

**Country Visit Report**  
**Lesotho: May 16-18, 2011**



**Country Visit Report**

**LESOTHO**



His Excellency Festus Mogae and Prof. Miriam Were issue the final communiqué to members of the media at Maseru Moshoeshoe International Airport.

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**Executive Summary**

The Champions for an HIV-Free Generation visited Lesotho from May 16-18, 2011, at the invitation of Right Honourable Prime Minister Pakalitha Mosisili. The visit was part of a regional mission to share experiences, endorse Lesotho's successes and encourage stronger leadership in the response to the HIV epidemic.

The Champions delegation to Lesotho comprised His Excellency **Mr. Festus Mogae**, former president of Botswana and chairman of the Champions, and **Professor Miriam Were**, former chairperson of the Kenyan National AIDS Control Council. The delegation was accompanied by the Champions' Secretariat, led by the Executive Secretary, **Mr. Chris Molomo**.

The delegation met with many of the government's top leaders, including Rt. Hon. Prime Minister Pakalitha Mosisili. The Champions also met with National AIDS Commission Board; Cabinet Sub Committee on HIV & AIDS; joint seating of Parliament; Chief Justice and Judges of the High Court; the First Lady and women prominent in HIV work, Civil Societ, Ambassadors and Development Partners.

The goal of the Lesotho visit was to recommend appropriate strategies in order to maintain and sustain the response and to congratulate the country's authorities for their progress in the response to HIV. During the visit, the Champions emphasized three key issues based on consultations with in-country partners. Those issues included:

- 1) Leadership for the Scale-Up of HV Prevention;**
- 2) Leadership for the Restructuring of the National Response;**
- 3) Leadership for Sustainability of the National Response.**

Through private meetings, open forum discussions, media interviews and personal contacts, the Champions emphasized recommendations around the priority issues.

The Champions Chairman, Mr. Mogae, further related the recommendations in a final communiqué to Lesotho, which he delivered at a press conference held at Maseru Moshoeshoe International Airport. The communiqué was also sent to all media houses, the Prime Minister's office and other key government ministries.

With help from in-country partners, the Champions' Secretariat will after 12 months track Lesotho's progress on the priority issues raised through changes in policy, programs, behavior, speech or activities by the Lesotho leadership.

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**Trip Purpose:**

- *“To Champion for stronger, more visionary and outspoken leadership from the continent most affected by the epidemic through peer support.”*
- *“To Champion the social changes needed to achieve the vision of an HIV and AIDS free generation.”*
- To share ideas for a revitalized regional response to HIV and AIDS

**Participants:**

<b>Champions</b>	<b>H.E. Festus Mogae, former President of Botswana</b> Professor Miriam Were, former chairperson of the Kenya National AIDS Control Council
<b>Secretariat</b>	<b>Chris Molomo, Executive Secretary</b> Oliver Murima, Program Manager David Wahome, Advocacy and Communications Specialist Boitumelo Gaboutloeloe, Administration Officer

**Champions Visit Programme**

**I. Courtesy Call and Meeting with Prime Minister Rt. Hon. Pakalitha Mosisili and cabinet**

Champions Chairman His Excellency Festus Mogae and Prof. Miriam Were met with the Right Honorable Prime Minister Pakalitha Mosisili and senior government ministers. They discussed several critical issues affecting Lesotho’s HIV prevention. Issues included Prevention of Mother to Child Transmission, male circumcision, stigma and discrimination, HIV counselling and testing, multiple concurrent partnerships, and leadership for the restructuring and sustainability of the national response.

The Prime Minister told the Champions that his government had given HIV prevention number one priority. He cited the launch of “Know Your Status” as one of the strategies that his government launched to fight the disease. Other prevention strategies include PMTCT, promoting use of condoms, infant male circumcision and encouraging adult males to seek medical male circumcision.

The Champions congratulated the Lesotho leadership for its commitment to lowering mother-to-child transmission, which at 10% was still high. They encouraged leadership to

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work hard to bring the rate down to ultimately eliminate mother-to-child transmission by 2015. He noted that currently, although more than 90% of pregnant women attend antenatal clinic, less than 60% deliver in the health facilities. To achieve this goal, the government was urged to work diligently to increase enrolment in the program and increase the number of women delivering in health facilities.

Champions also congratulated the Lesotho leadership for the launch of the “Know Your Status” campaign. They noted that the “Know Your Status” campaign is a best practice for Lesotho and one that needs to be emulated by other countries in the South African region. They also encouraged the leadership to repeat and sustain this campaign because less than 50 percent of the people in Lesotho knew their status.

The Champions reminded the Lesotho leadership that although the country launched the circumcision for infant males, the benefit of this approach will be realized in the long term. They urged leadership to practice medical adult male circumcision because current circumcision practice through initiation schools was reported to be incomplete and less reliable in HIV prevention. They also suggested that circumcised doctors could be allowed to go to circumcision schools and perform the procedure as well as treat the initiates. These doctors could also test initiates for HIV so that those who were positive could start getting treatment.

They said that some cultures were hurting people in this era of HIV. They particularly cited such practices as wife inheritance and sexual cleansing as detrimental to people’s health and could also fuel HIV. They urged the Lesotho leadership to discourage these practices.

The Champions also discussed the issue of sustainability of the HIV response. They commended Lesotho for financing more than 50 percent of the HIV response and urged the leadership to continue looking for innovative ways of funding the response, instead of relying on external funding that is affected by the current global financial crisis.

**II. Meeting with National AIDS Council Board**

The Champions also met with Lesotho National AIDS Council (NAC) and held discussions on a wide range of issues with a view of energizing the HIV response.

The Chairman of the Board told the Champions that NAC was undergoing restructuring to clarify the different roles of line-ministries and the ministry of health to make sure there are no overlaps in responsibilities.

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The Champions said clarification of roles should give NAC and the Ministry of Health a clear understanding of their roles and responsibilities as spelt out in the National AIDS Act. For example, they said male circumcision is coordinated by the ministry while NAC does advocacy and communications.

The Champions argued that the National AIDS Act should be amended if necessary to enable NAC and the Ministry of Health to focus on those functions that they did best. They reminded NAC and the Ministry not to lose sight of the fact that the main mission was to stop HIV infection.

They asked the Board to create a strong public/private sector forum to be able to adequately deal with the advocacy of multiple concurrent partnerships.

They added that if NAC focused on advocacy and coordination roles, they could be more effective. They said that medical and implementation issues should be left to the Ministry of Health.

The Chairman of the Board said there was political will and support for HIV prevention, treatment and care from the government. He further said HIV and AIDS management in Lesotho was integrated into the primary healthcare, mainly because of the topography.

The NAC Director of programmes said Lesotho had made some significant achievements since the formation of NAC. She said some of the achievements included increased services to pregnant mothers at clinics and health centers from 3.1% to 75%. She also said that counseling and testing reached at least a quarter of the population annually.

One of the Board members said umbrella bodies and support groups of people living with AIDS had been established. He however said the challenge was to develop strategic partnerships amongst the civil society groups nationally. Noting that Lesotho was fighting stigma and discrimination of people living with HIV, he said that stigma was still a problem in the workplace and employees were still afraid to go for testing.

The NAC board said they were still waiting for government approval for scaling up medical male circumcision.

### **III. Meeting with Cabinet Sub Committee on HIV & AIDS**

The Champions visited the Cabinet Sub Committee on HIV & AIDS, which is chaired by Deputy Prime Minister Hon. Lesao Lehohla. They had engaging discussions on a variety of issues.

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The Champions said HIV has taken many resources from Africa's development efforts and that countries hardest hit by the epidemic need to prioritize use of their resources to sustain HIV response. They were thus visiting southern Africa countries encouraging everyone to keep up the HIV prevention fight.

They congratulated the subcommittee cabinet and Lesotho leadership for making reduction of HIV prevention a high priority. They told the leaders that Champions feared that the gains made in HIV fight could be lost if leadership relaxed. They urged them to revitalize their effort and continue to keep the HIV prevention agenda alive.

The Champions said that while PMTCT has reduced in Lesotho compared to other countries in the region, law makers should work diligently to reduce mother-to-child transmission to zero at least by 2015.

The Champions urged the leaders to continue influencing Lesotho people to change their behavior and abandon the practice of multiple concurrent partnerships, which has been identified as one of the key drivers of HIV infection in the SADC region. They said that MCP cannot be defeated without the help of all leaders, including religious and traditional leaders.

The Champions also asked Lesotho leaders to promote adult male circumcision because it is part of a risk reduction strategy and should be given priority.

The Champions congratulated Lesotho leaders for their HIV prevention efforts including the "Know Your Status" campaign, but urged the leadership to step up its effort because HIV was cutting short many African lives. They said that in the '70s and '80s life expectancy in Africa was over 65 years, but now it was much lower.

They suggested that Lesotho should ask chiefs and traditional leaders to also encourage those who are sickly to check their HIV status. They gave the example of Kenya where 80 percent of those who were HIV positive did not know their status and were moving from one traditional healer to another selling everything they owned to get cured.

The Deputy Prime Minister said Lesotho should probably come up with legislation to control traditional initiation schools. He said bringing initiates to medical care has been difficult until they graduated. Legislation could allow health authorities to go there and take the initiates to the hospital.

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**IV. Meeting with joint sitting of Parliament**

Champions were invited to a joint sitting of the Parliament where they made presentations and interacted with the Members of Parliament through questions and answers.

The Speaker of the National Assembly, Hon. Ntlhoi Motsamai, wondered what kind of future we are bequeathing to future generations given that Southern Africa is at the epicenter of the HIV pandemic and is home to more than 70% of people living with HIV/AIDS in the world.

She said that there is a need for even greater political leadership in the response to the HIV/AIDS pandemic and few are as well placed to provide it than members of parliament. She noted that what is needed is a strong and well-informed political leadership with a clear understanding of its obligation to build and maintain political will that is necessary to transform words into action. As leaders of our people, she said, we must be seen to be actively involved and taking the lead in dealing with the pandemic.

Making their presentation to Parliament, the Champions reminded the House that Botswana, Lesotho and Swaziland are the leaders in HIV prevalence globally. Therefore, they said, it is fitting that the strongest voices should come from the leadership of the region which is mostly affected. They called on Lesotho leaders to stand up, advocate and scale up the fight against HIV and AIDS.

The Champions also told Parliamentarians that the country was on track and doing well in many of its HIV prevention programmes. However, they cautioned that the country's prevention efforts may not be sustainable due to diminishing resources and funding from donors and development partners.

They said that was the reason Champions are advocating for HIV prevention since it is the best and most cost-effective means of combating HIV and AIDS. They called on government and national leadership at all levels and sectors of the society to take initiative and implement programmes that will realize zero new infections by 2015.

They further challenged the Lesotho leadership, including religious leaders, to work together to deal with practices such as multiple concurrent sexual partners, alcohol abuse as well as home and gender-based violence, which contribute to the spread of HIV and AIDS.

The Champions appealed to Parliamentarians to help ordinary people to combat the disease. They warned that the choice to follow or defend traditional or cultural practices that were harmful to the society was at the nation's own peril. They also said it was vital

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to support community structures in the fight against AIDS. They gave an example of Kenya where constituency structures had been mainstreamed in the national strategy of fighting the pandemic.

**V. Meeting with the Chief Justice and Judges of the High Court**

The Champions were hosted by the Chief Justice Mahapela Lehohla accompanied by other Judges of the High Court at the Palace of Justice. The meeting deliberated on key prevention issues of HIV and AIDS.

The Champions urged the judges to promote safeguarding of the human rights of sexual minorities, such as homosexuals and sex workers, in order to sustain Lesotho's fight against HIV. The Champions pointed out that criminalization of homosexuals and sex workers will compromise prevention of HIV infection. If homosexuals and sex workers are criminalized, they are likely to hibernate without accessing HIV services and thus continue to spread the virus uninhibited, they noted. To this end, the Champions recommended that government should limit criminalisation of HIV transmission to intentional transmission of HIV.

The Champions and the judges also discussed the emerging problem of prisoners getting infected with HIV while in the prisons. They agreed that one effective solution to this problem is making condoms readily available in the prisons. The other solution that they discussed is the possibility of developing a legal framework to allow visitation of prisoners by their spouses. While this option may be costly and hard to implement, the Champions encouraged the judiciary to critically examine HIV infection in prisons and offer possible legal remedies in order to plug this likely source of HIV infection.

**VI. Champions Meeting with Civil Society**

Champions met with civil society groups involved in HIV work and discussed a host of issues about HIV prevention. The Chairperson of the day Mr. Lemohang Molibeli, a board member of the Lesotho Council of NGOs (LCN), gave opening remarks and welcomed all the attendees. In her welcome remarks, Mrs. 'Mabulara Ts'uene, the LCN Executive Director, applauded the champions for inviting the civil society for deliberations. She said as the LCN, they have been tasked to coordinate a mammoth task of HIV and AIDS and meeting with the Champions would give them some lessons learned that they could pass to the communities.

The LCN Executive Director also said that village awareness of HIV and AIDS through grassroots NGOs was also a huge success,. She cited access to health centers and health facilities as some of the major challenges faced by Lesotho rural communities. She also mentioned training civil society groups working with HIV and AIDS and equipping them

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with the necessary resources as one of the challenges that Lesotho needs to address in order to strengthen civil society groups working in the communities.

She said that a meeting of civil society members and the Champions was very important as it would address “issues closest to our hearts” – zero HIV infections and a HIV-free generation.

In their remarks, the Champions indicated their delight to be in a meeting with the civil society, which they said was the backbone of the nation’s HIV response. They mentioned that since the Maseru Declaration in 2005 to fight HIV, Southern Africa region has made a great deal of progress in stabilizing HIV, but cautioned that the region is not yet out of the bush.

They said that following the declarations by African leaders in Maseru, Abuja and Addis Ababa, the focus was now on eliminating new HIV infections and zero mother-to-child transmissions by 2015. He emphasized the important role that civil society groups had to play to sensitize people to HIV impact and to increase awareness about HIV prevention.

The Champions said that the reports on progress made in Lesotho were very encouraging and added that if Lesotho had reduced MTC transmission to 10%, this means it can reduce it to zero.

The Champions said stigma and discrimination for those living with HIV was self-defeating and a major obstruction to prevention work. They said, “In our culture, when somebody is shot in the war, we don’t leave them to die, we carry them on our back to survive. So, why not do the same on HIV and AIDS?”

The Champions encouraged civil society groups to continue fighting stigma and reminded the audience that in discriminating those infected one may be discriminating very innocent people like the wife who has never slept outside her home, but got infected by her unfaithful spouse or someone who was a victim of a used needle or blood transfusion.

Meeting participants also emphasized the need to have consistent messages in HIV prevention. One participant complained that prevention messages were not consistent because religious leaders advocated for abstinence while those in HIV prevention work advocated for condoms thereby confusing the youth.

The Champions stated, “We may not have all the answers, but let us discuss the issues.” They said Church leaders don’t like condoms, but keep on burying people who died from

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AIDS-related illnesses. They said that since we are not succeeding in our moral teachings, being practical will present options.

They said when young people are being given a choice to abstain, let us also give them a chance to live, stating that we cannot always succeed as there are also other teachers outside homes. Stressing survival is the only option we can choose.

On effective messaging, they said some of the success stories in passing on the message about HIV prevention were realized where involvement of HIV-positive people in HIV awareness was given a priority. They encouraged civil society members to use people living with HIV to give their testimonies and encourage others. Where it has been applied, it has worked and brought impact, she said.

### **VII. Meeting with Women Prominent in HIV Work in Lesotho**

Champions met with Women Prominent in HIV Work in Lesotho. Among those in the meeting were Lesotho First Lady Mrs. Mathato Mosisilli; the Minister of Gender, Youth, Sports and Recreation Hon. 'Mathabiso Lepono; the Principal Secretary for the Ministry of Gender, Youth, Sports and Recreation, Mrs. Selloane Qhobela; and United Nations Resident Coordinator, Ms. Ahunna Onochie-Eziakonwa.

The First Lady called on women to refuse to be part of the partnership of multiple concurrent partnerships and to stand up as champions of condom use. This is in view of the fact that multiple concurrent sexual partnerships is one of the key drivers of the HIV epidemic in Sub-Saharan Africa.

She noted that there was need to scale-up adult male circumcision accompanied by proper behavior and education. She also reminded leaders to speak against the misconception that circumcision provided immunity against HIV infection and there was no need to use condoms if circumcised.

The First Lady also spoke against stigma and discrimination of people living with HIV and AIDS.

The Minister reminded women to believe that they have power to influence behavior change, which would be critical in fighting multiple concurrent sexual partnerships. She pointed out that the key drivers of the HIV epidemic are multiple concurrent sexual partnerships in an environment of low levels of consistent and correct condom use, and challenges for adolescents and youth to change patterns of sexual behavior that led to intergenerational and transactional sexual relations.

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In her address to the women, the Principal Secretary said that while there were challenges, Lesotho has reached milestones in the “Know Your Status” campaign, prevention of mother-to-child transmission (PMTCT), male circumcision and behavioral change.

The UN Resident Coordinator said that although Lesotho has made significant strides in elevating women’s status, women still bear the brunt of the HIV and AIDS epidemic. She said: “When we talk about women in Lesotho, there is a bitter sweet experience.” She noted that women have taken up leadership in government and the private sectors. But although “the face of leadership in Lesotho is the face of women, it is also true that the faces of abuse and maternal mortality and HIV/AIDS are also the faces of women.” She posed a very pertinent question when she asked how the same level of empowerment in politics can translate to empowerment for women at the social and traditional family levels.

Prof. Miriam Were urged women to encourage their male partners to test for HIV together with them. She also encouraged women not only to seek antenatal care when they are pregnant, but also deliver in health clinics to reduce mother to child transmission. She said Lesotho’s antenatal attendance is very high, but delivery in health centers is low.

**VIII. Champions debrief the Cabinet Sub-Committee on HIV and AIDS**

Champions reported back to the Lesotho Cabinet Sub-Committee on HIV and AIDS at the Government Secretary’s office. Most of the Cabinet Sub-committee members were present including Deputy Prime Minister and Chairman of the Sub-Committee, Hon. Lesao Lehohla, as well as the Minister of Local Government and Chieftainship Affairs, Hon. Ponto Sekatle and Minister in the Prime Minister’s Office, Hon. Dr. Motloheloa Phooko.

The Champions reported to have met with various people and groups including the civil society, development partners, and the judiciary. They reported that the consensus has been prioritizing prevention.

They said there was agreement from all stakeholders that the Know Your Status campaign was a very important initiative, but said the view of the development partners was that it was taken more as an event and was not being pursued. They however emphasized that the Champions consider the Know Your Status campaign as a best practice that the Champions would want to recommend to other countries, but said for it

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to have impact and long-lasting effect in Lesotho's efforts to combat HIV and AIDS, it must be pursued rigorously. They stressed that the government should not spare any effort in promoting the campaign.

They reported to have discussed problems and issues on the efficiency of male circumcision. They said the government should redouble its efforts to promote safe male circumcision as one of the main prevention strategies. One way of improving buy-in for medical male circumcision is to collaborate with religious and traditional leaders. It was also stressed that as part of the campaign, emphasis should be on reminding men that circumcision only reduces the risk of HIV infection and does not provide immunity, and hence the need for continued use of condoms.

On the issue of PMTCT, it is the Champions' view that it should be prioritized and resourced commensurately. They observed that while there was about 90% attendance to antenatal clinics, only 60% births occur in the health centers. This disparity has been attributed to the difficult Lesotho terrain.

### **Lessons Learned**

#### Successes

- The leadership was receptive to the advice of the Champions and appreciative of their visit.
- The Champions' recommendations were taken into consideration, especially regarding scaling up of medical male circumcision and restructuring of the national response.
- The visit was well-coordinated and the Champions were received with good will at all meetings.
- The "Know Your Status" campaign was a best practice that should be emulated by other countries in the region.

#### Challenges

- Lesotho does not have an official policy to promote safe male circumcision as a prevention strategy.

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- Due to its proximity to South Africa, Lesotho has a large transient labor force that travels to South Africa to work in the mines. It was reported that these workers refuse to use condoms upon returning home, thus exposing their spouses to HIV infection.
  
- Lesotho faces the challenge of medical personnel who often migrate to neighboring South Africa in search of greener pastures.

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**CHAMPIONS**  
**FOR AN HIV-FREE**  
**GENERATION**

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**FINAL COMMUNIQUÉ**

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May 19, 2010

Lesotho, Botswana, Swaziland and indeed many other Southern Africa countries, have had the dubious distinction of being known as the countries with the highest HIV prevalence rates in the world. This must change.

Although we are making every effort to rid ourselves of this unfortunate reputation and have the power to do so, we still have a lot to do to turn the tide.

We have made significant strides in the fight against HIV and AIDS and have indeed registered some remarkable successes and we deserve a pat on our backs for these efforts. We have managed to turn a killer disease into a chronic one. HIV is no longer a death sentence that it once was. Our people who have contracted HIV are living longer.

One would wonder then why the Champions continue to aggressively advocate for HIV prevention if our countries are doing so well. We are motivated by two things. One, we fear that due to the successes we have achieved, complacency may begin to set in. Our leaders, as well as our people, may lower their guards and think the battle against HIV and AIDS has been won. If this happens, we will regress to where we were before and lose the gains we have already achieved. The world is changing and donor countries are under immense pressure to cut their spending due to the severe economic crises they are grappling with. We fear that when it is time for them to look at their budgets for cuts, the financial support that Africa currently enjoys from them will quickly diminish.

We are here not to tell you anything you do not already know, but to remind you to continue to persistently keep the HIV prevention agenda in your minds and on the national radar screens.

We are convinced that the main and cheapest way that you can win the battle against HIV and AIDS is through prevention. The only viable solution is to set an achievable goal of zero new infections by 2015. In the current global economic realities, we cannot afford treatment if we continue to have new cases of HIV while caring for those already infected. Lesotho, which currently has a relatively high Mother-to-Child-Transmission

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rate of 10 per cent, is encouraged to work hard to bring the rate down with an aim of eliminating mother to child transmission by 2015.

To achieve this noble goal, the government and people of Lesotho have to work diligently to increase the numbers of women who enrol in the PMTCT program and deliver in health care settings. Currently, a large proportion of women (92%) attend antenatal clinic during pregnancy. These should be recruited into the PMTCT program on first encounter and be provided with the medicine they need for the entire period of the pregnancy. Furthermore, only 59% of deliveries occur at a health facility. Lesotho needs to continue increasing the number of women delivering in health facilities so that all HIV positive pregnant women deliver in these facilities to further reduce mother-to-child transmission and reduce the high maternal mortality.

We call on Lesotho leadership to keep alive its remarkable program of “know your status” initiated by the Right Honourable Prime Minister in the presence of His Majesty the King. While commending the government for this initiative, we note that though there is an increasing trend in the uptake of counselling and testing services, the proportion of those who know their status is below 50%. The ‘know your status’ campaign is a best practice for Lesotho and should be repeated and sustained. It is a brand for the Lesotho leadership against HIV and AIDS that could be a best practice to be emulated by other countries in the region.

We have observed that adult male circumcision is already being practiced through the initiation schools as a cultural rite. It is therefore not a new phenomenon to Lesotho. But due to the manner in which the surgical operations are done in the initiation schools, the circumcision in these schools presents major efficacy challenges as a prevention strategy. We therefore recommend that the leadership prioritizes an urgent national scale-up of medical male circumcision, while taking cultural sensitivities into consideration. A communications strategy that ensures that those who get circumcised do not consider themselves immune to HIV infection should be an integral part of this roll-out.

We urge Lesotho leadership to develop a more effective strategy for the reduction of multiple concurrent sexual partners, while promoting higher and consistent condom use and gender empowerment. This strategy should be developed and implemented in collaboration with traditional and faith-based leadership due to the important role that cultural and spiritual beliefs play in behaviour change.

We have noted with great interest and appreciation the on-going restructuring of the Lesotho National AIDS Commission, as we understand that this is being done to improve the coordination of the national response. We urge the leadership to urgently conclude this exercise. There is, however, a view that the restructuring of the National AIDS

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Commission (NAC) alone is too narrow, and therefore not inclusive of the greater part of the national response. What is needed is to clarify the flow of authority and to have arrangements that promote the achievement of synergy in all HIV and AIDS related activities.

We therefore encourage the national leadership to consider undertaking a more comprehensive restructuring exercise that will clarify roles and responsibilities of various stakeholders, in the context of coordination and implementation, especially with regard to the Ministry of Health and Social Welfare and the National AIDS Commission. This is even more so because it has been reported that the legal mandate of the NAC has not been adequately accepted by many stakeholders;

Last, but certainly not least, the government should also review the relationship between the key structures of the national response, in particular the National AIDS Commission Board, the Cabinet sub-committee on HIV and AIDS, the Minister in charge of HIV and AIDS, the Ministry of Health and the Office of the Prime Minister.

We wish to thank the Right Honourable Prime Minister, his Cabinet and all the national leadership for their productive engagements with the Champions.

We are proud to have been in Lesotho and we hope to visit Lesotho again. We have enjoyed the Lesotho hospitality.

**F.G. Mogae,**

**Chairman of the Champions for an HIV-Free Generation.**