


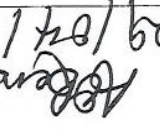

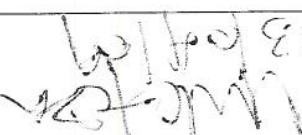
# JOINT PROGRAMME DOCUMENT

Country: Lesotho  
 Programme Title: UNV Medical doctors

Joint Programme Outcome(s): Improved and expanded equitable access to quality basic health services for all through the deployment of medical personnel as volunteers. This will also strengthen capacity to sustain universal access to HIV prevention, treatment, care and support. International volunteer specialists will be placed in different health facilities in Lesotho to provide improved medical services to the local population and to build local capacity to ensure the continued delivery of quality medical care after the International UNV volunteer placement has ended.

Programme Duration: 4 years  
 Anticipated start/end dates: April 2009 – Dec 2012  
 Fund Management Option(s): Pooled  
 Managing or Administrative Agent: UNDP

Total estimated budget*: \$ 4,784,210	
Out of which:	
1. Funded Budget:	\$ 0
2. Unfunded budget:	\$ 4,784,210
* Total estimated budget includes both programme costs and indirect support costs	
Sources of funded budget:	
<ul style="list-style-type: none"> <li>• Donor</li> <li>• Agencies</li> </ul>	

<p><b>UN organisations</b></p> <p><b>United Nations Development Programme</b></p> <p>Ms. Ahunna Ezikonwa-Onochie                  UNDP Resident Representative and UN Resident Coordinator</p> <p>Signature: </p> <p>Date: 23/4/09</p>	<p><b>World Health Organization</b></p> <p>Dr. Angela Benson                  WHO Representative</p> <p>Signature: </p> <p>Date: 29/04/09</p>
<p><b>National Coordinating Authorities</b></p> <p><b>Ministry of Health and Social Welfare</b></p> <p>Dr. K. Mokobocho-Mohlakwana                  Principal Secretary</p> <p>Signature: </p> <p>Date: 29/04/09</p>	<p><b>Ministry of Finance &amp; Development Planning</b></p> <p>Mr. M. Khetisa                  Principal Secretary</p> <p>Signature: </p> <p>Date: 23/04/09</p>

## Executive Summary

Lesotho has a fairly developed network of health-care facilities which has dramatically improved the physical access to health services, particularly in respect of primary health care. This access has been improved even further after the government abolished user fees at health centre level. However, many of these health facilities require extensive renovation and rehabilitation to bring them up to a common standard. Through the health sector project of the Millennium Challenge Corporation<sup>1</sup> which is a compact agreed between the Government of Lesotho and the Government of the United States of America, up to 150 health facilities will be renovated during the next five years.

In addition to the dilapidated state of a significant number of health facilities, the country is suffering from poor staffing patterns in the health care facilities, which, combined, gradually erode the gains that have been made in improving the health care system of the nation. This is particularly so, in terms of medical doctors. In 2005, the doctor to population ratio was 1:16,298 while the nurse to population ratio was 1:2,226. This reflects a doctor to nurse ratio of 1:7. Patients suffering from a variety of disease conditions have to be at a health facility, especially if attending a hospital out-patient department, by 0500 hours and long queues are evident up to late in the afternoon. In the worst case scenario, some have to go home without having been attended to because of the shortage of doctors. This induces a lot of suffering among the patients; and could lead to loss of lives and evidently has a negative impact on the patients' economic status.

The human resource crisis forms a major concern for the Government of Lesotho and especially for health service provision in the Kingdom. A large number of trained clinical staff is being lost to South Africa and overseas countries while the demand for health services is ever increasing partly due to the HIV&AIDS pandemic. Repeated health workforce assessments also reveal an uneven distribution of the health workforce. While the majority of the population lives in rural areas, most health professionals work in urban areas or close to major cities. The MOHSW Human Resources Development and Strategic plan (2005-2025) identifies the HR needs and gives guidelines on the interventions to be employed to attain the required HR needs. Extensive efforts are being employed to ensure HR attraction and retention.

Within the context of the short-term Emergency Human Resource Plan, this joint programme has been developed in close collaboration with WHO, UNDP and UNV with the objective of supporting the Government of Lesotho by deploying Medical Doctors for the provision of health care services at different levels of the health care system. The proposed programme will be complementary to the comprehensive training programme for medical staff which WHO is supporting. Given the long duration (5 years) of this WHO training programme which allows medical staff to become qualified, it is imperative that a stop-gap measure is designed to make qualified medical staff available to ensure adequate delivery of health services. Therefore, the programme proposes to deploy qualified medical staff through the UNV volunteer programme. While this will be an effective stop-gap measure, placements of qualified medical staff will also go beyond this temporary objective through the development of long-term capacity of the medical professionals currently in situ.

<sup>1</sup> <http://www.mcc.gov/press/events/2007/signing-072307-lesotho.php>

## Situation Analysis

Lesotho is a small country covering an area of 30,355km. It is landlocked and surrounded by the Republic of South Africa. The population of Lesotho is estimated at 1.8 million registering a declining annual growth rate (from 1.5% annual growth rate during the inter-censal period of 1986-1996 to 0.08% during 1996-2006). A large proportion of the population (76.2%) resides in the rural areas. The country is mountainous and more than 80% of the country is located 1,800m above sea level. This presents difficult topography posing serious challenges in travelling, also a factor in seeking and delivering health care services. Severe winter conditions compound the challenges facing the health care delivery system. The latest demographic and health survey estimated that 23.2 percent of adults ages 15 - 49 in Lesotho are HIV/AIDS positive; the third highest prevalence rate in the world. This has the potential to severely hamper the country's efforts to reduce poverty and promote economic growth. It also has its obvious impact on the demand for health care services as well as a negative impact on the ability to deliver these services, as HIV/AIDS is a generalised epidemic in Lesotho which also affects the country's workforce, including its medical service practitioners.

The Government is in the process of devolving service delivery to the district level. The Ministry of Health and Social Welfare (MoHSW) is one of the first Ministries to implement the new plan. Decentralisation of health services was piloted in three districts in the period 2004-2006. The process has now been rolled out to all other districts. In Lesotho, as well as in other countries, there is evidence that the process of decentralization – particularly if not well-managed – can disrupt health services delivery. Decentralization may, therefore, further exacerbate the issues of providing equitable access to quality basic health services for all.

The country has a fairly developed network of health-care facilities which has dramatically improved physical access to health services, particularly in respect of primary health care. This access has been improved even further after the government abolished user fees at health centre level. However, many of these health facilities require extensive renovation and rehabilitation to bring them up to a common standard. Through the health sector project of the Millennium Challenge Corporation<sup>2</sup> (MCC) which is a compact agreed between the Government of Lesotho and the Government of the United States of America, up to 150 health facilities will be renovated during the next five years.

The two major health service providers in Lesotho are the Government of Lesotho and Christian Health Association of Lesotho (CHAL). The network of health facilities within the country consists of general hospitals, specialized hospitals, a mental hospital (Mohlomi), leprosy hospital (Botsabelo), HIV/AIDS centre (Senkatana) and a HIV/AIDS paediatric centre (Baylor Centre of Excellence). The table below shows the total number of health facilities in Lesotho by proprietor.

**TABLE 1: Provision of Health care services**

Type	GOL	CHAL	Private	Red Cross	TOTAL
Tertiary/specialised hospitals	3	0	0	0	3
Hospitals	9	8	2	0	19
Urban filter clinics	3	0	0	0	3

<http://www.mcc.gov/press/events/2007/signing-072307-lesotho.php>

Type	GOL	CHAL	Private	Red Cross	TOTAL
Health facilities	96	75	0	6	171
Health posts	1	16	0	0	17
Surgeries	0	0	36	0	36
<b>Total</b>	<b>112</b>	<b>99</b>	<b>38</b>	<b>6</b>	<b>255</b>

The health centre renovation and rehabilitation efforts through MCC will contribute significantly to improved quality and availability of health services. However, a remaining challenge will be to ensure that qualified medical personnel will be available to run these clinics and provide the necessary health services. The gains that have been made by the country in improving the health of the nation are gradually eroding due to the poor staffing pattern in the health care facilities. This is particularly so, in terms of medical doctors. In 2005, the doctor to population ratio was 1:16,298 while the nurse to population ratio was 1:2,226. This reflects a doctor to nurse ratio of 1:7. Patients suffering from a variety of disease conditions have to be at a health facility, especially if attending a hospital outpatient department, by 0500 hours and long queues are evident up to late in the afternoon. In the worst case scenario, some have to go home without having been attended to because of the shortage of doctors. This induces a lot of suffering among the patients, and could lead to loss of lives and evidently has a negative impact on the patients' economic status.

The human resource crisis forms a major concern for the Government of Lesotho and especially for health service provision in the kingdom. A large number of trained clinical staff is being lost to South Africa and overseas countries while the demand for health services is ever increasing partly due to the HIV&AIDS pandemic. Repeated health workforce assessments also reveal an uneven distribution of the health workforce. While the majority of the population lives in rural areas, most health professionals work in urban areas or close to major cities. The MOHSW Human Resources Development and Strategic plan (2005-2025) identifies the HR needs and gives guidelines on the interventions to be employed to attain the required HR needs. Extensive efforts are being employed to ensure HR attraction and retention. Placement of the UNV medical doctors within this project will be tied in with the decentralized system in operation around the country, whereby services are provided to district and rural communities.

Within the context of the short-term Emergency Human Resource Plan, this joint programme has been developed in close collaboration with WHO, UNDP and UNV with inputs from the development partners with the objective of supporting the Government of Lesotho by deploying Medical Doctors for the provision of health care services at different levels of the health care system. The proposed programme will be complementary to the comprehensive training programme for medical staff which WHO is supporting. Given the long duration (5 years) of this WHO training programme which allows medical staff to become qualified, it is imperative that a stop-gap measure is designed to make qualified medical staff available to ensure adequate delivery of health services. Therefore, the programme proposes to deploy qualified medical staff through the UNV volunteer programme. While this will be an effective stop-gap measure, placements of qualified medical staff will also go beyond this temporary objective through the development of long-term capacity of the medical professionals currently *in situ*, through training and skill transfer between the UNV medical doctors and all existing staff. In preparation for optimum return from these placements, host institutions and their staff will be briefed in advance, thereby enhancing the potential for relevant and long-term skills transfer.