

HEART AND SOUL

Bringing health to the heart of darkness

The day Dr. John Savage resigned as premier of Nova Scotia, he got a phone call from Etruscan Mining offering him a much different kind of job. The junior mining company, now based in Windsor, NS, was exploring 3 potential diamond-mining sites in Niger, Africa, and its managers wanted someone with medical knowledge, development experience and political savvy to supervise their medical, educational and nutritional activities there.

"Etruscan has a mandate of social responsibility," says Savage. "You don't take things away from a country without putting something back in."

One of the things the company put in under Savage's watchful eye was a health centre in Toure, in the northern part of the French-speaking country. The 7-room, 1-storey clinic, which cost \$120 000, is the only medical facility serving 200 000 people.

In Niger, where the average life expectancy is less than 42 years, the infant mortality rate exceeds 10% and the annual health care budget for 10 million people is \$130 million. About half the people have no access to medical services and 27% do not have clean drinking water. "The vast majority live in

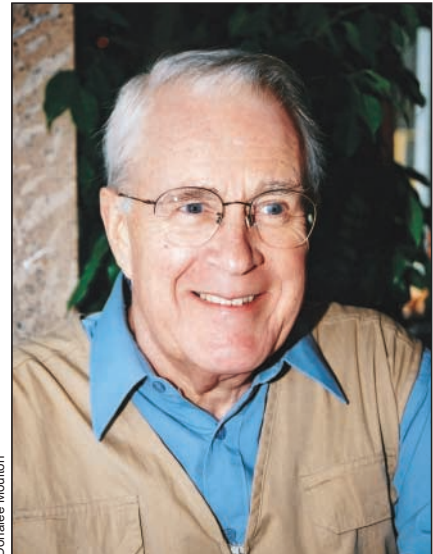
communities that haven't changed in 500 years," says Savage.

Since his clinic opened in 1998, another 10 have been launched with the help of the Canadian International Development Agency. That help became available after Savage made the country's case known to the federal development agency, and then made it known again — and again — until his persistence finally paid off.

Savage's original centre, the Centre de soins intègre, has now been turned over to the government. In that part of Niger there is only 1 doctor — a surgeon — to meet the needs of 400 000 people. And he works in a hospital that most villagers cannot reach by foot.

"But it isn't doctors you need," explains Savage. "It's nurses. It's primary health care." He says that 2 of 5 children in Niger die before reaching age 5; red measles is the biggest killer.

In addition to nurses, most of whom are male in this predominantly Muslim country, trained midwives are also needed for remote communities throughout Niger. "Women in Niger have a tough time with childbirth," explains Savage. "They average 10 to 12 pregnancies and 7 children. Our objec-



Donalee Moulton

Dr. John Savage: Niger is crying out for a primary care system

tive is to introduce a primary care system that includes midwives."

But that's proving difficult. Training programs in Niamey, even when paid for, are often out of reach for most midwives, who cannot afford to pay room and board.

Birth control is also a problem because many men in Niger don't approve of it, says Savage. Birth control pills, even at reduced cost, are not an option for most women.

In addition to the medical centres, Etruscan has opened schools in the area where it hopes to mine, and it encourages both boys and girls to attend. One of the rebuilt schools went from having 27 students, including 3 girls, to 127 students, of whom 47 were girls. "We are now sending students to the next level, to junior high school," Savage says. "The social development of a community depends upon its education — adult and child."

The mining company has now pulled out of 2 of the 3 sites it was exploring but it hopes that a third site will soon become operational. In the meantime, it has invested \$300 000 in schools, health care centres, road construction and reforestation.

"They are putting their money where their mouth is," says Savage. — Donalee Moulton, Halifax

Canadians waiting longer to have first child

The proportion of women over 30 giving birth for the first time doubled between 1983 and 1999, new Statistics Canada data indicate.

In 1983, only 14% of first-time mothers were 30 years or older. By 1999, the proportion was 32%. First-time fathers are also getting older. In 1983, men 30 and older fathered 32% of the babies born to first-time mothers; by 1999, this proportion had increased to 51%.

Women 30 or older now account for almost 55% of all multiple births.

The overall number of multiple births is rising too; they accounted for 2.7% of total births in 1999, up from 1.8% in 1979. Since 1979, the number of babies born via multiple births has increased by 35%, while the total number of births has decreased by 7.7%. Recently, this trend has accelerated. Between 1993 and 1999 the number of multiple births increased by 12.5%, while the total number of births declined by 13.2%. In 1999, 53% of babies delivered during multiple births were born prematurely, compared with 7% of babies in single births.

In all, 337 249 babies were born in Canada in 1999, a 1.5% decline from 1998. — CMAJ