



FINAL COMMUNIQUÉ

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 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 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

Champions Background

The Champions for an HIV-Free Generation project was launched during the 17th International AIDS Conference in Mexico City. The founding members include four former African presidents, a Nobel Laureate, and other high-level African leaders from different walks of life. The Champions focus their efforts in Sub-Saharan Africa, home to more than two-thirds of all people living with HIV globally. With an emphasis on proven prevention practices, the Champions embrace and promote key policy, legal, cultural and behavioral practices and messages that help accelerate the social outcomes needed to achieve an HIV-free generation.

For more information and Champions profiles, call David Wahome, Advocacy and Communications Specialist, at (267)72113877 or send an email to wahomed@hivfreechampions.org or visit the Champions Web site: www.hivfreechampions.org.