



GOVERNMENT OF LESOTHO

NATIONAL HIV & AIDS STRATEGIC PLAN (2006-2011)



NATIONAL AIDS COMMISSION

Powered to conquer HIV and AIDS

PREFACE

This five-year National Strategic Plan 2006-2011 replaces the previous National Strategic Plan 2002-2005. The development of this new strategic plan was preceded by the Joint Review of the national response to HIV and AIDS undertaken in 2005. The document is a culmination of widespread consultation and participation process of the Basotho nation as a whole. The inclusive process makes this strategic plan a truly shared vision of how Lesotho as a country, faced by HIV and AIDS national disaster, should respond. Furthermore, the document provides a broad strategic framework for action and a new focus for scaling up the national response.

The strategic plan highlights the importance of strengthening the current policy framework to guide the national response by placing priority on multi-sectoral coordination, protection, participation and meaningful involvement of People living with HIV and AIDS (PLWHAs). It also highlights the need to put in place mechanisms for providing effective services for prevention, treatment, care, and support and impact mitigation.

All stakeholders are required to formulate innovative plans aligned to the national strategic plan. Moreover stakeholders are urged to work in synergy, cooperation and determination and to keep the national strategic goal and vision in mind. For its part, the National AIDS Commission (NAC) is determined to support all stakeholders and to facilitate and coordinate all efforts among all the players in the fight against HIV and AIDS.

It is my sincere hope that all stakeholders shall join the fight against this epidemic, not only with words, but by concrete actions.



ADVOCATE THABO MAKEKA
CHAIRPERSON, NATIONAL AIDS COMMISSION (NAC)

ACKNOWLEDGEMENTS

The National AIDS Commission wishes to acknowledge with gratitude the valuable contribution of a large number of individuals and organisations 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 the NAC staff who worked long, tiring 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, Dr Bernad Nyathi and Mr Charles Thaanyane, 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

TABLE OF CONTENTS

| | |
|---|----|
| List Of Abbreviations..... | 4 |
| Executive Summary | 6 |
| Chapter One: The Strategic Plan Framework (2006/2007 – 2010/2011) | 11 |
| 1.1 RATIONALE FOR THE STRATEGIC PLAN FRAMEWORK | 11 |
| 1.2 KEY ENVIRONMENTAL INFLUENCES..... | 11 |
| 1.3 THE 2006-2011 STRATEGIC PLAN FRAMEWORK..... | 13 |
| 1.4 GUIDING PRINCIPLES | 14 |
| 1.5 FACTORS IDENTIFIED AS CRITICAL FOR THE SUCCESS OF THE PLAN..... | 15 |
| 1.6 KEY STRATEGIC TARGETS AND FOCUS AREAS | 16 |
| 1.7 OVERARCHING GOAL OF THE PLAN..... | 16 |
| 1.8 GENERAL TARGETS..... | 16 |
| 1.9 STRATEGIC FOCUS ONE: MANAGEMENT, COORDINATION AND SUPPORT MECHANISMS..... | 16 |
| 1.10 STRATEGIC FOCUS TWO: PREVENTION..... | 19 |
| 1.11 STRATEGIC FOCUS THREE: TREATMENT, CARE AND SUPPORT | 25 |
| 1.12 STRATEGIC FOCUS FOUR: IMPACT MITIGATION | 27 |
| Chapter 2: Financial Implications..... | 33 |
| 2.1 REQUIREMENTS | 33 |
| 2.2 SOURCES OF FUNDING | 33 |
| 2.3 RESOURCE MOBILISATION..... | 34 |
| Chapter 3 Implementation Arrangements..... | 35 |
| 3.1 ENSURING IMPLEMENTATION..... | 35 |
| 3.2 ROLES AND RESPONSIBILITIES OF NATIONAL COORDINATION | 35 |
| 3.3 ROLES AND RESPONSIBILITIES OF IMPLEMENTERS | 35 |
| Annex 1: Logical Framework..... | 37 |
| SUPPORTIVE ENVIRONMENT: | 40 |
| PREVENTION STRATEGIES | 50 |
| TREATMENT CARE AND SUPPORT | 64 |
| IMPACT MITIGATION | 69 |
| VULNERABLE POPULATION GROUPS..... | 73 |
| HIV AND AIDS AT THE WORKPLACE | 80 |
| CROSSCUTTING PROGRAMME ISSUES..... | 82 |

LIST OF ABBREVIATIONS

| | |
|--------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ALE | Association of Lesotho Employers |
| API | AIDS Programme Effort Index |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral drug |
| AU | African Union |
| BCC | Behaviour Change Communication |
| BOS | Bureau of Statistics |
| CBO | Community Based Organisation |
| CCA | Common Country Assessment |
| CHAL | Christian Health Association of Lesotho |
| CHBC | Community Home-based Care |
| CPA | Child Protection Act |
| CPW | Child Protection and Welfare |
| CSW | Commercial Sex Worker |
| DAC | District AIDS Coordinator |
| DATF | District AIDS Task Force |
| CPA | Child Protection Act |
| CPW | Child Protection and Welfare |
| DAC | District AIDS Coordinator |
| DATF | District AIDS Task Force |
| DED | Deutscher Entwicklungsdienst (German Development Service) |
| DCI | Development Cooperation of Ireland |
| DOTS | Direct Observation of (TB) Treatment |
| ECCD | Early Childhood Care and Development |
| FAO | Food and Agricultural Organisation |
| FBO | Faith Based Organisation |
| FPE | Free Primary Education |
| GFATM | Global Fund to Fight AIDS, TB and Malaria |
| GIEPA | Greater Involvement and Empowerment of People Living with HIV and AIDS |
| GOL | Government of Lesotho |
| GTT | Global Task Team |
| GTZ | Deutsche Gesellschaft fuer Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation) |
| HAHPCO | HIV and AIDS Health Products Coordinating Services |

| | |
|--------|---|
| HIV | Human Immunodeficiency Virus |
| HTC | HIV Testing and Counselling |
| ICASA | International Conference on AIDS and STI in Africa |
| IDU | Injecting Drug Users |
| IEC | Information, Education and Communication |
| PEP | Post Exposure Prophylaxis |
| PEPFAR | UL President's Emergency Plan for AIDS Relief |
| PHC | Primary Health Care |
| PLWHAs | Persons living with HIV and AIDS |
| PMTCT | Prevention of Mother to Child Transmission of HIV |
| PRSP | Poverty Reduction Strategy Paper |
| PSI | Population Services International |
| SADC | South African Development Community |
| SIPAAA | Support for International Partnership Against AIDS in Africa |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNGASS | United Nations General Assembly Special Session on HIV and AIDS |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary Counselling and Testing |
| WB | World Bank |
| WFP | World Food Programme |
| WHO | World Health Organisation |

EXECUTIVE SUMMARY

The revised National Strategic Plan (NSP) on HIV and AIDS for 2006-2011 was developed through an extensive stakeholder consultation process following the completion of the Joint Review of the national response to HIV and AIDS. The first phase was a joint review of the national HIV and AIDS response undertaken in September 2005 to determine achievements, lessons learned, weaknesses and challenges met during the course of implementation. The second and third phases were the development of the multi-sectoral National HIV and AIDS policy and the multi-sectoral national strategic plan that were guided by the findings from the Joint Review process.

Development of the NSP involved five stages, namely: literature review, a national level stakeholder consultative meeting, district level stakeholder consultation, a four-day national strategic planning workshop and several meetings that were held with the National Strategic Plan Steering Committee which was established by NAC to guide the plan development process.

Justification for the development of the NSP

The HIV and AIDS epidemic in Lesotho is of a mature pattern, with a high case-fatality ratio, large numbers of orphans and vulnerable children, increasing mother-to-child transmission, decreasing life expectancy, declining productivity, affecting the national economy and very high demands on the health care system.

The prevalence of HIV in Lesotho is estimated at 23.2% of adult Basotho aged 15 to 49 years by 2005, translating to approximately 266, 000 adult men and women living with HIV infection. The prevalence is particularly high in urban areas at levels of 28.8% compared to 21.8% in the rural areas with a considerable variation in prevalence rates by district. The HIV prevalence is highest among the 15 to 49 years age-bracket and skewed towards women with 55% of diagnosed cases of HIV, and more among young women than young men of similar age with a ratio percentage of more than 60% to less than about 30% for young males.

Other pertinent issues to the strategic plan development are those related to the burden of disease, where Ministry of Health and Social Welfare (MOHSW) has reported that more than 50% of outpatients attendances are AIDS related ailments and that more than 60% of inpatients are due to AIDS related illnesses. In addition, the number of orphans is rapidly increasing as a result of HIV and AIDS related deaths. Level of vulnerability has increased due to the failure of the traditional healthcare infrastructure to cope with the increasing demands to take care of individuals and families affected and infected with HIV and AIDS.

The identified drivers of the epidemic in Lesotho include the following:

- Cultural factors including gender inequality and lack of empowerment;
- Multiple and concurrent sexual relationships;
- Intergenerational sex;
- Sexual debut;
- Social and economic factors of poverty and food insecurity that predispose women to sexual abuse;
- High population mobility due to the need for economic survival;
- Substance abuse predisposing individuals to risky sexual behaviour;
- Inadequate education of population on HIV and AIDS;
- Inadequate behaviour change despite widespread HIV and AIDS awareness;
- Stigma that prevents disclosure and responsible behaviour; and
- Insufficient coordination of activities in the national response.

National Response

The national response to the HIV and AIDS epidemic in Lesotho consisted of the provision of education programmes to increase knowledge and awareness, provision of services such as condom distribution and STI management, treatment of AIDS related opportunistic infections, provision of care and support services to those infected and suffering from AIDS, provision of impact mitigation services to provide a safety-net for individuals and families affected and to facilitate the implementation of relevant interventions.

The national response was established immediately after the reporting of the first case of AIDS in 1986, the Government of Lesotho has over the years developed and put in place several policies and plans to guide the response to the HIV and AIDS epidemic. Programmes addressing the different aspects of the epidemic by different organisations are being implemented and appropriate central structures to facilitate the national response are being implemented, albeit not efficiently due to low coordination capacities.

Challenges in the Response

The Joint Review of the national response has identified challenges and gaps in HIV interventions have been designed and implemented. The review indicated that the response interventions currently employed were based on limited strategic analysis and mainly directed by the perceived goals and objectives of individual implementing organisations. Furthermore, they had limited national strategic direction and were inadequately coordinated. These factors were further aggravated by the general low resource and technical resources and absence of clear national strategic priorities as well as coordination.

Key Challenges Addressed by the National Strategic Planning Process

The national strategic planning processes identified the key challenges for attention that would enable the country to effectively and efficiently move forward in halting the spread of HIV epidemic in Lesotho: to provide quality treatment, care and support to those infected; to ensure mitigation of the impact of the epidemic especially on orphans and vulnerable children to facilitate implementation of HIV and AIDS programmes at national and community levels to support interventions.

Details of the key strategic objectives by each thematic-area are listed in the next section:

Strategic Focus on Management and Coordination Mechanisms

Strengthening of mechanisms to coordinate the national response was identified as a strategic focus area in the context of provision of direction to the national response, ensuring equity in the allocation of resources as well as guiding development partners to national priority needs and the provision of a monitoring system to evaluate performance and provide information on the trends of the epidemic.

Advocacy for policy and legislation development

Current policy and legislative environment is supportive of HIV and AIDS environment but some of the basic policies and legislature have not been enacted. The strategic focus will therefore be:

- To ensure that the minimum package of legislation required making a difference in guaranteeing equity, gender equality, protection against discrimination of PLWHAs and protection of vulnerable groups are in place, and to get those that have been stalled at various stages of enactment completed.
- To ensure that beneficiaries as well as implementers are aware of the existence of the enabling policies and legislature.
- To create a legal, policy environment that reduces vulnerability to HIV infection by 2008.
- To ensure verifiable leadership involvement and commitment in the fight against HIV and AIDS throughout the duration of the NSP.
- To ensure that the legal status of women as minors without contractual capacity is changed to reduce their vulnerability to both HIV infection and the impact of the epidemic.

- To ensure that legislation, policies and programmes are in place to address issues of girls' education, violence against women, property and inheritance rights, and putting value to women's involvement in household and community work, and universal access to HIV and AIDS treatment and care.

Establishment of Viable Coordination Mechanisms

Coordination of the national response was identified as critical to halting the spread of HIV and AIDS and mitigation of the impact of AIDS. As coordination provides the guidance and leadership in the determination of priorities, identification of needs and gaps at national level and the establishment of synergy and efficiency in the allocation and utilisation of resources:

- To have in place a mechanism for mobilising and strengthening financial resources across all sectors by 2007;
- To create mechanisms for partnerships among civil society organisations, public sector, private sector and development partners by 2007;
- To strengthen the capacity for coordination of the national HIV and AIDS response at national, district and community level by 2007;
- Establish and implement a Monitoring and Evaluation system for HIV and AIDS by 2007.

Strategic Focus on Prevention Challenges

Prevention was identified as the main strategy to effectively address the spread of HIV and AIDS in Lesotho. Shortcomings in the implementation of prevention strategies were identified and appropriate strategic options developed consist of the following:

- Greater involvement of national leaders to advocate for behavioural change at all levels;
- Development of IEC and BCC strategies specifically addressing factors of abstinence, faithfulness in sexual relationships, and use of condoms.
- Scaling up prevention messages at all social, political, religious and service related facilities;
- Enactment of legislation/policies to support wide spread testing and counselling for HIV, as well as the establishment of post test service package to encourage wide spread need for testing:
 - Know Your Status (KYS)
 - PMTCT
 - Condom Use
 - Life Skills for young people
 - Education for empowerment of women
 - Provision of Post Exposure Prophylaxis (PEP) and
 - Others
- Special programmes to increase access to special groups such a commercial sex workers, prisoners, people with disabilities, adolescents and herd boys are established;
- Comprehensive HIV workplace programmes.

Strategic Focus for Treatment Care and Support

It is estimated that there are approximately 266,000 adults with HIV in Lesotho. The plan has identified a need to rollout ART to prolong the lives of the infected individuals, as well as treatment, care and support and management of opportunistic infections and follow up for adherence during treatment.

The key challenge is scaling up ART include: increase of accessibility of treatment, care and support, ensuring that there are adequate human, technical, infrastructural resources and effective commodity procurement and distribution systems. In addition, there are also challenges regarding care and monitoring of patients on ARV for adherence as well as possible HIV drug resistance.

Specific objectives identified as a way towards addressing the challenges:

- To ensure that at least eighty percent (80%) of those found in need of ART have access to it.
- To increase access of those tested to post test services;
- To maintain a patient follow-up schedule that will ensure a minimum of 90% adherence to reduce possibility of HIV drug resistance;
- To increase access to care and support services for all those that need it;
- To establish minimum healthcare packages at health centres including HIV and AIDS testing and counselling services;
- To ensure that all healthcare service providers are adequately trained to provide comprehensive HIV and AIDS services;
- Special health care services are accessible to all vulnerable groups such as commercial sex workers, adolescents, prisoners, and people with disabilities including herd boys;
- Employers to provide comprehensive HIV workplace programmes;

Strategic Focus for Impact Mitigation

Impact mitigation has been identified in the NSP as a necessary intervention to deal with the impact of the spread of the HIV infection in Lesotho. The strategies identified to address impact mitigation include:

- Strengthening of Community coping mechanisms and safety nets through sustainable intervention;
- Development of mechanisms to coordinate public, private, civil society and other implementers to develop sustainable community development initiatives to provide food security and other support to families and individuals affected or made vulnerable by HIV and AIDS;
- Development of appropriate legislation and policies to protect the rights of orphans and vulnerable children and PLWHAs;
- Establishment of appropriate mechanisms for identification and registration of OVCs;
- Dissemination of policies and legislation on OVCs to communities to ensure application of these policies at suitable situations;
- Increase access of OVC households to treatment, care and support services;
- Increase of OVC access to care and psychosocial support by 2010;
- Involvement of PLWHAs participation in the provision of care and support as well as psychological care;
- Capacitating of PLWHAs to participate in economic activities to support their livelihood.

Financial Implications

The estimated budget for implementation of this strategic plan over a period of five years is M3.0 billion which translates to approximately M500 million per annum. Funding will be mobilised from the Government and various local and international financing and cooperating partners.

Implementation Arrangements

NAC has the overall mandate to mobilise and coordinate the technical physical and financial resources required for the implementation of the strategic plan. Various implementing organisations from the public

sector, civil society and international organisations/partners shall be required to align their sectoral strategic and annual plans to the national strategic plan. This would culminate into an agreed annual work plan for implementation. NAC will also establish and institutionalise M&E System for NSP.

Specific recommendations to initiate implementation include:

- Circulation of approved NSP to stakeholders before a one-day conference to discuss the implementation of the plan;
- Hosting a national stakeholders meeting to discuss and agree the way forward and roles of each key stakeholder;
- Determination of resource requirements for the Plan and development of a resource mobilisation strategy for the NSP;
- Establishment of HIV and AIDS information management system for tracking implementation and finances;
- Establishment of coordination framework that would ensure effective use of available resources as well as ensure allocation of new resources to priority areas identified.

CHAPTER ONE: THE STRATEGIC PLAN FRAMEWORK (2006/2007 – 2010/2011)

1.1 RATIONALE FOR THE STRATEGIC PLAN FRAMEWORK

This is a five year plan intended to scale up HIV and AIDS interventions to prevent transmission of new infections and minimise and mitigate the impact of HIV and AIDS on Lesotho population.

The development of the National Strategic Plan 2006/2007 – 2010/2011 has been influenced by a number of national and international factors in the area of HIV and AIDS. Notable among these are lessons learned from the implementation of the previous three-year rally strategic plan, improved funding opportunities, international conventions and policies which Lesotho has adopted or is signatory to.

In developing the updated five year Strategic Plan, emphasis has been placed on stakeholder consultation and involvement in plan formulation and determination of strategies. Ongoing plans within sectors, national developments in the area of HIV and AIDS and international initiatives with a bearing on Lesotho's response have been taken into consideration. It is expected that the presence of a NAC with a clear legal status and mandate will facilitate implementation of the plan.

1.2 KEY ENVIRONMENTAL INFLUENCES

The development of the revised National HIV and AIDS Strategic Plan takes place in the context of global, regional and national developments in the HIV and AIDS scene that influence the country's response. The following are the main initiatives that have a bearing on the national response and development of the NSP.

1.2.1 Internal Environment

The status of the internal environment determines the capacity and ability of the organisation to effectively deal with the identified challenges, and optimise organisational systems, policies and procedures to fit requirements for higher chance of success.

1.2.1.1 National Coordination Structure

The establishment of the NAC, an organisation made up of public and private sector representation provides for potentially enhanced coordination of the national response. Participation of stakeholders in the institutional arrangements for coordination of activities is guaranteed through this arrangement.

1.2.1.2 Policy Framework

The policy framework that was established in 2000 together with the NAC Act of 2005 and other policies and legislation have established appropriate framework for effective coordination of HIV and AIDS activities. The framework will enable the optimisation of planning functions and resource mobilisation and utilisation for effective management of HIV and AIDS in Lesotho.

1.2.1.3 The "Three Ones" Principle

The Government of Lesotho, in an effort to facilitate synergy of action among all players in the multi-sector HIV and AIDS response, has adopted the "Three Ones" principles that stresses the need for one overall

national authority with a broad-based multi-sector mandate to lead and coordinate the entire response; one agreed HIV and AIDS Action Framework that drives alignment of all partners and; one agreed country level Monitoring and Evaluation System. This is also intended to enhance effective use of international support. The “Three Ones” principle is currently being implemented with the establishment of NAC, the development of the NSP and the establishment of the national M&E framework.

1.2.1.4 Enhancement in Technical and Management Capacity

Current efforts to strengthen operational and management capacities of institutions involved in the implementation management of HIV and AIDS interventions will lead to improved planning and operational efficiency.

1.2.1.5 The NSP and M&E Framework

The revised National Policy and National Strategic Plan as well as the development of M&E framework has provided the basis for effective coordination of the national HIV and AIDS response.

1.2.2 The External Environment

External environmental factors can promote or constrain the effectiveness of interventions, and the influences of these factors need to be factored in the strategic options of the plan.

1.2.2.1 Alignment and Harmonisation of International Support

Efforts to improve the harmonisation of multilateral institutions and international partners, and their alignment with national approaches have been made in Lesotho and were further supported by international consultations, which culminated in the 2005 Report of the Global Task Team (GTT). The report of the task team has made far-reaching recommendations on empowering inclusive national leadership and ownership of the national response, alignment and harmonisation, reform for a more effective multilateral response, and accountability and oversight. The recommendations have a significant bearing on the Lesotho national response to HIV and AIDS.

1.2.2.2 Improved Funding for HIV and AIDS

Donor support to Lesotho for HIV and AIDS prevention, treatment, care and support, and impact mitigation activities have increased considerably in the past decade. The available resource bases include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM), bilateral donors as well as foundations and institutions.

1.2.2.3 National Commitment to International Conventions

Lesotho has been signatory to several international declarations and is dedicated to the fight against HIV and AIDS. These declarations of commitment have guided the country towards internationally sanctioned approaches to global handling of HIV and AIDS. These are listed below:

- Millennium Development Goals (MDGs), 2000;
- United Nations General Assembly Declaration of Commitment on HIV and AIDS (UNGASS), 2001;

- African Union (AU) Abuja Declaration on AIDS, TB and Malaria and Other Related Infectious Diseases, 2001;
- Maseru Declaration on combating of HIV and AIDS in the SADC region, 2003;
- African Union Maputo Declaration on AIDS, TB and Malaria and Other Related Infectious Diseases, 2003;
- The 2005 World Summit at which international leaders reaffirmed their commitment to intensify global and national HIV and AIDS responses;
- The Abuja Call to Action: Elimination of HIV infection in infants and children, December 2005;
- Brazzaville Commitment on Scaling up Universal Access to HIV and AIDS Prevention, Treatment, Care and Support, March 2006.
- Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, May 2006

The commitments impose further obligation and impetus on Lesotho to act effectively against the HIV and AIDS epidemic.

1.2.2.4 Regional Context

Lesotho is a member of the Southern African Development Community (SADC), which is guided in its response by the SADC HIV and AIDS Strategic Framework and Programme of Action for 2003-2007 and the SADC Five-Year Business Plan for HIV and AIDS for 2004 – 2008. The two documents focus on six strategic areas of Policy Development and Harmonization, Mainstreaming HIV and AIDS; Capacity Building; Facilitating a Technical Response; Facilitating Resource Network and; Facilitating the Monitoring of Regional and Global Commitments. All these have significantly influenced the country's strategic directions on the management and coordination of HIV and AIDS.

1.2.2.5 National Initiatives

Lesotho has led the way in its commitment to fight HIV and AIDS by his Majesty the King Letsie III declaring HIV and AIDS as an emergency in 2000, the adoption of the scaling up strategy "Turning a Crisis into an Opportunity" in 2003 and the launch of the "Know Your Status" campaign operational plan which is a gateway to treatment, care and support for universal access to HTC in December 2005. These actions have galvanized the country and its development partners to clearly articulate what needs to be done to reduce the spread of HIV and mitigate against the negative impact of AIDS.

1.3 THE 2006-2011 STRATEGIC PLAN FRAMEWORK

1.3.1 Key Principles that have guided development of the Strategic Plan

The key principles guiding the development of the Strategic Plan came from the national stakeholder consultative workshop held at the beginning of the plan development process.

1.3.1.1 Vision

By 2011, Lesotho will have vastly reduced new HIV infections; and those infected and affected will have universal access to prevention, treatment, care, support and services to mitigate the socioeconomic impact of the epidemic, and will be living healthy productive lives.

1.3.1.2 Mission

Our mission is to provide comprehensive high quality HIV and AIDS services and community led interventions which reduce new infections, provide treatment, care and support, and impact mitigation for all Basotho whilst recognizing and assuring participation of all stakeholders.

1.3.1.3 Values

These are the values which will inspire and guide all that we do:

- a) **Commitment and dedication:** We, as a nation, will keep all stakeholders informed at all times, give speedy service and provide instant follow up on issues of mutual concern, to ensure that we provide undivided attention to our responsibilities, and strive laboriously to achieve our destination
- b) **Loyalty:** We will work with passion and enthusiasm, portray trust in all that we do, and ensure that we arrive at our destination with dignity.
- c) **Respect:** We will treat whoever we have to serve with respect and high regard, to ensure that we make a positive difference in people's lives.
- d) **Confidentiality:** We will work with our clients in a manner that whatever should be concealed, we will keep it that way, until the moment they feel comfortable to disclose.
- e) **Transparency:** Our actions will always be in the interest of all involved, there will be transparency and accountability in the way we execute our assignments.
- f) **Empathy:** We will treat everybody in a way that we would like to be treated if we were in the same position.
- g) **Integrity:** We will be open, honest and consistent every time; moreover, we will conduct our tasks in an ethical way.

1.4 GUIDING PRINCIPLES

- a) **Human rights:** Human rights and dignity will be respected, irrespective of HIV status. Stigma and discrimination against people with HIV and AIDS, will be eliminated.
- b) **Multi-sectoral approach:** HIV and AIDS are a serious public health, social and economic challenge affecting the whole country and will be addressed as such - in a multi-sectoral approach.
- c) **Gender sensitivity:** Gender mainstreaming in HIV and AIDS issues is a central element in our fight against this epidemic.

- d) **Cultural sensitivity:** Approaches and solutions adopted in responding to the HIV and AIDS challenge shall be culturally sound and reflect the values and norms of the Basotho people.
- e) **Greater involvement of PLWHAs (GIPA):** Involvement of PLWHAs in all issues that are related to HIV and AIDS is of premier significance in our national response.
- f) **Decentralised approach:** HIV and AIDS challenges will be handled in a decentralised approach that ensures effectiveness from national, district, community, and village levels.

1.5 FACTORS IDENTIFIED AS CRITICAL FOR THE SUCCESS OF THE PLAN

1.5.1 Leadership and political commitment to the response

It is critical for leadership at all levels, especially political leadership, to be fully committed to the response and implementation of the “*Three Ones*” (one national HIV and AIDS coordinating body, one national strategic framework on HIV and AIDS and one national HIV and AIDS Monitoring and Evaluation system).

1.5.2 Harmonisation of HIV and AIDS activities

It is of utmost importance that all HIV and AIDS activities are coordinated from a single body to ensure harmonisation, cooperation, synergy, partnership and collaboration. It is crucial that all individuals, groups and organisations involved in HIV and AIDS strive to work together in a manner that minimises conflict and enhances morale and productivity.

1.5.3 Human resources development

It is vital to deploy human resources that match the task. All employees must be multi-skilled, to ensure organisational effectiveness.

1.5.4 Scientific and evidence based decision making

It is important to always use up-to-date and reliable information in decision making.

1.5.5 Stakeholder commitment

Stakeholders’ level of commitment always determines the extent of achievement. It is therefore important that the HIV and AIDS situation is approached by all involved in a genuine manner that equals its urgency.

1.5.6 Networking and sharing of experiences

With rapid changes around the HIV and AIDS arena it is crucial that key stakeholders interact regularly to share information, knowledge and experiences.

1.5.7 Sustainable financial resource base

Funding will be mobilised nationally in the first instance, to ensure that minimum needs can be satisfied, and regionally and internationally to fill the gaps.

1.5.8 Effective communication

It is critical and a pre-requisite of achievement of whatever is desired, that a clear and effective communication process is established and facilitated, to flow smoothly through-out all stakeholder structures from national, district, local and village levels.

1.6 KEY STRATEGIC TARGETS AND FOCUS AREAS

Major issues identified as critical to the successful management of HIV and AIDS epidemic were contextualized under the following four thematic areas or key strategic focus areas:

- Management, coordination and support;
- Prevention;
- Treatment, care and support; and
- Impact mitigation.

1.7 OVERARCHING GOAL OF THE PLAN

Scale up universal access to information, knowledge and services to enable individuals to protect themselves from HIV infection and access treatment, care, support and impact mitigation services, and empathize with those affected by HIV and AIDS.

1.8 GENERAL TARGETS

- 1 Policy and legislation to facilitate HIV& AIDS programming enacted by 2008;
- 2 National institutional arrangements and formal coordination framework established and functioning appropriately by end of 2006;
- 3 New HIV infections reduced from 2.9% per year in 2005 to less than 2.0% per year by 2010;
- 4 Prevalence of mother to child transmission of HIV reduced from 25% in 2005 to 10% by 2010;
- 5 Percentage of AIDS orphans identified and accessing OVC services increased to 90% by 2011;
- 6 Persons needing ART and able to access free ART services increased to 80% by 2010; and
- 7 At least 30% of PLWHAs have disclosed their status and are involved in reinforcement of positive living for those living with HIV and AIDS by 2011.

1.9 STRATEGIC FOCUS ONE: MANAGEMENT, COORDINATION AND SUPPORT MECHANISMS

The effectiveness of the national response to the HIV epidemic requires sound management and coordination mechanisms and effective systems for managing resources and coordinating the efforts of all stakeholders. Legislation gaps and bureaucratic delays can effectively impair effectiveness of plan implementation. National coordination mechanisms require authority to develop a coordination framework that will enable guidance of interventions to national priorities, harmonise implementation efforts and track and keep stock of HIV and AIDS resources as well as mobilise additional resources for those areas that are in need.

The plan recognises the importance of strengthening the existing policies and legislative guidelines to direct the development of programme interventions, and offer protection to those made vulnerable by HIV and AIDS from discrimination and exploitation. The policy environment also provides for authority for national institutions to allocate resources for HIV and AIDS programmes. In addition, the creation of effective mechanisms to coordinate the national response would provide and ensure equity in the allocation of resources to national priority areas.

1.9.1 Critical Area 1: Policy and Legislation

The NSP recognises the importance of strengthening current policy and legislative framework to fully support management and coordination of the HIV and AIDS response.

1.9.1.1 Strategic Options

- a) Ensuring that the minimum package of legislation required to guarantee equity, gender equality, protection against discrimination of PLWHAs and protection of vulnerable population groups are in place, and those that have been stalled at various stages of enactment completed.
- b) Ensuring that beneficiaries as well as implementers are aware of the existence of the necessary policies and legislation.
- c) Creating a legal, policy environment that reduces vulnerability to HIV infection
- d) Ensuring that political and civil leadership are involved and committed in the fight against HIV and AIDS throughout the duration of the NSP.
- e) Ensuring that stakeholders adhere to the national plan and priorities in implementation of interventions.
- f) All stakeholders contribute to the National Monitoring and Evaluation System.

1.9.1.2 Strategic Objectives

- a) To strengthen the existing legal and policy framework to facilitate effective multi-sectoral response to the HIV and AIDS epidemic by 2008.
- b) Advocacy to create a legal, policy environment that reduces vulnerability, stigma and discrimination to HIV infection by 2008.
- c) To mobilise national leadership to ensure involvement and commitment to addressing socio-cultural issues in the implementation of all aspects of the NSP by 2007.

1.9.2 Critical Area 2: Enhancement of Coordination

The NSP recognises the critical role that coordination of the national response would have in the maximisation of impact of interventions in prevention of the spread of HIV and mitigation of the impact of AIDS; by providing guidance and leadership and reduction of duplications across the national response. The plan also

proposes to increase coordination and collaboration between public, private and civil society organisations to improve planning and implementation.

1.9.2.1 Strategic Options

- a) Strengthening the policy and legal environment to address gender equity, discrimination and protection for the vulnerable groups and individuals.
- b) Strengthening coordination functions to enhance cooperation and collaboration among partners.
- c) Establishment of national monitoring and evaluation systems and policies to guide the operationalisation of the system.
- d) Establishment of an operational framework where all development partners are obliged to consult with the National AIDS Commission first for guidance on areas of priority for attention before they pledge their support to particular activities.
- e) Establishment of a framework for all implementing partners to cooperate and contribute information and data to the National M&E system at NAC.

1.9.2.2 Strategic Objectives

- a) To establish the National AIDS Resource Management Systems by end of 2006
- b) To establish the National M&E system before the end of 2006.
- c) To establish the HIV & AIDS coordination framework by end of 2006.
- d) To establish HIV & AIDS Inventory by the middle of the end of 2007.
- e) To establish a technical assistance framework to develop capacities of implementing partners by end of 2007.
- f) To mainstream HIV and AIDS in all sectors of national development and at all levels of national development planning processes by 2008.
- g) To establish HIV and AIDS Resource tracking system by 2008.

1.9.3 Critical Area Three: Enhancement of Evidence-based Planning

Efficiency of planning for interventions in Lesotho has been hampered by lack of strategic information upon which strategic decisions would be based. Research and use of monitoring and evaluation information is insignificant leading to ad hoc development of programmes that may not be appropriate or effective.

1.9.3.1 Strategic Options

- a) Strengthen the use of strategic information for planning by continuous data collection from the field through the M&E system.
- b) Ensuring that all stakeholders contribute information on their programmes and activities to the national M&E system.

- c) Collaborate with internal and external partners to develop human and technical capacity to undertake HIV and AIDS operational research.
- d) HIV and AIDS operational research, monitoring and evaluation capacity developed in Lesotho.
- e) Undertake operational research, sentinel surveillance and specific surveys on issues pertinent to the reduction of the spread of HIV and/or prevention of transmission.

1.9.3.2 Strategic Objectives

- a) To develop a research agenda for HIV and AIDS in Lesotho by 2007.
- b) To develop capacity building programmes for biomedical and social research to guide national HIV and AIDS policy and interventions by end of 2007.
- c) To enhance mechanisms that exists within relevant institutions for ethical review of all HIV and AIDS research by 2007.
- d) To establish information resource centre for regular dissemination of information on successful national and international developments in the fight against HIV and AIDS by 2007.
- e) To develop national M&E capacity to effectively monitor and evaluate the response to HIV and AIDS by the end of 2009.
- f) To establish and implement a Monitoring and Evaluation system for HIV and AIDS by the end of 2006.

1.10 STRATEGIC FOCUS TWO: PREVENTION

The level of awareness and internalisation of the threat of HIV and AIDS is needed to change the behaviour of the population to the risk of HIV in Lesotho is still not sufficient. The level of knowledge and understanding of the way the HIV virus is acquired and spread among the general population is low especially among vulnerable groups due to inadequate access to information and services. Access to information and the ability to act on the received information was found to be hampered by a number of factors including illiteracy, poverty, stigma and state of denial of the existence of HIV and AIDS.

The greater majority of HIV infections result from high risk unprotected sexual acts and this could persist if appropriate knowledge on how to prevent infection remains low in the general population. Knowledge of mother to child transmission will have profound implications on child health and welfare, especially as infected children often become orphans. The challenge is to scale up prevention as the main strategy for effective reduction of the spread of HIV and AIDS in Lesotho.

The focus of the NSP is therefore to enhance prevention by increasing quality of interventions through behavioural change communications strategies.

1.10.1.1 Strategic Options

- a) Greater involvement of national leaders to advocate for behavioural change at all levels.
- b) Development and intensification of Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) strategies specifically addressing factors of abstinence, faithfulness in sexual relationships, and use of condoms in the context of Lesotho situation of multiple sexual partners.
- c) Scaling up prevention messages at all social, political, religious and service related facilities
- d) Enactment of legislation/policies to increase access to HIV and AIDS information and services through a variety of strategies.
- e) Special programmes to increase access to special groups such as commercial workers, prisoners, persons with disabilities, adolescents and herd boys are established.
- f) Ensuring that HIV Workplace programmes are established and implemented.

1.10.1.2 Strategic Objectives

- a) To establish prevention strategy for all population groups by the end of 2007;
- b) To provide access to prevention services to 80% of adult population by 2008;
- c) To provide access to HIV testing and counselling to 80% of population by end of 2008;
- d) To establish STI management capacity and services in 90% of all health facilities in the country;
- e) To establish universal access to PMTCT services in 100% of health care service delivery facilities in the country
- f) To establish PEP capacity and services in 70% of public and private institutions by the end of 2008.

1.10.2 Behavioural Change

Preventing HIV infection requires that society modify behaviour that increases the risk of HIV infection by avoiding unprotected casual sex, having sex with multiple and concurrent partners, sex between young women and older men, starting sexual activity at an early age, having sex with high risk partners, and promoting abstinence among youth. A way of getting behaviour change messages across effectively is key to successful prevention.

1.10.2.1 Strategic Options

- a) Development of a national HIV behaviour change strategy to address the key factors in the spread of the epidemic and prevention of stigma.
- b) Ensuring that IEC materials are disseminated nationwide including hard to reach areas, and that messages are culturally acceptable, gender sensitive, age suitable, and address issues that drive the epidemic in Lesotho
- c) Promotion of Life Skills education in primary, secondary and tertiary schools and target out-of-school youth.
- d) Promotion of BCC activities at national and community levels.
- e) Promotion of Peer education programmes among out-of-school youth
- f) Establishment of youth-friendly health services for counselling and testing of HIV, treatment of STIs and ailments.
- g) Promotion of pro-active parenting in the upbringing of children.
- h) Involvement of media, private sector, public sector, leadership at all levels, professionals, churches, educational institutions, youth, and PLWHAs in IEC and BCC programmes.
- i) Development and implementation publicity and public relations strategies aimed at managing stigmatising myths and perceptions.
- j) Development of an outreach HIV and AIDS peer-education programme for vulnerable groups.
- k) Ensuring access to condoms, and correct and consistent use of male and female condoms especially among high risk groups.
- l) Provision of accurate and sustained information on safe sex to all sexually active individuals.
- m) Encouragement of empathy and respect for people living with HIV and promote disclosure of ones status.

1.10.2.2 Strategic Objectives

- i To increase the percentage of men and women who have correct knowledge about the prevention of sexual transmission of HIV infection to more than 80% by 2009.
- ii To increase correct and consistent use of condoms in multiple and concurrent sexual relationships to 80% by 2009;
- iii To increase access to condoms to 80% of population at risk by 2008
- iv To advocate for legislation to increase legal age of sexual consent to 18 years by 2009.

1.10.3 HIV Testing and Counselling (HTC)

HIV Testing and Counselling (HTC) play a critical role in HIV prevention by helping people to cope with the infection and avoid infecting others. It is an entry point to effective prevention, treatment, care and support and impact mitigation; consequently scaling up HTC is a prerequisite to an effective response. Stigma and discrimination are major barriers to people knowing their status, therefore efforts towards the elimination of stigma and discrimination should be intensified.

1.10.3.1 Strategic Options

- i Promotion of the "Know Your Status" campaign as an initiator of universal testing.
- ii Promotion of HTC at the national, district and community level.
- iii Recruitment of HIV and AIDS role models to promote behaviour change.
- iv Greater involvement of PLWHAs in the promotion of testing and counselling
- v Promotion of the reduction of stigma and discrimination.

1.10.3.2 Strategic Objectives

- i To provide routine testing to all STI, TB and ANC clients
- ii To increase access to HIV testing to more than 80% of individuals above the age of 12 years of age by the end of 2010.
- iii To guarantee access to HTC services to all persons above the age of 12 years by the middle of 2007
- iv To establish referral systems from HTC to other post test services in 100% of service delivery points by end of 2007.
- v To increase HTC provision in all healthcare facilities
- vi To increase community based counselling and testing
- vii Provide care of carers at facility and community level

1.10.4 Prevention of Mother to Child Transmission of HIV (PMTCT)

HIV transmission during pregnancy, childbirth and delivery is the second most common mode of HIV transmission to children in Lesotho. Affordable prevention technology is available that can sharply reduce childhood HIV transmission from mother to child by identifying mothers who are HIV positive admitted to ARV prophylaxis.

1.10.4.1 Strategic Options

Identified strategies for rapidly increasing PMTCT coverage are:

- a) Strengthening of the resource capacity – human, infrastructure, financial - at the antenatal clinics to be able to deliver PMTCT services efficiently in all health facilities.

- b) Integration of PMTCT into all routine maternal and child health services.
- c) Strengthening of referral systems between HTC, PMTCT and ART services.
- d) Strengthening of community education and actively promote the concept and services for PMTCT.
- e) Development of standard options for infant feeding for mothers who are HIV infected.
- f) Promote male involvement in reproductive health services including PMTCT-plus.

1.10.4.2 Strategic Objectives

- a) To reduce transmission of HIV from mother to child to 10% by the end of 2010.
- b) To have 100% of pregnant women attending ANC offered testing for HIV.
- c) To establish PMTCT programmes in 100% of health facilities providing ANC services by end of 2009.
- d) To develop PMTCT educational programme for men by the end of 2007.

1.10.5 Blood and Tissue Safety

There is a high risk of transmission of HIV through donated blood or blood products if appropriate measures are not taken to screen all donated blood and blood products for HIV and other infections. Blood donation has also been used as a reinforcement mechanism to encourage regular blood donors to stay negative.

It is critical for all blood donated for transfusion to be screened for HIV and Hepatitis B and syphilis viruses. Currently only the Central Laboratory at Queen II screens blood for HIV and hepatitis B and syphilis due to the need to maintain high standards. The blood transfusion services will also be decentralised during the period of this strategic plan.

1.10.5.1 Strategic Options

- a) Strengthening blood transfusion services.
- b) Establishment of blood donor clubs at schools and tertiary institutions and within communities.
- c) Development of adequate human resources for the transfusion services.

1.10.5.2 Strategic Objectives

- a) To reduce the risk of HIV or Hepatitis B and syphilis transmission through blood transfusion or use of blood products to 0% by end of 2007.
- b) To create blood donor clubs in 100% of high schools by the end of 2009.
- c) To create donor clubs within communities

1.10.6 Post Exposure Prophylaxis (PEP)

Exposure to HIV infection can occur in workplaces and in situations involving trauma, such as rape and accidents. Occupational and accidental exposure to HIV does not play a significant part in the spread of HIV infection. This invariably leads to stigmatization and discrimination. Post exposure prophylaxis (PEP) with antiretroviral treatment if initiated within 2 hours or maximum of 72 hours of suspected exposure to HIV, can reduce the risk of HIV infection.

1.10.6.1 Targets

- a) Provide access to PEP to all those who need it
- b) All law enforcement officers, prison warders, health providers and chiefs knowledgeable on the timely administration of PEP

1.10.6.2 Strategic Options

- a) Education of health workers, police who handle rape and accidents and other sectors involved on PEP and infection control at all levels.
- b) Strengthening community education on PEP and infection control procedures.
- c) Sensitise law enforcement officers and the community on PEP
- d) Expanding the PEP services to all health facilities.
- e) Ensuring availability of protective material at all times and PEP at all health facilities and the community.

1.10.6.3 Strategic Objectives

- a) To provide universal access to PEP to all those who need it.
- b) To build capacity of law enforcement officers, prison warders and health providers on the timely administration of PEP by 2007.
- c) To expand and ensure availability of PEP services at all health facilities by 2008
- d) To sensitise communities on PEP

1.10.7 Management of Sexually Transmitted Infections (STIs)

STI predisposes individuals to high risk of contracting HIV and has been found to be closely associated with HIV infection. The prevalence of STI in Lesotho is thought to contribute significantly to the transmission of HIV. The aim of STI prevention, control and treatment is to reduce the associated transmission of HIV.

1.10.7.1 Targets

- a) Reduced incidence of new cases of STIs
- b) Increased awareness of STI services among the population.

- c) Increased treatment seeking behaviour for STIs

1.10.7.2 Strategic Options

- a) To strengthen STI surveillance
- b) To strengthen technical capacity and guidelines for the management of STI
- c) To strengthen referral systems to STIs services
- d) To promote the significance of STI in the transmission of HIV.
- e) To integrate STI services within the basic package of primary health care services.
- f) To provide routine HIV tests

1.10.7.3 Strategic Objective

To ensure 80% of women and men attending Healthcare facilities for STI are appropriately diagnosed, treated as tested by 2010.

1.11 STRATEGIC FOCUS THREE: TREATMENT, CARE AND SUPPORT

NSP recognises the need to provide treatment, care and support services to cater for the large numbers of individuals testing for HIV and AIDS. The plan makes provision for the scaling up of ART by increasing access to ART services, ensuring quality and expanded capacities and efficiency of service provision in public and private institutions.

HIV and AIDS has greatly increased morbidity and mortality in Lesotho and adversely affected the well being of individuals, households and communities as well as the socio economic status of the nation. With effective treatment and care morbidity and mortality can be significantly reduced.

The key challenge is to scale up ART services by increasing access to treatment, care and support and ensuring that there are adequate human, technical, infrastructure resources and effective commodity procurement and distribution systems. In addition there are also challenges regarding care and monitoring of patients on ARV for adherence as well as possible HIV drug resistance.

1.11.1.1 Target

- a) Universal access to quality services for the prevention and management of opportunistic infections,
- b) Provide access to antiretroviral therapy to 80% of all those who need it.
- c) Universal access to home-based care services for 90% of the population in need
- d) Universal access to TB treatment
- e) Integrated HIV & AIDS, TB, STI, services with strengthened referral links to community care services.

1.11.1.2 Strategic Options

- a) Strengthening of treatment, care and support and referral services to cater for all who need such services.
- b) Development of guidelines and technical protocols to enable Primary Health Care centres to manage HIV and AIDS treatment.
- c) Expansion of ART services to all health facilities by 2009
- d) Establishment of HIV drug resistance monitoring system
- e) Development of basic standards for home-based care services and train all home-based carers in its use
- f) Undertaking of operational research related to treatment care and support systems appropriate to Lesotho situation.
- g) Strengthening of drugs supplies and management systems.
- h) Promotion of regional cooperation for the production of generic antiretroviral drugs and other health care related commodities
- i) Strengthening of paediatric ARV treatment services
- j) Improvement of the capacity of community home-based care givers
- k) Promotion of the involvement of men in Home-Based Care
- l) Promotion of treatment adherence through the use of community expert patient PLWHAs and family support systems
- m) To develop HIV curriculum in all tertiary Health institutions

1.11.1.3 Strategic Objectives

- a) To provide access to ART treatment to more than 80% of individuals who are in need of ARV treatment by 2010.
- b) To develop capacity to manage ART in 90% of health facilities in the country by 2010
- c) To promote the establishment of community home-based care services in 90% of communities served by each health centre or hospital.

1.3.5.1 Collaborative TB/HIV Services

It is estimated that about 70% of active TB is associated with HIV infection, and the incidence of TB has proportionately increased with the rise in the prevalence of HIV infection. TB is the leading cause of observed mortality in AIDS and its treatment is therefore an important part of reducing early deaths among PLWHAs. Treatment of TB is therefore a necessary part of the management of HIV and AIDS in Lesotho

1.11.1.4 Target

Universal access to TB treatment to all PLWHAs with TB

1.11.1.5 Strategic Options

- a) Expansion of referral services between TB and HIV and AIDS
- b) Ensuring that PLHWA have easy access to TB treatment
- c) Capacity building of healthcare services to diagnose and manage TB
- d) Capacity building of community home-based Care Givers to encourage adherence to treatment to reduce drug resistance.
- e) To ensure access of TB patients to HTC services

1.11.1.6 Strategic Objectives

- a) To provide routine HIV testing to all TB patients
- b) To provide to 95% of individuals with active TB with access to free anti TB treatment by end of 2007.
- c) To provide ART to all TB patients who qualify for treatment
- d) To develop TB/HIV collaborative activities guidelines by 2007
- e) To establish treatment adherence programme for TB/HIV patients to safeguard against early development of drug resistance.

1.12 STRATEGIC FOCUS FOUR: IMPACT MITIGATION

The advent of HIV and AIDS in a family and community has imposed severe socio-economic and psychological stress that negatively impacts on the household's capacity to cope due to stigmatization and discrimination. In addition, the accompanying chronic illness drain the family's financial and physical resources and quite often leads to reversal of roles where the children become the care givers interrupting their opportunity to go to school. At the death of the parents or head of family, the remaining members of the family may be subjected to loss of the estate to greedy relatives using the pretext of traditional inheritance rules. Orphaned children are usually made very vulnerable as the traditional safety net and coping mechanisms are no longer able to cope with the increasing burden of orphanhood due to HIV and AIDS.

Impact mitigation is therefore a strategy to reduce vulnerability of the infected and affected by HIV and AIDS from discrimination and exploitation, and cushion the impact of the loss of parents and guardians on the children. HIV and AIDS affected families turn to experience economic hardships including lack of basic human needs such as food, shelter and clothing. Provision of these basic necessities has been identified as strategic to reducing the hardships of the HIV and AIDS epidemic.

Impact mitigation has been identified in the NSP as a late but necessary intervention to deal with the shortcomings of prevention of the spread of the HIV infection in Lesotho.

1.12.1.1 Targets

- a) Reduction of socio economic and psychological hardships of orphans and children made vulnerable by HIV and AIDS epidemic
- b) Empower women and vulnerable groups to improve their lives through economic empowerment
- c) Reduce the vulnerability of women and girls to risk of HIV infection due to their socio cultural status
- d) Universal access to mitigation services to all those who need them:
 - i. Psychological support
 - ii. Food security
 - iii. Financial support for school and medical care
- e) Universal access to legal protection from discrimination and stigmatisation
- f) Universal protection of OVCs from exploitative situations

1.12.1.2 Strategic Options

- a) Strengthening of community coping mechanisms and safety nets through sustainable intervention.
- b) Development of mechanisms to coordinate Government and development partners to develop sustainable community development initiatives to provide food and other support to families and individuals affected or made vulnerable by HIV and AIDS.
- c) Development of appropriate legislation and policies to protect the rights of orphans and vulnerable children and PLWHAs.
- d) Dissemination of policies and legislation on OVCs to communities to ensure application of these policies at suitable situations.
- e) Increase access of OVC households to treatment, care and support services.
- f) Increase of PLWHAs participation in the provision of care and support as well as psychological care.
- g) Capacitation of PLWHAs to participate in economic activities to support their livelihood.

1.12.1.3 Strategic Objectives

- a) To advocate for the enactment and implemented of legislation and policies to protect the rights of Orphans and Vulnerable Children by end of 2008.
- b) To develop a standardised basic support package for OVCs by the end of 2007.
- c) To establish mechanisms for early identification of individuals and OVC needing care and support by mid 2007.

- d) To establish community based mechanisms for provision of social and psychological care for use by community home-based carers by mid 2007.
- e) To establish mechanisms for involvement of PLHWA in the provision of support to OVCs by mid 2007.
- f) To establish mechanisms for development of socio economic capacitation of PLWHAs to take care of themselves by mid 2007.
- g) To establish a monitoring mechanisms to ensure fair treatment of OVCs at community or institutional levels by mid 2007

1.12.2 Vulnerable Population Groups

The HIV and AIDS epidemic has increased the vulnerability of a range of populations in Lesotho, that include women who lose their husbands, children who are orphaned, the PLHWAs and other special groups. These groups are made vulnerable to different aspects of HIV and AIDS, as a result a need to ensure that these groups are protected from the impact of HIV was identified in the strategic analysis.

1.12.3 Women and Girls

Women and girls are disproportionately vulnerable to HIV infection and to the impact of the epidemic due to their lower socio economic position in both traditional and legal settings. Their vulnerability stems from the fact that they are not culturally empowered to make decisions on their sexuality and their economic dependence predisposes them to sexual exploitation.

Given the slow pace of legal reform on gender equity and prevalent sexual exploitation, a need to provide social and legal protection was identified as a strategy for the reduction of high prevalence of HIV in Lesotho.

1.12.3.1 Target

Reduced vulnerability to HIV infection and reduced impact of HIV and AIDS on women and girls

1.12.3.2 Strategic Options

- a) Ensuring that the necessary legislation, policies and programmes are in place to address issues of girls education,
- b) Ensuring that necessary legislation on violence against women is enacted,
- c) Ensuring that legislation on property and inheritance for women is enacted.
- d) Enactment of laws to protect young girls from sexual exploitation by older men
- e) Strengthening of legal and social sanctions against gender violence
- f) Promotion of socio-economic and political empowerment of women and girls
- g) Ensuring protection of victims of gender-based violence and sexual violence

- h) Recognising and supporting care-giving services offered by women and girls to HIV and AIDS patients
- i) Ensuring that victims of property grabbing and custody disputes have access to affordable legal support services

1.12.3.3 Strategic Objectives

- a) To increase access to information and support services to 95% of women and girls who are sexually active.
- b) To enact laws to discourage sexual violence against women and girls by mid 2008
- c) To facilitate the enactment of laws that guarantee women rights to property and inheritance of the estates of their parents or spouses.
- d) To facilitate the promulgation of laws that guarantee Women's right of choice on sexual acts in marital or cohabitation relationships.

1.12.4 Sex Workers, Migrant Populations, People with Disabilities and Herd Boys

Groups that live on the fringe of the general society either through their occupation or physical disability tend to have limited access to information and services. They are often discriminated against and open to exploitation. Quite often their occupations keep them away from areas of service. Transactional sex workers often tend to ignore the information on the risks of HIV if it is perceived as interfering with their business earnings.

The provision of impact mitigation services to these groups is important as they are highly vulnerable to HIV infections.

1.12.4.1 Targets:

- a) Reduced HIV infection among vulnerable population groups
- b) Universal access to appropriate HIV and AIDS information and services
- c) Universal access to legal protection
- d) Reduced social stigma

1.12.4.2 Strategic Options

- a) Development and implementation of HIV and AIDS policies for vulnerable population groups
- b) Establishment of special services to cater for vulnerable population
- c) Establishment of user friendly services to address the needs of vulnerable population
- d) Improvement of access to information and services to vulnerable population.
- e) Ensure participation in the planning and development of services.

1.12.5 HIV and AIDS at the Workplace

The workplace provides an opportunity for reaching large numbers of people to deliver HIV prevention messages as well as treatment and care services. Workers are also an easy target for discrimination and infringement of human rights if they are HIV infected due to the stigmatization of HIV and AIDS. There is a need to protect the human rights of PLHWAs as well as provide for their needs to protect a rapid drop in their earnings.

1.12.5.1 Target:

- a) HIV competent workforce with access to HIV and AIDS services and absence of discrimination in the workplace.
- b) Integration of HIV and AIDS support policies in the employers' employment policies and practices

1.12.5.2 Strategies

- a) Scaling up the workplace response to HIV and AIDS through sensitization of employers
- b) Development and implementation of effective BCC strategy for Management and Workers in both private and public sectors
- c) Expansion of other HIV prevention services at the workplace including access to male and female condoms
- d) Supporting and promoting "HIV and AIDS at the workplace"
- e) Involvement of workers' organisations in the workplace response to HIV and AIDS
- f) Promotion and supporting of capacity building of workers and employers organisations to respond to the epidemic
- g) Development of workplace programmes in the informal sector

1.12.5.3 Strategic Objectives

- a) To enforce HIV and AIDS policies at the workplace as a requirement for business licensing by mid 2008
- b) To facilitate all workplace programmes to promote workers' access to prevention, treatment, care and support through the workplace by end of 2007
- c) To strengthen the capacity of all sectors, public and private, to mainstream HIV and AIDS into their operations by mid 2007
- d) To facilitate the development of workplace policies that prevent separation of spouses

1.12.6 Cross-cutting Issues

Implementation of HIV and AIDS interventions requires adequacy of human, financial and technical capacities that are currently in short supply in Lesotho. The success of this plan requires that a certain level of resource capacity is achieved and maintained, and that certain precursor and prerequisite needs are established at the onset.

Lesotho is largely dependent on its meagre resources and donor support to manage the national response to HIV and AIDS and there is a need therefore to ensure that provisions for human and capital resources required for the implementation of this plan are in place.

1.12.6.1 Targets

- a) Adequate human resource, infrastructure, commodities and financial resources are available
- b) Technical competence is attained
- c) Effective Coordination framework is developed
- d) Food security is attained

1.12.6.2 Strategic Options

- a) Development and implementation of the Health Sector Human Resources Development and Plan by 2006
- b) Establishment of capacity needs and gaps and development of capacity building plan for all stakeholders
- c) Strengthening of procurement functions at all levels
- d) Expansion and rehabilitation of facilities for provision of quality health services in line with national standards by 2009
- e) Development of a standardised incentive package for voluntary community health workers
- f) Enactment and implementation of laws and policies to regulate the procurement and quality of drugs, diagnostics and other commodities entering the country
- g) Strengthening block farming for PLWHAs, OVCs and other groups
- h) Strengthening of conservation agriculture based household food security

1.12.6.3 Strategic Objectives

- a) To establish a capacity building programme for operational research for programme managers in HIV and AIDS by the end of 2008
- b) To strengthen the M&E capacity by training managers in M&E by 2007.
- c) To develop and implement Health Sector Human Resources Development Plan by 2007.
- d) To expand and rehabilitate health facilities by 2009.
- e) To increase the coverage of commercial and subsistence block farming by 50% by 2010.
- f) Increase both agricultural production and incomes by 2010

CHAPTER 2: FINANCIAL IMPLICATIONS

2.1 REQUIREMENTS

The total estimated financial requirements for implementing the NSP is about M3.0 billion (M3,000,346,000) over the five-year duration as shown on table below:

Financial Requirements in Thousand Maloti (Maloti '000)

| Focus areas | 2006/07 | 2007/08 | 2008/09 | 2009/010 | 2010/2011 | Total |
|-----------------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Mgt. Coordination & Support | 265,214 | 259,218 | 280,016 | 290,554 | 297,961 | 1,392,964 |
| Prevention | 98,131 | 100,084 | 99,486 | 69,341 | 65,289 | 432,331 |
| Treatment care and Support | 51,164 | 59,684 | 106,936 | 138,817 | 180,534 | 537,135 |
| Impact Mitigation | 62,189 | 92,641 | 125,633 | 157,767 | 199,686 | 637,916 |
| GRAND TOTAL | 476,698 | 511,627 | 612,071 | 656,479 | 743,470 | 3,000,346 |

NB: Exchange rate at 1 \$ to M7.00 as at August 2006

The estimates were derived based on the demographic information, estimated impacts and the degree of proposed activity interventions. Other inputs included information on human resources, infrastructure, equipment, drugs, other medical suppliers, training and other overheads. The fixed cost per unit was therefore arrived at per activity. The fixed costs were then multiplied with the quantity variables to make projections per year. The M&E estimates were based on 5% of the total intervention costs.

2.2 SOURCES OF FUNDING

The current resource envelop is yet to be determined. It is intended to establish a long term HIV and AIDS Fund as a basket fund for implementation of the NSP. This would complement other traditional sources of funding for HIV and AIDS interventions. Both the basket fund and other sources of funding for HIV and AIDS would be coordinated by the NAC. The potential sources of funding for the implementation of this plan include the following:

- Government of Lesotho
- International Cooperating Partners – EU, Irish Aid, USA Government, UN Family (UNDP, WHO, UNICEF, UNAIDS, FAO, WFP and World Bank)
- Global Fund for AIDS, Malaria and TB (GFAMT)
- International organisations such as Bill and Melinda Gates Foundation, Clinton Foundation
- Millennium Development Challenge Account
- World Bank's Multi Country HIV and AIDS Programme for Africa(MAP) and other international financing institutions
- US President's Emergency Plan for AIDS Relief (PEPFAR)

- Regional bodies such as SADC
- Private Sector.

2.3 RESOURCE MOBILISATION

NAC will engage in resource mobilisation activities to raise funds to meet the requirements stated above. The strategy that NAC will employ for mobilising resources includes calling donor conferences, writing and submitting proposals to potential financiers such as Bill and Melinda Gates Foundation, World Bank and others. Organising one-to-one meetings with donors and development partners is one of the ways. Moreover, NAC will explore sustainable fundraising mechanisms locally within a clearly articulated resource mobilisation strategy that includes approaching key local operators to contribute to the HIV and AIDS Fund.

CHAPTER 3: IMPLEMENTATION ARRANGEMENTS

3.1 ENSURING IMPLEMENTATION

Implementation of the strategic plan will take place at two major levels. The first is the management and coordination level, while the second is the level at which various role-players will have specific areas to implement depending on their mandate and comparative advantage. Coordination will be guided by the National Coordination Framework which will be developed in close consultation with all stakeholders. All sectors are obliged to align their strategic and annual action-plans to the strategic priorities as articulated in this plan. The roles and responsibilities of various stakeholders are discussed below.

3.2 ROLES AND RESPONSIBILITIES OF NATIONAL COORDINATION

The National AIDS Commission will focus on the management and coordination of efforts towards scaling up the response to avoid duplication of efforts and, thereby improve efficiency and better utilisation of resources. It will effect coordination through the national policy and this strategic plan by convening a stakeholders' meeting in which various sectors will commit to the national policy and the plan and then be guided on how to align and realign their policies and plans to the national ones. National interventions will be coordinated at the national level, while all local and community-based interventions will be coordinated at the district level.

3.3 ROLES AND RESPONSIBILITIES OF IMPLEMENTERS

3.3.1 Ministry of Health and Social Welfare

The MOHSW, and the health sector in general, will focus on prevention, treatment, care and support and impact mitigation programmes. Prevention programmes include HTC, STI management, PMTCT and PEP services, and Blood and Tissue Safety, while treatment includes ART services, management of opportunistic infections including TB, and standardisation of home-based care programmes. In addition MoHSW deals with Impact mitigation programming, peer education, life skills training for educators, and infection prevention and control.

3.3.2 Line Ministries and Parastatals

Various Government Ministries and parastatals will be expected to concentrate on prevention, care and support and mitigation.

3.3.3 Operationalisation of the Plan at the District Level

All the ten districts have District AIDS Committees (DACs) which are charged with the responsibility of coordination at the district level. The DACs represent all key stakeholders (*public and private*) at the district level, and therefore, they are the most appropriate bodies to be the custodians of this national strategic plan at that level. In addition to the DACs, the local authorities and the office of the District Administrator will, in collaboration with NAC provide guidance in the implementation of this plan.

3.3.4 Civil Society

Civil society is inclusive of NGOs, faith-based organisations, the Lesotho Network of People Living With HIV and AIDS (LENEPWHA), institutions of higher learning, and CBOs. A close connection between the civil society and the community gives NGOs the edge in issues of advocacy for preventive measures and necessary change of risky behaviour. Advocacy for the rights of marginalised population-groups and formulation of policies and enactment of laws to protect them is one of their niche areas. They will also play a role in strengthening the social safety nets to take care of OVC, the sick and those who simply need spiritual healing within communities.

The civil society in its various forms has a comparative advantage in contributing towards the reduction of stigma and greater integration and involvement of people living with HIV and AIDS. For instance, the faith-based organisations collectively command a following from all walks of life, thus, they are better placed to advocate prevention mechanisms and undertake care and support programmes.

3.3.5 International NGOs and Development Partners

The international NGOs and development partners will contribute to the realisation of this plan through technical and financial assistance. The National Policy on HIV and AIDS provides for the establishment of a virtual basket funding which will be used in the implementation of this plan. Thus, in addition to technical support, international NGOs and development partners will contribute into the virtual basket funding. This will enable smooth coordination and ensure even distribution of interventions throughout the country.

3.3.6 Private Sector Employers

All employers should have HIV and AIDS workplace policies and plans that are aligned with the national documents. In addition to standard workplace safety measures, they will be guided to develop prevention, treatment, care and support programmes for their workforces.

3.3.7 Monitoring and Evaluation

Effective implementation of this plan should be accompanied by a monitoring and evaluation system that will collect, process, validate, analyse and interpret a range of qualitative and quantitative HIV and AIDS data for the enhancement of the national response. A comprehensive M&E plan with clear indicators has been developed to monitor and evaluate the implementation of this strategic plan.

ANNEX 1: LOGICAL FRAMEWORK

The Logical Framework for the plan is based on a prioritized list of strategic options that would ensure the attainment of the stated targets. It attempts to indicate the time relationship between the various strategic options and objectives and attempts to harmonize activities to harness synergy between different interventions. The logical framework assumes that there will be adequate resources to implement the proposed interventions in a timely manner.

General Strategic Goal: Universal understanding among Basotho of the way the virus is acquired and spread, access to information, knowledge and new skills that enhance confidence and ability to protect themselves from infection, universal access to treatment, care, support and impact mitigation, and understanding and respect for those affected by HIV and AIDS. (Table on the following page.)

| Strategic Objective | Strategy | Targets (Expected key achievements) | OVI's | Means of Verification | Possible Source of Funding | Responsible Organisation/s | |
|---|--|---|---|---|--|--|---------------------------|
| To increase awareness of HIV and AIDS among Basotho | Strengthen the national response to HIV and AIDS epidemic | 1. The occurrence of new HIV infections will be reduced from 22,000 per year in 2005 to 20,000 per year by 2011 | Incidence rate | Modelling | NAC AIDS Fund Global Fund Others | MOHSW NGOS Private Sector | |
| | Increase access to PMTCT Plus Services to all pregnant women | 2. The percentage of HIV infected infants born to HIV infected mothers reduced from 25% in 2005 to 15% by 2011 | % of HIV infected infants born to HIV infected mothers | Quarterly service coverage report and formula | Global Fund UNICEF WHO Others | MOHSW CHAL Private Clinics NGOs | |
| | To increase access to ART services | 3. Proportional of all deaths attributed to AIDS reduced from 63% in 2005 to 50% by 2010 | Proportion of all deaths attributable to AIDS | Modelling | GOL Global Fund Others | MOHSW CHAL Private Clinics NGOs | |
| | Strengthen HIV and AIDS prevention and mitigation services | | 4. Life expectancy will be increased from 39.7 years in 2005 to 48.7 years by 2011 | Life expectancy | National population statistics | | All implementing partners |
| | | | 5. By 2011 the number of new AIDS orphans per year will be reduced by 50% of that in 2005 | Number of orphans due to HIV and AIDS | Modelling | GOL European Union Global Fund | All implementing partners |

SUPPORTIVE ENVIRONMENT:

GOAL: Presence of an enabling and supportive legal, policy, resource, management and coordination environment to facilitate the effective implementation of the national response to HIV and AIDS.

ADVOCACY, PUBLIC POLICY AND LEGAL FRAMEWORK: To strengthen legal and policy environment to facilitate effective multi-sectoral response to the HIV and AIDS epidemic

| Strategic Objective | Strategy | Targets (Expected key achievements) | OVI | Means of Verification | Possible Source of Funding | Responsible Organisation/s |
|---|---|---|--|---------------------------------|-------------------------------------|----------------------------|
| 1. To create a legal and policy environment that reduces vulnerability to HIV infection by 2008 | <ul style="list-style-type: none"> Enact and implement laws and policies to effectively fight HIV and AIDS epidemic. | All legislation needed to be enacted by 2008 | National Composite Policy Index score | National Composite Policy Index | NAC AIDS Fund | NAC |
| | <ul style="list-style-type: none"> Introduce laws and policies to address cultural norms and beliefs that fuel HIV transmission | All traditional discriminatory practices outlawed by parliamentary Acts by 2008 | Parliamentary act outlawing discriminatory practices | Parliamentary act | NAC AID Fund MDG Funds | NAC |
| 2. To ensure leadership involvement and commitment in the fight against HIV and AIDS throughout the duration of the NSP | 2. Leadership at all levels of society to address difficult and sensitive issues that drive the epidemic in the country at every opportunity | 90% leadership sensitized to HIV and AIDS | Number of leadership trained | Programme Reports | NAC AIDS Fund Global Fund EU Others | NAC |

| Strategic Objective | Strategy | Targets (Expected key achievements) | OVI | Means of Verification | Possible Source of Funding | Responsible Organisation/s |
|---------------------|--|--|---|-----------------------------------|------------------------------|----------------------------|
| | 3. Increased national budget allocation to the HIV and AIDS response | % of Recurrent national budget allocated to HIV and AIDS by GOL increased to 15% by 2011 | % of recurrent national budget allocated to HIV and AIDS by the GOL | National AIDS Spending Assessment | NAC Global Fund Others | NAC |

| MANAGEMENT AND COORDINATION: | | | | | | |
|---|--|--|---|------------------------|-------------------|--------------------------|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Source of Funding | Responsible Organisation |
| 1. To have in place a mechanism for mobilizing and strengthening financial resources across all sectors by 2006 | <ul style="list-style-type: none"> Develop and implement a plan for resource mobilization from public, private and international sources to fund the response | 100% of resources required to implement the strategic plan mobilised by 2011 | % of strategic plan budget mobilised by the NAC and the Government of Lesotho | National AIDS Spending | NAC Others | NAC |
| | <ul style="list-style-type: none"> Establish transparent mechanisms for equitable distribution of funds at | Transparent mechanism | Grant policy and procedures | NAC Annual Report | NAC AIDS Fund | NAC |

| MANAGEMENT AND COORDINATION: | | | | | | |
|---|---|--|---|--------------------------------------|---|--------------------------|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Source of Funding | Responsible Organisation |
| | national, district and community levels | established by 2006 | developed and granting implemented | | | |
| | <ul style="list-style-type: none"> Establish accountability mechanisms to track resources and ensure cost effective utilization | Accountability mechanism established by 2007 | Accountability system in place | NAC Annual Report | NAC Global Fund Other Donors | NAC |
| 2. To establish functioning decentralized financial and procurement systems by 2009 | <ul style="list-style-type: none"> Strengthen comprehensive systems for supply, procurement, storage, distribution and management of drugs, diagnostics and other HIV and AIDS related commodities | 100% of designated facilities surveyed with drugs for STIs, ART, PMTCT and HTC in stock and no stock outs of >1 week in the last 12 months by 2011 | % of designated facilities surveyed with drugs for STIs, ART, PMTCT and HTC in stock and no stock outs of >1 week in the last 12 months | Health Facility Accreditation Survey | Global Fund Irish AID NAC others | MOHSW |
| | <ul style="list-style-type: none"> Enact and implement laws and policies to regulate the procurement and quality of | Laws governing procurement of | Parliamentary act | Parliamentary act | Global Fund | Bureau of Standards |

| MANAGEMENT AND COORDINATION: | | | | | | |
|--|--|--|---|------------------------------|------------------------------|--------------------------------|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Source of Funding | Responsible Organisation |
| | drugs, diagnostics and other commodities entering the country | quality drugs and diagnostic equipment enacted by end of 2007 | | | NAC Others | NAC MOHSW |
| 3. To create mechanisms for partnerships among civil society organisations, public sector, private sector and development partners by 2007 | <ul style="list-style-type: none"> Strengthen the HIV and AIDS Forum in accordance with the provisions of the National AIDS Commission Act, 2005 | HIV and AIDS Forum actively providing guidance to NAC activities | Number of meetings held | Minutes of meetings held | NAC UNDP | NAC |
| | <ul style="list-style-type: none"> Promote and support community-based responses in prevention, treatment, care and support and impact mitigation | Mitigation services accessible to 90% of those legible | Number of individuals and families accessing services | Programme reports Surveys | NAC Global Fund Others | Department of Social Services |
| | <ul style="list-style-type: none"> Facilitate strengthening and support of community based organisations and community council structures to better respond to the epidemic | 90% of registered Civil Societies capacitated | %age of Civil Society capacitated | NAC Annual report | Global Fund NAC UNAIDS | NAC/ All implementing partners |
| | 3. Promote a demand driven support system at community, | All districts to have register of | Numbers of civil society | M&E records | Global Fund, | NAC/ All |

| MANAGEMENT AND COORDINATION: | | | | | | |
|---|--|---|---|---|--|--------------------------|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVis | Means of Verification | Source of Funding | Responsible Organisation |
| | 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 in 2004. | Civil Society organisation and information on their capacity needs and gaps | organisations in each district. Numbers who attend district coordination meetings | District coordination reports | European Union NAC GTZ Others | implementing Partners |
| | <ul style="list-style-type: none"> Involve PLWHAs in the design, implementation and evaluation of response interventions | 100% of all districts to have PLWHAs as members of the DAC by 2008 | % of districts with PLWHAs in the DAC | District Coordination Reports | Global Fund NAC | NAC |
| | <ul style="list-style-type: none"> Institute division of labour among partners in accordance with their comparative advantage | All implementing partners to have signed a MoU on coordination with NAC | % of partners who have signed the MoU with NAC | % of Partners contributing data through the national M&E system | Global Fund NAC | NAC |

| MANAGEMENT AND COORDINATION: | | | | | | |
|---|--|---|--|--|---------------------------------------|--|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVis | Means of Verification | Source of Funding | Responsible Organisation |
| | <ul style="list-style-type: none"> Promote and strengthen the establishment of private-public partnerships (PPP) Forster collaboration and synergy among all sectors – public, private, civil society and development partners | Collaboration established between public and private sectors in provision of services | % of private sector organisations contributing to HIV and AIDS interventions | % of private sector reporting their activities through the national M&E system | Global Fund Irish AID EU NAC | NAC |
| | <ul style="list-style-type: none"> Promote collaboration between traditional healers and conventional medical practitioners | 75% of traditional healers registered | % of traditional healers participating in HIV & AIDS training | DAC reports Minutes of meetings among traditional healers | NAC Global Fund | NAC MOHSW Traditional Healers' Association |
| | <ul style="list-style-type: none"> Promote collaboration and partnership with Faith Based Organisations | 100% of FBO sign MoU with NAC | % of FBO signed MoU with NAC | Coordination reports Register of partners | Global Fund NAC | NAC CHAL LIRAC |
| 4. To strengthen the capacity for | <ul style="list-style-type: none"> Collaborate with all key partner groups (public sector, civil | 90% of partners | % of partners who | | | |

| MANAGEMENT AND COORDINATION: | | | | | | |
|---|---|---|--|--|---|--|
| STRATEGIC OBJECTIVE: To effectively manage all resources and coordinate the implementation of the NSP | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Source of Funding | Responsible Organisation |
| coordination of the national HIV and AIDS response at national, district and community levels by 2006 | society, development partners and private sector) to develop transparent coordination mechanisms and plans | buy in the NSP and sign MOU for Coordination | have aligned their plans with the NSP. % of partners who report their activities through the national M&E framework | Survey | Global Fund NAC Others | NAC MOLG NGOs and All implementing partners. |
| | <ul style="list-style-type: none"> Promote and support the mainstreaming of HIV and AIDS into all sector policies, plans, budgets, activities and programmes | 100% of public and 75% of private sector main streams HIV and AIDS in their development plans | % of major private and public sector organisations main streaming HIV and AIDS in their plans | Surveys Activity reports M&E reports | Global Fund NAC Irish AID | NAC |

| EVIDENCE BASED DECISION MAKING: STRATEGIC OBJECTIVE: To provide strategic information to guide the response | | | | | | |
|--|---|---|---|--|------------------------------------|---|
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| 1. To initiate continuous human resource development programmes for HIV and AIDS research by 2006 | <ul style="list-style-type: none"> Collaborate with internal and external partners to develop human and technical capacity to undertake HIV and AIDS research | <ul style="list-style-type: none"> To establish a Research Agenda by Mid 2007 To establish research fund to support value adding research | <ul style="list-style-type: none"> Research agenda developed Research fund established Research management protocols developed | Programme Development reports from NAC. Existence of the research management protocols. | NAC Others to be identified | NAC |
| 2. To develop programmes for biomedical and social research by 2007 in order to guide national HIV and AIDS policy and interventions | <ul style="list-style-type: none"> Establish a prioritized HIV and AIDS research agenda | Develop a research agenda to address at least five priority areas | Research agenda used to direct research | Research reports | NAC Other to be identified | NAC |
| | <ul style="list-style-type: none"> Commission research on issues such as circumcision, traditional medicine, vaccine development, adult and infant nutrition in HIV infection. | At least two research studies annually | Number of research studies commissioned annually | Research management reports | NAC and others to be identified | NAC NUL & other Research Institutions to be identified |
| | <ul style="list-style-type: none"> Undertake research on the impact of HIV and AIDS on the public | At least one study | Number of studies | Research | | NAC |

| <i>EVIDENCE BASED DECISION MAKING:</i> STRATEGIC OBJECTIVE: To provide strategic information to guide the response | | | | | | |
|---|---|--|---|--|----------------------------------|--|
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | and private sector | | commissioned | management reports | NAC; and others to be identified | NUL & other Research Institutions to be identified |
| | <ul style="list-style-type: none"> Develop mechanisms for ethical review of all HIV and AIDS research | Research Ethical Committee established /strengthened | Number of studies sanctioned by the Ethical Committee | Report on the establishment of Ethical committee | NAC | NAC MOHSW NUL |
| | <ul style="list-style-type: none"> Foster collaboration with traditional healers to conduct research on traditional medicine for the management of HIV and AIDS. | At least one study a year commissioned | Number of studies commissioned pr year | Progress reports M&E reports | NAC and others to be identified | NAC MOHSW NUL |
| | <ul style="list-style-type: none"> Conduct surveillance of HIV trends in the country | One HIV surveillance annually | Surveillance undertaken | Surveillance Reports | NAC Global Fund | NAC MOHSW |

| EVIDENCE BASED DECISION MAKING: STRATEGIC OBJECTIVE: To provide strategic information to guide the response | | | | | | |
|--|---|---|--|---|---------------------------|--|
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| 3. Establish and implement a Monitoring and Evaluation system for HIV and AIDS by 2006 | <ul style="list-style-type: none"> Build Capacity of national and district level M&E officers | All districts to have adequate monitoring and evaluation capacity by end of 2006 | Number of M&E Officers trained M&E courses conducted Quality of M&E data | <ul style="list-style-type: none"> M&E programme reports M&E course reports Data collection | Global Fund NAC | NAC |
| | <ul style="list-style-type: none"> Implement national M&E plan | M&E Plan Operational by end of 2006 | % of organisations contributing to M&E reports | M&E reports | Global Fund NAC | NAC MOHSW Others |
| | <ul style="list-style-type: none"> Regularly disseminate information on successful national and international developments in the fight against HIV and AIDS | <ul style="list-style-type: none"> Establishment of M&E central depository by end 2006 Establishment of an M&E website and newsletter | Number of individuals accessing website Number of prescribers to the newsletter | Website access reports Reviews of the newsletter | NAC | NAC Global Fund Other to be identified |

PREVENTION STRATEGIES

GOAL: Increased awareness of HIV and its prevention, capacity to protect oneself and sexual partners, greatly reduced transmission of HIV from mother to child and occupational exposure, and negligible transmission from blood transfusion. (Table on the following page.)

| BEHAVIOUR CHANGE COMMUNICATION: STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|---|---|--|--|---|---|---------------------------------|
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| 1. To increase the percentage of men and women who have correct knowledge about the prevention of sexual transmission of HIV infection to 80% by 2011 | <ul style="list-style-type: none"> Develop a national HIV behaviour change strategy to address the key factors in the spread of the epidemic and wage war against stigma | Strategy developed by 2007 | Strategy document | <ul style="list-style-type: none"> Strategy document | NAC Global Fund Others to be identified | NAC MOHSW |
| | <ul style="list-style-type: none"> Ensure that IEC material is disseminated nationwide including hard to reach areas, and that messages are culturally acceptable, gender sensitive, age suitable, and address issues that drive the epidemic in Lesotho | 98% of population aged 15-49 exposed to HIV and AIDS media | <ul style="list-style-type: none"> % of population aged 15-49 exposed to HIV and AIDS media | <ul style="list-style-type: none"> Surveys | WHO NAC Global Fund | NAC MOHSW Other partners |
| 2. To reduce the percentage of young men and | <ul style="list-style-type: none"> Promote formal teaching of HIV and AIDS with emphasis on abstinence, gender issues and fight against stigma in primary | 100% of schools with teachers | <ul style="list-style-type: none"> % of schools with teachers who have been trained in | MOET Survey | UNICEF NAC | MOE NAC |

| BEHAVIOUR CHANGE COMMUNICATION: STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|--|---|---|---|--|--|--|
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| women who have had two or more sexual partners in the last 12 months to 20% by 2011 among men, and to 15% by 2011 among women. | and secondary schools | who have been trained in life-skills-based HIV and AIDS education and who taught it during the last academic year | life-skills-based HIV and AIDS education and who taught it during the last academic year | | MOHSW | |
| | <ul style="list-style-type: none"> Promote Youth-friendly health services where youth can obtain information and be tested for sexually transmitted infections and HIV and where personnel are trained to work compassionately with young people | 100% of districts with youth friendly health services | % of districts with youth friendly health services | <ul style="list-style-type: none"> Programme reports Surveys | <ul style="list-style-type: none"> Global Fund NAC Others | <ul style="list-style-type: none"> NAC MOET MOHSW Others |
| | <ul style="list-style-type: none"> Promote pro-active parental leadership in the upbringing of children | 100% of parents report | %age of parents reached | Programme reports | NAC | MOHSW NAC |
| 3. To reduce the percentage of young men and women who commence sexual intercourse | <ul style="list-style-type: none"> Promote Life Skills education in primary, secondary and tertiary schools and target out-of-school youth | 100% of schools with teachers who have been trained in life-skills-based HIV | <ul style="list-style-type: none"> % of schools with teachers who have been trained in life-skills-based HIV and AIDS education and who taught it during | MOET Survey | UNICEF NAC MOHSW | MOET NAC |

| BEHAVIOUR CHANGE COMMUNICATION: STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|--|--|---|---|---|---------------------------|--------------------------------|
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| before the age of 15 years to 15% by 2011 among men and to 10% by 2011 among women. | | and AIDS education and who taught it during the last academic year | the last academic year | | | |
| | <ul style="list-style-type: none"> Promote Peer education programmes among out-of-school youth | 75% of youths out of school reached with peer education interventions | <ul style="list-style-type: none"> % of youths out of school reached with peer education interventions | BSS Survey | NAC Global Fund | Dept of Welfare NAC |
| | <ul style="list-style-type: none"> Involve media, private sector, public sector, leadership at all levels, professionals, churches, educational institutions, youth, and PLWHAs in behaviour change programmes with special emphasis on de-stigmatization | 98% of population aged 15-49 exposed to HIV and AIDS media campaigns | <ul style="list-style-type: none"> % of population aged 15-49 exposed to HIV and AIDS media campaigns | <ul style="list-style-type: none"> Surveys | WHO NAC Global Fund | NAC MOHSW Other partners |
| 4. To increase the usage of condoms in higher risk sexual intercourse among young men and women to 80% | <ul style="list-style-type: none"> Develop and implement publicity and public relations strategies aimed at managing stigmatizing myths and perceptions | 100% of the general population with accepting attitudes towards people living | % of general population with accepting attitudes towards people living with HIV and AIDS | <ul style="list-style-type: none"> Surveys | NAC World Bank (MDG) | NAC Implementing partners |

| BEHAVIOUR CHANGE COMMUNICATION: STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|--|---|--|--|--|--|--------------------------|
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| by 2011 | | with HIV and AIDS | | | | |
| | <ul style="list-style-type: none"> Promote employment arrangements that avoid posting of spouses to separate places | 90% of public and private sector employers with policies in place that avoid posting of spouses to separate places | % of public and private sector employers with policies in place that avoid posting of spouses to separate places | <ul style="list-style-type: none"> Surveys | <ul style="list-style-type: none"> Global Fund NAC | NAC |
| | <ul style="list-style-type: none"> Develop an outreach peer education programme for commercial sex workers, including HIV information, behaviour change messages and condom distribution | 100% of sex workers reporting been exposed to peer education interventions | <ul style="list-style-type: none"> % of sex workers reporting having been exposed to peer education interventions | <ul style="list-style-type: none"> Survey | <ul style="list-style-type: none"> NAC Others | NGOs MOHSW |
| <ul style="list-style-type: none"> Increase access to, and correct usage of male and female condoms | 90% of Basotho aged 15-49 report ever been taught to use a condom | <ul style="list-style-type: none"> % of Basotho aged 15-49 report ever been taught to use a condom | <ul style="list-style-type: none"> Surveys | <ul style="list-style-type: none"> WHO UNICEF Global Fund | MOHSW NGOs | |

| BEHAVIOUR CHANGE COMMUNICATION: STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|--|--|--|--|---|--|--|
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | <ul style="list-style-type: none"> Facilitate access to condoms in all known high transmission areas | 100% of villages in Lesotho to have condom distribution access points | % of villages in Lesotho that have condom distribution access points | <ul style="list-style-type: none"> Condom distribution reports | <ul style="list-style-type: none"> Global Fund NAC | <ul style="list-style-type: none"> NAC MOHSW |
| | <ul style="list-style-type: none"> Provide sustained accurate information about condoms, promote acceptance, attitudes, perceptions, and sustained use of condoms | 80% of men and women aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner | % of men and women aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner | <ul style="list-style-type: none"> Surveys | <ul style="list-style-type: none"> NAC Global Fund | NAC NGOs |
| | <ul style="list-style-type: none"> Promote the use of condoms as a dual means of contraception and protection against sexually transmitted infections | 90% of Basotho aged 15-49 report ever having been taught to use a condom | <ul style="list-style-type: none"> % of Basotho aged 15-49 report who have been taught to use a condom | <ul style="list-style-type: none"> Surveys | <ul style="list-style-type: none"> WHO UNICEF Global Fund | MOHSW NGOs |
| | <ul style="list-style-type: none"> Promote de-stigmatization in all BCC messages | 100% of the general | % of the general population with | Surveys | NAC World Bank | NAC |

| <i>BEHAVIOUR CHANGE COMMUNICATION:</i> STRATEGIC OBJECTIVE: To promote safe sexual behaviour | | | | | | |
|---|-------------------|---|---|------------------------------|---------------------------|---------------------------------|
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| | | population with accepting attitudes towards people living with HIV and AIDS | accepting attitudes towards people living with HIV and AIDS | | (MDG) | Implementing partners |

| <i>HIV TESTING AND COUNSELLING</i> | | | | | | |
|--|--|---|---|---|--|---------------------------------|
| STRATEGIC OBJECTIVE: To promote HIV Testing and Counselling as a gateway to prevention and other HIV and AIDS services | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| To increase the proportion of Basotho aged 12 years and above who know their HIV status from 5.9% in 2005 to 80% in 2011 | <ul style="list-style-type: none"> Implement the "Know Your Status" campaign to provide HIV testing to members of all households in Lesotho | 100% of men and women aged 15-49 reporting to have received a HIV test results in the last 12 months by 2011 | <ul style="list-style-type: none"> % of men and women aged 15-49 reporting to have received a HIV test results in the last 12 months | <ul style="list-style-type: none"> survey | Global Fund NAC Others | MOHSW NAC MOLG |
| | <ul style="list-style-type: none"> Strengthen current HIV diagnostic testing services to complement the KYS | 100% of designated facilities surveyed with diagnostics for HTC in stock and no stock outs of >1 week in the last 12 months by 2011 | % of designated facilities surveyed with diagnostics for HTC in stock and no stock outs of >1 week in the last 12 months by 2011 | NDSO Drug stock survey | <ul style="list-style-type: none"> Global Fund NAC Others | MOHSW CHAL NGOs |
| | <ul style="list-style-type: none"> Sustain existing services beyond 2007 and continue to scale up strategies implementing improvements based on | 100% of health facilities offering | <ul style="list-style-type: none"> % of health facilities offering HTC by 2011 | <ul style="list-style-type: none"> Programme reports | Global Fund | MOHSW NAC |

| <i>HIV TESTING AND COUNSELLING</i> | | | | | | |
|--|----------------------------------|-------------|-----|-----------------------|--------------------|--------------------------|
| STRATEGIC OBJECTIVE: To promote HIV Testing and Counselling as a gateway to prevention and other HIV and AIDS services | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | lessons learned in the campaign. | HTC by 2011 | | | NAC Others | MOLG |

| <i>TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS (STI)</i> | | | | | | |
|---|---|--|--|---|---|--------------------------|
| STRATEGIC OBJECTIVE: To reduce STI-related transmission of HIV | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| 1. To ensure that by 2010 eighty (80%) of women and men attending health care facilities for STI are appropriately diagnosed, treated and counselled. | <ul style="list-style-type: none"> Improve the coordination and management of STIs | 100% of health facilities offering STI services by 2011 | <ul style="list-style-type: none"> % of health facilities offering STI services by 2011 | <ul style="list-style-type: none"> Programme reports | <ul style="list-style-type: none"> WHO Global Fund NAC | MOHSW |
| | <ul style="list-style-type: none"> Widely promote the awareness for STI and its significance in HIV transmission | 90% of Basotho men and women aged 15-49 surveyed correctly providing at least 1 symptom of STI | % of Basotho men and women aged 15-49 surveyed correctly providing at least 1 symptom of STI | Survey | As above | As above |

| <i>TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS (STI)</i> | | | | | | |
|--|---|---|--|------------------------------|--------------------|--------------------------|
| STRATEGIC OBJECTIVE: To reduce STI-related transmission of HIV | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | <ul style="list-style-type: none"> Ensure technical capacity and guidelines for the management of STI | 100% of clients appropriately diagnosed and treated for STIs according to national guidelines | % of clients appropriately diagnosed and treated for STIs according to national guidelines | STI care assessment | Ditto | Ditto |
| | <ul style="list-style-type: none"> Strengthen STI surveillance to determine the size of the STI problem | Biennial STI/HIV surveillance among pregnant women conducted | STI surveillance conducted | Sentinel surveillance report | Ditto | Ditto |
| | <ul style="list-style-type: none"> Integrate STI with other primary health care services in order to obviate the need for additional staff dedicated to STI management | 100% of primary health care facilities offering STI treatment | % of primary health care facilities offering STI treatment | MOHSW report | Ditto | Ditto |

| <i>Prevention of Mother to Child Transmission of HIV</i> | | | | | | |
|--|--|---|---|-----------------------|--------------------|--------------------------|
| STRATEGIC OBJECTIVE: To reduce childhood HIV infection | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| To increase the proportion of HIV positive pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT to 80% by 2010 | Strengthen the human resource capacity at the antenatal clinics to be able to deliver PMTCT services efficiently in all health facilities. | 100% of all facilities that offer ANC offer PMTCT service by 2010 | % of ANC facilities offering PMTCT services | MOHSW report | Global Fund GOL | MOHSW |
| | | 80% of HIV infected pregnant women receive a complete course of ARV prophylaxis to reduce the risk of PMTCT | % of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of PMTCT | MOHSW reports | Global Fund GOL | |
| | PMTCT to be integrated into all routine maternal and child health services | PMTCT integrated into all routine MCH services | % of facilities offering MCH that have integrated PMTCT | MOHSW report | Global Fund | MOHSW |

| <i>Prevention of Mother to Child Transmission of HIV</i> | | | | | | |
|--|---|---|--|-----------------------|--------------------|--------------------------|
| STRATEGIC OBJECTIVE: To reduce childhood HIV infection | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | Strengthen community education and actively promote the concept and services for PMTCT Standardise options for infant feeding for mothers who are HIV infected | 100% of all pregnant women have been educated on PMTCT services through community interventions | % of pregnant women counselled for PMTCT at ANC facilities | MOHSW report | Global Fund | MOHSW |
| | Promote male involvement in reproductive health services including PMTCT | 100% uptake of PMTCT+ services by men | % of HIV infected men provided with ART at PMTCT+ facilities | MOHSW report | Global Fund | MOHSW |

| <i>Blood Tissue and Safety</i> | | | | | | |
|--|--|---|---|------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To further improve the safety of donated blood | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure that the proportion of transfused blood screened for HIV remains at 100% | Establish more rigorous blood donor screening procedures | 100% of transfused blood units screened for HIV | % of transfused blood units screened for HIV | NBTS report | MOHSW | NBTS |
| | Promote regular blood donation among youth. | 80% of blood transfused is donated by youth under the age of 25 | % of blood units donated by youth under the age of 25 | NBTS report | MOHSW | NBTS |

| <i>Universal Precautions and Post Exposure Prophylaxis</i> | | | | | | |
|--|---|--|---|--------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To prevent infection through accidental exposure to HIV | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To provide access to 80% of all those occupationally exposed to | Strengthening the education of health workers and law enforcement officers. | 100% of all health facilities and police posts have at least | % of all health facilities and police posts have at least | MOHSW/ Home affairs reports | Global Fund NAC | MOHSW |

| <i>Universal Precautions and Post Exposure Prophylaxis</i> | | | | | | |
|---|--|---|--|---|---------------------------|--------------------------|
| STRATEGIC OBJECTIVE: To prevent infection through accidental exposure to HIV | | | | | | |
| Objectives | Strategies | Targets | OVis | Means of Verification | Sources of Funding | Responsible Organisation |
| HIV infection by 2007 | | 2 people that have received training on PEP | 2 people that have received training on PEP | | | |
| | Expand the PEP services to all health facilities | 100% of health facilities offering PEP | % of health facilities offering PEP | MOHSW reports | Global Fund | MOHSW |
| | Ensure availability of protective material at all times and PEP at all health facilities and the community | 100% of health facilities report no stock outs of protective material and PEP drugs of > 1 week in the last 12 months | % of health facilities report no stock outs of protective material and PEP drugs of > 1 week in the last 12 months | NDSO report | Global Fund GOL NAC | MOHSW |
| To provide access to 80% of those exposed through rape, occupational exposure and accident situations requiring PEP by 2007 | Strengthen community education on PEP and infection control procedures | 100% of all villages have been reached with community education on PEP and infection control procedures | % of all villages have been reached with community education on PEP and infection control procedures | MOHSW reports NAC reports Global Fund reports | Global Fund NAC | MOHSW |

| <i>Universal Precautions and Post Exposure Prophylaxis</i> | | | | | | |
|--|---|--|---|-----------------------|--------------------|--------------------------|
| STRATEGIC OBJECTIVE: To prevent infection through accidental exposure to HIV | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| | Training of all personnel, including police officers, who handle rape and accidents | 100% of all personnel that handle rape and accidents have been trained on the provision of PEP | % of all personnel that handle rape and accidents have been trained on the provision of PEP | MOHSW reports | Global Fund NAC | MOHSW |
| | Provide Hepatitis B prophylaxis for health workers | 100% of health facilities able to provide Hep B prophylaxis for all health workers that require it | % of health facilities able to provide Hep B prophylaxis for all health workers that require it | MOHSW reports | Global Fund NAC | MOHSW |

TREATMENT CARE AND SUPPORT

GOAL: Universal access to quality services for the prevention and management of opportunistic infections, tuberculosis, antiretroviral therapy and home-based treatment and care

| <i>OPPORTUNISTIC INFECTIONS, ANTIRETROVIRAL THERAPY, HOME-BASED CARE</i> | | | | | | |
|---|--|---|---|----------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To provide universal access to treatment, care and support services | | | | | | |
| Objectives | Strategies | Targets | OVis | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure that by 2007 80% of patients attending Primary Health Care centres are managed in accordance with national technical guidelines and protocols | Ensure availability and use of treatment guidelines and standards in all health facilities | 100% of all facilities that offer ART have guidelines and standards available for use | % of all facilities that offer ART, have guidelines and standards available for use | MOHSW reports | NAC GOL | MOHSW |
| To increase the proportion of women and men with advanced HIV | Provide an integrated service with inbuilt referral mechanisms between various HIV and AIDS services (opportunistic infections, tuberculosis, ART, HTC, PMTCT, home-based care, nutrition) | 100% of health facilities have integrated HIV and AIDS services | % of health facilities with integrated HIV and AIDS services | MOHSW | GOL Global Fund NAC | MOHSW |
| | Ensure uninterrupted supply of all drugs for the treatment of HIV-related conditions | 100% of health facilities offering HIV and AIDS services have | % of health facilities offering HIV and AIDS services have | NDSO Drug stock survey report | GOL Global Fund | MOHSW |

| <i>OPPORTUNISTIC INFECTIONS, ANTIRETROVIRAL THERAPY, HOME-BASED CARE</i> | | | | | | |
|---|---|--|--|------------------------------|---------------------------------------|---|
| STRATEGIC OBJECTIVE: To provide universal access to treatment, care and support services | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| infection who receive antiretroviral combination therapy to 80% by 2010 | | drugs in stock and report no stocks outs lasting >1 week in the past 12 months | drugs in stock and report no stocks outs lasting >1 week in the past 12 months | | NAC | |
| | Strengthen paediatric ARV treatment services | 100% of HIV infected children receiving ART | % of HIV infected children receiving ART | MOHSW report | GOL Global Fund NAC | MOHSW |
| To ensure that HIV drug monitoring system is established by 2011 | Develop and implement a monitoring system for HIV drug resistance | Monitoring system for drug resistance developed by 2007 | Monitoring system in place | MOHSW | GOL Global Fund NAC | MOHSW |
| To improve the quality of Home-based care services so that by 2008 all home-based care is | Implement community home-based care interventions | 100% of households with chronically ill have received, free basic external support in caring for the | % of chronically ill people whose households have received, free basic external support in | DHS survey | GOL Irish AID UN Global Fund | NAC/MOHSW and All implementing partners |

| <i>OPPORTUNISTIC INFECTIONS, ANTIRETROVIRAL THERAPY, HOME-BASED CARE</i> | | | | | | |
|--|---|--|---|------------------------|---------------------------|---|
| STRATEGIC OBJECTIVE: To provide universal access to treatment, care and support services | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| in accordance with prescribed national standards | | chronically ill person | caring for the chronically ill person | | | |
| | Improve the capacity of community home-based care givers | 100% of programmes providing CHBC have trained care givers | % of programmes providing CHBC that have trained care givers | Home-based care survey | GOL Global Fund NAC | NAC/MOHSW and All implementing partners |
| | Promote the involvement of men in home-based care and support | 100% of community home-based care programmes have at least one man who is a care giver | % of community home-based care programmes have at least one man who is a care giver | Home-based care survey | GOL Global Fund NAC | NAC |

| <i>TB/HIV</i> | | | | | | |
|--|--|---|---|----------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To decrease the burden of Tuberculosis and HIV in populations affected by both diseases. | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To establish mechanisms for collaboration between programmes for tuberculosis and those for HIV and AIDS by 2006 | Establish a coordinating body for TB/HIV activities, to be effective at all levels | NTP fully functional | NTP institutional Capacity Index score | NTP institutional Capacity Index | Global Fund | MOHSW |
| | Conduct surveillance of HIV prevalence among tuberculosis patients | Annual survey of HIV prevalence among TB patients conducted | Annual surveillance report | Surveillance report | GOL Global Fund | MOHSW |
| | Carry out joint TB/HIV planning | NTP, MOHSW and NAC plan annual TB/HIV activities jointly | NTP, MOHSW and NAC plans are integrated | NTP, MOHSW and NAC plans | GOL NAC | MOHSW NTP |
| | Conduct monitoring and evaluation of TB/HIV collaborative activities | Annual survey of HIV prevalence | Annual surveillance report | Surveillance report | GOL Global | MOHSW |

| <i>TB/HIV</i> | | | | | | |
|---|---|---|--|-------------------|-----------------------|--------------|
| STRATEGIC OBJECTIVE: To decrease the burden of Tuberculosis and HIV in populations affected by both diseases. | | | | | | |
| | | among TB patients conducted | | | Fund | |
| To decrease by 100% the burden of tuberculosis in people living with HIV and AIDS by 2010 | Provide TB services as standard management of HIV infected patients | 100% TB treatment success rate among HIV infected patients | TB treatment success rate | NTP annual report | GOL Global Fund | NTP MOHSW |
| | Establish intensified tuberculosis case-finding Ensure tuberculosis infection control in health care and congregate settings | Case detection rate increased to 100% | Case detection rate | NTP annual report | GOL Global Fund | NTP |
| | Provide HIV and AIDS services as standard management of TB infected patients | 100% of health facilities offering integrated TB and HIV services | % of health facilities offering integrated TB and HIV services | MOHSW reports | Global Fund GOL | NTP MOHSW |
| | Provide HIV testing and counselling | 100% of TB patients tested for HIV | % of TB patients tested for HIV | NTP report | GOL Global Fund | NTP MOHSW |

IMPACT MITIGATION

GOAL: Increased access and availability of social and psychological safety nets to all individuals and households affected by HIV and AIDS, and protection of OVC, women and girls.

| HIV-AFFECTED HOUSEHOLDS, ORPHANS AND VULNERABLE CHILDREN | | | | | | |
|--|---|---|---|-------------------------------------|---------------------------|---|
| STRATEGIC OBJECTIVE: To support households affected by HIV and AIDS, including Orphans and other Vulnerable Children | | | | | | |
| Objectives | Strategies | Targets | OVis | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure that legislation and policies to protect the rights of Orphans and Vulnerable Children are implemented by 2007 | Enact and enforce legislation that protects OVC against sexual abuse, character humiliation, child labour, property captivity and other abuse | Legislation enacted that protects OVC by 2007 | Legislative act | Legislative act | GOL | NAC Law Office Parliament LMPS |
| | Establish programmes and support mechanisms for keeping OVC in school | Ratio of orphans and non-orphans in school maintained as 1:1 | Ratio of orphans and non-orphans in school | MOET survey | GOL Global Fund | NAC MOET |
| | Introduce mentorship and coaching programmes for OVC | Mentoring and coaching programme for registered OVC established by 2007 | Mentoring and coaching programme for registered OVC established | Department of Social Welfare Report | GOL NAC UNICEF | Dept of Social Welfare Implementing Partners |
| | Establish a basic support package for | Basic support | Policy document on | Department of | GOL | Dept of |

| HIV-AFFECTED HOUSEHOLDS, ORPHANS AND VULNERABLE CHILDREN | | | | | | |
|--|---|--|---|------------------------------|---------------------------|--|
| STRATEGIC OBJECTIVE: To support households affected by HIV and AIDS, including Orphans and other Vulnerable Children | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| | households with OVC | package for households with OVC established by 2007 | Basic support package for households with OVC established by 2007 | Social Welfare Report | NAC UNICEF | Social Welfare/ Implementing Partners |
| | Establish non-stigmatising mechanisms for registration of OVC | Orphan register established by 2007 | Orphan register | Orphan register | Global Fund | Dept of Social Welfare/Implementing Partners |
| To increase the proportion of OVC households receiving free basic external support to 80% in 2011 | Establish criteria and basic assistance package for those in serious need of direct assistance | 80% of households with OVC receive free basic external support | % of households with OVC who receive free basic external support | DHS | GOL Global Fund NAC | NAC/ Implementing Partners |
| | Facilitate household access to food through self-help food production and other economic activities | 80% of households with OVC receive free basic external support | % of households with OVC who receive free basic external support | DHS | GOL Global Fund NAC | NAC/ Implementing Partners |

| HIV-AFFECTED HOUSEHOLDS, ORPHANS AND VULNERABLE CHILDREN | | | | | | |
|--|--|---|---|------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To support households affected by HIV and AIDS, including Orphans and other Vulnerable Children | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| | | support | | | | |
| | Support and strengthen community safety nets | 80% of households with OVC receive free basic external support | % of households with OVC who receive free basic external support | DHS | GOL Global Fund NAC | NAC/ Implementing Partners |
| To ensure that 80% of OVC have access to care and psychosocial support by 2010 | Support and strengthen community safety nets | 80% of households with OVC have access to care and psychosocial support | % of households with OVC have access to care and psychosocial support | DHS | GOL Global Fund NAC | NAC/ Implementing Partners |
| | Provision of updated register of OVC | Ditto | Ditto | Ditto | Ditto | |

| PEOPLE LIVING WITH HIV AND AIDS | | | | | | |
|---|---|--|--|------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To reduce deterioration of socio economic status of PLWHAs | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure that 80% of PLWHAs have access to care and psychosocial support by 2010 | Strengthen governance capacity of LENEPWHA structures at all levels | 100% of LENEPWHA structures have executive committees | % of LENEPWHA structures that have executive committees | NAC Reports | Global Fund NAC | NAC LENEPWHA |
| | Strengthen home-based care for PLWHAs | 100% of villages have home-based care programmes | % of villages with home-based care programmes | LENEPWHA reports | NAC Global Fund | NAC LENEPWHA |
| To provide support to alleviate deterioration of living conditions of 80% of PLWHAs by 2010 | Improve competencies of member organisations and individuals in undertaking self-help schemes | 100% of member organisations have received training in undertaking self-help schemes | % of member organisations that have received training in undertaking self-help schemes | LENEPWHA reports | NAC Global Fund | NAC LENEPWHA |
| | Promote involvement of PLWHAs in economic ventures | 100% of support groups have implemented IGA | % of support groups that have implemented IGA | NAC reports | NAC, Global Fund | NAC LENEPWHA |

VULNERABLE POPULATION GROUPS

WOMEN AND GIRLS

Goal: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS on Women and Girls

| WOMEN AND GIRLS | | | | | | |
|---|--|---|--|------------------------------|---------------------------|---------------------------------|
| STRATEGIC OBJECTIVE: To address gender inequalities to HIV infection and the impact of HIV and AIDS | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure that by 2008 legislation and policies and programmes are in place to address issues of girls education, violence against women, property and inheritance rights, putting value to women's care work and access to HIV and AIDS treatment and care | Promote enrolment and retention of girls in schools at all levels | Ratio of girls vs boys enrolled in primary and secondary schools is 1:1 | Ratio of girls vs boys enrolled in primary and secondary schools | MOET survey | GOL | MOET |
| | Strengthen legal and social sanctions against gender violence | Sexual offences act enacted by 2007 | Sexual offences legislation enacted | Legislative document | GOL | Parliament |
| | Ensure equal access to treatment and care for women and girls affected by HIV and AIDS | % of HIV infected men receiving ART compared to% of HIV infected women receiving ART is 1 by 2010 | % of HIV infected men receiving ART compared to% of HIV infected women receiving ART | | Programme reports | GOL, Global Fund |

| WOMEN AND GIRLS | | | | | | |
|--|--|--|---|------------------------------|---------------------------|-----------------------------------|
| STRATEGIC OBJECTIVE: To address gender inequalities to HIV infection and the impact of HIV and AIDS | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| | Support HIV infected women and their organisations and networks | 80% of women support groups provided with funds | % of women support groups provided with funds | Programme reports | GOL, Global Fund | NAC |
| | Ensure that victims of property grabbing and custody disputes have access to affordable legal support services | 100% of all victims of property grabbing and custody disputes have access to affordable legal support services | % of all victims of property grabbing and custody disputes have access to affordable legal support services | Programme reports | GOL | Ministry of Justice/ Home affairs |

PRISONERS

GOAL: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS among inmates of correctional institutions

| <i>PRISONERS</i> | | | | | | |
|---|--|---|---|---|--------------------|-------------------------------|
| <i>STRATEGIC OBJECTIVE:</i> To provide appropriate HIV and AIDS services to inmates of correctional institutions | | | | | | |
| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure access to HIV and AIDS services for prevention, treatment, care, support and impact mitigation for inmates in all correctional institutions by 2007 | Develop and implement a correctional services HIV and AIDS policy | correctional services HIV and AIDS policy document developed by 2007 | correctional services HIV and AIDS policy | correctional services HIV and AIDS policy document | GOL, NAC | Dept of Correctional Services |
| | Development and implementation of an HIV and AIDS strategic plan for Correctional Services | HIV and AIDS strategic plan for Correctional Services developed by 2007 | HIV and AIDS strategic plan for Correctional Services | HIV and AIDS strategic plan for Correctional Services | GOL, NAC | Dept of Correctional Services |

SEX WORKERS

Goal: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS among sex workers

| <i>SEX WORKERS</i> | | | | | | |
|--|---|--|--|------------------------------|---------------------------|---------------------------------|
| <i>STRATEGIC OBJECTIVE:</i> To provide appropriate HIV and AIDS services to male and female sex workers | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure access to HIV and AIDS services for prevention, treatment, care, support and impact mitigation for male and female sex workers by 2007 | Develop and implement an HIV and AIDS outreach services for male and female sex workers | 80% of sex workers reporting accessing outreach services | % of sex workers reporting accessing outreach services | Survey | GOL, NAC | NAC MOHSW |

MIGRANT POPULATIONS

Goal: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS among migrant populations

| <i>MIGRANT POPULATIONS</i> | | | | | | |
|--|--|----------------------------------|--------------------|------------------------------|---------------------------|---------------------------------|
| <i>STRATEGIC OBJECTIVE:</i> To provide appropriate HIV and AIDS services to migrant populations | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure access to HIV and AIDS services for prevention, treatment, care, support and impact mitigation for migrant populations by 2007 | Develop and implement an HIV and AIDS policy for migrant populations | policy developed by 2007 | Operational Policy | Policy document | NAC | NAC MOEL |
| | Development and implementation of an HIV and AIDS strategic plan for migrant populations | strategic plan developed by 2007 | Strategic plan | Strategic plan | NAC | NAC MOEL |

PEOPLE WITH DISABILITIES

Goal: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS among people with disabilities

| PEOPLE WITH DISABILITIES | | | | | | |
|---|---|----------------------------------|--------------------|------------------------------|---------------------------|---|
| STRATEGIC OBJECTIVE: To provide appropriate HIV and AIDS services to people with disabilities | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To ensure access to HIV and AIDS services for prevention, treatment, care, support and impact mitigation for people with disabilities by 2007 | Develop and implement an HIV and AIDS policy for people with disabilities | policy developed by 2007 | Operational Policy | Policy document | NAC | NAC\Lesotho National Federation of Organisations for the Disabled (LNFOD) |
| | Development and implementation of an HIV and AIDS strategic plan for people with disabilities | strategic plan developed by 2007 | Strategic plan | Strategic plan | NAC | NAC LNFOD |

HERD BOYS

GOAL: Reduced Vulnerability to HIV infection and reduced Impact of HIV and AIDS among herd boy

| <i>HERD BOYS</i> | | | | | | |
|--|---|-----------------------------|--------------|------------------------------|---------------------------|--|
| <i>STRATEGIC OBJECTIVE:</i> To provide appropriate HIV and AIDS services to herd boys | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To provide appropriate HIV and AIDS services to herd boys | Development and implementation of an HIV and AIDS programme for herd boys | Programme developed by 2007 | Programme | Programme | NAC | NAC Relevant NGOs and other organisations |

HIV AND AIDS IN THE WORKPLACE

Goal: HIV competent workforce with access to HIV and AIDS services and absence of discrimination in the workplace

| <i>HIV AND AIDS IN THE WORKPLACE</i> | | | | | | |
|---|--|--|--|------------------------------|---------------------------|--|
| <i>STRATEGIC OBJECTIVE:</i> To effectively involve the workplace in the national response to HIV and AIDS | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| To increase the proportion of employers including government who have HIV and AIDS workplace policies and programmes to 80% by 2007 | Conduct national survey amongst workplace entities on HIV and AIDS interventions | National Workplace survey conducted biennially from 2007 | Number of national workplace surveys conducted | Workplace survey report | NAC/Global Fund | NAC NACOSH ALE MOEL |
| | Increase the knowledge of workplace management and workers on HIV and AIDS | 80% of workplaces whose management have been trained in managing AIDS in the workplace | % of workplaces whose management have been trained in managing AIDS in the workplace | Workplace survey report | NAC | NAC/Implementing Partners NACOSH ALE MOEL |
| | Promote workers' access to testing, treatment and care through the workplace | 100% of workplaces with HTC programmes or referrals for HTC | % of workplaces with HTC programmes or referrals for HTC | Workplace survey report | NAC | NAC/MOHSW/Implementing Partners NACOSH ALE MOEL, MOPS |

| <i>HIV AND AIDS IN THE WORKPLACE</i> | | | | | | |
|--|---|--|---|------------------------------|---------------------------|---------------------------------|
| <i>STRATEGIC OBJECTIVE:</i> To effectively involve the workplace in the national response to HIV and AIDS | | | | | | |
| Objectives | Strategies | Targets | OVI s | Means of Verification | Sources of Funding | Responsible Organisation |
| | Promote and support capacity building of workers' and employers' organisations to respond to the epidemic | 100% of employer and employees organisations that benefit from capacity building | % of employer and employees organisations that benefit from capacity building | NAC Report | NAC | NAC/Implementing Partners |
| | Support development of work policies that prevent separation of spouses | 100% of public and private sector workplace policies that prevent spousal separation | % of public and private sector workplace policies that prevent spousal separation | Workplace survey report | NAC | NAC/Implementing Partners |

CROSSCUTTING PROGRAMME ISSUES

Goal: Sufficient human resource, infrastructure, commodities and supplies for scaling up HIV and AIDS interventions

Strategic Objective: To ensure provision of Sufficient human resource, infrastructure, commodities and supplies for scaling up HIV and AIDS interventions

| Objectives | Strategies | Targets | OVI | Means of Verification | Sources of Funding | Responsible Organisation |
|---|--|--|---|--|--------------------|--------------------------|
| To implement the Health Sector Human Resources Development and Strategic Plan by 2006 | Put in place a mechanism for the implementation of the Health Sector Human Resources Development and Strategic Plan, 2005 – 2025 | Mechanism in place for the implementation of the Health Sector Human Resources Development and Strategic Plan, 2005 – 2025 by 2007 | Mechanism in place for the implementation of the Health Sector Human Resources Development and Strategic Plan | MOHSW report | WB, Irish AID, ADB | MOHSW |
| | Develop a standardised incentive package for voluntary community health workers | Standardised incentive package for voluntary community health workers developed | standardised incentive package for voluntary community health workers | standardised incentive package for voluntary community | NAC | MOHSW |

| Objectives | Strategies | Targets | OVI's | Means of Verification | Sources of Funding | Responsible Organisation |
|--|---|--|--|-------------------------|--------------------|--------------------------|
| | | by 2007 | | health workers document | | |
| To support the development of human resource capacity in all sectors | Assess HIV and AIDS human resource gaps in all sectors | Assessment conducted by 2007 | Assessment report | Assessment report | NAC | MOHSW |
| | Facilitate HIV and AIDS related capacity building in all sectors | 100% of sectors that have benefited from HIV and AIDS related capacity building | % of sectors that have benefited from HIV and AIDS related capacity building | NAC Report | NAC | MOHSW |
| INFRASTRUCTURE | | | | | | |
| To expand and rehabilitate facilities for provision of quality health services in line with national standards by 2011 | Develop and make budgetary provisions for infrastructure maintenance and replacement | 10% of recurrent MOHSW budget allocated to health infrastructure maintenance and replacement | % of recurrent MOHSW budget allocated to health infrastructure maintenance and replacement | MOHSW report | MOHSW | MOHSW |
| | Develop and implement a clearly costed and coordinated national infrastructure plan for health facilities | Clearly costed and coordinated national infrastructure plan | Clearly costed and coordinated national infrastructure plan | Plan | MOHSW | MOHSW |

| Objectives | Strategies | Targets | OVI's | Means of Verification | Sources of Funding | Responsible Organisation |
|--|--|--|--|------------------------------|--------------------|--------------------------|
| | | for health facilities developed by 2007 | for health facilities | | | |
| | Identify and secure funding for minimum equipment needs, including administrative and communication equipment in line with national standards, for all health facilities | Funding for minimum equipment needs, including administrative and communication equipment in line with national standards, for all health facilities secured by 2007 | Funding for minimum equipment needs, including administrative and communication equipment in line with national standards, for all health facilities | MOHSW budget | MOHSW | MOHSW |
| PROCUREMENT | | | | | | |
| To establish functioning decentralised financial and procurement systems by 2009 | Strengthen comprehensive systems for supply, procurement, storage, distribution and management of drugs, diagnostics and other HIV and AIDS related commodities | % of designated facilities surveyed with drugs and diagnostics for HIV, TB and STIs | Number of surveyed facilities | Survey reports on facilities | MOHSW | MOHSW |

| Objectives | Strategies | Targets | OVIs | Means of Verification | Sources of Funding | Responsible Organisation |
|------------|------------|---|------|-----------------------|--------------------|--------------------------|
| | | in stock and no stock outs of >1 week in the last 12 months | | | | |



This document is brought to you by:
National AIDS Commission
Red Cross Building, 23 Mabile Road,
Old Europa, Maseru
P O Box 11232, Maseru, 100, Lesotho
+266 2232 6794 (tel) +266 2232 7210 (facsimilie)
info@nas.org.ls