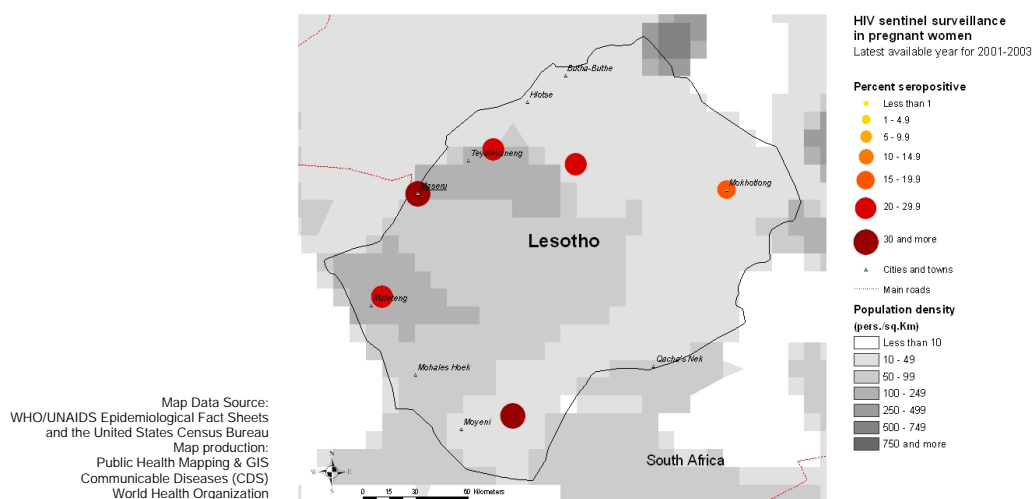


LESOTHO

WHO estimate of number of people requiring treatment - end 2004: 56 000
 Antiretroviral therapy target declared by country: 28 000 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1.8	United Nations
Population in urban areas (%)	2003	17.9	United Nations
Life expectancy at birth (years)	2002	35.7	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	2002	0.493	UNDP

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 (15-49 years)	May 2005	5000	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	56 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	82	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	72.9%	WHO

3. Situation analysis

Epidemic level and trend and gender data

Lesotho faces a serious and worsening HIV/AIDS problem. One in three 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

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 have 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). A national policy on the use of antiretroviral drugs is scheduled to be developed to support implementation of the Round 2 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In March 2004, the government initiated a policy of universal voluntary counselling and testing.

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. The first-line regimen is lamivudine + zidovudine + nevirapine (or efavirenz). With support from the Clinton Foundation, the first-line drug regimen is available at a cost of US\$ 120 per person per year. The government opened the first of its antiretroviral therapy clinics in November 2004. At the Senkatana Centre, people living with HIV/AIDS contribute the equivalent of US\$ 18 per year for antiretroviral therapy services, including drugs and all other services rendered, irrespective of their financial status. Private institutions charge per service rendered or drug given. As of June 2005, treatment is being provided in a total of 11 sites in the country.

Assessment of overall health sector response and capacity

The Government of Lesotho has recognized the urgent need to scale up antiretroviral therapy as part of 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 United Nations Theme Group on HIV/AIDS in Lesotho and bilateral agencies, the Lesotho AIDS Programme Coordinating Authority, district AIDS task forces 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 carried out in eight districts. Antiretroviral therapy services are provided in Senkatana Centre, through an agreement between the Government of Lesotho, Bristol-Myers Squibb and the community; and in the Maluti Hospital of the Christian Health Association of Lesotho. The hospitals of the Christian Health Association of Lesotho will soon be contracted to provide additional antiretroviral therapy services, subject to measurable quality assurance standards. 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.



Critical issues and major challenges

Critical barriers for scaling up antiretroviral therapy include limited access to essential drugs, high drug prices, lack of voluntary counselling and testing services, 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. Despite clear strategies proposed in the National HIV/AIDS Strategic Plan (2002-2005), 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 antiretroviral therapy. Laboratory capacity to diagnose and monitor the people receiving antiretroviral therapy needs to be strengthened. Additional capacity-building is needed in preventing transmission, in community organization and in building partnerships. Strategies to roll out the provision of antiretroviral therapy from hospitals to health centres need to be reinforced.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 41.7 million and US\$ 44.1 million is 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 for total funding of US\$ 29.3 million and two-year approved funding of US\$ 10.6 million. The funds disbursed to date total about US\$ 4.4 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.
- An estimated US\$ 5.3 million is expected to be available from the Global Fund Round 2 grant to support treatment scale-up during 2004-2005. Bilateral sources are expected to commit about US\$ 0.5 million for scaling up antiretroviral therapy in 2004-2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Lesotho to reach 27 000 people by the end of 2005 is between US\$ 35.9 million and US\$ 38.3 million.

5. Antiretroviral therapy 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, which is 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.
- 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 in the country.
- Located on the outskirts of Maseru, the Senkatana Centre, a free treatment centre funded almost entirely by the pharmaceutical company Bristol-Myers Squibb, placed nearly 600 people on antiretroviral therapy in the seven months since it opened in May 2004.
- The Round 2 proposal for the Global Fund aims to provide treatment for 25 000 clinically eligible people by the fifth year of the programme.

6. Implementation partners involved in scaling up antiretroviral therapy**Leadership and management**

The Ministry of Health and Social Welfare provides overall guidance, coordination and supervision of the antiretroviral therapy programme. The National AIDS Commission Secretariat plays a leading role in advocacy for antiretroviral therapy, supporting resource mobilization, coordinating the input of other sectors into the antiretroviral therapy programme and coordinating voluntary counselling and testing in freestanding sites and universal HIV testing. 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 support for the antiretroviral therapy programme, 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.

Antiretroviral therapy service delivery

The Ministry of Health and Social Welfare is responsible for implementing the national antiretroviral therapy programme 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. The involvement of partners in delivering and scaling up antiretroviral therapy is still at an early stage. Discussions are currently ongoing to identify the specific roles and contributions of partners in supporting the scaling up of antiretroviral therapy. 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.

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. UNICEF supports activities related to programme communication; the 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. WHO support for scaling up antiretroviral therapy**WHO's response so far**

- Analysing the situation for scaling up antiretroviral therapy and convening a discussion of partners on scaling up antiretroviral therapy and on identifying partners' roles
- Supporting the development of national guidelines on HIV testing and counselling and antiretroviral therapy
- Supporting the development of a national operational plan for scaling up antiretroviral therapy
- Supporting the development of training materials for HIV testing and counselling and for training trainers
- 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 on 'Turning a crisis into an opportunity: strategies for scaling up the national response to the HIV/AIDS pandemic in Lesotho'
- Providing technical assistance for adaptation of the manual and training materials of the Integrated Management of Adult and Adolescent Illness (IMAI) strategy
- Providing technical assistance for the procurement and supply management of pharmaceutical products

Key areas for WHO support in the future

- Establishing a "3 by 5" country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Providing support for implementing the Round 2 proposal for the Global Fund in accordance with national plans for scaling up antiretroviral therapy
- Supporting human resource capacity-building through the WHO Integrated Management of Adult and Adolescent Illness (IMAI) framework and adapting it for training health care workers
- Supporting the development of procurement and supply management systems
- Providing technical assistance to assess human resource capacity and monitoring and evaluation

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Recruitment of a "3 by 5" Country Officer is under way to assist the government with planning and rolling out antiretroviral therapy scale-up.
- Additional staffing needs identified include a National Programme Officer for HIV/AIDS, a National Programme Officer for HIV and Tuberculosis and a Home-based Care Coordinator.