

EDUCATION

Mozambique:

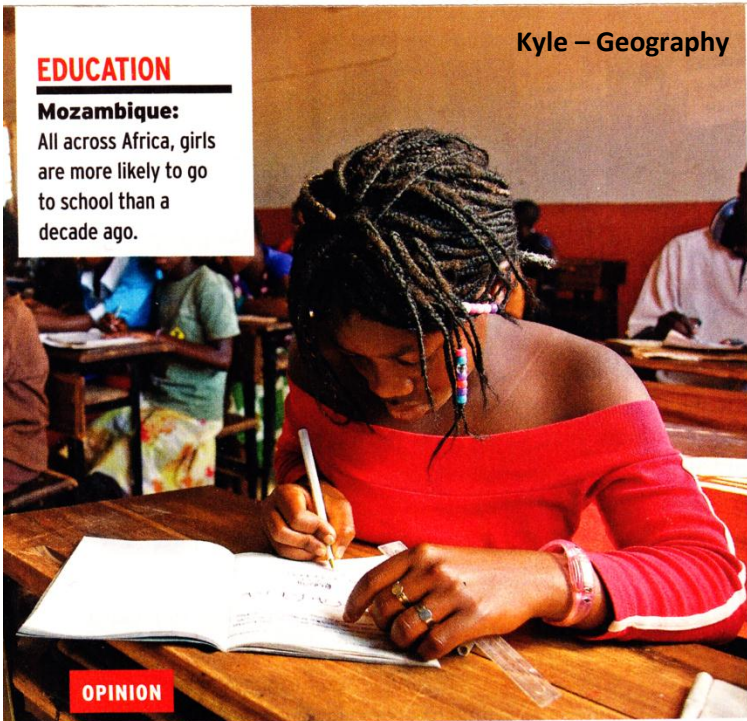
All across Africa, girls are more likely to go to school than a decade ago.

Kyle – Geography

OPINION

TECHNOLOGY

Niger: Solar panels on a hut in a remote village can power electric lights or charge a cellphone.



Africa's Quiet

It's still the world's most troubled continent, but a *New York Times* columnist finds signs of a turnaround

BY NICHOLAS D. KRISTOF

One of the best-kept secrets in the world today can be found in thatched-roof villages in countries across Africa: This long-struggling continent appears to be turning around.

After a half-century of underperformance, Africa's economy is growing significantly faster than America's or Europe's. In the last decade, 6 of the 10 fastest-growing economies in the world were in sub-Saharan Africa (*see chart, p. 10*), and that proportion is expected to rise even higher in the next five years. The global economy has turned upside down: Europe and the U.S. are in terrible shape, while much of Africa is booming.

This trend was obvious on my recent trip to five African countries. It was the fifth "win-a-trip contest," in which I take a student on a reporting trip to the devel-

oping world. This year, there were two winners: Saumya Dave, a medical student from Atlanta (*see essay, p. 11*), and Noreen Connolly, a journalism teacher at a Catholic school in Newark, New Jersey.

The journey began in **Morocco**, which is a window into one of the most striking trends in Africa: democratization. The number of electoral democracies in Africa has risen to 18 from 4 in the last decade, according to Freedom House, a human rights organization in Washington, D.C.

Morocco is still a repressive monarchy, but things are improving. For example, it has freed some political prisoners and strengthened its parliament.

From there, we headed to Nouakchott (*NO-AAK-SHOT*), the sleepy capital of **Mauritania**, where we got a lesson in one of the most cost-effective interventions to save lives: food fortifi-

cation—adding vitamins and minerals to food staples. Mauritania's biggest flour mill, which supplies 45 percent of the nation's flour, has begun adding iron, zinc, folic acid, and vitamin B12 to its flour—at an added cost of just one penny for six loaves.

American foreign aid money helped pay the start-up cost of fortification, which may save more lives by preventing malnutrition than a hospital could save.

In the United States, there's recently been a backlash against such humanitarian aid. Some argue that instead of helping people, aid encourages dependence and feeds corruption.

But because of initiatives like food fortification—and vaccinations—child mortality is tumbling in the developing world. In 1990, 12.4 million children died annually before age 5, according to



DEMOCRACY

Morocco: A woman votes in the July referendum on changing the constitution to curb the king's powers.



HEALTH CARE

Mauritania: AIDS still takes a huge toll, but at clinics like this one, care is improving.

Resurgence

the World Health Organization. By 2009, despite a significantly larger population, the toll had dropped to 8.1 million.

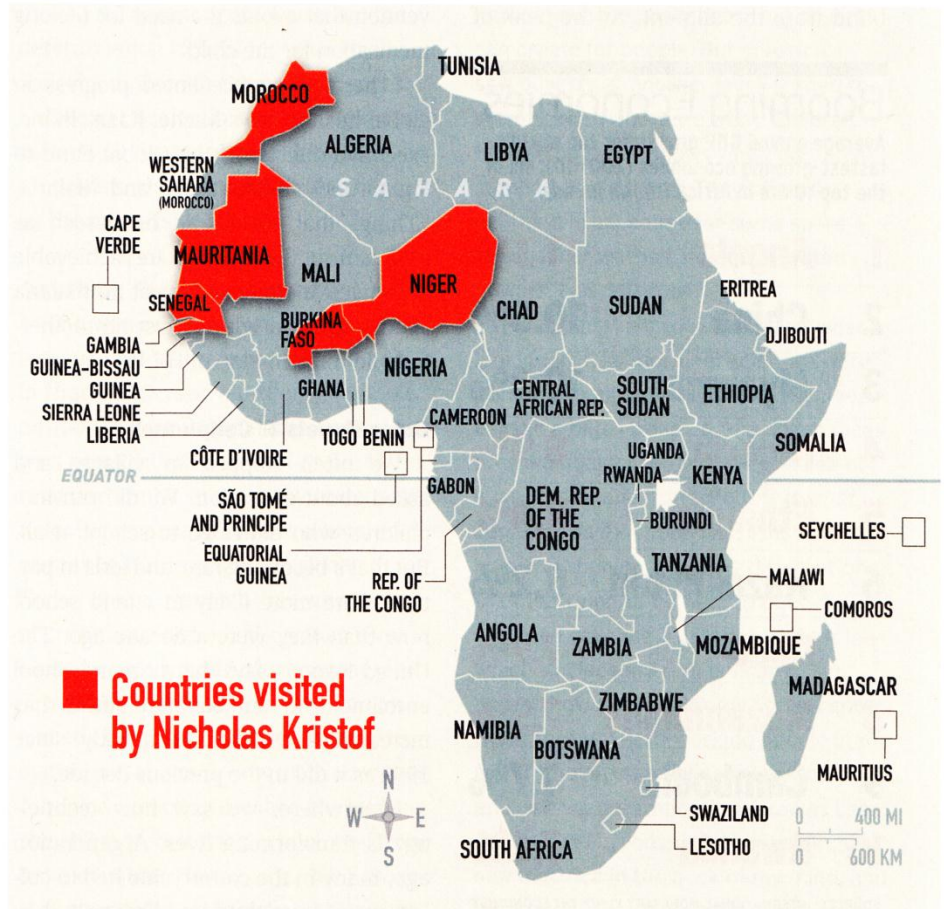
Next we visited **Niger** (*NEE-ZHAIR*), one of the poorest countries in the world. In a remote town near the Nigerian border, we saw what doctors call severe acute malnutrition.

Measles & River Blindness

A 2-year-old child, Alou Muhammad, was lying nearly comatose in the local hospital, his ribs protruding, receiving fluid from an IV drip. Alou's left eye had Bitot's spots—signs of vitamin A deficiency that leads to blindness. At least 250,000 children go blind each year for lack of vitamin A, and half of them die within a year of going blind.

Alou had gotten measles and gone downhill from there. Yet there was a silver lining: This was the first measles case that the head doctor had seen since arriving at the hospital seven months

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earlier—and Alou actually came from across the border in **Nigeria**.

Children in Niger now routinely are vaccinated for measles and also get vitamin A drops to prevent blindness and death. So even though Niger is one of the world's poorest countries, it has figured out how to deliver these services—while Nigeria, much richer, still allows children like Alou to catch measles.

"If Niger can make progress, anybody can," says Shawn Baker of Helen Keller International, an aid group.

When I first backpacked through West Africa in 1982, what I found most wrenching were the ubiquitous blind beggars, victims of a disease called river blindness, spread by the bites of black flies. The flies carry parasites that grow into worms whose offspring eat away at the optic nerve and cause severe itching, excruciating pain, and blindness.

"This was more painful than childbirth," said Fatouma Oumarou, a 70-year-old woman who had gone blind from the ailment. At the peak of

the disease, she recalled, much of the land in the area was left fallow because farmers did not dare work there. Indeed, villagers say they were more afraid of black flies than lions.

These days river blindness is gone from this region, thanks partly to work by the Carter Center, run by former President Jimmy Carter, and to vast contributions of medicine by Merck, the pharmaceutical company.

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lion Africans became infected with H.I.V. in 2009—but we saw progress. In **Burkina Faso**, we visited women who received drugs during labor that significantly reduce the risk of mother-to-child transmission. It's a cheap, simple intervention that avoids the need for lifelong medication for the child.

"There is unprecedented progress in global health," says Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. "Things that we would have seen as a dream in 2001 now are achievable objectives: a world of almost no malaria deaths, a world with almost no mother-to-child transmission of H.I.V."

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Technology, especially the cellphone, is changing life in Africa.

Booming Economies

Average annual GDP growth for the world's fastest-growing economies (2001-10); six of the top 10 are in Africa (shown in red).

1	Angola	11.1%
2	China	10.5%
3	Myanmar	10.3%
4	Nigeria	8.9%
5	Ethiopia	8.4%
6	Kazakhstan	8.2%
7	Chad	7.9%
8	Mozambique	7.9%
9	Cambodia	7.7%
10	Rwanda	7.6%

SOURCES: INTERNATIONAL MONETARY FUND; THE ECONOMIST

Solar Panels & Cellphones

Everywhere, we saw how technology is transforming lives. A generation ago, many in the countryside had to collect water from mud puddles; now they

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From Atlanta to Africa

Saumya Dave, 24, a third-year student at the Medical College of Georgia, talks about the misery—and the inspiration—she found on her trip through Africa



In a remote village in Niger, I met a 25-year-old woman whose situation rattled me for the rest of my 11-day trip through Africa.

Miero was eight months pregnant but I didn't see the swollen belly or glow that I've noticed on women in America. Instead, I saw her ribs—sharp and defined, since she hadn't eaten in a day.

I was in this village because I entered a *New York Times* contest and won a trip to Africa with columnist Nicholas Kristof. The trip was full of surprises. Despite the difficulties, there were many moments of hope and potential.

For example, the local hospitals were so different from what I'm used to as a medical student in the U.S. In Niger, there were rows of beds squeezed into rooms and no doctors roaming about in white coats. But I did see doctors and nurses doing impressive things with limited resources. In Mauritania, I saw effective on-the-spot malaria testing. In Niger, I saw nurses who understood the importance of breastfeeding as a way to prevent infant malnutrition and disease, and were doing their best to educate women in clinics.

In Morocco, I met a group of young democracy protesters who had been beaten for speaking out. I admired their determination to fight for what they believed in, despite the consequences.

"We get beaten in school and by our parents all the time," said one of the protesters, shrugging. "So being beaten by the police is nothing."

Anything For Spare Change

The women I met were empowered in ways I would have never imagined. In Niger, a 10-year-old taught me how difficult it is to do what she does every day: grind millet, a kind of grain, to feed her family. In a nearby town, I met a doctor who was the first educated woman in her family. In Burkina Faso, I met a grandmother who ran a microfinance organization that gives loans to help women start businesses.

In Niger, I met a 25-year-old woman named Halima, who had been forced to quit school at age 11. Now married with a baby and expecting another, she told me she still regrets leaving school. And if she has a daughter, Halima says, she'll make sure she finishes school no matter what.

I have worked with underprivileged patients in my hometown of Atlanta, so I know about the challenges that poverty can create for people. But in Africa, I saw poverty at another level. It lined the streets everywhere we went. Children banged on the windows when our Jeep stopped at red lights. They offered anything in exchange for some spare change: car washes, mangoes, wilted flowers, and gratitude.

For the first time, I was the outsider looking in. One morning, when we were parked in a village, I stayed in the Jeep to take a nap. I woke up to a dozen faces pressed against the windows—a sea of eyes, noses, and grins. *So this is what zoo animals must feel like*, I thought. It was eye-opening to be the different one, the one trying to be figured out.

Africa gave me a broader context in which to place my own concerns. No matter how hard I think my life is, I know that there are hard-working people in the world who are struggling more, and with an inspiring determination. Now, as I see patients in U.S. hospitals, I keep all that I saw in Africa in the back of my mind, and I'm grateful for what I have. ●