



**Statement by Prime Minister Dr. Moeketsi Majoro, Kingdom of Lesotho
At the PEPFAR World AIDS Day 2020 “Impact, Resilience, and Partnership” Virtual
Event
with U.S. Global AIDS Coordinator Ambassador Deborah Birx**

Ladies and Gentlemen,

Ambassador Birx and Partners from across the global HIV and AIDS community. I am pleased to join you at this exceptional event to commemorate our collective successes on World AIDS Day 2020. Today there is much to celebrate as we review our longstanding engagement and partnership with the United States government through the PEPFAR program. Since 2007, the United States has committed nearly seven billion maloti to the bilateral HIV response in the Kingdom of Lesotho. I am honored to announce that through the sustained adoption of critical, focused programs, initiatives, and strategies, many of which have been supported by PEPFAR, the Mountain Kingdom has met, and even exceeded, the UNAIDS 90-90-90 goals set for 2020. This year, Lesotho has joined a small group of African nations on target for epidemic control. We are indeed closer than ever before to achieving this goal.

Yesterday, with unwavering support from U.S. Ambassador to Lesotho Rebecca Gonzales, Her Majesty Queen 'Masenate Mohato Seeiso announced the preliminary findings of the 2020 Lesotho Population-based HIV and AIDS Assessment (or LePHIA 2020). These results show that the Kingdom of Lesotho continues to make substantial progress towards control of the HIV epidemic. More specifically, the survey shows that 90 percent of the adults aged 15+ living with HIV are aware of their HIV-positive status. Among the adults who know their status, 97 percent are on treatment. In addition, among the adults who are on treatment, 92 percent have viral load suppression.

As one of only two nations to complete a second national survey, LePHIA 2020 serves as a milestone on the path towards control of the HIV epidemic by 2025. This household-based national survey was led by the Government of Lesotho, with strong support from PEPFAR and technical assistance through the U.S. Centers for Disease Control and Prevention (CDC) and its implementing partner, ICAP at Columbia University.

Controlling the HIV epidemic in the Kingdom of Lesotho has taken efforts from a wide range of stakeholders, including every Mosotho. Allow me to acknowledge all who have contributed to our country's success. Thanks to the Ministry of Health for the quick adoption of international guidance and directing our response. I also wish to thank, The Global Fund which has amongst others and over a long period also contributed funding for ARVs, viral load

reagents and human resources for health among many others. I wish to further appreciate the National AIDS commission for its efforts especially for coordination under difficult circumstances. Thank you to UNAIDS for your leadership, as well as the World Health Organization for your technical guidance. And thank you to our numerous PEPFAR partners for your work Implementing the PEPFAR programs and initiatives that provide prevention, care, and treatment services in all ten districts of the country. Most importantly, thank you to our healthcare workers who have risen above the challenges imposed by HIV and, this year, the challenge of concurrently fighting the global Coronavirus pandemic.

PEPFAR's impact has been profound and far-reaching across Lesotho, and we've achieved many milestones along the way. For instance, in April 2016, the Kingdom became the first African nation to launch the Test and Treat program, ensuring that people living with HIV are immediately eligible to begin treatment, regardless of their CD4 count. This policy shift enabled us to fast-track towards the 90-90-90 targets. The Ministry of Health, with the support of its partners including PEPFAR programs, was then able to find people living with HIV, promptly put them on treatment, and ensure they were virally suppressed. While we were able to start many patients on treatment, a significant number were also being lost and defaulting on their antiretroviral treatment. With the support of PEPFAR, the Ministry of Health introduced client-centered approaches to help patients maintain the continuity of treatment through differentiated service delivery models, such as multi-month dispensing and community antiretroviral treatment groups. Finally, health systems were strengthened to support all these critical activities, such as the laboratory for viral load testing, supply chain management, and health information management (such as eRegisters). Today, Lesotho, hand in hand with all donors, partners and stakeholders, supports 232,000 Basotho living with HIV.

As we think about the impact of PEPFAR in Lesotho, the most significant point we must keep in mind is that over the past several years we have seen a consistent drop in the number of new infections as well as the slowing of the number of deaths associated with HIV. The drop in new infections can be attributed to new strategies, putting patients on treatment, and ensuring that patients are virally suppressed, as I mentioned earlier. Additionally, this progress has been supported through a multitude of comprehensive prevention approaches—including prevention of mother-to-child transmission programs; voluntary medical male circumcision; programming for our adolescent girls and young women, such as the DREAMS initiative. Collectively, these programs provide the day-to-day, community- and facility- based efforts that make health care more accessible and ensure that clients receive the services they need. For more than a decade, the United States government has supported every facet of the HIV/AIDS response in the Kingdom of Lesotho through PEPFAR.

Ambassador Birx, thank you for your leadership over your many years at the helm of directing and supporting the global response to the HIV epidemic. Today, I request your continued commitment to supporting a stable and responsive national HIV/AIDS program that has proven to save lives and move Basotho ahead to the next set of milestones in the global effort to control this epidemic.

End

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