

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

Tuberculosis

'The poverty barometer' points towards a possible improvement

During Soviet rule Moldova was considered one of the leaders in the treatment of tuberculosis. The small country had the social and medical infrastructure allowing it to detect the disease and treat it.

The doctors recall with nostalgia the times when going to the doctor was compulsory. All family members had to do it; there were mobile radiographic units posted in front of blocks of apartments and schools and doctors checked everybody. The same went for factories, companies and big institutions, where workers had to pass periodical check-ups. Sick persons were detected immediately and treated by the state. After the collapse of the Soviet Union, the situation changed radically. Once the socio-economic decline aggravated, tuberculosis reached alarming proportions. TBC became the barometer for poverty and misery. Over 80% of the population - officially confirmed by statistics - is on the poverty line. That is, they don't have anything to eat and suffer from cold. Due to a lack of money, sick people don't go to the doctor and end by infecting relatives and friends who spread the disease further. Some of the infected people spread the disease abroad.

This is what happened to Veaceslav Dobrojan from the village of Sanjerei, in the Rascani district. He is unemployed so in order to support his family he went to Moscow in search of work. He worked in the construction business for half a year. Poor nutrition, cold, overwork, alcohol and cigarette abuse, all contributed to Veaceslav's disease. He returned home with TBC. 'The working conditions were terrible. During the night it was very cold. We slept on mattresses on the floor and there was nothing to cover with. During the day it was hot and we would open the windows and drink cold water. That is how I got sick,' the man told us. After he returned home, Veaceslav Dobrojan infected his wife and two children. Shortly, the whole family ended in hospital.

International experts are concerned about the dynamic of medical statistics, according to which Moldova has become a centre of contagion for spreading tuberculosis. Moldova ranks seventh in recently detected cases of tuberculosis, followed by Kazakhstan, Kirghiz, Romania and Russia. Currently there are 4,149 cases of tuberculosis registered and the number continues to increase. Every year over 3,000 people get the disease and 600 die from it. Thirteen percent of patients suffer from a serious form of the disease which cannot be treated with standard antibiotics but require stronger and more expensive medication. The Ministry of Health lacks the funds and is able to acquire only limited supplies of medicines which are given to a limited number of patients.

The most serious focus is in jails where the tuberculosis rate is 30 times higher. In Moldova, out of 10,600 convicts, 8% suffer from tuberculosis. Every third convict has a rare form of the disease. This spreads rapidly in prisons because cells are overcrowded, nutrition is poor and the conditions are unsanitary. The cells are humid, unheated and unaired. A sick convict easily infects 10 others around him.

The poor financing for prisons does not allow sanitary units detect early the disease and it makes it impossible to treat chronic patients. The only hope is the hospital in Pruncul, opened early this year with the support of the international organizations. Convicts from various prisons are treated here in good conditions.

In order to improve this situation, the government adopted two years ago the National Programme for Combating Tuberculosis. The Programme is based on the DOTS strategy elaborated by the World Health Organization and is successfully applied in many countries in Europe. Victor Burinschi is the main coordinator for the Strategy in Moldova and tells us that 'the implementation of the Programme began on November 1st, 2001 in three pilot areas: Chisinau and two former counties, Lapusna and Orhei. After the strategy obtained good results in these regions, it began to function throughout the country.' The costs of the Programme were evaluated at \$17 billion, money which the state budget lacks. The beginning of the Programme was financed by international organizations, including the WHO, European Union, Global TB Drug Facility and from some grants coming from Sweden and the Netherlands. The funds allowed the purchase of an important quantity of medicines that covered the requirements of hospitals.

The diagnosis laboratories were provided with high-performance microscopes that replaced the traditional radiography, more costly and inefficient at the same time. This permitted the detection of patients, rapid isolation and treatment. Thus a relative slow down of the disease was possible.

WHO experts who monitor the DOTS strategy have concluded that our country has registered visible progress in the fight against tuberculosis, or in other words, the funds were wisely used.

According to Pavel Ursu, the chief of the WHO office in Moldova, 'in order to solve the TBC issue a complex approach is necessary. It involves international strategy and experience in controlling TBC by improving and maintaining the health, prophylaxis and adequate treatment starting with the first visit to a doctor. An essential condition in case of all the measures taken is the cooperation of all medical personnel. Perhaps the most important ones are the personnel at the primary health units who see the patient for the first time. An early detection can lead to a decrease in the spreading of the disease.'

By applying the DOTS strategy and following the Millennium Development Goals by 2015 the Health Ministry hopes to be able to detect annually up to 70% of the potential patients and obtain a rate of 80% cured patients. Currently some 65.5% patients are detected and only 40% are cured.

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