

Lesotho



The Present Context

With a per capita income of US\$ 520 in 2000, Lesotho is among the 49 Least Developed Countries and is ranked 91st on the UNDP Human Poverty Index Scale. Lesotho has scarce natural resources and is dependent on South Africa for employment opportunities. With a population of 2.2 million and 320,000 of its adults estimated to be living with HIV, the country is facing a national meltdown. The pandemic is reversing the progress made in human development and poverty alleviation over the past decades and threatening the productive sectors of the economy, delivery of social services and the entire social fabric. The orphan population is estimated at one-third of the children

under 14 years (ranging from 73,000 to 100,000 according to sources). The recent scrapping of the textile quota system has exposed national producers to Asian competition and worsened the economic situation.

In October 2005, it was estimated that a quarter of the population will need food aid during the coming months.

Crisis involving: The Whole Population

Millennium Development Goals in Lesotho

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Lagging	Slipping back	Achieved	Far behind	On track	...

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report, 2002.

Main Public Health Issues and Concerns

Health Status

- Infant and under-five mortality rates are 63 and 84 per 1,000 live births per year respectively. Life expectancy at birth has decreased from 60 in 1996 to 38 years in 2003.
- According to national surveys maternal mortality has increased from 282 per 100,000 live births in the 1990s to 550 in 2003. Reasons include poverty, poor nutrition and environmental sanitation, unhealthy lifestyles as well as lack of human resources and delivery skills in emergency obstetric and post-abortion care. Early marriage and pregnancy also contribute to the high proportion of at risk pregnancies and abortions.
- In 2000, tuberculosis, pneumonia and gastroenteritis accounted for 20.8%, 10.1% and 6.4% respectively of institutional deaths.
- In 2000, tuberculosis accounted for 12% of all hospitalizations. Intestinal diseases, including diarrhoeal diseases, represent 10%, whereas diseases of the respiratory system, including pneumonia, represent 7%.
- With a prevalence of 390 per 100,000 people, tuberculosis is the first cause of death; HIV prevalence among people aged 15 to 49 suffering from tuberculosis is 72.9%.
- About 29% of the adults and 15% of the children under 14 years are living with AIDS. The HIV prevalence rate in the capital Maseru is reported to be 40-45%. Women represent 57% of all adult

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infections. It is estimated that 80% of inpatients in the medical wards of the Queen Elizabeth II Hospital have AIDS-related conditions.

- About 28% of the population lack access to safe potable water while 46% lack access to a safe method of excreta disposal.

Health System

- Lesotho has neither a comprehensive National Health Policy nor a Strategic Plan. However, it has adopted a Primary Health Care approach in which the MoH is responsible for developing policies, strategies and programmes for health care and running half of the country's health care facilities. The Christian Health Association of Lesotho (CHAL), active mostly in rural areas, runs about 40% while the rest is managed by various NGOs and the private sector.
- About 79.5% of the population is within two-hour walk of a health facility. A weakened Community Health Worker system, difficult access to due the mountainous terrain and decreasing Government subsidies to CHAL facilities limit health coverage.
- Over 5,000 village health workers and 1,400 traditional birth attendants provide primary health care in about 300 Health Centres and community-owned Village Health posts. Traditional healers are informally included in the system. There are 16 district hospitals shared in equal number by the MoH and CHAL and an additional four run by NGOs or the private sector.
- Curative services are generally urban-based and benefit from greater attention and financial support than their rural counterparts. The national referral hospital Queen Elizabeth II absorbs 21% of the Health budget.
- Expenditure on health is about USD 28 per capita, with the sector heavily dependent upon public financing.
- There is a shortage of human resources in the public service, mostly in the remote and mountainous areas. The doctor to population ratio is 1:16,400 and the nurse to population is 1:4,487. HIV/AIDS, increased poverty and food insecurity add to the high workload of available health workers. Brain drain from the public sector is also an aggravating factor due to poor human resource management and difficult working conditions. About a quarter of the doctors are in private practice, inaccessible to the most vulnerable.
- A MoH study indicates that 4.8% of households, including the destitute, very poor, poor and average socio-economic group, were exempted from user fees in 2000. However 83% of them did not use the nearest facility because of cost.
- The present health information system generates data on inpatients only and there is no wider system for more comprehensive information management.

Main Sector Priorities

WHO's main priorities in the country include:

- Strengthening the National Health System;
- Tackling HIV/AIDS, tuberculosis and other communicable diseases;
- Strengthening family and Community Health;
- Tackling Non Communicable Diseases; and
- Advocacy for Health.