



## ESSAY

# AIDS POLICY IN LESOTHO

## *Implementation challenges*

---

FRANCIS K. MAKOA

### **Introduction**

HIV/AIDS, dubbed by some analysts as “a looming threat to security in Southern Africa,”<sup>1</sup> has been spreading at phenomenal rates in Lesotho since the first AIDS case was reported in 1986; twelve years later (1998) the number of infected adults stood at 101,000. At the end of 2001 this figure had risen by over 78% to 180,000, while children orphaned by the death of their AIDS-infected parents numbered 73,000.<sup>2</sup>

For an underdeveloped country with a population of just over two million, these statistics are a cause for alarm. There is therefore little doubt that the initial thrust of the HIV/AIDS prevention policy has to be directed at building the necessary capacity to prevent the spread of the disease. However, this is a formidable challenge for a country with neither a meaningful national economy nor a sound revenue base. This is the quandary that stares Lesotho policy makers in the face. Yet they have come up with a policy and “all policy decisions are to some extent predicated upon considerations about implementation”.<sup>3</sup>

This paper explores Lesotho’s policy response to the HIV/AIDS pandemic, looking at the capacity that the country has for meeting the challenges posed by the disease.

### **Conceptual framework**

The success of any public policy or national development plan rests on the capacity to implement it; namely, the availability of resources that enable the delivery of stated commitments. Writers on development planning and public policy implementation therefore place emphasis on capacity building as a condition for success. They note, however, that capacity building is not a narrow undertaking or endeavour but rather a broad and encompassing project. For example, in his analysis of the role of science and technology in Africa, Jugessur states that the concept “incorporates the building of human, institutional, infrastructure, legal and financial capacities”.<sup>4</sup>

Nyiira – in his analysis of Uganda’s experience with the use of science and technology – offers a similar definition, stressing the role of capacity building in economic development and growth. He argues that apart from being dependent on science and technology, economic growth “will be the result of a confluence of the two as well as adequate management institutions and the proper economic and social environment”.<sup>5</sup> It is clear that this calls not only for new investment and expenditure but also for attitudinal and institutional change, re-focusing and re-orienting the existing institutions and organisations, as

well as the creation of a climate conducive to the performance of the required tasks.

In fact, the concept of capacity building connotes a range of activities, depending on its use. As Eade states:

Most would place capacity-building somewhere on a spectrum ranging from helping people to helping themselves, at a personal, local or national level, to strengthening civil society organisations in order to foster democratisation, and building strong, effective and accountable institutions of government.<sup>6</sup>

Eade adds, however, that for Oxfam “capacity-building is an approach to development rather than a set of discrete or packaged interventions”.<sup>7</sup>

As an approach to or an aspect of development, capacity building therefore calls for a consideration of alternatives or – borrowing from one renowned public policy analyst – making “another policy decision”, and developing appropriate political strategies since “policy making is about politics”.<sup>8</sup> After all, the reality of policies “lies in their implementation, when the intentions of the policy-maker are put to test”.<sup>9</sup> Yet one of the key issues is correct policy choice as “effective public policies are dependent upon their appropriateness and the way in which they are implemented”.<sup>10</sup> Policy making alone – or as some analysts would put it, “choosing among alternatives, exploring options and deciding the appropriate course of action”<sup>11</sup> – is not enough. Building the capacity to implement the policy is equally important.

Our view or definition of capacity building in this paper is not different from the above. We add though that capacity in relation to Lesotho should be assessed in terms of the strength of the national economy, the availability of manpower and the appropriateness of the infrastructure. Our argument is that the government will be able to implement its ambitious anti-HIV/AIDS policy only if it has the necessary capacity and that if this is lacking or weak, it must be built. Countries that have been able to control HIV/AIDS infection rates owe their success to the capacity they have built or developed as part of the strategy to combat the spread of the disease.

Africa’s examples include Uganda, which has slowed or reduced HIV/AIDS infection rates among its population.

### **Government response**

Lesotho is among the three worst affected Southern African countries, its infection rate surpassed only by that of Botswana and Zimbabwe. The nation-wide infection rate in Lesotho at the end of 2001 was 31%, while HIV/AIDS-related deaths since 1986 have totalled 25,000.<sup>12</sup> Worried by this development, the Lesotho government announced in 2000 its anti-HIV/AIDS policy and the strategies for implementing it. These are embodied in an official document entitled ‘Government of Lesotho national AIDS strategic plan 2000/2001 – 2003/2004’. Its thrust includes creating “an enabling environment for the effective response to” the epidemic,<sup>13</sup> this being one of the activities involved in its efforts at building the capacity that will strengthen its ability to meet the challenge posed by the pandemic. However, if one looks at the characteristics of Lesotho’s economy (features of which are highlighted in the next section), the policy would seem to be destined to remain a declaration of intent that may never eventually translate into a programme. Indeed, foreign aid and the proper use of it will be critical resources in the country’s anti-HIV/AIDS campaign. Although external debt amounts to about 65% of Lesotho’s gross domestic product (GDP), Lesotho will probably have little or no problem in securing foreign financial assistance. According to the 2002 Fitch-Ratings Report, Lesotho is credit-worthy with an “excellent external debt-service record” and a substantial amount of international reserves.<sup>14</sup> That said, the nature of the country’s economy cannot be discounted as unimportant in this debate.

### **Lesotho’s economy**

One of the distinctive features of Lesotho’s economy is its huge informal sector that exists alongside a small, but predominantly commercial, modern sector. This means that a large section of Lesotho’s economically active

population contribute little or nothing to state revenue. The country's seemingly satisfactory performance rating – measured by the familiar socio-economic indicators such as gross national product (GNP), GDP and life expectancy at birth – bear little relationship to the size of the country's formal sector and its output. Lesotho's per capita GNP and GDP are among the highest in sub-Saharan Africa, amounting to US\$570 and US\$486 respectively in 1998.<sup>15</sup> Likewise, Lesotho's relatively high life expectancy at birth of 55.2 years (1998)<sup>16</sup> probably suggests that there is money, food and medical care in the country, rather than that it has a significant productive economy. The majority of its population ekes out a living from informal activities such as subsistence agriculture, street vending, brewing and sale of beer. But these yield no revenue for the government, nor are they reliable sources of livelihood for those engaged in them. The state's principal revenue sources are customs union revenue and foreign aid, together constituting over half the country's annual budget. The official development assistance (ODA) to Lesotho, worth US\$66.2 million in 1998,<sup>17</sup> was among the highest grants given to aid-dependent sub-Saharan African countries. Domestic formal employment provided only 51,691 jobs in 1998;<sup>18</sup> 6% of the number required to absorb the labour force estimated at 702,072 in 1997.<sup>19</sup> Lesotho's unemployment rate was already as high as 40% in 1994.<sup>20</sup>

With ever-increasing unemployment levels the Lesotho informal sector has gained importance as an 'exit strategy' for jobless people. For the majority of 'unemployable' people, this sector is an important haven. It constitutes social security for those without a regular cash income since unemployment and disability insurance is virtually non-existent in Lesotho. Although it is not an escape from poverty, the informal sector is increasingly an indispensable source of income for the majority of the Basotho people. But, as noted earlier, lying beyond the purview of the official tax regime, the sector provides neither an escape from poverty nor revenue that might augment state budget requirements for fighting HIV/AIDS.

In 1997 108,808 Lesotho citizens, or about 15.5% of Lesotho's labour force, were working in South African mines.<sup>21</sup> Just two years later in 1999 that number had dropped by more than 50% to 52,436.<sup>22</sup> Lesotho's exports in 1998 were worth just M906.1 million compared with imports valued at M3467.7 million, the resulting trade deficit being M2561.6 million.<sup>23</sup> This deficit, amounting to nearly three times (or more than 282.7%) the value of exports, is financed largely through migrant earnings. These earnings – which are accessible to only a small percentage of households – have, however, led to a skewed income distribution. Official estimates suggest that 60% of Lesotho's rural households have no migrant worker;<sup>24</sup> yet this is an elusive policy issue since Lesotho has neither influence nor control over migrant earnings and access to mining jobs in South Africa. Consequently, there is hardly any reciprocal obligation between a Lesotho migrant worker and his national government. Not tied to the government via employment and the national tax system, migrant workers are independent agents in relation to their country or, borrowing Hyden's concept, they are an 'uncaptured' group.<sup>25</sup>

Lesotho has accumulated a mountain of debt which is likely to slow capacity building efforts that it may want to step up. The national debt amounted to US\$659.8 million or just over 51% of the country's GNP in 1998, while servicing it costs about 6.4% of GNP annually.<sup>26</sup> While Fitch-Ratings does not see this as a serious problem, it could well be a factor in the negative growth of domestic savings. According to the UN Human Development Report, 2000, the gap in domestic savings in Lesotho expressed in percentage terms equalled 42.7% of the country's GNP in 1998. This implies a liquidity problem for the enclave kingdom and a diminished ability to accumulate development capital. The corollary is chronic dependence on aid and increased external borrowing. In 1998 tax revenue amounted to just US\$188 million, or 38.7% of the GDP.<sup>27</sup> ODA to Lesotho totalled just US\$41.5 million or 4.6% of GDP, while direct investment flows amounted to 13.1% of GDP.<sup>28</sup>

Lesotho's weak tax base means that the government can only increase its revenue – and hence its capacity to respond to the challenges of HIV/AIDS and other social catastrophes – by tapping into international sources such as the International Monetary Fund, the World Bank and the African Development Bank. Arguably, this deepens its dependency and further undermines its bargaining power. The corollary of such dependency is an upward spiral in indebtedness. Apart from the above, Lesotho's economy is acutely disarticulated with weak or no intersectoral dependence and linkages. Growth in certain sectors therefore barely triggers similar developments in others. The government's economic restructuring programme, which entails the privatisation of public enterprises, is likely to worsen the situation as foreign private capital – the supposed instrument of this new development policy – uses imported inputs.

### **The social and political context**

The social and political environment should ease rather than complicate the implementation of the AIDS policy. For example, the adult literacy rate in Lesotho is high, estimated at 82.4% in 1998. The rate was even higher (89.9%) among the youth; that is, those aged between 15 and 24 years.<sup>29</sup> In addition, the proportion of the population owning radios is reasonably high, meaning that disseminating information connected with the disease and policy measures taken might not be a serious problem. According to the 1996 National Census, 57.8% of households in Lesotho possess a radio.<sup>30</sup> Also an advantage is the high level of institutionalisation and social mobilisation in the country. Lesotho has state, political, religious and social institutions that variously mobilise communities. Apart from the state itself, the most influential are the traditional leaders or chiefs, political parties, churches, youth groups, women's leagues, trade unions, employers' associations, burial societies and business associations. These are important capacity building blocks in relation to disseminating information and educating people about HIV/AIDS. The churches in

particular preach moral righteousness with the promise of eternal life if people do not engage in extramarital sexual relationships. To this extent the churches may be useful in stemming promiscuity, another factor underlying the spread of the disease. The rest could be tasked with educating the people.

Chiefs, churches and political parties have a long history in Lesotho of working with and mobilising ideologically divergent and socially disparate communities for various activities, missions and tasks. Their importance lies in the smoothing of communication and the mediation of social conflict. Basotho chiefs arbitrate in disputes in their respective administrative areas. However, an important caveat is that institutionalisation and social mobilisation guarantee neither political consensus nor social harmony. Indeed, Huntington has argued, perhaps correctly, that under certain conditions institutionalisation and social mobilisation become polarising factors, engendering or deepening conflict by increasing social aspirations while being unable to satisfy them.<sup>31</sup>

Lesotho's experience appears to lend support to the above hypothesis. The main driving forces behind the recurrent and seemingly unabating political conflict in Lesotho have been the national political parties. In fact, the Lesotho people are polarised between two rival political parties: the ruling Lesotho Congress for Democracy (LCD) and the Basotho National Party (BNP). Up to now there is no indication that these two political parties can work together. All will therefore depend on the political will on the part of the government and political parties to work together. Securing co-operation of the opposition political parties in its anti-HIV/AIDS campaign is thus one of the challenges facing the Lesotho government.

Unfortunately, Lesotho's opposition political parties and the majority of autonomous groups are not only marginalised by the government but are also excluded from participation in government-sponsored activities. Since independence the ruling parties have excluded their opponents from partaking in the running of the country. Public policy-making and implementation in Lesotho are therefore

invariably exclusive spheres and the responsibilities of the government. On their part, opposition political parties are resigned to the situation, only reacting when necessary to the vicissitudes of state action and/or policies. Formal inter-party interaction is also rare in Lesotho.<sup>32</sup> In summary, political developments in Lesotho boxed and sealed the Basotho nation into non-interactive and mutually antagonistic political blocs. This is a hurdle that would have to be overcome if the campaign is to succeed. However, this should not be misconstrued as an argument that Lesotho's opposition political parties are opposed to the policy. In fact, they are equally frightened of the disease's toll on the population and would like to see an end to it.

### **Mode of implementing the policy**

As indicated earlier, the Lesotho government's HIV/AIDS prevention policy is to be implemented through a multisectoral strategy involving a strategic plan straddling a three-year period between 2000 and 2004. The strategy draws several varied sectors and organisations into the government-led campaign against the spread of the disease. Notwithstanding the fact that the criteria for selecting the participants in the programme is not clearly spelt out, the proposed multisectoral structure includes a wide spectrum of groups or categories of people defined as having a stake in the project. These are listed in the strategic plan as the UN Theme Group, bilateral agencies, traditional healers, community organised resource persons (Corps), women, men, and youth groups, council of men, churches, professional groups/associations, the business community, parent associations and non-governmental organisations (NGOs).

The plan targets, in particular, certain categories of people that it dubs 'target groups'. These groups are children, youth, women, elderly women, orphans, people living with HIV/AIDS, people who have not been tested, men, traditional healers, church leaders, homosexuals, drug abusers, migrant labourers, long-distance truck drivers, expectant and breast-feeding mothers, the elderly, street chil-

dren, care takers and the security forces. The third category is what is termed 'the most vulnerable groups', namely children, youth, women of reproductive age, commercial sex workers, domestic workers, men, herdboys, disempowered people and orphans. These are, using the UN Programme on HIV/AIDS (UNPAIDS) concept, 'partners' without whose involvement the required collaboration cannot be achieved.<sup>33</sup> There is, of course, a noticeable overlap among membership of the groups, but this does not detract from the objectives of the strategy, namely:

- active involvement in and contribution by all to the scheme; and
- functional diversity (i.e. utilising varied preventive activities) among participants in the programme.

Lesotho's political parties are, however, excluded from both the partnership and the National AIDS Committee (NAC). The latter is composed exclusively of government ministers, and excludes the groups listed above as stakeholders. This is clearly not in keeping with the multisectoralism that is supposed to be the linchpin of the strategy. Without participation by all population groups, the project becomes a ruling party edifice unlikely to be supported by a successor regime.

Political parties are among the most potent social forces in Lesotho and their influence, and indeed their grip, on the nation and their capacity to mobilise people are now widely acknowledged. Spurts of political violence experienced by Lesotho since the early 1960s have occurred neither as accidents nor as spontaneous episodes. They have resulted from party co-ordinated political mobilisation, coming as an organised challenge against policy decisions and government actions. The government can thus ill afford to deny them effective participation in the campaign. Many development projects in Lesotho failed in the past because they excluded rival political parties. The challenge of the HIV/AIDS pandemic therefore includes securing total national support for the policy. This calls for a change in government attitude towards the opposition, transforming old political party rivalries into inter-party collaboration and partnership.

## Infrastructure

Looking at Lesotho's economy alone – particularly domestic production, exports and employment levels – one might conclude that the country lacks the capacity to implement its HIV/AIDS prevention policy. It is, however, possible to argue differently; that is, that foreign assistance would contribute significantly to the building of required capacity. Continued access to foreign aid should therefore remain a priority for Lesotho. But aid donors would have to be convinced that their donations are used to fight the disease.

There seems to be some willingness on the part of the donor community to support the Lesotho government's efforts. Understandably, there are already pledges of assistance in the form of budgetary support. The total amount of aid pledged by international donors for the plan period is said to amount to US\$142,238,678. Part of the money has reportedly been received already by the government and is financing the launch of the campaign. This will cover the cost of testing people, mobilising the nation, institution building, information dissemination, basic health education and the establishment of networks. It will also be used to support the infected and uninfected, and to combat sexually transmitted diseases. The assistance is pledged for the entire strategic plan period of five years. Moreover, according to the Director of the AIDS Education Unit of the Ministry of Health, on its part, the Government of Lesotho has the basic required infrastructure.<sup>34</sup> This includes a health care system with a countrywide network of health service centres, primary health care, laboratory services, nursing, mental health care services, pharmacy and social welfare services.

There are nine government hospitals which operate around the clock and are situated in the country's nine district administrative towns. In addition, the Lesotho government health service system has 36 health centres spread around the country. Apart from these, there are eight private hospitals owned and run by the Christian Council of Lesotho. The council has 101 health centres situated throughout the country.<sup>35</sup> These facilities are

not just curative centres but diagnosing, monitoring, screening and counselling places, and are therefore valuable information bureaus. If managed efficiently these health centres could play a positive role in policy implementation.

Indeed, the director of the HIV/AIDS Education Unit of the Lesotho Ministry of Health indicated that money is not a problem. What was needed, however, was to speed up certain processes such as the recruitment of technical staff and train-the-trainer programmes, including the expansion of testing and surveillance facilities. In addition, there is a need to strengthen the co-ordination of activities among the myriad sectors involved in policy implementation.

The strategic plan is, however, fraught with some inadequacies. These include the exclusion of political parties and chiefs despite their influence over the Basotho nation. It also does not fully address the needs of HIV/AIDS sufferers, even though these are supposedly among the targeted beneficiaries. Being preventative rather than curative, the plan provides no life-prolonging retroviral drugs to HIV/AIDS patients. It also does not provide anti-HIV/AIDS drugs to pregnant women to prevent mother-to-child transmission nor does it equip them and their fellow sufferers to overcome their suffering. This aspect is admittedly unaffordable for a country like Lesotho, but it may nevertheless alienate sufferers. This is more likely because of the changing approach to the HIV/AIDS problem in neighbouring South Africa where the government in that country has yielded to popular pressure for the provision of retroviral drugs for the HIV/AIDS positive pregnant mothers.

## Conclusions

The paper set out to explore Lesotho's HIV/AIDS prevention policy, questioning whether the country has the capacity to implement this policy. It did this by situating the inquiry within the broad context and parameters of the prevention policy – the nature and characteristics of Lesotho's economy, aid flow and infrastructure – since these will be either constraints or resources. While no definitive conclusion can be derived from the analysis,

two important issues come to light. First, that the inquiry about implementing capacity should not be directed solely at these variables. Rather it should also be directed at and should scrutinise the implementing plan as a possible aspect of capacity and capacity building. The focus should be on the extent to which this facilitates or impedes the involvement of forces critical to the success of the plan or strategy. Second, the debate should not centre only on whether Lesotho has the capacity to implement such a policy, as it does not, but rather on whether it can attract external support and whether it can manage this properly. It must be asked whether there is sufficient political will to act on the part of both the rulers and other stakeholders in the country.

That said, Lesotho has begun implementing its anti-HIV/AIDS policy. Its infrastructure, people and the pledged foreign aid have facilitated this action. Thus, although policy implementation may face some hurdles Lesotho will be able to respond to the challenges of its HIV/AIDS crisis if foreign aid pledges are fulfilled and if the project is properly managed. The success and sustainability of the plan is, however, still a matter for conjecture.

## Notes

- 1 L Heineken, Living in terror: The looming threat to Southern Africa, *African Security Review* 10(4), 2001, p 7.
- 2 Government of Lesotho, National AIDS strategic plan 2000/2001 – 2002/2003: A rolling plan for the national response to the HIV/AIDS epidemic in Lesotho, Maseru, p 4.
- 3 J Greenwood & D Wilson, *Public Administration in Britain*, Unwin Hyman, London, 1990, p 3.
- 4 S Jugessur, Capacity-building for science and technology in Africa, in *Science in Africa: The challenges of capacity-building*, American Association for the Advancement of Science, Washington DC, 1994, p 13.
- 5 SM Nyiira, Science in Africa: The challenges of capacity-building, in *Science in Africa: The challenges of capacity-building*, American Association for the Advancement of Science, Washington DC, 1994, p 34.
- 6 D Eade, *Capacity-building: An approach to people-centred development*, Oxfam, Oxford, 1997, p 2.
- 7 Ibid, p 3.
- 8 SX Hanekom, *Public policy: Framework and instrument for Action*, Southern Book Publishers, Halfway House, 1994, p 3.
- 9 Executive Director of the Lesotho AIDS Programme Co-ordinating Authority (LAPCA), cited in *Public Eye*, 2–8 August, 2002, p 2.
- 10 Lesotho National AIDS Strategic Plan, Ibid, p 3.
- 11 M Carley, *Rational techniques of policy analysis*, Gower Publishing Company Limited, Hampshire, 1987, p 21.
- 13 Ibid, p 4.
- 14 Fitch-Ratings, *Sovereign Report: Lesotho 2002*, London, pp 2–5.
- 15 F Cloete & H Wissink (eds), *Improving public policy*, van Schaik Publishers, Hatfield, 2000, p 27.
- 16 United Nations Human Development Report 2000, Oxford University Press, Oxford, 2000, pp 159–163.
- 17 Ibid, p 180.
- 18 Bureau of Statistics Lesotho, Statistical Report No. 25, 2001, Maseru, September 2001, p 14.
- 19 Ibid, p 3.
- 20 FK Makoa, Debates about Lesotho's incorporation into the Republic of South Africa, *Africa Insight*, 26(2), 1996, p 352.
- 21 The Employment Bureau of South Africa (TEBA) Limited Statistics, 1994.
- 22 Bureau of Statistics in Lesotho, Foreign trade statistics, Maseru, 1999, p 13.
- 23 Ibid, pp 2–8.
- 24 G Hyden, African social structures and economic development, in RJ Berg & JS Whitaker (eds) *Strategies for African Development*, University of California Press, Berkeley/London/Los Angeles, 1986, p 55.
- 25 United Nations Human Development Report 2000, op cit, p 136.
- 26 FK Makoa, Globalisation and democracy with reference to eastern and southern Africa, *Journal of Social Development in Africa* 16(1), January 2001, p 131.
- 27 United Nations Development Programme Human Development Report 2000, op cit, p 136.
- 28 Ibid, p 196.
- 29 UNDP Human Development Report 2002, *Deepening democracy in a fragmented world*, Oxford University Press, p 205.
- 30 See, for example, S P Huntington, *Political order in changing societies*, Yale University Press, Cambridge, Massachusetts, 1968, p 49.
- 31 Bureau of Statistics, 1996 Population census analytical report, Maseru, p 2.
- 32 FK Makoa et al, Voters and the politics of elections in Lesotho: Explaining voting behaviour in the 1998 general election, *Occasional Paper Series* 4(2), 2000, p 8.
- 33 United Nations Programme on HIV/AIDS: Promoting excellence in training, the regional network (RATN), UNAIDS case study, Geneva, June 2001, p 27.
- 34 Interview with N Mabitle, Director of AIDS Education Unit, Ministry of Health, Maseru, 31 December, 2001.
- 35 Telephonic interview with Christian Council of Lesotho General Secretary, 10 September 2002.