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**Elizabeth Glaser
Pediatric AIDS
Foundation**

THE LESOTHO PROGRAM

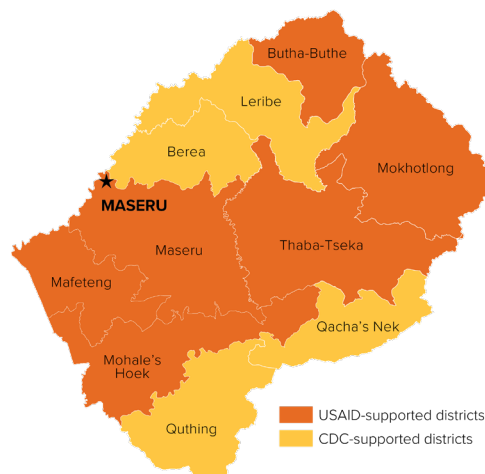
Working with Women, Children, and Families to End Pediatric AIDS

EGPAF IN LESOTHO

HIV is the leading cause of death in Lesotho, affecting more than a quarter of the population. TB is the nation's second leading cause of death and a dangerous opportunistic infection for people living with HIV. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), seeks to end pediatric HIV and AIDS and support delivery of high-quality and comprehensive health services to women, men, and children through implementation of HIV prevention, care, and treatment programs, advocacy of supportive health policies, and operations research to inform better health service delivery. 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) and other partners, 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 200 sites in 10 districts to implement a comprehensive package of HIV and TB services, advocates at the national level to inform health policies, and conducts research to inform improved programming.

EGPAF-LESOTHO PROGRAM GEOGRAPHIC COVERAGE



COUNTRY PROFILE*

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|---|-----------|
| Population | 2,204,000 |
| HIV prevalence for adults (15-49 years) | 25.6% |
| Adults (15-49 years of age) living with HIV | 306,000 |
| Children (0-14 years) living with HIV | 13,000 |
| Women 15 years and older living with HIV | 180,000 |
| New annual HIV infections among adults and children | 21,000 |
| Antiretroviral treatment (ART) coverage among HIV-positive adults | 74% |
| ART coverage among HIV-positive children | 60% |
| Prevalence of HIV/TB co-infection | 72% |

KEY PROGRAM ACCOMPLISHMENTS**

Since 2004, EGPAF-Lesotho has supported:



More than 2,213,800 HIV tests, resulting in the identification of 112,700 HIV-positive individuals



Initiation of more than 238,000 individuals on ART, including more than 11,300 children



Prevention of mother-to-child HIV transmission (PMTCT) services to more than 285,000 women



Provision of HIV services to more than 25,900 new and relapsed TB cases (since October 2014)

* Sources: Lesotho Population-based HIV Impact Assessment (2017), Joint United Nations Programme on HIV and AIDS (UNAIDS), Lesotho 2018 HIV and AIDS estimates and projections; and World Bank population estimates (2016)

** Data as of March 2019

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 directly provide a comprehensive package of HIV/AIDS services in 10 districts, while providing technical assistance to the Ministry of Health. The package under PUSH and STAR-L includes: HIV testing services; PMTCT and early infant HIV diagnosis (EID) and treatment; pediatric and adult ART initiation and retention support; pediatric and adult TB treatment; management of TB/HIV co-infection; reproductive health care (including cervical cancer prevention and identification); nutrition assessment, counseling, and support; community engagement; community-clinic linkages; quality improvement; strategic information and evaluation; and health workforce capacity building.

EGPAF-Lesotho has worked with the Ministry of Health to introduce and scale-up differentiated HIV care models, which individualizes patient care and optimizes use of health care resources, enabling effective scale-up of Treatment for All. Differentiated approaches currently in use include: multi-month ART scripting and refills; community ART groups; extended clinic hours; community-based ART initiation; and community outreach. 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 (including 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 facility level, EGPAF provides direct service delivery, mentorship, and supportive supervision to ensure quality service provision. At district-level, EGPAF provides technical assistance to the Ministry of Health District Health Management Teams. We implement national-, district-, and site-level trainings on comprehensive HIV, TB, and related topics and provide support at each of these levels for data collection, analysis, and use for programmatic decision-making.

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 and improved clinical outcomes for all people living with HIV. EGPAF also provides significant human resource support, with a variety of staff cadres directly providing a wide range of services. We've hired, trained, and mentored more than 850 medical doctors, nurses, counselors, provider-initiated HIV testing and counselling officers, 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 and TB-suspected Children and Adolescents and Strengthening Their Access to Treatment

EGPAF has supported scale-up of integrated and innovative HIV testing for infants, children, adolescents and adults to increase HIV and TB case-finding and treatment coverage through PUSH, STAR-L, and other projects.

Through Unitaïd funding, EGPAF-Lesotho has integrated rapid, site-level point-of-care (POC) EID technology to expand affordable, effective, and equitable testing of HIV-exposed infants (2015-2019). EGPAF is also scaling-up access to and coverage of TB diagnosis and new child-friendly treatments for both active and latent TB under the Unitaïd-funded Catalyzing Pediatric TB Innovation (CaP TB) project (2017-2021), launched in Lesotho in 2018.

In response to limited availability of second- and third-line pediatric and adolescent treatment options, Johnson & Johnson, EGPAF, and the Partnership for Supply Chain Management, launched New Horizons, which includes a donation program for third-line ART pediatric formulations to increase access to third-line ART for children and adolescents failing second-line treatment.

To increase the availability and quality of adolescent-friendly health services, EGPAF has supported establishment of an adolescent health program under PUSH and STAR-L 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, while also training other service providers on the provision of adolescent- and youth-friendly services.

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, also advocating for scale-up of viral load monitoring and differentiated service delivery models.

RESEARCH

EGPAF-Lesotho is dedicated to advancing operations research to strengthen the effectiveness of the global HIV and AIDS response.

Current Research Activities

- **POC Innovations:** We are currently studying establishing recent HIV-1 infection surveillance using POC technologies; We have also been evaluating use of POC nucleic acid test (POC NAT) in resolving discrepant diagnosis of early infant HIV, as compared to cases resolved without using POC NAT; EGPAF also launched a study to assess feasibility of using POC NAT screening for oncogenic human papilloma virus infection; and, finally, recently released results on service delivery outcomes, and costs associated with POC EID testing (publication in the Lancet April 2019 issue)
- **Nutrition:** EGPAF has been assessing food security and nutritional status of people living with HIV (manuscript in development)
- **PMTCT:** We have recently released results of a study on Option B+ (publication in PLoS One December 2018 issue)
- **Maternal and Child Health (MCH):** EGPAF launched a study around use of multidisciplinary management team to improve MCH outcomes,
- **TB:** We are evaluating the Catalyzing Pediatric TB Innovation (CaP TB) project in Lesotho
- **Differentiated Care:** EGPAF is currently evaluating differentiated HIV care and treatment for people with advanced HIV disease and assessing multi-month community distribution of ART among stable patients

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 food security and nutritional status of people living with HIV (manuscript in development)
- Piloting very EID of HIV in Lesotho: Acceptability and feasibility among mothers, health workers and laboratory personnel (PLOS, 2018)
- Accessing very EID turnaround times: Findings from a birth testing pilot in Lesotho (AIDS Research and Treatment, 2017)
- Towards getting more HIV-positive infants on life-saving treatment; a review of the EID system, results and outcomes in selected sites in Lesotho (PLOS, 2017)

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