

44958

E/ECA/CM.22/4/Rev.1/Corr.

# **ECONOMIC REPORT ON AFRICA**

## **1996**



## 2. Slow progress with preventive and community health care

71. Failure to implement preventive health care (PHC), with its emphasis on community health, has had profound ramifications on Africa's long-term development prospects. For instance, lack of basic sanitation and safe drinking water, which is integral to PHC, is responsible for diarrhoeal diseases which are among the leading causes of death among children under five years of age. Diarrhoeal diseases can easily be controlled by the provision of safe water and sanitation and through increased availability and use of relatively cheap oral rehydration therapy or salts (ORT/ORS). Recent data indicate ORT use rate in sub-Saharan Africa to be about 57 per cent, compared to the WHO recommended use rate of 80 per cent by the year 2000. However, with assistance from the United Nations Children's Fund (UNICEF), considerable progress has been made in recent years in African countries in the use of oral rehydration therapy. Sixteen countries in Africa have lifted use rate by 30 percentage points or more over the last decade.<sup>5</sup> Between 1987 to 1993, regional oral rehydration therapy use rate ranged from 10 per cent in Mali to 90 per cent in Zambia. In addition, public health education in various forms can considerably reduce such major impediments to health as malaria, sexually transmitted diseases (STDs) and severe malnutrition which contributes enormously to acute respiratory infections - the leading cause of death among African children.

## 3. Inadequate and lagging immunization programmes

72. In the African region, immunization against major killer diseases is below the target set by WHO for the mid-1990s. This is particularly the case in rural communities and in countries facing serious financial crisis and economic recession, or those mired in internecine wars and civil strife. Immunization in Africa, especially against the major childhood diseases, is significantly below the global average. Large outbreaks of diphtheria and measles continue to afflict children who otherwise could have been protected through early immunization programmes. Immunization ramifies into many aspects of child health. For instance, immunization against measles and pertussis contribute significantly towards the containment of acute respiratory infections, especially pneumonia, which is the single biggest killer of children.

## 4. Containing the HIV/AIDS pandemic is a priority

73. Globally, the spread of HIV/AIDS continues to be rapid with an estimated 5,000 individuals being infected daily.<sup>6</sup> Despite weak epidemiological surveillance and serious under-reporting, WHO data indicates that HIV/AIDS is increasing at an alarming rate in Africa. Thus, most of these new infections are occurring in Africa where at least one million persons are being infected annually and the projected numbers for the year

Table II.3: AIDS cases reported to WHO by country/area based on reports received through 30 June 1995.

Country	1979-1992	1993	1994	1995	Total
Botswana	1078	870	968	194	3110
Burundi	6763	117	144	0	7024
Congo	5267	1206	1300	0	7773
Ethiopia	4884	5124	5558	2476	18042
Ghana	10305	2371	2330	0	15006
Côte d'Ivoire	14655	4012	6566	0	25233
Kenya	37029	11560	7347	637	56573
Malawi	26955	4916	4732	1070	37673
Mozambique	662	164	534	455	1815
Rwanda	9486	1220	0	0	10706
United Republic of Tanzania	42422	3327	219	0	45968
Uganda	38552	2641	4927	0	46120
Zaire	22159	588	3384	0	26131
Zambia	7124	22610	0	0	29734
Zimbabwe	18731	9174	10647	0	38552

Source: WHO Africa Regional Office, Brazzaville, Congo, 1995.