

## ANNEX A to the PROGRAM GRANT AGREEMENT

### Program Implementation Description

<b>Country:</b>	Kingdom of Lesotho
<b>Program Title:</b>	Reducing Morbidity and Mortality due to TB by Community Involvement in TB Control
<b>Grant Number:</b>	LSO-607-G04-T
<b>Disease:</b>	Tuberculosis
<b>Principal Recipient:</b>	Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho

Capitalized terms and acronyms used but not defined in this Annex A or the attachments to this Annex A have the meaning given to them in the Standard Terms and Conditions of this Agreement.

In the event of any conflict between the terms of this Annex A and any provision of the Standard Terms and Conditions of this Agreement, the terms of this Annex A shall prevail.

#### A. PROGRAM DESCRIPTION

##### 1. Background and Summary:

According to the TB World Report 2007, Lesotho has the world's second highest incidence of tuberculosis (TB) at 696 cases per 100,000 people, and the world's third highest prevalence of HIV in incident adult cases of TB, estimated at 64% in 2005. The goal of this Program is to reduce the morbidity and mortality due to TB in line with the Millennium Development Goals and global TB control targets by empowering people with TB and communities to raise public awareness about TB and to provide care and support to TB and TB/HIV patients through coordinated advocacy, communication and social mobilization.

The Program seeks to scale up prevention, treatment, care and support interventions on TB and TB/HIV in communities by strengthening the capacity of health care delivery services at all levels through advocating for more staff and trainings of professional and community health care providers. The impact of these interventions would be to increase treatment success and to reduce mortality among TB patients during treatment.

The Program's first objective is to empower people with TB and communities through advocacy, communication and social mobilization, and to provide treatment, care and support to TB patients. This objective seeks to build on existing community-based care systems: (a) to improve timely detection and quality treatment of identified TB cases; (b) to strengthen laboratory services to enable culture and drug susceptibility testing at regional level; and (c) to improve access to TB diagnosis by increasing the number of facilities capable of offering microscopy. These activities build on those initiated with support from the Global Fund grants for TB in Round 2 (LSO-202-G02-T-00) and for HIV/AIDS in Round 5 (LSO-506-G03-H), particularly the strengthening of the central laboratory capacity and community-based care of TB and HIV/AIDS.

The second objective addresses the intersecting TB/HIV epidemics by enhancing the implementation of TB/HIV collaborative activities at central, district and community level, and complementing the interventions proposed in the Global Fund HIV/AIDS grants. Activities proposed to meet this objective will cover programmatic and financial gaps in the provision of collaborative TB/HIV care and support services at all levels. These activities include enhancing the central level TB/HIV coordination body, establishing similar bodies at district and community levels, implementing measures to reduce HIV transmission among TB patients, preventing opportunistic infections in HIV-positive TB patients, and improving the referrals of patients between HIV/AIDS and TB care services. The aim is to ensure that all HIV-positive TB patients receive quality HIV care and support services, including antiretroviral therapy if necessary. A key aspect to achieving this objective is the strengthening of planning, training, supervision, monitoring and evaluation of community-based TB and TB/HIV care activities by the national disease control programs and all partners providing similar services at community level.

Many of the people with HIV/AIDS and TB dual infection are already receiving treatment, care and support for the diseases in Lesotho, often from a wide array of care providers, although coordination of these efforts remains inadequate. Based on current trends of notifications, it is estimated that there are currently 5,300 TB patients who each year could benefit from community-based TB care. Each year, there are at least 1,000 HIV-positive TB patients who could meet the criteria for Anti-Retroviral Treatment (ART), either before, during or after TB treatment, yet only a negligible number are on ART. These people are the main beneficiaries of this Program. Improved treatment outcomes, especially treatment success rate and decreased mortality are the expected benefits. Community empowerment is likely to increase the demand for quality health services, stimulate health behavior and more active participation in disease control efforts. Improved collaboration in providing a range of TB and HIV/AIDS prevention, treatment, care and support at community level will further strengthen the general health services.

2. **Goal:**

To reduce the morbidity and mortality due to TB in Lesotho.

3. **Target Group/Beneficiaries:**

- TB patients;
- Communities affected by TB;
- HIV-positive patients;
- Women; and
- Children and people living in rural areas.

4. **Strategies:**

- To empower people with TB and communities through advocacy, communication and social mobilization;
- To provide treatment, care and support to TB patients through community level activities; and
- To address the intersecting TB/HIV epidemics through implementing TB/HIV collaborative at community level.

5. **Planned Activities:**

Objective 1: To empower people with TB and communities to provide treatment, care and support to TB patients

- Involve communities in TB care and support;
- Strengthen Health Education Division capacity to spearhead TB Advocacy, Communication and Social Mobilization (ACSM) activities;
- Advocacy, Communication and Social Mobilization (ACSM) activities on TB and community involvement;
- Provide training for community involvement;
- Empower the communities through education of its members on TB-related issues;
- Delivery of TB services to vulnerable populations;
- Improve referrals of TB suspects by communities to TB centers;
- Establish and/or upgrade infrastructure for laboratory services;
- Establish and implement HR development scheme for laboratory personnel; and
- Support operational research.

Objective 2: To address TB/HIV collaborative activities

- Establish coordinating mechanisms (districts, communities);
- Provide HIV testing and counseling to all TB patients;
- Introduce HIV prevention methods in TB clinics;
- Introduce cotrimoxazole preventing therapy;
- Ensure HIV/AIDS care and support; and
- Coordinate TB and HIV therapy.

**B. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT**

1. By no later than 31 March 2010, the Principal Recipient shall provide to the Global Fund a report, in form and substance satisfactory to the Global Fund, setting out the remedial actions which have been completed by the Principal Recipient to overcome technical problems in operating the Principal Recipient's electronic TB register.
2. By no later than 31 December 2009, the Principal Recipient shall provide to the Global Fund a report, in form and substance satisfactory to the Global Fund, which confirms that the Principal Recipient has satisfactorily carried out remedial actions taken to address the Principal Recipient's financial management capacities and other issues raised in the Ministry of Health's audit report for the year 2007/2008.

**C. FORMS APPLICABLE TO THIS AGREEMENT**

For the purposes of Article 15b(i) of the Standard Terms and Conditions of this Agreement entitled "Periodic Reports," the Principal Recipient shall use the "On-going Progress Update and Disbursement Request", available from the Global Fund upon request.

**D. ANTICIPATED DISBURSEMENT SCHEDULE**

For the purposes of Article 10a of the Standard Terms and Conditions of this Agreement, the anticipated disbursement schedule for the Program shall be quarterly starting from Phase 1 Starting Date.