

## **Summary of the HIV/AIDS Partnership Framework with the Government of the Kingdom of Lesotho**

On August 20, 2009, Robert B. Nolan, US Ambassador to Lesotho, and Lesao Lehohla, Deputy Prime Minister of the Government of the Kingdom of Lesotho (GOL), signed a Partnership Framework to Support Implementation of the Lesotho National HIV and AIDS Response (PF). Under the Lesotho PF, the U.S. Government (USG) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the GOL intend 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. This PF is the fourth of its kind (after Malawi, Swaziland, and Angola) established between the USG and a partner government.

The signing of this PF represents the strengthening of the dialogue and coordination between the USG and the GOL that began in 2006. The Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act provides for the USG to enter into PFs with partner governments as a means of strengthening collaboration to promote national ownership of sustainable HIV programs. The PF anticipates an increase in USG support to Lesotho, pending available resources from annual appropriations, in the context of a strengthened partnership between the two nations. The PF provides a five-year joint strategic framework focused on service delivery, HIV/AIDS policy reform, and shared financial and/or in-kind commitments. The PEPFAR team in Lesotho is now working with the GOL to develop a more detailed five-year PF Implementation Plan, with annual benchmarks for progress against the Framework and a matrix detailing partner inputs to the PF objectives.

### **Lesotho's Partnership Framework**

With HIV prevalence estimated at 23.2 percent, Lesotho has a critical need for comprehensive, evidence-based prevention interventions to slow the rapid progress of HIV throughout Basotho society. A key driver of sustained transmission is multiple concurrent partnerships. Secondary sexual relationships are widely recognized as a common practice and occur for many reasons, e.g. migration, discontent in relationships, and lack of alternatives due to poverty, resulting in transactional and intergenerational sex. With this prevalence and approximately 110,000 children orphaned or left vulnerable due to HIV/AIDS, Lesotho faces a daunting prevention, care, support, and treatment challenge.

Due in large part to the HIV epidemic, TB incidence in Lesotho is one of the highest in the world (696 TB patients per 100,000) and Lesotho has an emerging problem with multiple drug resistant TB strains. In addition, the Lesotho health and social welfare system is facing a severe human resource crisis, which compromises its ability to address the HIV/AIDS epidemic in Lesotho.

The PF forms a roadmap for improved collaboration and increased alignment of the PEPFAR program with the Lesotho HIV/AIDS response. Under the PF during the period from 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 PF, with support from PEPFAR funds, is intended to support both direct service delivery and technical assistance to the GOL, and to support the GOL in building a concerted program to address the critical human resources crisis within the health system. An overall priority is to have established a more sustainable and responsive health and social welfare system for Lesotho at the end of five years.

Together, the governments identified priorities within the NSP which could be financially and technically supported under PEPFAR. The Partnership Framework outlines four ambitious goals which PEPFAR intends to support the GOL in pursuing by 2014:

Goal I: HIV incidence in Lesotho is reduced by 35 percent

Goal II: To reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV and AIDS

Goal III: The human resource capacity for HIV service delivery is improved and increased in 3 key areas (retention, training and quality improvement)

Goal IV: Health systems are strengthened in 4 key areas (Health Management Information Systems, laboratory, organizational capacity, and supply chain)

Under each goal, PEPFAR and the GOL jointly identified overarching national targets, specific program areas to be addressed, key policy reforms needed to achieve and sustain the stated goals, and five-year benchmarks to measure success. The document also lays out the expected areas of support by PEPFAR, the GOL, and other stakeholders.

This PF represents the fourth time that a partner government has formally committed under a Partnership Framework to HIV/AIDS policy reforms related to USG engagement. These bilateral commitments, while not legally binding, will create a policy environment that supports and sustains USG investments, as well as the long-term success of Lesotho's efforts to fight HIV/AIDS.

Finally, the PF delineates the roles and responsibilities of each stakeholder and the methods by which the partners are to oversee the implementation of the PF. The PF was developed through a consultative process that relied on existing structures in Lesotho, including 12 Ministries and Agencies of the GOL as well as stakeholders from the Lesotho Network of People Living with HIV and AIDS, the Lesotho Council of NGOs, and the Lesotho Business Council, to establish shared priorities and vision. The PF is designed to work within these structures to ensure oversight, accountability and achievement of established objectives. These structures further provide a platform for aligning and harmonizing PEPFAR activities with those of the GOL and other development partners.