

# **Africa in Transition**

## **LESSON 4**

### **Health, the Environment, and the Impact of War Update**

Africa continues to face major challenges in the areas of health, the environment, and war. For example, while the average life expectancy in sub-Saharan Africa is 50 years, in Angola, Lesotho, Mozambique, Sierra Leone, Swaziland, Zambia, and Zimbabwe it is 43 years or less, largely due to the spread of HIV/AIDS.<sup>1</sup> More than half of Africa's arable land is threatened by desertification.<sup>2</sup> And there are over 15 million African refugees and internally displaced persons on the continent.<sup>3</sup> This lesson explores both the challenges and the successes associated with these issues.

#### **HEALTH ISSUES AND HEALTH CARE IN AFRICA**

Many of Africa's health challenges are directly related to its underdevelopment. It can be difficult for governments to make economic headway when debilitating diseases sap their populations. There have been some successes. Smallpox has been eradicated, and significant steps have been taken to eliminate polio, river blindness, and guinea worm. This section looks at three key areas of health and health care in Africa: 1) Africa's current health care picture; 2) Africa's diseases; and 3) malnutrition, child survival, and maternal health.

#### **Africa's Current Health Care Picture**

(insert before "Africa's Diseases" section on page 137)

While in 2006 the average life expectancy in Africa was 50 years, in the United States it was 78 years, and in Europe, 80 years.<sup>4</sup> The infant mortality rate in sub-Saharan Africa was 94 per 1,000 births, compared to four and six per 1,000 in Europe and the United States, respectively.<sup>5</sup> Only 56 percent of sub-Saharan Africans had access to safe drinking water, compared to 100 percent in Europe and the United States.<sup>6</sup> These difficult statistics are the result of several factors. First, because of its warm climate, many diseases thrive in Africa. Second, malnutrition and general poor health make people more susceptible to disease. Third, Africa has inadequate health care education and delivery systems. Fourth, health care facilities, generally located in urban centers, are often inaccessible to large segments of the population. Finally, traditional and modern health care practitioners sometimes disagree about methods of treatment.

#### **Africa's Diseases**

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Sub-Saharan Africa continues to be the region most affected by HIV/AIDS. It is home to one in every three people infected with HIV globally.<sup>7</sup> It also carries 80 percent of the world's malaria cases.<sup>8</sup> Here, we focus on these two illnesses.

(insert after 2<sup>nd</sup> paragraph on page 139)

**HIV and AIDS.** The human immunodeficiency virus (HIV), which causes the acquired immunodeficiency syndrome (AIDS), is a worldwide epidemic. In Africa, the HIV/AIDS infection rate increased rapidly in the 1990s. Despite decreasing rates since 2000, HIV/AIDS still kills more Africans than any other disease and poses a public-health crisis of tremendous proportions.<sup>9</sup> According to UNAIDS, 22 million, nearly 3 percent of sub-Saharan Africans, are HIV positive or have AIDS. Almost two million of them are children.<sup>10</sup> Although sub-Saharan

Africa has roughly 10 percent of the world's population, it has 67 percent of the world's HIV/AIDS cases and 75 percent of all AIDS deaths.<sup>11</sup> In the seven most severely infected countries, Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, between 15 and 28 percent of the adult population is infected.<sup>12</sup>

The primary means of infection in Africa is through heterosexual intercourse. Nearly 60 percent of those infected in sub-Saharan Africa are women.<sup>13</sup> Young women between the ages of 19 and 24 are three to six times more likely to become HIV positive than men the same age. The deaths of parents and caretakers have left the continent with 12 million AIDS orphans.<sup>14</sup>

The HIV/AIDS epidemic has profound economic and social consequences in Africa. The disease often strikes educated urban dwellers and other skilled groups during their most productive years. It also increases costs of health care and social services. It is important to note that because of HIV/AIDS, tuberculosis (TB) has reemerged as a major cause of death in Africa. The World Health Organization (WHO) has reported that the number of TB cases in Africa is increasing by 4 percent per year.<sup>15</sup> This increase is largely because of the weakened immune system that comes with HIV/AIDS. Twenty-two percent of Africans with HIV/AIDS develop TB; in some countries, this figure reaches 70 percent.<sup>16</sup> Tuberculosis is particularly worrisome because it is easily spread. It is estimated that each person with TB infects up to fifteen people every year.<sup>17</sup>

Unlike in the United States and Europe, treatment for HIV/AIDS has been hard to come by in Africa. This difficulty is mostly a result of the high cost of the drugs used to fight the disease. However, in recent years, the international community has intensified its efforts to combat HIV/AIDS on the continent. Global funding increased forty-fold from roughly \$260 million in 1996 to about \$10 billion in 2007.<sup>18</sup> Also, in 2002, the Clinton Foundation HIV/AIDS Initiative (CHAI) began a partnership with drug companies to sell low-cost anti-retroviral drugs to developing countries. As a result, the cost of HIV/AIDS treatment has dropped by about 45 percent, increasing the number of patients in treatment to approximately 2.5 million –185 times greater than before CHAI began.<sup>19</sup> While this is a huge improvement, HIV/AIDS drugs continue to be unavailable or unaffordable for many sub-Saharan Africans, where three hundred million people live on less than a dollar a day.<sup>20</sup>

(insert before "Other Important Diseases" section on page 139)

**Malaria.** Malaria also poses a tremendous problem on the continent. An estimated 74 percent of Africans live in malaria high-risk areas. Each year, about one-third of Africa's population gets sick with the disease. Although malaria generally does not lead to death, each year it kills over one million people worldwide. Ninety percent of these deaths occur in Africa, mostly among children under five.<sup>21</sup> Children who survive often suffer from learning impediments or brain damage.

An additional challenge with malaria is that it has developed resistance to some antimalarial drugs. Also, antimalarial drugs are expensive. In 2006, only 34 percent of children with malaria were treated with antimalarial drugs.<sup>22</sup> Many were treated with less effective drugs because they were less expensive. Only a handful of countries in the region provide antimalarial drugs free of charge.

In 1999, the trial use of insecticide-treated bed netting (ITNs) in Burkina Faso, Gambia, Ghana, and Kenya reduced malaria deaths of children in those countries by 25 to 40 percent.<sup>23</sup> Since then, other African countries have made an effort to provide people with ITNs. Also, organizations such as UNICEF have doubled their distribution of free or highly subsidized nets in the last several years. As a result, the ITN coverage has significantly increased in some African countries. For example, between 2000 and 2004, only 2 percent of children slept under the bednets in Togo.<sup>24</sup> By 2006, this number increased to 38 percent.<sup>25</sup> Overall, however, only 9 percent of all sub-Saharan Africa's children sleep under an insecticide-treated net.<sup>26</sup> Many poor households cannot afford the net, which costs between \$2 and \$5.

In recent years, a number of organizations have been created to help eradicate malaria. In 1997, the World Health Organization, the World Bank, and other international agencies launched the Multilateral Initiative on Malaria (MIM). This program seeks to promote research and develop strategies to control the disease. Its main focus has been on Africa. Roll Back Malaria is a partnership initiated by WHO, UNDP, UNICEF, and the World Bank in 1998. Its goal is to raise awareness of malaria and work with governments and other organizations to reduce the human and socio-economic costs of malaria. The Global Fund was created in 2002 to dramatically increase resources in the global fight against AIDS, TB, and malaria. By mid-2007, the Global Fund has distributed 30 million ITNs and delivered 28 million malaria treatments.<sup>27</sup> In 2005, U.S. President George W. Bush launched the President's Malaria Initiative (PMI). He pledged to increase U.S. malaria funding by \$1.2 billion over five years, with the goal of reducing malaria deaths by 50 percent. In 2008, the U.S. Congress approved an additional \$5 billion over the next five years for the Malaria Initiative.<sup>28</sup>

## **Malnutrition, Child Survival, and Maternal Health**

(insert before "Summation" section on page 141)

Malnutrition and famine represent significant health challenges in Africa. In the 1980s and 1990s, famines killed millions in Ethiopia, Somalia, Sudan, and elsewhere. According to the World Bank, close to 240 million people in sub-Saharan Africa are chronically undernourished.<sup>29</sup> Undernourishment contributes to the high incidence of death among Africans from diseases that are otherwise seldom fatal.

Diarrheal diseases are also a significant problem in Africa, especially for children. These diseases are generally caused by poor sanitation and a lack of safe drinking water. One of the low-cost treatments given high priority by international donors is oral rehydration therapy. In this therapy, a mixture of water, salts, and glucose is used to treat children suffering from diarrhea. This treatment is widely administered by UNICEF.

Africa, where women have on average five children, also has the highest rates of maternal mortality in the world. In sub-Saharan Africa, 900 out of every 100,000 women die due to childbirth. In some countries, such as Niger and Sierra Leone, this number is as high as 2,000.<sup>30</sup> In comparison, this ratio is 5 per 100,000 in Europe and 11 per 100,000 in the United States.<sup>31</sup> The high risk in sub-Saharan Africa is attributed to poor maternal nutrition, lack of access to skilled health personnel, and untreated post-delivery complications.

## **ENVIRONMENTAL ISSUES**

Like much of the world, Africa faces significant environmental problems. However, many of Africa's environmental issues are unique. In 2004, the importance of addressing Africa's environmental problems was highlighted when Kenyan environmental activist Wangari Muta Maathai won the Nobel Peace Prize for her efforts to promote sustainable development in Africa. Here we focus on land, water, and wildlife issues.

### **Deforestation**

(insert before "Desertification" section on page 142)

Africa has the highest deforestation rate in the world.<sup>32</sup> Most of Africa's deforestation is caused by slash-and-burn agriculture. Forests are rarely replanted as people move from depleted lands to clear new forest areas. Yet forests and trees make an essential contribution to rural life by providing firewood, dyes, fruits, nuts, and building materials. Firewood and charcoal represent more than half the energy consumption in sub-Saharan Africa.<sup>33</sup> Deforestation also contributes to global warming by releasing carbon dioxide into the atmosphere. It is estimated that about 1.6 billion tons of carbon emissions are released due to deforestation worldwide every year, amounting to one-fifth of the global total.<sup>34</sup>

In some countries, the fight against deforestation is being lost. For example, Côte d'Ivoire once had the largest rainforest in West Africa. By 2002, over 80 percent of the country's forests were lost due to deforestation.<sup>35</sup> The world's second largest rainforest, Central Africa's Congo River basin, is also under threat. The UN estimates that two-thirds of the forests will disappear by 2040 if the current rate of deforestation is not stopped.<sup>36</sup> Hope comes from such countries as Gambia and Rwanda, which have been praised for their efforts to save and replant forests, and international donors who support initiatives to save Africa's forests. An example of such projects is the Congo Basin Forest Fund (CBFF). Launched in 2008, the multi-donor fund's goal is "to support innovative proposals to make the forest worth more as a living resource than it would be cut down."<sup>37</sup>

### **Desertification**

(insert after 1<sup>st</sup> paragraph on page 143)

Desertification is the formation and expansion of degraded soil. It is caused by human activities, such as mismanagement through overgrazing, overcultivation, poor irrigation practices, and deforestation. It is also caused by natural factors, such as drought. Desertification has its greatest impact in Africa. Two-thirds of the continent is desert or dryland, which affects more than 600 million people.<sup>38</sup> The worst case of desertification occurs in the Sahel region, which stretches along the southern part of the Sahara desert.

Desertification also impacts water resources in Africa. Lake Chad, once Africa's fourth largest inland body of water, has been shrinking at an alarming rate due to the process of desertification and climate change. The gradual disappearance of the lake, which is surrounded by Chad, Cameroon, Nigeria, and Niger, has been disastrous for local fishermen.

### **Water Quality**

(insert after 3<sup>rd</sup> paragraph on page 143)

Only 56 percent of sub-Saharan Africans have access to safe drinking water.<sup>39</sup> Unlike in other regions of the world, industry is not the primary cause of water pollution in Africa. Natural

phenomena, such as snails, worms, insect larvae, and other parasites are the main factors affecting Africa's poor water quality. These organisms cause waterborne diseases that reduce life expectancy, lessen the quality of life, and slow economic development. UNICEF and WHO have been at the forefront of efforts to improve the drinking water in Africa. However, as with many initiatives on the continent, more resources are needed to improve water quality.

## **Energy Extraction**

(insert before "Toxic-Waste Disposal" section on page 143)

The oil and gas industry is a major factor in the economies of Algeria, Egypt, and Libya in North Africa; Cameroon and Nigeria in West Africa; Sudan and Chad in Northeastern Africa; Republic of Congo, Equatorial Guinea, and Gabon in Central Africa; and Angola and South Africa in Southern Africa. In all these countries, it has created serious environmental problems because of pipeline leaks, explosions from seismic surveys, improper disposal of wastes, and oilrig blowouts.

The environmental impact of oil extraction in Nigeria is particularly serious. The country is a major oil producer and its government has not implemented effective environmental regulation of the industry. Indeed, oil exploration, refining, production, and transportation in several of Nigeria's states have caused widespread ecological problems. Concern about environmental degradation, government corruption, and corporate greed has led some local groups to riot, seize or sabotage oil stations, and attack oil workers. Other environmental groups have staged peaceful protests.

## **Preservation of Wildlife**

(insert before "Summation" section on page 144)

Wildlife preservation is important to global biodiversity. It is also important to countries' economies. For example, tourism generates significant amounts of foreign currency in countries such as Botswana, Kenya, South Africa, Tanzania, Uganda, and Zimbabwe. However, protection of wildlife is a controversial issue in Africa. In many countries, the poor come in conflict with preservation activists over access to land and water.

Poaching is another threat to wildlife preservation. During the 1980s, illegal hunters greatly reduced populations of the African leopard, elephant, and rhinoceros. Elephant herds were reduced by 50 percent during the decade by illegal hunters seeking ivory. In Tanzania, there were 110,000 elephants in the Selous Reserve in 1976. By 1989, only 24,600 remained.<sup>40</sup> Because of such tragedies, in 1989, the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) banned the international trade in ivory.

Since 1989, elephant herds in some states have made remarkable comebacks. In some countries they have grown so large that they have begun to pose a serious problem for farmers and herdsmen. For example, by 2006 Zimbabwe's elephant population had rebounded to about 100,000 animals. These animals live in areas that can accommodate only about 45,000 elephants.<sup>41</sup> As a result of such changes, CITES gave Botswana, Namibia, South Africa, and Zimbabwe permission to cull their herds and sell the ivory on a limited basis. Local conservationists supported the sales, arguing that the revenues could be used for conservation efforts. However, others argued that the resumption of ivory sales would lead to a resumption of poaching. Indeed, since 2005, there has been some evidence of increased poaching in Sudan, the

Democratic Republic of the Congo (DRC), the Central African Republic, Kenya, and elsewhere. This increase was sparked by a growing demand for ivory in China and other Asian countries. In 2007, customs officers seized about 24 tons of ivory, twice the amount of previous years, with major busts taking place in Taiwan, Singapore, Kenya, India, Japan, and the Philippines.<sup>42</sup> However, specialists say that this amount accounts for only 10 percent of ivory smuggled from Africa.<sup>43</sup> The U.S. Fish and Wildlife Service helps African park rangers fight poaching by providing equipment and training.

## **THE IMPACTS OF WAR ON AFRICAN SOCIETY**

In many African countries, war has had a terrible impact on society. Overcrowded refugee camps without running water and adequate sanitary facilities are breeding grounds for diarrhea, cholera, and other infectious diseases. Child soldiers and those brutally maimed carry heavy mental scars. This section examines several of the effects of war on Africa and its peoples.

### **Refugees and the Internally Displaced**

(insert after 2<sup>nd</sup> paragraph on page 145)

At the end of 2007, there were 15 million refugees and internally displaced persons (IDPs) in Africa.<sup>44</sup> The largest refugee populations came from Sudan (523,000), Somalia (457,000), Burundi (376,000), and the DRC (370,000).<sup>45</sup> In 2007, Sudan had the largest IDP population in the world, with 5.8 million people forcibly displaced within the country's borders.<sup>46</sup> The conflict in Darfur alone has displaced more than 2 million people within Sudan and has resulted in over 250,000 Darfur refugees settling in Chad.<sup>47</sup> Refugees place a significant burden on host countries, which are often struggling themselves to develop their economies or recover from conflict. Tanzania, Chad, Uganda, and Kenya host the largest refugee populations in Africa.<sup>48</sup> Still, there have been some positive developments in recent years. Most of Angola's nearly four million internally displaced persons and 350,000 refugees returned to their homes after a peace accord was signed in 2002.<sup>49</sup> In addition, successful repatriation operations brought home a considerable number of refugees from Sudan, the DRC, Liberia, and Burundi.

### **Children of War**

(insert after 4<sup>th</sup> paragraphs on page 145)

Perhaps the saddest legacies of war in Africa are the physical and psychological scars it leaves on children. Since independence, warfare has left millions of children orphaned, forcing many to live on the streets. It has also led to children who have known nothing but war, and to child soldiers. Children as young as eight have been recruited, often by force, into rebel armies in Angola, Burundi, the DRC, Liberia, Republic of Congo, Rwanda, Sierra Leone, Somalia, Sudan, Uganda, and elsewhere. Roughly one-third of the 300,000 children under the age of eighteen involved in armed conflict worldwide are in Africa.<sup>50</sup>

In 2000, the UN General Assembly adopted the Optional Protocol to the Convention on the Rights of the Child. This protocol raised the international standard for child participation in armed conflict from fifteen to eighteen years of age. Still, in 2006, UNICEF reported continued recruitment of child soldiers in countries such as the DRC, Uganda, and Sudan. This trend has prompted renewed efforts within the international community. Efforts have been made not only to enforce international humanitarian law, but also to work toward reintegrating former child soldiers into their respective communities. Thanks to the work of organizations such as UNICEF

and the International Committee of the Red Cross, thousands of child soldiers are released from armed forces and reunited with their families every year.

## The Landmine Issue

(insert before “Economic Costs” section on page 145)

There are an estimated 40 million landmines buried in Africa, more than in any other region of the world. No one knows the location of many of these landmines, making agriculture dangerous and playing in fields unsafe. In 2006, sub-Saharan Africa was the only region where the number of casualties due to landmines increased, reaching 1,205 people in 19 countries.<sup>51</sup>

Because of the threat landmines pose, the international community concluded the Mine Ban Treaty in 1997. One hundred fifty-six states have signed this treaty. In Africa, only four countries (Egypt, Libya, Morocco, and Somalia) have not signed it. The United States has also refused to sign, citing the need for minefields in Korea to help protect the South from invasion by the North. Nevertheless, the United States has assisted in global demining efforts. For example, in 2006, the United States contributed over \$108 million, with \$14 million for Africa, to address the landmine issue in 28 countries.<sup>52</sup>

*For more recent information, please visit the timelines at [www.southerncenter.org](http://www.southerncenter.org).*

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<sup>1</sup> Table “2.21: Mortality,” in *2008 World Development Indicators*, World Bank, (Washington DC: The World Bank, 2008), 118 – 121.

<sup>2</sup> United Nations Economic and Social Council (ECOSOC), Economic Commission for Africa, “Africa Review Report on Drought and Desertification (Summary Version)” (Fifth Meeting of the Africa Committee on Sustainable Development (ACSD-5)/Regional Implementation Meeting (RIM) for CSD-16, Addis Ababa, October 22-25, 2007) <http://www.uneca.org/csd/csd5/ACSD5-SummaryReportonDrought.pdf> (accessed July 15, 2008).

<sup>3</sup> United Nations High Commissioner for Refugees (UNHCR), “2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons, June 2008, <http://www.unhcr.org/statistics/STATISTICS/4852366f2.pdf> (accessed July 16, 2008) and “Internally Displaced People: Questions and Answers,” 2007, <http://www.unhcr.org/basics/BASICS/405ef8c64.pdf> (accessed August 8, 2008).

<sup>4</sup> Table “2.21: Mortality,” in *2008 World Development Indicators*, The World Bank, 118-120.

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<sup>6</sup> Table “2.16: Disease Prevention Coverage and Quality,” in *2008 World Development Indicators*, The World Bank, 100.

<sup>7</sup> World Health Organization (WHO), *World Health Statistics 2008* (Geneva, Switzerland: WHO Press, 2008), [http://www.who.int/whosis/whostat/EN\\_WHS08\\_Full.pdf](http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf) (accessed July 16, 2008).

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<sup>12</sup> Ibid.

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- <sup>27</sup> The Global Fund, “Results at a Glance,” February 2007, [http://www.theglobalfund.org/en/files/publications/onepages/RR2007\\_ResultsAtGlance.pdf](http://www.theglobalfund.org/en/files/publications/onepages/RR2007_ResultsAtGlance.pdf) (accessed October 8, 2008).
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