



African Development Bank

THE DEVELOPMENT OF HARMONIZED MINIMUM STANDARDS FOR
GUIDANCE ON HIV TESTING AND COUNSELLING AND PREVENTION OF
MOTHER-TO-CHILD TRANSMISSION OF HIV IN THE SADC REGION

HTC COUNTRY REPORT

LESOTHO



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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BCC	Behaviour Change Communication
CHAL	Christian Health Association of Lesotho
CICT	Client Initiated Counselling and Testing
CT	Counselling and Testing
DHS	Demographic and Health Survey
HTC	HIV Testing and Counselling
HIV	Human Immunodeficiency Virus
HSRC	South African Human Sciences Research Council
LENEPWA	Lesotho Network of People Living With HIV and AIDS
LPPA	Lesotho Planned Parenthood Association
MARP	Most-At-Risk Population
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health & Social Welfare
MS	Member State
NAC	National AIDS Council
NGO	Non Governmental Organisation
PEP	Post-exposure Prophylaxis
PFP	Project Focal Person
PICT	Provider Initiated Counselling and Testing
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PSI	Population Services International
SADC	Southern African Development Community
SAHARA	Social Aspects of HIV/AIDS Research Alliance
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats analysis
TAC	Technical AIDS Committee
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

ACKNOWLEDGEMENTS

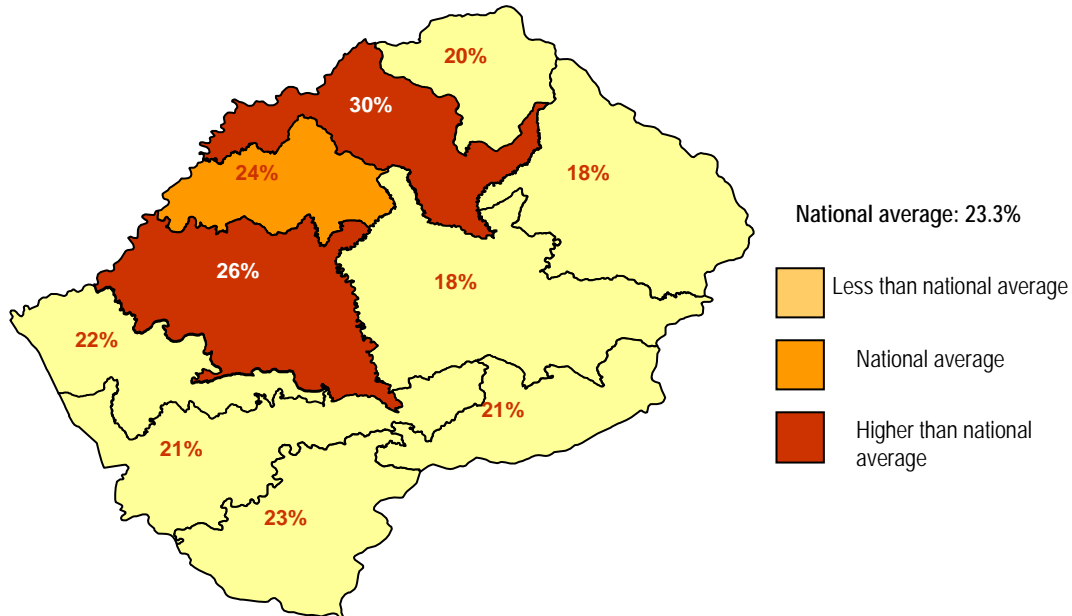
This report is based on information and support from many sources. Our thanks to the SADC secretariat for commissioning this project and for supporting all its various phases. Thanks also to the various partners and the Lesotho National authorities and officials who contributed to the successful implementation of the field work. Our gratitude also to the project focal person for Lesotho, Ms. Nthathi Lebona, for the substantial efforts invested in conducting field work and Mrs Matsepeli Nchephe who assisted with the collection of data. Our sincere gratitude also goes to Ms Maud Boikanyo, the Director of STI, HIV and AIDS in the Ministry of Health and Social Welfare for validation of this report. This analysis was carried out by Prof John Seager (Monitoring and Evaluation Expert for the project) and Dr Njeri Wabiri (Project Director)

1 INTRODUCTION

1.1 Background

According to the Lesotho Demographic and Health Survey (DHS, 2004), the national average HIV prevalence (age 15-49) for Lesotho is 23.3%, with the highest prevalence in districts closest to Maseru (Lesotho DHS, 2004).

**Prevalence by district (age 15-49)
(Lesotho DHS 2004)**



There has been a steady increase in uptake of HTC since 2004, in part resulting from the major “Know Your Status” campaign. By the end of 2008, about 28% of the population knew their HIV status.

1.2 Aim and Objectives

The main aim of this consultancy is to develop regional harmonized minimum standards for policies, protocols and guidelines for HTC in the SADC region. To achieve this, SAHARA is reviewing and analysing policies, protocols and guidelines for HTC in each country.

The specific objectives are to:

- Identify best practices in implementation of HTC policies;
- Review and analyse proposed minimum standards for the policies;
- Conduct field visits to engage in policy dialogue with policy makers and other stakeholders (including discussions of implementation strategies and challenges, opportunities and lessons learnt); and
- Review gender issues and consider how men and women are involved in HTC.

2 METHODOLOGY

2.1. Policy discussions with key stakeholders

The intention was to conduct at least six policy discussions with various key stakeholders selected from the following groups:

- government official(s) responsible for HTC policies, protocols and guidelines;
- civil society official(s) responsible for HTC policies, protocols and guidelines;
- representative(s) of international organizations responsible for HTC;
- representative(s) of private or informal sector responsible for HTC policies, protocols and guidelines; and
- others, as appropriate.

Policy discussions were scheduled at the convenience of the respondents. Discussions were conducted in the community or at an office where there was an undisturbed atmosphere. The PFP received directed instruction and support from project staff, as well as guidelines on how to conduct policy discussions. Selected respondents were invited by letter or email to participate in the discussions.

Respondents, drawn from national and lower levels, included officials from the national AIDS council and national AIDS coordination programmes, HTC programmes and administrative staff, and primary stakeholders, such as technical partners, donors and implementing agencies. In Lesotho, the discussions included representatives from the Ministry of Health and Social Welfare, the National AIDS Commission, Lesotho Network of People Living With HIV and AIDS, the World Health Organization, Population Services International and the Global Fund.

Unstructured discussions were held to collect information on structural and functional dimensions of the HTC programmes and on attitudes and perceptions of the various stakeholders regarding policies, protocols and guidelines for implementation and other programme aspects. Policy discussions were also held with counsellors and programme managers to identify issues affecting HTC access and uptake.

2.3. Assessment of HTC policies in SADC

The project staff, consisting of a policy analysis expert, an M&E specialist and the PFP from Lesotho, collectively assessed the HTC policies, protocols and guidelines and information shared during policy discussions using content analysis. The overall aim of this part of the assignment was to collect information for developing regional minimum standards.

3 FINDINGS

3.1. SWOT analysis of HTC in Lesotho

The following SWOT analysis provides a general view of the strengths, weaknesses, opportunities and threats to HTC identified in Lesotho, based on information provided.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• HTC Policy Guidelines produced in 2004.• HTC policy developed in 2006.• Policies developed in consultation with PSI, LPPA, Private Sector, and CHAL.• Policies and Guidelines are easily available.• Good range of HTC - one to one, routine testing for PMTCT, PITC, group	<ul style="list-style-type: none">• Little involvement of men or PLWHA.• Need to expand services to vulnerable groups (herd boys, commercial sex workers, migrant populations and prisoners).

counselling, some couple counselling, and HBT.	
<ul style="list-style-type: none"> • Full range of staff involved in HTC - nurses, doctors, professional (social workers and psychologists) and lay counsellors 	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Current plan was up to end of 2007, review of the programme was done in 2008, with the aim of informing the next scale up plan 2009-2011 • Integrate services, especially HTC within the health care system 	<ul style="list-style-type: none"> • limited human and financial resources, • poor coordination of both donors and health and social services,

3.2. Assessment of HTC policies in Lesotho

Through a consultative process, policy issues and gaps relating to HIV testing and counselling were identified and appropriate policy provisions developed to address them. These policies are contained in the (draft) *National HIV and AIDS Testing and Counselling Policy for the Kingdom of Lesotho*.¹ According to information received, this document was approved in 2006.

3.4. HTC policy gaps in Lesotho

Based on responses from stakeholders, policy gaps include the following.

- Gap in retesting HIV negative pregnant women in case of sero-conversion later.
- The age of consent at 12 years poses a challenge in terms of referral and preparing the child for disclosure at home.
- HTC services are not complemented by other primary health services such as testing for diabetes.
- The HTC coverage is still not wide enough and there is a lack of human resources to implement the programme.
- The need for couple counselling is increasing, needing additional skilled human resources.
- Quality assurance is not done in some sites.
- Some organizations use their own training manuals which are not certified by the Ministry of Health. A concern was expressed that as such programmes get integrated into the health system; there will be degradation of counselling as a profession.

Lesotho appears to face HTC limitation challenges typical of the region, such as

- limited human and financial resources,
- poor coordination of both donors and health and social services,
- inadequate involvement of males and slow scale-up of PITC.

However, stigma appears to be much less of an issue, in part resulting from the successful Know Your Status Campaign.

3.4 HTC situation analysis in Lesotho

- The Know Your Status Campaign was introduced in June 2004 and by December 2008 about 523 000 people had accepted testing and counseling, amounting to 28% of the total population that know their HIV status.

¹ Government of Lesotho. National HIV and AIDS Testing and Counselling Policy for the Kingdom of Lesotho. Undated

- More people in the remote areas are now accessing HTC services with the introduction of community and home-based testing and counselling, with 23% of the tests done at home.
- About 3 800 community health workers are trained to provide HTC (door-to-door approach).
- Need to integrate HTC within the general health care system.
- Need to improve quality assurance of the test kits and results.
- Certification of community health care workers is needed.
- Standardization of codes and reporting formats is needed.

3.5. HIV counselling and testing approaches

The following HTC approaches are used:

- one-to-one;
- as part of routine HIV testing and counselling for PMTCT;
- PITC;
- group counselling and education;
- couple counseling, though at very minimal level; and
- home-based testing and counselling.

Challenges remain with child and youth counselling, family counselling, partner counselling, counseling for mental health patients and the deaf.

4 RECOMMENDATIONS FOR MINIMUM STANDARDS

Further details are provided in Appendix 5.

Key priority areas identified for the health sector in Lesotho between 2008 and 2011 include:

1. Prevention – BCC; PMTCT; condom use and distribution; management of STI; infection prevention and control, including PEP.
2. HIV Testing and Counselling
3. Treatment, Care and Support – ART; TB/HIV; palliative care; and psychosocial support.
4. Management, Coordination and Support
5. Quality Assurance
6. Strategic Information

4.1 Age of consent in testing

- 12 years, observing children's rights and providing child counselling

4.2. Standards for service provision

As part of increasing availability of testing, pregnant women and children in the following categories will be offered routine HIV testing and counselling:

- All pregnant mothers attending Antenatal Clinics;
- All children under 5, as part of routine vaccinations at 6 weeks;
- Children of adults enrolled in ART;
- All children below 12 years admitted to hospitals and health centers;
- All children who are failing to thrive; and
- All children testing HIV positive will be referred for post test services.

Under the Know Your Status campaign:

- Everybody tested and counselled is referred to post-test services, according to their HIV status; and
- Using the Integrated Management of Adolescent Illnesses (IMAI) model, prevention, treatment care and support services are concurrently being scaled up at the health centre level throughout the country to cover children and adults.

Everyone who tests positive or negative must have access to essential prevention, treatment, care and support services within the catchment area, including:

- Community-level mobilization, education and support groups;
- Safer sex counselling and condoms;
- Diagnosis and management of STIs;
- Positive prevention (prevention for PLWHAs);
- Care for opportunistic infections;
- Antiretroviral therapy;
- Palliative care; and
- Nutritional and psychosocial support.

4.3. Training of providers

- The duration of the training for different levels and the training package need to be standardized. A 'care of carers' programme is required because they are prone to burn out.

4.4. Accreditation of HTC sites

- Agreement on which body or organisation should accredit HTC sites is needed.

4.5. Quality assurance of HTC services

- There should be emphasis on availability of proficiency testing.

4.6. Monitoring and evaluation of HTC policies

- There should be continuous review of HTC policies in order to make sure that they match with practice and emerging issues. Rights and protection of the counselor should be addressed.

4.7. Comprehensive HTC approaches

- Different approaches for different target groups should be developed in order to identify the best approaches to reach most at risk and vulnerable groups.

4.8. Referrals

- Clients tested should be followed up and linked with post test services through counting referral slips as one of the strategies.

APPENDICES

APPENDIX 1: SAHARA PROJECT TEAM

NAME	TITLE
Dr. Vincent Agu	Team Leader
Prof. Karl Peltzer	PMTCT Expert
Prof. John Seager	Monitoring and Evaluation Expert
Prof. Geoffrey Setswe	HTC Expert
Dr. Njeri Wabiri	Project Director
Ms. Mercy Banyini	Researcher

APPENDIX 2: HTC POLICIES, PROTOCOLS AND GUIDELINES IN LESOTHO

	YES	NO	ADDITIONAL COMMENTS
Is HTC policy available?	✓		
Has HTC policy been approved?	✓		
When was it approved?	2006		
Are there HTC guidelines?	✓		
When were the guidelines published?	2004		
Was there a consultation process for developing HTC policy?	✓		
Are policies/guidelines easily available?	✓		
Is there an HTC implementation plan?	✓		Reviewed in 2008, planning scale up 2009-2011
Which CT methods/approaches are used?			One to one, routine testing for PMTCT, PITC, Group counselling, couple counselling, HBT,
Which types of staff do the counselling?			Nurses, doctors, professional counsellors and lay counsellors

APPENDIX 3: SUMMARY OF HTC IMPLEMENTATION CHALLENGES IN LESOTHO

Implementation Challenges	YES	NO	ADDITIONAL COMMENTS
Inadequate financial resources, which are often narrowly earmarked by donors	✓		
Inadequate human resources; problems with lay counsellors	✓		
Poor partner and sectoral coordination and donor support resulting in verticalisation of programmes and poor implementation of national policies	✓		
Stigma and discrimination			Very minimal
Inadequate support for infant feeding which remains a complex issue, requiring further research	✓		
Unequal emphasis on the needs of women, their children, partners and families, and insufficient follow up within a continuum of care and assurance of adequate care, treatment and diagnosis of exposed infants	✓		
Insufficient integration of HTC services and insufficient linkages with other health and social services;	✓		
The need to decentralize implementation and service delivery, and focus on developing and strengthening of community structures and systems to include HTC;			
Programme monitoring, recording and reporting	✓		
Quality assurance and impact assessment;	✓		

Implementation Challenges	YES	NO	ADDITIONAL COMMENTS
Inadequate efforts to ensure male engagement in HTC;	✓		
Impact of gender inequality and of gender-based violence	✓		
Lack of capacity to cost plans	✓		
Slow scale-up of provider-initiated testing and counselling services, where appropriate, and the limited creation of demand for these services.	✓		

APPENDIX 4: HTC IMPLEMENTATION NEEDS IN LESOTHO

Implementation Needs	YES	NO	ADDITIONAL COMMENTS
Need to speed up development of HTC policies and guidelines			Policies and guidelines in place
Need to improve M & E (HTC indicators, registers)	✓		
Need to improve C & T (quality)	✓		
Appropriate use of lay counsellors in the health care setting			Lay counsellors are used
Improve integration of HTC into AIDS treatment and care activities	✓		
Effective communication on HTC	✓		
Improve community support for HTC	✓		
Strengthen quality assurance for HTC services	✓		
Best practice/models in HTC			

APPENDIX 5 SUMMARY OF DIFFERENT POLICY DISCUSSIONS

Please tell me about the Country's HTC programme, what have been its great achievements or strengths, and where you think it could be improved?

In Lesotho there has been high acceptance rate of HIV testing and counselling which is about 95%, amongst those who were offered the testing and counselling. This has been attributed to the decrease in stigma and discrimination as more people talk openly about their HIV status.

More people in the remote areas are now accessing HTC services, with the introduction of community and home based testing and counselling, with 23% of the tests done at home.

Since the introduction of the Know your status Campaign in June 2004 to December 2008, there are about 523 000 people who accepted testing and counselling in the country, which forms 28% of the total population that knows their HIV status.

There is a significant increase in the number of women who tested for PMTCT.

About 3 800 community health workers were trained to provide HTC in the community through door to door approach; this has been a significant achievement as those that were delivering services at Static sites were able to concentrate on follow ups and adherence counselling for those on treatment.

There was also a noted improvement in the supply chain management which resulted in fewer kits stock outs especially in the year 2007.

There was also an improvement in planning as data was more available and disaggregated by age and gender.

Several areas were identified which the Country could improve on

There is need to expand services to more vulnerable high risk groups such as the herd boys, commercial sex workers, migrant populations and prisoners.

Incentive policy should be looked into so that all service providers are catered for, especially the community health care workers.

There is a need to integrate services, especially HTC within the health care system.

More resources needed to be allocated to ease the implementation of the HTC plan.

Need to strengthen the quality assurance of the test kits and results and that there is no system in place to certify the competence of community health care workers, there is need for full involvement of the Laboratory personnel.

Need to strengthen the advocacy and communication as the communication strategy does not clarify roles and responsibilities of different role players.

Some implementing partners use different curricula from national training package to train HTC providers.

Recording of clients results, many codes are used leading to need for standardisation.

Data quality still needs to be strengthened as providers need also to use standardized formats for reporting.

Couple counselling is still a challenge and needs strengthening as it is used specifically for reduction of infection.

What are the gaps in HTC policies?

There is a gap in testing for pregnant women, issues pertaining to retesting of HIV negative women in case of sero-conversion at the later stage.

Age of consent at 12 years of age poses a challenge in terms of referral and preparing the child for disclosure at home.

HTC services are not complemented by other primary health services such as testing for diabetes.

What are the HTC implementation challenges?

The HTC coverage is still not wide.

There is lack of human resource to implement the programme.

Quality assurance is not done in some sites.

There is increasing couple counselling which requires skilled human resource.

Trainings not controlled and supervised as some organization use their own manuals not certified by the Ministry of Health.

As the programme gets integrated into the health system there is degradation of counselling as a profession.

Describe the characteristics of HTC service users?

Which groups of people does the CT service mainly target? What is the age and gender of the clients who used your counselling and testing services during the past year?

Testing and counselling is carried out at both rural and urban settings with mostly women accepting the service. Majority of the people accessing the service are in the age group 15-35 and during outreach programme it is mostly school going age which ranges from 12-18. Males and females are targeted.

HIV Counselling & Testing (CT) Services

- The counselling and testing in Lesotho is done on the site, using rapid HIV testing and results are given on the same day.

Are you familiar with the CT methods/approaches used in the country?

- One to one
- As part of routine HIV testing and counselling for PMTCT
- PITC
- Group counselling and education
- Couple counselling though at very minimal level
- Home based testing and counselling.
- Challenges are still within the child counselling and youth, family counselling, partner counselling, counselling for mental health patients and the deaf.

Which types of staff do the counselling?

The counselling and testing is done by health care workers including nurses and doctors
Professional counsellors – social workers and psychologists
Lay counsellors

Do you know of HTC policies in this country?

All stakeholders present felt that the policies, protocols and guidelines closely match practice

Where are HIV Counselling & Testing (CT) services provided in this country?

The HTC service is provided nationally, all the 10 district of the country have testing sites and services provided within the hospitals, health centres, outreach and home based together with private clinics.

Service Load

How many HIV counselling sessions were conducted (across all service delivery points combined) in the past year? 217 428 December 2008

How many HIV tests were done (across all CT service delivery points combined) in the past year? 213 022 in December 2008

Hours of Operation of HIV Counselling & Testing (CT) Services

Majority of the sites provide services for 5 days per week excluding weekends, except for special events such as campaigns. The sites open at 8:00 am and close at 4:30 pm.

What are the service delivery points for providing HIV Counselling & Testing (CT) in this country?

There are about 191 sites providing HTC, including hospitals, health centres, and stand alone, which are complemented by mobile vans.

What are the strategies to promote HTC uptake in the country?

HTC is promoted through information, education and communication material printed and distributed country wide.

Radio and television programmes

Public gatherings

Mobile outreach
Campaigns especially with branded know your status logo

In your view what issues should proposed minimum standards for HTC in SADC critically consider under each of the following themes?

- a) Age of Consent in testing – 12 years, children's rights and child counselling
- b) Standards for service provision – who should provide HTC, time spent on the process and counselling process.
- c) Training of providers – duration of the training for different levels, standardized training package, care of carers programme as they are prone to burn out
- d) Accreditation of HTC sites – which body or organization accredits HTC sites.
- e) Quality assurance of HTC services – emphasis on availability of proficiency testing
- f) Monitoring and evaluation of HTC policies – continuous review in order to match with practice and emerging issues. Rights and protection of the counselor.
- g) Comprehensive HTC approaches – use of different approaches for different target groups and best approaches to reach most at risk and vulnerable groups.
- h) Referral system - clients tested should be followed up and linked with post test services through counting referral slips as one of the strategies.

Additional information under HTC policy discussions

Characteristics of HTC service users

There are more females who access HTC than males, on average there are about 34% males who access HTC compared to 66% of females amongst those who accepted testing and counselling.

Majority of the population that have access to HTC is between 15-49 years. A small percentage of about 4.5% of those tested are under the age of 15 years.

According to the Lesotho National HIV and AIDS policy, the age of consent to testing is 12 years.

HIV Counselling and Testing services

Generally the post test services are on HIV positive clients and there are significant gaps in post test services for those who are HIV negative and for discordant couples. Most of the sites reported shortage of female and male condoms and protective supplies such as gloves. There is limited follow up prevention counselling for both HIV positive and negative clients beyond the immediate post test counselling. Most of the providers do not create time for demonstration of condom use. What was also discovered as a challenge was lack of educational and information materials for client education and patient management. Follow up on clients is mostly hampered by limited transportation and to reach clients in remote areas to provide care and supportive counselling. Currently clients are linked with community support groups so that any support needed beyond the post test counselling done after testing is done at community level. The post test counselling session takes about 15 minutes on average while the whole process from pre test-test and post test counselling is about 45 minutes depending on the level of knowledge of HIV information of the client.

Adherence preparation sessions for treatment and positive living are held with clients after they discover their HIV status, clients/patients are booked for subsequent sessions for follow and for other tests such as CD4 count, liver function tests and other blood tests.

There are adolescent health corners established in hospitals for youth and adolescents to access health services including HTC as an integrated package.

Partners have organised an annual event across all districts; a "Kick for Life" programme where youth are attracted to testing through soccer.

Some NGOs have started post test clubs, where young people are involved in supporting their peers who are HIV positive or negative and also build on their life skills.

What remains a challenge is strengthening these activities in order to attract more children and youth to HTC.

HIV Counselling Staff

In Lesotho People Living with HIV and AIDS are highly involved in service delivery as:

- HTC counsellors

- Treatment literacy, adherence support and follow up of patients on treatment and are part of treatment buddies programme.

- There are support groups established for PLWHAs

- Every district in the country has an executive committee of LENEPWA in order to play the advocacy role, support and care for PLWHAs