

Strategic Direction Summary (SDS) Addendum for COP23 Mid-Term Review -- March 4, 2024

New decisions, agreements, and significant geographic or strategic shifts for COP23 year 2

In keeping with GHSD guidance for COP 23 year 2, PEPFAR Lesotho plans to mostly maintain the activities that are underway in FY 24/COP 23 year 1. Their 11% budget reduction from FY 24 to FY 25 has necessitated a decrease in funding for several activities. The program's primary objectives continue to be achieving the 95-95-95 targets by 2025 and beginning the transformation to a more sustainable response. Proposed new activities include the following:

- *Hypertension initiative – PEPFAR Lesotho submitted its application in early February 2024 and is currently awaiting a decision from headquarters.*
- *Tuberculosis Action Plan (TAP) – PEPFAR Lesotho submitted its proposal in early February 2024 and is awaiting feedback from headquarters.*
- *CAB-LA and DPV-VR are both to be provided in a multi-country implementation science project led by Jhpiego in Lesotho. PEPFAR Lesotho plans to support scale-up of these forms of PrEP in the general population once regulatory approval is obtained and sufficient amounts of the commodities become available.*

There are no proposed geographic shifts in FY25. With the release of new Notice of Funding Opportunities by CDC and USAID, it is expected that programs in strategic information, DREAMS, OVC, and prevention will undergo some modest changes.

Key agreements with community and civil society organizations

PEPFAR Lesotho continues to meet quarterly with CSO representatives to maintain open channels of communication. In the spirit of collaboration, the team has also invited CSO participation in the quarterly stakeholders' meetings and POART calls. During COP season the team hosts a standing weekly call with CSOs to provide updates, answer questions, and solicit input. The team's funding of Community Led Monitoring (CLM) through the Embassy's Special Projects Office has resulted in new relationships with the 12 CSOs implementing CLM.

Key activities that have ended or been delayed affecting anticipated progress leading into FY25

LIFT Up funding has been delayed. Funding of \$1.1 million for HIV Exposed Infants, Children and Pregnant and Breastfeeding Women was approved on February 17, 2024. Funding of \$500,000 for Key Populations remains on hold as of February 17, 2024.

PEPFAR Lesotho is awaiting Ministry of Health approval for CAB-LA for use in the general population who are at increased risk of HIV infection. Currently the drug is only approved for use in a multi-country implementation science project being implemented in Lesotho by Jhpiego.

Full adoption of e-registers at health facilities has encountered numerous challenges. Lack of electricity and internet access are ongoing challenges at many sites, but the main issue has

been the MOH's reluctance to provide the needed support to transition to a digital approach. At present, many providers are still entering the same data in duplicate – once on paper and a second time electronically. This has resulted in sub-optimal use of e-registers.

PEPFAR treatment partners reduced the number of data clerks they supported as overall funding levels declined. Although there was a detailed transition plan with the MOH, when the data clerks were terminated the MOH was unable to assume the required workload.

PEPFAR's attempts over the past 2-3 years at launching an HIV sustainability working group chaired by the PS at the Ministry of Health were not successful despite repeated efforts. The team hopes that UNAIDS' efforts to engage the Ministry of Health will be more fruitful, especially with the sustainability roadmap due on December 1, 2024.

The next Millennium Challenge Corporation (MCC) compact is scheduled to enter into force at the end of March. The compact includes a health systems strengthening component funded at \$75 million over five years. MCC activities should complement those of PEPFAR, especially with regards to digital health. However, Lesotho still needs to pass three pieces of legislation by the end of March to meet the Conditions Precedent set by MCC.

Data collection for the 2023-2024 Demographic and Health Survey (DHS) is ongoing. The last DHS was completed in 2014. Lesotho traditionally conducts the survey at five-year intervals, but this was delayed due to funding gaps and the COVID pandemic. PEPFAR does not provide funding for this survey, but does utilize the information collected.

The next version of the Integrated Bio-Behavioral Survey (IBBS) is still in the planning stages. The survey is not funded by PEPFAR, but we look forward to using the data once it is available. The last IBBS was conducted in 2018.

Target updates, tables 1-4

Table A1. ART Targets by Prioritization for Epidemic Control

Target Table 1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	FY 25 PLHIV ESTIMATE	New Infections (FY25)	Expected Current on ART (FY24)	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY 25) TX_NEW	ART Coverage (FY25)
Attained						
Scale-Up Saturation	264,444	3,780	244,081	247,726	8,760	94%
Scale-Up Aggressive						
Sustained						
Central Support						
Commodities (if not included in previous categories)						
No Prioritization						
Total	264,444	3,780	244,081	247,726	8,760	94%

Table A2. VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts								
Target Setting Age Bands	FY24				FY25			
	Estimated Population Male	Current Coverage	VMMC_CIRC Target	Expected Coverage	Estimated Population Male	Current Coverage	VMMC_CIRC Target	Expected Coverage
15-24	202,625	61%	13,443	68%	204,130	68%	10,119	73%
25-34	156,971	72%	4,201	75%	159,650	75%	3,163	77%
35-49	156,610	77%	2,068	78%	161,305	78%	1,557	79%
50+	97,481	78%	508	79%	98,767	79%	382	79%
Total	613,687		20,220	74%	623,852	74%	15,221	77%

Table A3. Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control									
Key Population	Total Population	PLHIV	PLHIV	KP_PREV Target	KP_PREV Target	PP_PREV Target	PP_PREV Target	AGYW_PREV Target	AGYW_PREV Target
	2024	2024	2025	2024	2025	2024	2025	2024	2025
FSW				4,560	4,560				
MSM				4,384	4,384				
N/A	1,897,035	268,385	264,444			94,775	111,918	34,578	22,735
People in Prisons and other enclosed settings				0	450				
TG				60	60				

Table A4. Targets for OVC and Linkages to HIV Services

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	OVC_SERV Comprehensive	OVC_SERV Target Preventive	OVC_SERV Target DREAMS	OVC_HIVSTAT Target
_Military Lesotho					
Berea	25,504	5,499	400	2,895	4,196
Butha Buthe	10,940	4,537	550	0	4,145
Leribe	33,418	13,727	450	0	11,338
Mafeteng	20,741	5,293	200	3,780	3,796
Maseru	47,860	15,457	200	6,483	12,031
Mohale's Hoek	20,556	4,757	400	2,981	3,673
Mokhotlong	12,311	2,567	300	0	2,359
Qacha's Nek	8,889	3,604	300	0	3,309
Quthing	14,608	4,816	300	0	4,468
Thaba Tseka	15,885	4,497	550	0	4,177
FY25 TOTAL	210,712	64,754	3,650	16,139	53,492

Budget updates, tables B1-4

Table B1. COP22, COP23/FY24, COP23/FY25 Budget by Intervention

Fiscal Year	2023	2024	2025
Intervention	Budget	Budget	Budget
	\$75,000,000	\$75,100,000	\$67,000,000
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	\$3,275,766		
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		\$2,682,937	\$2,153,230
ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$350,000	\$404,000	\$366,661
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$769,096	\$585,500	\$521,728
ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		\$250,000	
ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	\$403,000		
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		\$1,052,594	\$936,583
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	\$573,375		
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$740,000	\$780,000	\$580,000
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>AGYW		\$25,000	\$2,925
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		\$240,000	\$4,680
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		\$605,000	\$372,194
C&T>HIV Clinical Services>Non Service Delivery>Children		\$295,062	\$358,290
C&T>HIV Clinical Services>Non Service Delivery>Key Populations	\$207,261	\$20,000	\$22,540
C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$3,774,141	\$3,814,775	\$4,131,831
C&T>HIV Clinical Services>Non Service Delivery>OVC	\$165,610		
C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	\$481,331	\$445,062	\$128,672
C&T>HIV Clinical Services>Service Delivery>AGYW		\$300,000	
C&T>HIV Clinical Services>Service Delivery>Children		\$717,594	\$744,899
C&T>HIV Clinical Services>Service Delivery>Key Populations	\$457,170	\$610,000	\$457,238
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$9,746,312	\$9,382,815	\$7,874,231
C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	\$1,125,149	\$1,292,160	\$798,470
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	\$280,455	\$234,173	\$176,565
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$6,698,000	\$6,597,924	\$6,018,412
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		\$567,594	\$607,958
C&T>HIV/TB>Non Service Delivery>Pregnant & Breastfeeding Women		\$50,000	\$100,000
C&T>HIV/TB>Service Delivery>Children		\$100,000	
C&T>HIV/TB>Service Delivery>Key Populations		\$60,000	\$67,620
C&T>HIV/TB>Service Delivery>Non-Targeted Populations		\$1,975,311	\$1,813,868
C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$2,027,222		
C&T>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$457,710		
HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	\$181,267	\$426,817	\$352,902
HTS>Community-based testing>Service Delivery>AGYW	\$1,111,987		
HTS>Community-based testing>Service Delivery>Children		\$200,000	
HTS>Community-based testing>Service Delivery>Key Populations	\$197,828	\$197,828	\$182,990
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$910,247	\$1,100,000	\$1,050,174
HTS>Facility-based testing>Non Service Delivery>Children		\$122,531	\$114,966
HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$1,768,714	\$493,207	\$489,806
HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women		\$122,531	\$114,966
HTS>Facility-based testing>Service Delivery>Children		\$367,594	\$344,899
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$3,211,139	\$2,070,434	\$1,614,202
HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women		\$367,594	\$344,899
HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$306,151		

PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$200,000	\$520,077	\$520,077
PM>IM Program Management>Non Service Delivery>AGYW	\$1,567,684	\$1,536,330	\$1,190,240
PM>IM Program Management>Non Service Delivery>Key Populations	\$355,002	\$477,902	\$427,902
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$8,598,345	\$7,524,189	\$7,270,284
PM>IM Program Management>Non Service Delivery>OVC	\$851,066	\$667,445	\$647,422
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$6,563,317	\$8,987,562	\$8,634,496
PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	\$586,480		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	\$180,463		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	\$365,073		
PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations		\$50,000	\$50,000
PREV>Condom & Lubricant Programming>Service Delivery>AGYW		\$250,000	\$230,000
PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	\$76,184	\$74,660	\$8,736
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$684,798	\$821,295	\$610,033
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		\$640,513	\$552,199
PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations			\$142,895
PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		\$350,000	\$300,000
PREV>Not Disaggregated>Non Service Delivery>AGYW	\$155,000	\$100,000	\$50,000
PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$603,360	\$475,163	\$611,398
PREV>Not Disaggregated>Non Service Delivery>OVC		\$160,000	\$160,000
PREV>Not Disaggregated>Service Delivery>AGYW	\$150,000	\$250,000	\$195,000
PREV>Not Disaggregated>Service Delivery>Key Populations		\$176,854	\$20,693
PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$865,211	\$250,000	\$19,860
PREV>Not Disaggregated>Service Delivery>OVC	\$60,000		
PREV>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women	\$198,817		
PREV>PrEP>Non Service Delivery>Non-Targeted Populations		\$150,000	\$98,000
PREV>PrEP>Service Delivery>AGYW	\$856,300	\$1,306,300	\$1,646,681
PREV>PrEP>Service Delivery>Key Populations	\$170,794	\$292,653	\$332,205
PREV>PrEP>Service Delivery>Non-Targeted Populations	\$870,621	\$724,900	\$647,379
PREV>PrEP>Service Delivery>Pregnant & Breastfeeding Women	\$118,697	\$88,506	
PREV>Primary prevention of HIV and sexual violence>Service Delivery>AGYW	\$1,409,654		
PREV>Primary prevention of HIV and sexual violence>Service Delivery>Children	\$16,081		
PREV>VMMC>Non Service Delivery>Non-Targeted Populations	\$108,144	\$50,000	\$85,631
PREV>VMMC>Service Delivery>Non-Targeted Populations	\$2,549,399	\$2,607,543	\$2,611,276
PREV>Violence Prevention and Response>Service Delivery>AGYW		\$1,131,460	\$548,758
PREV>Violence Prevention and Response>Service Delivery>Children		\$15,760	
SE>Case Management>Non Service Delivery>OVC	\$57,168	\$56,024	\$354,343
SE>Case Management>Service Delivery>AGYW	\$718,945	\$704,566	\$683,429
SE>Case Management>Service Delivery>OVC	\$2,348,477	\$2,101,507	\$1,475,826
SE>Economic strengthening>Service Delivery>AGYW	\$1,124,527	\$1,102,036	\$1,068,974
SE>Economic strengthening>Service Delivery>OVC	\$2,013,937	\$1,973,658	\$1,509,858
SE>Education assistance>Service Delivery>AGYW	\$945,980	\$927,060	\$899,248
SE>Education assistance>Service Delivery>OVC			\$548,758
SE>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$311,545		
SE>Not Disaggregated>Non Service Delivery>OVC	\$100,000		

Table B2. COP22, COP23/FY24, COP23/FY25 Budget by Program Area

Fiscal Year	2023	2024	2025
Program	Budget	Budget	Budget
	\$75,000,000	\$75,100,000	\$67,000,000
C&T	\$25,420,361	\$26,462,470	\$23,300,594
HTS	\$7,687,333	\$5,468,536	\$4,609,804
PREV	\$10,025,076	\$9,965,607	\$8,920,744
SE	\$7,620,579	\$6,864,851	\$6,540,436
ASP	\$6,111,237	\$6,625,031	\$4,938,001
PM	\$18,135,414	\$19,713,505	\$18,690,421

Table B3. COP22, COP23/FY24, COP23/FY25 Budget by Beneficiary

Fiscal Year	2023	2024	2025
Targeted Beneficiary	Budget	Budget	Budget
	\$75,000,000	\$75,100,000	\$67,000,000
AGYW	\$8,626,557	\$7,632,752	\$6,515,255
Children	\$16,081	\$1,818,541	\$1,563,054
Key Populations	\$1,644,702	\$2,399,897	\$1,667,499
Non-Targeted Populations	\$57,192,408	\$55,924,323	\$51,070,978
OVC	\$5,596,258	\$4,958,634	\$4,696,207
Pregnant & Breastfeeding Women	\$1,923,994	\$2,365,853	\$1,487,007

Table B4. COP22, COP23/FY24, COP23/FY25 Budget by Initiative

Fiscal Year	2023	2024	2025
Initiative Name	Budget	Budget	Budget
	\$75,000,000	\$75,100,000	\$67,000,000
Cervical Cancer	\$1,000,000	\$980,656	\$980,656
Community-Led Monitoring	\$250,000	\$300,000	\$300,000
Condoms (GHP-USAID Central Funding)	\$200,000	\$200,000	\$200,000
Core Program	\$51,897,853	\$55,919,051	\$51,504,154
DREAMS	\$14,000,000	\$7,966,585	\$6,931,599
LIFT UP Equity Initiative		\$1,600,000	
OVC (Non-DREAMS)	\$4,255,947	\$4,075,165	\$2,985,684
USAID Southern Africa Regional Platform	\$1,401,000	\$1,401,000	\$1,401,000
VMMC	\$1,995,200	\$2,657,543	\$2,696,907

Above site updates, Table C

Sub-Program Area	Nature of Health System Investment	Length of PEPFAR investment in gap	Location of Investment	Year 1 Actual Budget	Year 2 Actual Budget	Year 1 Actual to Year 2 Actual % Change
Health Management Information Systems (HMIS)	Partner-Country Led	<5 years	National	\$2,682,937	\$0	(100%)
Health Management Information Systems (HMIS)	PEPFAR Supported Integration	<5 years	National	Not Provided	\$2,153,230	Not Provided
Human resources for health	Partner-Country Led	<5 years	Sub-National	\$354,000	\$0	(100%)
Human resources for health	PEPFAR Supported Integration	<5 years	National	\$50,000	\$366,661	633%
Laboratory systems strengthening	Partner-Country Led	<5 years	National	\$510,500	\$480,500	(6%)
Laboratory systems strengthening	PEPFAR Supported Integration	<5 years	National	\$75,000	\$41,228	(45%)
Laws, regulations & policy environment	PEPFAR Supported Integration	<5 years	National	\$250,000	\$0	(100%)
Management of Disease Control Programs	Partner-Country Led	<5 years	National	\$677,594	\$587,099	(13%)
Management of Disease Control Programs	PEPFAR Supported Integration	<5 years	National	\$375,000	\$349,484	(7%)
Procurement & supply chain management	Partner-Country Led	<5 years	National	\$780,000	\$580,000	(26%)
Surveys, Surveillance, Research, and Evaluation (SRE)	PEPFAR Supported Integration	<5 years	National	\$830,000	\$375,119	(55%)
Surveys, Surveillance, Research, and Evaluation (SRE)	PEPFAR Supported Integration	<5 years	Sub-National	\$40,000	\$4,680	(88%)

USG staffing

No new positions were created in COP23 Year 2. As funding continues to decline, we are looking at transitioning selected USDH and TCN positions to local hires. We are also discussing whether we need to back-fill vacancies as they occur. No current positions have been repurposed, but we are considering how best to help our existing staff acquire skills that will be needed as we move towards a more sustainable model. No positions were planned for elimination in FY25.

Brief summary of priority areas for sustainability roadmap development discussion, based on review of COP23 investments in strengthening and sustaining public health systems

Laboratory systems are functioning reasonably well. The two main challenges for Lesotho are 1) ensuring that vendors provide adequate support for maintenance, whether equipment is purchased or provided as part of a reagent lease agreement and 2) near total dependence on external donors for procurement of HIV and TB commodities, such as viral load, EID and TB reagents and sample transportation.

For human resources, PEPFAR Lesotho currently supports approximately 3,700 staff through our implementing partners. Due to financial constraints, the Government of Lesotho has limited capacity to absorb these positions. The recent issue with the data clerks mentioned above is an example of this. The HIV treatment program remains dependent on implementing partner staff for service provision.

PEPFAR Lesotho currently supports five different health information systems (eRegisters, laboratory information system, Lesotho Orphans and DREAMS Integrated Information System (LODIIS), Health Management Information System (for supply chain), and Human Resources Information System). The systems are in various stages of development and the amount of support PEPFAR Lesotho provides varies by system. As mentioned above for eRegisters, there are numerous challenges we face in supporting these systems.

For supply chain, the National Drug Service Organization (NDSO) is the country's central supply for medical commodities. Lesotho has largely avoided major stockouts of ARVs, though limited stockouts of other commodities are not uncommon and have negatively impacted service provision at times.

Brief Summary of PEPFAR resource commitments to the Sustainability Roadmap Development process vis a vis UNAIDS and country commitments to the process

We are working with UNAIDS Lesotho to support the proposed budget for sustainability roadmap activities. PEPFAR Lesotho is looking at cost savings in FY24 as well as a dedicated budget in FY25. UNAIDS and PEPFAR met with the PS at the Ministry of Health on February 19 to brief her on the recently released documents – “HIV Response Sustainability Primer” and the draft “HIV Response Sustainability Roadmap Companion Guide”. UNAIDS has identified PEPFAR, MOH, the National AIDS Commission (NAC), and WHO as the core group to organize the planning activities. UNAIDS proposed budget for phases 1-3 of roadmap development from now till December 1 is \$142,000. UNAIDS reports no available funding for this effort. PEPFAR Lesotho may be able to provide \$50,000-\$75,000 in FY24 and a similar amount in FY25. We have begun discussions with the Global Fund to see what assistance they can provide. We have requested that MOH and NAC provide in-kind support by seconding staff to UNAIDS for this effort.