

# Cholera epidemic spreads in Nigeria

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A cholera epidemic has claimed over 1,000 lives in Nigeria. The disease has spread from Kano to a number of other states. No coordinated response has come from the federal government, and the state governments have been criticised for their slow and ineffective measures against the epidemic.

Nigerian Water Resources Minister Muktari Shagari admitted, "The highest price is often paid by the poor majority of people in terms of money to buy small quantities of water, calories expended to fetch water from distant sources, impaired health, diminished livelihoods and even lost lives."

The north of Nigeria suffers epidemics of diseases such as cholera, measles and meningitis almost every year. Only five years ago, a cholera epidemic killed 1,342 people in the country.

The authorities in Kano, northern Nigeria's most populous state, only admitted the scale of the recent cholera epidemic once it had already left over 700 dead and hospitalised thousands more. After weeks of denying the seriousness of the outbreak, which began in October and spread like wildfire through the narrow streets of the ancient city, the Kano state government finally admitted that it was facing a crisis. "The epidemic has been worse than we expected," Kano state Health Commissioner Mansur Kabir said in an interview. After first insisting that the source of the outbreak was badly-prepared food, Kabir was forced to admit that pollution in the public water system, for which the state government is responsible, was the probable cause of the outbreak.

For years, Kano, an ancient trading city of stone and mud-built houses, has suffered a series of epidemics because of its poor sanitation and polluted drinking water. The only year Kano was free of disease was in 1997, but the year before there was a triple epidemic, with almost 15,000 people suffering from cerebrospinal meningitis. At the peak of that crisis over 240 victims

were dying daily. At the same time, another 1,390 patients were treated for cholera and thousands for measles.

At the end of November, cholera spread to Jigawa state, Kano's northeastern neighbour. Jigawa is in the extreme north of Nigeria, where outbreaks of cholera and meningitis are common in the dry season. Health officials blame the spread of the disease on poor sanitation and overcrowding in poorly ventilated buildings.

The permanent secretary in the Ministry of Health, Ladi Ibrahim, told journalists that hundreds of people affected by cholera have been streaming into hospitals in the local government areas of Bredum, Kakawe, Birnin, Kudu, Kumawe and Sule Tankarka. Although she did say how many had died, the death toll was already more than 100 at the end of November. A senior medical officer at Kazaure hospital, who asked not to be named, told a Reuters reporter, "At least 10 people, most of them children, have died within the one hour or so that you have been here,"

People in the worst hit district of Kazaure blamed the regional authorities for the rapid spread of the disease. Usman Bello, who lost a child to the disease, said, "The government's nonchalant attitude is responsible for the spread of the cholera epidemic in this area."

In Kwara state, the cholera epidemic claimed at least 40 lives in five days, and another 22 people are still lying critically ill in hospital. In Moro local government area of the state, seven pupils of primary and post primary schools are among the victims. All primary and secondary schools in the area have been closed indefinitely to avoid further spread of the disease.

Cholera is an acute intestinal infection that causes severe vomiting and diarrhoea, leading to serious dehydration and can be fatal if not properly treated. However, if an infected person is given the proper fluids as soon as the first symptoms appear, the disease

can be completely cured. A mixture of sugar and certain essential salts must be mixed with clean water and be taken in large quantities to replace what the body has lost. If the patient is rehydrated as soon as possible, the death rate is less than one percent.

It is an indictment of both the Nigerian government and its Western backers that despite the simplicity of the cure, hundreds and sometimes thousands of people in Nigeria die every year from this disease. Access to clean water is a basic human necessity that is denied to 61 percent of Nigeria's population. Spending on health accounts for just 0.2 percent of GDP. Just over 70 percent of the population live on less than \$1 a day, while fully 90.8 percent live on less than \$2 a day. Nearly two fifths of Nigeria's children suffer from malnutrition.

When President Obasanjo was elected to head a civilian administration in 1999, he received backing from the US and the other major powers. Behind all the verbiage about democracy and transparency, however, his top priority has been to guarantee the debt repayments to the Western banks. Nigeria has large deposits of oil, from which hundreds of millions of dollars are made every day, the majority going straight into the coffers of Shell and other transnational oil corporations. To Nigeria's creditors in the Paris Club—to whom Nigeria owes over \$30 billion, almost 100 percent of its Gross National Product—the provision of basic social amenities is anathema. Nigeria is forced to repay its creditors a total of \$1.5 billion each year, around 17 times more than the total spending on health, and almost five times the amount spent on education. Two thirds of the country's debt is owed to the Paris Club, with Britain, Germany, Japan and France the largest creditors.



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