

# WHO-PEN@Scale – implementation research in Eswatini during COVID times

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NIPH

Norwegian Institute of Public Health



# WHO-PEN@Scale – the project and plan

European-Commission funded research on decentralizing diabetes and hypertension care in Eswatini

Clustered randomized trial

Implementation of decentralized care by MoH (after previous pilot in one area) as trial intervention arm (along with others)

- Household survey
- Economic assessment
- Mixed methods implementation research
- Identifying potential syndemics

## Pre-COVID service delivery

The client has few entry points to screening, diagnosis and management

### **Entry point:**

Clients with NCDs are not proactively identified and referred for screening



### **Screening:**

Clients may or may not be screened for NCDs



### **Assessment:**

Any clients that are identified are referred straight to hospital level



### **Management:**

Treatment initiation, refill and complications are all managed at hospital level only

## WHO-PEN intervention

Nurses given control of the screening, assessment and management of hypertension and diabetes.

### **Entry point:**

'At risk' clients proactively identified by CHWs and nurses and encouraged to undergo screening tests for NCDs



### **Screening:**

Clients will be screened at point of care by nurses in the clinic



### **Assessment:**

Nurses make the diagnosis based on POC blood glucose or blood pressure measurements



### **Management:**

Nurses will initiate clients on treatment according to guidelines and refer to hospital only if complications occur

# Expedited decentralization

## Rationale

- Projected burden of COVID-19 on tertiary care
- NCD clients recognized at high-risk of severe COVID

## Implementation

- Train the trainer (one or two nurses per facility)
- Piecemeal and some uncertainty
- At home management with increased prescriptions (issues with shortages)
- Shortages of medication and disposables (e.g. BP cuffs)

# Implementation research challenges

Interviews via whatsapp

Low client volume at facilities

- Recruitment of respondents
- Observations of care

Studying implementation in extraordinary circumstances

- Speed of implementation
- Staff pressures
- Budget constraints





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