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RESEARCH ARTICLE

Hiv/Aids in Lesotho: Impacts and Implications for Development

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ABSTRACT

Although there is an ample body of written works on HIV/AIDS in the small, landlocked and hilly Kingdom of Lesotho, few have addressed the key importance of the development question confronting Lesotho as a result of the HIV/AIDS epidemic in the country. This article aims to advocate that any cogent national policy, programming or planning aimed at responding to HIV/AIDS should simultaneously engage the development question in tandem. Reliance was placed on the two field trips conducted by the author to selected locations in Lesotho in the last quarter of 2023, as well as periodic resources disseminated by governmental and non-governmental entities, including the Government of Lesotho, supranational organisations, local community-based organisations (CBOs), multilateral development agencies together with the writings of experts and established publicists on the themes covered in this article. The findings of the article indicate that the dire situation has broader implications for programming, policy formulation and planning, affecting the government of Lesotho, its institutions, donor agencies, and other stakeholders. The discussion aids in the comprehension and assessment of political commitment and accountability in the ongoing battle against HIV/AIDS in Lesotho. The discussion presents an unpresumptuous approach in presenting a critical examination of the problems of HIV/AIDS *vis-à-vis* development in Lesotho from a synoptic viewpoint. The materials and methods are essentially qualitative and rely on the systematic analysis of empirical data from various sources. The study relied on descriptive techniques, derivative information, and statistics in assessing current strategic responses to the developmental challenges arising out of the HIV/AIDS epidemic in Lesotho to underscore their nexus and to pinpoint questions for all-inclusive interventions. The result is that the key to curbing the HIV/AIDS epidemic in Lesotho lies in addressing obstacles to development that prevent people from the basic capabilities of livelihood and the attainment of freedom of choice.

INTRODUCTION

Almost six decades since Basutoland attained independence from British colonialism and became christened as the Kingdom of Lesotho (Lesotho, in common parlance), the landlocked and mountainous southern African country is today confronted with the increasing spread of the HIV/AIDS epidemic that could turn out to be calamitous. With the reputation of having the second-highest HIV prevalence rate in the world, the nation is experiencing swift socio-economic, cultural and political transformations as it marches towards becoming a self-sufficient sovereign entity. Sustained mounting levels of joblessness, gender inequalities, illiteracy, grossly failing and inadequate public services, strife, rural-urban movements and displacement, and inadequate professional workforce over many decades are some of the prominent developmental issues that create a precarious atmosphere for the escalation of the HIV/AIDS epidemic in Lesotho (Coburn, Okano and Blower, 2013; Olowu, 2014; Schwitters et al., 2022).

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In serving the ends of this article, the concept of 'development' does not assume any stale significance beyond the prevalent notion in the preponderance of scholarly characterisations of 'development' as comprising 'choice' and 'growth' in the numerous facets of the human experience (Frediani, 2010; Klaasen, 2014; Medagangoda-Labe, 2022). In this context, 'development' is directly seen as coterminous with all the normative, institutional and policy issues and processes that would bring about progressive changes in the lives of ordinary human beings.

Lesotho has recognised in several policy pronouncements the underlying causes and difficulties linked to HIV/AIDS and human progress, as well as the importance of developing targeted approaches to address HIV/AIDS as a social and economic issue. Lesotho had commenced executing a wide-ranging multi-sectoral reaction, creating nationwide and district-level structures to track, trace and manage the execution of the Lesotho National HIV Policy 2019 (LIPAM and UNDP, 2020).

MATERIALS AND METHODS

This assessment of current strategic responses to the developmental challenges posed by the HIV/AIDS epidemic in Lesotho relies on a systematic analysis of empirical data drawn from diverse sources, employing descriptive techniques, derivative information, and statistical methodologies to capture the multifaceted nature of the crisis. By synthesising quantitative and qualitative insights, this approach underscores the nexus between epidemiological trends, socio-economic impacts, and policy effectiveness, thereby revealing critical gaps and emerging patterns. The findings serve not only to evaluate the efficacy of existing interventions but also to pinpoint pressing questions for more inclusive, evidence-based strategies that address the structural and community-level determinants of the epidemic's persistence.

Multiple cross-sectional studies have established a nexus between low education or illiteracy and the high prevalence of HIV/AIDS in Lesotho with the epidemic proliferating due to high illiteracy rates, scarce job opportunities, and inadequate access to education. Less than 50% of pupils complete primary school education, while only 25.2% of students enrol in secondary school overall. This indicates that many students drop out of school early (United Nations Development Programme [UNDP], 2020a; Schwitters et al., 2022; Stamatakis et al., 2022). Although self-reported literacy rates in Lesotho are officially high – 89.5% for persons aged 15 and above (UNDP, 2020a; United Nations Children's Fund [UNICEF], 2020), and reputed to be as exceptionally high in Sub-Saharan Africa – the percentage of literate people is glaringly low – at best, 46.8% of the total population of Lesotho across all strata – and among women, it may be as low as 5% in some rural districts as of 2016-2019 (Lesotho Bureau of Statistics, 2021). Communicating with most people in a language other than the native national language of Sesotho is arduous due to low levels of education and literacy and rural populations that are disconnected from one another. The observable levels of illiteracy in Lesotho are invariable indicators of low social capital formation in the country.

Empirical research indicates that poverty plays a role in the ubiquitous phenomenon of transactional sex across gender divides in Lesotho. The high rates of unemployment and the dearth of opportunities for income-generating activities have caused significant economic hardship for a sizeable portion of the Basotho population, with severe draw-down on interventions to curb the epidemic (Moazzami et al., 2020; Schwitters et al., 2022; Stamatakis et al., 2022; Velardez, 2024).

As all empirical independent and government data indicate, Lesotho has one of the highest rates of HIV/AIDS transmission in the Southern African Development Community (SADC) region at 19.3% adult HIV prevalence (Lesotho Network of People Living with HIV/AIDS, 2021); Schwitters et al., 2022; United Nations AIDS Programme [UNAIDS], 2023).

The hyperendemic nature of the disease poses a significant threat to the country's future growth and prosperity. The economic and social base of the nation could be challenged by the disease of AIDS, which is more than just a health issue. Factors contributing to the epidemic include (a) weak legislative and policy response to domestic violence (b) women's societal status; (c) migration patterns; (d) modern sexual ethos; and (e) healthcare delivery services. Generally, underdevelopment, poverty, limited education, deteriorating healthcare, poor nutrition, and the declining health of the populace, along with increasing disparities between rural and urban regions, foster conditions conducive to the swift spread of the epidemic. Considering Lesotho's delicate socio-

economic fabric and political framework, HIV/AIDS is a significant developmental challenge with profound consequences for the State and its inhabitants in human and fiscal terms.

RESULTS

Ramifications of HIV/AIDS in the Lesotho context

Since 1986, when the first incidence of a positive HIV patient was recorded, the population of PLWHA has grown remarkably in Lesotho (National AIDS Commission [NAC], 2020a). By 2003, the prevalence rate had hit 28.9%, up to 30% in 2004, with empirical data in 2009 estimating that there were approximately 290,000 PLWHA in Lesotho (UNAIDS, 2010). A decade later, 2021 figures show that Lesotho continues to experience a high HIV prevalence rate while antiretroviral therapy (ART) coverage remains low (National AIDS Commission, 2021). It is relevant to note that more than 70% of recent HIV infections are identified at the Queen Elizabeth II Hospital in the capital, Maseru, which serves as the HIV/AIDS national referral centre in Lesotho. At the same time, HIV voluntary counselling and testing (HIV-VCT) remains negligible in the more rural areas of the kingdom.

There is evidence that unsafe sexual relations among heterosexual males and females constitute the significant channels of HIV transmission in Lesotho and that postpartum transmission follows closely as the next prominent mode of transmission in the country. Limited cases of same-sex transmission have been indicated in empirical studies (Morojele, 2022; Trickey et al., 2024). A considerable increase has been reported in the proportion of people between the ages of 25 and 29 (representing 39.1%) who have been diagnosed with HIV infections in Lesotho (USAID, 2020a; UNAIDS, 2023a; Lesotho Bureau of Statistics, 2024).

Sexually transmitted infections (STIs) are also widespread in Lesotho, with an estimated rate of approximately 15 per 1,000 individuals (Ministry of Health and Social Welfare, 2023); NAC, 2020b). In addition to being a significant risk factor for HIV transmission, this elevated rate of HIV prevalence suggests that high-risk sexual behaviours have rendered many people in Lesotho vulnerable to infection. A recent cohort study among the Lesotho population reveals that 12.2% of participants of 405 pregnant women in Lesotho had sexually transmitted diseases with very low treatment rates (Xavier, Mokgatle and Oguntibeju, 2023).

Numerical data generated from a previous study of people engaged in sex work in Maseru and Maputsoe established that 534 out of a cohort of 743 participants presented 71.9% HIV prevalence (Moazzami et al., 2020). In 2019, results from a study conducted by the Government of Lesotho revealed the high prevalence of syphilis throughout all ten districts of the country, with Butha-Buthe at the lower ranks with 1% while Mafeteng was the highest at 4% of the entire population (National AIDS Commission, 2020b). It therefore becomes understandable why UNAIDS (2023a) keeps the projection of Lesotho's current new HIV infection within the range of 35 to 62%.

Even though introduced as one of the first interventions in Lesotho, HIV sentinel sero-surveillance has been hampered by funding constraints over the years (SADC, 2009; World Health Organisation [WHO], 2021), a broad array of extensive research thus far offers some insightful data on sero-surveillance and seroprevalence in the country. For instance, a 2021 study of 120 randomly selected women involved in sex work in Lesotho established a 20% prevalence rate in Maseru, the capital city, with Quthing standing at 5% (WHO, 2021). It is apposite to note that under Lesotho's Penal Code Act,[i] any aspect of sex work, including buying or selling sexual services, managing, organising or profiting from sex work, has severe penalties.

The frequency of STIs has been on the rise in Lesotho, with new patients presenting for treatment at the Queen Elizabeth II Hospital's STI facility reporting a rate of 23.6%. As of 2021, the prevalence among pregnant patients on antenatal care had risen to 12.2% for STIs and 29% for HIV (Xavier, Mokgatle and Oguntibeju, 2023). The HIV prevalence rate was 6.3% in 2014, while the figure rose to 43.3% in 2017 among healthy adult blood donors between ages 15 and 49 (Government of Lesotho, 2020a; Schwitters et al., 2022). The US President's Emergency Plan for AIDS Relief (PEPFAR) had projected a 30% HIV prevalence rate for the Lesotho Defence Force by the end of the 2011-2020 decade (PEPFAR, 2020; PEPFAR, 2021).

Across the country's hospitals and clinics, the most prominent cause of death among the demographics of Lesotho was AIDS (Government of Lesotho, 2020a). A nation with an estimated

population of 2.34 million (Population Reference Bureau, 2023; United Nations, 2024) had a cumulative total of 14,000 AIDS-related deaths in 2023 (UNAIDS, 2023b).

That the HIV/AIDS epidemic is an entrenched phenomenon among the Basotho is not debatable. While an increasingly concerted approach to this epidemic in Lesotho has helped to keep the outbreak on the front burner for strategic responses,[ii] prognoses on the HIV trajectory indicate an increase in AIDS-related deaths in Lesotho, which may further worsen its development processes (United Nations, 2019; Schwitters et al., 2022; UNAIDS, 2024).

The Government of Lesotho painted the realities of the VIV/AIDS epidemic in the *Lesotho National HIV Policy 2019: Ending AIDS by 2030* document as follows:

The first case of AIDS in Lesotho was reported in 1986. Prevalence rates amongst adults aged 15-49 years rose from approximately 4% in 1993 to 30% in 2002. Lesotho has one of the highest prevalence rates in the world. By 2001, UNAIDS estimated that the country had 25,000 cases of full-blown AIDS. As in other countries, certain groups within society are more vulnerable and have an increased risk of infection, including women, young adults, children, migrants and people infected with a sexually transmitted disease. There is a pronounced male-to-female disparity among youth of 15-29 years old, where young women account for 75% of all reported AIDS cases; this is due to the phenomenon of older men having sex with younger women. In 2001, nearly 10% of all new cases were among children less than four years old who had contracted the virus through mother-to-child transmission. Undoubtedly, HIV and AIDS have had a significant impact on population growth. Between 1966 and 2004, the population grew from 0.97 million to 2.2 million. The annual population growth rate increased from 2.29% between 1966 and 1976 to 2.63% between 1976 and 1986. However, starting from 1986, there has been a downturn in this growth rate, showing a reduction from 2.63% to 2.1% between 1986 and 1996. Although the full impact of HIV and AIDS will not be known until the next census (2026), computer models (such as Spectrum) show that the pandemic will have a significant impact on growth rates. According to some projections, the population will have exceeded 3 million by 2025. Still, due to the impact of HIV and AIDS, it may stagnate at the current levels of 2.2 million. It may decline to 1.8 million if no fundamental changes are made nationally (Government of Lesotho, 2019).

The Government of Lesotho estimated that HIV/AIDS will cause Lesotho's gross domestic product (GDP) to decline by nearly one-third by 2025, with large sectoral impacts on education, health and infrastructure (Government of Lesotho, 2020a). In the absence of concerted action from a variety of committed role actors rendering financial commitment to the battle against the epidemic, HIV/AIDS would worsen poverty levels and sabotage the prospects of raising the standard of living for the Basotho people.

DISCUSSION

Since 1986, when the first case of HIV infection was reported in Lesotho, the numbers have been growing exponentially. Efficient interventions are needed across all segments of the Basotho society to deal with the established HIV/AIDS epidemic in the country.[iii] The country created a programme that prioritised safe blood supplies and HIV antibody testing as an immediate reaction to the epidemic.

Despite its healthcare sector origins, the early intervention programme aimed to take a multi-modal strategy. This involved mobilising both governmental and non-governmental organisations to collaborate, facilitate statistical information, and fight for the respect of the human rights of people living with HIV/AIDS (PLWHA) as guaranteed under Lesotho's constitution and the litany of international human rights instruments binding on Lesotho. Despite acknowledging the relationship between HIV/AIDS and its agenda for national development, the country has yet to prioritise tailored interventions that address HIV/AIDS from a developmental perspective rather than merely as a health issue.

Socio-economic and cultural factors implicating HIV/AIDS in Lesotho

Lesotho is a developing African state currently experiencing swift alterations in its social structures, governance and development. Usually classified as lower-middle-income economies, recent economic issues have led to a funding crisis across many frontiers of the country's economy. Based

on figures from the 2016 national census, the country's population stood at 2,007,261, with a median age of 24 and will grow to around 2.3 million by 2029 and 2.9 million by 2050 (Lesotho Bureau of Statistics, 2024). Of all the people in the population, about 40% are under the age of 15. WHO ascribes 51.5 years as the life expectancy at birth for the entire population, with 54.6 years for females and 48.7 for males, which is remarkably lower than the 63.6 combined life expectancy average for Africa. The leading cause of death in Lesotho, according to the WHO, is HIV/AIDS (WHO, 2024). Vital health indicators indicate the neonatal mortality rate to be 38 per 1,000 live births and maternal mortality rate of 1220 per 100,000 live births, with a high prevalence of transmittable and avoidable infections. (Population Reference Bureau, 2023; WHO, 2024). The parlous state of healthcare delivery and services available within the country has indeed been a behemoth developmental question for Lesotho. Access to primary healthcare delivery services is inadequate, especially in rural areas, due to limited resources and skilled staff (Government of Lesotho, 2020b; Trickey et al., 2024).

With high rates of unemployment, pervasive practices of violence and discrimination against women, tenuous legal and policy response to domestic violence, and unabating crime, coupled with incidents of conflicts in the more remote districts of the country, there are potential threats to the stability and underdevelopment of the Lesotho society as a whole (Olowu, 2011; Molefi, 2020). Since many Basotho communities implicitly tolerate rape, including gang violations of women, demonstrated by the remarkably low number of rape cases that are reported across the country (UNIFEM, 2021), women are disproportionately susceptible to rape and violence. This is demonstrated by the remarkably low number of rape cases that are reported in the Basotho nation. Schwitters et al (2022) have posited that women with lower levels of education are commonly at higher risk for HIV infection as they cannot avoid multiple partnerships or insist on protective intercourse because of the economic and social inequalities between men and women. The vicious cycle of poverty-induced HIV infections in Lesotho has been established as continuing to date (Velardez, 2024, p. 6).

While inclusion of individually-focused strategies like pre-exposure prophylaxis (PrEP) and use of condoms has become an integral part of interventions, cross-sectional studies by UNAIDS and WHO in the aftermath of the COVID-19 pandemic indicate that many Basotho women do not have access to information or understanding of their risk of contracting STIs and HIV, apart from the question of capacity over their sexual and reproductive health (WHO, 2023; UNAIDS, 2024). Trickey et al., (2024) established that a paltry 27.4% of the women cohort in the 15-49 age group insist on condom usage for sexual activities. A whopping 74% of the entire population do not believe they are susceptible to contracting HIV infection.

In Lesotho, various traditional habits exacerbate the HIV transmission levels. A large portion of the remote uplands still indulge in multiple marital relationships like polygamy even though the majority of Basotho identify with the Christian faith, as evidenced by anecdotes and other visible signs (UNIFEM 2021; Xavier, Mokgatle and Oguntibeju, 2023; Velardez, 2024).

So ubiquitous and entrenched is the phenomenon of polygamy in Lesotho that the Lesotho Court of Appeal placed it on record in *Leoma vs Leoma*, that

It is a matter of regret that polygamy in Lesotho continues to exacerbate the problem of conflict of laws in this country. Such conflict arises from the fact that Lesotho has a dual legal system comprising Roman-Dutch Law on the one hand and Customary Law on the other. Now, it is a fundamental truism that the practice of polygamy is a complete anathema to Roman-Dutch Law while on the other hand, it is perfectly in order in terms of Customary Law. This fundamental distinction is however not always apparent to the ordinary Mosotho in the street despite this Court's ruling in numerous decisions that a civil marriage cannot subsist side by side with a customary union.[iv]

Compounding this scenario is the practice of leviratic marriages[v] where the younger sibling of a deceased Basotho husband is expected to inherit his late brother's wife. There are no mandatory VCTs carried out before copulation. Where the leviratic practice is not observed, widowed wives end up in sexual relations with various men for their survival. These longstanding practices in Lesotho have received scholarly attention (Phoofolo, 2007; Matiea, 2010; Bekker and Buchner-Eveleigh, 2017).

There is also the dimension of traditional incisions, circumcision and tattooing. When equipment is shared during traditional tattooing or scarification, there is a risk of HIV infection (Cohen, 2021;

Tampa et al., 2022). Male circumcision is believed to be on the rise, with 20 to 60% of men in Lesotho reportedly having had the procedure to avoid HIV and STIs. (Bertrand et al., 2011; WHO, 2021; Rello et al., 2022). This initiative is expected to reach 80% of adult and newborn males by 2025 (USAID, 2020b). While same-sex and LGBTQIA+ relationships are known and decriminalised in Lesotho under the Penal Code Act of 2010, they remain on the periphery of public life and only heterosexual marriages are recognised under the Marriage Act[vi] as well as the indigenous customary laws of Lesotho.

It is challenging to engage with rural dwellers due to the nation's variety, which includes differences in geographic location (rural and urban divide), topography (highlands and lowlands) and demographics (vast age variances). Road travel is rarely an option for many rural regions. Furthermore, misconceptions regarding HIV/AIDS have fostered a sustained culture of stigmatisation, fault-finding and anxiety in certain regions of the nation (Corno and de Walque, 2013; Velardez, 2024). Added to this mix are the messages of FBOs deepening the huge disparities in how people view the HIV/AIDS pandemic and ideas about enhancing the overall well-being of individuals and communities through numerous conflicting messages of false doctrines of hope and stereotyping (Olowu, 2015).

Lesotho is home to various cultures, all of which are evolving. While some 85% of the population still resides in villages and practices subsistence farming (Olowu, 2013), there are significant intra-country migrations across Lesotho, and substantial urban centres have developed in the main district capitals (Olowu, 2014). The transition from a rural way of life to urbanised living, along with the integration of traditional and modern substrata of cultures (older, conservative/traditional individuals versus younger, modern, more liberal ones), complicates sexual lifestyles and social networks in Lesotho. These factors make it particularly demanding to educate people about changing their social behaviours.

Response to HIV/AIDS in Lesotho and the implications for development

Like many other sovereign nations, Lesotho took a while to adapt its approach to the HIV/AIDS crisis. In the early 1990s, concerted efforts were made to raise awareness among political leaders about the need for a comprehensive response to address the multifaceted effects of HIV/AIDS. Numerous consultative events were held for media practitioners, other professionals, as well as politicians to support a comprehensive multi-sectoral response to the epidemic. Getting community and political leaders to acknowledge the issue was a struggle, especially when HIV/AIDS cases were not yet widespread. While STIs served as an example to explain the potential spread of HIV, few grasped the gravity of the situation. Consequently, political understanding of the issue developed slowly, as witnessed in various other countries. Despite multiple presentations, the National AIDS Commission Bill was not approved by the National Executive Commission, resulting in the loss of financial and technical support for programmes after the discontinuation of the Global Programme on AIDS. Moreover, the HIV/AIDS programme was affected by the 1990s economic downturn, resulting in reduced funding in the health sector in Lesotho. (Loewenberg, 2007; Government of Lesotho, 2020c).

The Lesotho HIV/AIDS Programme Coordinating Authority was established by the government in 2001 and was domiciled in the prime minister's office (USAID, 2020a). The programme's original goals were to implement HIV-VCT across the mountainous nation and guarantee the storage and safety of blood before the delivery of transfusion. To handle surveillance and monitoring as well as the creation of HIV/AIDS policy guidelines, the stakeholders in the Lesotho health sector collectively formed the New HIV/AIDS Strategic Plan in 2006 in collaboration with the WHO Global Programme on AIDS. A short while thereafter, the launch of the first HIV/AIDS Short-Term Plan took place in 2009, and by early 2011, the first Medium-Term Plan was launched in cooperation with the WHO.

By the close of that decade, the administrators of the HIV/AIDS programmes in the Lesotho health sector had started identifying the serious consequences of HIV/AIDS for the advancement of society and the national economy. They had created a plan of action which dealt with health sector requirements but also included the establishment of an NAC and multi-sectoral district HIV/AIDS agencies that were all-inclusive and devoid of partisanship. The strategy also called for the formulation of a concrete national policy on HIV/AIDS, lobbying, and the activation of the non-governmental and faith-based sectors (LIPAM and UNDP, 2020a; Velardez, 2024).

Overall, although the Lesotho health sector had acknowledged the urgent need for the adoption of effective preventive measures towards curbing the spread of HIV/AIDS in the earlier years, coordination efforts were challenging and governmental commitment was tenuous and incoherent.

Only recently, the rolling National Operational Plan was established sequel to the government's request for financial assistance to buoy up the execution of the Lesotho HIV programme at the turn of the decade from *Deutsche Gesellschaft fur Technische Zusammenarbeit* (GTZ), the German government's development agency, and the Global Fund Coordinating Unit (GFCU), among other funders. The Lesotho Ministry of Health and Social Welfare was supported financially and provided with technical assistance by the initiative.

There had been a remarkable sign of official stance when the Lesotho parliament adopted a statute in 2005 that established a multi-modal NAC as a statutory authority. The NAC is responsible for policy formulation on HIV/AIDS and for the fostering, monitoring and coordination of the country's HIV/AIDS programmes. It is composed of officials of the government at all levels, the private and business sectors as well as all recognised community-based organisations (CBOs), faith-based organisations (FBOs) and the non-governmental sphere (Olowu, 2015; Molefi, 2020). The groundbreaking statute has lately been revised to incorporate a delegate of PLWHA. A secretariat of about a dozen staff presently services the NAC.

District-level mechanisms are being established to facilitate the implementation of the Medium-Term Plan. Each of the ten districts now has a District AIDS Committee, supported by a modest secretariat that includes a coordinator for community care and counselling, along with an HIV programme manager. The committees will be responsible for implementing the Medium-Term Plan at that level, and the District Committees need to support them to ensure ongoing political backing and to promote the sustainability of the initiative at the district level.

Since 2005, the National HIV/AIDS Plan has been produced. The Office of National Planning and the Ministry of Health and Social Welfare in collaboration with the UNAIDS topic group, created the initial plan. At half-yearly intervals, six working groups consisting of around 80 essential members from different sectors of the Lesotho community convened to devise a plan addressing six key areas: training, communication, and media; counselling, community care, and support; legal and ethical concerns; socioeconomic effects; monitoring, tracing, and investigation as well as clinical facilities. The Prime Minister of Lesotho introduced the initiative in Thaba Tseka in 2009 when he publicly took the HIV test while a prominent member of Lesotho's PLWHA was allowed to engage the audience (Government of Lesotho, 2010a). The formation of the NAC and the execution of the plan marked the start of an all-inclusive HIV/AIDS action in Lesotho.

As the vanguard of Lesotho's HIV/AIDS initiatives, the NAC secretariat began operations in 2005. In its first year of operation, the main goal was to set up the necessary frameworks to support the multi-sectoral approach at the national and district levels, mobilising all relevant sectors. To help the inter-sectoral response, the secretariat has held several multi-stakeholder workshops. The first was devoted to uniting all the various sectors on a national scale to start the HIV/AIDS response process. The subsequent workshops concentrated on creating district organisational frameworks and performing a risk and resource scenario analysis for every district. The programme coordinators across all districts also started reviewing and revising all normative frameworks related to HIV/AIDS in Lesotho, collaborating with consultative groups and paying utmost attention to respect for human rights, privacy, equality, and non-discrimination. They also focused on the facilitation of condom availability.

The need for human resources for health has led to NAC collaborating with local partners to strengthen pre-service nursing education, nursing practice regulation and standards, and providing capacity-building assistance to nursing education institutions. The Lesotho Nursing Council, the MOHSW, and the vital composite entities operating under the aegis of the Christian Health Association of Lesotho (CHAL), supported by other educational and funding partners, work with the NAC. In line with the scientifically established benefits of male circumcision against heterosexual STIs (Bansi-Matharu et al., 2023; Peck et al., 2023), the NAC is collaborating closely with the MOHSW to promote HIV/AIDS prevention through the expansion of voluntary surgical procedures to all males in the country (Ministry of Health and Social Welfare [MOHSW], 2020].

Although the World Bank states that the Basotho population living below the poverty line decreased from 56.6% to 49.7% over 15 years, pervasive poverty levels in Lesotho have projected that the livelihood of some 32.6% of the entire population is confined to less than US$2.15 per day (UNDP, 2022; World Bank, 2023). Despite the high poverty levels for such a small, low-middle-income country, primary healthcare services are being offered for free, whereas hospital services are almost 97% subsidized by the Government of Lesotho, in conjunction with diverse donors and funders (USAID, 2020a).

Since the preponderance of the Basotho population is that of rural dwellers and impoverished, the Government of Lesotho is considering the future implementation of a sliding fee scale, although it is uncertain how soon this plan could take off. The government has struggled to improve services at the existing central hospital, which has been slated for replacement for more than 10 years. Because of the continuous decline in funding as well as shortages in drugs, the World Bank during a preliminary assessment had identified the Queen Elizabeth II Hospital as a disease vector rather than a pivotal treatment centre for diseases (World Bank, 2009; Schwitters et al., 2022) The hospital, its staff and patients suffer from a desperate shortage of resources required for the provision of even basic medical services. In the current economic and healthcare environment of Lesotho coupled with looming fiscal constraints and the snowballing economic burden of HIV/AIDS and its associated conditions, the inevitable realities are showing that current plans and programmes against the epidemic may prove unsustainable (UNDP, 2020b).

The socioeconomic impact dimension of the Medium-Term Plan should be the primary focus of the national coordination centre for the 2030 HIV/AIDS Strategic Plan, given its significance for HIV/AIDS and development. To apprise interventions in all sectors, we need to conduct robust information gathering on the intersectionality of HIV/AIDS and development.

Furthermore, it becomes essential that beyond the onerous responsibility given to the NAC to drive the HIV/AIDS programme, the epidemic must be placed squarely on all development discourses and programming in Lesotho. In tandem with this, efforts of donor agencies must move beyond funding to begin to engage the critical issues of capacity-building and strategic reforms needed to achieve and sustain the stated goals, particularly in the civil service, public accountability, the rule of law, equality, public participation and access to justice.

Research has shown how HIV/AIDS impacts the economies in African states and the cost-effectiveness of various prevention and treatment strategies to tackle the epidemic. The pandemic has reportedly diminished average national economic growth rates for African states by 2 to 4% annually (Odugbesan and Rjoub, 2020; Uwishema et al., 2022). Apart from the macroeconomic effects, HIV/AIDS also affect social capital and human development as it does negatively affect children – through the loss of caregivers, the fatigue on caregiving systems and the potential to disrupt children's education in the longer and short terms (Human Sciences Research Council, 2015; Zinyemba, Groot and Pavlova, 2023). Lesotho is not insulated from the stark realities of the effects of the epidemic. Like her counterparts throughout the world, HIV/AIDS has impacted the workforce and productivity, lowered exports, and raised imports for Lesotho. Implementing prevention and treatment programmes, along with economic initiatives like specialised training in critical industries, will go a long way in mitigating the adverse economic consequences of HIV/AIDS for Lesotho.

It will be critical for Lesotho to refocus its HIV/AIDS strategies by breaking down the barriers of exclusion and discrimination against the poor, sex workers and the LGBTQIA+ community.

The thrust of the advocacy here is that the effort towards tackling HIV/AIDS in Lesotho must be brought down from the heights of mere policy interventions to the social and moral planes of development.

CONCLUSION

This article accentuated how the HIV epidemic impacts the ramifications of development in Lesotho. It particularly examined the connections between HIV/AIDS and the goals of development as well as the wider planning, programming and policy problems that the crisis presents for the Government of Lesotho, its institutions, and donor agencies.

A few key individuals in Lesotho had recognised the conceivable effect of the HIV/AIDS epidemic early on and dedicated many years to securing the backing of leaders in the communities, including those in the political, religious, and private spheres. Although initially focused on the health sector, the early interventions for an inter-sectoral approach, bringing together governmental and NGOs to collaborate, promote confidentiality, facilitate access to information and the confidentiality of information so gathered, and advocate for the rights of PLWHA.

While the Government of Lesotho, along with many FBOs, CBOs and NGOs, has now recognised the threat of HIV/AIDS, and even those in the private sphere have started supporting related initiatives, significant challenges remain due to widespread ignorance and apathy in communities, as well as ongoing discrimination, stigmatisation, social exclusion, and, in some cases, violence against PLWHA. Additionally, the persistent economic difficulties affect all sectors of Lesotho's society, leading to unyielding limitations in capabilities and choice. Commendably, the Lesotho NAC Secretariat is diligently seeking funding to sustain the HIV/AIDS Medium-Term Plan and is also working closely with several organizations, such as the UNAIDS, the WHO, and the EU.

This paper has demonstrated, consciously and deliberately, that the key to reining in the HIV/AIDS epidemic in Lesotho is to tackle the critical issues of illiteracy, GBV, gender inequalities, high-risk lifestyles and crime, among others, that stifle development and prevent Basotho people from having the fullness of the conditions that are necessary to make informed choices about their social and economic livelihoods and sustenance.

Far from being an ex-cathedra pronouncement on all the pragmatic approaches towards the incorporation of HIV/AIDS into Lesotho's development agenda, this article would have served its purpose if it stimulated further intellectual enquiry.

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DECLARATION OF CONFLICT OF INTEREST

The Author declares that there is no conflict of interest involved in the writing or publication of this article.

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[i] No. 6 of 2012, Article 55.

[ii] Among the interventions are enhanced enlargement of HAART access facilitated by the Government of Lesotho; elevated HIV VCTs at the country's hospitals and healthcare facilities; robust attention to destigmatisation campaigns by FBOs; extensive distribution of safe sex gadgets, including male and female condoms all over the country, robustly supported by the business sector and donor agencies; and commitment to the provision of technical/expert support by the WHO among other international bodies.

[iii] *Basotho* refers to the people of Lesotho just as 'Kenyans' refers to the people of Kenya. There is no plural word for 'Basotho'.

[iv] *Leoma vs Leoma*, Court of Appeal (Civil) No. 19 of 2003 (Appeal decision of 7 April 2004), per Ramodibedi, J.A.

[v] This practice is popularly referred to *as kenelo* or *kenela* in the Sesotho language.

[vi] Act No. 10 of 1974.