LESOTHO'S HEALTH SECTOR



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1. Country Overview

Lesotho, also known as Basutoland or Kingdom of Lesotho, is a country in southern Africa with a unique characteristic: It is surrounded by South Africa. The two countries are separated by tall mountains that occupy two-thirds of the land. The country occupies an area of 11,720m2. The name Lesotho means "the land of Sesotho speakers". Maseru is the largest city and also the capital city and has rapidly grown in terms of the economy due to industrialization, trade, and investment based in the town.

The country has a population of two million people and is largely dominated by the Sotho (also called Basotho) who are Bantu-speaking people. The minority of the population is made up of the Zulu, and people of European, Asian, and mixed ancestral origin ^[1]. Sotho and English are the official languages. Other languages spoken in the country are; Zulu, Phuthi (a dialect of Swati), and Xhosa.



Lesotho drafted its first constitution in 1966 after gaining independence from the British. In 1970, the constitution was suspended by the then prime minister as a tactic to resolve the unrest in the country after elections. The country approved a new constitution in 1991 which was promulgated after the 1993 general elections ^[2]. Lesotho uses a constitutional monarch as the system of governance. The king is the head of state and does not have executive powers but instead acts as a national symbol. The prime minister is the head of government and the armed forces. The country's legislature consists of a bicameral parliament with a national assembly and appointed senate ^[3].

The country has been participating in the "Decade of Action for Road Initiative" developed by the United Nations (UN). This initiative aims to improve the quality of existing roads and build more paved roads throughout the country as most of the roads are not paved. It was targeted to reduce road accidents by fifty percent. The main transport infrastructure in Lesotho is its 8,000km road system. There are twenty-eight airports in the country three of which have paved runways. There is only one international airport which is referred to as Moshoeshoe I international airport in Mazenod^[4].

Lesotho is a member of the Common Monetary Area which consists of Lesotho, Swaziland, South Africa, and Namibia. It is also a member of the Southern African Customs Union (SACU) which allows for the free exchange of goods among member states. Lesotho is part of the Southern African Development Community (SADC), a regional organization that focuses on economic cooperation and integration. The country is classified as a lower-middle-income country by the World Bank ^[5].



1.1. Key Country Statistics



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Life expectancy at birth, total (years), 2018



Negative 0.8 GDP growth (annual %), 2019



45.2 Export of goods and services (% of GDP), 2019



Exported goods (2017): Articles of apparel and clothing accessories, knitted or crocheted **(\$269M)**, Articles of apparel and clothing accessories, not knitted or crocheted **(\$178M)**, Electrical machinery and equipment, and parts thereof **(\$50M)**, Imported goods (2017): petroleum**(\$367M)**, articles of iron or steel **(\$262M)**, Knitted or crocheted fabrics **(\$113M)**^[6]



94.2 Import of goods and services (% pf GDP), 2019



Trade deficit of \$1.13B Balance of trade (2019) ^[7]

2. Covid-19

As of 2nd February 2022, the confirmed COVID-19 cases in the country were 32,176 the deaths were 693, and 21,484 recoveries. Lesotho reported its first case of COVID-19 in May 2020. It was the last country in the African continent to report the presence of the virus in the country.

Lesotho has fully and partially vaccinated 34.07 percent and 0.46 percent respectively, its population against COVID-19.



3. Health Overview

The health sector of Lesotho remains underdeveloped despite efforts made by the government. Accessing healthcare services is a challenge since the nearest health facilities are often hours away. Only twenty-seven percent of the population lives in urban areas. People with healthcare needs must navigate through steep slopes, rough terrains, and harsh weather to access healthcare facilities. Lesotho has a high HIV/AIDS and TB prevalence. According to the World Health Organisation (WHO), Lesotho is the world's third country with a high HIV/AIDS infection rate. the number of front-line health workers is limited and unevenly distributed as all resources are concentrated in Maseru. The ratio of doctors to population is 0.9 per 10000 and that of nurses and midwives is 10.2 per 10000. Those ratios are below the WHO regional average of 2.6 and 12.0 for both respectively ^[9].

The ministry of health is the government department responsible for policy formulation and strategies for health service delivery to ensure that every citizen has an opportunity for good health and acceptable quality of life. Healthcare services are provided in three levels: primary, secondary, and tertiary. The public health sector is the largest healthcare provider followed by the Christian Health Association of Lesotho (CHAL) which is funded by the ministry of health through a subvention payment arrangement. The private sector also plays a critical role when it comes to offering healthcare services ^[10]. The Lesotho health system is funded through a combination of domestic government funding and international donors. The government is the major source of health funds and has increased its contributions to health spending over the past decade. The private expenditure is entirely out-of-pocket.

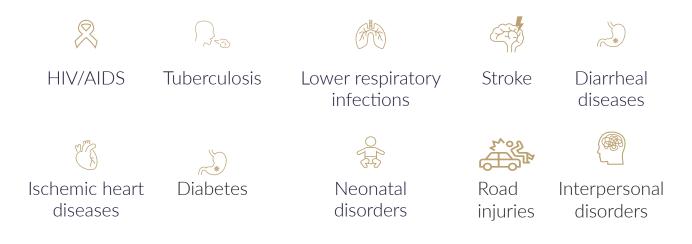
The country's health focus has shifted from infectious diseases to non-infectious diseases because of the continuous increase in the number of non-communicable diseases (NCDs). The ministry of health, through the Directorate of Disease Control, has developed a National Multi-sectoral Integrated Strategic Plan for Prevention and Control of Non-communicable Diseases to deal with the multiple health challenges facing the country ^[11]. The ministry of health has supported other programs in the past especially HIV/AIDs and TB programs. It has also established contractual relationships with the private sector. A good example is The Queen Mamohato Memorial Hospital (QMMH) Public Private Integrated Partnership (PPIP), a tertiary hospital established under a public-private arrangement ^[9].

Communicable, maternal, perinatal, and nutritional conditions are the leading causes of mortality in the country. They account for fifty-nine percent of all deaths ^[12]. Below are the top ten causes of death^[13]:



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The top 10 causes of mortality are:



3.1 Key Health Statistics

9.28 Current health expenditure as a % of GDP, 2018 **16.04** Private health expenditure as a % of CHE, 2018 **58.06** Government health expenditure as a % of CHE, 2018



16.04 OOP expenditure as a % of CHE, 2018



Under five mortality per 1,000 live births, 2019

4. Key challenges faced by the private sector

- Poor health infrastructure
- Fragmentation of the procurement and supply value chain for health products and technologies especially in the private health sector.
- A limited number of health workers in the country.
- Increased NCD burden in the country.



5. Key opportunities for the private sector

- Medical Logistics opportunities to meet health facilities and patients' demands in remote areas.
- Training and capacity building for healthcare workers.
- The private sector can partner with the government through a PPP arrangement to harness and consolidate resources for seamless healthcare procurement and supply systems.
- The private sector has a key role to play towards enhancing and improving medical research in Lesotho.
- Private programs and initiatives to support the government in overcoming HIV/AIDs and TB endemic challenges in the country.

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