

**Combatting Antivaccination Rumours:
Lessons Learned From Case Studies
In East Africa**

EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE

UNITED NATIONS CHILDRENS FUND

NAIROBI, KENYA

TABLE OF CONTENTS

<i>Foreword and Lessons Learned</i>	<i>3</i>
<i>Uganda</i>	<i>13</i>
<i>Kenya</i>	<i>32</i>
<i>Tanzania</i>	<i>39</i>
<i>Annex I: The Rumour Campaign against TT in the Philippines</i>	<i>51</i>
<i>Annex II: The Failed Attacks on Polio NIDs, Kinshasa And Measles NIDs, Uganda</i>	<i>53</i>
<i>Annex III: Sources and Notes</i>	<i>56</i>
<i>Annex IV: Press Coverage of the Anti-OPV Campaign, Nigeria, 2003</i>	<i>71</i>

Foreword

The Genesis of Antivaccination Rumours

The Expanded Programme on Immunisation (EPI), set up in 1974, has been one of the largest and best documented public health programmes in history. The present report seeks to fill a gap on the EPI bookshelf by documenting an underreported phenomenon in developing countries, namely, the rise of antivaccination campaigns mounted against vaccination.

The vaccination programmes of recent decades have, to a certain extent, been the victims of their success. As morbidity and mortality have declined, so, too, has the African public's perception of the importance of some vaccine preventable diseases (measles is a notable exception). Fears of side effects and rumours of long term repercussions of vaccination, never entirely absent, have surfaced as vaccination programmes have matured and approached their goals of polio eradication and tetanus elimination.

The near disappearance of some EPI target diseases, especially polio and, in some countries, tetanus, has raised the quite natural question "Why vaccinate?" This question has arisen just as political and religious forces opposed to government have a new tool, in the Internet, to provide support to their allegations against vaccination. The large and growing scientific literature on vaccine side effects has become a blunt instrument for attacking all vaccines, without due attention to the question which all parents need to answer: do the benefits of this vaccination for my child exceed the risks? There are, of course, articulate defences of vaccination against its detractors. In the international field, the best known of these is the World Health Organization (WHO) homepage, www.who.int/vaccines-diseases/safety/infobank/ttox.shtml)

Why is it important to document rumours?

Given the importance of vaccination, and the possible threat from antivaccination campaigns, surprisingly little has been written on the subject from developing countries. The subject has been widely reported from industrialised countries, especially the sometimes devastating campaigns against pertussis vaccination.¹ A recent report by the U.S. monthly *Consumer Reports*, examining anti-vaccination attitudes and arguments in the US context, notes that questions about vaccine safety "can be detrimental to the general public, as those with concerns may choose not to have their children vaccinated." The report cites findings of a Colorado study that concluded that unimmunised children

¹ E J Gangarosa, A M Galazka, C R Wolfe, L M Phillips, R E Gangarosa, E Miller, R T Chen, "Impact of anti-vaccine movements on pertussis control: the untold story," *The Lancet* 1998; 351: 356-61

are 22 times more likely to contract measles and six times more likely to contract pertussis than those vaccinated. In developing countries, where case fatality rates may be higher, the effects of antivaccination campaigns carry risks even more serious than in the industrialised countries.²

- **Documenting rumour campaigns**

The present report contains case studies from Kenya, Uganda, and Tanzania done by a consultant for the UN Children's Fund, UNICEF. Each case study involved an in-depth study of the campaigns and included interviews with key players said to have spread rumours. The studies sought to determine the basis for their views and whether they were, or can be, brought over to the EPI position by persuasion. Interviews and focus groups included mothers, fathers, health workers and officials, religious leaders, the media, and elected officials.

- **Combating rumours**

This report also reviews responses of national and local governments, WHO, UNICEF, and other agencies and officials to see whether these responses were effective in combating or stopping the rumours. Additionally, this report seeks to determine whether there is a direct correlation between rumours and drops in vaccination rates. If so, what can we learn for future campaigns? What is working? What is not?

- **Developing tools to use in future campaigns**

Finally, this report looks at lessons learned from the experience of these three countries. From the lessons of these campaigns, can a set of tools be prepared to share with other national programmes to support future vaccination campaigns and routine immunisation?

The country studies show the need for tailor made responses. With that much said, there are generic lessons learned from these studies which are of more than country specific interest

LESSONS LEARNED

The following table shows how rumour campaigns have developed in different ways in western countries and in the three countries studied in the present study.

² "Vaccines: An Issue of Trust" 01/08/01 *Consumer Reports* Online (www.consumerreports.org)

COMPARISON OF ANTIVACCINATION RUMOURS IN WESTERN AND EAST AFRICAN COUNTRIES		
	WESTERN COUNTRIES	EAST AFRICA
TARGET OF ANTIVACCINATION CAMPAIGNS	ROUTINE VACCINATIONS	SIAs
VACCINES MOST OFTEN TARGETED	PERTUSSIS AND MEASLES/MUMPS/RUBELLA	TETANUS TOXOID AND ORAL POLIO VACCINES
CORE ARGUMENTS AGAINST VACCINATION	MEDICAL AND PHILOSOPHICAL ARGUMENTS	RELIGIOUS AND POLITICAL ARGUMENTS
HIV/AIDS ARGUMENTS	NOT IMPORTANT	IMPORTANT IN SOME COUNTRIES
FAMILY PLANNING ARGUMENTS	NOT AN ISSUE	IMPORTANT IN SOME COUNTRIES
“WESTERN PLOT” ARGUMENTS	NONEXISTENT	COMMON
MILITARY VACCINES	IMPORTANT FOR ANTHRAX	NOT IMPORTANT

While every rumour campaign has its specificities, the following generic responses are often indicated.

BEFORE THE SCHEDULED ACTIVITIES

- Prepare packages on frequently asked questions for all health workers, especially before vaccination campaigns or introduction of new vaccines.
- Involve ethnic, religious and political minorities in information activities.
- Schedule EPI campaigns outside the timeframe for family planning or AIDS awareness campaigns.
- Associate tetanus toxoid in the public mind with successful pregnancies.
- Give TT in prenatal clinics, not family planning clinics.
- Keep TV, radio and other media on board.

WHEN THE STORM BREAKS

- Disseminate a single set of messages through the same channels as those used by the rumourmongers. Everyone from the dispensary attendant to the Minister of Health needs a copy of the key messages, with no confusion about the official line.
- Do not raise the rumourmongers' profile by identifying and denouncing them. Our job is informing the public about vaccines, not denouncing our opponents.
- Monitor vaccinations in areas reached by rumours. Do not overreact where there is no decline in vaccinations. Quantify impacts. Do your vaccination tally sheets tell a different story from what you anticipated? Do not respond to a decline in vaccinations which does not, in the event, materialize.
- Meet with your opponents as well as your friends.
- Combat ignorance with knowledge, not with coercion.

Uganda

Summary Points

- The vaccination decline predated the antivaccination FM radio blitz.
- Shifts in NIDs dates to the malaria high season led to popular association of child deaths with the NIDs season. Temporal association became a causal association in the minds of many.
- Official responses, though correct, were long in coming.
- FM attacks, though articulate, were not shown to be effective.
- The government has not ruled out a sledgehammer response.
- Confusion continues over different official answers to the media blitz.

The anti-vaccination campaign in Uganda began at the time of the 1997 rainy season, coinciding with the National Immunisation Days (NIDs) of that year. Mothers observed high mortality, probably from malaria, in their vaccinated children in the south-western districts. Mothers and fathers then went to a popular FM radio station for possible explanations of the deaths. Thus, the FM station was the ultimate link in the chain of events starting with the logical decision to synchronise polio NIDs in East Africa. Two factors have made the official response less effective than it would have been: the failure of the authorities to respond early to the public anxieties about the excess mortality perceived during the vaccination campaign, and the sometimes inconsistent responses of officialdom to media questions about vaccination.

Remarkably, there is much evidence to show that declines in Uganda's immunisation programme predated the FM radio scares, and that these scares, though widely discussed, had little if any quantifiable impact on the polio campaigns.

“People may have refused – not because of the rumours – but because of the way they got the messages. They lacked education.”

- Mr. Erastus N. Kihumba, Deputy Provincial Public Health Officer, Central Province, Kenya

Uganda

Country Background

Located on the equator, Uganda is bordered by Sudan, Kenya, Tanzania, Rwanda and Zaire. Nearly 90 percent of Uganda's population lives in rural areas. The country's largest population centres are in rural areas.

In the early 1990's, Uganda began decentralising government services to give more decision-making power to local jurisdictions. This political process has involved creating new districts, which now number 56, an increase from 39 in 1997. According to the Local Chairman V (LC V) interviewed in Ntungamo District, the "power, resources, and responsibility have moved from the centre to rural areas."

MAP OF UGANDA SHOWING 56 DISTRICTS -2001

[OMITTED FROM WEB VERSION]

Source: Uganda National Expanded Programme on Immunisation

The vaccination programme in Uganda started in 1963 with polio and smallpox in 1968. The reign of Idi Amin, 1971 to 1979, led to massive cuts in basic health services. By 1980, BCG coverage, 70 percent before his seizure of power, had dropped to one per cent.¹ After his demise, a vast effort to relaunch vaccinations was cosponsored by the new government, with NGO and UN assistance. The Uganda Expanded Programme on Immunisation (UNEPI) began in 1983, with support from UNICEF, Save the Children Fund, and the WHO. Immunisation made slow progress until 1986, by which time most areas of the country had become secure.² In 1988, Uganda voted for polio eradication. The country has not seen a case of polio since 1996.

In 1988 Uganda supported the World Health Assembly's resolution to eradicate polio by 2000. In 1995, Uganda began planning for its first NIDs in 1996. In its 1996 report on its first National Immunisation Days, UNEPI reported that it had achieved about 75 to 80 percent coverage in routine immunisation in most remote areas of the country. However, the following table, given in a press briefing to kick off the 2001 SNIDs, shows coverage for polio coverage in 1996 to have been more than 95 percent and shows coverage in the mass campaigns since 1996.³

¹ *National Immunisation Days 1996 Final Report*. 1996. Ministry of Health. Uganda.

² *National Immunisation Days 1996 Final Report*. 1996. Ministry of Health. Uganda.

³ A Brief to the Press by Hon. Minister of Health. Figures provided by UNEPI.

**Results of National Polio Campaigns, 1996 – 2000, and
Absence of Impact from FM Radio Antivaccination Campaigns**

	Year	Round	Number of Children Immunised <5	Estimated Percentage Coverage
	1996	1	3,831,957	96
		2	3,785,443	95
	1997	1	3,719,912	92
		2	3,821,849	94
	1998	1	3,964,030	97.7
		2	4,337,872	106.9
FM BLITZ BEGINS BEFORE ROUND 1 ►	1999	1	4,567,403	107.2
		2	4,814,520	113
SUBNATIONAL DAYS ONLY IN 2000	2000	1	1,753,879	91.5
	SNIDs	2	1,943,916	101.4

Note: After the start of the media blitz, NIDS vaccinations rose from 4.4 to 4.6 million.

Source: Uganda National EPI

Constraints to the mass polio immunisation campaign were noted in a 1996 report. They included problems with refrigeration and vaccine storage (cold chain), late and insufficient funding, rumours, and limited time. Other constraints included the following:

- ❑ The planning process for NIDs was centralised with minimal district input, resulting in omission of some crucial activities in certain districts.
- ❑ Planning coincided with national presidential and parliamentary elections, making it difficult to involve districts and lower levels early enough.
- ❑ Both central and district levels lacked experience in planning for NIDs.
- ❑ Time was limited.

All these subsidiary factors were later to feed into the official reaction to the rumour campaign. Structures hard pressed to deal with the predictable challenges of planning and managing mass campaigns were hard pressed to deal with the wild card of antivaccination rumours.

Programme communication was done, but not always to a high standard. As in other countries, there was an emphasis on mass media and printed materials, and little effort was made in the early stages of the NIDs to target health workers themselves, who were thought to be loyal supporters of the government initiative. The 1996 NIDS report notes

that social mobilisation was targeted at all levels of the population, and mass media were used effectively to promote NIDs, especially through a variety of radio programmes. Government run Radio Uganda and Capital Radio were used extensively. In addition to mass media, many print materials were produced, but these later proved inadequate because they were in English, a language not read by most Ugandans.

To counter negative rumour campaigns, health officials used current affairs and other popular radio programmes, including live call-in programmes, for answering questions and doubts expressed by the public and putting down rumours. The 1996 report does not specify who was spreading rumours against polio vaccination.

The 1997 report on NIDs states that health workers did not participate in the planning of 1996 NIDs. As a result, most of them did not support NIDs. According to this report, some health workers had doubts and misgivings and openly campaigned against NIDs. In some areas of the country, they tried to discourage clients from immunising their children, and the health workers themselves did not take their children for immunisation.⁴

In 1997, as in 1996, UNEPI conducted intense community mobilisation. At the same time, deliberate attention was given to health workers. Senior medical officers and other health workers from Mulago Hospital, as well as other government and NGO hospitals, were involved in planning for 1997 NIDs. A number of sensitisation meetings targeted health workers at all levels and a booklet titled “National Immunisation Days in Uganda – A Guide for Health Workers” was prepared and distributed.⁵

The scheduled dates for NIDs were changed from December and January (1996-97) to August and September in 1997. It was this change in timing, well indicated on programme grounds, which led to the coincidence in time of the vaccination campaign and the malaria season, which peaks in August. One official questioned about the scheduling change said that he thought the change was implemented when the East Africa countries – Kenya, Tanzania, and Uganda – co-ordinated their NIDs efforts.

In the first round of NIDs in 1997 eight districts of the central and eastern regions showed low coverage, covering under 75 percent of the targeted children. The 1997 report says that lowered coverage might be the result of:

- ❑ Rumours and misconceptions – As in the 1996 NIDs, some individuals and media organisations (not identified by name) spread rumours that OPV was contaminated with HIV.
- ❑ Poor mobilisation – Social mobilisation activities were started very late in most districts due to late disbursement of funds.

⁴ National Immunisation Days 1997 Final Report. 1997. Ministry of Health. Uganda.

⁵ National Immunisation Days 1997 Final Report. 1997. Ministry of Health. Uganda.

- ❑ Lack of adequate knowledge - Explanations about the objectives of NIDs and the reasons for immunising children who had completed the schedule (antigens in routine immunisation) were not given.⁶

Like other countries, Uganda told its parents to complete their children's vaccinations in infancy, then to come back for polio campaign vaccinations until the age of 59 months. Such double sets of messages, in support of a sound scientific policy, are bound to cause popular confusion when the public is also exposed to unfounded rumours about the alleged pathogenicity of a vaccine which protects against a disease that few parents have seen in recent years.

By 1997, officialdom began to react. Between the first and second rounds of NIDs in that year, teams were dispatched to districts with lower coverage to hold sensitisation meetings for local leaders, opinion leaders, health workers and mobilisers. At these meetings, information about NIDs was presented and openly discussed. According to the 1997 report, these meetings and an intensified media campaign on radio and television helped to dispel rumours and improve coverage in the second round.⁷

By 1998, officials were concerned with the continuing decline in routine immunisation, a trend that dated from 1994, before the NIDs, and was largely related to changes in funding and administration of vaccination services. As a result, the Ministry of Health (Ministry of Health) commissioned a KAP study, published in 1998, to investigate the causes of the perceived decline in routine immunisation coverage.⁸ The Executive Summary to the KAP study notes that "most players in the programme seem to agree that there is a decline in immunisation coverage nationally although this is not backed by detailed data because it is scanty." The KAP study quotes a senior officer from UNICEF: "There seems to be no data at hand to substantiate decline." The KAP study does not say why data were not available.

Sometimes our priorities are not the priorities of the community.

-- Mr. Paul Kagwa, Assistant Commissioner, Health Promotion and Education,
Ministry of Health

⁶ National Immunisation Days 1997 Final Report. 1997. Ministry of Health. Uganda.

⁷ National Immunisation Days 1997 Final Report. 1997. Ministry of Health. Uganda.

⁸ *KAP Study Report on Immunisation Services in Uganda*. 1998. Health Management Consult Uganda funded by UNICEF. P. 15.

Rumours by Radio against OPV

Rumours started in 1996 in the Buganda area around Kampala when NIDs were first implemented. They came from two sources, according to several officials who were interviewed for this report. In 1996 Mulindwa Muwonge, who operated Central Broadcasting Service (CBS) Radio, a private FM station in Kampala, questioned why the polio NIDs were implemented. Why at that particular time? He purportedly said that the OPV contained anti-fertility drugs to end the race. His actions had a big influence in lowering coverage in Mpigi District.

At the same time, Muwonge's message was reinforced by a group called the Bazukulu or "Grandchildren of Buganda," a radical group of Buganda youths. They said that the polio vaccine was a plot coming from the West to kill off the race. In addition to these stories, the HIV rumour was still circulating. Since some OPV formulations are red, the children were said to be receiving blood contaminated with HIV.

Ugandan health officials responded to Muwonge by meeting with him, briefing him about the polio campaign, and answering his questions. He stopped broadcasting the rumours as a result. The Ministry of Health talked to the Minister of Health for the Buganda Kingdom at that time and asked him to use his influence with the university students. He held meetings to sensitize the students. After 1997 to 1998 there were no further problems with rumours in the Buganda area. Central Broadcasting Service aired interactive programmes with questions and answers.

During the 1990s the Uganda government allowed for private ownership of FM stations under its policy of media liberalisation. Health officials from UNEPI, the Ministry of Health, UNICEF, and the WHO believe that it was during this period that one radio operator who began broadcasting in mid-1999 contributed to declines in routine immunisation and poor coverage for NIDs in the southwestern regions of Uganda.

People had a quarrel with the Ministry of Health before I started talking.

-- Kihura Nkuba Head of Service Greater Afrikan Radio Mbarara

While officials believe that one owner affected NIDs negatively, coverage results have always been above 90 percent in each year NIDs were held. In addition, all medical personnel interviewed concede that routine immunisation declines began around 1994. This was long before Greater Afrikan Radio FM 98.3 began broadcasting from Mbarara town in western Uganda, covering an area of about 50 miles, inclusive of six districts.

The station, according to the proprietor, currently has a listenership of about five million people, covering most of Uganda except for the northern and far eastern districts.

The problem is that he plays on the minds of the uninformed.

-- Hon. Robert B.K. Ssebunnya, Minister of Health, Buganda Kingdom
District Governor 9200, Rotary (in reference to Kihura Nkuba)

Dr. Mark Grabowsky, a former WHO medical officer now in Washington, DC gave his retrospective on the rumour campaign that was promoted on Uganda FM radio. He says that "rumours happen and that the radio station responded to market forces. People were listening for more." Dr. Iyorlumun Uhaa, a UNICEF Senior Project Officer, seemed to agree with Dr. Grabowsky: "Radio fills a niche we didn't have. It gives information."

Several factors reported in the 1996 and 1997 documents on NIDs may have contributed to some of the rumours, such as expired drugs and the attitudes of health workers themselves. Moreover, NIDs and the HIV vaccine campaign kicked off on the same day. Many perceived HIV/AIDS as a Western plot and that the West had originated HIV.

In 1997, a number of children reportedly died in the southwestern region of Uganda following vaccinations during NIDs. The exact number of deaths is not known. Officials everywhere in Uganda explained that the rainy season in Uganda coincides with NIDs. Malaria epidemics have been reported during September to December since 1998 in the southwestern area. Although officials said that the deaths were from malaria and not OPV, people became more sceptical, especially about the mass campaigns. Some officials recalled, too, that when the BCG antigen was administered in 1989 some children suffered adverse effects.

It was in this context of rumours that Nkamuhayo Rwacumika or, as he is popularly known, Kihura Nkuba, began broadcasting in early 1999. He said that he kept his views on immunisation to himself until May 1999, when he went to the village of Bwizibwera in Mbarara District to give a lecture. Here he says he learned from people that many children had died following mass polio immunisations in 1997. According to Kihura Nkuba one of the preachers said, "I buried children and my cassock got old." According to an uncorroborated account by Kihura Nkuba, one of the parents, who had four children die after OPV, was forced at gunpoint to get her last child immunised,. Many people

began hiding, rather than take their children to NIDs. Kihura Nkuba said that people reported that officials went house to house and jailed people who refused to have children immunised.

When Kihura Nkuba heard these accounts from people in Bwizibwera, he began reading about OPV and vaccinations on the Internet and from many books on scientific and alternative medicine subjects. He has by now amassed an extensive library of technical and scientific information on vaccines and vaccinations.

In response to the people's questions, Kihura Nkuba also contacted the CDC and researched vaccines and vaccine safety on the CDC Website. He was particularly concerned about the use of the Sabin polio vaccine, OPV, because it contains the live but weakened poliovirus. In an interview, he said that his main concern was that OPV was being used in the mass polio campaign without regard to the HIV status of recipients. Kihura Nkuba had read the CDC guidelines. These stated that OPV should not be given to individuals with compromised immune systems. Further, he pointed out that the manufacturer's literature accompanying the vaccine vials recommends that OPV not be given to anyone with immunodeficiency, or who has a family history of AIDS.

He continues to be concerned that health workers giving OPV have never taken into account the health status of the children. Kihura Nkuba also stated in his interview that callers to his radio station told him that some of the OPV vials were expired.

Kihura Nkuba says that he does not tell people not to go for vaccinations. He does not speak against vaccinations. And he doesn't say, "Don't get your children vaccinated, or they will die." He tells his audience that they should have the right to choose for their children. His goal is to give them enough information to make informed choices and to ask questions. He said that when people questioned officials about adverse reactions or events, the attitude of the Ministry of Health was that people are too simple and uneducated to understand what they are told. To date he says he has only talked about OPV and that he has never discussed other vaccines or routine immunisations on his programme.

Kihura Nkuba and others interviewed in the villages also questioned: why polio? People in the villages have never seen a case of polio. Everyone interviewed pointed out that malaria is what kills people in Uganda. Why have "they" prioritised polio over the disease that kills us?

Greater Afrikan Radio has been "quite popular and the owner characterised himself as the voice of the people against a regime that was the pawn of Western interests. Every taxi driver could cite his claims," noted Dr. Grabowsky.

Since 1999, when Kihura Nkuba began raising public doubts about OPV, the Ministry of Health has resisted his broadcasts. Kihura Nkuba says that the people had a quarrel with

the Ministry of Health before he started talking. The Ministry of Health says people were enthusiastic about NIDs until Kihura Nkuba started broadcasting. According to the figures for national coverage, Kihura Nkuba has had no effect on the NIDs. Dr. Grabowsky also thought the impact of the rumour campaign was possibly overrated.

The evidence is overwhelming that the rumours broadcast on FM radio made little impact because the majority of mothers chose to get their children vaccinated during the NIDs.

Regardless, officials would like nothing better than to shut down the station or for Kihura Nkuba to simply go away. In reaction to his broadcast in 1999, the Ministry of Health brought doctors to debate with him. They met over lunch and thought that the result of the meeting would be for Kihura Nkuba to desist, but three days later, he started up again. The government also attempted to refute his positions on the air with debates, but this effort was unsuccessful because the moderator, Kihura Nkuba, had a better command of the facts than government officials had. According to Dr. Grabowsky's account, the government also attempted to "buy off" Kihura Nkuba by placing pro-NIDs advertisements on the air, but these were undermined by the station's commentaries.

At a Bushenyi District officials' meeting in September 2001, officials were still at a loss as to how to silence Kihura Nkuba. They conceded that trying to convince him to be quiet is a waste of time, and that the "problem" of Kihura Nkuba must be dealt with on a national level. The government is planning to take action through legislation. According to the Ministry of Health, a law requiring immunisation is in effect, but the punishment for not following the law is weak. The Hon. Mike Mikula, Minister of State for Health, expressed the following view, in a closed-door session prior to an open hearing for the district: "If parents cannot be arrested for not complying, then they should be taken to court and punished."

At that meeting the Ministry of Health proposed to launch a protracted campaign. The Ministry of Health said that the Ministry had failed to explain "negative" (adverse events) to the people. He said that leaders would use the same medium – radio – and that the Ministry of Health and Kihura Nkuba would issue a joint statement answering questions. The Ministry of Health would help with advertising to counter rumours. In addition, the Ministry of Health would go to the grass roots and address their questions. They would involve the churches and schools. The churches are "100 percent behind us." In schools parents would be met and addressed through the PTAs. Mr. Mikula also noted that the Ministry of Health believes that Kihura Nkuba has used them for a scapegoat. "If he does not bend, then we shall legislate."

Later that day Bushenyi District held a public meeting attended by over 100 people. Following reports from officials, the chairman took comments from the floor about why that district had the lowest coverage in the first round of SNIDs in 2001. (This district is

one targeted for SNIDs for the border districts.) Here is a summary of reasons or opinions people gave for low coverage:

- ❑ Inadequate financing – not enough funds for social mobilisation to move around the district.
- ❑ Inability to explain to people why Kihura Nkuba is wrong because he brings research; Ministry of Health is not responding with opposing views.
- ❑ Local leaders are not adequately supporting immunisation.
- ❑ People who did not take their children were not punished.
- ❑ Leaders did not take their own children.
- ❑ Rumours that OPV contained HIV.
- ❑ Rumours that OPV contain anti-fertility drugs.
- ❑ People say they are tired of the exercise (NIDs).
- ❑ People are suspicious. Why NIDs again?
- ❑ Sensitisation is poor – radio is sending negative messages but no one explains that radio is wrong.
- ❑ Adverse events in 1998.
- ❑ Messages given during social mobilisation are not consistent. Speakers say different things.
- ❑ Too much freedom for people – they can refuse. Biggest response was in remote areas of the country where the government came out strongly and forced people.
- ❑ Non-standardised data – incorrect projection figures for number to be immunised.
- ❑ Superstitions and suspicions – no one had seen a case of polio.
- ❑ Rumour that the government is using the vaccine against those that don't agree.
- ❑ Questions about why supplemental (booster) immunisations for polio only?
- ❑ Before NIDs mothers took children for routine immunisation. Why is this (NIDs) necessary?
- ❑ Doctors are not punished for not immunising their children.
- ❑ Government is making it political.
- ❑ People giving OPV are not trained, and parents question their skills.

Along with these concerns, the radio station and Kihura Nkuba were mentioned many times by the people in attendance. Officials put forth a plan of action to counter rumours and educate people about immunisation, starting at the community level. They would develop scientific, focused messages and disseminate information through all channels available to them, including radio. They would develop radio programmes and begin using film vans again with the goal to make Bushenyi a model district in polio eradication.

The Ministry of Health said it wanted Kihura Nkuba to meet and discuss areas of disagreement so that the Ministry of Health and Kihura Nkuba could develop a team approach. At this district-wide meeting the Ministry of Health noted in response to

Kihura Nkuba's broadcasts that it was Ministry of Health policy not to immunise those known to be HIV-infected. According to Kihura Nkuba in a later interview, this was the first time the Ministry of Health stated this policy publicly. Nkuba seemed to feel this was a small vindication of what he had already been saying on the radio.

Near the close of this meeting, Kihura Nkuba was invited to come and speak. He said that he was happy that "the Ministry of Health and I are engaged in a dialogue for the betterment of our people's health." The Ministry of Health agreed that a post-vaccination survey would be conducted in the region to determine whether there was credence to the belief that many people expressed: health of children goes downhill after OPV. The Ministry of Health and Kihura Nkuba declared a "cease-fire."

In an interview several days later when asked what he wanted to see happen, Kihura Nkuba said that he would like these questions addressed:

- ❑ Why spend all those resources on polio when it kills few or no people?
- ❑ If IPV is a safer vaccine, why use OPV?
- ❑ Malaria is the number one killer of children. Most people cannot afford treatment, so why devote limited resources to polio?
- ❑ If global organisations and governments want to help Uganda, why not have them put resources into diseases that kill? Wouldn't paralysis be preferable to death?
- ❑ If polio vaccination is so good, why do you have to force us?
- ❑ If polio is actually caused from faeces, if I improve sanitation/hygiene, how could I come into contact with polio?
- ❑ If OPV is safe and we know its ingredients, why don't we manufacture OPV in this country?
- ❑ If we made the vaccine in Uganda, would we force people in other countries to take it and put them in jail if they didn't?
- ❑ Before we started vaccinations, we didn't see a lot of polio and we had our own methods (herbs) to vaccinate. Why can't we emphasise this method?
- ❑ When we vaccinate, the children die. We do not see you. You come to vaccinate and leave. We remain with the children.

Kihura Nkuba's questions and concerns, which he says are the questions and concerns of mothers and fathers, are confirmed by the mothers and fathers interviewed. Letters that the listening audience sent to Kihura Nkuba during that period of time and until the present continue to raise the same questions. Parents are especially concerned about the safety of OPV and why it is being given to their children in Africa when it is banned in America? And why are their children dying?

In addition to answers to these questions, Kihura Nkuba said that the Ministry of Health needs to do the following:

- ❑ Change from OPV to IPV.

- ❑ Allow children some time between birth and when they receive vaccination.
- ❑ Conduct a study to see what is killing children. (Ministry of Health has already agreed to this.)
- ❑ Make exceptions to vaccinations: e.g. do not vaccinate in cases of HIV, malaria, infections, vomiting, and fever.
- ❑ Concede ground to give parents full information and the right to choose. He stated here that force will cause campaigns to collapse. Parents need information about reactions and post-vaccination support. Officials defeat their own purpose: if a child dies, the entire village will not go. Fully informed parents have an incentive to go.
- ❑ Improve radio advertising through thoughtful concepts and by giving information. Promote immunisation all year – not just in July. The Ministry of Health does not have a public relations or research department. Ministry of Health could reduce its budget by giving information. Kihura Nkuba would be willing to help design health messages.
- ❑ Implement an independent consumer protection and advocacy organisation (similar to the U.S. Food and Drug Administration) that can be trusted by the people.

He says that he is prepared to work with the government, but the Ministry of Health does not come and ask what he is saying. He views Greater Afrikan Radio as a media organisation that researches the material it presents on air. He feels that he has the ear of the people. He said in an interview that “the government expects to speak and people just go and do it...” Nkuba is, in his own lights, a firm believer in empowerment through knowledge and information.

He said that he had discussed the possibility of developing and implementing an alternative information centre through the radio station with Michel Sidibe, the UNICEF country representative. Although Kihura Nkuba wrote a proposal for such a centre in March 2000, as requested, he claims never to have received a response from UNICEF.

Later in the week, following the Bushenyi District meeting, another example of confusing messages appeared in the newspapers. The Ministry of Health generated the confusion.

The Saturday, September 8, 2001 edition of *The Monitor* newspaper quoted Minister of State for Health Mike Mukula as saying: “Don’t immunise children with HIV.” Then on Sunday, September 09, 2001 the *Sunday Vision* said the opposite: “Immunise HIV kids – Mukula.” In the latter article Mukula dismissed press reports that he had advised against immunisation for HIV positive children.

In a National Coordinating Committee Meeting to Prepare for the Second Round of SNIDs in Kampala on September 11, 2001 (See Annex), Kihura Nkuba was still the

topic of a great deal of discussion when officials met to assess the first round of polio SNIDs. Several participants talked about taking Kihura Nkuba to court and the possibility of closing down the station.

While many thought that Kihura Nkuba's broadcasting is still having a negative effect on SNIDs, a number of participants noted that instead of reacting to Kihura Nkuba, they sensitised people in the district causing coverage to improve last year in the second round. Others noted that they needed to look at the administration of Bushenyi District because leadership is lacking. Leaders show no interest in the exercise of NIDs: *i.e.* more vaccine was wasted there; they did not have enough health workers; the cold chain technician is not a former health worker; and mobilisation was inadequate.

The WHO Information Officer, in a later interview, agreed that in 2000, Bushenyi had only 54 percent coverage in the first round of NIDs. He agreed, too, that when intense mobilisation was done at the sub county and parish levels, coverage increased to 94 percent in the second round. He said that Kihura Nkuba is not the whole issue. People asked simple, logical questions which they wanted answered. When their questions were answered, they got their children vaccinated.

The Ntungamo District Chairman, Local Council V, Mr. John Karazarwe, said that when the radio rumours came, resistance to vaccinations developed. "When people listen to the radio or television, they think it's the word from the government, even if it's private." He said that at first everyone believed Kihura Nkuba's messages because they came at the time when many children were dying from malaria and AIDS.

In response to the resistance to polio immunisations, the LC V Chairman said that Ntungamo District formed an anti-malaria task force. They noted that NIDs coincided with the emergence of mosquitoes in August. That was why the mothers and fathers thought children were dying from polio vaccinations. They did not take their children to hospitals or clinics to find out that the illness and death were from malaria. Some said that vaccine looked like blood and their children were getting AIDS in the mouth. Some simply thought that the vaccine was unnecessary. Since there was widespread ignorance about the polio vaccinations, people withdrew. Everyone, including educated people, stopped taking their children. Even the police had to be arrested because they would not take their children.

Chairman Karazarwe said that in the de-centralisation taking place in Uganda, he got substantial funds that he could decide how to use in his district. He said that he chose to ignore the radio broadcasts and began implementing health improvements that have helped to improve coverage in routine immunisation and coverage in SNIDs. Here are some of the steps he took:

- ❑ Upgraded health units from nine to 25 (the district does not have a hospital). Encouraged every parish to have a health centre.
- ❑ Trained and required health workers to do outreach.

- ❑ Began treatment for malaria – sensitised and trained health workers about treatment.
- ❑ Used AfriCare and other institutions to assist with improving water sources.
- ❑ Improved food security by encouraging development of back yard gardens, teaching about nutrition and its relation to improved immunity to resist diseases.
- ❑ Improved communication and access for mothers.

Ntungamo District moved away from confrontation, took the resources that would have been diverted through confronting and arguing with Kihura Nkuba, and put those resources into district services combined with increased education. The LC V Chairman sees this as empowering mothers.

He believes that when you fight Kihura Nkuba that “you show you’re afraid.” His strategy has been to remove the grounds for Kihura Nkuba’s strength – his influence with the people. “If you go to radio, at the end of the day, you confuse the masses.” You must disarm him by using a different message.

His (Kihura Nkuba’s) broadcasts caused EPI and NIDs to drop (but) there were other variables or problems. His broadcasts just accelerated (the decline).

--Dr. Kaguna, District Director of Health Services, Mbarara District

The challenge, says Chairman Karazarwe, is to be careful not to disappoint people. He says he must make sure to give the services people travel long distances to get. As the level of awareness in the district has gone up, people have started coming to the health units. Thus, demands on local government, especially for drugs, have increased. If people become disappointed, they will drop out.

In addition, the Ntungamo Assistant District Director of Health Services said that Kihura Nkuba said mothers did not get information about possible adverse events following vaccination, such as fevers. “But we tell mothers what to do. If fever persists it might be malaria.”

How do you make decisions when you have conflicting information?

I wait and see.

-- Mr. Erikadi Mworozzi, father and resident, Rwizihwera LC

Effect of Rumours on Routine EPI

NIDs coverage in Uganda has been successful, and most of the districts were positive about NIDs. But some of the people interviewed for the 1998 KAP study expressed concerns that NIDs affected routine immunisation because mothers were tending to wait for NIDs and forgetting routine immunisation. “The first round of NIDs affected immunisation. People thought they had finished all immunisation.”⁹

There is not a lot of buzz around routine immunisation. Routine coverage is low everywhere, due more to cultural attitudes than “vaccinations are a plot to weaken children.”

-- Dr. Mark Grabowsky, former WHO medical officer

Although there was uncertainty among participants in FGDs at the sub-county level about whether routine immunisation was declining, many were uninformed.

Others interviewed for the KAP study offered the following reasons as possibilities for the decline in routine immunisation:

- ❑ Family planning has reduced the number of children born (therefore the projected number of children to be vaccinated has dropped)
- ❑ AIDS has caused a decline in the number of mothers and children.
- ❑ Long distances make it difficult for mothers to come; they are tired.¹⁰
- ❑ Morale is poor among health workers.
- ❑ The masses lack understanding about routine immunisation.
- ❑ There is mistrust of health workers.
- ❑ There are rumours and fears about mass polio immunisation.
- ❑ Expired drugs breed mistrust of the health services in general.

Most striking from the KAP study, however, among those interviewed – including women and men with children three to 20 months old, youth, opinion leaders and others – is the lack of understanding about the differences between routine immunisation and the mass polio campaigns. The study notes that opinion leaders could have easily advised parents that there was no need for subsequent immunisations after the NIDs.¹¹

⁹ *KAP Study Report on Immunisation Services in Uganda*. 1998. Health Management Consult Uganda funded by UNICEF. P. 15.

¹⁰ *KAP Study Report on Immunisation Services in Uganda*. 1998. Health Management Consult Uganda funded by UNICEF. P. 27-29.

¹¹ *KAP Study Report on Immunisation Services in Uganda*. 1998. Health Management Consult Uganda funded by UNICEF. P. 85.

For the purpose of this study on rumours, figures for four routine antigens in the districts thought to be most influenced by Greater Afrikan Radio are given in the following tables. These figures were taken from data provided by UNEPI.

Vaccine Coverage, by Antigen and Year, Bushenyi District

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
BCG	78	96	97	92	100	131	100	122	102	82	67	60
DPT 3	56	69	70	81	97	97	99	99	88	62	54	49
Polio 3	56	71	70	79	96	89	100	97	87	65	53	48
Mea- sles	57	69	64	71	93	95	100	95	84	63	49	56

Source: UNEPI

The decline in routine immunisation in Bushenyi District appears to have started in 1997.

Mbarara District Coverage Percentages

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
BCG	98	85	93	86	95	104	100	107	104	78	84	74
DPT 3	88	66	73	71	76	79	67	80	80	54	61	51
Polio 3	87	67	73	70	81	69	84	81	84	56	62	51
Mea- sles	80	60	63	66	76	82	87	76	87	57	59	62

--	--	--	--	--	--	--	--	--	--	--	--	--

Source: UNEPI

The decline in routine immunisation in Mbarara District appears to have started in 1998.

Ntungamo District Coverage Percentages

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
BCG					68	100	100	113	100	66	74	70
DPT 3					66	78	81	99	84	50	57	53
Polio 3					68	76	93	96	82	50	56	50
Measles					30	75	92	83	86	47	57	55

Note: Ntungamo District was created in 1993.

Source: UNEPI

The decline in routine immunisation appears to have started in Ntungamo District in 1998.

In each of these three districts, the decline in routine immunisation started before Kihura Nkuba began broadcasting in 1999. Generally speaking, it appears that the decline occurred following the change in time of year NIDs were conducted and that particular year, 1997, was also the year when many children died during the malaria epidemic.

It has been reported that EPI was low before NIDs. It seems that a number of factors account for poor routine coverage. Kihura Nkuba's broadcasts have most likely had some negative impact when combined with already existing fears created by the deaths

from malaria right after children received OPV in 1997. But most important, mothers and fathers never got the information they needed following those deaths.

In addition, Dr. Grabowsky pointed out that while much effort is given to raising coverage, the "other side" controls the message because there is not informed consent and mothers are not prepared to handle adverse effects. In other words, the lack of information for parents creates fertile ground for the opposition to create rumours and confusion. One of the fathers interviewed said that if he gets conflicting information, he takes a wait and see attitude.

People need information. They want a lot of information. They don't want simple information.

--- Kihura Nkuba, Head of Service, Greater Afrikan Radio, Mbarara

Mr. Paul Kagwa, in an interview at the Ministry of Health, concluded that NIDs have helped officials to understand what is going on in villages and the importance of communication. Now, he says, is an opportunity to broaden alliances, form relationships with the media, and raise awareness.

But what is the most effective way to fight rumours, or, better, what is the most effective tool for stopping rumours from getting started? Give the people the right information, give the people all of the information, and trust the people to make the best choices for their children.

The best method for getting good coverage is social mobilisation -- ongoing. Don't ever stop.

Health workers are the best source of health information.

-- Ms Justina Musiime, mother, Rwetonojo Village

What is the best way to counteract rumours? Give the people the right information. Use the radio stations, such as Radio West.

-- Dr. Kaguna, District Director of Health Services, Mbarara District

Kenya

Kenya

Summary Points

- Geographical focus in Central Province, the heartland of the political opposition
- Religious opposition from Catholic bishop of Nyeri, not under control of his superiors
- Temporal coincidence of polio NIDs and national AIDS campaign, an unfortunate timing in retrospect
- No perceptible effect on routine EPI, and no reintroduction of wild poliovirus
- House to house vaccination seems to have blunted the impact of the rumours.

In Kenya, anti-NIDs campaigns started in the final stage of the country's successful campaign against polio, and after polio had faded from the headlines. They were focused in Central Province, the heartland of the political opposition, and especially in Nyeri, where a militant bishop, unsupported by his superiors, led a campaign from the pulpit against the polio NIDs. Other factors also intervened. In retrospect, the rumours might have had less impact on coverage if the NIDs and the national AIDS campaign had been launched consecutively, and not at the same time. One notable feature of the Kenyan campaigns is that they had no perceptible effect on the routine EPI. In Kenya, as elsewhere, vaccination campaigns have provided a more attractive target for critics than has the routine vaccination programme.

The Kenyan anti-vaccination campaigns, though successful in lowering NIDs performance, did not lead to reintroduction of polio. Central Province of Kenya has high routine coverage, and it does not border on polio endemic areas. After the initial shock of 1996, the government and agencies responded with public information campaigns which blunted the edge of the attacks. By the year 2001, a prominent opposition politician was willing to appear in public with government and UNICEF staff, administering OPV on camera on the grounds of a Catholic church.

Background

The Ministry of Health launched Kenya's Expanded Programme on Immunisation (KEPI) in 1980. The main purpose of KEPI has been to assure that all children are immunised against six childhood diseases before their first birthday: tuberculosis (BCG), given at birth; diphtheria; pertussis; tetanus; poliomyelitis; and measles. The six antigen programme will add hepatitis B and *Haemophilus influenzae* B vaccines in 2002.

KEPI is also committed to the global Polio Eradication Initiative and has been conducting National Immunisation Days since 1996. From 1996 to the present period, over 20 million children less than five years were given polio vaccines. According to health officials and statistical data, coverage for both rounds of NIDs stood around 81 percent except in 1999 and 2000, when it rose above 90 percent.

Geographical Kenya

[map omitted from Web version]

As eradication programmes enter their final phase, the target diseases become less and less common, and their importance declines in the eye of the press and the public. Doubts about vaccines and vaccination, previously disregarded when the diseases were common, rise to the surface, and programme communication becomes more common.

“Mothers and others didn’t understand about repeat immunisation. They needed time to be convinced...but social mobilisation was inadequate to do this.”

- Ms Martha Muriithi , District Public Health Nurse at District Medical Health Offices housed at Provincial General Hospital, Nyeri, Central Province

Programme communication is widely recognised as an important component of immunisation programmes. It gets lip service in all documents about immunisation and campaigns, and every individual interviewed said the same thing. However, in practice, communication does not always get the respect, priority and funding that it deserves. This report documents the tendencies to implement communication activities in a haphazard and unfocussed way, implementing social mobilisation activities too late to be effective, and the failure to communicate the purpose of repeated NIDs to opinion, religious, and other grassroots leaders and mothers/caretakers.

“The rumours are deep-rooted. They were hearsay. They had no basis, but they created uncertainty. Therefore, the mothers don’t take their children. They wanted the government to guarantee that they’re safe. The priests and opinion leaders passed along their doubts.”

- Ms. Edith Githii, Deputy Hospital Matron, Mathari Consulata Mission Hospital, Nyeri, Central Province

Historical Situation Analysis of NIDs

Before examining rumours during NIDs and looking at their impact on immunisation rates, an analysis of Kenya as a nation and the Central Province is needed. This will show national trends for the five years NIDs were conducted throughout the country, along with routine vaccinations.

1996 *Records and reports on National Immunisation Days for polio start with 1996 when the first NIDs were conducted. In these reports, mention of rumours or questions is very frequent.²*

² *National Immunisation Days Report- 1996*. November 1996. Kenya Expanded Programme on Immunisation. Nairobi. Pp. 22 – 26.

Rumours related to Polio Eradication Campaign to a significant extent influenced the poor performance in coverage of some of the provinces. The rumours emanated from various groups were relating to PEI and extra polio vaccine doses. These rumours created fear among some communities. The rumour was that the new lot of vaccines was infected with HIV, while others said that it was meant to cause infertility at a later age in those vaccinated as preschoolers. Others said that it was meant to exterminate certain communities.

The rumours may have risen due to probably inadequate information disseminated in the message content. (emphasis added) This is demonstrated by the questions that came from the communities, such as:

- 1. Why so much emphasis on polio disease and not any other?**
- 2. Why should I take my child for extra-dose if he has completed the immunisation?**
- 3. Is the extra-dose harmful?**
- 4. Is there an outbreak of Polio?**
- 5. Why is the colour of the vaccine different from the normal one used?**

- National Immunisation Days Report- 1996

In the first NIDs in 1996, Central Province was recorded as having the lowest coverage in Kenya. Central Province recorded an overall coverage of 60.3 percent during the first round and 51.2 percent in the second round. Within Central Province, Nyeri district coverage was 40 percent, far below the average for the province as a whole. According to the same report, these were unexpected results considering the fact that the province has always reported high OPV coverage in the past, as verified by immunisation coverage surveys and routine immunisation data.

1997 In the 1997 *National Immunisation Days Report for Kenya*, KEPI states that false rumours related to the polio campaign had a negative effect on NIDs coverage in certain parts of the country. Fears were aroused because of controversies about the safety of the vaccines and whether they were laced with contraceptives and HIV. Another fear was that overdoses might occur from extra doses. People felt that there were more important public health problems, such as malaria and typhoid; thus, polio spending could not be justified.³

³ *National Immunisation Days Report- 1997*. November 1997. Kenya Expanded Programme on Immunisation. Nairobi. Pp. 28 – 31.

In 1997, as the following table shows, the Central Province had the biggest drop in coverage in both rounds compared to 1996 -- a 15 percent drop in round one and about a five percent drop in Round Two.

NIDs OPV coverage by Province, Kenya, 1997

Province 1997	Percentage Coverage First Round	Percentage Coverage Second Round
Nairobi	82.33	101.32
Central	46.98	46.96
Coast	87.34	84.91
Eastern	72.58	76.83
North Eastern	56.37	58.97
Nyanza	81.40	90.10
Rift Valley	91.31	92.20
Western	84.02	85.28
National: Kenya	78.80	82.30

Source: *National Immunisation Days Report-1997*

1998 In the 1998 NIDs, all provinces registered 70 to 90 percent in OPV coverage with the exception of Central Province, which was below 70 percent. Yet while Central Province NIDs were lowest in the country, routine immunisation was highest, with 70 percent fully immunised. (DPT3 coverage was at 97.2 percent.)⁴

1999 – 2000 Results for 1999 NIDs were almost identical to those in 1998 for the Central Province but with an increase in those fully immunised at 84.8 percent. (DPT3 coverage was again 97.2 percent – the highest in the country). At the same time, Central Province coverage in the NIDs for polio was still the lowest in the country.⁵

The following table shows the routine immunisation rates for Kenya.

⁴ *National Immunisation Days Report- 1998*. November 1998. Kenya Expanded Programme on Immunisation. Nairobi. Page 4.

⁵ *National Immunisation Days Report- 1999*. January 2000. Kenya Expanded Programme on Immunisation. Nairobi. Page 7.

Kenya Expanded Programme on Immunisation – Infant Coverage, as Percentage, 1999

Province	BCG	DPT 1	DPT 2	DPT 3	Polio	Polio 1	Polio 2	Polio 3	Measles
Nairobi	97.7	95.5	90.9	75.0	84.1	97.7	88.6	86.4	93.2
Central	100.0	100.0	98.6	97.2	82.4	97.8	95.6	94.9	91.3
Coast	94.8	97.9	89.5	81.3	73.3	98.4	94.2	85.3	91.6
Eastern	97.9	97.4	93.6	86.2	77.4	96.3	93.7	98.8	86.6
Nyanza	92.9	92.1	81.6	66.2	53.3	91.2	79.8	66.4	61.9
Rift Valley	96.3	96.5	92.2	83.9	56.2	96.2	95.1	84.4	83.7
Western	94.4	94.4	89.2	72.2	54.9	94.4	89.2	72.0	65.8
Kenya	95.9	95.8	90.0	79.2	64.3	95.4	90.4	80.8	79.2

Source: Kenya Demographic and Health Survey

*North Eastern Province is not included.

According to the 2000 *Report on National Immunisation Days*, Central Province, which had lagged behind in NIDs since 1996, finally caught up with the rest of the provinces. Many of the interviews conducted in Nyeri in the Central Province concurred that NID participation improved where house-to-house immunisations were done.

Most striking, the 2000 report again documents that some of the low NIDs OPV coverage areas are also areas with a background of high routine immunisation coverage. In fact, Central Province boasts the highest routine coverage in Kenya.

What accounts for low coverage in Central Province during NIDs compared to its high routine coverage? This report will answer that question as it focuses on the Nyeri District, the centre of many rumours.

Nyeri Profile⁶

Nyeri district is one of the seven districts in Central Province, covering an area of 3,284 square kilometers. Nyeri itself has seven divisions: Mukurweini, Mathira, Kieni East, Kieni West, Tetu Municipality, and Othaya. Physical features of the district are Mount Kenya to the east and Aberdare Ranges to the West.

The people of Nyeri appear to be very religious, predominantly literate and aware of the health needs of their children, particularly immunisations. This is evident in the continuing high level of routine immunisations, the highest in Kenya. It is also evident to any visitor to Nyeri that family planning has been widely accepted. Advertisements for condoms are everywhere: "Let's talk," the slogan of Trust condoms, is apparent on buildings and kiosks even in the smallest villages.

Immunisation services in Nyeri district are provided at 59 service delivery points. Forty-four of the facilities are operated by the government of Kenya, eight are private, and seven are church run. Four outreach clinics are conducted monthly for communities not able to access health facilities. The majority of the facilities give vaccinations on a daily basis.

The following table shows crude routine coverage statistics from the *2000 Immunisation Coverage Survey – Nyeri District*. These statistics are based on information recorded on immunisation cards or information given by the mother if the card was not available. The survey confirms high routine coverage for Nyeri.

In this survey, immunisation card retention rate was 80.1 percent, an indicator of how mothers regard the importance of child vaccinations. The survey analyses immunisation coverage by card alone and by verbal history.

INFANT IMMUNISATION COVERAGE RESULTS

	CARD ONLY		CARD AND HISTORY	
	Number	%	Number	% Coverage
BCG	171	81.0	203	96.2
BCG Scar			191	90.5
DPT 1	172	81.5	203	96.3
DPT 2	171	81.0	202	96.2
DPT 3	167	79.1	201	95.3
OPV 0	166	78.6	203	96.2

⁶ Information in this section taken from: Immunisation Coverage Survey, Nyeri District: Results 2000. 2001. Ministry of Health, Kenya by Kenya Expanded Programme on Immunisation.

OPV 1	172	81.5	203	96.2
OPV 2	171	81.0	202	95.7
OPV 3	163	77.2	196	92.9
Measles	163	77.2	200	94.8
Full immunised			203	96.2
Immunised before one year			200	94.7

Source: *Immunisation Coverage Survey, Nyeri District: Results 2000*

In this same study, a comparison between routine immunisation and survey coverage shows a close correlation and similar results between the two methods of evaluating immunisation coverage. In both methods, immunisation coverage was above 80 percent for most antigens in both 1998 and 1999.

This survey also gives a strong indication as to why mothers chose not to participate in NIDs in Nyeri district.

REASONS FOR NO OPV DOSE DURING NATIONAL IMMUNISATION DAYS

	No. (36)	%
Child fully immunised	11	31
Religious influence	6	17
Negative rumour	3	8
Discouraged by health workers	0	0
Not aware	8	22
Others	13	36

Source: *Immunisation Coverage Survey, Nyeri District: Results 2000*

As shown in the table above, the main reason for mothers' not taking their children to NIDs to get OPV is that their children were already fully immunised. Religious influence accounted for 17 percent of those not participating in NIDs, while negative rumours concerning the vaccine accounted for eight percent of those not responding to NIDs. Thirty-six percent of those not responding to NIDs could not be specified as to reason. Of those reporting rumours as the reason for not participating, the rumour most often cited was that the vaccines were laced with contraceptives.

KEPI and UNICEF have commissioned a number of studies over the past five years to determine why participation in NIDs has been so low in Central Province compared to other Provinces, and why routine immunisation is the highest in the country -- a contradiction noted in some of those studies.

For several years, officials outside Central Province have assumed that rumours kept mothers away from NIDs. In fact, while many rumours were circulating, closer

examination reveals that many other trends and factors may have converged to subvert participation in NIDs.

How Rumours Started

Rumours may be religious, political or ethnic in origin. In a meeting of KEPI staff, some suggested that the rumours may have been spread by health workers or others who did not understand the purpose of NIDs, or because of jealousy, or feeling left out. Some health workers were trained during social mobilisation activities while others were not. Whether it was priests, health workers, mothers, or chiefs, rumours continued to flourish in Central Province because no one could answer the questions raised by the mothers. All their sources of information didn't know the answers.

Rumours in Central Province have circulated from 1996 to the present. They vary in character, but the major ones are about OPV being laced with contraceptives or HIV. These rumours seem to have impacted the 1997 campaign most, but rumours themselves have not necessarily played a central role in low turnout for NIDs. It is rumours along with other factors which may account for the poor results in Central Province.

The first Kenya NIDs in 1996 took place in the context of a political atmosphere that bred fear and distrust. The current government and its ruling party, in the view of people in Nyeri, had neglected the Central Province because it is home to the political opposition. President Moi and his Kenya African National Union Party have governed Kenya since independence.

“...Whatever comes from the government is rejected. Mothers won't risk because they heard rumours and they have fears. The church gave announcements, but we did not know how to counter the rumours. We expected people to go. We didn't know about the (low) turnout. No one campaigned against NIDs. It was just rumours on the ground that escalated.”

- Reverend Kathuni, Presbyterian Church of East Africa, Nyeri, Central Province

A study in 1997 reported that the involvement of the Office of the President (Provincial Administration) in mobilisation and use of the Chiefs' camps as immunisation centres reinforced negative publicity against NIDs, since the provincial administration was perceived to be a tool of the ruling party.⁷ The report went on to say that the administration's involvement in NIDs may have sent the wrong signal and helped fuel negative allegations from sections of the Catholic Church and some opposition politicians.

People had not been adequately sensitised to the global eradication of polio. Some health workers, most of the mothers and caregivers, and all of the opinion and religious leaders did not understand the purpose of NIDs. After all, mothers in Central Province were doing a good job of getting routine immunisations for their children. Now why all of the free, extra doses? Kenya had not had a case of polio since 1984; as far as everyone was concerned, polio was not a problem in Kenya.

Health workers had told mothers for several years before the NIDs that their children needed only four OPV doses to be fully immunised. Based on that knowledge, questions came up. Wouldn't the extra doses be toxic to their children? Couldn't their children be overdosed? And if the government was going to spend all this money on polio, why wasn't another disease chosen since their children were already immunised against polio? Why should polio be a priority, given all the health problems they faced? Why this campaign when we are immunised already? Who has seen a case of polio?

In addition to a political situation fraught with suspicion, national elections were scheduled for 1997. Political divisions were entrenched and deepening. People questioned whether the ruling party was attempting to root out the opposition by the use of vaccines that are toxic, or laced with contraceptives or HIV/AIDS. People in Central Province were fearful of anything "free" from the government.

The Central Province is the seat of the opposition to the ruling party; the leader of the National Democratic Party lives in Othaya District in Central Province. Since the Kenya government had never given the people of Central Province anything, so the reasoning went, why was the government giving out polio vaccine? Was there a sinister plot behind the free gift?

Once rumours and the growing fears got rolling, they were hard to stop. They continue to circulate on a limited scale today. No one could help the mothers. When mothers went to their religious leaders or some of the health workers, they could not get factual answers to dispel their fears or refute the rumours because of inadequate preparation against the

⁷ *National Immunisation Days (NIDs) Consultancy Final Report*. 1997. UNICEF. Nairobi.

rumour campaign. Social mobilisation and training were limited and late due to inadequacy of financial and human resources.

There has been a widespread belief that the Catholic Church actively campaigned against NIDs by dispensing erroneous information in 1996 and 1997. However, while some priests influenced people to boycott the NIDs, it was not for religious reasons. The priests felt that they had a moral obligation to speak out against issues that threatened the community.⁸

In this atmosphere of fear, several other things happened that may have consciously or subconsciously contributed to the uneasiness and the rumours of people in Central Province. NIDs were launched at the same time as the national HIV/AIDS campaign. Perhaps these two health issues became linked in some minds and may have accounted for the rumour that OPV was laced with HIV.

“The Church is the voice of the people. Mothers were afraid. Some refused. It was hard for educated mothers to get them to go.”

- Jennifer, mother of children aged 4 years and 8 years, and Public Health Technician, Othaya Township, Central Province

People also had a fear of devil worship. The Commission on Devil Worship, chaired by Bishop Nicodemus Kirima of the Roman Catholic Diocese of Nyeri, had just concluded its work. Some rumours were related to devil worship, including the color of OPV (red) and the snake on the WHO logo. Fears came up about the safety of children, especially opening their mouths, which caused caregivers to associate the move with the “removal of tongue,” a practice said to be associated with devil worship. House marking during the 2000 NIDs was rejected in some areas because of its association in the popular mind with devil worship.

While official statistics confirm low turnout, might the figures be based on erroneous estimates of the number of children under five in Central Province? That is the suggestion of the former Provincial Medical Officer, Dr. Mwangi, in an interview in his medical offices.

⁸ *National Immunisation Days (NIDs) Consultancy Final Report*. 1997. UNICEF. Nairobi.

The Stories

In 1996 Bishop Nicodemus Kirima spoke from the pulpit against polio vaccination NIDs. The Kenya Ministry of Health and Douglas Klaucke, WHO Regional Epidemiologist, met with Archbishop Ndingi Mwana'a Nzeki, Bishop Njue, Bishop Koris, and the communication officer for the Catholic Church, several other top church officials, and their medical doctor in a six hour discussion. This meeting was called in an attempt to stop Church opposition to NIDs.

The Catholic Church leaders and officials believed that OPV was laced with contraceptives. They cited TT and contraceptive studies. The meeting was further complicated when the WHO medical officer stated, contrary to fact, that WHO did not support contraceptive research.

“What did the church tell them? Sometimes we don't know what is the right answer to give. In Central Province the government neglected the province, so therefore the people do not want to accept services. And they were not told why this? The people didn't go (to NIDs) because they were afraid.”

- Fr. Njoroge, Roman Catholic Church, Karatina Township, Central Province

During the discussion it became clear that the bishop was not against polio campaigns *per se*, but saw them as a prelude to other campaigns, especially ones that would involve injections that could then be laced. This anti-vaccination campaign was based in the Diocese of Nyeri, and without support from the national bishops' conference, much less the Vatican. The campaign, however, did have an international dimension as vaccination opponents got their misinformation from the Internet.

As a result of the meeting, the church officials agreed to be quiet about OPV but they would not agree to support OPV. However, they did not follow up by communicating this pledge in their pastoral letters to all parishes.

“Fears may or may not be justified, but fears prevent them from going (to NIDs).”

- Mr. John K. Munyi, Deputy Town Clerk, Nyeri, Central Province

Tanzania

Tanzania

- Well documented link between Philippines rumours and Tanzania
- Opposition to TT centred around a single mission hospital in mainland Tanzania, with some antivaccination activity on Tanzania's offshore islands
- Lab testing required to disprove the alleged association between TT and contraception
- Medical missionary now won over to WHO/government position

In the United Republic of Tanzania, anti-vaccination rumours against tetanus toxoid (TT) emanated from a Catholic mission hospital in the southern part of the country whose medical director read about anti-TT rumours through a Philippine NGO. She took the rumours to a regional meeting in 1994 where she raised questions about whether tetanus vaccine was laced with human chorionic gonadotrophin (hCG). She opposed vaccinating women of child bearing age until she had an independent laboratory attest to the purity of TT vaccine being used in Tanzania. She now supports vaccination of children and of women of child bearing age.

[Insert map Tanzania]

Overview of EPI and NIDs

Tanzania's Ministry of Health launched the Expanded Programme on Immunisation in 1975. EPI made a substantial increase in immunisation coverage in the 1980's. By 1988, coverage was more than 80 percent, two years ahead of the 1990 global target for reaching 80 percent coverage.

Vaccination coverage rose from 50 percent in 1984 to 80 percent in 1989, but started to fall in the early 1990's. The proportion of children fully immunised by 12 months of age fell from 72 percent in 1989 to under 60 percent in 1991, 1992, 1993, and 1996. The post-1990 fluctuations were more closely linked to patterns of donor support than to rumours or to social factors.

Tanzania has been working toward the goal of polio eradication since 1988, when the World Health Assembly chose the target year of 2000 for global eradication. With the support of WHO and other international organisations and agencies, Tanzania

implemented its first rounds of National Immunisation Days in 1996. NIDs were synchronised with those of Kenya, Zambia, and Uganda. The technical report on NIDs and EPI, quoted in the following box, calls attention to a major constraint in social mobilisation.

A few days before the first round there emerged a group of people, led by the Pro-life Activist Group, who created fear in people so that in a few villages no child was taken for vaccination during the second round. Fortunately, the impact of this counter-NIDs propaganda was minimal due to the fact that all religious faiths in the country were already supporting NIDs.²

The report does not give any other information regarding the rumour, including where it was being spread and exactly which communities were affected. It does note, however, in the Lessons Learnt section that “religious leaders are a potential for community mobilisation and their timely involvement is crucial.” Strategic planning for the following year included efforts to engage mass media to reach the community and disseminate correct promotional messages to support the campaign and not create fear.³

Reports on the 1998 NIDs note other rumours about OPV, including many doses of OPV will cause side effects, OPV would cause sterility, and OPV was associated with the malaria epidemic in the Muleba District. Additional social mobilisation activities were supported with funding from UNICEF, especially during the time between the first and second rounds of NIDs, to counter the rumours.⁴

In 1998 the Tanzania Ministry of Health reported that national levels of polio coverage reached 97 percent for the first round of NIDs and 100 percent for the second round with an overall average above 90 percent. The report attributes low coverage in some (unspecified) districts to the rumours. The last reported cases of polio occurred in 1993.

An annual Tanzania EPI evaluation meeting in April 2000 highlighted some of the milestones of the past 25 years, including continued strong national political support and some improvements in technology. Yet Tanzania faces many health challenges,

² *First National Immunisation Days in Tanzania 10-11 August and 14-15 September, 1996: Process, Results and Lessons Learnt Technical Report*. March 1997. Compiled by Khadija Msambichaka and Peter Kilima for the Ministry of Health. Dar es Salaam. P.6.

³ *First National Immunisation Days in Tanzania 10-11 August and 14-15 September, 1996: Process, Results and Lessons Learnt Technical Report*. March 1997. Compiled by Khadija Msambichaka and Peter Kilima for the Ministry of Health. Dar es Salaam. P.17.

⁴ *Technical Report: Tanzania National Immunisation Days 1998*. 1998. Compiled by Caroline Akim and Peter Kilima for the Ministry of Health. Dar es Salaam.

particularly a fluctuating immunisation coverage and an increase in infant and under age five mortality rates.⁵ Health sector reforms have been a challenge to operationalize. In addition, Tanzania has had an influx of refugees fleeing conflict-torn countries on its borders.

Percentage DPT and TT Vaccination Coverage among Children 12 – 23 Months and Women, based on Coverage Survey Data, by Year

	1989	1991	1991/1992	1993	1996
DPT-1	91.4	85.5	94	83.4	95
DPT-3	84.7	78.8	80	68.6	85
TT-2 (Women)	39.7	44.0			74.3

Source: Msamanga, Dr. Gernard. *A Review of the Situation of Expanded Programme on Immunisation in Tanzania*. February 2000. Prepared for the Ministry of Health and WHO Office. Dar es Salaam. pp. 36 – 38.

The antigen with the lowest overall rate of immunisation is tetanus toxoid, the one given to women of childbearing age. Thus, Tanzania faces two challenges: raising the immunisation coverage of all children for all antigens, and raising the level of TT vaccinations among women of childbearing age.

Tetanus Toxoid Vaccinations

The WHO webpage gives a detailed account of the epidemiology and prevention of tetanus. (<http://www.who.int/vaccines/intermediate/neotetanus.htm>) Neonatal (newborn) tetanus is the most common form of tetanus in developing countries. The disease is caused by contamination of the umbilical stump following childbirth through cutting the cord with an unsterile instrument, or by applying animal dung to the cut cord. Three to 14 days after birth, the infant suddenly fails to suck properly and becomes irritable; convulsions occur with increasing frequency and intensity. Case fatality is very high.

Source: Mid Term Review of Danida Support to the Expanded Programme on Immunisation, Tanzania 9-12 January 1994

⁵ Report of EPI Annual Evaluation Meeting Held in Dar es Salaam Msimbazi Centre. April 2000. Ministry of Health Department of Preventive Services. Dar es Salaam.

WHO Policy on TT

WHO policy calls for prevention of tetanus in all age groups.

In all countries protection against tetanus begins with immunisation in the newborn period, followed with reinforcing doses at older ages. A reinforcing dose of TT at approximately 6 months to one year after the third dose is given in a number of countries.

EPI in Tanzania would require every female between 15 and 45 years to get five doses of TT to ensure lifetime immunity. Yet the majority of women got only prenatal vaccinations. While it is widely believed by many health officials that rumours may have affected the rate of coverage, since the coverage for TT is low all over the country, other factors may play a role in stopping women from getting vaccinated except during their pregnancies. For example, in some interviews, health workers said that it is often difficult for young women 15 or 16 years of age to come alone to get TT.

While there may be some constraints, health workers also noted that mothers do not question whether TT contains contraceptives. TT cannot sterilize them if they are already pregnant, and they have seen many women who have received TT and become pregnant again.

Tetanus Toxoid Coverage, in Percentage, Women 15-45 Years of Age, Tanzania

T T Dose Coverage Level (%)	1991	1992	1993 January to August only
TT-1	18	20	21
TT-2	13	15	14
TT-2 plus	19	22	23

Source: Ministry of Health, EPI Annual Report, 1993

The 1993 EPI report notes that the dropout rate from first to second tetanus toxoid dose rose between 1992 and 1993. This could have been a result of a rumour “alleging that the strategy of vaccinating women of childbearing age is associated with attempts to enforce involuntary contraception.” The report makes no reference to the source of the rumour.

Rumours

They (health officials) thought I was against vaccinations, but I was not. I come from the medical side not the church in this matter.

- Sr. Dr. Birgitta Schnell, O.S.B., Director, St. Benedict's Mission, Ndanda

Sr. Dr. Birgitta Schnell, O.S.B. has run the St. Benedict's Mission Hospital in Ndanda for thirty years. It is the largest hospital in the Mtwara Region. As documented in the hospital's annual report, the outpatient department alone saw nearly 66,000 persons yearly. In addition to being the largest regional hospital, St. Benedict's operates a number of dispensaries and clinics in other areas of the region. Its reputation and range of services brings patients from all over the region.

During several meetings and conversations with Sr. Dr. Birgitta, when queried, she could not always remember exact dates. She said that sometime in the early 1990's she received a number of reports and newspapers concerning anti-fertility research in the Philippines, Mexico, and India, as well as other countries. One of her documents is a summary from a WHO Progress report that highlights phase II of an anti-hCG vaccine trial report from the Philippines.¹⁰ Sr. Dr. Birgitta said that she did not actually conduct research, or go looking for this information. All of her documents and articles were sent to her. She reads a great deal. (The Philippines rumour campaign, which formed the basis of the Tanzania backlash against TT, is detailed in Annex I).

What she was reading began to alarm her, especially when word was surfacing about the anti-fertility trials at a time when Tanzania EPI was promoting TT vaccinations. When Sr. Dr. Birgitta attended a zonal meeting in 1994, she shared with the Ruvuma, Lindi, and Mtwara Regions the information she was getting. She and others were suspicious about why only women were told to get TT in Dar-es-Salaam, where vaccinations had already begun in the schools.

The vaccinations (TT) are very good and people need to try to get them.

- Sr. Dr. Birgitta Schnell, O.S.B., Director, St. Benedict's Mission, Ndanda

¹⁰ "Anti-hCG vaccine phase II clinical trial – status report." *Progress, No. 30. Special Programme of Research, Development and Research Training in Human Reproduction.* The World Health Organization. 1994. P.8.

After that zonal meeting, different areas of the country began to question the TT vaccinations. In the Moshi Region around Kilimanjaro, Pro-Life activity promoted rumours and questions. Pro-Life produced anti-vaccination materials and gave them out to people to keep them from getting vaccinated. But Sr. Dr. Birgitta said that these activities were not a result of the zonal meeting and what was discussed there. Those activities were the work of the Pro-Life organisation.

When asked what happened following the zonal meeting, she said that Ministry of Health was very angry that she raised questions and wrote her a letter. (An Ministry of Health official said that the Ministry of Health held a meeting with EPI and church officials, had the vaccine tested, and sent Sr. Dr. Birgitta a letter.)

When asked if mothers were now getting TT vaccinations at the hospital, she said that she supported the EPI programme and that vaccinations are given routinely. She told of having the TT vaccine tested by an independent laboratory, so that she could assure herself that the Tanzanian TT vaccine was safe. When she saw that it was not contaminated, vaccinations were given at the hospital.

She said in her interview that she believes that it is very important to vaccinate and that it is very bad that WHO is mixing vaccinations with anti-fertility. “The vaccinations,” as they were intended, “are very good and people need to try to get them.” She recalled that 30 years ago when she first came to the hospital in Ndanda, she saw many people die from tetanus. So when people (*i.e.*, health officials) thought that she was against vaccinations, she was not. She made it very clear, too, that her opinions on this matter come from the medical side - not the church. (From a walk through the hospital and observation of posters and other posted materials, it is readily apparent that her views are Pro-Life.)

Health officials and UNICEF personnel noted that the Mtwara Region has good coverage (over 80 percent) on TT.

Rumours with Legs

The rumours now discounted in Ndanda have surfaced in other parts of the country. The Tanzania *Daily News* on Friday, August 17, 2001, reported in an article titled “Isles adopts new anti-polio strategy” that in a seminar organised for journalists in Zanzibar on polio and measles campaigns, participants were critical of tendencies that discouraged efforts to immunise children. They cited a Muslim leader in Pemba who went around convincing followers that immunisations are anti-Islamic. He said that Muslim parents are offered drops of water and dates, and that this religious rite is as good as medicine.

They also decried the rumour that in the islands children exposed to vaccines will be rendered sterile.

Several people said that the rumours in the Kilimanjaro area were started by a Pro-Life⁹ organisation. Most of the rumours in all areas of Tanzania alleged that the TT vaccine was laced with contraceptives, or that it was anti-fertility.

Nearly everyone interviewed for this report said that Sr. Dr. Birgitta was spreading rumours, but none of those making this claim had actually spoken with her. She says that she did not spread rumours. She took the information she had discovered about anti-fertility clinical trials associated with hCG and raised questions at a zonal meeting. After she was convinced that the vaccine was safe, it was given out at her hospital. She shared her findings that the local vaccine was safe with her counterparts in the region.

Mothers do not question whether it (TT vaccine) contains contraceptives. They can see that TT does not sterilize. They are pregnant and they see others. All pregnant women get TT.

- Ms Vivian J. Kilimba, Regional Maternal Child Health
Coordinator, Mtwara Region

⁹ Pro-Life organisations or members of organisations have the religious belief that life begins at the moment a sperm fertilises a human egg and that it is tantamount to murder to do anything that harms it or the developing foetus. Abortion for any reason is prohibited. According to Human Life International: Abortion is defined by Williams' Obstetrics as "The interruption of pregnancy before viability at the request of the woman, but not for reasons of impaired maternal health or foetal disease. The great majority of abortions now being done belong in this category." HLI states that "This definition by an authoritative source confirms that most abortions are performed for reasons that are considerably less than compelling; i.e., basically convenience. There are many different terms applied to abortion, most of which overlap to some degree and are confusing to most members of the public unless explained clearly."

Annex I: The Rumour Campaign against TT in the Philippines

(Excerpted, with permission, from the unpublished report, “Deadly diseases, deadly vaccines, or deadly rumours?” by L. Luwaga, R. Wellington, and J. Clements)

In the spring of 1995, an international “pro-life” organisation spread rumours that the tetanus toxoid vaccine (TT) was being administered to women of childbearing age by immunisation programmes in developing countries and that a contraceptive hormone was included in the vaccine. IN a press release circulated via the Internet to its affiliates in more than 60 countries, the organisation said tests of TT carried out in Mexico had shown in t contained the pregnancy hormone, human chorion gonadotrophone (hCG). Tests in the Philippines performed by local hospital laboratories using pregnancy tests kits also reportedly showed the presence of hCG in TT. The organisation alluded to reports that “millions of women in Mexico and the Philippines have unknowingly received anti-fertility vaccinations under the guise of being inoculated against tetanus.” It charged the WHO and UNICEF of using these women as “uninformed, unwitting, non-consenting guinea pigs” in several countries with high population growth rates, notably Mexico, Nicaragua, Philippines and Tanzania.

With support from WHO, six independent laboratories in five countries ran tests on TT from seven different manufacturers, including those supplying the four countries affected directly by the campaign. WHO issued a statement in 1995 to the effect that the rumours “are completely false and are totally without any scientific basis.”

This is a classical example of “part-truth” in the rumour – a vaccine (TT) *was* being administered to childbearing-aged women, and it did test positive for hCG. Worse, Indian researchers reported a small trial of contraceptive vaccine using hCG coupled to tetanus toxoid to enhance immunogenicity in 1994. The reported presence of hCG in the Mexican and Philippiine tests of TT was clearly shown by subsequent tests to be below the limits of accuracy of the test kits using and was probably related to interference from the adjuvant and preservatives used in the vaccine. The findings of the Mexican and Philippine tests were called “an artifact rather than a true value” by Professor Salvatore Mancuso of the Vatican’s Catholic University of the Sacred Heart. The subsequent tests conducted in several national control laboratories revealed no undeclared substances in the vaccine.

At the height of the rumours, TT immunisation suffered in all four countries. A Manila court injunction (subsequently lifted) banned the use of TT in immunisation campaigns in the Philippines. . . . The drop in vaccine coverage rates coinciding with these rumours in the Philippines is shown in Table 1.

Table 1
Coverage for Tetanus Toxoid in the Philippines, 1993-1995

Year	TT2+ Coverage (%)
1987	28.9
1988	37.2
1989	43.6
1990	42.3
1991	53.7
1992	16.8*
1993	70.0
1994	69.3
1995	57.5
1996	47.0

* Incomplete reporting

Source: File of the Maternal and Child Health Services, Department of Health (1997).
Manila, Philippines

To its credit, the Catholic Church has in some cases made efforts to combat the rumours spread by Profamilia. It was professor Salvatore Mancuso of the Vatican's Catholic University of the Sacred Heart hospital who said that the findings of the Mexican and Philippines tests were "**an artifact rather than a true value**" during the Tetanus toxoid controversy in the Philippines in 1995. (*See the document from the Web site at <http://www.who.int/vaccines-diseases/safety/infobank/ttox.shtml>*).

Annex II: The Failed Attack on Polio NIDs, Kinshasa

In August 2001, just before the start of Round 2 of the polio campaigns of that year, thousands of handbills were circulated on the streets of Kinshasa. Excerpts follow at the end of this text.

The remarkable thing about this handbill blitz against the polio NIDs was that it failed completely. The absence of effect during Round 2 of the Kinshasa polio campaign is clearly evident from a comparison of figures: Round 2 registered a 2 percent increase in vaccinations over Round 1 (unpublished data, UNICEF/Kinshasa).

The lesson to be drawn from the Kinshasa experience is that the public is not always gullible. The most strident and incredible claims do not necessarily get a hearing. In such cases, the best reaction is not to overreact.

EXCERPTS FROM HANDBILL DISTRIBUTED IN KINSHASA BEFORE ROUND 2 OF THE 2001 POLIO CAMPAIGN (TRANSLATED FROM THE FRENCH):

VACCINATION IS NOT FOR THE BENEFIT OF CHILDREN

Vaccines attack the immune system and provoke a reaction from this system. Every vaccination carries a risk of causing the disease, and hence of death. The child must be in good health for the immune system to react well to the vaccine. Thus, one does not vaccinate sick children, those with coughs, and especially not the malnourished, since the immune system depends directly on good nutrition.

Nonetheless, the World Health Organization (WHO), contrary to all medical principles, decides to vaccinate the children of the Congo.

ARE VACCINES TRULY USEFUL?

Here are the views of Neil Miller, journalist and specialist in natural medicine:

- Many vaccines were not the real reason behind the decline in disease occurrence. This came more from nutritional and sanitation improvements.
- No vaccines confer real immunity. It is often the opposite which is the case: the vaccine increases the chances of catching the disease
- All vaccines can cause side effects, including brain damage and death.
- Long term effects of all vaccines are unknown.
- Many vaccines are especially dangerous.

DOES W.H.O. CARE FOR THE HEALTH OF CONGOLESE CHILDREN?

WHO has decided to eradicate poliovirus from the earth by 2005. WHO never stated that the vaccination campaign was good for the children of the Congo. WHO says that it is

urgent so that the Congo does not infect other countries. WHO decides to vaccinate during war, with a maximum of risks for the population. WHO lacks even the compassion to wait for the war's end and the children to be healthy before vaccinating. There is no epidemic declared in the Congo. The last epidemic in the region dates from April 1999 in Angola.

WHAT DOES W.H.O. HAVE TO DO FOR THE BENEFIT OF THE CONGOLESE?

The Congolese are dying of such diseases as kwashiorkor, which are easily treated. Why vaccinate against polio instead of curing the real killer diseases? Today, the priority of the Congolese children is not vaccination of any kind. It is first of all and especially to control the malnutrition caused by the war of the multinationals and the pro-American invaders of the Congo.

VACCINATION CAMPAIGNS CAUSE EPIDEMICS

A vaccination campaign against polio caused an epidemic in the Dominican Republic. The vaccine contains the virus. The child, once vaccinated, keeps the virus in the throat for two weeks, and in its intestines for up to two months. The vaccinated child is contagious for two months. So the vaccine can cause the epidemic. Contagion is riskier in situations of war and poverty, which make hygiene more difficult.

WHAT ARE THE RISKS OF THIS CAMPAIGN?

A child has few risks of catching polio if there is no vaccination campaign. Every child vaccinated runs the risk of catching polio. Every vaccinated child runs the risk of transmitting the disease to other children. If the vaccination campaign takes place, unvaccinated children risk getting the polio from those who are vaccinated. A total, 100 percent vaccination places all children in danger. A partial vaccination also places all children in danger. *The only acceptable option is no vaccination campaign.*

CAN WE BELIEVE IN THE SUDDEN COMPASSION OF THE WEST FOR THE CONGOLESE PEOPLE?

The West created the war, feeds the war and profits from the pillage of the Congo. The children are the main victims of this war. In some regions, three children out of four do not reach their second birthday. To decimate a population, one must first kill the children. Why vaccinate against polio, since they do not die of polio. Why is there no effective humanitarian aid? Why does the West not apply the recommendations of the report on the illegal exploitation of the Congo's riches in order to stop the war?

WHY PASS IN SILENCE OVER THE GENOCIDE OF THE CONGOLESE?

Polio vaccines have already been contaminated:

Poisoned vaccines have already killed children in South Kivu. Polio vaccine has long contained carcinogenic viruses. Another vaccine contains leukaemia viruses. Oral polio vaccine is controversial. A great specialist, Dr John Martin of the University of Southern California, has demanded in vain an investigation of this vaccine.

WHO announces that it will no longer use this vaccine after this vaccination campaign in the Congo because it has a better option. The American citizens have demanded a parliamentary investigation of vaccines in October 1999. Do Congolese scientists analyse the vaccines before giving them to children?

WHO DECIDES?

Vaccines = WHO = UN = USA = Uganda –Rwanda-Burundi = war. The UN has done nothing to stop the war (though it knows how to stop it) and has also decided on the polio vaccination campaign.

Ugandan traditionalists hamper measles campaign (2003)

Kampala, Uganda (PANA) - Ugandan authorities have decided to clamp down on traditionalists and opposition supporters suspected of sabotaging a drive to immunise 12 million children against measles.

Since last Wednesday, Uganda has been waging a nation-wide immunisation campaign targeting nearly half of the country's population of 24.6 million between the age of nine and 15 years.

In view of some resistance, various government officials have issued orders to arrest all adults sabotaging the exercise.

Uganda's State Minister for Higher Education Beatrice Wabudeya ordered Mbale district officials in the country's east to arrest a 47-year old father of seven who stopped two of his children from being immunised.

Hajji Twaha Kwiri reportedly stormed Mpogo Primary School and withdrew his two children before they were immunised, alleging sinister government motives.

He has since been arrested on Wabudeya's orders and charged with sabotaging government's programmes, police authorities in Mbale said Sunday.

In Kayunga district 140-km east of Kampala a man battered his wife for taking their child for immunisation. He has been arrested.

Reports from Busia district on the border with Kenya indicated that teachers closed one primary school in protest of the immunisation. Its administration is to be punished.

"Such acts are a sign of ignorance and a desire to

sabotage and disrupt government programs," Wabudeya told PANA on telephone Sunday.

Meanwhile, the Uganda Police is hunting for several born-again Christians from Buhugu and Zesui churches who are alleged to boycotted the national immunisation programme by stopping the children from going to health centres and posts.

Authorities have also arrested traditionalist in the central and western regions for ignoring the immunisation call. Others face arrest after discouraging their fellow believers from taking their children for immunisation.

Various opposition groups who always doubt the government's intentions are believed to have fuelled the resistance against the immunisation campaign.

"Certainly ill political influence is evident in this sabotage. Some members in the opposition had earlier discouraged people from the exercise and to an extent this has a negative impact," Wabudeya observed.

Kampala - 19/10/2003

Annex III: Sources

Publications – Uganda

Amanyire, Sam. “Don’t Immunise Children with HIV- Mukula.” *The Monitor*. September 8, 2001.

Buwembo, Joachim and Borzello, Anna. “Immunise HIV Kids – Mukula.” *Sunday Vision*. September 9, 2001.

KAP Study Report on Immunisation Services in Uganda. 1998. Health Management Consult Uganda funded by UNICEF.

National Immunisation Days 1996 Final Report. 1996. Ministry of Health. Uganda.

National Immunisation Days 1997 Final Report. 1997. Ministry of Health. Uganda.

Vaccine Preventable Diseases, Quarterly Bulletin of UNEPI. January – June 2001. Uganda Expanded Programme on Immunisation.

Immunise Now: Immunisation Plan for 2001 – Time for Action. Uganda Ministry of Health.

References and sources from Kihura Nkuba in his interview:

Anderson, J.R., ed. *Muir’s Textbook of Pathology*. 1983. Edward Arnold, Ltd. Publishers. London.

“Are Shots Necessary?” *Newsweek*. September 20, 1999. CXXXIV, No. 12. P.56.

Insert from the Oral Poliomyelitis Vaccine administered in Uganda in 1998 with contraindications.

“Live Polio Vaccine Voted Out.” National Vaccine Information Centre. Vienna, Virginia.

McTaggart, Lynne, ed. *The Vaccination Bible*. 2000. What Doctors Don’t Tell You, Ltd. London.

Malkis, James and Clark, Andrew. “BSE Risk in Polio Vaccine Revealed.” *The Guardian*. October 21 2000.

Miller, Neil A. *Vaccines: Are They Really Safe and Effective? A Parent’s Guide to Childhood Shots*. 1996. New Atlantean Press. Santa Fe, NM.

Orimune – Poliovirus Vaccine. The Physicians’ Desk Reference. 1997. Pp. 1433 –1435.

“Polio Vaccines: What are the Risks?” www.polionet.org/vaccine.htm

Interviews and Meetings

Acting Head, Department of Social Work
and Social Administration, Makerere
University

Mr. Asingwire Narathius

Uganda Ministry of Health, Ministry of Parliament, UNEPI, UNICEF, WHO

Minister of State for Health (GD)

Hon. Mike Mukula

Personal Assistant to Minister of Health

Mr. Charles Ebalu Kobowe

Member of Parliament

Hon. Dr. Richard Nduhuura

Former WHO Medical Officer

Dr. Mark Grabowsky (interviewed in
Washington, DC)

Senior Project Officer, UNICEF/
Kampala

Dr. Iyorlumun Uhaa

Health Project Officer, UNICEF/
Kampala

Dr. Eva Kabwangera

Assistant Commissioner, Health
Promotion and Education, Ministry of Health

Mr. Paul Kagwa

ACHS (HRD), Ministry of Health

Dr. E. K. Kanyesigye

Programme Manager, UNEPI

Dr. Issa Makumbi

UNEPI
National Programme Officer,
Routine Immunisation, WHO

Dr. Possy Mugenyi

Ms. Rachael Seruyange

Minister of Health, Buganda Kingdom
District Governor 9200, Rotary

Hon. Robert B.K. Ssebunnya

Data Entry Clerk, UNEPI

Ms Justine Wailoi

Bushenyi, Mbarara, and Ntungamo Districts

LC V Chairman, Bushenyi District	Mr. Joash Makaru
Secretary of Social Services, BLG	Mrs. Nnalomgo Otafire
Vice Chairman, Social Services	Dr. Gubare Lasto
Assistant Resident District Commissioner, Bushenyi	Mr. Tumwine Polly
Chief Administrative Officer, Bushenyi District	Mr. Bitarabeho Johnson
Speaker, Bushenyi District	Mr. Peter Rwakifaari
Director, District Health Services Bushenyi District	Dr. F. Nuwake
Head of Service, Greater Afrikan Radio, Mbarara City, aka Kihura Nkuba	Dr. Nkamuhayo Rwacumika
Senior Programme Officer, Radio West, Mbarara Town	Ms Rose Rwankore
District Director of Health Services, Mbarara District	Dr. Kaguna
Enrolled Midwife, Bwizibwera Health Sub District, Mbarara District	Ms Justine Brungi
Chairman, Local Council V, Ntungamo District	Mr. John Karazarwe
Secretary for Health and Child Welfare, Ntungamo District	Mr. Dan Buteera
Assistant District Director of Health Services, Ntungamo District	Mr. William Karikwitsya
Health Management Information Systems Officer, Ntungamo District	Ms Shebah Turyagira
District Health Visitor, Ntungamo District	Ms Florence Rwabahima

Mothers at Bwizibwera Health Sub District, Mbarara District

Name	Village	Children	Observation
Ms Scovia Twikirize	Biyeze	1 child/	First child died after 1 yr. old polio immunisation during NIDs
Ms Evalyen Siku	Migyera	1 child/ 8 mons.	Saw deaths of children in her village after polio NIDs
Ms Monica Kyomugisha	Rubindi	1 child 1.5 yr. old	Her other child died after polio immunisation during NIDs
Ms Justina Musiime	Rwetonjo	1 child out of 4 living	3 died/not from polio vaccination
Ms Grace Mbabazi	Kaguhazya	1 child	Reported seeing many 2.5 yrs. children in village die after polio NIDs
Ms Donota Kibetenga	Rubindi	4 children	Reported that several children died in area immediately after polio vaccination during NIDs

Fathers at Bwizibwera Trading Centre, Mbarara District

Mr. Muhammad Rukanyangira	Vice Chairman, LC 1, Bwizibwera
Rev. Ephraim Koojo	Pastor, Nshongi Parish
Mr. Apollo Rwabiita	Chairman, LC 1, Bwizibwera
Mr. Frank Mukama	Resident, Bwizibwera LC 1
Mr. Francis Mpumwire	Secretary for Information, LC 1, Bwizibwera
Mr. Erikadi Mworozi	Resident, Bwizibwera, LC 1.

Annex A: Participants in the 5th NCC Meeting 11/9/2001

No.	Name	Title	Organisation/Telephone
1	Henry K. M. Kyemba	Chairman, PPC Committee	Rotary International
2.	Benjamin Sensasi	Information Officer	WHO
3.	Rosamund Lewis	EPI Advisor	WHO
4.	Dr. A. Musingunzi	D/P/H	UPDF
5.	Dr. Angela Akel	Senior National Programme Officer	Population Secretariat
6.	Zura Asanda	PHN	AMREF
7.	Dr. Ismail Ndifuna	Ex. Sec. UMMB	UMMB
8.	Dr. Eva Kabwongera	PHO-UNICEF	234591/2
9.	Joyce A. Kramer	Consultant – UNICEF	UNICEF,ESARO
10.	Dr. Miriam Nanyunja	Medical Research Officer	EPI Laboratory, UVRI
11.	Dr. Possy Mugenyi	A/PMO	UNEPI – Ministry of Health
12.	Mrs. Liliane Luwaga	SHE	Ministry of Health/HP&E
13.	Paul Kagwa	ACHE (HP&E)	Ministry of Health
14.	Charles Muhumuza	SHE	HP&E-Ministry of Health
15.	Dr. Barungi T.C	Deputy Director Police Med. Service	Police 077 405447
16.	Isingoma B.M.P.	PHI/Operations	UNEPI
17.	Elly Tumwire	IC Cold Chain	UNEPI
18.	Rose Kinuka	Health Projects Officer	Uganda Red Cross
19.	Dr. Nyabwana D.	Member/DPMS	Prisons 255419
20.	Dr. D.K.W. Lwamafa	CHS(NDC)	Ministry of Health
21.	Mukuye	ACHS	
22.	Lt. Col. Dr. Bukenya	Zonal Medi. Officer UPDF	UPDF
23.	Kaggwa ddumba	Executive Director	CHECEA
24.	Edward Mugyimba	AC/PEECR/MGLSD	MGLSD

Annex B

REPORTED ROUTINE IMMUNISATION COVERAGE FOR UGANDA, 1985 – 2000

Antigen %	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
BCG	37	51	74	77	100	100	100	98	100	98	96	102	88	85	93	82
DPT3	14	21	39	40	60	77	77	71	73	79	74	72	61	56	61	56
Polio3	13	21	40	40	60	77	77	70	74	78	78	71	62	57	63	56
Measles	17	32	48	49	60	74	74	68	73	79	82	70	64	59	63	60
TT (Preg)			13	14	20	31	99	83	84	76	72	58	48	48	50	45
TT (NON- Preg)							22	16	16	16	13	10	9	7	9	7

Source: UNEPI

Note: In 1997 there were 39 districts in Uganda.

Kenya Sources

Publications

Immunisation Coverage Survey, Nyeri District: Results 2000. 2001. Ministry of Health, Kenya by Kenya Expanded Programme on Immunisation.

Immunisation Coverage Survey Report: Nyeri, Kilifi and Suba Districts. April 2000. A Joint Ministry of Health/KEPI and UNICEF Initiative. Nairobi.

Kenya Expanded Programme on Immunisation Review 2000. Fifth Draft Report. 2000. Ministry of Health. Nairobi.

National Immunisation Days 1998: Public Relations Consultancy Final Report. 1998. Ace Communications International Ltd. Commissioned by UNICEF. Nairobi.

National Immunisation Days Report- 1996. November 1996. Kenya Expanded Programme on Immunisation. Nairobi.

National Immunisation Days Report- 1997. November 1997. Kenya Expanded Programme on Immunisation. Nairobi.

National Immunisation Days Report- 1998. November 1998. Kenya Expanded Programme on Immunisation. Nairobi.

National Immunisation Days Report- 1999. January 2000. Kenya Expanded Programme on Immunisation. Nairobi.

National Immunisation Days Report- 2000. January 2001. Kenya Expanded Programme on Immunisation. Nairobi.

National Immunisation Days (NIDs) Consultancy Final Report. 1997. UNICEF. Nairobi.

Polio Eradication Campaign 1998: Report on Interpersonal Communication Support in Eastern and Central Kenya. 1998. Apex Communications Ltd. Commissioned by Kenya Expanded Programme on Immunisation. Nairobi.

A Sample Survey on NIDs Rumours in Central Region of Kenya. August 2001. Ministry of Health-Kenya Expanded Programme on Immunisation/UNICEF: Operation Research.

Interviews and Meetings – Kenya

Kenya Expanded Programme on Immunisation - KEPI

KEPI Manager	Dr. Stanley Sonoiya
Logistics Officer In-charge NIDs National Coordinator	Mr. Samuel M. Kamau
Vaccine Logistics Officer	Mr. Amos M. Chweya
KEPI Administrator	Mr. Noor I. Barrow
Deputy KEPI Administrator	Ms Eunice W. Ngugi
Cold Chain Logistics	Mr. Waithaka Githitu
MNT Control Officer	Ms Grace Saita
Measles Control Officer	Ms Josephine Odanga
Logistics Information Officer	Mr. Charles W. Kinuthia
Social Mobilisation Officer	Mr. Munene J. S. Ngaruiya
KEPI Data Officer	Mr. David M. Kiongo
KEPI Cold Chain Engineer	Mr. Gregory Kiluva

Central Province

Provincial Medical Officer	Dr. Olango Onundi
Provincial Matron	Ms Lucy N. Kiruki
Deputy Provincial Public Health Officer	Mr. Erastus N. Kihumba
Provincial Health Records and Information Officer	Mr. Charles Chiuri
Provincial Clerical Officer	Mr. J. Mwangi Kabanya
Former Provincial Medical Officer until 2000	Dr. Mwangi
District Public Health Nurse at District Medical Health Offices housed at Provincial General Hospital, Nyeri	Ms Martha Muriithi
Deputy District Public Health Nurse	Ms Lucy Gichuki
Hospital Matron, Mathari Consulata Mission Hospital, Nyeri	Sister Kaniekai Arockiasamy

Deputy Hospital Matron	Ms. Edith Githii
Incharge, Ihururu Dispensary	Ms Margaret Irungu
Deputy	Ms Mary Gacheru
Assistant Chief, Ihururu Sublocation	Mr. Mwangi Kagoiyo
Priest	Fr. Njoroge
Roman Catholic Church, Karatina Township	
Pastor	Reverend Kathuni
Presbyterian Church of East Africa	
Public Health Officer, Karatina	Mr. Hezron M. Wachira
Public Health Technician	Mr. Silas M. Munyua
Public Health Technician	Mr. Joseph Mbirwa Njeru
Mayor Councillor, Nyeri	Mr. Peter Wachira Maina
Deputy Mayor Councillor	Mr. George Kiranga
Deputy Town Clerk	Mr. John K. Munyi
Councillor	Mr. Dickson Kanyingi
Councillor	Ms Veronica Muthoni
Councillor	Mr. John Kabui
Councillor	Mr. Jeremiah Nyaga
Councillor	Mr. John Gitonga
Public Health Officer, Othaya	Mr. James Wachuga
Public Health Technician	Mr. Gerald Wamrugu
Public Health Technician	Ms Jennifer
UNICEF Kenya Country Office	
Project Officer, Health	Dr. Agostino Munyiri
Assistant Project Officer	Ms Jayne Kariuki-Njuguna
UNICEF Regional Office	
Project Officer, EPI	Mr. Robert Davis
Communication Officer, EPI	Mr. Arthur Tweneboa-Kodua

Sources

Tanzania Publications

Adachi, Dr. Motoi. A review of a Mass Immunisation Campaign in Polio Eradication Initiative and Tanzania Case in 1996. June 1999. Harvard School of Public Health. Boston, Massachusetts. <http://www.hsph.harvard.edu/takemi/rp154.pdf>

Expanded Programme on Immunisation Tanzania: Annual Report 1993. Ministry of Health. Dar es Salaam.

Expanded Programme on Immunisation Tanzania: Implementation Report July to December 1995. 1995. Ministry of Health. Dar es Salaam.

First National Immunisation Days in Tanzania 10-11 August and 14-15 September, 1996: Process, Results and Lessons Learnt Technical Report. March 1997. Compiled by Khadija Msambichaka and Peter Kilima for the Ministry of Health. Dar es Salaam.

Mgaya, Gabby. "Isles adopts new anti-polio strategy." Tanzania Daily News. No.7790. Friday, August 17, 2001. P.3.

Report of EPI Annual Evaluation Meeting Held in Dar es Salaam Msimbazi Centre. April 2000. Ministry of Health Department of Preventive Services. Dar es Salaam.

Msamanga, Dr. Gernard. *A Review of the Situation of Expanded Programme on Immunisation in Tanzania.* February 2000. Prepared for the Ministry of Health and WHO Office. Dar es Salaam.

Technical Report: Tanzania National Immunisation Days 1998. 1998. Compiled by Caroline Akim and Peter Kilima for the Ministry of Health. Dar es Salaam.

"Tetanus toxoid and spontaneous abortions: is there epidemiological evidence on an association?" The Lancet. Volume 348, Number 9034, 19 October 1996. Correspondence.

Documents from Sr. Dr. Birgitta Schnell, O.S.B.

"Anti-hCG vaccine phase II clinical trial – status report." *Progress, No. 30. Special Programme of Research, Development and Research Training in Human Reproduction.* The World Health Organization. 1994. P.8.

"Damit der Alptraum nie Wirklichkeit werde: Internationale Konferenz über immunologische Verhütungsmittel." *Pharma Brief.* Nr.4-5, June 1993.

“ ‘Pro Life’ accusations about tetanus toxoid vaccines containing abortifacients are irresponsible and dangerous.” Press Release by the Women’s Global Network for Reproductive Rights. Amsterdam. July 1995.

“Re: Call for a Halt to Research on Anti Fertility ‘Vaccines’ (immunological contraceptives).” A letter to global network of women from Women’s Global Network for Reproductive Rights. Amsterdam. September 1993.

Richter, Judith. “Contraception – Research on antifertility vaccines priority or problem?” WGNRR Newsletter 39 – April – June 1992. 13-19.

St. Benedict’s Hospital Ndanda Annual Report 2000. Ndanda Mission Press.

Talwar, G.P., Singh, Om, Pal, R. and Chatterjee, N. “Anti-hCG Vaccines are in Clinical Trails.” *Scandinavian Journal of Immunology.* 36, Supplement 11 (1992) 123-126.

“Wann Horen sie Auf?” *Medicine in Switzerland* 26/95. 3.

Wieringa, Nicolien. “*Antifertility vaccines: the wrong road?*” Editorial in *International Journal of Risk & Safety Medicine.* 6(1994)1-9.

Video: “The Human Laboratory: Research, Ethics, and Population,” a documentary from BBC. Year unknown.

Tanzania – Interviews and Meetings

Ministry of Health and Expanded Programme on Immunisation

National EPI Director	Dr. Caroline Akim
Acting Director of Preventive Services, Ministry of Health	Dr. Nicholas Eseko
Surveillance Officer	Dr. David P. Manjanga
Administrator	Mrs. Jean V. M. Bomani
Training Officer	Mrs. Margaret K. Fihanso
Monitoring and Evaluation Officer	Mr. Acton Mwaikemwa

Mtwara Region

Regional Medical Officer	Dr. S.M. Budeba
Medical Officer Incharge, Ligula Hospital	Dr. Kivo L.K.D.
Regional Maternal Child Health Coordinator	Ms Vivian J. Kilimba
Regional Planning Officer	Mr. Smythes Pangisa
Director, St. Benedict's Mission Ndanda	Sr. Dr. Birgitta Schnell, O.S.B.
Matron Incharge, St. Benedict's Mission Hospital, Ndanda	Mrs. Mary Nandonde
Incharge, Maternal and Child Health, St. Benedict's	Ms Libina Makwinya
Clinical Officer, MCH	Ms Oresta Dionis
Nurse Officer IV	Ms Christina Ngambeki
District Maternal and Child Health Coordinator, Masasi	Ms Trifonia Malificihe
District Cold Chain Operator, Masasi	Mr. Maurus Hokoror

World Health Organization – Dar es Salaam

EPI Country Epidemiologist	Dr. Cornelia A. Atysor
Surveillance Officer, Mwanze	Mr. Christopher Kamugisha

UNICEF – Dar es Salaam and Zanzibar

Project Officer, Health Representative Administrator	Dr. Rosemary Kigadye Bjorn Ljungqvist Ms Eshe Dodo
APO-Nutrition/WES Senior Programme Officer	Ms Jane Bammeke Mr. Isiye Ndombi
Head, Health Unit	Ms Riitta Poutiainen
Project Officer, Health	Mr. Suleiman Kimatta
Head, ECD Cluster	Ms Meera Shekar
Assistant Project Officer, Health	Ms Ulla Bisgaard

Web Sites

www.thinktwice.com/birthcon.htm Are Vaccines Laced with Birth-Control Drugs? by James A. Miller, special correspondent for Human Life International. Copyright 1995.

www.geocities.com/titus2birthing/VacProLife.html Vaccine as a Prolife Issue.

www.usp.org Poliomyelitis, OPV, and Misconceptions on Vaccinations

This document was created to support the global campaign to eradicate polio. It addresses misinformation and superstitions about OPV and other vaccines that are held by people in various parts of the world which may inhibit them from fully immunising their families. The information is based on the consensus of USP DI expert committees and selected polio expert reviewers.

<http://www.who.int/vaccines/intermediate/neotetanus.htm> Neonatal Tetanus – disease, treatment, vaccines, WHO policy, special issues

<http://www.who.int/vaccines-diseases/safety/infobank/ttox.htm> A situation arose in 1995 whereby tetanus toxoid being administered in the Philippines immunisation programme became discredited. We provide on this web site two versions of the story:

- [The WHO summary report](#) "Concerns for the safety of Tetanus Toxoid in the Philippines 1995."
- [An in-depth report](#) provided by a team of Philippine social scientists led by Pilar Ramos-Jimenez.

Lessons Learned and Conclusions

- ❑ Tailor immediate and ongoing strategies and respond promptly to questions and rumours.
- ❑ Build ongoing relations with all communities (religious, social, media).
- ❑ Disseminate consistent messages.
- ❑ Lack of information creates questions --- leading to apprehension and fears --- which in turn lead to rumours.
- ❑ Take time to deal with rumours. Benefits will accrue to routine EPI.
- ❑ Social mobilisation should be a continuous process, continuously informing about the importance of routine immunisation through all channels: e.g. film vans, drama, media (radio, television and newspapers).
- ❑ Timing – rumours occur mostly during NIDs.
- ❑ Resources for adequate and on-going social mobilisation are rarely included in the budget.
- ❑ Communications are viewed as a “technical priority,” but these communications are vital to reach resistant groups and to avoid the emergence of rumours.

In each country where vaccination rumours were examined the conclusions are similar: a sustained, well-planned and implemented social mobilisation campaign must be conducted. Special attention must be given to the campaign on the ground. Yet this is the one aspect that is most neglected. Officials noted in each country that competing priorities and the lack of resources --- primarily financial resources, personnel, and time -- were constraints to doing what they know needs to be done. Intense and thorough sensitization and education of the masses takes time and money.

While the donor organizations place much emphasis on delivering vaccines and technical support, communication elements of vaccination campaigns are overlooked. EPI heads in some countries suggest that UNICEF and WHO should commission technical reports to investigate social mobilisation for EPI. Also, appoint a panel of experts to make recommendations to the country officials about how to improve communications.

Other suggestions for improving EPI and future mass campaigns:

- ❑ Ensure adequate planning for clear campaign objectives, clearly defined audiences, messages appropriate for each audience, and activities that readily lend themselves to implementation and evaluation. Planning should involve programme staff, communication specialists and other relevant persons to develop communication activities guided by results of qualitative research.
- ❑ Conduct planned social mobilisation throughout the year, not just during national campaigns. Social mobilisation is almost always too short. Plan enough time to sensitize; messages in mass media are not necessarily on the ground. Be sure to include staff sessions for health clinic and hospital workers. Start early and address

questions. Involve those who are trusted by the community and supportive of campaign objectives, especially religious and local leaders, chiefs, and elected officials.

- ❑ Organize at least two stakeholders meetings a year at provincial and district levels. It takes time and resources to cultivate organizations and their leaders. Many people who were interviewed were willing to participate in the NIDs, but the context or a forum must be implemented.
- ❑ Pay particular attention to health workers. Coverage surveys and interviews conducted for this study confirm that mothers cite the health worker as the single most important source of information on vaccinations. Another reason for social mobilisation all year is that mothers asked questions about the NIDs in the clinics, but health workers did not have time to educate them.
- ❑ Use religious and political leaders and the business community to promote EPI services. Religious organizations have comprehensive distribution networks. They are also among the most credible organizations. To gain greater organizational support from religious bodies, future mobilisation strategies should aim at building partnerships by giving religious leaders and other leaders some advisory role at the local level to increase their sense of ownership.
- ❑ Encourage sponsorship of innovative community based activities that provide a mechanism for engaging leaders and their communities. These can be in the form of sporting events, rallies, contests, tours, etc. Use these spokespersons to promote EPI and mass campaigns.
- ❑ Develop materials that are technically sound but assure that communities can easily understand IEC materials. Be aware of language, literacy barriers, and cultural issues in some regions.
Put special emphasis on importance of immunisation, side effects of vaccinations, schedule of immunisation and timely completion of antigens, reasons (e.g. future investment).
- ❑ Address vaccine safety issues and other issues raised by mothers and fathers. Conduct focus groups with parents to assess potential questions. Address the issues before questions arise.(suggestions from Dr. Grabowsky)
 - Canned radio and TV spots addressing safety
 - Written materials that emphasize safety
 - Other materials available with specific refutation of the issues raised.
- ❑ Some important points from interviews for mass campaigns and routine immunisation:
 - Churches are an effective tool to counter rumours because the religious leaders are credible and trusted – get priests to understand (when they didn't understand, they passed along their own doubts)

- Schools – engage headmasters to give children facts who then give information to parents
 - Development Groups – women, youth, etc.
 - Baraza – district meetings, groups are effective and strong
 - Mobile Units – conduct outreach clinics
- Examine the Ministry of Health expectations – are they too high; are they based on accurate information to begin with?
- Possible ways to address rumours are to:
- Immunise health workers against rumours!
 - Determine if people or organizations have refused immunisation or government services in the past and provide information through inter-personal communication with these groups and their leaders well in advance of the campaign. This may prevent or avoid suspicion or rumours.
 - Clarify the extent of the rumour or misinformation (type of messages circulating, source, persons or organizations spreading the rumour).
 - Determine the motivation behind the rumour (lack of information, questioning of authority, religious opposition, or other).
 - Conduct the campaign with local leaders at sites where the individuals/groups are comfortable and can feel at ease to ask questions and have peers present.
- Make information available on how to combat rumours and/or create a rumour registry or toll-free rumour hotline; or create a rumour call in radio programme. Have a place to register rumours.

General Sources

Publications

Communication for Routine Immunisation and Polio Eradication: A Synopsis of Five Sub-Saharan Country Case Studies. June 2000. BASICS and CHANGE.

Poliomyelitis, OPV, and Misconceptions on Vaccinations. August 2000. U.S. Pharmacopeial Convention, Inc. Washington, DC.

Internet Websites

Consumer Reports Online (www.consumerreports.org)

National Network for Immunisation Information www.immunisationinfo.org

Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF

Centres for Disease Control and Prevention www.cdec.gov/nip

Dealing with Rumours by John Clements/Claudia Drake (Vaccines and Biologicals)
www.who.int/vaccine/documents

Immunisation Action Coalition www.immunise.org

United States Pharmacopoeia www.usp.org Monographs to address superstitions and rumours that may prevent families from completely immunising children. In French, Russian and English. English version at
www.usp.org/information/monographs/english_polio_tech.pdf

Vaccine Education Centre www.vaccine.chop.edu

World Health Organization www.who.int/vaccine/documents -
/DocsPDF00/www522.pdf Supplementary information on vaccine safety. Part1: Field issues (WHO/V&B/00.24)
Part 2: Background rates of adverse events following immunisation (WHO/V&B/00.36)
and www.who.int/vaccines-documents/DocsPDF00/www562.pdf

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BCG	Bacille Calmette-Guérin (tuberculosis vaccine)
CBS	Central Broadcasting Service radio
CDC	Centres for Disease Control and Prevention
CHANGE	The Communication for Behaviour Change Project
DANIDA	Danish International Development Agency
DPT3	Diphtheria, Pertussis and Tetanus – third dose
EPI	Expanded Programme on Immunisation
FGD	Focus Group Discussion
GD	General Duties
hCG	Human chorionic gonadotrophin, naturally occurring female hormone that helps maintain a woman's pregnancy
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IPV	Injectable Polio Vaccine (Salk vaccine)
JICA	Japanese International Cooperation Agency
KAP	Knowledge, Attitudes and Practices
KEPI	Kenya Expanded Programme on Immunisation
LC 5	Local Council – 5 th Level – the highest politically elected leader of a district in Uganda

MCH	Maternal and Child Health Services
MP	Member of Parliament
NGOs	Nongovernmental Organizations
NIDs	National Immunisation Days
OPV	Oral Polio Vaccine (Sabin vaccine)
O.S.B.	Order of St. Benedict
PEI	Global Polio Eradication Initiative
SNIDs	Sub-National Immunisation Days
TDHS	Tanzania Demographic Health Survey
TT	Tetanus Toxoid
UN	United Nations
UNICEF	United Nations Children's Fund
UNEPI	Uganda National Expanded Programme on Immunisation
USAID	United States Agency for International Development
WHO	<i>World Health Organization</i>

ANNEX IV: PRESS COVERAGE OF THE ANTI-OPV CAMPAIGN, NIGERIA, 2003

Anti-Polio Vaccine Campaign Unnecessary - Senator Tafida

[Daily Trust](#) (Abuja)

November 20, 2003

Posted to the web November 20, 2003

Ikenna Emeka Okpani

The Senate majority leader and former Minister of Health, Dr., Dalhatu Tafida, has described the campaign against polio vaccination and doubts about the safety of the vaccine in some parts of the country as unnecessary and a serious disservice to humanity.

The Senator who represents Kaduna North Senatorial district and also former chairman of Senate Committee on Health, said those opposing polio immunisation in some parts of the North were doing so out of ignorance and should not be allowed to continue.

"The polio vaccine has been used in this country for a very long time. Those who are talking about the fact that it causes HIV, that it causes sterility and that some Americans are only using it in order not to allow our women to give birth, I think is a serious disservice to humanity and they should not be allowed to get away with it. If we know them, we should chase them, we should fight them, we should not allow them to get away with it," he said.

Dr. Tafida who was chairman at the opening ceremony of the annual general meeting of the Nigerian Association of clinical Chemist held in Abuja yesterday, told newsmen that the insinuations are wrong as Nigerians who have had the polio vaccine over the years have not tested positive to HIV and have been fertile.

"My children, the whole of them have had it with my brother's children. They have had the polio vaccine. I had it even as a child and I am fit and you hardly can see cases of polio in our family. There have been this vaccination and Nigerians are still giving birth to children. Nigeria is still, in term of prevalence, one of the lowest countries as far as AIDS is concerned, in fact in Africa. Why should somebody come and be talking to us about HIV/AIDS. That is just idle talk and they should be discouraged," the Senator said.

There has been campaigns against the polio eradication efforts in some parts of the country following insinuations that the vaccine may not be safe.

This had led to campaigns to most of the states in the North where there have been reports of rejection due to the development by the Minister of Health and members of the World Health Organisation team.

Reports that independent tests conducted at the Ahmadu Bello University Teaching Hospital and the National Hospital, Abuja, found that the vaccine contained anti-fertility materials, have been debunked by both hospitals.

In a press statement, the National Hospital refuted claims that the oral polio vaccines contained reproductive hormones and that no pressure has been brought to bear on them with regards to the issue.

Sultan Declines Comment On Polio Vaccine Crisis Until . . .

[Daily Trust](#) (Abuja)

November 20, 2003

Posted to the web November 20, 2003

Abdulfatai Abdulsalami

The Sultan of Sokoto, Alhaji Muhammadu Maccido yesterday refused to make any comments on the raging controversy over the oral polio vaccine until the committee set up by the Jamatul Nasril Islam (JNI), completes its investigation and submit a report.

Sultan Maccido told a delegation of the World Health Organisation (WHO), led by health minister, Professor Eytayo Lambo, that the JNI committee was composed of people of proven integrity and was given responsibility to investigate the vaccines thoroughly to ascertain whether they are dangerous to human health.

The sultan assured the delegation of support him traditional rulers' for the ongoing immunisation against polio, but said such support could only be realistic after the JNI committee had put doubts about its effects to rest.

Speaking earlier, Professor Lambo had commended the sultan for his fatherly role in uniting the country and told him that immunisation protects the entire community and not just the children, because no community could be said to be protected even if only one child was not immunised.

He appealed to the sultan to use his good offices as the foremost traditional ruler in the country to mobilise support for the immunisation.

Receiving the same delegation in his office earlier, the state deputy governor, Alhaji Aliyu Magatakarda Wamakko, had told them to make the components of the polio vaccine public, to allay the fears of parents and respond to negative reporting about the vaccines in national newspapers.

He also stressed the need to pay attention to malaria, which he said has claimed more lives than polio. The WHO representative in Africa, Mr Ebrahim Samba, who was also in the delegation, gave assurance that a malaria control team would soon be set up by his organisation.

Borno Spends N22m On Polio Vaccines

[This Day \(Lagos\)](#)

November 19, 2003

Posted to the web November 19, 2003

Mustapha Mohammad
Maiduguri

Borno State Government says it has spent over N22m on the Oral Polio Vaccines across the state between October and this month.

The state Deputy Governor, Alhaji Shettima Adamu Dibal, disclosed this when the Minister of Health, Professor Eytayo Lambo, visited him at Government House, Maiduguri.

Dibal said that healthcare delivery is the cardinal objective of the state government, adding that the government would not relent its effort in supporting the global effort to eradicate polio by 2005.

He said since the vaccination exercise started, Borno State has always participated actively.

Meanwhile, the Shehu of Borno, Alhaji Mustapha Umar Elkanemi has called on the people to support governments effort in eradicating polio. To this end, the royal father directed members of his emirate council, village heads, and ward heads to mobilise their subjects to support the exercise.

Elkanemi expressed satisfaction with the global efforts to eradicate polio in the country and the world at large.

BBC News

Independent research carried out in Nigeria has found no traces of HIV or anti-fertility agents in the polio vaccine being used there.

20 November 2003 - Immunisation campaigns in the northern states had almost stopped because of fears that the vaccine was unsafe.

The World Health Organisation said it hoped that immunisation schemes could now resume.

The polio virus has already spread from Nigeria to neighbouring countries which had been free of the disease.

The controversy over the safety of the oral polio vaccine started after some Islamic leaders alleged that it contained a contraceptive that would render children infertile, as part of a western plot to curb the Muslim population.

WHO maintains the vaccine is safe, saying it is made to the same high quality world-wide; but religious leaders demanded independent studies.

Tests

BBC health reporter Ania Lichtarowicz says the tests carried out at the National Hospital in Abuja and the Ahmadu Bello University Teaching Hospital were witnessed by representatives of WHO, religious leaders and state health officials.

They showed that a random sample of oral polio vaccines did not contain reproductive hormones that could affect fertility.

The virus has now spread to six neighbouring countries - including Chad and Burkina Faso - which had previously been declared polio free.

Nigeria has the world's highest number of cases.

Poliomyelitis is an acute viral infection which mainly affects children and can be spread by simple physical contact.

It causes permanent paralysis and other forms of physical disability in many of its victims.



Nigeria's neighbours are at risk

Polio Could Be Wiped Out in a Year If Governments Marshalled Political Will - UN

[Accra Mail](#) (Accra)

November 19, 2003

Posted to the web November 19, 2003

Polio, which is being transported to previously polio-free countries, could be eradicated globally within a year, if governments showed the political will, experts from two United Nations agencies said today.

David Heymann, the representative for polio eradication for World Health Organization (WHO) Director-General Lee Jong-wook, told a press briefing that the transmission of polio had been cut by 99 per cent since the initiative to wipe it out was launched in 1988.

The virus was now virtually confined to seven countries: Afghanistan, Egypt, India, northern Nigeria, Niger, Pakistan and Somalia, he said, and of those countries, India, Pakistan and Nigeria accounted for 95 per cent of the cases recorded.

Up to 12 November, however, 12 cases of paralytic polio had appeared in previously polio-free countries: Burkina Faso, Chad, Ghana, Lebanon and Togo and the emergency response cost \$20 million, Dr. Heymann said.

In addition, the risk of importation was magnified by a funding deficit of \$210 million for widespread immunization, he said.

The eradication effort, the largest public health initiative in history, was started when new cases of polio numbered about 1,000 per day, but that number had dropped to 520 for all of last year, he said.

The Deputy Executive Director of the UN Children's Fund (UNICEF), Dr. Kul Gautam, told the briefing that the 99 per cent eradication over 15 years had been accomplished at a cost of \$3 billion.

About \$50 million a year would now be needed to monitor the disease and isolate importations, he said, because the affected countries had a large combined population of 1 billion people.

JNI Probes Efficacy of Polio Vaccines

[This Day](#) (Lagos)

November 19, 2003

Posted to the web November 19, 2003

Ahmed Oyerinde
Sokoto

The Sultan of Sokoto, Alhaji Muhammadu Maccido yesterday disclosed that the Jama'atu Nasir Islam (JNI) has set up a committee to thoroughly investigate the efficacy of polio vaccines available in the country with a view to determining whether it was dangerous or not.

There has been a campaign against people taking polio vaccines in recent times particularly in the North-western part of the country as some people claim that the vaccines was capable of preventing pregnancy.

Receiving a delegation of the World Health Organisation (WHO) led by the Minister of Health, Professor Eytayo Lambo in his palace, Sultan Maccido said he would remain silent on the issue until the outcome of the investigation.

Maccido assured the delegation of the traditional rulers' commitment to continue to support the on-going immunisation exercise against polio. He, however, added that such support could only be given after the findings of the committee.

Earlier, Lambo had said that immunisation against polio protects the entire communities and not just the children alone.

The minister reasoned that no community could be said to be fully protected if one of its children was not immunised.

He appealed to the Sultan to use his position being the foremost traditional ruler in the country to mobilise people on the need to support immunisation exercise.

Polio Vaccine Crisis, Not Peculiar to Nigeria - WHO Director

[Daily Trust \(Abuja\)](#)

November 19, 2003

Posted to the web November 19, 2003

Abdullahi Bego
Maiduguri

The Regional Director (Africa) of the World Health Organisation (WHO), Dr. Ibrahim Malik Samba, has said "negative news" regarding the polio vaccine is not peculiar to Nigeria as the problem also exists in other African countries such as Kenya, Angola and Congo D. R.

Describing such "negative news" as unfortunate, Dr. Samba said that the oral polio vaccine (OPV), is safe and does not contain harmful element.

The WHO Regional Director was speaking in Maiduguri during an "advocacy visit" to Borno State along with the minister of health, Prof. Eytayo Lambo.

Dr. Malik Samba said that he cut short a visit to Accra Ghana, from Geneva, to visit Nigeria when he received news that oral polio vaccine is being rejected in certain parts of the country.

The polio vaccine, according to Samba, is produced only in five factories located in Belgium, France, Indonesia and Italy and that the same vaccine is used the world over after it was certified safe under rigorous 'pre-qualification' tests by United Nations standards.

The WHO regional director added that 125 from 250,000 cases in countries around the world since 1988 the worldwide polio eradication initiatives has reduced the cases to 2,000 in only seven countries as at present.

Dr. Samba also said that WHO is willing to collaborate with experts in Nigeria to independently confirm the safety of the oral polio vaccine.

Also in an interview with Daily Trust, health minister, Prof. Lambo dismissed media reports that the polio vaccine contained agents that could cause AIDS or prevent pregnancy.

"We have been going round. We have tried to allay the fears of people that the vaccine as very safe. We don't believe the reports. The information we have so far is that the vaccine is very safe," the minister said.

Mr. Lambo also said that the federal government has the "resources and determination" to eradicate polio throughout the country by the target year of 2005.

During their advocacy visit to Maiduguri, the WHO regional director and the health minister paid visits to the Borno State government and the Shehu of Borno, Dr.

Mustapha Umar El-Kanemi, where they both stressed the importance of vaccination as a means of preventing childhood killer diseases such as polio.

Mr. Eytayo Lambo also told the Borno State governor who was represented by his deputy Alhaji Adamu Dibal, that immunisation service delivery is a participation and collaboration of all stakeholders to succeed.

In an interview with newsmen shortly after the minister's visit to his palace, the Shehu of Borno expressed confidence that the oral polio vaccine programme is safe and useful in the promotion of children's health.

Polio: We Won't Be Intimidated, Says Shekarau

[Vanguard \(Lagos\)](#)

November 18, 2003

Posted to the web November 18, 2003

Tina Anthony
Kano

GOVERNOR Ibrahim Shekarau of Kano State has declared that his government will not be intimidated by any donor agency because the people are not interested in what they are donating to them. The regional director of World Health Organization (WHO), Professor Ebrahim Samba who said he was in Kano to appeal to northern Nigerian Political leaders to intervene in the Polio controversy in the north said they don't want Africa to disappoint the donors of the Polio vaccine.

'I heard that the polio eradication is not going well in Nigerian because the northern part of the country where the disease has been identified have refused to accept the vaccine, and that currently it is affecting some areas which have been controlled.' Professor Samba who was accompanied by the Minister of Health, Dr. Eytayo Lambo also disclosed this in Kano when he paid a courtesy visit to Governor Ibrahim Shekarau. He said the stand of the north is giving them a lot of concern especially as the billions of naira have been spent in the eradication of the disease.

"We have notice that Polio is currently affecting some countries where we have controlled and it is re infecting some neighboring countries like Niger, Burkina Faso, Republic of Benin, Chad and some more within African continent' He pointed out that more children are being infected by the disease in adding that Nigerian has the worse cases of polio infected in the world after India. The WHO representative then warned that if the immunization exercise is allowed to fail in Nigeria, it will have serious repercussions on the image of the country in the international world.

Responding, governor Ibrahim Shekarau pointed out that under a democratic government the people have the right to choose what they want their government to do for them, and that hence they don't want polio they cannot be forced by any threat from any donor organization. Shekarau added that although a committee has been set by the state government to study the views of the people he cannot give any assurance unless the report gets to them officially.

Poliomyelitis: Childhood Killer Disease On the Prowl Again

This Day (Lagos)

November 18, 2003

Posted to the web November 18, 2003

Bennett Oghifo

Lagos

Concerned by the re-emergence of polio,, one of the child killer diseases in some African countries, especially Nigeria UNICEF and other agencies recently organised a workshop in Benin City, Edo State, to enlighten the public on the dangers of the disease and to remind journalists that they have a greater role to play in information dissemination on the disease. Bennett Oghifo, who was at the forum, writes

It takes only two drops of a little regarded vaccine to liberate a child from a life confined to a wheel chair or from eternal use of crutches or worse still, living on 'skates'.

Polio has no cure, which makes it the worst enemy of children from age zero to five years. The effect of poliomyelitis, a water borne wild virus that attacks the limbs of children, is usually deadly and irreversible, but the good news is that it is preventable. But if left unchecked, parents only need to notice weakness of their child's limbs to recognise the inevitable and unless their reaction is swift, none of the affected limbs would recover.

Immunisation is the right of every child and so parents should do all in their capacity to give children their rights, because it is their responsibility as duty bearers to immunise them. Their generation would hold parents accountable because duty bearers are accountable to right owners, said Mrs. Caroline Akosile, assistant programme officer social mobilisation, UNICEF, at a workshop organised by the UN today in collaboration with SSOMTEC, who was represented by Mrs. Ronke Osho of the Lagos State Ministry of Information for the training of media and non governmental organisations on routine immunization and national immunization days in Benin City recently.

The killer diseases are those scientifically identified six childhood diseases that take their toll on infants below the age of five years, who because of their young physiological make up have bodies not strong enough to fight diseases and so require the help of vaccines. These diseases are: Tuberculosis, Poliomyelitis, Diphtheria. Whooping cough (Pertusis), and Tetanus

Scientifically, it has been proved that these diseases are either caused by bacteria or virus as against age long held myth by Africans that diseases and death are caused by evil or unexplainable forces, observed Mr. Abayomi Silas who discussed Vaccine Preventable Diseases, Route of Transmission and Immunization Messages.

Parents want healthy children and, fired by a growing awareness of the potency of the vaccine, they have been set in search of the lifesaver wherever it could be found. But the sad story is that most health facilities always come up short and out of stock, a

phenomenon insiders ascribed to a situation where real use of fund is not equal to intended use.

Another aspect is the Federal Government's lack of total commitment to Polio eradication as measured by low funding, only a third of the amount currently spent on the disease's eradication, leaving UNICEF, a foreign agency to foot the remaining two-third. The situation is this bizarre.

The vaccine, which is procured by UNICEF from credible sources, is supposed to be administered free to every child born in Nigeria. but the reality is that there is a thriving unscrupulous trade in these vaccines, which naturally excludes the very poor target groups whose children fall prey to the virus.

The world is on its last lap of polio eradication, but Nigeria has failed in its efforts to eradicate the disease since 2000, a date set by it to eradicate polio. There is a likelihood that the nation would be isolated if it fails to do so in 2004, a new date slated again as the golden year of achieving this goal. When this is done successfully. then the nation would receive its certification by the year 2005.

Statistics show that Nigeria, Niger, Democratic Republic of Congo. Pakistan, Afghanistan and India are the world's reservoirs of poliomyelitis. According to the last report from World Health Organisation (WHO), surveillance Department, as at the end of August 2003, Nigeria has 189 confirmed wild polio viruses.

"It is sad that the virus has reared its ugly head in Lagos State again. Two wild polio viruses were confirmed in Ojoo Local Government Area of Lagos State in June this year, bringing us back to the dark ages in B-Field office of UNICEF. What have we done wrong? Or what are supposed to be done that we are not doing?" Mrs. Akosile asked .

Regardless of the problem of vaccine scarcity, there is need to create more awareness and indeed change the behaviour of Nigerians towards immunization to enable them allow their children to be immunised and taking them for immunization as and when due.

The last wild polio virus was reported in Ikorodu LGA, Lagos, in 2001 and the present polio infections, UNICEF believes, were importation. But if the children were fully immunised, as they should, then there would not have been infections.

There are three strategies used to prevent polio: -These are: Routine immunization, Acute Flaccid Paralysis (AFP) surveillance and Supplemental immunization activities or what is called house to house immunization or national immunisation days.

UNICEF has done so much in the area of creating awareness for the programme through advocacy visits to political and traditional rulers, training of town criers, setting up and training of village development committees and reactivation of local government social mobilisation committees.

"The effectiveness of electronic media messages in the eradication of polio/RI and communicating and developing specific messages for PEI/RI-Towards eradication of polio," were special areas discussed by Mrs. Dupe Oladeinde, a communications expert.

Efforts by the Federal Government toward the successful eradication of poliomyelitis and other childhood killers diseases has been the adoption, since 1985, of specific days in

the year when children below five years are given a dose (two drops) of oral polio vaccine (OPV) free of charge. This development has not only created awareness among child-bearing women, but has helped creating a platform to discuss issues affecting children from where child related National Policies are formulated in collaboration with all stakeholders-the government, health bodies and non-governmental organisations (NGO). Besides, the development has also helped in preventing polio virus from circulating among children.

But then came this new outbreak of the dreaded virus detected to be spreading from Nigeria to neighbouring countries, putting 15 million children at risk.

The new outbreak, which requires a massive immunisation campaign across five countries in west and central Africa was described by experts as a grave public health threat.

The campaign, organised at a cost of more than US\$10 million, is in response to reports that a dozen children have been paralysed as "Polio continues to spread within Nigeria to areas which were polio free and also to neighbouring countries. Polio and other infectious diseases know no national boundaries. We face a grave public health threat, and our goal of a polio-free world is in jeopardy," he said.

Senior epidemiologists from the Global Polio Eradication Initiative convened a high-level meeting with the Nigerian Minister of Health at the end of September, at which the minister gave his assurance and commitment to eradicate polio in Nigeria by 2004.

To successfully meet this goal, strong political support must be established or strengthened at the sub national level. Political and community leaders must be engaged to facilitate the logistical organisation of immunization campaigns, and ensure all children are reached during the activities, said the experts.

"Nigeria is the most populous nation in the region, and in many ways it has been a good neighbour, contributing to peacekeeping in West Africa," said Carol Bellamy, UNICEF's executive director. "Now, it has another crucial role to play in the region, and that is stamping out polio once and for all. We need all Nigerians, particularly community leaders, to step up and do their part to end polio."

Dr Bruce Aylward, Global Co-ordinator Polio Eradication Initiative, WHO said that the situation in Nigeria had become the last major challenge on the road to global eradication.

"Because of the tremendous progress made in 2002, the polio eradication tactics and resources were shifted in 2003 to focus on just those few remaining countries which remained endemic. But the situation in Nigeria is now forcing us to go back to countries, which had already eliminated polio. We simply cannot afford to see these isolated viruses again paralysing children in areas, which had previously been polio-free. That is why this massive campaign is critical," he said.

Epidemiologists attribute the marked increase in cases in Nigeria, around the state of Kano, to insufficient coverage during both polio immunization campaigns and routine services. Monitored data have highlighted that in at least one state, as few as 16 per cent of children have been sufficiently immunised against polio. A difficult environment

has severely compromised the quality of polio campaigns and helped spread rumours about the safety of the oral polio vaccine.

Despite the apparent setback, epidemiologists are convinced that polio can be eradicated from Nigeria. "Polio eradication is feasible in Nigeria," said Dr Walter Orenstein, Director National Immunization Programme US Centre for Disease Control and Prevention (CDC 3

"Much of the country was already polio-free for over two years, including Lagos. The challenge now is to increase the quality of polio campaigns in the key endemic areas of Nigeria, and reach all children during activities", he added.

Recently volunteers and health workers in Benin, Burkina Faso, Ghana, Niger and Togo were expected to reach every child with polio vaccine in just three days. Similar campaigns are planned in Chad and Cameroon for mid-November because of a further case recently reported.

Rotary International has made ending polio its main philanthropic goal since 1985. "At Rotary, we are dedicated to wiping out this terrible disease, having committed over US\$500 million to the effort," said Jonathan Majiyagbe, President of Rotary International. "Today, I call on the international community to urgently provide the necessary funds as quickly as possible for the sake of the children across western Africa", he added.

Further resources are required for this unforeseen campaign. The Nigeria outbreak is only one global risk to the goal of a polio-free world, as globally the initiative continues to face a funding gap of US\$210 million for activities through 2005, said UNICEF.

The Global Polio Eradication Initiative is spearheaded by WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF. The polio virus is now circulating in only seven countries, down from over 125 when the Global Polio Eradication Initiative was launched in 1988. The seven countries with indigenous wild polio virus are Nigeria, India, Pakistan, Egypt, Afghanistan, Niger and Somalia. Additionally, in 2003, polio viruses from endemic countries have been imported into Burkina Faso, Ghana, Lebanon, Niger and Togo.

The polio eradication coalition includes governments of countries affected by polio; private foundations (United Nations Foundation, Bill & Melinda Gates Foundation); development banks (the World Bank); donor governments (Australia, Austria, Belgium, Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, the United Kingdom and the United States of America).

The European Commission, humanitarian and non governmental organisations (the International Red Cross and Red Crescent societies) and corporate partners (Aventis Pasteur, De Beers). Volunteers in developing countries also play a key role: 20 million have participated in mass immunization campaigns

BBC Monitoring Africa - Political

Supplied by BBC Worldwide Monitoring

November 18, 2003, Tuesday

LENGTH: 172 words

HEADLINE: Nigerian medical experts say **polio** vaccines free of fertility agents, viruses

SOURCE: The Guardian web site, Lagos, in English 18 Nov 03

BODY:

Excerpt from report by Nigerian newspaper The Guardian web site on 18 November

Contrary to the belief of some northerners, the anti-**polio** vaccine in use in the country neither cause infertility nor contain the Human Immuno-deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), according to medical experts in the north.

Also yesterday, the National Hospital, Abuja, refuted an allegation by a newspaper (not The Guardian) that some oral **polio** vaccines samples contained reproductive hormones. A leading consultant physician with Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, Dr Abdulmumini Rafindadi, in conjunction with some experts who were recruited by the Supreme Council for Shari'ah in Nigeria (SCSN) to investigate the potency of the **polio** vaccine, came out with this verdict: "the vaccine is free of any anti-fertility agents or dangerous disease like (HIV)/AIDS."

Rafindadi spoke at a sensitization meeting on **polio** eradication for journalists in Kaduna. Passage omitted

Agence France Presse

November 18, 2003 Tuesday 8:10 AM Eastern Time

SECTION: International News

LENGTH: 747 words

HEADLINE: Nigerian Muslims' suspicion of US stalling **polio** vaccination drive

BYLINE: AMINU ABUBAKAR

DATELINE: KANO, Nigeria, Nov 18

BODY:

Nigerian Muslims' fear and suspicion of the United States is undermining attempts by the World Health Organisation to eradicate **polio**, Islamic leaders told AFP on Tuesday.

Opposition from Muslim clerics has stalled immunisation programmes in three states in northern Nigeria, the epicentre of a new outbreak of **polio** which could thwart global attempts to wipe-out the crippling viral disease.

This week, World Health Organisation (WHO) officials are in Africa's most populous country to plead with local officials to restart the programme before the outbreak reaches epidemic proportions and threatens millions of children with paralysis and death.

But some clerics allege the vaccination campaign is a front for a US plot to sterilise young African women and depopulate the continent.

There is no scientific evidence to back the apparently absurd claim -- which has been dismissed by the world health community -- but Muslim leaders say US support for the programme is at the root of the distrust.

Muhammad Nasir Muhammad is the imam of Waje Central Mosque, the second largest in Kano, the teeming commercial capital of Nigeria's mainly Muslim north and ground-zero of the latest **polio** outbreak.

"I believe the **polio** vaccines are free from all the dangers people claim, particularly infertility," he told AFP, setting himself apart from the more radical preachers in the city who have condemned the drugs.

But, he warned, for as long as the United States is seen to be involved in the programme he will face an uphill battle to convince his suspicious congregation to accept the vaccine.

"It will be almost impossible even for us imams to convince the people that the vaccine is safe, they will not believe us," he said.

"For the **polio** campaign to succeed in this society, America has to disengage from

Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF

the project. It is as simple as that."

The WHO is leading a worldwide drive to eradicate **polio** by the end of next year, working alongside the United Nations Children's Fund (UNICEF) and a battery of international donors including the US government.

The US government's Centers for Disease Control and Prevention (CDC) is providing drugs and technical support, including 25 staff, to UNICEF's campaign.

Last year the CDC supplied 650 million doses of oral **polio** vaccine to the campaign, which has enjoyed enormous success outside Nigeria.

It is this very vaccine which some Muslim preachers claim is laced with drugs designed to render women sterile, as part of some dark Washington plot to thin down the population of Africa.

"The major factor behind the revulsion against the vaccine is the deep-rooted anti-American sentiment, because we see America as an enemy, no doubt about that," Nasir Muhammad said.

"Whatever America brings -- no matter how good it is -- will not be accepted by our people because you don't trust an enemy who is all out to finish you," he explained.

Around half of Nigeria's massive 126 million population is Muslim, and as in many Islamic communities around the world, public opinion in the west African country is hostile to the US military campaigns in Iraq and Afghanistan.

Washington's support for Israel is also unpopular, and pro-Palestinian protests are often held in the north.

Since the September 11, 2001 attacks on the United States, Saudi-born militant Osama bin Laden has become a pin-up in parts of Kano, although there is no evidence of organised armed Islamic militant groups here.

In such a climate, radical leaders such as Datti Ahmed, head of the self-styled Supreme Council for Sharia, and Muhammad bn Uthman, another Kano imam, have had no difficulty in stirring opposition to **polio** vaccination.

And even an immunisation-advocate like Nasir Muhammad understands and approves their anti-US stance.

"As a Muslim it would be foolish to expect somebody who is busy killing my brothers' children in Iraq, bombarding them and destroying their homes to come here and save my children from disease," Nasir Muhammad said.

"The truth is that people don't trust America and nothing can change that. The advocates of the theory that the vaccine is laced with anti-fertility agents are driven by that anti-American sentiment.

"As long as America continues to be involved in the **polio** immunisation, the programme will continue to be a failure in this part of the country and no amount of campaign and mobilisation will make any difference," he said.

Africa News

November 18, 2003 Tuesday

LENGTH: 696 words

HEADLINE: Nigeria;
Medical Laboratory Tests Find **Polio** Vaccines Safe

BYLINE: UN Integrated Regional Information Networks

BODY:

Medical laboratory tests on **polio** vaccines used during a recent immunization exercise in Nigeria have found no human immuno-deficiency virus (HIV) or anti-fertility agents as alleged by some radical Muslim groups, Nigerian officials said.

The results of tests at the National Hospital Abuja and the Ahmadu Bello University Teaching Hospital in Kaduna State, released late on Monday, declared the **polio** vaccines fit to be administered on Nigerian children.

The hospital said, in a statement, that 12 samples of the oral **polio** vaccine were subjected to hormone assays on 11 October to determine if they contained anti-fertility agents. Specifically the assays sought to determine the presence of Luteinising Hormone, Follicle Stimulating Hormone (FSH), Prolactin, Progesterone, Testosterone, Oestradiol (E2) and Human Chorionic Gonadotropin in the vaccines. "From the evidence of the assays carried out that day, it was concluded that there was no evidence that the oral **polio** vaccine samples contained reproductive hormones," the statement signed by hospital spokesman, Yahaya Ozi Sadiq, said.

Witnesses to the tests were officials of the National Programme on Immunisation, representatives of the Kaduna State ministry of health and the World Health Organisation (WHO), the spokesman added.

Similarly another test conducted at the university hospital in Zaria by consultant physician, Abdulmumini Rafindadi and experts recruited by the Supreme Council for Sharia in Nigeria (SCSN) - the leading campaigner against the **polio** vaccines - also found them free of HIV and anti-fertility agents.

"The findings of a series of tests which we carried out on the **polio** vaccine at the instance of SCSN have proved that the vaccine is free of any anti-fertility agents or dangerous disease like HIV/AIDS," Rafindadi told reporters.

Polio immunization in Nigeria was suspended in October in three states in the predominantly Muslim north over concerns, propagated by radical Muslim groups such as SCSN, that the exercise was a guise by the West to depopulate Muslim Africa by injecting children with sterilizing agents and the virus that cause AIDS.

Subsequently, President Olusegun Obasanjo's government ordered tests on the vaccines to establish if they were safe. The concerned state governments also ordered their own separate investigations of the vaccine.

In Kano State the committee that conducted the tests submitted its report on

Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF

Monday to governor Ibrahim Shekarau, but the conclusions reached were not made public.

Ebrahim Samba, the World Health Organisation (WHO) Africa Regional Director, who paid Shekarau a courtesy visit on Monday, expressed concern that **polio** reservoirs in Nigeria were re-infecting neighbouring countries and parts of the country formerly declared **polio**-free.

Samba said a recent meeting of European Union countries in Brussels, which discussed the **polio** situation in Nigeria, said if the immunization programme failed in the country's north "they will stop funding because there is no point funding when the North is re-infecting other countries."

Shekarau told the WHO official that Kano state would not be deterred by the prospects of losing aid. "We are ready to sponsor anybody to go to any length to verify the genuineness of the **polio** vaccine, but let me tell you that threat does not work in this state," he said.

It was unclear if the publication of the test results would end the controversy over the **polio** vaccine in Nigeria. Last week Daily Trust newspaper had claimed in a report that tests conducted at the National Hospital had confirmed the presence of an anti-fertility agent, oestradiol. The paper said pressure was being mounted on the hospital to conceal the result.

These claims were denied by the hospital in a statement on Monday.

"It can be explicitly stated that no pressure has been brought to bear on the staff of this hospital with regard to this issue," Graham Chaddwick, chief executive of the hospital said. "The National Hospital stands by the results of its assays, which indicated that there was no evidence that the oral **polio** vaccine samples contained reproductive hormones."

IRIN

NIGERIA: Medical laboratory tests find polio vaccines safe

ABUJA, 18 Nov 2003 (IRIN) - Medical laboratory tests on polio vaccines used during a recent immunization exercise in Nigeria have found no human immuno-deficiency virus (HIV) or anti-fertility agents as alleged by some radical Muslim groups, Nigerian officials said.

The results of tests at the National Hospital Abuja and the Ahmadu Bello University Teaching Hospital in Kaduna State, released late on Monday, declared the polio vaccines fit to be administered on Nigerian children.

The hospital said, in a statement, that 12 samples of the oral polio vaccine were subjected to hormone assays on 11 October to determine if they contained anti-fertility agents. Specifically the assays sought to determine the presence of Luteinising Hormone, Follicle Stimulating Hormone (FSH), Prolactin, Progesterone, Testosterone, Oestradiol (E2) and Human Chorionic Gonadotropin in the vaccines.

"From the evidence of the assays carried out that day, it was concluded that there was no evidence that the oral polio vaccine samples contained reproductive hormones," the statement signed by hospital spokesman, Yahaya Ozi Sadiq, said.

Witnesses to the tests were officials of the National Programme on Immunisation, representatives of the Kaduna State ministry of health and the World Health Organisation (WHO), the spokesman added.

Similarly another test conducted at the university hospital in Zaria by consultant physician, Abdulmumini Rafindadi and experts recruited by the Supreme Council for Sharia in Nigeria (SCSN) – the leading campaigner against the polio vaccines – also found them free of HIV and anti-fertility agents.

"The findings of a series of tests which we carried out on the polio vaccine at the instance of SCSN have proved that the vaccine is free of any anti-fertility agents or dangerous disease like HIV/AIDS," Rafindadi told reporters.

Polio immunization in Nigeria was suspended in October in three states in the predominantly Muslim north over concerns, propagated by radical Muslim groups such as SCSN, that the exercise was a guise by the West to depopulate Muslim Africa by injecting children with sterilizing agents and the virus that cause AIDS.

Subsequently, President Olusegun Obasanjo's government ordered tests on the vaccines to establish if they were safe. The concerned state governments also ordered their own separate investigations of the vaccine.

In Kano State the committee that conducted the tests submitted its report on Monday to governor Ibrahim Shekarau, but the conclusions reached were not made public.

Ebrahim Samba, the World Health Organisation (WHO) Africa Regional Director, who

paid Shekarau a courtesy visit on Monday, expressed concern that polio reservoirs in Nigeria were re-infecting neighbouring countries and parts of the country formerly declared polio-free.

Samba said a recent meeting of European Union countries in Brussels, which discussed the polio situation in Nigeria, said if the immunization programme failed in the country's north "they will stop funding because there is no point funding when the North is re-infecting other countries."

Shekarau told the WHO official that Kano state would not be deterred by the prospects of losing aid. "We are ready to sponsor anybody to go to any length to verify the genuineness of the polio vaccine, but let me tell you that threat does not work in this state," he said.

It was unclear if the publication of the test results would end the controversy over the polio vaccine in Nigeria. Last week Daily Trust newspaper had claimed in a report that tests conducted at the National Hospital had confirmed the presence of an anti-fertility agent, oestradiol. The paper said pressure was being mounted on the hospital to conceal the result.

These claims were denied by the hospital in a statement on Monday.

"It can be explicitly stated that no pressure has been brought to bear on the staff of this hospital with regard to this issue," Graham Chaddwick, chief executive of the hospital said. "The National Hospital stands by the results of its assays, which indicated that there was no evidence that the oral polio vaccine samples contained reproductive hormones."

[ENDS]

17:11 18 November 03

Nigerian vaccine tests refute contamination claim [NewScientist.com news service](#)

Laboratory tests by Nigerian scientists have dismissed accusations that the polio vaccine given in a mass immunisation campaign in the country is contaminated with anti-fertility hormones and HIV.

The World Health Organization (WHO) drive to rid the world of polio hit a major obstacle in October when immunisations were suspended in three regions in northern Nigeria due to rumours that the vaccine was laced with the HIV virus and hormones to render women infertile.

Some Islamic clerics suggested the vaccine is part of a Western plot to depopulate Africa. However, test results from experts recruited by the Supreme Council for Sharia in Nigeria gave the all-clear on Tuesday.

"The vaccine is free of any anti-fertility agents or dangerous disease like HIV," said Abdulmumini Rafindadi, at the Ahmadu Bello University Teaching Hospital in Zaria, according to the Nigerian newspaper *The Guardian*.

The WHO has sent senior officials to Nigeria for crisis talks with local leaders in a bid to re-start the programme. Health officials are concerned that the delay could lead to polio spreading to neighbouring countries where the deadly disease has been banished.

Worst affected nation

Ebrahim Samba, the WHO's regional director for Africa, flew to Nigeria on Monday. "Up until 2002 India was the worst affected country, followed by Nigeria. Today the worst country is Nigeria," he says. "If this mission fails the repercussions will be very serious."

Of the 520 cases of polio seen worldwide so far in 2003, nearly half were in Nigeria says Melissa Corkum, information officer for polio at WHO headquarters in Geneva, Switzerland.

The disease can cause death and paralysis, but the eradication programme has now confined its extent to just seven countries worldwide.

Corkum told **New Scientist** that a serious worry was the possible transfer of polio to surrounding polio-free countries like Burkina Faso, Togo and Chad. "Until we stop transmission in the free reservoirs, the world's children are at risk," she warns. "It's critical to each and every child."

Random samples

Malam Yahaya Ozi Sadiq, a spokesman for the National Hospital in Abuja, confirmed that tests for reproductive hormones had been carried out on 12 randomly selected samples of the oral polio vaccine.

The hospital says tests were conducted for hormones including follicle stimulating hormone, prolactin, progesterone, testosterone and oestrodiol. "From the evidence of the assays carried out that day, it was concluded that there was no evidence that the oral polio vaccine samples contained reproductive hormones," says Sadiq.

The idea that HIV may have been spread by the polio vaccine is not new. However, the theory, which was based on an assumption that SIV-infected chimp tissue was used in manufacture of vaccines in the 1950s has been discredited.

But Muslim clerics in Nigeria have also expressed suspicion over WHO's eagerness to vaccinate the children. "The desperation invites suspicion," Muhammad bin Uthman, an imam in Kano, told AFP. He cited alleged misconduct in 1996 by the US pharmaceutical company Pfizer over the use of drugs during **Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF**

The Kaduna region has announced that polio immunisation will re-start. However, no such announcements have yet been made in the other two regions, Kano and Zamfara.

Associated Press Worldstream

These materials may not be republished without the express written consent of The Associated Press

November 17, 2003 Monday

SECTION: INTERNATIONAL NEWS

DISTRIBUTION: Africa; England; Europe; Britian; Scandinavia; Middle East

LENGTH: 594 words

HEADLINE: Nigerian tests show **polio** vaccines do not contain harmful hormones

BYLINE: GILBERT Da COSTA; Associated Press Writer

DATELINE: ABUJA, Nigeria

BODY:

Nigeria's top hospital said Monday laboratory test results showed **polio** vaccines used in a recent nationwide vaccination campaign do not contain hormones linked to infertility and sterility, despite persistent fears to the contrary among Nigerian Muslim fundamentalists.

The tests carried out by the National Hospital in the capital showed a random sample of **polio** vaccines did not contain sterility- or infertility-inducing hormones, the hospital said in a communique.

Hospital administrators did not say whether the vaccines were also being checked for the AIDS virus, which Islamic radicals had also expressed concerns about.

"From the evidence of the assays carried ... it was concluded that there was no evidence that the oral **polio** vaccine samples contained reproductive hormones," the hospital's statement said.

Ibrahim Shekarau, governor of the predominantly-Muslim state of Kano, meanwhile, declined to reveal the outcome of a separate investigation carried out by his state, explaining only that "unless we listen and verify the allegations about the vaccine, we can't say whether or not they are true."

Nigerian President Atiku Abubakar ordered the laboratory tests last month after U.N. health officials warned that an international drive to eradicate **polio** was being hampered in Nigeria by the persistent assertion of Islamic fundamentalists that the vaccination drive is part of a U.S. plan to decimate the Muslim population by spreading AIDS and infertility.

International health officials and the Nigerian government have called the allegations ridiculous.

Graham Chadwick, the National Hospital's chief administrator, denied local media reports the hospital had been pressured by the Nigerian government to declare the vaccines safe. Representatives of the mainly-Muslim state of Kaduna witnessed the

National Hospital's tests, Chadwick said.

"It can be explicitly stated that no pressure has been brought to bear on the staff of this hospital," Chadwick said. "The National Hospital stands by the results of its assays."

Ebrahim Samba, a senior World Health Organization official, warned Monday that Nigeria risks losing health-related foreign aid unless it seriously addresses a growing **polio** epidemic.

"This region of Nigeria is reinfecting neighboring countries," Samba told Nigerian officials in Kano. "If the **polio** immunization fails in northern Nigeria, the European Union could stop funding."

In Brussels, European Commission spokesman Jean-Charles Ellerman-Kingombe denied the Commission was cutting program support, adding however: "We are currently examining the modality of the conditions under which the funding is made."

Three predominantly Muslim states in northern Nigeria have either delayed or refused permission to vaccinate children for **polio**. In several other states, large numbers of Muslims have barred health officials from their homes.

Failure previous vaccine initiatives in northern Nigeria have aided the disease's spread internationally, recently leading to the crippling of children in at least four other West African nations where the disease had previously been eradicated - Ghana, Togo, Niger and Burkina Faso - according to WHO.

Today, **polio** has been eradicated in Europe, the Americas, much of Asia and Australia. It usually infects children under the age of five through contaminated drinking water and attacks the central nervous system, causing paralysis, muscular atrophy, deformation and, in some cases, death.

Until the latest Nigerian outbreak, India was the hardest-hit country.

Agence France Presse

November 17, 2003 Monday

SECTION: International News

LENGTH: 706 words

HEADLINE: WHO pleads for Nigeria to fight **polio** despite Muslim suspicion

BYLINE: AMINU ABUBAKAR

DATELINE: KANO, Nigeria, Nov 17

BODY:

World Health Organisation (WHO) officials on Monday begged leaders in northern Nigeria to re-launch a critical **polio** immunisation campaign which was stalled by opposition from Islamic clerics.

One of the three states in Nigeria's Muslim north which had suspended the vaccination drive announced it would re-start work, but radical Islamic leaders vowed to maintain their opposition to the campaign.

The WHO insists that oral **polio** vaccine, which has long been in use around the world, is safe and has warned that the delay has put 15 million west African children at renewed risk of paralysis or death.

Many influential Muslim preachers in the north allege that the vaccine may have been laced with drugs designed to render women infertile, as part of a western plot to depopulate Africa.

Ebrahim Samba, the WHO's director for Africa, met Governor Ibrahim Shekarau of Kano State, the most populous of the three danger areas and the centre of the new **polio** outbreak which has endangered the region.

"Up until last year India was the worst affected country, followed by Nigeria. Today the worst country is Nigeria," he told reporters.

"We have come to see religious and political leaders to talk to them as their brother Africans to make sure that Africa is not disgraced."

Samba told his hosts that in 1988, when the WHO's 192 member states launched a drive to eradicate **polio**, they found some 350,000 cases of the crippling disease across 125 countries.

Those figures shrank to 2,000 cases in seven countries, but after a recent upsurge in northern Nigeria, travellers from the region have spread **polio** to five more countries and to Nigeria's huge southern cities.

"We ask for your support so that **polio** is eradicated, but if this mission fails the repercussions will be very serious," Samba said.

Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF

Meanwhile the health commissioner for Kaduna state, Mary Dzingina, announced on state radio that immunisation would soon restart there after authorities were persuaded the vaccine was safe.

In Kano, Shekarau's government blocked the expected release Monday of the results of a series of tests on the vaccine, which were overseen by a new panel of Nigerian medical experts and Islamic scholars.

The governor said Kano would examine the results and consult with Nigeria's federal government before deciding on whether to resume **polio** immunisation. A third state, Zamfara, is expected to follow Kano's lead.

"The issue of **polio** vaccine goes beyond medication in our society. It has become a social problem and we need to convince the people of what they are being given," Shekarau said.

But there was no sign that radical Muslim leaders were ready to back down.

Muhammad bn Uthman, an imam who preaches against immunisation in his Kano mosque, told AFP: "Whatever the outcome of the report, we're not going to change our mind."

"The issue is not only about the impurities of the vaccine, but also about the desperation of the WHO and its collaborators in administering the **polio** vaccine to our children. The desperation invites suspicion," he said.

For Uthman, the very urgency with which the WHO is trying to eradicate **polio** is evidence of a plot, because he can see no reason why Western aid donors would want to help Muslim children.

"The so-called donor countries of the West placed sanctions on Iraq that killed half-a-million children... How could these same people come around and claim they want to help our kids?" he demanded.

He also cited the example of a 1996 incident, also in northern Nigeria and now the subject of litigation in New York, in which the US pharmaceutical giant Pfizer used children caught up in a meningitis epidemic to test untried drugs.

Eleven children died and 200 were left deformed by the tests, the litigants claim. "We can't take another chance," Uthman warned.

Samba, however, insisted that the haste with which the WHO has pursued the issue is simply about rescuing a multi-billion dollar drive to eradicate a terrible disease by the end of next year from failure.

"I'm concerned that I'm going to retire next year. I've been working since 1968 and I don't want to fail in this mission," he pleaded.

Panafrican News Agency (PANA) Daily Newswire

November 17, 2003

LENGTH: 557 words

HEADLINE: NIGERIAN GOVT HOSPITAL DECLARES **POLIO** VACCINE SAFE

BODY:

Lagos, Nigeria (PANA) - Nigerian government-owned National Hospital in Abuja confirmed Monday that **polio** vaccines being administered in the country are safe. The hospital, run by a newly-appointed British administrator, said in a statement it was requested by the National Programme on Immunisation (NPI) last month to carry out "confidential reproductive hormone assays on samples of oral **polio** vaccine."

It said the vaccine samples, which were subjected to scientific tests did not contain anti-fertility drugs as alleged by some Islamic clerics, who instigated residents in at least three States in the predominantly-Muslim north to reject the vaccines being administered on their children. The hospital's declaration came as a special mission of the World Health Organisation (WHO) arrived in Nigeria Monday to press for a re-launch of the immunisation exercise, which was disrupted last month over the allegation. The hospital said it carried out tests on Elecsys-1010 auto-analyser, "considered to be the best available clinical system, using re-agent kits specifically made for the system. This system is a completely automated analyzer using the electro-chemiluminescence immuno assay method." It said an investigating team, which included representatives of NPI, as well as the northern Kaduna State Ministry of Health and the WHO, was present when 12 samples of the vaccine were randomly selected for the tests.

The tests were for "Luteinising Hormone; Follicle Stimulating Hormone, Prolactin, Progesterone, Testosterone, Oestradiol (E2) and Human Chorionic Gonadotropin."

"From the evidence of the assays carried out that day, it was concluded that there was no evidence that the Oral **Polio** Vaccine samples contained reproductive hormones," the statement concluded.

It also quoted the administrator as denying the hospital was under pressure from the federal government to declare the vaccines safe, saying: "It can be explicitly stated that no pressure has been brought to bear on the staff of this Hospital with regard to this issue."

"The National Hospital stands by the results of its assays, which indicated that there was no evidence that the Oral **Polio** Vaccine samples contained reproductive hormones," the statement added.

There was no immediate reaction from the Muslim groups that raised the suspicion on the **polio** vaccines.

Last month, WHO announced a 10-million-US-dollar mass immunisation campaign in

Anti-Vaccination Rumour Campaigns in Eastern Africa - UNICEF

five West African nations of Benin, Burkina Faso, Ghana, Niger and Togo to protect 15 million children from **polio** following reports that an outbreak in Nigeria was spreading across the sub-region.

About a dozen children are paralysed annually by the disease in the countries.

WHO said the **polio**-infected States in Nigeria, around the northern State of Kano, had re-infected other areas of the country, including Lagos, which has more than 12 million inhabitants.

"Nigeria is now the country with the greatest number of **polio** cases in the world," said Dr David Heymann, a WHO official on **Polio** Eradication.

"**Polio** continues to spread within Nigeria to areas which were **polio**-free and also to neighbouring countries. **Polio** and other infectious diseases know no national boundaries. We face a grave public health threat, and our goal of a **polio**-free world is in jeopardy," he said.