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Lesotho

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

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- [Pregnant Women](#)
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- [Exposed Infants](#)

-  [National Guidelines for HIV Treatment in Lesotho \(PDF / 2 MB\)](#)
-  [National Guidelines for ART in Lesotho \(PDF / 4 MB\)](#)
-  [National Guidelines for the Prevention of Mother to Child Transmission of HIV in Lesotho \(PDF / 1 MB\)](#)
-  [Tuberculosis Policy and Manual in Lesotho \(PDF / 8 MB\)](#)

Pregnant Women

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

- All pregnant and breast-feeding women living with HIV

Regimen Options:

First Line:

TDF + 3TC +EFV

This included pregnant women in the first trimester of pregnancy and women of childbearing age. The recommendation applies for lifelong treatment initiated for PMTCT.

Second

Line:

If d4T or AZT was used in first-line ART:

TDF + 3TC + ATV/r or LPV/r

If TDF was used in first-line ART:

AZT + 3TC + ATV/r or LPV/r

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.

Reference:

Government Of Lesotho National Guidelines On The Use Of Antiretroviral Therapy For HIV Prevention And Treatment (Fourth Edition) (2014) Government Of Lesotho National Guidelines For The Prevention Of Mother To Child Transmission Of HIV (2010) Kingdom Of Lesotho National Tuberculosis Programme Policy And Manual (Draft)

Adults and Adolescents (10 - 19 Years)

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

- CD4 Count of less than or equal to 500 cells/mm³
- Individuals with HIV in sero-discordant relationships
- All individuals with HBV co-infection
- WHO stage 3 or 4 - treat all regardless of CD4 cell count
- WHO stage 1 or 2 - treat CD4 less than or equal to 500 cells/mm³

Regimen Options:

First Line:

Preferred: TDF + 3TC + EFV

Second

Line:

AZT + 3TC + ATV/r or LPV/r

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

First Line:

Alternative: AZT + 3TC + EFV or

AZT + 3TC + NVP or

TDF + 3TC + NVP or

*ABC + 3TC + EFV (or NVP)

*ABC or boosted PIs (ATV/r, LPV/r) can be used in special circumstances

Second Line:

If d4T or AZT was used in first-line ART:

TDF + 3TC + ATV/r or LPV/r

If TDF was used in first-line ART:

AZT + 3TC + ATV/r or LPV/r

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Reference:

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Children (3 - 9 Years)

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All children less than 5 years

Children 5 years and above with:
WHO stage 3 or 4 (or)
CD4 count is ≤ 500 cells/mm³

Regimen Options:

First Line:

Preferred

ABC + 3TC + LPV/r

Second Line:

If a NNRTI-based first line regimen was used:

Preferred regimens:

AZT + 3TC + LPV/r

Alternative regimens:

ABC + 3TC + LPV/r

or

TDF + 3TC + LPV/r

If a PI-based first line regimen was used:

No change from first line regimen

Alternative regimens:

AZT + 3TC + NVP

or

ABC + 3TC + NVP

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.

First Line:

Alternatives:

AZT + 3TC + EFV or

ABC + 3TC + NVP

AZT + 3TC + NVP

Second

Line:

If a NNRTI-based first line regimen was used:

Preferred regimens:

AZT + 3TC + LPV/r

Alternative regimens:

ABC + 3TC +LPV/r

or

TDF + 3TC +LPV/r

If a PI-based first line regimen was used:

No change from first line regimen

Alternative regimens:

AZT + 3TC + NVP

or

ABC +3TC +NVP

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.

Reference:

Government Of Lesotho National Guidelines On The Use Of Antiretroviral Therapy For HIV Prevention And Treatment (Fourth Edition) (2014) Government Of Lesotho National Guidelines For The Prevention Of Mother To Child Transmission Of HIV (2010) Kingdom Of Lesotho National Tuberculosis Programme Policy And Manual (Draft)

Children less than 3 Years

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All children less than 5 years

Regimen Options:

First Line:

Preferred:

ABC + 3TC + LPV/r

Second Line:

If a NNRTI-based first line regimen was used:

Preferred regimens:

AZT + 3TC + LPV/r

Alternative regimens:

ABC + 3TC + LPV/r or

TDF + 3TC + LPV/r

If a PI-based first line regimen was used:

No change from first line regimen

Alternative regimens:

AZT + 3TC + NVP

or

ABC + 3TC + NVP

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.

First Line:

Alternatives:

AZT + 3TC + LPV/r or

ABC + 3TC + NVP or

AZT + 3TC + NVP

Second Line:

If a NNRTI-based first line regimen was used:

Preferred regimens:

AZT + 3TC + LPV/r

Alternative regimens:

ABC + 3TC +LPV/r or

TDF + 3TC +LPV/r

If a PI-based first line regimen was used:

No change from first line regimen

Alternative regimens:

AZT + 3TC + NVP

or

ABC +3TC +NVP

Third Line:

Darunavir (DRV), Ritonavir (RTV) as a pharmacokinetic booster, Raltegravir (RAL) and Etravirine (ETV)

Patients on failing second-line regimen with no new ARV options should continue on a tolerated regimen.

Reference:

Government Of Lesotho National Guidelines On The Use Of Antiretroviral Therapy For HIV Prevention And Treatment (Fourth Edition) (2014) Government Of Lesotho National Guidelines For The Prevention Of Mother To Child Transmission Of HIV (2010) Kingdom Of Lesotho National Tuberculosis Programme Policy And Manual (Draft)

Exposed Infants

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Regimen Options:

First Line:

Infant of mother who are receiving ART and are breastfeeding should receive six weeks of infant prophylaxis with daily NVP. If infants are receiving replacement feeding, they should be given six weeks of infant prophylaxis with daily NVP. Infant prophylaxis should begin at birth or when HIV exposure is recognized postpartum.

Reference:

Government Of Lesotho National Guidelines On The Use Of Antiretroviral Therapy For HIV Prevention And Treatment (Fourth Edition) (2014) Government Of Lesotho National Guidelines For The Prevention Of Mother To Child Transmission Of HIV (2010) Kingdom Of Lesotho National Tuberculosis Programme Policy And Manual (Draft)

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