

LESOTHO

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team made valuable contributions to the decentralization of HIV services in Lesotho, aimed at improving access and strengthening the quality and efficiency of services. Extensive support was provided to train healthcare workers, community focal points for treatment services; establish community support groups, and rollout 3-6 months multimonth dispensing of antiretroviral medicines improving access and adherence to HIV treatment. To overcome the impact of the COVID-19 pandemic, the Joint Team helped mobilize additional resources for the pandemic response, strengthened laboratory services, and trained hundreds of healthcare workers which enabled the Government to open more COVID-19 treatment centres. Persistent advocacy led to the integration of HIV testing and family planning services and the scale up of pre-exposure prophylaxis (PrEP) for breastfeeding mothers. Comprehensive sexuality education (CSE) was strengthened through capacity building of teachers and field inspectors, and technical support for the development of a CSE syllabus for high school students. Vulnerable and key populations, traditional leaders, and community members were sensitized on reproductive health and rights, HIV, and gender-based violence (GBV) to address violence against adolescent girls and women in Lesotho. Intense advocacy by the Joint Team and continual engagement with members of parliament led to the enactment of the Counter Domestic violence Bill of 2021, to strengthen the policy environment for GBV and HIV response. The Stigma Index 2.0 was completed to guide actions and end stigma among key and vulnerable populations, including people living with HIV.

HIV TESTING AND TREATMENT

In 2020-2021, the Joint Team continued its support to the National AIDS Commission to strengthen the coordination of the national response, and to District AIDS Committees (DACs) for the decentralization of HIV services at district and community levels. This included technical assistance for the development and implementation of District Fast-Track Plans comprising target-based interventions specific to the needs of each facility and district; and training of 60 DAC members from Molepolole, Maseru, and Quthing districts improving their skills on implementation, coordination, and oversight of the Fast-Track plans. Lesotho became the first country in the eastern and southern Africa region to develop facility-level targets to promote programme efficiency. These targets also informed the national planning and mid-term review of the National HIV and AIDS Strategic Plan (NSP) 2018/19-2022/23.

All district health workers benefited from virtual training on the delivery of safe and ethical HIV index testing, increasing access to HIV testing and counselling (HTC) services in the country. About 230 health care providers from all the 18 district hospitals in Lesotho were trained on the new Advanced HIV Disease Management Guidelines while healthcare workers in nine of the 10 districts and members of the antiretroviral treatment (ART) advisory committees were trained on improving quality of care and prevention of treatment failure.

To strengthen community systems, the knowledge and skills of 80 community ART focal points and groups' leaders on ART management, adherence, retention, tracking of people living with HIV who are lost to follow-up and defaulted treatment were strengthened. Sixty village workers were trained to strengthen the community-led ART support system and to help link back to care 55% of the ART defaulters who were lost to follow-up from the beginning of the COVID-19 pandemic. To further reduce the number of people living with HIV defaulting their treatment, thanks to Joint Team's technical support, the Ministry of Health rolled out an ambitious multimonth dispensing (MMD) of ART programme enabling 84% of eligible people living with HIV to access their treatment through 3-6 months MMD.

HIV treatment awareness raising initiatives implemented in partnership with civil society organizations (CSOs) reached 8854 people and led to the establishment of 14 community ART support groups to promote treatment access and adherence.

The Joint Team's technical and financial support to the Lesotho Network of People Living with HIV and AIDS (LENEPWHA) led to a rapid assessment of the vulnerabilities faced by people living with HIV during the COVID-19 lockdown, and a new hotline to better disseminate COVID-19 information. LENEPWHA traced people living with HIV who defaulted their treatment and linked them back to ART services. In addition, thanks to the Joint Team's support, the network reached out to about 1000 households of people living with HIV who benefited from an urgent 3-month supply of hygiene and sanitizing kits. They also helped scale up integrated community-led HIV testing, COVID-19 and tuberculosis screening and linkage to care at three border points for Basotho migrants returning from South Africa.

The Government received technical support for the development of the National COVID-19 Clinical Management Guidelines and supportive supervision tools to monitor their effective implementation. Over 300 healthcare workers in six districts were trained increasing their confidence, skills and knowledge on COVID-19 prevention and case management and enabling the Government to open more COVID-19 treatment centres in the country. The Joint Team's support for the development of the Global Fund COVID-19 Response Mechanism grant application resulted in mobilisation of US\$ 20 744 734 for the national COVID-19 response.

The Ministry of Health was assisted to complete an in-depth analysis on the impact of COVID-19 pandemic on HIV and tuberculosis services in Lesotho: the results revealed a 50% decrease in tuberculosis notification between 2019 and 2020; and that tuberculosis positivity rate reached 14% in 2020—a 5% increase from pre-pandemic years. In response, with the Joint Team's further technical support, a dual COVID-19 and tuberculosis screening tool was developed, and HTC expanded among COVID-19 patients admitted in COVID-19 treatment centres.

The capacity of the National Reference Laboratory (NRL) was strengthened through technical support and supervision; training on genomic sequencing for SARS-CoV-2; as well as decentralization and scale up of polymerase chain reaction (PCR) and Rapid antigen testing platforms from centralized NRL systems to peripheral laboratories. These efforts helped to process over 400 000 samples and sequence 150 SARS-CoV-2 genomes to ensure timely detection of variants and put in place pandemic control measures.

PMTCT AND FAMILY TESTING

In recent years, Lesotho made substantial progress in the reduction of mother-to-child transmission of HIV. Prevention of mother-to-child transmission of HIV (PMTCT) services were expanded to 96% of the health facilities in the country. The Ministry of Health was supported to finalize the Advanced HIV Disease Management Guidelines to accelerate progress towards elimination of mother-to-child transmission of HIV (EMTCT). Intense advocacy by the Joint Team also resulted in the integration of HTC in family planning services and scale up of PrEP for breastfeeding mothers.

The 2gether4SRHR—a joint United Nations regional programme aimed at improving the sexual and reproductive health and rights (SRHR) of adolescent girls and young women—reached 885 pregnant and breastfeeding adolescent girls and women aged 15-24 years and their partners/caregivers with teleconsultation and psychosocial support, while vulnerable mothers benefited from better access to social protection services improving their livelihoods during the COVID-19 pandemic. An estimated 98% of the infants covered in the programme remained HIV-free at 18 months.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Government was supported for the development of the Accelerated Action for the Health of Adolescents Strategy and revision of the 2021 National Guidelines for the Use of Antiretroviral Therapy for HIV Prevention and Treatment to improve HIV services and health outcomes of adolescents and young people. The capacities of 48 members of Parliament were built on adolescent sexual and reproductive health and rights, HIV and GBV, aiming to improve government accountability on the provision of quality SRHR information and services among adolescent and young people.

The People's Matrix Association Lesotho—a nongovernment organization working for the rights of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community—received technical and financial assistance to reach 2400 people from the LGBTI community with information on HIV and sexually transmitted infections (STIs) prevention, screening and treatment, and other reproductive health issues, of whom 1210 people were referred to specific STI, ART, and GBV services.

In 2021, technical support to the Ministry of Health-led social accountability initiative resulted in the scale up of adolescent-friendly health services, including HIV in 77 healthcare facilities. Around 7608 adolescent and young people in Mafeteng, Berea and Leribe districts were also engaged to complete the SRHR, HIV, and COVID-19 scorecard to track progress on these services during the pandemic. Scorecard results were used to inform health services targeting adolescent and young people and to address the decline in uptake of HTC services among this population during the COVID-19 pandemic. The Joint Team supported peer educators to reach 1870 adolescent and young people in Mohale's Hoek and Qacha's Nek districts with quality SRHR and HIV information and HTC and referral services in 2021.

In partnership with the Ministry of Education, a CSE curriculum for Grade 11/12 was developed and 30 field inspectors were trained to cascade the training to at least 360 secondary school teachers across 10 districts. The trained teachers are expected to reach 7000 Grade 11/12 learners with CSE. Additionally, 30 secondary school teachers and 30 education inspectors were enrolled on an online CSE course to improve their access to accurate information and strengthen delivery of life skills-based sexuality education in schools.

In 2020-2021, the Joint Team supported procurement and distribution of 336 860 male and 22 306 female condoms to key populations and young people through community-led outreach initiatives in Mokhotlong and Quthing districts, with an oversight from the Ministry of Health. Moreover, condom packages consisting of male and female condoms, lubricants and an HIV and SRH service directory were provided through outreaches in Leribe, Mafeteng, Maseru, Mokhotlong and Quthing districts.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

The Joint Team focussed on transformative community mobilisation to address gender inequality and assert the rights of women and girls in Lesotho. This included technical and financial support and collaboration with 30 Members of Parliament (MPs) for enactment of the Counter Domestic Violence Bill 2021 that aims to prevent domestic violence and protect survivors. In addition, 240 community councillors, chiefs, religious leaders, and traditional healers were capacitated to protect the rights of adolescent girls and young women and promote uptake of SRHR, HIV, and GBV services, thanks to the Joint Team's support.

A total of 300 people also engaged through community dialogues that included capacity building and empowerment of women, girls, and other community members on SRHR, HIV, GBV, human rights, intersection between culture, religion and gender, and the intersection between GBV and HIV; addressing harmful social-cultural and religious norms, and asserting the right of women and girls.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

The Joint Team contributed to the revision of the Children Protection and Welfare Act 2011 and its alignment with the Southern African Development Community (SADC) Model Law on Child Marriage. Several workshops were also organized to discuss the draft amendment act, which is currently awaiting formal approval from the Parliament.

In partnership with the People's Matrix Association, the Disabled and HIV/AIDS Organisation of Lesotho (DHAOL), and the Care for Basotho Association (CBA), 457 healthcare workers across all 10 districts were trained on the comprehensive HIV service package tailored for key populations aimed at reducing stigma and discrimination and improving access and uptake of services and retention in care.

The Stigma Index 2.0 was completed through active leadership of people from vulnerable and key population groups and substantial technical support from the Joint Team. Recommendations from the Index will be implemented under the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination, anchored within the National AIDS Commission.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team continued to actively contribute to the implementation of the United Nations Development Assistance Framework (UNDAF) for 2019-2023, to support Lesotho in the realisation of the 2030 Agenda and ensuring that no one is left behind. For instance, the Joint Team provided technical assistance for the integration of HIV in the migrant health programme and school nutrition programme.

Contributing to the Sustainable Development Goals (SDGs) 3 and 5, efforts were made in integrating health services in the country and promoting women's health. Under the 2gether4SRHR initiative, support was provided for the development of Integrated Intrapartum, Emergency Obstetric, and Postnatal Care Guidelines, Family Planning Guidelines, GBV Training Manual and National Accelerated Action Plan for the Adolescent Health. The Joint Team also contributed towards SDG 4 by supporting the Ministry of Education and Training to formulate the Learner Prevention and Management Policy as well as the School Health and Nutrition Policy. These policies address the well-being of learners with the aim to improve education outcomes.

Besides, the Ministry of Health was assisted in updating the essential health service package and production of family planning information, education, and communications (IEC) aimed at promoting and creating demand for family planning services and commodities. These included 350 posters, 2 street banners, 976 car stickers for public transport, 2 billboards, 24 pull-up banners, 300 pocket cards and 300 lapel cards with clips for service providers.

CHALLENGES AND LESSONS LEARNED

One of the biggest challenges facing the HIV response in Lesotho is the declining revenues from the Southern African Customs Union (SACU), and migrant remittances attributed to increased domestic debt and cyclic drought affecting a quarter of the country's population every year. Recent classification of Lesotho as a country that achieved epidemic control might present a challenge on the sustainability of the extremely fragile gains and the overall HIV response.

Lesotho's HIV response is heavily driven by the health sector leading to low investment in community-led programmes. Hence, the technical and coordination capacities of civil society to support the HIV response, monitor progress, and hold the Government accountable remain weak. Current efforts to develop a framework for social contracting will help to alleviate this challenge. However, there is a need for strong civil society advocacy to ensure implementation of the framework.

Lessons learned showed the need for persistent and coordinated advocacy to ensure HIV remains a national priority and a continued political commitment. Retention of skilled and experienced staff at the Ministry of Health and Ministry of Education is an ongoing challenge. These coupled with key gaps within the National AIDS Commission continue to hamper national coordination of the response and weaken implementation of HIV prevention programmes.

Tele-consultation and remote psychosocial support services were successful in reaching vulnerable and key populations with services during the COVID-19 pandemic. However, due to COVID-19 protocols, community and stakeholder consultations and development of some key documents were postponed or limited. Experiences underscored the efficiency and cost-effectiveness of utilizing technology for virtual and hybrid meetings.

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