



World Health  
Organization

Lesotho



# ANNUAL REPORT

2025



World Health  
Organization

Lesotho

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# ACRONYMS

AAR	After-Action Review	LMIS	Logistics Management Information System
AFP	Acute Flaccid Paralysis	MDA	Mass Drug Administration
AMR	Antimicrobial Resistance	MPDSR	Maternal and Perinatal Death Surveillance and Response
ART	Antiretroviral Therapy	MR	Measles-Rubella
CCM	Country Coordinating Mechanism	NAPHS	National Action Plan for Health Security
CRVS	Civil Registration and Vital Statistics	NCD	Noncommunicable Diseases
DHIS2	District Health Information System 2	NHA	National Health Accounts
DORIS	Digital Online Reporting and Information System	NHWA	National Health Workforce Accounts
DR-TB	Drug Resistant Tuberculosis	NTDs	Neglected Tropical Diseases
EPI	Expanded Programme on Immunization	PHC	Primary Health Care
ES	Environmental Surveillance	RMNCAH	Reproductive, Maternal, Newborn, Child & Adolescent Health
EmONC	Emergency Obstetric and Newborn Care	SIA	Supplemental Immunization Activity
GPW14	WHO 14th General Programme of Work	TB	Tuberculosis
HPV	Human Papillomavirus	UHC	Universal Health Coverage
HRH	Human Resources for Health	WHO	World Health Organization
ICC	Interagency Coordinating Committee	WISN	Workload Indicators of Staffing Needs
ICD 11	International Classification of Diseases, 11th Revision		
IDSR	Integrated Disease Surveillance and Response		
ISS	Integrated Supportive Supervision		
IHR	International Health Regulations		
JEE	Joint External Evaluation		

# FOREWORD

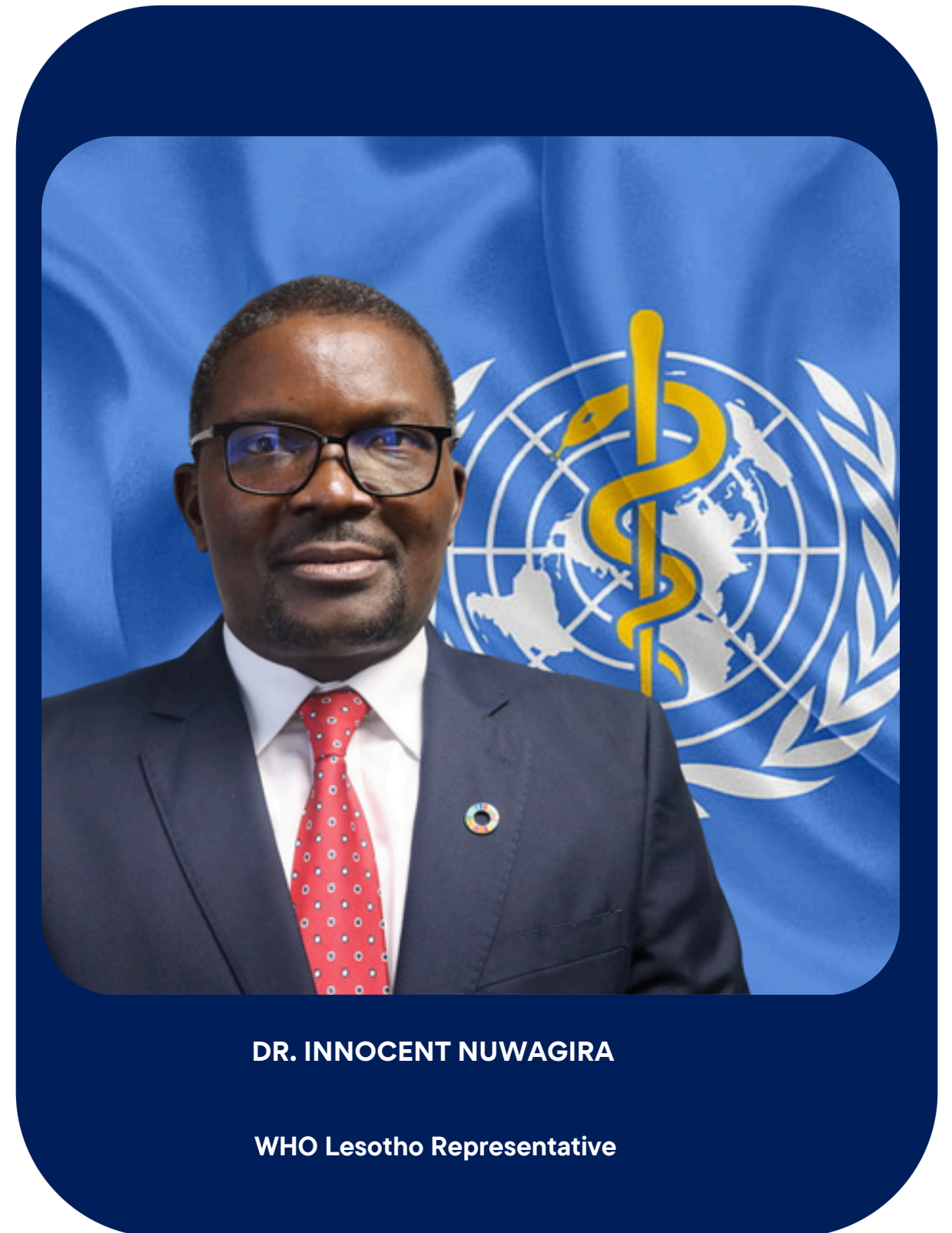
The year 2025 marked a pivotal moment for Lesotho's health sector as steps were taken to strengthen leadership, governance and coordination, and improve service delivery towards Universal Health Coverage (UHC). With steadfast support of WHO and other partners, the Ministry of Health embarked on a transformative agenda underpinned by the central and lower level institutional reforms, and the drafting of National Health Policy (2025-2035) and the Health Sector Strategic Plan (2026-2030) expected to be validated in the first quarter of 2026.

Collectively, these efforts focused on enabling Lesotho to build a robust, resilient, and equitable health system capable of addressing persistent challenges – ranging from communicable diseases such as HIV/AIDS and tuberculosis to the rising burden of noncommunicable diseases (NCDs), maternal and newborn mortality, and climate-related health emergencies all in the background of diminishing financial and resources as a result of cuts in global health funding.

WHO Lesotho continued to coordinate and provide strategic technical leadership and support across priority areas including health systems strengthening, maternal and child health, digital health transformation, immunization, communicable and non-communicable diseases control and disease surveillance, quality of care, emergency preparedness and response, and health workforce development.

As we reflect on 2025, we acknowledge that significant challenges remain, including financing constraints, health workforce shortages, data gaps, and persistent health inequities. Nevertheless, the year also demonstrated the resilience and determination of the Basotho people and the health workforce, alongside the continued trust and cooperation of our partners.

WHO reaffirms its commitment to supporting the Government and the people of Lesotho in accelerating progress toward UHC, ensuring that all Basotho have access to equitable, high-quality, people-centred health services.



**DR. INNOCENT NUWAGIRA**

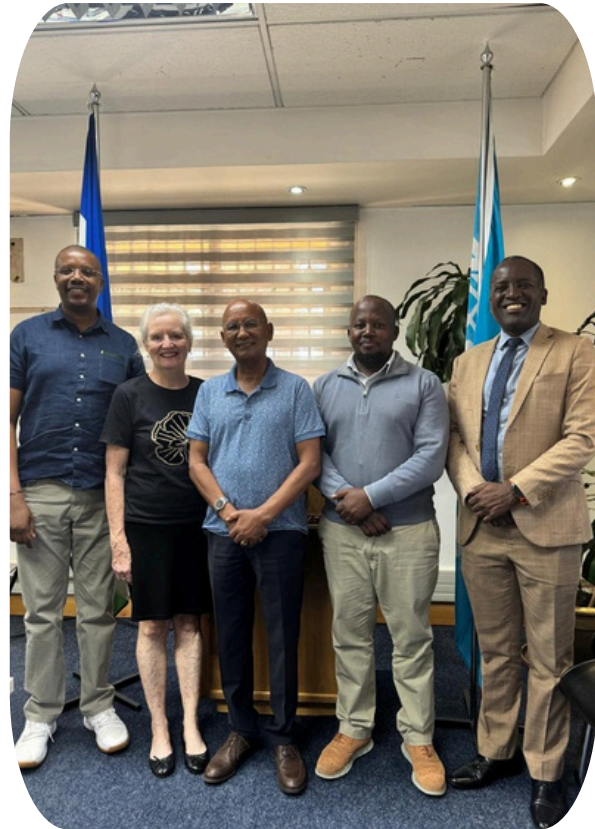
**WHO Lesotho Representative**

**“ Collectively, these efforts focused on enabling Lesotho to build a robust, resilient, and equitable health system capable of addressing persistent challenges ”**

**Dr. Innocent Nuwagira  
WHO Representative - Lesotho**

# Notable achievements in 2025

Finalization and signing of the Country Cooperation Strategy, 2024 - 2027



Operationalization of a new Quality Assurance and Patient Safety Framework



Accelerated efforts to reduce maternal and neonatal mortality including adaptation and implementation of MPDSR guidelines

Strengthened district-level planning informed by equity-focused data leading to expanded reach of immunization services, particularly among zero-dose & under immunized children



# Notable achievements in 2025



Rollout of PEN-Plus for NCD care, and enhanced NTD elimination efforts through key national documents, including the NTD Masterplan (2024-2028) and the Operational Manual for Mass Deworming Campaigns

Adoption of the HIV 3-test strategy and WHO 2025 ART recommendations, and an integrated service delivery package for men's health



Enhanced partners coordination, advocacy and resource mobilization efforts, including production of quarterly WCO newsletters.

Enhanced IHR core capacities, and strengthened One Health collaboration and emergency preparedness

Supporting the Member State's effective engagement in Governing Bodies' meetings, including as a member of the Executive Board and following up on recommendations





# ABOUT LESOTHO

## Demographic and epidemiologic profile

- Lesotho continues to face a dual burden of disease—high communicable disease prevalence (HIV/AIDS and TB) alongside rising NCDs.
- Maternal and child health indicators show gradual improvement, but mortality remains high compared to regional averages.
- Immunization coverage has historically been strong but faces pockets of under-coverage in hard-to-reach areas.

## Health priority areas

- Strengthening PHC and district health systems
- Advancing digital transformation for data-driven decision-making
- Addressing the high burden of HIV, TB and HIV/TB co-infection
- Strengthening efforts for elimination of prevalent NTDs
- Expanding NCD services including PEN-Plus
- Enhancing preparedness for disease outbreaks and climate-induced emergencies
- Integrating equity and quality of care into planning and service delivery

Population  
**\$2.3M**

Youth  
**19%**

GDP per capita (2024)  
**US\$ 972**

# GLIMPSE OF THE YEAR 2025



## **National Health Policy (2025–2036) finalized pending validation**

A decade-long strategic direction set for health system transformation



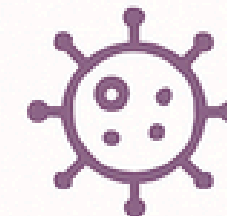
## **National Digital Health Strategy endorsed**

Marks a major milestone in digital transformation and data interoperability



## **Key HIV policy and service delivery guidance**

Including the HIV Testing Services (HTS) and ART guidelines, and the Haipal Men's Health Package for integrated service delivery



## **MR Supplemental Immunization Activity**

134,072 children reached with integrated MR, Vitamin A, Albendazole, and 60PV



## **National NTD Masterplan (2024–2028) finalized**

Strengthens elimination and control efforts for STH, scabies, rabies, and leprosy



## **Stronger IHR core capacities**

Through JEE, AAR, simulation exercises, and a fully costed NAPHS



## **Workload Indicators of Staffing Needs (WISN) completed nationwide**

Enabled evidence-based staffing norms and equitable deployment



## **Environmental Polio Surveillance expanded**

Three ES sites fully functional, complementing AFP surveillance



# Universal Health Coverage

# 1

1. Health Systems Strengthening
2. Immunization
3. Communicable Diseases
4. Noncommunicable Diseases
5. Reproductive, Maternal, Newborn, Child & Adolescent Health

## Strengthening systems, expanding access, and advancing equity

In 2025, Lesotho accelerated major reforms aimed at building a stronger, more resilient, and people-centred health system. Under Pillar 1, WHO supported the Ministry of Health (MoH) to advance governance reforms, enhance workforce planning, improve health financing efficiency, strengthen PHC, expand digital transformation, and improve delivery of essential services including immunization, RMNCAH, NCDs, and communicable disease control.

# 1. Health Systems Strengthening

## 1.1 Governance, leadership and policy implementation

2025 marked a transformative year for Lesotho's health sector governance. WHO supported the development of the National Health Policy (2025–2035) and the National Health Sector Strategic Plan (2026–2030) through an inclusive and evidence-driven process. These reforms aim to revitalize sector coordination mechanisms including the Health Development Partners Forum, the Inter-Agency Coordinating Committee and the Country Coordinating Mechanism, strengthening alignment, oversight, and accountability. The Ministry of Health restructuring exercise, led by the Honourable Minister of Health, Mr. Selibe Mochoboroane, and guided by the WHO/AFRO Governance and Restructuring Toolkit, clarified functional roles at national and district levels and reduced duplication. The Honourable Minister has consistently recognized WHO as a strategic partner in advancing the health agenda in Lesotho.



**“WHO continues to be a trusted and strategic partner, we appreciate their support towards improving health, strengthening systems, and ensuring every Mosotho receives equitable, quality health care.”**

**Honorable Selibe Mochoborane  
Minister of Health**



### Key achievements

- Led MoH restructuring: clarified organogram and mandates, improving accountability and leadership clarity
- Coordinated inclusive national consultations, strengthening stakeholder ownership and evidence alignment
- Finalized the National Health Policy and NHSSP, providing a consistent strategic direction for UHC and PHC strengthening
- Revitalized coordination platforms (HDP, ICC, CCM), improving partner alignment and reducing fragmentation

## 1.2 Health workforce for UHC

Lesotho strengthened HRH governance, planning and data systems in 2025. WHO supported a nationwide rollout of the WISN methodology, providing evidence-based staffing norms for PHC and hospital levels. The country also upgraded its National Health Workforce Accounts to Version 2, enabling more comprehensive data on production, distribution, attrition, and deployment.

### Key achievements



Applied WISN across facilities to identify staffing gaps and redistribution needs for more equitable deployment



Upgraded NHWA Version 2, improving workforce analytics and reporting



Built capacity of nurses, midwives and HR managers to strengthen HRH planning and PHC service delivery



Facilitated policy dialogue with Finance and Public Service to align HRH funding and recruitment pathways



## 1.3 Health financing for UHC

In 2025, Lesotho completed the National Health Accounts, providing a comprehensive mapping of health expenditures. Findings confirmed continued reliance on external financing and under-investment in PHC. WHO facilitated dialogue on sustainable UHC financing, domestic resource mobilization, public financial management reforms, and strategic purchasing.



### Key achievements

- Produced National Health Accounts 2025, strengthening evidence on financing flows and PHC spending gaps
- Supported financing policy dialogues, including options for social insurance and efficiency reforms
- Provided technical inputs on strategic purchasing and public-private partnership models
- Built national capacity in expenditure tracking to strengthen budget execution and accountability

## 1.4 Primary health care and integrated service delivery

PHC strengthening remained central to UHC progress. WHO supported adoption of the National Quality Assurance and Patient Safety Strategic Plan, completion of a national equity assessment, and integration of equity analytics into DHIS2. WHO contributed to quality improvement in RMNCAH, immunization, and newborn care through mentorship, MPDSR strengthening, and service integration.

### Key achievements

- Adopted the National QA and Patient Safety Strategic Plan, institutionalizing facility standards
- Completed the first national equity assessment to inform district planning and targeting
- Integrated zero-dose and equity analytics into DHIS2 to strengthen immunization microplanning
- Strengthened MPDSR, EmONC mentorship and intrapartum care rollout to improve maternal and newborn outcomes

## 1.5 Health information systems, digital health and data use

2025 was a landmark year for digital transformation. Lesotho endorsed its National Digital Health Strategy (2025–2030) with WHO leadership and advanced interoperability across HMIS, HRH, LMIS, and surveillance platforms. Under a Pandemic Fund-supported initiative, WHO supported MoH to begin designing a national all-cause mortality surveillance and CRVS integration system, to be completed in 2026. ICD-11 and DORIS design work also advanced to improve diagnostic accuracy and mortality coding.



### Key achievements



Developed and endorsed the National Digital Health Strategy (2025–2030)



Strengthened interoperability between DHIS2, LMIS and HRH systems to support real-time decision-making



Commenced design of a national mortality surveillance system to improve mortality data for planning and burden analysis



Advanced ICD-11 and DORIS design work to strengthen diagnostic accuracy and mortality coding

# 1.2. Immunization

Lesotho's EPI programme achieved gains in reaching zero-dose and under-immunized children. WHO supported microplanning, outreach, supportive supervision, and integration of immunization with nutrition, Vitamin A, and deworming.

The Unit works primarily in partnership with UN agencies, civil society and key sectors of the government, principally MoH, but, also holds professional relationships with other sectors of government, including the Ministry of Gender, Children and Social Protection, the Ministry of Internal Affairs, the Ministry of Youth and Sports, Ministry of Education, among others to support quality planning, implementation, and monitoring of RMNCAH services.

## Immunization Impact – Lesotho 2025

Strengthening Routine Immunization and Reaching Every Child

### 1 Reaching Zero-Dose and Under-Immunized Children



**874**  
Zero-dose children

**10,746**  
Under-immunized children reached

Integrated MR Campaign Impact:



**134,072** children

- Measles-Rubella vaccine
- bOPV
- Albendazole
- Vitamin A

Focus on remote and mountainous communities through strengthened microplanning and outreach services.

### 2 Strengthening Health Worker Capacity



**100+** Health Facilities

**350+** Health Workers Trained

- Cold chain management
- Vaccine-preventable disease surveillance
- Data quality improvement
- Defaulter tracing

### 3 Measles–Rubella Elimination Readiness

Capacity-building for the MR campaign included:



**38** media personnel trained on RCCE

**70** national & district supervisors trained (ToT)

**520** health facility staff trained for SIA implementation

### 4 Polio Eradication Progress



**3** environmental surveillance sites fully operational

AFP Rate **1.9**/100,000

Stool Adequacy **92%**

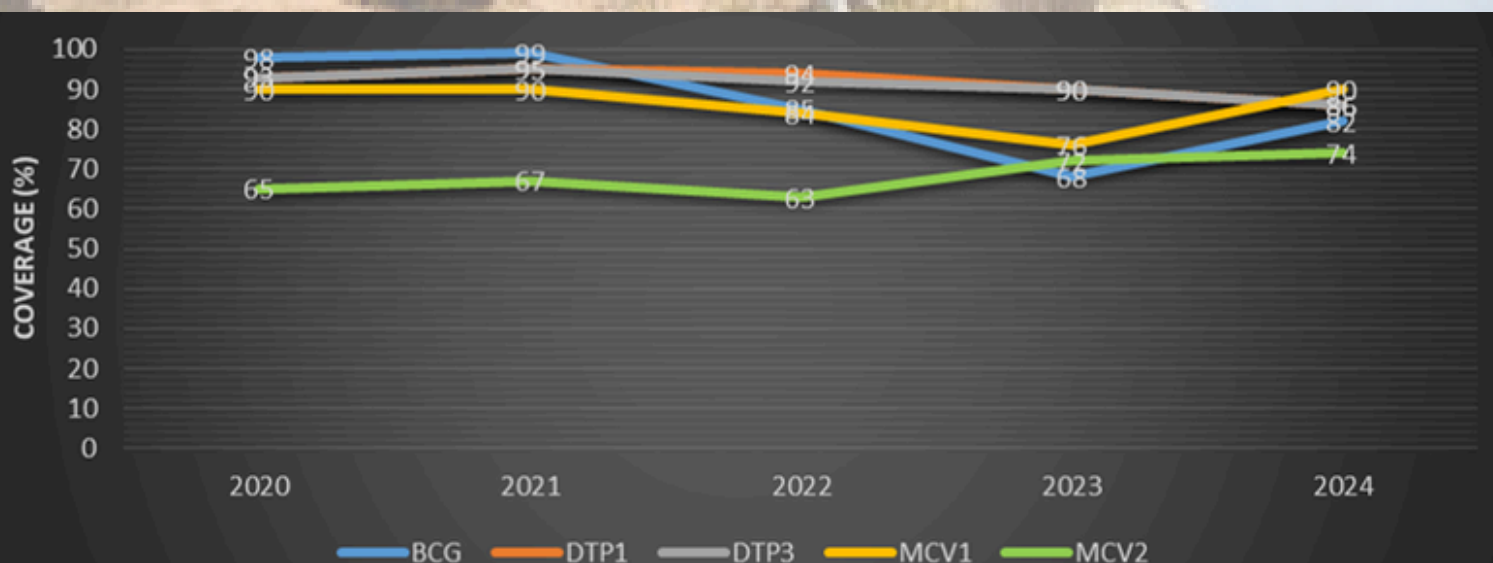
### 5 HPV Vaccination



HPV Coverage (2025): **32%**

- WHO support focused on:
- Revitalizing school-based outreach
  - Strengthening community social mobilization
  - Microplanning for adolescent immunization

Immunization trend



...TLOKOTILE?

...a sa enta, o ba tlokotsing  
...etseha ka mafu a kotsi  
...a ngoana ka liente

Gavi  
World Health Organization  
unicef  
for every child  
ED





# HIV/AIDS

**97-97-99**



- 97% of people living with HIV knew their status
- 97% of those diagnosed were on ART
- 99% of those on treatment achieved viral suppression

## 3. Communicable and Non- Communicable Diseases

### 3.1 HIV/AIDS

Lesotho has achieved substantial progress in controlling the HIV epidemic. Adult HIV prevalence declined from 24.8% (2010) to 17.1% (2024), alongside major reductions in new infections and AIDS-related deaths. In 2024, 97% of people living with HIV knew their status; 97% of those diagnosed were on ART; and 99% of those on treatment achieved viral suppression. Despite this strong performance, disparities persist, particularly among men and children.

#### Key achievements

- Developed and printed the 2025 HIV Testing Services Guidelines aligned with the WHO-recommended 3-test strategy
- Developed the National Men’s Health Package and Implementation Framework for integrated service delivery
- Supported revision of national ART service delivery guidelines to align with WHO 2025 recommendations, including updates for PrEP, ART optimization, neonatal/infant dosing, infant prophylaxis, and Advanced HIV Disease management

### 3.2 Tuberculosis

Lesotho remains among the 30 high TB and TB/HIV burden countries globally. The estimated TB incidence in 2024 was 548 per 100,000 population, with improvements in treatment success and declining mortality. However, case detection remains low, particularly among children and men, and MDR-TB continues to pose a concern. Funding reductions disrupted implementation of the TB Acceleration Plan and contributed to shortages of commodities.

#### Key achievements

- Technical and financial support for 2023–2024 DR-TB Survey data management and reporting
- Review and updating of the draft national TB Multisectoral Accountability Framework (TB-MAF)
- Support for World TB Day, national TB symposium, and community awareness campaigns
- Advocacy and coordination to mitigate disruptions linked to USG Executive orders, including an interim plan to address critical Human Resource gaps.

### 3.3 Neglected Tropical Diseases

The NTDs prevalent in Lesotho include Soil Transmitted Helminthiasis (STH), Leprosy, Scabies, Rabies and Snakebite envenoming. In Lesotho, prevalent STH are roundworm, whipworm, and hookworm. These are a source of concern as they negatively impact the nutritional status of infected individuals, and the growth development of young children, and cause anaemia, particularly in pregnant women. Access to safe water, sanitation, and hygiene (WASH) are essential for the prevention of many water-related infectious diseases, including NTDs.



**Finalized and endorsed the first National NTD Master Plan (2024-2028)**



**Developed the national Operational Manual for Mass Drug Administration for STH**



**Conducted MDA for under-fives as part of the MR campaign in October 2025: 113,010 children received Albendazole**

### 3.4. Non- Communicable Diseases

Lesotho expanded NCD service delivery through rollout of PEN-Plus, capacity building, guideline development, community awareness, and stronger multisectoral coordination.



#### Key achievements

- Developed national clinical guidelines for diabetes, cancers, hypertension, chronic kidney disease, chronic respiratory diseases
- Developed a simplified community NCD health promotion guide
- Trained 62 health professionals in NCD prevention and management
- Established a National NCDI Coordination Mechanism chaired by the Ministry of Finance
- Conducted public campaigns on mental health, diabetes and workplace illness

## 5. Reproductive, Maternal, Newborn, Child & Adolescent Health

WHO supported policy development, standards of care, reproductive health across the spectrum of male and female needs, maternal health, early childhood development, adolescent health, and maternal mental health integration.

### 5.1 Policy development and guidance

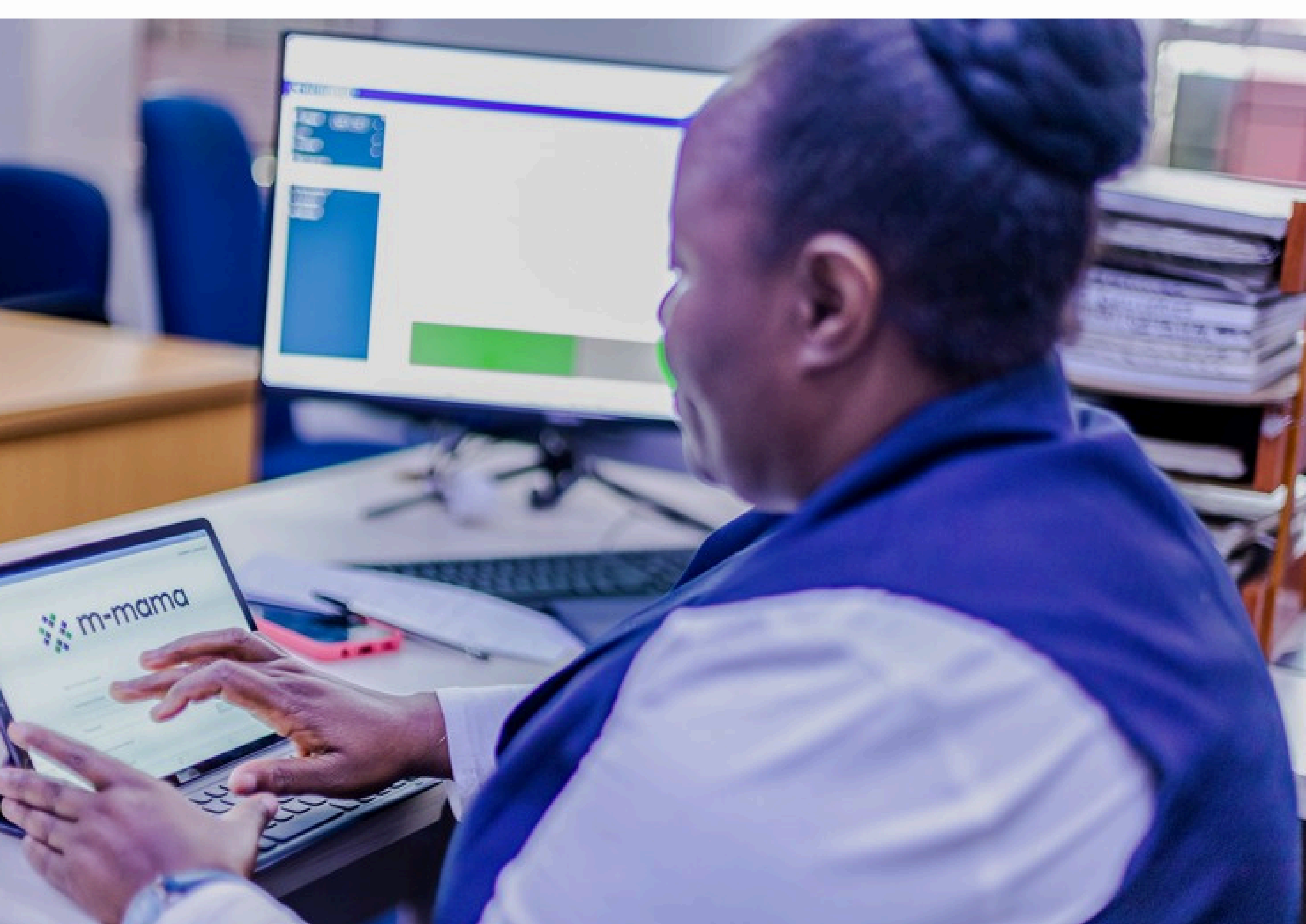
- Contributed to national MPDSR system strengthening by supporting the development of MPDSR guidelines, training toolkits, and establishment of MPDSR governance structures.
- Provided technical leadership in updating the SRMNCAH+N Strategy (2025–2030).
- Supported development of national triple-elimination guidelines and job aids, enhancing integration of HIV, syphilis, and hepatitis B services.
- Facilitated the update and dissemination of intrapartum care guidelines to improve quality of maternal and newborn care.
- Contributed to development of abortion care guidelines and the national Comprehensive Abortion Care guidance package.
- Supported finalization of national Standards for Improving Child Health and Newborn Care, and contributed to updates of ECD policies and KMC guidelines.
- Played a key role in the formulation of the Adolescent Health Policy and Strategic Plan, ensuring alignment with national priorities.
- Strengthened integration of maternal mental health, leading high-level dialogues and advocacy efforts for policy uptake.

### 5.2 Capacity building and supervision

- Led national rollout of MPDSR guidelines at district level, supporting the formation of MPDSR committees and facilitating skills transfer for effective maternal death reviews.
- Coordinated and delivered health worker training on men-friendly and SRH services in a high-burden district through Sida-supported programming.

- Trained doctors and nurses from all district hospitals on the updated Comprehensive Abortion Care guidance.
- Provided training and supportive supervision to doctors and midwives on updated intrapartum care guidelines, strengthening clinical practice at district hospitals.





# Health Emergencies 2

2.1 Emergency preparedness

2.2 Emergency response

2.3 Systems strengthening enablers



Mrs. Maneo Moliehi Ntene, Principal Secretary, Ministry of Health, alongside Dr. Innocent Nuwagira, WHO Representative to Lesotho, attending the opening ceremony of Lesotho's 2nd Joint External Evaluation (JEE), aimed at assessing the country's capacity to prevent, detect, and respond to public health threats.



## Preparedness, early warning and rapid response

In 2025, Lesotho strengthened its national health security architecture, translating evidence from IHR monitoring and evaluation processes into clear, costed priorities and operational plans. WHO support focused on consolidating IHR core capacities; expanding surveillance and early warning; advancing One Health collaboration; strengthening risk profiling and contingency planning at district level; and enabling rapid, well-coordinated outbreak response.

### 2.1 Emergency preparedness

Lesotho completed three IHR (2005) monitoring and evaluation processes—a second Joint External Evaluation, an After-Action Review of a typhoid fever outbreak, and a district-level simulation exercise—using their combined findings to inform a fully costed second National Action Plan for Health Security (NAPHS). WHO supported multi-hazard risk assessments in three districts and convened the National Bridging Workshop to operationalize One Health collaboration. Nationwide rollout of IDSR Edition 3 and establishment of four influenza sentinel sites strengthened early warning.



## Emergency preparedness

# WHAT CHANGED IN 2025

*From Assessment to Action*



### Evidence → Action

JEE showed improvement from 2017 baseline.  
AARs and simulations translated into corrective plans.

Improved preparedness performance



### Smarter District Preparedness

Multi-hazard risk assessments informed District Health Response Plans.

Operational clarity at district level



### One Health in Practice

National Bridging Workshop mapped 16 technical areas.  
Cross-sector coordination strengthened.

Enhanced early detection



### Smarter Surveillance

IDSR Edition 3 rolled out nationwide.  
Four influenza sentinel sites established.

Enhanced early detection



### Stronger Regulatory Foundations

Food safety & biosafety policies advanced.  
Biosecurity frameworks implemented.

Stronger regulatory systems



### Evidence-Based Investment

NAPHS2 finalized and costed.  
Integrated JEE, SPAR & One Health roadmaps.

Evidence-aligned investment

2025 marked the shift from assessment to implementation — strengthening Lesotho's capacity to prevent, detect and respond.

## 2.2 Emergency response

WHO support enabled faster, more coordinated outbreak responses in 2025, including in hard-to-reach districts and at points of entry. District-level outbreak operations benefited from trained Rapid Response Teams and technical surge support.

### Outbreaks and field operations



- Typhoid fever and food-borne gastroenteritis: rapid multidisciplinary responses contained spread with low CFRs (0.5% typhoid; 1% food-borne).



- Frontline capacity: 30 health workers completed FETP-Frontline; points of entry personnel received competency-based refreshers.



- Regional solidarity: Lesotho provided technical support to Botswana, Eritrea, Rwanda and Malawi on NAPHS development and costing.

## 2.3 Systems strengthening enablers

- Incident Management System: clarified SOPs and coordination roles during simulations and embedded into district plans.
- Data for decision-making: improved signal detection and analytics through IDSR Edition 3 and weekly bulletins.
- Logistics readiness: pre-identified supply lists and mobilization pathways reduced deployment time.
- RCCE integration: AAR recommendations informed surge planning, rumor management and community engagement.
- One Health linkages: NBW priorities were linked to NAPHS costing lines for progress tracking.

## AT A GLANCE: 2025 EMERGENCY NUMBERS



## Country Support & Enabling functions

# 3

- 3.1 Leadership and coordination
- 3.2 External relations and partnerships
- 3.3. Communications
- 3.4 Financial management
- 3.5 Human resource management
- 3.6 Logistics and operations support
- 3.7 Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH)





## Strengthening the foundations of WHO performance in Lesotho

In 2025, WHO Lesotho strengthened the systems, structures, and partnerships that enable effective delivery of technical support to the Ministry of Health and operational execution across all programme areas. Enabling functions ensured WHO remained responsive, accountable, well coordinated, and efficiently resourced.

## 3.1 Leadership and coordination

- WHO Lesotho elevated its presence to support strategic coordination, strengthened partnerships, and improved internal alignment. Regular leadership and technical coordination meetings strengthened planning, monitoring and synergy across clusters. WHO sustained high-level engagement with MoH on major reforms including the National Health Policy, NHSSP and Digital Health Strategy. WHO also played a convening role in health partner coordination and supported integration of health priorities across the broader UN system.



In January 2025, Dr. Innocent Bright Nuwagira, WHO Representative, presenting his credentials to Honourable Lejone Mpotjoane, Minister of Foreign Affairs and International Relations.

## 3.2 External relations and partnerships

### Key highlights

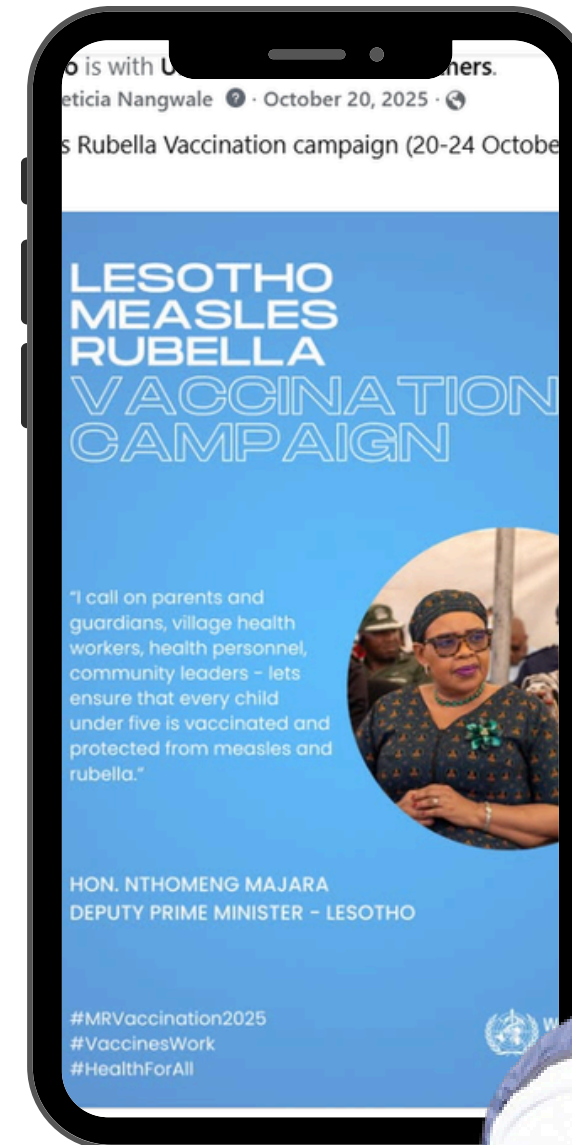
- Convened 10 health partner coordination meetings to strengthen alignment behind national priorities
- Facilitated 38 bilateral strategic engagements with donors and partners to sustain reform momentum
- Developed 18 funding proposals aligned with MoH priorities across UHC, emergencies, RMNCAH, NCDs, data and laboratory strengthening



## 3.3 Communications

### Key highlights

- 22 human-interest stories developed, capturing community experiences and progress across key interventions
- 3 quarterly donor newsletters produced and circulated
- Regular updates shared across digital platforms (website, X, Facebook, Instagram) on events, field missions and programme milestones



### 3.4 Financial management

- WHO Lesotho ensured effective and accountable utilization of financial resources in 2025, reinforcing internal controls and compliance mechanisms to safeguard programme funding. Timely financial reporting and close collaboration between finance and technical teams supported smooth budget execution and uninterrupted operational support.

#### Key highlights

- Maintained strong performance in budget execution across programme areas
- Ensured compliance with WHO financial rules and donor requirements
- Strengthened internal controls to minimize risks and streamline operational processes
- Supported timely reporting for donor-funded programmes and contributed to resource mobilization through evidence-based budget utilization

### 3.5 Human resource management

- Human resources remained a critical enabling function, given the intensive workload linked to emergency responses, immunization campaigns, and policy development processes. The Country Office maintained staffing levels, strengthened staff capacity through learning sessions and cross-programme collaboration, and ensured timely deployment of personnel to priority activities. Placeholder: insert final staffing numbers by contract type.

### 3.6 Logistics and operations support

#### KEY ACHIEVEMENTS IN LOGISTICS



#### Procurement & Distribution

Supported procurement and distribution of supplies for MR SIA, polio surveillance, and DR-TB survey logistics



#### Logistical Coordination

Provided logistical coordination for trainings, partner meetings, national workshops and technical engagements



#### Supply Chain Readiness

Improved supply chain readiness for emergency response through pre-positioning of essential items where relevant



#### Transportation & Deployment

Facilitated transportation and field deployment of staff and materials for campaigns and assessments





In October 2025, the WHO Representative to Lesotho, alongside WHO Lesotho staff, at the launch of the 2025 Measles-Rubella (MR) campaign in Quthing District, Lesotho.



### 3.7 Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH)

WHO Lesotho, in collaboration with the UN Country Team, intensified efforts to prevent and respond to sexual exploitation, abuse and harassment in 2025. A milestone was establishment and operationalization of external reporting channels, including toll-free numbers accessible to communities across Lesotho, providing safe, confidential and survivor-centred avenues for reporting concerns involving UN personnel or partners.



### 3.8 Overall impact of enabling functions in 2025

Together, these enabling functions ensured that WHO Lesotho operated efficiently, maintained credibility with partners, and delivered high-quality technical support. They enabled the organization to mobilize resources, coordinate partners, communicate effectively, strengthen staff and operational capacity, maintain financial and administrative integrity, and provide rapid operational support during public health events.



A woman in a dark blue jacket is talking to a woman in a World Health Organization uniform. The woman in the uniform has the WHO logo and text on her back. They are in a clinical setting with a sink and a refrigerator in the background.

# TOWARDS A HEALTHIER LESOTHO

# 4

4.1. Key Challenges

4.2. Lessons learned

4.3. Outlook and Priorities for 2026

4.4. Partner acknowledgement

## 4.1. Key Challenges

While progress was made in the health sector in 2025, systemic weaknesses continue to create obstacles towards attaining universal health coverage. The following challenges highlight the key areas that will require additional attention to improve access to quality healthcare:

### 1. Financing constraints and sustainability risks

- National Health Accounts confirmed reliance on external funding and under-investment in PHC, limiting scale-up and disrupting selected HIV/TB and TB Acceleration Plan activities.

### 2. Health workforce gaps and deployment inequities

- Despite WISN and NHWA v2 progress, facilities—especially in highland districts—reported critical skill-mix gaps affecting continuity and quality.

### 3. Coverage gaps for priority programmes

- HPV coverage declined; childhood TB detection remained below targets; pockets of zero-dose children persisted in remote settings.

### 4 Surveillance sensitivity and data quality

- IDSR improved reporting; EV isolation rates at ES sites fell below benchmark; mortality data consolidation remains a priority.

### 5. Commodity and operational bottlenecks for NTDs

- School-age MDA remained underfunded, requiring stopgap integration with campaigns rather than sustained rounds.

### 6. Service access in remote areas

- Terrain and seasonal weather challenged outreach, supervision and cold chain reliability.

### 7. Change management for digital transformation

Institutionalizing interoperability of digital systems, data governance and a data-use culture will require sustained capacity building.



## 4.2 Lessons Learned

In 2025, The WCO Lesotho took away the following lessons:

- Evidence-driven policy formulation accelerates alignment and clarifies accountability.
- Integrated, district-level planning improves equity and targeting, including for immunization and RMNCAH.
- School and community-based delivery models are decisive for adolescent vaccination outcomes.
- A sequenced IHR cycle (JEE-AAR-SimEx) linked to a costed NAPHS strengthens readiness and district roles.
- Multisectoral governance unlocks NCD and One Health progress.
- Targeted mentorship and supportive supervision improve quality of care indicators and responsiveness.

## 4.3 Outlook and Priorities for 2026

Moving forward, from 2025, WHO country office will focus on the implementation of the approved WHO Fourteenth General Program of Work which guides our work with Member States from 2025 to 2028. The CCS will be aligned to the GPW 14 and the Lesothos National Strategic Development Plan II.

The WHO GPW 14 strategic goal is to promote, provide and protect health & well-being for all people, everywhere. The six strategic objectives of GPW 14 are:

1. Respond to climate change, an escalating health threat in the 21st century.
2. Address health determinants and the root causes of ill health in key policies across sectors.
3. Advance the primary health care approach and essential health system capacities for universal health coverage.
4. Improve health service coverage and financial protection to address inequity and gender inequalities.
5. Prevent, mitigate and prepare for risks to health from all hazards.
6. Rapidly detect and sustain an effective response to all health emergencies.

In 2026, the following remain key priorities for the WCO:

### Health systems and UHC

- Operationalize the National Health Policy and NHSSP with a results framework and annual performance reviews.
- Advance UHC financing reforms informed by National Health Accounts, including increased domestic PHC investment, improved budget execution, and strategic purchasing options.
- Consolidate PHC quality and equity by implementing the QA and Patient Safety Strategic Plan and using equity analytics in district plans.
- Optimize HRH by applying WISN norms to recruitment and deployment, strengthening rural retention, and institutionalizing NHTA v2 reporting and use.

### Immunization and RMNCAH

- Recover adolescent coverage through an HPV catch-up and revitalization plan anchored in school-based outreach and tailored RCCE.
- Sustain measles-rubella gains by reinforcing routine immunization, defaulter tracing and stock/cold chain monitoring.
- Improve maternal-newborn outcomes by scaling MPDSR quality loops, expanding EmONC mentorship, and disseminating WHO intrapartum care tools.
- Polio and VPD surveillance: strengthen ES site performance and maintain AFP surveillance quality.

### Communicable diseases

- HIV/STIs: support implementation of the 3-test strategy, introduction of LEN for PrEP (as approved nationally), updating of the National STIs guidelines and GC8 application.
- TB: support programme reviews and Global Fund application processes, advocate for operationalization of the TB-MAF, GC8 application, and the development of Public, Private Mix Framework.
- NTDs: mobilize resources for school-age MDA and build capacity on identification and management of NTDs.

### Noncommunicable diseases

- Scale PEN-Plus to remaining districts and implement newly developed NCD clinical guidelines.
- Expand community prevention and self-care by rolling out the NCD health promotion guide and integrating NCD risk reduction into PHC and workplace platforms.

### Emergency preparedness and response

- Operationalize NAPHS2 with quarterly performance reviews and budget tracking; align partner support to priority gaps.
- Scale district simulations to at least five additional districts, including cross-border tabletop exercises.
- Institutionalize influenza and SARI surveillance using the four sentinel sites; strengthen data flows to national dashboards.
- Complete food safety multi-agency drills to test the Food Safety Emergency Response Plan.
- Expand FETP-Frontline cohorts and introduce points of entry functional drills.
- Advance the One Health roadmap: joint investigations, sample referral pathways, and emergency financing triggers.

## 4.4. Partner acknowledgement

The WHO Lesotho Country Office extends heartfelt appreciation to the Government of Lesotho, led by the Ministry of Health, for its stewardship and commitment throughout 2025. We also recognize the contributions of the Ministry of Finance, Ministry of Public Service, Ministry of Education, Ministry of Gender, Youth and Social Development, Ministry of Agriculture, and district authorities for their leadership in multisectoral action for health.

We are deeply grateful to health development partners, bilateral and multilateral donors, UN agencies, the private sector, academia, civil society organizations, professional associations, and implementing partners for their collaboration in shaping policies, mobilizing resources, and delivering services that save lives. Our appreciation extends to frontline health workers, community health workers, traditional and religious leaders, and the Basotho communities who worked tirelessly to improve health outcomes and advance equity.

Together, we are committed to accelerating progress toward Universal Health Coverage, strengthening health security, and promoting healthier populations in 2026 and beyond.





## The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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