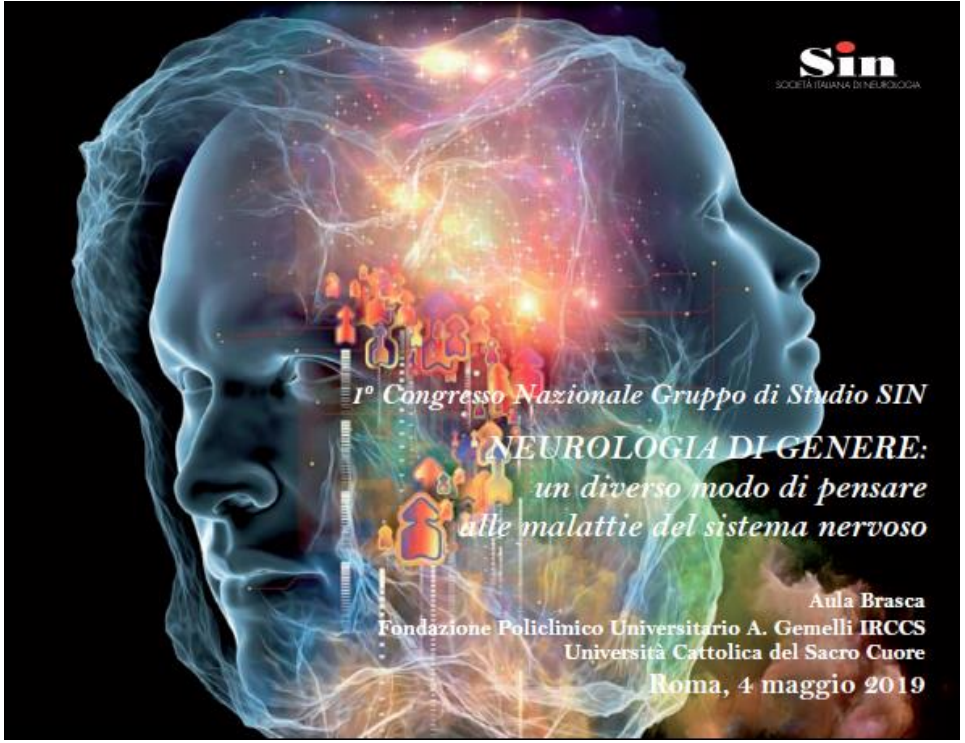


La rivoluzione sanitaria operata dalle donne in Africa

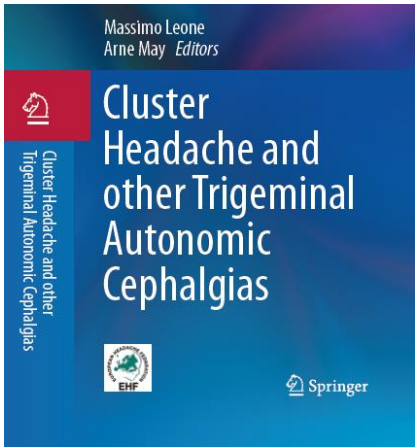
Massimo Leone

Fondazione Istituto Neurologico Besta, Milano
Programma DREAM (Disease Relief through Excellent and Advanced Means), Roma
Gruppo di Studio "SIN e i paesi in via di sviluppo dell'Africa"

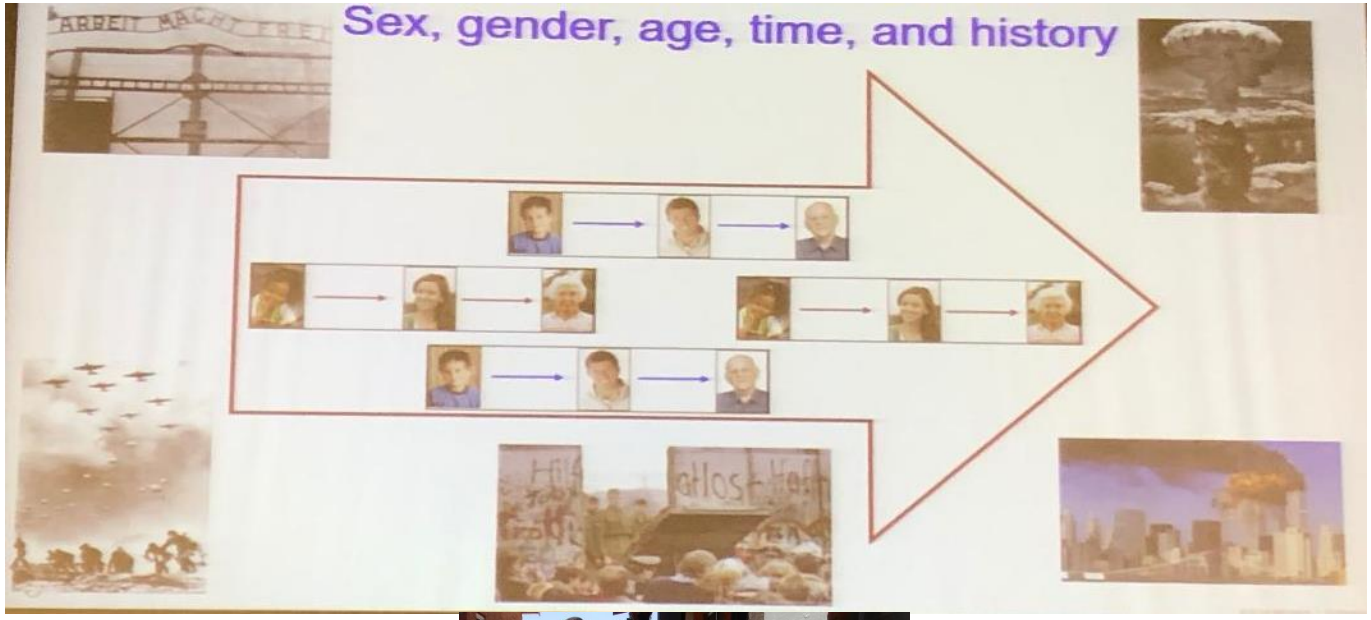
Sin
SOCIETÀ ITALIANA DI NEUROLOGIA

La cefalea a grappolo al Besta

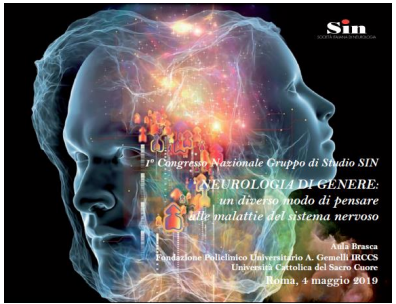
- Nel 1985: non distinta dall'emicrania, nessuna terapia specifica, gestita da ORL, internisti, interventi chirurgici demolitivi - inefficaci
- Centro di riferimento nazionale ed internazionale
- Introdotto le principali terapie farmacologiche
- Introdotto la Deep Brain Stimulation per le forme intrattabili
- PI nei principali trials RCT internazionali
- Linee guida e classificazione International Headache Society, Europa e nazionali, PDTA ad hoc
- Pubblicazioni
  - NEJM, Lancet Neurol, Brain, Nature CPN, Ann Neurol, Neurology, J Neurosc, Pain etc.



La rivoluzione sanitaria operata dalle donne in Africa



SIN e i paesi in via di sviluppo dell'Africa



La rivoluzione sanitaria operata dalle donne in Africa

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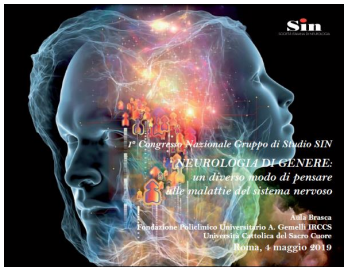
- Un nuovo scenario: malattie croniche non comunicabili e HIV/AIDS
- La donna e la gestione delle malattie croniche



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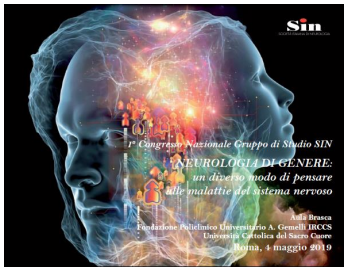


Africa - dimensioni

The **True Size** of **Africa**

A small contribution in the fight against rampant *Immappancy*, by **Kai Krause**

Graphic layout for visualization only (some countries are cut and rotated)
But the conclusions are very accurate: refer to table below for exact data

COUNTRY	AREA x 1000 km²
China	9.597
USA	9.629
India	3.287
Mexico	1.964
Peru	1.285
France	633
Spain	506
Papua New Guinea	462
Sweden	441
Japan	378
Germany	357
Norway	324
Italy	301
New Zealand	270
United Kingdom	243
Nepal	147
Bangladesh	144
Greece	132
TOTAL	**30.102**
AFRICA	**30.221**

In addition to the well known social issues of *illiteracy* and *innumeracy*, there also should be such a concept as "*immappancy*", meaning *insufficient geographical knowledge.*

A survey with random American schoolkids let them guess the population and land area of their country. Not entirely unexpected, but still rather unsettling, the majority chose *"1-2 billion"* and *"largest in the world"*, respectively.

Even with Asian and European college students, geographical estimates were often off by factors of *2-3*. This is partly due to the highly distorted nature of the predominantly used mapping projections (such as *Mercator*).

A particularly extreme example is the worldwide misjudgement of the true size of *Africa*. This single image tries to embody the massive scale, which is larger than the *USA, China, India, Japan* and *all of Europe..... combined!*

Top 100 Countries

Area in square kilometers, Percentage of World Total
Sources: Britannica, Wikipedia, Almanac 2010

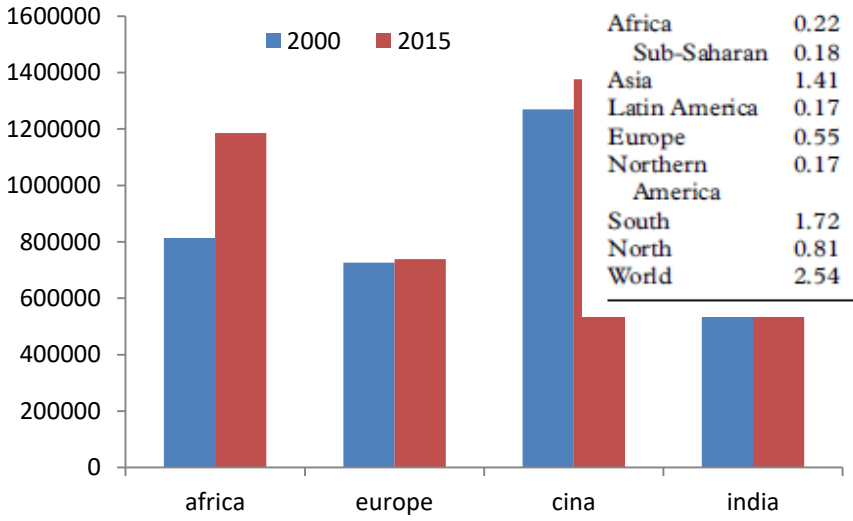
		AREA km²	%
1	Russia	17.098.242	11,50
2	Canada	9.984.670	6,70
3	China	9.596.961	6,40
4	United States	9.629.091	6,40
5	Brazil	8.514.877	5,70
6	Australia	7.692.024	5,20
7	India	3.287.263	2,30
8	Argentina	2.780.400	2,00
9	Kazakhstan	2.724.900	1,80
10	Sudan	2.505.813	1,70
11	Algeria	2.381.741	1,60
12	Congo	2.344.858	1,60
13	Greenland	2.166.086	1,50
14	Saudi Arabia	2.149.690	1,40
15	Mexico	1.964.375	1,30
16	Indonesia	1.860.360	1,30
17	Libya	1.759.540	1,20
18	Iran	1.628.750	1,10
19	Mongolia	1.564.100	1,10
20	Peru	1.285.216	0,86
21	Chad	1.284.000	0,86
22	Niger	1.267.000	0,85
23	Angola	1.246.700	0,85
24	Mali	1.240.192	0,83
25	South Africa	1.221.037	0,82
26	Colombia	1.141.748	0,76
27	Ethiopia	1.104.300	0,74
28	Bolivia	1.098.581	0,74
29	Mauritania	1.025.520	0,69
30	Egypt	1.002.000	0,67
31	Tanzania	945.087	0,63
32	Nigeria	923.768	0,62
33	Venezuela	912.050	0,61
34	Namibia	824.116	0,55
35	Mozambique	801.590	0,54
36	Pakistan	796.095	0,53
37	Turkey	783.562	0,53
38	Chile	756.102	0,51
39	Zambia	752.612	0,51
40	Myanmar	676.578	0,45
41	Afghanistan	652.090	0,44
42	Somalia	637.657	0,43
43	France	632.834	0,43
44	C. African Rep	622.984	0,42
45	Ukraine	603.500	0,41
46	Madagascar	587.041	0,39
47	Botswana	582.000	0,39
48	Kenya	580.367	0,39
49	Yemen	527.968	0,35
50	Thailand	513.120	0,34
51	Spain	505.992	0,34
52	Turkmenistan	488.100	0,33
53	Cameroon	475.442	0,32
54	Papua New Guinea	462.840	0,31
55	Uzbekistan	447.400	0,30
56	Morocco	446.550	0,30
57	Sweden	441.370	0,30
58	Iraq	438.317	0,29
59	Paraguay	406.752	0,27
60	Zimbabwe	390.757	0,26
61	Japan	377.930	0,25
62	Germany	357.114	0,24
63	Rep d.l. Congo	342.000	0,23
64	Finland	338.419	0,23
65	Vietnam	331.212	0,22
66	Malaysia	330.803	0,22
67	Norway	323.802	0,22
68	Côte d'Ivoire	322.463	0,22
69	Poland	312.685	0,21
70	Oman	309.500	0,21
71	Italy	301.336	0,20
72	Philippines	300.000	0,20
73	Burkina Faso	274.222	0,18
74	New Zealand	270.467	0,18
75	Gabon	267.668	0,18
76	Western Sahara	266.000	0,18
77	Ecuador	256.369	0,20
78	Guinea	245.857	0,17
79	United Kingdom	242.900	0,16
80	Uganda	241.038	0,16
81	Ghana	238.539	0,16
82	Romania	238.391	0,16
83	Laos	236.800	0,16
84	Guyana	214.969	0,14
85	Belarus	207.600	0,14
86	Kyrgyzstan	199.951	0,13
87	Senegal	196.722	0,13
88	Syria	185.180	0,12
89	Cambodia	181.035	0,12
90	Uruguay	176.215	0,12
91	Suriname	163.820	0,11
92	Tunisia	163.610	0,11
93	Nepal	147.181	0,10
94	Bangladesh	143.998	0,10
95	Tajikistan	143.100	0,10
96	Greece	131.957	0,09
97	Nicaragua	130.373	0,09
98	North Korea	120.538	0,08
99	Malawi	118.484	0,08
100	Eritrea	117.600	0,08
	TOP 100 TOTAL	132.632.524	89,34

Epidemiologic and health transition in sub-Saharan Africa

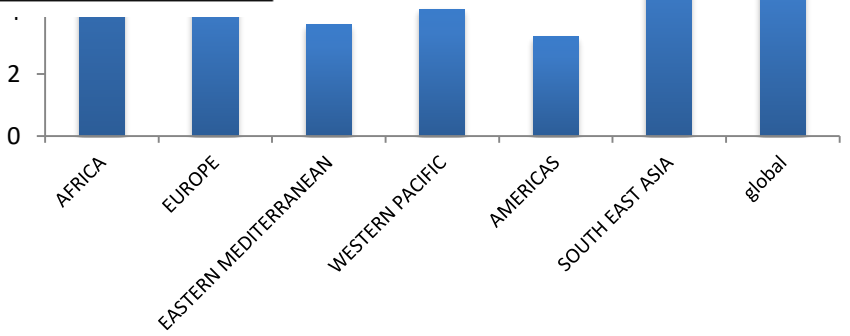
Table 1. Population estimates (1950–2005) and projections (2005–2050), by region. Adapted from United Nations (2007).

	population (billions)			% increase	
	1950	2005	2050	1950–2005	2005–2050
Africa	0.22	0.92	2.00	311	117
Sub-Saharan	0.18	0.77	1.76	327	129
Asia	1.41	3.94	5.27	179	[illegible]
Latin America	0.17	0.56	0.77	233	38
Europe	0.55	0.73	0.66	33	−9
Northern America	0.17	0.33	0.45	94	34
South	1.72	5.30	7.95	208	50
North	0.81	1.22	1.25	49	2
World	2.54	6.51	9.19	157	41

Population 2000-2



Life expectancy 2000-2016



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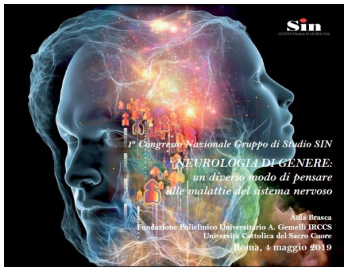
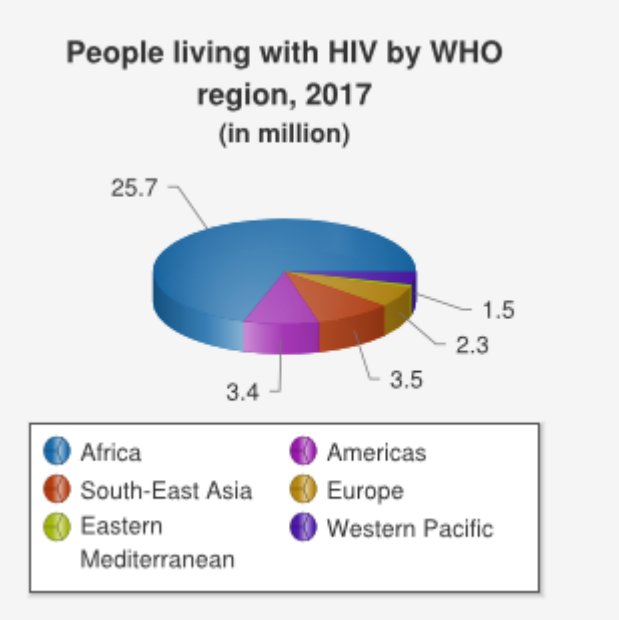
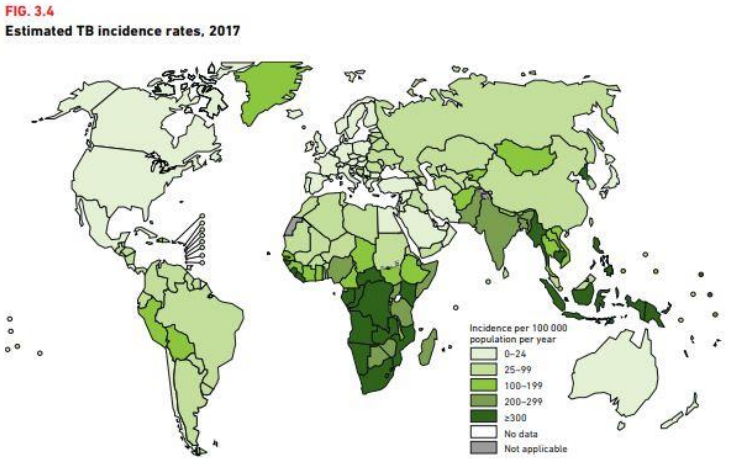
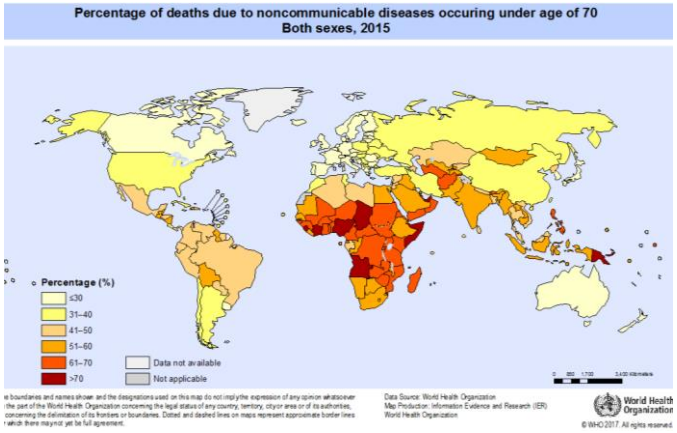
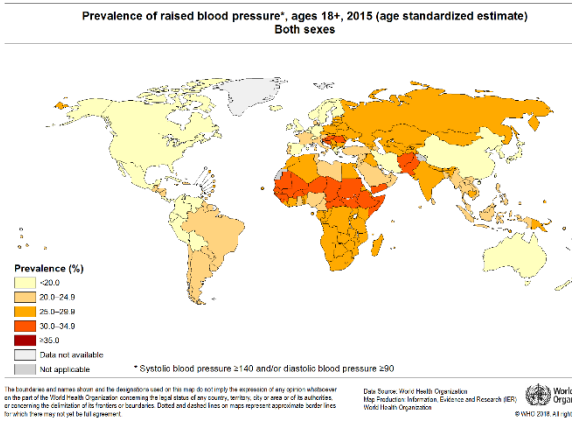


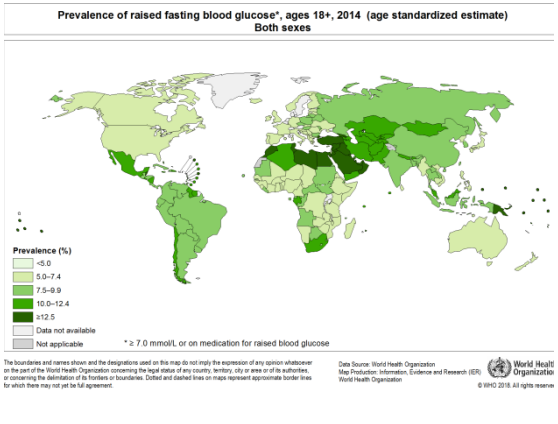
Sub-Saharan Africa: the double burden of CDs and NCDs



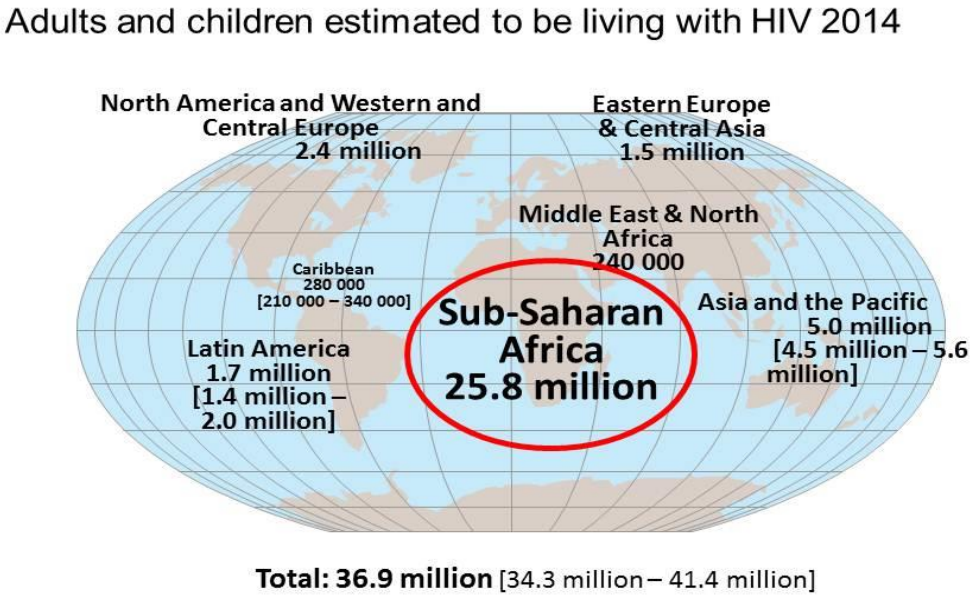


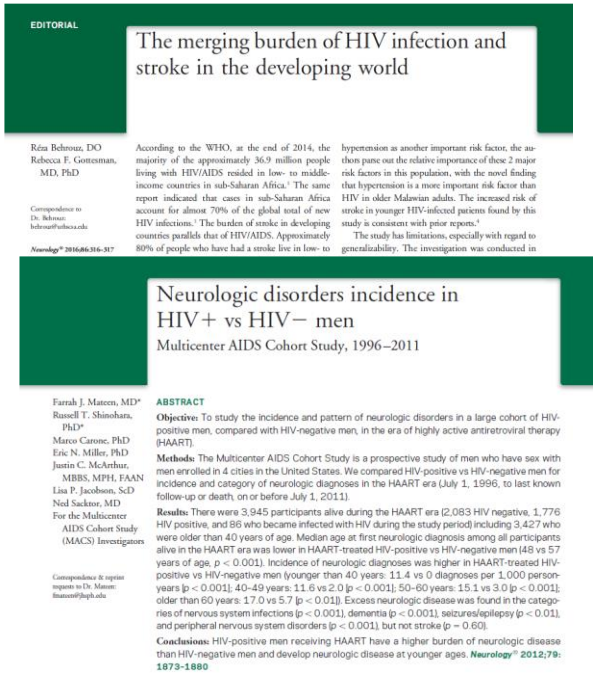






HIV
A risk factor for main neurologic disorders




EDITORIAL

The merging burden of HIV infection and stroke in the developing world

Réza Behrouz, DO
Rebecca F. Gottesman, MD, PhD

Correspondence to Dr. Behrouz: behrouz@uthscsa.edu

Neurology® 2016;86:316–317

According to the WHO, at the end of 2014, the majority of the approximately 36.9 million people living with HIV/AIDS resided in low- to middle-income countries in sub-Saharan Africa.[1] The same report indicated that cases in sub-Saharan Africa account for almost 70% of the global total of new HIV infections.[1] The burden of stroke in developing countries parallels that of HIV/AIDS. Approximately 80% of people who have had a stroke live in low- to

hypertension as another important risk factor, the authors panc out the relative importance of these 2 major risk factors in this population, with the novel finding that hypertension is a more important risk factor than HIV in older Malawian adults. The increased risk of stroke in younger HIV-infected patients found by this study is consistent with prior reports.[3]

The study has limitations, especially with regard to generalizability. The investigation was conducted in

Neurologic disorders incidence in HIV+ vs HIV− men

Multicenter AIDS Cohort Study, 1996–2011

Farrah J. Mateen, MD*
Russell T. Shinohara, PhD*
Marco Carone, PhD
Eric N. Miller, PhD
Justin C. McArthur, MBBS, MPH, FAAN
Lisa P. Jacobson, ScD
Ned Sacktor, MD
For the Multicenter AIDS Cohort Study (MACS) Investigators

Correspondence & reprint requests to Dr. Mateen: fmateen@hsph.edu

ABSTRACT

Objective: To study the incidence and pattern of neurologic disorders in a large cohort of HIV-positive men, compared with HIV-negative men, in the era of highly active antiretroviral therapy (HAART).

Methods: The Multicenter AIDS Cohort Study is a prospective study of men who have sex with men enrolled in 4 cities in the United States. We compared HIV-positive vs HIV-negative men for incidence and category of neurologic diagnoses in the HAART era (July 1, 1996, to last known follow-up or death, on or before July 1, 2011).

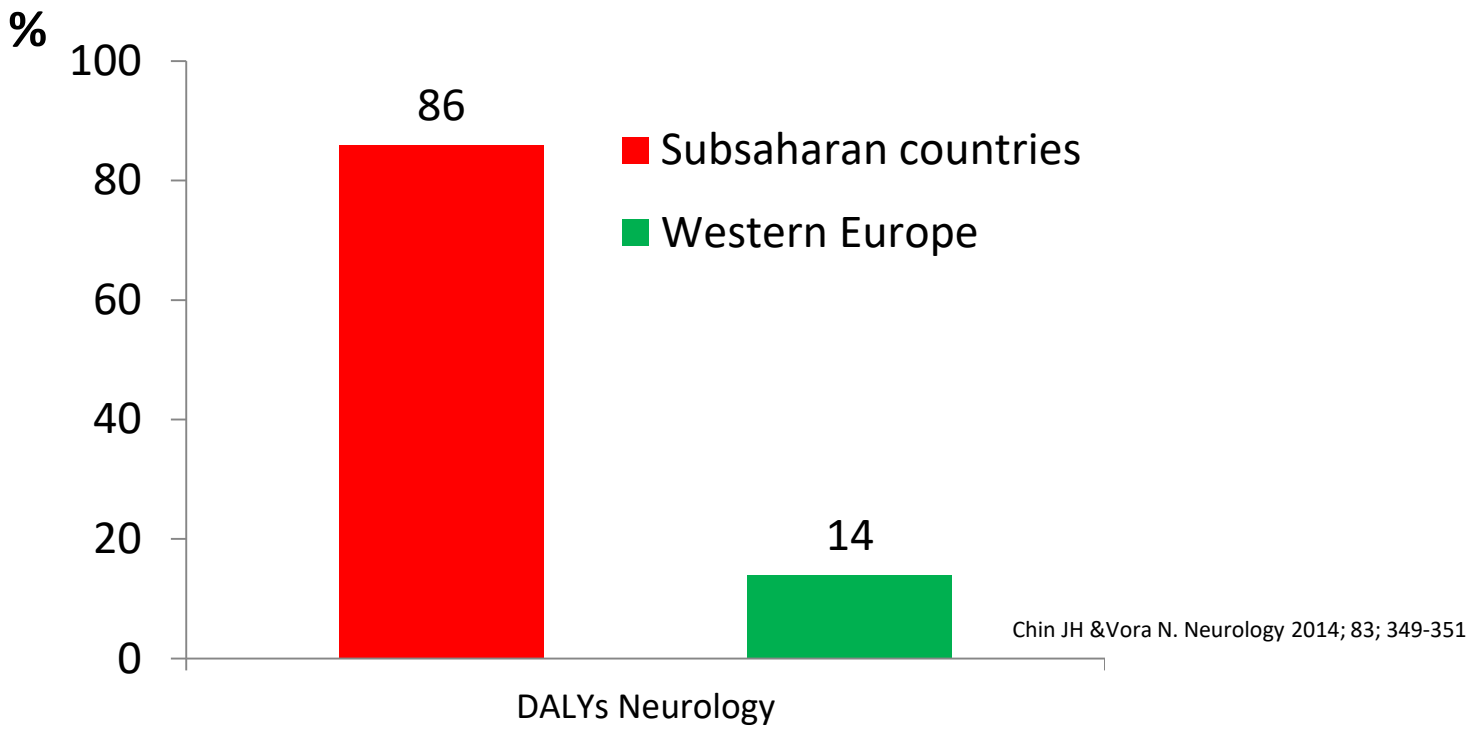
Results: There were 3,945 participants alive during the HAART era (2,083 HIV negative, 1,776 HIV positive, and 86 who became infected with HIV during the study period) including 3,427 who were older than 40 years of age. Median age at first neurologic diagnosis among all participants alive in the HAART era was lower in HAART-treated HIV-positive vs HIV-negative men (48 vs 57 years of age, $p < 0.001$). Incidence of neurologic diagnoses was higher in HAART-treated HIV-positive vs HIV-negative men (younger than 40 years: 11.4 vs 0 diagnoses per 1,000 person-years [$p < 0.001$]; 40–49 years: 11.6 vs 2.0 [$p < 0.001$]; 50–60 years: 15.1 vs 3.0 [$p < 0.001$]; older than 60 years: 17.0 vs 5.7 [$p < 0.01$]). Excess neurologic disease was found in the categories of nervous system infections ($p < 0.001$), dementia ($p < 0.001$), seizures/epilepsy ($p < 0.01$), and peripheral nervous system disorders ($p < 0.001$), but not stroke ($p = 0.60$).

Conclusions: HIV-positive men receiving HAART have a higher burden of neurologic disease than HIV-negative men and develop neurologic disease at younger ages. *Neurology*® 2012;79: 1873–1880

- Epilepsy
- Stroke
- Alzheimer
- Polyneuropathies

- Mateen et al Neurology 2012;79: 1873–1880
- Benjamin et al. Neurology 2016 ; 86(4):324-33.

The Global Burden of Neurologic Diseases



Chin JH &Vora N. Neurology 2014; 83; 349-351

- The African Region suffers more than 24% of the global burden of disease but has access to only 3% of health workers:

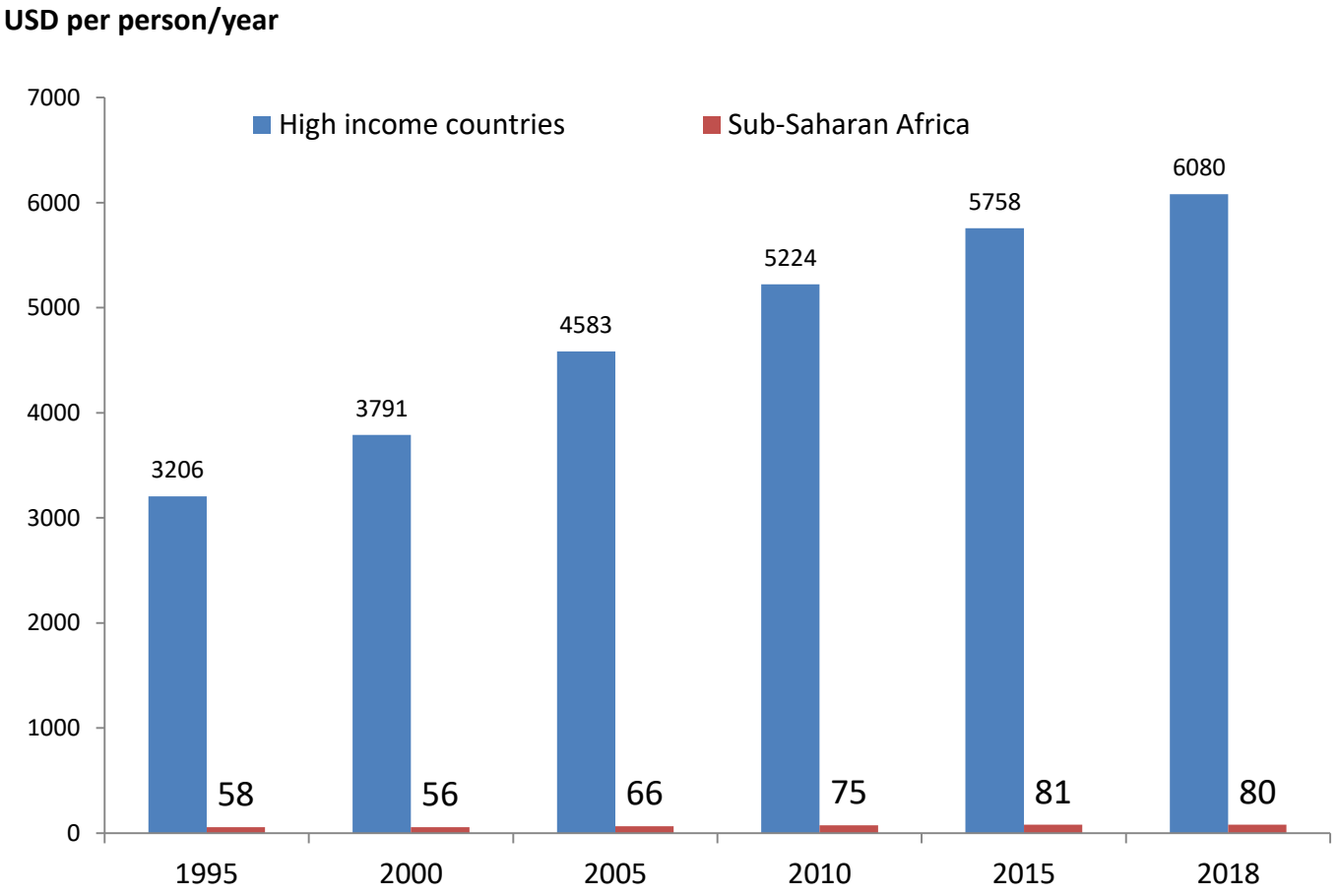
  Doctors

  Malawi 0.018/1,000 inhabitants

  Mozambique 0.055/1,000 inhabitants

  Italy 4/1,000 inhabitants

Financing Global Health
High Income Countries *vs* Sub-Saharan Africa



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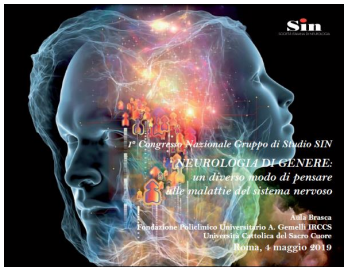

dream
Comunità di Sant'Egidio

Disease Relief through Excellent and Advanced Means

- Since 2002
- In 11 nations:
  - **Mozambique**, Malawi, Tanzania, Kenya, Republic of Guinea, Swaziland, Cameroon, Congo RDC, Central African Republic, Angola and Nigeria
- 48 health centres plus 25 laboratories including molecular biology
- ≈500,000 HIV+ pts monitored with regular follow up including clinical monitoring, blood samples, education, prevention, communities involvement

HIV in 2000
Western and SSA health systems

Western countries

- Triple therapy: yes
- Viral load detection: yes
- ARV during pregnancy : yes
- Test and treat : yes
- Specialized centres: yes
- Drugs free: yes

Sub-Saharan Africa

- Triple therapy: no
- Viral load detection: no
- ARV during pregnancy : no
- Test and treat : no
- Specialized centres: no
- Drugs free: no

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DREAM in Sub-Saharan Africa

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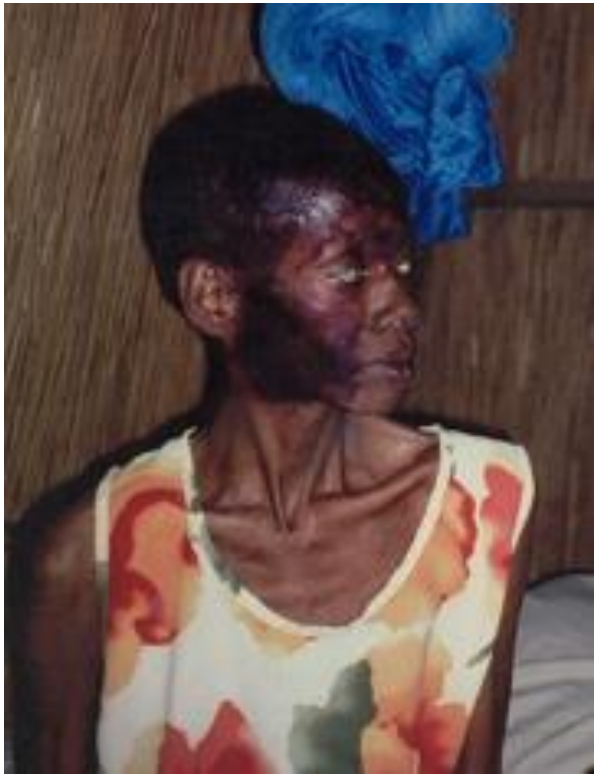
AnaMaria



DREAM is education and training

- More than 10,000 african personnel: doctors, clinical officers, nurses, biologists, lab. technicians, coordinators, managers, health personal – home casre, counselling etc-, technicians for pc, networking, renewable energies. 28 Pan-African courses 2002–2016.

Modifies from Liotta et al. Int J Environ Res Public Health 2015; 12: 1324-39

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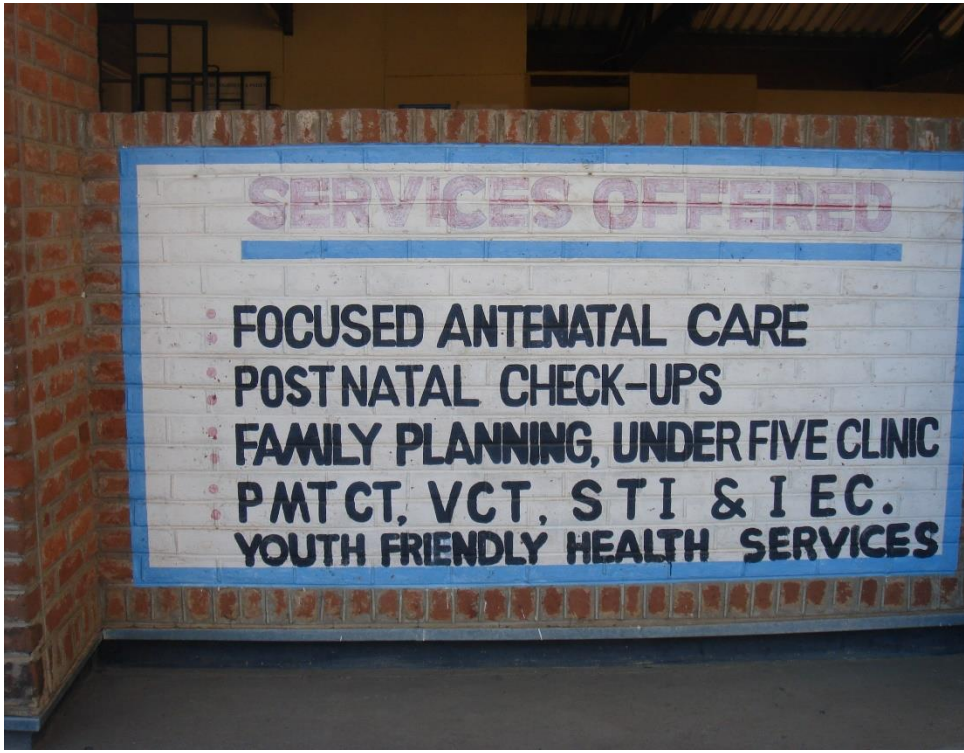
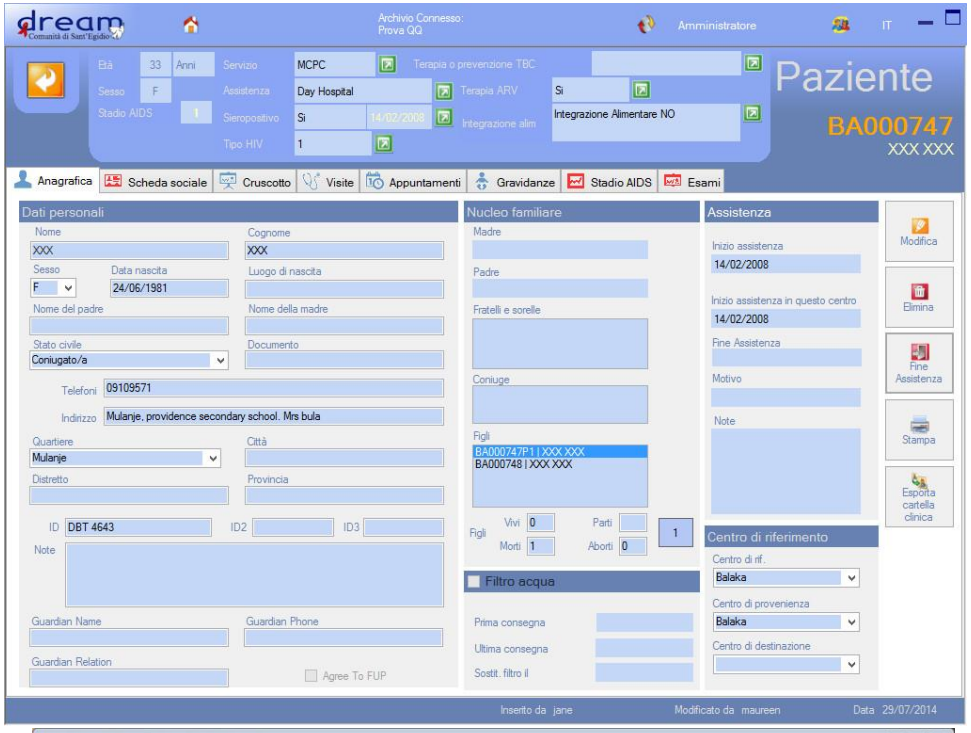
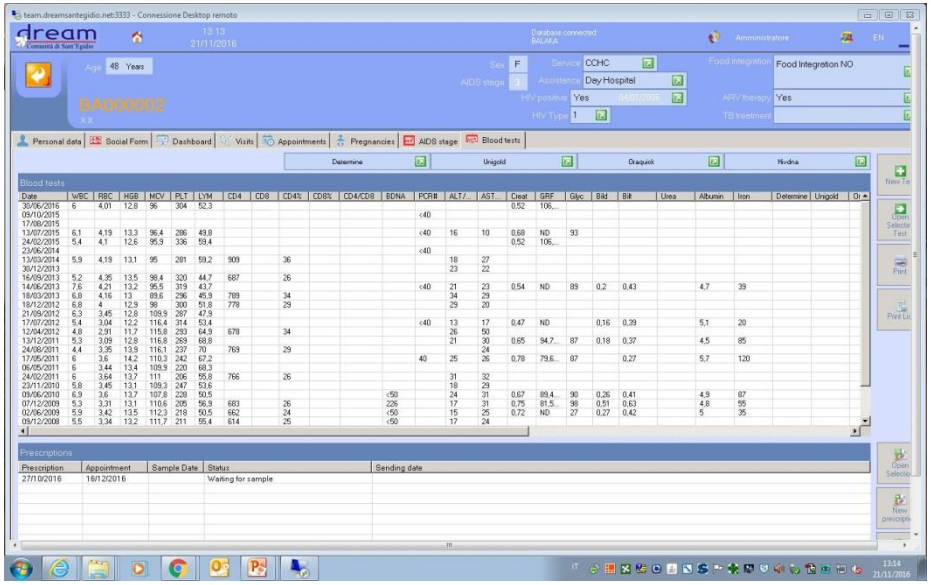
Comunità di Sant'Egidio

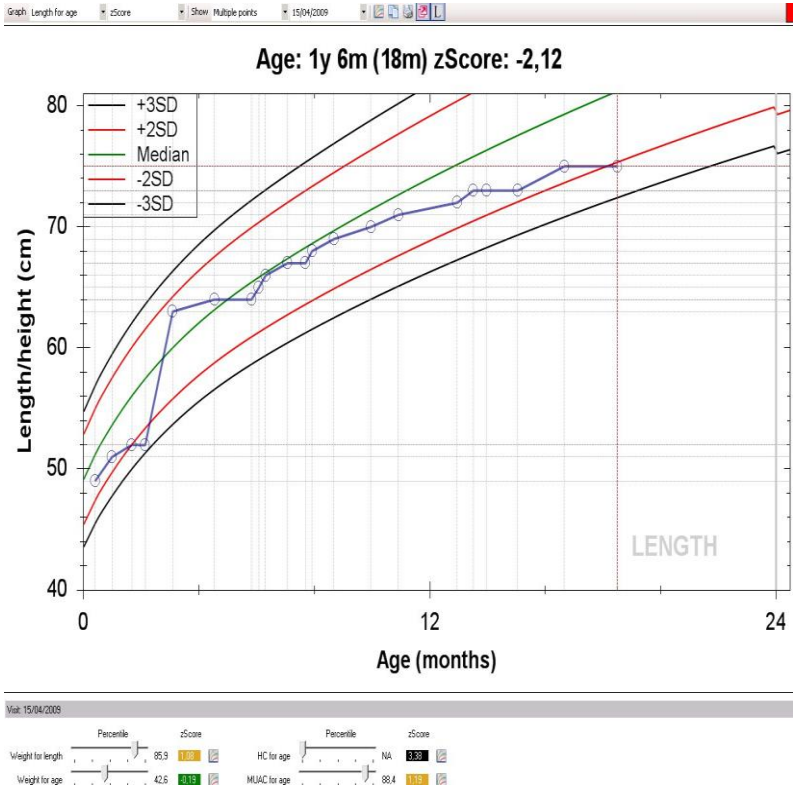

unicef


SERVICES OFFERED
FOCUSED ANTENATAL CARE
POST NATAL CHECK-UPS
FAMILY PLANNING, UNDER FIVE CLINIC
PMTCT, VCT, STI & IEC.
YOUTH FRIENDLY HEALTH SERVICES

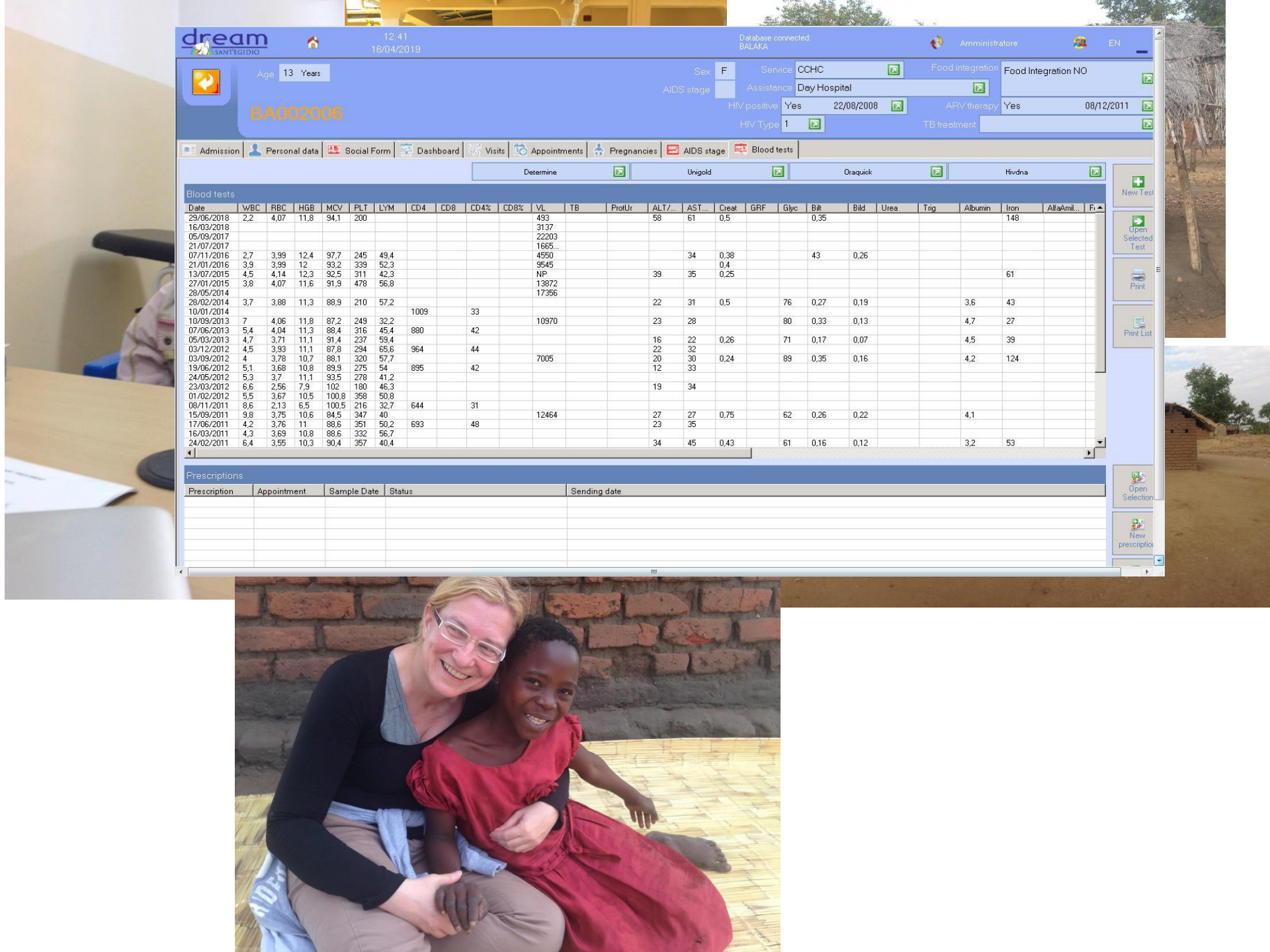
The DREAM software







dream
Comunità di Sant'Egidio


dream
SANT'EGIDIO
12:41
16/04/2019
Database connected:
BALAKA
Amministratore
EN
Age 13 Years
BA002006
Sex F
AIDS stage
Service CCHC
Assistance Day Hospital
HIV positive Yes 22/08/2008
HIV Type 1
Food integration Food Integration NO
ARV therapy Yes 08/12/2011
TB treatment
Admission
Personal data
Social Form
Dashboard
Visits
Appointments
Pregnancies
AIDS stage
Blood tests
Determine
Unigold
Oraquick
Hivdna
Blood tests
Date WBC RBC HGB MCV PLT LYM CD4 CD8 CD4% CD8% VL TB ProtUr ALT/... AST... Creat GRF Glyc Bilt Bild Urea Trig Albumin Iron AlfaAmil... Fi
29/06/2018 2,2 4,07 11,8 94,1 200 493 58 61 0,5 0,35 148
16/03/2018 3137
05/09/2017 22203
21/07/2017 1665...
07/11/2016 2,7 3,99 12,4 97,7 245 49,4 4550 34 0,38 43 0,26
21/01/2016 3,9 3,99 12 93,2 339 52,3 9545 0,4
13/07/2015 4,5 4,14 12,3 92,5 311 42,3 NP 39 35 0,25 61
27/01/2015 3,8 4,07 11,6 91,9 478 56,8 13872
28/05/2014 17356
28/02/2014 3,7 3,88 11,3 88,9 210 57,2 22 31 0,5 76 0,27 0,19 3,6 43
10/01/2014 1009 33
10/09/2013 7 4,06 11,8 87,2 249 32,2 10970 23 28 80 0,33 0,13 4,7 27
07/06/2013 5,4 4,04 11,3 88,4 316 45,4 880 42
05/03/2013 4,7 3,71 11,1 91,4 237 59,4 16 22 0,26 71 0,17 0,07 4,5 39
03/12/2012 4,5 3,93 11,1 87,8 294 65,6 964 44 22 32
03/09/2012 4 3,78 10,7 88,1 320 57,7 7005 20 30 0,24 89 0,35 0,16 4,2 124
19/06/2012 5,1 3,68 10,8 89,9 275 54 895 42 12 33
24/05/2012 5,3 3,7 11,1 93,5 278 41,2
23/03/2012 6,6 2,56 7,9 102 180 46,3 19 34
01/02/2012 5,5 3,67 10,5 100,8 358 50,8
08/11/2011 8,6 2,13 6,5 100,5 216 32,7 644 31
15/09/2011 9,8 3,75 10,6 84,5 347 40 12464 27 27 0,75 62 0,26 0,22 4,1
17/06/2011 4,2 3,76 11 88,6 351 50,2 693 48 23 35
16/03/2011 4,3 3,69 10,8 88,6 332 56,7
24/02/2011 6,4 3,55 10,3 90,4 357 40,4 34 45 0,43 61 0,16 0,12 3,2 53
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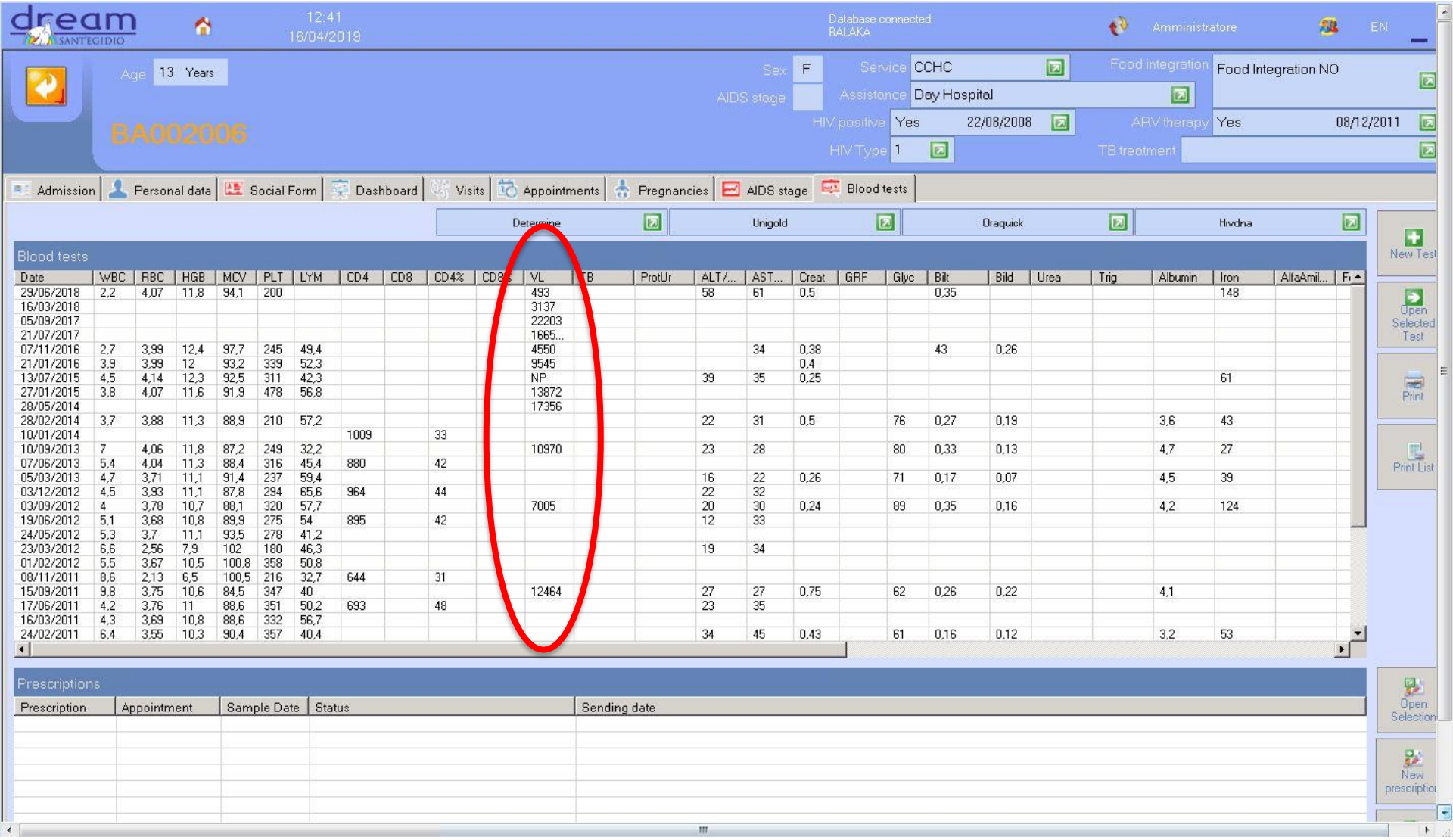


Date	WBC	RBC	HGB	MCV	PLT	LYM	CD4	CD8	CD4%	CD8%	VL	TB	ProtUr	ALT/...	AST...	Creat	GRF	Glyc	Bilt	Bild	Urea	Trig	Albumin	Iron	AlfaAmil...	Fe
29/06/2018	2,2	4,07	11,8	94,1	200						493			58	61	0,5			0,35					148		
16/03/2018											3137															
05/09/2017											22203															
21/07/2017											1665...															
07/11/2016	2,7	3,99	12,4	97,7	245	49,4					4550				34	0,38			43	0,26						
21/01/2016	3,9	3,99	12	93,2	339	52,3					9545					0,4										
13/07/2015	4,5	4,14	12,3	92,5	311	42,3					NP			39	35	0,25								61		
27/01/2015	3,8	4,07	11,6	91,9	478	56,8					13872															
28/05/2014											17356															
28/02/2014	3,7	3,88	11,3	88,9	210	57,2								22	31	0,5		76	0,27	0,19			3,6	43		
10/01/2014							1009		33																	
10/09/2013	7	4,06	11,8	87,2	249	32,2					10970			23	28			80	0,33	0,13			4,7	27		
07/06/2013	5,4	4,04	11,3	88,4	316	45,4	880		42																	
05/03/2013	4,7	3,71	11,1	91,4	237	59,4								16	22	0,26		71	0,17	0,07			4,5	39		
03/12/2012	4,5	3,93	11,1	87,8	294	65,6	964		44					22	32											
03/09/2012	4	3,78	10,7	88,1	320	57,7					7005			20	30	0,24		89	0,35	0,16			4,2	124		
19/06/2012	5,1	3,68	10,8	89,9	275	54	895		42					12	33											
24/05/2012	5,3	3,7	11,1	93,5	278	41,2																				
23/03/2012	6,6	2,56	7,9	102	180	46,3								19	34											
01/02/2012	5,5	3,67	10,5	100,8	358	50,8																				
08/11/2011	8,6	2,13	6,5	100,5	216	32,7	644		31																	
15/09/2011	9,8	3,75	10,6	84,5	347	40					12464			27	27	0,75		62	0,26	0,22			4,1			
17/06/2011	4,2	3,76	11	88,6	351	50,2	693		48					23	35											
16/03/2011	4,3	3,69	10,8	88,6	332	56,7																				
24/02/2011	6,4	3,55	10,3	90,4	357	40,4								34	45	0,43		61	0,16	0,12			3,2	53		

… le donne in Africa crescono …

The DREAM program delivers services for chronic diseases in sub-Saharan Africa

Main achievements of DREAM:

- High retention
- High survival
- Education and training
- Communication and relationship
- Prevention
- Scaling up of programs for CDs and NCDs
- Networking and partnership

Amina, Jane e la nonna

Justin

Justin e Grace

Responsabilità - donna, binomio che viene da lontano

Il carcere di Mulanje, al confine con il Mozambico

Malawi.

Nell'inferno delle prigioni «caverna»

La sfida vinta da Sant'Egidio: l'acqua per i detenuti di quattro strutture

STEFANO PASTA

In Malawi le piaghe da decubito possono venire per come si dorme in prigione. L'uno ammassato all'altro, sdraiati su un fianco perché, pur per terra, non c'è posto per tutti. Ogni tanto una guardia urla un ordine e tutti devono voltarsi sull'altro lato. «Più che celle – spiega Paola Germano della Comunità di Sant'Egidio – sono caverne senza spazio, luce e aria. Le condizioni carcerarie sono molto critiche in Italia, ma diventano drammatiche in Malawi, uno dei Paesi più poveri al mondo secondo l'Onu». Sant'Egidio – con oltre 10mila membri nel piccolo Stato africano – è presente in 15 carceri malawiane da 14 anni. Dietro le sbarre manca tutto: letti, cibo, medicine, coperte. Non c'è acqua per bere, per lavarsi, per cucinare e mantenere le condizioni igieniche minime. Per questo la Comunità ha costruito il sistema idrico di quattro prigioni: sabato 14 luglio c'è stata l'inaugurazione di 6 rubinetti, docce e gabinetti in quella di Mulanje, al confine con il Mozambico e alla falde della grande montagna che molti ritengono piena di spiriti. Grande festa anche tra le case intorno: l'acqua arriverà anche a loro. Un coro misto di detenuti e abitanti «oltre le sbarre» cantava: «Community, unity». «Il primo nostro impegno – racconta Paola Germano – è visitare i carcerati, costruendo un rapporto di amicizia e ponti tra dentro e fuori. Conosciamo oltre 10mila detenuti». In Malawi e in altri Stati africani vi è un forte disinteresse per gli arrestati: «I casi – continua – vengono dimenticati e si invecchia dietro le sbarre. Con i nostri legal clinic ci occupiamo di persone di cui nessuno ricorda neanche le ragioni della carcerazione». Sono 3.500 quelle che Sant'Egidio ha liberato negli ultimi dodici mesi, compreso un anziano di 80 anni, detenuto con il nipote di 13: accusati di un furto mai dimostrato, erano reclusi da un decennio, magri, scheletrici. «Si mangia – dice Germano – una specie di polenta solo una volta al giorno, per chi non ha parenti che portano del cibo la sopravvivenza è veramente dura». Spesso si finisce in carcere per anni per piccoli furti per mangiare o ragioni assurde: «Molti ragazzi di strada vengono arrestati perché non hanno la carta di identità, che è a pagamento». In Malawi non esiste un registro anagrafico statale, per questo il programma "Bravo!" di Sant'Egidio iscrive i bambini all'anagrafe. Molti dei diecimila membri di Sant'Egidio sono giovani: «Da loro viene la speranza per cambiare un Paese in cui tutte le infrastrutture si reggono su due generatori, la carestia è endemica e le inondazioni per problemi ambientali sono cicliche». Intanto dalla collinetta di Mulanje due volte alla settimana si sentono canti religiosi: Dall'amicizia con i membri della Comunità che visitano i detenuti, infatti, è scaturita la richiesta di preghiera e di speranza: all'interno del carcere è nato un gruppo di Sant'Egidio, formato da un centinaio di prigionieri e da alcune guardie. Racconta Germano: «Aiutano i prigionieri più deboli, fanno la preghiera due volte alla settimana. Il Vangelo è per tutti».

Dietro le sbarre manca tutto: letti, cibo, medicine, coperte «In tanti vengono abbandonati. È nessuno ricorda neanche le ragioni delle condanne»

KABUL

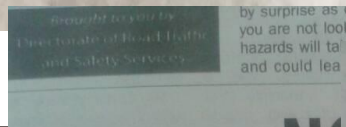
Il dramma di Hameya, sposa a dieci anni: torturata a morte dal marito per punizione

Aveva 10 anni quando è stata data in sposa pochi mesi fa a un uomo di circa 30 anni. Domenica il suo corpo senza vita è stato trovato in un villaggio del nordovest dell'Afghanistan, dopo che la bambina è stata torturata a morte dal marito. La protagonista, Hameya, aveva sposato Ashraf nell'ambito di un "badal", cioè un matrimonio combinato. In teoria la pratica è vietata in Afghanistan, ma le nozze combinate continuano ad avvenire, soprattutto in province isolate, come quella di Badghis appunto, di cui Hameya era originaria. Lailuma Noorzad, responsabile del dipartimento delle Donne nella provincia di Baghdis, spiega che il fratello di Hameya aveva sposato sei mesi fa una ragazza della famiglia di Ashraf. «In cambio hanno dato Hameya ad Ashraf, che era già sposato, ma quando il fratello di Hameya ha ucciso sua moglie, Ashraf si è vendicato torturando a morte la bambina», ha riferito Noorzad. Ashraf è poi fuggito in una zona controllata dai taleban. Il padre di Hameya, inoltre, è stato fermato per essere interrogato: pare infatti che la bambina fosse recentemente fuggita da casa del marito per tornare dai genitori ma, a seguito di una mediazione, il padre l'avesse riportata da Ashraf.

MALI

Solo la violenza ha trionfato alle elezioni: attacchi e incidenti in 644 seggi nel nord

Come previsto il processo elettorale maliano continua a essere caratterizzato da violenze e attentati terroristici. Sono infatti centinaia le urne colpite da separatisti e jihadisti. «Ci sono stati vari episodi di violenza contro i seggi e le nostre forze di pace – ha riferito ieri la Missione Onu per la stabilizzazione del Mali (Minusma) –. In almeno 644 seggi nel nord e nel centro del Paese la votazione non si è potuta svolgere per incidenti e attacchi terroristici». Diversi colpi di mortaio hanno preso di mira domenica scorsa una base militare dell'Onu a Aguelhok, nella regione settentrionale di Kidal. «Migliaia di persone non sono riuscite a votare domenica scorsa», ha affermato la stampa locale. L'atmosfera è invece più calma nel sud del Mali. Secondo le prime informazioni, ci sarà un ballottaggio ad agosto tra il presidente uscente, Ibrahim Boubacar Keita, e il suo principale sfidante, Soumaila Cissé. Entrambi, però, si dichiarano già vincitori. Un portavoce dell'Alleanza democratica per la pace ha invece detto che il suo candidato, Aliou Diallo, è arrivato secondo. Al momento sembra quindi regnare una grande confusione. (M.F.K.)



by surprise as often. However, if you are not looking ahead, those hazards will ta and could lea

a dangerous situation ahead of you.

SOCIETY

Mangochi cancer screening targets 2 000

AYAMBA KANDODO
CORRESPONDENT

Mangochi district health office (DHO) says more than 2 000 women will have been screened for cervical cancer by the end of the week.

The free screening will be done with support from Community of Saint' Egidio's Disease Relief through Excellent and Advanced Means (Dream).

In an interview on Friday, after meeting religious leaders and members of the media, Mangochi district hospital matron Mercy Paundi said the exercise will end today, June 16.

She said Kapire, Chilipa, Monkey-Bay, Namwera, Nankumba, Makanjira, Malombe, Katuli and Mulibwanji are some of the 14 selected health centres in the district to benefit from the services.

"Cervical cancer in the district is rampant as evidenced by last year's cervical cancer screening campaign which revealed that out of 1 964 women screened, 60 were suspected to have it," Paundi said.

Mangochi Dream project coordinator Darlington Thole said despite having a population of over one million, few women in Mangochi have undergone cervical cancer screening.

"Hence, we are doing all we can to ensure that women should go for cervical cancer screening in order to fight against th scourge," he said. ■

...ICO for improved health serv...

Men crucial in cervical ca...

AYAMBA KANDODO
CORRESPONDENT

PHOTOGRAPH: PETER CHIPANGA

Disease Relief through Excellent and Advanced Means (Drream), a non-governmental organisation (NGO) implementing cancer-related projects in the country, has challenged men in Mangochi District to encourage their wives to go for cervical cancer screening.

Dream Saint Egidio Project district coordinator Darlington Thole said this last week at Monkey Bay Community Rural Hospital where he took journalists to the facility to appreciate efforts being undertaken to to combat cervical cancer.

In an interview, he said the battle against cervical cancer in the district is proving difficult as men are not encouraging their wives to go for screening.

"We are failing to deal with this menace because when we have embarked on the mass screening campaign in our centres, we only ha women," he said.

Mangochi D Hospital patron M Gondwe said c cervical cancer in th are rising and ca contained by the health office alon commending the the commitment fighting the diseas

NATION on Sunday
SUNDAY, 17 JUNE 2018

'Religious leaders key in cervical cancer fight'

AYAMBA KANDODO
CORRESPONDENT

PHOTOGRAPH: AYAMBA KANDODO

A cross-section of delegates during the meeting

The fight against cervical cancer in the country can be won if religious leaders assume a bigger role in educating their faithful about threats of the disease.

Disease Relief through Excellent and Advanced Means (Dream) Sant Egidio project district coordinator for Mangochi, Darlington Thole, made the sentiments last Friday, in the district, during an interface meeting with faith leaders and journalists.

The meeting was aimed at tasking the faith leaders to help in disseminating cervical cancer messages in their 'worship places' before mass screening campaign, which the NGO, in partnership with Mangochi District health office wants to embark on, from June 13-16 2018, in the district's 14 health facilities.

Thole challenged faith communities to lead in the fight against threats of cervical cancer, which he said are reaching alarming figures in the country.

"Almost 5 percent of population of women in the country is having cervical cancer. This is a threatening figure, especially when there are fewer interventions," he said.

On her part, Mangochi District Hospital matron Mercy Paundi pleaded with the religious leaders to raise more awareness in their worship places, saying such opportunities are rare.

Mpondasi Anglican Church priest Fr Alberta Nampanda pledged to be "good vessels" of the message, saying, as church, they also get worried seeing mothers dying of the curable disease. ■


dream
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CENTRE


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Ultime notizie — *28/11/2016 in Diritti Umani //* Migranti: oltre 171mila arrivi da inizio anno, è record. Lunedì salvati in mare altri 1400

Home » Ong » Un sogno contro incubo AIDS: Pacem Kawonga (Malawi) porta all'ONU esperienza DREAM

Stampa Articolo

Un sogno contro incubo AIDS: Pacem Kawonga (Malawi) porta all'ONU esperienza DREAM

TUTTE LE NOTIZIE

Italia per le api e il Burkina Faso: due mielerie in costruzione e attività di formazione
0 Comments

Migranti: oltre 171mila arrivi da inizio anno, è record. Lunedì salvati in mare altri 1400
0 Comments

Libano: caschi blu italiani per l'esercitazione Unifil 'Tiger'
0 Comments

Gentiloni: Niger paese chiave per flussi migratori, Roma con Parigi e Berlino punta a pacchetto
0 Comments

Di Santo: "Con l'IILA rilanciare i rapporti tra Italia e America Latina alla luce di realtà cambiate e idee innovative"
0 Comments

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Cerca...

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Tweets from https://twitter.com/Onuitalia/carriere

ARCHIVIO

November 2016
October 2016

General Assembly

Distr.: General
24 January 2012

Sixty-sixth session
Agenda item 117

Resolution adopted by the General Assembly

[*without reference to a Main Committee (A/66/L.1)*]

66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

The General Assembly

Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

3rd plenary meeting
19 September 2011

Annex

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

27. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;

DREAM laboratories

dream
Comunità di Sant'Egidio

Retention on antiretroviral therapy in sub-Saharan Africa

505,634 patients

Haas AD et al. *Journal of the International AIDS Society* 2018, **21**:e25084
http://onlinelibrary.wiley.com/doi/10.1002/jia2.25084/full | https://doi.org/10.1002/jia2.25084

Table 2. Cumulative incidence of antiretroviral therapy outcomes

	Cumulative incidence of antiretroviral therapy outcomes (95% CI)			
	Recorded in clinic databases[a]	Adjusted with point estimate[b]	Adjusted with lower limits of CI[b]	Adjusted with upper limits of CI[b]
1 year				
Retained on ART	76.8 (76.7 to 77.0)	83.1 (83.0 to 83.2)	79.7 (79.6 to 79.8)	87.5 (87.4 to 87.6)
Lost to follow-up/stopped ART[c]	19.6 (19.5 to 19.7)	8.5 (8.5 to 8.6)	14.2 (14.1 to 14.2)	0.8 (0.8 to 0.8)
Died	3.5 (3.5 to 3.6)	8.4 (8.3 to 8.4)	6.2 (6.1 to 6.2)	11.7 (11.6 to 11.8)
2 years				
Retained on ART	68.8 (68.7 to 69.0)	77.3 (77.6 to 77.8)	72.9 (72.8 to 73.0)	84.1 (83.9 to 84.2)
Lost to follow-up/stopped ART[c]	26.7 (26.6 to 26.9)	11.7 (11.6 to 11.8)	19.3 (19.2 to 19.5)	1.1 (1.1 to 1.1)
Died	4.4 (4.4 to 4.5)	10.6 (10.5 to 10.7)	7.8 (7.7 to 7.8)	14.9 (14.8 to 15.0)
3 years				
Retained on ART	62.8 (62.7 to 63.0)	73.8 (73.7 to 73.9)	67.9 (67.7 to 68.0)	81.6 (81.5 to 81.8)
Lost to follow-up/stopped ART[c]	32.1 (32.0 to 32.3)	14.2 (14.1 to 14.3)	23.3 (23.2 to 23.4)	1.3 (1.3 to 1.4)
Died	5.0 (5.0 to 5.1)	12.1 (12.0 to 12.2)	8.8 (8.7 to 8.9)	17.0 (16.9 to 17.2)
4 years				
Retained on ART	57.5 (57.4 to 57.7)	70.2 (70.1 to 70.3)	63.3 (63.2 to 63.5)	79.5 (79.3 to 79.6)
Lost to follow-up/stopped ART[c]	36.9 (36.8 to 37.1)	16.4 (16.3 to 16.5)	26.9 (26.8 to 27.0)	1.5 (1.5 to 1.6)
Died	5.6 (5.5 to 5.6)	13.4 (13.3 to 13.5)	9.8 (9.7 to 9.9)	19.0 (18.8 to 19.1)
5 years				
Retained on ART	52.1 (51.9 to 52.3)	66.6 (66.4 to 68.8)	58.7 (58.5 to 58.9)	77.4 (77.2 to 77.5)
Lost to follow-up/stopped ART[c]	41.8 (41.6 to 42.0)	18.8 (18.6 to 18.9)	30.6 (30.4 to 30.8)	1.8 (1.7 to 1.8)
Died	6.0 (6.0 to 6.1)	14.7 (14.5 to 14.8)	10.6 (10.5 to 10.7)	20.8 (20.7 to 21.0)

Data are cumulative incidences of antiretroviral therapy outcomes (in %) and 95% confidence intervals for patients starting antiretroviral therapy. Time is measured in years from start of antiretroviral therapy.

[a]Crude estimates show cumulative incidence of death, loss to follow-up and retention on ART as recorded in the clinic database.

[b]Adjusted estimates correct for underreporting of mortality and transfer out based on the point estimates and 95% confidence intervals (CIs) for mortality (20.8%, 95% CI: 11.3 to 35.1%) and self-transfer (35.9%, 95% CI: 16.8 to 60.9%) among patients lost to follow-up. Adjustment parameters are derived from a meta-analysis of tracing studies [11].

[c]In the adjusted analyses patients alive but not retained on ART are assumed to have stopped ART.

Haas AD et al. J Int AIDS Soc 2018, 21:e25084

Retention in DREAM

DOI: 10.1111/hiv.12492

HIV Medicine (2017), 18, 573–579

ORIGINAL RESEARCH

Who will be lost? Identifying patients at risk of loss to follow-up in Malawi. The DREAM Program Experience

S Mancinelli,[1] K Nielsen-Saines,[2] P Germano,[3] G Guidotti,[3] E Buonomo,[1] P Scarcella,[1] R Lunghi,[4] H Sangare,[4] S Orlando,[3] G Liotta,[1] MC Marazzi[5] and L Palombi[1]

[1]*Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy,* [2]*Department of Pediatrics–Infectious Disease, University of California Los Angeles, Los Angeles, CA, USA,* [3]*DREAM Programme, Rome, Italy,* [4]*DREAM Programme, Blantyre, Malawi and* [5]*LUMSA University, Rome, Italy*

Objectives

Retention of subjects in HIV treatment programmes is crucial for the success of treatment. We evaluated retention/loss to follow-up (LTFU) in subjects receiving established care in Malawi.

Methods

Data for HIV-positive patients registered in Drug Resource Enhancement Against AIDS and Malnutrition centres in Malawi prior to 2014 were reviewed. Visits entailing HIV testing/counselling, laboratory evaluations, nutritional evaluation/supplementation, community support, peer education, and antiretroviral (ART) monitoring/pharmacy were noted. LTFU was defined as > 90 days without an encounter. Parameters potentially associated with LTFU were explored, with univariate/multivariate logistic regression analyses being performed.

Results

Fifteen thousand and ninety-nine patients registered before 2014; 202 (1.3%) were lost to follow-up (LTFU) (1.3%). Nine (0.5%) of 1744 paediatric patients were LTFU *vs.* 1.4% (n = 193) of 13 355 adults ($P < 0.001$). Subjects who were LTFU had fewer days in care than retained subjects (1338 *vs.* 1544, respectively; $P < 0.001$) and a longer duration of ART (1530 *vs.* 1300 days, respectively; $P < 0.001$). Subjects who were LTFU had higher baseline HIV viral loads ($P = 0.016$) and higher body mass indexes ($P < 0.001$), were more likely to live in urban settings (88% of patients who were LTFU lived in urban settings) with better housing [relative risk (RR) 2.3; 95% confidence interval (CI) 1.67–3.09; $P < 0.001$], and were more likely to be educated (RR 1.88; 95% CI 1.42–2.50; $P < 0.001$). Distance to the centre and cost of transportation were associated with LTFU (RR 3.4; 95% CI 2.84–5.37; $P < 0.001$), as was absence of a maternal figure (RR 1.57; 95% CI 1.17–2.09; $P < 0.001$). Viral load, distance index, education and a maternal figure were predictive of LTFU.

Conclusions

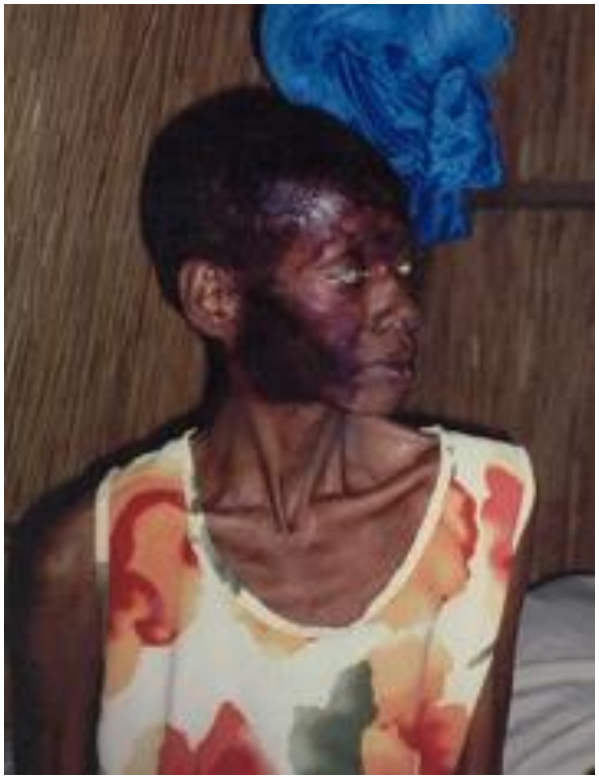
Educated, urbanized HIV-infected adults living far from programme centres are at high risk of LTFU, particularly if there is no maternal figure in the household. These variables must be taken into consideration when developing retention strategies.

Keywords: HIV, loss to follow-up, Malawi, predictors, retention

Accepted 17 November 2016

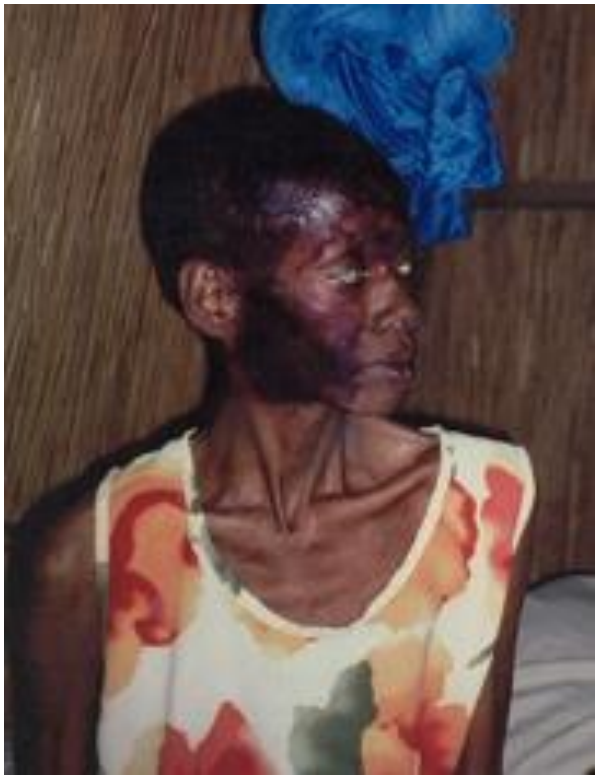
dream
Comunità di Sant'Egidio

AnaMaria



La rivoluzione sanitaria
operata dalle donne in Africa

AnaMaria



La rivoluzione sanitaria in Africa
è operata dalle donne

LETTER TO THE EDITOR

Long-term educational program to limit the burden of neurological disorders in Sub-Saharan Africa: report from an Italy–Mozambique cooperation on epilepsy in children

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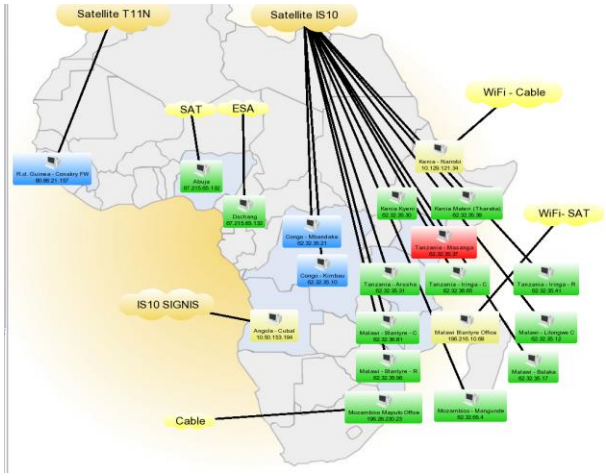
Mozambique has 28 million inhabitants, 45% of whom are under 15. Almost half of Mozambique's HIV patients live in Maputo, the capital, or the surrounding area, where the prevalence of neurological disorders, particularly epilepsy, is high (2%–4%) [4]. Maputo Central Hospital (MCH) is the national referral hospi-

(R.R.10) (http://www.en.regic ia.it/) and Mariani Foundatic www.fondazione-mariani.org/ study was not industry funde to Lucia Angelini and Rober for help with teaching. Thani Alessandro Moneta, Paula V Ruas, Pietro Velio, De Leo (Alberto Guglielmo, Paolo Ta



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Letter to the Editor

Teleneurology in sub-Saharan Africa: Experience from a long lasting HIV/AIDS health program (DREAM)

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What headache services in sub-Saharan Africa? The DREAM program as possible model

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