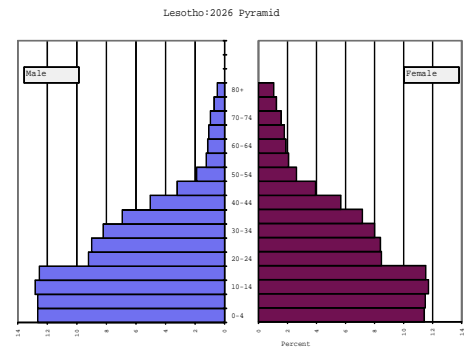
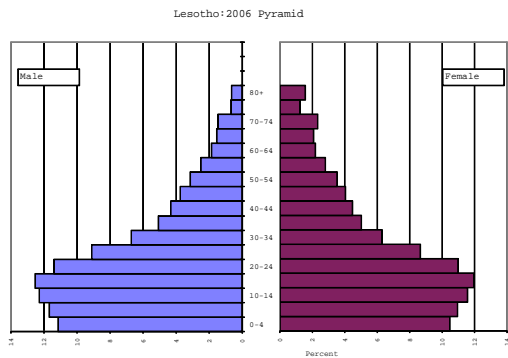
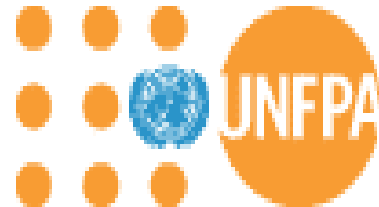
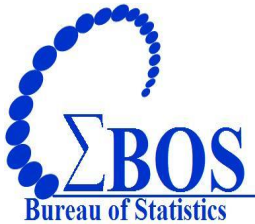




NATIONAL AND SUB-NATIONAL POPULATION PROJECTIONS



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POPULATION PROJECTIONS SUMMARY REPORT, LESOTHO 2006 – 2026

1.1 Introduction

The 2006 Lesotho Population and Housing Census was conducted on April 9, 2006. It was the fifth of the modern decennial censuses undertaken since 1966 to provide reliable data to inform development planning among other purposes.

Improving the quality of life of the population in the area of health, education, employment, housing, etc., requires reliable disaggregated data. Such data are prerequisites for effective planning and optimum allocation of scarce resources, both for the current period and the future. Population projection provides the tool for packaging reliable data on the probable future size, structure and distribution of the population to inform decision-making, implementation, monitoring and evaluation of the MDGs and other national development agenda during the inter-census years.

Population projections are procedures involving calculations of future population size and their characteristics based on assumptions about the future trends in fertility, mortality and migration. Because of the uncertainty in predicting the precise future trends in fertility, mortality and migration, it is not possible to predict the exact future size and characteristics of a population with certainty. Projections therefore are intelligent calculations as to what would happen to current population under specified assumptions of fertility, mortality and migration in future years.

1.2 Methodology

The cohort–component method was used in preparing the population projections. Using the initial population distributed by five-year age groups and sex, the method projects the population by updating the population of each age- and sex-specific group according to assumptions about three components of population change: fertility, mortality, and migration. The projected size and age structure of the population at any point in the future depends entirely on the size and age structure at the beginning of the period and the age-specific fertility, mortality, and migration rates over the projection period.

Hence preparation of population projections depends critically upon establishing a reliable base population, the likely future course of fertility, mortality and migration during the projection period, based on knowledge of past trends in each of these components, socio-economic changes and population policies expected to take place during the projection period.

Accordingly, the quality of the census data was evaluated to inform preparation of a reliable baseline population for the projection exercise. The past trends in fertility, mortality, and migration were carefully analyzed, while the current levels and patterns were established. The projection of the probable future course of the components of population change was then conducted in the context of existing demographic history, extant policies, including population policies and socio-economic changes anticipated to take place during the projection period.

The time horizon of any projection deserves important consideration. It should be informed among other things by the use to which the projection results are to be put. The longer the time horizon of a projection, the larger would be the uncertainty that would be associated with the results (O'Neil, Brian C., et al., 2001). Keyfitz (1981) and Keilman (1990)

recommends short projection horizon of 10 to 20 years. In the context of a high HIV and AIDS epidemic as in Lesotho, a relatively short time horizon is desirable to minimize the uncertainties. Hence, the projection period was set at 20 years, from 2006 to 2026.

1.3 Choice of Population Projection Software

There are a number of population projection software programs that are frequently used, however, a choice was made between two, namely:

- **Spectrum**, developed by The Future Group, and
- **Rural-Urban Projection** (RUP), developed by the US Bureau of the Census.

Spectrum is a window-based system of integrated policy models. The integration is based on Demographic Projection (DemProj), which is used to create the population projections that support many of the other components, such as AIDS Impact Model (AIM). The DemProj is used to project the size of the future population (not affected by AIDS) by age and sex for many years into the future. The program uses the population distributed by age and sex in the base year, as well as current year data and future assumptions about the Total Fertility Rate (TFR), the age distribution of fertility, life expectancy at birth by sex, the most appropriate model life Table, and the magnitude and pattern of international migration. For more accurate results, the DemProj projection for use with AIM should start a year or two before the first HIV case was detected. Linking the DemProj with AIM makes it possible to project the consequences of the AIDS epidemic. The AIM program modifies the demographic projection to project the future number of HIV infections, AIDS cases, and AIDS deaths, given assumptions about the future course of adult HIV prevalence. It can also project the number of people needing treatment and the number of orphans.

For a population like Lesotho's, where the AIDS epidemic has had a significant impact on mortality, and affected both life expectancy at birth and the age-sex pattern of mortality, the use of the age pattern of mortality in the model life Tables in DemProj will not be appropriate. This is because, the age pattern of mortality may have departed significantly from the patterns described in the model life Tables. Demproj does not contain an editor to allow interactive entry of empirical age-specific schedule of mortality. However, it does allow the use of a custom life Table, which is somewhat cumbersome to create. AIM requires data describing the characteristics of the HIV and AIDS epidemic and the response to it. Information on some of the required national data is either not available or incomplete. For these considerations, the Rural-Urban population projection program (RUP) was chosen for the projection.

The RUP program uses a cohort-component method to project the population by single years of age and sex. It is pertinent to note that the 2006 census population data was used as base. Unlike DemProj, RUP has an editor that allows interactive entry of empirical age-specific schedule of mortality. It also has a number of futures that allow a considerable amount of flexibility in specifying projected trends in fertility, mortality and migration compared with other frequently used population projection programs. By incorporating the empirical age-pattern of mortality that reflects the impact of the AIDS epidemic, and projecting the future course of mortality in the context of trends in HIV prevalence and the national response to the epidemic, the future demographic effect of AIDS was incorporated in the projections. RUP uses the empirical and projected age-specific schedules of mortality provided, and appropriate separation factors specified, to generate a series of life Tables. Using interpolated values of central death rates from the life Tables, RUP estimates the number of deaths and subtracts them from each cohort. It also takes into account internal and international migration. It estimates births for each year of the projection using fertility

rates and the female population in the reproductive ages. The annual number of births constitutes new population cohorts that are followed through in course of the projection period.

Its output also includes a variety of demographic indicators that allow a detailed examination of the results.

1.4 Projection Assumptions

The Base Population

Development of population projections requires the total number of people by age and sex for the base year. The data is distributed by five year age groups for both males and females up to the age 80 years and older. The base population was evaluated and adjusted as necessary, using appropriate demographic techniques.

The adjusted base population was then moved from the date of enumeration (9TH April, 2006) to the midyear (1st July 2006) using the growth rate based on estimated fertility, mortality and migration. Table 1 shows the enumerated and mid-year populations by district. The adjustment for districts to mid-year took into account the dynamics (fertility, mortality and migration) of population change hence some districts reflect some loss of population.

Table 1: Enumerated and adjusted population by district

Distribution of enumerated population and population adjusted to midyear by district and sex , Census 2006

District	Enumerated population (2006 Census)			Base population (Adjusted and moved to 1 st July 2006)		
	Total	Male	Female	Total	Male	Female
Botha-Bothe	110,320	54,529	55,791	110,435	54,571	55,864
Leribe	293,369	142,932	150,437	293,475	142,971	150,504
Berea	250,006	121,397	128,609	250,257	121,531	128,726
Maseru	431,998	205,702	226,296	433,127	206,247	226,880
Mafeteng	192,621	95,497	97,124	192,203	95,295	96,908
Mohale's Hoek	176,928	86,638	90,290	176,825	86,588	90,237
Quthing	124,048	60,348	63,700	123,869	60,287	63,582
Qacha's Nek	69,749	33,302	36,447	69,759	33,292	36,465
Mokhotlong	97,713	48,265	49,448	97,834	48,343	49,492
Thaba-Tseka	129,881	64,188	65,693	130,105	64,282	65,823
Total	1,876,633	912,798	963,835	1,877,889	913,409	964,480

1.5 Fertility Assumptions

Information on the level of fertility as measured by the total fertility rate (TFR), and its pattern, as defined by the age-specific fertility rates (ASFR), are the prerequisites to the development of population projections. These fertility rates (i.e. the TFR and ASFR) were calculated for the base year from reports on births in the last 12 months prior to the 2006 census date.

Fertility rates have been decreasing steadily since 1986. As one of the major components of population change, such changes or declines also have relative impact on the general growth in population. The declining trend in fertility seems to have been driven largely by the rise in contraceptive prevalence rate (CPR) from 23 percent in 1990 to 36.1 percent in 2000. Although the CPR dropped slightly to 35.2 percent in 2004, there is a renewed effort to achieve a CPR of 80 percent by 2015. Of relevance too is the Government's strategy of increasing access to condoms and promoting their use among sexually-active people as part

of the effort to curb the spread of HIV and AIDS (Government of Lesotho and UNDP, 2008). This could also contribute to sustaining fertility decline. The massive increase in school enrolment due to free primary and secondary education policy is also likely to facilitate continued decline in fertility. This is because, among other fertility-inhibiting effects, it is likely to further increase the mean age at first marriage which has been steadily rising in the last three decades (Bureau of Statistics, 2010). The implication of this is that entry into marriage would invariably be delayed for most of the girls who are attending school. Although TFR has been declining steadily, analysis of the age-specific fertility rates revealed that the contribution of the women aged 15-19 has been increasing.

Taking into account the foregoing, fertility is assumed to maintain a gradual declining trend during the projection period. Table 2 summarizes the TFR assumptions for the national medium scenario projection.

Year	TFR
2006	3.53
2007	3.48
2008	3.44
2009	3.39
2010	3.35
2011	3.31
2012	3.28
2013	3.25
2014	3.21
2015	3.18
2016	3.15
2017	3.12
2018	3.09
2019	3.06
2020	3.03
2021	2.99
2022	2.95
2023	2.92
2024	2.88
2025	2.84
2026	2.80

1.6 Mortality Assumptions in the Context of AIDS

In Lesotho, the AIDS epidemic has had a significant impact on mortality. It affected both life expectancy at birth and the age-sex pattern of mortality. It is therefore necessary to incorporate the effect of AIDS in the population projection in light of current trend in the HIV prevalence and the national response to the crisis. Government considers the HIV and AIDS epidemic as both a health problem, and a development challenge with social, economic and cultural implications. The fight against the epidemic is therefore considered as a national priority, with the target to halt and begin to reverse the spread by 2015. Assumptions

underlying mortality projection have been made in the context of reported declining trend in HIV prevalence, increasingly available of numerous HIV prevention measures, and increased access to antiretroviral drugs (MFDP, 2007; Government of Lesotho and UNDP, 2008). These developments hold the promise to favourably alter the HIV and AIDS epidemiological profile of Lesotho, as infection rate will reduce, while more HIV-infected persons will be living longer. Against this background, and drawing from the trend in the rate of mortality improvement in the pre-HIV and AIDS era, life expectancy at birth is projected to improve, albeit modestly during the projection period.

Determination of the rate of improvement in life expectancy at birth during the projection period (2006-2026) was guided by analysis of the rate of improvement during the pre-HIV and AIDS era. The set of age-specific death rates derived from the 2006 census data was used as the baseline input because it reflects the mortality effect of AIDS on the population and is consistent with the base year life expectancy at birth. Projection of the age-specific death rates corresponding to each projected life expectancy at birth was done using the base year age-specific death rates and the spreadsheet MATCH in MORTPAK package. The purpose of this procedure is to maintain Lesotho's empirical age pattern of mortality. The empirical and projected age-specific schedules of mortality were then keyed into RUP program, and the Coale-Demeny North separation factors specified, to generate a series of life Tables which it uses in projecting the population. The future course of mortality (medium scenario) during projection period is presented in Table 3. The development of mortality assumptions for the district, urban and rural projections followed the same procedure.

Year	Male	Female
2006	39.77	42.28
2007	39.96	42.63
2008	40.15	42.99
2009	40.35	43.34
2010	40.54	43.70
2011	41.02	44.18
2012	41.51	44.66
2013	41.99	45.14
2014	42.46	45.62
2015	42.94	46.10
2016	43.45	46.61
2017	43.95	47.11
2018	44.45	47.61
2019	44.95	48.11
2020	45.44	48.60
2021	45.91	49.11
2022	46.37	49.61
2023	46.83	50.11
2024	47.29	50.61
2025	47.74	51.10
2026	48.20	51.61

1.7 Migration Assumptions

It is also important to project net international migration as well as net internal migration because like mortality and fertility, migration contributes to population change.

Data on net international migration is useful in national level population projections because it involves crossing of national boundaries which brings about a change in the population of both the sending and receiving countries. On the other hand, net internal migration data is used only in sub-national projections because it does not change the total population of the country.

Migration data from census are usually obtained through questions on *place of birth* and *place of residence*. Other useful questions on migration included *current residential status* of household members and *duration of residence outside Lesotho* for household members outside staying outside Lesotho and *citizenship*. Estimates of immigrants and emigrants, and therefore net international migrants were derived by age and sex from these data, albeit rough estimates.

Based on observed decline in the annual net number of international migrants due to the decline in the South Africa mining industry, and the industrial reforms anticipated by the Poverty Reduction Strategy to attract foreign investors and facilitate job creation (Ministry of Finance and Development Planning, 2007), migration assumptions were developed.

The annual net number of international migrants estimated from the census was assumed to decline by 10 percent between 2006 and 2011. Reduction in the annual net number of international migrants is expected to continue and the base volume is projected to have declined by 30 percent by the end of the projection period in 2026.

For internal migration, the annual net number of migrants observed in 2006 was assumed to largely remain the same for all districts during the projection period, except for Mafeteng and Maseru that are expected to experience a change in their annual net number of migrants. While the rate of migration into Maseru observed in 2006 is expected to reduce by about 25 percent by 2026, the rate of out-migration from Mafeteng observed in 2006 is expected to reduce by about 25 percent by end of projection period. These assumptions are premised on the reported successful implementation of the drip irrigation kits in six districts including Mafeteng, which has enabled 45 percent of households in those districts to start growing vegetables (Ministry of Finance and Development Planning, 2007). This is expected (especially for Mafeteng) to help retain some of the farming population that may have migrated had the implementation of the drip irrigation kit not been introduced.

1.8 Projection Results

The projected population results represent the midyear population for each year between 2006 and 2026. The results indicate that if the underlying assumptions hold, the population would increase from 1,877,889 in mid-2006 to 2,054,542 in mid-2026, while the population growth rate would increase from 0.127 percent to 0.789 percent during the same period. Urban population is expected to increase from 428,611 in mid-2006 to 621,632 in 2026, representing 30.3 percent of the total population, up from 22.8 percent.

Life expectancy at birth is projected to improve, increasing modestly from 41.0 years in 2006 to 49.9 years in 2026 for both sexes. Life expectancy at birth for males would rise from 39.8 years in 2006 to about 48.2 years in 2026, while female life expectancy at birth will increase from 42.3 years to 51.6 years during the same period.

Infant mortality rate (IMR) is expected to decline for both sexes from 93.3 per 1,000 live births in 2006 to 64.1 per 1,000 live births in 2026. For males, IMR will decline from 102.5 per 1,000 live births in 2006 to 68.2 per 1,000 live births in 2026, while for females it will decline from 83.9 per 1,000 live births in 2006 to 59.9 per 1,000 live births in 2026. Under-five mortality rate (U5MR) for males will also decline from 129 deaths per 1,000 live births in 2006 to 81.9 deaths per 1,000 live births in 2026. Female under-five deaths would decline from 105 deaths per 1,000 live births in 2006 to 71.5 deaths per 1,000 live births in 2026.

The Total Fertility Rate (TFR) is expected to decline gradually, from 3.5 children per woman in 2006 to 2.81 children per woman in 2026.

The implication of these projected changes in the population dynamics is a possible transition in the population age-structure as reflected in the changing shape of the population pyramid in Figures 1 to 3.

The full Population projection report provides detailed medium scenario projection results, disaggregated by sex and special population groups for Lesotho, its districts as well as urban and rural areas. Finally, Table 4 presents the summary of demographic indicators, while Table 5 presents the projected population by five-year age groups for each year of the projection period.

Table 4: Summary of Demographic Indicators, Lesotho 2006-2026

Indicator	Year										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Fertility											
TFR	3.53	3.48	3.44	3.39	3.35	3.31	3.28	3.25	3.21	3.18	3.15
Mean Age of childbearing	28.27	28.16	28.05	27.94	27.82	27.73	27.65	27.56	27.46	27.37	27.28
Mortality											
Male e ⁰	39.77	39.96	40.15	40.35	40.54	41.02	41.51	41.99	42.46	42.94	43.45
Female e ⁰	42.28	42.63	42.99	43.35	43.70	44.18	44.67	45.15	45.62	46.10	46.61
Both sexes e ⁰	41.01	41.28	41.56	41.83	42.10	42.59	43.07	43.55	44.03	44.15	45.01
IMR (per 1,000)											
Both sexes	93.29	92.32	91.36	90.4	89.46	87.68	85.94	84.24	82.57	80.93	79.22
Male	102.50	101.59	100.68	99.78	98.89	96.69	94.53	92.43	90.37	88.35	86.24
Female	83.90	82.87	81.84	80.84	79.84	78.50	77.18	75.89	74.61	73.36	72.05
U5MR(%)											
Male	126.30	125.00	123.80	122.60	121.40	118.50	115.60	112.80	110.00	107.30	104.50
Female	103.20	101.70	100.30	98.90	97.50	95.70	93.90	92.10	90.40	88.70	86.90
Vital Rates											
CBR (‰)	30.71	30.72	30.69	30.62	30.50	30.40	30.24	30.03	29.77	29.45	29.10
CDR (‰)	23.29	23.13	22.65	22.28	21.99	21.53	21.11	20.69	20.28	19.85	19.38
Rate of Natural Increase	0.742	0.759	0.805	0.834	0.851	0.886	0.913	0.934	0.949	0.960	0.972
GR percent (%)	0.127	0.144	0.191	0.221	0.240	0.289	0.330	0.364	0.394	0.419	0.455
Net Migration Rate (%)	-6.15	-6.15	-6.14	-6.13	-6.12	-5.98	-5.84	-5.70	-5.55	-5.41	-5.17
Annual Births and Deaths											
Births	57,665	57,764	57,814	57,795	57,696	57,659	57,540	57,339	57,052	56,674	56,247
Deaths	43,727	43,494	42,655	42,061	41,596	40,846	40,161	39,509	38,861	38,194	37,455
Sex Ratio at Birth	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00
Percent Urban	22.82	23.35	23.87	24.36	24.84	25.31	25.76	26.19	26.60	27.00	27.37
Percent Rural	77.18	76.65	76.13	75.64	75.16	74.69	74.24	73.81	73.40	73.00	72.63

Table 4: Summary of Demographic Indicators

Indicator	Year									
	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fertility										
TFR	3.12	3.09	3.06	3.03	2.99	2.95	2.92	2.88	2.84	2.80
Mean Age at childbearing	27.19	27.10	27.01	26.91	26.79	26.66	26.53	26.40	26.26	26.14
Mortality										
Male e ⁰	43.95	44.45	44.95	45.44	45.91	46.37	46.83	47.29	47.74	48.20
Female e ⁰	47.11	47.61	48.11	48.60	49.11	49.61	50.11	50.61	51.10	51.61
Both sexes e ⁰	45.51	46.01	46.51	47.00	47.49	47.97	48.45	48.93	49.40	49.89
IMR (per 1,000)										
Both sexes	77.54	75.90	74.29	72.72	71.21	69.73	68.29	66.87	65.48	64.09
Male	84.18	82.17	80.21	78.29	76.51	74.77	73.07	71.40	69.78	68.16
Female	70.76	69.50	68.26	67.04	65.80	64.6	63.41	62.24	61.1	59.93
U5MR %										
Male	101.80	99.2	96.6	94.1	91.7	89.5	87.3	85.1	83.0	80.9
Female	85.10	83.4	81.8	80.1	78.5	76.9	75.3	73.8	72.3	70.7
Vital Rates										
CBR ‰	28.70	28.25	27.78	27.3	26.81	26.62	26.42	26.22	26.03	25.91
CDR ‰	18.90	18.41	17.94	17.48	17.05	16.65	16.29	15.93	15.6	15.28
Rate of Natural Increase	0.980	0.984	0.984	0.983	0.976	0.997	1.013	1.023	1.043	1.063
GR percent	0.487	0.514	0.538	0.56	0.583	0.633	0.679	0.723	0.766	0.789
Net Migration Rate(‰)	-4.93	-4.69	-4.46	-4.22	-3.93	-3.63	-3.34	-3.05	-2.76	-2.74
Annual Births and Deaths										
Births	55,731	55,135	54,495	53,867	53,187	53,142	53,083	53,048	53,062	53,228
Deaths	36,696	35,937	35,193	34,484	33,825	33,246	32,726	32,244	31,808	31,397
Sex Ratio at Birth	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00	102.00
Percent Urban	27.73	28.07	28.40	28.71	29.01	29.29	29.55	29.80	30.03	30.26
Percent Rural	72.67	71.93	71.60	71.29	70.99	70.71	70.45	70.20	69.97	69.74

Table 5: Lesotho Population by Five-Year Age Groups and sex (Medium Variant):2006-2026												
Age Group	Year											
	2006		2007		2008		2009		2010		2011	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	101,826	100,955	107,549	106,900	113,528	113,054	119,700	119,365	125,488	125,361	130,501	130,689
5-9	106,773	105,320	104,606	103,296	102,190	101,162	99,910	99,228	98,439	98,019	98,311	97,964
10-14	112,398	111,536	110,954	109,931	109,553	108,383	108,136	106,845	106,570	105,216	104,748	103,424
15-19	114,639	115,152	114,180	114,388	113,267	113,203	112,030	111,732	110,647	110,148	109,261	108,587
20-24	104,151	105,926	105,160	107,355	105,962	108,320	106,523	108,842	106,804	108,959	106,817	108,727
25-29	83,216	83,259	84,676	85,841	86,222	88,495	87,752	91,057	89,162	93,354	90,397	95,272
30-34	61,357	60,582	62,112	62,012	63,136	63,868	64,348	66,038	65,652	68,373	67,006	70,773
35-39	46,539	48,234	45,816	47,714	45,435	47,516	45,370	47,671	45,596	48,228	46,097	49,199
40-44	39,446	43,149	37,758	41,902	36,200	40,730	34,836	39,699	33,732	38,878	32,946	38,320
45-49	34,307	38,997	32,838	38,135	31,385	37,242	29,955	36,322	28,559	35,378	27,224	34,427
50-54	28,883	33,849	28,086	33,588	27,205	33,211	26,246	32,736	25,212	32,182	24,122	31,576
55-59	22,994	27,135	22,819	27,441	22,529	27,671	22,138	27,811	21,665	27,852	21,131	27,793
60-64	17,028	21,018	17,060	21,091	17,155	21,359	17,259	21,737	17,317	22,142	17,301	22,504
65-69	14,083	20,095	13,516	19,053	13,126	18,297	12,894	17,811	12,778	17,544	12,752	17,457
70-74	13,422	22,277	13,168	21,551	12,639	20,395	11,969	19,040	11,299	17,725	10,721	16,626
75-79	6,345	11,852	7,715	14,529	8,652	16,424	9,229	17,593	9,504	18,097	9,534	18,013
80+	6,002	15,144	4,960	12,739	4,527	11,554	4,465	11,192	4,606	11,344	4,832	11,781
All Ages	913,409	964,480	912,973	967,466	912,711	970,884	912,760	974,719	913,030	978,800	913,701	983,132
Age Group	Year											
	2012		2013		2014		2015		2016		2017	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	130,491	130,656	130,598	130,687	130,616	130,603	130,530	130,399	130,294	130,042	129,874	129,504
5-9	103,843	103,775	109,749	109,878	115,892	116,162	121,695	122,157	126,766	127,503	126,882	127,564
10-14	102,645	101,462	100,302	99,399	98,094	97,532	96,696	96,377	96,616	96,368	102,128	102,151
15-19	107,891	107,070	106,574	105,608	105,251	104,162	103,780	102,633	102,066	100,937	100,076	99,079
20-24	106,473	108,112	105,721	107,107	104,682	105,837	103,521	104,462	102,368	103,116	101,239	101,814
25-29	91,485	96,785	92,438	97,898	93,216	98,624	93,771	98,989	94,097	99,038	94,110	98,727
30-34	68,471	73,265	70,076	75,855	71,719	78,395	73,312	80,730	74,785	82,742	76,152	84,411
35-39	46,894	50,598	47,965	52,378	49,242	54,448	50,651	56,688	52,138	59,007	53,746	61,427
40-44	32,494	38,031	32,352	38,020	32,506	38,318	32,930	38,960	33,610	39,966	34,550	41,341
45-49	25,979	33,500	24,867	32,641	23,929	31,902	23,225	31,345	22,794	31,009	22,642	30,903
50-54	23,029	30,938	21,962	30,278	20,934	29,598	19,951	28,901	19,025	28,204	18,173	27,522
55-59	20,549	27,633	19,910	27,381	19,222	27,053	18,486	26,664	17,711	26,228	16,935	25,767
60-64	17,195	22,809	17,010	23,053	16,753	23,225	16,440	23,318	16,084	23,327	15,686	23,252
65-69	12,803	17,549	12,905	17,810	13,020	18,165	13,107	18,550	13,137	18,901	13,099	19,202
70-74	10,280	15,786	9,978	15,182	9,802	14,806	9,712	14,610	9,700	14,570	9,746	14,682
75-79	9,338	17,447	8,952	16,534	8,475	15,461	8,007	14,421	7,609	13,558	7,310	12,902
80+	5,094	12,337	5,363	12,890	5,591	13,338	5,751	13,612	5,822	13,676	5,804	13,541
All Ages	914,954	987,753	916,722	992,599	918,944	997,629	921,565	1,002,816	924,622	1,008,192	928,152	1,013,789

Table 5: Lesotho Population by Five-Year Age Groups and sex (Medium Variant):2006-2026

Age Group	Year											
	2018		2019		2020		2021		2022		2023	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	129,264	128,781	128,478	127,885	127,543	126,846	126,482	125,690	125,462	124,584	124,669	123,714
5-9	127,116	127,692	127,263	127,707	127,311	127,603	127,206	127,350	126,919	126,918	126,441	126,303
10-14	108,017	108,233	114,148	114,503	119,949	120,501	125,034	125,860	125,214	125,983	125,509	126,173
15-19	97,850	97,122	95,759	95,361	94,471	94,305	94,479	94,381	100,017	100,201	105,918	106,307
20-24	100,177	100,567	99,108	99,335	97,900	98,021	96,457	96,548	94,745	94,917	92,805	93,195
25-29	93,758	98,061	93,158	97,148	92,453	96,140	91,765	95,160	91,099	94,220	90,495	93,333
30-34	77,425	85,736	78,565	86,731	79,525	87,403	80,282	87,793	80,757	87,858	80,907	87,607
35-39	55,497	63,951	57,310	66,448	59,102	68,787	60,806	70,859	62,427	72,646	63,979	74,145
40-44	35,742	43,051	37,124	45,026	38,639	47,158	40,237	49,376	41,951	51,699	43,802	54,130
45-49	22,755	31,036	23,122	31,431	23,727	32,128	24,555	33,142	25,609	34,484	26,881	36,123
50-54	17,433	26,897	16,837	26,374	16,439	26,007	16,271	25,830	16,332	25,854	16,616	26,087
55-59	16,177	25,285	15,453	24,788	14,767	24,274	14,126	23,758	13,544	23,257	13,052	22,803
60-64	15,242	23,099	14,760	22,881	14,240	22,610	13,687	22,301	13,128	21,965	12,580	21,614
65-69	13,002	19,457	12,849	19,649	12,651	19,778	12,418	19,832	12,153	19,817	11,847	19,735
70-74	9,832	14,932	9,927	15,268	10,003	15,628	10,034	15,962	10,010	16,254	9,946	16,508
75-79	7,105	12,437	6,988	12,156	6,931	12,024	6,932	12,023	6,974	12,146	7,038	12,383
80+	5,709	13,250	5,574	12,871	5,437	12,489	5,315	12,153	5,211	11,859	5,120	11,595
All Ages	932,101	1,019,587	936,423	1,025,562	941,088	1,031,702	946,086	1,038,018	951,552	1,044,662	957,605	1,051,755
Age Group	Year											
	2024		2025		2026							
	Male	Female	Male	Female	Male	Female						
0-4	124,132	123,102	123,871	122,775	123,949	122,783						
5-9	125,782	125,517	124,973	124,588	124,032	123,539						
10-14	125,718	126,251	126,030	126,238	125,780	126,023						
15-19	112,052	112,595	117,856	118,609	122,945	123,985						
20-24	90,995	91,670	89,976	90,835	90,191	91,094						
25-29	89,888	92,460	89,142	91,513	88,144	90,392						
30-34	80,833	87,132	80,665	86,569	80,483	86,017						
35-39	65,423	75,365	66,715	76,308	67,808	76,992						
40-44	45,718	56,555	47,626	58,859	49,449	60,938						
45-49	28,323	38,008	29,892	40,039	31,522	42,151						
50-54	17,118	26,550	17,822	27,284	18,704	28,291						
55-59	12,676	22,437	12,469	22,209	12,447	22,143						
60-64	12,061	21,249	11,566	20,868	11,105	20,481						
65-69	11,508	19,597	11,138	19,410	10,736	19,193						
70-74	9,834	16,709	9,688	16,858	9,515	16,943						
75-79	7,109	12,694	7,166	13,025	7,190	13,334						
80+	5,053	11,386	1,188	2,272	5,007	11,236						
All Ages	964,223	1,059,277	967,783	1,058,259	979,007	1,075,535						

Figure 1: Lesotho 2006 Pyramid

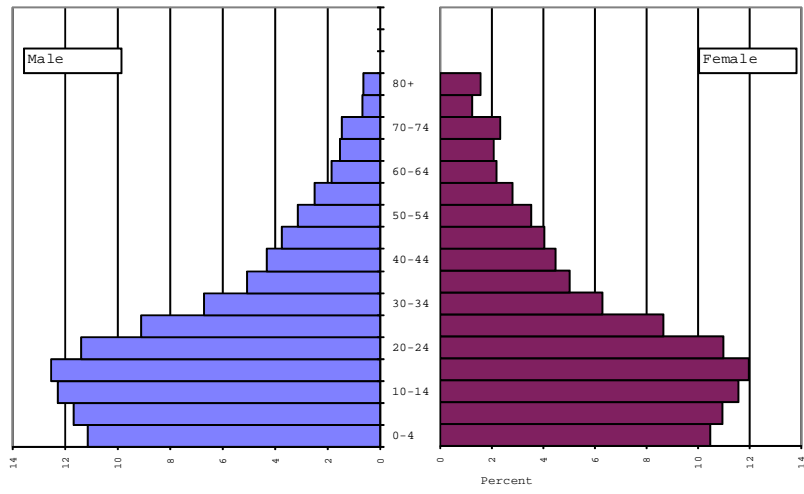


Figure 2: Lesotho 2016 Pyramid

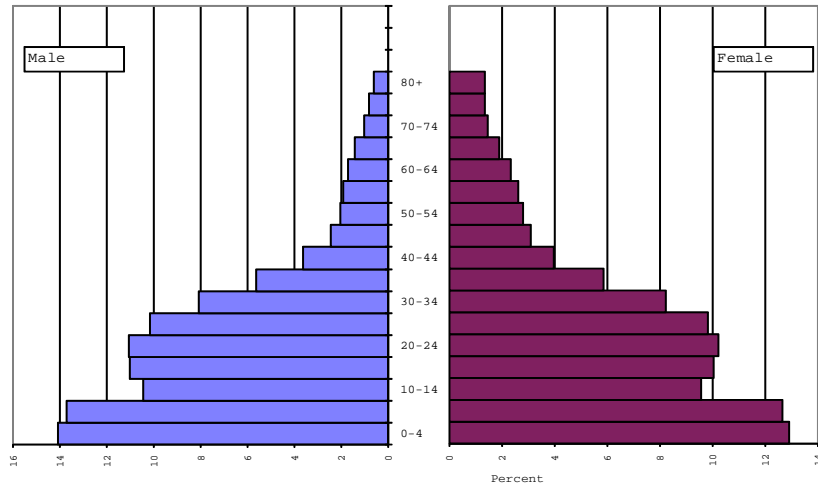


Figure 3: Lesotho 2026 Pyramid

