



## Report

# Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security (NAPHS)

9<sup>th</sup> – 11<sup>th</sup> October 2023



**Mountain View Hotel, Leribe**

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# Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security



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## Acknowledgments

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This report represents a collaborative effort, and we acknowledge the collective contributions of these individuals and organizations with deep appreciation. While it is impossible to name all who have been involved, everyone is appreciated for the role they played in bringing this REMAP to fruition.

## Preface

This report presents the findings and analysis of a resource mapping exercise conducted to assess and enhance health security within the context of Lesotho's healthcare infrastructure and the National Action Plan for Health Security (NAPHS). Health security is a critical aspect of any nation's resilience and preparedness to effectively respond to public health emergencies and ensure the well-being of the population.

Considering evolving global health threats, including pandemics, emerging and re-emerging infectious diseases, and bioterrorism, it is important to evaluate and optimize the allocation and utilization of healthcare resources. This resource mapping exercise aimed to provide a comprehensive overview of the available healthcare resources, identify gaps and inefficiencies, and propose recommendations to strengthen the healthcare system's capacity for effective health security response.

In this report, an overview of the methodology and approach used for the resource mapping exercise is outlined. It further presents the objectives, scope, and the key components considered during the assessment process. The identified strengths and successes are highlighted, while the gaps and areas for improvement are thoroughly examined.

Furthermore, the report proposes recommendations and strategic interventions to enhance coordination and the effective use of resources towards a resilient healthcare system. These recommendations are grounded in evidence-based practices, best practices from similar contexts, and expert insights obtained during the exercise.

It is hoped that this report serves as a valuable resource for policymakers, stakeholders, and practitioners involved in enhancing health security. By implementing the proposed recommendations and leveraging the existing strengths, the goal is to contribute to country's health security system that can effectively mitigate and respond to public health emergencies and protect the health and well-being of people.

**'Maneo Ntene**  
**Principal Secretary**  
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## List of Abbreviations

AJR	Annual Joint Review
CHAI	Clinton Health Access Initiative
COW	Commission Of Water
DHIS	District Health Information System
DMA	Disaster Management Authority
EHSP	Essential Health Services Package
FAO	Food and Agriculture Organization
GSPN	Global Sustainable Preparedness Support Network
IHR	International Health Regulation
ILI	Influenza like Illness
IOM	International Organization for Migration
JEE	Joint External Evaluation
LNBS	Lesotho National Broadcasting Services
LRCS	Lesotho Red Cross Society
MAFSN	Ministry of Agriculture, Food Security and Nutrition
MIA	Moshoeshoe International Airport
MoDNSE	Ministry of Defense, National Security and Environment
MOFDP	Ministry of Finance and Development Planning
MoH	Ministry of Health
MOLGCHAP	Ministry of Local Government, Chieftainship, Home Affairs and Police
MOU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
NFP	National Focal Person
NHTC	National Health Training College
NUL	National University of Lesotho
OPM	Office of the Prime Minister
PIH	Partners in Health
POC	Point of Contact
REMAP	Resource Mapping
RFH	Riders for Health
Roma CoN	Roma College Of Nursing
RTCL	Right to Care Lesotho
SATBHSS	South African TB Health System Strengthening
SPAR	State Party Self-Assessment Annual Reporting
SPH	Strategic Partnership for Health Security and Emergency Preparedness
UN	United Nations
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

## Executive Summary

In the effort to advance the implementation of the National Action Plan for Health Security (NAPHS) of Lesotho, a country multi-sectoral team under the coordination of the Ministry of Health, with support from the World Health Organization, conducted an exercise in resource mapping (REMAP) to facilitate the identification of financial and technical resources and needs and gaps.

The resource mapping workshop, held between 9th and 13th October, at Mountain View Hotel, Leribe involved use of the REMAP tool and process developed by WHO to identify financial and technical support for health security in the country, as well as needs for support.

The workshop brought together 60 participants including representatives from multisectoral line ministries, agencies, and partners. The workshop was directed at mapping resources for the NAPHS, which the country developed to strengthen health security based on IHR Monitoring and Evaluation Framework assessments such as State Party Self-Assessment Annual Reporting (SPAR) and Joint External Evaluation (JEE). The resource mapping was focused on the 18-month Operational NAPHS developed in June 2022.

The REMAP tool and process was used to map the health security projects that partners and the government are supporting in the country at national and subnational levels, allowing policymakers, donors, and partners to see where gaps exist and where more investment of financial and technical resources is needed.

The resource mapping demonstrated that \$4,219,045 is currently committed directly for NAPHS activities in the 18-months Operational NAPHS. In addition, \$49,198,711 in support for overall health security activities in the country (beyond the NAPHS) was mapped. This can be leveraged to support NAPHS implementation in addition to the salary and infrastructure support being provided by the government.

The mapping demonstrated that partners' support is heavily weighted toward areas such as immunization, workforce development, medical countermeasures, national laboratory system and emergency response operations, while areas with a primary focus on antimicrobial resistance, national legislation, chemical events, zoonotic diseases and linking public health and security were among those that received little or no partner funding.

The process involved identification of the key partners and stakeholders who are supporting health security in the country, as well as their priority areas, which can be used to facilitate coordination and alignment for NAPHS.

Workshop participants further used the REMAP tool and process to map the human resource needs for implementation of the NAPHS activities. The national experts identified whether outside technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. This portion of the exercise was designed to support Lesotho in the identification and matching of technical partners that can assist.

The identification of human resource needs can inform country requests for assistance through the Global Sustainable Preparedness Support Network (GSPN), a multisectoral network of technical partners that WHO is launching to support countries with targeted expert technical assistance for NAPHS implementation.

A range of NAPHS activities were identified during the REMAP workshop as in need of expert technical assistance for completion, with areas of particular need including national laboratory system, medical countermeasures and emergency response operations.

The REMAP tool and dashboard provides Excel and online platforms for visualizing NAPHS implementation in the country and for national focal points to use in the ongoing tracking and analysis of health security resources, as the resource mapping is meant to be an ongoing process with partners invited to share information and become involved in a coordinated multisectoral approach to strengthening preparedness.



## 1. COUNTRY BACKGROUND

According to the Annual Joint Review (AJR), 2017-2018, the leading cause of death in children was diarrhoea, pneumonia and protein energy malnutrition and, for both males and females, the leading causes are HIV/AIDS, lower respiratory diseases and diarrhoeal diseases. The country has historically experienced infectious disease outbreaks such as measles, influenza H1N1, Anthrax, Rabies, Shigellosis and others. The country reported the first case of COVID-19 in May 2020, and as of 23 September 2023, there were a total of 35836 COVID-19 cases with a case fatality rate of 2.0%. Since May 2023, the country has been experiencing country-wide outbreaks of mumps. Additionally, in 2023, multi-district outbreaks of influenza like illnesses (ILIs) were reported during the influenza season where Influenza A H3N2 was isolated; eight people from the districts of Leribe (2), Berea (1), Thaba-Tseka (2) and Mohale's Hoek (3) were reported to have died from the ILI. In the same year, there were also reports of district-specific foodborne outbreaks from exposure to different substances including dead animals' carcasses and wild mushrooms.

The country also recorded outbreaks of diseases of economic and public health importance in the animal health sector, including Avian influenza (H5N1) in Leribe and Maseru in 2021, three-day stiff sickness (Bovine ephemeral fever) in all the ten districts in 2022, and relatively increased rabies cases in the lowlands including Maseru, Mafeteng and Berea districts in 2022.

## 2. RESOURCE MAPPING (REMAP) TOOL AND WORKSHOP OBJECTIVES

### 2.1 Resource Mapping

Under the WHO Thirteenth General Programme of Work, the WHO Health Emergencies Programme contributes to the strategic priority of 1 billion more people better protected from health emergencies. WHO developed the resource mapping (REMAP) tool to advance this effort and support Member States in strengthening core health security capacities. The REMAP tool was first launched in 2018 to support country efforts to meet the requirements of the International Health Regulations through the implementation of the National Action Plans for Health Security (NAPHS).

NAPHS implementation requires identifying country gaps and needs, mobilizing financial and technical resources (domestic and external) and monitoring and evaluation of national plans. The REMAP tool is customized for each country to link national priorities for health security with available and potential resources (financial and technical). The tool and process are used to map the health security activities and investments in the country, both domestic and external, and to identify gaps and needs, while highlighting key areas for collaboration between the government and partners. The REMAP tool is used to map the health security projects and interventions in the country — through financial or technical assistance — allowing policymakers and partners to see where the gaps exist and where more investment of resources is needed.

REMAP provides details of each health security activity mapped in the country, including the funding source, timeline, geographical location, nature of activity, and technical area supported (i.e. surveillance, laboratory, or risk communication). As a result, the countries and partners now know what is being

supported in the countries and by whom, and which key technical and geographical areas are lacking support. The process also includes human-resource mapping, which is necessary to identify human-resource needs for implementing the health security plan. By identifying needs and gaps, decision-makers

can make evidence-informed decisions on resource allocation and re-allocation necessary to implement health security plans.

## 2.2 Workshop Objectives

The REMAP workshop aimed to:

- Provide government, partners, donors, agencies and other multisectoral stakeholders with better visibility of available and potential resources for health security in order to accelerate the implementation of the National Action Plan for Health Security (NAPHS);
- Facilitate the sharing of information between the country, partners and donors, including data on partner investments and activities, on country needs and gaps and on the effectiveness of funds allocated to preparedness activities in public health and health security;
- Encourage collaboration and synergies through the harmonization of the efforts of the country, donors, and partners in order to prepare the strengthening of national capacities for prevention, detection and response as well as public health;
- Provide a platform for monitoring the implementation of the NAPHS and identifying specific technical needs for assistance in completing activities needed to strengthen health security;

## 3. REPORT ON SESSIONS

The workshop, spanning three days from 9<sup>th</sup> - 11<sup>th</sup> October, 2023, took place in Leribe and was attended by a total of sixty (60) participants. This group comprised thirty-six (36) females and twenty-four (24) males, representing a diverse range of entities, including multisectoral line-ministries, agencies, and partners: Ministry of Health, Ministry of Agriculture, Food Security and Nutrition, Ministry of Natural Resources, Ministry Of Defense, National Security and Environment, Ministry of Finance and Development Planning, Ministry of Information, Communications, Science, Technology and Innovation, Ministry of Local Government, Chieftainship, Home Affairs and Police, Ministry of Public Works and Transport, Roma College of Nursing, National University of Lesotho, National Health Training College, UN Agencies (WHO, IOM and World Bank) and other health partners (USAID, CHAI, Red Cross, Right to Care, PIH, RFH) (Annex 2).

The main activities carried out in the workshop were:

- Identification of existing investments in NAPHS activities for baseline assessment of funding gap
- Technical Needs for Assistance identified (human resources) for implementation of the NAPHS, data which can be shared with technical partners for enhanced mobilization of assistance
- Mapping of health security activities and investments throughout the 19 technical areas to facilitate the identification of needs and gaps and the allocation and reallocation of resources.

### 3.1 Welcome and opening remarks

The Technical Lead gave an overview of the overall objectives of the workshop. He mentioned that the resource mapping exercise will provide the government, donors, agencies, and other multi-sectoral stakeholders with better visibility of available and potential resources for health security. This will further accelerate the implementation of the Operational NAPHS.

The WHO Country Representative to Lesotho, Dr. Richard Banda, in his remarks noted that the NAPHS is a medium-term strategic plan for improving IHR (2005) core capacities, figure 1. He explained that if the country invests in activities addressing the 19 IHR (2005) core capacities, it will lead to a timely and effective response to public health events, thereby reducing morbidity, mortality, and other socio-economic impacts of health outbreaks. He stressed the need to adhere to some key guiding principles of NAPHS such as country ownership; primary health care approach; equity; community involvement; integrated approach; multi-sectoral collaboration and partnership; transparency and accountability; gender, ethics, and human rights.



**Figure 1:** Who Country Representative giving opening remarks

The Director General for Health Services then made a brief statement emphasizing the importance of this exercise to the country's health system and acknowledged the role of IHR Points of Contact (POC) before ushering in the Minister of Health to deliver his remarks. Additionally, she stated that the country needed to strengthen multi-sectoral coordination and collaboration, and community engagement in order to achieve sustainable health outcomes.

The Minister of Health, Honorable Selibe Mochoboroane in his opening speech acknowledged the progress made in terms of prevention, detection, and timely response to public health events and emergencies since the introduction of the International Health Regulations in Lesotho. The Minister

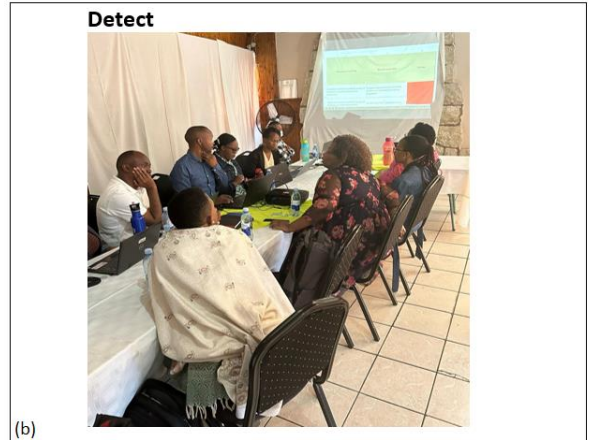
emphasized the need for multi-sectoral collaboration in the delivery of health services with a focus on national health security. He reiterated the government's commitment to providing quality health services for all irrespective of geographical location, and socio-economic status. This, he stated can only be achieved when both the government and the partners work together to operationalize the NAPHS. He concluded by calling on all stakeholders to work towards the implementation of the NAPHS and all priorities of the government.



*Figure 2: Minister of Health, Hon. Selibe Mochoboroane official opening of the Resource Mapping Exercise*

### 3.2 Methodology

The presentations were made to provide guidance on how the workshop would be carried out, NAPHS activity and REMAP data sheets were shared. The workshop was centered on working group discussions and plenary sessions. Participants were divided into four main thematic groups being: Prevent, Detect, Respond and Other IHR-related Hazards and Points of Entry, figures 3 and 4. Participants used the NAPHS activities data sheet to identify whether each activity has committed funding (from government and/or partners), if the activity requires technical assistance to be implemented, if so, what specific technical assistance is required. Participants were also required to indicate the status of progress in implementing activities in the NAPHS.



**Figure 3:** Prevent (a) and detect (b) thematic groups during discussion



**Figure 4:** Response (c) and other IHR-related Hazards and Points of Entry (d) during discussion

The REMAP data sheet was used to identify the health security investments and activities at district and national levels (beyond the NAPHS) and support provided (financial, technical, and in-kind). For analysis and discussion, the results were compiled using the REMAP tool.

### 3.3 Results from working and key findings

The exercise detailed 291 activities that had been prioritized for inclusion in the Operational NAPHS of Lesotho, for a total cost of \$53,277,248. The largest cost of the activities in the Operational NAPHS are in the areas of Real Time Surveillance (\$15.6 million), Points of Entry (\$13.2 million) and National Laboratory System (\$11.4 million), figure 5.



Number of operational NAPHS activities in each of the technical areas include a total of 291 activities with a total NAPHS cost of \$ 53,277,248

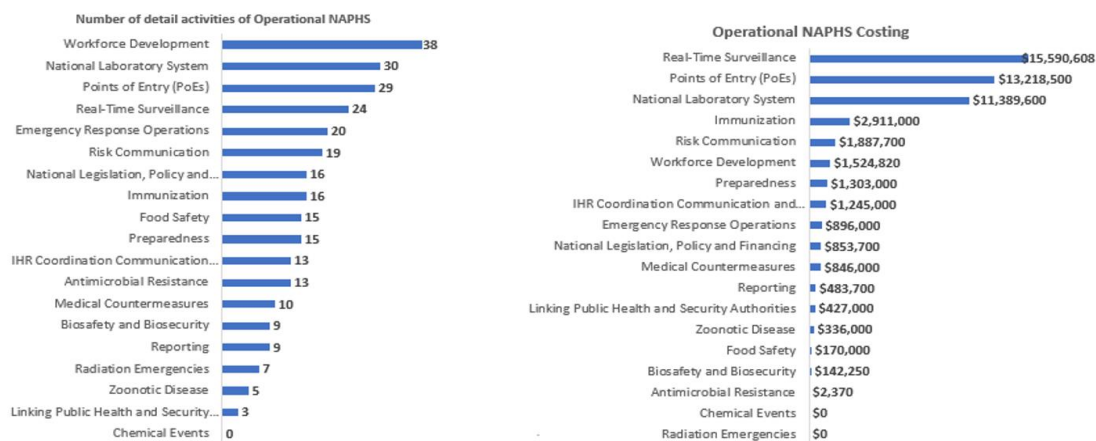


Figure 5: Lesotho operational NAPHS activities and costing by technical area

The resource mapping demonstrated that limited funds are currently committed to NAPHS activities. Of the \$53,277,248 of NAPHS costing, \$4,219,045 has been committed and this represents a funding gap in the Operational NAPHS of \$49,008,202.

### Lesotho Operational NAPHS Costing VS total partner and government mapped direct investment in Operational NAPHS

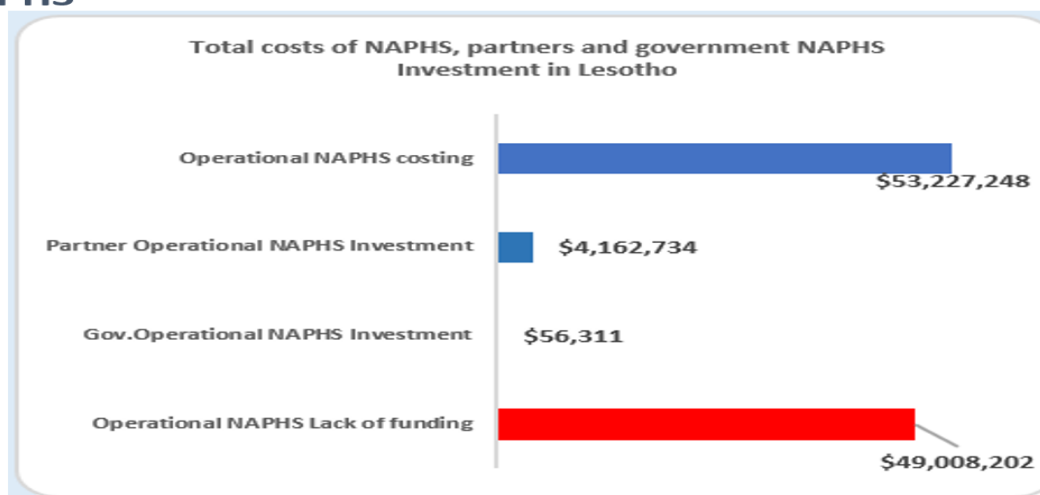


Figure 6: Illustration of mapped funding gap in the operational NAPHS

The largest amount of direct committed investment in the Operational NAPHS activities was mapped in the technical area of national laboratory system, where \$875,940 is committed partner and government funding for activities in the plan. The area of immunization had \$840,948 in committed funding identified for Operational NAPHS activities, real time surveillance was mapped with \$736,067 and more than

\$600,000 in direct support for Emergency Response Operations activities in the Operational was mapped. The Operational NAPHS activities in 4 of the 19 technical areas had no committed funding identified at this point.

**Table 1: Illustration of committed funding mapped for the Operational NAPHS by technical area**

Operational NAPHS costs by technical area Coûts opérationnels de la NAPHS par domaine technique		Partner Operational NAPHS Investment in Technical Area Partenaire Investissement opérationnel NAPHS dans le domaine technique		Government Operational NAPHS Investment in Technical Area Gouvernement Opérationnel NAPHS Investissement dans le domaine technique	
<b>Prevent \$5,660,320.00</b>		<b>Prevent \$1,153,074.34</b>		<b>Prevent \$0.00</b>	
National Legislation, Policy a	\$853,700.00	National Legislation, Policy a	\$0.00	National Legislation, Policy a	\$0.00
IHR Coordination Communic	\$1,245,000.00	IHR Coordination Communic	\$19,300.07	IHR Coordination Communic	\$0.00
Antimicrobial Resistance	\$2,370.00	Antimicrobial Resistance	\$85,699.00	Antimicrobial Resistance	\$0.00
Zoonotic Disease	\$336,000.00	Zoonotic Disease	\$0.00	Zoonotic Disease	\$0.00
Food Safety	\$170,000.00	Food Safety	\$76,297.10	Food Safety	\$0.00
Biosafety and Biosecurity	\$142,250.00	Biosafety and Biosecurity	\$130,829.82	Biosafety and Biosecurity	\$0.00
Immunization	\$2,911,000.00	Immunization	\$840,948.35	Immunization	\$0.00
<b>Detect \$28,988,728.00</b>		<b>Detect \$1,996,922.94</b>		<b>Detect \$56,295.65</b>	
National Laboratory System	\$11,389,600.00	National Laboratory System	\$821,504.00	National Laboratory System	\$54,436.03
Real-Time Surveillance	\$15,590,608.00	Real-Time Surveillance	\$734,208.00	Real-Time Surveillance	\$1,859.62
Reporting	\$483,700.00	Reporting	\$143,210.94	Reporting	\$0.00
Workforce Development	\$1,524,820.00	Workforce Development	\$298,000.00	Workforce Development	\$0.00
<b>Respond \$5,359,700.00</b>		<b>Respond \$645,999.62</b>		<b>Respond \$0.00</b>	
Preparedness	\$1,303,000.00	Preparedness	\$43,710.17	Preparedness	\$0.00
Emergency Response Opera	\$896,000.00	Emergency Response Opera	\$601,217.00	Emergency Response Opera	\$0.00
Linking Public Health and Se	\$427,000.00	Linking Public Health and Se	\$0.00	Linking Public Health and Se	\$0.00
Medical Countermeasures	\$846,000.00	Medical Countermeasures	\$0.00	Medical Countermeasures	\$0.00
Risk Communication	\$1,887,700.00	Risk Communication	\$1,072.45	Risk Communication	\$0.00
<b>Other Hazards \$13,218,500.00</b>		<b>Other Hazards \$366,737.50</b>		<b>Other Hazards \$15.85</b>	
Points of Entry (PoEs)	\$13,218,500.00	Points of Entry (PoEs)	\$366,737.50	Points of Entry (PoEs)	\$15.85

While limited committed funding was identified for Operational NAPHS activities, \$49,198,711 in overall partner and government support for health security (beyond the NAPHS) was mapped through the REMAP process. This represents funding with the potential to be leveraged to support implementation of country priority health security activities.

The mapping of overall health security support (beyond the NAPHS) in Lesotho identified 29 partners contributing the nearly \$50 million in support. More than \$30.6 million of that represents partner-funded health security projects that are either planned or ongoing, raising the potential for re-allocation of such funds to support Operational NAPHS activities should the funding partners agree. While the remaining funds mapped include projects completed no more than 2 years ago and are included in the mapping to capture the key stakeholders for health security in Lesotho and their priority areas.

The mapping identified nearly \$5.5 million in planned and ongoing government-funded health security projects in the country and determined that government ministries and agencies are most often the implementers of the partner-funded activities in the country, reflecting government support for health security that additionally includes salaries and infrastructure.

The mapping found partner support focused in areas such as immunization, workforce development, medical countermeasures, national laboratory system and emergency response operations, while areas

with a primary focus on antimicrobial resistance, national legislation, zoonotic diseases and linking public health and security received little or no partner funding.

An illustration of health security activities and investments mapped (beyond the NAPHS) in each of the 19 technical areas is illustrated in figure 7.

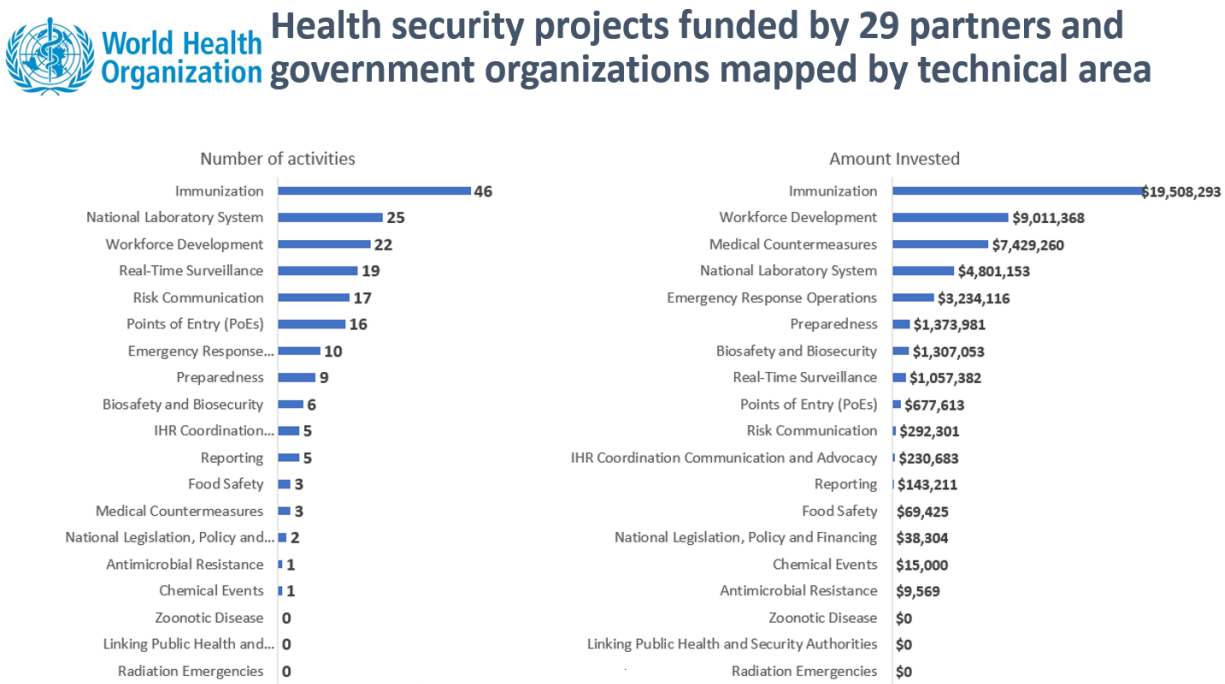


Figure 7: Health security investments (beyond NAPHS) mapped in each of the 19 technical areas

The mapping further identified the key partners and stakeholders who are supporting health security in Lesotho and can be engaged in collaboration to facilitate coordination and alignment for NAPHS implementation.

Visualizations in the REMAP tool include detailed amounts invested in health security by the different entities working at the district and national level, with major donors including USAID, who are supporting immunization, medical countermeasures and emergency response operations, the World Bank who support the country across several technical areas, the Ministry of Health and Global Fund. This mapping of donor support for health security is designed to be updated as new data is received.

Lesotho can work with these partners, and others, who have shown that supporting health security in the country is a priority, to coordinate for the implementation of activities in the country Operational NAPHS. An illustration of the partners mapped through the workshop as supporting health security in Lesotho and amounts invested is shown in figure 8 while figure 9 shows number of projects supported by the donors.

Additional partners, including FAO and Partners in Health, indicated they will also be providing data that will be incorporated into the REMAP tool.



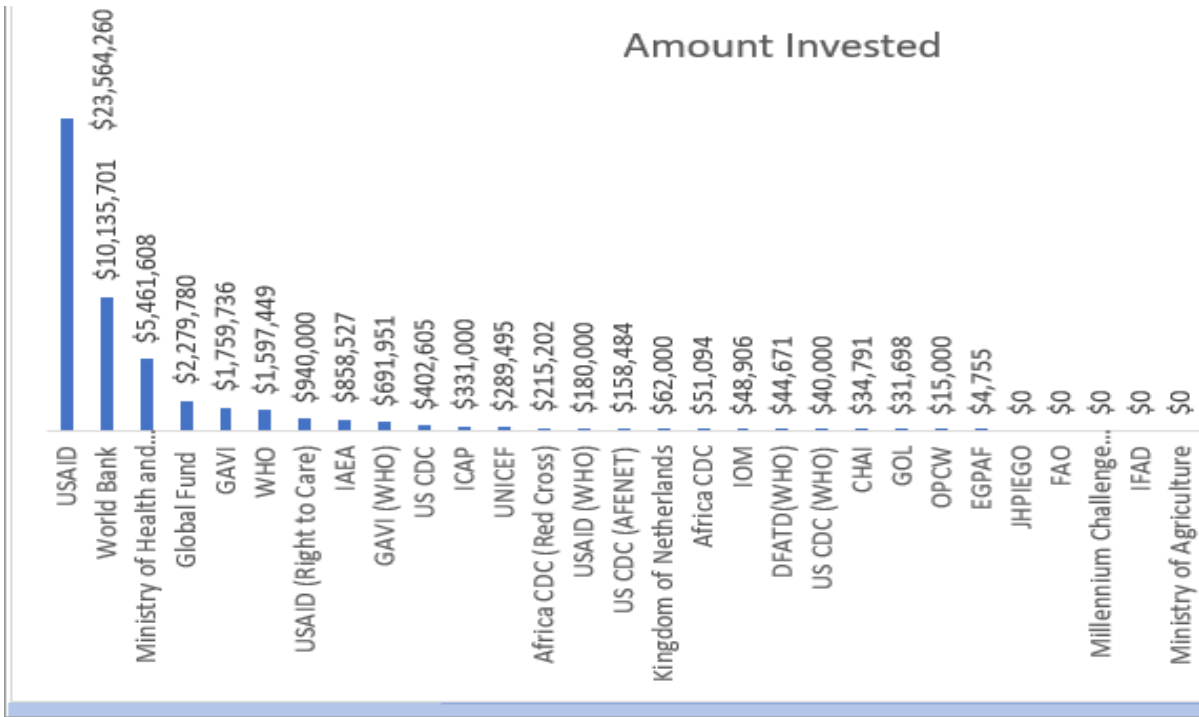


Figure 8: Health security investments (beyond NAPHS) mapped by donor

Note: \$0 in the chart means there were health security activities mapped but no funded amount was provided.

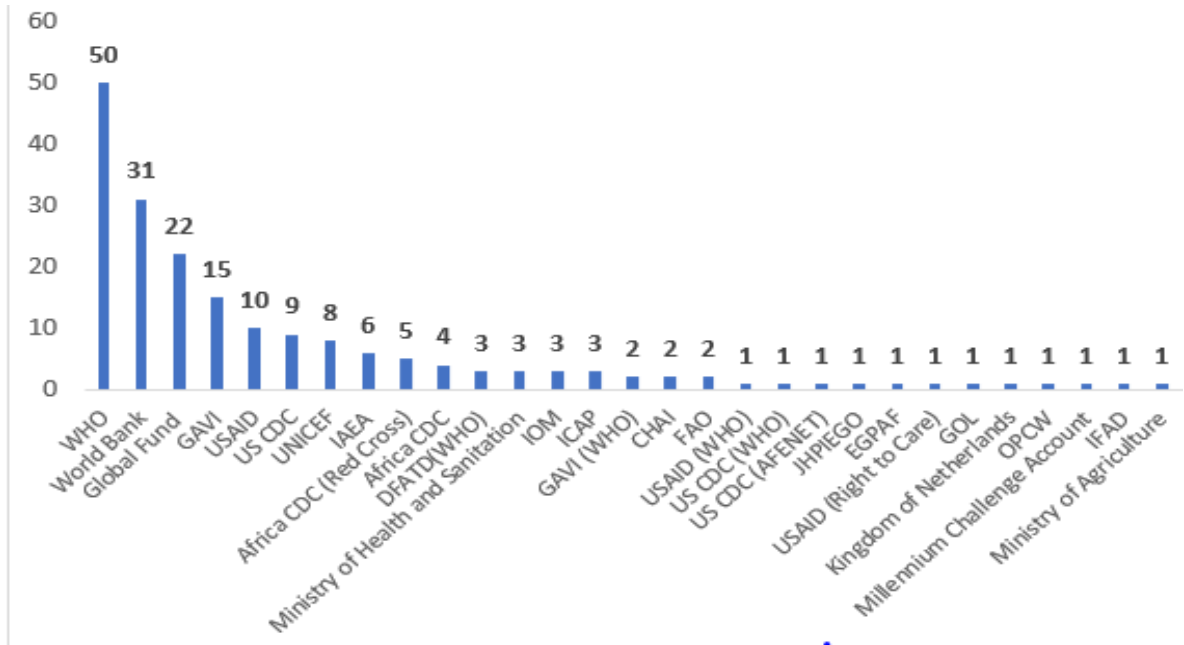


Figure 9: Number of health security projects (beyond NAPHS) mapped by donor

More detailed information on the partners and government health security support mapped in the country is included in the Excel and online REMAP dashboards created for Lesotho, including the details of activities, years of the project, districts being supported, amount of investment, implementing agency (if any), whether the activity represents financial or technical assistance, and other relevant details (figure10).

The government is encouraged to use the data for an evidenced-based dialogue with partners on how these existing health security investments can be leveraged to support the implementation of national Priorities as reflected in the country’s Operational NAPHS, as well as to promote the allocation and reallocation of resources in areas of particular need. The data is also encouraged to be shared, including through WHO, with other partners who are not currently working in the country to better understand areas of need and how they might support the country.

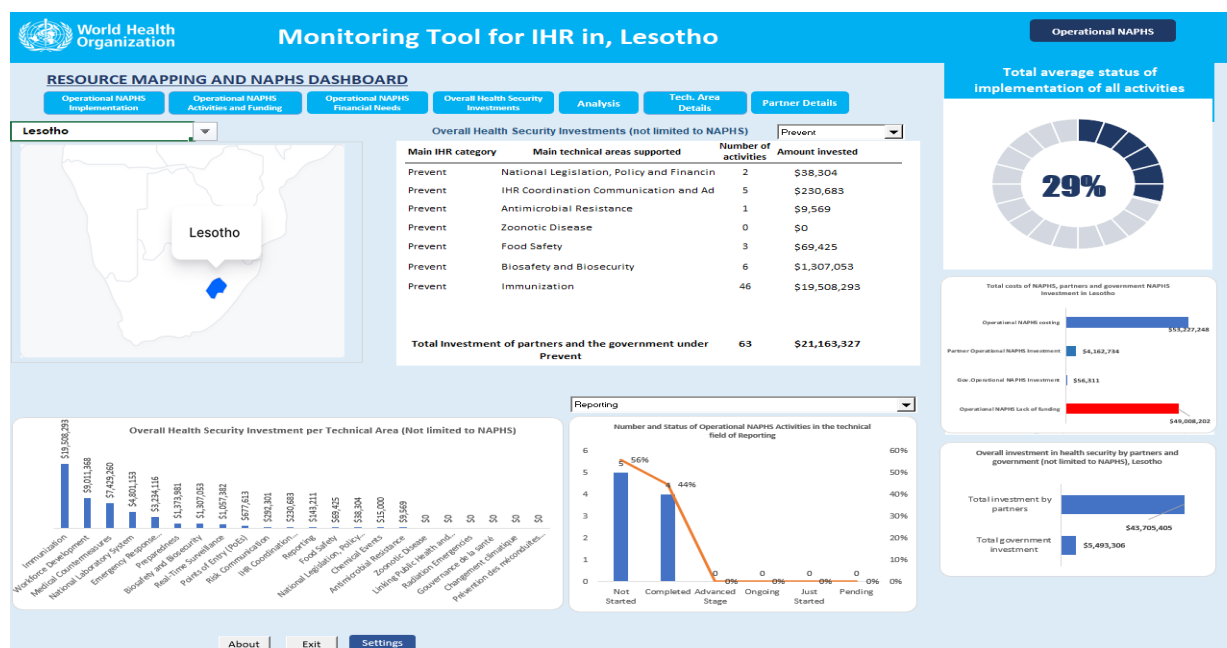


Figure 10: Illustration of the excel REMAP dashboard built for Lesotho

The REMAP tool is also being used to track and monitor progress in the implementation of the Operational NAPHS. The workshop participants determined a total average status of implementation of all activities in the Operational NAPHS to be 29 percent. The status of implementation in the different technical areas ranged from 0% to 84%. Immunization achieved the highest performance (84%) followed by food safety (75%), preparedness (66%) and points of entry and radiation emergencies at 50% each. Performance of the different areas are presented in figure 11. The REMAP tool can be used to update the status as activities progress.



**Figure 11:** Illustration of the operational NAPHS implementation status by technical area

The tool had the provision of selecting whether the technical assistance was needed or not, if needed, it had to be stated. The participants determined that 24 activities in the Operational NAPHS require such international expert support for implementation, with the full list of Operational NAPHS activities needed such assistance shown in table 2.

**Table 2: List of activities requiring international expert support**

Technical Area	Activity details	Technical Assistance Details
National Legislation, Policy and Financing	Review and update the Public Health Bill to be inclusive of all IHR concerned areas	Expert to support the review and validation of the Draft Bill
Zoonotic Diseases	Review and validate relevant documents on Zoonotic Diseases	Expert to guide the review and update guidelines and SOPs on surveillance and multisectoral response to priority zoonoses
	Develop and disseminate guidelines for joint risk assessment for MoH, MAFS, and MTEC and MTE&C - wildlife	Consultant to conduct risk assessment on zoonotic diseases
Food Safety	Facilitate development and implementation of strategic documents and legal frameworks for guiding food safety	Consultant to facilitate the drafting of the food safety bill
	Facilitate development and implementation of strategic documents and legal frameworks for guiding food safety consultation resident workshop for 15 legal experts for drafting of food safety bill for 5 days	utilize same consultants for the activity
Biosafety and Biosecurity	Develop a comprehensive safe and secure use, storage, disposal and containment of pathogens found in laboratories	Consultant to develop a biosafety and biosecurity framework for accreditation and licensing of laboratories
	Develop a comprehensive safe and secure use, storage, disposal and containment of pathogens found in laboratories – conduct 5-day meeting for 15 non-residents to draft biosafety and biosecurity bill	Consultant to facilitate the drafting of the biosafety and biosecurity bill
National Laboratory System	Capacitate veterinary laboratory	source and engage a consultant to conduct needs assessment for establishment of public health laboratory
	Attain accreditation for MAFS laboratories to meet international standards	Master trainer on veterinary laboratory standards
	Attain accreditation for MAFS laboratories to meet international standards – conduct external auditing/accreditation, engage external auditors for MAFS –	External Auditors
Real-time Surveillance	Establish an integrated electronic reporting system for animal health for real-time surveillance into DHIS2 – engage international consultant for development of integrated animal disease surveillance and response guidelines	IT expert needed
Workforce Development	Conduct inventory of country's existing human resources available to implement IHR core capacity requirements	National human resource information system developer needed

Emergency Response	Development of SOPs framework for incident management structures – engage technical assistant for development of EOC manual and training plan	External expert on EOC
	Facilitation of effective coordination and management of EOC – conduct 5 days’ workshop to develop EOC manual and training plan for 30 residents	External expert on EOC
	Facilitation of effective coordination and management of EOC – conduct a 1-day meeting to validate the EOC manual and training plan for 40 (20 residents)	Infectious Disease Expert
	Develop SOPs for patient referral and transportation mechanisms – conduct a 5 days’ workshop to develop SOPs and guidelines for patient referral and emergency transportation mechanisms for 30 residents	Infectious Disease Expert
	Develop SOPs for patient referral and transportation mechanism – conduct a 1-day meeting to validate patient referral and emergency transportation SOPs and guidelines for 40 non-residents	Infectious Disease Expert
Medical Countermeasures	Formalize deployment of non-registered medical countermeasures in both animal and human health sectors during emergencies – conduct 1 day meeting for 20 non-residents for sensitisation on the development of non-registered and registered medical countermeasures in both animal and human health sectors during public health emergencies	Medical Countermeasures Expert
	Formalize deployment of non-registered medical countermeasures in both animal and human health sectors during emergencies – conduct 5 days’ feasibility assessment for establishing medical countermeasures stockpile including secure and functional facilities at all levels	Stockpile Expert
	Formalize deployment of non-registered medical countermeasures national plan for deployment of non-registered and register medical countermeasures in both animal and human health sector during public health emergencies	Medical Countermeasures Expert
	Formalize deployment of non-registered medical countermeasures in both animal and human health sector during emergencies – conduct 5 days’ workshop to develop a medical countermeasures national plan for sending, receiving and fast-tracking	Medical Countermeasures Expert

	deployment of medical supplies and/countermeasures during a public health emergency for 20 residents	
	Formalize deployment of non-registered medical countermeasures in both animal and human health sectors during emergencies – conduct 3 days meeting to validate the medical countermeasures national plan for sending and receiving and fast-tracking deployment of medical supplies and/or countermeasures during a public health emergency for 30 residents	Medical Countermeasures Expert
Points of Entry	Develop port health strategy	Consultant for development of Port Health Strategy
Radiation Emergencies	Establish mechanisms for detecting and responding to radiological and nuclear emergencies based on radiation Protection Act of 2019	Consultancy for development of strategic plan for detection and response to radiation emergencies

## 4. RECOMMENDATIONS

- i. Government of Lesotho and its partners and donors: Discuss the resource mapping data in a coordination meeting to consider the identified needs and gaps and benefits of collaboration and alignment in implementing the Operational NAPHS.
- ii. Government of Lesotho: Use the resource mapping tool to monitor the progress and resources of the NAPHS and discuss the results during regular meetings.
- iii. Principal Secretaries should be accountable for the NAPHS implementation and quarterly progress reporting to the Government Secretary.
- iv. Establishment of the NAPHS secretariat as the coordination hub at the Prime Minister’s Office.
- v. Government of Lesotho: Use the data to inform domestic and international resource mobilization strategies to accelerate health security strengthening in the country.
- vi. Government of Lesotho: Use the data on health security support to inform the re-prioritization of health security activities resulting from the upcoming Joint External Evaluation in 2024.
- vii. Government of Lesotho: Discuss with WHO the possibility of mobilizing technical assistance through the Global Sustainable Preparedness Support Network (GSPN) for the implementation of the priority activities of the Operational NAPHS.
- viii. WHO: Support Lesotho to periodically update the resource mapping at national and district levels.

## 5. NEXT STEPS

- i. WHO will train national focal points in the use and updating of the REMAP tool.
- ii. The country should share the mapping with technical and financial partners to promote collaboration and collect further information on their level of resources for the NAPHS.
- iii. The country should periodically update the tool with WHO support to capture information from partners and ministries.
- iv. The REMAP data should be validated by the country and published on the WHO Strategic Partnership Portal (SPH Portal), Ministry of Health and government of Lesotho’s portal, which will be used for information sharing and as a platform for collaboration and advocacy to advance the implementation of the NAPHS.

- v. Development of M&E for the implementation of NAPHS.
- vi. Revive IHR POCs coordination meetings.
- vii. Technical/Thematic areas should have working groups.
- viii. Sensitization of the Ministries implementing the one health approach.
- ix. Identify new IHR POCs per technical area in ministries/agencies.

# Annexes

## Annex 1: Meeting in photos:







## Annex 2: List of Participants

	Name	Organization	Contacts #	Email
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## Annex 3: Workshop Agenda

### Day 1

Time	Programme Description
8.30 – 9.00	<b>Registration and welcome coffee</b>
9.00 – 9.30	<b>Opening remarks and introduction of the participants:</b> <ul style="list-style-type: none"> <li>• Hon. Minister of Health</li> <li>• WHO Representative</li> <li>• Partner Representative</li> <li>• Introduction of the participants</li> </ul>
9.30 – 9:45	<b>Introductory Discussion</b>  <b>Master of Ceremonies: MoH</b> <ul style="list-style-type: none"> <li>• Objectives of the workshop</li> </ul> <b>Presenter:</b> <ul style="list-style-type: none"> <li>• MoH</li> </ul>
9:45 – 10.45	<b>Introduction of Resource Mapping Tool and Process</b>  <b>Moderator: MOH</b>  <b>Presenters:</b> <ul style="list-style-type: none"> <li>• WHO AFRO and HQ</li> <li>• Q&amp;A</li> </ul>
10.45 – 11.00	<b>Coffee and Tea Break with Group Picture</b>
11.00 – 12.30	<b>NAPHS Resources Group Work</b> <i>Workshop participants will be divided up into four groups (Prevent, Detect, Respond and Other IHR) based on their expertise. The participants, with the aid of a facilitator and a rapporteur, will complete the NAPHS data input sheets identifying partner and government direct committed contributions to the Operational NAPHS activities and needs for outside technical (expert) assistance to implement the activities.</i>  <b>Moderator: WHO</b>
	<b>PREVENT</b> <ul style="list-style-type: none"> <li>• National legislation, policy and financing</li> <li>• IHR coordination, communication and advocacy</li> <li>• Antimicrobial resistance</li> <li>• Zoonotic disease</li> <li>• Food safety</li> <li>• Biosafety and biosecurity</li> <li>• Immunization</li> </ul> <b>Facilitator: tbc</b>

Time	Programme Description
	<b>Rapporteur: tbc</b>
	<p><b>DETECT</b></p> <ul style="list-style-type: none"> <li>• National Laboratory System</li> <li>• Real Time Surveillance</li> <li>• Reporting</li> <li>• Human Resources</li> </ul> <p><b>Facilitator: tbc</b> <b>Rapporteur: tbc</b></p>
	<p><b>RESPOND</b></p> <ul style="list-style-type: none"> <li>• Emergency preparedness</li> <li>• Emergency response operations</li> <li>• Linking public health and security authorities</li> <li>• Medical countermeasures</li> <li>• Personnel deployment</li> <li>• Risk communication</li> </ul> <p><b>Facilitator: tbc</b> <b>Rapporteur: tbc</b></p>
	<p><b>Other IHR all Hazard capacity</b></p> <ul style="list-style-type: none"> <li>• Points of Entry</li> <li>• Chemical Events</li> <li>• Radiation Emergencies</li> </ul> <p><b>Facilitator: tbc</b> <b>Rapporteur: tbc</b></p>
<b>12.30 – 13.15</b>	<b>Lunch</b>
<b>13:15 – 15.00</b>	<b>Group Work Continued</b>
<b>15.00 – 15:15</b>	<b>Coffee and Tea Break</b>
<b>15.15 – 16:30</b>	<b>Group work continued</b>
<b>16.30 – 17.00</b>	<p><b>Wrap up of the day</b></p> <ul style="list-style-type: none"> <li>• Taking stock of progress of each group</li> <li>• Programme of next day</li> </ul>
<b>End of Day 1</b>	

## Day 2

Time	Programme Description
09.00 – 10.45	<p><b>Health Security Investments Group Work</b></p> <p><i>Workshop participants will continue on Day 2 working in the four groups (Prevent, Detect, Respond and Other IHR). The participants, with the aid of a facilitator and a rapporteur, will complete the resource mapping data input sheets identifying overall partner and government contributions to health security activities (going beyond funding of the NAPHS) at national and sub national level in each of the technical areas</i></p>
10.45 – 11.00	<b>Coffee and Tea Break</b>
11.00 – 12.30	<b>Group Work Continued</b>
12.30 – 13.15	<b>Lunch</b>
13.15 – 15.00	<b>Group Work Continued</b>
15.00 – 15.15	<b>Coffee and Tea Break</b>
15.15 – 16.45	<b>Group Work Continued</b>
16.45 – 17.00	<p><b>Wrap up of the day</b></p> <ul style="list-style-type: none"> <li>• Taking stock of progress of each group</li> <li>• Programme of next day</li> </ul>
<b>End of Day 2</b>	

## Day 3

Time	Programme Description
09.00- 09.30	<b>Recap of Day 2 and Discussion of Validation Process</b>
09.30- 10.30	<p style="text-align: center;"><b>Plenary Validation</b></p> <p><i>Facilitators of each of the 4 working groups will present and discuss the results of their work for validation of the data collected during the workshop, making any necessary adjustments</i></p>
10.30 – 10.45	<b>Coffee and Tea Break</b>

Time	Programme Description
10.45 – 11:30	<p style="text-align: center;"><b>Prioritization of Technical Needs</b></p> <p><i>Each of the 4 working groups will use the NAPHS data input sheet to indicate the 2 activities in each technical area most urgently in need of outside technical (expert) support for implementation.</i></p>
11:30 – 13:00	<b>Group work on Resource Mapping by thematic areas</b>
13.00-14.00	<b>Lunch</b>
14.00 –15:00	<b>Presentation of the Resource Mapping by thematic areas</b>
15.00 – 15.30	<b>Coffee and Tea Break</b>
15.30 – 16.00	<b>Presentation of the Resource Mapping Dashboard and Recommendations</b>
16.00 -	<p><b>Closing Ceremony</b></p> <p><b>Moderator: MOH</b></p> <p><b>Presenters:</b></p> <ul style="list-style-type: none"> <li>• <b>Partner Representative</b></li> <li>• <b>WHO Representative</b></li> <li>• <b>Government Representative – Director Primary Health Care</b></li> </ul>

#### Day 4

Time	Programme Description
09.00- 09.30	<b>Group: Report Writing</b>
09.30- 10.30	<p style="text-align: center;"><b>Group: Report Writing</b></p> <p><i>Facilitators of each of the 4 working groups will present and discuss the results of their work for validation of the data collected during the workshop, making any necessary adjustments</i></p>
10.30 – 10.45	<b>Coffee and Tea Break</b>
10.45 – 13:00	<b>Group work: Report writing</b>
13:00-14:00	<b>Lunch</b>
14.00	<b>End of WORKSHOP</b>
<b>Day 5</b>	
07:00 -	<b>Debriefing</b>
<b>End of WORKSHOP</b>	