KINGDOM OF ESWATINI

MINISTRY OF HEALTH

Introduction and Scale-up of the Dapivirine Vaginal Ring, Long-Acting Injectable Cabotegravir and Lenacapavir for HIV Prevention in Eswatini

Implementation Plan Version II
2025-2030

MOH HIV/AIDS SNAP

CONTENTS

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The second edition of this document was built on the initial implementation plan developed in 2023 for the introduction of the PrEP ring and long-acting injectable Cabotegravir. In 2025. In 2025, with the imminent introduction of Lenacapavir (LEN) injectable PrEP, the plan was modified and updated to reflect actual ring and CAB-LA scale up and planning for the introduction of LEN.

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ABBREVIATIONS

3TC	Lamivudine
AFAB	assigned female at birth
AGYW	adolescent girls and young women
ARV	antiretroviral
ASPIRE	A Study to Prevent Infection with a Ring for Extended Use study
CAB PrEP	cabotegravir long-acting injectable pre-exposure prophylaxis
DREAM	Dapivirine Ring Extended Access and Monitoring study
FTC	emtricitabine
GBV	gender-based violence
GF	Global Fund
HOPE	HIV Open-Label Prevention Extension
HPTN	HIV Prevention Trials Network
HTS	HIV testing services
IPM	International Partnership for Microbicides
LEN PrEP	Lenacapavir long-acting injectable pre-exposure prophylaxis
LMIS	logistics management information system
M&E	Monitoring and evaluation
MTN	Microbicide Trials Network
PBFW	Pregnant and breast-feeding women
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
SOP	standard operating procedures
STI	sexually transmitted infections
TDF	tenofovir disoproxil fumarate
WAD	World Aids Day
WHO	World Health Organization

BACKGROUND

HIV epidemic context in Eswatini.

Eswatini continues to face one of the world's most severe HIV epidemics, with nearly one in four adults living with HIV. The epidemic is generalized but disproportionately affects certain groups. Adolescent girls and young women (AGYW) aged 15–24 account for a significant share of new infections despite representing a small proportion of the population. Other populations at heightened risk include young men, men who have sex with men (MSM), female sex workers, transgender people, and people who inject drugs (PWID), whose vulnerability is shaped by biological, structural, and social factors.

The country has achieved remarkable progress in expanding access to treatment, reaching high viral suppression rates and advancing toward the UNAIDS 95-95-95 targets. However, HIV incidence remains unacceptably high, threatening to erode these gains and stall progress toward the 2030 goal of ending AIDS as a public health threat.

Scaling up effective HIV prevention is therefore critical. Pre-exposure prophylaxis (PrEP) has proven to be a cornerstone of combination prevention, significantly reducing the risk of HIV acquisition when used consistently and correctly. Providers are encouraged to offer PrEP to all eligible individuals who request it, as seeking PrEP is itself an indicator of substantial HIV risk.

Given the diverse needs and preferences of people at risk, reliance on a single PrEP product is insufficient. Expanding the portfolio of PrEP options; namely oral PrEP, the dapivirine vaginal ring (DVR), and long-acting injectables such as cabotegravir (CAB-LA) and lenacapavir (LEN), is essential to address adherence challenges, empower choice, and accelerate incidence reduction in Eswatini's high-burden context.

Global and national commitments on PrEP

Eswatini's PrEP implementation is firmly anchored within both global and national commitments to end the HIV epidemic.

a. **Alignment with UNAIDS 2025 and 2030 targets**
   The UNAIDS 2025 targets call for a 90% reduction in new infections and 95% coverage with combination prevention services. By 2030, the aim is to end AIDS as a public health threat. Modeling shows that widespread PrEP uptake, especially with diverse product choices, is essential to achieve these milestones. Eswatini, as a high-burden country, has a pivotal role in accelerating prevention scale-up.

b. **Integration with the Eswatini National Health Sector Response to HIV Strategic Plan (2024 – 2028)**
   The NSP prioritizes prevention, particularly for AGYW, men, and key populations. It identifies PrEP as a high-impact intervention to drive incidence reduction. This implementation plan

operationalizes the NSP by introducing WHO-recommended PrEP products in person-centered, integrated care pathways.

c. **Commitment to combination prevention approaches**
PrEP is part of a comprehensive strategy that includes HIV testing, condoms, voluntary medical male circumcision, treatment as prevention, harm reduction, and STI services. Expanding PrEP options strengthens this package, aligns with community preferences, and maximizes prevention impact.

Overview of PrEP products

The effectiveness of PrEP in preventing HIV acquisition is well established across a range of products. Global evidence, reinforced by WHO normative guidance, shows that providing a diversified set of options maximizes prevention impact and addresses adherence challenges.

1) Oral TDF/FTC or TDF/3TC

TDF, FTC and 3TC are types of medications known as reverse transcriptase inhibitors, meaning they interfere with the functioning of the reverse transcriptase enzyme needed by HIV to replicate, thus protecting against HIV infection throughout the body. Daily TDF-based oral PrEP was the first WHO-recommended PrEP option in 2015.

Clinical trials of TDF-based oral PrEP conducted across diverse populations compared rates of HIV infection between those randomized to receive either TDF-based oral PrEP or placebo. The rate of new HIV infections from sexual exposure among those who received TDF-based oral PrEP (and used it as instructed) was about 90% lower than in those who received the placebo, and additional data from pharmacological studies suggest TDF-based oral PrEP could reduce HIV by up to 99%. Data suggests oral PrEP could also provide high levels of protection against HIV infection from injecting practices. However, its effectiveness in real-world settings is often limited by adherence challenges, pill fatigue, and stigma associated with antiretroviral use.

People who are HIV positive should not be given any PrEP product. Other contraindications include high suspicion of acute HIV infection based on signs/symptoms/exposure history and significance of use deviations (high Post-Exposure Prophylaxis indication). Medication interactions like use of estradiol-based gender-affirming hormones (not a contraindication but a consideration around the oral PrEP dosing regimen). Comorbidity especially evidence of impaired kidney function by laboratory testing (if performed). Lastly, any allergic reaction possibly or likely resulting from use of PrEP.

About 1 in 10 people may experience mild side effects from using TDF-based oral PrEP, which include GI symptoms (diarrhea, nausea, decreased appetite, cramping, flatulence), Dizziness, and headaches. Side effects can often be managed symptomatically, usually with non-prescription medicines when indicated, and typically resolve within the first month without the need to stop oral PrEP. They also

tend to become milder over time. Clients should be advised to contact their provider if symptoms are severe or prolonged, or if they're concerned.

2) Dapivirine Vaginal ring (DVR)

The dapivirine vaginal ring (DVR) is a flexible silicone ring that is worn in the vagina. Each silicone ring contains 25mg of dapivirine. As the dapivirine concentration in the vagina increases after DVR insertion, cells in the vaginal area become better protected against HIV. Dapivirine is a type of medication known as reverse transcriptase inhibitor, meaning it protects against HIV in the vagina by interfering with the functioning of the reverse transcriptase enzyme needed by HIV to replicate. Dapivirine from DVR does not protect against anal or intravenous HIV exposures. The DVR, recommended by WHO in 2021, is a monthly, woman-initiated product. Its discreet and woman-controlled nature addresses barriers faced by many AGYW and women in generalized epidemic settings.

Clinical trials of the dapivirine vaginal ring (DVR) compared rates of HIV between those randomized to receive either a vaginal ring with dapivirine or a placebo vaginal ring (without dapivirine). The rate of new HIV infections from vaginal exposure among those who received the vaginal ring containing dapivirine (and used it correctly and consistently) was about 50% lower than in those who received the placebo ring, and some studies have suggested even greater levels of protection similar to oral PrEP. DVR was studied among individuals assigned female at birth but has not been specifically studied among transgender men using gender-affirming hormones.

The contraindications of DVR are similar to those of oral PrEP. However, over and above that, DPV is contraindicated when there is use of other devices or vaginally administered medications plus those with severe vaginal ulcerations, pain or discharge.

Around 1 in 10 using the DVR may experience mild side effects. These include urinary tract infections, Inflammation of the vagina, vulva or cervix, vaginal discharge, vaginal or vulva itching plus pelvic or lower abdominal pain. Side effects can often be managed symptomatically, usually with non-prescription medicines when indicated, and typically resolve within the first month and without needing to remove the DVR. Clients should be advised to contact their provider if symptoms are severe or prolonged, or if they're concerned.

3) Cabotegravir Long-Acting (CAB-LA)

CAB-LA is a liquid suspension in a vial that is injected intramuscularly. Cabotegravir is a type of medication known as an integrase inhibitor, meaning it interferes with the functioning of integrase proteins needed by HIV to replicate. CAB-LA, recommended by WHO in 2022, is administered every two months.

The HPTN 083 and HPTN 084 clinical trials of CAB-LA conducted across diverse populations compared

rates of HIV infection between those randomized to receive either CAB-LA or TDF-based oral PrEP (not placebo). No one in the CAB-LA clinical trials received placebo only. The rate of new HIV infection from sexual exposure among those who received CAB-LA varied by participant sex/gender:

- *CISGENDER WOMEN*: The rate of new infection among those receiving CAB-LA was 88% lower than in those who received TDF-based oral PrEP (beyond the level of protection in those who received TDF-based oral PrEP).

- *CISGENDER MEN AND TRANSGENDER WOMEN*: The rate of new infection among those receiving CAB-LA was 66% lower than in those who received TDF-based oral PrEP (beyond the level of protection in those who received TDF-based oral PrEP).

People who inject drugs (PWID) were not included in the research trials on CAB-LA but animal models suggest that CAB-LA may be effective to protect against HIV from injecting practices. TDF-based oral PrEP is highly effective when taken as instructed. Greater protection against HIV from CAB-LA compared to TDF-based oral PrEP may be explained, in part, by better dosing adherence in the group receiving CAB-LA. Study participants randomized to receive TDF-based oral PrEP frequently missed doses compared to CAB-LA users, who more consistently received injections.

In addition to the contraindications listed above for all PrEP products (positive or inconclusive HIV status, high indication for PEP, allergy to PrEP medication), the following contraindications and considerations to continued use of CAB-LA apply. High suspicion of AHI, medication interaction and comorbidities like impaired liver function or disease.

The following side effects, typically mild to moderate in severity, may occur among people on CAB-LA. Injection site reactions (pain, swelling, nodules, induration, redness/bruising or itching) are the most common. These may be minimized by use of warm or cold compresses and/or use of NSAIDS before and/or after each injection. Other side effects include headaches, diarrhea, nausea, tiredness and dizziness. Other side effects listed above can often be managed symptomatically, usually with non-prescription medicines when indicated, and typically resolve without the need to discontinue CAB-LA.

4) Lenacapavir (LEN)

Lenacapavir is a type of medication known as a capsid inhibitor, meaning it interferes with the functioning of capsid proteins needed by HIV to replicate. It is manufactured both as an injection for subcutaneous use and an oral tablet formulation.

Clinical trials of LEN conducted across diverse populations compared the rate of HIV infection in those receiving LEN in two ways: 1) to background HIV incidence rates, in lieu of placebo; and, 2) to the rate of HIV infection in those randomized to receive TDF-based oral PrEP. WHO added LEN as a PrEP option in 2025 following results from the PURPOSE trials. In PURPOSE 1, involving adolescent girls and young

women in South Africa and Uganda, LEN demonstrated 100% efficacy, with no HIV infections in the LEN arm. In PURPOSE 2, involving cisgender men, transgender women, transgender men, and non-binary people in seven countries, LEN achieved a 96% reduction in HIV incidence compared to background rates. LEN is delivered every six months, offering the longest dosing interval of any current PrEP option, with high adherence, tolerability, and acceptability.

People who inject drugs (PWID) were not explicitly included in research trials on LEN, but existing drug level data suggest that commonly injected drugs likely do not affect LEN levels. A study is ongoing to compare LEN levels in PWID with other groups who could benefit from PrEP. TDF-based oral PrEP is highly effective when taken as instructed. Greater protection against HIV from LEN compared to TDF-based oral PrEP may be explained, in part, by better dosing adherence in the group receiving LEN. Study participants randomized to receive TDF-based oral PrEP frequently missed doses compared to LEN users, who more consistently received injections.

The important contraindications for LEN are high suspicion of AHI and medication interactions. Use of medications with LEN drug-drug interaction, with contraindications and considerations varying by medication.

Side effects, typically mild to moderate in severity, may occur in people receiving LEN. The most common are injection site reactions (nodules, pain, redness/bruising, induration, swelling or itching. These may have resulted from the subcutaneous LEN depot formed at the injection site. Both nodules and indurations may resolve more slowly than other injection site reactions (e.g. from several months to more than a year). Nodules may not be visible but may be easily felt. Injection site reactions may be minimized by use of ice/cold compresses applied to both injection sites and use of NSAIDs before and/or after each injection. Application of topical analgesics to both injection sites 30 minutes prior to injection may also reduce symptoms. Other side effects include headache, nausea, diarrhea and tiredness which are often managed symptomatically, usually with non-prescription medicines when indicated, and typically resolve without the need to discontinue.

The evidence demonstrates that while oral PrEP remains highly effective for those able to adhere, long-acting injectable options such as CAB-LA and LEN offer superior effectiveness in real-world settings by reducing reliance on daily adherence. The DVR provides an important choice for women who prefer discreet, user-controlled methods. All PrEP products yield better protection when a client is using their preferred product as instructed. Missing doses or incorrect, inconsistent or delayed use may result in less protection (see table 1). Expanding the PrEP product mix in Eswatini will ensure that individuals can select the method that best fits their needs and lifestyles, improving uptake, adherence, and ultimately reducing HIV incidence.

Table 1: Comparison of the effectiveness of WHO-recommended PrEP Options

Product	WHO recommendation	Dosing	Effectiveness	Key Populations/Considerations
Oral PrEP	2015	Daily pill	90% effective (possibly as high as 94-99%) at preventing HIV when used as directed from all forms of sex	Widely available; adherence and stigma challenges.
DVR	2021	Monthly vaginal ring	At least 50% effective at preventing HIV when used as directed for vaginal sex only with some evidence that protection is higher and similar to oral PrEP	Woman-controlled; important for AGYW and women
CAB-LA	2022	Injection every 2 months	At least 90% effective at preventing HIV when used as directed from all forms of sex	Overcomes adherence barriers, highly acceptable across populations
LEN	2025	Injection every 6 months	• 100% effective in cisgender women • 96% in cisgender men, transgender women, transgender men and gender nonbinary persons	Longest dosing interval; highly effective for AGYW, MSM, TGW, TGM, and non-binary individuals

Rationale for expanding PrEP Choices in Eswatini

Evidence from HIV prevention and family planning shows that offering a wider range of methods increases uptake and continuation. By diversifying PrEP options, Eswatini can:

- Increase uptake and continuation among AGYW and key populations.
- Improve adherence by reducing pill fatigue through long-acting injectables.
- Advance equity and autonomy with woman-controlled and discreet options.
- Strengthen cost-effectiveness through fewer infections and long-term savings.
- Accelerate epidemic control by reducing incidence and sustaining progress toward national and global goals.

By diversifying the PrEP product mix, Eswatini can maximize the prevention impact of its HIV response, strengthen program efficiency, and move closer to achieving epidemic control.

Implications for implementation

The successful introduction and scale-up of PrEP in Eswatini requires a strategic approach that ensures accessibility, acceptability, and sustainability. As new PrEP products are introduced alongside existing options, the following implications for implementation must be prioritized:

- **Differentiated Service Delivery:** PrEP must be tailored to the needs of diverse populations, including women of reproductive age, AGYW, MSM, sex workers, transgender people, sero-different couples, and young men. Models such as facility, community, mobile, pharmacy, and digital platforms should provide convenient, discreet, and person-centered access.
- **Integration with SRH, FP, and STI Services:** Embedding PrEP within broader health services maximizes opportunities for prevention. Offering PrEP during family planning, antenatal and postnatal care, or STI visits reduces missed opportunities and ensures comprehensive care.
- **Community engagement and demand generation:** Uptake and continuation depend on awareness, trust, and acceptance. Community involvement in service design and delivery, combined with peer-led outreach and stigma reduction, will be critical to normalize PrEP.
- **Regulatory, supply chain, and provider capacity:** Effective rollout requires timely regulatory approval, reliable supply chains, and trained providers able to counsel clients, manage side effects, and deliver stigma-free services. Continuous monitoring and pharmacovigilance will ensure safety and sustainability.

Summary

This PrEP Implementation Plan is a strategic roadmap to guide Eswatini's scale-up of HIV prevention. It translates global WHO guidance and national commitments into actionable steps, ensuring that oral PrEP, the dapivirine vaginal ring, and long-acting injectables such as CAB-LA and LEN are introduced in a coordinated, evidence-based way. By setting priorities and defining delivery models, the plan ensures that PrEP is accessible, acceptable, and tailored to the diverse needs of populations most at risk.

Beyond service delivery, the plan strengthens essential enablers for scale-up, including regulatory approval, reliable supply chains, trained providers, and meaningful community engagement. It also aligns stakeholders, guides investment decisions, and establishes mechanisms for monitoring progress. Ultimately, the plan is key to accelerating PrEP uptake, reducing new HIV infections, and helping Eswatini move closer to achieving its national targets and the global goal of ending AIDS as a public health threat by 2030. The plan includes specific timelines (Appendix 1), which are updated on a regular basis.

SITUATION ANALYSIS

A value chain situational analysis (VCSA) for the PrEP ring introduction was done in 2021 and in 2023 for CAB-LA. Inputs to this analysis included a desk review, secondary research, and interviews with a variety of stakeholders in Eswatini. The VCSA is being complemented by ongoing feedback from the early introduction of the PrEP ring and CAB-LA regarding challenges, barriers, and opportunities as identified and reported by key stakeholders at delivery points, within the programme, and among main implementing partners. The Eswatini National Health Sector Response to HIV Strategic Plan 2024 to 2028 provided further insights.[1] The following strengths and barriers were identified across the value chain in 2025 (Table 1).

Table 1. Strengths and barriers across the value chain in 2025

Category	Strengths	Barriers and Gaps	Mitigation
Planning and budgeting	• CAB-LA and the PrEP ring were introduced in 2024. • PrEP core team recommends the introduction of LEN in 2025.	• LEN has not yet been registered in Eswatini. If product approved by WHO, FDA and/or EMA, the country adopts the waiver.	• Engage MRU for the waiver of LEN in 2025.
DR Manage-ment	• Screening for AHI • Routine DR testing among CAB-LA seroconverters	• Missed cases of AHI at initiation • Seroconversion during follow-up due to low adherence • Limited resources for universal DR testing	• For those with at least one AHI symptom defer PrEP initiation • Provider administered RDT testing at initiation and follow-up visits for injectable PrEP • Provision of a one-month HIVST for clients on LEN • Provision of DR testing for seroconverters on CAB-LA
Supply chain management	• Sufficient vaginal PrEP ring and CAB-LA supplies for 2024 to 2026 • Procurement of LEN included in Global Fund (GF)	• Recurrent stock outs of HIV testing kits and oral PrEP. • Poor quality of national PrEP data reduces	• Engage the HTS team during their quantification. • Incorporate new products into supply

[1] Eswatini National Health Sector Response to HIV, STI & Viral Hepatitis Strategic Plan 2024-2028. MoH, WHO. 2024, Mbabane, Eswatini.

Category	Strengths	Barriers and Gaps	Mitigation
	support. • Quantification of all PrEP products including injectables in July – August 2025 • PrEP tool used for national target setting.	accuracy and confidence in PrEP-it tool target estimates.	chain management
Delivery platforms	• New products can be integrated in existing PrEP delivery models. • PrEP has been integrated in all service delivery points. • Availability of implementing partners to support PrEP service provision.	• Gaps in offering PrEP in private sector outside of private clinics. • Need for strong social and behavior change programs to support demand creation for PrEP. • Decrease in implementation support by international partners • Slow PrEP ring and CAB-LA stock turnover due to suboptimal demand	• Simplify models of care for PrEP delivery at the public, private and community • Adapting roll out plan for efficient use of all PrEP options
Uptake and effective use	• Availability of testing and counseling services in majority of public and private facilities. • High number of providers trained in PrEP provision. • PrEP included in IMAI and NARTIS training	• National training materials need to be updated for LEN, PrEP switching, and for use in additional populations. • Trainings donor dependent, not yet established in government financing. • Suboptimal PrEP uptake and/or options available for specific at-risk populations	• IMAI and NARTIS pre-service training • Hybrid onsite and online training enabling sustainability •
Monitoring, evaluation, and learning	• Majority of PrEP (90%) sites are using electronic client management information system.	• National M&E tools do not include LEN. • Other modules not fully updated (CAB-LA and the DPV ring) • Private PrEP facilities using different systems or paper-based tools. • Unavailability of reliable national PrEP continuation data.	• Updating of PrEP module in CMIS. • Health Information Exchange (HIE) system enhancement with private facilities and non CMIS facilities (HMIS)

Category	Strengths	Barriers and Gaps	Mitigation
Demand creation	• PrEP included in CHCWs and health promotions services • IEC material available, including media platforms	Community based demand creation: • Limited LEN demand creation initially to match existing supply • Suboptimal CAB-LA and PrEP ring demand amid available stocks • IEC material donor supported • Supply and stock availability often determine the demand creation	• Chat Bots (WhatsApp or AI) • Social media • Include the new PrEP products on the IEC • Regular review of available stocks and ongoing demand generation
Quality, Mentoring Support Supervision	• National Quality, Mentoring Units • Quality Audits and QIPs • Regional focal points • Partner supported mentorship and supportive supervision	• Facility mentoring HR and logistics are donor dependent, not yet fully government owned	• Train the existing regional focal points, facility managers. • Virtual support, help desk and WhatsApp platforms.

IMPLEMENTATION FRAMEWORK

Vision:
Emaswati at increased likelihood of HIV exposure to have choices to prevent HIV infection.

Goal:
Eswatini has set a national goal to end AIDS as a public health threat by 2028 through provision of quality, person centered services.2 The goal of this framework is to provide guidance and strategic direction to achieve these results and accelerate the impact of combination HIV prevention strategy. This framework addresses particularly focus area 1 (Prevent new HIV infections), focus area 3 (Eliminate vertical transmission of HIV) and focus area 5 (Accelerate UHC through integration of services into PHC) of the strategic priority intervention 1 (Equitable high quality, evidence-based, people-centered services) and strategic priority 2 (Health and community systems).

Implementation objectives of this framework:

- To increase public awareness on available PrEP products.
- To expand access to PrEP products among individuals at risk of HIV acquisition in Eswatini to 95% by 2028.
- To ensure efficient and safe transitioning of clients between PrEP products, maintaining continuity of protection and client choice.
- To expand the number of facilities that can offer more than one PrEP method to 204 by 2028.
- To ensure all PrEP sites have at least 60% of providers trained to offer and support the use of all available PrEP products.
- To expand and strengthen provision of community-based PrEP services through differentiated delivery channels to enhance reach and sustainability.

Policy Environment

Clinical guideline development

The PrEP implementation guidelines for healthcare providers have been updated in 2025 with extensive input from a variety of stakeholders (see acknowledgments). The guidelines give comprehensive information on the process of identifying individuals who could benefit from PrEP, screening for PrEP eligibility, offering and initiation of PrEP as well as providing ongoing support and conducting follow up visits for oral PrEP, the PrEP ring and long-acting injectable PrEP. As new evidence emerges and new WHO recommendations might be released, these guidelines will be updated, or addendums will be developed and circulated. Additional clinical details are outlined in

[2] Eswatini National Health Sector Response to HIV, STI & Viral Hepatitis Strategic Plan 2024-2028. MoH, WHO. 2024, Mbabane, Eswatini.

the different training packages.

Human Resources

Cadres

PrEP initiation and refills for any method can be done by trained medical doctors and registered nurses. Nurses should have completed IMAI training and training in PrEP. There is no requirement to complete the NARTIS training curriculum. HTS counsellors and other cadres will support PrEP choice counselling as well as other supportive counselling related to PrEP method use. From Q4, 2025, the MoH will allow the provision of the PrEP ring by trained community healthcare workers that are providing HIVST. The MoH, with the support of stakeholders, will continue to build the capacity of health care providers in new PrEP products.

Provider training

An initial trainer of trainers will be conducted by the Ministry of Health for a selected group of providers, technical advisors and nurse mentors when new PrEP products are introduced. Following the TOT, a mixture of virtual and in-person off-site and on-site trainings will be conducted with providers from facilities that will receive a new product at the facility. These trainings will be led by the MOH with technical assistance from implementing partners. Training reports will be submitted to the MoH on a monthly basis. (see template, Appendix 2). A summarized training module will be integrated within national trainings such as the IMAI and NARTIS trainings.

Type of training	Content	Target audience
Training of trainers	Detailed information on new PrEP products.	Technical advisors Nurse mentors Selected trainers
Integrated PrEP training	Comprehensive training material that includes choice counselling and information on all available and soon to be available PrEP methods.	New PrEP providers
IMAI	HIV prevention module with summarized information on choice counselling providing different PrEP products.	New nurse graduates
NARTIS		New nurses not previously trained in NARTIS
Product specific training	Detailed information on the new PrEP product	Nurses and counsellors, other cadres (peers, community health cadres)
Training for community-based partners and peer navigators	Basic information on product choice and the available PrEP methods. Messages to be provided in the community. Frequently asked questions on PrEP.	Staff from community- based organizations, peer navigators, outreach workers and PrEP ambassadors, community health workers

Mentorship/Supervision

Onsite mentorship and supervision will be done by the MoH and, where available, clinical implementing partners, integrating in existing systems. Mentorship will be expected to bridge the gap between initial training and implementation to ensure high quality services are provided offering PrEP choice. During mentoring visits, challenges and successes should be documented, and a summary of challenges will be provided during monthly PrEP core team meetings. In the absence of implementing partners, alternative supervisory and support mechanisms will be identified and utilized to maintain service quality.

Service Delivery

Service delivery model

New PrEP products – including the PrEP ring, CAB-LA and LEN – will be introduced in Eswatini in a phased approach. Products will be introduced across different facility and community-based delivery models upon satisfactory site assessments conducted by MoH or implementing partners and pending product availability.

PrEP ring

	Phase description	Criteria to start phase	Timelines
Phase 1	Introduction in eight PrEP service delivery sites as part of a demonstration study[3].	Phase 1 started in May 2023, following approval from the Eswatini Health and Human Research Review Board (EHHRRB).	May 2023
Phase 2	Introduction of the PrEP ring in all PEPFAR supported Facilities and outreaches.	Training of providers completed. Reporting system to MoH in place.	September 2024
Phase 3	Scale up of the PrEP ring in all remaining PrEP sites		September 2025

CAB-LA

	Phase description	Criteria to start phase	Timelines
Phase 1	A total of 32 high volume PEPFAR supported sites have been prioritized for CAB-LA excluding PBFW.	▪ Completed provider training. ▪ Completion of site-readiness assessment ▪ Availability of CAB-LA ▪ Availability of HIV testing kits. ▪ Reporting system to MoH is in place.	June 2024
Phase 2	Additional PEPFAR supported and selected private sites and outreaches.		June 2025

[3] https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26490

Phase 3	CAB-LA sites transition fully to LEN	▪ CAB-LA continuation not feasible due to limited stocks ▪ Increased preference of clients to switch to LEN ▪ Training of providers for LEN is completed. ▪ Adequate availability of LEN	2026

LEN

	Phase description	Criteria to start phase	Expected start
World Aids Day official launch	▪ 500 LEN doses will arrive Mid November to official launch LEN on World Aids Day (WAD) which will be commemorated in Hhukwini. ▪ 4 additional sites (one in each region) will be selected from the 32 sites of Phase one to start LEN in December.	▪ Completed provider training. ▪ Completion of site-readiness assessment. ▪ Availability of LEN ▪ Availability of HTS kits.	1 December 2025
Phase 1	▪ A total of 32 sites have been identified for LEN introduction ▪ Selection criteria included volume of expected PrEP clients, geographic location or the priority population they are serving (see appendix 4b)	▪ Completed provider training. ▪ Completion of site-readiness assessment. ▪ Availability of LEN ▪ Availability of HTS kits.	Q1, 2026
Phase 2	LEN will be introduced in an additional 64 PrEP sites covering a cumulative number of 47% of all PrEP sites.	▪ CAB-LA continuation not feasible due to limited stocks ▪ Increased preference of clients to switch to LEN ▪ Training of providers for LEN is completed. ▪ Adequate availability of LEN	Q3, 2026
Phase 3	Expansion of LEN to all remaining PrEP sites	▪ Training of providers for LEN is completed. ▪ Adequate availability of LEN	2027

Site readiness

A site readiness tool will be used to establish site readiness and identify any barriers for site implementation. The site assessment will look at the minimal needs for infrastructure, HR,

laboratory systems and training in order to provide new PrEP products. No site can start offering new PrEP products until potential barriers identified with the assessment have been addressed. See appendix 3 for a draft Site assessment tool. In addition, sites will also be selected based on equity considerations and whether other PrEP products are already available at that site.

Counseling components

Counselling will be provided by HTS providers and nurses. Counselling on the PrEP ring can also be provided by peers and community health care cadres. The following job aid and IEC material will be available to support choice counselling and enable clients to make a fully informed choice.

Job aids for providers	IEC material for clients

- Assessing PrEP eligibility (all products)
- Product choice counselling
- CAB-LA & LEN initiation and continuation injections
- Management of side effects
- Restarting vs resuming CAB
- Switching between different methods
	- Journey tool (electronic/ paper based)
	- Product specific factsheets
	  ○ Oral PrEP
	  ○ PrEP ring
	  ○ CAB-LA
	  ○ LEN
	- Comparison of different products
	- PrEP use in pregnancy

Package of services offered with PrEP

PrEP is offered as a comprehensive package of services. This includes:

Minimal package	▪ Counselling and information ▪ HIV testing ▪ Discussion on potential exposure to HIV ▪ PrEP eligibility assessment including assessing the need for PEP and ruling out AHI.
Additional services (if not available should not be a barrier to PrEP initiation)	▪ Hepatitis B and C testing ▪ Pregnancy testing ▪ Kidney function test for some clients using oral PrEP ▪ Screening and treatment for STIs ▪ Provision of gender-based violence services, including intimate partner violence services. ▪ Assessment for mental health and substance abuse. ▪ Provision of or referral to voluntary male medical circumcision. ▪ Screening for and treatment of NCDs.

For more information, see PrEP implementation guidelines

Integration with other services

PrEP should be provided at any service delivery point as specified in the updated 2025

national PrEP implementation guidelines. This includes but is not limited to Antenatal and post-natal department, Family planning department and Out-patient department including STI service points.

Key and priority populations

All PrEP products will be made available to key and priority populations at high risk acquiring HIV individuals. PrEP will not be denied to individuals not falling into any of the priority populations.

Population	Oral PrEP	PrEP ring	CAB-LA	LEN
AGYW 16-24	X	X	X	X
Females 25-34 years	X	X	X	X
Pregnant and breastfeeding women	X	X	X	X
Female Sex workers	X	X	X	X
MSM	X		X	X
TG	X		X	X
PWID	X		X	X
Other high-risk males	X		X	X

Supply Chain Management

Product profile

Oral PrEP is available at the Central Medical Store (CMS) procured through government funding. The PrEP ring has been procured by GF and a national scale up started in 2024. CAB-LA has been procured by USG and was introduced in 2024. No more CAB-LA will be procured, and it is expected that all CAB-LA sites will transition to LEN by 2027. LEN will be procured by the GF and PEPFAR and will be available early 2026. Products will be stored at CMS and distributed to PrEP sites through the national distribution system.

Table 3. PrEP product profiles

PrEP Product	Dosage and Administration (Adults)	Shelf life	Storage	Packaging
Oral PrEP	Orally: fixed-dose tablet taken daily; tenofovir (TDF) 300 mg/lamivudine (3TC) 300 mg	2–4 years	20°–25°C ; excursions permitted 15°–30°C	Bottles of 30 tablets

PrEP Product	Dosage and Administration (Adults)	Shelf life	Storage	Packaging
Dapivirine ring	Monthly ring removal/insertion (self-administered but can be supported by a health provider); 25 mg of dapivirine	5 years	15°–30°; exposure up to 40°C permitted for up to 56 days	Rings are individually packaged in one month or three-month packaging
Long-acting injectable cabotegravir	Gluteal injection: the first two injections are four weeks apart, followed by injections every eight weeks; cabotegravir extended-release injectable suspension (3 mL) at a dose of 600 mg	2 years	2°–25°C; exposure up to 30°C permitted (length unknown)	Single-use vials with 3ml (600mg) of CAB PrEP are packaged in boxes of 25 vials
Injectable lenacapavir	Subcutaneous injection in abdomen or thigh. **Initiation dosing:** Day 1: 927 mg by subcutaneous injection (2 x 1.5 mL injections) + 600 mg orally (2 x 300 mg tablets); Day 2: 2 oral tablets a dose of 300mg. **Maintenance dosing at 26 weeks (+/-2 weeks):** 927 mg by subcutaneous injection (2 x 1.5 mL injections). Temporary weekly oral dosing can be used if injection delayed. Dosing may require adjustment when used with certain concomitant medications.	3 years	**Injection**: 20–25 °C, excursions to 15–30 °C; protect from light; administer within 4 h of preparation, discard thereafter. **Tablets**: 20–25 °C, excursions to 15–30 °C; store in original bottle with desiccant; tightly closed. Expanded stability: 30°C: stable for **1 month**. Sealed bottle/ original vial at 50°C: stable for **2 weeks**. Sealed bottle/ original vial at –20°C: stable for **1 month**. Vials: exposure to ultraviolet/visible light: 4 hours total. Minimize exposure to light before and after preparation for use.	Single-use vials for injection packed in a dosing kit (2-single vials, 2 disposable syringes, 2 withdraw needles, 2 subcutaneous injection needles); oral tablets in bottles with desiccant, child-resistant cap.

Commodities associated with PrEP implementation

Additional commodities are needed for CAB-LA and LEN. One syringe and 2 needles are needed for every CAB-LA injection. For LEN, 2 disposable syringes, 2 withdraw needles and 2 subcutaneous injection needles are needed.

	LEN	CAB-LA	PrEP ring	Oral PrEP
Syringes	At every injection visit, 2 syringes, 2 withdrawal needles, 2 subcutaneous injection needles	At every injection Visit, syringes (1), needles (2)	None	None
Needles				

Product registration

	Registration status	Included in guidelines	Included in essential medicine list
Oral PrEP	Registered	Included in the Integrated HIV management guidelines and in the Implementation guidelines.	Yes
PrEP ring	Import waiver was obtained by the MoH.		Submissions for including the PrEP ring and CAB-LA in the essential medicine list have been made in January 2024.
CAB-LA			
LEN	An import waiver was approved in October 2025	LEN has been included in the updated 2025 PrEP implementation and PrEP clinical guidelines.	A submission to include LEN in the essential medicine list will be made by the MoH.

Commodity forecasting and procurement processes and systems

Oral PrEP

- Forecasting of Oral PrEP is done annually by a national quantification team.
- Procurement is done by the MoH with government funding.

PrEP ring

- Forecasting and procurement was done as part of the GF GC7 application process. An order of 78,555 has been received from the GF.

CAB-LA

- Initial forecasting of CAB-LA was done by the GF and PEPFAR with PEPFAR supplies received that are expected to last until 2026/2027.
- No additional forecasting is expected to be done as the intention is to transition CAB clients to LEN once a sufficient supply is available.

LEN

- An initial quantification has been done for the GF for the introduction period from 2026 to 2027, covering 10,975 person years (21,950 packets).
- Additional LEN (47,129 packets) is expected to be procured by PEPFAR covering the gap for the total LEN need until the end of 2027.
- It is expected that MoH will procure the generic version of LEN from the end of2027 onwards.

Inventory management and distribution processes and systems

- All new products arriving in country will be received by CMS and entered in the national inventory management system.
- Distribution to facilities will be done as per existing national system where facilities order either through a mother facility or directly from CMS. Orders are distributed by CMS directly to the ordering facility.
- New products need to be included in the paper-based ordering form.
    - In the interim, order quantities for the PrEP ring, CAB-LA and LEN can be indicated on an empty line on the ARV ordering form
- All products received at the facility is entered on a stock card which is used to track consumption.

Monitoring and Evaluation

Routine monitoring and evaluation (M&E) of PrEP program implementation should provide PrEP providers, program implementers, policymakers, and donors with data on the scale of the PrEP program, whether the program is expanding and reaching new clients, the extent to which the program is reaching priority populations, and whether adverse events are occurring. These data should allow stakeholders to:

1) assess progress toward targets,
2) monitor PrEP method choice,
3) assess resources used against program outputs,
4) project resource needs,
5) estimate the coverage of the PrEP program, and
6) estimate the epidemiological impact of the PrEP program.

In order to enable to routinely monitor and evaluate new PrEP products, a submission has been made to CMIS to include the PrEP ring and injectable PrEP (CAB-LA and LEN) within the CMIS PrEP module.

National core indicators for PrEP

The following national indicators will be used to monitor the progress and success with new product introduction.

Indicator	Numerator	Denominator	Disaggregation
No. of trainings conducted			Region
No. of healthcare providers trained in new PrEP products			Region Cadre
% of PrEP facilities offering choice in more than one PrEP method	No. PrEP facilities offering PrEP choice in more than one PrEP method	No. of PrEP facilities	PrEP methods
% of eligible clients accepting new PrEP offer	No. of clients newly initiated on PrEP	No. of clients that accepted PrEP offer	
% of clients due for 1 month follow-up that received a PrEP refill at 1 month*	No. of clients that came for 1-month visit and received a PrEP refill	No. of clients due for 1-month visit	
% of clients due for 6-month LEN follow-up who received their LEN continuation dose	No. of clients that came for 6-month LEN visit and received their LEN continuation dose	No. of clients due for 6-month LEN visit	
% of clients who switched from one PrEP product to another and continued PrEP	No. of clients who switched from one PrEP product to another and continued PrEP.	No. of clients who discontinued their original PrEP product.	
% clients still on any PrEP product 12 months after initiation	No. of clients who remained on any PrEP product at 12 months after initiation.	No. of clients initiated 12 months earlier if you want to convert to a percentage).	
Volume of PrEP prescribed/dispensed	Number of units of each PrEP product dispensed	Not applicable	
No. of client visits in which a PrEP product was provided	Number of client visits during which a PrEP product was provided		
No. of Tinkhundla with sensitizations conducted on new PrEP methods.			

* For oral PrEP, CAB-LA and the PrEP ring only.

M&E training

- An M&E specific training package will be developed.
- Training of M&E officers and data collectors will be conducted on PrEP tools, revised HTS and PrEP CMIS modules and new PrEP method indicators.
- An initial TOT will be done for M&E staff of Implementing partners and regional teams.
- Trainers will be responsible for ensuring M&E staff and data collectors in each region are trained and provide ongoing support and supervision as needed.

Pharmacovigilance

For all new PrEP methods, safety monitoring will be done as per Eswatini's 2022 National Pharmacovigilance Guideline. Refresher training in monitoring and reporting of Adverse drug reactions and serious adverse events will be included in all providers trainings for new PrEP products. All ADRs will be reported back to the national pharmacovigilance team and summaries shared with the PrEP core team. The availability of the national Pharmacovigilance monitoring tool will be a criteria for a successful site readiness assessment prior to introducing the new product.

Resistance Monitoring

Monitoring of HIV drug resistance (HIVDR) will be done for all PrEP seroconverts regardless of the method used through the Ministry of Health as part of routine surveillance during early implementation of the PrEP ring and CAB-LA. From Q-3 2025, DR monitoring will be prioritized for seroconverters on CAB-LA only with the following criteria for the collection of a blood sample for genotyping:

- Received CAB-LA injection in last 12 months to monitor INSTI resistance mutations that confer cross-resistance to dolutegravir

Samples for HIVDR testing should be collected at the time of the first HIV positive test. All clients seroconverting will be initiated on the first line recommended ART regimen as per Eswatini 2022 National Guidelines for HIV prevention, care and treatment. Results of HIVDR testing will be returned to the facility as per routine procedures and entered in the national HIVDR database. Reporting of PrEP seroconverters and HIVDR results will be done quarterly in the PrEP Core Team meeting. HIV positive test results after PrEP exposure will be documented in the HYS CMIS module with an option to indicate if a sample for genotyping has been collected.

Demand Generation

Demand creation will be done following the guiding principles of the 2022 Eswatini National PrEP Communication, Advocacy and Behavior Change Strategy. Activities will include:

- Developing of messages and social media content for LEN
- Social media advertising to create awareness on new products
- Newspaper articles

- Radio jingles and LEN session during health promotion time slot
- Distributing of posters on new PrEP methods at facility and community level
- LEN flyers for community members

Budgeting and Financing

PrEP product/ Commodity	Funder
PrEP ring	▪ Ring procured through GF GC6 Y3 and GC7 Y1. ▪ Subsequent orders to be made by Government
CAB-LA	▪ Phase 1 and 2 CAB-LA was procured by PEPFAR. ▪ No additional CAB-LA is expected to be procured when current stock is finished due to trasnition to LEN
LEN	▪ During the introduction phase procured through GF (including all components of injectables, oral drugs, needles, syringes) ▪ Additional LEN expected to be procured by PEPFAR with a focus on PBFW and high-risk populations. ▪ In the continuation phase, procured through Government
HIVST for oral PrEP and the ring	▪ Procured by GF
Additional HIV RDTs for injectable PrEP users and monitoring of the tail period.	▪ Procured by GF and included in the Government budget ▪ Additional RDTs will be procured by PEPFAR
Syringes and needles for injectable PrEP users	▪ Procurement through Government

APPENDICES

Appendix 1. LEN Implementation Plan Timeline from 2025 to 2028

Eswatini PrEP LEN Rollout Workplan	2025		2026				2027				2028			
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Policy Environment														
Updating of new product introduction implementation plan	X													
Documentation of lessons learnt from CAB-LA	X	X	X											
Quantification	X				X				X				X	
Budgeting (Gvnt)	X	X			X	X			X	X			X	X
Revision of PrEP clinical guidelines	X	X												
MRU Waiver	X	X												
Service delivery														
Updating of training packages	X	X												
Revision of data collection tools (CMIS)	X	X	X	X										
Revision of Job aids, SOPs and IEC material		X												
Conduct Trainings	X	X	X											
Review site-readiness assessment		X	X	X	X	X								
Procurement of the LEN and related consumables		X	X		X		X							
Conducting initial site assessments		X	X											
Implementation and enrollment of clients			X	X	X	X	X	X	X	X	X	X	X	X
Routine M&E			X	X	X	X	X	X	X	X	X	X	X	X
Ongoing site-mentoring by IPs			X	X	X	X	X	X	X	X	X	X	X	X
Real-time documentation of challenges and best practices			X	X	X	X	X	X	X	X	X	X	X	X
Human Resources for Health														
Trainer of trainers		X												
Training of healthcare providers		X	X	X	X	X	X	X	X	X				
Training and sensitization of CBOs and peer-educators.		X	X	X	X	X	X	X	X	X				
Supply Chain Management														
Inclusion of new product in paper- based facility ordering forms.		X												
Discussion of ring fencing for HTS test kits and injectable		X												
Monthly monitoring of stock levels		X	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring and Evaluation														
Revision of data collection tools	X	X												
Pre-testing of new data collection tools		X												

Eswatini PrEP LEN Rollout Workplan	2025		2026				2027				2028			
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Monthly reporting		X	X	X	X	X	X	X	X	X	X	X	X	X
Phase one evaluation and reflection			X	X	X									
Pharmacovigilance and Resistance Monitoring														
Reviewing reported side-effects/ SAEs		X	X	X	X	X	X	X	X	X	X	X	X	X
Reviewing seroconverters		X	X	X	X	X	X	X	X	X	X	X	X	X
Demand Creation														
Developing messages for new products		X	X											
Training of community partners		X	X	X	X	X								

Appendix 2. Training report template

Training dates:		
Training duration (HRS):		
Training name:		
Purpose of the training:		
Training coverage:	[__] National [__] Regional: _____ [__] Facility: _____	
Training venue:		
Training format:		
Name of lead trainer:		
List of other facilitators:		
Supporting partner:		
Total nr of people trained:	_____Medical doctors _____Nurses _____HTS counsellors _____Lab personnel	_____Pharmacy personnel _____Data collectors/ M&E _____Expert clients/ M2Ms _____Other
Attendance register attached:	[___] Yes [___] No	
Agenda/ timetable attached:	[___] Yes [___] No	

Expectations from Participants:

Issues raised during the training:

Challenges:	**Way forward/ recommendations:**

Parking lot questions not addressed at the end of the training:

Appendix 3. Site readiness assessment template for new product introduction

Date:	
Facility name:	
Region:	
Name and contact of Site manager:	
Name(s) and title (s) of assessment team:	
PrEP products currently provided at site:	[__] Oral TDF-based PrEP [__] CAB-LA [__] PrEP ring
New PrEP product(s) to be introduced:	[__] CAB-LA [__] PrEP ring [__] LEN

Site Operations		**Comments**
Implementing partner support:		
Does the site have a copy available of the PrEP implementation Guidelines? **Indicate guideline version.**	[__] Yes [__] No	
Does the site use CMIS? If not, indicate reporting channels to MoH.	[__] Yes [__] No	

Commodity Management		
How is the site ordering/ receiving HIV testing and PrEP commodities	[__] Direct ordering from CMS [__] Receiving through mother facility. [__] Other:	
Does the site have sufficient storage space for new products?	[__] Yes [__] No	
Is the storage space dry, cool and clean?	[__] Yes [__] No	
Is there a storage place for new products with temperatures between 2° to 30°C?	[__] Yes, describe [__] No	

Is there a temperature monitoring device available in the main storage area?	[__] Yes, describe. [__] No	
Are there stock cards available to monitor product dispensing?		
Is there a system in place to ring-fence RDTs, CAB-LA vials, LEN vials for clients initiated these options? Describe.		

Human Resources					
Indicate the nr of staff on site and how many have been trained in providing CAB-LA and the PrEP ring.	**Staff**	**Total nr**	**CAB trained**	**LEN trained**	**Ring trained**
	Doctor				
	Nurse				
	HTS/ Phleb				
	EC/ M2M				
	Other				
Are job aids and counselling tools for new products available?	[__] Yes [__] No	List available tools:			
Is there an anatomical model for ring insertion demonstration?	[__] Yes [__] No	Notes:			
Is there a demo ring available?	[__] Yes [__] No	Notes:			
Is there a private room for HIV testing and counselling?	[__] Yes [__] No	Notes:			
Is there a private room with a handwashing station for demonstration of PrEP ring insertion and for clients to practice ring insertion?	[__] Yes [__] No	Notes:			

Does the site have a system in place to follow up PrEP clients that miss their appointment? Describe e.g. appt reminders/register, CMIS, cellphone? Who is responsible for this?	[__] Yes [__] No	Notes:
Is there a facility SOP available for PrEP?	[__] Yes [__] No	

Demand creation		
Does the site have IEC material available for PrEP ring?	[__] Yes [__] No	List available material:
Does the site have IEC material available for CAB-LA?	[__] Yes [__] No	List available material:
Does the site have IEC material available for LEN?	[__] Yes [__] No	List available material:

Overall comments	
Site ready to introduce:	
CAB-LA: [__] Yes [__] No	**If site is not ready for new product introduction, document barriers and action points to resolve barriers.**
PrEP ring: [__] Yes [__] No	
LEN: [__] Yes [__] No	

Appendix 4. Priority facilities for the introduction of injectable PrEP

The following facilities were selected to be prioritized for the introduction of injectable PrEP. Criteria for the selection of sites included: PrEP volumes, geographic location and access to specific priority populations. An additional criteria for the selection of LEN sites include current availability of CAB-LA. The intention is to transition all CAB-LA sites to LEN by 2027 as no procurement of additional CAB-LA is expected. The facilities with a green cell have already started providing CAB-LA while the facilities with a yellow cell are among the first facilities to start with LEN. Additional LEN sites among the list will be added based on LEN availability and uptake. As well as remaining stock of CAB-LA to ensure no CAB-LA will expire.

Hhohho	CAB-LA	LEN	Comments
Ezulwini Satellite Centre	X	X	Prioritizing FSW and PBFW for LEN
Mangweni Clinic	X		Prioritizing AGYW
Lobamba Clinic	X		Prioritizing AGYW
Horo Clinic	X		Prioritizing AGYW
Nkoyoyo UEDF	X		Prioritizing AGYW
Motshane Clinic	X		Prioritizing AGYW
Salvation Army	X	X	Prioritizing FSW and AGYW
Mdzimba UEDF	X		
AHF	X		Private clinic, prioritizing FSW and AGYW
Nkaba Clinic	X		Prioritizing AGYW
Mbabane Government Wellness	X		
Dvokolwako HC			Prioritizing AGYW
Hhukwini		X	Prioritizing AGYW
Bulandzeni			
FLAS Mbabane	X	X	
Mbabane PHU		X	Prioritizing PBFW for LEN
Piggs Peak PHU		X	Prioritizing PBFW for LEN
Mkhuzweni PHU		X	Prioritizing PBFW for LEN
Dvokolwako HC PHU`		X	Prioritizing PBFW for LEN
Baylor Centre of Excellence	X		

Shiselweni	CAB-LA	LEN	Comments
FTM2	X	X	Textile factory clinic/ work based clinic
Lavumisa Government	X		Prioritizing AGYW and FSW
New Haven Clinic			Prioritizing AGWY
Silele Red Cross Clinic	X		Prioritizing AGWY
Hlatikulu Government Wellness	X		
Nhlangano PHU	X	X	Prioritizing PBFW for LEN
Hlatikhulu PHU		X	Prioritizing PBFW for LEN
Matsanjeni PHU		X	Prioritizing PBFW for LEN

Gege Clinic		X	Prioritizing AGYW and PBFW for LEN

Manzini	CAB-LA	LEN	Comments
AHF Lamvelase	X	X	Private facility
Mathangeni Clinic	X	X	Prioritizing FSW and PBFW for LEN
Luyengo Clinic	X		Prioritizing AGYW
TLC Miracle Campus	X		
AHF Manzini Wellness Clinic	X		
AHF Matsapha	X		Private facility
Mafutseni Clinic	X		Prioritizing AGYW
Mbikwakhe Clinic	X		Prioritizing AGYW
Phocweni Clinic	X		Prioritizing AGYW
Ngculwini Clinic	X		Prioritizing AGYW
Mliba Nazarene	X		Prioritizing AGYW
Zondwako CLinic	X		Prioritizing AGYW
St Therese Clinic	X		Prioritizing AGYW
Mankanyane Hospital Wellness	X		
Cana Clinic			Prioritizing AGYW
FLAS Manzini	X	X	Prioritizing FSW, AGYW and clients at outreaches
KSII PHU		X	Prioritizing PBFW for LEN
Raleigh Fitkin Memorial PHU		X	Prioritizing PBFW for LEN
Mankanyane PHU		X	Prioritizing PBFW for LEN
MSF Matsapha (Sitsandziwe) Clinic		X	Prioritizing FSW and people with STIs for LEN

Lubombo	CAB-LA	LEN	Comments
Good Shepherd Hospital	X		Prioritizing AGYW
Bholi Clinic	X		Prioritizing AGYW
Siteki Nazarene	X	X	Prioritizing AGYW
Lomahasha Clinic	X		Prioritizing AGYW
Sithobela HC Wellness	X		Prioritizing AGYW
Ndzevane Clinic	X		Prioritizing AGYW
Ebenezer Clinic	X		Prioritizing AGYW
Shewula Clinic	X		Prioritizing AGYW
Simunye Clinic	X		Prioritizing AGYW
Cabrini	X		Prioritizing AGYW
Mlindazwe UEDF Clinic	X		
Siphofaneni Clinic	X		Prioritizing AGYW
Good Shepherd PHU		X	Prioritizing PBFW for LEN
Siteki PHU		X	Prioritizing PBFW for LEN
Sithobela PHU		X	Prioritizing PBFW for LEN