

dream

Community of Sant'Egidio

Drug Resource Enhancement against AIDS and Malnutrition

Report



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A programme that treats AIDS in Africa according to a holistic approach, **DREAM** was launched in January 2002 by the **Community of Sant'Egidio**.

The programme is the child of a dream – the dream of a different approach to AIDS and to the entire world of health care in Africa. DREAM means confidence and hope that AIDS can be beaten, including in Africa.

Today, both prevention of HIV infection as well as AIDS treatment have proved to be necessary to counter the force of the epidemic's advance in Africa. It is this challenge that the Community of Sant'Egidio aimed to meet by setting up and promoting the DREAM (Drug Resource Enhancement against AIDS and Malnutrition) programme. It was with the goal of promoting a combination of prevention and treatment that DREAM was born, in the firm conviction that it is a must to save as well as to preserve, to win more time for as many people as possible.

DREAM was conceived to achieve **excellence**, excellence in treatment and diagnostics, in administration and computerization. DREAM demands western standards for Africa too, routinely using viral load assessment, and giving Highly Active Anti-Retroviral Therapy (HAART), the current golden standard in the treatment of HIV infection, to all patients who need it.

DREAM is **free-of-charge**. It is important that all health services offered, from diagnostics to nutritional support to health education to conventional treatment of opportunistic infections, be offered within a regime that is completely free-of-charge.

The third requisite is **accessibility**: DREAM works not only to welcome those who come to ask for treatment, but also to seek out sick people in villages and rural areas through Home Care and Community-Based Care.

DREAM was launched in Mozambique in March 2002, following two years of groundwork. However, the idea of the project was born in 1998 when the Sant'Egidio Community – a Christian movement founded in Rome in the late 1960s that has a strong base in Africa – decided to fight the devastating impact of infection with HIV.

Within the framework of the Public Health system the DREAM project aims to introduce the essential components of an integrated strategy for the prevention and treatment of HIV/AIDS. The project is intended to serve as a model for a wide-ranging and increasingly scaled response to the epidemic.

The main objective will be achieved through the establishment of services providing diagnosis and comprehensive treatment. The prevention of HIV transmission in the general population and of mother to child transmission through Community Care and Home Care services (CCHC) and Mother and Child Prevention and Care (MCPC), respectively, are further key components of the strategy.



Expansion of the DREAM programme

This report describes the activities and results of the DREAM programme from when it began.

Over the last few years the DREAM model has spread to 10 countries in sub-Saharan Africa.

In Mozambique and in Malawi the programme is present at a national level. In Mozambique there are 10 health centres and 4 molecular biology laboratories; in Malawi there are 11 health centres and 4 molecular biology laboratories.

The DREAM programme is present with at least one health centre and one laboratory in Tanzania, Kenya, the Democratic Republic of Congo, Angola, Cameroon, Nigeria, the Republic of Guinea and in Guinea Bissau.

At present there are 31 health centres and 18 laboratories in the various countries.

This rapid expansion of the DREAM programme has also been possible thanks to the close and gradually increasing collaboration with several

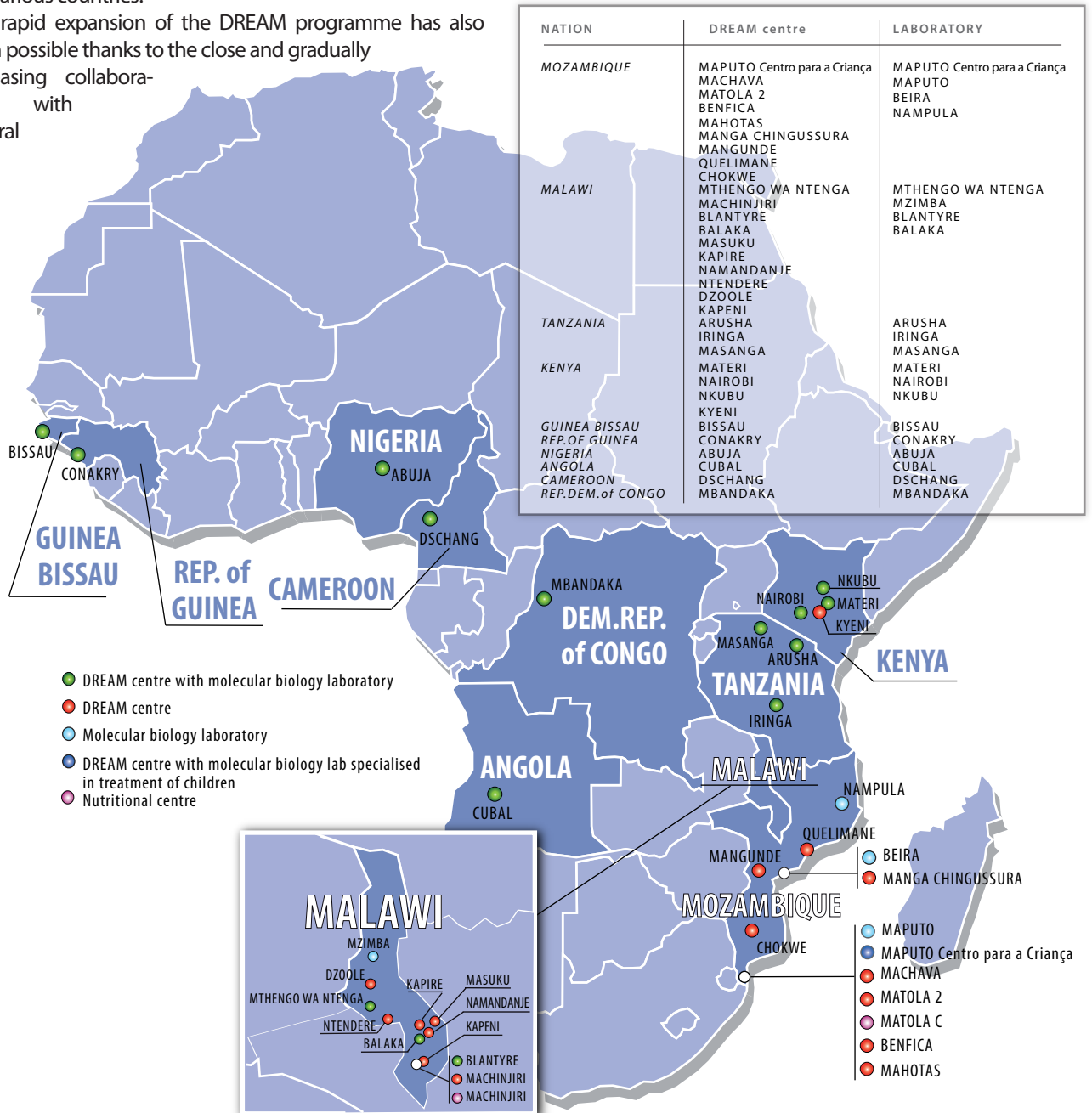
religious congregations that work in African countries.

The commitment to train staff from these countries is growing constantly.

Up to now around 3,600 Africans (doctors, nurses, biologists, laboratory technicians, centre coordinators, home care assistants and computer experts) are estimated to have taken part in 16 panafrikan training courses.

Through DREAM by now around 105,000 patients are being treated and assisted in Africa. At present around 62,000 of them are in HAART (Highly Active Antiretroviral Therapy).

In DREAM particular attention is paid to children and more than 6,000 children are in HAART: at present this is one of the largest paediatric age groups being treated in Africa.



Prevention of mother-to-child transmission

In DREAM great emphasis has been placed on a series of protective and preventive actions for pregnant women and their future children. The idea has always been to deliver a generation of children free of the disease, above all of children who are not orphaned, thanks to the protection also offered to the mothers. In fact, since its very beginning DREAM has aimed both to prevent transmission and also to guarantee the mother's and the child's survival. This is why complete treatment with antiretroviral drugs for all seropositive pregnant patients has been chosen.

Today DREAM has demonstrated that it is really possible to practically eliminate mother-to-child transmission. The latest studies on the subject show that the drugs taken by the woman during pregnancy make it

possible for her to breastfeed safely (this is one of the most recent results of DREAM's research), which avoids the frequent infection of babies during their first months of life and also the stigma associated with not breastfeeding. The accuracy of this approach is demonstrated by the fact that 98% of the children are born healthy from seropositive mothers. Today there are more than 12,500 of these children in the DREAM programme.



The campaigners' association "I DREAM"

Over the last few years there has been an increasing development of what we might call the most original and innovative factor of DREAM: the patients' participation within the programme.

The patients who wish to take part become "activists", that is members of staff who bear witness that hope is possible for many other sick people, and who in this way recover their social and economic dignity.

The "I DREAM" association started up in Mozambique years ago and by now it involves hundreds of African women and men in therapy.

The association becomes a fundamental path of reintegration into life and after the exclusion and the stigma one can again go out, work and one finds the joy of being able help others. After a long period of training, our activists carry out peer health training, which goes far beyond simple notions of the HIV virus and which also involves many other



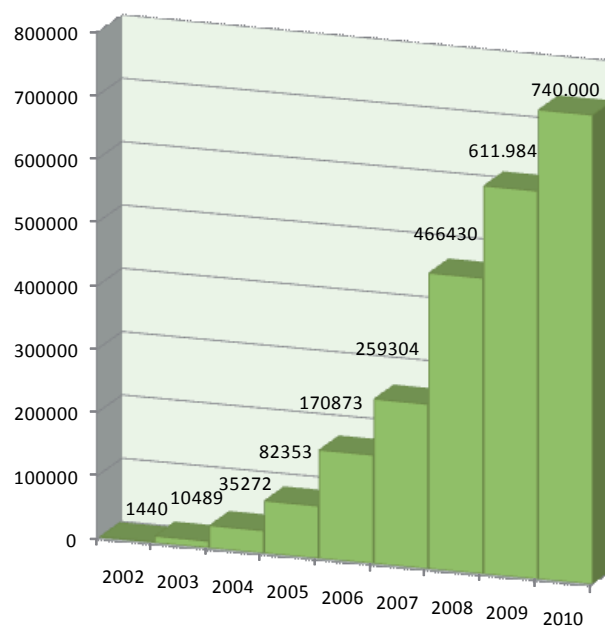
aspects of life: nutrition, hygiene for their homes and for themselves, prevention of infectious pathologies and much more. Many of our patients, having found their strength again, become mothers for many children. Not only for

their own children, but also for other sick children who come to our centres. Our activists become like mothers, they go to the children's homes several times a day, they give them their medicine, they make meals, they take care of them, with the feeling that these children are also an integral part of their own family. So, from being the main victim of AIDS, the woman then

becomes a protagonist of the liberation from the disease and the activists' work represents the use of a human resource that becomes a treasure for the country.

The molecular biology laboratories

Systematically performing the viral load, the CD4 count and common blood tests like the haemogram or biochemical tests, has had the merit of introducing high quality standards in monitoring the antiretroviral therapy and in mother and child prevention. Today, as well as working for the patients on the programme, DREAM's laboratories also work for a large number of other governmental and non governmental initiatives, in the fight against AIDS. The number of samples analysed every day is growing exponentially. Until december 2010, on the whole, more than 740,000 blood sample have been processed.



Number of samples processed in DREAM laboratories (cumulative)



Patients under treatment:
105 000 beneficiaries

of whom **24 000** less than 15 years old
62 000 in antiretroviral therapy of whom
6 000 children

Children born healthy from the vertical program
prevention: **12 500**

Current Pregnancies under treatment: **1 300**

1 000 000 persons that in these years used
the DREAM programme (health training, water filters,
nutritional support, mosquito netting, prevention
programs on work, radio, television etc)

Medical visits carried
out: **1 100 000**

Viral loads carried out:
268 000

CD4 carried out: **540 000**

10 countries in which DREAM is working:
Mozambique, Malawi, Tanzania, Kenya, Repu-
blic of Guinea, Guinea Bissau, Cameroon, Congo
RDC, Angola and Nigeria

31 working DREAM Centres

18 laboratories of molecular biology

16 formation panafrican courses

3 600 formed African professionals

Costs:
600 euro: the annual cost per patient
(therapies, analysis, home care, nutritional
support, medical visits)

500 euro: the cost for each
healthy child born from a
hiv-positive mother