

“A Day in the Life” with OHAfrica in Lesotho

The Ontario Hospital Association (OHA) and the Change Foundation have joined in partnership with the government of the southern African country of Lesotho to establish a program for the care of people with HIV/AIDS. Their first joint initiative is the establishment of Tsepong (“A Place of Hope”) clinic at Motebang Hospital in Leribe, Lesotho’s second-largest town. The Canadian team has been on the ground since December 2004. Gary Bloch, a family physician with St. Michael’s Hospital in Toronto, joined the project for one month in March 2005.

I wake up at 6:00 a.m. and drag myself into the orange glow of a southern African sunrise for my morning run. It will be my first clinical day at Tsepong clinic and I need to prime my mind and body for entry into a new world of practice and experience – to face an unfamiliar country, language and medicine.

The Canadian team (team leader, Philip Berger, pharmacist, Marnie Mitchel, advanced midwife and nurse, Sister Christa-Mary, and temporarily, myself) arrive at Tsepong around 8:00 a.m. We step in to the sound of the hauntingly beautiful morning prayer. A hallway filled with at least 45 patients, many hardly able to stand, using every last ounce of energy and motivation to bring themselves to their feet, engage in a perfect, heartwrenching harmony of prayer for health.

This morning (as with all Mondays and Wednesdays) is spent drawing blood. We see over 50 patients between us, many with almost imperceptible, dried-out veins that require intense concentration (and the occasional muttered prayer) to tap into.

The afternoon is taken up with the seemingly endless stream of the sick. Four cases of pneumocystis carinii pneumonia (PCP – an advanced complication of AIDS now relatively uncommon in Canada) – a diagnosis we can make across the room, watching a wasted patient desperately gasping for air at 50 or more breaths per minute. We see three cases of esophageal candidiasis (another rarity in Canada – AIDS-defining yeast infection of the throat), and patients unable to eat or drink because of the intense pain caused by swallowing. There is one case of presumed active tuberculosis (with PCP and esophageal candidiasis). And these must be diagnosed with only our ears, eyes, hands and stethoscopes, as the nearest x-ray machine is an hour away, and the laboratory is basic (to be kind).

An 11-year-old boy comes in with his 6-year-old sister. They are the same size. He has just finished treatment for tuberculosis. We do not know the exact status of his immune system, but we can make a good guess. They are brought in by their grandmother – a 50-something woman caring for more grandchildren at home. These children’s mother died two years earlier, forcing this grandmother to become one of the many

silent heroes of the HIV pandemic. Pediatric forms of anti-HIV drugs are not yet available for these children, but we improvise when necessary by breaking adult tablets. In Canada, this would be considered a therapeutic dilemma; in Lesotho, this type of creativity is lifesaving.

Our primary measure of the strength of patients’ immune systems, the CD4 count, falls almost uniformly below 200 (the cutoff point for AIDS) and often below 50. We start patients deemed appropriate (according to carefully developed Lesotho adult guidelines) on antiretroviral therapy. The clinic, in five months, has started over 300 patients on these lifesaving drugs.

These treated patients give us strength to continue. The clinic’s seventh patient (they are all assigned sequential numbers) returns after three months on antiretrovirals, having gained eight kilograms, with his CD4 having risen from 69 to 196. Another man, after one-and-a-half months on drugs, has an unbelievable rise in CD4 from 16 to 265, and in weight from 45 to 60 kgs. The latter patient bounds in, full of energy, excited to spread word of the clinic and new possibilities for HIV care to the entire country.

It is the hope this patient expresses that best captures the impact of this clinic in Lesotho. For the first time, antiretroviral drugs are being provided to the public, providing a sense of future possibility for a country suffering under the yoke of a pandemic beyond comprehension. It is estimated that over 30% of the adult population of Lesotho is infected with HIV. Tens of thousands of children are orphaned, and many thousands suffer from the infection.

But this is a country of contrasts. Situated on top of mountains (it has the highest low point of any country in the world), Lesotho has some of the most stunning scenery I have ever seen. That night, we sit outside and watch a brilliant, powerful thunderstorm light up the mountain behind our houses. We marvel at how beauty can still lift our hearts after a day of witnessing tragedy.

A month at Tsepong is a drop in the bucket, but every drop preserves life. I have never experienced such satisfaction from my work, or felt on a daily basis I was so directly and immediately saving lives. There is not a place in the world that needs such a broad range of healthcare intervention more than Africa right now, and this need will continue for many years. The OHA has privileged access to the best-trained health professionals in the world, and the impact of its offer with the Change Foundation to support the transfer of these skills to Africa has the potential to go beyond hope and make change that is truly profound.

For more information about the OHAfrica initiative, please visit the OHA’s website at www.oha.com. Inquiries from healthcare professionals about long- or short-term involvement with this project are always welcome.