

Burundi: Jesuit AIDS service inaugurates clinic
Burundi: Drug shortages threaten patients' wellbeing
The parish: A privileged place to fight HIV and AIDS

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: JESUIT AIDS SERVICE INAUGURATES CLINIC

On 11 June, an AIDS clinic was inaugurated in Bujumbura as an integral part of the services offered by the *Service Yezu Mwiza* (SYM), a comprehensive AIDS ministry run by the Jesuit Region of Rwanda and Burundi. The clinic expands the care and prevention services offered by SYM to 987 people with HIV and more than 1,000 orphans and vulnerable children. In April 2009, the government declared SYM qualified to be a centre for the provision of antiretroviral therapy (ART), and this necessitated the building of the clinic.

Adding impetus to an already special occasion was the fact that the clinic was named after a Canadian Jesuit who was murdered in Jamaica in 2001. Thus the event brought relatives of the late Fr Martin Royackers – his mother, Mrs Joanne Royackers, and his sister, Mrs MaryAnn Hendriks – and a representative of the Jesuit Province of Upper Canada, Ms Jenny Cafiso, Director of Canadian Jesuits International, to celebrate together with the staff and beneficiaries of SYM. Other guests included the Regional Superior of Rwanda-Burundi, Fr Augustin Karekezi SJ, and Fr Paterné Mombé SJ, AJAN Director. The outgoing Director, Fr Michael Czerny SJ, unable to attend as he was recovering from a heart attack in Canada, sent a cordial message.

What was celebrated was not merely the opening of an extra service – extremely good news in itself – but the spirit of love, openness and respect for human dignity that characterises the service of SYM and also pervaded the ministry of Fr Martin.

There is indeed a connection between Fr Martin Royackers and SYM, said Fr Fratern Masawe SJ, President of the Jesuit Superiors of Africa and Madagascar (JESAM) in a message for the event. The connection is not only in the naming of the clinic of SYM after the name of Father Martin but more in the spirit of SYM and that of Fr Martin Royackers. They both want a change, a change for the better. They want a life of dignity for every one in this world. This same spirit wants to see growth, the fullness of life and of course the end of stigma. It is a spirit of service to the community that cannot leave anyone indifferent.

A tireless and enthusiastic pastor in pastoral and social ministry, Fr Martin was shot dead in 2001 as he came out the door of his parish office at St Theresa's in Annotto

Bay, Jamaica – his murder was never solved. Mrs Royackers said of her visit to Burundi: *It was such a privilege to be there, to see the work being done, the dedication of the workers, the joyfulness of the people and the continuation of Martin's name in a country he would have loved as much as his own – Jamaica.*

Fr Paterne Mombé SJ, AJAN Director, said his time spent with Martin's mother and sister led him to discover that Jamaica had much in common with Burundi. And that the message that Martin shared by his life continues to echo in the hills around Bujumbura: *It is by love for others, especially the most poorest of our society, that we can push back HIV; it is through local and global solidarity towards our affected brothers and sisters that we can triumph in the struggle against the AIDS pandemic. Let us welcome and live the message that we take from the example of Martin's life.*

The inauguration of the clinic took place on a solemn Catholic feast which also inspired those giving speeches. Fr Désiré Yamuremye SJ, Director of SYM, said: *This event coincides with the feast of the Sacred Heart of Jesus, this Heart pierced without sin. The young Jesuit made a very direct connection between the religious symbol and the reality created by the AIDS pandemic: This Heart continues to be pierced, given the living conditions of people infected by HIV and affected by AIDS. This Heart continues to be pierced by the exclusion and discrimination levelled against people with HIV. Unfortunately, some of those responsible for such practices, which go against the message of God as taught in the Gospel, are themselves Christians and sometimes even leaders of different religious denominations.*

SYM, continued Fr Désiré, deliberately sought to counter this culture of condemnation, striving instead to bring *life to the full* to those among us who are the most vulnerable. *SYM is at the service of life. We are a people who want to live*, he said.

The SYM Director said that the ministry fulfilled its mission by offering holistic care that went beyond viewing HIV and AIDS merely as a public health problem. The comprehensive care of SYM includes: medical; psychosocial; nutritional; educational; micro-credit for income-generating activities. Many of its activities take place in quasi-inaccessible parishes in the rural hills around the capital of Burundi.

Fr Désiré also warmly thanked the Canadian donor and a Dutch couple who generously funded the building of the clinic.

BURUNDI: DRUG SHORTAGES THREATEN PATIENTS' WELLBEING

Fr Désiré Yamuremye SJ, Director of Service Yezu Mwiza

Generally, Burundi ranks among those sub-Saharan African countries that offer decent treatment, free-of-charge, for people living with HIV. However bureaucratic problems are threatening this treatment and consequently the wellbeing of people with HIV who depend on it.

In 2000, Burundi created an AIDS Ministry which was attached to the Presidency. In principle, the National Council for the Struggle against AIDS (CNLS) depended on this ministry. The CNLS is charged with the allocation of funds to all those involved in

the struggle against AIDS. In 2007, the AIDS Ministry was dissolved and a department within the Health Ministry was created instead, which was inexperienced and plagued by bad governance. In effect, AIDS became merely a public health problem and the medical care of people with HIV became a package just like any other health package, inserted in the national health plan with performance-based funding.

This new policy, incidentally supported by the World Bank, made those organisations that offer care to people with HIV, like *Service Yezu Mwiza* (SYM), dependent on the structures of public health. Although the AIDS Ministry was re-established in 2008, nearly all its powers with regard to the ordering of medicines remained in the hands of the Health Ministry. And this has caused many problems. Now, the new government has relegated AIDS once more to the Ministry of Health, which will surely lead to more complications.

As things stand now, the process by which care organisations may order and receive medicines (antiretroviral drugs and medicines to treat opportunistic infections – OI) is thoroughly complicated. The CNLS purchases the medicines and places them in the Centre for the purchase of medicines in Burundi (CAMEBU). A care organisation, such as SYM, must place an order with the district health office, which passes the order on to the USLS (the Health's Ministry's AIDS unit), which in turn refers it to the CAMEBU, which distributes the medicines to the care organisation. However, when the district health office and the ministerial unit approve the order, they do so in ignorance of the actual quantity and quality of stock at CAMEBU.

The care organisation must submit reports on the consumption of medication to the district and provincial health offices, to the AIDS Council, to the AIDS ministerial unit, to CAMEBU. This leads to overlapping, with no one knowing who is checking what, and to delays, as copies of reports are often lost. All this has a serious effect on planning how much of which types of medication is needed and should be stocked. If only one institution would take charge of these medications!

The situation has led to stock shortfalls. People with HIV have been facing big problems thanks to shortages of prophylactic medicines for OIs. For example Bactrim in syrup form was not available since April 2009 and Bactrim capsules since May 2010. SYM bought Bactrim syrup and had an emergency stock of tablets but other sites did not have these medicines. Another problem is shortages of medicines to treat OIs; since February 2010, we did not have more than five types of such medication. Sometimes one medicine was affected and sometimes another.

As for ARVs, sometimes there has been a shortage of one or two drugs which forced a change in the treatment of some patients. Being compelled to change treatment to a less effective kind, from combined to other forms, brings with it the fear of resistance to the treatment. No third-line medication is available.

Another problem we are facing is that the cost of treatment for people with HIV who are not on ARVs is no longer assured. Those who are able to, pay for themselves, or their associations pay for them. Unfortunately those who cannot afford to pay, or whose association does not cover these expenses, end up being kept in hospital.

What becomes of SYM in all this? Like all organisations that offer care, SYM and its *Clinique Martin Royackers* are suffering from these shortages. However, thanks to funding provided at the beginning of the year by Hubeje and Entreculturas, SYM has been able to buy missing medicines, which the State did not distribute. Of course this has had budgetary consequences.

Together with other organisations of civil society, we started to advocate for an end to this situation and thanks to our efforts, the missing drugs are now available. However, much remains to be done to guarantee a steady supply of essential medicines. Happily, our beneficiaries are being cared for so far but if things continue like this... we live in faith and hope.

THE PARISH: A PRIVILEGED PLACE TO FIGHT HIV AND AIDS

Experience has shown that in a sub-Saharan African context, the parish can be a privileged place to fight HIV/AIDS. Pastors and parishioners are involved in a ministry of solidarity with those infected by HIV and affected by AIDS: visiting the sick, organising home-based care (HBC), doing pastoral and counselling ministry, organising burials and supporting widows and orphans. In the first of an AJANews mini-series about AIDS ministry in Jesuit parishes, Fr Bruce Botha SJ writes about Holy Trinity Parish in Johannesburg, South Africa.

Let me begin by giving the context of our Holy Trinity Parish. We are located on the edge of the city centre, next to the University of the Witwatersrand. The parish includes areas of great wealth and great poverty. It is multiracial, multi-ethnic, multi-lingual and multinational. There is also a large population of homeless and vulnerable people, mostly men, many from Zimbabwe.

Approximately five years ago a small group of medical students, who were connected to the university residence that the Society of Jesus runs, asked if they could begin a basic clinic for the homeless that came to the parish on a Monday evening for the soup kitchen that we run. Last year this group decided to expand the services that they provided into HIV care. An NGO volunteered to do counselling and testing training for the medical students. This NGO also provides the test kits that are used, with ongoing quality control and mentorship. Those individuals who test positive are referred to local clinics for follow-up CD-4 counts, so that they can access antiretrovirals. We had hoped to become a satellite treatment centre of Nazareth House but this plan has fallen through, due to a cut in their PEPFAR funding.

We are also running a prevalence study in conjunction with the VCT (voluntary counselling and testing) programme. This has the approval of the university's ethics committee for research on human subjects. When we began the VCT programme, we realised that no-one had a clear idea of the public health issues that the homeless experienced. This study is meant to explore their vulnerabilities and resilience, so that future interventions would be more focused. Though the sample size is not yet statistically significant, it would appear that the HIV prevalence amongst this group is approximately 30%, twice the national average for this demographic population.

Two years ago the parish established an HIV/AIDS group to explore ways in which the community needed to be served and to plan a pastoral response to HIV/AIDS in

our parish community. Following on from this, the group was trained in HIV education and basic listening and counselling skills. Their names have been published in the bulletin as resource people to whom anyone infected with HIV and affected by AIDS can turn. On a number of occasions, the group has also arranged VCT after all the weekend Eucharists, with large numbers of parishioners being tested. They have also provided educational opportunities, showing topical movies and hosting discussions on issues raised.

The challenges that we face are the following: expanding the services that we give to the homeless so that we can offer holistic medical and psychosocial care; greater conscientisation of parishioners so that they are aware of the need and benefits of knowing their HIV status; and working with students in the area of responsible sexuality.
