Rapid Review of Healthy Ageing and Long-Term Care Systems in East and Southern Africa

Country summary reports

Lesotho
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Lesotho is a small mountainous kingdom landlocked by the Republic of South Africa. The total population in 2020 was projected to be 2.1 million people of which 7.5 per cent are people aged 60 years and over (United Nations Department of Economic and Social Affairs, 2019). Like elsewhere in the region, the population is experiencing rapid demographic change, and the population of older persons is projected to rise to 10.3 per cent by 2050. Lesotho is classified as a lower-middle income country and has a Human Development Index (composite index of life expectancy, education and per capita income) ranking of 165 of 189 with a score of 0.53 (low). Absolute poverty is high with an extreme poverty rate (those living under $1.90 per day) of 27.2 per cent, and the country has high levels of inequality when measured by the GINI coefficient (44.9 in 2017). With limited economic opportunities, 43 per cent of households remain dependent on having at least one family member engaged in internal or external labour migration to South Africa (Botea et al., 2018).

The country’s health expenditure was 4.6 per cent of Gross Domestic Product (GDP) in 2019 (World Health Organization, n.d.), while service coverage of essential health services was 48 per cent.

Lesotho provides an example of a low-income country which has made universal pensions available to older persons and is working to develop a policy framework around ageing despite very constrained resources.

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Overarching frameworks and plans in place around ageing

The Government of Lesotho recognizes the need to develop a policy framework around ageing, and address the rights and needs of older persons.

— The Lesotho National Strategic Development Plan II (NSDP II) 2012-2022 (and the previous iteration of this plan) identified ageing as a cross-cutting development issue. NSDP II emphasizes the importance of social protection for older people and mentions older people 19 times in the plan, it also includes a section with objectives and interventions to improve the well-being of older people and ensure the protection of their rights.

— The Lesotho Policy for Older Persons (2014) is aligned with the United Nations Principles for Older Persons adopted on 16 December 1991 (General Assembly Resolution 46/91) of independence, participation, care, self-fulfillment, and dignity. It also emphasizes the importance of government to obligate younger kin to take care of the elderly.

— A strategic plan for older persons was also developed as a guiding tool for care, support and protection of older persons in Lesotho.

— In 2018, Lesotho was the first country to ratify the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons and is in the process of domesticating and implementing the protocol facilitated by the development of legislation on the protection of older persons (currently being drafted).

— However, Lesotho does not have a Human Rights Commission to uphold the rights of older people, and is receiving support from the Office if the United Nations High Commissioner for Human Rights (OHCHR) to develop this key institution.

Coordinating mechanisms

— The implementation of policy and service delivery are coordinated through the Ministry of Social Development (MoSD), which has a special office dedicated to addressing issues related to older persons (Elderly Services).

— Lesotho Age Network is an independent coordinating body for organizations and institutions working with and dealing with older persons. The membership includes both government and civil society and meets quarterly for reporting, learning and planning purposes. However, in practice, civil society has quite limited capacity.
Social protection and development services

Lesotho introduced a universal old age pension in 2004— it is nationally funded and people over 70 years are eligible (unless they receive a government pension) and 85,000 pensioners receive 2.4 per cent of GDP. There are plans to extend the pension to younger age groups, as are mentioned in the NSDP II. The pension has reduced some of the challenges of family care for older persons, and older persons receiving pension have now been reinstated as household heads, playing important roles in household and community decision-making and upkeep (Tanga, 2008). The pension is often the main source of income for older persons’ households, and the only other social assistance programme is the Child Grants Programme (CGP), however it is limited in coverage and only around 37,000 households receive the transfer.

As a result, older people too often take on the burden of supporting and caring for others, particularly children, therefore reducing the impact of the pension on reducing poverty and malnutrition among older people (Tanga, 2015). A cross-sectional survey of the nutritional status of people aged 65+ years found that 15 per cent of respondents were malnourished and 66 per cent of people were at risk of malnourishment with odds of being at risk of malnourishment or malnourished associated with levels of poverty, stress and poor health (Turkson et al., 2022).

The impact of HIV and AIDS on older persons, their role as caregivers, their exclusion from assistance, and gaps in legal frameworks pertaining to older people’s rights are mentioned in the HIV Strategic Plan 2018-2023. One of the strategic objectives of the plan is to “Expand and differentiate HIV-sensitive social protection for orphans and other vulnerable children and their elderly caregivers”.

The Land Act of 2010 and Married Persons Equality Act were put in place to advance the rights of older women by giving them rights to their property, especially land, following their spouses’ death.

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Health and long-term care

Lesotho has among the lowest average life expectancies and healthy life expectancies (HALE) in East and Southern Africa (ESA) for both men and women. Life expectancy at birth is only 52 years for men and 59 years for women, and for those that do live past 60 years, men and women can expect to live 11 and 15 more years respectively. HALE are significantly lower— 44 years for men and women at birth (combined) and 9.8 at age 60 years. This is due to excess mortality from tuberculosis (TB), HIV and non-communicable diseases (NCDs)— diseases caused by migrant mining in South Africa, as well as the highest rate of suicide in the world and greatest proportion of life years lost to suicide, including amongst the age group 50-69 years (Naghavi, 2017; Grigoryev and Popovets, 2019). The NCD age adjusted mortality rate is 1137.2 per 100 000 (1339.8 for men), which is the highest in the world, pointing to both the high rate of illness and challenges in accessing health care in mountainous rural areas (where 80 per cent of the population lives) (Murman and Sullivan, 2008).

User fees have been abolished at primary health care level and standardized fees introduced at tertiary level, but physical access remains a challenge, particularly for those who have physical impairments or are acutely ill. In addition, health services are constrained and under-resourced and mostly geared towards HIV and AIDS and TB. A Lesotho submission to the Open-ended Working Group (DEWG) cites negative attitudes by health professionals towards older people. However, increasing and prioritizing services for the elderly is listed as a health sector priority in the National Health Strategic Plan 2017-2022.

Sexual and reproductive health

The Lesotho Policy for Older Persons acknowledges the need to provide care and support to older people with HIV, as well as the need to support them as caregivers. It also acknowledges the growing population of HIV-positive people due the success of antiretroviral therapy in prolonging the lives of people living with HIV; decreasing HIV incidence among younger adults shifting the disease burden to older ages; and the often-unmeasured, and thus often overlooked, fact that people aged 60 years and older exhibit many of the risk behaviours also found among younger people. Furthermore, it aims to “Develop, implement and support appropriate mechanisms to assist older persons caring for dependent older persons, disabled members, including those affected by HIV and AIDS” (Lesotho Government, 2014).

In terms of programming, the MoSD has initiated the formation of social clubs for the elderly for promotion of active ageing and healthy lifestyle. To date, there are five active clubs in Maseru and one in Leribe. These clubs are meant to address health related issues as well as loneliness, which contributes to other mental health problems such as anxiety, depression and dementia.

Help Lesotho helps grandmothers affected, by infected with AIDS, and is the only organization acknowledging that older people are sexually active. Help Lesotho provides transport to health-care facilities and supports antiretroviral (ARV) adherence.

The Lesotho Network for AIDS Service Organizations (LENASO) has a special programme for older persons who are caregivers where they are trained on issues of HIV and AIDS. In the district of Quthing there is a programme where instead of directing donations to orphans, such aid is targeted at caregivers and end sentence with orphans.
Long-term care

The Lesotho Policy for Older Persons states that the government will build the capacity of families and communities to provide care for older people, and the policy clearly states that the responsibility for older people lies primarily with the family. Only two long-term care facilities exist in the country (funded by the church) which offer dormitory style accommodation to a very small number of people and cannot admit people in need of nursing care. Dhemba and Dhemba (2015) reported that one care home experienced a decline in the number of residents from 70 to 14 when the old age pension was introduced as families and residents wanted to return home.

The NSDP II aims to establish respite long-term care centres for people in need of constant care and to provide long-term professional care for people with long-term health conditions. A presentation by the Manager of Elderly Care Services in November 2021 indicated that a dementia care programme is in place to support caregivers in terms of training and empowerment, as well as counselling and respite care solutions. However, the extent of this programme is unclear.

Disaster situations

A mapping study by HelpAge International in 2014 found no elderly-specific disaster and emergency relief services, and limited inclusion of older people in policies focused on disaster management; and advised that policies should outline how vulnerable groups should be assisted in disasters. There does, however seem to have been some progress at least from a policy development perspective:

— The NSDP II (2018-2019 to 2022-23) aims to “develop a shock/crisis response plan for dealing with shocks that may affect older persons” but it is not clear to what extent this has been developed.

— The Lesotho Older Persons Policy (2014) also makes some provisions for older people in disasters and emergencies such as: including the elderly and their caregivers as target groups for disaster and emergency awareness and preparedness education; ensuring that special needs of older persons are addressed during disasters and emergencies; and advocating for the elderly to be included in disaster and emergency preparedness and response plans at all levels.

— The Lesotho Health Sector Nutrition Policy (2016) specifies how older people affected by disasters and emergencies will be assisted, and has developed a monitoring system for assessing food distribution during emergencies.