

State of Africa's health

Life expectancy in Africa has been slowly but steadily rising over the last several decades. However, in statistical terms, it still has not caught up with other regions of the world. It is still a continent beleaguered by malnutrition, lack of clean water, and illness, according to a new analysis by the World Health Organization (WHO)¹.

Millions of Africans are suffering from diarrhoeal diseases, malaria, respiratory infections, schistosomiasis, onchocerciasis, measles, sexually transmitted diseases, AIDS and a host of other illness. Much of this suffering could be alleviated by maintaining and even increasing health spending, and by using existing resources more effectively, particularly to target vulnerable populations.

“This tragic health situation, especially in the sub-Saharan region, is due to a combination of factors, most notably the growing gap between low economic output and high population growth”, says Dr. Hiroshi Nakajima, Director-General of WHO. “In some countries, the situation is made worse by the burden of external debt, natural disasters, and the presence of large numbers of refugees”.

The majority of the continent's health problems are in sub-Saharan Africa, says the analysis prepared for the fourth ordinary session of the Conference of African Ministers of Health, meeting in Mbabane, Swaziland, from 22–30 April 1991, under the auspices of the Organization of African Unity.

“Rampant disease”, says Dr. Nakajima, “and extremely poor living conditions take a terrible toll on the lives of men, women and children, no matter what age. I am convinced that the future political, economic and social development of Africa is inextricably linked with the health and development policies and actions taken to alleviate this suffering in the 1990s. Without health, there will be no development – human, economic or social – of any kind”.

Compared with all other continents, Africa has the most widespread health problems. An estimated 3 out of 5 persons are without access to basic health services. 150 million people are without access to safe drinking-water.

The average life expectancy in Africa is 53 years, compared with more than 74 years in developed countries.

In Africa, infants and young children under the age of five suffer extremely high death rates. In nearly half of all African countries, more than 20% of children die before they reach the age of 5 years. In some countries, the figure rises to nearly 30%.

Women in Africa fare no better. About 150 000 African women die annually from complications related to pregnancy and childbirth. An African woman is twenty five times more likely to die of a cause related to pregnancy than her European counterpart. WHO finds that 60% of births in Africa are not attended by trained personnel.

“As grim as the situation seems, some progress is being made”, says Dr. Nakajima. “Ten years ago, less than 5% of Africa's children were being immunized against the common childhood diseases. Now over 50% are being immunized. By the year 2000, WHO expects that number to be 90%”.

Besides childhood immunization, access to essential drugs, safe water supplies and care of women during pregnancy and childbirth has been improving.

Africa is beset by a host of problems which impede health care and advances:

- In the last decade, war and internal strife in many countries have disrupted desperately needed health care systems and supplies. Colossal influx of refugees and displaced populations brings in its wake horrifying morbidity and mortality rates, thus stretching to breaking point the already weakened national health care systems. The depressed economy is also severely constraining public health expenditure.
- Concentration on the allocation of resources to hospitals has led to a lack of focus on elements of district health systems and community programmes.

Other factors contributing to the health conditions in sub-Saharan Africa include droughts and famines; poor sanitation; unstable currencies; a foreign debt equalling US\$ 135 thousand million; stagnation of commodity export prices at 1960s levels; sharp increases in population, leaving fewer resources to be shared by more people.

Beyond these major problems, many endemic diseases exist in sub-Saharan Africa that are unknown or rare in temperate and developed countries. In 1990, malaria afflicted 250 million Africans; schistosomiasis – 141 million; lymphatic filariasis – 28 million; river blindness – 17 million; leprosy – 1–2 million; leishmaniasis – 0.5 million; and African sleeping sickness – over 25 000. Other diseases common among Africans are tuberculosis, meningitis, Guinea worm, and cholera. Many Africans are afflicted with more than one disease.

Diarrhoeal diseases and cholera

These diseases cause some 1.5 million deaths each year in children under 5 years of age. Most deaths from diarrhoeal diseases, including cholera, occur because of dehydration – loss of fluid from the body which can be fatal in young children. Children who survive these diseases often suffer nutritional setbacks and retarded growth, and have less resistance to other diseases.

Oral rehydration therapy (ORT) is a simple yet revolutionary development in the fight against diarrhoeal diseases. A study child can be rehydrated with ORT salts costing only pennies. ORT can be easily administered by a village health worker or parent who has been properly instructed.

Malaria

It is estimated that 260 million people in Africa are infected by malaria parasites. At least 90 million clinical cases of malaria annually in Africa and at least three-quarters of a million children die annually from this disease.

Some 385 million people in Africa live in areas without appropriate antimalaria measures to control the disease. The control of malaria in Africa has shown little improvement in the past 15 years, and has been hampered by various factors, including resistance of the parasites to common antimalarial drugs, the insufficient health infrastructure and health education at the peripheral level, and socio-economic instability.

Malaria can be cured at a relative low cost by specific antimalaria drugs, if treated in the initial stage of the blood infection, before serious complications make treatment much more difficult. This disease accounts for 30%–40% of patients seeking health care in rural dispensaries.

Given the dramatic resurgence of malaria, especially on the African continent, WHO has called on its Member States to actively participate in a global malaria meeting at ministerial level next year. Prior to that, WHO is organizing a series of regional meetings, the first of which will be held in Brazzaville, Congo, to examine the malaria-related problems of Africa. It is believed that this will serve as a “springboard” for the 1992 global conference.

Respiratory diseases

About 1.5 million children die every year from acute respiratory diseases, mainly pneumonia, pertussis and the lung complications of measles. Many of these respiratory infections can be prevented easily and inexpensively (e.g. measles vaccine costs about US\$ 0.14 a shot). Pneumonias that occur can usually be treated with a five day course of antibiotics for less than a dollar.

Schistosomiasis

About 141 million people on the African continent are infected with this tropical disease caused by water-borne parasites. About 439 million people who perform daily activities related to untreated water – swimming, fishing, irrigated farming, washing and bathing in streams or pools – are at risk for this disease which contributes to malnutrition, especially in children. The largest numbers of cases occur in Ghana, Mozambique, Nigeria, the United Republic of Tanzania and Zaire. For less than US\$1, a patient can be cured of schistosomiasis. The problem lies in sustaining water supplies, sanitation and availability of treatment in the health care systems.

Human immunodeficiency virus (HIV) and AIDS

It is estimated that nearly 6 million African adults are already infected with HIV which causes acquired immunodeficiency syndrome (AIDS). By early 1991, WHO estimates that over a million men, women and children have developed AIDS in sub-Saharan Africa. In the coming decade, more than 10 million HIV-infected children will be born and a further 10 million are likely to be orphaned as their mothers, or both parents, die of AIDS.

The HIV/AIDS pandemic adds an enormous strain to Africa's already overburdened health systems and threatens the economic stability and even the development of many nations.

Sexually transmitted diseases (STDs)

Apart from human immunodeficiency virus (HIV), some 45 million infections with sexually transmitted agents occur annually in Africa. The most important infections are: gonorrhoea, chlamydial infection, syphilis, chancroid, trichomoniasis, genital herpes and genital papillomavirus infection. The morbidity caused by these infections puts a severe strain on the health care services, but even more serious are the often life threatening complications and sequelae such as: pelvic infection, ectopic pregnancy, male and female infertility and cervical cancer. As 5%–15% of pregnant women are infected with gonorrhoea or syphilis, ophthalmia neonatorum, which is potentially blinding and congenital syphilis are extremely frequent in the newborn. It costs US\$ 0.70 per pregnant woman to prevent these conditions.

Measles

An estimated 11 million children contract measles in Africa each year. Of these, more than 500 000 will die. This disease can be easily prevented by immunization.

Challenges

By the end of this decade, about 200 million additional human beings will be living in Africa south of the Sahara. More people will place more pressure on the African authorities, WHO and other international donors to meet the basic health, nutritional, educational and housing needs. The theme for health development in the final decade of this century should therefore be to do more with the available resources.

From the mosaic of current situation and trends, WHO lays out three scenarios for the challenge facing countries and international cooperation:

Disasters

“Disasters” refers to extreme situations where development is temporarily made impossible by armed conflict, social tension or natural disaster. Essential living needs are not met. Massive emergency aid is required to ensure respect for the basic right to life and to pave the way for the fastest possible recovery.

Scarcity

The health status of Africa depends on a set of determinants comprised of education, safe water supply, access to health services, housing, food supply, employment and population trends. Africa’s stagnating or negative economic growth severely limits its capacity to provide these essentials. Health activities require continuous support from WHO and other partners in development to make efficient use of available resources.

Growth

This applies to countries that are experiencing economic development. Material, financial, technological and human resources are increasing in these countries. Support from international cooperation agencies is useful in providing technology transfer, cost and quality control, development of risk and cost coverage systems, and other management skills.

For each of these scenarios, and in particular for each country at its own stage of development, there exist quite specific international cooperation needs. Obviously the support required depends on the characteristics of the country and its population, on its level of development, and on the urgency and gravity of the situations faced.

WHO launched a special initiative to accelerate national health development, and the development of health systems and infrastructure, i.e. to strengthen

technical and economic support to countries facing serious economic constraints. The strategy is designed to address the needs of the countries individually. This special initiative involves short-term, medium-term and long-term strategy.

Despite the increased demand for the channelling of resources to other poles of attraction in the world, African leaders are continuing their efforts to mobilize international cooperation more effectively. There is growing concern in the world community about the plight of the disadvantaged populations; many policies adopted at the international level bear witness to it. During recent years, there have been dramatic displays of international solidarity and increased public support for suffering people the world over. Private and voluntary associations for cooperation have stepped up their aid to disadvantaged populations, laying the foundations for stronger alliances for social development in a spirit of partnership between governments, the nongovernmental sectors and the populations. This trend is also reflected in the spirit of cooperation among developing countries which, at least in the health field, is truly growing. But there is a need to strengthen this alliance between developed and developing countries, and it must be based on mutual respect, realistic expectations, and attainment of self-reliance; not on the traditional provider-recipient relationship but rather on a facilitator-agent relationship between partners equally concerned with the health and well-being of people.

Together with its Member States, WHO is ready to play the role assigned to it under its Constitution in facilitating and stimulating a partnership of solidarity and development in the health sphere. This partnership consists of promoting and supporting all necessary actions, provided that they contribute to:

- a common understanding of development needs and approaches;
- a coherent vision of the short-term and medium-term solutions;
- mobilization of human, technical and financial resources;
- coordination between national authorities and external agencies;
- identification of operational and financial readjustments needed.

Africa’s needs cry aloud for attention. They can be met if all energies and resources are mobilized and directed to a common end. Demands to translate intentions into actions are becoming more pressing. Pragmatism and common sense require that all who intend to make their contribution should join forces.

“It is only through political will and commitment to the concept and reality of primary health care that the health development system can be placed on a sound footing”, says Dr. Nakajima in his

speech to the Conference of Ministers of Health. “I look forward to the day in Africa when, the fear of ill health is removed from homes, villages and cities because national health services are accessible, affordable and acceptable to all Africans”.

World Health Organization, Geneva

Reference

- 1 Africa's Health-International Cooperation WHO/ICO/91.3, Geneva, 1991.