

Advison Lesotho



Dispatch No. 844 | 2 September 2024

Basotho overwhelmingly lack medical aid, support government provision of universal health coverage

Afrobarometer Dispatch No. 844 | Richard Adjadeh

Summary

Universal health coverage (UHC) aims to ensure that all individuals have access to affordable essential health services. It encompasses a comprehensive range of services, from health promotion and disease prevention to treatment, rehabilitation, and palliative care. Despite some progress, many people globally still face significant barriers to accessing these services, including cost and service disruptions exacerbated by the COVID-19 pandemic. As of 2021, an estimated 4.5 billion people worldwide lacked access to at least some essential health services (World Health Organization, 2023).

Lesotho's health sector faces significant challenges, including a high disease burden, inadequate health infrastructure, and a shortage of health care workers. The World Bank (2018) is working with the Lesotho government to improve health outcomes by strengthening health systems, enhancing service delivery, and expanding access to essential medicines and medical supplies. Focal areas include supporting maternal and child health, combating communicable diseases, and improving health financing to ensure sustainability and equity in health care access.

This dispatch reports on a special Afrobarometer Round 10 survey module focusing on health care. In Lesotho, findings show that only a tiny share of Basotho have medical aid coverage. Among those who lack medical aid, a majority cite unaffordability as the main reason.

Most Basotho say they worry about being unable to obtain or afford medical care when they need it, and they think the government should ensure universal access to health care, even at the cost of higher taxes.

Exploring citizens' experiences with the health care system, we find that half of Basotho say someone in their family went without needed care during the past year. Among those who sought care at a public clinic or hospital, most say it was easy to get the services they needed, but many encountered problems such as long wait times, a lack of medicine or supplies, facilities in poor condition, and absent medical personnel.

Even so, trust in the Ministry of Health is high, and a majority of citizens approve of the government's performance on improving basic health care.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Nine survey rounds in up to 42 countries have been completed since 1999. Round 10 surveys were launched in January 2024. Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Lesotho, led by Advision Lesotho, interviewed a nationally representative, random, stratified probability sample of 1,200 adult Basotho in March 2024. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Lesotho in 2000, 2003, 2005, 2008, 2012, 2014, 2017, 2020, and 2022.

Key findings

- Only one in 50 Basotho (2%) say they have medical aid coverage.
 - Among those who don't have health insurance, the largest share (60%) say it's because they can't afford it.
- Nearly two-thirds (65%) of Basotho say they worry "somewhat" or "a lot" about obtaining or affording medical care when they need it.
- Seven in 10 citizens (71%) say the government should ensure universal access to health care, even if it means higher taxes.
- Half (50%) of citizens say they or a family member went without medicine or medical treatment at least once during the preceding 12 months, including 16% who say this happened "many times" or "always."
- Among respondents who had contact with a public clinic or hospital during the year preceding the survey, three-fourths (74%) say it was easy to obtain the medical assistance they needed, though 4% say they had to pay a bribe.
 - Majorities report encountering long wait times (74%) and inadequate medical supplies (62%), while more than one-third say they found facilities in poor condition (38%) and absent medical staff (34%).
- A narrow majority (55%) of citizens think the government is doing a good job of improving basic health services, but 42% disagree.
 - Three-fourths (74%) say they trust the Ministry of Health "somewhat" or "a lot."
- Almost nine out of 10 Basotho (86%) say parents should be required to vaccinate their children against infectious diseases such as measles and polio.

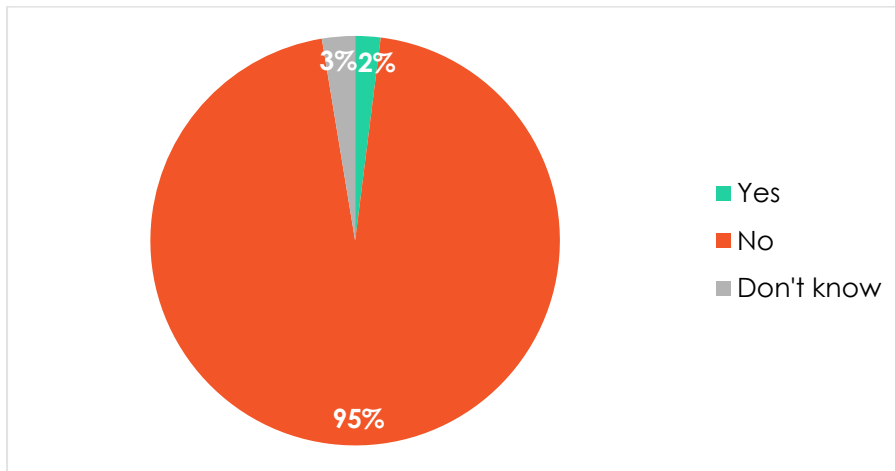
Medical aid and universal health care

Medical aid coverage is extremely limited among the Basotho population: Only one in 50 adults (2%) say they have insurance that helps pay their medical bills if they get sick (Figure 1).

Coverage is consistently low across key demographic categories (Figure 2). Citizens with post-secondary education are the only group with a substantial coverage rate (10%). Even among economically well-off¹ respondents, only 3% enjoy medical aid coverage. In rural areas, almost no one does.

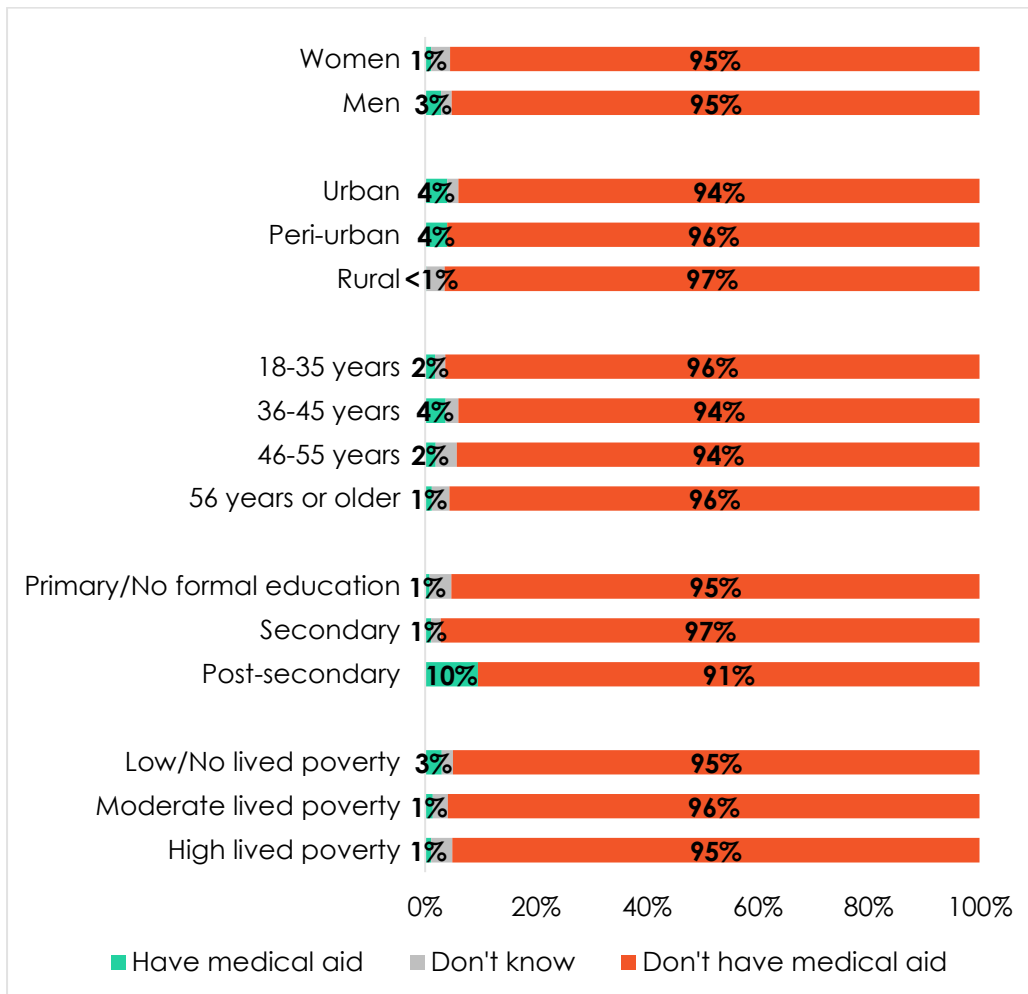
¹ Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the past year. For more on lived poverty, see Mattes and Patel (2022).

Figure 1: Medical aid coverage | Lesotho | 2024



Respondents were asked: Do you have any medical aid coverage that helps pay your medical bills if you get sick?

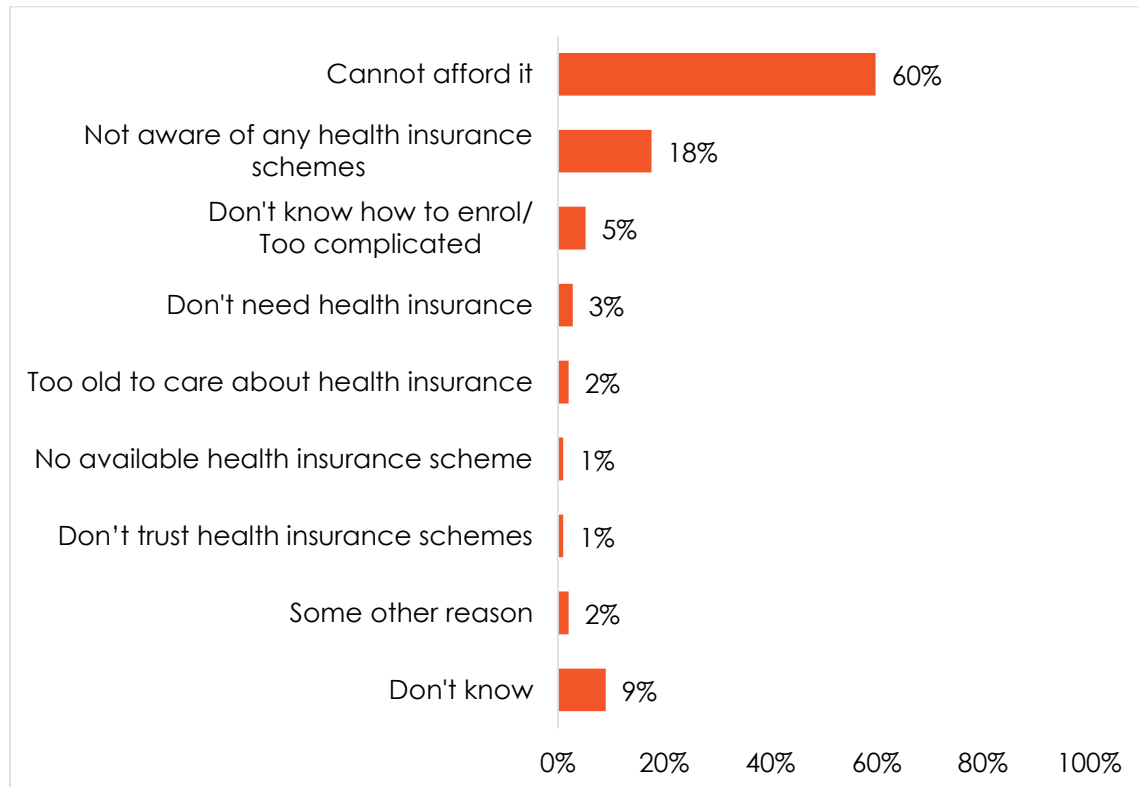
Figure 2: Medical aid coverage | by demographic group | 2024



Respondents were asked: Do you have any medical aid coverage that helps pay your medical bills if you get sick?

The primary reason that Basotho give for not having medical aid coverage is that it's not affordable, mentioned by 60% of respondents who lack insurance (Figure 3). Another 18% say they are not aware of any health insurance schemes, while smaller proportions find the enrolment process too complicated (5%) or believe they do not need health insurance (3%).

Figure 3: Reason for not having medical aid coverage | Lesotho | 2024



Respondents who do not have medical aid coverage were asked: What is the main reason you don't have medical aid coverage? (Respondents who have medical aid coverage are excluded.)

The cost of health insurance is more often cited as a barrier by women (64%) and urbanites (69%) than by men (56%) and rural and peri-urban residents (52%-57%) (Figure 4). The most educated respondents (71%) are more likely to cite unaffordability than their less educated counterparts (55%-63%), as are the poorest citizens (65%) compared to better-off respondents (56%-60%).

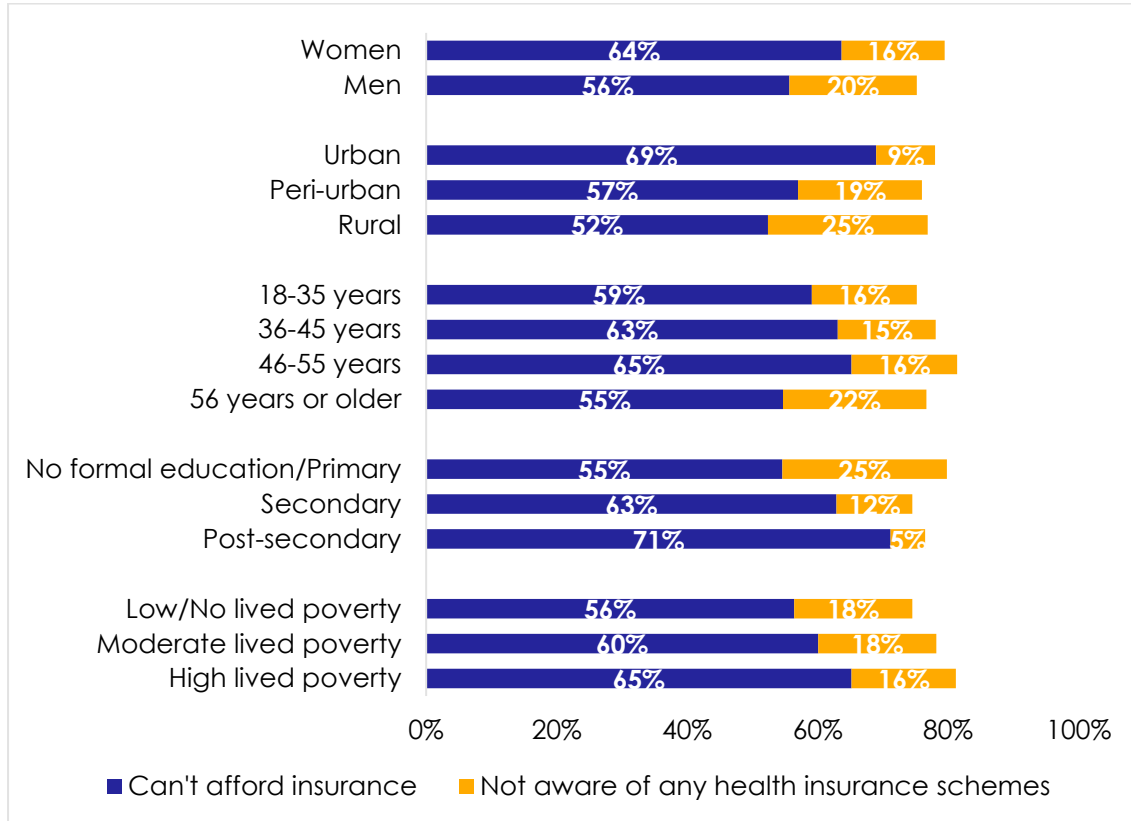
A lack of awareness of available health insurance schemes is most commonly cited as a barrier by rural residents (25%), seniors (22%), and respondents with primary schooling or less (25%).

Considering the scarcity of medical aid coverage in Lesotho, how confident are citizens that they can access health care when they need it?

When asked how worried they are that someone in their family will get sick and be unable to obtain or afford needed medical care, a majority (54%) say they worry "a lot," in addition to 11% who worry "somewhat" and 14% who worry "a little" (Figure 5). Only one in five (21%) say they don't worry at all about access to and affordability of medical care.

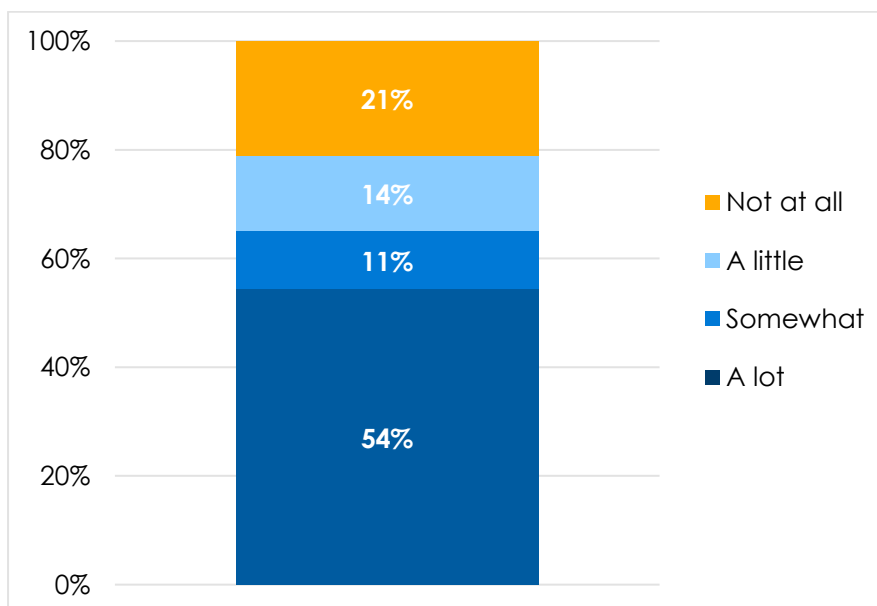
Key demographic groups differ little in their levels of anxiety about medical care; majorities in all groups say they worry "a lot" (Figure 6). But the poorest citizens express the highest levels of concern: Almost nine out of 10 (87%) say they worry at least "a little."

Figure 4: Reason for not having medical aid coverage | by demographic group
 | Lesotho | 2024



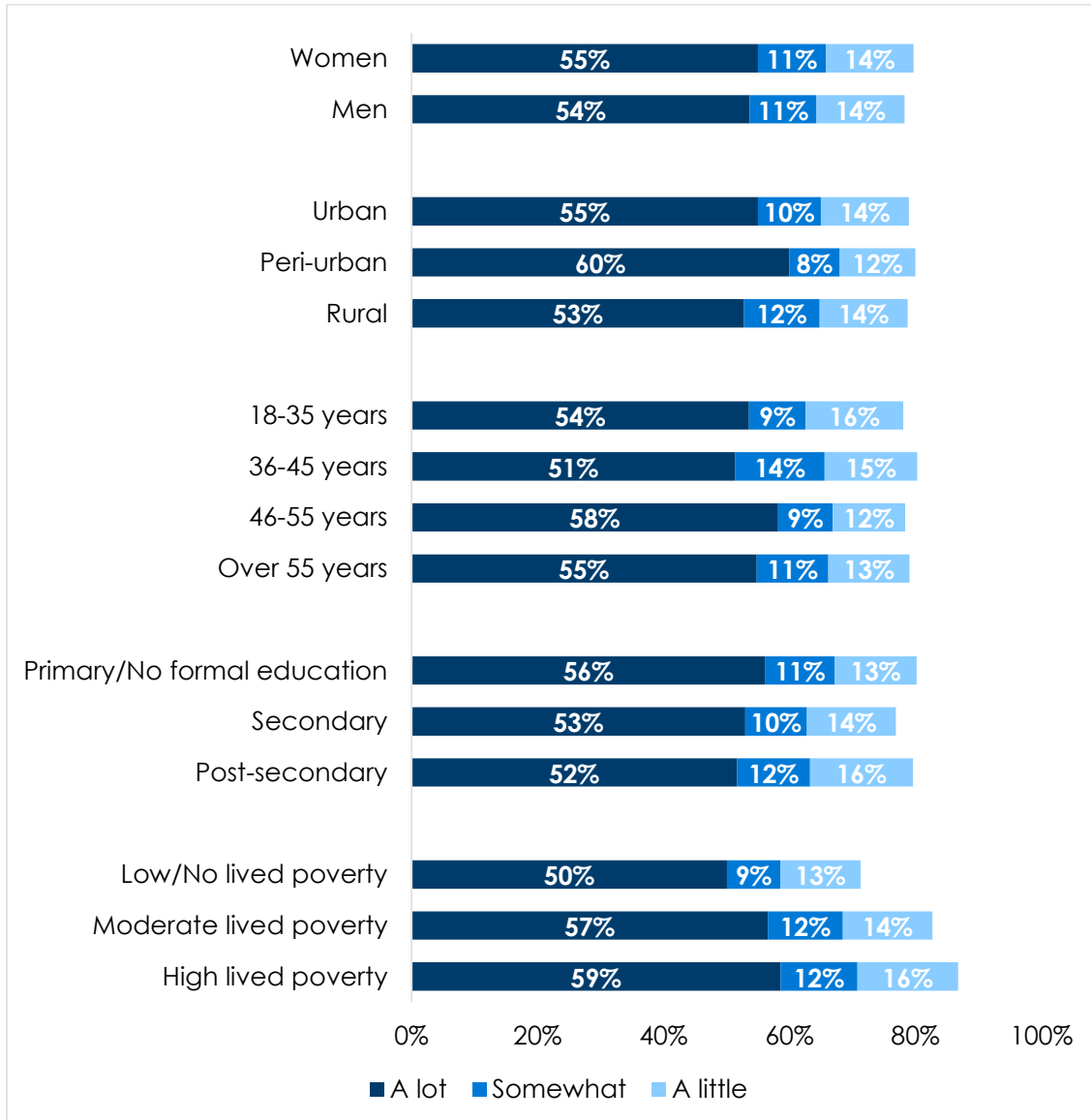
Respondents who do not have medical aid coverage were asked: What is the main reason you don't have medical aid coverage? (Respondents who have medical aid coverage are excluded.)

Figure 5: Worried about obtaining or affording medical care | Lesotho | 2024



Respondents were asked: How much do you personally worry that you or someone in your family will get sick and will be unable to obtain or afford needed medical care?

Figure 6: Worried about obtaining or affording medical care | by demographic group | Lesotho | 2024

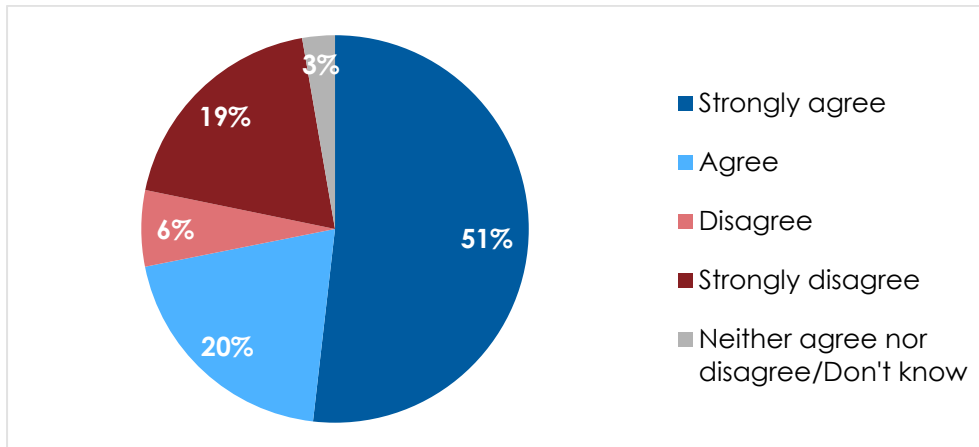


Respondents were asked: How much do you personally worry that you or someone in your family will get sick and will be unable to obtain or afford needed medical care?

Most Basotho (71%) see it as the government's responsibility to ensure that all citizens have access to adequate health care, even if that means raising taxes. Fully half (51%) "strongly agree" with this position (Figure 7). Only one-fourth (25%) disagree.

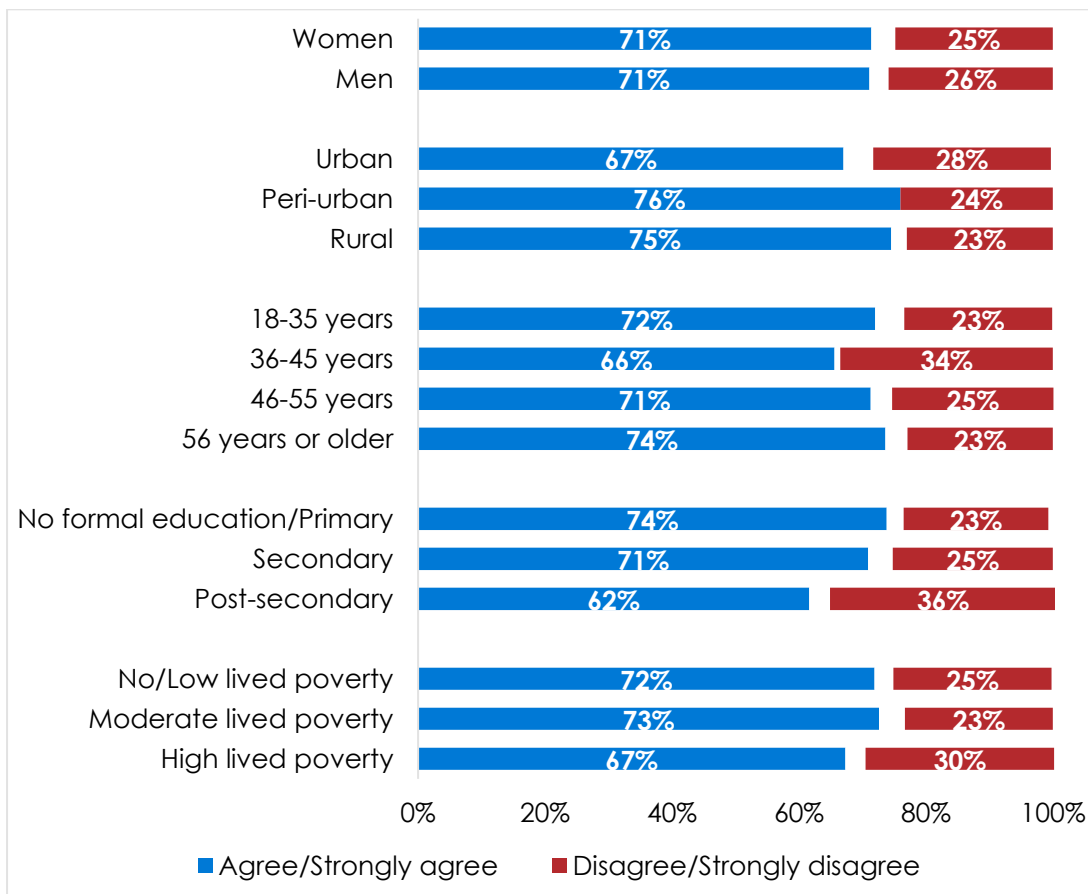
Women and men are equally strong in their support for this position, which is more popular in rural and peri-urban areas than in cities (75%-76% vs. 67%) (Figure 8). Citizens with post-secondary education are less likely to consider universal health care as a government responsibility (62%, vs. 71%-74% among those with less education), as are the poorest respondents (67%) compared to their better-off counterparts (72%-73%).

Figure 7: Should government ensure universal access to health care? | Lesotho | 2024



Respondents were asked: Please tell me whether you agree or disagree with the following statement: Government should ensure that all citizens have access to adequate health care, even if that means raising taxes?

Figure 8: Should government ensure universal access to health care? | by demographic group | Lesotho | 2024

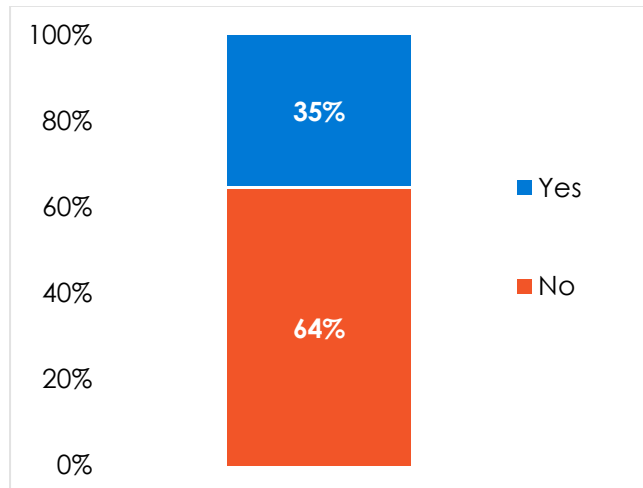


Respondents were asked: Please tell me whether you agree or disagree with the following statement: Government should ensure that all citizens have access to adequate health care, even if that means raising taxes?

Experience with the health care system

Afrobarometer survey enumerators found health clinics in or within walking distance of about one-third (35%) of the enumeration areas they visited, suggesting that a large majority of Basotho live in areas without a nearby public or private health care facility (Figure 9).²

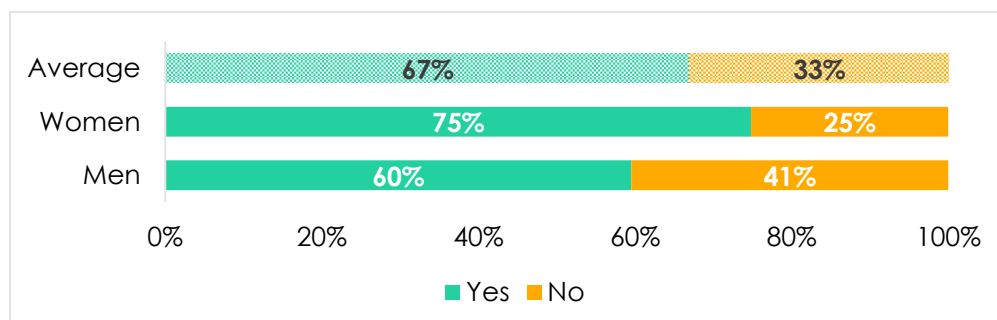
Figure 9: Presence of health clinic in or near enumeration area | Lesotho | 2024



Afrobarometer enumerators were asked: Are the following facilities present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)?

Two-thirds (67%) of respondents say they had contact with a public clinic or hospital during the previous 12 months. Contact with a public health facility was significantly more common among women than men (75% vs. 60%) (Figure 10).

Figure 10: Contact with a public clinic or hospital | by gender | Lesotho | 2024



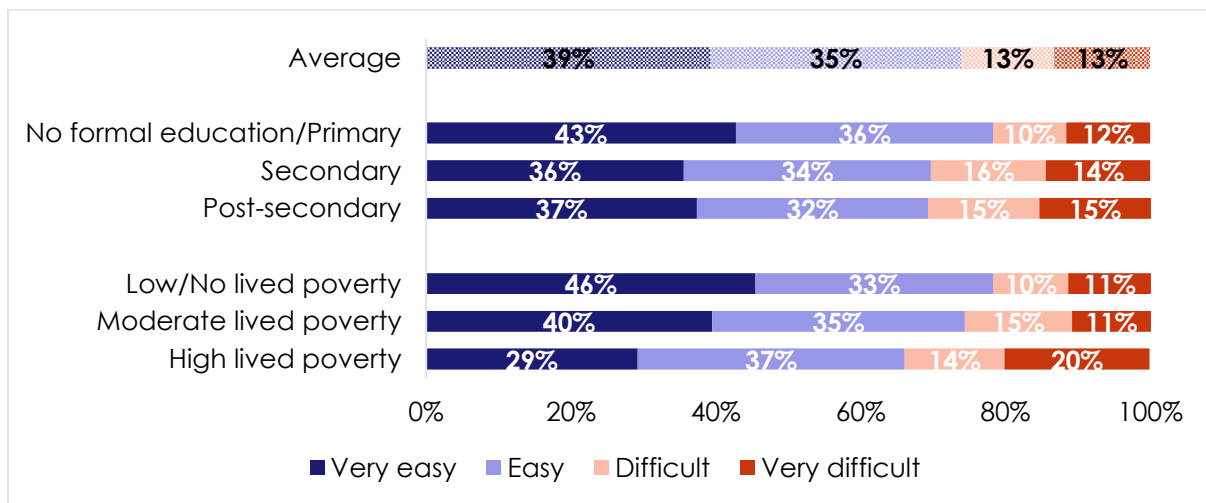
Respondents were asked: In the past 12 months, have you had contact with a public clinic or hospital?

² Afrobarometer samples are based on a selection of enumeration areas (EAs) drawn randomly from the national census frame. Eight interviews are conducted in each selected EA, so interview teams usually visit about 150 EAs (for surveys with n=1,200). In each EA, the team records the presence or absence of basic services (such as electricity supply) and infrastructure (such as schools). Because of the smaller sample sizes, the margin of error on the figure reported here for presence of an electric grid is higher than for findings captured in individual interviews.

Among those who had contact with a public hospital or health clinic, three-fourths (74%) say they found it easy to obtain the services they needed, including 39% who describe it as “very easy” (Figure 11).

Citizens with secondary or post-secondary education (69%-70%) are less likely to report that it was easy to get the health services they needed than those with primary schooling or less (78%). Obtaining health services appears to get easier as clients' economic status increases, ranging from 66% among the poorest to 78% among well-off respondents.

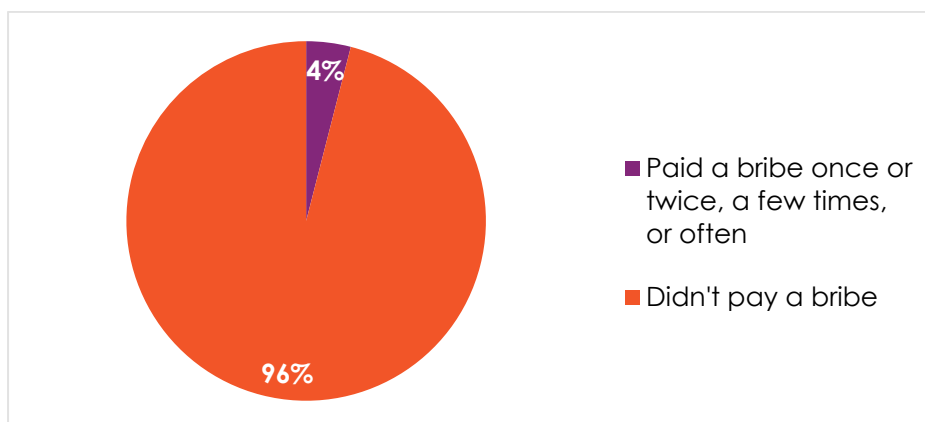
Figure 11: Ease of obtaining medical care | by education and lived poverty
 | Lesotho | 2024



Respondents who had contact with a public clinic or hospital were asked: How easy or difficult was it to obtain the medical care or services you needed? (Respondents who didn't have contact with a public clinic or hospital are excluded.)

One in 25 of respondents who had contact with a public health facility (4%) say they had to pay a bribe, give a gift, or do a favour for a staff member to obtain the care they needed (Figure 12).

Figure 12: Paid bribe to obtain health services | Lesotho | 2024

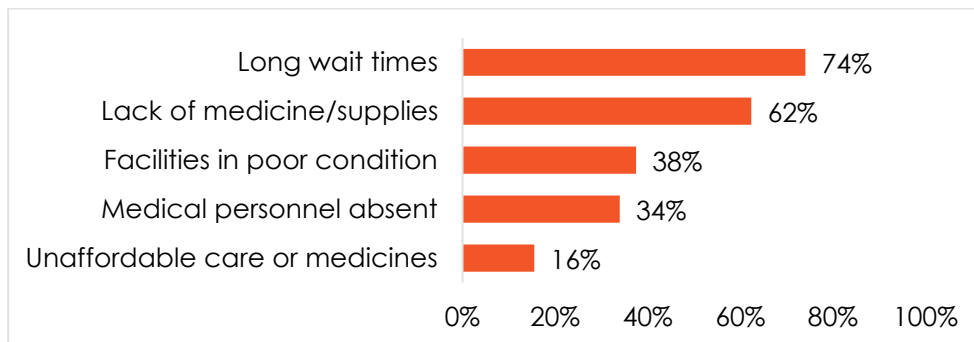


Respondents who had contact with a public clinic or hospital were asked: How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care or services you needed? (Respondents who didn't have contact with a public clinic or hospital are excluded.)

While relatively few citizens found it difficult to obtain services or had to pay a bribe, many encountered a variety of problems at the public clinic or hospital where they sought care during the previous year (Figure 13).

Three-fourths (74%) say they experienced long wait times, and 62% report a lack of medicines or medical supplies (62%). More than one-third say facilities were in poor condition (38%) and doctors or other medical staff were absent (34%). About one in six (16%) report that high costs prevented them from getting the medicines or care they needed.

Figure 13: Problems encountered at a public clinic or hospital | Lesotho | 2024



Respondents who had contact with a public clinic or hospital were asked: Have you encountered any of these problems with a public clinic or hospital during the past 12 months:

Lack of medicines or other supplies?

Absence of doctors or other medical personnel?

Long waiting time?

Poor condition of facilities?

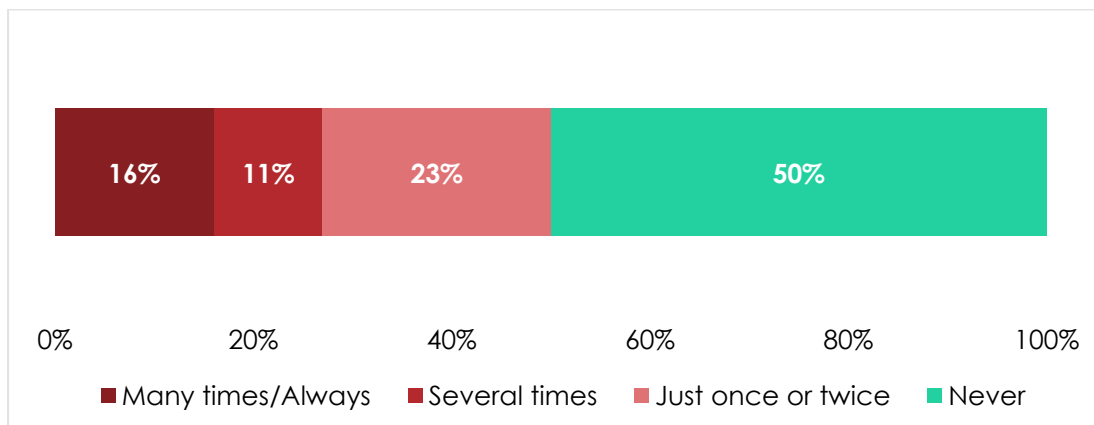
High cost that prevented you from getting the care or medicines you needed?

(Respondents who didn't have contact with a public clinic or hospital are excluded.)

Fully half (50%) of Basotho say they went without medicines or medical care at least once during the preceding year, including 16% who say this happened "many times" or "always" (Figure 14).

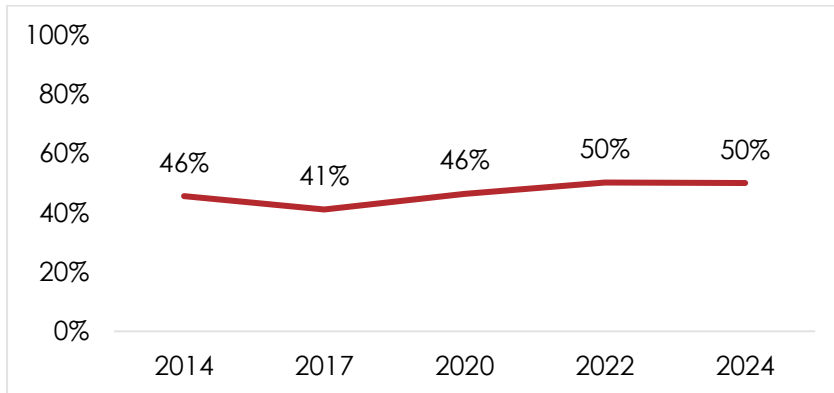
The share of citizens going without needed care has increased by 9 percentage points since dipping to 41% in 2017 (Figure 15).

Figure 14: Went without medicine or medical treatment | Lesotho | 2024



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Figure 15: Went without medicine or medical treatment | Lesotho | 2014-2024

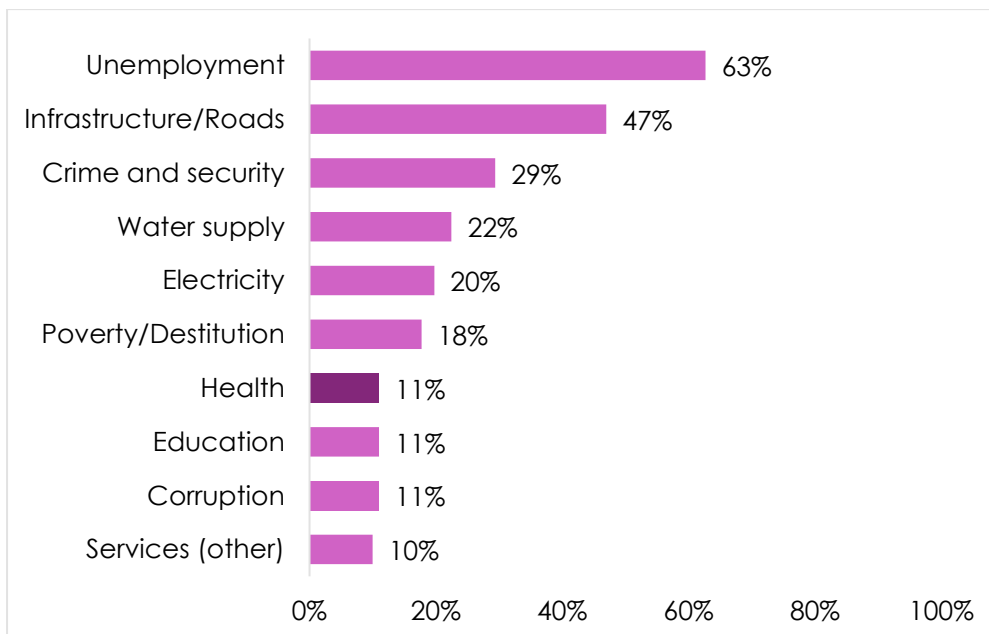


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment? (% who say "once or twice," "several times," "many times," or "always")

Government performance on health care

About one in 10 Basotho (11%) cite health as one of their three priorities that the government must address, placing it seventh on a citizens' agenda of most important problems (Figure 16). Health ranks well behind unemployment (63%) and infrastructure/roads (47%) and ties with education and corruption.

Figure 16: Most important problems | Lesotho | 2024

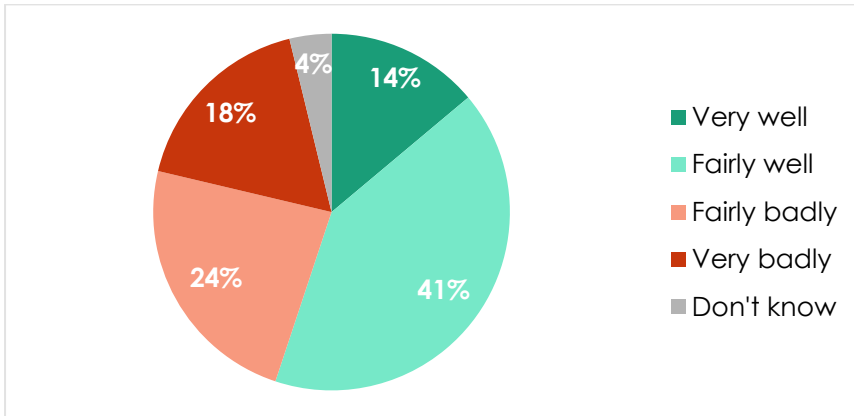


Respondents were asked: In your opinion, what are the most important problems facing this country that government should address? (Up to three responses per person. Figure shows the % of respondents who cite each problem among their three priorities.)

More than half (55%) of Basotho say the government is doing "fairly well" or "very well" on improving basic health services, but more than four in 10 (42%) disagree (Figure). 17

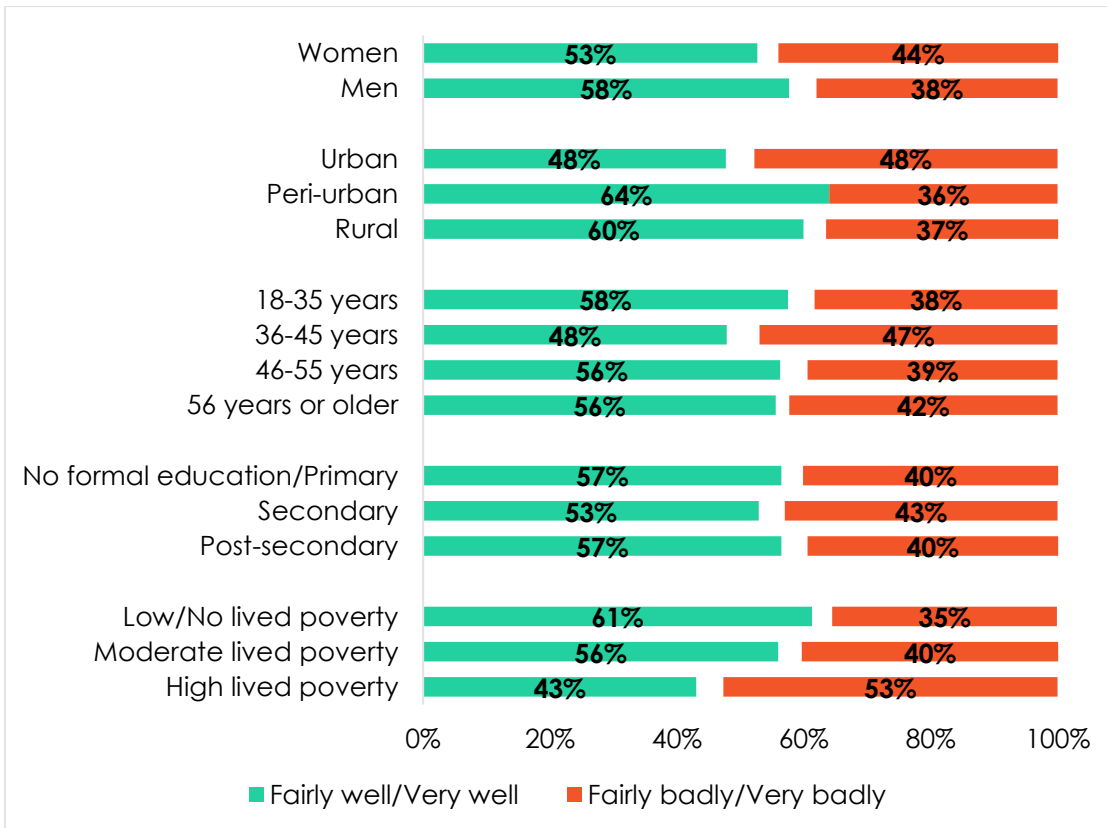
Men (58%) and residents in rural (60%) and peri-urban areas (64%) are more satisfied with the government's performance than women (53%) and urbanites (48%) (Figure 18). The poorest citizens are 18 percentage points less likely than the well-off to say the government is doing a good job on health (43% vs. 61%).

Figure 17: Government performance on improving basic health services | Lesotho | 2024



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

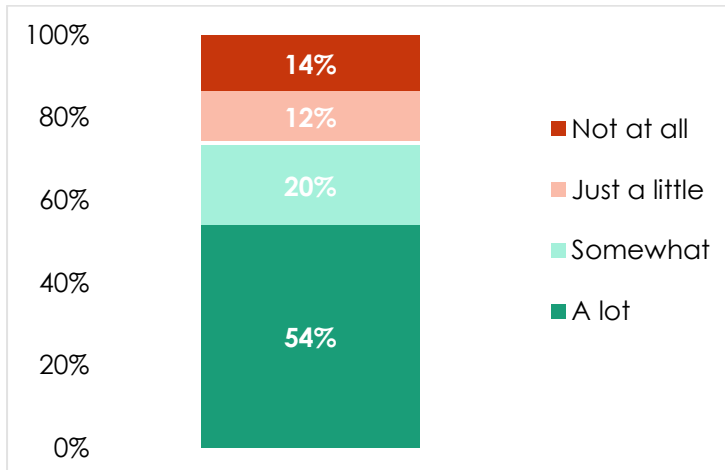
Figure 18: Government performance on improving basic health services | by demographic group | 2024



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Despite mixed reviews of its performance, the Lesotho government has a solid foundation of public trust to build on: Three-fourths (74%) of citizens say they trust the Ministry of Health at least “somewhat,” including more than half (54%) who trust the ministry “a lot” (Figure 19).

Figure 19: Public trust in the Ministry of Health | Lesotho | 2024



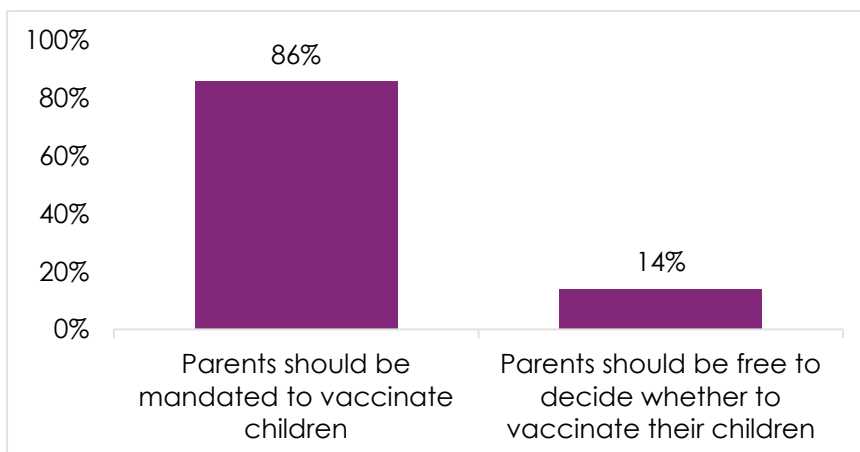
Respondents were asked: How much do you trust each of the following, or haven't you heard enough about them to say: Ministry of Health?

Mandatory vaccination for children

Afrobarometer also explored citizens' views on vaccination, a topic that generated considerable debate at the height of the COVID-19 pandemic.

In Lesotho, an overwhelming majority (86%) of respondents say that in order to protect children and the community, parents should be mandated to vaccinate their children against infectious diseases such as measles and polio (Figure 20). Only 14% instead think parents should be free to decide for themselves whether their children should be vaccinated or not.

Figure 20: Should parents be mandated to vaccinate children? | Lesotho | 2024



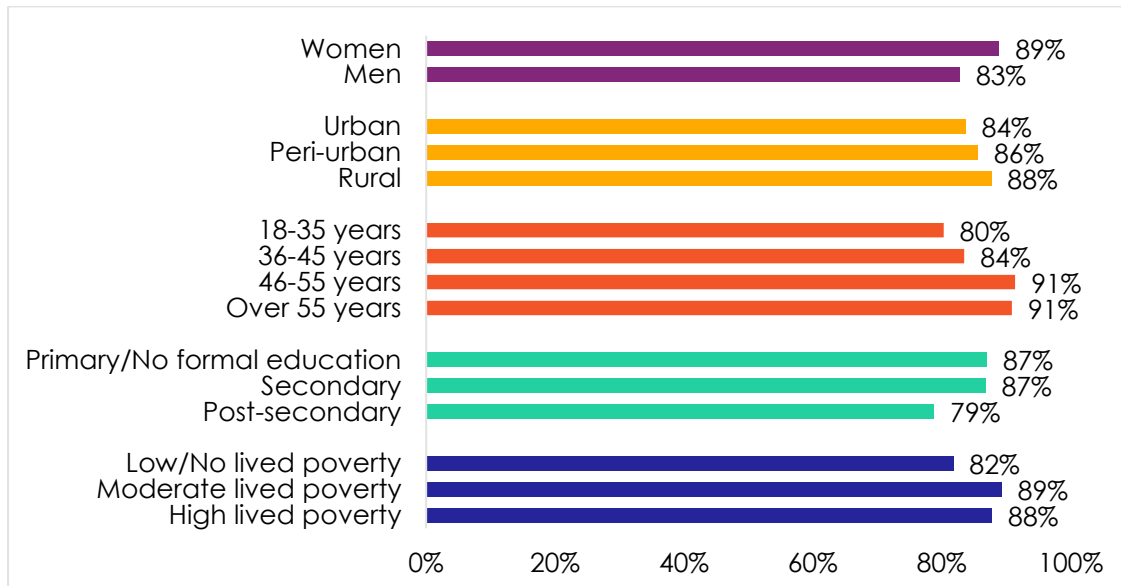
Respondents were asked: Which of the following statements is closest to your view?

Statement 1: In order to protect children and the community, parents should be required to have their children vaccinated against infectious diseases such as measles and polio.

Statement 2: Having your child vaccinated against infectious diseases is a parent's personal choice and should not be mandatory.

Women (89%) and rural residents (88%) are somewhat more committed to vaccination against infectious diseases than men (83%) and urbanites (84%) (Figure 21). Insistence on vaccinating children is somewhat weaker than average among the youngest respondents (80%), those with post-secondary education (79%), and economically well-off citizens (82%).

Figure 21: Parents should be mandated to vaccinate children | Lesotho | 2024



Respondents were asked: Which of the following statements is closest to your view?
 Statement 1: In order to protect children and the community, parents should be required to have their children vaccinated against infectious diseases such as measles and polio.
 Statement 2: Having your child vaccinated against infectious diseases is a parent's personal choice and should not be mandatory.
 (% who agree with Statement 1)

Conclusion

Afrobarometer survey findings reveal both strengths and areas in critical need of improvement in Lesotho's public health system.

On the positive side, citizens' responses indicate that health services are easy to obtain, that corruption levels are relatively low, and that majorities trust the Ministry of Health and commend the government's performance on improving basic health services.

Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at www.afrobarometer.org/online-data-analysis.

But medical aid coverage is extremely limited in Lesotho, half of families went without needed medical care last year, and most citizens say they worry about being unable to obtain or pay for medical treatment should they need it. A large majority say the government should ensure universal health care, even if it means that taxes will go up.

Citizens' personal experiences with public clinics also point to opportunities for progress, as many report encountering long wait times, inadequate medical supplies, facilities in poor condition, and absent medical personnel.

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Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, non-partisan research network. Regional coordination of national partners in about 35 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, and the Institute for Development Studies (IDS) at the University of Nairobi in Kenya. Michigan State University, the University of Cape Town, and the University of Malawi provide technical support to the network.

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