

Rwandan genocide survivors denied AIDS treatment

Lindsey Hilsum *Kigali*

On 20 April the London based Survivors' Fund (SURF) is to launch a campaign for free anti-retroviral treatment for survivors of the Rwandan genocide.

Ten years after the genocide, in which 800 000 people were murdered, thousands of survivors are dying of AIDS. The Rwandan Widows' Association says that an estimated 70% of its 25 000 members are HIV positive, mainly because they were gang-raped during the massacres.

"We have women who were raped the whole three months of the genocide," said Esther Mujawayo, a survivor and founder member of the Widows' Association.

In April 1994, extremists from Rwanda's Hutu majority tried to wipe out the minority Tutsis, using machetes, nail studded clubs, and grenades. Many Tutsi women were kept as sex slaves while their families were killed. After the massacres started, the bulk of a United Nations peacekeeping force was withdrawn—a decision which the United Nations' secretary general, Kofi Annan, said last month "must leave us always

with a sense of bitter regret."

Prime Minister Tony Blair has pledged that if the genocide in Rwanda were to be repeated, Western nations would have an obligation to intervene, but survivors' representatives say little is being done to save those still dying as a result of the genocide.

"If you have not protected somebody in 1994, at least stop her dying now, 10 years later," said Ms Mujawayo. "Or what are we saying? Women are still dying and again the world is watching."

Among those who cannot afford the estimated £75 (\$138; €114) a month for treatment is Hadija Murakatete, whose husband was murdered and who cannot remember how many times she was raped or by how many men.

"They took me and did what they liked—soldiers, militia, all of them," she said, in the small, mud walled house where she lives in the Rwandan capital, Kigali. "Since I realised I had the disease, I'm becoming sick; I'm not strong. The main problem is surviving. I keep thinking, when I'm dead what will happen to my children?"

Some widows are caring for



Consolata, a genocide survivor, was raped several times in 1994. She found out two years later she had been infected with HIV

their own children, while others look after genocide orphans who will be motherless for a second time when the women die of AIDS related diseases.

This year, donors are to start major programmes providing antiretroviral treatment to some of the estimated 500 000 Rwandans living with HIV and AIDS. Yet none of the programmes prioritise rape survivors. By contrast, the official channel for American aid, USAID, mentions prisoners convicted or suspected of participating in the genocide as a target group for

AIDS counselling and testing.

The leaders of the genocide, facing justice at the International Criminal Tribunal for Rwanda in Tanzania, routinely receive antiretroviral treatment. The British government has pledged £200 000 over two years to treat genocide witnesses with AIDS but has not offered treatment to the wider population of rape victims. □

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For further information see www.survivors-fund.org.uk

WHO confirms avian flu infections in Canada

Barbara Kermode-Scott *Calgary*

Canada has ordered the slaughter of about 19 million birds, including chickens, turkeys, ducks, geese, and pigeons, at 20 poultry farms in an effort to eradicate an outbreak of bird influenza. The World Health Organization has confirmed that there have been two human cases of avian influenza A (H7) in British Columbia, Canada. Both cases were mild.

On the basis of epidemiological information provided by Health Canada, WHO has raised the global pandemic preparedness level for the Canadian

outbreak from 0.1 to 0.2—the same level as the global preparedness level for the avian flu outbreak in Asia. In Asia, the highly pathogenic avian flu virus strain A (H5N1), has been responsible for 34 reported illnesses in humans and 23 deaths.

According to the Canadian Food Inspection Agency, the strain of influenza identified in the poultry flocks is likely to be an H7N3 virus.

Public health officials in Canada are concerned because the H7 virus is a new subtype of influenza that can cause illness in humans. This increases the risk that the virus can undergo genetic modification that will allow it to acquire the ability to spread from person to person. Should this happen in conjunction with changes in its level of pathogenicity, the stage would be set for a flu pandemic.

Recent research has shown

that viruses of low pathogenicity can, after circulation for sometimes short periods in a poultry population, mutate into highly pathogenic viruses. During a 1999-2001 epidemic in Italy, for example, the H7N1 virus, initially of low pathogenicity, mutated within nine months into a highly pathogenic form.

So far, there has been no evidence of person to person transmission of the H7 virus, said Dr Danuta Skowronski, an epidemiologist at British Columbia's Centre for Disease Control. The two Canadians with laboratory confirmed infection with the A (H7) virus both had direct contact with infected birds. Both fully recovered after being treated with oseltamivir.

Canada's National Microbiology Laboratory in Winnipeg, Manitoba, is working closely with WHO to try to develop a seed vaccine for the H7 avian flu virus. The laboratory has for-

warded strains of the virus to the WHO Collaborating Centre.

"From the point of view of preparing for pandemic influenza and responding to an eventual influenza pandemic, it's important to globally have as much capacity as possible," said the laboratory's scientific director, Dr Frank Plummer. "Working simultaneously in a coordinated way on development of a vaccine is a very important goal."

The reason for working on a vaccine is partly because of a very low possibility that the H7 strain might become a serious health concern and partly as an exercise in strengthening emergency preparedness for the next pandemic, said Dr Plummer.

Last year, outbreaks of H5N1 avian flu were detected among poultry in China, Vietnam, Thailand, Cambodia, Indonesia, Laos, Japan, and South Korea (14 February, p 368). □