

## FEATURES

# Embracing the challenge of life with epilepsy



• INTERNATIONAL Bureau for Epilepsy president Mike Glynn (third from right) with members of the Epilepsy Association of Zambia during the Epilepsy Awareness Day at the Epilepsy Rehabilitation Project Centre.

By KETRA KALUNGA

MANY people living with epilepsy have gone through many adversities in life.

And one such is Niggan Chibwe, 30, of Lusaka who has been called names ranging from mad, backward, demon possessed.

Epilepsy is a medical condition that can be treated if medication is administered early and people living with such a condition can once again be productive in society once they are treated.

But with the high stigma attached to the condition, Mr Chibwe said because of being stigmatised, he lost hope in life as the feeling of being neglected and looked down upon engulfed him.

After his father's death in 1997, things became worse that he had to stop school as constant stigma which he described as terrible came from every corner of the community.

The stigma and lack of support from those around caused him to experience emotional, physical and spiritual pains and trauma.

"The time I was stigmatised my physical appearance deteriorated due to the wrong drug that was prescribed to me," he said.

Mr Chibwe is not the only one who has been stigmatised as a result of the disease. Chabadwa Phiri, 24, of Chongwe District has gone through a lot of trauma due to the condition.

He started having seizures when he was in Grade 11 in 2001 and could have about 25 frequent attacks in 24 hours but was put on medication in 2004.

Mr Chabadwa was in 2007 eliminated from his Agriculture Business Management course at Natural Resources Development College (NRDC) in the first semester for failing in two subjects.

He attributes his failing to constant seizures at the time. In 2009 he enrolled at the National Institute for Public Administration (NIPA) to pursue a course in purchasing and supply but due to frequent seizures he was advised by his parents to stop.

"I used to have about three attacks in a day when in school. It was like the more you study, the more seizures you would get, so my parents advised that I stop the studies so that I could relax mentally," he recalls.

The Government through the Ministry of Health (MoH) has made efforts in providing medication and fighting stigma towards people living with epilepsy.

It has, through the MoH, ensured the availability of appropriate drugs through the Chainama Hospital Epilepsy project which is the diagnostic centre for all the health centres in Zambia.

Director of technical support service at MoH Elizabeth Chizema said advancement in research on epilepsy had resulted in improved management of epilepsy.

Dr Chizema said stigma is a major barrier to the effective management of the condition saying that more awareness on the condition is required.

First Lady, Thandiwe Banda who is matron of the Epilepsy Association of Zambia (EAZ) has been in the forefront raising awareness on epilepsy and in trying to bring to an end the stigma attached to the disease.

Mrs Banda has called for a stop to discrimination and stigmatisation of people living with epilepsy.

She said during the commemoration of World Epilepsy Day which fell on March 23, that stigma is retrogressive to the fight against epilepsy.

Mrs Banda said epilepsy was still highly stigmatised resulting in sufferers facing numerous social and economic challenges.

She said people with epilepsy were often denied jobs and marriage because of the stigma that is attached to the condition.

"Stigma poses a challenge to us as campaigners of epilepsy because stigma is a major draw back," Mrs Banda said.

The EAZ has proved beyond doubt to be a source of hope for people living with epilepsy.

The association which has more than 500 members has scored success in helping people with epilepsy medically, physically and socially.

It has helped place a number of patients on treatment and has also involved them in a number of activities conducted by the association, among them awareness and sensitisation.

Association's president Anthony Zimba said statistics of people living with epilepsy in Zambia stand at over 800,

000 but the number could be more based on the clinical care done at Chainama Hospital Epilepsy centre every Tuesday.

And Mr Chibwe is one of those that has benefited from the association. His life changed when he met Mr Zimba in 2006.

Mr Chibwe was put on wrong medication which almost damaged his physical appearance. But all this changed when he met Mr Zimba who with assistance from the association immediately took him to the centre where he was put on drugs.

He said he had become better with the right drugs prescribed, gained back hope and has been given a sense of belonging once again.

Since he was put on the right drug, he has not suffered any seizure in two years.

"The EAZ has helped me to have self morale because of the right medication that has improved my physical appearance."

"I lost so much weight due to the wrong drugs that were prescribed at first," he said. Mr Chibwe through the help of the association was taken back to school in 2007 to complete his high school but did not do well due to lack of

concentration brought about by the stigmatisation. He, however, plans to re-write the subjects in which he did not do well and advance to tertiary education.

The ERP which started in 2008 and funded by the International Bureau for Epilepsy (IBE) in 2009 at the cost of US\$12,000 has been instrumental in providing treatment to people living with epilepsy through various activities the project undertakes.

It has about 15 members and aims at empowering people with epilepsy so that they too can be productive members of society.

Mr Chabadwa is one of the five that has benefited from such workshops and has now embarked on production of Jam of different flavours ranging from orange, mango, tomatoes, paw paw and marmalade.

He produces about 50 bottles of jam each costing K8, 500 (retail) and K6, 500 (wholesale).

He is hopeful that with funding from well wishers, he can improve production and grow the small-scale firm into a big jam manufacturing company.

With funds from the Government and cooperating partners, ERP hopes to set up a school for literacy classes and a tailoring and carpentry shop in its quest to empower many people living with epilepsy.

Personal efforts have been made by EAZ members towards the sustainability of the project aside from IBE funds.

IBE president Mike Glynn was happy when he toured the project during his visit to Zambia saying he was impressed to see so much work being done.

Mr Glynn said the enthusiasm shown by the EAZ and its members, the ERP would grow and achieve more.

"It is good to see that members of the project are supporting themselves and fundraising to achieve what they have done and I am certain that you will sustain this project," he said.

Just like the IBE president said, epilepsy is a medical condition which with access to treatment that is administered early can be treated and people living with the condition can live a productive life.

Through constant sensitisation, access to treatment and social support, success for people living with epilepsy will be attained.

## Isonem Zambia steps up malaria fight

By DAVID KANDUZA

WHILE malaria remains a major public health and development challenge in Zambia, a unique opportunity exists to scale-up malaria-related interventions, strengthen systems, and make a major effort to Roll Back Malaria in Zambia.

Man has been afflicted by malaria since the beginning of recorded history.

Despite hundreds of years of scientific research, drug development and attempts at vector control, malaria still poses an enormous public health burden.

Today half of the world's population is at risk of malaria infection. A million fatalities were reported in 2006 from 247 million reported cases of malaria disease.

Malaria accounts for nearly four million clinically diagnosed cases per year, 36 per cent of hospitalisations and outpatient department visits according to a study carried out at the University Teaching Hospital in Lusaka.

In addition to the direct health impact of malaria, there is a severe social and economic burden on our communities and Zambia as a whole, but especially on the poor and those vulnerable individuals and households who were trying to cope with the HIV/AIDS pandemic.

Thus malaria control is addressed, not as a separate vertical - disease - specific intervention, but as part of a health systems strengthening effort to provide holistic services in all facets of care, and as part of a larger community-development effort.

Through the National Malaria Strategic Plan 2006-2010, the Government of Zambia and many Roll Back Malaria partners are committed to increasing coverage of key malaria control interventions and reducing the burden of

malaria in Zambia.

Today some 40 per cent of the world's population is at risk of malaria and the vast majority live in the world's poorest countries.

The disease is found throughout the tropical and subtropical regions of the world and causes more than 300 million acute illnesses and at least one million deaths each year. Ninety per cent of these deaths occur among children under the age of five in sub-Saharan Africa where malaria kills an African child every 30 seconds.

Those who survive an episode of severe malaria may suffer from a range of physical and mental disabilities.

Malaria is a parasitic disease that is transmitted between humans through the bite of the female Anopheles mosquito. While there are four types of parasites that can cause malaria in humans, Plasmodium falciparum is by far the most deadly and common, particularly in Zambia and throughout sub-Saharan Africa.

Once a person is bitten by a P falciparum-carrying mosquito, the parasite grows, multiplies, and undergoes a series of complex life cycle changes that allow it to evade the immune system and infect the liver and red blood cells.

Additional changes taking place over the course of 10-18 days after initial human exposure to the parasite cause it to develop into a form that makes it possible for the human host to transmit the parasite to the next biting mosquito.

Malaria disease caused by P falciparum may result in death within or a few days of infection especially in those with low immunity such as children, pregnant women, people with AIDS (not necessarily living with HIV), and travellers from areas with little or no malaria.

The Government is aware that prolonged illness deprives the nation and households of much-needed income and productivity, while increasing health care costs.

Death not only causes



• MR SIMBAO

emotional pain, but loss of skilled manpower and increased Government and household expenditures.

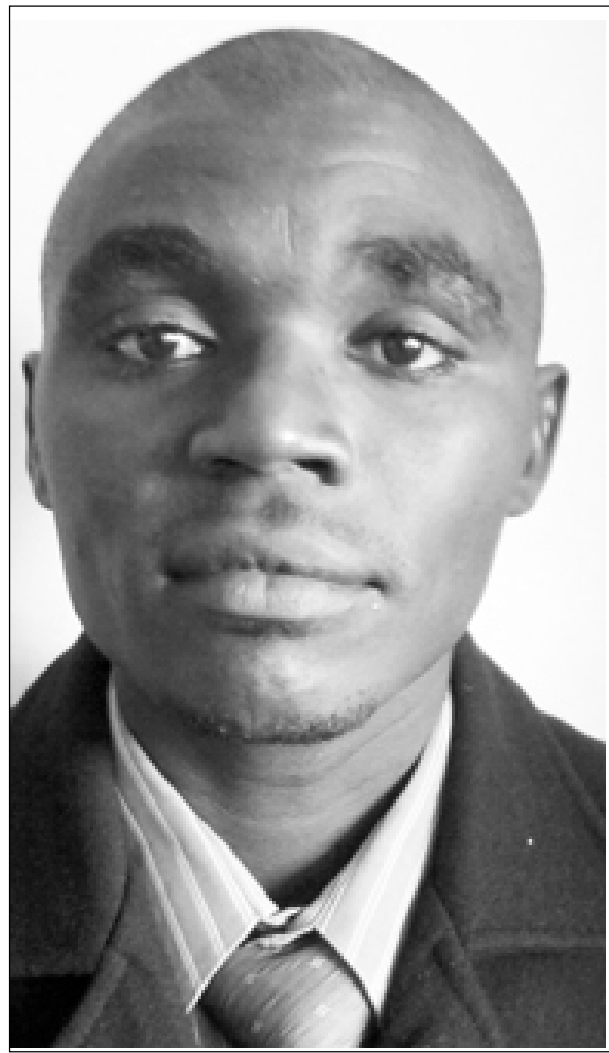
To avoid these economic losses, the Ministry of Health, through the National Malaria Control Centre (NMCC) has invested significant resources in improving malaria treatment as the disease is the highest cause of death in Zambia.

A World Bank study notes

a decrease in malaria cases in Zambia, Algeria, Botswana, Cape Verde and Eritrea.

Others are Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa and Swaziland owing to intense control interventions these countries continue to formulate.

The World Bank has committed US\$762.8 million since 2005 to the fight against malaria in Africa.



• MR NSOFU

It has financed the purchase of 73.8 million insecticide-treated mosquito nets and 25.3 million doses of malaria medication over the past five years.

"Sustained anti-malaria efforts are needed in Africa, which bears about 90 per cent of the world's malaria burden.

Recent gains, though significant, are fragile and the danger of resurgence

remains very real," observed Maryse Pierre-Louis, programme leader of the World Bank's Disease Control Programme in Africa.

This year, the Global Fund to Fight AIDS, tuberculosis and malaria and the United States President's Malaria Initiative will continue to support the distribution of treated mosquito nets.

With this financial and technical support from

partners, including the World Bank and the Russian Federation, Zambia will continue to make tremendous progress in fighting malaria.

In 2006 and last year, expansion of programmes resulted in widespread prevention and treatment of malaria.

The share of under-five children who slept under a net increased from 24 per cent to 50 per cent.

Malaria incidences fell and the share of children with severe anaemia (largely caused by malaria) declined from 14 to nine per cent.

However, last year, malaria showed resurgence as revealed in the Malaria Indicator Survey of 2010 owing to reduced distribution of treated nets and indoor residual spraying.

In the Northern Province, for example, parasite prevalence among children increased from 12 in 2008 to 23 per cent in 2010.

For this reason, the World Bank has provided \$30 million for malaria control in Zambia and the funds were approved in December 2010 and would enable 800,000 nets to be procured and delivered before the rainy season hits peak.

An additional 2.2 million nets are being procured while the World Bank funds would support indoor spraying, diagnostics, and supply chain improvements.

The Government has remained resolute to fighting malaria as Minister of Health Kapembwa Simbao said when he officiated at this year's Malaria Day in Mkushi.

Mr Simbao hailed the World Bank and the US Agency for providing \$30 million.

He said the impact of

reducing malaria remained is key to the achievement of the Millennium Development Goals (MDGs) and reaffirmed the Government's commitment to ensuring a free malaria Zambia.

Mr Simbao said in a speech read for him by Central Province Minister Ackimson Banda that the Government appreciated the support from the World Bank and USAID under the President's Malaria Initiative as such assistance remained cardinal in fighting malaria and reducing deaths.

WHO country representative Olusegun Babaniy hailed the Zambian Government's stance to fighting malaria and challenged the civil society, churches and others to partner in combating malaria.

Mr Babaniy reaffirmed WHO's continued support to Zambia in fighting malaria, saying the body would continue to work with member states and partners to mainstream malaria control in health and development policies and plans and mobilise domestic and external funding.

Isonem Zambia Limited of Kitwe is another partner that is making a contribution towards the fight against malaria.

Team leader Lottie Nsofu said his organisation is serious in creating strong partnerships with other global stakeholders in an effort to combat the disease by introducing new innovative products in different forms.

Mr Nsofu said his organisation is looking forward to partner with the Government and NGOs involved in the fight against tropical diseases in Zambia.

The organisation has products such as Sin-Out paint which is a special paint of latest innovation that combines both beauty and protection against insects including malaria vectors.

The paint is made in Turkey where it is being used to control mosquitoes and other insects.

It is a water-based paint repellent of mosquitoes, flies, and all kinds of insects with

**'ISONEM sin-out anti-mosquito and anti-insects paint offers a unique option to the control of mosquitoes. The product has the potential to change the way insect repellents are especially for people who work late in the night'**