Men have rights and responsibilities too

1999 will be the year the planet will be home to 6 billion people – doubled in just 30 years. The international development and reproductive rights charity Population Concern launched its 1998 Annual Review in January 1999. The Review highlights the growing need to address the universal rights of men, women and young people world wide to reproductive healthcare as endorsed by over 180 governments world wide at the International Conference on Population and Development (ICPD) at Cairo in 1994.

There are more than 2 billion people under the age of 20 in the developing countries, and more young women aged 15–19 than ever before. This ensures that the number of people in their reproductive years will continue to grow for several decades, and that total births will continue to increase. As we approach the new Millennium, the choices we make now will make the difference between a planet with 7 billion or 11 billion in the first decades of the next century.

Population Concern’s Chief Executive, Wendy Thomas says that a more holistic approach needs to be adopted by Governments and non-governmental organizations to provide information and services to men – to enable them to play their part fully and responsibly.

A growing number of reproductive healthcare providers are seeing that men need more attention for their own sake as well as for the health of their partners, families and communities. From this perspective, men are seen as potential collaborators and advocates for good reproductive health rather than bystanders, barriers or adversaries.

African research

Research into malaria, which kills one million children in Africa every year, will be enhanced by new facilities in Malawi funded by a grant of £460 000 from the Wellcome Trust.

The new building at the Queen Elizabeth Central Teaching Hospital in Blantyre will provide space for Trust-funded researchers working on malaria and other significant diseases. This is a collaboration between the University of Liverpool, the Liverpool School of Tropical Medicine and the College of Medicine of the University of Malawi. The partnership of over 10 years has helped to strengthen the research capacity in Malawi, improve diagnosis and treatment of malaria and has produced important contributions to the World Health Organization’s recommendations for the treatment of disease.

The research is led by Professor Malcolm Molyneux from the Liverpool School of Tropical Medicine, who is based in Malawi, and Dr Peter Winstanley, Department of Pharmacology and Therapeutics, University of Liverpool. Research terms are currently investigating severe malaria in children; malaria in pregnant women and newborn babies; and malaria in a semi-immune adult population. Work is also in progress on meningitis and HIV positive Malawian adults; anaemia in pregnant women; and a common form of viral diarrhoea in children, which causes a significant amount of sickness and death.

Dr Richard Lane, Programme Director for Tropical Initiatives at the Wellcome Trust, said:

We have been supporting work in Malawi through the University of Liverpool for many years and have been very pleased with the partnerships that have been forged with the College of Medicine in Blantyre. Their research results have not only added to the growth of published research from developing countries but also to the management of life threatening diseases. Malaria and other infectious diseases have a huge impact on the lives of people in Malawi and other African countries. These facilities will enable an even higher standard of work and at the same time develop the research skills of Malawian scientists and clinicians.

The new building, constructed under the direction of the University of Liverpool, has been erected in the grounds of the Queen Elizabeth Central Teaching Hospital to enable combined clinical and laboratory research to continue. The research leader, Professor Malcolm Molyneux is a former editor of Tropical Doctor.

Vision 2020: the right to sight

In order to drastically reduce the global burden of blindness, which currently affects an estimated 40–45 million people worldwide, the World Health Organization (WHO) and a broad coalition of international, non-governmental and private organizations launched a global initiative Vision 2020: the right to sight. The objective of the new initiative is to eliminate avoidable blindness by 2020.

‘Blindness represents a serious public health, social and economic problem for our Member States. It is especially true for the developing countries, where 9 out of 10 of the world’s blind live. Up to 80% of global blindness is avoidable; it either results from the conditions that could have been prevented or can be successfully treated with the sight restored’, stated Dr Gro Harlem Brundtland, Director-General of WHO.

Today, an estimated 180 million people worldwide are visually disabled. Of these, between 40 and 45 million are blind and, by definition, cannot walk about unaided.
Around 60% of the world’s blind reside in sub-Saharan Africa, China and India.

Five conditions have been identified as immediate priorities within the framework of Vision 2020. These are cataract, trachoma, onchocerciasis, childhood blindness and refractive errors and low vision.

**Redundant EU wheelchairs dumped in developing countries?**

Donating wheelchairs to poorer countries is a common practice. New wheelchair specifications in the European Union mean that many EU wheelchairs will become redundant. As a result, offers of donated wheelchairs to developing countries are likely to increase. Motivation and Healthlink Worldwide, two British non-governmental organizations, are concerned that many donations will be inappropriate and ineffective – even harmful – to the recipients. Donated wheelchairs are often unsuitable because they:

- Are inappropriately prescribed and badly fitted
- Are supplied without proper cushioning needed to prevent pressure sores
- Are unsuitable for rougher conditions and break easily
- Cannot be repaired locally if specialist parts are unavailable or expensive
- Undermine the design and production capacity of local wheelchair manufacturers.

Motivation is working with other wheelchair organizations to develop international guidelines on donated wheelchairs for potential donors and recipients. It urges would-be donors to think carefully before donating wheelchairs. Potential recipients should only accept donated wheelchairs if they are satisfied that they are the right solution. A simple version of these guidelines is published by Healthlink Worldwide in CBR News, the international newsletter on community-based rehabilitation (Healthlink Worldwide, e-mail: info@healthlink.org.uk – Motivation e-mail: motivation@motivation.org.uk).

Polio eradication: so near, yet so far

During 1997, 450 million children – two-thirds of the world’s children under 5 years – were immunized against polio in mass immunization campaigns in 80 countries. By September 1998, only four polio-endemic countries – the Democratic Republic of Congo, Liberia, Sierra Leone and Somalia – had failed to carry out national immunization days (NIDs). However, whereas renewed civil war has caused NIDs to be postponed in D R Congo, the other three will have carried out their first NIDs later this year.

In 1998, when the global polio eradication goal was set, over 35 000 cases of polio were reported to WHO.
The number of cases reported in 1997 was 5160 – an almost 90% decrease. The 1997 case count has gone up from 4074 cases reported in 1996 because of improved surveillance, especially in Pakistan and India.

Is aid heading for extinction?
For the fifth straight year, aid for development provided by industrialized countries has declined, slipping to $55.5 billion in 1996, a decrease of 4% in real terms from 1995 and down by 16% from the highest aid level, in 1992. In fact, at the present rate of decline, official development assistance (ODA) would cease to exist by 2015. This trend jeopardizes a commitment by donor countries to close gaps between the ‘haves’ and the ‘have nots’ within and between countries. Donor countries pledged to achieve by 2015 a 50% reduction in the number of people, currently 1.3 billion, living in absolute poverty – on a dollar a day or less.

ODA as a proportion of donor countries’ gross national products (GNPs), a measure of their ability to provide aid, fell to an average of 0.25% in 1996, compared to 0.34% in 1990. That is the lowest proportion since 1970, when the aid target of 0.7% of donors’ GNPs was agreed upon.

Only four countries – Denmark, the Netherlands, Norway and Sweden – consistently allocate more than the target. Denmark topped the list in 1996, allotting 1.05% of its GNP for aid, while the USA ranked lowest, giving 0.12%.

Denmark also led donors on the basis of aid per person, giving $338 per capita, while Portugal was the lowest per capita donor at $22. Japan and the USA were the largest donors in total dollar terms, each allocating $9.4 billion.

If all donors had met the aid target, annual ODA would be $100 billion above its current level. That amount, over 10 years, would be more than sufficient to ensure that everyone in developing countries had access to basic social services – including basic education, health care, family planning, adequate nutrition and safe water and sanitation.

Maternal mortality and injury
Every minute a woman dies from a complication of pregnancy or during childbirth. Ninety-nine per cent of these 600,000 annual deaths occur in the developing world. If they survive, children suffer most from these deaths with more than one million growing up each year without a mother. It is a tragedy which could be easily prevented.

International commitment and political will are needed to address this issue so that maternal health is seen as a human right. UNICEF, the United Nations Children’s Fund, has published its UK Charter for Safe Motherhood – a list of basic pledges of action by the UK government (Department for International Development and Department of Health), health organizations and other partners which together can help reach the international goal of reducing maternal mortality by 75% by 2015.

- In the worst-affected countries, Sierra Leone, Somalia and Afghanistan, women face a lifetime risk of one in seven of dying during pregnancy or childbirth.
- The toll of poor maternal health continues to mount leading to the deaths of nearly 3 million infants (1.4 stillborn and 1.5 million in the first week of life) and contributing to low birth weight in 20 million babies a year. Those children who survive but lose a mother are themselves 3–10 times more likely to die within the next 2 years than a child growing up with both parents.
- For every woman who dies, a further 30 will suffer from painful and often life-long disabilities. The cumulative total of those affected by pregnancy-related injuries is conservatively estimated at 300 million or more than a quarter of the developing world’s adult female population.

The root causes of the low social status of women in developing countries, including limited access to economic resources, basic education and ability to make decisions related to their health and nutrition, need to be addressed. The financial solution lies not in expensive technical advances but in providing basic essential healthcare for women before, during and after their pregnancies. It has been estimated that an investment of around £2 per person per year can cover the total cost of providing maternal and newborn care in low-income developing countries. This includes the cost of basic antenatal care and nutrition, assistance during delivery by a health professional, neonatal care, promotion of family planning during the postnatal period and special care in case of complications.