

## **Towards Universal Access to HIV Treatment and Care in Lesotho: Key Challenges Facing the St. Rose Health Center, a Community Clinic**

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Development efforts in health in the developing world have developed over the course of many years; through experience gained and money spent, from the smallest efforts of the world's international organizations to the largest efforts of individuals living in the world's poorest countries. This paper represents a case-study of a single clinic in the country of Lesotho as it attempts to scale-up towards universal access to HIV/AIDS prevention, care and treatment within a constantly changing health systems environment, and adapt to new pressures and old ones amplified.

As with most countries in the Southern Africa region, Lesotho has an unusually high HIV prevalence in its general population. International donors and the Government of Lesotho (GoL) have increasingly committed themselves to creating an 'HIV/AIDS free society' through prevention, care, and treatment programs (1). The leadership, management, and control of this vision, however, have been inconsistent and fragmented. The evolution from acknowledgment to acceptance to action by the government has historically lacked clear direction (2).

One of the first efforts at creating a national strategic HIV/AIDS plan was spearheaded by the Lesotho Ministry of Health and Social Welfare in 2000, which resulted in the National AIDS Strategic Plans for 2000-2001 and 2003-2004. The plans managed to conceptualize the ideas for commitment to addressing HIV/AIDS in Lesotho but lacked details on international collaboration and coordination, specific national policies and programs and the actors who were to adopt them, sustainable international donor or internal funding sources, and formal commitments by any of its stakeholders.

By 2005 the Government of Lesotho had committed itself to the then current international standards and recommendations on HIV/AIDS, adopting the UN's 'three ones' principals as a guide and reference. It was in this same year that several significant changes in Lesotho's approach to HIV/AIDS emerged. The Lesotho National AIDS Commission (NAC) was established as a parastatal organization, designed as the policy setter and lead coordinator for all national HIV/AIDS related programs. Concurrently, a National HIV and AIDS policy and a new, broader, and more finely detailed National HIV and AIDS strategic plan, covering the period 2006-2011, were created.

The primary objective of this case-study is to track the evolution, from a health systems perspective, of a semi-rural clinic as it adjusts to its shifting foundations and expanding goals; from health care provider to HIV-centric, integrated health care center. The main focuses will be dictated by national policies, namely universal access to HIV care and treatment, and the clinic's efforts and adaptations in each of these fields. In addition, the underlying theme of rapid changes in the national health system and international response strategies will necessarily be included for both the driving and restraining effects they impose at the community level.