

# An Experience of HIV/AIDS Treatment and Prevention in Africa: A Multi-Dimensional Approach

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## Summary

This project is promoted by the medical staffs belonging to the New Humanity Movement, (1) who work in various regions of Africa. They have developed a multi-dimensional project of preventive care for HIV/AIDS patients. The project reaches hospitalized patients and elementary school children who are at risk of or who are carriers of the HIV infection. They form autonomous groups that remain linked together while integrating into the community for the purpose of offering medical care as well as economic, spiritual, and cultural-preventive support. These self-supporting groups continue to achieve results and their network of solidarity continues to expand. They have recognized that the construction of reciprocal relationships is the foundation of the entire project.

## Introduction

Since the late '70s and, above all, during the early '80s, the infection caused by the HIV virus has spread extensively throughout the non-industrialized world (2). At present, 40 million people worldwide are living with the HIV infection and approximately 95% of them live in

developing countries. The scarcity of social, economic, and financial resources in these countries does not permit their governments to mount the kind of aggressive intervention program that the AIDS epidemic calls for (3).

Of all regions of the world and all non-industrialized countries, Sub-Saharan Africa is the hardest hit by the devastating effects of the virus. UNAIDS estimates that of the 40 million people carrying the infection, 28.1 million are concentrated in the regions of eastern and southern Africa representing 70% of all those infected with the virus worldwide. (4) Moreover, Africa continues to suffer higher rates of new infections from the HIV virus than any other region. (5) Heterosexual sexual activity is the predominant means of transmission in sub-Saharan Africa. This is the only region of the world where more women than men are infected, and this is especially true for young women who are very susceptible to the virus (3,6). Mother-to-child transmission ranges from 15-20% in Europe, 16-30% in the USA, and 25-40% in Africa where it is most prevalent although transmission rates vary widely between regions (5).

The inaccessibility of antiretroviral treatment in this region means that the vast majority of HIV infected people die around 8-10 years after having been infected by HIV, often after contracting tuberculosis which is the most common AIDS-related illness. In 2001, it was estimated that 2.4 million adults and children died of AIDS in sub-Saharan Africa (3). AIDS causes serious demographic and economic consequences that have a destructive effect on the fabric of society, especially in Africa.

Through studies conducted during the past 2 decades, we have learned more about HIV/AIDS than about any other viral disease. We have discovered antiretroviral drugs and we are now testing an efficacious vaccine against the virus (7). Nevertheless, the ever-increasing number of HIV infected people clearly demonstrates that the epidemic cannot be stopped by pharmacological intervention alone. Basic preventive measures are absolutely necessary to win the fight against AIDS (8).

Prevention has to be aimed at limiting the spread of the infection considering the particular economic, communicative, and cultural conditions of the African continent. Some high priority goals are: research and investment in a simple, low-cost AIDS test suitable for use in African countries that will provide an early and accurate way to diagnose the infection and to monitor the progression of the disease, (5) instructional materials for individuals and communities on how to protect themselves and others from the devastating effects of the virus; treatment for patients at risk of developing AIDS related sicknesses as well as for those who have already developed them (7,9).

The physicians and medical staff belonging to the New Humanity Movement (1) operating in Nigeria, Cameroon, Kenya, and the Democratic Republic of Congo (DRC) work with the objectives of treating patients infected with AIDS, where possible, and fostering extensive behavioral

changes and social actions to prevent the disease. They work in an interconnected network of small groups located throughout the various districts to offer an informative and holistic approach to support both people at risk and patients. The physical and spiritual needs of the patients are met in a way that ensures their continued integration within their culture, family, and communities.

## **Patients and Methods**

### *Patients*

Our multi-dimensional project for preventive care primarily accepts adult patients infected with HIV/AIDS and hospitalized in state and private hospitals in rural areas of Nigeria, Cameroon, and Kenya. In the Democratic Republic of Congo, the project reaches children attending elementary schools and pre-adolescents divided into four groups: 3 to 5 and 6 to 8 year of age; 3 to 8 year olds attending school in rural areas, and children from the 8 to 14 who have to abandon school because of financial problems. We assist children at risk or who carry the HIV infection as well as those orphaned because of AIDS.

### *Methods*

All teams use a common methodology that has been developed by a number of teams made up of a physician and one or two nurses who operate with a varying number of volunteers including patients themselves. Their goal is to provide medical care, financial aide and food assistance, moral-spiritual support, and cultural-preventive support. The groups operate autonomously but are integrated into the structures of their districts and remain closely linked with each other.

The patients are first met and looked after in hospitals and schools followed by the involvement of the patients' families and the communities where they live. The preventive medical care is integrated into the local medical activity and traditional medicine as well, and consists in hospitalization, where necessary, periodic medical check-ups, diagnostic and symptomatic treatment of opportunistic infections. Particular attention is paid to making an early diagnosis of HIV/AIDS because, in Africa, this represents one of the easiest ways to attack the spreading of the disease.

Financial and food assistance consists of meeting the expenses for school tuition and providing a monthly food and clothing allowance to the children. For adults, the program provides adequate food as well as vocational counseling to help them find jobs that match their interests and skills and that benefit the community.

Moral and spiritual support has become an integral part of the program in response to the needs and requests of the patients themselves. This

support has led them to become an integral and active part of the cultural and preventive segments of the project.

This last aspect depends on the involvement of the surrounding community, including teachers, healthcare workers in hospitals, family members, local celebrities, community leaders, government officials, and native health care providers. They work together to build a sense of fraternity and a culture of acceptance towards people who are HIV positive, supporting them in a holistic way, and spreading the information necessary to contain and control the disease.

## **Results**

### *Nigeria, Cameroon, Kenya*

The preventive care program that currently exists in Nigeria, Cameroon, and Kenya began in 1992 in the hospital of a Nigerian mission under the guidance of a unique special unit staffed by two doctors. Their method, described above, enabled them to contact 50 families and established their first group called PLWHIV/AIDS/PABA (Persons Affected By AIDS.) The additional groups that were subsequently formed, with not more than 20 persons each, promoted the development of courses for prevention and health education both in cities and rural areas. They prepared volunteers to organize the spreading of the project with recruits from among the patients too. They fostered a network of solidarity among the families and provided food assistance and financial support to them, and they helped the adults to find employment.

At present, in Nigeria, the project is followed by a staff of 40 people, 10 doctors, nurses and healthy volunteers, and 30 patients with HIV/AIDS. The total number of families with which the staff maintains contact is at present being estimated.

In the Cameroon, the project was led by two members of a local special unit, a doctor and a nurse, together with others from a Nigerian special unit. The volunteer counselors who complete the training establish contact with the community leaders, native doctors, and influential people in the African society (10) and they hold weekly meetings for training. An important positive outcome has been the abandonment of ancestral traditional medical practices that are an easy means of transmitting the disease.

During 2000, the project was established in Kenya and continues to exchange information with the groups in the other nations.

### *Democratic Republic of Congo (DRC)*

The results attained through the project of AIDS prevention underway in DRC, begun in 1996, are preliminary.

The annual physical examinations and monthly follow-ups by nurses, including screening the parents and families of the children for suspected cases, exceed 2,500 over a 6-year period. In the last 2 years, 774 physical exams were completed, while the nurses' follow-ups during the last 3 years were 1257, with an average of 419 annuals and 42 monthly. Of the 780 children currently reached by the project, 605 are children under 8 and 175 are pre-adolescents, 20 are suffering from HIV infection, and 2 have died.

The frequency and high number of medical examinations completed have often permitted early diagnoses of the disease, timely treatment of opportunistic infections, and the possibility of containing the disease. Collection and analysis of these statistics is still in progress.

The financial and nutritional support that amounts to US\$13 to US\$15 per child per month was provided through Adoption at a Distance. The coverage of this program grew by 3% in 2001. Among the social services provided, the program placed several orphans in the community and provided assistance to the parents of sick or deceased children.

The informational meetings organized by the staff with the teachers, children, parents, and families permitted them to identify and train new volunteers, including some of the patients and members of their families, capable of teaching others how to avoid contracting the HIV virus.

## **Conclusions**

The comprehensive project of preventive care for patients with HIV/AIDS in Africa currently carried out in Nigeria, Cameroon, Kenya and the DRC, though with some variations of implementation in different districts, recognizes the same origin, goals, and methodologies. The experience of the medical staffs that work in the community and in the hospitals further underlines that the treatment of AIDS patients requires going beyond primary care with a holistic approach that considers the numerous problems caused by this disease. The professional and human rapport established with individual patients has allowed the progressive development of the modalities of intervention that we have described.

The care of patients with HIV/AIDS in Africa, due to the particular characteristics of African society, requires the involvement of all members of the family and of community in which the patients live.

In all cases where the diagnosis suggests the presence of an HIV infection, periodic contact with the patients' families has allowed the medical teams to extend suitable treatment to a wider number of people at risk of contracting the disease. It has allowed the preventive care teams to become aware of the financial needs of the patients and to provide food and clothing, money for classes, and offer jobs beneficial to the community. It has facilitated the development of education programs on health and prevention that they have offered to an ever-increasing number

of people. Meetings with influential people, community leaders (10), and native doctors have also helped to undo certain traditional practices that favor contagion.

The results achieved demonstrate the effectiveness of the methodology followed in carrying out this project that has achieved a noteworthy acceptance in the region through the work of small, specialized medical teams operating on a minimal budget. The integration of humanitarian and preventive measures into the African culture emphasizes the value of the enormous resources of acceptance, helpfulness, and solidarity that the African people possess and exemplify on a daily basis. This innate characteristic of their society predisposes patients to become actively involved as workers in the projects. The dignity and unique value that the members of the medical team recognize in every person with HIV/AIDS and the attentive care given to each patient served in the communities where they live promotes collaborative help and reduces the stigmatization and marginalizing of the sick. The patients, their relatives, and other members of the community transmit the lessons that they have learned about healthcare and prevention to others and they participate actively in providing moral and material support.

The new element that emerges from this project, as the driving force for its progress is the reciprocal rapport established. This rapport is initially established between healthcare personnel and the patients but eventually it also involves the whole community, as well as all the other communities served in other nations. Through the constructive interplay between western and African cultures, these programs continue spreading among a diverse group of nations. They build a network of fraternal solidarity and of reciprocal giving that helps the African people to limit the devastating damage caused by AIDS, to find a new social unity and to offer a new model of care and prevention for the HIV/AIDS epidemic.

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