News You Can Use HIV/AIDS

June 2001

For Private Circulation Only

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
Joji Abraham
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

News You Can Use is compiled and published by Communication for Development and Learning, Bangalore

cdl

Communication for Development and Learning
11/A, 7th Cross, 12th Main, Koramangala 6th Block, Bangalore 560 095
Ph: (080) 5524192
e-mail: cdlblr@bgl.vsnl.net.in
URL: www.cdlblr.org

TABLE OF CONTENTS

JUNE – 2001

Funds crunch afflicts anti-AIDS schemes

15-day awareness campaign from today

Staff Reporter

New Delhi

THE DELHI State Aids Control Society (DSACS) will organise a fortnight-long family health campaign to create mass awareness about HIV/AIDS. The camp will start on June 1.

According to Health Minister Dr A K Walia, the condom distribution programme in the city has suffered since the National Aids Control Organisation (NACO) has not released funds to DSACS. While Rs 4 crore were sought last year, only half the amount was released.

"This year, NACO has been requested to allocate us Rs 5.65 crore. So far, there has been no response from NACO officials in this regard. We are holding a dialogue with them for early release of the funds," he said. This was a major stumbling block in launching programmes against HIV/AIDS, the Minister added.

He said the Union Government was supplying condoms to the city "but the supply has been disturbed for the past couple of months due to reasons unknown to us". He added: "Against a requirement of nearly 2,500 condom boxes, only 500 boxes were to us."

Dr Walia said that though the idea of installing condom-vending machines at places like Kashmere Gate, ISBT were successful, they could not be repeated elsewhere because of "poor handling" of such machines. "Now we are planning to set up these machines at hospitals, and they have already been installed at six-seven places," the Health Minister said.

Dr Walia said contrary to general perception that only sex workers or truck drivers are afflicted by HIV/AIDS, the disease has now spread to general public. "The objective of this campaign is to create mass awareness," he added. Till 1993, 40 persons had succumbed to AIDS virus. The cumulative figure so far has reached 142 persons while 520 persons have been diagnosed to be suffering from the deadly virus. Besides, about 22,400 persons are HIV-positive in Delhi.

The Times of India
02 June 2001

New AIDS drug works on monkeys

Rixensart, Belgium: Belgian researchers have developed a medicine that protected rhesus monkeys for 18 months from an AIDS-like sickness, Belgian Radio reported.

The pharmaceutical company Glaxosmithkline in Rixensart, near Brussels, developed the vaccine in its laboratories and presented it for the first time at a conference last week in Puerto Rico, the report said on Friday.The US national institutes for health provided financial support for the tests.*(DPA)*

The Asian Age
03 June 2001

The Pioneer
01 June 2001

South African AIDS boy activist Nkosi dies

JOHANNESBURG: Nkosi Johnson, the 12-year-old AIDS activist who Mr Nelson Mandela praised as an icon of the struggle against the epidemic, lost his battle against the disease on Friday.

"Gail Johnson regrets to announce the death of Nkosi, who passed away at 0540 Local (0340 GMT) this morning," a spokesman for his family told Reuters.

Nkosi had become the public face of AIDS in a country struggling to come to terms with the disease, which is predicted to infect as many as seven million South Africans within the next decade from more than four million today.

He took his message of safe- sex and advocacy of anti-AIDS drugs across the country and abroad at a time when government policy towards the disease was thrown into disarray after Mr Mandela's successor, President Thabo Mbeki, questioned the link between HIV and AIDS and the safety of AIDS drugs.

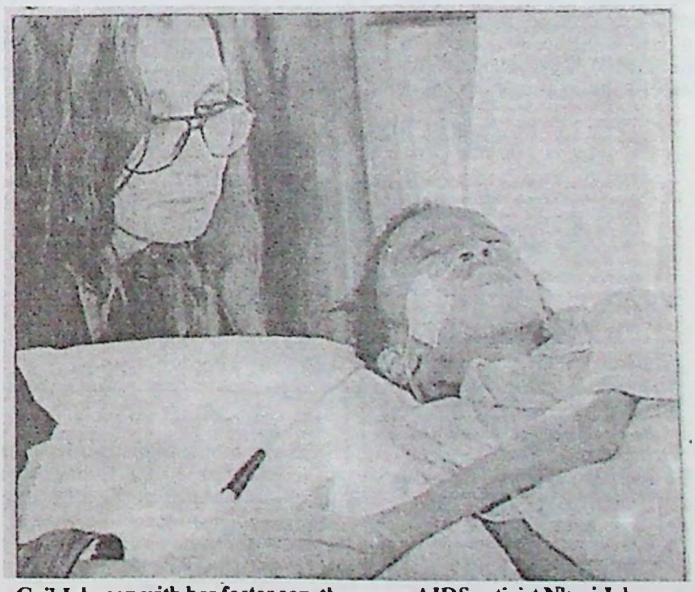
In his short life, Nkosi also succeeded in fighting some of the deep stigmas surrounding AIDS, particularly that the disease could be caught by hugging HIV-positive babies and children.

Mr Mandela described Nkosi as an example for the world to follow and said the boy —who was abandoned by his HIV-positive biological mother at the age of two because she had been ostracised by her neighbours —inspired millions of people around the world. "Let his life and example spur us on to be strong, resilient and vigorous in our fight against this dreaded infection... He has earned the right to be accorded all honour, dignity and respect," Mr Mandela said in the final months of Nkosi's life.

Nkosi's white foster mother Gail Johnson, who looked after him for nearly 10 years, said Nkosi had focused world attention on the epidemic in Africa and given hope to sufferers. More than 70,000 babies, like Nkosi, will be born HIV-positive this year in South Africa. Few will have the same privileges and attention Nkosi had enjoyed.

The boy became a potent symbol after being labelled the longest living AIDS child and after he was accepted by a Johannesburg primary school despite opposition by some parents and the school.

Nkosi — born Xolani Nkosi —had been in a semi-coma since AIDS attacked his brain in January this year. His natural mother died of the disease in 1997. The disease had ravaged his frail body, leaving him unable to speak and control his bodily functions in his final days. (Reuters)



Gail Johnson with her foster son, the young AIDS activist Nkosi Johnson, in Johannesburg on Thursday.

AIDS cases on the rise in AP

Pioneer News Service
Hyderabad

ANDHRA PRADESH is one of the states in the country where the deadly disease of AIDS seems to be on the rise rapidly and the HIV infection was percolating from various high risk groups to the low risk groups of population.

This is the one of the highlights of a report compiled on the HIV infection among adult population in the country by UNAIDS-India and released by the Center for Advocacy and Research, New Delhi in the context of the forthcoming first special session of the United Nations on HIV/AIDS in New York from June 25 to 27.

The State Government officials say that while the country as a whole is estimated to have four million AIDS or HIV positive cases, Andhra Pradesh is at number two just behind Maharashtra with 680 full blown cases of AIDS and 7,800 HIV cases.

The UNAIDS-India report has said that there were 3.5 million cases of HIV infection in the country in 1998, 3.7 million in 1999 and 3.86 million last year.

According to the estimation of HIV infection among adult population in the country, which is based on HIV Sentinel Surveillance Round: 2000, Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland were in the Group I where the HIV infection among the low risk group of antenatal women had crossed 1 per cent or more. In Group II states like Gujarat, Goa and Pondicherry the HIV infection was just below 1 per cent among the antenatal women but more than 5 per cent among the high risk groups and in the Group III, in which all the remaining Indian states have been included, the infection among the antenatal women was below 1 per cent and infection among the high risk groups was less than 5 per cent.

Quoting the sentinel surveillance data from antenatal clinics in 7 metros in the country, the reports said that among the antenatal women the infection had crossed 2 per cent in Mumbai, and more than 1 per cent in Hyderabad, Bangalore, Chennai and was below 1 per cent in Calcutta, Delhi and Ahmedabad.

"This data clearly supports the evidence that HIV infection was percolating from various high risk groups to low risk groups population," the report said. In the state of Andhra Pradesh seven districts have been included in the list of places where prevalence of HIV among the people who are affected by the sexually transmitted diseases and other similar problems. These districts include the state capital Hyderabad, Vishakhapatnam, Guntur, East Godavari, Chittoor, Kurnool and Warangal.

While the inclusion of the coastal areas like Guntur, Vishakhapatnam and East Godavari has come as vindication of the earlier findings by the local non-governmental organisations that these places were the worst affected as the most busy national highways pass through these places and the truck drivers and cleaners have been identified as the highest risk group as well as major carrier of HIV infection. However the non inclusion of other coastal districts like Krishna, believed the worst affected in the region has come as a surprise to the officials.

The UNAIDS-India report was prepared on the basis of Sentinel Surveillance for HIV Infection at 232 sites like STD clinics, antenatal clinics. The analysis of the data collected showed that 45 districts had a high prevalence of HIV among the STD and ANC.

The high risk groups of population identified include patients attending STD clinics and users of intravenous drugs. The low risk groups include the mothers attending antenatal clinics. According to the study the sexually transmitted diseases prevalence was 10 per cent in urban areas of the high prevalent states, 7 per cent in the medium prevalent states, and 5 per cent in the low prevalent states. In the rural areas the STD prevalence was 5 per cent in all the states and union territories. It was equal in males and females in both urban and rural areas of all the states.

However, there is a difference in HIV prevalence in the urban and rural areas. For every three infected persons in the high risk groups in urban areas, there will be one person in rural areas. Among the low risk population for every 8 infected cases in urban areas, there will be one case in the rural areas. The number of male infected persons was higher than females. In high prevalent states for every infected female there are 1.2 males, in moderate prevalent states, for every infected female there are 2 males and in low prevalence states, for every infected female the male ratio is three.

It was in 1986 that the first HIV case was detected in India in Chennai and since then the dreaded disease is constantly on the rise and the number of infected cases is growing every year. Despite the best efforts to keep an eye on its spread, the officials admit that the available data does not represent a final picture.

"Because of varied problems including illiteracy, ignorance and the social stigma attached to the problem, many people suffering from AIDS are reluctant to come out into open," says a senior official of the AP State AIDS Control Society.

The Pioneer
02 June 2001

G-8 may finance AIDS battle

YOMIURI SHIMBUN
ASIA NEWS NETWORK

TOKYO, June 3. – The Group of Eight major industrial nations are expected to announce a plan to establish a fund to finance a global war on AIDS and other infectious diseases at the upcoming G-8 summit in Genoa, Italy, according to government sources.

A G-8 declaration to be issued at the three-day summit in July will call for global efforts to combat three major infectious diseases that afflict many parts of the world – AIDS, malaria and tuberculosis, sources said.

Earlier, US President Mr George W Bush, UN Secretary General Mr Kofi Annan and Nigerian President Mr Olusegun Obasanjo jointly announced plans to set up a fund to battle infectious diseases. The G-8 initiative is part of an effort to back up that plan.

Summit host Italy has insisted $1 billion should be raised for the G-8 fund – to be made up of $500 million in donations from the G-8 and other nations, and another $500 million from the private sector.

The Japanese government, however, remains cautious about a proposal that the G-8 declaration include a fixed amount to be raised for the fund.

Japan's attitude reflects a widespread view that its budgets for fiscal 2002 and later years are certain to reduce official development assistance. It is also unclear how much each government will be able to obtain in private-sector donations, according to the sources.

In addition, the G-8 countries will discuss other important issues related to the fund after mulling the results of discussions at a special UN Assembly meeting on AIDS in late June.

Topics will include whether the G-8 fund will come under the control of the United Nations or the World Bank, and whether the fund's resources should be directed more toward treatment of infectious diseases or their prevention.

The Statesman
04 June 2001

Sex is key to healthy heart: Barnard

Emsie Ferreira

CAPE TOWN: South African heart transplant pioneer Christiaan Barnard (79) says that regular sex is the best way to keep one's circulation flowing.

Barnard, who now lives in Austria, returned to Cape Town at the weekend with a two- year-old Russian boy who has a constriction is his main heart artery and will not live much longer without surgery.

Russian doctors do not have the necessary equipment, Barnard said, and former Soviet President Michael Gorbachov asked him to arrange an operation.

It is 34 years since Barnard transplanted the first human heart at Groote Schuur Hospital in Cape Town but he said he still does not understand what all the fuss was about.

"What amazed us was not that the patient recovered but the amount of interest the operation generated. Frankly... I did not even inform the hospital superintendent what we were doing," he told journalists this week.

Barnard also claimed that he never thought there was anything special about being a doctor or found the heart particularly interesting compared to other organs.

Promoting a new book in Johannesburg he told journalists: "I became a doctor to make money so that I could help my family, who were very poor. I never thought I was a better surgeon than anybody else."

And in the opening lines of the book — titled *50 Ways to a Healthy Heart* —he states: "For me the heart has always been an organ without any mystique attached to it... it is merely a primitive pump."

Barnard pioneered open heart surgery and became world-famous after transplanting the heart of a young woman who died in a car crash into 55-year-old Louis Washkansky, who had diabetes and incurable heart disease, in December 1967.

Washkansky died 18 days afterward of double pneumonia as a result of his suppressed immune system, but the operation has now become routine.

Barnard said he made no apologies for the glamorous lifestyle that came with fame. "Maybe that was one of the reasons for a lot of my trouble, because I never acted like a big professor —I liked girls and dancing," he said.

He has already confessed to romancing movie stars and in the book he drops more names, writing that he repeatedly tried to save Peter Sellers after he saw an electrocardiogram print-out of the comedian's heart rate during a cruise off the Italian coast.

Sellers ignored his advice and instead consulted "notorious spiritual healers" in southeast Asia and proclaimed that he had been healed. Sellers ignored his pleas to see a cardiologist and died of a heart attack two months later.

Barnard cites advice actress Sophia Loren once gave him on how to reduce anxiety. She told him: "Never cry over things that cannot cry over you," he recalls.

For the rest the book dispenses no- nonsense, and sometimes surprising advice about health. Barnard advocates sleep, exercise, eating vegetables, ignoring your cell phone, eating a bit of fat, drinking wine and having sex, devoting many pages and ascribing much importance to the last but warning that it works best coupled with romance.

"Sex, regular sex is the most beautiful, healthiest and most pleasurable way to keep the circulation in gear, keeping the heart healthy," he writes, adding that it also helps stave off the flu and makes men live longer. Lonely people, on the other hand, are doomed to die young, he says.

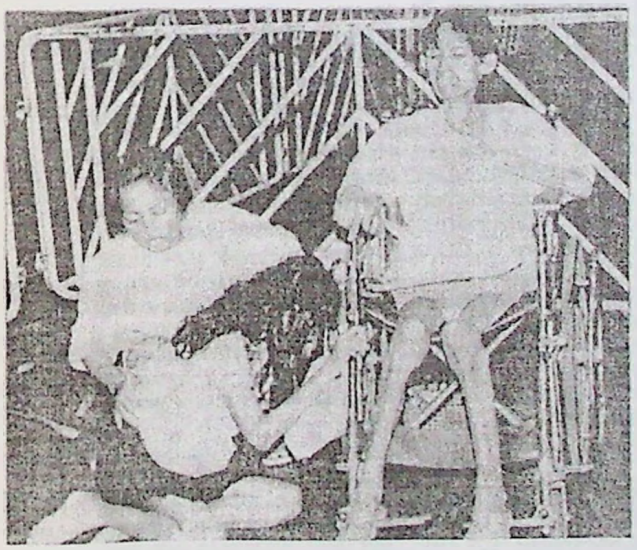
Barnard also wholeheartedly recommends that men should use the anti-impotence drug Viagra, though he claims he never has.

He takes an unconventional approach to stress, writing that it is not the killer people believe it to be. "Stress is not all. It can motivate and create self-confidence. The body's true enemy is constant haste."

Barnard developed rheumatoid arthritis in the 1970s and retired as a surgeon in 1987. In 1998 he founded the Christiaan Barnard Foundation which gives medical assistance to sick, underprivileged children.

Barnard left South Africa in 1999 and spends most of his time in Vienna. He has said he has only two regrets, endorsing a dubious youth elixir and not doing enough to fight apartheid. "I opposed it whenever I could. But I didn't stick my neck out." (AFP)

The Times of India
04 June 2001



An unidentified young woman (right), infected with the AIDS virus waits with crying relatives at a stadium in Bangkok to receive V-1 Immunitor, a purported anti-HIV drug, on Saturday. The government is still deciding whether to approve distribution of this drug. — AP/PTI

The Statesman
03 June 2001

Health awareness campaign on STDs at dispensaries

SEXUALLY TRANSMITTED Diseases and Reproductive Tract Infections have close relation with HIV/AIDS and timely treatment of such diseases is essential like that of other ailments said Delhi Health and Family Welfare Minister, Dr A K Walia. He was inaugurating a conference of NGOs on family health awareness.

The campaign is being organised from June 1 to 15. Health awareness camps will be organised at 1058 dispensaries in Delhi. Out of these, special arrangements for treatment of STD and RTI have been made in 450 dispensaries.

The campaign was organised by Delhi State Aids Control Society. **HTC, New Delhi**

The Hindustan Times
04 June 2001

AIDS: Twenty years on, the battle is on

Washington, June 3

ON JUNE 5, the world will reach a milestone in the AIDS epidemic: the 20th year since the US Federal Centers for Disease Control and Prevention first reported, in the cold lexicon of epidemiology, that "five young men, all active homosexuals," had turned up at three hospitals in Los Angeles, all with the same rare and potentially fatal pneumonia. It was a symptom of a new disease, gay-related immune deficiency, now AIDS, acquired immune deficiency syndrome.

AIDS has killed nearly 22 million people worldwide since that report on June 5, 1981. Globally, the figure for those infected with HIV was 5.3 million last year. No longer confined to gay men and intravenous drug abusers, AIDS is increasingly an epidemic of the poor.

The disease ushered in a scientific research effort without parallel. While there have been notable failures - there is still no vaccine - the successes in therapy stand as a powerful reminder, said Dr. Anthony S Fauci, the top AIDS expert at the US National Institutes of Health, of "what can happen when one puts a lot of resources into a public health calamity."

But what the disease has changed most, of course, is the lives of the people who live with it. Once a sure path to the cemetery, infection with HIV is today as manageable for some people as diabetes. Yet the disease still carries a social stigma so strong that sometimes the biggest burden of having HIV is keeping it a secret.

There is no typical prognosis for someone infected with HIV. Much depends on how soon a patient seeks treatment, and whether the virus has developed resistance to AIDS drugs. (Resistance can occur when the drugs are not strong enough to keep the virus from replicating in the blood, or when people skip doses of their medicines.)

Newly infected patients tend to respond quite well to therapy. At the same time, about 15 per cent of all patients do not tolerate the drugs, which have a range of side effects, including diarrhoea, kidney stones, high blood sugar and high cholesterol as well as disturbed dreams. Some HIV patients are now on cholesterol-lowering pills in addition to their drug cocktails.

The New York Times

AN ASIAN NIGHTMARE

SOUTH AND southeast Asia is the region where HIV is spreading the fastest.

The Southeast Asia Aids Information website says more than 800,000 new HIV cases were reported in 2000, mostly in India. There are more six million people with HIV in Asia, home to 60 per cent of the world's population. The International Aids Society says the region "is potentially facing a devastating spread of the epidemic". The infection rate in Cambodia, for example, is about four per cent of the adult population.

AFP, Hong Kong

The Hindustan Times
04 June 2001

She got the HIV virus from her own blood

BY SUBRATA NAGCHOUDHURY

Bhatar (Burdwan), June 3: MARCH, 1 2001 is a day etched in blood and stone for the Ghosh family of Ara village in Burdwan district. It was the day three words changed the lives of the family forever, the day blood test reports from Kolkata's School of Tropical Medicine landed in their hands, telling them that Gopali Devi and her son Paran were "reactive to HIV-1." Or simply, they were HIV positive.

Mother-child transmission isn't unusual, particularly during childbirth. But Gopali Devi, who is in her mid-sixties, has contracted the virus during a blood transfusion from her son. Inquiries point to suspected negligence by the government run Burdwan Medical College Hospital, where Gopali Devi was given a transfusion of blood taken from 27-year-old Paran, who was later diagnosed as HIV positive.

Gopali Devi has now moved the West Bengal Human Rights Commission (WBHRC) seeking compensation of Rs five lakh from the hospital. The commission has served notices to the Director of Health Services, Chief Medical Officer (Health) of Burdwan and the Superintendent of the Burdwan Medical College and Hospital, seeking explanations from them.

When Gopali Devi was admitted for a gall bladder surgery at Burdwan hospital in July last year, her son Paran, a truck driver in Delhi, came back to the village. On July 14, a day before the operation, doctors wanted two bottles of blood for Gopali Devi's operation. Paran (27) and Parimal -the youngest of Gopali Devi's three sons - matched her blood group and volunteered. At the time, the blood donated by Paran was cleared by the hospital's blood bank.

After the operation, Paran returned to his job. While in Chennai, he fell ill, and a medical test showed he was HIV positive. He returned to his village and died on March 9, just eight days after being declared positive.

Explanations are now meaningless for the Ghosh family. They are convinced that Gopali's fate could have been avoided had the hospital authorities been more cautious. Since Paran, a truck driver, fell into the high risk group, "the hospital should have taken care," said Sukumar Ghosh, Gopali's husband. "Instead of a cure, my mother has come back with this killer disease. We have been spending Rs 5,000 per month for my mother. We can manage only for a couple of months more, but later, we'll turn into paupers," says a shattered Jibon.

The Indian Express
04 June 2001

British girl students sell their eggs to pay off debts

LOIS ROGERS AND JANE MULKERRINS

LONDON: Young women are resorting to selling their eggs for thousands of pounds a time to childless couples as a way of paying off their student debts. The introduction of tuition fees and the cuts in grants to pay living expenses mean that the average graduate begins the search for a job with debts of more than 10,000 pounds.

British infertility clinics are reluctant to discuss the new trend. They say their role is to ensure that egg donors are not acting under duress, not to police payment arrangements made by donor and recipient.

Although it is illegal in Britain to pay women any more than unspecified "expenses" for egg donation, advertisements appealing for donors are appearing increasingly in magazines with high student readerships, such as *The Big Issue*.

American clinics are allowed to reward donors handsomely for the unpleasant and potentially risky procedure. Some of them, aware of British students' financial problems, are now targeting women here.

Graduates and those with high IQs are in particular demand. Many commissioning couples, desperate to have children, are also prepared to pay premium prices for specific physical attributes and good looks.

Clinics attract women by advertising payments of between 6,000 pounds and 10,000 pounds for eggs from scarce Jewish donors or other specified ethnic groups.

Dorothy, a science graduate from Reading University, is one such donor. She is preparing to fly to the Centre for Surrogate Parenting and Egg Donation (CSPED) in Beverly Hills, California.

She has already been a paid volunteer in a number of trials of untested new drugs to try to pay off her student loan, and sees egg donation as a much more lucrative option.

"I saw an advert in a science magazine," she said. "I replied to it. I wasn't really expecting to hear anything, and about five days later a big application form arrived in the post. It took me quite a long time to do it, because they wanted pictures of me and my family, and I had to get reprints done.

"They said my application is exceptional. I am on a waiting list, appearing in a brochure of donors, until somebody decides they like me. All the eggs I am producing are going to waste, and the money would really help." Dorothy, 28, has been told her eggs will be worth "as much as 6,000 pounds".

Her expenses in going to America and staying in a hotel during the month-long egg collection process, will be covered by the childless couple who select her as their donor.

Karen Synesiou, the director of CSPED, where Dorothy is donating her eggs, said: "I am getting an increasing number of inquiries from British women wanting to pay for their education. Some couples may well want to bring donors across from the UK, particularly if you have something unique about you, like a PhD.

"First-time donors normally get about 2,400 pounds and more if they are very well educated. A first-time Jewish donor will automatically get 6,800 pounds to 10,300 pounds because they are harder to find. The same with Asians and east Africans."

Eggs are collected from women by administering drugs to induce artificial menopause. The menstrual cycle is then restarted with more drugs designed to cause multiple eggs to ripen, instead of the normal one-a-month released naturally. A young, healthy donor can produce 15-or 20 eggs, sometimes many more, in a single cycle of treatment.

Gedis Grudzinskas, the director of the Bridge Centre, one of London's biggest private fertility clinics, said his clinic had never knowingly taken eggs from a paid student donor.

"If we got a really young donor, alarm bells would start ringing," he said. "We really see our role as ensuring there is no coercion, but it is not up to us to check private arrangements for payment. We don't think egg donation is unsafe, but we don't know what the long-term effects are, and nobody should do it lightly." *(The Sunday Times)*

The Times of India
04 June 2001

Parents pass social virus to children

Four kids ostracised after mother, father die of AIDS

FROM N VAMSI SRINIVAS

Erragutta (Warangal), June 3: It is said the sins of forefathers pass on from generation to generation. So it appears with four children here, at the receiving end of a social boycott because their parents contracted AIDS.

Komala, the mother of the children — Rajnikanth (12), Srikanth (10), Srinu (10) and Mounika (8) — succumbed to AIDS on Wednesday.

The father died of the same disease four years ago.

In this backdrop, the adults in the village suspect the kids are carriers of AIDS.

The penalty: they have to live in a makeshift hut on the outskirts of the village.

"It gets too hot under the tarpaulin, so we take shelter under a tree," Rajnikanth said. "I have seen our family being ignored and ill-treated. But I don't know why," he added.

All he remembers is an ailing mother struggling to keep the family afloat. Things worsened a fortnight ago when the village learned that Komala was dying of AIDS.

The villagers boycotted the family and shunted them out fearing AIDS would spread.

Defending the decision, a village elder said: "There is nothing wrong in driving them out since others would also get effected by being in close proximity to Komala."

Ironically, the villagers are largely ignorant of AIDS and refuse to believe it can't be spread by standing close to someone.

Before she died, Komala was forced to approach her parents after her husband fell victim to AIDS.

"The husband's relatives refused to take care of the children out of fear," Komala's brother Srinivas said. Srinivas is jobless himself and is wondering if the children can be admitted in government-run residential schools.

(From left) Mounika, Srikanth, Srinu and Rajnikanth

Deccan Chronicle
04 June 2001

And now, a restaurant run by sex workers

THIRUVANANTHAPURAM: A temple town in Kerala, India's most literate state, is the focus of a unique experiment aimed at rehabilitating sex workers. Fifteen of them are running a small restaurant in the heart of the city.

"Initially it was viewed by all as a meeting place for sex workers," said A.P. Sujatha of the Association for Care and Support, a voluntary association that is overseeing the project at Thrissur, 300 km from here.

"Even policemen were suspicious and they used to come in plainclothes. Under the pretext of having food, they observed what we were doing. Finally the doubts were cleared and now no one has any suspicion about our intentions," she said.

Named "Jwalamukhi," the one-room restaurant functions out of a building that houses the ACS, an organisation supported by the Kerala State AIDS Cell. "Jwalamukhi" is one of the names of the goddess Durga, viewed as a symbol of women's empowerment.

Of the 15 women who run the restaurant, six have given up their previous profession while the others put in a full day at the establishment before plying their trade.

Sujatha sees nothing wrong in this dual role. "There is nothing wrong in certain women continuing in the profession, because they do the job because they enjoy doing it," she said. "Our aim is to see that none stays in the profession by force. We try our best to rehabilitate all those who want to come out of it."

To this end, ACS, which oversees the functioning of the restaurant, also offers medical assistance to sex workers and conducts vocational classes for them.

The restaurant is now looking to expand since "in the nearly one-month of our operation, the sales have been good," Sujatha said. "We are already on the lookout for a bigger place, so that we could expand the restaurant."

The restaurant got a major boost when two of the women who run it, Nalini Jameela and K. Lalitha, were invited to attend a week-long international seminar organised by the Global Alliance Against Trafficking of Women in Thailand.

Speaking to IANS, Nalini said that sex workers were taught at the seminar to handle a video camera. "This was done to train us to make a documentary film on sex workers. We came back on May 29 and have started to work on the script of a video film that is to be shot in Kerala, Andhra Pradesh, Karnataka, Mumbai and Delhi," she said.

The GAATW will provide a video camera while the other expenses for the film will have to be raised locally. "We require at least Rs. 200,000. We are hopeful of raising this money from donations," said Nalini.

"Unlike other states, where this is a more organised and commercial business with several brothels and brokers operating, it is not like that in Kerala. Here there are educated sex workers, whereas in other states, many are duped or sold into this business," she said.

Nalini, who took to the profession 22 years ago, helps out in the restaurant and occasionally goes back to her trade - but has no qualms about it. "This is a profession and I don't think that there is anything wrong in pursuing a vocation which one likes.

"Isn't sex part of nature? Like all other professions, we enjoy thisprofession. We are against anyone being lured into this profession without their consent or approval", said Nalini, who has two daughters. (IANS)

The Times of India
04 June 2001

Many doctors still clueless about AIDS treatment

NEW YORK: Many general physicians are unaware of current treatment guidelines for HIV and AIDS, a recent study reports. The survey of more than 1,200 internal medicine and infectious disease doctors in California, Florida, Massachusetts and New York found that generalists were less likely to choose recommended drug therapies than those who specialized or had more experience treating these patients.

"Based on the data presented here, generalists in several high HIV-prevalence states may not be prepared to provide state-of-the-art care for those with HIV/AIDS," Dr Valerie E Stone and colleagues from Brown University School of Medicine in Providence, Rhode Island, conclude.

They suggest that primary-care doctors consult with specialists when treating patients with HIV or AIDS.

"These results lend support to current recommendations for routine expert consultant input in the management of those with HIV/AIDS," the study concludes.

The researchers presented doctors with two hypothetical cases and asked whether antiretroviral treatment was recommended. This treatment often uses three or four different powerful drugs to boost the immune system and suppress HIV.

But according to findings published in the June issue of the *Journal of General Internal Medicine*, infectious disease doctors were more than four times as likely to choose currently recommended antiretroviral therapy. Similarly, those with the most experience treating patients with HIV/AIDS were twice as likely to recommend the correct drug therapy than inexperienced physicians.

Many doctors with little experience treating these patients said they would refer the hypothetical patients to an HIV expert, however. (Reuters)

The Times of India
04 June 2001

Women beat men in Govt's sterilisation programmes

HT Correspondent
Gorakhpur, June 4

IT'S THE fair sex which is making family planning a success in Gorakhpur division.

They have not only left the males far behind in sterility operations of the family planning department but have helped the government in reaching the set target of these programmes.

The vast gap between male and female ratio in the sterilization operation has made up the health and family planning department officials to sit and rethink over the strategy.

The family planning officers said they are planning to highlight the new techniques under which there is no need of operation to attract males for sterilisation.

The State family planning department has set the target of 14414 sterilisation operations for Gorakhpur district from April 2000 to March 2001.

The family planning department was able to reach the target of 11595 sterilisation operations. Compared to the 11571 women who were operated in various camps organised at the primary health centres, community health centres and the district hospital, there were just 24 males in these camps.

In Deoria district, the family planning target was 11060 operations. But the district family planning department was able to convince only 4255 persons of which 4186 were women and 69 males.

The 7situation is no better in Kushinagar district. Though the district family planning department managed to reach 62.46 percent of the target. But out of 5906 sterility operations, only 9 males were treated.

In Maharajganj district the gap between male-female ratio is most glaring. Out of the 8827 sterility operations performed in the district, 8821 were women and here too only 6 males visited the camp.

The Chief Medical Officer Dr Gyanendra Singh holds the feudal mentality among the people for vast difference between male-female ratio.

He says, whenever family planning issue is discussed in the family it is the womenfolk who come forward for sterilisation willingly or under pressure.

Dr. Singh said another reason for the poor attendance of males was the stigma prevalent in the society that such an operation will have an adverse effect on their health.

They were not ready to undergo the operation as believed that it would have an adverse effect on their health.

However he was hopeful that the new method that the planning department were planning, one which will not involve any operation, will attract more males.

In reply to a query the CMO expressed dissatisfaction over the progress of family planning programme. He was not happy with its functioning.He said thousands of rupees are spent in the organisation of one camp.

Though family planning department sets the target of ten operation in one camp. but even that is not achieved due to lack of awareness among the people.

The Hindustan Times
05 June 2001

Hysteroscopy holds hope for women

FROM OUR BUREAU

Hyderabad, June 4: Good news for all those women suffering from problems of the uterus. Now, they need not undergo surgery instead the it can be overcome by a non-surgical method 'Hysteroscopy'.

Experts dealt with the subject in detail in a workshop, 'Advanced Colposcopy and Hysteroscopy', organised by the Assisted Conception Services Unit of the Mahavir Hospital and Research Centre.

Head of the department of gynaecology, Neena Desai, said through colposcopy, ulcers, problems relating to uterus, cancer of cervix could be diagnosed. The results from colposcopy were more accurate and specific than the conventional Papsmear tests now conducted to detect the cervical cancer, she said.

She said the cancer of cervix was the second major cause of death in women in India. By early detection the mortality rate in women could be minimised, she added.

Deccan Chronicle
05 June 2001

AIDS camp held for BCs

Programme to increase student awareness

FROM OUR BUREAU

Hyderabad, June 3: The Andhra Pradesh Study Circle for Backward Classes on Saturday held an AIDS awareness programme and rally to spread awareness on the AIDS problem. The programme was held in collaboration with the AP AIDS Control Society and was meant for 150 BC students who are undergoing civil services training at the study circle.

The 150 students who hail from Telangana districts were selected after a written entrance exam. According to H Lajipathi Rai, director of the study circle, the main aim behind the programme is to inculcate information about the AIDS and to stop innocent people from falling prey to it. K Anjaneyappa, former APPSC member who was the chief guest at the programme said that awareness is the only medicine for AIDS. Highlighting statistics on AIDS, he said, Andhra Pradesh stands second in the AIDS cases in the entire India which is a matter of grave concern.

FORWARD FIGHT

The students were offered counselling by the members of the AP AIDS control society. Later a rally was taken from Nimboliadda traffic police station to Kachiguda police station. The students held placards reading messages about AIDS awareness.

Deccan Chronicle
04 June 2001

Aids control programme

The Bihar AIDS Control Society is all set to impart sex education to senior students of all district schools in the state. The two-day AIDS session is likely to be held in Patna this month. Official sources said the programme is aimed at creating awareness about AIDS. "There are 44 AIDS patients and 68 HIV positive cases in Bihar and Jharkhand," BACS project director C.K. Anil said.

The Asian Age
05 June 2001

Programme to prevent HIV transmission soon

By Our Special Correspondent

NEW DELHI, JUNE 3. The Centre will launch a programme for preventing the transmission of HIV — AIDS virus — from mother to child. The Centrally-sponsored programme is to be launched by August.

It assumes importance as almost eight per cent of the HIV cases are due to transmission from mother to child. The percentage is expected to remain the same, if not increase, considering that HIV prevalence has been increasing among women.

The chances of transmission from an infected mother to her children have been estimated between 13 and 60 per cent.

The infection could occur either during gestation or at the time of delivery and post-natal period, mainly through breast feeding.

As per official estimate, as many as 3.86 million people may be infected, of whom about 25 per cent could be women.

The situation is particularly serious in Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur, Mizoram and Nagaland, where HIV prevalence has already crossed one per cent among women attending ante-natal clinics.

The main component of the programme will be provision of the anti-retroviral drug, AZT, to women in the last trimester of their pregnancy.

The programme has been under the consideration of the Government for several years now. It remained on the backburner because of doubts over its feasibility in a country like India, where offering to test for HIV and counselling in busy ante-natal clinics may be a difficult proposition.

A major step forward was taken in March last year, when a feasibility study was launched in 11 centres across the country. The study showed that the doubts were misplaced.

The Hindu
04 June 2001

'Son of Viagra' to give 24-hour potency

LOIS ROGERS

LONDON: A new potency drug, capable of keeping men in a "state of readiness" for sex, is to be launched in Britain next year. The pill, described as "son of Viagra", is being promoted as an effective aid for impotent men because its effects last for 24 hours or more. At the moment, Viagra users have to schedule their sexual activity and take one of the blue, diamond-shaped tablets four to five hours before they expect to have sexual intercourse. The effects of Viagra are said to wear off quite rapidly, but the new drug, Cialis, will allow men suffering problems with impotence to respond to sexual stimulus the day after taking it. Some of the most significant results in the trials, which have so far involved more than 4,000 men, were presented at the annual meeting of the American Urological Association in California this weekend.

Gerald Brock, an associate professor of urology at the University of Western Ontario, Canada, told the meeting that his group of 212 previously impotent men who took the drug reported that they were able to have sex on average 16 minutes later. Many were still able to perform the next day, before the effects of the drug wore off. Clinicians in his team used a device called a rigiscan to measure the sexual response of men who had been given the drug to sexual images while they were still in the surgery.

"Men who have erectile dysfunction want to return to a normal state and be able to respond to sexual advances when their partners are interested," Brock said. "We are still assessing the side-effects, which affect a small minority of users and seem to be similar to Viagra - headaches, mild muscular aches and facial flushing." In Brock's study, 88 percent of men found Cialis worked. In another study of 196 Taiwanese men, 93 percent reported that the drug produced excellent results. *(The Sunday Times)*

The Times of India
04 June 2001

How 'GRID' became AIDS

AP

Los Angeles

TWENTY YEARS ago, Dr Michael Gottlieb sent a researcher to roam a wing of the Ucla Medical Center and scout for interesting immunological cases. Bring back something interesting to discuss, Gottlieb told him.

The researcher did, returning with word that a young gay man had a low white blood cell count, strange fungal infections and a rare type of pneumonia normally found only in people with severely suppressed immune systems.

It took just a few more patients for Gottlieb to realise something was afoot. It would be called AIDS. "It was clearly something new and something unique and the mystery was what was causing it. That was the burning question," Gottlieb, now a 53-year-old immunologist in private practice, said in a recent interview. Some sleuthing found two more patients in the San Fernando Valley. Another at Cedars-Sinai Medical Center. A report on the five cases was submitted to the CDC's morbidity and mortality weekly report. The [illegible], page-and-half write-up appeared on June 5, 1981, overshadowed by reports of dengue fever in American tourists returning from the Caribbean.

Although it wouldn't be isolated or named for another two years, AIDS had arrived after lurking undetected in infected humans for decades. Armed with the five Los Angeles cases, the CDC started looking in other cities with sizable populations of gay men. "Lo and behold, there were lots of cases," said Gottlieb of the disease he would later be criticised for provisionally dubbing "Grid," or gay related immunodeficiency disease.

In the first years, the number stayed small. By the end of 1981, there were fewer than 200 AIDS cases in the United States. "It appeared to be an outbreak, not an epidemic," Gottlieb said. "In 1981, it's a colossal understatement to say no one would have predicted 20 years later 34 million people around the world would be infected."

The death toll has been staggering. In the 20 years since Gottlieb and his colleagues tracked those first five cases, nearly 450,000 have died of AIDS in the United States alone. Worldwide, the number is 22 million.

The Pioneer
06 June 2001

Needed, will to tackle a global scourge

By Peter Piot

Exactly twenty years ago, the first official report of the disease now known as AIDS was made in a nine- paragraph report of the U.S. Center for Disease Control. Five persons were affected.No one reading those nine paragraphs could know that they were looking at what would become the most devastating epidemic in human history. It was inconceivable that HIV would spread so rapidly that within the first 20 years of the epidemic it would infect 58 million people, killing 22 million of them. But from nearly the outset, the warning signs were there.

I will never forget the day in 1983 when I revisited Kinshasa's large Mama Yemo Hospital, a place I had come to know during the Ebola outbreak in 1976. When I saw the large numbers of emaciated young men and women, I instantly realised that the world would face a major new epidemic — one driven by sex. Even so, none of us involved in those early days of AIDS could have imagined the scale of the epidemic that has unfolded.

It is a tale of globalisation; of the rapid global spread of a mainly sexually transmitted virus, of global inequities in health, and of the need for a truly global response and solution. And it is a tale that is still in its opening chapters. HIV is characterised by a relatively long gap between infection and major illness, and its natural dynamic is to show up first among those at heightened risk, while at the same time it gradually moves across the whole of the sexually active population. So one of the hardest lessons is that, for all the destruction the epidemic has already caused, we are still at the early stages of the epidemic.

But that does not mean that we have no choice but succumb to an inevitably growing toll of the disease. The opposite is true. The course the epidemic takes over the next 20 years will be a consequence of the choice the world makes now. The brief history of AIDS is one of evolving understandings and shifting paradigms — from a medical curiosity to a complex health issue with major development, political and human security dimensions.

Less than a month ago, a meeting of 30 of the leading scientific and policy thinkers on AIDS from around the world was convened by UNAIDS, the International AIDS Society and the Bill and Melinda Gates Foundation to advise the U.N. and the international scientific community on the next steps of an effective, achievable global response to AIDS. Perhaps for the first time, this meeting aired a truly global set of perspectives based on a realistic appraisal of the billions of dollars needed for the fight against AIDS and in a context where treatment gains experienced in rich countries through anti-retroviral therapy can be contemplated across the world. For years, the price of drugs seemed to be an impossible barrier. But today, preferential prices for developing countries for AIDS drugs has been widely accepted within both the pharmaceutical industry and by policy makers. In this new context, consensus is growing around a new paradigm.

Five of the meeting's conclusions stand out. First, investment now will prevent tens of millions of new infections and extend the lives of

PERSPECTIVE

millions already living with HIV. Second, whatever the stage of the epidemic, special recognition of the needs of young people maximises the effectiveness and impact of prevention. Third, prevention, medical treatment and social support are all critical components of effective responses. Their effectiveness is immeasurably increased when they are used together.

Fourth, while the degree to which poor countries are able to extend access to antiretroviral therapy varies, in every case a beginning can be made. But these treatments have to be used carefully if they are to have lasting benefits, given that even under the best-resourced and most closely monitored conditions, the virus develops resistance to these drugs. And fifth, political commitment and planning exists in many countries around the world to build on existing programmes to greatly scale up prevention and treatment. What they lack are the resources.

The benchmark cost of providing a prevention and care response to the epidemic in low and middle-income countries is between $7 and $10 billion. There is a big gap between this figure and current AIDS spending from private, national and international sources in these countries of under $2 billion. Filling this gap will undoubtedly need a greater level of commitment from national budgets. That is one reason why liberating funds through debt relief is a valuable part of HIV responses. Private sector involvement at the workplace and community responses to HIV is another source of support.

But as well as building up these channels of support, meeting the resources gap will need a new global fund, attracting genuinely new money, from both wealthy countries and from private donors. To this end, an international AIDS and health fund, as called for by the U.N. Secretary- General, Mr. Kofi Annan, is rapidly taking shape. These resources must provide for a wide spectrum of efforts, from supporting prevention programmes to increasing access to care and building the healthcare infrastructure that is sorely lacking in much of the world.

For the first time in the history of this epidemic, we have the opportunity to turn the tide on a truly large scale — the scale that matches the extent of the epidemic. The stars are moving into the right configurations; we know what works, there is a strategy, there is political commitment, and resources are coming. There are still some stars missing — the ones with the vaccine and an effective microbicide that kills HIV on contact, as well as the one with the all-out effort to eradicate the stigma associated with AIDS.

Later this month, the United Nations General Assembly will hold a three-day Special Session on HIV/AIDS. That session will mark the extent to which the world is prepared to demonstrate the resolve and the vision necessary to turn back the epidemic. We know what we need to do to slow new infections, and provide care for those who are ill. The only question, on this 20th anniversary of that first report of the disease called AIDS, is whether we have the will to do it.

(The writer is Executive Director, UNAIDS)

The Hindu
05 June 2001

USAID to launch project in Maharashtra

By Our Special Correspondent

NEW DELHI, JUNE 6. USAID is launching a $ 41.5 million project for the prevention of HIV/AIDS in Maharashtra. Called 'Avert', it will be USAID's largest project in the area of HIV/ AIDS prevention anywhere in the world.

The project will focus on targeted interventions for high risk groups as well as broad-based preventions messages for the general population and capacity building among State and local HIV/ AIDS prevention group.

An agreement for the project was signed here today by Mr. Walter North, director, USAIDS, Mr. Prasada Rao, director of the National AIDS Control Organisation, and Mr. S.S.Hussain, secretary, Public Health, of the Maharashtra Government.

The Hindu
07 June 2001

Candour from an American friend

PHYSICIAN JIM McDermott has visited India 14 times. A decade ago, he was among the first to recognise that India, like many other nations, would face an HIV/Aids crisis. He admires Indian culture, appreciates the long and rich history of Indian civilisation and understands Indian politics. He is also one of the dozen Americans most influential in shaping Indo-US relations.

For Dr McDermott, as a member of the US Congress, is the co-chair of the congressional caucus on India and Indian Americans.

A recent interview gave me the opportunity to explore his views on India and its links with the USA.

What, focusing on recent news, does Dr McDermott think will happen to technology-leader India as information technology companies plummet in value on the world's stock markets?

"The business cycle goes through various ups and downs, and we are in a trough at the moment. But I don't see us turning back to the industrial age," says Dr McDermott.

A substantial part of his work in the India caucus and the US Congress is focused on knowledge and technology. "I want to help establish an enduring and deep relationship between the USA and India on every level. In particular, I want to make it easier for students to travel to the USA to pursue their education, just as I want to encourage the efforts to make use of India's remarkably well-trained workforce in information technology."

The liberal Democrat has seen great advances in Indo-US relations during his 12 years in the House of Representatives. "America should develop closer relations with India in as many ways as possible. This, however, was almost unmentionable before the PV Narasimha Rao government and its efforts at economic liberalisation." Prime Minister Vajpayee gets good marks from Dr McDermott for continuing this liberalisation.

In particular, Dr McDermott believes that "last year's home-and-home visit between Mr Vajpayee and Mr Clinton really opened things up" between the two nations, the world's largest democracies. "Indians have a tremendous capacity to participate in the world economy, a capacity untapped in the past."

That capacity, Dr McDermott believes, has moved towards becoming a reality through the efforts of Mr Vajpayee and Mr Clinton.

But I wondered, will the advent of the Bush administration change relations between the two nations? Dr McDermott was direct and refreshingly non-partisan. "I don't think relations will go backward. In particular, there is – unlike the expectations of some friends of India – no tilt towards Pakistan under President George W Bush.

"I expect that things will go forward as in the recent past, that our mutual relations will continue to develop." When pressed, Dr McDermott said there has been only one problem in Indo-US relations in recent years, what he termed "a bump on the road:" the detonation, by India, of nuclear weapons.

But then it is no surprise that what many Indians see as an assertion of national autonomy is viewed by many outside India as a threat to world peace.

Dr McDermott is aware that there are problems in India, as there are in the USA. One that he sees shared by both nations is the pandemic HIV/Aids, the problem which first drew the physician-Representative to India over a decade ago.

"In 1990, when the Government of India said there were 50 cases of Aids in Mumbai, I told them that as a doctor I thought it was clear that there were half a million cases.

"Later, public health officials asked me, 'How did you know?'" As a doctor in one of the first nations to be hit by the pandemic, he understood that Aids is always under-reported and largely ignored at its first appearance.

This has been true of the USA, of Thailand, of Romania, of South Africa – and it was at the time the case with India as well.

Dr McDermott is candid about the current situation regarding Aids in India. "What most of us agree on is that – understandably, with so many other problems to address – India has not paid enough attention to Aids. At the same time, Indian scientists are participating in the world-wide effort to find a vaccine for Aids." Dr McDermott foresees help coming from outside, but adds that indigenous efforts must be the substrata of any effort to deal with Aids.

While acknowledging that the disease is a terrible problem, he also understands that the problem cannot be merely ignored or wished away. "My heart's with them, but they – the Indians – will have to work on combating it."

Despite Dr McDermott's concerns, the congressional caucus on India, does not foreground Aids. Its 120 members "have many different views on what needs to be done" to further Indo-US relations. The caucus, Dr McDermott offers, is an amorphous group, comprising Democrats and Republicans, liberals and conservatives.

But when asked what holds it together, his answer is clear. "The group is united by the need to help Americans see who and what the new India is. As well, the caucus helps other members of the American Congress see what is different about India, and to see where it is going. We've made major strides in the 10 years since the Caucus began."

Dr McDermott, as befits someone who has visited India more than any other Congressman, is remarkably knowledgeable about the world's second-largest nation. He is attracted by India's intricacies, and deeply appreciative of its democracy.

"To see democracy work in India is fascinating. I'm a psychiatrist, and appreciate what it means for democracy to thrive in the midst of such a diversity of languages and religions. I think it is quite true," he says, turning to comment on his fellow Americans, " that we can learn from the Indians. The whole idea of a secular society, which Indians struggle with every day, the idea that a nation cannot fall into a religious society ...."

Here Dr McDermott pauses, developing an emerging parallel to the USA, "If we Americans do not heed India's example ...We ourselves are not so far away from ending the separation of church and state here in the USA. We can learn from the long history in which India has worked to maintain a secular state."

Lately, the Indian pharmaceutical company Cipla has been much in the American and world news for its offer to sell at low prices drugs to limit the effects of Aids, drugs which the international pharmaceutical companies have under patent and currently sell at very high prices.

I asked, what are Dr McDermott's views on the efforts of the developing world – as in the Cipla-South Africa negotiations – to find ways to address pressing health care needs? Again, he responded with candour.

"The Cipla example is an indicator of the much larger problem we have in the world, of the 'haves' and the 'have-nots.' We must make it possible for all nations to participate in the success of scientific research and

Contd...

Contd...

technology. Cipla in the end has not done anything that we should not be figuring out ways to do. Still, I believe in the patent system – but also in humanitarian concern. There has to be a way to meet the needs of both."

At the close of the interview, I asked Representative McDermott to expand upon his earlier statement that "Indians have a tremendous capacity to participate in the world economy."

He told me that there are two modes of development, two ways of developing economic capacity. One is that of the tiger, agile, quick to pounce, predatory. (Was he thinking of the so-called "Asian tigers" with their rapidly burgeoning economies?). The other is that of the elephant, slow, patient, ponderous, unstoppable.

His conclusion recognised the importance of India's democratic commitments, and the impact of democracy on economic transformation. "India will never be a tiger but an elephant. Democracy requires slower movement."

(Huck Gutman is Professor of English at the University of Vermont. He was until recently a Fulbright visiting Professor at Calcutta University and Jadavpore University. He is the author, with US Representative Bernie Sanders of Outsider in the House.*)*

HUCK GUTMAN
The Statesman
05 June 2001

Cops fight AIDS with graffiti

Slogans on brothel walls hit condom sales

FROM N VAMSI SRINIVAS

Hasanparti (Warangal), June 5: Graffiti has had many uses in the past, notably during revolutions like the French and the Russian and in modern elections across India.

Now, the police here is falling back on this ancient form of communication to tackle a post-modern scourge: The AIDS virus. This village is notorious as a centre for prostitution and there's nothing the local cops have been able to do to control it. From prostitution has emerged AIDS (through unprotected sex).

From AIDS has come the graffiti. First, the cops identified where sex workers live and then scribbled slogans on the walls warning clients of the risk of contracting AIDS. Slogans like "sex with prostitutes leads to AIDS", *"kshanikaavesam kosam nurella jeevitham paaduchesukokandi* (momentary pleasure can lead to lifelong destruction)". *"thodi der*

WRITE VIRUS

ka maja, jeevan bhar ka saja" are scrawled across houses in Vangapahad and Siddapur, identified by the State Aids Control Society as "high risk" zones.

"The idea is to create awareness among people on the dangers of sex with prostitutes and the possibility of spreading AIDS," Inspector Liyaqat Ali Khan said. Claiming the trick has worked, he said a recent survey has shown a downward trend in sale of condoms in medical shops in Warangal and surrounding areas from 35,000 a month to 10,000.

At least 200 families in the three villages live on income from flesh trade. "There is no alternative," the sex workers argue. Musugu Bhimanna of Hasanparti, a representative of the community, fumes at the government for not providing an alternative livelihood. Consequently, defiant sex workers of Vangapahad say the profession will overcome any "oppression". These sex workers once killed a PWG Naxalite when the group tried to stop prostitution forcibly.

Deccan Chronicle
06 June 2001

Baby has AIDS & needle of suspicion points to syringes

Sriranjan Chaudhuri

BANGALORE: Geetanjali is a year and seven-month old. She has AIDS. How did she get it? Fingers very often point to the parents in such cases, but not this time. Tests show that both her parents are HIV-negative. Could it be an unwanted gift from the Registered Medical Practitioners (RMPs) in Bellary who the little girl was taken to a few days after birth?

Geetanjali's parents are from Bellary and she is their first born. They went to the Freedom Foundation unit at Bellary because all the other doctors had written her off. The only investigative report they had with them was the one done for HIV. Geetanjali had to be put into hospital.

"While talking to her parents, the counsellor of the Foundation noticed that the little girl was limp. She could hardly breathe or swallow. Every movement seemed to cause her pain and the little one could just whimper. The counsellor had to take some kind of a decision. He could either refer the child back to a hospital in Bellary where it was obvious the doctors had given up hope or see to it that the family was brought to Bangalore, where he knew that his colleagues would do everything possible to help her fight," says Dr Nirmala Rajagopalan, Medical Officer of Freedom Foundation.

According to her parents, Geetanjali had been taken to RMPs in their hometown Bellary soon after birth. "During these visits, injections had been administered by these practitioners and more than once, the syringes used might have not been of the disposable variety," Dr Nirmala says.

"The RMP system for all medico-legal purposes is outdated and unrecognised by the medical fraternity. The RMP came into being sometime just after India got Independence. They are not formally trained and are not qualified to treat various ailments. Yet, the rural people seek them out due to the lack of doctors in their vicinity. Most of the time, treatment is confined to quick-fix methods such as injections for fever and pain," she adds.

Says Ashok Rau, trustee, "The awareness drive to curb the epidemic is fast gaining momentum. However, all these programmes still focus on minimising risk behaviour and the usage of condoms. The risk of infection through injections given through non-disposable syringes and needles is just about mentioned."

Today, Geetanjali is fighting for her life. At one year and seven months, she should be bubbling with joy and energy. Her mother might have had dreams of her growing up, going to school, getting married, having children and everything else that a mother would hope for her daughter.

But will that happen? For, ignorance demands a heavy price. Sometimes, there simply are no comebacks.

(Those wanting to help HIV positive children can contact Freedom Foundation Trust at 5449766, 5440134, and 5440135).

The Times of India
06 June 2001

AIDS cases high among TB patients in Pune

By Sanchita Sharma

New Delhi, June 5: AIDS incidence in Pune seems to be much higher than what the National AIDS Control Organisation (NACO) figures indicate. One in four tuberculosis patients getting treated at B J Medical College, Pune, was found to have AIDS. Most of them did not even know they were infected.

The severity of the problem strikes home when you compare the numbers with other centres like Delhi, where only one per cent of tuberculosis patients tested positive for AIDS at the All India Institute of Medical Sciences.

Both hospitals were among the nine centres participating in a multicentric trial to determine the factors that could be contributing to a rise in multi-drug resistant tuberculosis.

One of the factors being considered was the prevalence of HIV/AIDS in patients with tuberculosis, which is the biggest killer of people living with AIDS as HIV lowers the body's immunity and increases risk of contracting infectious diseases like tuberculosis.

"Still, it was shocking to find HIV prevalence to be a high 28 per cent among tuberculosis patients, most of whom did not know they had the disease," said Dilip R Joshi, Head of the Department, Respiratory Medicine, B J Medical College.

In comparison, only five people tested positive among the 500 tested for HIV in Delhi."Reports from the other centres are yet to come and the data analysis will take another 14 months," says J N Pande, Head, Department of Medicine, AIIMS, who is coordinating the countrywide research.The two-year study is being done by the Clinical Epidemiology Network of India.

The Indian Express
06 June 2001

Breakthrough in remedy for AIDS

Geneva: Swiss scientists have reportedly made a discovery which may be a breakthrough in the fight against Aids. Researchers say they have found a chemical which is apparently two million times more effective than the drug AZT, which prevents symptoms developing. The molecule NU 1320 stops the virus depositing its DNA inside the core cells of a sufferer's lymph tissue. But it doesn't damage the lymphocytes and can locate the cells. The discovery has already been patented by the University of Geneva and the French laboratory Mayoly Spindler. Both parties are pushing for the speedy development of a new medicine. *(New Scientist)*

Deccan chronicle
08 June 2001

MAMA, don't eat...

MOTHERS who nurse their infants should be very careful about the drugs they take, for these may accumulate in milk and get transmitted to the infant. The amount of a drug entering the milk depends on its lipid solubility, mechanism of transport and degree of ionisation. Here are a few drugs and their effect on infants.

ALCOHOL: Decreased linear growth of infant and sedation.

ANTIBIOTICS: Aminoglycosides affect the infant's bowels. Flora nitroferantoins, generally used for urinary tract infections, may cause haemolytic anaemia in deficient infants. Medicines like septron, etc. can even cause jaundice and anaemia. So, it's best to avoid them.

ANTIHISTANIMICS: Infants are very sensitive to these drugs taken by mothers as over-the-counter medications.

ANTI-THYROIDS: Some of these are safe while others are contra-indicated as they may cause goitre or agranuocytosis in new-borns.

COMETODINE AMD RANITIDINE: These are generally considered antacids by a layman. These may suppress gastric acidity and CNS stimulation in a new born.

ERGOTANINE TO TREAT MIGRAINE: Causes vomiting, diarrhoea, convulsions in the infant while suppressing lactation in the mother.

HORMONES (Even low dose oral contraceptive): These may cause reduction of milk supply.

LAXATIVES: Can cause diarrhoea in infants.

NICOTINE: It increases the risk of respiratory disease in infants. Even the father should not smoke near the child to prevent bronchitis and asthma.

SEDATIVES AND TRANQUILISERS: They cause sedation in infants.

COFFEE: It makes the infant very irritable and sleepless.

These are just a few of the drugs used commonly by mothers. In general, every drug or substance must be evaluated for its potential adverse effect on the baby. No drug should ever be taken without prescription.

The Indian Express
05 June 2001

NGO will use music to spread AIDS awareness among youth

CHENNAI: Statistics may be frightening, but music is not. And for the MTV generation, music can give AIDS the human touch. Non-governmental organisations (NGOs) working in healthcare and AIDS awareness at least seem to think so.

When an 18-year-old musician dies of AIDS in Chennai, one wonders if the situation in Tamil Nadu is not as bad as in Harare or Bangkok. As the years pass, things will only get worse.

The number of unrecorded HIV/AIDS cases are as many as the officially recorded, with people still unaware and too scared to report to the authorities, given the stigma attached to the ailment. Many of the cases in this city are, however, due to bad blood transfusion practises and not solely because of unsafe sex.

In a city where there is a hospital — either government or private — every sq km, there is no strict policy, checking mechanism or punishment in place that controls donation of AIDS-infected blood. Vehicle accidents and the consequent hospitalisation are in many cases the cause of HIV infection.

But as awareness is growing, one does find more and more young people, high school and college students, in Tamil Nadu doing voluntary work in the rehabilitation centres, participating in awareness programmes.

Students in the corporation schools here are allowed to participate in these programmes but it is the private school authorities who continue to fight shy of AIDS education.

A Tamil Nadu AIDS Control Society (TN-ACS) report says there are 17,000 cases of full-blown AIDS in the state.

According to TN-ACS chief Dr K. Gopal, at least 30 per cent of the AIDS and HIV positive cases reported in India by NACO (National AIDS Control Organisation) are from Tamil Nadu, though people like Chennai Mayor M.K. Stalin take pride in claiming that the state capital's AIDS control programme is the best in the country.

Whatever be the arguments, one NGO in this city feels strongly about the issue and has got down to really doing something about it. Nalamdana, with a grant from the Ford Foundation, has produced a music album. S.P. Balasubramaniam, Vani Jayaram, Nithyashree, S.N. Surender, M.S. Vishwanathan, O.S. Arun, Devi and Mahanadi Shobhana have sung for the album. There are 10 songs in the album, among them the popular ones being *Azhage Azhage Rasikalam* (Enjoy, Enjoy) and *Nilavai thottu parthamanidha* (Touch the moon).

The assistant programme coordinator of the organisation, Arivalagan, says the album is being distributed free to NGOs involved in AIDS awareness programme in Tamil Nadu like ActionAid and the Indian Council of Child Welfare working in Usilmapatti, Shastik in Dindigul. Nalamdana itself carried out awareness campaigns in 10 villages in four districts last year. The NGO also has a music video that was telecast on AIDS Day by several channels.

The NGO is also producing a telefilm named *Pesu Maname Pesu* about a youth who hides his HIV positive condition, gets married and the consequence of his actions. The staff members of the NGO have acted in the film. (IANS)

The Times of India
08 June 2001

An AIDS victim who never was

KOLKATA, JUNE 6. It is a sordid tale of a young woman: gangraped at 18 and then wrongly tested HIV positive. She now roams the city streets with the stigma of an AIDS victim.

Meet Anita (not her real name), 23, with a baby in arms - from her second husband - hanging around the Nimtala crematorium in the northern Kolkata.

She cannot stay at one place for more than two days, as the other pavement-dwellers drive her out.

After being raped by her paramour and his friends, deserted by her family and husbands, she hardly has anybody to turn to.

Daughter of a poor Bidi worker, Anita fell for a roadside Romeo, whose name she does not reveal. She eloped with him to Ranchi.

Shattered and forlorn after the rape, she returned to the city. Her parents filed a case with the Jorabagan police station.

Things turned worse when she conceived and developed some complications. She was taken to a city hospital where she was declared HIV positive.

Anita gave birth to a male offspring, also 'detected' HIV positive, in February 1998. The baby did not survive but she did.

Meanwhile, she came into contact with a voluntary organisation, 'Medical Bank'. But she could not stay there for long and tried to return home, only to find the doors shut on her because of her 'affliction'.

However, her elder sister managed to find a man to marry her. In fact, she married twice, only to be deserted and driven out by her husbands when they came to know of her 'problem'.

Unable to withstand the series of traumatic experiences, Anita lost her mental balance. But the irony of fate continued. It was during her second delivery the School of Tropical Medicine certified her as HIV negative after conducting the Elisa test.

"But the damage had already been done. She could not convince others that she was not afflicted with HIV. Till date she continues to be ostracised by her family and others," says D Ashis, the secretary, Medical Bank. — PTI

The Hindu
07 June 2001

Hygiene in public toilets

(Dr Neeru Bhatia, Deputy Director, Delhi State Aids Control Society answers your queries about AIDS.)

Q1) Recently, on the Ambala- Delhi road, our car met with an accident. My uncle was badly injured and taken to a nearby hospital. He was transfused two bottles of blood. We are not sure whether the blood was tested for AIDS or not? My uncle is alright but apprehensive about having contracted AIDS. What should we do?

A) As per the Government of India gazette notification, it is mandatory that any unit of blood being issued by a licensed blood bank be tested for HIV negativity. If the blood used for your uncle was issued from a licensed blood bank, it would be safe. Your uncle should get HIV testing done, three months after the transfusion.

Q2) I am a 22- year-old man. Recently, I donated blood and got my HIV test done at the Voluntary Testing and Counselling Centre. I was found to be HIV positive. I have no health problems but am well built and energetic. Why aren't there any symptoms?

A) Undoubtedly you are harbouring HIV infection. A person may remain free of any symptoms for a long time; may be five to 10 years before actually showing any signs / symptoms. Visit one of our Voluntary counselling and Testing Centres opened in the following hospitals:

- ❒ Armed Forces Transfusion Centre
- ❒ All India Institute of Medical Sciences
- ❒ Maulana Azad Medical College
- ❒ Sucheta Kriplani Hospital
- ❒ University College of Medical Sciences, GTB Hospital

Q3) I am going to Africa on an official visit next month. I have heard that the incidence of AIDS is very high there. Can one be infected with AIDS by using the public toilets.

A) Public toilets, public bathing places, community lunches or dinners cannot cause HIV/AIDS infection.

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

The Pioneer
07 June 2001

Reeling under death and disease

THE Church of Scotland Hospital is located in an arid backwater of KwaZulu-Natal province, in South Africa, but it can provide results of an HIV blood test in minutes. It has two operating rooms, X-ray facilities and a basic laboratory.

Nine experienced doctors treat about 500 patients each day. At 13 clinics in the surrounding Msinga district, nurses who are in telephone or radio contact with the hospital attend to drop-in patients.

Two mobile clinics also offer free treatment. In the absence of addresses, they use global positioning systems to determine the location of AIDS patients who are at home. Volunteers follow up with patients to ensure that no one is simply left to die.

One thing that is lacking, here and in most of Africa, is a supply of inexpensive antiretroviral drugs that could help prolong the lives of people who have AIDS. But given the size of the problem in sub-Saharan Africa, and the dire shortages of good roads, communications, medical facilities and trained doctors, the question is how much of a difference the drugs could make.

"If this area was flooded with cheaper drugs, we would be very happy because we would definitely use them," said Tony Moll, a senior doctor at the hospital. Fully 36 per cent of the adults in KwaZulu-Natal province are infected. Moll estimated that, without proper treatment, 70,000 of Msinga district's 350,000 people will die within 10 years.

Announcements by several major pharmaceutical companies that they will slash the prices of anti-AIDS drugs have given some hope to KwaZulu-Natal. On April 4, a massive AIDS prevention and treatment plan spearheaded by UN agencies was unveiled, and the next day, UN Secretary-General Kofi Annan persuaded six companies to cut their prices further.

Annan, who called AIDS "the greatest public health challenge of our times," said he was also aiming for dramatic improvements in prevention, education and care.

KwaZulu-Natal has already put in place a structure to cope with the impact of the disease. Although it is far from perfect, doctors say it would help them distribute and monitor the use of antiretroviral medicines, were they to become widely available.

But the Msinga district is not typical - either of rural South Africa or the rest of the continent.

The annual health-care budget of some African nations is less than $5 per person. Many hospitals lack equipment and medicine for even basic ailments. Doctors and nurses are in short supply. Poor roads and communications hamper access to medical facilities. And in much of Africa, the disease is treated as a badge of shame.

Intensive public awareness campaigns have helped Uganda cut its infection rate among adults from 14 per cent to 8 per cent. Senegal has kept its rate of adult infection close to 1 per cent. But these countries are the exception.

Sub-Saharan Africa accounts for nearly 70 per cent of the world's 36 million HIV and AIDS cases and 90 per cent of all deaths because of the disease. About 4.7 million South Africans, or one in nine of the 45 million citizens, are living with the virus.

The acquired immune deficiency syndrome has orphaned millions of children, crippled the labour force and slashed life expectancy. A recent US study projected that life expectancy in Botswana could fall to as low as 29 years.

In general, access to antiretroviral drugs has proved to prolong lives. But in Africa, the impact would be minimal, many researchers say. The standard triple therapy costs about $10,000 to $15,000 a year. Even reduced to 20 per cent of the cost, the drugs would remain unaffordable.

Zweli Mkhize, minister of health for KwaZulu-Natal province, said South Africa would need more than 10 billion rand, or $1.24 billion, for the next 10 years to build an infrastructure that could cope with an infusion of antiretroviral drugs.

"On its own, the question of drugs will certainly go a long way," Mkhize said. "But that is not the complete picture."

A South African law allows the import of cheap, generic medications, but leading pharmaceutical companies have been seeking to strike down the legislation, which they say would violate patent rights. (The court challenge was set to resume April 18 at press time).

South African President Thabo Mbeki has come under fire for questioning the cause of AIDS and for stalling on authorising the use of anti-AIDS drugs in public clinics. He says he is not opposed to the use of antiretroviral drugs as long as there is an infrastructure to properly administer them.

Mbeki and other African leaders have also been criticised for wasting money on armaments. South Africa is embroiled in controversy over the 43 billion rand - 5.3 billion dollars - it committed to buying new European-built planes and submarines.

Tens of millions of ordinary Africans survive on less than a dollar a day. Many are subsistence farmers. In South Africa's Eastern Cape province, almost half the 6.3 million people are unemployed.

"A lot of our patients cannot afford to pay the six rand (less than $1) to reach the hospital when they are desperately sick," said Moll, the doctor. "You can forget about paying for antiretroviral drugs."

Suffering from chronic chest and back pain and vaginal sores, AIDS patient Khangazile Ntombela depends on the $30 a month her husband sends from his job at a Johannesburg factory. Though she suspects that her spouse gave her the disease, she has kept her illness a secret for fear that he might abandon her.

"Sometimes husbands are naughty, and they are rude," said Ntombela, 30, whose 3-year-old daughter died of diarrhoea a month ago. "He might chase me away."

Her monthly remittance is hardly enough to help keep her 5-year-old son alive, much less buy drugs that could extend her own life.

"The government would have to make these cheap drugs available to the poor, and they have to make them available for free because the poverty is so deep," said Costa Gazi, director of the AIDS Babies Battling AIDS trust, or ABBA, which provides counselling and HIV testing to pregnant women.

Some anti-AIDS drugs are supposed to be taken on a full stomach, but finding food is a struggle for many country dwellers. Clean water is also needed to wash down some antiretroviral pills. But for most rural Africans, clean water is hard to come by.

A report by the World Health Organisation earlier this year indicated that a community of 800,000 people in KwaZulu-Natal had no access to clean water. A recent outbreak of cholera infected more than 53,000 people and claimed more than 100 lives.

Roads would need to be built to remote villages. Laboratories would have to be constructed and refrigerators installed to analyse and store blood samples. An intricate communications system would have to be in place to ensure that stocks were kept up to date.

There is an overall shortage of medical personnel, and physicians qualified to prescribe antiretroviral drugs are few. Though the doctors at the Church of Scotland Hospital have laid the groundwork for the widespread distribution of anti-AIDS drugs, none has been trained to administer their use.

"The AIDS epidemic has underlined all the deficiencies of the public health system," Gazi said. "If you don't tackle the infrastructure, you cannot tackle AIDS."

And then there is the question of compliance. Medical officials acknowledge that it was hard enough ensuring that patients adhered to a course of antibiotics for illnesses like tuberculosis, much less getting them to stick to a strict and often complex regimen of sophisticated antiretroviral drugs.

Contd...

"You need very good supervision and monitoring of your patients," Mkhize said. "How do you say to somebody, 'You should take this medication at a certain time,' when they don't even have a watch?"

Without proper supervision, patients might stop the treatment. Unreliable deliveries might stymie others. Researchers warn that such poor compliance could result in the emergence of a more resistant strain of HIV, the human immunodeficiency virus that causes AIDS.

Some argue that not enough is known yet about antiretroviral drugs to determine their benefits.

"We don't really know the long-term impact of these drugs," said Suzanne Leclerc-Madlala, a Durban-based medical anthropologist. "Maybe for orphans it will mean prolonged help. But maybe for those with the disease it will mean prolonged suffering."

However, those who can afford the drugs argue that the medications break the equation between AIDS and death.

South African Constitutional Court Judge Edwin Cameron, who spends about $400 a month on a combination of anti-AIDS drugs, has appealed for them to be generally available at a more reasonable cost.

"There is a demand for antiretroviral drugs and a demand for greater care, and it is our responsibility in the medical profession to offer them," said Daya Moodley, a researcher at the University of Natal in Durban.

Others argue that a steady supply of cheap anti-AIDS drugs will actually force African countries to improve infrastructure so that the medicines can be administered.

"Undoubtedly the infrastructure needs to be improved, but it's not an excuse to delay bringing down prices," said Nathan Geffen, a spokesman for the Treatment Action Campaign, a group that lobbies for better access to health care for the poor.

"With the cheaper drug prices, the pressure to improve the health-care system would come. The cheaper drugs would be an incentive to get the infrastructure going," Geffen said.

As a test, South Africa decided last year to provide milk powder and the antiretroviral drug nevirapine free to HIV-positive women in order to curb transmission of the virus to babies. But the programme has been slow to take off because health officials want to learn more about the long-term implications of the drug first.

Meanwhile, activists say, thousands of mothers are dying and infecting their children.

Moll, whose hospital has been selected as a test site, said having access to nevirapine would be crucial. "If I could take a mother from dying with a 3-year-old or 5-year-old child to dying with a 15-year-old, that would be magic," Moll said.

Many grandmothers have taken over the role of raising young children. Elsie Mtetwa took charge of four of her grandchildren after her daughter and son-in-law died of AIDS-related illnesses more than seven years ago. Mtetwa, 52, earns only about $70 a month as a domestic worker but says she would have paid that - and more - for anti-AIDS drugs.

"I wanted so much for my daughter to get better," she said.

Mtetwa's grandchildren are lucky to have her. Parents of most of the 43 children at the Agape Child Care and Support Centre in the remote village of Waterfall have died of AIDS-related diseases, or are too sick or poor to look after them. Children share mattresses on the floor and play in two old shipping containers in the yard.

Two-year-old twins Londa and Londeka Zuke Mnpanza were brought to the centre in January, emaciated, crying and covered in scabs. Their mother left them with an elderly male neighbour. Counsellors suspect that she ran away to die.

"Commonly, mothers do not want to be seen dying in front of their children, or to see their children dying," said Bonnie Phungula, a preschool teacher and volunteer counsellor. "So it's common to find children who have been dumped."

Zodwa Mqadi, a community development worker who runs the child-care centre, believes that antiretroviral drugs would give ailing parents a reason to live.

"It would reduce the stress of being sick and bring hope that maybe before they die some help will come, and maybe a cure," Mqadi said. "As it is now, they just die."

As the debate rages over cheap anti-AIDS drugs, many researchers and health officials say impoverished countries would benefit most from a flood of basic medicines to treat illnesses such as tuberculosis, hypertension and diabetes. Many patients die of those illnesses before their AIDS infection can develop full-blown symptoms.

"If people were receiving better (general) treatment, they would spend less time in patient care," said Chris Desmond, a researcher at the University of Natal's Health Economics and HIV/AIDS research division.

In the end, even proponents of supplying cheap antiretroviral drugs say the solutions are much broader.

Mkhize, KwaZulu-Natal's health minister, said the government and private sector must work together to educate people, ending a culture of denial about AIDS, as well as improving infrastructure and reducing poverty.

"The understanding of the cause of the spread of HIV/AIDS is more potent than the availability of drugs," Mkhize said. "We should not say that the end of our problems would come with access to the drugs."

Ann M Simmons
Los Angeles Times

Deccan Herald
07 June 2001

'AIDS is both a social and moral problem'

BY OUR CORRESPONDENT

Bangalore, June 8: Deputy director, Karnataka state AIDS prevention society, Dr Chandrashekar Nair said that there was an immediate need to create more awareness about AIDS especially at high school level while speaking at the inauguration of Bangalore Friendly Advisors Forum in the city. He said that it was also important to sensitise young minds about the socio economic impact due to HIV/AIDS. He said that the goverment had taken the task of strengthening services with respect to AIDS. He also said that adolescents must be taught on aspects like positive thinking and goal setting among other things.

Supreme Court Judge and president, governing board, Insa, Justice S. Rajendra Babu said, "AIDS is now both a social and moral problem. We have lost a lot of great people from literary and artistic fields due to the dreaded disease." He added that AIDS awareness was now possible due to the efforts by teachers, NGO's and other organisations working in the field. Speaking about the various problems that AIDS posed as a disease, Justice Babu said, "Man loses so many things when he loses his health."

"AIDS education cannot be in the form of a book in a students bag, it should be incorporated in the minds of the young," program director, Insa Edwina Periera opined.

The Asian Age
09 June 2001

Brazil lovers say yes to condoms

Rio de Janeiro, Brazil: To prevent the spread of aids, the health ministry and a business organisation are giving away 800,000 condoms for lovers' day — June 12 — the Brazilian version of Valentines day.

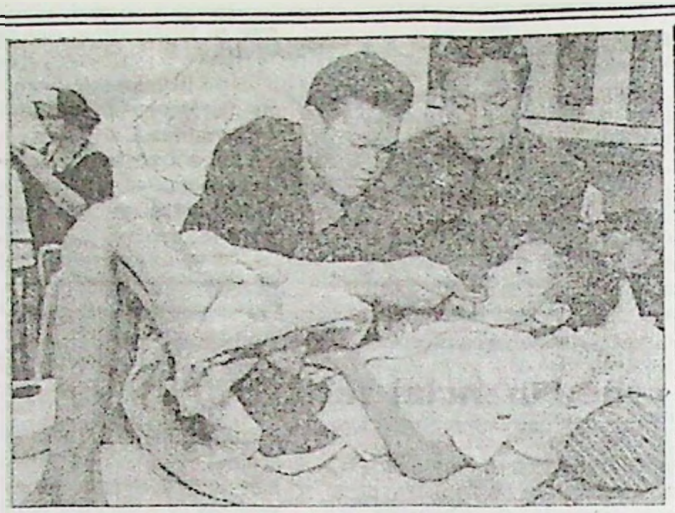
The focus of the campaign are heterosexuals, who account for 43.5 per cent of all new HIV infections in Brazil and are the group among which the disease is growing at the fastest pace.

The health ministry wants to triple the number of condoms used in Brazil each year from a current 600 million, Paulo Teixeira, head of the government HIV\AIDS task force, said at the launch of the campaign in Sao Paulo.

The condoms are to be distributed between Saturday and Tuesday in cinemas, newspaper stands and in the companies of the national business council to prevent HIV/AIDS, said the group financing the campaign. The group includes companies such as the Globo Media Group, Brazil's Volkswagen unit and National air carrier, Varig. Brazil's aggressive AIDS prevention campaigns and a policy of distributing a cocktail of anti-AIDS drugs to HIV-infected Brazilians free of charge have helped to halve number of AIDS-related deaths in the country since 1995, according to numbers of the ministry's AIDS/HIV task force.

Brazil also distributes about 200 million condoms a year for free. The country has 203,000 registered cases of HIV, the virus that causes AIDS, and an estimated 400,000 unreported cases. Both figures are the hemisphere's second highest in total numbers after the United States. *(AP)*

The Asian Age
10 June 2001



AIDS patient, Songvut Lrapt, 11, receives a dose of the 'V-1 Immunitor' drug from a Thai doctor in Bangkok on Saturday, which its creator claims eliminates the virus entirely. Thousands of AIDS patients are flocking to a clinic in central Thailand which claims to have found a miracle cure for the deadly virus. The drug has not passed clinical trials and the government has not approved it as medicine.-- Reuters

The Indian Express
10 June 2001

AIDS picture grim: UN

WITH MORE than 36 million people worldwide living with AIDS and the HIV virus, a new UN chart paints a grim picture of the epidemic spreading not only through Africa, but also through parts of Asia and Latin America.

Five countries have at least two million people each living with AIDS or the HIV virus — Ethiopia, India, Kenya, Nigeria and South Africa, according to a chart released on Thursday by the UN population division. In five other African countries — Botswana, Lesotho, Swaziland, Zambia and Zimbabwe - at least 20 per cent of the adult population is infected.

AP, United Nations

The Hindustan Times
09 June 2001

2 million Indians infected with AIDS: UN report

UNITED NATIONS, June 8 (PTI)

India is among the five countries which host more than two million people with AIDS and HIV, the virus which causes AIDS, the United Nations reported, painting a grim picture of the disease.

The remaining four countries are Africa, Ethiopia, Kenya, Nigeria and South Africa. The disease, it says is assuming epidemic form in Africa, Asia and Latin America. In India, Some 310,000 people, more than any other country, fell victims to AIDS in 1999, the world body found. Ethiopia accounted for 280,000 deaths and another 250,000 died of disease in Nigeria. However, the worst affected are Botswana, Lesotho, Swaziland, Zambia and Zimbabwe where at least 20 per cent of the population is infected. The life expectancy in these countries as also Kenya, Namibia and South Africa is expected to go down by more than 17 years by 2005.

Deccan Herald
09 June 2001

First person to get legal marijuana dies

Sarasota, Florida: Robert Randall, the first person in the United States to obtain legal access to marijuana for medical use, has died of complications from AIDS, his wife said.

Randall, 53, legally smoked 10 marijuana cigarettes a day until his death on Saturday at his home in Sarasota, Florida, his wife, Alice O'Leary said.

Randall developed glaucoma in his teens and doctors told him the buildup of pressure in his eyes would cause blindness within a few years. *(Reuters)*

The Asian Age
07 June 2001

Attempt to curb population through incentives

HT Correspondent
Lucknow, June 8

CONCERNED ABOUT the drastic growth in population in Uttar Pradesh, the State Cabinet on Thursday discussed several steps including a system of incentives and disincentives and reservation for women in jobs to make them self-dependent in order to arrest phenomenal growth of population.

At a meeting of the Cabinet it was felt that without the involvement of people the geometric progression of population could not be curbed.

It was decided to involve all the government organs in the task to spread the message of a planned family.

The Cabinet felt that a campaign for population control should be taken up as people's movement to secure desired results.

The present growth of population, if continued unchecked, would negate all the development in every sphere, the Cabinet felt.

The steps suggested to curb the population explosion include mandatory provision for registration of marriage, 20 per cent reservation for women in government jobs and allotment of 20 per cent fair price shops, involvement of education department and other government bodies to educate masses and gradual introduction of incentives and disincentives.

The Cabinet also decided to reduce the price of Indian made foreign liquor (IMFL) and rum supplied to the army following the hike in price of these products as per the new excise policy. The Indian made foreign liquor has been made cheaper by 50 per cent and the price of rum has been 0reduced by Rs 40 per bottle.

Similarly, prices of other brands of liquor would be cheaper for the army canteens as per the Cabinet decision.

The Cabinet felt satisfied at wheat procurement with 17.99 lakh tonne of wheat purchased till yesterday against 12.80 lakh tonne purchased last year.

The purchases would be on till June end in order to help farmers secure minimum support price of Rs 610 per quintal. Reversing an earlier decision, the Cabinet decided to make it obligatory for the fair price shops to lift their full foodgrain quota meant for the population living below the poverty line.

The service rules for the staff of the Cultural Department and its directorate were also approved.

It was decided to reimburse Rs 5 lakh to the Directorate of Education, Allahabad, which was meant for the disbursement of salaries but was stolen on August 3,1998.

The case is being referred to the crime branch, CID for further investigation.

The Hindustan Times
09 June 2001

PRIMITIVE CUSTOMS PREVAIL IN INFOTECH CAPITAL'S BACKYARD

Mother, infant are banished to a hut here

Sriranjan Chaudhuri

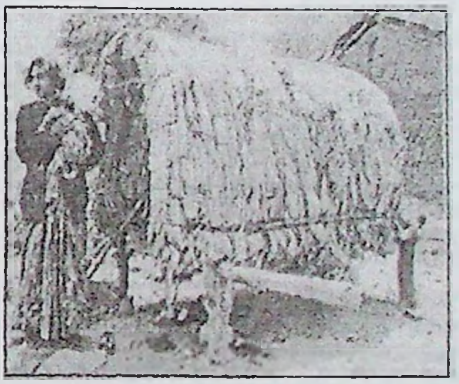
BANGALORE: One wouldn't believe that this was still happening just a few kilometres outside India's IT capital. Leelavathi delivered her baby a month and a half ago. Both mother and child are still to be allowed into their house. For them, home is a three-foot-tall structure made of dried leaves and branches. And they will be there till the infant is three months old.

This is Dodda Gollarahatti village, just a few kilometres away from the Kengeri satellite township off Mysore Road. The *gollas* are in the business of cattle rearing.

Not just Leelavathi's daughter, but all other infants are treated the same way. Things are much better, though, these days. Some of the younger men in the community at least ensure that their wives deliver their children in a nursing home. Though they are rushed back into the makeshift huts in a jiffy.

Compare this with what went on even two years ago. The pregnant woman would be sent off to the fields on getting the first pangs of labour pain. She would deliver the baby there and then cut off the umbilical chord herself with a sickle. For the bleeding to stop, cowdung would be applied. This carries on to this day in the interior villages.

The baby's first feed till this day is not



Leelavathi holds her baby outside the hut which will be their makeshift home for three months.

mother's milk but castor oil. The logic: castor oil makes for a good purgative. It cleans the baby's stomach of all impurities.

This is what Dr M.S. Rajanna, Professor of Community Medicine in Kempegowda Institute of Medical Sciences here, and his team found in the village almost five years ago. "They are long-held customs and traditions and cannot be changed overnight. But they took a heavy toll of mother and child, resulting in child mortality and serious infections and illnesses to the mother," he says.

Leelavathi is lucky. She was taken to a nursing home nearby. She was not rushed to the hut as per tradition because she had a complicated delivery. She moved into the hut after a few days.

The hut is suffocating. There is no ventilation but for a little entrance. It is placed on a bamboo platform about two feet from the ground. Leelavathi always has to crouch inside. There's no room to stand. All the bathing and washing of mother and child is by the side of the structure. Unhygienic would be a mild word in the circumstances.

The beliefs of these simple people defy basic principles of modern medicine. "Much of it is because of ignorance, sometimes because of poverty," says Dr Rajanna.

For instance, Leelavathi gets just one whole meal around 11 every morning. Another small snack is all she'll get at about 6 in the evening. "She gets no breakfast or other meals because she'll catch a cold," says her father-in-law. Dripping with sweat in the pigeon-hole, Leelavathi still has to put a sweater on.

Strange, but it happens in the backyard of high technology and the backdrop of a new millennium.

Some things, it seems, never change.

The Times of India
10 June 2001

Pfizer offers free AIDS drugs to 50 poor nations

BY BARBARA CROSSETTE
New York Times Service

United Nations, June 9: Pfizer has announced that it would offer the governments of more than 50 of the world's poorest nations an unlimited free supply of a powerful drug to combat fungal infections associated with AIDS.

The company began providing the drug, which it markets under the brand name Diflucan, to South Africa early this year under a programme that company officials said would cost $50 million over two years.

At a press conference here on Wednesday, Henry McKinnell, Pfizer's chairman and chief executive officer, said that the project would now be extended to five other countries in the region — Botswana, Lesotho, Malawi, Namibia and Swaziland. Pfizer said that it was inviting the governments of all 50 countries that the United Nations considers to be the world's poorest and most affected by AIDS to participate in the project.

"There is no time or dollar limit set on this programme," Mr McKinnell said. "We are ready to begin providing Diflucan immediately."

Governments would be expected to sign an agreement assuring Pfizer that the drug would be provided free. Mr McKinnell said that Pfizer would also provide "medical training and patient education." Next week, the company is expected to announce its participation in the establishment of an AIDS medical training centre in Uganda.

Pfizer's plan to provide a leading drug free of charge to governments follows a round of price reductions by pharmaceutical companies on anti-retroviral treatments that can prolong the lives of people infected with the virus that causes AIDS.

Diflucan is used to treat cryptococcal meningitis, an infection of the membranes around the brain and spinal cord that occurs in one of every 10 AIDS patients and kills more than 20 per cent of those affected. The drug is also used to treat a condition known as esophageal candidiasis, a fungal infection of the esophagus found in 20 per cent to 40 per cent of AIDS patients.

SPOTLIGHT

It can cause chest pain, nausea and vomiting as well as impair the ability to swallow, which leads to weight loss and fatigue. The announcement by Pfizer was welcomed guardedly by advocates for greater generosity from pharmaceutical companies in the fight against AIDS. American drug manufacturers have been widely criticised for pricing their products out of the reach of most nations, then opposing efforts by foreign companies to make and sell the same or similar medicines at considerably lower prices.

Joel Pressley, the executive director of the New York AIDS Coalition, who shared the platform with Mr McKinnell at the press conference on Wednesday, said that he "truly applauds" Pfizer's decision. He added, "Crypto meningitis is but one of the numerous serious issues that have to be addressed in a comprehensive public health approach in dealing with the HIV-AIDS epidemic. Pfizer has made a step in the right direction, a major step."

"However, it and other pharmaceuticals along with policymakers near and far must make giant strides to find proactive, creative and comprehensive solutions to stem and stop the tide of despair and misery," Mr Pressley said.

The Asian Age
10 June 2001

Family, society termed oppressors of gays

By Our Staff Reporter

BANGALORE, JUNE 9. Society and family are the major impediments to the rights of sexual minorities in India, rather than the law, according to Dr. Raj Rao, writer, poet and gay activist.

Speaking on the subject of "What ails the Indian Homosexual: Human rights of sexual minorities" at an interaction programme organised by Sangama, a City-based sexual rights organisation here on Saturday, Dr. Rao said while family and patriarchal society were the "oppressors" as far as gays were concerned, it was the "homophobes" (homosexuals who hate other homosexuals) who were not allowing the gay rights movement to move forward. He emphasised the need for homosexuals and other sexual minorities to become more responsible and come out in the open about their sexual orientation instead of leading to a "schizophrenic" existence.

He was sympathetic to those sexual minorities who belonged to the working class and could not afford to come out in the open but he said it was disheartening that many of the so- called upper class educated, English-speaking homosexuals who could afford to be open about their orientation were not doing so.

"It is our sexual orientation that gives us our identity and we should not try to derive it from class, caste, religion or colour," he said. "Our personality and character defines our orientation."

Talking about the misconceptions in Indian society regarding gays, Dr. Rao said heterosexuals tend to perceive gays as perverts. "The issue is not about the sexual act, it is about expressing your choice just as a bachelor can express his choice by staying single," he said.

"Feminists are dreamers because they dream of a society where men and women have equal rights. Dalits are dreamers because they dream of a casteless society. Naxalites are dreamers as they dream of a class-less society. Then why not gays dream of a perfect world where homosexuals are perceived as equal to heterosexuals," Dr. Rao asked.

The Hindu
10 June 2001

Thais queue up for unproven AIDS drug

Bangkok: Thousands of Thai HIV/AIDS patients queued up at Bangkok police school to receive free handouts of an alleged "miracle cure" which will soon be banned from the market. An estimated 10,000 HIV/AIDS sufferers came to receive a packet of seven tablets each of V-1 immunitor, an unpatented, unproven medication that some users claim can relieve their AIDS-related illnesses and restore health. The Ministry of Public Health announced that it will hereafter temporarily ban the sale of V-1 immunitor, developed by a Thai doctor, until it has been properly analysed by the Food and Drug Administration and approved as either a drug or food supplement. *(DPA)*

Deccan Chronicle
10 June 2001

LANDMARKS IN AIDS

JUNE 2001 IS a landmark in the history of the pandemic that is HIV/AIDS. It marks the 20th anniversary since an unknown virus was first identified by clinical medicine in the U.S. The virus is of course much older, but it was only in 1981 that the world was alerted to what has become a global scourge rivalling the medieval plague. Over the past two decades AIDS has taken the lives of some 21 million people and it is now a disease overwhelmingly of poverty that is currently concentrated in the developing countries. Today 36 million people world-wide are believed to be infected with HIV, with India home to the second-largest HIV population. Tens of millions more may die, an entire generation may be wiped out in some countries and societies and economies severely disrupted before the pandemic falls off, as projected, in the third decade of this century. But this devastation is not inevitable. One country, Brazil, has already shown that even a relatively poor society can, with government- citizens' group co-operation, dramatically lower the rate of new infections, reduce mortality and provide free treatment for all HIV patients. Governments of the world have an opportunity to make June 2001 the second landmark in the history of the pandemic if they use a special meeting convened at the U.N. to make a commitment to contain the global spread of HIV and provide medication to those already afflicted by the virus.

While researchers continue to investigate the possibility of a vaccine against HIV, the only cure in the foreseeable future is prevention. But success in prevention requires extensive and intensive education and persuasion on safe sex practices, monitoring of blood transfusion and an end to sharing of needles among intravenous drug users. Simple these measures may be but they require the expenditure of considerable sums of money on innovative programmes. That condom use in sub-Saharan Africa, the region most afflicted by the pandemic, remains at under 10 per cent shows just how far HIV/AIDS prevention programmes need to travel. Funds are also required for providing highly active anti-retroviral therapy (HAART), medication which replaces inevitable death for the HIV-infected with an opportunity to lead a useful life. This medication which with patented medicines typically costs over $10,000 a year in the U.S. is now available at $350 or less with the use of generic medicines, produced largely by Indian companies. Academics at Harvard University estimate that it will require no more than $1.4 billion a year to provide HAART globally, a sum that would rise to $4.2 billion by the fifth year of a programme. This means treatment is eminently affordable for the world, even if the poor countries cannot on their own finance even a generic drug programme.

The U.N. Secretary-General, Mr. Kofi Annan, has proposed an annual $7-10 billion Global AIDS and Health Fund to fight AIDS, malaria and tuberculosis, with the larger share earmarked for HIV/AIDS. Unfortunately, in the two months since this fund was proposed the global response has been less than enthusiastic. Financial commitments so far have totalled a measly $350 million. Donors have discouraged any talk of using the funds to buy generic drugs and have instead spoken of using it solely for prevention. It would be a crime of a different kind if the availability of affordable treatment is not taken advantage of on the ground that patents on medicines need to be protected. A sustained global campaign by citizens' groups and a string of bad publicity events have forced patent holders to drop their prices for anti-retroviral drugs. But these are still far too expensive for a global treatment programme. It would be a scandal if the U.N. General Assembly Special Session at the end of the month is not used by the world community to make the funding of the Global AIDS and Health Fund a reality and to agree on a programme that gives equal importance to prevention and treatment.

The Hindu
11 June 2001

Indigenous diagnostic kits to detect Hepatitis C

By Michael Patrao
DH News Service

BANGALORE, June 10

After making headway in information technology, Bangalore is forging ahead in Biotechnology. Pioneering efforts have been made in various spheres of biotechnology, including medical biotechnology.

Hep-CheX C, the country's first indigenous diagnostic kit for detection of Hepatitis C, is the fruit of the untiring efforts of Dr B V Ravi Kumar of Bangalore, developed in collaboration with All India Institute of Medical Sciences (AIIMS) and International Centre for Genetic Engineering and Biotechnology, Delhi.

Incidentally, the Drug Control Department has made screening of blood for Hepatitis C compulsory from June 1, 2001. Earlier the screening of blood was a must only for HIV, Hepatitis B, Malaria and venereal diseases.

Hepatitis C, transmitted through blood, is a form of virus which causes liver cirrhosis which can cause death ultimately. In India, it has an incidence of more than one percent of its general population. The treatment and diagnosis of Hepatitis C is complicated as this virus changes its structure frequently after entering the human body. There are 11 types of this virus which are again subdivided into subgroups like 'a' to 'g' based on their structure. Hepatitis C 1a and 1b are universal across the world. These are also responsible for 50 per cent of the infections in India. The rest 50 per cent is caused by 2a, 3a, 3b, 3g subtypes in India. An indigenous kit to detect Hepatitis C assumes greater significance in India as we have different genotypes as compared to western countries.

Special emphasis has been given to detect cases early by incorporating antigens from the local subtypes. The kit takes just one hour to give results, while other kits require a minimum of two hours and besides it is the only kit which can detect genotypes 2 and 3 early.

Dr Kumar says that the amount of scepticism that Indian products generates is not justified. We have all the abilities to make world class products, he adds.

In fact, the detection kit for Hepatitis C is not the first achievement for Dr Ravi Kumar, who besides been an MBBS and a psychiatrist has also a Phd in neurosciences from Indian Institute of Science.

Earlier, he developed and patented the first indigenous detection kits for antibodies to HIV 1 and 2 called HIV-CheX. Licensed by the Drug Controller General of India, it was launched in August 1997. The unique feature of this kit is that it has incorporated peptides of HIV 1 C the most prevalent strain in India, besides other subtypes.

Dr Kumar, who set up Xcyton Diagnostics in 1994 gave up the idea of coming out with a diagnostic kit for HIV at least three times. He finally got the licence for the kit in 1996 and was in the market in 1997.

HIV-CheX was evaluated by the National AIDS Reference Laboratories at Christian Medical College, Vellore; National Institute of Communicable Diseases, Delhi and National Aids Research Institute, Pune. It was also evaluated by the National AIDS Surveillance Centres at NIMHANS and Victoria Hospital, Bangalore and Tuberculosis Research Centre, Chennai.

A technical team of National AIDS Control Organisation, Union Ministry of Health and Family Welfare inspected the manufacturing and quality control procedures. The WHO has also evaluated this kit at Antwerp, Belgium.

Dr Ravi Kumar is also the inventor of Cysti-CheX, a detection kit for neurocysticercosis. This is the product of research conducted at Astra Research Centre in Bangalore, which was the tropical disease centre for Astra AB, Sweden (now called Astra Zeneca). The product was launched in April 2000 and is patented by Astra Zeneca.

Cysti-CheX is the only kit in the world market which uses excretory-secretory antigens, the metabolic product of live cysticerci maintained in vitro.

These are the only antigens seen by the human immune system.

By July this year Xcyton will come out with Hep-CheX B, detection kit for Hepatitis B and by December it will come out with TB CheX, kit for the detecting pulmonary tuberculosis. Also in the offing are TBM-CheX, kit for detecting tuberculosis meningitis, Malaria-CheX, kit that detects malaria caused by P falciparum and P vivax and Typhoid-CheX, kit for detecting typhoid fever.

Deccan Herald
11 June 2001

Two-child norm recipe for female foeticide: NGOs

Rathin Das
Gandhinagar, June 8

THOUGH THE Opposition Congress has welcomed the Gujarat Government's decision to implement the two-child norm in the State, some NGOs have expressed apprehensions that the regulation may in fact trigger a wave of female foeticide.

"Poverty forces the poor to have more and more children, as that translates into more earning hands," pointed out Robert Kennedy, World Human Rights award winner Martin Macwan. Already, the female to male ratio in Gujarat had fallen drastically due the growing preference for the male child, he said, warning that the new move would cause a rise in cases of female foeticide.

In such a situation, the incentives and disincentives in government jobs would not work as these constitute only 2 per cent of all employment opportunities, opined Achyut Yagnik of Setu.

"The move is a foolish attempt to appease the Hindu vote bank that feels that the minorities' are reluctant to adopt family planning methods and causing population explosion," he added.

Though the terms of reference of the panel to formulate the legislation have not yet been specified, Education Minister Anandiben Patel is reported to have expressed her reservation.

"Empowerment and education of women," says Hanif Lakdawala of the NGO Sanchetana. An overall improvement in the quality of life could also help, he added.

Citing the example of a Dalit-populated ghetto in Ahmedabad, the NGO activist said the reduction in infant mortality rate over a decade had actually brought down the birth rate.

The Hindustan Times
09 June 2001

Good bye, Nkosi

JOHANNESBURG: About 2,000 mourners paid their last respects to South Africa's best known AIDS patient - 12-year-old Nkosi Johnson - at a cemetery in Johannesburg at the weekend. He was lauded for his courage, determination and his brave struggle against the killer disease, as the face of which he had become familiar to millions. His death drove home the reality of the AIDS pandemic and its magnitude to South Africans and millions beyond. It also showed that with access to drugs, the lives of those afflicted can be prolonged. Nkosi was one of the 4,7 infected million people - a tenth of South Africa's population - expected to perish in the coming years. The Zulu child contracted the virus from his mother at birth. When she could no longer take care of him, he was put up for adoption at the age of two, when doctors gave him just nine more months to live. But with medication - funded by a private donor in the United States, Nkosi was able to survive opportunistic infections to become one of the country's longest surviving AIDS patients.

The Pioneer
12 June 2001

Playing Ostrich with AIDS

The Debate Over Numbers Is Futile

By KALPANA JAIN

WE are back to squabbling over the real statistics of Acquired Immune Deficiency Syndrome (AIDS) for India, an exercise which takes up a lot of time but yields little by way of knowledge. In this endless statistical game, not only are crucial issues lost sight of, but the messages get so confused that many people might be convinced that the human immuno deficiency virus (HIV) does not pose a serious threat to them. Rarely do we realise that we may have just put a young life to risk, through a false assurance that HIV is not really a problem in India.

It is time to get real about HIV and address an epidemic that may be closer to us than we realise. In homes deep in the remotest parts of India, HIV is beginning to wipe out young adults, leaving behind grieving old folks doing their best to earn and bring up grandchildren. In households of Maharashtra, where going for work to Mumbai is the norm, 70 to 80-year-old women are back to ploughing fields for Rs 20 a day. As the state was the among the earliest to detect the virus, the signs of its alarming progression are also visible here.

It may take a few years for the epidemic to become as visible elsewhere, but the tell-tale signs cannot be missed, whether in the underdeveloped districts of Bihar or the prosperous towns of Tamil Nadu. More than numbers, it is the extent to which the virus has spread across regions, classes and communities that makes you sit up. The virus, which had infected only six people when it was first detected in Chennai in 1986, is no longer restricted to people indulging in high-risk behaviour, such as heterosexual and homosexual sex workers and their clients. It has crept into homes by way of infected blood, infected needles or sex, well within the confines of marriage.

In short, you can no longer identify or define risk groups. The virus can no longer be associated with promiscuity. Newly married, pregnant women, lining up at hospitals in Pune to receive counselling on how to cope with their acquired positive status, provide enough evidence on that score. I have met college-going youngsters, computer professionals, fashion designers and architectural engineers amid e scores crowding private clinics, that have found a new clientele desperate for confidentiality and a need to remain hidden behind the screens of plush, high-cost HIV-specialising centres.

The debate about numbers at this point is futile. Every hospital and testing centre that I visited over the past five months across the country, whether a government or private facility, showed records of spiralling numbers and deaths. Ten per cent of beds at the National Institute of Mental Health and Neurosciences in Bangalore alone are crowded by one single neurological complication caused by HIV.

In towns dotting the coastal areas of Andhra Pradesh and parts of Tamil Nadu, HIV has entered almost every third to fourth home. In some of these places HIV is no longer seen as someone else's problem. It's a problem that communities are coming together to fight. In parts of Manipur, everyone I spoke to had a relative or friend either living with HIV or already dead as a result of it.

IN BRIEF

- The HIV epidemic is more widespread than most people realise
- Secrecy persists because a stigma is still attached to AIDS
- It is time we stopped deluding ourselves and faced reality

Yet, given a choice, no one would like to talk about their status. Therefore, these numbers never ever show up in official government records. During my visits to Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Rajasthan, Bihar and Manipur, I could gather more numbers than have been listed in the monthly bulletins issued by the National AIDS Control Organisation. Even in Bihar, where the prevalence is officially said to be low, private diagnostic centres and missionary hospitals show high numbers with records of people coming from different districts.

The stigma around HIV is so intense that families prefer to remain silent about what they consider as their shame. I met those living with HIV in their homes, at positive peoples' meetings and at care centres. They are all reluctant to disclose their condition, since they want to protect both themselves and their families. Eventually, the families will ensure that none of these deaths ever get registered as AIDS cases. The stigma of HIV does not die with the deceased. It lives on and gets carried over to the next generation in the form of an infection, or a bleak future as an orphan. Families plead for silence with the doctor even after the death. They are scared of AIDS being put as the cause of death in the certificate. This may keep them from getting the insurance claim or the property of the deceased. And who knows, the people around may not allow the family to live in the place any more.

In Andhra Pradesh, a young widow with three small children was forced to sleep outside her hut after the death of her husband. The grieving widow took me to a dumping ground where her husband had spent his last few days crying in pain and desperate for help, with pigs and dogs roaming around him. And this did not happen in the initial years of the entry of HIV into the country, but only six months back. Ignorance and discrimination still remain high despite all the work being seemingly done by non-government and governmental organisations. Most people prefer to pass away either in care homes and hospices, or at least in places where they can die with some dignity.

None of the trauma of AIDS can be reduced to a mere statistical or epidemiological exercise. The issues are endless. HIV is not just about living with a disease. It is about living with multiple social problems, including multiple diseases.

The saddest thing about all these deaths is that they were all preventable. Especially when we had the first six cases. Yet, the Indian Council of Medical Research (ICMR), the topmost research body, in its wisdom did not believe HIV would ever threaten a moral society such as ours. This remains a problem till today. What most of us, including the-then ICMR director-general, perhaps do not realise is that HIV is not about morality. It's about that truly complex human phenomenon: behaviour. We cannot predict it. We can only try to influence it. The first step is not to get into a game of numbers. We will never get the real faces behind the numbers till we remove the stigma. Till then, we may continue to deny the existence of a massive problem.

The Times of India
12 June 2001

Developing HIV vaccines is just not enough

IN 'The Constant Gardener", British novelist John Le Carre spins a horrific tale of a global conspiracy by profiteering pharmaceutical companies against hapless AIDS victims in Africa. In their greed to amass profits, these companies do not hesitate to use underdeveloped vaccines that should actually be tested on monkeys, in turn killing poor AIDS victims.

Le Carre is an excellent storyteller. He may be exaggerating a bit; but it is well known that some pharmaceutical companies use aggressive and less humane ways of testing drugs in Africa. People who run these companies should be arrested.

There is a lot of *masala* in the subject. Le Carre can write another novel on it, and make some more profit for himself. But the bottom line in the pharmaceutical business is that drugs have to be tested, and at some advanced stage, they have to be tested on human beings. That's the only way to know whether a drug is effective, and what are its side effects.

Since a large number of people infected with AIDS now live in developing countries and have no hope of survival as they cannot afford expensive AIDS medicine, more and more such tests would be conducted on these hapless victims. Hopefully, their lives would not be wasted and one day we will have a vaccine for this deadly disease.

Until a few years ago, pharmaceutical firms were unwilling to invest big bucks in developing HIV vaccines as they were unsure that they would be able to sell enough vaccine at a sufficiently high price to recoup their expenditures. Political intervention in the sale of vaccines has been so rampant in the past that it has prevented the development of effective markets for these drugs. Soon after a vaccine is found, governments force pharmaceutical companies to sell these drugs at extremely low prices. On humanitarian grounds, once a vaccine to eradicate a disease is found, it should be made available at a price that everyone can afford.

Unfortunately, this adversely affects the economics of vaccines. Development of new vaccines takes years and billions of dollars. Since they cannot recoup even the costs, drug companies are less interested in investing into vaccine research. No wonder we don't have a vaccine for malaria or tuberculosis.

ECOSCOPE
NEERAJ KAUSHAL

The good news is that in recent years a considerable effort has gone into the development of HIV vaccine. This year, the National Institutes of Health in the US has planned to spend $282 million on vaccine research for HIV, which is 13 per cent of its budget for AIDS. There is some more positive news on the vaccine front.

On May 29, VaxGen, a small US based biotechnology company announced that its AIDSvax vaccine has stimulated immune response to more strains of HIV than was expected initially. AIDSvax is the first AIDS vaccine to conduct Phase 3 studies in the US, which involves tests on a large scale on people in high-risk groups. Other bigger companies have been at various stages of developing a vaccine, but none has gone so far.

The bad news is 30 experimental HIV vaccines have been tested since 1987, but not a single one has turned out to be effective. Although most scientists are optimistic about success on this front, they think that a complete vaccine is still ten years away. Which is a very long time, long enough for this epidemic to wipe out a generation. According to recent projections by the United Nations, in the last 20 years, AIDS has reduced life expectancy in Botswana by 24 years from 68 to 44 and in South Africa by seven years from 63 to 57.

The numbers are scary and getting scarier every year. So far 36 million people have been infected by AIDS, of which 21 million have died. Three million people died of AIDS last year. According to the United Nations, 5.5 million people get infected with HIV every year. In 1999, the largest number of people dying of AIDS were Indians.

There is evidence that countries can fight AIDS by carrying out effective prevention programmes. The disease has to be fought at all levels, which includes educating people of the disease, encouraging safer sex and promoting the use of condoms. HIV spreads fast in countries where people do not use condoms, where there is a large adult population with multiple partners and where people move back and forth between home and a far-off work place.

Condoms are effective irrespective of the number of sex partners or the mobility of partners. Unfortunately, use of condoms is extremely low, especially in developing countries including India. We should make effort to prevent HIV from spreading further so that India does not become another Botswana or Uganda in the next 10 years.

The Economic Times
12 June 2001

Glaxo offers cheap AIDS drugs to more countries

LONDON, JUNE 11. GlaxoSmithKline plc (GSK) said on Monday that it was extending its offer of cheap AIDS drugs to a total of 63 countries.

The medicines will be offered at the cost of production to all least developed countries (LDCs), as defined by the United Nations, and to any country in sub-Saharan Africa.

The British group, which is the world's largest supplier of HIV/AIDS medicines, has come under intense pressure from activists to do more to ensure poor countries have access to life-saving drugs.

GSK also promised to make anti-malarial medicines available at cost and to continue research in other diseases that afflict poor countries. It is setting up a corporate social responsibility committee, chaired by its non-executive chairman, Mr. Richard Sykes.

At the same time, GSK plans a new pilot programme to study offering preferentially priced anti-infectives, de-worming agents and anti-diarrhoeal drugs in poor countries. — Reuters

The Hindu
12 June 2001

Move to check AIDS spread

KOLKATA, June 13. – The United States Agency for International Development has taken up a scheme to prevent the spread of AIDS into India through its port cities.

Christened 'Operation Lighthouse,' the project will involve 12 ports, over one million people and an annual expenditure of between $ 2 million and $4 million, Ms Bethanne Moskov of USAID said at the American Centre today. – **SNS**

The Statesman
14 June 2001

AIDS becomes 'more affordable' but right to life still beyond reach

By Aruna Chakravorty

TALKING UP ON THOSE WHO CAN ADDRESS ILLS

- Even today, drug prices are out of the range of 95 per cent of patients and the Government, which has the opportunity to take the lead what with pharma companies being able to provide cheap drugs, is denying the HIV patient his/her right to life — Advocate Anand Grover whose Lawyers Collective runs an 'HIV-AIDS Unit'.
- ART is tremendously effective not just against the disease, but also in bolstering the patients psychologically. As of today, a patient will have to take these drugs for a lifetime. How many can afford it? — J K Maniar, professor in Grant Medical College and honorary AIDS physician, Bhatia General Hospital.
- Treatment depends on the stage of the disease, the patient's physical condition as much as his economic status. But how many doctors are aware? In our country, doctors are not expected to undertake continued education. They are educated by medical reps. — I S Gilada, People's Health Organisation, which works exclusively with HIV patients.

Mumbai, June 11: Ashok has the look of a man who sees death even as he speaks. His fluent recollection about how he first discovered he was HIV-positive, the endless rounds he made of NGOs and so-called AIDS experts in the city and his plummeting health, hides a desperation difficult to articulate.

"It is a disease that only the rich can afford. For the poor...", Ashok shakes his head, "it is very difficult". In Ashok's case, the "difficulty" is compounded since his wife is also a full-blown AIDS patient.

Yet, three years since Ashok contracted the killer disease, it is only now, after pharmaceutical companies recently slashed the prices of anti-AIDS drugs by more than 50 per cent, that Ashok, a small businessman, can consider starting anti-retroviral therapy (ART).

For him and many more AIDS patients in the middle-income group, who till now could afford to treat only opportunistic infections like tuberculosis or pneumonia, the reduction of drug prices in a range of 30 to 50 per cent — Rs 15,000 worth of triple drug combination is now available for Rs 6,000 and less, depending on the pharmaceutical company — holds out new hope.

Like Asha, who is in a clinic run by the People's Health Organisation for a check-up after a sudden bout of fatigue. "There are television commercials on AIDS drugs," she tells the doctor. "Are they really getting cheap?" Widowed after her husband succumbed to the disease, Asha ekes out a livelihood as a cook. She believes she will have to do something to stem the disease. "I have two schoolgoing children. I will have to keep myself alive for them," she says.

It is words like these that doctors say are both reassuring as well as alarming. For even though drug prices have become "more affordable" — not "cheap" — it is still beyond the scope of patients like Asha, says Gilada. "Unless the government takes some decision to declare these drugs as life-savers, they will continue to be beyond the reach of many," he says.

Not surprisingly, doctors are wary of patients walking in with newspaper cuttings of advertisements of the drug and demanding a prescription across the table.

J K Maniar, professor with the Grant Medical College and honorary doctor with Bhatia Hospital, says the tough ART regimen demands proper access to HIV counselling and testing, which is still lacking in the city. Ashok's is a crying example of such callous handling. "I was told (by an NGO) not to take any medicines and that I would be fine for at least six to seven years. I took their word for it," he says. Thanks to this, Ashok's body weight dropped drastically from a robust 84 kg to 60 kg. Even today, though the cost of the drugs has fallen sharply, treatment entails detailed monetary calculations. Apart from the drugs, which for both Ashok and his wife would now cost around Rs 25,000 per month, Ashok estimates that he will have to set aside at least Rs 10,000 for the viral load and CD4CD8 tests. "Even if I keep aside Rs 5 lakh, how long will it suffice? Three years?" he wonders. "The only hope is that someone might soon find a cure."

The Indian Express
12 June 2001

Canadian immigrants to be tested for AIDS

OTTAWA: Canada will begin testing all immigrants and people seeking refugee status for the AIDS virus, Immigration Minister Elinor Caplan said. A positive result would not mean automatic exclusion from Canada, Caplan said Tuesday. Each case would be assessed individually, she said, with one factor in the decision being the burden it would place on the nation's strained health care system.

Caplan said spouses, partners, dependent children and refugees would be admitted to Canada even if they tested positive, and would be offered counseling and treatment. Under current policy, people seeking to live in Canada get tested for the HIV virus that causes AIDS at the discretion of a doctor. The new policy would make such testing mandatory.

Would-be immigrants already can be excluded from Canada for leprosy, mental handicaps and other conditions. Caplan's spokesman, Derik Hodgson, said the goal was to get more information for treatment and coping with the situation, not to provide a tool for denying people access to Canada. (AP)

The Times of India
14 June 2001

How Can Neem Leaves Extract Help AIDS Patients?

Sponsored by

AP State AIDS Control Society

Question: If an HIV positive person takes the extract of neem leaves, can he become impotent? I have heard that Rishis of ancient times used to take the juice of neem leaves so that they could live a celibate life?

Laxman M

Answer: I do not know whether extract of neem leaves brings impotency or not. It is my personal experience working with many HIV positive people that they felt good after taking the extract of neem leaves.

A change in the skin texture with some glow too has been observed. This is not an observation in one person, but at least in 12-15 and both in males and females. I have not talked to any one of these people on the sex potentiality aspect, but as per counselling, safe sex was talked about.

The second statement is that because of neem extract, the rishis lead the life of celibates.

Rishis did not become impotent to have a celibate life - on the contrary through yoga, they developed control on their 'indriyas' - and that helped them to lead an anatomically - physiologically healthy life.

Any one who can throw some light on this aspect, can join us here and send in their inputs.

Q. What is the exact time period of the window period? My wife has been tested negative after one week of my diagnosis of being HIV positive - then the test was repeated after one month and then repeated again after six months of the first test, all the results were negative. My doctor suggested that her HIV test should be conducted every six months for a period of 10 years. I need to know about the exact window period and if repeated tests are necessary?

P Raval

A. There is no exact time duration for window period. It differs in person to person and therefore an average has been taken which is around 8-12 weeks.

This period is considered from the day the virus entered the body and started producing antibodies and the detection level of antibody in the blood by ELISA test.

Therefore there is no exact time period. I do not understand the logic of continuing her HIV testing for 10 long years, provided you practice safe sex

Q. Can HIV be transmitted through an HIV positive person's sweat, saliva or tears, when he/she is in contact with someone else who has a scar or an open wound?

Prateek R

A. There is no evidence that sweat contains HIV, though in saliva, very small quantity of virus could be detected and this too depends on the viral load in the body. In general, because of low quantity and bad quality of the virus, the salivary secretions are not considered as potential for transmitting body fluid.

No research as yet has given any positive indication in this respect.

Q. How is AIDS detected in the blood test, by looking for anti-bodies or the virus itself?

Soma Sindhav

A. AIDS is not diagnosed in the body, it is the method to detect whether the AIDS virus, HIV is present in the body or not. The two common methoxlogies used to detect HIV in blood are ELISA and Western-blot test.

Both detect the antibody produced due to the presence of the virus in the body. There are other kinds of tests that are very expensive and are mainly used for research. These are antigen tests and one of these tests is known as polymerase chain reaction (PCR) test.

Q. Are the chances of HIV spreading higher in homosexual or heterosexual relationships?

S S

A: In homosexuals - the gay community, the chances of HIV transmission are greater - because of the nature of the sexual act. Unprotected sex whether homosexual or in heterosexual is of high risk for the transmission of HIV.

The Indian Express
12 June 2001

Teen pregnancy falling

WASHINGTON: The teen pregnancy rate in the US hit a record low in 1997, with births falling fast and abortions falling even faster. Experts credit birth control, programmes that encourage teens to postpone sex and a strong economy that gives them better opportunities.

In 1997, about 9.4 per cent of all girls ages 15 to 19 became pregnant - a total of 872,000 pregnancies, the centers for disease control and prevention reported yesterday. Fifty-five per cent gave birth, 29 per cent had abortions and the rest miscarried.

The teen pregnancy rate fell by 4.4 per cent between 1996 and 1997, the most recent year for which data is available, continuing a trend that has marched through the 1990s. Pregnancy rates are significantly higher in low-income communities, and black and Hispanic girls are more than twice as likely to get pregnant as White girls are. Still, the rates are falling among all races. (AP)

The Times of India
14 June 2001

TRIPS meet crucial for drug patent law

Gauri Kamath

MUMBAI 12 JUNE

JUNE 20 could prove to be an important day for Indian patent law. The Trade Related Aspects of Intellectual Property Rights (TRIPS) Council of the World Trade Organisation (WTO) will meet at a one-day session to discuss the TRIPS agreement, a key part of the WTO.

The aim of the session is to clarify how much flexibility developing countries have in applying the agreement's provisions for compulsory licensing and parallel imports of drugs in the case of public health emergencies. The June meeting will lay the groundwork for a ministerial gathering in November.

Compulsory licenses are issued by a government in case of an emergency to companies other than the patent-owner of a drug to manufacture that drug even when if it is patented. Parallel imports allow the import of a drug from a country where it is cheaper. Both provisions are in the limelight as the South African government has decided to invoke them to encourage affordability of and access to HIV/AIDS drugs.

The session may hold ramifications for the Indian patent law which is currently being amended to make the transition to IPR recognition from 2005. The Indian Pharmaceutical Alliance (IPA), a lobby group of the top Indian domestic pharmaceutical companies, has drawn the government's attention to this session. IPA Secretary General D G Shah told ET he would like to see India play an active role in this session to ensure that interests of Indian drug companies and consumers are protected. India is a WTO member country. Indian drug prices are currently one of the lowest in the world as Indian companies are allowed to replicate patented drugs which they can do economically.

THERE IS TOO MUCH AT STAKE FOR THE DRUG INDUSTRY

Mr Shah said the TRIPS council meeting can be leveraged by developing countries like India to ensure the wide use of compulsory licensing, establish a provision which allows the use of automatic licenses for at least medicines for serious illnesses, and promoting the full use of all flexibility given in the TRIPS agreement including the full transitional period offered to developing nations to move from patent-free regimes to one that respects IPRs.

The meeting will take place in the wake of an acrimonious debate between the United States Trade Representative (USTR), which has taken Brazil to the WTO disputes settlement body for a provision in its patent law which USTR claims is violative of TRIPS. The provision says a compulsory license can be issued for any patented product (including a drug) if it is not locally manufactured within three years of its introduction in Brazil.

According to a lobby group of multinational drug companies who visited India last month to plumb for a strict patent law, this provision might find its way into the second amendment to the Indian patent law too. South Africa too was sued by 39 drug MNCs for compulsory licensing provisions in its law. But the MNCs dropped the lawsuit after facing criticism from the international community.

Mr Shah said the government had yet to disclose who would be attending the meeting from New Delhi. "We would like to take this opportunity to brief the government thoroughly so the case (for compulsory licenses etc) is well-represented but we do not know who will attend," Mr Shah said.

Drug multinationals from developed countries represented by powerful lobbies like the Pharmaceutical Research and Manufacturers of America (PhRMA) are clearly against compulsory licensing norms of developing countries like South Africa and Brazil which they claim are contrary to TRIPS and violate IPRs of drug companies. PhRMA representatives are equally opposed to similar provisions that are sought to be included in India's patent law effective January 1, 2005 when the country makes a transition to recognising product patents.

The Economic Times
13 June 2001

Junoon doc's musical cure for AIDS

Islamabad, June 12: The leader of a popular Pakistani rock group vowed on Monday to use music to fight and conquer the deadly AIDS epidemic.

Junoon group leader and medical doctor Salman Ahmad said that he planned to hold concerts and discussions to make youth aware of the epidemic's dangers.

"Two-thirds of Pakistan's population (of nearly 140 million) is under the age of 25, and I think rather than lecturing or preaching to them it would be better to make information available to them so that they can think for themselves and make their own decision about their life, which more often than not would be correct," he said.

NEW TUNE

"You can't pass a decree for this. People have to make their own personal choices," said Dr Ahmad, a medical doctor who has turned into a popular guitarist and composer of the three-man *Junoon* group.

"I shall be doing that through the forum of music, which is very powerful," he added.

Dr Ahmad has been named by the United Nations as the national spokesperson in Pakistan in the fight against AIDS. Pakistan, rated among the poorest in the world has very poor literacy rates and many of the young people even in urban areas are not aware of the threat of AIDS.

Dr Ahmad said Islamic Pakistan had to a large extent remained protected from AIDS because of "a combination of our unique religious and cultural practices."

"But in no way should we feel complacent or safe from the onslaught of this disease," he added.

"As an artist I believe that art should educate as well as entertain, and secondly as a doctor, this assignment is very close to my heart," he said of his new role. *(Reuters)*

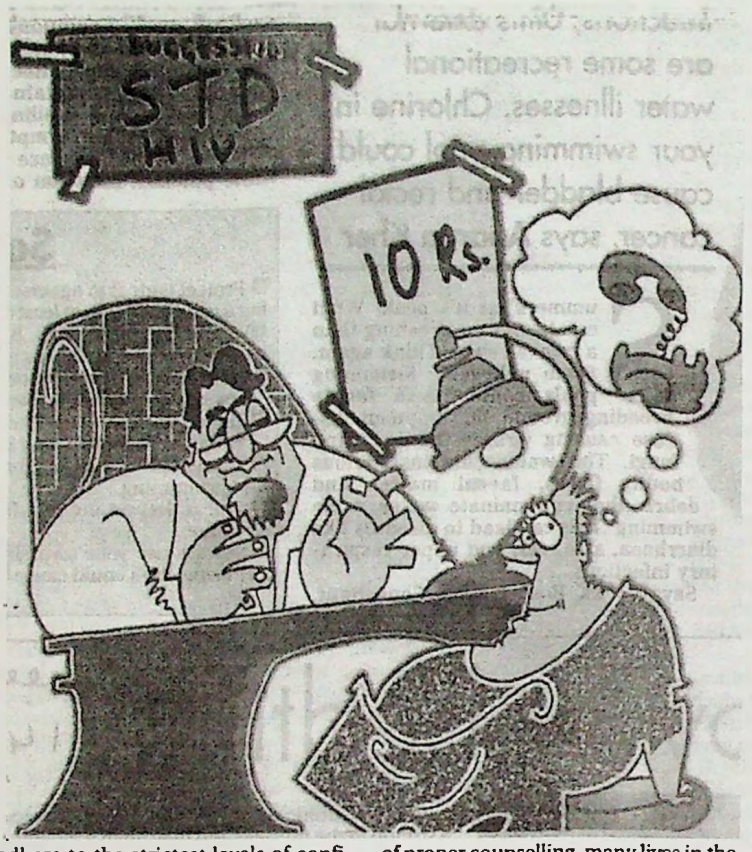
Deccan Chronicle
13 June 2001

HIV CENTRE AT LAST

RAJEEV R ROY

Although a little late, the New Delhi Municipal Council (NDMC) has now felt the need for counselling-cum-testing centres for HIV and sexually transmissible diseases (STD). The Council has decided to set up one such centre at Shahid Bhagat Singh Marg. The centre, the first of its kind in the Capital, will offer counselling and its other facilities almost free of charge. Visitors will only be required to pay Rs 10 as a registration fee. The centre should begin to be operational from the first week of July and will remain open 24 hours of the day.

Close to Rs 50 lakh will be spent on setting up the centre, a five-minute walk from Gautam Buddha Marg, the most HIV/STD-prone area in the city. The National AIDS Control Organisation (NACO) and the government of Delhi have already given their approvals to the opening of the centre. At present, HIV and STD testing facilities are available only at Safdarjung Hospital and the National Institute of Communicable Diseases (NICD), at Shamnath Marg. But neither of these two centres offer any counselling. "A number of private practitioners also test for HIV, however, they don't offer any counselling either. Which is why it is important that we counsel people afflicted with HIV or an STD," said Municipal Health Officer (MOH) Lt Col AS Gurung.



The centre will be equipped with all modern facilities and will be different from other centres in more ways than one. It will have skin and medical specialists, microbiologists, pathologists and other experts from the fields of testing and counselling. In order to maintain confidentiality, all patients will be given a registration number. "The registration number will strictly be given only to patients. Similarly, reports will also be given only to patients," said Lt Col Gurung. "We will use different software to accumulate the registration numbers and the report cards. Plus, we will make certain that the two are not confused with each other, in order to adhere to the strictest levels of confidentiality," he added.

Lt Col Gurung said tests would be conducted with the rapid ELISA machine. "A report will be made ready in a few hours — but will be given to patients only after a day," said he. Before a report is handed over to a patient, he or she will be properly counselled, to make certain that they do not get unnecessarily panicked. "With the accent on counselling rather than testing, many such centres are likely to be opened in the coming years," Lt Col Gurung informed us, adding that the need to properly counsel people with HIV was terribly important. "For want of proper counselling, many lives in the Capital are ruined each year," said an NDMC official.

Lt Col Gurung also said such centres would help us collect authentic data on the HIV scenario in the capital. "At the moment, we don't have any reliable figures about the number of people living with HIV or AIDS in the Capital, nor do we truly know about the magnitude of the epidemic," he said. "Though Delhi does come under a low risk zone, the city has a high floating population. Hence, the need for more and more HIV and STD counselling and testing centres in the city," said Lt Col Gurung.

The Pioneer
14 June 2001

Study details how AIDS virus kills immune cells

Will Dunham

WASHINGTON 13 JUNE

AS IT INVADES the body, the virus that causes AIDS unleashes a domino effect of destruction at the molecular level within immune system cells, ultimately leading to cellular suicide, scientists said on Tuesday. Researchers at the University of California at San Diego used cutting-edge technology to track with unprecedented precision the progression of cellular damage that follows infection with human immunodeficiency virus (HIV).

They revealed the sequence of events and the mechanisms employed by the virus to slay the very cells charged with defending the body against such invaders — immune cells called CD4+ T cells. "They are like the conductor of the immune response," said Mr Jacques Corbeil, assistant professor of medicine at the UCSD School of Medicine and the study's lead author.

Those cells previously were known as T helper cells. "You lose those and you are done. It creates a profound immunodeficiency," Mr Corbeil said in a telephone interview. HIV invades and swiftly overpowers the immune cell's DNA, inserting its own viral blueprints into the cellular machinery, poisoning genes and altering the cellular energy source, the researchers said. — Reuters

The Economic Times
14 June 2001

Indian touch in AIDS fair

PRESS TRUST OF INDIA

KOLKATA, June 12. – Adding a fourth monkey to the simian trio that preaches restraint in hearing, speech and sight, an indigenous poster at the first HIV/AIDS Educational Materials Fair in India inaugurated here today boldly depicted that controlling promiscuity prevents AIDS.

Giving "very Indian' touches to AIDS educational materials aimed exclusively at Indian communities, over 60 NGOs and representatives from dozens of public and private groups from across the country got together here at the unique one-day meet organised by the American Centre.

"They have come adorned in typically regional hues – posters, videos, street and mime theatre, choruses, minstrels using *patachitra* and educational games for children – holding forth HIV/AIDS awareness issues concerning local populations," deputy director of the American Centre Mr Steven Labensky said.

The message, he said, was clear – providing a platform to all organisations working towards maximising the use of limited resources and lobbying by local governments.

Ministerspeak: The health minister today stressed the need for AIDS awareness at the HIV/AIDS fair. Mr Suryakanta Mishra said the state was trying to make people aware about the disease and asked NGOs to lend a "helping hand"

The Statesman
13 June 2001

Controversial theory about HIV's origins

THE AIDS pandemic was not caused by polio vaccines tested in Africa in the 1950s, says several teams of researchers. Their work should settle the issue once and for all.

In 1999, writer Edward Hooper put forward this controversial theory in his book *The River*. He claimed that tissue from chimpanzees was used to prepare that CHAT vaccine given to around a million people in what is now the Democratic Republic of Congo. According to Hooper some batches of the vaccine became contaminated with SIV, the chimp version of HIV, allowing the virus to jump to humans. However, the Wistar Institute of Philadephia, which made the vaccine, insists only macaques were used.

Now two teams, led by Simon Wain Hobson of the Pasteur Institute in Paris, and Neil Berry of Britain's National Institute of Biological Standards and Control (NIBSC) in Hertfordshire, have analysed old stocks of the vaccine. They found no trace of HIV, SIV or chimp DNA. But they did find macaque DNA, confirming that the vaccine was prepared iun macaque cells.

Hooper dismissed similar results presented at a meeting of the Royal Society in London last year, saying that the key batches of the vaccine no longer exist. But Berry's team managed to find a vial of vaccine 10-11 at the NIBSC that originally came from the Wistar Institute in 1958. Hooper specifically implicated batch 10A-11, so the finding that this too was free from SIV is a significant blow to his theory.

Another team, led by Edward Holmes of Oxford University, has created the fullest evolutionary tree so far for HIV by comparing the DNA of 197 strains from the Congo. The tree suggests that the virus jumped from chimps to humans just once, years before the vaccination campaign started.

— **New Scientist**

The Hindu
14 June 2001

Many students pay for highway sex

BY MANISHA JAIN

New Delhi, June 13: A large number of high school students have been found to be indulging in pre-marital sex with commercial sex workers on the highways. In fact, several of them are in the habit of bunking school and hitchhiking with truckers to go across the border.

A study conducted by the State Resource Centre at Pune on truckers and helpers on the Mumbai-Bangalore highway (Satara district, Maharashtra) showed that some of them have admitted they contracted sexually transmitted diseases and HIV because of unprotected sex.

According to this, almost 70 per cent of the truckers and helpers in the area go to commercial sex workers. Of the helpers, 44 per cent of them are between 15 and 21 years old. The study also shows many of them have an abysmally low awareness regarding STDs and the use of condoms.

The cleaners and the truckers, mainly aged between 21 and 40, have been found to be indulging in pre-marital and extra-marital sex.

The report "Baseline Survey of Truck Drivers and Helpers in regard to Knowledge, Attitude and Safe Sexual Behaviour" points out that a large number of clients of commercial sex workers were high school students who, in turn, required intensive counselling in regard to their sexual behaviour.

SPOTLIGHT

Dr Mohan Kumar, additional director, department of adult education, said there was a large number of boys who came for counselling. These adolescents were, in fact, in need of urgent counselling, he said. It was important to make them understand that pre-marital sex was risky and if unprotected, doubly so. Most of those who came for counselling had problems related to sexual diseases and some of them also said they were HIV positive. Among the truck drivers (252 were surveyed) 80.15 per cent were married and 19.85 per cent were unmarried. Among the helpers (105 were surveyed) 89.52 per cent were unmarried and 10.47 per cent were married. Most of the respondents, says the survey, stay away from home and are on duty for four to 15 days.

As many as 86.3 per cent of the truck drivers are literate.

The survey was sponsored by the Department of Adult Education and the United Nations Population Fund. Usually, the truckers are led to dhabas and motels by pimps who take them to sex workers. Volunteers in the field say the lifestyle of truckers keeps them away from their homes for long stretches. They usually travel by night and it is common practice for them to stop for meals at wayside hotels and then go to sex workers.

During one awareness programme organised by the population and development education cell of the State Resource Centre, Pune, commercial sex workers revealed that their main clients were truck drivers.

Dr Kumar said the truckers usually stop at petrol stations for maintenance and refuelling so that would be the best venue for counselling sessions considering the fact that it is difficult to coax truckers and students to go for counselling.

The Asian Age
14 June 2001

'At least their condom is comfortable'

Gargi Gupta

Mumbai

MUMBAI'S ADVERTISING world is neither amused nor angered by Wednesday's crackdown by the police on newspaper vendors in Cochin who were hawking copies of *'The Outlook'* magazine. The police were reacting to protests by certain women's organizations in the city who thought the 'Durex' condom advertisement in the magazine was obscene.

The women activists' ire was raised by the aerial photograph of a naked couple making love, perched precariously on a diving board with the lesson in bold letters: "At least their condom is comfortable".

Ad honchos in Mumbai have been inured to such politico-moral high handedness. In the early nineties the 'Kama Sutra' condom ads created a similar furore.

Talking to The Pioneer Alyque Padamsee, Lintas ex-CEO and creative director and the man whose brainchild was the 'Kama Sutra' ads, said: "Such demonstrations are held to draw attention towards themselves and to get some cheap publicity. If they were so concerned about nudity, why don't they get the 'nanga sadhus' to wear underpants."

Ramesh Narayan, the president of the Advertising Agencies Association of India, regrets that the agitators do not appeal to the Advertising Standards Council of India.

"We are the only industry to have such a regulatory mechanism. Eight of the 14 members on the Consumer Complaints Council, the body formed specifically to adjudicate on such matters, are from outside the advertising industry. So it is not as if the ASCI is full of people from the ad world who will pat each other on the back and dismiss grievances pleading aesthetics. Rap us on the knuckles, by all means."

Narayan is, however, quick to add that the advertising industry does tend to misuse the female anatomy, and that it is wrong. "But it is a question of subjectivity. My reaction to seeing a mini-skirted woman might be 'what great legs', while someone might think 'how obscene'. Each is entitled to his opinion."

Condom ads, starting with the explosive 'Kama Sutra' campaign with Pooja Bedi in various coital postures, have always been controversial. T V Sovam, a media manager with the erstwhile agency Heartbeat, which handled 'Kama Sutra' at one point, recalls difficulties getting newspapers to carry it. It was only after "minor" changes were made to it that it gained acceptance. And then too, it raised a storm.

But, Padamsee is unrepentent. "I believe in truth in advertising and if you are advertising a condom, you have to make clear whether it is for blowing balloons or for having sex," he says with customary candour.

For Narayan, the later generation of condom ads are effective. "Nirodh had been advertised for 25 years before Kama Sutra came on, but it didn't work because it was a dull, dry and third rate ad. It was seen, but it had little impact. Market research has shown that it is men who decide whether to use a condom or not. And they never will if they think it will hamper their pleasure. What these new ads do is emphasize that condoms are not intrusive, that they are interesting and exciting."

The Pioneer
16 June 2001

Maternity benefits reach only a few

By Sreelatha Menon

New Delhi, June 15: Ninety two per cent of working women in India who come in the informal sector do not receive any maternity benefits. But maternity benefits is no where on the agenda of a team of the Labour Ministry which is currently camping in Geneva for the International labour Conference.

Only eight per cent of working women are in the organised sector which alone is covered by the Maternity Benefit Act 1961. That is also the reason perhaps why the government is shying away from ratifying an ILO convention on maternity protection which completes a year this month.

The convention stipulates maternity benefits for all working women including those in the informal sector.

However joint secretory in the ministry S Krishnan said that maternity benefits will not figure in the discussions to be held in Geneva by the delegation led by Minister of State for Labour Muni Lal. Hence the question of ratification of the ILO convention 183 does not arise at present, he said. According to Krishnan, the three items to be taken up by India at the ILC are cooperatives, safety standards for agricultural workers and discussion on social security net for workers.

Pramila Pant vice-president of All India Democratic Women's Association criticised the government's neglect of the issue as reflecting an anti-worker stand.

"The government has gone to Geneva to get support for an anti-worker amendment in the Industrial Disputes Act 1947 which would prohibit unions in units which have less than 100 workers." she said. The record of most western countries is poor regarding maternity benefits, says Pant adding that maternity benefits are not being given even in Switzerland which is the headquarters of the ILO. The ILO convention 183 has been ratified so far only by Slovakia, says ILO spokesperson.

The convention which completes a year of existence this month includes all employed women both full time and part time and also home-based workers or those employed in "atypical forms of dependent work". It stipulates 14 weeks of leave including six weeks of compulsory post-natal leave. Ratification of the convention would lend voice to thousands of women who engage in assembling units, garment export units, home-based contract work like papad making, bindi making and chicken embroidery.

"What is the benefit of spending crores of rupees on reproductive health when the Government cannot ensure maternity benefits and child care facilities to majority of women workers?" asks Prasad.

The Indian Express
16 June 2001

Western hand in AIDS prevention

By SWAMI AGNIVESH AND REV VALSON THAMPU

It is curious how tragedies that threaten the lives of millions fade on the landscape of public memory; whereas instances of crime and violence continue to haunt popular imagination. Recall the local obsession with a brawl in which a person was knifed. Remember the national obsession with the hijack of the Indian Airlines flight from Kathmandu involving some 160 people in an ordeal that lasted a week. Now put alongside with these the HIV/AIDS scenario in which already several million people in India live under sentence of death. It has virtually vanished from the radar of media attention. This is yet another instance of the scandal that the life of the VIPs is priceless, whereas the life of the people is valueless. Questioning this assumption must be deemed not only the bottom-line of battling the AIDS pandemic but also of improving the quality of life of the people. The eagerness to prevent people from dying must be complemented by the commitment to improve their quality of life.

In the wake of identifying the early cases of HIV infection in India in 1986, efforts were initiated to engage this emerging crisis at two levels: Prevention and care. We shall focus only on the preventive part of the story, and that too, only from a cultural angle. Whether or not it was so designed intentionally, the fact remains that the AIDS awareness programmes have had the effect of popularising Western cultural assumptions about human sexuality. As compared to the East, sex has been more explicitly central to the Western culture, especially since Sigmund Freud. The Freudian dictum "sex drives the world" displaced the historical truth "hunger drives the world", mainly because physical hunger had by then ceased to a major problem in the West. Unprecedented material progress, complemented by the ideology of liberal individualism, has made freedom synonymous with the licence to maximise pleasure. This equated individual liberation with overcoming inhibition. As a result, according to Herbert Marcusse, people became ashamed only of their sense of shame. Dominique Lapierre in his book *Beyond Love* chronicles the kind of sexual perversions and practices this outlook generated in the '60s and '70s of the last century and their possible link with the outbreak of HIV/AIDS in the '80s.

That human instincts and impulses cannot be controlled thus became a modern cultural dogma. Perhaps Swami Vivekananda could help us understand why. According to Swamiji, the East focused exclusively on mastering the world within: and the West, the world without. As a result, the East became vulnerable to external and the West to internal forces. That being the case, the assumption of helplessness in respect of the sexual impulse is more intelligible in the context of Western cultures than it is in their Eastern counterparts. In the Shivite tradition, for example, the ascetic principle is assumed to be integral to human sexuality. In contrast, impulse-release, rather than self-control, is the Freudian prescription. Asceticism, or purposive self-restraint, deepens the experience and meaning of sexuality; whereas promiscuity, even by Western admission, degrades it and makes it shallow and disappointing.

Viewed in this light, it is embarrassing how quickly and unthinkingly the protagonists of AIDS awareness and prevention in this country internalised the culture-specific dogmas on which the Western response to AIDS is based. Taking the cue from the Western AIDS establishment, they began to insist that the sexual impulse cannot be controlled and, hence, the only sensible thing to do is to trust the condom since we cannot trust ourselves. In the process, no one bothered to wonder if the repeated assertions of such assumptions would not have the result of smuggling these notions into our mental outlook and national culture. If the sexual impulse is so irresistible, isn't it unhealthy even to try to control it? It has happened that the youth read the cultural sub-text of permissiveness in the AIDS awareness literature more readily than they did the main text of risk-avoidance. The result has been rather unfortunate. An *India Today* attitudinal survey conducted among the college and university youth in 1993 revealed that about 48 per cent of those interviewed did not find anything wrong with premarital sex. A survey done in Delhi among school children from classes X to XII by the All India Institute of Medical Sciences around the same time revealed that more than 50 per cent of them were "sexually active".

Ironically, the indiscreet and indiscriminate promotion of the condom as a safety measure has resulted in the promotion of promiscuity also. Can the means for something (say, condom) be promoted without also legitimising the context of its use (in this case, promiscuous sex)? An open-minded review of the HIV/AIDS scenario gives us enough reasons to be concerned.

It is not in the least our contention that technological resources for coping with this crisis, or any other for that matter, should be spurned. Our argument is only that the exclusive reliance on the resources of technology is a product of Western cultural ethnocentrism and that it is necessary to counterbalance it with the insights and resources of Eastern cultures, especially drawing from their spiritual and ethical resources. It is precisely here that we run into the intolerance and cultural dogmatism of the Western response model. It dismisses summarily even the possibility that such resources could be relevant to the issue at hand. The idea that ethical and spiritual resources should complement the resources of technology has been mostly dismissed as an instance of religious obscurantism. It is in endorsing the exclusive relevance of the Western model and in the corresponding unwillingness to welcome any other category of resource that our professionals in this field abdicated their responsibility.

The success story of Uganda's battle against AIDS is relevant to our argument. Commendable political will was brought to bear on this national effort. President Museveni himself led from the front. The resources of technology were neither overlooked nor absolutised. The Ugandan response did not, at the same time, fight shy of marshalling the moral and spiritual resources available, especially in bringing about behavioural changes that are crucial to halting the death dance of HIV. Religious constituencies were mobilised, spiritual resources invoked, and an all-out national effort launched. The result has been impressive. The prevalence of HIV/AIDS in Uganda has declined from 30 to 20 per cent; a stunning success story by any standard.

For any society, it is wiser to engage its problems using all the resources available to it than to throw only a part of its arsenal at the enemy. The insistence that only certain types of resources and strategies should be relied upon smacks of bias and vested interests. By definition, vested interests are not meant to promote the interests of the people in general. There are two basic things that we need to remember about every cultural model. First, all cultures are mixed bags; they offer positive and negative features, values and resources. No cultural model is either perfect or self-sufficient. Second, the spirit of ethnic arrogance and intolerance vitiates every culture. Intellectual integrity and commitment to people's welfare demand that we remain vigilant and critical about what we accept from the wares offered by cultures. The Vedic generosity that opens the windows of the mind to the world should apply only to noble thoughts and healthy norms.

The invasiveness and intolerance of the Western materialistic culture is a proven fact of modern history. **Contd...**

Aurobindo pharma to conduct AIDS awareness camp

Our Mumbai Bureau
17 JUNE

AUROBINDO Pharma will host detection camps for AIDS patients in an effort to identify patients, create awareness about the disease and the drugs available to control it.

The Hyderabad-based company's recently launched division, Imunus, markets anti-retrovirals given to AIDS sufferers and will oversee these camps which will be held a few months from now.

"This is not a disease that people would like to be seen being tested for.

The camps will be held discretely in clinics where patients would come to be treated for other diseases (that AIDS patients are susceptible to) like tuberculosis," said Mr Lanka Srinivas, director, Aurobindo Pharma.

Aurobindo created Imunus to network with doctors, non-governmental organisations (NGOs) and the government in an effort to generate sales for a basket of seven AIDS drugs that Aurobindo has launched in the country.

The camps will make available these tests at prices lower than the market, Mr Srinivas said. "We are in talks with a US firm to see how cheaper diagnostic kits for AIDS can be made available at the camps," he said.

However, HIV diagnostics would not emerge as a full-fledged business activity. It would only supplement Imunus's efforts, he said.

Imunus today announced the launch of two more anti-retroviral drugs, namely indinavir and stavudine.

It currently markets lamivudine, zidovudine, a combination of the two, nevirapine and a triple drug combination of all three which are available in the market at a discount to competitors, Mr Srinivas said.

Another drug didanosine will be also on shelves a month from now. Aurobindo manufactures all these drugs from the basic stage which helps to control costs, Mr Srinivas said.

It also exports the bulk drug — the key ingredient used in making the medicine. In 2000-2001, the company exported Rs 100 crore worth of bulk drugs to patent-free markets as most of these drugs are still under patent.

THE HIV FACTOR

In India, the companies that sell anti-retroviral drugs, besides Aurobindo, include Glaxo India, Cipla, Hetero Drugs and Ranbaxy Laboratories. Cipla was the earliest to enter this segment in 1991 with zidovudine.

India has an estimated 3.86 million people living with the HIV virus or suffering from full-blown AIDS, according to National AIDS Control Organisation figures. It ranks second after South Africa which has over 4 million people living with HIV/AIDS.

Aurobindo's formulations business is just a year old with sales of Rs 55-60 crore in 2000-2001.

It markets gastrointestinal, respiratory, anti-infective, cardio, diabetes and AIDS drugs.

The Economic Times
18 June 2001

Why young urban women have sex?

By KEITH MULVIHILL

NEW YORK: According to a new study, teenage girls are making decisions about whether or not to have sex based on their own personal beliefs. In fact, the vast majority of young women who participated in the study report that they have sex because they "like" or "love" the person they choose to have sex with. About one-third said the main reason that they had sex was that they "liked having sex."

Lead researcher Dr. Jan E. Paradise, of Boston University School of Medicine, in Massachusetts, said that she hopes the study provides insight on how best to educate sexually active teens about reducing their risk for sexually transmitted diseases. "In general, sexually transmitted diseases are highest in people between the ages of 15 and 30 years old," Paradise said.

Paradise and her cólleagues gave questionnaires to 197 young women 14 or older who were visiting an urban adolescent clinic. The women were asked a variety of questions about their sexual activity as well as what motivated them to have sex. Forty of the young women reported that they were virgins and 25 said they were not virgins but had not bad sex during the 3 months prior to their clinic visit. The majority of the participants, 132 in all, said they were sexually active at the time they visited the clinic, the study indicates.

"Virgins were more likely than inactive girls to cite three specific reasons for not having sex: 'not the right thing for me now' (82% vs 50%), 'waiting until I am older' (69% vs 8%), and 'waiting until I am married' (67% vs 38%)," the authors report. Paradise and colleagues note that 23% of virgins and 13% of sexually inactive girls cited "against my religious beliefs" as the reason why they weren't having sex.

The two reasons for having sex that active girls chose most frequently were "I like/love the person" (86%) and "I like having sex" (37%). Paradise suggests that educating sexually active young women about condoms and about limiting the number of people they have sex with could help reduce STD in this group. *(Reuters)*

The Times of India
12 June 2001

Contd...

The sting of it reached us a few centuries ago in the form of colonialism. The age of colonialism may have ended, but the spirit of colonisation is still art large. The scary thought, thanks to globalisation, is that unlike olden days, the colonisers of today do not have to "come" and "see" in order to "conquer". The systemic, ethnological and ideological ramifications of globalisation enable remote-control colonialism that cannot be fought or boycotted as effectively as its erstwhile counterpart. There are serious lessons to be drawn from the ease with which HIV/AIDS has been turned into a Trojan horse for Western culture. We cannot afford to overlook them in the global village where Afro-Asian societies are becoming mere satellites to the Western technological culture.

Deccan Chronicle
15 June 2001

15,000 get infected by AIDS every day

With no cure in sight, the dreaded AIDS disease continues to haunt the world over with about 15,000 people, including 2,000 children, getting infected with HIV on an average each day, according to a UN expert. This means that each month that goes by with the epidemic unchecked, some 440,000 more people are infected, says Dr Michael Fox, senior technical adviser, UNAIDS.

The Asian Age
18 June 2001

Aids scandal chills China

China's bureaucrats are trying to draw a veil over Aids scandal, says JOHN GITTINGS

IN 1996 a patient of Dr Gao Yaodie, a gynaecologist in Henan province, died of Aids with which she had become infected when receiving a blood transfusion. "The fact that the blood came from a blood bank shocked me," Gao recalls. "Our blood is not safe. How many people may have been affected?"

The story was told last week to the Global Health Council in Washington DC in Gao's acceptance speech on receiving the Jonathan Mann Award for Global Health and Human Rights – but she was not there to read it herself. The Henan health department had intervened to prevent her obtaining a passport from the police with which to leave China.

This clumsy action by scared local bureaucrats has ensured that the grim tale of the Aids epidemic among peasants in the north Chinese province has become known worldwide. Henan health officials in the early and mid-90s saw blood collection as a revenue earner, with large profits to be made from selling on blood products (mostly plasma) to commercial outfits in the cities.

"There was a mad rush to establish blood collection centres (in Henan)," says a recent account in the Jiangnan Daily. It describes how unscrupulous Bblood heads" emerged, including government health workers, their friends and relatives, and private commercial operators. "There was no physical examination when blood was sold. There were no tests done on the blood. If you've got blood, they'll take it. No one was refused."

Blood from different donors was poured into a vat where plasma was extracted by centrifuge. The depleted blood was then transferred back to the donors, who had been promised that "we'll give it back to you, and the money too".

The ignorance among medical workers was an important factor.

Gao and a few other volunteers have distributed educational material as well as medicines-and she intends to publish a manual with her prize money (if she is allowed to receive it).

As so often in these revelations of human suffering in China, the full picture is a complex one, which casts Beijing in both a good and a bad light. On the (marginally) positive side, it is misleading to say that Gao was prevented from travelling by "Chinese authorities." It was a local action taken by the health department, to which the police appear to have agreed with some reluctance.

Reports of an official "blackout" on the Aids disaster are an over-simplification. Exposes have been published in the pastyear describing the Henan tragedy as a "man-made disaster" castigating the local authorities, and reporting illegal blood collection in other provinces.

Warnmgs by officials and experts have been issued. Professor Zeng Yi of the Chinese Academy of Sciences warned a year ago that, unless China took swift action, "Aids will become a national disaster."

A relatively frank account of the blood-related HIV problem was published more than three years ago by the Chinese ministry of health in a report jointly prepared with UN Aids in China. It revealed that there were jabout 3m paid donors, mostly living in poor provinces such as Henan, Hebei, Anhui, Shanxi and Guizhou.

"Some of them are unemployed or dmigrant persons who live by selling blood" the report warned. "Drug use and unsafe sex practices exist among this population."

This is where the positive gloss turns abruptly negative. If Beijing has known about it for years, why does thelocal cover-up continue, and why do the hundreds of thousands of peasant sufferers – perhaps millions – receive negligible help?

It is only recently that Beijing appears to have imposed some high-level new appointments on Henan and allocated special funds to some of the affected areas.

Even so it is not clear whether the old corrupt officials have been removed. And why didn't Beijing intervene to insist that Gao should receive her passport, if only in its own interests to minimise the unfavourable publicity to China?

The easy answer is to point to the bureaucratic problems that the "centre" has always encountered in enforcing policy at the "local" level. This is true enough, yet these local forces are not immune to a determined assault from Beijing – which in this case has never been launched. An important piece of research by Chinese Aids campaigner Wan Yanhai, published recently on the Aizhi (Beijing) Action website (www.aizhi.org), suggests why.

Wan shows that, while the Henan crisis has been widely reported, no news about it has appeared in the official health press controlled by the Chinese ministry of health in Beijing. The China Health News published by the ministry even claimed that Henan had made a "great leap forward" in ensuring the safety of its donated blood supplies.

As so often, local bureaucrats have been protected by national bureautcrats who fear that they will be tarnished by association.

Thus the obstructive factor is vertical as well as local-and it is yet another problem for the prime minister, Zhu Fongji, in his battle against bureaucratic lethargy.

Ironically, the trigger to a national alert may come from the growing awareness that the suspect "blood products" have not stayed in the countryside, but were processed for urban use.

Unless Beijing can shake off its inertia, Zeng's "national disaster" may not be so far off.

Inside Asia

Deccan Herald 14 June 2001

India heading towards a daughterless nation?

Vineeta Dwivedi

NEW DELHI 17 JUNE

ARE WE heading towards a daughterless nation — the pertinent question arises from the provisional figures available from the 2001 census where the child sex ratio (0-6 age group) shows a sharp decline in several states.

The girl child seems to have lost badly despite numerous programmes and projects. The sex ratio of the child population which was 945 in 1991, decreased to 927, a decrease of 18 points.

The dismal figures are revealed in the first publication of (provisional) results of the Census of India 2001 by the registrar general in which separate figures are available for the sex composition for the 0-6 age group.

Though the census papers show an overall increase in the sex ratio (females per 1,000 males) of the population, 933 in 2001 compared to 927 in 1991 or an increase by six points during the last decade, the decline in the child sex ratio is the most shocking aspect.

Renowned demographer Prof Ashish Bose remarks that the 2001 figure is not freak, it is a secular trend. In 1961, the 0-6 sex ratio was 976, it declined to 964 in 1971, 962 in 1981 and 945 in 1991. But the sharpest decline has been in the past decade.

The census commissioner observes in his report "one thing is clear — the imbalance that has set in at this early stage is difficult to be removed and would remain to haunt the population for a long time to come. Demographically the 0-6 sex ratio does not augur well for the future of the country." —PTI

The Economic Times 18 June 2001

Fact and fiction about AIDS

By Siddarth Dube

Across India, we are in a vicious cycle of doing far too little too late to combat AIDS.

TO HEAR the fiction about India's AIDS epidemic, speak to our politicians, bureaucrats, and journalists. The vast majority will assure you: "There is simply no disease called AIDS. It's a myth! Anyway, even if it exists, it's not a problem in India, unlike Africa or the West. And if there are so many thousands dying in India of this disease, where are they, why don't we notice? AIDS gets so much attention only because of those U.N. agencies and foreign donors — and those socialites looking for a fashionable cause. Anyway, why worry, no respectable, useful people are getting infected — only prostitutes, homosexuals and the poor".

To hear another variant of this fiction, speak to the bureaucrats who head the National AIDS Control Organisation and its State- level equivalents. They will assure you: "Yes, AIDS is a problem, but we have it firmly under control. So you don't need to worry. The U.N. agencies are absolutely incorrect to say that lakhs of Indians are dying each year of AIDS. We are the only source for statistics! No, the U.N. is also wrong to say that five lakh Indians are contracting HIV every year — only 1.6 lakh Indians got infected in 2000."

If only fiction were fact. Unfortunately, the facts are many orders more harrowing. Here are the facts, as I understand them based on over a decade of working on AIDS, access to restricted documents at the World Bank and other agencies I have worked for, and conversations with impartial experts.

AIDS now kills about three lakh Indian adults each year. This is roughly 15 times the number of people killed in the Gujarat earthquake. And in the past 15 years, since HIV first surfaced in India, some 20 lakh to 25 lakh Indians have died of AIDS, that's a 100 or more Gujarat earthquakes.

AIDS is already the second largest killer of Indian adults, second only to TB. But in a couple of years, AIDS-caused deaths will outstrip TB. At that point, just from the numbers of Indians currently infected — even if not one more Indian is infected from today onwards — well over 10 lakh adults will be dying each year from AIDS, that's about 50 Gujarat earthquakes each year! AIDS will then be India's foremost killer disease. At a minimum, between 40 lakh' to 50 lakh Indians are currently infected, not including the 20 lakhs to 25 lakhs who have already died. Another five lakh Indian adults are getting infected every year — one new adult every minute!

Three States — Maharashtra, Andhra Pradesh and Karnataka — are in the midst of full-blown epidemics, with well over two per cent of all adults infected. Another three States follow just behind — Tamil Nadu, Manipur and Nagaland. In about eight to ten urban areas of these six States, three to five per cent of adults are infected. These include such major cities as Pune, Kolhapur and Hyderabad. These are among the most severely affected areas outside Africa, on a par with Thailand, which has been battling a severe epidemic for a decade. And every year, the number of States with worsening epidemics swells — Kerala just crossed the one per cent infection level amongst adults, and even remote Orissa is nearly there.

It is not just the poor who are contracting HIV. For proof, look at the members of the "Positive People's Groups" that are mushrooming in every major urban area, from Delhi to Bangalore to Vijayawada — they are middle and upper income, not blue-collar, not poor.

India's epidemic is running far, far ahead of the Government's response. Even in our six worst-hit States, we are not doing one-tenth of what Thailand did before it could curb its epidemic — and spending only 1/15th of what that country invested in AIDS prevention. Across India, we are in a vicious cycle of doing far too little far too late: to date, only a tiny fraction of prostitutes — or for that matter, injecting drug users, homosexuals, migrants or young people — are getting the information and support they need to protect themselves and others. And another vicious cycle of overwhelming financial needs that continue to skyrocket — witness the Government's argument that it simply cannot afford to pay for hospital- based care, let alone universal anti-retroviral treatment! (Similarly, the Government maintains a convenient silence about how the soaring number of children orphaned by AIDS will be cared for.) And yet another vicious cycle of having very low absorptive capacity for even whatever money is available.

The World Bank and the Indian Government's own calculations are that if use of the Bank's loan for AIDS control is as successful as possible then by 2005 there will be 80 lakh Indian adults infected, roughly twice as many as are infected today! (Because so many Indians are already infected, the epidemic will grow even if the most effective prevention begins immediately.) And if the loan performs indifferently, then their conservative projection is that about 1.4 crore Indian adults will be infected by 2005! And if there is complete failure, three crore to four crore Indians could be infected by 2005, that is five per cent of all adults.

These are bone-chilling statistics and facts. They are all true and correct, certainly as ballpark estimates. We should ask: where are the headlines, the front-page stories, about these facts and the seriousness of the situation? And why aren't our politicians and bureaucrats shouting out that we are already in a state of crisis with HIV/AIDS? And why does NACO continue only to dispute or bury these facts?

And we should urgently ask. is the Government's response at all adequate, as the bureaucrats at NACO and the State-level AIDS agencies keep assuring us? What should we be insisting they do if we are to save India from having an Africa-scale AIDS epidemic? India will not be able to avert an epidemic unless our politicians, bureaucrats, and journalists immediately end their knee-jerk response to AIDS. An essential first step is to end our foolish denial that our society is somehow impervious to AIDS, that it cannot go the way of Africa.

We then need to insist that our health care system is improved, right-away. The Government simply has to find the money and commitment to ensure that every Indian has access to decent health services, including prevention and care for sexually-transmitted diseases and TB. HIV/AIDS cannot be fought where health services barely exist.

We also need to insist that NACO is moved from the Health Ministry to an inter-ministerial council chaired by the Prime Minister, with the Health Minister as deputy. (In parallel, at the State level, Chief Ministers have to make the state AIDS agencies report directly to them.) And that NACO be run in a committed, transparent and participatory fashion, serving the needs of all Indians, not as the high-handed, secretive, stonewalling bureaucracy that it is now.

We need a NACO that is dedicated to ensuring that no more Indians get infected, and that no more die because they cannot afford treatment with anti-retrovirals and other medicines.

We also need to insist that all Indians be given comprehensive sex education that will dispel the confusion about HIV/AIDS and enable them to protect themselves. In addition, young people everywhere must have regular face-to-face counselling on safe sex. (Politicians who believe that they are our moral police should be told firmly that we value lives, not misplaced prudery.)

And we also need to insist that laws and policies are changed to empower and protect people already infected or those from especially vulnerable groups. No more police raids on prostitutes, no more forced testing on the orders of feudal-minded judges, bureaucrats and politicians! Commercial sex work needs to be decriminalised. So does homosexuality. The Supreme Court ruling suspending the right of marriage of infected people must be repudiated. Discrimination in the private sector against infected people must be made illegal. Does our AIDS epidemic warrant such far- reaching changes? Absolutely yes.

(The writer is a health policy expert.)

The Hindu
16 June 2001

Not alone

THIS was a fair with a difference. Called the "HIV/AIDS Educational Materials Fair" held at The American Center on 12 June, it had nothing to do with bringing about a direct AIDS awareness to a rickshawpuller by way of lectures. It was aimed at the kind of tools the various NGO's in the country used, to bring about awareness in their respective areas. The fair, according to the organisers, had a very strong message – to focus one's awareness campaigns, target the audience and maximise the use of limited resources, develop contacts with like-minded private and public institutions, win over the local government, and also aim for information and inspiration. "All that matters is effective strategy in devising educational materials to bring an awareness among the Indian masses," said Steve Labensky, deputy director of The American Center.

During the past two years the United States Consulate General in Kolkata has worked on a variety of HIV/AIDS public diplomacy initiatives. They have liaisoned with NGOs and met with various government officials, organised local and regional conferences and held discussions..

According to Steve some good has emerged out of this, in the sense that formerly isolated NGOs are beginning to work with each other, resources are being shared and the state government is recognising their role in fighting this epidemic. Several months ago, reminisced Steve, during one such meeting, "I was given copies of stickers and calendars that the NGOs used for their awareness campaigns. Many of them were similar. It became apparent people were not networking. That was the problem. We realised that most public and private groups were reinventing the wheel each time a new AIDS/HIV awareness campaign was planned. So we thought we could correct this by holding an HIV/AIDS educational materials fair."

On 12 June representatives from dozens of public and private organisations were assembled and more than 60 NGOs from other states participated. They had a chance to present the best samples of their HIV/AIDS awareness and educational material. These organisations had sent their stuff for display – like posters, videos, cards, T-shirts with AIDS-related messages and audiotapes. *Patachitra* scroll paintings with a message and educational games for children were also there. The folk music with a message was effective in percolating down to the rural level.

The fair had a festive mood. And there was assurance for a silent AIDS victim that he was not alone.

– Anju Munshi

The Statesman
17 June 2001

Create awareness on sex discrimination: Sonia

NEW DELHI: Congress president Sonia Gandhi has called upon the Mahila Congress to create awareness and mobilise public opinion against female foeticide and the practice of sex determination tests before birth.

Addressing a meeting of the National Council of the All India Mahila Congress here on Saturday, she said the fall in the sex ratio in the 0 to 6 age group as revealed by the 2001 Census results was very disturbing.

The sex ratio was abnormally low especially in Punjab, Haryana, Delhi, Himachal Pradesh and Chandigarh, states known to be enjoying considerable economic prosperity. The NGOs and the media have attributed it to female foeticide and sex determination before birth. Mrs Gandhi also urged the Mahila Congress to incorporate anti-AIDS programme in its agenda.

She suggested the Mahila Congress to set up NGOs at the village panchayat, block and district levels in different states.

CReferring to the laws against child marriages and dowry, she said the implementation of the laws left much to be desired. She underlined the need for legal literacy, literacy on social legislation and for providing legal aid services to the needy. (UNI)

The Times of India
17 June 2001

About the birds and the bees

THE Bihar AIDS Control Society (BACS) is set to impart sex education to senior students of all district schools in the state. The two-day AIDS session is likely to be held this month. Official sources said the programme is aimed at creating awareness about AIDS. "There are 44 AIDS patients and 68 HIV positive cases in Bihar and Jharkhand," BACS project director CK Anil said. The BACS is confident of the success of sex education. "As the majority of schools do not provide co-education, the girls would find no problem in interacting with our teachers if the programme is organised in girls' schools," a BACS spokesman said. The BACS will involve NGOs, which will train schoolteachers who will hold classes on sexually-transmitted diseases.

The Economic Times
18 June 2001

The Hindustan Times
17 June 2001

AIDS patient offers counselling

Jeevan Mukundan
Indore, June 16

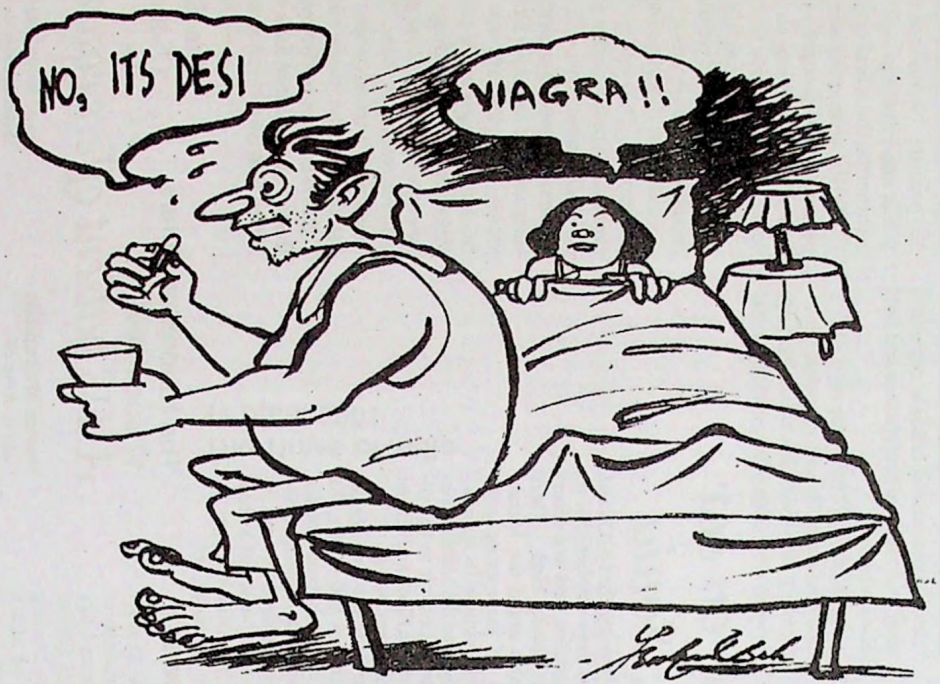
AN HIV positive patient of Indore, who made a futile attempt at suicide last year after being diagnosed of the dreaded disease, has now found a new meaning to his life. He now plans to offer counselling for similar patients to help them live the remaining dark days of their lives.

A couple of years back, when N Sudhakar Rao, a marketing executive, in Indore, complained of a lump in his throat and constant fever accompanied by low blood pressure, he feared he was suffering from blood cancer. Married, with two children, he worried about his family in case something happened to him.

After doctors diagnosed him for HIV positive his parents deserted him. A dejected Sudhakar Rao approached Dr Glory Alexander and was referred to a 'Sneha Daan', where they nursed and counseled him. "They gave me a new life and instilled the confidence that I could counsel others," he said.

Rise and fall of the Indian Viagra

Amrita Nair-Ghaswalla



MUMBAI: The Indian challenge to Viagra is wilting as quickly as it had risen. Sales of the numerous desi versions of Pfizer's wonder drug to fight impotence, to put it mildly, have been flaccid, belying expectations of firms which jumped into making sildenafil citrate-based formulations. Acutal figures have been nowhere near the projected sales Rs 50-60 crore with the annual sales this year expected to be in the region of Rs 20 crore.

The latest trouble comes from the Delhi high court, where based on a Pfizer complaint, a judge gave an ex-parte injunction from the Delhi high court, which has restrained an Ahmedabad firm from using its desi version of the drug.

Now, the American major has trained its guns on other Indian drug firms which have desi Viagras jostling for shelf space. Pfizer Inc has threatened similar legal action against other Indian companies.

Cipla's Silagra, Ranbaxy's Caverta, Sun Pharmaceutical's Edegra, Ajanta Pharmaceuticals Kamagra, Torrent Pharma's Androz, Unichem's Erix and Cadila's Juan are all going blue with anxiety. Most of these firms have either a familiar shape or a similar colour as that of the original.

And that is where the American major has decided to draw the line.

"Thankfully, India's copyright and trademark laws are one of the best," states a senior official at Pfizer India.

The official went on to add, "Though there are several other legal steps involved, the ex-parte has served its purpose."

It is interesting to note that the legal action has come at a time when the domestic brands themselves are not doing very well.

A major criteria contributing to low sales, is the fact that the desi wonder-drug is a prescription, ethical medication available only on doctor's advice. Moreover, according to industry sources, the drug controller has specified that only specialists can prescribe the drug. In other words, psychiatrist, urologists, sexologist, andrologist (dealing with male hormones) and diabetologists are allowed to prescribe the Indian version.

"Since we do not have too many of these specialists in the country, the people who can prescribe it is limited," sources indicated adding, "we have only 3,500 practicising, qualified practitioners in these specific categories."

According to Sun Pharma's senior vice-president, marketing, Shyamal Ghosh, "there was no reason not to be taken in by the hype which preceded the launch of the drug. With 39 per cent of Indian men above 40 years of age suffering from this problem, we expected a huge market. Those statistics have not changed." He went on to add, "one has to however understand the magnitude of ignorance that prevails in the Indian mindset — about speaking openly about an impotency problem, about the side effects of the drug."

Though Pfizer's Viagra is a registered trademark in India, the firm has not launched the drug here. Realising a potential goldmine, Indian pharmaceutical companies decided to jump in and make hay while the sun rose on the American major's horizon. Since its launch in 1998, Pfizer has raked in over a billion dollars from Viagra sales worldwide.

With a potential, burgeoning market clamouring for the Indian drug, domestic pharma firms decided to put sildenafil citrate — the key chemical used in the drug — to its best possible use. They clamoured for approval from the Drugs Controller of India and vied with each other to be the first to hit the market with the potential aphrodisiac.

Ahmedabad-based Zydus Cadila Healthcare was among the first to place its 'Penegra' in the market. As of now, the firm is in the dock, since Pfizer Inc has dragged the firm to court for marketing the most successful sildenafil citrate brand in India.

The American arm, which owns the trademark, "felt they should persecute people infringing their trademark. This is no orchestrated move," countered the official, "but where intellectual property is concerned, a company cannot sit back and allow infringement."

According to ORG-MARG, in the first three months of the calendar year, Zydus Cadila clocked sales of Rs 2.19 crore from its Penegra brand. Ranbaxy's Caverta earned Rs 1.23 crore, Sun Pharma's Edegra managed sales of Rs 0.85 crore and Cipla's Silagra clocked Rs 0.53 crore for the same period. Torrent Pharmaceuticals raked in Rs 1.01 crore for its Androz and Unichem Rs 0.24 crore for its Erix. Cadila Pharmaceuticals earned Rs 0.08 crore for its brand, Juan.

The Times of India
17 June 2001

Safe sex and security risk

YOGESH KUMAR
STATESMAN NEWS SERVICE

NEW DELHI, June 20. — Safe sex and security risks make strange bedfellows in Nirman Bhavan.

The condom-dispensing slot machine installed there has attracted a lot of curious visitors, not all customers, and that is causing much anxiety among security staff.

In the spirit that underlies the installation of the automated vending unit – which offers candy, chips and chocolate too – those wishing to use it aren't required to procure "visitor's permits" to enter the office complex through gate No. 6. Security officials fear a terrorist might use that leeway to gain access and create trouble.

Every day several people inquire after the precise location of the condom machine and say they would feel embarrassed to ask the staff inside, a security official said. They are generally given the desired information.

"Normally we don't allow anyone to enter the building without the requisite pass or identity card of the ministries functioning here, but we don't stop those who say they are wanting to buy condoms without having to ask a shopkeeper for them," an official said. "Some of them even ask us the price of the brands on sale."

"We cannot escort them to the machine since it would not look nice accompanying someone wishing to buy condoms in some privacy" the official pointed out, but he stressed that unregistered entry did impact on security.

Officials at the reception office confirmed that when people went there saying they wanted to use the vending facility they let them in without entering their names in the register - which also requires mentioning the name of the person the visitor wishes to meet.

"Condom machine," one quipped, "would not be authorised to direct the reception office to send the visitor upstairs."

Not that the machine is "free of human interference." Mr Pankaj Kumar, employed to oversee its operation tells customers to "take your pick" but his prime task is to provide them coins of the denominations which the machine accepts. The customer personally actuates the push-button facility.

The machine had proved quite popular, and in response to customer demand some of more costly brands have been made available. So were fertility control tablets for women. However, Mr Kumar points out that the sale of condoms has decreased during the summer, "there was a time when 165 packets" were sold each day.

But no machine is foolproof and recently customers have complained that the buttons keep getting stuck. Women patrons are reluctant to make an issue of it, it would cause them some embarrassment.

A few days ago, Mr Kumar said, a woman made a sheepish departure when the machine took her coins but the two packets of condoms for which she had paid failed to pop up.

The Statesman
21 June 2001

State helpless in tackling AIDS

OINDRILA MUKHERJEE
STATESMAN NEWS SERVICE

KOLKATA, June 21.— High price of drugs and lack of infrastructure stands in the way of both testing and treatment of HIV positive persons in the state.

Announcing a new Out Patient Department for viral diseases, at the School for Tropical Medicine, doctors in the tropical medicine department said that 300 persons had been detected as HIV positive in the last one and a half year. Fourteen patients had succumbed to AIDS in the hospital, while several others, who had failed to follow up treatment, were believed to have died.

Since the new OPD opened five weeks ago, there had been 10 cases of HIV a week, doctors added. At present, eight positive persons are admitted to the hospital, including a two-year-old. Three of the patients are haemophiliacs and a couple suffer from thalassemia.

Dr SK Guha, assistant professor, department of tropical medicine, said that both the Viral Load test and the CD 4 Count test to determine immuno-suppression are inaccessible to people in West Bengal. Despite the provision of FACS machines to all states to conduct the CD 4 test, by the National AIDS Control Organisation, the machine at Calcutta Medical College is not operational, he said.

A FACS machine has been languishing at Calcutta Medical College, for over a year, although according to Dr Guha, plans are afoot to set it up in the microbiology department "soon."

"These tests are required frequently, at the time of diagnosis and to determine the need for anti retroviral drugs, but are not available in any government institution", he said.

HIV is most effectively transmitted through blood transfusions, which are particularly unsafe in India, Dr Guha said.

"HIV ELISA and Western Blot tests conducted before transfusions, often yield negative results if the donor is in early stage of infection. These tests detect only antibodies, which do not develop an early on. Antigens are detected by the P 24 Antigen test, which has rendered blood virtually safe in the West, but is not available here."

Funds are a major hindrance in the treatment of people living with HIV/AIDS. A number of pharmaceutical firms have introduced anti retroviral drugs since one company reduced prices last year. Costs are still astronomical for many.

"Anti retroviral drugs should be prescribed to all symptomatic positive persons, and some asymptomatic ones. But the costs are so high, ranging from Rs 3,500 to 10,000 a month depending on the stage of infection, that most of my patients cannot afford them. These costs are lifelong as the drugs are suppressive in nature, not curative," Dr Guha explained.

The Statesman
22 June 2001

Court gives *desi* viagra a thumbs down

New Delhi, June 19: The fight for Indian market between the much sought after anti-impotence drug *Viagra* and its 'desi' version *Penegra* has spilled on to the Delhi High Court, which has restrained the Indian manufacturer Cadila from using the brand name *Penegra*.

American multinational drug company Pfizer, which claimed to have spent millions of dollars on development of *Viagra*, approached the High Court. The court, in its ex-parte interim order said "Defendants (Cadila) are restrained from producing or distributing any articles, the trade mark *Viagra* or any imitations thereof or any mark deceptively similar thereto". PTI

The Indian Express
20 June 2001

Sex ratio in 2001: good news or bad?

By Sudhanshu Ranade

CHENNAI, JUNE 20. Shooting the bearer of bad news may not be a good idea; but it is a popular one. This has often been said; so it hardly needs to be said again. However, for the past decade I have begun asking myself if the idea is really such a bad one after all.

Over the past few weeks there have been ever so many 'good news, bad news' reports about the sex ratio as revealed by the 2001 census : reports by laymen like myself, by professional demographers, and even by the Census Commissioner himself.

The 'bad news' is that there has been a fall in the sex ratio for children; in the 0-6 age group to be precise. In 1991, there were 945 girls for every thousand boys; but the figure for 2001 was only 923. This sort of bad news is easy to believe; day after day we hear more and more of girl babies dying of neglect, being deliberately starved or poisoned, left behind in a bus or train, or simply dumped in a trash can.

As if this were not bad enough, a great many people are alarmed at the very real possibility that murders of the unborn girl child over the past two decades are large, and rapidly increasing; because the technology required for determining the sex of the foetus has become easily accessible - not only in cities, but in rural areas as well, thus paving the way for 'sex selective' abortions. Indeed, some enterprising doctors have even begun using mobile vans to fully exploit this potentially lucrative market.

In general, there are three reasons for the increased incidence of bad news; not only about the sex ratio, but also about any other subject you care to name. One, our mind set, our moral depravity, is going from bad to worse. Two, things are gradually getting better; but nevertheless seem to be getting worse because of increases in our awareness of them (thanks to the dramatic way they are forced on to our consciousness); and, because, as we become ever more civilised, ever more refined, as our standards rise, we are ever more outraged by our depraved tendencies; increasingly unwilling to put up with them. Finally, the 'advance' of technology could be to blame; in the present case, it has made it easier for people to act on their preference for sons; easier for them to do away with a unwanted girl, if they choose to do so.

It is true that things are bad — and everyone believes that everything is getting worse; but what are the facts : are things getting better? or worse ?

The apparently 'small' decline in the sex ratio, between 1991 and 2001, for the 0-6 age group from 945 to 923 is not to be taken lightly. If true, it means that we have allowed many millions more girls to die in this decade than in the one before; or killed them — before or after they were born.

But let us go a little deeper. The 2001 census was the first to separately tabulate figures for the 0-6 age bracket; because it was felt that leaving out data on children below 7 would give us a more precise idea of the extent of illiteracy. The fall in the sex ratio for the 0-6 age group was discovered by accident, so to speak. Earlier censuses did not separately tabulate figures for the 0-6 age group; they instead reported figures for the 0-4 age group, 5-9, 10-14, 15-19, and so on.

Before the results for 2001 were out, many professional demographers had been bombarding us with the 'theory' that the fall in the sex ratio of the total population (from 934 in 1981 to 927 in 1991) must necessarily have occurred, or most probably occurred, because

NEWS ANALYSIS

an ever larger number of girl babies were getting killed before they were even born; on account of female foeticide or sex selective abortions.

I, personally, had my doubts whether and to what extent these fatalities, before or soon after birth, could possibly account for a fall in the sex ratio for the *total* population, running as it did into well over 800 million people.

On looking through the data, I discovered to my surprise that both in 1981 and in 1991, at the all-India level (excluding the figures for Assam, which was not censused in 1981, and Jammu and Kashmir, which was not censused in 1991), the sex ratio for children aged 0-4 was *better* than the sex ratio for the 5-9 group. The ratios for the 0-4/5-9 in 1981 were 977.68 and 940.83 respectively; and in 1991, 954.56 and 937.97. This was a huge surprise; if girl babies were indeed getting killed before they were born or soon after, the 0-4 age group should have been precisely the one where the deficit of girls was the highest.

This discovery also meant that if one increased the lowest age group from 0-4 (as in 1981/1991) to 0-6, the sex ratio for children would necessarily fall *regardless of whether little girls were getting better or worse off compared to boys*, going by the pattern in both 1981 and 1991 of the large and puzzling decline in the sex ratio for children, as they moved on to an older age group. This is something that can easily be put to test. If someone now decides to use data from the 1991 and 2001 censuses to compute and compare the sex ratio for the 0-9 age group, rather than only 0-6, the 'fall' in the sex ratio is sure to appear even larger.

Since access to and use of technologies for sex selective abortion are said to be increasing over time, it is odd that both in 1981 and in 1991, there were relatively more girls among the 0-4 age group (i.e. among those who were born *later*, in the second half of the decade), as compared to the 5-9 age group (i.e. the children who had been born earlier in the decade, when sex determination technology had not had a chance to spread so much).

One last thing; the 'good news' about the increase in the sex ratio for the overall population between 1991 and 2001, should be taken with a pinch of salt; given the much lamented fall in the sex ratio in the preceding decade, between 1981 and 1991, I am not at all convinced that we were right to shed so many tears over the drop in 1991 as compared to 1981.

Examining 'rates of attrition' for various cohorts over that decade (i.e. the size of the 0-1 age group in 1981 with the size of the 10-14 group ten years later, in 1991; and so on), I found to my surprise that there were 8.7 million more 10-14 year old boys around in 1991 than 0-4 boys in 1981. I simply do not understand where they could have come from.

The figure for 0-4/10-14 girls too was higher in 1991 than in 1981, by 4.5 million. Combining the 0-4 with the 5-9 group in 1981, there were 2 million more boys around in the 10-19 age group in 1991 than one would expect; even if not a single boy in the 0-9 age group in 1981 had died over the decade. The figure for girls, however, declined by 4.7 million; there were 85.9 million 0-9 girls in 1981, only 81.1 million of these were still around in 1991.

Given the large and unexplained relative 'increment' of boys between 1981 and 1991, it seemed likely that the sex ratio for children, and consequently for the population as a whole, had actually been worse than reported in 1981. If one looks at the figures for each census from 1901 to 2001 (972, 964, 955, 950, 945, 946, 941, 930, 934, 927, 933), 1981 definitely seems to be the odd man out. This would, incorrectly, make 1991 look bad; and, correspondingly, make the 2001 results look good when compared with 1991. I have therefore now begun toying with the idea of shooting the bearers of good news as well.

The Hindu
21 June 2001

A cheaper treatment for AIDS

BY P DIVAKARAN

Kasargod, June 21: To the thousands of people living with AIDS in the country life could be more bearable if the novel integrated home-based mode of treatment 'Gruhopachara', now being advocated by a handful of doctors practising various systems of medicine here, gain acceptance at the national-level.

Gruhopachara, the Sanskrit word which means "giving treatment at home", is the brainchild of a group of doctors led by Dr S R Narahari, a practising dermatologist here.

It involves combined application of all the systems of medicine, including allopathy, ayurveda and homeopathy for the continued care of HIV-infected persons.

The team of doctors who have drawn up a document enlisting the advantages of this multi-pronged approach of providing relief to the infected population already had submitted the proposals to the director of National AIDS Control Organisation and the State Health department.

The biggest advantage of Gruhopachara, according to the physicians sponsoring the new system, is that the total drug cost for the management of patients with AIDS could be brought down considerably.

The total drug cost for an AIDS patient in India according to the present WHO guidelines is Rs 9,439 per year. The cost of anti-retroviral therapy which is estimated at around Rs 1,20,000 per year for one patient, however, is beyond the reach of the majority of infected population in the country.

According to Dr Narhari, Gruhopachara aims at identifying and initiating prompt and effective therapy for the patients afflicted with the disease. Drugs for a majority of opportunistic infections could be provided free of cost. In cases where indigenous medicines have been proved to be effective, such preparations could be provided as home remedies or in the hospital ward as an alternative to allopathic medicines for the purpose of palliative care. A trained doctor shall administer the alternative medicine under the supervision of the multi-disciplinary team, he said.

Under Gruhopachara, there is provision to give *Rasayana Chikitsa* to those willing to accept it. The new approach is proposed to meet AIDS threat,and is claimed to be better suited to the country.

The Indian Express
22 June 2001

AIDS situation alarming: U.N.

UNITED NATIONS, JUNE 21. The United Nations has called for firm commitment by top-level leadership across the world, "extraordinary" response and finding billion of dollars to fight the HIV/AIDS epidemic which has penetrated every part of the world, reversing important development gains.

In a report released ahead of the three-day special General Assembly session on AIDS beginning on Monday, the world body said dozens of countries were already deep in the grip of the epidemic with many more teetering on the brink. "The scale of threat they face is unprecedented, outstripping the worst-case scenarios of the only decade ago," it stressed.

The epidemic, it says, radiates across the society and in worst affected countries, it is fraying police forces, adversely affecting health care systems, affecting productivity and competitiveness and scaring away investors. In India, it has low prevalence rates but given its vast population, this translates into 3.7 million people living with HIV/AIDS, more than any other country besides South Africa.

But it says the poorer counties are suffering much more the effects of the epidemic than the industrialised nations where almost 1.5 million live with HIV.

Some 5.3 million people became infected globally last year, 600,000 of them children. Over the next decade, without effective treatment and care, at least 4.3 million will join the ranks of some 22 million who have died of the disease since its first clinical evidence was detected in 1981, it said.

Though Africa is the worst affected, the deadly disease has not spared other regions too. The world body estimates that 780,000 people became infected in South and South East Asia last year alone.

In Africa, sub-Saharan areas remain worst affected. More than 25 million Africans are living with living with HIV and 17 million have already died of AIDS which is three times the deaths in the rest of the world. Two million more women than men carry HIV, the virus which causes AIDS. More than 12 million children in the region had been orphaned by the disease by the end of 1999. In sub-Saharan Africa, the virus spreads mainly through heterosexual intercourse and women's physiological, social and economic vulnerability contributes to their higher rates. In Latin America and Caribbean countries, almost 1.8 million people are living with the disease. — PTI

The Hindu
22 June 2001

Gates gives $100 m. to AIDS fund

BRUSSELS: The Bill and Melinda Gates Foundation on Tuesday donated $100 million to an international health fund to fight AIDS and called on European Union nations and other countries to make further contributions. "A dramatic increase in funding is necessary and required to fight the pandemic," said the Foundation president, Ms. Patty Stonesifer, who was in Brussels to meet with Mr. Poul Nielson, E.U.'s Development Commissioner. She was also to meet with members of the European Parliament. Ms. Stonesifer said the fight against AIDS was a "top priority" for Mr. Bill Gates, founder of Microsoft Corp. and one of the world's richest men. "We support the establishment of the fund ... Improving health is the key to poverty reduction," Ms. Stonesifer said, adding there were 5 million new infections of the virus last year alone. The announcement of the contribution to the global fund was made ahead of a key U.N. conference on AIDS to be held next week in New York. — AP

The Hinud
20 June 2001

Aurobindo offers cheapest AIDS drug

Mumbai: Aurobindo Pharmaceuticals has offered to supply an AIDS triple drug cocktail to the world's poor at $295 per patient per year — lower than the price offered by rival Cipla in February. Aurobindo Managing Director Ramprasad Reddy said his company, like Cipla, had made its offer to international charity Medecins Sans Frontieres, other non-government organisations, and foreign governments. "Ours is probably the lowest price in the world," he said. "We have made an identical offer at $295 to all buyers, and there are no conditions attached," he added. *(Reuters)*

Deccan Chronicle
21 June 2001

Govt seeks priests' help to counter sex-ratio anomalies

The Indian Express
21 June 2001

By Sanchita Sharma

New Delhi, June 20: Unable to control the downward spiralling sex-ratio differentials through laws and regulations, the Government and the Indian Medical Association (IMA) are seeking help from an unconventional source: Clerics.

The IMA will bring together over 250 religious heads in Delhi on June 26, who will sit together with Science and Technology Minister Murli Manohar Joshi, Health & Family Welfare Minister C P Thakur, Human Resource Development Minister Sumitra Mahajan, Delhi Chief Minister Shiela Dixit, Delhi Health Minister A K Walia and Laloo Prasad Yadav to discuss ways of stopping the practice.

The Shankaracharya of Kanchi, Archbishop of Delhi, Akal Takht Jathedar Joginder Singh, Abdullah Bukhari, Acharya Gopisagarji, Sadhavi Rithambara, Professor Manjit Singh from Keshargarh Sahib, and Swami Agnivesh will be among those approached.

Jathedar Joginder Singh already took the lead two months ago, when he declared "anyone indulging in the unhealthy practice of female foeticide would be excommunicated."

With 793 women per 1,000 men in Punjab, and 820 women per 1,000 women in Haryana, Punjab and Haryana have amongst the lowest sex ratios in the world.

It's not that there are no laws in place. The Pre-Natal Diagnostic Techniques (Regulation, Prevention and Misuse) Act was implemented on January 1, 1996, but has proved completely ineffective.

"Not a single case has been filed for the violation of the Act even in States like Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh and Orissa, where sex determination techniques are regularly used to get sex-selective abortion done," says Health & Family Welfare Minister Dr C P Thakur.

The sex-ratio differentials have been going down drastically in the 0-6 years group, decreasing from 945 women per 1,000 men in 1999, to 927 women per 1,000 men in 2001. "We need to create awareness and change the mind-set of the people because in this crime, there are no witnesses, and if the demand remains, so will people who offer these services," says Saroj Pachauri, Director, Population Council.

The Indian Medical Association (IMA) admits that doctors are also at fault.

"Doctors are party to the crime by using technology to help people get sex-selective abortions done," says Dr Sanjiv Malik, Honorary Secretary General, Indian Medical Association (IMA).

"Now, apart from declaring ex-determination unethical, the IMA will actively recommend the derecognition of its members by the concerned medical councils." As for politicians, Malik says the Indian Medical Association (IMA) wants to involve politicians and put foeticide on each party's political agenda.

The Government, for its part, is planning to give the Act more teeth by introducing amendments to include the manipulation of chromosomes before conception as a form of foeticide.

"All ultrasound machines will have to be registered now to prevent people from setting up illegal clinics," says Family Welfare Secretary A R Nanda.

"We have to keep ahead, as recent trends have shown that as more people opt for small families, their preference for sons also increases."

The Hindu
21 June 2001

Centre's nod for injectable contraceptive for women

By Our Special Correspondent

NEW DELHI, JUNE 20. The Union Ministry of Family Welfare has given the go-ahead for social marketing of emergency contraception (the morning after pill) and introduction of *Net-en*, the controversial injectable contraception for women.

This was announced by the Union Minister, Dr C. P. Thakur, at the first meeting of the Empowered Action Group on Population here on Monday. The meeting, attended by representatives from eight densely-populated States, experts and NGOs, was told that permission had been granted to give women more choice. Bihar, lagging behind in the utilisation of Reproductive and Child Health funds, kept away from the meeting. So did the department of primary education. After the Supreme Court vacated the stay on introduction of *Net-en*, on a petition filed by women's groups which had argued that the side-effects of the invasive hormonal method had not been tried and tested on Indian women, the Government decided to introduce it as a pilot project.

Twelve medical colleges, in collaboration with the Indian Council of Medical Research, would introduce *Net- en*, manufactured by a German company, on a pilot basis. The colleges would study women's response to the bi-monthly shots. A vial, which costs about Rs. 120, would be subsidised under the social marketing scheme and would cost about Rs. 80 per injection. The colleges selected for the pilot project were the Delhi-based University College of Medical Sciences, the All-India Institute of Medical Sciences, the National Institute of Health and Family Welfare, Government Medical Colleges in Meerut, Allahabad, Sambhalpur, Gwalior, Udaipur, Shimla, Rohtak, Bhopal and the R.G. Kar Medical College in Kolkata.

In addition, 12 medical colleges had been identified in west and south India to conduct research on the acceptability of *Net-en*.

Dr. Thakur said national consultations on emergency contraceptives had been completed. The Government had accepted the primary recommendation to introduce *Net- en* under the social marketing programme "without delay." The eight States which participated in the meeting included Bihar, Jharkhand, Uttar Pradesh, Uttaranchal, Rajasthan, Orissa, Madhya Pradesh and Chattisgarh.

The Minister was not happy with Rajasthan and Gujarat going in for the two-child norm, which was against the spirit of the Cairo Conference that India had endorsed. To ensure better participation of doctors at the primary health centres, the Government would initiate discussions on the re-introduction of the three-year LMP (Licenciate in Medical Practice). Discussions would also be held on allowing MBBS doctors to conduct laparoscopic operations.

The meeting noted that although there were female foeticide in States, no one had been booked under the recently-enacted Pre-Natal Diagnostic Techniques (Regulation Prevention and Misuse) Act, 1994.

Siliguri mystery disease virus defies tests

STANLEY THEODORE
STATESMAN NEWS SERVICE

HYDERABAD, June 21. – The mystery disease that plagued Siliguri in February-March this year killing 42 people, including medical personnel, was presumably caused by a virus that remained unknown despite extensive investigations. But the virus was recognised to be lethal and highly contagious.

Dr Nihar Ranjan Haldar, a practising neurologist in Siliguri who examined the first seven patients, narrated the bizarre nature of the disease at the ongoing World Congress of Neurology, London. He made his presentation – "First epidemic of viral encephalitis in 2001 of highly infectious nature with fading mortality at Siliguri" – during a session on "Infectious diseases and tropical neurology."

"Most of them had coma and fever. They went into fits and started dying. In the beginning they all died, but it slowed down and at the end of five weeks, we saw no more deaths," he said.

He had been working with other researchers, including several national institutes, to find the cause of the disease. So far despite their best efforts, very little is known. The researchers have not found any virus that has been reported.

As no sign of parasites or bacteria was found and also because some symptoms resemble those of Japanese Encephalitis, it is believed to be a new virus that is still hiding its identity.

Its mysterious and lethal nature can be comparable to Ebola and Marburg viruses that wreaked havoc in Africa.

The session's chairman, Prof Thiravat Hemachudha, a neurologist from Chulalongkorn University in Bangkok, said: "It's certainly serious – the mortality rate of 70% puts it at a level with Ebola or Marburg. It's highly contagious, and it must be something unfamiliar to us."

The Ebola virus, named after an African river where it was first detected in 1976, killed 360 in Zaire and Sudan in three epidemic outbreaks till 1979. The source of the virus remains unknown, despite thousands of tests on animals near the affected areas. It struck again in Uganda between August 2000 and January 2001 claiming 225 victims, including 29 health care workers, a WHO report said.

The Marburg virus, named after a German town where it was found in 1967, hit Congo in March 1999 killing 60 people. It's similar to Ebola and thought to be transmitted by a species of African monkeys. There is no treatment or vaccine for Ebola or Marburg, a researcher of the Marburg virus wrote.

Despite involvement of the WHO and US Centres for Disease Control and Prevention in investigations, Dr Haldar called for more intensive efforts to discover the cause of the Siliguri disease.

Dr Haldar told *New Scientist*: "The local investigations we have done with cerebro-spinal fluid with blood proved to be negative." He said the identity of the virus is only a part of the mystery.

"We know very little about how it behaves. We tried to track it but we could not find the vector or the mode of transmission. Also we have no idea about the origin. The people who survived must have antibodies to whatever it is and we need to study them urgently."

The Statesman
22 June 2001

OPD FOR AIDS VICTIMS

KOLKATA, June 21. — The School of Tropical Medicine has opened an out patient department for AIDS victims. Doctors said 300 people had been found HIV positive in the past one-and-a-half year. — SNS

(Details on page 3)

Women's groups to protest against new injectable contraceptives

DH News Service

NEW DELHI, June 20

Even as the Health Ministry has allowed introduction of controversial imported injectable contraceptive NetEn, albeit in a limited scale, women's groups and a section of non-governmental organisations (NGO) are gearing up to start an all out agitation against the decision.

The ministry had agreed to introduce the contraceptive as a trial project in 12 medical colleges across the north and east India.

If it comes through successfully, the drug is likely to find wider use in the national family welfare programme.

The injectable contraceptive to be applied after every two months, would be used for at least one to two years to collect data on the safety of the drug, health minister Dr C P Thakur had said earlier in the week.

The minister said that the drug was in use in countries like Indonesia, Pakistan and Bangladesh.

It has been found safe in trials carried out in USA and New Zealand.

Family Planning Association of India (FPAI) and Federation of Gynaecologists and Obstetricians of India (FOGSI) have supported use of the contraceptive.

But talking to Deccan Herald, the president of All India Democratic Women's Association (AIDWA) Brinda Karat said that the move would have disastrous consequences on the fragile health of Indian women. AIDWA and a Delhi-based NGO "Sama" will submit a memorandum to the health minister tomorrow.

"We will let the health of Indian women suffer due to business interest of some multinational drug companies," Ms. Karat said, adding that "powerful lobby" is pushing hard to sell the product, manufactured by a German company, in India.

The Indian Council of Medical Research (ICMR) had started clinical trial of NetEn in the 1980s, but had to stop it because of its undesirable side effects.

Interestingly, the health ministry had said that the NetEn trial would be conducted in mainly north and east Indian hospitals, since ICMR is carrying out a similar study in south India.

But the Delhi-based women's group Saheli, alleged that ICMR never came out with the data, and the drug lobby may be pushing the drug in India as a huge population of women would be available for the experiment.

The drugs have little acceptance in the developed countries, and found use only in the developing world, where women do not have choice, said a Saheli representative. She however, admitted that the government is within its legal limit in trying the drugs in accordance with a decision of the Supreme Court.

Trials will be conducted in three medical colleges in Delhi, along with medical colleges in Shimla, Rohtak, Meerut, Allahabad, Kolkata, Sambalpur, Gwalior and Bhopal.

But the effect will be disastrous on poor women, said Ms Karat, as the country hardly has a monitoring mechanism. This is essential for administering the drug that affects the menstrual cycle to give rise medical complications.

"With little counselling and surveillance facility existing in the Indian medical systems, introduction of the drug is only meant for money-making. We are even worried whether the 'informed consent' norms will be followed in the trials of NetEn," said the Saheli representative.

Deccan Herald
21 June 2001

$9 billion needed to fight HIV/AIDS

By Our Science Correspondent

BANGALORE, JUNE 21. As the United Nations' General Assembly prepares to meet next week in a special session to consider an expanded global response for combating HIV and AIDS, an article published in the latest issue of the journal *Science* estimates that such a programme would require about $ 9 billion annually, half of which would be needed in sub-Saharan Africa.

About $ 4.8 billion would be required for prevention, including interventions focusing on youth, workplace programmes, mother-to-child transmission and condom distribution. Another $ 4.4 billion would be needed for treating opportunistic infections to which HIV patients become susceptible.

"Thirty-six million people are living with HIV/AIDS, 22 million men, women and children have died, and 15,000 new infections occur each day," the article said. Effective tools for prevention, treatment and support had been developed over the last two decades. Many countries, including some of the poorest, had shown political commitment and developed plans to upscale treatment and prevention programmes. What they needed were resources, the authors noted.

The annual resources needed for an expanded global response would increase from $ 3.2 billion in 2002, $ 4.7 billion in 2003, $ 6.8 billion in 2004 to $ 9.2 billion in 2005. Up to 80 per cent of the resources needed in Africa and South and South-East Asia may need to come from international sources. The funding required from international donors would represent only a seven to 10 per cent increase in the official development assistance currently being provided.

This level of spending by 2005 would provide prevention services for over 22 million, and voluntary counselling and testing for nine million. An additional 35 million women would receive testing at prenatal clinics and 9,00,000 would receive antiretroviral drugs to prevent mother-to-child transmissions. Special prevention programmes would reach almost six million sex workers, 28 million men who have sex with men and three million injecting drug users. These costs would include funds for over six billion condoms, according to the paper.

International acceptance of the emergency nature of the AIDS crisis had led to virtually all pharmaceutical companies substantially reducing the high cost of antiretroviral drugs. Acting individually and collectively, the world's high-income countries had signalled that they recognised the need for an extraordinary boost to fight AIDS.

The authors of the paper are from the Joint United Nations Programme on HIV/AIDS (UNAIDS), The Futures Group International, the National Institute of Public Health in Mexico and the London School of Hygiene and Tropical Medicine in London. The paper is available online from http://www.sciencemag.org/sciencexpress/recent.shtml.

Sonia likely to be part of delegation

By Our Special Correspondent

NEW DELHI, JUNE 21. The Congress president, Ms. Sonia Gandhi, is likely to be part of the Indian delegation to the special session of the United Nations' General Assembly on HIV/AIDS, which is being held in New York from June 25 to 27.

The special meet, which has been called to mobilise a more intensified global response to the killer disease, would particularly aim at galvanising political commitment and leadership to tackle the "global emergency".

The agenda for the meet includes the adoption of a declaration of commitment by Governments across the world of a series of strategic targets and timetables and formalisation of a global fund exclusively for tackling the HIV/AIDS epidemic.

The Union Health Minister, Dr. C.P. Thakur, who will lead the Indian delegation, said he would press for greater allocation from the fund for India as the country accounted for a major share of HIV/AIDS cases in the world. He was speaking to reporters after releasing a report brought out by UNAIDS as a forerunner to the conference.

Meanwhile, what could have turned out to be a major controversy was nipped in the bud after UNAIDS withdrew a statement in the report that 5.6 lakh children were estimated to have been orphaned in India because of HIV/AIDS. The UNAIDS withdrew the statement as being due to an oversight, after the Health Minister hotly refuted the figure. So far, the reported deaths due to the disease had been about 17,000 and even if the actual numbers were more than that considering the social stigma attached to the disease, the numbers of orphans could not be more than 70,000. he said.

The Hindu
22 June 2001

India to seek more funds to fight AIDS

Pioneer News Service

New Delhi

IT IS not feasible for the Government to provide subsidised anti-retroviral treatment to all HIV-infected people, but some programmes for subsidised treatment has been launched, Union Health Minister CP Thakur said on Thursday. India will seek more funds to check the spread of HIV/AIDS in Asian countries at the upcoming UN special session on AIDS, the Minister said.

"We have high hopes about the outcome of the special session, especially with regard to the commitment for a global fund to help poor countries," Mr Thakur told here at the launch of UNAIDS report 'Together we can,' ahead of the June 25-27 special UN General Assembly session. India is currently chairing the Programme Coordinating Board of UNAIDS. Mr Thakur also apprised newspersons about various initiatives on issues like prevention, care and support, and resources.

Besides, drugs to prevent mother-to-child transmission of AIDS has been introduced.

The cost of the drug is Rs 1000 per patient. It would become part of the national programme soon, he said. "We have also assured provision of full anti-retroviral treatment to health care functionaries who may suffer the risk of infection through accidental needle injuries," the Minster said.

The Pioneer
22 June 2001

CM sets precedent, to head State Aids Control Society

From B S Arun
DH News Service

NEW DELHI, June 22

Giving a new political direction to fight the dreaded disease AIDS, Chief Minister S M Krishna has assumed the chairmanship of the Karnataka AIDS Control Society.

Acting on the directive of Congress President Sonia Gandhi who wanted the Congress-ruled States to realise the dangers ahead, with a stunning increase in the number of HIV positive cases, Mr Krishna took over as the head of the KACS on Wednesday. He has also informed Ms Gandhi of the same.

This move is seen as an important step ahead as Karnataka is one of the six states in the country which is bracketed in the high risk zone.

Mr Krishna thus becomes the first chief minister in the country to take over as chairman of the AIDS Control Society, sending a right signal of full political backing to a movement that needs to be carried on with all seriousness.

Informed sources told Deccan Herald today that at the one-day meeting of the chief ministers of Congress-ruled States here on June 15, Ms Gandhi spoke strongly of the need to fight the dreaded disease which was spreading in many states with an alarming alacrity.

She stressed the need to give a political direction in the fight against HIV and called upon the chief ministers to be on the forefront in the fight against the dreaded disease. Ms Gandhi, who sources say, feels passionately on the subject, is due to address the speciall session on AIDS at the General Assembly of United Nations Tuesday next, while representing India.

The AIDS Control Society in Karnataka was so far headed by the chief secretary as chairperson and an IAS officer as project director. With Mr Krishna assuming the role of the chairman, he has taken the post away from the bureaucracy giving it a new thrust and shifting the fight against HIV into a new gear.

These societies are set up in all the States and Central funds go directly to these socieities in fighting AIDS.

The societies are broadbased with its members reprsenting various departments such as welfare, education, industry, etc.

Karnataka is one of the six states in the country having highest incidence of AIDS. Other states are: Andhra Pradesh, Tamil Nadu, Maharashtra, Manipur and Nagaland. While in Nagaland and Manipur most of cases were caused by drug usage, in other states it is mainly because of heterosexuality. Incidentally, three of the states in the high risk zone are Congress-ruled: Karnataka, Maharashtra and Nagaland.

The spead of the disease in Karnataka makes an alarming study : one per cent of the total babies born in the state are afflicted with AIDS infection; Karnataka is recognised as one of the high risk states by NACO [National AIDS Control Organisation] with more than one per cent of population in Bangalore infected by HIV etc.

Realising the seriousness of the spread of the scourge, Prime Minister A B Vajpayee had convened a meeting of chief ministers of the six States here last month in which Mr Krishna called for more Central assistance to fight the disease in Karnataka. He suggested a bold policy decision by the Centre to supply anti-HIV drugs free of cost to the patients.

In that meeting, Mr Vajpayee had underlined the need to remove some of the social evils in Karnataka that help proliferate the disease. Obviously referring to the Devadasi system which is believed to be playing an active role in the spread of the disease, the prime minister had stated that labourers from these northern districts of the State go to Maharashtra and Gujarat and take with them the disease too.

Deccan Herald
23 June 2001

Cheap Elisa kit developed to detect Hepatitis

Thiruvananthapuram: The Rajiv Gandhi Centre for Biotechnology here has developed a cost-effective and efficient Elisa kit for detecting the Hepatitis C Virus, which has recorded a high infection rate of three per cent in India. Centre director M R Das said foreign-made elisa kits available now were not cent per cent foolproof in detecting Indian strains of HCV. There were indeed variations among the strains depending upon the geographical variations. "The kit developed by US is strain specific. It is 2.5 times as much specific and sensitive to Indian strains of the HCV as compared to imported kit." Das, who is also the principal investigator of the project, said. *(UNI)*

Deccan Chronicle
23 June 2001

AIDS report mixup angers ministry

BY OUR SPECIAL CORRESPONDENT

New Delhi, June 22: The Union minister for health and family welfare, Dr C.P. Thakur, has taken a serious view of the bungling of figures related to AIDS orphans in India, put out by UNAIDS at a press meet on Thursday.

He has directed senior officials in the ministry to act promptly and sort out the figures pertaining to the number of AIDS deaths in India and the children orphaned as a result. The National Aids Control Organisation and UNAIDS are both putting their heads together to work out the figures by the end of the year. In 1999, a major controversy had erupted with NACO and UNAIDS being at loggerheads over the number of AIDS-affected people in the country. In 1999, NACO had estimated that there were 3.5 million AIDS patients in the country. In 2000, the figure had risen to 3.7 million. In 2001, both the UNAIDS and NACO had agreed upon the estimate of 3.86 million AIDS patients in India. As an advocacy expert put it, on the basis of these figures, UNAIDS had calculated the number of AIDS orphans in the country.

SPOTLIGHT

The estimates were based on a statistical method which was rigorous and went according to the range. Since there was a glaring discrepancy in the figures, it was felt that there was a need to work out the figures in co-ordination with the NACO. It is difficult to say at this point how far the figures are right or wrong.

Dr Thakur, for one, is extremely upset by the whole episode. Sources close to him said he had stressed that with such a sharp focus on the issue of AIDS in the media, such blunders were a cause of much embarrassment for the government.

The Asian Age
23 June 2001

Aurobindo Pharma may tap Africa to sell AIDS drug

M S Anand

HYDERABAD 22 JUNE

AUROBINDO Pharma has trained its sights on the African continent where the Acquired Immuno-Deficiency Syndrome(AIDS) is spreading in alarming proportions.

"There is a huge opportunity in Africa following the withdrawal of the patent suit filed by about 40 global pharma companies against the South African Government which allowed the sale of cheaper branded generic drugs," Mr Lanka Srinivas, director, Aurobindo Pharma told in a recent interview.

As per the survey conducted by National AIDS Control Organisation (NACO), the number of HIV positive cases in South Africa is over 25 million while in India, it is in the range of 3-4 million cases.

Other players like Ranbaxy, Hetero Drugs, and Kopran too have announced the launch of their AIDS drugs. "But our facilities especially the Unit VI which manufactures Sterile Cephalosporin has been approved by South African authorities," argues Mr Lanka Srinivas.

Regarding the domestic market, Mr Lanka said "There is no clear evidence on the size of the domestic market for anti-AIDS drugs but on the basis of turnover at retail level, it could be anywhere between Rs 100-120 crore," he said.

Aurobindo Pharma has 6 manufacturing units in Andhra Pradesh and Pondicherry. These are as follows, Pondicherry: Unit-I (Semi Synthetic Penicillins) Bolaram: Unit-II : (Semi Synthetic Penicillins) Kukatpally: Unit-III : (Formulation) Pashmylaram: Unit-IV : (Drug Intermediates & Quinolones) Unit-V : (Cephalosporins) Chitkul: Unit VI : (Sterile Cephalosporin).

The company has set up a new division — Immunus to offer HIV/AIDS drugs. Immunus has launched about five options so far and plans to launch seven more options within the current fiscal year. The medicines are being distributed through NGOs and government organisations besides the company's own network.

The Economic Times
23 June 2001

Contraceptive: Minister quizzed

By Sreelatha Menon

New Delhi, June 22: Union Health Minister C P Thakur was cornered Thursday by women's groups who listed the various side-effects of the injectible contraceptive Net-N which the government has decided to introduce in 12 centres. He was on the point of promising that he would reconsider the whole trial when Family Welfare Secretary A R Nanda stepped in and said that the trial would go on.

Speaking to this newspaper after facing a barrage of questions from women's groups like the All India Democratic Women's Association, Jagori, YWCA, CWDS, Joint Women's Programme and Sama, Nanda said that going back on introducing the injections was not possible.

"You cannot prevent an operational trial of a drug in this country," he said, adding that he would instead ask the women's groups to be present at the centres where the injections are to be given. However, the women led by Brinda Karat of AIDWA, said they would picket the centres and do everything possible to prevent the injections from being administered. They pointed out that the Indian Council of Medical Research had discontinued trials of Net-N after the second phase due to the numerous side-effects.

Earlier, when women activists confronted Nanda with a list of severe side-effects produced by Net-N, Nanda said. "We are not introducing it in the family planning programme. It is only a trial." But when Karat asked him why the trials were being undertaken when the government knew about the side-effects, the secretary had no reply. Why should these women be offered an injection which would make it impossible for them to work because side-effects like irregular menstrual cycles it was pointed out to the minister that Net-N could lead to loss of fertility by an expert in the Indian Council of Medical Research.

The Indian Express
23 June 2001

'Emergency contraceptives' may be introduced

NEW DELHI, June 22 (DHNS)

The Centre may introduce 'emergency contraceptives' in the national family welfare programme within the next-two years as one of the means to stabilise growing population, according to Union Health Minister C P Thakur.

Emergency contraception — taking medicines after sexual intercourse — would provide a safe and effective method to prevent unwanted pregnancy and reduce the number of deaths due to abortions, Dr Thakur said after releasing a report on the national consensus on such ways of contraception.

In India, about 11 million abortions take place each year and 20,000 women die due to abortion-related complications.

About 78 per cent pregnancies are unplanned and unwanted pregnancy, Dr Thakur said. About 75-99 per cent pregnanciy could be prevented by the method.

Secretary to the Department of Family Welfare A R Nanda told reporters the report that contained recommendation from an expert group involving World Health Organisation and the All-India Institute of Medical Sciences (AIIMS) here would be translated into an action plan soon to evaluate the pros and cons of introducing the method in the national programme.

Experts have suggested a drug called Levonorgestel as the dedicated means of emergency contraceptive (ECP). Dr Sunita Mittal, Professor at the AIIMS and chief coordinator for the national consensus meeting, said Levonorgestel did not have any side-effects and had a window of about 120 hours.

However, it would be sold only on prescriptions, Mr Nanda said.

Deccan Herald
23 June 2001

Curbing AIDS

Union health minister CP Thakur's statement on Thursday that India will seek more funds at the forthcoming special session of the United Nations in New York on AIDS, to check the spread of the disease in Asia, is understandable. According to NGOs, AIDS kills three lakh adult Indians every year. Though the UN Secretary General, Kofi Annan has already endorsed India's proposal for setting up a global fund for AIDS, Dr Thakur is clearly unwilling to leave things to chance in India's case. Hence, according to him, India will ask for a larger share of funds for Asia along with China and Thailand. With the virus literally spreading by the minute, the demand is justified particularly since the Government is in no position to subsidise treatment for the affected.

Meanwhile, it is unfortunate that AIDS still has no vaccine though it has been 20 years since the disease was first officially detected in the gay community in the United States, and vast amounts of money have been spent on research. Globally, it has affected 36 million people; 21.8 million have died, including 3 million last year. Each year 5.5 million people are infected, which means 15,000 a day. The closest to a cure is the "controversial" highly active anti-retroviral therapy (HAART) which some drug companies seek to project as the only antidote though it does no more than "promise" to help patients to lead productive lives. Unfortunately India is not in a position to subsidise its distribution. There is, however, a way out. Many Indian drug companies have offered to export anti-retroviral drugs at $350 per patient, to Western nations where one has to pay between $10,000 to $12,000 for a course of treatment. Though, the Indian price is vastly lower, it has to be seen in the context of the nation's poor per capita income of $440 or roughly Rs 20,250. It would be a good idea if, in addition to seeking UN funds, the Government created a corpus from the earnings from anti-retroviral drugs export to subsidise the distribution of the medicine in India.

Given the global nature of the disease, it needs to be countered not in isolation but internationally. Hence, the idea of a global fund as well as one for Asia is eminently sensible. Simultaneously, the Government must move quickly to implement its plans to set up AIDS testing centres in all district headquarters by the end of 2002. These centres will also provide pre and post testing counselling along with free tests for HIV/AIDS. But anti-retroviral therapy still remains "an impossibility". It is also regrettable that unlike the NGOs, the National AIDS Control Organisation (NACO) which is supposed to be the centre for AIDS related information in India, has no clear idea of the number of AIDS-related deaths in India. While dependable statistics and availability of medicines are important, it will require more than these and UN funds to control the dreaded virus. There is a need for a change in the way some people live.

The Pioneer
23 June 2001

Scientists finds ways to fight sex diseases

London: Programmes to limit the sexual transmission of diseases could be made more effective by being specifically targeted at the most promiscuous people, American and Swedish scientists said on Wednesday.

The critically acclaimed play and film *Six Degrees of Separation* suggests that anyone on earth can trace a connection to anyone else through no more than six others. The scientists have found the average number of sexual partners that link one person to another is about the same.

They made their estimate by studying a survey of the number of sexual partners each of nearly 3,000 Swedish men had in a year.

"From the distribution of connectivity, you can estimate what the number would be. My guess would be an average number between three and seven," Luis Amaral, of Boston University, said. The research, reported in the science journal *Nature*, says that the small sexual separation between most people stems from the fact that a small number of men have an unusually large number of sexual partners.

Amaral and his colleagues at Stockholm University in Sweden believe the study could explain the rapid spread of the HIV virus that causes AIDS. *(Reuters)*

The Asian Age
22 June 2001

Holbrooke has new job, to wage war against AIDS

United Nations, June 20: Richard Holbrooke, the former US ambassador to the United Nations, is back at the world body to tell businessmen they should take care of their employees afflicted with AIDS.

An early champion of international action to combat the killer disease, Mr Holbrooke said on Tuesday that he had accepted a non-paid post as president and chief executive officer of the Global Business Council, a group that includes corporations trying to combat AIDS.

The council, formed in 1997 in London, is chaired by MTV Networks International, a unit of Viacom, Inc. It is coordinating a private-sector response to UN Secretary-General Kofi Annan's appeal for a $7 billion to $10 billion annual war chest to fight the disease.

"I have come to believe that despite all the many other major problems we face in the world today — terrorism, nuclear weapons, drugs — that AIDS is the greatest threat," he said in an interview. "Businesses which have activities in high impact AIDS areas have a tremendous role to play," Mr Holbrooke said.

The United Nations is holding its first major conference on AIDS, from June 25 to June 27. Mr Holbrooke had convinced the UN Security Council for the first time to recognise AIDS as a major threat. *(Reuters)*

The Asian Age
21 June 2001

'US must commit to fight AIDS'

Washington: Former President Bill Clinton said on Sunday the war on AIDS in the developing world is winnable, but cannot be fought on a 'shoestring' budget. In an op-ed piece in Sunday's *Washington Post*, Clinton endorsed a United Nations call for a global fund to help poor nations fight the AIDS pandemic and urged the U.S. to commit to the anti AIDS campaign.

The Indian Express
25 June 2001

Needless controversy

It is possible that in a vast country like India where the majority of people are illiterate and impoverished, the actual number of those unfortunate people who have contracted the deadly AIDS virus may vary from one agency's estimates to another. Having said that, it is nothing short of utterly reprehensible that some "authorities" on the issue have chosen to indulge in a completely pointless debate. The ongoing controversy is beating around the bush, as it were. The short point is simple: If there is some agency, official or unofficial, Indian or foreign, which has categorical information that AIDS figures are being deliberately fudged in this country, the least that they ought to do is to come out with a comprehensive factsheet. Instead, hair-splitting and posturing seem to be the order of the day. Certain facts of the matter are too obvious to be misunderstood. For one, in spite of rather insufficient HIV/AIDS surveillance in the country, the menace is not half as alarming in this country than it is made out to be by some. Equally, it will be facile to assume that the problem does not represent a rising trend. Specific studies are now available from the north-eastern states in particular which show a relatively higher share of the dreaded scourge than other regions. However, the problem is spread all over India, even when its intensity may vary. Maharashtra and Tamil Nadu are two of the worst affected states as far as AIDS is concerned. Controlling the virus is a very serious and sensitive issue; it is practically impossible to get the blood samples of every Indian examined. There is also the fact that examining blood needs the prior consent of the person concerned. The enormity of sample-testing is another area which needs to be kept in mind. There is also a distinct possibility that someone might actually be an HIV positive case but may not know of the matter; such a person may, quite unsuspectingly, infect another either through sexual contact or through blood transfusion etc. The most ticklish issue raised by the ongoing controversy is whether it is prudent to ensure the confidentiality of the HIV positive cases or not. The matter can be debated endlessly, with the moral and the social aspects of the issue being brought home sharply. But, in the end, the main issue is how to prevent the AIDS virus from spreading and how to educate people about what the virus is and how there is life even after being a confirmed case of HIV positive. If, in the whole process, there are people who are deliberately distorting issues, fudging facts and figures or playing politics with AIDS, they ought to be immediately exposed. The fundamental premise of any civil society is the right to knowledge and information. Obscuring these essential aspects of surveillance and detection is not going to help anybody. Instead, it is going to kill a whole lot of people. One myth which has been broken in recent times, but needs to be broken further is that only the veritable "others" can have AIDS, not the beautiful people. AIDS has killed countless numbers, and those who have perished to the virus include film and sports' stars, celebrities of various hue and of course the ordinary person ignorant about the deadly virus. Nobody is immune from AIDS; till that fact is internalised, asinine controversies will keep some people needlessly busy.

The Asian Age
23 June 2001

The Hindustan Times
24 June 2001

A cost-effective Hepatitis kit now

The Rajiv Gandhi Centre for Biotechnology in Thiruvananthapuram has developed a cost-effective and efficient Elisa kit for detecting the Hepatitis C Virus, which has recorded a high infection rate of three per cent in India. Centre director M.R. Das said that foreign-made Elisa kits available now were not cent per cent foolproof in detecting Indian strains of HCV. There were indeed variations among the strains depending upon the geographical variations.

The Asian Age
23 June 2001

ILO evolves codes for Aids sufferers

GENEVA, June 23 (Reuters)
The International Labour Organisation (ILO), which brings together governments, unions and employers, has announced it had drawn up a new code to protect the job rights of Aids sufferers. The code, the first such effort to spell out a policy for dealing with the killer disease at the workplace, will be formally presented at the United Nations' special assembly on Aids next week in New York.

"Health is always an issue in job hiring and it would be naive to think that Aids was not be a big consideration when taking people on," said ILO spokesman John Doohan yesterday.

The code, which rejects all forms of discrimination against Aids sufferers, was approved by the ILO's governing council, which is made up of 28 governmental representatives and 14 each from employer and employee bodies.

Although it is not binding in law, officials said that the code would send out a strong moral and political message to the 191-member countries of the ILO, one of the world's oldest international organisations. "It is the most wide-ranging and comprehensive blueprint for workplace policy on HIV/Aids ever... And addresses this present situation as well as future consequences for the workplace," ILO Director-General Juan Somavia said in a statement.

Aids or HIV, the virus that triggers the disease, "should be treated like any other serious illness/condition", reads the first of the code's nine key principles.

"In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/Aids, there should be no discrimination and stigmatisation against workers on the basis of real or perceived HIV status," it says.

Screening for Aids should not be required for job applicants or for people already in employment and any testing should be entirely voluntary, the ILO said. Where a person had been exposed to potential infection at the workplace, they should be referred to medical facilities. The disease affects some 36 million around the world, 25 million of them in sub-Saharan Africa. The code also opposes any discrimination against sufferers by insurance companies and calls for all information relating to a person's HIV status to be treated as confidential.

Deccan Herald
24 June 2001

Sonia to address UN meet on AIDS

DH News Service

NEW DELHI, June 23
Congress President Sonia Gandhi today left for a six-day visit to the United States, during which she will meet the Bush administration's National Security Advisor Condolezza Rice and Deputy Secretary of State Richard Armitage, and address the UN General Assembly's special session on HIV/AIDS.

Ms Gandhi will also call on United Nations Secretary-General Kofi Annan and address the India Caucus of the US House of Representatives during her US tour. There is a possibility of her calling on US Vice-President Dick Cheney too, but that meeting has not been confirmed as yet.

She will discuss with Ms Rice and Mr Armitage issues relating to further strengthening the political and economic relationship between India and the US, party sources said. At the UN meet on HIV/AIDS, where the leader of the Opposition will be present as a member of the Indian delegation led by Union Health Minister C P Thakur, Ms Gandhi will speak on how India is tackling the deadly menace.

Ms Gandhi, accompanied by the party's economic affairs department chairman Dr Manmohan Singh and Secretary Jairam Ramesh, external affairs department chairman K Natwar Singh and Mumbai Regional Congress Committee President Murli Deora, will also speak at an investment meet organised by the Confederation of Indian Industry. She is expected to reaffirm her party's commitment to economic reforms during her interaction with the investors' community.

As per her itinerary, she will also address the Asia Society, the Council on Foreign Relations and the Overseas Indian Congress during her stay in New York. Her Congressional and CII engagements are in Washington. On her way to the US, Ms Gandhi will also visit Iceland for a day at the invitation of the country's president.

Deccan Herald
24 June 2001

India second to S Africa with 3.7 m AIDS patients

Our New Delhi Bureau

22 JUNE

INDIA has 3.7 million people living with HIV/AIDS, second only to South Africa and the Unaids report, "Together We Can: Leadership in the World of AIDS" released here squarely blames unsafe sex and drug-injecting practices for the rising prevalence rates.

Releasing the report, in preparation for the UN General Assembly's Special session on HIV/AIDS, to be convened in New York on June 25, minister for health and family planning, C P Thakur said India, as chairman of the Programme Co-ordianting Board of Unaids, would definitely stake claim to allotment of substantial funds to the country as well as other Asian countries where the 'potential of an unchecked spread of HIV/AIDS exists, if timely action is not taken'.

He hoped the UN would keep Asia in priority along with the sub-Saharan Africa which was the worst affected area. "We have high hopes on the outcome of the special session, especially with regard to the commitment for a global fund to help resource poor countries," he said.

Dr Thakur, however, said the figure of 5,60,000 children —orphaned due to AIDS in India, as per the UN fact-sheet was erroneous and he would write to the UN to correct it to 60,000-70,000.

Besides, Dr Tahkur said an initiative to introduce drugs to prevent mother-to-child transmision of AIDS, (at a cost of about Rs 1000 per patient would become part of the national programme "very soon".

Country programme advisor Unaids India, David Miller conceded that national governments were not consulted in compilation of the figures which were based on estimates and assumptions.

While the confusion brings to mind a similar incident in Africa where the health minister had disputed the UN claim, the threat of the pandemic spreading at an alarming rate in Asia is real.

Dr Miller said the burden of the disease was maximum in sub-Saharan Africa, but the disease was slowly moving to India. Reports indicated that states in the South and North East India had been seriously affected, he said.

The Economic Times
23 June 2001

New contraceptive pill on cards

Staff Reporter

New Delhi

IN WHAT would be a boon for women wishing to get rid of unwanted pregnancies, a new pill Levonorgestrel will soon be available in the market as a means of emergency contraception.

But it will be at least two years before it finds a place for itself in the National Health and Family Welfare programme.

Announcing this recently, Union Minister for Health and Family Welfare Dr C P Thakur said the pill, when made a part of the National Health and Family Welfare programme, would greatly help in controlling India's burgeoning population.

He was releasing the report and recommendations of the Consortium on National Consensus for Emergency Contraception held at AIIMS a few months back.

Speaking to newsmen, Dr Thakur said the population problem in India was province specific and drugs to tackle emergency contraception were greatly needed.

"The main aim of the drug is to empower women," said Dr Thakur. The pill is effective for five days since the day of sexual contact. If taken within that "window period", chances of the woman becoming pregnant are greatly reduced.

Elaborating on the effectiveness of the pill, chief co-ordinator of the consortium, Professor Suneeta Mittal of the Department of Obstetrics and Gynaecology said research had shown that the pill was 92 per cent effective.

"Of all the people on whom it was tried, only four per cent experienced nausea," said Prof Mittal. Research on the pill has been on since 1996 at AIIMS. Along with it, there have been 21 other centres around the world where similar research work was carrying on.

Presently there are no oral emergency contraceptives available in India. What is offered is four specific doses of Mala-D but a major side-effect of that is it leads to nausea.

The Pioneer
25 June 2001

Appeal to UN on funds for AIDS

HUNDREDS OF AIDS activists demonstrated in pouring rain on Saturday to appeal for increased support for people with AIDS worldwide. Their march and rally were held to coincide with the United Nations General Assembly's first special session on the health crisis that has claimed more than 22 million victims and left 36 million others facing a death sentence.

"People are dying, whether we want to admit it or not, and we have to do the right thing," said Mercy Makhalemele, founder of the Tsa Botsogo AIDS Organisation of South Africa, who came to New York to speak at the rally and attend the UN session.

Representatives of dozens of nations planned to meet starting on Monday to adopt new targets for a global campaign to halt the epidemic.

"The United States should cancel all debts to African nations and that money should be used to keep people from dying," Makhalemele told cheering demonstrators, who huddled under umbrellas and held soggy placards reading "Money for AIDS care, not debt and "Generic AIDS drugs save lives."

"One in five South Africans are infected with HIV, but it's not about numbers, it's about people. I can't count the number of friends I have lost to AIDS," she said.

Ruth Messinger, former Manhattan borough president, called AIDS "a crisis that is destroying the future of the world," and urged the US administration to do more to fight the disease.

AP, New York

The Hindustan Times
25 June 2001

Clinton lauds T.N. efforts to fight AIDS

WASHINGTON, JUNE 24. The former U.S. President, Mr. Bill Clinton, said today that Tamil Nadu, where people and government were working to stop HIV in its track could be an example to the world in its war against AIDS.

Ahead of the UN special session on AIDS, he lauded the Indian efforts and said: "Tamil Nadu, is where ordinary citizens and their government are working together, with great success, to stop HIV in its tracks." The experience of Tamil Nadu, Uganda, Senegal and Brazil show that with increased effort and funding, as urged by the UN Secretary-General, Mr. Kofi Annan, "can win the war on AIDS," he wrote in the *Washington Post*.

"We must fight AIDS as we would any other life-and- death struggle, with overwhelming determination. Around the world, local organisations have proven that with strong leadership, popular commitment and proportionate resources, they can slow or even reverse the rate of new infection and provide life-prolonging treatment for the sick," he said, adding, Uganda, once the centre of Africa's the epidemic, has seen its infection rate drop by more than half through an unremitting and vigilant public awareness campaign. — PTI

The Hindu
26 June 2001

Vaccine goes on human trial

PORT-OF-SPAIN (TRINIDAD), JUNE 24. Researchers testing an experimental HIV vaccine have injected the first of 40 volunteers in Trinidad for a study sponsored by a U.S. health agency and the French and U.S. manufacturers.

"The inspiration to join the programme came from knowing people who had been infected — that motivated me to help somehow," the 28-year-old male volunteer said on condition of anonymity.

He was injected with the first shot of the combination vaccine — Alvac — manufactured by Aventis Pasteur of Lyon and Rg120 Mn made by Vaxgen of San Francisco.

Both are synthetic vaccines that cannot give a person the HIV virus, according to the U.S. National Institute of Allergy and Infectious Diseases, which is sponsoring the trials.

A Trinidadian Government ethics committee gave its approval in November, and "our medical ethics committee has ensured that the researchers will give the volunteer the best medical treatment that is available worldwide," said the Health Minister, Mr. Hamza Rafeeq.

The Caribbean, with 2 percent HIV infection rate, has the highest incidence of AIDS after Africa. Officials estimate at least 17,000 are infected with HIV in Trinidad and Tobago, a two- island Caribbean nation of 1.3 million people.

He said they would choose the rest of the volunteers — who must be free of HIV and are compensated only for meals and lost job time — over the next six months.

The foundation is working with research centres in Brazil and Haiti — which also will carry out trials on 40 volunteers each — and U.S. universities such as the University of Baltimore, Cornell University and the University of Pittsburgh.

— AP

The Hindu
25 June 2001

How the world can win its battle against AIDS

By Kofi A. Annan

There are two wrong approaches to the global threat of HIV/AIDS. One is to underestimate or ignore it. The other is to despair. The first can only be described as irresponsible. The second is unjustified.

No continent, no society, and no social group is immune from this scourge. Twenty-two million people have already died and last year's total of three million was the highest yet. Adolescents and children are dying every day, and in every country. So are their parents — young adults — in what should be the prime of their lives.

In some African countries today one quarter of the population is infected; the workforce is being decimated; and decades of progress in raising living standards and life expectancy is being wiped out. The same will soon happen to countries in other parts of the world — Asia, eastern Europe, the Caribbean — unless they take drastic action now.

But action is possible. Despair is not justified, for we are not powerless against this epidemic. Even poor and middle- income countries can protect themselves by combining prevention and treatment, as Brazil, Senegal and Thailand have shown. Even the worst affected countries can confront the disease and contain its spread, as Uganda has shown.

In the last few months, the world has at last woken up. International drug companies, responding to world public opinion and to competition from generic manufacturers, have slashed the price of antiretrovirals and other AIDS-related medicines in the poorest countries. Providing treatment to infected people in those countries is no longer an impossible dream.

In Africa political leaders, too, have faced up to the problem as never before. Two months ago, at the African summit in Abuja, Nigeria, I sensed a new spirit of urgency. All the nations represented there undertook to increase the share of resources they devote to health, and to HIV/AIDS in particular.

At Abuja, I laid out five key objectives for the worldwide struggle: First, we have to prevent the disease spreading further, above all by teaching young people how to avoid it. Second, we must stop the cruellest infections of all — those from mother to child. Third, we

OPINION

must bring care and treatment within reach of all those infected. This is not an alternative to prevention, but an essential complement to it, since people are more willing to take HIV tests when they know there is hope of treatment. Fourth, we must step up the scientific search, both for a vaccine and for a cure. And fifth, we must protect those whom AIDS has left most vulnerable starting with the orphans.

Those five objectives were chosen after wide consultation among all those involved in fighting AIDS. They form the nucleus of a strategy on which all can agree. And they are achievable. All this can be done, in the whole of the developing world, for an annual expenditure of $7 to $10 billion, provided it is sustained for the long term. That represents a five-fold increase on what is now being spent. But it is only a quarter of New York city's budget. The world can surely find this amount.

Some of it will be found within developing countries. But clearly international solidarity is needed. And I believe the public in developed countries is now ready to show it. They understand that it is in their self-interest to do so, since no country can be unaffected by a global disaster of this magnitude.

Governments, foundations, commercial companies, private individuals all have been coming forward in the past few months, wanting to play their part in the global effort. Some already know how they want to spend their money, and to whom they should give it. But others want to contribute to a global fund, which can make sure all five priorities are addressed, and can simplify the application procedures for countries that need assistance. Several countries, one major corporation, and countless individuals have already pledged money for this Fund. Today in New York the United Nations General Assembly begins a Special Session on HIV/AIDS, during which I am sure more countries will announce contributions.

Every day lost is a day when over 10,000 more people become infected with HIV, and many millions of people living with AIDS suffer unnecessarily. We can beat this disease. And we must. But the longer we delay, the higher the cost will be.

(The writer is Secretary-General of the United Nations.)

The Hindu
26 June 2001

Sonia to meet US officials, address AIDS meet in UN

From Shahid Faridi

New Delhi, June 23: Congress president Sonia Gandhi is likely to have wide-ranging talks during her week-long visit to Iceland and the United States.

Senior party leaders said the aim of her trip is to reassure the US that the Congress wouldn't allow the economic reforms process initiated by the party to be derailed with a change of government.

She is expected to meet senior members of the Bush administration including National Security Adviser Condoleezza Rice and Deputy Secretary of State Richard Armitage in Washington.

She will also address the UN general assembly special session on HIV and AIDS next week to offer an insight into India's efforts in tackling the deadly disease. Sonia will meet members of the India caucus in Washington, have discussions on international issues with UN secretary general Kofi Annan at the UN headquarters and have a luncheon meeting with the Press in Washington on June 28.

She will also address a joint private dinner meeting of the Asia Society and council of foreign relations. On Monday evening, the Congress president will meet members of the Indian community at a public meeting being organised by Indian National Overseas Congress in Manhattan. An investment meet is also organised by the Confederation of Indian Industry.

Deccan Chronicle
24 June 2001

Notice to Pfizer over Cadila Penegra plea

New Delhi: The Delhi high court issued a notice to American pharmaceutical major Pfizer on a petition by the Indian pharma giant Cadila Healthcare challenging the court order restraining it from marketing the anti-impotency drug Penegra. Justice Manmohan Sarin and Justice O.P. Dwivedi asked the US company to file its reply by Monday. Justice A.K. Sikri had passed an order restraining Cadila from producing, manufacturing or distributing any merchandise with the Viagra trademark. *(UNI)*

The Asian Age
26 June 2001

You can't fight AIDS with moral judgments: Annan

By Dharam Shourie

United Nations, June 25 United Nations Secretary General Kofi Annan on Monday opened the first ever international meet on HIV/AIDS calling for unprecedented response to the crisis created by the deadly disease which has left 22 million dead, saying it "cannot be dealt with by making moral judgement."

In an apparent rebuke to conservative Islamic nations and the Vatican which are objecting to gays and intravenous drug users being included in "vulnerable groups" in the final document, Mr Annan said "AIDS cannot be dealt with by making moral judgement or refusing to face the unpleasant facts."

"The world is still less likely to deal with it by stigmatising those who are infected and making it out to be their fault," he told delegates from more than 180 nations.

"We can do (deal with) it by speaking clearly and openly, both about the ways that people become infected and about what they can do to avoid infection," Mr Annan said.

Addressing the moralists, he said "when we urge others to change their behaviour so as to protect themselves against infection, we must be ready to change our own behaviour in the public arena."

The meet is expected to set goals for reducing the infection in a document to be adopted on Wednesday. Lamenting that the international response so far has not measured up the challenge, Mr Annan said "spending against AIDS in the developing world need to rise roughly five times" and called on rich donors to finance the global AIDS and health fund being set up for the purpose.

The fund would help to finance the comprehensive, coherent and coordinated strategy the world needs, Mr Annan said. The fund was proposed by Mr Annan who said seven to $10 billion were needed annually to fight the disease. It would be administered by an independent board the composition of which is yet to decided.

Stating the goal is to make the fund operational by the this year end, Mr Annan promised to continue to work with all stake holders to ensure that the goal is met.

So far, less than $550 million have been pledged. To fight the menace, which is spreading with frightening speed in eastern Europe, Asia and in the Caribbean, Mr Annan said "leadership is needed at all levels — community, national and international — and called for solidarity between rich and poor nations.

"The developing countries are ready to provide their share but they cannot do it alone," he said. "Ordinary people in developed countries are now showing that they understand it. I hope their leaders act accordingly, he said. *(PTI)*

The Asian Age
27 June 2001

The Asian Age
26 June 2001

CIPLA

It can be seen that Dr Reddy has flared up in a subdued market with a major gain. This is not astonishing given the developments taking place in the company. Similar good developments are taking place at Cipla and this could bring in very bullish movements. The company is well placed to capitalise the AIDS boom. It is reportedly lifting a huge quantity of raw material for supplying to the export market for AIDS. The stock is being accumulated by most funds and foreign institutional investors.

Annan calls for funds to fight AIDS

UNITED NATIONS, JUNE 25. In a powerful opening to the first global gathering on HIV/AIDS, the U.N. Secretary-General, Mr. Kofi Annan, urged world leaders on Monday to set aside moral judgments and face the unpleasant facts of a disease that has killed 22 million people and ravaged many of the world's poorest nations.

"Up to now, the world's response has not measured up to the challenge," Mr. Annan said.

Mr. Annan, who has made the fight against AIDS his personal priority, said money must be urgently mobilised and used effectively in response to this "unprecedented crisis". The United Nations opened a three-day session on AIDS with a potent symbol — a multicoloured, patchwork quilt honouring the millions of lives lost to one of the worst epidemics in human history.

Expectations for a successful gathering are high and varied for many of the 3,000 participants, including health experts, politicians, scientists, AIDS activists and patients working to find an end to the scourge.

Three days of conferences and meetings touching on everything from drug prices to homosexuality, AIDS orphans and funding will conclude on Wednesday with a document mapping out a global strategy to halt the disease and reverse its effects.

Hours before the conference, however, diplomats were still arguing over treatment versus prevention and fundamental differences on the language in the document.

Many Muslim nations and even the United States are vehemently opposed to specifically naming the disease's most vulnerable groups, including homosexual men. Others argue it is imperative to identify those most in need of the world's attention in the AIDS fight.

Somber messages were expected to follow from the leaders of Kenya and Nigeria — each home to more than 2 million HIV patients — and from impoverished Botswana and Zimbabwe. — AP

The Hindu
26 June 2001

Sonia for war against AIDS

UNITED NATIONS, JUNE 26. India today called for global, national and regional level initiatives to meet the challenge of the HIV/AIDS epidemic and internationally-funded research to find vaccines and therapeutic drugs so that benefits were available to all across the globe.

Addressing the United Nations special session on HIV/AIDS here, the Congress president, Ms. Sonia Gandhi, said while the thrust of global effort should be on prevention, care and support for those infected, it should not be restricted to only medical services but encompass social and emotional support from the family and the community at large.

The global efforts for prevention of HIV/AIDS should not be limited to high-risk groups but to all sections of people in affected countries, particularly students, youth, migrant workers, rural women and children.

Expressing full support for the global fund to fight the epidemic in developing countries, she stressed the need to make the norms for eligibility flexible, apportion resources equitably and ensure it serves the need of all regions of the world carrying high burden of the disease. Of the three factors — leadership, coordination and resources — identified as necessary to fight the disease, she said resources were the "most important and critical". "Largescale prevention programmes can only be put into operation by involving community representatives and grass-root democratic institutions and with them leaders from social, cultural and faith-based groups. The aim should be to bring about a behavioural change among the people at large," she added.

'Spread Cong. message'

Earlier, inaugurating the Indian National Overseas Congress (INOC) here on Moday, Ms. Gandhi asserted that her party would never deviate from the time-tested principles of secularism, pragmatic economic and social policies and eradication of poverty, adherence to which is absolutely essential for the development and unity of the country.

She criticised the self-appointed guardians of Indian culture who, she said, in effect had twisted it for their own ends and did not believe that diversity gave the country strength. The Congress, she said, was the only party which had for over a century consistently followed the tradition of inclusiveness, social justice, uplift of the poor and empowerment of the vulnerable groups.

Ms. Gandhi had an hour-long meeting with the former U.S. Secretary of State, Dr. Henry Kissinger. Urging non-resident Indians to carry forward the Congress message and become part of the gigantic organisation which had the country's welfare at its heart, she said the party always believed in a mixed economy and continued to do so. — PTI

Deccan Herald
27 June 2001

58 nations want to try cheap drugs for AIDS

BY OUR SPECIAL CORRESPONDENT

New Delhi, June 26: Efforts to improve and speed up the access to care for people living with HIV/AIDS is gaining new momentum, the Joint United Nations Programme on HIV/AIDS(UNAIDS) said on Tuesday.

A total of 58 countries have now expressed interest in gaining access to lower-price drugs — including treatment for opportunistic infections and antiretroviral therapy — in the context of the public-private partnership started in May 2000 by five United Nations agencies and five private sector companies. These countries are participating in the UN Session on AIDS being held in New York.

Five research-based pharmaceutical companies (Boehringer Ingelheim, Bristol Myers Squibb,Glaxo Wellcome, Hoffman La Roche and Merck) and the World Health Organisation, World Bank, UNICEF, UNFPA and the UNAIDS Secretariat have been exploring ways of speeding up access to HIV/AIDS related care and treatment in developing countries. Twenty three countries have indicated interest in the past month alone. Eleven of the participating countries (ten of them in Africa, one in Latin America) have already reached an agreement with manufacturers on significantly reduced drug prices.

The process is gaining new momentum as regional groups of countries recognise the potential of driving drug prices lower through regional procurement.

This regional approach potentially also offers people moving between countries in a region, access to fairly standard levels of care. Countries in Southern, Eastern and West Africa are actively pursuing this option.

"A regional approach holds strong potential to expand the benefits to expand the benefits of improved access to care, for example through the possibility of bulk purchasing, shared technical assistance and joint resourcing," said Dr Peter Piot, executive director of UNAIDS.

Competition from genetic manufacturers and a proactive attitude on the part of the research and development-based industry have helped to reduce drug prices. Uganda's approach to lowering prices for example, has involved direct competition between generics and research and development-based manufacturers.

The Asian Age
27 June 2001

Condom ads drive Philip Morris wild

BY RAJIV SEKHRI

Toronto: A new advertisement promoting condom use is landing Toronto's non-profit AIDS committee in trouble with US cigarette giant Philip Morris because the images of tall, young men in cowboy hats and boots are too similar to ads for Marlboro cigarettes.

Billboards of the Toronto ad feature two cowboys sitting suggestively on a horse.

The slogan: "Welcome to Condom Country," is similar to Marlboro's long-running ads featuring a rugged cowboy and the invitation, "Come to Marlboro Country."

In the Toronto ads, sexually active people are also advised to "ride safely."

"Our lawyers have seen (the ads). I understand they have the look and feel of some of our advertising, but they are using it for another purpose. In principle, we object to the use," Robert Kaplan, a spokesman for Philip Morris, said. (*Reuters*)

The Asian Age
27 June 2001

A SECOND LOOK

AS A SPECIAL Session of the United Nations General Assembly meets to discuss how to combat the global spread of the Acquired Immune Deficiency Syndrome (AIDS), an important process has begun in the World Trade Organisation whose outcome will have a bearing on how far developing countries can go in providing care for those already afflicted by the Human Immunodeficiency Virus (HIV). Last week, members of the WTO had their first meeting ever about the impact that the current rules on patents have on public health. Of course, drug patents affect the cost of treatment in a number of diseases and not just HIV/AIDS. But it is the extremely high cost of medication with patented drugs in HIV/AIDS care that has brought this issue to the surface again within just a few years of the signing of the agreement on Trade-Related aspects of Intellectual Property Rights (TRIPS).

What is on the agenda at this point is not a modification of TRIPS — though a number of organisations, economists and even Governments have argued in favour of such an eventuality — but explicit clarifications on how much flexibility the WTO agreement provides to Governments to meet public health objectives by over-riding the rights of patent holders. TRIPS makes explicit provision for the grant of compulsory licences to third parties and less explicitly for parallel imports. Both are useful instruments that have been used outside TRIPS but mainly in the developed countries to check anti-competitive behaviour by patent-holders. But because the TRIPS agreement is not exhaustive in its listing of the grounds on which compulsory licences can be issued and because of the ambivalence on parallel imports, the flexibility of TRIPS remains on paper. Over the past year, global drug companies have shown that they are less than open about Governments exercising their options on parallel imports. In a high-profile case in South Africa, more than three dozen companies filed a petition against new legislation that would have allowed the Government to import drugs — patented and non-patented — at the lowest price from anywhere in the world. The suit was eventually withdrawn, but only because a sustained campaign by global public health groups brought the companies more bad publicity than they could bear. In another case that is now before the WTO's dispute settlement process, the U.S. has contested Brazilian legislation that would allow parallel imports and use of compulsory licences in case the patent holder does not "work" the patent (i.e., produce the product) locally.

There is an expectation among a number of developing countries — including India — that the ongoing discussions will lead up to the issue of a statement at a political level at the WTO's ministerial meeting in November about the priority of public health over intellectual property rights. That is a negotiating battle that is yet to be fought, for, while there is now much greater public concern world-wide about the cost of patented health care, a number of Governments — especially the U.S. and Switzerland — remain insistent about the paramount importance of intellectual property rights. The U.S. has expressed its willingness to be flexible when it comes to HIV/AIDS care and it has pointed to the WTO provisions on the use of compulsory licences when there is "a national emergency" like the current incidence of AIDS in some countries. But the issue now goes much further than HIV/AIDS care. It is also about the future cost of health care in a variety of diseases and illnesses such as tuberculosis and malaria. Public and private health care will become more expensive if Government policy is straitjacketed by the provisions of TRIPS as it is now written.

The Hindu
26 June 2001

Countries' apathy to buy AIDS medicines

DRUG MAKERS said they had done their part to fight AIDS in poor countries by lowering prices but that many governments were not taking advantage of the offer.

"I think it is a public failure," said Mr. Harvey Bale, director general of International Federation of Pharmaceutical Manufacturers, an industry trade association.

In May 2000, major drug companies offered to cut poor nations' prices for antiretroviral drugs, the medicines that have extended AIDS patients' lives by years in wealthy countries.

Eleven countries have signed agreements to purchase discounted drugs, and 14 others are close to deals, but the response was less than expected.

Bale spoke at a news conference at U.N. headquarters, where the world body's General Assembly is holding a three-day special session on HIV and AIDS, which afflict 25 million people in sub-Saharan Africa.

Mr. Bale said a proposed global fund of $7 to $10 billion was essential to help poor nations purchase medicines.

Many countries do not have the physicians and other medical support needed to provide the drugs even if they are free, said Mr. Rolf Krebs, chairman of drug maker Boehringer Ingelheim and president of the industry group.

Some countries have sought to produce cheaper, generic versions of antiretrovirals, moves that brand-name makers consider a threat to their patent protection.

Mr. Bale said further attacks on intellectual property rights may prompt companies to shift research to cancer, heart disease or other illnesses where they would face less controversy.

The drug companies have been under increasing pressure to continue lowering prices, which Dr. Peter Piot, head of the UNAIDS programs, says are still not low enough.

While the United Nations maintains the firms need to hold on to their patents so they can conduct research into the disease, health experts say most of the discoveries have been made by universities or under U.S. government grants. — Reuters

The Hindu
28 June 2001

AIDS: MEN MAKE A DIFFERENCE

MADHYAM

For HIV/AIDS information and counselling call 2993711

Plan International

News You Can Use - HIV/AIDS - News You Can Use

S - News You Can Use - HIV/AIDS - News You Can Use - HI

S - News You Can Use - HIV/AIDS - News You Can Use - HIV/AIDS -

ou Can Use - News You Can Use - HIV/AIDS - News You Ca

ou Can Use - HIV/AIDS - News You Can Use - HIV/AIDS - News

S - News You ... You Can Use - HI

S - News You Can ... se - HIV/AIDS -

u Can Use - Ne ... S - News You Ca

u Can Use - ... IV/AIDS - News

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
- Publication
- Media management
- Documentation
- Design and production
- Charkha Features Network

Our other publications are 'News You Can Use' and 'What Makes News? A User's Handbook'

We welcome visitors!

cdl

Communication for Development and Learning
[illegible]A, 7th Cross, 17th Main, Koramangala
6th Block, Bangalore 560 095
Ph: 5534192, email: cdlblr@bgl.vsnl.net.in

- News You Can Use - HIV/AIDS - News You Can Use - HI