

Key messages

- Little is known about the level and causes of adult mortality (15 to 59 years) in sub-Saharan Africa
- Adult mortality is currently being measured in one urban and two rural areas of Tanzania
- Survivors of childhood continue to experience high mortality throughout adult life
- Mortality was generally higher in men but was higher in women aged 15 to 39 years in Dar es Salaam and in women aged 25 to 29 in the two rural areas
- While childhood mortality in sub-Saharan Africa remains a major problem, mortality in young adults may now be equally serious in many areas in the region and deserving of increased attention by the policy makers

second most common cause and the fourth in Hai District and Morogoro Rural District. In adult men HIV disease was the leading cause of death in Dar es Salaam and Hai, whereas in Morogoro Rural District "acute febrile illness" (mainly malaria, we think) was the leading cause with injuries and HIV disease ranked second and third, respectively.

There were large differences in the ${}_{45}Q_{15}$ between the three areas as well as between men and women in each area. The differences between the areas illustrate the difficulty of describing an overall mortality pattern (and by inference an overall interventions package) for Tanzania as a whole. The differences in ${}_{45}Q_{15}$ are consistent with differences in the socioeconomic status of the areas, with Morogoro Rural District being the poorest, followed by Dar es Salaam and Hai. Differences in mortality in the under 5s (per 1000 live births), estimated by using a modified method of Brass as part of the 1988 national census⁶ and by ourselves (unpublished observations), also tend to reflect the differences we have found in adult mortality between the three areas. This limited comparison illustrates the coexistence of high infant and adult mortality in the study areas.

NEED TO RECONSIDER CURRENT HEALTH POLICIES

The high levels of adult mortality in the study areas refute the suggestion that a person surviving the rigours of childhood in a developing country has a probability of survival similar to that in a developed country. The ${}_{45}Q_{15}$ levels in this study also tended to be higher than those recently estimated from models for sub-Saharan Africa, which were 38% for men and 32% for women.

These results lead us to question the appropriateness of the proportion of health expenditure currently spent on programmes to prevent infant and child mortality and the concomitant neglect of adult mortality, which is also likely to be largely preventable. Clearly it would be contrary to the empirical evidence to argue that infant and child mortality are not important in low income countries. They generally remain at levels much higher than in established market economy countries. It is time, however, to achieve a balance. By focusing more attention on the adult population "we can hope to improve its health status and productivity and ultimately the quality of life of the entire population."¹⁵

The current pattern of resource allocation dates from the 1960s, when the governments of newly independent countries in sub-Saharan Africa, including Tanzania, moved the emphasis away from pro-

tecting the health of colonial administrators and plantation and mine workers towards the previously neglected area of child and maternal health. This is not a call to push the health resource pendulum away from children and towards adults. The ideal would be to increase the resources available in Tanzania and similar countries for programmes aimed at improving the health of the whole population. Health resources are not likely to increase in the foreseeable future. We therefore seek to encourage debate about the fairest, as well as the most effective and efficient ways, to apportion the scarce resources available between adult and child health needs.

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Conflict of interest: None.

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Correction

Infectious diseases: an ecological perspective

An editorial error occurred in this paper by Mary E Wilson (23-30 December, pp 1681-4). The last sentence in the third paragraph on p 1681, from which words were omitted, should read: "AIDS, recognised as a distinct clinical syndrome in 1981, has reached every country of the world, and the cumulative worldwide total of infected people could reach 30-40 million by the year 2000."