

GOVERNMENT OF LESOTHO

**POLICY
FRAMEWORK
ON
HIV/AIDS PREVENTION, CONTROL
AND MANAGEMENT**

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LIST OF ABBREVIATIONS

ATF	AIDS Task Force
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
ELIZA	Enzyme Linked Immuno-Zorbent Assay
FMU	Food Management Unit
FNCO	Food and Nutrition Coordinating Office
HIV	Human Immuno-Deficiency Virus
HAS	Health Service Area
IEC	Information, Education and Communication

KABP	Knowledge, Attitude, Behaviour and Practice
LAPCA	Lesotho AIDS Programme Coordinating Authority
NAC	National AIDS Committee
NASP	National AIDS Strategic Plan
LNAP	Lesotho National AIDS Programme
NGO	Non-Governmental Organisation
PLWHA	Persons Living With HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually transmitted Infection
UNAIDS	Joint United Nations Programme on AIDS
WHO	World Health Organisation

1.0 INTRODUCTION:

Ever since the first occurrence of AIDS in the Kingdom of Lesotho in the late eighties, the Government designed and implemented prevention and control measures. However, in spite of these efforts the epidemic has made rapid and devastating advances to the extent that today the epidemic has reached crisis-level proportions. Hence, the Kingdom of Lesotho recognises the critical need of establishing an appropriately expanded national response to the ever-encroaching virus transmission.

To this effect, the Government has deemed it necessary to embark on a multi-sectoral approach in the prevention, care and management of the epidemic and its impact on individuals, families, communities and the society at large. It acknowledges the positive contribution that some stakeholders, especially NGOs, business and church groups have begun to make. It equally recognises the potential role that all key partners can play, be they public, labour, parastatal or private sectors, voluntary or non-governmental organisations (NGOs), individuals or community groups, as well as multi-lateral and bi-lateral donors.

However, the guidance of a multi-allied campaign of this nature postulates agreed-upon ground rules, policies, guidelines and commonly adhered to values and patterns of predictable behaviour. This document constitutes an attempt to guide the multiplicity of role-players in a totally effective national response to the crisis.

The policy framework recognises on the one hand current scientific knowledge that respects human rights, privacy and self-determination of all people, including Persons Living With HIV/AIDS (PLWHAs), and on the other hand takes cognisance of social, cultural and religious worlds of meaning of the people of Lesotho.

Together with the formulated National AIDS Strategic Plan (NASP), and the establishment of a multi-sectoral organisational structure, the HIV/AIDS policy framework constitute the three single most important cornerstones of the nation's prevention, containment and management of the crisis. All these will be incorporated into the anti-poverty strategy, which constitutes the major objective of national planning.

Thus, the Lesotho HIV/AIDS policy document creates the enabling environment for the effective implementation of the national expanded response jointly with all other national and external allies in all individual and collective efforts to prevent the further spread of HIV/AIDS and mitigate its impact on the infected and affected.

2.0 GOALS AND OBJECTIVES

2.1 Main Goal:

The main goal is to create a conducive policy environment for the prevention of the further spread of HIV/AIDS and other sexually transmitted infections (STIs), and to mitigate the adverse impact on the infected and affected individuals, families and communities.

2.2 Objectives:

2.2.1 To maintain a sustained political commitment at national, regional and district levels for HIV/AIDS prevention and control.

2.2.2 To expand the national response to the HIV/AIDS epidemic by strengthening and maintaining the multi-sectoral approach.

2.2.3 To significantly improve co-ordination of HIV/AIDS prevention and control activities at all levels.

2.2.4 To ensure that the general public has access to appropriate information, education and counselling services on HIV/AIDS and STIs to enable them to protect themselves.

2.2.5 To empower women, youth and all vulnerable and disadvantaged groups to protect themselves against HIV/AIDS/STI.

2.2.6 To ensure that everybody, men in particular, are exposed to appropriate information on HIV/AIDS/STIs and dangers of unprotected sex, especially with multiple partners.

2.2.7 To ensure availability of HIV testing facilities in all districts and that they are used to

maximise prevention and care.

2.2.8 To provide comprehensive health care and social Support for people with HIV/AIDS and their families.

2.2.9 To safeguard human rights based-approach in prevention and caring for people living with HIV/AIDS (PLWHAs) and their families.

2.2.10 To promote HIV/AIDS related research and surveillance activities.

2.2.11 To reduce and contain the burden of HIV/AIDS and its impact on national development.

2.2.12 To ensure network with regional and national policies.

2.2.13 To strengthen the existing strategies in the campaign against HIV/AIDS.

3.0 GENERAL POLICIES:

3.1 Political Commitment:

The Government of Lesotho recognises that HIV/AIDS is not only a health problem but also a development problem that has social, economic and cultural implications. The fact that HIV/AIDS affects the most productive segment of the population and is debilitating, incurable and fatal, makes it a threat to the country's economic growth. His Majesty the King and the Government have declared HIV/AIDS "a disaster of national proportion deserving national priority status".

The Government will continue to ensure that HIV/AIDS and STI continue to remain in the public agenda by seizing every opportunity to advocate on HIV/AIDS and STI related issues. The Government will endeavour to provide human and financial resources to all governmental and non-governmental organisations and agencies for the prevention, control and management of HIV/AIDS and other STIs. In addition, Government shall mobilise resources from its co-operating partners, including NGOs for HIV/AIDS prevention and impact mitigation.

STI stands for formerly used to be called Sexually Transmitted Disease (STD).

3.2 Multi-sectoral Approach

The Government recognises the broad implications of HIV/AIDS on all sectors of the Lesotho economy and society and the roles that these together with government can play. Partnership in this effort includes government and all its institutions {not just the Ministry of Health and Social

Welfare); the private sector; non-governmental (NGOs) and community-based (CBOs) organisations; communities and individuals; as well as partner agencies. All stakeholders will be mobilised to contribute towards the fight against HIV/AIDS.

All Government agencies, organisations and institutions will plan allocate resources and implement appropriate HIV/AIDS and STI prevention and control activities. A Taskforce formed of all sectoral agencies, organisations and institutions will develop specific action plans based on the regular budget.

The private sector; NGOs; CBOs; communities; private individuals; churches, traditional leaders and healers; including persons living with HIV/AIDS shall jointly plan and implement HIV/AIDS/STI prevention and control activities.

3.3 Co-ordination:

Co-ordination of the multi-sectoral national response is critical for efficient implementation and optimal use of resources, In view of this reality there will exist a multi-sectoral implementation framework for overall co-ordination of the national extended response to HIV/AIDS in Lesotho. This will be formed of representative of:

- All Ministries at different levels;
- The Districts;
- UN Theme Group, NGOs and bilateral donors:
- All churches;
- Traditional healers.

Co-ordination is aimed at ensuring that the programmes of all sectors and partners conform to national aspirations as articulated in the NASP, and are guided by national

policies. As a result, co-ordinating structures at national, district and area levels will be strengthened as suggested by the Health Service Area (H.S.A.) and other decentralised structures.

All the stakeholders will create a structure similar to the Food and Nutrition Coordinating Office (FNCO), Food Management Unit (FMU) or Disaster Management Authority (DMA) at the same level to co-ordinate the Lesotho National Aids Programme (LNAP) and the national HIV/AIDS responses. This will be referred to as the Lesotho AIDS Programme Co-ordinating Authority (LAPCA). It will also serve as the secretariat to the highest policy formulating level viz. the National AIDS Committee (NAC) consisting of Ministers of select government ministries. The Committee will meet at least quarterly.

The following are the terms of reference of the National AIDS Committee (NAC):

- Advocate with all sectors and partners.
- Initiate policy formulation and review.
- Monitor policy implementation.
- Co-ordination with partners.
- Resource mobilisation.
- Monitoring and evaluation.
- Endorse the government on HIV/AIDS policy;
- Solicit a commitment and support from religious groups;
- Ensure political and religious commitment at the highest level
- Provide overall guidance of the implementation of LAPCA
- Review half-yearly reports to the government on the progress of the programme.
- Approve plans and budgets for LAPCA
- Guide and approve strategies to mobilize and allocate resources.
- Solicit commitment and support from religious groups.

A committee comprising of the Chief Executive LAPCA and selected Principal Secretaries, the AIDS Task Force (ATF), will be formed by the NAC to provide administrative, financial and other advice to the NAC. The Chief Executive LAPCA shall be the Chairperson of the ATF and the secretary of the NAC. The ATF will meet at least four times a year.

The Lesotho National AIDS Programme (LNAP) will serve as the secretariat to the National AIDS Committee and the AIDS Task Force. LNAP will form a Multi-sectoral working group of the HIV/AIDS focal persons of sector ministries, NGOs, the private sector and PLWHAs to promote co-ordination. This working group will meet quarterly.

NGOs and CBOs involved in HIV/AIDS and STI prevention and control will be encouraged to form a co-ordinating committee to facilitate their work.

A multisectoral committee, which is answerable to the District Administrator, will be formed in each district to co-ordinate HIV/AIDS prevention and control activities.

3.4 Information, Education and Communication (IEC):

Pending the discovery of a vaccine or cure, Information, Education and Communication (IEC) remain the major weapons against HIV/AIDS. IEC programmes, developed in close collaboration with the media, will ensure that accurate messages appropriate for the general population and specific target groups are provided. These messages will take into account the religious, social and cultural circumstances of the audience.

The broad themes of these messages will include the promotion of positive and responsible sexual behaviour, promotion of STI care seeking behaviour, the promotion of human rights and the avoidance of discrimination. Positive and responsible sexual behaviour will include abstinence and delay of initiated sexual activity among adolescents, fidelity, reduction in the number of sexual partners and appropriate use of condoms. Traditional values promoting positive and responsible sexual behaviour will be emphasised. The role of the individual in assuming responsibility for his/her own protection will feature prominently in all educational programmes. Messages carried by the media shall be validated by LAPCA, prior to publication.

All channels of communication, modern and traditional will be used. Electronic and print media will be encouraged to provide free slots for HIV/AIDS and STI prevention and control promotion.

All sectors and partners will be encouraged to implement IEC programmes. Adequate emphasis will be put on IEC programmes targeting all vulnerable groups.

To eliminate complacency and denial about the magnitude of the country's HIV/AIDS problem, persons living with HIV/AIDS shall be empowered to actively and openly participate in IEC programmes.

3.5 HIV Counselling and Testing:

HIV testing may be done for the purposes of diagnosis, ensuring safe blood transfusion, surveillance and research.

For the purpose of diagnosis, HIV testing will be voluntary linked and confidential. pre-test counselling and informed consent will be required and test results will be given after post-test counselling (except in condition whereby the patient cannot take responsibility in her/his life and close relatives cannot be traced and HIV testing is considered essential for their medical care).

For ensuring safe blood transfusion, HIV testing by a quantitative ELIZA method will be mandatory and will not require informed consent.

HIV testing for sentinel surveillance will be un-linked and anonymous i.e. part of blood taken for other purposes will be tested for HIV after all identifiers have been removed from the sample. Thus test results cannot be linked to any individual.

HIV testing for research purposes will require pre-test counselling and informed consent.

HIV testing for rapists and suspected rapists will be mandatory, but counselling shall be provided.

HIV testing for victims of rape will be free, voluntary, linked and confidential.

Pre-conception HIV testing and counselling for both partners will be encouraged.

Results of HIV tests will not be used for discriminatory purposes.

Access to voluntary HIV testing will be increased through the establishment of voluntary counselling and testing centres and through integration within reproductive health services.

The Government of Lesotho will institute quality assurance measures for HIV testing done on all sites both government and private.

3.6 Confidentiality

HIV test results will be kept confidential. The principle of shared confidentiality will apply where appropriate, i.e. those who need to know in order for appropriate health and social welfare care to be provided, should be told. This would include medical professionals and/or family members who are providing care for the infected persons and stand some risk of infection themselves. It may be necessary in certain circumstances to break confidentiality. *For example, where counseling of the HIV-positive person has failed to notify or consent to the notification of his/her partner.* This will be done only after repeated counselling and after the individual has been informed that confidentiality will be broken.

3.7 Comprehensive Health Care and Social Support:

The Government of Lesotho recognises the special and social needs of people infected with HIV and their families. Government institutions, NGOs, including religious organisations, the private sector, and the community at large will be mobilised to provide care and psychosocial support. Appropriate health facility-based care, including counselling, will be provided to persons with HIV-related conditions and AIDS. The capacity of health and social workers to provide care and support will be strengthened. The Government should provide adequate quantities of appropriate drugs for treating opportunistic infections.

Appropriate measures will be taken to prevent HIV transmission during the course of medical care in health facilities. HIV post-exposure prophylaxis, follow up and counselling will be made available to health workers who are accidentally exposed to HIV -infected material during the course of their professional duties. The same measures should be taken for rape victims and home care providers.

It is recognised that family members can provide a conducive social and psychological

environment for PLWHA. Therefore home-based care of PLWHA will be promoted. This will include providing training, protective materials and emotional support to family members to reduce their risk of acquiring HIV infection as a result of providing care at home.

Government and its collaborative partners will promote the development of a multi- sectoral response to the social support needs of PLWHA. Assistance (legal advice, welfare assistance) will be provided to the extent that prevailing economic conditions and social structures allow, and to the extent that the assistance is available to others with similar needs.

The Government of Lesotho will support the formation of self-supportive groups of PLWHAs, as well as Support groups. The participation of these groups in HIV/AIDS/STI education and counselling programmes will be encouraged and supported.

3.8 Human Rights and Non-Discrimination:

Recognising the dangers of discriminatory action against people with HIV/AIDS and that this arises from ignorance, misinformation, fear and prejudice, the Government will spearhead a broad multisectoral response to promote the human rights of PLWHAs and avoid discrimination against them. Information and education programmes aimed at removing unfounded fears and myths about HIV/AIDS will be implemented. Persons living with HIV/AIDS will have the same rights as any individual, especially the right to non-discrimination. Persons who suffer from discrimination due to HIV/AIDS will be supported to seek legal recourse through the appropriate channels. Government shall adopt specific policies, and promulgate appropriate laws to protect human rights of all, particularly the infected and affected persons.

3.9 Research and Surveillance:

The Government of Lesotho recognises the importance of research in the national response to HIV/AIDS and will continue to create a favourable environment for research.

HIV/AIDS-related research will require ethical clearance from the LAPCA, and must conform to International Guidelines for Biomedical Research involving Human Subjects. All research will be co-ordinated by LAPCA and should include religious, socio- economic, behavioural and cultural surveillance.

Government will encourage partnership between local and international research institutions and will allocate resources for HIV/AIDS/STI research.

HIV/AIDS/STI-related research will be controlled by LAPCA in liaison with the relevant GOL ministries and agencies.

AIDS shall be one of the notifiable diseases. Reporting of AIDS cases will, however, be on an anonymous basis. Government will resume to support the conduct of the annual HIV sentinel surveillance system. Other HIV/AIDS/STI surveillance systems will be established as appropriate.

4.0 SPECIFIC POLICIES:

4.1 Safe Blood Supply:

The Government will ensure that HIV is not transmitted through blood transfusion. Efforts will be intensified to obtain blood from voluntary donors. All blood donors will have their blood screened for HIV and Hepatitis B through internationally accepted methods and only non-reactive blood will be transfused. Blood transfusion policy will be developed.

4.2 STI Prevention and Control:

Many STIs, particularly those associated with genital ulcers, increase the acquisition and transmission of HIV. Also, there is evidence of increased severity of manifestations and reduced response to antibiotics of STIs in people infected with HIV/AIDS, efforts to prevent and control HIV/AIDS will include efforts to prevent and control the common STIs i.e. the two programmes will be integrated.

The syndromic approach should continue to be the main strategy for managing STI cases. STI case management will be integrated into primary health care facilities, including those of the private sector. Effective drugs for the treatment of STIs should be made available at these facilities. IEC campaigns will be implemented to promote positive STI care-seeking behaviour.

4.3 Condom Promotion and Utilisation:

The effectiveness of condoms for preventing the transmission of HIV/AIDS and other STIs is well recognised. The use of both male and female condoms will be actively promoted taking into consideration the socio-economic and cultural environment. Condoms will be made widely available at affordable prices through social marketing schemes. Appropriate mechanisms for ensuring the quality proper use and disposal of condoms will be instituted.

4.4 Parents Involvement in HIV/AIDS Prevention:

Efforts should be made for parents to have a role to play in the prevention of AIDS. They shall be oriented to disclose the confidentiality to sexual and reproductive taboos so that they can help their children avoid HIV/AIDS.

4.5 HIV/AIDS and Counselling:

HIV/AIDS and counselling services should be extended to include spouses, family members and anybody seeking counselling services and availability of such services shall be monitored.

4.6 HIV/AIDS and Insurance:

Persons infected with HIV shall not be denied insurance. HIV testing for the purpose of obtaining an insurance policy shall not be required without pre- and post-test counselling. Exemptions for life insurance should only relate to reasonable actuarial data, so that HIV/AIDS is not treated differently from analogous medical conditions. When a person dies of HIV/AIDS related illness, his/her surviving members should not be denied full insurance benefit.

4.7 HIV/AIDS and International Travel:

There will be no restrictions placed on travel by persons known or suspected to have HIV/ AIDS because of their HIV status whether they are Lesotho nationals or foreigners residing in or visiting the Kingdom.

4.8 HIV/AIDS and the Workplace

HIV/AIDS not only causes illness, disability and death to employees and severe economic and emotional disruptions of their families. it also increases the cost of doing business. Employers face a great burden of health care, death benefits, pension, and other costs. AIDS causes decreased productivity as workers are absent or are from work to care for the sick relatives, Costs rise, as experienced workers with valuable skills become ill and unable to work; this causes disruptions in production and increases training and labour costs.

Thus HIV/AIDS/STI prevention and control programmes shall be implemented at the workplace. Employers will be required to provide HIV/AIDS/STI education to all their employees at their workplace.

Confidentiality regarding all medical information including HIV/AIDS status, must be maintained. All employee is not obliged to inform his/her employer of his her status and all employer may not seek such information about an employee.

Discrimination in the workplace against those infected with HIV will be avoided. Healthy HIV carriers will be treated the same as any other employee with regard to training, promotion. etc. For

as long as an HIV infected employee is medically fit he/she will not be denied employment opportunities. Counselling services at the workplace are mandatory.

4.9 HIV/AIDS and Sex Workers

Commercial sex workers should be targeted with appropriate information and education to empower them to use condoms at all times in order to protect themselves and their clients.

4.10 HIV/AIDS and Homosexuals

Homosexuals should be encouraged to come forward for education on HIV/AIDS and proper use of condoms.

4.11 HIV/AIDS and People in Institutional Care:

Institutions shall provide staff clients and their families with access to HIV related prevention information, education, voluntary testing and counseling, means of prevention, treatment and care.

Service authorities will take all necessary measures to protect clients and staff from rape, sexual violence, harassment and coercion. Clients known to be infected with HIV will not be discriminated against.

4.12 HIV/AIDS and Prisons:

Correctional services authorities shall provide inmates, and staff and their families with access to HIV-related prevention information, education, voluntary testing and counselling, means of prevention, treatment and care.

Correctional services authorities will be encouraged to take all necessary measures, including adequate staffing, surveillance and appropriate disciplinary measures, to protect prison inmates from rape, sexual violence and coercion.

Inmates known to be infected with HIV will not be discriminated against. On the contrary, inmates with terminal AIDS would be considered for possible compassionate early, release to allow them to spend their last days at home.

4.13 HIV/AIDS and Youth:

Young people are at greater risk of HIV/AIDS and other STIs because they tend to be more

sexually active and have more sexual partners over a period of time. They also lack access to adequate health information and education inside and outside school, which is appropriately tailored to age level and capacity and enables them to deal positively and responsibly with their sexuality.

HIV/AIDS and STI education will be integrated into the curricula of schools at all levels. Career and guidance counsellors will be designated and trained to offer counselling to the youth. Healthy HIV carriers will be treated the same as any student with regard to further training and education.

Specific interventions for out-of-school youth using peer educators will be promoted.

Efforts will be made to improve the access of the youth to confidential sexual and reproductive health services, including HIV/AIDS information, counselling, testing, life skills and prevention measures such as condoms, and to social support services if affected by HIV/AIDS- Parents should be involved. The provision of these services to children/adolescents will reflect the appropriate balance between the rights of the child/adolescent to be involved in decision making according to his/her evolving capabilities and the rights and duties of parents/guardians for the health and well being of the child.

4.14 HIV/AIDS and Men:

Strategies will be developed to increase awareness among men on the dangers of HIV/AIDS and importance of practising safe sex. This will be inclusive of education on and against such myths as HIV/AIDS and virgins.

4.15 HIV/AIDS and Women

Special efforts will be made to increase women's access to accurate and comprehensive information and counselling on HIV transmission, as well as access to the available resources to minimise their risk, including the female condom. Targeted training for women will aim at increasing self-esteem, assertiveness and capacity for decision making in order to improve their negotiating position in sexual relationships.

HIV/AIDS and STI prevention and care services will be a major component of Reproductive Health Service and will be integrated into primary health care programmes.

The Government will review religious, legal and cultural traditions that impact negatively on women.

4.16 HIV/AIDS and the Prevention of Mother to Child Transmission

The HIV positive mothers should be informed about the risk of pregnancy to themselves and passing the virus to the babies. The government shall endeavour to follow-up scientific developments that are meant to protect babies from acquiring HIV from mothers during pregnancy, at birth and during breast feeding.

4.17 HIV/AIDS and Breastfeeding:

Babies who escape HIV infection before and during delivery, and are breastfed by their HIV - infected mothers, are at risk of acquiring HIV. On the other hand, there are increased risks of diarrhoea with dehydration and possible death, and malnutrition with infant formula feeding. However, it is mothers who are in a position to decide whether to breastfeed. Mothers will thus be counselled to make fully informed decisions as to whether to breastfeed or not. Mothers who opt for formula feeding will be provided with the necessary support.

4.18 HIV/AIDS and Orphans:

The Government of Lesotho recognises the difficulties faced by orphans as they grow up and the need for them to receive the love, care and education requisite for growing into responsible adults and productive members of society. Children who become orphans as a result of HIV/AIDS will enjoy the same facilities as other orphans and will not suffer discrimination. Members of extended families will be encouraged and assisted to care for orphans. Government institutions and NGOs will be supported to establish and maintain proper caring facilities for orphans.

4.19 HIV/AIDS and Security Forces:

Security and development are the socio-economic prerequisites for sustained well being and good health of a people. Like migrants in the mines, or prisoners in jail, security personnel often get confined to one place away from their spouses for a long time. This may expose them to risky behaviour and vulnerability to acquiring the HIV infection, which they subsequently can pass on to their spouses. It shall be the policy of Government to intensify IEC and HIV/AIDS awareness as well as improved access to care within the security forces.

4.20 HIV/AIDS and the Disabled:

Special efforts will be made to integrate and incorporate disability issues in all the national plans, in particular the National HIV/AIDS Plan. It shall be a requirement that this constituency is consulted

and invited to become part of the planning and implementation process to ensure that their special needs are catered for. Their vulnerability makes them overly prone to abuse and infection by HIV/AIDS.

4.21 HIV/AIDS and Violence Against Women:

Survivors of rape may and can contract HIV/AIDS. Government will enact laws and take appropriate medical and other measures to support such survivors. Laws against rape will be intensified. Conditions under which rape victims have to be subjected to interrogation and provide evidence will be made more user friendly.

4.21 HIV/AIDS and Traditional Practices:

Basotho's cultural practices of scarification, habitual blade sharing (especially during funerals and at the initiation schools), polygamy and wife inheritance, including loss of religious norms have contributed to the escalating rate of HIV infection. This requires intensive Information, Education and Communication (IEC) campaign, training, social openness while we stay culturally sensitive.

4.22 HIV/AIDS and the Married Couples:

HIV positive men will be made aware of the risk of infecting and passing the virus to their partners, in particular their spouses, and be encouraged to have safe sex through the use of appropriate devices such as condoms. It is acknowledged however that there is a high prevalence of violence against women by their spouses, and possible sexual abuse that goes with it. In view of this reality, Government will promulgate laws and adopt specific policies that protect married couples from each other regarding HIV/AIDS/STIs.

4.23 HIV/AIDS and Migrant Workers:

Due to unbearable conditions that migrant workers and labourers live under, they are exposed to vulnerable HIV prone situations that warrant a special attention. Efforts are going to be intensified to ensure that resources are made available to facilitate availability of and access to appropriate services by migrants of all categories.

4.24 HIV/AIDS and Poverty:

Poverty, like HIV/AIDS, is multi-dimensional. The two are also closely related and lead to a vicious circle. On the one hand, unless poverty is addressed, AIDS cannot be eradicated. On the other, the more AIDS kills the income earners and breadwinners in the affected households, the more impoverished the country becomes. It shall be the priority of GOL to deepen its commitment to substantially reduce overall poverty and eradicate extreme poverty through the setting of strict

poverty targets and endeavouring to meet the set targets.

4.25 HIV/AIDS and the Media:

Media are ideally and strategically placed to be one of the most strategic partner in the fight against HIV/AIDS. It is particularly well placed to pass on print as well as electronic mail to the people of Lesotho. Passing inaccurate, untrained and distorted messages on and about HIV/AIDS can be very detrimental and outright destructive. It will therefore be crucial that media plays a leading role in the dissemination of information to the people. Efforts will be directed at building their capacity.

5. LEGAL

Existing laws will be reviewed to ensure that they adequately address the public health and human rights issues raised by HIV/AIDS. Where necessary, appropriate laws shall be passed and regulations made that will facilitate and enforce the implementation of HIV/AIDS-related policies. These will include issues related to sexual abuse, rape and child abuse.

Legal framework to protect and safeguard against deliberate infection or other people by HIV positive individuals will be put in place.

6. FUNDING

The Government of Lesotho shall demonstrate its commitment to dealing with the HIV/AIDS epidemic by allocating human, material and financial resources for HIV/AIDS and STI prevention and control. Government will endeavour to provide resources for HIV/AIDS prevention, control and management activities through the regular budget of government sectors, institutions and organisations. Government should set up a fund to take care of HIV/AIDS programme.

The private sector and NGOs should commit additional financial resources for HIV/AIDS and STI prevention, control and management.

Government shall mobilise additional financial resources from external partners to complement internal resources for HIV/AIDS and STI programmes.

7. MONITORING AND EVALUATION

The Government of Lesotho will institute appropriate mechanisms for monitoring and evaluating the implementation of HIV/AIDS/STI-related policies. Information on the implementation of these policies will be collected on a quarterly basis. Taskforces be required to submit regular reports on the extent of policy implementation.

HIV/AIDS/STI-related policies will be under regular review for its applicability and effectiveness as regards current knowledge and changing circumstances of the people of the Kingdom of Lesotho.

8. CONCLUSION

The Government of Lesotho reaffirms its commitment to fight the HIV/AIDS epidemic as it threatens to compromise the economic development of the Kingdom. The Government believes that the policies set out in this document provide the framework that will help all partners to deal with the HIV/AIDS problem consistently, responsibly and cost-effectively, The Government calls on all partners, including traditional and religious leaders, communities, families and individuals, to support and participate actively in the expanded national response to this scourge of our times. Lastly, since we are all engaged in a life and death war against HIV/AIDS, it is expected that all stakeholders and partners will abide by agreed upon policies and pursue the nationally designed strategies of the NAP.