

Mengistu Zemene

Director of Mekdim (HIV-Positive Persons and AIDS Orphans National Association), Ethiopia

IN 1995, AT ONE OF THE first public forums on AIDS in Ethiopia, Mengistu Zemene, a former police officer, listened in shock to one of the speaker's comments. The man said that if the government learns a person is infected with the virus, it should either put them in prison or kill them. "If they are left alone, they will spread the virus," the man said, explaining his reasoning.

Zemene and three other people then gave their presentations. When they finished, Zemene turned to the man with the idea of jailing or killing those infected with the virus.

"One of us who spoke today is HIV-positive. Could you identify that person?" Zemene asked him.

written by John Donnelly
photographs by Dominic Chavez



MENGISTU ZEMENE IN HIS OFFICE IN
ADDIS ABABA, ETHIOPIA

“I saw so many people coming in who were infected to support these people.”



The man looked at him dumbfounded. “It is me,” Zemene said.

The man apologized, saying, “We don’t understand this virus. We don’t know what to do.”

Since then, Zemene, 42, has helped his country develop responses to AIDS prevention, care, and treatment. He has also helped the man at the forum understand that those infected with HIV can play important roles in society; the two have become friends in the process.

Zemene formed Mekdim Ethiopia, a group of people infected and affected by HIV. It started with 21 members in 1996 and has expanded to six branches around the country, with more than 5,000 members. Mekdim, which means “pioneer” in Amharic, oversees treatment and care of those

living with HIV and offers support for orphans.

His impact, say observers, has been far reaching. “What people love to see about him is that he is strong and he is healthy,” said Netsanet Assaye, a radio journalist based in Addis Ababa.

She remembered a day in 2002 when Zemene graduated from college. “There was big publicity,” she said. “It was wonderful for HIV-positive people, and the rest of the country, to show that if you have the virus, you have a future.”

Zemene, a father of two, now wants to enter a master’s degree program.

“The problem is,” he said, “that I’m so busy with this work. I don’t have time.”

Q: In the early 1990s, you were coinfecting with HIV and TB, and you started to improve after taking the TB medication. How did you rebuild your life?

“What was most important was that I believed I could live. That helped me grow strong not only in my body but also with my mind. I approached an organization of Catholic nuns that was providing health care. It was the Medical Mission of Mary. I told them I don’t want your support. I said I wanted to work. That surprised them, but they promised me work. Two months later, I was working for them as a receptionist.”

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Q&A

WITH
MENGISTU
ZEMENE

Q: How did you make the jump into being an activist?

“I saw so many people coming in who were infected with HIV. When I saw them, they were afraid. I wanted to support these people. So I asked the nuns whether it was possible to start a support group for positives. They gave me permission. But there was still one issue—the nuns did not know my status. So I told them, and some thought I was trying to cheat them, that I couldn’t be telling the truth because I looked so healthy. They didn’t want to believe me. So I showed them my documents, my test results.”

Q: How did you start the support group?

“The nuns sent me to Uganda for training. That was very important. Uganda was far more advanced than Ethiopia in supporting AIDS patients. I went for two months—one month in a big hospital that was seeing almost only AIDS patients, and one month training for home-based care. When I returned, I had many ideas. I was ready to bring positives together.”

Q: Was it difficult in the beginning?

“No. After the first support group meeting, you should have seen their faces. They were so happy, even if they didn’t know each other. They realized they weren’t the only persons who had HIV. We went out after the meeting for tea and coffee. It was a kind of a celebration. I felt so great because I was supporting them.”

Q: How did you become publicly known as being HIV-positive?

“The numbers of clients were increasing, the support group was growing, and I decided I needed to start educating the public through conferences, workshops, and the media. I started to share my personal story.”

Q: The group has experienced some trying times. Why was that, and how did you address those issues?

“It had to do with the money coming in. From 1998 to 2000, we started getting funds from donors. Conflicts started. People wanted to do different things with the money. Some were pushing for personal interests. It was so bad we closed down for a while. We didn’t talk for six months. Then we negotiated for three months and we finally solved the conflict. One of the issues was how to include HIV-negative people—orphans, for instance—and how they could avoid any stigma. We decided to expand the group to make it for people who are positive and negative and include an element of HIV education.”

Q: What is the group’s biggest challenge ahead?

“It has to do with continuing treatment for those on antiretrovirals. While the government oversees antiretroviral treatment, this is all supported by the U.S. government and the Global Fund. To be sustainable for this program, we have to do something. If the U.S. government or the Global Fund stops their support, people will have a big problem in getting treatment. I also think Ethiopia and other countries need to start companies to make these drugs within their borders.”