Lesotho

Research conducted in

Lesotho's Alzheimer's disease response is civil-society–driven with concentrated public capacity in the capital, Maseru. The Alzheimer's Disease Association of Lesotho (ADAL) leads awareness, carer groups, and a helpline, while Queen Mamohato Memorial Hospital (QMMH) and Maseru District Hospital provide the core diagnostic backbone such as neuroimaging tests. There is no national dementia plan, and access outside Maseru is limited, but primary-care fee abolition. Still, Christian Health Association of Lesotho (CHAL) mission facilities under public subvention and ongoing mental-health policy work signal gradual movement toward clearer, more affordable pathways for dementia care.

Highlights

Health system **Non-Universal, Mixed funding (Mixed provision)**
ADI member association(s): **Alzheimer's Disease Association of Lesotho (ADAL)**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **241**
Dementia incidence rate: **42**
Population: **2371248**
Median age: **22**
Health expenditure (% of GDP): **13**

Diagnosis

Dementia diagnosis is centralised in Maseru at Queen Mamohato Memorial and Maseru District hospitals, causing long wait times averaging 3.7 hours. Patients enter via primary care health centres or Christian Health Association of Lesotho missions. Cognitive tools like the brief CSI-D are culturally adapted to navigate low literacy. Advanced neuroimaging (MRI and CT) is unavailable in rural districts, forcing complex cases to travel to Maseru or South Africa. Lesotho lacks routine genetic or biomarker testing due to cost constraints. While primary care is free, out-of-pocket costs for advanced diagnostics remain a decisive barrier.

Diagnosis pathway

Most people first present to primary care in the government health centres, private (GP) rooms or missions organized by Christian Health Association of Lesotho (CHAL). Suspected cases are further referred to neurologists and psychiatrists in tertiary hospitals in Maseru for cognitive work-ups and imaging, mostly to Queen Mamohato Memorial Hospital (QMMH) and the new Maseru District Hospital. Complex cases may still be referred to South Africa. It is worth mentioning that Church-run CHAL facilities operate nearly half of hospitals and receive public subventions, so they function as a parallel front door into the same referral chain.

References

- https://www.iccp-portal.org/sites/default/files/plans/LSO_B3_Endorsed%20NCD%20Stratergic%20Plan%20-%20Copy.pdf
- https://www.globalministries.org/project/expired_projects_christian_health_association_of/
- https://www.unicef.org/esa/sites/unicef.org.esa/files/2019-04/PETS-of-Health-in%20Lesotho-(2017).pdf
- https://ecsacog.org/2024/04/08/enhancing-healthcare-excellence-ecsacog-hospital-accreditation-at-queen-mamohato-memorial-hospital-in-lesotho/
- https://maserudistricthospital.com/
- https://www.unicef.org/esa/sites/unicef.org.esa/files/2019-04/PETS-of-Health-in%20Lesotho-(2017).pdf

Wait times

Status: Long wait time

Hospital waits in Lesotho are long due to factors like understaffing, a shortage of doctors, and overcrowding, which often results in patients spending several hours waiting to be seen at hospitals. A study at the national referral hospital in Maseru found patients spent an average of 3.7 hours waiting, and the problem is compounded by many patients seeking primary care at hospitals instead of health centers. Private appointments tend to be quicker but often cost more.

References

- https://www.academia.edu/24109962/Crowded_outpatient_departments_in_city_hospitals_of_developing_countries_A_case_study_from_Lesotho
- https://www.worldbank.org/en/topic/health/brief/lesothos-health-sector
- https://maserudistricthospital.com/services/

Diagnosis cost

Status: Partially covered

Primary healthcare is free at the point of service due to abolished user fees, but hospitals charge standardised fees for consultations, admissions, and specialised services. While out-of-pocket spending is relatively low at 11-15% of health expenditure, families still face significant financial barriers. These include transport costs from remote districts to Maseru and payments for medicines or private consultations during delays. For advanced diagnostics like CT, MRI, or cross-border specialist care in South Africa, these out-of-pocket expenses are often decisive, revealing a gap between universal coverage policies and actual access to advanced care.

Primary healthcare in Lesotho is officially free at the point of service, as user fees have been abolished in all public primary-care facilities to promote access and equity. Hospitals, however, continue to charge standardized fees for consultations, admissions, and specialized services. These tariffs are applied uniformly across both government-run and public–private partnership (PPP) hospitals, such as QMMH), which operate under contracts that link them to public financing frameworks but with some independent management and cost structures. PPPs are meant to leverage private-sector efficiency and investment in infrastructure while maintaining alignment with public-sector tariffs and service packages.

Despite substantial donor support and CHAL subsidies that offset a large share of system costs, households still encounter financial barriers in practice. These include transport expenses for referrals (especially from remote districts to Maseru), and out-of-pocket payments for medicines, imaging, or private consultations when public services are unavailable or delayed. Out-of-pocket spending in Lesotho is relatively low by regional standards, accounting for approximately 11–15% of current health expenditure during 2019–2022, according to estimates from the WHO Global Health Expenditure Database. However, for advanced diagnostics like CT, MRI, or cross-border specialist care, these out-of-pocket costs can become decisive, often determining whether a patient can actually access such services.4 In short, while Lesotho's financing model has reduced financial exclusion at the primary level, specialized and tertiary care still depend heavily on private or external payment capacity, revealing an ongoing gap between universal coverage policy and real access to advanced care.

References

- https://www.unicef.org/esa/sites/unicef.org.esa/files/2019-04/PETS-of-Health-in%20Lesotho-(2017).pdf
- https://www.iccp-portal.org/sites/default/files/plans/LSO_B3_Endorsed%20NCD%20Stratergic%20Plan%20-%20Copy.pdf
- https://extranet.who.int/uhcpartnership/country-profile/lesotho

Cognitive tests

Status: Available

Recent work in Lesotho has adapted cognitive screening for dementia, most notably the brief Community Screening Instrument for Dementia (brief CSI-D), which pairs a cognitive interview with an informant interview. After the results, doctors classify participants as probable, possible, or normal. Also, they are occasionally drawing on culturally adapted Mini-Mental State Examination (MMSE) or Montreal Cognitive Assessment (MoCA) variants. However, the recent studies emphasize hurdles such as low literacy, linguistic and cultural differences as well as logistical constraints, prompting locally trained enumerators and test modifications to ensure validity.

References

- https://www.researchgate.net/publication/389321604_Prevalence_and_factors_associated_with_dementia_in_Lesotho_A_cross-sectional_population-based_study
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11858192/

Imaging tests

Status: Commonly used

In Lesotho, advanced neuro-imaging capacity is concentrated in the capital: Magnetic resonance imaging (MRI) services are available at Queen Mamohato Memorial Hospital (QMMH) and computed tomography (CT) scanning at Maseru District Hospital. Beyond Maseru, access drops sharply, most district facilities lack cross-sectional imaging, relying instead on basic X-ray and ultrasound, so patients who need brain MRI, complex CT protocols, or contrast studies are typically referred to South Africa for higher-end work-ups. This centralization creates practical barriers: travel logistics, out-of-pocket costs, coordination delays, and occasional cross-border appointment backlogs can slow time-sensitive diagnostics. As a result, clinicians often triage with clinical criteria and simpler tests first, reserving referrals for cases where imaging will clearly change management.

References

- https://www.facebook.com/permalink.php?story_fbid=pfbid0Pij2icu6VZ6Tj5US4jLo4A4LoStqjGFPoX2W4MaiDiFWweg2LqGXgsfNZWmUWoTxl&id=
- https://maserudistricthospital.com/
- https://www.iccp-portal.org/sites/default/files/plans/LSO_B3_Endorsed%20NCD%20Stratergic%20Plan%20-%20Copy.pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC10921972/

Genetic tests

Lesotho does not offer routine in-country genetic testing for Alzheimer's disease, such as apolipoprotein E (APOE) genotyping or pathogenic variants in PSEN1/PSEN2/APP.

Biomarker tests

Status: Rarely used

Lesotho's Standard Treatment Guidelines (STG) do not mention cerebrospinal fluid (CSF) biomarkers such as amyloid-β ($A\beta_{42}$, $A\beta_{40}$) or tau (total or phosphorylated) assays, nor do they reference emerging blood-based Alzheimer's disease biomarkers like plasma p-tau, Aβ ratios, or neurofilament light chain (NfL). In practice, these diagnostic tools are not part of routine clinical care within the public health system. This reflects both cost and capacity constraints. Namely, CSF biomarker testing requires specialized immunoassay equipment and trained personnel, while blood-based biomarkers, though promising globally, remain limited to research or high-income private laboratories.

References

- https://static1.squarespace.com/static/60bdea12fbad083dee4ffa2c/t/651fb589cf17c5449fc9ac66/169657691%E2%80%8B2929/STG%2BLESOTH

Treatment & care

Lesotho lacks dedicated dementia units or memory clinics, centralising care at Maseru's psychiatric and neurology hospital services. Rural populations face restricted specialist access, and the country relies on South Africa for advanced care. General palliative services are expanding, including the Starlight Oasis of Hope Hospice opened in 2025, but dementia-specific pathways or geriatric teams do not exist. Donepezil is the only approved dementia medication under the 2022 guidelines. Frequent public drug stock-outs, especially in rural areas, force households to pay out-of-pocket at private pharmacies to secure medication and avoid delays.

Specialized facilities and services

Lesotho lacks a formal national memory-clinic network, dedicated dementia units, or specialised geriatric teams. Dementia diagnosis and management are centralised in Maseru at Queen Mamohato Memorial Hospital and Mohlomi Mental Hospital. Rural districts face limited infrastructure and specialist shortages, delaying diagnosis. While general palliative care is expanding, such as the Starlight Oasis of Hope Hospice opened in 2025, dementia-specific pathways and wards remain underdeveloped. Consequently, patients rely heavily on family carers and general programmes, and the country continues to depend on South Africa for complementary secondary and tertiary healthcare.

Lesotho does not yet have a formal national memory-clinic network or dedicated dementia units. Diagnosis and ongoing management of cognitive disorders primarily occur within hospital-based psychiatry and neurology services in Maseru, mainly at QMMH and the Mohlomi Mental Hospital. Dementia diagnosis in Lesotho is largely centralized in Maseru, where specialist mental health services are concentrated at the country's only psychiatric referral hospital. Limited mental health infrastructure and specialist availability outside the capital may restrict access to formal cognitive assessment for older adults in rural districts, contributing to delayed recognition and diagnosis of dementia. Also, Lesotho traditionally relies on South Africa to provide complementary secondary and tertiary healthcare.

In parallel, palliative and supportive care services are gradually expanding, reflecting a broader national push to improve quality of life for people living with chronic and terminal conditions. Notable initiatives include the Starlight Oasis of Hope Hospice, opened in 2025, and recent oncology infrastructure upgrades that aim to reduce the need for cross-border referrals to South Africa. However, dementia-specific palliative pathways remain underdeveloped as there are no specialized dementia wards, care protocols, or trained geriatric teams focused on long-term cognitive decline. As a result, most people living with dementia depend on family carers and general palliative programs, highlighting a growing gap between expanding end-of-life care services and the specialized needs of neurodegenerative conditions.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In government and CHAL facilities, visits and medicines follow standard hospital tariffs and the public formulary, but stock-outs are common. People are then directed to private pharmacies or clinics, which are out-of-pocket. Availability is generally better in Maseru while rural sites face longer resupply times and narrower formularies. Many households therefore mix public care with private top-ups to avoid delays or get specific drugs.

References

- https://www.iccp-portal.org/sites/default/files/plans/LSO_B3_Endorsed%20NCD%20Stratergic%20Plan%20-%20Copy.pdf

Caregiver support

The Alzheimer's Disease Association of Lesotho (ADAL) offers support groups, awareness, counselling and training, with a helpline under rollout. Community-based groups such as Help Lesotho's Grandmother Programme provide psychosocial and practical support to older carers in multiple districts. There is no documented state cash or respite benefit specifically for dementia carers.

References

- https://www.alzint.org/member/alzheimers-disease-association-of-lesotho-adal/
- https://helplesotho.org/meet-the-2024-grandmother-program

Policy

Lesotho has no national dementia strategy. While dementia is mentioned in the 2022 treatment guidelines, policy remains governed under general ageing and mental health provisions. Existing frameworks, such as the Persons with Disability Equity Act (2021), lack specific clauses for cognitive driving fitness, guardianship, or carer rights. Advocacy is led by the Alzheimer's Disease Association of Lesotho, which joined Alzheimer's Disease International in 2025. Culturally, low awareness and stigma cause symptoms to be attributed to witchcraft or normal ageing, delaying formal diagnosis and prompting families to hide affected relatives.

National dementia plan

Lesotho has no dementia-specific national plan. Dementia appears in the Lesotho Ministry of Health's Standard Treatment Guidelines (2022), and mental-health policy work is ongoing, but not as a dementia strategy.

References

- https://static1.squarespace.com/static/60bdea12fbad083dee4ffa2c/t/651fb589cf17c5449fc9ac66/169657691%25E2%2580%258B2929/STG%252

Upcoming plans

No government-issued dementia plan has been publicly announced in Lesotho as of October 2025. Instead, advocacy has been led by ADAL, which joined Alzheimer's Disease International (ADI)'s Membership Development Programme in 2025 with explicit objectives to raise awareness and advocate for dementia to be prioritised in national health planning and to develop services. During World Alzheimer's Month 2025, ADAL organized visibility and community events in Maseru to build public and policymaker momentum for a national plan, aligning with ADI's global World Alzheimer's Month campaign.

References

- https://www.alzint.org/member/alzheimers-disease-association-of-lesotho-adal/
- https://www.instagram.com/p/DO2xkCjiNBx

Policy gaps

Legal barriers

Lesotho lacks dementia-specific legal frameworks, pathways, and funding. The Persons with Disability Equity Act (2021) and the Lesotho Policy for Older Persons (2014) protect general rights but omit specific rules for cognitive driving fitness, guardianship, or diagnosis disclosure. Carer rights and minimum standards for long-term dementia care are also absent. Consequently, dementia is governed under general ageing and mental health provisions. This creates substantial gaps in service design, accountability, workforce training, and financing, leaving families to

navigate care without tailored legal or clinical structures.

The Persons with Disability Equity Act (2021) advances equality and accommodations but does not create dementia-specific capacity and guardianship rules or national cognitive fitness-to-drive protocols. Driving fitness is handled via general medical certification rather than dementia-specific criteria. At the same time, Lesotho Policy for Older Persons (2014) affirms government commitments to the rights and welfare of people older than 60, calling for structures and programmes that improve socio-economic, health and social-protection outcomes and stressing the central role of families and communities. However, it does not establish a Alzheimer's disease or dementia-specific strategy, clinical pathway, or funding stream. Legal provisions for diagnosis disclosure, decision-making support and guardianship, carer rights and minimum standards for long-term dementia care are largely absent. In practice, this leaves Alzheimer's disease and related dementias governed by general ageing and mental-health provisions, creating gaps in accountability, service design, workforce training, and financing.

References

- https://lesotholii.org/akn/ls/act/2021/2/eng%402021-03-12
- https://esaro.unfpa.org/sites/default/files/pub-pdf/2022_healthy_ageing_country_summary_reports_lesotho.pdf
- https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/12/Care-services-in-Lesotho.pdf
- http://www.socialdevelopment.gov.ls/docs/documents/Lesotho_Policy_for_Older_Persons_.pdf

Cultural barriers

In Lesotho, low public awareness and stigma around dementia, often shaped by beliefs that symptoms are due to witchcraft or simply "normal ageing" plus limited local terminology, delay help-seeking and formal diagnosis. Families frequently turn first to traditional or informal care, and people living with dementia may face isolation or concealment. To counter this, ADAL has launched culturally tailored awareness efforts, community education in Sesotho and English, and carer training to normalise discussion, encourage earlier clinic visits, and build demand for dementia-friendly services.

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Research

Alzheimer's research is associated with the National University of Lesotho and major Maseru hospitals, though no interventional clinical trials or registries exist as of 2025. The country is piloting digital health tools like e-referrals and SMS reminders that could eventually adapt to dementia care. A key 2025 study using the brief CSI-D tool revealed a 4.9% probable dementia prevalence among older adults. This research identified advanced age, depressive symptoms, and being underweight as significant risk factors, while physical activity and obesity were linked to lower odds of developing dementia.

Selected academic institutions

National University of Lesotho Queen Mamohato Memorial Hospital Maseru District Hospital

Clinical trials and registries

Searches of ClinicalTrials.gov and World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) show no Alzheimer's disease interventional trials recruiting or ongoing in Lesotho as of 2025.

References

- https://clinicaltrials.gov/
- https://www.who.int/tools/clinical-trials-registry-platform

Selected innovative methods

Lesotho has no dementia-specific digital initiatives but is piloting digital health and financing tools like e-referrals, DHIS2-linked patient registers, SMS medication reminders, and mobile-money copayments. These could future-proof dementia care with carer messaging and cognitive screening. Additionally, a 2025 study using the brief CSI-D tool identified a 4.9% probable dementia prevalence among older adults. Risk factors included depressive symptoms, advanced age, and being underweight, while physical activity and obesity correlated with lower odds, highlighting the link between physical well-being, mental health, and cognitive ageing.

Lesotho does not yet have dementia-specific digital initiatives, but it is piloting a range of digital health and financing tools that could eventually support care for older adults and people with chronic diseases. These include e-referral and appointment systems, District Health Information Software 2 (DHIS2)-linked patient registers, Short Message Service (SMS) medication reminders, and mobile-money copayments. Together, they aim to improve navigation (clear referral pathways and clinic reminders), adherence (medication prompts and alerts for drug stock-outs), and payment predictability (standardized fees and cashless transactions). In the future, these systems could be adapted to dementia care by adding carer messaging, cognitive-screening alerts in primary care, transport vouchers for imaging appointments, and bundled benefits to reduce out-of-pocket costs.

The 2025 study using the brief CSI-D in Lesotho found that about 4.9% of older adults screened met criteria for probable dementia, meaning noticeable cognitive decline affecting daily life. When the researchers analyzed risk factors, they saw that depressive symptoms, being 75 years or older, and being underweight significantly increased the likelihood of dementia, all conditions that may reflect underlying frailty, poor nutrition, or reduced brain resilience. In contrast, higher physical activity and even obesity were linked to lower odds of dementia, suggesting that staying active and maintaining adequate body weight might have a protective effect in this population. These findings align with broader global research showing that both mental health and physical well-being play important roles in cognitive aging.

References

- https://icap.columbia.edu/news-events/in-lesotho-new-health-information-system-provides-streamlined-integrated-data-across-health-programs
- https://www.researchgate.net/publication/389321604_Prevalence_and_factors_associated_with_dementia_in_Lesotho_A_cross-sectional_population-based_study

Support

Support is driven by non-governmental entities, including Dementia Lesotho, Help Lesotho, and the Christian Health Association of Lesotho. The Alzheimer's Disease Association of Lesotho (ADAL) provides support groups, counselling, and a developing helpline, alongside Help Lesotho's Grandmother Programme which assists older carers. No state financial relief or respite care is documented. Public engagement relies on general media and ADAL channels. Advocacy peaks during the "Light Lesotho Purple" campaign for World Alzheimer's Month, which uses public events and education to dismantle misconceptions equating dementia with witchcraft or normal ageing.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Alzheimer's Disease Association of Lesotho (ADAL) Help Lesotho Christian Health Association of Lesotho

Selected initiatives

Light Lesotho Purple is Lesotho's national version of World's Alzheimer Month organized by ADAL.1 During World Alzheimer's Month 2025, ADAL led activities in Maseru, including a purple-lighting event, public marches, community education sessions, and carer engagement workshops. The campaign's goal is to make dementia visible, fight misconceptions linking memory loss to witchcraft or "normal aging," and build public and political support for developing a national dementia plan. It mirrors similar "Light Up" initiatives held in other countries, where landmarks are illuminated in purple to show commitment to dementia awareness and inclusion.

References

- https://www.facebook.com/events/makoanyane-square/world-alzheimers-day-purple-lighting-mou-signing/795314273005833
- https://www.instagram.com/reel/DK-AClyoTrQ

Dedicated media outlets

There are no specific Alzheimer's disease or dementia-related media outlets in Lesotho and all information flows through ADAL channels and general media.

References

- https://www.facebook.com/61571572869530/?locale=te_IN
- https://www.instagram.com/alzheimers_disease_lesotho/