

Eyes flashing, the angry young man brandished a battered leather satchel holding a copy of the Koran, as doctors, health workers, vaccinators, even the local mayor, pleaded with him to let his children be vaccinated against polio.

"The Koran will protect my children. I didn't let them be vaccinated against measles either and none of them have caught the disease," he insisted.

The arguments went back and forth as we crouched in the sand, watched by a group of little boys pretending to memorise passages from the Koran. Koranic texts were quoted in Arabic, pleas were made in Hausa, arguments held in French as the temperature climbed to 42 degrees centigrade.

This was medical communications Niger style. The confrontation took place in a village called Sabon Gari Jiarewa in Zinder, a province bordering Nigeria, and one of the hottest, driest and poorest places on earth. Although Niger was officially taken off the list of countries endemic for polio in 2006, the virus has been finding its way across the border ever since, keeping Niger's annual polio rate in double figures.

Recently the cases have begun to accumulate more rapidly and genetics have revealed local transmission from a single imported case. Meanwhile the World Health Organization has reacted by assisting the local health authorities to step up the number of house-to-house vaccination campaigns.

These are now so regular (they are up to campaign no. 45) that there is growing resistance on either religious grounds (sparked by suspicions that foreign donors must have ulterior motives – like mass sterilisation – for giving children polio drops every month) or simple resentment that all the focus is on polio, not on other pressing problems like malnutrition and lack of water.

Hence the need for good medical communications, to explain to parents, religious leaders and village leaders that vaccination is not a sinister plot by western donors to control population growth in Africa, but something from which the rest of the world has also benefited.

In Niger, where less than 30 percent of the population is literate, the most effective way of delivering health information is interpersonal communication. But it is far from easy. Health workers pile into utility trucks, take motor scooters



or even bullock carts and fight their way through sand and thorn bushes to reach villages and hamlets and spread the word about preventive health care, vaccination included.

When the health workers manage to reach villages their audiences are extraordinarily receptive. Getting information about health is so rare and precious that crowds gather rapidly. Mats are unrolled, a few chairs found and dusted off, benches dragged from nearby stalls and the audience settles down and listens spellbound, as if to a fascinating story.

Here in Hong Kong where bullock carts are a thing of the past, isolation is still something that demands good medical communications strategies. Recently, an article in the South China Morning Post described one such innovative use of communications by the Shatin Hospital.¹

They are using telemedicine to provide medical advice and follow-up for elderly patients isolated by age, infirmity and social circumstances in residential care homes and centres for the elderly.¹

Geographically, economically, and culturally, Hong Kong and Niger are separated by enormous distance. But when it comes to health communications all humans are essentially the same: they are hungry for relevant, clear and accurate information. The challenge is finding the right way to deliver it.

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Reference

1. Fong L. Telemedicine scheme proves popular with the elderly. South China Morning Post 2008 Apr 28.