

Pragmatic option for preventing water-borne diseases in Nigeria

I read, with interest, the recent paper by Prof S K Gyoh¹ and wish to present a pragmatic option for preventing water-borne diseases which we have employed with appreciable success in a rural district in southwestern Nigeria.

For the past two decades the day at the outpatient clinic has started with a health talk on water-borne diseases, among other common diseases such as malaria, hypertension, diabetes, HIV/AIDS, and tuberculosis.

'Greetings. Typhoid fever, cholera, infective hepatitis, gastroenteritis, and guinea worm are the common diseases in this environment that are acquired through the drinking of unwholesome water. The water we drink from all sources, except rain water that is harvested, is easily contaminated by faeces deposited in open spaces (which is the usual practice) and washed into these sources by the falling rain.

Even pipe-borne water is not safe

because most pipes are rusty and have burst. So, when the Water Corporation is not pumping water, the contaminated pool of water at the leakage points will flow back into the pipes and will be pumped into households when the corporation resumes activity.

It is not economical to drink sachet or bottled water routinely. It is meant for social events.

To make the water from these sources potable, we advise you to warm the amount you would need the next day in the evening so that it is cool by the following morning. You need not heat to boiling as all germs that cause these diseases will die as soon as the water is warm to touch.

Please practise this piece of advice and pass it on to your relations and neighbours as prevention is not only better but cheaper than cure.'

In a retrospective review of mortality at Awojobi Clinic Eruwa, Oyo State,

Nigeria from 1987 to 2001 analysed at 5-year intervals, we found that the incidences of typhoid fever, gastroenteritis, infective hepatitis, and cholera as causes of mortality dropped by 50% to 80%.² There has been no cholera outbreak in rural Ibarapa district for over 15 years now, even with no improvement in the municipal water supply.

So, while Nigerians are waiting for potable pipe-borne water, warming drinking water before use is a pragmatic option.

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References

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Fraud at The Global Fund: a call to review the aid delivery instrument

As developing countries continued to face huge challenges in achieving better health outcomes for their citizens, despite the promise of modern technology – vaccines, contraceptives, and antibiotics – the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was conceived as a significant investment at the global level to help relieve the major constraints confronting these resource-poor countries.

Among these constraints are the inadequate allocation of funds for health from their own budgets – especially funds to meet recurrent costs – and the weak health systems through which a range of essential services can be provided on a sustainable basis. So contrary to popular notions, the Global Fund 'is not a health intervention', rather, it is a 'financial instrument' that allows developing countries to tackle

these challenges with flexible, long-term financial commitments.

However, in its design and implementation the Global Fund adopted the 'health project approach', which is very heavy on inputs mainly in the form of commodities – bed nets, medicines, and equipment. And project outputs were not linked to health outcomes. So there was more of 'bean counting' – the number of bed nets distributed – as opposed to percentage reduction in childhood mortality. This focus has been the main reason why 'The Fund' has been open to capture by 'so-called elites' that are found both in the Fund's management system and in the recipient countries masquerading as country coordination mechanisms (CCMs). Secondly, as many of the projects are not coordinated with the countries' effort at getting their health systems working

again – **verticalisation (lack of integration)** presents the right environment for corruption.

No doubt the additional investment provided by The Global Fund in all the recipient countries has been doing some good and can still do more. Therefore, to get The Fund back on track to continue to provide the much needed benefit for the majority of poor people in the world, funding from The Global Fund should now be channelled through the demand-side, using all sorts of social protection mechanisms that would make health systems responsive. Such an accountable system would not only check fraud, but provide a better means of linking aid delivery to health outcomes.

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