



Country Situation

Background Statistics

| | | |
|---|------------------------|------|
| HIV prevalence - adults (ages 15-49) ^{[1]*} | 23.6% [22.3-25.2%] | 2009 |
| HIV prevalence - pregnant women (all ages) ^{[2]*} | 23% | 2009 |
| Number of women living with HIV delivering ^[3] | 16,100 | 2011 |
| Est. # children (ages 0-14) living with HIV ^{[1]*} | 28,000 [17,000-37,000] | 2009 |
| Maternal mortality ratio ^[4] | 620/100,000 | 2010 |
| Est. annual births ^[5] | 60,000 | 2010 |
| Infant mortality rate ^[6] | 65/1,000 | 2010 |
| Under-5 mortality rate ^[7] | 84/1,000 | 2010 |

Adult HIV prevalence (ages 15-49) in Lesotho, estimated at 23.6% in 2009, is one of the highest HIV prevalence rates globally^[1]. 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^[8]. 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^[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^[9], and 63% of pregnant women living with HIV received efficacious ARVs for PMTCT in 2011, up from 38% in 2009^[3]. Virologic testing of HIV-exposed infants increased from 33% in 2009 to 78% in 2010^[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.

Reaching High Level Targets

Global 2015 Targets

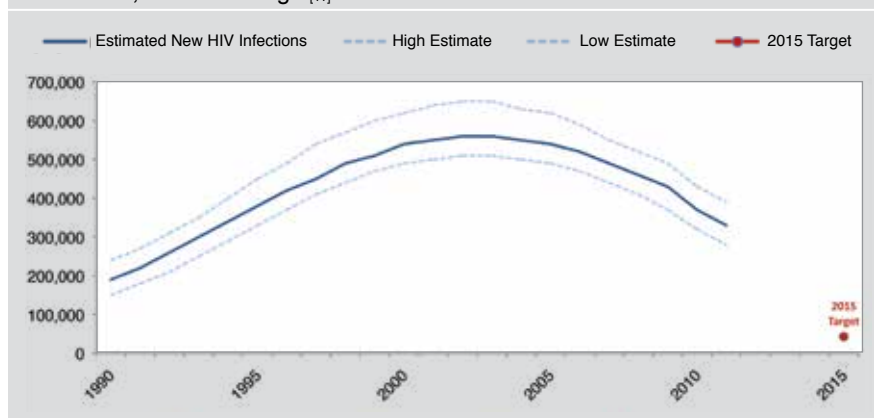
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

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

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.^[11]

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

| | Indicators | 2009 Baseline [or last available data] | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------|---|---|--------------------|-------|------|------|------|------|
| Overall Targets | Number new paediatric HIV infections ^[3] | 4,700 | – | 3,700 | – | – | – | – |
| | Number HIV-associated maternal deaths ^[4] | 420 (2005) | 320 | – | – | – | – | – |
| Child Targets | Percentage of under-5 deaths due to HIV | 31% ^[13] (2008) | 18% ^[4] | – | – | – | – | – |
| | ART coverage among children (ages 0-14) ^[3] | 16% | – | 25% | – | – | – | – |
| Prong One | HIV incidence in women (ages 15-49) ^[3] | 3.12% | – | 2.88% | – | – | – | – |
| Prong Two | Percentage of married women with unmet need for family planning (ages 15-49) ^[14] | 23% | – | – | – | – | – | – |
| Prong Three | Mother-to-child transmission rate ^[3] | 28% | – | 23% | – | – | – | – |
| | Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3] | 38% ^a | – | 63% | – | – | – | – |
| | Breastfeeding ARV Coverage ^[3] | 10% | – | 19% | – | – | – | – |
| Prong Four | ART coverage among HIV+ pregnant women in need of treatment ^[3] | 28% | – | 45% | – | – | – | – |

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 _[1] * | 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 _[14] | Female: 48% | 2009 |
| | Male: 60% | 2009 |
| Male partners of pregnant women attending ANC tested in last 12 months _[15] * | Male: 6% | 2010 |
| Unintended pregnancies (ages 15-49) _[14] | Female: 52% | 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%_[3]. 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%)_[14] and the rate of unintended pregnancies is high (52%), indicating a large unmet need for family planning and reproductive health services.

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

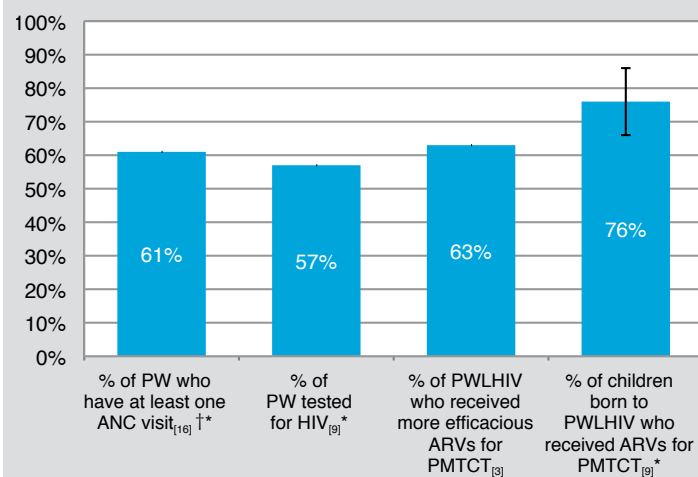
Global 2015 Targets

- 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 1 st ANC visit (months) _[14] | No ANC: | 7.9% | 2009 |
| | <4 months: | 32.5% | |
| | 4-5 months: | 37% | |
| | 6-7 months: | 19.0% | |
| | 8+ months: | 2.7% | |
| | DK: | 0.6% | |
| Percentage of women attending at least 4 ANC visits during pregnancy _[14] | Total: | 70% | 2009 |
| | Urban: | 83% | |
| | Rural: | 66% | |
| Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] * | 57% | 2010 | |
| Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] * | 76% [66-86%] | 2010 | |
| Skilled attendant at delivery (%) _[14] | 62% | 2009 | |
| Exclusive breastfeeding for infants <6 months _[14] | 54% | 2009 | |

Figure 2: Coverage of selected PMTCT interventions (2010)



† 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.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

| | | |
|---|--------------|------|
| Percentage of HIV-infected pregnant women assessed with CD4 testing ^[15] * | 56% | 2010 |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9] * | 11% [10-12%] | 2010 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9] * | 78% [68-88%] | 2010 |

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.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[15]*

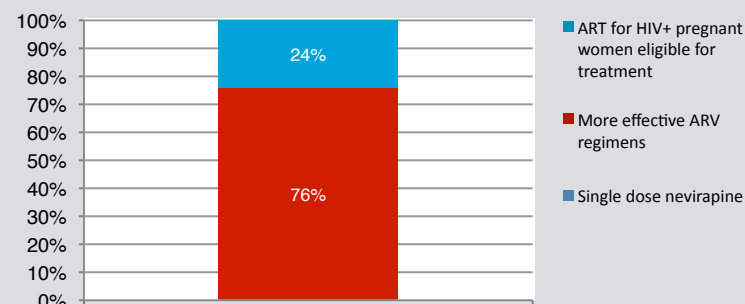
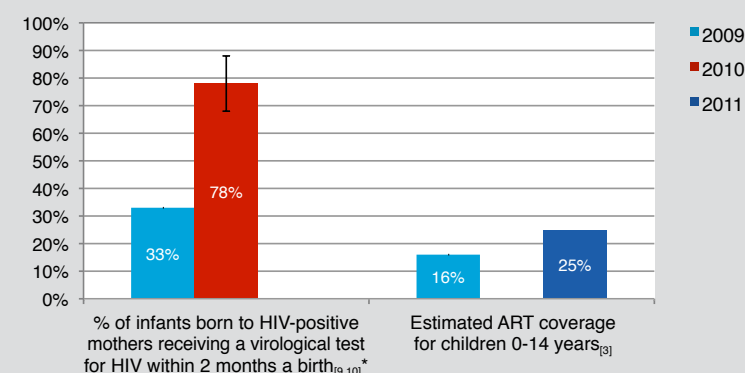


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



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

Quality of services is still challenged by limitations of the MNCH service delivery systems resulting in limited access to CD4 count, provision of suboptimal ARV regimens and limited access to ART for women in need of treatment for their own health

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:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic, 2010*
- 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*
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- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 Lesotho Demographic and Health Survey 2009, Final Report
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*
- 11 Government of Lesotho, Ministry of Health and Social Welfare, Strategic Plan for Elimination of Mother to Child Transmission of HIV and For Paediatric HIV Care and Treatment 2011/12-2015/16, 2010
- 12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 13 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 14 Lesotho Demographic and Health Survey 2009, Final Report
- 15 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011
- 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