

Hope floats

“My illnesses made me think I was a mistake in being born; back then I could not imagine that I would live to see my next birthday, but because of ARVs the worst is over for me.”

Jane* is 13 years old and lives with HIV/AIDS because her mother, like millions of others in the world, was unaware of her own HIV-positive status during pregnancy and hence could not access HAART for prevention of mother-to-child transmission (PMTCT). Although she is now essentially living the life of a normal Tanzanian child thanks to high ART adherence and proper self-care, Jane has a lot to share with us in her singular spirit and story.

“I started attending the clinic when I was in class one, six years ago”, she says; this was just around the time the ART programs started in Tanzania. “I got tested when I was so young, but there were no treatment options for me, I frequently fell sick and tinier than my friends; I was in a terrible state. She knows how she got the disease but casts no blame: “I got HIV from mother, but my heart has no resentments toward her; having lost my father to this disease, she is all I have. It was her hard work and love that have made it possible for me to be alive today. She is the reason I go to school, stood by me in my nightmares, and for that I never skip a single pill.” Saying this in a confident tone, looking straight into my eyes.

Speaking of stigma towards her, she reflects, “My friends and teachers know about my

condition. It was difficult at the beginning, but after a few lectures on HIV at school, they think I need more attention. I don’t like it when everyone feels sorry for me, as if I am dying. I want them to treat me as normal.”

She is among the best students in her class; her teachers are proud of her but her opponents think she is being favored. They even mock her by saying that she will not make it to see the fruits of her hard work. She has ambitions that she wants to achieve: “I want to become a doctor like you. I want to be able to work on HIV and help children who suffer like I did when I was younger.”

I met Jane at the Sinza Care and Treatment Center in Dar es Salaam when she came to the clinic for her normal ARV refill. Her viral load was undetectable and her CD4 count had risen to 2970. She represents thousands of children in Tanzania who need these programs to continue so that they can realize their dreams. “I am not worried about the sustainability of my clinic; it is for the government to worry about, and I am confident I will still have my medicine until the cure is found,” she told me in a sharp tone.

Jane and others like her need us; they need our renewed commitments to ensure that they live to see their future and live that future. Our role as members of the global health community is to make this happen.

*Bruno Sunguya., MD, Rachel Amiya
Dept of Community and Global Health,
The University of Tokyo.
September 18th, 2010*

(*Name changed to preserve anonymity.)

