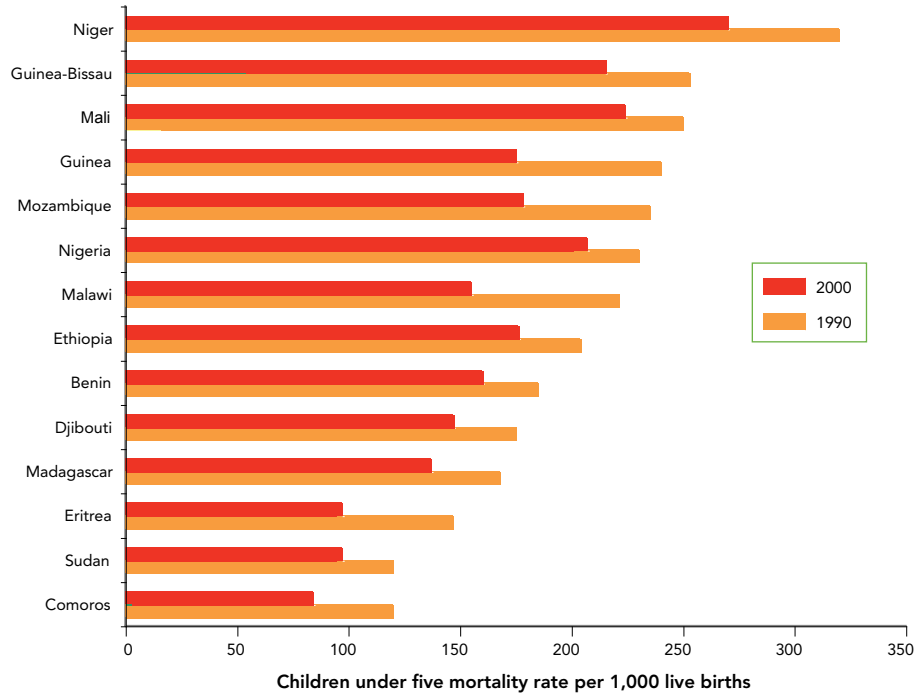
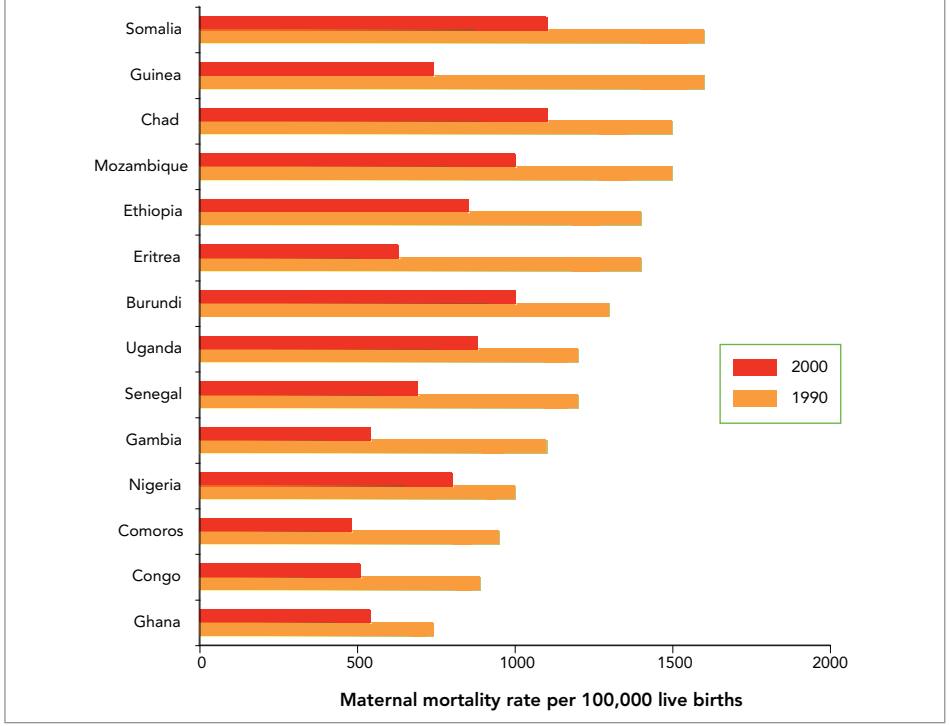
HEALTH

Strong performers in reducing child mortality 1990-2000



Source: UN MDG website, 2007.

Strong performers in reducing maternal mortality 1990-2000

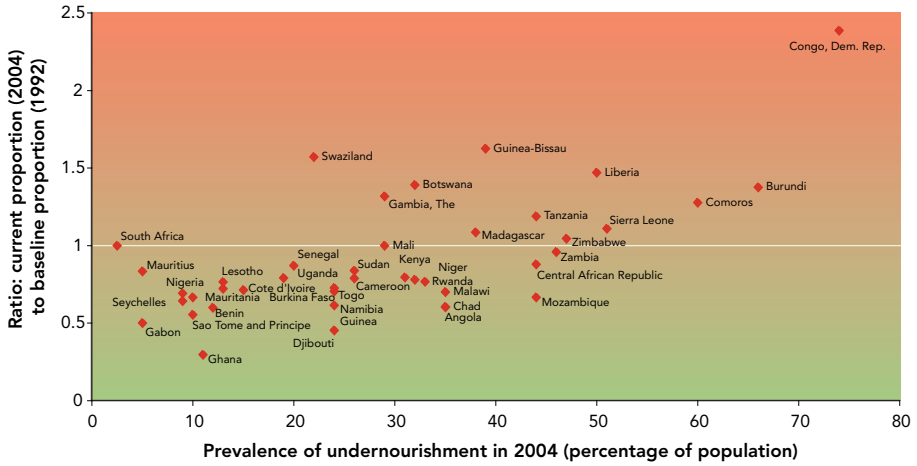


Source: UN MDG website, 2007.

Progress has been made with respect to health conditions.

Child mortality and maternal mortality are among the highest in sub-Saharan Africa. Low incomes, insufficient health infrastructure, difficulties of access to health facilities, and high prevalence of endemic diseases are among the explanations. However, there has been progress in the reduction of child mortality over time. Also, some countries have achieved impressive performances in reducing maternal mortality.

Change in the proportion of undernourished people between 1992 and 2004



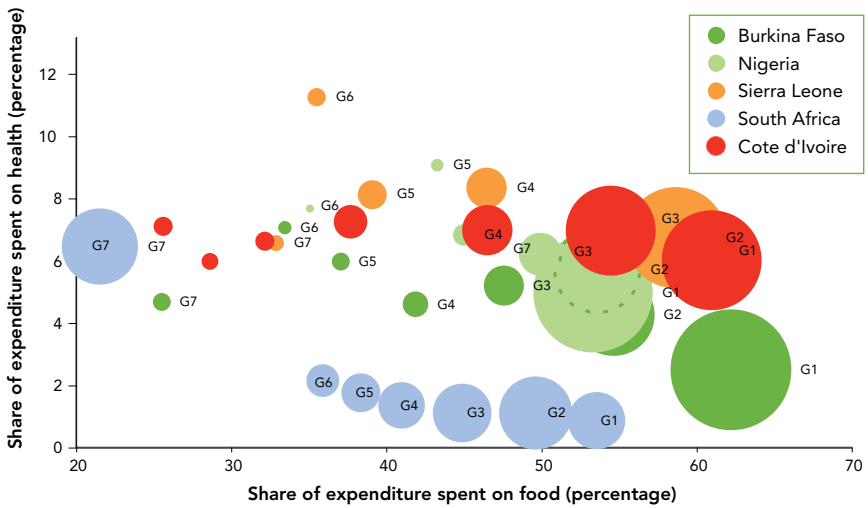
Source: FAO, 2006.

Undernourishment is still a concern in a number of African countries.

In four countries (the Democratic Republic of the Congo, Burundi, the Comoros and Sierra Leone), it is estimated that more than half of the population was undernourished in 2004. During the 1990s, many countries have succeeded in reducing the proportion of their population that is undernourished. However, in 12 countries out of 42 for which statistics are available, the proportion of undernourished people is estimated to have risen between 1992 and 2004.[7]

> "Sub-Saharan Africa has about 11 percent of the world's people, but it carries 24 percent of the global disease burden in human and financial costs."
>
> Lars Thunell
> Executive Vice President and CEO, IFC

Shares of expenditures spent on food and health by income bracket - selected countries

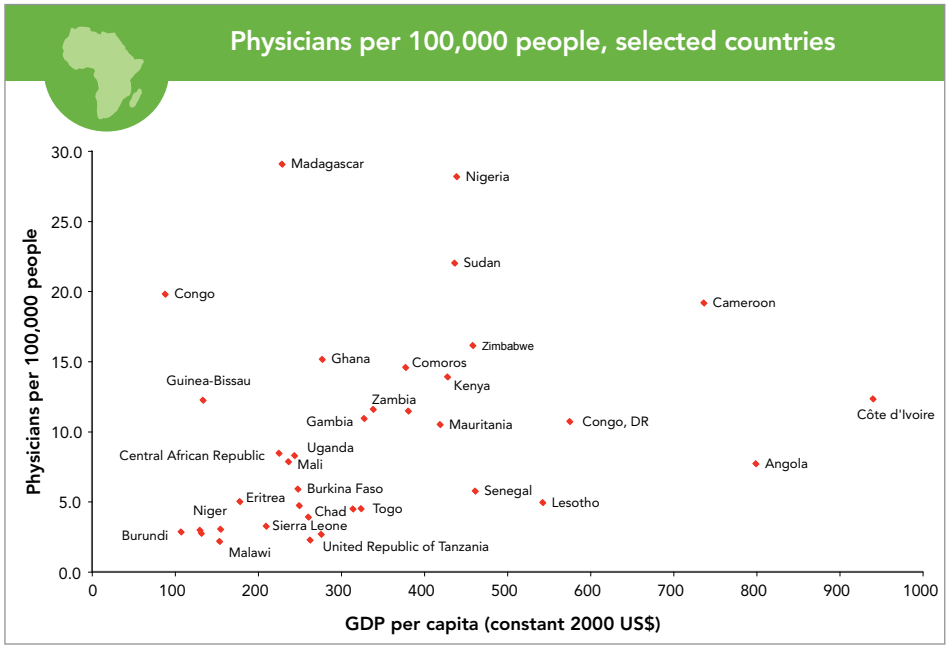


Source: IFC, 2007.

Note: G1-G7: Income cutoffs are given in 2002 international dollars, adjusted for purchasing power parity (PPP). G1: less than 500; G2: 500-1,000; G3: 1,000-1,500; G4: 1,500-2,000; G5: 2,000-2,500; G6: 2,500-3000; G7: more than 3,000. The size of the bubbles represents the relative size of the income group in the population.

Expenditures on health by households are limited by severe constraints.

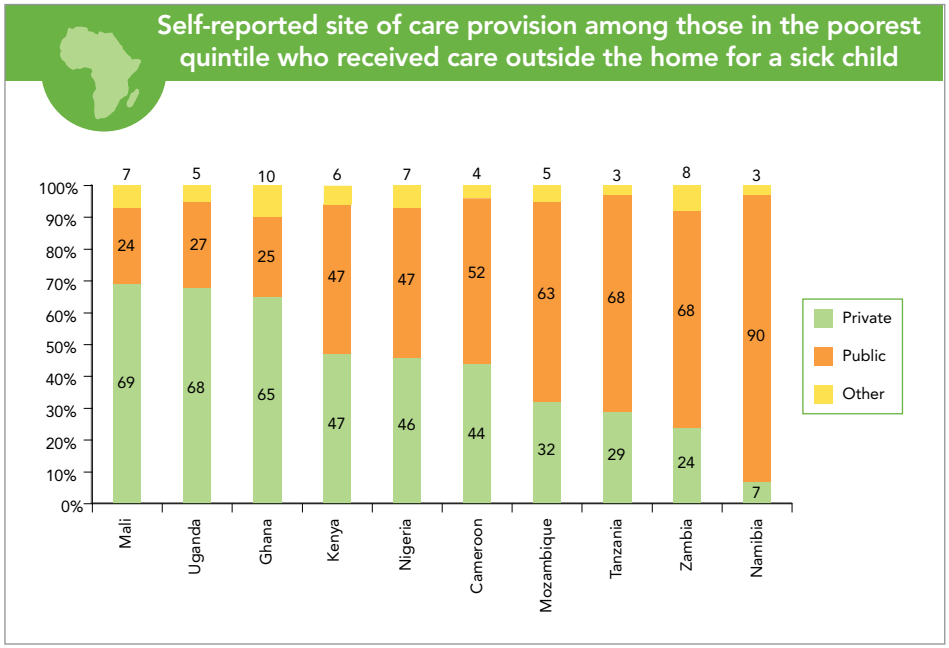
Consistently across countries, the lowest income groups, which often represent the vast majority of the population, spend more than half of their budgets on food. As income rises, the proportion of income spent on food tends to decline sharply, allowing for a greater portion of expenditures to go to health and other uses. In Nigeria, the population earning less than US$ 500 per year in purchasing power parity units (PPP) represents 59 per cent of total population. This income group spends 54 per cent of income on food and 4 per cent on health. At the opposite end of the spectrum, people earning more than US$ 3,000, representing less than 0.1 per cent of the population, spend 30 per cent of income on food and 17 per cent of income on health.[8]



Source: WHO, 2006.

Health infrastructure and personnel are still inadequate.

As a whole, Africa lacks the infrastructure, facilities and trained personnel necessary to deliver adequate levels of health services. Sub-Saharan Africa is home to just 3 per cent of the world's health workers.[9] Although the number of physicians tends to be higher in countries with higher GDP per capita, there are wide differences even between countries at similar income levels. Many countries report difficulties in staffing their public health facilities. The continent suffers from a drain of its health professionals, many of whom leave to work in developed nations. In 2002, up to 30 per cent of nurses from Senegal and Ghana were working outside sub-Saharan Africa.[10] UNCTAD reports estimate that 15 per cent of the physicians trained in Ethiopia resided in the United States of America or Canada in 2002. Figures for other countries were: 20 per cent for Uganda, 10 per cent for Zambia and 43 per cent for Liberia.[11]

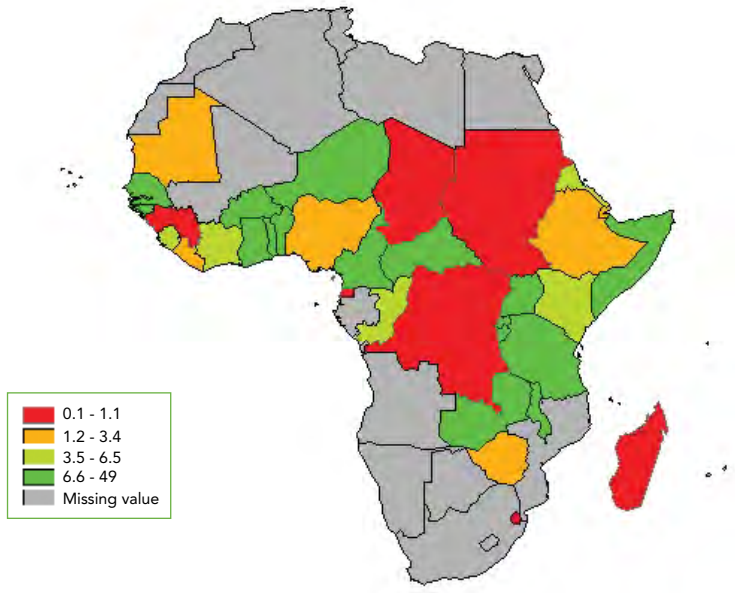


Source: IFC, 2007.

In a region where public resources are limited, the private sector is already a significant player in health care.

The role of for-profit companies, non-profit organizations and social enterprises, along with private insurers and providers, is growing. According to a recent IFC study, of total health expenditure of $16.7 billion in 2005, roughly 60 per cent—predominantly out-of-pocket payments by individuals—was financed by private parties, and about 50 per cent went to private providers. The study also found that many of the region's poor people, both urban and rural, rely on private health care.[12] Many forms of health insurance schemes exist in sub-Saharan Africa, but they cover only a very small proportion of the population. Government social security programmes or private sector insurance currently account for only a small proportion of total health expenditure in the majority of sub-Saharan African countries. In a study of 12 primarily West African nations, only 2 per cent of the population was enrolled in community insurance plans.[13]

Children under five sleeping under mosquito nets (percentage)

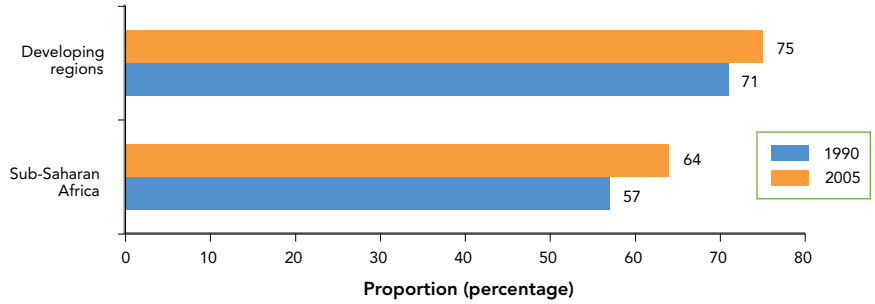


Source: UNICEF, 2006.

African countries continue to face the challenge of deadly diseases, especially malaria.

Malaria remains a pervasive health problem on the continent, accounting for one death every 30 seconds. The majority of cases occur in children under the age of five. Economic losses from malaria in sub-Saharan Africa have been estimated to amount to US$ 12 billion annually. Infection by malaria is also a persistent cause of poverty, because weakness caused by the disease in adults can severely impair their ability to work, limiting the means of livelihood for families and communities. Successfully fighting malaria supposes a holistic approach, which includes: vector control (by environmental management and use of bio- and other pesticides); prevention, of which a successful example is investment in insecticide-treated bednets; use of affordable anti-malarial treatments; better data on prevalence and transmission of the disease; and community involvement.

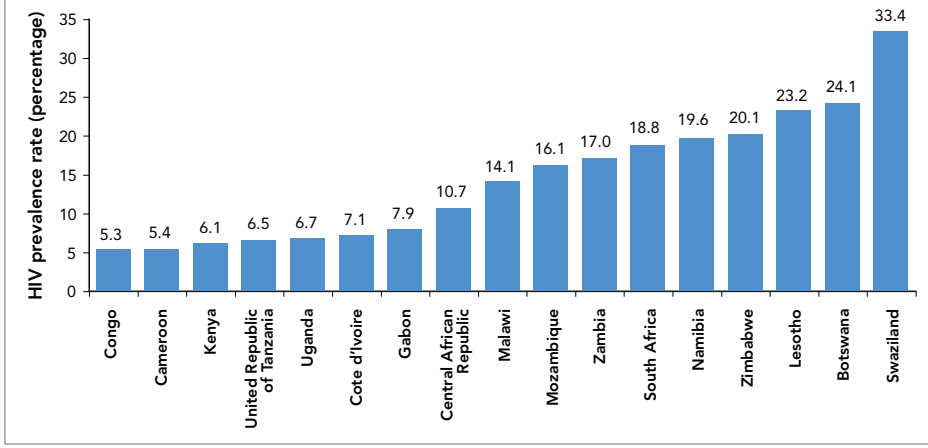
Percentage of children 12-23 months old who received at least one dose of measles vaccine



Source: United Nations, 2007.

Between 2000 and 2006, deaths from measles in Africa have dropped by 91 per cent, from an estimated 396,000 to 36,000, thus achieving the United Nations goal to cut measles deaths by 90 per cent four years early. This success reflects national Governments' commitment to fully implement measles reduction strategies, including vaccinating all children before their first birthday and providing a second opportunity to be vaccinated through mass campaigns. [14]

Countries with more than 5 percent estimated HIV prevalence rate (adults 15-59) in 2005



Source: UNAIDS/WHO, 2006.

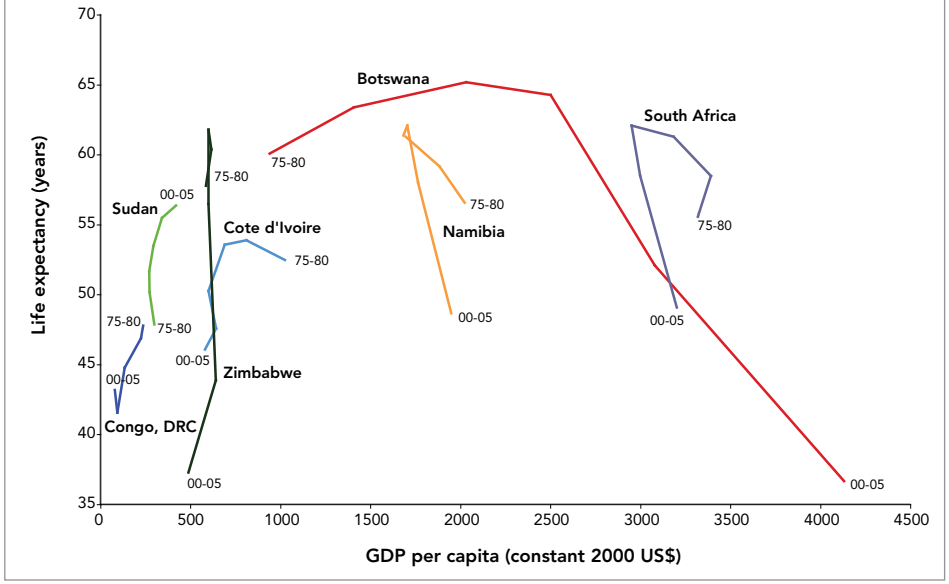
Currently, more than 22 million Africans live with HIV.

In 2007, 1.6 million of the 2.1 million AIDS deaths worldwide occurred in Africa.[15] In the 38 hardest-hit African countries, it is projected that there will be 19 million additional deaths due to AIDS between 2010 and 2015. [16]

HIV/AIDS rates exhibit a lot of variation within countries. Successfully addressing the epidemic supposes a fine knowledge of its spatial configuration as well as the main propagation and transmission factors. New infections are statistically linked to transport infrastructure (transit roads, ports, urban centres) and people in certain professions (including the transport sector) are more at risk.

Note: Prevalence figures for Africa have been subject to debate. Year-to-year comparisons of prevalence rates given in UNAIDS reports are not statistically meaningful.[17] Indirect approaches based on death statistics point to lower numbers in most countries.[18] UNAIDS recently revised its HIV figures for Africa significantly downwards.

Changes in life expectancy, 1975-2005, selected countries

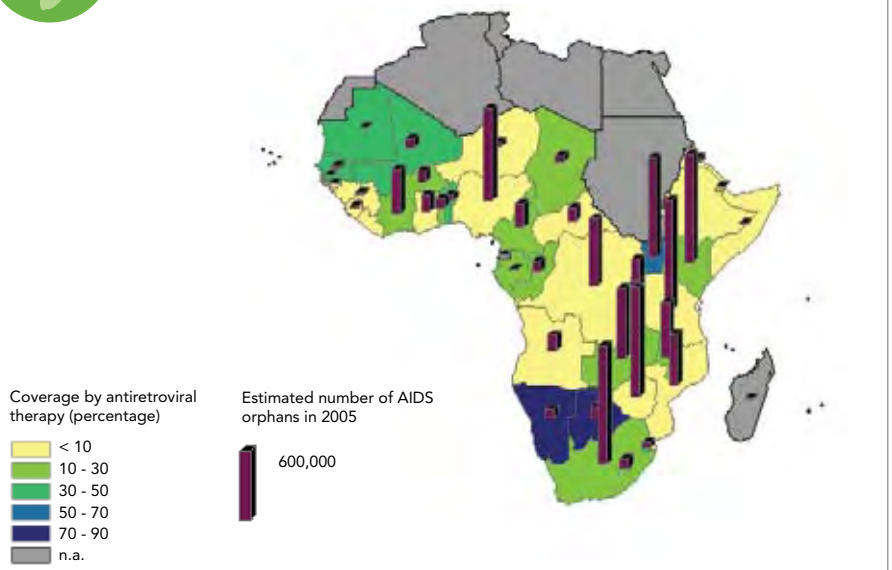


Source: UN-DESA, 2007.

The AIDS epidemic has already caused massive changes in the population structure of some African countries.

Whereas life expectancy has risen in most African countries during the second half of the last century, it has declined by almost 30 years in Botswana, 25 years in Zimbabwe and 15 years in South Africa since the beginning of the AIDS epidemic. In some other countries of the continent, the observed fall of average life expectancy reflects other types of events like conflicts. Both types of events, by severely affecting family structures, asset distribution and labour supply, can have a tremendous impact on poverty.

Coverage by antiretroviral therapy (percentage)

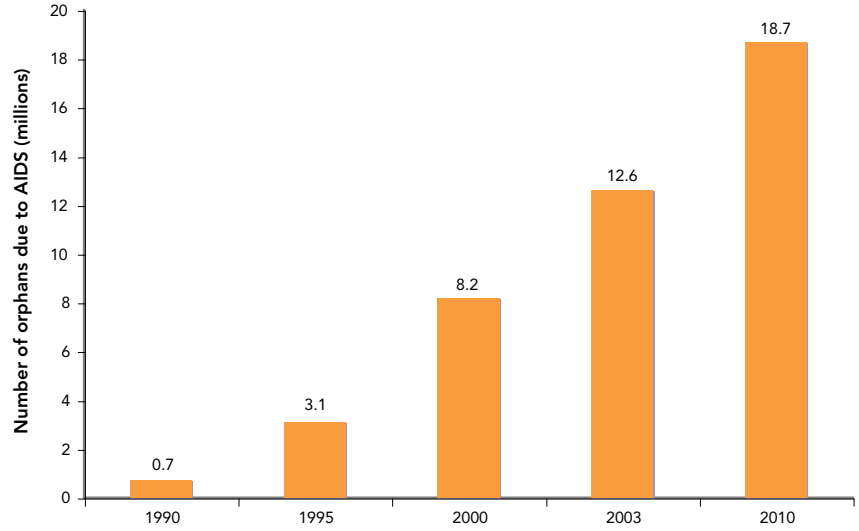


Source: WHO, 2006.

Access to antiretroviral therapy is considered crucial for the treatment of infected people.

The number of people receiving such treatment has increased rapidly over the last five years. In sub-Saharan Africa, this number more than doubled from 310,000 to 810,000 within the last year. About one sixth of the 4.7 million people who need treatment now receive it. There are major differences in progress between countries. Coverage has increased very rapidly to levels of 50 per cent or higher in some countries, such as Botswana and Uganda, while others still have coverage levels below 10 per cent. South Africa now accounts for one quarter of those receiving treatment in the region, with approximately half provided through private sector facilities.

Children orphaned by AIDS in sub-Saharan Africa



Source: UNAIDS/USAID/UNICEF, 2004.

The number of children orphaned by AIDS in sub-Saharan Africa is projected to continue to increase rapidly.

Although a massive increase in the availability of antiretroviral therapy could bring the projected figures down to some extent, it is expected that AIDS orphans will increase rapidly in the next years. In Botswana, Lesotho, Swaziland and Zimbabwe, more than one in five children will be orphaned in 2010.[19] AIDS is more likely than other causes of death to create double orphans. Therefore, countries with high levels of HIV/AIDS will also have a disproportionate number of double orphans as the epidemic advances. Sub-Saharan Africa had almost as many double orphans in 2003 (7.7 million) as Asia (3.9 million), although Asia has about four times more children than sub-Saharan Africa and twice as many total orphans.

> “The vision which fueled our struggle for freedom… will be needed if we are to bring AIDS under control. This is a war.”
>
> Nelson Mandela
> Former South African President