

## Lesotho



This map is an approximation of actual country borders.

|  |                |
|--|----------------|
| Total population   | <b>1960000</b> |
| % under 15   | <b>40.1%</b>   |
| % rural population   | <b>83%</b>     |
| Life expectancy at birth   | <b>35.2</b>    |
| Under-5 mortality rate per 1000                                      | <b>113</b>     |
| Maternal mortality ratio per 100000 live births                      | <b>762</b>     |
| General Expenditure on health as % of general government expenditure | <b>10%</b>     |
| Human Development Index Rank out of 177 countries                    | <b>149</b>     |
| Gross National Income (GNI) per capita US\$                          | <b>\$349.5</b> |
| Adult (+15) literacy rate  | <b>87.2%</b>   |
| Adult (+15) male literacy rate                                       | <b>75.2%</b>   |
| Adult (+15) female literacy rate                                     | <b>91.9%</b>   |
| % population with sustainable access to an improved water source     | <b>50.9%</b>   |
| % population with sustainable access to improved sanitation          | <b>55.8%</b>   |

Source:  
Lesotho DHS 2004

Lesotho is a landlocked country surrounded entirely by the Republic of South Africa. It has a surface area of 30,335 km<sup>2</sup> and a population of 1,960,000. However, there has been a decline in the population growth and it is currently 0.08%. The country being mountainous, accessibility to services is very difficult, and so is service delivery. The majority of the population live in the rural areas (>70%). It is a resource poor country with the GDP per capita standing at \$296 (2005). Thus the majority of the population is poor with about 50% living below the poverty line. Similarly the level of unemployment is over 40% of the adult population. Paradoxically, the literacy rate is one of the highest in the continent at 82%. These factors have made the Government in collaboration with partners develop a poverty reduction strategy and a National Vision 2020 for the country.

It is a politically stable country with a bicameral type of legislature but based on a modified constitutional monarchy.

### HEALTH & DEVELOPMENT

**Health Development:** Lesotho is a developing country with a high prevalence of HIV and tuberculosis (TB) which has affected all the development areas of the country including human resource. This pandemic has also negatively affected the economy of the country. Therefore, there are declining and poor health indices in the country. In order to well address this problem, which is systemic in nature, the Government and partners with WHO as the major technical partner have embarked on a far reaching strategy in its PRSP for the country for 2010/11 which has clearly indicated health as one of the major pillars for poverty reduction in the country. In addition to the above, the Government has taken the issues of the environment and water and sanitation very seriously as 95% of urban dwellers have access to portable water supply and waste disposal. WHO has in addition supported the country develop a Human Resource for Health strategy for the country.

Health system reforms which aim to tackle the issues that surround stewardship in the health sector are being strongly addressed. Human resource issues remain a centre piece of this reform.

**Health Indicators:** The health indicators for Lesotho are not improving as rapidly as possible. For example, the life expectancy at birth is 42 years (2006), the infant mortality rate is 106/1000; the under-five mortality rate is 113/1000; and the maternal mortality ration is over 700/100000 live births. With the majority of the population living in hard to reach areas, inequalities exist among the different parts of the country. For example in the rural areas, during the winters, there are increases in deaths due to inaccessibility of the population. In the HIV/AIDS prevalence of the country has been estimated to be about 23.2%. This has fuelled a rise in the prevalence of TB. Unfortunately, MDR-TB has been described in the country making the control of the current TB epidemic more challenging than previously.

**Burden of Diseases:** Lesotho is one of the developing countries that are facing an increasing double burden of diseases. There are increases in the burden of noncommunicable diseases, as well as a very high burden of communicable diseases. Thus diabetes and hypertension accounted for 7% of female admissions, while diabetes and road traffic accidents accounted for 8% of male hospital admissions in a recent survey. Stroke, depression, myocardial infarction, epilepsy and heart failure are all on the rise.

At the same time, the relentless increase of burden of disease that is imposed on the country by HIV, continues to weaken the human resource base of the country. In addition to HIV, diarrheal diseases are not unknown in the rural areas. Thus in conclusion there is a high burden of disease in the country, with great needs for service delivery.

**Coverage of Essential Interventions:** The coverage of services in Lesotho is varied. The attendance of skilled workers at birth is estimated to be 55%, while antenatal care coverage is 70%. Immunization coverage at the end of 1 year is about 80%, but contraceptive prevalence rate is only 37%. Despite the high burden of HIV and the attention paid to it by government, ARV coverage is only 25%.

**Health System Challenges:** Lesotho with the help of technical partners has recently seen decentralization in its health system. More autonomy has been given to the districts but the center has retained the policy and planning elements of the system. Although the country has a central referral hospital in the capital, it is beleaguered by a dearth of experts and human resource to simply run the important programmes. Therefore, for the meantime, serious emergencies have to be referred to neighboring South Africa. On the other hand, the decentralization of the health system has benefited some public health programmes such as the EPI which has scaled up vaccination for children, and also make the HIV know your status initiative successful. However, these are not enough to face the big challenges of the health system

| OPPORTUNITIES   | CHALLENGES  |
|---|---|
| <ul style="list-style-type: none"> <li>• Stable Government</li> <li>• Good infrastructure</li> <li>• Newly developed PRSP document</li> <li>• National Vision 2020 for Lesotho</li> <li>• Donor interests increasing</li> </ul> | <ul style="list-style-type: none"> <li>• Declining population growth</li> <li>• Weak health systems</li> <li>• Serious human resource crisis with increasing human resource drain to greener pastures</li> <li>• In equalities and in equities in service delivery</li> <li>• Most of the country is in hard to reach areas.</li> </ul> |

## PARTNERS

Many development partners and donors are supporting the Government of Lesotho in the health sector. The assistance from the development partners, including WHO's technical and financial support, over the last decade has consistently been a significant part of the health sector expenditure. The private sector is diverse, ranging from modern facility-based state-of-the-art services to indigenous medical practitioners, village pharmacists and non-qualified practitioners. The development partners and donors support various areas of the sectors programme and activities. Harmonization of donor support and alignment with national plans and strategies is essential for aid effectiveness. As a mechanism to strengthen the alignment and harmonization of technical and financial support as well as foster mutual accountability of Government and the partner organizations, a sector-wide approach (SWAp) mechanism is in place. The United Nations Development Assistance Framework (UNDAF), an umbrella programming mechanism of the UN Country Team in Lesotho, works in close cooperation with and has aligned its priorities to that of the government, now starting with the initiative of delivering as one.

While the development community and donors remain committed to supporting the Ministry of Health and Social Welfare in its health development programmes, the need for improvements in the coordination and follow-up of activities planned by different role players has been emphasized.

| OPPORTUNITIES  | CHALLENGES  |
|--|---|
| <ul style="list-style-type: none"> <li>• Easy and quick access to international technical expertise (AFRO and HQ)</li> <li>• Clear monitoring mechanisms from AFRO and HQ.</li> <li>• Partnering opportunities with other UN agencies to support the health sector.</li> <li>• Availability of clear guidelines and tools for development and implementation of CSS and for ensuring compliance with WHO regional and global priorities.</li> <li>• Availability of multi-professional human resource base within the UN system</li> </ul> | <ul style="list-style-type: none"> <li>• Reducing under-five and maternal deaths by further accelerating quality health services to children and mothers.</li> <li>• Severe and acute shortage of health staff and weak health systems</li> <li>• Combating major communicable diseases including multi-drug resistant TB and spread of HIV/AIDS</li> <li>• Containing the increasing trend of major noncommunicable diseases and reversing the trend by addressing health risks</li> <li>• Strengthening epidemic alert, and emergency preparedness and response to effectively tackle public health emergencies</li> <li>• Ensuring equitable and sustainable access to safe water supply and sanitation, and promoting environmental and occupational health.</li> </ul> |

## WHO STRATEGIC AGENDA (2008-2013)

- The mission of WHO in Lesotho is in accordance with the WHO Constitution "the attainment by the people of Lesotho, of the highest possible level of health". The overarching principles of the Country Cooperation Strategy 2008 – 2013 are a commitment to primary health care (PHC), the human right to health and equity. Based on the analysis of health and development challenges, current WHO collaborative programs, its comparative advantage, and a review of work of development partners, **five Strategic Priorities** have been identified. The strategic priorities fall within three WHO organization-wide Strategic Domains:- **Domain 1:** Health Security (Strengthen the control of HIV/AIDS and Tuberculosis, Strengthen family and community health, Enhance capacity for the prevention and control of major communicable and noncommunicable diseases; **Domain 2:** Health System Capacities and Performance (Strengthen Health Systems); and **Domain 3:** Partnerships, Gender and Equity (Foster partnership and coordination for national health development).



*His Majesty King Letsie III*



*Rt Hon Prime Minister Mosisili*



*Hon Minister of Health Dr Ramatlape*

## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/iso/en/>

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