

# PEPFAR Lesotho Context COP2014



Presentation to LCN Health & Development

Commission, Lesotho

February, 2014



# Outline

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- PEPFAR 101
- Lesotho Context
  - Impact of NSP
- PEPFAR Lesotho Program
- COP14



# PEPFAR 101



# Overview

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- Launched in 2003 by President George W. Bush, with strong bipartisan support from the U.S. Congress, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is America's commitment to fighting the global AIDS epidemic. Through shared responsibility and smart investments, PEPFAR is **saving lives, building more secure families and helping to stabilize fragile nations.**
- With the generous support of the American people, the U.S. Government has committed more than \$52 billion to bilateral HIV/AIDS programs, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and bilateral TB programs through Fiscal Year (FY) 2013.



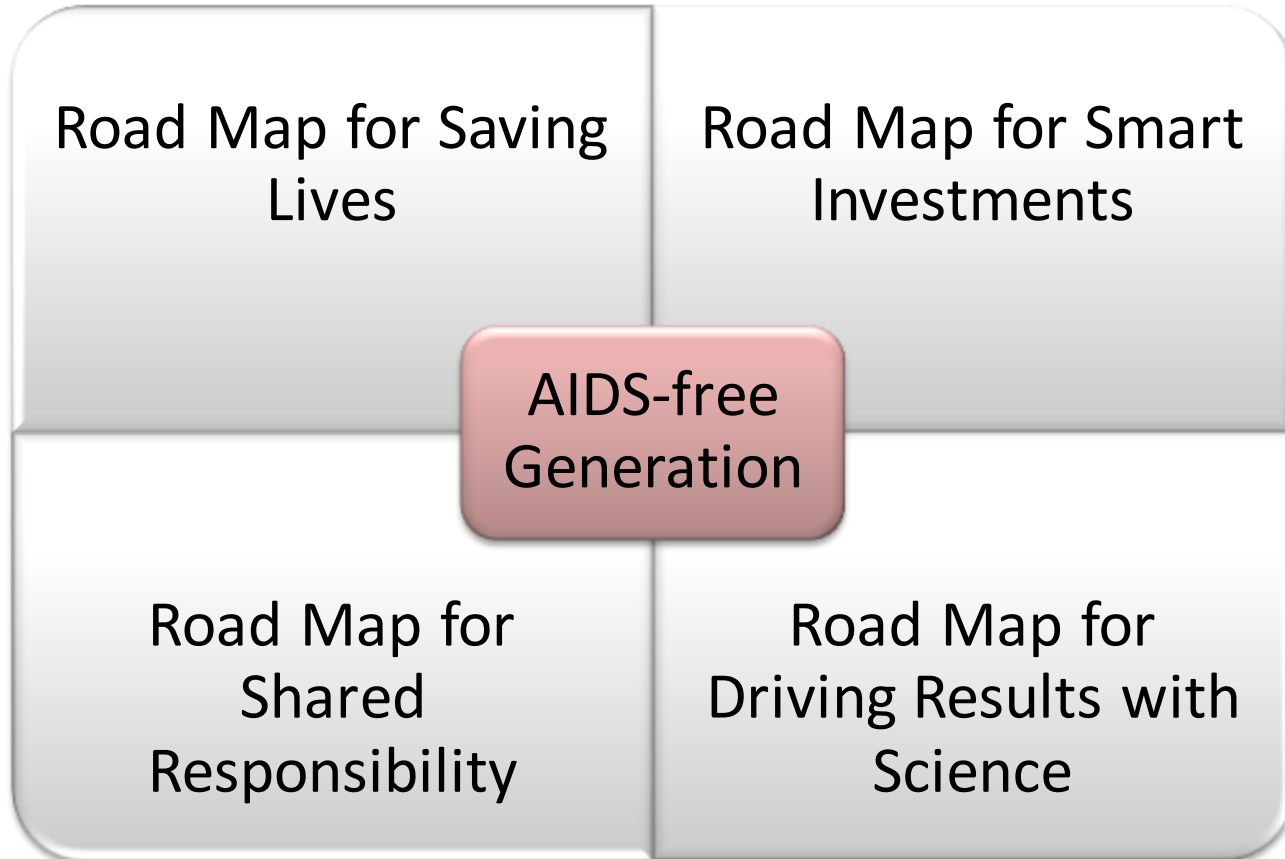
# Vision Statement of the PEPFAR Blueprint



Scientific advances and their successful implementation have brought the world to a tipping point in the fight against AIDS. The United States believes that by making smart investments based on sound science, and a shared global responsibility, we can save millions of lives and achieve an *AIDS-free generation*.



# Four Roadmaps





# PEPFAR Lesotho

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- Under the Chief of Mission
- Implemented by USG Agencies
  - DOD, DOS, HHS/CDC, HHS/HRSA, Peace Corps, USAID

## *FUNDING*

- Implementing Partners / Sub-partners

## *SERVING*

- Beneficiaries



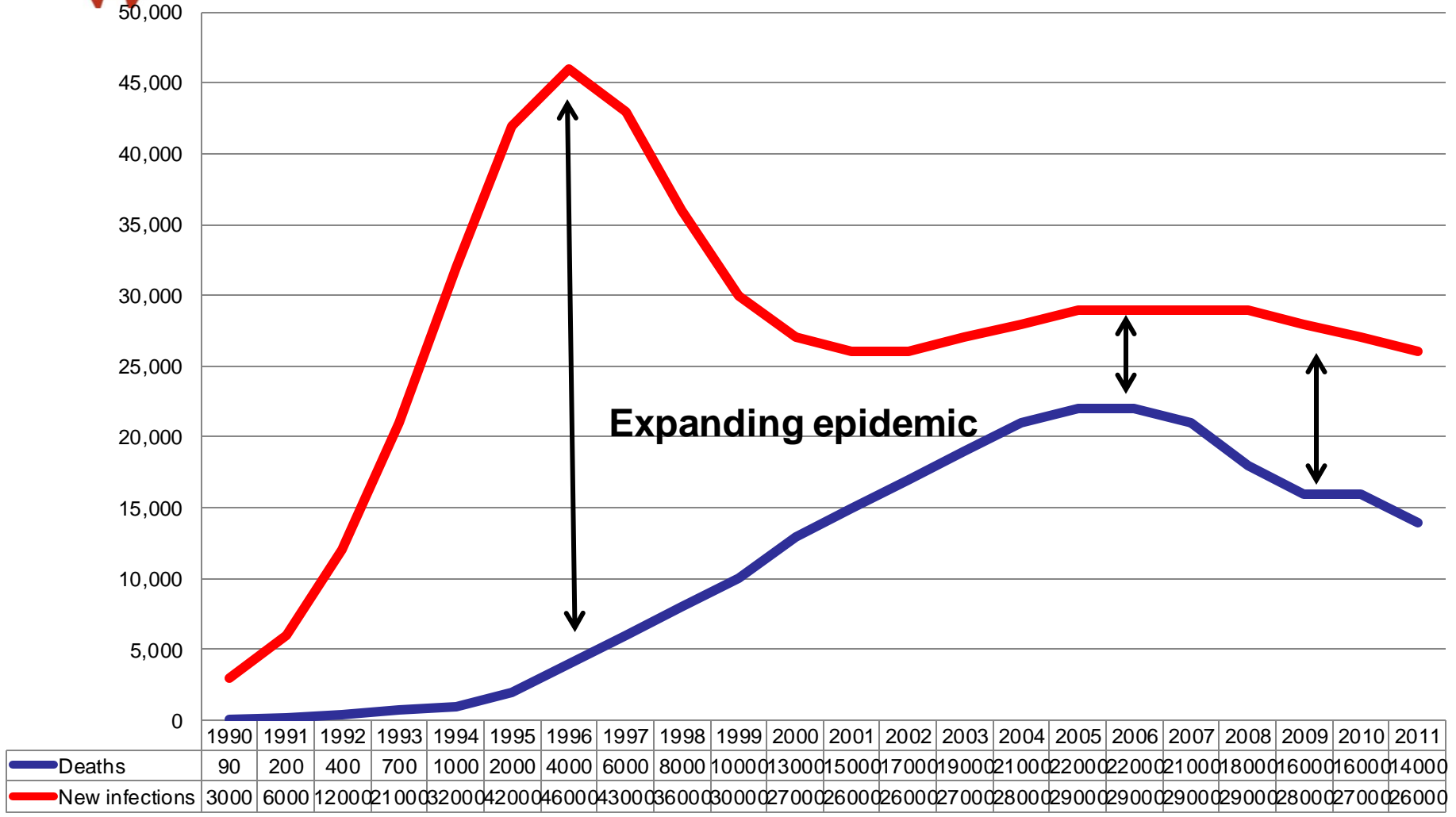
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# LESOTHO CONTEXT





# Estimated New Infections and Deaths by Year in Lesotho



Source: UNAIDS Report on the Global AIDS Epidemic – 2012. Accessible at: <http://www.unaids.org/en/dataanalysis/epidemiology/>.



# Epidemiology of HIV in Lesotho

## World Health Statistics, 2013

Indicator	2001	2011
HIV Incidence Rate (per 100,000)	1,308	1,166
HIV Prevalence (per 100,000)	12,754	14,619
HIV Mortality (per 100,000)	760	638
TB Incidence Rate (per 100,000)	553	632
TB Prevalence (per 100,000)	357	411

## UNAIDS, AIDS Info

Indicator	2001	2011
Number of people living with HIV	250,000	320,000
HIV Incidence 15-49 yrs (%)	2.7	2.5
HIV Prevalence 15-49 yrs (%)	23.4	23.3
New Infections (all ages)	26,000	26,000
AIDS Deaths (all ages)	15,000	14,000



# Structural Context

Theme	Issues
MOH	<ul style="list-style-type: none"><li>• Focus on 'Revitalizing Primary Health Care'</li><li>• Possible restructuring of finance &amp; divisions</li><li>• Increasing strategic direction &amp; leadership</li></ul>
Global Fund	<ul style="list-style-type: none"><li>• Lifetime disbursements of \$146 million for HIV &amp; TB</li><li>• Lesotho was early applicant for NFM</li><li>• Interim Application @ \$48M provisionally successful</li></ul>
HMIS	<ul style="list-style-type: none"><li>• HMIS strategy approved</li><li>• Lack of accurate and timely data</li><li>• Creates a weakness in strategic decision making</li></ul>
No NAC	<ul style="list-style-type: none"><li>• Apart from MOH, MOE &amp; MSOD, little line ministry engagement</li><li>• Weak civil society entry to HIV programming</li></ul>



# Policy / Plan Context

## National Strategic Plan for HIV

- ✓ Based upon UNAIDS Investment Framework
- ✓ Avert 100,000 new infections 2013-20 if fully executed
- Significant funding shortfall & misalignment leading to high risk for under performance

## Other policies / plans

- ✓ Option B+ launched in 2013
- ✓ WHO ART guidelines 2013 to be launched in 2014
- ✓ Task shifting of VMMC to nurse clinicians

Program Area	Cost	Res. Envp.	Gap
PMTCT	\$10	\$27	\$17
VMMC	\$37	\$20	(\$17)
HTC	\$30	\$11	(\$19)
Other Prevention	\$36	\$33	(\$3)
<b>Total Prevention</b>	<b>\$113</b>	<b>\$91</b>	<b>(\$21)</b>
Adult C&Rx.	\$253	\$176	(\$77)
Paediatric ART	\$13	\$7	(\$7)
TB HIV	\$2	\$15	\$12
<b>Total C&amp;Rx. Services</b>	<b>\$269</b>	<b>\$197</b>	<b>(\$72)</b>
<b>Total OVC &amp; HH Sec.</b>	<b>\$117</b>	<b>\$66</b>	<b>(\$50)</b>
<b>Total Man. &amp; Coord.</b>	<b>\$176</b>	<b>\$82</b>	<b>(\$93)</b>
<b>GRAND TOTAL</b>	<b>\$674</b>	<b>\$437</b>	<b>(\$237)</b>

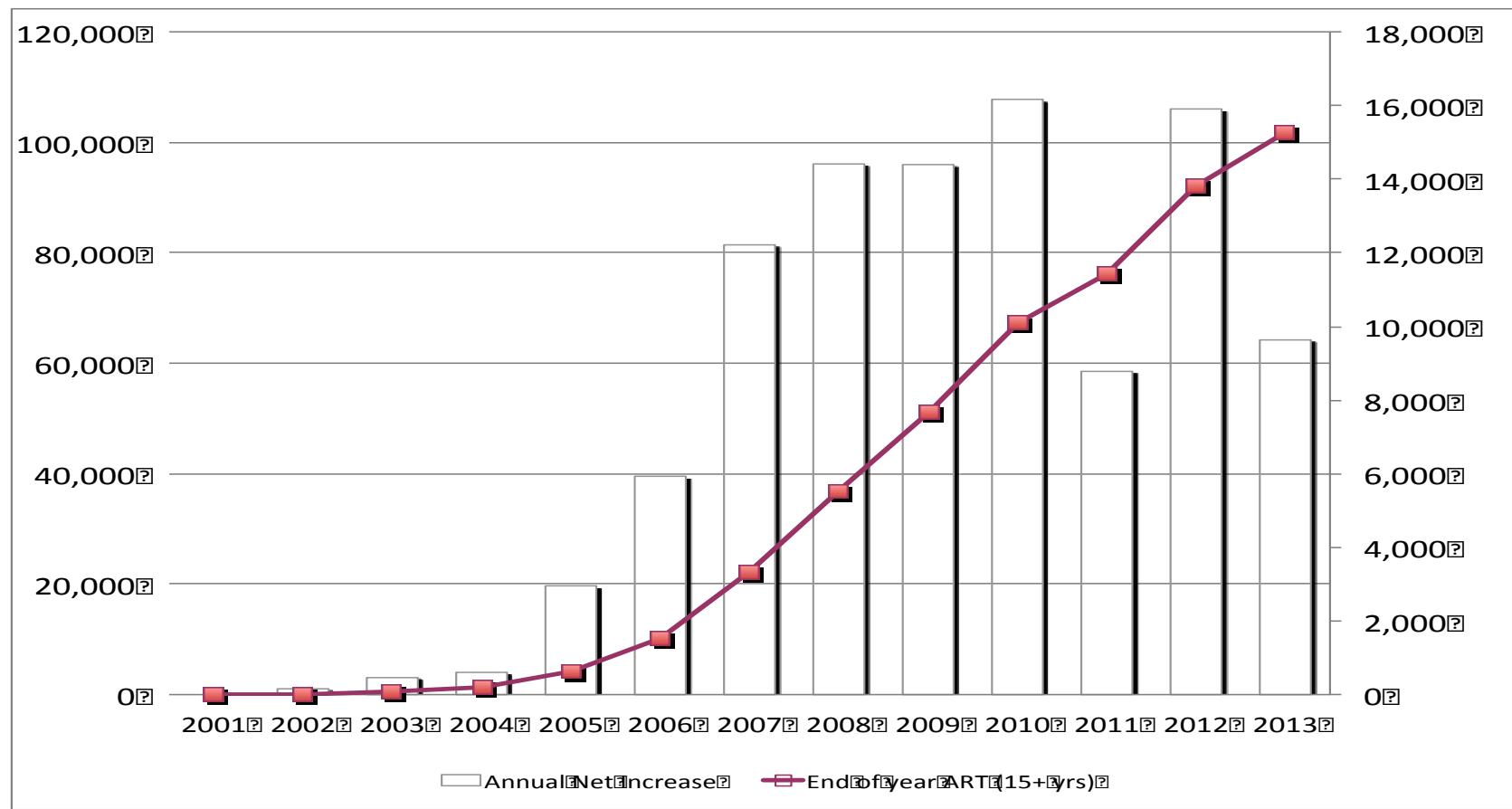


# Financial Context

HIV expenditure FY2013	Value	%
<b>TOTAL</b>	<b>\$115,362,548</b>	<b>100%</b>
GOL	\$29,763,763	26%
Global Fund	\$41,472,244	36%
PEPFAR	\$32,452,500	28%
Other internationals	\$7,629,000	7%
Other bilateral	\$4,045,040	3%



# Current on ART, including net increase (2001 – 2013)



2013 results only up to APR13 (Sept. '13)



- To reduce sexually transmitted infections by 50%
- To reduce mother to child transmission of HIV to <2%
- To reduce TB deaths in people living with HIV by 50%
- To eliminate HIV and AIDS stigma and discrimination
- To improve the efficiency and cost-effectiveness of the national multisectoral response

## **IMPACT OF REVISED NSP**



# Scenarios

## Aggressive Scale-Up

- Meet NSP prevention targets by 2016
- New treatment guidelines; 80% by 2015
- Routine VL
- Full coverage of VC with a basic package of services

## Phased Scale-Up

- Meet NSP prevention targets by 2020
- New treatment guidelines; 70% by 2016
- VL for suspected failure
- Moderate ↑ coverage of VC

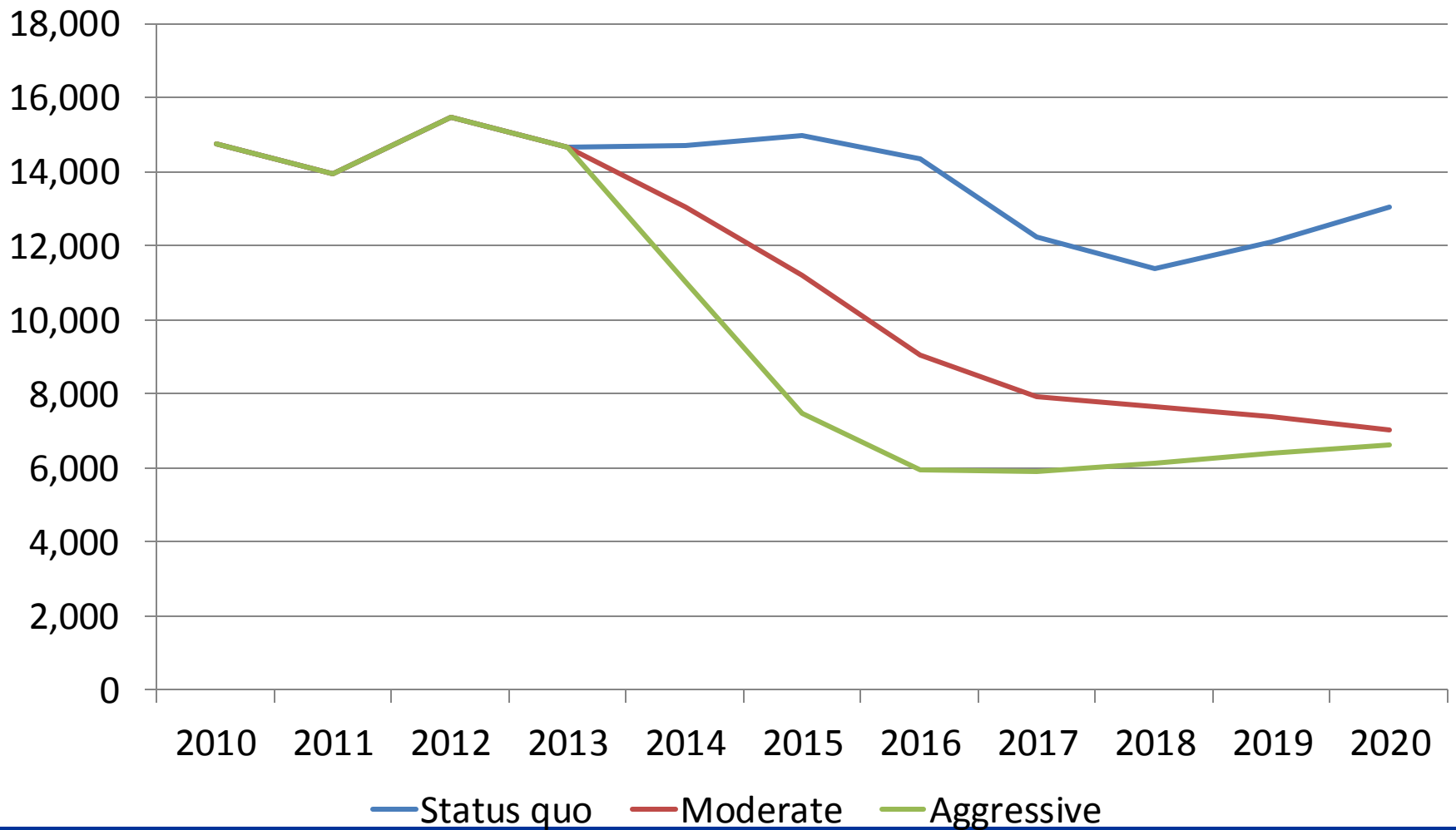
## Status quo

- Maintain the gains in prevention
- Current treatment guidelines with targeted VL for suspected failure
- Flatlined coverage of VC



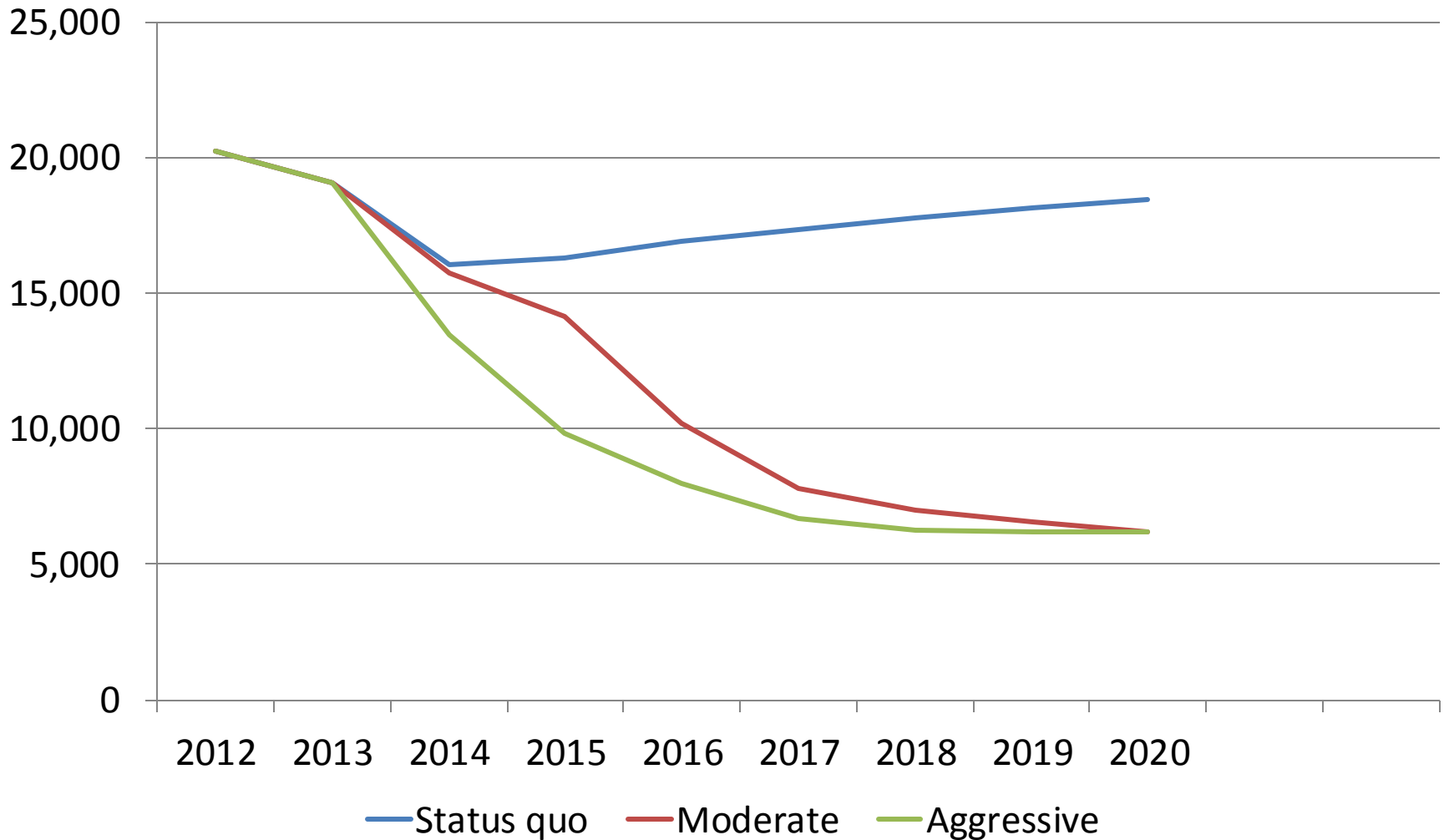


# AIDS deaths





# New infections





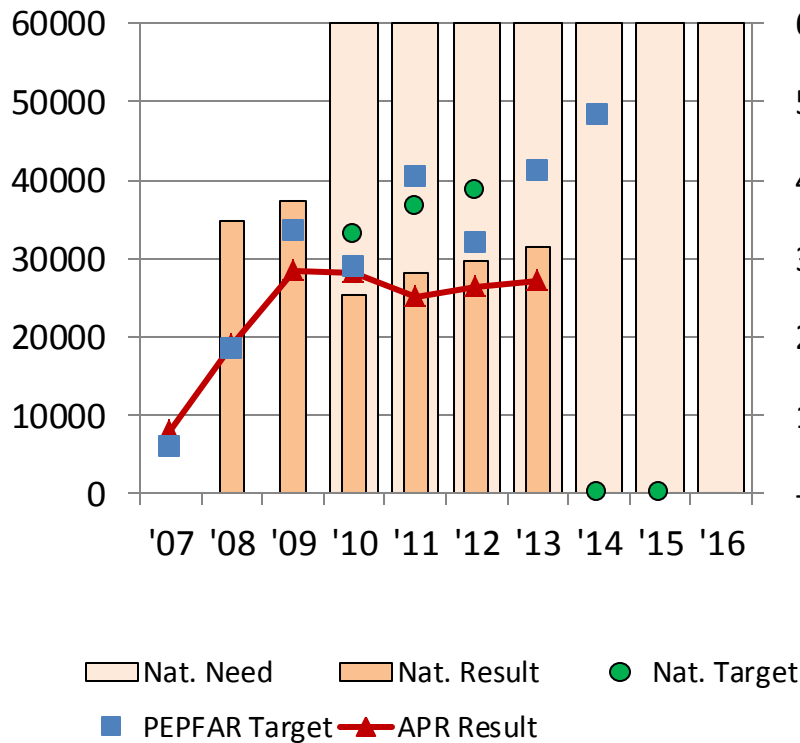
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# PEPFAR LESOTHO PROGRAM

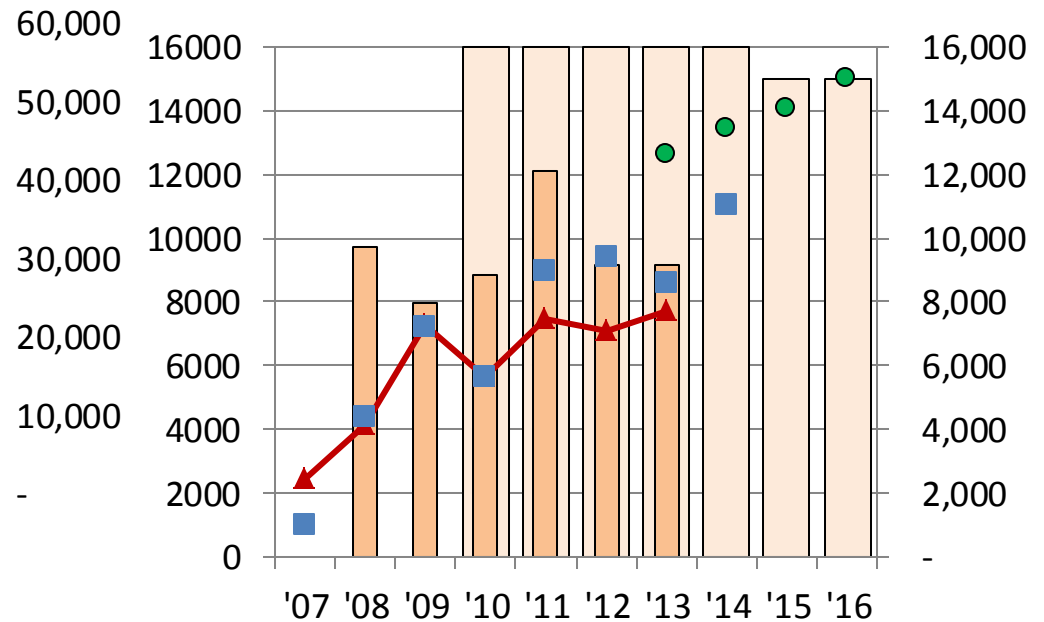


# PMTCT Results

**P1.1.D individuals who received HTC and received their results**



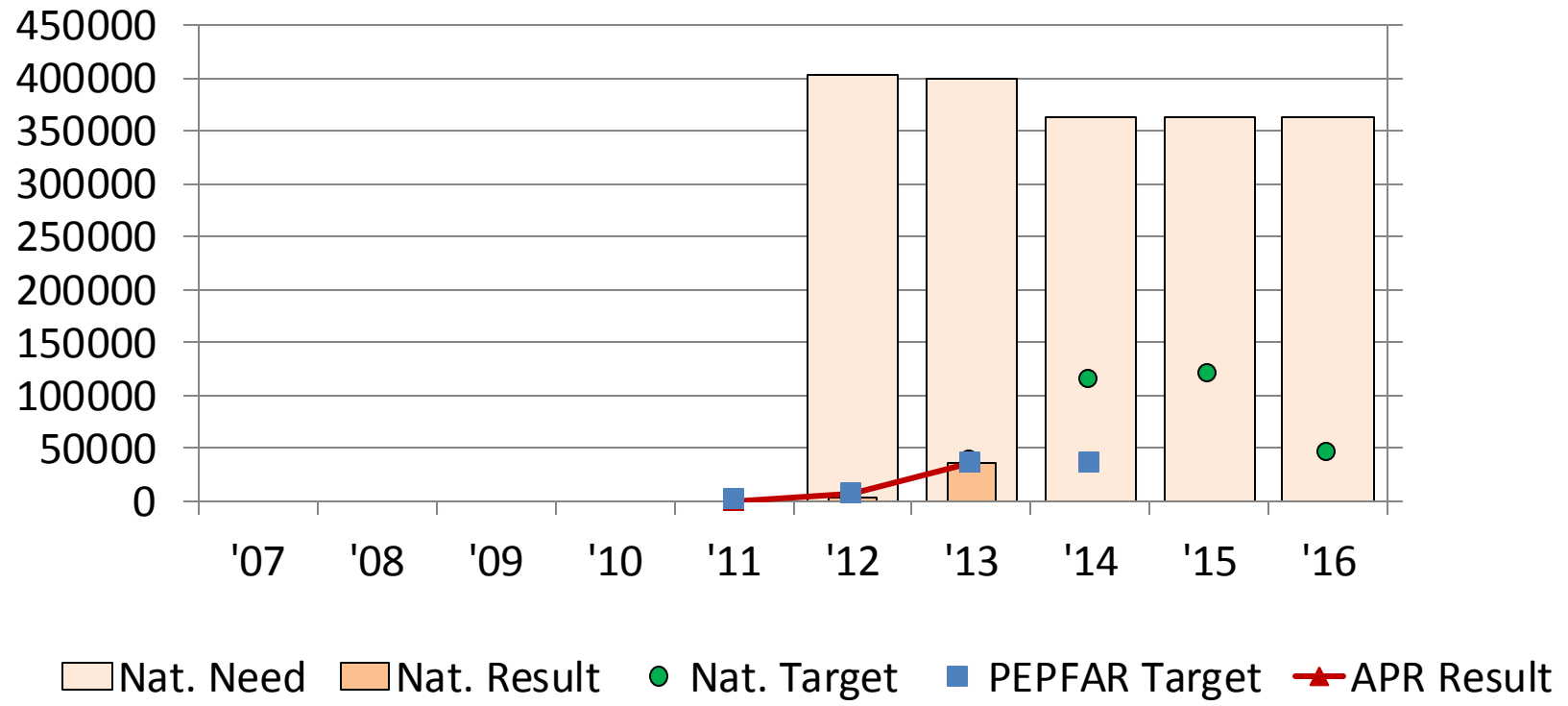
**P1.2D Number of HIV positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission**





# APR13: VMMC Indicator

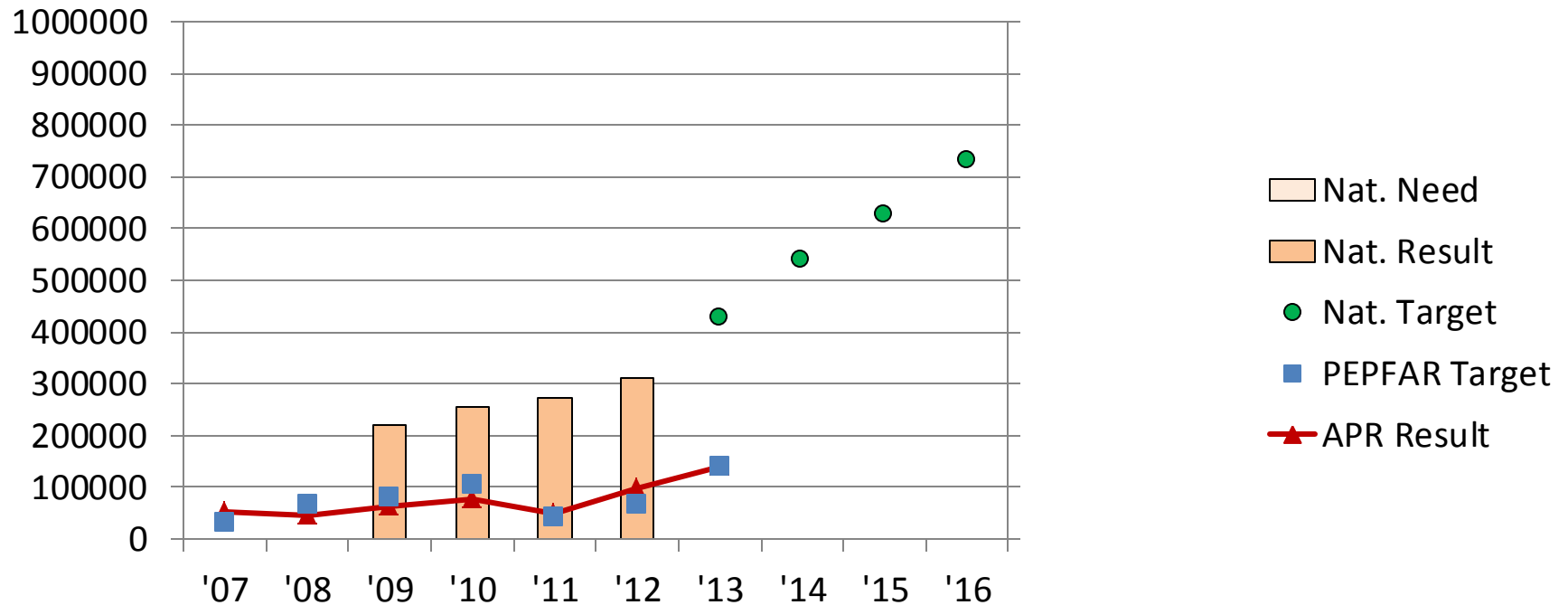
## P5.1D Number of males circumcised as part of the minimum package of MC for HIV prevention services





# APR13: HTC Indicator

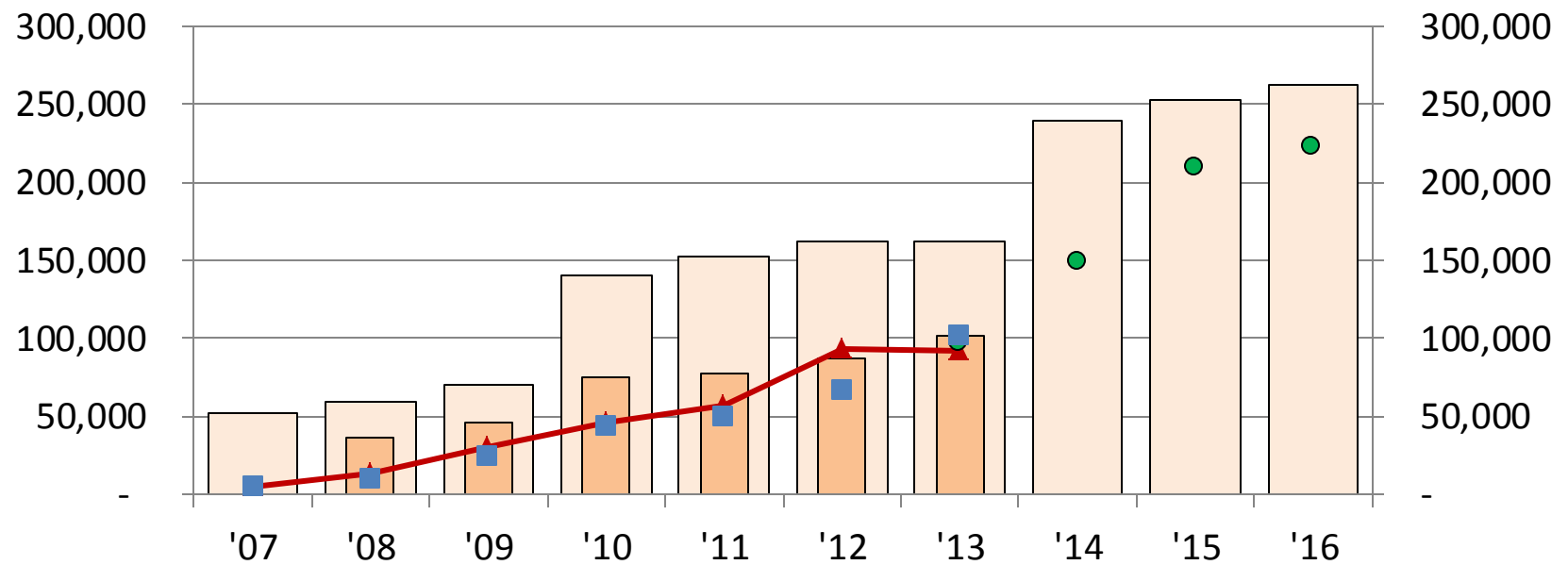
## P11.1D Number of individuals who received Testing and Counselling (T&C) services for HIV and received their test results





# APR13: ART Current Indicator

**T1.2D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]**



Nat. Need    
  Nat. Result    
  Nat. Target    
  PEPFAR Target    
  APR Result



# Implementing Partner Profiles

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## PREVENTION

- PSI/TARGET; EGPAF; PSI/LETLAMA; Peace Corps; JHPIEGO;

## OVC

- Small Grants; MSH/BLC

## CARE & Rx.

- ICAP; EGPAF; M2M; URC/ASSIST

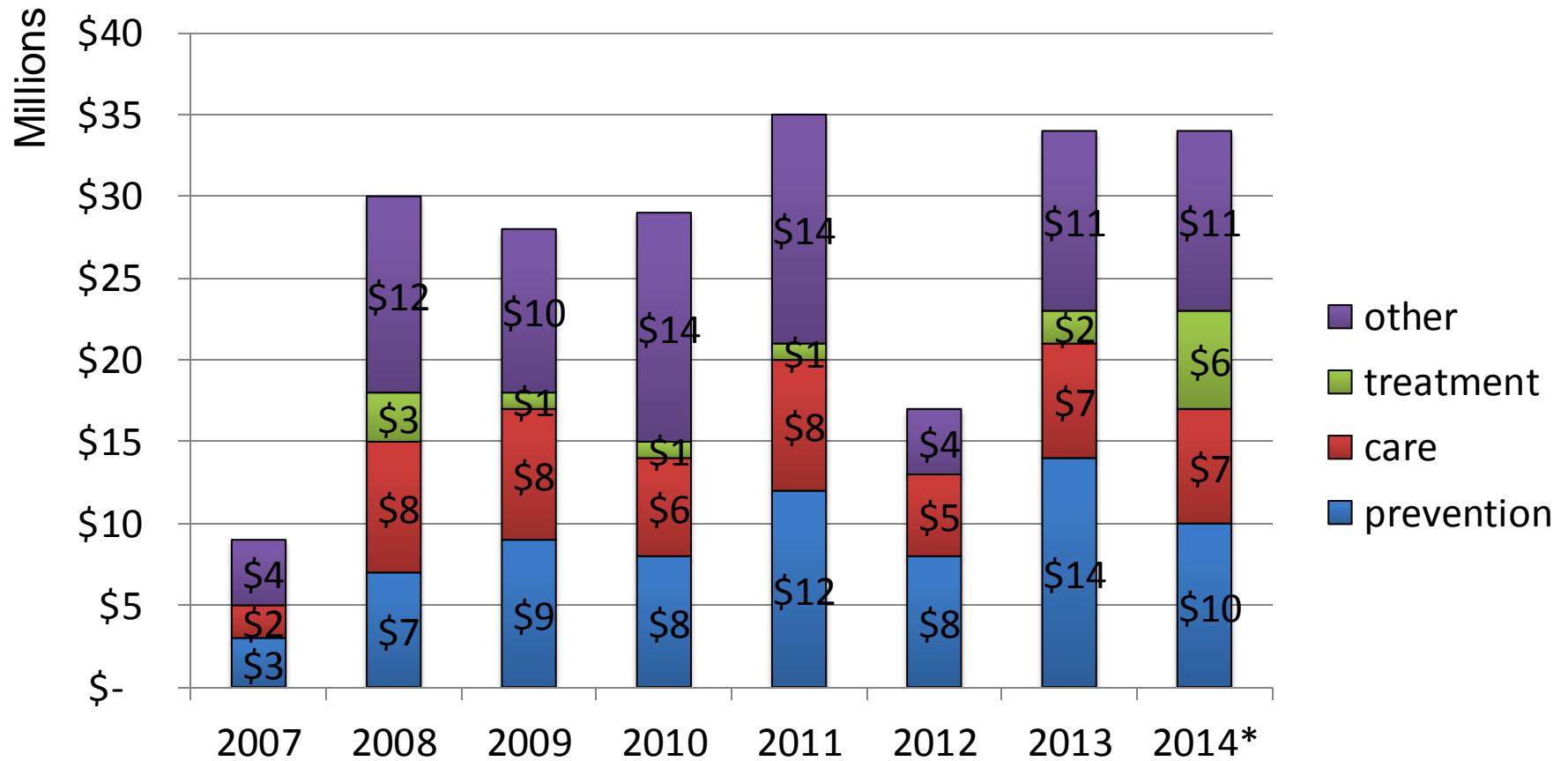
## OTHER

- APHL; MOH; NICD; LDF; HRAA; IHM; MSH/SIAPS





# PEPFAR Lesotho Budget 2007-14



\* proposed



# COP14



# COP Elements (new/changes)

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The USG has shifted its program priorities to better support the MOH to address the HIV epidemic

- Support to PHC Revitalization through USG moving to district-based clinical programming
- Support one national HMIS
  - Better analysis and use of data at site, program, & planning levels
- National treatment scale-up a priority
- Linkages, retention & QA/QC of services a priority
- Increasing division of labor with TGF & UNAIDS
- USG is required to develop a Sustainability Plan in FY14



# Prevention: Priorities

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## Sexual Prevention

- Strengthen linkage between community activities & clinical services
- Focus on key populations
- Continue core, multi-channel communication

## Blood Safety

- Scale-up blood collection
- Implementation of quality management system

## Safe Circumcision

- Provision of VMMC services in the 10 districts of Lesotho and piloting EIMC in two facilities
- Start Prepex pilot in March 2014
- Training and Mentoring on VMMC
- QA improvement



# Prevention: PMTCT Priorities

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- Align goals and strategies with the PMTCT Action Plan
  - Increase HIV testing by improving quality of ANC and developing innovative approaches
  - Expand condom distribution and promotion in ANC
  - Support integration of comprehensive voluntary FP services within all PMTCT sites irrespective of HIV status
  - Support full implementation of B+ and retention beyond pregnancy



# Prevention: HTC Priorities

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- Increase PITC coverage as higher yield, more cost effective and better linkages
- Continue community-based HTC as it facilitates early diagnosis & has a large impact on incidence
- Improve quality of testing & counseling
- Maintain RTK security
- Support HTC policy revision



# Care & Treatment Priorities

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- 26,000 net new patients by Sept 2014 & an additional 44,000 net new patients by Sept 2015
- Support PHC revitalization through reorganization to 1 clinical care partner per district
- Update existing M&E systems to collect data, # of “current” on ART
- Aggressively expand and strengthen pediatric HIV testing and C&Rx
- Continue to strengthen the B+ program for all HIV+ pregnant and breastfeeding women



# Care & Treatment: Priorities

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## Prioritize strategies and interventions that:

### Pediatric

- Increase pediatric & adolescent ART enrollment through case finding
- Prioritize linkage engagement and retention strategies
- Improve the quality of care using patient outcome measures and quality improvement tools

### Adult

- Capacitate systems to manage rapid expansion of clients
- Prioritize linkage engagement and retention strategies
- Improve outcomes through timely initiation and robust clinical monitoring





# Care: TB Priorities

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- Scale-up rapid initiation of ART for persons co-infected with TB/HIV
- Early ART initiation to reduce mortality
- Focus 3Is
- Scale-up of TB/HIV interventions among vulnerable groups



# Care: OVC Priorities

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- Strengthen capacity of MOSD to coordinate OVC program implementation and monitoring
- Strengthen institutional and community ownership through sub-grants and capacity building
- Improve capabilities through technical and organizational support to families, CSOs and MOSD
- Maintain mutual accountability through joint planning and monitoring of NSPVC



# Systems: Lab Priorities

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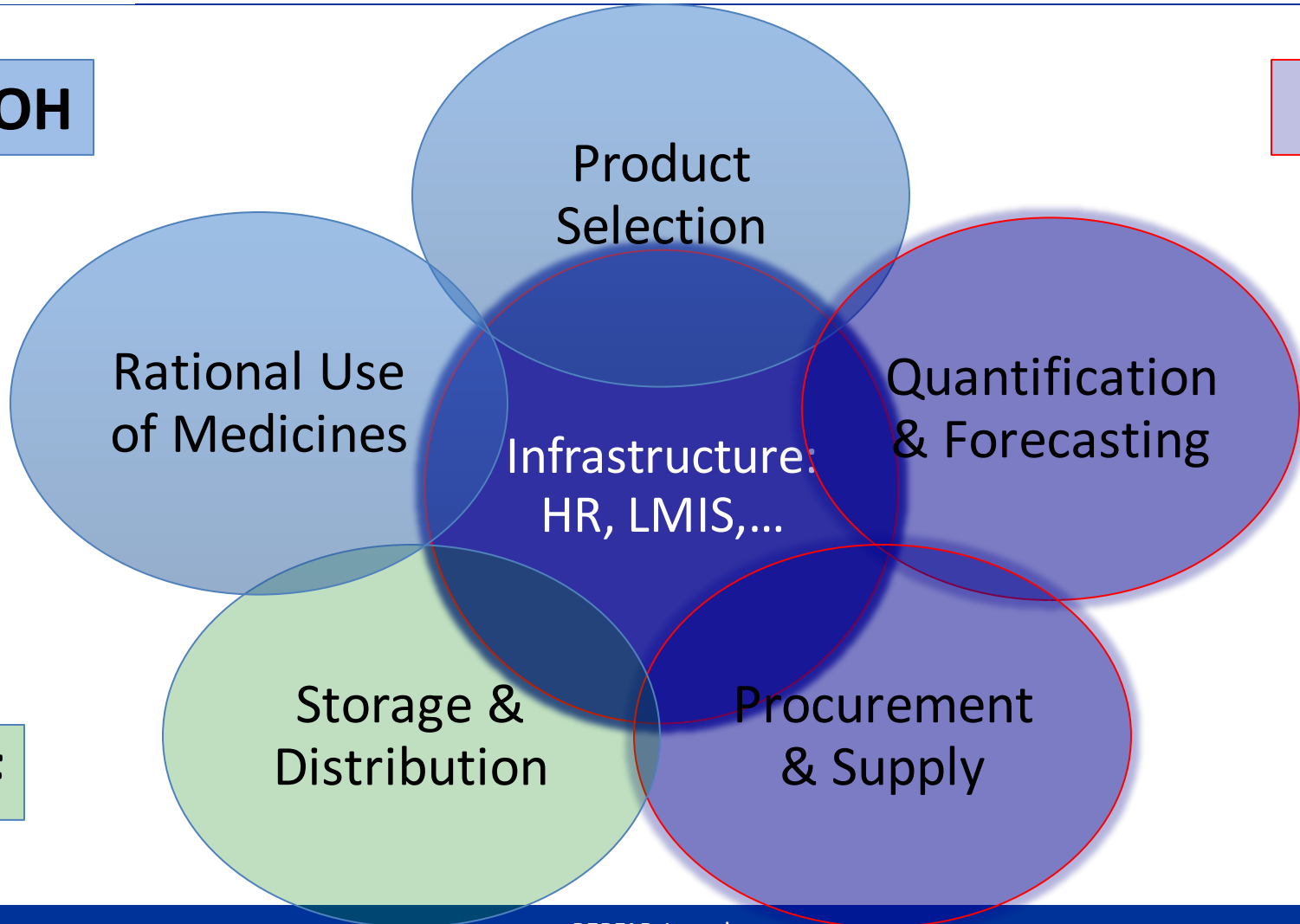
- Improve the laboratory quality management systems
- Scale-up of point of care and support decentralization of services
- Strengthen sample transport and referral testing services
- Strengthen laboratory information systems



# System: PSM Priorities

**MOH**

**USG**



**TGF**



# Systems: HRH Priorities

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Overall Objective: HR to deliver quality health and HIV/AIDS programs

- HRIS developed and the use of data for decision-making promoted
- Pre & In-service education systems strengthened
- Support national HRH/HSS plans and policies
- Health professional regulatory bodies and associations strengthened.
- Academic institutions accredited



# Systems: SI Priorities

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- Support One National Monitoring and Evaluation System
- Improve surveillance and survey activities to better inform about key populations
- Optimize USG inputs to the Lesotho national HMIS system