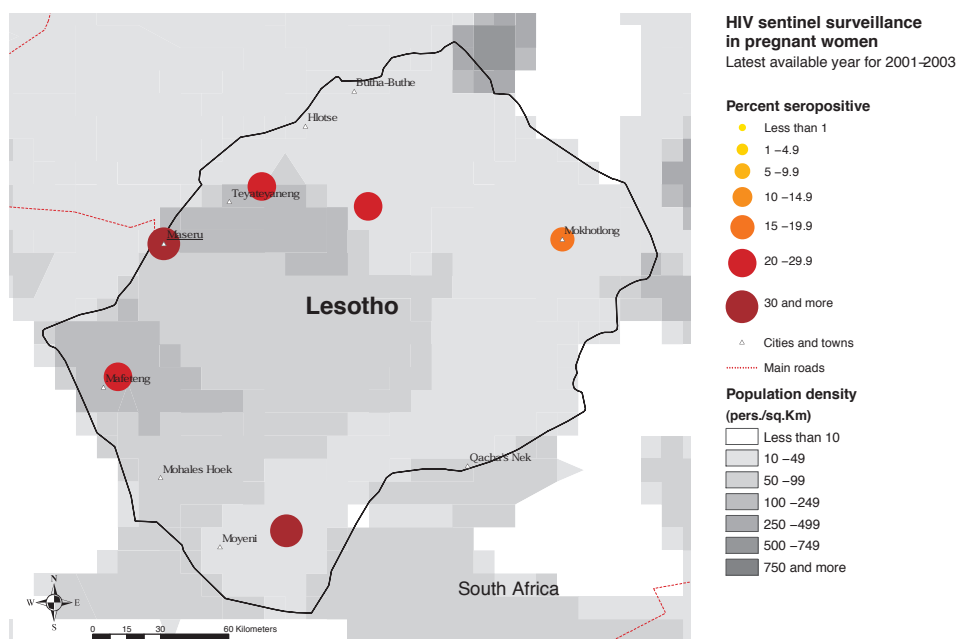


WHO estimate of number of people requiring treatment – end 2005: 54 000
Antiretroviral therapy target declared by country: 28 000 by 2005



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\$)	2001	419	United Nations
Government budget spent on health care (%)	2001	12	WHO
Per capita expenditure on health (US\$)	2001	23	WHO
Human Development Index	2001	0.510	UNDP

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, large numbers of 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.
- 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. 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. HIV prevalence 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 4.8–7.1% in 1991 to 35–63% in 2000. The prevalence among people attending antenatal care increased from 0.7–5.5% in 1991 to 15.8–42.2% in 2000.
- Policy on HIV testing and treatment.** HIV testing and counselling guidelines were recently updated in accordance with WHO recommendations. 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

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
Cumulative number of reported AIDS cases	2001	14 640	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	1 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	54 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
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

Framework on HIV/AIDS Prevention, Control and Management and the National HIV/AIDS Strategic Plan (2002–2005). Under the Round 2 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria, a national policy on the use of antiretroviral drugs is scheduled to be developed and disseminated. WHO guidelines on the use of antiretroviral therapy in resource-constrained settings and on the clinical management of HIV/AIDS are also scheduled to be reviewed and adapted for use in Lesotho. 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 meets the cost of the antiretroviral drugs, laboratory assessment and monitoring. First-line regimen: lamivudine + zidovudine + nevirapine or efavirenz at a cost of US\$ 1600 per person per year.
- Assessment of overall health sector response and capacity.** 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. 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 three districts. Additional capacity-building is needed in preventing transmission and promoting health, in community organization and in building partnerships.

- *Critical issues and major challenges.* Critical barriers for scaling up antiretroviral therapy include limited essential drugs, 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, inadequate skills and financial resources have compromised the translation of the strategies into concrete plans for implementation. Health care workers urgently need training. Laboratory capacity to diagnose and monitor people on antiretroviral therapy needs to be strengthened.

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

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO “3 by 5” treatment target of 27 000 people in 2005 is between US\$ 36 million and US\$ 44 million. The Global Fund to Fight AIDS, Tuberculosis and Malaria and bilateral sources are anticipated to commit US\$ 9 million for scaling up antiretroviral therapy in 2004–2005.
- Taking into account 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\$ 27 million and US\$ 35 million.

5. Antiretroviral therapy coverage

- Lesotho's total treatment need for 2005 is estimated to be 54 000 people, and the WHO “3 by 5” treatment target for the end of 2005 is 27 000 people (based on 50% of estimated need).
- The Round 2 proposal for the Global Fund aims to provide treatment to 10 000 clinically eligible people by the third year of the programme.
- The government has set a national treatment target of 28 000 people for 2005.
- During 2003, an estimated 1000 people received antiretroviral therapy.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health is responsible for implementing the national antiretroviral therapy programme with support from various partners. 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, monitoring and evaluation, acceleration of prevention and supports people living with HIV/AIDS. 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 including determining the cost of scaling up and raising funds to achieve this.
- *Antiretroviral therapy service delivery.* 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. The National Drug Stockpile and Control Authority provides support to the services and activities related to antiretroviral drugs. The World Food Programme provides support for increasing the capacity of laboratory services and management of the drug supply chain.
- *Community mobilization.* 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.* In association with the Ministry of Health, WHO provides support for implementing operational planning, patient tracking, antiretroviral drug resistance, operational research, laboratory services, capacity-building, testing and management of the drug supply chain.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting situation analysis for scaling up antiretroviral therapy
- Convening a discussion of partners on scaling up antiretroviral therapy and on identifying the partners' roles
- 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
- Reprogramming the Round 2 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Developing testing and counselling training materials and training trainers

Key areas for WHO support in the future

- Providing support through a subregional “3 by 5” team to assist the government and its partners in scaling up antiretroviral therapy
- Providing support for implementing the Round 2 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria in accordance with national plans for scaling up antiretroviral therapy

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Recruitment of a subregional “3 by 5” officer (for Botswana, Lesotho and Swaziland) is currently underway.
- 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.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Lesotho and the WHO Regional Office for Africa.

