

Editor's comment

Suffer the children



BRIDGET FARHAM
ugqirha@iafrica.com

According to the World Health Organization Annual Report of 2003, a baby girl born in Japan at that time could expect to live for about 85 years. But a baby girl born in Sierra Leone at the same moment had a life expectancy of 36 years. The Japanese child will receive vaccinations, adequate nutrition and good schooling. If she becomes a mother she will benefit from high-quality maternity care. As she grows older she may suffer from chronic diseases, but will receive excellent treatment and rehabilitation services. She can expect to receive, on average, medications worth about US\$550 per year and more if needed.

By contrast, the girl from Sierra Leone is highly unlikely to receive immunisations and has a high probability of being underweight throughout her childhood. She will almost certainly marry as a teenager and give birth to 6 or more children without help from a birth attendant. One or more of her babies will die in infancy – she herself will have a high risk of dying in childbirth. If she becomes ill – highly likely – she can expect, on average, medicines worth about US\$3 per year. If she survives to middle age, she too will develop chronic diseases, but because of lack of access to adequate treatment, will die prematurely. Such are the contrasts of the modern, globalised, highly technological and totally unequal world.

Today nearly all child deaths occur in developing countries, almost half of them in Africa. Some African countries have made major inroads into child mortality, but most

African children live in countries where the survival gains of the past have been wiped out, largely as a result of the impact of HIV and AIDS. In 14 African countries current levels of under-5 mortality are higher than those observed in 1990. In 8 African countries current levels exceed even those observed over two decades ago. Again, HIV and AIDS have played a large part in these reversals.

Infectious and parasitic diseases remain the major killers of children in the developing world. Although diseases such as polio appear to be significantly less important than previously, communicable diseases still represent 7 out of the top 10 causes of child deaths and account for about 60% of all child deaths – with the top 10 leading causes representing 86% of all child deaths. More than half these deaths are caused by acute respiratory infections, diarrhoea, measles, malaria and HIV/AIDS. Projections based on 1996 figures (and not much has changed since then) suggest that, unless significant efforts are made to control them, these conditions will continue to be major contributors to child deaths until 2020.

This situation is unacceptable in a world where the knowledge and technology exists to almost eradicate under-5 mortality. The rise of philanthropists such as Bill and Melinda Gates and Warren Buffet is encouraging. But private individuals, however wealthy, can only do so much. What is needed is government will – both in the developed and the developing world. The developed world ignores the poor at

its peril. Already the threat of avian flu, originating in Indonesia, has mobilised developed world governments to take action against a disease that could have devastating effects on their populations. The re-emergence of other developing world diseases across North America and Europe is also concentrating minds. But it is still true to say that, overall, there is little interest in the plight of children (or adults) in poor countries – and the citizens of richer countries expend a lot of energy in persuading their politicians that they will not vote for them unless the poor are kept at bay – both physically and economically.

And developing world governments are not blameless. Citizens of African countries can quite rightly expect the will and the effort to eradicate the conditions that lead to the diseases of poverty that kill their children. These efforts are either not forthcoming at all or governments pay lip service to the provision of better living conditions and the employment that can support these better living conditions. The resources are available. Now we need to mobilise them.

Errata

Unfortunately, the algorithms on pages 111, 136 and 138 in the March 2007 edition of *CME* were not reproduced well and are difficult to read. We have reprinted these so that they are easier to read and reproduced them in this edition of the journal on pages 198 - 200. My apologies to the guest editor and authors of the March edition for this oversight.

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should be addressed to the Editor at the above address.

Tel. (021) 657-8200 Fax (021) 683-4509 E-mail: publishing@hmpg.co.za

Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100