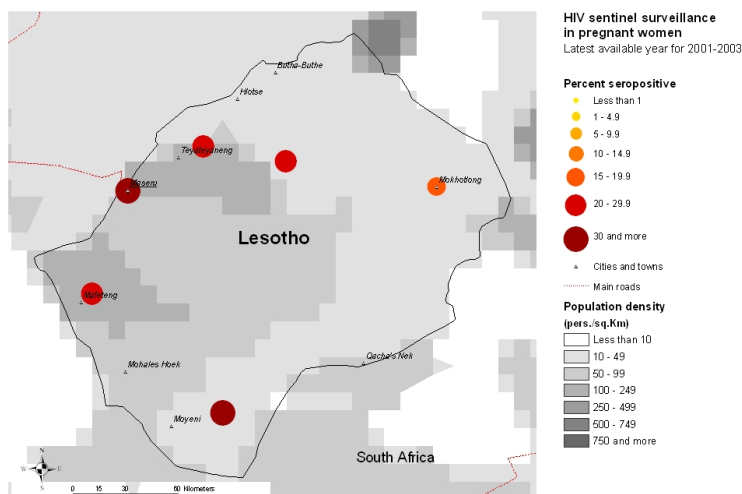


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **58 000**
 Antiretroviral therapy target declared by country: **28 000 by the end of 2006**



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	2.2	Lesotho Bureau of Statistics
Population in urban areas (%)	2005	18.2	United Nations
Life expectancy at birth (years)	2003	38	WHO
Gross domestic product per capita (US\$)	2002	402	United Nations
Government budget spent on health care (%)	2002	6.9	WHO
Per capita expenditure on health (US\$)	2002	17	WHO
Human Development Index	2003	0.497	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* In 2004, the Lesotho Demographic and Health Survey estimated that the adult prevalence of HIV/AIDS was 24%. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006. ** Demographic And Health Surveys.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	26.3 - 31.7%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	290 000 - 360 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	8 400	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	58 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	102	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°	2004	26	DHS**
Knowledge of HIV prevention methods (15-24 years)% - male°	2004	18	DHS**
Reported condom use at last higher risk sex (15-24 years)% - female°°	2004	53	DHS**
Reported condom use at last higher risk sex (15-24 years)% - male°°	2004	53	DHS**

3. Situation analysis

Epidemic level and trend and gender data

Lesotho faces a serious and worsening HIV/AIDS problem. One quarter of the people 15-49 years old in Lesotho is HIV positive, among the highest rates in the world. Generalized poverty and social dislocation because of migratory labour are the two main factors driving the HIV epidemic. The epidemic has a mature pattern, with a high case-fatality ratio, many orphans and vulnerable children, increasing mother-to-child transmission, decreasing life expectancy, declining productivity affecting the national economy and very high demands on the health care system. Not only are the numbers of people with AIDS increasing drastically, the number of new HIV infections is very high, with no indication that the epidemic is stabilizing. Surveillance data from five antenatal surveillance sites indicate worsening trends in HIV infection, with the median HIV seroprevalence rate at these five sites estimated at 5% in 1993 to over 25% in 2003. Very high HIV infection rates exceeding 50% are also reported among people with tuberculosis and, among people with sexually transmitted infections, exceeding 60%.

Major vulnerable and affected groups

Recent studies indicate that the people mostly affected include young people, and especially teenage girls and people 20-29 years old; people with sexually transmitted infections; former miners; migrant labourers; factory workers; unemployed people; and female sex workers. Most people living with HIV/AIDS are women. Data from five major sentinel surveillance sites show a steady upward trend in the proportion of pregnant women 20-24 years old testing HIV positive. The HIV prevalence rate among people attending antenatal care and care services for sexually transmitted infections has increased over time. The prevalence among people attending services for sexually transmitted infections increased from 5-7% in 1991 to 35-63% in 2000. The prevalence among people attending antenatal care increased from 0.7-5% in 1991 to 16-42% in 2000.

Policy on HIV testing and treatment

Lesotho supports a comprehensive approach that integrates HIV prevention, care and treatment. HIV testing and counselling is considered central to this strategy, serving as a key entry point to all three services. In March 2004, the government initiated a policy of universal voluntary counselling and testing and launched a national campaign to encourage the people of Lesotho to know their HIV status. A National Operational Plan to Achieve Universal Access to HIV Testing and Counselling by the end of 2007 was launched in December 2005. National antiretroviral therapy guidelines and HIV/AIDS testing and counselling manuals have been developed in accordance with international standards. Nongovernmental organizations, people living with HIV/AIDS, bilateral and multilateral partners and community-based organizations all worked closely with the government to develop the Policy Framework on HIV/AIDS Prevention, Control and Management and the National HIV/AIDS Strategic Plan (2002-2005).

Antiretroviral therapy: first-line drug regimen, cost per person per year

In 2001, the first antiretroviral therapy programme was started at Maluti Hospital, which belongs to the Christian Health Association of Lesotho. Under this programme, the user pays the cost of the antiretroviral drugs, laboratory assessment and monitoring. Private institutions charge per service rendered or drug given. The first-line regimen is lamivudine + zidovudine + nevirapine (or efavirenz). With support from the William J. Clinton Foundation, the first-line drug regimen became available at a cost of US\$ 120 per person per year at the end of 2004. By December 2005, the first-line drug regimen was available at close to US\$ 24 per person per year.



Assessment of overall health sector response and capacity

The Lesotho AIDS Programme Coordinating Authority was established within the Office of the Prime Minister in 2001 to coordinate and oversee national efforts to address the HIV epidemic. Successive national AIDS strategic plans have been developed to set forth a strategy of multisectoral collaboration in HIV prevention and control efforts. A National AIDS Commission was established in 2004 to coordinate implementation of the National HIV/AIDS Strategic Plan, superseding the Lesotho AIDS Programme Coordinating Authority. The Government of Lesotho has recognized the urgent need to scale up the overall response of the country to HIV/AIDS. The government has established structures and frameworks in response to the HIV/AIDS epidemic, including the Lesotho AIDS Programme Coordinating Authority, district AIDS task forces, the United Nations Theme Group on HIV/AIDS in Lesotho, bilateral agencies and a national multisectoral task force. A Directorate for HIV/AIDS was formed in the Ministry of Health and Social Welfare to provide technical advice and to advance the health sector's response to the epidemic. Health sector reforms launched in 2000 have focused on building system capacity both through the public and private sector. A national programme for preventing mother-to-child HIV transmission has been developed and implemented, and antiretroviral therapy pilot programmes are being implemented. A national plan for scaling up access to antiretroviral therapy is being developed. Modules for training health workers have been developed and training is underway using the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach. A "Know Your Status" campaign was launched in 2004 to encourage people to know their HIV status, thereby building HIV/AIDS knowledge, shifting attitudes and influencing behaviour on HIV/AIDS, with a focus on HIV testing and counselling. A comprehensive National Operational Plan to Achieve Universal Access to HIV Testing and Counselling by the end of 2007 was launched in December 2005 with the participation of multiple stakeholders. The approach is community-based, with emphasis on developing the skills of lay and paramedical personnel to provide critical HIV-related services. Broadly, the key components of the strategic approach for ensuring universal access to HIV testing and counselling specify that every household in Lesotho will be offered an HIV test and personal counselling following community level education and mobilization; that communities will choose how HIV testing and counselling will be carried out for their members, choosing among house-to-house counselling by a community health worker from within or outside their community, mobile testing and counselling on fixed dates and provider initiated testing and counselling in health facilities; that every person tested and counselled will be referred to post-test services, according to their HIV status; and that community-level testing and counselling will be rolled out at the same time that HIV prevention, care and treatment services are scaled up at the health centre level.

Critical issues and major challenges

Despite clear strategies proposed in the National HIV/AIDS Strategic Plan, inadequate skills and financial resources have compromised the translation of the strategies into specific plans for implementation. Training various categories of health workers is critical for scaling up access to testing and counselling and post-test services. Strategies to roll out the provision of antiretroviral therapy from hospitals to health centres need to be reinforced. Laboratory capacity to diagnose and monitor the people receiving antiretroviral therapy needs to be strengthened. Limited access to essential drugs, high drug prices, lack of services for preventing mother-to-child transmission, an inadequate communication strategy on HIV/AIDS and inadequate clinical management of people living with HIV/AIDS comprise other critical challenges.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 41.7 million and US\$ 44.1 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 27 000 people in 2005.
- Lesotho submitted a successful HIV/AIDS Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for total funding of US\$ 29.3 million and two-year approved funding of US\$ 10.6 million. As of December 2005, US\$ 7.9 million has been disbursed. Lesotho also submitted a successful proposal to Round 5 of the Global Fund for scaling up HIV/AIDS prevention, care and treatment interventions and a viable health system for their implementation for a total of US\$ 40.3 million.
- The Government of Lesotho has committed to contribute 2% of all ministry budgets (about US\$ 715 000) to the fight against HIV/AIDS, of which 1% is going directly into the antiretroviral therapy programme. This funding has supported the procurement of the first consignment of antiretroviral medicine.
- Bilateral partners contributing to the national response include the United States Agency for International Development and the Development Cooperation of Ireland. Support is also available from United Nations agencies and some international nongovernmental organizations.

5. Treatment and prevention coverage

- In 2003 WHO and UNAIDS estimated Lesotho's total treatment need to be 54 000 people, and the WHO "3 by 5" treatment target for the end of 2005 was calculated to be 27 000 people (based on 50% of estimated need). The government has set a national treatment target of 28 000 people for 2005, in line with the "3 by 5" target. The country planned to put 5000 people on antiretroviral therapy by the end of 2004 and the remaining 23 000 by December 2005. This target has been extended further to 2006.
- Treatment for people living with HIV/AIDS has only been implemented on a small scale. During 2003, an estimated 1000 people received antiretroviral therapy. Most of the treatment of people living with HIV/AIDS occurs through the private sector, which has made antiretroviral therapy available since 2001 for those who can afford it. As of August 2004, about 2500 people were receiving antiretroviral therapy. By May 2005, 5000 people were receiving antiretroviral therapy, and by December 2005, 8400 people were receiving antiretroviral therapy.
- Located on the outskirts of Maseru, the Senkatana Centre, a free treatment centre funded almost entirely by the pharmaceutical company Bristol-Myers Squibb, has placed nearly 600 people on antiretroviral therapy since it opened in May 2004.
- The government opened the first of its antiretroviral therapy clinics in November 2004 at Maluti Hospital, which belongs to the Christian Health Association of Lesotho. Antiretroviral therapy services have also been provided in Senkatana Centre, through an agreement between the Government of Lesotho, Bristol-Myers Squibb and the community, since 2004. The draft national plan for scaling up access to antiretroviral therapy plans to expand provision in a stepwise manner in health facilities in both the low and the highlands. By December 2005, there were 22 sites providing antiretroviral therapy in the country.
- Voluntary counselling and testing facilities are also gradually increasing, from 18 at the end of 2003 to 102 by December 2005. Sites providing services for preventing mother-to-child transmission have also increased from 8 in June 2004 to 20 by December 2005.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of Health and Social Welfare provides overall guidance, coordination and supervision of the national response. The National AIDS Commission Secretariat plays a leading role in advocacy, supporting resource mobilization and multisectoral coordination. The Country Coordinating Mechanism manages resource mobilization through the Global Fund. The Expanded United Nations Theme Group on HIV/AIDS in Lesotho coordinates the provision of technical guidance, supports advocacy and resource mobilization and establishes links with the United Nations Volunteers and other partnerships. The Ministry of Local Government and the Ministry of Labour support activities related to human resource planning. The Ministry of Justice is responsible for the legal and policy framework and for supporting people living with HIV/AIDS. UNAIDS supports the coordination process. The World Bank contributes to managerial and financial processes along with the United Kingdom Department for International Development and Development Cooperation Ireland, which also support management and financial processes.

Service delivery

The Ministry of Health and Social Welfare is responsible for implementing the national HIV/AIDS response with support from various partners. The Ministry of Health and Social Welfare through the Directorate for HIV/AIDS has established a procurement office for HIV/AIDS health products. The HIV/AIDS Health Products Coordination Unit was established with the support of Boston University; it manages the procurement of antiretroviral medicines, and the National Drug Supply Organization manages storage and distribution. A draft procurement and supply management plan has been developed, and a first consignment of drugs has been ordered through the International Dispensary Association following WHO prequalification and based on Médecins Sans Frontières recommendations on affordable antiretroviral drugs. Since October 2004, the William J. Clinton Foundation HIV/AIDS Initiative is providing technical assistance to the treatment plan, including support for procuring drugs and diagnostics at low prices. WHO, UNAIDS and UNICEF support national partners in implementation. WHO also provides normative guidance, as well as support for training health workers. The Christian Health Association of Lesotho provides an estimated one third of the country's health care through a network of eight hospitals and 73 health centres and plays an important role in delivering HIV/AIDS services.

Community mobilization

A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. Nongovernmental organizations contributing to the national response include the Lesotho Network of People Living with HIV/AIDS, Lesotho Save the Children and Lesotho Youth Organization. UNICEF supports activities related to programme communication; the Expanded United Nations Theme Group on HIV/AIDS in Lesotho and the World Food Programme provide support for programme communication and material and nutrition support.

Strategic information

The Ministry of Health provides leadership in the areas of monitoring and evaluation, surveillance, antiretroviral drug resistance, information management and operational research through the HIV/AIDS Health Products Coordination Unit. The Monitoring and Evaluation Unit of the National AIDS Commission provides overall coordination of monitoring and evaluation. In association with the Ministry of Health, WHO provides support for tracking the people receiving antiretroviral therapy, monitoring antiretroviral drug resistance and conducting operational research.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Undertaking a situation analysis for scaling up antiretroviral therapy and supporting national authorities in developing a national operational plan for scaling up antiretroviral therapy
- Supporting the development of national guidelines on HIV testing and counselling and antiretroviral therapy
- Supporting the development of training materials for delivery of HIV services and for training trainers through the WHO Integrated Management of Adult and Adolescent Illness (IMAI) framework and supporting the training of health workers
- Providing support for developing a Global Fund Round 5 proposal and reprogramming the Global Fund Round 2 grant
- Providing support for developing the national policy document Turning a crisis into an opportunity: strategies for scaling up the national response to the HIV/AIDS pandemic in Lesotho
- Providing technical assistance for the procurement and supply management of pharmaceutical products
- Participating in developing a joint United Nations strategy for intensified support to Lesotho within the framework of "3 by 5" in collaboration with UNICEF, UNDP, UNFPA, the Food and Agricultural Organization of the United Nations, the World Food Programme, UNAIDS and the World Bank
- Supporting the development of the National Operational Plan to Achieve Universal Access to HIV Testing and Counselling
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing technical assistance for implementing the "Know Your Status" campaign to achieve universal access to HIV testing and counselling services
- Providing technical assistance for scaling up post-test services, including prevention, treatment, care and support
- Supporting human resource capacity-building with the training of health workers to provide critical HIV/AIDS services
- Supporting the strengthening of procurement and supply management systems
- Providing support for implementing the Global Fund Round 2 and Round 5 proposals in accordance with national plans for scaling up the HIV/AIDS response
- Providing technical assistance for monitoring and evaluation of the national response
- Providing support for implementing Phase II of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS

Staffing input for scaling up HIV treatment and prevention

- Current WHO staff responsible for HIV/AIDS include an international HIV/AIDS Country Officer.