Final draft

NATIONAL HEALTH POLICY

(NHP 2017)

FORWARD

The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone and aims at achieving universal health coverage and delivery of quality health care services to all Basotho at affordable cost.

This NHP 2017 has been developed through a participatory process involving Technical Working Groups (TWGs) whose membership was drawn from the Ministry of Health (MoH) together with Christian Health Association of Lesotho, Health Development Partners (HDPs), the Private Sector, Civil Society Organisations (CSOs), the Local Government and Chieftainship, the District Health Management Teams' including Health Centre Committees.

The focus of NHP 2017 shall be on health promotion, disease prevention, early diagnosis and treatment of diseases. It will specifically prioritize the effective delivery of the Essential Health Package, efficient use of available health resources, strengthening public and private partnerships for health, strengthening of health systems and applying evidence informed interventions through efficient channels of service delivery. In the period of this NHP 2017 and in line with global agendas, emphasis will be placed on attempts to achieve universal health coverage with access to health care services as well as equitable and sustainable financing mechanisms.

I wish to thank the Technical Working Groups (TWGs) and the Consultant that put up this policy document together. The Second National Health Policy will provide direction for the Health Sector in the next medium to long term period.

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HON. NKAKU KABI

MINISTER OF HEALTH

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ABBREVIATIONS

AU	African Union
AIDS	Acquired Immune Deficiency Syndrome
AJR	Annual Joint Review
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
AZT	Azidothymidine (Zidovudine)
CHAL	Christian Health Association of Lesotho
DDCC	District Development Coordinating Committee
DFID	Department for International Development (UK)
DHC	District Hospital Committee
DHMT	District Health Management Team
DHT	District Health Team
DPCF	Development Partners Consultative Forum
EHP	Essential Health Package
GNP	Gross National Product
GoL	Government of Lesotho
HESA	Health and Environment Strategic Alliance
HMIS	Health Management Information System
HRH	Human Resource for Health
iHRIS	Human Resource Information System
HSA	Health System Assessment
HAS	Health System Strengthening
HTC	HIV Testing and Counselling
ICT	Information and Communication Technology
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
LDHS	Lesotho Demographic and Health Survey
LPPA	Lesotho Planned Parenthood Association
LRCS	Lesotho Red Cross Society
MDR-TB	Multi Drug Resistant Tuberculosis
MDR	Multi Drug Resistant/
MTCT	Mother to Child Transmission
M&E	Monitoring & Evaluation
PMTCT	Prevention of Mother to Child Transmission
UHC	Universal Health Coverage
VHW	Village Health Workers
XDR-TB	Extra Drug Resistant Tuberculosis

INTRODUCTION

The constitution of the Kingdom of Lesotho provides the right to life as a fundamental human right. The constitution provides protection to health, equality and justice for all, regardless of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. The constitution also provides the framework for policies to be developed and laws enacted, to ensure the right to life and the protection of health for all are achieved.

The vision of the Kingdom of Lesotho, as stated in the National Vision Document (Vision 2020), indicates that by 2020, Lesotho will be a stable democracy with a healthy and well developed human resource base, within a well-managed environment. The government of Lesotho is committed in the Vision 2020 to reduce the socio-economic impact of HIV and AIDS pandemic through multi-sectoral approach.

The National Strategic Development Plan (NSDP 2012-17) seeks to promote growth and development through accelerated and sustainable social and economic transformation. It recognizes the effect of the morbidity and mortality on the human capital, which affects the provisions in the constitution and the vision of the health sector in protecting life and ensuring a well-developed human resource base.

The Vision 2020 and National Strategic Development Plan provided guidance for the development of the National Health Policy (NHP 2011) and National Health Strategic Plan. The development of the NHP 2011 was influenced by the Millennium Development Goals (MDGs), other national, regional and global goals and declarations, including poverty reduction, revitalizing Primary Health Care (PHC) and the call for countries to strengthen their health systems. The MDGs have come to an end and many countries have assessed the performance in reaching their health goals. The world has now transitioned from MDGs to Sustainable Development Goals (SDGs).

Sustainable Development Goals (SDGs), officially known as “Transforming our world: the 2030 Agenda for Sustainable Development”, is a set of seventeen (17) aspirational "Global Goals" with 169 targets between them. Goal 3 is to “Ensure healthy lives and promote well-being for all at all ages”. This is the goal for the health sector.

The revision of the NHP 2011 is premised on the SDGs with particular attention to achieving Universal Health Coverage (UHC) and access to quality health care. It takes into consideration the individual targets in the SDGs with special reference to strengthening Global Health Security, International Health Regulation, antimicrobial resistance, climate change, WHO framework on tobacco and global action on violence and many others. It also seeks to include other national and global strategies such as the Global Health workforce, health in all policies and agenda 2060 of the African Union (AU).

BACKGROUND

Socio-economic environment

Lesotho gained independence from the United Kingdom on 4th October 1966. It is a mountainous, landlocked country surrounded by the Republic of South Africa. The population is just over 2 million[1] people. About 61% of the population is between the ages of 15-46 years whilst 34% are under the age of 15 years. The government is a parliamentary constitutional monarchy. The king serves as head of state in a largely ceremonial role, while the prime minister serves as head of government. Executive powers are vested in an elected prime minister.

The governance system comprises of two houses of parliament, the National Assembly and the Senate. Members of the National Assembly are elected whilst Senate members are appointed by the executive branch. The High Court is the superior court of record. Lesotho has ten districts. The District and Local Councils are composed of elected representatives, as provided for, in the Local Government Act of 1997, which was last amended in 2004. The country has four ecological zones (the lowlands, foothills, mountains and the Senqu River valley). Lesotho has a cold temperature with winter temperatures reaching as low as minus 18 °C in the highlands. The mountainous topography and harsh winters present a challenge for access to basic services, including health care services.

Lesotho is classified as a lower middle income country with a per capita income of US$1879 and ranks 161 out of 187 countries[2] on the UN Human Development ranking. High unemployment and widening inequalities (with a Gini Index of 0.52) have excluded most of the population from participation in economic development. The rural areas are home to the majority of the poor and income distribution remains skewed towards the urban areas. Three quarters of the unemployed live in rural areas and include mostly the youth.

Lesotho's economy is projected to grow at the rate of 2.6%[2], with growth mainly limited to urban areas, while rural communities remain impoverished. The main drivers of growth are the mining, SACU, construction and textile industries, as well as government services. Lesotho has one of the highest public spending rates at 63%[3]. The high poverty and unemployment rate poses additional challenges to the economy.

Organization of the Health Sector in Lesotho

The health system is organized along three levels of primary, secondary and tertiary health services. The primary healthcare system is built around a nationwide web of health centres and community health posts. Health centers are the first point of care

1 Lesotho Factsheet of Health Statistics, Africa health Observatory, WHO (Regional Office for Africa), 2016
2 World Development Indicators, Washington, DC: World Bank. World Bank. 2015, http://data.worldbank.org
3 Lesotho: Overview." Washington, DC: World Bank. http://www.worldbank.org/en/country/lesotho/overview

within the formal health system. Its staff include Nurse Clinicians, with comprehensive skills in preventive and curative care and in the dispensing of medication. Health centers offer curative and preventative services, including immunizations, family planning, HIV/AIDS and TB treatment and deliveries. Health posts are community initiatives where Village Health Workers (VHW) operate under the supervision of nurses from the health centres. Secondary level care comprises of different categories of hospitals at the district level, which serves as a referral level for the primary services. The national referral hospitals (Queen Mamohato Memorial, Mohlomi Mental and Bots'abelo Infectious Diseases Hospitals) provide the tertiary level services. Other specialized facilities available at the tertiary level include the Baylor's Paediatric Centre of Excellence for children with HIV and Aids, Senkatana for HIV and AIDS and Botšabelo for multidrug resistant tuberculosis.

The Government of Lesotho through the Ministry of Health provides about 42 percent of the health centers and 58 percent of the hospitals. Thirty-eight percent of all hospitals and health centers are owned by the Christian Health Association of Lesotho (CHAL). The remaining facilities are either privately owned or operated by the Lesotho Red Cross. In addition, there is an extensive network of private surgeries, private clinics and pharmacies providing healthcare including dispensing of medicines.

Christian Health Association of Lesotho is the second largest provider of health services and the largest private-not-for-profit public health provider. CHAL plays a crucial role in providing healthcare services to at least 40 percent of the population, most of whom live in remote areas where coverage by government-owned facilities is relatively poor. In addition to CHAL, there are a number of NGOs and private-for-profit health care providers (Lesotho Planned Parenthood Association-LPPA, Red Cross, Partners in Health-PIH) who are involved in health care service delivery both in urban and rural areas.

The Ministry of Health, through a public private partnership arrangement, has a memorandum of understanding with CHAL and Lesotho Red Cross Society (LRCS) for provision of a defined Essential Health service Package (EHP) to the population through their network of health centres and hospitals. The Ministry of Health also has a public private partnership arrangement (build, equip and operate) with a private firm for the national referral hospital and three filter clinics.

The Ministry of Health works together with Development Partners (Donors) (Irish Aid, Global Fund, the United State Government, CDC/PEPFAR, Millennium Challenge Account, European Union, Gates Foundation, Gavi Vaccine Alliance, UNDP, UNAIDS, UNFPA, UNICEF, World Health Organization, World Bank and World Food Program) in the design, financing and delivery of healthcare services.

SITUATION ANALYSIS

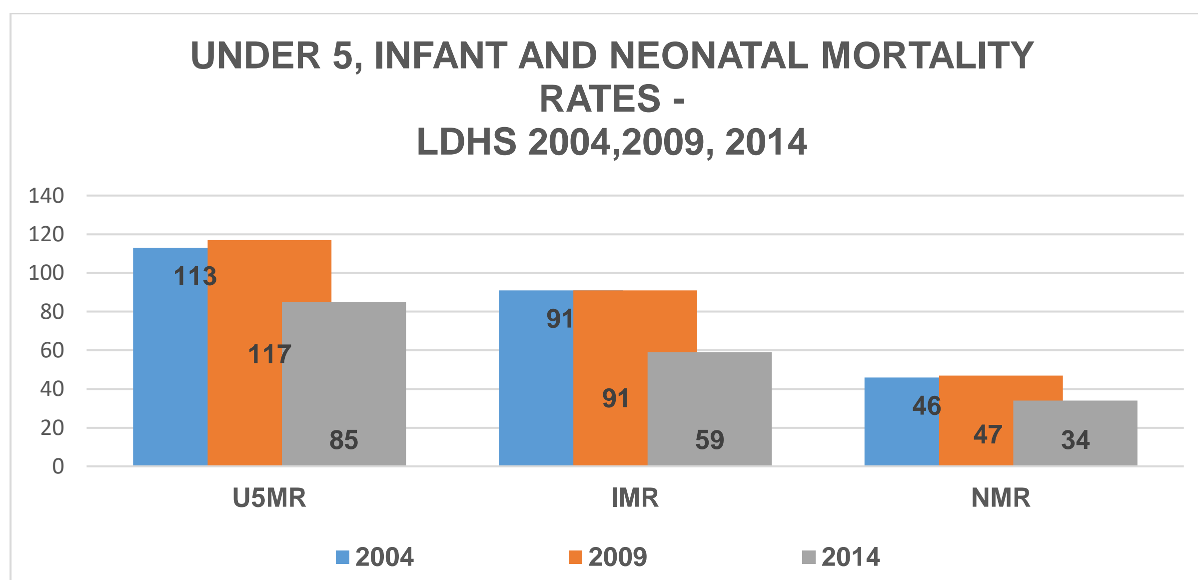
Performance of the Health Sector

Health Outcomes

Life expectancy has improved in the last five years according to the latest Lesotho Demographic and Health Survey (LDHS 2014) from 42 years in 2009 to 47 years. The 2014 LDHS also indicates a reduction in maternal mortality rate compared to 2009.

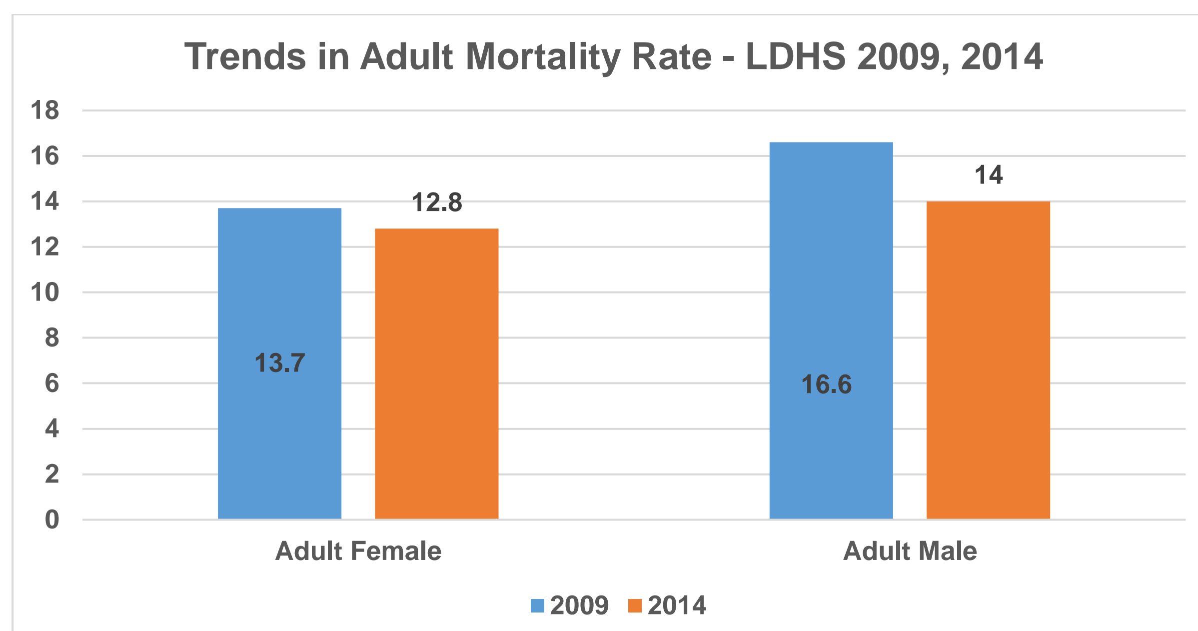
According to the 2014 LDHS, one in twelve children die before the age of five years and about two-thirds of the deaths occur during their infancy. Infant mortality rate fell from 91 per 1000 live births in 2009 to 59 per 1000 live births in 2014 (LDHS). The 2014 LDHS, reports perinatal mortality at 50 per 1000 live births with large disparities among districts. Under-five mortality reduced from 117 per 1000 live births in 2009 to 85 per 1000 live births in 2014. Child mortality rate was 24 and 28 per 1,000 live births in 2004 and 2009 respectively

Figure 1: Trends in Mortality Rates for Children U5, Infants and Neonates



Adult deaths are higher among men than in women. The 2014 LDHS reported a decrease in adult mortality rate from 13.7 per 1000 population to 12.8 per 1000 population among women and from 16.6 to 14.0 per 1000 population among men between 2009 and 2014 respectively. Adult mortality increases rapidly for both men and women above age 35. About 10 out of every 1000 women are likely to die during pregnancy and childbirth, or two months after delivery (2014 LDHS). The maternal mortality ratio was 1,024 per 100,000 live births in 2014 compared to 939/100,000 live births in 2004. The Annual Joint Review (AJR) reports for 2012-15 shows that the most common cause of deaths in adult aged 13 years and above is HIV/AIDS, followed by TB, stroke, heart failure and pneumonia.

Figure 2: Trends in Adult Mortality



Malnutrition is the highest cause of mortality in children aged twelve years and below, representing 16%, with pneumonia (15%) and diarrhea (15%)[4] representing the second and third highest cause of mortality in children twelve years and below respectively. HIV and AIDs is the leading cause of female deaths in hospitals (13%) in the last three years. Stroke and heart failure is second at 12% followed by pulmonary TB at 10%. Tuberculosis, HIV and AIDS and stroke are the three main causes of male deaths at 17%, 13% and 11% respectively.

Burden of Disease

The Kingdom of Lesotho faces a double burden of disease as communicable diseases are still prevalent, while non-communicable diseases (NCDs) are increasing. Currently the major NCDs are cardiovascular diseases, diabetes, accidents/injuries and cancers. Based on WHO Global Burden of Disease estimates, cancer accounts for 17.2% of NCDs and 4% of all deaths in the country. The WHO Stepwise NCDs Risk factor survey undertaken in 2012 showed the prevalence of hypertension at 31% and diabetes at 4%%. In 2012, hypertension was among the top ten conditions seen in outpatient departments (9%). In 2014, the top three causes of new OPD visits were cough and cold (7%), hypertension (6%) and sexually transmitted infections and other skin and subcutaneous tissue disorders (2%). Cough and cold remain the leading cause of new outpatient visits in the last three years (Table 1).

The top four most common causes of admission among children aged 0-12 years were pneumonia (12%), diarrhea (9%), Trauma (8%) and malnutrition (7%).

[4] 2014/15 AJR report

In 2015, the main cause of admission in males was trauma (23%) followed by TB and HIV and AIDS (7%), Diabetes (3%), Hypertension (3%). The top five causes of admission in females were abortion (8%), Diabetes (5%), hypertension (5%) HIV and AIDS (3%) and pulmonary tuberculosis (3%). Knowledge of HIV and AIDS have increased significantly (99% of women and 98% of men) in the last four years. Similarly, 97% of women and 92% of men between the ages of 15-49 years knew where to get HIV test.
In 2015 the number of women screened for cervical cancer was 9,211 and 824 (9%) were clinically suspected for invasive cancer while 599 (6.5%) had precancerous cervical lesions.
Cancer of the Cervix was the highest among OPD referrals from lower levels to higher levels of care. 41% of patients referred from QMMH to South Africa were Oncology patients. Oncology was the commonest reason for referral for both adults and paediatric patients.

Table 1: Top Eight Causes of OPD Attendance – 2011/12 – 2014/15 (All Ages)

Rank	2011/12	2012/13	2013/14	2014/15
1	Cough and Colds	Cough and Colds	Cough and Colds	Cough and Colds
2	Other Skin and Subcutaneous tissue disorders	Hypertension	Hypertension	Hypertension
3	Hypertension	STIs	STIs	STIs
4	STIs	Other Skin and Subcutaneous tissue disorders	Other Skin and Subcutaneous tissue disorders	Other Skin and Subcutaneous tissue disorders
5	Other Respiratory Track Disease	Other disorders of musculoskeletal and connective tissue	Other disorders of musculoskeletal and connective tissue	Diarrhea and gastroenteritis
6	Other disorders of musculoskeletal and connective tissue	Other Respiratory Track Disease	Diarrhea and gastroenteritis	Conjunctivitis
7	Diarrhea and gastroenteritis	Diarrhea and gastroenteritis	Other Respiratory Track Disease	Other disorders of musculoskeletal and connective tissue
8	Conjunctivitis	Conjunctivitis	Conjunctivitis	Other Respiratory Track Disease

The percentage of children stunted worsened in 2014, 33% compared to 30.2% in 2009, whilst the proportion of children under five years wasted decreased from 3.8% in 2009 to 3% in 2014[5]. Ten percent of children aged 6-59 months are underweight and 7% overweight. Micronutrient deficiency among children aged 6-59 months was 47 percent. At 4 percent, diarrhoea disease is among the top ten diseases seen in outpatient departments (WHO, 2014). Neurotic stress and psychosomatic disorders were two of the most common cases presented at OPD in the last three years[6]. The Mental Health Bill, 2014 has since been developed as an amendment to the Mental Health Act (ACT 1964). Prevalence of tobacco smoking in 2015 was 25%. The MoH worked with FORUT, NGOs, Anti-Drug and Alcohol Association (ADAAL) in

[5] 2014 LDHS
[6] 2013, 2014, 2015 AJR reports

developing the alcohol policy.

The 2014 DHS reported that 25% of all adults age 15-49 were infected with HIV. The HIV prevalence rate is 30% among women and 19% among men. About 36,000 children aged 14 and below have HIV, and there are 150,000 orphans in the 0-17 age bracket who are HIV positive. Lesotho has the second highest TB incidence in the world, estimated to be 630 per 100,000[7]. About 80% of patients identified with TB are co-infected with HIV[8].

Delivery of a Minimum Package of Services

The MoH has developed the essential service package of health services. Primary healthcare service package has been defined as well as services to be decentralized to Local Government. MoH is implementing multiple strategies on HIV and AIDS including test and treat, MTCT, PMTCT and Option B plus. There has been increase in access to HIV testing and treatment services.

Laboratory health services has been strengthened especially in public health facilities. Gen Xpert machines have been installed in eight district health facilities to enable them perform MTB/RIF diagnostic services. The national reference laboratory has been equipped to undertake DNA-PCR tests in Lesotho. Laboratory Information System (LIS) is now deployed in all ten districts.

One of the objectives of environmental health is to prevent diseases through the control of factors that may impact negatively on public health. Environmental health activities include port health, food safety and hygiene, healthcare waste management, pollution control, occupational health, water and sanitation. The MoH working with the ministries of Tourism, Environment and Culture is implementing a number of national and international agreements and plans such as the National Joint Action for the Implementation of the Libreville Declaration on health and environment, the Multi-lateral Environmental Agreements (MEAs) and the National Health Adaptation Plan (NHAP). The national Ebola Virus Disease (EVD) preparedness and response plan has been developed. National and District Emergency Preparedness and Response Teams have also been trained

Antenatal care services from skilled health providers was 95% in 2014. Births delivered at the health facility increased to 77% in 2014 from 59% in 2009. The 2014 Lesotho Demographic and Health Survey (2014 LDHS) indicated that 68% of children aged 12-23 received all basic vaccinations, an improvement from the 61.7% reported in the 2009 LDHS.

There is still low turnaround time of viral load samples from district level facilities to the National Reference Laboratory. Stock out of medicines and shortage of human resources are the main challenges in implementing the essential service package. Provider and client satisfaction surveys conducted in 2014 mentioned shortages of essential medicines as a major contributory factor of client dissatisfaction.

Geographical and financial barriers also hamper access to health services. In the 2014 LDHS, women who were interviewed reported that money to pay for treatment (27%) and distance to health facility (26%) were the most common problems faced in

[7] WHO 2015 report
[8] 2013 PEPFAR report

accessing health care services. Other reasons given included not wanting to go alone (9%) and the need to seek permission before going for treatment (4%). For HIV and AIDS, young people face greater challenges (compared to adults) in seeking care due to lack of experience (2014 LDHS).

Other health system challenges include lack of access to medicines and pharmaceuticals (especially for HIV clients) and safe blood and blood products. Additional challenges include shortage of human resource, quality and timely health information for decision making. The 2012-2015 AJR reports mentioned the way health services are designed and delivered at the community level as one of the challenges with utilization of healthcare services at the community level.

Communication and collaboration between personnel at the referral levels are also very weak. Self-referral, unnecessary referrals from health facilities to tertiary hospitals (QMMH), lack of transport for referred cases and lack of data on referred cases are some of the main challenges MoH is experiencing within the referral system. Currently, environmental health, climate change, emergencies and surveillance require increased funding to build, strengthen and sustain the health system. The Public Health Bill drafted to replace the Public Health Order of 1970 is yet to be enacted by parliament.

Health Workforce

The Government is committed to ensure health services are delivered by a well-developed human resource. The National Health Training College (NHTC) trains health professionals and CHAL also contributes intensively in the production of health professionals in the health sector. This is done through its four (4) nursing schools that run nursing assistants, general nurses and nurse midwives programmes. The health professional diaspora engagement project, the Nursing Education Partnership Initiative (NEPI) and the introduction of medicine in NHTC is on-going and is expected to contribute to addressing the human resource gap. There is a weak link between health workforce forecasting and production as well as challenges with recruiting staff into the MoH. The Ministry of Public Service is yet to revise positions and numbers in the establishment to reflect new health cadres and current workload in the health sector. An organizational restructuring in MoH is also yet to be completed. There are many positions at national and district levels without substantive appointments and as at the end of the 2015 financial year, about 2001 (43%) vacancies had not been filled. The Human Resource Information System (HRIS) policy is yet to be implemented because the policy has not been approved. The Ministry of Public Service has also not approved a number of managerial vacancies because they are not consistent with the current MoH organizational structure.

Health Information System and Research

The function of the health information system is to provide timely, quality and relevant information for decision-making. This includes data collection, validation, analyses, dissemination and use of health information for decision-making.

Access and sharing of health information within the sector, with health partners and related line ministries in many of the data reporting domains has improved since 2012.

A major milestone has been the introduction of the District Health Information System (DHIS2), piloting of the Electronic Medical Records (EMR), and establishment of iHRIS.

The development of catchment area population for health facilities in Lesotho has improved calculation of performance targets for different age groups in the population. What remains outstanding is to conduct the Service Availability Readiness Assessment (SARA) to assess facility readiness to fully implement the essential package of health services. Availability of human resource to perform the health information functions at all levels remain one of the greatest challenges and has affected all areas of health sector performance through poor quality and low reporting rates. Though there has been on-going training and capacity building of health information officers and service delivery staff, high staff attrition rate has contributed to the low performance of the health information functions especially at the district level. The DHIS generates a large volume of data which is not often analyzed and used. Though there is a functional National Research Ethics Committee, the 2015 AJR reports shows low level of research activities.

Medical Products, Vaccines and Health Technologies

Access to medicines (including traditional medicines) and medical devices includes the application of organized technologies and skills in the form of devices, medicines, vaccines, biological equipment, procedures and systems (including E-health applications, Electronic Medical Records and tele-medicine applications).

Pharmaceutical Services have improved in all the hospitals with increase in the number of pharmacists. The National Drug Supply Organization is mandated by law to procure and distribute medicines to all health facilities. The MOH has set up the Supply Chain Unit with the aim of improving availability of medicines throughout the supply chain. The Pharmacy Unit among others is responsible for the regulation of medicines. A Medicine Regulatory Technical Working Group has been established to provide guidance on medicine regulation, harmonization of multiple ordering systems for medicines and the review of all procurement and supply chain manuals and guidelines. In order to avoid stock out of medicines, the MoH has adopted the last mile distribution policy.

Procurement responsibilities need to be clarified in light of the decentralization policy. The time lag between ordering and supply of medicines to health facilities needs to be improved to reduce the frequent stock out. Progress towards the passage of the Medicines and Medical Devices Control Bill by parliament has been slow and as a result the regulation of medicines, especially traditional medicines has been very challenging. Other issues include shortage of staff and lack of permanent positions for staff. Lack of legislation and proper drug regulation measures has contributed to the large number of substandard and counterfeit medicines in circulation.

Health System Financing

The Government of Lesotho is the main source of financing for the health sector. Government budget allocation to health for 2014/15 was 12%. In percentage terms, this is a reduction from 14% in the financial year ending 2014. Average budget execution rate (expenditure against budget) in the last three years is about 95%. About

2% (0.9% for men and 1.1% for women) of the population aged 15-49 years are covered by any form of health insurance[9]. A resource allocation formula which has been developed for allocating budget resources to the district level need to implemented. MoH is implementing the Integrated Financial Management Information System (IFMIS) of Government.

Despite an increasing government per capita budget allocation to the health sector, performance of the health sector indicators is not improving as desired. The Ministry is yet to develop its first National Health Accounts which could provide insights into sources and uses of funds to provide analysis of how the funds were distributed and used. The AJR reports of significant delays in transferring budgetary funds to district hospitals and District Health Management Teams. A number of health financing policy issues stated in the NHP 2011 remain outstanding. These include the review of the user fee policy and guideline, criteria for exemption from user fees and resource allocation formulae. There is no policy in place to increase financial protection (through health insurance) for the poor.

Leadership and Governance

Leadership and governance is about providing clear strategic direction for health development through establishing functional, systems that are transparent and accountable. The MoH has provided direction and guidance through its National Health Policy and strategic plans and has promoted and adopted good international practice for strengthening its health systems. Government is committed to the decentralization policy and the MoH being one of the pilot ministries, has established District Health Management Teams (DHMTs) in pilot districts and gazetted selected primary health care functions to be decentralized. Planning has been decentralized to the health centre level and staff have been trained to prepare their plans and budget. The annual joint review process is well established, providing accountability of the performance of the health sector in a transparent and participatory manner.

There are a number of health bills developed that are yet to be passed. There are also a number of programme policies that need to be revised, delaying the implementation of key national and international decisions. The on-going reorganization of the MoH at national level has been slow with some organizational structures and functions yet to be defined. Staff deployed to the DHMT do not have clearly defined functions and job descriptions. There are no specific decentralization policy guidelines to help Local Government put in place a functional DHMT at the district level. Full devolution of health services as described in the decentralization policy is yet to take place.

MAIN PRIORITIES OF THE HEALTH POLICY

Service Delivery

- Access to quality and affordable health services by all the people of Lesotho.
- Protecting patients' rights, and employing patient-centric models of care
- Strengthen supervision and quality assurance
- Continuous support for the Village Health Worker programme under the decentralized health functions

[9] LDHS 2014

Health Workforce

- Address the human resource gap
- Expand on the cadres of human resource training available at the National Health Training Institutions
- Complete the restructuring process of the MoH and substantive appointments to managerial positions at the national and district level.

Health Information and Research

- Strengthen capacity in monitoring, surveillance, evaluation and research
- Capacity building in the use of data for decision making
- Standards for interoperability
- Standardization and integration of data systems
- Align eHealth and health ICT solutions to eGovernment policies

Medical Products, Vaccines and Health Technologies

- Timely procurement, processing and distribution of medicines to the last mile
- Strengthen capacity and skills of DHMTs and hospitals in procurement and supply chain management
- Strengthening regulation of medicines to tackle the problem of substandard and counterfeit medicines

Health Financing

- Development of a health financing policy and strategy that will ensure attainment of financial risk protection and sustainability.
- Strengthening health financing monitoring through institutionalization of National Health Accounts (NHA)
- Finalization and adoption of a resource allocation formula for allocating funds to districts.
- Explore a pro poor health insurance scheme

Leadership and Governance

- The passage of the health bills
- Reorganization of the MoH
- Recruitment and appointment of directors and managers
- Strengthening of intrasectoral and intersectoral partnerships
- Guideline and tools for managers at district level
- Capacity building for district staff
- Job description and functions for District Health Management Teams

VISION MISSION AND GOALS OF THE HEALTH SECTOR

The vision for development is articulated in the Constitution of the Kingdom of Lesotho and in Vision 2020. Both documents were developed through inclusive and participatory processes. The 1993 Constitution of Lesotho (Chapter III - Principles of State Policy) articulates the vision and broad policies on socio-economic development including principles of equality and justice, protection of health, universal education, good conditions of work and protection of children and young people.

Vision 2020 of Lesotho states that the country shall be a stable democracy, united, and prosperous nation, at peace with itself and its neighbours. It also states that it shall have a healthy and well-developed human resource base, with a strong, well-managed environment and well developed and established technology base

Vision

By the year 2022, all people living in Lesotho shall have productive life, access to affordable and sustainable quality health services.

Mission

The Ministry of Health is committed to promote, prevent, cure, rehabilitate and control diseases at all levels with special focus on the primary health level; through well-developed health systems by competent health workers. Thus, contributing to the attainment of improved health status and quality of life with our stakeholders to ensure responsiveness to the health sector clientele' needs.

Goal

To reduce morbidity and mortality, and contribute to the attainment of improved health status among the people of Lesotho.

VALUES & GUIDING PRINCIPLES

Core Values

The following are key core values articulated in the Constitution of Lesotho, Vision 2020 and other International and Regional Conventions that guide the health sector policies:

1. Integrity
2. Responsiveness
3. Innovation
4. Public accountability
5. Commitment to high quality services

Guiding Principles

Political Commitment

The Government is committed to poverty reduction with emphasis on economic growth and social protection. This commitment will provide the critical guidance in priority-setting and resource allocation to the health sector. Commitment to this health policy will be required at all levels of political, civil and cultural leadership.

Primary Health Care Approach

In accordance with Alma Ata declaration of 1979 and the Ouagadougou Declaration 2008, the Government of Lesotho shall provide essential health care services that are universally accessible and affordable to all Basotho. Emphasis will continue to be placed on effective application of its principles and elements as well as Health Systems Strengthening.

Equity

In accordance with the Constitution of Lesotho, all Basotho shall have equal access to basic quality health care services. Particular attention shall be paid to resource distribution patterns in Lesotho to identify and accelerate the correction of any disparities. Special attention shall be given to the disadvantaged regions and underserved communities in the country. Services shall be community based taking into consideration special socio-cultural circumstances.

Accessibility and Availability: Services shall be progressively extended to reach all communities in Lesotho. Special attention shall be given to the disadvantaged regions and underserved communities in the country. Services shall be community based taking into consideration special socio-cultural circumstances.

Affordability

The Essential Health Package shall be free of charge or highly subsidized. Other services shall be obtained for nominal but affordable fee. The fee structures for such services shall take into consideration the wide range (variation) abilities of Basotho to pay. Alternative options for health financing shall be explored.

Community Involvement

Communities shall be actively encouraged and supported to participate in decision- making and planning for health services. Through ownership of community projects, communities will be managers of sustainable primary health care programmes in their own areas.

Integrated Approach

This lays the ground for a common approach and for a common front to improve the quality of life. The health service provision will continue to approach health issues holistically such that treatment of diseases will be coupled with aspects of nutrition, hygiene and promotion of healthy lifestyles, mental health considerations and responding to climate change.

Sustainability

The ability for a service to continue into the future is referred to as sustainability. New and ongoing programmes will be subjected to sustainability assessment.

Efficiency of Resources

As much as possible, resources shall be allocated to the greatest benefit of the population. Cost-effective interventions would be prioritized.

Inter-Sectoral Collaboration and Partnership

Government and non-state actors will be consulted and involved in implementation, monitoring and evaluation of health service provision using effective and efficient collaborative mechanisms.

Quality

Efforts will be made to ensure that all Basotho receive quality health care services. National norms and guidelines and standards of services shall be periodically reviewed, formulated and applied to ensure that good quality services are provided.

Gender Balance

Gender sensitivity and responsiveness shall be applied in health service planning and implementation. Special consideration shall be accorded to females due to their culturally constructed lower status in the society and to their special role in reproduction. Wherever males are disadvantaged, special effort will be made to address the disparities.

Ethics and Human Rights

Health workers shall exhibit the highest level of integrity, confidentiality and trust in performing their work. They will observe ethical conduct guided by ethical guidelines, which will be enforced by professional councils. Health service consumers and health workers shall be protected by legislation, specifying their rights and channels of appeal. Both providers and consumers of health services shall be oriented to human rights based approach in health.

GENERAL POLICY OBJECTIVES

The overall objectives of the National Health Policy (NHP 2017) are:

1. To reduce morbidity, mortality and human suffering among the Basotho
2. To reduce inequalities in access to health services
3. To strengthen the pillars of health system

POLICY ORIENTATION & POLICY MEASURES

Health Service Delivery

Objective 1

To ensure access to basic primary healthcare services that are safe, effective, well organized, patient-centred, culturally appropriate, tailored to the particular needs of each community and prioritised to support vulnerable populations.

Policy Measures

MoH will:

1.1. Ensure the elimination and eradication of vaccine preventable diseases.

1.2. Ensure universal access to TB, HIV and AIDS prevention, diagnosis, treatment, care and support in line with the latest WHO guidelines.

1.3. Ensure access to safe, effective and acceptable maternal and child health, sexual and reproductive health services including family planning and STI prevention services to adolescents, young people, women and men.

1.4. Promote and advocate for healthy lifestyles for all age groups to minimize ill-effects of life style diseases.

1.5. Ensure facility and community based nutritional care and support to vulnerable groups, including children and women.

1.6. Promote and collaborate with other stakeholders in the prevention and control of non-communicable disease such as cancers, cardiovascular diseases and diabetes.

1.7. Develop a comprehensive communication strategy to improve health promotion services.

1.8. Ensure access to prevention, diagnosis, treatment and care of Cancers and Non Communicable Diseases.

Objective 2:
To scale up coverage and equity in the provision of health services (promotive, preventive, curative and rehabilitative), strengthen and enforce referral system for continuum of care to achieve Universal Health Coverage.

Policy Measures

The MoH will:

2.1. Ensure quality, effective and efficient clinical and diagnostic healthcare services for all those in need of the services.
2.2. Ensure mental health services are integrated in all areas of health care delivery and are considered in all social intervention programmes.
2.3. Ensure required standards of care are maintained in all health facilities.
2.4. Strengthen existing institutions (short term) to serve as referral system and create new facilities (long term) to serve as referral facilities at strategic locations.
2.5. Establish a programme to provide supportive supervision and mentorship to DHMTs as well as District Hospital Management Teams.
2.6. Ensure VHW programme is functional to deliver patient centric services.
2.7. Strengthen capacity for laboratory and diagnostic services.
2.8. Ensure establishment of radiotherapy and chemotherapy for treatment of cancer and palliation purposes.

Objective 3
To support national and subnational levels in developing more resilient health systems to detect, prevent and respond to public health emergencies.

Policy Measures

MoH will:

3.1 Strengthen Public health emergency preparedness and response activities at all levels, adopting evidence base solutions for preventing, detecting and responding to occupational hazards, wildfires, floods, drought, disease outbreaks and climate change.
3.2 Strengthen surveillance and response activities to detect and mitigate health and socio-economic impacts of public health emergencies.
3.3 Promote safe and healthy environment, food safety, personal hygiene, adequate water, sanitation and housing.

Objective 4
To ensure individuals, families and communities are empowered to play their role in prevention and promotion of health

Policy Measure

MoH will:

4.1 Support community dialogue and awareness campaigns on lifestyles and health outcomes.
4.2 Support coordination and collaboration between Service Delivery Areas and community-based organizations, NGOs and CSOs for health development.

Objectives 5
To ensure standards for construction and maintenance of health infrastructure and equipment are available and enforced.

Policy Measures

MoH will:
5.1 Ensure appropriate methodologies for quantification and forecasting of medicines, commodities, medical equipment and devices.
5.2 Support establishment of sustainable maintenance systems for the proper upkeep of health facilities, health infrastructure and equipment.

Health Workforce

Objective 6
To improve human resource forecasting, production, distribution and retention

Policy Measures

The MoH will ensure:

6.1 Availability of the right numbers of motivated and competent health professionals in the right place and at the right time.
6.2 Regulation, accreditation and certification of national educational institutions to produce the right quality and numbers of health professionals in Lesotho.
6.3 Support legislations and regulations to govern the conduct of health professionals.
6.4 Strengthened planning and continuous monitoring of the deployment and distribution of health professionals through a strengthened Human resource information system.

Health Information and Research

Objective 7
To maintain a robust and integrated health management information system

Policy Measures

7.1. Ensure availability of timely and quality health information management solutions and safeguard the security of health data and information.
7.2. Maintain data warehouse and business intelligent solution for recording, consolidation, analysis, reporting and publication of all health data.
7.3. Promote data use for Health Systems strengthening, evidence-based planning and resource allocation at all levels of the health system.
7.4. Conduct periodic surveys to gain better understanding of the health status of the country.

Objective 8
To increase the deployment of ICT application and eHealth solutions for information exchange, knowledge management and communication in pursuit of universal health coverage

Policy Measures

MoH will:
8.1. Support national eHealth steering committee and Technical Working Group and align eHealth and ICT solutions and strategies to national eGovernment policies
8.2. Establish a system for standardization of ICT hardware and software
8.3. Maintain the health website and ensure communication of emergency and time-sensitive information across providers and stakeholders

Objective 9
To strengthen National Health Research Systems (NHRS) for generation, dissemination and utilization of research in addressing the health needs of the population

Policy measure

MoH will:
9.1 Strengthen National Health Research System (NHRS) to ensure good governance of research processes.
9.2 Build capacity for research and mobilize resources for financing research.
9.3 Support partnerships between international, regional and local research institutions for sharing evidence and harnessing research capacity.
9.4 Document and preserve indigenous knowledge on traditional medicine to inform future studies on efficacy and safety.
9.5 Strengthen the National Research Ethics Committee for ethical clearance of proposals and scientific trials.

Medical Products, Vaccines and Health Technologies

Objective 10
To increase access to quality and safe technologies including affordable medicines, medical devices, laboratories, traditional and alternative medicines, vaccines, procedures and systems

Policy Measures

MoH will:
10.1 Promote rational use of medicines to curb the problem of antimicrobial resistance.
10.2 Strengthen Pharmaceutical Services and implement the National Medicines Policy.
10.3 Promote local production of medicines that comply with Good Manufacturing Practices and are in line with local, regional and international standards.
10.4 Support specific studies to monitor the emergence of antimicrobial resistance.
10.5 Support efforts to minimize the adverse impacts of health care waste on the environment and on public health in a sustainable way that will reflect the balance of the economic, social and ecological needs of the population.

Objective 11
To ensure health products are available and are of the right quality, right quantity, at the right price, at the right place and at the right time

Policy Measures

MoH will:
11.1 Support the establishment of relevant structures for supply chain management and strengthen capacity at all levels.
11.2 Support and strengthen capacity in supply chain and procurement management at district level and below.
11.3 Support quality and proper handling of health products throughout the supply chain.
11.4 Ensure effective tender and procurement processes, including effective forecasting and quantification and quality standards for health products.

Health Financing

Objectives 12
To develop and implement a sustainable health financing strategy that protects the poor and vulnerable

Policy Measure

MoH will:
12.1 Develop a health financing policy and strategy that will ensure sustainability and financial risk protection.

12.2 Develop a sustainable health insurance scheme to contribute to achieving Universal Health Coverage
12.3 Strengthen health financing monitoring through institutionalization of National Health Accounts (NHA)
12.4 Finalize and adopt a resource allocation formula for allocating funds to districts, embracing equity and efficiency considerations
12.5 Implement a nominal fee for service for services outside the basic package whilst ensuring financial risk protection.

Leadership and Governance

Objective 13
To provide strategic direction for health development through transparent and accountable governance.

Policy Measures

The MoH will:
13.1 Establish participatory mechanisms for developing, updating and monitoring of the National Health Policy, related policies, guidelines, National Health Strategic Plan, other strategies and operational plans.
13.2 Ensure timely revision of all policies and laws.
13.3 Advocate for the passage of outstanding bills.
13.4 Ensure health legislations, standards, regulatory framework are well disseminated and enforced.
13.5 Support the systematic and participatory assessment, documentation and feedback on the health sector performance.
13.6 Provide leadership and advocate for cross-cutting "health in all policies" approach to ensure that health is integrated and included in national policy discussions (e.g. education, trade, communication, environment and infrastructure) across relevant sectors.
13.7 Advocate for the passage of health bills and approval of policies.
13.8 Support the use of health impact assessments (HIA) as a tool to measure potential public health impacts of plans, projects, and policies that fall outside of traditional public health areas, including transportation, land use, and energy, bringing these considerations to the decision making process in an effort to achieve health in all policies.

Objective 14
To ensure a functional decentralised health system, consistent with the National Decentralisation policy

Policy Measures

The MoH will:
14.1 Support the devolution of the health system as part of the national decentralisation policy.

14.2 Reorganise and realign health system structures to Local Government structures.
14.3 Provide technical guidance and support to DHMTs within the Local Government structures.
14.4 Ensure more allocation of resources to district level.
14.5 Ensure budget management and autonomy of health budget by Local Government.
14.6 Provide relevant guidelines and tools as well as build capacity to ensure functional DHMTs.

Objective 15
To ensure alignment and harmonization of health sector partner resources and activities with government systems within a coordinated framework that support integrated planning, budgeting, monitoring and evaluation

Policy Measure

MoH will:

15.1 Develop guidelines for the partnership with traditional and allopathic practitioners in the context of Basotho culture.
15.2 Ensure PPPs contracts are efficient and well monitored using the contract management system.
15.3 Support the development and use of partnership mechanisms such as Sector-Wide Approaches, Multi-Donor Budget and public private partnerships.
15.4 Create and institutionalize platforms for partners to participate in planning and monitoring of health services delivery at all levels of the health system.

Objective 16
To strengthen intersectoral collaboration in health development.

Policy Measure

MoH will:

16.1 Promote health in all policies of other ministries to address social determinants of health.
16.2 Develop a comprehensive communication strategy to drive social mobilization and stakeholder participation.

IMPLEMENTATION FRAMEWORK

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Health Service Delivery				
Objective 1: To ensure access to basic primary healthcare services that are safe, effective, well organized, patient-centred, culturally appropriate, tailored to the particular needs of each community and prioritised to support vulnerable populations.				
Policy Measures				
1.1. Ensure the elimination and eradication of vaccine preventable diseases				
1.2. Ensure universal access to TB, HIV and AIDS prevention, diagnosis, treatment, care and support in line with the latest WHO guidelines				
1.3. Ensure access to safe, effective and acceptable maternal and child health, sexual and reproductive health services including family planning and STI prevention services to adolescents, young people, women and men				
1.4. Promote and advocate for healthy lifestyles for all age groups to minimize ill-effects of life style diseases				
1.5. Ensure facility and community based nutritional care and support to vulnerable groups, including children and women				
1.6. Promote and collaborate with other stakeholders in the prevention and control of non-communicable disease such as Cancers, cardiovascular diseases, diabetes				
1.7. Develop a comprehensive communication strategy to improve health promotion services				
1.8 Ensure access to prevention, diagnosis, treatment and care of Cancers and Non Communicable Diseases.				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Objective 2: To scale up coverage and equity in the provision of health services (promotive, preventive, curative and rehabilitative), strengthen and enforce referral system for continuum of care to achieve Universal Health Coverage.				
Policy Measures				
2.1. Ensure quality, effective and efficient clinical and diagnostic healthcare services for all those in need of the services				
2.2. Ensure mental health services are integrated in all areas of health care delivery and are considered in all social intervention programmes				
2.3. Ensure required standards of care are maintained in all health facilities				
2.4. Strengthen existing institutions (short term) to serve as referral system and create new facilities (long term) to serve as referral facilities at strategic locations				
2.5. Establish a programme to provide supportive supervision and mentorship to DHMTs as well as District Hospital Management Teams				
2.6. Ensure VHW programme is functional to deliver patient centric services				
2.7. Strengthen capacity for laboratory and diagnostic services				
2.8 Ensure establishment of radiotherapy and chemotherapy facility for treatment of cancer and palliative care purposes.				
Objective 3: To support national and subnational levels in developing more resilient health systems to detect, prevent and respond to public health emergencies				
Policy Measures				
3.1 Strengthen Public health emergency preparedness and response activities at all levels, adopting evidence base solutions for preventing, detecting and responding to occupational hazards, wildfires, floods, drought, disease outbreaks and climate change				
3.2 Strengthen surveillance and response activities to detect and mitigate health and socio-economic impacts of public health emergencies				
3.3 Promote safe and healthy environment, food safety, personal hygiene, adequate water, sanitation and housing				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Objective 4: To Ensure individuals, families and communities are empowered to play their role in prevention and promotion of health				
Policy Measure				
4.1 Support community dialogue and awareness campaigns on lifestyles and health outcomes				
4.2 Support coordination and collaboration between Service Delivery Areas and community-based organizations, NGOs and CSOs for health development				
Objectives 5: To ensure standards for construction and maintenance of health infrastructure and equipment are available and enforced				
Policy Measures				
5.1 Ensure appropriate methodologies for quantification and forecasting of medicines, commodities, medical equipment and devices				
5.2 Support establishment of sustainable maintenance systems for the proper upkeep of health facilities, health infrastructure and equipment				
Health Workforce				
Objective 6: To improve human resource forecasting, production, distribution and retention				
Policy Measures				
6.1 Availability of the right numbers of motivated and competent health professionals in the right place and at the right time				
6.2 Regulation, accreditation and certification of national educational institutions to produce the right quality and numbers of health professionals in Lesotho				
6.3 Support legislations and regulations to govern the conduct of health professionals				
6.4 Strengthened planning and continuous monitoring of the deployment and distribution of health professionals through a strengthened Human resource information system				
Health Information and Research				
Objective 7: To maintain a robust and integrated health management information system				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Policy Measures				
7.1. Ensure availability of timely and quality health information management solutions and safeguard the security of health data and information				
7.2. Maintain data warehouse and business intelligent solution for recording, consolidation, analysis, reporting and publication of all health data				
7.3. Promote data use for Health Systems strengthening, evidence-based planning and resource allocation at all levels of the health system				
7.4. Conduct periodic surveys to gain better understanding of the health status of the country				
Objective 8: To increase the deployment of ICT application and eHealth solutions for information exchange, knowledge management and communication in pursuit of universal health coverage				
Policy Measures				
8.1. Support national eHealth steering committee and Technical Working Group and align eHealth and ICT solutions and strategies to national eGovernment policies				
8.2. Establish a system for standardization of ICT hardware and software				
8.3. Maintain the health website and ensure communication of emergency and time-sensitive information across providers and stakeholders				
Objective 9: To strengthen National Health Research Systems (NHRS) for generation, dissemination and utilization of research in addressing the health needs of the population.				
Policy measure				
9.1 Strengthen National Health Research System (NHRS) to ensure good governance of research processes				
9.2 Build capacity for research and mobilize resources for financing research				
9.3 Support partnerships between international, regional and local research institutions for sharing evidence and harnessing research capacity				
9.4 Document and preserve indigenous knowledge on traditional medicine to inform future studies on efficacy and safety)				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
9.5 Strengthen the National Research Ethics Committee for ethical clearance of proposals and scientific trials				
Medical Products, Vaccines and Health Technologies				
Objective 10: To increase access to quality and safe technologies including affordable medicines, medical devices, laboratories, traditional and alternative medicines, vaccines, procedures and systems				
Policy Measures				
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10.2 Strengthen Pharmaceutical Services and implement the National Medicines Policy				
10.3 Promote local production of medicines that comply with Good Manufacturing Practices and are in line with local, regional and international standards				
10.4 Support specific studies to monitor the emergence of antimicrobial resistance				
10.5 Support efforts to minimize the adverse impacts of health care waste on the environment and on public health in a sustainable way that will reflect the balance of the economic, social and ecological needs of the population				
Objective 11: To ensure health products are available and are of the right quality, right quantity, at the right price, at the right place and at the right time				
Policy Measures				
11.1 Support the establishment of relevant structures for supply chain management and strengthen capacity at all levels				
11.2 Support and strengthen capacity in supply chain and procurement management at district level and below				
11.3 Support quality and proper handling of health products throughout the supply chain				
11.4 Ensure effective tender and procurement processes, including effective forecasting and quantification and quality standards for health products				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Health Financing				
Objectives 12: To develop and implement a sustainable health financing strategy that protects the poor and vulnerable				
Policy Measure				
12.1 Develop a health financing policy and strategy that will ensure sustainability and financial risk protection.				
12.2 Develop a sustainable health insurance scheme to contribute to achieving Universal Health Coverage				
12.3 Strengthen health financing monitoring through institutionalization of National Health Accounts (NHA)				
12.4 Finalize and adopt a resource allocation formula for allocating funds to districts, embracing equity and efficiency considerations				
12.5 Implement a nominal fee for service for services outside the basic package whilst ensuring financial risk protection.				
Leadership and Governance				
Objective 13: To provide strategic direction for health development through transparent and accountable governance.				
Policy Measures				
13.1 Establish participatory mechanisms for developing, updating and monitoring of the National Health Policy, related policies, guidelines, National Health Strategic Plan, other strategies and operational plans				
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13.4 Ensure health legislations, standards, regulatory framework are well disseminated and enforced				
13.5 Support the systematic and participatory assessment, documentation and feedback on the health sector performance				
13.6 Provide leadership and advocate for cross-cutting "health in all policies" approach to ensure that health is integrated and included in national policy discussions (e.g. education, trade, communication, environment and infrastructure) across relevant sectors				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
13.7 Advocate for the passage of health bills and approval of policies				
13.8 Support the use of health impact assessments (HIA) as a tool to measure potential public health impacts of plans, projects, and policies that fall outside of traditional public health areas, including transportation, land use, and energy, bringing these considerations to the decision making process in an effort to achieve health in all policies.				
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Policy Measures				
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14.2 Reorganise and realign health system structures to Local Government structures				
14.3 Provide technical guidance and support to DHMTs within the Local Government structures				
14.4 Ensure more allocation of resources to district level				
14.5 Ensure budget management and autonomy of health budget by Local Government				
14.6 Provide relevant guidelines and tools as well as build capacity to ensure functional DHMTs				
Objective 15: To ensure alignment and harmonization of health sector partner resources and activities with government systems within a coordinated framework that support integrated planning, budgeting, monitoring and evaluation				
Policy Measure				
15.1 Develop guidelines for the partnership with traditional and allopathic practitioners in the context of Basotho culture				
15.2 Ensure Public Private Partnership contracts are efficient and well monitored using the contract management system				
15.3 Support the development and use of partnership mechanisms such as Sector-Wide Approaches, Multi-Donor Budget and public private partnerships.				
15.4 Create and institutionalize platforms for partners to participate in planning and monitoring of health services delivery at all levels of the health system				

POLICY ORIENTATION	POLICY OWNER	IMPLEMENTER	STAKEHOLDER	BENEFICIARIES
Objective 16: To strengthen intersectoral collaboration in health development.				
Policy Measure				
16.1 Promote health in all policies of other ministries to address social determinants of health				
16.2 Develop a comprehensive communication strategy to drive social mobilization and stakeholder participation				

MONITORING AND EVALUATION FRAMEWORK

This policy will be implemented through the development of a five-year National Health Strategic plan and monitored through the monitoring and evaluation framework and Plan to be developed alongside the National Health Strategic Plan. The monitoring indicators in this policy are key indicators selected to monitor the National Health Policy 2016 at the impact and outcome level. The intermediate outcomes and outputs to be developed within the NHSP is aligned to the broader the level policy indicators for ease of measurement. Programmes, sub-propogrammes and outputs from annual plans will be linked to the NHSP to provide the basis of assessment. The policy will be monitored by the Planning and Statistics Department.

Indicators for Monitoring the Health Policy

INDICATOR	2015	2020	2025	2030
Health Outcomes				
Maternal Mortality Ratio				
Child Mortality Rate				
Under Five Mortality Rate				
Adult Mortality Rate				
Diabetes Prevalence at		4%		
Relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure	31%	25%		
HIV Prevalence				
TB Prevalence Rate				
Hypertension Prevalence Rate				
Diabetes prevalence rate				
Relative reduction in prevalence of insufficient physical activity to prevent obesity.		10%		
Health Service Delivery				
Proportion of stunted children 0-59 months				
Proportion of wasted children 0-59 months				
Percentage of pregnant women provided ANC by health professional				
Percentage of deliveries that are supervised by a skilled attendant				
Percentage of children aged 13-24 months who are fully immunized				
Percentage of children aged 13-24 months who are fully immunized				
Percentage of Clients satisfied with services offered at hospitals and health centres				
Proportion of biopsies processed for diagnosis of cancer				

INDICATOR	2015	2020	2025	2030
Percentage of women aged 25-49 screened for cancer of the cervix				
Percentage of women aged 25-49 years receiving early treatment of precancerous cervical lesions				
Proportion of patients receiving morphine for palliative care				
Health Workforce				
Health Worker Density				
Percentage of Hospitals with Full Time Equivalent (FTE) staff for the level.				
Percentage of H/C with Full Time Equivalent (FTE) staff for the level				
Access to Medical Products, Vaccines and Health Technologies				
Percentage of Hospitals reporting one month ‘stock out’ for any of the medicines in the EML for the level.				
Percentage of H/Cs reporting one month ‘stock out’ for any of the medicines in the EML for the level.				
Percentage of hospitals with functional means of Medical Waste Disposal System in line with national guidelines. (functional incinerator as proxy)				
Health Financing				
Out of Pocket (OOP) Expenditure as a percentage of total Health Expenditure				
Proportion of GOL Budget allocated to the Health Sector				
Percentage of Health Sector Budget allocated to PHC (district health services)				
Leadership & Governance				
IHR compliance				
Number of Functional Public Private Partnerships				
Number of Health Policies Updated				
Number of Health Bills Passed				
Percentage of Districts with Updated Emergency Preparedness and Response Plan				

CONCLUSION

The revision of the NHP 2011 is a result of the changes in global health policies and strategies. The NHP 2017 therefore reflects the SDGs and other global initiatives in health. The Government of Lesotho has committed itself to internal policies leading to the reduction of morbidity and mortality. The Government has also signed on to the global health initiatives and is committed to ensure that the National Health Policy (NHP 2017) provides direction to the National Health Strategic plans in the next 15 years to achieve the agreed targets.

A lot of lessons have been learnt in the implementation of the previous policy, the review process and development of the NHP 2017. Efforts will be made to ensure that this policy is well disseminated and explained to all stakeholders. A strategy for informing all stakeholder groups will be developed to ensure wider dissemination and ensure that all managers in the health sector and relevant stakeholders have copies and understand their roles and responsibilities in the policy.

A process for revising existing policy measures and introducing new ones will be institutionalized and the process of developing other policy documents will be streamlined to ensure they are consistent and coherent with the national policy.

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