

Basotho battle death in the mountains

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"Since the other people in my village found out I was infected with HIV, many of them stopped talking to me. Others refuse to shake my hand. They are scared to buy my products or drink my husband's *joala* [traditional brewed beer]," says Maithabeleng Maneela (36).

While dark, ominous clouds gather above the hills in the distance, I accompany Maneela on her return from the Bobete Health Centre (BHC), located in central Lesotho, to her village on the other side of a nearby hill.

As we trek over treacherous trails through the remote, mountainous Tsabo Tseka district, Maneela explains the social challenges she has faced since she tested HIV-positive.

She is one of 320 000 people living with HIV/Aids in the tiny, landlocked African country. According to a 2003 report by the World Health Organisation (WHO), the monarchy has an estimated HIV/Aids prevalence of 30%, the third highest in the world. Almost one-quarter of Lesotho's adult population is HIV-positive and life expectancy in the tiny mountain kingdom has plummeted to less than 35 years.

On top of extremely high HIV/Aids prevalence, Lesotho has alarming rates of tuberculosis (TB). With an estimated 13 000 cases reported last year alone, it has the world's fourth-highest TB prevalence. Moreover, extensively drug-resistant TB -- the newly identified TB threat that leaves patients virtually untreatable using currently available anti-TB drugs -- has become the leading killer of those infected with Aids.

Without fully fledged and all-encompassing aid, the entire Basotho nation is set to be extinct within 30 years.

According to Maneela, the HIV prevalence is so high because many members of Lesotho's adult male population travel to South Africa to work on the mines, where they contract HIV. They then infect their wives upon their return.

"I discovered that I was infected with HIV when I already had TB," she says as we climb a steep hill. "I was sent out to the clinic when the traditional healer was not able to help me any more. I was very sick when they tested me in the clinic. It turned out I was HIV-positive as well."

Since then, Maneela has to return to the clinic in Bobete every week to get her antiretroviral medication, and milk for her six-month-old baby. Miraculously, the infant was not infected during her pregnancy and is now enrolled in a breast-milk-substitution programme to



Maithabeleng Maneela on her way during the two-hour walk to her village. (Photograph: Ilvy Niokiktjien.)

prevent infection.

Healthcare

With her baby tightly wrapped up in a traditional Basotho blanket, it's hard to keep up with Maneela. During the two-hour walk to her village, it is difficult to believe she is living with a deadly disease. On the contrary, she looks lively and energetic.

Her care is part of the holistic approach of Partners in Health (PIH), an organisation that works with members of the community to provide treatment for general medical conditions as well as more complicated diseases such as TB and HIV/Aids. Additionally, it focuses on improving access to food, shelter, clean water, education and economic opportunities.

The country director of PIH in Lesotho, Jennifer Furin, acknowledges the great burden the organisation has to deal with, but she is nonetheless optimistic on what has been achieved so far.

"Since the initiation of the programme in July 2006, 5 421 persons have undergone HIV counselling and testing [HCT] in one of the three health clinics in Nohana, Bobete and Nkau.

"The targeted testing, however, is also performed among patients with TB, patients with sexually transmitted infections, women presenting at antenatal clinics, and patients under the age of five. Also, our doctors are visiting the people who are too weak to come to the clinic on the weekends, during which HCT also occurs," she explains.

According to the first PIH annual report, issued this year, a total of 521 patients have been enrolled in antiretroviral treatment (ART) and more than 1 500 patients have tested positive for HIV and are now enrolled in HIV care.

After the implementation of PIH's HIV testing and treatment programme, 379 cases of TB were diagnosed at the health centres and the patients started on therapy.

A major component of PIH's programme in Lesotho is the training of community members. To date, 14 people from the surrounding area have been trained in record documentation, patient adherence counselling and patient support. They can also measure vital signs and record initial baseline patient information.

Another crucial link in PIH's holistic approach is the 250 village health workers who have been trained in the management of HIV and Aids. "Without the village health workers, we couldn't do the work up here," says Mona Haidar, while she checks the lungs of an old Basotho man at the clinic.

Haidar is the only doctor in Bobete, assisted by three nurses and four programme staff responsible for translation, record keeping, HCT and food distribution.

"The village health workers take care for up to six persons in their village and make sure they take their medication," she says. "Sometimes they walk four or five times a week to and from the clinic to accompany them and assist them where they can.

"Because of the village health workers, we see an increase in people coming to the clinic. More and more people are motivated by the village health workers and, because of what they see around them, people are getting better."

'Less death'

Mamosito Rantletse (58) has been a village health worker since April this year and has

accompanied her patients from her village, five hours on foot from the clinic. "Since the clinic is here, people notice there is less death around," she says. "I try to convince the people who are scared for the result of the HIV test to come to the clinic and make sure my patients who are on ART [antiretroviral treatment] take their medication."

As stated on the PIH website, "Village health workers do not supplant the work of doctors or nurses; rather, they are a vital interface between the clinic and the community."

Haidar and her team serve 53 surrounding villages. On an average day they see 50 patients in the clinic. Waiting times are long and consultation times too short. But as there are only 89 doctors serving a country of about 1,8-million people, they are doing the best they can.

When we finally reach Maneela's village after a two-hour walk, snow starts to descend from the dark clouds. I am invited inside, where her other six children huddle around a little fire in the centre of the primitive round shelter. With no shoes on their feet and few clothes, I shiver in sympathy, while the temperature outside falls below zero.

The smoke coming off the smouldering coals fill the dark, badly ventilated hut with thick, blue smoke. My eyes begin to burn almost instantly, but Maneela doesn't seem to be bothered as she quietly starts to feed her baby with the milk from the clinic. I wonder: Will this child witness the last days of his people?