EGPAF IN LESOTHO

HIV is the leading cause of death in Lesotho, affecting more than a quarter of the population. TB is the nation's second leading cause of death and a dangerous opportunistic infection for people living with HIV. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), seeks to end pediatric HIV and AIDS and support delivery of high-quality and comprehensive health services to women, men, and children through implementation of HIV prevention, care, and treatment programs, advocacy of supportive health policies, and operations research to inform better health service delivery. EGPAF began collaborating with Lesotho’s Ministry of Health in 2004. Through leadership from the Government of Lesotho and support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners, Lesotho significantly scaled-up access to comprehensive HIV services across the country. In June 2016, the country adopted World Health Organization guidelines recommending Treatment for All, allowing anyone diagnosed with HIV an opportunity to be immediately initiated on treatment for life. EGPAF has used a national-, district-, and site-level approach to deliver HIV services and provide technical assistance to the Ministry of Health.

The most recent Lesotho Population-based HIV Impact Assessment showed that Lesotho with EGPAF’s assistance reached the UNAIDS 90-90-90 targets by 2020, with 90% of the population aware of their HIV status, 97% of those aware of their HIV status on treatment, and 92% of those on treatment virally suppressed.

We continue to support 178 sites in 8 districts to implement a comprehensive package of HIV and TB services, we offer technical assistance to all levels of the national health system, advocate at the national level to inform health policies, and conducts research to inform improved programming.

KEY PROGRAM ACCOMPLISHMENTS**

Currently EGPAF-Lesotho supports:

- Testing nearly 400,000 individuals for HIV this year to date
- Access to lifesaving antiretroviral therapy among more than 200,000 individuals, including over 5,000 children
- Prevention of mother-to-child transmission (PMTCT) services of more than 5,000 women per year
- Early Infant testing and diagnostics provision to almost 6,000 HIV-exposed infants within their first 8 weeks of life this year, to date


** Data as of September 2020
Implementation of Comprehensive and Differentiated HIV/AIDS Services

Funded by PEPFAR through the U.S. Agency for International Development (USAID), the Providing Universal Services for HIV/AIDS in Lesotho (PUSH) Project (2016-2021) and the U.S. Centers for Disease Control and Prevention (CDC)-funded Accelerating Lesotho’s Progress to Epidemic Control Through Health System Strengthening and Delivery of Comprehensive HIV/TFB Care, Treatment and Prevention Services (STAR-L2) Project (2021-2025) enables EGPAF to directly provide a comprehensive package of HIV/AIDS services in 8 districts, while providing technical assistance to the Ministry of Health and local implementing partners at a national level. The package under PUSH and STAR-L2 includes: HIV testing services (including recency testing), PMTCT and early infant HIV diagnosis (EID) and treatment, pediatric and adult ART initiation and retention support, pediatric and adult TB treatment, management of TB/HIV co-infection, sexual and reproductive health care (including cervical cancer screening and treatment); post-gender-based violence clinical care, nutrition assessment, counseling, and support; community engagement; community-clinic linkages; quality improvement; strategic information generation and evaluation; and health workforce capacity building. Recently, EGPAF has integrated COVID-19 screening at borders and factories into our ongoing TB/HIV work.

EGPAF-Lesotho has worked with the Ministry of Health to introduce and scale-up differentiated HIV care models, which individualizes patient care and optimizes retention of clients in care, enabling progress towards the UNAIDS 95-95-95 targets. Differentiated approaches currently in use include: multi-month ART scripting and refills; community ART groups; extended clinic hours; community-based ART distribution; and integrated community outreach. EGPAF is also using innovative strategies to reach priority populations traditionally underserved by the health system, such as children, adolescents, migrant populations, and factory workers.

Capacity-Building and Direct Service Delivery

To expand coverage of critical HIV/AIDS services, EGPAF implements a combination of approaches. EGPAF provides direct service delivery, mentorship, and supportive supervision to ensure quality service provision. At district-level, EGPAF provides technical assistance to the Ministry of Health District Health Management Teams. Trainings are provided on comprehensive HIV, TB, and related topics and support provided for data collection, analysis, and use for programmatic decision-making.

EGPAF supports the revision and adaptation of national policies, guidelines, and tools to create an enabling environment for the elimination of pediatric HIV and improved clinical outcomes for all people living with HIV. We also provide significant human resource support, with a variety of staff cadres directly providing a wide range of services and currently have a staff complement of more than 700 employees, including doctors, nurses, counselors, provider-initiated HIV testing and counselling officers, pharmacy staff, and M&E staff across the 8 districts. In 2020, we trained and mentored more than 3,000 health providers and over 400 local partner staff.

Increasing Identification of HIV-positive and TB-suspected Children and Adolescents and Strengthening Their Access to Treatment

EGPAF has supported scale-up of integrated and innovative HIV testing for infants, children, adolescents and adults to increase HIV and TB case-finding and treatment coverage through PUSH, STAR-L2, and other projects.

Through Untaid funding, EGPAF-Lesotho integrated rapid, site-level point-of-care (POC) EID technology to expand affordability, efficiency, and equitable testing of HIV-exposed infants. This project was successfully handed over to the Ministry and now incorporates POC viral load testing for pregnant and breastfeeding women. EGPAF is also scaling up access to and coverage of TB diagnosis and new child-friendly treatments for both active and latent TB under the Unitaid-funded Catalyzing Pediatric Tuberculosis Innovation (CapTB) project (2017-2021). Through the Unitaid-funded Optimal Project, EGPAF is optimizing treatment outcomes for children living with HIV. We are also scaling up virtual pediatric care management with Gilead funding.

In response to limited availability of second- and third-line pediatric and adolescent treatment options, Johnson & Johnson, EGPAF, and the Partnership for Supply Chain Management, launched New Horizons, which includes a donation program for third-line ART pediatric formulations to increase access to third-line ART for children and adolescents failing second-line treatment. To increase the availability and quality of adolescent-friendly health services, EGPAF has supported establishment of an adolescent health program under PUSH and STAR-L2 that includes recruitment and deployment of trained staff, including pediatricians, nurses, social workers, psychologists, counselors, and youth ambassadors. These staff provide adolescent-friendly services at selected health facilities, while also training other service providers on the provision of adolescent- and youth-friendly services.

ADVOCACY

Byadvocating for implementation of evidence-based, globally-recommended policies through the active participation in all national HIV-related technical working groups and advisory committees, EGPAF provides technical assistance and serves as a key partner to Lesotho’s Ministry of Health. We played a central role in supporting Lesotho to become the first country in sub-Saharan Africa to implement the World Health Organization’s ‘Treatment for All’ guidelines EGPAF also supported establishment of a modern “see and treat” cervical cancer prevention program in Lesotho, introduced recency testing to map out “hot spots” for HIV infection, and introduced innovative POC viral load monitoring for pregnant and breastfeeding women. EGPAF has a seat in the Lesotho Country Coordination Mechanism of The Global Fund, where we advocate for continued prioritization of pediatric HIV and TB.

RESEARCH

EGPAF-Lesotho is dedicated to advancing operations research to strengthen the effectiveness of the global HIV and AIDS response.

Current Research Activities

POC: EGPAF is now using POC technology to test for recent infection among individuals newly diagnosed with HIV infection. This surveillance of recent infection is helping to inform and target HIV prevention services, and will be scaled up to include additional districts in the next year.

Maternal and Child Health: EGPAF conducted a randomized trial of a facility-based intervention to improve the quality and coordination of care for pregnant and postpartum women and their infants. This “IMPROVE” intervention included creation of multidisciplinary management teams at health facilities, as well as training/support for patient-centered care. The study assessed a number of outcomes including maternal adherence and viral suppression, and repeat testing for HIV.

TB: Lesotho is one of several EGPAF programs participating in the evaluation of the CaP TB project, designed to improve diagnosis and management of pediatric TB.

Care and Treatment for Children and Adolescents: Clinical outcomes are measured in this cohort of children and adolescents on ART, a subset of participants under age 15 contribute data to an assessment of clinical and pharmacovigilance outcomes of new pediatric ART formulations.

Prior Research Activities

Determining the population-based, 18-24 month HIV-free survival among HIV-exposed children, as well as factors associated with child HIV infection, death, or HIV-free survival through community-based surveys (PLOS One, 2020).


Use of POC beyond EID: A retrospective case review in Lesotho (JAIDS, 2020).

Comparison of 6-week PMTCT outcomes for HIV-exposed and HIV-unexposed infants in the era of lifelong ART: Results from an observational prospective cohort study (PLOS ONE 2019).

HIV Incidence among pregnant and postpartum women in a high prevalence setting (PLOS ONE 2018).

Differentiated Care: EGPAF evaluated differentiated HIV care and treatment for people with advanced HIV disease and supported the development of a national advanced HIV disease manual and the roll out and implementation of advanced HIV disease care in all hospitals across the country.

Tracking very EID of HIV in Lesotho: Acceptability and feasibility among mothers, health workers and laboratory personnel (PLOS, 2018).

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