

# Taking Differentiated Service Delivery to Scale in Lesotho:

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## BACKGROUND

Lesotho joined the CQUIN network in October 2022. The country has made important progress towards HIV epidemic control, and HIV incidence fell from 1.1% in 2017 to 0.45% in 2020 (LEPHIA 2020). HIV prevalence remains high at 22.7% amongst adults aged 15 years and older; this corresponds to approximately 324,000 adults living with HIV. Recent Spectrum estimates suggest that there are 7,746 children < 15 years living with HIV in the country.

In 2020, LEPHIA data found that 90.1% of adults living with HIV knew their status, 96.9% of those aware of their status were on ART, and 91.5% of those on ART were virally suppressed. More recently, program data from April-June 2022 found viral suppression rates to be 96%.

DSD services fall under the Department of Health Sector TB/HIV Strategic Plan 2023-2028, but there is no national coordination body for DSD. The 2022 National Guidelines on the use of Antiretroviral Therapy for HIV Prevention and Treatment include DSD treatment models.

## DSD IMPLEMENTATION

Of the 230 health facilities providing ART services in Lesotho, approximately 80% offer less intensive DART models. About 95% of people on ART are enrolled in less-intensive models.

Lesotho has 8 less-intensive models for people established on ART:

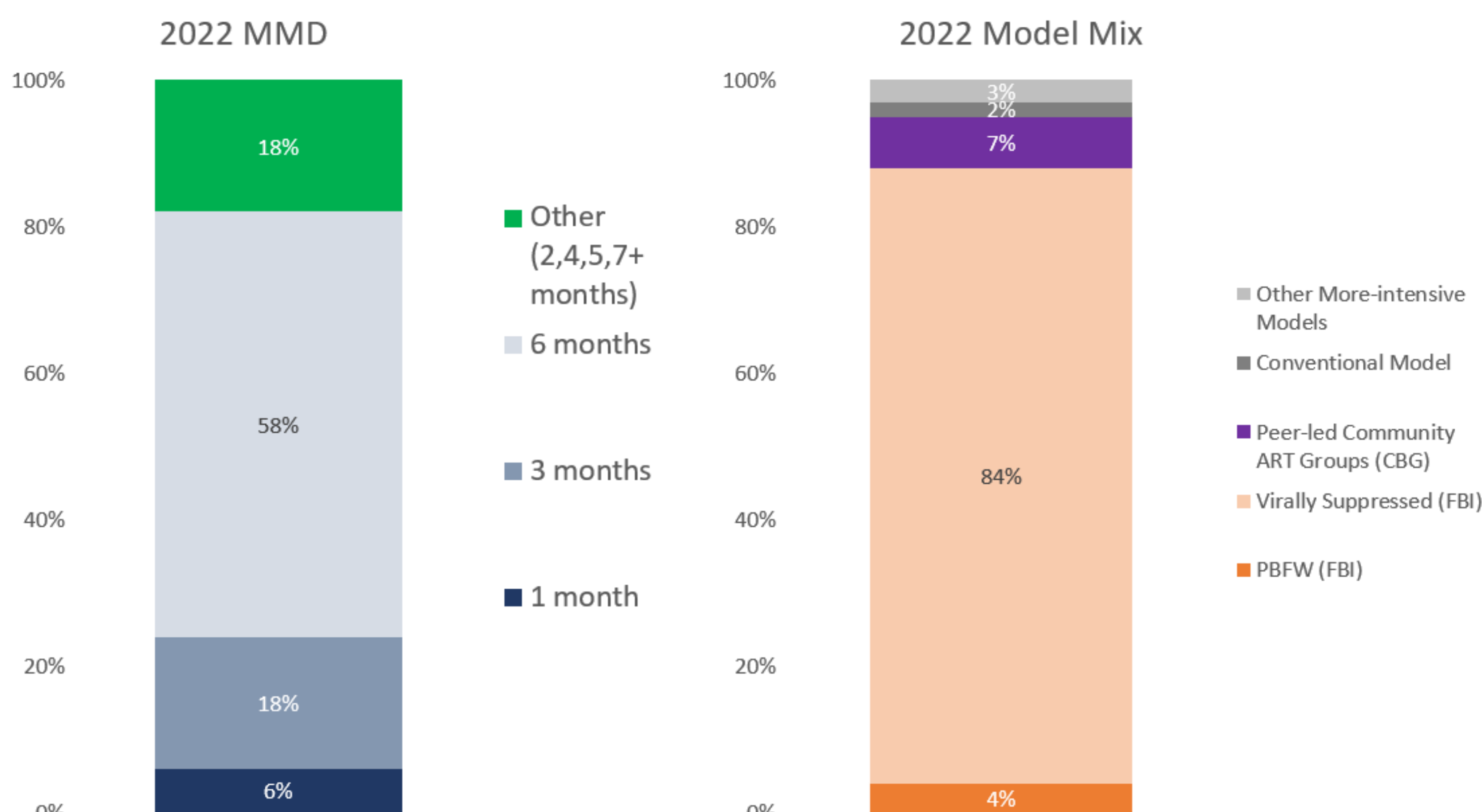
1. Facility-based individual models for virally suppressed clients
2. Community ART Groups (CAGs)
3. Community ART Distribution
4. Outreach services
5. Bonolo Meds (decentralized medication pick-up points)
6. Stable children model
7. Models for pregnant and breast-feeding women
8. Teen and Ariel Clubs

More-intensive models include:

1. New on ART model (2 weeks ART supply on initiation followed by monthly visits for six months)
2. High viral load model
3. Advanced HIV Disease model
4. Re-engagement model (Restarted ART after stopping ART for at least 1-month with 1 month of ART supply)

People currently on ART who are virally suppressed and without any comorbidities are considered to be established on ART ("stable") and they qualify for MMD and are given 3- or 6-months drug supply.

Figure 1: DSD Model Mix and MMD



## DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 2: DART Capability Maturity Model Dashboard Results 2022

		Family Planning		
		MCH		
		AHD	TB/HIV	Quality
Facility Coverage		Community	M&E System	Impact
Procurement		Coordination	Training	Key Populations
Guidelines	Client Coverage	Diversity	Policies	Scale up Plan
Most mature domains				Least mature domains

Figure 2 shows the results of the Lesotho country team's baseline self-assessment using the CQUIN DART capability maturity model.

In 2022, Lesotho achieved the most mature stage (dark green) in 3 domains, while 4 domains were in the least mature (red) stage.

## SUCCESSSES & CHALLENGES

Successes:

- Excellent facility- and individual-level DART coverage
- Scaling up MMD improved retention
- Male clinics improved testing and ART coverage among men
- Launched Community ART and TPT initiation

Challenges:

- National HIV Treatment Policies not in place
- National Quality standards for DART not yet in place
- No national DSD coordinator or scale-up plan
- Parallel M&E systems of DART models
- National M&E system has limited indicators on DART models
- No evaluations of national DART models have been conducted
- National Quality standards for DART not yet in place



CQUIN team visit to Lesotho, Nov 2022

## NEXT STEPS/WAY FORWARD

Priorities for DSD in 2023 include:

- Development of HIV and AIDS strategic plan
- Establishing a national DSD coordination committee
- Development of national and subnational targets for DSD models
- Inclusion of all WHO-recommended DART indicators in the National M&E system
- Develop DART quality standards and indicators
- Assess DSD implementation and impact
- Country-to-country exchange to learn:
  - How other countries conduct DART impact evaluations
  - M&E system of DART model
  - Best practices from other countries on how to effectively scale up DART models
- Share Lesotho's lessons learned and best practices with other CQUIN countries

