Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49)\(^*\) \[23.6\% [22.3-25.2\%] \] 2009

HIV prevalence - pregnant women (all ages)\(^*\) \[23\% \] 2009

Number of women living with HIV delivery\([\text{1]}\) \[16,100 \] 2011

Est. # children (ages 0-14) living with HIV\([\text{1]}\) \[28,000 [17,000-37,000] \] 2009

Maternal mortality ratio\([\text{1]}\) \[620/100,000 \] 2010

Est. annual births\([\text{1]}\) \[60,000 \] 2010

Infant mortality rate\([\text{1]}\) \[65/1,000 \] 2010

Under-5 mortality rate\([\text{1]}\) \[84/1,000 \] 2010

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015\([\text{11]}\).

Reaching High Level Targets

Global 2015 Targets

• Reduce the number of new HIV infections among children by 90%
• Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

• Reduce under-five deaths due to HIV by at least 50%
• Provide antiretroviral therapy for all children with HIV

Adult HIV prevalence (ages 15-49) in Lesotho, estimated at 23.6\% in 2009, is one of the highest HIV prevalence rates globally\([\text{11]}\). HIV prevalence (ages 15-49) is higher in urban areas (27.2\%) than rural areas (21.1\%), and females are more likely to be HIV positive than males (27\% vs. 18\% respectively) as of 2009\([\text{11]}\). HIV prevalence among pregnant women was 23\% in 2009. Between 2009 and 2011, Lesotho has seen a 21\% decline in the number of new paediatric HIV infections – from 4,700 to 3,700\([\text{3]}\).

Lesotho’s commitment to attaining universal access to HIV prevention, treatment, and care services is beginning to show results. HIV testing coverage among pregnant women increased from 9\% in 2005 to 57\% in 2010\([\text{9]}\), and 63\% of pregnant women living with HIV received efficacious ARVs for PMTCT in 2011, up from 38\% in 2009\([\text{3]}\). Virologic testing of HIV-exposed infants increased from 33\% in 2009 to 78\% in 2010\([\text{9]}\).

Lesotho has adopted WHO Option A regimen for prophylaxis and a national EMTCT plan (2011-2015) is in place. Given the progress to date, Lesotho is well placed to achieve Global Plan targets.

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number new paediatric HIV infections([\text{3]})</td>
<td>4,700 – 3,700 –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths([\text{4]})</td>
<td>420 (2005) 320 –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of under-5 deaths due to HIV([\text{3]})</td>
<td>31%([\text{13]}) 16%</td>
<td>18%([\text{4]}) –</td>
<td>25% –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)([\text{3]})</td>
<td>3.12%</td>
<td>–</td>
<td>2.88% –</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)([\text{3]})</td>
<td>28%</td>
<td>–</td>
<td>23%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning (ages 15-49)([\text{4]})</td>
<td>23%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Mother-to-child transmission rate([\text{3]})</td>
<td>28%</td>
<td>23% –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)([\text{3]})</td>
<td>38%</td>
<td>63% –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding ARV Coverage([\text{3]})</td>
<td>10%</td>
<td>19% –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment([\text{3]})</td>
<td>28%</td>
<td>45% –</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>
Program Status According to PMTCT Prongs

**PRONG 1 & 2**

Primary prevention of HIV among women of childbearing age
Preventing unintended pregnancies among women living with HIV

**Global 2015 Targets**
- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

**Background Statistics**

| Young people (ages 15-24) HIV prevalence† | Female: 14.2% [11.2-19.2%] | 2009 |
| Male: 5.4% [4.1-7.4%] | 2009 |

| Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months| Female: 48% | 2009 |
| Male: 60% | 2009 |

| Male partners of pregnant women attending ANC tested in last 12 months| Male: 6% | 2010 |
| Unintended pregnancies (ages 15-49) | Female: 52% | 2009 |

**PRONG 3**

Preventing HIV transmission from a woman living with HIV to her infant

**Global 2015 Targets**
- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

**Background Statistics**

| Timing of 1st ANC visit (months)| No ANC: 7.9%<4 months: 32.5%4-5 months: 37%6-7 months: 19.0%8+ months: 2.7%DK: 0.6% | 2009 |
| Percentage of women attending at least 4 ANC visits during pregnancy| Total: 70%Urban: 83%Rural: 66% | 2009 |
| Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs)† | 57% | 2010 |
| Estimated % of infants born to HIV+ women receiving ARVs for PMTCT| 76% [66-86%] | 2010 |
| Skilled attendant at delivery (%) | 62% | 2009 |
| Exclusive breastfeeding for infants <6 months | 54% | 2009 |

**Key Points**

Lesotho has seen a decline in HIV incidence in women (ages 15-49) between 2009 and 2011—from 3.12% to 2.88%. Among young people (15-24 years), HIV prevalence is nearly three times higher in women (14.2%) than men (5.4%). In 2009, young women (15-24 years) who had multiple sexual partners in the past year were less likely to report condom use at last sex (48%) as compared with young men (60%). Overall, contraceptive prevalence among women is low (47%), and the rate of unintended pregnancies is high (52%), indicating a large unmet need for family planning and reproductive health services.

**Figure 2: Coverage of selected PMTCT interventions (2010)**

<table>
<thead>
<tr>
<th>% of PW who have at least one ANC visit†</th>
<th>% of PW tested for HIV†</th>
<th>% of PWLHIV who received more efficacious ARVs for PMTCT</th>
<th>% of children born to PWLHIV who received ARVs for PMTCT†</th>
</tr>
</thead>
<tbody>
<tr>
<td>61%</td>
<td>57%</td>
<td>63%</td>
<td>76%</td>
</tr>
</tbody>
</table>

1 Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

**Key Points**

Only 61% of pregnant women in Lesotho attended at least one ANC visit in 2010 and only 62% have skilled attendance at delivery as of 2009. HIV testing of pregnant women in ANC, labour & delivery, and post-partum is also low (57%), indicating missed opportunities for testing and counseling. In 2011, the majority of pregnant women living with HIV (63%) received more efficacious ARVs for PMTCT—up from 38% in 2009. More than three-quarters (76%) of HIV-exposed infants received ARVs for PMTCT in 2010.
### Background Statistics

<table>
<thead>
<tr>
<th>Percentage of HIV-infected pregnant women assessed with CD4 testing</th>
<th>56%</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth</td>
<td>11% [10-12%]</td>
<td>2010</td>
</tr>
<tr>
<td>Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth</td>
<td>78% [88-89%]</td>
<td>2010</td>
</tr>
</tbody>
</table>

### Key Points

In 2010, 56% of identified pregnant women living with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. Among pregnant women with HIV who received ARVs for PMTCT, 24% received ART for their own health (see Figure 3) and the remaining 76% received more efficacious regimens. Coverage of early infant diagnosis has increased considerably between 2009 and 2010—from 33% to 78%. Progress is being made to improve pediatric ART access with coverage increasing from 19% in 2009 to 25% in 2011, although overall coverage remains low.

### Key Challenges & The Bottom Line

#### Key Challenges

- High HIV incidence (2.8%) among women [with high HIV prevalence among pregnant women (23%)] and high rate of unmet need for family planning

- Although coverage of maternal (89%) and infant (76%) ARV for PMTCT is high, the performance of the MNCH service delivery system is low with moderate ANC1+ (61%), HIV T&C (57%) and SBA (62%) rates

#### The Bottom Line

If national EMTCT targets for Lesotho are to be met by 2015, the following actions should be considered:

- Scale up innovative approaches such as “treatment as prevention” and a “test and treat” approach to deliver primary prevention and family planning services targeting young women, pregnant women and discordant couples

- Investments in building capacity within MNCH services and communities to promote and support early ANC booking and retention in antenatal and postnatal care

- Explore policy guidance and programmatic shift toward ARV regimens such as WHO Option B/B+ that would prioritize simplification and efficiency
References:
2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
3 Joint United Nations Programme on HIV/AIDS. *Together We Will End AIDS*, 2012
8 Lesotho Demographic and Health Survey 2009, Final Report
12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
14 Lesotho Demographic and Health Survey 2009, Final Report
16 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

Notes:
* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the *Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011*. Revised country data for this indicator will be published towards the end of 2012.
– Data not available.
† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.
ª 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:
ANC: Antenatal care
ART: Antiretroviral therapy
ARVs: Antiretroviral prophylaxis
CTX: Co-trimoxazole prophylaxis
EID: Early infant diagnosis
EMTCT: Elimination of mother-to-child transmission of HIV
FP: Family planning
L&D: Labour and delivery
MMR: Maternal mortality ratio
MNCH: Maternal, newborn and child health
PMTCT: Prevention of mother-to-child transmission of HIV
PWLHIV: Pregnant women living with HIV
SRH: Sexual and reproductive health
WHO: World Health Organization