DRIVE AGAINST MALARIA

REPORT FROM AN EYEWITNESS

BAKINGILI COMMUNITY AND HEALTH CENTER

C A M E R O O N
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The reality of African malaria

I can't tell you how many times people have asked me: "How do you find the areas in which the malaria problem is the greatest?"
They can't imagine that malaria is everywhere, and that it is hard to find places where the malaria situation is well regulated – where the first steps have been taken to keep malaria at bay. I was hoping that Bakingili, a small village near Limbe, would be such a place. I expected them to at least have protective nets, or the right combination therapy. But when I got there, I was shocked.
One of the worst aspects of this disease is the nature of its victims – pregnant women and children – children just like the ones you are looking at right now.

This is the real tragedy of malaria. Over the past 8 years I have visited 29 African countries in the Drive Against Malaria Land Rover. During this time, I wrote about my experiences in a diary. I would like to share a few of these experiences with you, so that you can see for yourself the situations with which we are confronted on a daily basis. What you are about to see and read is the reality of African malaria.

I would like to take you to Bakingili, Cameroon.

Bakingili is a small village in Cameroon's coastal territory, with 1163 inhabitants, where the number of malaria cases has exploded during the past two years. This rise in sickness is attributed to an increase in the population of the area, industrialization, and especially deforestation. Some of the information I am about to present to you is the result of last year's investigation by the WHO in cooperation with different universities in Cameroon.

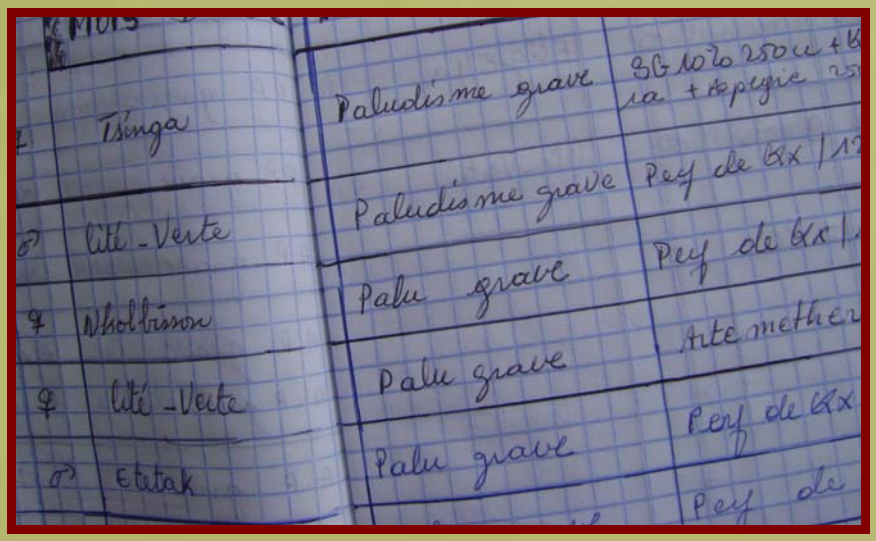
In my diary, I write:
April, 2008.
Bakingili, 1,163 inhabitants.

We visit the Health Centre.

This is the Health Centre, where they mainly treat pregnant women and mothers with babies, whom you now know are most vulnerable. In fact, during the last two years, the number of malaria infections in babies has doubled per month. Now they are at higher risk than ever before. In this area alone, each unprotected person becomes infected with malaria an average of 160 times per year.

Complications of malaria during pregnancy

Malaria infection during pregnancy is a major public health problem, and pregnant women comprise the main adult risk group for malaria. The symptoms and complications of malaria during pregnancy differ with the intensity of malaria transmission and thus with the level of immunity the pregnant woman has acquired.



Many women have not acquired a significant level of immunity and become very ill. Maternal death may result either directly from severe malaria or indirectly from malaria-related severe anaemia. Malaria infection in the mother can also result in a range of adverse pregnancy outcomes, including spontaneous abortion, neonatal death and low birth weight. Despite these awful problems, less than 5% of pregnant women in this area have access to effective interventions.

Pregnant women go to the Health Centre for consultation, hoping for malaria medication. But the situation here is shocking. The centre doesn't have Artimisinine Combination Therapy, or ACT, the most effective malaria medication. In fact, they have no medication at all, or even the means to diagnose malaria. They don't even have protective mosquito nets.

She lost her baby last night

Sadly, this is often ‘business as usual’ on the African continent.
I walked into the Bakingili Health Centre and met Doctor Victorine Mbeleck Nkondjock, the head of the centre. Victorine showed me the number of malaria infections during recent months. It was clear that the situation was bad.

We walked down a hallway that connects the Health Centre to a consultation space, where we came upon two women sitting together on a bed. One of them looked very sad, but gave me the briefest hint of a smile as she saw me.
I asked Dr. Victorine what was wrong with her.

“Her name is Tapita,” she said. “She was 5 months pregnant, but contracted malaria, and lost her baby last night. She is very weak, but we have no treatment for her at all. There is never enough ACT, and we were treating people with Chloroquine, but their systems are resistant to it. We ran out of effective medication a long time ago. It is difficult."

I could do nothing, other than greet Tapita warmly. I could see the sorrow in her eyes as I listened to her story. The utter sadness of her loss washed over me.

Emilette was sitting next to Tapita. She was shy, 7 months pregnant, and she too had malaria. If she didn’t receive the right treatment quickly, she would most likely lose her baby too.

The horror of their predicament cut me to the bone.

It was too late for Tapita

Emilette looked at me, and finally asked the question I knew was burning in her mind.
"Do you have medication for us, Madame?"
I nodded. Yes, I did have the medication.
"Thank you Madame," she said softly. "Thank you. God bless you."
Dr. Victorine looked at me in disbelief. "You have proper medications for us?"
I nodded again. We would be able to help Emilette. But for Tapita, and her dead baby, it was too late. I had good news for Dr. Victorine – we had effective Artimisinine Combination Therapy for her centre, as well as diagnostic equipment and mosquito nets. I told her that Emilette and Tapita should take the medication immediately, and finish the entire course of treatment. In four days they would be cured.

There is no effective medication

I was amazed, and tremendously angry. People in the Bakingili Health Centre did not know about the existence of LLINs. They only knew about nets that had to be treated every 8 months, which was not effective because the means to treat them was not available, and because it is very difficult to reach the people in the mountains every 8 months.

Doctor Victorine said that sometimes they treat malaria with ACT Coartem – which is very effective with scarcely any side effects – but that there was never enough. When they ran out of Coartem they used the more aggressive Artesunate Amodiaquine, but this medication was not available when we were in the Health Centre. They were using Quinine, which was pointless due to physical resistance that the population had developed against this drug.

One look at the monthly status of malaria cases told us enough. The number of cases among infants had doubled, from 23 babies to over 40. During the wet months of July, August, and September, the number would be even higher. But medication for infants, children and pregnant women in the health centre was not free of charge, and people had to pay 600 CFA (about 1 Euro) just to acquire it.

1000 nets for Bakingili

Together with Dr. Victorine, we met with Josef Mokonya Elive, the head of the town. He welcomed us into his home, and we explained our plan. We wanted to provide the entire Bakingili community with nets, and to do that we needed a list with the names of the inhabitants and the number of nets needed per family. Each person receiving a net would give us their signature when they received their nets, and then we would monitor the situation in their homes through spot checks, with the help of the village leader.

The next day, starting at 9 o'clock, we began welcoming the community into the Health Centre. We provided explanations to the people, gave demonstrations, and showed them placards and an educational video about malaria.

FACTS & RESULTS

The village of Bakingili is situated in the mountainous coastal area of southwest Cameroon. It has 1,163 inhabitants and falls under the jurisdiction of the Limbe Health Care Area. The region has experienced an explosive increase of malaria has during the past two years (WHO report 2007), but the small Bakingili Health Centre has no LLITNs, ACTs, or thermometers.

Plans

- Rapid diagnosis kits: Rapid Diagnose Test, Master Screen, 1=p.f, 2= P.V;
- Follow up monitoring as of September 2008;
- Further distribution of LLITNs for communities outside of Bakingili who are dependent on the Health Care centre.

Results:

- DAM distributed over 1,000 LLITNs throughout the community;
- During distribution, we also provided malaria education through brochures and videos;
- The Health Centre was provided with enough ACTs and supplies to last until October of 2008;
- Mosquito nets and thermometers were provided to the wards.

Drive Against Malaria in 2008

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and many others !!!!
We thank you for joining us, and our many volunteers in our fight against Malaria
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