Evaluating the Effectiveness of HIV/AIDS Interventions in Lesotho

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Evaluating the Effectiveness of HIV/AIDS Interventions in Lesotho

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MPH 683: Integrated Learning Experience (ILEX)

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Abstract

Lesotho faces a severe HIV/AIDS epidemic, with one of the highest prevalence rates globally, impacting its public health, economy, and society. Despite numerous efforts, the country continues to struggle with persistently high infection rates, highlighting the need to thoroughly evaluate current interventions. This review examines the effectiveness of various HIV/AIDS interventions in Lesotho, focusing on multi-level strategies within the Social Ecological Model. The paper synthesizes literature from 2013 to 2023, concentrating on antiretroviral therapy (ART) coverage, community initiatives, and efforts targeting high-risk groups. Key strategies involve expanding ART coverage, strengthening community-based healthcare through community health workers (CHWs), and enhancing initiatives like the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program and Prevention of Mother-to-Child Transmission (PMTCT) programs. This review employs the Social Ecological Model to emphasize the importance of multi-level interventions that address sociocultural, economic, and healthcare system challenges. Policymakers and healthcare authorities must implement these recommendations to advance public health and effectively combat the HIV/AIDS epidemic in Lesotho.

Keywords: HIV/AIDS interventions, Lesotho, ART coverage, DREAMS initiative, CHWs, community-based interventions, PMTCT programs, Social Ecological Model, public health, high-risk groups, literature review.
Introduction

Lesotho, also known as “The Kingdom in the Sky,” is a small, landlocked country surrounded by South Africa. It is known for its mountainous terrain, with the entire country lying at an elevation of over 1,000 meters (3,280 feet) above sea level (Geography of Lesotho, n.d.). The nation of Lesotho faces significant socio-economic health disparities, one of the most pressing being the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic (Guy & Legum, 2019).

HIV is a virus that attacks the body's immune system, specifically the CD4 cells (T-cells), which are crucial for fighting infections. If left untreated, HIV reduces the number of these cells, making the individual more vulnerable to infections and certain cancers. AIDS is the final stage of HIV infection, characterized by a severely compromised immune system and the occurrence of opportunistic infections which can lead to cancer and death (Mayo Clinic, 2022; World Health Organization, 2023). HIV is primarily transmitted through unprotected sexual contact, sharing needles, and from mother to child during childbirth or breastfeeding (Mayo Clinic, 2022). The epidemic mainly spreads through heterosexual contact and mother-to-child transmission. The high prevalence has dire public health implications, including increased morbidity and mortality, substantial economic burdens, and significant social disruption (Schwitters et al., 2022).

Lesotho is grappling with a severe HIV/AIDS epidemic, with approximately 19.3% of adults aged 15-49 living with HIV, making it one of the highest prevalence rates globally (CDC, 2024). This staggering prevalence rate has remained alarmingly high over the past decade, underlining a persistent public health crisis. The trend indicates a minimal decline in prevalence
despite significant efforts and resources allocated to combat the epidemic. In 2004, the prevalence rate was about 23.5%, showing only a slight reduction to 19.3% by 2022, which highlights the urgent need for more effective interventions and sustained efforts to tackle the epidemic's root causes and consequences (LDHS, 2004; UNAIDS, 2022).

Comparatively, neighboring countries like South Africa and Zimbabwe have made more substantial progress in reducing their HIV prevalence rates over the same period, suggesting that lessons can be learned from their strategies and implemented in Lesotho (Stangl & Grossman, 2013). For instance, South Africa's prevalence rate dropped from 22.3% in 2004 to 19.0% in 2019, showcasing the impact of robust healthcare policies and widespread access to antiretroviral therapy (ART) (Burger et al., 2022). Meanwhile, Lesotho's HIV/AIDS crisis mirrors the severity seen in countries like Eswatini, which has the highest HIV prevalence rate at 26.8% (UNAIDS, 2022). Effective interventions are important to mitigate these impacts, improve health outcomes, and enhance the quality of life for individuals in Lesotho (Teasdale et al., 2022). Implementing comprehensive strategies, including increasing access to ART, promoting HIV prevention education, and addressing socio-economic barriers to healthcare, is essential for reducing the epidemic's burden and moving towards a healthier future for Lesotho's population.

The HIV/AIDS epidemic continues to have a significant impact on the nation's health and economy (Teasdale et al., 2022). The epidemic contributes to a high burden of disease, impacting life expectancy and quality of life, with a reduction in life expectancy to around 54 years (Coburn et al., 2013). Economically, the epidemic strains healthcare resources, costing approximately $2.5 million annually for antiretroviral therapy and causing a 2.3% reduction in GDP due to decreased labor and workforce productivity (Nagenda & Crowley, 2022). The
epidemic also exacerbates poverty, as affected households spend up to 20% more on healthcare, and it has left over 100,000 children orphaned, further straining social and economic systems (Ministry of Health [Lesotho] & ICF International, 2016). The relationship between poverty and HIV/AIDS is bidirectional. Poorer communities are more susceptible to contracting the disease due to factors such as limited access to healthcare and prevention services, and the economic necessity to engage in high-risk behaviors. This creates a vicious cycle where poverty increases the risk of HIV infection, and HIV infection further deepens poverty.

This literature review focuses on adults aged 15-49, with particular attention to high-risk groups such as adolescent girls, young women, and sex workers. In Lesotho, women are disproportionately affected by HIV/AIDS, with a prevalence rate of 27.4% among females aged 15-49 compared to 15.7% among males (Moazzami et al., 2020). Young women (aged 15-24) are vulnerable to infection rates, more than three times higher than their male counterparts, driven by socioeconomic disparities, limited access to healthcare, and social stigma. Additionally, approximately 15% of young women are living with HIV, highlighting these risks (Ministry of Health [Lesotho] & ICF International, 2016). Utilizing a Social Ecological Model provides a comprehensive framework for understanding the multi-level interventions necessary to address HIV/AIDS effectively, and considers the interplay between individual, interpersonal, community, and societal factors.

National policies and international guidelines are pivotal in shaping effective HIV prevention and treatment strategies. The application of internationally recognized standards ensures that these strategies are consistent, high-quality, and adaptable to local contexts, facilitating the expansion of access to ART and the implementation of policies to reduce stigma.
and discrimination (Amstutz et al., 2021; WHO, 2021). Community mobilization and education campaigns, often involving local leaders and peer educators, are dependent on increasing awareness, promoting safer behaviors, and enhancing community engagement and trust, which helps to reduce stigma and encourage health-seeking behaviors (Carrasco et al., 2020). Interventions at the interpersonal level, such as couple-based counseling and peer support groups, focus on enhancing communication and support within families and peer groups, thereby encouraging testing, adherence to treatment, and safer sexual practices (Amstutz et al., 2020; UNAIDS, 2022). Individual-focused interventions target behavior change through education, counseling, and the provision of preventive measures like condoms and pre-exposure prophylaxis (PrEP), empowering individuals with the resources needed to protect themselves from HIV (Moazzami et al., 2019). By integrating international standards and guidelines into national HIV strategies, these interventions ensure comprehensive, equitable, and responsive approaches to the evolving dynamics of the epidemic, thereby maintaining a high standard of care and effectively addressing the specific needs of diverse populations (UNAIDS, 2022; WHO, 2023).

Despite numerous interventions, gaps remain in understanding the long-term effectiveness and sustainability of these efforts. There is limited research on the integration of multiple intervention types and their combined impact on HIV prevention and treatment. Additionally, more studies are needed to explore interventions tailored to specific high-risk groups within Lesotho's diverse population (Schwitters et al., 2022). This review aims to synthesize the existing literature on HIV interventions in Lesotho, evaluate their effectiveness, and identify areas where further research is needed. By doing so, it seeks to inform public health policy and program implementation, ultimately contributing to more effective strategies for
controlling the HIV epidemic in Lesotho (Teasdale et al., 2022). Addressing the HIV/AIDS epidemic in Lesotho requires a multi-faceted approach encompassing policy changes, community engagement, interpersonal support, and individual empowerment.

Methods

Research Strategy

This literature review assesses the effectiveness of HIV intervention strategies in Lesotho, synthesizing data from recent studies and reports. I conducted a comprehensive literature review using multiple databases to identify relevant knowledge on HIV incidence, prevalence, and intervention outcomes.

Target Population

The review focuses on the general population of Lesotho, particularly adults aged 15-49, with an emphasis on high-risk groups such as adolescent girls, young women, and individuals from rural communities. These groups are significantly affected by HIV, necessitating targeted interventions. I explore multiple interventions, including ART, community mobilization, educational campaigns, and access to preventive measures like condoms and PrEP (Moazzami et al., 2019). I compare the efficacy of these interventions with standard care (i.e., routine HIV management practices such as regular ART administration without additional community or educational interventions). I measure efficacy by looking at reduction in HIV incidence and prevalence, improved adherence to treatment, and a decrease in HIV-related morbidity and
mortality over a specified period of one to five years. This timeline allows for the assessment of both short-term and long-term impacts of the interventions on the targeted population.

**Keywords**

Search keywords included: HIV/AIDS interventions, Lesotho, ART coverage, community health workers, DREAMS initiative, PMTCT programs, and HIV prevalence. Given the limited research available, the review compiles both scholarly articles and local resources to examine characteristics, trends, and resources available for the target population. Academic and governmental resources, such as peer-reviewed journal articles and reports from international health organizations, provide rigorous and evidence-based insights. These resources are clearly characterized from other sources, such as local reports and community-based studies, to ensure a comprehensive analysis that integrates both formal and informal perspectives on the HIV epidemic in Lesotho.

**Databases**

I utilize multiple databases, including PubMed, Google Scholar, and the DHS Program database. Furthermore, I incorporate reports from international organizations like UNAIDS and WHO. The search is limited to publications in English from the years 2013 to 2023.

**Inclusion and Exclusion Criteria**

The review includes studies and reports published between 2013 and 2023 that focus on HIV interventions in Lesotho. Specifically, it considers research addressing ART coverage, community health initiatives, and targeted programs for high-risk groups. Studies or reports must
be in English and directly relate to the effectiveness of these interventions within Lesotho. Studies focusing on regions outside of Lesotho, non-English publications, and those not addressing the effectiveness of HIV interventions are excluded from the review.

Results

HIV Prevalence and Intervention Impact

Lesotho faces a significant public health challenge with one of the highest HIV prevalence rates globally, affecting various demographic groups disproportionately (UNAIDS, 2022). The country has implemented numerous interventions, policies, and community-based initiatives aimed at curbing the epidemic and improving health outcomes for people living with HIV (PLHIV) (Bekker et al., 2018; United Nations Population Fund (UNFPA) East and Southern Africa, 2022). This section reviews the literature on key interventions and their impacts, including ART coverage (Tippett et al., 2021), the DREAMS initiative (PEPFAR, 2019), community-based health efforts through CHWs (Sharma et al., 2015), PMTCT programs (Bekker et al., 2018), and policy enhancements (Clark et al., 2019).

ART Coverage and HIV Suppression

Lesotho has made substantial progress in expanding ART coverage, significantly advancing towards the UNAIDS 95-95-95 targets, which aim for 95% of all people living with HIV to know their status, 95% of diagnosed individuals to receive sustained ART, and 95% of those on ART to achieve viral suppression by 2025 (UNAIDS, 2022). As of 2019, Lesotho reported an ART coverage of over 80%, a notable increase from previous years, contributing to
higher rates of viral suppression among PLHIV (Bekker et al., 2018). Studies have shown that effective ART reduces the viral load to undetectable levels, thereby decreasing the likelihood of HIV transmission and improving the health and longevity of those affected (Cohen et al., 2013).

However, challenges remain, particularly in ensuring consistent drug supply and adherence, especially in remote areas (Baryakova et al., 2023). Efforts to decentralize ART services and integrate them into primary healthcare have proven effective in improving access and adherence (Ndoro et al., 2022). These strategies are important in maintaining the gains achieved in ART coverage and in moving closer to the goal of ending the AIDS epidemic by 2030 (UNAIDS, 2022).

**DREAMS Initiative**

The DREAMS initiative has been pivotal in addressing the high rates of HIV infection among adolescent girls and young women in Lesotho, a group significantly at risk due to socioeconomic vulnerabilities and gender disparities (USAID, 2020). The initiative’s multi-faceted approach combines educational support, economic empowerment, health services, and community mobilization to tackle the complex factors driving HIV risk (PEPFAR, 2019).

The implementation of DREAMS in Lesotho has resulted in a significant reduction in new HIV infections among this demographic. The comprehensive nature of the initiative, which includes interventions such as HIV testing and counseling, sexual and reproductive health services, and violence prevention, has been instrumental in empowering young women and reducing their vulnerability to HIV (USAID, 2020). A study by Saul et al. (2018) highlighted that participants in the DREAMS program had better knowledge about HIV prevention, higher
rates of HIV testing, and greater access to health services compared to non-participants. These outcomes deepen the importance of targeted interventions in addressing the unique needs of high-risk populations.

Community-Based Interventions

Community-based interventions have played a major role in enhancing access to HIV testing and treatment services, particularly in rural and hard-to-reach areas of Lesotho. Programs involving CHWs and home-based HIV testing have been effective in increasing ART adherence and reducing stigma associated with HIV (Sharma et al., 2015). CHWs, who are often members of the communities they serve, provide a vital link between healthcare services and the community, offering education, support, and follow-up care that encourage individuals to engage with HIV services (Mukherjee & Eustache, 2013).

Research by Barnabas et al. (2018) demonstrated that community-based approaches significantly improved the uptake of HIV services, including testing and initiation of ART, particularly among men and other hard-to-reach groups. The study found that these interventions helped bridge the gap between healthcare facilities and communities, fostering trust and improving health outcomes. Additionally, community-based programs have been crucial in addressing gender dynamics and power imbalances that often limit women's access to HIV services (Dovel et al., 2020).
Prevention of Mother-to-Child Transmission (PMTCT)

PMTCT programs in Lesotho have achieved considerable success in reducing HIV transmission from mothers to their children during pregnancy, childbirth, and breastfeeding. These programs, which include routine HIV testing for pregnant women and immediate initiation of ART for those diagnosed with HIV, have led to significant reductions in mother-to-child transmission rates (Tippett et al., 2021). The adoption of the "Option B+" strategy, which provides lifelong ART to all HIV-positive pregnant and breastfeeding women, has been a key component of these efforts (UNAIDS, 2020).

A study by Maingi and colleagues (2022) reported that the implementation of Option B+ in Lesotho has resulted in high rates of maternal ART coverage and substantial reductions in vertical transmission of HIV. This approach not only benefits the mother and child but also has long-term positive effects on the health system by reducing the burden of pediatric HIV and improving maternal health outcomes. However, challenges such as ensuring sustained ART adherence and addressing socio-economic barriers remain critical to the ongoing success of PMTCT programs (Bekker et al., 2018).

More Robust Policy and Health Systems

National policies in Lesotho have focused on reducing stigma and discrimination, promoting human rights, and integrating HIV services into the broader healthcare system. These policies have been instrumental in creating a supportive environment for people living with HIV, encouraging them to seek testing and treatment without fear of social repercussions (WHO, 2017). The integration of HIV services into primary healthcare settings has facilitated a more
A holistic approach to healthcare, ensuring that individuals have access to a range of services, from HIV testing and treatment to counseling and support (Bulstra et al., 2021).

The policy framework in Lesotho has also emphasized the importance of community involvement and ownership in the response to HIV. Engaging local leaders and community members in the design and implementation of HIV programs has enhanced community engagement and trust, leading to more effective interventions and improved health outcomes (Clark et al., 2019). The focus on strengthening the health system through capacity building and resource allocation has been crucial in ensuring the sustainability and effectiveness of HIV interventions (UNAIDS, 2022).

**Challenges and Gaps**

Despite the progress in HIV interventions, Lesotho still faces several challenges and gaps in addressing the epidemic. Reaching marginalized populations, such as those in remote areas and key populations like sex workers and men who have sex with men, remains a significant challenge due to social stigma, discrimination, and logistical barriers (Stangl & Grossman, 2013). There is also a need for sustained efforts to ensure the long-term impact of interventions and to address the diverse needs of different population groups (Baral et al., 2019).

Research by Mukherjee and Eustache (2013) highlighted that while ART coverage has improved, issues such as drug stock outs, poor adherence, and inadequate follow-up continue to hinder the effectiveness of HIV programs. Furthermore, more research is needed to integrated intervention strategies that can address the multi-dimensional nature of the HIV epidemic and its associated challenges (Bateganya et al., 2015). Addressing these challenges requires a
coordinated approach that combines community-based interventions, policy reforms, and health system strengthening to achieve sustainable and equitable health outcomes for all population groups in Lesotho.

**Recommendations**

The literature review focuses on the need to enhance community-based HIV intervention strategies in Lesotho, emphasizing the pivotal role of CHWs. Extensive evidence highlights the effectiveness of CHWs in improving healthcare access and outcomes, particularly in resource-limited settings (Bekker et al., 2018; Sharma et al., 2015). Unlike traditional facility-based approaches, CHWs are uniquely positioned to reach remote and underserved populations, effectively bridging significant gaps in HIV care access and reducing health disparities.

Vested stakeholders might implement this recommendation through the creation of comprehensive training programs designed to equip CHWs with essential skills in HIV counseling, testing, adherence support, and linkage to care. Once trained, CHWs could be systematically integrated into existing healthcare systems, collaborating closely with clinics and hospitals to ensure coordinated and effective care delivery. More broadly, engaging local communities through outreach initiatives and health education sessions is crucial to increase awareness and acceptance of CHW services.

In order to assess the effectiveness of the above intervention, I also recommend the establishment of robust monitoring systems to track CHW performance, service delivery metrics, and patient outcomes. In doing so, stakeholders will monitor key outcomes, include HIV testing rates, linkage to care, ART adherence rates, and viral suppression among populations served by
CHWs. Broader community health indicators, such as changes in HIV incidence and prevalence rates over time, will also be evaluated to assess the long-term impact of these interventions.

As always, the implementation of this intervention relies on securing sustained realistic funding. Government allocations from the Lesotho Ministry of Health will be essential, advocating for increased budgetary support to fund CHW training, salaries, and program implementation. In addition, securing international grants from organizations such as UNAIDS, WHO, and PEPFAR will be critical, as these entities are dedicated to strengthening healthcare systems and supporting HIV/AIDS interventions. Collaborations with the private sector through corporate social responsibility initiatives will also be pursued to establish sustainable funding models for CHW programs.

By addressing these crucial areas, Lesotho can significantly advance its efforts to combat the HIV epidemic, improve healthcare access, and ultimately enhance health outcomes for its most vulnerable populations. The integration of CHWs into the healthcare system, supported by robust training and adequate funding, presents a viable and impactful strategy for reducing HIV transmission and improving public health in Lesotho (see Appendix A).

Implications and Discussion

The results from this review highlight the importance of CHWs. My proposed intervention focuses on CHWs, with the goal of generating substantial public health improvements in Lesotho. By enhancing community-based services, these interventions are expected to expand access to HIV testing, treatment, and adherence support, particularly in underserved rural regions. Promoting early diagnosis and consistent treatment adherence is likely
to reduce HIV transmission rates and improve health outcomes for affected populations. The integration of CHWs into the healthcare system is anticipated to strengthen primary healthcare delivery, thereby promoting sustainability and resilience in HIV care services.

Despite these benefits, several challenges may impact the effectiveness of CHW interventions. Limited financial and human resources could constrain the scalability and sustainability of CHW programs. Ensuring consistent training quality and effective supervision of CHWs is crucial to maintaining high standards of service and patient care. Additionally, overcoming cultural barriers and mitigating distrust in healthcare systems are essential to achieve community acceptance and engagement with CHW services.

The proposed interventions are designed to address critical gaps in HIV care and public health by targeting marginalized populations through CHW-led initiatives. This approach aims to reduce disparities in healthcare access and enhance health equity. Strengthening community involvement and building trust in healthcare delivery systems will foster sustainable health improvements and encourage positive behavior changes. These findings highlight the need for policy support to integrate CHW services into national healthcare strategies, ensuring that long-term public health goals are met.

The recommended interventions also lay the groundwork for future research, policy, and programmatic advancements. Longitudinal studies should be conducted to evaluate the long-term impact of CHW interventions on HIV outcomes and the overall strengthening of the health system. Advocacy for policy reforms that support the integration of CHWs and ensure sustained funding mechanisms is essential for the scalability and effectiveness of these programs. Expanding CHW initiatives across Lesotho, and potentially adapting this model to address other
healthcare challenges beyond HIV/AIDS, represents a promising avenue for enhancing public health outcomes.

**Conclusion**

This literature review has identified significant gaps in HIV/AIDS interventions in Lesotho and has proposed targeted recommendations to enhance public health outcomes. The disparities in HIV prevalence among high-risk populations highlight the need for tailored interventions. Key recommendations include expanding community-based healthcare initiatives through the deployment of CHWs, strengthening ART coverage, enhancing the DREAMS initiative for adolescent girls and young women, and integrating PMTCT programs into routine care. These recommendations aim to reduce HIV incidence, improve ART adherence, and fortify Lesotho's healthcare system. Utilizing the Social-Ecological Model provides a comprehensive approach that considers the multi-level factors influencing HIV transmission and healthcare access. Moving forward, addressing challenges such as resource constraints and stigma is crucial. Longitudinal research is necessary to evaluate the sustained impact of these interventions. Policy advocacy for sustained funding and the integration of evidence-based strategies into national policies is essential. Implementing these recommendations offers a pathway to effectively mitigate the HIV/AIDS epidemic in Lesotho. By engaging communities, strengthening healthcare systems, and advocating for supportive policies, Lesotho can achieve sustainable improvements in HIV prevention, treatment, and care, thereby advancing public health and promoting healthier communities.
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https://doi.org/10.1016/s2352-3018(19)30183-3


https://doi.org/10.1080/09540120601114485


EFFECTIVENESS OF HIV/AIDS INTERVENTIONS IN LESOTHO


https://www.who.int/publications/i/item/978-92-4-151263-3


https://www.who.int/news-room/fact-sheets/detail/hiv-aids
Appendix

Appendix A – Table 1. Social-Ecological Model for CHW Intervention

<table>
<thead>
<tr>
<th>Level of Influence</th>
<th>Factors</th>
<th>Examples of Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Knowledge and skills</td>
<td>Training CHWs in HIV counseling, testing, and adherence support.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Social support and peer networks</td>
<td>Promoting CHW-facilitated support groups for people living with HIV.</td>
</tr>
<tr>
<td>Organizational</td>
<td>Healthcare system integration</td>
<td>Integrating CHWs into local clinics and healthcare facilities.</td>
</tr>
<tr>
<td>Community</td>
<td>Community engagement and norms</td>
<td>Conducting outreach and education programs to raise awareness and reduce stigma.</td>
</tr>
<tr>
<td>Policy</td>
<td>National health policies and funding</td>
<td>Advocating for policies that support CHW programs and ensure sustainable funding.</td>
</tr>
</tbody>
</table>

These levels illustrate how the intervention addresses multiple factors that influence health outcomes, ensuring a comprehensive and effective approach to combating HIV/AIDS in Lesotho.

Appendix B – Table 2. CEPH Foundational Competencies for ILEX

<table>
<thead>
<tr>
<th>MPH Core Competencies</th>
<th>Relevance to ILEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based Approaches to Public Health</td>
<td>I analyzed and interpreted the effectiveness of various HIV interventions based on the collected data. The ability to accurately interpret results was important for making informed conclusions and recommendations in my systematic review.</td>
</tr>
<tr>
<td>4. Interpret results of data analysis for public health research, policy and practice</td>
<td></td>
</tr>
<tr>
<td>Public Health &amp; Health Care Systems</td>
<td>Understanding how structural and social inequities affected health outcomes was important for evaluating the effectiveness of HIV interventions in Lesotho, a country with significant health disparities. This competency helped frame the</td>
</tr>
<tr>
<td>6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels</td>
<td></td>
</tr>
</tbody>
</table>
### 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

The effectiveness of HIV interventions relied on strong partnerships and stakeholder engagement. This competency was applied in discussing how to mobilize community resources and create collaborations to enhance the impact of HIV interventions in Lesotho.

### Communication

19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation

This competency ensured that the findings of my systematic review were communicated effectively to diverse audiences, including policymakers, public health professionals, and community stakeholders in Lesotho.

### Community and Public Health Practice Competencies

1. Apply qualitative methods to assess community assets for addressing public health and environmental issues

In my systematic review, I assessed the community assets and strengths that contributed to the success of HIV interventions. This competency ensured that I considered qualitative data highlighting the contextual factors influencing intervention outcomes.

2. Analyze how issues of power, race and ethnicity, sex and gender identify, and socioeconomic factors affect the development, implementation, and evaluation of community-based projects

This competency was important for understanding how social determinants of health impacted the effectiveness of HIV interventions. Analyzing these factors provided a deeper insight into the barriers and facilitators of successful HIV prevention and treatment strategies in Lesotho.