

Why We Treat HIV/AIDS?-by Dr. Perry Jansen

Because Jesus would

Most people have seen bumper stickers or bracelets with the letters, “WWJD”. While the phrase, “what would Jesus do”, has almost become a cliché, it should still be a question that all who say they follow Christ should regularly ask themselves. Where would Jesus be spending his time if he were on earth today? Would he be “doing church” as usual, or would he be out there with the needy, the sick and the disenfranchised?

Everywhere that Jesus went, people came to him or were brought to him with sickness, and he laid his hands on them and healed them. These acts not only demonstrated his power to heal, but also his compassion for the sick. To have the heart of Christ is to have a heart for the sick and the needy.

In Matthew 25 of the bible, Jesus tells a story, foreseeing himself rewarding those who served him well. “Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’ Then the righteous will answer him, ‘Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?’ The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’”

God has called us to be his “Ambassadors”, not with a ministry of judgment but a ministry of “reconciliation” (see 2 Corinthians 5). Caring for the sickest of the sick provides an opportunity to speak words of mercy and reconciliation to God. I expect to see many in heaven *because* of HIV/AIDS.

HIV is a public health emergency

Early responders to the HIV/AIDS epidemic considered it a minor epidemic that impacted a small group of high-risk individuals. Little did they know that this was the “tip of the iceberg”. As better tools for HIV diagnosis became available, it was clear that this disease had been spreading unchecked throughout the globe, and especially in sub-Saharan Africa, for many years, even decades. While sub-Saharan Africa still carries the bulk of the HIV burden, new HIV infections are spreading unchecked in Eastern Europe, India and China.

As we have seen in sub-Saharan Africa, HIV disproportionately affects young adults. These young people are the future of Malawi. Their loss translates to more children

without parents, schools without enough teachers, hospitals without enough health care workers, and weakening of cultural and social stability.

The UN Security Council, the U.S. Government, the World Health Organization and many others have finally responded to the HIV epidemic, considering it a “chronic” public health emergency. The mobilization of people and funding are now beginning to have a significant impact on the epidemic in sub-Saharan Africa. But the work is far from done. As we move forward, we must be more and more strategic in our investments, focusing on interventions that are proven to work, while still looking for innovations that will make us more effective.

Treatment makes a difference

Thanks to HIV prevention efforts and increasing availability of ARVs, more than 22 countries in sub-Saharan Africa, including Malawi, have seen more than a 25% decrease in new HIV infections. These same countries have seen an estimated 320,000 (or 20%) fewer AIDS-related deaths in 2009 than in 2004. Improvements in programs to test pregnant women for HIV and put them on ARVs are leading to dramatic reductions in infections in children. While an estimated 370,000 children were still newly infected with HIV in 2009, this represents a 24% decrease from 2004.

Recent studies have demonstrated that an HIV-infected person is 96% less likely to transmit HIV to an uninfected partner if on effective anti-retroviral therapy. As countries like Malawi move toward **universal access** to HIV treatment, the number of new infections and deaths will continue to decline even more dramatically. The new mantra in HIV prevention is ***treatment as prevention*** because no other method has proven to be as effective.

On a personal note, seeing the difference that HIV treatment makes has been one of the main reasons I’ve committed my life to serving people with HIV in Malawi. Nearly every day I get to see people who would not be alive today if this treatment had not been available. Parents holding their HIV-free, healthy babies and raising their children who would have been orphans. People seeing their dreams of sending their kids through school, or seeing them marry. People having productive lives, planting farms, running businesses and keeping Malawi going. What a privilege it has been.