

**Deadly if Untreated:
pushing forward the response
to **kala azar** in Ethiopia**



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With Special Thanks: to all of the patients and staff (MSF and Bureau of Health) at the MSF treatment centre in Abdurafi and at Kahsay Hospital in Humera, who contributed their stories and thoughts to the development of this booklet, in the hope that the response to kala azar in Ethiopia will continue to improve and more lives be saved.



“In the past many people died from this disease. You would see dead people lying by the side of the road. But now it is very different. Many people working in the fields know about kala azar and know where to go if they get sick. Many lives have been saved”.

Doctor, Kahsay Hospital, Humera

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Patient Story:

“Where we live we don’t know how to live. We only stay in the fields where insects bite us”.

“I work in the farms; there we eat porridges and bread. We drink water from the rivers. Even if I know the cattle lay dung in it, I drink it while closing my nostrils with my fingers. We sleep under the acacia tree and in the open grasses.

I had cramps in my legs. I felt weak. If I lay down on my back I felt short of breath. I got severe headaches. My vision was blurred. I had fever for two weeks and they said it could be malaria and gave me anti-malarial drugs. But it got worse.

I never thought I could survive. I was even thinking to commit suicide. But now I’m getting injections I don’t feel anything. The injection was painful before but now I’m fine with it. I am better, except the weakness, I’m a lot better.

This is my second time to have kala azar. I was asked if I would be willing to get tested for HIV. I gave my consent and I got counselling and currently I’m on antiretroviral therapy (ART). My life is saved now I’m on ART.

Here we are taught about HIV, gonorrhoea, and kala azar. I shall pass these messages to my friends. With the help of God, I wish to teach my friends to protect them from the disease, but because I have to work to help myself I can’t do it. I don’t have daily bread. I have to go to the farms and work again to help myself”.

Kala azar patient, Humera

Did you know...?

Just over a decade ago there was little kala azar treatment available in Ethiopia. Today several treatment centers exist throughout endemic areas in the country

Kala azar: deadly if untreated

More than 90% of people with primary kala azar can be saved with timely diagnosis and effective treatment.

Visceral Leishmaniasis, or kala azar as it is more commonly known, is caused by a parasite transmitted by sand flies. The disease affects the immune system, increasing the likelihood of people catching other infections, which are the primary cause of death. Not everyone who is bitten by an infected sand fly will automatically get the disease. Many people develop a level of immunity against it. However, people in poor health whose immune systems are weakened are especially vulnerable to becoming ill.

In Africa, kala azar is found in parts of Sudan, Kenya, Somalia, Eritrea and Ethiopia. The disease is particularly prevalent in the lowlands of northern Ethiopia, among the large sesame, cotton and sorghum farming areas. Here, hundreds of thousands of migrant workers arrive every year to work the agricultural season. They are at a high risk of getting kala azar as they live and work in difficult conditions and often lack adequate nutrition, clean water, shelter and protective equipment. In recent years, kala azar has also spread to a number of areas in the highlands of the Amhara region and parts of the Southern Nations and Nationalities People's Region.

Those who are new to kala azar endemic areas often lack immunity to the disease, a problem which also affects resettlers. Further, many people are unaware of kala azar, which symptomatically is similar to a number of other diseases such as malaria and tuberculosis.

Many steps have been taken in pushing forward the response to kala azar in Ethiopia and many lives saved as a result. However, there remains a great need for increased preventative measures and accessibility to early diagnosis and effective treatment if the disease is ever to be eliminated.

Did you know...?

The World Health Organisation estimates that there are 500,000 new cases of kala azar per year in 64 countries worldwide

The evolution of treating kala azar (KA) in Ethiopia

Some of the key moments in pushing forward the response to kala azar in Ethiopia - thanks to many dedicated partners/individuals (including those not mentioned here)

- **1997:** Outbreak of KA in Humera, Tigray region, MSF responds and establishes a KA program in Kahsay Abera Hospital
- **1999:** MSF expands KA care & treatment to Konso, Southern Nations and Nationalities People's region
- **2000:** MSF expands KA care & treatment to Mycadra, Amhara region
- **2003:** MSF expands KA care & treatment to Abdurafi, Amhara region
- **2003/2004:** A clinical trial on the drug Miltefosine shows good results in treating patients co-infected with HIV. By mid-2009 lobbying for the introduction of Miltefosine in Ethiopia was on-going
- **2004:** establishment of an Advisory Taskforce on KA to support the Ministry of Health (MoH)
- **2005/2006:** MSF emergency KA intervention in Metema, Amhara region
- **2006:** MSF expands KA care & treatment to Libo Kemkem, Amhara region
- **2006:** Ambisome, an alternative and safe medication that has resulted in further reducing mortality, is approved by the National Drug Advisory Committee and officially included in the National Drug List
- **2006:** National Kala azar Diagnostic and Clinical Guidelines are published for the first time in Ethiopia
- **2006:** MSF studies HIV/kala azar co-infection, the role of ART in preventing relapses and the rK39 rapid diagnostic test
- **2007:** World Health Organisation (WHO) runs an international workshop on HIV/Leishmaniasis in Addis Ababa involving all stakeholders and actors
- **2007:** Spanish Cooperation commits to fund WHO/MoH program for a kala azar elimination program
- **2007/2008:** The National HIV/AIDS protocol recognizes kala azar as a stage four defining opportunistic infection of HIV/AIDS
- **2008:** The National Kala azar Task Force is initiated
- **2009:** Itech prepare a National Kala azar Training Curriculum for health staff in Ethiopia
- **2009:** The process of updating the Kala azar Protocol gets underway
- **2009:** The National HIV/AIDS Prevention and Control Office (HAPCO) supplies Amphotericine B and SSG (kala azar treatments) for free to health structures
- **2009:** MSF hand-over the Humera KA programme to the Ministry of Health

Did you know...?

In 2008, a National kala azar Task Force was initiated, with the aim of eliminating kala azar from Ethiopia by 2015

Kala azar: an opportunistic infection

Kala azar, like HIV, suppresses the immune system, making people more vulnerable to other infections. Together, the diseases form a vicious circle of mutual reinforcement, increasing the likelihood of a kala azar patient relapsing and accelerating the onset of full-blown AIDS.

In HIV co-infected patients kala azar cannot be permanently cured. The disease will usually come back again and again, until the patient dies. However, treatment with anti-retroviral drugs (ARV) can reduce relapses. In Ethiopia, the Government took a major step forward in 2009 by recognizing kala azar as a **stage 4 defining opportunistic infection of HIV**, opening up resources for kala Azar treatment through the National HIV/AIDS Prevention and Control Office (HAPCO).

There remains, however, much to be done to adequately address the problem of kala azar/HIV co-infection. The risk of death during treatment is much higher for co-infected patients. The standard treatment for kala azar in Ethiopia, Sodium Stibogluconate (SSG), is especially toxic for co-infected people.

It remains vital that safer alternative medications are made widely available in Ethiopia, specifically **combination therapy of Ambisome and Miltefosine**. On the other hand it is paramount that drug companies ensure that such lifesaving medications are affordable.



Did you know...?

In northern Ethiopia the HIV/kala azar co-infection rate in the patients tested at MSF treatment centres increased from 19% in 1998 to over 30% in 2007



Julian Chraibi

The care that changed my life

Were it not for those who changed my life,
I was forgotten with no one to remember me,
Found lying in the bush like a wild animal,
Having been roaming around the towns
Of Bowajer and Selas and what not,
An infected with kala azar insect
I would have been long forgotten, with no one to remember me.
Were it not for the care that changed my life.

I have a gratitude, hard to put in words,
When I was on a bed, disease stricken,
It must be God who brought you along
When I despaired of this world and longed for heaven.

I was, as it were, dead for all purposes
But today, I am revived and full of hopes,
And thank MSF for this turn of events.

For you have rescued my life which
Was on the verge of death
dark, despairing and distraught.
Where does one find a doctor, a dresser
Where does one find a caretaker, a cleaner,
So nice and good as the staff who cared for me.

Kala azar patient, Abdurafi

Did you know...?

Many migrant workers are far from home when they fall sick with kala azar and do not have caretakers to support them. It is important that adequate care and support is available for these patients, including shelter, good nutrition and basic care

Kala azar: prevention and treatment

Many people who contract kala azar do so because they live and work in poor conditions in endemic areas. Greater effort needs to be made by all stakeholders, especially farm employers, to ensure that people are aware of how to prevent the disease and that measures are in place to provide adequate protection; in particular good nutrition, access to clean water, adequate shelter, provision of impregnated bed nets and awareness-raising.

Currently, the first-line treatment for kala azar, Sodium Stibogluconate (SSG), involves 30 days of painful injections. This drug is known to have many side effects, particularly among HIV co-infected patients. Despite these shortcomings, SSG is the drug most widely used in Eastern Africa because of its affordability.

The safer alternative medication Ambisome is administered intravenously over 12 days. In July 2006, Ambisome was approved by the National Drug Advisory Committee and officially included in the National Drug List. However, its wider use is limited to first line treatment for severely ill and/or HIV co-infected patients by its high cost. The more widely used cheaper form of the drug, Amphotericin B, is significantly more toxic. Miltefosine, another safe alternative for use in co-infected patients, is not yet registered in Ethiopia.

Safe alternative medications for kala azar treatment must be made more affordable in order to reach the people who need them the most.

Combination therapies - There is a concern that monotherapy could cause patients to develop resistance to a drug. Research has shown that standard single-drug regimens are less effective in KA/HIV co-infected patients. In such cases, combination therapies could potentially be more effective. Ongoing research in Ethiopia, Sudan and Kenya is showing promising results.

Did you know...?

MSF treated 13,504 kala azar patients in Ethiopia between 1998 and 2008

Challenges ahead: pushing forward the response to kala azar in Ethiopia

“Right now people are aware of kala azar and there has been a guideline published. But this is not enough. The guideline by itself will not treat patients. There needs to be more awareness, greater prevention, better equipped and easily accessible health posts and good treatment centres. This disease is a killer if not treated well”.

Nurse, MSF kala azar Treatment Centre, Ethiopia



Did you know...?

The introduction of the Rapid Diagnostic Test, which is easy to transport and use in field locations, has significantly improved accessibility to early diagnosis

Key points for the future:

- **Resources:** There remains the need for increased financial and human resources to prevent unnecessary human suffering as a result of kala Azar and work towards eliminating the disease in Ethiopia.
- **Increased awareness:** Is necessary throughout Ethiopia, particularly among policy makers and medical staff – who need to be trained to identify, diagnose and treat patients adequately (especially in areas where migrant workers are coming from).
- **Access to early diagnosis and treatment:** Lifesaving treatment must be made affordable by the pharmaceutical companies and a greater variety of drugs must be made available in Ethiopia.
- **Research:** Ongoing research is of key importance in continually improving the diagnosis and treatment of kala azar, especially in HIV co-infection.
- **Adequate nutrition:** A balanced nutritional diet must be provided to patients as a key component of successful treatment.
- **Greater prevention & risk reduction:** Improved living and working conditions, notably the provision of impregnated bed nets, along with health education and access to diagnosis and treatment is crucial in order to reduce individual risk, disease transmission and the likelihood of an epidemic.

Did you know...?

Kala azar is spreading to new areas in Ethiopia, making it increasingly important that safe and effective diagnosis and treatment widely available and people are aware of the disease throughout the country

MSF

Médecins Sans Frontières (MSF) is an independent international medical humanitarian organization that delivers emergency aid in more than 60 countries to people affected by armed conflict, epidemics, natural or man-made disasters and exclusion from healthcare. A worldwide movement, MSF has sections in 19 countries. Many of our volunteers in the field are medical staff such as surgeons, anesthetists, midwives, doctors and nurses. Volunteers from all over the world work hand in hand with local staff to bring healthcare to those who need it most, irrespective of race, religion, ideology, or politics.

MSF has worked in Ethiopia since 1984. Since then, assistance has ranged from running kala azar and HIV/AIDS programmes in the regions of Tigray, Amhara and Southern Nations and Nationalities People's Region, to providing crucial support to a number of Bureau of Health facilities in the conflict affected Somali region, to responding to emergencies throughout the country, as needs require.

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