
Letter from Africa

Another African Disaster

John Wright, Helen Ford

The worst drought in living memory in southern Africa and the continuing war and drought in the horn of Africa have brought a year of anguish and despair to the continent. Over 40 million people are affected and at risk of starvation. Anarchy in Somalia has prevented food being harvested and distributed, and there is a rapidly increasing problem of malnutrition in Sudan, Eritrea, and northern Kenya.

In southern Africa the rainy season came and went but failed to live up to its name. In June the United Nations and the southern African states appealed for £500 million of food aid for 18 million people whose crops have failed this year. A shortfall of over six million tons of food has been devastating for a region normally self sufficient in staple crops. The failure of cash crops such as sugar and cotton, though a less immediate problem, has caused large losses of scarce jobs and will endanger the economic survival of many countries.

In Mozambique the drought has added to the sense of hopelessness created by the chaos and civil war. The war has prevented farming and made delivering food relief difficult and dangerous. Government troops are barely able to protect the main cities, and most of the country remains lawless, under the control of Renamo bandits. The initiation of peace talks has provided a glimmer of hope to this long suffering country.

Zimbabwe, normally a symbol of success in the region, has been badly affected by the drought. Over half of its 10 million population is short of food and 800 000 young children are now receiving food supplements. For the new fragile democracy of Zambia, staggering under the burden of debt, the drought has been a near fatal blow.

Living with drought

We are working in a rural district hospital in east Swaziland, on the Mozambican border, in one of the worst affected areas. Nearly half the population of 400 000 people are short of food, with 40 000, mostly elderly people and children, at an advanced stage of starvation. Fields of brittle, withered maize have replaced the normally fertile landscape. Women make daily pilgrimages to the few remaining sources of water, sometimes up to 15 miles away, with large containers balanced impossibly on their heads.

The staple crop of maize has failed completely. Most people in this rural area are subsistence farmers and used to feeding themselves and their families; their options for coping with the drought have been limited. Food stored from last year delayed the onset of hunger but has long since been used up despite rationing to one meal a day. Precious animals are sold and money borrowed. Migration to the cities in search of work leaves the grandparents and children to fend for

themselves in the homesteads, and these are the people who suffer the most. Over the last few months we have seen increasing numbers of patients presenting in advanced stages of malnutrition, having been living off wild food sources such as roots and berries for weeks. For each case that we see there are many more in the community.

Cattle, the traditional symbol of wealth, are dying in large numbers. Emaciated herds congregate forlornly at dried up waterholes, unable to be sold because of their wasted condition. The wildlife has also suffered and we have heard of "skinny" hippopotamuses running amok through homesteads in search of food.

The number of Mozambican refugees arriving at the two large United Nations refugee camps nearby has increased. Although conditions at the camps are far from ideal, they do have well organised food distribution and supply, and this is becoming resented by the indigenous population, who are still awaiting food relief.

Mortality in our region has increased steadily during the past six months. The diseases in the drought are the same as those we see under normal conditions—diarrhoea, respiratory infections, measles, etc—but the incidence has risen as the population's immunity has been reduced by malnutrition. Gastroenteritis has increased greatly as people resort to drinking dirty stagnant water. An indicator of the level of malnutrition has been the rise in the numbers of children admitted to hospital with marasmus and kwashiorkor, "protein-energy malnutrition." Another indicator is the increased incidence of conditions caused by vitamin deficiency: pellagra, xerophthalmia, and, for the first time, scurvy. Numbers of low birthweight and premature babies have risen appreciably.

The only benefit that the drought has brought has been a reduction in malaria this year as numbers of mosquitoes have been much reduced.

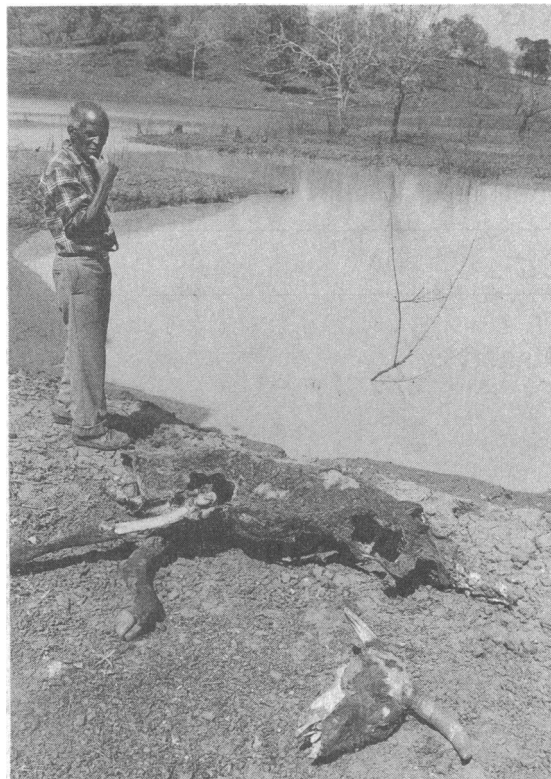
Trying to cope

When the severity of the drought became apparent a national drought "task force" was set up to monitor and assess the effects, particularly on health and nutrition, and to coordinate aid relief. The Red Cross, churches, and other non-government organisations started to tackle the mammoth problem of distribution to try to ensure allocation across the widely dispersed rural population. Involving the communities is important in gauging the effects of the drought and targeting those most at risk—young children, elderly people, and pregnant and lactating women.

The international community has pledged food and financial aid to supply over 100 000 tons of cereal. But three months have passed since the pledges were made and the food has still not arrived; the delays from

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BROR KARLSSON/PANOS PICTURES

Cattle, the symbol of wealth, are dying because of lack of water and food

transport and bureaucracy are becoming critical. The local response, however, has been impressive; people are trying to help themselves—distributing food from those least affected to those most affected.

An important consideration in famine relief is the type of food given. The maize grown here is nearly all white maize but the only maize available for distribution is yellow, and there are strong traditional beliefs that yellow maize is inedible and even poisonous. Corn soy milk, a processed high protein cereal mixture, is very nutritious but alien in taste and method of preparation. Little reassurance is needed, however, when people are starving.

Clean water is vital for health and hygiene, and running clinics and hospitals without it is a depressing task. Tankers are being used to distribute water throughout the region, but there are too few to cope with the task. Groups of people cluster on roadsides with plastic containers waiting, sometimes for several

days, for water to arrive. Static water tanks and drilling boreholes are solutions but cost money that isn't available. There is also the long term threat of lowering the water table with too many boreholes.

From a medical point of view, the most obvious effect has been the increased workload and overcrowding in the hospital. Information is important and anthropometric surveys of young children, measuring weight for height or mid-upper arm circumference, are used to monitor malnutrition. Surveys are carried out regularly in the refugee camps and rural outreach clinics. Achieving good immunisation rates, especially for measles, will reduce child mortality, as will distributing vitamin A supplements. Rural health motivators, based in the communities, can help educate about hygiene and public health.

May to August is the winter here, with temperatures dropping to near freezing and strong winds. This environmental stress increases food requirements, and providing a blanket can reduce food needs by 1-2 kg a week for an adult.

Preventing future crises

There is no way to prevent drought occurring in future, and the danger of long term famine from consecutive years of drought is very real, but there are ways to prepare for it. Drought resistant crops such as sorghum and millet could be used to replace the country's staple diet, although even these failed to grow this year. Water conservation is important, as is planning ahead by installing water tanks at clinics and villages.

It is the overriding responsibility of each government to feed its people, and stockpiling food is essential. Last year Zimbabwe produced excess maize but donated some to Ethiopia and sold the rest, mostly to Mozambique. So when drought struck this year they had no reserves to call on. The root of the problem, however, lies in the pressure on developing countries by the International Monetary Fund and World Bank to earn foreign currency to pay the interest on national debt. Storing maize surpluses is expensive, whereas growing tobacco earns the vital foreign currency needed to meet the next instalment. The solution is not endless appeals for international aid, with emotive pictures of starving children on Western television when it is too late to prevent much suffering and death. What is needed is greater support for countries prone to drought to make necessary provisions for disasters rather than struggling under the burden of debt.

Second letter from Eritrea

John Black

On 24 May 1992 the Eritreans celebrated the first anniversary of "liberation," their victory after 30 years of war with the Ethiopians, who in 1962 annexed Eritrea as one of their provinces.

In December 1983 I described my first visit to Eritrea.¹ The base hospital in Orotta where I stayed was camouflaged, and the wards were dug out of the rocky hillside. It was not a time of great military activity, but the occasional Ethiopian MiGs buzzed high overhead. I saw and smelt my first and, I hope, last case of gas gangrene.

Now all was changed. At the end of May we flew into Asmara, the capital of Eritrea, via Addis Ababa—a senior biologist from the Liverpool School of Tropical Medicine, a retired general practitioner from Wales

who had been in Eritrea during the British military administration in 1948 and 1949, and myself, a retired paediatrician.

The objective of our visit was to see the health services at all levels; to suggest how things might be improved; to look at ways in which the voluntary agencies could help Eritrea; and to increase public awareness of the needs and problems of the newly independent country. (Formal independence will come only after a referendum at the beginning of 1993. The result is a foregone conclusion but is important because until then Eritrea cannot be recognised by international bodies as a separate state and have a seat at the United Nations or the Organisation of African Unity.)

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