

Calibrating Service Delivery Approaches to Sustain HIV Programing in Lesotho

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BACKGROUND

Despite widespread disruptions, Lesotho has sustained momentum toward the 95-95-95 targets, achieving 97-7-99. ART coverage, viral suppression, and outreach to key populations were impacted nationwide. An estimated 1367 frontline health workers were laid off; HMIS disruptions affected both timeliness and accuracy of data. In response, Lesotho activated a national coordinating body and launched a phased emergency action plan (immediate, medium-term, long-term). To stabilize service delivery, USD 6.5M was reallocated from domestic and/or external sources. Through national stakeholder engagement, essential HIV services were reviewed and prioritized.

An iterative realignment of services is underway, anchored in the national epidemiological context and aligned with the confirmed domestic budget (USD 16.4M) and other external program resources.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

- Financial strategies:** Government allocated close to USD 6.5M to help restore service delivery
- HRH strategies:** Trained nurses and other cadres to offer HIV testing, prevention and Treatment services to cover the HRH gap
- Technical capacity strategies:** Commenced the development of HIV Sustainability roadmap which will guide HIV Service delivery implementation with fidelity
- Community engagement:** The community was part of the coordination body which provided guidance to health workers and CSOs on how to sustain services

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES		
Component	Intervention	LES	Component	Intervention	LES	Component	Intervention	LES	Component	Intervention	LES	Component	Intervention	LES
Infant prophylaxis	Infant PEP HR 0-6w	Green	Blood products	Blood product screening	Green	Community-based (virtual and in-person)	CB HIVST points >15	Green	ART continuity	Uninterrupted ART for all	Green	OI management	TB Xpert for symptomatic	Green
	Infant PEP HR 6-12w	Green		Symptomatic testing (entry)	Green		CB HIVST points 95-gap	Green		MMD 3-6 months	Green		TB treatment	Green
	Infant PEP LR	Green		ANC first test	Green		CB HIVST points KP	Green		Annual clinical review	Green		TPT per regimen	Green
PEP	Facility PEP (guidelines)	Green		ANC late retest	Green		HIVST digital outreach	Green		Enroll less-intensive DSD	Green		CRAG for symptomatic	Green
	Community PEP (GBW/KP)	Green		Postnatal PBFW 6-monthly	Green		KP high-volume outreach	Green		Maintain facility DSD-indiv	Green		Cryptococcal treatment	Green
	Facility condoms/lube	Green		HEI 6w/6-9-18m EPI	Green		KP all outreach sites	Green		Maintain community DSD-indiv	Green		LAM S3/4 seriously ill	Green
Condoms	KP condom points	Green		HEI birth test	Green		AGYW targeted outreach	Green		Maintain client-managed groups	Green		CRAG S3/4 IPD	Green
	Community condom points	Green		TB clients (newly diagnosed)	Green		Men targeted outreach	Green		Maintain adolescent groups (HCW)	Green		CD4 S3/4 new or >90d	Green
	Facility PrEP KP 3MMD/6m	Green		STI clients (new STI)	Green		Children targeted outreach	Green		Maintain community DSD-indiv	Green		LAM S1/2 CD4<200	Green
PrEP continuation	Facility PrEP PBFW 3MMD/6m	Green		Hep B/C (new)	Green		Prisoners: On entry/discharge	Green		Maintain DSD groups (HCW)	Green		CRAG S1/2 CD4<200	Green
	Facility PrEP others 3MMD/6m	Green	Inpatient (new admission)	Green	Prisoners entry/annual	Green	Active transfer same-day 3MMD	Green	Fluconazole pre-emptive	Green				
	Annual PrEP review	Green	Children in malnutrition clinics	Green	ABYM targeted outreach	Green	CTX adults S3/4/CD4<350	Green	PAP smear never-screened	Green				
	PrEP review 6-monthly	Green	EPI child post-screen	Green	Recency testing	Green	CTX adults high-risk	Green	HPV screen never-screened	Green				
	Facility PrEP DSD-indiv	Green	FP initiation clients	Green	Recency testing	Recency testing	CTX for HIV/TB	Green	Diabetes integration	Green				
	Out-facility PrEP DSD	Green	FP <25 init+annual	Green			CTX for CLHIV	Green	Family planning integration	Green	VIAC annually WLHIV	Green		
	Virtual PrEP refills	Green	FP init+biennial+change	Green			CTX for HEI	Green	Confirm contacts each visit	Green	Phone trace abnormal labs	Green		
	Adherence/risk counselling	Green	FP init+annual	Green			Fluconazole secondary proph	Green	Phone trace high-risk	Green	Phone trace >28d missed	Green		
	Continue DVR PrEP	Red	Self-initiated HIVST (annual)	Green			Initiate PBFW	Green	Home trace abnormal labs	Green	Home trace high-risk	Green		
	PrEP initiation (& re-initiation)	Continue LAI PrEP	Green	VCT/HIVST any frequency	Green	Initiate symptomatic/AHD	Green	Home trace >28d missed	Green	Home trace high-risk	Green			
Start PrEP PBFW self-ID		Green	PrEP users 1m+6m	Green	Initiate all positives	Green	ART start literacy	Green	Adherence assessment visits	Green				
Start PrEP PBFW at-risk		Green	PrEP users 1m+3m	Green	Initiate stage3/4 or CD4 low	Green	VL and DSD prep	Green	EAC for high VL	Green				
Start PrEP KP		Green	VMMC clients	Green	Initiate stage1/2 (CD4 high)	Green	Child disclosure support	Green	MH screening at start	Green				
Start PrEP AGYW self-ID		Green	PN EPN +HIVST/FBT	Green	VL for suspected failure	Green	MH screening high VL	Green	MH screening all visits	Green				
Start PrEP others self-ID		Green	PN APN +FBT (virtual)	Green	Repeat VL at 3m	Green	First VL by 6m	Green						
Test post-start 1-3m		Green	PN APN +community test	Green	First VL (no prior)	Green	Pregnant: VL at ANC/3m	Green						
PrEP demand creation		Green	Female index: child FBT/HIVST	Green	Pregnant: VL 34-36w	Green	Breastfeeding: VL 3m+6mly	Green						
Continue DVR PrEP		Red	Female index: child CBT	Green	LLV: repeat VL 3m	Green	VL annually if suppressed	Green						
Continue LAI PrEP		Green	PN EPN +HIVST (VL>1000)	Green	VL q2-3y post-2x	Green	Resistance test per guidelines	Green						
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	Red	PN EPN +HIVST FP/ANC<25	Green										
	Community NSP+naloxone	Red	PN EPN +HIVST (FP/ANC)	Green										
	Continue OAMT refills (PWID)	Red	KP SNT +HIVST	Green										
VMMC	Initiate/continue OAMT (PWID)	Red	AGYW SNT +HIVST	Green										
	Targeted VMMC scale-up	Green	PN EPN +HIVST (95s STI-neg)	Green										
			PN EPN +HIVST (STI-neg)	Green										
			PN APN +FBT (STI-neg)	Green										

Green	Keep (No Change)
Light Green	Keep (Modify)
Red	Drop
Grey	Not applicable
Light Grey	Not Prioritized

The results from the MOSAIC study showed that there was low uptake of DVR compared to oral PrEP and CAB-LA.

Scale up of HIVST for Oral PrEP initiation.

All services will be maintained with some modifications since they are essential in protecting and sustaining the gains achieved

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 HIV Testing Trends

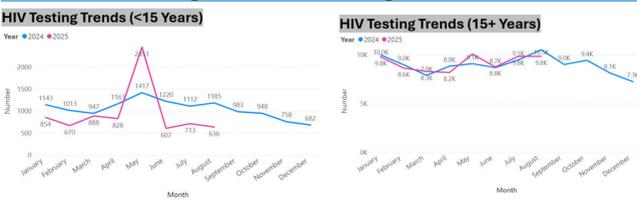


Fig 2 Viral Coverage and Suppression Trends

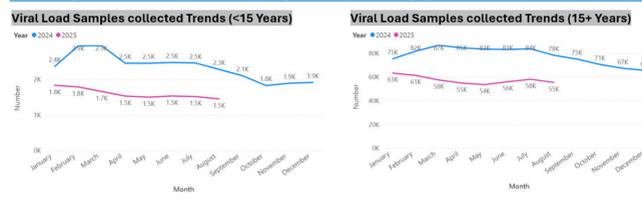
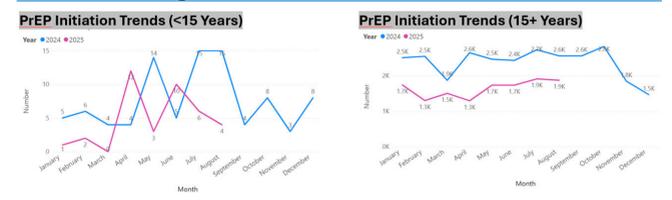


Fig 3. PrEP Initiation Trends



Testing among children stalled due to the postponement of community testing.

Resumption of select-community testing after a waiver led to an increase in testing coverage, but this gain regressed due to a lack of funds for community outreach.

Among the adults, HTS coverage did not vary much due to the country-wide use of HIV self-testing.

Viral load (VL) testing declined steadily due to a pause in sample transportation.

The continued decline in VL coverage is attributed to the scarcity of VL testing commodities and poor documentation of testing coverage.

The decline in VL testing coverage did not vary between children and adults.

Very few children were eligible for PrEP generally

The SWO reduced community PrEP initiation across all age categories, and this persisted due to phasing out of

Annotate where resumption of critical services occurred. Add additional data to better understand implications of the trends in Community services

SYSTEMS & SERVICES ADAPTATIONS

- Leadership and policies:** A coordination body was established to lead sustainability and integration discussion, with multistakeholder representation
- Financing and purchasing:** MOH lobbied an increase in funding from the cabinet and further negotiations are ongoing
- Service delivery optimization/redesign of service delivery:** Trained facility health workers on providing HIV services across the cascade, to offset the gap created by lying off PEPFAR funded health workers

NEXT STEPS / WAY FORWARD

- Leadership and policies:** Develop an HIV Sustainability Roadmap
- Financing and purchasing:** Continued advocacy for increased domestic funding