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Health Care for visitors and residents in West Africa

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The west coast of Africa was long known as the White Man's Grave because of the high death rate from tropical disease. There are 16 nations in a string of ex-German, French and British colonies running round the Bight of Africa, each in a different stage of development and struggling to develop health care for its residents. Immunisations and antimalarials have brought a degree of protection to the visitor. Several countries, once shunned by Europeans, are now visited in increasing numbers by those intent on exposure to winter sunshine

Tourists, apparently protected by comprehensive travel health insurance, often assume that urgent health care needs will be met in medical emergency overseas, as speedily and efficiently as within the NHS. An adverse medical event due to trauma and disease in countries in West Africa however, may expose patients to limited resources and health care and delayed treatment. Insurance companies can only provide the best locally available medical and nursing care. Evacuation and treatment may not equate with that in the developed world. Poor communications, climatic extremes, bad roads and limited transportation threaten delay in emergency hospital access.

Paucity of health professionals, hospitals, and insti-tutional resources determines poor quality of health care provision. Facilities are best in the cities, but tourists travel up-country and small ports of call often have a rural hinterland, with difficult and distant access to major cities. Traditional medicine, dependent upon herbs and ancient and voodoo practices often, form part of primary health care. Baseline statistics of life expectancy and mortality rate and health pro-fession to patient ratio, give a good indication of the quality of health care provision in a country. None of the 16 nations of West Africa will achieve their Millennium Development Goals (MDG) of reducing child mortality or improving maternal care. According to the WHO, there have been some improvements in the sub-region, with child

Clinic in São Tomé

mortality 165 deaths per 1000 births in 2005. The rate remains high in Benin, Cape Verde, Gambia, Ghana, Guinea, Senegal and Togo. Maternal mortality remains high - ranging between 700 and 2,100 deaths out of 100,000 births for Benin, Ivory Coast, Senegal and Sierra Leone. None of the countries have met the target of 2.5 health care professionals per 10,000 population.[1]

50 years after independence from colonial rule, many West African countries are recognising benefits from tourism. More cruise ships are disgorging passengers each year into countries fringing the West African coast which still present a health challenge to Europeans. Standards of emergency care vary considerably from country to country, are often rudimentary and may only be available in the main cities and not in ports. According to WHO, common diseases in sub-Saharan countries include cholera, typhoid, pulmonary tuberculosis, anthrax, pertussis, tetanus, chicken pox, yellow fever, measles, infectious hepatitis, trachoma, malaria, and schistosomiasis. Others are guinea worm or dracunculiasis, various kinds of dysentery and river blindness (onchocerciasis).

The Gambia - nearest place in Africa to guarantee the tourist winter sun - was among the first to host the package holiday maker. A country with one of the world's lowest per capita income rates, its health care system is rudimentary. There is one teaching hospital in Banjul the capital. It is staffed by consultant spe-cialists mainly from Cuba. There is also an MRC unit in Bakau which specialises in tropical diseases. Both of these are near coastal tourist areas, but are extremely busy, crowded and sleep two patients per bed when under pressure. A few private clinics with limited facilities provide emergency care for the ill or injured tourist, but have scant investigative, or intensive care capacity. The nearest treatment centres are in Dakar, Senegal many hours, drive plus a ferry crossing, away, Transport is at a premium and roads often impassable in the wet season.[2] The alternative evacuation route is to Europe, a 6 hours flight, not a viable alternative for a patient with a heart attack, infarction or respiratory emergency, as airlines will not fly individuals for a week or ten days after these critical medical incidents. As in all West African countries, malaria is rife and tourists at risk. A significant number become infected and return to Britain with a febrile illness which can be misdiagnosed.

Senegal

Across the Gambia river is Senegal, with its capital Dakar now attracting cruise liners and one of the first ports of call for ships leaving the UK in cruises to South Africa and the Far East. If passengers become ill on the Atlantic crossing they may be disembarked here. Private clinics and a few state hospitals are under-resourced, under - doctored and medications may be difficult to acquire.

Large disparities still exist in health coverage, with 70% of doctors, and 80% of pharmacists and dentists, living in the nation's capital city, and only 0.1 physicians and 0.4 hospital beds per 1,000 people. Only 78% of the total population have access to safe drinking water and 70% have adequate sanitation. Malnutrition was prevalent in 23% of children under age five in 2000 and goitre in 41 of 100 school-age children. Infant mortality was 60 per 1,000 live births; maternal mortality was 560 per 100,000 live births in 1998. Senegalese life expectancy at birth is 57 years.[3]

Major health problems include measles and meningitis along with water-related diseases such as malaria, trypanosomiasis, onchocerciasis, and schistosomiasis

Cape Verde Islands

Cape Verde islands lying off the coast of Senegal are a port of call for cruise ships on transatlantic crossings. Health facilities are very limited, and some medicines are in short supply or unavailable. There are hospitals in Praia and Mindelo, with smaller medical facilities elsewhere. Brava and Santo Antao islands no longer have functioning airports so air evacuation in medical emergency is impossible and Brava has limited inter-island ferry

service. Malaria occurs in Cape Verde, although not to the extent in mainland Africa. Risk is mainly limited to the island of Santiago, with highest risk from July to December

Ghana
Ghana is one of the more developed regions in this area with health care provided by government. Hospitals and clinics run by religious groups with a few " for-profit" clinics play a role. Health care is vari-able through the country. Urban centres are well served; however, rural areas often have no modern health care. Patients there rely on traditional African medicine, or travel great distances for care. Ghana experiences the full range of diseases endemic to the region. 70 percent of deaths are caused by infections compounded by malnutrition. Many reported sanita-tion advances have been made in urban areas and not in rural communities where the majority of the popu-lation lives. Average life expectancy is fifty-six years .[3] World Bank figures suggest one physician to every 20,460 population with unfavorable ratios of nursing staff to patients. Members of the national Psychic and Healers' Association have also been recognized by government. Small fees are paid by patients to aug-ment state funding for health services and there is a national insurance plan. Private and state facilities are available to tourists in Accra but are generally poor in the rural scene. As with most West African countries, there is a high health risk from road traffic accidents. Emergency aid may be delayed and casualty units far distant with limited resources for transfusion and sur-gery. Accra is a vibrant, partly Europeanised city, travel health insurance companies can negotiate rea-sonable care for patients in emergency and there are good air connections to Europe.[2]

Sierra Leone is just recovering from a vicious civil war when much of its infrastructure was damaged. Hospitals and clinics are decayed and struggling under a burden of cripples and amputees resulting from the prolonged violence. Money can buy access to what health support is available but may do so by tak-ing it from a local resident. Wheeled transport is hard to come by and ambulance evacuation a luxury denied many of the local population. Open drains, broken-up roads, unguarded culverts, crumbling masonry and unlit pavements make this a hazardous place for pedestrians and vehicles and the risk of acci-dental trauma is high.

Emergency admission to a local medical unit is best avoided, and air evacuation can be problematic with few direct flights to Europe. Transport is scarce, the roads often dirt tracks and communication between centres fragmented. The few hospitals and clinics are grossly overburdened with the demands of a mal-nourished, destitute population. Some facilities are provided by private and non-governmental organizations, but health care infrastructure was decimated during the Civil War and the health service is still being reorganised. Any medical care is generally charged for, which makes it inaccessible to much of the general population who survive on less than £1 per day. Traditional medicine forms part of the primary health care system in Sierra Leone.

The country suffers from epidemic outbreaks of diseases including yellow fever, cholera, Lassa fever and meningitis. In 2007 it had the highest level of child mortality in the world

with a very high infant mortality rate and a life expectancy of merely 41 years. Maternal mortality statistics in Sierra Leone are among the world's highest. One in eight women risks dying during pregnancy or childbirth.[3]

In April 2010 Sierra Leone launched "Free Health Care Medical Insurance", a system of free healthcare for pregnant and breast-feeding women and children under five. The scheme is funded mainly by the United Kingdom and United Nations to refurbish hos-pitals, supply drugs and pay healthcare profession-als'. The UK has paid for a years worth of drugs and the World Health Organization has provided blood banks in each major town.

Ivory Coast (Cote d'ivoire)

In the Ivory Coast there are sharp regional and socio-economic disparities in health care. Life expectancy at birth was 41 years for males in 2004; for females 47. Infant mortality was 118 of 1000 live births There are 12 physicians per 100,000 people. About a quarter of the population lives below the international poverty line of US$1.25 a day. Access to potable water and waste disposal systems is limited in rural areas. Half of all deaths are infants and children under the age of five. Malnutrition affects 24 percent of children under five years old. 60 percent of females underwent female genital mutilation.[4]

The health care system is unable to meet the health care needs of the the population, with continuing low ratios of doctors and nurses to patients. Chronic short-ages of equipment, medicines, and contribute to over-all poor service delivery. In rural areas, health care remains a family matter, under the guidance of line-age elders and traditional healers. Malaria, yellow fever, sleeping sickness, yaws, leprosy, trachoma, and meningitis are endemic.

Cameroon

Health Care for tourists is available in big cities in Cameroon, which does not have the technology of the West. Simple blood samples are usually analysed in Cameroon but complex ones go to France. Health care activities are either run as government services or pri-vate services managed by various churches and many missionaries maintain health and leprosy centers. Traditional doctors play a great role also. Three out of

Clinic in Lome, Togo

twenty inhabitants are able to buy prescribed drugs in hospitals and one out of every 1000 patients can see a specialist free. Modern equipment is needed, with many clinics using outdated resources.

In 2004, there were 7 physicians, 36 nurses, 1 den-tist, and 1 midwife per 100,000 people. The estimated death rate in 2002 was 12.08 per 1,000 infant mortality in 2005 was 65 per 1,000 live births. An estimated 29 percent of children under the age of five suffered from malnutrition. 62 percent of the population have access to safe drinking water.[4]
Principal diseases are malaria, HIV Aids, tuberculosis, sleeping sickness, cholera, dysentery and meningitis. Malaria is prevalent in the coastal region, and the forests with many of the adult population affected. Other serious water-borne diseases are schistosomiasis and sleeping sickness, spread by the tsetse fly. Cameroon lies in the yellow fever endemic zone.

Benin
Benin has one of the highest death rates for children under the age of five in the world. Its infant mortality rate is about 203 deaths for every 1000 live births. Only one in three mothers has access to child health care services with community-based health care reform, bringing efficient and equitable provision of services. Much of the population still depends upon traditional medical practices, voodoo doctors and fetish objects when in clinical need. Local markets have stalls loaded with herbs, animal carcases and live animals, to be sacrificed in voodoo practices to ward off illness and treat disease. There are a few conven-tional clinics and hospitals accessible to tourists.

Most serious epidemic diseases have been brought under control Yaws has been almost totally eradicated in the north. Sleeping sickness (trypanosomiasis) has also been reduced and yellow fever has almost disap-peared. Cholera cases are now rare. Malnutrition is prevalent however in 25% of children under five years old. Access to safe water has improved to 63% this decade but only 23% of the population has adequate sanitation. Estimated average life expectancy in 2005 was 53 years.[4]

There were 6 physicians and 20 nurses per 100,000 people in 2004. Maternal mortality rate was estimated at 500 per 100,000 live births. The infant mortality rate in 2005 was 81 per 1,000 live births. Nearly half of the women in Benin undergo female genital mutilation.

Sao Tome and Principe
Sao Tome and Principe are small islands off the coast of Africa lying on the equator. Their sandy beaches and dramatic scenery make them an attractive port of call for cruise ships. Medical care is extremely limited. The main health facility is the Ayres Menezes Hospital, located on the island of Sao Tome. Most doc-tors and hospitals expect payment in cash, regardless of whether the traveller has travel health insurance.

Serious medical problems require air evacuation to a country with state-of-the-art medical facilities. Flights are limited and rarely fly direct to Europe. Malaria remains a health risk.

Gabon
In Gabon health facilities remain inadequate, particularly outside the Libreville area. The government provides nearly all health care services. The internationally known Albert Schweitzer hospital is located in Lambarene. Malaria, sleeping sickness, tuberculosis, and other infectious diseases are widespread.

Evacuation and repatriation for the ill or injured tourist is likely to be delayed and emergency care extremely limited.

Togo
Medical services include treatment centres with services free except at the clinic at the hospital in Lome, where patients pay a nominal fee. Special facilities treat leprosy, sleeping sickness, and mental illness. About 61% of the population have access to health care services. In 2000, 54% of the population had access to safe drinking water, but only 34% had adequate sanitation. In recent years there have been significant decreases in mortality caused by smallpox, yellow fever, and sleeping sickness. Yaws, malaria, and leprosy continue to be major medical problems. As of 2002, the crude birth rate and overall mortality rate were estimated at, respectively, 36.1 and 11.3 per 1,000 people. The maternal mortality rate 480 per 100,000 live births Average life expectancy is 50 years. At least 50% of the women in Togo have undergone female genital mutilation, but government policy opposes the practice.[4] A quarter of children in the country's north suffer from chronic malnutrition, seven of every 100 babies die in childbirth, 49 percent of births were unattended and there was less than one doctor per 10,000 residents - the minimum recommended by WHO to guarantee basic health service, according to a 2008 joint UN-government survey.[3]

Summary
Health services in countries in the Bight of Africa:
• are poorly developed and do not meet the needs of all residents
• vary markedly from country to country
• are particularly poor in rural and coastal areas away from cities.
• Hospitals and clinics are poorly resourced
• Transport to hospital may be unobtainable
• May not meet the needs of the ill or injured tourist

Tourists to West Africa
Should be aware that:
• Yellow fever immunisation is mandatory
• Maximal antimalarial precautions are required
• Travel health insurance will not necessarily bring access to optimal emergency care.
• The risk of traffic related trauma is very high
• Air and land evacuation may not be possible in emergency.

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Regional hospital Limbe, Cameroon