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COMMENTARY

Comment: Health transitions and regressions in Southern Africa

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Overall, the mortality decline has been impressive in sub-Saharan Africa in the second half of the twentieth century. Life expectancies below 40 years were common before 1950, whereas they could exceed 60 years at the end of the century. This health transition occurred in the context of the development of modern states, of modern public health and hygiene, of health personnel and technology (medicines and vaccines), as well as improving nutrition and levels of education. However, these transitions were not always smooth, and were sometimes halted by major political or economic crises as well as by emerging diseases. Furthermore, major changes in diet and lifestyle could also have a negative impact on mortality trends.

The Agincourt case study provides solid evidence on mortality levels and major health problems, as well as positive and negative trends in age-, sex-, and cause-specific death rates since 1992 (see the paper by Kathleen Kahn et al. [1]). Mortality levels at baseline appeared relatively low for a rural area of Africa, with female life expectancy above 70 years and a wide gap between males and females. This level compares with that of Western Europe around 1950 despite lower levels of income. However, several features of cause-specific mortality stand in contrast with European patterns. Mortality from external causes (accidents and violence), from diarrhoeal diseases, from severe malnutrition (kwashiorkor), from maternal causes, and from cancers of the female genital tract was higher than expected at this level of mortality. Severe malnutrition and diarrhoea seemed related to the vulnerability of the poorest strata; maternal mortality with low coverage of maternal care among older women; female cancers with the epidemics of sexually transmitted diseases; accidents (household and road traffic) with the newer dangers of modern life; and violent deaths with the overall pattern in post-apartheid society and the weakness of gun control measures.

Beyond the specific features at baseline, mortality trends revealed the new public health challenges of this transitional society. Above all, in just a few years, HIV/AIDS became the leading cause of death among young adults and young children, reversing long term mortality trends in these age groups. Closely linked is the resurgence of tuberculosis, well described in the paper by Paul Pronyk et al. [2], here again reversing favourable trends since the 1950s. In addition, the surprising increase in female mortality in the age group 50–64 seems due not only to HIV/AIDS and pulmonary TB, but also to a series of non-communicable diseases among which cancers of the female genital organs, diabetes, and hypertension appear the main culprits. Obesity and hypertension, as detailed in the paper by Margaret Thorogood et al. [3], are becoming major public health issues, with different patterns among men and women that need to be further investigated.

Closely linked to the issue of emerging health threats are the consequences described by Clark et al. in their paper on circular migration and mortality [4]. Young adults, and probably middle-age adults as well, who migrated to industrial centres for job opportunities, seem to return to their village when seriously ill, and eventually die there primarily from HIV/AIDS and PTB. This effect seems to have increased in recent years, imposing a new burden on local health services (already overstretched), as well as on their families.

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Health regressions are not a peculiarity of Agincourt but can be found all over sub-Saharan Africa. Thus far the continent has escaped major mortality increases in lung cancer – which occurred in developed countries at this level of mortality – although this could well occur in the future given increasing smoking. The future of the health transition in Southern Africa remains unclear. A return to favourable mortality trends will require not only control of HIV/AIDS and pulmonary TB, but also meeting the challenges of rapid modernization in traditional societies with its numerous health and social consequences, in particular changing diet, changing lifestyle, changing marriage and sexual behaviour, and a variety of new stresses and hazards associated with daily personal and working life.

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