

**United States Government  
Global Health Initiative**

**Lesotho Strategy  
November 2011**

## **TABLE OF CONTENTS**

<b>1. GHI Vision</b>	<b>3</b>
<b>2. GHI Partner Country Priorities</b>	<b>4</b>
2.1 Health and Social Conditions	4
2.2 National Health Plan	5
2.3 Mutual Priorities and Opportunities	5
2.4 Existing Platforms	8
<b>3. GHI Objective, Program Structure and Implementation</b>	<b>9</b>
3.1 GHI Goals and Focus Areas	9
3.2 Health Systems Strengthening	10
3.3 Improved Access to Integrated Services	12
<b>4. Communications and Management Plan</b>	<b>14</b>
<b>5. Linking High Level Goals to Programs</b>	<b>15</b>
<b>6. Lesotho GHI Results Framework</b>	<b>16</b>
<b>7. Lesotho GHI Country Strategy Matrix</b>	<b>17</b>

## 1. GHI Vision

With the third highest HIV/AIDS prevalence in the world, Lesotho's primary health investment from the United States Government (USG) has focused on the mitigation and treatment of this epidemic. The majority of this investment has been delivered through the President's Emergency Fund for AIDS Relief (PEPFAR) which collaborates with the Government of Lesotho (GOL) through the National AIDS Commission (NAC), to address prevention, care and support, treatment, women and girl-centered approaches, and health systems strengthening and human resources for health. In addition, the Millennium Challenge Account-Lesotho (MCA-L) plays a catalyzing role in Lesotho through combined funding for improved health management information systems (HMIS) and health facilities refurbishment countrywide, in coordination with GOL, the USG, and other development partners. The work of these USG organizations with the GOL is strengthened by the Partnership Framework – guidelines that set forth a five-year strategy which contributes to the implementation of Lesotho's National HIV and AIDS Strategic Plan (NSP).

The new Global Health Initiative (GHI) provides a broader framework under which the USG's development response can be more strategically coordinated as well as provide greater impact for investment by promoting the alignment of inter-agency investment, leveraging existing platforms and health systems strengthening activities, and increasing the capacity of local partners (GOL and civil society). The launch of this strategy comes at a time when the GOL is drafting a new National Strategic Plan for Health (NHP) and is moving forward with a process of decentralization, which will impact service delivery at both facility and community levels. The USG in Lesotho will implement a GHI strategy to support the GOL to strengthen and leverage existing systems and service delivery platforms in order to enhance health systems, improve access to integrated services and increase demand for quality health care services. Although the USG's health and development funding in Lesotho is largely focused on HIV/AIDS, we believe that applying GHI principles to both existing and future investments will produce a greater impact on Lesotho's broader health and development outcomes.

In partnership with the GOL, the USG in Lesotho will coordinate and improve existing health initiatives under the Global Health Initiative Strategy by:

- Increasing the focus on **women, girls and gender equality** by advocating for gender issues and the prevention of gender based violence through existing platforms; mainstreaming gender within sector plans, programs and policies; and including a gender component in all USG-funded programs.
- Encouraging **country ownership** by focusing on strengthening the capacity of the Department of Social Welfare to coordinate the OVC response; providing technical assistance and financial support to local civil society organizations through small grants.
- **Strengthening and leveraging others' efforts** to achieve national health objectives by working with partners such as the United Nations (UN), European Union (EU), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), other bilaterals and multilaterals and the private sector; and by building the capacity of local organizations and civil society.
- Increasing demand and impact for HIV Counseling and Testing (HCT) and strengthening health systems for service delivery by continuing to **integrate** primary prevention services at several HCT sites.

- **Building sustainability through health systems strengthening** by supporting improvements in governance, human resources, information systems, procurement, health services, and financing.
- **Promoting learning and accountability through monitoring and evaluation** by aligning USG indicators and systems with that of the GOL; and by improving data collection, warehousing, analysis, and annual reporting through shared reporting activities and capacity building among USG staff, implementing partners, public sector stakeholders, and civil society organizations.

In Lesotho, the GHI Strategy will specifically focus on: **reducing HIV/AIDS and TB-related morbidity and mortality among the Basotho people**. This effort will support the expansion of the national HIV care and treatment program, including tuberculosis (TB), throughout Lesotho. Through the GHI Strategy, the USG will build on the Partnership Framework and the GOL's new National Strategic Plan for Health (NHP) to support improvements in quality of services and build capacity to provide a continuum of care for those infected with and affected by HIV. In addition, this portfolio will strengthen the capacity of GOL and civil society to respond to the growing number of orphans and vulnerable children in Lesotho.

To most strategically achieve these goals, USG will implement integrated and efficient programs that benefit the formal and informal health sectors in ways that have a significant and sustainable impact. USG will make a concentrated effort on the cross-cutting areas of **health systems strengthening, improved access to integrated services**. These are critical areas in Lesotho which limit development significantly but if enhanced could improve overall health outcomes, as well as outcomes that are specific to HIV/AIDS and TB.

## 2. GHI Partner Country Priorities

### Health and Social Conditions

Lesotho is experiencing a generalized HIV/AIDS epidemic that has plateaued at a high level. Prevalence in Lesotho is 23 percent among adults aged 15-49<sup>1</sup>. Prevalence in women is higher than in men, at 27 percent compared to 18 percent<sup>2</sup>. Each year, 18,000 adults and children die due to AIDS<sup>3</sup>. An estimated 280,000 adults and children are HIV-positive and 21,000 new infections occur each year, which translates to an estimated incidence rate of 2.34 percent<sup>4</sup>. The main drivers of the epidemic, according to the Modes of Transmission study (MOT), are multiple sexual relationships before and during marriage, in combination with low levels of full male circumcision and low and inconsistent condom use<sup>5</sup>. The 2007 GOL-managed "Know Your Status" (KYS) national HTC campaign resulted in 19 percent of the population 12 years and over, testing and receiving their results; still, HIV testing levels remain low throughout Lesotho<sup>6</sup>.

<sup>1</sup> Ministry of Health and Social Welfare, "2009 Lesotho Demographic and Health and Health Survey (LDHS)", 2009

<sup>2</sup> Ministry of Health and Social Welfare, "2000 Lesotho Demographic and Health and Health Survey (LDHS)", 2009

<sup>3</sup> UNAIDS, "Lesotho HIV/AIDS Profile, 2008", 2008

<sup>4</sup> NAC, Lesotho UNGASS Country Report: Status of the National Response to the 2001 Declaration of Commitment on HIV and AIDS, 2010

<sup>5</sup> Ministry of Health and Social Welfare, "Modes of Transmission Report", 2009

<sup>6</sup> Ministry of Health and Social Welfare, "Annual Joint Review Report", 2009

HIV and AIDS have severely stifled Lesotho's development over the past two decades, affecting human development indicators and causing a huge drain on the economy. Life expectancy in Lesotho has dropped from 56 years in 1997 to 44.9 years in 2007<sup>7</sup>. The impact of illness on economic performance has reinforced chronic poverty and food insecurity. In 2008, 352,000 people were estimated as needing food assistance, and a national average of 42 percent of children suffer from stunting<sup>8</sup>. The TB-HIV co-infection rates are 5<sup>th</sup> highest in the world, and the increasing demand for services related to HIV and TB has strained the health service delivery system. There is a severe shortage of all categories of qualified health care workers. Access to health facilities and services are further complicated by the country's mountainous terrain. The HIV and AIDS epidemic is recognized by GOL as a vulnerability to the development of the nation, and has been addressed in both the National Poverty Reduction Strategic Plan and the Interim National Development Framework.

In addition to HIV/AIDS and TB, several other health issues exist in Lesotho. While the total fertility rate has declined over the years and currently stands at 3.3, Lesotho still experiences high infant (91) and under-five mortality rates (117).<sup>9</sup> Childhood vaccination coverage among children age 12-23 months has declined from 68% in 2004 to 62% in 2009<sup>10</sup>. In addition, 42% of women aged 15-49 are overweight or obese<sup>11</sup>.

### **National Health Plan**

Since 1979 the Government of Lesotho has focused the development of health through the adoption and implementation of the Primary Health Care (PHC) strategy.

Lesotho's current National Strategic Plan for Health continues to address health systems of the PHC program strategy such as an expanded program on immunization (EPI), the introduction of the Health Service Area (HSA) concept, the creation of the Nurse Clinician cadre, the District Management Improvement Project, the community health workers program, and the Rural Health Services Project. These initiatives have included activities such as health facility infrastructure development, health systems strengthening, capacity-building of health care workers strengthening as well as the major causes of mortality and morbidity in the country, with a natural emphasis on HIV/AIDS and TB. This strategic plan ends in 2011 and the new NHP (2011/12 – 2016/17) is currently under development. The Ministry of Health and Social Welfare (MOHSW) is engaging a broad range of stakeholders to contribute to the development of a comprehensive strategy document. PEPFAR technical leads have been engaged in the national working group established to lead the development of the new NHP.

### **Mutual Priorities and Opportunities**

The Government of Lesotho is pursuing plans to decentralize the health sector in order to improve delivery of services at district level. To be successful, decentralization must be done cautiously and in stages. The USG, through its implementing partners, has agreed to support requests for technical support from the GOL to carry this plan forward, ensuring its **commitment to country ownership**. This

---

<sup>7</sup> UNDP Human Development Report, 2007

<sup>8</sup> Lesotho Development Partners Consultative Forum, Discussion Paper on Hunger and Poverty Reduction, 2009

<sup>9</sup> Ministry of Health and Social Welfare, "2009 Lesotho Demographic and Health and Health Survey (LDHS)", 2009

<sup>10</sup> Ministry of Health and Social Welfare, "2009 Lesotho Demographic and Health and Health Survey (LDHS)", 2009

<sup>11</sup> Ministry of Health and Social Welfare, "2009 Lesotho Demographic and Health and Health Survey (LDHS)", 2009

may also be an opportunity to provide technical assistance and financial support to local civil society organizations through small grants programs.

While the government is committed to health development in Lesotho and has committed an average of US\$54.6 per capita per annum between 2004/05 and 2008/09 in resources, the continued severe shortage of qualified health and social welfare professionals in the country is a crisis in Lesotho. MOHSW is coordinating a number of development partners through a recently-formed Human Resources Technical Working Group to address policy and implementation issues in the context of this crisis. The Working Group's priorities include the following policy areas: pre-service and in-service education, recruitment and retention; career ladders; posting and deployment; supportive supervision; task-shifting and sharing. MCC supported the MOHSW to draft a retention strategy and PEPFAR will focus on costing this strategy, to ensure resources can be mobilized for implementation of the retention strategy. Addressing this component of **health systems strengthening is a shared priority between the GOL and the GHI.**

**A focus on women, girls and gender equity is another shared priority between the GOL and the USG.**

In the past decade, Lesotho has adopted a comprehensive framework promoting gender equality, particularly the 2003 Sexual Offences Act and 2006 Legal Capacity of Married Persons Act. Legal changes, however, do not always ensure gender protection. Despite having one of the highest levels of gender equity on the African continent, deeply engrained cultural gender norms and inequities are drivers of Lesotho's HIV epidemic. Gender policy in Lesotho needs to take statutes from the legal code to the community. Through the Partnership Framework, GHI will address gender norms in prevention, care, and treatment programs. GHI will ensure that gender mainstreaming is included in all PEPFAR partner work plans, and will collaborate with key ministries, particularly the Ministry of Gender, Youth, Sports and Recreation (MOGYSR), to ensure that it is implementing gender priorities.

Through the Gender Challenge Fund, MCC has worked to raise awareness among women about the newly enacted 'Legal Capacity for Married Persons Act,' and encourage Basotho women to access rights and privileges granted to them through this Act. PEPFAR, through the Ambassador's Small Grants program, will follow up with the women who attend MCA's outreach sessions, to provide access to capital which will enable them to establish income generating activities.

The GHI Strategy will support improvements in service quality and build capacity to provide a continuum of care for those infected with HIV. PEPFAR will build the capacity of GOL and civil society to respond to the growing number of orphans and vulnerable children in Lesotho, with particular attention given to the challenges faced by girls and young women. In order to guide the Lesotho team in developing interventions that are appropriate and effective in the Lesotho context, PEPFAR will be drafting a gender strategy specific for Lesotho, with support from the USAID Regional HIV/AIDS Program. In addition to addressing the particular challenges faced by women and girls, priority will be placed on identifying strategies to ensure greater male involvement in PMTCT and increasing the number of men accessing health services

PEPFAR will mobilize all women for accessing services aimed at reducing new HIV infections; prevent malnutrition; prevent, promptly diagnose and treat all new STI infections; and, reduce early sexual debut. Local CBOs and SGs will provide young women with information on where to access family planning services, male and female condoms and messaging around delaying age at first pregnancy. We will scale up and expand the PEPFAR supported National Family Health Days (FHDs) to combine and link community level HTC and health promotion with health facility level HIV care and treatment

interventions and nutrition (NACS) activities. Through these, combined teams (community members, CHWs and HCWs) will promote health seeking behaviors for HIV prevention, including condom use; provide HTC, STI and TB screening, FP services and other ancillary services in the communities. Through FHDs, more people will be linked to HTC, know their status and linked to care and treatment services available in the facilities. These outreach activities will be carefully coordinated between collaborating partners and the Mobile Clinics detailed below.

PEPFAR will further support and intensify locally derived outreach interventions to communities through FBOs, CBOs and community support groups to raise awareness on the need to use male or female condoms for HIV/STI prevention during pregnancy, build safer sex negotiation skills, understand the concept of seroconversion and retesting in the third trimester and to link all their members to facilities for deliveries. To increase male involvement, special emphasis will be placed on supporting male partner testing, prevention and treatment of STIs. *Male involvement is built into our PMTCT, care and treatment programs, with the majority of interventions at the community level, such as, male support groups, mother - in - law groups.*

To raise awareness about MCH services and the nutritional needs of pregnant and lactating women and their children, and at the same time promote male participation in ANC and MCH services, existing male SGs will be linked to nutrition corners (in facilities and communities), to educate men on ANC attendance with their wives and encouraged to support mothers - in - waiting shelters, promoting good communal relationships and responsibilities.

PEPFAR's efforts will complement the MOHSW's efforts to integrate SRH, MCH and PMTCT services for all women. The national government and other partners will continue to fund procurement of these commodities while we focus on prevention of unintended and early pregnancies in teenagers and adolescents, and the provision of services for HIV infected women and families, thus supporting their full rights to access and choice of contraception.

**Research** is an additional mutual priority between GHI and the GOL. With its development partners, the GOL has invested significant resources in data collection about the HIV/AIDS epidemic in Lesotho, and the universe of reliable data is increasing continually. The GOL recently completed the Demographic and Health Survey (DHS) which provides updated information on the health of the nation. In 2008, Lesotho received UNAIDS and World Bank support to conduct a Modes of Transmission (MOT) study, which provided a review of the HIV epidemic and national response. The DHS and MOT studies together provide a comprehensive picture of the HIV/AIDS epidemic in Lesotho, which will in turn provide a strong basis for strategic planning. The MCC is providing support through MCA-Lesotho to the Ministry of Health and Social Welfare and the National University of Lesotho to undertake a capacity assessment, develop a health sector research agenda, and assist in developing research review systems, which includes a research ethical committee, clearance protocols, and international review board linkages. NAC is currently developing a National HIV/AIDS Research and Evaluation Agenda, supported by UNAIDS; PEPFAR's Strategic Implementation team has participated in the development and prioritization of research questions and will provide technical support through the Partnership Framework and the Global Health Initiative.

In FY10, in partnership with the GOL, PEPFAR began to **increase health impact through integration** of additional primary prevention services into some of the HCT sites, including blood pressure checks, blood sugar screening and body mass index checks, in order to increase demand for HCT and diminish stigma around counseling and testing. While PEPFAR is an important mechanism through which greater

integration can be achieved, restrictions around the use of PEPFAR funds beyond HIV/AIDS remain. However PEPFAR Lesotho's substantial investment in systems strengthening activities implemented through partners, improves the platform for the delivery of other essential health care services. Through the GHI strategy, USG will continue to work with the GOL to explore other areas where general health outcomes can be improved through integrated health services.

Efforts are underway to strengthen **institutional capacity** for effective coordination of HIV and AIDS and its integration into sectoral plans, programs and budgets. The NAC plays a key role in enhancing the coordination of the national response; however, full alignment of sector plans and activities with the NSP has yet to take place. Ministries have begun to institute workplace programs to support their HIV-positive staff, but these efforts are still nascent.

### **Existing Platforms**

While several existing health issues, such as family planning, maternal and childhood mortality, vaccination coverage and nutrition, remain to be fully addressed in Lesotho, the majority of the UGS's investment in health has been to fight HIV/AIDS and TB and this has been delivered through the President's Emergency Fund for AIDS Relief (PEPFAR). The Millennium Challenge Account-Lesotho (MCA-L) plays a pivotal role in Lesotho through combined funding for improved health management information systems (HMIS) and health facilities refurbishment countrywide, in coordination with GOL, the USG and other development partners. The work of these USG organizations with the GOL are strengthened by the Partnership Framework - guidelines of which set forth a five-year strategy that contributes to the implementation of Lesotho's National HIV and AIDS Strategic Plan (NSP).

The Partnership Framework establishes a roadmap for improved collaboration and increased alignment of the U.S. President's Emergency Plan for HIV and AIDS Relief (PEPFAR) program with the Lesotho HIV and AIDS response. Under the Partnership Framework (July 2009 to September 2014), the two governments plan to work together to tackle HIV/AIDS and TB. It is envisioned that the collective results of these efforts will contribute to Lesotho's NSP projected impacts and PEPFAR global goals. The Partnership Framework, with support from PEPFAR, will provide both direct service delivery and technical assistance to the GOL and civil society organizations to build a concerted program to address the critical human resources crisis within the health system and mitigate the impact of HIV/AIDS and TB. This will be one of the most important platforms from which GHI will be implemented. Through the Partnership Framework and GHI, the USG will establish a more sustainable and responsive health and social welfare system for Lesotho.

Within Lesotho, the landscape for implementing health interventions is shifting. The GOL is moving forward with a process of decentralization (health decentralization will be officially launched on October 28, 2011), which will impact service delivery at both facility and community levels. With the Local Government Act of 1997, the responsibility for service provision and management is being devolved to district governments and community councils. Over the next five years, MOHSW and Ministry of Local Government and Chieftainship (MOLGC) will be working together to ensure a smooth transition. MOHSW has completed a plan for decentralization with partners and are reviewing it to identify opportunities for support and collaboration. MOLGC will assume responsibility for primary level health facilities, while MOHSW will remain the lead in providing secondary and tertiary hospital services. GIZ is providing TA to MOLGC for broader decentralization issues while PEPFAR and MCC are supporting the decentralization process through the placement of key technical assistants at MOHSW to build capacity at district levels to manage and oversee health and social welfare service delivery. Given the



importance of facility-based and community-based services to the national health response, the decentralization process will affect positively the scale-up and demand for primary health services as well as important HIV and AIDS programs throughout Lesotho, as accountability for services will be with the district level leadership. It will also be a key opportunity to implement several GHI priority areas.

### 3. GHI Objective, Program Structure and Implementation

With close to one-quarter of the population infected with HIV, and over 150,000<sup>12</sup> children orphaned or left vulnerable due to HIV/AIDS, Lesotho faces a daunting care, support, and treatment challenge. ART scale-up continues and coverage has increased from 26 percent in 2007 to 40 percent in 2008<sup>13</sup> through an integrated and decentralized approach across the country, but further expansion is needed, particularly to the rural areas and mountain highlands. Care and treatment referral services have been established, but referral systems within the continuum of care remain weak, especially between HIV testing and clinical services, and between facilities and communities. TB remains the major opportunistic infection associated with HIV, and TB/HIV integration still needs to be strengthened at all levels. TB incidence in Lesotho is one of the highest in the world (696 TB patients per 100,000<sup>14</sup>) and Lesotho has an emerging problem with multiple drug resistant strains, as well as the serious challenge of HIV/TB co-infection. Stronger integration of HIV and TB services is needed at all levels of the health system.

In partnership with the GOL, the USG in Lesotho will coordinate and leverage its investments in PEPFAR with other stakeholders supporting health interventions under the Global Health Initiative Strategy. The GHI Strategy in Lesotho will focus on: **reducing HIV/AIDS and TB-related morbidity and mortality among the Basotho people.** This effort will support the expansion of the national HIV care and treatment program, including tuberculosis (TB), throughout Lesotho.

Strengthening the National TB Program to provide coordinated TB/HIV services, improve infection control, increase the coordination between the HIV and TB programs and increase the capacity to diagnose and treat TB are intended to be priorities under the GHI Strategy as well. Through the Partnership Framework, the GHI Strategy will seek to improve coordination of TB and HIV/AIDS activities, and investments in TB to complement planned support to the pre-ART and ART program. Through the Strategy, partners plan to continue and expand the provision of ART services nationwide. These activities build on the current roll-out of ART services through the GOL, Global Fund, and PEPFAR. Leveraging infrastructure improvements from MCC/MCA should allow laboratory, clinics, and the out-patient departments of district hospitals to provide increased and improved quality services.

To enable strategic achievement of these goals, USG will implement integrated and efficient programs that benefit both the formal and informal health sector in ways that have a significant and sustainable impact.

USG will make a concentrated effort on the cross-cutting areas of **health systems strengthening, improved access to integrated services and increased demand for quality health care services.** These

---

<sup>12</sup> NAC, Lesotho UNGASS Country Report: Status of the National Response to the 2001 Declaration of Commitment on HIV and AIDS, 2010

<sup>13</sup> Ministry of Health and Social Welfare, Annual Joint Review Report 2009

<sup>14</sup> WHO, Global TB Report, 2007

are critical areas in Lesotho which limit development significantly but if improved would significantly impact overall health outcomes as well as those that are specific to HIV/AIDS and TB.

The GHI Strategy in Lesotho, with PEPFAR funding and in coordination with the MOHSW, NAC, MOLGC, and others will expand community-based care programs. The Partnership Framework and PFIIP outline ways in which USG will support MOHSW and other ministries to develop, implement and revise key policies and guidelines for care and treatment, including ART and pre-ART treatment guidelines, TB/HIV management, and OVC and community-based basic services packages. This support will ensure a continuum of quality care, support and treatment for Basotho infected and affected by HIV/AIDS and TB. The Department of Social Welfare is currently reviewing its OVC strategy and will recommend expansion of its current OVC program. It is envisioned that NAC and MOHSW will team with development partners such as GTZ and the World Bank to build capacity for community-level routine health information and patient tracking systems. The GHI Strategy can leverage the MCC initiative to build and expand the network of community health clinics by providing support and training for quality staffing, pharmacy and lab services at the new clinics.

### **Strengthening Health Systems**

In order to achieve significant health impacts around prevention, care, and treatment, the GHI's goal of strengthening health systems is critical. Through stronger overall systems, including information, supply chain, and laboratory systems, more effective services can be provided and a sustainable national response to HIV and AIDS as well as basic health services achieved. Additionally, a robust civil society will play an increased role in the national response, delivering services and advocating for strengthened programs on behalf of Basotho.

Currently in Lesotho, increasing demand associated with HIV/AIDS and TB/HIV co-infection have strained the nation's health system's ability to deliver services, due to a significant shortage of health care workers and inadequate management and systems. The health and social welfare system in Lesotho faces recruitment challenges, including a lack of trained staff, competition for resources with other countries within the region, a lengthy recruitment process and retention. Laboratory and information systems are also in need of strengthening. Through partnerships between the UGS, GOL, donors and civil society, efforts are underway to strengthen the health system overall and specifically address the human resources crisis. Strategic health systems priorities to be addressed within the GHI Strategy are consistent with the impact level results laid out in the NSP.

The Ministry of Public Service (MOPS) recently approved a new staffing structure for MOHSW which creates additional posts at district and clinic level for decentralized service delivery, although not all positions will be funded this year due to financial challenges. MOHSW is therefore prioritizing key cadres for recruitment. In addition, over the next five years, the Partnership Framework will provide a roadmap to increased technical capacity within the relevant GOL implementing Ministries, as well as a plan for strengthening the human resources systems in the MOPS and MOHSW.

The USG, through PEPFAR and MCC has invested in a number of HCD activities that include pre-service and in-service training, recruitment and retention of health, para-social and community health workers in Lesotho. In addition to these HCD activities, there are infrastructure projects, mainly through MCC and Jhpiego that will build and renovate over 130 health centers, hospitals and training institutions. Lesotho was also fortunate to be among the first three recipient countries of the Nursing Education Partnership Initiative (NEPI). NEPI will support production of approximately 2,100 new nurse graduates.

In addition, NEPI will also improve the quality of nursing education, practice, regulation and expansion of the scope of practice for nurses in HIV service delivery through curriculum strengthening activities. The Human Resources Alliance for Africa (HRAA) provides support to the MOHSW to ensure the development of the HRH operational and investment plans; development of the recruitment and retention scheme for health, para-social and community health workers; and coordination of the pre-service education expansion program and implementation of the continuous professional development plan.

A new curriculum should help ensure that candidates will complete training in Lesotho, instead of seeking training opportunities outside of the country. As HIV service delivery is particularly impacted by a lack of trained staff, the Partnership Framework will be instrumental in coordinating pre-service and in-service training for HIV and AIDS service delivery providers, contributing to the achievement of the PEPFAR II goal of 140,000 new health care workers by 2014. These efforts should also help achieve the Lesotho National Development Plan goal of making higher education more responsive to the demands of the labor market. Public investments in pre-service training institutions, complemented by those of the MCC/MCA, African Development Bank ADB, Irish Aid, and PEPFAR will also ensure that a greater supply of graduates are available to take up posts under the MOHSW's new structure; however human resource challenges are expected to remain severe for the foreseeable future.

MOHSW and MOPS, with the proposed Partnership Framework technical assistance and support from MCC/MCA, intend to develop and implement a retention policy for health care professionals. A more efficient and effective workforce is expected to result from policies addressing retention, task-shifting, posting, and supportive supervision. Policy reform should take place in collaboration with WHO, MCC/MCA, PEPFAR and other development partners.

The GHI Strategy through the Partnership Framework, with funding from PEPFAR and in coordination with MCC/MCA, the World Bank, and other development partners, will also seek to leverage capacity-building to support NAC and MOHSW's efforts to implement and integrate a national health management information system (HMIS), particularly at facility and district levels. The GOL is also rolling out the Integrated Financial Management System, which is expected to improve financial management within the GOL, contributing to a stronger overall health and social welfare system.

The GHI Strategy will also enhance collaboration with MOHSW, Global Fund, WHO, Partners in Health, Clinton Foundation, MCC/MCA and others to improve laboratory services in Lesotho. An important element of this strategy will be to provide technical assistance for construction of the planned new National Reference Laboratory by early 2012, and for improvements of laboratories throughout the country. On-going work to strengthen laboratory services will continue, as the GOL moves from a paper-based to a computerized laboratory information system, with all 10 districts reached by the end of 2012. Policy and structural improvements will help ensure a consistent supply and distribution of drugs, laboratory supplies, condoms, test kits and other commodities for clinic-based and community-based HIV and AIDS programs.

The GHI Strategy through PEPFAR funding and in collaboration with the Global Fund, and other development partners, intends to develop the organizational capacity of civil society organizations to ensure quality service provision. Civil society organizations in Lesotho have identified a need for capacity building in governance, financial and program management, and monitoring and evaluation. Approaches may include training in financial and organizational management, mentorship and networking strategies, developing standards of service and building data use capacity for program

improvement. Strong supervision and mentoring activities are intended to be a priority, to ensure that these organizations are implementing good practices and following GOL guidelines. These targeted interventions, in synergy with other development partners' support, will help achieve the National Development Plan goal of improving governance and service delivery.

### **Improved Access to Integrated Services**

By integrating key services into existing health platforms, the delivery of other essential health care services can be strengthened with minimal additional costs. Through the GHI strategy, USG will continue to work with the GOL to explore other areas where general health outcomes can be improved through integrated health services.

Under GHI, PEPFAR will continue its partnership with the GOL to increase health impact through integration of additional primary prevention services, including blood pressure checks, blood sugar screening and body mass index checks, into some of the HIV Testing and Counseling (HTC) services. This strategy increases demand for HTC, while diminishing stigma around counseling and testing. Lesotho's lead HTC partner, Population Services International (PSI), has secured funding from other sources to provide complementary non-HIV testing services. Through GHI, USG can also continue to strengthen existing support to improving nutrition assessment, counseling and support through PMTCT services under PEPFAR, which will then have a strong impact on treatment outcomes

Lesotho has made significant progress in scaling up the prevention of mother to child transmission of HIV (PMTCT) program through an integrated PMTCT and MCH program and with the assistance of Global Fund grants. PMTCT coverage was 31 percent in 2007 and expanded to 71 percent in 2009<sup>15</sup>. MOHSW has made PMTCT a high priority this year, and is working to ensure that PMTCT services are offered in all health facilities by the end of 2011. Challenges in ensuring high quality services and a family-centered approach however still remain, and there is a need to further strengthen PMTCT with referral linkages to treatment and care services, which the USG will seek to do through the GHI strategy. By increasing focus and prioritizing PMTCT coverage, the GHI strategy will also improve and encourage scale-up of health facility services in general and in adherence, referral and patient tracking services for children, pregnant mothers, families and their communities. As MCH, ANC services and nutritional information are provided to all women, irrespective of HIV status, at current PMTCT sites, scale-up will not only increase PMTCT coverage, but address other weak health indicators in Lesotho for a minimal additional investment.

PEPFAR will support interventions to ensure that all individuals who test HIV positive at HTC centers at all levels of health care (hospital, district or community based HTC services) are immediately linked to an ART clinic for pre- ART (care interventions) and ART services. Facility level interventions include integration of HTC and Pre ART/ Care services such as POC CD4 services at HTC, integrated registers (for care and treatment) and scaling up and expanding mother – baby pair services in MNCH to include HTC and DBS for DNA PCR. We will support integration across program areas e.g. TB clinics to ensure that all patients who receive HTC (77% TB patients are HIV positive) are initiated on ARV (only 27% receive ARVs; Annual Joint Review 2010) and all clients in PMTCT and MCH settings are screened for TB. Nutrition corners will be actively engaged in linking mothers with unknown/ undocumented status, HIV exposed infants (>18 months) and children; and, and malnourished children to HTC and ART corners. Riding on

---

<sup>15</sup> MOHSW Annual Joint Review Report, 2010

the national strategy's proposal to scale up adolescent friendly corners nationwide, we will ensure HTC services are integrated into these corners. At community level, innovative ideas such as National Family Health Days (FHD), which combine and link community level HTC and health promotion with health facility level care and treatment interventions will be scaled up. Use of capacitated VHWs (in the formalized structure explained under community based approaches and human resources sections) will be employed to link more clients to HTC and ensure that more people know their status, and that all PLHIV diagnosed with HIV are linked to care and treatment and support services. The MCC/ MCA is currently conducting renovations of over 130 facilities all over the country, integrating HIV and MCH clinics into the OPD of major national and district hospitals and health centers. This will further strengthen the integration of HIV services into other services.

Development partners (such as UNICEF and UNFPA) and other international NGOs provide SRH/FP support to the MOHSW public health facilities. Efforts are underway by the GOL to integrate SRH and PMTCT services, adopting the one stop shop approach which has already been effectively implemented by some partners.

UNAIDS estimates there are 150,000 children orphaned or made vulnerable by HIV (OVC) in Lesotho<sup>16</sup>. The GOL's commitment to providing essential services, care, support, and protection to OVCs is documented in two of its major development policies—Lesotho Vision 2020 and the Poverty Reduction Strategy. Some OVC services are provided through the Department of Social Welfare (DSW) with public and Global Fund money. The EC, with UNICEF, is supporting a comprehensive OVC intervention with cash grants as the centerpiece. In addition, a scattering of OVC services are provided by local non-governmental organizations nationwide, funded by a variety of development partners. These groups are loosely coordinated and often have weak organizational capacity at managerial and technical levels<sup>17</sup>. The DSW has welcomed efforts by development partners to strengthen its capacity, but human resources and coordination remain significant challenges. Through the Framework, the partners plan to increase coverage for treatment, care and support, and OVC services based on the outcomes of the Lesotho OVC situation analysis due in August 2011. It is anticipated that through the Partnership Framework, 20 percent of OVCs will receive comprehensive care and support services.

#### Increased Demand for Quality Health Care Services

Lesotho has prioritized prevention in its National Strategic Plan for HIV/AIDS. While significant strides have been made in the ART program, new infections continue at a rate of approximately 64 per day<sup>18</sup>. There is an almost universal awareness of HIV<sup>19</sup>, but the recent MOT study showed that multiple sexual relationships are common before marriage. NAC and MOHSW have recently completed a Social and Behavior Change Communication (SBCC) strategy which is being disseminated and is expected to lead to a coordinated national prevention campaign. While self-reported male circumcision rates hover at 50 percent, a recent study by the Lesotho Defense Force (LDF) indicates that many circumcisions may not be medically protective. Further scale-up is needed for circumcision to provide adequate protection to Basotho men and their partners. GHI will be an important platform through which USG can increase their focus on these prevention strategies as well as promote further dialogue with the GOL.

---

<sup>16</sup> NAC, Lesotho UNGASS Country Report: Status of the National Response to the 2001 Declaration of Commitment on HIV and AIDS, 2010

<sup>17</sup> Akoku, Derick. "Towards Effectiveness and Accountability: Donor-Civil Society Partnership in Combating HIV and AIDS in Lesotho." p. 5.

Through the GHI, USG will work with the GOL to increase demand for quality health care services, using evidence-based interventions with a focus on most at-risk populations. The USG will draw on the GOL's NHP and the National Prevention Strategy, recently developed to address the drivers of the epidemic in Lesotho. While the NHP covers major areas highlighted as concerns by USG and global community, implementation of key activities, such as adult male circumcision, are at varying stages of implementation. Programs which target hard to reach populations including migrants, sex workers, herd boys and prisoners could also be strengthened through the GHI.

#### **4. Communications and Management Plan**

To ensure country ownership and sustainability of the Partnership Framework, the Deputy Prime Minister and the U.S. Ambassador agreed to establish a Partnership Framework Management Team through which the GOL and other relevant stakeholders steer the design, development and implementation of the process. The US Ambassador and a representative from MOHSW co-chair the team. The same team and approach will be used to develop, manage and monitor the GHI Strategy. The number of ministries and other agencies selected was deemed necessary by the Deputy Prime Minister, who envisions and supports inclusivity. The membership consists of representatives from:

- Office the of Prime Minister (OPM)
- National AIDS Commission (NAC)
- Ministry of Health and Social Welfare (MOHSW)
- Ministry of Foreign Affairs and International Relations (MOFA)
- Ministry of Finance and Development Planning, Global Fund Coordination Unit (MOFDP)
- Ministry of Public Service (MOPS)
- Ministry of Communications, Science, and Technology (MOC)
- Ministry of Defense and National Security (MODNS)
- Lesotho Defense Forces (LDF)
- Ministry of Education and Training (MOET)
- Ministry of Gender, Youth, Sports, and Recreation (MOGYSR)
- Ministry of Local Government and Chieftainship Affairs (MLGC)
- Lesotho Business Council (LBC)
- Lesotho Council of NGOs (LCN)
- Lesotho Network of People Living with HIV and AIDS (LENEPWHA)
- PEPFAR

As it has been implemented through the Partnership Framework, USG staff will continue strong inter-agency coordination and planning to implement the GHI strategy. Agency technical staff will monitor activities implemented across agency mechanisms to ensure coordination and limit duplication of activities and efforts.

The Communication Strategy for the Lesotho GHI Strategy will build on the existing Partnership Framework. The communications strategy will focus on the following components to enhance dialogue, learning and synergy:

- Internal USG Communication between the GHI Strategy Team and
  - USG agencies and organizations in Lesotho

- Public diplomacy staff at the US Embassy in Lesotho regional HIV/AIDS program in Pretoria
- Other non-presence countries in Southern Africa
- USAID, Washington
- External Communication between the GHI Strategy Team and
  - Government of Lesotho development partners
  - Civil society
  - Private sector
  - Media

## **5. Linking High Level Goals to Programs**

The PEPFAR/Lesotho COP development process, which includes USG activities, programs and TA plans, closely tracks USG and GOL health plans and strategies, as clearly defined in the signed Partnership Framework. Through the GHI strategy, USG will continue these practices and further improve collaboration through increased coordination with the GOL as well as MCA-L. GHI will be utilized to connect the activities of the MCA-L with the PEPFAR operational plan.

Higher level health outcomes and impacts will be measured using national population - based surveys such as the Lesotho Demographic and Health Survey (LDHS), which is conducted every 5 years with PEPFAR support. In addition to routine program reports, HMIS data and surveys will be used as part of the M&E system. Currently, an HMIS for tracking and evaluating district-level health data is being developed by the GOL with technical support from USG implementing partners and MCA-L. This system will effectively manage the flow of critical health information from facility-level to national level, allowing policymakers to analyze current trends in health indicators and to make informed and strategic decisions based on current health systems data. USG in Lesotho will continue to support the GOL and strengthen coordination between PEPFAR and MCC to operationalize this important system. In order to leverage MCC/MCA and PEPFAR resources effectively and strategically, the USG recently initiated an internal HSS TWG to facilitate joint planning for FY2012 and beyond. This TWG will also position USG to discuss HSS investments with other stakeholders.

To reduce HIV/AIDS- and TB-related morbidity and mortality among Basotho people

Strengthened Health Systems

- Implement functional and effective national health supply chain management system.
- Implement functional health finance system that provides effective management of GOL and donor financing.
- Improve Laboratory System to effectively provide quality services
- Improve strategic information capacity at national, district and community levels.
- Develop a comprehensive and integrated HMIS. Strengthen capacity of CSOs to provide quality HIV/AIDS and TB services.
- Improve human resource capacity for HIV service delivery in 3 key areas (retention, training and quality improvement)

Improved access to integrated services

- Improve quality and reach of PMTCT services
- Strengthen linkages of PMTCT services with other clinical services including TB/HIV
- Improved access to quality HTC services through roll-out of PITC and mobile testing
- Prevention and referral for HIV-infected clients
- Scale up of treatment and care services in clinics and communities, including HBC
- Improved access of OVC to comprehensive care and support services

Assumptions:

- USG & other donor resources will continue at projected levels.
- The GOL remains committed to implementing activities and policy reforms as outlined in the Partnership Framework.

Cross-cutting : 1) All activities are aligned with GOL national health priorities;  
2) Where appropriate, activities address the specific health needs of women and girls.



<b>Lesotho GHI Country Strategy Matrix</b>				
<b>Relevant Key National Priorities/Initiatives</b>	<b>Key Priority Actions/Initiatives</b>	<b>Key Indicators and Milestones (Baseline Info/Country-specific GHI Targets)</b>	<b>Key GHI Principles</b>	<b>Key Partners</b>
<b>Health Systems Strengthening</b>				
Capacity-building and health systems strengthening	Strengthen supply chain management	Functional supply chain management system in place by 2012  100 percent of national supply and distribution of condoms is available by 2014	Country ownership, strategic coordination/integration and leveraging partner engagement, health systems strengthening	GOL, GFATM, UNFPA, MOHSW, MCC-MCA, Clinton Foundation, EGPAF, MSH/SPS
	Improve laboratory system	The laboratory system is able to effectively provide quality services to 100 percent of clinical sites	Country ownership, strategic coordination and leveraging partner engagement, health systems strengthening	APHL MOHSW LDF/DOD MCC-MCA NICD ASCP GFTAM
	Implement functional health finance system	A functional health finance system is in place that provides effective management of GOL and donor financing in place by 2014	Country ownership, strategic coordination, health systems strengthening	U.S. Treasury MCC-MCA HRAA/ECSA
	Strengthen human resources for HIV service delivery	40 percent of HIV and AIDS service delivery staff (including volunteers) have been retained for at least	Country ownership, strategic coordination, health systems strengthening	HRAA/ECSA JPHIEGO EGFAF UDNP/UNV GFTAM

		three years An increased proportion of HIV and AIDS service providers are trained in relevant technical skills		MOHSW MSH/BLC, PACT
	Support the GOL to develop HMIS	An integrated HMIS that encompasses vital registration, all diseases, service delivery, human and financial resource data is developed and functional	Country ownership, strategic coordination/integration and leveraging partner engagement, M&E, health systems strengthening	MCA-MCC IHM
	Improve strategic information capacity			
<b>Relevant Key National Priorities/Initiatives</b>	<b>Key Priority Actions/Initiatives</b>	<b>Key Indicators and Milestones</b>	<b>Key GHI Principles</b>	<b>Key Partners</b>
<b>Improved Access to Integrated Services</b>				
Prevention of HIV/AIDS	Improve quality and reach of PMTCT services and strengthen linkages	The percentage of HIV+ positive children born to HIV+ mothers is reduced by at least 40 percent	Women centered approach, leveraging partnership, strategic coordination, country ownership	GOL, GFATM, UNFPA, MOHSW, MCC-MCA, Clinton Foundation, EGPAF
	Improve access to HTC services	Increased access and availability of HTC services in all health facilities (should be in all community councils)  100 percent of health facilities to offer routine testing for HIV and referral to other	leveraging partnership, strategic coordination, country ownership	PSI. EGPAF, ICAP, MOHSW

		services		
	Increase prevention and referral for HIV-infected clients	40 percent of all eligible individuals of all age groups access a continuum of pre-ART and ART services	leveraging partnership, strategic coordination, country ownership	ICAP, EGPAF, MOHSW
	Scale-up treatment and care services	including TB/HIV screening and treatment  People who are infected and affected by HIV, access quality care and support services by community home-based care providers in 60 percent of community councils by 2014	leveraging partnership, strategic coordination, country ownership	PACT, MSH-BLC, Peace Corps, EGPAF, MOHSW
	Expand reach of integrated services to most-at-risk populations	80% of most at-risk population reached with HIV prevention programs	leveraging partnership, strategic coordination, country ownership	PSI, PACT, MOHSW, Peace Corps, MOSHW
	Improve access of OVC to care and support services	20 percent of OVC have received comprehensive care and support services (at least 3 types of free services from external source - health, educational, psychosocial, financial help, food packages, clothing/household, shelter and legal services)	leveraging partnership, strategic coordination, country ownership	MSH-BLC, PACT, Peace Corps, MOHSW, UNICEF

