USAID | LESOTHO
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HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.9 million (2006)
Estimated Population Living with HIV/AIDS*	268,000 (2006)
Adult HIV Prevalence**	23.2% [21.9-24.7%] (end 2005)
HIV Prevalence in Most-At-Risk Populations***	Returning Mine Workers: 40% Textile Workers: 43%
Percentage of HIV-Infected Women and Men Receiving Antiretroviral Therapy****	31% (end 2006)

*Lesotho Bureau of Statistics ** UNAIDS *** Ministry of Health and Social Welfare and Apparel Lesotho Alliance to Fight AIDS ****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

With nearly a quarter of Lesotho's adult population estimated to be HIV positive, AIDS constitutes an alarming threat. First reported in Lesotho in 1986, HIV spread rapidly after 1993, when adult prevalence was about 4 percent. According to UNAIDS, HIV prevalence among women in the 25- to 29-year age group attending antenatal clinics was 38 percent in 2005. Recent surveillance data suggest a decline in infection levels among young pregnant women 15 to 24 years old; however, this may be due to additional surveillance sites in the most recent survey. In Lesotho, HIV prevalence is higher in urban areas than in rural areas. The overall coverage of HIV-related services is low. By the end of 2006, only 31 percent of the HIV-infected population was receiving antiretroviral therapy.

According to the National AIDS Commission (NAC) and UNAIDS, approximately 29,000 new infections occurred in 2007. Absence, illness, premature death, and early retirements lead to loss of skills and experience and declining productivity, affecting development, damaging an already strained economy, and placing 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, the unemployed, female sex workers, and young people, especially teenage girls. 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. Children are a particularly vulnerable group because they are infected through mother-to-child transmission, and they are also affected by the loss of a parent to AIDS. According to UNAIDS, 18,000 children under the age of 14 are infected with HIV. Approximately 97,000 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.

There are several factors driving Lesotho's epidemic, including high levels of casual sex coupled with low levels of condom use and an extremely low percentage of the population who know their HIV status. Two-thirds of men and one-third of women reported having sex with someone other than their long-term partners in the last 12 months, according to a 2004 study cited by UNAIDS; fewer than 50 percent used condoms. Intergenerational sex is another factor, and women aged 14 to 24 have a prevalence rate (14.3 percent) more than two and a half times higher than the prevalence rate in men of the same age (5.6 percent). Moreover, according to the 2004 Lesotho Demographic and Health Survey, only 9.1 percent of men and 12 percent of women knew their HIV status.

With an incidence rate of 255 cases per 100,000 population in 2006, tuberculosis (TB) is also endemic in Lesotho. HIV-TB co-infection rates are high, with 48 percent of people with TB reported to be HIV positive in 2006, according to the World Health Organization. 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 of the available second-line drugs, also is causing concern in Lesotho. Lesotho's first case of XDR-TB was confirmed in a mine worker in 2007.

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, 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 National AIDS Secretariat to coordinate and support strategies. In 2006, Lesotho's Parliament enacted a bill providing married women, who up to then were considered minors, with status equal to their spouses. Another favorable development was the release of the Statement of Commitment by Lesotho's Church Leaders on AIDS. Also in 2007, national elections were held for the first time in five years. Ministry of Health and Social Welfare (MOHSW) personnel have since 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; activities for preventing mother-to-child HIV transmission (PMTCT); efforts to improve treatment, care, and support, including improving infrastructure, training staff to provide quality services, and ensuring supplies of antiretroviral drug commodities; and surveillance and research. The MOHSW has also been very responsive to the orphans and vulnerable children crisis through the development of a national strategy and a monitoring and evaluation plan. The Ministry was also instrumental in the passage of a new children's act.

UNAIDS and other members of the United Nations system in Lesotho work closely with the Government to build and lead the national response. In 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a fifth-round grant 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. The USG provides one-third of the Global Fund's total contributions. Other major international contributors to HIV/AIDS programs in Lesotho include Irish AID, the William J. Clinton Foundation, Medecins Sans Frontieres, Partners in Health, and the Ontario Hospital Foundation.

USAID Support

Through the U.S. Agency for International Development (USAID), Lesotho in fiscal year 2008 received $9.16 million for essential HIV/AIDS programs and services. USAID programs in Lesotho are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of $39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

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 Task Force include the Ambassador and staff from the U.S. Embassy, the PEPFAR Coordinator, USAID, the U.S. Department of Health and Human Services, the U.S. Centers for Disease Control and Prevention (CDC), the Peace Corps, and the Millennium Challenge Corporation (MCC).

The PEPFAR Country Coordinator was assigned to Lesotho in 2005. The coordinator was joined by a CDC program manager the following year. PEPFAR in Lesotho focuses on four strategic priorities agreed upon in 2006: PMTCT and sexual transmission of HIV; counseling and testing; integration of TB and HIV services; and systems strengthening, with a focus on the human capacity crisis. A significant event that will undoubtedly influence USAID activities and PEPFAR operations in the coming years is the $362 million MCC Compact, signed in July 2007, which includes a $122 million health component. Although largely focused on infrastructure building, the health portion of the Compact includes an $18.7 million package of "soft money" that will be used to address human resource issues, restructure the MOHSW as part of its decentralization, and assist with health management information systems. Lesotho is the only country where MCC has designated money for health and the only country to receive both MCC and PEPFAR funding. USAID is the lead agency within PEPFAR to partner with MCC on health systems strengthening.

USAID's programs focus primarily on prevention, including PMTCT, male circumcision, and behavior change communication; capacity building for community-based programming; the human capacity crisis; and supply chain management systems. USAID is assisting the Government of Lesotho to address the human capacity crisis by supporting the improvement of the quality, accessibility, and use of priority health care services. Support for human capacity programs is provided by a coalition of international and regional organizations led by IntraHealth and including the Foundation for Professional Development, Management Sciences for Health, the Training Resources Group, Cohsasa, and the East, Central, and Southern Africa Health Community. These organizations collaborate to support implementation of Lesotho's Emergency Human Resources Plan;

improve workforce policies and planning; develop better education and training programs for the workforce; develop and implement health facility accreditation standards; and strengthen systems to support workforce performance.

USAID supports capacity building for nine community-based and nongovernmental organizations to deliver HIV/AIDS services. In 2008, USAID will launch a behavior change communication initiative focused on prevention. As a lead-up to targeted, national-level behavior change communication message development, USAID is providing technical assistance to design and conduct a study of multiple concurrent partnerships. Additionally, in response to an MOHSW request, USAID plans to identify

and place a clinician trainer to guide male circumcision training programs at the nation's largest hospital, Queen Elizabeth II. USAID's Southern Africa Regional HIV/AIDS Program, based in Pretoria, South Africa, also provides targeted short-term technical assistance to the Lesotho program.

Recent USAID successes include its 2004 support for the assessment of the national PMTCT program, resulting in an MOHSW follow-on request for increased support to the national program. In response, USAID funded and organized a PMTCT Partnership, which includes the Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, the Infant and Young Child Nutrition Project, and Baylor College of Medicine. Together, these organizations are the lead support to the Government of Lesotho for the coordination and technical assistance of PMTCT, follow-up treatment and care, and care activities in the country. By the end of 2008, the Partnership will provide PMTCT services in seven of 10 districts nationwide, including seven hospitals, three filter clinics, and 47 health centers.

Important Links and Contacts

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

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

For more information, see USAID's HIV/AIDS Web site:

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