

The faces behind the numbers

Providing relief to MDR-TB patients in the DRC

EMMANUEL'S STORY



Photo: PATH

Emmanuel and his mother

Emmanuel, the youngest in a family of six children, lost his father before his fifteenth birthday. He and his family live in Kamituga, a small town near the capital of Sud Kivu Province in the Democratic Republic of Congo (DRC). Badly deteriorated roads in Kamituga limit community members' ability to access critical health services. The town is also home to several large gold mines and quarries, which put the community—especially mine workers—at risk for tuberculosis (TB), given that across sub-Saharan Africa nearly a third of all new TB cases are linked to mining. Emmanuel, himself a mine worker, began coughing in early 2009, and eventually became so ill that he could barely walk. He was diagnosed with TB in 2010, and endured “a harsh daily regimen of pills with little food.” Despite completing his treatment, Emmanuel returned to the hospital in 2012, very weak and barely able to stand. Emmanuel describes these years of illness: “Since 2009 I suffered from cough...I felt that death was near.”

MELANIE'S STORY

Melanie Kansenga is a mother of six from Sud Kivu. Melanie was diagnosed with TB in 2006, and has since engaged in TB treatment three times. Even after participating in her third round of treatment, she remained sick. Melanie describes her frustration in trying repeatedly to fight off the disease: “In 2006 I developed signs of the disease [TB]...I followed the treatment for six months. At the end of the treatment I still sometimes felt sick, and by 2010, I was experiencing almost the same symptoms as before.” After her third round of treatment, Melanie describes how “nothing changed: I lost a lot of weight, I was very weak, and I fell into despair as my husband left me, my children, and my poor mother.” With little hope left, Melanie started to seriously consider suicide—she even sold everything in her house and closed her business in preparation.

PATH STEPS IN

When a TB patient completes treatment successfully but remains ill with the same symptoms, it is likely that the patient suffers from a multidrug-resistant form of tuberculosis (MDR-TB). Many patients who have MDR-TB, like Emmanuel and Melanie, are likely not aware of it. For these patients, standard first-line TB treatment will not be effective, meaning they will continue to suffer and possibly spread this drug-resistant form of the disease to others. Thus, a first step in combating MDR-TB is ensuring that health systems can suspect, identify, diagnose, and appropriately treat those with MDR-TB.

In 2009 PATH, with support from USAID, began providing comprehensive support to strengthen MDR-TB services in Sud Kivu. Project teams worked tirelessly to train health care providers and laboratory technicians to strengthen diagnosis, treatment, and management of MDR-TB. Teams also worked with local community-based organizations to provide comprehensive support to patients undergoing the difficult MDR-TB treatment regimen. Over the course of the project, PATH supported the



Photo: PATH

Melanie Kansenga, mother of six in Sud Kivu

implementation of systems to better screen and diagnose MDR-TB in Sud Kivu, and distributed treatment adherence kits to provide MDR-TB patients like Emmanuel and Melanie with the nutritional and financial support needed to complete a successful treatment process.

FINALLY MOVING FOWARD

At the heart of this work are the individuals who have reclaimed their lives and successfully fought this disease. When Emmanuel returned to the hospital in 2012, newly-trained staff quickly made the decision to test for MDR-TB. Emmanuel tested positive for drug-resistant TB and immediately began treatment. He initially feared that taking strong medications each day with little food would make him sick, and that he would not be able to complete the lifesaving treatment. He was able to receive an MDR-TB treatment adherence kit every two months, which included food and funds for transportation to ensure that he could get to medical appointments. Twenty months after entering the hospital, Emmanuel finally returned to his mother's house feeling stronger and happy. Emmanuel is well on his way to a full recovery, and plans to go back to work soon to support his ailing mother. Now "almost cured," Emmanuel states, "I can ask God to bless those who have helped me to be standing today."



A patient receives a treatment adherence kit

Melanie, like Emmanuel, also benefited from the improved MDR-TB services in Sud Kivu. Today, along with 27 other MDR-TB patients in her town, Melanie is finally correctly diagnosed with MDR-TB and continues her treatment with the support of a treatment adherence kit. Melanie continues to grow stronger and can now take care of her children, and her household has returned to normal.

Diagnosing, treating, and ultimately reducing the spread of MDR-TB is a complex and difficult process that requires individuals to have access to a variety of financial and health care resources. PATH's work to fight MDR-TB strives to make these resources more readily available to individuals—like Melanie and Emmanuel—and communities suffering from MDR-TB. Providing treatment adherence kits are just one way PATH works to improve individuals' capacity to reduce the threat posed by MDR-TB in their lives.