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Blessed Anuarite Nengapeta is a young Sister of the Holy Family of Kisangani. She worked at Wamba as a teacher. She was murdered resisting the sexual demands of a rebel leader in the Congo in 1964. St Aloysius Gonzaga is a young Jesuit who selflessly gave his life caring for victims of the deadly plague in Rome in 1591. We entrust the African Jesuit AIDS Network to their prayer and protection.

BURUNDI: ARV SHORTAGE THREATENING PEOPLE WITH HIV

A shortage of antiretroviral drugs in Burundi is threatening people with HIV who need this medication to survive.

On 5 September, IRIN, a news service run by the UN Office for the Coordination of Humanitarian Affairs, reported claims by Burundian NGOs that at least 20 people have died due to a national shortage of antiretrovirals (ARVs).

"The shortage of ARVs in Burundi is one of the most challenging issues that we medical practitioners are facing since the end of August 2011," said Dr Tharcisse Nshimirimana, who is on the staff of the *Service Yezu Mwiza*, a project run by the Jesuit Region of Rwanda-Burundi for AIDS care and HIV prevention. "We are powerless to help our beneficiaries. We know how and what we have to do for them but we do not have the drugs required for this. What a pity!"

Dr Tharcisse said the shortage concerned some ARVs: Lamivudine, Truvada and Atripla. Although Atripla and Truvada were once again available by 14 September, Lamivudine, "one of the two cornerstones of the ARV therapeutic scheme" in Burundi, was not. "People with HIV undergoing an ARV therapeutic scheme including these molecules have been badly affected," continued Dr Tharcisse. "They are doomed to change their therapy with the risk of side-effects and non-compliance to other drugs. Some have major contra-indications to the ARVs available and have to stop therapy because of threatening side-effects which may occur when they switch medicines."

In order to cope with the lack of ARVs, the *Service Yezu Mwiza* adopted a temporary solution with the national Centre of AIDS Research, following guidelines to change the therapeutic scheme and lowering the risk of resistance to ARVs as much as possible. However, added Dr Tharcisse, "this can't last much longer and is impossible in some cases. Much yet remains to be done."

According to IRIN, more than 60,000 Burundians need HIV treatment, but only about 25,000 have access to ARVs - the shortage has been blamed on dwindling donor funds and a disorganized health ministry. According to the news service, at the end of June 2011, World Bank funding for Burundi's AIDS response was not renewed. Together with

the Global Fund to fight AIDS, Tuberculosis and Malaria, the Bank had been one of Burundi's largest HIV donors.

AJAN: COMING TOGETHER TO STRENGTHEN JESUIT AIDS MINISTRY IN AFRICA

Jesuits and their co-workers involved in AIDS ministry in Africa and Madagascar welcomed a recent opportunity to meet "to share stories, problems and ideas" and to map the future of AJAN together.

From 17 to 23 July, AJAN convened Jesuits active in AIDS ministry, including project directors and AIDS and/or Social Apostolate Coordinators of the Jesuit Provinces and Regions in sub-Saharan Africa and Madagascar. Also present for parts of the meeting were Fr Michael Lewis SJ, President of JESAM (Jesuit Superiors of Africa and Madagascar), and Fr Afulo Joseph SJ, representing the Eastern Africa Province. The meeting, held at the Savelberg Retreat Centre in Nairobi, considered the results of a recent external evaluation of AJAN and aimed to identify the key strategic issues that the Network will focus on in the coming years.

One of the participants, Harris Tombi SJ from Cameroon, described the meeting as "prophetic", explaining that the participants "reread the founding documents of AJAN, tackled matters related to the present and reflected on the path down which God is leading us, discussing future strategies to strengthen, or better still, to energise AJAN." The strategies that AJAN is set to follow focus on key areas identified in the meeting, namely institutional development; capacity-building; advocacy and research; networking and information-sharing.

Fr Matsepene Morare SJ from South Africa, another participant, said the meeting achieved much more than was set down on the agenda: "First it managed to bring together all those working in the HIV/AIDS field, helping them to share stories, problems and ideas. Secondly it provided an opportunity to really look at where AJAN, by implication all of us working in this field, is situated within the greater work of the Society of Jesus on this continent."

The participants were encouraged in their discernment by the AJAN Coordinator, Fr Paterne Mombé SJ, and Fr Lewis, who said: "I would like to thank all of you here. Many of you either represent the [Jesuit] province or region you come from, where work with HIV/AIDS is being carried out in many and varied ways, or you are running an institution or special work which aims to help the people of Africa and Madagascar live with this pandemic. I congratulate you all and encourage you to look boldly at the good points and bad points in this important ministry so that our work can be more effective for the Kingdom of God and people might come to know that God loves them."

The opportunity to plan the way ahead for AJAN together was especially appreciated by the participants, who assumed ownership of the process. Among those present was Mrs Christine Mtize, one of the founders, along with Fr Ted Rogers SJ, of the Jesuit AIDS Project in Zimbabwe. She said: "The active involvement of JESAM, Jesuits and collaborators was a crucial step in strengthening the network's structures. Now a clearer picture and understanding of AJAN, the involvement, contribution and role of each network member in implementing the strategic plan is envisioned and apparent to us all. We are part and parcel of the plan." Consensus was reached, she continued, on

"the combination of a vision and mission statement for the organisation, the objectives and strategies that will be pursued, the values that will guide behaviour and performance measures and a strategy for mobilising resources".

Exploring the values underpinning the work of AJAN and renewing its vision and mission proved to be a high point of the meeting, grounding the exercise of evaluation and strategic planning in solid roots. The vision was phrased thus: **Empowered individuals, families, and communities working towards an HIV and AIDS-free society and fullness of life** (cf. John 10:10). And the mission: **To support Jesuits and collaborators in responding to HIV and AIDS through facilitation and support, networking, advocacy, and resource mobilization**. The values guiding AJAN were identified as: human dignity and respect for life; the option for the poor, social justice and solidarity; sharing and mutual enrichment; the quest for excellence, the *Magis*; professionalism, striving for moral and technical leadership within the Church; and honesty and transparency that lead to accountability.

Mrs Mtize also praised the external professional expertise brought in - CORAT Africa, the firm that did the AJAN evaluation, facilitated the meeting - and said the meeting signalled a shift away from a culture of "compelled response to peoples' needs as they arise towards participatory organizational development". Fr Morare agreed, saying that the meeting "managed to help AJAN change fully from being a 'reactive' network into being 'proactive' in its planning and work."

For Fr Morare, perhaps the most significant achievement of the meeting was that it connected Jesuits and others involved in AIDS ministry and provided "much needed support and encouragement to many". "Often as Jesuits we work on the frontiers of society and battle against the odds, alone, with just one or two other Jesuits and lay people," he said. "Most of the time other Jesuits have only a vague idea of what others are doing but really do not know exactly one is up against. This often leads to a sense that one is alone in trying to deal with very serious and often daunting problems. For some there is a sense that no one really cares." Fr Morare is parish priest of St Mary's Church in Nyanga, Cape Town, an area with a high TB infection rate, fuelled by both poverty and high HIV prevalence. How to protect young people from infection is a serious challenge.

Also on the agenda were two days dedicated to equipping participants with tools and skills to carry out their ministry more effectively. The topics covered were among those identified as being of strategic importance to AJAN at this point of its existence, namely advocacy, project management and funding, the latter specifically to do with AJAN's policy in this regard. The meeting was enriched by contributions by several speakers. For advocacy: Sr Mary Owen (Nyumbani); Fr Simon-Pierre Metena SJ (Jesuit Refugee Service (JRS)/JESAM); Dr Peter Okaalet (MAP International, representing the Ecumenical Advocacy Alliance); Rev. Ambwayo Leah (selected by CORAT Africa). For project cycle management and accounting: Mr Alistair Davis (Entreculturas/JRS). And for the funding guidelines: Fr Paterne Mombé SJ, Augustine Ekeno SJ and Mr Michael Ndonye (AJAN).

One sure sign that the meeting was successful is that participants left with new ideas and motivation. "Leaving this workshop, I envisage putting more emphasis on advocacy in our work with people with HIV in Douala in Cameroon, to reduce stigmatisation and discrimination," said Harris. "Through this intervention, we'll aim for behaviour change and to strengthen the capacities of people with HIV. We'll work alongside support

groups, associations for people with HIV, clinics, hospitals and decision-makers. It will be a question of advocating for people with HIV, who are eligible to take antiretroviral medication, so that access will be more nationwide and treatment available for all; also to make prevention more effective. Certainly this is a great challenge but we believe that, working with people with HIV, with medical personnel, with others of goodwill, we may somehow attain our objective."

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