



# COP 2017 Approval Meeting Out-brief LESOTHO

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Dr. Justine Mirembe

April 26<sup>th</sup>, 2017



Status Overview: COP 2016  
implementation and country context

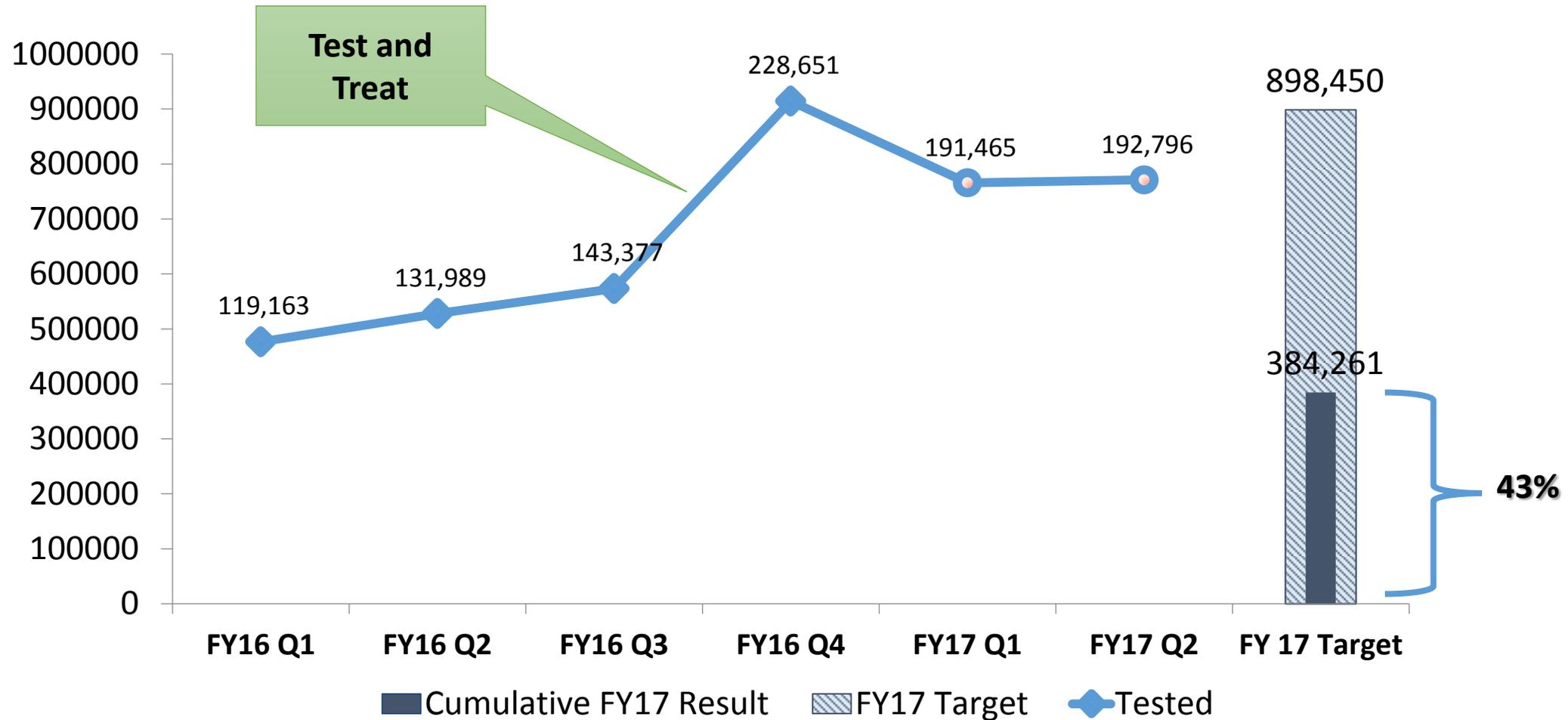
# Strong National Policy Framework



- Multi-month prescription ✓
- Test and Start ✓
- Same-day ART initiation – clinic ✓
- Same-day ART initiation – community ✓
- Self Testing **await WHO prequalification**
- Key Populations ✓
- Service Differentiation ✓
- PrEP **MOH endorsed and commitment to provide the ARVs**

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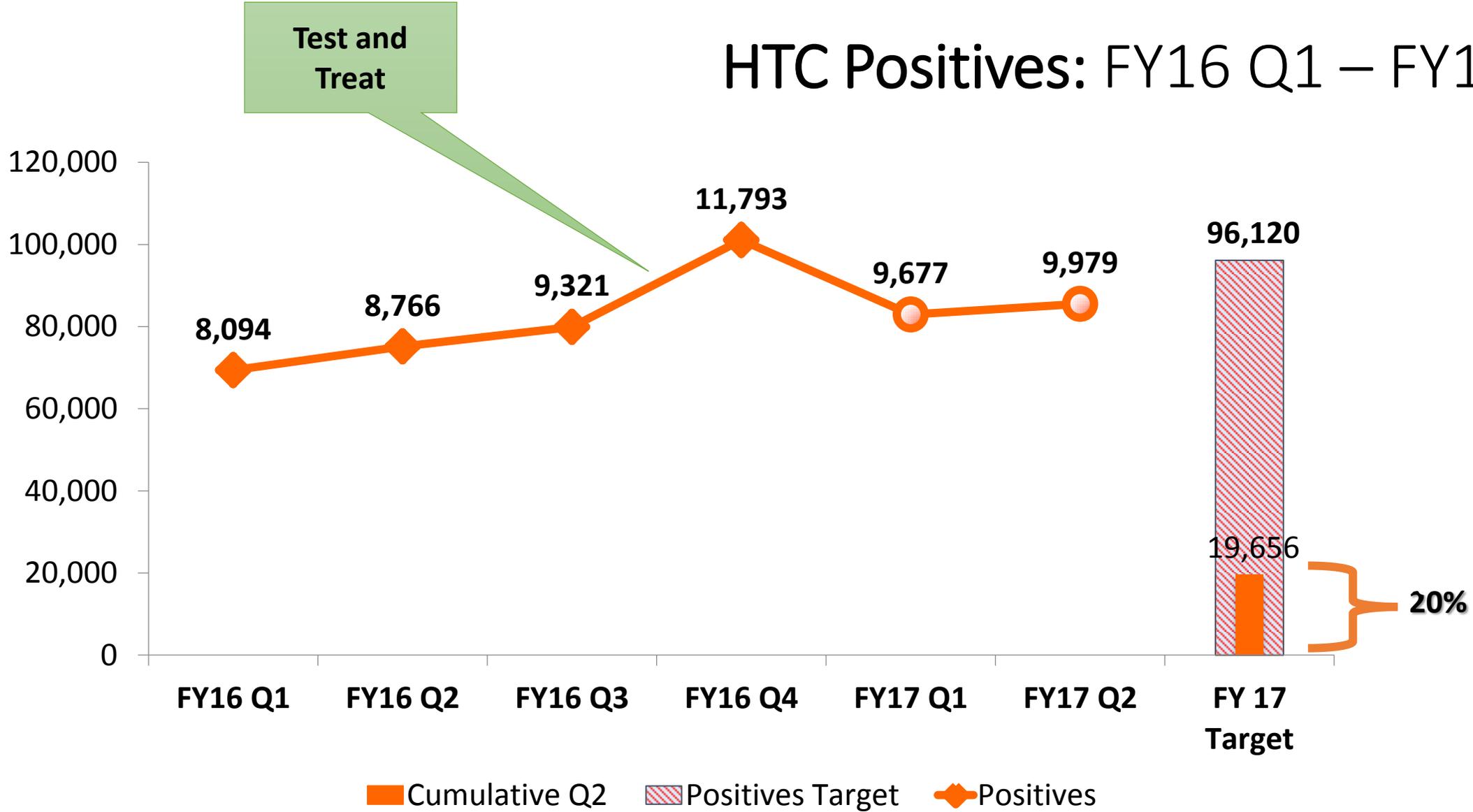
# HTC Progress: FY16 Q1 – FY17 Q2



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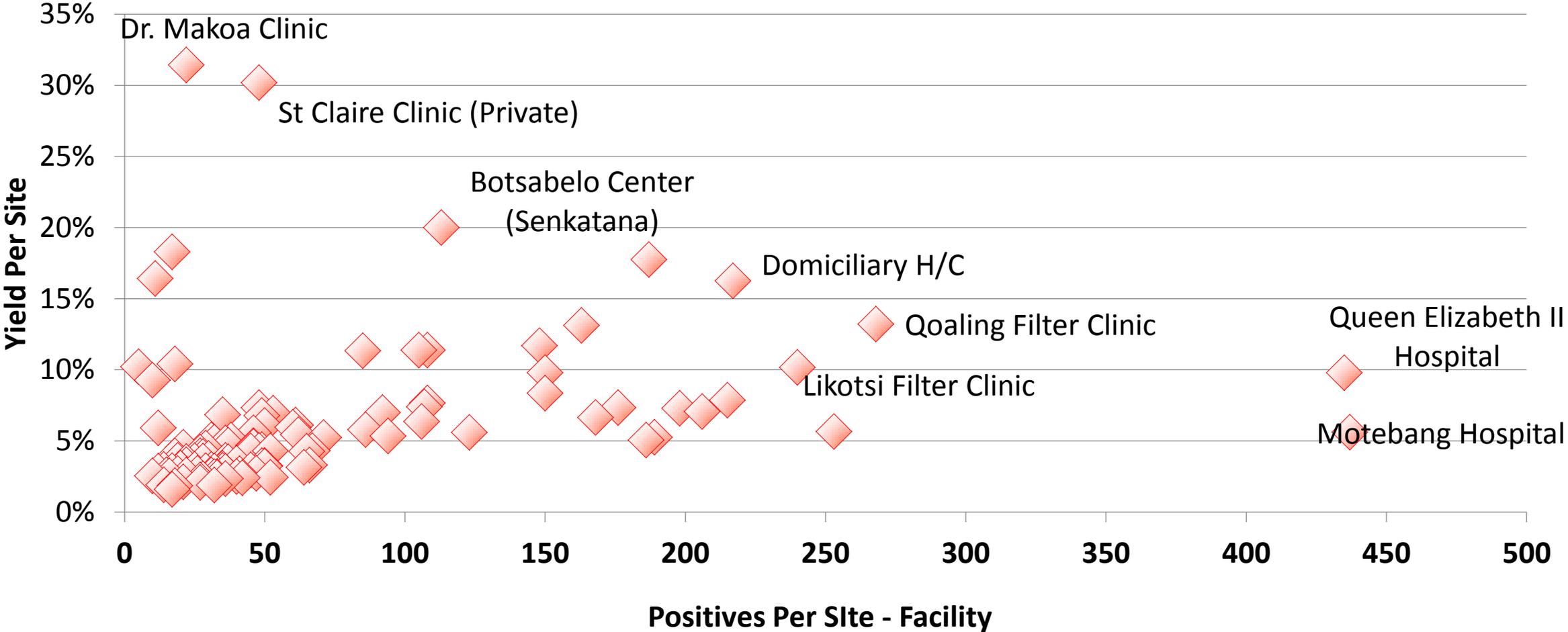
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# HTC Positives: FY16 Q1 – FY17 Q2



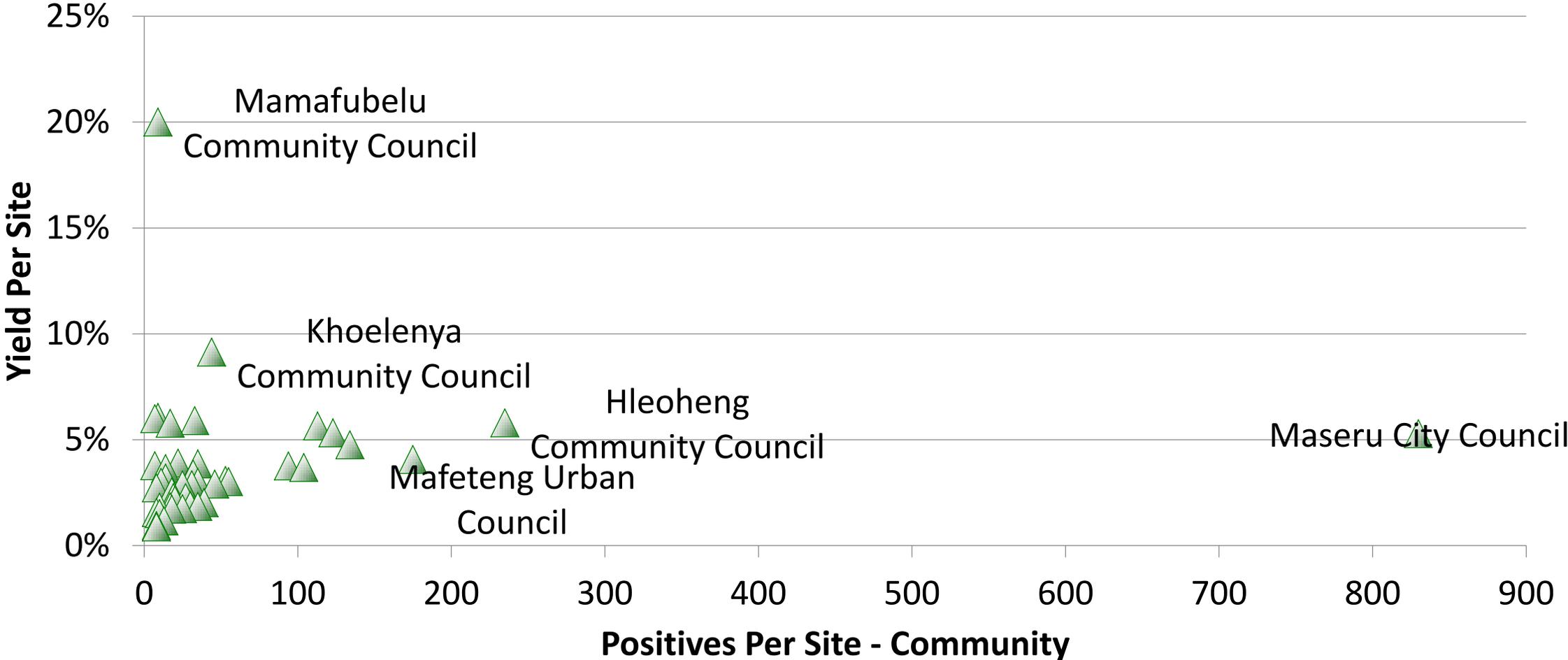
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# FY17 Q2 Testing Yield: By Clinical Sites



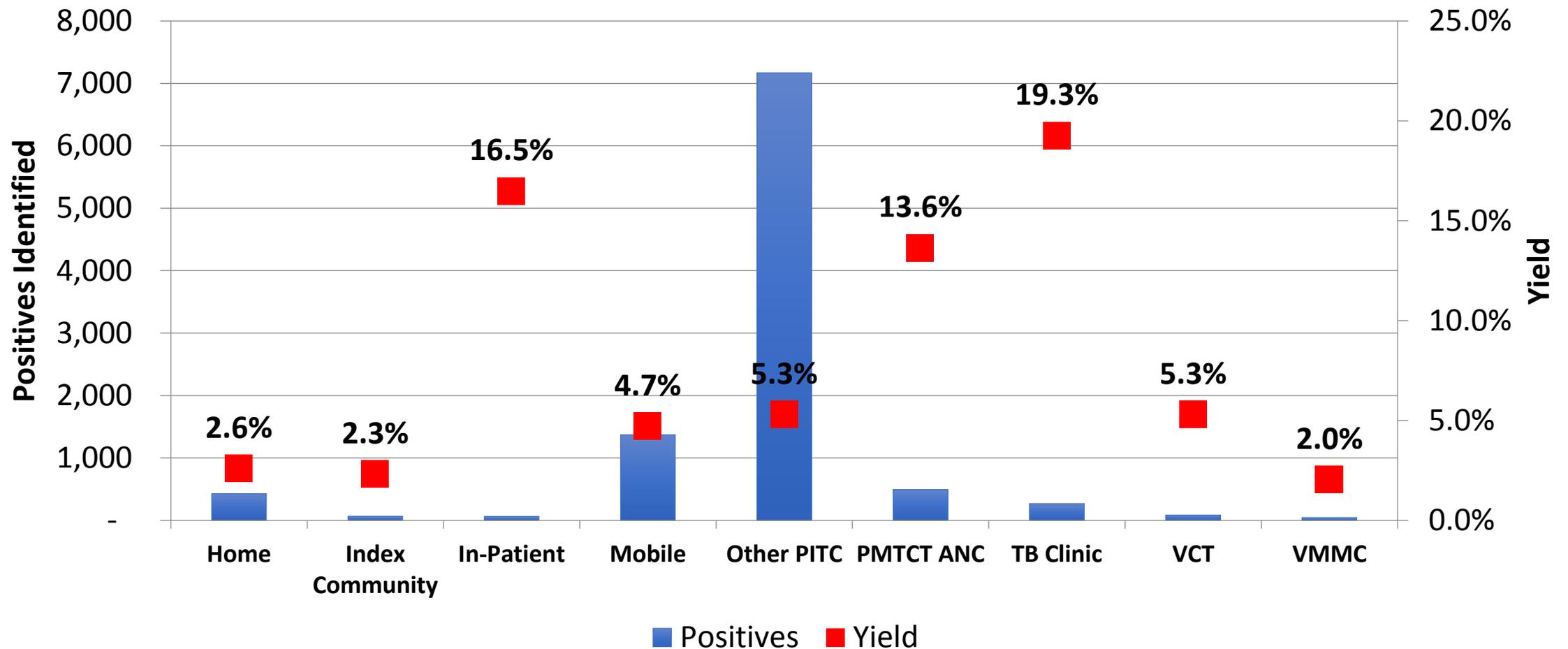
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# FY17 Q2 Testing Yield: By Community Sites



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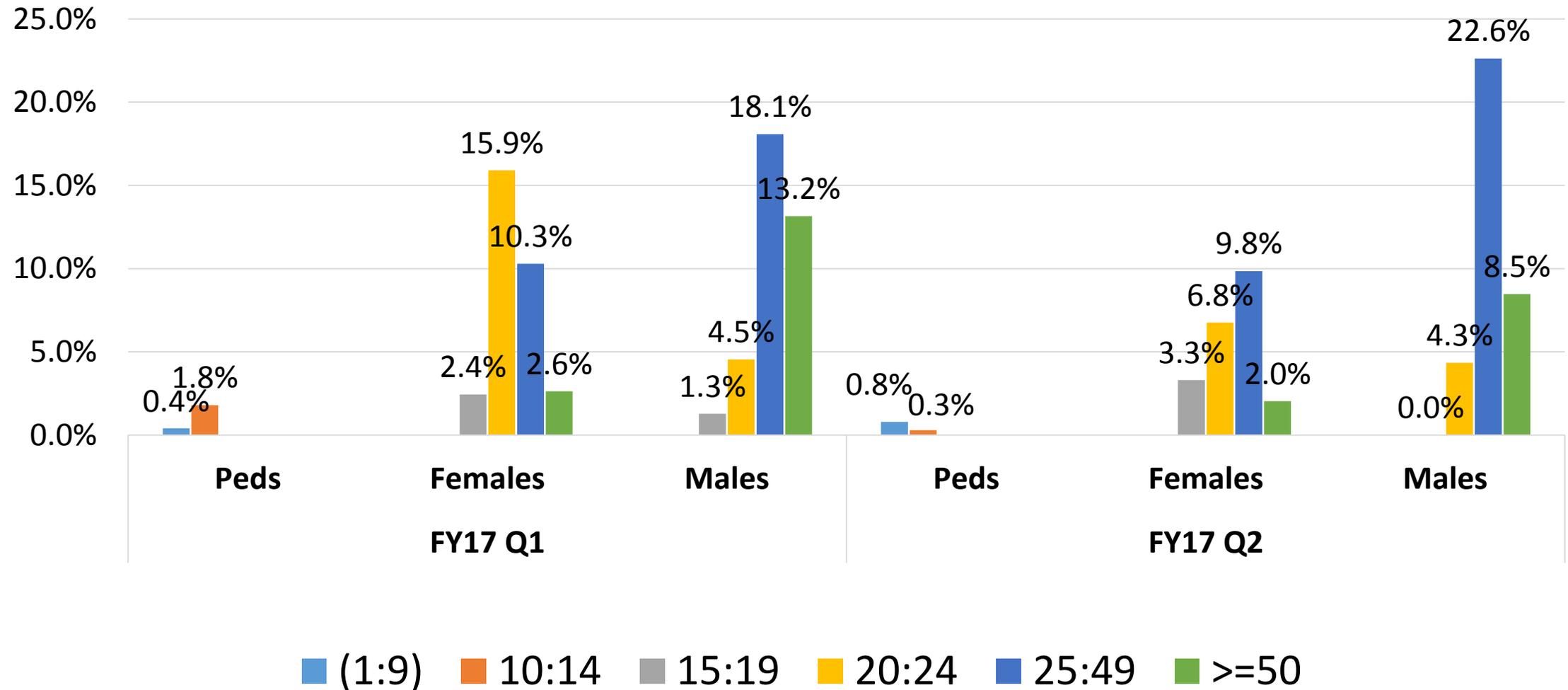
# Positives and Yield by Modality



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# Index Testing by Age and Sex FY 17 Q1 and Q2

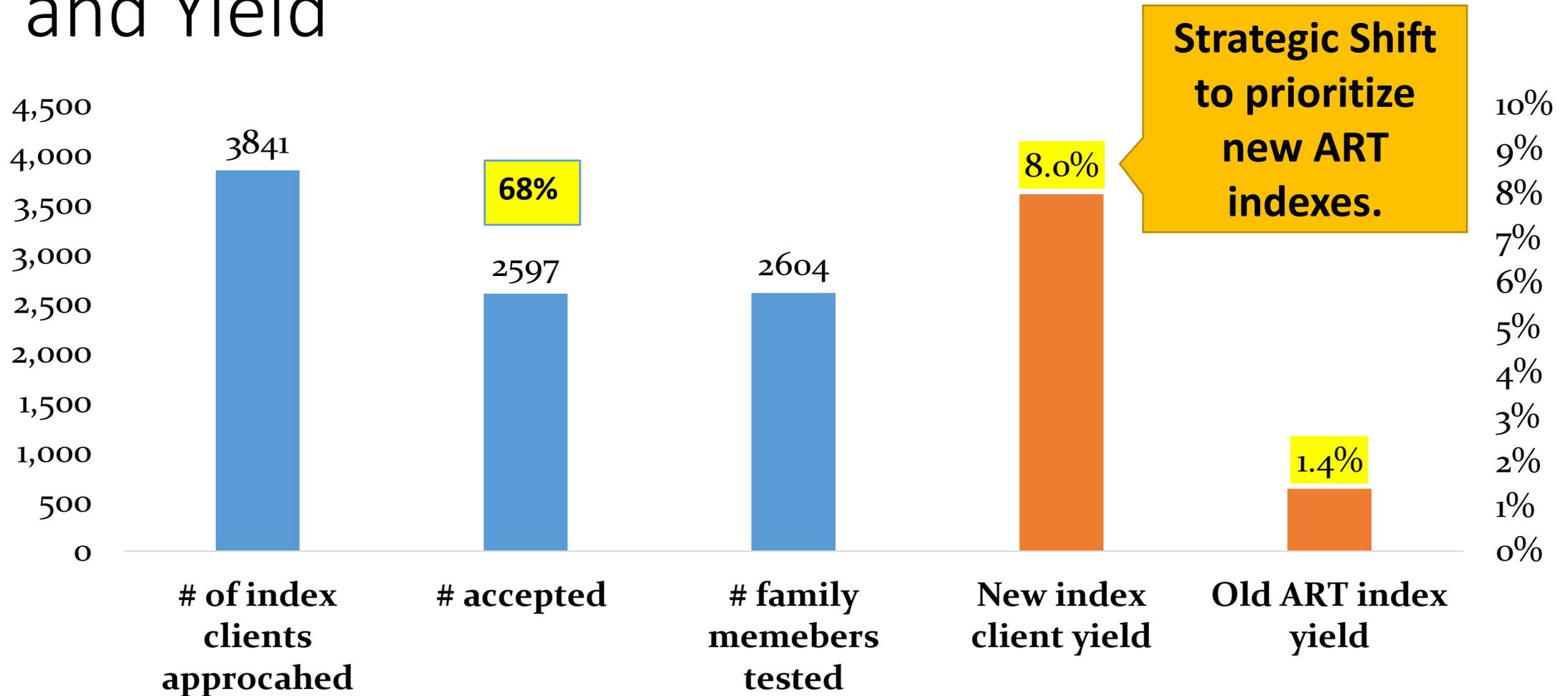


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# Newly Diagnosed Index: Client Acceptance and Yield



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# Inpatient Testing Coverage (January – March) all Districts

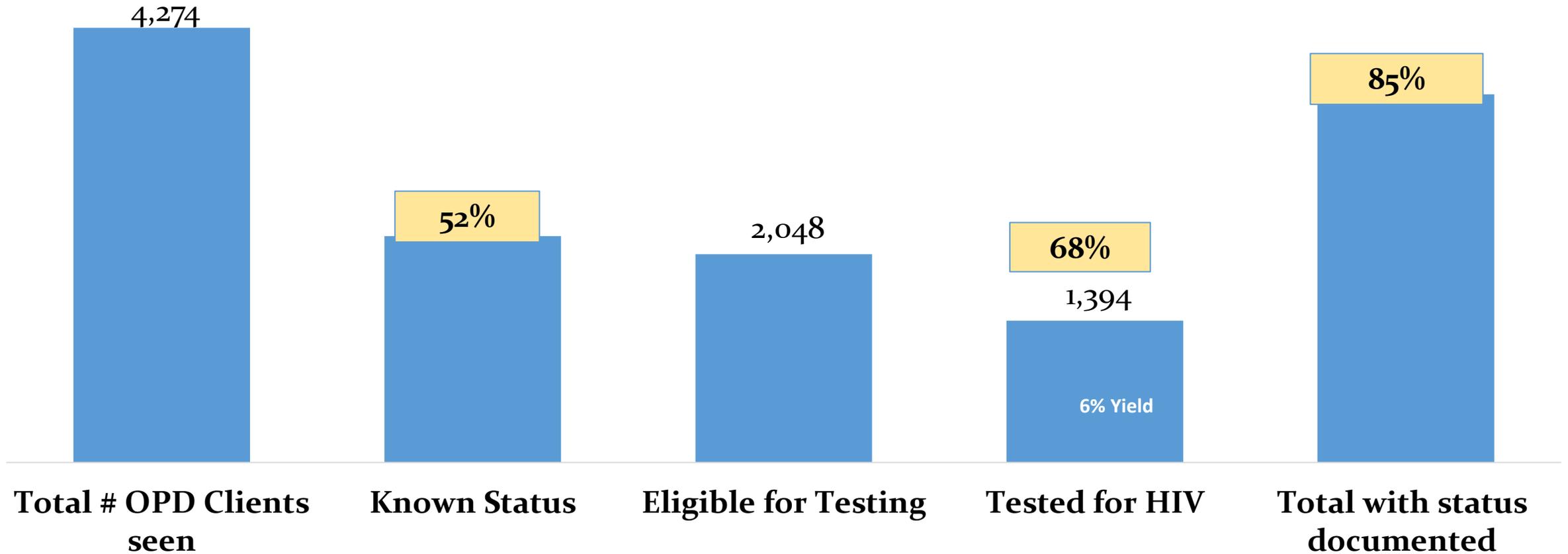
IM	Age	Admissions	% Knew status	New Positives	HTS Positivity	Overall HIV Positivity
STAR-L	0-19 yrs	523	96%	10	4.4%	9.3%
	20+ yrs	1014	98%	39	13.3%	37.1%
PUSH	0-19 yrs	563	99%	7	4.8%	12.4%
	20+ yrs	224	99.6%	2	3.3%	38.1%

**Above 95% of admitted patients know their HIV status at discharge.**

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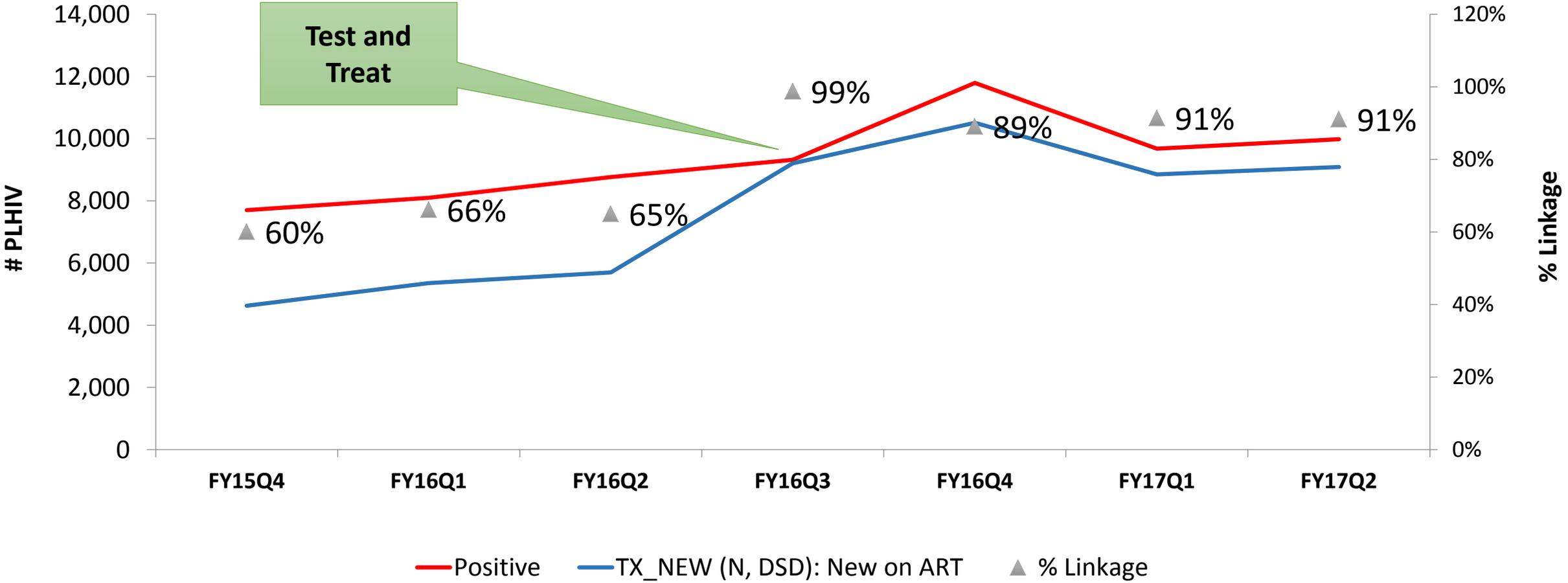
# Outpatient Testing Coverage



*\* Data from three facilities in Berea for March 2017*

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# Treatment Enrolment Trends vs. Positives Identified



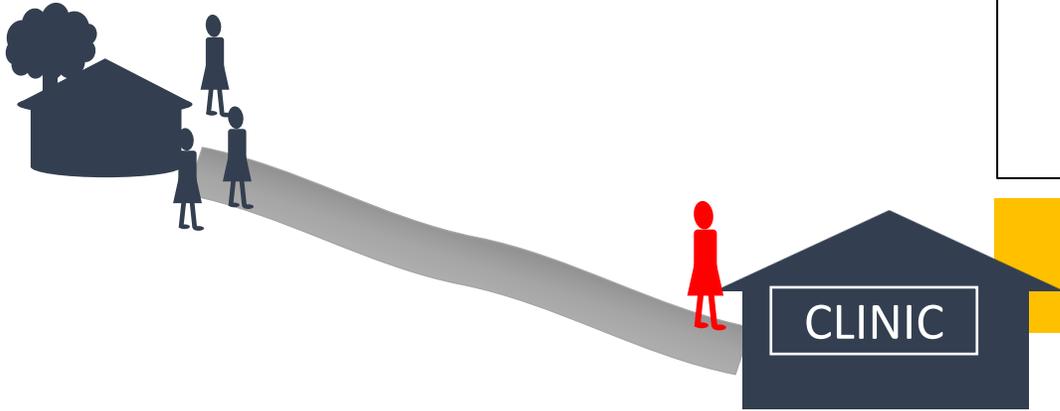
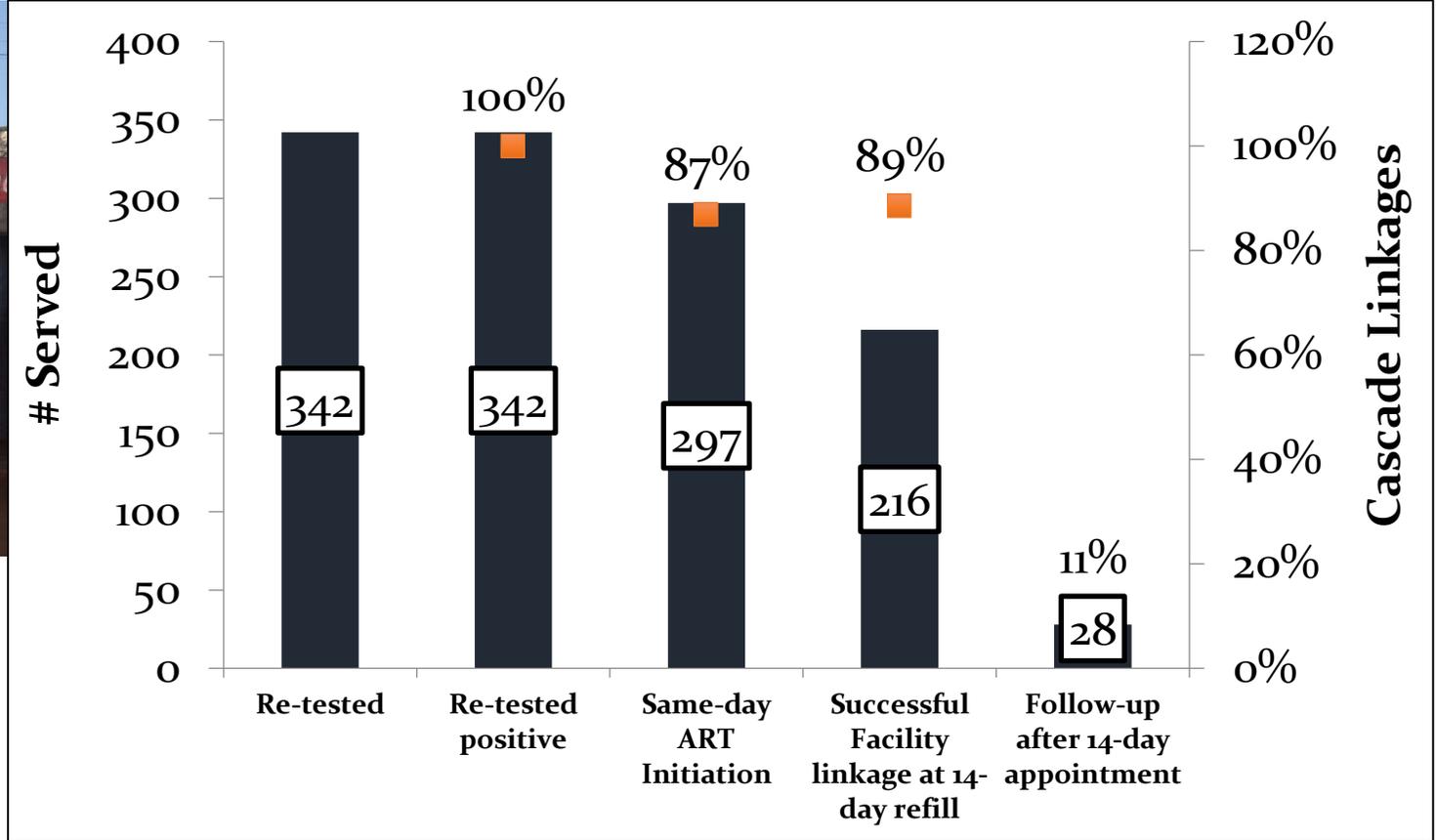
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# Workplace Test and Treat Campaigns

- Apparel factory worker predominantly (85%) young females; HIV prevalence 41%
- Integrated outreaches for HTS & ART
  - Total tested to date = 943
  - Yield = 6.5% (61)
  - 50 (82%) linked to treatment



# Community Same-Day ART Initiation (FY17 Q2)



87% same-day initiation

PEPFAR Le:

*\*53 Patients with <14-days on ART*

# Cross-Border Migrant Worker Services



TEBA (The Employment Bureau of Africa) offices as an opportunity to reach migrant population especially men with HTS, TB & ART

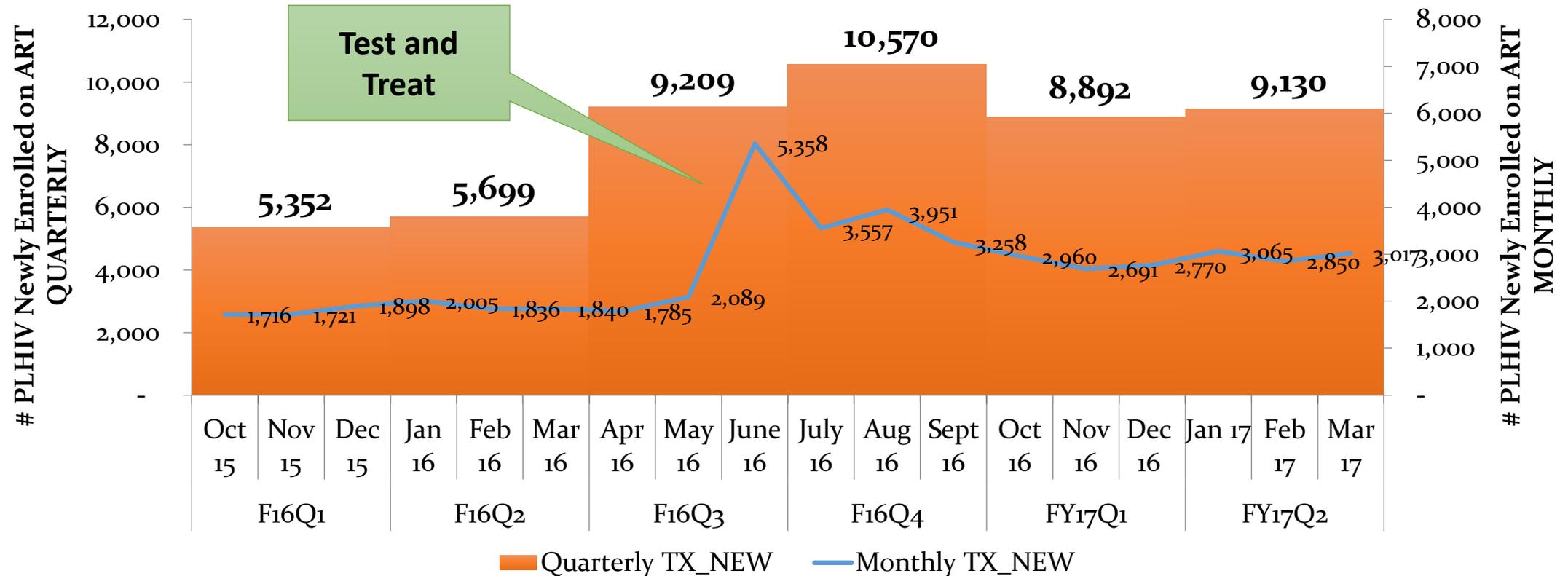
- 3 sites accredited to provide ART FY2016
- Jan-Mar. '17: 626 miners seen, 493 HTS, 77 HIV+ (16%), 77 same-day ART initiation
- Expansion to 2 additional sites by APR2017



- Global Fund/ GOL will support two mobile clinics in Maputsoe and Maseru border
  - Launching Maputsoe April 27<sup>th</sup>, 2017

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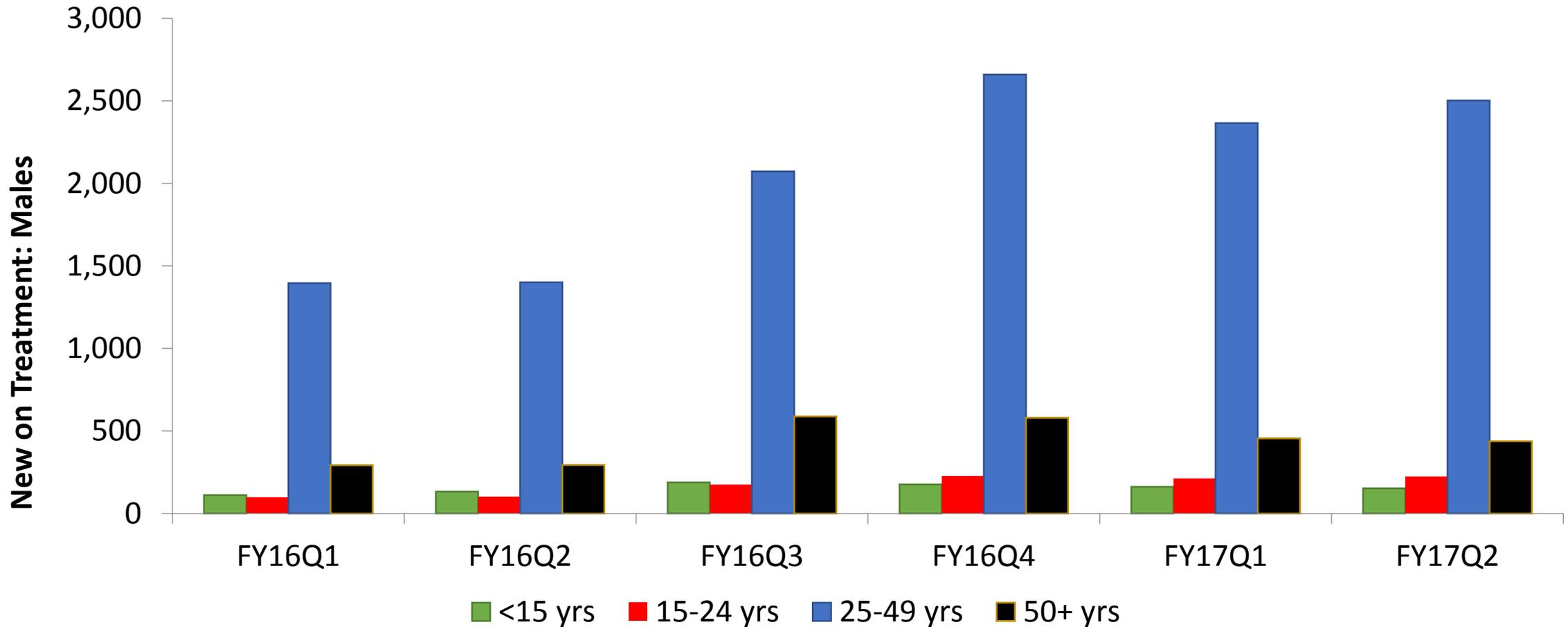
# ART Enrolments June 2015 – March 2017



**52% increase in new ART in FY17 Q2 enrolments compared to FY16Q2**

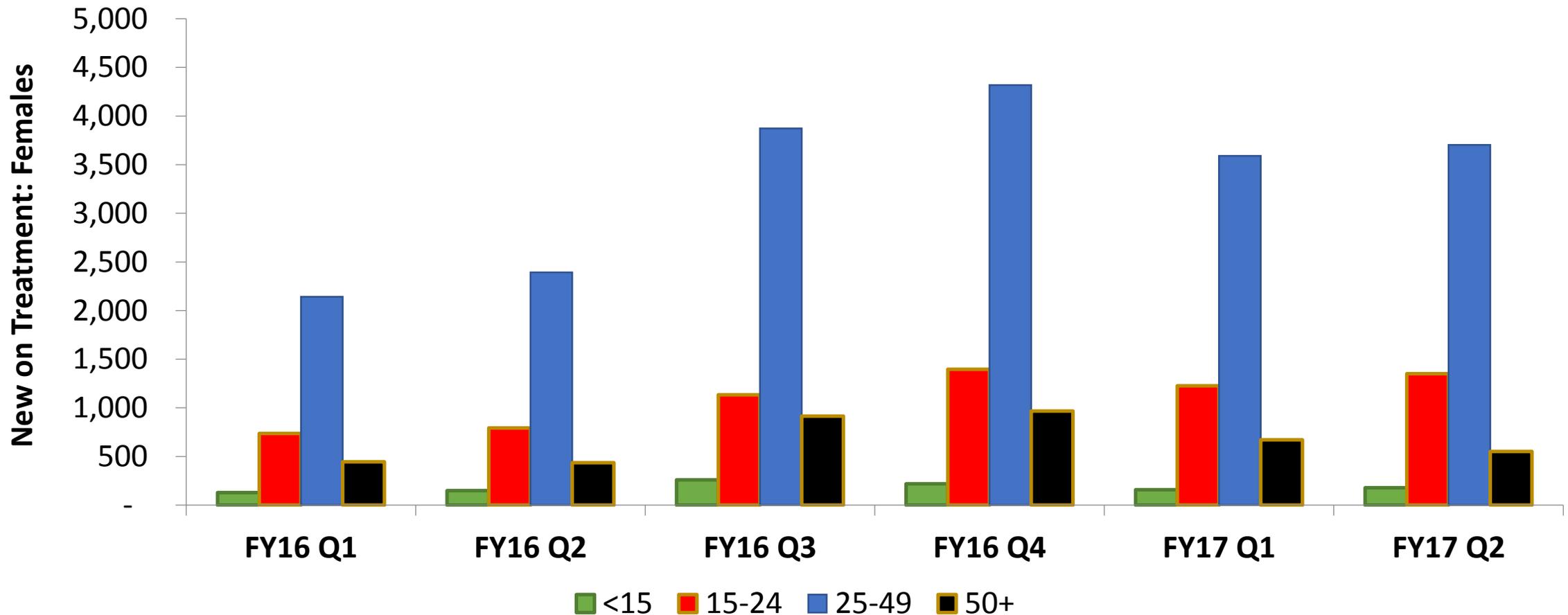
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# New on Treatment Trends: Males by Age FY16Q1 – FY17 Q2



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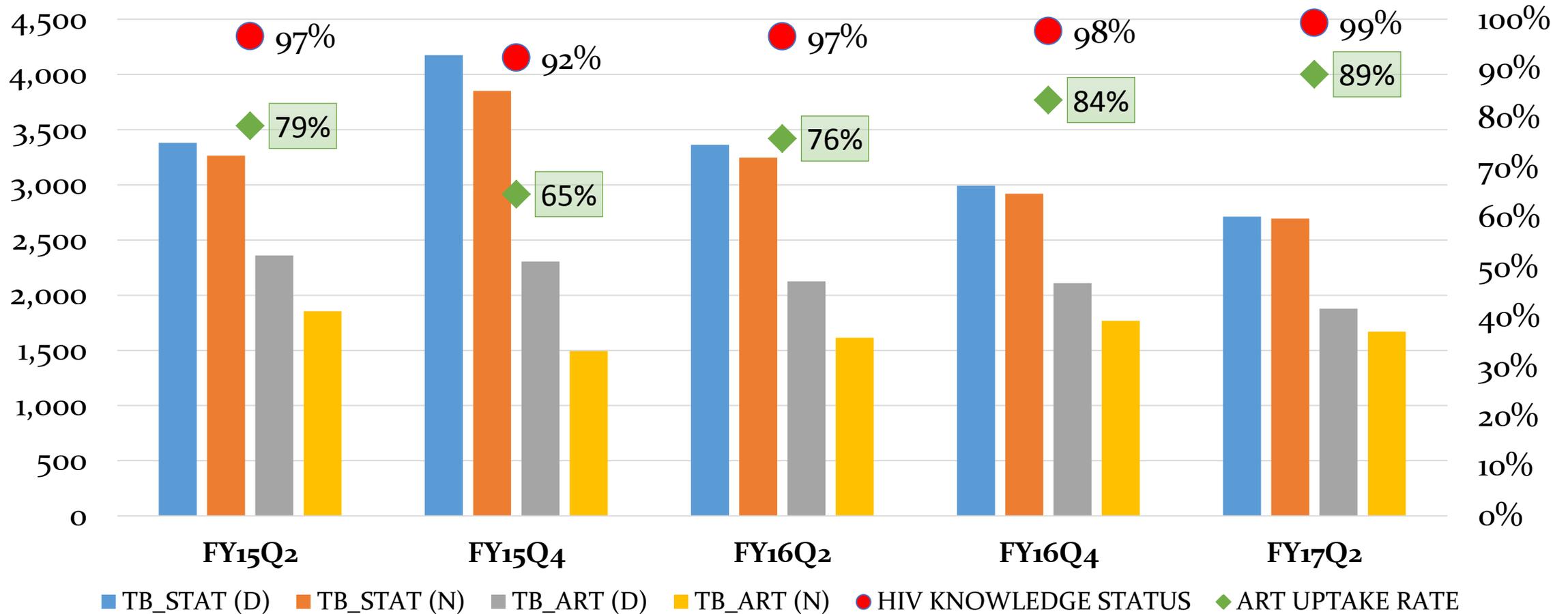
# New on Treatment Trends: Females by Age FY16Q1 – FY17 Q2



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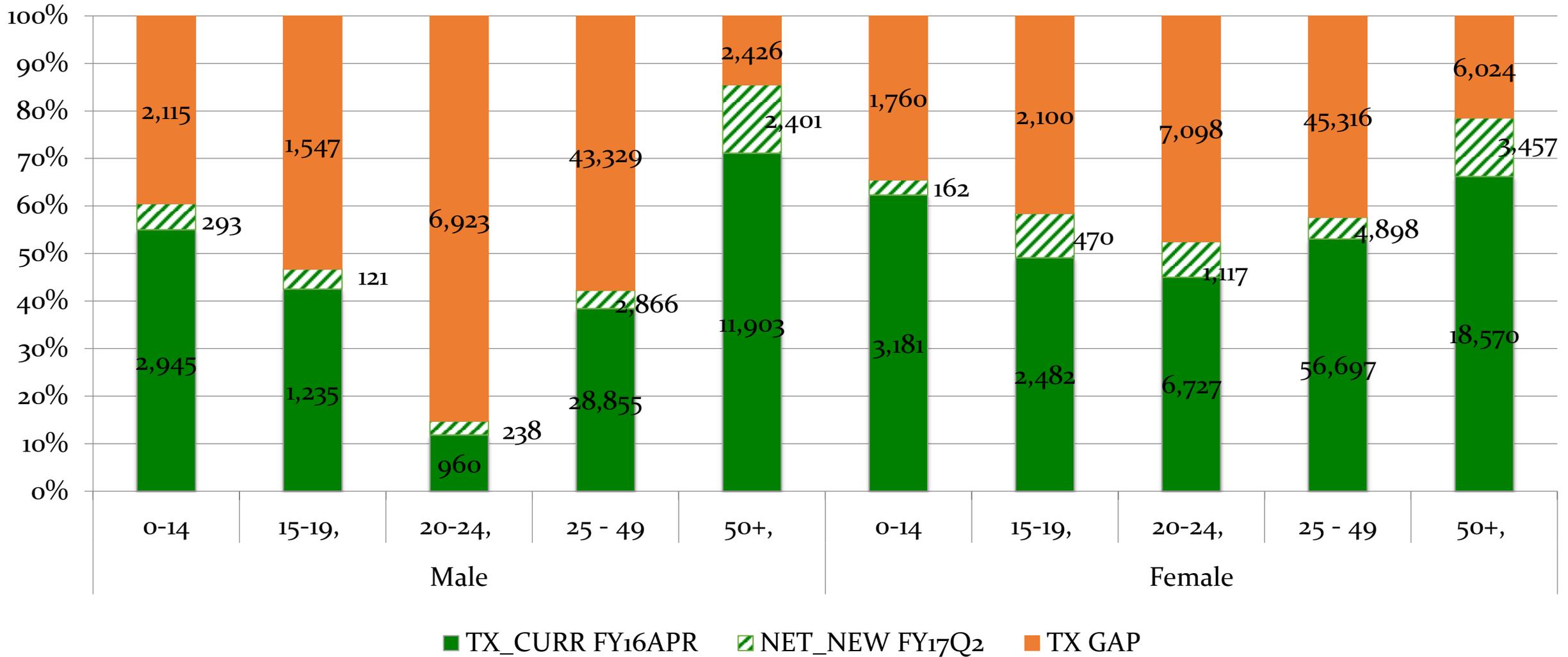
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# TB/HIV Trends



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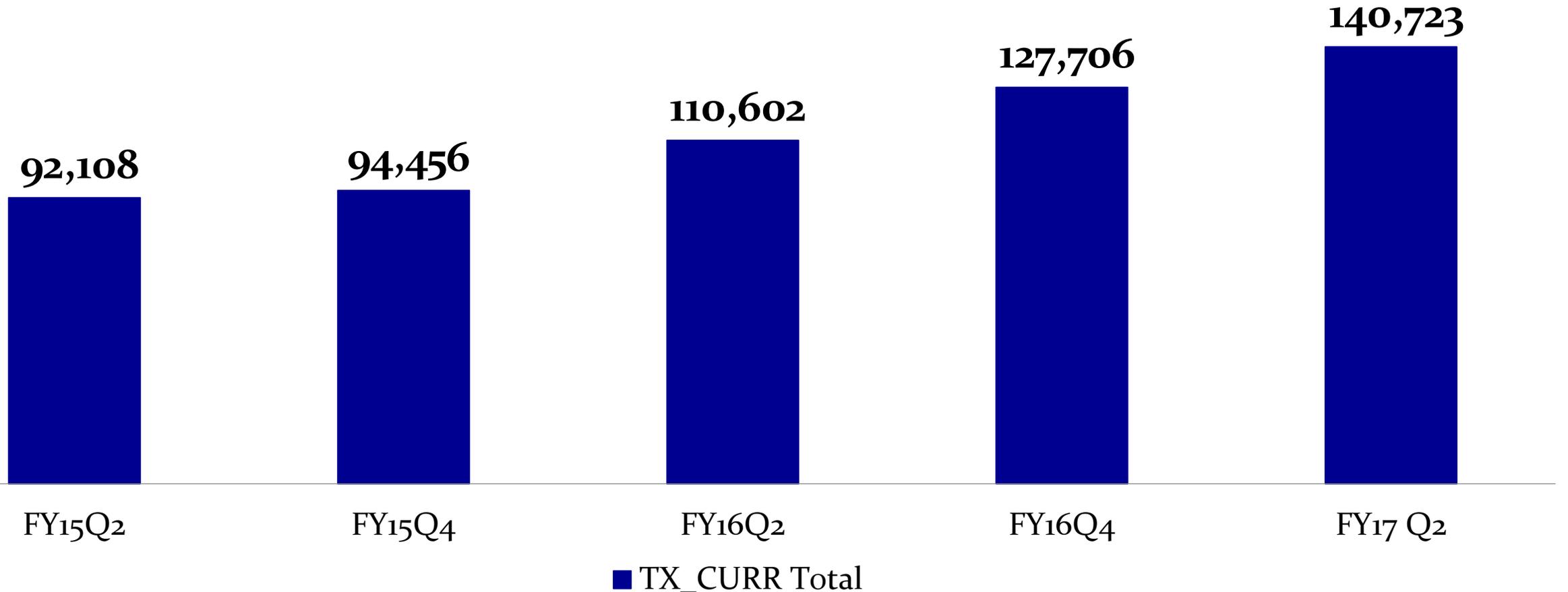
# Treatment Coverage By FY17 Q2: Scale-Up Districts Only



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# TX\_CURR trends: Scale-up Districts



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# Current on Treatment Coverage by District: FY17 Q2

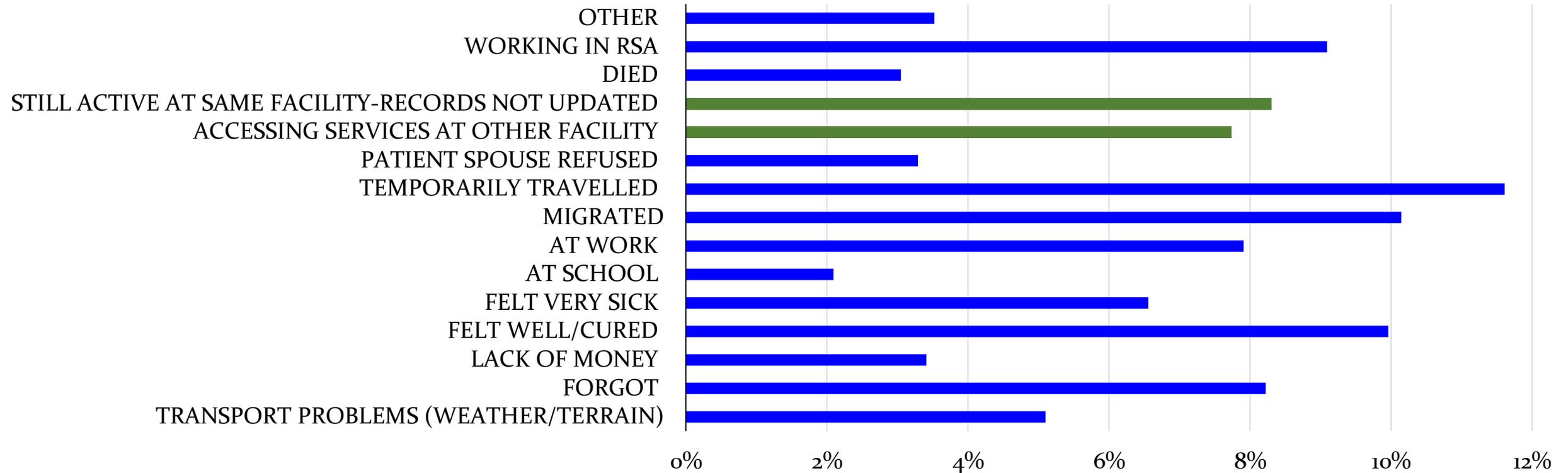
District	PLHIV (2016 Estimates)	TX_CURR SAPR 2017	ART Coverage (Baseline- APR 2014)	ART Coverage (SAPR2017)
Berea	44,577	24,831	32%	56%
Leribe	56,853	28,315	36%	50%
Mafeteng	28,303	18,446	31%	65%
Maseru	106,549	56,462	45%	53%
Mohale's Hoek	20,108	11,338	24%	56%
<b>Total</b>	<b>256,390</b>	<b>139,392</b>	<b>36%</b>	<b>54%</b>

**2014 Population viral suppression 58% (DHS) suggests higher ART coverage.**

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# ART Retention: ART LTFU Tracking

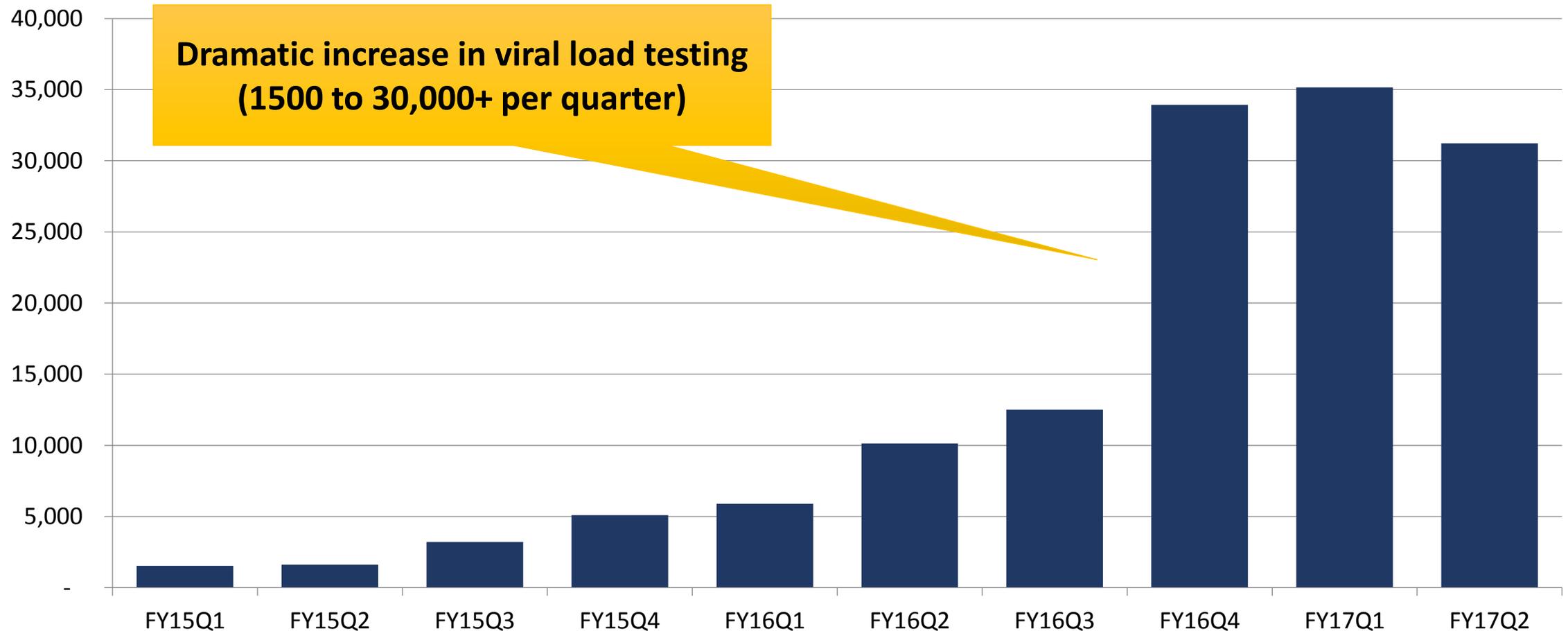


Overall retention of 75%. Enhanced partner management through monthly cohort results and programmatic interventions used to improve retention.

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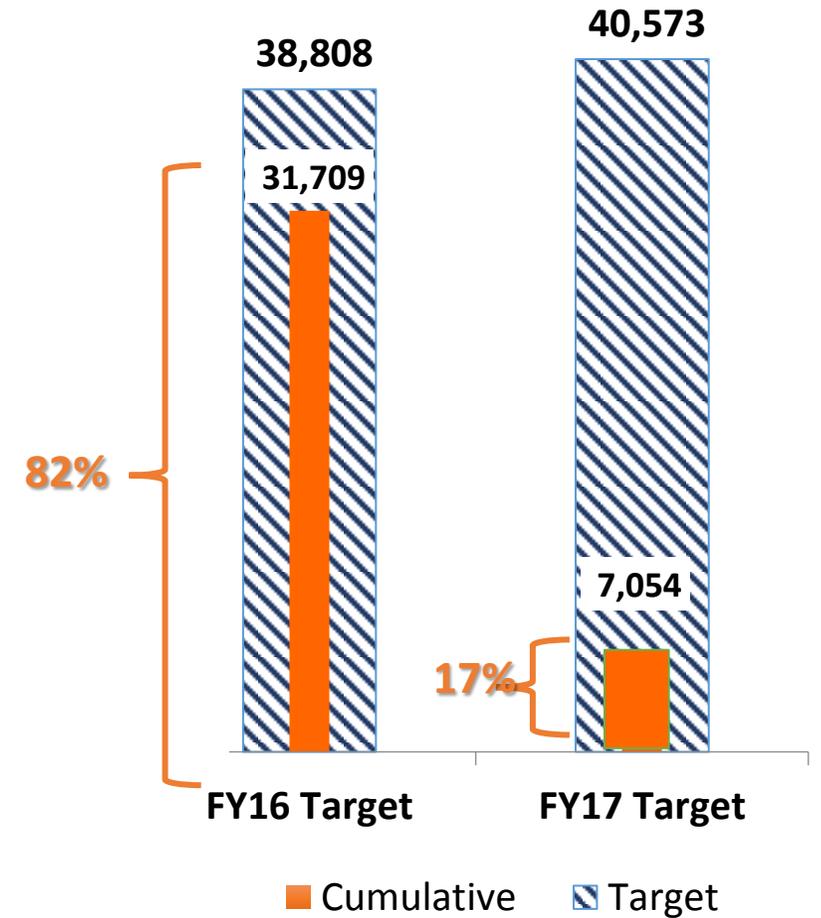
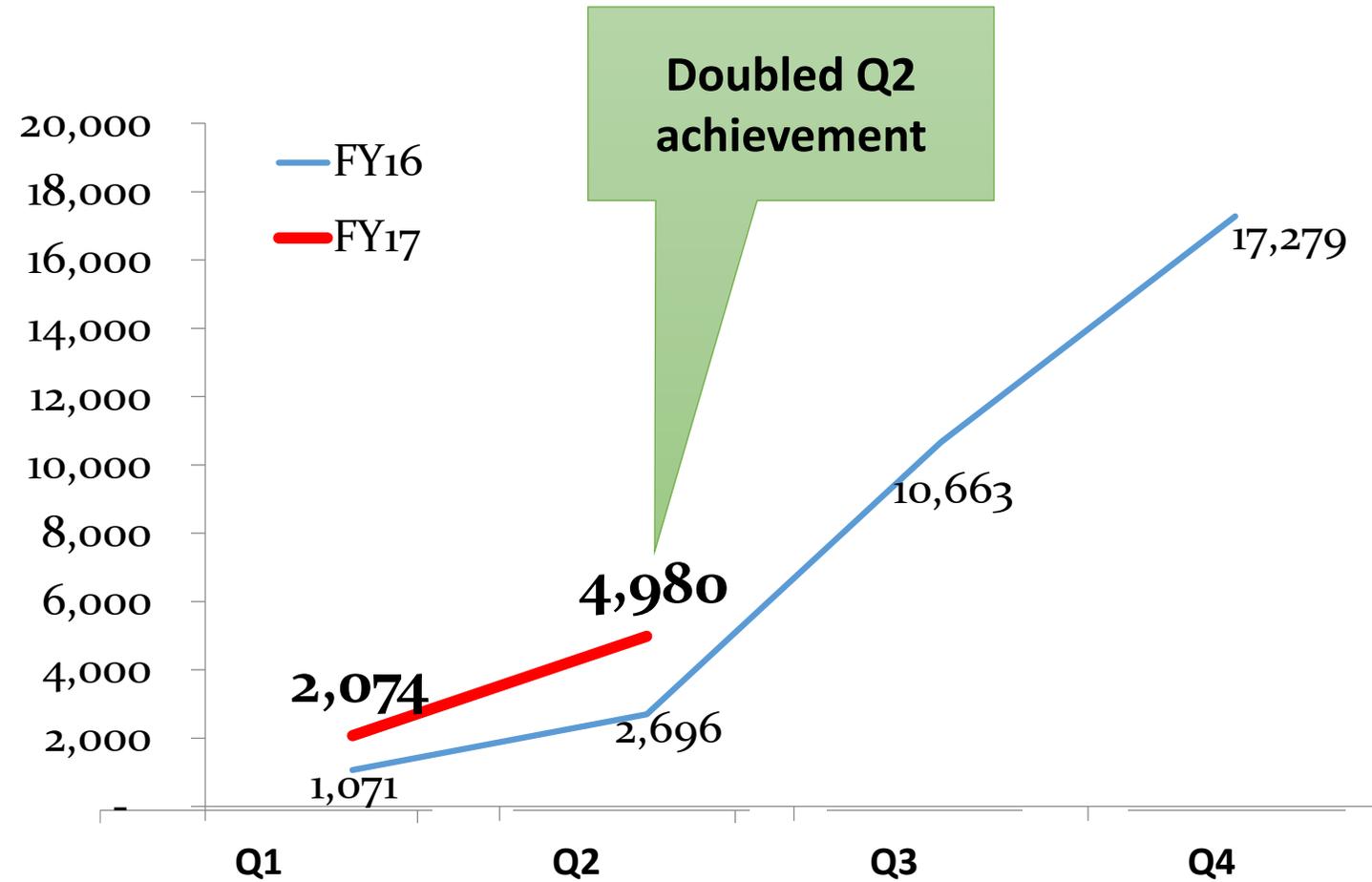
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# Significant Viral Load Scale-Up



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# VMMC Progress: FY16 Vs. FY17



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# Annual Investment Profile by Program Area

Program Area	Total Expenditure	% PEPFAR	% GF	% Gov. of Lesotho	% Other
Clinical care, treatment and support	\$32,761,311	23%	28%	46%	2%
Community-based care, treatment and support	\$1,980,920	67%	11%	0%	22%
PMTCT	\$2,719,282	100%	0%	0%	0%
HTC	\$6,487,775	72%	19%	3%	6%
VMMC	\$5,144,085	96%	3%	0%	1%
Priority population prevention	\$4,174,870	37%	43%	11%	8%
Key population prevention	\$213,386	100%	0%	0%	0%
OVC	\$9,470,582	26%	4%	62%	8%
Other impact mitigation	\$10,217,402	0%	1%	24%	75%
Lab	\$5,395,181	56%	16%	25%	3%
SI, Surveys and Surveillance	\$2,175,618	100%	0%	0%	0%
HSS	\$8,910,571	52%	14%	9%	25%
<b>Total</b>	<b>\$89,650,981</b>	<b>39.5%</b>	<b>17.1%</b>	<b>29.1%</b>	<b>14.3%</b>

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# COP 2017 Strategy

# Stakeholder Review and Comments (1/2)

Date	Session	CSO Recommendations
Jan 23-26 2017	COP17 Retreat with Stakeholders, Global Fund, and MOH	Support <b>mobilization of PLHIV</b> and promote existing structures: support groups, CAGs, etc.
March 6 2017	Present COP17 at Global Fund Stakeholders Meeting	<b>Support CSOs to conduct research</b> on HIV related issues
March 8 2017	COP17 discussion with CSOs	Provides technical guidance on <b>advocacy</b> strategies and financially support advocacy efforts
March 10 2017	SDS shared with CSOs	Provide <b>capacity building</b> to CSO structures
March 14 2017	CSO provided written feedback on COP17*	Support CSOs to <b>monitor supply chain issues</b> at health centers
March 15 2017	Final COP17 submission endorsed by MOH	Support initiatives that <b>improve linkage and retention</b>
March 23 2017	PEPFAR provided written feedback on CSO comments*	<b>Support behavior change and demand creation</b> programs

# Stakeholder Review and Comments (2/2)

## **Activities currently ongoing and/or planning in COP17.**

- Collaboration with CSOs on service delivery and tracking treatment defaulters
- CSOs advocacy and capacity strengthening being done by AIDSFree

## **PEPFAR Lesotho proposed:**

- Biannual meetings with CSOs, in addition to the quarterly POART.
- Invite CSOs to participate in community SIMS visits.
- MOH to share monthly stock status data for all commodities with CSOs.

## **Feedback was not included and why:**

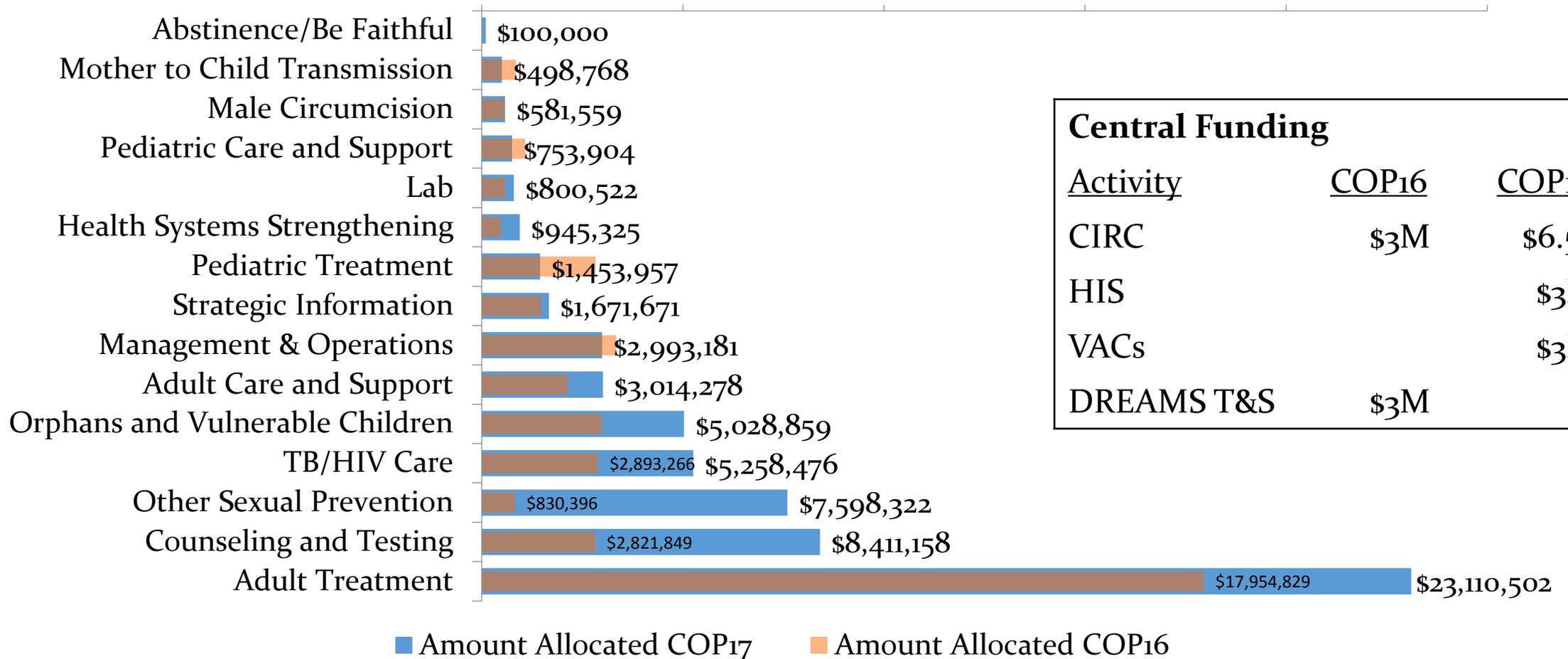
- PEPFAR request that the CSOs provide additional clarity on how a stronger Health Advocacy Forum would increase CSO capacity and ensure better coordination and involvement of CSOs in the PEPFAR COP process

# Global Fund Coordination

Date	Session
Jan 23-26 2017	COP17 Retreat with Stakeholders, Global Fund, and MOH
March 10 2017	SDS shared with the Global Fund & other multi-lateral stakeholders

- *Expansion to high-volume sites in sustain districts: negotiation and understanding how programs will synergize to be finalized within one month*
- *ARV: Government of Lesotho reviewing and revising ARV quantification in light of aggressive targets to inform GF investment under the Program Continuation modality*

# COP 2016 vs COP 2017 Budget Code Totals (excluding central funding)



## Central Funding

Activity	COP16	COP17
CIRC	\$3M	\$6.5M
HIS		\$3M
VACs		\$3M
DREAMS T&S	\$3M	

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# COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
USAID	\$ 33,746,396	\$ 3,280,568	\$ 37,026,964
HHS/CDC	\$ 27,296,842	\$ 1,753,355	\$ 29,050,197
State	\$ 306,717	\$ -	\$ 306,717
DOD	\$ 320,527	\$ 300,000	\$ 620,527
PC	\$ 400,000	\$ 317,000	\$ 717,000
State/AF	\$ 150,000	\$ -	\$ 150,000
<b>Grand Total</b>	<b>\$ 62,220,482</b>	<b>\$ 5,650,923</b>	<b>\$ 67,871,405</b>

# Earmark Allocations

- New FY 2017 funds allocated to care and treatment: **\$36,264,095**
  - COP 2017 requirement: \$35,734,756
- New FY 2017 funds allocated to OVC: **\$5,028,859**
  - COP 2017 requirement: \$2,988,728
- New FY 2017 funds allocated to water: **\$550,000**
  - COP 2017 requirement: \$75,000
- New FY 2017 funds allocated to GBV: **\$230,250**
  - COP 2017 requirement: \$100,000

# ART Coverage: FY16 result and FY17 and FY18 Projection

District		FY16	FY17	FY18	Trendline
Maseru	Scale-up Sat.	53%	68%	91%	
Leribe	Scale-up Sat.	46%	60%	91%	
Berea	Scale-up Sat.	47%	63%	91%	
Mafeteng	Scale-up Sat.	57%	74%	91%	
Mohale's Hoek	Scale-up Sat.	46%	85%	91%	
Quthing	Sustained	33%	36%	50%	
Thaba Tseka	Sustained	39%	43%	55%	
Mokhotlong	Sustained	54%	59%	71%	
Butha Buthe	Sustained	50%	55%	66%	
Qacha's Nek	Sustained	34%	37%	52%	

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# COP17 Target Coverage by Age/Sex

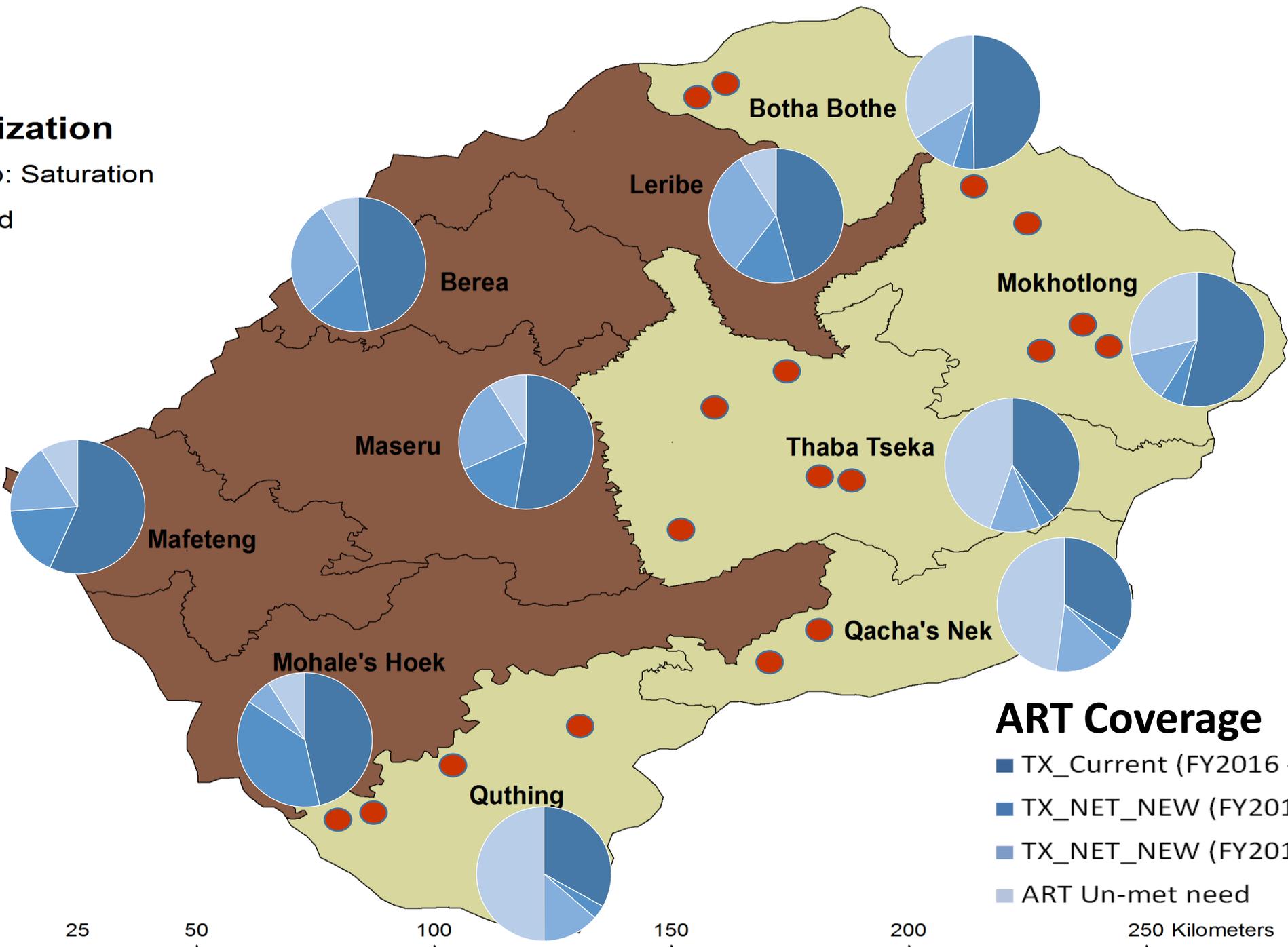
		Male			Female		
SNU	SNU Priority	<15	15-24	25+	<15	15-24	25+
Berea	Scale-Up Sat	80%	84%	90%	80%	90%	93%
Leribe	Scale-Up Sat	80%	84%	90%	80%	90%	93%
Mafeteng	Scale-Up Sat	84%	96%	95%	85%	93%	96%
Maseru	Scale-Up Sat	80%	84%	90%	80%	90%	94%
Mohale's Hoek	Scale-Up Sat	95%	91%	89%	97%	92%	92%

# District Prioritization

- 1 - Scale-Up: Saturation
- 4 - Sustained

## High-volume site

- Botha Bothe District**
  1. Botha Bothe Hospital
  2. Seboche Hospital
- Mokhotlong District**
  3. Libibing H/C
  4. Malefiloane H/C
  5. Mapholaneng H/C
  6. Mokhotlong Hospital
  7. Tihanyaku H/C
- Quacha's Nek District**
  8. Machabeng Hospital
  9. Tebellong Hospital
- Quthing District**
  10. Maphaki H/C
  11. Quthing Hospital
  12. St. Mathews H/C
  13. Villa Maria H/C
- Thaba Tseka District**
  14. Bobete H/C
  15. Katse H/C
  16. Methalaneng H/C
  17. Paray Hospital
  18. St. James Hospital



## ART Coverage

- TX\_Current (FY2016 - result)
- TX\_NET\_NEW (FY2017 - target)
- TX\_NET\_NEW (FY2018 - target)
- ART Un-met need

# Summary of COP 2017 Targets by Prioritization

COP17 Priority	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev	COP17 Target (APR18) VMCC
<b>TOTAL</b>	<b>1,138,472</b>	<b>97,246</b>	<b>90,646</b>	<b>256,694</b>	<b>89,970</b>	<b>6,599</b>	<b>87,827</b>	<b>50,183</b>
Attained								
Saturation	1,012,765	87,855	81,729	229,462	89,970	6,599	87,827	49,226
Aggressive								
Sustained	121,787	8,954	8,575	24,966				
Other			342	2,266				957

# Impact over time: Tx\_New and Tx\_CURR Details

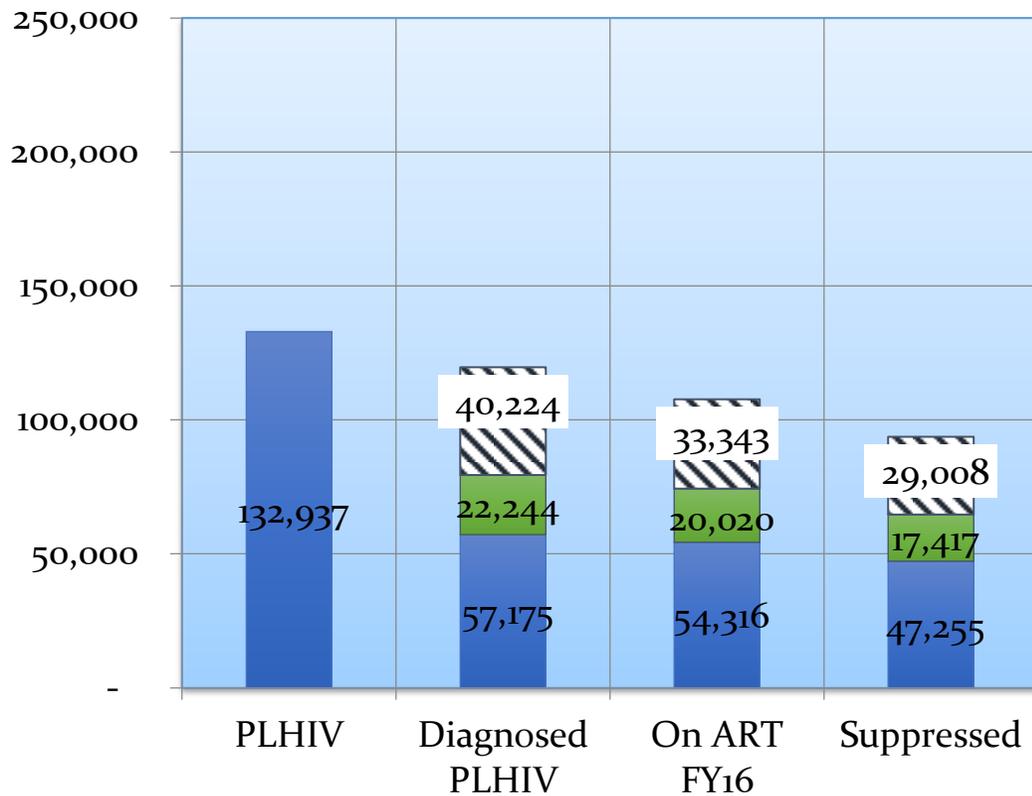
COP 17 Priority	COP 16 # of SNU's	TX_New: APR 2016 Achievement	TX_CURR : APR16 Achievement	TX_New: FY 2017 Target / FY 2017 Results to-date	TX_CURR: FY 2017 Target / FY 2017 Results to-date	COP 17 # of SNU's	TX_New: COP 2017 Target (APR 2018)	TX_CURR : COP 2017 Target (APR 2018)	Net New: COP 2017
<b>TOTAL</b>	<b>5</b>	<b>30,830</b>	<b>127,706</b>	<b>89,811 / 18,018 (20%)</b>	<b>192,499 / 140,723 (73%)</b>	<b>10</b>	<b>90,646</b>	<b>256,694</b>	<b>64,189</b>
Attained									
Saturation	5	30,770	126,137	89,445 / 17,939 (22%)	190,587 / 139,105 (73%)	5	81,729	229,462	38,869
Aggressive									
Sustained						5	8,575	24,966	24,698
Military		60	1,569	366 / 79 (20%)	1,912 / 1,618 (85%)		342	2,266	352

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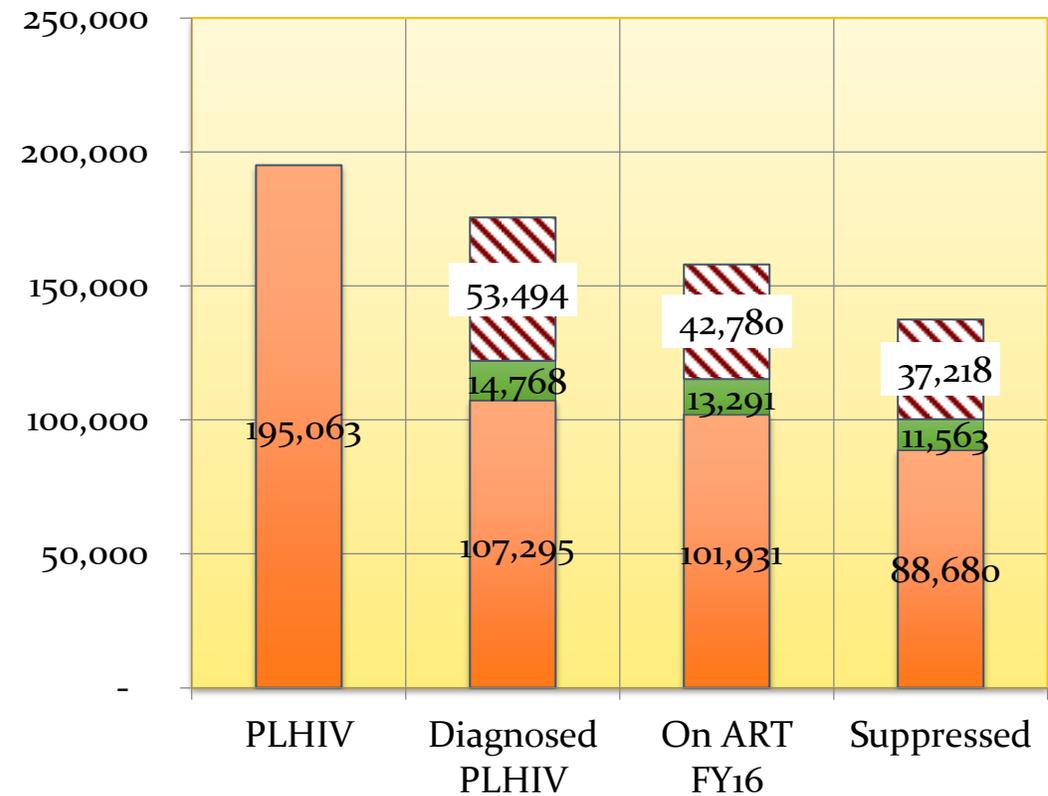
# Proposed COP17 Clinical Cascades by Gender

## Male Cascade



■ Achieved FY16      ■ Net New to FY17 Target  
 Net New to FY18

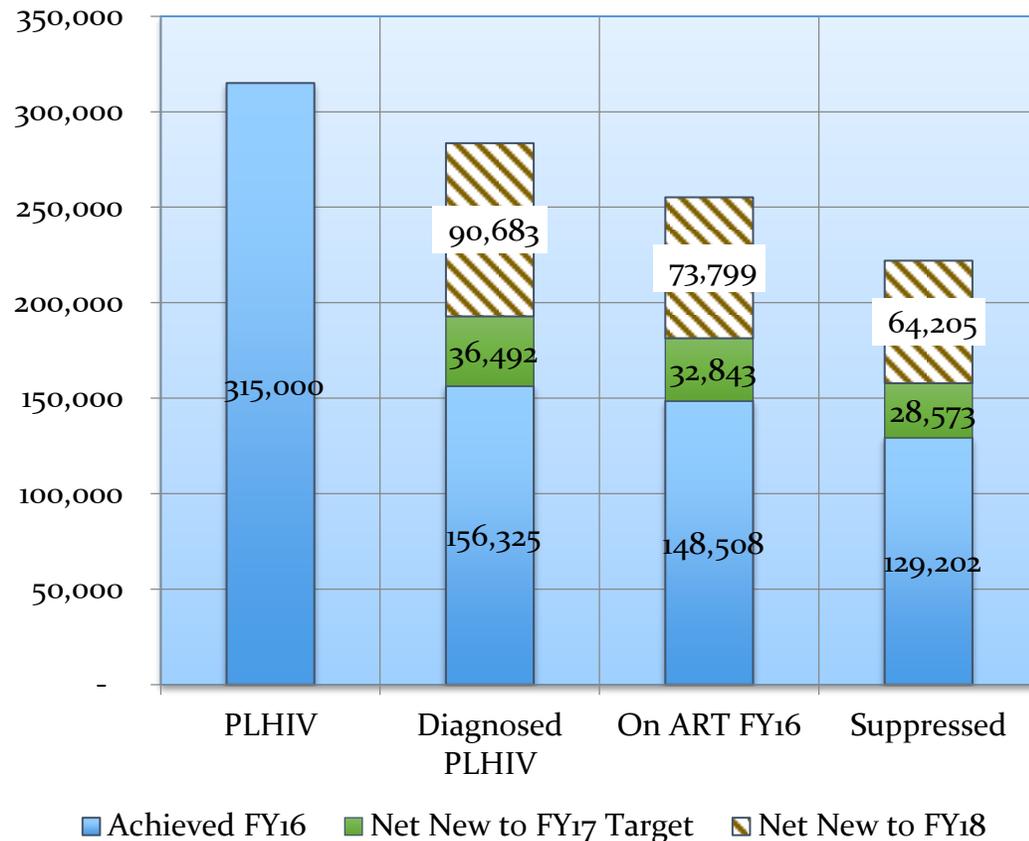
## Females Cascade



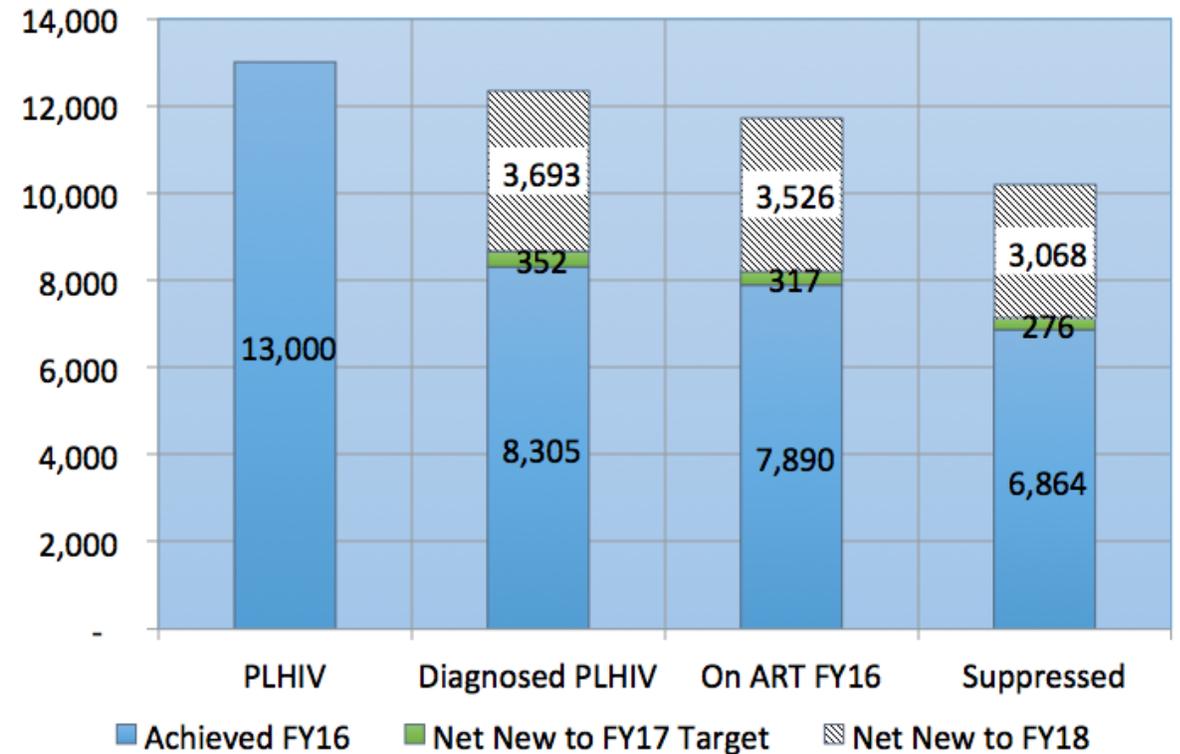
■ Achieved FY16      ■ Net New to FY17 Target  
 Net New to FY18

# Proposed COP17 Clinical Cascades by Age Bands

## Adult



## Pediatric <15



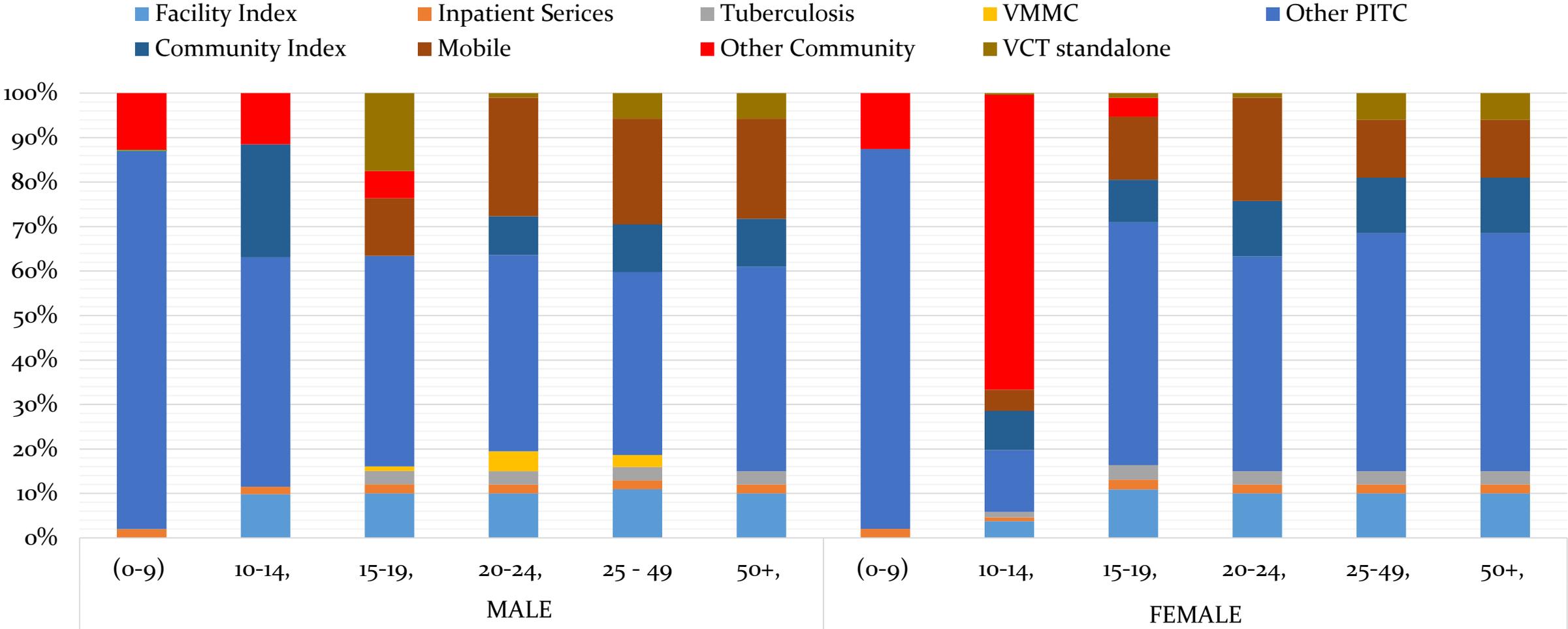
# Expansion of Priority Testing Strategies

Strategy	Activities	Target Population	Current FY17 Implementation status	COP17 Strategic Pivot
Scale up Targeted mobile testing	Data-driven “sweeps” of community councils with higher prevalence	Men, Key & Priority populations	13 mobile teams (3 integrated with ART)	10-12 mobile teams per district, with escort vehicles, and linkages agents
	Mapping of hot spots & collaboration with KP organizations	Men, Key & Priority populations	Colocation with 2 KP organizations to provide HTS	Expand access to 5 more male dominated industries ( mines, gov. ministries, taxi associations)
	Conduct integrated outreaches in the high transit areas (borders)	Men, Key & Priority populations	Pilot month-end border post test & treat mobile outreach in 2 border posts by Q3	Routinize monthly and holiday HTS/ART outreached around 4 busiest border posts
	Scale up workplace multi-disease campaigns integrated with ART	Working class (young men & women) & other underserved populations	Carry out 2 multi-disease campaigns by Q4 among two govt ministries	Reach 80% of government ministries, & at least 5 private Companies
Integrate ART & KP friendly services within Community VCT sites	Accreditation for same-day ART Initiation	Men, key population, and young people	4 VCT sites & 2 new sites by Q3	Distribution point for self HIVSTKs in the 6 VCT sites  Integrated KP Friendly services

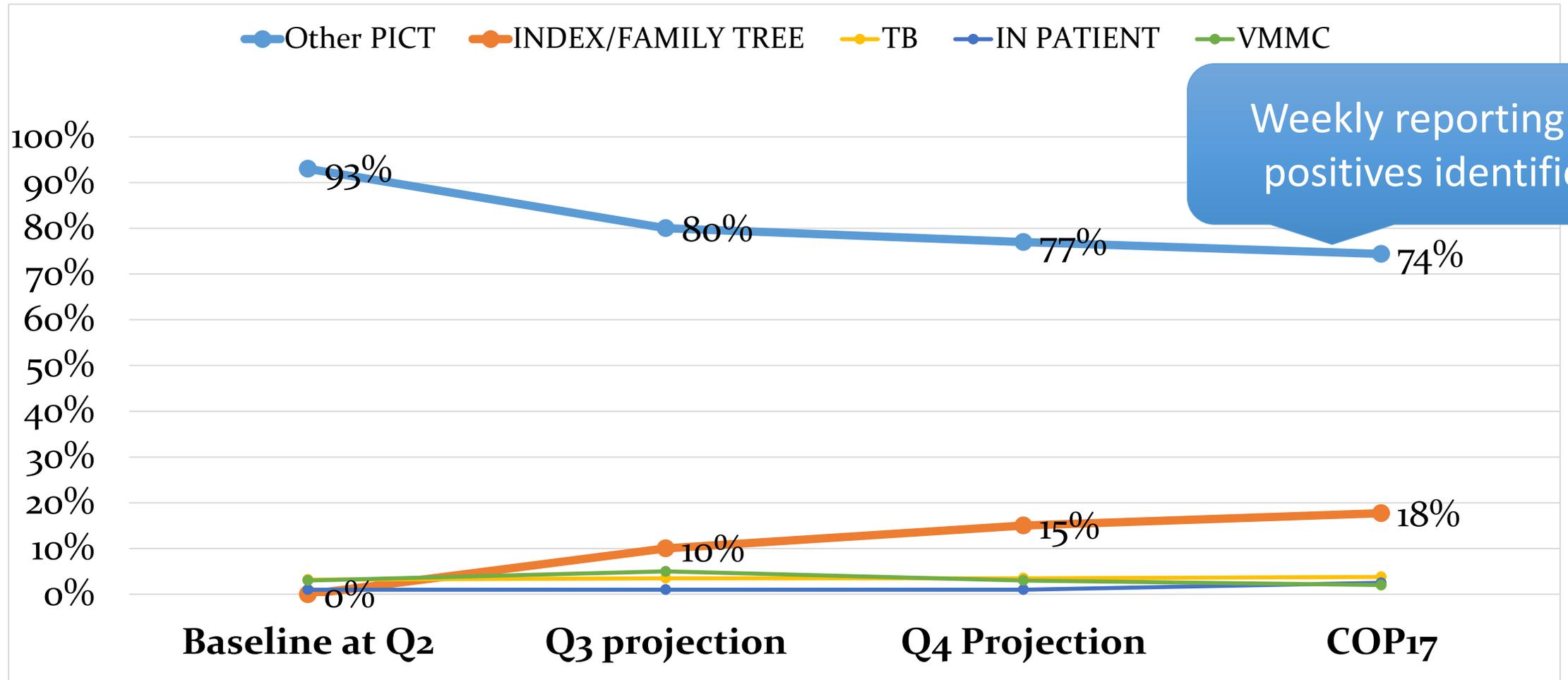
# Expansion of Priority Testing Strategies

Strategy	Activities	Target Population	Current FY17 Implementation status	COP17 Strategic Pivot
Optimize PICT in all facilities	Integrate Self testing in all PICT self delivery points (ART, ANC, OPD)	ALL, Sexual partners and peers of young people	Self-testing pilot among the military population	Integrated in all testing modalities in the 10 districts, facility & community
	Saturate all PICT outlets & Scale up screening for HTS eligibility	ANC, TB, Inpatients clients	Over 95% coverage in IPD, and 68% testing at OPD (overall knowledge of status 85%)	Maintain high coverage and increasing testing at OPD to 95%
Strengthen Index Testing (facility & community)	Introduce routine partner notification & HTS for all newly diagnosed clients	Sexual partners of PLHIV	PN SOPs and HCW training to be complete by Q4	Full implementation of PNS in CBHTS & PICT
	Prioritize newly identified PLHIV for indexing	Sexual partners & children of PLHIV	Less than 50% coverage for partners and around 40% for children of PLHIV	70% of newly diagnosed clients indexed 95% of ART patients with documented HIV status for sexual partners & children

# Gender and Age Distribution by Modality



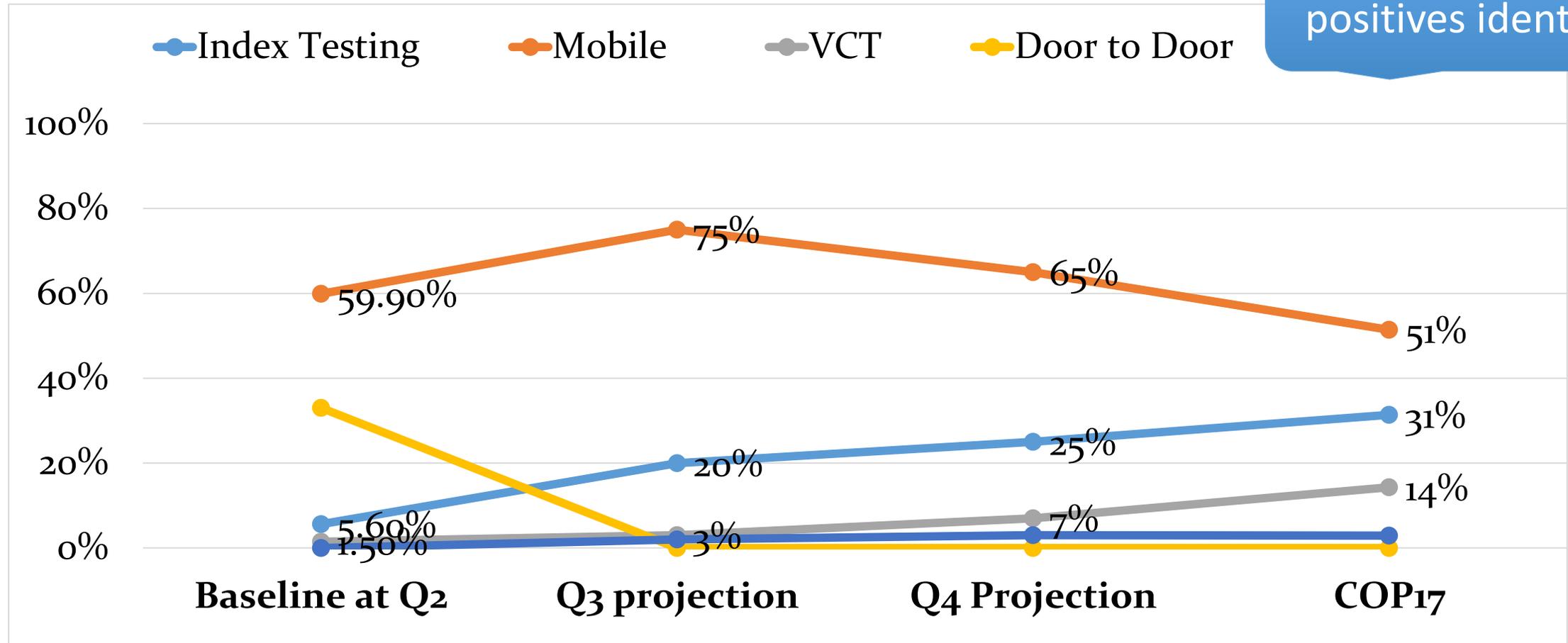
# 1<sup>st</sup> 90 Strategies towards COP17: PICT SHIFTS



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# 1<sup>st</sup> 90 Strategies Towards COP17: CBHTS SHIFTS

Weekly reporting on positives identified



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# COP 2017 Strategic Priorities

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## Expand Treatment Coverage

- 91% coverage in five scale-up districts
  - ART service expansion in 18 high volume sites in the sustained districts
- 

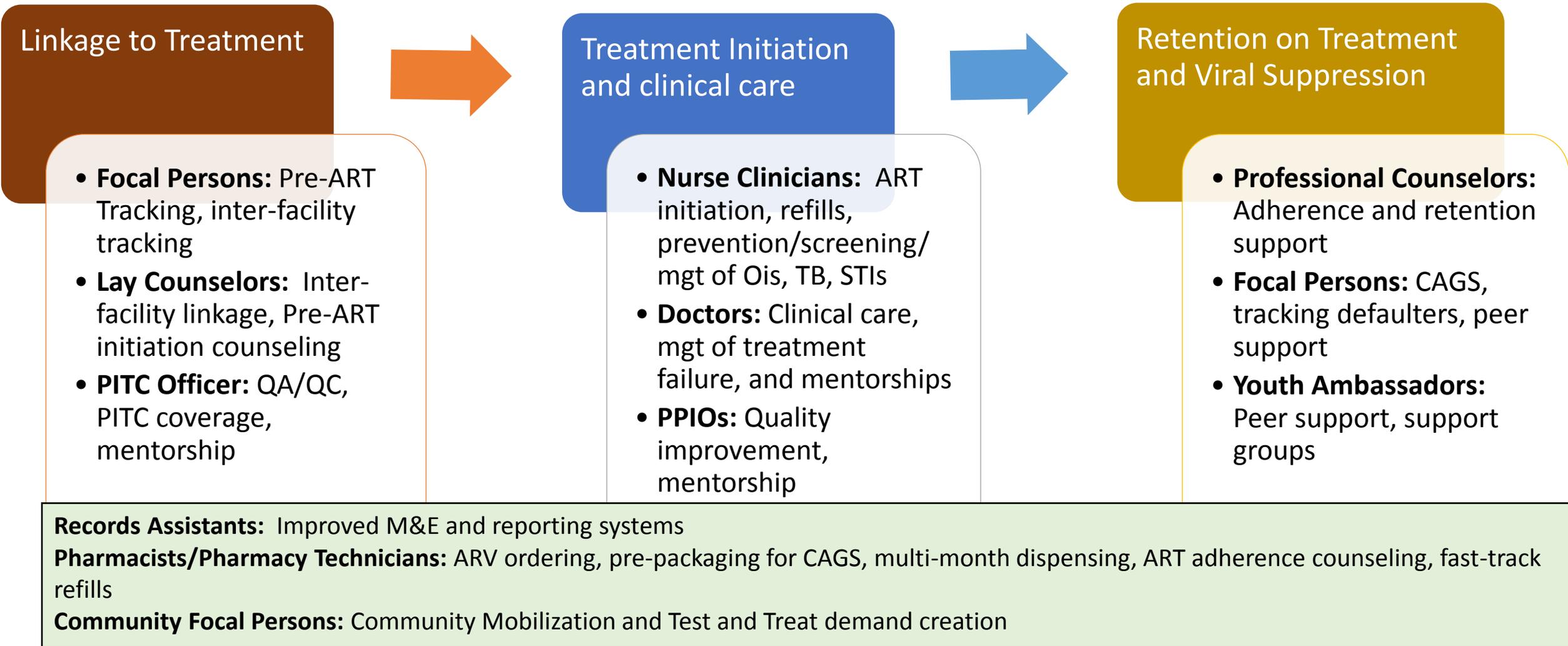
## Improve Clinical Cascade Service uptake

- Attain 90% HTS-Treatment Linkages in all sex and age groups
  - Attain 90% retention rates for all sub-populations
  - Attain 90% suppression rates
- 

## Strengthen systems for the 2<sup>nd</sup> and 3<sup>rd</sup> 90s

- Enhanced M&E: Electronic Registers and mhealth technology
  - Optimize HRH to improve direct service delivery
  - Alignment site pharmacy systems to the ART models of care
  - CSO engagement for mobilization for treatment and retention
-

# Implementation Approach: Direct Service Delivery



# Service Differentiation by Patient Type

## Models for stable patients

Scale-up Community ART delivery through Pack homes  
Expanded integrated outreaches  
Community Adherence groups  
Lay counselor ART delivery

## Special programs to reach underserved populations

Workplace PPP initiatives  
Border Points of Care for TB and HIV (PPP)  
KP friendly clinics  
Men's clinics 15-49

Direct Service Delivery  
Extended clinic hours  
Defaulter tracking

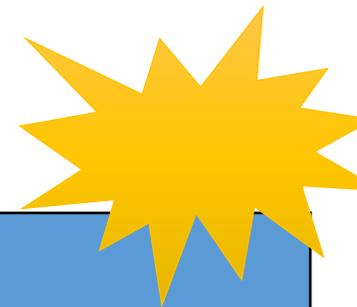
## Newly diagnosed

Same-day ART initiation  
HTS to TX linkage 90%  
Enhanced Tracking of HIV+ from community  
Treatment services Demand Creation  
Enhanced Adherence counseling

## Unstable patients

Service package for late presenters/advanced HIV disease  
Fast-tracking for unsuppressed patients

# COP 2017: Expansion plan of non-facility ART services



Strategy	Target Population	Current Status	Expected FY17	Goal COP17
Community ART Initiation	Men, Youth	3 mobile Teams	5 static 8 mobile teams, flexible hours	16 additional mobile teams, flexible hours
Workplace	AGYW and Men	1 mobile team, 3 private clinics	Factories: 10 private clinics, and 4 Maseru & 2 Leribe mobile teams	Other workplaces: Public servants, Cooperate organization e.g LRA, Banks
Integrated Outreaches	Family members, Children, ALHIV	72 sites	100 sites, 10 additional mobile teams	14 additional mobile teams
TEBA PROMISE	Miners/Ex-miners	3 static sites	3 static sites and 2 new sites (World Bank)	5 static sites
Prisons	Prisoners	1 static site	4 static sites	4 static sites
Men's Clinics	KP, Men, and Youth	3 men's corners	8-Men's ART Corners, 1 stand-one	Male-friendly services in all high volume sites
Cross-border services	Men and women working in RSA	None	2 mobile teams- Leribe and Maseru (GOL/GFCU)	2 mobile teams (GOL/GFCU)***

# COP 2017 Programming Priorities for TB/HIV Scale-up

## Universal Treatment for all TB/HIV Co-infected patients

- Attain 100% testing rates among TB patients and Presumptive TB patients
- Integrated Cross-border clinics and PPPs
- Improve TB/HIV Clinical cascade at facility level to attain >90% ART uptake

## Ensure timely TB diagnosis and Treatment Completion

- Scale-up of GeneXpert MTF/RIF
- Intensified TB Detection through establishment of 13 mini-lab in in collaboration with GFCU

## Scale-up TB Preventive Therapy and TB Infection Control

- Update and roll-out the 3Is guidelines
- Increase INH uptake and completion rates among PLHIV without active TB
- Support implementation of site TB Infection Control measures

# COP17 PMTCT Strategic Priorities: Virtual Elimination of MTCT

## Reach 95% ART Coverage for PBWLHIV

- Enhance demand creation and community tracking for first ANC uptake
- Consolidate gains of the facility PMTCT cascade: HTS/ART Uptake & Yield

## Attain 80% EID coverage at 2 months of age

- Active tracking of mother-infant pairs and linkage to care
- EID- POC implementation
- PMTCT-EID outcomes and survival analysis

## Attain 90% retention of PBWLHIV on ART

- Multi-month refills that is aligned to routine ANC schedules
- Community-based drug delivery/refills
- Flexible working hours/Weekends

# Improving Retention Data



**2016**

2016 WHO ART guidelines roll-out  
New ART patient tools  
Age and sex disaggs  
CAGs roll-out

**2017**

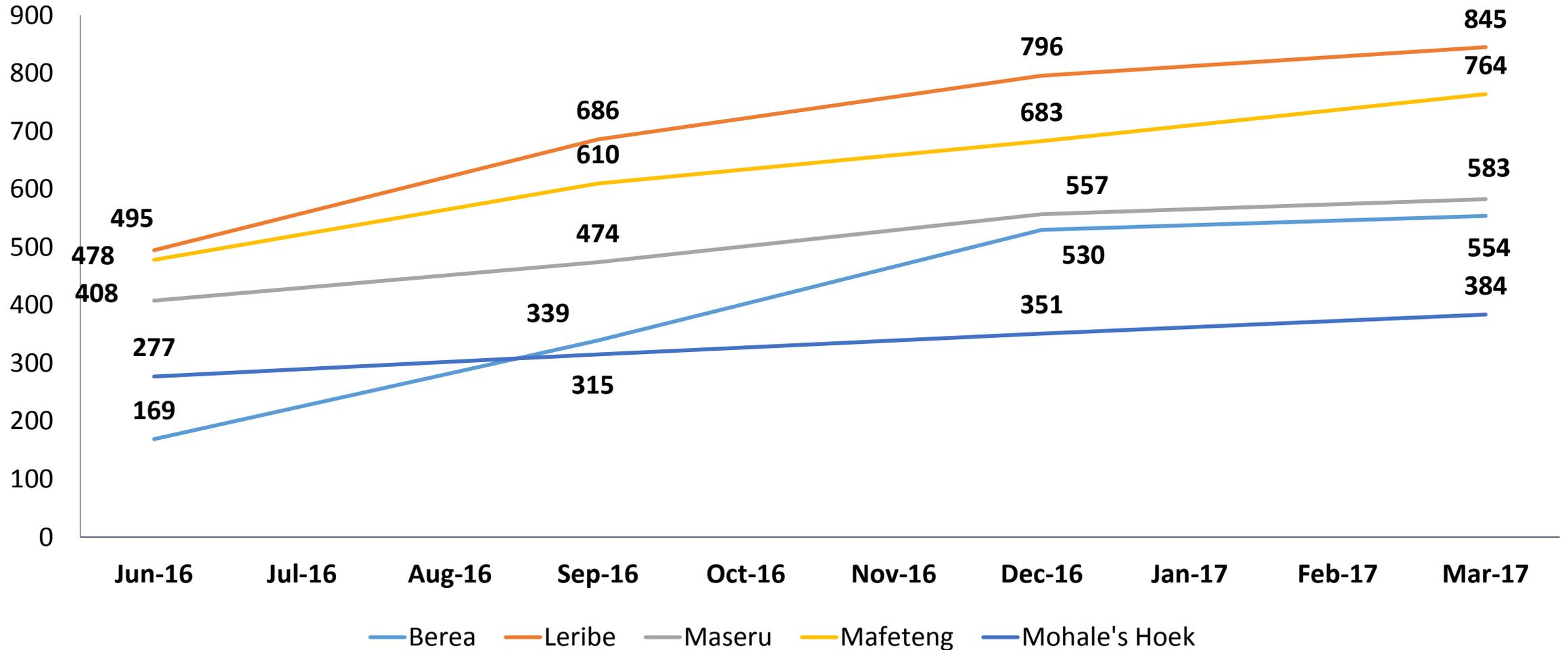
Staff responsible for Completeness and data quality in the ART registers for cohort analysis (12, 24, 36 months)  
Enhanced Adherence counselling  
Data collection in different service models  
VL log, EAC register

**2018**

Establishment of electronic registers with patient level data  
Link mHealth to electronic registers  
Complete ART cohort data with viral load suppression data  
Continue FY17 investments

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# Activities to Improve Retention: CAGs Scale-Up



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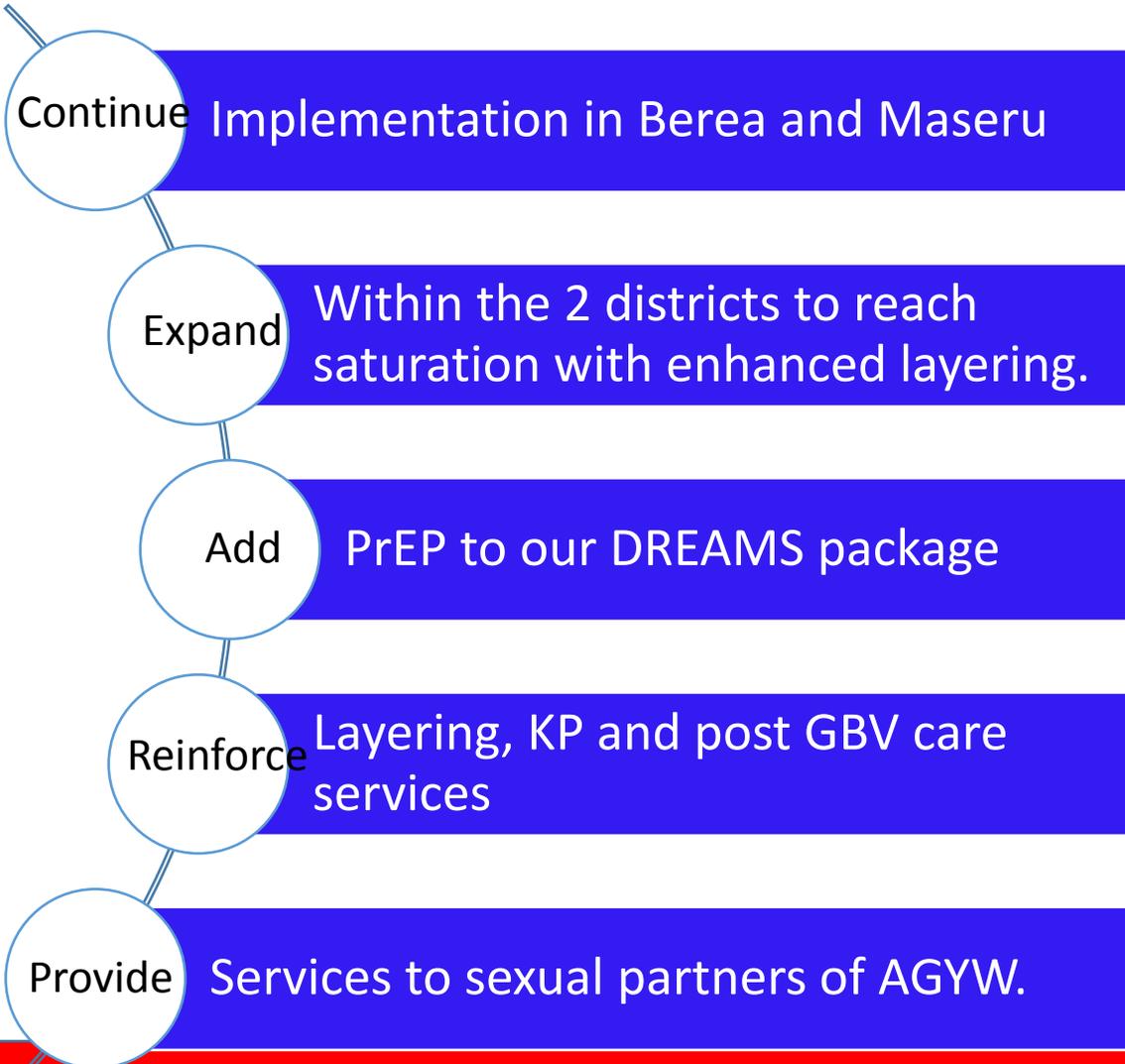
# COP17 VL Targets by Laboratory

VL lab	# Roche c4800	# VL tests/year	% VL tests covered
National Ref Lab	2 + 1*	122,000	36%
Motebang Lab	2	96,000	28%
Mafeteng Lab	1	48,000	14%
Butha Buthe Lab	1	48,000	14%
MDR Hospital Lab	1	28,800	8%
Total	7 + 1	342,800	100%

- COP 17 target achievement through a net increase of 3 viral load machines and double shifts at the NRL
- NRL will also support DBS VL testing using CAPCTM96 Machine

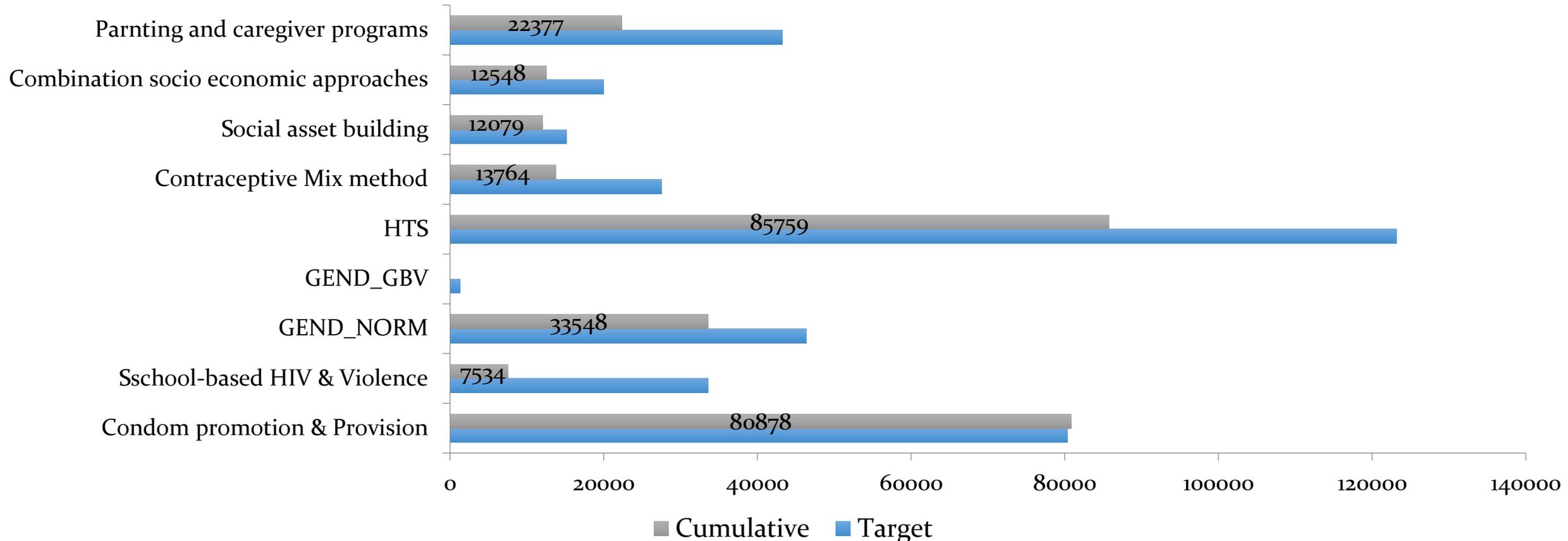
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# COP 2017 DREAMS Strategies



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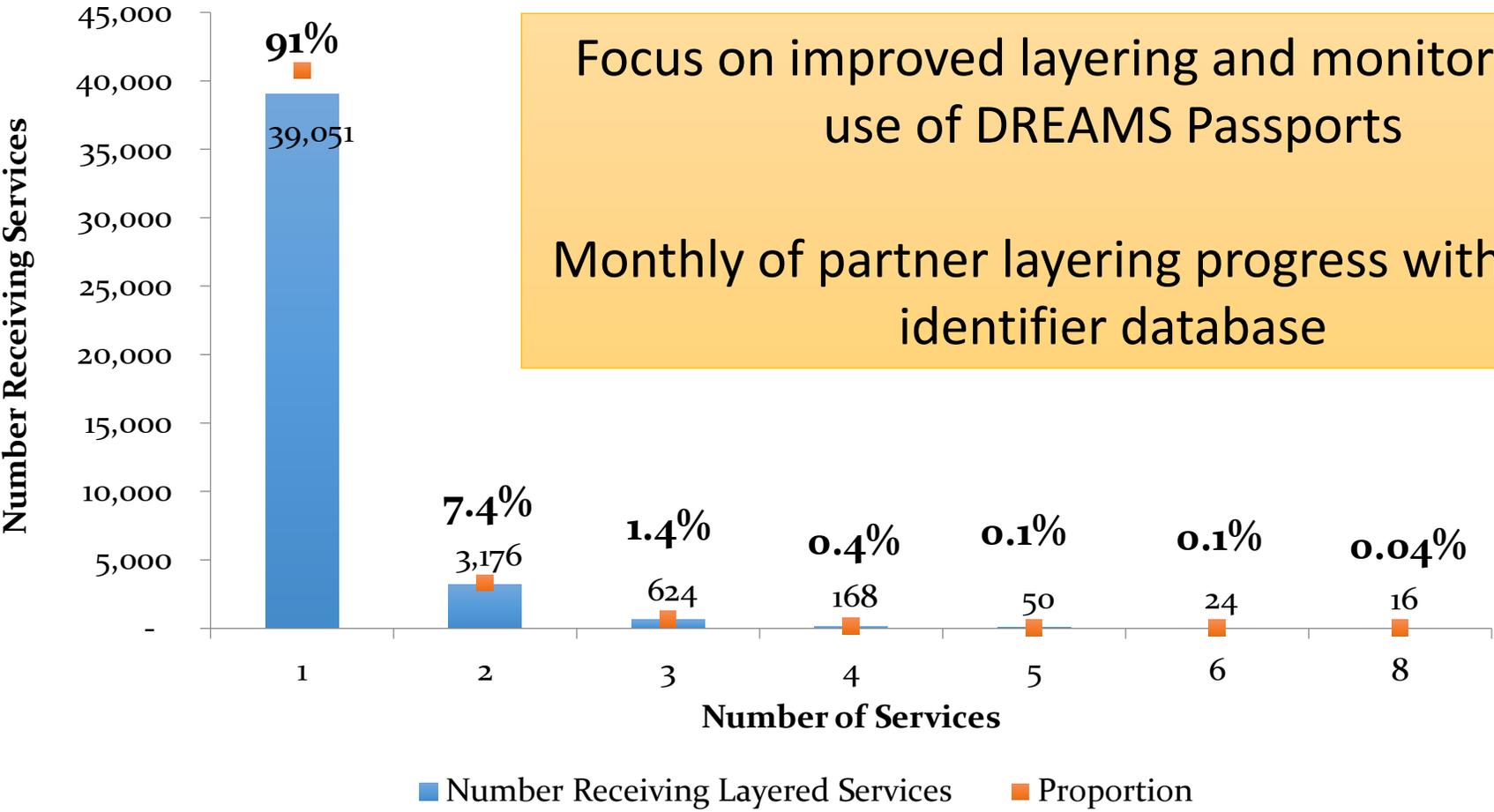
# AGYW interventions: Target vs. Results; July 2016 to Mar 2017



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# Dreams layered services



Focus on improved layering and monitoring the use of DREAMS Passports

Monthly of partner layering progress with unique identifier database

Lesotho Passport to DREAMS



Determined. Resilient. Empowered. AIDS-Free. Mentored. Safe.

Lesotho Passport to DREAMS



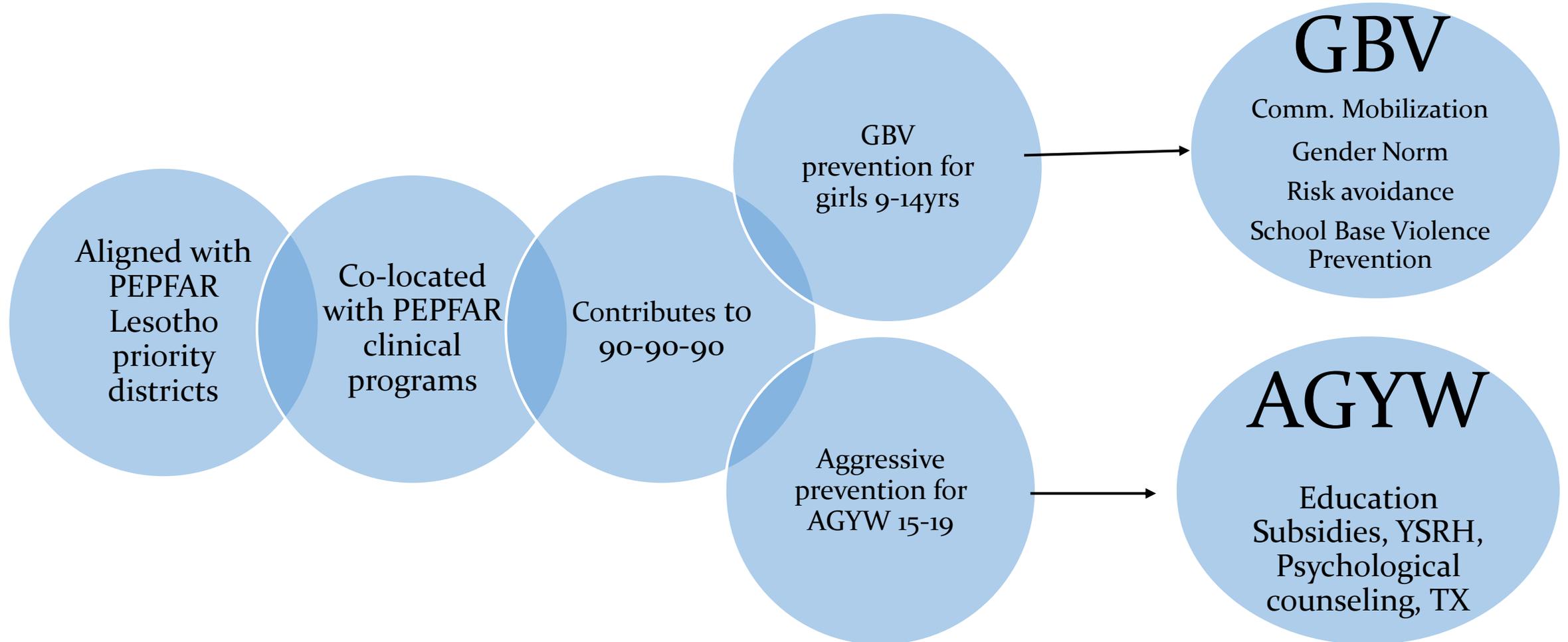
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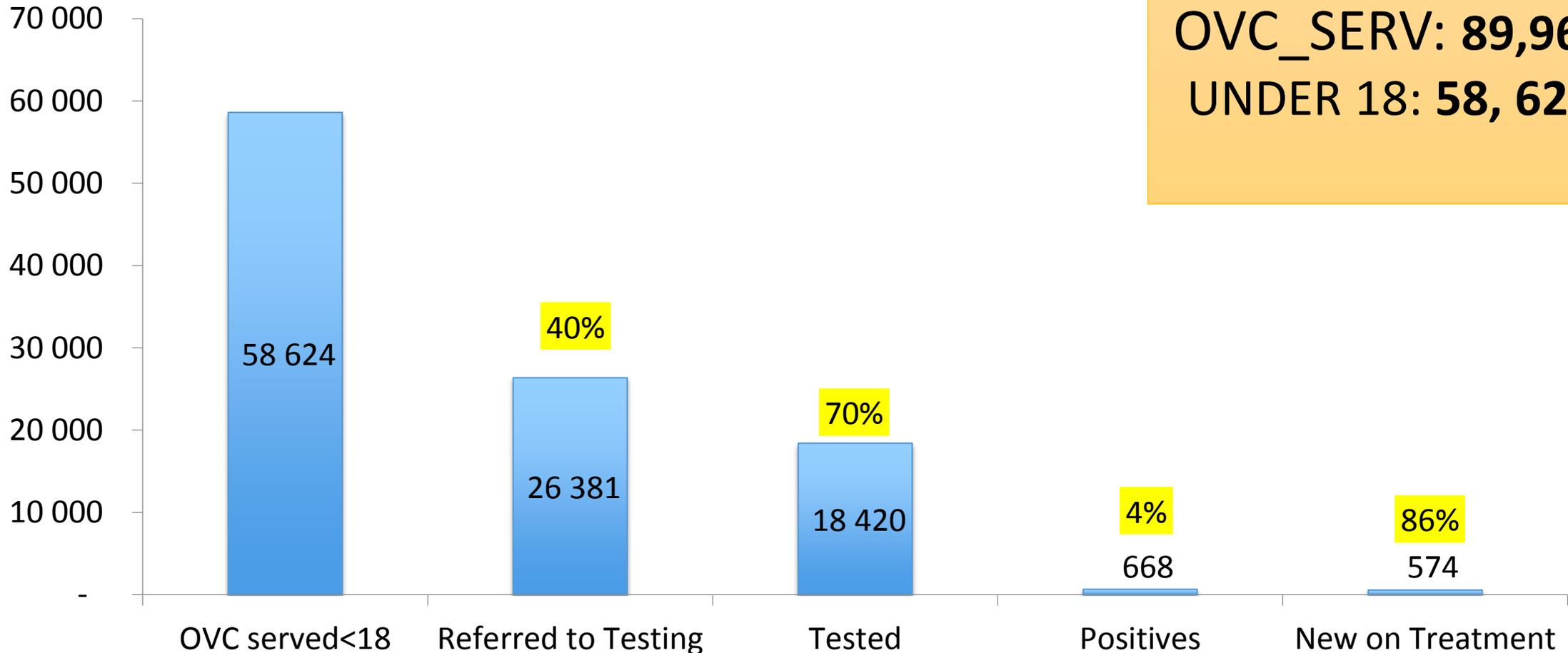


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# OVC Program-addressing GBV and risk avoidance



# OVC Cascade



**FY18 OVC Targets:**  
**OVC\_SERV: 89,966**  
**UNDER 18: 58,624**

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# Enablers For PrEP Implementation

- PrEP in ART Guidelines(2016)
- Clearly identified beneficiaries
  - Sero-discordant couples
  - AGYW (15 – 24 years)
  - FSW & MSM
- **Initial implementation for sero-discordant couples**
- Existing supportive services (HCT, Laboratory etc.)
- TDF/3TC- Registered
- Government committed to procure TDF/3TC
- PEPFAR Technical and Financial support
- Potential opportunity for expansion to other districts – Global Fund
- Implement lessons learned from other countries



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# FY18 PrEP Budget and Targets

	Budget (\$)	Beneficiaries	Target
<b>DREAMS</b>	\$2,821,770	AGYW	13,945
		FSW (<25 yrs)	470
<b>COP BASE</b>	\$1,454,830	Sero-discordant	8,526
		Funding Source MSM	950
		FSW (25+ yrs)	100
<b>Total</b>	<b>\$4,276,600</b>		<b>23,991</b>

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# Key populations Size estimation and Target

## Epidemiology

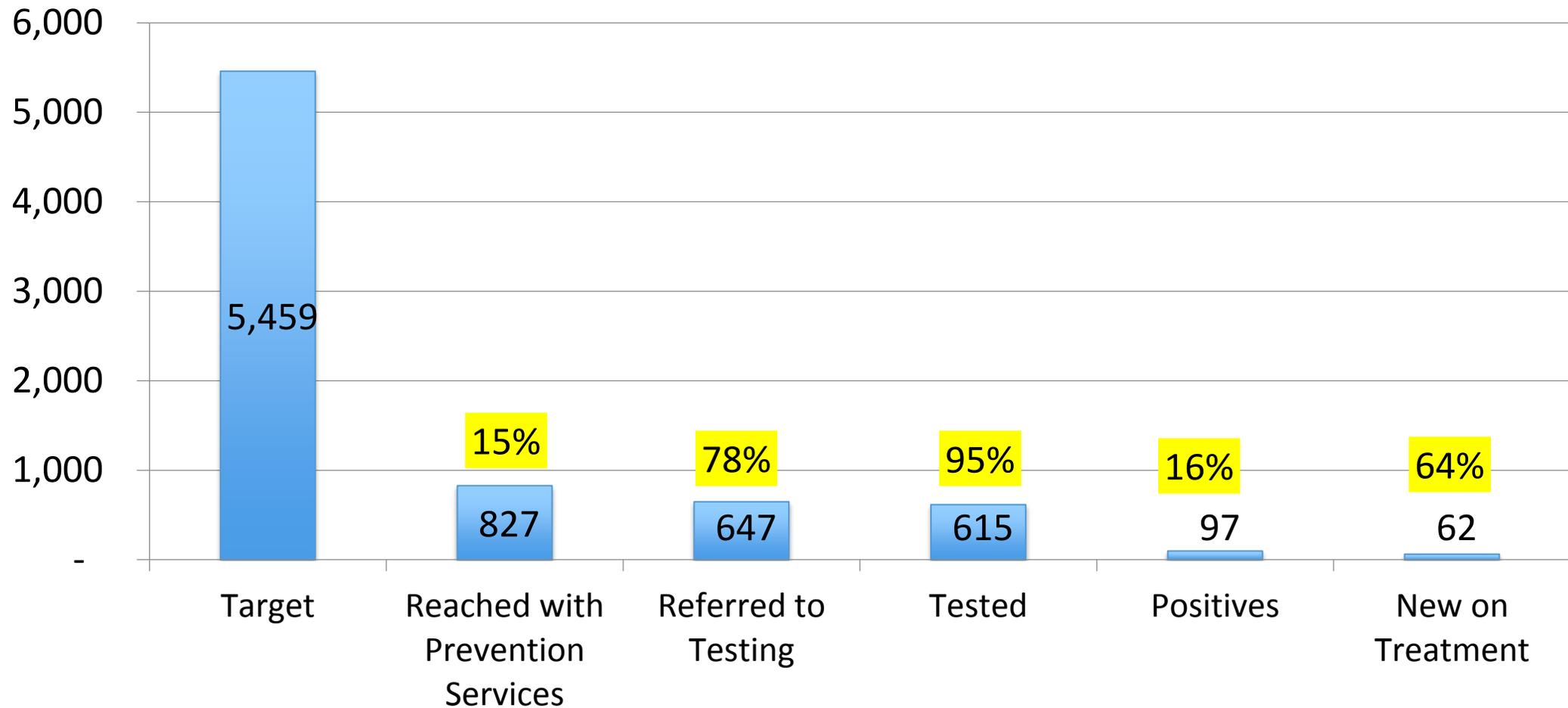
POP.	HIV PREVALENCE	SIZE ESTIMATION
MSM	33.3%	11,294
FWS	71.9%	6,748

## Targets

	Maseru	Leribe	Total	%
MSM	2,601	1,530	4,131	80%
FSW	1,554	914	2,468	80%

- All targets are DSD
- GF is implementing KP activities in the other 3 Scale up districts

# KP cascade: FY 17 Q2



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# Table 6

**Represents 12% of overall budget**

Activity	90s addressed: 1) First 90; 2) Second 90; 3) Third 90; or 4) Sustained Epi Control.	Budget Code(s)	Activity Budget Amount	Associated Implementing Mechanism ID	Relevant SID Element and Score (if applicable)	Other Stakeholders/ Donor Investments
Human Resources for Health	1,2,3,4	OHSS	\$109,873	17549 - TSEPO	7. Human Resources for Health (Score 5.75)	Mostly supported PEPFAR and some resources from ARC and LNC
Laboratory	1,2,3,4	HLAB/OHSS	\$860,000	17431 - URC Lab	10. Laboratory (Score 5.28)	Global Fund commodity Support
Laboratory	1,2,3,4	HLAB	\$280,000	17432 - MOH COAG	10. Laboratory (Score 5.28)	MOH Staff time
Strategic Information	1,2,3,4	HVSI	830,000	17123 - ICAP DHIS2	13. Epidemiological and Health Data (Score 6.13)	MOH Staff time
Central Funding SI	1,2,3,4	HVSI	5,450,000	TBD	13. Epidemiological and Health Data (Score 6.13)	Fully funded by PEPFAR
Quality Management	1,2,3,4	OHSS, HTXS, PDTX, HBHC and PDCS	\$450,000	16766 - URC ASSIST	Quality Management (Score 5.5)	Partners in Health (PIH) - DHMT reforms/ reorganizations
Commodity Security and Supply Chain	1,2,3,4	OHSS, HTXS, PDTX, HBHC and PDCS	\$2,150,000	18048 - Chemonics	8. Commodity Security and supply chain (Score 6.32)	Global Fund and MOH procurement of ARVs, RTKs, Condoms and Laboratory Supplies and reagents. Global Fund PSM support at NDSO and DHMTs.
			<b>\$10,129,873</b>			

## Electronic Register

Agency: CDC

Proposed IM: ICAP-Central CoAg

Cascade Impact:

Total \$: 1,650,000

Item	Purpose	Total Cost
Implement electronic register (system development, equipment, initial training)	Improve site-level and patient-level HIV-related data	1,400,000 USD
Electronic register technical support (HR, training, oversight, data management, M&E)	Support effective implementation and build local capacity	250,000 USD

## DHIS2

Agency: CDC

IM: ICAP-Central CoAg

Cascade Impact: All 90's

Total \$: 800,000

Item	Purpose	Total Cost
DHIS2 site-level technical support (Training, mentoring, site supervision, equipment)	Improve timeliness, completeness, and accuracy of reporting	500,000 USD
Establish interoperability with LIS and DHIS2	Enhance monitoring of core laboratory indicators	100,000 USD
Integrate community-based HIV testing services into DHIS2	Initiate/improve tracking of CBHTS, linkage to care, and ART initiation	200,000 USD

## LMIS

Logistics Management System

Agency: USAID

IM: Chemonics

Cascade Impact: 1<sup>st</sup>/2<sup>nd</sup> 90

Total \$: 150,000

Item	Purpose	Total Cost
LMIS technical support (HR, training, site supervision)	Improve efficient use of LMIS, increase robustness of system, improve stock/supply forecasting	150,000 USD

# Commodities

Category	Item description ItemsList	COP 2016	COP 2017
RTKs	Buffer Stock	\$0	\$55,658
VMMC	VMMC Kits	\$0	\$602,180
TB/HIV	GeneXpert cartridge	\$586,338	\$401,208
TB/HIV	TB-MGIT media	\$0	\$98,640
Lab - Other	Supportive media (EID, PCR, etc.)	\$626,697	\$663,975
Viral Load	VL test reagents	\$3,002,977	\$4,977,374
Viral Load	Supporting media	\$0	\$428,474
Lab - VL/IVT	DBS and Avidity	\$0	\$199,528
<b>Total</b>		<b>\$4,216,012</b>	<b>\$7,427,037</b>

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