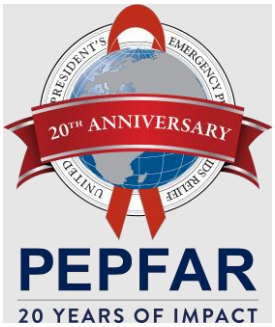
Lesotho
Country Operational Plan
COP 2023
Strategic Direction Summary



Vision, Goal Statement, and Executive Summary of PEPFAR Investments and Activities

PEPFAR Lesotho's Country Operational Plan (COP) for 2023 - referred to as COP23 - is the culmination of work from the PEPFAR Lesotho interagency team, in collaboration with the Government of Lesotho, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society organizations, and stakeholders. The LePHIA2020 demonstrated that Lesotho achieved the UNAIDS 90-90-90 targets, with 90% of people living with HIV knowing their status; 97% of those who know their status on treatment; and 92% of those on treatment virally suppressed. Furthermore, the UNAIDS Spectrum estimates reinforce that Lesotho has reached epidemic control, defined as the point where new HIV infections fall below the number of deaths among people living with HIV.

PEPFAR Lesotho acknowledges these tremendous achievements. Yet, the work is not done. A handful of critical gaps remain across the clinical cascade, as well as opportunities to strengthen prevention activities and address structural barriers to ensure all individuals receive quality, patient-centered care.

COP23 will focus on maintaining epidemic control through the following objectives:

1. Achieve UNAIDS 95-95-95 goals and 10-10-10 targets.
2. Develop strategies for transition and sustainability of the HIV response.

In COP23, PEPFAR Lesotho will continue its sustainability efforts as a fundamental component of all its programming. COP23 is a reflection of future-oriented planning and a gradual stepwise process to transition toward sustainability. PEPFAR remains committed to ensuring the continuity of programming and supporting the key components for a successful HIV/AIDS response. PEPFAR Lesotho will sustain the gains achieved thus far in partnership with the Government of Lesotho and its partners and stakeholders, while also furthering efforts to address identified gaps and areas of growth for a sustainable, holistic, integrated, and person-centered HIV/AIDS program.

PEPFAR Lesotho's approach for COP23 is centered around PEPFAR's broader 5x3 framework, which contains five primary pillars and three cross-cutting enablers.

- *Pillar 1: Health Equity for Priority Populations* - Recognizing the program is at epidemic control, COP23 programming will focus on closing treatment gaps for priority populations, including children, adolescents, key populations, and men. PEPFAR will support wrap-around health systems by strengthening and expanding its differentiated service delivery models. Additionally, comprehensive prevention programming targeted to various priority populations, including adolescent girls and young women, adolescent boys and young men, and key populations will prevent new cases of HIV. Funding is also allocated to address stigma, discrimination, human rights, and structural barriers. PEPFAR Lesotho will continue to refine its data-driven approaches to provide person-centered programming and promote quality and equitable services for all.
- *Pillar 2: Sustaining the Response* - In COP23, PEPFAR Lesotho will invest in analytics and ongoing program analysis to assist the Government of Lesotho in sustainability planning and implementation. The PEPFAR Team will continue to work closely with government partners and

stakeholders and advocate for alignment across programmatic efforts. Throughout COP23, PEPFAR will support the Government of Lesotho to streamline data systems and strengthen overall data governance. PEPFAR will refine its sustainability roadmap initially developed during COP21 to provide a robust plan, aligned with the Government of Lesotho's broader sustainability commitments.

- *Pillar 3: Public Health Systems and Security* - PEPFAR Lesotho will continue its investments in laboratory systems, health systems strengthening, and supply chain management. Additionally, PEPFAR will support HMIS and EMRs, building off existing and ongoing efforts. In total, these systems-level investments may be leveraged to strengthen pandemic prevention, preparedness, and response functions.
- *Pillar 4: Transformative Partnerships* - The PEPFAR program continues to benefit from strong working partnerships with the Government of Lesotho and the Global Fund. In 2024, the Millennium Challenge Corporation is scheduled to begin its second compact, which contains a substantial component on health systems strengthening. PEPFAR Lesotho intends to leverage investments from both Global Fund and MCC for overall HIV program complementarity. PEPFAR also maintains strong working relationships with key actors involved in the HIV response, including UNAIDS, WHO, UNICEF, NAC, CHAL, and a consortium of CSOs. In COP23, PEPFAR Lesotho will also leverage non-PEPFAR USG funding and explore opportunities for new public and private partnerships.
- *Pillar 5: Follow the Science* - PEPFAR Lesotho will continue to rely on new evidence to identify and scale up interventions to complete the last mile across the clinical cascade. In COP23, PEPFAR will introduce new interventions, including targeted HIV testing and prevention strategies to reach priority populations, including children, AGYW and men. PEPFAR Lesotho will also continue investments to strengthen Lesotho's national surveillance system necessary for comprehensive and systematic data collection and analysis. Recency data will be utilized to execute cluster mapping and identify hotspots and also guide prevention programming. Behavioral and social science intervention programming will work to improve changes in behaviors and norms to foster an enabling environment and contribute to a sustained reduction of new infections and improved health outcomes for all people living with HIV.
- *Strategic Enabler 1: Community Leadership* - PEPFAR Lesotho is committed to incorporating community involvement across the programming. In COP23, PEPFAR will continue to engage CHWs and CSOs to mobilize communities, implement demand-creation activities and contribute to care and treatment retention. PEPFAR will work via faith- and cultural-based institutions and scale up peer-to-peer initiatives to reduce barriers to prevention and care. PEPFAR Lesotho has increased its investment in Community Led Monitoring, to target all ten districts across the country.
- *Strategic Enabler 2: Innovation* - To ensure the sustainability of program gains and strategies, PEPFAR Lesotho will reimagine its programming by utilizing data-driven innovations in COP23. Innovation strategies will focus on the integration of HIV programs with other health services using a PHC approach, new community-based efforts, population-specific programming, new prevention models, and partnerships with both public and private entities.

- *Strategic Enabler 3: Leading with Data* - As a country at epidemic control, PEPFAR Lesotho will continue to invest in and program with data. In COP23, PEPFAR will collaborate closely with MCC and intends to benefit from their broader investments in data systems interoperability. PEPFAR Lesotho will work to ensure data collected is fit-for-purpose and continue its investments in strengthening national systems.

In COP23, PEPFAR Lesotho aims to address remaining gaps along the clinical cascade, provide innovative and effective prevention programming to reduce new infections, continue its investments in systems for sustainability, and reduce barriers to providing responsive, quality person-centered care. In partnership with the Government of Lesotho and other key donors and stakeholders, PEPFAR will continue to progress towards the 95-95-95 and 10-10-10 goals. The detailed programmatic approach for COP23 is outlined below, which highlights a commitment to providing equitable, stigma-free, quality, and person-centered programming, while simultaneously building for the sustainability of the HIV response.

Table 1 Overview of Lesotho 95-95-95 Cascade, FY23 YTD[1]

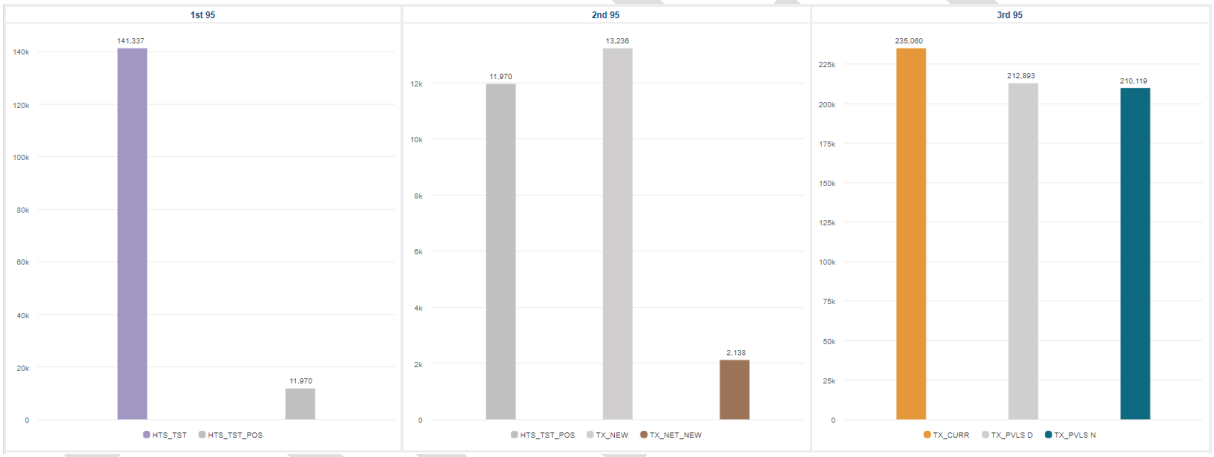
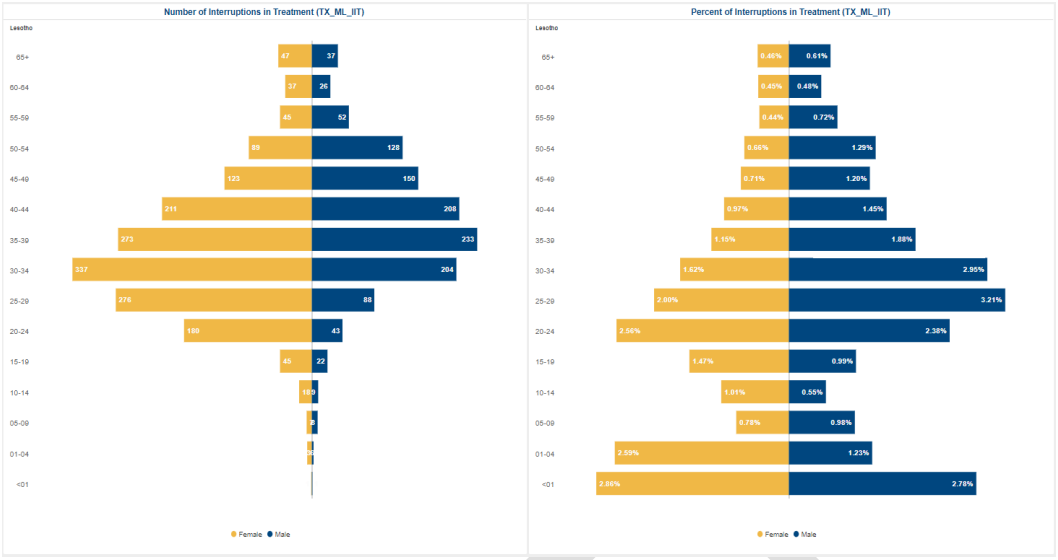


Table 2 Clients Gained/Lost from ART by Age/Sex, FY22 Q4[1]

[1] Source: PEPFAR MER Data


Number of Interruptions in Treatment (TX_ML_IIT)
Lesotho
65+
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
05-09
01-04
<01
47
37
37
26
45
52
89
128
123
150
211
208
273
233
337
204
276
88
180
43
45
22
Female
Male
Percent of Interruptions in Treatment (TX_ML_IIT)
Lesotho
0.46%
0.61%
0.45%
0.48%
0.44%
0.72%
0.66%
1.25%
0.71%
1.20%
0.97%
1.45%
1.15%
1.88%
1.62%
2.95%
2.00%
3.21%
2.56%
2.38%
1.47%
0.99%
1.01%
0.55%
0.78%
0.98%
2.59%
1.23%
2.86%
2.78%
Female
Male

Standard Table 1.1

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression[2]										
	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	1,868,395	15.08%	281,693	262,691	234,935	89%	99%	140,381	12,061	13,125
Population <15 years	602,617	1.37%	8,271	6,502	5,668	87%	95%	12,338	212	292
Men 15-24 years	199,752	3.92	7,828	6,256	3,919	63%	95%	9,340	265	228
Men 25+ years	403,241	23.97%	99,639	89,635	77,609	87%	98%	23,641	4,223	4,515
Women 15-24 years	200,855	6.65%	13,361	11,101	9,704	87%	96%	48,036	2,077	1,951
Women 25+ years	461,930	33.68%	155,594	149,197	138,035	93%	99%	47,022	5,284	6,138
MSM	4,384	32.41%	1,421		308	-	96.8%	2,123	257	310
FSW	4,560	51.58%	2,352		873	-	99.1%	1,720	391	461
PWID	-	-	-		-	-		40	2	2
Priority Pop (Military)	3,800	11.10%	1,500	167	1,615	94%	99%	822	103	89

[2] Source: Spectrum Estimates, 2023 and PEPFAR MER Data

Figure 1.1 People Living with HIV, Treatment Coverage, and Viral Load Monitoring Coverage

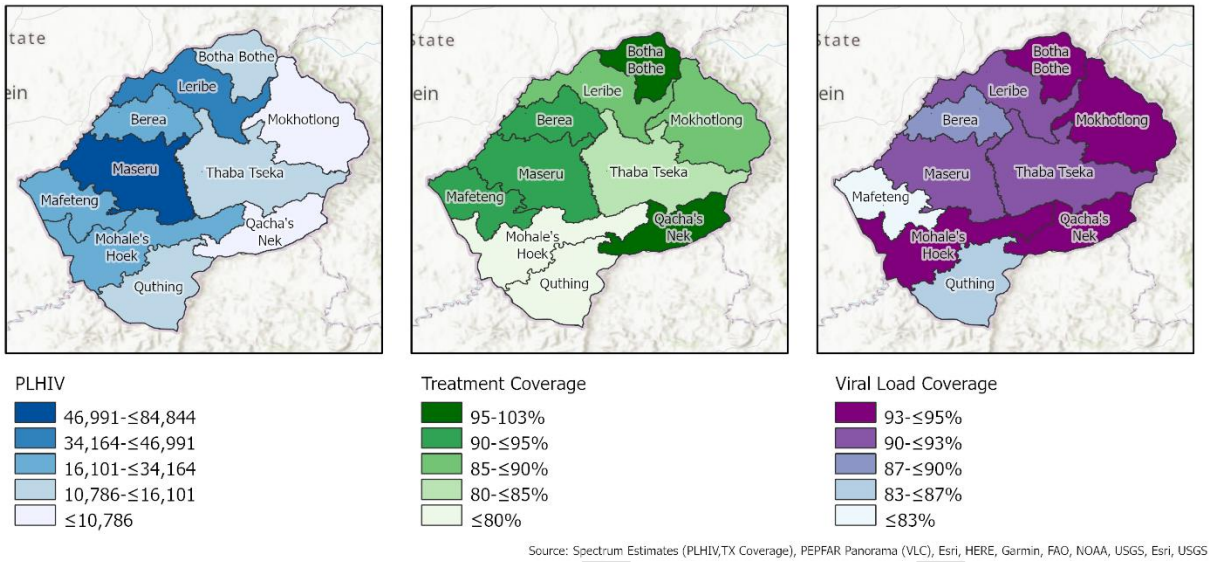


Table 1.2 Current Status of ART Saturation[3]				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	-	-	-	-
Scale-up: Saturation	93%	233,736	205	205

Pillar 1: Health Equity for Priority Populations

PEPFAR Lesotho will continue to prioritize the use of data and proven strategies to provide person-centered services that ensure equitable access across all population groups. The program will close treatment gaps for specific groups, including children, adolescents, and key populations by supporting the Ministry of Health (MOH) to ensure optimal availability of commodities, capacity-building, advocacy, and dissemination of best practices. The program will also target specific populations, such as men, with innovative strategies that increase access to prevention and treatment services to reach the overall 95-95-95 goals. Recognizing that the country program is already under epidemic control, COP23 will also focus on strengthening wrap-around health systems while pivoting even further towards differentiated service provision. Comprehensive prevention will be a focus in COP23 as new biomedical prevention modalities contribute to the broader non-clinical prevention initiatives. Partnerships with other stakeholders will increase programming to address the UNAIDS triple 10 targets.

[3] Source: Spectrum Estimates, 2023

The pediatric cascade and services for pregnant and breastfeeding women

Children and adolescents

To ensure equity and close the treatment gap among children and adolescents, PEPFAR Lesotho in collaboration with other development partners will support the MOH and Ministry of Gender, Youth, Sports, Arts, Culture and Social Development (MOGYSAC+SD) in Accelerating Progress in Pediatrics and PMTCT (AP3), a program that aims to reduce new HIV infections in children by addressing gaps in the prevention of mother-to-child transmission (PMTCT), rapidly identifying and linking children and adolescents to treatment, and increasing rates of pediatric viral suppression to 95 percent to reduce morbidity and mortality. Additionally, AP3 will ensure an uninterrupted supply of optimal commodities, capacity building, advocacy, dissemination of best practices, and support for the elimination of mother-to-child transmission as well as pediatric/adolescent activities.

The Lesotho MOH, with PEPFAR support, will scale-up case identification through index testing of siblings of children living with HIV (CLHIV), distribution of self-test kits for assisted HIV self-testing, and timely management of advanced HIV disease (AHD) and other causes of morbidity and mortality among children and adolescents with HIV. Also, case management will be strengthened among all CLHIV and ensure bi-directional linkage to the orphans and vulnerable children (OVC) program. PEPFAR Lesotho will support the roll-out of adolescent-friendly services such as through Operation Triple Zero (OTZ), which will assist in response to the psychosocial support needs of adolescents and ensure that all adolescents lead and take responsibility in matters that affect their health. All CLHIV will be initiated on a more efficacious antiretroviral therapy (ART) regimen and be closely monitored for treatment effectiveness. To further support treatment continuity, more community-based innovations will be implemented with fidelity for those groups of children who may benefit more from community-based support. CLHIV will be enrolled in direct service delivery (DSD) models and person-centered approaches based on their unique health needs. PEPFAR Lesotho will work with the MOH and other partners to ensure that pediatric HIV considerations are included in the workforce restructuring and plans for community health.

Viral load access and monitoring for CLHIV

PEPFAR Lesotho will continue to support the roll-out of point-of-care (POC) viral load (VL) to ensure that all CLHIV have access to viral monitoring and to identify children who may not be virally suppressed and manage them accordingly. Health care workers (HCWs) will be capacitated in pediatric phlebotomy and provided with the necessary/age-appropriate phlebotomy sets to support VL monitoring for infants and younger children. Also, the program will leverage dried blood sample (DBS) VL specimen collection for children who present at the health facilities outside of scheduled blood collection windows as well as community-based VL DBS specimen collection for CLHIV who may not be able to physically get to the health facilities.

Preventing mother-to-child transmission

Through the MOH, with PEPFAR support, the Government of Lesotho (GoL) continues to implement the comprehensive package of PMTCT services, which follows the cascade from the first antenatal care (ANC) visit through labor and delivery until the baby is 24 months old. This includes screening and testing for HIV

and rapid ART initiation for those who test HIV positive. In COP23, the MOH will enhance systems for the prevention of HIV among women of reproductive age including the provision of family planning, dual protection, HTS within maternal, newborn, and child health (MNCH) settings, triple HIV-Syphilis-Hepatitis B testing in MNCH, promotion of early ANC utilization, optimal maternal re-testing post-first ANC visit coverage of negative pregnant women, ethical index testing, partner notification services, social network testing, and linkage to pre-exposure prophylaxis (PrEP) and treatment services. As the GOL increases its focus on integration, PEPFAR Lesotho's programming will reflect better delivery of comprehensive person-centered services for HEIs and their mothers.

PEPFAR Lesotho will continue to support MOH to improve the health and treatment outcomes of pregnant and breastfeeding women (PBFW) and their infants. This will include an increased focus on retesting of HIV-negative pregnant women, optimal maternal treatment coverage, VL coverage and suppression, scaled-up birth testing, and enhanced dual prophylaxis of zidovudine (AZT) and nevirapine (NVP) for high-risk HIV-exposed infants (HEIs), followed by early infant diagnosis (EID) at two months of age. Strategies to increase adherence to postnatal services for mothers and babies will be applied to decrease disengagement in care. The country will continue to enroll PBFW into DSD models such as multi-month dispensing (MMD), people-centered service packages, and other options that may encourage treatment continuity.

PEPFAR Lesotho will continue to provide support on longitudinal integrated care and support service packages for mother-baby pairs (MBPs) to saturate knowledge of HEI outcomes at 18 months of age, exclusive breastfeeding, optimal infant feeding practices, family planning, and immunization. Activities will strengthen family-centered care aligned with the MNCH schedule of services for mothers and infants. MBPs will be prioritized for enrollment into the OVC program, including adolescent mothers living with HIV. MNCH services and combined HIV, tuberculosis (TB), and non-communicable disease (NCD) services will be integrated and provided simultaneously to PBFW. PEPFAR will also mobilize the necessary support needed to address rights, gender equality, and social and structural barriers that hinder access to prevention and treatment services for PBFWs and their children.

Adolescent girls and young women

AGYW remain disproportionately affected by HIV compared to their male counterparts. In Lesotho, HIV prevalence among women aged 15-19 and 20-24 years was 3.9% and 13% respectively (LePHIA 2020).

In COP22, the traditional DREAMS program, which stands for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe, will continue to represent most of the youth programming in Lesotho, with a small percentage of funding dedicated to youth programming outside of the DREAMS sub-national units (SNUs). Under the leadership of MOGYSAC+SD, several partners have come together to develop a more comprehensive and cohesive plan for AGYW and youth. PEPFAR Lesotho will work with counterparts through the planned Youth Forum to ensure that AGYW and youth programming align with government strategies and reflects youth priorities. Through partnerships with the GoL, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Population Fund (UNFP), an) youth-focused civil society organizations (CSOs), PEPFAR Lesotho will ensure that targeted resources more holistically address broader youth programming such as economic growth supported by other stakeholders.

DREAMS is implemented in four high HIV-burden districts (Berea, Mafeteng, Maseru, and Mohale's Hoek), with many age cohorts reaching saturation. As such, attention will be placed on defining a maintenance package that reflects country priorities and prepares the integration of DREAMS programming into government programs. PEPFAR Lesotho will work with the MOH and District Health Management Teams (DHMTs) to integrate clinical elements of the DREAMS program into health center service delivery. Work with the Ministry of Education and Training will support the capacity building of the district-level education officers to ensure that government counterparts are able to deliver the comprehensive life skills curriculum with a fidelity beyond the schools currently supported in the DREAMS SNUs. Additionally, COP23 will lay the groundwork for transitioning the DREAMS database, Lesotho OVC-DREAMS Integrated Information System (LODIIS), to the MOYGSRSD and ensure interoperability with the health management information system (HMIS). In DREAMS SNUs, AGYW at high risk of HIV will be screened for risk and enrolled into the DREAMS program. AGYW will be offered a comprehensive package of layered services as defined by the country program, including the minimum primary package of HIV and violence prevention messaging, condom promotion messaging, and financial literacy education, with additional referrals to other high-impact HIV prevention services such as PrEP, condoms, and HTS as needed based on individual risks. As part of DREAMS and with the private sector, PEPFAR Lesotho will scale economic strengthening interventions with a focus on financial literacy education, savings groups, business startup support, mentorship opportunities, and paid internships. PEFPAR/Lesotho will increase the financial inclusion of vulnerable AGYW in target sectors. DREAMS activities in COP23 will also provide PrEP services for AGYW, addressing norms changes and structural barriers.

Evidence continues to show that AGYW are still exposed to high risk of GBV, which will continue to be a key focus area for DREAMS programming in COP23. DREAMS will continue to provide GBV messaging in Safe Spaces as part of the primary service package and will work closely with Child and Gender Protection Unit (CGPU) within the police service, MOGYSAC+SD Department of Social Development and clinical partners to create effective linkages to post GBV support services as part of the secondary service package.

USAID will continue to implement the OVC program in all ten districts of Lesotho. OVC services and interventions use a family-based case management approach that builds resilience in children and their families and mitigates the impact of HIV/AIDS. The program will prioritize enrollment of CLHIV at 90% of TX_CURR for those under 19 years of age and provide comprehensive wraparound services for them and their families, including adherence and disclosure support, HTS, VL testing, and MMD. USAID will also support other priority subpopulations through the OVC program such as HEIs at risk of loss-to-follow-up, children of people living with HIV (PLHIV), children of key populations (KPs), sexual violence in armed conflict (SVAC) survivors, and children with disabilities. Additionally, the program will develop a community-level mental health and psychosocial support (MPHSS) intervention focused on psychological first aid. Lessons from the implementation will be gleaned to identify enablers and barriers to the widespread adoption of this method to complement other activities in clinical mental health service delivery.

During COP23, only the comprehensive OVC model and DREAMS will constitute their OVC_ SERV targets. The program will enhance OVC data systems with OVC social protection delivery, working towards one national OVC social protection system that prioritizes the interoperability of systems like LODIIS, the

National Information System for Social Assistance (NISSA), and the child helpline. Although OVC preventive interventions will not receive funding in COP23, these activities will resume in FY25 once the new award is in place. PEPFAR will continue to collaborate with relevant government ministries on OVC services, establishing a defined service package for AGYW in Lesotho and working towards sustainability for both DREAMS and OVC programs.

Peace Corps Volunteers (PCVs) will contribute to HIV prevention and OVC work by co-teaching life skills-based sexuality education in schools for students in grades 4-7 as well as supporting out-of-school youth with comprehensive sexuality education through youth clubs at health facilities and in communities. PCVs will support DREAMS activities in their communities in Maseru, Mohale's Hoek, Mafeteng, and Berea districts and comprehensive HIV and gender-based violence (GBV) prevention in non-DREAMS districts, including primary and secondary school-based HIV prevention and sexual reproductive health (SRH) and life skills curricula, OVC parent/caregiver training, and community-based financial literacy, economic strengthening, and treatment education and support. Health and Education PCVs will implement Grassroot Soccer Skillz curricula focused on youth HIV prevention interventions, as well as support PrEP and VMMC demand creation, condom education, and referral activities through Girls Leading Our World, Youth Optimizing Leadership Opportunities, Boys Respecting Others, and Grassroot Soccer Skillz camps and clubs targeting adolescents.

Key Populations

KPs, including men who have sex with men (MSM), sex workers, transgender people, people in prisons and other enclosed settings, and people who inject drugs (PWID), remain important sub-populations for achieving and sustaining epidemic control in Lesotho. The Lesotho UNAIDS HIV prevention scorecard for 2021 indicates gaps across several HIV prevention, care, and treatment interventions for KPs. Only 62% of female sex workers (FSWs) used condoms at the time of last-paid sex and 46% of MSM at last anal sex. While national coverage in the general population for PrEP is estimated to be 82%, there is insufficient data on national ART coverage among MSM, FSW, PWID, and other KPs in Lesotho. In FY22, PEPFAR Lesotho achieved greater than 90% on all KP HIV prevention targets. However, due to the lack of KP disaggregation in the District Health Information Software 2.0 (DHIS2), the performance of the KP HIV treatment targets across the clinical cascade remains unknown. The last two Global Fund-supported Lesotho Integrated Biobehavioral Surveys (IBBS) were conducted in the districts of Mafeteng, Butha Buthe, and Leribe, most recently in 2018. The absence of more recent KP population estimates in the four districts, and the absence of data on the other six districts that have never had an IBBS further contributes to inequitable HIV prevention, care, and treatment service delivery. Additionally, the gaps highlighted above are further affected by the human rights violations which KPs face due to disabling legal and social environments.

COP23 and COP24 aim to maintain interventions that have led to positive results while reinforcing their human rights- and person-centered emphasis. The package of services for KPs will include HTS, PrEP, post-exposure prophylaxis (PEP), diagnosis and treatment of sexually transmitted infections (STIs), family planning through links with Lesotho Planned Parenthood Association, condoms, lubricant programming, risk reduction counseling, mental health services, violence prevention and response, harm reduction, and ART services as follows:

- Strengthening linkages between KP and DREAMS programming, KP service delivery staff will be trained in DREAMS service delivery and vice versa. DREAMS will also be incorporated in KP service delivery points for DREAMS-eligible KPs.
- Complement standard venue-based HTS in community and facility testing settings so as to reach sub-populations of KPs living with HIV and their partners, scale-up a social network, index, risk network, and self-testing, social media, information communication technology (ICT) platforms.
- In collaboration with MOH, align KP service delivery with the most recent World Health Organization (WHO) consolidated guidelines which integrate STI prevention, diagnosis, treatment, and care in KP service delivery points.
- Further scale-up PrEP by offering PrEP through existing private pharmacies, health posts, and e-locker platforms. Once available, layer new biomedical prevention products such as the Dapivirine ring (DVR) and long-acting Cabotegravir (CAB-LA) with existing options and prioritize KPs to receive these commodities.
- Address gaps in rapid ART initiation and integrate ART initiation with clinical service delivery at KP-friendly and -competent general facilities and KP-specific structures (such as drop-in centers and one-stop shops), as well as via community ART teams. Leverage expert, KP-led organizations to capacitate other implementing organizations. Advocate for GOL social contracting to augment MOH KP services.
- Leverage both COP and non-COP resources such as Khutlo Activity and Millennium Challenge Corporation (MCC) to identify systemic and structural barriers to accessing HTS, prevention, and treatment, with continued roll-out of innovative DSD models. PEPFAR will support implementing partners to use the Rights, Evidence and Action Tool to identify human rights violations and implement structural interventions that mitigate structural and social barriers and promote the inherent dignity of KPs. Engage with key stakeholders such as Lesotho Mounted Police Service, Chiefs, and political leaders to advocate for and create an enabling environment for KPs.
- Continue to engage MOH to include KP disaggregation in client-level data collection tools and DHIS2 to support data-driven national programming.

Stigma, discrimination, human rights, and structural barriers

In COP23, PEPFAR will continue to coordinate and work collaboratively with other partners and institutions to end stigma, discrimination, and violence for people living with and affected by HIV/AIDS, including all priority populations (PPs). Recognizing that enabling legal and policy environments are critical for effective HIV responses, PEPFAR will continue to support the UNAIDS 10-10-10 targets aimed at removing social and legal impediments limiting access or utilization of HIV services. While significant progress has been made in policy and strategy formulation, PPs continue to experience stigma and discrimination when accessing services. According to UNAIDS 2021 data on the state of HIV prevention in Lesotho, 8% of KPs avoided health care due to stigma and discrimination. Data collected through the community-led monitoring (CLM) tool further indicates that 5% of clients felt that they were denied HIV/AIDS-related services and over 7% felt stigmatized because of their sexual orientation.

To address stigma and discrimination within HIV prevention, care, and treatment programs, PEPFAR will continue to enhance gender inclusiveness across all programs and foster partnerships to strengthen political, religious, and civil partnerships and influence political will. Healthcare providers at health facility

and community levels will be trained on the provision of rights-based services aligned with the Lesotho patient rights charter.

The PEPFAR Lesotho program will continue to reduce and mitigate stigma and discrimination within healthcare settings through the provision of integrated services at facility and community levels, training providers on people- and KP- friendly service delivery, peer-led advocacy efforts, and client feedback mechanisms (e.g., CLM, suggestion boxes, satisfaction surveys, peer clubs, etc.) to improve rights-centered service delivery. Psychosocial support and undetectable equals untransmittable (U=U) treatment literacy will be provided for all PLHIV and KPs using peers, counselors, and psychologists. Health facility management committee meetings will continue to serve as fora for engaging with local community leaders and faith leaders to utilize data from CLM to improve the quality of services.

HIV testing plan to close gaps, promote equity, prioritize public health approaches, and assure appropriate linkage to treatment and prevention services

Although Lesotho is at epidemic control at the national level, granular program data analysis and Spectrum estimates clearly reveal equity gaps for young men aged 24-39, children 0-14, and young people 15-24. In COP23, PEPFAR Lesotho will provide HTS to 176,892 adults and children to identify 10,516 new positives (6% aggregated positivity rate). The program will shift away from yield-oriented HIV testing approaches and towards an HIV status-neutral approach, prioritizing clear and active linkage to appropriate person-centered, post-test services throughout each activity.

The program will prioritize demand-creation efforts to improve service uptake among missing populations. Through innovative use of digital and social platforms, and community mobilization, the program will engage peer-led demand creation strategies to reach young people and men, and children below 15 years of age. Through public-private partnerships (PPPs), PEPFAR will engage employers and employment agencies to reinvigorate workplace programs that reach men and young professionals.

PEPFAR will also reintroduce targeted community testing in select districts in COP23, contributing at least 40% of all HIV testing and case identification, with emphasis on scaled HIV self-testing (HIVST) distribution, precise data-driven community-level response, and the prioritization of safe and ethical index testing for the biological children and sexual partners of index clients. The program will actively use data for recent infections for cluster mapping and response, prioritizing recent infection hotspots with a comprehensive package of services including HTS, PrEP, condoms, ART initiation, etc.

PEPFAR will expand HIVST to private and/or community pharmacies, village health workers, and peer-led workplace platforms to improve male case finding. The program will also continue leveraging men's clinics while remarketing and redesigning them to attract younger men. CSO-led focus group discussions, CLM, and other community engagement (especially with young people) will play a key role in obtaining feedback from the target populations to inform the effective operations of the men's clinics and the adolescent health corners.

The program will support the development and rollout of a self-help digital application that young people can use to seek and access HTS and associated services that are linked to community service points such as public and private facilities, pharmacies, and e-lockers. To reach children, PEPFAR will strengthen the proactive expansion of community EID using community health workers (CHWs) to provide community

mobilization, assisted HIV self-test screening, track and test biological children of index clients, and document final outcomes of all HEIs.

HIVST distribution targets increased from 277,932 in FY23 to 397,794 in COP23 to accommodate these programmatic shifts and strategies:

- Re-introducing targeted community testing to reach missing populations
- Exploring innovative approaches such as peer-led demand creation, social media platforms, and online HIVST to reach young people and men
- Scaling up safe and ethical index testing and social network recruitment to reach those at increased risk of HIV
- Involving community structures for mobilization and service provision
- Strengthening workplace programs including prevention monitoring, SRH commodity access, and HIVST distribution
- Actively using e-Register to monitor re-testing of people previously on treatment and strengthen education for re-engagement in care
- Expanding EID at the community level through assisted HIVST, and index testing of biological children and siblings
- Strengthening routine HTS coverage in high prevalence facility settings

Prevention: promoting equity and advancing access to PrEP

The demand for PrEP remains high in Lesotho. In FY22, Lesotho achieved 110% of its annual PrEP_NEW target. In FY23, the target was further increased by 30%, and at the end of FY23 Q1, performance on PrEP_NEW was at 29%, exceeding the quarterly goal of 25%. Despite these achievements, missed opportunities still exist among AGYW, PBFW, KPs, adult men, and HIV-negative contacts of index clients. There are also generally poor PrEP continuation rates relative to PrEP initiation, with about 30% of people starting on PrEP continuing at the first follow-up visit. Whereas people are free to cycle on and off PrEP (as opposed to ART), all PrEP clients should be appropriately counseled on how to effectively and safely start, use, stop, and re-initiate PrEP to support PrEP continuation.

PEPFAR Lesotho is fully cognizant that the most effective prevention method is the one that gets used. As such, in COP23, PEPFAR will implement numerous prevention approaches, ensuring access to precise, holistic, person-centered care through a range of prevention options and evidence-based differentiated service delivery models.

- PEPFAR will support MOH in the delivery of HIV prevention services using a primary health care (PHC) approach, with DHMTs spearheading community-based HIV prevention services.
- To reach more people with PrEP services (i.e., an increased PrEP initiation target of 20%), support all HIV service delivery points maintain a client-centered manner that considers DSD approaches such as decentralized dispensing, community-based service delivery, and MMD.
- Work with MOH to adopt equitable national policies that ensure broad access to and availability of PrEP (e.g., offering PrEP on request, utilizing HIVST for PrEP continuation, shifting PrEP maintenance visits to lay providers and other community- and facility-based models focusing on AGYW, PBFW, KPs, people in prisons and other enclosed settings, highly mobile populations, and other underserved epidemic-specific high-incidence populations).

- Work with MOH to allow the provision of PEP within community-based PrEP service delivery points.
- Implement a unified approach to prevention, including status-neutral care in which HIV care and services are tailored to the needs of the person through a menu of services that includes all biomedical prevention interventions available in Lesotho and a host of community-level social, behavioral, and structural interventions. All forms of PrEP (oral daily, event-driven, and new products when available) will be at the core of this community-based HIV prevention model, which aims to address the unique needs of people such as the high-risk communities around the Polihali dam construction in Mokhotlong, factories, and border crossing points.
- Although PEPFAR has observed recent annual increases in PrEP uptake, adolescent and young boys (AYBs) and adult men are underserved relative to other sub-populations. Without losing focus on priority populations such as AGYW, PBFW, and KPs, deliberate efforts will be made to reach AYBs and adult men with PrEP services by leveraging demand-creation efforts for priority and key populations.
- To address the poor continuation of PrEP use and support people with ongoing HIV risk, repackage PrEP, send reminders for follow-up visits, and use peers to support continuation.
- Provide stigma reduction education for PrEP providers.
- Improve HIV prevention literacy using communication channels (such as Chatbots) to disseminate comprehensive information and immediately answer client questions on HIV and risk reduction counseling, condoms, voluntary medical male circumcision (VMMC) referral, PEP, and PrEP.
- Continue to integrate information on the prevention of GBV and intimate partner violence (IPV) in PrEP service delivery, and support post-GBV survivors to access care, including PrEP.
- Analyze the findings of a targeted rapid assessment to understand the factors associated with PrEP discontinuation among target groups and guide program innovations and improvements to enable PrEP retention for high-risk AGYW.
- Given the linkage between mental health and poorer HIV-related outcomes, implement screening and referral for treatment of mental health and substance use disorders for people accessing HIV prevention services.
- Continue to leverage the MOSAIC activity to prepare for the smooth introduction of DVR and CAB-LA, which will be layered with existing biomedical prevention options.

Voluntary Medical Male Circumcision

The VMMC program in Lesotho has continued to recover from the impact of COVID-19. In FY20, FY21, and FY22, Lesotho achieved 28%, 56%, and 62%, respectively, of the annual VMMC target, with most of the people receiving VMMC belonging to the priority age group of 15-29 years old. However, equity gaps in VMMC service delivery exist between lowland and highland districts. For instance, of the 14,531 circumcisions performed in 2022, 96% (13,925) were in the lowland districts, and only 4% (606) in the highland districts. To address the equity gaps in VMMC service delivery, PEPFAR Lesotho will implement the following shifts:

- Maintain gains in Mohale's Hoek, Berea, Maseru, and Mafeteng, and scale up targets in the Leribe district.

- Strengthen collaboration with Lesotho Defense Forces to reach more people with VMMC services and collaborate with traditional initiation schools to address other gaps such as GBV.
- While PEPFAR will continue to support VMMC service delivery in the lowland districts to reach 80-90% saturation, PEPFAR and the Global Fund will scale joint VMMC service delivery in the highland districts to bridge equity gaps.
- Leverage the VMMC platform to serve as an entry point for AYB and adult men to access global prevention services and broader SRH services such as HTS, PrEP, condoms, PEP, STI diagnosis and treatment, lubricant programming, risk reduction counseling, mental health services, violence prevention and response, ART, and screening for non-communicable diseases.
- PEPFAR will deliver holistic person-centered VMMC services that meet client needs, including after-hours services for herd boys and using male nurses who have gone through traditional initiation to offer VMMC within initiation schools in order to meet cultural obligations, and bringing services closer to people through mobile VMMC clinics.
- PEPFAR will support MOH to develop the first VMMC national policy and support updates regarding training curricula and national VMMC training of trainers (TOTs).
- PEPFAR will continue the scale-up of re-usable VMMC kits as part of sustainability efforts in lowland districts where service delivery is well established.
- Train VMMC staff on PrEP service delivery and vice versa to enable the provision of comprehensive HIV prevention services at each PEPFAR-supported site.

Pillar 2: Sustaining the Response

The MOH estimated that in FY 2021-2022, the total national HIV response cost $111 million, with PEPFAR and the Global Fund funding the majority of the program. Since PEPFAR Lesotho's inception in 2007, the program has provided $817 million in support to Lesotho, with a gradual 22% decline from FY 2020 - FY 2024. Although elements of the program have experienced incremental budget cuts due to reductions in funding, none have completely transitioned to the GoL or ended altogether. COP23 will increase attention to and investments in programs and analytics to help the GOL with sustainability planning.

Convening partner country government entities

The new government administration that took power in late 2022 reduced the cabinet to 15 ministries. PEPFAR Lesotho works regularly with the following six:

1. MOH (*all of PEPFAR*)
2. Ministry of Education and Training (*Peace Corps and USAID with DREAMS/OVC*)
3. MOGYSAC+SD (*USAID with DREAMS/OVC*)
4. Ministry of Defense, National Security and Environment (*DOD, USAID)*
5. Ministry in the Prime Minister's Office (*PEPFAR Coordinators Office (PCO) with National AIDS Commission (NAC)*)
6. Ministry of Finance and Development Planning (*Department of Treasury, USAID, and PCO as this Ministry is the principal recipient of the Global Fund award*)

PEPFAR Lesotho has indirect involvement with four additional ministries: Ministry of Information, Communications, Science, Technology and Innovation (which hosts the servers for our various IT systems

such as eRegisters); Ministry of Public Service, Labour, and Employment (which manages the establishment list and provides work permits for third-country nationals working for implementing partners); Ministry of Local Government, Chieftainship, Home Affairs, and Police (as police are involved to some extent with GBV activities and Home Affairs manages the national ID system used in some of our information technology (IT) systems); and Ministry of Justice, Law and Parliamentary Affairs (as the courts are involved with GBV activities). In addition, recent work on developing a cohesive economic strengthening platform for AGYW has increased engagement with the Ministry of Trade, Industry, Business Development, and Tourism.

The GoL has many priorities beyond HIV/AIDS and related health programming, and they have ceded much of the national HIV response to PEPFAR and the Global Fund. The COVID-19 pandemic complicated discussions regarding the transition of donor-funded programs to the Government. The GoL's multi-sectoral HIV sustainability working group, which should launch in the coming months, will be key in pushing these conversations forward.

PEPFAR Lesotho continues to have strong working relationships with counterparts in the Global Fund, UNAIDS, WHO, UNICEF, World Bank, Millennium Challenge Corporation (MCC), and others, coordinating activities to avoid duplication of effort and programmatic gaps.

Lastly, under PEPFAR, the U.S. Department of Treasury provides technical assistance (TA) focusing on cash management and information technology to the Ministry of Finance and Development Planning through virtual connections as well as short-term, in-person visits to Lesotho. The Ministry of Finance and Development Planning plays a key role in the national HIV response as it provides funding to the MOH and other Ministries and is the principal recipient of the Global Fund award.

Health systems gaps in alignment with national priorities

Supply chain management

PEPFAR will address the supply chain management (SCM) gaps prioritized by the GoL and the Supply Chain Management Directorate (SCMD). PEPFAR will continue capacity building through TA on forecasting and supply planning activities to ensure uninterrupted commodity supply. In addition, there will be a strong focus on electronic Logistics Management Information System (eLMIS) strengthening for end-to-end data quality and visibility. PEPFAR will conduct and implement the National Supply Chain Assessment (NSCA) to assess the supply chain's maturity, capabilities, and performance for sustaining epidemic control. The other gap identified by GoL MOH includes condom distribution and availability in public and private spaces. PEPFAR will develop a sustainable strategy for condom distribution looking into PPPs. The GoL MOH identified the lack of a national medicines regulatory system as one of its priority gaps. When assessed against the Global Benchmarking Maturity Tool, Lesotho was at level one, where a few elements of regulation exist but there was no formal approach. PEPFAR will support the establishment of the Lesotho Medicine Regulatory Authority (LMRA) to sustainably strengthen medical product quality assurance/quality improvement (QA/QI) systems through a targeted set of activities emanating from the post-benchmarking tool with an initial focus on increasing regulatory harmonization and reliance.

At the facility-level, PCVs will continue to support supply chain management and systems strengthening as well as assist to set up or improve existing youth-friendly corners/spaces and services. In addition to

DSD, PCVs build local capacity for the sustainability of these programs through the participation in project design and management of grants alongside their local counterparts.

Human resources for health

The MOH Human Resources Directorate (HRD) has prioritized gaps within the Integrated Human Resource Information System (iHRIS) for HRH data in Lesotho. PEPFAR will support the strengthening of the iHRIS for data visibility and MOH in conducting a restructuring of the MOH and a review of the MOH establishment list to determine the status of each position at the MOH in relation to epidemic control. Another systems gap prioritized by MOH is the lack of cadres that are critical for epidemic control in health facilities, including a lack of pharmacy technicians and laboratory staff that are currently heavily supported by PEPFAR, and the CHW cadre that is not mapped in the GoL MOH establishment list. This HRH gap threatens the sustainability of epidemic control. The MOH has also identified the Performance Management System (PMS) as needing strengthening to enhance staff performance and accountability across program areas.

Strategic information

The MOH has prioritized the need to strengthen data governance and policies to ensure consistency and reliability. PEPFAR will continue to support the MOH in strengthening data governance activities for data availability and visibility for real-time decision-making. Other health systems gaps and priorities for the MOH include improving the physical infrastructure at the health facilities to reduce power outages and network connectivity, as well as strengthening HCWs' training and management oversight to improve the POC system aimed at improving data quality. The GoL has prioritized the need for Lesotho to transition from parallel data entry systems to singular reporting in DHIS2.

Laboratory

The GoL Laboratory Directorate is moving towards a patient-centered approach and has identified gaps and the need to further decentralize testing services to improve access, increase coverage, and close equity gaps seen in PPs such as children, adolescents, and men. Diagnostic network optimization (DNO) efforts will also be key as Lesotho moves towards fully integrated and multi-disease testing.

The MOH plans to have a functional customized interface program between the laboratory information system (LIS) and DHIS2 to support e-reporting. They also prioritized the automation of instrument operational data reporting to a global PEPFAR dashboard and strengthened continuous quality improvement (CQI) programs for the clinic-lab interface to improve the quality of testing at the facility level.

Sustainability vision and roadmap

In COP23, PEPFAR Lesotho will continue to work alongside the GoL and its partners and stakeholders to support a country-led approach for sustainability planning and implementation. In COP21, PEPFAR Lesotho created a high-level sustainability roadmap, which highlights our priorities with a five-year outlook, structured around Ambassador Nkengasong's 5x3 framework. The roadmap was iteratively developed, with multiple rounds of consultative sessions with stakeholders and PEPFAR staff.

PEPFAR Lesotho will continue to approach sustainability as a collaborative and dynamic process, following the high-level sustainability roadmap developed in COP21 and aligned with Ambassador Nkengasong's 5x3 framework. In COP23, PEPFAR Lesotho will update its sustainability roadmap to provide more granular details on how we may progress toward sustainability via gradual but progressive processes.

PEPFAR Lesotho looks forward to the MOH launching its HIV Sustainability Technical Working Group (TWG), which will be a key resource and guiding force for PEPFAR, the government, partners, and other stakeholders in the advancement of a sustainable HIV response.

Funding and capability of local organizations and G2G arrangements

Since COP19, PEPFAR agencies have taken steps to increase funding towards local, indigenous prime partners as part of increasing program sustainability and capacity building of local partners. As part of this sustainability process, USAID has prioritized efforts to build the capacity of local non-governmental organizations (NGOs) to directly implement PEPFAR service delivery programs and receive direct USG or other donor funding by strengthening their technical and organizational capacity. COP23 investments are planned to transition organizational capacity development expertise to a local NGO. CDC continues to implement the government-to-government (G2G) cooperative agreement through the MOH which has health systems strengthening activities. Prior to the expansion of G2G agreements, the USG requires a set of criteria that must be met. In 2022, as part of the review process, Lesotho received a pass with reservations indicating that the performance of the country is ambiguous and requires further assessment.

PEPFAR Lesotho will work with the Department of State and the USAID regional/global Democracy and Governance teams to enhance the GOL's ability to receive G2G funds.

In COP23, the program will continue to support country-led, sustainable programming by working with and implementing activities through government and indigenous partners, including HIV network organizations, KP networks, and community-based organizations. The approaches will also include G2G, exploring opportunities to engage local TA partners, and implementing learning-by-doing approaches whereby the capacitated local partners will have the opportunity to directly manage the USG funds. The program will also focus on the development of specific measurable, time-bound benchmarks for the lifetime of capacity-building efforts, culminating in the transition of local partners. For efficient use of resources, the program will coordinate, and map capacity development support provided by all USG agencies including MCC.

Efficiencies

PEPFAR Lesotho will take a multi-pronged approach to harness efficiencies and increase the impact of existing resources. This will entail utilizing analytics to guide the implementation of efficiencies including through the application of a behavioral science lens to programming challenges; finding efficiencies within implementing partner programming and budgets; increasing coordination and engagement with GoL sectors beyond health and social protection; increasing collaboration with other USG and donor investments; forging new partnerships with private sector entities; supporting integration efforts within GoL ministries; and pivoting staff roles/responsibilities to better align with a post-epidemic control environment.

PEPFAR Lesotho will pivot some investments in the next two years to support the GoL with the analytics needed to help streamline programming strategies while ensuring we close the gaps in the three 95s and maintain gains. PEFPAR/Lesotho will utilize the activity-based costing and management (ABC-M) tool to identify costs associated with an integrated service delivery structure within public health platforms (e.g., health centers, labs, etc.). This data will be triangulated with data emanating from other sources such as the WHO Workload Indicators of Staffing Norms tool and the Global Fund time-motion study of village health workers to better understand current functions and costs. Furthermore, the ABC-M tool will be applied to the social protection program to better understand the costs associated with implementing the OVC and non-clinical DREAMS elements to inform planning within the MOGYSAC+SD. In collaboration with stakeholders, PEPFAR Lesotho will work with relevant government ministries to restructure the workforce, starting with the health sector, to right-size the human resource needs for the next generation of the GoL's health goals and to increase allocative and technical efficiency. This investment will help reduce the direct HR costs to PEPFAR Lesotho in the coming years as the GoL's HR plans are streamlined and optimized and will free up resources now dedicated to HR to be applied to other priority areas.

Using existing PEPFAR expenditure analysis and HRH inventory, PEPFAR Lesotho will use the analytics to help streamline partner budgets to reframe their budgeting and programming approach to reduce any redundancies and collapse siloes within program management and oversight functions.

To date, PEPFAR Lesotho has largely worked directly with the MOH and to a lesser extent the MOGYSAC+SD. Planning for increasing efficiencies will also require PEPFAR Lesotho to have more strategic and consistent relationships with other sectoral ministries such as the Ministry of Finance and Development Planning to strengthen accountability mechanisms within GoL structures utilized for transition and sustainability planning. This will help ensure that other resources in the government assets, such as concessional loans from development finance institutions, are better leveraged to increase the programs that these resources are directed towards, improving governance and anti-corruption efforts, and addressing structural determinants such as poverty and harmful gender norms.

Lesotho has also benefited from other USG agency funding. This includes the soon-to-be-launched MCC's second compact that has a focus on PHC and MNCH along with district management and governance. In addition, Lesotho has benefited from the award of the McGovern Dole School Feeding program in 2022, which will support linkages to nutrition and school-based services to complement the clinical and OVC portfolios in three districts. Global USAID funding from the USAID Bureau for Democracy, Development, and Innovation (DDI) Global Labor Program has been allocated to implement workplace gender-based violence and harassment (GBVH) programming. Initially, this programming focused on the textile industry but will expand to other sectors. In addition, the Department of Labor has identified Lesotho as a priority country in the M-POWER initiative that will focus on GBVH in the workplace along with labor laws. This will complement the broader work that the PEFPAR Lesotho team is funding for GBVH prevention, mitigation, and response. Additionally, USAID Lesotho has received incentive funding from DDI to work on GBV prevention for people who identify as lesbian, gay, bisexual, transgender, queer, and intersex that will focus on using a behavioral science approach to developing strategies to mitigate GBV in this target population and build the capacity of CSOs to work with government on human rights policies and strategies. The USAID Lesotho country office also partnered with the State Department in Lesotho to add

funding to this activity through a successful proposal to the Africa Regional Democracy Fund to expand this work to include violence against women.

There are also many untapped opportunities for collaboration with other donors and investments such as the World Bank International Development Association loan to the GoL for nutrition services, World Bank, and African Development Bank investments for economic growth (to complement economic strengthening for DREAMS), and the potential Pandemic Fund resources to support emergency preparedness, mitigation, and response.

Harnessing the environment for the private sector to flourish, the PEFPAR Lesotho team will increase its focus on identifying and developing partnerships with private sector entities to expand program reach. This will include looking at private sector sources of service delivery, exploration of social contracting models for health services by CSOs and obtaining investment from private foundations to support non-PEPFAR related services (e.g., MNCH, disaster preparedness and response, early childhood development, etc.). Opportunities to decant elements of the health service delivery value chain to the private sector (e.g., including private sector actors to perform some functions such as last-mile delivery of medicines) will also be explored in the coming two years.

Gaps and misalignments in COP22 SDS Appendix E

In Appendix E of the COP22 SDS, PEPFAR Lesotho noted concerns about the quality of data underlying the Resource Alignment, Sustainability Index and Dashboard (SID), and Responsibility Matrix and acknowledged that the PEPFAR program in Lesotho was designed to achieve epidemic control but was not sustainable in its current format. Lesotho did not have the financial or technical capacity to manage the HIV response without donor support. Though some concerns remain, there have been some changes since last year: the COVID pandemic has receded; the second MCC compact is scheduled to begin in early 2024 and will include a substantial component on health systems strengthening; PEPFAR Lesotho finalized a five-year sustainability roadmap in October 2022; and all PEPFAR countries will undergo additional sustainability planning in the coming year.

Integrated national planning

PEPFAR has played a critical role in the fight against HIV in Lesotho by engaging in integrated national planning, providing TA, supporting program implementation, and ensuring the integration of HIV equities with the broader health system.

Throughout the COP planning and budgeting process, including the COP23 Stakeholders Meeting, PEPFAR Lesotho has collaborated with the MOH, Global Fund, NAC, UN agencies, CSOs, and faith-based organizations (FBOs) to develop national plans to sustain the gains made in the HIV response. PEPFAR Lesotho is also collaborating with the government of Lesotho on its Joint TB/HIV Health Sector Strategic Planning process to develop a coherent strategic plan covering both HIV and TB. NAC is also currently updating the broader HIV Strategic Plan that covers the multisectoral response. PEPFAR continues to engage with senior MOH staff to address policy-related issues that may impact US government support to the country.

The GoL has shown its commitment to the HIV response, especially in the procurement of ARVs. Currently, the GoL procures about three-quarters of the country's ARVs, with the Global Fund assisting with the

remaining gap. Because of this, PEPFAR Lesotho does not procure ARVs. Gaps remain in ensuring that the country has an uninterrupted supply of quality non-HIV medicines that are required for comprehensive person-centered HIV care (e.g., medicines for opportunistic infections) that are quantified in a separate process from the ARVs.

PEPFAR remains committed to planning and budget transparency, working across stakeholders such as the Global Fund Country Coordinating Mechanism and the Health Partners TWG to streamline the resources and ensure clear alignment of donor funding to the sector. Lesotho also plans to conduct a national HIV spending assessment to establish data on funding for different sectors in the HIV response. Lesotho will build upon work supported by the Department of State and USAID to increase social accountability for fiscal transparency in the health sector through the inclusion of civil society.

In COP23, PEPFAR will work to better integrate HIV programs with broader GoL health systems, with a focus on health and social development, as HIV programs have largely operated in isolation. By integrating HIV programs into the broader health and other systems, PEPFAR Lesotho will help to strengthen the GoL's capacity to deliver essential health and social protection services, improve the efficiency and effectiveness of resources used, and further align HIV programs with national priorities.

Pillar 3: Public Health Systems and Security

PEPFAR Lesotho is investing in strengthening public health systems to contribute towards an established Lesotho-specific public health institute (PHI). PEPFAR Lesotho in COP23 has allocated resources for HIV recent infection surveillance to guide Lesotho programming to end HIV/AIDS as a public health threat. PEPFAR Lesotho is continuing to invest in HMIS and electronic medical records (EMRs) to strengthen data collection, including patient-level data collection at the individual level. This provides a foundation for case-based surveillance programs and mortality surveillance, and thus further strengthens Lesotho's preparedness and response to other diseases and outbreaks. PEPFAR Lesotho's investments in laboratory system strengthening have been critical in achieving epidemic control; PEPFAR Lesotho-supported lab systems were leveraged during the COVID-19 pandemic for diagnosis and patient management. PEPFAR Lesotho has been a key player in the strengthening of supply chain systems to support service delivery for HIV, TB, COVID-19, and other primary healthcare initiatives. In addition, investments to strengthen the regulation of medical products to reduce the risk of substandard and falsified medicines has been a focus. USAID COVID-19 funding has aided the GoL in strengthening emergency preparedness and response systems, including a focus on higher-level clinical care, emergency transport and referral systems, and utilization of an integrated multi-antigen life course approach to vaccination. PEPFAR Lesotho through CDC has provided resources for building a public health workforce through supporting the advanced field epidemiology training program (FETP), the graduates of which have been key players in addressing Lesotho's public health threats such as COVID-19 and measles outbreaks. In addition, other USG resources have been provided to train and deploy frontline field epidemiology cadres.

Strengthening regional and national public health institutions

Lesotho should be well-capacitated to investigate, diagnose, and address health problems and hazards related not only to humans but the ecosystem at large. PEPFAR will continue to support some of these functions already evident within the system and advocate for the establishment of a standalone PHI within

Lesotho. As a measure to strengthen the surveillance systems to monitor health events and behaviors, PEPFAR will continue to support HSS initiatives such as:

- Availability and implementation of a national policy framework that defines and supports public health initiatives and improvements, build sustainable approaches for health system resilience and institutes legal and regulatory acts meant for public health protection.
- Capacity building through providing Lesotho with a capable and qualified workforce through mechanisms including but not limited to the FETP program that looks to train personnel in epidemiology and quality management system (QMS) programs for laboratory personnel.
- Continue to support the placement of the latest technology platforms and robust supply chain systems that also leverage the Global Health Access Initiative to better position Lesotho for surveillance, global health security, data systems, and multi-disease testing and sequencing. There is a need for Lesotho to move towards a decentralization approach to improve and expand access to POC testing.
- Establishment of functional cohesive information systems for collecting, compiling, and presenting health information that enables effective use of electronic data when addressing public health situations to inform decisions. Generate reports to be used for surveillance and disease intervention, monitor trends, detect changes, and prioritize resource allocation.
- There is a need to strengthen the National Reference Lab for public health diagnostic services through capacity building, research, and infrastructure support.
- There is a need for Lesotho to have an established approach to handling biosafety and biosecurity issues. Waste management services and systems should support policies and plans that clearly articulate Lesotho's approach and resources aligned. Biosecurity alert and response systems should be defined for all levels that mobilize communities and in association with all national sectors. And collaboration with international partners as appropriate.
- Efforts to work in partnership and diversify engagement with the existing regional PHIs for strategies that can be shared to strengthen and complement national public health initiatives in Lesotho. This will enable Lesotho to eventually build and maintain a strong organizational infrastructure for public health.
- Efforts to ensure that preparedness plans institutionalize mechanisms to maintain the delivery of quality essential health services in the context of a variety of shocks and stressors, including through work to integrate health considerations in multisectoral early warning indicators.

Quality management

PEPFAR Lesotho will invest in quality management activities in COP23, including internal-facing site monitoring and external investments targeting laboratory systems.

The Site Improvement Through Monitoring System (SIMS) is designed to increase the impact of the PEPFAR program on the HIV epidemic through standardized monitoring of quality at both community and healthcare facility sites. In COP23, SIMS will be the main QA/QI activity for the USG/PEPFAR program. Issues or gaps identified through SIMS assessments may become the topic of QI projects at the health facility/site by the implementing partner or MOH. Program improvements allow the USG to target resources more efficiently, streamline and standardize program data for better decision-making, and ultimately provide a more cost-effective program for persons living with or at risk of HIV. Approximately,

200 sites and community councils will be assessed, and feedback shared with relevant stakeholders to implement the improvement action plan derived from the assessments and improve the quality of services rendered to beneficiaries of the PEPFAR program.

The MOH adopted the WHO Regional Headquarters for Africa's Stepwise Laboratory Quality Improvement Toward Accreditation (WHO–AFRO–SLIPTA) process and subsequently rolled out the Strengthening Laboratory Management Towards Accreditation program across the whole country, through which all Lesotho laboratories continuously implement QMS. Among these laboratories, some are selected for supervision, while others are enrolled in a mentorship program and are annually assessed for supervision. Technical laboratory staff receives training and on-site mentorship and coaching to build their capacity, and the outcomes of these efforts resulted in improved laboratory performance as measured by SLIPTA audits conducted by the African Society for Laboratory Medicine. Through the guidance from MOH, clear policies and guidelines articulating how the labs will attain and maintain accreditation, as well as a national quality management plan outlining performance standards, requirements, processes, and procedures will be implemented through PEPFAR support.

PEPFAR Lesotho, in collaboration with MOH, will continue to implement QMS at all tiers. Lab-clinic interfaces will be optimized to ensure continuity of care services and increased access and appropriate management of patients. In addition, PEPFAR will use the WHO/CDC Stepwise Process for improving the Quality of HIV-Related Point-of-Care-Testing (SPI-POCT) checklist and SIMS to monitor and periodically assess Point of Care (POC) testing sites COP23 plans aim to achieve 100% of sites reporting on Lab Proficiency Testing Continuous Quality Improvement LAB_PTCQI and attain national certification for POC sites and HIV testers.

To support HIV/TB diagnostic and monitoring test QI, Lesotho will enroll all sites into an external quality assurance (EQA) program. All health facilities providing HTS will receive proficiency testing panels and external quality control materials to ensure ongoing quality capability and ultimately strengthen and improve testing quality. Sites conducting VL, EID, TB, CD4, CrAg, Syphilis, and Hep B will be enrolled in EQA and receive rigorous participation and performance monitoring. PEPFAR plans to strengthen and capacitate small-scale instrument and kit verification processes to ensure that only approved and verified testing tools are used in-country.

The MOH is committed to ensuring that quality health care is delivered in all health facilities to the benefit of all Basotho and non-Basotho living in the country. However, the national health system is more challenged than ever, due to the increasing prevalence of diseases, especially HIV/AIDs and TB as well as other emerging diseases such as Covid 19 which necessitates a more focused and robust effort to close the existing performance gaps in patient care. For this reason, the MOH established the Quality Assurance Department (QAD) with the mandate to oversee and coordinate the implementation of QA/QI across all programs of service delivery through the implementation of quality improvement initiatives and projects. The QAD ensures the strengthening of continuous integrated supportive supervision, coaching, and mentoring of frontline staff to embrace quality improvement as part and parcel of routine patient care and management. Additionally, the QAD collaborates with implementing partners and key stakeholders for quality improvement assessments of hospitals and health centers covering clinical services, infection prevention, and control, training, and capacity building.

Person-centered care, comorbidities, and mental health services

In line with the PEPFAR strategy, Lesotho's COP2023 is committed to supporting patient and family-centered services to reduce morbidity, reduce mortality, and improve patient satisfaction and quality of life. Approximately 30% of people living with HIV who are on ART are 50 years of age or older and likely to have NCDs. Program data shows high mortality among children under five years old and adults over 50 years, and Lesotho has a high TB incidence rate coupled with a high TB-HIV co-infection rate of over 60%. LePHIA 2020 indicated that 14% of PLHIV who tested in the survey had AHD.

Tuberculosis case-finding

PEPFAR Lesotho's support in COP2023 for TB is focused on addressing the gaps identified in Lesotho's Joint TB/HIV program and epidemiological review. The proposed strategies aim to address Lesotho's high TB burden, contribute toward the WHO END TB strategy, STOP TB Partnership's Global Plan to End TB (2023–2030), and meet Lesotho's commitments made during the 2018 United Nations High-Level Meeting on TB through the United Nations Political Declaration on the Fight Against TB. All strategies are informed by a health equity approach, focusing on groups at higher risk for TB, including PLHIV, adult men, children, adolescents, household contacts of PLHIV, herd boys, and other sub-populations at greater risk for TB.

During COP23, PEPFAR Lesotho will continue to support national TB efforts for active TB case finding ensuring that all PLHIV are TB screened at every encounter using the new 2021 WHO recommendations on TB screening that include four-symptom screening tools combined with chest X-ray and other WHO-recommended rapid diagnostics. The screening will cover key service points and communities to reach OVC, men, and KPs. PEPFAR Lesotho will continue to support dual TB/COVID-19 screening in supported sites to align TB, HIV, and COVID-19 interventions and improve people-centered care and safety; PEPFAR will advocate for policy shifts to include the implementation of targeted universal testing for tuberculosis for PLHIV in high-risk groups (i.e., new HIV positive, those returning to care after treatment interruption for six months, those who have been in contact with TB in the past year, and those who had TB in the past two years). PEPFAR-supported clinical partners will ensure the fast-tracking of TB diagnosis using urine-based lipoarabinomannan (LF-LAM) assays as per Lesotho national guidelines, the prompt start of appropriate TB treatment and ART, and the completion of treatment.

PEPFAR Lesotho will continue to review TB program data on an ongoing basis, triangulating it with TB prevalence findings to map hotspots for TB and to direct TB case-finding interventions to those areas. PEPFAR Lesotho will integrate HIV index testing activities with TB contact tracing and defaulter tracing to provide more efficient TB/HIV services. PEPFAR resources will also support TB diagnostics optimization, guidelines revisions, job aides, and TB/HIV continuous quality improvement initiatives.

Lastly, implementing partners will ensure that facilities and communities implement infection prevention and control measures for all airborne pathogens (e.g., triaging coughers and prioritizing their consultations, sterilization of reusable equipment, safe injections, etc.).

Tuberculosis preventive therapy

In COP23, TPT remains a core service for PLHIV and a program priority, including the scale-up of a shorter TPT regimen (isoniazid and rifapentine, or 3HP/3RH). The target for COP23 is 90% TPT coverage across all

districts, age bands, and sex groups, with sustained TPT coverage above 90% and TPT support provided for all eligible contacts of PLHIV and TB who screened negative for TB.

Advanced HIV disease

In COP23, PEPFAR Lesotho will provide DSD for patients with AHD per WHO guidelines and definitions. In addition to the 54 health facilities receiving the full AHD package in COP22, in COP23, PEPFAR will support further expansion of AHD services as guided by MOH. This expansion will include screening for opportunistic infections like TB, and cryptococcal meningitis; treating all opportunistic infections like TB and cryptococcal meningitis; optimizing ART for both children and adults; and preventing opportunistic infections through the provision of TPT, fluconazole, and cotrimoxazole for all eligible PLHIV.

Other AHD priorities include: mentorship, coaching, and refresher trainings for clinical providers on the WHO recommended package, the Lesotho AHD Manual, and related job aides, such as the AHD package outlined in the July 2020 WHO brief; availability of lab commodities (CD4 reagents, cryptococcal antigen testing, LF-LAM tests, Xpert MTB/RIF Ultra) and lab equipment/platform optimization; and the WHO-prequalified Omega Diagnostics VISITECT CD4 AHD test pilot. In addition, PEPFAR will continue to strengthen specimen referral and CD4 testing services to improve AHD identification; availability of necessary pharmaceutical commodities such as TPT (3HP), fluconazole, flucytosine, liposomal amphotericin, etc.; and standardization of visit schedules for patient follow-up and monitoring.

Older adults

Approximately 30% of people living in Lesotho who is currently on ART are 50 years of age or older. PEPFAR Lesotho will prioritize strategies to identify comorbidities and favorable HIV treatment outcomes for these older adults, including the continued scale-up of MMD and TPT and continued advocacy for a one-stop approach for the treatment of multiple conditions across various service delivery models. COP23 efforts to standardize hypertension treatment protocols within ART clinics will build upon COP22 efforts on hypertension screening and treatment for ART patients, and PEPFAR Lesotho will advocate for the availability of antihypertensive medicines and other chronic medications, the inclusion of blood pressure measurements into the eRegister, and for inclusion during regular program performance reviews.

Averting morbidity and mortality for other sub-populations

Key mortality prevention activities for CLHIV will include screening and treating for AHD, pneumonia, diarrhea, and malnutrition. PEPFAR Lesotho will prioritize active case management for PLHIV who are viremic or failing on treatment and expand facility-based DSD models for all PLHIV, especially CLHIV.

In COP23, PEPFAR Lesotho will scale up screening and treatment for cervical cancer, including the rollout of human papillomavirus infection testing in Leribe and Maseru, quality-assured visual inspection with acetic acid (VIA) support, and cervical cancer screening capacity building for clinicians. In addition, the program aims to attain 90% treatment coverage for women living with HIV with positive VIA screening; monitor and document adverse events post-treatment; track and document cytology results; and provide palliative care for women living with HIV with confirmed advanced cervical cancer disease. PEPFAR Lesotho will conduct mortality audits for aging PLHIV, under five CLHIV, and HIV-exposed infants to understand probable causes of death to inform programmatic shifts as needed.

Psychological support for people living with HIV

During COP23, in collaboration with MOH's HIV program and mental health department, PEPFAR Lesotho will support mental health-related trainings for providers on psychosocial issue screening, psychosocial support intervention, and referrals for those needing expert mental health treatment. During COP23, PEPFAR clinical and community partners will continue to ensure treatment literacy about U=U, facilitate peer-to-peer support approaches, and track patients who miss or default on care and treatment through community partners.

Decentralized service delivery models of care

In COP23, PEPFAR implementing partners will align and harmonize services across the four DSD models that are currently implemented in Lesotho: client-managed groups (e.g., CAGS), facility based-individual models (fast track/pharmacy pick-ups), out-of-facility models (e.g., integrated outreaches, BonoloMeds, home deliveries), and health worker-managed groups (e.g., MMD/refills). PEPFAR Lesotho also supports other DSD models for special populations, including men's clinics, adolescent corners, tertiary institutions, factory and other workers, and border clinics.

Antiretroviral therapy optimization and other patient-friendly drugs

As of FY23 Q1**,** over 98% of PLHIV on ART have been transitioned to a dolutegravir (DTG) based regimen, including adults, adolescents, and PBFW. In COP23, the PEPFAR implementing partners will continue to transition eligible patients to DTG-based regimens. Lesotho aims to attain universal TB treatment coverage for patients diagnosed with active TB and scale up shorter TB treatment. Additional attention to the volume and quality of medicines for opportunistic infections will be provided, as these medicines do not benefit from the same QA mechanisms as ARVs.

Supply chain modernization and forecasting

To sustain epidemic control, Lesotho must maintain an uninterrupted supply of quality-assured commodities including ARVs, rapid test kits (RTKs), EID products, condoms, and VL, and other medicines for comprehensive patient-centered care. In addition, TPT, VMMC, and PrEP commodities remain vital to ensure that patients don't contract TB and new HIV infections are averted.

In COP23, PEPFAR Lesotho will support the procurement of laboratory commodities, recency RTKs, condoms, lubricants, and VMMC kits. PEPFAR has allocated sufficient funds for laboratory commodities to cover 75% of the country's need for VL monitoring, EID, and TB diagnosis in the ten districts of Lesotho. Global Fund will support 25% of laboratory commodities required by the country. ARVs and RTKs will be funded by Global Fund and MOH.

PEPFAR will continue to provide supply chain TA to the MoH SCMD, with a focus on district outlets and service delivery points. It will ensure that annual and bi-annual forecasting and supply planning activities for HIV commodities continue to be implemented as planned and to transition this functionality systematically over to the GoL. PEPFAR will also continue to support DSD models including decentralized drug distribution (DDD) for equitable access to optimized regimens.

In COP23, PEPFAR will support the digitization of the eLMIS for improved data quality and data visibility across all levels of the supply chain system, conduct the NSCA, and develop a sustainable strategy for condom distribution including engaging PPPs. Since the Global Health Supply Chain - Procurement and

Supply Management program is coming to an end, PEPFAR will support the development of a close-out plan, including the transition plan of functionalities and HRH to MOH SCMD.

Table 4.6 COP23 Commodities Budget for Global Fund, MOH, and PEPFAR[4]

Forecast Category	Global Fund Contribution	Government Contribution	PEPFAR Contribution	Total
Adults on Treatment	$3,085,990	$14,130,858	$-	**$17,216,848**
Children on Treatment	$265,038	$534,039	$-	**$799,077**
VMMC (Including Essential Meds)	$64,371	$182,642	$4,461,519	**$4,708,532**
TPT	n/a	n/a	n/a	**n/a**
Viral Load	$1,498,981	$-	$3,146,476	**$4,645,457**
EID	$85,973	$-	$255,741	**$341,714**
RTKs	$639,424	$-	$-	**$639,424**
STKs	$1,492,290	$-	$-	**$1,492,290**
Recency Testing	$-	$-	$216,000	**$216,000**
PrEP	$562,011	$215,923	$-	**$777,934**
Condoms and Lubricants	$108,503	$218,599	$195,000	**$522,102**
Opportunistic Infection Meds	$33,713	$412,454	$-	**$446,167**
TOTAL	**$3,119,703**	**$14,543,312**	**$8,274,736**	**$31,805,545**

In preparation for the eventual transition of supply chain functionalities to the GoL, PEPFAR Lesotho through the Promoting Quality of Medicines activity will continue to support the GoL to address targeted gaps identified through the implementation of the WHO Global Benchmarking Tool. The tool revealed that the maturity of Lesotho's national regulatory system is currently at Level One (out of four.) To capacitate the GoL to be able to ensure the availability of quality-assured medicines and medical products that they will be procuring directly in years to come, this system is critical and foundational to protect against the entry of substandard and falsified products.

Laboratory systems

PEPFAR will continue providing comprehensive technical support to ensure timely and quality-assured TB/HIV diagnosis and patient monitoring services that will contribute to achieving epidemic control and attaining the 95-95-95 targets. The support includes but is not limited to specimen transport, referral testing, results delivery, procurement and distribution of laboratory commodities, and continuous QI.

In COP23, the technical support will focus on strengthening optimization and integration of both conventional and POC instruments to scale up VL, EID, TB, and COVID-19 testing and ensure demand is met. In partnership with MOH and implementing partners, guidance and specific requirements including staff deployment, equipment placement, and VL/EID/TB reagent contracts will be fully implemented and/or strengthened with key performance indicators in place. The implementation and strengthening of DNO and integrated services are expected to improve quality, efficiency, and cost-effectiveness.

[4] Source: PEPFAR COP23 Commodities Supply Planning Tool

The program has mapped instruments and laboratory networks with capacity and utilization. Specimen transport and laboratory network optimization have been operationalized since FY20. Lesotho is currently using nine Roche platforms, one Hologic Panther, 15 Abbott m-PIMA, and 73 GeneXpert instruments. The POC-EID instruments (15 Abbott-PIMA and 16 GeneXpert-IV) that were rolled out separately have now been optimized and integrated across the program to support multiplex testing services. Through multiplexing, 31 GeneXpert machines are used for VL monitoring. The provision of optimized and integrated VL, EID, and TB testing services will allow the laboratory and clinicians to use comprehensive information for informed decision-making and effective patient care.

In collaboration with support from The Global Fund, Clinton Health Access Initiative (CHAI) Laboratory-related activities will include the engagement of personnel to address TA gaps in diagnostics. Funding for the procurement of Hematology and Chemistry reagents that are not covered under PEPFAR will be provided. CHAI will also support Stakeholder meetings, training for personnel on waste management, COVID-19 rollout to sites, and integrated testing at sites. National genomic surveillance guidelines will be reviewed and step-down training to personnel support.

Scaling up viral load monitoring services

By the end of FY23, VL monitoring is expected to cover 95% of eligible PLHIV on ART while in COP23, the coverage is expected to increase to 100%. The strategies to achieve the targets include optimization of platforms, specimen transport, further decentralization of testing services, web-based timely result reporting, routinely monitoring performance, and improving the quality of integrated testing services.

In addition to the existing C6800 Roche instrument, the plan for COP23 is to replace all existing outdated C4800 and Panther platforms. This will increase the national testing capacity as well as address the issue of prolonged turnaround time. The terms and conditions for the instrument/reagent rental agreements have been revised to monitor the performance of the service provider. DBS VL will be also scaled up to improve access to hard-to-reach areas where whole blood specimen collection and transport services are challenging or POC VL testing services are not provided.

The reference and all clinical laboratories will optimize the use of LIS to improve data flow between laboratories and health facilities and strengthen the VL dashboard to support data analysis and visualization at the national level. SMS messaging and notification of patients and web-based result transmission (e-reporting) using LIS and DHIS2 will be scaled to all health facilities. This will substantially reduce turnaround time to less than two weeks, improve VL management, and enhance adherence and counseling of ART patients whose VL is not suppressed.

Access to VL testing and prompt action for unsuppressed VL among PBFW is important for PMTCT. In implementing POC-VL, guidance, protocols, and specific requirements including staff training, laboratory validation, and biosafety are completed. Roll-out and continued training of health personnel for POC VL testing service expanded to 24 Hubs and 67 spokes. For COP23, there is a plan to increase these sites to expand testing coverage. This scale-up covered additional health facilities where conventional testing services are not accessible and time-sensitive monitoring cannot be provided to PBFW and virally unsuppressed patients. The expansion also included testing for children and adolescents to increase their coverage. Pediatric blood collection sets will be procured to assist in challenges related to sample

collection from infants. Both GeneXpert and mPIMA platforms are used for scaling up POC VL testing services.

Early infant diagnosis optimization

In the past two years, Lesotho has made considerable progress in increasing access to virologic testing of HEIs, reducing turnaround time, and improving the quality of services. In COP23, PEPFAR Lesotho will continue providing comprehensive support including, procurement and distribution of commodities (cartridges and consumables), specimen transport, testing services, care and support, and QA/QI activities. In addition to the National Reference Lab, 80 health facilities will continue providing POC EID services. Through multiplexing, the inclusion of EID on existing POC VL devices will continue to increase access to HTS in infants. Using a hub and spoke approach, 200 health facilities will access POC EID services.

In COP23, 95% and 5% EID testing will be provided using POC and conventional instruments, respectively. The implementation of POC EID will substantially improve coverage and all HEIs presented at MCH will be virologically tested. With DSD, PEPFAR will achieve virologic testing and linkage to care for 100 % of HEIs under two months of age. The overall turnaround time will be reduced to one-to-two days. Technical support including HR, supervision, and M&E activities will continue as part of pediatric care and treatment services. The support also includes specimen transport, referral testing, result reporting, QA/QI, and monitoring activities. PEPFAR Lesotho will procure and distribute POC EID commodities. As part of the laboratory network optimization, POC-EID platforms will be fully integrated to provide multiple testing services. POC instrument maintenance services will be included in the instrument/reagent rental agreements with the vendors.

PEPFAR Lesotho will continue to support MOH in all ten districts to ensure that all HEIs are provided with prophylaxis and maintain EID testing schedules while their parents are advised on the safest feeding options to protect them from getting infected during breastfeeding. MBPs are maintained in MNCH and have the same clinic appointments. In cases where an MBP missed an appointment, they will be reminded and tracked back to care to ensure that they are retained in care. MBP cohort analysis will be conducted annually and will evaluate the retention level within the PMTCT program. MBPs will graduate from MNCH to general ART when the baby is 24 months of age.

In Lesotho, the EID schedule is aligned with the immunization schedule. Program data shows that the EID coverage within two months of birth is 83% with a transmission rate of 1.4%, while the remaining proportion of HEIs continues to present late for their first virologic test within two to 12 months. PEPFAR Lesotho has budgeted for the procurement of pediatric sets to enable blood collection from infants. Because of the high coverage of EID, Lesotho will implement birth testing for high-risk infants in COP23. PEPFAR Lesotho will continue to support MOH to improve EID and follow these infants through the continuum of care until their final PMTCT outcomes are known and prioritize rapid ART initiation for those who are infected. Lesotho MOH will review PMTCT program gaps that result in some infections and strengthen the program processes and procedures to eliminate mother-to-child transmission.

Optimization of GeneXpert instruments for multi-disease testing purposes

Through DNO, Lesotho can place the platforms within a network that provides testing access for patients. GeneX technology, which Lesotho uses as a multiplex platform, was first used for the diagnosis of

presumptive TB cases. In COP23, GeneXpert utilization will be optimized and 95% of presumptive TB cases will be tested, and while 75% of the GeneXpert capacity will remain dedicated to TB testing, 25% will be dedicated to POC EID and VL testing services. To date, 18 hubs and 40 spokes offer multi-testing on VL, EID, and TB, with the aim of further increasing the sites.

As part of integrated laboratory support, PEPFAR will continue to procure TB lab commodities such as TB/GeneXpert cartridges and other TB tests. GeneXpert instrument maintenance services will be included in instrument/reagent rental agreements with the vendor. The contract agreement is expected to be completed and implemented by mid-FY22. Overall, PEPFAR's support is expected to cover 75% of the national testing demand while the remaining gap will be covered by GF. Apart from GeneXpert technology, Lesotho will utilize the urine LF-LAM assay as a rapid point-of-care diagnostic test according to national guidelines. The current WHO guidance (2021) also recommends the use of LF-LAM for both inpatient and outpatient diagnosis of TB among PLHIV. However, LF-LAM is not intended to replace initial molecular WHO-recommended rapid diagnostic tests, and it will be used in combination with other molecular diagnostic tests, for adults, adolescents, and children living with HIV. A positive LF-LAM result is considered a bacteriological confirmation of TB in PLHIV, and TB treatment will be initiated immediately while waiting for confirmatory molecular test results per national guidelines. In addition to this test as a requirement, POC CD4 testing will be supported, through the use of Visitect for AHD patients.

In addition, GeneXpert platforms are also used for the rapid Xpert Xpress SARS-CoV-2 test. The COVID-testing services will further be decentralized and will be optimized using the available platforms. There are also plans to integrate human papillomavirus infection testing using the existing GeneX platforms.

Human resources for health

To strengthen the capacity of the GoL to lead, manage and monitor the availability of the health workforce for HIV epidemic control and the attainment of universal health care, PEPFAR continues to support the HRH TWG that assists with the progressive transformation of the health workforce through the development of key HRH policies and strategies to improve the equitable distribution of the health workforce.

In COP23, PEPFAR Lesotho will build on foundational investments in HRH. The MOH has planned a broad restructuring of the MOH organization. This effort will target both the central, district, and sub-district levels. Through collaboration with MCC, Global Fund, and WHO, PEPFAR Lesotho will prioritize work with the GoL to examine current management, operational, and service delivery functions vis-à-vis the current HR establishment list to identify synergies and gaps. PEPFAR Lesotho will work with the MOH to streamline the establishment list to coalesce donor-supported functions into rational HR cadres and revise the establishment list to include these new positions and cadres (e.g., pharmacy technicians). PEPFAR Lesotho will utilize ABC-M with a focus on integrated service delivery to help the GoL better understand the current costs of service delivery and cost implications for any future reforms. Building on work by the Global Fund and WHO, future investments will help the GoL to triangulate data from the ABC-M work to develop a more robust picture of what an optimized workforce will look like, prioritizing the better integration of HIV programming into essential health service delivery.

In COP23, through embedded TA, sustainability planning for HRH will be a key focus area, engaging a stepwise transition focus from the national level to the district- and facility-level support through data-

driven interventions. This reform will coincide with the nationally led reform of the functional and organizational structures of the MOH. PEPFAR will also support the rollout of iHRIS for HRH planning and decision-making, expanding on catalytic funding that was provided by the World Bank. This embedded TA will continue to support the HRH TWG to strengthen the coordination of HRH activities, including the alignment of resources with national priorities.

Pillar 4: Transformative Partnerships

PEPFAR Lesotho has historically had strong partnerships with both the Global Fund and the GoL, mainly the MOH, concerning the national HIV response. We have monthly calls with our counterparts at the GF in Geneva to ensure that we are not duplicating efforts or overlooking any programmatic gaps. We have monthly in-person meetings with the Principal Secretary, Director General, and other senior leaders at the MOH. In addition to the regularly scheduled meetings with GF and MOH, we communicate with each other frequently. Many individuals have worked together for years and appreciate the value of collaborating.

The new MCC compact scheduled to begin in 2024 has a substantial HSS component. PEPFAR Lesotho has worked with MCC staff for over three years during the design of the new compact. MCC staff are routinely invited to COP planning meetings, and we have quarterly calls to update each other on recent developments. MCC's plans with a focus on reproductive and MNCH, PHC, the decentralization of essential services, developing the capacity of DHMTs, and strengthening digital health align well with PEPFAR's ongoing support to the MOH.

In addition to GF and MCC, PEPFAR Lesotho has solid relationships with the various UN agencies involved in the HIV response: UNAIDS, WHO, and UNICEF. We also have a long history of working with other organizations in Lesotho, including Partners in Health, Clinton Health Access Initiative, and Solidarmed (a Swiss NGO). We have quarterly meetings with the Christian Health Association of Lesotho (CHAL), which oversees 40% of health facilities in Lesotho, NAC, and a consortium of CSOs.

Newer partnerships include work with the World Bank on projects involving nutrition, TB, and economic growth; a proposed PPP for the national distribution of condoms; and stronger relationships with some of the newly formed GoL Ministries, such as Finance and Development Planning for issues related to sustainability and MOGYSAC+SD for OVC and DREAMS.

Finally, there are new funding streams from the USG that will assist the PEPFAR program going forward. McGovern-Dole will support school-based nutrition programs benefiting OVC. USAID and the US Department of State are providing resources that will enhance GBV efforts. Synergies with USAID's additional investments in agriculture, democracy, and governance in Lesotho will also be explored, as appropriate.

Pillar 5: Follow the Science

As PEPFAR Lesotho progresses towards the 95-95-95 and 10-10-10 targets, we will continue to rely on new evidence to identify and scale-up interventions to complete the last mile. For COP23, PEPFAR Lesotho will introduce new interventions, including community HIV testing and prevention to identify and reach

populations such as children, AGYW, and men, to ensure they receive critical HIV care and treatment and prevention services. This will require prompt and ongoing analysis of program data to identify gaps and efficiencies and the collection of new SI to complement routine program data to better define these populations and address their needs.

Surveillance and applied epidemiology

PEPFAR Lesotho will continue to strengthen the country's surveillance system. Hence, it is imperative to have comprehensive, systematic, and routine data collection and analysis to better guide the program in targeting the remaining populations to be reached. PEPFAR Lesotho restarted HIV recent infection surveillance after the COVID-19 pause in November 2021. Recency implementation is currently implemented in all ten districts covering 180 facilities by the end of March 2023. All persons newly diagnosed with HIV, age 15 or older, are offered recency testing upon consent.

As Lesotho approaches the 95-95-95 targets, it is critical for Lesotho to promptly utilize recency data to inform the detection of new infections and respond. PEPFAR Lesotho will continue to support building a framework for programmatic improvement using recent infections along with surveys and programmatic data at every opportunity in COP23. PEPFAR Lesotho will also dedicate time and resources to address knowledge gaps in the recency space and demonstrate how high-quality recency data is being used to inform effective public health responses and bring Lesotho closer to reaching 95-95-95.

Additionally, recency data will be used to:

- Carry out cluster mapping and identify hotspots of those newly diagnosed, thereby enabling programming for desired prevention package and aligning resources with needs;
- Determine trends in the proportion of individuals using rapid tests for recent infection and recent infection testing algorithms among newly diagnosed PLHIV in participating health facilities and communities in Lesotho; and
- Guide programming for DREAMS and other prevention programs like PrEP and VMMC.

Moreover, routine assessment of Lesotho's recency data for newly diagnosed HIV infections is essential to ensure that precise prevention approaches are delivered to people at risk of acquiring or transmitting HIV. Moreover, recency data will be triangulated with the facility and community HTS data and other available data sources to identify service delivery gaps. PEPFAR Lesotho will continue advocacy efforts with MOH leadership to fully integrate recent infection surveillance with broader national HIV case surveillance.

Continued development of Lesotho's HMIS system with support from PEPFAR and MCC is expected to result in the integration of a unique identifier system for the current eRegister, linking it with national civil registration and vital statistics and the development of a central data repository. This will allow the successful development of a case-based surveillance system for Lesotho and its linkage with mortality surveillance and drug resistance surveillance.

Although tremendous progress has been made in the Lesotho HIV program, the country continues to see gaps in reaching some key and priority populations such as children, MSMs, sex workers, transgender people, men, and AGYWs. Therefore, there is a need to continue to support program implementation evaluation activities and ensure timely dissemination of best practices.

Evidence-based behavioral and social science

PEPFAR will apply a behavioral science lens to improve changes in health-seeking practices and norms and to foster an enabling environment by addressing biological, behavioral, and structural determinants that affect the sustained reduction of new infections and improved health outcomes for all PLHIV. During COP23, behavioral and social science will be integrated within the core prevention and treatment service packages, focusing on the following priorities:

1. **Prevention**
    a. VMMC demand creation to reach underserved sub-populations.
    b. Utilizing a human-centered design approach to co-design a program for decentralizing PrEP refills for AGYW within private pharmacies to expand access to, adherence to, and/or retention of PrEP.
    c. Collaboration with faith and community leaders will be continued to promote HIV prevention literacy for HIV and GBV risk awareness, reduction, and avoidance.
    d. Utilization of the community social norms module, condom messaging, and the services catalog to promote HIV risk perception, prevention, or treatment of health-seeking behavior, and informed decision-making for AGYW.
    e. Utilize labor market survey data to inform economic strengthening programming for AGYW who have completed the DREAMS and/or tertiary training.
2. **Treatment**
    a. Pilot the social and behavior change for continuity of treatment menu of solutions utilizing the Client Journey Map, client and provider behavioral profiles, and the provider ecosystem.
    b. Co-creation of KP DSD models to reduce stigma and discrimination within healthcare settings and improve linkage, retention, and viral suppression along the 95-95-95 cascade.
    c. Improve treatment self-efficacy for adolescents and young people through the use of the peer-led Operation Four Zeros initiative (i.e., “zero missed doses, zero missed appointments, zero viral loads, and zero stigmas and discriminations).
    d. Improve health-seeking behavior, linkage, and continuity of treatment for men living with HIV through the use of male coaches and tailored messaging for ART initiation, re-engagement, and long-term care.
    e. Improve treatment literacy and adherence by scaling up the use of B-Ok kits for all PEPFAR-supported service outlets.

The PEPFAR program will leverage the findings of the Global Fund-supported KP IBBS to inform program adaptations needed to bridge equity gaps.

Strategic Enablers

Community leadership

PEPFAR Lesotho strives to incorporate community involvement across different stages of programming as part of strengthening community leadership and engagement. Involvement includes the engagement of CHWs and partnering with CSOs in mobilizing communities, demand creation, and supporting care and

treatment retention. Additionally, PEPFAR will continue to maintain strong engagement with CSOs, including organizations that represent KPs through routine, periodic meetings, further development of PEPFAR Lesotho's Sustainability Roadmap, PEPFAR Oversight and Accountability Response Team (POART) program reviews, and throughout the planning and implementation of COP.

In COP23, PEPFAR Lesotho plans to leverage existing community structures and platforms to reach targeted communities, such as AGYWs, men, KPs, and children, as well as utilize key community institutions like faith-based and cultural institutions. Approaches that will be implemented through community platforms include community-led support for PMTCT and pediatric care to reduce vertical transmissions; DSD models; case finding for targeted populations; community-based PrEP; KP programs; social and gender norms change work; and capacity-building activities for communities and health facilities led by community counterparts in collaboration with Peace Corps volunteers. Additionally, PEPFAR Lesotho will establish and scale up community-led and peer-to-peer initiatives to reduce barriers to prevention and care due to TB stigma and discrimination. These activities have a downstream impact on related mortality and TB services uptake. PEPFAR Lesotho will also implement CLM to obtain feedback and input from communities regarding HIV/TB services to inform program improvements as necessary.

Community-Led Monitoring

In COP23, PEPFAR Lesotho continues to recognize the contributions that CLM will make in advancing equity, decreasing stigma and discrimination, and addressing programmatic challenges that affect access to quality healthcare services. Currently, CLM is implemented by ten CSOs covering nine of the ten districts in Lesotho, spanning 160 health facilities within those districts. Capacity building and coordination of the program is led by one NGO, Global Health Access Initiative, whose scope includes capacity building and organizational development for the ten CSOs implementing CLM. PEPFAR Lesotho completed its first round of data collection in COP21, reaching 88 health facilities and hosting 43 focus group discussions. Findings were subsequently disseminated via stakeholder meetings, which included participation from CLM implementers, the GoL, multilateral partners, implementing partners, and CSO advocates.

In COP22, PEPFAR Lesotho released notices of funding opportunities for COP23 implementation, emphasizing the need for KP participation throughout program implementation. Based on the lessons learned from COP22 and in response to CSO feedback, CLM will be implemented across all ten districts. The support will cover the full cycle of CLM implementation, capacity building of CSOs, education for communities about health service standards, and support to utilize CLM findings for program improvement via data triangulation. In COP23, PEPFAR will continue to coordinate with the Global Fund and other partners and hopes to participate in efforts to develop a national CLM framework.

Stakeholders' Involvement in the COP23 Activities

PEPFAR engaged various stakeholders throughout the development of COP23, including the GoL and select ministries, NAC, Global Fund, and CSOs, representing the voices of KPs, youth, PLHIV, children, and AGYW. PEPFAR hosted weekly meetings with CSOs to sustain engagement throughout the COP23 design process. Additionally, PEPFAR hosted a Stakeholder Meeting in April 2023, open to all stakeholders, during which feedback on the development of COP23 was elicited.

Innovation

The HIV response in Lesotho has reached a critical stage following the attainment of epidemic control. To ensure the sustainability of program gains and strategies, PEPFAR Lesotho will reimagine its programming by utilizing data-driven innovations. These innovations will leverage the team's program implementation experiences and evidence from implementation science documented by other countries. The program's innovation strategies will focus on the integration of HIV programs with other essential health services using a PHC approach, community-based initiatives, initiatives targeted at specific populations, new prevention models, and partnerships with both public and private entities.

Integrating the HIV program with person-centered PHC presents a great opportunity to embed HIV service provision within the wider health system at the facility level and community levels. This strategy will devolve elements of HIV preventive, promotive, and therapeutic services to lower levels of the health system, in line with evolving government policy. In addition, this will ensure that holistic care is offered to HIV-positive and HIV-negative persons who are accessing treatment and prevention services. This integration will also allow for the transfer of lessons learned in implementing the HIV response to the broader range of services, including NCDs, SRH, and MNCH services. Continuous QA/QI have been effective strategies employed by the HIV program to focus resources and improve selected indicators.

Historically, men have lagged in accessing health services, resulting in poorer outcomes for both prevention and retention of ART compared to women. To address this, PEPFAR Lesotho will use a coaching approach that identifies specific needs expressed by men and assigns them a "mentor" to help them stay on treatment. In addition, the expansion of the integrated men's clinic model coupled with workplace programs will be a focus of PEPFAR Lesotho's approach to engaging and retaining men in prevention and treatment services. To improve targeting for female and male youth, the program will review services provided at adolescent corners and teen clubs to improve both access and utilization of services. The program will also leverage virtual platforms and available social media tools and identify mentors and influencers to help spur HIV prevention objectives.

While Lesotho has reached HIV epidemic control, continuity of treatment remains a challenge for the country. Clinical cascade attritions negatively affect the net treatment growth trends, especially for men and women aged 15-34 years, who account for 95% of the net losses. Lost-to-follow-up is the main cause of clinical cascade attritions, with 67% of losses occurring after three months of treatment. The program has identified that about half of the barriers to retention are due to challenges in accessing facility services. PEPFAR Lesotho will build on investments from COP22 that utilized behavioral science to understand the context-specific factors associated with the interruption in treatment to design high-impact interventions that target clients and providers.

In addition, to address better access to ART, PEPFAR Lesotho has implemented the BonoloMeds project, a DDD activity that works with over 20 private pharmacies to deliver medications closer to clients on ART. The project has also installed automated lockers at busy malls, providing another option for clients to pick up medications more conveniently. In COP23, the program will expand to provide PrEP for AGYW and KPs and include drugs for NCDs. Future medication delivery will explore the use of PPPs as a strategy for more sustainable DDD approaches. In COP23, the program will also utilize the BonoloMeds DDD platform to provide HTS, especially HIVST.

The provision of PrEP continues to be a growth area for the Lesotho program, with PrEP provision continuing to grow even throughout the COVID pandemic. In COP23, the program will utilize electronic smartphone apps to enroll, maintain, and track adolescent girls who enroll and continue on PrEP. Lesotho is also one of the early adopters of longer-acting PrEP combinations. The CATALYST study will help contextualize the delivery and uptake of new biomedical prevention commodities beginning with the DVR and extending to CAB-LA, once WHO prequalification is finalized.

VMMC is a proven HIV prevention method that requires saturation to be effective. In COP23, Lesotho will review data on saturation to expand the program to new geographical locations in liaison with the Global Fund. As part of this expansion effort to the highlands, the program will work with the Lesotho Defense Forces to extend the provision of mobile VMMC to hard-to-reach geographical locations in districts in the Highlands. There will be a continued focus on working with traditional initiation schools to institutionalize male medical circumcision in this context to ensure the quality, safety, and efficacy of this prevention method.

True sustainability of the HIV program can only be achieved with strong health systems. In COP23, the HIV program in Lesotho will seek to improve the national health systems for human resources management. This builds on work already carried out, which has established updated inventories of all staff working in the health sector in Lesotho. PEPFAR Lesotho will support the updating of the human resources database and embed a staff member in the MOH to support sustainability and integration objectives. The HIV program in Lesotho will also take advantage of other bilateral and multilateral funders, as well as leverage other USG support mechanisms, such as the newly launched MCC's health systems strengthening (HSS) project.

Leading with data

PEPFAR/Lesotho has been supporting the GoL to build one national reporting system for the country. Investments include supporting the development of an EMR for client-level disease management at the facility-level, the development of a Health Exchange Information system, and the Lesotho OVC and DREAMS Integrated Information System (LODIIS), as well as supporting the use of DHIS2 for aggregate health facilities data reporting.

In COP23, PEPFAR will also support the management and enhancement of new national reporting systems, including a data hub/repository to facilitate access to de-identified clients level data from all e-Register sites; strong analytics platform for data mining and analysis; the eLMIS for proper inventory management control; a robust iHRIS that will help the government manage health personnel efficiently; and a continuous QA/QI information system that improves the quality of service provided to clients.

In COP23, PEPFAR will continue to ensure that all existing and planned systems are government-led and interoperable with the national reporting system, promoting data use and visibility at the facility, DHMT, and national reporting levels. Periodical data reviews will continue to serve at all levels to improve data quality, data use, and service provision. The national case-based surveillance system will receive support, and an early warning system will be implemented to ensure programming is focused on hotspots or other areas that need improvement. The program will also strengthen data governance for all systems to enhance sustainability and data security.

With a de-identified client-level repository and data hub available, the national government will receive support in developing a national data analytics and data use plan. PEPFAR will also continue to support the digital health inventory initiative and work with other development partners to ensure adequate funding and sustainability. PEPFAR Lesotho and the GoL will prioritize the availability of high-quality data through periodic, standardized data quality assessments which the government will lead at national and district levels.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control[5]

Prioritization Area	Total PLHIV (FY23)	New Infections (FY23)	Expected Current on ART (FY23)	Current on ART Target (FY24) *TX_CURR*	Newly Initiated Target (FY24) *TX_NEW*	ART Coverage (FY24)
Scale-Up Saturation	**272,505**	**6,443**	**240,641**	**245,727**	**10,178**	**93%**
Total	**272,505**	**6,443**	**240,641**	**245,727**	**10,178**	**93%**

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Populations	Population Size Estimate[6]	Current Coverage YTD-2023	VMMC_CIRC (in FY 24)	Expected Coverage(in FY 24)	VMMC_CIRC (in FY 25)	Expected Coverage (in FY 25)
15-24	218,121	68%	13,443	74%	13,429	80%
25-34	196,603	53%	4,201	55%	4,190	57%
35-49	186,062	36%	2,068	38%	2,067	39%
50+	62,491	29%	508	29%	508	30%
Total/Average	663,277	29%	20,220	54%	20,194	57%

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

[5] Source: Spectrum Estimates, 2023 and PEPFAR MER Data

[6] Source: VMMC DMPPT 2.0, which includes total population size estimates (ever circumcised and never circumcised).

Target Populations	Population Size Estimate[7]	Prevalence	FY24 Target[8]	FY25 Target[8]
AGYW	164,815	-	34,578	34,578
TG	60	0%	60	60
MSM	4,384	32.41%	4,384	4,384
FSW	4,560	51.58%	4,560	4,560

Target Table 4 Targets for OVC and Linkages to HIV Services

SNU	Estimated # of Orphans and Vulnerable Children[9]	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventive	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files. OVC_HIVSTAT
Berea	25,504	6,238	400	2,895	4,196
Butha Buthe	10,940	4,615	550	0	4,145
Leribe	33,418	14,897	450	0	11,338
Mafeteng	20,741	6,192	200	3,780	3,796
Maseru	47,860	17,348	200	6,483	12,031
Mohale's Hoek	20,556	5,350	400	2,981	3,673
Mokhotlong	12,311	2,603	300	0	2,359
Qacha's Nek	8,889	3,653	300	0	3,309
Quthing	14,608	4,844	300	0	4,468
Thaba Tseka	15,885	4,522	550	0	4,177
FY24 TOTAL		**70,262**	**3650**	**16,139**	**53,492**
FY25 TOTAL		**70,272**	**3,650**	**16,139**	**53,492**

[7] Source: Spectrum Estimates, 2023. PEPFAR believes these estimates are low and are awaiting results from a planned IBBS to capture updated estimates for key population communities.

[8] Source: For AGYWs, AGYW_PREV (D) target used, for KP populations, KP_PREV targets used.

[9] Source: Spectrum Estimates, 2023

Core Standards

The following is a summary of Lesotho's achievements with the Core Standards:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing:** Index testing is implemented at public healthcare facilities throughout Lesotho, and HIVST is widely available.
2. **Fully implement "test-and-start" policies:** All public healthcare sites have adopted the test-and-start policy, which was initially introduced in 2016.
3. **Directly and immediately offer HIV-prevention services to people at higher risk:** National policy supports the provision of HIV-prevention services to HIV-negative individuals, especially AGYW. The main challenge at present is to ensure that the services are readily accessible and to remove any barriers to uptake.
4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes:** This standard has been met.
5. **Ensure HIV services at PEPFAR-supported sites are free to the public:** This policy has been in place for several years, but recent anecdotal reports from some CHAL facilities indicate that fees are being levied. In part, this may be due to delays in the GoL providing funding to CHAL. PEPFAR will continue to monitor the situation and work to eliminate user fees for HIV care and treatment.
6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity:** Recent legislation enacted as a condition for implementation of the second MCC compact has addressed some issues related to gender equity however, more work needs to be done to decriminalize same-sex relationships and commercial sex. In addition, additional investment is required at the community-level to support disabling social and gender norms.
7. **Optimize and standardize ART regimens:** This standard has been met with very few exceptions
8. **Offer DSD models:** MMD has been widely implemented. Efforts for DDD are ongoing through community ART groups, e-lockers, and private pharmacies. A remaining challenge is providing services to migrants from Lesotho to South Africa in addition to enhancing workplace programs.
9. **Integrate TB care:** TPT has been successfully scaled up for PLHIV. Implementation of the four-symptom screen will be complemented by the wider use of CXR, TB-LAM, and GeneXpert. A transition to a four-month TB treatment regimen should help improve treatment completion. Nevertheless, Lesotho continues to have extremely high TB incidence and TB remains the leading cause of death among PLHIV.
10. **Diagnose and treat people with AHD:** Lesotho released guidelines for AHD in 2020 that aligned with WHO and PEPFAR recommendations however, implementation is still suboptimal.
11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections:** Ongoing efforts are underway to optimize diagnostic networks through multiplex testing, increased use of POC technology, and electronic reporting of laboratory results.
12. **Integrate effective continuous QA/QI practices into the site and program management:** SIMS and CLM activities continue. Funding for QA/QI will increase in COP23. There remains substantial room for improvement in clinical services.
13. **Offer treatment and VL literacy:** Literacy efforts have been ongoing for years, but more is needed.

14. **Enhance local capacity for a sustainable HIV response:** Progress towards this standard has been made, but PEPFAR Lesotho still relies heavily on international implementing partners. Efforts are underway to build the capacity of local entities so they can compete effectively for new grant awards.
15. **Increase partner government leadership:** The capacity of the GoL to manage the national HIV response is often affected by financial and technical limitations. PEPFAR efforts to address this have been ongoing for years, but there is still much work to be done. The second MCC compact has a focus on HSS that will complement PEPFAR's efforts.
16. **Monitor morbidity and mortality outcome:** The current vital statistics system in Lesotho is rudimentary. Mortality data is limited. Efforts by CDC with support from Bloomberg Philanthropies are ongoing.
17. **Adopt and institutionalize best practices for public health case surveillance:** Case surveillance efforts are centered around the DHIS2 system, including e-Registers and the Health Information Exchange. Substantial progress has been made, but much remains to be done.

USG Operations and Staffing Plan to Achieve Stated Goals

PEPFAR Lesotho conducted staffing analyses to assess the alignment of our staffing footprint to our current program, also considering the space limitations of the Embassy.

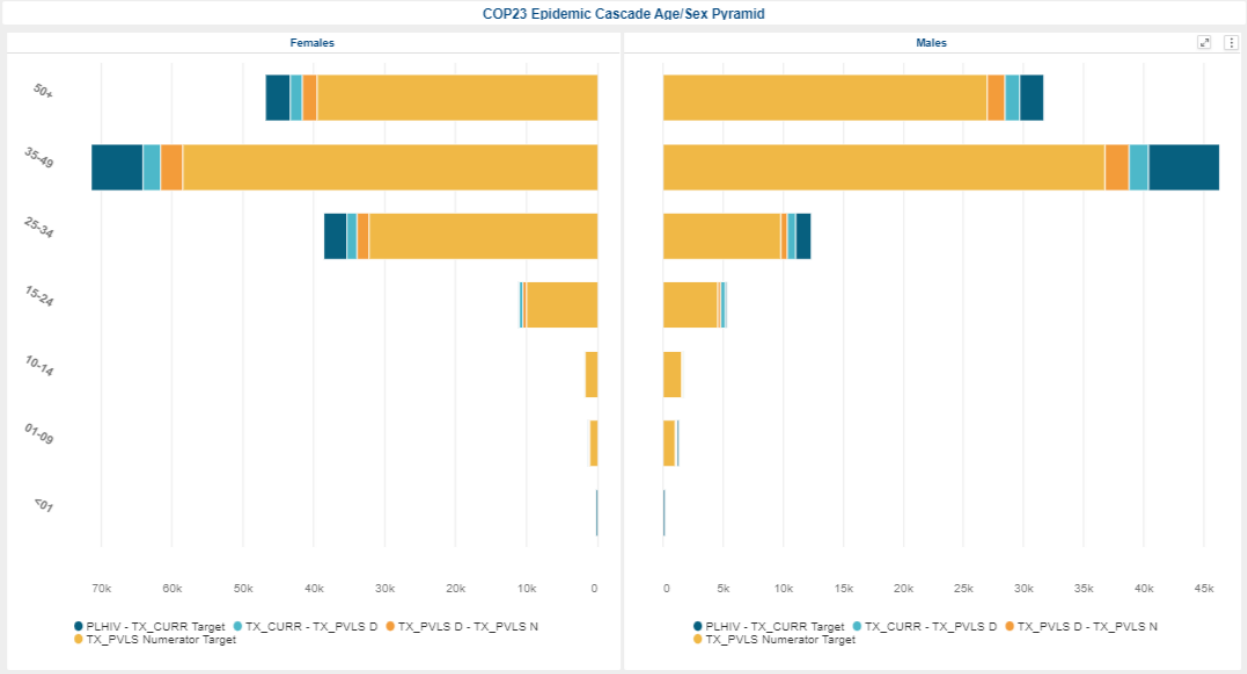
As of April 2023, PEPFAR Lesotho has two vacant positions. One vacancy is for a USAID DREAMS Program Management Specialist (though while technically vacant, a candidate has been selected and will onboard shortly), and the other is for a CDC Senior Program Specialist, HIV & TB Care and Support, for which recruitment has been underway since the vacancy notice was posted in February of 2023.

For COP23, PEPFAR Lesotho is proposing three new positions, one position under USAID and two positions under CDC. USAID's new locally employed staff position is for an Integration and Sustainability Systems Strengthening Specialist who will support the GoL to ensure the integration of HIV programming into broader health decentralization efforts. CDC's two new positions include a Care and Treatment Specialist and an Associate Director for Management and Operations, who will also be recruited as locally employed staff roles. The Associate Director for Management and Operations will cover human resources, financial management, and administrative support, and task-sharing with the Senior Program Management Specialist to provide consistent support and coverage for all related management and operations tasks.

PEPFAR Lesotho's COP23 cost-of-doing-business (CODB) is approximately 1.2% less than budgeted CODB costs for COP22 and account for roughly 13.5% of the overall COP23 budget. Beyond accounting for standard inflation, there were no notable increased budgets within the CODB categories. PEPFAR Lesotho worked diligently to find cost savings where possible to maximize funding for programming.

APPENDIX A – Prioritization

Epidemic Cascade Age/Sex Pyramid



APPENDIX B – Budget Profile and Resource Projections

Table B.1.1 COP22, COP23/FY 24, COP23/FY 25 Budget by Intervention

Lesotho	Budget		
	2023	2024	2025
Total	**$75,000,000**	**$75,100,000**	**$72,030,000**
Intervention			
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$3,275,766		
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$2,682,937	$2,629,278
ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$350,000	$404,000	$327,496
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$769,096	$585,500	$489,631
ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		$250,000	$0
ASP>Laws, regulations & policy environment>Non Service Delivery>Military	$3,000		
ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$400,000		
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$1,052,594	$915,138
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$573,375		
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$740,000	$780,000	$390,000
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>AGYW		$25,000	$0
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$240,000	$0
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$605,000	$577,054
C&T>HIV Clinical Services>Non Service Delivery>Children		$295,062	$277,210
C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$207,261	$20,000	$24,500
C&T>HIV Clinical Services>Non Service Delivery>Military	$80,000	$39,305	$36,987

C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$3,694,141	$3,775,470	$4,554,287
C&T>HIV Clinical Services>Non Service Delivery>OVC	$165,610		
C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$481,331	$445,062	$228,210
C&T>HIV Clinical Services>Service Delivery>AGYW		$300,000	$0
C&T>HIV Clinical Services>Service Delivery>Children		$717,594	$918,305
C&T>HIV Clinical Services>Service Delivery>Key Populations	$457,170	$610,000	$460,600
C&T>HIV Clinical Services>Service Delivery>Military	$220,000	$318,292	$309,663
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$9,526,312	$9,064,523	$8,830,480
C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$1,125,149	$1,292,160	$854,472
C&T>HIV Laboratory Services>Non Service Delivery>Military	$80,455	$34,173	$32,093
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$200,000	$200,000	$191,824
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$6,698,000	$6,597,924	$6,328,209
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		$567,594	$587,316
C&T>HIV/TB>Non Service Delivery>Pregnant & Breastfeeding Women		$50,000	$49,000
C&T>HIV/TB>Service Delivery>Children		$100,000	$0
C&T>HIV/TB>Service Delivery>Key Populations		$60,000	$73,500
C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$1,975,311	$1,876,050
C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$2,027,222		
C&T>Not Disaggregated>Service Delivery>Non-Targeted Populations	$457,710		
HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$181,267	$426,817	$409,370
HTS>Community-based testing>Service Delivery>AGYW	$1,111,987		

HTS>Community-based testing>Service Delivery>Children		$200,000	$0
HTS>Community-based testing>Service Delivery>Key Populations	$197,828	$197,828	$193,871
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$910,247	$1,100,000	$1,055,033
HTS>Facility-based testing>Non Service Delivery>Children		$122,531	$114,106
HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$1,768,714	$493,207	$475,300
HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women		$122,531	$114,106
HTS>Facility-based testing>Service Delivery>Children		$367,594	$342,316
HTS>Facility-based testing>Service Delivery>Military	$185,000	$150,720	$154,666
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$3,026,139	$1,919,714	$1,827,541
HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women		$367,594	$342,316
HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$306,151		
PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$200,000	$520,077	$98,000
PM>IM Program Management>Non Service Delivery>AGYW	$1,567,684	$1,536,330	$1,505,603
PM>IM Program Management>Non Service Delivery>Key Populations	$355,002	$477,902	$0
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$8,598,345	$7,524,189	$7,981,202
PM>IM Program Management>Non Service Delivery>OVC	$851,066	$667,445	$654,096
PM>USG Program Management>Non Service Delivery>Military	$25,000		
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$6,538,317	$8,987,562	$8,687,544
PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	$586,480		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	$180,463		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	$365,073		

PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations		$50,000	$244,100
PREV>Condom & Lubricant Programming>Service Delivery>AGYW		$250,000	$239,780
PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$76,184	$74,660	$73,167
PREV>Condom & Lubricant Programming>Service Delivery>Military	$10,000	$5,993	$3,086
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$674,798	$815,302	$607,896
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations			$173,317
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		$640,513	$625,614
PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		$350,000	$304,293
PREV>Not Disaggregated>Non Service Delivery>AGYW	$155,000	$100,000	$98,000
PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$603,360	$475,163	$391,915
PREV>Not Disaggregated>Non Service Delivery>OVC		$160,000	$128,000
PREV>Not Disaggregated>Service Delivery>AGYW	$150,000	$250,000	$245,000
PREV>Not Disaggregated>Service Delivery>Key Populations		$176,854	$0
PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$865,211	$250,000	$0
PREV>Not Disaggregated>Service Delivery>OVC	$60,000		
PREV>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women	$198,817		
PREV>PrEP>Non Service Delivery>Non-Targeted Populations		$150,000	$145,956
PREV>PrEP>Service Delivery>AGYW	$856,300	$1,306,300	$1,866,251
PREV>PrEP>Service Delivery>Key Populations	$170,794	$292,653	$287,852
PREV>PrEP>Service Delivery>Non-Targeted Populations	$870,621	$724,900	$485,344
PREV>PrEP>Service Delivery>Pregnant & Breastfeeding Women	$118,697	$88,506	$84,888

PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	$1,409,654		
PREV>Primary prevention of HIV and sexual violence>Service Delivery>Children	$16,081		
PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$108,144	$50,000	$103,861
PREV>VMMC>Service Delivery>Non-Targeted Populations	$2,549,399	$2,607,543	$3,013,335
PREV>Violence Prevention and Response>Service Delivery>AGYW		$1,131,460	$2,074,327
PREV>Violence Prevention and Response>Service Delivery>Children		$15,760	$15,445
SE>Case Management>Non Service Delivery>OVC	$57,168	$56,024	$54,903
SE>Case Management>Service Delivery>AGYW	$718,945	$704,566	$690,475
SE>Case Management>Service Delivery>OVC	$2,348,477	$2,101,507	$2,059,477
SE>Economic strengthening>Service Delivery>AGYW	$1,124,527	$1,102,036	$1,079,995
SE>Economic strengthening>Service Delivery>OVC	$2,013,937	$1,973,658	$1,108,831
SE>Education assistance>Service Delivery>AGYW	$945,980	$927,060	$908,519
SE>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$311,545		
SE>Not Disaggregated>Non Service Delivery>OVC	$100,000		

Table B.1.2 COP22, COP23/FY 24, COP23/FY 25 Budget by Program Area

Lesotho	Budget		
	2023	2024	2025
Total	**$75,000,000**	**$75,100,000**	**$72,030,000**
Program Area			
C&T	$25,420,361	$26,462,470	$25,632,706
HTS	$7,687,333	$5,468,536	$5,028,625
PREV	$10,025,076	$9,965,607	$11,211,427
SE	$7,620,579	$6,864,851	$5,902,200
ASP	$6,111,237	$6,625,031	$5,328,597
PM	$18,135,414	$19,713,505	$18,926,445

Table B.1.3 COP22, COP23/FY 24, COP23/FY 25 Budget by Beneficiary

Lesotho	Budget		
	2023	2024	2025
Total	**$75,000,000**	**$75,100,000**	**$72,030,000**
Targeted Beneficiary			
AGYW	$8,626,557	$7,632,752	$8,707,950
Children	$16,081	$1,818,541	$1,667,382
Key Populations	$1,644,702	$2,399,897	$1,286,807
Military	$603,455	$548,483	$536,495
Non-Targeted Populations	$56,588,953	$55,375,840	$54,153,067
OVC	$5,596,258	$4,958,634	$4,005,307
Pregnant & Breastfeeding Women	$1,923,994	$2,365,853	$1,672,992

Table B.1.4 COP22, COP23/FY 24, COP23/FY 25 Budget by Initiative

Lesotho	Budget		
	2023	2024	2025
	$75,000,000	**$75,100,000**	**$72,030,000**
Initiative Name			
Cervical Cancer	$1,000,000	$980,656	$962,526
Community-Led Monitoring	$250,000	$300,000	$300,000
Condoms (GHP-USAID Central Funding)	$200,000	$200,000	$200,000
Core Program	$51,897,853	$55,919,051	$53,766,622
DREAMS	$14,000,000	$7,966,585	$9,171,619
LIFT UP Equity Initiative		$1,600,000	$0
OVC (Non-DREAMS)	$4,255,947	$4,075,165	$3,168,308
USAID Southern Africa Regional Platform	$1,401,000	$1,401,000	$1,343,729
VMMC	$1,995,200	$2,657,543	$3,117,196

The estimated resources supporting the two years of COP23 operations are informed by several factors, including the 5x3 strategic direction outlined in the new PEPFAR Strategy, PEPFAR Lesotho's performance towards the 95-95-95 UNAIDS goals, and several consultative meetings with stakeholders regarding program sustainability.

PEPFAR Lesotho applied the two percent budget reduction across program areas, taking program controls, efficiencies, and innovations into consideration. Expenditure trends among implementing partners from prior implementation years, as well as experiential accounts of program implementation challenges and successes, informed projected expenditures to attain a realistic budget that will support program implementation.

APPENDIX C – Above-site and Systems Investments from PASIT and SRE

During COP23, PEPFAR will support six above-site HSS building blocks that were jointly identified by the MOH and stakeholders as critical to ending HIV/AIDS as a public health threat and building resilient health systems that can sustain the HIV and TB responses and responding to emerging public health emergencies. The building blocks are supply chain and medicines regulatory policy; laboratory; SI; HRH; HIV/TB policy and program management; and QA/QI.

These interventions will address the following health systems barriers: weak supply chain management and medicines regulatory system, including lack of an updated comprehensive supply chain systems assessment; limited capacity of diagnostic and monitoring services and laboratory systems; sub-optimal HRH staffing norms and time-motion data to inform sustainable HRH optimization for DSD and bridging equity gaps; poor data quality to track 95-95-95 achievements; limited KP size estimates; limited evidence of suitable community prevention programming; limited QA/QI monitoring systems; limited technical capacity and coordination of the HIV program; and lack of surveillance systems to track trends of recent infections.

COP23 PEPFAR above-site investments for sustaining epidemic control will leverage health systems investments by the GoL, the Global Fund, MCC, WHO, SolidarMed, World Bank, and other bilateral and multilateral partners. Once the systems for laboratory, supply chain, health information, and HIV/TB programming are established and optimized, knowledge and skills transfers through our implementing partners will enable the host country to assume operations. Continual resource investments will be key for the host country to sustain full ownership of these systems.

Acronyms/Abbreviations List

ABC-M	Activity-based costing and management
AGYW	Adolescent girls and young women
AHD	Advanced HIV disease
AIDS	Acquired Immunodeficiency Syndrome
ALHIV	Adolescents living with HIV
ANC	Antenatal care
AP3	Accelerating Progress in Pediatrics and PMTCT
ART	Antiretroviral therapy
ARV	Antiretroviral
AYB	Adolescent and young boys
AZT	Zidovudine
CAB-LA	Long-acting Cabotegravir
CDC	Centers for Disease Control and Prevention
CD4	Cluster of Differentiation 4
CHAI	Clinton Health Access Initiative
CHAL	Christian Health Association of Lesotho
CHW	Community health worker
CLM	Community-led monitoring
CLHIV	Children living with HIV
CODB	Cost-of-doing-business
COP	Country Operational Plan
COVID-19	Coronavirus Disease 2019
CQI	Continuous quality improvement
CSO	Civil society organization
DBS	Dried blood sample
DDD	Decentralized drug distribution
DDI	USAID Bureau for Development, Democracy, and Innovation
DHIS2	District Health Information Software 2.0
DNO	Diagnostic network optimization
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Direct service delivery
DTG	Dolutegravir
DVR	Dapivirine ring
EID	Early infant diagnosis
eLMIS	electronic Logistics Management Information System
EMR	Electronic medical record
EQA	External quality assurance
FETP	Field epidemiology training program
FSW	Female sex worker
G2G	Government-to-government
GBV	Gender-based violence
GBVH	Gender-based violence and harassment
GF	The Global Fund to Fight AIDS, Tuberculosis, and Malaria

GoL	Government of Lesotho
HCW	Health care worker
HIV	Human Immunodeficiency Virus
HIVST	HIV self-testing
HMIS	Health management information system
HR	Human resources
HRD	Human resources directorate
HRH	Human resources for health
HSS	Health systems strengthening
HTS	HIV testing services
IBBS	Integrated Biological and Behavioral Surveillance Survey
ICT	Information communication technology
iHRIS	integrated Human Resource Information System
IPV	Intimate partner violence
IT	Information technology
KP	Key populations
LePHIA	Lesotho Population-based HIV Impact Assessment
LIS	Laboratory information system
LF-LAM	Lipoarabinomannan
LMIS	Logistics Management Information System
LMRA	Lesotho Medicine Regulatory Authority
LODIIS	Lesotho OVC-DREAMS Integrated Information System
MBP	Mother-baby pair
MCC	Millennium Challenge Corporation
MHPSS	Mental health and psychosocial support
MMD	Multi-month dispensing
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
MOGSAC +SD	Ministry of Gender, Youth, Sports, Arts, Culture, and Social Development
MSM	Men who have sex with men
NAC	National AIDS Commission
NCD	Non-communicable disease
NGO	Non-governmental organization
NISSA	National Information System for Social Assistance
NSCA	National Supply Chain Assessment
NVP	Nevirapine
OTZ	Operation Triple Zero
OVC	Orphans and vulnerable children
PBFW	Pregnant and breast-feeding women
PCO	PEPFAR Coordinator's Office
PCV	Peace Corps Volunteer
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary health care
PHI	Public health institution

PLHIV	People living with HIV
PMS	Performance management system
PMTCT	Prevention of mother-to-child transmission
POC	Point-of-care
PP	Priority population
PPP	Public-private partnership
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
QAD	Quality Assurance Department
QMS	Quality management system
RTK	Rapid test kit
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SCM	Supply chain management
SCMD	Supply Chain Management Directorate
SI	Strategic information
SID	Sustainability Index and Dashboard
SIMS	Site Improvement Through Monitoring System
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SVAC	Sexual violence in armed conflict
TA	Technical assistance
TB	Tuberculosis
TLD	Tenofovir disoproxil/Lamivudine/Dolutegravir
TOT	Training of trainers
TPT	TB preventive therapy
TWG	Technical working group
U=U	Undetectable equals untransmittable
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UNFP	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government
VIA	Visual inspection with acetic acid
VL	Viral load
VMMC	Voluntary medical male circumcision
QA	Quality assurance
QI	Quality improvement
WHO	World Health Organization
WHO–AFRO–SLIPTA	WHO Regional Headquarters for Africa's Stepwise Laboratory Quality Improvement Toward Accreditation