

## PREVENTION AND TREATMENT OF TUBERCULOSIS IN CAMBODIA

It was last year that the E.C. of MSAVLC was put in touch with the Cambodian Health Committee (CHC), a non-governmental organisation founded in 1994 in response to the enormous public health problems of Cambodia. It is primarily concerned with the prevention and treatment of serious illnesses as well as the alleviation of dire poverty of the rural poor.

Its stated mission is "to promote the health status and well-being of rural poor Cambodians. CHC focuses on those poorest people who are suffering from dreaded diseases, regardless of race, age, sex, religion or political affiliation. Through community support, CHC aims to help Cambodian poor people to live with dignity and good health."

There is an enormous TB problem in Cambodia, contributing factors being extreme poverty and lack of understanding of the nature of the condition. If it is left to villagers to come to hospitals or clinics to present their symptoms, a great many cases will remain undisclosed and the infection will spread widely.

We were very favourably impressed, not only with the philosophy of the programme but by the detail of its planning, and agreed to give our support when this was sought for CHC's TB community education programme in Chantrea, a district of Svay Rieng Province with a population of 35,000. **MSAVLC's contribution will be \$7,000 p.a. (25% of the programme's costs).**

In Svay Rieng Province in 1996-1997, the incidence of TB was found to be 195 per 100,000 population and over 96% of patients were from a poor family background. The National TB Programme requires patients with TB to spend the first two months of treatment in hospital, with out-patient treatment for the next six. For a member of a very poor family to be in hospital for two



*TB patients are educated about TB in TB ward*

months would present almost insuperable problems and consequently treatment was often refused or cut short.

TB Home Care/Direct Observation Treatment (DOT) was introduced by the CHC to overcome these difficulties. It was hoped to bring about better compliance with TB medication, to increase the cure rate, to involve the community in controlling the spread of infection and to improve the detection rate. The project provides the means of identifying new cases in villages and explains TB treatment at home. Patients are educated about TB and then have to assign one of their family members to be their Supporter. Supporters are also educated and are the main focus for interviewing. When they have passed the interview, **a TB treatment contract is signed and the patient is now registered in the project.**

**The patients take their medication at home for the first two months of the intensive phase of treatment, under close supervision: five days a week, a CHC or government staff member supervises the taking of medicines and the Patient Supporter supervises this at week-ends.** After two months, as with the National TB Programme, patients are asked to attend the nearest health centre once a month for the next six months to collect further supplies of medicines and to receive food supplements

supported by the World Food Programme (WFP). Patients' Supporters strictly supervise the daily dosage in this second stage and CHC or government TB staff visit once a week to monitor cases until the end of treatment.

Results of the Home Care/DOT programme so far are very encouraging, with a cure rate of 98% (compared with less than 30% before 1994) and almost 100% treatment compliance.

It is some years since we were able to send assistance to Cambodia so we are particularly

pleased to be associated with this excellent example of primary health care and look forward to our future co-operation.

We have recently received from Dr. Chiv Bunthy, Executive Director of CHC, a report on the work carried out in three districts of Svay Rieng Province - Chantrea, Kompong Ro and Romdoul - by the TB Home Care/DOT project during the first six months of 2001 and projections for the rest of the year but figures for the individual districts are not given.

There has been close co-operation among all involved in the programme. TB staff of the Health Centre and CHC TB agents have met frequently, surprise home visits have been paid to out-patients to count TB pills and to "tighten up" on TB education, not only for the patients but for families, neighbours and supporters. The Manager of the local Health Centre and the District TB Supervisor have monitored the work of health staff from time to time and have also checked documents at patients' homes.

During the first six months, 182 patients were successfully treated, and compliance with treatment was almost 100%.

One very positive conclusion by the CHC is that Home Care/DOT for TB sufferers, in achieving such a high level of compliance (and therefore cure rate), is playing a very important role in poverty reduction.

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At the end of the third year of the “pilot project”, it is gratifying to be able to report that Dr. Ngo Hong’s expectation that the incidence of the infection in the three districts involved – Ha Trung, Yen Dinh and Ngong Cong – would have fallen to 5% has been fulfilled. **In fact, final results are even better, the incidence having fallen from 12.08% in August 1998 to 4.81% in July 2001.** According to the World Health Organisation, when the incidence is 5% or below, there is a dramatic fall in the complications (*trichiasis* and *entropion* – distortion of eyelashes and turning-in of the upper lids) which lead eventually to corneal scarring and blindness, with a great deal of pain. 108 operations to correct entropion were carried out during the three years (843 with our support and 265 with that of the provincial health service or paid for by patients themselves) but 518 cases remain to be done.

Results in the ten districts included in the main (lottery-funded) project are encouraging. In Group 2 – Thanh Hoa City and the districts of Bim Son, Sam Son, Hoang Hoa and Ngoc Lac – management committees were appointed at district and commune level, and 264 health workers and 1,056 volunteers (teachers and members of the Vietnam Women’s Union and the Red Cross) attended training courses. In Group 1 – the districts of Hau Loc, Thieu Hoa, Dong Son, Trieu Son and Nhu Thanh – the programme commenced in August 1999 continued, implemented by the existing management committees.

In all ten districts, there was health education by means of broadcasts on TV and radio, newspaper articles, public meetings, distribution of pamphlets and leaflets and the widespread exhibition of posters. There were two TV programmes; 50 radio broadcasts at district level and 1,145 at commune level; one provincial public meeting, 20 at district level and 229 for communes. The importance of simple preventive measures (such as washing the face in clean water and having separate towels) was stressed, with head teachers emphasising this at morning assembly once or twice a week, while the distribution of towels, incorporating a face-washing slogan, to needy families further emphasised the importance of this measure.

At the beginning of the year, in the five districts comprising Group 1, 147,021 children in the reception classes of primary schools, *plus* children known to have had the infection at the end of the previous year, were examined (232 schools in 130 communes) and 12,002 were found to have the infection (*an incidence of 8.16 %*). By the end of the year, this figure had fallen to 8,406 (*an incidence of 5.71 %*). **The incidence at the beginning of the first year of the project had been 12.74%.** In the five districts comprising Group 2, 130,097 children in 170 infant and primary schools in the 99 communes were examined and 14,528 found to be infected (*an incidence of 11.7 %*). By the end of the year, this figure had fallen to 9,543 (*an incidence of 7.49 %*).

It was while preparing our end-of-year

report for the Community Fund (as the National Lottery Charities Board has been re-named) that I realised fully the scale of our project. Since August, five more districts have been included: Lang Chanh, Cam Thuy, Thach Thanh, Nga Son and Quang Xuong. Our project therefore now has three groups, each of five districts and each at a different stage: Group 1 has just commenced its third year; Group 2 its second; and Group 3 its first. The population of the five districts of Group 3 is 720,127 (of whom 117,870 are children in 208 schools). When this figure is added to the 1,590,000 in the ten districts already included, **our project in the coming year will aim to help a population of some 2.3 million, of whom 388,000 are children, and of these about 23,000 can be expected to have the infection.**

If the present rate of progress, which is similar to that of the pilot project, is maintained, it seems probable that an incidence of 5% or below will be achieved by the end of the next two years, although there will be a considerable number of cases of entropion awaiting operation. But, with the incidence of the infection greatly reduced, the waiting list should be static and therefore cleared in a relatively short time. It is a thrilling prospect and, without the NLCB grant, would not have been possible. We are constantly thankful – as are our Vietnamese partners – for the substantial boost which the grant has given us.

Madeleine Sharp

*H. E. Ambassador Warwick Morris  
presenting the Glostavents to  
Dr. Le Ba Hung, (Director of the Hospital)  
Dr. Nguyen thi Hong Van (Vice Director)  
and Dr. Le Van Dieu M.P. (Director of  
Provincial Health Service)*



*H. E. the Ambassador with Dr. La Ba Hung  
and doctors from the anaesthetic  
department*

*Ambassador Warwick Morris with  
Dr. Nguyen thi Hong Van*



# MORE FLOODING IN VIETNAM

The response to our recent appeal for medical aid for victims of flooding in some of the provinces in the Northern Highlands was prompt and generous and we have now received an acknowledgement from the People's Committee of Thai Nguyen to whom our £5000 was sent as this was the worst-affected province. This has been used by specialised public health management units for water purification and for medicines to prevent diarrhoea and eye and other infections; and to provide 9 primary health clinics and the district health department with preventive medicine kits.

But, since then, provinces in the area of the Mekong Delta have been severely flooded. The death toll has been rising by about ten per day, mostly children, who have fallen into the water while their parents have been seeking food, and as we go to press has reached 311 of whom 241 are children. We have sent a further £5000 to PACCOM (the People's Aid Co-ordinating Committee), asking them to send it to where the need is greatest.

## CHRIS MULLIN MP

We are delighted to welcome Chris Mullin to the Chair of MSAVLC.

As a staunch supporter of the people of Vietnam over many years and also as a determined opponent of injustice wherever it may occur (witness his persistent campaign on behalf of the "Birmingham Six") he is an appropriate successor to Audrey Wise. We are honoured to have him with us and look forward to a long and fruitful association.



*Kath (front 2nd from right) with the committee in 1998 and the Ambassador Huynh Ngoc and Mr. Bao.*

## KATH NGUYEN

For many years, Kath Nguyen's name and address have appeared every quarter on the reverse of the Chairman's Message and the officers – in particular, the Finance Officer and the Hon. Secretary – have enjoyed the comfortable reassurance of knowing that the work of receipting and banking donations was going on quietly and efficiently. So it is going to be strange when that name is no longer there.

With her husband, she seemed part of the fabric of MSAVLC – part of its foundations – when I first came to meetings and conferences, busy but always able to spare a

moment to welcome or give practical advice.

Over the past year or so, she has found it increasingly difficult to get to Executive Committee meetings, but has continued, as efficiently as ever, to deal with donations and she has, very helpfully, agreed to continue with these duties for a little longer – until we find a successor. We had not expected to see her at the A.G.M. – indeed, I had expected to read out her letter of resignation – but we were delighted when she arrived, chauffeured by David Smart (at one time our Assistant Hon. Secretary).

We wish her every good wish for the future and, of course, shall keep in touch. We shall probably never know just how much she has done for MSAVLC.

*Madeleine Sharp*

## ANNUAL GENERAL MEETING

The Financial Report was presented by Sue Ghosh, who had succeeded Professor Shellard as Finance Officer. The Report was approved.

Professor Shellard's many years' work were recalled with gratitude and a vote of thanks, proposed by Amicia Young and seconded by Len Aldis, was recorded.

Chris Mullin was formally elected to be Chairman. Other officers were re-elected unopposed.

David Rowswell was elected to the Management Committee.

Kath Nguyen resigned from the Executive Committee, for reasons of health and advancing years. Other members of the Executive Committee were re-elected unopposed.

News of severe flooding in the Mekong area of Vietnam had just been received and it was resolved that **£5000 should be sent immediately to PACCOM.**

## OBITUARY

### Vera Binns

A long-time and indefatigable supporter of the people of Vietnam, died on 2nd August at the age of 92. She was a founder member of Keighley Vietnam Medical Aid Committee and, during the war, she formed a group which knitted vests for Vietnamese babies.

### Sylvia Wharton

An enthusiastic Coventry fund-raiser for the anti-trachoma project, by collecting box or entertainment, died in September.

Our deepest sympathy goes to their families and friends.