



Photo: Eric Bond/EGPAF, 2017



**Elizabeth Glaser  
Pediatric AIDS  
Foundation**

## THE LESOTHO PROGRAM

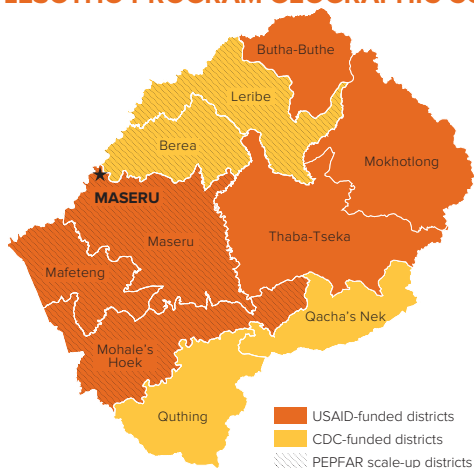
Working with Women, Children, and Families to End Pediatric AIDS

### EGPAF IN LESOTHO

Almost one-quarter of Lesotho's population is living with HIV and the disease is the country's leading cause of death. Lesotho also suffers from high prevalence of tuberculosis (TB), which is the second leading cause of death and a dangerous opportunistic infection for the many HIV-positive citizens. Women are disproportionately affected by HIV/AIDS, with prevalence exceeding those of men in almost every age group under 40 years. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), seeks to end pediatric HIV and AIDS and enhance maternal, neonatal, and child health through implementation of HIV prevention, care, and treatment programs, advocacy, and research. EGPAF began collaborating with Lesotho's Ministry of Health in 2004.

Through leadership from the Government of Lesotho and support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Lesotho significantly scaled up access to comprehensive HIV services across the country. In June 2016, the country adopted World Health Organization guidelines recommending Treatment for All, allowing anyone diagnosed with HIV an opportunity to be immediately initiated on treatment for life. EGPAF has used a national-, district-, and site-level approach to deliver HIV services and provide technical assistance to the Ministry of Health. EGPAF-Lesotho currently supports 165 sites in 10 districts to implement a comprehensive package of TB/HIV services, advocates at the national level to inform health policies, and conducts research to inform improved HIV and AIDS programming.

### EGPAF-LESOTHO PROGRAM GEOGRAPHIC COVERAGE



■ USAID-funded districts  
■ CDC-funded districts  
 PEPFAR scale-up districts

\* Sources: Lesotho Demographic and Health Survey, 2014; Joint United Nations Programme on HIV and AIDS (UNAIDS), Lesotho 2015 HIV and AIDS estimates and projections; USAID, Lesotho Country Fact Sheet, 2015; UNAIDS, Global Tuberculosis Report, 2016; and MOHSW, Baseline study of the crude incidence of cervical in Lesotho, 2007

\*\* Data as of September 2017

### COUNTRY PROFILE\*

Population	2,204,000
Number of people living with HIV	310,000
Women 15 years and older living with HIV	170,000
Children (0-14 years of age) living with HIV	13,000
Adult (15-49 years of age) HIV prevalence rate	23%
HIV prevalence amongst pregnant women attending antenatal care	27.9%
Coverage of adults receiving antiretroviral treatment (ART)	42%
Coverage of children receiving ART	56%
Prevalence of TB/HIV coinfection	72%

### KEY PROGRAM ACCOMPLISHMENTS\*\*

Since 2004, EGPAF-Lesotho has supported the Ministry of Health to:



Conduct over 904,000 HIV tests resulting in the identification of 63,000 HIV-positive individuals



Start more than 178,000 individuals on ART, including more than 9,900 children



Provide prevention of mother-to-child HIV transmission (PMTCT) services to more than 253,000 women



Provide HIV services to over 16,667 new and relapsed TB cases (since October 2014)



Currently support 139,000 HIV-positive individuals on ART in EGPAF-supported districts



Train over 3,200 medical staff to provide high-quality, integrated health services

## PROGRAM IMPLEMENTATION

### Implementation of Comprehensive and Differentiated HIV/AIDS Services

Funded by PEPFAR through the U.S. Agency for International Development (USAID), the Providing Universal Services for HIV/AIDS in Lesotho (PUSH) Project (2016-2021) and the U.S. Centers for Disease Control and Prevention (CDC)-funded Strengthening the TB and AIDS Response in Lesotho (STAR-L) Project (2014-2019) enables EGPAF to provide a comprehensive package of HIV/AIDS services in 10 districts while providing technical assistance to the Ministry of Health. The comprehensive package of services offered under PUSH and STAR-L includes: HIV testing services; early infant HIV diagnosis (EID); pediatric and adult ART; TB diagnosis and treatment; management of TB/HIV co-infection; ART retention support; reproductive health care; nutrition assessment; counseling and support; and health workforce capacity building.

EGPAF-Lesotho has recently worked with the Ministry of Health to introduce differentiated HIV care models, which individualize patient care and optimize the use of health facility and health system resources, enabling effective scale-up of Treatment for All. Differentiated approaches being scaled-up in Lesotho include: multi-month ART refills; community ART groups; extended clinic hours; community-based ART initiation and refill services, and male-friendly health services. EGPAF is also using innovative strategies to reach priority and key populations traditionally underserved by the health system, such as children, adolescents, migrant populations, factory workers, commercial sex workers, men who have sex with men, and prisoners.

### Capacity-Building and Direct Service Delivery

To expand coverage of critical HIV/AIDS services, EGPAF implements a combination of capacity-building approaches and direct service delivery. At the health facility level, EGPAF provides direct service delivery, as well as mentorship and supportive supervision, to ensure quality service provision. EGPAF's district staff also provide technical assistance to the District Health Management Teams. EGPAF supports national- and district-level trainings on HIV, TB, PMTCT, and related topics. At the national level, EGPAF supports the revision and adaptation of national policies, guidelines, and tools to create an enabling environment for the elimination of pediatric HIV. EGPAF also provides significant human resource support, with a variety of staff cadres directly providing a wide range of services. EGPAF has hired, trained, and mentored more than 600 medical doctors, nurses, counselors, pharmacists and pharmacy technicians, nutritionists, program performance improvement officers, strategic information and evaluation officers and records assistants, across 10 districts.

### Increasing Identification of HIV-Positive Children and Adolescents

EGPAF has supported scale-up of integrated HIV testing services for infants, children, and adolescents to increase HIV case finding and ART coverage. EGPAF, through Unitaid funding, is integrating rapid, site-level point-of-care early infant diagnosis (EID) technology to expand affordable, effective, and equitable testing of HIV-exposed infants in Lesotho and eight other countries.

To increase the availability and quality of adolescent-friendly health services, EGPAF has supported establishment of an adolescent health program that includes recruitment and deployment of staff trained in adolescent care, including pediatricians, nurses, social workers, psychologists, counselors, and youth ambassadors. These staff are providing adolescent-friendly services at selected health facilities across the country.

## ADVOCACY

EGPAF works hand-in-hand with Lesotho's Ministry of Health to develop informed policies supporting all persons affected by HIV. By advocating for implementation of evidence-based, globally-recommended policies through the active participation in all national HIV-related technical working groups and advisory committees, EGPAF provides technical assistance and serves as a key partner to Lesotho's Ministry of Health. EGPAF played a central role in supporting Lesotho to become the first country in sub-Saharan Africa to implement the World Health Organization's 'Treatment for All' guidelines.

## RESEARCH

### Current Research Activities

EGPAF-Lesotho is dedicated to advancing operations research to strengthen the effectiveness of the global HIV and AIDS response. EGPAF-Lesotho's ongoing research activities include:

- "Evaluating the effectiveness of the PMTCT program post-implementation of Option B+ by measuring HIV sero-incidence, HIV transmission, and HIV-free survival rates among cohorts of HIV-negative and HIV-positive pregnant women and their infants" (PEA-WIL Study).
- Evaluating service delivery outcomes, such as time to receipt of EID of HIV test results and time to ART initiation for HIV-infected infants, following the introduction of point-of-care EID testing.
- "Assessing a community-focused intervention to increase service uptake and retention among a cohort of HIV-positive and HIV-negative women in pregnancy through 18 months postpartum" (IMPROVE study).

### Prior Research Conducted

- Determining the population based 18-24 month HIV-free survival among HIV-exposed children, as well as factors associated with child HIV infection, death, or HIV-free survival through community-based surveys. (manuscript in submission)
- Assessing the feasibility, acceptability, and costs associated with very early infant diagnosis through the addition of birth HIV testing for infants born to HIV-positive women. (manuscript in submission)
- "Pregnant and postpartum women's experiences and perspectives on the acceptability and feasibility of co-packaged medicine for antenatal care and PMTCT in Lesotho" (AIDS Research and Treatment, 2015)
- "The association between HIV status and antenatal care attendance by pregnant women in rural hospitals in Lesotho" (JAIDS, March 2015)

*The activities described here were made possible by the United States Agency for International Development (USAID) and the generous support of the American people through USAID Cooperative Agreement No. AID-674-A-16-00005, Cooperative Agreement U2G GH001457 funded by the U.S. Centers for Disease Control and Prevention, and Unitaid. The content included here is the responsibility of EGPAF and does not necessarily represent the official views of these donors.*

