Mr Secretary General:

This letter starts with one patient. I met her on my second day at Kenyatta National Hospital, on the paediatrics ward. I would like to tell you her name, but she had never been given one, so I called her “Beautiful”. She was 3 months old and had never left the hospital. Twenty-four hours after a traumatic birth to an HIV-positive mother who had not accessed the care freely available to all pregnant women for prevention of mother-to-child transmission, she had been abandoned. Despite having no name, she already had a status: positive. When I met her she didn’t cry, because in her short life she had learnt that no one came when she did. She was developmentally delayed because, in such an underresourced department, caring for the well child was not the physician’s priority. “What makes a mother give up her child?” I asked one of the junior doctors. He responded: “It happens; there are usually more of them”. I explained that I didn’t understand, and the doctor’s response was as sharp as the answer was obvious — I was right. I didn’t understand. “Having HIV is more than just a disease here”, he said, “it is a lifetime of struggling against prejudice. It is a life sentence”.

I knew the proportion of AIDS-related fatalities had decreased dramatically with the upscaling of highly active antiretroviral therapy (HAART) availability.1 In Kenya, where 300 000 children are HIV positive,2 this little girl was my first insight into the social issues involved in the pandemic; unfortunately she wasn’t going to be my last. During my elective I was involved in the daily diagnosis and management of many HIV-positive children. I saw at first hand the reluctance of caregivers to permit HIV testing, diagnosis and treatment for their children, and there was a significant loss to follow-up. It is estimated that for each paediatric HIV/AIDS case reported in Kenya there are 3–4 other infected children undiagnosed.3 Beautiful’s situation forced me to confront the staggering social and cultural barriers to combating HIV/AIDS in some of the world’s worst-affected countries.

The fight to achieve Millennium Development Goal 6 with regard to HIV/AIDS (achieve universal access to treatment by 2010 and begin to reverse its spread by 2015) has champions from doctors to musicians and has achieved falling infection rates and increasing availability of HAART. However, given the plight of Beautiful, and countless children like her,
only this purpose. Consequently, mothers do not bring their children, since their HIV status would be disclosed by simply attending. One mother told me “I am so afraid my neighbours will see me and they will know”, such is the stigma surrounding HIV. This fear translates to antenatal clinics, where up to 16% of women refuse HIV testing and do not return for the results. Likewise, 30% of HIV-positive breastfeeding mothers go against medical breastfeeding advice so as not to disclose their HIV status.

Yet, pioneering initiatives are breaking down these barriers. For instance, the results of a study being conducted at Kenyatta, centred around encouraging parents to disclose their own status and that of their child to trusted friends and family members, thus far indicate a positive correlation between disclosure and compliance with medical advice and treatment. In debunking this culture of secrecy, investigators are seeking to promote family-centred HIV care. The international community should look to these examples, building on their founding principles; to beat AIDS we must do more than diagnose and treat. This is what effective global health should look like post-2015.

I left Kenya and Beautiful in August, having contacted a charity-run orphanage and asked them to give her a home. When I had first arrived at the Kenyatta National Hospital I saw a straightforward child to HIV care and treatment: say yes. What I learned was to give her a home. When I had first arrived at the Kenyatta National Hospital, I saw a straightforward to ensure that no more children, like Beautiful, are left nameless.

Sincerely,
Heather Kitt

To me the devastation was in high viral load, but to them it meant ostracism, poverty and prejudice.