

Kala Azar

TRAILER

Kala azar is a chronic, often fatal disease occurring chiefly in Asia, caused by the protozoan parasite (Leishmania donovani) and characterized by irregular fever, enlargement of the spleen and liver and emaciation. This disease is endemic in certain regions of Kenya, but there is so little awareness of this deadly disease that most health centers and medical staff do not even think to test for it. This is something MSF is trying to change by encouraging the use of simple, easy to use Opti Leish diagnostic tests.

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COMMENTARY

Chemakeu had a choice to make. She had already visited two different health centres and spent nearly 7,000 Kenyan shillings (\$90) that she had borrowed from her family and friends. Her two year old son, Pkorir, had been treated first for malaria and then for typhoid fever, but there had been no improvement. In fact he seemed to be getting worse. When a neighbour told her about the MSF kala azar clinic in Kacheliba, about 100 kilometers from her home, Chemakeu had to decide; should she risk taking him there, where he might die, or should she keep him at home where he would die surrounded by his family and those that loved him?

In the end Chemakeu, who is eight months pregnant, and her husband decided to make the two day journey to the MSF clinic. It was the right choice. Seventeen days into the treatment Pkorir is responding well

“When we first came to the clinic he was really sick and I had no hope,” explains Chemakeu, “but now he is much better. His appetite has returned and the fever has gone. I’m very happy.”

Pkorir’s case is not uncommon. Kala azar is endemic in certain regions of Kenya, but there is so little awareness of this deadly disease that most health centers and medical staff do not even think to test for it. Those that do know to test for kala azar are often not able to as the national protocol dictates that testing must be done under laboratory conditions that require not only a reliable source of electricity but also trained health staff, both of which are scarce in this part of northwestern Kenya.

This is something MSF is trying to change by encouraging the use of simple, easy to use Opti Leish diagnostic tests. Similar to a malaria paracheck, these tests can diagnose kala azar using a drop of someone’s blood. “Anybody who can do a finger prick, who knows how to keep time and how to count drops can use this test,” explains MSF doctor Dagemlidet Worku. “The results come through in 20 to 25 minutes and are thought to be around 97 percent accurate in terms of sensitivity and specificity.”

The tests are used by MSF in the Kacheliba clinic and some health centres in the region, but need to be much more widely used if real progress is going to be made in diagnosing this silent killer.

The symptoms of kala azar are substantial weight loss, swelling of the spleen and liver, and anaemia. If left untreated, it can have a fatality rate as high as 100% within two years. Every year it kills more than 50,000 people worldwide. For those that test positive the options are limited, only a handful of drugs exist to treat this disease that affects over 12 million people worldwide every year. The most common treatment, which was

developed in the 1930s, is long, toxic and painful – a course of intra-muscular injections every day for 30 days. It is also expensive, costing around at least 100 dollars in private pharmacies, a price that is totally unaffordable for most Kenyans who survive on less than a dollar a day. MSF is one of every few organizations providing free treatment for kala azar in Kenya.

“The second line treatment, Ambisome, is a seven day treatment course that is administered as an infusion,” explains Worku. “It’s a shorter treatment, which is more effective and less toxic. If the pharmaceutical industry were researching and developing alternative treatments for kala azar obviously we would prefer to treat all our patients with AMbisome. But there are not many new drugs coming onto the market so we have to save the best treatment for difficult cases, because if people develop resistance to Ambisome then we’re really left with no options.”

At two years old and suffering from kala azar for the first time, Pkorir is not yet one of these ‘difficult cases.’ In 13 days time, when he completes his treatment course, Chemakeu will be able to take him home. With luck he will not relapse. If he does at least his mother will know that this disease, known as ‘termes’ by the Pokot people in reference to the swollen stomachs that many of its sufferers develop due to their enlarged spleens, can be treated for free at the MSF clinic.

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