Towards the Future

Global Health: Women and Children first
Problems and needs

The year 2015 will be a turning point for the fight against poverty at a global level. The dates for the millennium goals have almost arrived and there are already thoughts about which new challenges should be dealt with.

On the basis of the experience of the DREAM Programme in Africa and from the issues discussed at an international level in the various debates on this matter, the following points have emerged:

- **Global Health** is a challenge for the future and every country should be held responsible. The WHO states the urgency of providing universal access to essential health care services.

  - Great progress has been made in the fight against HIV/AIDS, TB and malaria. However much still has to be done in order to defeat the pandemic (a goal that can be achieved today) and fight the stigma that affects these sick people. **Women** are the backbone of development. Nonetheless they are often deprived of many of their basic rights and suffer from gender discrimination. The solution to many of the continent’s problems depends on their empowerment, in particular through education.

- **Children** are particularly exposed to poverty in Africa; **poor nutrition**, together with HIV/AIDS and **poor hygiene**, contributes largely to infant mortality in the continent.

The complexity of the problems demands a holistic approach that bears in mind the Global Health objectives and considers all the life aspects when defining a development plan, particularly in health programmes.

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**The DREAM Programme in Africa**

In 2002 the Community of Sant’Egidio, an international faith-based organization, designed and set up DREAM – Drug Resource Enhancement against AIDS and Malnutrition - a programme that aims to control the HIV/AIDS epidemic and malnutrition in sub-Saharan Africa. The programme is now active in ten African countries, in collaboration with local governments.

The programme has introduced a new way to deal with emergencies and at the same time is creating the foundations for further development and his sustainability. The programme also has an extensive and high profile scientific background, which guarantees constant quality control of activities and levels of excellence. This high standard approach has naturally influenced the countries’ policies in the fight against AIDS and malnutrition (DREAM staff have been included in official Technical Working Groups in several countries) and has led to collaboration with the WHO in drawing up the international guidelines for the prevention and treatment of HIV infection\(^1\). Capacity building has always been one of the core aspects of the programme in which thousands of health professionals have been trained.

The DREAM Programme is working to achieve the Millennium Development Goals (MDGs) by paying attention to **maternal health and child mortality**, as well as to the **HIV/AIDS, STD, TB and malaria**.

Over the years in Africa, the Community of Sant’Egidio, while fighting AIDS and malnutrition, has realized that every health intervention needs to consider the whole person and his/her environment.

Therefore, the organization wants to extend the services it offers, in order to help improve the life of people living in sub-Saharan Africa.

**In the near future the programme will address the following key areas: women, children, new technologies and universal access to treatment.**

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\(^{1}\) (World Health Organization, *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*, 2013).
Empowerment of women

DREAM is particularly focused on women, because of the importance of their role in the community. Many of the women involved in the HIV/AIDS care and treatment programme have become active testimonials of the programme and they carry out the following activities:

- home-based care activities.
- sensitization activities in the communities and in the media on women's rights, against stigma and gender discrimination
- peer-education to counsel other women in the maternity units, to invite them to take the test, to suggest how to wean infants, to improve adherence to treatment protocols; basically to bear witness to a life that can start again.

In the beginning their role focused on supporting people living with HIV, but they are now recovering from the marginalised condition to which the disease confined them and they have a strong potential for a wider contribution to society. In the future, the support of these seropositive women will be essential for the empowerment of other African women and for their inclusion in society. The main way to achieve this goal is through literacy, providing basic skills and health education for countering situations of poor hygiene.

Elimination of Mother To Child Transmission (EMTCT)

Bearing in mind the mission of the DREAM Programme, we aim to succeed in achieving the 6th MDG, and halt the spread of HIV/AIDS by offering to treat HIV+ pregnant women and the mother-child couple. This method is producing a 98% rate of HIV free babies born from seropositive mothers and is leading towards the elimination of HIV+ in children.

Considering the lack of maternal healthcare in sub-Saharan Africa and the high maternal mortality ratio, the approach of the DREAM Programme will surely have positive consequences on maternal health and contribute to the achievement of the 5th MDG.

Therefore, we need to extend the treatment to larger number of pregnant women in all the countries covered by the DREAM Programme.

During the whole of their pregnancy, and up to the time when their children are 18 months old, women will be guaranteed food support (rice or maize, beans, peanuts, oil and sugar). This aims to counter malnutrition and anaemia, and reduce the number of premature deliveries and the incidence of low birth weight.

Every infant born in the programme is periodically evaluated in order to assess his health and growth status, so easy access to health services is guaranteed for new-born babies in this delicate phase of their life.
Child care and nutrition

The DREAM Programme has always considered child care to be of utmost importance, it is an investment for the future of Africa. The many babies born healthy from seropositive mothers are assisted for the first two years of their life in order to protect their health. Children with HIV start the therapy early and have a careful follow up in order to guarantee them maximum life expectancy and quality of life.

Child care is fundamental for reducing infant mortality (4th MDG), which is declining globally, but the risk of dying before completing five years of age is still very high in the African Region: the mortality rate is of 95 per 1000 live births, about 8 times higher than that in the WHO European Region that is 12 per 1000 live births (WHO, 2012).

DREAM offers every child a strict agenda of visits and laboratory monitoring, with personnel skilled in HIV paediatric care and treatment, so complications are prevented or treated at right time and in the right way. Treating HIV in paediatric patients presents difficulties due to dosage adjustments, nutritional impairments, co-morbidities and complications.

Questions of adherence are addressed with special care in paediatric patients, in particular in African contexts where families are often broken up due to HIV itself, divorce, poverty and so on. It is evident that in African setting, the social environment is a key point of intervention.

Furthermore we should consider that pharmacological and social interventions are not enough to enhance the correct development of the child. In fact, stunting and wasting represent constant threats to child growth and survival in the poorest African contexts. HIV and malnutrition have been shown to create a vicious circle that can lead to death. To break this circle DREAM intervenes with nutritional supplementation for children aged 6-18 months, and for every child HIV infected. In addition to conventional supplies (oil, flour, sugar, etc…), special foods, fortified with micronutrients are also given to the children. The mothers are taught to cook special porridge for their babies, with fortified food given to them by the DREAM centres. Drugs and food bring the nutritional indexes up to standard values, with great improvements in nutritional and clinical status.

Moreover the fight against malnutrition is also carried out by setting up and running special nutritional centres for children in some areas that have been particularly affected by this problem. These nutritional centres have been planned not only as a canteen where the children receive a full meal a day, but as real day care centre with entertainment and educational activities for children.

Innovation and Health Technologies

The new technological era gives medical care great possibilities for improvement, especially in limited-resource settings. The potential of the wide diffusion of internet and computer technologies is huge, they relate to every aspect of life, and in the medical area they are opening up completely new scenarios. The following are some areas which the DREAM Programme aims to focus on in order to provide the African welfare with systems that are efficient and economically valid:

- **Telemedicine.** The DREAM Programme has a long experience in telemedicine activities. Through specific software, digital medical records are collected and clinical queries can be submitted to European specialists. Cardiology, dermatology, radiology have been practiced through the years in telemedicine with the DREAM Programme, allowing DREAM to deliver a very high standard service to African patients.

- **E-learning:** alongside the ongoing training provided by telemedicine, the DREAM Programme assures continuous training with video-conferences for specialists in order to develop local capacities.
• **Mobile technologies** as SMS and geo-localization for actively looking for patients. Adherence to health programmes is one of the major challenges in Africa. These technologies in the hands of social workers (even low-skilled) can address this problem at a very low cost.

• **Computerisation of the health centres.** Although the use of computers for running hospitals and patients is not a new technology, there is still a far from intense use of computers in Africa. Nonetheless the reduction in the costs of computer systems, the greater ease of use of computers and widespread computer literacy have eliminated the main barriers to their large scale use.

• **Solar energy.** A stable and low cost power supply is decisive. Installing solar energy systems, which DREAM is testing in some centres, may solve this problem.

## A new health care model

Finally, it is important to highlight the innovative approach of the DREAM Programme, which consists of a “light” system that helps assure maximum results with minimum costs. We are not going to build huge hospitals in Africa, but we will replicate the flexible model of small health centres throughout the whole country, also reaching rural areas, in order to go towards the patient, who often has transportation or economic problems.

The light model is enhanced by home-based care assistance and the use of “mobile clinics” to reach remote areas, which scales up the flexibility of the system because it is very good at satisfying the patient's needs, allowing for the holistic approach that is essential in the African setting. In this regard the role of the community is crucial (empowerment of the patient, health education, literacy and management of the disease).

Setting up a light model involves excellent organization in the delivery of care and leads to a very high adherence and retention in care of patients, who are constantly monitored both by the operators and by specific software.

The active care approach is recommended for chronic diseases because it increases patients’ compliance, creates better outcomes, reduces possible risks and lowers costs in the long run.

Looking at these challenges we believe that there is great potential in the DREAM Programme for its future development and its commitment to building a healthy and prosperous African continent. DREAM is looking for new partners to accompany it on its path towards this bright future. Global Health is a fight that cannot be won alone, which is why everyone is welcome to join our fight.
Partners and rewards

**World Health Organization**
Participation in the Technical Working Group for Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, 2013

**World Bank**
Partnership in HIV/AIDS treatment in Mozambique with TAP (Treatment Acceleration Programme):
“A partnership with the Catholic volunteer Community of Sant'Egidio in Mozambique is helping provide treatment, care and hope to thousands of people living with HIV and AIDS. Much is being learnt and shared, sparking similar initiatives in other countries, and spreading the benefits farther still”

**European Union**
Partnership in Mozambique for the project “Enhance the efficiency and effectiveness of health service delivery in the area of HIV/AIDS and malnutrition in Mozambican out of reach environments”

**Balzan Prize**
Prizewinner of Balzan Prize 2004: “For the commitment of the Community of Sant'Egidio in reviving peaceful coexistence among different ethnic groups and in promoting humanitarian action, peace and fraternity among peoples – regardless of religious creed – and especially for accomplishing its programme DREAM combating AIDS and malnutrition in Mozambique, a concrete model for other struggling African countries.”

**Calouste Gulbenkian Prize**
Prizewinner of Calouste Gulbenkian Prize 2014: “The Community of Sant'Egidio has since striven not only to support those most disadvantaged but also to attain peace in the world whether through conflict mediation or through inter-religious dialogue [...] in the Lusophone countries as well as in other Sub-Saharan African countries, the Community’s core activities are structured around the DREAM programme, one of the most effective proven means of combating Aids and malnutrition.”
DREAM Programme

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