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By Gwynne Dyer

Politics, religion and polio

'UNSOPHISTICATED' is not a word that springs to mind when somebody mentions Nigerians. Indeed, all across Africa Nigerians have the reputation for being not just clever but — how shall we put this? — a bit too clever for their own good. So what can explain the strange events in the northern state of Kano over the past year?

Only months after he was elected governor of the predominantly Muslim state in April of last year, Ibrahim Shekarau suspended all vaccinations against polio in Kano in response to claims by local religious leaders that the vaccine made women infertile and 'rumours' that it was a western plot to reduce the number of Muslims. For almost a year now no children in Kano have been vaccinated, and as a result over 250 Nigerian children

have been paralysed by the polio virus so far this year. But it gets worse.

Polio was scheduled to be the next infectious disease (after smallpox) to be exterminated entirely in the wild. If enough people are vaccinated at the same time all around the world, the virus will simply die out. Work has been underway since 1988 (when the disease was endemic in 125 countries), and huge progress has been made.

In 1998, when the Global Polio Eradication Initiative went into high gear, about a thousand children were being stricken by polio around the world each day. There were only 783 cases worldwide in all of 2003. Three billion dollars have been spent, 20 million volunteers have helped with the immunization blitzes, and by last year the disease still had a foothold in only six countries. There were hopes that the disease would be extinct in the wild by the end of this year.

Unfortunately, one of the six countries where polio still sur-

vives is Nigeria. Good progress had been made with immunization there, too — but then came last year's ban in Kano. And since Nigerians travel a lot, polio has also shown up recently in half a dozen formerly virus-free countries elsewhere in Africa including (ominously) in a refugee camp in Darfur, in western Sudan, where the war may prevent a crash immunization programme.

Polio cases are up fivefold in West and Central Africa this year, and Dr Bruce Aylward, the global coordinator of the Eradication Initiative (which is backed by the World Health Organisation, Unicef, and Rotary International) warns that "the virus is gathering steam to come roaring out" of northern Nigeria during the rainy season this autumn, when new polio infections traditionally peak. The whole continent could be reinfected, knocking the eradication programme back by many years.

An synchronised vaccination

drive for the 22 African countries most at risk is being organised for this October and November, but it may already be too late. So what can have led Governor Shekarau of Kano, not at all an unsophisticated man, to ban polio vaccinations in his state on the strength of mere rumours? The answer, alas, is 'politics.' Convoluted, cynical, ruthless, Nigerian-style politics.

Nigeria is a seething cauldron of different languages, religions and ethnic groups, but the great divide is between the mainly Muslim north and the largely Christian south. Yet Nigeria's politics are not really about religion. It's just that the army used to be dominated by Muslim officers from the north who used it as a springboard to the presidency (Nigeria has been under military rule for thirty of the past forty years), and then shared the wealth with their political patrons among the politicians and traditional rulers of the north.

It was a cozy deal that died

with the last dictator, Sani Abacha, in 1998. In 1999 Olusegun Obasanjo, a former military dictator with a reputation for honesty (the only one who ever left power voluntarily) won the presidency with much support from northern Muslim voters — even though he is a Christian. They were revolting against the privileged clique of emirs, religious grandees, local politicians and ex-generals who have long relied on appeals to Islamic solidarity to secure their stranglehold on power across the north. So the clique panicked, and started pushing Islam even harder in an attempt to restore their power base.

Suddenly sharia (Islamic) law was imposed across all the northern states in violation of the Nigerian constitution and of minority (non-Muslim) rights, in an attempt to provoke a polarising confrontation with Obasanjo over religion. (He didn't rise to the bait.) Elements of this clique have probably had a hand in the wave of religious riots that have

killed an estimated 10,000 people in cities across the north in the past four years. And still their presidential candidate, Muhammadu Buhari (another former military dictator) didn't win last year's election.

It was shortly after that that Governor Shekarau banned polio vaccinations in Kano because they were allegedly a Western plot to cut the Muslim birth-rate. This is not ignorant fanaticism; it is cold-blooded political manipulation, and his political machine may even have started the rumours itself.

Under pressure from the Islamic Conference (which passed a strong resolution demanding the resumption of vaccinations at its Istanbul summit last month) and from his own voters in Kano state (who are now experiencing a polio epidemic), Shekarau has promised to resume vaccinations this month. But much damage has already been done, and he may have a few more tricks up his sleeve yet. — Copyright

Fighting AIDS

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IT will be some time before the results of the recent conference on AIDS in Bangkok become clear to the 38 million global population infected with the deadly HIV virus. For, although the conference that drew over 17,000 participants from 160 countries covered a wide range of related issues, considerable acrimony was witnessed as accusations were levelled primarily at the US for adopting a faulty disease-control strategy and for protecting the interests of pharmaceutical companies selling HIV drugs. According to delegates at the forum, the US was resorting to questionable means to discourage poorer countries from developing anti-AIDS drugs. There is some grain of truth in the latter charge. The cost of anti-retroviral drugs that suppress the HIV virus has fallen, but not sufficiently, as more than 90 per cent of HIV sufferers in the developing world still cannot afford the medication. Belying the conference slogan of "Access for all", this fact is responsible for condemning millions to an early death. Prevention remains the first line of defence against the raging scourge, but several countries are already in the midst of the next stage where millions of their citizens will die without therapy.

In this, Pakistan is lucky — more than its neighbours India and China where the disease is taking on the proportions of a national disaster. The number of HIV cases in the country (between 70,000 and 80,000) is nominal enough for Pakistan to concentrate its resources on the less costly area of prevention. However, this aspect of control must be taken seriously as hundreds are at risk of contracting the AIDS virus — especially habitual drug abusers, sex workers and migrant labourers notorious for indulging in unsafe sexual practices. Generally igno-

rant of the dangers of the disease, this category of people know little about its transmission through infected blood (via shared needles) and bodily fluids. The challenge, then, before the National AIDS Control Programme is considerable. For one, it has to institute some system of preliminary checks at airports and other points of entry to ensure that those coming from AIDS-endemic countries have not contracted the virus. For another, it must take stringent steps to see that blood banks in the country screen blood products before transfusion and discourage professional donors, a large number of whom are drug addicts. But the most formidable task before the NACP is that of disseminating information about the disease and changing attitudes by encouraging people to talk about AIDS and making efforts to remove the stigma attached to HIV patients.

Like many other areas, silence on AIDS is common to many countries where social mores and traditions have rendered the subject taboo for discussion. The fight against AIDS has to be a joint one aimed at prevention, finding a cure and involving the public in prevention efforts. There should be no room for the bitterness and mudslinging witnessed at the Bangkok conference just as there is no excuse for countries to shy away from their responsibilities towards a global humanitarian cause. It is also necessary for countries with large resources to convince researchers and drug companies to make available the necessary drugs at affordable prices to the vast majority rather than just a small section of HIV patients. Vested interests and divisions over strategy and other aspects of AIDS control will only cause the disease to spiral even further out of control.