



Photo: Heather Mason/EGPAF, 2015



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## Catalyzing Expanded Access to Early Testing, Care and Treatment for HIV-Exposed Infants in Lesotho

UNITAID/EGPAF Project to Optimize Early Infant Diagnosis of HIV (EID) through the Integration of Point-of-Care (POC) Testing into National Laboratory Networks: Expanding Access to Affordable, Effective and Equitable Testing of HIV-Exposed Infants.

### LESOTHO

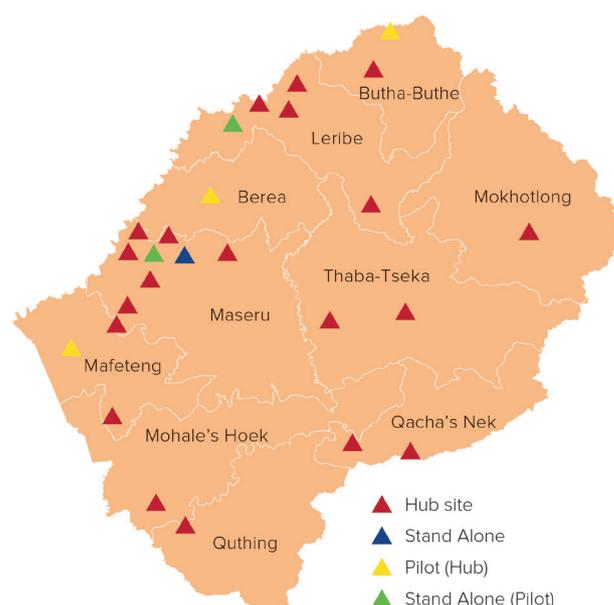
Lesotho has the second highest HIV prevalence rate in the world, with 25% of adults aged 15-49 years living with HIV (about 294,000 people),<sup>1</sup> and an additional estimated 13,000 HIV-positive children under the age of 15 years.<sup>2</sup> Adult HIV incidence has remained high and women are disproportionately affected by the epidemic, with 46% of the 35-39 age group living with HIV.<sup>1</sup> Prevalence among pregnant women is 25.9%.<sup>2</sup>

Without treatment, up to 50% of HIV-infected children will die before their second birthdays. Yet, in Lesotho only 7,466 HIV-positive children are on antiretroviral therapy (ART).<sup>2</sup> Low early infant HIV diagnosis (EID) and low pediatric HIV testing rates continue to be the biggest barrier to initiation of lifesaving treatment.

### EGPAF-LESOTHO

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has worked in Lesotho since 2004, in collaboration with the Ministry of Health (MOH). EGPAF rapidly expanded access to comprehensive HIV/AIDS services throughout the country, establishing itself as a key HIV service implementation partner in Lesotho. Through this partnership and direct support to 121 facilities, EGPAF is well-placed to launch the UNITAID project in Lesotho, which will significantly increase the number of HIV-positive infants receiving life-saving treatment in nine countries.

### POC EID SITES



\* Lesotho Demographic Health Survey 2014  
\*\* UNAIDS, 2015.

## UNITAID PROJECT IN LESOTHO

### The Goal

To increase the number of HIV-positive infants whose HIV status is known and facilitate early ART initiation for these children in Lesotho.

### Targets

To increase the number of HIV-positive infants whose HIV status is known and facilitate early ART initiation for these children in Lesotho.



- Achieve a 20% increase in HIV testing coverage among infants by 2019



- Process around 36,000 HIV tests by end-of-project



- Achieve reduction in turnaround time between sample collection and results receipt by caregiver from the current 30-60 days to zero days at hub testing sites and seven days at spoke sites by 2019



- Reduce median number of days from receipt of results by caregiver to ART initiation among HIV-infected infants to less than 14 days by 2019



- At a vertical transmission rate of 4%, we expect to detect about 720 HIV-infected infants



- Ensure 648 infants (90% of identified infants) are receiving treatment by project end.

### Methodology

To ensure that HIV-exposed infants have timely access to HIV testing, we will strategically place new-to-market POC platforms (in-line with existing national EID networks) within health facilities. Those facilities in which POC platforms are placed will become “hubs”. Smaller “spoke” sites in nearby communities will be able to send their collected EID samples to hub sites for processing, thereby allowing hubs to support existing EID laboratory functions. The increased availability of POC testing will decrease current average turnaround time of HIV diagnostics and increase the proportion of caregivers receiving timely results for their HIV-exposed infants.

### Strategic Project Site Identification

Site selection, and classification of sites into hubs and spokes, was a joint effort between EGPAF, the MOH, and key stakeholders. 2015 site-level data were extracted and reviewed for 255 health facilities from national databases to ascertain which sites should be designated as hubs and spokes. Indicators such as the number of HIV tests performed per year, number of HIV-exposed infants per year, number of pediatric tests performed per year, and whether the site was an ART site or pediatric ART site were reviewed. Hubs and spokes were designated by grouping several low-testing volume sites, such as health posts, that are in close proximity to each other or linked by a sample transport system.

### Local Scale-up

By the end of 2018, Lesotho will have 29 EID testing sites, of which 25 will be placed in hubs (with the other four sites processing only their own large volume of samples), receiving samples from an additional 160 spoke sites. Of these 29 sites, five sites were selected for piloting from November 2016-April 2017. Lessons learned from the pilot will inform scale-up. Fourteen more sites will be allocated EID POC in year 2, and 10 additional sites in year 3 of the project.



### UNITAID GLOBAL COVERAGE

New-to-market, POC technology ensures that infants are screened on-site and quickly receive their test results so that HIV-positive infants can be rapidly enrolled on lifesaving ART. POC testing platforms are easy to use in a variety of service delivery settings, and do not require trained laboratory technicians to operate.

By late 2019, the four-year, U.S. \$63 million UNITAID/EGPAF project aims to increase the number of HIV-positive infants receiving life-saving ART, and also develop robust global and national markets for affordable, effective and equitable HIV infant testing. The project will work in nine high-prevalence countries: Cameroon, Côte d'Ivoire, Kenya, Lesotho, Mozambique, Rwanda, Swaziland, Zambia, and Zimbabwe.