

Public health priorities in Africa

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Abstract:

The triple burden from communicable, non communicable diseases, injury and trauma, including the social impact of these, has adversely affected development in Africa.

Diarrhea, respiratory infections and malaria account for 60% of Africa diseases burden and are aggravated by poor environmental condition, climate change, armed conflicts, extreme poverty and poor health and global aid were the main danger of population in Africa.

Maternal and child health resulting from inequalities within and between countries were account of high burden of diseases in Africa.

Introduction:

The importance of socio-economic, environmental and political determinants, of health has grown. In many developing countries, poverty is expressed as food insecurity, and high rates of maternal, new born and childhood deaths. There is also an increasing mortality from infectious diseases, most notably HIV/AIDS, tuberculosis, and malaria not to mention the emerging pandemics. Demographic and epidemiological transitions combined with nutritional and behavioral changes in low- and middle-income countries, have created new trends in health, where these countries now also bear the heavy burden from non-communicable disease. Furthermore, their already inadequate health systems is weakened by the vast drain of skilled health workers that leave the countries which have invested in their training to join the ranks of the diaspora⁽¹⁾.

The Millennium Declaration and its goals strongly affirm the central place of health in the development agenda as poverty contributes to poor health, and poor health perpetuates poverty. Hence the achievement of the MDGs require concerted strategic approaches aimed at increasing equitable and sustainable access of the world's population, specifically the poor, to quality essential health services. Thus, it is encouraging to note that this Congress is taking place at a critical time when the global community is making a close watch of the progress being made in the achievement of the time-bound targets. This is only three years away!⁽²⁾

Major advances have been made in the health field, more than a billion of the poor have not benefited. Globally, while 59 million people have died in 2008, 19% of these deaths were in the African continent which attributes only 12% of world population. Sixty three percent (63%) of the deaths were caused by communicable diseases of which about 16% are attributed to HIV. Achieving global health equity requires a new health systems' thinking which are subject to social, political and economic issues and policies⁽³⁾.

Health inequity exists between and within countries with an apparent variation in health spending at the global level. The financial, political, environment and the shifting epidemiological paradigms that threaten the effort on the move towards global health equity. In developing countries, the health Oversees Development Assistance has seen a deceleration and still remains unpredictable and below commitment. The majority of assistance is largely earmarked which are often ineffective⁽⁴⁾.

The Egyptian society of tropical health and surgery and the WHO (EMERO) supported the sharing of professors Samir Wassif and Omar Elshorbagy in the 13th World Congress on Public Health in Addis Ababa, Ethiopia .

Objective:

To throw some light on public health priorities in Africa in order to be able to from evidence based policy and strategies for prevention, control of Africa diseases burden.

Main Findings:

The world federation of public health has take leadership for a healthy global society comprising the right and ethical conduct and summarized the millennium development goal as: eradicate extreme poverty and human, achieve universal primary education, promote gender equality and empower maternal health compact, HIV/AIDS, malaria and other diseases ensure environmental sustainability and global partnership.⁽²⁾

In May, 2009, president Obama, announced GHI to save the life of mother, children and families through the programs that address HIV/AIDS, malaria, tuberculosis, maternal-child health, and neglected tropical diseases⁽⁵⁾.

The triple burden from communicable and non communicable disease and injury and trauma affected development in Africa⁽⁶⁾.

The dangers for the health of Africa population are obvious, climate change, armed conflicts, extreme poverty and hunger, poor health services, infections disease (malaria, AIDS and tuberculosis) as well as increasingly the non communicable disease with premature deaths due to myocardial infections, stroke and cancer⁽¹⁾

Mange (2012) stated that diarrhea; respiratory infections and malaria account for 60% of Africa disease burden and are aggravated by poor environmental conditions. Maternal and child health reaching from social inequalities within and between countries is accounted of the high burden of disease in Africa⁽⁷⁾.

According to Sambo (2006) only 58% of people living in Africa have access to safe drinking water⁽⁸⁾.

Africa Union (2007) stated that AIDS, tuberculosis and malaria pose the greatest challenges; however they should not over shadow pneumonia, diarrheas and measles in children, meningitis, Ebola and human avian influenza⁽⁶⁾.

HIV/AIDS is one of the Africa leading infections billers, over 60% of the people living with HIV are in sub-Saharan Africa⁽⁹⁾

Malaria, the leading cause of death among African children under five years old, most malaria cases and death occur in sub-Saharan Africa⁽¹⁰⁾

Sub-Sahara Africa carried the greatest priorities of new cares of tuberculosis with over 270 cases per 100,000 populations⁽¹¹⁾

Stroke, diabetes, chronic respiratory disease cancer and the consequences of tobacco use, alcohol and drug abuse and addict drugs are growing injuries from violence wars, traffic accidents result in a wide spread death and physical disability⁽¹²⁾.

Making Food security a strategic priority for this decade, recognizing that food security is directly linked to a number of causes, including poverty, HIV/AIDS, pandemic of the crisis and armed conflict⁽¹³⁾

World Federation of Public Health Associations, Arab group meeting 26/4/2012- Ambassador Hotel at Addis Ababa, Ethiopia.

Present: P. Mierzewski (Concil of Europe-Social cohesion health division), O. El Shourbagy (Egyptian PHA), S. Wassif (Egyptian PHA), S. Banoob (International Health Management), J. Goldman (Liverpool School of Tropical Medicine), I. Marshall(Liverpool School of Tropical Medicine), A. Al-Saif (Islamic Organisation for Medical Sciences), U. Laaser (WFPHA), B.

Borisch (WFPHA), M. Lomazzi (WFPHA), L. Bourquin (WFPHA).

Main Points:

1. Mapping of Public Health associations and schools has started in the Arab area for regional cooperation, organized by the colleagues in Dubai.
2. Suggested creating an Arab region not following the WHO/ EMRO region but a region that could unify and coordinate all countries of the area avoiding overlapping.
3. A regional Public Health conference will be held in Dubai in 2013. The main scopes are to make people together and coordinated.
4. Egyptian delegates: they presented their current situation. They are trying to unify all association related to health under the new born Egyptian Public Health Association. Links outside the country should be improved.

Recommendations:

1. For lower mortality and mortality of health problems in Africa, we must adopt and implement improving living condition, tackle the inequitable distribution of power and resources, measure and understand problems.
2. To promote progress and increase accountability.
3. Forming Policies And Strategies.
4. Develop epidemic based policies, strategies for tuberculosis prevention, care and control.
5. Optimize HIV prevention, diagnosis and treatment.

Strategies for Prevention of non-communicable diseases:

1. Reduce the demand for and supply of tobacco and alcohol products and foods that are high in fat, soft and sugar.
2. Increase the affordability and availability of healthy food such as fruits and vegetables.
3. Facilitate supportive environment for active transport (walking, cycling) to increase physical activity levels
4. Protect public health policy from commercial influence.
5. Intervention to solve problems of poverty, education, urbanization, trade and drain of skilled healthy worker.

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المخلص

أولويات الصحة العامة في أفريقيا

يعد تأثير العبء الثلاثي من الأمراض المعدية وغير المعدية، والإصابات، والرضوح بما فيها الأثر الاجتماعي تأثيراً عكسياً وسلبياً على التنمية في قارة أفريقيا. ويمثل الإسهال، وعدوى الجهاز التنفسي، والملاريا حوالي ٦٠% من الأمراض في قارة أفريقيا والتي تقامت بسبب سوء الأحوال البيئية، وتغير المناخ، والصراعات بين الجماعات المسلحة، والفقر الشديد، وتدهور مستوى الصحة، وقلة المساعدات الدولية التي تعد جميعها أخطاراً رئيسية على السكان في أفريقيا وصحة الأم وصحة الطفل وما تعانيه من عدم المساواة داخل وبين الدول تعد أيضاً عبأ كبيراً من أعباء الأمراض في أفريقيا.

