

Development prospects for the Horn of Africa countries to 2040

Health

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Health

Prolonged armed conflict, insecurity, drought and low development among the six countries have exacerbated their generally poor health systems. An estimated eight million people in the Horn are internally displaced and 3.5 million have fled to become refugees in neighbouring countries.[1] Health needs and status are thus varied by the country and situation at hand. Health needs are further categorised into visible and invisible needs.

Visible needs consist of issues like malnutrition, infectious diseases, lack of vaccination etc. For example, in early 2020, an estimated seven million South Sudanese were severely food insecure; over one million children were acutely malnourished; and almost 300 000 severely malnourished.[2] Invisible needs are the less reported and recorded but with significant impact, like mental health and gender-based violence.

To examine the efficacy of the health system, this report condenses the assessment to main indicators, such as infant mortality, maternal mortality, life expectancy and deaths by three main categories—communicable diseases, non-communicable diseases and injuries.

Child mortality rates have declined in the Horn, but the countries are not on track to achieve the SDG target on eliminating child deaths by 2030. In fact, the COVID-19 pandemic could reverse a lot of the gains made. Data by the UN Children's Fund (UNICEF) shows that in 2019, children in the Horn still faced the steepest chance of survival in Africa and globally.[3]

The pandemic has also interrupted routine immunisation programmes in almost 70 countries globally, most being in developing regions.[4] For a country like Somalia, routine immunisation was already among the lowest in the world and effectively non-existent in some areas since 2009. In addition, the acute food security and nutrition crisis has led to widespread malnutrition, which is also associated with deaths of children under five. According to the Famine Early Warning Systems Network (FEWS NET),[5] serious food security is a persistent concern in the eastern region, where the six Horn countries are situated.

Chart 14: Food insecurity in the Horn of Africa

Source: FEWS NET

About 75% of neonatal deaths happen in the first week of life, and many newborns die within the first 24 hours. In 2017, preterm birth, intrapartum-related complications (birth asphyxia or lack of breathing at birth), infections and birth defects caused most neonatal deaths. After the neonatal period and through the first five years of life, the main causes of death are pneumonia, diarrhoea, birth defects and malaria. Malnutrition is the underlying contributing factor, making children more vulnerable to severe diseases.[6]

In Djibouti, about 68% of children born are likely to die before their fifth (U5) birthday and it is estimated that 35% of these deaths are directly or indirectly linked to malnutrition.[7] There is no recent data for malnutrition for Eritrea but publications by major NGOs indicate that it could be worsening[8] from the 53% reported in 2005,[9] and this is reflected in the estimated 52.5% stunting rate of children U5.[10]

In Ethiopia, 23.6% of children U5 are underweight, 28% of child deaths are associated with undernutrition and 38% of U5

children are stunted, a reduction from about 58% in 2000.[11]

In Somalia, malnutrition has persisted due to unending conflict, drought and famine, and the breakdown of basic services like water and sanitation. An estimated 1.2 million children suffered malnutrition in 2018,[12] and about 25.3% of children U5 suffer from malnutrition and 14.3% from wasting.[13]

In addition to insecurity, the 2020/21 locust invasion has left thousands in South Sudan food insecure. In 2018, 43% of the population were severely food insecure and more than one million children were acutely malnourished.[14] UNICEF also warned that in 2020, about 1.3 million children U5 faced the risk of acute malnutrition.

Malnutrition increased from 13% in 2018 to 16% in 2019, a three percentage-point annual increase—exceeding the emergency threshold of 15%.[15] In Sudan, an estimated 2.7 million children suffer malnutrition annually with roughly 522 000 of this total suffering severe acute malnourishment.[16] More than one in three children U5 are stunted, making Sudan one of the 14 countries where 80% of the world's stunted children live.[17]

Stunting is associated with life-long impairments to children and not only affects their cognitive and learning capabilities but makes them susceptible to opportunistic diseases that affect the quality of their lives and ability to be productive members of their society.

Survival of newborns and children U5 in these countries can be improved through greater coverage of quality ante-natal care, having skilled healthcare workers, and good postnatal care for mother and baby. Given the fragility and numerous challenges to provide healthcare access to this region, engagement to attempt to address these challenges must account for the unique humanitarian situation and tailor programmes with the help and participation of local communities.

None of the countries is on track to achieve the SDG target for maternal mortality rate (MMR) of less than 70 per 100 000 live births, although maternal deaths declined from 1 250 in 1990 to 353 in 2015[18] and 412 in 2016[19] in Ethiopia. This figure is still very high and far from the SDG target.

In Djibouti, the MMR was estimated at 248 per 100 000 live births in 2017.[20] In Eritrea, about 80% of deliveries take place without a physician or trained midwife. In 2017, the country recorded an estimated MMR of 480.[21] The MMR in Somalia is among the highest in the world, and in 2018 it was estimated that the MMR was 732 per 100 000 live births.[22] In South Sudan, MMR was estimated at 1 250 per 100 000 live births in 2017.[23] Finally, in Sudan, MMR was estimated at 295 in 2017.[24]

Many of these countries have limited access to medical facilities, personnel and capacity to deal with the complications that may arise during childbirth. Poor infrastructure and other development issues like poverty, instability and lack of education also exacerbate the timeliness with which women are brought to medical facilities.

Many NGOs and national health ministries are cognisant of this issue and have taken steps to introduce medical facilities. This is especially in rural areas where fixed and mobile clinics have been introduced and programmes around pre- and post-natal care and childcare are being run. These are to sensitise communities on safe practices to ensure good maternal and child health.[25]

The average life expectancy of the six Horn countries was estimated at 65.9 years in 2020. This is an almost 16-year increase from 1990 levels and on par with Africa's current average life expectancy. By 2040 Somalia and South Sudan will, however, have a life expectancy of around 65—roughly six percentage points below the regional and continental average

at the time.

Djibouti's life expectancy ranks 143rd out of 186 countries in IFs. Life expectancy is therefore relatively high by comparative standards. Ethiopia's life expectancy took a hit in the 1980s due to famine, which was also the cause of a million deaths in the country. Overall, life expectancy has been on an upward trend and the country has improved its life expectancy at birth by nearly 43% from the 1990 level that stood at 46.5 years.

Dropping malnutrition rates, infant mortality and non-communicable diseases—although still huge challenges for the country—have aided improvement of life expectancy in the country.[26] Although still lower than the continental and global average, life expectancy in Somalia has been increasing over the past five decades. Undernutrition, maternal and prenatal and communicable diseases such as diarrhoea are the leading causes of death in the country.[27]

Communicable diseases are prevalent among children U5 and older cohorts of the population. By disease subtypes, diarrhoea and 'other communicable' diseases (such as tuberculosis) are most prevalent among children U5 and the older cohorts who also suffer from (mostly lower) respiratory infections.

IFs shows that this region is also suffering a non-communicable disease burden along with the challenge of fighting communicable diseases. Although communicable diseases are projected to decline, it will be a gradual fall and communicable diseases will still be a challenge for the region. Non-communicable diseases will remain steady and will be the prevalent cause of death and disability. Deaths through injuries such as road accidents and other conflict events will also remain steady throughout the forecast horizon.

Endnotes

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