World Health Organization

Lesotho

ANNUAL REPORT

2022

Table of Contents

World Health Organization Lesotho

ACRONYMS

ACT-A— Access to COVID-19 Tools Accelerated
ACT-A— Access to COVID-19 Tools Accelerated
AFP– Acute Flaccid Paralysis
AMR— Antimicrobial Resistance
AMR NAP— Anti-microbial Resistance National Action Plan
ANC– Antenatal Care
ART—Antiretroviral therapy
AVAT— African Vaccine Acquisition Trust
CCS— Country Corporation Strategy
CDC– US Centres for Disease Control
CERI— Centre for Epidemic Response and Innovation
CFM— Community Feedback Mechanism
CFR— Case Fatality Ratio
CHAL-Christian Health Association of Lesotho
COVAX— COVID-19 Vaccines Global Access
COVID-19– Coronavirus Disease 2019
DFC—Direct Financial Cooperation
DHIS— District Health Information Systems
DHMT— District Health Management Team
DI– Direct Implementation
DMA—Disaster Management Authority
DRRT— District Rapid Response Team
EHSP—Essential Health Service Package
EID— Early Infant Diagnosis
EOC—Emergency Operations Centre
e-SPAR— State Party Self-assessment Annual Reporting
FP— Family Planning
GAP— Global Action Plan
GBV– Gender Based Violence
GIS— Geographic Information Systems
GLOA— Grand Letter of Agreement
HCW— Healthcare Workers
HRIS— Human Resource Information Systems
HIV– Human Immuno-deficiency Virus
HPV– Human Papillomavirus
ICD-11— International Classification of Diseases 11
ICU— Intensive Care Unit
IDSR—Integrated Diseases Surveillance and Response
IEC— Information Education & Communication
IMS— Incident Management System
IPC— Infection Prevention and Control
LBTS—Lesotho Blood Transfusion Services
LDC—Least Developed Country
LDHS- Lesotho Demographic And Health Survey
LePHIA– Lesotho Population-based HIV Impact Assessment
LMIC—Lower Middle Income Country
MOH– Ministry of Health
MR– Measles and Rubella
MR SF—
MR SIA— Measles and Rubella Supplementary Immunization Activities

NAPHS—National Action Plan of Health Security
NGO— Non-governmental Organization
NHA— National Health Accounts
NHO—National Health Observatory
NICD— National Institute for Communicable Diseases
OPD— Out Patient Department
PBM– Pediatric Bacterial Meningitis
PCR— Polymerase Chain Reaction
PEP– Post Exposure Prophylaxis
PHECP— Public Health Emergency Contingency Plan
PHEIC– Public Health Emergency of International Concern
PMTCT— Prevention of Mother To Child Transmission
PNC– Post-natal Care
PNC— Post-Natal Care
PoE—Points of Entry
PRSEAH— Prevention & Response of Sexual Exploitation, Abuse and Harassment
RCCE— Risk Communication and Community Engagement
RI— Routine Immunization
SADC— Southern African Development Corporation
SDG—Sustainable Development Goals
SGBV– Sexual, Gender Based Violence
SOPs— Standard operating Procedures
TB—Tuberculosis
UHC—Universal Health Coverage
UN—United Nations
UNCT— United National Communication Team
UNICEF— United Nationals Children's Emergency Fund
UNSDG— United Nations Sustainable Development Goals
VPD— Vaccine Preventable Diseases
WASH— Water Sanitation and Hygiene
WCO— WHO Country Office
WHO– World Health Organization
WHO-PEN— WHO Package of Essential Non-communicable
WISN— Workload Indicators of Staffing Need

FOREWORD

Dr. Richard Banda , WHO Representative

The year 2022 was another intense year as the Covid 19 pandemic continued to impact on the lives, well-being of many people and disrupt delivery of social services in the country. With the spread of the Covid-19 pandemic, the successes made over the years are at risk of being eroded. This pandemic has spotlighted the gaps in the health systems and the core capacities for international health regulations that already existed.

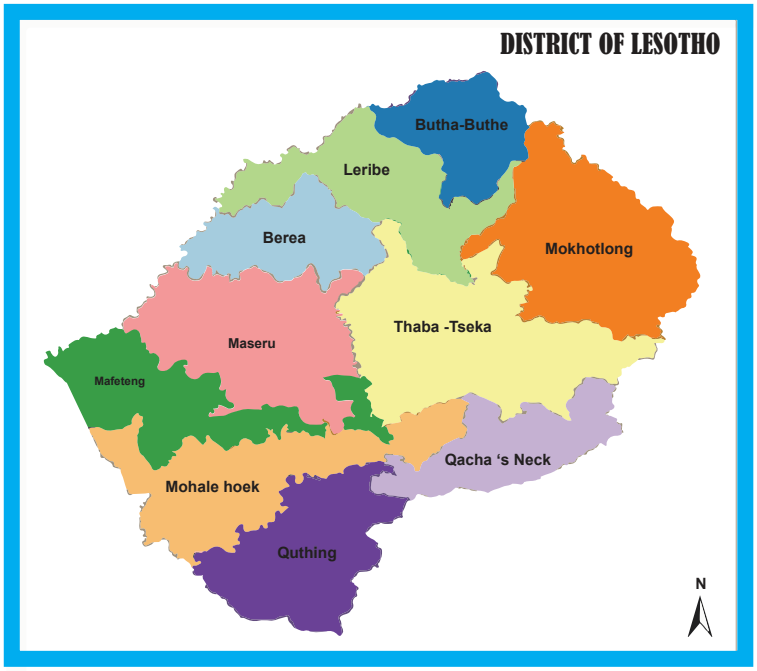
The pandemic also highlighted the importance of partnerships and whole of government approach in tacking with humanitarian situations. Indeed, it proved that it is more crucial than ever before for Government, health development partners, civil society organizations, communities, and the private sector to closely work together for the attainment of SDG targets.

None of us can achieve this bold agenda alone, it is only through our ability to work together in a coherent manner which will determine how far we will go. In this context, Covid-19 pandemic has reinforced our commitment towards attainment of universal health coverage.

This annual report gives an overview of WHO Lesotho Country office's undertakings and achievements in the context of an extraordinary health emergency. As we walk another mile this year, may we embrace all lessons learned in the previous year, learn from what did not work so well and take on new opportunities in championing health in the country.

I would like to thank the Government of Lesotho and all stakeholders who continue to tirelessly to create a healthier society on a daily basis. We have a bold commitment to accelerate progress and build forward a society that places health at the centre of development. Looking forward to the new year with enthusiasm and determination to improve the country's health landscape.

COUNTRY PROFILE



Demographic information

The Kingdom of Lesotho is a mountainous and landlocked country surrounded by South Africa. Its population of approximately 2.2 million people is almost entirely mono-ethnic and mono-linguistic and are known as the Basotho people. The highest concentration of the population (57.9 %) lives in the lowlands (northern and southern lowlands), followed by the mountains, foothills and Senqu Valley, which account for 21.2, 12.9 and 8.0 per cent of the population, respectively. The Male-Female sex ratio is 49:51 (Lesotho Common Country Analysis 2017) .

Socio-Economic Situation

In recent years, Lesotho's economic performance has remained weak, exacerbated by the COVID-19 pandemic. Moreover, sustained political instability has also contributed to weak economic performance. Real GDP contracted by an average 0.7%annually between 2017 and 2019 before it declined by 8.4% in 2020.

The downturn continued until the third quarter of 2021, after which some recovery was observed in sectors including construction, mining, manufacturing, business services, and public administration which recorded double-digit quarterly growth rates. It is estimated that the economy rebounded by 1.3% in 2021.

Economic activity is expected to pick up in 2022 underpinned by the construction sector. GDP is expected to expand by 2.6% in 2022 and then slowdown to 2.3% in 2023, before accelerating to 2.9% in 2024 as activity within the Lesotho Highlands Water Project Phase-II (LHWP-II) reaches its peak (World Bank country profile 2022)

Lesotho ranks 160 out of 187 countries on the 2015 UN Human Development Index. An estimated 57.1 percent of Basotho live below the national poverty line, and 34 percent below the food poverty line of Maloti 138 (USD8.11) per adult per month. Health Profile
According to the World Bank, Lesotho remains vulnerable to both existing and new infectious diseases including the COVID–19 pandemic. Lesotho launched a timely national response since the first cases of COVID-19 in May 2020. Since August 2022 the Government of Lesotho has lifted all COVID-19 restrictions.

Despite relatively high government expenditure on healthcare (10.6% of GDP) and government subsidized access to health services, Lesotho's healthcare system is fragile and much of the population are geographically constrained from accessing health services. Lesotho has high incidences rates of HIV and TB, high infant and maternal mortality rates. Further, Lesotho is largely dependent on South Africa for secondary and tertiary healthcare services. 22.2% of the adult population are estimated to be living with HIV. women are disproportionally affected with 27.3% of them living with HIV compared to 17.4% of men.

Just like other countries, the pandemic negatively affected the delivery of essential health services. . A strike by healthcare workers further weakened the capacity of health system. The National Bureau of Statistics estimates that at least 30% of those in need were unable to access health services. The pandemic has gradually moved out of the acute situation and essential services are on recovery.

Sexual, Reproductive, Maternal and Neonatal Health

Maternal mortality ratio has reduced from 671 per 100,000 live births in 2014 to 544 per 100,000 live births. WHO supported the development of guidelines and training manual for integrated intrapartum, emergency obstetric and postnatal care.

District capacity has been built through trainings of health workers including midwives using the newly developed guidelines. The trainings have equipped health workers with the required skills on the interventions aimed at reducing maternal morbidity and mortality.

Sexual, Reproductive Health and Gender-Based Violence

The country has updated the National Family Planning (FP) Guidelines, based on the new WHO recommendations. The updated guidelines now reflect the current scientific knowledge on self-care, pharmacovigilance, postpartum family planning and family planning in public health emergencies. The guidelines also promote male involvement in family planning and also recommend ways of packaging services for vulnerable populations such as people living with disabilities and adolescents. So far over 130 health workers across the country have been trained on the updated guidelines. Contraceptive prevalence in Lesotho continues to rise, with major improvement in rural areas. The increase is partly due to integration of reproductive health services with other interventions. The percentage of clients receiving modern family planning services at HIV service delivery points has increased from 3% in 2017 to 12% in 2021 (Program report 2021).

All the districts have capacitated on the management of survivors of sexual and gender based violence. In addition, the recently developed GBV data collection and reporting tools, will facilitate accurate reporting of GBV incidences. Lesotho has registered a significant improvement in comprehensive management of GBV survivors. Form 2017 to 2021 percentages of survivors provided with PEP, HIV testing and STI screening increase from 13% to 58%, 52% to 59% and from 29% to 49% respectively (Program report 2021). All sectors play a critical role of GBV prevention and ensuring access to essential services for survivors of violence as a means of mitigating the impact of GBV. As such, 25 special needs teachers were trained.

In addition, four multi-sectoral district Gender-Based Violence Technical Working Groups were established and their members were oriented on SGBV. This exercise was led by the Ministry of Health, in collaboration with Ministry of Police and Social Development.

Child Health

Child mortality has reduced significantly between 2009 and 2017. Under-five mortality rate reduced from 117 in 2009 to 94 per 1000 live births in 2017. Neonatal mortality rate has also declined from 34 in 2014 to 26 per 1000 live births in 2017. Child stunting has declined from 39% to 32% during the same period (LDHS 2014). Infant mortality decreased from 91 deaths per 1,000 live births in 2009 to 53 deaths per 1,000 live births in 2017. The country office shares a big stake in these achievement through various supports to the Ministry of Health and other health partners.

Routine childhood immunization services are provided by all health facilities including private hospitals through fixed, mobile and outreach services. All the five districts which have the mountainous hard to reach areas were supported with funding to facilitate delivery of vaccines and other commodities using horses. Through this initiative, other services such as community awareness, COVID-19 vaccination family planning services were provided. Despite the disruptions due to COVID 19 pandemic, the country achieved relatively high routine immunization coverages with the exception of measles rotavirus and BCG antigens (figure 1)

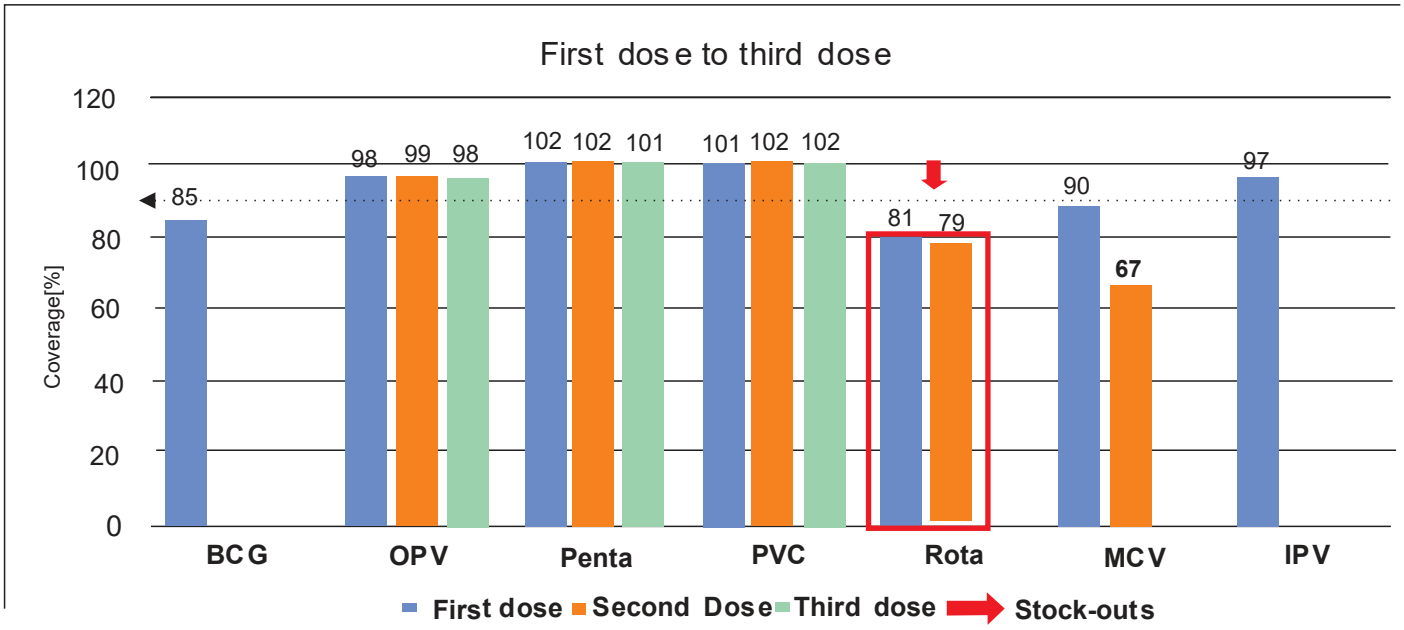


Figure 1: Routine Immunization first dose to 3rd dose

The major challenges were stock-out of MR and Rotavirus vaccines. There is urgent need to address the frequent stock-outs of traditional vaccines and implement data quality improvement plans. The Country Office will work with the government and partners to strengthen data management and its utilization for decision making to track unvaccinated children.

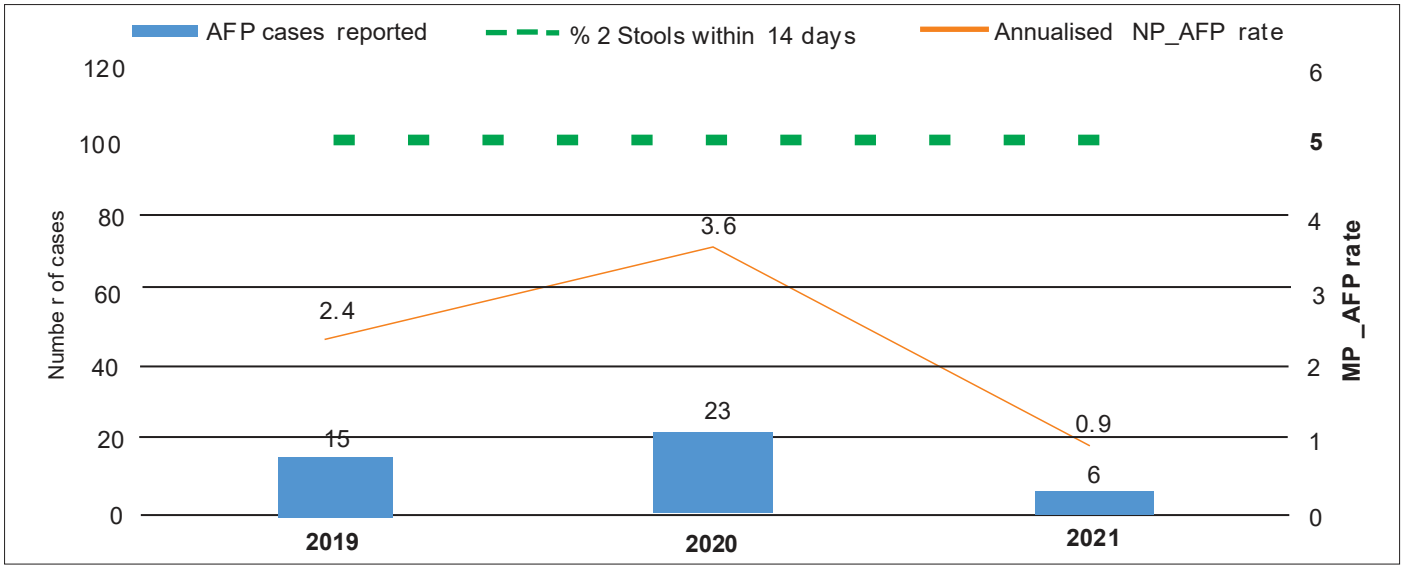


Figure 2: AFP Surveillance Performance from 2019 to 2021

All Acute Flaccid Paralysis (AFP) surveillance reporting sites are prioritized into high, medium and low. The frequency of active retrospective records review conducted by focal persons to these sites to search for AFP cases is based on the priority; weekly (high priority site), bi-weekly (medium priority site) and monthly(low priority). WHO supports the MOH VPDs surveillance both at national and district levels.

As shown in Figure 2, the Non-polio AFP rate of at least 2 cases per 100,000 population under 15 years was not met (attained 0.9/100,000). Only 6 out of 14 expected AFP cases were detected, reported and investigated. Stool adequacy was however 100% surpassing the stool adequacy rate of at least 80%. Five out of 10 districts were silent throughout the year.

To address this challenge, there is need to adequately capacitate disease surveillance focal persons, health facility nurses and strengthen active case search. In 2022, 16 AFP cases were reported and investigated out of 14 expected cases with a non-polio AFP rate of 3.4 compared to only nine AFP cases (non-polio AFP rate of 0.9) reported in 2021. This has increased the sensitivity of the surveillance system to detect, report and investigate AFP cases.

monthly (low priority site). WHO supports the MOH technically and financially to strengthen and improve VPDs surveillance both at national and district levels.

The 2 major measles surveillance indicators were both met.. Non-measles febrile rash illness rate was 3.37/100 000 population (target: 2 per 100,000 population). Proportion of districts that reported at least 1 suspected case of measles with a blood specimen per year was 90% (target: at least 80%). There are currently six new vaccine sentinel surveillance sites (four CHAL and two government hospitals) for pediatric bacterial meningitis (PBM) and rotavirus. These participating sentinel sites are coordinated through the NRL There were zero diarrhea cases (rotavirus) reported in 2021. Suspected meningitis cases (PBM) detected in 2021 were 13. All the suspected PBM cases (100%) had lumbar puncture done and CSF collected. Twelve (92%) had culture results recorded. None was probable for bacterial meningitis. The Covid-19 pandemic disrupted sentinel surveillance performance as there were no supportive supervisory visits conducted to these sites and no quarterly review meetings were held.

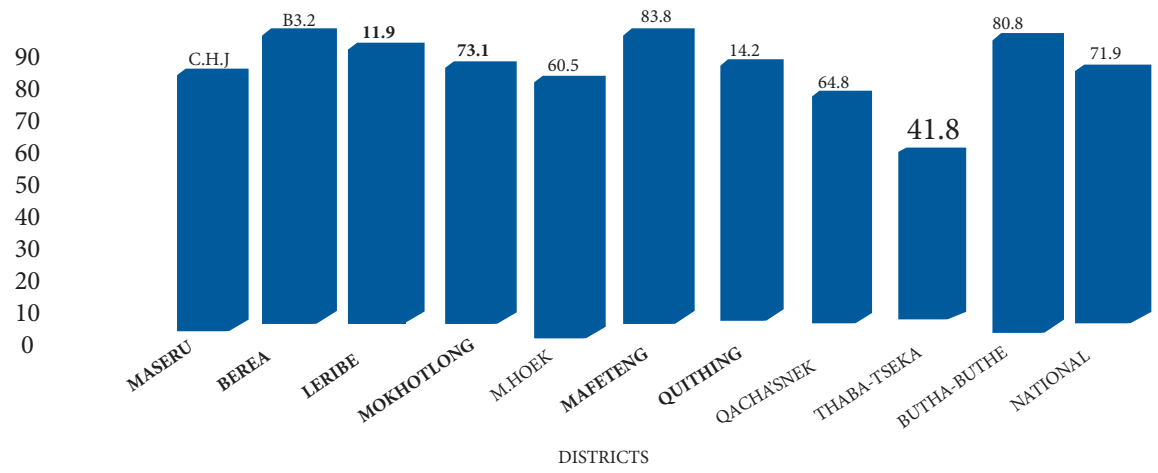
REINTRODUCTION OF HPV VACCINATION

It is estimated that Lesotho has a population of about 700,000 women above 15 years who are at risk of developing cervical cancer. Cervical cancer ranks number one most frequent cancer amongst women with 541 diagnosed yearly resulting in 362 annual deaths due to late diagnosis and treatment. The burden of cervical cancer is likely to be much higher than known due to limited access, low rate of screening and diagnosis in the country.

While there may be several opportunities available to prevent the development of cervical cancers (safe sexual practices and delay in onset of sexual activity), the single most effective early prevention strategy is HPV vaccination which prevents over 95% of the HPV infections caused by HPV serotypes 16 and 18 as well as a cross-protection against other less common HPV serotypes which cause cervical cancer.

Lesotho successfully reintroduced the HPV vaccine in 2022 for all adolescent girls aged 9-14 years old. Over 370 health workers across the country were trained with support from the country office prior to the launch of the vaccination campaign. The reintroduction of the vaccine brought together many stakeholders (Ministry of Education and Training, Heads of schools and communities) together for macro-planning/microplanning, development of campaign messages, readiness assessment and trainings of vaccinators and supervisors. A total of 91,140 (71.9%) out of 126,761were vaccinated in all the ten districts over a three week period. Given the context of the prevailing COVID-19 pandemic, the coverage was considered a success.

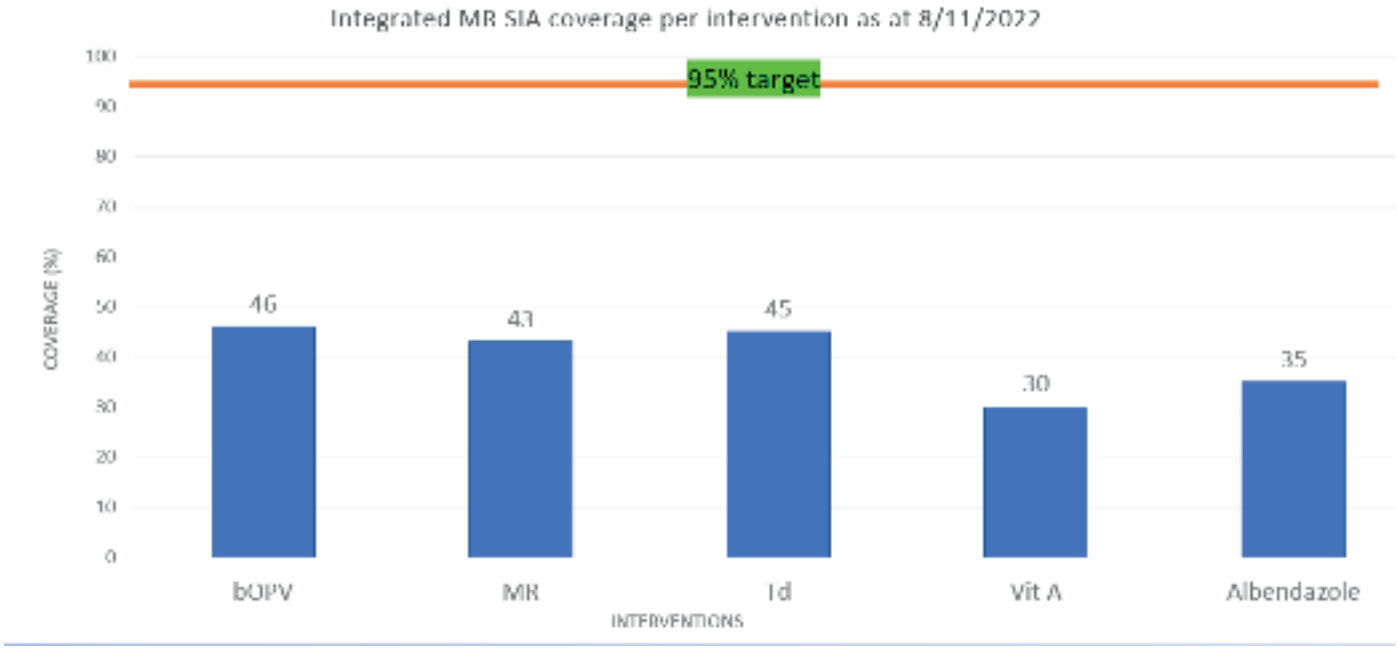
FIGURE 3: HPV Coverage Per District



INTEGRATED MEASLES AND RUBELLA VACCINATION CAMPAIGN

Following the first ever Measles Rubella (MR) Supplementary Immunization Activities (SIAs) in 2017, the country had planned to conduct its next MR SIAs in 2020 but failed due to the COVID-19 pandemic. In 2022, an integrated Supplementary Immunization Activity was finally conducted with the overall goal of the filling the immunity gaps for children due to missed opportunities compounded by the pandemic. The campaign integrated the delivery of measles rubella vaccine, COVID-19 vaccination, albendazole, Vitamin A, OPV, and tetanus toxoid vaccine. They had mixed successes from one intervention to the other and from district to district (figure 9 & 10). A total of 59,721 individuals were vaccinated during the three weeks integrated MR SIAs implementation. An evaluation is currently ongoing to assess the factors and challenges that affected the success of the integrated campaign.

Figure 4: 2022 Intergrated MR SIA Performance



Some challenges encounteredduring the preparation and implementation of the integrated MR SIA which unsatisfactory performance includes:

Inadequate advocacy and communication.Vaccine hesitancy from some parents and heads of schools.
Delayed procurement of some vaccines and other logistics.

PREVENTING & CONTROLLING COMMUNICABLE DISEASES

Lesotho has been severely affected by the HIV pandemic. In 2017, 25.6 percent of the adult population (aged 15-49) was HIV positive. The HIV prevalence in the country has been reduced to 22.7 percent in 2020 . The annual trend of HIV incidence also revealed a rapid decline from 1.1 percent in 2017 to, less than one (0.45 percent) in 2020.

Many Basotho work in South Africa and there is continuous travelling for job purposes between the two countries. During COVID-19 lockdowns, Lesotho scaled-up from 3 months to 6-month multi-month dispensations for its population.

This enabled migrant clients to have enough medication to last them throughout their stay in South Africa, until their next return visit home. WHO country office is working hand in hand with the government to improve the HIV and TB status in country, by scaling up detection, effective treatment and viral load suppression through support in policy development and technical guidance.

SCALE-UP OF TUBERCULOSIS AND HIV PREVALENCE

WHO provided technical assistance for TB prevalence survey, designing, planning, data collection and analysis, compilation and dissemination of the report. In addition, WHO supported analysis of TB programme data, review of documents and policies as well as attaining all research data and evidence. These activities informed resource mobilization for the scaling up of HIV and TB programmes. TB guidelines and screening tools were also developed.

Nurse holding a nightingale lamp during International Nurses Day

HIV DRUG RESISTANCE STRATEGY

HIV Drug Resistance Strategy was developed and shared with all stakeholders. WHO provided technical guidance for the finalization and validation of the strategy which will guide the implementation of approaches to prevent HIV drug resistance in the country. However, it is important to highlight that there is a plan to integrate the HIV and TB strategies in order to effectively respond to both diseases concurrently.

HEALTHCARE PROVIDERS TRAINED ON ADVANCED HIV DISEASE MANAGEMENT AND PMTCT GUIDELINES.

HIV guidelines were reviewed and updated to accelerate uptake of preventive and treatment interventions to increase access. The Ministry of Health was supported to develop Advanced HIV Disease Management Guidelines and PMTCT guidelines. Technical guidance was provided for the review and development of the National Advanced HIV Disease Management Guidelines, which included policies and approaches for managing cryptococcal infection and comorbidities associated with advanced HIV diseases. Additionally, newer approaches have been incorporated in the national PMTCT guidelines. Subsequently over 400 healthcare providers were equipped with knowledge and skills on the guidelines.

END-TERM JOINED REVIEW OF THE NATIONAL TB AND AIDS STRATEGIC PLAN

The country through the support of the regional office (WHO AFRO) supported the country in the Integrated HIV/TB epidemiological and programme review. The purpose of the joint epidemiological & programme review was to evaluate the progress in the response to the HIV/TB/STIs in the context of goals, objectives and targets as outlined in the National Strategic Plans. It assessed the programmes' outputs, outcomes, and impact with regards to disease epidemiology, equity of access to care, treatment and control, the quality and effectiveness of care. The reviews also identify the best practices, challenges and suggests potential solutions to these challenges. It also identified the strengths and weakness of the programme so as to provide recommendations for prevention, care and control of HIV/TB/STIs.

The country office is working diligently to address the challenges facing the effective response of TB and HIV as indicated in the preliminary report of the activity. A few highlighted are, low treatment coverage and high mortality rates, Low identification of childhood TB cases, low identification of drug-resistant TB cases, Gaps in HIV and ART documentation and index testing for DR-TB patients, Higher HIV prevalence in females compared to males.

(2nd right) WHO Rep, Dr. Richard Banda flanked by other Heads of UN agencies in Lesotho on World AIDS Day

PREVENTING & CONTROLLING NON-COMMUNICABLE DISEASES

DECADE OF ACTION FOR ROAD SAFETY

The country office participated in the multi-sectoral review of the last Decade of Action for Road Safety and the development of a plan for 2021 – 2030. This was done to curb the escalating injuries and deaths on the country's roads. Road traffic accidents are major but neglected public health problems in Lesotho.

The country office also provided supported in the implementation of WHO – PEN in selected primary health facilities distributed in six of the ten districts in the country. The facilities include public, private and CHAL facilities.

There have been some challenges in the implementation of the NCD programme activities which range from insufficient funding to the program not only by the Ministry of Health but also by the partners as well. The Ministry of Health has also experienced regular staff turnover due to retirement of some staff and transfers from one facility to the other.

IMPROVING BLOOD TRANSFUSION SERVICES

The country has had a chronic shortage of blood since the beginning of COVID-19 induced national lockdowns last year. The lockdowns meant that schools, the biggest donors had to be closed, thereby sparking a shortage.

To raise awareness on the importance of voluntary and non-renumerated blood donation, World Blood Donor Day was commemorated with the leadership of the ministry of health in collaboration with the ministry of Police. The theme of the commemoration was 'Donating blood is an act of solidarity. Join the effort and save lives', this event was financially supported by the country office.

World blood donor day commemoration at Pitso Ground Maseru

The health emergencies unit is tasked with the mandate to monitor the trend of public health emergencies and evaluate emerging disease patterns in the country, build and or strengthen local capacities for disease surveillance and response to health emergencies, as well as providing the necessary technical support to the national surveillance teams.

Disease surveillance generates crucial data for planning and forecasting, as well as guiding all the other response pillars on their next course of actions. These data is equally of critical importance in informing political decisions as well as guiding the designing of effective response strategies.

The surveillance pillar keeps track of the key performance indicators to monitor progress of the response. By the end of June 2022, the national COVID-19 recovery rate was at 87%, while the case fatality rate (CFR) attributed to COVID-19 was 2.1%. The low recovery rate is attributed to poor data management especially at the beginning of the response, where outcomes were not well captured. After the third surge of COVID-19 cases which ended in early February 2022, the trend of cases has since been fluctuating. There has been a

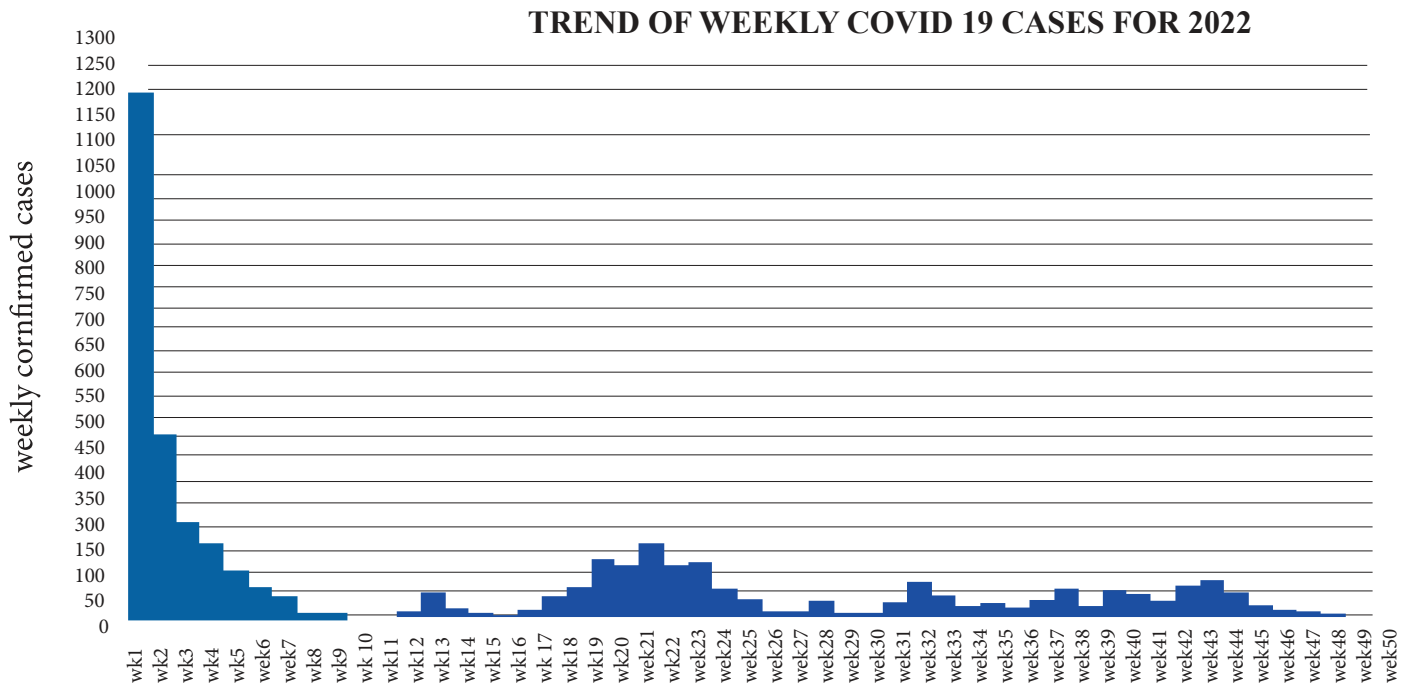


Figure 5: Epidemic Curve of COVID-19 for the year 2022

steady decline in the number of COVID-19 cases registered from epidemiological week 45 up to week 50.

Strengthening surveillance

To strengthen surveillance at national level, the WHO country office supported the roll-out of IDSR trainings for healthcare workers from the health facilities in the nine (9) districts using the 3rd version of the IDSR guidelines. Training for one more district shall be conducted early next year (2023). To strengthen surveillance at community level, Training of Trainers (ToT) for Event-Based Surveillance (EBS) was conducted during the third quarter of the year, with plans of rolling out to district level during the course of 2023.

A table-top simulation exercise (SimEx) was conducted to test the implementation of the Public Health Emergency Contingency Plan (PHECP) for ground crossings in detecting public health threats, and to provide opportunities to validate existing mechanisms and identify areas for improvement.

The country office team together with Ministry of Health personnel, also participated in yet another functional virtual SimEx organized by WHO Regional Office, to test the functionality and the capacity of the

Port-Health

The Port Health team conducted supportive supervision activities at all Points of Entry (PoE) in the country, where challenges were identified and solutions for improvement designed.

The pillar, through the support of the country office reviewed and developed the National Action Plan for Health Security (NAPHS) operational plan for the next 18 months (June 2022 – December 2023). This document will guide the implementation of all health security related activities in the country up to the end of year 2023.

Furthermore, for proper coordination of the ongoing and any possible future emergencies the country, the office supported the established of the Emergency Operations Centre (EOC) both at national level, as well as the district level.

Supported the establishment of Incident Management System (IMS) right to the district level, for effective and well-coordinated response at various levels as well as the smooth running of operations across the country.

Weekly coordination meetings were introduced to guide the response within the surveillance pillar, where rising challenges were identified, and practical solutions sought in a timely fashion. Weekly virtual meetings for the district surveillance teams were introduced, to help in addressing the gaps existing in the data generated by the districts from time to time.

Strengthening DHIS-2 Utilization

COVID-19 data management and reporting has been largely manual, despite the availability of electronic systems, like the DHIS-2 platform. The weekly surveillance reporting rates from the various districts was also low in the DHIS-2 system.

Based on that background, a rapid assessment was conducted in Maseru district, to identify the factors influencing low utilization of the DHIS-2 platform in managing and reporting surveillance data, with major focus to COVID-19. The findings thereof together with the recommendations, were shared with the Ministry of Health, to help strengthen the utilization of digital data management systems in the country.

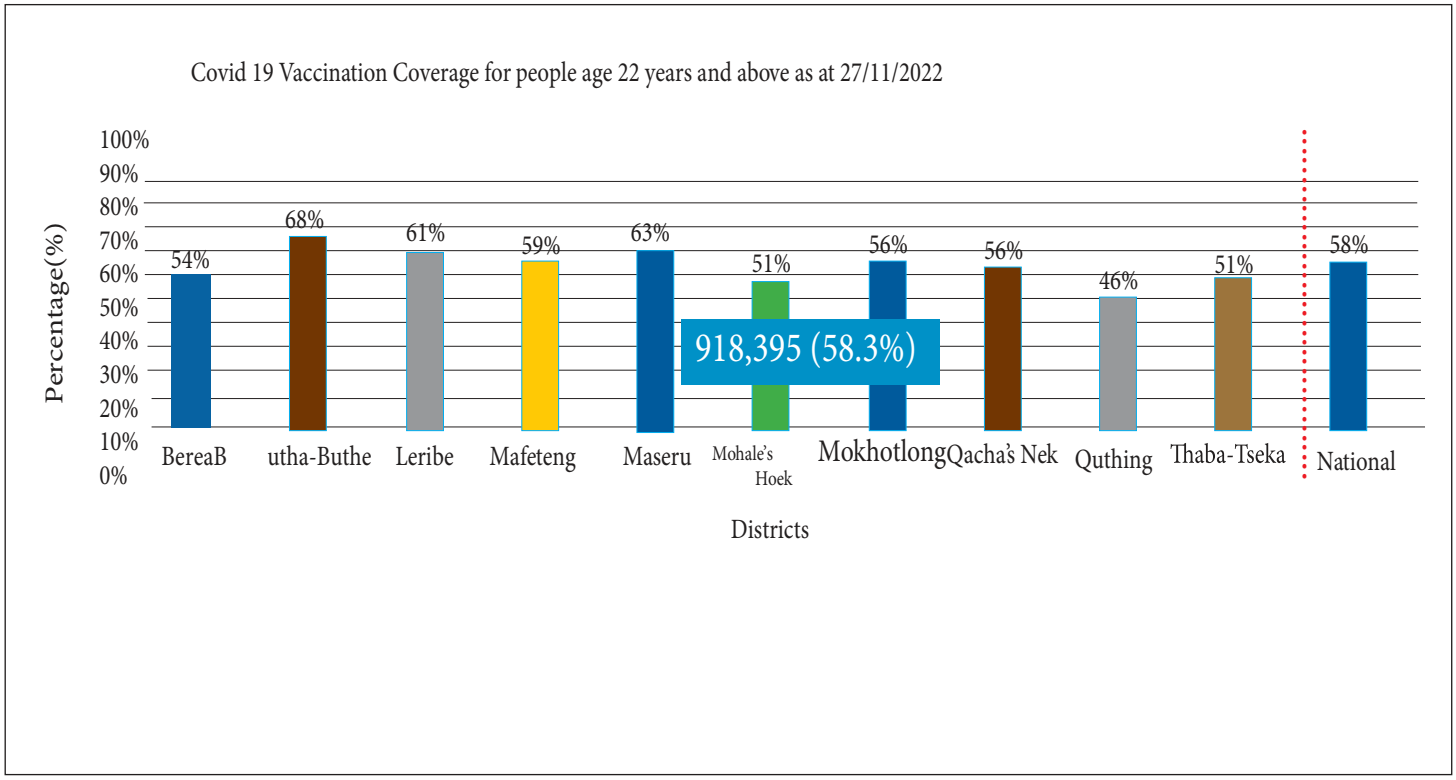
National Performance Assessment

With support from WHO country office, Lesotho was able to conduct the "State Party Self-assessment Annual Reporting" (e-SPAR) earl during the month, the report of which is readily available and accessible.

COVID-19 VACCINATION

With technical and financial support from WHO and other partners, the country started the implementation of COVID-19 vaccination on 10th March, 2021. Implementation of the vaccination was initially done in phases targeting front-line healthcare workers, the elderly and individuals with comorbidities. When vaccines became available, vaccinations were expanded to include all individuals aged 12 years and above. Implementation of booster doses for all individuals aged 18 years and above who completed their primary doses at least 6 months ago started in April, 2022. Vaccines currently in use in the country are Johnsons & Johnsons, Pfizer and Sinopharm. Cumulative vaccines doses received are 2,317,240 from three different sources (Covax, Avat and Bilateral). As at Week 47, a total of 1,253,590 cumulative vaccine doses have been administered. Eligible individuals (12 years and above) who received at least one dose are 982,701 (62.4% of the eligible population and 47.3% of the entire population). Fully vaccinated individuals (12 years and above) are 911,122 (57.8% of the eligible population and 43.9% of the entire population). Total booster doses administered so far are 134,664Vaccine uptake plateaued from May-July, 2022 including booster doses leading to the expiration of some vaccine doses.

The MOH in collaboration with WHO and other partners supported the review and update of health facility and district micro-plans to identify and vaccinate all zero-doses and partially vaccinated individuals as well as individuals eligible for booster doses. Three districts; Berea, Mafeteng and Maseru were supported to implement their updated micro-plans in which over 30, 000 individuals were vaccinated. In addition, the COVID-19 vaccination was integrated into the Measles Rubella campaign throughout the country. A total of 59, 916 individuals were vaccinated during the three weeks implementation of the campaign.



LABORATORY

For the Public Health Laboratory Network in Lesotho, the period between 2020 and 2022 was associated with unparalleled capacity building within a short period of time. The laboratory network was forced to think outside the box as it tried to cope with the COVID-19 testing demands. Currently the network supports more than 200 SARS-CoV 2 Antigen testing sites and more than 18 PCR testing sites distributed across the country's 10 districts, under the guidance and support of the country office.

Pre-COVID, the only molecular diagnostics testing which were provided by the network were focused on HIV and TB management. During the COVID-19 pandemic, with support from different partners, Lesotho quickly developed capacity for SARS-CoV 2 molecular diagnostics, initially leveraging the established TB, Viral Load and EID molecular diagnostics platforms (GeneXpert), with all tests being done at the National Reference Microbiology Laboratory.

Later the laboratory added open platforms and later moved to a container lab that was quickly erected to support SARS-CoV 2 testing. As the pandemic evolved, the testing protocols also evolved and the country introduced mass testing, creating more than 200 testing sites across the country including at points of entry. To leverage the Xpert installation base, in 2022, the country also deployed Xpert SARS COV 2 PCR to all district labs to push the number of PCR testing sites to 17.

CAPACITY BUILDING FOR LAB TECHNICIANS

Complementing the laboratory infrastructure capacity building, several human capacity building activities were carried out through WHO AFRO supported training activities in the region **(NICD)** and in country. These activities included training in wet lab as well as bioinformatics workshops supported by **WHO,** Africa **CDC** and ASLM and implemented through partners like CERI and **NICD** in South Africa.

The COVID-19 pandemic highlighted the importance of pandemic preparedness across all sectors. The laboratory is already leveraging the infrastructure established for M-pox (previously known as Monkeypox) response. With the continued investments being made into laboratory infrastructure, the laboratory network will continue to play a central role in diseases surveillance and monitoring integrating modern tools such as molecular diagnostics, genomics, bioinformatics, GIS and data science to better understand spatio-temporal dynamics, especially for infectious diseases as well as create better synergies with the Integrated Diseases Surveillance and Response (IDSR).

CASE MANAGEMENT

Several capacity building workshops for health workers in public health facilities have been conducted with a lot of focus including onsite mentorship provided at the two main COVID-19 treatment centres. The case fatality rate across the country has been ranging between 2.9-3.3%. WHO provided technical guidance in the second edition revision of guidelines to incorporate WHO recommendations, the village health worker's manual and training package for home-based care for COVID-19 cases.

Furthermore, technical support was provided in the assessment for and development of national oxygen capacity, critical care services and referral systems that eventually informed the award for the COVID-19 RM grant from the Global fund. WHO led the weekly case management data analysis that provided timely information on gaps and hotspots to redirect effects of the response.

FACILITIES' ASSESSMENT FOR COVID-19 PREPAREDNESS AND SURGE CAPACITY IN LESOTHO

The COVID-19 pandemic has tested the capacity of health systems worldwide and especially so in lowland middle-income countries. Lesotho in this regard is not an exception to these tests. The research report highlighted the challenges the country's healthcare experienced and provided the gaps needed to be filled up at the facility and national level. Also, with the support of WHO, a new oxygen plant was installed at the Berea district hospital.

Oxygen plant at the Berea Hospital

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

At the beginning of the pandemic, the country office assisted the government to establish the national RCCE under the Disaster Management Authority Act (DMA). The team was responsible for developing the COVID-19 communication strategy and all SOP's, developing and having all COVID-19 messages endorsed for the media platforms, it further organized television and radio appearances and adverts during the pandemic, using social media in advocacy and awareness raising. IEC materials were printed and distributed in all the ten districts for all health facilities and public places.

The team established District RCCE teams and Community based RCCE teams to ascertain a robust involvement of community structures and leadership in the response. It further involved non-state actors and stakeholders such as civil society organizations and faith based organizations in advancing demand creation for COVID-19 vaccine and creating awareness.

The team further engaged the media in attempt to strengthen media engagement in the work that the RCCE is doing as well as to capacitate them with the right information as they continue to air, write and document all health related issues. Furthermore, the WHO team together with other UN agencies supported the National RCCE team develop a Community Feedback Mechanism.

INFECTION PREVENTION AND CONTROL

The country office assisted the country in developing comprehensive COVID-19 National IPC Guidelines with SOPs. The country office supported the ministry of health in developing and undertaking an IPC score card, at community level different factors determine the risk level for infections transmission, including COVID-19.

Participants were selected by the MOH – covering the national and subnational levels. For the practical session, 10 targeted community areas were selected around Maseru and were allocated to 10 groups for IPC assessment. Data cleaning and analysis were conducted, findings interpreted and an informed operational plan developed with the pur pose to address the identified gaps. Over and above this, the programme established a triage station at points of en try in every health facility and supported the ministry of health to avail HCWs protection and wellness program.

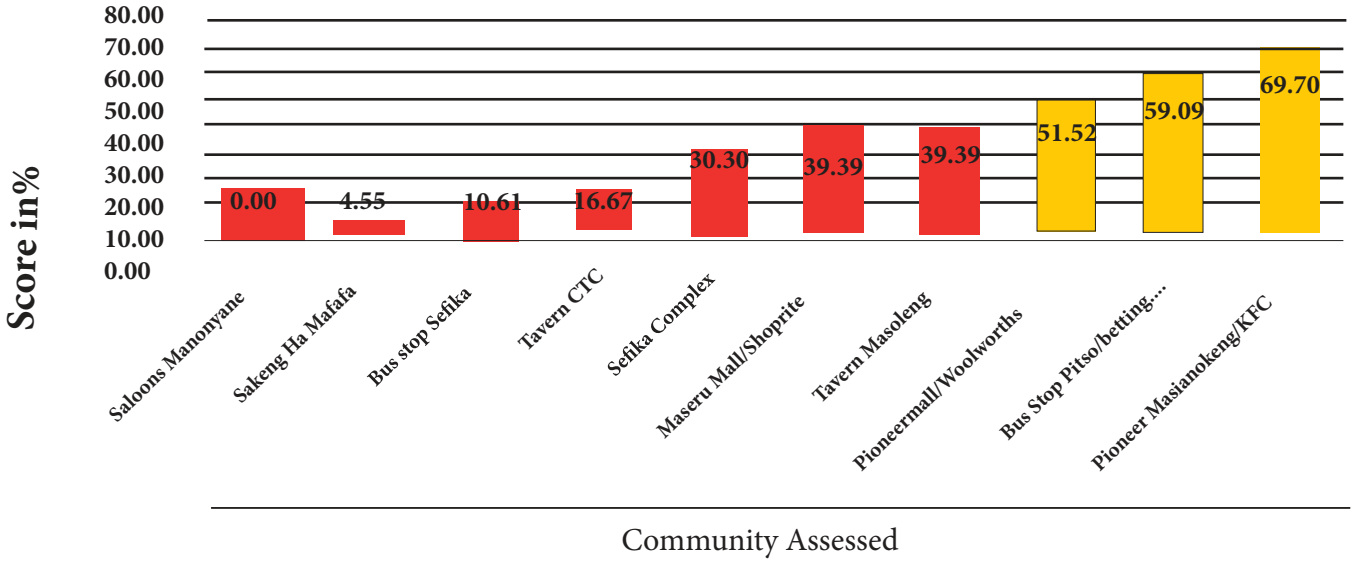


Figure 6: IPC score card for Maseru district

IPC training for healthcare workers by the WCO Lesotho consultant

HEALTH SYSTEM AND SERVICE DELIVERY STRENGTHENING

Lesotho's health system performance remains low, and it has been severely affected by the COVID-19 pandemic that further disrupted access to and utilization of essential public health services. Key efforts have been channelled on ensuring continuity of the provision of essential services and strengthening human and district level capacities.

WHO's support to the country health system strengthening has focused on supporting the country to strengthen its public health services delivery through better governance functions and improving access to, and quality of medicines as well as enhancing quality improvement in both public health and healthcare services through trainings and making safety a key design element.

STRENGTHENED HEALTH LEADERSHIP AND GOVERNANCE

WHO recognized the importance of strengthening health leadership, with extended partnership and alliances to better steer and reorient the health systems to more evidence-based care and people centred approach with multi-sectoral approaches.

A total of 22 Senior health system managers received governance and leadership training (theoretical and practical) for three months and they were awarded certificates. The training involved applying tools for enhancing the culture of accountability and performance measurement. It has been trusted to boost rapid changes in the

DELIVERY OF ESSENTIAL HEALTH SERVICES

The Essential Health Services Package was revised, updated and endorsed by the various levels of government and by the various health sector financers in Lesotho. This package addresses citizen's health concerns at all ages with interventions people need for their health. It is developed with focus to UHC objectives as a policy position of the government, that "… all people receiving quality health services that meet their needs, without being exposed to financial hardship in paying for the services."

The reviewed and update document was a great achievement for the country amidst the COVID-19 outbreak. Key products and services in the package included support to analytical work on implementations performance related to the essential health care package in Lesotho; capacity strengthening and training; support to dialogue and development of a costed Essential Health Service Package (EHSP) for the health sector.

SUSTAINABLE HEALTH CARE FINANCING

The country office supported analysis of data and information on healthcare financing flows from all sources in the year. Additionally, country office supported capacity strengthening and training to the national NHA teams and to senior decision makers to possess sufficient knowledge about NHA to use the findings; and further supported institutionalization of NHA.

STRENGTHENING HEALTH INFORMATION SYSTEM

Good governance and leadership of a health system requires reliable, timely information. In this regard, the country office ssupported NHO, research and quality of data and information systems by updating the DHIS2 for the country data base and built capacity of health workers at all levels of the healthcare system amidst COVID-19 pandemic response. Civil registration, cause of death and ICD-11 systems were introduced, and capacity built so as to ensure the production, analysis, dissemination and use of reliable and timely data by decision-makers at all levels of the health system.

FIT FOR PURPOSE HUMAN RESOURCES FOR HEALTH

In order to accelerate progress towards universal health coverage and the UNSDG by ensuring equitable access to health workers within strengthened health systems, the WHO country office supported evidence analysis including labour market analysis on health workforce issues; facilitated and supported health workforce development and dialogue; and contributed to HRIS strengthening.

Introduced and implemented the first ever Workload Indicators of Staffing Need (WISN) in primary health care facilities to guide and improve local and regional distribution of current staff, reducing workload pressures, to review and align task allocation between cadre, to increase the quality of current health services and for planning future staffing of health services.

DEVELOPMENT OF THE NATIONAL FOOD SAFETY POLICY AND PLAN

Country Office supported the country in development of the National Food Safety Policy and Plan. SADC engaged an International Consultant for guiding the exercise while the WCO provided local technical support and financed the local programme costs. The support resulted in two outputs: National Food Safety Policy and Food Safety Implementation Plan. The Food Safety Policy is intended to guide activities in protecting public health by providing assurance of safe food.

Medicines Regulation and Health Care Diagnostics

WHO plays a vital role in the regulation of medical products. At the global level, WHO works to develop internationally recognized norms, standards and guidelines for medicine quality, safety and efficacy. At the country level, WHO provides guidance, technical assistance and training to enable countries to implement these guidelines in the context of their own specific regulatory environment and needs therefore, through the country office assistance, the country was able to review import and export guides, pharmacovigilance guides and have an\ inspection of government and private health facilities in the country.

STRENGTHENED ANTIMICROBIAL STEWARDSHIP AND QUALITY ASSURANCE SYSTEMS

A Global Action Plan (GAP) to combat Antimicrobial Resistance was endorsed by the 68th World Health Assembly in May 2015. This resolution requested all Member States to implement GAP-AMR-compliant national action plans for AMR by May 2017. The country's technical and financial support has been in line with its mission to strengthening public health capacities and services in general and ensuring the quality and safety of medicines in a systematic manner. Lesotho used the "One Health Approach," which was accepted by several sectors and development partners, to create a five-year, costed, Multi-sectoral National Action Plan (AMR-NAP) for 2020–2026 in response to the global agenda. The national multi-sectoral engagement that brought together the human, animal, and environmental entities, and in accordance with the 'One Health Approach", developed a five-year (2021-2025) action plan. the plan is conforming to the global agenda on combating antimicrobial resistance.

The National Action Plan for Anti-Microbial Resistance has been costed and endorsed by all stakeholders. An active multi-sectoral stewardship is now in place and has been involved in the annual Global Antimicrobial Resistance and Use Surveillance System (2021).

EXTERNAL RELATIONS AND PARTNERSHIPS

Handing over of German supported PPE to the ministry of Health through WHO Lesotho

Through the Country Representative's office, the country office published and shared a quarterly newsletter with partners as well as provided quarterly updates as a mechanism to improve the visibility of the partners' support to WHO and develop sustainable partnerships. Furthermore, the country office has enhanced compliance and communication with donors through timely completion and submission of quality internal and external reports.

The WCO continues to collaborate and strengthen coordination with all health development partners to advance results-oriented partnerships in order to promote Universal Health Coverage in Lesotho. Significant efforts are ongoing to ensure strong partnerships with all stakeholders, including multilateral and bilateral. WHO continues to leverage its convening powers in accessing and utilizing the largest share of partnership on offer in the health landscape in Lesotho.

PARTNERS COORDINATION COVID-19 RELATED ACTIVITIES

As part of its efforts to strengthen existing partnerships and develop new relationships to secure funding and broaden the field of collaboration, the country office engaged all stakeholders in the area of health during the COVID-19 pandemic. The office organized and chaired weekly partover the past months the meeting has extended to updates and sharing of all health related activities by partners.

UNCT MEETINGS

The country office also provided COVID-19 updates for the UNCT quarterly meetings to keep the UN staff abreast of the status of COVID-19 and COVID-19 vaccination in the country, the interventions in place and the country commitment in the response. The WCO led the awareness creation campaign on Prevention of sexual exploitation, abuse and harassment (PRSEAH) among the partners.

MEDIA ENGAGEMENT

Social Media Presence

The country office developed an in-house social media strategy in 2021 and since the implementation of the strategy there has been significant growth in the organizations' social media platforms. The platforms are used to share health related messages, COVID-19 messages, health celebrations and memorable activities within the health sector, furthermore, the platforms are used to counter misinformation, rumours, disinformation and trace and strategically address infodemics. Additionally, the platforms were used to share WHO related events for visibility of the coun-

Publications in major media houses– The Post Newspaper, The Standard UK, Newsday Newspaper, Public Eye newspaper and the Lesotho National Broadcasting Services.

COLLABORATIONS WITH NON-STATE ACTORS

Through collaboration with community-based private health service providers like the Christian Health Association of Lesotho (CHAL), the Lesotho Red Cross Society and World Vision Lesotho, it was possible to increase access to COVID-19 prevention measures in difficult-to-reach areas and locations.

Eighteen health facilities in the districts of Leribe and Butha-Buthe reached out to chiefs, religious leaders, and community members to offer COVID-19 services through this cooperation. 54 church leaders and 224 chiefs were contacted, and 13, 557 people received the vaccine.

The ACT-Accelerator (ACT -A) sped up response measures by using existing resources such as the private healthcare providers close to the communities and vulnerable villages. These Private health care providers played an additive and important role in accelerating the adoption and delivery of essential COVID-19 tools to local people in need.

Community mobilization during COVID-19 vaccination campaign by Lesotho Red Cross

HEALTH SERVICE DELIVERY IN PRACTICE: COORDINATING STRUCTURES AND INTEGRATING HEALTH SERVICES IN HARD-TO-REACH AREAS

Healthcare workers on horse back crossing a river to a hard-to-reach-village

It is a foggy winter morning in Solane, a village within the catchment area of Motete Health Centre; a cold wind blows hard against the wooden door of the rented roundavel building the health workers stay in. A few kilometers, away from the village, up on the mountain tops, rests the snow. Winters can get very cold and icy in this part of the country; agricultural land is bare, dry and uncultivated, a crisis owed to erratic weather conditions that have impacted on a number of sectors, including health, agriculture and food security.

Accessing health services for the villagers of Solane Maoelaoela, Linakaneng, and Phokojoe-khoaba has been a challenge for years. Due to its geography, the ministry of health faces barriers to providing equitable health care service delivery in this catchment area. Community members travel long distances on foot or by horse to access health services.

According to 'Manthabiseng Monala, the Village Health Worker Supervisor at Motete Health Centre, people walk for nearly 7 hours to and another from the facility. For those who are fortunate enough to have horses, which is only a very few households, it takes half the time. "There is no public transport here because of the dilapidated road. Not all households have horses, the only option is to walk. You can only imagine how excruciating it is for those who can't walk long distances because of sickness or old-age. Pregnant women find it difficult to get to the clinic and some miss their antenatal appointments" said 'Manthabiseng. The health centre serves a population of 4948 and it is 157km from Butha-Buthe the main town. Motete Health Centre is 50km from the closest hospital, 'Mamohau Hospital . Solane is located at least 6km from the clinic, however, this seemingly short distance is travelled for over 1hour 45minutes by car due to the bad meandering gravel road, normally with a few hills to climb. Its neighbouring villages; Liqalaneng, Maoela-oela and Phokojoe-khoaba; can only be reached by horse-back or walking. The total population for these four villages is estimated at 904.

It is for this reason that the Ministry of Health Lesotho, through the technical and financial support of WHO conducted a 6-days integrated outreach in Solane, to provide much needed health services. This is where we met Mothobi Kibi, a 64-year-old villager of Solane. He had come to get his first COVID-19 vaccine shot at the service delivery point- a household setting identified by the chief and the village health worker to be used as the 'clinic' that dayto. In March 2021 when vaccination was targeting front line workers and people living with comorbidities, Kibi was too ill to get vaccinated. "I was hospitalized for quite some time and upon my return home, I was too weak to walk to the clinic to get vaccinated. I am glad these services were brought closer to me. Now I can be at ease after getting vaccinated. I feel protected from corona" Mothobi said.

Mothobi was one of about 200 villagers within the catchment area who were eager to receive the COVID-19 vaccine and all provided health services. Through the mobilization of Village Health Workers, they gathered in numbers at the chief's place. Even herd-boys, a group often forgotten during health interventions, scheduled a time in the morning of the last day to get their first vaccine shot. Seventy-year old 'Mathabang Ntobo, came for her booster shot and brought with her two grand-daughters to get their shots as well, but only one was eligible to get vaccinated while the other will only be eligible in November 2022. "I am very happy I was able to get the booster and that my grand-daughters will be equally protected when they get their second doses.

I will make sure that the younger one does get her first dose when the time arrives" Ntobo said Regardless of the efforts to bring health services closer to the community as one of the Ministry of Health's goals to achieve Universal Health Coverage (UHC), the communities in and around Solane still do not access health services as needed.

The integrated health services pilot activity took the right step in achieving this fundamental health goal, a move in the right direction to leaving no one behind! These integrated services included COVID-19 screening and testing, COVID-19 vaccination, Health Promotion, Hypertension and Diabetes Mellitus (HTN&DM) screening and testing, antenatal and post-natal care, HIV screening and testing and many other services.

FINANCIAL, HUMAN & ADMINISTRATIVE RESOURCES

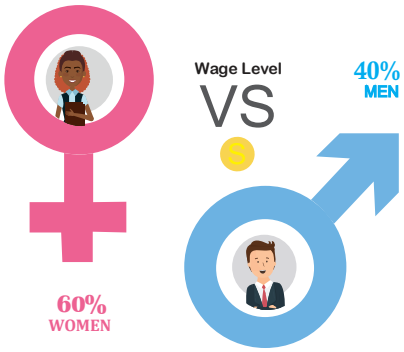
Donors play the biggest role in the country office's success and sustainability. The external relations and partnership office assisted different programmes to apply and write persuasive concept notes and proposals for funding opportunities. The office was able to secure and utilize funding from international organizations and partners.

The country office is utterly grateful for all the support from its donors and partners. It is through this support that WHO Lesotho has been able to accomplish its goals and continues to work towards leaving no one behind in health services.

10 District Coordination assistant s

9 Consultant s

15 permanent Staff members



KEY CHALLENGES

CHALLENGES

The current recovery effort and the continuity of comprehensive essential health services for most people are negatively impacted by the pre-existing, limited scope of public health and health care delivery infrastructures without appropriate investment.

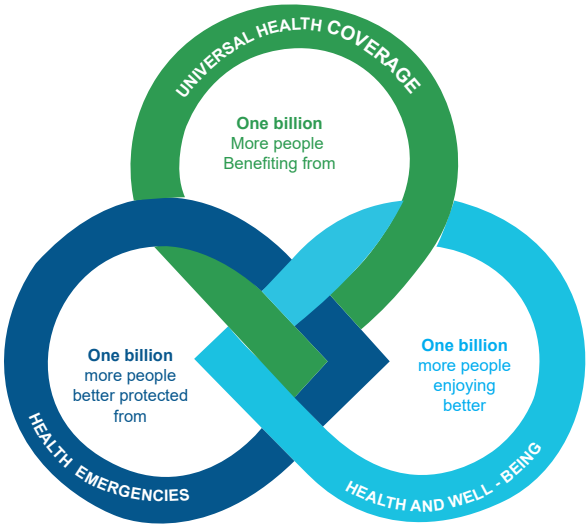
- A major challenge still is the inadequate coordination of structures and integration of service delivery processes.

- Inadequate performance-oriented governance structures and activities in the health sector have a detrimental impact on the effectiveness of the health system.

- disparities in skill sets and workforce distribution which seriously impair the effectiveness of the country's healthcare system.(health labor market research (2021) for Lesotho)

- The capacity of the health sector—both institutionally and in terms of human resources—to generate reliable data and information for timely application at every level of the health care system is constrained.

WAY FORWARD



1. Accelerating progress to achieve UHC

Reinforcing the health care system

Advocacy efforts will be renewed to ensure the development of operational plans and the undertaking of yearly reviews for optimal budgeting and resource allocation. To guarantee efficient and accurate production of NHA, WCO Lesotho plans to strengthen the capacity of the core team at MOH. There is still the need for more robust supply chain systems and regulatory systems for quality and price control for medicines and rational and responsible use of medicines. Hence, advocacy efforts for the creation of standard treatment guidelines and support will be sustained and extended for the elaboration of the national essential medicine policy.

Strengthening health systems to improve NCD outcomes

The country office will continue to play its leadership role in addressing NCDs and advocate for sustained participation and collaboration of multi-sectoral stakeholders and adoption of an integrated and coordinated approach to NCDs. Technical resources will be mobilized at local, regional and global levels to support the elaboration of the national integrated NCD action plan in line with the WHO global NCD Action Plan.

Strengthening health systems to better address communicable diseases Lesotho having achieved the UNAIDS 90-90-90 targets, the country office will sustain its assistance to strengthen the HIV continuum of care so that greater numbers of people are tested, put promptly on treatment and retained in care for viral suppression. AMR remains a pressing issue to be addressed. The point prevalence survey provided baseline information on antibiotics use in hospitals and showed the need for regular updating of therapeutic guidelines and refresher training for antibiotic prescribers to optimize their use.

2. Addressing population health needs a cross the life course

The specific health needs of older people will be addressed with the involvement of multi-sectoral stakeholders. Advocacy will be maintained for mandatory immunization of all children. Technical support will be provided for data consolidation for estimation of the real immunization coverage rate. WCO Lesothowill also support the development of operational plans for maternal, neonatal and child health through a multi-stakeholder approach.

3. Protecting people from health emergencies

Increasing preparedness for health emergencies In the face of increased risks of health emergencies and epidemics, strengthening the country's IHR core capacities and IDSR remain WCO Lesotho's top priorities. The finalization of the national action plan for health security will be key in improving the country's preparedness for health emergencies. Furthermore, the country office will provide its technical support to MOH in the face of disease outbreaks. Rapid detection and response to disease outbreaks The country office intends to offer its ongoing support for the successful installation and implementation of DHIS2 across the health information system to mainstream all the processes from data reporting to decision-making. A health information system powered by DHIS2 will facilitate implementation of IDSR for real-time surveillance from the community level to the central level. Data collection and analysis and reporting of immunization data from vaccination centres to the central level, as well as for HIV, will be eased.

4. Promoting better health and well-being Reducing NCD risk factors.

Promoting health behavioural change at an early age is on top of WCO Lesotho's NCD and health promotion programme. Efforts in inculcating regular practice of physical activity and healthy eating and imparting youth with knowledge and skills to learn to reject tobacco, alcohol, life-threating drugs and substance abuse will be pursued. For these to be achievable, the country office will foster collaboration between health and education authorities to maximize inclusion of health messages in school curricula. Addressing determinants of health.

The country office will pursue its goals to address mental health issues. Curtailing stigma around mental illness is at the centre of this endeavour. The media will be targeted to improve the way they report mental issues. Support will also be provided to key actors in mental health to build their capacity in undertaking advocacy media campaigns and in the use of information, education and communication materials.

A public awareness survey on road safety is planned together with public awareness interventions to address the rising road traffic injuries in Lesotho. Efforts to tackle health risks and challenges associated with climate change will be bolstered. WCO Lesotho will support the development of a strategy and action plan to build the capacity and increase the resilience of the health system's responses towards climate-sensitive health risks. To promote health and well-being as a whole, the country office will argue for the engagement of all key stakeholders, including individuals, public and private sectors and NGOs and advocate for a health-in-all policies approach in efforts to create a more conducive and enabling environment for health.

KNOW THE TEAM

1st Floor UNHouse, P.O.Box
214, Maseru, 100

(+266) 22 312122

www.who int/countries/lso/