

# Voyage to countries of the new plague

By *Renaud Malik*

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A hospice country. This is what has become of Swaziland, the “Switzerland of Africa”. In this tiny mountainous country nestled in the south of the dark continent, life expectancy does not exceed 32 years today. A sad world record that one would be wrong to attribute solely to the AIDS epidemic. For if Swaziland is known for having the highest HIV infection rate in the world, the leading cause of death is something else: it is Tuberculosis, the “white plague” whose havoc one underestimates all too often.

## Illness of the poor

Tuberculosis worse than AIDS? It takes some time to understand this observation. Because, since the invention of antibiotics, the white plague has become a disease that can be cured easily. This is true in our latitudes. It is less so in poor countries, where it kills 2 million people each year. Contagious, TB primarily affects those whose immune defenses are reduced. Suffice it to say that in Swaziland, where nearly a third of the people are infected with HIV, it is a scourge more terrible than elsewhere: 80% of HIV patients also suffer from this disease that ravages the lungs, kidneys, bones, or brain. In half the cases, they die.

It is difficult to imagine upon landing in Swaziland that the country suffers from a health crisis. Model of stability, it has known neither war nor great famine. Here there are no huge city ghettos as one sees so often in South Africa, but instead verdant hills and endless fields. So then why this drama? Poverty, poor housing conditions, poor knowledge of risks and the slow inertia of government are many of the reasons.

Delegate of the Swiss Red Cross in Swaziland, Maria Katulu has faced these problems for seven years (see box). Regularly, this nurse from Berne departs in 4x4 on the bumpy and muddy roads to provide medical counsel to patients, medication, and food.

Today, it is the family of Sinokubongo, age 2, who she visited in the company of a volunteer of the Swazi Red Cross. Sick, the child has been receiving antiviral therapy for a year. His mother transferred him HIV while breastfeeding. By failing to also take precautions while coughing, she also transmitted TB. She died last April. Since then, it has been the grandmother of Sinokubongo, Ndlazi, who takes care of the little orphan. Housekeeper, she must survive on 160 francs per month for the needs of herself, Sinokubongo, her aunts and cousins.

Sitting on a dust bed, the child on her lap, Ndlazi, 53, speaks in a weary voice. She explains that she built herself this hut without water or electricity where eight people

crammed into one room. She is aware that lack of hygiene, humidity, and poor ventilation are all health hazards in themselves. "But anyway, we have no choice," she sighs. "It is all we have." Aware of the many handicaps facing her little grandson, she does not lose hope. "I hope he will grow up like other children, that he will go to college and university." But does she really believe it?

### **Treatment Interrupted**

The case of Sinokubongo is sadly common, says Maria Katulu. The young boy was even more fortunate than most: he lives only 2 miles from the Mahwalala clinic, a health care center financed entirely by the Swiss Red Cross. In this way, he has been well taken care of quickly and efficiently. Result: in six months, if all goes well, he should be cured of TB.

Other patients have no chance to heal so quickly. In many cases, the disease is diagnosed too late. Or not diagnosed at all. "Very often, it is treated poorly," deplors Bruce Kudada, chief physician of the Swaziland Wellness Center. "The treatment is long, and many patients interrupt it as soon as they begin to feel better." The consequence? The disease may worsen and develop into drug resistant MDR-TB, so named because it is resistant to conventional antibiotics. Today, this formidable MDR-TB gives the worst concerns to health professionals: in Swaziland, as elsewhere, it is on the rise and represents an even tougher and more deadly opponent than "classic" TB. To face it, treatments are often ineffective.

What then, is to be done given the magnitude of the problem? Encourage research, improve access to care, increase awareness of the population to the risks. To face these challenges, initiatives abound. In Geneva, a vast partnership against MDR-TB has been created under the auspices of the pharmaceutical company Eli Lilly (see box). Active in 60 countries, Swaziland has been made one of its priority targets, and includes a score of partners like the Red Cross and the WHO. "This is a mammoth task ahead of us," observes Patrizia Carlevaro, who heads this international alliance. "But we have already obtained encouraging results. Current objective: permanently eradicate TB by 2050."

## **INTERVIEW**

*Maria Katulu – Delegate of the Swiss Red Cross in Swaziland*

Arriving in Swaziland seven years ago, this nurse from Berne is confronted daily by the health crisis facing the country.

"In seven years there has been a big change here. When I arrived, no one dared talk about their illness because the stigma was so high. But now it is easier to say that you are infected with HIV or TB. But there are still a number of misconceptions: people here believe in ghosts. Many think they are ill because their neighbor went to a sorcerer who has cast their lot.

You must spend considerable time explaining the true causes of the disease and to convince them to treat it properly. It's a real challenge. But as I was married to a Congolese, it is easier for me to understand the culture and interact with them. The fact that I am older than most of them helps as well, because people have great respect for elders. Here, I was also given the nickname, « Make Dlamini » the name of the royal family of Swaziland!

## **CHART: Tuberculosis, Global affliction**

### **How does one catch it?**

#### **Contagious**

It spreads by air and attacks most often the lungs.

### **How many victims?**

#### **Murderess**

Each year there are over 9 million new cases and 2 million deaths worldwide. This carnage affects some in wealthy countries as well (5 cases per 100,000 inhabitants in Switzerland, 250 times less than in Swaziland).

### **Why does one die?**

#### **Resistant**

While increasingly resistant forms of the disease are developing, treatments are not always equal. Above all, millions of cases are diagnosed far too late, not diagnosed at all, or poorly treated.

### **Where is the fight?**

#### **Battle**

Besides World TB Day celebrated annually on March 24, the WHO announced in October a new global plan to fight against the epidemic. And the pharmaceutical giant Lilly has invested 120 million as part of a broad partnership that brings together more than 20 partners, including the Swiss Red Cross.