and treatment TWG and the paediatrics TWG. She has managed to introduce AFROCAB to the Swaziland National AIDS Programme (SNAP).

The Swaziland treatment optimisation workshop has been held on the 28th July 2016 and targeting a total of 30 civil society participants from civil society organisations. These CSOs are major organisations based in Manzini and Mbabane regions.

Meeting objectives

The objectives of the civil society meeting are to:

- i. Sensitize and share information on treatment optimisation to Swaziland civil society representatives.
- ii. Sensitize Swaziland civil society on the 2015 WHO treatment and prevention guidelines and the new HIV prevention guidelines to Swaziland civil society representatives.
- iii. Sensitise members of Swaziland civil society on the implications of the 90/90/90 targets as well as the “fast track” strategy on treatment advocacy.

- iv. Achieve consensus on a collaborative advocacy approach towards achieving treatment optimisation in Swaziland among civil society organisations working on treatment advocacy and HIV service delivery.
- v. Map an advocacy strategy and key steps towards achieving treatment optimisation in Swaziland.

Workshop Proceedings

The workshop started with a word of prayer by Mary Magagula. The program director then welcomed participants in the meeting. Introductions were done by participants.

The Mode of training

Power point presentations
Discussions
Group work

Presentations

1. Science of HIV infection:

By Promise Dlamini, Swaziland National AIDS Programme

The key was to know the life cycle of HIV. In summary worth knowing that too much viral DNA accumulates and is not integrated. This leads to CD4 cell death. Certain HIV genes also speed up the natural process of programmed cell death. The body makes more CD4 cells to replace these, but they are simply targeted by HIV too. CD8 cells are activated to kill infected cells – at first this contains infection but it also leads to further depletion of your CD4 cells. HIV also causes several other defects in T-lymphocytes, B-lymphocytes and macrophages, which prevents them from functioning properly.

The other emphasis was on the stages of the HIV as the primary infection, the chronic stage and the late stage.

She concluded with the highlight of the key role of ART in the HIV life cycle, the phases being the binding and entry, reverse transcription, integration, transcription, assembly, release and protease especially highlighting the key areas where ARVs are to stop HIV replication.

2. The UNAIDS 90/90/90 strategy and Interventions towards 90/90/90

By Nduduzo Dube, AIDS Health Foundation

The Definition of the 90/90/90 target was highlighted as follows that by 2020, 90% of all people living with HIV will know their HIV status, by 2020, 90% of all people with diagnosed HIV infection will receive sustained ART, by 2020, 90% of all the people receiving ART will have viral suppression. The current situation in 2016 is that only 17 million people out of estimated 37 million are currently on ART globally, in Swaziland only about 65% of the population have tested and only about 25% of PLWHIV are virally suppressed.

The emphasis was on advocacy for early testing and treatment for people who test HIV positive. The advantages of enrolling to ART early were highlighted. The issue of men delaying for treatment was a concern. The budget to ensure sustainability of the ART drugs concern was also raised.

3. WHO 2015 guidelines

Nomthandazo Lukhele, Swaziland National AIDS Programme

The rationale of this presentation was to share and sensitize participants on the 2015 WHO guidelines. She mentioned that New ART eligibility are: The “treat-all” recommendation, Treat all people living with HIV, WHO removed all limitations on eligibility: all populations and age groups are now eligible for treatment. This move is supported by recent findings from clinical trials confirming that early use of ART: keeps people living with HIV alive, healthier, reduces the risk of transmitting the virus.

The facilitator noted that AFRO CAB was ahead of the country (Swaziland), as a country we still haven’t approved all the 2015 guidelines. Preparations are being done to adopt the guidelines possibly by September 2016. She emphasized that there is need for communities to be proactive and involved in ensuring participation in the adoption processes. She mentioned that Swaziland is a signatory to the 90 90 90 and is committed to ensuring that new drugs are available in the country.

Since the presenter was the national ART coordinator in the ministry of health participants took the chance to ask her different ART questions and asking her to clarify certain issues pertaining to treatment in Swaziland.

4. ARV drug optimisation

By Kenly Sikwese, AFRO CAB

In this session the facilitator described what treatment Optimisation is, why it is important for the future of treatment and care .He went on to talk about drugs Optimisation including why treatment Optimisation is important for activists and communities. The facilitator further talked about new drugs to watch which included

- Efavirenz (EFV 400mg)
- Dolutergravir (DTG) which has been described as a game changer and should replace effivarenc in first line in Africa.
- Tenofovir Alafenamide Fumarate (TAF) and others

He emphasized on Dolutergravir which he said is superior to Effivarenc and that it has the following status.

- Voluntary license issued to MPP (Zimbabwe)
- ViiV submitted dossiers in all high burden African countries.
- Ongoing studies –pregnancy, TB coinfection.
- FDA approval for lower weight bands.

Strategies to move the treatment Optimisation Agenda forward

The facilitator emphasized that in order to move the treatment Optimisation agenda forward, he mentioned that there is need to raise awareness to the following:

(i) PLHIV

- Better quality of life for PLHIV especially the aging PLHIV.
- Improve treatment outcomes as side effects and toxicities subside.
- Provide quality drugs
- Better for 'test and start'

(ii) Care givers

- Treatment Optimisation can simplify treatment.
- Improve the care cascade - less defaulters LFTU.

(iii) Policy makers

- Accelerate treatment access expansion efforts towards 90-90-90 target.
- Lead to reduce prices as dose Optimisation will mean less API.
- Accelerate country registration.

Group work

Participants were then grouped into 2 groups and asked to answer the following questions

1. What role can civil society play in ensuring the preferred ARV regimens are made available to people living with HIV?
2. How can civil society groups work together to achieve the identified goals?
3. Which other organisations are useful for the process/who has been left out?
4. What sort of capacity building is needed for the process to succeed?

Summary of group discussions

1. What role can civil society play in ensuring the preferred ARV regimens are made available to people living with HIV?
 - Civil Society can play an advocacy/lobbying role targeting policy makers
 - Creation of awareness at grassroots level and to everyone
 - Building allies and making sure that civil society is represented in the meetings
 - Mapping exercises for the civil society and conduct a SWOT analysis.
 - Demand creation
 - Participation and Representation of communities

2. How can civil society groups work together to achieve the identified goals?

- Coordinating mechanisms
 - Know each other's competitive advantages
 - Applying for funding collaboratively
 - Community mobilization for treatment Optimisation.
 - Collaboration, partnership
 - Resource mobilization
 - Engaging with the MoH
 - Civil society briefings
 - Engage the private sector in issues of HIV

3. Which other organisations are useful for the process/who has been left out?

- Networks of people living with HIV
 - Media
 - Youth
 - Public sector/Business communities
 - Churches
 - Traditional leaders/Community leaders.
 - Tertiary institutions'
 - UN Agencies

4. What sort of capacity building is needed for the process to succeed?

- Treatment literacy education.
- Community working groups Strengthening Coordination.
- Know each other's competitive advantages.
- Programming.
- Monitoring and Evaluation.
- Collaborative resource Mobilization.

Workshop Evaluation

Participants were asked to evaluate the workshop by answering the question "How did they find the workshop and what needs to be improved".

Participant's responses

- There is a need for a strong chapter of AFROKAB in Swaziland so that there continuous and fruitful discussions on treatment Optimisation.
- The one day workshop was not enough and a need for a follow up workshop that will be at least 3-5 days so to thoroughly engage and discuss treatment Optimisation issues and the content was too much for one day.
- They applauded Women Together and AFROKAB for affording us the opportunity and forum to interact on these important treatment Optimisation issues which were very beneficial to the organisations present.

- The meeting was informative, exciting topics such as: new treatment drugs and new improvements.
- They benefited a lot and liked the communication amongst all the organizations who were present in the meeting. Thank you for organizing this workshop.
- This was a very educative workshop; more meetings like this are needed to empower everyone on treatment optimization.
- They applauded Positive Women together in Action and AFROCAB for organizing such a very important and eye opening workshop.
- Participants requested AFROCAB for a follow up meeting soon.

Way forward

1. Create a WhatsApp group – by Swaziland AFROCAB representative Albertina as of that day.
2. Circulate presentations – by Positive Women Together in Action.
3. Share workshop report.
4. A follow up meeting for the election of a core team that will take issues from the civil society treatment optimization group to National treatment care and support Technical working group.
5. Be engaged in the adoption 2015 WHO guidelines.
6. Request AFROCAB for training on supply chain management (purchasing of ART commodities).
7. Link with the existing structures.

Attendance List

SURNAME	NAME	ORGANIZATION
Nxumalo	Sibusiso	Health Plus for men
Mthembu	Mncedisi	House Of Our Pride
Krocha	Theresa	Hope House
Maseko	Sithembiso	Hope House
Nxumalo	Thoko	Acts of Faith
Shongwe	Evelyn	Nazarene Task Force
Magagula	Mary	Nazarene Task Force
Simelane	Dumsani	Swaziland AIDS Support Organisation
Nhlengetfwa	Ernest	National TB Control Programme
Magagula	Bhekiwe	Ngwane Park Youth Care
Matsebula	Vusi	Swaziland AIDS Support Organisation
Ngcamphalala	Thulani	SWAMMIWA
Mazorodze	Talkmore	Africa Coalition on TB –Swaziland
Moyane	Zodwa	TASC
Khumalo	Gavin	Swaziland Network of people living with HIV
Simelane	Lindiwe	Swaziland Network of people living with HIV (SWANNEPHA)
Nkambule	Thembi	ICW
Ndlovu	Thabile	Manzini City Council
Garira	Lovemore	Manzini Youth Care
Dlamini	Sakhile	AMICAALL
Dlamini	Pholile	Manzini City Council
Nhleko	Colani	AMICAALL
Dlamini	Gcebile	Swaziland Network of young positives
Dlamini	Precious	Africa Coalition on TB-Swaziland
FACILITATORS		
Dube	Nduduzo	AIDS Health Foundation
Lukhele	Nomthandazo	Swaziland National AIDS Programme
Dlamini	Promise	Swaziland National AIDS Programme
Albertina	Nyatsi	AFROCAB
Kenly	Sikwese	AFROCAB