

Opinion Piece

From AIDS Victim to Advocacy Champion

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In 1996 in Zimbabwe and most parts of the world, an HIV diagnosis meant certain death. This was at a time when the Ministry of Health and other partners were running public service campaigns that showed images of sickly people, almost skeletal to advocate for change from risky sexual behaviours. AIDS was associated with people of loose morals, sex workers and their clients. It was at such a time that Stanley Takaona, a highly respected police officer and government official was diagnosed with HIV. "In July 1996 during a routine medical check up by a private doctor, I tested HIV positive with a CD4 Count of 315 and was advised by the doctor to maintain my health as much as possible as ARV drugs were not affordable by that time. Those who could afford them were those who could import them or had relatives living abroad who brought them the medication"

He says in 2001 he fell ill and was diagnosed with TB and later Kaposi Sakoma. As ARVs were still not affordable, the condition did not improve and was bed ridden till mid-2003.

He decided to cash-in his pension money and used it to buy drugs. However he ran out of money and began skipping doses. Fortunately he was referred to the newly opened government Opportunistic Infections Clinic at Harare Central Hospital where he ended up on second line treatment. Thanks to the second line option and being one of the first candidates in the country to get it, as of 2006 his health has greatly improved, with an undetectable viral load. He founded and is now the President of the Zimbabwe HIV/AIDS Activist Union Community Trust [ZHAAUCT] an organization that deals with treatment advocacy with a vision to build an effective a community ownership trust, with effective participation of health care Consumers, and Community members who will be more involved in the follow up process of monitoring and evaluation of supported health projects.

He says apart from the illness, one of his biggest challenges was stigma. It took him three years to disclose the HIV status to his ex-wife, whom he was now divorced from due to some irreconcilable differences unrelated to his illness, although he assumed that she knew because by that time the symptoms were obvious. He says the fact that HIV/AIDS was associated with negative sexual behaviour, in addition to his high standing in the community made it difficult. The turning point for him came when he began recovering, with the

aid of the HIV medication. He began to see hope and a need to help others living with HIV. Today he says stigma and discrimination have been greatly reduced. "With more information and awareness campaigns being carried out by different organizations we see less stigma. The problem now is self stigma, which hinders people from adhering to their medications. For example when people travel and they have to excuse themselves to take their medication as they feel unable to take their medication in front of their peers. The solution is to help people realize they are in charge of their lives and their own health"

The Zimbabwe National Network of People living with HIV carried out a survey in 2015 whose results show that stigma from health care workers and community members has largely been reduced although the biggest challenge is self stigma.

An HIV diagnosis is no longer a death sentence, thanks to universal access to medication which was successfully fought for by activists and people living with HIV at the historic World Aids Conference held in South Africa in 2000. According to the National Aids Council over 600 000 adults and over 45 000 children are on antiretroviral therapy in Zimbabwe.

Mr Takaona says as activists and other people prepare to attend the World Aids Conference in Durban, South Africa the fight continues. "The universal access touted by the government is programmatic and sugar coated. The reality on the ground tells a different story as access is not equal in some hard to reach areas and due to hidden costs like transport. Activists need to push for anti stock out campaigns. We cannot talk of ending Aids without full supply of ARVs to meet demand"

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