

Partners In Health Lesotho (PIHL) began working in Lesotho in 2006 at the invitation of the Ministry of Health (MOH) to support the national response to the HIV epidemic its rural hard to reach areas. Founded on the experience in Haiti and Rwanda, PIHL realized that the HIV epidemic could not be addressed without strengthening the whole primary health care (PHC) system and providing consistent access to clinical care to meet the burden of disease. Consequently, HIV care and treatment was integrated into general PHC services including maternal health care, TB case finding and treatment, NCDs and other inpatient and outpatient services in seven rural health centers in highlands serving a population of 120,000 people. PIHL renovated and equipped health facilities and developed systems to ensure better program monitoring and consistent quality of care. Furthermore, by implementing a comprehensive PHC program (fusing training, direct health service delivery and research) and leveraging its expansive network of more than 1,000 village health workers, dozens of nurses, physicians and support staff, PIHL has been able to significantly improve health outcomes in the rural hard to reach areas.

In 2007, PIHL supported the MOH to establish a Multi Drug Resistant Tuberculosis (MDR-TB) program. PIHL has renovated an old leprosy hospital and equipped it to be a national referral hospital for MDR TB/XDR TB hospital. Since then, PIHL has also been providing treatment and care for MDR TB/XDR patients. across the country. Stable patients are being followed up by the PIHL team at the community, while critical patients are admitted in the MDR-TB hospital for close monitoring and inpatient care. Furthermore, PIHL is conducting research on new DR-TB regimens. Each year, PIHL is enrolling over 200 DR TB patients on treatment, providing treatment and social support to all patients. Because of the PIHL holistic approach, the treatment success rate in 2020 was 77%, a rate that is way above the global average of 57% according to the WHO report.

Based on the success in the rural health initiative program, PIHL was again asked to provide technical and financial support to the Ministry of health's national health reform program. This began in 2014 in four districts: Butha-Buthe, Leribe, Berea, and Mohale's Hoek. The support focused on developing a set of benchmarks to achieve UHC in HIV, TB and maternal and childcare and then assuring that communities, clinics and districts were supported to achieve these goals. The health reform seeks to build health system resilience and sustainability through empowering District Health Management Teams (DHMTs) through decentralized funding and decision-making, instituting the PIHL accompaniment model using the village health worker model to increase service coverage, reinforce health center capacity to provide high quality primary health care, strengthen supply chain management, monitoring and evaluation, and capacity building through ongoing mentorship. Through this health reform, referral systems for pregnant mothers and supportive supervision of VHWs and health centers were improved. The reform has demonstrated significant success with regards to service delivery and health outcomes. Some of the success of health reform includes 85% increment in antenatal visits, 15-fold increment in facility-based deliveries, and 2.9-fold increment of children under one fully immunized.