# PARTNERSHIP FRAMEWORK TO SUPPORT IMPLEMENTATION OF THE LESOTHO NATIONAL HIV AND AIDS RESPONSE

BETWEEN

**THE GOVERNMENT OF THE UNITED STATES OF AMERICA**

AND

**THE GOVERNMENT OF THE KINGDOM OF LESOTHO**

**August 20, 2009**

**A five-year strategy to contribute jointly to implementation of the Lesotho National HIV and AIDS Strategic Plan**

## 1. Purpose and Principles

1.1 Purpose

The purpose of the Lesotho Partnership Framework between the Government of the Kingdom of Lesotho (GOL) and the U.S. Government (USG) is to collaboratively develop, plan and implement a five-year strategy that jointly contributes to the implementation of the Lesotho National HIV and AIDS Strategic Plan (NSP), 2006-2011 in order to address the HIV and AIDS epidemic in Lesotho. The Partnership Framework forms a roadmap for improved collaboration and increased alignment of the U.S. President's Emergency Plan for HIV and AIDS Relief (PEPFAR) program with the Lesotho HIV and AIDS response. Under the Partnership Framework (July 2009 to September 2014), the two governments plan to work together to prevent new infections; provide care and treatment to those infected and affected with HIV; and provide care and support to adults and children, particularly orphans and vulnerable children (OVC). It is envisioned that the collective results of these efforts should contribute to Lesotho's NSP projected impacts and PEPFAR global goals. The Partnership Framework, with support from PEPFAR funds, is intended to provide both direct service delivery and technical assistance to the GOL and together build a concerted program to address the critical human resources crisis within the health system. An overall priority is to establish a more sustainable and responsive health and social welfare system for Lesotho at the end of five years.

1.2 Background

The national response to HIV and AIDS in Lesotho is led and coordinated by the GOL through the National AIDS Commission (NAC), a semi-autonomous government body established by Act of Parliament in 2005. The primary responsibility for implementing the Health Sector HIV and AIDS response rests with the Ministry of Health and Social Welfare (MOHSW). A number of other government ministries are responsible for aspects of the response, and funding for the response is provided both through the GOL annual budget, and Global Fund resources. The NSP lays out a framework for responding to the epidemic through work in four strategic areas: a) Prevention; b) Treatment, Care, and Support; c) Impact Mitigation; and d) Management, Coordination, and Support Mechanisms.

The NAC continues to develop and strengthen its coordination role. In April 2009, the NAC released its mid-term review of the NSP. This was the result of a six month, transparent process involving all international and local implementing partners, the GOL, development partners and other stakeholders. The revised, results-based NSP (2006-2011) has re-energized the national response, and provides the basic platform on which the Partnership Framework is built. The development of the next NSP (2012-2016) is scheduled to take place towards the end of 2011. This is an ideal time for the mid-point review of the Partnership Framework and provides an opportunity for the Partnership Framework to review its own progress and re-align its goals to the new NSP.

Within Lesotho, the landscape for implementing HIV and AIDS interventions is shifting. The GOL is moving forward with a process of decentralization, which will impact service delivery at both facility and community levels. With the Local Government Act of 1997, the responsibility for health service provision and management is being devolved to district governments and community councils. Over the next five years, MOHSW and Ministry of Local Government and

Chieftainship (MOLGC) will be working together to ensure a smooth transition. MOLGC will assume responsibility for primary level health facilities, while MOHSW will remain the lead in providing secondary and tertiary hospital services. Given the importance of facility-based and community-based services to the national HIV and AIDS response, it will be important to work closely with the decentralization process in order to scale-up HIV and AIDS programs throughout Lesotho.

In July 2008, the U.S. Congress reauthorized the U.S. President's Emergency Plan for AIDS Relief (PEPFAR II) for five additional years (FY2009-FY2013). PEPFAR II focuses on helping countries achieve a more sustainable program of response by building local capacity and country ownership, while still providing quality HIV and AIDS services. In Lesotho, PEPFAR's priority continues to be to support the national response through the NSP. The development of the Partnership Framework has provided an excellent and needed opportunity for PEPFAR to increase collaboration with the GOL and other stakeholders, harmonize and align current programs, and situate USG resources within Lesotho's priorities.

The Millennium Challenge Account-Lesotho (MCA-L) plays a catalyzing role in Lesotho through combined funding for improved health management systems and health facilities refurbishment countrywide, in coordination with GOL, the USG and other development partners. MCA-L intends to build and equip a National Reference Public Health lab and a blood bank building to improve related services in Lesotho, as well as extra dormitories for the National Health Training College to facilitate the needed increase in enrolment of nursing students. The MCA-L health-related strategic objectives are aligned with those of NSP, and therefore the Partnership Framework. These objectives include: integrated quality HIV care, effective decentralization with ownership by health staff and communities, improved human resources, and information, infection control and waste management systems. PEPFAR and MCA-L intend to work closely to maximize the impact of USG resources while strengthening Lesotho's health and social welfare system.

1.3 Principles

The Lesotho Partnership Framework seeks to be guided by the following principles:

- High-level government commitment, national leadership, and continued GOL ownership of the national response to the HIV and AIDS pandemic
- Alignment with the national response through the NSP, Lesotho Vision 2020, and the National Poverty Reduction Strategic Plan; and the principles of the Monterrey Accords and Paris Declaration
- Promoting the principles of the "Three Ones": One National Strategy, which is the NSP, One National Coordinating Authority, which is the NAC, and One National Monitoring and Evaluation System, which is being developed by NAC and MOHSW
- Engagement and participation of the GOL, civil society, people living with HIV and AIDS (PLWHA), the business sector, and development partner stakeholders throughout the development, implementation and monitoring of the Partnership Framework and Implementation Plan
- Meaningful involvement of PLWHA in program development, implementation, and evaluation

- Contribution to PEPFAR's program goals of supporting treatment, prevention, and care within the context of improving broader host country health policy, financing and management capacity.
- Accountability by all partners for the success of the Partnership Framework, with results to be monitored regularly and collectively
- High level commitment to keep the Partnership Framework a living document that adapts based on new data surrounding the epidemic and changing circumstances
- Recognition that achievement of the partnership goals requires resource flows beyond the ability of any one partner, and that constraints on availability of funding from either signatory or from other key partners could lead to a review and revision of goals
- Increased financial accountability through closer collaboration to track HIV and AIDS financing from all sources as related to broader development reform efforts (such as the National AIDS Spending Assessment (NASA) and the National Health Account (NHA))
- An HIV and AIDS response that contributes to the strengthening of the national health system to better respond to all health needs of Lesotho
- Impacts and outcomes of the Partnership Framework that are measurable and achievable through a collective national HIV and AIDS response
- Goals and objectives that reflect the unique culture of Lesotho and the role of men and women in the Basotho society; as well as the potential role the Basotho youth can play in the future of the country.

1.4 Partnership Framework Development Process

From the beginning, the Partnership Framework process was lead by the US Ambassador to the Kingdom of Lesotho, Robert B. Nolan, and the Deputy Prime Minister, the Honorable Lesao Lehohla, who is Chairperson of the Parliament Subcommittee on HIV and AIDS. During the first meeting of these high officials, the Deputy Prime Minister determined which Ministries and other organizations should be consulted, in order to ensure that appropriate GOL, NGOs and PLWHA groups were involved in the design of the Partnership Framework. On behalf of the Deputy Prime Minister, the US Ambassador and members of the PEPFAR team then visited all the Ministers and other designated stakeholders to brief them about the process for developing the Partnership Framework.

The process of gathering stakeholder input has been extensive, with consultations and meetings that engaged around 60 different implementers working in Lesotho, GOL Ministries and agencies, development partners, non-governmental organizations (NGOs), PLWHA and other stakeholders. The development of the Partnership Framework was viewed as a new platform for public, private and non-governmental organizations and agencies to discuss issues and opportunities in a renewed fight against HIV and AIDS. The collaborative development of the Partnership Framework has brought many partners to the table to determine a five-year strategic plan aligned to the NSP that fills gaps in the response and strengthens the systems required to deliver HIV and AIDS services.

Consultations included discussions to determine synergies between the Millennium Challenge Corporation (MCC)/Millennium Challenge Account (MCA) and the Partnership Framework. MCC/MCA's health project builds key infrastructure to support for clinical care and human resource development; these investments are complemented by the Partnership Framework's

strategy of addressing clinical and human resources needs within Lesotho's health system. For example, health facilities that are refurbished by MCC/MCA will be staffed with health professionals trained in HIV/AIDS clinical services through the Partnership Framework. More specific examples of how the Partnership Framework and MCC/MCA are collaborating can be found in section 2.

1.5 Partnership Framework Management Team

As country ownership and sustainability of HIV and AIDS program is critical to the success of the Partnership Framework, a Partnership Framework Management Team was regarded as essential to ensure the development and implementation of the Partnership Framework meets the needs of Basotho people. Through consultations between the Deputy Prime Minister and the U.S. Ambassador, a Partnership Framework Management Team was selected to represent the GOL and other relevant stakeholders in the design, development and implementation of the Partnership Framework. The US Ambassador agreed to serve as co-chair along with a member from MOHSW for the duration of the development of the Partnership Framework. The members of the Partnership Framework Management Team were very active in the development of the Partnership Framework, meeting weekly in the past six weeks for discussions and negotiations.

The Partnership Framework Management Team is governed by terms of reference adopted by the Members that define the group's roles and responsibilities, decision-making processes, and time commitments. Sub-committees continue to be designated to work on selected tasks for the Partnership Framework as it moves ahead to developing an implementation plan and through implementation and monitoring. The number of ministries and other agencies selected was deemed necessary by the Deputy Prime Minister, who envisions and supports inclusivity. Members made important commitments for their Ministries (Section 4), which is testimony to their concern and endorsement of contributing to the HIV and AIDS response.

The membership consists of representatives from:

- Office the of Prime Minister (OPM)
- National AIDS Commission (NAC)
- Ministry of Health and Social Welfare (MOHSW)
- Ministry of Foreign Affairs and International Relations (MOFA)
- Ministry of Finance and Development Planning, Global Fund Coordination Unit (MOFDP)
- Ministry of Public Service (MOPS)
- Ministry of Communications, Science, and Technology (MOC)
- Ministry of Defense and National Security (MODNS)
- Lesotho Defense Forces (LDF)
- Ministry of Education and Training (MOET)
- Ministry of Gender, Youth, Sports, and Recreation (MOGYSR)
- Ministry of Local Government and Chieftainship Affairs (MLGC)
- Lesotho Business Council (LBC)
- Lesotho Council of NGOs (LCN)
- Lesotho Network of People Living with HIV and AIDS (LENEPWHA)
- PEPFAR

## 2. Five Year Strategic Overview

2.1 Development of the Partnership Framework

Following several months of broad consultations with the GOL, civil society, PLWHA, and development partner stakeholders, the Partnership Framework Management Team has undertaken a strategic approach to identifying the priority areas from the NSP to be supported under the Partnership Framework with funding from PEPFAR. The Partnership Framework Management Team has employed the same results-based management methodology used in the NSP review to prioritize goals and objectives, consider the latest evidence, national priorities, cost-effectiveness based on recent studies, and PEPFAR's added value. Based on this analysis, the Partnership Framework outlined jointly identified priorities nested within the NSP which could be financially and technically supported. The Partnership Framework outlines four ambitious goals:

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| Goal I: | HIV incidence in Lesotho is reduced by 35 percent by 2014 |
| Goal II: | To reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV and AIDS through expanding access to high quality treatment, care, and OVC services by 2014 |
| Goal III: | The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training and quality improvement) by 2014 |
| Goal IV: | Health systems are strengthened in 4 key areas (HMIS, laboratory, organizational capacity, and supply chain) to support the prevention, treatment, care and support goals by 2014 |

During the development of the Partnership Framework, several cross-cutting issues emerged to the Partnership Framework Management Team. These issues affect multiple goals and objectives, and will be addressed more specifically in the Partnership Framework Implementation Plan. Cross-cutting issues include reducing stigma and discrimination; increasing gender equity in HIV/AIDS services and activities; reducing gender violence and coercion; and addressing male norms and behaviors.

2.2 Partnership Framework Goals and Objectives:

The four Partnership Framework goals are detailed below. All goals and objectives were developed using a results-based methodology, also used by the NAC, that incorporates monitoring and evaluation into planning.

2.2.1 Prevention

Current **NSP Impact Level Results** call for the rate of HIV incidence per year to be reduced from 2.35 percent in 2007 to less than 2 percent in 2011.

**PF Goal I: HIV incidence in Lesotho is reduced by 35 percent by 2014[1]**

i. PEPFAR Program Areas: Sexual Prevention; Prevention of Mother-to-Child Transmission (PMTCT); Biomedical Prevention (Male Circumcision); Counseling and Testing (HTC); Gender; Health Systems Strengthening

ii. Key Policy Reforms:
   a. MOHSW is in the process of revising the national HIV counseling and testing policy to allow for couples counseling, discordant couple interventions and provider initiated counseling and testing
   b. MOHSW is finalizing the male circumcision policy and guidelines to enable scale-up of safe medical male circumcision services

With HIV prevalence estimated at 23.2 percent[2], Lesotho has a critical need for comprehensive, evidence-based prevention interventions to slow the rapid progress of HIV throughout Basotho society. The 2009 Modes of Transmission Study[3] highlighted multiple concurrent partnerships as the main driver of sustained transmission. Married couples and couples in long-term relationships were identified as being the main transmitters of HIV. Secondary sexual relationships are widely recognized as a common practice and occur for many reasons, e.g. migration, discontent in relationship and poverty, resulting in transactional and intergenerational sex. Changing behavior based on common practices may be a challenge, but is necessary to reduce incidence.

Based on the revised NSP, the Partnership Framework has identified nationwide implementation of prevention activities as the number one priority in fighting the HIV and AIDS epidemic in Lesotho. The Partnership Framework envisions reducing adult and child incidence of HIV infection by 35 percent from the 2009 baseline provided in the Impact and Cost of the NSP 2006-2011.[4]

Building on the GOL's prevention initiatives to date, including the "Know Your Status Campaign" and PEPFAR's current "One Love Campaign," the Partnership Framework intends to address current challenges to prevention by supporting a combination prevention program of behavioral, biological and structural interventions. These should include activities to reduce multiple and concurrent partnerships; develop new, population-segmented and service-linked information, education and communication (IEC) messages; increase community and private sector involvement in PMTCT programs; increase access to HTC services strongly linked to prevention interventions targeting discordant couples; increase condom availability to high risk groups and the national population; and scale up medical male circumcision (MC) services. Data from costing the NSP indicate that the cost per infection averted is $1280.[5] By comparison the

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[1] Estimated Partnership Framework reduction in adult and children incidence should be 35 percent from 2009 baseline, using the Goals Model (from 2.34 percent in 2009 to 1.52 percent in 2014, which is 42,120 new infections per year in 2009 to 27,360 new infections per year in 2014). Source: The Impact and Cost of the National Strategic Plan (NSP) 2006-2011, USAID, Health Policy Initiative, page 12.

[2] UNAIDS 2007

[3] Lesotho Modes of Transmission Study, 2009

[4] The Impact and Cost of the National Strategic Plan (NSP) 2006-2011, USAID, Health Policy Initiative, page 12.

[5] The Impact and Cost of the National Strategic Plan (NSP) 2006-2011, USAID, Health Policy Initiative.

clinical prevention programs in Lesotho are very cost effective, with PMTCT costing $325 per woman including testing and prophylaxis, and the unit cost for MC in Lesotho is $56[6].

PMTCT and MC interventions cannot be the only method for reducing new infections. The Partnership Framework also seeks to address behavioral and structural factors and reduce multiple and concurrent partnerships, through mass media and community interventions. These activities are intended to implement the national Behavior Change Communications strategy, with a goal of stimulating introspection and discussion about masculinity and femininity, Basotho gender norms, and the cultural aspects putting Basotho, especially married couples, at risk of contracting HIV. Together with PMTCT, MC, and HTC services, these interventions aim to help avert new infections, and at the same time contribute substantially to Lesotho achieving its Vision 2020 goal of having a healthy population which can engage in economically vital activities.

In order to improve the quality of clinical prevention services, the Partnership Framework plans to train health care providers engaged in PMTCT, male circumcision, and HTC services to provide higher quality services. The Partnership Framework envisions support for improvements in the supply chain management system, leading to adequate access to condoms, PMTCT prophylaxis and all other drugs and commodities. Targeted information and behavior change messages, linked to services, should help Basotho make decisions about their health and reduce their risk. The purpose of this prevention goal is to reduce the incidence of HIV in Lesotho and to ensure that after the Partnership Framework ends, sustainable prevention programs are in place to keep HIV incidence low. The Partnership Framework also endeavors to leverage MCC/MCA to improve infrastructure in health facilities and to train clinical staff.

### 2.2.2 Care, Treatment and Support

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| Current **NSP Impact Level** Results call for mortality and morbidity due to HIV/AIDS to be reduced from 26 to 16 percent for men, 31 to 21 percent for women, and 18 to 8 percent for children under 12 from 2007 to 2011. |

**PF Goal II:** To reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV and AIDS through expanding access to high quality treatment, care, and OVC services by 2014.[7]

i. PEPFAR Program Areas: Adult and Pediatric Treatment, Care and Support; Tuberculosis/HIV (TB/HIV); Orphans and Vulnerable Children (OVC); Counseling and Testing (HTC); Human Resources for Health; Health Systems Strengthening

ii. Key Policy Reforms:
   a. MOHSW develops standard guidelines and training for community-based workers
   b. MOHSW finalizes revision of National Strategic Plan on OVC

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[6] Ibid

[7] Partnership Framework contributions to Goal 2 are based on a five-year extension of PEPFAR 2009 annual target setting, and reflect only the Partnership Framework's contribution toward NSP targets (overall coverage will be higher). Current coverage baseline is from UNGASS 2007 report: ART coverage 25 percent and 26 percent in adult and children respectively; OVC coverage was estimated at 32 percent. Baselines will be updated early 2010 after completion of the UNGASS 2009 report.

c. MOHSW finalizes the TB/HIV policy
d. Enactment of current bill for free primary education, making primary school compulsory for all children
e. Implementation of the National Policy on Orphans and Vulnerable Children, 2006
f. Implementation of MOLGC policy on registration of OVC, 2007
g. Enactment of Child Protection and Welfare bill of 2004
h. All Ministries finalize and implement HIV and AIDS work place policy
i. Implementation of Domestic Violence and Sexual Offence Act, 2003

With close to one-quarter of the population infected with HIV, and approximately 110,000[8] children orphaned or left vulnerable due to HIV/AIDS, Lesotho faces a daunting care, support, and treatment challenge. Through the Framework, the partners plan to increase coverage for treatment, care and support, and OVC services from a baseline to be provided by the upcoming UNGASS 2009 report, which will be available in early 2010, as well as an OVC coverage assessment to be completed during the first year of Partnership Framework implementation. It is anticipated that through the Partnership Framework, an additional 20 percent of OVC will be reached, beyond the current baseline.

In addition to a scale-up of comprehensive care and support services for OVCs, the Partnership Framework plans to address several priority areas in care, treatment and support. This includes improved access to a continuum of services; expansion of provider-based HIV counseling and testing; improved TB/HIV coordination; and improved and increased capacity for quality community-based care across the country. The Partnership Framework intends to leverage on-going support to the GOL by the Global Fund, which has provided funding for antiretroviral drugs, TB commodities, additional staff, and OVC services.

TB incidence in Lesotho is one of the highest in the world (696 TB patients per 100,000)[9] and Lesotho has an emerging problem with multiple drug resistant TB strains, as well as the serious challenge of HIV/TB co-infection. Strengthening the National TB Program to provide coordinated TB/HIV services, improve infection control, increase the coordination between the HIV and TB programs and increase the capacity to diagnose and treat TB are intended to be priorities under the Partnership Framework. The Partnership Framework will seek to improve coordination of TB and HIV/AIDS activities, and investments in TB complement planned support to the pre-ART and ART program. Through the Partnership Framework, partners plan to continue and expand the provision of ART services nationwide. These activities build on the current roll-out of ART services through the GOL, Global Fund, and PEPFAR. Leveraging infrastructure improvements from MCC/MCA should allow laboratory, clinics, and the out-patient departments of district hospitals to provide increased and improved quality services.

Over the next five years, the Partnership Framework, with PEPFAR funding and in coordination with the MOHSW, NAC, MOLGC, and others, plans to expand community-based care programs. It is intended that the Partnership Framework will provide support to MOHSW and other ministries to develop, implement and revise key policies and guidelines for care and

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[8] UNAIDS 2007
[9] WHO, Global TB Report, 2007

treatment, including ART and pre-ART treatment guidelines, TB/HIV management, and OVC and community-based basic services packages. The Department of Social Welfare is currently reviewing its OVC strategy and plans to recommend expansion of its current OVC program. It is envisioned that NAC and MOHSW will team with development partners such as GTZ and the World Bank to build capacity for community-level routine health information and patient tracking systems. The Partnership Framework plans to leverage the MCC initiative to build and expand the network of community health clinics by providing support and training for quality staffing, pharmacy and lab services at the new clinics.

2.2.3 Human Resources

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| Current **NSP Impact Level** Results call for the national response to be effectively managed and coordinated based on the 3-Ones principles. At outcome level, this means that 100 percent of resources for the implementation of the NSP activities are mobilized and effectively managed by 2011. |

**PF Goal III: The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training and quality improvement) by 2014**[10]

i. PEPFAR Program Areas: Human Resources for Health; Strategic Information; Adult and Pediatric Treatment, Care, and Support; TB/HIV; OVC
ii. Key Policy Reforms:
    a. MOHSW and MOPS agree to engage technical working group to discuss needed human resources at all levels of health care.
    b. MOHSW develops and implements a retention policy
    c. MOPS approves a retention policy in concert with MOHSW, MOFDP and MOLGC

The Lesotho health and social welfare system is facing a severe human resource crisis, which is compromising its ability to implement prevention, treatment, care and support activities in order to address the HIV and AIDS problem in Lesotho. The Partnership Framework is designed to support the recruitment, training, and retention of critical human resources, without which Partnership Framework activities cannot be implemented. The goal of improving and increasing human resource capacity is intended to be measured against baseline data from studies around recruitment, retention, training, and quality which will be conducted during the first year of Partnership Framework implementation.

A key challenge to HIV service delivery is a lack of trained staff available to provide services. As a part of its support, the Partnership Framework intends to provide pre- and in-service training for HIV and AIDS service delivery providers, contributing to the achievement of the PEPFAR II goal of 140,000 new health care workers. These efforts should help achieve the Lesotho National Development Plan goal of making higher education more responsive to the demands of the labor market.

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[10] According to the WHO 2006 World Health Report on Human Resources for Health, Lesotho has a density of health care providers (doctors, nurses and midwives combined) of less than 1.15 per 1,000. The WHO recommended threshold required for universal coverage is 2.3 per 1,000.

Over the next five years, the Partnership Framework plans to provide a roadmap to increased technical capacity within the relevant GOL implementing Ministries, as well as a plan for strengthening the human resources systems in the MOPS and MOHSW. Currently, the health and social welfare system faces recruitment challenges including lack of trained staff, competition for resources with other countries within the region, and a lengthy recruitment process. To address retention, MOHSW and MOPS, with proposed Partnership Framework technical assistance and support from MCC/MCA, intend to develop and implement a retention policy. Infrastructure development, revision of curricula and recruitment of tutors by MCC/MCA, the African Development Bank, Global Fund, and PEPFAR is intended to increase the capacity of training institutions to produce high quality health and social welfare service providers, and new curricula should ensure that candidates previously trained outside of Lesotho no longer need to leave the country for training. A more efficient and effective workforce is expected from policies addressing retention, task-shifting, posting, and supportive supervision. Policy reform should take place in collaboration with WHO, MCC/MCA, PEPFAR and other development partners. Planned technical assistance is intended to develop GOL capacities, ensuring that the impact of these interventions will be felt far beyond the end of the Partnership Framework.

### 2.2.4 Health Systems Strengthening

Current **NSP Impact Level** Results call for the national response to be effectively managed and coordinated based on the 3-Ones principles. At **outcome level**, this means that (1) the capacity of the national M&E system is strengthened at all levels to generate empirical evidence to inform policy, planning, and programming for HIV and AIDS in Lesotho by 2011 and (2) 100 percent of resources for the implementation of the NSP activities are mobilized and effectively managed by 2011.

**PF Goal IV: Health systems are strengthened in 4 key areas (HMIS, laboratory systems, organizational capacity, and supply chain) to support the prevention, treatment, and care and support goals by 2014**[11]

i. PEPFAR Program Areas: Health Systems Strengthening; Strategic Information; Laboratory Infrastructure

ii. Key Policy Reforms:
   a. Finalize the Medicines Control Bill and the MOHSW establishes the proposed Drug Regulatory Authority
   b. MOFDP to develop policy on how to capture direct donor funding to health and social welfare sector
   c. Finalize and distribute Lesotho National Health Financing Policy
   d. GOL Ministries continue implementing the Integrated Financial Management Information System (IFMIS)

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[11] Baselines are drawn from the Health Metrics network (HMN) 2006 HMIS assessment; the organizational capacity assessment of Civil Society Organizations conducted for the Global Fund Round 8 proposal; the 2007 SCMS/MSH assessment of the supply chain in Lesotho; and on a laboratory systems External Quality Assurance (EQA) survey that will be conducted by mid 2010.

In order to accomplish Goals 1 and 2, and to achieve the Partnership Framework impacts around prevention, care, and treatment, the Partnership Framework's goal of strengthening health systems is critical. Through stronger overall systems, including information, supply chain, and laboratory systems, more effective services can be provided and a sustainable national response to HIV and AIDS achieved. A robust civil society can play an increased role in the national response, delivering services and advocating for strengthened programs on behalf of Basotho. Stronger systems should create efficiencies, eliminate waste, and improve service delivery at all levels, directly impacting Basotho. Presently, the GOL is also rolling out the IFMIS system, which is expected to improve financial management within the GOL, contributing to a stronger overall health and social welfare system.

Strategic health systems priorities to be addressed within the Partnership Framework are consistent with the impact level results laid out in the NSP. As such, the Partnership Framework with funding from PEPFAR and in coordination with MCC/MCA, the World Bank, and other development partners, will seek to leverage capacity-building to support NAC and MOHSW's efforts to implement and integrate a national health management information system (HMIS), particularly at district and community levels.

The Partnership Framework also plans to enhance collaboration with MOHSW, Global Fund, WHO, Partners in Health, Clinton Foundation, MCC/MCA and others to improve laboratory services in Lesotho. An important element of this strategy should be to provide technical assistance for construction of the planned new National Reference Laboratory and for improvements of laboratories throughout the country.

On-going work to strengthen supply chain management will continue, as the GOL moves from a paper-based to a computerized system. Policy and structural improvements should ensure a consistent supply and distribution of drugs, laboratory supplies, condoms, test kits and other commodities for clinic-based and community-based HIV and AIDS programs.

The Partnership Framework, through PEPFAR funding and in collaboration with the Global Fund, and other development partners, intends to develop the organizational capacity of civil society organizations to ensure quality service provision. Civil society organizations in Lesotho have identified a need for capacity building in governance, financial and program management, and monitoring and evaluation. Approaches may include training in financial and organizational management, mentorship and networking strategies, developing standards of service, and building data use capacity for program improvement. Strong supervision and mentoring activities are intended to be a priority, to ensure that these organizations are implementing good practices and following GOL guidelines. These targeted interventions, in synergy with other development partners' support, will help achieve the National Development Plan goal of improving governance and service delivery.

### 3. Partners: Roles and Commitments

The commitments participants have made to the Partnership Framework highlight the comparative advantages of each partner. The GOL plays the role of coordinator (through the

NAC) and primary implementer (MOHSW), creating a supportive environment (Ministries of Finance and Development Planning, Public Service, and Foreign Affairs) for all line Ministries implementing HIV and AIDS interventions.

All participants in the Partnership Framework provide either financial or other inputs. Some partners provide direct services to Basotho clients, while others provide technical assistance to Ministries. PEPFAR's planned role in the partnership is to support the Ministries in providing quality services through implementing partners with technical expertise and to build capacity of Basotho counterparts, transferring skills and ensuring program sustainability.

Details of the envisioned roles and commitments are found in the tables below:

| Goal I. HIV incidence in Lesotho is reduced by 35 percent by 2014 | | | | |
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| Objectives | Commitments | | | Envisioned Steps to develop PFIP |
| | PEPFAR Expected Contributions | GOL Expected Commitments | Anticipated Support of Other Partners | |
| 1.1 80 percent of people aged 15-49 years are reached with comprehensive social and behaviour change interventions | Increased funding and technical support to GOL and civil society for comprehensive, evidence-based, congruent prevention messages linked to services<br><br>Develop messages for different age groups and link to services<br><br>Assist NAC and MOHSW to coordinate messages to ensure they are congruent across target groups | NAC and MOHSW Information and Communication (IEC) departments coordinate development of messages based on BCC strategy; GOL agencies link IEC messages to services<br><br>MOC provides free programming slots weekly on Lesotho TV and government-owned radio stations and columns in newspapers<br><br>NAC provides leadership in development of guidelines based on BCC strategy in partnership with stake holders;<br>Monitor the strategy and coordinate activities.<br><br>MOLGC to facilitate communication of messages via their information unit and monitor the effects on targeted audience;<br>Agrees that key messages directed to local leaders will be pushed within their localities<br><br>MOET provides prevention information to all age groups in school and through their informal education system;<br>Will roll out the Life Skills curriculum<br><br>LDF continues to provide BCC information, developing and disseminating messages and information.<br><br>MOGYSR provides prevention information to all age groups out-of-school though the youth centers<br><br>All Ministries establish workplace prevention programs | UNAIDS, UNICEF provide technical assistance in development of prevention messages<br><br>UNESCO provides support for the MOET program in education and training<br><br>GFATM supports prevention activities through MOHSW and MOET<br><br>European Commission (EC) enables women and OVC to access social and economic resources for HIV prevention through implementing partner CARE<br><br>LBC supports workplace prevention programs with their membership<br><br>Lesotho Labour and Business Council (LLBC) supports workplace prevention programs through GFATM (R 8) | PEPFAR Prevention Technical Working Group (TWG) to conduct assessment, identify gaps and make recommendations for the implementation of a combination prevention program |
| 1.2 80 percent of most at risk populations are reached with HIV prevention programs[12] | Develop strategic messages and services for high-risk groups(e.g. men/boys, married and stable couples, single people, migrants, women and girls, sex workers, miners, cross-border/transients, government and private sector employees, sexual assault survivors, adolescent mothers, | LDF continues to provide BCC information, developing and disseminating messages and information.<br><br>MOGYSR provides prevention information to all age groups out-of-school though the youth centers | LCN continues to coordinate interventions with high risk sexual minorities | PEPFAR assesses prevention needs for high risk groups and recommend interventions |

[12] The NSP BCC indicator for the general population has no target, while the NSP indicator for most-at risk populations has a target of 50 percent (2011)

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| | mentally disabled, alcohol/drug abusers) | | | |
| 1.3. The percentage of HIV+ positive children born to HIV+ mothers is reduced by at least 40 percent[13] | Improve quality and reach of PMTCT services in 100 percent of hospitals and health clinics delivering services<br><br>Develop QA/QI interventions for PMTCT<br><br>Develop strong linkages with other clinical services including TB/HIV and treatment adherence via systematic linkages with community interventions | MOFDP continues to supply needed commodities<br><br>MOHSW ensures all departments involved in PMTCT will be trained in forecasting for drugs and commodities; will train health professional on PMTCT; will allow access to all hospitals and health clinics to improve PMTCT services; will encourage mobile coverage in difficult to reach areas of the country.<br><br>MOLGC provides and maintain linkages to the essential services package and commit to community PMTCT education and awareness in collaboration with Clinton and PEPFAR partners<br><br>LDF continues PMTCT program | GFATM continues to supply ART drugs and test kits<br><br>UNFPA, WHO, UNICEF assist MOHSW in finalizing Roadmap for Maternal Mortality and HIV and AIDS<br><br>Clinton Foundation continues support to MOHSW on forecasting for PMTCT drugs and commodities and purchasing pediatric drugs until December 2010<br><br>MCC/MCA to refurbish clinics<br><br>MCC/MCA ensure water, electricity and communication are available in all HC, will build 18 HC with dedicated rooms for delivery services | PEPFAR to finalize procurement for new PMTCT partner |
| 1.4. Increased access and availability of HTC services in all health facilities[14] | Improve quality and reach of HTC services through training of additional counselors<br><br>Provide mobile services, including HTC in hard to reach areas; counseling for discordant couples<br><br>Provide prevention messaging for HIV infected clients and screening and referrals for TB/HIV services for all HIV-infected clients. | MOHSW continues to supply needed test kits in collaboration with NDSO; expand HTC service availability at district level and private sector agencies in the country; encourage mobile coverage in hard to reach areas of the country<br><br>MOET trains teachers to conduct HTC and become lay counselors in schools; identifies more counselors within the Ministry to provide counseling and testing for MOET staff<br><br>LDF provides HTC services and outreach services to LDF and surrounding communities for both military and civilians<br><br>MOGYSR continues to provide HTC services at youth resource centers<br><br>All Ministries establish workplace prevention programs | GFATM continues to provide test kits and fund counselors to provide HTC services<br><br>LENEPWHA continues to provide support and advocacy for lay counselors; provides training on HTC at community level for lay counselors<br><br>LBC supports workplace prevention programs<br><br>MCC/MCA include HTC rooms in its renovation of OPD and HC | MOHSW to finalize HTC strategy<br><br>Partners develop Roadmap for HTC: to identify gaps and increase services |
| 1.5. Prevalence of Multiple Concurrent Partnerships (MCP) in the population aged | Expand One Love campaign to have wider reach | NAC and MOHSW coordinate on implementation of national BCC strategy; NAC monitors strategy implementation and coordinate activities | UNAIDS provides technical assistance in developing MCP messaging | PEPFAR to analyze pilot One Love |

[13] The NSP PMTCT indicator target is 16.5 percent (2007) to 10 percent (2011)

[14] The NSP indicator for HTC has no target for facilities providing HTC, but projects 80 percent of Basotho aged 12 years and above will be tested and know their HIV status by 2011.

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| 15-60 is reduced by 35 percent[15] | Develop additional evidence-based interventions aimed at reducing MCP | MOHSW encourages messages to be provided at clinical level<br><br>MOLGC continues to link the Essential Services Package (ESP) to MCP and male-focused discussions.<br><br>LDF continues to provide MCP Information<br><br>MOGYSR continues to provide MCP Information in youth centers with an emphasis on preventing inter-generational and transactional sex<br><br>All Ministries establish workplace prevention programs | LBC supports workplace prevention programs | model and recommend next steps for national rollout<br><br>PEPFAR Prevention TA Team to conduct assessment, identify gaps and make recommendations |
| 1.6. 40 percent of males are circumcised in a clinical setting, and 50 percent of newborn males in a health facility are circumcised within 8 days after birth[16] | Support infrastructure and training needs to scale up MC campaign at 100 percent of hospitals including LDF facilities<br><br>Assist MOHSW in developing a policy for MC for newborns, | MOHSW finalizes MC policy and develops scale-up strategy; continues pilot site assessment and tools; will develop M&E tools for MC; will develop newborn MC guidelines<br><br>GOL conducts MC IEC campaign<br><br>LDF performs MC in military facilities; disseminate the MC study when available<br><br>MOGYSR provides MC messaging in youth centers | WHO provides technical assistance in developing MC policy and scale-up strategy<br><br>GFATM (R 8) supports new program in MC | LDF to disseminate their MC study results<br><br>MOHSW to finalize MC policy, endorse pilot training and implementation in 6 sites; To plan nationwide rollout for MC |
| 1.7. 100 percent of national supply and distribution of condoms is available by 2014[17] | Scale-up social marketing of condoms<br><br>TA assistance to MOHSW and NAC to develop condom distribution strategy and scale-up availability of free condoms in multiple outlets | MOPS strengthens policies and implementation around condom distribution in public buildings<br><br>MOHSW and NAC finalize condom distribution strategy; NAC to monitor distribution, MOHSW develops a condom policy through clinical outlets<br><br>MOLGC links to existing interventions on ESP and distribution of condoms<br>MOET continues to distribute condoms in tertiary education institutions<br><br>LDF continues condom distribution to military personnel and communities around periphery bases<br><br>MOGYSR scales up condom distribution in youth centers and public buildings<br>All Ministries will establish workplace prevention programs | UNFPA assists MOHSW to finalize development of Reproductive Health commodity strategic plan<br><br>LENEPWHA continues to conduct community distribution of condoms<br><br>UNFPA continues to supply condoms<br><br>GFATM (R 7) supplies condoms for 2 more years<br><br>LBC supports workplace prevention programs | Supply-chain management TWG meeting to be held to analyze gaps in condom distribution (MOHSW) and determine baseline |

[15] From a 2008 baseline of 24 percent (for 15-49), with a decreasing trend (Modes of Transmission Study, 2008)
[16] Target developed from *Goals* model, reflecting the PF share of total funding requirement. NSP indicators – the indicator has a baseline of 15 percent of circumcised adult males (2004) with a goal of reaching 60 percent (2011).
[17] To be confirmed with national baseline

| Goal II. To reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV and AIDS through expanding access to high quality treatment, care, and OVC services by 2014 | | | | |
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| Objectives | Commitments | | | Envisioned Steps to develop PFIP |
| | PEPFAR Expected Contributions | GOL Expected Commitments | Anticipated Support of Other Partners | |
| 2.1. 40 percent of all eligible individuals of all age groups access a continuum of pre-ART and ART services including TB/HIV screening and treatment[18] | Continue ART and TB pre-service and in-service training and mentoring<br><br>Scale-up pre-ART services in clinical sites and in the community including care and prevention with positive messages, referrals to TB/HIV and other services as needed<br><br>Scale up TB/HIV clinical services and screening and facilitate community-facility linkages for TB treatment adherence<br><br>Provide technical assistance to MOHSW on infection control<br><br>Training of health care providers in diagnosis and treatment of MDR TB. | MOHSW continues to support delivery of pre-ART, ART and TB services; allows innovations for improving quality of services at clinical level; improves referral systems within hospitals and between health clinics and hospitals; implements TB infection control at health facilities<br><br>LDF continues to provide services to adults and refer pediatric cases to appropriate facilities<br><br>GOL and GFATM continues to provide ARV, related drugs and commodities for HIV and AIDS service | GFATM (R 5) provides for training in pre-ART; GFATM and GOL continues to provide ARVs<br><br>All development partners and implementing partners collaborate with MOHSW and follow guidelines<br><br>LENEPWHA assists with quality care from members trained in Home Base Care; will provide Psychosocial support services<br><br>UNAIDS provides technical assistance related to treatment<br><br>MCC/MCA provides infection control design component for all renovated health facilities (150 HC and 14 OPD)in facility renovations; integrates HIV care into 14 renovated OPD; develops and implements infection control procedures in renovated facilities | MOHSW to continue meetings of ART technical working group to identify needs for QA/QI<br><br>LDF determines how to scale up TB/HIV services |
| 2.2. 100 percent of health facilities to offer routine testing for HIV and referral to other services | Increase pre-service training for additional counselors and in-service training for current HIV and TB/HIV counselors<br><br>Enhance supervision of all counselors and improve referral system across health system | MOHSW is committed to scale-up routine counseling and testing of all clients and provide referrals as needed<br><br>MOHSW scales up services in each district through the District Health Management Team<br><br>LDF continues doing HTC and provide PITC<br><br>MOGYSR provides HTC messaging at youth centers to encourage routine testing | GFATM continues to fund counselors to provide HTC services | MOHSW, in partnership with civil society, outlines HTC to be implemented throughout Lesotho especially hard-to-reach areas |
| 2.3. People who are infected and | Support NGO/CBO/FBO | MOHSW is committed to review and approve HBC | LENEPWHA ensures members | Map out current |

[18] Relevant NSP indicators are: 100 percent of people in need of pre-ART services are enrolled on Pre-ART program; The percentage of women and men with advanced HIV infection receiving ART combination therapy is increased from 25 percent in 2007 to 80 percent in 2011; Percent of children aged 17 and below receiving ART is increased from 26 percent in 2007 to 100 percent in 2011.

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| affected by HIV, access quality care and support services by community home-based care providers in 60 percent of constituencies in all community councils by 2014 | training and supervision in HBC<br><br>Support decentralization as it rolls out by providing DHMT training as needed<br><br>Identify and support new partners to deliver community-based services according to MOHSW guidelines | guidelines; provides adequate staffing on essential list for community-based health care workers at district and local levels<br><br>MOLGC forms a collaboration with MOHSW around HBC services; ensure HBC registers are available across local government structures; identifies capacity gaps in line with the support services; encourage attendance at MOHSW training for the local councils.<br><br>LDF continues to provide HBC services | take part in the home-based care training<br><br>GFATM (R 5,7,8) supports services to PLWHA<br><br>EC funds community home-based care and livelihoods interventions through Lesotho Red Cross in 2 districts<br><br>MCC strengthens management skills for DHMT and HC staff to link and plan with communities | program, identify gaps and develop plan for comprehensive roll-out of community home-based care |
| 2.4. 20 percent of OVC have received comprehensive care and support services (at least 3 types of free services from external source - health, educational, psychosocial, and material)[19] | Provide technical assistance to MOHSW Department of Social Welfare and finalize guidelines for care and support, train leaders and managers at DSW to manage nationwide OVC program<br><br>Provide direct implementation of OVC services as needed<br><br>Support district OVC committees in registering OVC and providing six essential services<br><br>Support vocational training for OVC | MOHSW enrolls learners into programs and create opportunities for graduates;<br>Develops linkages between district and community council level to provide specialized child welfare training at community council level;<br>Provides training for care givers in all child care facilities in the country up to national standards<br><br>MOLGC plans to register and categorize OVC;<br>Involve community councils in the process of identifying of OVC; Link with the Department of Social Welfare through the National OVC Coordinating Committee (NOCC)<br><br>LDF establishes a social welfare office and become a member of the NOCC.<br><br>MOET continues to provide bursaries for OVC in secondary schools (primary education is already free);<br>establishes social worker position which MOHSW will train and place<br><br>MOGYSR provides social support and psychological referrals at youth centers<br><br>Office of the First Lady provides psychosocial support and care to OVC by holding biannual psychosocial support camps for OVC, provide PSS training to OVC caregivers at community level<br><br>MOLGC implements vital registration on OVC | LENEPWHAs assist with developing quality assurance for OVC programs;<br>Supports alternative approaches to addressing orphan-headed household issues;<br>Sensitizes care giver groups in all community councils on psychosocial care and support on care of OVC;<br>Coordinates provision of quality services to OVCs<br><br>GFATM (R 7) provides bursaries and shelter to OVCs<br><br>African Development Bank assists in development of curriculum for auxiliary social worker<br><br>EC supports salaries for social workers implementing the OVC; cash grants program;<br>implements the cash grants program through UNICEF and DSW; provides access to additional services for OVC, including formal and vocational skills and psychosocial support; | MOHSW finalizes review of OVC policy and maps out implementation plan<br><br>PEPFAR, UNICEF, DSW, and MOET conduct baseline assessment of OVC services coverage |

[19] 40 percent of OVC reached by 2011 is the NSP indicator. The National baseline is 32 percent. The target of 20 percent increase above the national baseline is based on the *Goals* model reflecting the Partnership Framework share of total funding requirement. UNICEF in a Futures Group study estimated annual average cost per child supported to be US$631.

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| | | MOET makes accommodation for 10 OVC/year in vocational schools | supports OVC registration with MOLGC<br><br>World Food Program provides nutrition support for under-nourished OVCs | |

| Goal III. The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training and quality improvement) by 2014[20] | | | | |
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| Objectives | Commitments | | | Envisioned Steps to develop PFIP |
| | PEPFAR Expected Contributions | GOL Expected Commitments | Anticipated Support of Other Partners | |
| 3.1. 40 percent of HIV and AIDS service delivery staff (including volunteers) have been retained for at least three years | Provide technical assistance based on lessons learned from other PEPFAR countries<br><br>Assist MOHSW to carry out the retention strategy<br><br>Assist in training managers at district level to manage HIV and AIDS services delivery staff including community based care givers including CBCGs, e.g. village health workers, lay counselors, and support groups staff ; and CBOs | MOPS, MPHSW, MOLGC and MOFDP form TWG to address human resource challenges in the health and social welfare sector and report to their respective PSs<br><br>MOHSW continues to finalize its HR retention policy (in draft); keeps the establishment list up-to date and encourage passage by MOPS<br><br>NAC advocates, facilitates and supports capacity building programs<br><br>MOLGC and MOHSW to collaborate more closely on identifying needs to train staff at district and local government level; roll out to other districts the model of collaboration between MOLGC and MOHSW<br><br>LDF has developed post-training binding contracts and implemented an allowance system | GFATM (R 5,8) provides salary top-ups to HIV and AIDS workers<br><br>MCC/MCA assists MOHSW to develop a continuing education and staff retention strategies; improve lodging and working conditions for HC staff; provide training and lodging for NHTC students; develops and implements infection control procedures in renovated facilities<br><br>LENEPWHA supports group workers enrolled as village health workers; participates in retention for volunteers<br><br>MCC/MCA improves working conditions at Health Clinics and Outpatient departments through infrastructure improvements | MOPS finalizes public sector resource needs assessment<br><br>MOHSW and MLGC share roadmap for decentralization with stakeholders |
| 3.2. An increased proportion of HIV and AIDS service providers are trained in relevant technical skills[21] | Develops and conducts in-service technical training<br><br>Assists in the development of | MOHSW trainers on HTC as part of HIV and AIDS pre-service training; develops HTC pre-service curriculum; Develops training strategy for HIV and AIDS | CHAL revises curricula as needed at its training institutions<br><br>MCC/MCA supports | MOHSW finalizes and releases training needs assessment to inform baseline |

[20] Measurements tools in quality and quantity improvements will be used to note differences in capacity of service delivery
[21] MOHSW is developing a database for assessing staffing and staffing needs which will help in determining baseline and targets

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| | curricula for pre-service institutions<br><br>Supports Christian Health Association of Lesotho (CHAL) training institutions<br><br>Supports National Health Training College to enroll and train auxiliary social workers | MOET and MOHSW revise curricula as needed at national training institutions<br><br>MOFA facilitates issuance of documents for experts coming to Lesotho on PEPFAR activities; facilitates training of Basotho in HIV/ Aids programs and activities held abroad<br><br>MOPS to approve new auxiliary social worker cadre for MOHSW; To streamline hiring process and placement of health service providers | development of continuing education strategy<br><br>ADB and MCC/MCA support infrastructure development for the National Health Training College<br><br>GFATM (R 5,8) supports caregivers at community level | |
| 3.3. The efficiency and effectiveness of the health service delivery systems to provide high quality work for all cadres is improved as defined by meeting following benchmarks—Instituting career ladders, implementing task shifting; implementing posting and deployment policy, implementing supervision of all staff | Provide technical assistance in development of task-shifting, HR development, and posting policies based on lessons learned from other PEPFAR countries | MOHSW develops and adopts task-shifting, HR development, and posting policies in conjunction with relevant Ministries;<br>keeps the establishment list up-to date and encourage passage by MOPS | UN and Irish Aid support improvements in the health system<br><br>MCC/MCA support the decentralized management at district and facilities level | MOHSW conducts needs assessment across districts to determine gaps in HIV and AIDS service provision |

| **Goal IV. Health systems are strengthened in 4 key areas (HMIS, lab systems, organizational capacity, and supply chain) to support the prevention, care, treatment and support goals by 2014** | | | | |
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| Objectives | Commitments | | | Steps to develop PFIP |
| | PEPFAR Expected Contributions | GOL Expected Commitments | Support of Other Partners | |
| 4.1. An integrated HMIS that encompasses vital registration, all diseases, service delivery, human and financial resource data is developed and functional | Assist in building M&E and HMIS capacity at district and community level<br><br>Support development of platforms systems for collection of all relevant data, including review and revision of current data collection forms<br><br>Contribute technical assistance and funding to population-based surveys, surveillance needed to measure impact and outcome level results of the PF | NAC coordinates reporting and collection of HIV and AIDS data with support of relevant ministries<br><br>All ministries commit to feed information to the HMIS and simultaneously to NAC until the national system is built<br><br>MOHSW to establish/revive HMIS TWG including development partners and all stakeholders to discuss all issues including revising all data collection forms at health facilities to capture key information; TWG defines core national indicators and provides assistance to health centers<br><br>MOC to expand ICT infrastructure country wide by 2010 - 2011<br><br>MOLGC and MOHSW to collaborate more closely on identifying training needs for staff at district and local government levels; roll out to other districts the model of collaboration between MOLGC and MOHSW | MCC/MCA provides TA to MOHSW and DHMTs; develops a proposal for a revised HMIS; establishes electronic medical records in districts hospitals; conducts nationwide capacity-building.<br><br>WB support decentralization of data management to district level<br><br>Irish Aid and GFATM support equipment and training in data management<br><br>Clinton Foundation supports data clerks for all health centers to improve data management | NAC/MOHSW convenes HMIS TWG to take place to map out all development partners contributions and identify gaps |

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| 4.2. The Laboratory System is able to effectively provide quality services to 100 percent of clinical sites | Provide TA in laboratory management, HIV rapid testing, TB diagnosis, MDR TB diagnosis, early infant diagnosis and related HIV services<br><br>Assist in laboratory curriculum development and provide instructions for tutors at National Health Training College (NHTC), provide mentoring as training rolls out | MOHSW develops laboratory implementation plan; Establishes TWG of laboratory stakeholders and holds regular meetings to improve laboratory services; Works with National Health Teachers College to establish new laboratory curriculum and to encourage intake of new learners and find opportunities for postings | GFATM (R 6,8) to provide TB/HIV equipment<br><br>MCC/MCA to construct the National Reference Lab<br><br>WHO assists with policy development<br><br>Partners In Health (PIH) provides TB culture and sensitivity services<br><br>Clinton Foundation will assist with Laboratory mentoring | MOHSW to review National Laboratory Strategic Plan to map out stakeholder contributions<br><br>PEPFAR to assist implementing partners to review laboratory systems and make recommendations |
| 4.3. The organizational capacity of civil society organizations (CSOs) is strengthened to improve the provision of quality HIV and AIDS services | Provide TA support to LCN and support the strengthening of up to 5 CSOs as umbrella organizations<br><br>Assist CSOs to develop advocacy skills to lobby for quality, wide-spread un-based services for people infected and affected by HIV and AIDS | NAC continues to facilitate support for civil society organizations on capacity building issues<br><br>MOHSW supports CSOs e.g. appoint them to serve on relevant TWGs.<br><br>MOGYSR establishes a national youth council in accord with 2008 Act | LENEPWHA creates linkages at community structures so that decentralized services succeed; participate in creating linkages with community structures in decentralizing of services<br><br>LCN use GFATM (R8) funds to strengthen civil society, and respond to non-clinical HIV and AIDS services; continues to coordinate CSO's working in HIV and AIDS and align with Partnership Framework and NSP goals; LCN and MOLGC, through WB, scale up the strengthening of CBOs at the community level<br><br>LBC provides training in finance and management for GOL/NGOs. | LCN to convene a meeting of CSOs to explore areas of need and how to move forward |
| 4.4. A functional and effective national health supply chain management system is in place (by 2012) | PEPFAR and implementing partners to participate in MOHSW TWG to improve quality of supply-chain<br><br>Support gaps in supply-chain through TA and direct support to MOHSW as needed<br><br>Provide needed pre-service and in-service training of | MOHSW ensures staff in Pharmaceutical Department are trained in forecasting and procurement and support innovative activities to improve the total supply chain management system | All PEPFAR partners and non-PEPFAR partners (Clinton Foundation, PIH, etc) in supply chain will participate in the national TWG, identify gaps and coordinate activities | MOHSW to convene meeting of all partners working in supply chain to identify gaps and map out implementation plan to improve SCM |

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| | pharmacy staff to improve supply chain management | | | |
| 4.5 A functional health finance system is in place that provides effective management of GOL and donor financing. | PEPFAR will provide technical assistance upon request from GOL. | GOL Ministries continue to implement the IFMIS system. | EC and DFID continue to provide support to the IFMIS system as it is rolled out. | Updates on IFMIS roll-out to be provided to Partnership Framework Management Team. |

**Cross-cutting Commitments:**

1. Ministry of Foreign Affairs and International Relations (MOFA) commits to:
   (1) Mobilize additional international assistance to pursue programs supporting the GOL national HIV/AIDS response.
   (2) Mobilize support and commitment from key stakeholders for Partnership Framework programs and activities.
   (3) Arrange meetings for PEPFAR staff with senior Lesotho health care and other officials to facilitate effective implementation of the Partnership Framework
   (4) Act as a liaison between PEPFAR-Lesotho and other PEPFAR-supported countries.
2. The Office of the Prime Minister plans to provide high level oversight and arrange for presentations to the Cabinet Forum.

## 4. Development of Partnership Framework Implementation Plan (PFIP)

Success of the Lesotho Partnership Framework is dependent on a clearly articulated Implementation Plan which lays out activities, commitments, indicators, and targets for all participants in the Partnership Framework. The Partnership Framework Management Team plans to develop an Implementation Plan over the course of the next few months, through a consultative process with Ministries, NAC, implementing partners, PLWHA, development partners, NGOs and all other stakeholders. Partnership Framework sub-committees, to be established according to the four general goals, are intended to monitor initiation and progress of the activities and report back to the full Partnership Framework Management Team at regular intervals. Four principles should guide this process:

- Commitment to joint planning of activities by all stakeholders in a consultative manner to achieve the overall goals of the Partnership Framework.
- Commitment by the GOL and other participants to promote the types of policies and guidelines to sustain joint investments.
- GOL Technical Working Groups, informed by current studies and surveys, should provide technical inputs to identify current needs and strategic activities.
- Input and monitoring from the Partnership Framework Management Team at all stages in the development of the Partnership Framework Implementation Plan.

The envisioned timeline and activities for the development of the Partnership Framework Implementation Plan is as follows:

**July 30**

- Lesotho Partnership Framework Document approved

**July 1-Sept. 1**

- Conduct consultations on proposed program activities
- MOHSW to complete training database on ministry staff
- Begin conducting needed assessments and analysis noted in the tables above
- Re-energize TWGs to review and finalize issues in technical areas
- PEPFAR to finalize new procurements and continuing agreements
- GOL and other stakeholders to release documents and assessments as noted in Partnership Framework commitment tables (pages 14-20).

**Aug 16- Oct 1**

- Conduct consultations on indicators; align PEPFAR and NSP indicators
- Set targets and benchmarks
- PFMT collaborates with PEPFAR in preparation of annual Country Operational Plan (COP) 2010

**October 15**

- Lesotho Partnership Framework Implementation Plan submitted

- COP 2010 submitted

## 5. Management and Communication

As noted in Section 1.5 above, a Partnership Framework Management Team was formed to provide over-all support to the development, implementation and monitoring of the Partnership Framework. This was deemed necessary because no existing structure was identified which would prioritize the development, implementation and monitoring of the Partnership Framework. The Office of the Prime Minister, under the direction of the Deputy Prime Minister, decided that the importance of the Partnership Framework was sufficiently critical to establish the Partnership Framework Management Team which would ultimately report directly to the Deputy Prime Minister and the Prime Minister.

The Partnership Framework Management Team provides oversight and guidance in the elaboration of specific activities in the Partnership Framework Implementation Plan and in monitoring of the implementation itself. Sub-committees may be appointed to work in more depth on various aspects of the Partnership Framework as defined during the next five years. To date, a drafting sub-committee, made up of MOHSW, MOFA, MOGYSR, OPM and LENEPWHA has assisted in the drafting and editing components of the narrative. Existing national technical working groups are intended to be a source of guidance on technical program design and implementation issues.

High level review by the Office of the Prime Minister, with periodic presentations at the Cabinet Forum, is intended to ensure the Partnership Framework reaches its benchmarks and goals. Annual reviews at mid- and end-of-year are planned to identify needed adjustments to activities, and progress on implementation should be disseminated through a consultative meeting with all stakeholders. The Partnership Framework Management Team plans to hold a mid-point review at the end of 2011 which will correspond with the final review of the NAC's National Strategic Plan and the development of the next National Strategic Plan, allowing for mid-course corrections and modifications to the Partnership Framework. Any lessons learned and ways forward from the NSP can be incorporated into the second half of the Partnership Framework.

## 6. Modifications

This Partnership Framework may be modified at any time by the mutual consent of the participants in writing. Membership in the Management Team may be altered, in accordance with the Terms of Reference for the Partnership Framework Management Team.

**7. Signatures**

Signed this 20th day of August, 2009, in duplicate.

Robert B. Nolan — 8/20/2009

The Honorable Robert B. Nolan
US Ambassador to Lesotho
The United States of America

Date

The Honorable Lesaó Lehohla
Deputy Prime Minister
Government of the Kingdom of Lesotho

Date