

## Malawi: Fighting TB as part of the deadly trio

BY BRIAN LIGOMEKA

BLANTYRE (Malawi)-- With graveyards fast becoming most frequently visited places for burying people dying of 'prolonged coughing,' a heightened sense of urgency surrounds efforts to rein in TB. But with the ravaging poverty, the advent of HIV and the abuse of drugs, is it possible to win the battle against TB, which is mistakenly seen as a death sentence for poor people with AIDS? BRIAN LIGOMEKA investigates.

35-year-old Nabanda Masinga fails to hold back her tears, when in an interview, she recounted the long and painful death of her husband.

"My husband died after a long suffering. Persistent coughing, recurrent fever, chronic diarrhoea, skin rashes, loss of weight, lack of appetite and night sweating tortured him during seven months of his illness," she narrates while seated on the verandah of her house in Ndanga Village, Mulanje in Southern Malawi.

Nabanda believes that what killed her husband is self-stigmatisation and fear of unknown. She explains that her husband blatantly refused to go for TB diagnosis and treatment, when all the signs and symptoms he had were pointers that he was suffering from TB.

"The problem is that my husband believed that anyone with TB is HIV positive. As far as he was concerned it was a waste of time for a person suspected to be HIV positive to go for treatment as the AIDS-causing virus has no cure," she says disclosing that her husband never went to hospital for either TB or HIV tests.

Nabanda reveals that she too developed similar signs and symptoms like those of her husband, but she took courage and went for both HIV and TB tests.

"I was diagnosed TB smear positive but HIV negative. Even after those results, I failed to convince my husband to go the hospital," she explains.

Like all TB patients who seek early medical help, she was put on the Directly Observed Treatment Short-Course (DOTS), which obliges patients to take their medication in front of doctors or nurses for the first two

months and continue on their own in the remaining six months.

Luckily enough for her she got cured and she is among the 600,000 Malawians who have been cured of TB between 1984 and 2007.

"I am a healthy person now. But I still weep for my deceased husband who died after refusing to go for TB treatment. If he had accepted to go for TB treatment, he would have been cured and would have been alive," she says.

Nabanda is not the only one to lose her husband to TB as statistics from the Malawi National TB Control Programme shows that 3 out of 10 TB patients die of this curable disease because of their failure to seek early treatment. The programme's director Dr Felix Salaniponi says self-stigmatisation coupled with ignorance is responsible for death among such TB patients.

According to Salaniponi, what in the past was a straightforward war against TB has become complicated following the emergence of HIV and AIDS. The marriage between TB and HIV has resulted in the general belief that all TB patients have HIV. The consequence of this wrong belief is that it is fuelling many cases to delayed TB diagnosis, as those with TB are afraid to be labelled as HIV/AIDS infected. Some like Nabanda's husband have completely shunned treatment because of their failure to understand the facts about the twin epidemic of TB and HIV.

Such people fail to understand and appreciate that although TB is the leading killer of people living with AIDS, not all people with HIV/ AIDS die of TB. Regrettably many people dying of TB are classified as AIDS victims and this misconception masks the true and immediate cause of death. The confusion and stigmatization caused by the twin epidemic have several complications.

Firstly the significance of TB on AIDS is lost through classifying death as caused by AIDS because it is not a single disease. As a matter of fact, AIDS is a syndrome of many opportunistic infections, while TB is just leading opportunistic fellow.

Secondly by classifying death as being caused by AIDS, it makes people lose hope because AIDS is incurable while TB is curable even in individuals living with HIV.

"HIV/ AIDS has therefore complicated the fight against TB because it has increased TB cases and death rate. HIV/ AIDS has also increased the

demand of resources in terms of human, financial and logistic in terms of coping up with this scourge," says Salaniponi, adding that up to 77 percent of TB patients in Malawi are HIV positive.

TB, primarily an illness of the respiratory system spread by coughing and sneezing, is not only a health problem in Malawi but also in many developing nations. It kills nearly two million people a year worldwide.

Globally, there are fears that the disease will continue to be a nightmare because as former South African President Nelson Mandela said: "TB is too often a death sentence for people with Aids. We can't fight AIDS unless we do much more fight TB as well."

So the question is: How is Malawi tackling the twin epidemic of TB and Aids?

"We are tackling TB and AIDS using a collaborative approach. This entails that patients who present with HIV as a health problem are also screened for TB and patients who present with TB are also screened with HIV," says Salaniponi.

"The TB patient by criteria is eligible for the provision of ARVs, therefore the TB patient receives ARVs," he adds stressing that a person living with HIV who contracts TB actually gets cured of the respiratory disease.

Numerous studies carried out in the last few years show that preventive treatment of TB in people who are HIV positive helps them live longer. If these studies are to be believed, then one would expect AIDS mortality in a country with very good TB treatment coverage like Malawi to have been reduced greatly.

Unfortunately, the situation is exactly the opposite, and a lot of HIV positive people continue to die of TB infection. This begs the question: Can there be another factor that is contributing to TB treatment failure in HIV positive patients?

Experts say the answer is definitely yes.

MacDonald Masanza, a medical practitioner based in Malawi's commercial city of Blantyre, says it is also very complicated to fight TB as some parts of the country are hostages to severe poverty.

He says most people are in awkward situations as they are facing triple epidemic of HIV, TB and general poverty.

“When poverty marries the twin epidemic of HIV and TB, the honeymoon is obviously disaster,” says Masanza.

He says it is difficult to win a war against TB through DOTS alone because in Malawi like in many countries in Africa, the disease is both a medical and social condition.

“TB has biological causes and social causes; biomedical cures and social cures,” he says, adding that the distribution of the disease, dynamics of transmission, access to and effectiveness of treatment are all determined by social context.

“TB cannot be either understood or adequately addressed when divorced from the social context,” he says adding that there is a need to address TB and HIV/AIDS together in the widest context for the most vulnerable in society.

Masanza says poverty and TB create a vicious circle in which poor people, plagued by hunger and are crowded into close, unhygienic quarters and are easy victims in an environment where TB flourishes.

He says once one is down with TB, their capacity to work is diminished, and in this way, illness and death from TB reinforces and deepens poverty.

“Poverty, TB and HIV/AIDS form a lethal combination, each speeding the other's progress. HIV promotes rapid progression of primary TB infection to active disease. Poverty drives TB patients to default medication. People who have nothing to eat are reluctant to take drugs because they make them hungry. Patients who have no food don't take treatment,” says Masanza.

In tandem with Masanza's views are research findings by by Bertha Simwaka, a senior researcher at the Equi-TB Knowledge Programme in Malawi, who found that over 67 percent of deaths among HIV/TB-infected patients are due to treatment failure caused by lack of proper nutrition to support the immune system.

“A low socioeconomic status among the population, coupled with a poor healthcare system in general, is the likely explanation for high HIV mortality rates due to TB,” reads part of the research paper by Simwaka.

According to the study, a symbiotic relationship exists between TB and poverty. “New TB infection is not just the product of poverty, but also

creates poverty,” reads the report of the study.

While Nabanda’s husband died after failing to seek early treatment, another man-made problem has emerged in Malawi which is derailing the fight against the lung disease. The case of 26-year-old Ellard Manda illustrates this new twist.

Manda is a miserable man who has written off his possibility of remaining alive as he strongly believes that it is just a matter of time before he departs this life.

“I have lost hope as I await my death. In December last year, I went for HIV and TB tests. I was diagnosed HIV negative, but TB positive. After the diagnosis, I was put on a standardised short-course chemotherapy regimen of six to eight months with direct observation,” he says.

Manda fears that he will die soon because despite successfully taking TB drugs by following all the prescriptions, the symptoms of the disease are refusing to disappear.

“My painful cough with thick, cloudy and sometimes bloody mucus still continues. When I cough, I have to endure painful rapid heartbeats. I still feel fever, chills, night sweats, fatigue and muscle weakness,” he moans.

Suspecting that the symptoms are pointers that he is HIV positive, he went for medical tests, only to be told that he is not living with the virus that causes AIDS.

“If I am not suffering from AIDS and yet TB drugs can’t cure me of this lung disease, then what am I suffering from?” was the question he posed to the doctors when he went to the hospital for the third time.

On his third visit to the hospital, medical doctors detected the stubborn monster that had been torturing Manda. The monster was no other than multidrug-resistant tuberculosis (MDR-TB).

After a brief chat with TB experts, Manda’s memory took him to four years ago when a sexually transmitted disease, he contracted during a one night stand affair drove him into the arms of unlicensed drug peddlers claiming to have a cure for his venereal disease.

“The drugs, I bought from the black market and took for thirty days managed to cure me of syphilis symptoms that had been bothering me. Since then it was my habit that every time, I suffered from syphilis or any

sexually transmitted diseases, I simply rushed to the backstreet market to buy Rifina as treatment," he confesses.

Manda now blames his misfortunes over the influx pharmaceutical TB medicines on the black market, which are mistaken for cures for sexually transmitted diseases.

"If I would not have used drugs being sold illegally on the black market, certainly I would not have suffered from this difficult-to-cure multi-drug resistant tuberculosis," he says as he sobs.

The issue of drugs growing wings and flying out of government health institutions mysteriously, only to land on the black market for sale by illiterate and unlicensed vendors, is not a peculiar trend in health circles in Malawi. The trend is now raising eyebrows of authorities and the public as fatalistic consequences of abusing pharmaceutical drugs are emerging.

Salaniponi explains that the theft and abuse of drugs stolen from state hospitals are hampering the treatment of TB. "The stolen drugs are often used to treat ailments other than TB. The indiscriminate use of the medicines is leading to the development of MDR TB, which is very expensive to treat and due to scarcity of financial resources leads to death."

He says it is a pity that the MDR is emerging because of people's carelessness reflected in their reliance on stolen drugs. He also attributed the emergence of MDR TB to the failure of some TB patients to complete the courses of medication prescribed for them.

Some of the TB drugs that are commonly found on the black market are Rifina, Pyrazinamide, Ethambutol and Streptomycin. The abuse of these drugs make the management of MDR-TB complicated. Between 1995 and 2007, Malawi registered 82 MDR-TB cases and 41 of which died. Only eight of the remaining cases were on treatment as of December 2007.

"The difficult part of it is that it is expensive to treat people with MDR-TB because such patients need special (isolated) facilities. While it costs government US\$80 to cure ordinary TB in one individual, it costs government US\$6000 to cure MDR-TB in a single individual," says Salaniponi.

With an estimated one million Malawians out of the population of 12 million living with HIV, according to UNAIDS statistics and another million facing food shortages this year (2008) according to UNICEF, can Malawi

win war against TB, which is part of the deadly trio (of poverty, AIDS and TB)?

“Yes we will win the war against TB. We are actually winning,” says Malawi’s Health Minister Marjorie Ngaunje.

How?

“Malawi Government is committed to fighting TB, HIV/Aids and poverty,” says Ngaunje.

She explains that the country is addressing the problem of malnutrition among TB patients by providing them with fortified food once they are admitted to hospitals and even after being discharged from the hospital.

“It is actually a policy that TB patients who are on treatment get fortified food,” she said adding that a study at Thyolo Hospital in Southern Malawi showed that such food packages reduce premature deaths of TB patients caused by malnutrition by 50 percent.

The successful implementation of DOTS, the collaborative fight against TB and AIDS; the provision of fortified food to TB patients, have according to Ngaunje resulted in cutting down transmission chain and the reduction of death for TB patients in the last years.

Salaniponi concurs with Ngaunje that despite facing the triple epidemic of AIDS, TB and poverty, Malawi is a star performer in implementing DOTS.

“We are fighting the lung disease and the war on TB will easily be won, once many people are sensitized and have realized that TB is curable regardless of one’s HIV sero-status,” says Salaniponi.

He explained that Malawi Government is providing free ARVs to about 100,000 poor people and has at the same time instituted various interventions to frustrate the marriage of poverty to TB and AIDS.

“We are tackling the twin epidemic of TB and AIDS through collaborative approach which entails that patients who present with HIV are also screened for TB and those with TB are also screened for HIV,” he said.

He says by using DOTS in Malawi, there is evidence that the TB cases have not been increasing in the last three years and in some districts, they are actually on the decline,” says Salaniponi.

According to Salaniponi, between 1984 and 1994 there was an increase of TB figures from 5,000 to 19,000 reflecting a 300 percent rise while between 1994 and 2004 there was an increase from 19,000 to 22,000 reflecting a rise of 27 percent. But in recent years, from 2001 to 2007, TB cases have remained around 27,000.

“After effectively treating over 600,000 TB patients in the past ten years and Malawi being dubbed as a success story in implementing DOTS, the challenges of the triple epidemic are being overcome,” says Salaniponi.

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