

Sam Phiri

Executive Director of the Lighthouse Clinic, Malawi

SAM PHIRI GREW UP in a rural village in Malawi among farmers who scratched out a living from the land. That was what people did there, generation after generation. There was little in his upbringing that would suggest he would move beyond secondary school. But Phiri, who is executive director of the Lighthouse Clinic, Malawi's first AIDS treatment center, was driven to do community service. And he found that he had a strong interest in medicine.

He said his religious upbringing also guided him. His mother, he said, taught him that their Christian faith meant "we should be caring for others."

"Even now, my mother and I do not talk about what exactly that I do," Phiri said. "Instead, she says to me, 'Son, do you make sure your skills as a Christian are assisting your patients?'"

The son always tells his mother he is. Phiri, a

written by John Donnelly
photographs by Dominic Chavez



DR. PHIRI TENDS TO ONE OF HIS PATIENTS AT THE LIGHTHOUSE CLINIC IN LILONGWE, MALAWI.

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medical clinician who is working on his PhD at the London School of Hygiene and Tropical Medicine to become a clinical epidemiologist, has been treating AIDS patients since 1993. For many years, the situation seemed hopeless; hospitals were swamped with AIDS cases—one 1997 study in Malawi found that 73 % of the adults hospitalized with a fever were HIV-positive—and treatment options were all poor.

Many times, over several years, Phiri and his colleagues despaired at the rate of death from AIDS. “The corridors of the hospital were full, the verandas were full, and then they would leave the hospital very, very sick,” he said. “We had no way

of following up on these patients who returned to their homes. I’m sure most of them died.”

In 2002, he helped found the Lighthouse, which would not only usher in an era of antiretroviral medicines to people infected with HIV, but also give those patients specialized care that was lacking in hospitals. Phiri and several friends chose the name Lighthouse because to them it represented a “beacon of hope—even though Malawi is a landlocked country,” he said, laughing.

In his job, Phiri, 42, has mostly served as an administrator, although he saves one day a week to see patients. “I am a clinician at heart,” he said. “I don’t want to lose that because it is so satisfying to see a patient, manage their care, and watch them improve.”

The Lighthouse has grown steadily in its first years, and by the end of 2007, it was overseeing the antiretroviral treatment of 5,000 patients. The clinic also was counseling and testing roughly 2,000 people a month. And it is helping train a new cadre of health workers in Malawi to treat people with HIV. Nearly three-quarters of Malawi’s health workers who see AIDS patients were trained at the Lighthouse. Sitting in his office at the clinic, Phiri reflected on the beginnings of the Lighthouse and its future.

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Q&A

WITH
SAM PHIRI

Q: What was the genesis of the Lighthouse?

“I remember it well—it was 1996. I was working in the central hospital (in Lilongwe), and the adult wards were really full. I said to myself, ‘What is really going on? Isn’t there anything I can do?’ We had a problem with the drugs, and a lot of people were dying. On top of that I lost some friends in the medical department.”

Q: Do you recall one death in particular?

“Yes, it was the death of one of my colleagues—a close friend. He opened up quite late, that he had AIDS. By the time he confided in me, he was really not well. But there was more to it. He had meningitis and we did not have the best medicine for it. I said then that we really could have done better.”

Q: When did you know that the Lighthouse was going to work?

“Just after we opened it in 2002, we had a group education session for many patients. We wanted to give them general HIV information. Stigma was very high. People didn’t talk about having AIDS. But at that meeting, I was shocked that people stood up and said, ‘I found out I was with HIV and I was told I could come here to be assisted. How can you help?’ I knew then that the clinic was going to be busy, and that it was going to be hard work.”

Q: For a while, the number of patients began to overwhelm staff. How did you deal with that situation?

“By 2005, we were seeing over 250 people a day. We decided to limit that to 180 patients. It was difficult, but we had to do it. It was first come, first served. By 7 a.m., we were registering 180 patients. Then we adjusted our system: nurses took care of some patients, and patients who were well would come every two months, not every month.”

Q: What are the challenges you’ll face in the next five years?

“We will not have a problem in finding enough people to put on treatment. The problem is how we cope with the demand. The government’s goal in Malawi is to have 245,000 patients around the country on treatment by 2010. With more people on treatment, we’ll also have more side effects, and more resistance. So doctors may need to do more clinical work with individual patients. That means we will have to focus on capacity building and improving service delivery.

“The other big change deals with prevention and behavior change. With ARVs [antiretroviral drugs] coming in, we finally had treatment. But now people may go back to loose behaviors. We need to scale up strategies on behavior change.”