



# Assessment Report: Evaluating HIV services in Lesotho Prisons

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## **Introduction**

HIV/AIDS remains a critical public health concern within Lesotho's prison system, where inmates face heightened risks of infection. Estimates, which are presumed and lack substantiation due to their outdated nature, indicate that the prevalence of HIV among prisoners may reach as high as 30%, considerably exceeding the national adult HIV prevalence rate of 25.6%. MenEngage carried out this survey during 2012-2013, 11 years ago!

This disproportionately high prevalence within correctional facilities underscores the urgent need for targeted interventions to address the epidemic behind bars.

Further complicating the picture, reliable data on the true prevalence of HIV among prisoners in Lesotho is scarce. Some inmates avoid testing or disclosing their HIV status due to fear, stigma, and misconceptions about the disease. This lack of comprehensive testing and reporting renders it difficult for policymakers and public health officials to fully grasp the scale of the crisis and design appropriate responses. Nonetheless, the available evidence strongly suggests that the HIV burden within Lesotho's prison population is high and demands immediate attention.

This report therefore presents the findings of an in-depth assessment of the HIV/AIDS situation within Lesotho's prison system. Conducted by Phelisanang Bophelong with support from AVAC, this evaluation aims to guide critical advocacy to enhance HIV prevention, testing, and treatment services for incarcerated individuals across the country.

## **About the Assessment**

This assessment report is a baseline snapshot of HIV services in Lesotho's prisons. It is an advocacy tool for effective, decentralized, and differentiated HIV policy and services within Lesotho's prisons.

The ultimate goal is to establish the following:

Effective HIV surveillance within prisons, including comprehensive data collection, analysis, and reporting, to inform policy decisions and service delivery;

Increased funding allocated to HIV services in prisons to ensure adequate resources for all newly approved HIV prevention interventions, treatment, care, and support programs, including sufficient staffing, medication, and other essential supplies; and

An enabling environment for HIV services in prisons, ameliorating stigma and discrimination, promoting confidentiality and privacy, ensuring access to legal services, and facilitating partnerships between prison authorities, healthcare providers, and inmates.

The findings of this assessment will be crucial to understand the current situation and identify areas for improvement in Lesotho's prison system.

## **Methodology**

Phelisanang Bophelong HIV/AIDS Network conducted a tour of 10 out of the 12 correctional facilities in Lesotho. This assessment utilized a mixed-methods approach to thoroughly evaluate HIV services within the country's prisons, integrating both qualitative and quantitative data collection methods. Qualitative data was obtained through semi-structured interviews with key informants, which included prison staff, healthcare providers, inmates, and peer educators who have previously been incarcerated.

The role of peer educators primarily involved verifying claims made by health personnel or inmates, ensuring the provision of unbiased information.

These interviews delved into the perceptions, experiences, and challenges associated with HIV services in the prison system. Quantitative data was gathered through a review of existing records and documents pertaining to HIV services, including program reports, policies, and statistical information.

This comprehensive approach offered a detailed understanding of the current state of HIV services in Lesotho's prisons, reflecting both the experiences of stakeholders and the failing policy framework. Additionally, interviews with peer educators, who are former inmates, contributed valuable insights into the lived experiences of individuals within prisons.

## Challenges of the Assessment

- **Insufficient Documentation or Reporting:** There is a significant lack of standardization of documentation or reporting within the prison system across Lesotho. This issue is exacerbated by the absence of an up-to-date guiding policy, which has resulted in the unavailability of an assessment tool to guide our evaluation.
- **Exaggeration by participants:** Inmates, correctional officers and health workers are often known for their tendency to distort the truth about their relationship. While some of inmates challenges, particularly those of a socio-economic nature, were evident, many of their claims were found to be exaggerated. Peer educators were able to refute approximately 70% of these assertions.
- **Attitude of Peer Educators:** During interviews with peer educators, it became apparent that their primary instinct was to safeguard the interests of Phelisanang Bophelong. PB, supported by the Global Fund, is responsible for implementing the peer education program in prisons. Consequently, peer educators often perceive themselves more as employees of Phelisanang Bophelong rather than advocates for inmates. This perspective has led to a tendency to prioritize impressing the interviewing staff of Phelisanang Bophelong over providing impartial opinion.

## Key Findings

**Challenging socio-economic conditions:** Inmates in Lesotho face challenging socio-economic conditions within the prison system, characterized by issues such as food scarcity, inadequate clothing, overcrowding, and poor hygiene. Additionally, there is a scarcity of vocational training programs, along with limited initiatives designed to prepare inmates for opportunities upon their release. These programs will help ensure that inmates have a better chance of reintegrating into society and breaking the cycle of poverty and crime.

**Near Zero infections in prisons (in doubt due to insufficient surveillance):** Lesotho prisons report near-zero new HIV infections. While this figure appears encouraging, it's crucial to consider the limitations of current surveillance systems and the potential for underreporting. The lack of consistent voluntary HIV testing for prisoners throughout their sentences raises concerns about the accuracy of these reports.

**Outdated reporting system:** The current paper-based reporting and registry hinders real-time surveillance and data sharing with stakeholders. This outdated system limits the ability to monitor trends, identify emerging needs, and facilitate timely interventions. Implementing digital systems for data collection and sharing is crucial for enhancing efficiency and effectiveness.

**Best condom program:** Lesotho is recognized for having one of the most effective condom programs in Africa. The Lesotho Correctional Services was among the first in the continent to establish such a program. LCS remains a pioneer in this program, serving as a model for other African nations.

**CRP Program underfunded:** The Community Reintegration Program, which provided inmates with comprehensive HIV services upon release, has been paused due to lack of funding. This discontinuation leaves a significant gap in post-release support for inmates living with HIV, potentially jeopardizing their health outcomes and increasing the risk of reinfection and transmission to others.

**The peer education program needs to be strengthened:** Peer educators play a crucial role in linking inmates to HIV treatment and care, yet they lack adequate support. Enhancing the peer education initiative will undoubtedly lead to a greater uptake of HIV treatment and prevention efforts. An alternative and comprehensive document assessing the peer education program within correctional facilities is available, containing recommendations aimed at enhancing the peer education initiative, particularly to bolster HIV/AIDS prevention efforts in prisons.

**Excellent U=U results:** Undetected=untransmissible (U=U) as a prevention method shows promising results in prisons, with over 95% of inmates on antiretroviral therapy (ART) achieving viral suppression. This achievement highlights the importance of expanding access to ART and promoting adherence among inmates. Continued efforts are necessary to ensure sustainable access to ART and maintain high levels of viral suppression within the prison system.

**Low PrEP and PEP, despite unlimited access:** The uptake of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) remains low, even though LCS has unrestricted access to these key biomedical interventions. This situation is likely attributable to a lack of effective demand generation and awareness campaigns. To enhance the utilization of these proven HIV prevention interventions, it is essential to implement more robust awareness campaigns, focused counseling, and proactive outreach efforts. Additionally, Cab-LA was recently approved in South Africa and therefore should be available in Lesotho; priority should be given to making it accessible to inmates

**Lack of standardization HIV policy in prison clinics:** A lack of standardization of HIV policy across Lesotho prison healthcare systems has resulted in inconsistent programs and practices across facilities. This lack of uniformity hinders the delivery of consistent and high-quality HIV services. Implementing standardized guidelines and training programs for healthcare providers is essential for ensuring equitable and effective care across all prison facilities.

**A shortage of Health Professionals in prison clinics:** A shortage of healthcare professionals in Lesotho prison clinics has led to Correctional Officers filling some **key** health positions. This situation creates a challenge, as Correctional Officers may lack the necessary training and experience to provide comprehensive HIV care. This shortage impacts the quality and accessibility of HIV services within the prison system.



## Recommendations

The Ministry of Finance needs to increase the budget for Lesotho Correctional Services to tackle the socio-economic challenges that inmates encounter. Additionally, the government should collaborate with vocational institutions to provide inmates with essential vocational skills and create programs that expose them to various opportunities.

To maintain the accuracy of the reported zero infection rate, the Government, through relevant ministries should expedite the transition to paperless reporting for improved efficiency and data management. This will require investing in infrastructure and training to ensure that all correctional facilities and healthcare staff have the necessary technology and skills to implement this change effectively. This will streamline data collection, improve data accuracy, and facilitate informed decision-making for improving HIV programs. The government should also install Wi-Fi services in correctional facilities by the end of 2024 to enable digital HIV surveillance programs within these institutions.

Ministry of Health and LCS should uphold the condom program for HIV prevention in prisons. This includes ensuring that inmates have access to a sufficient supply of condoms, providing comprehensive information about condom use, and addressing any barriers to accessing and using condoms effectively.

The government of Lesotho, along with international donors like the Global Fund and PEPFAR, should collaborate to secure funding for the Community Reintegration program and guarantee its sustainability.

Ministry of Health should provide regular training and refresher courses for peer educators, health professionals, and correctional officers. This will ensure that they are equipped with the latest knowledge and skills on HIV prevention, treatment, and care. This will lead to a more informed and responsive prison health system that is better equipped to meet the needs of inmates.

The Ministry of Health must increase its support for peer education in prison. The peer education program requires a redefinition to elevate peer educators to the role of peer navigators. These peer navigators should receive support to deliver HIV testing services on-site, and crucially, they must be integral to the community reintegration program. Their established trust within the community positions them as key figures in connecting former inmates to care and prevention services, and fostering a professional relationship with them. Consequently, they should be entrusted with the responsibility of following up with inmates after their release. Additionally, this advancement in their role should be accompanied by salary enhancements to incentivize their efforts. Enhancing peer education programs is crucial for increasing the uptake of PrEP and PEP services.

The Ministry of Health and implementing civil society organizations should intensify their efforts in launching initiatives that will boost the demand for PrEP and PEP among inmates. Long-acting injectable PrEP and other long-acting interventions coming to market should be fast-tracked for scale-up in prison.

The government needs to expedite the launch of the long-awaited LCS Healthcare Policy. This policy draft appears to be stalled in the approval process, and it is essential for the government to ensure its implementation by January 2024. The document will address the issue of standardization by providing a comprehensive guiding framework.

Government should collaborate with international donors such as PEPFAR and Global Fund to recruit more health professionals and allocate sufficient funding for Lesotho Correctional Services to hire cadre officers. This will require developing a strategic plan for human resource development in the prison health system, including programs to attract and retain qualified healthcare professionals. The plan should also include measures to address the high attrition rate of health workers in the prison system and ensure that the prison health system has the necessary financial resources to operate effectively.

## **Commending the Condom Programming**

The condom program within LCS is arguably the most effective in the Southern African Development Community (SADC) region. As the pioneer in implementing condom distribution in African correctional facilities, Lesotho maintains its leadership in this area.

## **Implications for Stakeholders (Everyone has a role to play)**

**Government:** Strengthening policies and allocating resources to support comprehensive HIV services in prisons.

**Lesotho Correctional Services:** Implementing evidence-based practices and promoting a stigma-free environment within prisons.

**Healthcare Providers:** Providing culturally competent and comprehensive HIV services to prisoners, integrating care with the wider community.

**Civil Society Organizations:** Advocating for improved HIV services in prisons and supporting prisoners through outreach, education, and peer support.

## **Conclusions and Next Steps**

This assessment underscores the effective implementation of condom distribution programs

However, challenges remain: shortage of personnel, low uptake of PrEP and PEP and poor HIV surveillance system. To effectively address these issues, a collaborative effort is essential, with stakeholders playing crucial roles. The government should strengthen policies and allocate resources to enhance HIV services in prisons. LCS should implement evidence-based practices and promote a stigma-free environment.

Healthcare providers should provide culturally competent and comprehensive HIV services, integrating care and prevention with the wider community. Civil society organizations should advocate for improved HIV services and support prisoners through outreach, education, and peer support. Moving forward, ongoing monitoring, evaluation, and continuous improvement are vital to ensure the effectiveness and sustainability of HIV services in prisons. By working together, Lesotho can continue to make progress towards eliminating HIV in prisons and beyond.

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