

International

Malaria kills 1.2 million annually, double previous estimates



Approximately 1.2 million people die each year from malaria, a much higher figure than the previously estimated 600 000, researchers from the Institute for Health Metrics and Evaluation, University of Washington, Seattle, USA, reported in *The Lancet* last month. The authors added that the majority of deaths occur in children under the age of 5 years, while 42% occur in adults and older children. However, the huge international antimalaria effort that has taken place over the last 10 years is paying off. Malaria mortality has significantly dropped. Professor Christopher Murray and team gathered malaria mortality data over a 30-year period, ending in 2010. They have revealed that the death figure reported in the *World Malaria Report 2011* was an underestimate – there are significantly more deaths occurring in several parts of the world, especially in Africa.

The number of people who died annually from malaria between 1980 and 2010 rose from 1 million to 1.8 million in 2004, the authors said. The increase was caused by two factors: a rise in malaria death rates in the early 1980s and early 1990s, and a rise in populations in high malaria-risk areas. The death figure dropped by 32% (from 2004) to 1.2 million by 2010. In 1980, approximately 377 000 children under 5 years of age in sub-Saharan Africa died of the disease – rising to over 1 million in 2004. In 2010 about 56% of all malaria deaths worldwide occurred in African children under 5; in that year 700 000 children in that age group in Africa died, a drop of about 350 000 compared to 2004.

The researchers inform that in 2010, malaria death rates are highest in sub-Saharan Africa – especially central sub-Saharan Africa. Even though most deaths occur among young children and babies, the authors explain that the death toll among adults is still very high.

In the majority of cases, except for sub-Saharan Africa where malaria transmission is particularly high, adults accounted for about the same proportions of total deaths from malaria.

The figures illustrate how much higher the new malaria death estimates are in comparison to before with the *World Malaria Report 2011*: Among children/babies under 5 years in Africa – 1.3 times higher, among children aged 5+ years in Africa – 8.1 times higher, and among all age groups outside Africa – 1.8 times higher. The researchers report that 24% of all childhood deaths in Africa in 2008 were directly linked to malaria, a much higher figure than the 16% reported in a previous study, which had gathered data from the *World Malaria Report*. The previous report had estimated total global malaria deaths among people aged 5+ years at 91 000 in 2010, compared to 524 000 in this latest report – a difference of 433 000. Dr Christopher Murray said, ‘You learn in medical school that people exposed to malaria as children develop immunity and rarely die from malaria as adults. What we have found in hospital records, death records, surveys and other sources shows that just is not the case.’ The researchers believe that the target of zero malaria deaths by 2015 is probably unrealistic – they say these new figures mean that short-term goals will need to be reassessed.

Africa

Specialists bring free treatment to Sierra Leone

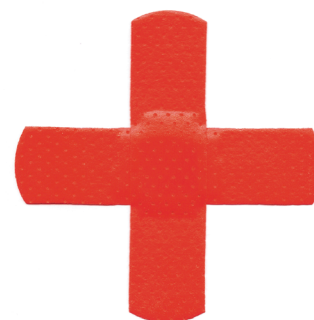
Thirty foreign medical specialists last month arrived in Sierra Leone where they will give free treatment in often complex and expensive cases, the local health ministry said.

The doctors from the Saudi-based Physicians Across Continents (PAC) charity will give ‘free medical treatment to rank and file Sierra Leoneans for the next ten days,’ said health ministry spokesman Jonathan Abass Kamara. ‘The doctors are from several countries including Saudi Arabia, Russia, Sweden, Egypt, Jordan and Malaysia and are led by a consultant in vascular surgery at the King Faisal Specialists Hospital, Dr Saad Ali Al-Garm,’ he said. ‘The specialists in blood vessel surgery, pediatricians, gynecologists and dentists will help to enhance the ministry’s health care delivery service as they will intervene in areas where the average man would not be able to undertake the cost.’ PAC, which was founded in 2004, is a humanitarian aid organisation operating under the auspices of the World Muslim League. In late January, 29 Cuban doctors arrived in Sierra Leone on a 3-year programme sponsored by the South African government. Sierra Leone has some of the world’s worst health indicators, with only 1 in 4 children living to see their fifth birthday, according to UN figures. In the developed world, this figure is 1 in 8 000. Sierra Leone has one doctor for every 17 000 people and one nurse for every 8 000, according to health ministry statistics.

South Africa

Healthcare inflation puts big strain on medical aids

High medical inflation and regulated contribution increases are affecting the solvency levels of medical schemes. The overall solvency ratio of all registered schemes fell to 30.3% in September from the audited solvency level of 31.6% at the end of 2010, the quarterly report of the Council for Medical Schemes (CMS) showed.



Although the current levels were well ahead of the required minimum level of 25%, as per regulation 29 of the Medical Schemes Act, solvency ratios have shown a constantly declining trend over the past 7 years, sliding from 39.1% in December 2005. The CMS said the decrease was mostly attributable to the benefit designs and seasonality of claims patterns and the fact that solvency was calculated on annualised gross contributions.

But Pricewaterhouse Coopers (PwC) medical scheme analyst said the decline in solvency ratios since 2006 was particularly evident in the restricted schemes, which declined from 65% to the current 34.9%. The source said in her experience this was mainly due to the conscious decision by schemes to utilise their reserves in order to keep contribution increases lower. 'Otherwise (it) would be due to realised investment returns coming under pressure in the wake of what has been happening in the markets,' the source said.

She said another large contributor was that healthcare cost inflation had been higher than growth in the consumer price index for some time. 'Medical scheme

contribution rate increases also have to be approved by the Council for Medical Schemes on an annual basis, and the rate increases suggested by the schemes are not always approved.'

The CMS said the solvency level in September was still 3.2% higher than the expected solvency level of 29.4% for the same period. Open schemes had lower solvency levels at 27.2%, compared with the 34.9% of restricted schemes. The CMS report shows that restricted schemes have always been noticeably ahead of open schemes but restricted schemes have fallen sharply from 2006. In September, 9 open schemes failed to meet the prescribed solvency level of 25% and they represent 60.1% of the total open schemes' beneficiaries. In 2010, 12 open schemes fell short. Only 6 restricted schemes were below 25%. The report also showed that although the total number of beneficiaries rose by 1.9%, the number of beneficiaries on open schemes had decreased slightly to 4.67 million compared with 4.8 million. Restricted schemes, on the other hand, gained new beneficiaries and had 3.7 million in 2011 compared with 3.5 million in 2010. A study conducted by the CMS in 2011 on member movement noted that open schemes experienced a significant loss of membership in recent years while restricted schemes gained some. It also showed that the average family contribution in restricted schemes was 11.5% lower than in open schemes.

But Thulani Matsebula, the head of research and monitoring at the CMS, said the growth in numbers of beneficiaries in restricted schemes was almost exclusively explained by growth of the Government Employees Medical Scheme. The CMS said the schemes' gross contribution income grew to R79.5 billion in the period, from R72bn in September 2010.

Death penalty call after doctor killed

At an emotionally charged memorial service after the murder of internationally renowned South African dermatologist, Dr John 'Oupa' Moche, the head of the South African Medical Association (SAMA) has called for a robust debate on the return of the death penalty.

Moche, Steve Biko Academic Hospital's dermatology department head and one of SA's 166 dermatologists, was gunned down in late January in a hijacking in Riviera. The doctor and a nurse he was dropping off at home were sitting in his new Range Rover when two attackers shot Moche in the heart before speeding off in his vehicle. The car was later found abandoned in Atteridgeville. In early February, police spokesman Lieutenant-Colonel Lungelo Dlamini said no arrests had been made. The investigation was spearheaded by several high-ranking police officers.

As hundreds of mourners – including some of the country's leading medical minds and government officials – filled the University of Pretoria's Normal Hall in Groenkloof, SAMA chairman, Dr Norman Mabasa, called for a robust debate on the death penalty. 'This country is under siege. The number of people who die at the hands of criminals is higher than in countries embroiled in civil wars or from natural disasters. 'Why are we rejoicing when there are a thousand fewer people murdered? Surely we don't think the decrease is because criminals are lazy?' he asked. The country's citizens should be gauging the success in the fight against crime by the number of cases, 'especially murders' being solved, Mabasa said. 'What has happened to the cases of the country's murdered doctors, nurses and medical practitioners? We cannot allow this killing with impunity to continue. Kill and you will be killed. This is the message that needs to be sent out,' said Mabasa. Moche's wife and two young children sat wiping away tears as pictures of his life, graduation and family outings were shown on slide screens.

Dr Robert Weiss, SA Dermatology Society president, said the murder had caused irreparable damage to the country. 'South Africa had up until now only 166 dermatologists, of which 100 are in private practice, with a large number either having retired or left the country, leaving a minority to treat over 50 million people.

Gauteng Health MEC Ntombi Mekgwe said it was a dark day in the country's health sector. '(South Africa has) been robbed of

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an asset and is poorer for this heinous crime which has stolen (from us) a new breed of young professional dedicated to the greater good of our people.'

Decades of toxic waste in KZN

Decades after the first drums of toxic sludge began to pile up in SA, the government has failed to get rid of more than 3 000 tons of mercury waste stored at the old Thor Chemicals factory in KwaZulu-Natal. Thousands of barrels of mercury waste remain in warehouses and sludge ponds at Cato Ridge, outside Durban, while in the valley below, medical researchers have found high levels of mercury in people's hair and in fish and soil samples around Inanda Dam.

Thor is a British-based multinational which imported thousands of tons of mercury waste into SA after it was forced to shut down hazardous operations in the UK in the early 1980s. Four years ago, researchers at the SA Medical Research Council collected hair samples from 86 people in the vicinity of Inanda dam, along with fish and soil

samples. Nearly 20% of the human hair samples had mercury levels above World Health Organization (WHO) guidelines, half the fish samples had levels above WHO guidelines and 22% of soil samples were also problematic.

Mercury is a powerful neurotoxin which can lead to blurred vision, tremors, brain damage, coma and death. While the government recommended an immediate ban on fishing at the dam, there is little evidence that it was ever enforced and, 18 months ago, medical researchers repeated their concerns about mercury pollution in the valley and called for 'immediate attention and clean-up action.' 'It begs the question as to why action was not taken and who was responsible for such action,' researchers Professor Angela Mathee, Vathiswa Papu-Zamxaka and Trudy Harpham warned in the *Journal of Environmental Management*. Environmental Affairs Department spokesman Albi Modise said the final remediation plan had not been approved by the government, although the intention was to start cleaning up before

September 2013. Modise said the costs could exceed R100 million, but he did not spell out how this would be apportioned between the government and Guernica Chemicals (the new name of the Thor factory). It emerged in court proceedings in the late 1990s that Thor's parent company (Thor Chemicals Holdings) was in the middle of a demerger process in which over R200 million was transferred to a new holding company. Thor group chairman Des Cowley denied at the time that the demerger's purpose was to shift assets to escape legal damages claims from sick workers in SA. And while Guernica Chemicals is believed to have set aside about R110 million for the Thor clean-up operation, it remains unclear whether this will be enough to meet the remediation costs. Commenting on the reasons for the long delay, Bobby Peek of the environmental watchdog group groundWork said he suspected the cost might be a central factor.

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