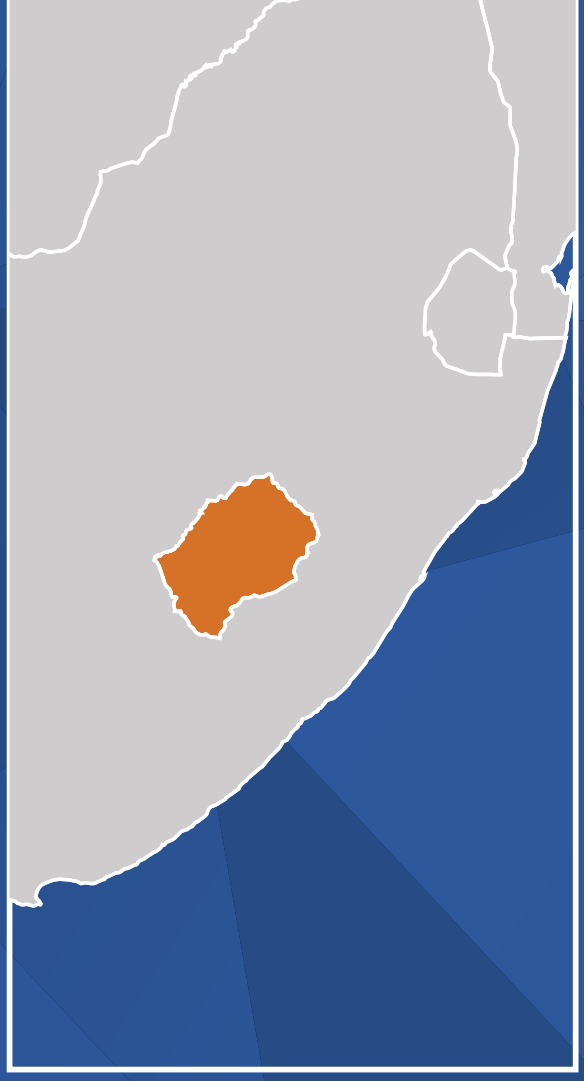

December 2017

LESOTHO HIV POLICY SCAN AND ACTION PLAN

Policy and Legal Opportunities for HIV Testing Services and Civil Society Engagement

USAID FROM THE AMERICAN PEOPLE

PEPFAR

HP+ HEALTH POLICY PLUS

December 2017

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Suggested citation: Beardsley, Kip., A. Zapfel, and T. Williamson. 2017. *Lesotho HIV Policy Scan and Action Plan: Policy and Legal Opportunities for HIV Testing Services and Civil Society Engagement.* Washington, DC: Palladium, Health Policy Plus.

ISBN: 978-1-59560-162-9

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

Contents

Acknowledgments

The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is grateful for the opportunity to support the government of Lesotho. It is hoped that the efforts captured here will provide significant support to the critical work that civil society and private providers undertake in reaching marginalized and high-risk populations.

The authors of this report would like to thank the stakeholders who have been engaged throughout the policy analysis process for their efforts and dedication, particularly those who attended the service gap prioritization workshop, and participants of stakeholder interviews who provided further context for the HIV response in Lesotho. The HIV policy scan and action planning methodology and this report would not be possible without support from USAID/Lesotho and USAID/Washington through PEPFAR funding, or the vision and leadership of the Lesotho Ministry of Health, the National AIDS Commission, or local providers of HIV testing services across the country. Special thanks to Mphotleng Tlhomola from the Lesotho Ministry of Health for her support during the action planning stage of the PSAP process.

The authors are greatly appreciative of the HIV policy analysis and advocacy decision models for key populations, developed under the Health Policy Project, on which this analysis and methodology are based. The authors would like to express their gratitude to HP+ reviewer Sara Bowsky for her time and commitment to the report. Additional thanks goes to USAID reviewers Deborah Kaliel, Noan Methany, Rachel Golan, and Kent Klindera.

Abbreviations

ART	antiretroviral therapy
CCAC	community council AIDS committee
CSO	civil society organization
DAC	district AIDS committee
DHMT	district health management teams
GOL	Government of Lesotho
HIV	human immunodeficiency virus
HIV PSAP	HIV policy scan and action planning
HP+	Health Policy Plus
HTS	HIV testing services
LENEPWHA	Lesotho Network for People Living with HIV and AIDS
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	U.S. Agency for International Development
WHO	World Health Organization

Executive Summary

Introduction

The policy environment of Lesotho reflects a country that is actively updating approaches and protocols related to international guidelines on the continuum of HIV prevention, care, and treatment; as such, there are bound to be policies, procedures, implementation guidelines, and clinical protocols that need to be aligned. This report assesses policies related to the coordination and implementation of HIV testing and counselling services in Lesotho and the policy environment related to engaging civil society in both program implementation and policy advocacy.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is invested in supporting the government of Lesotho in understanding the policy environment related to HIV. PEPFAR's 2016 and 2017 Country Operational Plan guidance requires that all PEPFAR country missions conduct a legal environment assessment and incorporate the recommendations into their operational plans every three years. To fulfil this requirement, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and PEPFAR, conducted a policy scan and action planning activity. The policy scan and action planning process began with a workshop during which stakeholders identified a service gap along the HIV continuum of care on which to conduct a policy analysis. Following the workshop, HP+ reviewed existing policies and examined compliance with international standards. Stakeholders in Lesotho then reviewed the analysis and developed an action plan to address policy issues related to the identified service gap.

Policy Scan Findings

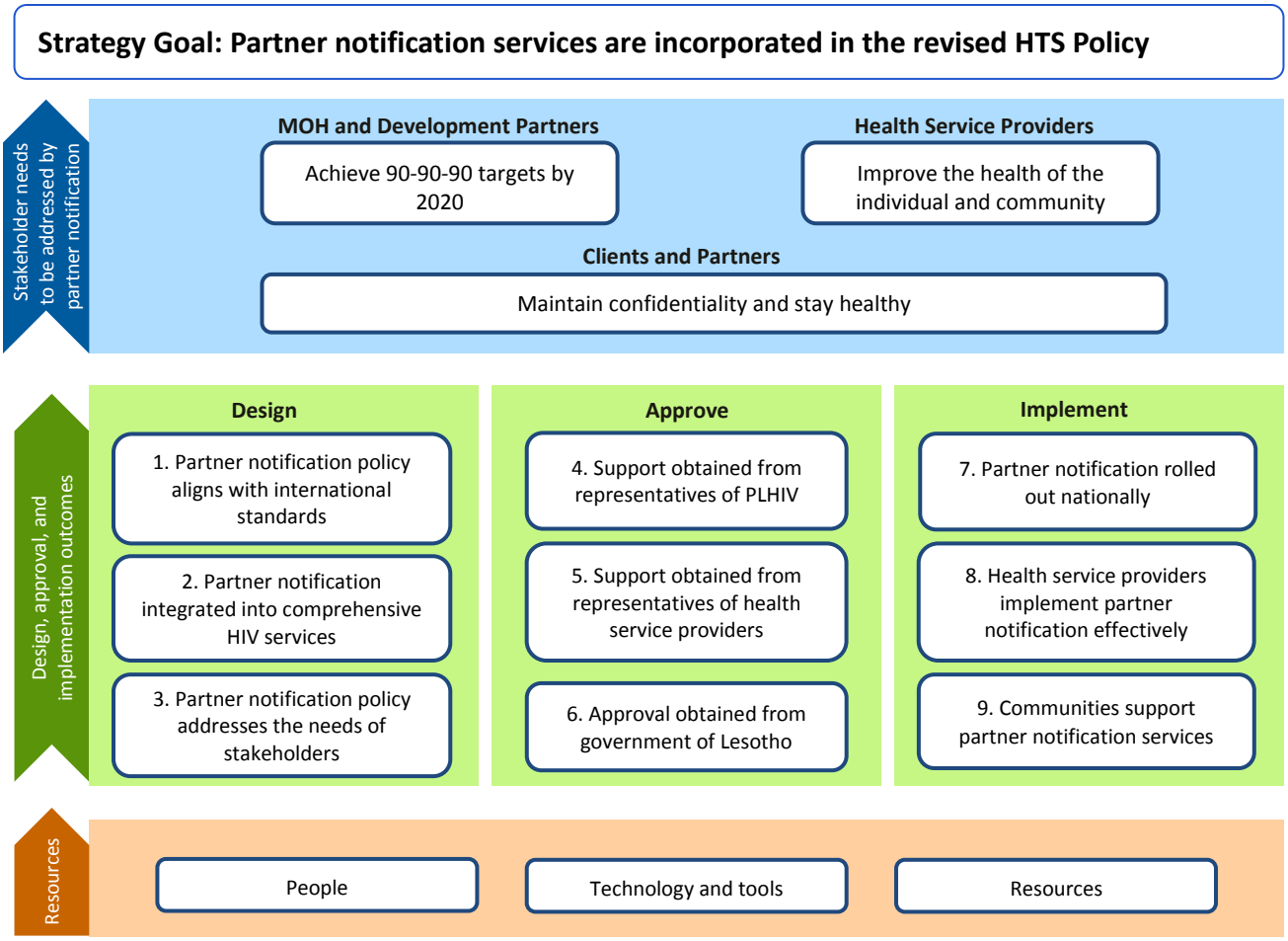
In October 2016, HP+ held a service gap prioritization workshop with 18 stakeholders from the government of Lesotho, local civil society organizations, PEPFAR implementing partners, international nongovernment organizations, and U.S. Government representatives. The participants focused on a desk review of consolidated service gaps previously documented by the Basotho government, PEPFAR, and UNAIDS to identify potential policy solutions that could improve the continuum of prevention, care, and treatment of HIV testing and counselling services (HTS) with the ultimate goal of achieving national targets.

The HP+ team conducted in-depth interviews with a diverse group of stakeholders to further understand the policy environment related to HTS and the role civil society organizations play in HIV service delivery and engagement in government decision making, and collected quantitative data to provide a greater understanding of the HTS policy environment. Policies were compared to international standards set by the World Health Organization, UNAIDS, and other normative bodies. Findings were shared with stakeholders for further review and incorporation into current work.

Action Planning

As part of the action planning process, stakeholders at a workshop created a road map and identified a strategy goal for achieving an agreed upon outcome (see figure below). Workshop participants identified key stakeholder needs; programmatic objectives for the development of standards of practice, advocacy, and implementation; measures; initiatives; and resource inputs.

Participants then began developing detailed workplans for incorporating partner notification services into a revised HIV testing and counselling service policy.



Conclusion

The findings of this assessment and action plan support further refinement of the design and implementation of HIV testing and counselling services to ensure that human rights are incorporated into health service delivery in Lesotho. Partner notification remains a challenge in ensuring the achievement of the country's health commitments and overall epidemic control. The policy assessment and action planning approach developed by stakeholders on partner notification provides a blueprint to policy reform and can be used as an example for additional advocacy initiatives in the country. Government leadership, in collaboration with development partners and local civil society organizations, should allow for further refinement of these policies in order to achieve Lesotho's 95-95-95 targets and overall epidemic control.

Introduction

Understanding policy challenges in a country is necessary to effectively respond to its HIV epidemic. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 2016 and 2017 Country Operational Plans guidance requires that all PEPFAR country missions conduct a legal environment assessment and incorporate the recommendations into their operational plans every three years. The U.S. Agency for International Development (USAID)- and PEPFAR-funded Health Policy Plus (HP+) project's HIV policy scan and action planning process, described in Box 1, fulfils this requirement. The approach engages local stakeholders, including government and civil society, in prioritizing and addressing gaps along the HIV continuum of care and throughout the implementing environment through policy analysis and recommendations. The HIV policy scan and action planning process is based on a commitment to local ownership, fully engaging country stakeholders in every step of priority setting, policy analysis, and action planning to improve HIV testing, treatment, and viral suppression outcomes.

Box 1. Policy Scan and Action Planning Process

Engage local stakeholders to:

1. Compile existing assessment data on service delivery
2. Prioritize service gap(s) based on impact and feasibility criteria and identify policy barriers to address the service gap
3. Understand the implementing environment by assessing policies impacting prioritized service gaps and the ability of civil society organizations to engage in implementation of differentiated care
4. Prioritize identified policy solutions based on criteria of impact and feasibility
5. Create advocacy goals
6. Develop action plan to accomplish advocacy goals
7. Advocate for policy change

In Lesotho, stakeholders used the HIV policy scan and action planning process (as described in the Methodology section of this report) to identify critical service gaps. This report addresses the extent to which Basotho policies and implementation related to the identified service gap aligns with international standards and meet the needs of country stakeholders. The policy solutions and recommendations presented are based on analysis of qualitative and quantitative data. It is important to note, though, that external analysis and recommendations should never override the understanding and vision provided by government, clinicians, implementers, and—most importantly—the communities that benefit from health services.

This is a living document. It is intended to begin dialogue among government counterparts, technical assistance providers, and civil society organizations (CSOs). It should stimulate new ideas and approaches to improving coverage and yield of HIV services and ultimately spur pathways to advocacy actions for improved outcomes in Lesotho's HIV response

Country Overview

Lesotho has one of the highest HIV prevalence rates in the world—23.5 percent among people ages 15-49—and maintains a high incidence rate of two percent (PEPFAR, 2016). Lesotho adopted a "test and treat" strategy in June 2016, linking all people living with HIV to treatment regardless of CD4 count, and implementation began shortly thereafter. National HIV antiretroviral therapy (ART) and HIV testing services (HTS) guidelines reflect this strategy; however, other key policies that guide epidemic response are still in need of updating and alignment with the new policy and service delivery initiatives.

The National AIDS Commission, a statutory body that was relaunched in 2015 after being disbanded three years earlier, is tasked with coordinating the national HIV response in Lesotho. The Ministry of Health is responsible for all aspects of HIV service delivery and is supported by several technical working groups that develop and update HIV-related policies and guidelines. Much of the clinical and programmatic response to HIV is provided by partners such as the Christian Health Association of Lesotho, Elizabeth Glaser Pediatric Foundation, Partners in Health, PSI, Baylor International Pediatric AIDS Initiative, and other implementing partners. Several local civil society organizations provide HIV services and are engaged in related policy and advocacy initiatives. These local organizations represent a diverse community and include independent groups representing key populations and people living with HIV; professional associations for nurses, doctors, and allied medical staff; and umbrella organizations representing broad networks of civil society.

Methodology

The policy scan and action planning methodology consists of six steps: (1) compile existing assessment data on service delivery, (2) local stakeholders prioritize service gap based on impact and feasibility criteria, (3) assess policies impacting prioritized service gap and the ability of CSOs to engage in implementation of differentiated care, (4) prioritize identified policy solutions based on criteria of impact and feasibility, and (5) develop an action plan to accomplish the advocacy goal.

In October 2016, HP+ held a service gap prioritization workshop with 18 stakeholders from the government of Lesotho, local CSOs, PEPFAR implementing partners, international nongovernment organizations, and U.S. Government representatives. The participants focused on a desk review (Annex A) of consolidated service gaps previously documented by the Basotho government, PEPFAR, and UNAIDS to identify potential policy solutions that could improve the continuum of prevention, care, and treatment of HTS with the ultimate goal of achieving national targets.

The HP+ team conducted in-depth interviews with a diverse group of stakeholders to further understand the policy environment related to HTS and the role CSOs play in HIV service delivery and engagement in government decision making, and collected quantitative data to provide a greater understanding of the HTS policy environment. Policies were compared to international standards set by the World Health Organization, UNAIDS, and other normative bodies (Annex B). Findings were shared with stakeholders for further review and incorporation into current work.

Based on the report, stakeholders identified a strategy goal for further action planning: "Partner notification services are incorporated in the revised HTS Policy." Workshop participants

identified key stakeholder needs; programmatic objectives for standards of practice development, advocacy, and implementation; measures; initiatives; resource inputs; and initial detailed workplans for key activities.

Limitations

This focused approach to policy analysis has benefits related to resources, political acceptability, and timelines. Unfortunately, it also has limitations. This analysis did not delve deeply into adjoining policy spaces such as financing, strategic information, procurement and supply management, or laboratory services that are critical for an effective continuum of prevention, care, and treatment. The analysis also did not critique nuanced clinical protocols. While stakeholder interviews were conducted to get an understanding of the overall policy environment, data on capacity for service delivery or implementation of policy was not collected or triangulated.

In addition, this report does not assess the legal components of structural barriers such as stigma and discrimination that limit access to the full range of services across the HIV care continuum. Analysis with this focus completed by the United Nations Development Programme in 2015 should be incorporated into advocacy actions since it provides important opportunities to achieve meaningful increases in the yield of those screened for HIV and successfully linked to and retained in HIV care and treatment (International Advisory Panel on HIV Care Continuum Optimization, 2015).

Policy Scan Findings

This section presents findings from the policy analysis regarding coordination structures and HIV testing and service design in Lesotho.

Coordination Structures

> States should establish an effective national framework for their response to HIV which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV policy and programme responsibilities across all branches of government (UNAIDS, 2006, p. 21).

An effective HIV response in any country requires multisectoral support and coordination amongst government, private, and civil society actors. According to the *Revised National HIV and AIDS Strategic Plan (2011/12–2017/18)*, Lesotho has adopted a multisectoral and decentralized coordination and management of the multisectoral response (GOL, 2015 (Revised)). Under the *National Coordination Framework*, multisectoral and government/non-government coordination is guided by the National AIDS Commission while the Ministry of Health coordinates all health-related aspects of the HIV response (NAC, 2016). In response to health sector decentralization strategies, both entities have implemented coordination structures at the district level to ensure coordination across all levels (NAC, 2016).

Cross-Sector Government Coordination

National

Coordination framework guidelines note that various government agencies should be involved in the multisectoral response, specifically "line ministries, parastatal organisations, and other semi-autonomous government agencies… [including] Cabinet, Parliament, and local authorities" (NAC, 2016, p. 7). Coordination efforts should "facilitate the implementation of an effective HIV and AIDS workplace programme [and] support networking, information dissemination and advocacy" (p. 15). Within the framework, HTS is highlighted as a cross-cutting intervention for sector integration and coordination (NAC, 2016).

The coordination framework adheres to international HIV mainstreaming guidelines, calling on each line ministry to integrate an HIV response into its sector's mission, mandate, objectives, and core functions. The framework identifies specific areas in which the Ministry of Health, the Ministry of Social Development, the Ministry of Education, and the Ministry of Local Government and Chieftainship can coordinate biomedical interventions (including HTS), mitigate social and economic impacts, organize the decentralized response, and integrate strategies into learning institutions. The National AIDS Commission provides capacity development and coordination related to monitoring and evaluation, resource mobilization, and assessment of the impact of HIV in each sector. Line ministries are responsible for identifying the mix of interventions required, including HTS availability for civil servants; private sector testing; and/or community-based options (NAC, 2016).

Guidance from 2007 asks line ministries to ensure that two percent of their budget is allocated for HIV activities—twice the percentage that other countries, such as Nigeria, require (NAC, 2007; Williamson et al., 2011). The current framework does not reference this two percent requirement, though interviewees did mention that the allocation was still government policy.

In line with international guidance, Lesotho has created an interministerial HIV and AIDS Committee with broad responsibility to facilitate coordination, HIV mainstreaming, advocacy, and mobilization of HIV services, including HTS (NAC, 2016).

Local

In line with international guidance, the National Coordination Framework establishes that local level coordination should be guided by multisectoral local bodies, e.g., district AIDS committees (DACs) and community council AIDS committees (CCACs) that include various governmental and non-governmental stakeholders (NAC, 2016). According to the framework, these committees should be seen as extensions of the National AIDS Committee at district and community levels, though they operate under the jurisdiction of the Ministry of Local Government and Chieftainship (NAC, 2016). However, interviewees said that the DACs and CCACs are not yet operational, despite the National AIDS Commission Business Plan having identified reestablishment of the committees and clarifying their roles and responsibilities as a priority action (NAC, 2016b). When operational, DACs and CCACs will coordinate implementation of the community-specific essential services plan, which includes HTS (GOL, 2015 (Revised)).

Under previous guidance, HIV activities were coordinated through the "Gateway Approach," an initiative that empowered local authorities to be coordinators of epidemic control (NAC, 2007). According to interviewees, this approach successfully helped community councils develop essential services packages (NAC, 2008). Though recent policy documents make scant mention of the Gateway Approach, the Ministry of Local Government and Chieftainship identifies epidemic control efforts as being coordinated with council leaders.

Potential Policy Solutions – Cross-Sector Government Coordination

1. Develop specific HTS roles, activities, and goals for non-health ministries
    - Include Ministry of Local Government and Chieftainship; Ministry of Gender, Youth, Sport and Recreation; Ministry of Education and Training; Ministry of Labor and Employment; and/or the Ministry of Public Service
2. Amend the coordination framework to clarify that line ministries are expected to spend two percent of their budgets on HIV and identify the approved uses, including HTS, of the line item
3. Develop roles and responsibilities for local HTS with DACs and CCACs
    - Ensure that the National AIDS Committee has the mandate and evidence to support the roles of the DACs and CCACs
    - Assure alignment with roles and responsibilities of District Health Management Teams

Government/Non-Government Coordination

National

Partnership with diverse stakeholders is primarily the responsibility of the National AIDS Committee. The *National Coordination Framework* classifies stakeholders in five clusters: public sector, civil society, private sector, academia, and development partners. At the national level, these categories are coordinated through specific umbrella groups for each cluster, as follows (NAC, 2016):

> Partnership and representation, when done in a collaborative engagement approach, leads to expanded diversity and engagement of CSOs, promotes leadership of key populations, youth and other individuals, and promotes meaningful engagement of CSO and [People Living with HIV] to promote coordination, strategy and accountability. (UNAIDS 2011)

1. Public sector: Inter-Ministerial Committee for HIV and AIDS
2. Private sector: Lesotho Business and Labour Coalition or the Lesotho Chamber of Commerce and Industry
3. Civil society: Seven coalitions (Lesotho Network for People Living with HIV and AIDS, Lesotho Interreligious AIDS Consortium, Lesotho Council of Non-Governmental Organizations, Lesotho National Federation of Organizations, Lesotho Network for AIDS Service Organizations, Lesotho Youth Federation)
4. Academia: The Council on Tertiary Education
5. Development partners: No umbrella

Specific roles and responsibilities are delineated for each cluster, but only one role directly relates to HTS. For example, the academic cluster is asked to "create demand for strategic services such as HIV testing and counselling, social and behaviour change communication, and medical male circumcision among others" (NAC, 2016, p. 18).

The plan includes oblique references to HTS coordination, including the mention that civil society is responsible for "community mobilization and demand creation" and "accelerating efforts to achieve the 90-90-90 targets" (Government of Lesotho, 2015 (Revised), p. 20). For key populations, the strategic plan notes that CSOs are providing, and should continue to provide, "services such as condoms, social and behavior change communication, referral to other services, and HTS among others" (Government of Lesotho, 2015 (Revised), p. 33). Interviewees also noted that CSOs provide legal services, linkage to care, and peer education for sex workers.

The coordination framework notes that civil society coordinates effectively within the umbrellas, but the umbrellas do not coordinate effectively with one other, and that overlapping mandates and membership often result in duplicate efforts (NAC, 2016). One interviewee from a network agreed, confirming that networks often work in silos.

One of the main objectives of the 2006 *National HIV and AIDS Policy* is "to strengthen the relationships between the national coordinating body (NAC), the public sector, private sector, civil society and other implementing partners" (NAC, 2006, p. 13) As such, the National AIDS Committee has a responsibility to ensure that civil society is included in its HIV response. The Ministry of Health and Social Welfare's 2013 *Reform Implementation Plan* calls for the establishment of a partner coordination director position within the Ministry. The ideal candidate for this position is required to have a "track record in relationship management (especially with NGOs, international agencies) and is meant to ensure partner activities fit

within MOH strategy, [memorandums of understanding] follow laws, and ensures annual partner activities link with MOH strategy" (MOH, 2013, p. 6). The partner coordination director would support partner engagement with the Ministry of Health, allowing for more robust coordination of efforts in the national response.

Local

The *National Strategic Plan* makes clear that community involvement is a cornerstone of multisectoral response success. The *National Coordination Framework* clarifies this position by outlining key roles and responsibilities for civil society coordinating structures (GOL, 2015 (Revised)). These responsibilities do not explicitly mention HTS as a concern of these structures at the district level (NAC, 2016); the *National Strategic Plan* does, however, clearly describe HTS as one of five key objectives for community councils (NAC, 2008).

The *National Strategic Plan* identifies community systems strengthening as a key priority and expects that it will "accelerate the implementation and service delivery in key programmes including HTS, voluntary medical male circumcision, ART and [tuberculosis] outreach refills" (Government of Lesotho, 2015 (Revised), p. 59). National civil society umbrellas are supposed to reach out at the local level to facilitate community outreach, mobilization, and engagement aimed at improving services coverage, uptake, and utilization. The umbrellas are also tasked with ensuring that civil society interventions at the community level are aligned with national guidance (NAC, 2016). However, the document also claims that government and civil society do not coordinate through formal structures at district and community levels, regardless of the existence of the Gateway Approach (NAC, 2016). Civil society interviewees noted similar coordination issues at the local level, such as health workers being placed in non-profit facilities without the knowledge of national offices.

Potential Policy Solutions – Government/Non-Government Coordination

1. Specify HTS-specific roles for each of the five clusters identified in the National Coordination Framework
2. Develop an inter-CSO coalition coordinating framework
3. Develop coordination protocol for HTS between government/civil society at local levels
4. Develop roles, responsibilities, outcomes, and monitoring systems to ensure civil society engagement in decision making and program monitoring

Health Sector Coordination

Lesotho's Ministry of Health coordinates the health sector response to HIV and ensures that HTS is effectively implemented across various providers (GOL, 2015 (Revised); (MOH, 2016). The *National Coordination Framework* specifies that coordinating biomedical interventions are within the scope of the MOH (NAC, 2016). Although the framework does not specifically mention HTS interventions, it does identify the coordination of an "integrated HIV and AIDS response" and provides policy guidance as a key role for the ministry, including in the development of HTS guidelines (NAC, 2016, p. 8). At the local level, District Health Management Teams, which report to the ministry, coordinate how health facilities and village health workers provide HIV services, including HTS (NAC, 2016).

The most important source of health sector coordination guidance comes from the *National HIV Testing Service Guidelines*. These guidelines note that HTS should be integrated with other

services, including screening and treatment for noncommunicable diseases, sexually transmitted infections, and tuberculosis. Government policy dictates that HTS clients should be offered screening for these diseases, as well as voluntary medical male circumcision and family planning guidance (MOH, 2016).

Integration between HTS and other services is tailored to certain populations. For pregnant women, guidelines identify specific times that HTS should be offered (at diagnosis of pregnancy, every three months during pregnancy, at delivery, and every three months during breastfeeding) and that systematic screening for tuberculosis and sexually transmitted infections, and referral for treatment, should be included in the package of care for pregnant women (MOH, 2016).

Testing partners of people living with HIV is a key strategy; guidelines call for integration with antenatal care and community-based tuberculosis services (MOH, 2016). In the case of discordant couples, policy calls for distribution of pre-exposure prophylaxis and provisions for marital and family counselling. The *National Strategic Plan* notes that the HIV-positive partner in a sero-discordant couple could be identified through prevention of maternal-to-child transmission services and begin ART immediately after testing (Government of Lesotho, 2015 (Revised)).

Men and key populations are especially vulnerable to HIV transmission, as they are less likely to seek HTS in clinical settings. Integration with community-based approaches to HTS are necessary for this reason (MOH, 2016). For key populations, provider-initiated testing and counselling is also recommended, though special care should be taken to ensure that mandatory or compulsory testing does not occur (MOH, 2016).

Finally, policy calls for HTS communication efforts to be embedded in "existing behavioural, biomedical, and structural HIV prevention initiatives, with a focus on male involvement." These initiatives should include developing HTS communications modules for existing HIV prevention activities, mass media campaigns, and community mobilization efforts (NAC, 2011a, pp. 43, 44).

Rollout of new HTS guidelines has been fragmented. Interviewees mentioned significant communication breakdowns between the government and CSO-managed clinics, especially those working with key populations. Several CSOs stated that they were unaware of the policy change, while one CSO noted that the Ministry of Health provided nurses with extensive training sessions on the new guidelines.

Civil Society Organizations

Local civil society organizations view the context of CSO registration and monitoring in Lesotho as welcoming. There are no policies or regulations barring civil society from registration or engagement in health-related services. The *Societies Act of 1966* regulates CSO registration and ensures protection for organizations that are registered and work within Lesotho. While the act notes that organizations deemed to be contrary to the interest of public morality should not be registered, stakeholders report that this provision has not provided challenges for organizations representing stigmatized communities (GOL, 1966). CSOs wishing to provide health services must work with the MOH to obtain certification and monitoring (GOL, 2012). Indigenous CSOs exist to provide advocacy and community engagement in HIV services and organizations such as the Lesotho Network of People Living with HIV and AIDS (LENEPWHA) provide referral and follow-up to support retention in treatment.

Partners noted that the capacity for civil society organizations to engage in the policy process and advocate for specific policy reforms is lacking. Stakeholders said that CSOs do not seem to be prepared for meetings when they are invited, don't have policy priorities, and aren't able to

engage at the level of conversation of implementing partners and the government. They identified that this lack of capacity both prevents CSOs from engaging in decision making and keeps partners from incorporating the skills and perspectives of civil society in their efforts. Stakeholders also noted that CSOs can be viewed as "opposition" to the government in power and seen as critics of, rather than partners in, government work (Ministry of Health, 2014).

Consistent policy language exists that supports engagement of CSOs, including recognition of the challenge of under-resourcing, the call to build capacity, and the opportunity to align CSO strategic plans and roles with national strategies and coordinating plans (GOL, 2015 (Revised); NAC, 2007). Policy solutions to improve CSO involvement, service delivery, and monitoring are summarized in the Civil Society Crosswalk (Annex C).

HIV Testing Service Design

Overview

> "HIV testing for diagnosis must always be voluntary, consent must be informed by pre-test information, and testing must be linked to prevention, treatment, and care and support services to maximize both individual and public health benefits." (World Health Organization, 2015, p. 9)

In Lesotho, HIV testing services are provided in clinic, community, and outreach settings such as mobile clinics and door-to-door testing. The Ministry of Health, with Global Fund support for training and commodities, operates government clinics and manages volunteer health workers; donor funds support additional facility-, community-, and mobile-based testing services. Lesotho's HTS guidelines identify a strategic mix of community-based approaches to increase early diagnosis and linkage to care including "mobile outreach campaigns, events, workplace testing, home-based testing, testing in educational settings and places of worship" (MOH, 2016, p. 24). The country is currently undergoing a process of healthcare decentralization, which will shift the responsibility for procurement and training of lay counsellors to District Health Management Teams (DMHTs)—this shift will require ongoing analysis of the guidelines and curricula DHMT staff use to ensure effective training, procurement, and monitoring.

The Lesotho government often works directly with donors and implementing partners while excluding local civil society organizations from HTS service delivery. Local CSOs have expressed a desire to be more engaged in HTS, but stakeholders agreed that they lack the necessary resources and capacity required to assume this responsibility. Currently no memorandums of understanding exist between the government of Lesotho and local CSOs, nor policies or strategies that support CSO social contracting or grant making. The majority of resources for civil society are derived from Global Fund and other donors that rely on CSOs for "soft skills" such as outreach, education, support groups, and broad communication on HIV to the Lesotho population. In the coming years, it is anticipated that government policies such as the National HIV Policy, the HIV Testing Policy, and the lay counsellor curriculum will be updated to support current testing and treatment guidelines.

Although Lesotho's HTS guidelines provide a human rights-based approach to pre-testing, diagnosis, post-test services, and linkage into care in alignment with international standards, several opportunities exist to expand and update related protocols.

Potential Policy Solutions – Overarching HTS Design

1. Develop specific contracting policies between the government and CSOs including monitoring and accountability mechanisms
2. Develop HTS implementation guidelines, training protocols, and/or strategies for specific key and vulnerable populations. Population-specific content could include:
    - Demand creation, outreach, and referral approaches that recognize legal, social, geographic, and economic contexts
    - Pre-test counselling and consent approaches that recognize the hesitancy of marginalized populations to question medical or governmental officials and/or make authoritative decisions
    - Specific strategies to measure and combat stigma
    - Population-specific linkage and referral strategies
    - Retesting protocols and strategies
3. Assess and modify policies in support of HIV self-testing, including:
    - Laws and regulation regarding sale, distribution, advertisement, and use of in-vitro diagnostics
    - National validation and registration of self-testing kits
    - Protections from misuse and abuse such as coercive testing, violence, discrimination, and prosecution
    - Continued requirement for first-line assay for HIV diagnosis (ART initiation and legal disclosure requirements)

Civil Society Engagement in Procurement

Civil society engagement in procurement and supply management provides transparency into the tendering process and supports effective product selection. As HIV testing technologies continue to improve (e.g., HIV self-testing), it will be critical that commodities meet technical, financial, and user-specific specifications. In 2007 Lesotho passed the Public Procurement Regulations Act to guide public procurement, ensure best value for public expenditures, promote fair and open competition, and boost transparency in procurement processes. The procurement act identified specific oversight structures for procurement and bid evaluation (GOL, 2013).

According to public procurement regulations, an evaluation team meant to review bids for government procurement consists of members drawn from finance and procurement units that include technical and specialist users. The only mention of non-government representation in the act is a reference to the business community, which can request that a representative be invited as an independent observer of the tender panel. No such opportunity for civil society monitoring is identified (GOL, 2007).

Potential Policy Solutions – Civil Society Engagement in Procurement

Update procurement policies to allow for civil society involvement in tender design and monitoring

Demand Creation, Outreach, and Referral

Demand creation and linkage into care is identified as the first component of the HTS continuum of care (WHO, 2015; MOH, 2016). Lesotho's *National HIV Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho* identifies "measurable referrals" as a cross-cutting approach for HIV prevention; the importance of targeting at-risk populations with outreach and referral services; and opportunities to work with traditional healers as a source for HTS referral (NAC, 2011a). Yet no protocols for referral from demand creation and outreach activities into mobile-, facility-, or clinic-based HTS are identified in the policy document. Furthermore, CSOs implementing outreach identified the need to establish monitoring mechanisms to track completion of HTS referrals.

Potential Policy Solutions – Demand Creation, Outreach, and Referral

1. Create implementing guidelines to document referral protocols from demand creation and outreach activities into mobile-, facility-, or clinic-based HTS
2. Include specific strategies for key and at-risk populations, performance targets, and monitoring and evaluation systems for referral completion
3. Develop a national HIV Active Case Finding and Linkages Strategy that includes:
    - Population-specific guidelines for targeting individuals at higher risk of infection
    - Updated policies regarding partner notification and criminalized transmission, exposure, and/or non-disclosure. Ensure partner notification is voluntary and includes informed consent
    - Protocols to coordinate sexually transmitted infection and tuberculosis contact tracing and HIV index testing
    - Protocols to assess geographic, economic, and cultural contexts of newly diagnosed individuals to identify opportunities for targeted outreach and testing
    - Updated HTS and ART training and implementation protocols to assure ongoing assessment, identification, and support for outreach and testing for individuals exposed to HIV

Pre-Test Guidelines

New World Health Organization guidelines recognize the recent shift to rapid diagnostic technologies and the opportunity this presents to streamline pre-test counselling protocols, including provision of pre-test information in printed and/or media form. These guidelines also identify that intensive pre-test counselling can be a barrier to accessing HTS; as such, individual risk assessment and counselling is no longer recommended (WHO, 2015). Lesotho is in alignment with international guidelines which indicate that HTS clients be made aware of potential "legal implications for those who test positive and/or for those whose sexual or other behaviour is stigmatized" (MOH, 2016, p. 32).

Confidentiality

Confidentiality—of HIV test results as well as personal information such as sexual behaviour and use of illegal drugs—is a critical piece of the foundation that must be in place for effective HTS service delivery (WHO, 2015). Both public health and HIV testing guidelines emphasize the

importance of confidentiality of information concerning healthcare users (GOL, 2012; MOH, 2016).

International standards call for an independent agency to redress breaches of confidentiality (UNAIDS, 2006). Lesotho has taken an important first step in identifying a breach of confidential information as an offense (GOL, 2012) and disclosure of information to employers, police, or other legal authorities without consent or court order as unlawful and unethical (MOH, 2016), but an independent body to address breaches of confidential data and related criminal sanctions has not yet been established.

New World Health Organization standards explicitly state that "mandatory approaches to partner notification are never justified" and that individuals participating in assisted partner notification should do so with informed consent (WHO, 2016, p. 42). Policies in Lesotho require mandatory disclosure to sexual partners. Policies do not require informed consent for sexual partner notification and fail to indicate strategies to protect the identity of the HIV-positive individual (NAC, 2006; MOHSW, 2009).

Potential Policy Solutions – Confidentiality

1. Repeal mandatory partner disclosure measures and replace with voluntary assisted partner notification protocols
2. Require informed consent for either mandatory partner disclosure or voluntary assisted partner notification
3. Establish an independent body to address breaches in confidential data and related criminal sanctions

Informed Consent and Mandatory Testing

In Lesotho, the importance of informed consent is consistent and aligned with international standards throughout HTS-related policies; guidance on key population testing specifically mentions the need for "special policies and practices to protect vulnerable populations from mandatory or compulsory testing" (MOH, 2016, pp. 30-31). Guidelines consistently identify mechanisms for spousal, parental, guardian, and proxy consent for individuals who are unable to provide consent (e.g., young children, mentally impaired persons, etc.) (MOH, 2016; MOH, 2013b; GOL, 2012).

The new HTS guidelines, the *National HIV and AIDS Policy*, and the Children's Protection and Welfare Act specifically allow children ages 12 and older the right to consent to an HIV test without a parent or spouse present (MOH, 2016; NAC, 2006; GOL, 2011). The *National Guidelines for the Prevention of Mother to Child Transmission of HIV* expand this guidance to include pregnant adolescents of any age (MOH, 2013b). The 2012 Lesotho Public Health Act does not mention an age requirement for consent, but refers to "health care users" who are not defined by age (GOL, 2012 Final Draft, sect. 2 & 161).

However, policy does note that counsellors and providers may refuse to provide HTS if they feel that testing is not in the best interest of children, mentally impaired persons, or special groups such as sex workers, prisoners, or those with a disability (MOH, 2016; MOHSW, 2009). While it is important to assess and protect individuals with limited capacity to consent, this shift of agency for consent from individual to provider is concerning, especially when applied to broad categories of "special groups." The reasoning behind this language is unclear—if it is related to

coercion, then remedy should be found in existing requirements for uncoerced informed consent.

International guidelines state that verbal consent for HTS is sufficient (WHO, 2015). Policies in Lesotho indicate documentation of consent through signature or fingerprint (MOH, 2016).

Potential Policy Solutions – Informed Consent

1. Require only verbal consent for HTS
2. Remove provisions that allow healthcare workers to refuse HTS to individuals who provide informed consent

Human Resources for HIV Testing Services

Human resource policy, funding, and capacity in Lesotho have yet to be optimized for "test and treat" implementation. The government has not allocated any domestic funding for lay counsellors, and staffing protocols have yet to be updated, resulting in ineffective use of nurses and a shortage of lay counsellors at government sites (MOHSW, 2004).

International guidelines call for protocols that identify staffing norms, projections, and costs, in addition to documentation of standard skills, performance standards, and motivation and retention strategies (World Health Organization, 2006a). Lesotho's HTS guidelines identify minimum staffing requirements for counsellors (MOH, 2016) and human resources for health guidelines identify minimum facility staffing requirements (MOHSW, 2004).

Authorization to provide HTS is provided by the MOH for public, private, and civil society providers following completion of approved training (MOH, 2016). But conflicting requirements within the country's national HTS guidelines identify both a minimum qualification of high school completion as well as the recognition that some individuals—namely village health workers and people living with HIV—may provide testing with appropriate training and supervision (MOH, 2016). Stakeholders expressed concerns that the high school certificate requirement may present a barrier to incorporating community-based testers.

Another concern frequently voiced frequently by stakeholders regarded the quality of counselling and testing services in Lesotho. Monitoring and evaluation of the quality of HIV testing services (inclusive of counselling, testing, and supplies) is called for in the national guidelines, but it is unclear if these implementation protocols have been established (MOH, 2016).

Numerous titles exist for individuals who perform HIV counselling, which results in confusing and contradictory guidance. The *Human Resources Development and Strategic Plan 2005-2025* identifies principal, senior, and assistant counsellors in its HIV prevention program organizational chart; donors seem to identify these individuals by the term 'lay counsellor' (MOHSW, 2004). The role of nursing assistants, community/village health workers, and health educators also overlap (MOHSW, 2004). A lack of clarity and consistency in this terminology can lead to confusion regarding compensation, inhibits advocacy for financial resources, and hinders implementation of motivation and retention strategies required for sustained human resources for health (WHO, 2006a).

Potential Policy Solutions – Human Resources for HIV Testing Services

1. Clarify and align requirements, titles, and roles for HIV counsellors in public, private, and civil society organizations
2. Establish quality control protocols for HTS services inclusive of counselling, testing, and supplies
3. Establish domestic funding for HTS counsellors

Linkage and Referral Protocols

Lesotho's HTS guidelines provide comprehensive post-test information and referral for individuals who test HIV-negative, sero-discordant couples, and individuals who test HIV-positive, in alignment with international standards.

Data Use for Decision Making

Although Lesotho's HTS guidelines contain a vision for data management and reporting, all stakeholders interviewed were in consensus that achievement of any meaningful monitoring, evaluation, reporting, or accountability for referral, retention, or improvement of service delivery is impossible until an electronic option replaces the current paper-based system.

The 2014 Lesotho UNAIDS National Commitments and Policies Instrument noted the existence of an HIV-related national monitoring and evaluation strategy, but given the lack of a National AIDS Commission at the time, coordination remained a challenge. Local community partners were not engaged in collection of data and only some partners were following the national plan. Given the lack of coordination, monitoring and evaluation, as well as data use, has been primarily coordinated by the MOH since that time (MOH, 2014). The *National Monitoring and Evaluation Plan on HIV 2011/12 - 2015/16* noted that civil society organizations including faith-based organizations, the private sector, development partners including the United Nations and U.S. government, and people living with HIV were involved in its development but made reference to inadequate involvement on behalf of civil society and the private sector in data collection, validation, and utilization. The document also called for civil society to implement routine program monitoring (GOL, 2011b).

National HTS guidelines and the *National HIV Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho (2011/12-2015/16)* include numerous indicators to evaluate implementation of HTS delivery (MOH, 2016; NAC, 2011a). Yet many of these indicators do not include current targets nor discussion of a costed implementation strategy to achieve results. Many stakeholders noted that the policy change to "test and treat" did not include updates to national target setting, budget allocations, staffing matrixes, or other such planning tools in order to accommodate the increase of people seeking services. As such, a number of clinics have experienced staffing and resource limitations. The Global Fund Coordinating Unit noted the concern about scarce HTS resources and the need to prioritize first-time/high at-risk populations for testing (Stakeholder Interviews 2016).

International guidelines recognize the hazards of historic consumption data for procurement and supply management, especially in environments where data quality is challenging and significant programmatic changes are taking place, such as the shift to "test and treat." The global standard for medicine and supply forecasting, reviewed every six months, is a reliable estimate of need, realistic program plans, and available financing (WHO, 1999; JSI/Deliver,

2003). Current policy in Lesotho calls for forecasting of HIV testing supplies to be based on program capacity and historic consumption, which limits the country's ability to address anticipated need (MOH, 2016).

Population size estimation relates to estimation of need and establishment of coverage targets. To date, only CSOs and international non-governmental organizations have compiled population size data for key populations. While Lesotho's government has used this data as part of their Global Fund grant application, it wasn't clear to stakeholders how the government might be using such data for its own planning purposes. Currently no government policies or strategies exist related to collecting size estimation or other prevalence testing among key populations.

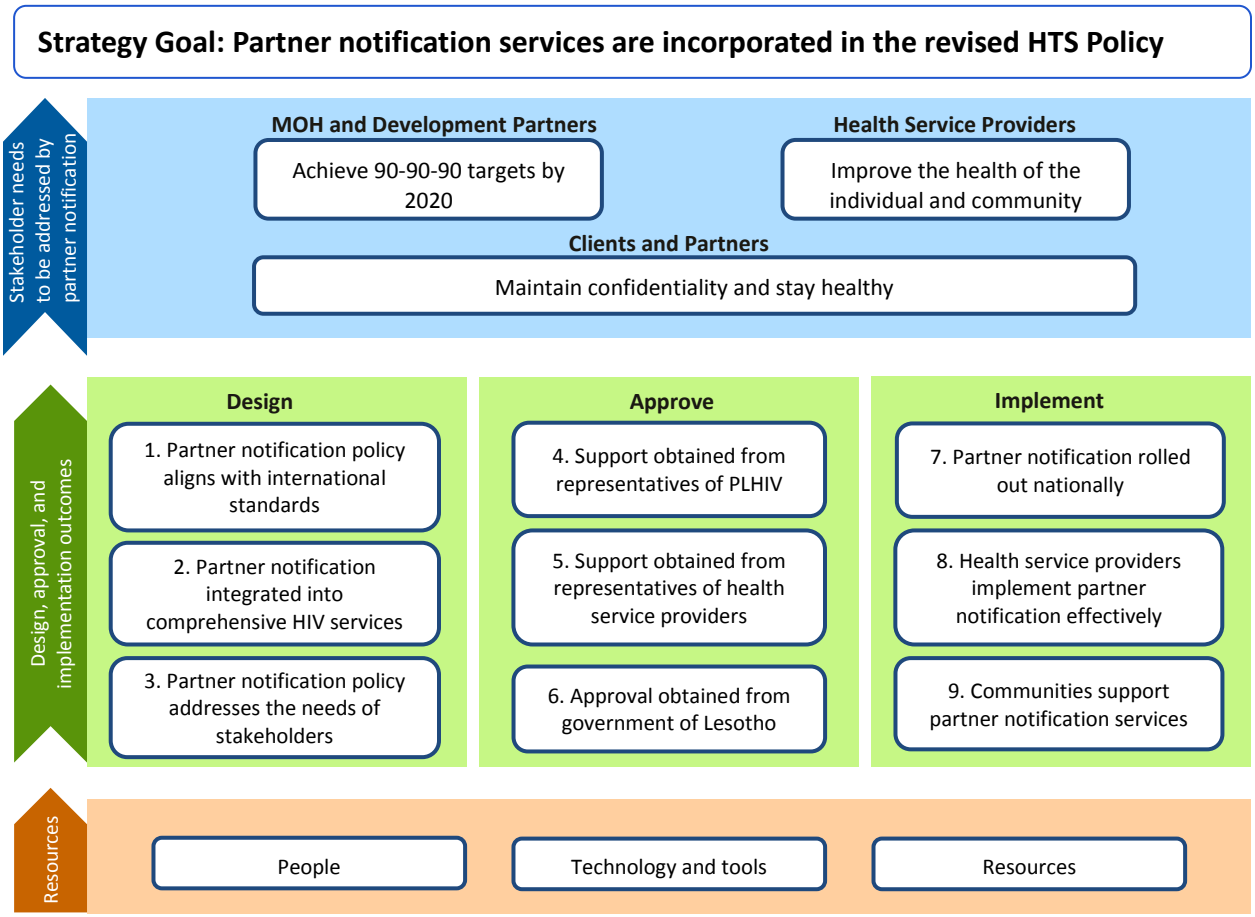
Potential Policy Solutions – Data Use for Decision Making

1. Update HTS supply forecasting protocol to estimated need rather than historic utilization
2. Update and align HTS indicators and targets for government, private, and CSO implementers to reflect new "test and treat" policy. Indicators include targets for outreach, referral, testing, linkage, and partner disclosure disaggregated by sex, age, and individual key populations
3. Design population size estimation protocols for key populations
4. Develop costed HTS implementation plan

Action Planning

Strategy Goal

In September 2017, stakeholders attended an action planning workshop where they developed a roadmap with a strategy goal for ensuring that partner notification services are incorporated into HIV testing services policy. The following action plan map was developed from the analysis and workshop.



Stakeholders

Participants discussed the various stakeholders that need to be considered for partner notification inclusion in the HTS strategy. Given the composition of the HIV response in Lesotho, participants at the workshop identified the main stakeholders of this policy initiative as the Ministry of Health and development partners; health service providers; and clients and their partners. Stakeholder needs and measurements of success are included below.

Stakeholders	Needs/Objectives	Measures
MOH and Development Partners	Achieve 90-90-90 targets by 2020	% of identified partners that are notified (target 90%) % of notified partners that know their HIV status (target 90%)
Health Service Providers	Improve the health of individuals and community	% of notified partners that access treatment or prevention services (target 90%)
Clients and Their Partners	Maintain confidentiality and stay healthy	% of index patients and notified partners that indicate a positive experience with partner notification (target 90%)

Action Plans

The following table illustrates the measures and initiatives needed to achieve the objectives developed for the design, approval, and implementation of partner notification incorporation into Lesotho's HTS strategy.

Objectives	Measures	Initiatives
1. Partner notification policy aligns with international standards	1a. Stakeholder agreement to modifications of international standards (Y/N)	Partner Notification Policy Drafting Initiative
2. Partner notification integrated into comprehensive HIV services	2a. Policy identifies linkage with treatment and prevention services (Y/N)	Initiative to Integrate Partner Notification into the HIV Continuum of Prevention, Care, and Treatment
3. Partner notification policy addresses the needs of stakeholders	3a. Policy addresses documented needs of stakeholders (Y/N)	Stakeholder Relevance Initiative
4. Support obtained from representatives of people living with HIV	4a. % of CSO representatives at community feedback meeting that express support (target 80%)	
5. Support obtained from representatives of health service providers	5a. % of provider representatives at community feedback meeting that express support (target 80%)	
6. Approval obtained from the government of Lesotho	6a. HTS Policy approved that includes partner notification (Y/N)	Policy Approval Initiative
7. Partner notification rolled out nationally	7a. % of districts where partner notification services are available by December 2018 (target 100%)	Partner Notification Implementation Initiative

Objectives	Measures	Initiatives
8. Health service providers implement partner notification effectively	8a. Proportion of newly diagnosed HIV cases at each facility identified through partner notification (target 50%)	
9. Communities support partner notification services	9a. Statements of support from local health officials and community leaders 9b. Feedback cards indicate a positive experience with partner notification services	Community Support Initiative

Conclusion

Partner notification remains a challenge in ensuring the achievement of Lesotho's 95-95-95 commitments and overall epidemic control. Policy solutions are identified (Annex C) that cover adjustments/expansions to current policy such as continued delineation of HTS approaches for key populations and establishment of coordination mechanisms between levels of government, sectors, and among implementing partners; wholesale changes to policies such as repealing mandatory partner disclosure requirements; and forward-looking additions such as establishing policies to support the implementation of HIV self-testing and advance social contracting. The action plan developed by stakeholders on partner notification provides a blueprint for policy reform and can be used as an example for additional advocacy initiatives on other policy solutions.

This analysis and action plan makes a special effort to embrace a philosophy of complete integration of civil society as a critical resource in the provision of HTS (Annex D). Civil society has been, and will continue to be, involved in the methodology of the assessment and action planning. The policy issues related to effective engagement of civil society including coordination structures among CSOs and between government and CSOs; roles and responsibilities in service delivery; and participation in decision making are integrated throughout the assessment and factored into future goals and advocacy efforts. In addition, fundamental issues such as capacity and funding of civil society cannot be ignored in the roll out of differentiated care.

The Lesotho HIV testing services working group will now need to fine tune the strategy map and begin implementation of the activities, particularly regarding data collection, to ensure partner notification is fully addressed. The leadership of the government of Lesotho, through its work with development partners and local civil society organizations, will need to allow for further refinement of HTS policies to ensure that human rights are incorporated into health service delivery.

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Annex A. Desk Review Findings

Continuum of care and treatment	
HTS	• HTS services constantly challenged by test kit stock-outs[1] • HTS services constantly challenged by shortage of human resources[1] • Need to strengthen HTS service to reach remote districts[1]
Integration, linkage, and referral	• Weak synergies for bidirectional linkage between tuberculosis and AIDS treatment; low coverage of ART among tuberculosis -positive clients[1] • Sub-optimal efforts at linkage and retention present barriers to epidemic control[2]
HIV treatment	• Strategies not implemented to meet minimum threshold to yield maximum impact[3] • Lack of accurate and timely laboratory diagnosis and patient monitoring[2]
Adherence and retention	• High losses of people on treatment; need to improve retention[1] • Internal and external migration[2]
Viral load suppression	• Low coverage of viral load monitoring[1]

Cross-cutting functions	
Laboratory	• Delays in receiving viral load results[1] • Insufficient qualified laboratory personnel[4]
Supply chain	• HCT services constantly challenged by test kit stock-outs, not due to shortage of funding but rather weak procurement system[1] • Weak supply chain management[2]
Human Resources for health	• HCT, ART, laboratory services, pediatric HIV, and community-based care and treatment support services limited by qualified human resources[1 4 2] • Low recruitment and retention of human resources[2] • Credentialing and accreditation (e.g., NIMART)
Funding	• NSP not fully funded[3] • Largest anticipated unfunded programs historically are impact mitigation and care and treatment[1]
Governance	• Lack of operational plan in multisectoral strategy[3] • No national guidelines detailing how to operationalize HIV services in communities[4] • Limited translation of national commitment to sub-national and community levels[3]
Strategic Information	• Limited access to and poor quality of data[2]

Implementing environment	
Stigma and discrimination	• Stigma and discrimination found to be one of the major barriers to accessing treatment for HIV-affected people[1] • Ability to enforce protections against discrimination is very weak[3] • Prohibitive costs of litigation[3]
Key and vulnerable populations/ human rights	• Sexual minorities, sex workers, transgender, intravenous drug users, and herd boys are not protected from discrimination under current policy or law[3] • Common abuses for men who have sex with men and sex workers include verbal abuse, blackmail, and physical agression[1] • Prohibitive costs of litigation[3]
Involvement of people living with HIV	• Weak community ownership and participation in service delivery[2] • Contradictory data on involvement of people living with HIV in planning
Involvement of civil society	• No well-defined relationship between civil society and government • CSOs were fully involved and participated in thematic technical working groups during the NSP and mid-term review process[3] • Although the situation is improving, CSOs are not yet equal partners in the national HIV and AIDS response[3]
Involvement of corporate sector	• Corporate sector is uninvolved[3]

[1] 2015 Progress Report

[2] 2016 PEPFAR COP

[3] NCPI 2013

[4] 2016 Sustainability Index

Annex B. Summary of Potential Policy Solutions to Improve Uptake and Yield of HTS

1. Develop specific HTS roles, activities, and goals for non-health ministries
2. Amend the coordination framework to clarify that line ministries are expected to spend two percent of their budgets on HIV and identify the approved uses, including HTS, of the two percent line item
3. Develop roles and responsibilities for local HTS with DACs and CCACs
4. Specify HTS-specific roles for each of the five clusters identified in the National Coordination Framework
5. Develop an inter-CSO coalition coordinating framework
6. Develop coordination protocol for HTS between government/civil society at local levels
7. Develop roles, responsibilities, outcomes, and monitoring systems to ensure civil society engagement in decision making and program monitoring
8. Remove public morality registration restrictions for CSOs
9. Develop specific contracting policies between government and CSOs including monitoring and accountability mechanisms
10. Develop HTS implementation guidelines, training protocols, and/or strategies for specific key and vulnerable populations
11. Assess and modify policies in support of HIV Self-Testing
12. Create implementing guidelines to document referral protocols from demand creation and outreach activities into mobile-, facility-, or clinic-based HTS. Include specific strategies for key and at-risk populations, performance targets, and monitoring and evaluation systems for referral completion
13. Develop a national HIV Active Case Finding and Linkages Strategy
14. Repeal mandatory partner disclosure measures and replace with voluntary assisted partner notification protocols
15. Require informed consent for either mandatory partner disclosure or voluntary assisted partner notification
16. Establish an independent body to address breaches in confidential data and related criminal sanctions
17. Update procurement policies to allow for civil society involvement in tender design and monitoring
18. Clarify and align requirements, titles, and roles for HIV counsellors in public, private, and civil society organizations
19. Establish quality control protocols for HTS services inclusive of counselling, testing, and supplies
20. Establish domestic funding for HTS counsellors
21. Require only verbal consent for HTS

22. Remove provisions that allow healthcare workers to refuse HTS to individuals who provide informed consent
23. Update HTS supply forecasting protocol to estimated need rather than historic utilization
24. Update and align HTS indicators and targets for government, private, and CSO implementers to reflect new “test and treat” policy. Indicators include targets for outreach, referral, testing, linkage, and partner disclosure disaggregated by sex, age, and individual key populations
25. Design population size estimation protocols for key populations
26. Develop costed HTS implementation plan

Annex C. Civil Society Crosswalk

UNAIDS guidance (2011) as well as indicators taken from the UNAIDS National Commitments and Policies Instrument and the PEPFAR Sustainability Index Dashboard provide the following key components for review of the CSO legal and regulatory environment.

CSO Partnership Component	Lesotho Policy Scan Findings
Partnership and consultation (UNAIDS guidance) • Extent to which civil society sector representation in HIV efforts inclusive of diverse organizations (NCPI) • Extent to which civil society representatives have been involved in planning and budgeting processes for the NSP on HIV (NCPI) • Has the country ensured full involvement and participation of civil society in the development of the multisectoral strategy? (NCPI)	CSOs inclusive of a broad representation of populations are engaged in the HIV response in Lesotho. While involvement in planning and decision making is improving, capacity to effectively engage is limited on the part of both civil society and government. **Potential Policy Solutions Identified** • Develop inter-CSO coalition coordinating framework. • Develop policies on coordination of HTS between government/civil society at local levels. • Develop roles, responsibilities, outcomes, and monitoring systems to ensure civil society engagement in decision making and program monitoring.
Service delivery and accountability (UNAIDS guidance) • Ability of CSOs to access adequate financial and technical support to implement HIV activities, both domestically and internationally (SID and NCPI) • Mechanisms in place for government, civil society organization, and private sector for implementing HIV strategies/programs (NCPI) • Programs supported by civil society (NCPI) • Global Fund funding to CSOs (NCPI) • Laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response (SID) • The legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy (SID)	There are no significant barriers to CSO registration; however, there is an unenforced restriction on CSOs deemed to be against public morality. CSOs have difficultly accessing funding to implement HIV activities. Current funding comes from donors, usually through IGNOs. There are no formal processes for CSO tendering and contracting. **Potential Policy Solutions Identified** • Remove public morality registration restrictions for CSOs. • Specify HTS-specific roles for each of the five clusters identified in the coordination framework. • Develop specific contracting policies between government and CSOs including monitoring and accountability mechanisms. • Update procurement policies to allow for civil society involvement in tender design and monitoring.

CSO Partnership Component	Lesotho Policy Scan Findings
Strategic Information and Awareness (UNAIDS guidance) • Extent civil society is included in the M&E on the HIV response (NCPI) • Developing of the national M&E plan (NCPI) • Participating in the national M&E committee (NCPI) • Participate in using data for decision making (SID) • Number of organizations involved in joint national programme reviews or evaluations (NCPI)	Data for monitoring, evaluation, and improvement of service delivery are limited due to the use of a paper-based system in Lesotho. While civil society was involved in the development of the National Monitoring and Evaluation Plan, there is inadequate involvement from civil society and private sectors for data collection, validation, and utilization. **Potential Policy Solutions Identified** • Develop roles, responsibilities, outcomes, and monitoring systems to ensure civil society engagement in decision making and program monitoring. • Update and align HTS indicators and targets for government, private, and CSO implementers to reflect new "test and treat" policy.

Annex D. Action Plan

Immediate Next Steps

Activity	Date	Lead
Share partner notification work plan with HTS technical working group (TWG)	HTS TWG: 18 Sept	HTS TWG
Gather historic information on Lesotho STI partner notification experience	22 Sept	MOH
Familiarize stakeholders regarding partner notification	PrEP Meeting: 25-28 Sept	HTS TWG
Stakeholder assessment Tool development for government/provider/client (18 Sept) 3-4 questions per stakeholder group Assess the needs of group Assess support/opposition Identify stakeholders and who/how will contact (18 Sept) All assessments complete by 6 Oct Collate data by 11 Oct	18 Sept–11 Oct	HTS TWG
South to south technical assistance	Early Oct	PEPFAR/MOH
Meetings with key influencers and government decision makers	Oct	HTS/TWG
Draft partner notification component of HTS Policy	End of Oct	MOH
Advocacy communications – government, provider, and client/partner stakeholders	Early Nov	HTS TWG
Final stakeholder review meeting to discuss draft HTS Policy	Mid Nov	MOH
Final HTS Policy	End of Nov	MOH
Partner notification implementation and community support initiatives	Jan (ongoing)	Various

Action Plan Initiatives

Please note that the action plans need to be finalized by the HTS technical working group; therefore, some information is missing.

Initiative Name: Partner Notification Policy Drafting Initiative

Overarching Status:

Supports Which Outcome: 1. Partner notification policy aligns with international standards

Indicator Description [measurement methodology]:

1a. Stakeholder agreement to modifications of international standards (Y/N)

[Modifications or adaptations of international standards will be documented, justified, and presented to stakeholders for concurrence]

Description: This activity includes identifying and adapting international standards to the Lesotho context. While the vast majority of the policy language regarding partner notification is assumed to be in alignment with international standards, there may be some specific modifications that make the policy more relevant for the country context.

Resources Required:

Skills: Technical, facilitation, presentation, advocacy, communication

Tools/Financial Resources/Materials/Connections: Financial support, IT materials (computers, projectors, internet)

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Identify international standards on partner notification	Sept	Oct		MOH	
2.	Adopt international standards based on Lesotho context: • Review regional experience on partner notification • Examine Lesotho's experience on STI partner notification • Address stakeholder needs	Oct	Oct		MOH	
3.	Draft the partner notification policy (see also Stakeholder Relevance Initiative)	Oct	Oct		MOH	
4.	Hold stakeholder review meeting to discuss draft HTS Policy (see also Stakeholder Relevance Initiative)	Mid Nov	Mid Nov		MOH	
5.	Review feedback and prepare final HTS Policy document (see also Stakeholder Relevance Initiative)	End of Nov	End of Nov		MOH	

Initiative Name: Initiative to Integrate Partner Notification into the HIV Continuum of Prevention, Care, and Treatment

Overarching Status:

Supports Which Outcome: 2. Partner notification integrated into comprehensive HIV services

Indicator Description [measurement methodology]:

2a. Policy identifies linkage with treatment and prevention services (Y/N)

[Policy language will be assessed to determine if it specifically facilitates linkage to treatment and prevention services]

Description: Partner notification is an integral service through the continuum of HIV prevention, care, and treatment. Policy language will specifically facilitate linkage of individuals identified through partner notification to treatment and prevention services

Resources Required:

Skills: Technical, facilitation, communication, negotiation, presentation

Tools/Financial Resources/Materials/Connections: Human resources for health, financial support

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Develop a matrix that identifies how partner notification services integrate into the HIV continuum of prevention, care, and treatment	Oct	Oct		MOH	
2.	Integrate policy language on linkage to HIV prevention services	Oct	Oct		MOH	
3.	Integrate policy language on linkage to HIV treatment services	Oct	Oct		MOH	

Initiative Name: Stakeholder Relevance Initiative

Overarching Status:

Supports Which Outcomes:

3. Partner notification policy addresses the needs of stakeholders

4. Support obtained from representatives of PLHIV

5. Support obtained from representatives of health service providers

Indicator Description [measurement methodology]:

3a. Policy addresses documented needs of stakeholders (Y/N)

[Policy language will be assessed to determine if it specifically addresses identified stakeholder needs]

4a. % of CSO representatives at community feedback meeting that express support (target 80%)

[Attendance register will be kept. Voting in support/not in support of policy will be done after discussions]

5a. % of provider representatives at community feedback meeting that express support (target 80%)

[Attendance register will be kept. Voting in support/not in support of policy will be done after discussions]

Description: Addressing the needs of stakeholders facilitates the support for and implementation of partner notification services. How partner notification meets the needs of each of the stakeholder groups--government, provider, and client/partners--will be identified and addressed in the policy language and presented in advocacy communications. A meeting will be held to review the final policy. We will ensure attendance of the majority (90%) CSOs who represent PLHIV and influential PLHIV and (≥ 90%) by DHMT representatives and health facility leads from all 10 districts are in attendance at the meeting.

Resources Required:

Skills: Research, technical, statistical

Tools/Financial Resources/Materials/Connections: Human resources for health, financial support

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Identify key opinion leaders who represent PLHIV and community gatekeepers	18 Sept	18 Sept		HTS TWG	
2.	Identify key stakeholders from DHMTs and health facility leads and private health sector	18 Sept	18 Sept		HTS TWG	
3.	Develop specific questions to identify needs of stakeholder groups	18 Sept	18 Sept		HTS TWG	
4.	Conduct needs assessment	18 Sept	09 Oct		HTS TWG	
5.	Document the needs identified	18 Sept	11 Oct		HTS TWG	
6.	Incorporate the policy language that addresses the identified needs (see also Policy Drafting Initiative)	Oct	Oct		MOH	
7.	Assess policy to ensure needs are addressed	Oct	Oct		HTS TWG	
8.	Develop and distribute advocacy communication summarizing key evidence in support of initiative from the provider and client/partner perspectives	Early Nov	Early Nov		HTS TWG	
9.	Hold stakeholder review meeting to discuss draft policy (see also Policy Drafting Initiative)	Mid Nov	Mid Nov		MOH	
10.	Review feedback and prepare final policy document (see also Policy Drafting Initiative	End of Nov	End of Nov		MOH	

Initiative Name: Policy Approval Initiative

Overarching Status:

Supports Which Outcome: 6. Approval obtained from Government of Lesotho

Indicator Description [measurement methodology]:

6a. HTS Policy approved that includes partner notification (Y/N)

[Approval of policy]

Description: The final revised HTS Policy, including partner notification services, will be approved by the MOH.

Resources Required:

Skills: Technical skills, persuasion skills, communication skills

Tools/Financial Resources/Materials/Connections: Presentation materials with strong, convincing data

Context and Assumptions: Approval would have been obtained already from Director Disease Control (DC), Director General (DG), and Principal Secretary (PS) before presentation to the Minister of Health. Another assumption is that the Minister of Health carries same authority as that of the Government of Lesotho.

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Identify key influencers of Senior Ministry of Health Officials Document support/opposition to partner notification services	Sept	Oct		HIV TWG	
2.	Desk review of experiences with partner notification services and benefits from a government perspective	Oct	Oct		HIV TWG	
3.	Meet influencers and get buy in using evidence and advocacy skills	Oct	Oct		HIV TWG	
4.	Arrange meeting with Minister and key officials and share briefer on the partner notification	Nov	Nov		DC/PS	
5.	Conduct meeting, present proposal and seek approval	Dec	Dec		DC/DG/PS	

Initiative Name: Partner Notification Implementation Initiative

Overarching Status:

Supports Which Outcomes:

7. Partner notification rolled out nationally

8. HS providers implement partner notification effectively

Indicator Description [measurement methodology]:

7a. % of districts where partner notification services are available by December 2018 (target 100%)

[Districts will be identified that have some form of partner notification services. Qualifying services strategies include direct provision of partner notification services by both health facilities and CSOs where appropriate and also referral of individuals identified through community-based programming and outreach testing to facility-based resources.]

8a. Proportion of newly diagnosed HIV cases at each facility identified through partner notification (target 50%)

[Number of newly diagnosed HIV cases identified through partner notification divided by total number of cases identified in the facility per usual reporting period]

Description: Health service providers will be trained at national, district and community/health facility level on partner notification. Special attention will be made to insure nationwide implementation.

Resources Required:

Skills: Facilitation skills, training skills

Tools/Financial Resources/Materials/Connections: Training manuals, funding for the trainings, approval of DHMT managers

Context and Assumptions: Each and every identified partner be referred to the health facilities and get HTS.

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Identify strategies to provide human and financial resources for implementation of partner notification services	Jan	Jan		MOH and partners	
2.	Develop and disseminate guidelines and SOPs	Jan	Mar		MOH and partners	
3.	Develop program monitoring protocol	Jan	Mar		MOH and partners	
4.	Formulation of reporting tools	Jan	Mar		MOH and partners	
5.	Training of health service providers	Mar	Ongoing		MOH and partners	

Note: Consider both program monitoring (quality of services, etc.), but also policy monitoring (e.g., is policy/guideline language clear? Is policy/guideline language complete?).

Initiative Name: Community Support Initiative

Overarching Status:

Supports Which Outcome: 9. Communities support partner notification services

Indicator Description [measurement methodology]:

9a. Statements of support from local health officials and community leaders

9b. Feedback cards indicate a positive experience with partner notification services

Description: The positive reputation of partner notification services is critical to their uptake and effectiveness. This initiative will seek to engage community leaders to promote awareness and support and monitor the experience of individuals who participate in partner notification services.

Resources Required:

Skills: Facilitation skills, training skills, conflict management skills

Tools/Financial Resources/Materials/Connections: Training manuals, funds for the trainings, approval of DHMT managers, approval of community leaders

Context and Assumptions: Community will accept this service through the support of the community leaders.

#	Sub-Activities	Start	End	Cost	Responsible	Status
1.	Identify key influential people	Mar	Ongoing		MOH, community leaders, and implementing partners	
2.	Train the identified influential people on the purpose and benefit of partner notification services	Mar	Ongoing		MOH and Supporting partners	
3.	Print material to be used and disseminated by the identified influential people to promote awareness and positive attitude toward partner notification services.	Mar	Ongoing		MOH and supporting partners	
4.	Design feedback cards to be filled by index clients and partners who participate in partner notification services.	Mar	Ongoing		MOH and supporting partners	
5.	Analyze the feedback from the service participants.	Mar	Ongoing		Health centers (nurse in charge)	

Note: Be sure to identify how to record and respond to social harm or other adverse events that happen to people engaged in partner notification.

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