News You Can Use HIV/AIDS

May 2001

For Private Circulation Only

on African anti-AIDS drugs

Nigeria is buying the 10,000 patients per annum on cnt. the order is worth $3 of the order is to comm

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ptions include Zidovax, vex and Zixovex-L. The produced by the en clude Didanosine navir, Ritonavir

ght bulk d nd has en nus.

News You Can Use - HIV/AIDS (NYCU) is a specially formulated monthly mediascan on issues related to HIV/AIDS compiled to meet the specific information needs of NGOs. Directed to meet the urgent need for information and awareness building on HIV/AIDS, this special publication presents a compilation of news clippings on the issue. We hope that the contents will provide readers with relevant, useful and topical information to facilitate grassroot work on prevention, care and networking.

The publication includes a selection of newsitems/features/articles/editorials/ letters from leading national newspapers. Each newsitem carries the name and date of publication and is placed under appropriate categories for easy reference.

Team:
Shangon Das Gupta
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Shobha C
Janet Lazarus

As a part of a regional initiative to build awareness on HIV/AIDS, several efforts have been undertaken by PLAN International (Bangalore Zone) in partnership with Madhyam. Dissemination of information to NGOs is a key component of this campaign. This publication is aimed to strengthen ongoing efforts through information processes as well as serve as a regular reminder of the urgency to addressing the issue.

This publication is supported by PLAN International and Madhyam.

PLAN INTERNATIONAL

MADHYAM

This edition has been compiled from

- The Times of India
- Hindustan Times
- The Hindu
- The Statesman
- The Pioneer
- The New Indian Express
- Deccan Herald
- Deccan Chronicle
- The Economic Times
- The Asian Age
- UN Newsletter

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Introducing NYCU-HIV/AIDS .....

Dear readers

Nkosi Johnson a name that many will recall easily. For others, it will be adequate to introduce him as the 12 year old activist, spokesperson and public face of AIDS at the recent Durban Conference. Nkosi died, a victim to AIDS, on 1 June this year.

Till not so long ago, HIV/AIDS was a relatively unknown term. In fact, as recently as 20 years ago, it was practically unheard of. Today it has almost assumed the status of an epidemic with the highest number of HIV-positive people. Given the high infection rate, this spread has serious implications.

With no cure in sight, prevention is the only cure. An environment needs to be created where the implications of the issue is recognised in its gravity and this receives the attention it needs for control of the spread. It would indeed be unfortunate if ignorance is allowed to grow into a factor for the spread of HIV/AIDS.

This publication is the result of a thought process that started over three years ago at CDL. As a part of our media research activity, coverage to the issue in the printed media has been monitored and noted to be increasing regularly. Yet, contradictions were evident. On the one hand, was the increase in tangible space in the media to issues related to HIV/AIDS. We are not referring here to the quality of coverage, but to the actual column space for projecting the issue through the media. Our data showed that as compared to 798 newsitems on HIV/AIDS in 1998-99, there were 1036 newsitems in the same period in next year.

However on the other hand, was the alarming increase in the number of HIV positive cases and the spread of the virus. In an environment where 'prevention is the only cure', awareness building is a key factor. While several components contribute to this, the use of the media emerges as an obvious key component. In addition to ensuring media coverage is the importance to ensure dissemination of information and networking between NGOs to share resources, information, and even sustenance.

To our minds, a peculiar contradiction existed. Despite the growing media coverage, lack of information and ignorance was an obvious problem. Information was obviously not reaching the masses. Given the information boom across the globe, it was a sad comment in our country that several rural based NGOs did not have access to basic information – even in the form of the daily newspaper.

(246) 26/6/01

It was to meet this need for direct, topical and credible information that this compilation has been put together. The objective here is to keep NGOs informed of developments and news on issues related to HIV/AIDS. While the status of this demands immediate attention, the scope of the issue has been expanded to include population, reproductive health and sexuality in order to make the compilation more exhaustive. The contents have been drawn from the print media from a diverse range of publications. However, we have been careful to steer clear of publications that are purely medical and research oriented, important as these are. Focus has been given to include coverage that is recent, important and information that can strengthen the work of NGOs in the field.

The contents are reproduced in the form that it appears in the original publication. The source and date of publication has also been included. Classified information such as advertisements, publications, workshops and programmes, announcements, will also be included in our subsequent editions.

We hope that this publication will be of use to NGOs working on the issue, activists, media as well as serve as a tool for advocacy. It is our hope that a regular reminder of the gravity of the issue will reinforce and strengthen ongoing efforts in prevention and care and indirectly motivate a strengthening of activities. We also hope to inform and encourage NGOs not working on the issue to appreciate the need to include this as a part of their work. Building advocacy and networking between groups is another important objective of this publication.

While we at CDL, have embarked on this effort with our own specific understanding of the situation, we do believe that this will be substantiated only when the information compiled is used to strengthen direct intervention. It is our earnest hope that this publication will serve the objectives for which it is intended. We welcome your feedback and comments and will gladly incorporate suggestions made. If you know of other groups who would like to receive this publication, please do not hesitate to forward these addresses to us.

This publication has been brought out in partnership with Madhyam and support has been received from PLAN International as a part of an awareness building campaign on HIV/AIDS.

Shangon Das Gupta
May 2001

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MAY – 2001

Puppet shows, folk songs to spread message against AIDS

Deep Joshi
Nainital, January 30

SONGS BASED on various folk forms of Uttaranchal will be used by the local artists to communicate to the people the message of Aids-awareness in the remote areas of Uttaranchal.

Around five troupes of total 70 artists will present their fortnight-long musical AIDS-awareness programme in five districts of Uttaranchal from February 1. The artists will also communicate the message through puppet shows and street plays.

The five districts where this programme will be presented before the rural audience include Almora, Pithoragarh, Nainital, Udhamsingh Nagar in the Kumaon division and Dehra Dun in the Garhwal division.

All the 70 artists are currently gearing up for the proposed programme in a two-day workshop on prevention of AIDS, which was inaugurated by the District Magistrate, Mrs Aradhana Shukla here today.

"The entire programme is being jointly undertaken by the National AIDS Control Organisation (NACO) and the Song and Drama Division (SDD) of the Information and Broadcasting Ministry," SDD assistant director Ashok Kapoor told *The Hindustan Times*.

Dr Ashok Kapoor said the whole idea behind choosing the local folk forms and traditions as a base for the programme, was to help villagers comprehend the message in its entirety.

"We based the programme on the folk forms and traditions of Uttaranchal because the people here are traditional and do not like direct reference to using condoms etc. which is being done by the electronic media in the name of publicising the AIDS-awareness programme," Dr Kapoor said.

The folk forms on which the songs related to the AIDS-awareness programme are based include Chapli Jagar and Bhagnol etc.

Noted environmentalist and cultural activist, Dr Ajaya Rawat, also justified the SDD's efforts to communicate its message on AIDS-awareness through songs based on the local folk forms and traditions.

> The six districts where this programme will be presented include Almora, Pithoragarh, Nainital, Udhamsingh Nagar and Dehra Dun.

"Despite being a part of an essentially liberal society, the hill people here still consider the sex-related topics as taboo," Dr Ajaya Rawat said.

According to him, the message of Aids-awareness based on local folk forms and traditions would go down well with the people because Uttaranchal has rich folk and oral traditions.

"This is a sound strategy considering the fact that in Uttaranchal cultural patterns change from village to village and valley to valley due to the local geographical conditions," Dr Rawat observed.

He said that in the past also the Song and Drama Division successfully used the same strategy of using programmes based on folk songs and traditions in creating awareness among the hill people with regard to the schemes like water harvesting, water management and child and mother care.

The Hindustan Times
31 January 2001

HERALDING THE SWANSONG OF VASECTOMY?

Injectable contraceptive for males to hit market

NEW DELHI: A first-of-its-kind male contraceptive developed indigenously by the Indian Institute of Technology and All India Institute of Medical Sciences is in its final stage of clinical trials.

"The phase-III clinical trials of the injectable male contraceptive started in May 2000", said S.K. Guha, biomedical engineer from IIT, Delhi at the ongoing science congress here.

The contraceptive — Risug, an acronym for reversible inhibition of sperm under guidance — is the result of 25 years of research combining biomedicine and engineering. It offers several advantages over conventional vasectomy.

"Intellectual property rights are protected by process and product patents in India, Bangladesh, US and China. Some more patents are pending including an international patent under PCT," said Guha.

The contraceptive has been successfully tried on 100 males till now and scientists plan to test it on more than 500 individuals in the third and final stage of experimentation before marketing it.

The toxicology safety of the contraceptive has been approved by Central Drug Research Institute (CDRI), Lucknow and the subjects have shown no side effects.

The test on 500 people was enough to gauge the efficacy of the contraceptive and the number was in consonance with the Drug and Cosmetic Rules.

A standard 60 mg of the compound was enough for people of different physical build and therefore there was no need to test it on larger number of individuals as the contraceptive is quite safe, Guha added.

Risug, a combination of two compounds, styrene maleic anhydride (SMA) and dimethyl sulphoxide (DMSO), is injected into the vas deferens, a vessel that carries sperm cells.

The compound interacts with the water molecules present and generates a set of electrical charges, both positive and negative.

The membrane covering the negatively charged sperm cells breaks on coming in contact with these charges resulting in the release of trapped enzymes which are necessary for penetration of the sperm into the ovum, thereby leaving the sperm incapable of fertilisation.

One time injection of Risug remains effective till 15-20 years, Guha said. But the most remarkable characteristic of this contraceptive is that it can be withdrawn from the body, thus reversing its effect.

Risug is also being tested for its use as a spermicide, which will make it an effective female-contraceptive, and for its anti-microbial effects, which will make it preventive against AIDS too. –PTI

The Times of India
08 January 2001

FOOTNOTE: People with sexually transmitted diseases (STD) are infected with HIV faster than others, a survey on AIDS in Tamil Nadu concluded. The survey was conducted recently on 16,200 women in Tamil Nadu.

The Telegraph
07 February 2001

NACO disputes Swiss NGO's figures

By Sachita Sharma

New Delhi, Feb 18: AIDS infection averages a high 8.2 per cent in some pockets of rural Rajasthan, largely in areas from where workers have migrated to Mumbai. These are the findings of Francois-Xavier Bagnoud (FXB), a Swiss NGO that has been testing and counselling people in the rural districts of Jaipur and Jodhpur for the past two years.

"Infection has touched 13.1 per cent in some areas, and what makes these statistics even more worrying is that they come from a region where AIDS prevalence is supposed to be low," says Countess Albina du Boisrouvray, founder of FXB.

But there aren't many takers for this alarming figure. "The FXB figures are for a skewed sample and not an index of AIDS prevalence in the general population because those going to voluntary testing centres and STD clinics are people who have indulged in high-risk activity and suspect being infected," says J V R Prasada Rao, Director, National AIDS Control Organisation (NACO). "It's like going to a cardiology clinic and saying 50 per cent of the Indian population have a heart disorder." NACO's figures for Rajasthan are 1.72 among rural men and 0.021 among rural women.

FXB found that infection rates are similar among men and women, which shows that the disease had moved from the high-risk group to the general population. "Many people infected in villages are missed as most of the Government's AIDS surveillance, detection and counselling sites are in urban areas," says Anil Purohit, Executive Director, FXB.

Ninety-eight per cent of those infected were people who had migrated to Mumbai in search of work. "Our experience in the past two years has shown that Government messages are not reaching the people as AIDS awareness in the region was completely lacking before we started working there," says Purohit.

AIDS INFECTION RATE

"Most people look for cure in mixtures and powders doled out by quacks who know as little about AIDS as their patients"

Rajasthan anyway has a poor awareness record. While the National Family Health Survey-2 released last year said 40 per cent women in India had heard of AIDS, the Rajasthan average was just over 20 per cent, half of the national average. Primary Health Centres play no role in spreading awareness because they are not accessed by villagers. "A major hurdle is the popularity of quacks, and most people look for cure in mixtures and powders doled out by quacks who know as little about AIDS as their patients," says Dr K. C. Joshi, Outreach Programme Site Director, Jodhpur.

The FXB Foundation has a budget of US $ 425,000 for its India programme. The Bill and Belinda Gates Foundation has further donated US$ 800,000 for a three-year project in Rajasthan for training volunteers, counselling people with AIDS.

"It's time to intervene so that India can contain the disease like Thailand and Uganda and does not have a fate similar to that of Africa, where 50 per cent of the population is countries like Rwanda are infected," says Countess Albina.

The Indian Express
19 February 2001

AIDS hitting housewives

The AIDS scourge is percolating down from high risk groups such as the commercial sex workers to affect the low risk population including housewives, says a report, according to PTI. Surveillance data collected by the National Aids Control Organisation from ante-natal clinics in seven metro cities also shows that HIV infection has crossed two per cent in Mumbai, more than one per cent in Hyderabad, Bangalore and Chennai and below one per cent in Kolkata, Ahmedabad and Delhi.

Deccan Herald
22 January 2001

Indigenous oral contraceptive

With scientists succeeding in isolating compounds from papaya, which has contraceptive properties, India may become one of the first countries to produce a plant-based oral contraceptive for men. "Four compounds have been isolated from Papaya seeds, which have been found to be suitable for use as oral contraceptive", Dr N K Lohiya, Director of the School of Life Sciences of Rajasthan University said at a conference on 'Challenges in Reproductive Health for the Millennium', according to PTI from New Delhi.

Deccan Herald
11 January 2001

AIDS spreading ominously

DH News Service

NEW DELHI, Jan 31

Did you know that three lakh people died of AIDS in India in 1999? That 50 lakh people in the country are afflicted with the dreaded disease, or that Maharashtra and Andhra Pradesh are the worst affected by AIDS (if you imagine for a second they are independent countries), next only to Thailand and Kampuchea? That Karnataka is one of the most affected states in India? Difficult to believe, but the chilling facts are a commentary on the extent the killer disease has spread across the country.

These and scores of several other facets of AIDS are part of the book "Sex, Lies and Aids" written by Mr Siddarth Dube, a researcher working for the School of International and Public Affairs, Columbia University, USA. Mr Dube, a health policy researcher, who has worked on AIDS in India for several years, is amazed at the lack of seriousness of the authorities over the rapid spread of the disease.

"By end-1995, India was estimated to have the largest number of HIV-positive people of any country. By end-1998, about 35 lakh Indians were infected and over three lakh died of AIDS in that year alone. At the very beginning of 2000, the best estimate is that 50 lakh Indians are infected with HIV virus — about 10 times the number of end-1991. Of the 16,000 people contracting HIV every day across the world, 3500 are Indians," says Mr Dube. About 25 lakh people have died in India of AIDS since late 1980s and about 1.5 lakh children have contracted HIV from their infected mothers.

Talking to Deccan Herald, Mr Dube, who presented a paper at the recently concluded International Press Institute conference here, said Maharashtra and Andhra Pradesh are in the thick of the epidemic, with over two out of every 100 adults infected with HIV. Several other states — Tamil Nadu, Karnataka, Nagaland and Manipur — follow close on the heels.

The worst affected areas include Mumbai, Kolhapur, Pune, Satara, and Thane in Maharashtra, Namakkal in TN, Hyderabad and Guntur in AP etc. A shocking 2.5 to 5 per cent of the population in Mumbai and Pune are afflicted with AIDS. Other parts of India are not far behind. Mr Dube says these figures are part of the UNAIDS records although Indian government rarely reveals these startling statistics.

He, however, is distraught that the Union government or the states, while being nearly ignorant of the extent of the disease, are doing precious little to take preventive action.

What are the causes for this rapid spread of the disease in India? Mr Dube says that ignorance of people about the life-threatening sexually transmitted diseases, lack of access to basic health care, great scale of illiteracy and poverty, flood of migration of single men from rural to urban areas etc are the main factors behind the alarming spread of the dreaded disease.

Mr Dube says AIDS is no more a poor man's or poor woman's disease and it has started engulfing all sections of society, be it middle class or rich.

"The elite can no longer take the threat easy", he says.

Deccan Herald
01 February 2001

HIV detection kit launched

DH News Service

NEW DELHI, March 12

An indigenous human immunodeficiency virus (HIV) detection kit which costs about 13 times less than the imported version, has been launched today by Department of Biotechnology (DBT).

The indigenous kit was researched by Mumbai-based Cancer Research Institute (CRI) in a DBT-funded project for seven years and manufactured by Delhi-based J Mitra and Co Ltd with assistance from Biotech Consortium India Ltd in Delhi.

It is the first of its kind from SAARC countries and is expected to have a global market.

The kit, launched jointly by the Health Minister Dr C P Thakur and Minister of State for Science and Technology B S Rawat, has been certified by the World Health Organisation (WHO) and the Drugs Controller of India.

The indigenous Western Blot kit, considered to be the confirmatory test for AIDS, could identify both HIV-1 and HIV-2 types as well as HIV-1 sub-type C - the commonest form of HIV found in India, Dr Robin Mukhopadhyaya from CRI said. HIV-1 is more common in India with almost three fourth of AIDS patients are being infected with this virus.

The Rs 3,000 pack is capable of testing the viral load in five patients. On the contrary, the imported kit carrying diagnostic equipment for 12 patients costs about Rs 40,000, said Lalit Mahajan, managing director of the company. A 20-strip pack is also available.

The pack contains five test strips. When a drop of the sample fluid taken from the patient is placed on the strip appearance of coloured bands indicates the status of the sample subjected to evaluation.

The easy-to-use kit, which can be handled by technicians at small labs or at public health centres would be made introduced in all district centres, Dr Thakur said, adding 41 per cent deaths due to AIDS have been reported from South East Asia. The prevalence in India is rising too, he warned.

It is to be noted that an enzyme linked immunosorbent assay (ELISA) kit for preliminary diagnosis of HIV in AIDS patients was developed by National Institute of Immunology (NII) under a DBT funded project.

Though the kit was commercialised, it has not gained much popularity in the medical circle yet.

Deccan Herald
13 March 2001

'Ring'ing the contraceptive bell

Reuters
London

A REVOLUTIONARY contraceptive ring, due to go on sale in the United States this year, is as effective as the pill, despite delivering substantially less hormone, a leading scientist said.

The flexible plastic device, which is inserted into the vagina each month, fits around the cervix and releases a steady flow of both progestogen and oestrogen to prevent conception.

"The results are very promising indeed," said Frans Roumen on Wednesday, a gynaecologist at the Atrium Medisch Centrum in Heerlen in The Netherlands, who conducted a year-long study on the ring made by Organon, a unit of Akzo Nobel.

Roumen found only six pregnancies among 1,145 women who used the ring over one year, a failure rate of well under one per cent, making it as effective as oral contraceptives.

Results of his research were published in the journal *Human Reproduction*.

The ring, which is around five centimetres (two inches) in diameter and is folded before use, can be inserted and removed by women themselves.

It is designed to be kept in for three weeks followed by a one-week ring-free menstruation period, although it is possible in future it might be used continuously to stop periods altogether.

Organon plans to launch its nuvaring product in the US market this year with Europe following later, once marketing approval is received.

It is not the first contraceptive ring to be developed but it offers a significant advantage over previous versions which only released progestogen, resulting in abnormal bleeding.

Vaginal rings are also being developed for other treatments. Northern Ireland drug company Galen Holdings plans to launch a ring for delivering hormone replacement therapy in Britain within the next couple of months.

In addition to convenience, Roumen said Nuvaring's low dose would be a major plus for women worried about high hormone levels in the pill.

"The ring releases hormones continuously through the vaginal mucus, which is completely different from using a pill which produces an initial increase in hormones and then a decrease," he said.

"It leads to less complaints, better bleeding patterns and the total daily dose is less than when using the pill."

That may be good news for women at risk of thrombosis since oestrogen has been associated with an increased risk of the condition.

The Pioneer
16 March 2001

Caste-based prostitution report causes stir

By Sreelatha Menon

New Delhi, March 2: A report by the Madhya Pradesh Human Rights Commission is set to raise a controversy over the insensitive manner in which it discussed "caste based prostitution" in the state.

The report – Caste based Prostitution in Madhya Pradesh – without giving specific details about the survey conducted, says there is rampant prostitution among three caste groups in the state. The report also declares that 50 per cent of one of the three castes discussed in the report have been tested HIV positive.

The study was funded by UNICEF and inspired by international concern for the prevalence of prostitution in the state, according to a preface by the Chairman of the Commission, Justice Gulab Gupta.

The report does not reveal figures about the number of people included in the survey or people indulging in prostitution and pimping.

> ***WHO regional advisor, South Asia Jai Narayan said that these surveys do more harm than good.***

Despite the good intentions behind the survey, the publication of the report and its generalised conclusions may only lead to members of the castes being stigmatised by the society.

As for the HIV tests, it is against the norms set by the World Health Organisation and the Health Ministry to identify persons or groups tested HIV positive.

WHO regional advisor, South Asia Jai Narayan said that these surveys do more harm than good by turning people against all attempts to prevent HIV/AIDS. "Remember what happened in Haryana? Once a village was branded HIV infected, no one was prepared to marry girls from there," he said.

The report, which is claimed to be based on "detailed and authentic information and is the result of a serious and comprehensive study of the subject", uses insensitive language and resort to sweeping generalisations while detailing the history of the castes under study.

One of the groups included in the study is reported as "criminals from the beginning". "Male are even now criminals and engage in several offences, more particularly thefts. Now-a-days, many of them also act as pimps and procure customers for female prostitutes," the report goes on to say.

The Indian Express
03 March 2001

Sex educators get new 'street-smart' classroom survival kit

By A Staff Reporter

MUMBAI: In an effort to pull a cringing genie out of the shadows, the community outreach and video production departments of the Xavier Institute of Communication have created a comprehensive sexuality education resource kit.

The material is aimed at non-governmental organisation (NGO) workers involved with a marginalised younger population, including streetchildren, urchins, child workers in tea stalls and dhabas, slum children and domestics.

Apart from treading on this extremely sensitive and difficult knowledge dessemination area, the effort casts light on issues like child sexual abuse again.

Incidentally, XIC has also come up with a skill development kit in Marathi for rural non-formal educators called Vikas Kaushalyancha.

The sexuality education manual, named "Sahajeevan", contains nine booklets and two video films, all in Hindi. Written by Preeti Telang, Feruzi Anjirbag, Deepa Hari and Vasudha Ambiye, the booklets contain extensive illustrations by Deepa Balsavar, who specialises in illustrations on community development.

"We have been asking NGOs what kind of media material they need. We have based the resource kit on their requirements," says Ms Anjirbag.

The manual, which begins from the basics and addresses a range of frequently asked questions, takes a prospective trainer through issues that evoke bewilderment and often

trauma in a child's life. Masturbation, relationship with the opposite sex, ridicule on the streets, homosexuality, sexual abuse by peer group and people in positions of power—it talks about the zoo out there in the child's mind, say activists involved in the project.

"Any girl coming out on the streets cannot live for more than 24 hours without being sexually abused," says Mansoor Qadri, co-founder of Saathi, a voluntary organisation working with street youth and children which coordinated with the XIC group in the making of the manual.

He adds, "No serious attempt had been made before this to create a training manual. At present, grassroots workers come into direct contact with vulnerable children, but they are not trained to handle issues like sexuality. Besides, the manual puts information in a sequence."

Apart from theoretical information, the kit gives tips to NGOs workers on how to elicit responses.

The first video film—*Badhte Badhte Kuch Kuch Hota Hai*—follows a dramatic narrative in a realistic slum set-up, showing children

Contd...

It's the people's pill

In a population of over a billion where an estimated 51.7 per cent don't use any contraceptive methods, a private sector initiative has come as a ray of light.

The Goli Ki Hamjoli project, a joint venture between ICICI and Commercial Market Strategies (CMS) — a USAID-funded project — to promote the use of low-dose oral contraceptive pills and started in 1998 has shown how the involvement of the commercial sector in family planning could be another way to stem our ballooning numbers.

The project is targeted at the BIMARU states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh which constitute over 44 per cent of the population. It has drawn within its ambit 30,000 allopathic doctors, 23,000 chemists and 10,000 traditional practitioners in 25 cities. Though originally slated for two years, the project has been extended because of its success. Interestingly, among the modern contraceptive choices available, the pill has shown the greatest increase — from 1.2 per cent (National Family Health Service 1 survey — 1993-94) to 2.1 per cent (NFHS 2 — 1998-99). This, though, is low compared to its use worldwide — 15 to 25 per cent. Female sterilisations account for 34 per cent and condom use three per cent in India.

The project is aimed at the urban markets of these states because it was found that the use of modern family planning methods here was as low as in rural areas, said Dr Rita Leavell, country head of CMS. Besides, urban areas have all the ingredients for a successful campaign — use of mass media, doctors, chemists, availability of medicines. "We need to try urban areas before venturing into rural ones where the approach will be different and the resources needed, more."

Monthly pill sales in these cities have gone up by almost 24 per cent in the last two years, said Dr Leavell. Leading gynaecologists were selected to provide free counselling in support of the pill, literature about the pill sent to 30,000 doctors, training programmes held for 23,000 chemists and follow-up programmes done for 12,500 neighbourhood doctors.

It wasn't easy to dispel preconceived notions about the safety of the pill, said Dr Leavell. But she insists these are unfounded. The support of the mass media, doctors and chemists has helped remove some of the biases. Also, the fact that these were low-dose pills and, therefore, have fewer side-effects made a difference.

The advantage of oral contraceptives is that there are various brands at all price levels ranging from a unit price of Rs 2 to Rs 56. Besides, they are reversible and most of them can be sold over the counter. They also have other benefits — reduces anaemia, the risk of certain types of cancers, osteoporosis, pelvic inflammatory diseases and ectopic pregnancies.

— Shobha John

The Times of India
25 February 2001

Is AIDS ruling in S. Africa really a victory?

By Michael Biala
Sueddeutsche Zeitung/GNNS

Nairobi, April 20: It may seem like a major victory but it is not. When on Thursday the pharmaceuticals industry dropped its case against the South African government, singing, dancing and jubilation broke out in the public gallery of the Pretoria courtroom.

AIDS activists and aid organisations interpreted the drug companies' action as an admission that a human life is worth more than rights to a patent. Now, they said, the firms would not be able to profit from the AIDS disaster in Africa. It will take a few days before the jubilation gives way to disappointment — because in the end the 39 drug companies have won. They brought proceedings against the government in an attempt to block a law enabling the manufacture or import of cheaper versions of patented AIDS medications. The charge claimed that the law violated international patent law. In the out-of-court settlement with the government, the word is that both sides will now negotiate to work out how best the law, which was passed in 1997, can be implemented.

The most important clause in the agreement said that South Africa would not violate international patent law. This means that the interests of the pharmaceutical firms are safeguarded. The case, of course, tarnished the image of the companies.

In Africa, AIDS flourishes like nowhere else in the world. Alone in Kenya, according to government figures, 500 people a day die

NEWS ANALYSIS

of the illness. In South Africa, Zimbabwe, Botswana and Malawi, almost entire generations are threatened by AIDS. Very few people there can understand how manufacturers want to profit from the suffering.

But the moral indignation should be levelled at the South African government rather than the manufacturers. The government should have declared an emergency years ago. This would have enabled it to dispense with the patent law. Importing cheap versions of brand-name medication from, for example, India, is permitted in cases of emergency.

But the government has not acted appropriately: more than 10 per cent of the population of South Africa is infected with AIDS. Instead of declaring a catastrophe and intensifying the education campaign, President Thabo Mbeki has persistently denied any direct link between the HI-Virus and AIDS.

Now he has stopped saying anything at all about the disaster. People still treat infected victims like lepers. Condoms are frowned on as items only needed by adulterers or the promiscuous.

The most advantageous outcome of the case on Thursday will be that patented AIDS drugs will become much cheaper. This has already happened in Uganda and Rwanda. In those countries, governments reached agreement with the manufacturers that patent laws would be respected but, at the same time, cheap medication would be made available.

Treatment for AIDS here costs a tenth of the 10,000 dollars a year that it costs in Europe.

The Asian Age
21 April 2001

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involved in a workshop.

The second video—*Meri Sehat Mera Nirnay*—is about HIV/AIDS and projects an middle/upper middle class milieu.

"People can go through the material, and create their own modules," says Ms Anjirbag, adding, "Although the kit is primarily aimed at NGOs, it can also be highly useful to BMC for its municipal schools."

She says Sahajeevan encourages trainers and children to talk more and more about sexuality, making it easy to handle topics that normally make one go red in the face. "It is also important that trainers do not let personal biases and rigidities on issues like masturbation taint their interactions with the children," she says.

Ms Balsavar, who has spent the last 12 years on children-related projects, says she had to use a lot of humour in her illustrations to lighten the grimness of the issues.

"The illustrations had to depict the rebel in the children, their mood swings etc., pictures make the issues slightly more tangible than when one merely talks about them," she says.

With more than 45 organisations working with vulnerable children, and a juvenile board set up recently, the kit comes as fresh ammunition to combat the child sexuality-related problems.

The Times of India
05 April 2001

Bonda tribes have unique population control method

By Akhaya Kumar Mishra

Malkangiri, April 22: The Bonda tribe, spread over thirty villages under Khiroput block in Malkangiri region, will soon be on the verge of extinction if they do not alter their marriage customs.

But how can they be incited to do so? This is the question that haunts tribal researchers and Government agencies following the significant decline in Bonda population in the last two decades.

The number of Bonda tribes has stagnated at around 5,500 for the past several years and old-timers attribute this to their unique marriage system which involves the men marrying women many years older to them.

Skuru Sisa, a 12-year-old tribal boy married Rumu Sisa, a 21 year old woman from Badapada village.

By the time, the boy developed conjugal relations with his wife, she had crossed thirty.

The huge age gap in married couples, among more than ninety per cent of the population, is a major barrier in procreation of children and has contributed to the decline of the tribes.

"By the time they can have sexual relations, the biological clock has caught up with the wife and this checks the birth rate," says researcher Govaradhan Panda, who has been living with the tribes for the last twenty years.

Ashok Mishra, Bonda filmmaker and noted tribal researcher agrees.

"The typical marriage system and high age gap is solely responsible for the decreasing population," he emphasises.

This apart, violence within the Bonda community also has an adverse impact on the population.

Both male and female Bondas are addicted to different forms of liquor, creating frequent social disorders within the community.

According to reports, every year about twenty Bondas die, fifty get injured and thirty are taken into police custody because of liqour-related violence.

Efforts by the Government and Non Government Organisations to develop the Bonda tribes over the past two decades has elicited little or no response among the tribals.

This due to the Bondas' adamant rejection of modern medicine and health care from outsiders.

The tribes believe in using traditional herbs and roots even for serious ailments and this contributes to the high death rate.

Meanwhile, gravely concerned over the sluggish population growth of the Bondas, the Orissa Health Department has stopped all family planning measures in Bonda tribal villages.

All sterilisation programmes and distribution of birth control devices have been curbed in these areas.

The Indian Express
23 April 2001

'By the time they can have sexual relations, the biological clock has caught up with the wife and this checks the birth rate,' says researcher Govaradhan Panda, who has been with the tribes for 20 years.

Indian scientist gets award for Aids research

NEW DELHI, Mar 1 (UNI)

A US-based doctor of Indian origin, Dr Sunil K Ahuja, has bagged the prestigious Elizabeth Glaser Award for his contribution to Aids research. Dr Ahuja succeeded in typifying genetic mutations in the CCR5 chemokine receptor, a key receptor for HIV virus, that can determine whether or not an individual will be susceptible to HIV. Studies by Dr Ahuja and his wife Seema S Ahuja, determined that there is a significant difference in the susceptibility of different individuals to contract AIDS.

Deccan Herald
02 March 2001

FM programme on AIDS

STATESMAN NEWS SERVICE

KOLKATA, April 8. – A weekly Bengali episode, "Gyaner Aalo Zindabad", aimed at generating awareness on issues related to HIV/AIDS among the young, was broadcasted from 7 p.m. to 7.30 p.m. today on the radio's FM channel.

The programme will be broadcasted on 12 consecutive Sundays. It will also include a counselling session, with a helpline asking for questions on reproductive health, HIV/AIDS, and other problems that teenagers may have, which will be answered by a psychotherapist.

The programme is conceived and produced by Thoughtshop Foundation, a city-based NGO, and supported by the State AIDS Prevention and Control Society and the Department for International Development, UK.

The Statesman
09 April 2001

When ignorance is not bliss

AFTER the initial stage of HIV infection, there is a period varying between a few months and a decade or more when there may be no apparent symptoms of any illness till the onset of AIDS.

The number of people living with HIV/AIDS in India was already as large as 3.5 million at the end of 1999. Since the establishment of the National AIDS Control Organisation in 1989, various efforts to prevent HIV transmission, such as public health education through the media and non-governmental organisations, have been made. But the fruits of this labour were far from encouraging as revealed in the recently published report of the National Family Health Survey (NFHS-2) conducted among about 90,000 married women in the age-group of 15 to19 years. A few examples of the findings:

As many as 70 per cent rural women and 30 per cent urban women had never even heard of AIDS up to 1998-99. Education and standard of living had a positive association with knowledge of AIDS, which ranged from only 18 per cent among illiterate women to 92 per cent among women who've at least completed high school. Similarly, AIDS awareness increased from 20 per cent among women in households with a low standard of living to 74 per cent among women with a high standard of living. [illegible] varies considerably [illegible] garding knowledge of AIDS. It ranged from a low of only 12 per cent in Bihar to 93 per cent in Manipur and Mizoram. AIDS awareness have gone up significantly (from 1992-93 to 1998-99) only in Tamil Nadu, Delhi, Maharashtra and Goa.

Television was the most important source of information (70 per cent) among women, both urban and rural. Other important sources were radio (42 per cent), friends or relatives (32 per cent) and newspapers or magazines (27 per cent).

It is disappointing to learn that among women who had heard about AIDS, 33 per cent did not know any way of avoiding it. As expected, this percentage was higher among rural than urban women, and increased sharply with decreasing levels of education and standards of living. Among women who said that something could be done to prevent AIDS, the most commonly mentioned ways were to have only one sex partner (40 per cent) and avoiding injections or using clean needles (30 per cent). Avoiding sex with sex workers, using condoms, and avoiding blood transfusion were also mentioned by 25 per cent, 20 per cent and 19 per cent of the women respectively.

The lack of knowledge about AIDS, its modes of transmission and ways to avoid infection are still the greatest challenges to efforts towards prevention and control of AIDS in India. Since even basic information about AIDS is seriously deficient, at least among the women in our country, AIDS prevention organisations need to give highest priority to the educational programmes among the rural, poor and disadvantaged communities.

— Moni Nag

The Statesman
04 March 2001

Panel disagrees on AIDS source

Chris McGreal
Johannesburg

A PANEL of international scientists convened by the South African president, Thabo Mbeki, to resolve the issue of whether HIV causes AIDS has failed to reach agreement after nearly a year of debate.

An interim report produced conflicting sets of recommendations because of divisions between the mainstream scientists, who believe HIV is the cause of AIDS, and a "dissident" faction that claims the disease is the result of social factors like drug use and poverty.

The panel agreed only on the need for further research and discussion.

The dissidents recommended an end to the "hysteria" around AIDS by suspending "the dissemination of the psychologically destructive and false message that HIV infection is invariably fatal".

South Africa will not be disappointed by the lack of consensus. The report neither embarrasses Mbeki by concluding he was wrong to question the cause of AIDS, nor does it say he was right when his government quietly reversed its original AIDS policy.

Guardian News Service

The Hindustan Times
06 April 2001

A lifeline for children with HIV

By Ashish Sen

AMITA and Rashmi argue about who will wear the dupatta. Ashok, Riyaz and Chinku are immersed in discussing India's fortunes against Australia in the Kolkata Test match. Nandini takes my hand and demands a ride in the car. Energetic shouts and laughter from the other children resonate in the background while I defer to Nandini's wishes — a shade too quickly. As I walk to the car, hand in hand with the animated six year old, I can't help but feel that appearances are deceptive.

Amita, Rashmi, Ashok, Bairam, Chinku and Nandini are six of the 14 HIV/AIDS positive children who are a part of the Freedom Foundation community living on the outskirts of Bangalore. They are also orphans and have lost their parents (in many cases their siblings as well) to the AIDS scourge.

"When we talk of children with HIV/AIDS the fundamental flaw is that there is no voice. What makes the flaw even greater is that there doesn't even seem to be the identification of a need." The concern is voiced by Ashok Rau, Executive Trustee of Freedom Foundation, a frontline HIV/AIDS care and support NGO. It is also perhaps the only group which provides residential care to children who are HIV positive.

If Rau's concern is legitimate, it is also an eye opener into the double speak and the hypocrisy that characterises much of the ostensible crusade against the disease. While millions of dollars have come into the country under the garb of HIV/AIDS assistance, there has been hardly a whimper, let alone gesture, for children living with HIV/AIDS. A recent UN AIDS study carried out in October/November 2000 pointed out that children with HIV/AIDS in India could be anywhere between 2 and 2.5 lakhs. A "gross understatement," according to Rau.

"We are looking at very alarming figures and trends," says Rau. Unfortunately, there seems to be no inclination on the part of the state to even question the implications that these statistics throw up. Notwithstanding the sharp rise in the quantum of people who are HIV positive the official policy continues to be overwhelmingly biased in favour of prevention rather than care and support. Rau admits that the growth in statistics has perhaps brought about some degree of change. But the crucial question is: whether this is too little and too late? "The government did not even look at care and support in the first place (in the nineties). Now after considerable pushing and (after) the World Bank has said that care and support is a good thing, 20 per cent of the budget has been

The increase in the number of HIV positive children who required support led to the formation of the residential care centre in 2000. Today, the Foundation in Bangalore houses 14 children ranging from 18 months to 14 years. If Hyderabad and Bellary are brought into the picture the figure will almost double by the end of March, says Rau. But he clarifies that in terms of support the number is 136 children. In doing so, he categorically affirms that Freedom Foundation is not a one stop shop and that HIV/AIDS must be viewed as a societal issue. "However poor the environment may be from where the child comes, fundamentally we have no right to disturb it. (So) we try and hold a dialogue with the parent. Is there someone in the family who can help and who can be contacted. But when there are definite gaps, when comes forward, the Foundation steps in," he says.

"It has never been easy for Freedom Foundation to address this issue from a practical and financial point of view." But then, as Rau points out, there is also an emotional perspective. "It really boils down to seeing this child and trying to imagine what he/she is going through..."

The centre for HIV positive children has brought with it many challenges. "We still don't have societal acceptance and permissibility in saying that it is all right to normalise these children's lives."

A case in point is education. It took Rau and the Freedom Foundation team exactly a year and eight months to get the children admitted into schools. "I don't know how many schools we went through before a school said ok . Today, we have two schools that admit our children..." Rau is upbeat about the fact that the children have not been admitted on a confidentiality basis. "The schools know that these are positive children. Despite this, they have come forward."

While Freedom Foundation is grateful to these schools, it hasn't been a cakewalk.

"In one school somebody noticed the autorickshaw which brought these children to school and which had our name ..We got a call from the school asking us not to send the children, because the parents of some children were objecting ... It was a very disappointing day for us. But the entire team met and (initiated) a meeting between parents and teachers to discuss the issue. The next day the children went back to the same school. To us that was a major achievement. We are so grateful to those parents and teachers.."

ANOTHER issue of concern was communication within the group. The children come from different parts of the country. "They had lived children came up and said we want to come to the cemetery. From a societal point of view it is not done. But when you see a family within a family demanding a fundamental right, you need to acknowledge it."

In such a scenario, counselling assumes additional significance. There is a tremendous amount of therapeutic work which is carried out. But even here Rau's experiences substantiate that in more ways than one the child is the father of the man. "When a child recently passed away, there were various things the children got themselves into therapeutically — as apart of their own grieving process. Besides these children display a maturity far beyc their years. Many of them know they are affected..."

There is more good news. Rau points out

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that 6 families from different parts of the country, some of them with 'normal' children', have adopted HIV positive children. "The process was easier said than done. It took about two years of intense discussions and meetings before it went through. "The guardians also have an assurance from the Freedom Foundation that they will be ready to step in at any stage. None the less, new ground has been broken.

While the Freedom Foundation model has tangibly demonstrated the need for a care centred model where children play a crucial role, there seems to be no dent made at the policy level. As Rau says, this calls for a drastic change in how the HIV/AIDS issue is perceived in the country. AIDS needs to be viewed as a development issue and not as "somebody else's business." Consider his arguments:

a. First, the increase in the number of thing. 20 per cent of the budget has been allocated for care and support...but it is still only 20 per cent."

The accent on prevention rather than care and support has, not surprisingly, evoked brickbats from several quarters. The millions of dollars that flood the country would seem to have provoked a mushrooming of NGOs working in the field of HIV/AIDS prevention, but not achieved much else. In fact, many of these NGOs have reportedly, "only existed on paper." Others have been unable to utilise a substantial quantum of the funds which they were allocated. This has, in turn, raised questions about professionalism and accountability. But underlying the gross lack of transparency, there is a human component which demands reckoning with. As Rau asks, "What is the point of hammering away at prevention when we do not have systems in place?" Moreover, "care and support will complement any kind of prevention effort you are going to make."

Care and Support has remained the cornerstone of the Freedom Foundation wing committed to HIV/AIDS infected people since its inception in 1996. "We got into care and support when people said we were crazy to...," reminisces Rau. "My entire (motivation) came after I did my first awareness programme... three men came to me and admitted that they were vulnerable. They asked me where they should go... I did not know where to send them or what to do."

Started by Karl Sequeira and Ashok Rau in 1993 as a centre to provide intensive and effective treatment for chemical dependents, Freedom Foundation has come a long way. In November 1996, it initiated a 25-bed, short/long stay, day care centre for HIV positive people. Today there are more than 500 clients using its services, while the Care centre combines "out-patient services with a 45-bed residential care unit which includes a 10-bed hospice to house and care for terminally ill patients".

The Foundation has also grown in other ways. Based on a demand driven model, branches have opened in Hyderabad and Bellary. Mangalore will shortly have another centre. The National Aids Control Organisation (Naco) has recognised the Freedom Foundation model of Care, as "the ideal, low cost, community based model." Reportedly, it is the first HIV/AIDS home in the country.

THESE, however are not enough for the Freedom Foundation team. As Rau points out, there are no more than eight to ten centres across the country which provide residential care to people with HIV/AIDS. Put differently, this means that only about a thousand affected people can avail of these facilities. This is shocking, given the fact that the ordinary citizen is constantly being bombarded by the fact that India is sitting on an AIDS time bomb.

Moreover, despite Naco's blessings, care and support continue to remain outside the centre of the HIV/AIDS strategy. This is where the rub lies. There is no tangible move by the State to undertake responsibility for people, let alone children who are HIV positive.

"The children's issue came up almost in the same way as how we got into care and support.We had the first child who was born here (in 1997) to a mother who was HIV positive ...The child did not make it, and died after six months. During those six months we went tried hard to figure out if this child was HIV positive, how and where and when we could process things to ensure that the child's needs are met ...There was nothing to be found.

"We ran from pillar to post to try and find an organisation which would address the issue. There wasn't a single one in the country. We realised then that we were going to have many more people coming to us...

Sure enough we soon had the first family coming to us where both parents and children were affected .."

within a certain kind of space, had already developed certain beliefs." In order to partly overcome this barrier all the children have learnt Kannada and Hindi. At the same time, the Foundation started an informal education component which prepares the "child for a formal school."

It also answers a related question, "how does a Marathi speaking child study in a Kannada medium school?"

The quest to provide normalcy raised other challenges. Apart from education, we need to "ensure that these children don't really become the HIV positive children of Freedom Foundation, but are HIV positive children of society and are a part of society. "This started a process of identifying other avenues. It is amazing to see that today these children go to dance classes with other children, enjoy outings with other children..."

Freedom Foundation is also on the verge of starting a children's learning centre which will offer HIV positive children "the very best of Information Technology. NIIT has come up with a computer package very specifically for these children. Significantly, the centre will "open its doors to other, so called normal children."

Side by side with the efforts to join the mainstream are other fundamental questions. How do these children come to terms with their illness and the possibility of death? Should children be exposed to such trauma? While there are no easy answers, Rau describes a "very real side" to the issue." "When the first child was in hospital, I had three children come up and say we want to go to the hospital. When (one of the children) recently passed away, the HIV positive children will result in the inability of traditional models of surrogate support care to accommodate them. Freedom Foundation's experience with children has already exemplified the "inability of poor communities to absorb HIV/AIDS children into an informal set up without formal support."

At the same time, unless strategies to ensure the rights of children with HIV/AIDS are developed, these children will be forced into poverty and high risk activities like prostitution etc. In the current context, an infected orphaned child is unlikely to inherit his or her parents' assets. More like he/she will be vulnerable to homelessness.

b. The family structure is likely to change with the spread of HIV/AIDS. A generation is likely to be wiped out, and as the Northeast has witnessed the burden will fall on the grandparents. Or there will be more child headed households. Both scenarios are more prone to poverty.

This co-relation between AIDS and poverty is daunting. From a vulnerable child to a vulnerable family to a vulnerable community — the vicious circle will clearly place an inordinate pressure both on society and the government. A care centred model could make the crucial difference. But for this to happen we need to get back to basics. The State needs to take the first step by acknowledging and demonstrating its responsibility and support to the growing number of HIV/AIDS children and adults in the country. Will it?"

("The names of children have been changed)

The Indian Express
15 April 2001

Defensive drug industry fuels fight over patents

THE BIG pharmaceutical companies march to the beat of a steady chant that patent protection for drugs is essential for innovation. At the urging of the drug companies, the United States government has pressed many nations to honour patents on medications.

But now, it seems, the industry may have overplayed its hand. Drug patents are under attack, blamed for high AIDS drug prices that deny life-saving therapy to millions of people in developing countries. And some analysts say the industry itself fuelled the backlash by staunchly defending its intellectual property in the face of a pandemic that could claim more lives than the Black Death of the Middle Ages.

The latest clash over patents on AIDS drugs came to a boil in South Africa last week, when 39 drug companies dropped a suit trying to block a law the companies asserted would make it too easy for the government to abrogate their patents.

The debate has erupted in other countries as well. Brazil has threatened to grant licences to local manufacturers on patents for AIDS drugs held by Merck and Hoffman-La Roche. In Thailand, AIDS patients and activists are planning a legal challenge to the validity of a Bristol-Myers Squibb patent on an AIDS drug.

The uproar over AIDS drugs is threatening moves toward more globalisation, eight years after most nations approved the Agreement on Trade-Related Aspects of Intellectual Property Rights, or Trips, which commits them to enforce drug patents. Activists are campaigning against the proposed Free Trade Area of the Americas, saying the United States wants more patent protections.

"The TRIPS agreement was probably the greatest political economic achievement that the pharmaceutical industry ever had," said Mr. Jim Keon, president of a trade group representing generic drug companies in Canada. "Now it's coming home to roost, though. Can the world afford it? Is it ethical?"

Even some supporters of patents are pulling back somewhat. Washington says it will no longer pressure poor countries that allow production of cheaper versions of patented drugs for major health problems, provided they adhere to Trips guidelines. The European Parliament has expressed "solidarity and support" for South Africa and Kenya in their efforts to gain access to lower- priced AIDS drugs.

Until recently, the industry worried that erosion of patent rights or prices in one country could lead to similar actions elsewhere, particularly in the United States, where the industry gets much of its profit.

"There was a feeling that if a country deliberately went against TRIPS, there would be a castle-of-cards effect," said Mr. Jean- Pierre Garnier, chief executive of GlaxoSmithKline, a major supplier of AIDS drugs. "Without patents, the industry ceases to exist."

But now, judging from their actions, drug companies have decided to sacrifice profits in some poor countries in order to argue that generic manufacturers are not needed and to relieve the pressure on the patent system. In Brazil, for example, Merck recently agreed to big price cuts for two AIDS drugs to prevent the government from allowing a local generic manufacturer to make a copy of one of them.

Some AIDS activists, however, say it is better to rely on competition from generic manufacturers than on voluntary actions by big drug companies. They say drug companies' recent discounting was only in response to an offer of low-priced AIDS drugs by a generic manufacturer in India. But under TRIPS, India and other countries will have to enforce patents by 2005 or 2006.

"If we don't deal with the problem now, 5 to 10 years from now we'll have no possibility of bringing prices lower and we'll be completely at the mercy of the big drug companies," said Ellen 't Hoen, an attorney with Doctors Without Borders.

Drug company executives argue that patents are not a barrier to treatment of AIDS. Even generic drugs are out of reach for countries that spend less than $10 a year per person on public health and lack doctors and clinics to deliver the medications. Moreover, in many countries of Africa besides South Africa, AIDS drugs are not patented.

"At least for AIDS drugs, patents have been a barrier only as an exception rather than the rule in Africa," said Mr. Amir Attaran, director of international health research at Harvard University's Centre for International Development. Drug companies and some experts argue further that if developing countries honour patents, drug companies will have more incentive to develop treatments for tropical diseases. But others say what deters companies from developing those drugs is the small market size.

Patents award an inventor exclusive rights to make or sell a product for a set period. In countries that adhere to the Trips agreement, patents run for 20 years from the filing of the application. Patents provide an incentive for innovation, and in return, the invention is publicly disclosed so others can learn from it.

Drug companies argue that they need patents because it can take more than a decade and hundreds of millions of dollars to develop and test a drug, which can be copied relatively easily once it is on the market. Many countries have viewed drugs as meriting exceptions to patent law because of their importance to public health. But with trade agreements like TRIPS, countries have tightened their patent protection.

TRIPS does not go as far as drug companies would like, and it includes some exceptions to patent protection. For example, countries can force patent holders to licence their patents to others, like generic manufacturers. But so far, no country has.

Some activists say the countries have not used licensing because of pressure from drug companies and Washington. But the United States has partly reversed its policy and is no longer raising objections to compulsory licensing in the case of health crises in developing countries.

The country with the most experience with compulsory licensing, albeit before TRIPS took effect, is Canada. For decades Canada allowed any company to apply for a licence to make a patented drug there.

In 1969, it allowed copies of patented drugs to be imported, and a generic industry began to thrive. The compulsory licensing system was weakened in 1987 and then abandoned in 1993.

Since then, spending on research and development by drug companies in Canada has zoomed, to about $900 million in 1999 from $166 million in 1988. The Canadian experience suggests that protecting intellectual property may prompt greater investments by drug companies and even the development of a homegrown industry.

But it is not clear if African countries have the scientific expertise for a research-oriented drug industry. More-

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For HIV Children, A Positive Step

ASHISH SEN

Amita and Rashmi argue about who will wear the lalupatta. Ashok, Riyaz and Chinku are immersed in discussing India's fortunes against Australia in the Kolkata Test match. Nandini takes my hand and demands a ride in the car. Energetic shouts and laughter from the other children resonate in the background while I defer to Nandini's wishes — a shade too quickly. As I walk to the car, hand in hand with the animated six year old, I can't help but feel that appearances are deceptive.

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Sure enough we soon had the first family coming to us where both parents and children were affected .." The increase in the number of HIV positive children who required support led to the formation of the residential care centre in 2000. Today, the Foundation in Bangalore houses 14 children ranging from 18 months to 14 years. If Hyderabad and Bellary are brought into the picture the figure will almost double, says Rau. But he clarifies that in terms of support the number is 136 children.

The centre for HIV positive children has brought with it many challenges. "We still don't have societal acceptance and permissibility in saying that it is all right to normalise these children's lives." A case in point is education. It took Rau and the Freedom Foundation team exactly a year and eight months to get the children admitted into schools. "I don't know how many schools we went through before a school said ok . Today, we have two schools that admit our children..." Rau is upbeat about the fact that the children have not been admitted on a confidentiality basis. "The schools know that these are positive children. Despite this, they have come forward." ■

The Indian Express
15 April 2001

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over, some experts say the drug companies promised in advance to increase spending in Canada if the law was changed.

The precedent that most worries drug companies now is that weakened patent protection in developing countries will lead to pressure to weaken patents and in the process, their latitude to set prices in the United States.

The Consumer Project on Technology, a Washington group founded by Ralph Nader, has asked the government to let it make a low- priced version of d4T, the Bristol-Myers AIDS drug. The National Institutes of Health has in the past rejected such requests.

Even without the AIDS crisis, there is pressure on patents as a result of high drug prices in the United States. While innovation should be rewarded, some drug industry critics say, the drug industry is the most profitable in the nation. Moreover, many drugs are initially developed with government money.

Dr. Gail Wilensky, a senior fellow at the international health education organisation Project Hope who ran Medicare under former President George Bush, has proposed shortening the life of drug patents to let competition lower drug prices, as an alternative to regulatory options that are sometimes discussed. A report issued last year by the National Institute for Health Care Management Foundation, an organisation supported by health insurers, said the effective patent life for some drugs has grown from 8 years in the early 1980s to 14 or 15 years now.

"We have moved more toward increasing market power of pharmaceutical companies than we wished to," Dr. Wilensky said.

Andrew Pollack
New York Times

The Hindu
26 April 2001

High HIV incidence among city migrants

Smita Deshmukh

Pegged as a major hub of migrant population, Mumbai is now witnessing an alarming rise in the number of sexually transmitted infections (STIs) and HIV\AIDS amongst single men and the gay community.

Migrants comprise over 40 per cent of Mumbai's industrial worker population. This being predominantly male, perpetuates a serious gender imbalance (700 women for 1000 men) compared to the national average (940 women for 1,000 men). The profile of these migrants include truck drivers, workers in small restaurants and labourers, a lot of whom are forced to stay in small rooms and found to have sexual relationships with each other.

The Humsafar Trust, a cooperative of single men in Mumbai, recently undertook a major project, for MSMs (men having sex with men), which will cover around 15,000 such men in the city. This effort is backed by the Mumbai District AIDS Control Society (MDACS), the Brihanmumbai Municipal Corporation's health department, the National AIDS Control Organisation (NACO) and various corporate bodies like Glaxo. The results showed a high rate of STIs and HIV\AIDS amongst such men.

Virus Attack

"We have made a serious effort towards advising these men, who are situational homosexuals, to seek help regarding their health condition. A constant and prompt treatment for STIs is a must," says Ashok Row Kavi, a gay activist and founder of the Trust.

In fact, Humsafar runs one of India's few health facilities for homosexual males. Pre-test and post-test counselling is also offered for any men before they are tested for HIV.

"Many of these men are married so their sexual behaviour puts their spouse and children in danger of contracting STIs and HIV. Our study shows that more than 20 per cent of MSMs have relationships with women, hence linking up with Sion hospital's skin and dermatology department also encourages partner notification and treatment," explains Row Kavi.

The Trust completed a major baseline study of the knowledge, attitudes, behaviours and practices (KABP) among the city's gay and MSM population.

The SOWs reached out to a little over 8,000 men at various cruising sites, bars, pubs and discos frequented by the former. The organisation's outreach has been extended to Thane and Vashi in the eastern and Borivali in the western suburbs. The SOWs are now operating at major railway stations, bus stations and along the beach fronts.

The Trust is also working with the BMC's Asha project, located in Kamathipura, where other NGOs like Prema work with women in prostitution. They have with them Dr Mahindra Watsa, Dr Raj Brahmabhatt, Dr Harish Shetty and the OPD departments of various public hospitals for rapid treatment at affordable rates.

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The Times of India
05 April 2001

Drug giants run into AIDS counter-offensive

FROM STEVEN SWINDELLS

Johannesburg, April 11 (Reuters): A leading South African AIDS advocacy group filed court papers against the world's most powerful drug firms today, charging them with failing to act in the face of the country's AIDS crisis.

The Treatment Action Campaign (TAC) lodged its 800-page affidavit ahead of the resumption of a landmark case at the Pretoria high court on April 18 which will pit 39 of the world's biggest drugs firms against the South African government.

The Pharmaceutical Manufacturers Association of South Africa (PMA) is seeking to strike down South African legislation which it argues would violate its highly cherished patent rights on medicines, including AIDS drugs.

The outcome of the case is expected to be a key test of the ability of developing countries to import generic drugs in the face of a health crisis caused by AIDS which affects more than 25 million in Africa alone according to UN estimates.

South Africa has more people living with the disease than any other country in the world, with an estimated 4.7 million people or one in nine of the population affected.

TAC national secretary Mark Heywood said their legal team will argue that the South African government was within its rights to import generic drugs under international trade laws, including the TRIPS agreement which covers patents.

The affidavit also attempts to dismiss arguments by drug firms that they have offered a series of price discounts on their anti-AIDS drugs which Pretoria has failed to take up.

"Drug firms want South Africa to be a beggar. The offers are conditional and only made under public pressure and could be just as easily taken away," Heywood told Reuters. "South Africa cannot give away its rights to compulsory licence and parallel import on these offers," Heywood said.

PMA's position that patents were vital to fund drug research were countered by TAC which said that drug firms got tax breaks for their research from public coffers and that key compounds in patented drugs were discovered by publicly funded scientists.

AIDS activists and aid organisations have slammed the drug firms for putting profits ahead of lives by earning excessive profits from their patented medicines.

The PMA will argue in court that the act will give the health minister unfettered power to import generic or copy-cat versions of medicines in violation of their patent rights.

PMA's legal team is also expected to argue that the South African government has failed to take up a series of offers on discounted AIDS drugs because it still has doubts over the safety and ethics of the distribution of antiretroviral drugs. President Thabi Mbeki has caused a storm of international criticism by questioning the causal link between HIV and AIDS.

Glaxo SmithKline (GSK) yesterday said that Mali had become the sixth African country to strike a deal with Western drug firms to ensure cheaper access to drugs. GSK has offered its combination AZT/3TC antiretroviral drug Combivir to Pretoria at $56 for a month's treatment.

The Telegraph
12 April 2001

HIV virus makes the journey from Mumbai brothels to Satara homes

By Kalpana Jain
The Times of India News Service

SHINDEWADI (Maharashtra): The narrow road that snakes into this village cuts through steep mountains. One wrong step could mean the end of the journey. With careful and cautious manoeuvring, the driver takes me inside the village. However, HIV entered this village much more easily.

There is a row of houses at the end of this narrow road. All houses are built in a similar manner, each with an open courtyard outside and a roof made of brick tiles.

A young couple infected with the virus lives in one of these houses at the end of this road. The couple, in their mid-20s, is just returning from the place of the woman's parents where their four-year-old daughter has now been left. A mattress, hanging on a line there, is pulled down and spread on the mu[illegible]tered floor. I am invited to sit [illegible]t while the couple squats on the floor.

Hanumant, who used to sell vegetables in Mumbai, learnt about his infection six months ago. He still has not come to terms with it. Though he looks healthy, a stream of infections has started invading his body. He developed tuberculosis three years ago. But it was only recently that he was tested and found to be HIV positive.

Hanumant seems to be deeply disturbed. He does tell us that he is trying to build a positive attitude and says aloud, "I need to live well to live longer." But he swiftly launches into a monologue of how he has ruined his life. He can no longer look anyone in the eye. "There is this deep sense of guilt inside me. Every time I talk to someone who knows about my condition, I wonder what he might be thinking about me."

This is obviously a reference to his visit to a sex worker, perhaps somewhere in Mumbai. In all the households in the villages, the virus

LIVING WITH AIDS

has travelled from Pune or Mumbai, where the men of the households had gone to work. After word leaked out to his family, his mother fell ill, he says, just worrying about him. His brothers told him to stay away. A bitter Hanumant recalls, "I was told: 'Stay at a government centre. At least you'll get food and medicines. Do not come back to us'."

Now their only support is his wife's parents. Not that they have accepted Hanumant. At least they are willing to take care of their daughter and the granddaughter. His wife, Ranjana, had developed Herpes Zoster, a skin infection in which large, red, extremely painful blisters crop up.

This was the time when her infection was detected. She looks very thin and is suffering from acute anaemia as well. She lost her eight-month-old boy. He became sick and died because he wasn't tested and even the couple didn't know at that time that they had HIV.

Ranjana wants to keep her daughter till the time she lives, but says that she has little strength. But this depresses her further. And as she fights off her tears, the questions come pouring out. "How will I work and support myself through my remaining days. If one of us were to fall seriously ill, how are we to be transported to a health centre," she says, considering the track which leads to their home is so treacherous? And finally, in a tone which conveys her hopelessness, she says, "Why can't a centre just accept us and provide us medicines till the time we live?"

In village after village that I went to in Satara district of Maharashtra, there had been several recent deaths. All the villages are small — clusters of 100 to 200 houses.

Most of the villages were very poor and no one seemed to know anything about HIV, till they got infected. In all the villages, the mobility of men had brought HIV, confined to some parts of the cities, right into their homes.

The Times of India
09 May 2001

Little known facts about neuro AIDS

By R. Prasad

CHENNAI, APRIL 1. Opportunistic infections like tuberculosis of the chest in AIDS patients have received more attention in India. However, many are totally ignorant of dementia and other neurological problems that could afflict AIDS patients. This is intriguing as a large percentage of AIDS patients in the country will suffer from such problems. "Observational data at our centre suggest that nearly 30-40 per cent would suffer from AIDS related neurological problem at some point of time in their life," said Dr. N. Kumaraswamy, Chief Medical Officer, YRG CARE at the VHS Hospital, Chennai. It is nearly 70 per cent in the West.

More than the high likelihood of developing a neurological problem, nearly 10 per cent of AIDS patients first come to know of their disease (AIDS) status only through neurological problems, according to Dr. V. Ravi, Head of the Neuro Virology department at the National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore.

The symptoms of neuro AIDS can range from lethargy to more obvious ones like loss of memory, loss of consciousness, loss of motor function, seizures and even dementia. 'Nearly 10 per cent of HIV infected patients develop dementia," said Dr. Kumaraswamy, based on his observational data. Dr. Ravi mentions a much smaller figure of 2 per cent. HIV caused dementia incidence is as high as 30-40 per cent of the cases in the West. Various reasons are given for the low occurrence in India as compared to the West but nothing has been proved conclusively.

The HIV virus is carried to the brain in the first four weeks after infection by the macrophages. Once inside the brain, the HIV infects the microglial cells — the brain's macrophages. "The time span for developing some neurological problem here is 2-5 years while it is 8-10 years in the West," Dr. Ravi said.

The damage to the microglial cells can cause meningitis. Similarly, damage to nerve fibres can occur. It can also cause a host of (neurological) opportunistic diseases due to immune suppression. Dementia that results due to injury or death of neurons can occur in the early to middle as well as in the late stages. "We don't see much of dementia in India although it can occur any time after a year of HIV infection. We see more of neurological opportunistic diseases than dementia," said Dr. Ravi.

"The neurological problems caused by AIDS can be treated if they are diagnosed early," Dr. Ravi said. Diagnosis and treatment are crucial in the case of neuro AIDS primarily because the blood-brain barrier in the human body prevents many drugs from reaching the brain. Even when they do reach the brain, they are insufficient in quantity to keep the virus under check.

"Only two or three antiretroviral drugs are able to go past the blood-brain barrier. Hence correct treatment using these drugs is vital." Dr. Kumaraswamy stressed. In the absence of correct treatment, there lies a possibility of the virus developing drug resistance and the brain becoming a major reservoir of virus. Disease management in such cases will become all the more difficult.

The Hindu
02 April 2001

Population up, but number of girls plummets in India

B. Pradeep Nair

BANGALORE: Hidden within the provisional figures of census released last month is a distressing trend. In the age group of under-six, for every 1,000 boys, there are only 927 girls. This figure was 945 ten years ago. In Karnataka, the child sex ratio, has dropped from 960 to 949: a decline that has made policy planners and health workers sit up and take notice.

This drop looks all the more alarming when viewed against two other figures. One, the sex ratio for the total population has gone up during the last 10 years — 927 to 933. (In Karnataka from 960 to 964.) Two, in the seven-and-above age group, the number of females has gone up — 923 to 935. (In Karnataka from 960 to 966.)

This means the decrease in the number of females has been only in the age group of below six. And provisional figures for Karnataka show that it is in the relatively-affluent districts that the number of girls has dropped over the past decade.

Sex ratio is considered an important indicator of a society's well being. According to UN figures: "In countries with adequate healthcare, there is an average of 105 females to every 100 males". India is one among the countries that has a low sex ratio.

According to the United Nations Population Fund. Indian mortality rate for girls is 40 per cent higher than for boys. The 2001 census shows that out of 35 states and Union territories, only five have registered an increase in child sex ratio. They are Sikkim, Mizoram, Tripura, Lakshadweep and Kerala.

NUMBER OF GIRLS FOR EVERY 1,000 BOYS IN THE 0-6 AGE GROUP

DISTRICT	1991	2001
BELGAUM	955	924
GULBARGA	959	937
MANDYA	959	937
TUMKUR	970	952
BANGALORE (RURAL)	957	941

Sabu George, who has done extensive research in female infanticide in Tamil Nadu, and who works with the Community Health Cell, Koramangala, attributes this to the mushrooming of sex-determination clinics. "The figures are a confirmation of our prediction. When the first clinics appeared we had warned of adverse consequences. The figures speak of a deliberate act of violence against women."

In Karnataka, the biggest drop in child sex ratio is in Belgaum — 955 to 924. In Gulbarga and Mandya, it came down from 959 to 937; in Tumkur from 970 to 952 and in Bangalore Rural from 957 to 941.

H. Sudarshan, chairman, health and family welfare task force, says, "This drop could be because of the neglect of the girl child, and high girl mortality. Another factor could be sex determination and selective female abortion. In Mandya town, for example, there are a number of clinics and are spreading to the villages."

Donna Fernandes of Vimochana says: "It is a reaffirmation of the age-old prejudice against females, who are seen increasingly as a liability. Boys are seen as bringing in money whereas girls are seen as taking out money. Sadly, educated and affluent people ask for more dowry."

Gita Sen, professor, economics and social sciences, IIM, Bangalore, also attributes this to the "systematic inroads made by selective abortion".

"The fact that the decline is more steep in the forward districts of Karnataka is disturbing. It is perhaps an indication of easier accessibility to clinics there," she adds.

Sabu George is quick to clarify. "We are not against abortion. We are against killing of females because of their sex. Violence can't be an answer to violence." Gita Sen stresses the need for a campaign, particularly against the practice of dowry, which she feels is the major reason for girls being perceived as a liability.

The Times of India
29 April 2001

Experts criticise India's population control targets

BY PRIYANKA KHANNA

New Delhi, April 28: India's target of putting a cap on the burgeoning population growth within the next decade is unachievable, say demographers.

The government's National Population Policy has set a target of reaching replacement fertility levels by 2010 when each woman gives birth to at least one daughter and not more than two children.

This in turn will lead to a stage where the births gradually come on par with the number of deaths by 2045.

"Are we are living in a dreamland?" asked census commissioner J.K. Bhantia. "To achieve the targets set by the government, we are asking for a miracle from northern states.

"We are expecting states like Bihar and Uttar Pradesh to attain the status that took southern states like Kerala, Tamil Nadu and Andhra Pradesh 40 years to reach," Mr Bhantia said.

But Krishna Singh, a member of the National Commission on Population which is headed by Prime Minister Atal Behari Vajpayee, said: "Our targets seem optimistic as far as some states go. We do not want to revise the targets as they are our driving force. We are positive that a modern approach will help us achieve our targets."

"For this we have asked the district administrators of 133 problem districts to get back to us with area specific policies to control population," she said.

The latest census shows that India has become the second most populous country after China to cross the one billion mark. Currently, every sixth person in the world is an Indian. India's population officially clocked at 1,027,015,247 on March 1.

India added about 181 million people between 1991 and 2001, which is more than the estimated population of Brazil, the fifth most populous country.

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The myth of the population bomb

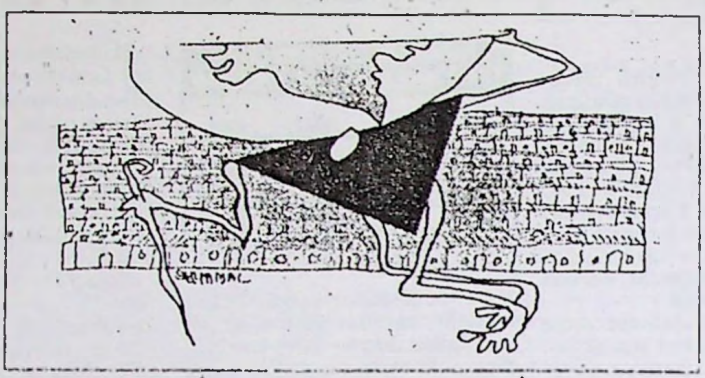
DEVAKI JAIN

INDIAN census counted 1,027 million inhabitants in 2001. This population is expected to grow to over 1.6 billion by the middle of the 21st century, making India the most populous nation in the world. This population growth is worrying parliamentarians so much that there are currently more than 20 private member bills and resolutions asking for urgent action.

They suggest that the New Population Policy, which has been announced by the Central government in 2000 - and which adopts a target free approach - is too mild since it is phrased as a collection of incentives and disincentives. Instead, they would like withdrawal of several rights from people, if they do not adopt the two family norm. These include debarring individuals from standing for elections for local government and rendering them ineligible for government jobs.

The urgency for action conveyed in these bills assumes that without strong government action population growth will continue unchecked. However India's population growth rate has declined significantly in the past two decades with total fertility rate dropping from 6 children per couple in 1951 to 3.3 children per couple in 1997, taking India nearly 70 per cent towards the goal of replacement fertility.

While the frustration with the prospect of high population growth is



understandable, this fear of population bomb leads to actions that are likely to be ineffectual and coercive. While Indian fertility has been declining significantly, as a result of high fertility in the past, our population consists of a large number of young people, just entering reproductive ages. Even if they were to strictly adhere to the two child norm, for the next few decades, births in India will exceed deaths, resulting in net growth of the population.

This phenomenon, known as "Population Momentum" is estimated by the demographers in the National Population Commission to account for 58 per cent of the population growth between 1991 and 2016. Public policy is likely to have only marginal impact on this portion of the population growth. A further 20 per cent of the growth in this period is attributable to "unwanted fertility", i.e. unplanned and unwanted births to women who would like to stop having more children. This portion of future growth can be reduced by providing high quality contraceptive services in an ethical and sensitive manner. The desire for large families accounts for only 20 per cent of the future growth. Thus, the bills referred to above, address only a small portion of the expected population growth.

It is far from clear that these measures can effectively control even this small fraction of the expected population growth. Moreover, this legislation could have a strong inadvertent effect of excluding some groups from the political process. The data from National Family Health Survey document that SC/ST individuals bear nearly half a child more than the non SC/ST population. Also less educated and poor families have more children than the better off sections. Thus, this provision will lead to the exclusion of tribals, dalits and the poor from the political process.

This could be particularly oppressive for the members of the SC/ST populations who face high infant mortality and child malnutrition rates. Of the 1000 newly born children, nearly 126 SC children are likely to die before reaching age 5 as opposed to 82 for the higher castes. Until better guarantee of child survival and high quality health care can be given to the population as a whole, and the marginalised groups in particular, expecting strict adherence to the two child norm seems unrealistic as well as oppressive.

As these arguments suggest, the bills pending before the parliament as well as those in progress in state legislatures (including Maharashtra, Rajasthan, Andhra Pradesh, UP and MP), are not only unlikely to be effective in curbing the population growth, but they also contain dangerous and undesirable consequences for the panchayati raj institutions and the marginalised groups. Thus, it is imperative that these Bills not be allowed to proceed any further.

The writer is a Bangalore-based development economist

The Indian Express
02 May 2001

Contd...

Uttar Pradesh's 166 million is more than the estimated population of Pakistan.

India's share in the world population is 16.7 per cent while it makes up for just slightly more than two per cent of the earth's land surface. The population is growing at 1.9 percent annually and will surpass China's in 25 years if the current trend continues.

The government, however, feels that the country can stabilise its population when the net growth rate becomes zero by 2045. Population experts rubbish the claim.

Well-known demographer Mari Bhatt said, "It is impossible to achieve the targets set by the government. We suggest that replacement levels will be achieved by 2020 and stabilisation will occur only by 2060."

Demographers who project a doubling of the country's population by 2038 feel every fourth person in the world will be an Indian in 37 years.

Commissioner Banthia said the country's percentage growth in population has declined from 23.86 in 1981-91 to 21.34 during 1991-2001, which is the sharpest fall since independence. "But the 1.93 per cent annual growth rate is still higher than the earlier projections that placed it at 1.8 per cent," he said. *(India Abroad News Service)*

The Asian Age
29 April 2001

CHEAP AIDS DRUGS CHEAP ENOUGH?

SIR, – Three Indian generic drug manufacturers' (Cipla, Hetero and Aurobindo) offer of selling a cocktail of three anti-AIDS drugs at considerably lower prices ($350, $347, $297 respectively per year per person) than those of multinational companies in international markets (ranging from $1,000 to 15,000) reflects a remarkable achievement by Indian drug industry (21 April, "Drug-maker pricks MNC arrogance" by Seema Kamdar).

But is it really "great news for an Aids-scarred world, especially in South Africa", as commented by the author? South Africa currently spends less than $10 a year per person on public health. How can its government provide these drugs even at the drastically reduced price offered by Indian drug makers to its over four million people living with HIV/Aids?

It is much more difficult – almost impossible – for many developing countries like India with considerably less per capita expenditure on public health and per capita income to take advantage of the reduced price. The number of people living with HIV/Aids is about four million in India and about 34 million in the Third World.

The reduction of anti-Aids drugs is, of course, highly desirable. It would at least alleviate the suffering of a fraction, however small of those infected with HIV/Aids in developing countries.

But too much focus on the treatment drug cocktails that would make living with HIV/Aids tolerable should not in any way divert attention from the real issue in developing countries – stemming the spread of the disease through not so expensive but expanded and increasingly effective prevention programmes carried out by government and non-government agencies.

– Yours, etc., MONI NAG.

New York, 28 April.

The Statesman
01 May 2001

A rare day for sex workers with a message on AIDS

EXPRESS NEWS SERVICE

Mumbai, April 30: Swirling skirts and smiling faces — it was a fitting memorial to two life-loving, spirited women who had succumbed to AIDS. The dizzy tune of *Bhumro Bhumro* buzzed through the afternoon air at the Khetwadi Municipal School in Mumbai on Saturday, as 100 commercial sex workers (CSWs) and their daughters came together to pay tribute to Gauri and Sushila who passed away last week.

Their laughing eyes and wholehearted enjoyment of the event was a far cry from their lives in Kamathipura. Four-by-four rooms, with just a small opening to call a window, a bed allotted to them for eight-hour shifts on which they have to sleep, tend to the children, and carry out their 'business.'

Providing a binding force in that scenario is NGO Apne Aap, that has worked for the last six years to improve the lot of the CSWs. Started by ex-journalist Ruchira Gupta, who is currently working with the UNICEF, the NGO was conceived while she was shooting a film on them, which won eleven awards and inspired people world over. Actress Divya Dutta was present at the occasion. Currently, Apna Aap conducts classes for CSWs to educate them on their rights and the health risks they face. The message was not lost. AIDS is deadly, and precautions have to be taken. Sex workers are human beings with a right to life.

Film actress Divya Dutta hugs the daughter of a commercial sex worker at Khetwadi in Mumbai.– Express photo

The Indian Express
01 May 2001

The Times of India
02 May 2001

Many HIV drug ads are misleading: US

WASHINGTON: A review of HIV drug advertising found that many promotions are misleading because they do not make clear that the medicines cannot cure infection or reduce viral transmission, US regulators said. The Food and Drug Administration said it had changed its position and now considers it a violation of federal law to run promotions that fail to depict medicines' limitations or use images "not generally representative" of HIV-positive patients.

The agency notified eight drug makers of its policy in a letter. In the letter, the FDA said a review of some direct-to-consumer marketing found that many ads "do not adequately convey that these drugs neither cure HIV infection nor reduce its transmission". Also, some ads "may not clearly reinforce" that many drugs need to be taken in combination with other therapies to fight HIV, the virus that causes AIDS. (Reuters)

Hijras to spread awareness

FROM RAJLAKSHMI TRIVEDI

Visakhapatnam, May 4: Shunned by family members and disgraced by society, 36-year-old Kumari's life is a saga of untold miseries. However, today, she heads a Hijra (eunuch) community which has been butt of ridicule and humiliation. It is unfortunate that even the government has done little or nothing to enhance its status. No welfare or developmental programmes have been devised for the Hijras thus making them live a life of penury.

Today, Kumari has a purpose, too, to live for. Thanks to Hoina, a social organisation that has taken the initiative to work with Hijras to create awareness on sexual health among the community on prevention of HIV.

Kumari is a counsellor with Hoina. She along with Shanti and Swapna, who are also Hijras, and Appa Rao (a gay), they work towards spreading awareness among their community on HIV and other STDs.

According to project in-charge Ravi Chandra, STDs and HIV are very common among Hijras as sex has become their main source of livelihood.

There is every need to focus attention of the social welfare departments to these needy souls. Asked about the work as a counsellor, Kumari ponders for long before saying, "Yes definitely. At least I'm doing something worth while in helping my community. Otherwise, who will give me a job, will you ?" she asks.

Kumari's father who worked at the sub-collector's office at Narsipatnam brought her up like a son with his other four children. With two elder brothers and two sisters, Kumari always felt like a woman in her manly attire, she says. She was sent to school like her siblings. While in Class VII of a government school, her widower schoolteacher lured her to work at his house. He abused her for two years and one day vanished leaving her abandoned. Kumari spent her days on the Vijayawada railway platform, begging and earning as commercial sex worker. It was when she gave up dressing up as a male and started wearing a sari. When she tried to contact her family, they declined to accept her back. Kumari decided to go to Madras for "divine castration" prevalent custom among Hijras done in front of a pious 'Devi' who in turn lauds the sacrifice with femmity.

Abandoned and astray she left for Mumbai to join the community of sex workers at Grant Road. Ill treated and abused by other Hijra el members, Kumari decided to return to Visakhapatnam to join her community back home.

A very close-knit lot, Hijras also crave for love and sense of belonging. Their life is different and interesting for many who are unaware and indifferent.

The community of eunuchs desperately long for a family and have devised a system to suffice this need for belonging.

Whenever a new member joins their community, she can join only as *kodalu* (daughter-in-law) or *kuturu* (daughter), the two groups existing in every community area. Kumari reveals that she has eight daughters and 16 daughter-in-laws in her family.

Each group is headed by head of the family and Kumari is one such matriarchal head.

She hosts an elaborate *dawat* (feast) to the community whenever a new member enters the family. The *kuturu* or *kodalu* give their entire earnings to the family head who in turn takes care of all their requirements. Kumari, is devoted to her husband Prakash whom she met and fell in love about 12 years ago. Prakash's family comprising his wife and two children have accepted her as *peddamma* (aunt). Kumari is only happy to reciprocate their feelings. Living with the family has also given her the much needed confidence in going about her new-found job of counselling, she says.

Deccan Herald
05 May 2001

AIDS CAMPAIGN

Origin of HIV

THE controversial theory that researchers developing polio vaccines in Africa in the 1950s accidentally triggered today's global AIDS epidemic has been dealt what could finally be a fatal blow. Three new studies have found no evidence for the main claims of the theory.

In his 1999 book "The River: A Journey to the Source of HIV and AIDS," journalist Edward Hooper promulgated a disturbing theory about the origins of AIDS. Hooper's assertions threatened to capture the public's imagination until they were largely discredited by preliminary investigations presented at the Royal Society in September last year. At the time, Hooper dismissed the results as"irrelevant" to his hypothesis.

Hooper claimed that by using chimpanzee kidney tissues infected with human immunodeficiency virus (HIV) when developing an oral polio vaccine (OPV), researchers at the Wistar Institute in Philadelphia, Pa. inadvertently contaminated their vaccine stocks with the virus. He alleges that when these vaccines were tested in as many as one million people in the Congo between 1957 and 1959 they seeded the human population with HIV-1 - the strain that most commonly causes AIDS. Three independent research groups have now found no trace of chimpanzee tissue in any of the remaining stocks of the original vaccine, including a vial of the stock used to create the OPV tested in the Congo. They also detected neither HIV nor its primate form and closest ancestor, simian immunodeficiency virus (SIV). Furthermore, they present evidence that the virus emerged in human populations before the Congo vaccine trial. The researchers admit that their findings cannot disprove Hooper's theory. "It's the old problem of proving a negative," says Neil Berry of the National Institute for Biological Standards and Control (NISBC) in Potters Bar, UK. Perhaps the most compelling evidence against Hooper's theory comes from Berry's group. They analyzed a vial of the same vaccine stock as was used to treat people in the Congo and is directly blamed in "The River" for the outbreak of HIV in humans. When "The River" was published, the Wistar Institute could not produce a sample of that vaccine. The one that has now been tested was later found in a freezer at the NISBC.

Berry's team did not detect HIV or SIV in the suspect vaccine. What's more, the only tissue identified was from macaque monkeys - which Wistar researchers insisted that they had used - and not from chimpanzees. "We used a sensitive assay for both tissues and only one was positive," Berry says. Finally, having examined samples of HIV collected in the Congo in 1997, Edward Holmes at the University of Oxford and his colleagues conclude that the multiple subtypes that characterize modern-day HIV could not have originated from contamination with chimpanzee tissue in the 1950s. According to Holmes' team, the last common ancestor of the variants known in the Congo today was present in a human host and was not, as Hooper alleges, transferred from a primate.

The genetic history of HIV-1 strains, Holmes says, "fits a classic exponential epidemiological spread and says nothing at all about multiple transfer" from vaccination with a contaminated oral polio vaccine. "It may be a natural, ecological process, which is what I believe it is," Holmes adds.

Edward Hooper was not available for comment but has so far stood firmly in support of his theory. He has said that the only evidence he will accept is proof that HIV existed in humans before 1957. "He's going to fight until someone finds a blood sample from the 1940s that's HIV-positive," Holmes says. Simon Wain-Hobson, a member of the Blancou team at the Pasteur Institute sympathizes with Hooper's "compelling" theory. "Such an outrageous thing as HIV requires an outrageous explanation." But, he argues, the scientific evidence for the origins of HIV tel a less dramatic tale.

TOM CLARKE
Nature News Service

Deccan Herald
01 May 2001

Aids Alert

Baby might be infected

(This week, we introduce a new column where Dr Neeru Bhatia, Deputy Director, Delhi State Aids Control Society, answers your queries about AIDS.)

Since there is no known cure for AIDS, prevention remains the most effective way of controlling the spread of the disease. This can be done by taking precautions while indulging in high risk behaviour that can spread the infection. The main routes of transmissions are:

❑Unprotected sex with an infected partner. HIV/AIDS can spread through any from of unprotected sex, be it anal, oral or vaginal. Those who have multiple partners are at higher risk.

❑Using HIV infected blood and blood products, or through organ transplants from an infected donor.Through infected needles or syringes.From an infected mother to her new born child.

PRECAUTIONS:

Avoid multiple partners and use condoms while having sex with an unknown person. Since the presence of STDs increase risk of contacting AIDS, get STDs treated immediately.Always use disposable/autoclave syringes and never share syringes. Ensure that blood or blood product being used for transfusion have been tested for HIV. Same is true for transplanted organs

READERS WRITE IN:

Ques: *We are a middle-aged childless couple who have been offered a two month old baby for adoption. The baby has been suffering from fever and pneumonia for the past one month. There has been no increase in his weight since birth. Is it possible for a baby to have AIDS?*

Ans: A new born can get infected with HIV/AIDS during the delivery birth or in the womb of an infected mother. A child should be tested for AIDS if he/she has some of these symptoms:

*Unexplained weight loss or abnormally slow growth.

*Chronic diarrhoea, for a month or more, which does not respond to medicine.

*Prolonged fever for more than a month that doesn't respond to treatment.

*Repeated ulcers in the mouth.

*Persistent cough.

*Repeated common infection

*Enlargement of the lymph nodes in different parts of the body.

Since the child has some of the above symptoms, it is advisable to get him tested for HIV to rule out any possibility of infection. Tests can be done at:

*Microbiology Department, Maulana Azad Medical College

*Microbiology Department, Lady Harding Medical College

*Microbiology Department, AIIMS

*Microbiology Department, University College of Medical Sciences

*Armed Forces Transfusion Centre, Delhi Cantonment

*Indian Red Cross Society

Ques: *For seven years I've been working as a helper at a doctor's clinic.My work involves disposing all the waste including used syringes and needles. A number of times I've been pricked by needles I throw away. I read that HIV infected needle pricks can cause AIDS. Do I need to get myself tested for HIV.*

Ans: HIV infected syringes, needles are an important mode of transmission of HIV/AIDS.Syringe and needle cutters or destroyers should be used in every clinic. They should be disposed off in puncture proof bags. You should also wear protective gloves while handling bio-medical waste being generated in the clinic. It appears that your centre has not being observing these precautions. It would be advisable to get yourself tested for HIV.

Ques: *I work as an executive in Delhi and have been staying away from my family for the last four years. When I feel lonely I visit prostitutes. I have always used a condom while having sex, but last time when I had sex with a prostitute I realised the condom got torn. Now I am scared about having contacted AIDS. Please advise what I should do?*

Ans: Condoms are a good protective method of preventing the spread of AIDS, but in your case there is a doubt that the condom could have been torn while having sex, so the possibility of contacting the disease cannot be ruled out.Get yourself tested for HIV. You will have to wait 3 months from the last contact before getting yourself tested. I would also advise you to stop visiting prostitutes.

Ques: *We are a group of five friends. Visiting a festival in a Rajasthani village we all got small tattoos on our thighs as a mark of our friendship. Later we realised that the person engraving tattoos had used the same needle without cleaning for everyone. We have heard infected needles can cause HIV. What do we do?*

Ans: You are absolutely right in saying that HIV infected needles can cause HIV infection if used immediately. In your case if the needle was used immediately prior to engraving tattoo on your body then their can be a risk because the previous persons on whom the needle was used could have been HIV+ve. You should get an HIV test done three months after the date of tattooing.

Address mail to Aids Alert, Vivacity, Link House, 3 BSZ Marg, NewDelhi 2. e-mail: www.pioneer@del2.vsnl.net.in

The Pioneer
03 May 2001

City based firm launches Hepatitis-C detection kit

DH News Service

BANGALORE, April 30

HEP-CheX C, the country's first indigenous kit for detection of Hepatitis-C, produced by Bangalore-based Xcyton Diagnostics Limited, was today launched here by Dr G Padmanabhan, Emeritus Professor of the Indian Institute of Science.

The Drug Control Department of India is making screening of blood for Hepatitis C compulsory from June 1, 2001. Earlier, screening of blood was a must only for HIV, Hepatitis-B, Malaria and veneral diseases. Hepatitis-C, transmitted through blood, is a form of virus which causes live cirrhosis. There are 11 types of this virus.

The Hepatitis-C detection kit has been developed in collaboration with the International Centre for Genetic Engineering and Biotechnology, Delhi.

Earlier, Xcyton Diagnostics also developed HIV-CheX, the first indigenous kit for detection of HIV 1 and 2. The company has plans to produce detection kits for Hepatitis-B, pulmonary tuberculosis, tuberculosis meningitis, malaria and typhoid fever in the future.

Speaking to reporters here, Dr Padmanabhan said clinical trials are on at Indian Institute of Science for rabies vaccine in collaboration with Indian Immunologicals, Hyderabad, and rota virus in children, which is the cause of 40 per cent of diahorreal deaths in children.

Deccan Herald
03 May 2001

Soaps for social change

CAN sub-Saharan Africans slow the spread of AIDS if the stars of their favourite TV melodramas practice safe sex? Will Chinese families coping with the country's one-child policy stop valuing boys over girls because the heroine of the most-watched television drama is as successful and dutiful as any son a parent could imagine? Is the answer to Brazil's bloody struggle between wealthy barons and landless peasants the sympathy generated for the destitute squatters by a wildly popular prime-time series? Tune in for a daily dose of encouragement for the behavioural changes that these shows' producers believe will create a better world.

Soap Operas for Social Change is a multinational mission aimed at lacing entertainment with role models whose trials and tribulations mirror the everyday lives of listeners and viewers in developing nations. It's an international cross-breeding of philanthropy, development aid and local media talent. Germany, as one of the top media powers in the developed world, has become an incubator for ideas on how to spread democratic values via entertainment.

From teenage pregnancy to pollution, domestic violence to school dropout rates, education masked as dramatic diversion reaches a far broader audience via the airwaves than it ever could on a face-to-face basis, says Hans Fleisch, head of the German Foundation for World Population.

"With hundreds of millions of people in the world living in trauma - forced (female) circumcisions, war, discrimination against women, AIDS - there will never be enough resources to provide individual therapies, which is why television presents such a great opportunity to convey an important message," he says.

"Television in the developing world isn't only for entertainment, and it's not regarded as a waste of time. It's seen as an engine for social change and development," says Dietrich Berwanger, head of the television training division of Germany's international broadcast service, Deutsche Welle.

TV watching remains a communal affair in developing nations, he notes, with extended families gathering each night around whatever sets are available and often discussing the plots and predicaments after the programme is over.

"Viewers trust TV characters more than their governments, so it's important for the entertainment media to take up issues that will enlighten audiences and lead to resolution of social problems," says Benedito Ruy Barbosa, a Brazilian writer of soap operas and prime-time dramas for the last 30 years.

Barbosa's hugely popular "O Rei do Gado" (The Cattle King), which aired in the late 1990s, was credited with instigating land reform because it brought home the suffering and injustice of the landless to 80 million Brazilian viewers.

"Even before the end of the series, the government was forced to impose a tax on land left fallow to pressure the 'fat bellies' to allow the landless to farm it," says the writer.

At a recent seminar to brainstorm broadcast interventions into the world's most pressing problems, the German activists and the US-based Population Communications International (PCI) were approached by Primus Guenou, a production executive from Togo, who was seeking collaboration on a soap opera to educate Africans about the causes and prevention of AIDS.

"This is the only way to do it. People won't read brochures or listen to lectures. They want to be entertained," says Guenou, the director of Primus Entertainment Production.

PCI President David J Andrews confirms that Africa's AIDS crisis is his organisation's next big priority and that the New York-based operation, funded by private donors, hopes to partner with local broadcast producers throughout Africa. PCI began supporting radio and television serial productions a decade ago and had empirical evidence from the very start that the messages embedded in the dramas were contributing to beneficial change, Andrews says.

PCI hopes a soap opera now in its third season in China will resolve a reproductive problem - in this case the marked preference for male babies among couples allowed to have only one child.

Despite the opportunities television and radio offer in educating people in developing nations, bureaucratic and ideological obstacles remain. The St Lucia government bans the use of the word "condom" in the PCI-assisted serials it otherwise welcomes. To get around the technicality, writers aiming to educate listeners about family planning simply substituted the word "catapult" for "condom." "It took people no time at all to realise what was meant when the girl would ask her boyfriend if he remembered the catapults, or if he knew how to put one on. The result is that today there isn't a single person in St Lucia who doesn't know what a catapult is," says Andrews .

The 40-odd countries now receiving development aid via soap operas and other entertainment vehicles are mostly poor states with too few resources and production skills to undertake such programming tasks on their own.

-Los Angeles Times

Deccan Herald
03 May 2001

Fund to fight AIDS

THE SEVEN wealthiest nations may establishing a fund to combat AIDS and other diseases, Italy's finance minister said.

At an upcoming summit of the industrial giants, Italy will propose that the 1,000 largest corporations in the world contribute at least $ 500,000 each — and that the industrialised nations match each contribution dollar for dollar, "with the view to achieving a starting overall target of $1 billion," Vincenzo Visco said.

AP, United Nations

The Hindustan Times
04 May 2001

Muslim success in birth control

SWAMINOMICS

Swaminathan S. Anklesaria Aiyar

Quick estimates from the latest census show that India's rate of population growth has moderated somewhat. Religion-wise figures for population growth have not yet been tabulated. When they are, they will doubtless show the Muslim population growing much faster than the Hindu population — that has been the pattern ever since censuses began a century ago.

The RSS will doubtless blame the nature of Islam and mullahs for this sad state of affairs. Many secular Hindus will also conclude that Muslims regard birth control as unIslamic.

Really? Among the ten countries that achieved the fastest reduction in the total fertility rate (number of births per woman) between 1980 and 1999. No less than eight of the ten are Islamic countries. Indeed, those who are quick to jump to conclusions may even conclude from the data that Islam is the surest way of reducing fertility! Now, it has long been known that some Muslim countries are willing practitioners of birth control. Indonesia has long boasted an enviable record in population control. In recent years, Bangladesh has made rapid strides in reducing fertility.

But such examples do not im press most Indians. They believe that Islam as practised in countries like Indonesia and Bangladesh is a toned-down version of the real thing. After all, Indonesians Muslims dance the Ramayana, and Bangladeshis sing Rabindra sangeet. Such "soft" Muslims may adopt family planning, but what about the "kattar" Muslims of the Middle East? Most Indians equate Islamic culture and religious practice with that of the Middle East.

Well, in the last two decades, Muslim countries of the Middle East have been world champions in fertility reduction. Many Indians believe that socialist Arab states may promote birth control, but not traditional ones dominated by Sheikhs and mullahs. This too is a mistaken notion. First in the fertility reduction championship is Oman, a traditional sheikhdom. Number two is Iran, where the mullahs rule. Jordan, Kuwait and Morocco are other Arab states ruled by kings and sheikhs.

Saudi Arabia, the most conservative of all Muslim states, is not among the fastest reducers of fertility, but even in that country fertility declined from 7.3 to 5.5 births per woman in 1980-99.

India's fertility rate declined by 1.9 births per woman in this period, a positive achievement. Yet this is barely half the decline achieved by some Islamic countries. Even Pakistan, which is notorious for neglecting its social duties, reduced births per woman by 2.2 in this period, more than India did.

Pakistan, Oman and many others started from a much higher level than India, and this made reduction easier once they got going. Still, India's two Islamic neighbours, Pakistan and Bangladesh, have both reduced fertility by a bigger amount than India. This will surely surprise those who believe that Muslims are fundamentally against contraception.

In absolute terms, India's fertility rate (3.1 births per woman) is lower than that of Pakistan (4.8) or Bangladesh (3.3). But even by this yardstick, India is a poorer performer than Islamic countries like Indonesia (2.6 births per woman), Iran (2.7), Kuwait (2.7) or Morocco (2.9).

These numbers make it abundantly clear that acceptance or rejection of family planning has nothing to do with religion. Some mullahs may oppose family planning, but mullahs disagree among themselves on this issue, just as priests of other religions do. And ordinary folk ultimately decide what to do, regardless of what priests may say.

The best proof of this comes from Italy. This is the home of the Pope, revered as God's own representative on earth. The Pope has always lambasted birth control. Yet Italian Catholics have decided to ignored him. Italy today has virtually the lowest fertility rate in the world, just 1.2 births per woman, well below replacement rate.

If religion does not matter, what accounts for the persistently high rate of population growth of Muslims in India? There are many reasons.

First ,traditional Hindus do not allow the remarriage of widows, while Muslimsencourage it. Second, a disproportionate number of migrant labourers are Hindus, and their long absences from home tend to reduce births per woman. Third, literacy is lower among Muslims, especially Muslim women. Low female literacy is associated globally associated with higher birth rates.

But the most important reason of all may be the failure of the state. The world over, government efforts have been important in persuading people to adopt contraception. The state has been able to persuade Muslims to use contraception in Iran, Libya, Bangladesh and many other countries. But state has not been able to carry conviction with Muslims in India.

Do not blame this on the culture and religion of Muslims. Our data show this is a misconception. The fault is mainly that of the Indian state, which is able to persuade Hindus up to a point but not Muslims.

A successful state is one which earns the respect of all communities, and carries conviction with all of them. Judged by this yardstick, the Indian state has failed.

The Times of India
06 May 2001

Crores go down the drain, 125 test HIV positive

HT Correspondent
Aligarh, May 5

NOTWITHSTANDING THE Government order and despite spending crores of rupees on the prevention of AIDS, District Health Department has failed to check the increasing pace of this disease in Aligarh. More than 125 persons were tested HIV positive in Aligarh. AIDS which is spreading fast in India has created a panic in this city too.

Although in Uttar Pradesh the AIDS awareness fortnightly programme is going on but it has not proved successful in Aligarh because in Jawahar Lal Nehru Medical College the surveillance centre of Aligarh Muslim University has detected twelve HIV positive cases within a period of last three months. The increase in the number of such patients is not only worrying the medical experts but has also created a panic among the public.

Prof. Abida Malik the chairperson of Microbiology department of J. N. Medical College of Aligarh Muslim University told the Hindustan Times that surveillance centre was established in Aligarh J. N. Medical College by National AIDS Control Organisation in 1987. It has played an important role in detecting HIV positive cases. Dr Malik further said that last year 38 persons were found to be HIV positive which included fourteen women.

Twelve patients which were detected HIV positive during the last three months, included four women. It is a matter of concern that a large number of women have also come in the grip of this disease.

Sources said that amongst the HIV positive cases, 50 per cent found in Aligarh are suffering from Tuberculosis. The first HIV positive case was detected here when the blood of a child was tested some eight years ago.

Dr M U Rabbani of J.N. Medical College told the Hindustan Times that along with the transfusion of blood, use of syringe

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The poor and the ignorant fall victim

By Sahana Charan

BANGALORE, MAY 6. It was a scrape with death for 21-year-old Chanda (not her real name) at the hands of a quack.

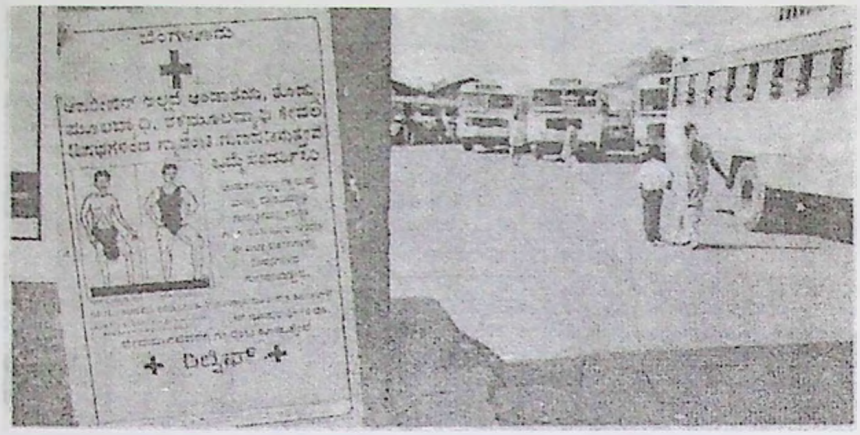
Chanda and her husband, who live in the Anandapura slum near Airport Road, relied on the local quack for an abortion. His suspect methods for termination of pregnancy proved almost fatal for her. She barely survived the ordeal, while severe stomach aches and trauma haunt her even now.

There are more such ghastly tales in the bylanes of Bangalore, where quacks charge a premium for their dubious services. Mr. Prem Kumar, an engineer, was duped by one of them of thousands of rupees for "curing" a slight ailment. He approached the Indian Medical Association (IMA), and a complaint was lodged with the Ayurveda Board, the regulating body, but action was not taken against the accused.

The quacks' victim-list does not end. According to the Anti-Quackery Cell of the Indian Medical Association (Bangalore Branch), the City accounts for a shocking number of over 30 illegal abortions a day. There are around 15,000 quacks operating in the City, and more than 80,000 in the State. They claim to do everything from medical termination of pregnancy (MTP) to curing HIV/AIDS.

"These quacks advertise their services openly at important locations and crowded places in the City, though medical practitioners are prohibited from doing so, according to the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954," said Dr. P.Janardhana Rao, Convener of the cell.

Dr. Rao told *The Hindu* that the association's complaints against quacks provoked no action from the authorities concerned. "There are around 1.5 lakh cases of illegal abortions in the State. There are many more that go unreported because the issue of illegal abortion is always shrouded in secrecy. The IMA requested the State Government to check the quack menace and suggested that an Anti-Quackery Bill be enacted. But the Government did not respond. Even the circular issued to identify quacks in the State has been withdrawn," he said.



Pamphlets advertising medical services, which are in violation of the law, are rampant in the City. — Photo: K.Bhagya Prakash

A report jointly brought out by the IMA and the United Nations International Children's Education Fund (UNICEF) in March 2000 revealed that India figured first in the list of countries where illegal abortions are rampant. Out of the 1.5 crore illegal abortions carried out in the world, India alone accounted for around 40 lakhs. Ninety per cent of these were cases o female foeticide.

When *The Hindu* visited the aforementioned quack, his wife said her "gynaecologist husband" would carry out an abortion for Rs. 1,000, though she was told that the patient was 16 weeks pregnant and not married. The "clinic" does not have a doctor's name board, and abortions are conducted in a dingy room, which is a violation of the MTP Act, 1971. The Act states that abortion should be done by a registered medical practitioner, authorised by the District Health Officer, and in hygienic conditions using specific instruments. The doctor is also supposed to have his name, designation and degree clearly displayed on the name board.

"The poor approach quacks sometimes for female foeticide. They go to unqualified persons, who raise no questions," Dr. Sheela Bhanumathi, President, IMA (Chennakeshavanagar Branch), told *The Hindu*. "The quack's wrong methods cause infection, injury to the uterus, infertility and severe blood loss which may even lead to death," she said.

The Hindu
07 May 2001

Contd...

(needle) and unsafe sex there are two more factors which are specially responsible for increase in HIV positive cases in Aligarh.

The first is that several persons including women frequently visit foreign countries like Thailand, Singapore, Pakistan and other Asian countries for business or employment purposes. These countries are more sensitive for HIV positive disease. Secondly many foreign students are studying in various institutions of Aligarh.

Sources said that according to norms prescribed by the Government of India, the blood test for HIV was carried out on all foreign students admitted in educational institution just after their admission.

The Hindustan Times
06 May 2001

Hetero Drugs to supply anti-AIDS drug to Kenya

By Ramnath Subbu

MUMBAI, MAY 6. The Hyderabad-based Hetero Drugs (HDL) has received the compulsory licence to supply its anti-AIDS drugs to Kenya. "The license is currently in the process of being registered", said Mr. Dharmesh Shah, director, Business Development, Hetero Drugs. "The registration procedure is expected to be completed in the next few weeks and we will begin supply of the drugs from July." said Mr. Shah.

HDL manufactures the triple AIDS cocktail of Lamivudine, Nevirapine and Stavudine besides other anti-AIDS drugs comprising the basket including Indinavir, Zidovudine and the recently launched Nelfinavir.

Further, the company is in the final stages of registration in Colombia and west Asia. HDL was in discussions with Mexico also but it is currently studying the patent situation there. Regarding the supply of the triple AIDS cocktail to South Africa, Mr. Shah said, "The court verdict in South Africa in favour of supplying life supporting drugs to AIDS patients there has set a precedent. We met officials from South Africa last week and they have decided to go in for 'fast track' registration. As per a legislation under TRIPS (Trade Related Intellectual Property Rights), an international tender would be floated in the last quarter of the current year."

After Kenya, HDL plans to supply its drugs to Congo and has already lined up other African countries with which discussions are underway or are to commence. "We are currently in talks with the Nigerian and Zimbabwean governments. A more definite picture will emerge in the next few months." said Mr. Shah.

As per an understanding with Aspen Pharmacare (APL) of South Africa, HDL will supply the drugs to the SADC region through APL. The SADC region includes Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, the Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe. Aspen Pharmacare is a 1.1 billion SA Rand company and HDL has already made a technology transfer to it.

HDL has, according to Mr. Shah, also had discussions with Medicins Sans Frontiers (MSF) for supply of anti-AIDS drugs. HDL had earlier offered to supply the anti-AIDS cocktail of Lamivudine, Nevirapine and Stavudine to MSF at $ 347 per patient per annum as against the Mumbai-based Cipla's offer of $ 350 per patient per annum. "Bio-equivalency tests were required to be carried out on the drugs and we are expecting the results at the end of this month. Thereafter we will discuss the matter further with MSF."

In the domestic market, HDL has been talking to National AIDS Control Organization (NACO) as well as the World Health Organization (WHO). "However, at the moment, these organizations are collecting information and studying the patterns."

HDL has six manufacturing facilities — five in Hyderabad and one in Surat besides a Research & Development (R&D) centre in Hyderabad.

The Hindu
07 May 2001

Cipla to bring down prices of AIDS drugs with cocktail pill

Sitaraman Shankar
MUMBAI 8 MAY

DRUGMAKER Cipla, which sparked cuts in global AIDS drug prices in February, plans to make an AIDS cocktail pill which could cause prices to fall even further, its chairman said on Tuesday. "We are applying for Indian government permissions to launch three AIDS drugs — stavudine, nevirapine and lamivudine in one tablet," said Yusuf Hamied.

Hamied jolted the global drug industry with an offer to supply the three AIDS drugs to international charity Medecins Sans Frontieres (MSF) for $350 per patient per year, or under $1 a day, 1/30th the price in the United States. The new pill will be added to the offer, he said.

"We will offer the new combination pill to Medecins Sans Frontieres, other non-government bodies and governments in general for them to supply free," he said.

Over time the price will be cut to below $350 per patient per year, Hamied added, without giving any indication of how soon that may happen. Cipla's new product, to be called Triomune-LNS, will be the first combination pill of the three drugs anywhere in the world, he said.

Basically that's because patents for the three drugs are controlled by different companies. Britain's GlaxoSmithKline holds the patent forlamivudine, Germany's Boehringer Ingelheim the patent on nevirapine and US drug giant Bristol-Myers Squibb the patent on stavudine.

Cipla is allowed by Indian patent law to make products that are under patent internationally as the law protects only the processes by which drugs are made, and not the drugs themselves. Cipla focuses on finding different routes to make patented products and are in the process of applying for marketing permissions in some African countries, including South Africa, in due course," Hamied said.— Reuters

The Economic Times
09 May 2001

Aurobindo Pharma division to fight AIDS

FROM OUR BUREAU

Hyderabad, May 7: "It is necessary to take care of treatment of persons who are infected with Acquired Immuno Deficiency Syndrome in our country along with carrying out the awareness campaigns," said former director of Health Services Nand Raj Singh on Monday.

Speaking during the launch of Immunus, a division started by Aurobindo Pharma for research programmes on AIDS treatment here, he said availability of medicines at a low cost was very essential for the effective treatment of patients.

"Since the disease was first diagnosed in 1986 it has been a great threat for the entire human population, all over the world.

But most of the medicines cost much making it unaffordable for the patients. There should be efforts to bring here all drugs available for this in other countries," he said.

Aurobindo Pharma will concentrate mainly on research work and introduction of all kinds of vaccines which can bring relief to AIDS patients through the new division.

The division will make use of the services of hundreds of scientists already employed in the Pharmacy.

Immunus will also concentrate on encouraging HIV positive patients to take treatment and will mobilise funds in association with the various governmental and non-governmental agencies which are actively involved in AIDS control programme. Manager of Aurobindo Pradeep Kumar said drugs which cost around Rs 10,000 a year ago were now available for Rs 4,000 after the entry of the firm into this field.

Deccan Chronicle
08 May 2001

Ranbaxy enters domestic anti-AIDS segment

NEW DELHI, MAY 7. Joining the bandwagon of anti-AIDS drug makers in the country, Ranbaxy Laboratories has introduced three anti-AIDS formulations in the domestic market, a top company official said here.

"We have introduced three formulations in the market and will add five more to our portfolio in July," Mr. J. M. Khanna, president (research and development), Ranbaxy Laboratories told PTI.

Ranbaxy, which will have a total of eight drugs in its portfolio of anti-AIDS formulations by July, has priced them nearly 5 per cent lower than market leader Cipla's version of drugs to garner a share of the Rs. 120 crore market.

Its versions of Zidovudine (Viro-Z), Lamividine (Virolam), Neuriepine (Navipan) and combination of Lamividine and Zidovudine (Virocomb) are priced nearly 5 per cent lower than Cipla, according to sources.

While a 10-tablet strip of Cipla's Lamividine and Zidovudine (Tuovir) costs Rs. 510, Ranbaxy's Virocomb is priced Rs. 500. Its version of Zidovudine (Zydovir) costs Rs. 300 for a strip of 10 tablets, Ranbaxy's Viro-Z is priced at Rs. 260.

Ranbaxy would be marketing its cocktail of anti-AIDS drugs through its division Crosslands, he said.

Even as the company has entered into the anti-AIDS market it has also firmed up plans to foray into the herbal generics segment.

Mr. Khanna said the traditional medicine segment had an immense potential and the company would utilise its expertise in R and D to bring out research-based herbal medicines.

He said the company which currently spends nearly 5 per cent of its turnover on R and D activity, is in the process of setting up another research laboratory near its existing facility.

It has also developed a new once-a-day formulation of ofloxacin on a patented technology platform which will be launched in the fourth quarter of 2001, according to company sources.

The products in various strengths of 400, 600 and 800 mg were in phase-III clinical trials which were expected to be over by the third quarter of this year.

The global market of ofloxacin, an anti-bacterial used in the treatment of bacterial infection of the urinary and respiratory tract is estimated at $260 million. The pharma major would initiate brand marketing in key developed markets and further strengthen its branded product portfolio in developing markets. — PTI

The Hindu
08 May 2001

AIDS drugs mkt set for major price war

Girish Singhal
New Delhi, May 10

THE ANTI-AIDS (Acquired Immuno Deficiency Syndrome) drug market in India is set to witness a major price war with several companies, both domestic as well as multinationals, waiting to enter this segment of the pharmaceutical sector in the country.

The domestic anti-AIDS drug market which is currently dominated by Cipla, has recently witnessed the entry of five more local players including Ranbaxy Laboratories Ltd, Aurobindo Pharmaceuticals Ltd, Zydus Cadila, Ambalal Sarabhai and the Hyderabad based Ginix Pharmaceuticals.

Other domestic pharma companies including Sun Pharma, Torrent, etc, are also likely to enter the market with their respective versions of the drug, but the anticipated price war could create entry barriers, sources told *Hindustan Times*.

Amongst multinationals, Glaxo-SmithKline has already made a foray in the domestic AIDS drug market and others like E. Merck and Pfizer are likely to follow soon, sources added.

Glaxo is currently importing its formulations and selling it in the Indian market for a price ranging between Rs. 200 to Rs. 820 per strip of 10 tablets.

Comparative prices of AIDS drugs

(All prices are in Rs for a strip of 10 tablets)

Drug	Glaxo	Cipla	Ranbaxy
Lamivudine (150 mg)	410 (Epivir)	265 (Lamivir)	230 (Virolam)
Zidovudine (300 mg)	600 (Retrovir)	300 (Zydovir)	260 (Viro-Z)
Lamivudine + Zidovudine	820 (Combivir)	560 (Duovir)	500 (Virocomb)
Nevirapine (200 mg)	—	390 (Nevimune)	375 (Navipan)

(Names in brackets are the respective brands)

The rising competition in the domestic AIDS drug market has already led to Cipla, leader in the segment, resorting to a steep price cut in its various products. In the last three years, the company has cut its AIDS drug prices five to six times in the domestic market.

The company's move to reduce its prices globally by 35 per cent early this year had also put pharma MNCs under tremendous pressure to reduce their AIDS drug prices internationally.

Cipla's latest initiative of offering free supply of AIDS drugs for two years to various nongovernment organizations (NGOs) will further intensify the price war in the domestic market, sources claimed.

The company has offered these NGOs a free supply of Nevirapine tablets which prevent mother-to-child HIV transmission and are currently sold at around Rs. 390 for a strip of ten tablets.

Sources say that, if accepted, the Cipla move would allow the company to establish its brands in this segment of the Indian pharmaceuticals market.

This, in turn, would also pressurize other pharma companies to substantially cut prices of their AIDS drug in the months ahead.

According to Manoj Kalra, a leading pharmaceutical distributor in Delhi, the new entrants in the AIDS drug market have already started resorting to an aggressive marketing strategy.

While Ranbaxy has recently introduced four anti-AIDS formulations in the Indian market with a 5 per cent lower price tag, Aurobindo Pharma has launched five such formulations priced around 10 per cent lower than the competition.

Both these companies are planning to expand their AIDS drug portfolio by adding 5-7 new products by August 2001.

Analysts feel that despite the entry of a large number of players, the domestic market for anti-AIDS drugs will continue to grow by at least 15 to 20 per cent per annum.

The Hindustan Times
11 May 2001

The right to choose

By Usha Rai

AFTER THE tremendous setback suffered by the country's family planning programme during the emergency, the government has been extremely cautious about every step taken on the population stabilisation front. That is why we did not even have a population policy till last year. Though one of the first countries to launch a national family planning programme in the Fifties, the contraceptive choice is still limited to the condom, the oral pill, the IUCD (intra-uterine contraceptive device). Sterilisation is an option only for those who have completed their family.

Smaller developing countries like Indonesia and Bangladesh, despite their stricter Muslim regimen, have been more progressive and offer implants and injectables among the array of contraceptive choices. In India, women's groups have made such a hue and cry about them that the government has steered clear of introducing them in its welfare services.

Recently, the Supreme Court set aside a writ petition against the use of the injectable *net en* (Norsiterat) and there is hope it may be introduced soon. But like a scalded cat the government is still being extremely cautious. After a spate of meetings with the Indian Council of Medical Research and the All India Institute of Medical Sciences, the government has decided to involve 12 medical colleges in a pilot study of *net en*.

While it is true that in a country where basic health facilities are lacking, it is difficult to push the injectables, which requires monitoring and counselling of those using them, with India's population having crossed a billion, can the government just sit back twiddling its thumbs? Should it not play a more proactive role?

More and more women are resorting to abortions when they find they are pregnant. It is estimated that 11 million abortions occur in India annually killing 20,000 women. Modern technologies like ultrasound are being used in small towns and villages to determine the sex of the unborn child and get rid of it if it is female. So why are we being so queasy about the latest technologies and contraceptives to have spacing between children? Is it not better than foeticide?

While the government is still edging along cautiously on injectables, several private doctors and NGOs like DKT in Mumbai, Janani in Patna and the Family Planning Association of India are marketing and prescribing injectables. Just one NGO has motivated 50,000 women in Maharashtra, Gujarat, Madhya Pradesh, Andhra Pradesh, Uttar Pradesh and the North-east to try out the injectables. In Mumbai, the Muslim women opt for injectables to prevent conception rather than resort to sterilisation.

Female freedom and family values

DKT is marketing injectables in Mumbai for over five years. Others have tried it and rejected it because it did not agree with them. The important thing is they had a choice. Yasmin Sheikh, 28, mother of two, who has been on *net en* for five years is a remarkably confident woman. Yasmin, who lives in Park Side, Vikroli West, has induced other young women in her locality to opt for injectables.

Just seven or eight years when her mother died, she had to stop attending the *madrasa* to look after her younger brother. Married at 15, for two years she was on the pill. At 18, she had her son. After that she had two abortions. She had a daughter five years after her son. Ever since, on the advice of her family doctor, she has been on injectables. Earlier, she was thin and had heavy bleeding. Now she is 50 kg and her periods are regular. Yasmin has the support of her husband and family elders.

Asked why she did not go in for sterilisation if her family was complete, Yasmin said no one in her family had undergone a sterilisation and they did not approve of one. Asked how long she would be on injectables, she replied, "As long as I can tolerate them. If I go in for sterilisation, it will be with the concurrence of my family."

Nirmala, 35, and mother of four, has been on *net en* for two years now. Sterilisation is taboo in her house too. Soon after being put on *net en*, Nirmala said her periods were irregular, her stomach felt distended and she had a stomachache. She bled for a whole month but could do nothing about it because she was in the village. On her return to Mumbai, her doctor gave her medicine to ease the pain and control the bleeding. Nirmala has decided to continue with the injectable till a better contraceptive is available. She prefers injectables to pills, which have to be taken every day.

Rita Gupta, 23, was not as upbeat about the injectable as Yasmin. Mother of one child after a caesarian operation, Rita had an induced abortion to avert a second child. She had three shots of *net en* in six months. Initially, she had heavy bleeding and the chronic pain in her back had increased. With medicines the heavy bleeding has been arrested but the back pain persists.

Sanjeevani Gawde, 28, has been on injectables since 1995, within two months of its introduction in Mumbai. She saw the DKT poster at her doctor's clinic, inquired about the product, then went in for it. According to Sujata, DKT's social worker for the Vikroli area, Sanjeevani, had only one child when she went in for the injectables. After two years on the injectable, she stopped it to see if her fertility had been affected. She got pregnant, had a clean up job, and went back to the injectable. Sanjeevani is a remarkable women because she personally tested the contraceptive.

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The pill fits the bill

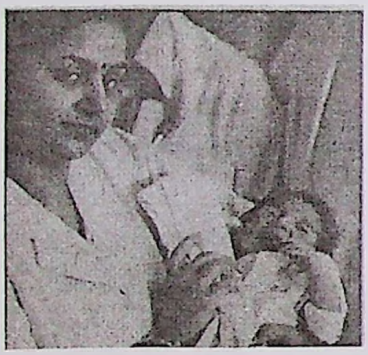
Sumita Mehta

LAST YEAR, India celebrated the birth of its billionth citizen — Baby Astha was born amid the flash of light bulbs and adulation reserved for celebrities. Today, her highly publicised birth is recalled with a tinge of fear. For that was the Rubicon India crossed on its way to becoming the world's most populous nation. Despite a decline in population growth, the current census figures show that we are still growing too fast and India will soon overtake China.

The latest NFHS (National Family Health Survey, 1998-99) data shows that 30 per cent of women between 15 and 19 are married. Early childbearing seems the norm and births are not adequately spaced. Half of India's married women have their first child before the age of 20. One out of every eight births takes place within 18 months of the previous one.

Given a choice, most married women in this country want to stop at two children. Significantly, this includes the majority of rural and uneducated women as well. Though the use of contraceptives has increased from the first survey in 1991 — half of those in the 15-49 age group use contraception — the best known and most popular method is female sterilisation. But this is after the mandatory two or three children — preferably sons — are born. Hardly useful in bringing down the numbers.

Ideally, the birth of the first child ought to be delayed, and the second should take place after an interval of several years. This would alter the picture drastically. Spacing births through methods like the condom, intra-uterine device (IUD) and the oral contraceptive pill is the only answer. However, despite wanting to space births (28 per cent of married women do not want to have more children, and 13 per cent want to wait at least two years before their next child) the most frequently discussed method by a health worker is sterilisation. Just 15 per cent of women are told of alternative methods.



ASTHA: Join the billionaire's club

The health worker always follows up more frequently in the case of sterilisation. The picture worsens when one sees that the average age at sterilisation is less than 26 years. In Andhra Pradesh, the average age is only 23.6 years.

With just 30 per cent of the demand for spacing being satisfied, it is not surprising that a little over two per cent of married couples use the pill or the IUD and just three per cent the condom. A staggering 82 per cent of women have never used any other method before being sterilised.

This explains the high abortion rate in India. An Indian Council of Medical Research bulletin puts the unofficial figure at 11 million and almost half the maternal deaths in the 15-19 age group are due to unsafe abortions. The number of these deaths could drop dramatically with increased contraceptive use. According to a *New York Times* report, in Russia, where pills and other contraceptives were made widely available, maternal deaths caused by abortions declined by 56 per cent between 1989 and 1997.

There is little doubt that frequent and closely spaced pregnancies are bad for both mother and child. The Population Reference Bureau and WHO reports show that every five minutes one woman in India dies of a pregnancy-related cause and that 15 per cent of deaths in the reproductive age are maternal deaths. Studies have shown that infant and child mortality decreases by 50 per cent with two years of spacing between births.

Even if the mother survives, the high prevalence of anaemia — 50 per cent of Indian women suffer from this — ensures that she will live out her life in poor health. If she belongs to the 15-19 age group, she is part of the highest level — 56 per cent. Had she chosen to use the oral contraceptive pill as a spacing method, she would be better off.

With the AIDS scare, the condom is the ideal spacing method, but the problem here is that its use is dependent on the male partner. At a slum close to Delhi's Sainik Farm, women complain that they cannot cope with frequent pregnancies and five or six children. Economic factors apart, their bodies just can't take it, they said.

In most cases, the husband used a condom, but the women said it was a method over which they had no control and its use was a hit and miss affair. Fed up with sickly babies and no food, many have taken the decision to go in for the IUD or use the oral contraceptive pill.

Let's face it: pregnancy is usually the woman's problem and they prefer a contraceptive method over which they have control — which is why most opt for the IUD or pill.

Dr Rohit Bhatt, former president of the Federation of Gynaecologists and Obstetricians Society of India, adds another dimension when he advocates the use of the oral contraceptive pill. A safe spacing method, it has a number of health benefits, like alleviating anaemia, he says. He also points out that 50 per cent of women in the reproductive age group have dysmenorrhoea (painful periods), 20-30 per cent have irregular, heavy periods, 15 to 20 per cent suffer from pelvic inflammatory disease, 10 per cent have premenstrual tension (PMT) or benign breast disease. The pill helps in all these conditions.

Used by over 100 million women worldwide, the trend of pill use has gone up in some Asian countries. China at 7.6 million tops the global list of pill users. In Germany, 6.8 million women are on the pill and Indonesia follows with six million. In Bangladesh, pills are the most widely used contraceptive method — 5.7 million women are on the pill. In 1983, three per cent of married Bangladeshi women opted for the pill. In 1997, this figure went up to 21 per cent. In India, only 2.1 per cent (5.2 million) of married women are on the pill.

When asked what was the greatest benefit of using the pill, a group of women in Delhi said it was lack of tension. Through its use, the fears of an unwanted pregnancy and the consequences of refusing intimate relations were removed. The women also had a sense of freedom and this enhanced the pleasures of intimacy. Surely, that is not too much of a tall order for Indian women.

The Hindustan Times
10 May 2001

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Behrampada is a predominantly Muslim area of Bandra, and families live cheek by jowl. Seven doctors in the area dispense injectables along with other contraceptives. Injectables have been introduced and women were in their second and third doses of *net en* when this correspondent met them. Praveen Abdul Salam Sheikh, 25, mother of a boy and girl aged five and three, however, had six doses of *net en*. Except for amenorrhoea (stoppage of periods), she found the injectable quite suitable. She was thinking of delaying her next shot of *net en* but the social worker asked her to get in touch with her doctor. Praveen's daughter was only six months when she got pregnant. Earlier, she was on pills but had problems.

Praveen's neighbour was stopped by her mother-in-law from using the injectables when she had 'spotting'. Spotting is a side-effect of injectables and even if it is negligible women stop using the contraceptive because they cannot do *pooja* or *namaz* when they have spotting. Counselling women that spotting is different from menstruation does encourage some women to continue with the contraceptive. There were five other Muslim women from Behrampada (between 20 to 30) who were on *net en*.

The side-effects of injectables are intermittent. In 25 per cent cases, there is amenorrhoea. There are more chances of amenorrhoea in *depo provera*, which is a quarterly injectable than in *net en*, a bi-monthly injectable. The women tend to worry that they have got pregnant when they have amenorrohoea. Counselling is vital at this stage or the women give up injectables, says Sanjay Mehta, who runs a nursing home in Ghatkopar and offers women who have had babies a choice of IUCD, the pill and the injectables. He has been selling *depo provera* for less than a year.

Though DKT has been supplying *net en* at a subsidised rate of Rs 50 a shot, doctors charge Rs 100 a shot. For subsequent consultations they charge Rs 20 a visit. The price of *depo* is Rs 100 a shot. Fifty per cent of the women drop out because, coming from a poor section of society they find the price too high. Their husbands earn Rs 2,000 to Rs 3,000 a month. They prefer *Mala D*, which costs just Rs 2 a month. If the injectables were cheaper, there would be greater acceptability; for if a woman on the pill misses a single dose she gets pregnant and has to go in for medical termination of pregnancy. Injectables are a surer method of staving off conception.

The Hindustan Times
11 May 2001

Universal and free AIDS care

By C. Rammanohar Reddy

The cost of free treatment for India's 3.86 million HIV positive people (Rs. 3,400 crores to Rs. 4,300 crores a year) looks large. But it is as little as 0.28 to 0.35 per cent of the country's GDP.

INDIAN PHARMACEUTICAL firms now offer hope to the millions in the poor countries of the world who are infected with the Human Immunodeficiency Virus (HIV), the disease which causes the Acquired Immune Deficiency Syndrome (AIDS). They have offered AIDS medicines for export at $350 a year for every patient, compared to western market prices of as much as $10,000 to $12,000. Governments in the South can now at least contemplate providing their HIV-infected citizens with highly active anti-retroviral therapy (HAART), the medication which, while not a cure, helps patients lead a productive life. The irony is that India itself has so far shown little initiative in using the Indian drug industry's capabilities to provide free universal care to the 3.86 million Indians now infected with the virus.

Two reasons have been offered for why universal care is not possible in India. One is that counselling, monitoring and compliance are as important as affordability of drugs. The second and more vocal argument is that even at $350 a year the AIDS cocktail is not affordable in a country where the per capita annual income is only $440. (The lowest retail cost of an annual dosage of drugs in India is presently Rs. 42,000 — $900 — much higher than export prices mainly because of taxes, packaging and retail margins.) Even for a developing country these are not arguments but only excuses to avoid providing care. Since 1997, Brazil has provided free care for every HIV-infected Brazilian who seeks it. The programme runs on active health care combined with provision of generic versions of AIDS drugs that Brazil produces locally. The result is that new infections have been controlled, HIV transmissions lowered, AIDS-related deaths brought down and the HIV population is now less than half what had been projected for 2000. India's per capita income is only one-tenth Brazil's while its HIV population is eight times larger, so the Brazilian experience may not seem very relevant. But given the prices Indian industry has been able to come up with and the experience of Indian doctors there is no reason why India cannot administer a similar programme to cope with its AIDS epidemic. A careful listing of costs suggests that universal and free HIV therapy is feasible in India.

(1) Size of programme: Not all of the 3.86 million Indians infected with HIV need HAART immediately. Health personnel such as Dr. N. Kumarasamy of YRG Care in Chennai who have been working with HIV/AIDS patients state that epidemiological studies point to 20 to 30 per cent of the infected requiring therapy. That would be 800,000 to one million people. (2) Cost of drugs: Retail prices are now Rs. 42,000 a year. But bulk purchases for a universal programme could save on packaging, retail margins and perhaps even taxes. Prices should then be closer to the rupee equivalent of $350. Dr. Y.K. Hamied, Chairman of CIPLA, the company which has turned the spotlight on prices, is confident that by 2003 the drug cocktail could cost as little as $200 a year. But a conservative estimate of costs would be Rs. 16,450 ($350) for each patient. (3) Costs of monitoring/testing: As the AIDS cocktail is extremely powerful patients have to be monitored regularly for side-effects. The costs of such tests are considerable. At Rs. 26,000 a year they cost more than the medicines. (4) The total cost then is an annual Rs. 42,450 for each patient. A universal AIDS care programme in India would therefore cost the Government between Rs. 3,400 crores and Rs. 4,300 crores every year.

MACROSCOPE

As everyone is aware, there are other issues to consider as well. First, administration of these medicines on a massive scale will be a challenge in itself. Most important, compliance has to be ensured. If patients do not stick to the complicated regime, they could develop drug- resistant strains of HIV. But again as Brazil has demonstrated it is possible even in a poor country to devise an innovative compliance regime, involve community groups and motivate health personnel to ensure adherence rates even among illiterates that are reportedly no lower than in California. Here in India, Dr. Kumarasamy reports rates of up to 90 per cent among those who are buying the AIDS cocktail. Second, is it correct to spend so much energy and money on AIDS at the expense of other health concerns? In India the numbers in TB, malaria and diabetes are much larger. Here again Brazil offers hope. The mass movement that HIV therapy has become there has meant that the people's demands in other health areas have also increased, leading to a general improvement in the quality of public health services. There is no reason why that cannot happen in India as well. And the unique nature of the fatality of HIV/AIDS means that it does require special attention. Third, can Indian industry produce drugs on the scale that a universal programme would require? Dr. Hamied is confident that with more and more Indian firms entering the business this will not be a problem. Besides, Indian industry is now already manufacturing up to 14 types of drugs. Moving from the simplest $350 cocktail to another in order to deal with side-effects in some patients could also mean more expensive medicines. But the CIPLA chief predicts that these costs ($500 to $2000) should also keep falling. Fourth, the AIDS cocktails now being produced in India at low cost were all patented before 1994 — prior to the TRIPS agreement of the WTO. But patents on the next and more effective generation of drugs are likely to be protected by TRIPS, so local production will violate the WTO agreement. The Government will then have to overcome opposition from the patent holders among the multinational drug firms and issue compulsory licences — provided for in TRIPS — to Indian firms so that they can produce and sell these drugs at affordable prices.

It all finally comes down to costs. The Government has indeed considered a limited HAART programme. Mr. J. V. R. Prasada Rao, Director of the National Aids Control Organisation (NACO), says that rough estimates — assuming 10 per cent of the infected need treatment and, of them, half use private services — point to an annual cost of around Rs. 1,300 crores which is considered unaffordable because this would be more than Central Government spending on all public health programmes (Rs. 810 crores in 2001-02). The NACO Director says there is a need to "prioritise" health concerns in India. The NACO is hoping instead that India will receive some assistance from the proposed $7-10 billion health fund which the U.N. is proposing for malaria, TB and AIDS, though that fund would focus on Africa. But India does not have to wait for foreign aid.

The cost of a universal programme (Rs. 3,400 crores to Rs. 4,300 crores a year) looks large. But it is as little as 0.28 to 0.35 per cent of India's GDP, which is not a large burden to carry. And with falling prices this is likely to be an over-estimate. In any case, a 5 per cent surcharge on corporate and personal income taxes will yield enough to finance this universal programme. In the absence of such a programme, no more than 5 to 10 per cent of the HIV carriers, those who can afford the medicines, will be on HAART. The rest will have to make do with treatment of their "opportunistic" infections. This would only precede a gradual and wasting death from AIDS for hundreds of thousands of Indians. As HAART also contributes to a reduction in the virus transmission rate, its inaccessibility for most of the infected will only mean that the Indian population afflicted by HIV/AIDS — already the second largest in the world — will keep growing.

The only cure for AIDS is its prevention and India does need to do a lot more in this respect. Indeed, if India had done better in prevention it would not now have had millions of its citizens struck by the deadly virus. But the 4 million Indians now infected with HIV cannot be abandoned to a wasting death when an affordable therapy is available. If the numbers about HIV infections are correct, the country is facing its biggest ever epidemic that in its devastation will spare no region or socio-economic class. In the absence of universal therapy the tragedy will become a catastrophe that is likely to surpass what is now unfolding in Africa. The issue has long since ceased to be one of "violating" patents on drugs. It is one of respecting life. There is no alternative then to a state-run universal and free programme that provides HIV therapy to any Indian who needs it.

The Hindu
12 May 2001

Cadila to hit S. Africa with HIV detection kit

By Our Correspondent

New Delhi, May 11: Close on the heels of the controversy over exports of cheaper anti-AIDS formulations by drug-makers like Cipla, Ahmedabad-based Cadila Pharmaceuticals is all set to hit the South African market with its rapid human immuno virusdetection kit.

"We are in the process of getting necessary regulatory approvals and hope to start exporting by the year end," I.A. Mody, chairman, Cadila Pharmaceuticals Ltd said and further added that the company would export to Southeast Asia, Europe, South America and Africa.

Unveiling here on Friday 'Neva HIV Detection Kit' developed in collaboration with University of Delhi and department of biotechnology, he said the company was also in the process of getting all necessary approvals for its manufacturing facility from the United States food and drug administration and the United Kingdom medicine control agency.

Mr Modi said the company hoped to garner a major share in human immuno virus diagnostic market estimated to be $750 million by 2002 through Neva which can detect the virus in three minutes.

THE BOTTOMLINE

He said company was also in talks with a Japanese firm for a possible tie-up for marketing and research and development.

Elaborating on the company's expansion plans, he said the company had about 40 products in pipeline and would consider a listing on the domestic as well as overseas bourses by 2003 but refused to give any details.

The over Rs 400 crores Cadila Pharma which is closely controlled by the Modi family will also introduce an Elisa Test based human immuno virus testing kit 'Elik' required for a detailed evaluation for human immuno virusdetermination.

While the government holds patent for Neva, Cadila has been given the rights to manufacture and market the product globally.

The company was also in the process of introducing a Hepatitis C testing soon for which drug controller general of India's approval was expected soon.

The company was eyeing biotechnology in a big way, Mr Mody said adding it would foray into therapeutic segments like diabetes, anti-infectives among others.

Mr Mody said the company was also in the process of initiating similar technical collaborations with other institutes.

The Asian age
12 May 2001

Rapid HIV detection kit launched

By Our Staff Reporter

NEW DELHI, MAY 11. The Department of Biotechnology, Delhi University, and the Ahmedabad-based pharma major, Cadila Pharmaceuticals, have developed a rapid HIV detection test which is as specific as the currently popular ELISA test.

Christened the 'Naked Eye Visual Agglutination Assay (NEVA)' test, it utilises the unique recombinant fusion proteins comprising a monovalent-monoclonal antibody fragment fused with HIV proteins of diagnostic importance. Capable of reacting with human erythrocytes and antibodies to HIV antigens in the human blood, the test reveals the sero-positivity status by reflecting it as agglutination. "The NEVA test offers a number of advantages and would facilitate easy and rapid HIV testing in the office of a physician and in rural settings where laboratory facilities are not available," claimed Mr. I. R. Modi, Cadila chairman, at a press conference here on Friday.

While a large number of detection methods have been developed and are also commercially available worldwide, these are not suitable for situations requiring quick results. Even the ELISA test and the western blot are time-consuming, costly and cannot be afforded by developing countries in their respective National Aids Control programmes.

Because of the non-availability of immediate results, patients and blood donors become untraceable. If they are HIV carriers, they become a continuous risk for the spread of HIV infection. "The NEVA test is simple and economical and even people in remote rural areas can know about the seropositivity status in just three minutes". The kit has been extensively tested on 3,583 blood/sera

The Hindu
12 May 2001

Pharma cos. bet on African market for their anti-AIDS drugs

By Ramnath Subbu

MUMBAI, MAY 13. Indian pharmaceutical companies have trained their sights on the African continent where acquired immuno-deficiency syndrome (AIDS) has spread at an alarming rate.

There is a huge opportunity in Africa following the withdrawal of the patent suit filed by 39 global pharma companies against the South African Government which allowed the sale of cheaper branded generic drugs.

India itself presents a daunting scene with possibly the second highest HIV positive infections after South Africa.

The anti-AIDS retroviral drugs market in India is dominated by Cipla which in many ways has been the most aggressive player in this segment and also enjoys the 'first mover' advantage over others as far as venturing into the African market is concerned.

The company had created a furore in global pharma circles when it offered to sell its 'triple AIDS cocktail' to a doctor's group Medicines

INDUSTRY FOCUS

Sans Frontiers (MSF), which is working in Africa and Southeast Asia for the treatment of AIDS at $350 per patient per year three months ago.

This was when global pharma companies were charging between $10,000-15,000 per patient per annum for the same regimen.

The number of HIV positive cases in Sub-Saharan Africa alone is estimated to exceed 25 million while in India, it is in the region of 3.5-4 million cases, according to the National AIDS Control Organization (NACO).

Other players to have announced a foray in the anti-AIDS segment are Zydus Cadila, Aurobindo Pharma, Ranbaxy, Hetero Drugs and Kopran.

A company seeking to export drugs from India requires a compulsory licence from the importing country. Under compulsory licensing, a manufacturer is allowed to produce a patented drug in exchange for a licence fee to the inventor. The fees vary from deal to deal.

Cipla was the first to take the lead in exporting to the African markets. The company supplied MSF a cocktail consisting of Lamivudine, Stavudine and Nevirapine. Its first lot was supplied to Cambodia and it recently signed an agreement with the Nigerian government.

Nigeria is buying the drug to treat 10,000 patients per annum and at $350 per patient, the order is worth $3.5 million. Execution of the order is to commence soon.

Cipla is in talks with the governments in Zimbabwe, Cameroon, Ivory Coast and Algeria and is also in discussions with Anglo-American, a South African private sector firm, for treatment of 20,000 patients at $350-500 per annum.

Zydus Cadila has put up applications to export its cocktails to Kenya, Uganda and South Africa. According to the company, the application has been registered in these countries and clinical trials are on. There are also some negotiations taking place on the pricing.

Hetero Drugs is in talks to supply its drugs to Kenya and Congo and its registration is being processed in Colombia and West Asia. The company offered to supply its triple drug cocktail to MSF at $347 per patient per annum.

It is also in talks with the Nigerian and Zimbabwean governments and expects a more definite picture to emerge in the next few months. Aurobindo Pharma has stated that it is in discussions with MSF.

Today, the triple drug 'cocktail' regimen typically consists of two nucleoside reverse transcriptase inhibitors (NRTIs) in combination with either a protease inhibitor (PI) or a non-nucleoside transcriptase inhibitor (NNRTI).

The compounds Zidovudine, Lamivudine and Stavudine are NRTIs which form the backbone of triple therapy. Either Zidovudine or Stavudine is used in combination with Lamivudine.

Now with the introduction of Didanosine, the options have widened and patients who do not respond to the earlier mentioned combinations can switch to a Stavudine-Didanosine or Zidovudine-Didanosine combination.

Nevirapine belongs to the NNRTI class of anti-retroviral drugs. These act by inhibiting reverse transcriptase, which is essential for the multiplication of the human immunodeficiency virus. NNRTIs inhibit HIV-1 strain but are not active against HIV-2 strain. Indinavir, Nelfinavir, Abacavir are protease inhibitors (PI).

Regarding the domestic market, Mr. Srinivas Lanka, director, Aurobindo Pharma, said, "There is no clear evidence on the size of the domestic market for the anti-AIDS drugs but on the basis of sales at the retail level, it appears to be around Rs. 120 crores in size.

Owing to the stigma attached to AIDS, numbers can be gleaned only from indirect sources. But with the increasing incidence of the infection, this market is now growing at 200 per cent per annum."

"Most of the drugs in use today have pre-1995 patents. The fact of the matter is that there is no product to kill the virus as yet and all medication is only to retard or prevent the progress of HIV positive patients to full-blown AIDS.

Unfortunately in India, the government is working only on prevention of HIV infection and not on its treatment," said Mr. Lanka.

Cipla last week announced a cut in the domestic prices of its drugs. The company's price cuts are in the region of 15-17 per cent for the basket of products including Zidovir, Lamivir, Duovir, Stavir, Nevirapine and Dinex 100.

Consequently, the price of its triple drug cocktail, of Stavudine-Nevirapine-Lamivudine, per patient will go down to Rs. 3,495 per month against the earlier price of Rs. 4,320 per patient per month.

Ranbaxy Laboratories last week launched Lamivudine, Nevirapine and Zidovudine products in the Indian market. Virocomb, a combination of Lamivudine and Zidovudine, has been priced at Rs. 500 per strip of 10 tablets. Its Zidovudine tablets have been priced at Rs. 260 per 10 strip. The drugs are to be marketed through its division — Crosslands.

Aurobindo Pharma has set up a new division — Imunus to offer HIV/AIDS drugs. Imunus last week launched five options for the treatment of HIV and plans to offer seven more options in this financial year.

The five options include Zidovex, Lamivox, Nevirex, Stavex and Zixovex-L. The seven options to be introduced by the end of the financial year include Didanosine, Efavirenz, Delavirdine, Indinavir, Ritonavir, Saquinavir and Nelfinavir.

Aurobindo has eight bulk drugs and two formulation plants and has earmarked a Rs. 20 crore fund for Imunus.

The medicines are to be distributed free through NGOs and government organisations besides Aurobindo's own centres.

The Hindu
14 May 2001

Indigenous 3-minute AIDS detection kit launched

KANUPRIYA VASHISHT

New Delhi, May 12: If not cure, at least quick detection of AIDS has finally become a possibility. Ahmedabad-based pharma major, Cadila Pharmaceuticals, in collaboration with the University of Delhi, South Campus, and the Department of Biotechnology, government of India, has developed a test which can be applied in a range of situations to detect the HIV virus.

Neva was launched on May 11, also being celebrated as National Technology Day, at Hotel Ashoka in the city. Speaking on the occasion, minister of science and technology, Dr Murali Manohar Joshi said, "We must have things of our own." The man behind the success of Nova, Prof. V.R. Chaudhary, announced very proudly, "This is a thing very much our own, no foreign aid, no foreign help."

Neva is a unique test which gives its results in three minutes. It is simple enough to be carried out by semi-skilled technicians. It does not require instruments, electricity and can be used in the remotest villages in India.

Neva can detect both HIV-I and HIV-II infections. It is also very reasonably priced at Rs 39 per test. Each Neva kit provides for 50 tests.

Says Mr R.V. Bhat, head of biotechnology, Cadila, "Since AIDs spreading is directly related to the HIV population of a country, the only cure can be to find a rapid diagnosis."

And sure enough diagnosis is now a pin prick away. This kit can eradicate the spread of AIDS through blood transfusion. 30 million units of blood passes out of blood banks each day. Nova could become invaluable to blood banks.

This test kit is the result of 5 years of research. "I was in the lab in Ahmedabad even when the quake shook Gujarat," says Prof. Chaudhary. It has already been successfully tested in Ahmedabad, and AIIMS in Delhi.

Very soon Nova will be exported to Southeast Asia, Africa, Europe, and South America. If Nova proves successful in the market, it would truly be a giant leap towards the control of — "killer AIDS."

Chairman of Cadila pharmaceuticals, Mr I.A. Modi, said, "Neva is a breakthrough in the world of technology, a first of its kind in the world."

The Asian Age
13 May 2001

'AIDS awareness campaign a success'

By Our Staff Reporter

BANGALORE, MAY 18. The first phase of the "Universities talk AIDS" (UTA) campaign from 1991 to 1997, implemented through the National Service Scheme in universities and pre-university educational institutions has been a resounding success in sensitising the youth, according to Mr. R.K. Misra, Joint Secretary, Union Ministry of Youth Affairs and Sports.

Mr. Misra told presspersons here on Friday that the objective was to create an awareness about AIDS and its prevention among the student population through information, education and communication. The method had been adopted by Indonesia and Malaysia and the SAARC countries.

At the national level, 6,500 NSS programme officers and 34,000 peer educators implemented the programme in 4,500 colleges and institutions and made 40 lakh students aware about AIDS against the target of 25 lakhs during the UTA campaign's first phase.

As far as Karnataka was concerned, 600 NSS programme officers and 6,000 educators were trained and the campaign was implemented in 600 colleges covering eight lakh students.

Mr. Misra said the National AIDS Control Organisation had agreed to provide financial assistance for the UTA phase II campaign from 2001-2004. Based on the experiences of phase I, some new thrust areas such as positive living, lifestyle education, economic and developmental impact, and impact on women and children had been included in the second phase.

Mr. Misra said that volunteers had an added advantage of reaching out to the community by networking with NGOs.

For the first year of the phase II campaign, Rs. 1.04 crores had been sanctioned. This time the emphasis would be on rural areas and the NSS and the other volunteers would work along with the Nehru Yuva Kendra Sanghatan. As a part of the campaign, a three-day zonal training workshop for key NSS functionaries from Karnataka, Andhra Pradesh, Madhya Pradesh and Chattisgarh was held here.

Experts from the National Institute of Mental Health and Neuro Sciences, the Rajiv Gandhi Health University and NGOs shared their experiences and expertise to develop appropriate skills and competencies to enable participants to implement the programme in their respective areas.

Asked whether the volunteers had tried to approach sex workers to educate them about the use of condoms to protect themselves from the dreaded disease, Mr. Misra said it could also be done.

Later, Mr. Misra delivered the valedictory address at the workshop. Prof. M. Gourie Devi, Director and Vice-Chancellor, NIMHANS, presided.

Mr. B. Umapathy, Deputy Programme Adviser, NSS Regional Centre, and Prof. C.T. Shivappa Gowda, NSS State Liaison Officer, spoke.

The Hindu
19 May 2001

Govt wakes up to people's role in AIDS prevention

EXPRESS NEWS SERVICE

Bangalore, May 18: Joint Secretary in the Union Ministry of Youth Affairs and Sports R K Mishra on Friday called for greater convergence of efforts from all stake-holders such as NGOs, State AIDS Control organisations and the medical community to raise awareness in rural India where AIDS is fast spreading. "AIDS has spread widely to rural areas - it's time to involve the community in all awareness workshops and training programmes," Mishra said.

He was speaking at the valedictory function of the second phase of the regional National Service Scheme (NSS) training workshop conducted as part of the Rs 10-crore national project 'Universities Talk AIDS' (UTA) campaign for AIDS awareness. He was, however, optimistic about curbing the spread of AIDS in India. "India is not a sexually deviant country. But we cannot become complacent either," Mishra said.

The workshop, held over three days, was attended by about 34 NSS functionaries from Universities from four States in this zone - Andhra Pradesh, Madhya Pradesh, Karnataka and Chhattisgarh. The first phase, estimated at Rs 20 crore, exceeded the target of sensitising 2.5 million students about AIDS.

In all, 6,500 NSS programme officers, 34,000 peer educators, and 4 million students from 4,500 colleges/ institutions were educated in the first phase.

Director and vice-chancellor of the National Institute of Mental Health and Neuro Sciences (Nimhans) M Gowri Devi, who was the chief guest on the occasion, pointed out that while Indians had once believed they would never be infected by HIV, they were now having a tough time coming to terms with reality. "At first, India denied that AIDS could ever spread to this country, that it was only prevalent in 'debauched' countries.

But reality showed otherwise and we had to take note of the rising incidence of AIDS," she said.

The Indian Express
19 May 2001

MEDICAL SOFTWARE

Bangalore: City-based CIFTech Solutions has come out with a software package that can help manage general practitioners' clinics and primary health centres (PHCs). The software CIFT clinic can help computerise medical and administrative aspects of clinics. It can manage patient data, staff rolls, drug lists, bills and accounts. The software package costs Rs 13,500 and can be provide it at concessional rates for PHCs. ENS

NSS Aids meeting held

DH News Service

BANGALORE, May 18

The three-day zonal training workshop for Universities Talk Aids (UTA) Project Phase II for National Service Scheme (NSS) officers and volunteers was held from May 16.

Experts in the field from Nimhans, Rajiv Gandhi University for Health Sciences and NGOs trained more than 50 key NSS personnel from Karnataka, Andhra Pradesh, Madhya Pradesh and Chattisgarh during the workshop.

The UTA programme is being implemented since 1991 all over the country through the NSS in universities, pre-university education institutions. The focal objective of this campaign is to create awareness about AIDS and its prevention among students through information, education and communication.

Mr R K Mishra, Joint Secretary of Ministry of Youth Affairs and Sports, which is implementing the programme with the financial assistance from National AIDS Control Organisation (NACO), said that the Phase II of the project will be in force from 2001-2004.

Deccan Herald
19 May 2001

Anti-AIDS proposal

GENEVA: The World Health Organisation stopped short of approving radical Brazilian proposals for wider international access to cheap HIV/AIDS drugs but urged greater effort toward tackling the epidemic in a resolution adopted on Saturday. Brazil initially called for legislative protection for local production of cheaper generic drugs — a plan criticised by multinational producers of branded products. Europe, the U.S. and some other countries objected on the grounds that the WHO didn't have the authority or resources to take on such a role, and that trade and patent issues were best handled by the WTO. In picture, a Kenyan girl with her father holds a candle and joins in prayers during the 18th International AIDS Candlelight Memorial on Sunday. — AP

The Hindu
21 May 2001

AIDS unknown to Gaya sex workers: Study

Patna, May 20: Most commercial sex workers in Bihar are ignorant of AIDS though State NGOs have spent Rs 30 crore to educate them, says a recent study. Helping Hand Foundation, under the awareness and prevention project of Bihar State Aids Control Society, conducted the study in Gaya's red light areas. Foundation director Lalan Choubey said around 80 per cent of sex workers in Gaya are unaware of the disease. Though almost half NGOs in Bihar had started awareness drives and spent crores, the message has apparently failed to get across. For sex workers, AIDS is nothing more than another disease. ENS

The Indian Express
21 May 2001

Towards a New Horizon

How many people in India suffer from the HIV/AIDS virus? Who are they? How is India dealing with this pandemic? ***Purnima Mane****, vice-president, Population Council and director, International Programmes Division, says that although a lot has been done to prevent the spread of this much-feared virus here, so much more needs to be done, especially in creating public awareness about the disease. She tells* ***Mahendra Ved*** *that this is one health threat that cannot be handled by the health sector alone:*

What is the global update on the HIV/AIDS epidemic?

When AIDS emerged two decades ago, few could predict the monstrous dimensions it would take on. It was seen largely as a health problem, which would affect specific segments of the population, often on the margins of society. Perhaps, this very limited prism from which we viewed AIDS is partly responsible for the staggering proportions it has taken on today. UNAIDS and WHO estimate that at the end of the year 2000, the number of people living with HIV or AIDS stood at 36.1 million. There were 5.3 million new infections in 2000 alone. HIV is now the single largest infectious killer and the fourth leading cause of death in the world. That the new infections are largely among the under-25 age group, especially women, is most alarming. Not surprisingly, it is now a global crisis, demanding a response that cuts across sectors, nations and all strata of societies. Today, it is also a development issue — one that wipes out hard-earned gains made by societies.

Sub-Saharan Africa has been the hardest hit. More than 25 million of the 36 million infections are from this region alone. But South and South East Asia also need urgent attention. While the developing world is struggling to make AIDS visible, in other parts of the world, many believe that the worst is over. With new anti-retroviral drugs becoming available at least to some, there is complacency in some pockets.

What is the role of the Population Council in dealing with AIDS?

The Population Council is one of the organisations working on developing a microbicide. This is a gel women can use in the vagina to protect themselves from HIV. More needs to be done on developing vaccines. We need more accessibility to female condoms, and of course, male condoms, which are often available but not used. This epidemic challenges us to go beyond technological fixes. The Population Council is working through *Horizons*, a project funded by USAID, to test what works in this epidemic, in terms of putting programmes and services in place, and testing out innovative strategies. We know a lot about this epidemic. Our problem is how to use what we know, effectively, with the best results, while preserving people's dignity and human rights.

How serious is the AIDS threat in India?

The estimate of between three to 4.5 million Indians being infected with HIV may seem limited in terms of India's one billion-plus population. But it is the world's second highest, and is definitely serious. Today, HIV is no longer restricted to stigmatised and socially marginalised populations such as sex workers, homosexuals or drug users. Nor is it restricted to a few urban pockets. In 1990, when I was studying AIDS in India, it was being referred to as a disease of the city. Today, it is everywhere. AIDS has had a devastating impact on the pace of India's development.

Uday Shankar

"There has been a sea change in the overall Indian climate around AIDS. There are many more NGOs, including groups of people living with HIV/AIDS, working boldly, taking up sensitive issues which governmental agencies cannot handle"

We need to address many questions. How do we effectively reach the large numbers of people in rural areas with our messages on AIDS prevention? How do we get around the cultural taboos surrounding open discussion of sex, despite decades of family planning work? How do we highlight the dangers of AIDS when people often live a hand-to-mouth existence, and the dangers of AIDS seem unreal, even unimportant, vis-a-vis finding the next meal? How do women negotiate condom use with the men in a gender climate which makes this almost impossible? And how do we ensure that people with HIV/AIDS and their loved ones are treated without discrimination? The National Aids Control Organisation (NACO) has been working to address these questions. But the health sector cannot do it alone.

Are NACO and the NGOs on the right track?

There has been a sea change in the overall Indian climate around AIDS over the seven years I have been working outside the country, and each time I come home, it boosts my spirits a little. There are many more NGOs, including groups of people living with HIV/AIDS, working boldly, taking up sensitive issues which governmental agencies cannot handle. Some are well-resourced but a majority are not. There are many wonderful and inspiring Indians working in this field. Some are professionals but many who symbolise the common person, standing up to a dreaded problem with courage and imagination. The government too has shown a commitment to make things happen, even if the resulting change is slow. Adequate internal resources will have to be assigned, especially on making care available to all. In a country with a range of problems, some argue that AIDS is not a priority.

When a development project is planned, we need to see how it would impact on the spread of HIV. For instance, in many developing countries, the construction of a new highway has meant construction workers and truckers staying away from homes for too long. This fosters the spread of HIV.

How is India faring compared to other countries?

Many countries acknowledged the epidemic faster than we did. Unfortunately, we lost precious time in the early years of the epidemic. We have a tendency to lament our weaknesses; we hardly ever acknowledge our small successes. Governmental openness on AIDS is a plus point as are the resources which international agencies are placing at our disposal. We need to use them judiciously and expeditiously, matching them with our own resources. The NGO sector is doing good work. We have much more openness in the media around AIDS than before. Pharmaceuticals are coming forward to help make affordable anti-retroviral drugs available.

A lot is happening towards controlling the spread of AIDS. But there is so much more we need to do. We are not in the category of Thailand, Senegal or Uganda, which are quoted as classic examples of what early action, good policies and programmes, political will, and openness can do in the fight against AIDS. We have much to learn so that we can avoid making the same mistakes.

For a large country with tremendous diversity, India's programmes need to be tailored to local and regional needs, to carry different interest groups. This is not an easy task. Above all, we need an accelerated sense of urgency for action — the longer we take, the more we place our future at risk.

Condoms free with liquor to fight AIDS

FROM A SRINIVASA RAO

Hyderabad, May 19: Buy a bottle of liquor and get a condom free.

The AP State AIDS Control Society has come up with this novel idea to check the spread of AIDS. The idea has already been put to practice at 112 select retail IMFL shops in the high risk areas of coastal Andhra. It will be extended to other parts of the State in a phased manner.

"It doesn't matter if a person throws away the condom once he comes out of the liquor outlet. But he will definitely recall its supply while consuming liquor and talk about it with others. Sooner or later, the discussion will make people think why condoms are being supplied free of cost and gradually they will begin to talk about AIDS. And talking AIDS is stopping AIDS," Society director K Chandramouli told *Deccan Chronicle*.

The campaign is specially aimed at truck drivers, who are in the high risk category and form the focus of the "Healthy Highway" project of the AIDS Control Society.

The Society will organise the International AIDS Candlelight Movement all over the State on Sunday to generate awareness among the people.

Chandramouli said hundreds of volunteers, representatives of NGOs, members of Mythri groups and people from all walks of life would hold lighted candles exactly at 7 pm at district headquarters, mandal headquarters and villages. In Hyderabad, a rally would be taken out from Charminar which would be attended by prominent citizens. Chandramouli said the candlelight movement was being organised for the first time in the State, though it had been going on in 70 countries all over the world on the third Sunday of May every year.

Deccan Chronicle
20 May 2001

The Times of India
21 May 2001

Flirting with death

VACCINES MADE from live but weakened HIV could wipe out AIDS in countries such as Thailand and Zimbabwe within fifty years, computer models suggest. But there's a big catch: such vaccines will inevitably kill some of the people they're meant to protect.

Live "attenuated" vaccines made from weakened forms of viruses work much better than vaccines containing inactivated viruses. But they are inherently risky — sometimes the weakened virus itself causes disease, or reverts to the wild-type form.

Tests in monkeys suggest live HIV vaccines could work in humans, but their use is controversial. "HIV strikes at the heart of the immune system. I don't think a live attenuated HIV vaccine is analogous to any other live attentuated vaccine in terms of the risks," says Marnie Elizaga of the University of Washington's Vaccine Trials Unit in Seattle.

So to assess the risks, Sally Blower of the University of California in Los Angeles and her colleagues modelled the effects such vaccines would have in Zimbabwe and Thailand. They assumed that live attentuated vaccines would be between 50 and 95 per cent effective in blocking the spread of wild-type HIV, and that they would cause AIDS in between 1 and 10 per cent of vaccinated people.

Blower's team found that each of the vaccines could eradicate wild-type HIV in both countries within 50 years and the vaccine strains would simply die out when vaccination stopped. However, while the model predicted declining death rates for Zimbawe, in Thailand most vaccines would initially cuase a rise in deaths from AIDS. That's because Thailand has a substantially lower HIV transmission rate, Blower says.

"The important point is that the same vaccine would have different effects in different countries," she says. "In developing countries where the transmission rates are very high, you would have a beneficial effect. But you would be killing off a certain fraction of the population. If you had these vaccines and nothing else, yes, you should use them. But if you had something better then go with something better," says Blower.

Not everyone agrees. "I think there is no justification whatsoever under any circumstance," says Max Essex, chairman of the Harvard AIDS Institute. He says that it's virtually impossible to work out if such vaccines are safe, because they may not cause AIDS for almost 20 years, and safety trials usually only last six to eight months. "The most horrible scary scenario with a live attentuated HIV vaccine is one where it does not induced disease or death in anyone within 15 or 20 years, but after that induces death in everyone.— New Scientist

The Hindu
17 May 2001

AIDS control: PM will review steps with CMs

By Sanchita Sharma

New Delhi, May 21: Concerned about the rising HIV/AIDS prevalence in the country, Prime Minister Atal Behari Vajpayee is meeting Union Health Minister C P Thakur and Chief Ministers of six States with high HIV prevalance on Tuesday. The PM is keen to discuss strategies and steps taken to contain the disease, despite the National AIDS Control Organisation (NACO) insisting that there has been only a miniscule increase in the number of HIV cases in India, up from 3.7 million last year to 3.86 this year.

Vajpayee will review existing AIDS control work in the concerned States with the Chief Ministers and discuss new initiatives in the offing. While the CMs of Andhra Pradesh, Karnataka, Nagaland and Manipur will meet the PM, Tamil Nadu and Maharashtra will be represented by their Health Ministers.

The review comes a month before India sends a nine-member delegation to New York to participate in the UN Assembly's special session on AIDS. Health Minister Thakur will head the AIDS delegation to new York, where he will chair the UNAIDS' Programme Co-ordinating Board.

The Indian Express
22 May 2001

More births and deaths being registered under new format

By Our Staff Reporter

BANGALORE, MAY 21. The revamped Civil Registration System (of births and deaths) which was introduced in the State from January 1, 2000, has proved to be a good move, with registrations in both categories showing an increase, Mr. S.M. Vijayaraghavachar, Chief Registrar of Births and Deaths, said here today.

Mr. Vijayaraghavachar, who is also the Director, Department of Economics and Statistics, told press-persons that within the next two years, all bottlenecks would be cleared to ensure 100 per cent registration.

Until 2000, the registration of births and deaths in the State was carried out under the provisions of the Registration of Births and Deaths Act, 1969. The Karnataka Registration of Births and Deaths (Amended Rules), 1999, which revamped the registration system, was introduced in January 2000, to remove bottlenecks and streamline the process of registration, apart from ensuring speedy transmission of data, preservation of registers and so on.

On the measures taken to improve registration, Mr. Vijayaraghavachar said all deputy commissioners had been requested to ensure that registrars in rural and urban areas issued certificates free of cost immediately after registration, under Section 12 of the Act.

Registration centres had been opened in five government hospitals in Bangalore and the 24 maternity homes run by the Bangalore Mahanagara Palike (BMP). Permission had also been accorded to open registration centres at NIMHANS, Kidwai Memorial Institute of Oncology, Jayadeva Institute of Cardiology, Command Hospital and the ESI hospitals in Bangalore. Nine government hospitals in Hubli and Dharwad and two in Mangalore were now registration centres. Soon there would be centres in Mysore, Gulbarga and Belgaum city corporations too.

Mr. Vijayaraghavachar said he had requested the Registrar-General of Census, India, to permit the opening of centres in major private hospitals too. Hospitals such as St. John's, St. Martha's and other missionary hospitals could then be included as centres. In order to create awareness about the necessity of registration, the Directorate had produced a motivational film aimed at the rural public titled "Huttu savina jothege". It was directed by Mr. N.S. Shankar, and the 15-minute spot would be telecast on May 31 on Doordarshan at 7.15 p.m. It would be aired again on June 7 and 14, he said.

Karnataka stood third after Kerala and Tamil Nadu in the registration of births and deaths. While in Kerala the registrations came under the purview of the Department of Panchayat Raj, there were some States where it came under the Health Department, Mr. Vijayaraghavachar added.

The Hindu
22 May 2001

Girl Interrupted

Will misuse of advances in technology only further aggravate gender inequalities? In India, most families set great store by the male progeny; it is taken for granted that only a son can carry forward the lineage and the scriptures are freely quoted to sanctify this belief. And now the Genetics & IVF Institute in America offers pre-conceptual gender selection for a price. Sustained gender selection will have serious ramifications in countries like India where the gender ratio is already tilted in favour of the male. ***Nina Puri****, president of the Family Planning Association of India and chairman of the South Asia region of the International Planned Parenthood Federation, talks to* ***Sandhya Mulchandani*** *about the repercussions of the misuse of this technology:*

Indians have always had a marked preference for sons. Why is this so?

This phenomenon is not restricted to India, it's a universal problem and particularly an Asian one. It has, however, persisted in India despite a growth in living standards. It cuts through all classes of society, be it the rich or poor — not having a male heir is looked upon as something to be ashamed of. The preference for a son is deeply embedded in our psyche. Moreover, our scriptures endorse this.

Are you saying that economic progress, education and a general rise in living standards have had no impact on this preference for male children?

That's right. The 2001 census endorses this. In Haryana, for example, the sex ratio has decreased from 865 females per 1000 males in 1991 to 861 in 2001. In Punjab, it has gone down from 882 females per 1000 males in 1991 to 874. But the most alarming statistic here is in the 0-6 year range, where it has gone down from 875 females per 1000 males in 1991 to 793 — a marked decrease in the number of female children being born. This, despite literacy levels rising by almost 11 per cent. People have changed, but not dramatically. It is not that they want to educate their daughters less; they want to educate their sons more.

So while education and economic development are important, these factors alone have not been able to change the social mindset. Social problems like dowry continue. There is still a marked preference for sons — whether it is the middle classes, businessmen or lower income groups.

We've had population management for the last few decades. What effect has it had?

Population management is happening in some states and people are having fewer children. But in many cases and especially in rural India, because there are fewer children being born, parents want to ensure that there are at least two sons in each family. They continue to believe that having a daughter is like watering someone else's fields.

And now comes an American company offering gender selection at a price.

Well, this is an unholy alliance between tradition and technology. Preference for sons is often quoted as being the root cause for the high fertility rates in India. Before this new technology, there used to be female infanticide, and that is still prevalent in some Indian states. Diagnostic technology and testing facilities like ultrasound and amniocentesis have made huge inroads in rural India. Clinics have also mushroomed throughout the country which enable people to choose to abort female fetuses. For example, in a small town like Palwal alone, there are reportedly over 150 ultrasound clinics. To add to these existing problems, technologies like MicroSort will further upset the balance.

Udey Shankar

"Population management is happening in some states and people are having fewer children. But especially in rural India, parents continue to believe that having a daughter is like watering someone else's fields"

How does the new technology work?

The clinic is said to have perfected a technique that is able to separate the male from the female sperm by making use of the fundamental difference between male and female sperms. The female sperm carries an 'X' chromosome and has a larger percentile of DNA that makes it possible to distinguish it from the Y chromosome carrying male sperm. The process first made news in 1998 and it has been found to work more for girls than for boys. However, intrauterine insemination may not happen at first shot; most need an average of three trials before the impregnation takes off, pushing up costs further.

What about patents? Can Indian clinics use this technology?

While the United States Drug Administration (USDA) has permitted this technology to be patented in North America, Europe, Australia and Japan, countries like India and South Korea (where there is a cultural preference for boys) are free to pursue this technology.

What are the repercussions of selective breeding? How will it alter national demographics?

With technology becoming cheaper and more accessible, it will impact a large cross section of society. While it may only be a few who can afford it at the moment, imagine gender determination tests being freely available in states like Haryana and Punjab that already have such low male-female ratios. This gains expediency given India's preference for first-borns to be male. Who is going to send their only sons into the armed forces or for that matter to the police or to other high-risk careers? Fewer girls in society will not alter the natural desires in human beings.

This abnormality in gender ratios is going to manifest itself socially as increase in rape, prostitution, incest, homosexuality and other deviations. It will also have a lasting impact on social interaction, changing what is intrinsically Indian like the family structure. For starters, there will be fewer marriages. And this is just the beginning. The next step would be babies with fairer skin, lighter eyes and higher intelligence. We are sitting on a volcano. You can't even imagine the moral dilemmas we will have to face.

Some believe that sex selection may be a necessary evil — a preferred path to dowry deaths, female infanticide and domestic violence that continues to be played out in so many families in India.

I agree that this may be the perception at a micro level. There are those who feel that to pre-determine sex may be better than the moral trauma of having to abort a child. But when this continues, its context is taken away from the immediate environs of a family and takes on larger, macro dimensions. On a national level it impacts economic, political, and social development. Continued over a period of time, these changes can become a phenomenon changing the very fabric of society. What companies like MicroSort will do is remove the guilt that is associated with aborting an unborn fetus.

Isn't it ironical that technology today is being used to perpetuate gender bias?

It is absolutely ironical. On the one hand, the whole world is crying out to correct gender inequality, empower women and provide them with equal economic opportunities. On the other hand, new technology is being misused to perpetuate gender inequality. Women have been discriminated from creation to cremation. It is a complete paradox.

Candlelight tribute to Aids victims

DH News Service

BANGALORE, May 20

The Aids Forum Karnataka (AFK) and the Plan International today organised the 18th International candlelight march in the city as a tribute to those have died from Aids.

Minister for Health and Family Welfare A B Maalakareddy released a bunch of white balloons as a symbolic tribute. He said each balloon represents thousands of lives lost due to Aids. He also stressed the need to bring about awareness among people to fight against Aids.

Aids is the biggest threat to human race, said Ms Munira Sen of Madhyam. The disease has infected around 36 million men, women and children living in the world today and 22 million have already lost their lives.

The Karnataka State Prevention Cell also participated in the march which began from Vidhana Soudha today evening. People from all age groups from different section of the society participated in the march.

Deccan Herald
21 May 2001

The Times of India
15 May 2001

Restrictions make Viagra sale go limp

FROM A SRINIVAS RAO

Hyderabad, May 21: Potency drug Viagra which registered phenomenal sales across the globe has failed to excite consumers in the city with the Drug Control Administration Authority playing killjoy with its restrictions.

The sales of the blue pill have sure given the shopowners across the State the blues as users no longer clamour for it like they used to.

The initial high over the wonder drug cooled down within a few weeks of its launch last January. The drug, mainly available under three brand names — Caverta (Ranbaxy), Edegra (Sun Pharma) and Androz (Torrent) — had many people making a beeline for chemist shops when it was introduced in the market. But when the DCA, after an emergency meeting to review the sale of Viagra and the side-effects associated with it in the last week of January, imposed several restrictions, the sales began dwindling. The department asked all wholesale and retail druggists to maintain a stock register with updated statistics of its sale.

The retailers were asked to sell the drug only against a prescription given by an endocrinologist or a urologist or a psychiatrist. No other doctor would be permitted to prescribe it. The retailer should put a stamp with a date on the prescription, so that the same prescription cannot be used to purchase the drug again and again. The customers should also produce two sets of the prescription, so that the retailer can keep the duplicate and produce the same when DCA authorities drop by to inspect the shop. "All these measures were intended to check the indiscriminate use of Viagra, the use of which has been linked to dangerous side effects," DCA Director A Janaki Reddy told *Deccan Chronicle*. The stringent conditions have forced the wholesale and retail druggists to cut down on the sale of Viagra to a large extent. "In the beginning, there used to be a big demand for these brands of Viagra. But now, it has come down by 80 per cent. We hardly get any indent from our retailers these days," says proprietor of Kamalesh Pharma, which is the wholesale distributor for Ranbaxy.

According to him, occasional queries from customers about the drug continue to trickle in but the retailers bluntly reject them unless they furnish a prescription from an authorised doctor. "We will be in trouble if we sell them without prescription. We cannot even oblige our regular customers," he said.

Giri of Sri Sairam Medical Shop, Punjagutta, said he had stopped selling Viagra brands way back in January itself. "The DCA authorities told us to stop selling the drug. And it is not possible to follow their conditions strictly," he said. Apollo Pharmacy at Hyderguda also gets inquiries regarding Viagra from customers once in a while, but says a strict "no" to the drug. Babu of Jyothi Medical Hall, Secunderabad, says he has registered only 20 per cent sale in the last five months.

Janaki Reddy says the restrictions on Viagra were imposed by the Central Drugs Control Administration, because of its side-effects. "So far, we have not received any complaints about violation of rules and no irregularities have been found during our raids. Our inquiries say the consumption of Viagra in the twin cities is practically nil," she said.

Deccan Chronicle
22 May 2001

Centre joins States on AIDS

But PM promises no aid; CM meets Sinha

FROM OUR BUREAU

New Delhi, May 22: Describing the AIDS epidemic as a grave challenge, Prime Minister Atal Behari Vajpayee called on the affected States to wage a "joint war" against it including an intensified prevention drive, expansion of youth education programmes and involvement of religious groups.

Stating that India had an estimated 3.86 million people infected with HIV, Vajpayee said recent surveys conducted by the national AIDS control organisation had shown a high prevalence of over one per cent in the states of Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Manipur and Nagaland.

"The prevalence level among sexually transmitted disease clinics attendees is even higher. This is truly a cause of serious concern," he said addressing a meeting with Chief Ministers of the six high prevalence States on HIV/AIDS.

The Prime Minister said India still had the opportunity to prevent the AIDS epidemic from becoming as widespread and devastating as in africa. "However, this necessitates urgent and concerted action by both the government and the civil society."

The AIDS epidemic presented a grave challenge, he said and urged the six States to intensify prevention activities and focus on awareness of the young people who are the most vulnerable.

"These should include programmes for school children, street children and other young people to help them adopt a responsible lifestyle. We should also actively involve religious establishments who can have a strong positive influence over large sections of the society," he said.

Meanwhile, Chief Ministers of Andhra Pradesh, Karnataka and Kerala on Tuesday held separate meetings with Finance Minister Yashwant Sinha to draw the attention of the centre to their fiscal problems.

According to sources, Andhra Pradesh Chief Minister N Chandrababu Naidu asked Sinha to expedite disbursal of funds for the State to help meet its financial problems. Kerala Chief Minister A K Antony asked Sinha to look into the fiscal challenges of the State and not to delay the grant of funds due to his State.

"The economic crisis in Kerala is such that the Centre has to help the State," Antony is reported to have told Sinha.

Deccan Chronicle
23 May 2001

Jihad in Kashmir Valley against dreaded AIDS

By Muzamil Jaleel

Srinagar, May 21: This is a jihad everybody is cheering on. Its warriors are health professionals and Imams. Its end, the defeat of the spread of AIDS in Jammu and Kashmir. And its weapons are dry medicalese and the principles of Islam.

The 'holy war' against AIDS kicks off in Jammu and Kashmir next month, steered by Prof Muneer Masoodi, who teaches social and preventive medicine at the Government Medical College Srinagar, and Ashok Parmar, project director of J-K State AIDS Prevention and Control Society.

"Since the prevention of AIDS corresponds almost exactly to the sayings of the Prophet and dictates of the Holy Quran, it is easier for Imams, Islamic scholars and *mubaligs* (preachers) to convey the message of AIDS prevention to the masses," said Prof Masoodi.

Quoting from the Quran, he said the holy book categorically orders people to avoid adultery, which, he says, is one of the main transmitters of the HIV virus.

"Islam strictly prohibits almost everything that can be a cause of HIV transmission. A true Muslim has zero risk for AIDS," feels Masoodi. "He does not attract high risk sexual behaviour because he will never be adulterous, never be a homosexual, never take drugs whether intravenous or oral. And when science too warns about the devastating implications of these practices, changes in behaviour are inevitable."

According to the National AIDS Control Organisation, the number of HIV positive cases in J0K was around 15,000 in 1998, which Masoodi bills as an "alarming figure".

Parmar adds that since Kashmiri society is strait-laced about sex, health workers struggle to approach AIDS in a more direct manner, such as distributing condoms and speaking openly about safe sex. "When faith gets involved, our AIDS prevention message will be much more credible," says Parmar.

It was Masoodi, a devout believer himself, who persuaded a group of top Islamic scholars and Imams around the Valley to step in. "We provided them the scientific and technical information about AIDS, its transmission and the means of prevention. An eminent Ulema (Islamic scholar) of the Valley integrated the relevant Quranic verses, *Hadith* (sayings of the Prophet), *Sunnah* (way of the Prophet's life) and *Ijmah* (consensus) with scientific facts and developed a book for the Imams," he says.

After months of groundwork, the group is finally ready. An *Ijtimah* (congregation) of eminent Ulemas and Imams will soon be conducted to sensitise them about the killer disease.

"We hope to involve around 200 Imams. Each district of the Valley, especially the Jamia mosques, will be represented in this first workshop," says Masoodi. After a basic discussion on the disease, the Imams will be given the book so that they can preach. Parmar has suggested leaders of other religious groups also take up the issue. "No religion approves sexual behaviour that is responsible for HIV transmission," he said.

FAITH SHOWS THE WAY IN UGANDA

In Uganda, at least one in every 10 persons is HIV positive. Muslims form more than 20 per cent of the country's population, and in 1992, the Islamic Medical Association of Uganda (IMAU) started combating AIDS through religion. His Eminence the Mufti, who heads the Ugandan Muslim Supreme Council, even called for a 'jihad against AIDS' and asked his 33 district religious leaders (Khads) to co-operate with IMAU.

Established in 1988 by three medicos, IMAU now has more than 300 members and has involved over 8,000 religious leaders, including Imams and their teams of volunteers. Already, they have made repeated home visits to over 100,000 families in 11 districts across Uganda~ENS

The Pioneer
23 May 2001

The Indian Express
22 May 2001

PM asks affected States to wage war against AIDS

Staff Reporter
New Delhi

THE CENTRAL Government has decided to provide the drug 'nevrapine prophylaxis' free of cost to women and children at risk to prevent the transmission of the AIDS virus from mother to child.

Speaking to newspersons after the Prime Minister held a meeting with the chief ministers of the six states with the highest incidence of AIDS, Union Health Minister Dr C P Thakur said that to implement the programme, each district would have one counselling and testing centre.

Also a direct outcome of the meeting was the Government's decision to introduce AIDS education for school-children and for those of school-going age but not in schools. AIDS education will be provided till the age of 17.

Earlier in the meeting with the chief ministers, Prime Minister Atal Bihari Vajpayee had called on the affected states to wage a "joint war" against AIDS including an intensified prevention drive, expansion of youth education programmes and involvement of religious groups.

Stating that India had an estimated 3.86 million people infected with HIV, the PM said that the recent surveys conducted by the National Aids Control Organisation had shown a high prevalence of over one per cent in the states of Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Manipur and Nagaland.

"The prevalence level among sexually transmitted disease clinics attendees is even higher. This is truly a cause of serious concern," he said addressing a meeting with the chief ministers of the six high prevalence states on HIV/AIDS.

The Prime Minister said that India still had the opportunity to prevent the AIDS epidemic from becoming as widespread and devastating as in Africa.

"However, this necessitates urgent and concerted action by both the Government and the civil society."

The AIDS epidemic presented a grave challenge, he said and urged the six states to intensify prevention activities and focus on the awareness of the young people who are the most vulnerable to this disease.

"These should include programmes for school children, street children and other young people to help them adopt a responsible lifestyle. We should also actively involve religious establishments who can have a strong positive influence over large sections of the society," he said.

Wage war on AIDS, urges Vajpayee

By Our Special Correspondent

NEW DELHI, MAY 22. The Prime Minister, Mr. Atal Behari Vajpayee, today called upon the States which have a high prevalence of HIV/AIDS cases to go in for a "joint war" against the deadly disease by launching an intensified drive involving religious groups. The educational programmes should also be expanded for the youth as they were the most vulnerable sections, he said.

The challenge posed by the AIDS epidemic must be met effectively since it has serious implications for the future development of their States, Mr. Vajpayee, told a meeting of the Chief Ministers of the six high prevalence States on the control and prevention of the disease. India has an estimated 3.86 million affected people. The recent surveys conducted by the National AIDS Control Organisation have shown a high prevalence of over one per cent in Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Manipur and Nagaland.

"The prevalence level among sexually transmitted disease (STD) clinic-attendees is even higher. This is truly a cause of serious concern." Fortunately, India still had the opportunity to prevent the AIDS epidemic from becoming as widespread and devastating as in Africa. What was needed was urgent and concerted action by both the Government and the civil society, he said.

Dwelling at length on the importance of educational programmes, the Prime Minister said these should include programmes for schoolchildren, street children and young people to help them adopt a responsible lifestyle. "We should also actively involve religious establishments who could have a strong positive influence over large sections of the society." Promising all possible help from the Centre, the Prime Minister said, "Our success in these six States would greatly boost both our ability and confidence in fighting the menace elsewhere in the country."

Mr. Vajpayee regretted that those infected and their families continued to be victims of stigma and discrimination."It is important to intensify the awareness drive based on community participation.

STD treatment facilities in both the Government and the private sector need to be strengthened." Intensive programmes for industrial workers, dock workers, slum population and truck drivers should be strengthened, he said.

Referring to the fact that Tamil Nadu has begun to use Ayurveda and Siddha drugs in the clinical care of AIDS-infected persons, he said "these studies could provide us important feedback on the values of Indian system of medicine in fighting the epidemic. These remedies can be low-cost alternatives to anti-retroviral drugs."

Stating that "certain social evils" contributed to the spread of AIDS in Karnataka, Mr. Vajpayee said, "these need to be countered through concerted action by social groups."

In Manipur and Northeast, a majority of the infection occurred due to sharing of infected syringes and needles by drug users and "we need to coordinate with the drug de-addiction programmes of the Centre and the NGOs."

The Hindu
23 May 2001

New Delhi: Prime Minister Atal Bihari Vajpayee on Tuesday called upon the chief ministers of the six most AIDS-affected states of maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Manipur and Nagaland to intensify prevention activities and focus on awareness of young people who are the most vulnerable.

The Asian Age
23 May 2001

Govt to supply free drugs to HIV-hit pregnant women

DH News Service

NEW DELHI, May 22

In an effort to check transmission of Aids-causing HIV from mother to child, the Centre has decided to distribute free of cost anti-Aids drug AZT among HIV-infected pregnant mothers at an annual cost of Rs 1,600 crore.

The decision has been taken at a high-level meeting chaired by Prime Minister Atal Behari Vajpayee at his Race Course Road residence in the morning which was attended by Union Health Minister C P Thakur, chief ministers of Karnataka, Andhra Pradesh and Nagaland, and health ministers of Maharashtra, Tamil Nadu and Manipur.

Briefing the newspersons after the meeting, Dr Thakur said countries like Thailand and Philippines have achieved success by introducing anti-retroviral drug AZT in their national health programme. The rate of mother to child infection is also very high in most of the states. In Karnataka, for example, about 1 per cent of babies are being born with HIV infection.

After conducting AZT feasibility studies in 11 centres, it has been found that a particular drug, Nevarpin Prophylaxis, is better as only one dose is required for the mother and child, Dr Thakur said. Among the six states the number of HIV-infected pregnant women is maximum in Maharashtra where about 900 women were found to be HIV positive.

Two other decisions taken at the meeting are distributing condom freely and launching counselling centres at all districts across the length and breadth of the country.

The six states that were represented at the meeting contribute about 75 per cent of the total estimated HIV infections in the country. According to the latest figures available with National Aids Control Organisation (NACO). India has 3.86 million HIV-infected people.

Expressing serious concern over the growing Aids menace, Mr Vajpayee told the chief ministers to intensify prevention activities and focus on the younger generation who are more vulnerable to the dreaded disease. He also suggested involving religious groups in anti-Aids campaign since such establishments have a positive influence over a large section of society.

KRISHNA'S DEMAND: Giving a clarion call to the six states, Mr Vajpayee said that success in these states would boost India's ability in fighting the menace elsewhere in the country. However, Karnakata Chief Minister S M Krishna demanded supply of free medicine to all HIV patients and more Central assistance to check the disease in Karnataka.

Mr Krishna suggested that a bold policy decision should be taken to supply the anti-HIV drugs free of cost which would help in the long run a reduction in the high cost of anti-HIV drugs.

Mr Vajpayee also underlined the need to remove some of the social evils in Karnataka that help in proliferating the disease. In particular, the migrant labours from the northern districts needed special attention as many of them go to Maharashtra and Gujarat in search of employment, he said.

However, the entire scheme of distributing the medicine free of cost is a voluntary scheme and the pregnant HIV-infected women have to come state Aids control societies or NACO offices to procure the medicine, NACO chief J V R Prasada Rao said.

Deccan Herald
23 May 2001

Drugged by patents

BY VANDANA SHIVA

THE AIDS epidemic has made evident the fact that the cost of health care and drugs is becoming prohibitive in the entire world as a result of implementing US-style patent regimes. Currently, there are approximately 32.3 million cases of HIV/AIDS in developing countries. More than 2.5 million people die each year from the disease.

While a cocktail of drugs has reduced mortality by 75 per cent over a three-year period in the US, the treatment is costly. Annual treatment costs range between $ 10,000 and $ 15,000. Even if the UNAIDS initiative subsidised the price by 85 per cent, the cost would be approximately $ 2250 per year. And AIDS is only one among other killer diseases like malaria and tuberculosis in the third world.

In poor countries, drug prices are closely connected to exclusive marketing rights (EMRs) and product patents. Patents preventing generic drug production or cheap imports put drugs beyond the reach of the common people in such countries where GDP per capita ranges from $ 140 to $ 6,190. People with AIDS in these countries are thus condemned to premature death.

However, with generic drug production, drug prices of AIDS drugs in third world countries are, on the average, 82 per cent lower than prices in the US. The price of treatment also comes down. For example, Flucanazole, a drug used to treat AIDS, is not patented in Thailand. Pfizer was selling the drug for $ 6.20 while the Thai manufacturer priced the drug at 0.3,297 times cheaper than Pfizer.

Brazil is a country that has made the most progress in producing low cost AIDS medicines. Brazil provides AIDS therapy for $ 192 per month. Starting in 1994, the Brazilian government urged local companies to start making drugs to treat AIDS. The government invoked 'national emergency' provisions in its patent laws to start manufacturing low cost anti-retrovirals such as AZT.

Brazil makes eight of the 12 drugs used in the so-called AIDS cocktail. As a result, prices have gone down by more than 70 per sent. The availability of cheaper drugs has enabled the Brazilian government to provide anti-retrovirals to more than 80,000 citizens by the end of 1999, which has led to a more than 50 per cent drop in AIDS related mortality between 1996 and 1999. This has also allowed the government to save $ 472 million in hospitalisations.

However, instead of applauding Brazil for its success in fighting AIDS through generic drug production supported under its 1997 Patent Law and making this kind of law a model, the US has taken Brazil to the WTO dispute panel in order to force Brazil to undo its patent laws. If US patent monopolies are globalised through TRIPs as a result of being allowed to undo Brazil's patent laws, then millions of AIDS victims in the third world will be denied affordable treatment.

MEDICINE WITH FRONTIERS: Indinavir, one of the ingredients of the 'AIDS cocktail'

In 1977, the South African government also passed a law to provide access to affordable medicines by using the provisions of compulsory licensing and parallel imports. The aim was to reduce the cost of treating HIV/AIDS by 50 to 90 per cent. With over 4 million AIDS patients, the government action was a public health imperative. Yet, all pharmaceutical giants mobilised to challenge the South African law. They later backed down from a legal confrontation last month signalling a victory for the South African government.

Many countries like India have evolved sovereign patent systems which have excluded patents on medicine and food in order to prevent "profiteering from life and death". Only process patents on methods of production of pharmaceuticals have been allowed as product patents in sectors such as food and medicine create monopolies, thereby increasing prices in the vital areas of health and nutrition.

In India, the 1970 Patent Act was shaped by obligations as laid down in the Constitution. After the 1970 Act was enacted, the number of registered pharmaceutical producers (small, medium and large scale) increased from 5,000 to 24,000 with 250 large/medium and 8,000 small-scale units.

The production of pharmaceutical products also grew 48-fold from Rs 250 crore in 1971 to over Rs 12,068 crore in 1997-98. In a short period of less than 10 years, exports increased from Rs 228 crore in 1987-88 to Rs 4,090 crore in 1996-97. The multiplicity of producers has been possible because the 1970 Act did not allow product patents in medicine.

This competitive environment and exclusion of product patents in medicine has created self-reliance in medicines and kept the prices of medicine within reach of the common man. Prices of medicines in India are in fact much lower than in other countries.

Indian medicines are far cheaper than even those in industrialised countries and other developing countries like Pakistan and Indonesia. This is primarily because many developing countries like Pakistan have continued with the colonial 1911 Patent Act inherited from the British which has maintained total dependence on imports with no development in indigenous capacity for production.

The executive director of Pharma Bureau, an association representing multinationals, was quoted in *SCRIP* (August 9, 1996) as saying that multinationals will transfer their investments to

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'Religious groups can spread AIDS awareness'

By Sanchita Sharma

New Delhi, May 23: Innovative AIDS control programmes may be on the cards if Prime Minister AB Vajpayee has his way. Vajpayee met representatives of six high AIDS prevalence states and asked them to "actively involve religious establishments who have a strong positive influence over large sections of society". He also asked the states to include AIDS awareness programmes in the school curricula and organise street plays to reach street children.

Those who met the Prime Minister included the chief ministers of Andhra Pradesh, Karnataka and Nagaland. These states, along with Tamil Nadu, Maharashtra and Manipur, account for almost 75 per cent of the 3.86 million HIV cases in India. "Intensive programmes for industrial workers, dock-workers, slum population and truck drivers should be strengthened," said Vajpayee at the meeting at his Race Course home. "At the same time, we must expand the education programmes for youth, both in and out of schools," he said. Also present were Health Minister CP Thakur and National AIDS Control Organisation Director JVR Prasada Rao.

The Prime Minister was keen to discuss innovative strategies and steps taken to contain the killer disease which has infected over 1 per cent of the population in the States. He said high risk groups like migrant labourers who go to Maharashtra and Gujarat for employment needed special attention, "as there were certain social evils in this region which contribute to the spread of HIV".

The review comes a month before India sends a nine-member strong delegation to New York to participate in the United Nations Assembly's special session on AIDS. Health Minister Thakur, just back from a week long stint in Geneva for the WHO's World Health Assembly, will head the AIDS delegation to New York, where he will chair UNAIDS' Programme Coordinating Board.

Those who met the Prime Minister included the chief ministers of Andhra Pradesh, Karnataka and Nagaland. These states, along with Tamil Nadu, Maharashtra and Manipur, account for almost 75 per cent of the 3.86 million HIV cases in India.

In between the travel, the Minister plans to begin trials for nevirapine, used to prevent mother-to-child transmission of AIDS. "It's impossible to give anti-retroviral to all AIDS patients in the country, so we will focus on preventing mother to child transmission by giving free nevirapine to infected mothers and new-borns," said Thakur.

Meanwhile, trials for anti-retroviral therapy to contain mother to child transmission have been completed. "The Pune-based National AIDS Research Institute (NARI) is processing the data from 11 centres across the country and the results so far have been promising," said NACO's Prasada Rao. The data should be ready in a month, he said.

Welcoming UN Secretary General Kofi Annan's setting up of a global fund for AIDS, India will now ask for a larger share of foreign aid for Asia. According to UNAIDS, while India has 10 per cent of the world's population of with HIV/AIDS, it just gets 1 per cent of the global funds to contain the disease. "We plan to change all that," said Thakur.

The Indian Express
24 May 2001

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the Pacific Rim, unless the industry is guaranteed fair and reasonable profit. Pakistan has also been forced to implement the provision of EMRs post the TRIPs agreement.

Earlier, the US had taken India to the WTO dispute panel to enforce patent monopolies in pharmaceuticals. Besides India and Brazil, the Dominican Republic, Argentina, Vietnam and Thailand have all been threatened by the US under its Special 301 laws. Challenging the might of the WTO, the US government and pharmaceutical giants, CIPLA, an Indian drug company, announced that it would sell AIDS therapy for $ 350 a year or less to Medicines Sans Frontiers, which will distribute it for free in Africa.

In 2000, Glaxo Wellcome threatened to sue CIPLA when it tried to sell a generic version of a Glaxo anti-AIDS drug combination in Ghana. The African Regional Patent Authority ruled against Glaxo, but CIPLA stopped selling the generic drugs.

Even industrialised nations have been severely impacted by changes in patent laws. In 1994, after the North American Free Trade Agreement (NAFTA) came into force, pharmaceutical plants started to close down in Canada.

This pattern of closure of domestic industry and manufacturing capacity and dependence on imports as a result of implementation of US-style patent laws has been repeated in other countries.

Patent rights are clearly working against patient rights. The case of AIDS drugs also exposes the myth that product patent regimes help in fighting diseases. By preventing the making of low cost generic drugs, 24 patents on drugs can become a cause for the spread of diseases rather than the cure of diseases in the third world. And patent monopolies prevent low cost medicines from reaching those who need them the most — the poor.

Since patent monopolies lead to higher prices, measures for safeguarding the public interest are very necessary. Such measures include compulsory licences; licences of right; automatic lapse; revocations; use and expropriation by the State; provisions against failure to work or insufficient working; and limitations on the importation of the patented articles and on failure to satisfy national market demand. These measures are necessary because in their absence private gain is at public cost.

This is an edited extract from Patents: Myths & Reality *by Vandana Shiva, published by Penguin India*

The Hindustan Times
23 May 2001

NACO cooked up AIDS data, alleges NGO

DH News Service

NEW DELHI, May 26

Days before departure of Health Minister Dr C P Thakur for Geneva where he would chair a UNAIDS Programme on AIDS to lobby for a bigger chunk of international aids for AIDS victims, an NGO has alleged that the government is trying to create an unnecessary panic about AIDS and the situation is not at all alarming.

Alleging that National AIDS Control Organisation (NACO) under Health Ministry and UNAIDS have cooked up all AIDS related data to create a panic wave about AIDS in the country which can facilitate bringing foreign funds, the NGO -- Joint Action Council Kannur (JACK) - said that the apex AIDS control organisation was misleading the country.

After the Geneva tour, Dr Thakur is scheduled to visit New York to attend UN's special session on AIDS and is expected to ask for a bigger pie from the $9 billion global fund mooted by UN Secretary General Kofi Annan for fighting AIDS throughout the world.

Accusing NACO, the convenor of JACK Purushottaman Mulloli today told reporters that a careful scrutiny of NACO figures over a period of last 15 years has revealed that the real situation is different from what NACO was projecting. The Prime Minister's meeting with state representatives of six high-risk states - Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland - had evoked a strong response from Mr Mulloli. Attacking the Prime Minister's statement in which he asked the states to wage a war against AIDS, he said, "somebody must have misguided Prime Minister to become a party to the continued false hype over AIDS epidemic in India."

NACO methodology of data collection - both previous sero-surveillance and existing sentinel surveillance - has attracted wrath from the NGO which claimed that the shift from previous method to the existing sentinel surveillance was associated with a reduction in HIV infection rate from earlier 2.2 per cent to 0.7 per cent. Quoting a question, which was answered in the Parliament, Mr Mulloli said that the number of people died due to AIDS in 1997, 1998 and 1999 was 287, 217 and 114 respectively. "Can you call the situation alarming?," he asked.

However, refuting the charges levelled by the NGO, the NACO chief J V R Prasada Rao said that the figures given to the Parliament were only reported case and the actual might be many times more than what is being reported. "The charges made by the JACK is absolutely baseless as all doubts have been explained many times earlier. Despite clearing the doubts, the NGO is making the charges time and again and I don't know whether there is any taker for its arguments. The charges are too ridiculous to reply," he added.

Deccan Herald
27 May 2001

10 per cent of world's HIV cases in India

Bangalore, May 19: India accounts for 10 per cent of the world's HIV/Aids cases, with 87 per cent of them falling in the 15-44 age group, a top official has said on Saturday.

The country has four million Aids/HIV cases as against 40 million cases reported world-wide, joint secretary, ministry of youth affairs and sports R.K. Mishra told reporters here.

While the percentage of affliction in the under-14 age group was 3.6 per cent, it was 9.4 per cent among people over 45 years of age.

Of the total 20,304 Aids cases reported, males accounted for 77 per cent. Tamil Nadu (9714 cases, 48 per cent) reported the highest number of cases, followed by Maharashtra and Karnataka.

Of the 4,41,264 people tested in Karnataka for HIV, 8595 were found sero-positive and the number of Aids cases reported up to March this year was 979, he added. *(UNI)*

The Asian Age
20 May 2001

AIDS awareness drive next month

STATESMAN NEWS SERVICE

KOLKATA, May 26. — Family Health Awareness Drive will be held from 1 to 15 June to promote awareness about sexually transmitted diseases. It'll be organised by West Bengal State AIDS Prevention and Control Society.

Health workers will visit homes in rural areas and slums to check for STD symptoms, provide information about the diseases and offer treatment to the affected. The health workers will also meet high risk groups, such as prostitutes, in urban areas.

AIDS Society officials said this was part of a larger campaign required to fight AIDS which is spreading alarmingly. The Society has conducted four rounds of "HIV sentinel surveys" between February 1998 and October 2000.

According to the last report, 1.725 per cent of 1,101 high risk groups, selected from Kolkata, Cooch Behar, Bankura, Burdwan and South 24-Parganas, tested HIV positive. About 0.39 per cent of 1,530 ante-natal care mothers, from Kolkata, Burdwan, North 24-Parganas and North Bengal, tested positive. Officials said the epidemic had to be tackled on war footing.

The Statesman
27 May 2001

Plan for AIDS meet

NEGOTIATORS, WORKING on a draft plan of action to be presented in a UN conference on HIV/AIDS next month, had not agreed upon several of its key provisions, leading to difficulties in preparations for the event. However, two chief negotiators, ambassador Penny Wensley of Australia and ambassador Ibra Deguene Ka of Senegal, on Friday said that they would be able device a deal on the issue of financing the plan.

PTI, United Nations

The Hindustan Times
27 May 2001

Understanding AIDS

***David Miller** is head of UNAIDS in India. He says that when 20 years ago on June 5, 1981, the first case of HIV/AIDS was detected by the US Center for Disease Control and Prevention, it was described as a 'strange' syndrome affecting five patients. Today, AIDS is the Number One killer in Africa and till now, nearly 22 million people have died worldwide of this disease. India's HIV-positive population numbers 3.86 million. India will be actively participating in the forthcoming UN General Assembly Special Session (UNGASS) on HIV/AIDS in New York. Miller spoke to **Narayani Ganesh** about how to deal humanely with the epidemic:*

What has struck you the most about how we in India deal with HIV/AIDS?

The extraordinary commitment of the people working in this field, both within the government and NACO, our key partners, and in groups of people living with HIV, NGOs providing care, support and information, along with the broader community of international agencies. I think AIDS has really seized the attention and earned the commitment of so many.

In a country as large and as diverse as India, it is easy to lose sight of the magnitude of the problem. In real terms, there are just under four million people living with HIV here. That's a huge number. The size of the population infected, the size of the population affected and the size of the challenge in reaching them all — all of these things are impressive and are great cause for concern.

Other countries have a great deal to learn from successful Indian models of intervention. The intervention happening with truck drivers and sex workers here is extraordinary. UNAIDS wants to make this knowledge available to other areas and countries.

How do you plan to carry successful Indian models to other countries?

UNAIDS is commissioning a series of "best practice" case studies that describes models and the processes they employ. Models don't have to be perfect, but it is important that, even at this stage, key lessons learnt can be shared. At a recent meeting with the CMs of high prevalence states, the prime minister talked about the need to intensify prevention participation in young people and the need to involve religious establishments which exercise immense influence and so can have a huge impact.

The forthcoming UNGASS is designed to engage political leaders to ensure commitment of sustained efforts to respond to HIV. It will bring regional responses together and act as a vehicle of advocacy for increasing global commitment. Work has to be directed at the public, community, national and regional levels to have an impact. Migration, especially economic migration between countries and even between states, in a large country like India necessitates spreading the message across borders.

Globally, what is the most common trauma associated with HIV-positive persons?

When people are diagnosed with HIV, it is expected that they will respond with great distress and shock. Where there is no pre- or post-test counselling, no sufficient support from family and community, and where the infected feel marginalised because of their lifestyle or the community's fear of HIV/AIDS, the initial shock may turn into depression, chronic stress and even psychiatric states and in some rare cases, suicidal responses. These reactions appear to occur irrespective of the circumstances across cultures, across the divide of the resource-rich and the resource-poor, all because HIV is associated with death and decline.

But isn't opinion divided on whether HIV is the only cause of AIDS?

AIDS stands for acquired immuno-deficiency virus. Some of the hallmark diseases associated with HIV could be brought about with other conditions that reduce immune functioning. But this is of course extremely rare. The evidence is overwhelming that HIV does, indeed, lead to AIDS.

Uday Shankar

"The problem is in ensuring that people with HIV know that they have it so that their health can be monitored. For that we need much larger availability of quality services for voluntary counselling and testing (VCT)"

Can one be HIV-positive and yet not experience AIDS?

There have been some cases where for more than a decade, AIDS has not manifested itself in a HIV-positive person. Evidence suggests that factors like general health state, nutrition, psychological state, exercise, etc. also play an important role in maintaining good health in people with HIV. We have difficulty in determining the precise linkages between psychological and immunological health.

What is the most effective treatment for HIV?

Some treatments can enhance the quality of life while others act as prophylactics. The problem is in ensuring that people with HIV know that they have it so that their health can be monitored. For that we need much larger availability of quality services for voluntary counselling and testing (VCT).

How reliable are the tests?

If the first test is positive, then a second test is done. If there is any doubt, a third — a "tie-breaking" test is done. The tests are now very reliable. AIDS has taught us in the last 20 years that in order for our intervention to work, both on a clinical and public health level, we must encourage people with HIV to be our colleagues in our fight against HIV/AIDS.

Communication must always be maintained despite leaps in technology because HIV is not only a medical phenomenon; it is a profoundly social phenomenon. That's why working with those directly affected and the focus on human rights is important: The corrosion caused by stigma, along with a necessary focus on women and gender, and education both in schools and among health professionals, should all be attended to.

Do you think the output of an HIV-positive employee is likely to be lower than that of a non-HIV-positive employee?

Given the psychological trauma, fear of non-acceptance, fear of underperformance and knowledge of a shortened lifespan — I should think an HIV-positive employee would only work even harder to show that they deserve acceptance and support from their employers and colleagues.

Is it right for employers or insurance companies to make an HIV/AIDS detection test mandatory?

Certainly not. There is no added value in doing so. Testing should be voluntary, not mandatory. In the context of care and support, we're currently developing packages for the workplace that we hope to recommend to businesses in India. The package will have information, recommendations about VCT, counselling for employees, attitudes and stigma. We're already using this package within the UN organisations, globally. So are several oil companies, banks and others.

Has UNAIDS helped resolve cases where an individual's dignity has been undermined because of being HIV-positive?

Yes, indeed. There was a move in some countries to publicise the names of HIV-positive people to encourage the community not to have sex with them. We played a proactive role in dissuading the authorities concerned from doing so. It goes against basic human rights and runs the risk of driving epidemics 'underground' by creating disincentives for people to come forward for VCT, care and treatment. UNAIDS encourages beneficial disclosure, ethical partner counselling and appropriate use of HIV case-reporting.

The Times of India
28 May 2001

Talks on funding battle against AIDS

UNITED NATIONS, MAY 22. Diplomats and officials from more than 100 countries have embarked on week-long negotiations to finalise an action programme to combat AIDS worldwide which includes norms for spending up to $10 billions a year by 2005 in developing countries.

The action plan, called 'Declaration of commitment', will be adopted by the General Assembly at a special three-day session scheduled to begin on June 25.

The draft being finetuned endorses the call by the millennium summit of the Assembly held in September to reverse and halt the HIV/AIDS epidemic by 2015 and sets interim targets which the member-states are expected to meet.

Diplomats participating in the discussions said they were grappling with a number of complex issues, including the all important question of how to fund the battle against AIDS.

The U.N. Secretary-General, Mr. Kofi Annan, has called for the establishment of a global AIDS and health fund to fight HIV and other infectious diseases and has estimated $7 to 10 billions of additional funding per year would be needed to tackle the problem.

So far it is not clear whether that much funds would be available. The U.S. President, Mr. George Bush, had promised $200 millions but that is considered very inadequate.

The head of the joint U.N. programme on HIV/AIDS (UNAIDS), Dr. Peter Piot, told reporters that the problem of funding was at the centre of the fight against AIDS. "The simple truth is that with the current resources, it is not going to be possible to contain this."

Echoing this view, the Ambassador of Senegal and co- facilitator of the talks, Ibradegu'Ne Ka, called on the international community to help countries in their national efforts to mobilise enough resources to combat the disease.

The other co-facilitator, Ms. Penny Wensley of Australia, stressed the need for both political engagement and financial resources.

"Without these, we will have little hope of holding back an epidemic that continues to spread, and to place not just individuals, but communities and entire countries, at grave risk," she said. — PTI

The Hindu
23 May 2001

Try the Cipla therapy

INTELLIGENT INVESTMENT FOR THE WEEK

BY KRC RESEARCH

BRAND	ACTIVE INGREDIENT	THERAPEUTIC CATEGORY
Silagra	Sidenafil	Erectile dysfunction
Venlor	Venlafaxine	Anti-depressant
Dinox	Didanosine	Anti-AIDS
Duovir	Limivudine+Zidovudine	Anti-AIDS
Nevimune	Nevirapine	Anti-AIDS
Seroflo	Salmetrol+Fluticasone	Anti-asmatic
Obestat	Sibutramine	Obesity
Rofixx	Rofecoxib	NSAIDS

Cipla has registered excellent growth for 2001 with 38 per cent improvement in top line and 34 per cent increase in bottomline. The company's entry into generic business in a big way has paid rich dividends. Cipla's recent offer for anti-AIDS drugs to South African countries will enhance exports. Strong presence in asthmatic, antibiotic and cardiovascular segments will help to retain leadership position in the domestic market. Cipla is likely to emerge as a leading global player in both anti-AIDS and inhaler segments.

DOMESTIC FORMULATION

Cipla occupies third position in the domestic formulations market and commands a market share of 4.74 per cent. The company is growing rapidly at 22.1 per cent compared to the market growth of 10.1 per cent. Cipla currently markets 346 products and is the market leader in the generic segment with more than 100 products. The company has strong presence in anti-asthmatic, antibiotics, cardiovascular, anti-AIDS and anti-cancer. It is expected that the company will maintain leading position in these segments due to several fast moving brands and rapid introduction of new products.

GENERICS BUSINESS

Cipla was the first one to enter the competitive generics business and has occupied leadership position in this segment. The company offers more than 100 different generic products in all major therapeutic categories. This is a very specialised business driven by retailers, who get better margins and hence push the generic products. Cipla has been able to achieve 38 per cent growth in top line in 2001 mainly due to its thrust on generics.

INHALER SEGMENT

Cipla is the market leader in anti-asthmatic inhaler segment with over 70 per cent market share. This segment is growing at more than 20 per cent per annum, mainly due to increase in pollution leading to a spurt in the number of asthma cases in patients. One of its major products, Asthalin inhaler has annual sales of more than Rs 30 crores and has growth rate of more than 30per cent. The company offers full range of inhalers, rotahalers and spacers that have gained excellent acceptance among the asthma patients. The company has introduced CFC-free, environment-friendly Budecort inhalers for the first time in India. The CFC-free products have a huge export potential .The inhaler therapy is preferred to tablets since the dose required is about 1/10 of the oral dose. Moreover, the drug directly goes to the lung and gives instantaneous relief to the patient. Cipla is putting up a dedicated facility in Kurkumbh at a capital outlay of Rs 60 crores for the manufacture of inhalers. We feel that the company will be able to maintain a leadership position due to the entire range of inhalers and with the advantage of economies of scale.

NICHE MARKET

Cipla has presence in niche segments such as cardiovascular, anti-AIDS, anti asthmatic and anti-cancer. The company has several products in each of these segments will help it to offer the entire range of products. Amlopres-AT and Trivedon have around 30 per cent growth rates in the cardiovascular segment. Asthalin inhaler and Aerocort are growing at 30 per cent and 18 per cent respectively in the anti-asthmatic segment. The company is offering a cocktail therapy for the treatment of AIDS.

ANTI-AIDS

Cipla has a strong presence in the anti-AIDS segment and is offering the entire range of products. The company has reduced the prices of anti-AIDS drug five times in the domestic market through the technological advancements. The company's recent offer to supply the cocktail of drugs consisting of Lamivudine, Nevirapine and Stavudine at $350 per patient per year to Medicins Sans Frontieres has given it an international recognition. Cipla has ambitious plans to supply anti-AIDS drugs at concessional prices to African countries at a fraction of international price ranging from $5,000 to $8,000 charged by MNCs. The company manufactures the entire range of anti-AIDS drugs namely: Lamivudine, Zidovudine, Navirapine, Didanosine and Stavudine. This has given a big boost to the capabilities of the Indian scientists that they can economically manufacture these drugs meeting international specifications. We expect the company to become a leading global supplier of anti-AIDS drugs. This in turn will enhance the export of other products of the company due to better visibility.

NEW PRODUCTS

Cipla has introduced more than 100 new products in the generic segment. The company has also introduced branded products in anti-epilepsy, anti-AIDS, psychiatry, Obesity and NSAIDS segments. These products are likely to contribute significantly in the current year and will help the company to improve the market share.

THRUST ON EXPORTS

Cipla has given maximum thrust on exports and currently exports to more than 130 countries. Exports have jumped by 84 per cent from Rs 140 crores in the year 2000 to Rs 258 crores in the year 2001. The company has registered more than 1,000 products in various countries. This is very costly and time-consuming. The company has chalked out ambitious plans to increase exports from 25 per cent to 40 per cent in four years. We expect the exports to jump further due to the major supply of anti-AIDS drugs to the South African countries and rapid export of other products.

EXPORT OF BULK DRUGS

Cipla has plans to export bulk drug Omeprazole to Andrx corporation, US. Andrx is one of the largest manufacturers of generic drugs in the US and the only company to have six months exclusive marketing rights after the expiry of the Omeprazole patent. We expect good export earnings, as the quantities involved will be very large.

EMERGING AS A LEADING PLAYER

Cipla is likely to emerge as a leading global player in the anti-AIDS and inhaler segments. The company's recent offer to MSF to supply the cocktail of anti-AIDS drugs at $350 per patient per year has been most appreciated .The company has extended the same offer to the African countries. This is likely to get a good response. Cipla is also setting up a Rs 60 crores dedicated facility at Kurkumbh for inhalers. The company has commenced advertisement for inhalers and AIDS in the media. We expect that the company to emerge as a leading global player in anti-AIDS and inhalers segment.

GLOBAL ALLIANCES

Cipla has entered into alliances with reputed international companies for marketing its products. The company as a strategy has not established overseas offices but has entered into marketing alliances for cost effectiveness. These alliances will help the company to become a leading global player and will also help to enhance the exports. The yearly results of the year 2001are in line with the expectations. Sales during 2001 were up by 38 per cent from Rs 759.75 crores to Rs 1,047.65 crores in the year 2000. The operating margin went up from 19.9 per cent to 20.6 per cent due to lower other expenses.

The Asian Age
28 May 2001

Reveal the truth

Allegations made by a non-government organisation that the National Aids Control Organisation (NACO) has exaggerated information regarding the seriousness of the spread of AIDS in the country calls for an immediate enquiry into the matter. The NGO, Joint Action Council Kannur (JACK), has alleged that NACO has painted an alarming picture of the AIDS scenario in the country, when in fact the situation is really not that serious. It has pointed out that a close examination of figures provided by NACO itself indicates that the AIDS situation is far from alarming. There is a fall in the HIV infection rate from 2.2 per cent to 0.7 per cent, the NGO has said, and statistics provided in Parliament indicate that the number of deaths due to AIDS has been declining steadily from 287 in 1997 to 217 in 1998 and 114 in 1999. In addition to accusing NACO of misrepresenting facts, the NGO has also alleged that NACO, which is administered by the Ministry of Health, has done this in order to secure more funds from international aid agencies that are working to control the spread of AIDS. The allegations have made a few days ahead of a United Nations AIDS conference at Geneva that will be chaired by Minister of Health, Dr C P Thakur. The minister is expected to request more funds from global agencies to tackle AIDS in the country. There is a possibility that the NGO has its facts wrong and is itself guilty of misrepresenting the real picture. After all the figures that are being used to prove the argument are not necessarily reliable. It is a fact that most cases of HIV and AIDS go unreported because of the social stigma attached to the illness. There is therefore a need to act with caution while interpreting statistics. For some time now, there have been claims and counterclaims regarding the seriousness of the AIDS problem in India. Little has been done to set the record straight and the common man remains in the dark on the matter. An immediate enquiry into the matter is called for. If the NGO's allegations are true then we need to know why NACO chose to distort the truth. Was this part of a strategy to make people treat the spread of AIDS very seriously? Or was it, as alleged, a means to secure more money from international donors? Either reason is untenable and points to a deeply flawed strategy that needs to be corrected. Getting to the bottom of the real picture is a starting point and the government must investigate the allegations without delay. It is unfortunate that the president of NACO has responded to the allegations by simply dismissing them as "too ridiculous to reply". This will not do. The people have the right to know about a matter that affects them deeply and it is up to the government now to throw light on the matter.

Deccan Herald
29 May 2001

Ranbaxy to launch 4 more anti-AIDS drugs

INDIAN PHARMACEUTICAL major Ranbaxy Laboratories Ltd is set to add by July, four more anti-AIDS formulations in its existing portfolio of four drugs to strengthen its position in the Rs 1.2 billion market.

"We have already launched four drugs - Virolam, Viro-Z, Viro-Com and Nevipan - in the anti-drugs segment. We will launch another four in the next couple of months," said Sajiv Kaul, regional director (India and Middle East) of Ranbaxy Laboratories. *New Delhi/IANS*

The Pioneer
28 May 2001

Plants may someday deliver HIV vaccine

By E. J. MUNDELL

ORLANDO: A spinach packed with HIV suppressing proteins may be the first step in the use of plants as a cheap, safe method of delivering AIDS vaccines to those who need them. "The ideal situation would be a prescription for a bowl of spinach" that would either help prevent or treat HIV infection, said lead study author Dr. Alexander Karasev of Thomas Jefferson University in Philadelphia, Pennsylvania. He presented his team's findings here Tuesday at the annual meeting of the American Society for Microbiology.

Researchers elsewhere have investigated the idea of using plants as "factories" to produce and deliver vaccines, but Karasev's team is among the first to focus on HIV. This approach could be of particular benefit in underdeveloped countries where logistics make vaccine production and delivery impractical. The Pennsylvania researchers focused on "tat"—a protein that helps HIV reproduce within cells and, at the same, works to suppress the activity of the human immune system. For this reason, tat is an ideal target for the development of both a preventive vaccine and as a treatment for those already infected with HIV.

But why use plants to produce and deliver such a vaccine? "The essential point is that vaccines are a very expensive business, so anything that can drive the cost down will be beneficial," Karasev told Reuters Health. Vaccines that grow naturally in plants would be much cheaper to harvest than those produced in the lab, he said. *(Reuters)*

The Times of India
29 May 2001

Unicef gives $450,000 more to Vietnam

Hanoi: Unicef has decided to provide an additional $450,000 to fight AIDS in Vietnam because of the disease's increasingly rapid spread among ordinary people, the organisation said. While intravenous drug users continue to be the most frequent victims, HIV/AIDS is now spreading fast from high risk groups into the general population," Unicef said. It said infection rates for HIV among pregnant women increased tenfold between 1994 and 1998. According to Ministry of Health Figures, 30,249 HIV cases have been reported in Vietnam as of March of this year, the organisation said. The actual figure may be 10 times higher, health experts say. Unicef said the $450,000 will be used in part to fund programmes aimed at prevention of aids among adolescents and at prevention of HIV transmission from mothers to children. A portion will also be used to encourage more open discussions about the disease, the organisation said in a statement.

The Economic Times
29 May 2001

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The Hindustan Time
17 February 2001

MAGAZINE

Growing killer

THE first case of AIDS in India was reported in 1986. Today, there are more that 3.7 million patients — equalling that of South Africa. Yet, the country has not formulated an integrated policy on AIDS treatment. "There have been few rigorous clinical trials in the country and fewer still have been in the field of AIDS," says Q B Saxena of the Indian Council for Medical Research, New Delhi. Keeping this in mind, a conference was held in New Delhi recently to highlight the traditional cures from different parts of India to combat the deadly HIV virus.

Organised by the Delhi Society for the Promotion of Rational Use of Drugs (DSPRUD) and the UK-based Global Initiative for Traditional Systems of Health (GIFTS), the conference sought to "serve as a forum to share experiences and efforts being made to combat the disease through alternate medicines."

Though Africa suffers the maximum burden of the disease, it was felt that the disease could soon assume alarming proportions in India, too. In countries like Kenya, around 80 per cent of the beds cater to only AIDS patients. "At the present rate of disease incidence, India will surpass Africa in another decade," warns G Bodeker, chairperson of GIFTS. Maharashtra, Tamil Nadu and the Northeastern states have reported the highest number of AIDS cases. "A rapid research response is the need of the hour," adds Bodeker. "One has to look at traditional medicine for a parallel approach to AIDS cure, but the awareness is still missing," added Shailaja Chandra, secretary, department of Indian systems of medicine and health.

Traditional medicine is showing some results. A success story has been registered by S Rohatgi in Kanpur, a practitioner who has been trying to treat patients suffering from AIDS, tuberculosis and polio through traditional medicine. One of his patients, a seven-month pregnant woman was put on immunopotentiators — drugs that enhance immunity — as soon as she was detected as HIV positive. The infant was also HIV positive and was put on the immunopotentiators immediately after birth. After three months, the child was detected as HIV negative.

Another effort is underway in Gujarat for the past few years now. Two medical colleges in Surat and Jamnagar have promoted the use of traditional medicine for treating HIV positive people. This is part of a project being sponsored by the Gujarat government and has involved the traditional practitioners of the area. Another effort is being made at the Tambaram Sanatorium in Chennai, where the ancient Siddha system of medicine is being used to treat AIDS patients. "But there is a long way before traditional medicines get due recognition," says Ranjit Roy Chaudhury, president of DSPRUD. While the number of patients increase by the day, some questions need to be answered. Rigorous clinical trials have to be carried out, a dosage decided and quality control ensured, feel experts. ▪

Down to Earth
15 January 2001

US trade action threatens Brazilian AIDS programme

Gavin Yamey *BMJ*

International health agencies have condemned the US government for threatening the Brazilian policy of providing free drugs to patients infected with HIV.

The US government has initiated legal proceedings against Brazil, through the World Trade Organisation's dispute settlement body, claiming that Brazil's production of generic HIV drugs breaks international laws on patent protection.

Brazilian laws provide patent protection to foreign drug companies if they manufacture their product in Brazil. These laws have allowed local Brazilian companies to manufacture generic HIV drugs at low cost. The United States has complained to the World Trade Organisation that this requirement for local production discriminates against the US pharmaceutical industry.

Bernard Pécoul, director of the Médecins Sans Frontières' Access to Essential Medicines campaign, said: "The lives of hundreds of thousands of patients depend on this system [in Brazil]. The US action will also intimidate countries which would like to take up Brazil's offer to help them produce AIDS medicines."

Brazil's health ministry estimates that the number of deaths from AIDS has halved since it started distributing free HIV drugs. A ministry spokesperson said, "This policy has resulted in a significant improvement in the quality of life of people living with HIV and AIDS, as well savings to the Brazilian government amounting to $422m (£281m)."

Concern is growing among aid agencies that the trade rules administered by the World Trade Organisation are hindering access to essential medicines in the developing world. Although the rules allow poor countries to produce their own generic drugs, these countries' attempts to do so have often been met by US threats of trade sanctions (*BMJ* 2000;320:207) or legal challenges by pharmaceutical companies.

In a case that goes to court on 5 March, a coalition of 40 drug companies is suing the South African government—with Nelson Mandela named as a defendant—for manufacturing generic HIV drugs.

"Limiting generic manufacturing capacity is in the interests of the pharmaceutical industry," said Ellen 't Hoen of Médecins Sans Frontières. "A[illegible] the US, by its trade threats. . . nding out the message, 'don't mess with our pharmaceutical companies.' "

Oxfam launched its own campaign (Cut the Cost) this week, which calls for a change in the World Trade Organisation's trade rules to make it easier for poor countries to manufacture low cost drugs. Justin Forsyth, Oxfam's director of policy, said, "The World Trade Organisation must change the rules that the drug industry is now using to cripple cheap, local competition, which in turn is inflating the cost of new and patented medicines."

In a move that could start an international price war on HIV drugs, an Indian generic drugs manufacturer, Cipla, has announced that it will sell triple combination HIV therapy to Médecins sans Frontières for $350 a year per patient. The cost to governments will be $600 a year per patient. Five major drug companies promised last year to cut the costs of its HIV drugs in the developing world (*BMJ* 2000;320:1357), but their prices are still three times those offered by Cipla. □

Oxfam's Cut the Cost campaign is at www.oxfam.org.uk/cutthecost

British Medical Journal
17 February 2001

San Francisco's HIV infection rate doubles

Gavin Yamey *BMJ*

The annual rate of new HIV infections in men who have sex with men in San Francisco has doubled over the past four years, from 1.04% in 1997 to 2.2% in 2001.

This rise has alarmed epidemiologists because the incidence of HIV infection in the city's gay community had been stable from 1992 to 1996. Willi McFarland, chief of the San Francisco seroepidemiology unit, told the *BMJ*: "The weight of evidence now suggests that this is a rebound epidemic."

The doubling in incidence reflects a significant increase in the proportion of men having unprotected anal intercourse. This proportion has gone up in all groups of men who have sex with men, regardless of age, ethnic group, or intravenous drug use.

The proportion of men who never have sex without a condom has fallen, and the proportion having multiple partners has risen.

The city's public health officials had hoped that the new antiretroviral therapies, which were launched in the mid-1990s, might suppress HIV transmission and even extinguish the epidemic. Instead, believes Dr McFarland, the advent of these drugs may have led to the rising incidence.

"The pool of potentially infectious people rose," he said, "because they were living longer from combination therapy. Because they were living longer and healthier lives, they became more likely to have unprotected sex. Also, some men were optimistic that [highly active antiretroviral therapy] was a cure or that it could be used for post-exposure prophylaxis, so they were less likely to protect themselves."

Paul Torello, 36, sells sex on the streets of San Francisco for money for drugs. He tells his clients that he is HIV positive but many are still happy to have unprotected sex

Dr McFarland believes that activist groups in San Francisco who have challenged whether HIV causes AIDS may also have encouraged some men to abandon safe sex (*BMJ* 2000;321: 772). "Anything that feeds denial of the disease," he said, "can have a negative impact on behaviour."

The San Francisco Department of Public Health and the AIDS Research Institute at the University of California in San Francisco have responded to the new incidence figures with an "11 point action plan," which re-emphasises prevention. □

British Medical Journal
03 February 2001

HIV infections hit a record high in United Kingdom

Giles Kent *London*

The number of people who acquired HIV in the United Kingdom last year is the highest for any year since 1985, and it will probably exceed the number for that year too, a report from the Public Health Laboratory Service has said. The number of cases reported so far—2868 (compared with 3222 in 1985)—is set to increase as more reports of HIV diagnoses continue to come in.

For the second year running, more new infections were acquired through heterosexual sex than through homosexual sex—1315 compared with 1096.

"We cannot afford to be complacent about safer sex," said Barry Evans, head of the HIV division of the laboratory service. People were coming forward for testing who had been infected several years ago, but there had been increases in other sexually transmitted diseases, such as gonorrhoea, which showed that people were putting themselves at risk of contracting HIV.

The number of new cases in 2000 was 7% higher than in 1999. □

British Medical Journal
03 February 2001

Scientists isolate HIV blocker in placenta

Scientists have isolated a powerful blocker of HIV that is produced in the placenta and may one day be used to prevent mother to child transmission of the virus.

Scientists have known that the molecule, called leukaemia inhibitory factor, has a key role in maintaining pregnancy and in blastocyst implantation, but its potential for inhibiting HIV has not been discovered before now, said Dr Bruce Patterson from the Children's Memorial Hospital in Chicago, Illinois, and associates (*Journal of Clinical Investigation* 2001;107:287-94).

The researchers looked at levels of leukaemia inhibitory factor in the placentas of HIV positive women who had transmitted the virus to their infants and of other HIV positive women who did not pass on the infection. The level of leukaemia inhibitory factor was significantly higher in the placentas of women who did not transmit the virus to their babies than in women whose infants contracted the infection, the study found.

Scott Gottlieb *New York*

British Medical Journal
17 March 2001

1 in 4 pregnant women in South Africa has HIV

The South African government has released its annual figures on HIV and AIDS, which show a continued increase in the numbers of people contracting the virus. About 4.7 million South Africans currently have the virus, compared with 4.2 million in 1999.

A baby with HIV looks out of her cot in Johannesburg

Some 24.5% of pregnant women were infected with HIV, according to a survey of 16 548 blood samples in the year 2000. The equivalent figures for 1998 and 1999 were 22.8% and 22.4% respectively.

The government's claim that the rate of increase in the disease was slowing prompted questioning from several experts in the field. The controversy has arisen from the 1998 figure, which experts believe was as an overestimate.

Several provinces showed a substantial rise in prevalence, such as Kwa-Zulu Natal, which showed a rate among pregnant women of 36.2%, compared with 32.5% in the previous year.

The most worrying increase was among young women in their late 20s, who showed a prevalence rate of 30.6%. The survey's authors noted that this group of women has consistently shown the highest rates of increase over the years.

Women aged under 20 showed a much lower prevalence rate (16.1%).

Pat Sidley *Johannesburg*

British Medical Journal
31 March 2001

International effort to find AIDS vaccine for India

India's health ministry and the International AIDS Vaccine Initiative have signed an agreement to accelerate efforts to develop and test an AIDS vaccine against HIV subtype C, the predominant strain in India.

Under the agreement, the initiative—which was set up in 1996 with money from UNAIDS (the joint United Nations programme on HIV and AIDS), individual governments, and private foundations—will invest several million dollars in the development of an AIDS vaccine in India. It will be similar to the modified vaccinia Ankara vaccine against HIV designed by researchers at the Medical Research Council's human immunology unit in Oxford, but appropriate for use in India.

"Essentially, the International AIDS Vaccine Initiative will facilitate the transfer of technology so India can acquire a vaccine based on the modified vaccinia Ankara vector," Dr J V Prasada Rao, director of the National AIDS Control Organisation in India told the *BMJ*.

The initiative will fund the US company Therion Biologics in Cambridge, Massachusetts, to design a recombinant vaccine based on the modified vaccinia Ankara vector and containing gene sequences cloned by Indian scientists from HIV subtype C in India.

Ganapati Mudur *New Delhi*

British Medical Journal
31 March 2001

In brief

Americans with AIDS can expect to live longer: A new study finds that Americans whose AIDS is diagnosed now can expect to live nearly three years longer than patients whose illness was diagnosed in the mid-1980s. The study, from the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, found that half of all adults and adolescents whose AIDS was diagnosed in 1995 could expect to survive for 46 months or more, compared with 11 months for those in 1984 (*JAMA* 2001;285:1308-15).

British Medical Journal
24 March 2001

Drug company to sell AIDS drugs at less than cost price

Scott Gottlieb *New York*

Bristol-Myers Squibb has raised the stakes in an effort to cut the prices of drugs to treat AIDS in Africa by announcing that it will sell two antiretroviral drugs in combination for $1 (66p) a day, just below the cost price. It is the first time that any drug manufacturer has made such a proposal.

The move came a week after rival pharmaceutical company Merck unveiled its own round of new price cuts, and it is further evidence that the drug industry is bowing to international pressure to increase supplies of cheap medicines (17 March, p 635).

Bristol-Myers said that didanosine (ddI), which is sold as Videx, and stavudine (d4T), which is sold as Zerit, would be made available at 85 cents and 15 cents a day respectively under a programme backed by the United Nations. So far the company has struck supply agreements with Senegal, Uganda, Rwanda, and the Côte d'Ivoire. In the United States, by contrast, one day's dose of the two drugs costs $18, according to Bristol-Myers.

Officials at Bristol-Myers also said that the company will not use its patent on stavudine in South Africa to block that country's efforts to buy less expensive versions of the drug from generic manufacturers in India. Bristol-Myers acknowledged that it has almost no patent protection for its AIDS drugs in sub-Saharan Africa. It claims a patent for stavudine only in South Africa, and it now has no patent for didanosine in any sub-Saharan country.

This means that any nation or medical centre in the region could legally buy generic copies of those drugs if it chose to do so. The company is hoping that, at the lower prices, manufacturers of the generic drugs will not have an incentive to bootleg the company's medications.

"Our goal here is to energise a groundswell of action that needs to be undertaken if we are going to do any good in fighting this terrible problem in Africa," said John McGoldrick, executive vice president of Bristol-Myers.

"This is groundbreaking," said Kate Kraus, a member of Act-Up, a group that has led protests around the world against the big drug manufacturers. "This is the first time that a US drug company has acknowledged that generic drugs are the key to saving lives."

Britain's GlaxoSmithKline, the world's largest supplier of drugs for HIV and AIDS, pledged last month to widen its own access initiative by supplying drugs to a range of non-profitmaking organisations at discounts of more than 90%.

But even at the newly reduced prices, doctors say that the drug therapy might remain far beyond the economic reach of most in Africa. Stavudine and didanosine must still be combined with a third drug to complete the AIDS regimen. □

British Medical Journal
24 March 2001

AIDS: S-G Welcomes Withdrawal of Case Against South Africa

Welcoming the withdrawal of a case by pharmaceutical companies against the Government of South Africa, United Nations Secretary-General Kofi Annan on 19 April expressed hope that this development would help increase access to AIDS medicines for those in need.

The South African case, which was withdrawn by 39 pharmaceutical companies and associations, challenged provisions of the Medicines and Related Substances Control Amendment Act of 1997. The Act aimed to operationalize key elements of the National Drug Policy, including generic substitution, greater competition in public drug procurement, improved drug quality, and more rational use of medicines, according to the Joint UN Programme on HIV/AIDS, which welcomed the resolution.

In a statement released by his spokesman, Mr. Annan voiced expectation that the amicable settlement could "result in medicines to treat HIV/AIDS and other diseases becoming much more widely available in South Africa, at prices that those who need them can afford."

Mr. Annan also looked to the potential benefits beyond South African borders, saying he hoped the amicable settlement of the case "presages a new era of cooperation between governments and the private sector in the struggle for better health care throughout the developing world."

The Secretary-General paid tribute to those who helped facilitate the resolution of the matter, saying, "the credit for this positive outcome goes to the wisdom and perseverance of the parties concerned, and to the constructive intervention of President Thabo Mbeki." ■

UN News Letter
01 April 2001

SEX, AIDS and URBAN YOUTH

MADHYAM

For HIV/AIDS information and counselling call 2993711

Plan International

Set up in February 1997, **Communication for Development and Learning** is a Bangalore-based NGO offering a range of media-related services for NGOs. The long-term objective of CDL aims to integrate communication into the development process. The focus of CDL media activities is on the print form, with a specialization on the news media. Amongst the major activities are

- Media research
- Documentation
- Publication
- Design and production
- Media management
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Our other publications are 'News You Can Use' and 'What Makes News? A User's Handbook'

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