LESOTHO 2019 HIV AND AIDS PROGRESS REPORT

Submitted to

SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

Secretariat of Social and Human Development

2020
# Table of Contents

**LESOTHO 2019 HIV AND AIDS PROGRESS REPORT** .......................................................... 1  
**LIST OF FIGURES** ........................................................................................................... 3  
**LIST OF TABLES** .............................................................................................................. 4  
**SUMMARY OF INDICATORS** ............................................................................................ 7  

## 1. INTRODUCTION ........................................................................................................... 13  
  1.1 COUNTRY CONTEXT ................................................................................................. 13  
  1.2 EPIDEMIOLOGY OF HIV IN LESOTHO .................................................................... 14  
  1.3 NATIONAL HIV PRIORITIES ..................................................................................... 18  
    2019 HIV Policy ............................................................................................................ 18  

## 2. HIV PREVENTION AND SOCIAL MOBILISATION ....................................................... 22  
  2.1 Young People aged 15 – 24 who are HIV infected .................................................. 22  
  2.2 Life Skills Based HIV education .............................................................................. 23  
  2.3 Condom distribution ............................................................................................... 23  
  2.4 Condom use ........................................................................................................... 24  
  2.5 Prevention of Mother To Child Transmission(PMTCT) ............................................ 24  

## 3. IMPROVING TREATMENT, CARE AND ACCESS TO COUNSELLING AND TESTING SERVICES AND SUPPORT .............................................................. 25  
  3.1 Provision of ART and HTS in Health Facilities ....................................................... 25  
  3.2 Percentage of young people, knowledge about HIV prevention .............................. 25  
  3.3 Population expressing accepting attitudes towards People Living with HIV ............. 25  

## 4. HIV SURVEILLANCE .................................................................................................... 27  
  4.1 Voluntary Medical Male Circumcision ..................................................................... 27  
  4.2 Antiretroviral Treatment Coverage ......................................................................... 28  

## 5. TB SURVEILLANCE .................................................................................................... 29  
  5.1 TB incidence ........................................................................................................... 29  
  5.2 TB mortality .......................................................................................................... 30  
  5.3 TB case detection .................................................................................................. 31  
  5.4 Treatment success rate ......................................................................................... 31  
  5.5 TB/HIV Collaborative activities ............................................................................ 32  
  5.6 Multi Drug Resistance TB (MDR-TB) ..................................................................... 32  

## 6. RESOURCE MOBILIZATION ....................................................................................... 33  
  7. Challenges .................................................................................................................. 33  
  8. CONCLUSION ............................................................................................................. 34
LIST OF FIGURES

Figure 1  HIV Prevalence by District
Figure 2  Adult HIV Prevalence by district disaggregated by Sex
Figure 3  HIV prevalence by sex and age
Figure 4  Infant HIV Prevalence
Figure 5  HIV Prevalence in General and Key Populations
Figure 6  Adult HIV infections by Sex
Figure 7  Distribution of new infections by population groups
Figure 8  HIV Prevalence among young people aged 15 to 24 by Sex
Figure 9  Condom distribution in Lesotho
Figure 10  Condom use
Figure 11  PMTCT
Figure 12  Percentage of young people with comprehensive knowledge about HIV prevention
Figure 13  Population expressing accepting attitudes towards PLHIV
Figure 14  Voluntary Medical Male Circumcision Prevalence
Figure 15  ART Coverage among adults and children
Figure 16  Estimated TB incidence
Figure 17  TB Mortality
Figure 18  TB Case Detection
Figure 19  TB Treatment success rate
Figure 20  TB/HIV Collaborative activities
Figure 21  National Budget committed to the health sector
**LIST OF TABLES**

<table>
<thead>
<tr>
<th>Table 1</th>
<th>HIV and AIDS indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 2</td>
<td>Additional core set of indicators for HIV surveillance</td>
</tr>
<tr>
<td>Table 3</td>
<td>Core set of collaborative indicators for HIV/TB surveillance</td>
</tr>
<tr>
<td>Table 4</td>
<td>Core set of indicators for TB surveillance</td>
</tr>
<tr>
<td>Table 5</td>
<td>Core set of indicators for TB/HIV collaborative activities</td>
</tr>
<tr>
<td>Table 6</td>
<td>Distribution of VMMCs performed disaggregated by age</td>
</tr>
</tbody>
</table>
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Treatment</td>
</tr>
<tr>
<td>ARVs</td>
<td>Antiretroviral Drugs</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Workers</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>IBBS</td>
<td>Integrated Biological and Behavioral Surveys</td>
</tr>
<tr>
<td>LePHIA</td>
<td>Lesotho Population Based Household Impact Assessment</td>
</tr>
<tr>
<td>LDHS</td>
<td>Lesotho Demographic and Health Survey</td>
</tr>
<tr>
<td>MDR TB</td>
<td>Multi-Drug Resistant Tuberculosis</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with Men</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Commission</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>NSP</td>
<td>National HIV Prevention Strategy</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

This report is a consolidation of Lesotho HIV and AIDS programmatic performance achieved in 2019. The progress reported herein, summarizes the concerted effort of various stakeholders; line ministries, Non-Governmental Organizations, implementing partners, Faith Based Organizations; Civil Society Organizations, Academia, Development Partners and the Private Sector.

Lesotho developed and launched the National HIV and AIDS policy in 2019. It sets direction for coordination and management of the HIV and AIDS response. It calls for renewed investment in HIV prevention programming and removal of bottlenecks and structural barriers. It has been revised to be comprehensive, inclusive and to embrace the fast growing segments of vulnerable groups and high risk populations. It provides the basic framework for the country to reduce the spread of HIV &AIDS and to manage its impacts.

Due to tremendous progress made towards the 90 – 90 – 90 targets, the country is set to fast track the Test and Treat Cascade to attain 95 – 95 – 95 targets by 2023. The country further developed the HIV Testing Services Strategy 2018 – 2023, aimed at contributing to knowledge of HIV status by 95% of all Basotho living with HIV by 2023. Furthermore, the country developed a National Prevention Roadmap 2020, with key fast-track targets at a national level. This roadmap includes, among other things, a 10-point action plan for accelerating HIV prevention at country level. Through a series of assessments, intervention packages, plans, policy changes, and monitoring systems, this roadmap aims to reduce the rate of new infections by 75% by 2020.

HIV prevalence among adults in Lesotho is 25.6%; 20.8% in men and 30.4% in women. Comprehensive knowledge in the same age group is at 30.7% among females and 26% among males. To determine the flow of resources for AIDS response from the source to the point of service delivery, Lesotho conducted the National AIDS Spending Assessment (NASA) 2015-2018. The assessment results show that total expenditure on HIV and AIDS interventions in Lesotho increased steadily throughout the period of three years. The expenditure assessment points to underfunding of HIV prevention interventions, specially targeted at key populations.

The decentralization of the National HIV and AIDS response included the development of the three year (2020/21 to 2022/23) District Fast Track Plans (DFTP) to provide guidance to wards implementing HIV and AIDS interventions in all the Ten districts. These plans were developed cascading from the National HIV and AIDS Strategic Plan (NSP) 2018/19 to 2022/23 to cover all the program results areas as identified in the NSP.

The TB incidence in Lesotho declined by 7% between 2010 and 2017 suggesting a positive impact of interventions. The prevalence survey of 2019 showed rural districts had higher prevalence rate of 670 per 100,000 as compared to 453 per 100,000 in the urban setting.

The percentage of the national budget committed to the health sector for the fiscal year 2019/2020 was 11%, which is a two-percentage point decrease from the 2018/2019 health sector budget allocation which was 13%.
### SUMMARY OF INDICATORS

#### Table 1: HIV and AIDS Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value, Year and Source</th>
<th>Current Value, Year and Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of young people aged 15 – 24 years who are HIV infected</td>
<td>Females: 11.1% Males: 3.4% 2017, Lesotho Population Household Impact Assessment (LePHIA)</td>
<td>Females: 12.19% Males: 5.21% 2018, Lesotho National HIV and AIDS Estimates</td>
</tr>
<tr>
<td>Percentage of men and women aged 15 – 49 years who had sex with more than one partner in the last 12 months</td>
<td>Females: 6.6% Males: 26.7% 2014, LDHS</td>
<td>Females: 38.9% Males: 59.8% 2017, LePHIA</td>
</tr>
<tr>
<td>Proportion of young people aged 10 – 24 years who cite a member of the family as a source of HIV and AIDS related information</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Percentage of schools that provided life skills-based HIV education in the last academic year</td>
<td>Primary Schools: 100% 2018, Ministry of Education and Training</td>
<td>Primary Schools: 100% 2019, Ministry of Education and Training</td>
</tr>
<tr>
<td>Percentage of women and men aged 15 – 24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</td>
<td>Females: 37.6% Males: 30.9% 2014, LDHS</td>
<td>Females: 30.7% Males: 26% 2017, LePHIA</td>
</tr>
<tr>
<td>Percentage of HIV positive pregnant women who received antiretroviral treatment to reduce the risk of mother-to-child transmission</td>
<td>74% (population) 94% (facility) 2018, Ministry of Health Routine Programme Data</td>
<td>96.6% (facility) 2019, Ministry of Health Routine Programme Data</td>
</tr>
<tr>
<td>Percentage of donated blood units screened for HIV in a quality assured manner</td>
<td>Year 2018: 100% Lesotho Blood Transfusion Services</td>
<td>Year 2019: 100% Lesotho Blood Transfusion Services</td>
</tr>
<tr>
<td>Number of female and male condoms distributed</td>
<td>Female condoms: 437,000 Male condoms: 30,014,324 2017, Ministry of Health Routine Programme Data</td>
<td>Female condoms: 182,087 Male condoms: 1,579, 181 2018, Ministry of Health Routine Programme Data</td>
</tr>
<tr>
<td>Percentage of men and women aged 15 – 49 years who used a condom the last time they had sex with a casual partner within the last 12 months</td>
<td>Women: 53.9% Men: 64.5% 2014, LDHS</td>
<td>Women: 66% Men: 73% 2019, GPC report</td>
</tr>
<tr>
<td>Indicator</td>
<td>Previous Value, Year and Source</td>
<td>Current Value, Year and Source</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Percentage of infants born to HIV – infected mothers who are infected</td>
<td>10.67% (Mother to child final Transmission rate including breastfeeding period) 2017, Lesotho National HIV and AIDS Estimates</td>
<td>9.15% (Mother to child final Transmission rate including breastfeeding period) 2018, Lesotho National HIV and AIDS Estimates</td>
</tr>
</tbody>
</table>

**Improving treatment, care and access to counselling and testing services and support**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value, Year and Source</th>
<th>Current Value, Year and Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of health care facilities providing ART</td>
<td>100% 2018, Ministry of Health Routine Programme Data</td>
<td>100% 2019, Ministry of Health Routine Programme Data</td>
</tr>
<tr>
<td>Percentage of health care facilities with referrals for HIV and AIDS care and support services</td>
<td>(290-217)/290 = 25%</td>
<td>(290-220)/290 = 24%</td>
</tr>
<tr>
<td>Percentage of orphaned and vulnerable children aged 0 – 17 years whose households received free basic external support in caring for the child</td>
<td>Child Grant Programme : 17% Bursaries : 4.1%</td>
<td>Not Available</td>
</tr>
<tr>
<td>Current school attendance among orphans and non – orphans aged 10 – 14 years</td>
<td><strong>Orphans:</strong> Primary – Males: 27.4% Primary – Females: 27% Secondary – Males: 29.5% Secondary – Females: 30.8% Total – Males : 27.7% Total – Females : 27.8% 2017, 2017 Education Statistics Report</td>
<td>N/A</td>
</tr>
<tr>
<td>Percentage of children aged less than 18 years who are orphans (single, double orphans)</td>
<td>Orphans : 27.5% Paternal : 64.9% Maternal : 15.5% Double : 19.7% 2016, Census Summary Key Findings</td>
<td>Orphans : 27.5% Paternal : 64.9% Maternal : 15.5% Double : 19.7% 2016, Census Summary Key Findings</td>
</tr>
<tr>
<td>Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programmes</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Percentage of chronically ill people that are receiving home-based care from trained care providers</td>
<td>Not available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Indicator</td>
<td>Previous Value, Year and Source</td>
<td>Current Value, Year and Source</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>
| Percentage who undertook an HIV test in the last 12 months and who know the results | Women: 58%  
Men: 36.4%  
(Age: 15 – 49 years)  
2014, LDHS | Women: 61.7%  
Men: 50.5%  
(Age: 15 – 59 years)  
2017, LePHIA |
| Percentage of facilities providing HIV testing services               | 100%  
2018, Ministry of Health Routine Programme Data | 100%  
2019, Ministry of Health Routine Programme Data |
| Percentage of population expressing accepting attitudes towards PLWHA | Women : 46.3%  
Men : 35.6%  
2014, LDHS | Women : 46.3%  
Men : 35.6%  
2014, LDHS |
| Percentage of people with advanced HIV infections receiving ART       | 64%  
2018, Ministry of Health Routine Programme Data | 66%  
2019, Ministry of Health Routine Programme Data |
| Percentage of districts or local administration unit with at least one health facility providing ART | 100%  
2018, Ministry of Health Routine Programme Data | 100%  
2019, Ministry of Health Routine Programme Data |

**Resource Mobilisation**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value, Year and Source</th>
<th>Current Value, Year and Source</th>
</tr>
</thead>
</table>
| Percentage of the national budget committed to the health sector          | 13% (12.69%)  
2018/2019 National Budget | 11%  
2019/2020 National Budget |
| Amounts of public funds for research and development of a preventive HIV vaccine and Microbicide | Not Available | Not available |
Table 2: Additional Core Set of Indicators for HIV Surveillance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value, Year and Source</th>
<th>Current Value, Year and Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage still alive after initiating ART (1st and 2nd line) after 12 months, 24 months, 36 months etc.</td>
<td>12 Months : 82.7% 24 Months : 79.2% 36 Months : 77.5% 2011, 2011 ART Cohort patients completed 6, 12, 24 and 36 months; Lesotho National Cohort Study 2016, Ministry of Health</td>
<td>12 Months : 70.5% 2015, 2015 ART Cohort Analysis Report, Ministry of Health 2017</td>
</tr>
<tr>
<td>Percentage of people with advanced HIV infection receiving ART (disaggregated by age: 0 – 14; 15+ years)</td>
<td>0 – 14 years : 58% 15+ years : 56% 2016, Ministry of Health Routine Programme Data &amp; Lesotho National HIV and AIDS Estimates</td>
<td>0 – 14 years : 56% 15+ years : 64% 2017, Ministry of Health Routine Programme Data &amp; Lesotho National HIV and AIDS Estimates</td>
</tr>
<tr>
<td>Percentage of most-at-risk populations (IDU, MSM, CSW)** who received an HIV test in the last 12 months who know the result</td>
<td>MSM : 58% (Ever Tested) FSW : 61% (Ever Tested) 2015, Men who have Sex with Men and Female Sex Workers in Lesotho: Estimates of HIV prevalence, risk behaviour, and population size. January 2015</td>
<td>MSM : 58% (Ever Tested) FSW : 61% (Ever Tested) 2015, Men who have Sex with Men and Female Sex Workers in Lesotho: Estimates of HIV prevalence, risk behaviour, and population size. January 2015</td>
</tr>
<tr>
<td>Percentage of most-at-risk populations (IDU, MSM, CSW)** who are HIV infected</td>
<td>MSM: Maseru District: 31.1% Leribe District: 35.4% <strong>Female Sex Workers:</strong> Maseru District: 73.3% Leribe District: 70.4% 2015, Men who have Sex with Men and Female Sex Workers in Lesotho: Estimates of HIV prevalence, risk behavior, and population size. January 2015</td>
<td>MSM: Butha-Buthe District: 24.2% Leribe District: 35.5% Mafeteng District: 7.4% Maseru District : 31.3% <strong>Female Sex workers:</strong> Butha-Buthe District: 39.2% Leribe District: 56.9% Mafeteng District: 45% Maseru District : 47.6% May 2019, Integrated Biological-Behavioural Surveillance Survey for Key Populations in Lesotho (Female Sex Workers and Men who have Sex with Men) Draft survey report</td>
</tr>
<tr>
<td>Number of males circumcised</td>
<td>(cumulative since programme started in 2012 to end 2018)</td>
<td>(cumulative since programme started in 2012 to end 2019)</td>
</tr>
</tbody>
</table>
### Percentage of Males Circumcised (Disaggregated by Age)

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>&lt;1</th>
<th>1 – 9</th>
<th>10 – 14</th>
<th>15 – 19</th>
<th>20 – 24</th>
<th>25 – 49</th>
<th>50+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>316</td>
<td>167</td>
<td>85,345</td>
<td>52,134</td>
<td>23,931</td>
<td>32,189</td>
<td>1,704</td>
<td>195,786</td>
</tr>
</tbody>
</table>

2018, Ministry of Health Routine Programme Data

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>&lt;1</th>
<th>1 – 9</th>
<th>10 – 14</th>
<th>15 – 19</th>
<th>20 – 24</th>
<th>25 – 49</th>
<th>50+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,030</td>
<td>167</td>
<td>102,790</td>
<td>57,960</td>
<td>27,178</td>
<td>32,189</td>
<td>2,269</td>
<td>195,786</td>
</tr>
</tbody>
</table>

2019, Ministry of Health Routine Programme Data

Percentage of males circumcised (disaggregated by age)

- 15 – 19 years: 53.6%
- 20 – 24 years: 47.6%
- 15 – 59 years: 36%

2017, LePHIA

- 15 – 24 years: 70%
- 2019, GPC report

### Table 3: Core Set of Collaborative Indicators for HIV/TB Surveillance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value, Year and Source</th>
<th>Current Value, Year and Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of HIV – positive people who are screened for TB on their first visit to an HIV Clinic</td>
<td>79% Screened for TB in December 2017</td>
<td>76.9% Screened for TB in December 2019</td>
</tr>
<tr>
<td></td>
<td>2017, Ministry of Health Routine Programme Data</td>
<td>2019, Ministry of Health Routine Programme Data</td>
</tr>
<tr>
<td>Percentage of HIV – positive TB patients who are on ART</td>
<td>92%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>2018, Ministry of Health Routine Programme Data</td>
<td>2019, Ministry of Health Routine Programme Data</td>
</tr>
<tr>
<td>Percentage of HIV – positive people who are TB – positive (co-infection rate)</td>
<td>68%</td>
<td>61.6%</td>
</tr>
<tr>
<td></td>
<td>2018, Ministry of Health Routine Programme Data</td>
<td>2019, Ministry of Health Routine Programme Data</td>
</tr>
</tbody>
</table>
Table 4: Core set of indicators for TB surveillance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous value, Year and source</th>
<th>Previous value, Year and source</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB prevalence rate (Estimated number of all active TB cases per 100000 population at a given point in time)</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>TB incidence rate (Estimated number of TB cases per year, per 100000 population)</td>
<td>655/100,000 2018, Global TB Report</td>
<td>611/100,000 2019, Global TB Report</td>
</tr>
<tr>
<td>TB mortality rate</td>
<td>46/100,000 2018, Global TB Report</td>
<td>45/100,000 2019, Global TB Report</td>
</tr>
<tr>
<td>Case detection rate per 100000 population</td>
<td>48/100,000 2018, Global TB Report</td>
<td>55/100,000 2019, Global TB Report</td>
</tr>
<tr>
<td>Treatment success rate</td>
<td>77% 2018, Global TB Report</td>
<td>76% 2019, Global TB Report</td>
</tr>
</tbody>
</table>

Table 5: Core set of indicators for TB/HIV collaborative activities

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous value, Year and source</th>
<th>Previous value, Year and source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of TB patients who test HIV positive</td>
<td>70% 2018, Ministry of Health Routine Programme Data</td>
<td>60% 2019, Ministry of Health Routine Programme Data</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

1.1 COUNTRY CONTEXT

The Kingdom of Lesotho is a mountainous and landlocked country covering 30,555 square kilometres and surrounded by South Africa. It has a population of 2 million people of which 49.9% are males and 51.1% are females. 66% of the population lives in rural areas compared to 34% in urban areas. Lesotho has a very young population with 45.3% under 20 years of age, of which 33.3% are under 15 years of age and 10.0% under 5 years of age1. Lesotho is divided into ten administrative districts; district of Maseru which also hosts the capital city has the highest population (519,186) with the lowest population in Qacha’s Nek (74,566). There are 360 refugees and asylum-seekers in Lesotho who have access to public health system and support. Lesotho acceded to the UN 1951 Refugee Convention and 1967 Protocol on 14 May 1981 with no reservations and has a national refugee legal framework in place2.

The country is classified as a lower-middle-income country with a nominal per capita gross domestic product (GDP) of $1,299, with 57.1 percent of the population living below the poverty line. Life expectancy at birth is estimated at 56 years, with women expected to live nearly ten years longer (59.5 years) than men (51.7 years)3. Its economy has faced challenges in recent years as a result of falling Southern Africa Customs Union (SACU) revenue and liquidity challenges4.

Lesotho has a high HIV prevalence of 23.6% with 340,000 people living with HIV, of whom 61% (206,000) are on treatment (2018). The adult HIV prevalence stands at 25.6% and it is highest among female sex workers at 71.9%, and at 32.9% in men who have sex with men. AIDS-related deaths declined by 15% and new HIV infections declined by 35% from 2010 to 2018. In 2018 there were 13,000 new HIV infections and 6,100 AIDS-related deaths5.

Lesotho is one of the 30 highest TB burden countries. It has the world’s highest TB incidence rate of 611 and TB mortality of 200 per 100,000 population6.

---

3 Ibid, page 7
5 UNAIDS Data 2019 – Lesotho Country Data, page 48 to 51
6 Ibid
1.2 EPIDEMIOLOGY OF HIV IN LESOTHO

Lesotho has the second-highest HIV prevalence in the world of 25.6% among adults aged 15-59 years with an estimated HIV incidence rate 7.8 per 1000 population. The epidemic is primarily transmitted through unprotected heterosexual sex and the drivers are rooted in social and economic factors. Progress in primary prevention remains the weakest link in the national response.

HIV prevalence among adults (aged 15 to 59 years) ranged from 17.8% in Butha-Buthe to 29.3% in Mohale’s Hoek. The burden of HIV varied by district with prevalence ranging from 12.6% to 25.1% in men and 23.3% to 33.0% in women in Butha-Buthe and Mohale’s Hoek, respectively.

Overall, HIV prevalence among adults in Lesotho is 25.6%: 20.8% in men and 30.4% in women. This corresponds to approximately 306,000 adults living with HIV in the country. HIV prevalence among women aged 15-39 years is significantly higher than among men in the same age bracket. The burden of HIV infection varies across the country (LePHIA, 2017).
HIV prevalence ranged from 0.8% in those aged 0-17 months to 13.2% in those aged 10-14 years. The prevalence increases from 4.2% in those aged 15-19 years (older adolescents) to 47.6% in those aged 40-44 years. The peak HIV prevalence in women is 49.9%, observed in those aged 35-39 years, while the peak HIV prevalence in men is 46.9%, observed in those aged 40-44 years. Prevalence among women increased sharply, rising from 15-19 years (older adolescents) to adult women aged 35-39 years. Men reached similar levels of HIV prevalence as women after the age of 40 years. Differences in HIV prevalence between men and women are significant in those aged 15-39 years. There are not significant differences by sex above the age of 39 years. Among young people aged 15-24 years, HIV prevalence is almost three times as high among young women as among young men and HIV prevalence among those aged 20-24 years is four times greater in young women compared to young men (LePHIA, 2017).
The overall HIV prevalence of infants aged 0-17 months is 0.8% and of those aged 18 to 59 months is 1.1% (LePHIA, 2017).

HIV prevalence for the General Population in Lesotho is 23%. The most vulnerable populations in Lesotho comprise Female Sex Workers (71.9%), Factory Workers (43.3%), Men who sex with other Men (32.9%) and Inmates (31%) (CHEAL, 2018).

Annual incidence of HIV infection among adults (those aged 15-59 years) in Lesotho is 1.47%: 1.74% among women, and 1.22% among men. This corresponds to almost 10,000 new cases of HIV infection annually among adults in the country. Annual incidence was highest in men aged 35-49 years (3.01%) and in older adolescent girls and young women aged 15-24 years (1.81%) (LePHIA, 2017).
Figure 7 depicts distribution of new HIV infections by population groups. The larger percentage of new infections are from never married males and never married females at 31% and 34% respectively. Previously married circumcised males has smallest contribution to new infections at 6%.
1.3 NATIONAL HIV PRIORITIES
2019 HIV Policy
Lesotho has developed and launched the National HIV and AIDS policy in 2019. The purpose of the policy is to ensure a consistent and equitable approach to the prevention of HIV & AIDS. It provides the basic framework for the country to reduce the spread of HIV & AIDS and to manage its impacts. The policy provides a platform to mobilize resources for the management of the AIDS response.

National HIV and AIDS Strategic Plan 2018/2019 – 2022/2023

Lesotho launched the new National HIV and AIDS Strategic Plan 2018/2019 – 2022/2023 in December 2018. The vision for Lesotho is to end AIDS by 2030. This strategic plan has three goals namely to reduce new HIV infections from 13,300 in 2017, by at least 50% by 2023; to reduce AIDS related deaths by 50% by 2023, from 4900 in 2017 and to eliminate mother to child transmission from 11.3% to less than 5% by 2023\(^7\). To achieve these goals, the National Strategic Plan has the following eight program results:

1) Program result 1: 90% of people aged 15 and over at risk for HIV have accessed combination HIV prevention by 2023.
2) Program result 2: Mother To Child Transmission eliminated and 95% of children living HIV on treatment by 2023.
3) Program result 3: Test and Treat cascade Fast Tracked to attain 95-95-95 targets by 2023.
4) Program result 4: Gender and Human Rights related barriers to service delivery, accessibility and utilization removed by 2023.
5) Program result 5: Strengthened National Social and Child Protection Systems to ensure 75% of People living with HIV, and those at risk of and affected by HIV benefit from HIV-sensitive social protection by 2023.
6) Program result 6: At least 40% of the HIV/TB response is community-led and sustainable by 2023.
7) Program result 7: Health system is people-centred, and sustainably integrates HIV, TB, Hepatitis and other infections by 2023.
8) Program result 8: Increased efficiencies and financial investments in HIV and TB programs to 90% of the NSP budget by 2023.

National Tuberculosis Strategic Plan of Lesotho, 2018 - 2022

The National Tuberculosis Strategic Plan of Lesotho 2018 – 2022 is aimed at achieving the following two goals by 2022: to reduce the overall mortality of TB by 75% and to reduce the overall incidence of TB by 50%\(^8\). To achieve these goals the National TB Strategic Plan has the following six objectives\(^9\):

1) To find 90% of all incident TB cases and place all of them on appropriate treatment.

---

\(^7\) Government of Lesotho, National HIV and AIDS Strategic Plan 2018/2019 – 2022/2023

\(^8\) National Tuberculosis Strategic Plan of Lesotho 2018 - 2022

\(^9\) National Tuberculosis Strategic Plan of Lesotho 2018 - 2022
2) To treat successfully 90% of all drug-susceptible TB patients, irrespectively of their HIV status.
3) To find 90% of the incident drug-resistant TB cases, place all of them on appropriate treatment and successfully treat 75% of them, irrespectively of their HIV status.
4) To find 90% of the incident TB cases in vulnerable populations, place all of them on appropriate treatment and successfully treat 90% of them.
5) To increase the workload capacity of the TB laboratory services to more than 67 000 Xpert MTB/RIF tests per year.
6) To enhance stewardship in the National TB Programme and maximize resources for the achievement of the strategic goals.

National HIV Testing Services Strategy 2018 – 2023

National HIV Testing Services Strategy 2018 – 2023 was developed to provide strategic directions for the implementation of HTS in testing people who are unaware of their HIV status and linking them to post-test prevention services for HIV negative individuals who remain at risk of HIV acquisition; and care and treatment services for HIV positive individuals\(^\text{10}\). The Vision of the strategy is: A Lesotho where all Basotho live a healthy, quality and productive life through knowledge of their HIV status and access to prevention, treatment, care and support service\(^\text{11}\). The Goal of the strategy is to contribute to knowledge of HIV status by 95% of all Basotho living with HIV by 2023\(^\text{12}\). To achieve the goal, the strategy identifies the following six thematic areas, linked with strategic objectives\(^\text{13}\):

1) Thematic area 1: Management and coordination; which aims to strengthen the management and coordination of the HIV testing services programmes at national, district and facility levels.
2) Thematic area 2: Demand creation; which is informed by the Human centered approach which will facilitate better understanding of the various factors that influence HIV testing services uptake by key, priority and vulnerable populations.
3) Thematic area 3: Service delivery; whereby differentiated HIV testing services approaches will be used in providing services for the targeted populations.
4) Thematic area 4: Strategic information; which aims to ensure availability of high quality data and standardization of data management.
5) Thematic area 5: Supply chain management; which aims to ensure accurate forecasting, procurement and supply, matching demand for HIV testing services.
6) Thematic area 6: Quality assurance, which will ensure quality HIV testing and accurate HIV test results for all those who are tested.

\(^{10}\) National HIV Testing Services Strategy, Kingdom of Lesotho
\(^{11}\) ibid
\(^{12}\) ibid
\(^{13}\) ibid
Lesotho HIV Prevention Roadmap 2020

The country launched HIV prevention 2020 roadmap which provides the basis for a country – led movement to scale up HIV prevention programmes as part of a comprehensive response to accelerate HIV prevention to reduce new infections by 75%. The roadmap focuses on the five combination prevention pillars of which prevention responses must be strengthened:

i. Combination prevention packages for adolescent girls, young women and their male partners.
ii. Combination prevention programmes for key populations that are evidence informed and human rights based.
iii. Strengthened national condom programmes.
iv. Expanded voluntary medical male circumcision.
v. Scale up of services for provision of Pre-Exposure Prophylaxis for population groups at substantive risk and experiencing high levels of HIV infections.

The roadmap details a 10 - point action plan for accelerating HIV prevention in Lesotho, showing steps that Lesotho is committed to take to accelerate progress towards meeting its commitments on prevention by 2020:

1) Conduct a strategic assessment of key prevention needs, identify policy, and programme barriers to progress.
2) Develop or revise national targets and roadmaps for HIV prevention 2020.
3) Strengthen prevention leadership and make institutional changes to enhance HIV prevention oversight and management.
4) Develop guidance, formulate intervention packages and identify service delivery platforms.
5) Develop consolidated prevention capacity building and technical assistance plan.
6) Establish or strengthen social contracting mechanisms for civil society implementers and expand community based programmes.
7) Assess available resources for prevention and develop a strategy to close financing gap.
8) Introduce the necessary policy changes to create an enabling environment for prevention programmes.
9) Establish or strengthen prevention programme monitoring systems.
10) Strengthen accountability for prevention.

---

14 Lesotho HIV Prevention 2020 Roadmap, Government of Lesotho
15 ibid
16 ibid
Comprehensive Condom Programming (CCP)
This is a strategy that expounds on all issues that have to do with condoms from; Procurement and Supply Chain, Storage, Demand Creation & Mobilization, Condom Information, Education and Communication, Related Protective Items (Lubricants, Sheaths etc.) Distribution, Usage, Disposal, Reporting for both HIV Prevention and Family Planning.

Voluntary Medical Male Circumcision Strategy (VMMC)
In March 2007, the World Health Organization (WHO) and the Joint United Nations Programme on HIV and AIDS (UNAIDS) recommended the implementation of VMMC programmes in 14 countries with low male circumcision rates, high HIV prevalence, and large populations at risk for HIV infection, including Lesotho. The Government of Lesotho has prioritized the scale-up of VMMC and Early Infant Male Circumcision (EIMC) services for HIV prevention countrywide. This Strategy therefore guide the scope of the VMMC implementation

Guidelines on COVID-19 for PLHWA
Guidelines on COVID-19 for PLHWA were developed through consultations with stakeholders.

Social and behaviour change communication strategy
Social and behaviour change communication strategy was developed to guide demand creation for services, and transforming harmful socio-cultural norms, values, beliefs and practices will support the attainment of all program results. It identifies behavioural, socio-cultural and structural factors as critical determinants of HIV risk in the different population groups, which requires responses tailored to diverse needs. It mentions that apart from comprehensive knowledge about HIV transmission, many other aspects of knowledge and behavioural determinants also need to be communicated, such as where to access services, risk perception, including for reinfection, and agency to take action. Social issues such as gender norms, sexual and gender-based violence and power imbalances, will also need to be addressed. All interventions need to take into account what is relevant to different age cohorts, and in different settings and populations.
2. HIV PREVENTION AND SOCIAL MOBILISATION

Lesotho has scaled-up HIV prevention programmes to meet global and national targets and commitments to end AIDS as a public health threat by 2030. To meet these commitments, the country still needs to intensify HIV prevention efforts to end the AIDS epidemic. The Government of Lesotho continues to show unwavering commitment to getting to zero new infections.

As per the recommendations of UNAIDS and GPC, HIV prevention should be allotted at least 25% of the HIV Prevention budget. According to National AIDS Spending Assessment, Lesotho only had 18% for HIV Prevention in 2019, most of which was used for clinical prevention interventions.

According to the OIG Report 2018, there was a general challenge of coordination of Social and Community Mobilisations as there are many Civil Society Organisations working in the same areas and targeting the same groups. There is also a challenge of linking services from one organisation to another. E.g. A demand creation team does not always link well with the implementing team. Key populations still need to have mobilisations that are targeted specifically for their needs and advocacy on gaps that are faced by CSOs which do mobilisations needs to be strengthened.

The relationship between HIV Prevention information and cultural and religious norms still needs to be reconciled and community leaders have to play in leading role in that relationship.

Community Mobilisers are fragmented by the organisations that formed them; their compensation is not standardised and some work for a significantly lo stipend. While they are doing the same work, this may be demotivating for those that receive low incentive.

2.1 Young People aged 15 – 24 who are HIV infected

From the two studies conducted in the country (LDHS 2014 & LePHIA 2017), it can be seen that the HIV prevalence for females is higher than for males. The two studies further show a decline in the HIV prevalence for this particular group.

![Figure 8: HIV Prevalence Among Young People aged 15 - 24 by sex](image-url)
2.2 Life Skills Based HIV education

The HIV&AIDS response in schools remains a top priority for Government and especially for the Ministry of Education and Training.

All primary schools are provided with integrated life skills-based HIV education in the year 2019 which includes; Knowing oneself and living with other, Human Rights and Child Protection, Gender norms and Equality, Sexual Reproductive health, HIV/AIDS and STIs and Drug, Alcohol & Substance Use. At secondary level, LBSE/CSE Rolled out into grade 9 as a stand-alone examinable subject. The goal is to equip learners with knowledge, skills and values to enable learners to exercise their Human Rights, adopt healthy life styles, make responsible choices and become a force for change.

2.3 Condom distribution

In recent years, the distribution of female condoms has been a great concern in Lesotho. From 2018 to 2019, the number of female condoms distributed declined from 182 087 to 131 940. However, the male condom distribution is increasing steadily. The country needs to improve efforts and strategies to scale up the distribution of female condoms. The graph below shows the distribution of male and female condoms in Lesotho.

**Figure 9: Condom Distribution**
2.4 Condom use
Condom use with a non-regular partner was 82% for young women and 79% for young men in 2019. For both men and women aged 15 -49, condom use with a non-regular is 66%. For Gay Men and other men who have sex with men, the percentage of condom use at last anal sex was 46\%.

![Figure 10: Condom Use Among Different Population Groups in 2019](image)

2.5 Prevention of Mother To Child Transmission(PMTCT)
PMTCT coverage for HIV+ pregnant women has increased steadily over the four year period from 90% in 2016 to 96.6% in 2019. As a result of increased coverage, infants are less likely to be born with HIV. PMTCT programme is one of the successful HIV&AIDS prevention programmes in the country.

Figure 11: PMTCT

![Figure 11: PMTCT](image)

\[^{17}\text{The state of prevention in Lesotho in 2019}\]
3. IMPROVING TREATMENT, CARE AND ACCESS TO COUNSELLING AND TESTING SERVICES AND SUPPORT

3.1 Provision of ART and HTS in Health Facilities
In 2019, there were no changes in the number of health facilities providing ART. All the ten districts of Lesotho had at least one health facility providing ART, with 100% of eligible health care facilities in Lesotho providing ART services and HIV testing services. The Government of Lesotho has extended its efforts in ensuring that the coverage of ART services is expanded. Currently private health care facilities are also administering ART and HIV Testing Services which has led to a decline in the number of referrals which used to happen in the past.

3.2 Percentage of young people, knowledge about HIV prevention
Among young people, only 28.3% displayed comprehensive knowledge of HIV; 26.9% of the young people aged 15-19 and 29.9% for those aged 20-24 years.

3.3 Population expressing accepting attitudes towards People Living with HIV
According to the Lesotho Demographic and Health Surveys (2014) stigma associated with HIV/AIDS has diminished slightly. In 2004, 24% of women and 20.1% of men expressed attitudes towards PLHIV. In 2009, 42% of women and 25% of men expressed accepting attitudes regarding these same four situations compared with 46% of women and 36% of
men in 2014.

The proportion is higher among females than males for all the survey years (Figure 13). Among females, the percentage has increased by four percentage points to 46.3% in 2014 (Figure 13). A substantial percentage increase of accepting attitudes towards people living with HIV is among males from 25% in 2009 to 35.6% in 2014 (Figure 13).
4.0 HIV SURVEILLANCE

4.1 Voluntary Medical Male Circumcision

Following the efforts of implementing partners, the VMMC programme was scaled-up to reach more males in need of such services. There have been outreaches conducted by relevant teams targeting hard to reach areas in some parts of Lesotho. The prevalence of medical circumcision is increasing over the years, with the recent Lesotho Population –based HIV Impact Assessment of 2017 estimating it at 36% among those aged 15 to 59 years\(^{18}\).

Figure 14 shows the VMMC prevalence as highlighted in the LePHIA 2017 study.

According to the LDHS (2014), the country launched the Voluntary Medical Male Circumcision (VMMC) programme in 2012\(^{19}\). The goal of this programme is to rapidly scale up VMMC in order to reach 80% coverage by 2017. Since the inception of this programme in 2012, the total medical male circumcisions performed by end 2019 is 223,583\(^{20}\).

\(^{18}\) Lesotho Population – Based HIV Impact Assessment, 2017
\(^{19}\) Lesotho Demographic and Health Survey, 2014
\(^{20}\) Ministry of Health Routine Programme Data
Table 6: Distribution of Voluntary Medical Male Circumcisions Performed by Age and Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>0</td>
<td>34</td>
<td>33</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>235</td>
<td>714</td>
<td>1,030</td>
</tr>
<tr>
<td>1 – 9</td>
<td>23</td>
<td>35</td>
<td>104</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>167</td>
</tr>
<tr>
<td>10 – 14</td>
<td>647</td>
<td>8,151</td>
<td>14,714</td>
<td>13,603</td>
<td>18,939</td>
<td>13,916</td>
<td>15,375</td>
<td>17445</td>
<td>102,790</td>
</tr>
<tr>
<td>15 – 19</td>
<td>4,624</td>
<td>14,896</td>
<td>10,057</td>
<td>6,474</td>
<td>7,403</td>
<td>4,757</td>
<td>3,923</td>
<td>5826</td>
<td>57,960</td>
</tr>
<tr>
<td>20 – 24</td>
<td>3,191</td>
<td>7,089</td>
<td>4,721</td>
<td>2,177</td>
<td>2,667</td>
<td>2,118</td>
<td>1,968</td>
<td>3247</td>
<td>27,178</td>
</tr>
<tr>
<td>25 – 49</td>
<td>1,905</td>
<td>7,528</td>
<td>6,322</td>
<td>3,482</td>
<td>4,813</td>
<td>4,066</td>
<td>4,073</td>
<td>0</td>
<td>32,189</td>
</tr>
<tr>
<td>50+</td>
<td>20</td>
<td>242</td>
<td>294</td>
<td>213</td>
<td>335</td>
<td>292</td>
<td>308</td>
<td>565</td>
<td>2,269</td>
</tr>
<tr>
<td>Total</td>
<td>10,410</td>
<td>37,975</td>
<td>36,245</td>
<td>25,966</td>
<td>34,157</td>
<td>25,150</td>
<td>25,883</td>
<td>34,144</td>
<td>223,583</td>
</tr>
</tbody>
</table>

4.2 Antiretroviral Treatment Coverage

Lesotho reached a testing and treatment cascade of 81%–92%–88% among adults and 68-91-77 among adolescents and young people (AYP) aged 15-24 years in 2017. Treatment coverage is lower among men than women and varies across districts21. Investments need to be directed to districts and populations with lower ART coverage while maintaining those that have attained treatment targets for the country to reach 95%-95%-95% by 2023.

Figure 15: ART Coverage

---

21 Lesotho Population-Based HIV Impact Assessment (LePHIA), Ministry of Health, Lesotho, 2017, pages 72 and 98
5.0 TB SURVEILLANCE

TB remains one of the public health problems in the world, it is among the top ten causes of death worldwide and the leading cause of death among people living with HIV in Africa. Lesotho remains on the World Health Organisation (WHO) list of the 30 high TB burden countries in the world with an estimated annual incidence of 665 TB cases per every 100,000 population and TB/HIV incidence of 470/100,000. The mortality rate in TB/HIV co-infected TB patients is 206 per 100,000 populations. MDR/RR-TB remains a concern with new cases estimated at 4.8%.22

5.1 TB incidence

Lesotho has one of the highest TB incidence rates in the world at 611 per 100,000 population as compared to global and Africa incidence rates of 132 per 100,000 population and 231 per 100,000 population respectively23. The TB prevalence survey of 2019 found a prevalence rate of 581 per 100,000 for those 15 years and above and TB incidence of 653.6 per 100,000 (95% CI 405.8 – 959.0), which was comparable to the 2018 TB incidence rate of 611 per 100,000 (95% CI 395 – 872)24. In 2018, World Health Organization (WHO) estimated that 13,000 individuals developed drug susceptible TB, out of which 8,400 were co-infected with HIV. TB/HIV co-infected patients have disproportionately higher mortality rate at 155 deaths per 100,000 population as compared to HIV-negative TB patients at 45 deaths per 100,000 population25.

TB incidence in Lesotho declined by 7% between 2010 and 2017, suggesting a positive impact of interventions control interventions26. However, challenges still remain in TB treatment coverage. For instance, there were an estimated 15,000 TB patients compared to 7,271 TB patients notified in 201827. The low treatment coverage is a further indication of the need to continuously invest in the TB case finding.

At subnational level, TB notifications show a declining trend in all districts with an exception of 3 districts (Mokhotlong, Qacha’s Nek and Quthing) in which notification rates have remained relatively unchanged in the last 10 years2. Anecdotal evidence suggests that TB

---

22 Global TB Report, 2019
23 Global TB Report, 2019, page 36
24 TB Prevalence Survey, 2020
25 Global TB Report, 2019, page 36
26 Global TB report
27 ECFS guide 2020
notification in the rural, highland districts may be due to poor access to TB services leading to poor coverage. The prevalence survey of 2019 showed rural districts had higher prevalence rate of 670 per 100,000 as compared to 453 per 100,000 in the urban setting. These districts also perform sub-optimally in testing identified presumptive TB patients as evidenced by NTP surveillance data, whereby Qacha’s Nek only managed to test 49% of the identified presumptive TB patients in 2019. This underscores the need to scale up TB diagnosis in rural areas where the funding request will intensify both health facility and community interventions to finding missing people with TB.

5.2 TB mortality

The leading cause of death among people leaving with HIV is TB and one of the top ten causes of death worldwide. The 2019 Global TB report shows a mortality rate of 46/100 000 among HIV- TB (Global TB Report, 2019). Despite the increased effort to fight Tuberculosis in Lesotho, the mortality rate is still high as there is no major change when comparing to the previous year. This however, is promising as the mortality is still kept on the decline. The chart below shows a trend of the TB mortality rate in Lesotho.

![FIGURE 17: TB MORTALITY](chart.png)

28 ACFS guide 2020
29 TB prevalence survey 2019
5.3 TB case detection

The TB case detection in Lesotho was reported as 55% in the Global TB report of 2019\textsuperscript{30}. The figure below is a demonstration of a five year performance of TB case detection.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{TB_Case_Detection.png}
\caption{TB Case Detection}
\end{figure}

5.4 Treatment success rate

The TB treatment success rate for the year 2019 is 76%. This has declined when compared to the previous year. The chart below shows the TB success rate in Lesotho in 2019.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{TB_Treatment_Success.png}
\caption{2019 TB treatment Success Rate}
\end{figure}

\textsuperscript{30} Global TB report, 2019
5.5 TB/HIV Collaborative activities

The percentage of TB patients with known HIV status in 2019 was 96% and the co-infection rate is 65%. 92% of the patients on TB treatment in this particular year were on ART.

5.6 Multi Drug Resistance TB (MDR-TB)
From 2013-2018 DR survey, the prevalence of MDR-TB among new smear positive was 3.8% (95%CI: 2.9, 4.6), including 3.2% (95%CI: 2.3, 4.1) among new TB cases and 6.9% (95%CI: 3.9, 9.8) among previously treated cases\(^{31}\). There were 243 laboratory-confirmed cases of MDR/RR-TB in 2018, of which 186 (77%) were initiated on treatment\(^{32}\). There is recent improvement in number of MDR/RR-TB patients put on treatment from 43% (151/351) to 76.5% (186/243) in 2017 and 2018 respectively\(^{33}\). The MDR/RR-TB treatment success rate for the 2016 cohort was 77% which is still low. The TB programme faces the challenge of linking all TB patients to care because of the centralized model of TB treatment. This funding request will support decentralization of MDR-TB treatment districts to increase treatment initiation of MDR-TB patients. In this funding request invests in TB case finding especially in low notifying districts, adoption of new less toxic MDR/RR-TB regimen, decentralize DR-TB treatment, improve contact tracing of DR-TB patients.

\(^{31}\) TB drug resistance survey, 2018
\(^{32}\) NTP Annual Report
\(^{33}\) Drug Resistance Survey, 2019
6.0 RESOURCE MOBILIZATION

There has been a decline in the percentage of the national budget committed to the health sector for the fiscal year 2019/2020. The allocation for the period 2019/2020 was 11% and this is a 2% decline from 13% in the previous year 2018/2019\textsuperscript{34}. This budget allocation continues to be below the Abuja Declaration target of 15% by 4 percentage.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure21.png}
\caption{National Budget Committed to the Health Sector}
\end{figure}

7.0 Challenges

1. **Prevention capacity:** There is an overall lack of capacity for HIV prevention implementation across all stakeholders specifically for non-biomedical prevention.

2. **Stigma and discrimination:** There still exist a strong cultural stigma against those infected by HIV. Access to treatment, prevention, and support services is greatly hindered by discrimination.

3. Inadequate financial resources and limited access to HIV services compromise efficacy of HIV treatments.

4. Low investment in HIV prevention and lack of competencies in implementing partners.

5. **Malnutrition:** Malnutrition may be the greatest obstacle to effective HIV treatment. Starvation allows rapid progression of HIV by undermining the body's natural defense mechanism and promoting viral replication.

6. **Tuberculosis co-infection:** Lesotho is one of the countries affected most by the tuberculosis (TB) co-infection. TB co-infections, particularly multi drug resistant tuberculosis (MDR-TB), in HIV-infected Basotho hinders effective HIV treatment. The risk of contracting TB is much greater for those already infected with HIV.

\textsuperscript{34} Government of Lesotho Budget Speech 2019/2020
8.0 CONCLUSION
Lesotho has expanded HIV and AIDS services, and has made significant progress in treatment coverage. The HIV prevention and treatment programmes have been fast-tracked as an initiative towards achieving the commitment of ending AIDS by 2030. However, there has been a slow progress in the HIV prevention initiatives due to low investments and structural barriers.

Lesotho is no exception to the changing environment of the HIV&AIDS landscape globally and the emerging issues like COVID-19 led to competing priorities and shifted the focus from HIV. However, the continued collaboration and support from Civil Society Organisations and Development Partners have played a major role in the good performance made towards achieving the 90-90-90 targets set for 2020.

The Government of Lesotho has put in place a coherent COVID – 19 and HIV response.