



# HIV and HEALTH

The HIV and Health (HH) programme supports Government of Lesotho (GOL) in providing health care and HIV prevention and treatment services to the population, with a focus on expanding access to quality PMTCT and paediatric care and treatment as well as on strengthening partnerships to improve coordination and coverage of HIV prevention interventions for young people, prioritizing hard-to-reach locations. The programme also supports the provision of a comprehensive package of high-impact health, nutrition and water, sanitation and hygiene education (WASH) interventions to address poor nutrition and high child mortality, with a focus on the worst performing districts.



## KEY STATISTICS

### CHILD SURVIVAL (LHDS 2014 MAIN SOURCE)

- There has been a decline in infant mortality rate from 91/1000 live births in 2009 to 59 in 2014 and the under-five mortality declined from 117 to 85 in the same period.
- 34 children in every 1000 live births in Lesotho are likely to die during their first month of life though ANC attendance and skilled birth attendance are at acceptable levels; 95% and 78% respectively.
- Stunting remains a challenge in Lesotho at 33% with rural districts contributing more (Mokhotlong 48%). Wasting is 3%. Over weight is increasing, currently at 7%.
- About 67% of children in Lesotho are exclusively breastfed at 6 months.
- 68% of children 12-23 months old had received all recommended vaccines at time of the 2014 LDHS.

### HIV PREVENTION (LHDS 2014 MAIN SOURCE)

- Adult HIV prevalence is high for a population of 1.9 million at 25% and 10% among young people aged between 15 and 24 years. Prevalence is higher amongst young people living in the urban areas compared to rural areas (13% versus 8%).
- Testing among adolescents has improved with 57% females and 26% of males in 2014, compared to 2004 testing rate of below 10% for both.
- Comprehensive knowledge is still very low among adolescents – only 38% among females and 31% among males.
- The HIV incidence is at 1.9 new infection per 100 person years.
- Of those in need of treatment only 40% are receiving it (40% adult and 41% children).
- In 2013 the Ministry of Health (MOH) Lesotho introduced the Option B+ at all Ante-natal care (ANC) facilities. All pregnant women who test HIV positive at ANC are initiated on Treatment for Life. In 2015 Prevention of mother to child treatment of HIV (PMTCT) coverage was 75%.
- Condom use has improved over the years with females reporting 58% and males 80% using condoms at last high risk sexual encounter among adolescents.

### WASH (LHDS 2014 MAIN SOURCE)

- 77% of rural households have access to an improved source of drinking water, compared with 97% of urban households.
- 28% of households in Lesotho do not have improved latrines. Most of these household are in the rural areas, where 38% of households do not have improved latrines compared to 6 % of households in the urban areas.

## PAST ACHIEVEMENTS

- UNICEF supported the MOH to roll out the WHO Option B+ guidelines and currently 96% of pregnant and lactating women who visit public facilities have access to life-saving ARVs for PMTCT. This informed the adoption and implementation of WHO Test and Treat 2015 ART Guidelines.
- In 2014 UNICEF introduced the Bottleneck Analysis concept to MOH and it has translated into evidenced-based operational planning by MOH at national and district level.
- UNICEF also advocated and succeeded in persuading Government to disaggregate data for under-fives, children and adolescents on HIV care and treatment services.
- UNICEF supported the establishment of minimum standards for adolescent health service provision followed by development of adolescent health strategy in collaboration with WHO. Since the implementation of these two documents, all Government and Christian Health Association of Lesotho facilities now can provide adolescent friendly services.
- UNICEF supported the introduction of Positive Deviance as a model/approach to community nutrition. The approach has led to establishment of Community Nutrition clubs in which child nutrition is being monitored and mothers are being mobilized on good child nutrition.
- The comprehensive effective vaccine management assessment (EVMA) was conducted in 2014 which was followed by the development of an EVMA improvement plan. The plan is developed to ensure that there is functional cold chain equipment at all levels for safe and potent vaccines.
- UNICEF and the UN family have succeeded in conducting an assessment on Emergency Obstetric Care, which for the first time included the Neonatal component, thus being called Emergency Obstetric and Neonatal Care assessment.

## CHALLENGES

- Quality of data is inconsistent and sometimes unreliable for programme planning.
- The need to improve the quality of service delivery that will increase demand for services and improve coverage as well.
- High general HIV prevalence with 1.9 new infections per 100 person years. Though new infections among young people is decreasing, the decrease is not significant enough to turn around the prevalence in the same group therefore a need to pay more attention to HIV prevention among young people and adolescents.
- Districts in the mountain areas and along Senqu Valley still have high levels of stunting.
- Low levels of funding for all projects in Health and HIV programmes is impacting negatively on scaling up of best practices.
- High turnover of high level officials in Government impact on advocacy efforts and programme continuity.

## SUMMARY OF TRENDS IN THE PROGRAMMING ENVIRONMENT

- The national capacity was strengthened and HIV and AIDS care and treatment registers were reviewed and data is now age and gender disaggregated. This will assist in identifying programme priorities and to track missed opportunities.
- Appropriate hygiene and sanitation behaviours and practice aimed at the elimination of open defecation have been facilitated in schools and communities. The behavior and practice will reduce child morbidity thereby minimizing chances of children becoming stunted.
- More than 80,000 young people have been reached directly with UNICEF support with HIV risk reduction and avoidance messaging, through innovative and interactive audio visual and interpersonal interventions. This has partially contributed to 77% of young people aged 15 to 19 now using condoms during sexual intercourse. HIV prevention among adolescents and young people remains the top priority for Health and HIV section.
- Neonatal care has become a top priority for MOH and implementing partners. The pre-service curriculum is being updated in order to improve graduates newborn care competencies.
- UNICEF advocated for introduction of new vaccines and updating of EPI cold chain system together while building capacity of service providers. This is strengthening the system and created an enabling environment for introduction of pneumococcal vaccine and the upcoming Rotavirus vaccine in 2017.

## UNICEF'S CONTRIBUTION

- UNICEF supported the MOH to roll out the WHO Option B+ guidelines and currently 96% of pregnant and lactating women who visit public facilities have access to life-saving ARVs for PMTCT. This informed the adoption and implementation of WHO Test and Treat 2015 ART Guidelines.
- UNICEF supports capacity development and co-packaging of maternal and child health medicines for HIV-positive pregnant women and their babies.
- In response to high neonatal mortality and to understand the causes of death at that very early stage, UNICEF is supporting MOH in the establishment of Child mortality review system.
- In 2015 UNICEF introduced Community-Led Total Sanitation as an approach to eliminate open defecation in Thaba Tseka district, achieving 22% latrine coverage in the 11 triggered villages and one ODF village. Additionally, UNICEF is supporting five (5) schools in Mafeteng to construct hand-washing facilities.
- UNICEF collaborated with UNAIDS to use ALL IN as advocacy tool for government and partners to prioritize adolescents in HIV programing. Furthermore UNICEF supported the development of adolescent friendly health care strategy and adaptation of adolescent friendly health care guidelines.
- UNICEF also introduced sports for development as a strategy to create demand for MNCH services. Netball tournaments are used as platforms to discuss pregnancy issues and to encourage women to deliver in health facility. Health facilities in communities where the approach is being used have begun to see more women coming in for delivery services.
- UNICEF supports advocacy for introduction of new vaccines and the pneumococcal vaccine was successfully introduced in 2015. The country will be introducing Rotavirus vaccine in April 2017, following on MR vaccines through a campaign mode in February 2017.
- Technical support was provided for Nutrition Policy and Strategy development.
- Updated Intergrated Management of Acute Malnutrition (IMAM) guidelines to align with 2013 WHO guideline.
- In 2016 UNICEF embarked on humanitarian WASH interventions in Butha Buthe, Berea and Mohale's Hoek districts to mitigate the EL Nino induced drought. UNICEF installed handwashing facilities schools and health facilities, constructed latrines in schools and health facilities and, constructed and rehabilitated water supply systems for communities, schools and health facilities.



## ACHIEVEMENT AT A STRATEGIC LEVEL BY END 2016

- Nutrition Policy is endorsed.
- There is a draft School Health Policy.
- The first Emergency Obstetric and Neonatal Care (EmONC) assessment was conducted and results have an influence for Maternal, new born and child health (MNCH) programme prioritization of new born, including in Nurses pre-service training curriculum.
- The country has introduced pneumococcal vaccine.
- Government has adopted and is rolling out the 2015 ART Test and treat guidelines.
- Completion of ALL IN Phase one as an advocacy tool.

## KEY PRIORITIES FOR 2017

### CHILD SURVIVAL

- Scaling up Community-Led Total Sanitation as an approach to eliminate open defecation and development of CLTS Policy and Strategy.
- Building capacity of service providers on cold chain management and developing preventive maintenance plan. It is anticipated that the country will have adequate and optimal cold chain capacity available at district and service delivery levels. This will in turn help to achieve the programmatic coverage and equity objectives.
- Quality improvement for Maternal, Neonatal, Child and Adolescent Health services.
- Providing technical support for the implementation of GAVI Health Systems Strengthening Grant.
- Conducting KAP (Knowledge, Attitudes and Practices) study to inform EPI and child survival programming.
- Establishing nutrition sentinel sites that will generate quality nutrition data.
- Developing costed Nutrition Plan of Action for stunting reduction.
- Adapt and institutionalize Essential new born care guidelines.

### HIV PREVENTION

- Finalization and operationalization of the Adolescent health guidelines and training materials that will assist in building capacity on adolescent health friendly services.
- Complement innovative HIV prevention care and treatment services in districts supported by PEPFAR and Global Fund.
- Collaborating with UNESCO on influencing the Comprehensive Sexuality Education in post primary schools.
- Adapting and introducing innovative ways to improve the quality of PMTCT data. It is critical to track facilities performance if we are to eliminate MTCT of HIV. Therefore the programme will introduce a dash board for PMTCT and early Paediatric HIV data.

### HUMANITARIAN INTERVENTIONS

- WASH-Provide support for household water testing and treatment.
- Support rehabilitation of WASH infrastructure.
- Nutrition: Provide therapeutic nutrition commodities for treatment of SAM.

### WASH

- Scale up CLTS to all of the 10 districts of Lesotho.
- Support more schools on hand washing and hygiene and construct more hand-washing facilities in schools.

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