

Authority and Antibiotics: A Case Study of Public Health Policy, Institutions and Infrastructure in Contemporary Lesotho

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Abstract: We will examine the way in which public health policy, institutions, and infrastructure have been influenced by Lesotho's independence, and have exhibited the social upshots of these changes. This is an apt topic to discuss due to the drastic restructuring procedures that occurred in the public health sector since October 4th, 1966, which has included the continued influence of foreign actors on Lesotho's public health sector. This situation highlights the complexity of independence, and the manner in which

colonial influence can extend beyond occupation. We will investigate the policy, institutions, and infrastructure of public health with a comparative analysis of programs before and after independence, as well as use public health as a proxy to study the deeper social change in Lesotho as they transitioned to self-rule.

The topic that our group has chosen to examine in regard to social change in contemporary Lesotho since the colonial period is public health

policy, institutions, and infrastructure. Before Lesotho gained its independence in 1966, public health services were administered by British colonial structures. During the transition to local governance, Lesotho public officials created politically independent bureaucracies and policies in the place of colonial entities. (Manton, 2018) Since liberation, public health has seen several phases of development, marked by political instability, regime changes, an increase in foreign funding, and the special needs stemming from being a primarily rural enclave country encompassed by South Africa. By examining the changes that the public health

sector has undergone, we will punctuate the transition of Lesotho from colonial rule to independence and bring social change to the forefront of the discussion on public health.

Public health in Lesotho is largely funded by external foreign aid and private for-profit organizations, which has both helped and hindered the efficacy of health institutions and the quality of health infrastructure (Aerni-Flessner, J, 2014). Organizations and states that have contributed economic aid include the United States, the World Bank, Republic of Ireland, the United Kingdom, the European Union, and Germany (Aerni-

Flessner, 2014). This topic is of pertinence due to the fact that administrative and policy decisions are still affected by the legacies of British colonization in public service administration (Pfeffier, 2010). The influence these foreign actors have on public health in Lesotho points to continued colonial legacies and influence, making this an important topic to discuss when examining social change from the perspective of pre- and post-independence.

Due to a myriad of issues, public health in Lesotho has struggled under the weight of the HIV/AIDS crisis and the rise of drug-resistant bacterial infections (Central Intelligence Agency,

2016). These crises are illustrated by the facts that Lesotho has the third highest per capita rate of HIV/AIDS in the world (Central Intelligence Agency, 2016) and the highest rate of tuberculosis per capita (World Bank Data, 2017). Policy was heavily influenced by international agencies such as the World Health Organization (WHO) and the United States' Agency for International Development (USAID). (Manton, 2018) Thus, although control over policy and bureaucracy was put into the hands of local civil servants, they utilized foreign literature on planning and budgets to shape their institutions and plans. (Hirschmann, 1987) This complicated the process of change and made health institutions relatively weak in the

period following colonial occupation, making foreign aid and private actors important health-care providers.

Methodological Approach

Our approach will be heavily informed by course material related to considerate anthropological practices through which to engage with colonial legacies in Africa. Through relying on concepts and ethnographic methods discussed in the course, we will ensure that we keep the subjects' agency and context at the forefront of this paper. Moreover, we will use specific perspectives to inform our research, such as gender-based analysis, the implications of the urban-rural divide, and

inquiring into all of the colonial and cultural roots for Lesotho's public health system. This relates to the warning against savior-approaches explored by C.S. Archambault, because we will ensure that we are not imposing normative western narratives into our research without understanding deeper socioeconomic and cultural conditions within the health sector. (2011).

Through our examination of this topic, we will also be guided by the course content such as Mahmood Mamdani's exploration of post-independence African the context of colonial legacies, particularly in South Africa. (1996) We will further use Mamdani's work to discuss the type of

colonial rule utilized in Lesotho, as he provided strong descriptions of colonial institutions and methods of ruling, informing our process as we dissect the legacy of colonialism in Lesotho's public health institutions, infrastructure, and policy. (1996) This approach will be further informed by the concept of decomposing modernity, established by James Ferguson, which provides an anthropological lens through which to view African development in the neoliberal global order (2006). We will also carefully traverse the loaded language and concepts developed by western organizations and academics by challenging the idea of presenting the world in a linear binary of time before and time after colonialism. (Mc-

Clintock, 1992) Furthermore, we will avoid situating the entirety of political and cultural nuance as part of the linear path of "colonialism" and "post-colonialism", which serves to remove agency and history from the residents of Lesotho (McClintock, 1992). We will also discuss the issues with the term "development" as presented by Arturo Escobar and keep these Western constructs in mind when examining social change in Lesotho. (1991) This will serve as a guide in our research when considering the shift in health policies, institutions, and infrastructure in Lesotho from pre- and post-1966.

We believe we will come into contact with scholarship that builds on

the ideas discussed by Damibisa Moyo related to the impact that foreign aid can have on prosperity in the African context. (2009) By using the intellectual framework provided by Moyo, we will use a critical analysis to see how foreign aid has actually served to weaken public health infrastructure in Lesotho. Thus far in our research, we have learned that it is often external groups with Christian goals that provided aid. Further, the British crown and many American NGOs give money and resources to assist the state of healthcare in Lesotho. (Loewenson, 1993). This can be negative and positive, but it has unfortunately generally stunted the ability of Lesotho to distribute money effectively, as

foreign aid often comes with conditionality. This has led to the overpopulation of outpatient care facilities, as there is a lack of autonomy for the Lesotho health officials to determine where funding goes. (Holdsworth, 1993)

Structure

We will structure our research using the methodology we have laid out into three main content sections that will effectively examine the context, evolution, and consequences related to our chosen topic. We will begin with a discussion of important concepts and terms related to colonialism and define them to ensure clarity throughout the paper and make our approach clear. After introducing the

history and context of Lesotho and its public health policy, infrastructure, and institutions, especially pertaining to the transition from the British colonial powers to independent governance within the health sector. We will then turn to our first section, which will describe the establishment of public health administration after the end of British colonial rule in 1966. This will examine how reform was impacted by foreign aid, internal initiatives, and grassroots health care. Much healthcare in Lesotho is done by lay health workers (LHWs), who are untrained professionals who work to ease the impact of HIV/AIDS on their communities. (Joseph, 2012)

Our second section will focus on how policies, institutions, and infrastructure evolved alongside medical developments, administrative practices, and public health issues facing society in Lesotho. We will then explore how foreign aid has impacted the infrastructural efficacy in the health sector, which is informed by class content on foreign aid's impact on 'development' in Africa. (Pfeffier, 2010) This will be a nuanced discussion on the longstanding effects of colonialism in Lesotho, and where neo-colonialism can still be seen today.

The third section of our essay will examine the consequences of social change in the public health sphere that has

occurred since the colonial period. This section will use anthropological concepts to show how colonial legacies and Lesotho's independence have affected how political (in)stability, the presence or lack thereof corruption, and public health outcomes. Based on the literature we have consulted thus far, we expect to gain an understanding of how continued economic dependence on predominantly Western countries and institutions has or has not contributed to problems in public health institutions, infrastructure, and policy in Lesotho which has led to some of the highest rates of HIV/AIDS and tuber-culosis per capita in the world, as discussed previously. We will conclude by tying our

three substantive sections together to provide the audience with a comprehensive understanding of social change in regard to public health policy, institutions and infrastructure in Lesotho since the colonial period.

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