



Indicator	Value	Source/Year
Total Population in Millions (% Female)	2.3 (51.1%)	SWOP, 2019
Youth population 10-24 (% of total population)	32%	SWOP, 2019
Total Fertility Rate (TFR)	2.9	SWOP, 2019
Adolescent Birth Rate (15-19 years)	94 per 1,000	SWOP, 2019
MMR (per 100,000 livebirths)	544	MMR, 2019
Modern Contraceptive Prevalence Rate (CPR)	61%	SWOP, 2019
Unmet Need for Family Planning	16%	SWOP, 2019
HIV Prevalence	25%	GoL, 2018 ²
Gender Inequality Index (GII)	0.544 (ranked 135 th)	2018 HDR
Gross Domestic Product (GDP) Growth (%)	4.2%	2018 HDR
Gini Index	54.2%	2018 HDR
Human Development Index (Inequality HDI)	0.520 (0.359/31% loss)	2018 HDR



BACKGROUND

The Kingdom of Lesotho¹ is geographically surrounded by South Africa. It is a constitutional monarchy, ruled by a King as Head of State, and governed by a 33-member Senate and a 120-member National Assembly. In line with recommendations made by the Southern African Development Community (SADC), the Government of Lesotho is currently undertaking key Constitutional and Security Reforms. The vast majority of the population (95%) identify as Christians while 3.5% report not to ascribe to any religion.



UNITED NATIONS POPULATION FUND MODE OF ENGAGEMENT

Classified as a Lower **Middle-Income Country**, the Kingdom of Lesotho is placed in the **red**³ quadrant of UNFPA's mode of engagement.

¹ This brief draws from published, global comparative data for countries and regions. Key sources are the 2019 State of the World Population Report (SWOP, UNFPA), United Nation's World Population Prospects 2019, Human Development Report 2018 (HDR, UNDP), World Bank Poverty and Equity Data Portal, World Health Statistics (WHO), Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (Maternal Mortality Report [MMR], 2019) and official national data. Recommended citation for this document: United Nations Population Fund (UNFPA), Kingdom of Lesotho Facts and Prospects: Sexual and Reproductive Health and Rights, 2019.

² Government of Lesotho, National HIV and AIDS Strategic Plan (NHASP) 2018/19 - 2022/23.

³ Red quadrant due to high development needs, inequality adjusted gross national income (GNI) and low ability to finance national development needs.

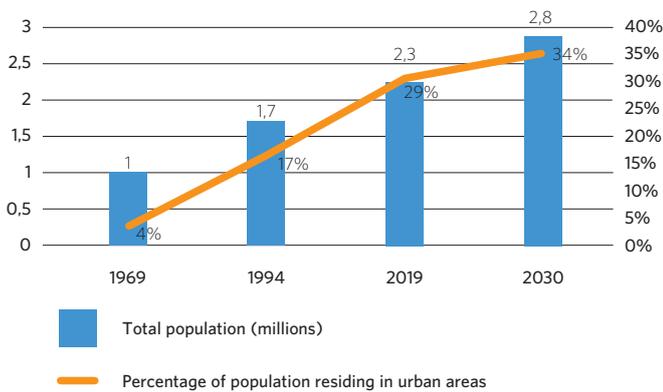
⁴ 2017 International Organisation for Migration (IOM) Migration data.



POPULATION DYNAMICS

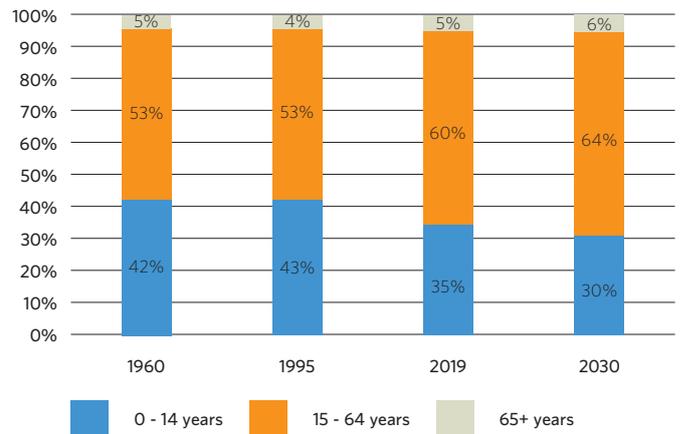
Lesotho's population has doubled over the last 50 years to 2.3 million and is projected to rise to 2.8 million by 2030. The country's **annual rate of population change** is estimated at 1.3% during the 2010-2019 period while **net migration rate**⁴ is -4.7 per 1,000 population. Less than a third of the population resides in urban areas (Figure 1). **Total fertility rate per woman** declined by half to 2.9 children during the last 50 years, with corresponding changes in the population age structure. Fifty years ago, about 40% of the Lesotho population was below 15 years of age while today that proportion is about a third.

Figure 1: Total population and percentage of population residing in urban areas, Lesotho, 1969 - 2030



The population, however, remains young with a mean age of 24 years. The proportion of the working age population increased by seven percentage points in the last 25 years. Compared to the other age groups, the proportion of the older population has remained below 5% during the last 50 years and is projected to reach 5.6% by 2030 (Figure 2). Life expectancy at birth increased from 49 years in 1960 to 58 years in 1994 before declining to the current 55 years, largely due to the HIV and AIDS epidemic.

Figure 2: Population composition by age, Lesotho, 1960 - 2030



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

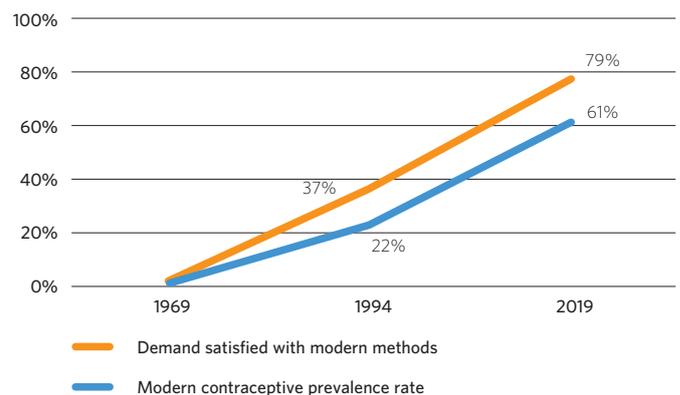
Maternal mortality rate: Lesotho's maternal mortality ratio (MMR) is 544 per 100,000 live births, an 11% drop from 614 in 2,000, but still more than twice the current global average of 211. According to the 2016 national emergency obstetric and new-born care (EmONC) survey, the top two causes of maternal deaths are sepsis (34%) and complications of abortion (20%). About one in 10 of maternal deaths are AIDS-related despite a high national coverage (above 90%) of the prevention of mother-to-child transmission of HIV (PMTCT) program.

Contraceptive use: Modern contraceptive use in Lesotho has increased almost three-fold while demand satisfied with modern methods has more than doubled over the last 25 years (Figure 3). However, there is still a 16% unmet need for family planning among women of reproductive age.

Adolescent birth rate: Adolescent birth rate in Lesotho is 95 births per 1,000 girls aged 15-19 years. This rate is more than double the global average of 44.

HIV: While Lesotho has recorded a 34% decline in new HIV infections since 2010, the country has an HIV prevalence of 25 per cent. However, the country is making good progress towards the 90-90-90 treatment target by 2020 among both men and women (Figures 4 and 5).

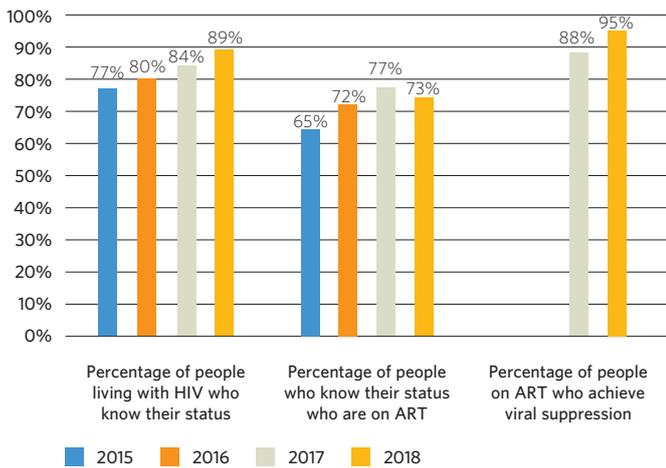
Figure 3: CPR and demand satisfied with modern methods, women 15 - 49, Lesotho, 1969 - 2019



Gender equality: The country has ratified or signed many international and regional conventions or protocols regarding women's rights and gender equity such as the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Beijing Declaration, and the Southern African Development Community (SADC) Protocol on Gender and Development.

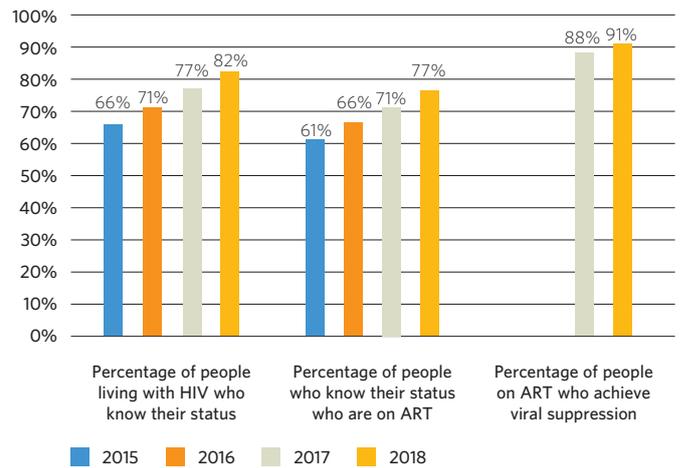
However, gender-based violence (GBV) remains pervasive in the country. Approximately 86% of women have experienced GBV perpetrated by men in their lifetime, with 62% of these violations being intimate partner violence (IPV) while the rest are other types of violence, such as economic violence, non-partner rape and sexual harassment. Child marriage, which is another form of GBV, has been estimated at 24%. About one in four of political appointments in the country are held by women.

Figure 4: Progress towards 90-90-90 target (women 15+), Lesotho, 2015 - 2018



In 2019, the Government of Lesotho undertook a review of progress on CEDAW and the Beijing+5 as well as the Universal Periodic Review that includes a strong gender focus. Positive efforts towards improving gender equality in the country include the cabinet's approval of the second Gender and Development Policy in August 2018, completion of the 2018 draft Domestic Violence Bill, and implementation of the Gender for Equality and Justice Assessment (2016-2020), which facilitated the development of key indicators for gender monitoring.

Figure 5: Progress towards 90-90-90 target (men 15+), Lesotho, 2015 - 2018



ECONOMIC PERFORMANCE AND EQUITY

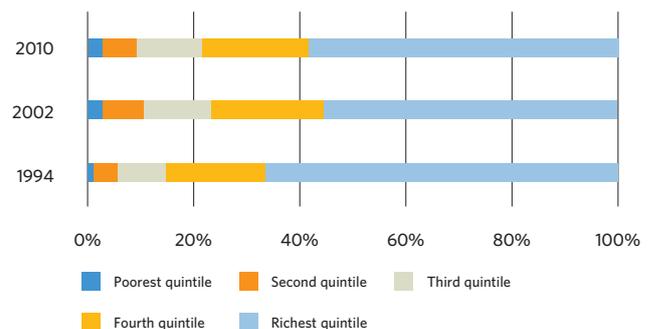
Over the past four years, Lesotho's economy has faced challenges emanating from political instability and a prolonged period of slow growth in South Africa. Economic growth averaged 1.7 per cent between 2015 and 2017. Gross domestic product (GDP) revenue contraction of 1.6 per cent was experienced during the 2017/18 fiscal year as a result of declining agricultural output and fiscal challenges (Figure 6). Growth is projected to recover modestly in the next three years boosted by an increase in construction associated with the second phase of the Lesotho Highlands Water Project, a second compact from the Millennium Challenge Corporation and diamond mining.

Figure 6: Real GDP growth, Lesotho, 2010 - 2020



The **Gini index**, a measure of wealth or income distribution is 0.54, highlighting high inequality in Lesotho. The **richest quintile** account for more than two-thirds of the income and consumption distribution (Figure 7). The inequality is driven by a large proportion of the population living in subsistence agriculture and a high public-private wage gap. **Unemployment** remains high, with more than a quarter (28%) of the total population unemployed and over a third (39%) of the youth unemployed.

Figure 7: Distribution of income or consumption by quintile, Lesotho, 1994 - 2010





OTHER DEVELOPMENT COMPLEXITIES

Climate change: Lesotho faces a crisis brought about by climate change-related disasters, like prolonged drought, high temperatures and floods that have resulted in increased poverty, population movements, conflicts, food insufficiency and need for external assistance. The country is projected to experience increases in temperatures, droughts and other extreme weather events over the coming years. Without addressing climate change and environmental issues, Lesotho will be unable to successfully achieve the other SDGs.

Education: Secondary education is a key priority for the government. While gross primary enrolment rate is 104.8 per cent, a similar estimate for the secondary level is only 56 per cent. The Lesotho Population and Household Census of 2016 identifies teenage pregnancy (estimated at 19%) and child marriage (estimated at 24%) as among key factors that adversely affect primary and secondary school completion rates. **Comprehensive Sexuality Education** is incorporated in the education curricula.



ACCELERATING THE PROMISE IN 2019 AND BEYOND

Demographic dividend: Given its population age structure, Lesotho has great potential for harnessing the demographic dividend, especially as the country explores new engines of growth under the National Strategic Development Plan II, 2018/19 – 2020/23 (NSDP II). Lesotho is planning to undertake a Demographic Dividend analysis in keeping with the African Union's commitment to harnessing the continent's demographic dividend through critical investments in youth empowerment.

Long-term strengthening of socioeconomic systems to address persistent inequalities: Deliberate efforts are required to address persistent inequalities through: (i) strengthening the health system to adequately respond to the mixed burden of Communicable and Non-Communicable Diseases, especially HIV and AIDS and health needs of a youthful population, (ii) addressing high health costs, especially for HIV and AIDS and TB programs, (iii), addressing high levels of GBV through prevention, reporting and management systems, and (iv) closing other gender inequality gaps in the labour force, political and development processes.

The government is in the process of developing a Social Protection Strategy Implementation Plan, for which inclusion of vulnerable women, adolescents and young people and persons living with disabilities, who constitute about 3.5 per cent of the population, is necessary.

Gender equality: The Government and partners should integrate GBV into nationally representative surveys such as the planned 2020 Demographic and Health Survey to address the paucity of data on GBV in the country. Progress in the finalization of the Domestic Violence Bill and the Child Marriage Law is welcome but these need to be enacted into law and implemented. Essential services package to respond to GBV and referral pathways between health, social services, police and justice sectors should also be strengthened.

Disease burden linked to lifestyle changes: Partly because of the growth in the older population and urbanization, Lesotho has experienced an increase in lifestyle diseases. Non communicable diseases (NCDs) are estimated to account for 32 per cent of all deaths in the country. **Adult obesity** prevalence rate is reported at 16.6 per cent, with concomitant effects of higher incidences of NCDs, and consequent impact on quality of life and healthy ageing. Effective responses to this epidemiological transition is necessary.

Climate change: Guided by the estimations and projections of climate related actions and impact, there is a need to fast-track implementation of the **National Resilience Framework (2016)**, National Climate Change Policy (NCCP), 2017, and associated implementation strategies. The policy has four pillars: **i) adaptation and climate risk reduction, ii) mitigation and low carbon development pathways, iii) governance and institutional arrangements), and iv) climate finance and investment framework.** Leveraging emerging partnerships and financing opportunities for the implementation of these strategic plans is key to the country's adaptation to climate change.

Strengthening availability and use of data to guide development: Following the 2016 Housing and Population Census, the country will embark on further data analysis and population projections using modern technology with the aim of improving availability of disaggregated data for policy development, planning and monitoring.



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