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*make justice,
not war*





NEWS

Universal, public and free: Italy's once-upon-a-time National Health Service

A powerful investigative documentary entitled "Once Upon a Time in Italy: Jakarta's on Its Way" will be released soon in Italian cinemas. Starting out in Cariati, Calabria, where a handful of protestors of every age take part in an unprecedented occupation of a hospital in an attempt to get it reopened, the film features commentary by well-known public intellectuals, physicians, activists and others (including Michael Marmot, Ken Loach and Roger Waters) on who is responsible, both on the local and global level, for the assault on public health.



Here, at the Palace of Republic, on 6-12 September 1978 the historic International Conference was held by the World Health Organization and UN Children's Fund on Primary Health Care, in which Alma Ata Declaration (The World Health Organization's Great Charter) was adopted.

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EDITOR

Gavino Maciocco

EDITORIAL STAFF

Andrea Atzori, Dante Carraro, Adriano Cattaneo, Silvio Donà, Fabio Manenti, Martha Nyagaya, Ana Pilar Betran Lazaga, Giovanni Putoto, Angelo Stefanini, Anna Talami, Ademe Tsegaye and Calistus Wilunda

EDITOR-IN-CHIEF

Anna Talami

A PUBLICATION OF

Doctors with Africa CUAMM

ADMINISTRATION

Via S. Francesco, 126 - 35121 Padua
t +39 049 8751279-8751649
f +39 049 8754738
e-mail cuamm@cuamm.org

EDITORIAL COORDINATION

Chiara Di Benedetto

COVER ILLUSTRATION

Lorenzo Gritti

LAYOUT AND PRINTING

Publistampa, Via Dolomiti, 36 - 38057 Pergine Valsugana (Trento)

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Sara Copeland Benjamin

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Make justice, not war

Only where there is peace can social justice exist. Only where there is peace can we build a society attentive to the needs of human beings, including health care. Conflicts continue to undermine the security of numerous countries, with dire economic and social repercussions. Doctors with Africa CUAMM will continue to stand by the most marginalized, "building" justice day after day.



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DIALOGUE

GIVING A VOICE TO THE INVISIBLE

“Africa has a voice, but it isn’t being heard. Help it to be heard, continuing to speak out to cast light on the unseen.” The Holy Father himself made this request of us, and we will indeed continue to honor our commitment to work hand in hand with Africans to overcome this latest of countless war-driven economic and social crises.

TEXT BY / DON DANTE CARRARO / DIRECTOR, DOCTORS WITH AFRICA CUAMM

“This is an unseen ‘war’ that nobody talks about, that sometimes seems not even to exist. But it does, and it is having dire consequences, especially on the poorest. (...) Food prices are escalating everywhere, causing hunger and malnutrition; health transports are getting stuck due to the excessive cost of fuel; and drugs and medical supplies are scarce.”

This is what the Holy Father Pope Francis told the Doctors with Africa CUAMM community at the Vatican on the occasion of our 19 November 2022 Annual Meeting. It was enormously uplifting to have the opportunity to talk about “our” Africa and daily work in his presence, feeling his support for our determination to continue to stand side by side with those who are invisible, marginalized and vulnerable.

In recent months, Africa has been experiencing a “ricochet war”, with inflation and an economic crisis that have sent everyday costs soaring. Our key problem in terms of hospital management in countries like Sierra Leone has become the electric supply. Only generators can guarantee the power and services we need; without one, everything risks coming to a standstill. The same goes for fuel. We have the same resources as ever to pay for it, yet its price has tripled, and when we run out of it, transportation grinds to a halt. The system that we worked so hard in recent years to build to transport those in need from peripheral areas to hospitals stops functioning for days on end, with sick individuals unable to get the care they require. Another of the “invisible” phenomena encountered daily by CUAMM is the war’s impact on food prices: those of wheat and rice have risen precipitously, hindering the ability of many to buy basic necessities for their families and making the already worrying specter of malnutrition even more alarming.

These repercussions of war for seemingly far-off, fragile parts of the world underscore the invisible threads that bind human beings everywhere. We are but one world, one humankind, and – as Giovanni Putoto describes later in this issue – the war in Ukraine is dragging Africa, too, backwards, exacerbating its own wars and armed conflicts. At the same time, as COP 27 in Egypt last month underscored and sought to address, it is the world’s poorest countries, Africa’s in particular, that are being hit hardest by climate change, their citizens paying the price for the far greater consumption of their wealthier counterparts.

Notwithstanding these challenges, we must continue to look ahead, keeping a steady focus on fulfilling our commitment in the field, hospitals, health centers and, increasingly, in terms of skills-training as well. Indeed, we recounted to Pope Francis our organization’s commitment to invest more and more in people and skills over the next five years, based on our recognition of the vital importance that human resources play in health care. In partnership with health authorities, professional bodies and specialized agencies in the countries in which we work, we plan to foster the development of community agents and help them orient themselves within health systems; to facilitate the professional development, retention and task shifting of health personnel in remote areas; and to provide support to the schools and universities entrusted with the training of qualified health workers (physicians and non-medical personnel) planning to work in primary health care. CUAMM focuses particular attention on the growing involvement of young African women and men in the work sphere, specifically in the area of research and innovation – the only way to help them fulfill their aspirations to be an active part of this continent’s rehabilitation.

Here were the words the Holy Father dedicated to us: “May the Lord help you get through this night with courage, the light of dawn leading your hearts and illuminating those tiny, already perceptible, shoots of hope, that you yourselves are actual witnesses to. I thank you for letting the world know what Africa is experiencing, for laying bare the unseen and unheard sufferings of the disadvantaged people you meet every day; and I urge you to continue to stand up on behalf of Africa, to help it express itself in ways that people will really hear. For Africa *has* a voice, but it isn’t being heard. Help it to be heard, continuing to speak out to cast light on the unseen.” This is precisely what we will do, through our people and activities: give a voice to the invisible.



DIALOGUE

THE GLOBALIZATION OF INDIFFERENCE

As winter sets in, the war in Ukraine is making the plight of millions increasingly dire, while in the powder keg that is present-day Iran, repression is steadily undermining people's freedom and security. Against this backdrop, affirms the 2022 Censis Report, Italians feel resigned and averse to take action. But why not put our moral responsibility to challenge globalization and injustice back at the center?

TEXT BY / GAVINO MACIOCCO / DEPARTMENT OF HEALTH SCIENCES, UNIVERSITY OF FLORENCE

Gloomy and resigned: this is the portrait of Italians that emerged from the 2022 Censis Report, which describes an increasingly poor, aged population anxious about the present and the future alike, and averse to change. Yet even as discontent over social inequality grows, there is no taking to the streets, no collective mobilization; rather than taking action, Italians are turning inwards. Many are no longer even bothering to vote: this year's abstention rate was the highest in the history of our Republic.

Added to the gloom and resignation is an increasing indifference to injustice, crime and the horrors all around us, whether they be the countless migrants drowning close to our shores, or the increasingly dire plight of millions in war-ravaged Ukraine as winter sets in. Indeed, after the failure of its so-called "special military operation", the Kremlin is now waging war directly against civilians, attempting to destroy Ukraine's energy infrastructure to make it even harder for its people to survive the bitter winter season. The WHO has sounded the alarm over the crisis generated by this ongoing assault: "With half of Ukraine's energy infrastructure either damaged or destroyed and continuing attacks on health care, millions of lives remain under threat".



"None of us can ignore our moral responsibility to challenge the 'globalization of indifference' that all too often looks the other way in the face of tragic situations of injustice calling for an immediate humanitarian response".

(Pope Francis)

Then there are the barbaric attacks on women and executions in Iran, which has become a veritable powder keg. Three months have passed since 16 September 2022, when the country's "morality police" beat to death a 22-year-old Iranian-Kurdish woman, Mahsa Amini, after arresting her for allegedly breaching the country's requirement for women to cover their hair with a hijab. Since then, there have been hundreds of demonstrations against the absurd laws of Ayatollah Khamenei's theocracy, which has responded with a bloody crackdown, hunting down and arresting more than 30,000 young women and men and killing at least 500, including 70 minors, either out in the streets or in jail. Factory workers have gone on strike and shopping malls, bazaars, cafes and restaurants have shut down in many cities, yet the savagery of the "law enforcers" continues. Two individuals have been hung and Amnesty International reports that at least 28 more young people currently risk the death penalty. Hana, another young Kurdish woman recently released from an Iranian detention center, has spoken about being systematically beaten and raped there along with 40 other women. Even the Ayatollah's granddaughter, Farideh Muradkhani, is under arrest for her support of the late Mahsa Amini.

Last 20 November at an ARCI club on the outskirts of Florence, accompanied by my children and grandchildren, I attended a dinner in solidarity with Iranian women who reside in Florence, but remain in close contact with their families and communities. Listening to testimonies by three of them was heart-wrenching, as was seeing the words on their sweatshirts, the battle cry now resounding across Iran: "Woman. Life. Freedom." (*Zan, Zendegi, Azadi*).



AFRICA IS GOING BACKWARDS

The pandemic, war and conflict, and energy and financial speculation are severely impacting the entire African continent. In the Central African Republic, the cost of living continues to rise due to the economic crisis, and treatment and preventive services have become prohibitively expensive for most of the population. Making matters even worse is the perennial problem of the lack of equipment needed for patient care, for example, at the Bangui Children's Hospital, where although access to care remains free for children, the situation is growing increasingly difficult to sustain.







AFRICA AND THE NEW COLD WAR

Africa finds itself increasingly at the center of new global geopolitical balances, with the return of a pattern of rival blocs of countries: a sort of new Cold War involving a complex web of economic, military and diplomatic interests. In this rapidly evolving scenario, the risk of conflict over Africa between these powerful actors, fostered in part by the instability and fragility of many of its countries, is not insignificant.

TEXT BY / MAURIZIO MURRU / PUBLIC HEALTH PHYSICIAN

THE SCRAMBLE FOR AFRICA

The term “scramble for Africa” was coined to describe the process towards the end of the 19th century by which the European powers of the time sought to claim parts of the African continent for themselves.¹ For almost two decades now there has been talk of a “new scramble for Africa” and its resources². There has also been talk for years of a “new cold war”, different from the one generally considered to have begun in the aftermath of WWII and ended with the fall of the Soviet Union, but still characterized by a clash between two rival blocs: “the West” versus Russia and China. Initially, this “new cold war” was discussed primarily with reference to the rivalry between the United States and China in matters of trade and technology,³ but Russia’s invasion of Ukraine has made the international political situation, including the “new cold war”, even more complex.

NEW PLAYERS IN THE SCRAMBLE FOR AFRICA

This time around, many powers, both large and medium-sized, are taking part in the “scramble for Africa”, from China to France, Turkey to Brazil, India to Malaysia and more. Russia has also been involved for at least a decade, after apparently losing interest in the continent for some time following the fall of the Soviet Union⁴. Russia’s clout in Africa is negligible in the areas of trade and aid, but significant in the military sphere; indeed, it is the biggest seller of arms to the continent. The Stockholm International Peace Research Institute (SIPRI) reports that between 2015 and 2019, 49% of the armaments purchased by African countries came from Russia (alongside 14% from the US, 13% from China, and the remainder from other countries)⁵. Since 2015, Russia has entered into military cooperation agreements with 21 African countries, with plans to establish permanent military bases in six of them: the Central African Republic, Egypt, Eritrea, Madagascar, Mozambique and Sudan.⁶

DIVISIONS BETWEEN AFRICAN COUNTRIES

On 2 March 2022 the UN General Assembly voted on a resolution

to condemn Russia’s invasion of Ukraine. Of the 193 member states, 141 voted in favor of the resolution, 5 voted against it, and 35 abstained. There was a significant rift among African countries: Eritrea voted against the resolution, aligning itself with Russia, China, North Korea and Syria; 28 other African countries voted in favor of it; 17 abstained; and 8 were absent at the time of the vote.⁷ In April, the UN General Assembly voted to suspend Russia from the UN Human Rights Council; of the 54 African countries, only 10 voted in favor of the motion, 9 voted against, and 35 abstained or were absent⁸. This phenomenon of abstention or absence may be an attempt to underscore a kind of equidistance between the Western bloc and the Russia/China bloc.

INSTABILITY AND FRAGILITY IN AFRICA: A BREEDING GROUND FOR DANGEROUS FOREIGN INTERVENTIONS

According to recent World Bank assessments, 13 African countries are currently affected by medium-intensity conflict, 1 (Somalia) by high-intensity conflict, and 5 by a high degree of institutional and social fragility.⁹ The International Monetary Fund, in turn, describes 21 African states as being in a state of fragility.¹⁰ Fragility, instability and rifts between countries provide fertile ground for foreign interventions, and Africa is the continent with the highest number of the latter on its territory, with at least 13 countries maintaining permanent military presences there: Saudi Arabia, Belgium, China, the United Arab Emirates, France, Germany, India, England, Italy, Japan, Russia, the United States and Turkey. The United States operates 34 military outposts in Africa and France has at least 7,550 military personnel spread across various theaters of war. The Horn of Africa alone hosts 13 foreign military bases,¹¹ and six of the twelve active UN Blue Helmets peacekeeping operations worldwide are based in Africa.¹²

THE AFRICAN UNION’S UNHEEDED WARNINGS

As far back as 2016 the African Union’s Peace and Security Council expressed concern about the proliferation of foreign military bases in Africa and the lack of capacity of host countries to control their actions and movements of arms or understand

their true objectives. It urged its member states to be more "circumspect" about entering into agreements to establish such bases on their soil,¹³ bases from which countries would then seek to protect their own interests as well as those of "friendly" governments, heightening the level of competition between the global powers.

THE CASE OF DJIBOUTI

Djibouti deserves special mention in this context. With an area of only 23,200 square kilometers and just over 1 million inhabitants, it hosts the overseas military bases of eight non-allied countries. It is the only country in the world to host both a U.S. and a Chinese base, in addition to those of France, Germany, the United Kingdom, Italy, Spain and Saudi Arabia¹⁴; Russia, India and Japan are also negotiating to join. Djibouti's strategic position is key: it faces the Arabian Peninsula and is close to the strait of Bab-el-Mandeb, through which a significant portion of international maritime traffic, including oil traffic, passes. Djibouti earns about \$300 million a year thanks to the presence of the foreign military bases, not much in absolute terms but equivalent to almost one-tenth of the small country's GDP (\$3.371 billion in 2021).¹⁵

THE CASES OF MALI AND BURKINA FASO

Also telling are events in Mali, where France withdrew its troops, in the country since 2013, after bitter clashes with Colonel As-

simi Goïta's military junta. Now military personnel from the Wagner Group, a private company owned by Yevgeny Prigozhin, a close confidant of Putin, are there in place of the French troops. England and Germany will also be withdrawing their troops (which are part of the UN Multidimensional Integrated Stabilization Mission in Mali, or MINUSMA, in the country with about 14,000 personnel since 2013) earlier than expected. Something similar has happened in Burkina Faso, where the military carried out two coups in the space of a few months, hailed by Prigozhin as the "completion of the decolonization process".¹⁶ In both Mali and Burkina Faso, the citizenry greeted the military's seizure of power with jubilant demonstrations, expressing anti-French and anti-Western sentiments and singing the praises of Russia. The arrival of a Wagner contingent in Burkina Faso is likely. Individuals from the Wagner Group are also present in the Central African Republic, Sudan, Libya, Madagascar and Mozambique. The use of this private group enables the Russian government to intervene at the same time that it denies any such involvement.

THE DIPLOMATIC SCRAMBLE FOR AFRICA

Recent months have seen a whirlwind of diplomatic activities in Africa. China organized the first "China-Horn of Africa Peace, Good Governance and Development Conference" in Addis Ababa with representatives from Ethiopia, Djibouti, Kenya, Somalia, Sudan, South Sudan and Uganda.¹⁷ The event marked a shift in the country's approach to Africa, featured by a new willingness to complement its traditional infrastructural, financial and commercial interventions with a stronger diplomatic role. A few

NOTES

¹ St John's College, University of Cambridge, The Scramble for Africa, https://www.joh.cam.ac.uk/library/library_exhibitions/schoolresources/exploration/scramble_for_africa, accessed on 1 December 2022.

² Carmody P., *The New Scramble for Africa*, 2011, Polity Press, Cambridge, 2011.

³ A new kind of cold war, *The Economist*, 16 May 2019.

⁴ Stronsky P., 16 October 2019, *Late to the Party: Russia's Return to Africa*, Carnegie Endowment for International Peace, <https://carnegieendowment.org/2019/10/16/late-to-party-russia-s-return-to-africa-pub-80056>

⁵ Stockholm International Peace Research Institute (SIPRI), March 2020, *Trends in International Arms Transfers*, 2019, <https://www.sipri.org/publications/2020/sipri-fact-sheets/trends-international-arms-transfers-2019>

⁶ Daily Sabah, 4 August 2020, *Russia to build military bases in six African countries: Report*, <https://www.dailysabah.com/world/africa/russia-to-buildmilitary-bases-in-6-african-countries-report>

⁷ Tawat M., 8 March 2022, *Russia-Ukraine war: decoding how African countries voted at the UN*, *The Conversation*, <https://theconversation.com/russia-ukrainewar-decoding-how-african-countries-voted-at-the-un-178663>

⁸ Deutsche Welle, 26 July 2022, *Russia's reengagement with Africa pays off*, <https://www.dw.com/en/russias-reengagement-with-africa-pays-off/a61064011>

⁹ World Bank, FY 2022, *List of Fragile and Conflict-Affected Situations*, [FCSListFY22.pdf](https://www.worldbank.org/FCSListFY22.pdf) (worldbank.org), accessed on 3 December 2022.

¹⁰ International Monetary Fund, April 2022, *Regional Economic Outlook: Sub-Saharan Africa*, [SUBSAHARAN AFRICA ECONOMIC OUTLOOK IMF 2022.pdf](https://www.imf.org/en/Publications/REO/SSA/2022/04/01/Regional-Economic-Outlook-Sub-Saharan-Africa)

¹¹ Atta-Assamoha A., 2019, 27 August 2019, *Proceed with caution: Africa's growing foreign military presence*, *Institute for Security Studies (ISS Africa)*

¹² United Nations Peacekeeping, *Where we operate*, <https://peacekeeping.un.org/en/where-we-operate>, accessed on 4 December 2022.

¹³ African Union, Peace and Security Council, 30 May 2016, 601st Meeting, *Press Statement, auc-601st-psc-meeting-on-early-warning-30-may-2016.pdf* (peaceau.org).

¹⁴ Yimer N.A., 17 March 2021, *Politics Today*, *How Djibouti surrounded itself with military bases*.

¹⁵ World Bank, *Gross Domestic Product 2021*, <https://databankfiles.worldbank.org/data/download/GDP.pdf>, accessed on 5 December 2022.

¹⁶ *The Conversation*, 11 October 2022, *Burkina Faso coup raises questions about growing Russian involvement in West Africa*, <https://theconversation.com/burkina-faso-coup-raises-questions-about-growing-russian-involvement-in-west-africa-191909>

¹⁷ Ministry of Foreign Affairs of the People's Republic of China, 22 June 2022.

weeks later, China's Foreign Minister also announced that his country would waive 23 interest-free loans to 17 African countries, and promised food assistance as well.¹⁸

In a virtual meeting with representatives of 50 African countries, Japan's Foreign Minister made clear his own country's readiness to help the continent cope with the economic consequences of the war in Ukraine;¹⁹ in addition, the 8th Tokyo International Conference on Africa Development (TICAD) was held in Tunis, presenting ideas and plans to counter Chinese expansion in Africa.²⁰ In July, Russian Foreign Minister Sergei Lavrov visited Africa, cautioning against the West's global "hegemonic plans" and stating that his country would help the continent "complete its process of decolonization." In the same period French President Macron, who labeled Russia "the last colonial empire," also traveled to Africa, followed shortly afterwards by U.S. Secretary of State Antony Blinken.

INCREASINGLY FORCEFUL AND EXPLICIT AFFIRMATIONS

In April, the U.S. Congress passed the "Countering Malign Russian Activities in Africa Act"²¹; there are also negative considerations vis-à-vis Chinese and Russian interventions in Africa in the U.S.'s "Strategy Document Toward Sub-Saharan Africa" that was

published last August.²² NATO's "Strategic Concept", published last June, states that "(...) insecurity and instability in Africa and the Middle East" are a threat to its members and defines North Africa and the Sahel as "our southern neighbors."²³ Some have interpreted this statement as a re-enactment of the "Monroe Doctrine", named after the president who declared it in 1823, calling Latin America "our backyard" and claiming undisputed supremacy there.²⁴ A French diplomat has stated that "The longer the war in Ukraine continues, the more vigilant we will need to be on the African front".²⁵

A CONCRETE RISK

The distinction between the "new scramble for Africa" and the "new Cold War" may soon lose all meaning. The military aspect is becoming more and more important in both the battle over African resources and the competition for the diplomatic support of the 54 African countries that collectively account for 28% of the votes at the UN General Assembly. There is a concrete risk that the tensions between the blocs might turn into out-and-out conflict, with new proxy wars in Africa – just what happened, with disastrous and long-lasting effects, during the first Cold War. The instability and fragility of many African countries will only increase this risk.

Special Envoy for the Horn of Africa Affairs of the Foreign Ministry Xue Bing attends the Horn of Africa Peace Conference.

https://www.fmprc.gov.cn/mfa_eng/wjbxw/202206/t20220623_10708778.html

¹⁸ Ministry of Foreign Affairs of the People's Republic of China, 19 August 2022, China and Africa: Strengthening Friendship, Solidarity and Cooperation for a New Era of Common Development,

https://www.fmprc.gov.cn/eng/zxxx_662805/202208/t20220819_10745617.html

¹⁹ Nikkei Asia, 28 March 2022, Japan vows to boost post-covid development cooperation with Africa.

²⁰ Africanews, 27 August 2022, African and Japanese delegates meet to promote continent's growth.

²¹ Congress.gov, Library of Congress, 28 April 2022, H.R. 7311, Countering Malign Russian Activities in Africa Act, Text - H.R.7311 - 117th Congress (2021-2022).

²² Executive Office of the President National Security Council, August 2022, U.S. Strategy Toward Sub Saharan Africa, U.S. -Strategy-Toward-Sub-Saharan-AfricaFINAL.pdf (whitehouse.gov)

²³ North Atlantic Treaty Organization, 29 June 2022, NATO 2022 Strategic Concept, https://www.nato.int/nato_static_fl2014/assets/pdf/2022/6/pdf/290622-strategic-concept.pdf

²⁴ Tricontinental, 3 November 2022, Africa does not want to be a breeding ground for a new cold war: The forty- fourth Newsletter (2022), <https://thetricontinental.org/newsletterissue/africa-new-cold-war/>

²⁵ Bensimon C., Chatelot C., Le Monde, Comment la Russie avance ses pions en Afrique, du Mali au Burkina Faso (lemonde.fr).



EXPERIENCES FROM THE FIELD

“FORGOTTEN” WARS

Wars driven largely by economic, energy and military interests are plaguing Africa and expanding at an alarming rate, yet the wider world and the media ignore them. As always, those hit hardest are the most fragile: civilians, mothers, children, the sick and disabled. CUAMM stays on even in the most volatile settings to ensure that these individuals can receive the health care and treatment they need.

TEXT BY / GIOVANNI PUTOTO / DOCTORS WITH AFRICA CUAMM

Many – far too many – yet broadly ignored by the rest of the world: these are sub-Saharan Africa’s “forgotten” wars.¹ After a period of relative peace, stability and democratic progress in the 2000s, we are now seeing a disturbing reversal of the earlier trend. In its latest yearbook, the Stockholm International Peace Research Institute (SIPRI)² reported that there were at least 18 states in sub-Saharan Africa with active armed conflicts in 2021. High-intensity conflicts were underway in 12 states (Burkina Faso, Cameroon, the Central African Republic – CAR, the Democratic Republic of Congo, Ethiopia, Mali, Mozambique, Niger, Nigeria, Somalia, South Sudan and Sudan) and low-intensity conflicts in 6 others (Benin, Burundi, Chad, Kenya, Madagascar and Uganda); there were also coups, including four successful ones (in Chad, Guinea, Mali and Sudan) and 3 failed ones (in CAR, Niger and Sudan). Africa also had the largest number of peacekeeping missions and close to half of the global total of refugees and displaced persons.³

These armed conflicts are unlike the wars of the past, many of which were based on political ideals like decolonization, national independence and the development of democratic paths and functioning public institutions. Now they are about looting and pillage, with battles for geopolitical supremacy, exploitation of natural resources, religious and tribal extremism, political violence, widespread corruption, state fragility, inadequate essential services, rising economic and social inequality and climate crises, and they are generating uncontrollable, and perhaps irreversible, spirals of violence.

Ever more frequently, this violence is being inflicted deliberately

on health workers and infrastructure, causing the disruption of basic care and services. The conflicts are therefore causing not only considerable death, injuries and disabilities, but also the suffering brought over time by destitution, social deprivation, mental anguish and the abandonment of one’s home.⁴ Furthermore, and as usual, those paying the highest price in terms of health are civilians, particularly the most vulnerable among them: women, children, adolescents, the elderly, the disabled and the sick.⁵ It has been estimated that by 2030, up to two-thirds of the world’s extremely poor individuals will live in fragile and conflict-affected situations.⁶

The wars raging today in Africa tend to be driven by economic, energy, and military interests; they are virtually invisible in terms of global public opinion and media coverage, are not included on the agendas of international summits, and show up on social media in posts featuring misleading rhetoric, stereotypes and superficiality.

We at CUAMM will not turn our backs on such suffering. Our health workers have a professional duty and clear mission to “protect life and safeguard peace”, which means responding to those in need, treating wounds, and restoring both services and dignity to the people and communities affected by the violence of these “forgotten” conflicts. Through programs to foster safe motherhood, good mental health and epidemic monitoring systems, and to tackle malnutrition, gender-based violence and chronic diseases, this is what we seek to accomplish in CAR, South Sudan, Ethiopia’s Tigray Region and Cabo Delgado Province in northern Mozambique.

NOTES

¹ This article uses the words “war” and “armed conflict” interchangeably.
² Stockholm International Peace Research Institute (SIPRI) Yearbook 2022: Armaments, Disarmament and International Security, Oxford University Press.
³ <https://www.nrc.no/news/2022/june/the-worlds-ten-most-neglected-crises-are-all-in-africa/>

⁴ Levy BS, Sidel VW (eds). War and Public Health. 2nd ed. Oxford University Press.

⁵ Women’s and Children’s Health in Conflict Settings, Lancet series, 2021.

⁶ Corral, Paul; Irwin, Alexander; Krishnan, Nandini; Mahler, Daniel Gerszon; Vishwanath, Tara. 2020. Fragility and Conflict: On the Front Lines of the Fight against Poverty. Washington, DC: World Bank.



EXPERIENCES FROM THE FIELD

A “PERFECT STORM” HITS ETHIOPIA

A snapshot of present-day Ethiopia reveals a grim situation: a country hosting numerous refugee camps and ravaged by multiple emergencies – drought, internal conflicts, a dire health and food crisis – is on the brink of an unmitigated humanitarian crisis. Reconstruction at every level will require drastic support interventions, including international ones.

TEXT BY / ANDREA ATZORI / DOCTORS WITH AFRICA CUAMM

A recent OCHA report states that more than 20 million men, women and children across Ethiopia – many of whom lost their livelihoods after fleeing from their homes to escape war or drought – now depend on humanitarian assistance for their survival. A lack of water and inadequate nourishment has led to widespread malnutrition in children, many of whom are also suffering from diseases such as cholera due to the scarcity of clean water. Women and children continue to face enormous risk when venturing out into areas of armed conflict or drought-stricken regions in search of water. How did things get to this point?

THE TIGRAY WAR

Despite the decision of the federal government in Addis Ababa to postpone Ethiopia's August 2020 national and regional elections due to the coronavirus pandemic, the northern Tigray region went ahead with elections anyway in September 2020. Calling the regional vote illegal, the federal government began withholding welfare funds from Tigray. Then, on 4 November 2020, Prime Minister Abiy Ahmed ordered a military response to an attack on a camp housing federal troops that he believed had been carried out by the Tigray People's Liberation Front (TPLF). Within weeks, due to the involvement of ethnically based militias and Eritrean armed forces, the conflict escalated further. Over the months the course of the civil war shifted considerably; in early November 2021, the federal government found itself in great difficulty when Tigray fighters, advancing toward Addis Ababa, reached the *woreda* (administrative district) close to it, forcing the Prime Minister to declare a state of emergency. But the capital city then managed to turn the tide, thanks in part to its use of Turkish¹ and Iranian² armed drones.

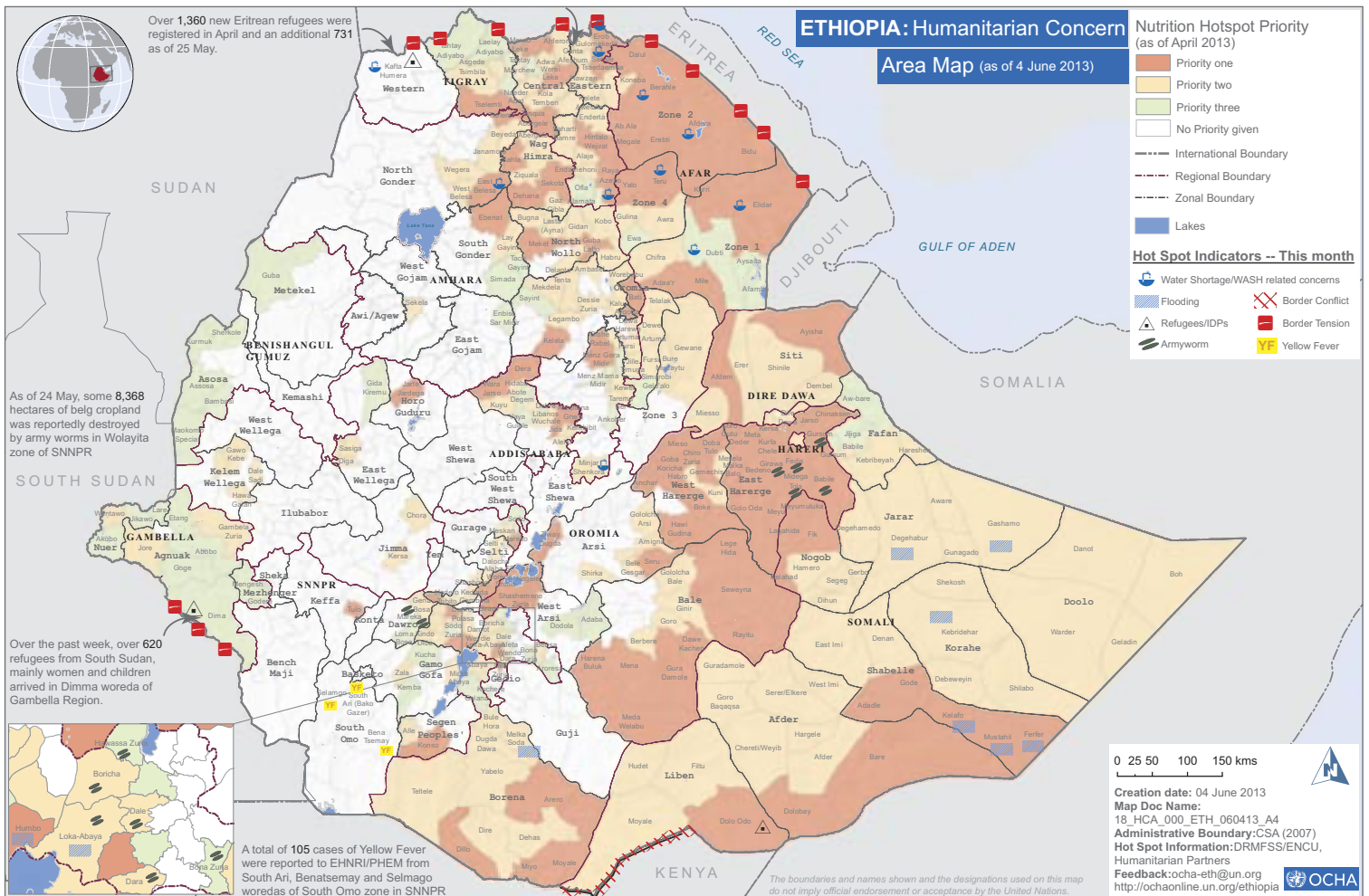
Raging in what is Africa's second largest state population-wise, as well as a strategic area in terms of the stability of the broader region, the conflict has already claimed hundreds of thousands of lives, driven more than 2 million people from their homes, and brought entire swathes of the country to famine-like conditions. Furthermore, other ethnic groups, including the Oromo Liberation Front (OLF), have relaunched their calls for greater self-determination. Following Prime Minister Abiy Ahmed's 2018 invitation to political groups exiled outside the country, OLF returned to Ethiopia and gained formal recognition as a political party, but when its military faction refused to lay down arms and

began to fight federal troops, the government again designated the rebels as a terrorist group in May 2021. A new front had opened. And although the federal government and the TPLF entered into an agreement for a "permanent cessation of hostilities" following peace talks begun in South Africa in October 2022, the situation remains tense and the Oromo front has yet to be resolved; a recent attack on a government military camp in Ambo District allegedly left 19 government soldiers dead and 30 others wounded. Held in place in previous decades by strong leadership from Addis Ababa, the fragile balance required to ensure that Ethiopia remains a federal country is now in shreds. The conflict, the diversion of every available resource to war efforts, and the repercussions of the continuing drought in the Horn of Africa have caused numerous regional crises.

FRAGILE BALANCES

Following the cessation of hostilities, three-quarters of the Tigray region in northern Ethiopia can now be negotiated in relative safety, but getting humanitarian assistance there remains difficult. Some 5.2 million people in the region need aid and have little or no access to money, fuel, communications or electricity, limiting the humanitarian assistance and deliveries of essential supplies that can get through. Food insecurity and malnutrition have worsened, with more than 13 million people in need of assistance in the Tigray, Amhara and Afar regions. There are increasing outbreaks of diseases like malaria, measles, acute respiratory tract infections and other diseases for which vaccines already exist, as well as an extremely high risk of cholera.

Over 2.8 million people have been displaced and now live in crowded conditions with limited access to food, generating problems in terms of water, nutrition, health and health facilities. The situation has led to the collapse of the Tigray region's health system, and in the absence of immunization services, only one in ten children are now protected from infectious diseases. The conflict has also led to a severe reduction in maternal health services, resulting in an elevated regional maternal mortality rate. Drug shortages are limiting required follow-up for patients affected by diseases including HIV and diabetes. It has been estimated that only 3% of Tigray's health facilities are currently functioning, meaning that most are unable to meet the medical needs of the local population.



The Oromia region is also facing several crises requiring humanitarian assistance. Hostilities in Wollega are generating a drastic increase in the number of internally displaced people (IDPs) in the area, with 106,000 confirmed in West Wollega and 116,000 in Horo Guduru Wollega. Malnutrition is also a growing problem in Oromia, particularly in drought-affected areas. A recent survey reported that 1.96% of screened children were found to be severely malnourished and 18% moderately malnourished. Findings in the Guji zone are also alarming, with a proxy global acute malnutrition (GAM) rate now at 38%, and some *woredas* recording GAMs up to 67%. Food shortages and the limited presence of humanitarian organizations in several drought-affected *woredas* are complicating interventions. In the Somali region, drought continues to destroy people's livelihoods in the Afder, Dawa, Liben, and Shabelle zones. The situation is especially severe in Afder, where at least 230,000 livestock have died. The overall malnutrition rate is rising: more than 100,000 patients have been hospitalized for severe acute malnutrition (SAM) since January 2022, with an average of 11,400 hospitalizations per month – a 21% increase from the same period (January-September) in the previous year.

NOTES

- <https://www.reuters.com/world/africa/exclusive-us-concerned-over-turkeys-drone-sales-conflict-hit-ethiopia-2021-12-22/>
- <https://home.treasury.gov/news/press-releases/jy0443>

In the Southern Nations, Nationalities, and Peoples' region (SNNP), malnutrition is worsening in the areas most heavily affected by drought, including Sidama and other Southwest regions. In the Gambella region in the west, heavy rains fell from August to October, causing flooding in 12 *woredas* as well as the region's capital; at least 185,200 people (37,040 households) were displaced and an additional 79,631 people (15,926 households) were otherwise affected. Cholera outbreaks have been reported throughout the country, including in four *woredas* of the Bale zone, Oromia region, and two in the Liben zone, Somali region, which are still not contained. There is also a measles outbreak across 20 *woredas* in five regions, with more than 7,359 cases reported since the beginning of the year. Malaria, scabies and other diseases are also on the rise. A survey of the multiple emergencies now ravaging Ethiopia reveals a grim picture of a country on the brink of an unmitigated humanitarian crisis. Starting with pre-existing factors such as the refugee camps on its borders, severe droughts, and poor harvests due to climate change and conflict in the north, the ensuing "perfect storm" calls for drastic, perhaps unprecedented, changes in terms of international aid and the role of implementing partners in the country. Tailor-made, multi-crisis interventions and mitigation projects are needed to complement development programs, implementing actions to help safeguard the dignity of human lives as well as projects to help pave the way toward the rebuilding, both physical and human, of the country's health care system.



EXPERIENCES FROM THE FIELD

THE UNCEASING CRISES OF THE CENTRAL AFRICAN REPUBLIC

A country endowed with abundant natural resources, yet paralyzed by a multifaceted (from the economy to health to security) and seemingly unresolvable crisis, the Central African Republic has yet to find a path to genuine self-determination, peace and lasting development.

TEXT BY / GIUSEPPE VALERIO / DOCTORS WITH AFRICA CUAMM

A landlocked country located in the heart of Africa, the Central African Republic (CAR) is vast – more than twice the size of Italy – and has a population of some 4.9 million. Endowed with abundant natural resources, the country is a prime example of the phenomenon known as the "natural resource curse": not only does its government fail to provide basic services and well-being to its citizens, but CAR has also been torn by internal conflicts since it gained independence from France in 1960.

Today, the vast majority of the population is increasingly poor and vulnerable, due to widespread violence against civilians and the overall state of insecurity, especially outside major urban centers, which are more heavily patrolled by government forces. The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) estimates that next year, out of its estimated population of 4.9 million (it is impossible to take a census), as many as 3.4 million individuals – nearly 70% of the total – will require humanitarian assistance and protection, a figure up 10% from 2022. Two million of these individuals are expected to have such severe and complex needs that their very mental and physical well-being will be at risk. OCHA also estimates that as of 31 October 2022, there were 505,059 internally displaced persons (IDPs) in CAR, 28% of whom now reside in 81 reception centers and 72% in host families. In October, the number of new IDPs (29,279) was far greater than the number of people who chose to return to their places of origin (8,555). The reasons for people's flight from their homes included violence and other atrocities perpetrated by armed attackers in some areas, and climate disasters such as heavy rains and flooding in others, including the Ouham-Pendé and Ouham prefectures.

CAR currently ranks 188th on the Human Development Index, of the 189 countries for which the measurement is calculated, and 71% of its population is estimated to be living below the international poverty line (\$1.90 per day per person). Moreover, the cumulative effect of local and global crises, including the growing cost of basic necessities due to the war in Ukraine, the coronavirus pandemic, and the climate crisis, have made people's living conditions even worse; it is estimated that 3 million Central Africans now live in a state of acute food insecurity (IPC Phases 3 and 4).

After a succession of periods alternating between violence and

relative peace, the civil war that broke out in 2012-13 ushered in a new phase of violence and instability. In response, the French government launched a military intervention ("Operation Sangaris") which succeeded in reinstating a certain degree of calm, and the U.N. Security Council gave the go-ahead for the deployment of a peacekeeping operation known as MINUSCA. When Operation Sangaris came to an end in 2016-17, however, violence flared up once again and the humanitarian situation began to deteriorate. In 2019, after peace agreements were signed between the government and 14 armed groups following negotiations in Sudan, many felt cause for tempered optimism, but the peace was to be short-lived.

In fact, President Touadéra's re-election win in the 2020 elections was vehemently disputed, and launched a new period of violence between the Central African Armed Forces (FACA), which are supported by the UN mission MINUSCA and private Russian security operatives linked to the Wagner Group (following the 2018 signing of an agreement between the governments of CAR and Russia), and a new coalition of armed rebel groups called the "Coalition of Patriots for Change" (CPC), led by former President Bozizé, which also includes several signatories to the 2019 peace agreements.

The government relies heavily on foreign aid for the provision of public services and the functioning of its administration, with external funds accounting for more than 40% of the annual national budget. However, due in part to growing Russian influence in the country (witnesses have linked Russian-identified forces to various massacres, human rights violations, and war crimes against the Central African population itself), the amount of development aid provided to the country has recently fallen considerably, diminishing the ability of government authorities to contribute to humanitarian response and coordination actions. Outside the capital city of Bangui, in fact, while the Russian (Wagner)-backed FACA forces have regained control of most of the country's main cities, large swathes of territory remain under the control of a range of armed groups, leading to continued clashes with security and defense forces and their allies. Now, with the upcoming withdrawal (by the end of December 2022) of the French armed forces still in the country, Russian influence will undoubtedly continue to grow, and the country's future to become increasingly uncertain.



EXPERIENCES FROM THE FIELD

PLACES WITHOUT PEACE: CABO DELGADO, MOZAMBIQUE

Over 900,000 displaced people, a third of them children; an increasingly complex humanitarian crisis; extreme weather events; and an extremely fragile health situation. In Cabo Delgado province, the entire population is affected by conflict on a daily basis, making even basic health care very difficult to provide, impacting people's mental health and exacerbating gender-based violence.

TEXT BY / GIORGIA GELFI / DOCTORS WITH AFRICA CUAMM

For the past five years, people living in northern Mozambique have been victims of the conflict raging in Cabo Delgado province, a territory that holds great "appeal" for many thanks to the gas deposits found off its coastline and the ruby fields and graphite deposits located in more inland areas. Guerrilla warfare broke out in the northernmost parts of the province in 2017, but in recent months has expanded into the southern part as well. Despite the intervention of foreign military forces – including those of the Rwandan government, the Southern African Development Community states and the European Union – in areas considered safe until a few months ago, where displaced people therefore sought refuge, the humanitarian crisis began to deteriorate further in the latter half of 2022, with an escalation of armed clashes. This spurred the local population to organize self-defense teams to carry out village patrols and set up checkpoints along the main roads.

According to the latest data, some 946,508 displaced people live in the province, including 520,579 children and 302,000 individuals in areas where armed clashes make it difficult for humanitarian aid to be delivered.¹

Climate change is also making itself felt in Mozambique, and forecasts do not bode well. After a poor rainy season, three to five cyclones² – frequent and destructive phenomena in the province – are expected to potentially develop in the December to April season. This volatile situation directly impacts food security, with shortages exacerbating the health and nutritional conditions of the population, especially women and children. People in the area are also affected by infectious diseases including cholera and measles as well as the "common killer diseases" – malaria, diarrhea, tuberculosis and HIV/AIDS; due to

the difficulties health facilities face in providing basic services, the health of mothers and children is also imperiled. Doctors with Africa CUAMM has been working in Mozambique since 1978 and in the Cabo Delgado province, specifically, since 2014. Over the years we have learned to adapt our interventions to the crises that impact these communities, shifting from an approach focused solely on development to one that tackles emergencies as well, but never forsaking our long-term vision.

CUAMM is present in 6 of the Cabo Delgado province's 16 districts as well as in the city of Pemba. Our program seeks to respond to the complexity of the current crisis by using a multisectoral approach aimed at indigenous and displaced populations. To ensure basic health services for the communities that live in the most remote locations, we have adopted a dual approach, setting up special field tents to provide basic health services close to IDP camps as well as mobile clinics run in partnership with health authorities.

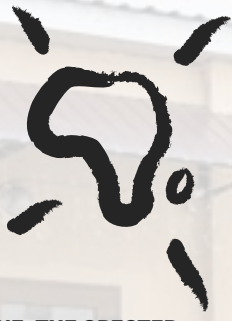
The insecurity in the area has an enormous impact on the mental health of local populations; tragically, gender-based violence is also very widespread. Our program places special focus on both of these areas, providing dedicated services to those in need.

In the Balama and Montepuez districts, which have received hundreds of thousands of displaced people in recent years, bringing the system to collapse, CUAMM provides maternity support to the Montepuez hospital and 18 health centers. Finally, epidemic prevention plays a key role in these settings, so we run a community support project to teach good practice to avoid outbreaks of diseases like cholera and diarrhea.

NOTES

¹ OCHA, July 2022 Report.

² INAM, Monitoria Climática de Moçambique, Boletim n. 32, November 2022.



UKRAINE: THE SPECTER OF WINTER

The Ukrainian crisis has led to the largest exodus in Europe since World War II, with more than 7 million people having fled the country and more than 6 million internally displaced persons – mainly women and children – who must now survive a long winter. In Chernivtsi, a town 40 kilometers from the border with Romania, Doctors with Africa CUAMM is working on a daily basis with the Volonterskiy ruh Bukovyny (VRB) organization, helping deliver food kits, blankets, stoves, tents and other materials to help those who have lost everything to cope with the icy temperatures.







POVERTY TRAPS

Poverty, the gravest “social disease” of all, has major repercussions for people's health. This postulate is confirmed by the findings of the 2022 Caritas and ISTAT reports, which highlight the “traps” associated with mounting poverty in Italy, where actions to counter its negative impacts exist, yet are too limited to enable extensive social change.

TEXT BY / NICOLA COCCO / INFECTIOUS DISEASES PHYSICIAN

THE “TRAPS” OF POVERTY IN ITALY

In 2022, two new publications provided a striking snapshot of poverty in present-day Italy: the National Institute of Statistics (ISTAT)'s report, “Poverty in Italy, Year 2021”¹, issued in mid-June, and the 21st Caritas Report on Poverty and Social Exclusion, entitled “*L'anello debole*”², translated as “the weakest link[s]”, that is, those most vulnerable to the “traps” associated with poverty. According to ISTAT, 5.6 million individuals were living in absolute poverty in Italy last year³, 10% of whom in households in southern Italy, 6.7% in northern Italy, and 5.6% in central Italy. Youth are among Italy's poorest, and their numbers have worsened since 2020, the year the Covid-19 pandemic began. Child poverty is especially alarming: 1.4 million children in Italy – 14.2% of the total – live in absolute poverty (see **Figure 1**).

Low levels of educational attainment, too, are correlated with a higher risk of absolute poverty (11.4%, compared with 3.9% for high school or college graduates), as is occupational status: the number of poor is on the rise among unemployed individuals and/or job seekers (22%), and blue-collar workers and those in similar occupations face a 13% risk of absolute poverty. Then there are those who do not fit into these more traditional frameworks, such as “NEETs”, i.e., younger people not [engaged] in education, employment or training. The Caritas report asserts that there are at least 3 million such individuals in Italy, with a 14.6% risk of absolute poverty (see **Figure 2**).

The incidence of absolute poverty is much greater among foreign nationals than Italians: 26.3% of households with at least one foreign national member live in absolute poverty, compared with 5.7% of Italian-only households, further underscoring the impact of social, as well as geographic, determinants (see **Figure 3**).

These figures do not include those who live “invisibly”, i.e. without the required legal documents, due to some of the least inclusive immigration laws in Europe. Indeed, the situation of foreign nationals in Italy demands deeper reflection, given the even greater discrimination and racism faced by those among them who are also poor, jobless and/or homeless – behavior linked to an attitude termed by the philosopher Adela Cortina in the 1990s as “aporaphobia”, or fear/rejection of the poor.⁴ Poverty as a driver of stigma and discrimination reflects not only social rifts including differen-

ces in gender, age, ethnicity and/or class, but also a deep fear felt by many of becoming destitute themselves. Thus aporaphobia functions as a sort of collective phenomenon of denial, where the poor, no matter what other characteristics they may have, are made scapegoats in today's turbo-capitalist societies. Relative poverty in Italy has stayed above 10% for several years now, and rose significantly in 2021, particularly in the so-called “*Mezzogiorno*” – southern Italy – where its incidence is twice the national average and more than three times as high as in the country's other regions (see **Figure 4**).

Regarding government actions to help alleviate the negative impacts of poverty, another ISTAT report published in late November states that “The set of public policies for families is estimated to have reduced inequality (as measured by the Gini index) from 30.4% to 29.6%, and the risk of poverty from 18.6% to 16.8% in 2022.”⁵ Thus, anti-poverty measures including the state-provided minimum “citizen's income” and “single allowance checks” seem to be working; however, only structural changes in society can truly impact the fight against poverty.

SICK FROM POVERTY

According to ISTAT, the absolute poverty threshold in 2021 for a two-member household was 1,048.81 Euros. What standard of living can so little provide in terms of housing, food, education and health? Healthier foods have been shown to cost more than unhealthy ones, which becomes all the more problematic when it comes to the nutrition of children and adolescents.⁶ The joint social causes of childhood obesity can start as early as the initial weeks of maternal pregnancy and continue with difficulties later in accessing quality education and food; the long hours worked by poor parents are also correlated with an increased risk of childhood obesity, as shown even in wealthy Germany.⁷ Another study has shown how obesity in poverty-stricken young girls often carries on into adulthood (their male counterparts, who also consume unhealthy foods, tend to engage in more strenuous physical activity and thus gain less weight).⁸

The poor face both higher cardiovascular risks⁹ and, more generally speaking, overall poverty-related hardship and depriva-

FIGURE 1 / INCIDENCE OF ABSOLUTE POVERTY AMONG ALL INDIVIDUALS AND AMONG MINORS ALONE, BY AGE GROUP, YEARS 2020-21, PERCENTAGE VALUES (NOTE: FIGURES 1-4 COME FROM THE ISTAT REPORT ENTITLED “POVERTY IN ITALY, YEAR 2021”).

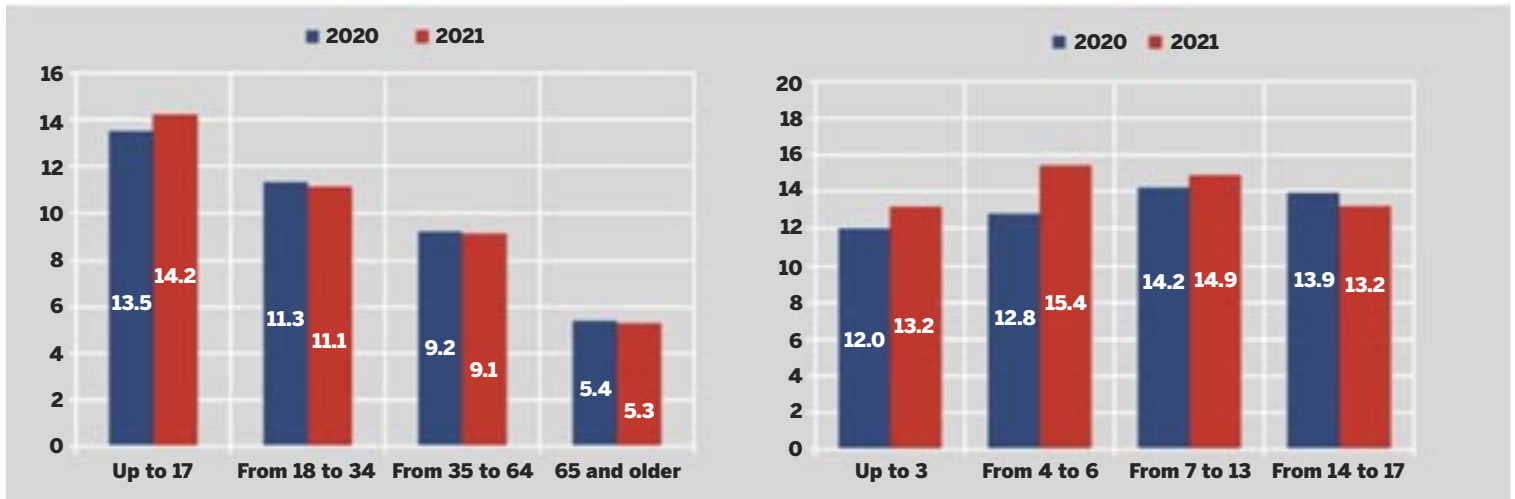


FIGURE 2 / INCIDENCE OF ABSOLUTE HOUSEHOLD POVERTY BY EDUCATIONAL LEVEL AND OCCUPATIONAL STATUS OF REFERENCE INDIVIDUAL, YEARS 2020-21, PERCENTAGE VALUES

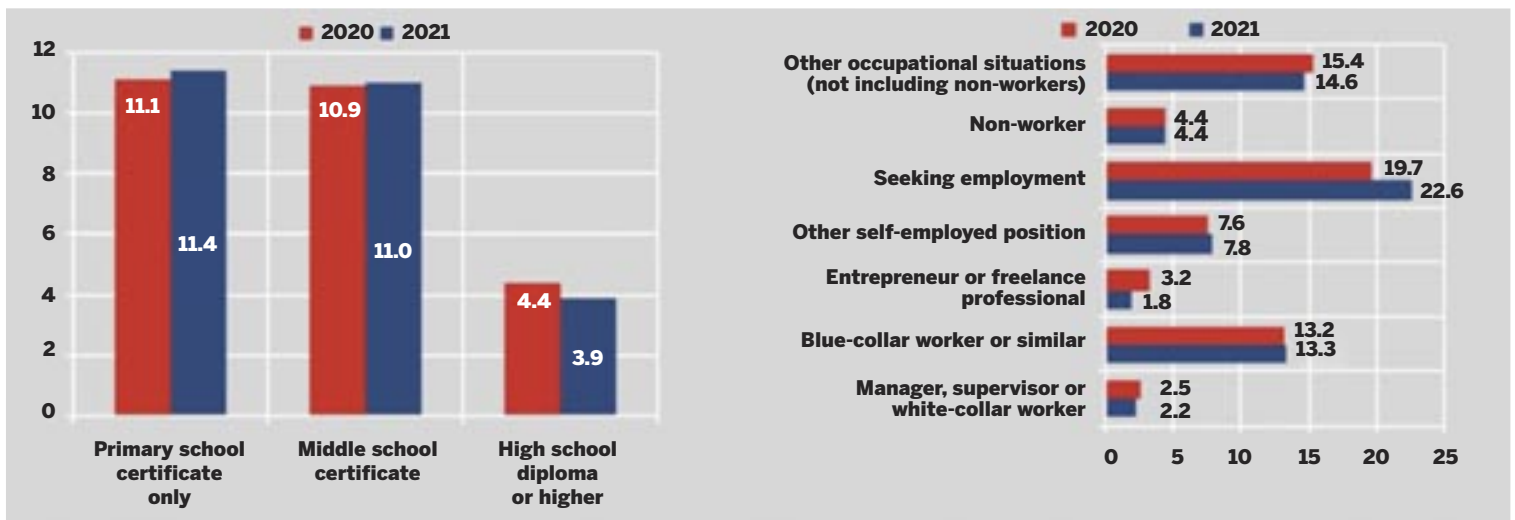


FIGURE 3 / INCIDENCE OF ABSOLUTE HOUSEHOLD POVERTY BY CITIZENSHIP AND GEOGRAPHIC BREAKDOWN, 2020-21 YEARS, PERCENTAGE VALUES.

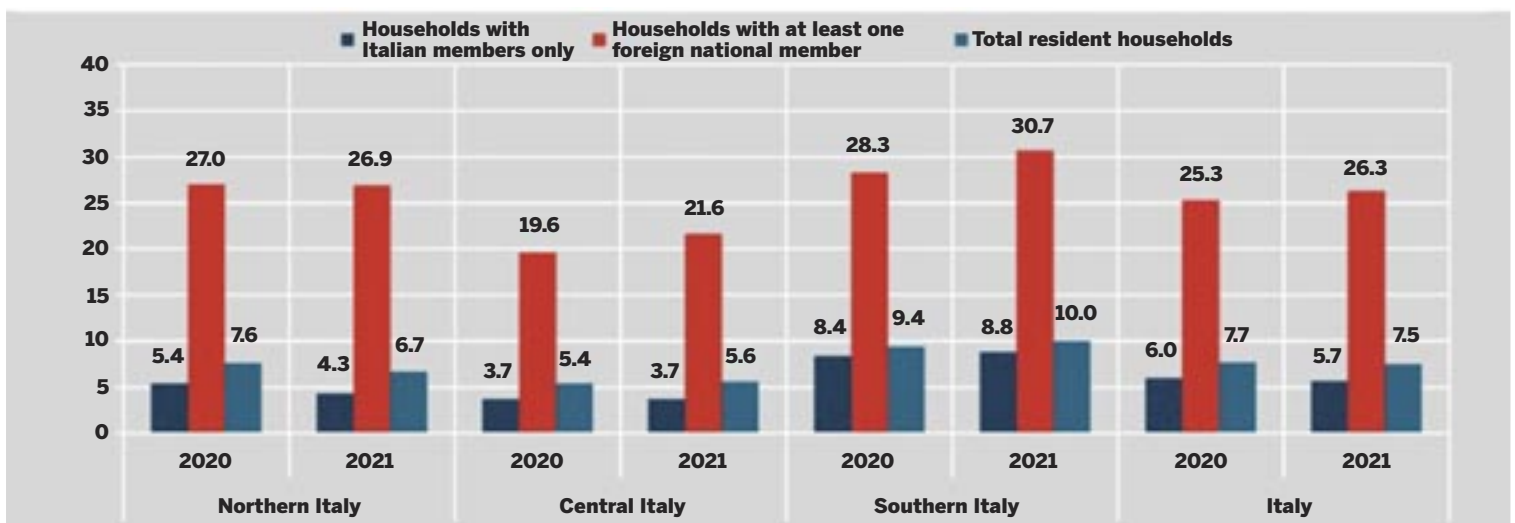
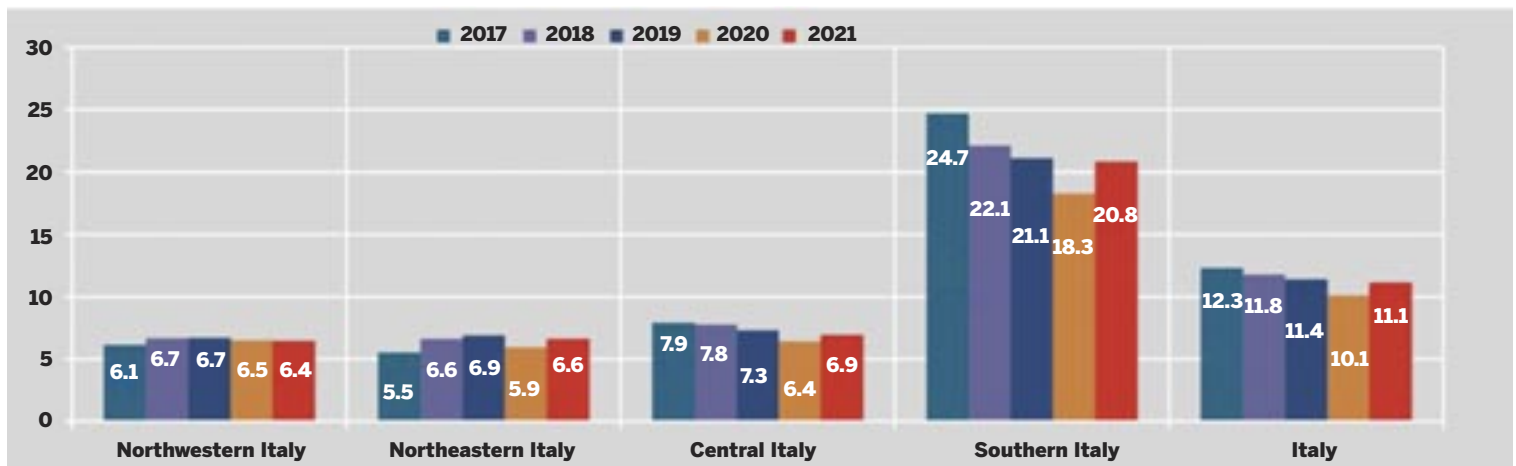


FIGURE 4 / INCIDENCE OF RELATIVE HOUSEHOLD POVERTY BY GEOGRAPHIC BREAKDOWN, YEARS 2017-21, PERCENTAGE VALUES

tion. Poor children, in particular, are vulnerable to higher levels of stress hormones such as cortisol, which generate long-lasting mental, physical, and even epigenetic consequences, hence the term “toxic stress”. One example is tobacco addiction, which has historically been prevalent among the poorest. Measures to dissuade smokers, such as cigarette taxes and related campaigns, are generally more effective for wealthier individuals, leaving the poor not only smoking more, but also paying more for their habit, negatively impacting both their health and economic conditions. The only interventions proven to be truly effective in reducing smoking among the poorest are multi-sectoral and community-based ones that take into account psychological and economic factors and provide nicotine replacement therapies.¹⁰

NEVER-ENDING POVERTY

The Caritas report also focuses on the intergenerational transmission of poverty, highlighting the lack of social mobility caused by poverty traps and using a metaphor – “sticky floors” – to describe the 59% of Caritas beneficiaries who are the result of intergenerational or hereditary poverty, with little if any possibility

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- 2 Caritas Italiana. L’anello debole - Rapporto 2022 su povertà e esclusione sociale in Italia. Ed. Palumbi, 2022, <https://www.caritas.it/wp-content/uploads/sites/2/2022/10/rapportopoverta2022b.pdf> [accessed on 6 Dec. 2022].
- 3 ISTAT defines “absolute poverty” as the poverty of households whose monthly spending capacity is less than the value of the minimum threshold “necessary to acquire the basket of goods and services considered essential to assure a minimally acceptable standard of living.” The “absolute poverty basket” is the set of goods and services considered essential in a given Italian household to achieve a minimally acceptable standard of living; it is periodically updated according to needs (ISTAT, Measuring Absolute Poverty, Methods and Rules No. 39 - 2009). The definition of the “relative poverty threshold” considers the number of members in a given household, thus for a two-person household, it is a monthly consumption expenditure equal to or less than the average consumption expenditure of a single individual.
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- 5 ISTAT, La redistribuzione del reddito in Italia, 23/11/22, https://www.istatit.it/files/2022/11/REDISTRIBUZIONE-REDDITO-IN-ITALIA_2022.pdf [accessed on 7 Dec. 2022].

of climbing the social ladder. The same trap applies to educational level: almost 1 in 3 of those born to parents with no educational qualifications have only a primary school certificate themselves.

In Italy, non-profit volunteer organizations often step in to make up for the shortcomings of public institutions vis-à-vis the most vulnerable members of society, including with regard to health care: in 2021, some 227,556 people relied exclusively on support from Caritas services operating in 192 dioceses, 54.5% of whom reported at least two areas of vulnerability. Setting aside statistical analyses for an instant, this is where many of the “invisible” individuals trapped by poverty end up. According to one of Paul Farmer’s fundamental notions¹¹, poverty is a key form of “structural violence” undermining the health of individuals; people caught in the grip of multiple poverty traps (which tend to become structural) also see their “health capital” being eaten away. This underscores once again how essential it is for doctors to focus not on the symptoms of diseases alone, but to seek out and help combat their causes as well. For even in our hyper-connected globalized world, poverty remains the gravest “social disease” of all.

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REVIEW

A REFLECTION ON PALLIATIVE CARE

“There is plenty that can be done once there is nothing more to be done”: so said the pioneers of palliative care. It’s a notion that comes in handy for further reflection on this delicate mode of care, especially when working in African settings, whose cultures of death differ greatly from the West’s.

TEXT BY / SANDRO SPINSANTI / JANUS INSTITUTE FOR MEDICAL HUMANITIES

Palliative care has acquired the “right to citizenship” in our health care system. However, it is sometimes practiced in ambiguous ways that risk discrediting it and pushing it to the fringe of health care. The biggest obstacle to this form of care is an underlying notion that has long animated the practice of medicine: traditionally, medical treatment was provided for as long as possible, at which point doctors would discreetly withdraw to make room for the clergy members in charge of caring for their patients’ souls.

Today, this binary model risks being perpetuated in a converse fashion: once further treatment becomes impracticable, having already been pushed beyond the limits of both possibility and reasonableness, curative care “passes the buck”, calling not for the pastor, but for the palliative doctor. The message sent to patients – “There’s nothing more we can do for you” – is a harsh one that is likely to leave them with a sense of abandonment.

The assumption “poisoning” palliative care – i.e., the belief that at a certain point “there is nothing more to be done” – is not just conceptually but also practically absurd, something that those who care for the sick at this end-of-life stage are well aware of. Indeed, the slogan adopted by the pioneers of palliative care in Italy runs thus: “There is plenty that can be done once there is nothing more to be done”. Palliative caregivers know what a massive task they face to help diminish their patients’ pain, alleviate common symptoms such as shortness of breath, nausea, vomiting, constipation, itching, asthenia and so forth, and accompany them through their grieving process. There is also a need for the caregivers themselves to receive care, to help them deal with the emotional burden they must shoulder. All of this

requires not just great professional expertise but also great compassion.

Hindering an active transition to palliative care is the persistent cultural attitude that the path to the end of life for such patients should not be openly acknowledged, but (at most) simply alluded to. Frequently the very mention of the words “palliative care” is avoided, or masked through euphemisms, to avoid communicating a death sentence to patients or engendering a sense of abandonment by caregivers.

In reflecting on palliative care, one can see how the mode of care provided to patients with illnesses tilted inevitably toward the end of life is closely intertwined with broader cultures of life and death. It is therefore essential that those who intend to deliver medical services far from their own places of origin, such as CUAMM – *Doctors with Africa* – bear this in mind. Africa’s cultures of death differ greatly from those in the West.

It is worth recalling Louis-Vincent Thomas's classic treatise, *La Mort Africaine*. Though it dates back to 1982, it still retains relevance today, showing how African cultures feature symbols and rituals to help people transcend the sense of anguish brought by the precariousness of life and contextualize death within the larger cycle of life. This should make us vigilant in the future about repeating mistakes made by the West today vis-à-vis care in Africa, isolating palliative care as a phase that starts up only after active care has “surrendered”. We also have a great deal to learn from African civilizations in this sphere, for example, the ideal of “the good death” as related to the cult of life, the symbolic support of shared rituals, and the collective handling of individual deaths.



DOCTORS WITH AFRICA CUAMM

Founded in 1950, Doctors with Africa CUAMM was the first non-governmental organization focused on healthcare to be recognized by the Italian government. It is now the country's leading organization working to protect and improve the health of vulnerable communities in Sub-Saharan Africa.

CUAMM implements long-term development projects, working to ensure people's access to quality health care even in emergency situations.

HISTORY

In over **70** years of existence

- more than **200** programs have been carried out;
- **2,100** individuals have worked on our projects;
- **43** countries have partnered with our organization;
- **239** hospitals have been assisted;
- **1,160** students have lodged at CUAMM's university college, including 874 Italians and 286 citizens from 34 other countries;
- more than **5,000** years of service have been provided, with each CUAMM worker serving for an average of three years.

SNAPSHOT

Doctors with Africa CUAMM is currently active in Angola, the Central African Republic, Ethiopia, Mozambique, Sierra Leone, South Sudan, Tanzania and Uganda with:

- **162 major development projects** and approximately 100 smaller related initiatives. Through this work we provide support to:
 - 23 hospitals;
 - 80 local districts (with activities focused on public health, maternal and infant health care, training, and the fight against HIV/AIDS, tuberculosis and malaria);
 - 955 health facilities;
 - 3 nursing schools (in Lui, South Sudan; Matany, Uganda; and Wolisso, Ethiopia);
 - 1 university (in Beira, Mozambique);
- **4,581 health workers**, including 493 from Europe and abroad.

IN EUROPE

Doctors with Africa CUAMM has long been active in Europe as well, carrying out projects to raise awareness and educate people on issues of international health cooperation and equity. In particular, CUAMM works with universities, institutions and other NGOs to bring about a society – both in Italy and in Europe – that understands the value of health as both a fundamental human right and an essential component for human development.

PLEASE SUPPORT OUR WORK

Be part of our commitment to Africa in one of the following ways:

- **Post office current account** no. 17101353 under the name of Doctors with Africa CUAMM
- **Bank transfer** IBAN IT 32 C 05018 12101 000011078904 at Banca Popolare Etica, Padua
- **Credit card** call +39-049-8751279
- **Online** www.mediciconlafrica.org

Doctors with Africa CUAMM is a not-for-profit NGO; donations made to our organization are tax-deductible. You may indicate your own in your annual tax return statement, attaching the receipt.

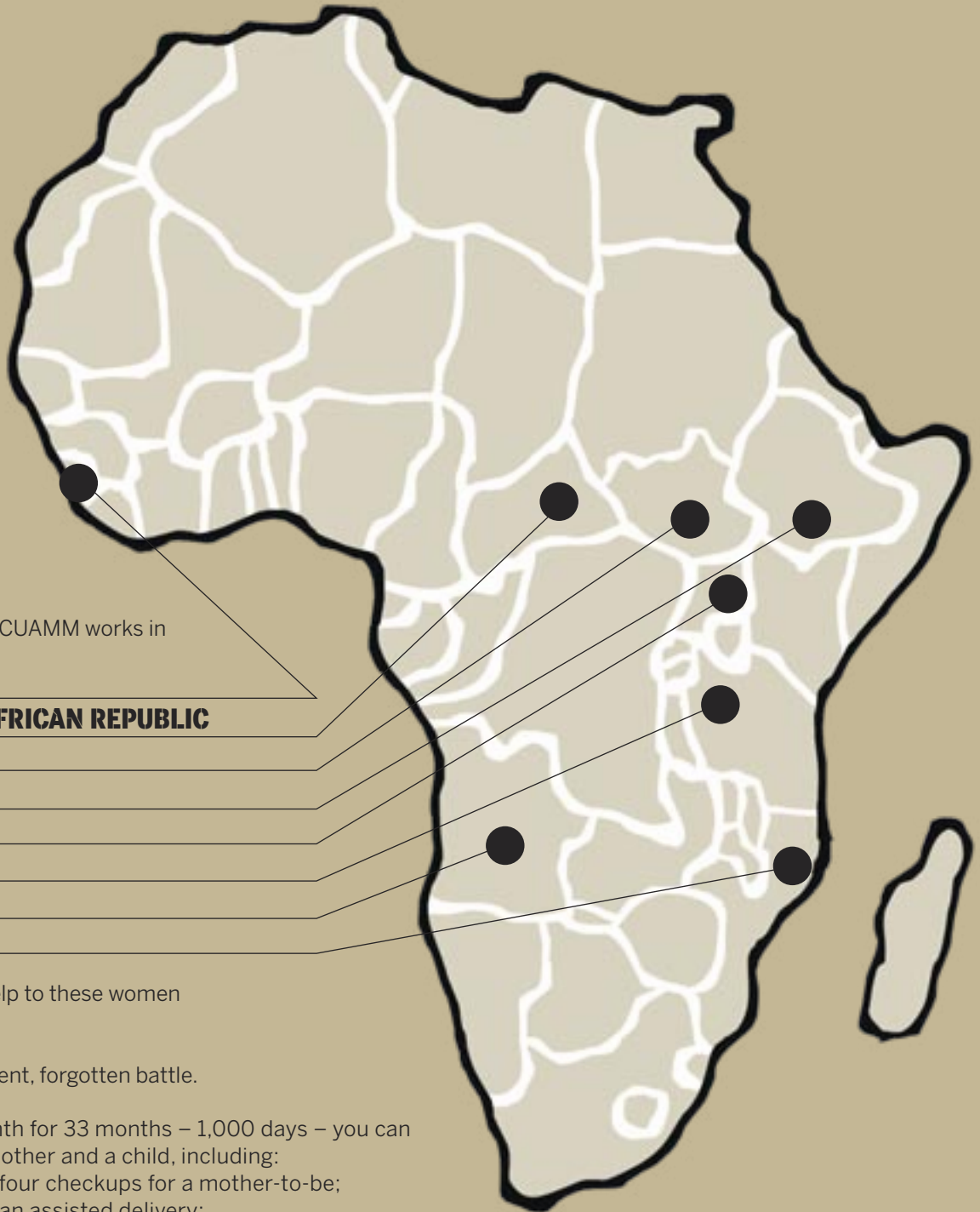
In **Health and Development** you will find studies, research and other articles which are unique to the Italian editorial world. Our publication needs the support of every reader and friend of Doctors with Africa CUAMM.



AFRICA IN NEED

EVERY YEAR IN SUB-SAHARAN AFRICA:

- 4.5 million children under the age of 5 die from preventable diseases that could be treated inexpensively;
- 1.2 million infants die in their first month of life due to lack of treatment;
- 265,000 women die from pregnancy- or childbirth-related complications.



Doctors with Africa CUAMM works in

SIERRA LEONE
THE CENTRAL AFRICAN REPUBLIC
SOUTH SUDAN
ETHIOPIA
UGANDA
TANZANIA
ANGOLA
MOZAMBIQUE

to bring care and help to these women and their children.

Help us fight this silent, forgotten battle.

With just € 6 a month for 33 months – 1,000 days – you can ensure care for a mother and a child, including:

- € 50 to provide four checkups for a mother-to-be;
- € 40 to provide an assisted delivery;
- € 30 to support a mother and her baby during the breastfeeding phase;
- € 80 to provide vaccinations and growth checkups during the weaning process.



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Doctors with Africa



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“Africa has a voice, but it isn’t being heard. Help it to be heard, continuing to speak out to cast light on the unseen, raising people’s awareness about the difficulties and hopes of the most vulnerable, and stirring their consciences”.

Pope Francis

