Lesotho

Country Cooperation Strategy at a glance

Health Indicators: Data from two demographic surveys in 2009 and 2014 show a slight improvement in the country health indicators despite the many challenges that face the health sector. Within this period, Neonatal mortality reduced from 41/1,000 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 90.2 per 1,000 live births. Some improvements were also noted in the reduction of maternal mortality ratio from 1,155 to 487 per 100,000 live births in 2015.

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 in the population 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 is way below the national target of at least 80%. However, a fairly good achievement is noted in individual antigens: measles 90.1%; DPT3 96%; BCG 98% while OPV3 was at 75.5%.

In 2016 access to ARV was at 56% in adults and 58% in children; voluntary male circumcision is at 79%. Access to improved drinking water has increased from 78.9% in 2004 to 82.2% in 2014 (96.3% in urban and 76.9.0% in rural areas); improved sanitation increased from 30.3% (37.3% in urban areas and 27.6% in rural areas) to 50.9%. 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: Acute shortage of human resources for health, outdated health legislation, low fund absorptive capacity, weak partner coordination mechanism, poor governance, inequities in service delivery and a difficult terrain are some of the challenges impeding attainment of universal health coverage. Health effect of climate change continues to raise challenges to health development. The El Nino of 2015–2017 caused an outbreak of diarrhoeal diseases and anthrax and interruption of health services delivery due to water shortage. These challenges were addressed by WHO using CERF funding.

Health Policies and Systems

Lesotho has started developing a 5-year National Strategic Development Plan (NSDP) 2017/18 to 2022/23 which is an implementation strategy for the National Vision 2020. The United Nations in Lesotho has been implementing the Lesotho United Nations Development Framework and Plan (LUNDAP) which is fully aligned with the NSDP 2013-2017. The LUNDAP was reviewed in 2016 after which a new framework/plan will be finalized in May/June 2018. The National Health Policy 2011 and National Health Strategic plan are awaiting endorsement by the government. To support government efforts on decentralization of health services, a district readiness assessment exercise has been completed and findings from the assessment is being used in developing manuals, guidelines and capacity building programme for the teams at national, district and community levels.

Cooperation for Health

The country health sector receives support from about 40 development partners and donors even though the overseas development assistance has been declining in recent years. Assistance from development partners, including WHO’s technical and financial support, continues to make a significant contribution to the sector financing worth on average of 4 million US dollars for per biennium. It is, however, noted that the government provides a huge proportion of funding for health (approximately 92% in recurrent and 71% in capital budget). This financial year 2018/19, 12.7% of government budget was allocated to health with a decline of 2.7% from 2016/17 Financial year. Eighty-two percent of this allocation is used for salaries leaving less 18% for program implementation and other activities. The absence of a functional Sector Wide Approach mechanism creates duplication of efforts and inequities in health service delivery. The Health Development Partners Forum, co-chaired by the WHO and PEPFAR, facilitates some coordination of health sector support in the country from the partners side.

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: | • Strengthen HIV/AIDS prevention and control  
• Strengthen tuberculosis and MDR-TB prevention and control |
| STRATEGIC PRIORITY 2: | • Support for increased access to maternal, newborn, child and adolescent health services ensuring continuum of care throughout the life course and across different levels of the health system, including the community  
• Promote diversification of health services for adolescent and adults, including reproductive health services  
• Support the comprehensive integration of nutrition throughout the lifecycle into the health sector framework |
| STRATEGIC PRIORITY 3: | • Enhance capacity of the national immunization programme for effective prevention and control of vaccine preventable diseases  
• Support for effective integrated disease surveillance system for communicable and non-communicable diseases  
• Enhance emergency preparedness and response and implementation of International Health Regulations (2005)  
• Promote healthy lifestyle and cost-effective interventions for prevention and control of major NCDs and injuries and for mental health promotion  
• Enhance equitable and sustainable access to safe water and sanitation, reduce environmental and occupational health risks and promote food safety  
• Enhance food safety from production through to consumption |
| STRATEGIC PRIORITY 4: Health system strengthening | • Support the planning, development and utilization of an effective and responsive health workforce  
• Enhance national capacity to ensure access to quality essential medicines, vaccines and medical technologies  
• Strengthen country health information systems, knowledge management, health research and evidence for better decision making  
• Support alternative healthcare financing for equitable access to healthcare  
• Strengthen the organizational and managerial capacity of the national and local health systems for delivering accessible, quality and safe care to the communities with special focus on vulnerable groups |
| Strategic Priority 5 Foster health sector partnerships advocacy and equity | • Assist the Ministry of Health to coordinate donor support for national health development  
• Work closely with health development partners in Lesotho to improve communication among partners and with the Ministry of Health  
• Provide technical support to health development partnerships including the global funds and regional initiatives |