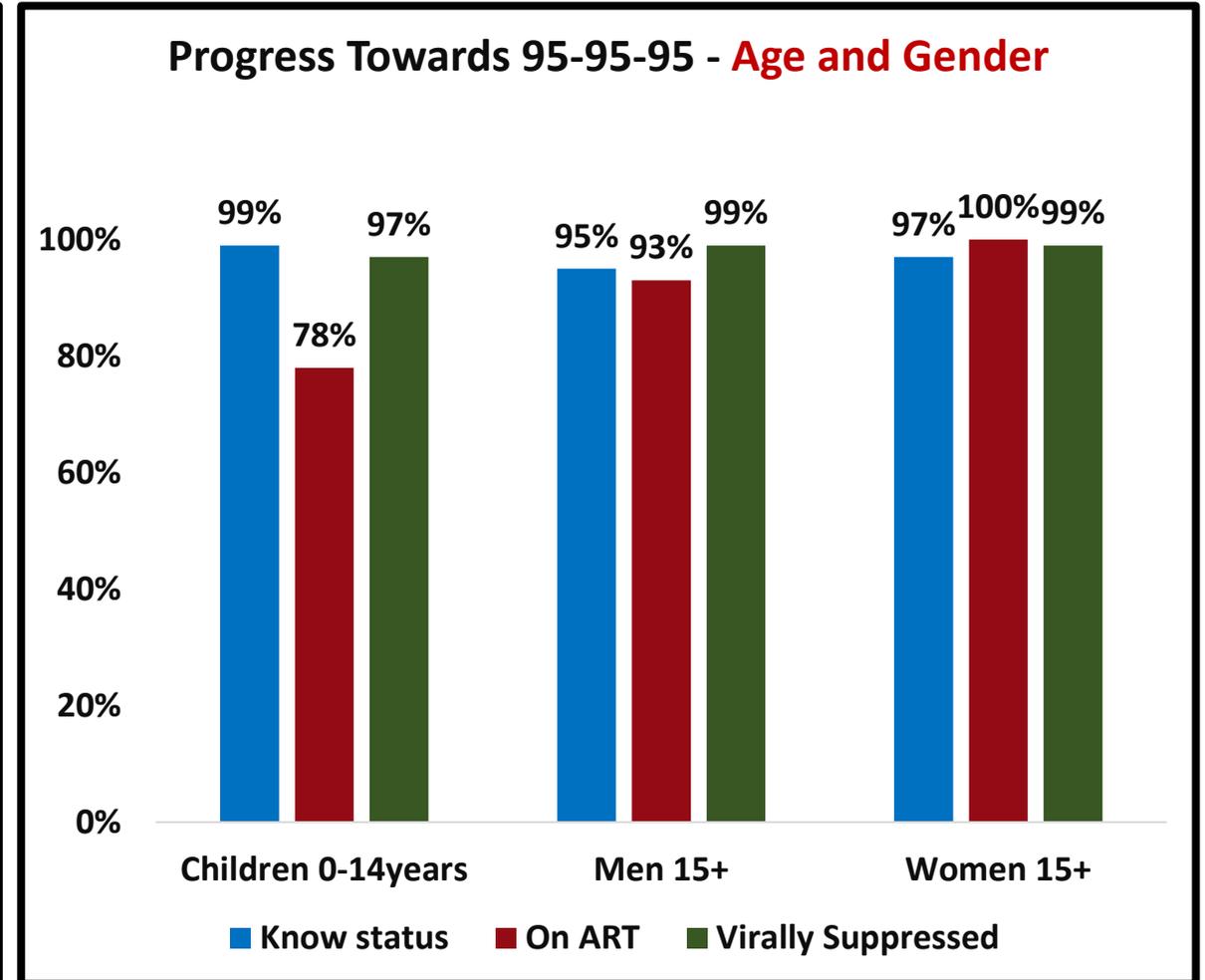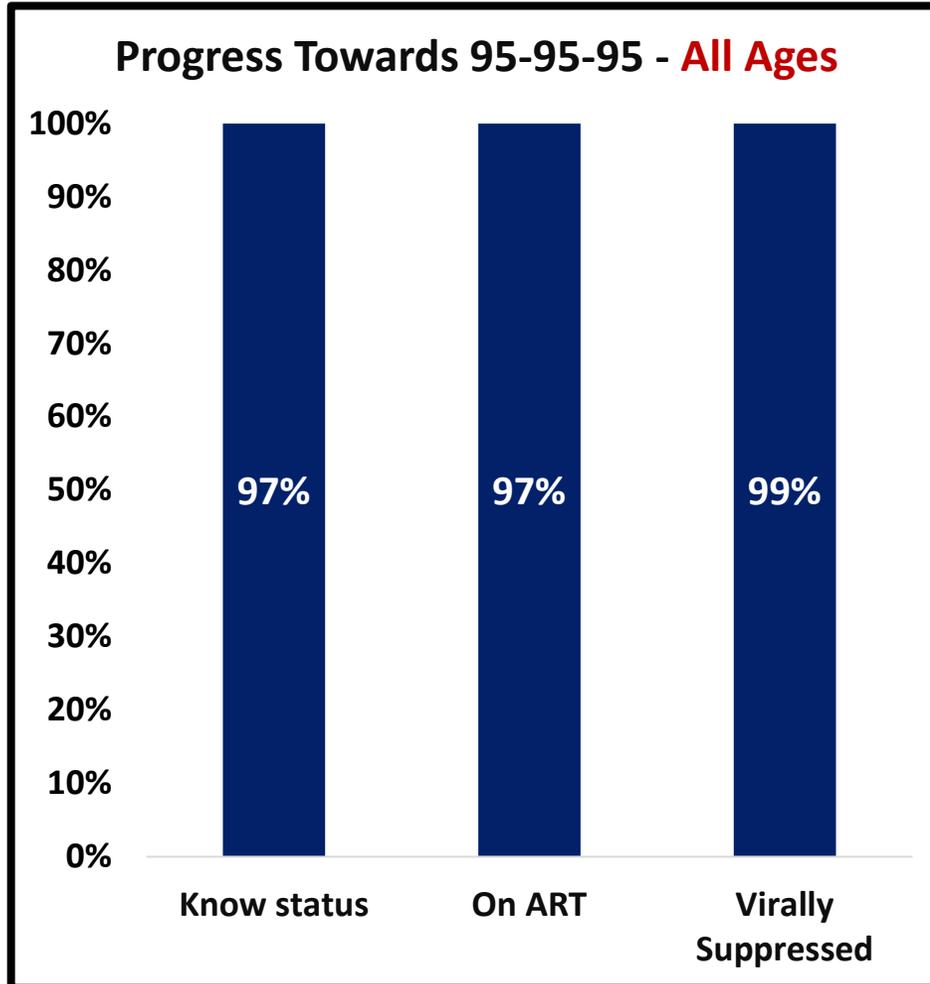# Lesotho Country Update

Dr Nthuseng Marake

HIV Treatment and Care Officer/DSD Coordinator

Presentation Outline

- Country Epidemic Overview

- Funding Shifts and Programmatic Realignment

- Summary of Prioritized HIV Services and System Adaptations

- M&E System Adaptations, Key Indicator Trends and Implications

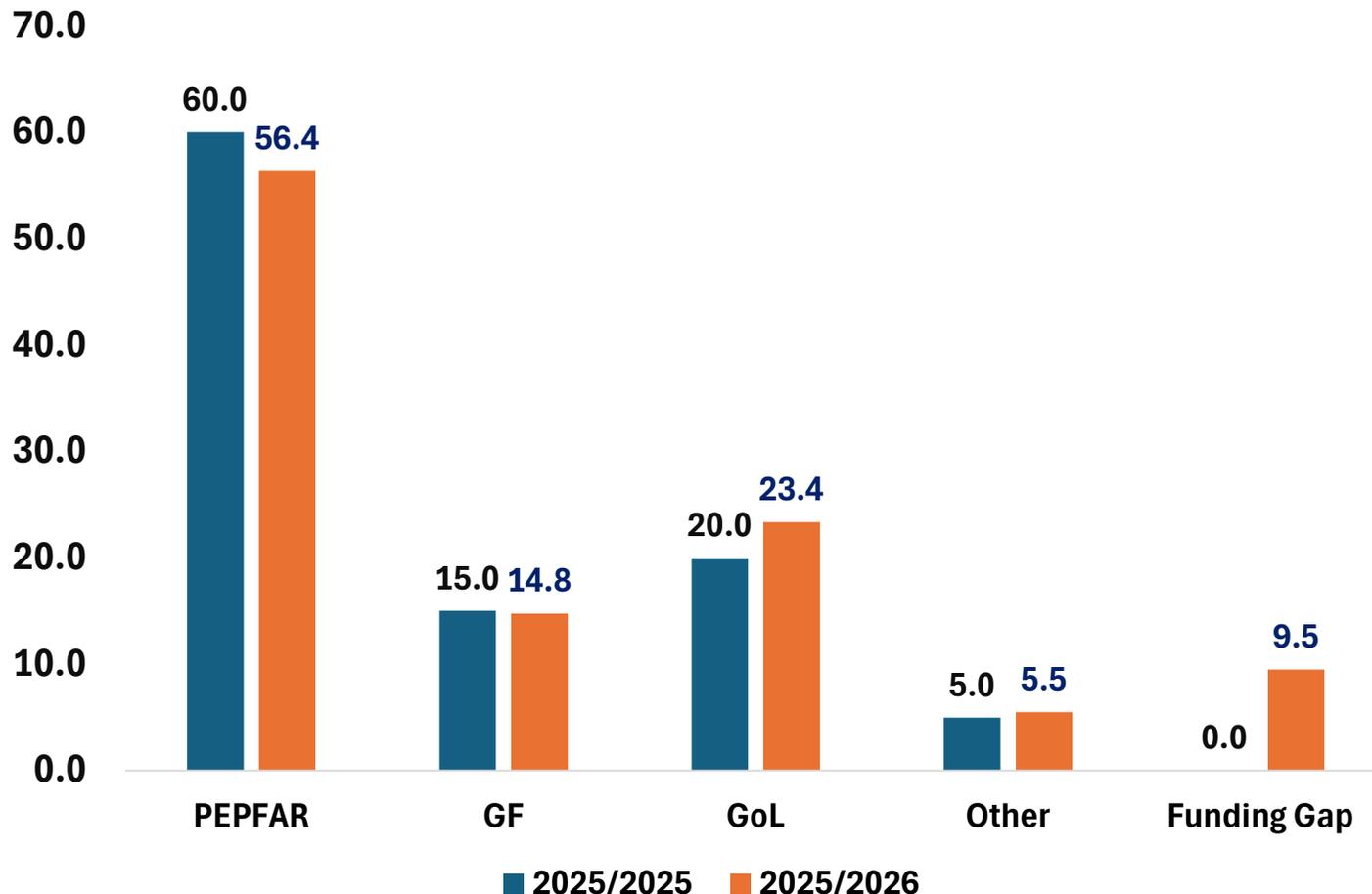- Community Engagement

- Lessons Learnt

- Next Steps

Country Epidemic Overview

Progress Towards 95-95-95 - All Ages

	Know status	On ART	Virally Suppressed
	97%	97%	99%

Progress Towards 95-95-95 - Age and Gender

Children 0-14 years: Know status 99%, On ART 78%, Virally Suppressed 97%

Men 15+: Know status 95%, On ART 93%, Virally Suppressed 99%

Women 15+: Know status 97%, On ART 100%, Virally Suppressed 99%

Legend: ■ Know status ■ On ART ■ Virally Suppressed

Progress towards the 95–95–95 testing, treatment and viral load suppression targets, among children and adults, Spectrum 2025

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Funding Shifts - Approximate estimates

Shits in HIV Funding Landscape-FY 2024/2025-2025/2026

Legend:
- ■ 2025/2025
- ■ 2025/2026

Chart values:
- PEPFAR: 60.0 (2025/2025), 56.4 (2025/2026)
- GF: 15.0 (2025/2025), 14.8 (2025/2026)
- GoL: 20.0 (2025/2025), 23.4 (2025/2026)
- Other: 5.0 (2025/2025), 5.5 (2025/2026)
- Funding Gap: 0.0 (2025/2025), 9.5 (2025/2026)

GOL supports the procurement of ARVs, NCD Drugs, ART facilities and human resources for health (HRH)

- USD $6.5m were allocated to the HIV Program to respond to the crisis

- An additional $16.4m has been earmarked in financial year 2025/2026

- Global Fund support has declined by 11% from $71m to $63m

- PEPFAR financial supports has declined by 15% from $284m to $241m (including IP support)

- Negotiations are ongoing to sign the MoU with PEPFAR

Programmatic Realignment

1. **Domestic funding mobilization:**
   - Advocacy at parliament for increased domestic financing
   - Advocated for GoL to absorb IP staff affected by USG stop work orders (SWO)
   - Ongoing advocacy for inclusion of DRTB drugs, ARVs (23%), testing commodities currently procured through Global Fund (GF) and CDC under GoL supply chain plans
2. **EMRs still in place**: GoL increased HR responsible for maintenance of EMR system (hired 10 IT and 10 HMIS personnel to support districts, increased central level ICT staff)
3. **Community activities resumed** under IP support with limited MoH contributions
4. **Strategic movement** to strengthen comprehensive primary health care as opposed to disease specific service provision

National Prioritized HIV Services

Prioritization Exercise

The GF re-prioritization was conducted before the CQUIN meeting and support for prioritization therefore, it was used as a guidance during the exercise.

Some of the M&E priorities were guided by the HIV Estimates Findings (Spectrum 2025).

Program data had shown how certain services like HTS were affected during the SWO, therefore prioritization exercise included these considerations.

National Prioritized Prevention and Testing Services

Prevention Services

Component	Intervention	LES
Infant prophylaxis	Infant PEP HR 0–6w	Keep (No Change)
	Infant PEP HR 6–12w	Keep (No Change)
	Infant PEP LR	Keep (No Change)
PEP	Facility PEP (guidelines)	Keep (No Change)
	Community PEP (GBV/KP)	Keep (Modify)
Condoms	Facility condoms/lube	Keep (No Change)
	KP condom points	Keep (Modify)
	Community condom points	Keep (No Change)
PrEP continuation	Facility PrEP KP 3MMD/6m	Keep (Modify)
	Facility PrEP PBFW 3MMD/6m	Keep (Modify)
	Facility PrEP others 3MMD/6m	Keep (Modify)
	Annual PrEP review	Keep (Modify)
	PrEP review 6-monthly	Keep (No Change)
	Facility PrEP DSD-indiv	Keep (No Change)
	Out-facility PrEP DSD	Keep (Modify)
	Virtual PrEP refills	Not applicable
	Adherence/risk counselling	Keep (No Change)
	Continue DVR PrEP	Drop
	Continue LAI PrEP	Keep (Modify)
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	Keep (No Change)
	Start PrEP PBFW at-risk	Keep (No Change)
	Start PrEP KP	Keep (Modify)
	Start PrEP AGYW self-ID	Keep (No Change)
	Start PrEP others self-ID	Keep (No Change)
	Test post-start 1–3m	Keep (No Change)
	PrEP demand creation	Keep (No Change)
	Continue DVR PrEP	Drop
	Continue LAI PrEP	Keep (Modify)
	PrEP start education	Keep (No Change)
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	Drop
	Community NSP+naloxone	Drop
	Continue OAMT refills (PWID)	Drop
	Initiate/continue OAMT (PWID)	Drop
VMMC	Targeted VMMC scale-up	Keep (No Change)

Testing Services

Component	Intervention	LES
Blood products	Blood product screening	Keep (No Change)
Facility-based	Symptomatic testing (entry)	Keep (No Change)
	ANC first test	Keep (No Change)
	ANC late retest	Keep (No Change)
	Postnatal PBFW 6-monthly	Keep (No Change)
	HEI 6w/6-9-18m EPI	Keep (No Change)
	HEI birth test	Keep (No Change)
	TB clients (newly diagnosed)	Keep (Modify)
	TB clients (presumptive TB)	Keep (Modify)
	STI clients (new STI)	Keep (No Change)
	Hep B/C (new)	Keep (No Change)
	Inpatient (new admission)	Keep (No Change)
	Children in malnutrition clinics	Keep (No Change)
	EPI child post-screen	Keep (No Change)
	FP initiation clients	Keep (No Change)
	FP <25 init+annual	Keep (Modify)
	FP init+biennial+change	Not applicable
	FP init+annual	Not applicable
	Self-initiated HIVST (annual)	Keep (No Change)
	VCT/HIVST any frequency	Not applicable
	PrEP users 1m+6m	Keep (No Change)
	PrEP users 1m+3m	Keep (No Change)
	VMMC clients	Keep (No Change)
Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	Keep (No Change)
	PN APN +FBT (virtual)	Keep (Modify)
	PN APN +community test	Keep (No Change)
	Female index: child FBT/HIVST	Keep (No Change)
	Female index: child CBT	Keep (No Change)
	PN EPN +HIVST (VL>1000)	Keep (No Change)
	PN EPN +HIVST FP/ANC<25	Not applicable
	PN EPN +HIVST (FP/ANC)	Keep (No Change)
	KP SNT +HIVST	Keep (No Change)
	AGYW SNT +HIVST	Keep (No Change)
	PN EPN +HIVST (95s STI-neg)	Keep (No Change)
	PN EPN +HIVST (STI-neg)	Keep (No Change)
	PN APN +FBT (STI-neg)	Keep (No Change)

Testing Services

Component	Intervention	LES
Community-based (virtual and in-person)	CB HIVST points >15	Not applicable
	CB HIVST points 95-gap	Not applicable
	CB HIVST points KP	Not applicable
	HIVST digital outreach	Keep (Modify)
	KP high-volume outreach	Keep (Modify)
	KP all outreach sites	Not applicable
	AGYW targeted outreach	Keep (No Change)
	Men targeted outreach	Keep (Modify)
	Men workplace testing	Keep (No Change)
	Children targeted outreach	Keep (No Change)
	Prisoners: On entry/discharge	Keep (No Change)
	Prisoners entry/annual	Keep (Modify)
	ABYM targeted outreach	Keep (Modify)
Recency testing	Recency testing	Keep (Modify)

LES legend:
- Keep (No Change)
- Keep (Modify)
- Drop
- Not applicable

- HIVST will be used for HIV screening in place of the behavioral HIV screening tool
- HIVST for oral PrEP initiation and continuation
- HIVST scale up: distribution will take place at retail pharmacies, private practices and workplaces
- DVR-PrEP dropped for more effective LA-PrEP

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National Prioritized Treatment Services

Table 1

Component	Intervention	LES
ART continuity	Uninterrupted ART for all	Keep (No Change)
	MMD 3–6 months	Keep (No Change)
	Annual clinical review	Keep (No Change)
	Enroll less-intensive DSD	Keep (No Change)
	Maintain facility DSD-indiv	Keep (No Change)
	Maintain community DSD-indiv KP	Keep (Modify)
	Maintain client-managed groups	Keep (No Change)
	Maintain adolescent groups (HCW)	Keep (Modify)
	Maintain community DSD-indiv	Keep (Modify)
	Maintain DSD groups (HCW)	Keep (No Change)
	Active transfer same-day 3MMD	Keep (No Change)
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	Keep (No Change)
	CTX adults high-risk	Not applicable
	CTX for HIV/TB	Keep (No Change)
	CTX for CLHIV	Keep (No Change)
	CTX for HEI	Keep (No Change)
	Fluconazole secondary proph	Keep (No Change)
ART initiation (and re-initiation)	Initiate <5 years	Keep (No Change)
	Initiate PBFW	Keep (No Change)
	Initiate symptomatic/AHD	Keep (No Change)
	Initiate all positives	Keep (No Change)
	Initiate stage3/4 or CD4 low	Keep (No Change)
	Initiate stage1/2 (CD4 high)	Keep (No Change)
Viral load monitoring	VL for suspected failure	Keep (No Change)
	Repeat VL at 3m	Keep (No Change)
	First VL by 6m	Keep (No Change)
	First VL (no prior)	Drop
	Pregnant: VL at ANC/3m	Keep (Modify)
	Pregnant: VL 34–36w	Keep (Modify)
	Breastfeeding: VL 3m+6mly	Keep (Modify)
	LLV: repeat VL 3m	Drop
	VL annually if suppressed	Keep (No Change)
	VL q2–3y post-2x	Not applicable
	Resistance test per guidelines	Keep (Modify)

Table 2

Component	Intervention	LES
OI management	TB Xpert for symptomatic	Keep (No Change)
	TB treatment	Keep (No Change)
	TPT per regimen	Keep (No Change)
	CRAG for symptomatic	Keep (No Change)
	Cryptococcal treatment	Keep (No Change)
AHD package	LAM S3/4 seriously ill	Keep (No Change)
	CRAG S3/4 IPD	Keep (No Change)
	CD4 S3/4 new or >90d	Keep (No Change)
	CD4 S1/2 new or >90d	Keep (No Change)
	LAM S1/2 CD4<200	Keep (No Change)
	CRAG S1/2 CD4<200	Keep (No Change)
	Fluconazole pre-emptive	Keep (No Change)
Integration	PAP smear never-screened	Keep (Modify)
	HPV screen never-screened	Keep (No Change)
	Hypertension integration	Keep (Modify)
	Diabetes integration	Keep (Modify)
	Family planning integration	Keep (No Change)
	VIAC annually WLHIV	Keep (Modify)
Tracking and tracing	Confirm contacts each visit	Keep (No Change)
	Phone trace abnormal labs	Keep (No Change)
	Phone trace high-risk	Keep (Modify)
	Phone trace >28d missed	Keep (No Change)
	Home trace abnormal labs	Keep (No Change)
	Home trace high-risk	Keep (No Change)
	Home trace >28d missed	Keep (No Change)
Psychosocial support/ Counselling	ART start literacy	Keep (No Change)
	Adherence assessment visits	Keep (No Change)
	VL and DSD prep	Keep (No Change)
	EAC for high VL	Keep (No Change)
	Child disclosure support	Keep (No Change)
	MH screening at start	Keep (No Change)
	MH screening high VL	Keep (No Change)
	MH screening all visits	Keep (No Change)

There are no major changes in services because the GOL has been supporting facility level HIV services with:

- Infrastructure
- Procurement of drugs
- Facility based HRH

Legend:
- Keep (No Change)
- Keep (Modify)
- Drop
- Not applicable

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From Planning to Practice: Country Implementation of Prioritized HIV Services

- Lobby for improved domestic funding of the response from GoL

- Develop an integration roadmap and implementation framework to aid gain service delivery efficiencies

- Include country priorities in USG (ongoing) and GF (upcoming) negotiations

Service Delivery Models
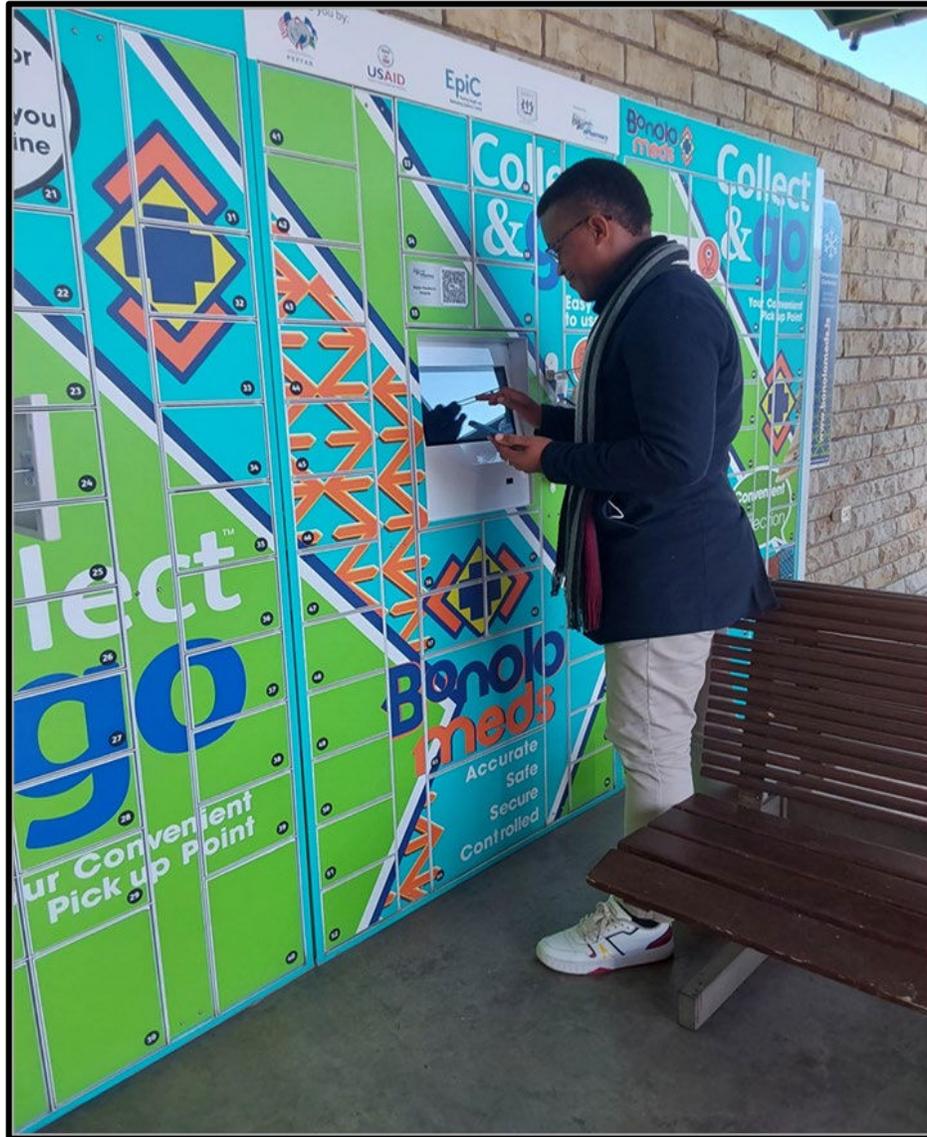
Bonolo Meds:

- **Challenge:** Interrupted (eLockers and retail pharmacies) following EO.

- **Solution:** Patients redirected to original facilities and resumed the existing MMD model.

Quality Assessments Adaptation

The Service Quality Assessment (SQA) in Lesotho is implemented nationwide, covering all levels of the health system but needs to be updated to align with the current program trajectory.

1. **Geographic Coverage:**

   - All 10 districts of Lesotho, coordinated through the District Health Management Teams (DHMTs) with oversight from the Quality Assurance Division at the MOH.

2. Facility Coverage:

   - Public, private-not-for-profit (CHAL), and selected private facilities
   - Priority is given to high-volume facilities and those offering essential health services, including HIV/TB, maternal and child health (MCH), and outpatient services.

3. Programmatic Coverage:

The SQA evaluates quality across key service delivery areas, including:

   - HIV prevention, care, and treatment TB services, MNCH, SRH, IPC, patient safety and satisfaction

4. Frequency and Approach:

   - Conducted annually at the national level, and quarterly or semi-annual follow-up reviews at district level to monitor improvement actions. Last assessment was in June 2025.

Findings are used to inform facility Quality Improvement (QI) plans, guide supervision, and track progress toward national health quality standards.

System Adaptations to Support Priorities - Coordination

National level coordination

- National strategic plan guides national priorities and global targets; National AIDS Commission provides multisectoral coordination and oversight.

- National Technical Working Groups (MoH, UN Agencies, PEPFAR, Implementing Partners) offer technical guidance in key areas (prevention, treatment, care, PMTCT, HIV/TB, M&E).

District level coordination

- DHMT provides leadership and supervision for HIV program implementation and integration into broader health services.

- District AIDS Committees facilitate multisectoral coordination (health, education, community development, civil society) with joint supervision *and performance monitoring by MoH and IPs.*

System Adaptations to Support Priorities - M&E

National systems rollout (EMR / eRegisters / DHIS2)

- **Scaled OpenMRS/Bahmni-based EMR/eRegister** to capture HIV and primary care data across facilities:
  - o Enables longitudinal patient tracking and routine reporting (started 2018, phased expansion).
  - o Plan is for GoL to completely own the EMR, using domestic resources.

- **Phased roll-out**: **Stage 1** – hybrid; **Stage 2** – hybrid with more automation; **Stage 3** – paperless
  - o Currently in 197 public facilities; 92% at Stage 2 for ART reports; 75% for HTS report as a result of inconsistent use of the HTS module
  - o DHIS2 strengthened for aggregated reporting; automation of facility reports from EMR into DHIS2
  - o All MER indicators to be retained

M&E Indicator Prioritization

#	Program Area	Indicator	Lesotho
			50%
1	VTP	Ist ANC attendance	
2		Ist ANC testing	
3		1st ANC HIV+	
4		1st ANC Known HIV+	
5		HEI 1st EID	
6		HEI final outcome	
7		HEI ARV prophylaxis	
8	HTS	HTS_TST	
9		HTS_POS	
10		HTS_TST by modality	
11		HTS_POS by modality	
12	ART	TX_NEW	
13		TX_NEW by CD4 count	
14		TX_CURR by MMD	
15		IIT	
16		AIDS-related mortality	
17	VL	VL results received	
18		VL <1,000 C/ml	
19	TB	TB diagnosis	
20		Initiated on TPT	
21		Completed TPT	
22	HIV Prevention	PrEP_NEW	
23		Receiving PEP	
24		Receiving PrEP	

Legend:
- Keep (No Change)
- Keep (Modify)
- Drop
- Not applicable

- No indicators dropped, AHD indicators were added

- 231 facilities are reporting on HIV indicators

- **Reporting rates decline:** 97% in January to 95% in September 2025

- **Timeliness of reporting declined**: 91% in January to 88% in September 2025

- Routine quarterly performance reviews and mentorships are conducted to ensure quality recording, reporting and data use

M&E Systems Assessment Over Time

Domain	Functionality	Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)		
		Lesotho		
		Feb-25	May-25	Sep-25
Data collection	M&E Tools Availability	🟨	🟨	🟩
	Data Quality and Completeness	🟥	🟥	🟨
	Community Based Monitoring	🟥	🟨	🟩
	Retention Monitoring and Follow Up	🟥	🟨	🟩
	Commodity Tracking Systems	🟩	🟩	🟩
Databases, reporting, and use	HMIS reporting	🟨	🟨	🟨
	EMR Functionality	🟨	🟨	🟨
	Site Level Monitoring and Supervision	🟥	🟩	🟩
	Data Dissemination and Data Use	🟥	🟨	🟩
HRH capacity	M&E HRH Capacity	🟥	🟥	🟥
	Supervision and Mentorship for HRH	🟨	🟩	🟩
	Capacity Building for M&E Staff	🟨	🟨	🟩

Key- Impact of SWO			
None	Partial	High	No data
🟩	🟨	🟥	⬜

- Between February and May, about 30% of facilities ran out of patient monitoring tools, reducing report quality; tools are now available in all health facilities.

- Data personnel (Records Assistants) were laid off in January in some facilities and have not been replaced to date.

- Capacity-building for Data Clerks was delivered through iECHO in August.

- The EMR utilization was affected by the transition from the previous SI partner to the current one in September 2024.

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Trends in Monthly HIV Testing and Implications
Data Source: National Aggregate HMIS Data from Jan. 2024 to Sept. 2025

HIV Tested by Month and Year

Year ● 2024 ● 2025
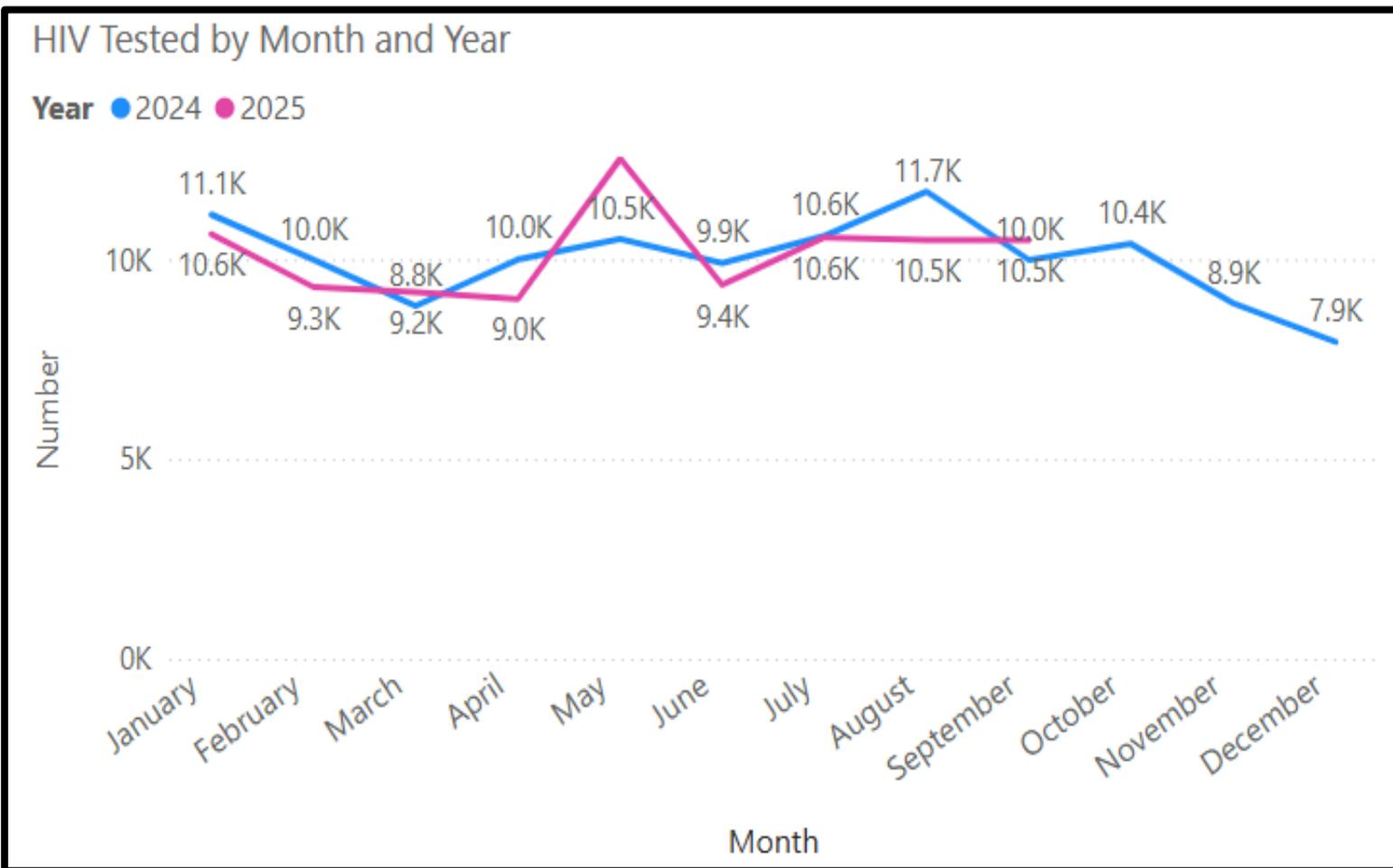
- In April 2025, nurses and other cadres were trained on HTS, contributing to increased testing in May 2025.

- In June 2025, data submission rates dropped to 93%, with several facilities not reporting, leading to a decline in people tested.

- Supportive supervisions and virtual trainings were conducted to support facilities and reinforce timely reporting.

Trends in Monthly Tested HIV+ and Implications
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Sept. 2025]

Tested HIV Positive by Month and Year
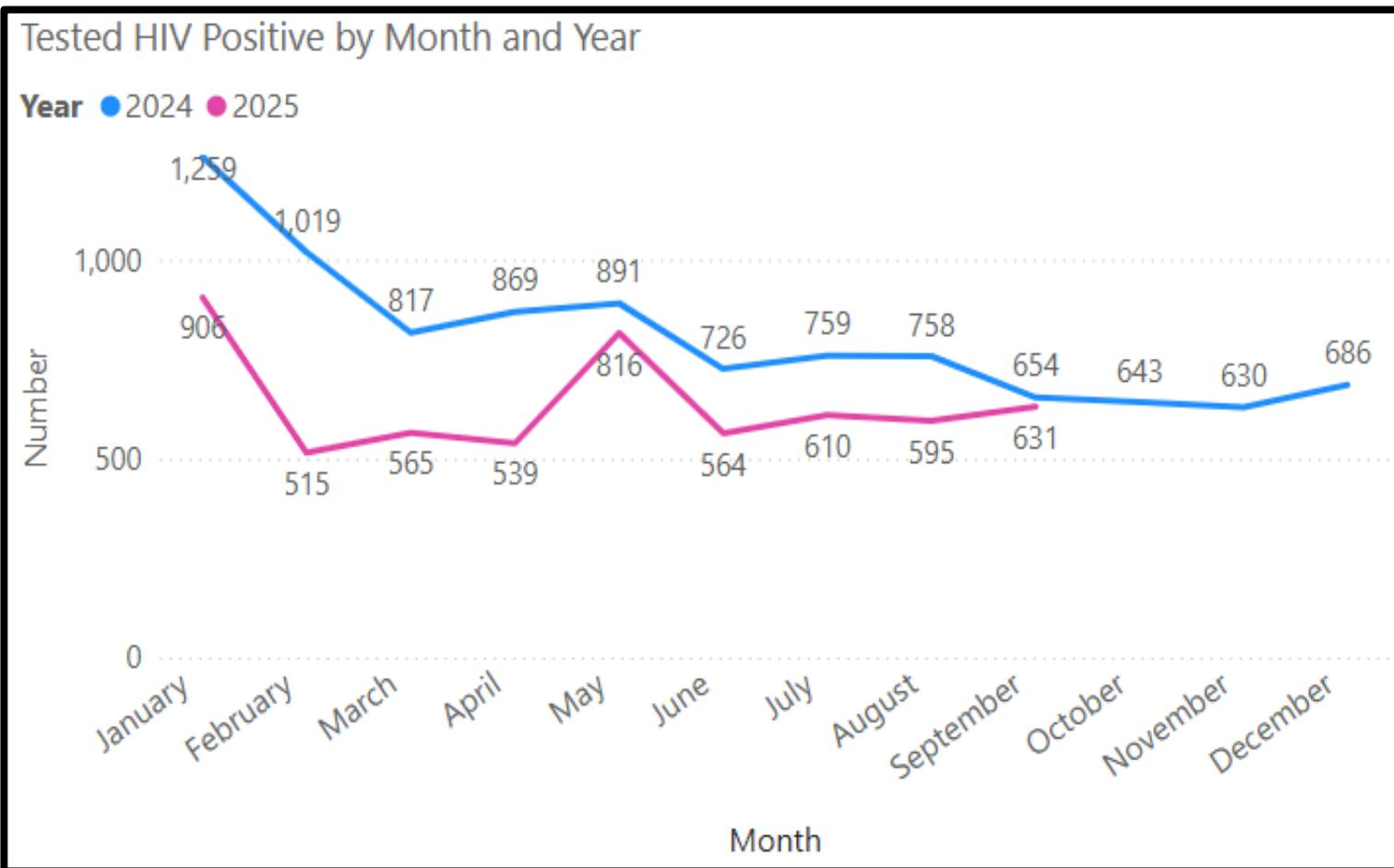
- May testing increased overall, leading to a higher number of positives identified.
- Increased use of HIV self-testing (HIVST) for screening enhanced targeted testing.

Trends in New Monthly ART Initiations and Implications
*[Data Source: National Aggregate HMIS Data from Jan. 2024 to Sept. 2025]*

Current on ART by Month and Year

Year ● 2024 ● 2025
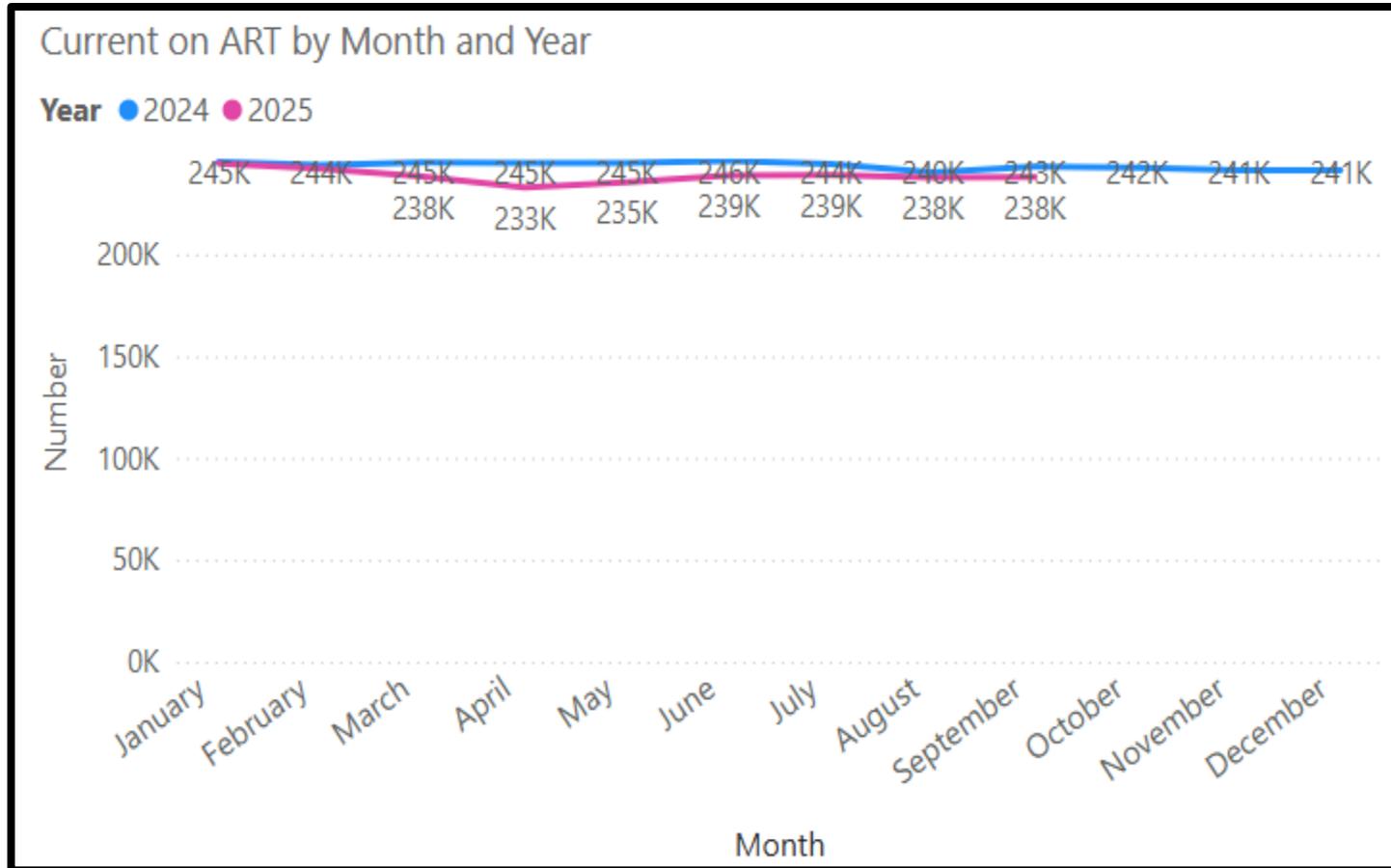
- Suboptimal use of the eRegister has led to under-reporting, despite this indicator being automated into DHIS2.

- Low reporting rates result in unreliable data.

Monthly PrEP Initiation Trends and Implications
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

Initiated on PrEP by Month and Year

Year ● 2024 ● 2025
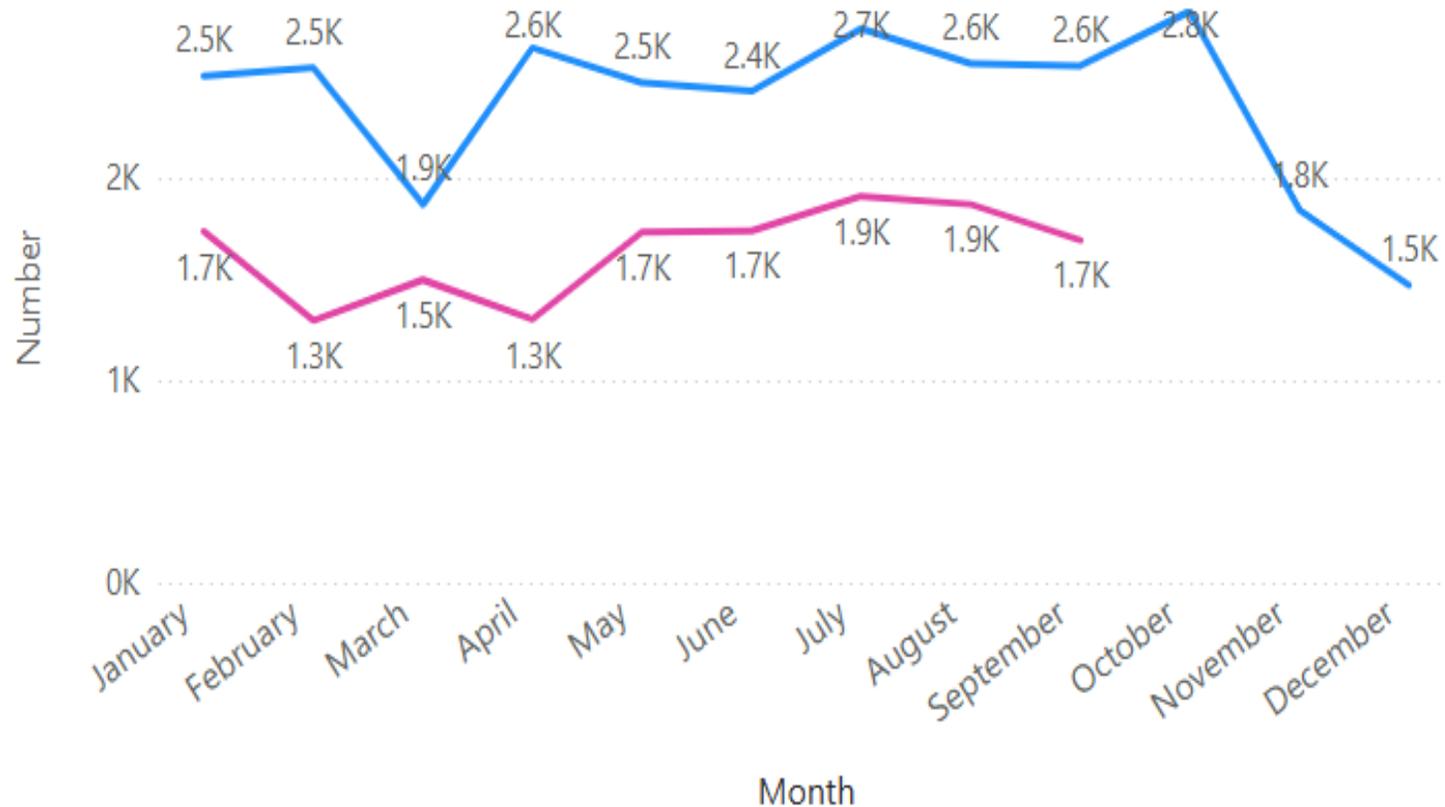
- **January 2025:** Slight increase in HTS uptake due to the introduction of CAB-LA.

- **February–April 2025:** HTS services paused in some facilities, delaying PrEP initiation.

- **February–July 2025:** Stock-outs of PrEP recording/reporting tools occurred in some facilities.

- LEN (long-acting PrEP) method in the pipeline to boost uptake.

How has community engagement in your country been impacted by funding reductions?

Funding context and immediate effects

- USAID/USG reductions led to closure of several CBOs and RoC networks
- Consequences: weakened grassroots participation, disrupted community feedback, reduced RoC visibility

Effects on community-led HIV activities

- Psychosocial support groups, community ART distribution, and stigma-reduction campaigns declined
- PrEP limited to pregnant/breastfeeding women

ROC engagement in prioritization and M&E

- LENEPWHA and RoC reps remained active in MOH TWGs/boards
- Priorities under Zero/30/50/100% funding: sustain high-impact, feasible M&E indicators, keep client-centered outcomes

Sustaining the HIV response despite constraints

- RoC maintained community linkages, peer-led adherence, and psychosocial support via volunteers
- Identified bottlenecks and informed program adjustments through community feedback
- Motto: "nothing for us without us" to safeguard community voice

Challenges, Lessons Learnt, and Next Steps

Funding gaps

- Donor cuts (USAID) reduced staff, cut prevention/testing services; heavy reliance on external funds

Service delivery & systems

- Staffing shortages; testing/prevention uneven, esp. rural
- Weak M&E and data systems; coordination gaps

Inequalities & vulnerable groups

- Access barriers for women 15–24 (~30% new infections), stigma for Key Populations; ART gaps for children

Sustainability & transition

- Domestic funding not enough; donor withdrawal disrupts continuity

Prevention & new infections

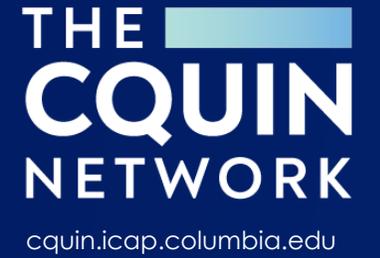- PrEP, VMMC, community testing disrupted; gaps in cascade to viral suppression

Key lessons

- Increase domestic funding; fix data systems; protect community-led initiatives; build resilient, adaptable services

Next Steps

1. HIV Sustainability Roadmap Part B development
2. Continued advocacy for increased domestic funding

Thank You!