



# HEALTH PROFILE: LESOTHO

## HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	320,000 [low-high estimates 290,000-360,000]
Total Population (2005 estimate)	1,867,035
Adult HIV Prevalence (end 2003)	28.9% [26.3%-31.7%]
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	65.2%
General Population (i.e., pregnant women, blood donors, or others with no known risk factors)	35%

Sources: UNAIDS, U.S. Census Bureau

AIDS constitutes an alarming threat to Lesotho and its people, and HIV/AIDS is not the only barrier to Lesotho's economic development. Land degradation, capacity depletion, and economic decline are major obstacles to short- and long-term responses to humanitarian and development needs.

HIV sentinel surveillance data from 2003 indicate that the epidemic in Lesotho is now the third highest prevalence in the world. Survey findings show that the 25–29 age group was most affected, with prevalence of 39.1%; for the 15–19 and 20–24 age groups, median prevalence was 14.4% and 30.1%, respectively. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), overall adult prevalence is estimated to be 28.9%. In the 2003 HIV Sentinel Survey Report, the Ministry of Health and Social Welfare (MOHSW) estimated that there were 100,000 children under 15 in the 10 districts of Lesotho who had lost one or both parents to AIDS.

### NATIONAL RESPONSE

The Government of Lesotho has taken concrete actions to address the epidemic through the declaration of HIV/AIDS as a national disaster, development of the National AIDS Strategic Plan, and the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA) under the Prime Minister's Office. The LAPCA was set up in 2001 to coordinate the multisectoral response to HIV/AIDS, but several factors have hindered it in fulfilling its strategic role, thus undermining its effectiveness and adversely affecting the national response. In 2005, the government passed a bill establishing the semi-autonomous National AIDS Commission (NAC) and National AIDS Secretariat (NAS) to coordinate and support strategies. Lesotho is in the process of drafting the next HIV strategy, for the period 2005 to 2008.

Lesotho has committed itself to the World Health Organization goal of having 28,000 people on antiretroviral therapy by the end of 2005, and in May 2004 opened its first comprehensive HIV/AIDS center to provide antiretroviral therapy. Supported largely by donors; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and international private organizations; local and international nongovernmental organizations (NGOs) and community-based organizations (CBOs) have provided the mainstay of the response to HIV/AIDS in the country, especially in the area of community mobilization. Most of these operations are small and localized to specific geographical areas in urban centers. The biggest challenge

April 2005



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a strategic prevention program using the “abstinence, be faithful, or correct and consistent use of condoms” (ABC) model, with a focus on fidelity and partner reduction; and involvement of indigenous networks of people living with HIV/AIDS in all aspects of the program, but particularly HIV prevention and work with youth, FBOs, and local leadership.

The U.S. Embassy in Lesotho has organized the USG Task Force Steering Committee to help coordinate the growing HIV/AIDS activities in Lesotho. Members of the first task force included the Ambassador and staff from the U.S. Embassy, USAID, the U.S. Department of Health and Human Services (HHS)/CDC, the HHS/Health Attaché, Peace Corps, and the Millennium Challenge Corporation. Future meetings will also include other agencies that support HIV/AIDS programs in Lesotho. In addition, the Embassy holds monthly task force partners’ meetings to ensure coordination among USG-funded partners, ministries, and other stakeholders.

**Community-based organizations**

Recognizing the need for organizational capacity-building among local NGOs/FBOs/CBOs, USAID’s Regional HIV/AIDS Program (RHAP) has entered into an agreement with Pact to provide organizational strengthening and grants management support. In June 2005, USAID, assisted by Pact, launched an Annual Program Statement (APS) calling for proposals from NGOs, FBOs, and CBOs to deliver prevention, treatment, and care services focusing on community-based, community-owned approaches. Expected services include activities and programs for advocacy with community- and faith-based groups, ABC behavior-change approaches, addressing orphans and vulnerable children needs, counseling and testing linked with services, home-based care, and treatment literacy and preparedness. Pact will provide assistance in organizational development, including building local capacity for financial management and monitoring and evaluation.

**Prevention**

Project activities previously supported under the Corridors of Hope HIV/AIDS prevention program in Lesotho were focused on delivering HIV-awareness and prevention messages to sex workers, migrant laborers, factory workers, youth, and long-distance taxi and truck drivers crossing the country’s main border posts. This year USAID RHAP reoriented the Corridors of Hope program in Lesotho to address the highly generalized epidemic at the community level. Local programs

remains the establishment of national networks and civil society organizations on HIV/AIDS, most importantly among people living with HIV/AIDS and within the NGO network.

**U.S. GOVERNMENT SUPPORT**

Support from USAID is provided through its Regional HIV/AIDS Program based in Pretoria, South Africa, in collaboration with the U.S. Embassy in Lesotho. Anticipating increased funding for Lesotho for fiscal year 2005, a rapid appraisal of the U.S. Government (USG) strategy was conducted in August 2004, with a team comprising technical staff from Washington and the regional offices of USAID and the U.S. Centers for Disease Control and Prevention (CDC), with technical support from USAID partner Family Health International (FHI) and a senior health consultant from Lesotho. The major objectives of the rapid appraisal were to plan a joint USG strategy for Lesotho and make recommendations to reorient USG programs within a highly generalized epidemic. Recommendations included: significant scale-up of prevention/behavior change, care, and treatment services; capacity-building to local NGOs, CBOs, and faith-based organizations (FBOs); assistance in the development of human capacity; HIV/AIDS advocacy strategies involving traditional leadership, churches, traditional healers, and other key opinion leaders; development of

previously under the Corridors of Hope project are likewise expected to reorient activities in Lesotho and to compete under the APS process, with awards distributed in August or September 2005.

### ***HIV counseling and testing***

As part of the USG's previously mentioned rapid appraisal for HIV/AIDS program expansion, HIV counseling and testing goals were formulated that include expanding outreach services to communities and large textile factories, training community leaders, continuing to support standalone counseling and testing sites run by Population Services International (PSI), and supporting other NGOs that offer a valuable avenue for the expansion of access to counseling and testing. In 2004, USAID supported the opening of three counseling and testing centers, and CDC plans to open two additional sites in rural areas this year.

### ***Human capacity development***

USAID addresses the human capacity crisis in Lesotho by supporting the Capacity Project to improve the quality, accessibility, and use of priority health care services through improving workforce policies and planning, developing better education and training programs for the workforce, and strengthening systems to support workforce performance. In the short and long term, the Capacity Project will provide technical assistance to support: advocacy and strategic communication for the Human Resources Strategic Plan (2005–2025), training and mobilizing a new cadre of staff (HIV/AIDS Carers), strengthening human resource management capacity at all levels of the public health system, strengthening human resources information system, and assisting in Global Fund planning and coordination.

### ***Prevention of mother-to-child transmission (PMTCT)***

In 2004, the MOHSW requested that USAID support the assessment of the national PMTCT program by AED/Linkages. The assessment resulted in the MOHSW's follow-on request for increased support to increase the national program. In FY 2005, USAID responded by funding and organizing the PMTCT partnership for coordinating PMTCT, PMTCT+, and postnatal care activities with government counterparts. The partnership includes Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, AED/Linkages, PSI, Population Council, Clinton Foundation, and Baylor College of Medicine. The partnership will initially work in four sites designated by the MOHSW and support all national policy development and implementation related to PMTCT+.

### ***Strategic information***

In collaboration with CDC, MEASURE Evaluation supports USAID's HIV/AIDS program monitoring and evaluation efforts in Lesotho by providing technical assistance and other targeted project support to improve the quality, availability, and use of strategic information. A national-level data needs assessment was recently completed. ORC Macro provided some technical assistance to the MOHSW to ensure quality in the World Bank-funded demographic and health survey in Lesotho. Through MEASURE, USAID also plans to sponsor three or four individuals from the Lesotho government for a short course in South Africa in monitoring and evaluation.

### ***Other USAID/CDC activities***

USAID is working with the University Research Corporation to carry out an assessment and make key recommendations examining the link between HIV/AIDS and tuberculosis. USAID is also funding Management Sciences for Health's Rational Pharmaceutical Management *Plus* program to carry out an assessment and make key recommendations to improve drug and commodity supply systems and management at the country level. CDC is supporting laboratory infrastructure needs.

### ***Other non-USAID/CDC activities from other USG agencies***

***U.S. Department of Defense HIV/AIDS Prevention Program*** The mission of this program is to reduce the incidence of HIV/AIDS among uniformed personnel in selected African nations. Makoanyane Military Hospital received computer, audiovisual, and laboratory equipment, as well as nutritional supplements for Lesotho Defense Force troops with AIDS and

those testing positive for HIV. The hospital also received funding for various HIV/AIDS prevention activities for the Lesotho Defense Force.

**U.S. Department of Labor (DOL) HIV/AIDS Workplace Strategy and Policy** In cooperation with the Ministry of Labor, National Council of Employers, trade unions, private sector enterprises, UNAIDS, and local NGOs, the DOL works to contribute to the prevention of HIV/AIDS in the workplace, enhancement of workplace protection, and the reduction of its adverse consequences on social, labor, and economic development. The DOL sponsored a workplace education program in December 2004 and focused on developing workplace policies.

**Ambassador's Girls Scholarship Program** This program is designed to assist Basotho girls to attend primary or high school despite difficulties in their homes. Scholarships are awarded according to academic merit, the level of poverty, and the effects of HIV/AIDS on the children or their families. More than 500 girls now benefit from this program.

## **IMPORTANT LINKS AND CONTACTS**

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*Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project*

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