The challenge of future

DREAM programme and paediatric care
DREAM: an overview

DREAM, which stands for Drug Resource Enhancement against AIDS and Malnutrition, a programme based on a global approach to treating AIDS in Africa, was launched in February 2002 in Mozambique by the Community of Sant'Egidio. Today, the programme is present in 10 African countries: Mozambique, Malawi, Tanzania, Kenya, the Republic of Guinea, Guinea Bissau, Nigeria, Angola, the Democratic Republic of Congo and Cameroon.

The aim of DREAM is to combine prevention and the pharmacological treatment of AIDS in sub-Saharan Africa, like in the developed countries, since we are convinced that African people have the right to the same standard of treatment as in the developed countries and that the final victory over AIDS will only be reached by associating prevention and treatment.

The key elements of the DREAM approach are:

• high standard of care associated with a high standard of laboratory diagnostics
• services free of charge, in order to maximize access
• centrality of the human person
• nutritional support to patients in need
• computerisation in order to minimize errors and improve retention in care through easier and faster identification of patients missing appointments

Through DREAM by now around 250,000 people are being assisted in Africa. More than 45,000 children have been assisted by DREAM: at present this is one of the largest paediatric groups being treated in Africa. The laboratories process more than 50,000 samples per year for a total of 470,000 viral loads and 855,000 CD4 cell counts. Specific computer systems and software are important in supporting the activities. Up to now around 5,000 Africans (doctors, nurses, biologists, laboratory technicians, centre coordinators, home care assistants and computer experts) are estimated to have taken part in 25 pan-African training courses organized by DREAM.
DREAM: the challenge of children

The DREAM programme is particularly focused on treating the most vulnerable part of the population; this is why children are given special care. Children are particularly exposed to poverty in Africa; poor nutrition, together with HIV/AIDS, contribute largely to infant mortality in the continent. Malnutrition affects the child's immune system and is often associated with HIV, making the body weaker and more susceptible to infections such as tuberculosis and malaria.

In Mozambique children are among the poorest people; UNICEF reports that in Mozambique, 44% of children under 5 suffer from stunting due to disease and poor nutrition; approximately 18% of children are underweight, with percentages doubled in rural contexts. UNICEF recommends that malnutrition be addressed with dietary supplementation interventions, especially in scenarios with a high prevalence of HIV infection. More than 200,000 children are living with HIV in Mozambique, many of them contract the infection at birth, about 85 children per day are infected by their mothers.

HIV infection during development can lead from severe complications such as slackening of psycho-physical growth, generalized infections, neurological impairment, to death. Treatment, especially in children, is crucial to guarantee their best possible development.

DREAM: paediatric care

The DREAM programme has always considered child care to be of utmost importance, it is an investment for the future of Africa. DREAM has now reached more than 45,000 children all over Africa, many of them born HIV-free, many others are under follow-up in order to control their development and the development of the virus.

DREAM offers every child a strict agenda of visits and laboratory monitoring; with personnel skilled in HIV paediatric care and treatment, complications are prevented or treated. In paediatric patients the antiretroviral treatment has to be started as soon as possible, with a combination of three drugs.

Treating HIV in paediatric patients presents difficulties due to dosage adjustments, nutritional impairments, co-morbidities and complications.

Adherence matters 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, etc... It is evident that in African paediatrics, the social environment is a key point of intervention; home care visits are often performed by DREAM activists to assess the social condition of the children, the family composition and the role of the child at home. Social intervention is crucial in order to deeply influence the care the child receives at home and have a real therapeutic impact on the families.

DREAM’s personnel takes care of every child with competence and humanity, in order to keep them in care and make it possible for them to develop properly.
Alongside pharmacological and social interventions, special attention is also paid to nutritional issues. 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 even lead to patients’ death. To break this circle DREAM intervenes with nutritional supplementation for every child in treatment. In its 12 years of activity, DREAM has delivered more than 770,000 nutritional supplementations to patients of all ages, many of whom children.

In addition to conventional supplies (oil, flour, sugar, etc.), special foods, fortified with micro- and macro-nutrients 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. Weaning is a delicate phase in the babies’ growth, also because of the mothers’ poor education regarding nutritional matters; this is why periodical training sessions are offered to young mothers at the DREAM centres.

Drugs and food make the nutritional indexes in the standard values, with great improvements in nutritional and clinical status.
DREAM programme
p.zza S. Egidio 3a, 00153 Rome Italia
Tel. +39.06.8992225 / Fax. +39.06.89922525
dream@santegidio.org