Commentary: Economic crisis or structural adjustment—which is worse for child health in African countries?

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Macroeconomic crises impact on health, particularly in children living in developing countries. Yet there have been few
empirical studies that examine the mechanisms through which macro-level economic crises worsen childhood health. Pongou, Salomon, and Ezzati, writing in this issue of the *IJE* consider this: in ‘Health impacts of macroeconomic crises and policies: determinants of variation in childhood malnutrition trends in Cameroon’ they examine evidence of the adverse effects of economic crises and adjustment programmes of the 1990s in Cameroon on nutrition.\(^1\) This is a good and welcome contribution to international literature in this area. Their study clearly shows that children from low socioeconomic status groups suffered more in relation to nutritional status as a result of the economic crises and structure adjustment programmes and that the decline in household economic status and access to healthcare were both mediators of increasing malnutrition.

The study tried to test a general hypothesis that economic crises worsen child health in the study country and provides evidence for this; unfortunately, the study does not tell us whether it is the economic crises or the structure adjustment programmes that had the most marked negative impact on the nutritional status of the children in Cameroon. If anything, the study suggests that although the economic crises in Cameroon might have been one of the main factors associated with declining standards of childhood malnutrition, the structural adjustment programme implemented in the country may have played a greater role in worsening their nutritional status. In the paper, maternal health seeking behaviour, with predictive covariates including mother’s status and indicator variables for prenatal visit, tetanus injection during pregnancy, and medical assistance at delivery, knowledge of ORS (oral rehydration salt), and possession of a health card for the child, would be most affected by a structure adjustment programme. Therefore, MHSB could be used as a proxy indicator related to the impacts of a structure adjustment programme in Cameroon.

Table 3 in the paper shows that the decline in maternal health seeking behaviour, not the change in economic status, was important in relation to the increase in malnutrition in both rural and urban areas of Cameroon. Economic crises occurring in developing countries may lower the living standard of households, but a prompt and effective social policy response can help mitigate the worsening nutritional status of children affected, as the authors of the paper understood from the case of Cuba in the 1990s.\(^1\) It implies that a responsible and people-centred government can still take actions to ensure that the majority of the population have access to basic health care, when the country faces economic crises. Such a thing was also witnessed in China during the 1960s and 1970s.\(^2\)

On the other hand, economic growth does not automatically improve the access of the poor to health care as we found in China, India, and Uganda;\(^3,4\) although, some economists would argue that economic growth is good for the poor because average incomes of the poor rise proportionately with average incomes.\(^5\) However, there is ample evidence to show that user fees introduced since the introduction of structure adjustment programmes increased much faster than the rise of average income. As a result of this, people, particularly the poor, are now less likely to use professional care than previously, a trend already seen in many countries in economic transition.\(^6\)

In summary, economic development is vital to improving the health and health care of the poor, but getting social policy right is more important to the health of the population in developing countries.

References