



The Fight Against AIDS

A holistic response in Africa

BY CLARE ZANZUCCHI
AND MARY HARTMANN, R.N.

ALOYSIUS, 42, LIVES IN AKUM, Cameroon. He makes straw bags, a typical craft in his village. “When a short time ago I was told that I had AIDS,” he told us, “I began to walk around like a dead man. I was two persons at the same time: my spirit was already dead, my physical body kept moving. I was invited to the ‘Club’ where I was surprised to see so many people like me speaking and laughing quite normally. I have come back to life. I am no longer two, but one. I am a living man again. Even my bags are selling.”

The “Club” Aloysius is referring to is one of the support groups set up by the physicians and medical staff who belong to New Humanity of the Focolare

Movement in Nigeria, Cameroon, Kenya and the Democratic Republic of Congo (DRC). They aim to treat patients infected with AIDS and, where possible, foster extensive behavioral changes and social actions to prevent the disease. Through an interconnected network of small groups called “Clubs” in various districts, they offer an informative and holistic approach to support both patients and people at risk. The physical and spiritual needs of the patients are met in a way that ensures their continued integration within their culture, family, and communities.

A Difficult Fight to Win

Since the late 1970s and early 1980s, the infection caused by the HIV virus has spread extensively. At present 40 million people worldwide are living with HIV

infection, and a great majority of them live in developing countries. Sub-Saharan Africa is the hardest hit by the devastating effects of HIV/AIDS. UNAIDS estimates that over 25 million HIV infected persons are concentrated in this region. Many of those pass the virus on to their children. In fact, mother-to-child transmission is 25-40% in Africa compared to 15-20% in Europe and 16-30% in the United States. The inaccessibility of antiretroviral treatment in this region, mainly due to the high cost of the drugs, means that the vast majority of those who are HIV infected die 8 to 10 years after infection, often by contracting tuberculosis, the most common AIDS-related illness. The scarcity of social, economic, and financial resources in these nations does not permit their governments to mount the kind of aggressive intervention program required by the AIDS epidemic.

Through studies conducted during the past two decades, we have learned more about HIV/AIDS than about any other viral disease, and researchers continue to develop and use new combinations of antiretroviral drugs that prove to be more effective against the virus. Neverthe-

less, the ever-increasing number of HIV infected people clearly demonstrates that the epidemic cannot be stopped by pharmacological intervention alone. Basic preventive measures that foster a better understanding of disease transmission and a change in attitudes and behaviors that contribute to transmission are absolutely necessary to win the fight against AIDS.

Recently, remarkable progress against the virus was reported in Uganda, where HIV cases have dropped by more than two-third since the early 1990s. The success in the fight against AIDS is primarily due to a very effective educational initiative sponsored by the government in collaboration with churches, local chiefs and sports and entertainment figures, that has fostered a remarkable change in people's sexual behavior. For example, the proportion of unmarried women reporting sexual activity dropped from 53% to 16%.

Hospital Care was not Enough

In 1992, New Humanity introduced an innovative support group project in various parts of Africa that has obtained encouraging positive results. It all started in the hospital of a Nigerian mission under the guidance of a unique special unit staffed by two doctors and a nun who realized that following treatment protocols for AIDS patients in hospitals alone was not an effective way of controlling the spread of HIV/AIDS

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and the resulting stigma, discrimination and marginalization of those who were ill. They understood that collaboration among teachers, healthcare workers in hospitals, family members, local celebrities, community leaders, government officials, and native health care providers was needed to build a sense of brotherhood and a culture of acceptance towards people who are HIV positive, supporting them in a holistic way, and educating as many people as possible in order to address the consequences of HIV infection.

Suzy Codazzi, one of these two doctors, shared the stories of some of her patients.

"Monica was a 40-year old woman with seven children," Codazzi recounted. "Besides providing milk and food for her newborn baby, we realized how important

it was to help her spiritually. We built a relationship of trust with her entire family and, above all, with her husband, who also was HIV positive. When she died, he understood that he could not remarry and, despite the pressure from his family, he kept his word until he died in 1999. He entrusted his children to his relatives and to a group of volunteers who continue to care for AIDS patients."

One day John, one of Codazzi's patients, told her: "For two years I saw how you took care of AIDS patients like me. I decided now to look truth in the face. I want to help you do what you do." With him a support group came to life, first with just three persons, then with over 30. The entire project in Nigeria is now entrusted to 10 volunteers and 30 patients who have formed the group that they call "Save the World." They chose this name because they say that they can help humanity by not infecting others and by encouraging others to learn from their experience not to fall into the same situation. They care for other AIDS patients who are bed-ridden. With the help of volunteers, Codazzi and her collaborators contacted 50 families with whom they established their first group called PABA (Persons Affected By AIDS). Additional groups with 20 persons each promoted the development of courses for prevention and health education both in cities and rural areas. They started training courses for volunteers and fostered a network of solidarity among families—providing employment, food, and financial support.



Dr. Suzy Codazzi (right) with collaborators



Families meet together near Fontem, Cameroon

COURTESY OF CHAIRELLE PABAS (8)

From Nigeria to Other Countries

Dr. Suzy Codazzi is currently working at Mary Health of Africa Hospital, in a rural area of Cameroon. “We began a similar effort in this country,” she said. “We assist the patients in the hospital and visit their homes bringing food.” Dr. Codazzi and others help patients face their health conditions and involve their families in accepting the situation. Two group leaders from Nigeria went to Cameroon to help in the start-up operation.

Volunteers, some of whom are patients, complete a training program and keep contact with community leaders, native doctors and influential people in the community. An important positive outcome has been the abandonment of certain ancestral and traditional medical practices such as routinely performing autopsies

A New Cultural Model: The Akum Club

Suzy Codazzi also works in Akum, in the Northwest Province of Cameroon. The latest statistics indicate that 13% of the population is HIV positive. Their 60-bed health center, connected with Fontem’s Mary Health of Africa Hospital, is located about 30 miles from Bamenda, the capital of the province. In 2003, 158 persons tested positive for HIV. In 2004, the number increased to 269.

Around 70 people frequent the Akum Club. Another 15 are bed-ridden and are visited in their homes. Four volunteers and the Capuchin brothers help to organize the meetings, to cook, work, listen and to accompany them on the road, since many travel from distances by foot. Once a month another branch of the Club meets in Bali, a nearby village.

daughter Kareen, who weighs only ten pounds due to her sickness.” One of the sages of the club, Papa Abel, used to say, “As soon as I see someone abandoned by his or her family, I tell them, ‘Come with me to see a place where you can be healed from within,’ for when I come here I feel strengthened by the atmosphere that’s here among us.”

The weekly club meetings begin early in the morning with a nutritious breakfast. “After breakfast,” Codazzi explained, “we read something spiritual such as the ‘Word of Life’ (see page 13). Then we talk and share our joys and sorrows, our experiences of how we tried to live for the others, and how this helps us set aside our own sufferings. Then it’s time to work: some sew, some do gardening, and those who are ill go to rest. Throughout the day we doctors perform medical check-ups. This



COURTESY OF PAUL LEGRAND/CONGO (3)

without the use of appropriate precautions in the handling of tissues and discharges of the dead. This, very often, results in the transmission of HIV to those who perform and assist in the procedure.

In the Democratic Republic of Congo, a project of AIDS prevention began in 1996 with annual physical examinations and monthly follow-up by nurses. Over 780 children are currently reached by the project. Their financial and nutritional support (\$13 to \$15 per child per month) is provided through the New Families’ Adoption at a Distance initiative. Frequent medical examinations have often led to prevention and early diagnosis with subsequent timely treatment.

The project was established in Kenya as well in the year 2000.

Dr. Codazzi reported that this year five persons died in Akum and four in Bali, but the number of club members continues to increase. “I remember that at one time I thought of not inviting any new members,” Dr. Codazzi recalled. “We would not be in a position to meet our expenses. However, Rebecca, one of our group, said, ‘Don’t worry, we will take care of things and we ought to give everybody the opportunity to know our club.’ Now every week there are four or five new people for each group. The new members are invited by their own friends. One day Sarah arrived smiling. ‘I want you to meet my new friend,’ she said to us. Sarah has managed to accept her situation with AIDS and now has the courage to face others like herself. Her friend arrived with her 3-year-old

gives us the chance to learn more about each individual’s situation.”

Bringing These Efforts to Light

In January, Dr. Codazzi sent us news and more experiences from those who frequent the Akum Club. Pascaline, who is 23 years old, joined the Club five months ago. She shared, “I have suffered much in my life, and when in 2001 I discovered that I had AIDS I was extremely depressed. Since I’ve been coming here on Thursdays, the whole world has changed for me. When at home the anguish pierces my heart, I think of Thursday and recall the face of one or another Club member. Then a joy full of



COURTESY OF CHABELLE PARAS

Above: a street in the Nveh Valley, Cameroon. Opposite page: prevention projects in the Democratic Republic of Congo reach over 780 children.

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hope returns in my heart.” Pascaline is extremely sick and was recently hospitalized. Her family is poor, but very united and hope for the best.

Perpetua, who is 30 years old: “Whenever I enter through this gate, I know that here you are loved just as you are, with a sincere love. This made me understand that I am really loved by God. Now I accept my situation of being sick with AIDS, and I ask God to forgive all my mistakes and to prepare me for the moment he will call me, for I know that even that will be “Love.” Every Thursday in Akum we talk about loving. Last Monday on my way home from work, I saw a student with her clothes all torn; there had been a demonstration and the crowd had hit her. She was not injured

but she was cold and so I gave her my sweater, saying, ‘This is the only one I have.’ The following morning to my great surprise in my office there was a bag with my sweater in it, along with some gifts. It sure is worth it to love!”

Rebecca, 34, a teacher, shared: “I thought that life did not have much meaning for me. I am the single parent of a three-year-old daughter who is also ill. Since I came to the Club, I understood where my unhappiness came from. I was so concerned about looking for God that I didn’t see that God gives me every present moment, whether sad or joyful. By thanking Him for it, I opened myself up to others.”

Papa Athanasius, 59: “I always come here with a great weight on my shoulders. But as soon as we get connected, I see the light and I get the courage to return to the world to face the hardships of each day.”

At Bali, Codazzi met Napoleon, a truck driver, who has been sick for a number of years. “I was delighted when one day he suggested that we visit some very sick people,” Codazzi said, “but I was taken aback when he asked me for the keys to my car so he could drive. After a moment of hesitation, I handed them to him. From that day on, whenever I went to Bali, he always took the wheel. ‘You know,’ he said, ‘after driving this car I manage to sleep the

whole night through; it’s the only time I do all month.’ Napoleon is quite sick now, and he is not able to drive long distances. But for him Bali is enough.”

A Small Seed

Members of the New Humanity Movement presented their “Experience of HIV/AIDS Treatment and Prevention in Africa: A Multi-Dimensional Approach” at the 19th International AIDS Conference, which was held in Barcelona, Spain in July 2002. “The new element that emerges from these programs,” the paper said, “is the building of a network of fraternal solidarity and of reciprocal giving. This is what helps people in these African regions 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.”

“Our initiative is only a small seed but all the trees start from a small seed,” Dr. Codazzi wrote. “We know that we must deepen our roots and continue to grow, and then the fruit will come.”

—With contributions from Drs. Flavia Carretta and Teresa Filippi in Rome, Italy, Suzy Codazzi in Fontem, Cameroon, Joseph Klock and Dr. Susan Kopp in New York, Marcel Mbula in Kinshasa, Democratic Republic of Congo, and Fernando Rico in Akum, Cameroon.