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Exploring the fast COVID-19 pandemic of Lesotho

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Introduction

COVID-19, the greatest global health threat of our time, has strained health care systems of many continents across the globe including Africa (4, 10). The Kingdom of Lesotho, home to 2.18 million people and completely bounded by South Africa, started to take stringent measures even before the pandemic reached the country. The government of Lesotho declared a state of emergency in the country on 18 March 2020, followed by suspending all its educational institutions, imposing restriction on public gatherings, and finally closing its borders on 30 March 2020. On 13 May 2020, results received from 81 travelers coming from South Africa and Saudi Arabia reported on one positive case imported from the Middle East. This was Lesotho's first confirmed case, making it the last country in Africa to report its first case (9) . After that, a second case was also confirmed shortly after within a few days on 22 May 2020. In the month of June 2020, an additional 10 cases were confirmed from travelers coming from Cape Town, South Africa and Zimbabwe. Inevitably, the first death due to the coronavirus was reported in the month of July 2020 (7). The number of daily confirmed cases has since then continued to rise all through 2020 to reach a total of 1,097 cases by the end of the year.

In the current second wave, the highest cases are being reported in Maseru, the capital where most of the people live, followed by Leribe and Qacha's Nek districts consecutively (6). The positivity rate has increased above 5%, and the possibility of getting infected has risen to 46.4% (12). The country has also been labelled Level 4 (Highest Level) by the Centers for Disease Control and Prevention (CDC) with a high risk of COVID-19 infection (2). By the end of the first month of 2021, Lesotho witnessed an abrupt increase in COVID-19 cases bringing the tally up to 8,610, 169% increase since 1 January 2021. This sudden increase in numbers is assumed to have been the result of festive celebrations and travels across the border and hence, the government issued a 12-hour curfew as of 12 January 2021 and banned all international, national and domestic flights to and from the kingdom on 14 January 2021 in an attempt to reduce community transmission. The government has re-imposed safety

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measures for restaurants and public gatherings and officially announced on 7 January 2021 to receive the COVID-19 vaccine by April 2021 (8, 12).

Lesotho has had approximately 4,186 cases and 83 deaths per 1 million of the population, which are relatively high numbers exceeding many other African countries. This article aims to provide a critical commentary on the factors that may have caused the pandemic to go out of control in a country which has already been tackling a multitude of health, economic, and social issues prior to the outbreak.

Lesotho has a poor infrastructure of medical facilities as current expenditure on the medical field is only at 8%. The country also suffers from a big shortage of healthcare workers; about 60% of nursing positions are vacant and the physician density is estimated to be only 0.7 physicians per 10,000 population (6). This number is very low as the WHO's Global Health Workforce Alliance states that 22.8 skilled health care workers per 10,000 population are required to perform all the essential health interventions (3). Many doctors and health practitioners travel and continue their profession abroad to the United States of America or Saudi Arabia, leaving the healthcare system in Lesotho largely unmanned, making it harder for the medical field to efficiently address the virus and forcing healthcare workers to resort to longer shifts and heavier workload in order to combat the pandemic. In addition, the healthcare workers have experienced a great deal of stress in the process as a result of the social stigma and discrimination on top of the fear of contracting the disease. This, in turn, reduced their performance level in an already fragile healthcare system (5).

One of the major systems applied to help combat the COVID pandemic in China was the concept of volunteerism where ordinary people helped out by providing basic services such as transporting healthcare workers to and from their hospitals and by delivering food to them which was being provided for free from volunteering restaurants. A similar system was adapted by Lesotho but was found unsafe by the general public due to the lack of suitable personal protective equipment (PPE) to help protect the volunteers (11). Eventually on 15 May 2020, Peace Corps Director announced the suspension of all volunteer activities globally due to the COVID-19 related risks of transmission.

By September 2020, there were mainly two hospitals in Lesotho dealing with any COVID-19 related cases, and COVID-19 testing was not available in any laboratory before 5 June 2020, effectively hindering all attempts to control the outbreak. By 1 January 2021, the government stated that a cumulative of only 33,000 tests were performed (12). Thus, the "Lesotho COVID-19 Emergency Preparedness and Response Project" was then initiated by the World Bank and the Lesotho government as an aid to help detect and prevent COVID-19 infection and transmission. Screening measures were increased at the borders, and the government tried to prepare hotels and guest houses for quarantine measures to people traveling from other countries for 14 days.

Lesotho's population is especially vulnerable to COVID-19 due to the prevalence of several co-morbidities with the most common ones being Human Immunodeficiency Virus (HIV) and Tuberculosis. Lesotho has the second highest prevalence of HIV in the world with an estimated 22.8% of the adult population being HIV positive, leading to a high incidence of HIV related tuberculosis with 403 cases per 100,000 of the population (13). This is considered to be a major factor in terms of mortality of COVID-19 infections as those who are immunosuppressed are considered within the high-risk groups of contracting the disease and its severe symptoms. Approximately 35% of the HIV positive patients in Lesotho are not on an anti-retroviral treatment making them even more susceptible to difficult complications

Lesotho is ranked at 165 out of 168 in the Human Development Index with an unemployment of 34.4% and over half of the population under the poverty line (6). The already slow economic growth was hit even harder mainly due to the interruption of imports and exports and the decline of the tourism industry to reduce the spread of the virus. For instance, restrictions between South Africa and Lesotho caused an increase in the maize prices, which comprises about 50-60% of the household diet in the country (1). The resulting financial struggle means the population is still obliged to work daily to provide for their families or else risk losing their jobs especially with the lack of any

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governmental assistance. This makes them more liable for infection, and even then many may not be able to cover the costs of healthcare, increasing mortality rates. Seasonal droughts and poor sanitary water supply are other concerning issues which are common in its rural areas. This is a serious problem as most of them obtain their water from rivers and wells. Therefore, applying proper safety measures against the virus, such as washing hands throughout the day, proved difficult to achieve.

Lesotho has had its fair share of social issues during the pandemic. Despite the government introducing lockdown measures, the people were not compliant due to the lack of health education. Those who adhered by the precautions, however, have suffered mentally due to the declining financial situation and unemployment. As a result, domestic violence cases in Lesotho have seen a rise in the period of the lockdown. Amid these challenges, there is a political instability that has added to the load that Lesotho is carrying. The retirement of the prime minister and political divide resulted in multiple protests and the deployment of the Lesotho Defense Force and Mounted Police. This increased military violence exercised on those who did not adhere to the government restrictions (11). The public gatherings in these protests themselves greatly contributed to the spread of the virus.

Conclusion

Despite the government's enormous efforts to control the outbreak, these problems presented a huge hurdle that Lesotho could not overcome. In order to mitigate the issue, the healthcare system should be prioritized in terms of funding and a balance between resources allocated to COVID-19 and HIV should be implemented. Public health campaigns should be promoted more often to the general public to maintain the steady rate of infections until the vaccines are available to the country. COVID-19 safety protocols should be implemented in a more humane way rather than the current military aggression.

Contributions

All authors contributed equally to writing the draft, collecting data and literature review. All authors read and approved of the final manuscript.

Conflict of Interest

The authors declare that there is no conflict of interest.

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