HIV/AIDS Responsibility Matrix, 2019

Eswatini

The HIV/AIDS Responsibility Matrix (RM) is a tool completed by the major external funders of the HIV programming and the host country government to provide a baseline assessment of the major funders' current degrees of responsibility across a list of functional elements. The purpose of this exercise in addition to establishing a baseline is to inform the design of a roadmap that will chart shifts of responsibility for elements of the HIV response over time while maintaining program quality.

Based on completion of the matrix, the RM assesses primary, secondary and nominal responsibility across six functional elements. The elements assessed are: Programs, Commodities, Health Workforce, Above Site (Systems), Strategic Information, and Program Implementation, Management Support. Each element has sub-elements, for a total of forty-six assessable sub-elements, and are scored for the following dimensions: Service Delivery, Non service delivery assistance, and Strategy formulation and planning for each major contributor, Host Country and implementing partners (IPs), PEPFAR & PEPFAR IPs and the Global Fund and IPs. Scores for these sub-elements are displayed on a color-coded matrix. As the RM is completed over time, it will allow stakeholders to track change across these key components of responsibility.

Country Overview:
Eswatini is classified as a lower-middle income country, however income inequality is high, with an estimated Gini coefficient of 0.49 between 2010 and 2017. Eswatini has experienced several years of slow economic growth coupled with a regional economic downturn and a persistent domestic fiscal crisis. Real GDP growth projections for the years 2019, 2020 and 2021 remain flat at 1.09%, 1.81% and 1.45% respectively (Central Bank of Eswatini 2019). The Swaziland HIV Incidence Measurement Survey (SHIMS 2) in 2016-17 estimated HIV prevalence among adults aged 15 and older was 27% in 2017, the highest of any nation. It is estimated that 210,725 of the total population will be living with HIV by 2020. HIV disproportionately affects females, and infection rates are higher for them than their male counterparts until age 45. Despite facing a dual Tuberculosis and HIV epidemic, Eswatini stands on the brink of reaching epidemic control. Strong political will, investment and HIV response coordination over the past sixteen years has seen Eswatini making great strides in controlling the epidemic. Nonetheless, the youth bulge and the need to ensure that children and adolescents living with HIV are virally suppressed necessitate innovative approaches to finding the remaining population not aware of their HIV status and not on treatment.

RM Process:
Eswatini established a Sustainability Index Dashboard (SID) and RM core team. The objective of the core team was to plan for the completion of the tools and to ensure that there was comprehensive stakeholder engagement. Members of the core team included Government of the Kingdom of Eswatini (GKoE) representatives from the Ministry of Health (MoH), Ministry of Economic Planning and Development (MoEPD), Ministry of Housing and Urban Development (MoHUD) and Ministry of Finance (MoF); UNAIDS, and World Health Organization (WHO) for the UN family; the national AIDS coordinating structure - National Emergency Response Council on HIV and AIDS (NERCHA); Global Fund (GF)-supported Country Coordinating Mechanism (CCM) Secretariat and Principal Recipients (PRs); and PEPFAR.

The RM was completed through a collaborative and multi-stakeholder process that was coordinated by PEPFAR, UNAIDS and National Emergency Response Council on HIV and AIDS (NERCHA) under the leadership of the Prime Minister's Office. The core team completed the RM on August 27. The smaller team then presented the completed RM to a larger stakeholder meeting (held on August 28) for input and validation. The completed RM was circulated for further stakeholder input and noteworthy points are summarized below.

RM Results Overview:
Broadly across the sub-elements the government and PEPFAR share a similar level of responsibility for service delivery and non-service delivery assistance, with slightly more responsibility on the government side for direct service and more on the PEPFAR side for non-service delivery assistance. While overall holding less responsibility for delivery of program components, GFATM has more responsibility in service and non-service delivery for commodities and specific clinical interventions, namely laboratory, TB-HIV and circumcision. A comparative strength for government ownership was that the government holds primary responsibility for strategy formulation and planning across all sub-elements, only sharing primary responsibility with PEPFAR in two sub-elements.

The sub-elements where the government has primary responsibility for strategy and planning but not for either service or non-service delivery are the following:

1. Programs: linkage, retention, adherence, male circumcision service
2. Commodities: male circumcision kits, condoms
3. Health workforce: non-service delivery personnel, community health workers/lay cadre

The elements of Above Site Systems and Strategic Information reflect the government having sole or shared primary responsibility across all sub-elements and dimensions.

Shared primary responsibility for service delivery
The following sub-elements had shared primary responsibility for service delivery by more than one entity.

1. Programs: laboratory, TB-HIV, HIV testing Services, male circumcision, key and priority populations
2. Commodities: circumcision supplies, rapid test kits, antiretroviral drugs, viral load
3. Health Workforce: service delivery personnel training and supervision, community health worker/lay cadre salary and benefits and training and supervision
4. Strategic Information: surveys and surveillance and research and other surveys

An example of how the primary responsibility is shared by multiple entities is laboratory where the government pays for laboratory infrastructure, HR, equipment and some reagents, PEPFAR pays for phlebotomist, sample transports and reagents and Global fund pays for reagents sample transport and HR. An example of government and PEPFAR shared primary responsibility is for HIV testing services the government procures and distributes the test kits, provides the sites where testing is conducted and pays for the nursing staff that does the testing. PEPFAR is also primary as it supports procurement of test kits and lay counsellors who conduct and support testing at facilities. In commodities as well government and PEPFAR share primary responsibility for antiretroviral drugs, as the government procures first and third line for adults while PEPFAR procures second line and pediatrics. In the sub-element of survey and surveillance PEPFAR supports the survey and surveillance unit within the government, while the government provides the HR for non-service delivery.

RM Results by Functional Element

1. **Programs:**

   Overall responsibility for service delivery for care and treatment, testing prevention and orphans and vulnerable children is primarily for Government, exceptions to this being linkage, retention and adherence where PEPFAR and GFATM play primary roles and male circumcision where PEPFAR plays the primary role.

   In non-service delivery the government shared primary responsibility for PMTCT, other biomedical prevention and OVC, and is secondary on all other sub-elements. PEPFAR plays a primary role across all sub-elements the Program element, with shared primary with GFATM for TB-HIV and male circumcision.

   For strategy formulation and planning the government plays a primary role across all sub-elements, PEPFAR plays a secondary role across all elements and GFHTM plays a secondary role in TB-HIV.

2. **Commodities:**

   Government takes primary responsibility for all sub-elements except for circumcision kits and condoms. PEPFAR and GFATM additionally share primary responsibility for four and five sub-elements respectively, through procurement and distribution support for the commodities.

   Primary responsibility for site level technical assistance and training is by either government or PEPFAR, with each having primary responsibility for five sub-elements, of which only viral load has shared primary responsibility.

   Government has primary responsibility for all policy development in this area, with shared primary responsibility with PEPFAR for circumcision and viral load. PEPFAR plays a secondary responsibility role for all other policy development areas, sharing secondary responsibility with GFATM for reagents and supplies.

3. **Health Workforce**

   For service delivery government has primary responsibility for salary and benefits and shares primary responsibility for training and supervision with PEPFAR. PEPAR has secondary responsibility for salary and benefits. Salary top-ups are not supported by funders or government.

   In non-service delivery PEPFAR has primary responsibility for salary and benefits and for training and supervision while the government and GFATM share secondary responsibilities in each of these areas. Salary top-ups are not supported by funders or government.

   For community health workers/lay cadres PEPFAR and GFATM have shared primary responsibility for salary and benefits and training and supervision. Government has a secondary responsibility in each of these. Salary top-ups are not supported by funders or government.

4. **Above site (systems)**

Government has primary responsibility for non-service delivery assistance for all above site systems. PEPFAR shares primary responsibility for Health Workforce, and PEPFAR and GFATM share primary responsibility for the Health Management Information System.

The government has primary responsibility for all Strategy Formulation and Planning sub-elements. PEPFAR has secondary responsibility for eight of the nine sub-elements (all except health financing) and GFATM shares secondary responsibility with PEPFAR for Health Management Information Systems and Laboratory Systems with nominal or no responsibility for the other sub-elements.

5. **Strategic Information**
   The government has primary responsibility for all three sub-elements of strategic information for direct service delivery, non-service delivery and strategy formulation and planning. In direct service delivery PEPFAR shares primary responsibility for surveys and surveillance and research and other surveys, but secondary for Monitoring and evaluation. PEPFAR shares primary responsibility for non-service delivery in all sub-elements of strategic information and GFATM has secondary responsibility for monitoring and evaluation. PEPFAR has secondary responsibility for all three sub-elements in strategy and planning, with shared secondary for monitoring and evaluation with GFATM.

6. **Program Implementation, Management and Support**
   The government has primary responsibility for the service delivery of program implementation, management and support, with PEPFAR having secondary responsibility and GFATM nominal. For non-service delivery the government plays a secondary responsibility role while PEPFAR is primary and GFATM and government play a secondary role. For strategy formulation and planning government plays a primary role while PEPFAR and GFATM share secondary responsibility.

Sustainability, Co-financing and Transition

The Prime Minister's Office, through the Secretary to Cabinet established a Sustainability, Co-Financing and Transition (SCT) Steering and Technical Committee that seeks to coordinate the country's considerations for a sustainable HIV, TB and Malaria response. In addition to the Principal Secretaries from multiple Ministries, PEPFAR, UNAIDS, European Union (EU) and WHO serve in the steering committee, and representatives from these organizations also are part of the technical committee.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Swaziland, please contact Cheryl Amoroso at AmorosoCL@state.gov.

HIV/AIDS Responsibility Matrix

Country: Eswatini
Epidemic Type: Generalized
Income Level: Lower Middle Income
PEPFAR Categorization: Long-Term Strategy

Legend

Primary=Primary responsibility for/contribution to element
Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)
Nominal=Contributes to this effort, but offers a nominal/marginal level of support
None=No responsibility/level of support

	DIMENSIONS									
	SERVICE DELIVERY[1]			NON-SERVICE DELIVERY ASSISTANCE[2]			STRATEGY FORMULATION AND PLANNING[3]			
FUNCTIONAL ELEMENTS	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
Programs									
Care and Treatment	Primary	Secondary	Secondary	Secondary	Primary	Nominal	Primary	Secondary	Nominal
Clinical Interventions	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	None
Laboratory	Primary	Primary	Primary	Secondary	Primary	Nominal	Primary	Secondary	Nominal
Linkage, Retention, Adherence	Secondary	Primary	Nominal	Secondary	Primary	Nominal	Primary	Secondary	None
TB-HIV	Primary	Secondary	Primary	Secondary	Primary	Primary	Primary	Secondary	Secondary
HIV Testing Services	Primary	Primary	Secondary	Secondary	Primary	Nominal	Primary	Secondary	None
Prevention	Primary	Secondary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Nominal
Prevention of Mother-To-Child Transmission	Primary	Secondary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Nominal
Male Circumcision	Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Other Biomedical Prevention	Primary	Secondary	None	Primary	Primary	None	Primary	Secondary	None
Key and Priority Populations	Primary	Primary	Secondary	Secondary	Primary	Secondary	Primary	Secondary	Nominal
Orphans and Vulnerable Children	Primary	Secondary	Nominal	Primary	Primary	None	Primary	Secondary	None
Commodities	**Procurement**			**Distribution**			**Strat/Plan**		
Condoms	None	Primary	None	Primary	Primary	Nominal	Primary	Secondary	None
Male Circumcision Kits and Supplies	None	Primary	Primary	Primary	Primary	None	Primary	Primary	None
Rapid Test Kits	Primary	Secondary	Primary	Primary	Secondary	None	Primary	Secondary	None
Antiretroviral Drugs	Primary	Primary	Nominal	Primary	Secondary	None	Primary	Secondary	Nominal
Other Essential Drugs	Primary	Secondary	Secondary	Primary	Nominal	Nominal	Primary	Secondary	None
CD4	Secondary	None	Primary	Primary	None	None	Primary	Secondary	None
Viral Load	Primary	Primary	Primary	Primary	None	None	Primary	Primary	None
Reagents and Supplies	Secondary	Nominal	Primary	Primary	None	None	Primary	Nominal	Secondary
Health Equipment	Primary	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Nominal
PSM Costs									
Health Workforce									
Service Delivery Personnel: *Facility-level staff total*									
Salary and Benefits	Primary	Secondary	Nominal						
Salary Top-Ups	None	None	None						
Training and Supervision	Primary	Primary	Nominal						
Non-Service Delivery Personnel: *Facility-level staff total*									
Salary and Benefits				Secondary	Primary	Secondary			
Salary Top-Ups				None	None	None			
Training and Supervision				Secondary	Primary	Secondary			
Community Health Workers/Lay Cadres staff number									
Salary and Benefits	Secondary	Primary	Primary						
Salary Top-Ups	None	None	None						
Training and Supervision	Secondary	Primary	Primary						
Secondment Staff number	*None*	*Nominal*	*None*						
Above Site (Systems)									
Health Workforce				Primary	Primary	None	Primary	Secondary	None
Governance				Primary	Secondary	None	Primary	Secondary	None
Institutional and Organizational Development				Primary	Secondary	Nominal	Primary	Secondary	None
Health Financing				Primary	Nominal	None	Primary	Nominal	None
Health Management Information Systems				Primary	Primary	Primary	Primary	Secondary	Secondary
Supply Chain Systems				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Laboratory Systems				Primary	Secondary	Secondary	Primary	Secondary	Secondary
Other Systems Support				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Disease Surveillance				Primary	Secondary	None	Primary	Secondary	None
Strategic Information									
Monitoring and Evaluation	Primary	Secondary	Nominal	Primary	Primary	Secondary	Primary	Secondary	Secondary
Surveys and Surveillance	Primary	Primary	Nominal	Primary	Primary	Nominal	Primary	Secondary	Nominal
Research and Other Surveys	Primary	Primary	Nominal	Primary	Primary	Nominal	Primary	Secondary	Nominal
Program Implementation, Management, and Support									
At the Implementation Level	Primary	Secondary	Nominal	Secondary	Primary	Secondary	Primary	Secondary	Secondary
At the Donor Level									

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.

2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.

3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

HIV/AIDS Responsibility Matrix **Country: Eswatini**	**Supplementary Comments/Notes**
Programs	
Care and Treatment	Overall responsibility for service delivery for care and treatment is primarily for Government, while for PEPFAR and Global Fund its secondary for the HR, Laboratory and TB programs support.
Clinical Interventions	Global fund plays a nominal role in direct service delivery, non service delivery and strategy due to the fact that they nologer fund HR for HIV clinical interventions. However they support TB and malaria program invetventions
Laboratory	For service delivery all are primary as Government pays for laboratory infrastructure, HR, equipment and some reagents. PEPFAR supports Phlebotomists, sample transports and reagents. Global Fund supports reagents, sample transport and HR
Linkage, Retention, Adherence	For service delivery PEPFAR predominantly provides HR (EC) for ensureing patients are retained in care. Global fund plays a norminal role in direct service deliver; non service delivery and strategy due to the fact that they nologer fund HR or strongly participate in strategy participation for retension
TB-HIV	For service delivery Global Fund is primary as they pay for HR including doctors for the TB program. Government is primary as they pay for HR and infrascture and drugs. ForNon-service delivery, Government is secondary as they provide the nurses to be mentored and then those nurses are responsible for continued mentorship to other staff members. PEPFAR and GF is primary for non service delivery as they provide technical mentorship to facility staff for improved quality of service delivery
HIV Testing Services	For service delivery, government is primary as it is responsible for the procurement and didstribution of kits, provides the sites where testing is conducted and pays for the nursing staff that does the testing. PEPFAR is primary as it supports kits and lay councelors who do and support the testing at facilities. Global Fund also supports some testing, though nominal. For Non-service delivery PEPFAR is primary as it supports mentoring, while Governtment is secondary as they provide HR. Global Fund has norminal support.
Prevention	Non service delivery Governmt and PEPFAR primary as Government is responsible for the facilities and staff for the PMTCT progrmas and supports the HR and infrstructure. PEPAR is primary as provides the mentoring and technical support for the PMTCT program at facility and national level.
Prevention of Mother-To-Child Transmission	Non service delivery Governmt and PEPFAR primary as Government is responsible for the facilities and staff for the PMTCT progrmas and supports the HR and infrstructure. PEPAR is primary as provides the mentoring and technical support for the PMTCT program at facility and national level.
Male Circumcision	For service delivery, PEPFAR is primary as it fully supports the male circumsion program by providing HR, equipment and some procurement of kits. Global Fund is also primary as it funds the male circumsion program and pays for HR at facility level. For Non-service delivery, PEPFAR and Global Fund are primary as they provide mentoring and technical expertise for the male
Other Biomedical Prevention	
Key and Priority Populations	Sevice delivery: Government isprimary as it covers the facility based service delivery for key populations and PEPFAR is primary is largely provides services for key populations at community level while also supporting the facility program. The Global Fund is Secondary as it funds prevention programs for Key Populations including FSW, MSM, Transport Operators and PWID
Orphans and Vulnerable Children	Non service delivery: Government responsible for training of social workers and pays for HR. PEPFAR provides mentorship and training of social workers.
Commodities	
Condoms	Non service delivery Governmt and PEPFAR primary as governmrnt stores and distributes condoms thorugh CMS while PEPFAR distributes and store condoms through partners.
Male Circumcision Kits and Supplies	Service delivery GF and PEPFAR primary as they procures kits and supplies and distributes through partners. Non service Governts distributes kits through CMS and PEPFAR also supports kits and distribution therof. Strategy formulation: PEPFAR supports the development of National Operational Plan for the implementation of male circumcision
Rapid Test Kits	Service delivery: GF procures test kits and Government also procures test kits.
Antiretroviral Drugs	Service delivery: Government procures first line ARVs while PEPFAR procures second line ARVs and pediatric ARVS.
Other Essential Drugs	
CD4	
Viral Load	Service delivery: Government, PEPFAR and Global fund procure VL reagents to varying magnitude. For Strategy formulation: Government and PEPFAR support the roll out and optimzation for VL testing
Reagents and Supplies	Global Fund is primary as it funds most of the chemistry and heamtology regents
Health Equipment	
PSM Costs	
Health Workforce	
Service Delivery Personnel: *Facility-level staff total*	left blank
Salary and Benefits	Service Delivery: PEPFAR pays for phlebotomists, while Global Fund pays for TB HR at facility level
Salary Top-Ups	No salary top ups being paid by any partner
Training and Supervision	For ServiceBoth primary as Government provides supervision of HR and PEPFAR responsible for training as training is provided by partners
Non-Service Delivery Personnel: *Facility-level staff total*	
Salary and Benefits	
Salary Top-Ups	
Training and Supervision	
Community Health Workers/Lay Cadres staff number	
Salary and Benefits	Service delivery: Global Fund and PEPFAR funds HR positions and pays salaries and benefits for community cadres.
Salary Top-Ups	
Training and Supervision	Both primary as Global Fund and PEPFAR responsible for training and supervision of community lay carders
Secondment Staff number	
Above Site (Systems)	
Health Workforce	Government and PEPFAR both primary as Government provides the work force for above site programs and PEPFAR provides keys positions for above site programs. The GF funds key personel in the National TB Program and none in the HIV program.
Governance	
Institutional and Organizational Development	
Health Financing	
Health Management Information Systems	Government, PEPFAR and Global fund supports the roll out of CMIS including software development, equipment, connectivity infrastucture, deployment and training. PEPFAR also supports the Lab information system and Monitoring and Evaluation
Supply Chain Systems	Global Fund and government are primary in "Service-Delivery" systems and the GF funded CMS HR, WMS, LMIS roll out and distribution systems .
Laboratory Systems	
Other Systems Support	Government has overall responsibility for systems support while PEPFAR supports the disease and surveilance system ans the lab information system
Disease Surveillance	Government has overall responsibility for disease surveillance while PEPFAR supports the Epi and surveilnce systems and SHIMS
Strategic Information	
Monitoring and Evaluation	PEPFAR supports the M&E unit with Mentorship. The GF supports HR at the M&E unit in the MOH
Surveys and Surveillance	Governt provides PEPFAR supports the survey and surveylance unit within the SID unit. Government provides the HR non service delivery PEPFAR provides mentorship and Technical asistance
Research and Other Surveys	PEPFAR supports the Human Research Board
Program Implementation, Management, and Support	
At the Implementation Level	
At the Donor Level	