on mosquito nets and insecticides. “Some countries tax mosquito nets at the same rate as an Armani suit. At the Abuja summit all the African heads of state agreed to stop this but few countries have followed this through,” De Savigny said adding: “Tanzania was one country that did so and now has one of the highest net coverages in Africa. In comparison, Nigeria still applies a 70% tax on nets”. ■ 

Jacqui Wise, Cape Town

Darfur overshadows “forgotten” crisis in neighbouring Uganda

As world attention has focused on the unfolding tragedy in Sudan’s Darfur region in recent months, the international humanitarian community has been struggling to mobilize enough resources to help the victims of a largely ignored conflict in neighbouring Uganda that has raged for 18 years.

There are more than 1.6 million internally displaced persons (IDPs) in Uganda’s north and east — 80% of them women and children — as a result of fighting between government forces and rebels from the Lord’s Resistance Army (LRA), humanitarian agencies say. Led by cult-like leader Joseph Kony who claims he wants to create a government in Uganda based on the Ten Commandments of the Old Testament, the LRA has abducted 12 000 children in the past two years to serve as child soldiers and sex slaves, humanitarian agencies say.

Despite an improvement in the security situation in recent weeks, the terror sown by the kidnappings and brutal night raids remains undiminished. To escape those raids, as many as 44 000 children leave their home villages every dusk to sleep in empty buildings and doorways in Uganda’s urban centres.

Dr David Nabarro, head of WHO’s Health Action in Crisis unit, described the health situation in Northern Uganda as “dramatic”.

“Disruption in regular immunization, shortage of drugs, lack of skilled medical staff and basic medical equipment, and seriously inadequate water supplies and sanitation facilities are jeopardizing the health of a population already made vulnerable by displacement and insecurity,” Nabarro said. 

As of mid-October, the Office for the Coordination of Humanitarian Affairs (OCHA), which coordinates United Nations and other groups providing aid, reported a US$ 47.3 million shortfall towards the 2004 consolidated appeal of US$ 127.9 million for what it described as the “world’s biggest forgotten emergency.”

The World Food Programme said it had only received 64% of the US$ 92.5 million it says is needed to feed the displaced.

The United Nations Children’s Fund (UNICEF) issued an urgent appeal at the end of September for an additional US$ 7.8 million, saying that lack of funding jeopardized the provision of life-saving interventions such as therapeutic feeding and supplies of emergency medicines to 300 000 children.

WHO assessments in IDP camps in the districts of Gulu, Kitgum, Pader, Katakwi, Kaberamaido, Lira and Soroti revealed malnutrition, diarrhoea, malaria, conflict-related injury, HIV/AIDS, reproductive ill-health, and outbreaks of communicable diseases to be the most pressing health concerns. WHO appealed on 16 September for US$ 890 000 (US$ 75 000 per month), mainly for technical assistance and training programmes.

Uganda’s Ministry of Health, with assistance from UNICEF and WHO, is planning a campaign called Child Days for under-fives in the IDP camps in November to provide catch-up immunization, vitamin A provision and deworming.

The conflict in the north is undermining overall health gains in Uganda, which has cut under-five mortality rates from 224 per 1000 live births in 1960 to 141 in 2002 and which won international acclaim for cutting HIV adult prevalence from 15% in the early 1990s to 5.1% last year.

A recent report by the relief organization World Vision estimated HIV infection rates at nearly 12% in the zones affected by the war.

“There has been a collapse of the region’s health-care system due to the civil war, historic neglect of the area and the flight of many health-care workers,” the World Vision report said. “As a result, the majority of people are unable to get information on preventing HIV infection, or testing and treatment, and all these factors contribute to HIV rates double that of Uganda’s national average.”

AIDS was the leading cause of mortality, according to World Vision’s analysis, constituting 69% of fatalities in the northern city of Gulu. This was three times the rate of death directly related to the civil war between the LRA rebels and Ugandan Government forces.

“The humanitarian community has been slow to address health issues in Northern Uganda. The shortage of funds has limited what we have been able to do,” WHO’s Nabarro said, adding: “It is now time to act even if funds are scarce. WHO is borrowing funds to establish a sub-office in Gulu, in support of the national authorities, to scale up health interventions.”

Nabarro said that through this presence in Gulu WHO would work with UNICEF, other UN agencies, and NGOs to support the Ugandan health authorities and help safeguard the health of displaced communities.

Physical suffering aside, relief workers said the psychosocial and mental health challenges of rehabilitating and educating abductees and former child soldiers were enormous.

“How do you teach children who were abducted at the age of seven, treated brutally, raped and forced to fight for the rebels, forced to attack their own people, maybe their own family?” said Gordon Lewis, leader of the Salvation Army’s team working in Uganda, in a Salvation Army report on the “forgotten disaster”.

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