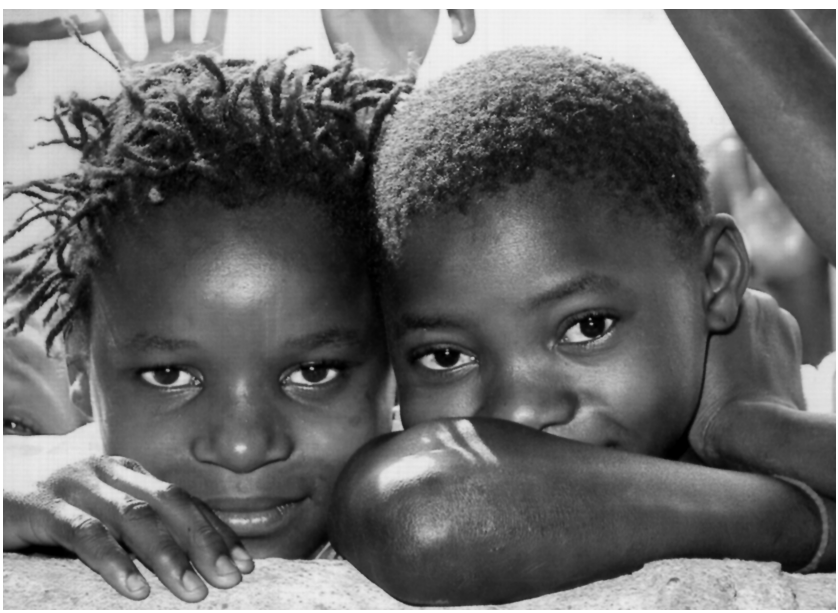
Vincentiana, January-April 2008

I Have a D.R.E.A.M.*

by Robert Paul Maloney, C.M.

When Ana Maria first arrived to participate in DREAM she weighed a skeletal 64 pounds. Upon discovering that she was HIV positive, her husband had left her and her neighbors isolated her. As she struggled to take care of her six children she realized that she was dying. She felt that the stigma was killing her as much as the disease. Today she and her children are well. In fact, Ana Maria is filled with fighting talk and enthusiasm as she promotes the struggle against AIDS, fuelled by her awareness that she would be dead if she had not received treatment.



* D.R.E.A.M.: Drug Enhancement Against AIDS and Malnutrition.

THE GRIM REALITY OF AIDS IN THE WORLD

Today, with early diagnosis, proper care and well-monitored drug therapy, a person who is HIV-positive can live a relatively normal life; in the USA and Western Europe most do. But in poorer countries, most die, since few receive high-quality treatment. Worldwide, AIDS killed 2.9 million people in 2006, and t he total number of people living with HIV reached its highest level in history, an estimated 39.5 million people. In 2006, 4.3 million new cases emerged; about 530,000 of these were among children under the age of 15. While the number of deaths from AIDS in the USA and Western Europe has diminished dramatically because of drug therapy, it remains the leading cause of death worldwide for people between the ages of 15 and 49.

THE REALITY IN SUB-SAHARAN AFRICA

Sub-Saharan Africa is hardest-hit. There, 24.7 million people have HIV/AIDS. Last year there were 2.8 million new cases in sub-Saharan Africa. In fact, almost two thirds of all those in the world with HIV live there, as do 77% of all women with HIV. The World Health Organization estimates that 95% of those with the virus do not know they have it. Except for India (with 5,700,000 victims), South Africa has the highest number of people (5,500,000) of any country in the world with HIV/AIDS. Swaziland has the highest adult prevalence rate in the world, 33%.

One of the most striking demographic impacts of HIV/AIDS is its effect on life expectancy; the steady gains made in many countries during the last century have been reversed. Already, life expectancy for women in six highly-affected countries has dropped to below 40 years. Today, a woman born in the USA can expect to live to 80; a woman born in Swaziland can expect to live to 32.9. A woman born in Japan can expect to live to 85.4; a woman born in Zimbabwe can expect to live to 36.5. Last year 2.1 million people died of AIDS in sub-Saharan Africa.

THE GENESIS OF AN APPROACH

As the third millennium was dawning, the Community of Sant'Egidio, many of whose members are health-care professionals, began to reflect on a glaring injustice in the global social structure: the majority of those with AIDS in Western Europe and the USA

were no longer dying because they received "triple-therapy," whereas millions of AIDS victims in Africa continued to die each year.

This lay community, founded in 1968 in Rome and recognized canonically by the Catholic Church, has a special bond with Mozambique. The relationship began in the early 1980's when Sant'Egidio sent humanitarian aid to Mozambique during the country's long, devastating civil war; it reached a high point when the community mediated the peace agreement signed in Rome on October 4, 1992 after 27 months of negotiations. After communal reflection on the AIDS crisis in Africa, the Community formulated this priority: it would offer the same treatment, and the same hope, to patients in Africa as was available to victims in Western Europe and the USA. Consequently, the Community designed DREAM and began a pilot project in Mozambique in March 2002.

DREAM

The acronym DREAM signifies "Drug Resource Enhancement against AIDS and Malnutrition". Since 2002, Project DREAM has been applying in Africa, with extraordinary success, the state-of-the-art standards of treatment now used in developed countries. Recently the World Health Organization (WHO) chose it as a case study for treating AIDS.

DREAM provides treatment to children and adults who are HIV-positive, but its special focus is to prevent the transmission of HIV/AIDS from a pregnant woman to her new-born child and to maintain the on-going health of the mother. The method used is highly active anti-retroviral therapy (HAART), which is sometimes called the "triple therapy" because of the three drugs administered. DREAM's success rate is very high: 98% of children born to HIV-infected mothers taking part in the project are born HIV-free. The ongoing results are carefully monitored daily through a computer hookup between Mozambique and Rome, so that DREAM, in addition to being a treatment program, does ongoing research aimed at improving patient-care.

Accurate diagnosis plays a crucial role in DREAM. For that reason, a molecular biology laboratory is essential for analyzing the patients' situation, monitoring their therapy and counteracting any toxic effects that it might have.

DREAM has been creative in inventing means for keeping the adherence-rate of participants high. Its goal, 95% adherence, has now been met, so that DREAM's rate of adherence in sub-Saharan

Africa is equal to or higher than the overall rate in the USA and Western Europe. The principal incentive, of course, is the success of the therapy itself. Other means are home visits, a day hospital, a mother/child healthcare center, and a day-care program to which pregnant women bring their children, thus guaranteeing their presence twice a day for medication, at drop-off and pick-up times.

Hunger and mal-nutrition weaken the defenses of patients and increase the likelihood of their dying; in Mozam-bique, for example, about 14% of infants have a below-average weight at birth. So DREAM also monitors patients' nutri-tional state, devotes time to health education, pro-motes a balanced diet, and, with the help of the World Food Program and other NGOs, provides for food distribution to mothers and their families.

DREAM works in partnership with the host nations, though its funding does not pass through local governments, and it focuses on capacity-building within local communities and the training of indigenous personnel, so that eventually they can take over the running of the program. In each country an agreement is signed with the Ministry of Health to assure the government's cooperation and support for DREAM.

THE PARTNERS

In June 2005, the Community of Sant'Egidio entered into a cooperative agreement with the Daughters of Charity, one of the world's largest communities of sisters, founded by St. Vincent de Paul in 1633 to serve the sick poor. At present the Daughters labor in 21 African countries and have numerous native-born sisters there. They staff hospitals and clinics in most of the 93 countries where they serve throughout the world and have well-trained personnel.

With the birth of this new agreement, the Mother General of the Daughters of Charity appointed a "DREAM Team," whose members are Sr. Catherine Mulligan and Sr. Jacqueline Gbanga. They represent the Mother General at the many meetings involved in launching DREAM in various countries. At the request of both the Daughters of Charity and the Community of Sant'Egidio, Fr. Robert Maloney serves as coordinator for the joint programs in which the two communities, and sometimes other groups, collaborate. His role is basically one of facilitation, assisting the various parties to work together smoothly. He also helps in making contacts with others who might be interested in collaborating in DREAM.

The advantages of cooperation between Sant'Egidio and the Daughters are significant. Sant'Egidio provides the DREAM model for AIDS treatment, as well as formation and evaluation in the use of that model. The Daughters provide personnel, their experience in health care, their native contacts within various countries, and, perhaps most important, the assurance that the resources of the program will reach the poorest of the poor directly. The joint participation of these two communities guarantees that costs are kept low while quality is kept high. The program is totally free of cost for those receiving treatment.

Sant'Egidio and the Daughters are already collaborating in Nigeria, the Congo, Cameroon, and Kenya, in addition to Mozambique. The two communities look forward, over the next few years, to initiating further joint projects in Ethiopia, Rwanda, Burundi, and Madagascar. Meanwhile, Sant'Egidio is collaborating with other groups in other countries: Tanzania, Guinea Conakry, Guinea Bissau, Malawi, and Angola. As DREAM expands to new sites, its results are evaluated regularly, so that Sant'Egidio and the Daughters can improve the quality of the program as it is established in other places.

DREAM's trained staff members have now seen more than 44,000 patients. They have accompanied 4,000 women throughout their pregnancy and for years afterwards. Almost all these mothers are still alive, and almost all their children have been born HIV-free. Among

DREAM's ongoing patients are over 1600 children. This is one of the largest groups of children receiving anti-retroviral therapy anywhere in the world.

Since the Daughters of Charity also have significant personnel resources in 18 countries in Asia, they "dream" of establishing DREAM there too. The Daughters have a large number of sisters in Vietnam, India, the Philippines, and Indonesia and have well-established communities in continental China and Thailand.

In mid-December 2005, the Daughters and Sant'Egidio entered into a new collaborative relationship with Catholic Relief Services (CRS), which, through a consortium of partners called AIDSRelief, is now providing anti-retroviral therapy in nine countries under a grant from the President's Emergency Plan for AIDS Relief (PEPFAR). The first country to benefit from this new partnership is Nigeria, where in May 2006 a DREAM Center for the prevention of mother-to-child transmission opened in Abuja at a hospital of the Daughters. From there, in 2007, a network of centers, located at hospitals and clinics which the Daughters staff, will extend outward into various parts of the country.

Unfortunately, two of the countries where DREAM Centers are at present under construction, the Congo and Cameroon, are not eligible for PEPFAR funds, since they are not in the list of the US government's focus countries.

Construction of a new center is about to begin in Nairobi, Kenya, too.

FORMATION

In preparation for these collaborative projects, the Community of Sant'Egidio has, over the last few years, sponsored ten three-week-long formation programs in Mozambique, Malawi, and Tanzania; 2500 participants from 20 countries have taken part. The courses target various groups: doctors, nurses, team coordinators, lab personnel, social workers, computer technicians, and home visitors, offering them specialized modules, providing practical experience in DREAM centers, and processing that experience in group sessions. Teachers aim to communicate to participants not only the most up-to-date scientific knowledge about AIDS, but also the principles underlying the DREAM model.

FALL-OUT FROM AIDS

One of the most tragic effects of AIDS is the huge number of orphans and vulnerable children. More than 15 million children under the age of 17 have lost one or both parents to the disease. UNAIDS, the Joint United Nations Program for combating the pandemic, estimates that by 2010 there will be 42 million orphans in Africa. That surpasses the total number of children in France, Italy, Spain, Portugal and Holland! It also exceeds the number of children in the United States living east of the Mississippi River! These children, with the death of their parents, face the loss of family income, the burden of caring for younger siblings, and withdrawal from school in order to provide for family members. They run a significantly greater risk of malnutrition, physical abuse, sexual exploitation, preventable illnesses and HIV infection. As DREAM seeks to counteract AIDS, the Daughters of Charity, the Community of Sant'Egidio, and CRS attempt to provide for the vulnerable children left in its wake.

Another tragic effect is the feminization of AIDS. In sub-Saharan Africa, most young people living with HIV/AIDS are girls. 59% of all adults living with HIV/AIDS are women. Teens and young adults are at the center of the epidemic. In some countries the feminization of

HIV/AIDS is dramatic. In Guinea, more that 2/3 of the adults (68%) living with HIV/AIDS are women.

A third effect is the loss of leaders and professional people in the next generation: teachers, doctors, nurses, and many others who could have helped to transform the life of poor African countries will not be there, as millions and millions of adults and children die. So, it is highly probably that the poorest countries will remain the poorest because they lack the human resources to create a new future.

FINANCING

Funding the initial and the ongoing costs of Project DREAM is a huge challenge. Even though the Community of Sant'Egidio, the Daughters of Charity, and many CRS volunteers donate their services, startup costs in each country come to about $850,000 dollars because of the need to train personnel, build a laboratory, buy equipment and medication, and obtain computer hardware and software. Once the program is established, ongoing costs are lower. But laboratory work, staff training, provision of food, and the purchase of drugs remain indispensable expense items. Fortunately, DREAM has been able to obtain approved drugs at a much lower price than is possible in the USA and Europe. The annual per patient cost for drug therapy is only $300, a sum that seems small in the USA but is close to the total annual income of many Africans.

The Seton Institute, which has its seat in Daly City, California, has close historical connections with the Daughters of Charity and assists them in fund-raising. It seeks support for DREAM from private and public sources.

A recently established office of the Daughters of Charity in Southfield, Michigan, called International Project Services (IPS), is now also assisting very actively in the search for funds.

Since a sponsoring organization covers all of Seton's and IPS's operating costs, 100% of every contribution goes directly to aiding healthcare projects.

Because DREAM envisions so many patients in so many countries and because therapy for those who are already HIV-positive is life-long, the ongoing search for both public and private funds is essential.

SYSTEMIC CHANGE

It is important not just to meet the immediate needs of the poor, but also to promote long-term systemic change. Of course, in projects like DREAM, where life and death are at stake, providing immediate help and working for systemic change are not an "either/or" option; they are a "both/and" imperative.

DREAM attempts to incorporate a series of strategies into its project design, so that its results will be sustainable in the long run. Principal among these are those listed below.

The project:

1) involves the poor themselves at all stages: planning, implementation, evaluation and revision.
2) enlists the service of the sick, so that AIDS victims whom DREAM has helped then assist other patients too.
3) aims to provide quality service, applying to Africa the state-of-the-art standards that are used in Western Europe and the United States. Quality is monitored regularly.
4) takes a holistic approach, addressing a series of basic human needs: especially health care, nutrition, and education.
5) forms indigenous people to administer and implement the program in an ongoing way.
6) builds in the human resources (e.g., leadership) and the economic resources which are needed for sustaining it.
7) creates, besides the measurable results it achieves, a sense of belonging, participation, and community "ownership."
8) involves collaborative partnership among various sectors of society: the poor and sick themselves as the principal agents, local and national governments, the private sector (NGO's, businesses), churches, and interested individuals. Prominent among the agents are the Daughters of Charity, the Community of Sant'Egidio, Catholic Relief Services, the US government (through PEPFAR), and private donors.

Joãozinho has become a symbol of DREAM and one of its most loved patients. He was the 1000th baby born to HIV-positive women receiving treatment. Like other children born in DREAM before and since, he now has the chance to lead a healthy life

Joãozinho has another reason to rejoice as he faces the future: his mother is alive and healthy and will take care of him in the years to come. Treatment helped her so much that, as her medication was phased down, her immune system became almost normal.

As the success of treatment at the DREAM Center in Matola, Mozambique, has become well-known, husbands are now coming in increasing numbers for testing. So it is very probable that Joãozinho will lose neither mother nor father and will avoid joining the ranks of the millions of orphans in sub-Saharan Africa.