

Malaria in Bom Jesus, Angola – A Story by Ted Warnock

With the Angolan Government giving their approval for the Bom Jesus community as a Malaria Nets Distribution Site, we traveled 60 miles from Luanda over challenging roads to see the facilities and the families living in this community. On the day we visited this community, we also talked with Cassule Manual and he shared his story of the history of their United Methodist Church; a wonderful story you can find in our December missionary newsletter, [Warnock Escapades](#).

As we stood inside their abandoned health clinic, several Bom Jesus UMC church members shared with us the “cost” of malaria. This health clinic was officially closed when they gained their independence from Portugal in 1975. Since 1975, they have tried, unsuccessfully, many times to find ways to make the facility operational. Still, they have hope that someday it will, once again, be seen as a vital part of their community. Today, however, the only resemblance of the former clinic was two tattered mattresses on the floor with mosquito nets strung across the room secured by nails in the wall. I was told that this is the only place where a newborn child can stay with their mother following delivery.

Touched by their passion and openness, I inquired into the problem of Malaria in Bom Jesus and if they would share with me, what a person with suspected Malaria might face. As I share what they told me, it is important to remind everyone that this is a very poor community and the financial amounts I will be using (in U.S. Dollar equivalents) represents a significant hardship to the sick person and their family. Most families living in this community make less than \$350 per month. For those readers not fully familiar with Malaria, the Centers for Disease Control and Prevention (CDC) explains that it is caused by a parasite that commonly infects a certain type of mosquito, which feeds on humans. The most common symptoms present like a flu and are: fever, chills, sweats, headaches, nausea and vomiting, Body aches and general malaise. Long-term effects include anemia and recurrent malaria (CDC, 2010).

We began our conversation by my asking the question: What do you do when a family member, friend, or community member with suspected Malaria symptoms needs attention? ***"We call for a taxi to take them to the nearest facility for testing"***. What happens next? ***"Once we get to the testing facility (at a hospital 14 miles from the village), the person is tested, and if found positive, a prescription is given for treatment, and unless the person is too weak to travel, they are sent home"***. The access to care and treatment sounded simple enough for me until I started to ask more questions.

How much does it cost for the taxi? ***"Normally it costs \$5.00."*** Except, ***this amount is not the actual cost. The person with Malaria is often so sick that a second person must accompany them to the hospital.*** Ok, \$10.00. To this response, I am thinking – still not too bad. As I start to ask the next question, I am interrupted by one of the church members who says, ***"Wait, the normal taxi will not take a sick person to the hospital and they must arrange for a private taxi (no other people in the small van).*** OK, I ask, how much? ***"Normally \$80.00", that is if you can arrange to get the taxi to come when the person is sick"***. Quickly, I am getting the picture – nothing is simple.

What next I ask? ***"Once at the hospital, the person sees the doctor and gets a 'rapid Malaria' test - \$5.00."*** This, I am told is followed by a blood test – another \$5.00 (and you must pay \$1.00 for the needle), and often a urine test for \$10.00". What happens if the person is too weak to return home? ***"If the person is too weak to be sent home, they stay overnight (no charge) except that they must pay for the intravenous fluids that are administered while at the hospital. Add another \$5.00"***. So, I am thinking I have the process down. I go back to the beginning and go through the process – step by step. Surely, I did not miss anything.

And, yet, I did miss a few items. Is there any cost for the Malaria medication? **"Yes, the Malaria prescription medication costs \$5.00 and they don't sell it at the hospital. Either the sick person or the person traveling with the sick person must get a local taxi and get the prescription filled at the local pharmacy. Add another \$10.00 (local taxi cost) to and from pharmacy"**. In my haste, I also forgot about the friend or family member's costs as they travel and stay with the sick person. Are there any added expenses I missed? **We are often charged a separate taxi fee (usually \$5.00 - even with the special taxi). We must also make our own arrangements to stay overnight - if necessary. We are not permitted to stay in the hospital.** Anything else? **"Yes, we also need to pay for the local taxi ride back from the hospital for the person with Malaria (now under treatment) and the person assisting them (\$5.00 each or \$10.00)"**.

Finally, I have it down. I add up the numbers. Final costs to diagnose Malaria, provide medication, and return the person back to the village is \$136.00, which is over one third of an average family's income, spent for this one person. With this number identified, I look to the church leaders and ask again did I miss anything? Knowing that I probably had, I asked - what?

Do not forget about the follow-up visit? What visit, I ask? **"After one week, the person with Malaria must return to the hospital to see if the treatment was effective"**. Again, I ask - how much and for what? **"The person with Malaria must take a local taxi (not so sick this time and during 'normal hours') to and from hospital - total cost \$10.00. There is no charge for the doctor's visit, but each treatment requires a follow-up 'rapid Malaria Test' for \$5.00 and a blood test of \$10.00"**. As we will make the assumption that the Malaria treatment was effective, the final amount for a person suffering from "normal" Malaria will equal \$161.00.

To ensure that I do not make or suggest that we might be prepared to offer nets or assist in any way with care, I ended my conversation with these church leaders and thanked them for sharing what has become routine to this village.

As we left the village, my thoughts took me back to another average. That is, the average cost of a Net used to provide protection from mosquito bites is \$10.00. Using this "average cost", my new math suggests that for the cost of one treatment, sixteen nets could be provided to the community - enough nets to provide protection to another average of 32 persons. As I reflected upon these numbers, too many other questions come to mind, not the least of which is how much income is lost because a person suffering from Malaria cannot provide for their family (or themselves)? And, when would someone assist this village? Clearly, we have immense challenges and vast opportunities to make a difference in the quality of life in Bom Jesus and throughout Africa.

Reference:

Centers for Disease Control and Prevention (CDC). (2010). Malaria. Retrieved December 11, 2010 from web site: <http://www.cdc.gov/malaria/about/disease.html>.