Country Cooperation Strategy at a glance

Lesotho

http://www.who.int/countries/loe/

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<th>WHO region</th>
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**Health Situation**

**Health indicators:** The country health indicators are showing some improvement since the beginning of the current CS. This is despite the management of the health sector. Within this period, neonatal mortality reduced from 47/1,000 live births to 32.7/1,000 live births, infant mortality fell from 91 to 59 per 1,000 live births while under-five mortality also reduced from 117 to 90.1 per 1,000 live births. Some improvements were also noted in the reduction of maternal mortality which is at 487 per 100,000 live births. These improvements were, however, far below the global Millennium Development Goals.

**Burden of Diseases:** Lesotho is experiencing an increasing double burden of diseases characterized by an increase in the burden of non-communicable diseases as well as a high burden of communicable diseases. The WHO STEPS of 2012 and other surveys done in 2001 and 2012 show that the prevalence of hypertension was 31% and diabetes 1.3%. In 2012, hypertension was among the top ten conditions seen in OPD (9%). Stroke and heart failure accounted for 6% and 2% in males and females, respectively. Deaths due to diabetes accounted for 2% and 3% for males and females, respectively. HIV and AIDS continue to afflict the population with an estimated national prevalence of 25% and incidence of 1.9 per 100 person years Diarrhoeal diseases are amongst the top ten diseases seen in OPD (4%).

**Coverage of Essential Public Health Interventions:** The attendance by skilled health worker during delivery increased from 61.5% to 77.9% whilst 74% of all pregnant women benefit from at least 4 visits for antenatal care services and the contraceptive prevalence improved to 60%. Only 68% of children under one year of age are fully immunized which way below the national target of at least 80%. However, a fairly good achievement is noted in individual antigens: measles 90%; DPT3 93%; BCG 98% whilst OPV3 was at 75%.

Access to ARV in 2015 was at 42% (41% in adults and 57% in children); voluntary male circumcision is at 23%. Access to improved drinking water has increased 81.8% (94.6% in urban and 77.0% in rural areas); improved sanitation increased from 23.5% to 47.1% (41.1% in urban areas and 50% in rural areas). The country continues to implement the public health interventions defined in the Essential Services Package which are health education, environmental health, maternal and child health, implementation of IDSR strategy and the International Health Regulations (2005).

**Health Systems Challenges:** The country is faced with a number of gaps and challenges that include: acute shortage of human resources for health out dated health legislation, inability to absorb all funds allocated to the health sector (compounded by weak partner coordination mechanism), weak health system, inequalities and inequities in service delivery and a difficult terrain, as most parts of the country are hard to reach. 72% of households walk to health facilities with 27.3% walking for more than 120 minutes to a health facility.

**Health Policies and systems**

Lesotho has a 5-year National Strategic Development Plan (NSDP) which was to end in 2017 but has been extended by one year. During the extension period, the Government with partners will be working on a new NSDP which will run for five years. The current plan is a successor to the Poverty Reduction Strategy Paper and the Interim National Development Framework. The NSDP is an implementation strategy for the National Vision 2020. The United Nations in Lesotho has been implementing the Lesotho United Nations Development Action Plan (LUNDAP) which is fully aligned with the NSDP 2013-2017. Even though the LUNDAP was reviewed in 2016 in anticipation of developing a new one, the current one was extended by one year to align with the extended period of the NSDP. The National Health Policy 2011 was reviewed in 2016 and a new draft policy is awaiting endorsement by the government. A new draft national health strategic plan that is envisaged to run up to 2023 is under development. To support government efforts on decentralisation of health services, a district readiness assessment exercise has been completed and findings from the assessment will be used in developing manuals, standard operating procedures and training modules on decentralized health services focusing on central, district facility and community levels.

**Cooperation for Health**

The country health sector receives support from a number of development partners and donors even though the support has been declining in the recent years. Assistance from development partners, including WHO’s technical and financial support, continues to make a significant contribution to the sector financing. It is, however, noted that the government provides a huge proportion of funding for health (approximately 92% in recurrent and 72% in capital budget). The absence of a functional Sector Wide Approach mechanism creates duplication of efforts and inequities. The Health Development Partners Forum, co-chaired by the WHO and PEPFAR, facilitates coordination of health sector support in the country from the partners side.
## Strategic Priorities

### STRATEGIC PRIORITY 1:
*Strengthening prevention and control of TB, HIV and AIDS and other communicable diseases*

- Improving the country capacity to prevent, detect and respond to communicable diseases and events of national and international concern
- Strengthening country capacity in disaster risk management

### STRATEGIC PRIORITY 2:
*Strengthen maternal and child health services*

- Strengthening the country capacity to improve access and provide quality services for sexual and reproductive, maternal and neonatal health care including healthy aging services
- Strengthening the country capacity to improve access and provide quality child survival services

### STRATEGIC PRIORITY 3:
*Prevention and control of non-communicable diseases*

- Strengthening prevention and control of non-communicable diseases
- Strengthening country capacity to develop, maintain information systems and research for mental health
- Promotion of healthy life-styles
- Funds mobilisation for functional psychometric test tools to improve mental therapy care

### STRATEGIC PRIORITY 4:
*Health systems strengthening*

- Strengthening health systems leadership and governance at all levels
- Strengthening human resources for health
- Strengthening health system information and evidence
- Improving access to and rational use of safe medicines and health technologies including strengthening of country regulatory capacity

### STRATEGIC PRIORITY 5:
*Address the socio-cultural and environmental determinants of health*

- Strengthening country capacity to assess health risks, develop and implement strategies for prevention, mitigation and management of health impacts of environment
- Strengthening infrastructure, delivery and coordination of health promotion