



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.9 million (mid-2010)
Estimated Population Living with HIV/AIDS**	270,000 [260,000–290,000] (end 2007)
Adult HIV Prevalence**	23.2% [21.9%–24.5%] (end 2007)
HIV Prevalence in Most-at-Risk Populations***	Returning Mine Workers: 40%; Textile Workers: 43%
Percentage of HIV-Infected Women and Men Receiving Antiretroviral Therapy****	68% (end 2009)

*U.S. Census Bureau ** UNAIDS

*** Ministry of Health and Social Welfare and Apparel Lesotho Alliance to Fight AIDS

****WHO/UNAIDS/UNICEF Towards Universal Access, 2010

AIDS constitutes an alarming threat in Lesotho, where nearly a quarter of the adult population is estimated to be HIV positive – the third highest HIV prevalence in the world. First reported in 1986, HIV spread rapidly after 1993, when adult prevalence was about 4 percent. By 2004, women and men in all income, education, and migration strata had an HIV prevalence of 15 percent or higher, according to the Joint United Nations Program on HIV/AIDS (UNAIDS) *Epidemic Update* 2009. Lesotho’s epidemic appears to have stabilized at an adult prevalence rate of 23.2 percent in 2007, according to UNAIDS. The following year, the National AIDS Commission (NAC) estimated prevalence at 23.6 percent.

HIV infections in normally “low risk” partnerships are high. In 2008, between 35 and 62 percent of incident HIV infections occurred among people who had only a single sexual partner, according to a study by the NAC. Despite the high incidence of new cases in this population, virtually no programs focus on married couples or people in long-term relationships (UNAIDS 2009). Recent surveillance data suggest a decline in infection levels among young pregnant women 15 to 24 years old; however, this may be due to the addition of new surveillance sites in the most recent survey. HIV prevalence is also higher in urban populations than rural populations.

According to the NAC, approximately 25,000 new infections occurred in 2008. HIV/AIDS-related workplace absences, illness, premature death, and early retirements lead to loss of skills and experience and declining productivity. The epidemic has affected development, damaged an already strained economy, and placed high demands on the health care system. A 2004 World Bank report estimated that HIV/AIDS will reduce gross domestic product in the country by almost a third by 2015.

Groups most at risk of being infected include former miners, migrant laborers, factory workers, people who are unemployed, female sex workers, and young people, especially teenage girls. Recent data have indicated an overall downward trend in infections among young adults 15 to 24 years old, with prevalence dropping from 11 percent in 2005 to 8.9 percent in 2007. Nearly 15 percent of young women, however, are HIV positive, underscoring the burden of the epidemic borne by females. Fewer than 10 percent of 18- and 19-year-old women are HIV positive, but by the time they turn 22, 30 percent will be infected, and, by age 24, nearly 40 percent will have HIV, according to UNAIDS (2006).

Children are a particularly vulnerable group because they can be infected through mother-to-child transmission and can also be affected by the loss of a parent to AIDS. According to UNAIDS, 12,000 children in Lesotho under the age of 15 are infected with HIV, and approximately 110,000 children under age 18 have been orphaned by the epidemic. According to the Ministry of Education, 34 percent of the 523,000 children attending school have lost one or both parents to AIDS. Recent improvements in prevention of mother-to-child HIV transmission (PMTCT) coverage, which increased from 5 percent in 2005 to 31 percent in 2007 through a massive scale-up effort, aim to reduce the number of children afflicted with HIV. Marked increases were also made in the number of HIV-positive pregnant women receiving antiretroviral therapy (ART). According to a study cited in the 2009 UNAIDS epidemic update, there is evidence that the number of new cases attributed to mother-to-child transmission is decreasing due to this scale-up.



There are several factors driving Lesotho's epidemic, including intergenerational sex, low levels of condom use, high levels of sexual and physical violence, and the common practice of having multiple concurrent sexual partners. A 2009 study cited by UNAIDS reported that 24 percent of adults have multiple sexual partners. Labor migration, which separates couples for lengthy periods of time, may be a driving factor behind these high rates of concurrent partnerships. Intergenerational sex is another risk factor – women aged 14 to 24 have a prevalence rate (14.9 percent) more than 2.5 times higher than the prevalence rate in men of the same age (5.9 percent), according to the 2008 report of the United Nations General Assembly Special Session. In a 2002 survey of young people aged 12 to 24, the male partner was at least five years older than the female partner in more than half (53 percent) of all sexual relationships and more than 10 years older in 19 percent. A recent epidemiological review also demonstrated the impact of sexual and physical violence in perpetuating the epidemic. According to a recent survey, 40 percent of women and 47 percent of men say that women have no right to refuse sex with their boyfriends or husbands (UNAIDS, 2009).

HIV testing and counseling has increased dramatically in the past decade. Only 9.1 percent of men and 12 percent of women knew their HIV status in 2004, according to the 2004 Lesotho Demographic and Health Survey (DHS). However, the 2009 UNAIDS Epidemic Update indicated that Lesotho now has one of the highest testing rates per 1000 population, exceeding 70 percent of the eligible population in 2009.

The overall coverage of many HIV-related services remains low, however, and limited capacity in the health sector is one of the major challenges in scaling up the response to HIV/AIDS. Despite this, the 2010 *Towards Universal Access* report indicates that ART coverage increased substantially from 26 percent at the end of 2007 to 68 percent at the end of 2009, when 2006 WHO guidelines on when to initiate treatment were still in effect. A revised WHO recommendation in 2009 increased the threshold for initiating treatment to a CD4 white blood cell count of 350 cells/mm³ from 200 cells/mm³, a change that immediately increased the number of people living with HIV/AIDS eligible for and in need of treatment.

With an incidence rate of 640 cases per 100,000 population in 2008, tuberculosis (TB) is also endemic in Lesotho. TB-HIV co-infection rates are high, with the World Health Organization (WHO) reporting that 76 percent of people with TB in 2008 were also HIV positive. TB-HIV co-infection complicates the care and treatment of both diseases, and Lesotho's high rate is particularly alarming due to its already overburdened health care system. The spread of multidrug-resistant TB and extensively drug-resistant TB (XDR-TB), which is resistant to the two most potent first-line treatments and some second-line drugs as well, is also a concern. Lesotho's first case of XDR-TB was confirmed in a mine worker in 2007, who was working in a mine in South Africa at the time of infection.

National Response

The Government of Lesotho has taken concrete actions to address the epidemic through the declaration of HIV/AIDS as a national disaster; the development of the National AIDS Strategic Plan (2006–2011) and an accompanying monitoring and evaluation plan; and the establishment of the Lesotho AIDS Program Coordinating Authority under the Prime Minister's Office. In 2005, the Government passed a bill establishing the semi-autonomous NAC and the National AIDS Secretariat to coordinate and support strategies. In 2006, the Parliament enacted a bill providing married women, who up to then were considered minors, with status equal to their spouses. In 2007, favorable developments included the release of the Statement of Commitment by Lesotho's Church Leaders on AIDS and the first national elections since 2002.

Ministry of Health and Social Welfare (MOHSW) personnel have been reorganized, leading to a positive effect on program implementation and coordination for U.S. Government (USG) activities in Lesotho. Programs led by MOHSW include the national "Know Your Status" campaign; PMTCT activities; surveillance and research; and efforts to improve treatment, care, and support, including improving infrastructure, training staff to provide quality services, and ensuring supplies of antiretroviral drugs. MOHSW has also been very responsive to the orphans and vulnerable children (OVC) crisis and has developed a national strategy and a monitoring and evaluation plan. The Ministry was also instrumental in the passage of national policies on OVC, blood transfusions, and HIV counseling and testing. Major ongoing challenges for the Government include low capacity in the health sector, slow progress in achieving behavior change, and low coverage of prevention programs. All of these issues are being actively addressed by ongoing projects through the Government, MOHSW, and partner organizations.

There have been multiple public-private partnerships working in Lesotho to combat HIV/AIDS. In 2004, 15 enterprises from the utility, construction, hospitality, and textile sectors started HIV workplace education and prevention programs. Increased funding in 2007 allowed an additional 37 private companies to join in these activities. In total, 13,185 workers across these different industries were targeted with HIV prevention messages and programs in their workplaces. A partnership among Baylor University, Bristol Myers Squibb, and the Government built the Children's Clinical Center of Excellence to treat HIV-positive infants and children. The facility opened on World AIDS Day in 2009; Bristol Myers Squibb will continue to provide funding for the Center through its Secure the Future philanthropic initiative, while the Baylor College of Medicine will continue to recruit staff for the facility through its Pediatric AIDS Corps. Additional support and funding for the Center come from the United Nations Children's Fund (UNICEF) and the William J. Clinton Foundation.

UNAIDS and other members of the United Nations system in Lesotho work closely with the Government to build and lead the national response. Since 2004, the Global Fund to Fight AIDS, Tuberculosis and Malaria has disbursed \$50.2 million in support of Lesotho's program for scaling up HIV/AIDS prevention, care, and treatment interventions, and for establishing a viable health system for their implementation. Recently, Lesotho was approved for a ninth-round, \$10.4 million grant to be signed in 2010. The USG provides nearly 30 percent of the Global Fund's total contributions worldwide.

Other major international contributors to HIV/AIDS programs in Lesotho include Irish AID, the Clinton Foundation, Medecins Sans Frontieres, Partners in Health, and the Ontario Hospital Foundation. Recognizing the importance of building local capacity in the health system, both on the public and private levels, large-scale projects funded by the World Bank and the U.S. Agency for International Development (USAID) focus on health systems strengthening, decentralization of the health system, and building capacity to support Lesotho's multisectoral response to the HIV/AIDS epidemic.

USAID Support

Through USAID, Lesotho received \$7.3 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Lesotho are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

The PEPFAR/Lesotho team in Maseru coordinates the growing HIV/AIDS activities in Lesotho. Members of the team include the Ambassador and staff from the U.S. Embassy, the PEPFAR Coordinator, USAID, the U.S. Centers for Disease Control and Prevention, the Peace Corps, the U.S. Department of Defense, and the Millennium Challenge Corporation.

Lesotho was the fourth country to develop a Partnership Framework with the USG to support implementation of the national HIV/AIDS response. The Government of Lesotho and the USG worked together to create a five-year strategy to address the HIV/AIDS epidemic, focusing on service delivery, HIV/AIDS policy reform, and shared financial and/or in-kind commitments from both Lesotho and the United States. The overarching priority of the framework is to establish a more sustainable and responsive health and social welfare system by December 2014. The four primary goals of the framework are to:

- Reduce HIV incidence by 35 percent
- Reduce morbidity and mortality and provide essential support to Basotho people living with or affected by HIV/AIDS
- Improve and increase human resource capacity for HIV service delivery, focusing on retention, training, and quality improvement
- Strengthen health systems in the key areas of health management, information systems, laboratory, organizational capacity, and supply chain management

Current priority areas for USAID in Lesotho include scale-up of PMTCT and prevention of sexual transmission through increased behavior change communication programs that include messaging to reduce multiple concurrent partnerships. By 2007, 64 facilities in Lesotho offered PMTCT services. To allow for a more local response, the PMTCT programs were reorganized in 2008, and 4,100 pregnant women were targeted to receive ART. The USAID-funded Care and Treatment activity, which includes PMTCT, is led by the Elizabeth Glaser

Pediatric AIDS Foundation (EGPAF). The EGPAF project supports the Government of Lesotho in coordinating technical assistance for PMTCT, as well as treatment and care activities in the country. Currently EGPAF is supporting the Government to provide PMTCT services in all health centers nationwide.

In 2008, 54,000 individuals were targeted with abstinence and “be faithful” messages, and partnerships with local mining, textile, utility, and hospitality industries promoted HIV prevention through workplace programs. Additional technical support was provided to businesses interested in providing HIV prevention activities to their staff and to local organizations for HIV-related institutional capacity building. Scale-up of community- and home-based care; continued voluntary counseling and testing coverage through mobile units in all 10 of the country’s districts; and health system strengthening efforts to address the persistent human resources challenges facing Lesotho’s health sector are other priority concerns in USAID/Lesotho’s HIV/AIDS programming.

HIV/AIDS activities are also conducted in Lesotho through the USAID Southern Africa Regional Program, which was created to address development challenges through regional approaches that complement and support national and USAID’s bilateral efforts. The Program employs cross-border interventions, sharing of best practices, policy and advocacy, capacity building, and small grants programs to reduce the spread of HIV/AIDS and the disease’s impact on the region. The Government of Lesotho has worked closely with the Regional Program to improve chronic human resource shortages in the health sector and the delivery of crucial HIV-related services. The focus of these efforts has been on developing human resource plans and continued training of local organizations in leadership, management, and on-the-job coaching. The Regional Program also supported a gender study in Lesotho in 2008 to identify strategies to involve men in providing HIV/AIDS services at the community level. In 2009, regional activities supported local capacity building, and local organizations showed improvements in budgeting, financial management, and monitoring and evaluation.

Important Links and Contacts

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USAID’s HIV/AIDS Web site for Lesotho:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/lesotho.html.

USAID’s HIV/AIDS Web site for Southern Africa:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/saregional.html.

October 2010