

Disease holocaust afflicts Africa

by Jutta Dinkermann

In the year 2010, Uganda will have only 20 million citizens instead of 37 million, due to the AIDS virus, stated Ugandan President Yoweri Museveni in January 1991. More than 1 million Ugandans (out of a current population of 17 million) are infected with the virus now, and the next 20 years will leave 6 million Ugandan children orphaned. In total, one of every two people worldwide infected with the HIV virus is an African. The continent is in the process of being depopulated.

But AIDS is only one of many causes of early death in Africa today. The African population is being depleted by a combination of malnutrition and diseases of all varieties. Nearly 1 million Africans died in 1990 from malaria. Africans are suffering from diarrheal diseases, malaria, respiratory infections, schistosomiasis, onchocerciasis, measles, sexually transmitted diseases, and AIDS.

The resistance of the average African to disease is significantly lowered by chronic malnutrition. The most common problem is protein-energy malnutrition. Added to that may be specific vitamin and mineral deficiency diseases—scurvy due to lack of vitamin C, anemia through lack of iron or folic acid, or blindness and illness caused by vitamin A deficiency.

In Africa, once a man, woman, or child becomes ill, there is little that can be done—only two out of five people have any access to medical services, according to the United Nations. There is only one doctor for every 25,000 people, compared with one for every 555 people in industrial countries. Health care is one of the areas most targeted by the International Monetary Fund (IMF) and World Bank for decreased government expenditure, even though the average spent for each African per year for health care is \$5, and even less in countries like Mali and Benin.

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. A child born today in sub-Saharan Africa enters a world in which one person in five does not receive enough food to lead a productive, healthy life. The odds are 1 in 10 that he or she will not live more than one year. In nearly half of all African countries,

more than 20% of children die before they reach the age of five. In Mozambique and Mali, the figure is close to 30%. Organization of African Unity (OAU) General Secretary Mpuranga reported in May that the high death rate for children will climb in the next years by another 50%.

Women in Africa fare no better. An African woman is 25 times more likely to die of a cause related to pregnancy than her European counterpart. The World Health Organization (WHO) finds that 60% of births in Africa are not attended by trained personnel.

Over 90% of new city-dwellers in sub-Saharan Africa are only finding homes in slums and shanty-towns. These shanty-towns are crowded with people without access to roads, potable water, or adequate human waste disposal facilities. A survey in Kwesimintsim in Takoradi, Ghana, recorded a total of 3,250 persons in 190 houses, all depending on public toilets with only 16 seats or holes. In areas where waste disposal and treatment are limited or nonexistent, people discharge their waste directly into rivers and lagoons, thus creating a chronic pollution problem and health hazard. Over 150 million Africans are without access to clean drinking water.

Many endemic diseases exist in sub-Saharan Africa that are unknown or rare in temperate and developed countries. A brief overview of disease affliction in Africa for 1990 is as follows:

Malaria	250 million
Schistosomiasis	141 million
Lymphatic filariasis	28 million
River blindness	17 million
Leprosy	1-2 million
Leishmaniasis	0.5 million
Sleeping sickness	0.04 million

Other diseases common among Africans are tuberculosis, meningitis, Guinea worm, and cholera. Many Africans are afflicted with more than one disease.

In the following survey of disease in Africa, it should be noted that all the figures presented are either estimations or represent the minimum of cases, since reporting is not regular.

Diarrheal diseases and cholera

Over 1.5 million African children under the age of five die each year from these diseases. Most deaths from diarrheal diseases, including cholera, occur because of dehydration—loss of body fluids, 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 diarrheal diseases. A dying child can be rehydrated with ORT salts costing only pennies.

As of mid-July 1991, WHO had received reports of 45,159 cases of cholera and 3,488 cholera deaths from 10 African countries, with rates of death ranging from 6% to 10% in some countries, but as high as 30% in some areas. The number of cholera cases reported in the first seven months of 1991 exceeds the 39,211 cases reported for Africa during all of 1990. Although the number of cases reported from Africa was lower than those reported Ibero-America this year, the number of deaths reported is much higher in Africa.

Countries or areas reporting cholera to the WHO in 1991, as of July 18, 1991, are shown in **Table 1**. For comparison, the number of cholera cases in America, including Brazil, Canada, Chile, Colombia, Ecuador, Mexico, Peru, and the United States, totaled 251,568, but only 2,618 deaths were reported.

"The high rate of deaths from cholera in Africa is a reflection of the levels of poverty, mass migration, and inadequate access to health care in some areas," Dr. Tulloch, coordinator of the WHO Task Force on Cholera Control, told *EIR*.

Malaria

Due to the ban on the pesticide DDT under environmentalist pressure, Africa is now witnessing a dramatic resurgence in malaria. It is estimated that 260 million people there are infected by malaria parasites. At least 90 million clinical cases of malaria occur annually, and malaria kills 750,000 children under five each year in Africa.

Malaria can be cured at relatively low cost by specific anti-malaria drugs, if treated in the initial stage of the blood infection, before serious complications make treatment much more difficult.

Respiratory diseases

Acute respiratory diseases kill 1.5 million African children each year. Pneumonia, pertussis (whooping cough), and the pulmonary complications of measles are the most common of these diseases.

Many of these respiratory infections can be prevented easily and inexpensively—for example, measles vaccine costs about 14¢ a shot. Pneumonias 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, Tanzania, and Zaire.

For less than \$1, a patient can be cured of schistosomiasis. The problem lies in sustaining water supplies, sanitation, and availability of treatment in the health care system.

Sexually transmitted diseases (STDs)

Some 45 million infections with sexually transmitted agents occur annually in Africa. The most important infections are: gonorrhea, chlamydial infection, syphilis, chancroid, trichomoniasis, genital herpes, and genital papillomavirus infection, often accompanied by complications (often life-threatening) and sequelae such as pelvic infection, ectopic pregnancy, male and female infertility, and cervical cancer. As 5-15% of pregnant woman are infected with gonorrhea or syphilis, ophthalmia neonatorum, which can potentially cause blindness, and congenital syphilis are extremely frequent in the newborn.

It costs 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 die. The disease can be easily prevented by immunization.

AIDS

Close to 7 million Africans are, according to the conservative estimates of the WHO, infected with HIV. By the year 2000, this number could grow to over 20 million. In some major urban centers, between one-quarter and one-third of all men and woman aged 15-49 have been infected.

AIDS is now spreading also in the west and north of Africa from its concentration in east and central Africa. "Whole villages are eradicated already," the delegate of Sudan at the May 1991 meeting of African health ministers. "In other villages, only orphans and old people are left."

Already, over 800,000 adults and 500,000 children have the full-blown symptoms of AIDS. The life-expectancy after the outbreak of the disease is, in the best cases, a few months, in contrast to the industrialized nations, where patients sick with AIDS can be kept alive up to two years.

More than 400,000 people in Africa have died of AIDS already. AIDS is now the major cause of death among hospital patients in several African cities—Abidjan, Ivory Coast; Kinshasa, Zaire; Kampala, Uganda; and Lusaka, Angola,

TABLE 1
Incidence of cholera in Africa

Country	Cases	Deaths
Angola	4,038	56
Benin	1,086	55
Cameroon	1,393	172
Chad	7,550	795
Ghana	6,493	181
Mozambique	3,785	91
Niger	1,129	137
Nigeria	7,674	990
Togo	782	30
Zambia	11,356	981
Total	45,159	3,488

Cases in 1991, reported as of July 18, 1991.
Source: World Health Organization.

where more than 50% of all hospital beds are occupied by AIDS patients.

WHO predicts that during the next decade 3 million African woman and children will die of AIDS and that more than 1 million children will be orphaned by the pandemic. Some 10-15 million children, mostly in sub-Saharan Africa, will lose their mothers to AIDS by the turn of the century.

In Africa, 25-30% of all newborns are infected by HIV. The *New England Journal of Medicine* released in September a study from Kigali, Rwanda, which indicates that HIV transmission can also occur by breastfeeding. But even if African mothers have enough money to buy baby formula or milk, they do not always have clean water to prepare it.

The AIDS epidemic in sub-Saharan Africa will likely reduce the population of that region by 50 million people by the year 2015, concluded a study completed by the Center for International Research of the U.S. Bureau of the Census. In a paper presented on Feb. 14 to the American Association for the Advancement of Science, researchers Peter Way and Karen Stanecki stated that HIV infection is projected to increase in sub-Saharan Africa sevenfold over the next 25 years. The Census Bureau report indicates that by the year 2015, some 70 million people in sub-Saharan Africa will be infected with HIV—every 12th person—and that the disease would leave behind 16 million orphans in its wake over the next 25 years. In some areas, this projection shows, the AIDS epidemic will result in total devastation. Already today, the study reported, “among low-risk urban population samples (primarily of pregnant women), infection levels frequently exceed 10% in urban areas. Patterns of infections for high-risk urban population samples (primarily of prostitutes) show a similar concentration in the East Africa Region, with samples in several countries well above the 40% mark.”

Due to the lack of medical infrastructure and the lack of interest by those who could help to fight AIDS in Africa, there is no real overview of the ongoing holocaust. The cases reported to WHO by African countries reflect only a small portion of the actual level of the disease, as even WHO admits.

At this year's international summer conference on AIDS in Florence, Italy, President Yoweri Museveni of Uganda reminded delegates of the links between AIDS and poverty. Whereas the developing world's share of all HIV infection was only 30% in 1985, it will be 90% at the end of the decade, he said. Through the 1980s, most sub-Saharan African countries spent just \$3.50 per person on health each year. This poor level of medical service has created fertile ground for the spread of HIV. For example, people with sexually transmitted diseases such as syphilis were likely to go undiagnosed, but STDs have been shown to facilitate transmission of HIV.

Tuberculosis and AIDS

After decades of declining rates of tuberculosis, progress against this killer has come to an abrupt halt in the developed countries. In some East and Central African countries, re-

ported tuberculosis cases have almost doubled in the last four or five years. The rate of disease is the highest in sub-Saharan Africa—1,160,000 cases of TB are estimated to have occurred in 1990 in Africa.

Most of the TB deaths occur in the developing world. In 1990, there were 656,000 people who died of TB in sub-Saharan Africa. By comparison, in the industrialized countries there were 42,000 TB deaths.

One of the main reasons for the resurgence of TB is the

Africa is now witnessing a dramatic resurgence in malaria, with 260 million people infected by malaria parasites. Malaria kills 750,000 children under five each year in Africa. Yet the disease can be cured at a relatively low cost, if treated before serious complications make treatment more difficult.

spread of infection with HIV. When people infected with TB are also infected with HIV, TB is more likely to become active because of the weakened immune system. In people with tuberculosis, the time it takes for HIV to develop into AIDS is shortened dramatically.

“It is becoming a parallel epidemic and it is this trend that has public health officials worried,” declared Dr. Nakajima, director general of WHO. “Countries with the highest rates of HIV infection and high numbers of TB carriers are recording explosive rates of TB,” WHO says. WHO estimates that in 1990, there are 2.4 million people in sub-Saharan Africa infected with both HIV and TB. (This figure concerns the prevalence of TB and HIV infection, not the actual outbreak.) This year, the number will be close to 3 million.

In the poorest countries, traditional large family groups often inhabit one poorly ventilated room where the TB infection is transmitted to more than 50% of the family members. The increase in TB cases in Central and East Africa is another burden to the medical system. “This is dangerous because curing TB requires a 6-12 month course of treatment with daily administration of drugs,” WHO says. “If medical treatment and drug therapy are administered properly, 98% of people infected with TB can be cured and the chain of transmission will be broken.”

The cost of the drugs is low: \$30-50 per patient. There is also an inexpensive vaccine to prevent TB in children. The diagnostic test for TB costs less than \$6 per person. “Our biggest problem is implementing the drug therapy and getting