

Lesotho: Health Sector Reform Program Phase II



LESOTHO HEALTH SECTOR REFORM PROGRAM

Improving Access to and Quality of Health Services in a High HIV-Prevalence Setting

Overview

Lesotho's challenges in the healthcare sector are daunting: battling the world's third highest HIV/AIDS prevalence rate (23 percent for adults aged 15-49), life expectancy of 45 years, and demand that consistently outstrips the state's ability to provide vital health care services. The Health Sector Reform Program has successfully helped the country improve essential health care services for the poor through improved antenatal care, reduced hospital waiting time, a higher tuberculosis cure rate, and expanded access to services preventing mother-to-child transmission of HIV/AIDS.

Challenge

Following 15 years of steady improvement in the early 1980s, Lesotho's public health sector steadily declined in the mid-1990s. While this decline coincided with the onset of the HIV/AIDS pandemic, there was also an overall sense that the high-quality primary care system developed in the 1970s and 1980s was no longer able to deliver the same level of health services. As poverty increased from 1995-2005, morbidity and mortality from non-communicable and communicable diseases (tuberculosis and HIV/AIDS, etc.) became more frequent. As a result, the average life expectancy at birth fell by 13 years (from 59 to 46 years). It became exceedingly difficult for the poor to obtain access to quality essential health care. As understaffed and ill-equipped public hospitals were inundated with patients, waiting times ballooned to more than seven hours. Meanwhile, those living in remote rural areas and the mountains found themselves increasingly isolated from even the most basic care.

Approach

In response to these urgent needs, Lesotho's Ministry of Health and Social Welfare joined with development partners to achieve a sustainable increase in access to quality preventive, curative, and rehabilitative health care services. Specifically, the program targeted a huge imbalance between over-crowded government health centers and the non-governmental health centers, the high cost of medical care, long distances to medical facilities in mountain areas, and the insufficient numbers of health personnel, especially in rural areas.

More Results



98.1%

coverage of DPT3 (diphtheria, pertussis, tetanus) vaccine, one of the highest in Africa

26%

increase in prevention of Mother-to-Child HIV Transmission from 2004-2009

10%

increase in modern contraceptive prevalence rate (CPR) from 2004-2009

MORE INFORMATION

- » Lesotho Health Sector Reform Program
- » Ministry of Health and Social Welfare

The project not only assembled and deployed outreach-based District Management Health Teams to deliver community health services, but it was highly instrumental in the launch of the first-ever Public-Private Partnership (PPP) among International Development Association (IDA) African countries for replacing the national hospital. Under the PPP, the government of Lesotho selected Netcare, one of Africa's largest health care providers through a bidding process to design, construct, and operate a new national hospital for 18 years. The government's payments to Netcare will be performance-based. This PPP is expected to improve both access and quality of clinical services in the country.

- » Global Partnership on Output-Based Aid (GPOBA) Project Profile
- » International Finance Corporation of the World Bank Group (IFC) Smart Lessons
- » PPP Press Release

Results

Despite the HIV epidemic challenge, Lesotho continues to improve the coverage of essential health services. The IDA-financed Health Sector Reform Program Phase II is helping enhance and expand these essential services. Results from community health services delivered by outreach-based District Management Health Teams and from the Public Private Partnership thus far include:

- Continued increase in the coverage of DPT3 (diphtheria, pertussis, tetanus) vaccine, reaching 91.8 percent in 2009, one of the highest coverage rates in Africa;
- Increase in the percentage of antenatal care by a health professional from 90.4 in 2004 to 91.8 in 2009;
- Increase in deliveries in a health facility from 52.4 percent in 2004 to 58.7 percent in 2009;
- Increase in modern contraceptive prevalence rate (CPR) from 37 percent in 2004 to 47 percent in 2009;
- Increase in prevention of Mother-to-Child HIV Transmission from 5 percent in 2005 to 31 percent in 2009, largely driven by the increase in number of health facilities providing mother-to-child HIV transmission prevention services from 9 to 136 facilities;
- Significant decline in patient average wait times, particularly at Lesotho's largest hospital, Queen Elizabeth II, where it fell from seven hours before the reform to one hour 27 minutes in 2009.

Bank Contribution

IDA's contribution of US\$6.5 million equivalent has been leveraged with financing from other donors and the government of Lesotho to cover the US\$135.1 million cost of the overall health sector reform.

Partners

Eight development partners have joined with the government to finance and implement the Health Sector Reform Program. In addition to IDA, these partners include the Development Cooperation-Ireland, the European Union, the United States Government, World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), and the African Development Bank. All partners have established a common fiduciary system for the program and carry out the monitoring jointly.

Moving Forward

The public-private partnership ensures that the benefits from the health sector reform will

continue indefinitely. In addition, the government of Lesotho continues to finance and implement the reforms introduced by the program. The involvement of Netcare, one of Africa's largest health care providers, as well as a coalition of public and private financiers is meant to ensure that project deliverables continue to generate results to beneficiaries long after the project has closed.

Beneficiaries

The poorest in Lesotho, many of whom had been without access to proper healthcare for years, are the immediate beneficiaries of the Health Sector Reform Program. Other beneficiaries include all citizens of Lesotho, including mothers, infants, and children who are benefiting from the additional health clinics, reduced wait time, greater access to vaccines, and other critical basic health services. Additionally, children born to HIV-positive mothers have a better chance at life given the increase in prevention of Mother-to-Child HIV Transmission from 3.1 percent in the 1970s to 31 percent in 2009.