



GOVERNMENT OF LESOTHO

# NATIONAL HIV AND AIDS POLICY



NATIONAL AIDS COMMISSION

*Powered to conquer HIV and AIDS*



## FOREWORD

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Lesotho has one of the highest HIV and AIDS infection and prevalence rates in the world. HIV and AIDS poses one of the greatest challenges for national development, and threatens the very survival of the nation and its attainment of the Millennium Development Goals (MDGs). This realisation caused His Majesty King Letsie III to declare HIV and AIDS a national disaster in the year 2000. The declaration was followed by the adoption of the first National Policy framework for the prevention of HIV and AIDS, as well as a National Strategic Plan for 2000/01—2003/04 in the same year. Based on the Joint Review of the national response and current developments, Government adopted this updated National HIV and AIDS Policy document.

The Government of Lesotho is firmly committed, through this revised policy, to reversing the spread of the epidemic. We are determined to tackle the epidemic using good governance principles. We have thus come up with bold, aggressive and innovative strategies to help us to achieve the desired goals. Some of these include the *Know Your Status* campaign launched on World AIDS Day 2005, a door-to-door campaign reputed to be the first of its kind in the world. We are also taking the bold step of ensuring that all pregnant women receive HIV testing and counselling at antenatal clinics. Knowing the importance of community participation, we are committed to a gateway approach, wherein communities are capacitated to take charge of the design and implementation of HIV and AIDS programmes.

We are further committed to the “Three Ones” principle of the United Nations: one coordinating body, one strategic plan and one monitoring and evaluation system. To this effect, Government has established the National AIDS Commission (NAC) with a broad mandate for multi-sector coordination; a National Strategic Plan for 2006—2011 to ensure decentralisation and a community-driven national response; a National Monitoring and Evaluation Plan to track adherence to the provisions of this policy, as well as implementation through the Strategic Plan.

Government is committed to ensuring that the response goes beyond the traditional principles of **A**bstinence, **B**e faithful and **C**ondom Use, to identifying the principal drivers of the epidemic and tackling them with innovative strategies. As part of the goal of preventing the further spread of the epidemic, Government shall ensure the protection and fulfilment of the rights of all vulnerable populations, including orphans and vulnerable children (OVCs), women and girls and people living with HIV and AIDS (PLWHAs) and ensuring food security at household level.

This policy outlines Government's desire to promote equitable access to HIV and AIDS and treatment of opportunistic infections for all those in need, as well as to improve healthcare services to all, including people in remote areas. Lastly, we are committed to reviewing and/or enacting laws that will address issues of infection risk prevention and the reduction of vulnerability, and will mitigate the effects of the epidemic, as well as to regulate health services and systems to ensure quality care.

**THE RIGHT HONOURABLE PAKALITHA MOSISILI, MP**  
**PRIME MINISTER OF THE KINGDOM OF LESOTHO**

## **PREFACE**

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This policy document updates the 2000 National HIV and AIDS Policy. The review of the policy was preceded by a Joint Review of the National Response (2005), which recommended, among others, the review of the 2000 policy. This document is therefore a culmination of a wide consultation and participation process, and provides the broad policy framework for action. The consultative process makes this policy a truly shared vision of how Lesotho, as a country faced by the national disaster of HIV and AIDS, should respond.

The policy enjoins all sectors, including workplaces, to formulate or review sector or workplace policies in line with the national policy. It brings forward the Government commitments started in 2000 with renewed and energised strategies needed to defeat an ever-changing and complex epidemic. This characterisation is apt, as, regardless of the previous policy being promulgated and major interventions undertaken, the prevalence rate in Lesotho continued to rise. This required new approaches and innovations to firmly reverse the trend.

The revised policy framework highlights the importance of guiding the national response by placing priority on the public health response; multi-sector coordination; protection; the participation and meaningful involvement of people living with HIV and AIDS (PLWHAs); and the need to put in place mechanisms for service delivery that adequately addresses discrimination within a speedy, rights-oriented and responsive socio-legal environment.

It is my sincere hope that all stakeholders shall join hands in the fight against this epidemic.

**ADVOCATE THABO MAKEKA**  
**CHAIRPERSON, NATIONAL AIDS COMMISSION (NAC)**

## **ACKNOWLEDGEMENTS**

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The National AIDS Commission wishes to acknowledge with gratitude the valuable contribution of a large number of individuals and organizations who made it possible for the process to be a success. We wish to express special thanks and appreciation to the members of the National HIV and AIDS Steering Committee for their dedication, hard work and availability especially during times when they were called at very short notice. We further wish to thank the various stakeholders and District AIDS Taskforce representatives for comments, suggestions and in-puts into the initiative that could influence the destiny of the nation.

We would like to express special thanks to NAC staff who worked long and tiresome hours under difficult circumstances to make this process a success. Last but not least, we want to acknowledge the assistance provided by our two consultants, Ms Keiso Matashane-Marite and Mr Gautoni Kainja, who facilitated the National Strategic Plan development process. We are also grateful for the financial and technical support we received from our Development Partners.

**KEKETSO SEFEANE**  
**CHIEF EXECUTIVE, NAC**

## ABBREVIATIONS

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AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
CBO	Community-Based Organisation
CHBC	Community Home-Based Care
FBO	Faith- Based Organisation
GoL	Government of Lesotho
GDP	Gross Domestic Product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with AIDS
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IEC	Information, Education, and Communication
KYS	Know Your Status Campaign
LAPCA	Lesotho AIDS Programme Coordinating Authority
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
NGO	Non Governmental Organisation
OI	Opportunistic Infection
OVCs	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLWHAs	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-child Transmission

PRSP	Poverty Reduction Strategy Paper
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
UNDP	United Nations Development Programme
UNAIDS	Join United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation



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## EXECUTIVE SUMMARY

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### 1.0 Introduction

The National HIV and AIDS Policy framework was developed as a follow-up on the outcomes of the National Joint Review that identified general and specific needs and gaps in the current policy and legislative framework. The review found that the legislative and policy environment in Lesotho needed strengthening in a number of areas if it was to provide comprehensive guidance to the implementation of several aspects of the national HIV and AIDS response. The policy had to be strengthened in the context of making it inclusive to address and focus on ensuring that there are no procedural, policy and/or legislative encumbrances to the mounting of effective national response to tackle the HIV epidemic in Lesotho and providing protection of individuals families or groups made vulnerable by HIV and AIDS. In addition, there was a need to formulate policy and legislative guidelines to strengthen the needed institutional arrangements for the coordination of the multi-sector HIV and AIDS response.

The new proposed policy framework reflects the Government of Lesotho's commitment to ensuring adequacy of protection, care and support to all vulnerable groups in all interventions on HIV and AIDS. The framework also provides guidance for stakeholders in the formulation of the National HIV and AIDS Strategic Plan and the development of sectoral policies and plans. It also provides the framework for coordination, management arrangements, research, monitoring and evaluation of the policy, including resource mobilization, utilization, and accountability.

The prevalence of HIV and AIDS in Lesotho is estimated at 23.2% and creates a high burden of disease as well as severe adverse impact on the socio-economic indices on the population. The creation of vulnerability among orphaned children, widows and individuals and families affected by HIV and AIDS has necessitated the development of policies that strengthen legislation to ensure a guided process in the development and execution of interventions to prevent violation of their human rights as well as ensure uniformity in interventions.

The policies and legislative instruments are by necessity directed at the identification of the drivers of the epidemic in a multi factorial fashion, thus, creating a platform for the development of appropriate policy and legislation to guide interventions to reduce the spread of HIV and mitigate the impact of the epidemic. The major factors that have been identified as the drivers of the epidemic comprise of the following:

**Poverty and Food Insecurity** at household level that have increased vulnerability to HIV transmission and infection as they drive people into risky behaviours in exchange of food and other materials.

**Unemployment** rate is high in Lesotho and induces significant population mobility in search of employment opportunities within and outside the country thus, contributing to increasing risk of exposure to HIV transmission through transactional sex.

**Alcohol and Drug Abuse** is rapidly increasing in Lesotho and it tends to contribute to increased risky sexual behaviour as well as the possibility of transmission through intravenous drug administration.

**Multiple Concurrent Sexual Relationships:** multiplicity of sexual partners is significantly common in Lesotho increasing, the risk of HIV transmission if combined with unsafe sex practices.

**Migrant Labour** to South African mines that have mainly provided job opportunities for males in Lesotho has contributed to high transmission of HIV as most of the workers were accommodated in males' only hostels. This increases chances of transmission and further spread to their spouses on return.

**Gender Inequality and Gender-Based Violence** promoted by the low socio-economic and legal positions of women where they are not empowered to make decisions on their lives, thus, predisposing them to sexual abuse and violation of their rights and increased risk to HIV transmission.

**Intergenerational Sex** especially between older males and younger women is a common occurrence in Lesotho due to the socio economic vulnerability of young people particularly girls who get involved in transactional sex and thereby increase their exposure to possible HIV transmission.

## 2.0 The Impact of the Epidemic Contributing to Policy Development and Change

The overall impact of HIV and AIDS on the national economic development potentials as well as the burden placed on national social service delivery is enormous. In order to have an orderly strategy to address adverse impact on national development, there was recognition of the need for specific legislation to guide interventions on the impact of HIV and AIDS. These comprise definitive legislation to enable the country to establish minimum living standards and ensure adherence to the national minimum quality of social and economic care at service delivery points.

**Increased Burden on Healthcare Systems:** HIV and AIDS has significantly increased the burden on national health care system due to the large numbers of people seeking medical relief from the persistent and chronic AIDS related ailments as well as the accompanying prevention programmes.

**Reduction of Agricultural Production:** HIV and AIDS negatively impacts on the agricultural production in Lesotho which is labour intensive due to work-days lost to prolonged illness and incapacitation of the economically productive adult population, thus increasing food insecurity at household level.

**Reduced Economic Development** due to HIV and AIDS as a result of significant levels of work-days lost because of illness episodes, general incapacitation and loss of trained human resources. Loss of trained personnel due to HIV and AIDS related causes has significantly impacted on the country's capacity to replace and generate additional human resources for its economic development. In addition, financial resources are being diverted to fighting HIV and AIDS. This negatively affects economic growth, reduces productivity of the labour force and weakens national institutions and overall potential for development.

**Increased Number of Orphans:** HIV and AIDS have increased the number of orphans and thereby increased the vulnerability of children from HIV & AIDS affected homes and especially of those who lose one or both of their parents. The traditional system of inheritance tends to displace children whose parents have died from inheriting their parents' estate.

**Women and Girls:** HIV and AIDS have increased the vulnerability of women to poverty as they are burdened by responsibility of care-giving to the sick

members of the family and a significant number of girl-children has been forced by their traditional roles to assume the care-giving role that has compromised their educational and career opportunities.

**Increased Morbidity and Mortality:** HIV and AIDS have increased loss of family incomes through chronic debility and untimely deaths of the economically productive members of the society, thus increasing poverty and vulnerability of the surviving members of the affected families. Dependency ratio is increased as more of the productive members of the families are lost to HIV and AIDS and the elderly take upon the responsibility of providing for the family.

### **3.0 Current Policy Framework in the National Response**

#### **3.1 Policy Environment**

Lesotho had no formal policy on HIV and AIDS until the development of the preventive strategy to combat HIV and AIDS. The initial policy framework was developed in 1995 by the National AIDS Prevention and Control Programme in the Ministry of Health. It established basic policies for management and coordination of HIV and AIDS and provided a platform for the establishment of the first attempts to establish multi-sectoral coordination through the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA). LAPCA was instrumental in the development of the first Policy Framework on HIV and AIDS Prevention, Control and Management and the National Strategic Plan in 2000.

The development of the policy framework guided the country's commitment to regional and international conventions on HIV and AIDS, as well as provided for participation of stakeholders in the formulation of operational policies at institutional levels, particularly that of the private sector and workplace programmes.

#### **3.2 Legislative Environment**

The 2000 Policy framework set the agenda for legislative review to enact specific policies to protect vulnerable groups, children and women and discrimination against PLWHAs. Some of the key policies and laws intended to provide protection to the vulnerable groups that have been developed thus far include Gender Policy, Social Welfare Policy, Married Persons Bill and the Sexual Offences Act of 2003. The act to protect PLWHAs as employees in the

workplace was one of the key legislation that was passed to protect them against loss of jobs on account of being found HIV positive.

### **3.3 International Commitments**

Lesotho is party to several regional and international declarations on HIV and AIDS including the United Nations General Assembly Special Session Declaration of Commitment on HIV and AIDS (2001), which sets a consolidated framework of global response to HIV and AIDS. Lesotho's approach has been to shift the focus of some of the international conventions and objectives such as the MDG 6 on Combating HIV and AIDS and TB to the first position based on national priority objectives on HIV and AIDS.

Other international conventions that Lesotho has acceded to include the Abuja Declaration and Framework for Action in the Fight against HIV and AIDS, Tuberculosis and other Infectious Diseases (2001), the 2003 Maseru Declaration and Commitment to HIV and AIDS in the SADC region and recently the 2006 Brazzaville Declaration on Commitment on Scaling up towards Universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010. These conventions have provided guidance to the re-focusing of priorities in the national response and allocation of more resources to scale up initiatives.

### **3.4 Recent Developments**

GoL is undertaking several approaches to main-stream HIV and AIDS in the national development planning processes. There are two major developments that the GoL has undertaken towards main-streaming HIV and AIDS into the planning and development strategies, they include the Gateway Approach to mainstreaming of HIV and AIDS in the Local Government administration at the district and community levels and the "Know Your Status Campaign" intended to scale-up the HIV Testing & Counselling as an entry point to awareness creation and referral to other post-test services and activities on HIV and AIDS such as prevention, treatment, care, support and impact mitigation.

### **3.5 Justification**

The current policy framework strengthens the implementation of the current HIV and AIDS interventions, but there is a realization that it does not fully address the legislative and policy requirements for the expanded programmes

and planned interventions. In addition, the policy framework does not fully encompass some of the challenges especially those related to gender inequality in the traditional context and some of the issues emerging from the performance of current and planned interventions.

Given the urgency of the need to scale-up the HIV and AIDS epidemic, more vibrant policies and legal instruments need to be developed to facilitate the necessary legislative reform. The policy and legislative guidelines proposed in this document attempt to link sector-specific HIV and AIDS priorities to relevant interventions in the public service, the health sector, Labour and Employment, NGO Management, Business and the Private Sectors.

#### **4.0 The Goal of the Policy**

The overall goal of this policy framework is to enable Government to effectively fight the HIV and AIDS epidemic: to prevent the further spread of the epidemic, provide treatment, care and support services, and to mitigate the impact of HIV and AIDS on individuals, families, and communities.

#### **4.1 Objectives of the Policy**

The key objectives of the policy are:

- To greatly reduce individual and societal vulnerability to HIV and AIDS through identification of the drivers behind the epidemic.
- To promote human rights based approach to prevention, treatment, care, support and mitigation services.
- To ensure every sector of society plays its part in fighting the epidemic through their expertise and core mandate.

With this policy the Government of Lesotho commits itself, inter alia, to the following:

- Advancing the public health-based response that integrates principles of prevention, treatment, care and support and on the other hand a multi-sectoral response, taking into account the facets of HIV and AIDS which make it more than just a health issue.
- Establishment of NAC as the one coordinating body, to oversee the development of a new strategic plan and establish a national monitoring



and evaluation system to assist in the management of the HIV and AIDS response.

- Ensuring that there is gender equality and that women and girls, men and boys have equal access to prevention, treatment, care and support services.
- Promoting and protecting human rights of all people to eliminate vulnerability to HIV infection and reduce the impact of HIV and AIDS on individuals, communities and the nation.
- Providing and applying resources transparently, accountably and responsibly, including financial, technical and human resources, as well as infrastructure and community contributions in cash, time and kind.
- Ensuring that decision-making and delivery of this policy is transparent and accountable.
- Ensuring an effective decentralisation system that makes the Local Authorities the Gate-Way in the fight against HIV and AIDS.
- Ensuring timely and sustained action.
- Implementing a multi-sectoral response where all stakeholders have a role to play and resources are harmonised for maximum impact.
- Ensuring that resources and programmes of Government and partners are equitably distributed to all parts of Lesotho including the hard-to-reach areas.
- Establishment of District Funds through which the funds entrusted to Lesotho coming in under the National AIDS Commission are funnelled to the districts for implementation according to district development plans.

## **5.0 Thematic Groups**

The policy addresses itself to the four main thematic groups, namely, Governance, HIV and AIDS Prevention; Treatment, Care and Support; and Impact Mitigation.

### **5.1 Governance**

The multifaceted nature of the HIV and AIDS epidemic requires an effective institutional and management arrangements that identify national priorities, provide equitable resource allocation to interventions and enhance organized participation of all stakeholders within the multi-sectoral framework. The establishment of the National Aids Commission (NAC) by the NAC Act in September 2005 has improved the effectiveness of the national coordination and provided guidance to the development and management of the national response in the context of the “three ones” principle.

## **5.2 HIV and AIDS Prevention**

The overarching policy objective in this respect is to facilitate the reduction of HIV transmission among all populations especially among the vulnerable groups.

There are a number of prevention strategies that are explored by the policy and they include, behaviour change communication strategy, HIV Testing and Counselling, Diagnostic Testing, Beneficial Disclosure, Condom use, Prevention of Mother to Child Transmission, Management of Sexually Transmitted Infections, and Post-Exposure Prophylaxis.

## **5.3 Treatment, Care and Support**

The objective of the policy in this regard is to promote and provide universal access to free treatment, care and support services.

Treatment care and support of HIV and AIDS include the provision of ART and other medicines, diagnostics and related technologies for the care of HIV and AIDS. It also includes the treatment of the AIDS related Opportunistic Infections (OIs) and appropriate provision of nutrition; social, spiritual and psychological support and family or community home-based care.

## **5.4 Impact Mitigation**

The objective of this component is to facilitate the reduction of the vulnerability of population groups affected by HIV and AIDS through, among others, food security and protection and empowerment of vulnerable and marginalised members of society.

HIV and AIDS increase the vulnerability of individuals, households and communities due to the associated stigmatisation, decline in living conditions as a result of the drain on family incomes as well as exploitation of these individuals

by those who claim to have remedies that can cure AIDS. The most vulnerable populations in Lesotho are women, children and orphans.

## **6.0 Protection, Participation and Empowerment of People Living With HIV and AIDs (PLWHAs)**

The objective of the policy here is to create and promote an environment where all PLWHAs and vulnerable populations fully enjoy human rights and fundamental freedoms. In particular they should have access to education, inheritance, employment, healthcare, social and health services, IEC/BCC, prevention, treatment, care and support services and legal protection, while respecting their privacy and confidentiality.

PLWHAs are adversely affected by the epidemic due to a number of factors identified in the main policy document, and they therefore, should be part of the process to identify and participate in the design, development and implementation of HIV and AIDS interventions.

## **7.0 Responding to HIV and AIDS in the Workplace**

The objective of up-scaling response at the workplace is to promote and ensure a non-discriminatory, compassionate and safe working environment. In this environment HIV and AIDS prevention, treatment, care and support are recognised as mutually reinforcing elements on the continuum of an effective response to HIV and AIDS and employees enjoy their full human rights. There should be no discrimination against employees on the basis of real or perceived HIV status.

This policy indicates that one of the most effective ways of reducing and managing the impact of HIV and AIDS in the workplace is through implementation of an HIV and AIDS policy and institutionalisation of a prevention, treatment, care and support programme.

## **8.0 Research, Monitoring and Evaluation**

Evidence-based decision-making is desirable and essential in pursuit of policy, programme and project effectiveness. The ability to guide, design, implement and undertake surveillance of HIV and AIDS will ensure accountability, responsiveness and maximum impact. An effective M&E system that collects, processes, validates, analyses and interprets a range of relevant qualitative and

quantitative HIV and AIDS data will increase the effectiveness of the national response to HIV and AIDS.

HIV and AIDS research is required to address gaps in existing knowledge about HIV and AIDS and to inform policy on HIV and AIDS-related interventions. STI/HIV Sentinel surveillance and routine epidemiological surveys are necessary to provide information on prevalence rates especially among population-groups at the highest risk of infection

Thus, the policy puts more emphasis on promotion of research agenda that is relevant, respects human rights and benefits all Basotho.

### **9.0 Multi-Sector Coordination**

The overarching objective is to enhance effective coordination of the HIV and AIDS response through multi-sectoral approach.

There is a need to establish order in the planning, coordination and management of HIV and AIDS interventions to avoid the inefficiency of fragmented programmes of the past. The multifaceted nature of the HIV and AIDS epidemic requires an effective institutional and management arrangements that would ensure that all activities are based on identified national priorities and that resource allocation to interventions are equitable to reach all areas of need, and that all stakeholders participate in the organised multi-sectoral framework. Coordination, management, monitoring and evaluation of all HIV and AIDS interventions are necessary to ensure harmonization and effective harnessing of national resources to the fight against the epidemic.

## **CHAPTER ONE: INTRODUCTION**

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This is the revised National Policy for HIV and AIDS, intended to provide a comprehensive framework to enable the Basotho nation to effectively fight HIV and AIDS epidemic with the implementation of a range of interventions to reduce transmission and mitigate the impact of HIV and AIDS in Lesotho.

### **1.1 Purpose of the Policy**

The purpose of the revision of the HIV policy framework in Lesotho was to strengthen the national HIV and AIDS response, in the light of the inadequacies of the policy framework that was adopted in 2000 together with the first National AIDS Strategic Plan 2000-2003. The revised policy framework addresses and consolidates the previous efforts to guide the implementation of the multi-sectoral National response by providing appropriate coordination, protection of the vulnerable populations and increase in the participation and meaningful involvement of PLWHAs in planning and implementation of HIV and AIDS interventions.

The new policy framework emphasises the need to address identified drivers of the HIV epidemic, determination of national priorities and the establishment of appropriate coordination mechanisms to effectively plan, implement and monitor and evaluate national HIV and AIDS interventions. It also reiterates GoL commitment to develop interventions that will ensure universal access to prevention, treatment, care and support and to impact mitigation services for food security, protection and empowerment of vulnerable groups to ensure their resilience to the effects of the epidemic.

Finally, it provided the platform for updating the National HIV and AIDS Strategic Plan and the development of sectoral policies and plans and their implementation.

### **1.2 Background Information**

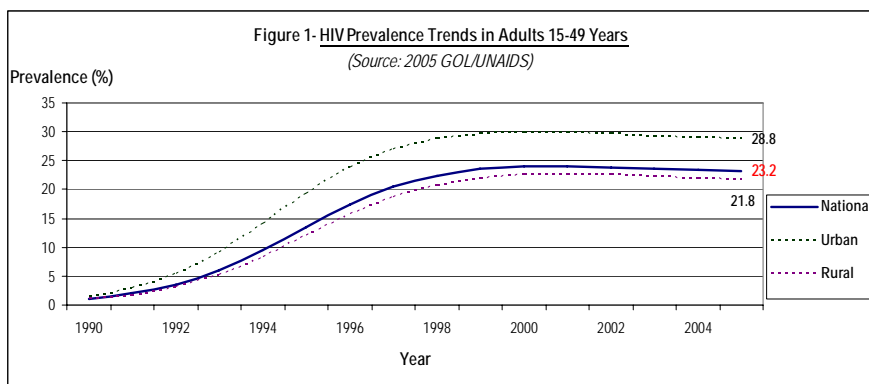
Lesotho is a country of 2.2 million people with a high prevalence rate of HIV estimated at 23.2% among adults. The epidemic has significantly affected the

country's socio economic development. The Government has evolved a number of strategies to address the spread of the epidemic that include institutional arrangements to coordinate and manage the National response, the mobilisation of financial, human and material resources and the support of both public, private and civil organisations to plan and implement HIV and AIDS interventions in a multi-sectoral programme termed as the National response.

### 1.2.1 HIV Situation in Lesotho

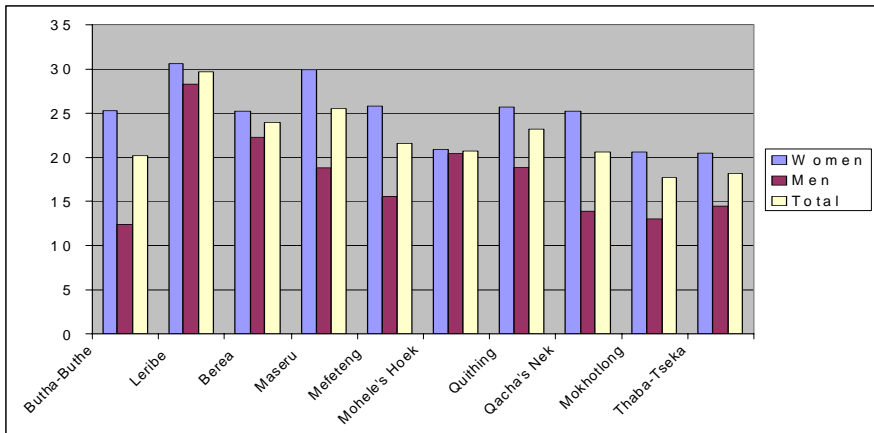
HIV and AIDS was declared as a national disaster by His Majesty King Letsie III in 2003. The current prevalence of 23.2% makes Lesotho the third highest affected country in the world following Swaziland and Botswana. The pandemic mostly affects the economically productive adult population aged between 15 to 49 years. According to the GoL/UNAIDS estimates approximately 266 000 adult men and women and 16,000 children under fourteen years of age are infected by HIV.

Since the first case of HIV was diagnosed in 1986 the prevalence of the disease sharply rose from 2% in 1992 to 21% by 2000. Figure 1 below, illustrates the rising trends for both rural and urban areas. The rapid rise in HIV prevalence is attributable to a number of factors to be discussed in the proceeding relevant chapters.



Current surveillance data indicates stabilisation of prevalence of the epidemic in young pregnant women aged 15-24 years (used as a proxy for incidence of HIV in a population), over the period 2000 to 2003 for this age group; a similar decline has been observed among young people aged 15 to 19 years (2005 HIV Sentinel Surveillance survey). This could be interpreted as indicating possible declining incidence, but factors contributing to this trend have not been clearly verified.

There are significant differences between HIV prevalence rates of urban 28% and rural 21%. However, there is considerable variation in the prevalence rates by district, ranging from the low 20% in Mokhotlong and Thaba-Tseka to over 30% in Leribe as illustrated in Figure 2. The variations are attributed to several different factors that range from high population mobility, access to high-ways and proximity to busy urban areas, rural urban migration and the adequacy of surveillance systems in place.

**Figure 2: HIV Prevalence by District**

The HIV and AIDS epidemic is a major threat to Lesotho's attainment of the Millennium Development Goals, combating poverty and promoting sustainable human development. HIV and AIDS has long-term impact on development, for instance, in 2005 Lesotho was ranked 149 on the Human Development Index as opposed to 137 in 2003. This decline is attributable to a number of factors inclusive of drastic cuts in life expectancies and high mortality rates as a result of AIDS. There are estimates that the impact of HIV and AIDS epidemic will reduce GDP in Lesotho by almost one third by 2015. The number of orphans is increasing and is estimated at 19% of the total number of children. It is estimated that there are 96,000 orphans (2005 GoL/UNAIDS estimates).

### 1.3 National Response

Lesotho has mounted a National response to address the HIV and AIDS interventions since the first case of HIV was diagnosed in 1986. In 1987 Government established the National AIDS Prevention and Control Programme (NAPCP) within the Ministry of Health. In 2000 the Government established the Lesotho AIDS Programme Coordinating Authority (LAPCA) and developed a national HIV and AIDS policy framework. The framework that was developed established guidelines for combating HIV and AIDS in Lesotho, and creation of an enabling environment to support programme interventions. The effectiveness



of this policy framework was affected by the absence of robust coordination mechanisms and weak collaboration between the various implementing agencies.

### ***1.3.1 Policy Environment***

The Policy Framework reiterated the Government of Lesotho's commitment to provide guidance and direction for dealing with national priorities in the country's response to HIV and AIDS. The overall goal of the policy was to address prevention of HIV transmission, treatment, care and support and mitigation of impact, and to engender multi-sectoral approach in the planning, management and implementation of HIV and AIDS interventions. In addition, it responded to the Government's repertoire of policy guidelines emanating from several regional and international commitments (such as the UNGASS and Abuja 2001 declarations) that the country acceded to in an attempt to reinforce basic requirements for combating HIV and AIDS epidemic.

New policy directives have been established at the district level under the national decentralisation process which will enable implementation of HIV and AIDS services at the community level. These include the Gateway Approach that builds on the application of indigenous tools to harness community participation in determining and employing innovative methods in development and management of HIV and AIDS interventions.

### ***1.3.2 Legislative Environment***

The 2000 Policy framework was intended in part to set the agenda for legislative review to create an enabling environment. To date the following instruments have since been developed: Sexual Offences Act 2003, Child Protection Bill, Married Persons Bill, Reproductive Health Policy, Gender Policy and Social Welfare Policy. Drafting of legislation to provide protection and reduce negative impact of HIV and AIDS infection for PLWHAs, Women and Girls and other vulnerable groups is in progress. The intention of these legislation and policy is to provide protection for Orphans and Vulnerable Children (OVCs), as well as other vulnerable groups, against discrimination and abuse.

### ***1.3.3 International Commitments***

Lesotho is signatory to several international and regional commitments which have policy implications as they establish global guidelines to the development and management of national responses to HIV and AIDS epidemic. The GoL's commitment to international and regional policy declarations is reflected in Lesotho's approach to its operationalisation of Millennium Development Goals (MDG) where Lesotho has shifted MDG 6 on Combating HIV and AIDS and TB to first priority level recognising the significance of HIV and AIDS on its socio economic development. Lesotho's 2003 MDG Report reflects its desire to integrate HIV and AIDS in all the 8 MDG. In addition, Lesotho is the only country in Africa that has ratified the UN Convention on The Rights of The Child. Other international declarations that have influenced Lesotho's approach to dealing with HIV and AIDS are the Abuja Declaration and Framework for Action in the Fight against HIV and AIDS, Tuberculosis and other Infectious Diseases (2001); the 2003 Maseru Declaration and Commitment to HIV and AIDS in the SADC region; and the recent 2006 Brazzaville Declaration on Commitment on Scaling up towards Universal access to HIV and AIDS prevention, treatment, care and support in Africa by 2010.

### ***1.3.4 Recent Developments***

Existing and emergent programmes have necessitated the development and adoption of a more exacting Policy Framework that recognises the need for a comprehensive legislative environment to address new requirements for prevention of transmission, treatment, care and support and mitigation of impact of HIV and AIDS efforts of all stakeholders in the fight against HIV and AIDS.

Recent developments include the following major initiatives:

- The establishment of the NAC to improve effectiveness of the national coordination and provide guidance to the development and management of the national response. The NAC Act was passed by Parliament in September 2005, and it provides for the creation of institutional arrangements to optimize planning, coordination, monitoring and

evaluation of the National response in the context of the “three ones” principle. It also provides for the authority to mobilize resources for the National response outside the government system.

- The Gateway approach is a three step method of mainstreaming HIV and AIDS into the planning and implementation of development projects by Local Authorities. This approach builds directly on the GoL’s strategy of targeting the epidemic across all four domains of a holistic approach: Prevention, Treatment, Care and Support, and Impact Mitigation.
- The establishment of the STI/HIV Directorate, which led to the introduction of the ART Programme that has now been established as a major impact mitigation strategy to prolong the lives of those with HIV infection.
- The Know Your Status campaign, whose overarching goal is to contribute to halting and reversing the spread of HIV in Lesotho in the context of comprehensive HIV and AIDS prevention, treatment, care and support. The main campaign objective is that all people above 12 years old living in Lesotho will know their HIV status by the end of 2007. The operational plan of the campaign was launched in December 2005 by His Majesty King Letsie III in an effort to galvanise the whole country to focus on the need to test for HIV.

#### **1.4 Situational Analysis: Joint Review Process**

The joint review process was undertaken to determine needs and gaps in the planning and implementation of the National response. It identified a number of systemic challenges facing GoL in its attempts to manage the HIV and AIDS epidemic. The review identified challenges such as capacity constraints, formulation of updated policies, guidelines, and legal instruments and the establishment and operationalisation of more responsive structures to guide coordination of the National response. It also highlighted deficiencies in promoting direct and meaningful involvement of PLWHAs in the response as well as adequate promotion of multi-sector coordination. Notwithstanding the challenges, the review noted the achievements made by the National response that included the development of sector-specific HIV and AIDS policies, up-

scaling of prevention programme support from the public and private sectors in the fight against HIV and AIDS, and the roll-out of ART nationally.

The review noted that the policy environment had facilitated the development of programmes and strategies that made it possible to undertake advocacy that promoted impact mitigation and protection of vulnerable groups such as OVCs, women and girls. It was however observed that the existing policies were not comprehensive and encompassing and therefore recommendations made to urgently review the policies to address the identified deficiencies as well as to cater for new and emerging priorities in the management of HIV and AIDS interventions.

#### *1.4.1 Drivers of the Epidemic*

HIV and AIDS epidemic in Lesotho is fuelled by a number of factors which the new policy document intends to address. The drivers of HIV are those conditions that increase the risk of transmission of the virus to a large number of people and would continue to do so if no appropriate measures are taken. Policy guidelines are needed to provide direction as well as legislation for compliance to the principles that underlie the National response.

The drivers of the HIV and AIDS epidemic in Lesotho identified in the Joint Review are:

- **Low level of knowledge** of HIV transmission and prevention among the population.
- **Inadequate access** to HIV and AIDS information and services.
- **High levels of unprotected sexual practices** exposing involved individuals to risk of STIs and HIV transmission.
- **Multiple and concurrent sexual relationships:** The practice of having multiple sexual partners increases the risk of HIV transmission.
- **High levels of poverty** predispose vulnerable groups to higher risks of contracting HIV through transactional sex.

- **Unemployment:** High unemployment rates in Lesotho tend to drive young women into transactional sex and young boys into alcohol and drug abuse and therefore exposing them to HIV transmission.
- **Alcohol and drug abuse:** HIV and AIDS is linked to alcohol and drug problems which contributes to increased spread of HIV transmission due to inhibition of behaviour resulting from alcohol consumption. High alcohol consumption decreases the individual's judgement and increases its likelihood for sexual risk behaviour including sexual violence.
- **Mobility:** Migrant labour within and between RSA and Lesotho where individuals are unaccompanied by their spouses have contributed to high HIV prevalence.
- **Gender inequality and gender-based violence:** Pervasive gender inequality and the violations of the rights of women and gender-based violence are some of the most important forces propelling the spread of HIV.
- **Intergenerational sex:** Vulnerability to HIV infection among young people particularly girls is propelled by intergenerational sexual relations.

#### *1.4.2 The Impact of the Epidemic*

The HIV and AIDS epidemic has adversely affected Lesotho's socio-economic development and has contributed to lower economic savings as well as increased expenditure on public services and increased level of poverty and vulnerability among certain social, gender and age-groups.

The impact of the epidemic has resulted in the following:

- **Increased burden on healthcare systems:** HIV and AIDS directly affects the health of large numbers of people in society and reduces the overall health status and wellbeing of the nation contributing to; increased morbidity and mortality rates, opportunistic infections and thus, placing further stress on a health care system which is already overburdened.

- **Reduction of agricultural production:** HIV and AIDS negatively impacts on the agricultural production due to prolonged illness and accompanying care for the sick. This increases food insecurity at household level and poverty.
- **Reduced economic development:** HIV and AIDS leads to a reduction in economic growth, by reducing the productivity of the labour force, weakening institutions, destroying their capacity to formulate, analyse and manage the public policies, development programmes and strategies essential for economic development and growth, thus hindering sustainable development. HIV and AIDS has potential effect of frustrating attainment of the MDGs.
- **Increased number of orphans:** HIV and AIDS has increased the number of orphans and vulnerable children, leading to increased burden on the care system for OVCs.
- **Increasing vulnerability of women and girls:** HIV and AIDS has increased the burden of care on women who are seen as care givers. HIV and AIDS has forced the Girl children to assume the care role that has compromised educational and career opportunities.
- **Increased morbidity and mortality:** HIV and AIDS has significantly increased the number of illnesses and deaths among the population. The majority of those affected are the economically productive members of the population and thereby depriving sources of incomes for the remaining members of the families and contributing to increased vulnerability of orphans.
- **Reduced earnings and savings:** Persistent infections and the need for medical attention leads to reduced earnings and increased consumption of savings of persons living with HIV and AIDS. This impacts on the families' ability to maintain the quality of their living standards thus, increasing their vulnerability and the lives of family members especially children.

## 1.5 Identified Key Areas for Action

Analysis of the policy environment identified the need for specific and more comprehensive policies and legislation framework to effectively guide the fight against HIV and AIDS. The following issues were identified as key to be addressed by the enhanced policy framework. The issues identified are as follows:-

- Recognition of the need to strengthen gender equality for women and girls, and other vulnerable groups to have equal access to prevention, treatment, care and support, and impact mitigation services including legal support.
- Recognition of the need to enhance the promotion and protection of human rights of all people to eliminate the vulnerability to HIV infection and reduce the impact of HIV and AIDS on individuals, communities and the general population.
- Recognition of the need to ensure provision of resources and services in non-discriminatory manner, observance of transparency, accountability in the utilisation of resources for HIV and AIDS.
- Recognition of the need to strengthen coordination of HIV and AIDS interventions and the utilisation of an effectively decentralised system at the local level to support initiatives in the fight against HIV and AIDS.
- Recognition of the need for **one** national strategic plan, **one** national coordinating body and **one** national monitoring and evaluation system (the 'Three Ones' principle).
- Recognition of the multi-sectoral nature of the response where all stakeholders have a role to play and resources are harmonised for maximum impact.
- Recognition of the need to ensure equitable universal access to prevention, treatment, care and support;

- Recognition of the need to establish a national priority list to guide allocation of resources to interventions
- Recognition of the need to strengthen the mainstreaming of HIV and AIDS activities in national and institutional development plans.
- The importance of evidence-based planning.
- The need to strengthen national accounting mechanisms for HIV and AIDS resources.

The above issues provided the platform for the revision of the existing policy framework, and the development of more focused policy proposals.



## **CHAPTER TWO: GOAL AND OBJECTIVES OF THE POLICY**

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The revision of the current policy framework was based on the need to develop a more comprehensive framework to facilitate the scaling-up of the National response to HIV and AIDS and cater for improved legislative guidance to ensure maximum impact of interventions. The high level of HIV prevalence and the adverse impact of AIDS dictated the need to develop more comprehensive strategies to stem the tide of the epidemic. Furthermore, existing policies and legislation were inadequate to deal with the emerging issues in HIV and AIDS. In addition, the GoL has committed itself to manage HIV and AIDS as a development issue that requires a multi-sectoral approach to address the integration of prevention, treatment, care and support and impact mitigation.

### **2.1 The Goal of the Policy**

The overall goal of this policy framework is to effectively fight the HIV and AIDS epidemic: to prevent the further spread of the epidemic, provide treatment, care and support services, and to mitigate the impact of HIV and AIDS on individuals, families, and communities.

### **2.2 Main Objectives of the Policy Framework**

The overarching objective of the policy is to implement more specific interventions intended to significantly reduce HIV transmission and manage the impact of AIDS on individuals and communities.

#### ***2.1.1 The Main Objectives***

- To strengthen processes and procedures in the development and implementation management of prevention services.
- To strengthen the relationships between the national coordinating body (NAC), the public sector, private sector, civil society and other implementing partners.
- To provide universal access to prevention, treatment, care and support.

- To develop a prevention strategy.

### *2.1.2 Specific Objectives:*

- To reduce individual and societal vulnerability to HIV and AIDS through identification of the drivers behind the epidemic and addressing these in an enabling environment.
- To transform the Lesotho population into an HIV and AIDS competent society.
- To promote respect for human rights in dealing with HIV and AIDS issues at policy and programme levels.
- To strengthen the multi-sectoral and multidisciplinary institutional framework for mobilisation and utilisation of resources and for coordination and implementation of HIV and AIDS programmes in the country.
- To provide guidance for the effective participation and involvement of every sector of society in fighting the epidemic through their expertise and core mandates .

## **2.3 Guiding Principles**

Development of the policy was guided by a set of principles that were formulated to ensure successful implementation of the identified policy directives and legislation. These included the following:

- **Political leadership and commitment:** Strong political leadership, participation and commitment at all levels is crucial for a sustained and effective response to the epidemic.
- **Promotion and protection of human rights:** International human rights law and the Constitution of Lesotho guarantee the right to equal protection before the law and freedom from discrimination and provision of protection for vulnerable groups.

- **Multi-sector approach and partnerships:** An effective response to HIV and AIDS requires the active involvement of all sectors of society to harness synergies and establish a common purpose and direction to minimise conflict, duplications and overlaps. Multi-sectoral approach increases efficiency in the use of resources as well as increased exchange of information and experiences.
- **Public health approach:** A public health approach reduces the risk of transmission by establishing guidelines and legislation that imposes certain restrictions on individual choices in the context of protecting the larger population from the risks of HIV transmission. It includes intensive mass education on modes of transmission and ways of reducing risk, widespread and vigorous use of containment methods, beneficial disclosure or notification of partners, PMTCT and PEP interventions.
- **The greater involvement of PLWHAs (GIPA):** The greater and meaningful involvement of PLWHAs is crucial for an effective response to HIV and AIDS as they would be able to draw from their own personal experiences.
- **Good governance, transparency and accountability:** An effective national response to the epidemic requires Government to provide leadership, good governance, transparency and accountability to effectively mobilise resources and to prudently manage resources at all levels and in all sectors.
- **Scientific and evidence-based decision-making:** It is essential that the national response to HIV and AIDS be based on sound, current, empirically and cause-driven evidence-based decisions. The spread of HIV and AIDS is increased by a multitude of different drivers which need to be accurately identified and combated. As aspects of the epidemic continually change and as scientific medical and programmatic knowledge of the epidemic progresses, our understanding of the HIV and AIDS epidemic and how best to respond to it must likewise evolve.

## CHAPTER THREE: POLICY GUIDELINES

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### 3.1 HIV and AIDS Prevention

Prevention of HIV transmission is one of the key strategies likely to significantly impact on the HIV and AIDS epidemic through the reduction in new cases, through a variety of methods that include advocacy, behaviour change communications and use of protective implements. Policy guidelines are required to facilitate and standardise practices and messages to ensure relevance and appropriateness.

#### *3.1.1 Rationale*

The 2000 policy placed emphasis on prevention of HIV transmission as the main strategy to curb the rising incidence of HIV infection. The continuing rise in the prevalence of HIV in Lesotho was due in part to the fact that knowledge of HIV and AIDS did not significantly translate into behaviour change. It is an indication that more focussed policies are needed to ensure wider access to HIV and AIDS information and services for all people. Reduction of HIV transmission is largely dependent upon majority of people recognizing the risk of HIV and AIDS in their behaviour and their ability to take positive action to protect themselves through informed choice.

HIV prevention strategies include the provision of information, education and communication (IEC) and behaviour change communication (BCC) strategies, management of STIs, condom distribution, universal precautions, HIV testing and counselling (HTC), blood safety, prevention of mother-to-child transmission (PMTCT) and post-exposure prophylaxis (PEP) and, once developed, safe and effective microbicides and vaccines.

Counselling for HIV serves as the key entry point for the prevention, treatment, care and support. People who are HIV negative need to have access to information so that they can access prevention services and take appropriate action to stay HIV negative. Early knowledge of one's HIV positive status would link one to post-test support services that include positive prevention,

treatment, community home-based care and nutritional and psychosocial support, which enables HIV positive individuals lead healthy and longer lives.

### ***3.1.2 Prevention Policy Goal***

The main prevention policy goal is to reduce HIV transmission among all population especially among the vulnerable groups.

### ***3.1.3 Overarching Objective***

To ensure universal access to adequate prevention interventions and to scale up the provision and delivery of BCC, IEC, HTC, PMTCT, condom distribution and other services.

### ***3.1.4 Main Policy Statements for Prevention***

The Government shall:

- a) Ensure standardisation of BCC strategies;
- b) Ensure universal access to HIV and AIDS information to all population;
- c) Ensure increased awareness of the population to the personal risks of HIV and AIDS.

## **3.2 Behaviour Change Communication Strategy**

Behaviour change has been identified as the key factor to the reduction of HIV and AIDS transmission. Although there is a high level of awareness about HIV, majority of Basotho have not changed significantly in their sexual practices of multiple and concurrent unprotected sexual relationships.

### **3.2.1 Rationale**

Behaviour change communications and IEC strategies were implemented in an environment that had weak and inadequate policy guidelines and standards, and led to the ineffectual impact on population behaviour.

Development of more effective policy guidelines on BCC and IEC strategies will ensure that messages disseminated by various implementing agencies are similar and do not contradict each other and are acceptable to the different audiences.

### **3.2.2 Objective**

To significantly reduce HIV transmission by changing the behaviour of the population towards observance of safe sexual practices.

### **3.2.3 Policy Statements**

Government shall:

- a) Ensure that all people have free equal access to socially and culturally friendly evidence-based HIV and AIDS information, education and communication.
- b) Develop appropriate BCC interventions.
- c) Develop guidelines and standards on peer education and life skills education.
- d) Ensure that young girls and boys, both in and out of school, have access to life skills education which addresses unequal gender relations, to enable them to protect themselves from HIV infection or live positively with HIV and AIDS if they are already infected.
- e) Ensure that traditional healers stop or modify unsafe practices in order to prevent HIV transmission.

- f) Ensure the development of basic guidelines for tattooing, ear and other skin piercing to prevent transmission of HIV infection (universal precautions).
- g) Ensure that people who practice complementary and alternative medicine, traditional healers and religious leaders are discouraged from making false claims of having a cure for HIV and AIDS.
- h) Support programmes that strengthen the role of parents and guardians in shaping positive attitudes and healthy behaviours of children and young people with regard to sexuality and gender roles in the context of HIV and AIDS and STIs.
- i) Ensure the participation of PLWHAs in the design and implementation of HIV and AIDS information and education programmes, as well as activities aimed at influencing and sustaining behaviour change.
- j) Identify, address and reduce the vulnerability of all migrant groups to HIV and AIDS, including modification of their living and working conditions.
- k) Promote abstinence and/or the delay of sexual debut for youth, mutual faithfulness among adult sexual partners and to discourage multiple sexual partnerships, in addition to providing information on other methods of preventing infection, including condoms.
- l) Ensure the development of employment guidelines and promote employment policies that separate spouses on the basis of geographical work placements.

### **3.3 HIV Testing and Counselling**

HTC is an essential component in the continuum of prevention, treatment, care and support, through to pre- and post-test counselling carried out in a supportive environment. It enables a person being tested and counselled to be prepared to make an informed decision whatever the results of the test.

### ***3.3.1 Rationale***

HTC provides an opportunity to inform and educate those to be tested to understand the implications of the HIV test. It provides information on the choices people can make after testing. For the negative, they can choose to stay negative, and for the positive, they can choose appropriate services and positive living. HTC services must be made accessible, be of good quality, be affordable and user-friendly.

### ***3.3.2 Objective***

To facilitate the provision of HTC as an entry-point to post-test services that include HIV-negative reinforcement, ART and other counselling services for individuals over 12 years old without consent from parents or spouses.

### ***3.3.3 Policy Statements***

The Government shall do the following:

- a) Ensure universal access to quality and user-friendly HTC services to all who need them, including OVCs.
- b) Ensure that HTC services are free and accessible to all the general population.
- c) Provide guidelines on HIV testing and counselling for HTC and to ensure informed consent.
- d) Enact legislation on HIV and AIDS.
- e) Ensure harmonisation between the law and medical ethics in relation to disclosure of HIV results to partners without the consent of the person tested.
- f) Promote and encourage couple counselling and partner-disclosure of HIV test results.



- g) Coordinate and ensure the links between HTC services and other HIV and AIDS-related services to provide a continuum of prevention, treatment, care and support, and impact mitigation.

### **3.4 Diagnostic and Routine Testing**

Diagnostic testing for HIV is indicated whenever a person has signs or symptoms that are suggestive of an AIDS-related syndrome. This is also vital for the prevention of HIV transmission from mother-to-child.

#### **3.4.1 Rationale**

Diagnostic testing assists the healthcare worker to make decisions on treatment based on the confirmation of signs and symptoms observed in the patient.

#### **3.4.2 Objective**

- To make diagnosis of HIV and AIDS so as to enable the referral of the patient to appropriate HIV and AIDS services.
- To inform the nation on the prevalence of HIV among pregnant women, and in blood product supplies to feed information into the national surveillance system.

#### **3.4.3 Policy Statements**

Government shall do the following:

- a) Establish guidelines for routine testing for HIV on TB, STI and antenatal clinic (ANC) patients.
- b) Establish guidelines for diagnostic HIV testing of patients where clinical benefit would accrue to the patient through referral to appropriate ART and other services.

- c) Establish guidelines on diagnostic testing for HIV without the patient's consent in an unconscious patient in the absence of a parent or guardian, where it is necessary for the purpose of optimizing treatment.
- d) Develop an integrated HIV, STI, and TB implementation strategy.

### **3.5 Provider-Initiated Testing and Counselling**

Provider-initiated testing and counselling is necessary for tracking HIV and AIDS, informing the nation on the progression of the epidemic and ensuring the safety of blood and blood products.

#### ***3.5.1 Rationale***

For provider-initiated testing, whether for purposes of diagnosis, offer of antiretroviral prevention of mother-to-child transmission or encouragement to know one's HIV status is an important element in the response and thus, all health facilities shall offer these services.

#### ***3.5.2 Objective***

To inform the nation on the prevalence of HIV and AIDS and to feed information into the national surveillance system.

#### ***3.5.3 Policy Statements***

Government shall:

- a) Establish guidelines for provider-initiated counselling and testing.
- b) Develop referral guidelines to ensure that provider-initiated HIV testing refer clients to appropriate post-test services.

### **3.6 Beneficial Disclosure**

Notification of one's HIV test results to one's sexual partner/s (especially seropositivity) is deemed necessary to enable the other partner to make informed sexual decisions.

#### ***3.6.1 Rationale***

There is a need to provide clear public health-oriented guidelines to ensure that sexual partners who test positive for HIV should disclose this fact to their partners. Due to the sensitivity of the issue and the possible repercussions on the relationship, appropriate guidelines ought to be developed to encourage, persuade and support HIV-positive persons to notify their partners voluntarily. However, healthcare providers should have the legal authority to inform the other partner/s, if a properly counselled HIV-positive person refuses to disclose his or her status to sexual partner/s. This will contribute to the reduction of HIV transmission in discordant couples.

#### ***3.6.2 Objective***

To protect sexual partners from infecting each other so as to reduce the incidence of the disease.

#### ***3.6.3 Policy Statements***

Government shall do the following:

- a) Establish guidelines for the promotion of voluntary disclosure of one's positive HIV status to the other sexual partner/s.
- b) Establish guidelines and legislation for mandatory disclosure of the client's positive HIV status to sexual partner/s.
- c) Develop appropriate and explicit guidelines outlining how, when and to whom beneficial disclosure by a healthcare worker may be made, in

accordance with Human Rights and ensure counselling of partners prior to disclosure.

### **3.7 Condom Usage**

HIV transmission through sexual contact is the main route of transmission in Lesotho, and the proper use of condoms can significantly reduce it. In addition, condoms also prevent the transmission of STIs and are used for family planning purposes.

#### ***3.7.1 Rationale***

The policy seeks to facilitate the procurement, distribution and proper use of condoms by all those who may need them and to encourage those who are sexually active to always use condoms correctly and consistently.

#### ***3.7.2 Objective***

To contribute to the reduction of HIV transmission through unprotected sex.

#### ***3.7.3 Policy Statements***

Government shall do the following:

- a) Ensure availability and access to free condoms for both males and females.
- b) Establish minimum standard quality for condoms used in the country.
- c) Develop guidelines for the proper use and disposal of both the male and female condoms and other barrier methods to prevent HIV and STI transmission.
- d) Promote the implementation of programmes aimed at providing women with support to participate fully in decision-making regarding the use of condoms, while sensitizing men on the importance of condom use in relationships.

- e) Strengthen condom distribution mechanisms for supply and distribution of free and affordable socially-marketable condoms.

### **3.8 Prevention of Mother-to-Child Transmission (PMTCT)**

The desire of HIV-infected couples to have a child must be balanced with the possibility of having an HIV-infected baby who has a high risk of dying in early childhood.

#### ***3.8.1 Rationale***

There is a 25-30% chance that HIV can be transmitted from mother-to-child during pregnancy, labour and/or through breastfeeding. This risk can be minimised if the mother is admitted to the PMTCT programme. There is therefore, a need to protect the unborn and the breastfeeding child from the risk of acquiring HIV from a positive mother as part of the strategy to reduce new infections.

#### ***3.8.2 Objective***

To minimise transmission of HIV from mother to child during gestation, labour and breast feeding periods.

#### ***3.8.3 Policy Statements***

Government shall do the following:

- a) Ensure universal access of all pregnant sero-positive women to free PMTCT services.
- b) Ensure free access to HTC for couples planning to have a child to ensure early referral to PMTCT services where indicated.
- c) Establish minimum standards for quality infrastructure, skilled staff and supplies for maternal and child healthcare (MCH) to ensure proper management of PMTCT intervention.

- d) Provide information on availability of PMTCT services and infant feeding options to all pregnant women and their partners.
- e) Increase male involvement in PMTCT services.
- f) Ensure decentralisation of PMTCT services to the health centre level to bring services closer to the people.

### **3.9 Management of Sexually Transmitted Infections (STIs)**

Sexually transmitted infections are closely associated with HIV transmission.

#### ***3.9.1 Rationale***

Sexually transmitted infections significantly increase the risk of HIV infection and their effective control has been shown to decrease the risk of HIV transmission. Women are particularly vulnerable to STIs because of biological and socio-cultural factors. Control of STIs is therefore, crucial to the reduction of HIV transmission.

#### ***3.9.2 Objective***

To contribute to the reduction of STIs associated transmission of HIV.

#### ***3.9.3 Policy Statements***

Government shall do the following:

- a) Ensure universal access to free, non-judgemental, comprehensive, confidential and client-friendly STI services through the provision of STI syndromic management in accordance with existing standards.
- b) Ensure that partner referrals are encouraged during the management of STIs, including contact tracing.
- c) Ensure the availability of STI management curricula for both pre and in-service training of health providers.

### **3.10 Blood and Blood Products Safety**

HIV is found in all body fluids and contact with such infected fluids carries a risk of transmission.

#### ***3.10.1 Rationale***

HIV can be accidentally transmitted through blood transfusion or tissue transplants. Careful and thorough screening of blood, blood products or tissues or organs for transplant is necessary to prevent accidental transmission to the recipient/s.

Policy guidelines need to be updated to ensure that there is no transmission of HIV through blood transfusion or tissue transplants.

#### ***3.10.2 Objective***

To eliminate the possibility of HIV transmission through the use of blood, blood products and tissues in medical emergencies or surgical procedures.

#### ***3.10.3 Policy Statements***

Government shall:

- a) Provide guidelines for the effective screening of blood for transfusion purposes for HIV, hepatitis B and syphilis.
- b) Ensure the constant availability of trained personnel, and safe blood and tissue supplies at all secondary and tertiary healthcare institutions.
- c) Utilise blood donations as an opportunity to provide information on HTC and other prevention services.

### **3.11 Universal Precautions**

HIV can be accidentally transmitted through contact with infected materials through non-sexual means such as occupational exposure.

### ***3.11.1 Rationale***

Universal precautions for infection control is the protection of health workers, home based carers and other personnel likely to come into accidental contact with HIV-infected blood or blood products. The protection includes the use of gloves and appropriate cleaning techniques when dealing with open wounds and blood spills, and the safe disposal of needles and medical waste. Failure to observe these precautions can result in the risk of accidental exposure to HIV, as the prevalence of HIV and AIDS in the general population increases the risk of accidental exposure.

### ***3.11.2 Objective***

To minimise the risk of acquiring HIV from work-related situations through use of protective materials.

### ***3.11.3 Policy Statements***

Government shall:

- a) Establish infection control and prevention services to ensure that all observe minimum standards for infection controls.
- b) Provide for the training of healthcare workers in the application of universal precautions and provide them with the equipment necessary to implement these precautions in the course of their work.
- c) Promote adherence to universal precautions to reduce the risk of HIV infection through accidental exposure to HIV.
- d) Ensure the availability of adequate materials, equipment and supplies for universal precaution in all health facilities at all times.

## **3.12 Injecting Tools and Skin-Piercing Instruments**

Injecting instruments and other skin piercing tools come in contact with blood and body fluid which may be infected with HIV. If they are not properly



sterilised and are reused or are not safely disposed of they could be a source of HIV infection.

### ***3.12.1 Rationale***

Invasive procedures for surgical or cosmetic purposes including cultural scarification procedures provide an opportunity to risk of HIV transmission where the instruments used are not properly and sufficiently sterilised. The instruments that may be instrumental in the possible transmission of the **HIV virus** include dental, surgical and cosmetic instruments used in skin piercing, cutting or traditional scarification and/or circumcision procedures.

Policy guidelines for proper sterilisation or disposal of such materials can reduce the risk of HIV infection.

### ***3.12.2 Objective***

To establish minimum standards for sterilisation, utilisation and disposal of tools and equipment used in invasive procedures to reduce risk of HIV transmission in formal or informal surgical practices.

### ***3.12.3 Policy Statements***

Government shall do the following:

- a) Develop minimum standards and guidelines for procurement and distribution of injecting tools.
- b) Develop guidelines for proper handling and disposal of infected or possibly infected materials.
- c) Develop minimum standards for facilities that use such materials.
- d) Develop guidelines for training of traditional healers, TBAs and traditional initiation instructors in the disposal of such skin-piercing materials.

### **3.13 Post-Exposure Prophylaxis (PEP)**

HIV transmission can be reduced if there is suspicion of possible contact with HIV infected materials by administration of PEP drugs within two hours, ideally, failing which it should be administered within 72 hours.

#### ***3.13.1 Rationale***

Possible transmission of HIV after exposure can be prevented or reduced if PEP is initiated within two hours, ideally, failing which it should be administered within 72 hours of suspected exposure to HIV. There are several things for which PEP is needed such as occupational exposure and sexual violence. Timely administration of PEP will prevent HIV infection.

#### ***3.13.2 Policy Statements***

Government shall:

- a) Ensure free and timely access to PEP for all people exposed to the risk of HIV infection through occupational exposure and sexual violence.
- b) Ensure availability of PEP at all health facilities.
- c) Ensure proper sensitisation of law enforcement officers in availability and importance of PEP.
- d) Ensure provision of training of all healthcare providers in the management and timely administration of PEP.
- e) Ensure the development and dissemination of guidelines on the availability and application of PEP.

## **CHAPTER FOUR: TREATMENT, CARE AND SUPPORT**

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Treatment care and support of HIV and AIDS include the provision of ART and other medicines (including traditional medicines and therapies), diagnostics and related technologies for the care of HIV and AIDS. It also includes the treatment of AIDS-related opportunistic Infections (OI) and the appropriate provision of good nutrition, social, spiritual and psychological support and family or community home-based care.

### ***4.1.1 Rationale***

There is need for the proper regulation of medical practice to ensure compliance with minimum standards and for the development of codes of behaviour and protection of PLWHAs from exploitation by charlatans. There is also a need to establish regulatory policies to ensure proper treatment, care and support for patients to follow prescribed national standards.

### ***4.1.2 Objective***

Promote and provide universal access to free treatment, care and support services for all without discrimination or barriers.

### ***4.1.3 Policy Statements***

Government shall do the following:

- a) Ensure free and equitable access to quality ART, TB and STI and opportunistic infections treatment.
- b) Develop and disseminate guidelines on procedures for access to ART.
- c) Provide standards to ensure adherence to ARV treatment to reduce the risk of drug resistance and treatment failure.
- d) Ensure universal access to treatment, care and support for PLWHAs.

- e) Ensure that children infected with HIV have free access to paediatric treatment.
- f) Provide legislation for the protection of children whose parents refuse them access to treatment.
- g) Ensure that the use of ARV is regulated to reduce the risk of drug resistance and misuse.
- h) Develop standards for the involvement of private practitioners and home-based carers in the management and referral of patients on ART.
- i) Develop a code of conduct and guidelines for operationalisation of home care providers in the management of HIV and AIDS.
- j) Ensure the development of minimum standards for food and nutrition security as an integral element in the provision of ART.
- k) Establish minimum requirements for foreign traditional and alternative health therapies, and subject them to efficacy testing by the Drug Regulatory Authority (DRA) before use in Lesotho.
- l) Develop guidelines for the mental health management of HIV and AIDS patients and referral to appropriate services.

## **CHAPTER FIVE: IMPACT MITIGATION**

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Mitigation of HIV & AIDS has become a major intervention to reduce the negative impact on the lives of individuals and families affected and infected with HIV, especially children and adults made vulnerable by the disease.

### **5.1 Rationale**

HIV and AIDS increased the vulnerability of individuals, households and communities due to the associated stigmatisation, decline in living conditions as a result of the drain on family incomes, as well as exploitation of these individuals by those who claim to have remedies that can cure AIDS. The most vulnerable sectors of the population in Lesotho are women, children, orphans, widowers, the youth, the poor, alcohol and drug abusers, persons engaged in commercial sex work (CSW), prisoners, and people with disabilities. These groups are often underprivileged socially, culturally, economically or legally, and may have limited access to education, healthcare, social services and information on HIV and AIDS prevention. They are often exploited by systems that are supposed to assist them, and therefore, tend to suffer more from the consequences of HIV and AIDS than those with better resource bases.

### **5.2 Overarching Objective**

To reduce the vulnerability of people affected by the HIV and AIDS epidemic.

### **5.3 Food Security, Nutrition and Poverty**

Food insecurity at household level, and poverty, are major factors that increase vulnerability to HIV infection because the factors drive people into risky behaviour in exchange for food and other materials.

#### **5.3.1 Rationale**

Food and good nutrition are an essential part of the proper growth of children, as well as being an important aspect of effective ART. Incapacity caused by HIV affects the ability of individuals and families to provide adequate food and

nutrition. There is a need for Government to provide guidelines for the management of food security, nutrition and poverty.

### **5.3.2 Objective**

To strengthen the food and nutrition component of the impact mitigation programmes.

### **5.3.3 Policy Statements**

Government shall:

- a) Develop guidelines for assisting PLWHAs, OVCs and households rendered vulnerable by HIV and AIDS to attain food security.
- b) Develop guidelines for cross-referral of OVCs between all HIV and AIDS services to ensure timely intervention to minimise hardship.
- c) Establish guidelines for the identification and referral of the food and nutrition requirements of OVCs to appropriate poverty reduction and food security community-based safety nets.
- d) Develop guidelines for the establishment of social security mechanisms to provide support to OVCs;
- e) Promote the creation of a just and enabling environment where those infected and affected, especially the poor and vulnerable, can easily access quality HIV and AIDS prevention, treatment, care and support and impact mitigation services.

## **5.4 Women and Girls**

Women and girls are frequently subjected to social, cultural and economic disempowerment that puts them at greater risk of physical and sexual abuse. Women are treated as legal minors and are physiologically more prone to infection by HIV and AIDS.

### **5.4.1 Rationale**

Formulation of policies to reduce the vulnerability of women to the impact of HIV and AIDS through good education and increased access to services will enable them to make informed decisions on their lives and give them skills they need to protect their own health and wellbeing.

### **5.4.2 Objectives**

To reduce the vulnerability of women, by empowering them with appropriate education to enable them to make informed decisions on their sexual wellbeing and exercise their full human rights.

### **5.4.3 Policy Statements**

Government shall:

- a) Protect the rights of women to have control over their own bodies, and to make decisions free of discrimination or coercive violence, on matters related to their sexual and reproductive health.
- b) Promote support mechanisms for keeping girls in school where they feel safe and accepted as equals with boys, and sexual harassment and other abuse is dealt with in a transparent and fair manner.
- c) Promote mechanisms for women and girls to become the central actors in determining their own future.
- d) Ensure that women and girls are protected against gender-based violence, including sexual violence.
- e) Develop mechanisms for protecting women who suffer abuse and domestic violence to assert their rights to safer marital sex and other rights.
- f) Develop mechanisms for the protection of widows whose spouses have died of AIDS-related sickness from abuse and dispossession of the property of the deceased.

- g) Ensure that vulnerable populations have unimpeded access to affordable legal support services to enforce their rights, including protection of inherited property.
- h) Promote a framework for sustainable income-generating activities to enable women, girls and PLWHAs to cope with the impact of HIV and AIDS.

## **5.5 Orphans and Vulnerable Children**

Orphans and Vulnerable Children (OVCs) are generally underprivileged, and children orphaned by AIDS are particularly vulnerable due to the stigma attached to the disease. Children in AIDS-affected families are often forced into the responsibility of taking care of the family, including nursing their chronically ill parent/s, thus, preventing them from attending school and/or helping to cultivate the land. Furthermore, the decline in family income due to prolonged medical care, leaves the children with financial burdens that they are unable to cope with.

### ***5.5.1 Rationale***

The number of reported cases of abuse of orphans is increasingly fuelled by the adverse economic situation that the country finds itself in. There is a need to formulate appropriate policies to protect orphans from any form of abuse. Furthermore, Lesotho has ratified the UN Convention on the Rights of the Child, and has signed the UNGASS declarations. These oblige the country to ensure that the care and protection of orphans and vulnerable children should form an integral part of the national development agenda.

### ***5.5.2 Objective***

To reduce the vulnerability of orphans and under-privileged children through legislation and other means.

### ***5.5.3 Policy Statements***

Government undertakes to do the following:



- a) Promote establishment of mechanisms to ensure that communities, families and institutions care for OVCs.
- b) Ensure that OVCs have access to education.
- c) Establish a sustainable, non-discriminatory targeting system for OVCs.
- d) Establish and maintain a unified, simplified and decentralised registration system at village level for all births, deaths and orphans.
- e) Provide mechanisms for support and protection of child-headed households to safeguard their best interests.
- f) Develop guidelines and minimum standards for care of OVCs to ensure protection of their inherited property until they attain the age of maturity.
- g) Develop guidelines and minimum standards of care that would ensure that OVCs are not exploited or abused.
- h) Promote and strengthen programmes to safeguard food security of OVCs and their guardians.
- i) Promote skills training and livelihood opportunities for OVCs.

## **5.6 Children and Young People**

Young people are the best hope for an HIV and AIDS-free future society, and the prevention of HIV infection in this group is a key strategy to achieving such a society. The sexual health empowerment of girls and boys through appropriate life skills education and the provision of a favourable environment for growth and academic education will increase the potential for them not to be exploited or abused.

### ***5.6.1 Rationale***

There is a need for policy guidance to ensure sexual empowerment of children through appropriate education and access to information on sexuality.

### **5.6.2 Objective**

To increase access to information and services to all young people and empower them to know their rights to self protection.

### **5.6.3 Policy Statements**

Government shall:

- a) Strengthen and enforce legislation to protect children and young people against any type of abuse or exploitation.
- b) Establish guidelines for management of sexual abuse at healthcare delivery and law enforcement offices.
- c) Promote programmes that strengthen the capability of parents and guardians to ensure healthy development of their children.
- d) Ensure that parents and guardians bear the responsibility of transferring general life skills, and shaping positive attitudes and healthy behaviours in children and young people.
- e) Develop guidelines for the establishment of youth-friendly sexual and reproductive health services, including HIV and AIDS and STI information.
- f) Develop guidelines for incorporation of life skills education, including reproductive and sexual health education, into the school curricula to assist children and young people to make informed choices about their sexuality.
- g) Develop guidelines for the implementation of peer education for in and out of school youths.
- h) Develop standard guidelines and a code of conduct for counsellors, including career, traditional and faith-based counsellors on sex education and HIV and AIDS prevention.

- i) Develop guidelines and minimum standards for traditional initiation counsellors to provide and incorporate appropriate sexual and reproductive health education into traditional and cultural rites of passage and/or initiation processes.
- j) Provide guidelines for the establishment of multi-purpose youth centres to ensure the wellbeing and healthy development of adolescents and youths.
- k) Develop guidelines for the prevention of sexual abuse, harassment, or exploitation of students by peers or education sector employees.
- l) Enact legislation that shall prohibit education sector employees from engaging in sexual activities with students.

## **5.7 Commercial Sex Workers (CSW)**

Commercial sex workers are driven to engage in this business by economic desperation and are often looked down upon by the rest of the society. They are made vulnerable as they lose their self-esteem and respect, and these limit their access to many of the services provided at regular service delivery points. They are particularly vulnerable to sexual violence and have a higher risk of contracting HIV infection from the increased number of partners and sexual episodes.

### ***5.7.1 Rationale***

Commercial sex workers may form an important part of the transmission of HIV and AIDS and their vulnerability may limit them from services and information.

### ***5.7.2 Objective***

To guarantee access to services for people involved in transactional sexual relationships.

### ***5.7.3 Policy Statements***

Government shall do the following:

- a) Provide guidelines for the establishment of special services for CSWs to have access to confidential and user-friendly health services, sexual and reproductive information, free condoms, and free treatment of STIs and the care of those living with HIV and AIDS;
- b) Provide guidance for the involvement of CSWs in information dissemination on HIV and AIDS prevention.
- c) Establish mechanisms for income-generating activities that attract CSWs and provide them with alternative income sources.
- d) Establish appropriate measures to discourage commercial sex work.

## **5.8 Prisoners**

Prisoners are particularly vulnerable to exploitative and abusive sexual relations because of the environment in which they live.

### ***5.8.1 Rationale***

Prisoners need to be protected and empowered to make informed decisions in the same way as other vulnerable groups. Discrimination and confinement or isolation of PLWHAs in prison is unacceptable as it infringes on their human rights. Additionally, holding young prisoners in the same places as older ones increases coerced sex by the older prisoners over the younger ones.

### ***5.8.2 Objective***

To sensitise correctional services personnel in the need to provide unlimited access for prisoners to services and information on HIV and AIDS.

### ***5.8.3 Policy Statements***

Government shall do the following:

- a) Provide guidelines for the management of prevention of HIV infection among prisoners.
- b) Ensure that all prisoners have access to HIV-related prevention information, education, HTC, means of prevention (including condoms), treatment (including ART), care and support.
- c) Ensure that prison authorities take all necessary measures, including adequate staffing, effective surveillance, and appropriate disciplinary measures to protect prisoners from rape, sexual violence and coercion by fellow prisoners and by warders.
- d) Ensure that juvenile prisoners are segregated from adult prisoners to protect them from abuse.
- e) Ensure that prisoners who have been victims of rape, sexual violence or coercion in prison have timely access to PEP, as well as effective complaint and redress mechanisms and procedures.

## **5.9 People in Homosexual Relationships**

People who engage in same-sex sexual relations are socially and culturally vulnerable to prevailing attitudes. Homosexual persons are stigmatised and may not be accorded free access to HIV and AIDS prevention education, treatment, care and support due to their sexual orientation and are at risk of HIV infection.

### ***5.9.1 Rationale***

The reduction of HIV infection and provision of impact mitigation services should include all groups of affected persons irrespective of their sexual orientation, as part of the National response to HIV and AIDS.

### ***5.9.2 Objective***

To provide equal access to HIV and AIDS information and services to all individuals regardless of sexual orientation.

### ***5.9.3 Policy Statements***

Government shall do the following:

- a) Put in place mechanisms to ensure that HIV and STI prevention, treatment, care and support services can be accessed by all without discrimination, including people engaged in homosexual relationships.
- b) Protect the rights of people engaged in same-sex relationships.

## **5.10 People with Disabilities**

People with disabilities are disadvantaged because they frequently have limited access to formal education, and often also experience lack of opportunities for informal education. Without education, they become more vulnerable to abuse, physical, psychological, and/or sexual.

### ***5.10.1 Rationale***

Persons with disability commonly suffer discrimination and limited access to services and information and are more vulnerable to the impact of HIV than able-bodied individuals.

### ***5.10.2 Objective***

To ensure free access to services and information on HIV and AIDS to all disabled individuals based on the level of incapacitation.

### ***5.10.3 Policy Statements***

Government shall do the following:

- a) Ensure that HIV-related prevention information, education, treatment, care and support strategies and materials are tailor-made for, and accessible to people with disabilities.
- b) Ensure protection of all disabled persons from abuse that leads to increased risk of contracting HIV.
- c) Ensure that all responses to HIV and AIDS consider the implications for people with disabilities and plan for more effective responses based on models of national and international best practice.

### **5.11 People Who Abuse Alcohol and Drugs**

There is a known link between HIV and AIDS to alcohol and drug abuse, which contributes to the increased spread of HIV, affects effective treatment and reduces the capability to tackle challenges.

#### ***5.11.1 Rationale***

High alcohol consumption decreases the individuals' judgement and increases their likelihood to engage in sexually risky behaviour, including sexual violence. Reduction of substance abuse can contribute to improved behaviour change and reduced transmission of HIV.

#### ***5.11.2 Objective***

To ensure that all persons who abuse alcohol and drugs have access to quality services and information on HIV and AIDS.

#### ***5.11.3 Policy Statements***

Government shall do the following:

- a) Ensure that alcohol and drug-related issues are included in all HIV and AIDS BCC messages.

- b) Ensure that HIV-positive people who are also abusers of alcohol and drugs are offered parallel treatment and follow-up for their dependency.
- c) Ensure that HIV-positive persons who are also abusers of alcohol and drugs are targeted with programmes to reduce their dependency that include communication about the consequences of risky sexual behaviour.
- d) Ensure that underage persons do not have access to alcohol and drugs.

## **5.12 Couples About to Get Married**

A great percentage of HIV infection happens within the family between married couples.

### ***5.12.1 Rationale***

People get married without full knowledge of the HIV status of their partners and this leads to infection and re-infection. It also leads to high incidence of infected babies.

### ***5.12.2 Objective***

To reduce HIV infection rate between married couples and increase knowledge about each other's status and therefore, protection.

### ***5.12.3 Policy Statements***

Government shall do the following:

- a) Ensure that couples that are about to get into marriage undergo testing for HIV and AIDS.
- b) Ensure that young sexual partners are fully informed about HIV and AIDS to make informed decisions.



## **CHAPTER SIX: PROTECTION, PARTICIPATION AND EMPOWERMENT OF PLWHAS**

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The United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, in its Declaration of Commitment in 2001, noted that the realisation of human rights and fundamental freedoms for all, especially PLWHAs, is an essential component of an effective response to HIV and AIDS. Discrimination against PLWHAs violates their rights and is counterproductive to the scaling up of the HIV and AIDS response in that it threatens voluntary disclosure of HIV sero-status, thus increasing vulnerability to HIV infection. However, PLWHAs also have a responsibility to respect and protect the rights and health of others and therefore, active participation of PLWHAs in the design and implementation of HIV and AIDS programmes is integral to national efforts.

### ***6.1.1 Rationale***

PLWHAs are adversely affected by the epidemic due to the factors identified in previous chapters, and they should therefore be part of the process of identifying and participating in the design, development and implementation of HIV and AIDS interventions. In addition, Lesotho is a signatory to the International Covenant on Economic, Social and Cultural Rights and other relevant international and regional instruments that recognise the importance of the participation of PLWHAs in the war against HIV and AIDS.

### ***6.1.2 Objective***

Create and promote an environment where all PLWHAs and vulnerable populations fully enjoy human rights and fundamental freedoms, in particular have access to education, inheritance, employment and healthcare rights, social and health services, IEC and BCC, prevention, treatment, care and support services and legal protection.

### ***6.1.3 Policy Statements***

Government shall do the following:

- a) Ensure that the human rights and dignity of those affected and infected by HIV and AIDS are respected, protected and upheld in a conducive legal, political, economic, social and cultural environment.
- b) Ensure the participation of PLWHAs in the design, implementation, monitoring and evaluation of HIV and AIDS-related policies and programmes.
- c) Ensure that PLWHAs are not discriminated against in access to healthcare and related services and that respect for privacy and confidentiality is upheld.
- d) Ensure that sector policy-makers, including those in labour, corporate and social service sectors, put in place policies that effectively address discrimination on the basis of HIV and AIDS status and take steps to effectively eliminate stigmatisation and discrimination in their institutions and in the implementation of their sectoral mandates.
- e) Ensure that PLWHAs whose rights have been infringed have access to independent, speedy and effective legal and/or administrative procedures for seeking redress.
- f) Establish mechanisms and support services at family, community and national levels to protect and support those who choose to disclose their HIV sero-status, as well as their families and communities.
- g) Develop mechanisms for ensuring that every man, woman and child has access to adequate food and nutrition.
- h) Ensure that PLWHAs are aware of and take responsibility for protecting themselves from re-infection and protecting others from infection.

## **CHAPTER SEVEN: RESPONDING TO HIV AND AIDS IN THE WORKPLACE**

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HIV and AIDS in the workplace has resulted in significant absenteeism and loss of trained and experienced human resources. This has led to diminishing productivity levels across many sectors. This has resulted in employers adopting measures to protect their businesses from AIDS-related losses by perpetuating practices that discriminate against HIV-infected people that include pre-employment HIV testing and dismissal of known HIV-positive workers.

### ***7.1.1 Rationale***

One of the most effective ways of reducing and managing the impact of HIV and AIDS in the workplace is through the implementation of an HIV and AIDS policy and a prevention, treatment, care and support programme. Respect for the human rights and dignity of persons infected or affected by HIV and AIDS means there should be no discrimination against employees on the basis of real or perceived HIV status.

### ***7.1.2 Objective***

Promote and ensure a non-discriminatory, decent, compassionate and safe working environment in which HIV and AIDS prevention, treatment, care and support are recognised as mutually-reinforcing elements along the continuum of an effective response to HIV and AIDS and employees enjoy their full human rights.

### ***7.1.3 Policy Statements***

Government shall do the following:

- a) Ensure that all public and private sector workplaces develop and implement HIV and AIDS workplace policies and programmes through active participation of both employers and employees.

- b) Ensure that all public and private sector workplace policies provide that HIV testing shall not be a precondition for employment.
- c) Ensure that all workplaces have sufficient and appropriate occupational health and safety measures.

## **CHAPTER EIGHT: MONITORING AND EVALUATION**

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It is important to sharpen monitoring and evaluation tools to check whether HIV and AIDS programmes are meeting goals and producing the desired impact on the lives of individuals, families, and communities. The need for documenting success of programmes has driven the emphasis on monitoring and evaluation by stakeholders including governments and donors.

Historically, international guidance on monitoring and evaluating HIV and AIDS interventions was inadequate. In recent years however, a wealth of monitoring and evaluation information has been made available on critical behavioural indicators such as sexual partnerships and drug use. Even more recently, international efforts have focused on improving indicators around HIV and AIDS care and support and the development of human capacity. Since standard global manuals on M&E systems accompanied by more elaborate measurements of indicators are widely available, development and streamlining of National M&E Systems have been simplified.

The Government of Lesotho, through the National Aids Commission, has a responsibility to track progress made with regards to the national response to HIV, with the specific aim of improving programme design and intervention within this context.

### **8.1 Monitoring and Evaluation of National Response**

#### ***8.1.1 Rationale***

There is the risk of M&E efforts merely being implemented to serve the external needs of funders without a defined monitoring and evaluation system in place. Thus, it is necessary for Government to develop and implement a national M&E system to ensure that data is not merely collected and analysed, but USED for decision making and programme design.

### ***8.1.2 Policy Statements***

Government and its partners shall do the following:

- a) Develop a national HIV/AIDS M&E plan to form the core of tracking the national HIV response. This will contain national indicators, data sources and information products, and will form the national reporting process on HIV interventions for the public sector, private sector and civil society institutions.
- b) Ensure that the necessary capacity building is carried out in order to ensure that all stakeholders are able to provide the necessary information for the national M&E system.
- c) Promote efficient use of data and resources by making sure that indicators and sampling methodologies are comparable over time.
- d) Ensure that guidelines for the various HIV prevention, care and support intervention areas will contain a specific section on monitoring and evaluation, with clear reporting lines to be included as part of this process.
- e) Ensure that standard data is collected for each type of HIV intervention to maximise data utilisation.
- f) Ensure a standard classification of HIV interventions, in order to ensure that financial monitoring and programme monitoring results can be compared
- g) Promote the monitoring of both programme data and financial data for reporting purposes.

## **8.2 Data Sources**

### ***8.2.1 Rationale***

In order for a national M&E plan to maintain its usefulness over time, it is necessary for this M&E system to be based on credible data sources. These data

sources should enable trend analyses over time, and should be based on international best practice.

### ***8.2.2 Policy Statements***

Government and its partners shall do the following:

- a) Aim to avoid duplication and reinventing the wheel through repeat of baseline surveys or evaluation studies by ensuring that generated data serves many constituents, including programme managers, researchers or donors.
- b) Facilitate ultimate use of data and indicators for programme planning and evaluation.
- c) Streamline data collection to focus only on needed data.
- d) Ensure that the data sources defined in the national M&E plan are credible data sources, based on accepted research and survey techniques
- e) Ensure that basic service coverage data is collected on an ongoing basis to enable decision making about areas of service intervention
- f) Ensure that appropriate biological, behavioural and second generation surveillance is carried out to monitor epidemiological trends over time.
- g) Develop all required data sources for the national M&E plan to an equal level of maturity to ensure credibility and usefulness of data sources.
- h) Utilise, where possible, existing data sources and not create parallel reporting systems, or duplicate existing efforts.
- i) Support the development of new and appropriate data sources where necessary.

## **8.3 Information Products**

### ***8.3.1 Rationale***

The key outputs from a national M&E system are a set of information products which will enable programme designers and implementers to make more informed choices. To ensure solid decision making and the utilisation of information products, these products need to be readily available, and based on the information needs of stakeholders.

### ***8.3.2 Policy Statements***

Government and its partners shall do the following:

- a) Develop relevant information products, based on the information needs of stakeholders. This will include as a minimum a national HIV and AIDS M&E report on an annual basis, which will be circulated to all relevant stakeholders and form the basis for decision making on HIV and AIDS.
- b) Promote the utilisation of M&E results by ensuring that such results are regularly reported on and disseminated to all relevant stakeholders.
- c) Ensure that it adheres to reporting requirements embedded in international agreements to which it is a signatory.
- d) Encourage communication between different groups involved in the national response to HIV. Shared planning, execution, analysis or dissemination of data collection can reduce overlap in programming and increase co-operation between different groups.

## **8.4 Research**

### ***8.4.1 Rationale***

Although the health impact and implications of HIV is well know, there is significant scope and need for research in the non-health fields of HIV research.



Further, as long as a cure or vaccine has not been found, there will be an ongoing need for health research.

#### ***8.4.2 Policy Statements***

Government and its partners shall do the following:

- a) Develop a costed national HIV and AIDS Research Strategy that shall contain a clear research agenda
- b) Establish links with research institutions and shall promote cooperation between research agencies to maximise utilisation of research findings
- c) Ensure that research is approved by appropriate ethical review committees prior to research being undertaken.
- d) Establish the minimum channels of communication for HIV research results to be disseminated
- e) Organise research dissemination seminars where all new biomedical and social research relating to HIV and AIDS be disseminated on an annual basis.

## **CHAPTER NINE: MULTI-SECTORAL COORDINATION**

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There is a need to coordinate the resource mobilisation and implementation efforts to ensure there is neither duplication nor waste. Proper coordination will increase efficiency and would facilitate better utilisation of the limited resources to address the national priorities and gaps without the risk of duplication. Coordination will be enhanced if the national coordinating body establishes a list of priorities and establishes Memoranda of Understanding with all development partners to provide information on the resources they are likely to provide so that NAC establishes a "virtual" basket of funding which it can use to guide the implementation of the National HIV and AIDS Strategic Plan.

NAC intends to create an AIDS Fund to support national priority areas. All funding agents will be required to submit periodic expenditure reports to NAC.

Furthermore, NAC should be the first point-of-contact for any potential donor, where advice on the areas of most need will be provided. The two would make sure that there is equitable distribution of activities and support to all areas of the country based on the priority considerations.

### ***9.1.1 Rationale***

Coordination, management, monitoring and evaluation of all HIV and AIDS interventions is necessary to ensure harmonisation and effective harnessing of national resources to the fight against the epidemic.

### ***9.1.2 Objective***

To enhance effective coordination of the HIV and AIDS response through multi-sectoral approach.

### ***9.1.3 Policy Statements***

Government shall do the following:

- i. Focus on financing the decentralised implementation of HIV and AIDS interventions.
- ii. Finance the operations of the National AIDS Commission.
- iii. Develop strategies for the progressive attainment of 15% of the National Budget allocation to the health sector.
- iv. Establish an HIV and AIDS levy on prescribed commodities and services to finance HIV and AIDS programmes and activities.
- v. Ensure that all donors planning to support activities in HIV and AIDS consult with NAC for guidance on national strategic priorities.
- vi. Ensure the effective participation of all stakeholders in the design, implementation, monitoring and evaluation of the national response to HIV and AIDS, including through the HIV and AIDS Forum established under the National AIDS Commission Act of 2005.
- vii. Ensure that stakeholders are provided with financial, material and technical support to effectively participate in the scaling up of the response, but at the same time encourage them to provide own funds and engage in fundraising to support Government efforts.
- viii. Ensure that each sector and all stakeholders formulate and implement sector-specific HIV and AIDS policies and programmes that are in line with this policy.
- ix. Empower local authorities to be the gateway in the fight against HIV and AIDS to enable them perform a coordinating role at local level in the development of action-plans based on community priorities, and to monitor their implementation through the support services of service providers.
- x. Promote a demand-driven support system at local, district and national levels and thus, promote community HIV and AIDS initiatives and innovations in line with the Local Government Act of 1997 as amended.

- xi. Ensure the mainstreaming of HIV and AIDS into all relevant policies, plans, budgets, activities and programmes.
- xii. Promote HIV and AIDS support organisations in their role of providing voluntary services and to develop, finance and implement the CHBC Volunteer Charter.

Xii Establish and maintain accountability and transparency among all stakeholders in the fight against HIV and AIDS in the fulfilment of their respective mandates.

Scale-up service delivery systems by enhancing training, sector-wide solutions to retention, effective and innovative use of human resources, including those offered by civil society, and by making such services responsive and accessible to all communities, without sacrificing quality. This requires review of the recruitment and retention policy in the public service.

## GLOSSARY

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**Antiretroviral (ARV)** - drugs used to treat HIV.

**Antiretroviral therapy (ART)** - a term used to describe giving ARV drugs in the correct way, with adherence support.

**Burnout** – a stress reaction in response to work or organisational pressures.

**Client-initiated HIV test** – a situation where people seek out a facility through which they can take HIV tests; often referred to as a voluntary counselling and testing (VCT).

**Counselling** – a confidential dialogue that involves an interpersonal relationship between a person or group of people seeking help on a problem(s), and someone to assist in solving a problem.

**Counselling process** – steps that counsellors can take to prepare, begin, conduct and end a successful counselling session.

**Counsellor** – a term to describe a person who has developed special skills and experience in helping people work through problems.

**Diagnostic testing (for HIV)** – An HIV test that is conducted by health professionals to determine the cause of an illness.

**Disclosure** – the process that a person living with HIV goes through to tell others about their status.

**Discordant couple** –when one partner tests HIV positive and the other is HIV negative

**Gender** – social attributes and opportunities associated with being male or female and the relationship between women and men. These attributes, opportunities and relationships are socially constructed and are learnt through socialization processes. In our society there are differences and inequalities between women and men in the responsibilities assigned, activities undertaken, access to, and control over resources, as well as decision-making opportunities.

**Healthcare workers** – means and includes public health nurses/nurses, midwives, clinicians, doctors, dentists and other trained health professionals.

**HIV and AIDS-competent society** – a society in which all people accept that HIV and AIDS is affecting their lives and their work in a profound way; that they should deal with HIV and AIDS by assessing accurately the factors that may put them or their communities at risk and that hamper the quality of life of people affected by HIV and

AIDS; and that, through partnerships, they mobilise the resources and generate the necessary knowledge to act to reduce those risks and improve their quality of life.

**HIV testing and counselling (HTC)** – a broad umbrella term that indicates the different ways of being tested for HIV.

**Informed consent** – where an individual has been provided with important information, has fully understood what has been discussed and, based on this, agrees to undergo a medical procedure (such as an HIV test).

**Post-exposure prophylaxis (PEP)** – ARVs intended to prevent the uptake of HIV after exposure to possible infection through blood or fluid contact with an HIV infected person.

**Pre- and post-test counselling** – a process of counselling which facilitates an understanding of the nature and purpose of an HIV test. It examines what advantages and disadvantages the test can have for the person, and the influence that the result, positive or negative, will have on them. It implies that the individual understands what the test is, why it is necessary the benefits, risks and alternatives, as well as any social implications of the outcome.

**Prophylaxis** – a therapy or treatment taken to prevent infection.

**Provider-initiated HIV testing** – when an HIV test is conducted by health professionals to determine the cause of all illness, or when HIV tests are offering to all sexually active people seeking medical care.

**Psychosocial support** – a term used to describe caring for the emotional, psychological, social and spiritual wellbeing of others.

**Seroconversion** – the development of antibodies to a particular antigen. In HIV, seroconversion is the time after the window period, when a person's body begins to make HIV antibodies.

**Shared confidentiality** – the principle that information about a client should not be shared with anyone other than HIV care staff without the client's explicit consent.

**Termination of employment** – includes termination of one's employment with notice, dismissal without notice, retrenchment, or early retirement, effected at the instigation of the employer.

**Universal precautions** – minimum standards of infection control used in the handling of blood and other bodily fluids at all times, to reduce the risk of transmission of blood-borne infections. These include the handling and disposal of sharp objects; hand

washing with soap and water before and after all procedures; use of protective barriers such as gloves, masks aprons, etc, for direct contact with blood and other bodily fluids; safe disposal of waste contaminated with blood and other bodily fluids; proper disinfection of instruments and contaminated equipment; and proper handling of soiled linens.

**Workplace** – a broad term used to describe any place or premises in which one or more persons are employed. The concept includes places where apprenticeships, casual, part- or full-time employment and all other types of employment contract take place.

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