

AF



General data

POPULATION, 2023  
**2,330,318**

PHYSICIANS/1000 INH, 2020-2022  
**0.16**

NURSES/1000 INH, 2020-2022  
**-**

LIFE EXPECTANCY, 2022  
**58.22**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**167**

GDP PER CAPITA (US\$), 2023  
**916.28**

HEALTH EXPENDITURE, 2021  
**114.71**

UNIVERSAL HEALTH COVERAGE, 2021  
**53**



WHO FRAMEWORK  
FOR PALLIATIVE CARE  
DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF  
DEVELOPMENT

- 1 EMERGING
- 2 PROGRESSING
- 3 ESTABLISHED
- 4 ADVANCED

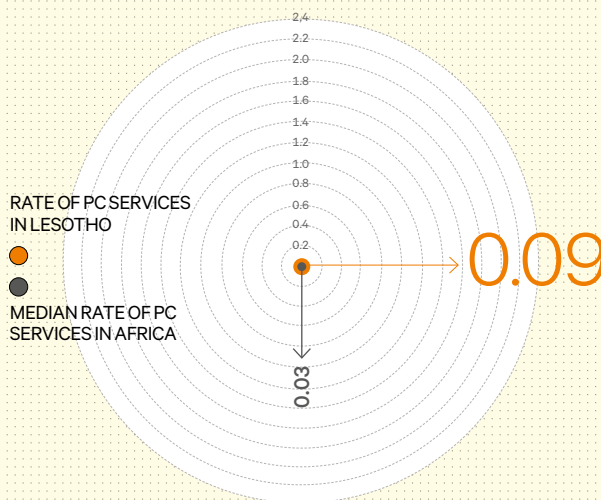
# Lesotho

(F) Provision of PC (Specialised Services)

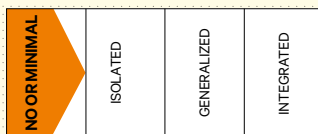
Total number  
of Specialised  
PC services **2**

Rate of PC services  
per 100,000 inhabitants **0.09**

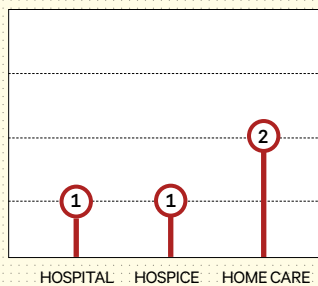
Lesotho in the context of African continent



Geographic  
distribution and  
integration of PC  
services



Level of development  
of different types of  
PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION  
AND INTEGRATION

**1**

TOTAL NUMBER

**0**

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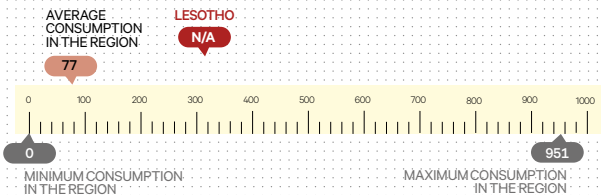
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(D) Use of essential medicines

Opiods  
consumption  
(excluding  
methadone) **N/A**

S-DDD/MILL INHABITANTS/DAY

Lesotho in the context of African continent



Overall availability of essential medicines  
for pain and PC at the primary level



General availability of immediate-release oral  
morphine at the primary level



(C) Research

PC-related  
research articles

**1**

Existence of PC  
congresses or scientific  
meetings

**2**



National Association: No  
Consultants: Tebello Lepheane.

Data collected: From December 2023  
to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association:  
Endorsed By External Expert indicated  
by APCA.  
Edition: Edited by Atlantes Research  
Team (University of Navarra, Spain).

(E) Education & Training

Medical schools  
with mandatory PC  
teaching **0/0**

Nursing schools  
with mandatory PC  
teaching **0/6**

Recognition of PC specialty **2**

(B) Policies

National PC plan  
or strategy **1**

Responsible authority  
for PC in the Ministry of  
Health **1**





Inclusion of PC in the basic  
health package at the  
primary care level **1**

(A) Empowerment of people  
and communities





Groups promoting  
the rights of PC  
patients **3**

Advanced care  
planning-related  
policies **1**


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| <b>Ind1</b><br>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.   | <br>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.  | In Lesotho, two main organisations actively advocate for palliative care: the Najojo Better Living Mission Association (NBLMA) and the Starlight Oasis of Hope Hospice (SOHH). NBLMA leads community-based advocacy in Berea District, training local leaders, village health workers, and political figures in 18 villages. It provides home-based palliative care to over 60 patients, with services including medical referrals, psychosocial and spiritual support, and specialised care for children in coordination with social welfare actors. SOHH leads national-level efforts, facilitating policy dialogue, training healthcare teams in all 10 districts, and supporting the integration of palliative care into nursing education. In collaboration with APCA, Project ECHO, and international institutions, SOHH also promotes palliative care education and knowledge exchange at global level.  |
| <b>Ind2</b><br>Is there a national policy or guideline on advance directives or advance care planning?  | <br>There is no national policy or guideline on advance care planning.  | No evidence found.  |
| <b>Ind3</b><br>3.1. There is a current national PC plan, programme, policy, or strategy.<br><br>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone. | <br>Do not know or does not exist.<br><br><br>A national palliative care plan is in preparation. A national palliative care plan is in preparation. | Lesotho does not have a standalone national palliative care policy but includes palliative care within broader health strategies. The National Multisectoral Integrated Strategic Plan for Non-Communicable Diseases (2014–2020) acknowledged limited access to palliative care and proposed integrating Community Home-Based Care with palliative care services. It also emphasised improving access to essential palliative care medicines, such as morphine, with a target of 80% coverage, and strengthening the health system through people-centred primary care and Universal Health Coverage. The National Health Strategic Plan (2018/19–2022/23) further integrated palliative care within its objectives, which focused on the prevention, diagnosis, treatment, rehabilitation, and palliative care of both communicable and non-communicable diseases. The plan also aimed to establish rehabilitative and palliative care services at various levels of care. |


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| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.   | <br>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.   |   |
| <b>Ind4</b><br>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.                                     | <br>Not at all.   | No evidence found.  |
| <b>Ind5</b><br>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?<br><br>5.2. The national authority has concrete functions, budget and staff. | <br>There is no coordinating entity.<br><br><br>Does not have concrete functions or resources (budget, staff, etc.). | In 2023, an officer was appointed to coordinate the Department of Palliative Care and Aged Care, situated under the Directorate of Family Health at the Ministry of Health (MOH). Further information regarding the completeness of the department's structure, or the presence of a scientific or technical section within the coordinating entity, has not been provided. The department's primary mandate is to coordinate all palliative care services across the country. Previously, palliative care was managed under the National Cancer Control Programme. There is currently no specific budget allocation for palliative care in the national budget. Services are primarily supported through external funding from international institutions, including The Sanofi Collective, THET – Partnership for Global Health, Charities Aid Foundation (CAF), the American Cancer Society, Amplify Change, the African Palliative Care Association (APCA), and Hospice Care Kenya. |



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| <b>Ind6</b><br>Existence of congresses or scientific meetings at the national level specifically related to PC.   |  <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>   |  |
| <b>Ind7</b><br>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country. |  <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p> | A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, did not identify any peer-reviewed articles on palliative care in Lesotho that met all inclusion criteria for this indicator. |
| <b>Ind8</b><br>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.   |   | No Data Reported for Lesotho.  |

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| <b>Ind9</b><br>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.<br><br>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. |  <p>Fair: Between 10% to 30%.</p><br> <p>Poor: Between 0% to 10%.</p>    |  |
| <b>Ind10</b><br>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).<br><br>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).  |  <p>Poor: Between 0% to 10%.</p><br> <p>Poor: Between 0% to 10%.</p> |  |

AF Lesotho

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| Ind11 | 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)                             | 0/0  |  <p>According to the most recent published undergraduate prospectuses, palliative care is not mentioned as a specific component within the curricula of nursing and midwifery programmes in Lesotho. The country does not have a traditional undergraduate medical school, it has six nursing and midwifery training institutions.</p> |
|       | 11.2. The proportion of medical schools with OPTIONAL teaching in PC.  | 0/0  |   |
|       | 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).                            | 0/6  |   |
|       | 11.4. The proportion of nursing schools with OPTIONAL teaching in PC.  | 0/6  |   |
| Ind12 | Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. |  <p>There is no process for specializa-<br/>tion for palliative<br/>care physicians but<br/>exists other types<br/>of professional<br/>training diplomas<br/>without official and<br/>national recogni-<br/>tion (i.e., advanced<br/>training courses or<br/>masters in some<br/>universities or insti-<br/>tutions).</p> |   |

AF Lesotho

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| Ind13 | <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p><br/>No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p><br/>Not at all.</p> <p><br/>Not at all.</p> <p><br/>Ad hoc/ in some parts of the country.</p> | <p>Lesotho's first palliative and hospice facility was established by Tebello 'Malichaba Lepheane, a Mosotho palliative nurse based in the United Kingdom and representative of Starlight Oasis of Hope Hospice (SOHH). Palliative care services in the country are primarily led by SOHH and the Najojo Better Living Mission Association (NBLMA). SOHH implements the Palliative@Home programme, providing specialised home-based care including symptom management, medication, wound care, physiotherapy, and emotional and spiritual support. It also guides families in navigating the healthcare system to ensure holistic, patient-centred care. NBLMA delivers community-based palliative care in 18 villages in Berea District. It trains volunteers and local leaders, and currently supports over 64 patients through home visits, medical referrals, and psychosocial and nutritional assistance. Children with life-limiting conditions receive dedicated care in collaboration with social welfare services. The national ratio of specialised palliative care services in Lesotho is 0.09 per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>2 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| Ind14 | <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>   | <p><br/>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p><br/>PPC TEAMS</p>   | <p>The Najojo Better Living Mission Association (NBLMA) provides home-based palliative care, offering medical referrals, psychosocial and spiritual support, and care for children with life-limiting conditions in collaboration with social welfare services.</p>   |