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AIDS in a war zone

For the past year I have been a volunteer working with Médecins Sans Frontières in Bukavu in the Democratic Republic of Congo on a pilot HIV/AIDS care project that aims to show that it is possible to provide high-quality HIV care and prevention services in the context of a chronic war. The HIV prevalence in Bukavu, a city of 500 000 people, is estimated at 10%. Our project operates 3 clinics for sexually transmitted diseases, a centre for voluntary HIV testing and counselling and an HIV treatment clinic. In the coming months we hope to add a program for the prevention of mother-to-child transmission and to introduce antiretroviral therapy. The constraints include a war that began in 1996, a failing health care system, chronic malnutrition, poor hygiene and stigma against people infected with HIV.

I recently attended the XIV International AIDS Conference in Barcelona. There were 15 000 participants, and an overwhelming volume of information was presented. Now that I have returned to the Congo, 3 metaphors that I encountered in Barcelona continue to ring true.

"We are in a war with HIV" was the mantra of activists and field physicians alike. The battlefield is the 40 million people currently infected with HIV (90% of whom live in developing countries). Our most effective weapon is antiretroviral therapy, and research presented in Barcelona showed that antiretroviral programs in settings with very few resources can boast high levels of patient compliance, produce excellent clinical results and work synergistically with HIV prevention programs. The reality here in Bukavu (as in most of Africa) is that there is no access to these life-preserving medications; we are losing this war.

The epidemiologists stated that "we are in a race with HIV." By 2010 there will be an additional 49 million new cases of HIV infection globally (worst-case scenario). If we do everything possible to introduce prevention and treatment programs to poor countries we can prevent 29 million of these new cases. This means that with our best efforts we can only slow down the epidemic by two-thirds over 8 years, but we have no hope of stopping it; we started too late for that. In Bukavu it feels as though we have hardly left the starting gates.

The last metaphor came from an Ethiopian physician. "To beat this virus," she said, "we need to respond like a virus." We need to infect a region with all the means necessary for HIV prevention and treatment. Then we need to multiply and advance these efforts geometrically to cover the entire health zone, then the entire province, country and, finally, continent. To accomplish this we need to be highly organized and to make a strong commitment of both finances and human resources. In the Democratic Republic of Congo we lack the leadership and the means to implement such a comprehensive strategy.

As a Canadian physician working in Africa, I relay the call from Barcelona to my colleagues back home to end the complacency that allowed 3 million people to die last year of what is now a treatable disease. We all have a part to play in combating this epidemic.

David Tu
Family Physician
Médecins Sans Frontières
Bukavu, Democratic Republic of Congo