Keep it Simple

It is a long way from the US to Zambia, but an African-American doctor has come closer than most to eradicating a killer disease. Tej Rae reports

Dr Parham gives much responsibility to the nursing staff

JORGE PEREZ (3)

The sprawl of low buildings, grassy spaces, flowering trees and outdoor walkways could be mistaken for a college campus. Then the siren of a baby's cry from an open window punctuates the peace. Nearby elderly women, known as professional mourners, wait to be hired to wail at funerals while family members take a break from caring for their loved ones. This is the University Teaching Hospital in Lusaka, Zambia's only comprehensive public hospital, and at once a place of hope and despair. Indeed, it is not unheard of for patients to die waiting for medical attention.

On a bright morning, Febby Chapota, a slim 25-year-old with long braids and a voice choked by tears, waits to be seen by a doctor. She has recently undergone a procedure that removed a pre-cancerous lesion from her cervix.

Chapota's appointment will take place in a tall pink building, recently constructed to house the Cervical Cancer Prevention Programme in Zambia (CCPPZ). Co-founded in 2005 by Dr Groesbeck Parham, an African-American gynaecologic oncologist, and his Zambian counterpart Dr Mulindi Mwanahamuntu, the programme offers inexpensive, low-tech screening and treatment with a particular focus on HIV-positive women.

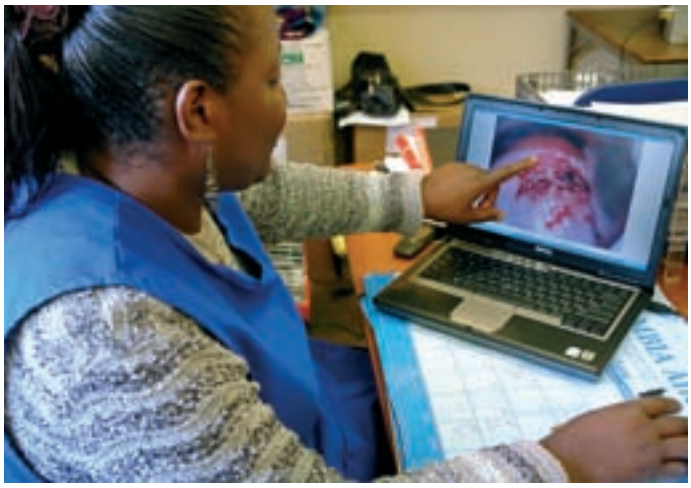
The two had initially run a study on 150 HIV-positive women in 2004 and were shocked to discover that 95 per cent of the participants had some form of cervical cancer. As the country with the second highest cervical cancer rates in the world, the programme could not have arrived in Zambia sooner.

Dr Parham, whose speech is peppered with curses and 'southernisms', hails from Birmingham, Alabama in the south of the United States. He reassures Chapota that everything is healing well. Clearly she is one of the lucky ones. Although most cervical cancer cases are preventable if diagnosed early, sub-Saharan Africa along with Latin America and South Asia have the highest mortality rates in the world.

Around 83 per cent of all new cases each year – and 85 per cent of all deaths from the disease – occur in developing countries according to the World Health Organization. That amounts to 600 female deaths daily. In sub-Saharan Africa, cervical cancer is the most common female cancer and the number one cause of cancer-related death in women. The risk of contracting the disease is further compounded by poor nutrition and sanitation, a lack of education, early sexual activity, multiple partners and inadequate preventative care. Women like Chapota who are on low incomes – she earns just $15 a month – are most vulnerable.

But there is hope as poor parts of 1930s and 1940s America has shown. At that time cervical cancer rates were similar to Zambia

Women wait to be attended by nursing staff



Many taboos have been broken at the clinic

today; around 60 in 100,000 women developed the disease. By addressing the risks listed above this has now decreased to around seven in 100,000.

Still, Zambia is not the US. Although the country's economy is strengthening, there are believed to be just 15 practising gynaecologists for 6 million women. An added complication is that women with HIV are more likely to be infected with the human papilloma virus, the most common cause of cervical cancer.

In any country, starting a new medical screening programme is daunting, but in Zambia this can seem insurmountable. This did not stop Parham. Although he knew that waiting for administrative, technical and logistical support could take years, he dived straight in. "We started at the end and moved back to the beginning," he says.

The first step was to draw on research projects in other developing countries to come up with a strategy that could work in Zambia. One study, for example, used nurses instead of doctors to perform screening. In another, doctors used digital cameras to photograph the cervix, instead of the $15,000 colposcopes used in the US. By combining various approaches Parham created an affordable, reproducible and fast public-sector screening and treatment programme which cost about $5 a patient and relies on other technologies such as mobile phones and the internet. Distance consultation with offsite experts via the internet and a rigorous system of monitoring and evaluation also followed.

To start with the CCPPZ was launched in two government-run health clinics with just five nurses. They began screening and treating up to 50 patients a day, with a particular focus on HIV-positive women. Costs were minimised by sharing government resources like rooms, beds, and data-entry technicians. At the same time, Parham's team launched a media and education campaign to spread the word. Around 30,000 women have been screened in three years.

There have, however, been plenty of challenges along the way. For example, difficulty acquiring nitrous oxide gas, used to destroy pre-cancerous lesions by freezing the cervix, nearly stopped the programme in its tracks. Apparently, only one company in Zambia sells the gas and a limited supply was available. Furthermore existing stocks had already been earmarked by other companies, none of which, Parham says, were using it for cervical cancer treatment.

But Parham appealed to the supplier's moral conscience by showing him pictures of cervical cancer in its various stages and relaying how failure to act could risk the lives of many women. This approach worked.

> "We started at the end and moved back to the beginning"

Such logistical obstacles, however, proved to be the least of Parham's worries. Although many nurses were excited about learning new skills, they were also used to working in the civil service. Whereas in the government system patient files were often non-existent, Parham expected nurses to keep detailed, well-researched records. Maintaining such high standards often required overtime, something most nurses were unwilling to do without payment.

But Parham told his group they were missing the big picture. "You can nickel and dime me until you're blue in the face, but this project is growing, and as it grows, you will grow with it," he said. "This isn't about a few kwacha. This is the problem with Africa. If there's a dime on the table everyone's grabbing for it to put in their pocket instead of investing it in the future. You must have a vision; a big vision."

CERVICAL CANCER

- The cervix is the lower part of the womb
- Cervical cancer is the most common form of the disease in women
- Symptoms include vaginal bleeding and discharge and painful intercourse
- Nearly 100 per cent of deaths are preventable through a simple smear test

Source: World Health Organization

Parham's life has certainly not been ordinary. He grew up in Alabama during a period of racial apartheid. After numerous attempts to integrate, two of which resulted in him being jailed at the age of 15, Parham left Alabama in 1966 aged 18. If nothing else he was relieved that he would never again have to live in such an "intense, hate-filled and dark atmosphere". Later he would become the bodyguard to the rock legend Jimmy Hendrix and was once shot during a labour union strike.

Although Parham has since moved on physically, he has spent much of his life trying to come to terms with his childhood anger. "After 40 years, I am still working this out of my system," he says with emotion.

In Lusaka's low-income neighbourhoods and further afield in the towns of Kafue and Monze, his efforts are slowly being realised. Fifteen clinics now boast of the programme. Other countries, like Botswana, South Africa, Cameroon, Kenya and even China are running similar pilots.

An ideological shift is happening too. In one of the cervical cancer clinics established by Parham, Muyanda Pepino – a nurse – has photographed her own cervix. In the room where the condoms are stored, an intern is cataloguing these into weekly folders. "That's my cervix!" laughs Pepino. The intern responds that she should "use it as your desktop screensaver". Previously, such topics would be taboo.

Parnham's motives may be altruistic but are also a respite from the Alabama he left behind. Perhaps it is an unexpected relief for him to wrestle with the demons of another culture rather than face his own.

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