

From VOA Learning English, this is As It Is.

Hi! Welcome back to the show. I'm Caty Weaver.

Nigeria is struggling to deal with its largest number of lead poisoning cases since 2010. Activists say the country needs more trained medical workers to treat the sickness. We talk about that today. Then, we go to Uganda and Zambia where HIV patients and health workers are struggling with shortages of anti-retroviral drugs.

More Training Needed in Nigeria to Deal with Lead Poisoning

Thousands of children in northern Nigeria are being treated for lead poisoning. Activists fear the area could see more poisonings if no action is taken. They say doctors and others must be trained to deal with it, and communities must be shown how to protect children from lead. Christopher Cruise reports.

Gold and lead come out of the ground together in the Nigerian state of Zamfara. The mine workers remove the minerals with their hands and small tools. Mining brings in more money than their old occupation as farmers. The miners are still poor but now they can feed their families.

However, the work produces lead dust. It sticks to the miners and they bring it home to children.

Lead poisoning is most dangerous for children under five. It can cause seizures, learning and behavioral disorders and hearing loss. It can also damage the kidneys, and even kill.

Hundreds of children in northern Nigeria have died in recent years from lead poisoning. Thousands more are being treated.

Hazmat Lawal operates an anti-corruption group called "Follow the Money." Mr. Lawal says villages have been cleaned up, but many boys and girls in Zamfara remain in danger. He says the government has promised more than one million dollars to train local health workers about lead poisoning. But he says it has yet to release the money so nothing is happening.

“During our last meeting with officials from the Ministry of Health they gave us the shocking information that the 200 million that was allocated to their agency has not been released by the Ministry of Finance. To us that is a big shock and surprise.”

Mr. Lawal says Doctors Without Borders is the only organization now treating lead poisoning. He says training local doctors is urgent because the group is likely to leave Zamfara two years from now.

He also says miners need to be trained in simple safety measures. And they need basic support, like water availability and improved wet grinding machines. This, he says, will help protect children.

“They need access to water. Because after they finish mining they need to take their baths and rehydrate and put on some fresh clothes before they go back home. And they need machines.”

But, Hamzat Lawal says all the equipment in the world will not protect the children if miners are not taught how and why to use it.

More HIV Treatments Needed in Uganda and Zambia

In June, the World Health Organization advised nations to give anti-retroviral medicines, or ARVs, to everyone who tests positive for HIV -- the virus that causes AIDS. The WHO said this would reduce the risk of the disease spreading.

But health workers at medical centers outside the Ugandan capital, Kampala, have been struggling to provide the life-saving ARVs. They have been protesting shortages of the drugs. They say ARVs and HIV testing materials are in especially low supply.

John Barasa heads an HIV clinic in the eastern town of Busia. He says the government has not been providing the drugs he asks for.

Mr. Barasa says his clinic asked for 100 containers of ARVs in June. But they only got just six. As a result, he has been able to give patients only one or two weeks' worth of drugs at a time.

Many patients travel for hours to get to the clinic. Mr. Barasa says some patients have been running out of medicine.

Elvis Basudde leads the Positive Men's Union. He says many people have complained to him about the lack of ARVs. He says the treatment plan must be followed exactly or drug resistance could develop. A drug shortage makes it difficult for patients to follow a treatment plan.

"With us, there must be strict adherence to treatment. So whenever we have such problems and issues, and somebody cannot be able to access medicine in good time, you can imagine the consequences. It could lead into drug resistance."

But health activist Margaret Happy says there is no shortage of the drugs in Uganda. She is with the National Forum of People Living with HIV.

"At facility level, it is very severe. However, at national level the situation seems to be very different."

The Ugandan Ministry of Health says the country has enough ARVs to last until December. Ministry official Rukia Nakamette says there is a shortage in some areas because clinic workers do not know how to use the government's new online ordering system.

Ms. Happy disagrees.

“National level transfers blame the local level. Yet the local level they have evidence that clearly shows that they make the right quantification, and make it timely. The problem is with delivery.”

In Zambia, where more than 500,000 people are infected with HIV. The government there has severely limited the number of ARVs it releases to clinics. Officials are not calling it a “shortage” of the drugs but a “rationing.”

Chikuta Mbewe is the deputy director of the country’s pharmaceutical services. He says part of the problem is that the government is now giving a drug to HIV patients that is different from the one they have been getting. He says this has caused lowered supplies of both. But he says the situation will improve.

“There a lot of planned shipments that have already started arriving in the country. We think we are in the normalization curve, so to say. We hope we can get back to our normal levels.”

Activists say the shortages could have been avoided with better planning by the government.

Zambia hopes to give the same drug to 95 percent of people with HIV. This would simplify the supply process. Zambia is also seeking investors so it can build a factory that will make ARVs and other needed drugs.

And that's As It Is for today.

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