

**Title: Scaling Up Access to Comprehensive HIV/AIDS Services in Lesotho: A Summary of Early Experiences in Project Implementation**

**Authors: Allan AHIMBISIBWE, Appolinaire TIAM, Tony ISAVWA, Leopold BUHENDWA, Reynolds MAKARIA, Oyebola OYEBANJI, Mamorapeli PUTSOANE**

**Presentation Type: Poster Exhibit**

**Issues:**

The Lesotho Ministry of Health (MOH)'s *PMTCT and Pediatric HIV Care and Treatment Scale-up Plan for 2008 - 2011* calls for 100% prevention of mother-to-child transmission of HIV (PMTCT) coverage by 2011. Despite numerous achievements, the HIV prevalence remains high; Lesotho has the third highest HIV prevalence rate in the world (23.7 %). Access to HIV and AIDS services is constrained by limited and inequitable coverage, and a shortage of skilled health-care workers. With support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Lesotho is working with the Lesotho Ministry of Health (MOH) to strengthen clinical services in the country.

**Description:**

A five-year, USAID-funded project titled "Strengthening Clinical Services (SCS) in Lesotho" was initiated in February 2010 to integrate comprehensive, family-centered HIV and AIDS care into all existing public (Government and faith-affiliated) health centers and private health facilities to increase HIV service coverage and treatment enrollment of children, adolescents and adults. Strategies used during this project included:

- Service delivery: integration of comprehensive, family-centered HIV/AIDS services (whereby clients are encouraged to engage in services with their family members for testing and or care and treatment) into existing health facility services using a district-based approach;
- Capacity building: improvement of health worker skills and knowledge on HIV and AIDS service delivery mechanisms;
- Community mobilization: improvement in community knowledge and support of HIV/AIDS-related health services; and
- Partnerships for skills enhancement: implementation of a competency-focused training program, which included didactic lectures followed by onsite-mentorship.

**Lessons Learned:**

Between April 2010 and March 2011, PMTCT was integrated into 75 additional health facilities (a 33% increase) and antiretroviral therapy (ART) services were integrated into 60 additional health facilities (a 30% increase). Between April 2010 and March 2011, 30,251 pregnant women were tested for HIV at EGPAF-supported sites in the country (an increase from the 19,939

tested during the same period of 2009-2010). Of all pregnant women tested, 5,265 (17%) were diagnosed as HIV-positive and all (100%) women testing positive received antiretroviral drugs for either prophylaxis or treatment (an increase from 97.6% during the period March 2009-February 2010). A total of 10,759 (pregnant women and other) eligible clients were initiated on ART between April 2010 and March 2011 (no comparison data were previously collected). Training was given to 680 health professionals and mentorship to over 900 health workers by EGPAF technical staff to increase workers' skills in confidence in HIV management. Formal strategic partnerships were formed among all 10 district health teams (DHTs) and four sub-grantees.

Despite the challenges, which include limited staff and low male involvement, scale-up of HIV services in hard-to-reach areas is possible. Essential requirements for scaling up HIV services include a skilled and committed workforce, strong strategic partnerships, and support from the MOH, DHT, and local councils.

**Next Steps:**

Moving forward, EGPAF will further support districts and sites' staff to create ownership among district teams in order to ensure sustainable integration and will also work to scale up integration of services at additional facilities in the country.