Lesotho

KEY FACTS

Joined Commonwealth:	**1966**
Population:	**2,194,000 (2011)**
GDP per capita growth:	**2.3% p.a. 1990–2011**
GNI per capita:	**US$1,220 (2011)**
UN HDI 2011 ranking:	**160 out of 187 countries**
Life expectancy:	**48 years (2011)**
Under-five mortality rate (per 1,000 live births):	**86 (2011)**
Maternal mortality ratio – reported (per 100,000 live births):	**1,200 (2007–2011)**
Maternal mortality ratio – adjusted (per 100,000 live births):	**620 (2010)**
Largest contribution to mortality:	**Communicable diseases, maternal, perinatal & nutritional conditions**
HIV prevalence rate for people aged 15–49 years:	**23.3% (2011)**
Government health expenditure:	**5% of GDP (2010)**

General information

The Kingdom of Lesotho is a small landlocked country entirely surrounded by South Africa. It is known as the 'Mountain Kingdom', the whole country being over 1,000 m in altitude. The country is divided into ten districts, each named after the principal town: Berea, Butha Buthe, Leribe, Mafeteng, Maseru, Mohale's Hoek, Mokhotlong, Qacha's Nek, Quthing and Thaba-Tseka.

Climate: The climate is temperate with well-marked seasons. The rainy season (receiving 85% of total precipitation) is October–April, when there are frequent violent thunderstorms. Rainfall averages 746 mm p.a. Temperatures in the lowlands range from 32.2°C to –6.7°C; the range is much greater in the mountains. During May–September snow falls in the highlands with heavy frosts occurring in the lowlands.

Environment: The most significant issue is overgrazing, resulting in severe soil erosion and desertification.

Population: 2,194,000 (2011); 28% lives in urban areas; growth 1.4% p.a. 1990–2011; birth rate 28 per 1,000 people (43 in 1970); life expectancy 48 years (49 in 1970 and 59 in 1990).

The people are mostly Basotho, with a few thousand expatriate Europeans and several hundred Asians.

Economy: Lesotho is classified as a lower-middle-income economy by the World Bank.

Mental health

Morbidity: The most commonly diagnosed mental illnesses in Lesotho are depression and anxiety. Neuropsychiatric disorders contributed an estimated 4.8% of the global burden of disease in 2008.

Health systems: The most recent Act relating to mental health in Lesotho is the Mental Health Law (1964), and mental health receives specific mention in general health policy. There is no official mental health policy or plan. Mental health expenditure by the government accounts for 1.8% of the total health budget, of which 82.1% goes on psychiatric hospital expenditure (2011). The government is working on establishing child and adolescent wards in the psychiatric hospital, as well as day care services.

Community care facilities provide services for those suffering from mental disorders, as do mobile units serviced by psychiatric nurses and resident social workers. Between 2006 and 2011, the majority of primary healthcare doctors and nurses did not receive official in-service training in mental health.

There are 0.5 mental health outpatient facilities, 0.1 psychiatric hospitals and 2.9 beds in psychiatric hospitals per 100,000 people. There are no psychiatric beds in general hospitals, day treatment facilities or community residential facilities (2011).

Health

Child and maternal health: Infant mortality in Lesotho was 63 deaths per 1,000 live births in 2011, with an under-five mortality rate of 86 deaths per 1,000 live births. As shown in Graph 1, the under-five mortality rate peaked in the period 2000–05, before declining to its 1991 level in 2011. As a result, the under-five mortality rate has not yet reached the country's target of 29 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the most prominent causes of death for children below the age of five years were HIV/AIDS and prematurity (both 18%) and pneumonia (12%). Other contributory causes were birth asphyxia (11%) and neonatal sepsis (9%). In the period 2007–11 Lesotho reported a maternal mortality ratio of 1,200 deaths per 100,000 live births (this figure was estimated at 620 deaths per 100,000 by UN agencies/World bank in 2010).

Burden of disease: Communicable diseases along with maternal, perinatal and nutritional conditions in Lesotho accounted for an estimated 63% of all mortality in 2008. The prevalence of HIV in Lesotho, as a percentage of population aged 15–49 years, stood at 23% in 2011. HIV prevalence rapidly increased during the 1990s, and has remained at a constant high rate of 23% since the early 2000s. Lesotho is a non-endemic country for malaria, a result of its high altitude. In the period 1990–2010 the estimated incidence of tuberculosis (TB) in the country saw an overall increase, and there was a slight decrease in estimated mortality (when mortality data excludes cases co-morbid with HIV). There were seven reported cases of leprosy in 2010.

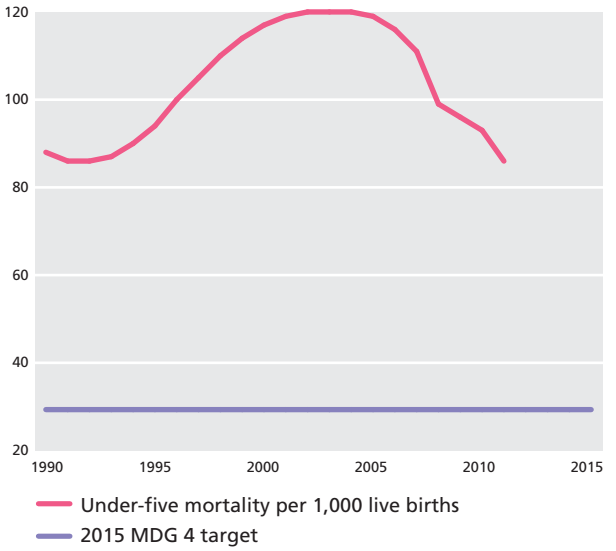
Non-communicable diseases (NCDs) in Lesotho accounted for an estimated 30% of all mortality in 2008. The most prevalent NCDs in Lesotho are cardiovascular diseases, which accounted for 14% of total deaths across all age groups in 2008. Cancers, non-communicable variants of respiratory diseases and diabetes contributed 3%, 4% and 2% respectively to total mortality (2008).

Health systems: Lesotho's public spending on health was 5% of GDP in 2010, equivalent to US$109 per capita. In the most recent survey conducted between 1997 and 2010 there were five doctors and 62 nurses and midwives per 100,000 people. Additionally, 62% of births are attended by qualified health staff (2007–12), and 85% of one-year-olds are immunised with one dose of measles (2011). In 2010 78% of the country's population was using an improved drinking water source and 26% had access to adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that Lesotho has three pharmaceutical personnel per 100,000 people.

Healthcare services in Lesotho are delivered primarily by the Government of Lesotho and the Christian Health Association of Lesotho. Access to health services is difficult for many people, especially in rural areas. The country's health system is affected by the relentless increase of the burden of disease brought about by HIV/AIDS and a lack of expertise and human resources. Serious emergencies are often referred to neighbouring South Africa. A new hospital, the Queen Mamohato Memorial, opened in 2011 replacing Queen Elizabeth II Hospital as the country's only referral hospital. This hospital – a public-private partnership – is managed by a consortium led by a South African private healthcare provider (Netcare). As there is no local pharmaceutical manufacturing, all pharmaceuticals are imported (2011).

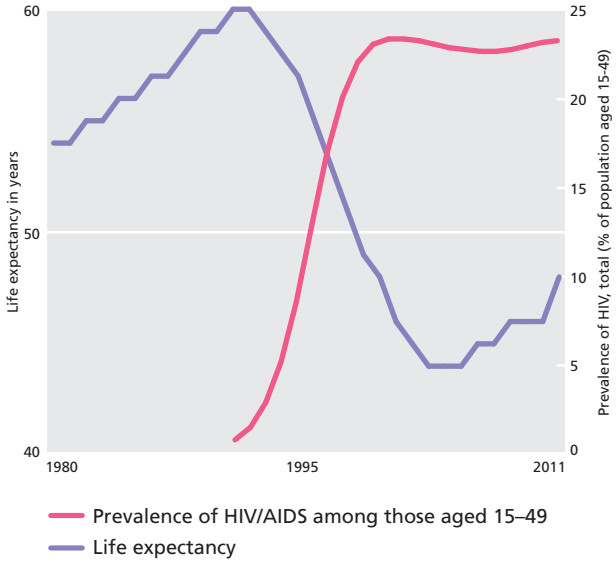
GRAPH 1

Under-five mortality



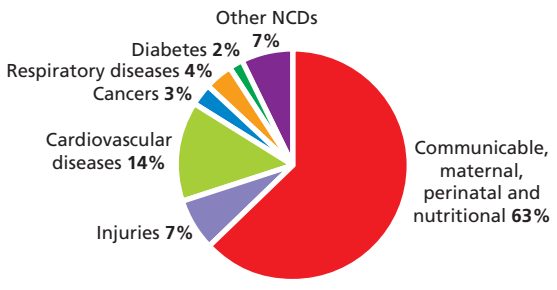
GRAPH 2

Life expectancy and HIV/AIDS



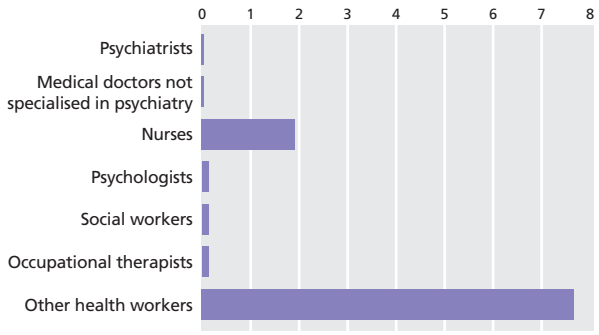
GRAPH 3

Mortality by cause of death (% of all deaths), 2008



GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



Progress towards the 2015 health MDGs: Lesotho is currently working towards achieving the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Lesotho's target is to reduce under-five deaths per 1,000 live births to 29, and increase measles immunisation to 100% by 2015. In 2010 under-five mortality stood at 86 deaths per 1,000 live births, and measles immunisation at 85%. This data suggests Lesotho is unlikely to achieve MDG 4 by 2015.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Lesotho, the maternal mortality should fall to 130 cases per 100,000 live births. In the period 2007–11 Lesotho had a reported maternal mortality ratio of 1,200 deaths per 100,000 live births (this figure was estimated at 620 deaths per 100,000 by UN agencies/World Bank in 2010). Based on the data reported by the country, the achievement of this target is unlikely. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 62%, and so progress towards this target is also off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other communicable diseases. Lesotho's prevalence of HIV was 23% in 2011 (in the 15–49 age group). This figure is extremely high and there has been no significant reduction in HIV prevalence since the advent of the disease in the 1980s. The country also has a high incidence of TB, which is estimated to have increased significantly in the period 1990–2010, although estimated mortality (when mortality data excludes cases co-morbid with HIV) from TB has fallen slightly during this time. Accordingly, dramatic progress in these areas is required if the country is to come close to achieving MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page XXX.

Further information

Ministry of Health and Social Welfare: www.gov.ls

Commonwealth Health Online:
www.commonwealthhealth.org/health/africa/lesotho