The Need for Adequate Health Care in Sub-Saharan Africa
by Rebecca Nierengarten

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The Central African Medical Mission—Mission Abroad Program was created to provide an opportunity for WELS Christians interested in health-related professions to experience a different culture and to stimulate interest in reaching out with the Gospel to people of all cultures through health-related professions.

In the summer of 2005, I was given the opportunity to go to Malawi under the Mission Abroad Program. The goal of my trip was to learn about the condition of health care in Sub-Saharan Africa. I found the situation to be dire. The region experiences regular and severe shortages of basic medical supplies at government-run facilities. Difficult work situations and poor pay lead doctors and nurses to leave the country for Europe and the United States, causing a shortage of skilled health care workers. Seeing the great need has only reconfirmed my desire to complete my education and return to Africa to aid in bringing adequate health care to those in need.

Lilongwe Central Hospital in Malawi’s capital has seven wards, each with an average of 30 beds. Between 50 and 100 patients typically occupy a single ward. Overcrowded facilities make it necessary for patients to be laid on mattresses placed on the floor between beds or outside under a roofed porch. In the dry season, when overnight temperatures can drop to 50° F, critically ill patients often request to be discharged because they are too cold. The hospital is grossly understaffed, with only one or two nurses assigned to each ward. Many patients are not seen by any hospital staff for days at a time. A patient’s guardian is responsible for feeding, cleaning, and caring for him or her while in the hospital, functioning as a kind of “human call light” system to alert the ward nurse if a patient is experiencing an immediately life-threatening situation.

Lilongwe Central Hospital offers an example of what is sorely lacking in the African health care system. Sub-Saharan Africa is plagued by an inefficient and disorganized health care infrastructure; shortages in medical supplies; the prevalence of AIDS, malaria, malnutrition, and parasitic diseases; contaminated drinking water; and a general lack of preventative medicine and health education. Sub-Saharan African nations need the financial resources and the academic and organizational skills of the developed world. As Christians and as members of a developed society, we have an obligation to help Sub-Saharan African nations develop a functional and modern health care system.

The nations of Sub-Saharan Africa are the poorest in the world. The region is marked by political instability and economic strife. The average life expectancy is only 38 years (Kalipini, 2). More than half of the Sub-Saharan African population does not have access to safe drinking water. More than 300 million people lack adequate sanitation (Novicki, 1). The continued prevalence of cholera is a direct result of an absence of proper sanitation and the use of unsafe drinking water. Cholera, caused by the bacteria *Vibrio cholerae*, infects the intestines, causing severe diarrhea. If not treated immediately with intravenous fluid, an individual can die of dehydration in a matter of hours. In areas in which an open water source is used for both the disposal of human wastes and a source of drinking water, one case of cholera can quickly become an epidemic (“World Resources”).

Parasites such as schistosomiasis and onchocerciasis are primarily transmitted through unclean water sources. Schistosomiasis causes hemorrhaging and tissue damage in the bladder and intestine. Over 200 million people are infected each year and 200,000 die as a result of infection. Onchocerciasis is
caused by the parasitic filarial worm, which causes eye lesions that eventually lead to blindness. Both of these diseases are endemic in many Sub-Saharan African countries as a direct result of lack of access to clean water (“World Resources”). The number of people that become infected with parasites each year could be greatly reduced by the development of secure water sources widely available to the population.

Ninety percent of all cases of malaria occur in Sub-Saharan Africa. Nearly 300 million people contract malaria each year in Africa, and anywhere from 1.5 to 3 million die from it. The majority of malaria fatalities are children and immuno-compromised individuals; it is the number one cause of infant mortality in Africa. Malaria is a parasite that spends part of its life cycle in mosquitoes (Malaria Vaccine Initiative.org). The great abundance of mosquitoes and the inability to prevent exposure to insect bites makes the transmission of malaria nearly impossible to control. This makes it the most serious threat to the health of the population.

AIDS continues to spread rapidly through Africa. An estimated six to eight thousand people are infected each day in Sub-Saharan Africa. The disease affects not only the infected individual but also the health and survival of the entire family. A majority of the population in Africa practices subsistence agriculture. When a family member becomes ill with AIDS, he or she is no longer able to participate in agricultural work necessary for survival, and additional family members may be forced to quit work in order to care for infected individuals. The loss of productive workers leads to diminished cultivation of land, smaller crop yields, and ultimately less food for the family. Studies in Swaziland concluded among families with an HIV-infected relative experienced a 34.2 percent reduction in the amount of land under cultivation and a 61 percent reduction in crop production (Nhema, 372). Without sufficient crop production, the families of AIDS patients will quickly be in danger of malnutrition and starvation.

Malnutrition affects a large portion of the population. Unvaried food sources and illness are the major causes of nutritional deficiencies. The main food source for most of Sub-Saharan Africa is maize, which does not contain all the nutrients essential to a healthy diet. Without a properly supplemented diet, severe maladies such as iodine deficiency can occur. Children without proper iodine in their diet develop goiters, experience stunted physical growth, and suffer severe mental retardation, if left untreated (“World Resources”).

Malnutrition is also set in motion by malaria. Even if an individual is treated appropriately for malaria and recovers, the individual is often plagued with anemia because red blood cells have been destroyed by the malaria parasite. Meat and other iron-rich foods are not widely available to the majority of the population; as a result, most of the population is chronically anemic. Anemia and other nutrient deficiencies cause severe fatigue. Malnourished women give birth to underweight and unhealthy babies. Low birth weight in babies leaves children more susceptible to severe infections and death. Malnutrition in adults also leaves them more susceptible to serious and infectious diseases and shortens the life of the already ill, including those infected with AIDS (“World Resources”).

All the aforementioned diseases and health care concerns would be more than enough to put any country into a state of crisis, but these problems are intensified by inadequate health care and a lack of health education. Frequent shortages in basic antibiotics and anti-malarial medication cause many unnecessary deaths. Understaffing at overcrowded government hospitals leads to neglect of patients; critical surgeries are delayed for lack of available surgeons to perform the procedures. At Lilongwe Central Hospital there is one general surgeon at the tertiary referral center to serve seven million of Malawi’s 12 million people. Government health facilities are typically dirty, and many patients and their family members contract illnesses during their stay. In rural areas basic medical care barely exists. Health care stations set up by the government are often little more than rudimentary aid stations (Hoover, 3).
Emergency Medical Services are grossly ill-equipped. Only 2 percent of patients arrive at Lilongwe Central Hospital by ambulance, a statistic similar to that of other hospitals in Sub-Saharan Africa. Emergency transport of the sick and injured is most often dependent on a private party, and few people own automobiles. Most injured people die at the scene of an accident. Even if ambulance transport can be obtained, ambulances are not equipped with lifesaving devices. Most critically ill patients die during transport (Hoover, 3).

The majority of the population remains uneducated about the basic tenets of healthy living. Most people live in rural areas and rarely progress beyond a fourth grade education; therefore, they never receive basic health education. Many misconceptions remain about how AIDS is contracted and how it is suitably treated. Even basic first aid, such as washing out a wound with clean water, is not necessarily common knowledge.

As Christians, we have a duty to help the people of Africa. Jesus said the greatest commandment is to love God with all our heart, strength, and mind, and our neighbor as ourselves (Matthew 22:37-39). In the parable of the Good Samaritan, Jesus taught us that our neighbor is anyone in need, regardless of race or creed (Luke 10:25-37). The people of Africa are our neighbors, and they desperately need our help. God has blessed us so richly that we have more than enough to aid our neighbors. In thankfulness for the gifts God has given us, we want to share both spiritual and material gifts to alleviate their suffering.

We also want to bring assistance to the people and governments of Sub-Saharan Africa to attain a greater global good. If the people of Sub-Saharan Africa receive proper health care and are provided with basic nutrition and clean water sources, mortality rates will decline and people will live healthier lives. If people are living longer, they will become more productive workers, producing more food and goods. The excess of food and goods will make those products available for trade and commerce. Consumers in a global economy can take advantage of greater variety and competition. The economy of African nations will improve, poverty will decrease, and education will become accessible to more people. With a more educated population, industry and government will be improved. As African nations become increasingly independent, developed nations will be able to decrease their annual aid relief expenditures. The presence of strong economies and stable governments in Africa will bring great benefits beyond the African continent.

There are ways of implementing programs and initiatives to begin work on solving the many health care problems of Africa, but they require the financial, academic, and organizational support of the Western world. Many projects have already been initiated, and their benefits are being felt, but they need more extensive support so that they can reach larger portions of the population.

African nations do not have the financial resources to improve their health care systems alone. The United States and some European countries have promised the Organization for Economic Cooperation and Development (OECD) to dedicate 0.7 percent of its Gross National Product to offer assistance to developing countries. Currently, the United States only contributes 0.1 percent to aid developing countries. The United States and other wealthy nations need to honor their agreements with international relief organizations and provide their promised financial assistance.

It would also be advantageous for African nations if Western nations were to cancel Africa's external debt. Every year 48 sub-Saharan countries spend 13.5 billion dollars in a futile attempt to repay their debts to foreign creditors (“Statement to U.S.-SSA Trade and Economic Coop.”). African nations cannot afford to improve their health care systems if they are paying billions of dollars of loans out of an already minimal operating budget.
There is a need for the establishment of reliable food sources and clean water sources. To attain clean water sources, “bore holes” need to be drilled and established in each village. Bore holes are wells with pumps placed over them so that the water source cannot be contaminated by the open environment. Underground water sources are available in most locations but are left as untapped resources because the knowledge and funding is not available to drill bore holes. Irrigation systems need to be implemented on a large scale for year-round crop cultivation. The Food and Agriculture Organization estimates that only 2 percent of sub-Saharan Africa’s arable land is currently being irrigated (Novicki, 2).

Between the Tropics of Cancer and Capricorn, there are only two seasons: the dry season and the wet season. During the wet season, crops are grown, and when the rains stop the growing season ends. The gap between when the food stored up from the wet season runs out and when the next wet season yields a crop is often called the hunger season. If proper irrigation were instituted, crops could be grown all year and the hunger season could be eliminated. There is also need for a greater variety of crops to be grown so the population can attain a balanced diet (George, 246). In order to accomplish these goals, farmers need to be educated in irrigation, crop rotations, and the benefits of a varied diet.

Genetically modified foods such as golden rice have shown promise in poverty-stricken areas in Asia, alleviating vitamin A deficiencies in populations that subsist on a single food staple (GoldenRice.org). Though golden rice is not a realistic solution for nutritional deficiencies in Africa, it opens the door for the possibility of other vitamin supplemented genetically modified foods to be created to provide a more nutritional diet to Africa’s poor. For such goals to be accomplished, the academic community of Western countries needs to invest their time, talents, and research technology.

Further development on a malaria vaccine also needs to take place. Several private pharmaceutical companies as well as the U.S. military are currently working on developing a malaria vaccine. Vaccine trials have been held in Mozambique, where the vaccine is reducing serious malaria cases in infants by 40 percent, but the vaccine confers only partial immunity for less than four months (Malaria Vaccine Initiative.org). More work must be done to develop a more effective, longer-lasting vaccine. Pharmaceutical companies need to provide the vaccine at an affordable price to African nations so the entire population could be inoculated.

HIV and AIDS in Africa must be combated by extensive education of the public, more efficient counseling and testing, and greater availability of anti-retroviral drugs (ARVs). The public’s knowledge of disease transmission and treatments is in desperate need of improvement. Superstitions and misconceptions about AIDS must be eliminated to prevent its further spread. Voluntary counseling and testing centers need to be made more widely available and evenly distributed throughout rural regions. AIDS counseling and testing should be incorporated into the responsibilities of rural government health centers. Though the United Nations and their partnerships with several pharmaceutical companies have begun subsidized distribution of ARVs in Africa, the majority of the population has no access to such life-prolonging drugs (Kalipeni, 210). Pharmaceutical companies need to relax their patent laws and allow their drugs to be produced cheaply in developing nations for widespread distribution.

Finally, health care facilities, the number of qualified staff, and necessary equipment and supplies need to be improved. Shortages of essential medical equipment and medication are directly attributable to lack of appropriate government funding to obtain them. The staffing crisis in medical facilities can be alleviated with the assistance of Western skilled health care workers willing to use their skills to benefit the people of Africa. The ultimate goal, however, should be to train and educate a greater number of native Africans to fill these positions. There is also a need to retrain native health care workers in practicing first world health care. Because the health care situation has
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been so dire in Africa for so long, few health care workers have any idea of what ideal situations are or how to implement them. Western health care workers need to share their knowledge with African health care administrators to modernize their health care system.

This course of action may take decades, even generations, to implement, but these goals should not be ignored or thought impossible because of their difficulty. Creating a stable and efficient health care system for Africa is imperative. As Christians, we can support mission efforts that provide the spiritual and medical relief to those in need. There is also a need to support and encourage our government’s decisions to continue providing aid to the nations of sub-Saharan Africa to strengthen their health care system.

Works Cited


Postscript

In January 2005, Dr. and Mrs. Jerry Fischer approached the Central Africa Medical Mission regarding cooperation in initiating a program for WELS Christians and especially WELS young people to expose them to other cultures to better enable them to proclaim the love of Jesus Christ across cultures, whether in the U.S. or outside of its borders. For many years it has been a goal of the Central Africa Medical Mission Committee to provide an opportunity for individuals interested in
knowing more about medical missions to have an “on-field” experience. It was felt that such an experience would help people better understand the avenues for Gospel proclamation that health fields provide.