Drug Resource Enhancement against AIDS and Malnutrition
An Investment in the Health and Future of Sub-Saharan Africa

Daughters of Charity
DREAM Centers
Sub-Saharan AFRICA

CAMEROON

DEMOCRATIC REPUBLIC OF CONGO

KENYA

MOZAMBIQUE

NIGERIA

TANZANIA

DREAM Program
Daughters of Charity
International Project Services
www.daughtersips.org

USA Contact:
Therese McFarland
248-849-4918
tmcfarla@doc-ecp.org
Despite progress in the past 10 years, HIV/AIDS statistically results in devastation and often death for many people in sub-Saharan Africa, especially women and children.

But it doesn’t have to.

DREAM is hope for Africa with proven state-of-the-art integrated strategies to holistically tackle HIV/AIDS & co-infections in resource-poor countries.

Why DREAM?

Two-thirds of people living with HIV/AIDS and three-quarters of deaths from HIV/AIDS are in sub-Saharan Africa. DREAM, which stands for Drug Resource Enhancement against AIDS and Malnutrition, is a proven comprehensive replicable model in response to the need for Universal Access to Treatment specifically designed for and implemented in sub-Saharan Africa. Developed and initiated by the international Catholic lay organization, the Community of Sant’Egidio (Rome, Italy), DREAM services are effective and affordable prevention and treatment available free of charge. As a successful program committed to education, prevention, testing and antiretroviral treatment since 2002, DREAM’s advanced programs and services have accomplished access and – significantly – great success in prevention of mother-to-child vertical transmission (PMTCT) of HIV/AIDS in 10 sub-Saharan African countries.

With extensive evidence-based research and data collected from the early DREAM Centers [Mozambique & Malawi], the scientific community responsible for the DREAM program has pioneered several protocols that have strengthened the health and wellbeing of HIV-positive pregnant women and their children, including breastfeeding strategies. These are the same practices now reflected in the 2010 guidelines endorsed by the World Health Organization.

- Early on, DREAM administered triple therapy – HAART [Highly Active Antiretroviral Therapy] – to HIV-infected women early in their pregnancy, including those with CD4 counts of 350 cells/mm³, instead of the earlier standard of 200 cells/mm³. Clinical data suggested and confirmed [Mozambique & Malawi] the need for earlier initiation of antiretroviral treatment for HIV-infected pregnant women.

- DREAM protocols for continuing ARVs to HIV-positive mothers after delivery and during breastfeeding, not only improves the health outcomes for the woman and her child (from malnutrition, diarrhea, death, etc.), but also reduces the risk of HIV transmission.

- DREAM Centers achieve adherence rates above 95%; many closer to 98%.

- DREAM Centers’ overall rate of prevention of HIV from mother to child is 98%.

Women are disproportionately affected by HIV/AIDS. DREAM’s PMTCT program in resource-poor settings in sub-Saharan Africa continues to be replicated and expanded, with excellent results for improving maternal and child health. The success of this focus on women, especially pregnant women, fortifies entire families and communities, by allowing women/mothers to live healthful lives, and to raise their children and contribute to their communities.

USAID estimates 5,000 people still die every day from HIV/AIDS; and about 3,350 of those people live in sub-Saharan Africa.
STATISTICS: All DREAM Centers, Since 2002

Initiated in 2002 by the Community of Sant’Egidio, and joined by field partners, including the Daughters of Charity (officially in 2005), THE DREAM PROGRAM has the following robust statistics for the overall DREAM Centers operating in 10 African Countries, since its inception.

- 1 million persons have used the DREAM program components (health training, treatment, water filters, nutritional support, mosquito netting, etc.)
- 1.3 million medical visits
- 160,000 people assisted | 27,000 are less than 15 years old
- 70,000 currently in antiretroviral therapy | 7,000 are children
- 14,700 children born healthy from the vertical prevention program
- 570,000 CD4 testing
- 302,000 viral load testing
- 10 African Countries | 33 DREAM Centers | 20 Bio-Molecular Laboratories
- 4000 African professionals trained

An average annual cost of 600 Euros or $800 per patient covers comprehensive services: analysis, antiretroviral treatment, home care, nutritional support, medical visits, and more.

An average annual cost of 500 Euros or $660 for each healthy child born of an HIV-positive mother.


The Daughters of Charity of St. Vincent de Paul

DREAM’s predominant collaborator, operating DREAM Centers in 6 of the 10 countries:

- Dschang, Cameroon | 2008
- Mbandaka, Democratic Republic of Congo | 2009
- Nairobi, Kenya | 2008
- Chokwe, Mozambique | 2002
- Nairobi, Nigeria | 2007
- Masanga, Tanzania | 2011

The Daughters of Charity, in collaboration with the Italian lay Christian organization, the Community of Sant’Egidio, have operate six DREAM Centers in Africa in: Cameroon, Democratic Republic of Congo, Kenya, Mozambique, Nigeria, and Tanzania.

The Daughters of Charity through the DREAM Centers they operate have facilitated HIV/AIDS education, diverse support and HIV testing of tens of thousands of people, with more than 25,080 case files opened. At their DREAM Centers, over 18,888 patients have tested HIV-positive, with another 1,000 still HIV-insecure. Clients have access to counseling and treatment, including triple therapy antiretroviral treatment, nutrition therapy, PMTCT, home-based care, pediatric care, and more. Over 2200 case files have been opened for women in the prevention program. More than 1140 babies have been born at the Daughters DREAM Centers in their PMTCT Program; with only 1% testing seropositive thus far. There have been over 225,000 medical visits. These figures (as of September 2011) represent the accomplishments of six Daughters of Charity DREAM Centers, under the umbrella of the entire DREAM program throughout ten countries in sub-Saharan Africa.
The Daughters of Charity, the world’s largest community of consecrated women recognized by the Catholic Church, was founded by Vincent de Paul and Louise de Marillac in 1633 in the service of those who are poor, marginalized and vulnerable. With headquarters in Paris, France, there are nearly 19,000 Sisters working in 2,226 local communities in 93 countries, collaborating in service and advocacy with those who are poor. Currently, more than 800 Daughters of Charity work in 22 African countries; where many Sisters are indigenous. The Sisters are located at the point of delivery of programs and services – enabling access in some very remote and sensitive areas in Africa.

The Daughters of Charity have a long history and an excellent track record of administering and staffing hospitals and health clinics, via building capacity of well-trained local personnel. Their long-standing relationships within the communities contribute to local trust and overcoming some road blocks to effective and sustainable HIV/AIDS education, testing and treatment. These include reluctance to be HIV tested, prevalent social stigmatization, lack of appropriate follow-up, lack of protocol adherence, and lack of ability to become independent and self-supportive.

In each country DREAM works in partnership with the Ministry of Health and as part of a national response. Programs are affected positively by good governance and national collaborative plans to deal with the challenge of HIV/AIDS in sub-Saharan Africa. The DREAM collaborative advantage is significant. The Community of Sant’Egidio provides the DREAM model for HIV/AIDS treatment and education, comprehensive formation in the use of that model and ongoing evaluation and support. The Daughters of Charity provide personnel, their vast experience in health care, their native contacts within various countries, and importantly, the assurance that the resources of the program will reach the poorest of the poor directly.

The DREAM experience is complex and customized for each patient

DREAM Center, Chokwe, Mozambique
HIV/AIDS PANDEMIC
TREMENDOUS CHALLENGES | DREAM SOLUTIONS

- HIV/AIDS infection is mainly concentrated in countries with limited resources, and in particular, in sub-Saharan Africa. DREAM is focused on those specific resource-poor countries in sub-Saharan Africa.
- Lifetime treatment of antiretroviral drugs is necessary. These treatments can manage the chronic conditions, however, are not able to eradicate the virus. Therefore, the patient is dependent upon treatment for their entire life. Thus the richness and complexity of the clinical records generated and of the history of the patient is unequalled by any other pathology. DREAM is designed for a lifetime of treatment and has achieved excellent adherence.
- Both the infection and the therapy/treatment must be carefully monitored with a sophisticated diagnostic system organized on four levels: (1) progression of the disease and the patient’s clinical condition; her/his immune status (mainly in terms of their CD4 cell count), (2) the quality of the viral infection (viral load and resistance mutations), (3) surveillance for any adverse events and (4) toxicity related to the pharmacological treatment. DREAM employs the gold standard of treatment and technologies, including state of the art bio-molecular laboratories.
- Another critical point is that the whole system has to be integrated into the health systems of countries with limited resources, and HIV/AIDS has to be taken into consideration with other widespread conditions in these countries. For example: malnutrition, the low level of access to health services, and the poor level of health education. DREAM holistically treats the entire person, including malnutrition, co-infections, complications, and other diseases and illnesses.

DREAM is committed to education – both for health workers & the general public.

- Another factor of concern is the need to consolidate solutions for several aspects of public health systems (for example, the Prevention of Mother-to-Child transmission, the knowledge of the best time to start therapy, and control and prevention of co-infections and opportunistic diseases). This means that the African programs have to be able to carry out research, in particular operational research. Consequently, the data collected has to be available for drawing up reports, but also for data mining, cost/benefit evaluations, and epidemiological analyses. DREAM information and communication technology and specially designed DREAM Software © uniquely addresses the complexities of treating people with HIV/AIDS in Africa, with a high standard of quality and accuracy to achieve efficiencies and effectiveness.
- Another key problem in sub-Saharan Africa is the dramatic shortage of qualified health staff, as reported by WHO. Clinical Centers and Bio-Molecular Laboratories have to combine adequate apprenticeships with appropriate training of new biologists, doctors, laboratory technicians and computer experts. DREAM is committed to building local capacity and training, with 18 formation PanAfrican courses conducted, and ongoing training and formation at site locations.

Why Now? The sad truth is: No vaccines are available yet.

HIV/AIDS is first a vital concern of health. It is also a social problem and an economic problem. In the 25 years of HIV/AIDS, economies have lost one/third of their potential. Only countries that can insure good coverage with ARV treatment will see a decrease in new infections. Universal Access to Treatment is essential to defeating HIV/AIDS.
DREAM’S Integrated & Comprehensive Components

DREAM ...

- Increases Access in sub-Saharan Africa.
- Is free of charge.
- Employs sophisticated bio-molecular laboratories and assures proper monitoring of CD4 counts and viral loads. Decreases in viral load also lowers transmission in the general population.
- Utilizes information and communication technology and specialized DREAM software © and linkages between African and Europe for best practices, consultations and research.
- Provides nutritional therapy by prescription that improves overall outcomes.
- Includes a home-based care component.
- Provides for male circumcision for newborns and other males.
- Builds human capacity through training indigenous health workers and professionals, and training and supporting local volunteer Activists.
- Is an integrated program of: prevention, education, voluntary counseling and testing, antiretroviral treatment, treatment of co-infection and opportunistic infections, nutritional therapy, lab analysis and diagnostics, monitoring and high adherence rates.
- Is a proven scale up comprehensive program that is highly effective in addressing the horrific AIDS pandemic ravaging African countries, including increased access and Prevention of Mother To Child Transmission of HIV/AIDS (PMTCT).
- Continues to be highly successful. Healthy babies are born free of the HIV-virus.
- Is sustainable, because it is the doorway to Universal Access and over time it is cost effective holistic treatment. Consider the costs of supporting 50 million orphans, versus about 600 Euros or $800 per patient for complete treatment and therapies necessary to offer quality of life.
DREAM Focus Areas

PMTCT – Prevention of Mother to Child Transmission of HIV/AIDS
While treating the entire family, DREAM focuses especially on prevention of the mother-to-child transmission of HIV (PMTCT). As previously described, DREAM employs triple therapy ARVs early in pregnancy, and retains high standards for proper monitoring and adherence through delivery and breastfeeding, and treatment for the woman, as further indicated. DREAM has a 98% success rate in preventing the transmission of the HIV virus during pregnancy, birth and breastfeeding.

INTEGRATED TECHNOLOGY – A Global Approach
Diagnosis, treatment and management of HIV/AIDS in sub-Saharan Africa present looming challenges. A solution to some difficulties is the efficient management of the clinical data regarding the treatment of patients and epidemiological analysis. Specific DREAM Software© to manage patients’ electronic medical records (EMR) has been created to deal with the challenges deriving from the context in which DREAM operates. Each DREAM Center requires setting up a computer infrastructure, providing a power supply, establishing data management systems, and enabling efficient use of resources. DREAM software, now its 4th version, has proven highly responsive to the DREAM Centers’ needs for efficient management of the clinical data and organization and is used by thousands of professionals in 10 sub-Saharan African countries and is linked to Europe. In addition to medical files of thousands of assisted patients, the collected data has become essential for epidemiological research to improve the effectiveness of the therapy, especially regarding PMTCT.

DREAM Software©, designed on a relational database, is an essential instrument for treatment and for epidemiological analysis that addresses these objectives: (1) For the clinic, optimizes access of the patients to guarantee the highest possible number of daily visits; (2) Provides easily accessible database with information on the clinical history of individual patients and on the overall running of the DREAM Center, which is useful for refining therapies and serves surrounding health centers, as well; and (3) Provides researchers with a useful database, by making use of the vast experience and data accumulated over the years.

DREAM has equipped itself with qualitative standards comparable to those in the Western world and demonstrated that it is indeed possible to guarantee levels of excellence in resource-poor countries, also in the arena of ICT (Information and Communication Technology), thus making the intervention even more effective and contributing to bridging the digital divide.

NUTRITIONAL THERAPY
At the end of 2009 in sub-Saharan Africa, an estimated 22.5 million people were living with HIV; about 2.3 million were children. Most of the population is threatened by poverty and food insecurity. Consequently, the majority are extremely vulnerable to the compounding negative effects of malnutrition and HIV/AIDS. For example, in Mozambique, in the DREAM reference area where an estimated 13% of the adult population is HIV positive and 78% of the people live in poverty, approximately 27% of the children ages 0-5 are malnourished by weight, height, age indicators; and 64% of the general population is malnourished.

A vicious cycle that connects malnutrition, an immune system deficit, the onset of infectious diseases, and AIDS, is prevalent in Africa and increases morbidity and mortality rates. The interactions of this vicious cycle include: HIV weakens the immune system; malnutrition causes a further deficit in the immune system, whose weakness makes the effects of the HIV infection worse; the immune deficit leads to an increase of infectious pathologies, which in turn worsen the malnutrition; HIV makes the nutritional status worse because of the difficulty in nourishing oneself; this cycle accelerates the progression of the HIV infection toward full-blown AIDS.
NUTRITIONAL THERAPY, cont.
The most frequent effects of the HIV infection on the nutrition status are weight loss, the massive reduction of muscle tissue and the reduction of patients’ survival rates. The extent of the weight loss is dramatic; a person with AIDS can lose up to 30-50% of their body mass before being overcome by the disease. In asymptomatic HIV-positive children, the increase in metabolic requirements is about 10%. However, for symptomatic HIV-positive children who have lost weight, the requirements are between 50 – 100% increase of their basic requirements, to enable recovery and growth.

DREAM’s dedicated nutrition therapy program provides fundamental therapeutic support for highly active antiretroviral therapy (HAART); it helps maintain and improve the nutritional condition and state of health of those who are living with HIV/AIDS, it slows down the progression of the HIV infection to AIDS, it counters the onset of opportunistic infections and improves the quality of life of sick people, and makes it possible to take HAART with fewer side effects. Nutrition is given by prescription to those who qualify, such as children between 0-14 years of age, persons with BMI< 18.5, all pregnant women, the frail and elderly, and TB patients. DREAM clients receive nutrition counseling.

TRAINING INDIGENOUS HEALTH WORKERS – Building Capacity
Training sessions are held by professional medical personnel and members of the scientific community, coordinated by the Community of Sant’Egidio, to support the indigenous professionals, technicians, coordinators and health care workers in the DREAM centers. In addition to the staff and professional training – DREAM invests in intensive short-term personnel training, followed by more prolonged in-service training with the support of expert personnel at the workplace sites.

VOLUNTEER ACTIVISTS – Building Capacity
One critical component of the integrated and highly sophisticated DREAM program is the Volunteer Activists Program, a capacity building program that engages HIV-positive DREAM clients, most of whom are women. The program began with DREAM’s first center in Mozambique, where now literally hundreds of HIV-positive African women and men are involved in assisting with HIV/AIDS education and treatment programs. It is a highly successful peer program that utilizes volunteers - DREAM clients who are successful on their antiretroviral drug protocols – to provide education, advocacy and support for patients and the general public. The Activists truly demonstrate action to effect change regarding HIV/AIDS. This community of local volunteer workers is important to dispelling the myths and lifting the stigmas still associated with HIV/AIDS, as well as imparting education, training and assistance both at the DREAM Center and in the home-based care programs. For the Activist volunteers, this opportunity is also a fundamental path for HIV clients to reintegrate into their own lives; and to recover their social and economic dignity, particularly in the wake of continuing stigma.

Multi-Media Resources
DREAM Program Description - 05/13/2011  10-Minute Video Message
Sister Aleksandra Wydra, D.C. DREAM Coordinator at St. Vincent de Paul DREAM Center in Dschang, Cameroon – Africa speaking at 7th International Conference, Community of Sant’Egidio, Rome, Italy (5/2011) http://www.ustream.tv/recorded/14667777 Start at 47:45 continues to 58:49

DREAM Websites
DREAM: Daughters of Charity International Project Services

DREAM: Community of Sant’Egidio
http://dream.santegidio.org/x__Homep.asp
Statement of Need
The Daughters of Charity DREAM Centers

In order to ensure that all of DREAM’s services are truly accessible – and free of charge – to those who are in the greatest need, the Daughters of Charity DREAM Centers operate on annual budgets between $150,000 to $600,000. DREAM works within the framework of each country’s strategic health plan in collaboration with their respective Ministry of Health, including support which might include [all or in part] antiretroviral medicines or salaries or nutrition. Some DREAM programs have been or continue to be sub-recipients of PEPFAR funds through their in-country coordinating mechanism, which covers a portion of the costs. DREAM Centers in some countries receive periodic support from other governments or organization such as the World Food Programme. However, the Daughters of Charity are responsible to secure funding to ensure continuation of capacity building, to guarantee ongoing HIV/AIDS programs support, and to cover the costs of capital expenses and upgrades, as well as any operating expenses not covered by other entities – which could including medicines, reagents, test kits, nutritional therapies, salaries and other program related costs.

DREAM is committed to education and training of local personnel in medical, technical and support positions, as well as training and empowering local HIV-positive clients as DREAM volunteer Activists who perform vital functions to advance the goals of the DREAM program. While many DREAM Centers receive all or some support for antiretroviral medicines, most of the Centers need a continuous supply of medicines to treat opportunistic infections, co-infections and diseases. Similarly, each DREAM Center has a budget for nutritional therapies, which is by prescription according to individual patient needs. Individual DREAM Centers also require periodic support for necessary DREAM Center upgrades and improvements.

DREAM Center Needs for Co-Financing Support*
CAPACITY BUILDING | PERSONNEL
Training of DREAM Center Medical Personnel & Staff
Training of DREAM Volunteers
Salaries

HIV/AIDS PROGRAM SUPPORT
Medicines to treat opportunistic infections (IO), co-infections and diseases.
Reagents
HIV Test Kits
Nutrition
Counseling & Education Programs
Pediatric Program Support
Home-based Care Support

OPERATIONAL & CAPITAL SUPPORT
Computer & Technology Upgrades
DREAM vehicles
Construction | Expansion & Renovations
Energy | Sanitation Improvements | Water Improvements

*DREAM program financial needs vary from country to country and Center to Center; detailed financials can be provided for individual country DREAM Centers.
A Day at the DREAM Center
Mbandaka, Democratic Republic of Congo

It’s 7:00am. The sun sends warm rays, the birds are singing. The watchman opens the gate to the DREAM Center and our team begins arriving: by bicycle, by motorbike and on foot. We talk about the day ahead, the programs, news, information being entrusted to us, concerns, hospitalizations, and unfortunately some deaths.

By 7:45am sitting in the small waiting room are Mary, Lucie, Leon, and the children Moises and Daniel. But soon the numbers rise to 30 persons. There is a warm and welcome exchange. But the DREAM clients are often extremely tired. They have walked miles or rode on top of bicycle luggage racks. The “Toleka,” a rented bicycle, often brings very fragile and emaciated patients to us over the rugged roads. There is no public transportation in remote Mbandaka.

Diverse services are in full operation by 8:15am. Several pregnant women with their children anxiously await the results of their HIV tests. The team is ready to respond with sensitivity, counseling and advice. Already receiving treatment, Lucie musters the courage to have her youngest child tested. He is one year old. Her loving eyes betray deep concern and fear.

Pauline’s body is so drawn, she is listless and sweating, signs of AIDS devastation.

Bernard and Marie want to marry. They are following their parents’ advice and are ready to take their HIV tests. Another couple receives their test results. Only one partner is infected. The staff urges them to both receive counseling and to continue with all of the support and education that is available for each of them.

After test results, compassionate consultation leads to acceptance. And in each and every case, AIDS patients in the Dream program receive individualized treatment and are continuously monitored. In less than two years since the DREAM Center opened, we have tested 558 persons. 13.5% are AIDS patients. 491 persons follow the DREAM program every day. As prescribed, 388 receive antiretroviral triple therapy treatment.

DREAM’s services aim to reach all of their needs: laboratory examinations and diagnostics, doctor visits, pharmacy dispensing of medicines, food allowances, social assistance, transportation assistance, support and financial assistance during hospital stays, home visits, and more. Some children need help to pay their school residence and cover expenses for AIDS therapies. DREAM is available 24/7 for counseling and advice. Education is critical to reach everyone.

Hunger is rampant. Food is not secure and very expensive. Each morning the DREAM staff and volunteers share soy and peanuts with the clients. About 20 clients each day receive lunch.

The World Food Programme and other donors help support crucial nutrition for AIDS patients. There is still a large gap. Every month the food supply can mean the difference between life and death for our HIV/AIDS clients: women, children and families.
Some people come from great distances, up to 250km, and have no family or shelter once they arrive. A small house is set up to welcome these travelers with at least a bed and a roof over their heads.

Tremendous poverty aligns itself with HIV/AIDS.

Self-sufficiency is an important goal. Once a client is doing well on their treatment, plans are discussed on how to get them back to work. Mothers need to raise their children. Families need financial support. Children need to continue their education. Once patients achieve a healthier state, they must keep moving forward to become independent once again.

All of this means health and hope. After five months of therapy and treatment, Mama Rose’s condition is reversed. Initially she appeared to be a woman in her late 40s and was very ill and incapacitated. We witnessed Mama Rose’s transformation into a healthier woman of 30 years old. Angela joyously cradles her new baby. Although Angela is HIV-positive, her newborn is HIV-free. Another mother shares her elation at the birth of twins; both children are not infected. She feels blessed. All of these children will continue on the DREAM program for 18 months while their mothers’ breastfeed their babies.

Tears and laughter, courage, joy, hope, respect, service and love, hard work, solidarity, despair and struggle, death and resurrection, thankfulness and wonder... all present during a day at the DREAM Center in Mbandaka.

-- shared by Sister Friederika Kuhnel, D.C., DREAM Coordinator at Mbandaka, DRC
DREAM Center Locations in Sub-Saharan AFRICA

Daughters of Charity International Project Services - USA
Sr. Felicia Mazzola, D.C. - Director

DREAM Contact - USA
Therese McFarland - Development Officer
tmcfarla@doc-ecp.org

Tel: 011-248-849-4918
Fax: 011-248-849-4917
22255 Greenfield Road, Suite 501, Southfield, Michigan 48075-3734 USA
www.daughtersips.org
www.filles-de-la-charite.org