

Mission:

To build a network of international workforce, mobilizing communities to be self-sufficient, executing effective and efficient assessments, feasibility studies, and implementing projects for the complete physical, mental and social wellbeing of all.

—Optimal Wellbeing.

What do we do?

A-Kins Analysts and Project Managers, a minority woman owned community based small business, is a specialty provider of Health Consulting Services including:

- Health Care Advisory & Support Services
- Health Care Strategic Plans/Project Management
- Business Plan Development/Financial Resource Planning/Analysis

.....Health Care Systems Development; Research; Analytics; and community based social determinants of health -Economics.

"Successfully implementing challenging projects in challenging places".

INSIDE THIS ISSUE:

Africa: A Sustainable Economy Means a Sustained Health Care System	1-5
Poverty Versus Infant Mortality	6
Western Trade Versus Under 5 Year Mortality	7-8
Child Health In Africa	9
Improving Under 5 Year Mortality in Africa	10-13

Africa: A Sustainable Economy, Means a Sustained Health Care System.....

Child Health in Africa



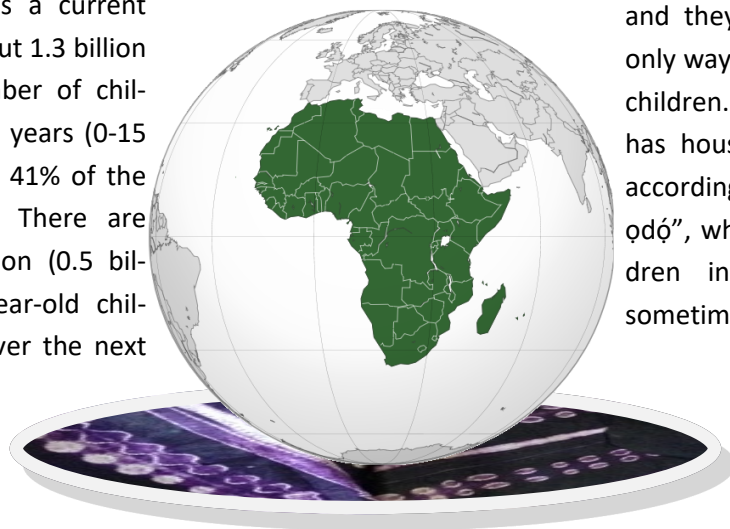
Africa: A Sustainable Health Care System

The population of Africa, United Nations International Children Emergency Funds - UNICEF reports, is the second most populous and second largest continent in the world, with about 54 Countries on record. Africa has a current population of about 1.3 billion people. The number of children less than 16 years (0-15 years) in Africa is 41% of the total population. There are about half a billion (0.5 billion) under 18-year-old children in Africa. Over the next 35 years, it is estimated that Africa will have about 1.8 billion children; and would have double its current population (2.6 billion).

Life expectancy at birth in Africa has improved from 40 to an average of 50, across African countries. Most of the adult deaths are attributed to road traffic accidents, infections/infestation and other chronic diseases. African children are however dying of infections/infestations (antibiotic and malaria treata-

ble diseases) and vaccine preventable disease.

Social services in Africa of old has always been the rich taking care of the poor, the balance of



life in Africa. In nutrition and health, the wellbeing of the poor has always depended on the rich. This old age rule of engagement has not stopped. The rich are still taking care of the local poor, giving them job opportunities and seeing their children through apprentice learning or school. The old-aged institution “*omọ ọdọ*” – “*the child that has come to duel with us*”, is a way of adopting poor or orphaned children into households, giving them opportunities they would

ordinarily not have. Most of the world looks upon this part of the culture as child worker/slavery, but living in Africa, we all know there are no social services and these traditional ways are the old-aged ways of social services, and they still work! This is the only way out of poverty for these children. In Africa, every child has household chores assigned, according to age, including “*omọ ọdọ*”, who are usually older children in the household (but sometimes younger). The older children, often babysit the younger children as part of the assigned household chore. Most of the “*omọ ọdọ*” do the same as part of their household chores.

Healthcare in Africa is similar; the rich take care of the poor by paying more for better quality of health care, life, and paying taxes. The poor are never taxed and they are often given free or subsidized health care services. Traditional delivery of social services and subsidized healthcare services in Africa depends on a **fine balance between the rich and the poor, “the balance of life”**.

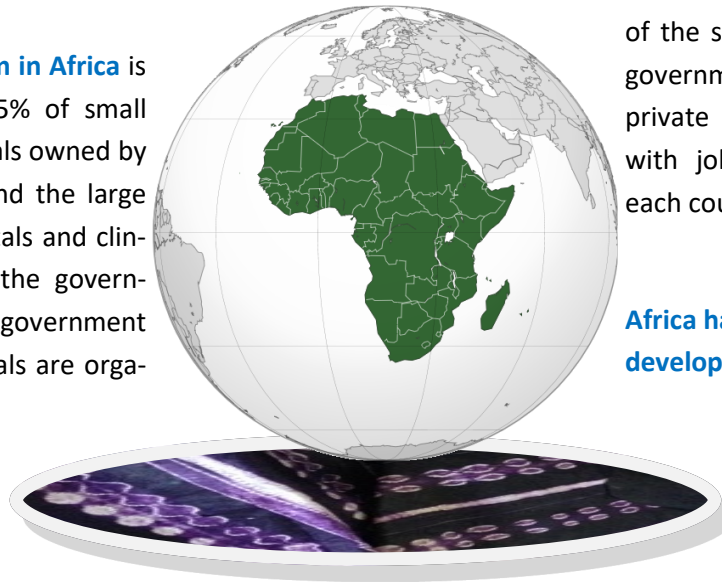
Africa: A Sustainable Health Care System

The rich plant cash crops for global trade, while the poor practice sustenance subsistence farming.

Healthcare system in Africa is different; with 85% of small clinics and hospitals owned by private owners and the large network of hospitals and clinics belonging to the government (15%). The government clinics and hospitals are organized from grass root community health workers (CHW) all the way up to level

3, level 2 and Level 1 Hospitals. Most of the private owned hospitals in Africa are level 3 hospitals; very few are level 1 hospitals. All patients pay out of pocket. The World Health Organization –WHO, UNICEF, World Bank and other foundations donate various periodic funds to Africa's health course, but this is not enough to maintain the health system. It would be prudent to fund more small businesses that help in the balance of life and watch these African countries blossom, taking care of

their own; than to donate periodically to a health care course, killing wild health care fires, which do come and go.



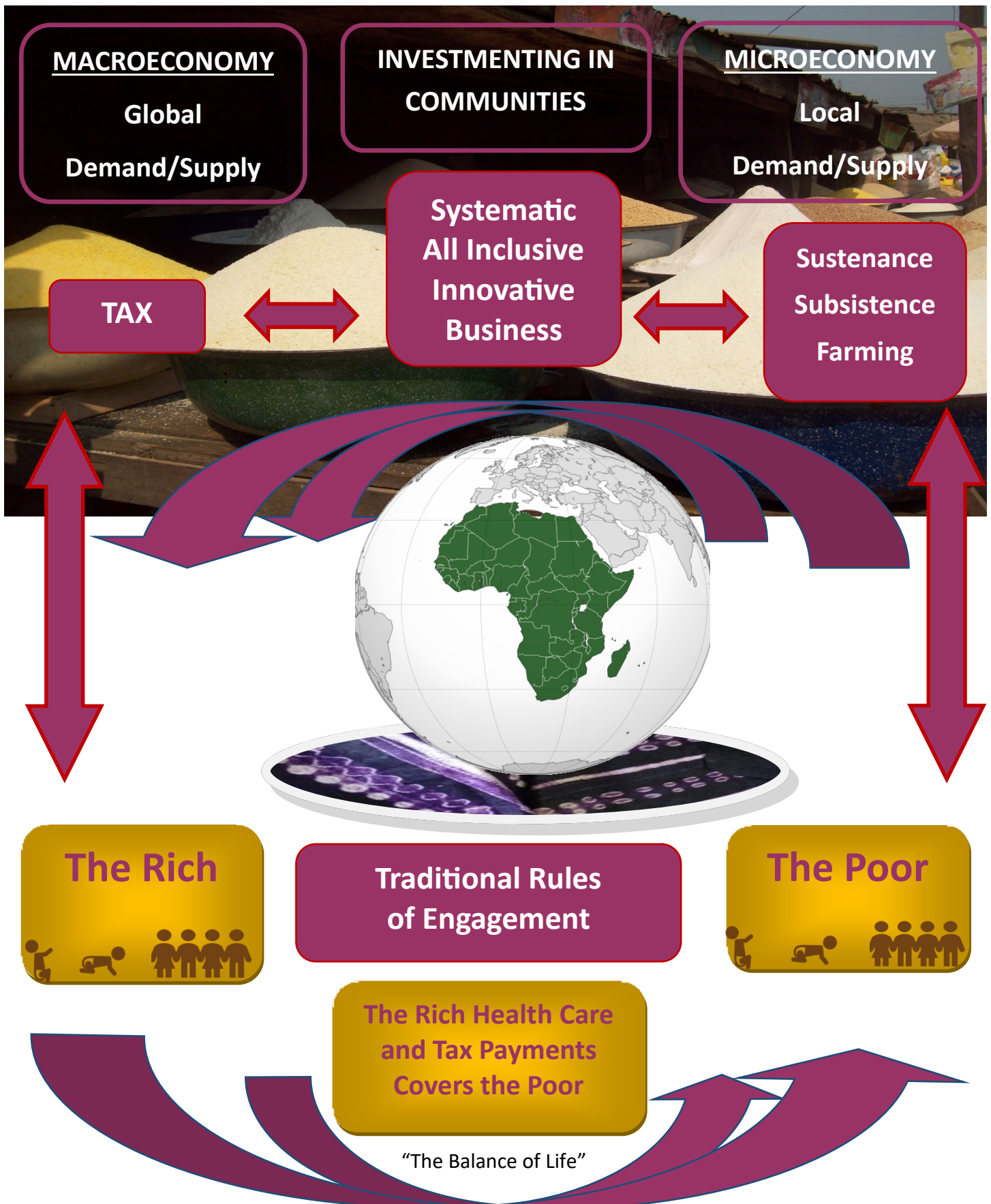
In Africa, in light of the 21st Century Economy, most of the cash crops from Africa has been halted by world trade and more **sustenance subsistence farming is encouraged for Africa to feed itself**. More Africans are reporting living in poverty and the poverty rates in most African countries is over 50%, most countries reporting 60-70%. Poverty per population. The other non-farming means of livelihood in the 21st Century include service-based jobs, depending on education levels. Countries like Nige-

ria, with education for all children, however, did not ensure enough work for the educated, hence the migration of educated Africans all over the world. Most of the service provision jobs are government jobs; and very few private ventures are available with jobs for the educated in each country.

Africa has tried and failed to develop a middle-class economic population. Its middle-class population was to come from the educated population, who were meant to

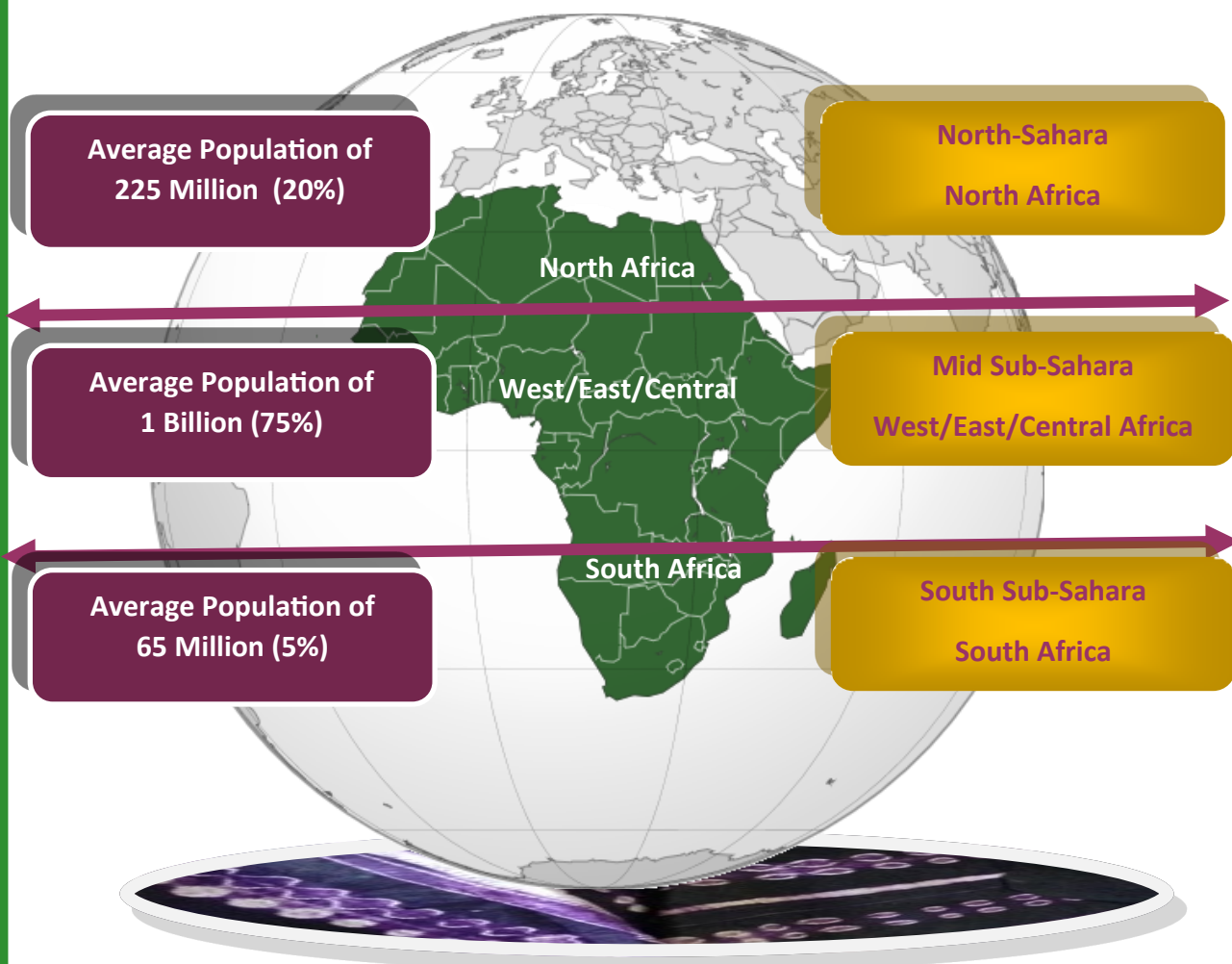
have better prospects, and join in the service of taking care of the poor. This class has failed to thrive, as education-based service jobs are few –mainly government-based services, and a lack of capital to globalize local ventures. These middle-class economic populations now regard and report themselves as poor.

So, few cash crop and petroleum global trade, sustenance subsistence farming and mainly government services comprise the macro and micro economy of Africa.



Africa: A Sustainable Health Care System

Dividing Africa into 3 & Estimating Population

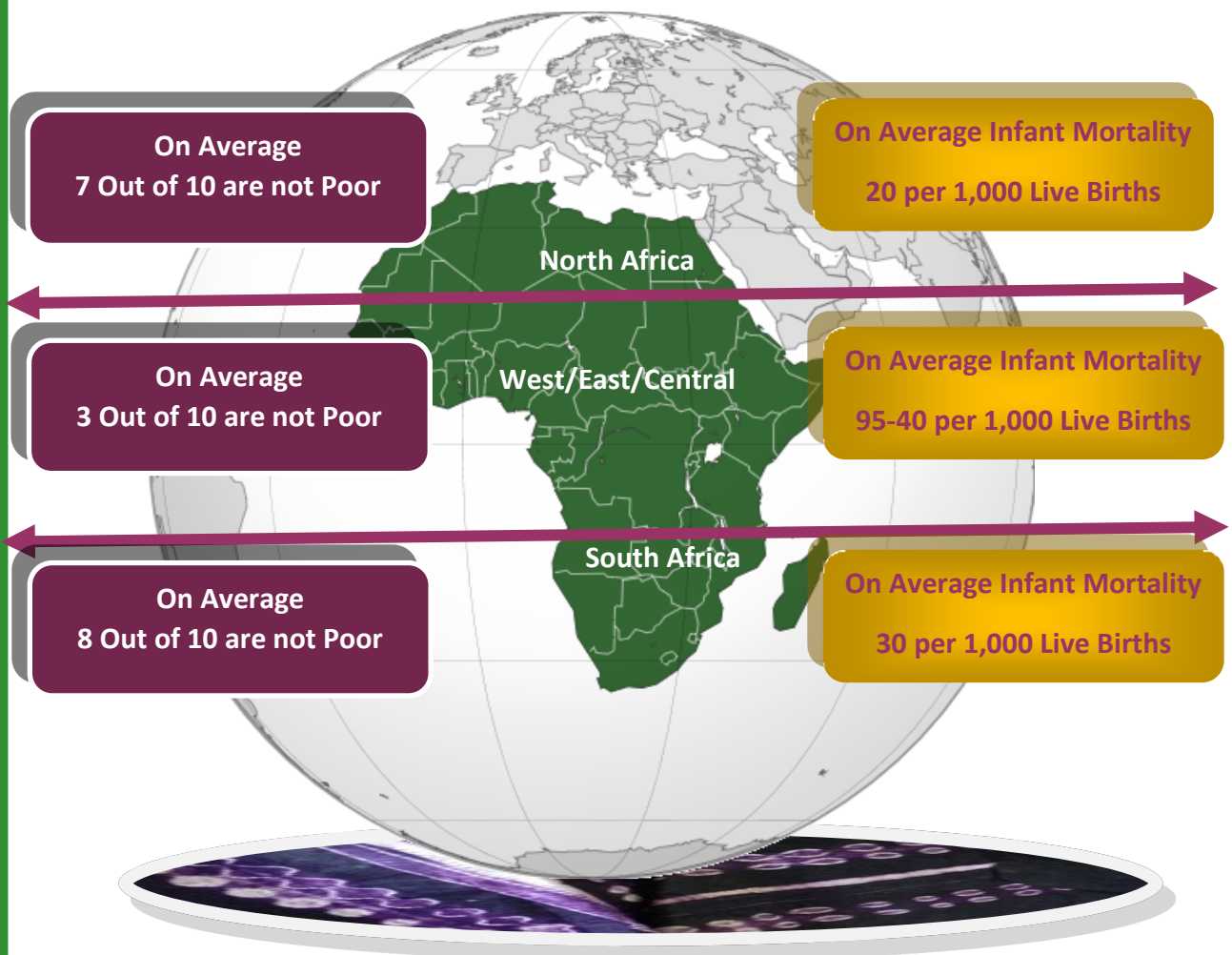


US Population 327 Million; & India Population 1.3 Billion

For the purpose of this comparison analysis, Africa is divided into 3: North-Sahara, Mid Sahara and South-Sahara. The North Sub-Sahara or North of Africa comprise of Egypt, Libya, Angola, Morocco/Western Sahara, and Mauritania nations; the South Sub-Sahara or South of Africa; and the Mid Sub-Sahara: comprise of African Western, Eastern and Central nations.

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Rate of Poverty Versus Infant Mortality

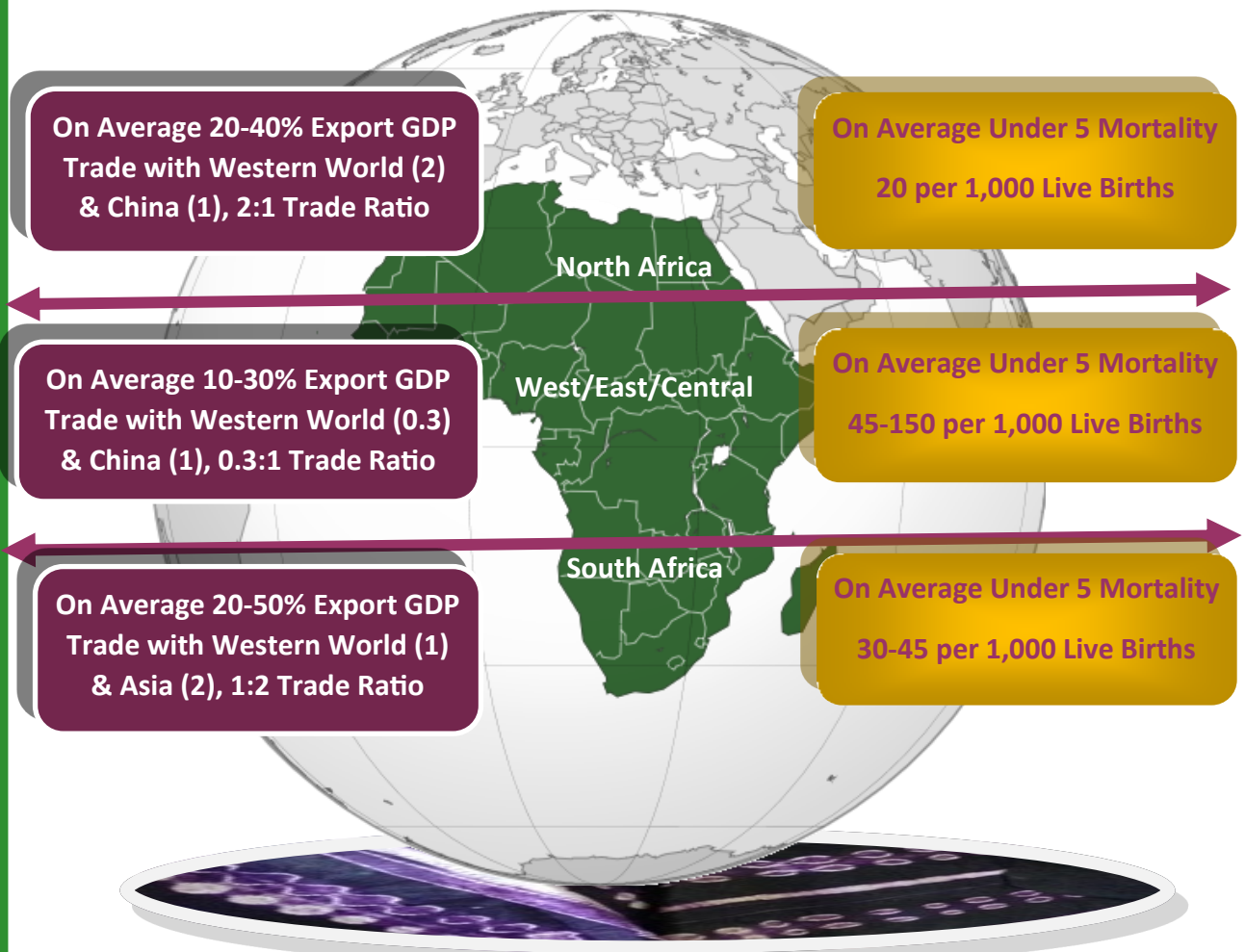


In US, on Average 9 Out of 10 are not Poor, the Infant Mortality is 5.8 per 1,000 Live Births & the Under 5 Mortality is 6.5 per 1,000 Live Births

In India, on Average 8 Out of 10 are not Poor, the Infant Mortality is 35 per 1,000 Live Births & the Under 5 Mortality is 43 per 1,000 Live Births

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Trade with Western World Versus Under 5 Year Mortality



In US, On Average 12.2% Export GDP Trade with Western Americans (2-Canada, Mexico) & China (1), 2:1 Trade Ratio

In India, On Average 18% Export GDP Trade with Western World (2-USA, United Emirates) & China (1), 2:1 Trade Ratio

Africa: A Sustainable Health Care System

Most African countries trade with other African countries, more exchange of goods, and not cash crops. These generate very little tax for infrastructure and running the health system of the continent: "All being funded by the imbalanced rich versus poor population", since the poor do not get taxed, the funds are little. The world trade has closed its doors to African trade in cash crops, this has reduced the number of cash crops being sold, in effect reduced the balance of life that helps Africa take care of its poor.

India, with a population of 1.3 billion, has over 15% of its exports to United States -US; and a total of only 21% reporting living under the poverty level. This nation has under-5-year mortality rate of 43 per 1,000 live birth and has just launched a universal health care system and has a free school nutrition program; while the middle belt of Africa (Mid Sub-Sahara: west, east

and central Africa), with a population of about 1 billion has a poverty rate of 60%-70% and an under-5-year mortality rate of 45-150 per 1,000 live births. **The only difference between India and middle belt of Africa** is the



global trade between India and the western world. Most of Mid Sub-Sahara Africa tries to trade with China, a "second world" country and have few or no European and US trade partnerships. India however reports 15.6% export trading with US as a trade partner, allowing India to help US with electronic services and goods. This has made a huge difference in India's ability to take care of its poor.

United States of America, with a population of 0.3 billion (326,625,791 US population) has over 18% of its exports to Canada and 16% Mexico, with a total of only 15% reporting life under the poverty level. This nation has under-5-year mortality rate of 6.5 per 1,000 live birth and has Social Security, Medicare and Medicaid for the senior citizens and the poor. US also has free school nutrition program for the qualified poor; while the North African countries and the South African Countries have a combined 0.3 billion (303,758,495), a poverty rate of 20%-30% and an under-5-year

mortality rate of 20-45 per 1,000 live births. **The only difference between US and North/South Africa** is the global trade opened to it (Canada, Asia), small business capital options, and population of working middle class citizens, who account for over 60% of the Nation's tax paying population and health care insurance coverage via employers. Most of the North and South of Africa trade with United Emirates, Asia (China), with few trade deals US and parts of Europe. For these

Africa: A Sustainable Health Care System

economic reasons, nations north and south of Africa are finding some means of taking care of their poor, while African nations in the mid-Sub-Sahara are struggling. It is important to have good trade partners in the 21st Century, so nations can thrive and take care of their poor. It may not be easy developing a middle-class economic population in these poor African countries, however, the old-aged culture of the balance of life, the rich taking care of the poor can come to play. There are very few rich business citizens in Africa, who can be counted as global traders.

Child Health in Africa has not been looked at in a holistic way by those who help kill wild healthcare fires in Africa. Sustainability of these programs has also not been considered in a holistic way. For a child to survive in Africa, the immune system is tried true. **A newborn African child today**, in the 21st century, is born into the arms of half traditional and

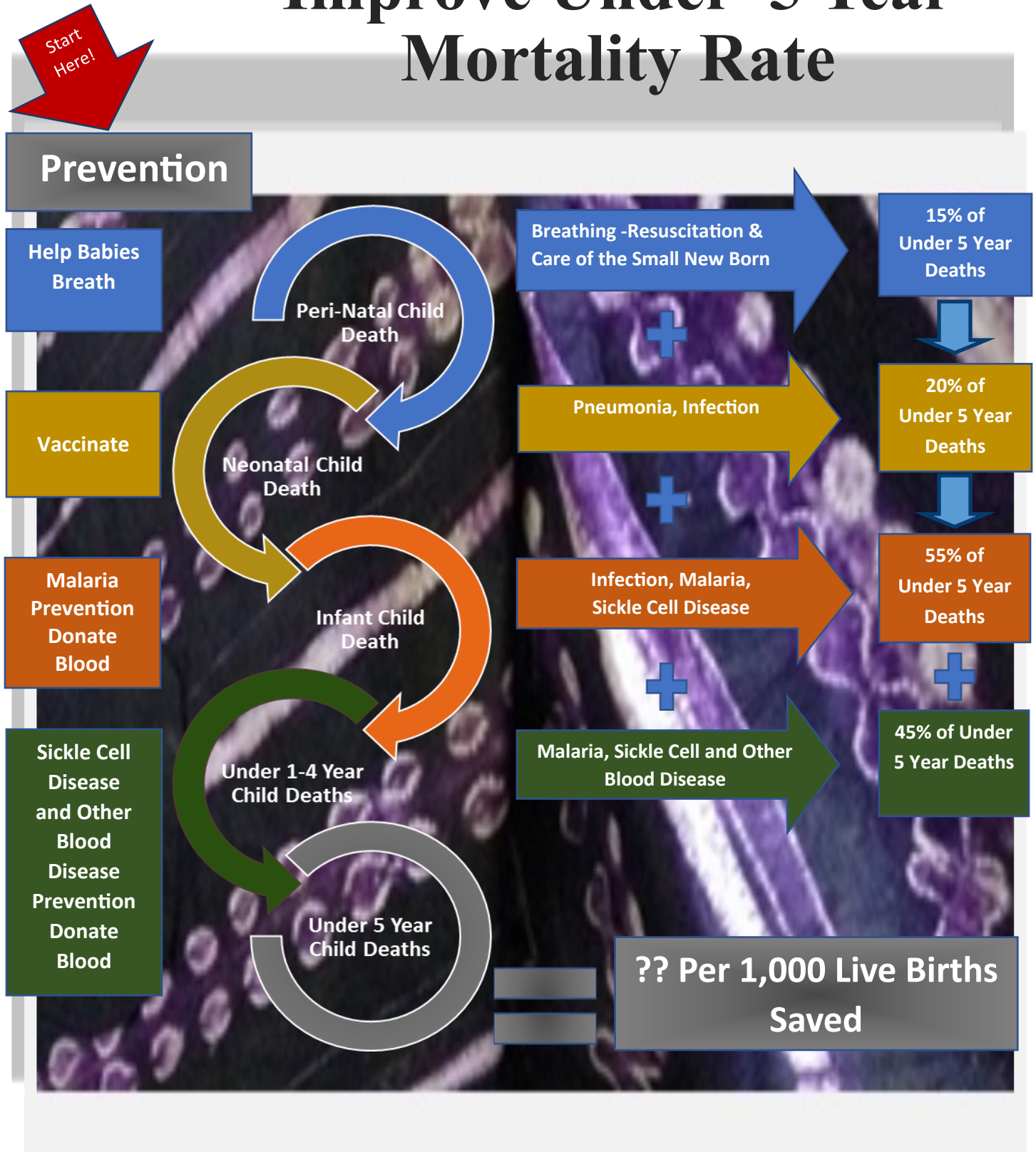
half western expertise. These two cultures of healthcare have not been fully blended together. There is good in the blending of these valued expertise.



The tradition focuses on allowing the child to boost his immune system, with bouts of immune system boosting chemical from the mother's breast at birth, and herbs to help along the way in the first year of life. The western world relies on prevention by helping the babies breathe/essential newborn care, especially of the child

born small, and vaccines to prevent infections. The middle belt of Africa having a fertility rate that is double those of the rest of Africa and the world, have a tendency for twin births. Twin births are reported by independent studies to be at a rate of (45-50 sets of twins) 90-100 per 1,000 live births among the Yoruba in West Africa, and (18-30 sets of twins) 36-60 per 1,000 live births among the tribes in Central Africa. Twin births are associated with "twin beans", "Èwà Ìbejì" among the Yoruba Tribe in West Africa. Most of these twins are born small and the tell-tale signs of survival as twins without the western mode of care is seen all around us. Single twin survival rates surround the west African families, with stories of, *"the other twin failed to thrive, so I had another one to replace him"*. Essential newborn care in small baby including twin survival helps not only the twins and small babies to survive but reduces the fertility rate by reducing the "replacement" rate of dead babies/children, by women who are tied to the soul of their dead babies and find comforts in replacing them with

Improve Under 5 Year Mortality Rate

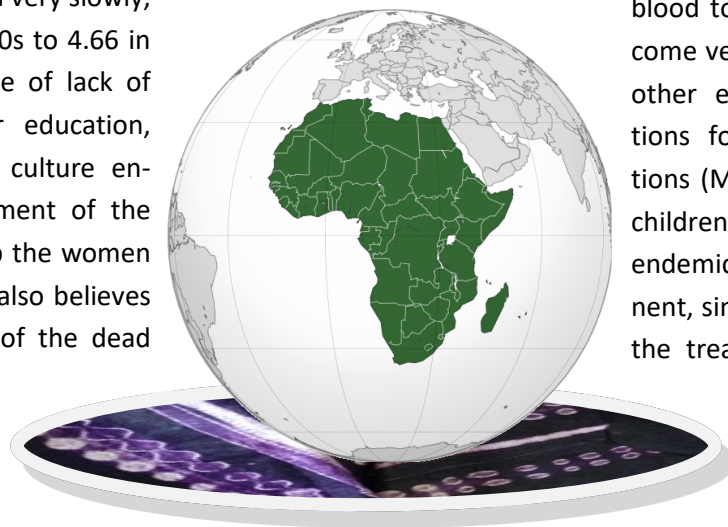


Africa: A Sustainable Health Care System

new babies, driving the fertility rate even higher. Most of the babies counted in the fertility rate of this part of Africa are dead babies or children who eventually die and are replaced. The fertility rate of Africa has reduced very slowly, from 7 in the 1950s to 4.66 in 2018; not because of lack of contraceptives or education, but because the culture encourages replacement of the dead child to help the women heal. The culture also believes in re-incarnation of the dead elders and babies/children through “new births” This is

seen in the name given to the newborn in this situation. i.e. “Túndé, Durotími”, the come-back or stayed/staying child. Helping these children survive will directly impact the fertility rate of the middle belt of Africa. The culture strongly believes in the birth of a male child to bear the family name and preserve it, therefore making parents try, so many times, for a male child. In the 21st Century, the choice of the sex of a child is now possible in-vitro.

More African Infant Child die of infection/infestation of the blood than any other continent in the world. The children are exposed to lung infection that become blood borne and quickly spread to the whole body as sepsis, in



places where there are no antibiotics, and the children have stopped taking the traditional immune herbs, these children die. The blood infestation includes **Malaria Parasite** from the mosquito's saliva. These quickly multiply in the blood and take over the whole body, multiplying in the blood and the body. The western medication works by bursting the blood cells infested with the parasites, these cells then dis-integrate. The dis-integrated blood dies off and the

blood in the body reduces drastically, especially since the parasite finds ways of multiplying in the blood cells, most of the cells the medication bursts are the blood cells. Most children who get treated lose most of their blood to the treatment and become very anemic. There are no other effective cheap medications for these blood infestations (Malaria parasites), so the children, and Africa as a whole is endemically anemic as a continent, since both the malaria and the treatment of malaria both result in loss of infested blood cells, hence the anemia. Now, there are more blood transfusions

in Africa than any other continent in the world. The tribal herbs however are not only immune boosts, but blood building herbs that have since been abandoned. These herbs are diluted/titrated and given to the children regularly to build their blood back up. A fine blend between the old and new prevention and treatment would go a long way in Africa. India and China have done the same, finding which herbs have medicinal value and encouraging their use. In

Africa: A Sustainable Health Care System

Africa, these herbs called “Àgbo” in Yoruba land, help build Immunity. Immunity also means, and is often called “Àgbo”, the same word. These are the blood boosting herbs. In US, we call this the “green smoothie”. In Africa, the root crops, including yams help build strong muscles. The meat and beans (proteins) and dairy when affordable, are muscle maintaining and growth sprout foods.

Increase in blood transfusions in Africa,

due to endemic Malaria and iatrogenic due to treatment of Malaria, increase the likelihood of exposure to other blood diseases, including Hepatitis (Hep. B and Hep C), and Human Immunodeficiency Virus (HIV). Hence increase in HIV and hepatitis (leading to chronic liver disease) see among the young.

The African Under 5 Year Child, who is now chronically anemic because of endemic blood infestations and chronic

malaria treatment with blood bursting western medication; without the immune, blood building herbs has yet one more hurdle to hop over. The blood diseases of the Africans, “Sickle Cell Disease” and other blood diseases



transfused with blood due to anemia, HIV. The traditions do not allow marriage among children who have had several mysterious re-incarnating child births/deaths (sickle cell disease). Now with acculturation -western love marriages, the number of sickle cell child producing marriages has since increased, causing a long line of children who suffer and die from the blood defect disease, giving the mothers room to keep replacing their dead children, and also increasing the fer-

tility rates in Africa. The traditional marriage research helped reduce marriages between “weak-child-link” families. This was to make the families with the “weak-child-link” marry into the “strong-child-link” families (SS/AA) and (AS/AA), creating more strong-child-link families than weak. Now those who have money test before marriage, but most do not have the funds for testing these and so marry without the traditional family tree investigations and others trusting in western medicine go ahead and marry for love, damming all consequences. Marry for love and having more

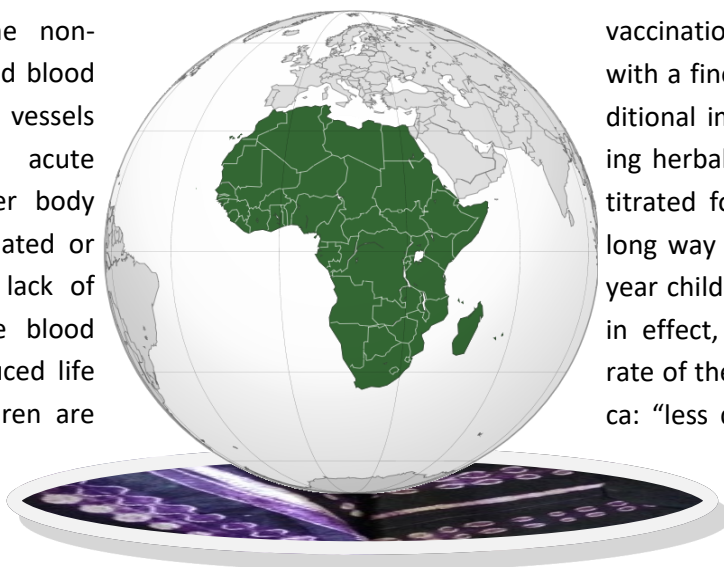
children in families with the “weak-child-link”. These traditional investigations are also carried out for mental health problems. Most families try to protect against marriages that have potential for children with mental health problems, also looked upon as the “weak-child-link” families.

The Sickle Cell Disease is a disease that is common in Africa. The disease is found in malaria endemic countries, and it is said

Africa: A Sustainable Health Care System

that this is nature's way of helping Africa overcome the endemic nature of Malaria blood parasite infestation. The sickling of the blood reduces the likelihood of Malaria infesting the defective blood cells, but these inadvertently cause the non-Malaria infested sickled blood cells block small blood vessels causing excruciating acute bone pains and other body parts being exsanguinated or sequestered due to lack of free blood flow. The blood cells also have a reduced life span, and these children are often chronically anemic too, with There are other blood disease common in the male child in Africa, these affect the male child at birth or are flared up later in life by ingestion of certain beans, banned from most African countries

(the fava beans). This is also linked to hemolytic disease – based on G6PD protein deficiency in the child. These all burst the blood and cause bouts of acute anemic syndromes, hemolytic or

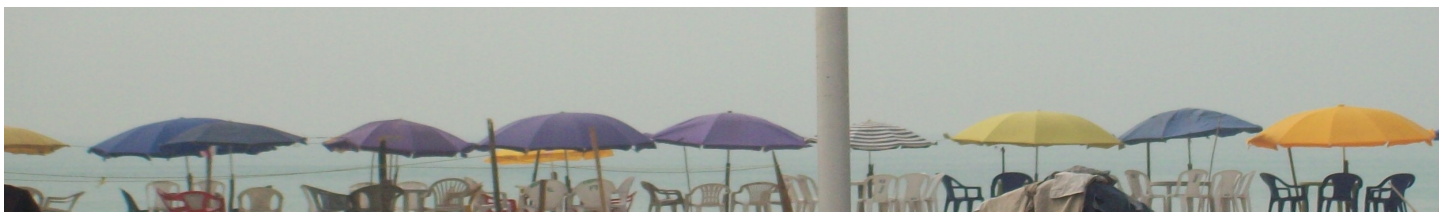


hemorrhagic, loss of blood whichever way, quickly leading to death. Many Asian countries have these beans in their cuisine.

In essence, helping babies breathe, essential newborn care for small babies, prevention or eradication of the malaria parasite from Africa, prevention of sickle cell and “weak-child-link” family marriages, vaccination and antibiotics with a fine balance of the traditional immune-blood boosting herbal drinks (diluted and titrated for age), would go a long way in reducing under 5 year child death in Africa, and in effect, reduce the fertility rate of the middle belt of Africa: “less dead children to replace by reincarnation”!

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The Best of Two Worlds: Bar Beach, on the Island, Lagos Nigeria



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