

Next Stop Congo: Ulrich Madeja Visits the WHO's Program to Control Sleeping Sickness

Dr. Ulrich Madeja, from HealthCare Programs at Bayer HealthCare, **embarked on a very special business trip**. Together with reporter Matias Boem, he traveled to the remotest regions of the Democratic Republic (DR) Congo, **where committed mobile intervention teams from the World Health Organization (WHO) are combating African sleeping sickness – with the support of Bayer**. They travel to regions that are especially hard hit by the disease, screen and diagnose patients, transfer people suffering from the disease to specialized treatment centers or hospitals, and monitor the spread of the disease in the high-risk areas. In this Photo Story, Ulrich Madeja reports how the visitors from Europe got on in the Congo and what they learned about the WHO helpers' work – and about life in Africa.



Our Destination

Because of the tense political situation in the DR Congo, it's uncertain right up to our departure whether the journey can take place at all. Only at the last moment we get the green light from Bayer Corporate Security and the German Embassy. But then we finally get going. We fly first to Brussels and then to the capital of the DR Congo, Kinshasa. The country is huge, by the way, covering a total area of 2.5 million square kilometers – about half the size of the whole of Europe.



The Team

Meet the team: that's me on the left; on the right is reporter Matias Boem, who has visited social projects of Bayer for us on several occasions and reported on them in the media. Now he's accompanying me to Africa and will report on the journey in a photo report and documentary film.



The WHO Program: Meeting with the Organizers in Kinshasa

Immediately after our arrival we meet the Director of the 'National Program for Control of HAT, DR Congo', Dr. Crispin Lumbala, and the Deputy Health Minister of DR Congo. They give us an initial overview of what is currently being done to combat HAT in the country. However, as Lumbala says, from the office in Kinshasa alone it's almost impossible to assess the threat that the disease poses in the rural areas. The organizers therefore travel around the country regularly to get the real picture – and that's also what we're going to do.



The WHO Program: On to the Coordination Center

We fly on to the province of Bandundu, a few hundred kilometers north-east of Kinshasa, the region most seriously affected by HAT. The Coordination Center for the HAT program in the province is located in the provincial capital Bandundu Ville. We are accompanied by program director Lumbala (left) and Sylvain Baloji Kanga (center), supervisor of the national program's research division. On the right: Matias Boem.



The WHO Program: Briefing in Bandundu

In Bandundu Ville we are invited to a typical briefing. Which villages are due to be visited in the next few weeks? Where are the mobile intervention teams needed most urgently? How many HAT patients were diagnosed and treated in the past month, and how many need to be followed up? What materials need to be purchased – drugs, equipment for the blood tests, syringe kits for treatment? The program employees bring me up to date. They tell me they visit 500 villages a year – but even then they are only reaching 20 percent of the vulnerable population.



Transport and Logistics: Traveling on the River

We made smooth and rapid progress to Bandundu by plane, but now we realize that mobility will be defined very differently from now on. Here in the countryside there are no paved roads at all. The main traffic artery is the Congo River and its tributaries – a total of 15,000 kilometers of navigable waterways. Long distances are covered by boat, usually in small canoes or, more rarely, in motor boats. Whenever a larger ship sets off for the first time in a while, many locals are glad of the chance of a lift. Goods are also transported in this way.



Transport and Logistics: Traveling Overland

Traveling overland in the DR is also pretty special. First you have to make a few phone calls to find out where you can get cans of gasoline for sale – as there are no gas stations around. Then you have to find someone with a moped who can drive off to buy the gasoline. We're not used to waiting several hours. The locals are much more relaxed about this timing, however – and we stressed Europeans also get the message after a while: that we'll get moving at some point and it will still be soon enough. First we fill up.



Communication: Digital & Patchy

Cell-phone reception is very rare here in the countryside. So when a network is available, everyone makes the most of it – the boat's captain and me too! In view of the patchy infrastructure, reliable appointments made a couple of days in advance are worth their weight in gold. But it's still an adventure. We're currently wondering how we'll be able to find the mobile intervention team in this huge target area; we certainly can't reach the group by phone. All we can do is search patiently and occasionally ask the local residents on the riverbank.



Communication: Analog & Reliable

As so often in Africa, analog communication proves to be the most reliable. And it comes to our assistance. An 'announcer' always travels a day ahead of the WHO mobile team to tell the surrounding villages the team is coming. In this way the village community is informed and can take the opportunity to access the life-saving diagnosis and treatment. After many hours of traveling on waterways and sandy tracks, we finally meet up with the WHO team in Ngantoko and can watch them setting up their mobile laboratory on the village square.



Visiting the WHO Helpers: Diagnostics on the Village Square

The mobile intervention team takes voluntary blood samples from the villagers and carries out further tests whenever HAT is suspected. Not all the villagers allow themselves to be examined. Some are afraid of being diagnosed with the disease and then being exposed to prejudices. But my impression is that most of the people here have been well informed and that anyone with the disease will be able to rely on the village community for support.



Visiting the WHO Helpers: Enthusiastic Greeting

While Matias Boem films the work of the mobile intervention team, takes photographs, and interviews the local villagers and physicians, I have my own job to do: distracting the children. Visitors are rare, and we're the first white-skinned people they've ever seen. Quite an attraction! And the approximately 60 children here in Ngantoko make sure we hear all about it. Their enthusiasm is contagious, if a little unsuitable as a backdrop for a film ...



Local Healthcare: The Health Point

Despite the tireless efforts of the 13 mobile teams funded by Bayer, visits to the villages by the WHO employees remain a rare event. So what happens if someone shows symptoms of sleeping sickness and there is no team in the area? Help is on hand at the nearest health point, which is responsible for primary healthcare for the rural population. We visit the local health point and learn from its director how many patients have been tested for HAT here over the past 12 months and sent to hospital – ideally to an HAT center funded by a WHO program. Such a referral means that relatives have to take the patient there by canoe. In our specific case it took 14 hours to travel from this health point to the hospital in Mushi.



Local Healthcare: Local Inventiveness

The locals make up for the lack of infrastructure with a lot of inventive talent. I'm really impressed when the laboratory manager at the health point shows us how he keeps the necessary microscope lighting going – with several torch batteries connected in series.



Health Education

How can I protect myself from getting infected with HAT? What early symptoms do I have to look out for? Health education is a key factor in the fight against HAT. Posters provide the most important information in pictures – in schools, hospitals and also here at the local health point. But even more important is the information passed on personally by teachers and health workers directly in the village. I'm delighted that our program also focuses on health education in addition to diagnostics and therapy.



Clinic & Drugs: The Hospital in Mushi

Of course, as a physician I'm especially interested in the care and treatment given to patients locally. I was particularly impressed by the regional hospital in Mushi with its special WHO-funded ward for HAT patients. The facilities might be modest, but the employees – highly qualified women and men – have organized the operational systems excellently. Everything is spotless, and I have the feeling that the patients are really in very good hands here – and that our donated medicines are being used effectively.



Clinic & Drugs: Nursing Patients is the Family's Job

In the courtyard I meet some of the patients' family relations hanging up washing. Looking after patients is the family's job. They also live here in the hospital, because their village is 30 kilometers or even more away. Now I begin to understand the full extent of the drama that the disease causes people. The sting of a single infected tsetse fly is enough to incapacitate an entire family! This is because neither the patient nor the nursing relatives can earn their living while they are here in the hospital.



Clinic & Drugs: Supplies for the WHO Program

At the hospital pharmacy in Mushi, the pharmacist explains to me that the drugs – and also all the other material needed to look after HAT patients – is centrally delivered here and then redistributed to other health points in the province: nifurtimox (brand name: Lampit) from Bayer and eflornithine from another manufacturer for the combination therapy, injection solution, and syringe kits.



Vector Control: Traps for the Tsetse Fly

We're back in Kinshasa after an adventurous and very impressive seven-day journey through the remote regions of the DR Congo. By chance we meet industrious workers using old Singer sewing machines. They make 3,000 traps a year for use against the tsetse flies. The protection would be even more effective if nets were treated with insecticides. This is perhaps the biggest wish of the local authorities.



The Culinary Side of the Congo: Freshly Caught Fish

The food on our journey is really worth a chapter of its own. We gain a lot of insight in the local cuisine. Fresh fish is the population's staple food – and ours during our visit. Here, in front of the hospital in Mushi, I meet two fisherwomen – and buy their handsome catch. Many patients would be unable to afford this for daily meals. But today at least, a good hot meal is assured for all, also for us.



The Culinary Side of the Congo: Local Specialties

Of course we make sure we also try the local specialties: here I'm trying a roasted maggot, a high-protein local specialty. Slightly unusual, perhaps, but a welcome change – nice and crispy. Delicious!



The Story of our Journey

We return to Germany with many lasting impressions, more than 4,000 photographs, and many hours of video footage. Now we're telling our story to others: at Bayer – like here at the Town Hall Lecture in Berlin – and elsewhere. NTDs cannot be tackled with drugs alone. They must also be publicized, so that the people affected can be given more comprehensive help. I'm proud that Bayer supports this important work.

