



*PERMANENT MISSION OF THE KINGDOM
OF LESOTHO TO THE UNITED NATIONS
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STATEMENT

BY

**THE RIGHT HONOURABLE PAKALITHA MOSISILI
PRIME MINISTER OF THE KINGDOM OF LESOTHO**

AT THE

HIGH LEVEL MEETING

ON THE

**COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN
REALIZING THE IMPLEMENTATION OF THE DECLARATION OF
COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON
HIV/AIDS**

8 JUNE 2011, NEW YORK

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**Mr. President,
Your Excellencies,
Distinguished Ladies and Gentlemen.**

Mr. President,

The world continues to experience enormous political, economic, social and health challenges. The International Community remains biased in addressing these challenges. Priority is given to political challenges, with the social and health challenges ranking last. That is why that old, bedridden and frail grandmother finds herself having to fend for her grandchildren, the parents having been decimated by the HIV and AIDS pandemic, due to lack of medication. And in other instances that young child being deprived of his childhood because he has to be a breadwinner for his siblings. Such is the gloom picture that stares us in the face. Together we need to stare back and understand the pain and suffering depicted in that face.

Mr. President,

The Kingdom of Lesotho is a Least-developed Country. She has limited resources and ranks amongst those worst hit by the HIV and AIDS pandemic in sub-Saharan Africa. Nonetheless, She remains faithfully committed to win the war against HIV and AIDS. Through Her meagre resources, She continues to aggressively address the plight of those of Her citizens, who are affected and or infected by HIV and AIDS. This lends credence to the commitment of Her to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

It is against this background that my delegation welcomes the convening of this High-Level Meeting. This meeting presents us with an opportunity, to take “stock” of the measures we have undertaken in our fight against HIV and AIDS since 2006. It is also an occasion to share ideas on the way forward until the war is won.

Mr. President,

I am pleased to inform this august assembly that the Kingdom of Lesotho has made and continues to make notable progress in Her comprehensive fight against the HIV and AIDS pandemic. Our strategy has been to fight the pandemic from all fronts. It is in this context that major progress has been noticed in the trends of the epidemic where prevalence stabilization has been noted particularly among young people. In order to continue to address prevention among youth the revised school curriculum, which includes reproductive health, HIV and AIDS as well as adolescent issues, is nearing completion. The cooperation and joint effort of the Ministries of Education and Health was critical to this end.

In the prevention of mother to child transmission, Lesotho observed tremendous progress of up to 81% coverage in HIV positive mothers. Lesotho successfully pioneered the use of the Mother Baby Package (MBP). The pack is given to every pregnant woman. The contents of the MBP vary according to the HIV status of the pregnant woman. This not only facilitates access for the women who should be enrolled in Prevention-of-Mother-to-Child Transmission (PMTCT), but also ensures that those who are negative are supported to remain negative. Both groups of women obtain nutrition supplementation, thus reducing the stigma for the HIV positive pregnant women. Our commendations go to UNICEF for the provision of inclusion of the MBP in their stock of supplies and support for interested countries. The scale-up of paediatric HIV has been ensured through deployment of paediatric doctors and institution of paediatric clinics in all the ten (10) districts.

Mr. President,

The recently published 2009 Lesotho Demographic and Health Survey showed very promising results. The behaviour change was reported in many critical areas which include positive attitude towards testing for HIV where a tremendous increase from 12% to 65% among women and 9% to 39% among men in 2004 and 2009 DHS respectively; and condom use in high risk sex increased from 39% in

2004 to 42% in 2009 among women; men are lagging behind with 51% in 2004 and 49% in 2009.

Mr. President,

Lesotho adopted the improved cut off point for eligibility to Anti-Retroviral Treatment (ART) from 250 to 350 in 2008. This resulted in a significant increase of the ART coverage from 30% we reported in the last meeting in 2006 to 58% in 2010. The number of public facilities providing ART has also increased by 38% in 2008, 21% in 2009 and by 4% in 2010. Needless to say that as more people enrol on treatment, there will be an increased pressure on the country's meagre resources. The programme therefore, while ensuring availability of treatment, is also strengthening systems at ensuring treatment compliance to avoid resistance which would lead to a need for more expensive second line treatment.

Lesotho like other countries is faced with the double burden of communicable and Non-Communicable Diseases (NCDs). The latter burden is further exacerbated by the HIV related morbidities including cancer and mental illnesses. This results in the overstretching of the country's resources. We are developing the appropriate plans to enhancing our response. A study to determine the common opportunistic infections and their treatment is underway to ensure informed decision in the treatment of opportunistic infections.

Mr. President,

Lesotho has reviewed, and is revising and updating the National HIV and AIDS Strategic Plan. It emphasises on even more strategic approaches and innovations to curb the epidemic, in line with the WHO and UNAIDS guidelines. Concurrent with the revision, the country has commenced a multi-sectoral initiative to "Energize all Prevention" activities. Through this initiative, Lesotho hopes to bolster Behaviour Change Communication and Societal Change Communication particularly addressing the key drivers of the epidemic e.g. multiple concurrent partnerships, improve and accelerate access to PMTCT, enhance safe blood activities, improved access to HIV Testing and Counselling and Provider Initiated Testing, and access to safe medical circumcision. The HIV/TB co-infection, post-

exposure prophylaxis, management of other opportunistic infections, condom programming, and supplies chain management are also being addressed.

Mr. President,

Lesotho is currently conducting a Vulnerability study which seeks to define a “vulnerable” child. This will assist in even more targeted support to these children as well as judiciously allocating the scarce resources as part of the national response. Households of Orphans and Vulnerable Children (OVCs) in selected sites, are receive cash grants from one of our partners. This supplements the free primary education and material support to indigene and other vulnerable groups provided by the government. A lot of efforts have also been directed at the protection of OVCs, women’s rights, as well as prevention of gender based violence through our legal system. The multi-sectoral response is being reinforced with the institution of coordinating structures at national and district level.

Mr. President,

The major challenges that Lesotho face include shortage of human resources, both skills and Numbers; weaknesses in monitoring and evaluation systems to support evidence based decision making; sustainable supply chain management to ensure appropriate access to treatment; the outstanding food insecurity in the country which has been aggravated by excessive rain fall which has destroyed non-viable agricultural crop production; and inadequate resources to cover all the orphans and vulnerable children. These are however not insurmountable. Through involvement of all relevant stakeholders, decentralization of services, community empowerment, and the support of our partners, we are certain to make positive progress. Our history denotes us as a people who have always, through our determination and selflessness, overcome the most daunting challenges that obstruct our progress.

Mr. President,

The HIV and AIDS pandemic will remain a major global challenge, one that threatens the very existence of mankind. We cannot hope to make any significant development strides, neither can we enjoy global peace and stability in the midst of this scourge. We therefore urge the international community to avail more

resources to the fight against HIV and AIDS than those utilised on political conflicts. Conflicts can be addressed through political dialogue. The same cannot be true for HIV and AIDS. It simply does not have a cure, but with sufficient resources, it can be arrested and a fight won against it.

Mr. President,

To conclude, we cannot help but continue to call on the G8 to honour their Official Development Assistance Commitments. In the same breath, we call for the debt cancelling for all Least Developed Countries. It is the right thing to do. The International Community cannot remain deaf to the silent whispers for help from the disadvantaged countries. As a Nation, we do applaud the generous support rendered to us by our Partners.

I thank you for your attention