Events of 2010: Killer Diseases Still on the Rampage

Contributed by Annette Oghenerhaboke
Tuesday, 28 December 2010

Poor funding and general neglect of the health sector account for a lot more deaths of Nigerians

The battle against maternal mortality was one of the major activities in the Nigerian health sector in 2010. Globally, of the 536,000 maternal deaths recorded in 2005, developing countries accounted for over 99 percent out of which 50 percent of the deaths took place in sub-Saharan Africa. An estimated 36,000 women in Nigeria die each year due to post-delivery complications. Niger Republic has one out of seven live births, making it the highest in the world. It is also ranked second with lifetime risk of one out of 13 live births. In Ireland, the lifetime risk is one out of 47,600 live births. According to the 2010 Millennium Development Goals, MDGs, report released by the United Nations Department of Economic and Social Affairs, progress on maternal health has been limited and the gap between the rich world and the poor remains unacceptably high. The annual assessment report, released in June by Ban Ki-moon, secretary-general of the United Nations, states that while the world has reduced maternal mortality ratio, which is the number of women who die as a result of pregnancy or childbirth by 5.4 percent, there has been no appreciable progress in sub-Saharan Africa, including Nigeria. Serious maternal under nutrition is still very common in Nigeria. Studies have shown that an infant whose mother dies within the first six weeks of his lives is more likely to die before their second birthday relative to others whose mothers are alive. Several workshops, seminars, conferences and campaigns were held in Nigeria to devise strategies to fight the scourge. For instance, as part of efforts to reduce the current high rate of maternal mortality in Nigeria, the National Primary Healthcare Development Agency, NPHCDA, assigned 2,819 midwives to rural communities in Nigeria. The midwives were trained on life saving skills, integrated management of childhood illnesses and other initiatives to improve quality of care. Muhammad Ali Pate, executive secretary, NPHCDA, said the midwives were deployed under its Midwives Service Scheme to 652 primary health care facilities which were linked to 163 general hospitals in all the 36 states and the Federal Capital Territory, Abuja. “The agency is working closely with the Nursing and Midwifery Council of Nigeria and appreciates the support of the registrar of the council and her team. We have mutual responsibility for the survival of mothers and children in Nigeria,” he said. The Jigawa State government on its part, inaugurated a 10-man committee for parental songs competition. Aminu Muhammad, commissioner for Information, Jigawa State, said Nigeria’s position was alarming and as such, governments at all levels needed to do something to reverse the trend. She noted that the present administration introduced various programmes including the Safe Motherhood Initiative Programme being handled by the ministries of women affairs and health. But a new report, tagged: “Trends in maternal mortality,” by the World Health Organisation, WHO, the United Nations Children’s Fund, UNICEF, the United Nations Population Fund, UNFPA and the World Bank report released in September, states that maternal deaths has dropped by one third in Africa. The report which covered the period from 1990 to 2008, showed that maternal mortality fell from 540,000 deaths worldwide in 1990 to 358,000 in 2008. Margaret Chan, director-general of WHO, said the global reduction in maternal death rates was an encouraging news. “Countries where women are facing a high risk of death during pregnancy or childbirth are taking measures that are proving effective, they are training more midwives, and strengthening hospitals and health centres to assist pregnant women. No woman should die due to inadequate access to family planning and to pregnancy and delivery care,” she said. Maternal and infant mortality was not the only health issue that was tackled during the year. The war against malaria was also intensified. As at 2009, about 300,000 Nigerians were at risk of infection each year, according to Roll Back Malaria, a global initiative aiming to eradicate the disease. But a report released in December by WHO said a massive malaria control programme since 2008 has helped to reduce infections across Africa and eradicated the disease in Morocco and Turkmenistan. Globally, the number of infections decreased slightly from 233 million at the start of the millenium to 225 million in 2009, even as populations in poor countries swell. Deaths fell to 781,000 last year, compared with 985,000 in 2000. WHO observed that there was a slowdown in funding risks which consequently affected its achievements. Chan said the funding for the UN’s anti-malaria programme which reached $1.8 billion last year, assisted in purchasing insecticide, drugs and bed nets for millions affected by the mosquito-borne disease thereby, resulting in a drop of more than 50 percent malaria cases in 11 African countries, and in two-thirds of the 56 malaria-endemic countries outside Africa, Chan warned that the goal of eliminating malaria deaths worldwide by 2015 was at risk because the amount of money needed to combat the disease as estimated by the WHO is $6 billion a year which is still a long way off being met. In the area of drugs, a new report by the WHO indicated that only a third of the countries where malaria is endemic are attempting to monitor the efficacy of antimalaria drugs. Should drug resistance spread to these countries, it is likely to go undetected for sometime, hampering subsequent efforts to contain it. The Aquired Immune Deficiency Syndrome, AIDS, also dominated the health activities in Nigeria in 2010. In 2008, more than two and a half million adults and children became infected with the Human Immunodeficiency Virus, HIV, the virus that causes AIDS while an estimated 22.4 million adults and children were living with HIV in sub-Saharan Africa at the end of 2008 and by the end of the year, an estimated 33.4 million people worldwide were living with HIV/AIDS. The year also saw two million deaths from AIDS, despite recent improvements in access to anti-retroviral treatment. An estimated 1.4 million Africans died from AIDS, about 14.1 million children lost one or both parents to the epidemic, and an estimated 1.8 million children were living with HIV. In Nigeria, statistics from the National Agency for the Control of AIDs, NACA, indicates that out of the 2.9 million Nigerians living with the virus, 650,000 are in need of treatment but only 350,000 are actually receiving the drugs. At the 2010 International AIDS Conference which attracted more than 19,000 participants from 197 countries to Vienna in July, it was the cost of global HIV treatment programme that dominated the talk. Some HIV/AIDS advocates used the conference as an opportunity to voice their criticisms of the Barack

Obama’s administration, which many have accused of reneging on a commitment to continue big annual increases in global AIDS spending. The conference examined how under the Obama administration, global HIV/AIDS funding has been folded into the president’s $63 billion, six-year Global Health Initiative, GHI, whereas, the portion devoted to HIV and tuberculosis, an infection to which AIDS patients are particularly prone, is $44 billion. In 2010, a study found that microbicide gel containing HIV Drug lowers infection risk in women. The drug used by women before and after sex could reduce their risk of HIV infection by 39 percent. The Centre for the AIDS Programme of Research in South Africa, CAPRISA, trial showed that the gel “curbed the risk of HIV infection by 39 percent overall, but by 54 percent among those women who used it most consistently.” Agence France-Presse reported stated that “the gel also reduced the risk of contracting genital herpes by 51 percent, a factor which could slow the spread of HIV even further, given that people with genital herpes have double the risk of getting HIV.” Despite gains in the delivery of available treatments, the Tuberculosis, TB, a chronic infectious disease grew more complex and difficult to control due to drug resistant forms of TB, including multi-drug resistant, MDR and extensively drug-resistant, XDR TB, and the deadly relationship between TB and HIV. TB is the leading cause of death among people living with HIV/AIDS in Africa and is a major cause of death for women of child bearing age. The 2010 annual report of the MDGs, states that despite its devastating impact, people who suffer from TB garner far less attention and resources that they deserve. “Policymakers and opinion leaders must recognise TB as a growing global threat and marshal significantly greater resources to support vaccine research and the ambitious plan to save millions of lives with them,” the report stated. In 2010, two new tuberculosis studies by UT Southwestern Medical Centre researchers provide both good and bad news about the bacterium that infects nearly a third of the world’s population. The good news is that a type of blood pressure medication shows promise at overcoming some drug-resistant tuberculosis. But the bad news is that the Mycobacterium tuberculosis bacterium, which causes the disease, might be resistant to treatment in more people than previously thought. There was also a relentless battle against cancer, a leading cause of death in the world which costs more in productivity and loss of lives than any other illness. According to a report by an American Cancer Society, cancer cost the world $895 billion in 2008, equivalent to about 1.5 percent of the world’s entire gross domestic product. A number of advocacy groups have been urging health officials to devote more funding to combat noninfectious causes of death, including cancer. This was also the expert opinion in 2010. Heart attack, a cardiovascular ailment, was also identified by medical experts as one of the leading killer diseases. The ailment and other cardiovascular diseases account for the death of more than 17 million people in the world every year. About 489,439 Nigerians suffer from the disease every year. The figure is far more than Sierra Leone, a fellow West African nation which records 162,239 yearly and Botswana which has one of the lowest in the continent with 45,199 annually. Nigeria’s figure is still ahead of that of the United States which has an estimated 249,851. John Ogbadu, proprietor of JEC Hospital, Abuja, said: “Heart attack occurs when the supply of blood and oxygen to an area of heart muscle is blocked usually by a clot or reduced caliber of vessels supplying blood to the heart.”