

Coverage from the 39th Union World Conference on Lung Health

Spotlight: Imprisoned, deported and neglected: An MDR TB patients story

Posted on www.healthdev.org/eforums
BONELA and HDN Key Correspondent Team
October 2008

Zimbabwean worker Mr Sibanda's only "crime" was to breathe, in the wrong place at the wrong time, and become infected with MDR-TB. But for this he was imprisoned and deported from Botswana by the authorities. This is his story.

It's not clear exactly when Mr Sibanda became infected with MDR-TB. Living in Botswana, with his family, Mr Sibanda sought treatment from the health services when symptoms appeared. He started treatment in December 2007 and was initially completely committed to adhering to the strict regimen and completing the course. The second-line drugs used to treat MDR-TB have severe side-effects and take longer to cure the disease, and it is essential that the supply of high-quality drugs be consistent.

But Mr Sibanda's treatment was badly mismanaged. He received conflicting HIV diagnoses - positive, negative, positive - and an essential drug, amikacin, was missed from his regimen for months. In frustration, and due to the horrible side effects he was experiencing, Mr Sibanda stopped treatment in June 2008. He was promptly arrested by the authorities and served with deportation papers. His treatment interruption is apparently the basis for his deportation. But the irony is that despite the officials' hysteria surrounding his condition, no infection control measures were in place in the prison where he was held. Nor was he allowed to access public or private treatment, which he was prepared to accept as his condition deteriorated.

A story on this was published in Botswana newspaper at the beginning of August (<http://allafrica.com/stories/200808041653.html>). The Botswana Network of Ethics, Law and HIV/AIDS (BONELA) took up the case shortly afterwards. There are obvious human rights and legal concerns around deporting someone solely for MDR-TB treatment interruption, particularly back to a country where he almost certainly could not access the treatment and care that he needs to remain alive. BONELA's efforts to speak with the Ministry about the case were met with silence, so they filed an urgent court application to seek a legal order for his treatment.

The High Court of Botswana ruled that Mr Sibanda be treated, but that he be detained in hospital for the duration, since he previously stopped treatment. This can take 24 months for MDR-TB . Mr Sibanda was forced to withdraw his appeal against the judgment due to socioeconomic difficulties. Mr Sibanda then decided to move back to Zimbabwe with his family, because he would no longer be able to support them if detained in hospital for two years. It is unlikely that he will be able to access suitable treatment in Zimbabwe, although BONELA are endeavouring to help him contact sources of support.

Several points about Mr Sibanda's highlight the disgraceful response by governments to MDR-TB. The inadequate management of his treatment, the lack infection control in the prison and the deportation to a country where no treatment is available all exacerbate the drug-resistant TB crisis. Medically, there is no sense in detaining patients for the entire course of treatment as even MDR-TB cases convert to sputum negative, non-infectious status after a few months. The authorities also seemed to view Mr Sibanda as being at fault for developing MDR-TB, whereas research has shown that the majority of MDR-TB cases are newly infected, not relapses - they have not interrupted previous treatments!

Coverage from the 39th Union World Conference on Lung Health

Mr Sibandas story was told by Paula Akugizibwe of BONELA in a special session at the 39th Union World Conference, Paris, convened by the Open Society Institute.

Why are patients paying with their livelihoods and their lives for poor governmental management of MDR-TB?