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April 24, 2019

ACTION MEMO FOR DEBORAH L. BIRX, AMBASSADOR-AT-LARGE; COORDINATOR OF THE UNITED STATES GOVERNMENT ACTIVITIES TO COMBAT HIV/AIDS AND U.S. SPECIAL REPRESENTATIVE FOR GLOBAL HEALTH DIPLOMACY

SUBJECT: Lesotho Country Operational Plan 2019 Approval

Recommendations

Approve the 2019 Lesotho Country Operational Plan (COP) with a total budget of \$94,037,155, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

Lesotho	New Funding (all accounts)*	Pipeline**	Total Budget FY2020 Implementation
Total Budget	85,129,616	8,907,539	94,037,155
COP 19 Bilateral	85,129,616	8,907,539	94,037,155

* New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

** Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019.

Approve access for the Lesotho program of up to \$58,425 in central funding for the procurement of condoms and lubricants.

Approve a total FY 2020 outlay for COP 2019 implementation that does not exceed the total approved COP 2019 budget of \$94,037,155. **Any prior year funds that are not included within this COP 2019 budget and documented within this memo, its appendices, and official PEPFAR data systems are not to be made available for execution and outlay during FY 2020 without additional written approval.** The new FY 2019 funding and prior year funds approved within this memo as a part of the total COP 2019 budget are allocated to achieve specific results, outcomes, and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2020– must be submitted to and approved by S/GAC.

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Approved funding will be made available to agency headquarters for allocation to country platform to implement COP 2019 programming and priorities as outlined below and in the appendix.

Lesotho must fully achieve approved COP 2018 (FY 2019) treatment current (TX_CURR) targets in order to execute the COP 2019 strategy. Suboptimal COP 2018 performance jeopardizes COP 2019 funding and may result in updates to this approval and a decrease to COP 2019 funding.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders, and implementing partners in Johannesburg, South Africa, during the March 11-15, 2019 in-person planning meetings; the final COP 2019 submission, including all data submitted via official PEPFAR systems or within supplemental documents; and Lesotho's virtual COP 2019 approval with Ambassador Birx on April 18, 2019.

Program Summary

Funding and targets for Lesotho's Country Operational Plan (COP) 2019 support PEPFAR Lesotho's strategy to reach and sustain epidemic control by efficiently identifying people living with HIV (PLHIV), linking and retaining them on treatment, and building on previous achievements to reduce HIV incidence and enabling PLHIV to live productive, healthy lives.

With an overall community viral suppression rate of 74%, Lesotho is on the cusp of epidemic control. To reach the COP 2019 targets in FY 2020 through the achievement of the 95-95-95 goals (i.e., that 95% of PLHIV be aware of their positive status, that 95% of those who are aware of their status receive antiretroviral therapy (ART), and that 95% of those who receive ART maintain suppression of their HIV), COP 2019 will address several remaining gaps by scaling testing and treatment programs with fidelity and supporting effective prevention programs.

Currently, it is estimated that out of Lesotho's 329,000 PLHIV, 273,000 (83%) know their status, 254,000 (77%) are receiving ART, and 242,000 (74%) are virally suppressed. These equate to measures on the 95-95-95 performance scale of 83-93-95. In order to reach or exceed the 95-95-95 measures by the end of FY 2020, targets of 312,999 total PLHIV on treatment and 25,721 new PLHIV on treatment have been set. In consideration of these figures and the fact that the pace of newly identified cases has remained steady at approximately 7,000-

7,500 per quarter throughout FY 2018 and the first quarter of FY2019, it is evident that the “first 95” is where the largest gap presently remains, and that efforts to close it must accelerate during the remainder of FY 2019. Therefore, at this stage, the linchpin to Lesotho’s overall programmatic success is its case-finding efforts.

The FY 2020 PEPFAR Lesotho programming strategy is based on a thorough review of programmatic data, and comprehensive and transparent discussions with implementing partners and civil society and community organizations. Lesotho has adopted a strategy dubbed its “18- month sprint to epidemic control” in order to ensure they can reach COP 2019 objectives during FY 2020. Case-finding will be so crucial to achieving overall programmatic targets during this period because Lesotho has consistently and reliably performed well on measures such as linkage to care and retention of those on treatment. COP 2019 will support the following key case-finding-related strategies over the FY 2020 period of the “18-month sprint”: index testing; optimized provider-initiated testing and counseling (PITC); self-testing; and site-level analysis.

Index testing will be at the heart of the effort to identify positive individuals given Lesotho’s high ART coverage; it also serves as an essential strategy for finding previously unidentified positive men and those in younger age bands. Assuming that the program successfully scales its testing practices with fidelity for the remainder of FY 2019, the target for newly identified PLHIV during FY 2020 is 25,319. Since evidence shows that index testing is the optimal testing method when the 95-95-95 measures are relatively high (both the most efficient and effective of the various testing modalities), it is expected that index testing will yield a substantial portion of these newly identified positive cases, so the positive index test target for FY 2020 is 11,261—which would comprise 44% of total identified cases for the year.

Newly prescribed screening practices within PITC will also reduce the volume of tests—and costs—while effectively enabling providers to identify PLHIV more efficiently. A target of 8,168 cases has been set for FY 2020 for this modality. Self-testing is also an important strategy for finding men and adolescents, and will increase overall testing yields when it is inserted as prescribed into every other testing modality. Notably, during the COP 2019 in-person meetings in Johannesburg, South Africa, longstanding self-test supply issues were resolved through agreements reached between representatives from Lesotho’s Ministry of Health (MoH) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

In FY 2020, PEPFAR Lesotho and its partners will use site-level analytics to improve practices and performance in many program areas, including case-

finding. For example, site-level analyses can be used to identify “hot spots” where new cases are emerging at higher than expected rates based on monitoring testing yields and the total number of positives found over time. And such analyses can reveal that certain sites are performing poorly or employing substandard practices more quickly than standard reporting, which will enable more rapid corrections.

Partner management strategies deployed during FY 2019 will continue in FY 2020 in order to ensure implementing partners are able to hit their targets. These efforts include more efficient provision of technical assistance, the collection and dissemination of more granular data (including site-level analysis and other disaggregated data by age and gender), and deeper and more frequent reviews of items such as quarterly reports and work plans.

PEPFAR Lesotho will complete a transition to the preferred drug regimen of Tenofovir/Lamivudine/Dolutegravir (TLD), and completely phase out the suboptimal Nevirapine-based regimen by the beginning of FY 2020. In COP 2019 the program will focus on increasing patient-friendly policies such as multi-month drug dispensing and will take advantage of the regimen shift to reinforce treatment literacy with patients. Currently, only about 60% of Lesotho’s sites have provided viral load tests in alignment with guidance. By the end of FY 2020, it is expected that 100% of sites will meet prescribed standards for regimens and viral load monitoring, and that with adherence to those practices, they will provide at least 306,000 viral load tests.

In addition to expanding Lesotho’s laboratory systems capacity, COP 2019 will continue to support and build Lesotho’s other technical health systems and human resources capacities. These efforts are designed both to improve the efficiency of current systems and so that Lesotho will be better positioned to take on increasing amounts of functional responsibility for their epidemic control efforts in the future. Chief among these priority activities for FY 2020 will be to finish installing and then maintaining electronic registers with unique identifiers in all PEPFAR-supported facilities, which will improve data quality and performance monitoring. Funds dedicated to supporting Lesotho’s health systems is approximately \$7 million out of their total \$93.6 million budget, and a substantial portion of those funds (\$3 million) will go towards the electronic register/unique identifier program during FY 2020.

Tuberculosis Preventive Therapy (TPT) for all PLHIV will also be scaled-up as an integral and routine part of the HIV clinical care package. Since historical achievement of TPT targets has been especially low, intensive technical assistance will be provided by USG subject matter experts for the remainder of FY 2019 and into FY 2020. The MoH has also committed to remove persistent

supply chain obstacles and to procure sufficient numbers of TPT drugs, which should immediately improve programmatic performance. With these new practices and conditions in place, targeted provision of TPT to 159,829 is set for FY 2020, which would represent a several fold increase from the number served during recent years.

PEPFAR continues to aggressively fund HIV prevention activities in Lesotho, including programs for orphans and vulnerable children (OVC), voluntary medical male circumcision (VMMC), and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) services for girls and young women. In the most recent quarter, there has been demonstrated progress in multiple areas of the OVC program and improvement in layering DREAMS services. COP 2019 will support a focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support. DREAMS programming will focus on expanding services for recipients. The total target for OVC served during FY2020 is 97,709.

COP 2019 provides substantial support for VMMC, cervical cancer screening, and key populations programs. Recent performance gains in these program areas must continue to be taken to scale and sustained. A large part of the strategy to do so will be based on rigorous, dedicated support from country and implementing partner teams during the remainder of FY 2019 and into FY 2020. During FY 2020, it is expected that services for at least 30,074 VMMCs will be provided, with a focus on the age bands and districts with the highest level of unmet needs. It is expected that at least 46,048 cervical cancer screenings will be provided, and that at least 6,844 members of designated key populations groups will receive support.

Ultimately, it is perhaps the strength and commitment of PEPFAR Lesotho's partners that is most essential to programmatic success during the remainder of FY 2019 and FY 2020. The Government of Lesotho has been quick to adopt all critical policies that PEPFAR Lesotho has promoted as fundamental to reaching epidemic control. In cases where implementation has been slower than prescribed, they have collaborated to fill identified gaps. During the COP 2019 in-person meetings in Johannesburg, many of PEPFAR Lesotho's concerns were addressed when the Permanent Secretary of Health for Lesotho made explicit commitments to do the following in a signed memo, dated March 14, 2019: rapidly scale up case-finding through the implementation of index testing, partner notification, and self-testing; ensure that all PLHIV are initiated and encouraged to remain on treatment through multi-month (3 month minimum) dispensing; transition to purchasing and supplying preferred TLD regimens to

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all patients as quickly as possible; guarantee the availability of TPT to all who are eligible to receive it; ensure routine cervical cancer screening for all women living with HIV who are eligible for screening services; and scale up to 100% viral load coverage by the end of FY 2020. These commitments, and the continued successful collaboration between PEPFAR Lesotho and its many important partners, should lead to enhanced performance and many notable achievements during 2020.

The plans outlined in COP 2019 meet PEPFAR’s minimum standards for program requirements. Among the highest priorities for the 2018 and 2019 COP cycles will be requirements such as properly scaled and fully implemented index testing with fidelity, the successful scale up of TPT provision, expansion of viral load coverage to 100% by the conclusion of COP19, the replacement of Nevirapine-based regimens with Dolutegravir-based regimens by October 2019, and universal multi-month dispensing of drugs to PLHIV. PEPFAR Lesotho understands that maintaining funding is contingent upon continuing to meet all commitments to the minimum requirements listed in this approval memo and in Lesotho’s COP 2019 planning level letter.

Funding Summary

All COP 2019 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.

Lesotho	FY 2019 New			Total New Funds	Applied Pipeline*	Total COP 19 Bilateral Budget
	GHP-State	GHP-USAID	GAP			
DOD TOTAL	814,033	-	-	814,033	135,967	950,000
<i>of which, VMCC</i>	250,000	-	-	250,000	-	250,000
HHS TOTAL	35,149,849	-	512,500	35,662,349	7,346,038	43,008,387
HHS/CDC	35,149,849	-	512,500	35,662,349	7,346,038	43,008,387
<i>of which, Cervical Cancer</i>	454,862	-	-	454,862	-	454,862
<i>of which, DREAMS</i>	2,612,725	-	-	2,612,725	-	2,612,725
<i>of which, FBO Surge</i>	2,576,665	-	-	2,576,665	-	2,576,665
<i>of which, Surveillance and Public Health Response</i>	1,075,752	-	-	1,075,752	-	1,075,752
PEACE CORPS TOTAL	911,765	-	-	911,765	18,347	930,112
STATE TOTAL	601,255	-	-	601,255	-	601,255
State	451,255	-	-	451,255	-	451,255
State/AF	150,000	-	-	150,000	-	150,000
USAID TOTAL	47,140,214	-	-	47,140,214	1,407,187	48,547,401
USAID, non-WCF	44,397,844	-	-	44,397,844	1,407,187	45,805,031
<i>of which, Cervical Cancer</i>	682,293	-	-	682,293	-	682,293
<i>of which, DREAMS</i>	7,404,935	-	-	7,404,935	-	7,404,935
<i>of which, FBO Surge</i>	4,723,335	-	-	4,723,335	-	4,723,335
<i>of which, USAID LES</i>	200,000	-	-	200,000	-	200,000
<i>of which, VMCC</i>	4,096,453	-	-	4,096,453	-	4,096,453
USAID, WCF	2,742,370	-	-	2,742,370	-	2,742,370
TOTAL	84,617,116	-	512,500	85,129,616	8,907,539	94,037,155
<i>of which, Cervical Cancer</i>	1,137,155	-	-	1,137,155	-	1,137,155
<i>of which, DREAMS</i>	10,017,660	-	-	10,017,660	-	10,017,660
<i>of which, FBO Surge</i>	7,300,000	-	-	7,300,000	-	7,300,000
<i>of which, Surveillance and Public Health Response</i>	1,075,752	-	-	1,075,752	-	1,075,752
<i>of which, USAID LES</i>	200,000	-	-	200,000	-	200,000
<i>of which, VMCC</i>	4,346,453	-	-	4,346,453	-	4,346,453

* Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020.

GHP-State Funds: Upon the clearance of a FY 2019 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2020 at approved COP 2019 partner budget levels to achieve FY 2020 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline funds from previous year's activities that are not currently captured in the COP 2019 total budget level and documented within COP 2019 partner budgets are not to be executed or outlayed without written approval from the Global AIDS Coordinator.

FY 2020 Target Summary

FY 2019 funds are released and COP 2019 applied pipeline is approved to achieve the following results in FY 2020.

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Lesotho		SNU Prioritizations					Total *
		Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	
HTS_INDEX	<15		21,315				21,315
	15+		54,254				54,350
	Total	-	75,569	-	-	-	75,665
HTS_TST	<15		70,040				70,070
	15+		256,928				258,849
	Total	-	326,968	-	-	-	328,919
HTS_TST_POS	<15		740				740
	15+		24,436				24,579
	Total	-	25,176	-	-	-	25,319
TX_NEW	<15		1,380				1,380
	15+		24,177				24,341
	Total	-	25,557	-	-	-	25,721
TX_CURR	<15		19,761				19,761
	15+		291,673				293,238
	Total	-	311,434	-	-	-	312,999
TX_PVLS	<15		19,431				19,431
	15+		286,135				287,543
	Total	-	305,566	-	-	-	306,974
CXCA_SCRN	Total (15+)		46,048				46,048
OVC_SERV	<18		73,267				73,267
	18+		24,442				24,442
	Total	-	97,709	-	-	-	97,709
OVC_HIVSTAT	Total (<18)		73,966				73,966
PMTCT_STAT	<15		178				178
	15+		40,063				40,806
	Total	-	40,241	-	-	-	40,984
PMTCT_STAT_POS	<15		-				-
	15+		8,237				8,364
	Total	-	8,237	-	-	-	8,364
PMTCT_ART	<15		-				-
	15+		7,784				7,911
	Total	-	7,784	-	-	-	7,911
PMTCT_EID	Total		8,317				8,369
PP_PREV	<15		28,776				28,776
	15+		101,767				101,767
	Total	-	130,543	-	-	-	130,543
KP_PREV	Total		6,844				6,844
KP_MAT	Total		-				-
VMMC_CIRC	<15		14,247				15,247
	15+		14,251				14,827
	Total	-	28,498	-	-	-	30,074
HTS_SELF	Total		228,452				228,452
PrEP_NEW	Total		18,460				18,460
PrEP_CURR	Total		19,383				19,383
TB_STAT (N)	<15		388				388
	15+		14,464				14,512
	Total	-	14,852	-	-	-	14,900
TB_ART (N)	<15		1,485				1,490
	15+		9,050				9,080
	Total	-	10,535	-	-	-	10,570
TB_PREV (N)	<15		5,869				5,869
	15+		126,521				126,592
	Total	-	132,390	-	-	-	132,461
TX_TB (N)	<15		7,064				7,064
	15+		151,178				152,765
	Total	-	158,242	-	-	-	159,829
GEND_GBV	Total		1,343				1,343

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above.

Budgetary Requirements

Lesotho has programmed FY 2019 funding in support of required earmarks as follows:

Earmarks	FY 2019 COP19 Funding Level*
Care & Treatment	45,962,918
HKID Requirement	8,536,022
Preventing and Responding to Gender-based Violence	623,693
Water	630,000

* Does not include central funds.

Partner Management and Stakeholder Engagement

Agreements made during COP discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation, and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions, and joint HQ-country team POART discussions. It is expected that teams will closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes, and impact in a manner consistent with this memo, the approved SDS document, and finalized budgets and targets in PEPFAR systems. Any partner found not to be on track to achieve 80% of its approved targets or outcomes by the end of the second quarter must be placed on an improvement plan with clear benchmarks to measure improvement. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners, and bilateral partners, is to continue throughout COP implementation. Sharing and review of quarterly results will be a critical part of this engagement, and will ensure all parties' understanding of Lesotho's progress while helping to identify any strategic changes needed to more efficiently reach epidemic control.