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# "a moral obligation"

Canadian and Malawian doctors are joining hands to fight for the basic right to health care – and for a few more years of life for patients with AIDS. By Wendy Glaser

Dr. Adrienne Chan clicks her chocolate-brown pumps through the HIV clinic of the district hospital. Squeezing her delicate frame past women wearing skirts and baby slings made from bright African prints, she murmurs, "Pepani!" (Sorry!) "Zikomo!" (Excuse me!) She pokes her head into the doctor's office. "The drugs are in the country," she beams, referring to a new stock of antiretroviral drugs (ARVs), which slow the virus's spread in the body and add years, even decades, to the life of someone diagnosed with AIDS. The HIV clinic manager, Edson Mwinjiwa, smiles. His shoulders sink down a bit. Neither Adrienne nor Edson say what they are both thinking: that while such news brings joy and relief, it also makes them realize how much worry they'd been suppressing. The stocks of some types of ARVs have been dwindling alarmingly. Edson nods his head and turns back to his patient with a

little smirk, and Adrienne turns on her heels and heads down the corridor with the same little grin. She greets the health-care workers she meets with a mix of western high fives and long, complicated African handshakes.

Adrienne is the medical coordinator of Dignitas International, a Canadian nonprofit organization that provides AIDS treatment in Zomba District, Malawi. With an HIV prevalence of about 12 per cent, this sliver of land in southeast Africa has been particularly hard hit by the virus. When Dignitas first set up here in 2004, there were no HIV clinics to speak of. Without access to ARVs, AIDS patients were dying quietly, gasping out their last breaths in their homes. Today, ARVs are provided for free to Malawi by The Global Fund to Fight AIDS, Tuberculosis and Malaria. Once patients reach a certain stage of AIDS (usually when their immune systems are >



Opposite, left: HIV-positive themselves, these volunteers help counsel other patients. Opposite, right: Clinical officer Gabriel Mateyu uses his cell-phone as an examination light. This page: Antiretroviral drugs save lives that would have been lost to AIDS.

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PHOTOGRAPHY: JAN BROWN (SPREAD AND TOP RIGHT); WENDY GLASER (TOP LEFT)

compromised to the point that opportunistic infections begin to appear), they are eligible for free drugs. Meanwhile, all antenatal clinics provide testing and free mother-to-child prevention drugs for pregnant women.

The fight against AIDS remains a day-to-day struggle, however. Recessionary cutbacks by donors to The Global Fund have put the world's supply of ARVs under threat. Malawi is also disastrously short of health-care workers. While Canada has one doctor for about every 500 people, Malawi

has one per 50,000. Many rural clinics are staffed by one or two nurses and a couple of nurse aides, and it can take a day, or even several, for patients to walk or cycle to the nearest hospital.

HIV has exposed the frailty of health-care systems in poor countries, but it has also brought both western and African professionals together to fight for the basic right to health care. In countries like Malawi, these nurses and doctors make frantic appeals to the government and donors for drugs and

*Below: An HIV-positive woman (with her mother and her child) has just received antiretroviral drugs delivered by a volunteer on a bicycle. Below, right: Patients line up at a rural clinic.*

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As Adrienne buzzes around the clinic, a team of travelling Dignitas health-care workers drive down a dusty rural road, past bicycles creaking under the weight of stuffed burlap bags and past grumbling transports that fill the air with diesel exhaust. Clinical officer Gabriel Mateyu rests his arm on the two cardboard boxes of medicine to keep them from tipping. He is a short, on-the-go man with a curmudgeonly, tell-it-like-it-is sense of humour. The white truck jiggles and sways over the rocks that rise out of the rust-coloured earth. On the radio, U.S. rapper Akon spits the lyrics of "Hustler's Story" while Ruth Manyera, a matronly nurse, chooses to hum her own hymn-like melody. When they arrive at the health centre, shortly after 9 a.m., the HIV-positive patients are already crowded outside, their IDs lined up in a row from the door to mark their places in the queue.

The village clinic is a 40-minute drive from the main hospital in the town of Zomba. >



PHOTOGRAPHY: IAN BROWN (OPPOSITE PAGE); WENDY GLAUSER (THIS PAGE)

Before this clinic started offering HIV service in 2007, patients might have had to walk for a day – while ill – to get medical care, or sell a chicken so they could afford bus fare and accommodations in town. But over the past few years, the Malawians and Canadians at Dignitas have been working to train and support rural health-care workers, professionals who can provide drugs and recognize opportunistic infections in the absence of doctors. Today, 30 rural clinics offer AIDS services, some with the help of travelling Dignitas workers and others independently. This means the cost of transportation is no longer a barrier to getting care.

But what's most hopeful about the program is that, though it was the Canadians who came to Malawi with the goal of bringing care closer to people, it is the Malawians who have taken charge of that program. The Malawian health-care workers are the ones mentoring and coaching the staff about how to administer AIDS drugs. In a country where drug and equipment stockouts, low pay and little supervisory support foster burnout and despair among public health workers, organizations like Dignitas are working to inspire the opposite: can-do, take-charge attitudes. And the program reflects their success. By hiring senior Malawian health-care workers to manage

teams, as well as offering free lunches, computer training, skills upgrades and – perhaps, most importantly – constant encouragement and listening ears, the Canadian Dignitas staff have inspired camaraderie and stark determination among Malawian health-care workers in the hospital and in the health centres. “We’ve formed a community,” says Edson. It helps, too, that Dignitas provides vehicles for health-care workers and pressures health authorities to distribute drugs and equipment on time. “Dignitas provides the machinery to make it happen,” explains Gabriel. As a clinical officer (in Malawi, clinical officers essentially perform the same role as doctors, but don’t require the same level of education), Gabriel oversees AIDS treatment in the rural clinics.

As the line of patients heads into the clinic, Ruth steers the pregnant women, most of who are tussling with rambunctious tots, into a back room that looks like a cross between a classroom and a storage shed. She offers advice on nutrition and breast-feeding, then, after warming up the crowd, she mentions the three-letter virus. Though counselling and awareness programs have helped, many people still refuse HIV testing, either out of denial or out of fear of being stigmatized. But here, it’s easy to get pregnant women to consent to testing, because if they are found to be positive, they’ll be given drugs meant to prevent HIV from infecting their newborns. For Ruth, the best part is getting to tell an HIV-positive mother that her baby tested negative after 18 months (before this time, tests can be falsely positive because antibodies are passed from the mother). “She’ll scream, she’ll jump up and down, she’ll dance,” says Ruth.



Back at the hospital, Adrienne stops clinical officer George Sankhulani to ask about his morning meeting with the Ministry of Health. He says the ministry has agreed to change the protocol so that patients on tuberculosis (TB) drugs can start ARVs earlier. (Doctors had thought that the patients should be on TB drugs alone for two months before starting ARVs – so as not to overburden the body with pharmaceuticals. But testing by Dignitas and



another group showed that patient survival rates were much higher when TB patients who need AIDS drugs start them after two weeks.) Adrienne squeals and gives George a high five. “That was us! That was us!” she says.

Recognizing that it is Malawians who are at the vanguard of the fight for AIDS care, Dignitas has trained George and other Malawian health-care workers on how to run PowerPoint, how to interpret statistics, how to lobby officials and how to channel outrage over a patient’s death into specific demands at high-level meetings. It’s been a steep learning curve for the not-so-tech-savvy senior generation of Malawian health-care workers; many didn’t know how to use a computer before. But many are now able to manage patient databases, train other health-care workers and lobby at government and World Health Organization meetings. Edson says it’s not only Adrienne’s tech support that helps him in his role as a clinic manager, it’s also the way she’s always there to answer questions or coach him through a management or policy issue. “She is more than my boss; she’s my friend and she’s my mentor,” he says. “She is very protective. She is there to make sure I don’t stumble.” It’s not hard to imagine Adrienne, protective and slightly perfectionistic, pressing her nails into the table and smiling encouragingly as Edson speaks at a government conference on health. Just as much as they want to do their best for their patients, the Canadian and Malawian health-care workers want to do their best for each other. >



**Dr. Adrienne Chan (this page) spent three years in Malawi working with professionals such as nurse Ruth Manyera, shown (opposite page) teaching a nutrition class to young mothers.**

PHOTOGRAPHY: IAN BROWN (OPPOSITE PAGE); WENDY GLAUSER (THIS PAGE)

Equal partners in “the beautiful struggle,” Malawians and Canadians hope for a healthier future.



But there are moments. Team members admit they are often scrambling and that the crush of adults and children can feel overwhelming. As Adrienne says, there are times when she gets “that feeling of helplessness that sometimes happens.” Sitting on a wicker chair on her porch under the rising sun’s rays, she’s wearing a yellow T-shirt with a design of condoms in the shape of a heart. “I couldn’t sleep last night,” she says. “I was thinking of the nevirapine.” She is referring to the drug that prevents mother-to-child transmission, which is getting critically low in the clinic. She looks down at her plate of banana pancakes. The drugs may be in the country, but they still need to be processed at the central stores.

A few days later, her eyes are watery as she walks out of a ministry meeting in which the district’s equipment supplies were discussed. “They keep promising, but they’ve been saying this for months!” she says, exasperated.

Later, when asked how she gets past the slumps, Adrienne explains, “I see how hard people work. I mean, when someone like Edson becomes frustrated, you know it’s really bad.” One time, for instance, when the hospital ran out of film for the X-ray machine, the normally upbeat Edson said, “Sometimes I feel like crying for my country.” Yet, when Adrienne calls Edson at 6 in the morning for an emergency at the hospital, he doesn’t grumble or hesitate for a second. Nor do his Canadian partners. And so they pull together, sometimes grumpy and bleary-eyed, sharing

weary smiles as they pass each other in the halls, clinging to success when it comes.

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Back at the rural clinic, the day is almost done. As the last patient pushes off on his bicycle, Ruth finally gets a chance, at 5 p.m., to eat her lunch – some cornmeal porridge and beans. Then the team climbs into their white truck and heads back to town. The talk naturally turns to patient cases. Foremost on their minds is an 18-year-old boy, who was born HIV-positive and hasn’t been adhering to his drug regimen. Ruth shakes her head.

They fall silent, looking out the window. At the side of the road, a group of school children in bright uniforms giggle and push each other. The sun begins its descent. Tomorrow Adrienne will call again about the drugs. Gabriel will kid around with his patients. Ruth will talk about HIV transmission to a new group of mothers and squirmy kids. To them, it will be just another day. But as Dr. Kevin Bezanson, the former head of the Dignitas operation in Zomba and now a doctor in Toronto, Ont., realizes, they are all part of something bigger. “The beautiful struggle,” he calls it.

*Before this story went to press, Dr. Adrienne Chan took on a different position within Dignitas International: a medical adviser in the organization’s Toronto office. Edson Mwinjiwa has taken over as clinic coordinator. **hm***