

SCIAF factsheets

health...

What is Health?

The World Health Organisation defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", but many people in the world fall far short of this.

Physical well-being includes having a proper balance of food, clean, safe water and adequate sanitation.

The United Nations Development Programme 1998, states that around 30% of the people in developing countries live in absolute poverty and in the forty-five least developed countries over a third of the people lack safe water and half have no access to safe sanitation.

Mental and emotional well-being:

- Immense mental and emotional stress is suffered by 20 million refugees living outside their own country and another 25 - 30 million displaced within their country. Civil war in Rwanda left 5 million displaced out of a total population of 8 million.
- People migrating to cities because of rural poverty, food shortages, wars, are often forced to live in overcrowded conditions with poor sanitation. By the year 2000, some 90 per cent of the absolute poor in Latin America and the Caribbean will be living in cities.

Social well-being is also lacking where investment in health care is low. In some countries illness and diseases cause fear and prejudice in communities. For example, many people with AIDS or who are HIV+ are rejected by their families and community.

How do we measure health?

One way is to look at certain statistics about the physical state of people's health. Some examples of the differences between developed and developing countries are shown in the following figures for:

- o Life expectancy (LE) tells us the average number of years a person might be expected to live.
- o Infant mortality rate (IMR) tells us the number of infants in every 1000 who die before their first birthday.
- o Calorie supply (CS) tells us the amount of calories that are available to people from their food supply.
- o Population per doctor (PPD) tells us the number of doctors per thousand in a country.

Country	LE	IMR	PPD
Sierra Leone	37	174	14,300
Afghanistan	43	270	6,400
Uganda	43	99	25,000
Cambodia	53	105	0.1
UK	77	6	1.5
Sweden	77	4	3.0

Steps forward

There have been some considerable improvements in developing countries over the last four decades: life expectancy has increased on average from 46 to 62 years and the infant mortality rate has fallen from 149 to 65 per thousand. Some particular examples of improvements are:

Oral Rehydration Therapy (ORT):

Knowledge and use of ORT is reducing the number of deaths from the dehydration caused by diarrhoea. Oral rehydration salts are simple and cheap: a simplified version is just to mix a teaspoon of ordinary salt together with eight teaspoons of sugar in one litre of clean water.

Primary health care:

Increasing attention is also being paid to the need for primary health care. This concentrates on low-level essential health services, working often through local families and communities, with local people being trained as community health workers.

Combating river blindness:

River blindness is caused by a parasitic worm whose millions of larvae spread through the body leading eventually to blindness. From infected people the worm's larvae are spread to others by a vicious little blackfly. In 1974 the Onchocerciasis (river blindness) Control Programme (OCP) was set up in 11 African countries. It

co-operated with the pharmaceutical industry in developing an effective drug and sprays insecticide from the air to control the blackfly. It is claimed that this programme protects about 30 million people from river blindness.

The Expanded Programme on Immunisation (EPI):

The EPI, giving protection against a whole range of childhood diseases, was started by the World Health Organisation (WHO) in association with the United Nations Children's Fund (UNICEF). Cost per child is low and the programme is said to save over 3 million children from dying every year.

Steps backward

At the same time, new problems are emerging. Among these are:

Malaria:

Malaria was becoming rarer, but the mosquitoes which spread it are becoming resistant to standard insecticides and the malarial parasites are developing resistance to drugs. This may lead to a doubling of malarial deaths to nearly 2 million a year

HIV and AIDS:

HIV (Human Immuno-deficiency Virus) damages or destroys the ability to fight disease and AIDS (Acquired Immune Deficiency Syndrome) covers a variety of conditions affecting those whose immune system has been damaged by HIV. About 15 million people are believed to be HIV positive with 80% of these in developing countries. Social costs are high as many of those dying are in the 20-40 age group - families are pushed into poverty and many orphans are left. The UNDP 1994 Report gives an estimate of between 30 and 40 million HIV positive people by the year 2000, with more than 9 million children in Africa left as orphans.

Tuberculosis:

There has been an upsurge in TB cases, with drug-resistant strains developing. There is, too, a link between TB and HIV, as infection with the HIV activates latent TB conditions in people not previously showing symptoms.

Further steps needed

There are still many underlying needs:

- Reducing poverty, since low household income is one of the chief factors in malnutrition and poor health.
- Providing safe water and adequate sanitation - some 5 million die from illnesses related to unclean water.
- Giving more health education to women and girls, since they do most to contribute to health of their families.
- Concentrating more effort on low-level, community-based health services to cater for the poorer people in society.

What is SCIAF doing?

In Kenya SCIAF funds a successful programme that educates young people about the dangers of AIDS and how they can avoid the disease.

In countries throughout the world, SCIAF trains community health workers. These are local people who are selected by their village to go for health training. The community health workers then work with the people in the village to make it a healthier place to live in.

In Ethiopia, SCIAF supports a house rebuilding programme in which provides new houses, latrines and kitchens to people living in poor and unhealthy conditions.

In Cambodia, Laos and Vietnam, SCIAF provides new water wells for people living in remote villages. This makes an enormous impact in reducing the level of disease and sickness.

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