FROM PUBLIC TOILETS TO HEALTH CLINICS

BY

Prof. Miriam K. Were
2008 Hideyo Noguchi Africa Prize Laureate;
Medical Services

On the occasion of
Commemorative Lecture
at
Aizu University,
Fukushima, Japan

30th May, 2008.

FROM PUBLIC TOILETS TO HEALTH CLINICS

PREAMBLE

It is a great pleasure and I am deeply honoured to be here in Fukushima, the place in Japan where Dr. Hideyo Noguchi comes from and in whose honour the AFRICA PRIZE given by the Government of Japan is named. I am also greatly honoured to be here with my co-winner, Brian Greenwood and his wife, Alice. We thank Japan very much for this honour to Africa and to us, to our work along with those we have worked with in the health sector over many decades. In 2007, the African Heads of State endorsed the AFRICA HEALTH STRATEGY adopted by Africa's Ministers of Health. By linking the awarding of the first HIDEYO NOGUCHI AFRICA PRIZE to 2008 TICAD, Japan has underscored the importance of the health sector to the development of Africa. The huge burden of disease on Africa reduces productivity and consumes resources and we appreciate these events highlighting the fact that HEALTH IS THE BEACON OF AFRICA'S DEVELOPMENT and needs to be a priority in development efforts. We very much appreciate the special relationship between Japan and Africa through TICAD and the contribution Japan is making to Africa's development. Thank you so much to you in Fukushima for being part of this encouraging development between Japan and Africa. We would like to see this link get stronger and stronger to the benefits of both sides!

I now turn to introducing those who have come with me from Kenya in connection with the HIDEYO NOGUCHI AFRICA PRIZE. My husband Humphreys R. Were and I have been married for over 40 years and we have supported each other in the family and in our professional work. He is an Agriculturist and has contributed a lot to the development of that sector and to growing food in our country. Representing our children and the young people of Africa, so close to our hearts, are our son Daudi, who remained at the TICAD IV which he is covering for UNDP, and our daughter Evaline Diang'a with us here. She works for the World Food Program to which Japan is one of the biggest donors. Also with us is Mrs. Malesi E. Kinaro, the Executive Director of UZIMA Foundation. UZIMA is the word in Kiswahili for ABUNDANT LIFE. Through this name, we communicate hope to discouraged young people hope. Papa Were and I (Mama Miriam) together with friends and relatives sponsored the founding of UZIMA Foundation. The Foundation brings together young people in disadvantaged situations from many parts of Kenya. We bring them together to encourage one another; to learn life skills for improving the quality of their lives; to better look after their reproductive health and control of HIV/AIDS; to learn business skills and also to be involved in the promotion of peace and justice. Papa Were is the Chairman of the Board of Trustees. Finally, am happy too introduce Peter Mutie Head of Communication in Kenya's National AIDS Control Council of which I am the Chairperson. The mandate of the National AIDS Control Council is to coordinate all the work in the work against the spread of HIV in our country. We have had good success in the last four years. Japan is one of our International partners in supporting us in the work on HIV/AIDS in Kenya.

We received a very warm welcome from the leaders of Fukushima while we were still at home. We thank you very much, indeed! We from Africa now want to greet you with song because for us singing is very important and it will encourage me as I talk with you. The song is about the importance of praising each other's efforts.

1. AFRICA

1.1 The Geography of Africa

Africa's geography affects its health The most northerly point in Tunisia is at latitude 37°21' N and the most southerly point in South Africa is 34°51'15" S. Thus the equator passes through Africa. This stretch of Africa from North to South results in Africa having diverse climatic conditions, including the tropics and temperate zones. The North borders the Mediterranean Sea and is close to Europe and shares some of the climatic conditions with Europe. This Northern part is also geographically close to the Middle East. So sometimes the countries in North Africa are grouped within the Middle East region of the world.

MAP OF AFRICA SHOWING PROXIMITY TO EUROPE AND MIDDLE EAST

THE SUB-SAHARA COMPONENT OF AFRICA

There is a "belt" south of the **Northern Africa part.** This is the **Sahara desert**. This desert is very dry and dusty with little to support life but some people live in it. The larger portion of the African continent lies south of this Sahara desert. The part south of the "belt" is **SUB-SAHARA Africa**. This is where we, the majority and black people of Africa, live. This talk is with reference to the health situation in Sub-Sahara Africa.

2. WE AFRICANS ARE A HAPPY PEOPLE!

When you see the TV news or read about Africa, what is presented is mostly BAD NEWS: news about wars and other types of violence; news about POVERTY and how miserable we are; news about sickness and death. Unfortunately, most of these things are true. BUT we also have many GOOD things in Africa that keep us going. But the NEWS never report on these things! Among these are:-

2.1 We Laugh A Lot!

NB: No speaking; just flushing various pictures on the screen.

Health Sciences point out that REAL DEEP LAUGHTER IS GOOD FOR HUMAN BEINGS!

2.2 We Sing and Dance A Lot!

NB: No speaking; just flushing various pictures on the screen.

2.3 We Enjoy Our Food!

NB: No speaking; just flushing various pictures on the screen.

2.4 Africans have a long lasting love affair with God.

NB: No speaking; just flushing various pictures on the screen.

In spite of us being happy people, we are not always happy because we have serious health problems. And that is what I want to focus on now.

3. HIGH DISEASE BURDEN FROM DISEASES OF POVERTY DOMINANT IN AFRICA AND SOME CONSEQUENCES

3.1 High Disease Burden and Diseases of Poverty

In terms of population, Sub-Sahara Africa has about 10% the world's population and yet it carries over 25% of the world's disease burden.

Diseases grouped as **DISEASES OF POVERTY** are responsible for most of the disease burden in Africa. These diseases of poverty include: tuberculosis, malaria and HIV/AIDS; preventable and/or treatable childhood diseases such as polio,

measles and pertussis; diarrhoeal diseases, parasitic diseases and malnutrition. All these are poverty-related diseases and cause high levels of mortality in low income countries. These infectious diseases of poverty are generally placed in 5 categories:

- Infectious and parasitic diseases
- Respiratory infections
- Perinatal and maternal conditions
- Nutritional deficiencies
- Tropical diseases

(Source: Sievens, Philip Diseases of poverty and the 10/90 Gap. International Policy Network; 2004 pg.5)

Maximum damage from diseases of poverty is on children under five years of age and pregnant women. As will be seen later, the consequence is high mortality in these groups. The dominance of Malaria in Africa (cited among the diseases of poverty) can be seen in the following diagram. My colleague has addressed this.

a) Malaria

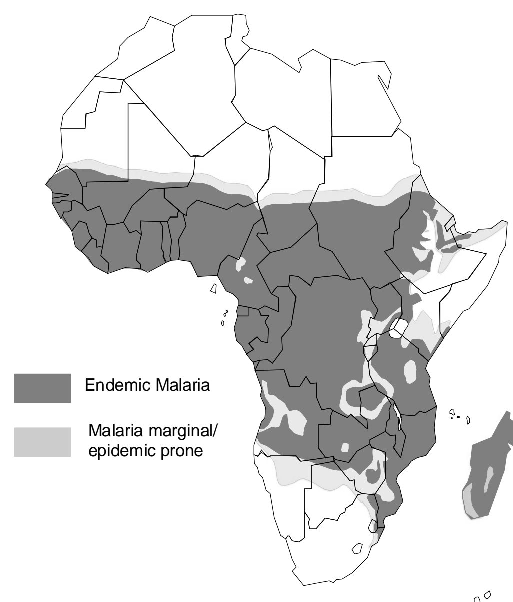
The Africa Malaria Report of the World Health Organization (WHO) states:
"About 90% of all malarias deaths in the world today occur in Africa South of the Sahara and an estimated one million people in Africa die from malaria each year and most of these are children under 5 years old." [1]
With about 1 million deaths per year attributed to malaria per year malaria is likely the leading cause of death in sun-Saharan Africa.

Malaria
The Africa Malaria Report of the World Health Organization (WHO) states:
"About 90% of all malarias deaths in the world today occur in Africa South of the Sahara and an estimated one million people in Africa die from malaria each year and most of these are children under 5 years old." [1]With about 1 million deaths per year attributed to malaria per year malaria is likely the leading cause of death in sun-Saharan Africa.

An African child dies from malaria every 30 seconds

[1] The Africa Malaria report 2003/ World Health Organization and UNICEF; 2003. pg. 17

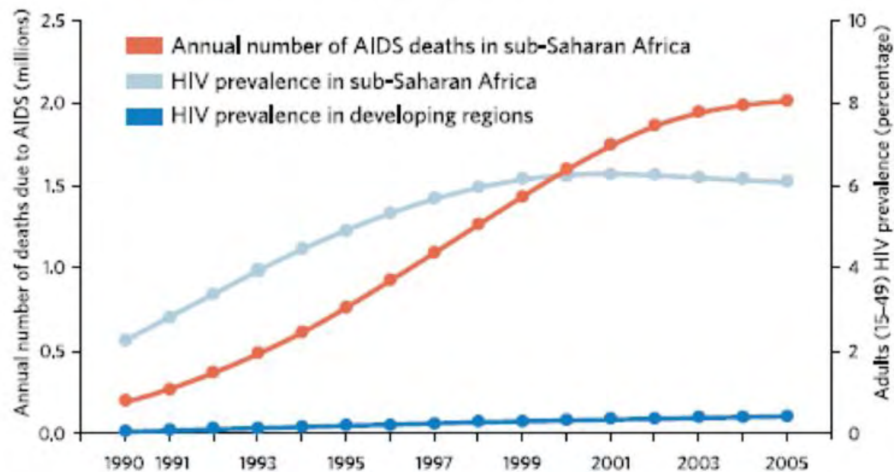
Distribution of endemic malaria



Source: The Africa Malaria Report, WHO UNICEF fig 1.1

[1] The Africa Malaria report 2003/ World Health Organization and UNICEF; 2003. pg. 17

b) Also Dominant Is HIV/AIDS as can be seen in the graph & map below



WHO, The Millenium Development Goals Report 2006.

Distorted map of Africa in a World map showing territory size according to the proportion of all people aged 15-49 with HIV worldwide, living in each area.

Source: World Mapper http://www.worldmapper.org/display.php?selected=227

The bloated out distortion of the map of Africa is indicative of the huge HIV/AIDS burden that Africa carries.

c) Diseases Linked To Lack of Management of Human Waste.

In 1970 during my studies in Medical School, I undertook a study to find out what diseases were responsible for the majority of admissions to the National Referral

Hospital; the Kenyatta National Hospital. To my great surprise, **I found that over 70% of admissions were related to lack of proper disposal of human waste.** Most of these diseases fall in the category of infectious and parasitic diseases among the diseases of poverty.

After qualifying as a Medical Doctor in 1973 and working at the Kenyatta National Hospital in Nairobi, I continued to see the important role of the faeco-oral connection in admissions. I joined the teaching staff of the University of Nairobi Medical School in 1974 (Department of Community Health) and got opportunity to talk about latrines and their important role in health status. Many senior Medical Doctors saw this as a "mundane topic" to bring up in a Medical School. They wanted to focus discussion on "important academic issues". So they sarcastically nicknamed me **Professor of Latrines** long before I got to that professorial status. This was meant to insult me but I was not insulted! My response was and still is that it is a great professional honour to be known by this title in view of the importance that proper management of human waste could play in the health development of our country! Whether this was "academic" or "mundane" is still irrelevant!

From the beginning, it was clear to me that Community Participation could play a major role in health promotion by establishing proper management of human waste and being involved in other health-promotive and diseases preventive activities. But because our people in their communities had been ignored in most development work, it was not clear how to involve them. Therefore, in the period 1976-1982, I carried out research work on **People's Participation in Their Own Health Care** from the perspective of the community. By the end of this research work, there was reduced morbidity due to improved management of human waste. In 1982, UNICEF published my book ORGANISATION AND MANAGEMENT OF COMMUNITY-BASED HEALTH CARE which has been reprinted since.