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# Prisons: Breeding Grounds For HIV Infection

By Mantoe Phakathi

**C**APE TOWN –Shortly after Morrison was sent to prison in Cape Town, two gang members stormed into his cell and dragged him to the showers where they took turns to rape him.

"I was very devastated," he recounts. "I hadn't had any sexual encounter before that rape incident because I did not believe in sex before marriage."

When he was taken for the routine medical screening given to every new inmate, Morrison reported that he had been raped. But no one in the administration was willing to help.

"The social worker told me that I did not qualify to see a psychologist because I had not yet been sentenced. Nothing was done to the perpetrators who I knew because one of them was from my area," he says.

"Prison officials laughed when I told them about the incident, which had left me traumatised."

His case concluded some three years after the incident following his conviction and he was convicted and sentenced to 15 years on the charge of murder. It was only five years after the incident that he took an HIV test after falling ill and telling a prison nurse about his rape ordeal.

"A nurse tested me for HIV and I was found HIV positive," he recalls, struggling to choke back the tears. "What is most painful about it all is that I was innocent, I never killed anybody."

Morrison, who now works at a hospital in Cape Town as a technician after serving half his sentence says rape is common in South Africa's prisons, but few inmates are willing to open the lid on their experiences. "Some men find it difficult to talk about their rape because they think that they will be considered to have been changed into women," he says.

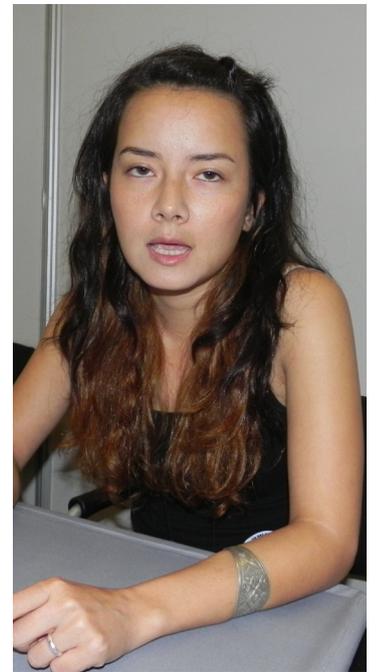
"I saw other young inmates going through the same ordeal and, like me, they did not get any assistance. Gang members are feared in prison."

A recent survey by the Judicial Inspectorate for Correctional Services of South Africa found that almost 50 percent of inmates in the country's prisons confirmed knowledge of sexual abuse.

Fabienne Hariga, the senior adviser with the HIV/AIDS Section at the United Nations Office on Drugs and Crime (UNODC), said violence is a major driver of HIV infections in prisons. To achieve zero HIV infections in prisons, she said, UNODC is encouraging governments to take a number of pragmatic steps, including screening prisoners and categorising them in respective age groups.

She said addressing violence is key in prisons. The first step would be classifying prisoners by not putting the weaker ones with those who are strong and more experienced.

"Proper monitoring systems are also very critical in addressing the sexual violence. There is a need for reporting systems and



Emily Keehn, Sonke Gender Justice Network. Credit: Mantoe Phakathi

ensuring that perpetrators are punished," she said.

Emily Keehn, the deputy manager for development and advocacy at the human rights NGO Sonke Gender Justice Network (SGJN), said sexual violence happens mostly on the inmate's first night in prison, but the prison guards do not seem to be well-equipped to deal with such cases.

She blamed lack of support for people in prisons on the negative attitude of prison guards and society towards inmates. "People say it's something they [prisoners] deserve; if they didn't want to be raped, they shouldn't have committed a crime in the first place," said Keehn.

SGJN is currently working with the government and prisoners to address the challenges faced by inmates. Keehn said that as of Mar 2013, 26.7 percent of inmates across South African prisons were HIV positive. SGJN is training inmates by disseminating information that encourages behavioural change to prevent the spread of HIV.

# Now is the Time to Act on Young People's HIV Education and Sexual Health Needs Leaders Agree



Twenty-one countries commit to act on young people's HIV education and sexual health needs at the East and Southern Africa affirmation ceremony. Credit: UNESCO

IPS Correspondent

**C**APE TOWN -- Recognising the urgency of the situation facing young people in HIV, education and health ministers from Eastern and Southern Africa have endorsed and adopted the UN commitment to ramp up sexuality education and health services.

The agreement was reached at a packed 7 Dec meeting of experts and youth leaders from 21 countries in Eastern and Southern Africa, convened by UNESCO and other UN agencies.

Reinforcing the message of a renewed focus on young people, UNESCO's Assistant Director General, Qian Tang said:

"Education saves lives... This region is

blessed with talented, ambitious and forward-looking young people. They are the future of this region. We need their talent, their energy and their vision for a better future."

The commitments include scaling up age-appropriate sexuality education at primary level; youth-friendly, non-judgemental and confidential health services and strengthening gender equality and rights within education and health services.

The goal is to help adolescents and young people make better, informed decisions on initiation of sexual activity and reduce sexual risk taking. It will also give young people the confidence to access services and support.

The commitment comes on the back of a recent UNESCO report: *Young People Today, Time to Act Now*, which brings together the disturbing evidence on the challenges for youth in the region, especially for young women.

Recent data from UNAIDS shows that, in some countries, 20 percent of young girls have started childbearing by the age of 17 while up to 35 percent of young women have experienced sexual or gender-based violence.

More than 30 years into the epidemic, 60 percent of young people still lack the basic knowledge to prevent HIV due to a lack of sexuality education.

**TERRAVIVA**

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## Selon un rapport, les ruptures de stock de médicaments hantent les malades du SIDA



Les malades qui ne prennent pas constamment leur TAR risquent de développer une résistance aux médicaments. Crédit: J. McKellar

Par Erick Kabendera

**L**E CAP – Jusqu'à 420.000 Sud-Africains vivant avec le VIH et le SIDA pourraient être en train de courir le risque de développer une résistance au traitement à la suite de la disponibilité irrégulière des médicaments dans les formations sanitaires.

Un nouveau rapport intitulé "Les ruptures de stock en Afrique du Sud, une crise nationale", publié par 'Stop Stock Outs Project', un consortium d'organisations de la société civile qui surveille et plaide pour la disponibilité des médicaments dans les formations sanitaires, a indiqué que six provinces sur neuf ont enregistré des ruptures de stock dans au moins 17 pour cent de leurs formations sanitaires. Les conclusions de ce rapport étaient basées sur une recherche menée au cours des trois derniers mois.

"Plus d'une formation sanitaire sur cinq (459/2.139 – 21 pour cent) ont signalé une rupture de stock ou pénurie d'anti-rétroviraux (ARV) et/ou de médicaments contre la tuberculose dans les trois derniers mois, dont la moitié (242/459-52,7 pour cent) étaient encore confrontées à des pénuries au moment de l'enquête", indique en partie le rapport.

"Six des neuf provinces sud-africaines avaient plus de 17 pour cent de leurs formations sanitaires qui ont signalé des pénuries, les pourcentages provinciaux allant de 53,9 pour cent dans l'Etat-Libre à 4,4 pour cent dans le Nord-Ouest".

Un autre malade sous ARV dans le Gauteng a déclaré: "Je suis sous Truvada et EFV. En juin, pendant 2 semaines, je suis allé au centre de santé pour des médicaments et nous avons été renvoyés sans rien".

Mark Heywood, directeur exécutif de 'Section 27', une organisation sud-africaine de défense des droits humains qui fait partie de 'Stop Stock Outs Project', a déclaré que beaucoup de gens mouraient à cause des ruptures de stock.

"Nous ne savons pas combien de personnes sont mortes pendant qu'elles étaient sous traitement ou ont abandonné le traitement, mais nous avons vu des gens dans des centres de santé dans des queues pendant plusieurs heures pour obtenir des services".

"Le VIH et le SIDA nous ont appris que nos systèmes sont vétustes. Les formations sanitaires manquent de personnel et les agents de santé sont mal rémunérés", a indiqué Heywood.

Il a demandé au ministère de la Santé et à toutes les autorités compétentes d'introduire en urgence des systèmes pour éviter les pénuries de médicaments dans les formations sanitaires.

"Cette question doit être traitée comme une priorité. Il doit y avoir une urgence dans la planification et la mise en place d'un système pour éviter les pénuries. Il existe des causes multiples des ruptures de stock, y compris une mauvaise planification, la corruption et la mauvaise commande, mais finalement cela a des conséquences néfastes", a souligné Heywood.

Environ 2,4 millions de personnes sont sous ARV en Afrique du Sud et 300.000 sont soignées pour la tuberculose chaque année, l'un des taux de traitement du VIH les plus élevés dans le monde, selon 'Stop Stock Outs Project'.

## Youth Call For Leadership Roles in the HIV/AIDS Fight



Linda Wamalwa-Ogeda (right) speaks during a press conference. Credit: Ignatius Banda

By Ignatius Banda

**C**APE TOWN – Although young people remain the most-affected age group by HIV and AIDS, they are often left on the periphery of decision-making, youth activists attending the International Conference on AIDS and STIs in Africa [ICASA] in Cape Town, South Africa, have observed.

"We want meaningful participation as we move towards zero infection where young people can also provide leadership," Linda Wamalwa-Ogeda, a youth activist told ICASA-Terraviva. "We are tired of attending conferences and [leaders] saying the same things but with nothing coming out."

Remmey Shawa, Africa regional co-ordinator for MenEngage at Sonke Gender Justice, said there is need to fully involve the young people in the fight against HIV and AIDS if the campaign to get to zero [HIV infections and AIDS-related deaths] was to be realistic.

"We want to move from just participation to leadership [at conferences]; youths are not tomorrow's leaders, we want to act now," Shawa said.

"Young people should be mentored for transition so they can take over decision making [on issues] that affect them as they understand their own issues better."

The UN news agency on AIDS [UNAIDS] says while infections are generally slowing down across the African continent, young people remain critically affected with infection rates in some cases.

# No More Diagnosing HIV By Clinical Signs

By Erick Kabendera

**C**APE TOWN – Six years ago, Dr Matilu Mwau was shocked to discover doctors at a hospital in Western Kenya were relying on clinical signs alone to diagnose HIV.

He took it upon himself to design and set up two laboratories that have since tested more than 25,000 infants – making it possible for those who needed the services to receive life-saving treatment.

The two laboratories – one in Western Kenya, in Busia, and the other in the Kenyan capital, Nairobi – offer viral load tests for adults at a nominal fee and test infants for HIV for free.

HIV and AIDS is a matter of grave concern in this part of the country, according to Mwau, who says that Nyaza region, for example, which is located near Lake Victoria, accounts for a quarter of Kenyans living with the disease.

“When I asked them if they do viral load (tests for the presence of HIV), they looked

at me blankly,” Mwau said. “They told me that they make clinical decisions by just looking at you like that.”

Diagnostic samples taken from children, he discovered, were being sent to a laboratory 125 kilometres away and it would sometimes take up to a year to get the results back.

“The need for services was acute and I decided to assemble a laboratory out of curiosity to see if it could make a difference,” Mwau said.

Mwau, a director at the Centre for Infectious and Parasitic Diseases Control Research in Nairobi, beams with satisfaction when he talks about his efforts to raise money to address the situation by setting up the facilities.

“We are now able to test up to 3,000 infants per year for HIV and put those who need it on treatment,” he said, adding that roughly 10 percent of the babies they test are HIV positive. “We are now able to collect dried blood spots from different parts of Kenya and test them in one of our laboratories.”

Mwau shared his experience while making a presentation on the challenges of setting up



Dr. Matilu Mwau: Credit: Mantoe Pakathi

laboratory services to support HIV/AIDS in resources-limited areas at the 17th International Conference on AIDS and STIs in Africa [ICASA] in Cape Town, South Africa.

He identified the health workers’ shunning working in rural areas, where most of the basic services are not available, as a major challenge, which he used as a drive to make a difference.

## Conflicts and Emergencies Slow ART Rollout

By Ignatius Banda

**C**APE TOWN - Conflicts and emergency situations across Africa are reversing the slow gains the continent is making towards universal access in the treatment of HIV and AIDS, health workers and humanitarian agencies say.

From the political violence in Kenya to the civil war in the DRC, floods in Mozambique to Africa’s newest nation South Sudan, HIV patients find themselves stranded as conflicts and emergencies prompt treatment interruptions, according to health workers attending the 17th International Conference on AIDS and STIs in Africa, in Cape Town, South Africa.

Patrice Badibanga, a senior World Food Programme (WFP) official in the Democratic Republic of Congo (DRC) says the conflict has made accessing some areas impossible and this has deprived HIV and AIDS patients of treatment.

“Recurrent conflicts pose security threats, logistics challenges and barriers to accessing ART. The government is providing ARTs and WFP is assisting with vehicles to transport food and medication where there is need,” Badibanga told IPS.

There remain huge challenges for internally displaced persons (IDPs) across the continent ... *Continued on page 6*



Dr. Esterina Novello Nyiok, head of South Sudan’s AIDS Commission. Credit: Nqabomzi Bikitsha

## VOICES FROM THE CONFERENCE

# Whom do you remember?

## The Museum of AIDS in Africa will host the collective memory of the pandemic

By Mercedes Sayagues

CAPE TOWN - Everybody who has lived or worked in Africa in the last 30 years has lost somebody – family, friend, colleague or neighbour – to AIDS. Those snatched by the virus live in our hearts and memories, and now they also have a virtual home on the internet – the Healing Through Memory project at [www.museumofaidsinafrica.org](http://www.museumofaidsinafrica.org)

You may have noticed at ICASA people filling in large cards in bright fuchsia colour, answering the question: Whom do you remember? Who was close to you and died of AIDS? What is your memory of them?

“I lost uncles and aunts and friends to AIDS and this is a way to honour them and keep them alive and relevant to me,” says Mandisa Mbaligontsi, the young staff member in charge of social media at the Museum of AIDS in Africa.

Healing through Memory seeks to preserve the stories of courage, despair, resilience, generosity and grief that made the pandemic both a continental tragedy and a remarkable example of community and international mobilisation and action.

“The epidemic was so devastating that we literally had no time to grieve, we lost the African way of grieving through the ancestors,”



Whom do you remember? A delegate reflects at the stand for the Museum of Memories. Credit: Mercedes Sayagues

recalls project manager Deirdre Prins-Solani, a heritage professional. “We want to talk about memory with an African voice.”

For now, the Museum exists in virtual space, through projects and exhibits that started in 2007. It is fundraising and hopes to start building in Johannesburg soon. Its work is articulated along three main areas:

- The history and science of the epidemic, with a strong didactic and interactive component geared towards youth
- Personal narratives of actors in the pandemic, from all walks of life, their intimate recounting of struggle and survival

- The art, from films to paintings, photos and tapestries, inspired by AIDS.

“Museums are places where communities and countries preserve, in public trust, the objects, documents, photos and stories they deem to be of value. They are places that impart knowledge and stimulate learning. Museums are places to help us remember,” says its brochure.

So whom do you remember? Stop by the Museum’s booth in the main hall, by the science expo, or visit their website, and leave your memory. This Museum belongs to us all.



## What are you taking from ICASA?

By Nqabomzi Bikitsha



As a practitioner in women's health I was a little disappointed that this is called an AIDS and STI conference. Very little was said on STIs. Otherwise I loved the activists' demonstrations and the sex worker's campaign.

Dr Doreen Masire



Experiences, best practices and the possibility of future collaborations. It was an interesting conference all around.

Dr Jackson Mukonzo



The key take home message is that it is possible to end AIDS and we need to work together to make this happen.

Kyeremeh Atuanene

# HIV-TB Co-infection Main Driver of AIDS-Related Deaths

By Wambi Michael

**C**ape Town – Co-infection of HIV and Tuberculosis (TB) is emerging as a leading threat to the success of efforts aimed at reducing AIDS-related deaths, researchers have said.

Dr Pontiano Kaleeba, a principal investigator at the Uganda Virus Research Institute, said the problem of co-infection is placing an extra burden on people living with either of the diseases.

“Such a person has to be subjected to two different lines of treatment at the same time,” said Kaleeba, who also works for the International AIDS Vaccine Initiative.

A recent study of the threat various diseases pose to HIV-positive mothers in Ethiopia, Cameroon and Togo found that no other co-infection has as great an impact as tuberculosis.

World Health Organisation (WHO) estimates that of the 9 million people who develop TB, one in ten is HIV positive and that 82 percent of TB-HIV co-infections occur in sub-Saharan Africa.

Globally, the number of people living with HIV who were screened for TB went from 600,000 in 2007 to 2.3 million in 2010.

WHO has identified HIV-TB co-infection and the emergence of multi-drug resistant (MDR)-TB as factors that could seriously complicate the global fight against the AIDS pandemic.

WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimate that one-third of the 40 million people living with HIV and AIDS worldwide are co-infected with TB.

“That is why we are saying we need strategies to quickly manage or prevent the co-infections from happening if we are to save lives,” said Kaleeba.

Dr Alain Azendekon, from Benin’s Military Hospital, described the HIV-TB co-infection as the biggest threat to the AIDS fight in Benin and West African countries in general.

“It is a real challenge. That type of treatment can take days ... many of our health facilities do not have the high technology for rapid detection of that type of TB,” he said.

He said the diagnosis of MDR-TB, especially in people living with HIV, requires several rounds of tests which takes days.

Azendekon called for the re-training of doctors in Africa on ways of detecting HIV-TB co-infection. “Sometimes, the clinicians fail to detect the diseases,” he said.

“Persons with HIV-TB co-infection always have different clinical symptoms that clinicians may not easily observe. A standardised TB test is not very sensitive, especially in patients with HIV-TB co-infection.”

Professor Tandakha Ndiaye Dieye, an immunologist at Le Dantec University Teaching Hospital, Dakar, said more systems for diag-

nosing and treating HIV and TB co-infections are needed.

“Some of those technologies and systems are available, but the problem is the cost,” said Dieye. “GeneXpert machines help health workers to diagnose drug-resistant strains of TB and other complicated strains within just an hour.”

In June 2012, UNITAID, an international drug purchasing facility partly financed through a levy on air tickets, approved funding of 30 million dollars with the aim of scaling up access to the GeneXpert test. It was hoped that the roll out of the test would bring the price down from 17 dollars to 10 dollars.

The high cost of machines like GeneXpert had been cited as one of the barriers to rapid diagnosis and treatment of HIV-TB co-infected patients.

According to Dieye, the US President’s Emergency Plan For AIDS Relief (PEPFAR), the United States Agency for International Development (USAID), and the Bill & Melinda Gates Foundation are currently negotiating with GeneXpert manufacturers, Cepheid, to reduce its price.

This September, WHO and UNITAID delivered GeneXpert machines to several countries in Africa, Eastern Europe and Asia as part of a project known as TBxpert.

Dr Lydia Mungarera, a Ugandan medical doctor living with HIV, who is also co-founder of the Pan-African Coalition of Women Living with HIV/AIDS, said major donors, including the Global Fund on HIV, TB and Malaria, have not addressed the problem of HIV-TB co-infection adequately.

## Conflicts and Emergencies Slow ART Rollout

*Continued from page 4* ... which health workers say demands speedy, though difficult and dangerous, interventions.

According to the United Nations High Commission for Refugees (UNHCR) there are 10.4 million IDPs in sub-Saharan Africa.

Dr. Esterina Novello Nyiok, who heads South Sudan’s AIDS Commission says the effects of conflict and post-conflict scenarios have increased medication stock-outs.

“It is challenging for HIV services in conflict and post-conflict scenarios as there are concerns of how medication gets to the people,” Nyiok told IPS.

“There is increase in the stock-out of medica-

tion which increases the mortality of patients as a result of opportunistic infections and the chances of developing resistance to ARVs is also very high, and that [in turn] increases the cost of second line treatment,” she said.

According to Nyiok, the World Food Programme is no longer just providing food assistance to affected areas but is also assisting with making sure the food packs are accompanied by ARVs for displaced populations living with HIV.

“The interventions we do now is that we have already integrated HIV in the humanitarian [assistance] whereby the package we provide to the affected population should also include HIV services ranging from prevention to treatment needs,” Nyiok said.

Natural disasters have also made it difficult for HIV and AIDS patients to access medication, according to Dr. Lucas Molfino of Medecins Sans Frontieres (MSF), who told an ICASA dialogue that more than 50 percent of AIDS patients in Mozambique experienced treatment interruption because of last year’s floods.

“HIV/AIDS related mortality increases with poor access to health care because of the floods,” he said, adding “antiretroviral therapy provision was not seen as a priority by emergency teams.”

As health officials continue seeking ways to improve access to health services for HIV patients towards the zero-deaths goal, man-made emergencies could be reversing those efforts.

# Des fabricants d'ARV ont du mal à vendre des médicaments



Les médicaments fabriqués localement s'avèrent plus coûteux que les produits génériques importés. Crédit: J. McKellar

Por Wambi Michael

**K**AMPALA - Le gouvernement ougandais se bat pour tenir ses promesses de protéger la production locale de médicaments anti-rétroviraux (ARV) et anti-paludiques contre une concurrence provenant de l'étranger.

Suite à un accord signé en 2008 avec le fabricant indien de médicaments génériques 'Cipla Limited', une société ougandaise, 'Quality Chemicals Limited' (QCIL), a commencé à fabriquer des ARV et des thérapies combinées à base d'artémisine (CTA) en 2009.

Mais les médicaments fabriqués localement s'avèrent plus coûteux que les ARV génériques produits en Inde, en Chine et au Pakistan, et même par les grandes entreprises pharmaceutiques en Occident.

Paul Asimwe, un avocat ougandais bien informé des lois sur la propriété intellectuelle et l'accès aux médicaments, affirme que QCIL et d'autres fabricants de produits pharmaceutiques en Ouganda n'ont pas bénéficié d'une protection suffisante contre des fabricants de produits génériques étrangers désireux de profiter du marché ougandais de produits pharmaceutiques de plusieurs millions de dollars.

Mais il reconnaît que le gouvernement a une marge de manœuvre limitée pour influencer cela. "Le problème est que le gouvernement n'achète pas vraiment la plupart de ces médicaments, puisqu'ils sont en grande partie payés par les donateurs et le Fonds mondial de lutte contre le SIDA, la tuberculose et le paludisme, qui ont insisté que tous les achats soient soumis à des appels d'offres à concurrence", a expliqué Asimwe.

Denis Kibira, le conseiller sur les médicaments à la Coalition pour la promotion de la santé et

du développement social (HEPS-Ouganda), a dit que les prix des ARV produits localement en Ouganda demeureront élevés jusqu'à ce que le gouvernement et ses partenaires, tels que l'Organisation mondiale de la santé [OMS], abordent ce qu'il qualifie de "préoccupations tenaces".

"Les prix des médicaments produits localement baisseront seulement si les coûts de production sont réduits à travers la disponibilité d'un financement abordable pour le secteur, l'amélioration de l'infrastructure routière ainsi que la production locale des ingrédients pharmaceutiques actifs", a souligné Kibirat, ajoutant que les fabricants locaux de produits pharmaceutiques paient encore des coûts élevés pour les matières premières dont les prix fluctuent largement en fonction de la demande d'autres pays.

Il a ajouté que la culture de l'armoise dans certaines parties de l'Ouganda n'a pas contribué à réduire le coût de production du médicament anti-paludique puisque l'armoise brute provenant de l'Ouganda n'était pas encore approuvée par l'OMS.

Dr Gilbert Ohairwe, un membre du conseil de l'Ordre des pharmaciens de l'Ouganda, a expliqué qu'en plus de la concurrence des fabricants en Inde, en Chine et au Pakistan, l'industrie pharmaceutique locale a dû composer avec des médicaments bon marché qui arrivent en Ouganda à travers des achats volontaires groupés.

Le Fonds mondial dépend des achats groupés, qui garantissent des médicaments en gros à des prix préférentiels auprès des principaux fabricants de médicaments au monde, comme un moyen efficace pour résoudre les

problèmes des prix et du contrôle de la qualité.

Mais Ohairwe a affirmé qu'avec 'Big Pharma' qui prend la part du lion des près de 20 milliards de dollars US dépensés par le Fonds mondial sur des médicaments pour 144 pays en 2010, les producteurs locaux sont désavantagés.

Les défenseurs d'un meilleur accès aux ARV et autres médicaments suggèrent que l'Ouganda profite mieux des exonérations pour les pays les moins avancés en vertu des règlements de l'Organisation mondiale du commerce - qui ont été récemment étendues à 2021 - pour acquérir la technologie afin de produire des médicaments de qualité supérieure et peu coûteux.

Sarah Opendi, ministre de la Santé du pays, a reconnu que le secteur local des produits pharmaceutiques est confronté à des défis. "Mais personne ne peut dire que nous n'avons pas appuyé 'Quality Chemicals Limited' pour qu'elle arrive à là où elle est aujourd'hui. C'est certainement dans notre intérêt d'avoir plus de médicaments fabriqués ici", a-t-elle déclaré.

Dr Gordon Sematiko, directeur de l'Autorité nationale de contrôle des médicaments (DNA), a révélé que la NDA élaborait une nouvelle stratégie nationale sur les produits pharmaceutiques en coopération avec le ministère de la Santé.

Cette nouvelle politique, selon Sematiko, mettra en place des mesures visant à réduire la dépendance des médicaments importés.

"On espère que ce plan permettra d'améliorer leurs pratiques de fabrication et d'améliorer par conséquent leur compétitivité sur le marché intérieur", a-t-il affirmé.

# Medical Workers Risk Time Bomb of Drug-Resistant Tuberculosis



Zolewa Sifumba and Dr. Arne von Delft stand before a portrait of the late 'madiba' Nelson Mandela who survived a 1988 TB diagnosis that left him with damaged lungs, making him susceptible to recurring infections. Credit: J. McKellar

By Wambi Michael

Cape Town -- Zolewa Sifumba is a fourth-year medical student at the University of Cape Town in South Africa. In October 2012 she developed a lump in her neck. She did not show any of the common symptoms of tuberculosis, including coughing.

A month later, she had an operation on the lump and on examination, Sifumba tested positive for Multi-Drug Resistant Tuberculosis (MDR-TB).

"It has been a horrible year I must say. I have had to go through injections for six months, which is so painful. I have been taking twenty one pills per day and that has been horrible," Sifumba told IPS.

A member of TB Proof, a group which highlights the threat of MDR-TB among health workers in Africa, Sifumba suspects she contracted the disease from TB patients during the course of her studies. "It has interrupted my schooling so I will repeat a year. It has kind of shattered my dreams of what I wanted to be," she said. "But I will carry on. I won't let TB keep me down."

MDR-TB, is defined as tuberculosis that is resistant to at least isoniazid (INH) and rifampicin (RMP), the two most powerful first-line treatment anti-TB drugs.

Dr. Arne Von Delft, one of the founders of TB Proof, warned, "TB is a time bomb waiting to explode. If we don't improve treatment as well as prevent it now. Surely we will lose control."

Von Delft, whose wife, Dalene is an MDR-TB survivor, told IPS that global attention has been focused on finding a cure for HIV but almost nothing is being done in line with TB research. "We are worried particularly for people living with HIV. TB is the leading cause of death among people living with HIV," Von Delft said.

The available MDR-TB treatment drugs are very toxic and hard to tolerate. "My wife was faced with the very difficult choice of either being deaf or dead. She was losing hearing from one of the injectable drugs and if she stopped taking it the disease would take her life," Von Delft explained.

During treatment, Von Delft's wife constantly listened to music fearing she would never hear again. She was one of eight South Africans lucky enough to access bedaquiline, the first new medicine to fight TB to come on the market in the last 50 years.

Her treatment took almost two years, including eight months of painful injections and having to take about 20 pills daily. She was

cured and resumed her medical practice.

Sifumba has also been initiated on the same medication, currently only available in South Africa. "I'm lucky that I'm in South Africa where treatment is free. I know that in other countries in Africa the treatment is not easily accessible. Lots of people are probably struggling to keep a job while on treatment. I know that those people have had it much tougher than I have," said Sifumba.

South Africa has the second largest rates of TB prevalence globally, after Swaziland. According to World Health Organisation figures, TB is a leading killer of people living with HIV, causing one quarter of all deaths.

Many countries still rely on a long-used method called sputum smear microscopy to diagnose TB. But according to Dr. Jennifer, Hughes, a campaigner with Médecins Sans Frontiers, an international medical humanitarian organisation, the old method of diagnosis is no longer effective, especially for MDR-TB and TB associated with HIV.

Activists at the 17th International Conference on HIV and STIs in Africa (ICASA) have been urging African governments and WHO to urgently roll out the newer and highly effective but more expensive GeneXpert rapid TB test machines.