



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

LESOTHO

HIV was first detected in Lesotho in 1986, and since then, the nation has experienced a dramatic escalation in the HIV/AIDS epidemic in common with neighboring countries in southern Africa. Lesotho now has the fourth-highest rate of HIV prevalence in the world, having risen from near 4 percent in 1993 to 25 percent in 1999, and to 31 percent by the end of 2001.

Nearly one in three Basotho adults aged 15–49 is now infected with HIV. Life expectancy at birth is 51 years, but it is declining quickly as a direct result of HIV/AIDS; some estimates predict that life expectancy at birth could drop to 37 years in the next 15 years. The unemployment rate stands at 49 percent due to recent retrenchments by the mining industry in South Africa.

Women in Lesotho carry the greatest HIV/AIDS burden. Estimates for 15- to 24-years-olds show that 38.1 percent of young women have HIV infection, whereas men in the same age group have an infection rate of 17.4 percent. HIV is transmitted primarily through heterosexual contact. Transmission of HIV from a mother to her child during pregnancy, at the time of birth, or through breastfeeding accounts for approximately 10 percent of new transmissions. The recent drought and food shortages are directly linked to the pandemic; more and more people are too weak to grow food, while countless children orphaned by AIDS are left to fend for themselves.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	360,000
Total Population (2001)	2,057,000
Adult HIV Prevalence (end 2001)	31%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	65.2%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	42.2%

Sources: UNAIDS, U.S. Census Bureau

NATIONAL RESPONSE

The Government of Lesotho was initially slow to recognize the scale of the HIV/AIDS crisis, and its efforts to combat the spread of HIV have met with limited success. In 1999, the government finalized its Strategic Plan on HIV/AIDS, a model for addressing the education, prevention, counseling, and treatment needs of the populace. In late 2003, the government announced that it was forming a new National AIDS Commission to coordinate society-wide AIDS control and mitigation activities, but it has been put on hold for the time being.



Map of Lesotho: PCL Map Collection, University of Texas

The Government of Lesotho recognizes that HIV/AIDS is simultaneously a health issue and a development issue. King Letsie III and the prime minister have declared HIV/AIDS a national disaster, and they have set a goal of cutting the adult HIV prevalence rate from 31 percent to 25 percent by 2008. Priority action areas include prevention among adolescents and youth; home-based care system;

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information, education, and communication; care and support; reproductive health for women, including treatment for sexually transmitted infections; orphan care; and surveillance.

In 2000, the parliament approved a multisectoral national AIDS strategic plan, which calls for coordination in all HIV/AIDS activities by all government ministries, district offices, donor agencies, nongovernmental agencies, the private sector, churches, and traditional healers. The Lesotho AIDS Programme Coordinating Authority (LAPCA) was established to coordinate nationwide activities, and the government also announced that 2 percent of all government expenditures are to be spent to implement the national AIDS strategic plan. The Country Coordinating Mechanism, a body of nongovernmental organizations cooperating with donor agencies and LAPCA, is working to submit proposals that will secure funding from the Global Fund for AIDS, Tuberculosis and Malaria, and that will make available training for community-based organizations in proposal writing and financial accounting of these funds.

Nevirapine, used to stem mother-to-child transmission of HIV, was introduced in late 2002, but distribution and use of the drug needs to be dramatically improved and expanded to reduce mother-to-child transmission of HIV.

U.S. GOVERNMENT SUPPORT

In 2000, the U.S. Agency for International Development (USAID) launched the Regional HIV/AIDS Program for Southern Africa through which Lesotho receives support for HIV/AIDS work. USAID provides technical support for HIV/AIDS activities through the Ambassador's Initiative on HIV/AIDS and the Corridors of Hope Initiative. The Ambassador's Small Grant Program helps to increase the capacity of community-based organizations by enabling grantee nongovernmental organizations to make a contribution to HIV/AIDS prevention and care in their local communities. The aim of the Corridors of Hope Initiative is to achieve improved sexual and reproductive health of communities living near the South African border and migrant populations passing through those sites in Lesotho.

Prevention

Through Corridors of Hope, USAID funds Care International's Sexual Health and Rights Programme (SHARP!), the goal of which is to reduce HIV vulnerability in Mafeteng, Maputsoe, and Maseru. Sex workers, migrant laborers, youth, and long-distance taxi and truck drivers are the intended audiences for HIV-prevention messages. Commercial sex workers sell condoms to ensure their availability and use; and these sales also offer an alternative income to sex work. Peer educators have been trained among the high-risk groups to provide key messages to the community on issues around HIV/AIDS.

The project also focuses on the prevention needs of factory workers in the garment industry, and particularly on those without regular jobs, who wait outside the factories for "piece" work. The low-income women near these sites are particularly vulnerable to HIV infection because often they are forced to sell sex if they are unable to obtain other paid work.

Awareness and education

The Corridors of Hope Initiative sponsors the Afribike project, which is designed to empower community workers with transportation in the form of bicycles. Afribike provides technical training to volunteers and employees of the SHARP! as well as all necessary tools and parts to maintain the bicycles. Peer educators have received bicycles, and others have been able to purchase bicycles at a reduced cost. The Afribike project allows peer educators to travel to schools, health clinics, and surrounding communities to enable them to promote HIV prevention messages.

Voluntary counseling and testing

In 2004, AIDSMARK will expand access to and demand for voluntary counseling and testing services in Lesotho. Over three years, the project will establish three integrated voluntary counseling and testing sites in Maseru, Mafeteng and Maputsoe. Each site will also provide mobile voluntary counseling and testing and outreach coordination to reach outlying communities and mobilize posttest support. This program aims to assist the government to expand prevention of

mother-to-child HIV infection services, so the site network would share standardized training, protocols, marketing, and monitoring and evaluation with the ability to expand to other public and private facilities.

Condoms

With funding from USAID, Population Services International is engaged in social marketing of male and female condoms, and in promoting a behavior change communication strategy that began in 2002. There are currently almost 600 condom retail outlets, ongoing promotional events and a wide variety of communication materials, including billboards outside of factories and taxi sunscreens.

FOR MORE INFORMATION

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