News You Can Use HIV/AIDS

July 2001

For Private Circulation Only

on African anti-AIDS drugs

Nigeria is buying the ...,000 patients per annum ... ent, the order, is worth $3 ... of the order is to com...

Cipla is in talks wi... in Zimbabwe, Cameroon ... ria and is also in di... American, a South Africa... for treatment of 20,000 p... per annum.

Zydus Cadila has put up ... port its cocktails to Kenya, U... th. Africa. According to the com... bli... cation has been registered in th... ntries and clinical trials are on. There al... some negotiations taking place on the p... g.

Hetero Drugs is in talks to supply ... drugs ...nya and Congo and its registration is ...rocessed in Colombia and West Asia. ...y offered to supply its triple drug ...SF at $347 per patient per an-

... with the Nigerian and Zim... ments and expects a more ... emerge in the next few ... Pharma has stated that it ...th MSF.

...le drug 'cocktail' regimen ... of two nucleoside reverse ...hibitors (NRTIs) in combina... ...er a protease inhibitor (PI) or a ...oside ... transcriptase ... inhibitor

...compounds Zidovudine, Lamivudine ...tavudine are NRTIs which form ...bone of triple therapy. Either Zidovu... ...tavudine is used in combination with ...udine.

Now with the introduction of Dia... ... options have widened and pati... ...ot respond to the earlier menu... ...ns can switch to a Sta... Zidovudine-Didano...

...pine belongs to ...oviral drugs. Th... ...inscriptase, w... ...cation of th... ...NNRTIs i... ...against ...vir

domestic market for ... on the basis of sales ... pears to be around Rs...

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"Most of the drug... pre-1995 patents. The... there is no product t... all medication is only... progress of HIV posi... AIDS.

Unfortunately ... working only on... and not on its...

Cipla last ... mestic pric... price cuts ... for the ba... Lamivir, i... 100.

Consequen... cocktail, of ... dine, per patient ... month against the ... per patient per mon...

Ranbaxy Laborator... Lamivudine, Nevirapi... products in the Indian ... combination of Lamivudi... has been priced at Rs. 500 ... lets. Its Zidovudine tablets in... at Rs. 200 per 10 strip. The dr... marketed through its division ...

...urobindo Pharma has set up ... ...munus to offer HIV/AIDS dr... ...st week launched five options ...ent of HIV and plans to offer ...otions in this financial year.

...options include Zidovex, L... ...ex until Zivovex-L. The ... ...roduced by the end ...clude Didanosine ...navir, Ritonavir

...ght bulk d... ...nd has en... ...ous.

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.

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

This publication is supported by PLAN International and Madhyam.

PLAN INTERNATIONAL

MADHYAM

This edition has been compiled from

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

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cdl

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Living with AIDS

To battle the disease you need information and realism

AT an international conference on HIV/AIDS, an Indian delegate had boasted that his country was relatively better protected from the disease because Indians were a moral people who were faithful to their spouses. While it may be tempting to believe him, statistics have a nasty way of puncturing such fantasies. According to the latest surveillance data from NACO, India — despite its moral ethos and marital faithfulness — is home to an estimated 3.86 million people afflicted by this condition. A closer look at data emanating from antenatal clinics in seven major Indian cities indicates that HIV infection has crossed the 2 per cent level in Mumbai, is more than 1 per cent in the cities of Chennai, Bangalore and Hyderabad, and is below 1 per cent in Calcutta, Ahmedabad and Delhi. Given these figures which indicate the increasing spread of HIV/AIDS, it seems there is nothing that is more likely to further the spread of the disease than complacency and self-delusion, both of which we seem to have rich reserves of.

Other nations have been more pragmatic and therefore have better records in addressing the threat. Take Thailand, believed to be the first country in Asia where HIV/AIDS surfaced — its first case was detected in the early 1990s. The initial response of the authorities there was one of alarm, which led in turn to kneejerk responses like the legislating of draconian laws. Slowly, wiser counsel prevailed as HIV/AIDS was perceived, not just as a health issue, but a societal one. A two-pronged approach was adopted. One was about monitoring cases and putting an effective health delivery system in place, the other concentrated on educating the public about the dangers of HIV/AIDS and how people can protect themselves against it. Today HIV/AIDS has not disappeared from Thailand. But instead of the projected four million cases by the year 2000, the number of the afflicted is in the region of one million, and fresh cases are also said to be plateauing. A similarly enlightened approach has helped a country like Senegal notch one of the success stories from Africa. Here, even imams did their bit in getting the message of AIDS prevention across through their Friday sermons.

Clearly then, when it comes to HIV/AIDS, the ostrich act does not work. If India had internalised a new pragmatism in its own programmes, it would have made more conspicuous progress. True, in certain aspects of disease management, India has done fairly well, like in the stricter monitoring of the blood used in transfusions and the wider distribution of contraceptives like condoms among high-risk groups. But given the size of the population and the already severe health problems it faces — India has the highest incidence of tuberculosis in the world — there is a great deal more to do, especially in the area of educating people about HIV/AIDS, not just in terms of protecting themselves but in taking care of those unfortunate enough to contract it. Twenty years have gone by since the first official report of a disease — christened Acquired Immunodeficiency Syndrome or AIDS — was published. It is believed to have killed more than 21 million people over the last two decades. Fighting it is really a race against time, not just for the world, not just for Africa, but for India too.

"To battle the disease you need information and realism" said the headline of the editorial in The New Indian Express, dated 7th June. Yes, while dealing with an issue such as AIDS, information is an obvious need in order to raise awareness and control the spread of the illness. For too long, have the people from highly moralistic societies such as ours preferred not to believe that AIDS, and the accompanying stigma of promiscuity, was unlikely to explode to an alarming situation. Yet of the approximately 36 million people infected the world over, 3.86 million people are Indians.

The UN General Assembly called a special session on June 25 devoted to a public health issue - AIDS. The UN Secretary - General Kofi A. Annan addressed it as "a global problem of catastrophic proportions." The Conference ended with drawing up a tough timeframe to combat AIDS by putting the stress on preventing campaigns - rather than ensuring the means of access to the antiretroviral drugs that can keep the virus at check.

Preventing HIV infection is the first line of defense in the fight against the AIDS epidemic. The two decade experience in countries like Brazil, Taiwan and Uganda has shown that determined efforts towards prevention, which involve communities and the support and care systems, can be fairly effective. Thailand, for instance, was able to bring down the graph of the rate of infection by a two-pronged strategy - educating the public, which was combined with an effective health delivery system. The anti-AIDS campaign has been taken up in great earnest in Tamil Nadu which was quoted by the former US President Mr. Bill Clinton in an article in the Washington Post.

Efforts by non-government and governmental organizations to tackle the spread are greatly hampered by the stigma associated with the illness and the lack of information and ignorance with regard to it. The stigma around HIV is so intense that the victim often chooses to remain silent. Worse still is that the stigma does not die with the deceased. It lives on and in fact carries over to the next generation in the form of an infection or a bleak future as an orphan.

Over the past two decades AIDS has taken the lives of approximately 22 million people and is now a disease of poverty concentrated in the developing countries. In remote parts, the virus is slowly wiping out the younger generation. HIV is not just about living about with a disease. It is about living with multiple social problems, including multiple diseases.

When a vagrant meteorite is believed to have wiped the dinosaurs from the face of the earth, can this microscopic virus play the role of that destructive meteorite to threaten the whole of Adam's kind can be well addressed with the weapon of prevention powered with the ammunition of information and awareness.

This effort at providing readers with a monthly compilation on news and information related to HIV/AIDS is directed to inform, educate and invoke a sense of societal responsibility. Few will argue that this is indeed, the pressing need of the hour.

Jiji Abraham
July 2001

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JULY – 2001

SEX RATIO RIDDLES

By BHARAT JHUNJHUNWALA

CENSUS Commissioner Banthia has suggested that the low sex ratio in India is due to sex-selective female abortions, neglect of the female child and high maternal mortality. Undoubtedly these are facts of Indian society. But the riddle is that some of the other results of the census indicate that the condition of females in the Indian society is better than that of males. The female child is pampered while the male child perishes. It is unfortunate that the commissioner would ignore these woman-friendly results of the census. Certainly, there is a long way for us to go but the least we can do is to recognise that all is not black.

Sex-selective abortions first. It is well known fact that the sex ratio — number of females per thousand males — in India is low by international standards. Our sex ratio is 933 while the world average is 986. That said, a startling result of the census is that the sex ratio at birth has been rising. The sex ratio indicates the number of females per thousand males in the population while sex ratio at birth indicates the number of female children born per thousand male children. While the sex ratio in the last decade has only marginally improved from 927 to 933, the sex ratio at birth has increased from 879 to 901 (between 1993-95 and 1996-98). If a larger number of female foetus were being aborted, as the Commissioner implies, the number of female child at birth would have declined. Therefore, there is no evidence to show that sex-selective abortions have increased.

Another important fact is that the sex ratio has been declining since well before the advent of the technology of pre-natal sex determination. The overall sex ratio in India declined from 972 in 1901 to 930 in 1971. The reasons of that decline could not have been sex-selective abortions. The sex ratio has been stable after this technology has spread its wings. The sex ratio was 934, 927 and 933 in the subsequent census of 1981, 1991 and 2001. If sex-selective abortions were the culprit then the decline in sex ratio should have taken place after 1971 rather than before.

Nevertheless, any field observer would confirm that sex-selective abortions have increased in large numbers in the last two decades. In an interior village of the tribal area of Alwar in Rajasthan people reported that village youth remain unmarried because there are fewer girls around due to the extensive use of sex-selective abortions.

Perhaps the answer to this riddle is that there has been occurring an increase in the number of female children born due to other factors such as income or climate. This increase is being whittled down somewhat due to sex-selective female abortions yet leaving a net positive impact. The scholar-Commissioner must be even-handed in acknowledging those unknown factors that have led to the increase in the sex ratio at birth while highlighting the low sex ratio.

The second suggestion of the Commissioner is that the low overall sex ratio is due to neglect of the female child, female infanticide and high maternal mortality. The data here appears to be full of contradictions. Normally, the sex ratio at birth, the sex ratio in the age group 0-6 and the overall sex ratio should move in tandem. But they do not.

In the seventies the data for sex ratio at birth is not available but the sex ratio in the age group 0-6 declined while the overall sex ratio increased. In the eighties the sex ratio at birth remained constant while the sex ratio in age group 0-6 as well as the overall sex ratio declined. In the nineties the sex ratio at birth declined and then rose again while the sex ratio in age group 0-6 declined and the overall sex ratio increased. There appears to exist no relationship whatsoever between the three ratios. These indicate that the data may leave much to be desired.

It is sheer jugglery to selectively take out the continuous decline in the sex ratio in the age group 0-6 and conclude neglect of the female child. It has to be then also explained how the overall sex ratio shows an increase in the same period.

It is clear that the sex ratio is influenced by many factors. These may be related to income, literacy, culture and migration. These may explain the wide variation in the sex ratio between countries. Russia, for example, has seen its sex ratio fall from 1,330 in 1950 to 1,140 in 2000. Indonesia has seen a small decline from 1,016 to 1,004 in the same period.

It is interesting that Pakistan and Bangladesh both show low sex ratios at 938 and 953 respectively. These are similar to those obtaining in India. It could well be that the climate has something to do with sex ratio. On the other hand, Pakistan and Bangladesh show an increase in the sex ratio from 907 to 938 and 880 to 953 respectively (between 1950 and 2000). This could lead one to believe that Islamic countries have turned more women-friendly while Hindu dominant India is unfriendly. But Islamic Indonesia shows a small decline. Thus the

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The sex ratio is influenced by many factors. These may be related to income, literacy, culture and migration

The author is former Professor of Economics, Indian Institute of Management, Bangalore.

She carries the false stigma of AIDS

PRESS TRUST OF INDIA

KOLKATA, June 6. – This is the tale of a young woman, gangraped at 18 and wrongly tested HIV positive. She now wanders the city streets with the stigma of being an AIDS victim.

Meet Anita (not her real name), with a baby in her arms – from her second husband – roaming around Nimtala crematorium. She can't stay for more than two days at one place because the other pavement dwellers drive her out.

But she's not complaining. After being raped by her paramour and his accomplices, deserted by her family and successive husbands, she hardly has anybody to lend sympathetic ears to her.

Daughter of a poor bidi worker, Anita's life was no different from other girls of her age till she fell for a roadside Romeo, whose name she doesn't reveal.

Taken in by the young man's sweet talk, she eloped with him heading for Ranchi in Jharkhand to tie the knot.

Soon , Anita was gangraped.

She somehow managed to return to the city. Her parents filed a case with Jorabagan police.

"They (police) told me that they will find him out and force him to marry me. I agreed. But he could not be traced," she said.

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

Hospital records show Anita gave birth to a boy, also detected HIV positive, in February 1998. The baby didn't survive but she did, with the stigma of being an AIDS victim.

She came in contact with a voluntary organisation, Medical Bank, which took her to a destitute centre run by Sujay Welfare Society near EM Bypass. She couldn't stay there for long and tried to return home, only to find the doors shut on her.

But her elder sister found a man for her. She married again, only to be deserted when he came to know about her "infection".

Unable to withstand the trauma, Anita somewhat lost her mental balance.

Fate still remained cruel. The second marriage gave Anita a son. And during her second delivery, the School of Tropical Medicine certified her as HIV negative after conducting the Elisa test.

"But the damage had been done. She couldn't convince others that she was not afflicted with HIV.

She still continues to be ostracised by her family and the society," says Mr D Ashis, Medical Bank secretary.

The Statesman
07 June 2001

AIDS helplines:
a) National AIDS Control Organisation (NACO): 1097. 24 hours.
b) Naz Foundation helpline: 6851970/71. Monday to Friday from 10 am to 6 pm.

The Pioneer
03 June 2001

2 m AIDS cases in India

UNHQ, June 8. — India has more than two million people with AIDS and HIV, a UN report said. In 1999, India registered the maximum number of AIDS cases (3,10,000). — PTI

The Statesman
09 June 2001

Elton John opens Life Ball for AIDS

Vienna: Sir Elton John opened Vienna's 9th annual Life Ball on Saturday night — and accepted a £250,000 cheque for his AIDS foundation to support projects in Africa. The ball, one of Europe's biggest AIDS charity galas, featured an open-air fashion show by Italian designer Roberto Cavalli - which went on despite a burst of rain. Singers Cindy Lauper, Lisa Stansfield and a reconstituted INXS performed new songs during the party afterward at Vienna's city hall. Sir Elton said that AIDS "affects not only the health of individuals, but also the economy, politics and society." *(AP)*

The Asian Age
20 June 2001

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riddle remains unsolved.

Similar difficulties are encountered in a state-wise analysis. Punjab is known, along with Haryana, for one of the lowest sex ratios at 874. But this same ratio shows an increasing tendency. It has risen from about 780 in 1911 to 874 today. Will it thus indicate that Punjab is turning woman-friendly? Rajasthan — well known for its child marriages — also shows an increasing sex ratio from 905 to 922.

On the other hand, Kerala does show an increase in the sex ratio. This would be consistent with the thesis that female literacy creates a more positive environment for women. But the same Kerala is also infamous for pornography and portrayal of women as commodities.

These figures indicate that there is need for a much deeper analysis of the variations between countries, states as well as different age groups. It is unwise to conclude, as the Commissioner has done, that the low sex ratio in India is due to sex-selective female abortions, neglect of the female child and high maternal mortality. Surely these may be true. But we also have to explain why there is an increase in the sex ratio in the nineties from 927 to 933.

We should not be carried away by the Western harangue that Indian society is entirely anti-women. If Indian civilisation had indeed been so unjust it would have hardly prospered for five millennia while others like the illustrious Egyptian and Greek ones perished. Surely there is scope for much improvement and we have to eradicate our evils. But the least we must do is to acknowledge that the picture is not all black.

The Statesman
03 June 2001

Migrant domestic workers face abuse in the United States

By Our Correspondent

New York, June 15: The special visas granted to foreigners who work as household domestics in the US leave them vulnerable to serious abuse, according to a report released by Human Rights Watch this week.

Thousands of these workers, typically women, enter the United States every year to work for diplomats, officials of international organisations, foreign businessmen, and US citizens temporarily back in the US from their homes abroad. The report documents the cases of dozens of workers but believes that many more are exposed to some form of abuse.

"Often these employers come from a powerful, elite class, and they are abusing the rights of some of the most powerless," said Mr Carol Pier, researcher for the US Programme of Human Rights Watch and author of the report. "This is a serious human rights abuse in the United States, but it has remained largely hidden from public view. This has to stop."

The most effective recourse for workers in abusive employment relationships is to change jobs. But under US law, these workers' visas are tied to their employers and in most cases they cannot legally change employers. If they leave, they lose immigration status and can be deported.

In about ten per cent of the cases that reviewed for the report, workers were trafficking victims. Employers lured the workers to the United States with false promises about their employment conditions and then held them in servitude. These women worked long hours, up to nineteen per day, and were often paid less than $100 per month. They were rarely allowed outside and were prohibited from speaking to strangers. Some were physically or sexually abused.

SPOTLIGHT

In the cases reviewed, the average hourly wage was $2.14, from which deductions for room and board might, according to US law, still be made. The average workday was fourteen hours. Most of the workers were not allowed to leave their employers' homes without permission, and most were only allowed to leave on their one day off per week — Sunday. The report, "Hidden in the Home: Abuse of Domestic Workers with Special Visas in the United States", sharply criticises the structure of the special visa programmes that allow these workers to enter the US. No government department or agency monitors the migrant domestic worker visa programmes. No laws establish specific employment conditions that must be provided these workers. Unless these workers publicly complain about employer abuse, they are ignored by the US government. "The US government has developed visa programmes that facilitate the abuse of migrant domestic workers," said Mr Pier. "These workers trust that because they are following the rules and coming to the US legally, the US government will protect them from abuse. In too many cases, they are sadly mistaken." Workers who want to publicly complain face many obstacles. Most workers do not speak English and do not know where to go or how to complain. If a worker complains while still with her employer, she risks being fired and losing her legal immigration status. If she complains once she has left the employer, she is already undocumented and risks discovery by the Immigration and Naturalisation Service and deportation.

Even workers who sue or press charges against their employers might not find justice. The INS is not required to allow the workers to remain in the US to have their day in court. Even if they are allowed to stay, the INS may deny them the right to work.

Since they are also ineligible for federal public benefits, such as welfare and food assistance, survival during this time may be exceedingly difficult. If a domestic worker actually manages to sue or press charges against her employer, she finds she does not enjoy the same labour.

The Asian Age
16 June 2001

Family planning registers slowdown over last 7 years

By Sugata Nandi

New Delhi, June 13: Forty years since the inception of family planning, women continue to bear the brunt of birth control. Despite pressure on men to participate in the planning, contraception among men remains abysmally low.

The National Population Commission, the Centre's apex body on population control, has released these facts in a recent report.

Besides these details, the commission has expressed concern that in the last seven years family planning programmes have registered a "slowdown." From 1993 onwards, the number of couples accepting birth control and family planning programmes have stagnated at 33 million.

It has also stated that in the same period, the budget for family planning has increased steadily. From Rs 3,100 crores in 1993 it has increased to Rs 4,200 crores in 2002.

According to the findings of the commission, the number of men undergoing vasectomy in 1961

POPULATION REPORT

was 0.06 million and the same in 1999 stood at 0.07 million. The figure of men undergoing the surgery has been declining rapidly in the 1990s. Though the figures are not available for 2000-2001, there is little chance for the trend to reverse as no mass education programme on birth control is being carried out by the government at present.

The report shows that between 1961 and 1992, the number of men undergoing vasectomies has increased steeply. In 1986-87, the figure stood at 0.81 million. By 1990, there was a steep fall. The number in that year came down to 0.25 million.

In 1991, the figure declined to 0.17 million and since 1996 it has remained at 0.07 million.

As against this, the total number of women undergoing surgeries like tubectomy, IUD or CuT, conventional contraception and consuming oral contraceptives has gone up 300 times in the last four decades. The aggregate figure for sterilised women stood at 0.10 million in 1961. The same has gone up to 30.20 million in 1999 and at present the figure stands at 27.15 million.

The Asian Age
14 June 2001

Centre turns condom vendor for eight States

Biresh Banerjee
New Delhi

THE CENTRE has finally arranged for all the condoms it needs to control country's ever burgeoning population. It has decided to supply States with whatever number of condoms they demand to keep the population from spreading exponentially.Disclosing this after the meeting of the Empowered Action Group (EAG) of the Population Commission, Union Health Minister Dr C P Thakur said the Centre would meet this demand completely for the coming three years. Dr Thakur is the chairman of the EAG. Presently the Centre's part in providing condoms is less than 50 per cent.

Dr Thakur said, "I propose to introduce emergency contraception in the social marketing programme without further delay. The ministry has also decided to introduce on a pilot basis the two monthly injectable contraceptives in 12 medical colleges."

Dr Thakur said, to meet the goals described in the National Population Policy, 2000, all block level primary heath-care facilities would include tubectomies, no-scalpel vascetomies and medical termination of pregnancy.

He has asked the eight member States to forward within the next eight weeks specific suggestions for "more innovative ways of ensuring and managing appropriate delivery of health services."

The eight States which form a part of the EAG are Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Jharkand, Chattisgarh, Orissa and Uttaranchal.

The EAG is also focussing on strengthening medical facilities and institutions at the block and district level in order to ensure better health care for the masses.With that in mind, the eight States have been asked to identify the timeframe within which all district and subdivisional hospitals would become fully operational first referral units (FRUs) including a functioning system for referral transportation.

The eight States have been chosen because they are heavily deficient in basic health care facilities. Here's a sampler. Of the total World Bank assistance given to these States, only 23.93 per cent of the funds have been utilised by Bihar. Orissa and UP have utilised 23 per cent and 35 per cent respectively. Rajasthan has been the lowest of the lot having utilised just 14 per cent of funds.

The EAG is utilising decentralisation as a strategy to expand the coverage and reach of the medical facilities in these States. It plans to do so by combining planning and implementation at village levels and streamlining the Indian systems of medicine which have more than 25,000 dispensaries across the country.

It also plans to form a consortium of the voluntary sector, the non-governmental sector and the private corporate sector to aid the Govt in the field of child health care services and basic education.

The Pioneer
19 June 2001

Womb to tomb discrimination

Arpita Bhattacharya

Despite all our theorising and debating, the poor continue to exist. Inequality persists and the vulnerable continue to be discriminated against, especially in areas of health, education and employment. Because oppression and insecurity, both social and economic, are not as stark—the discrimination is far more refined and subtle—the identification of problem areas and realisation of a fair society become all the more difficult.

About a month ago, motivated by communal politics, Christian orphanages were raided in Hyderabad. Debating over the legal and administrative discrepancies involved is inconsequential. Neither would I seek to undermine the good faith in which these organisations work to provide shelter and care to children.

Yes, they make money and somewhere something inside twitches when one realises that the charitable organisation possibly earns a good amount of non-taxable foreign exchange when their babies find homes abroad. But babies can't live on just love and fresh air—they need food, *ayahs* and yes, toys.

However, one realises the repercussions of such a network where charity meshes into commerce. In a society where exploitation and coercion are rampant and have weaved into every thread of our lives, we can ignore that little twitch for sometime. The end would nullify it, we tell ourselves.

Following this news, I read an article in a leading newspaper about a tribal woman being offered Rs 2000 to deliver a baby which would then be taken to an orphanage by a broker, and then given out for adoption. The babies of this tribe are high on demand for adoption because of their fair skin and good features. Whether or not the orphanage is aware of or linked to these brokers is not pertinent. What is relevant is that the trend has been set and one can't ignore it.

Then, I read in an editorial page of another newspaper about British girl students selling ova (female reproductive eggs) to childless parents in order to pay off their education loans. It is a convenient option to lessen the burden of say 1000 pounds. They are able to sell their 'eggs' for as much as 6000 pounds. The price goes up if the student has a PhD, if she's a Jew or an Asian. With the help of the 'eggs', parents without children can start a family. The woman who provides them with the option can start a new life without the financial burden.

To delineate my argument, we have these two woman—one of them makes a baby and sells it so that she can provide a square meal for the rest of her family, the other is a woman who does something somewhat similar, but in her case, the coercion is not as stark. What a striking similarity between a woman of a developed world with a PhD degree and a tribal woman from Andhra Pradesh. Both, while at different ends of the spectrum, have been experiencing the same element of duress.

'Our' tribal woman has little choice. But maybe that is not so unfortunate after all. Because her duress is even more stark and therefore so much more visible. Whereas 'their' woman has more choice and is, therefore, more empowered but has little protection.

This brings me back to my earlier supposition about the

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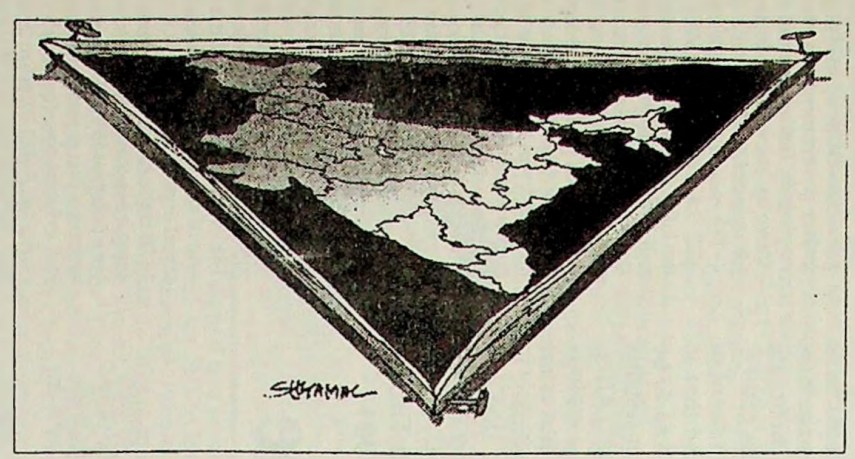
Should the third child pay?

◆ By Vipin Pubby



WITH India's population crossing the one billion mark and no significant slowdown in the growth rate immediately discernible, it is time serious thought is given to stabilising the head count. Given the current rate of growth, India is likely to overtake China as the most populous country in the world by 2050.

The regrettable recourse to forced sterilisations during the Emergency had caused irreparable damage to efforts to check population growth. The ghost of the Emergency still haunts governments and few are prepared to adopt tough measures. For instance, the National Population Policy 2000, adopted by the Union cabinet, has already proved to be a non-starter. Even the entertainment industry and media appear to have given up the "politically correct" stance pertaining to the two-child norm. Many TV serials currently being aired feature families with six to eight children. Bollywood too has taken the cue and even Doordarshan no longer harps on family planning or welfare. Sadly, few in the print media made a case for population control after the census figures were released this March.

In this context, the recent declaration by the Gujarat government that it plans to introduce the two-child norm deserves serious consideration. It announced that it would introduce legislation to broadly provide for a set of incentives and disincentives to check the growth of population. It has set up a committee which will hold discussions with a cross-section of society and submit its report to the state government by the end of June. It is proposed that the new law be implemented after a grace period of a year.

On the face of it, the state government's intention is noteworthy, even bold. Gujarat's population has crossed the 50 million mark and its decadal growth, at 22.66 per cent, is higher than the national average. While there is no significant improvement in literacy levels, the sex ratio has sharply declined in the state over the last 10 years. While the proposal has been by and large welcomed by the people, the government has set itself a tall order. For one, it faces possible imputation of motives from members of the minority communities, particularly with the proposal coming from a BJP ruled state. Perhaps it is to counter this that the government has said it would consult various sections, including the minorities, before framing a bill.

All the government has spelt out is that it proposes to formulate a set of incentives and disincentives to make people adhere to the two-child norm. The incentives could be special increments to government employees and enhanced rewards for those opting for decisive birth control measures after the birth of their second child. Among the proposals being studied are whether to give preference to children with just one sibling for admission in schools and whether to provide additional benefits to panchayats and zila parishads where population is kept under check. The disincentives could be non-inclusion of the third child in ration cards, withholding of special increments for government employees, bar on contesting elections, disqualification from obtaining government loans and allotment of land.

It is in the sphere of disincentives that the government needs to be more circumspect. Given the low literacy levels and general trends in population growth, it is expected that the "offenders" would be mainly from poor and lower middle class families. The proposed disincentives would just add to their hardship. It is also debatable whether the third child should be made to pay for the "folly" of his or her parents. Further, disincentives, which have not been provided even in the National Population Policy 2000, would smack of coercion and could again deflect attention from the core issues of primary health care, its easy accessibility and gender inequality, giving women little or no control over their health and lives.

Even the incentives, like those being contemplated for panchayats, need to be studied in depth. Safeguards have to be provided to ensure that there is no coercion at the grassroot level. What is needed is a well formulated awareness campaign, reduction in infant mortality, better access to health care and stress on education for women. It is only by adopting a holistic approach to development that the government of Gujarat — and of many another state — can achieve success in its stated intent to check population growth.

The Indian Express
19 June 2001

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less visible forms of discrimination. As we move up the ladder of development and empowerment, coercion becomes more subtle. From ignoring a girl child's education to sexual harassment at work, we are moving towards subtler forms to discrimination.

It is a fact that even while we can create choices for ourselves, the element of coercion continues. And some of us are so confused about identifying them that we, in fact, make choices that perpetuate that coercion. And we thought babies were made out of love!

The Pioneer
19 June 2001

AIDS and number crunching

HOW SERIOUS is the threat of AIDS in India? One would have thought that looking up the readily available statistics on the subject would provide an answer. But even after trawling through the piles of figures — both official and unofficial — one is likely to be as far from the answer as ever. A country with a population like India's cannot afford to sit back and do nothing until an AIDS epidemic blows up in our faces. On the other hand, one must also be careful not to create an atmosphere of alarm that makes it easy for fly-by-night operators to take the guise of good samaritans.

To present a correct picture, one has to be sure that the facts on the table are right. To slip in errors is to invite scepticism and disbelief. Something of this kind occurred on Thursday when a serious discrepancy in a fact sheet came to light during a UNAIDS press conference in Delhi. According to the UN report, 5.6 lakh children have been orphaned because of AIDS. This translates to more than 11 lakh people dying of the disease in India. According to the UN, however, 20-25 lakh Indians have died of AIDS-related diseases in the last 15 years. And if one goes by the figures of the National AIDS Control Organisation, the number of fatalities is around 17,000. Either someone doesn't know how to count or a great deal of fudging is going on.

South African President Thabo Mbeki had recently dismissed the fact that HIV can lead to AIDS. A similar sense of denial has also been mirrored by Indian officials from time to time, who continue to see AIDS as a "western disease" India need not worry much about. On the other end of the spectrum lies the notion that we are sitting on an AIDS powder keg and in another five years, between 80 lakh and 1.2 crore Indians will die of the disease. There are reasons to be wary of this picture of AIDS Armageddon. For a start, vested interests have a lot to gain by exaggerating such worries. The government had to turn down a foreign grant of Rs 35 crore when it was discovered that 60 per cent of the NGOs' budget was to be utilised for "the management of consultants and to support technical advisors". AIDS, like tuberculosis and cholera, is a serious disease that cannot be ignored. But what must be ensured is that an 'AIDS industry' is not fuelled by facts and figures that are generated in the offices of some opportunistic pharmaceutical company or NGO.

Hindustan Times
23 June 2001

Contraceptives, pills to be introduced on trial basis

BY SREELATHA MENON

New Delhi, June 19: The Health Ministry has decided to introduce the injectible contraceptive 'Net N' in the country, on a trial basis in 12 medical college hospitals in the country as well as the "morning after" pills in its health centres.

The announcement came at the conclusion of the first meeting here of the newly-formed empowered action group for stabilisation of population in eight economically-backward States.

Health Minister C P Thakur allayed fears about side-effects of the contraceptive and said that the Supreme Court had earlier stayed its introduction following a petition by a Gujarat-based NGO six months ago.

Later the petition was withdrawn and the Ministry promised the court that it would introduce the injectibles gradually restricting them first to urban centres, especially to medical college hospitals, where facilities for monitoring and care are available.

The 12 medical colleges where the injectible is being introduced are the University College of Medical Sciences, AIIMS, and the National Institute of Health and Family Welfare in Delhi, medical colleges at Shimla, Rohtak, Allahabad, Meerut, Kolkata, Sambalpur, Gwalior, Bhopal and Allahabad.

Secretary, Family Welfare, A R Nanda said that the Government was introducing it initially only on a trial basis in urban centres.

He said the service providers would be trained in the routine to be followed for the bi-monthly injection.

The injectibles are in use in 100 countries, including the United Kingdom, Indonesia, Thailand, Sri Lanka, Bangladesh and Pakistan, he said.

Neeta Puri of the Family Planning Association of India, an Non Government Organisation which has been offering Depo Provera – an injectible made by a United States firm – at its 12 clinics, said it offered the injectibles to 3000 women so far over two years.

The Indian Express
20 June 2001

ILO new code to protect job rights of AIDS sufferers

Richard Waddington
GENEVA 23 JUNE

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 AIDS, there should be no discrimination and stigmatisation," it says. — Reuters

The Economic Times
24 June 2001

On the AIDS Trail

CHENNAI: When ***Suniti Solomon****, professor of microbiology, asked one of her students, Nirmala, to look for evidence of HIV, she was sceptical. This 1986 project however went on to unearth the first evidence of HIV in the country. It also began Solomon's mission to create awareness about HIV/AIDS and provide care and support for those living with the disease. In 1993 she founded the YRG Centre for AIDS Research and Education, India's first NGO for voluntary counselling and testing. YRG CARE now has a 24-bedded hospital and a comprehensive care and support centre, Solomon tells* ***Sakina Yusuf Khan****:*

What led you to the first HIV positive case?

Unlike Mumbai, Chennai does not have a redlight area. So we would go to remand homes at six in the morning and take blood samples from women the police had rounded up the previous night. This way we collected 100 samples. Since we did not have testing facilities, the samples were taken to Christian Medical College, Vellore. We did the ELISA test and six came up positive. It was unbelievable. Retests showed the same result. The ICMR was informed. The samples were sent to Tom Quinns Lab in America for a confirmatory test. They were positive again. AIDS had hit India. An announcement was made in Parliament and the media went to town.

Tamil Nadu has one of the highest incidence of AIDS in India. Why?

We're looking for evidence of HIV and we're finding it. If there's not enough surveillance in other states it does not mean it does not exist. Claims about our conservative values and moral inhibitions are all hogwash. Extra marital sex is prevalent everywhere. According to a study we carried out, 31 per cent of men and 11 per cent women are into extra marital sex and five per cent into pre-marital sex. The message that HIV is a disease of sex workers has driven men to ordinary women — willing colleagues in the office and the bored housewife next door. The complacency that it can't happen to people like us (PLUs) is spreading HIV much faster than we think. At YRG CARE, we are treating 14 HIV-positive doctors, dozens of engineers, lawyers, politicians, filmstars and students. Students tell us that at least two out of 10 students have already had sex while still in school. Ninety per cent of the women we're treating have a single partner, the husband. The other day a doctor came to us in tears. His only sister, married for just six months had tested positive. Two weeks after marriage, the man fell sick and was diagnosed as having AIDS.

So AIDS is no longer restricted to high risk groups?

Precisely. In another case, a 17-year-old was pulled out of school and married to her uncle. He didn't look too well before marriage. His doctor attributed it to overwork. Reassured, the parents got the girl married. Five months pregnant, she went for a checkup and was found to be HIV-positive. We are treating her. Fortunately, the baby is negative.

That doctors are not looking for HIV in PLUs. They need to be far more vigilant, for HIV/AIDS has reached every strata of society. Cases of severe itching, oral thrush and sudden loss of vision should be screened.

But will people agree to be tested?

That's the problem. We did a study asking 700 pregnant women drawn from elite hospitals down to the slums if they would agree to be tested for HIV/AIDS. Only two volunteered. People are just not willing to believe that they are at risk. You ask men: do you use condoms? They'll say, yes. Always? No. Not with my wife or with girls from good families. Even married women are considered safe. These are gross misconceptions.

Udey Shankar

"We're looking for evidence of HIV in Tamil Nadu and we're finding it. If there's not enough surveillance in other states it does not mean it does not exist... The complacency that it can't happen to people like us (PLUs) is spreading HIV much faster than we think"

Is unprotected sex the main culprit in spreading HIV/AIDS?

Eighty per cent transmission is through sex, seven per cent through blood transfusion, nine per cent through infected needles and the rest, from mother to child. Addressing an elite international women's group, I said that they must insist that their husbands use condoms. The women were aghast. Then how do you expect the slum-dweller to say this to her husband? So we're introducing a substance which women can use without their husbands knowing of it. It will protect them from STD and HIV and unwanted pregnancies.

Is the government doing enough for AIDS control?

The Tamil Nadu government is quite proactive on this front. But it cannot do many things that NGOs can. The government does not have the same rapport with sex-workers that NGOs do. Or take sex education in the schools. Because of one sentence a book had — Masturbating is normal — the government refused permission. It said parents will get upset. Such are the government's constraints. Only a concerted effort by the government, NGOs and private hospitals can work.

Then there is no uniform message. Conflicting messages are being doled out regarding AIDS spread, prevention and control. Not just awareness, but behaviour change is what can control the spreading of the disease.

Parents and teachers want us to tell youngsters: no pre-marital sex, no extra marital sex. It doesn't work. We should give them options: abstain from sex; avoid pre-marital sex but if you can't, be mutually faithful. Sex is fun only with one. For those who think variety is the spice of life, please use condoms.

How effective is the anti-retroviral drug?

It reduces the virus in the blood. The white blood cell count goes up and helps fight opportunistic infections like TB, malaria and meningitis, most common in HIV patients.

When it was introduced it cost Rs 40,000. Cipla has brought it down to Rs 8,000 and there are some available for Rs 3,000. But it's not just the cost. It has to be taken lifelong and the effect monitored. You need trained doctors for this. There's also the problem of virus resistance and drug interaction. We are simply aping the West. They do the research, we follow blindly. Why can't we develop our own strategy? When we suggested interrupted therapy (giving the drug for three months, stopping it for two months and giving it again for three months) the whole world said it was unethical. Now the US is doing the same.

Is lack of funds a problem in controlling AIDS?

I don't think so. We have enough funds to run a well-planned programme for the whole country. The problem is social attitude. He is immoral, so he got the disease. Anyway, he is going to die, so why bother with this — this is how society views an AIDS patient. If we can normalise reaction to HIV like say, cholera or malaria, we can solve the problem. But leprosy, which is 2,000 years old, still has the stigma. So I don't know when that will be.

The Times of India
25 June 2001

Special facility for HIV affected orphans

FROM OUR BUREAU

Hyderabad, June 26: The Bolarum-based NGO, Freedom Foundation, engaged in anti-AIDS campaign has decided to expand its activities by starting a special facility for HIV/AIDS affected children and orphans.

At the Freedom Foundation's first care and support facility in Andhra Pradesh, the number of women and child admissions has both shown an annual increase of almost 30 per cent.

The centre is partially supported by the National AIDS Control Organisation, but largely dependent on community support. The foundation has set up a 30-bed "Care and Support" Centre at Bolarum, Secunderabad.

This is the first rehabilitation centre of its kind in the State, according to project manager Rahul Luther.

Since its opening on March 1, this year, the centre has had 72 admissions including four children and is also treating over 30 patients on "out-patient" basis.

The foundation provides comprehensive care and support services including short and long stay facilities, medication, testing counselling, 24-hour helpline (7862148) and conducts awareness programmes for the community. All services are provided free of cost.

The States of Maharashtra and Andhra Pradesh are in the thick of the AIDS epidemic with over two out of every hundred adults being infected with HIV.

The two States are followed by Tamil Nadu, Karnataka, Nagaland and Manipur. In over a dozen towns and cities such a Hyderabad, Mumbai and Pune, three to five per cent adults are infected.

In Andhra Pradesh, Hyderabad, Vijayawada and Guntur are the worst affected places.

Deccan Chronicle
27 June 2001

Tripping up on drugs

FOR some poor countries it has been a pact with the devil: by agreeing to rules imposed by rich countries they have been denied the cheap drugs so desperately needed by their people. For others, especially from the rich world, it is exactly the sort of trade agreement that the world needs more of: one that rewards research and innovation to provide treatments and cures, but which is flexible enough to help during public-health emergencies.

A special debate on the issue held at the World Trade Organisation (WTO) in Geneva on June 20 was never going to produce a consensus. But it might yet be a step towards a wider agreement which could give many poor countries access to cheaper medicine. Poor countries seemed to have won this battle in April when, faced with growing hostility, the world's big pharmaceutical companies dropped a lawsuit against South Africa's plans to import cut-price copies of patented drugs to treat HIV and AIDS, which are ravaging the continent. This climbdown was widely seen as a victory against greedy drug companies, but in fact the drug companies hope to have gained enough concessions from South Africa to be able to manage the flow of cheap drugs to richer countries.If the South African deal does not work, the drug companies could yet go back to court.

At the heart of the issue, and the debate in Geneva, is an accord which was struck under the 1994 Uruguay round of trade talks. This brought patents and other forms of intellectual-property rights into world trade agreements for the first time. In return for enforcing patents, poor countries were supposed to benefit from increased trade and foreign investment. But many countries do not think that part of the deal has been kept.

Brazil, for instance, introduced patent protection far earlier than it was obliged to under WTO rules, but now finds itself in a battle with the United States and multinational drug firms over its access to cheap drugs. Like South Africa, Brazil says it needs cheap drugs to fight AIDS. The country's treatment programme, which includes the provision of a cocktail of drugs free to patients and paid for by the government, has been relatively successful. If it is forced to import expensive patented versions of these drugs rather than making much cheaper copies locally, Brazil says, it may have to shut down much of its AIDS programme.

Clearer rules, please

A GROUP of developing countries said in Geneva that the right to cheaper medicine should take priority over the patents held by drug companies. They want the 141 members of the WTO to agree to rules that spell out more specifically the right to make or import life-saving drugs if faced with a national crisis, such as AIDS.

Yet that is what the Trade-Related Aspects of Intellectual Property Rights (known as TRIPS) is already supposed to do. With certain safeguards, patent protection can be put aside under the TRIPS agreement in times of not only a national health emergency, but also under other circumstances, such as a drug company abusing its patent rights. In arguing that it should be allowed to seek out the cheapest drugs it can, South Africa was relying on the TRIPS agreement. However, there is always the small print. In the case of TRIPS, this means a government is also supposed to consult with drug companies.

A country might be persuaded by drug companies that the multinationals themselves should supply less expensive drugs, provided the firms were satisfied about how the drugs would be used and distributed. Many drug companies argue, quite rightly, that often the provision of better basic health care in developing countries would do more to help people than the provision of free drugs. But the biggest concern of the companies is that cheap drugs supplied to poor countries are not re-exported to rich countries, where they earn most of their profits.

Already drug companies have announced a series of schemes in which vastly cheaper drugs will be supplied to some developing countries under certain terms and conditions. This is what the drug companies meant when they said they hoped that their decision to drop their South African lawsuit would result in a "partnership" with the government to help fight AIDS. Instead of allowing the manufacturers of generic drugs (low-cost equivalents to branded medicine) to increase their markets in developing countries, the drug firms hoped to use TRIPS to supply cheap drugs themselves.

Bristol-Myers Squibb, GlaxoSmithKline, Boehringer Ingelheim and Merck, among others, have all struck deals with a number of African countries, including Senegal, Ivory Coast, Uganda and Rwanda. In some cases, the price for a year's three-drug treatment for HIV patients has been reduced by a factor of ten.

Drug companies need to protect their patents, which enable them to charge enough to make the profits needed to pay for the huge costs of research and of getting new drugs approved and to market. Generic producers carry none of those costs. They can typically charge one-fifth to one-tenth the price of patented equivalents, and still turn a healthy profit.

The big international drug firms, which hold the patents, have often been forced to reduce their prices drastically to compete with the copycats in their local markets. And, once generic manufacturers become established, governments have tended to turn a deaf ear to the complaints of the big drug companies about patent violations. It is easy to see why. With large, impoverished populations desperately in need of medicines, raising drug prices to fatten the profits of foreign drug companies is not a popular move. A typical generic anti-ulcer drug in India, for instance, can cost a couple of dollars compared to about $14 for the equivalent branded version in Pakistan.

Mike Moore, the WTO director-general, said on June 20 that TRIPS remained vital to ensure both patent protection and the flexibility to provide access to cheap drugs for the world's poorest people.

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Economist
The Indian Express
25 June 2001

U.S., Brazil aim to settle AIDS drugs dispute

WASHINGTON, JUNE 26. The U.S. has withdrawn its complaint to the World Trade Organisation against Brazilian laws allowing the production of generic anti-HIV/AIDS drugs and wants to settle the dispute through negotiations, the U.S. Trade Representative, Mr. Robert Zoellick, said here on Monday.

"The Bush administration wants to resolve trade disputes by seeking constructive solutions to problems that arise," Mr. Zoellick said.

This dispute has been an element of Brazil's patent provisions that could be used as an import barrier.

Brazilian patent laws allow authorities to licence a local company to manufacture a product, patented by a foreign company, if the foreign firm does not produce it in the country within three years of getting the patent.

Washington had complained to the WTO that the Brazilian article discriminated against all imported products and was a protectionist measure.

Under the terms of the deal, Brazil will provide advance notice to Washington before using a provision in its patent laws designed to pressure patent owners to manufacture their invention in Brazil.

If Brazil seeks to activate this provision, there will be an adequate opportunity for consultations in the bilateral consultative mechanism.

"This will provide an early warning system to protect U.S. interests. The U.S. reserves all its rights in the WTO with respect to this matter," the U.S. Trade Representative said in a statement. — AFP

The Hindu
27 June 2001

UN adopts historic declaration

'AIDS is not just a medical problem'

Dharam Shourie

United Nations

IN A historic move, the United Nations General Assembly has adopted a declaration outlining steps to combat HIV/AIDS pandemic and asked rich nations to pay billions of dollars over the next decade to help fight the disease that has so far claimed 22 million lives.

The 16-page declaration of commitment on HIV/AIDS, adopted on Wednesday night at the end of a three-day special session, is not enforceable but sets important benchmarks to determine the progress towards containment of the disease.

An important aspect is that the document does not consider the disease only as medical problem but views it as economic, social and human rights issue. It also calls attention to and asks for corrective steps to ensure women are not exploited and forced into unsafe sex. Under pressure from Islamic countries and Vatican, the final document dropped explicit reference to homosexuals, prostitutes and intravenous drug users as vulnerable groups. But it called for special attention to the groups at risk.

After days of discussions, proposals and counter proposals the Western nations agreed to drop the reference to get the declaration through. But diplomats said the heart of the documents remains intact and the discussion on the issue has opened debate on such groups even in the most conservative nations.

The document asks governments to create national policies to reduce infection rates within next three to five years and protect those at risk. It specifically seeks cooperation between governments and private sectors and calls for making drugs affordable.

Under criticism from activist groups and pressure from generic drug manufactures who offered to sell drugs at very low cost, the major pharmaceutical companies have reduced prices in recent days but they are still very high and beyond the reach of a majority of individuals and nations.

The document calls for formulation of national policies by 2003 to reduce the infection rates by 25 per cent within next two years in most affected country and by 2010 globally.

The Pioneer
29 June 2001

Thakur contests AIDS figures

NEW YORK: Carrying the battle against inflated AIDS-related figures on India to the UN, Health Minister C P Thakur questioned the numbers given by some non-governmental organisations and said the country had been able to contain the disease to a large extent. "I would like to know from where NGOs got the figures," he questioned at a Press meet here on Wednesday. The numbers given by these NGOs were three-to-five-times higher, he said. Against the UN figure of 560,000 AIDS related orphans, Thakur had said that the number stood at 60,000-70,000.

Questionable agenda

The United Nations General Assembly's three-day special session on AIDS has concluded with the adoption of a declaration that sets out targets for the world in the battle against the disease. Laying out a timetable with goals, the declaration says that by 2003, governments should develop national strategies to combat the pandemic and start making treatment widely available. By 2005, comprehensive prevention, education and health care programmes aimed at curbing the pandemic should be in place. The declaration also stresses the need for treatment to be made available for mothers who are infected with the virus in order to prevent the transmission of the disease to their children. It is for the first time that the UN General Assembly has held a special session to deal with a health issue. The declaration is however a compromise document as it has avoided divisive issues that threatened to derail the conference. The conservative US administration under George Bush as well as some Islamic governments are said to have objected to any specific reference in the declaration to gays, prostitutes and intravenous drug users as high risk groups or extension of explicit help to them.

The worst affected has been Africa. Efforts to tackle the disease are hampered by the secrecy and shame that is associated with the illness and the lack of information and ignorance with regard to it. Equally important are the funds required to fight the disease. In this connection the shameful role of multinational pharmaceutical companies must be stressed for their pricing of drugs has put the treatment of AIDS beyond the reach of the overwhelming majority in the developing world. Anti-retroviral drugs that keep people with HIV alive in the West are simply unaffordable to the poor in the developing countries. In India while AIDS poses a serious problem, it is not the only problem and therefore needs to be addressed in a comprehensive manner. Fighting AIDS while ignoring other diseases like tuberculosis and crafting strategies that do not address the poverty, illiteracy and lack of public health facilities in the country will not achieve much. It is here that India and other developing countries should be cautious. Goals and timetables with regard to AIDS mean nothing so long as poverty persists and so long as the western countries and multinational pharmaceutical corporations are able to set the agenda for public health.

Deccan Herald
29 June 2001

UN declaration seeks national policies to contain Aids

UNITED NATIONS, June 28 (PTI)

The United Nations General Assembly has adopted a historic declaration outlining steps to combat HIV/Aids pandemic and asked rich nations to pay billions of dollars over the next decade to help fight the disease that has so far claimed 22 million lives.

The 16-page Declaration of Commitment on HIV/Aids, adopted last night at the end of a three-day special session, is not enforceable but sets important benchmarks to determine the progress towards containment of the disease.

An important aspect is that the document does not consider the disease only as medical problem but views it as economic, social and human rights issue. It also calls attention to and asks for corrective steps to ensure women are not exploited and forced into unsafe sex.

Under pressure from Islamic countries and Vatican, the final document dropped explicit reference to homosexuals, prostitutes and intravenous drug users as vulnerable groups.

But it called for special attention to the groups at risk.

After days of discussions, proposals and counter-proposals, the Western nations agreed to drop the reference to get the declaration through.

But diplomats said the heart of the documents remains intact and the discussion on the issue has opened debate on such groups even in the most conservative nations.

The document asks governments to create national policies to reduce infection rates within next three to five years and protect those at risk.

It specifically seeks cooperation between governments and private sectors and calls for making drugs affordable.

DRUG PRICES: Under criticism from activist groups and pressure from generic drug manufactures who offered to sell drugs at very low cost, the major pharmaceutical companies have reduced prices in recent days but they are still very high and beyond the reach of a majority of individuals and nations.

The document calls for formulation of national policies by 2003 to reduce the infection rates by 25 per cent within two next years in most affected countries and by 2010 globally.

Calling for a major effort to save infants from HIV/Aids, the document sets the target of reducing the infection among them by 50 per cent by 2005 by providing treatment to HIV- positive mothers.

The document wants member-states to put in place national policies by 2003 to combat the disease, finance the campaigns including availability of drugs at affordable prices, break stigma attached to the disease, break the wall of silence and eliminate discrimination against people living with HIV/Aids.

The document also wants elimination of discrimination against girls and women and of traditional and customary practices which lead to their abuse. It want protection for girls and women raped or forced into unsafe sex by their husbands who have other sex partners.

By 2005, it wants the nations to show progress in implementing comprehensive heath-care programmes, strengthen response at work place to those suffering from the disease and provide supportive environment for those infected with HIV.

GLOBAL FUND: Significantly, the document supports UN Secretary-General Kofi Annan's demand for establishment of a global HIV/Aids and Health Fund to finance the programmes in developing nations.

The documents set the target of annual of expenditure of $ 7 to 10 billion dollars in low- income and middle-income countries by 2005 and asked member-nations to support the fund on an urgent basis.

Addressing a press conference shortly after the Security Council nominated him for another five-year term, Mr Annan said: "After today, we shall have a document setting out a clear battle plan for the war against HIV/Aids, with clear goals and a clear timeline."

"It is a blueprint from which the whole of humanity can work in building a global response to a truly global challenge." Mr Annan repeated that an additional $ 7 to 10 million dollars would be needed annually to implement the targets set in the document and reverse the epidemic. Seeking action on part of the governments, the document asks the states to integrate HIV/Aids prevention, care and treatment into national plans and establish national prevention targets by 2003.

Within the next two years, it recommends implementation of prevention policies for migrant and mobile workers who are the major source of infection which they carry from causal sexual contacts to their spouses and families.

Among other things, it asks member-states to encourage responsible sexual behaviour including fidelity and abstinence and make access to male and female condoms and sterile injecting equipment easier. It wants 90 per cent of young persons between ages of 15 and 24 have access to information on the epidemic by 2005, which should go up to 95 per cent by 2010. The document also asks for policies to support orphans and children with HIV/Aids and prevent their abuse and enactment of legislation which bars all kinds of discrimination against people living with HIV/Aids.

Deccan Herald
29 June 2001

Tough timeframe to combat AIDS

UNITED NATIONS, JUNE 28. A major U.N. AIDS conference today approved a battle plan committing nations to fight the killer disease but deleted explicit references to homosexuals, prostitutes and drug users as particularly vulnerable groups. After wrangling for weeks over whether to highlight the groups, the 189-member U.N. General Assembly accepted without a vote a 20-page final declaration at the end of its three-day session on AIDS.

"We worked hard but in fact the real work only starts now," said the U.N. General Assembly President, Mr. Harri Holkeri.

"It is not a perfect text. But it is a good text — action oriented and practical," said the Australian Ambassador to U.N., Penny Wensley, who led the negotiations along with the Senegalese Ambassador, Ibra Ka.

The declaration sets tough timetables for countries to develop and implement national strategies to combat the spread of HIV, set up prevention programmes and provide access to treatment for all those affected. It states years by which those goals are to be implemented, including the global war chest to set up health programmes in poor nations.

Some 3,000 government officials, activists, drug company executives and AIDS victims themselves converged on the United Nations this week to back a global agenda for tackling the epidemic and to galvanize funds for the 36 million people facing a death sentence from the disease.

The U.N. Secretary-General, Mr. Kofi Annan, has urged the world to spend between $7 billions and $10 billions a year in response to

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Staying positive with HIV

Hundreds of patients form club in Vizag

FROM RAJLAKSHMI TRIVEDI

Visakhapatnam, June 28:
Hundreds of HIV positive people from Visakhapatnam district and nearby regions on Thursday ended their silence and stepped out in the public glare to seek a soft touch from fellow humans.
Every individual had a heart-rending story to share. But one particular tale gave hope to all.
Married at 18 to an engineer, one of the patients narrated how she lost her husband to AIDS within two years of marriage. She had by then contracted the deadly virus. Today, 10 years later, she lives in the hope that a drug would soon be available to cure her.
Most of the patients were in the 18-45 age group and pleaded for cheap availability of medicines which are too costly at the moment.
Fear, uneasiness and helplessness prevailed as the patients narrated their encounter with HIV. Most of them said they knew many more

PAIN BINDS

who hid their affliction fearing social stigma. Among those who spoke were employees of major public and private sector units.
A recent survey suggests Andhra Pradesh has the second largest population of HIV positive people with 3.5 lakh reported cases. The virus is spreading at an alarming rate and some say the State may be staring at a catastrophe.
APSACS project director K Chandramauli, who was here for the inauguration of the HIV-AIDS Aid Foundation, lent an attentive ear and promised government help.
A free counselling and anti-retroviral clinic was also started at the Tripura Medical Centre by Dr K Gopalakrishna. He also launched a mobile audio-visual unit.
The Unit on Wheels is expected to reach the interiors of coastal Andhra which will enable villagers to talk to doctors through high frequency walkie talkie sets on the vehicle. To round off the evening, the HIV patients lit candles signifying the light of life.

Deccan Chronicle
29 June 2001

Rich nations must fund fight against HIV/AIDS, says UN

United Nations, June 28: In a historic move, the United Nations General Assembly has adopted a declaration outlining steps to combat HIV/AIDS pandemic and asked rich nations to pay billions of dollars over the next decade to help fight the disease that has so far claimed 22 million lives.

The 16-page declaration of commitment on HIV/AIDS, adopted Wednesday night at the end of a three-day special session, is not enforceable but sets important benchmarks to determine the progress towards containment of the disease.

An important aspect is that the document does not consider the disease only as medical problem but views it as economic, social and human rights issue. It also calls attention to and asks for corrective steps to ensure women are not exploited and forced into unsafe sex.

Under pressure from Islamic countries and the Vatican, the final document dropped explicit reference to homosexuals, prostitutes and intravenous drug users as vulnerable groups. But it called for special attention to the groups at risk.

After days of discussions, proposals and counter-proposals the Western nations agreed to drop the reference to get the declaration through.

But diplomats said the heart of the documents remains intact and the discussion on the issue has opened debate on such groups even in the most conservative nations.

The document asks governments to create national policies to reduce infection rates within next three to five years and protect those at risk • PTI

INDIA'S STEPS

New York: India has been able to contain to a great extent the dreaded HIV/AIDS and is planning several measures such as providing health education to adolescents and opening counselling centres to curb the menace, Union Health Minister C P Thakur has said on Wednesday • PTI

The Indian Express
29 June 2001

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the epidemic, compared with about $2 billions currently spent in developing nations, half of it in Brazil alone. African Presidents and Prime Ministers were heavily represented and promised to lead the anti-AIDS campaigns on the continent where 25 million are afflicted with the virus.

Egypt, Pakistan, Libya, Sudan, Iran and other Islamic nations, backed by the Vatican, fought for weeks against naming "men who have sex with men," intravenous drug users, prostitutes and prisoners among the groups particularly vulnerable to AIDS and in need of special attention.

They argued the provision offended religious and cultural sensitivities, and they succeeded in deleting the references. Countries are now told to protect the health "of those identifiable groups which currently have a high or increased rates of HIV infection". The Islamic group also deleted a reference to a five-year-old guideline drawn up by the UN-AIDS, which organised the conference, because they suggested nations review laws that criminalise homosexuality and provide condoms to prison inmates.

"Homosexuality is one of the main causes of this disease. In fact, God sent the Prophet with a clear message for preventing such practices and banning them," the Libyan Ambassador, Abuzed Omar Dorda, told the General Assembly. But Mr. Annan, in answer to questions on gays, said: "They are human beings with human rights that ought to be respected. They should not face discrimination once they are infected, including being dropped from their jobs or ostracised." Women and girls, raped and without protection from their sex partners or philandering husbands, are singled out for special attention.

Mr. Annan acknowledged the fight would not be won in a day but said "the debate has begun and it's not going to go away". "We have set standards against which people can measure their own performance, that the average citizen can use to challenge their Government."

Much of the debate was over prevention versus treatment, with the declaration setting more goals for preventive campaigns than means of access to the antiretroviral drugs that can keep the virus in check. — Reuters

The Hindu
29 June 2001

Aid to avoid AIDS

HUMAN Immunodeficiency Virus (HIV) is rapidly spreading in the Indian community. An increasing number of AIDS patients are being hospitalised and taken care of by health care workers. As a result, health personnel are being exposed to the risk of occupational transmission of HIV. There is chance of HIV infection in another profession as well – prostitution. However, unlike the sexual route involved in the case of sex workers, the transmission of the virus among health workers is mainly through injuries like needle pricks.

The first case of occupational transmission of HIV to a health care worker following a needle stick injury was reported from Africa in December 1984. A review of the available literature reveals that as many as 94 documented and 170 possible cases of HIV transmission occurred among health personnel till 1997. The majority of the reported infections were among nurses as a result of contact with blood of AIDS patients percutaneously through devices placed in the arteries or veins of the patients. Other routes of transmission included cuts, splashes and skin contamination.

HIV is a delicate and fragile virus unlike the two other dangerous ones – hepatitis B and hepatitis C – which are also transmitted through blood or body fluids. HIV survives for a shorter period outside the human body than the other two viruses. Moreover, against 10 million infectious doses of hepatitis B virus per millilitre of blood of a patient suffering from hepatitis B, there are only 10 to 100 infectious doses of HIV in the same amount of blood of an AIDS patient. Hence, the risk of HIV transmission through blood is less likely compared to that of hepatitis B. However, we are more concerned with the former primarily because no vaccine or complete cure is yet available for it, unlike in the case of the latter.

Another fact should be emphasised – HIV is not transmitted through casual contact and it cannot penetrate intact skin. Only when there is a breach in the skin or mucous membrane exposing blood, the virus from the blood or body fluid of an infected person can enter the recipient's body. For example, when a health worker gets pricked with a needle contaminated with an infected patient's blood, he or she runs the risk of contracting the virus. However, risk of infection is practically nil if one accidentally touches HIV infected blood or body fluid with bare hand, provided skin of the hand is intact and contains no minor cuts. Deep injury, prolonged contact of a superficial cut with a large volume of blood or fluid from an infected patient, contact with blood or fluids of a heavily infected terminally ill AIDS patient, and multiple exposures to infected materials are some of the instances where the possibility of virus transmission is high. Splashes of infected fluids over the mucous membrane of the eye or mouth or contact of the oral mucosa with infected blood during mouth-pipetting may also cause virus transmission, to a lesser extent than skin injuries. A multicentre study conducted in Europe in 1996 showed that the overall risk of HIV transmission is around one in 400 cases of exposure through breached skin against only one in 1200 cases of exposure through mucous membrane.

Are there any measures to tackle this occupational hazard? Yes, there are two. The first one is prevention, and the second, post-exposure prophylaxis. Prevention cannot be achieved by isolating the AIDS patients and treating them in separate rooms. WHO strongly advises against creating a separate AIDS unit in a hospital, and instead, recommends the following of "universal precautions" — that is, considering every person attending a health care set-up as potentially infected and following standard blood and body fluid precautions. The most important of these are "barrier precautions". All health employees should wear gloves while handling blood or body fluids, collecting pathological specimens from the patients or performing some invasive procedure on the patient. They should protect themselves from injuries by needles and sharp instruments used in such cases. Needles should never be recapped or bent after drawing blood and should not be left on the patient's bed or bedside. These should be destroyed with needle cutters and disposed off in puncture-proof disinfected containers. The health workers should wear masks, eye protectors (plain glass goggles) and gowns if droplets of blood or body fluids are expected. The samples should be transported to the laboratories carefully in tightly secured containers and handles with barrier precautions. Mouth pipetting should be stopped and use of automatic pipettes encouraged. Non-disposable items should be properly sterilised before reuse. Disposable items together with blood and other pathological samples, after testing, must be discarded into colour-coded plastic bags (red and yellow bags for bio-hazardous materials) which should then be disposed off following the guidelines of local bodies such as the Calcutta Municipal Corporation.

However, despite all such precautions, a health worker might sustain an accidental injury with a sharp instrument while handling an AIDS patient. In such cases, one should gently express blood from the wound and clean it thoroughly with some antiseptic like iodine or chlorhexidine, or, if nothing is available, simply with plain soap and water. The worker should immediately contact the infection control officer. If the injury is deep or the source patient is terminally ill or there has been a prolonged exposure to infected blood, the infection control officer usually recommends "post-exposure prophylaxis". It comprises a four-week course of a cocktail of anti-HIV drugs like Zidovudine, Lamivudine and Lefinavir and should be started as soon as possible, preferably within two hours of the injury. Studies in animal models suggest that anti-HIV drugs inhibit the dissemination of HIV from dendritic cells in skin or mucous membrane — the first targets of the virus — to the CD4 cells in the lymph nodes. The drugs also inhibit virus replication. Even if HIV infection is not prevented, the viral load is diminished to a great extent and the patient leads a nor-

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Doctors' apathy worsens AIDS in Andhra

By Shiv Pujan Jha

Hydrabad, July 2: The volunteers working for AIDS victims in Andhra Pradesh are of the view that most of the AIDS victims are bearing the brunt of doctors' apathy. Some NGOs working in the state expressed that even as the figures of the AIDS affected population in state was increasing at an alarming rate, the doctors are yet to show any discernible level of concern for such patients.

"The support of the medical community here is negligible as compared to Karnataka. Most of the doctors just don't care to examine an AIDS patient," said a volunteer from an NGO Freedom Foundation which is the only rehabilitation centre in the state. He recalled that a teenage boy who was HIV positive desperately needed amputation in his left leg after an accident , but the doctors refused to operate upon him. He was later rushed to Banglore after his condition worsened."

A study by the National AIDS Control Programme of India suggests that the prevalence of HIV/AIDS is mostly concentrated among the poor, marginalised groups, including commercial sex workers, truck drivers, migrant labourers, homosexuals and drug users. Transmission of HIV within and from these groups drives the HIV/AIDS epidemic and infection is spreading rapidly to the general community. About 90 percent of the reported AIDS cases occur in the sexually active and economically productive 15-44 years age group.

Studies also indicate that AIDS is on the increase along the highways because of the unprotected sex by the truck drivers. Almost two percent of the population of the state is affected by HIV/AIDS. There are also reports that most of the victims being from the lower strata of the society are forced to starvation. The most glaring sufferers are the wives of affected persons who in course of time become a widow and is infected herself.

"Such women are not able to support themselves. They keep falling ill and once the employer comes to know about their HIV status they throw them out of the job," said a volunteer. Andhra Pradesh is the second largest state after Maharashtra to have the maximum number of HIV/AIDS affected population in the country.

The Asian Age
03 July 2001

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mal life for a much longer period. However, post-exposure prophylaxis does not offer absolute protection. Moreover, the drugs are toxic and their intake may cause serious side effects. Hence, these should be judiciously prescribed after ascertaining the degree of risk of acquiring an infection following an injury. The injured worker should also undergo some baseline blood investigations like blood count, liver function tests and tests for HIV, hepatitis B and C. The worker should practice safe sex and should not donate blood until it is clear that infection has not been acquired. Follow-up tests for HIV should be done after one month, three months and six months of exposure. Health awareness and continuous AIDS education of health workers are the cornerstones of tackling this emerging occupational hazard.

Bhaskar Narayan Chaudhuri
The Statesman
17 June 2001

Women unite against female foeticide

HT Correspondent
New Delhi, June 29

WHY ARE doctors not prevented from carrying out female foeticide? Women at the grassroots while interacting with women parliamentarians at a unique tele-conference held today across the country posed this uncomfortable question.

They also recounted how they had been harassed on account of that time-honoured evil of Indian society, dowry.

The women also complained about the high interest rates for loans charged by various groups. While programmes like Swashakti had had a good impact, they felt that there was need for wider dissemination of information about the existing welfare schemes.

Human Resource Development (HRD) Minister Dr Murli Manohar Joshi, who inaugurated the tele-conference, of course took recourse to what had turned out to be a handy tool. He denounced both social evils, dowry and female foeticide, expressed dismay over the adverse male-female ratio in the population, especially in the 0-6 years age-group.

He recalled that while religious leaders from all religions had called for putting an end to female foeticide, doctors had also been advised to desist from the practice.

Dr Joshi said that the Government was re-examining all the existing laws concerning women with the objective of providing better safeguards for women through legal provisions.

Among the laws being amended for the purpose were the Indecent Representation of Women (Prohibition) Act 1986, the Immoral Traffic (Prevention) Act 1956, the Dowry (Prohibition) Act 1961 and the Commission of Sati (Prevention) Act 1987.

Besides, a new law seeking to prevent domestic violence on women was on the anvil, he said.

He said that the Constitution had provided all rights for full development of women and several programmes like the Rashtriya Mahila Kosh, Integrated Child Development Scheme, Swashakti and Balika Samridhi Yojna, had been launched by the Department of Women and Child Development and the year was being celebrated as the Women's Empowerment Year.

But still, he added, the implementation of the programmes had not been entirely satisfactory.

He said that the tele-conference would help in bridging the gap between policies and programmes on the one hand and their implementation on the other hand. It would also bring the Government face to face with the actual beneficiaries of those policies and programmes with the resultant feedback enabling the authorities to amend the programmes as required.

The tele-conference was organised jointly by the Department of Women and Child Development the National Commission for Women (NCW), the Central Social Welfare Board (CSWB) and the Indira Gandhi National Open University (IGNOU).

The participants included women beneficiaries in Andhra Pradesh, Assam, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, UP and West Bengal.

In Delhi, three Members of Parliament Selvi Das, Jayashree Bannerjee and Jayaben Thakker were present along with NCW Chairperson Vibha Parthasarathi and CSWB Chairperson Mridula Sinha.

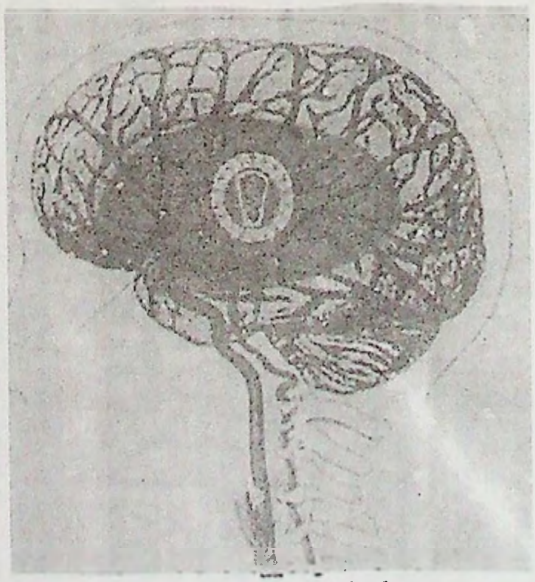
Hindustan Times
30 June 2001

The scourge of neuro-AIDS

WHAT has neuroscience to do with AIDS? A lot, according to the scientists of the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore. In the eleven year period from October 1989 to December 2000, out of a total of 47,180 serum samples screened at the institute for HIV, nearly 1800 cases were found to be positive. One may dismiss this as just a coincidence.

However, look at the other side of this coin. Nearly 50 per cent of the patients infected with HIV develop neurological diseases during the natural course of the infection. In fact, neurologic diseases are the first manifestation of the symptomatic HIV infection in 10 to 20 per cent of the cases. Autopsy studies have demonstrated neuropathology in more than 90 per cent of the patients with AIDS. So one can definitely see a causal relationship between HIV infection and neurological diseases. Development of neuro-AIDS, however, depends upon a number of factors such as the degree of immunosupression, the type of viral strain, and a number of host genetic features which are yet to be determined. These and other aspects of neuro-AIDS were discussed at a one-day symposium organised by NIMHANS in January 2001.

All the time we are exposed to various types of pathogens ranging from cold virus to tuberculosis bacterium. However, the efficient immune system in the body protects us from these attacks. So, many of these infections remain dormant. However, infection by the human immunodeficiency virus (HIV) is a different story. It attacks the body's immune system itself. The virus infects and kills a particular type of cells known as cd4+ T-cells, which are crucial in regulating the immune reactions. As the virus load in the body increases, a progressive loss of immunity occurs, a condition generally recognised as AIDS (acquired immune deficiency syndrome), where in opportunistic infections strike back with vengeance causing death. Generally, the infection is diagnosed by testing the patient's blood for the presence of antibodies to the viral proteins and reduction in t he number of CD4+ T cells. However, in 1985, another face of the HIV infection was revealed. For the first time, the virus was recovered from the central nervous system (CNS) of a patient. Since then concern over the ability of the virus to infect the well protected CNS, including the brain, and its consequences are growing.



HIV particle lodged in the brain

How does HIV penetrate the blood-brain barrier, which is designed to protect the brain from infections and toxic substances circulating in blood? It is speculated that some of the viral proteins released in blood help break this barrier and permit the HIV infected monocytes, and viral toxicants to enter the CNS. Use of the drug cocaine is known to facilitate this process. Brain itself is made up of various types of cells. The neurons constitute the net work for receiving sensory messages from, and transmitting motor signals to all parts of the body. Microglia and macrophages control the immune response in brain and astrocytes protect the neurons by metabolising toxic substances. Surprisingly, the all-important neurons are not infected by the virus. On the other hand, the microglia, macrophages and astrocytes are primary targets of HIV. Once infected, these cells liberate inflammatory substances known as cytokines and chemokines, molecules of the immune system, which can bind to the HIV and abrogate the infection.

Unfortunately, under certain circumstances, some of these molecules can become toxic to the neurons. They bind to the neurons and thereby not only escape being metabolised by the astrocytes, but also upset the neuronal gene expression, affecting their survival.

Studies have show that CNS infection occurs early on HIV contact and continues through its entire course, affecting all parts - the brain, the meninges, the spinal cord, the nerves and the muscles.

How is neuro-AIDS diagnosed? Checking the cerebrospinal fluid for the presence of the viral nucleic acid copies, and increased levels of certain products of inflammatory reaction in CNS are the diagnostic methods. The disease presents itself at two levels: Opportunistic infection of the CNS due to suppression of its immune capability, and non-opportunistic neurological disorders due to damage to the neurons and nerve sheaths.

Studies conducted at NIMHANS and elsewhere in India have shown that nearly 86 per cent of the patients with neuro-AIDS suffer from opportunistic infection of the CNS, namely tuberculosis of the brain, cryptococcal meaningitis, toxoplasmosis, etc. Of these, the first two are the most common.

Some of the common symptoms are headache, vomiting, fever, gait abnormality, and personality changes. Of the remaining, about 12 per cent exhibit HIV associated peripheral neuropathy such as encephalopathy, and optic nerve degeneration.

HIV associated dementia (HAD), a late complication with progressive loss of memory, impaired attention, concentration and coordination, slowed movements, and behavioural changes could be seen in about two per cent of the case.

Physicians envisage at three pronged strategy for the management of nero-AIDS: to attack the virus, attenuate the CNS inflammation, and protect the neurons.

To achieve these, the drugs used in therapy should be able to penetrate the blood-brain barrier. Fortunately, some of them used in the regimen of the "highly active anti-retroviral therapy (HAART)" are found to penetrate the barrier and attack the viral stores in brain. Similarly, certain vitamin E-like compounds are known to protect the neurons.

The efficacy of many of these drugs was discussed in the symposium. In the end, it was felt that awareness among the physicians that HIV patients are much more vulnerable to neurologic diseases than the general public, is the first step in the management of neuro AIDS.

M S S MURTHY

Deccan Herald
03 July 2001

Gujarat still prefers the male child

By Janyala Sreenivas

Ahmedabad, July 2: Gujarat may pride itself on its buoyant economy, but the declining sex ratio in the State indicates that a bias for the male child still grips a society that is otherwise considered progressive.

Unexpectedly, it is in the cities - not in backward areas - that the sex ratio figures show cause for alarm.

In sharp contrast is tribal belts, where lack of education, social evils, and a preference for the male child are supposedly prevalent, the figures are normal.

Director of census operations, Jayant Parimal, says: "Going by the 2001 figures, the situation is very grim. It seems in spite of all the development and urbanisation, sexual discrimination is prevalent and the desire for a male progeny is catching up in the State."

A study by Professor Gaurang Jani of Gujarat University's school of social sciences links the poor sex ratio to rapid urbanisation.

A study by Professor Gaurang Jani of Gujarat University's school of social sciences links the poor sex ratio to rapid urbanisation

"Gujarat is the only State which has 200 small cities having an urban influence on all surrounding rural areas. Health facilities may be poor here, but every 20 km you will find a sex determination centre or an abortion clinic, even in rural areas," he says.

The study observed that in Other Backward Classes (OBCs), which constitute 45 per cent of the population, preference for the male child has grown stronger over the years.

Says Jani, "Easy access to abortion clinics feeds their preference for male children. Moreover, women have no say in whether or not they should go in for an abortion."

Experts conjecture that it is the non-availability of sex-determination centres and abortion clinics in tribal areas that accounts for the healthy sex ratio there.

Says Mirai Chatterjee of the Self Employed Women's Association (SEWA): "In the last few years, female foeticide has increased drastically across the State. Both rural and urban areas share the blame, but it is difficult to know exactly how many take place. And in Gujarat, an unwell girl gets half the attention an unwell boy does."

Dr Behram Anklesaria, former president of the Ahmedabad Obstetrics and Gynaecologists Society, says, "There are at least 100 sex diagnosis centres in Ahmedabad alone. Draw your own conclusions. Selective abortion is prevalent."

Deccan Herald
03 July 2001

The Indian Express
03 July 2001

We all have AIDS

IN many occupied nations during World War II, the Nazis ordered Jews to wear a yellow star, as prelude to their destruction. But not in Denmark. According to legend, the Danish king, Christian, threatened that, if Danish Jews were to wear the star, he would, too. The story is almost certainly a myth, but its meaning is not: Despite the Nazi occupation, Denmark rescued the overwhelming majority of its Jews. "If some Danes are under siege," the story means to say, "then all Danes are under siege. So, for now, we are all Jews."

Now we all have AIDS. No other construction is any longer reasonable. The Earth has AIDS; 36.1 million people at the end of the year 2000. In Botswana, 36 percent of adults are infected with HIV; in South Africa, 20 percent. In 2000, 3 million humans died of AIDS, 2.4 million of them in sub-Saharan Africa. That is a Holocaust every two years; the entire population of Oregon, Iowa, Connecticut or Ireland dead last year, and next year, and next. More deaths since the AIDS epidemic began than in the Black Death of the Middle Ages. It is the most lethal epidemic in recorded history.

Prevention will be the most important way to attack AIDS everywhere, but treatment matters, too. We can treat AIDS effectively. We cannot cure its victims, but we can extend their healthy lives by years. We can reduce its transmission from infected mother to unborn child by two-thirds or more. We're seeing the effects of advancing science plus enlightened public health policies in the United States, where the AIDS toll began to fall in 1997.

Successful, life-prolonging management of HIV infection isn't simple. Important dimensions include education, social support and lifestyle interventions that are extremely difficult in developed nations, and many times more so in impoverished nations. But it's a mistake to ignore the role of medications. No matter how different the cultural challenges, the correct mainstay of lifesaving care is medicine.

Most people on Earth with HIV and AIDS don't get those medicines. Some barriers are social and logistical, but the overwhelming barrier is cost. One year of triple drug therapy for an HIV-positive person costs $15,000. Recent, welcome changes by a few progressive pharmaceutical companies, such as Merck & Co., promise to reduce that cost by thousands of dollars annually.

But keep in mind that no legend claims King Christian talked of wearing only half a yellow star. Here's what the world needs: free anti-AIDS medicines. The world's devastated nations need AIDS medicines at no cost at all, or, at a bare minimum, medicines available at exactly their marginal costs of manufacture, not loaded at all with indirect costs or amortized costs of development. No handwaving or accounting maneuvers, for all practical purposes, free.

Here's how it could happen: The board chairs and executives of the world's leading drug companies decide to do it, period. To anxious corporate lawyers, incredulous stockholders, cynical regulators and suspicious public, they say: "The earth has AIDS, and therefore we all, for now, have AIDS. Therefore, we are taking one simple action that will save millions and millions of lives. We choose to do it, together, and we will use the intelligence of our own forces to make it possible, while preserving our companies' futures."

No one could stop them. For the small profit they would lose, they would gain the whole world's trust and gratitude. They would have created a story to be told for a millennium, and those who depend on the prudence of these leaders, on their "fiduciary responsibility", might choose then not to blame them but to join them in celebration, as fiduciaries of humankind.

The people who can say this include: Raymond Gilmartin, (chairman and CEO of Merck & Co.); Sir Richard Sykes and Jean-Pierre Garnier (respectively, chairman and CEO of GlaxoSmithKline); Charles A. Heimbold Jr. and Peter Dolan (respectively, chairman/CEO and president of Bristol-Myers Squibb); Dr. Franz Humer (chairman and CEO of Roche). There are others; they know who they are. These few souls, with this act, would ultimately save the lives of more human beings than died in the Holocaust, perhaps two or three times over.

If a Nobel Prize followed, it would be redundant. The memory of the deed likely would outlive even the story of the Danish king who joined his people in their need.

DONALD M. BERWICK
The Washington Post

Sexuality minorities speak out

Hijras speak of being subject to abuse, ridicule and rape in police stations

EXPRESS NEWS SERVICE

Bangalore, July 3: Something that has still been hushed up despite activism in Bangalore is the campaign for the rights of sexuality minorities – lesbians, gays, bisexuals and transgendered (LGBT) people. But this Sunday saw a gathering of around 200 people from Pune, Delhi and Bangalore.

The Coalition for Sexuality Minority Rights, Bangalore, organised a public meeting in the City with the theme "Breaking the silence: Sexuality minorities speak out".

It was perhaps the first time in Bangalore that a forum was created for people to identify themselves as gays, bisexuals, hijras, lesbians, kothis, transgenders etc.. in other words anybody who does not want to fit into the heterosexual mode prescribed by society. People spoke of their experiences, their sexuality. Legal experts came foward with their views on legislation and the need to change them. Activists spoke of how the movement had evolved – how NGO groups that at first refused to accept the ideology are now supporting it.

"These voices presented a rich tapestry typical to human sexuality and human gender," said organisers.

At the meet, the Peoples Union for Civil Liberties (PUCL) report – a product of a fact-finding mission by human rights and feminist groups about police harassment of gays, bisexuals in public spaces in Bangalore was also presented.

Ashwini Sukthankara, noted lesbian activist and writer, described the evolution of Campaign For Lesbian Rights (Delhi), which was formed in response to the attacks on the film 'Fire' by the Shiv Sena in Delhi and Mumbai. "Lesbianism slowly got articulated as an issue even among human rights groups and women's groups who were reluctant to recognize it as an issue at first."

Famila from Sangama (an NGO) narrated her experiences as a hijra – of their life in hamams and how they earn their living by sex work. Of how hijras are subjected to abuse, ridicule and often rape in police stations. Rev Dr KC Abraham, an ordained priest of the Church of South India (CSI), affirmed his commitment to issues of justice for sexuality minorities.

Owais Khan, spoke about his relationship with his boyfriend for over four years and how he was liable to be prosecuted under law or subjected to abuse and hatred. He spoke about the problems faced by gay men – inheritance, insurance, maintenance and adoption – Laws for which all discriminate against gay men.

Chatura, a lesbian feminist representing Olava - a lesbian, bisexual transgendered women's group from Pune spoke of how all women are connected to men either as daughters or wives and don't have an identity on their own. "It is the women's and lesbian movement which have empowered her to resist the control on sexuality." Manohar, a bisexual man, narrated the history of organizng sexuality minority groups in Banglaore.

Sanjay Bavikatte of the Alternative Law Forum spoke about alternative lawyering for hijras.

He pointed out that in the eyes of the law hijras are completely invisibilized and don't have any rights including the right not to be raped, to get a passport and inheritance.

Representatives of local women's groups Manasa and Vimochana expressed their solidarity with the sexuality minorities and groups involved in empowering these minorities.

HELPLINES AND SUPPORT GROUPS

Bangalore: A help line 'Sahaya' was started a year ago for sexuality minorities. The line is open on Tuesdays and Friday from 7pm to 9 pm (2230959). Or e-mail sahayabangalore@hotmail.com. You could also check www.amnesty.org

'Good as You' has been around for seven-and-a-half years and provides social space for gays, lesbians and bisexuals and trangenders and meets every Thursday.

Sangama, a sexuality minorities' rights group, provides documentation, out reach and other resources. Contact: 5359591.

Sabrang is meant for people of all sexualities and was instrumental in organizing lectures, seminars as well as a notable public protest against the attacks on the Film 'Fire' and deals with other development issues • ENS

The Indian Express
04 July 2001

Kit to help women, men to test fertility in privacy

Lausanne, (Switzerland), July 2: Women worrying about the ticking of their biological clock or men concerned about the swimming power of their sperm will soon be able to test their fertility in the privacy of their own home.

Instead of enduring awkward questions in doctors' surgeries, blood tests and producing sperm samples on request, couples thinking about having children could test their hormone levels and sperm quality themselves.

Fertell, the world's first "his-and-her" home fertility test kit, should be available over-the-counter early next year in Europe and the United States, pending regulatory approval.

"It is the world's first. There is no other test like it," Professor Christopher Barratt, a fertility expert at the University of Birmingham in Central England, said.

It took Barratt and his colleagues four years to develop the test which was presented at the European Society of Human Reproduction and Embryology meeting at Lausanne, Switzerland, on Sunday.

Women would be able to measure levels of follicle stimulating hormone, which gives an indication of the number of eggs in their ovaries, in 15 minutes with a urine test.

The male test replicates the conditions sperm encounter while trying to fertilise an egg in the female. Within half-an-hour of placing a sperm sample in the kit, men would get an indication if they have enough motile, or swimming, sperm to father a child.

If a red line appears, their chances would be good. *(Reuters)*

Deccan Chronicle
03 July 2001

SCIENTISTS PRODUCE HUMAN EGGS

FROM EMMA ROSS

Lausanne: Scientists appear to have found a way that someday could allow women to become mothers after they no longer can produce viable eggs, a potential advance in breaking the last great barrier to fertility treatments.

The technique, described Monday at a conference of the European Society of Human Reproduction and Embryology in Lausanne, involves taking a cell from an infertile woman's body, and inserting it into an emptied donated egg.

The resulting egg contains the genetic material of the woman wanting the baby, not of the donor.

Scientists said the work was still in the preliminary stages, and it could be years before the technique produces a healthy baby, if ever. When they fertilised the manufactured egg with sperm, it divided once, then collapsed.

But theoretically, the method could create an unlimited supply of eggs for the infertile woman and allow her to have a child at a much older age.

However, experts tried to play down that possibility, saying they strongly discourage post-menopausal motherhood on ethical and practical grounds.

Gianpiero Palermo, a professor of embryology at the Centre for Reproductive Medicine and Infertility at Cornell University, said that besides older women, his technique could help those

who can't use their own eggs, either because they don't have any or because their eggs are no good.

Such women could include those whose ovaries are removed before cancer treatment, those who were born without ovaries or women who reach menopause at a young age.

Prominent fertility researcher Zsolt Peter Nagy, who was not connected with the project, said the technique potentially is one of the most important advances in fertility treatment ever.

Fertility treatments took a major step forward in 1978, when a team led by Robert Edwards and Patrick Steptoe conquered fallopian tube problems with the introduction of in vitro fertilisation, where the egg is fertilised outside the body and implanted in the womb.

Then in 1992, while he was working in Belgium, Palermo circumvented the failure of sperm to swim to the womb by injecting the sperm directly into the egg — a technique called ICSI.

The problem of declining egg supply as women age has probably been the biggest major challenge in fertility treatment since then, experts say.

"I am sure one day this will work," said Nagy, scientific director at the Central Research Clinic of Human Reproduction in Sao Paulo, Brazil. Nagy is pursuing similar research.

"And if it does, it will be the biggest development, after IVF and ICSI," he said. *(AP)*

Deccan Chronicle
04 July 2001

Catholic Church plans to promote 'natural' family planning methods

'West is dumping rejected birth control pills in Third World'

Sanat K Chakraborty
Shillong

WESTERN COUNTRIES are dumping rejected birth control drugs and family planning methods into third world countries, said superior general of the Salvatorian order of the Catholic Church Fr Andrew Urbanski. Fr Urbanski is here in the city on a visit from Vatican to attend a Church programe.

When asked about the Catholic Church's view on reproductive health rights of women, he said that the church would continue to oppose abortion, use of contraceptives and other artificial methods of controlling birth.

According to him the Church would promote "natural method" for family planning to deal with the problem of population growth.

"Natural family planning is the best method, which has no side-effects on women", Fr Urbanski said, while dismissing the efficacy of anti-abortion drugs or other birth control techniques.

"All these contraceptive drugs have tremendous adverse effect on women's health, the Salvatorian chief said.

Fr Urbanski said from his experience in Africa that he could see why the rich countries wanted to promote abortion or birth control regime.

"They want life-denying abortion and promote all kinds of contraceptive devices so that they could spend less on their welfare".

When asked why is it that Christianity seems to be losing its relevance in the Western countries, whereas the faith is growing in the developing countries, Fr Urbanski said: "Yes, it is in crisis in the West. It's because of boom in consumerism and lack of spiritualism."

However, he could not say whether the people in the developing or poor countries were spiritually stronger and therefore, Christianity as a religion still found takers here.

Could it be that the expansion of frontiers of science in the West was one of the reasons for demystifying God ?

To this he said: "The conflict between the science and religion is not new".

He added: "It is true that science is creating a new body of knowledge, but there are other truths such as, spirituality, morality etc, which science cannot handle. There is no tool today explain all these," he said.

The Pioneer
04 July 2001

Cadila launches menopause combatant

By Vivek Sinha

Menopause — one word all women dread. Who isn't acquainted with this word which not only brings in a woman a physical but emotional as well as mental crisis. To bring about a breakthrough in combat of this phase, pharma major Cadila Pharmaceuticals recently introduced three of its herbal products, Fortefem, Aphroherb, and Hepasave, developed in collaboration with Nature's Way, USA.

Fortefem is meant to battle the menacing problem of menopause. Menopause, in simple terms, the natural cessation of menstruation, is a necessary torment that every woman on the threshold of 40 has to bear with. Hot flushes, vaginal dryness, insomnia, depression, irritability, and physical as well as emotional distress are some of the attendant symptoms.

Scientists and doctors around the globe are trying to bring forth a solution to this. But the only remedy currently available is harmone replacement therapy for a symptomatic relief, but its long-term use has been known to cause cancer along with other complications.

However, Fortefem, a dietary supplement containing seven different herbs, is a highly efficacious medicine with absolutely no side effects. Menopause is generally linked to the diminishing levels of oestrogen, a sexual hormone found in women whose depletion is the main factor responsible for the bodily fluctuations. Fortefem essentially provides phytoestrogen i.e. oestrogen derived from botanical sources.

Herbal care: Fortefem, a dietary supplement, is a highly efficacious medicine with no side effects.

Apart from directly combating menopausal symptoms, the ingredients of Fortefem help to increase blood flow to the uterus, strengthen reproductive organs improve nutrition, ease pain and fight distress.

Aphroherb, having at least eight natural ingredients, is a potent medicine helpful in restoring flagging sexual interest and activities in both men and women. Unlike a host of placebos or quick-fix remedies, it addresses the root of the sexual problems — the lack of libido and energy levels. It also helps to balance hormones and consequently emotions apart from reducing stress levels, improves physical endurance and brain function and stimulates the reproductive system. Now women who have stepped in their forties need not worry as they have a combatant to fight against the torment of menopause.

The third product, known as Hepasave, is basically a preventive medicine designed to reinforce our immune system against the deadly hepatitis virus through natural means. Containing an active bioflavonoid complex which is a powerful antioxidant, it exerts a protective effect against pollutants and other substances that may be harmful to the liver.

The Asian Age
05 July 2001

Spread of AIDS seen as security threat

AIDS has not caused any wars but the security implications of its rapid spread in africa and other regions must be taken far more seriously by the industrialised West, according to experts here who are calling for much stronger measures — and a lot more money — to fight the deadly epidemic. Not only are families being decimated by the premature deaths of young men and women throughout Africa, but entire societies in Eurasia, where AIDS has established a firm beachhead, could well be destabilised unless urgent action is taken now, the experts warn.

Of particular concern to security analysts, a Pentagon study says HIV prevalence among African militaries is particularly high, ranging in selected countries from 10 per cent to as high as 60 per cent. Other, anecdotal reports suggest that infected officers and soldiers are more likely to take risks and engage in criminal behaviour on the battlefield, and are less interested in peace negotiations, than those who are healthy.

Though less than one per cent of the population is carrying HIV in nuclear armed Russia, India, and China, infection rates are on trajectories comparable to some of the most-affected countries in Africa. (IPS)

The Times of India
06 July 2001

Drug firms to help poor fight TB

London: Pharmaceutical companies, still smarting from a public outcry over AIDS drugs, have agreed to slash the price of five potent anti-tuberculosis medicines in poor countries, a leading medical charity has said. Medecins Sans Frontieres, which helped broker a deal between industry and the World Health Organisation, said firms had agreed to cut prices by up to 90 per cent to help in the fight against TB.

The Indian Express
06 July 2001

Now, birth pangs on the s

EXPRESS NEWS SERVICE

Thiruvananthapuram, July 6: Discovery Networks International and The Learning Channel have co-produced a film, 'World Birth Day', a two-hour work that captures the preparations and emotions of nine mothers-to-be around the globe up until giving birth.

Among the nine women who 'star' in the film is one from Kollam who gave birth at the SAT hospital here.

The nine mothers who feature in the film all gave birth on the same day, July 5.

The mother from Kollam is Jayakumari, wife of Anil, a tailor.

The birth on Thursday morning was recorded using three cameras kept inside the labour room' at the SAT Hospital.

The actual birth, the emotions of the mother, the father, the doctors as well as Jayakumari's relatives have all been recorded, as was the preparations for the big day.

The film will show not only the births but also take the audience into the world of the family by capturing the emotions of the mother, the father and the doctors

The nine mothers, who are part of the film that has been produced by Martha Spaninger, are from Beijing, Thiruvananthapuram, Nazareth in Ethopia, Cairo in Egypt, Manchester in United Kingdom, San Francisco in United States of America, Mexico City in Mexico, Sao Paulo in Brazil and Berlin in Germa

Communications ma: Negi told reporters he the film would be telec ery Channel internatio opc, Asia and Latin An first quarter of 2002.

Martha Spaninger and cameraman Martin Nysterf were also present at the press conference.

The film will show not only the births themselves but also take the audience into the world of the children and their families.

According to the makers of the film, the locations were selected to bring the widest possible range of human experience to the audience.

Discovery will visit these children again after two years to find out what is happening in their lives.

The film will, however, stand on its own.

Discovery Channel India, a 24-hour pay channel, was launched in 1995 and currently reaches over 21 million homes throughout India.

The network also offers a 24-hour parallel Hindi audio feed in addition to an English audio feed.

More details of Discovery Communications India are available at www.discovery.com, according to a press release.

The Indian Express
07 July 2001

Gay club run under AIDS centre guise

FROM OUR BUREAU

Lucknow, July 8: Two gay clubs, run by non-governmental organisations under the garb of counselling centres for HIV and AIDS patients, were unearthed by the Lucknow police on Saturday.

The clubs were operating from a palatial building in the Hazratganj and the NGOs involved in the racket — Bharosa and Naz Foundation International — were being funded by the State government as well as some international agencies. The police seized pornographic literature and blue film cassettes from their offices.

Three persons, all office-bearers of the NGOs, have been arrested on charges of propagating and indulging in unnatural sex.

The police came upon the gay club racket by chance when SP (East) Rajesh Pandey found some policemen quarrelling with two men near the Gomti Barrage on Friday night. When questioned, the men, the two men revealed that they were homosexuals and one of them was a "customer" who was now refusing to pay up — hence, there was an altercation. The two men were brought to the police station where they revealed that one Deepak and Gangaram, who charged Rs 10 to 50 per customer as commission, were running gay trade in the Charbagh.

A raid was conducted on one of the parks near Charbagh Railway Station and six men were caught in the act. One of the arrested men, Sajid revealed his connections with the two NGOs. Raids The director of the two NGOs, Arif was arrested later and he disclosed that their club had a membership of over 500 and were provided luxurious, air-conditioned rooms for their activities.

Deccan Chronicle
09 July 2001

Breakthrough! Sex-sorting guarantees girl child birth

London: Fertility experts have developed a sex-sorting technique which can virtually guarantee that a test-tube baby will be female, it was disclosed in London on Thursday.

The technique increases the percentage of female embryos obtained through in-vitro fertilisation from half to more than 90 per cent and it could be important for couples with inherited diseases that are carried by girls but suffered by boys, such as muscular dystrophy or haemophilia.

A boy has a 50 per cent chance of being affected by a life-threatening X-chromosome disease.

Knowing that an embryo is likely to be female can greatly assist pre-implantation genetic diagnosis.

IVF doctors can only diagnose such inherited conditions by analysing female embryos, but normally the embryos they get to work with have an equal chance of being male or female. The new technique, which employs a filtering device called microsort, is the first "sex-sorter" in the world to be used on humans.

It works by separating sperm containing either the male Y-chromosome or the larger female X- chromosome. The Y-chromosome is the one that determines sex.

Its presence produces a male, and its absence a female.

If a sperm cell containing an X-chromosome fuses with an egg, also containing an X-chromosome, the offspring will be a girl.

Results from an ongoing clinical trial of microsort'were presented at the European Society of Human Reproduction and Embryology annual meeting in Lausanne, Switzerland.

THE BREAKING STORY

Dr Harvey Stern, from the genetics and IVF Institute in Fairfax, Virginia, said the technique had so far been used to produce 284 embryos for PGD analysis.

He told the meeting: "We were able to be unambiguous in assigning gender in 90 per cent of the 284 embryos. Of these, 90 per cent were female and 8 per cent were male."

"Microsort is still undergoing clinical trial, but we already know that it substantially increases the chance of a couple having a child of a particular gender," said Stern. *(DPA)*

The Asian Age
07 July 2001

Tracking AIDS virus

RESEARCHERS at the University of California at San Diego have used cutting-edge technology to track with unprecedented precision the progression of cellular damage that follows infection with the 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.

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.

It then suppresses the immune cell's DNA repair mechanism, and induces the cell suicide process called apoptosis, they said in their study.

The destruction of the immune cells robs the body of its ability to defend itself, eventually leading to the collapse of the immune system and full-blown AIDS.

Jacques Corbeil, assistant Professor of Medicine, University of California School of Medicine and the study's lead author, said a better understanding of how the virus decimates immune system cells could help in the development of drugs or vaccines to block or prevent HIV infection. The study appears in the journal *Genome Research*.

Microarray "gene chip" technology, silicon chips coated with DNA fragments, and a software programme designed by UCSD experts enabled the researchers simultaneously to monitor about 6,800 genes eight times over a period of three days to see whether they were active or inactive. It was the largest number of genes ever tracked by AIDS researchers.

They found that within hours of infecting the immune cell, HIV suppressed genes that maintain a constant and healthy internal environment. HIV cripples enzymes vital for the function of the Mitochondria, the cell's energy source.

HIV also deactivates the genes that normally fix altered cellular DNA, leaving the immune cell unable to repair ongoing damage caused by the virus, the researchers said.

Almost immediately after infection, HIV begins turning off some key genes while turning on others in the host cell.

The first observation by the researchers came 30 minutes after infection. HIV already had suppressed more than 500 genes in the infected cells, while activating nearly 200 other genes, including "suicide" genes that generally stay dormant until being activated as part of the normal cycle of cell death.

By the end of three days, HIV had turned off about half the genes that normally would be active in a healthy immune cell, the researchers found. ●

REUTERS

The Hindu
08 July 2001

The Times of India
11 July 2001

Court order on 'Indian Viagra' challenged

The Times of India News Service

NEW DELHI: US pharmaceutical giant Pfizer, maker of anti-impotency drug Viagra, has challenged the Delhi high court order allowing the Indian pharmaceutical major Cadila Healthcare to market its drug Penegra by changing its colour from blue to pink.

Pfizer's lawyer C.M. Lall informed the high court about the appeal in apex court after Cadila's counsel P. Chidambram told justice A.K. Sikri on Tuesday that the Indian company has changed the colour of its pill Penegra from blue to pink in order to not to be mistaken for Pfizer's blue pill Viagra.

Meanwhile, two other Indian companies, Cipla Limited and Yogi Herboclub, who were issued notice on the allegation by Pfizer that they were also manufacturing and seeling anti-impotency drug by copying the formula and using deceptively similar name and identical colour, filed their reply in the court.

Pfizer had alleged that Cipla was passing off its drug "Silagra" as its Viagra by copying the shape and colour of the tablet. So was Yogi Herboclub with its "Indiagra" . Pfizer alleged.

AIDS cases: Growth rate slows down

Poornima Joshi
New Delhi, July 8

IMPOSSIBLE AS it may seem, the Health Ministry has good news on the AIDS front: that things are under control.

Not that the numbers aren't rising, but to the delight of the Health Minister and his motley crew of bureaucrats, the rate of spread of HIV/AIDS has actually slowed down over the recent years.

Health Minister C.P. Thakur stops just short of claiming that India has reached a plateau as far as growth of HIV/AIDS is concerned.

But the minister's relief at the development is as clear as the statistics he provides.

In the last three years, between 1998 to 2000, the total number of HIV infections in India rose from 3.5 million to 3.86 million.

The rate of growth was 5.7 per cent in 1998-99, which fell to 4.3 per cent in 1999-2000. If one compares this to the exactly 100 per cent rise from 1 million to 2 million cases in 1992-93, the Health Ministry can be allowed a sigh of relief.

However, there is a catch. And Dr Thakur is aware of it.

"I know that there is scepticism in certain quarters about these figures. But there is no other agency except the National AIDS Control Organisation doing a nationwide survey. For the same reason, no alternative reliable data is available. The sentinel survey done by the National AIDS Control Organisation indicates that the rate of spread of HIV/AIDS in India has slowed down enormously," he said.

Of course, experts would have their objections to such claims. "Under-reporting" is cited as a prime reason for "underestimation" of HIV infections in India.

According to "HIV and India: Looking into the Abyss", a report published by Dr P. Pais of the Department of Medicine, St. John's Medical College Hospital, Bangalore, prevalence has grown rapidly in high-risk groups such as sex workers and drug abusers.

Officials of the National AIDS Control Organisation are circumspect, but seem to be satisfied with the recent developments.

"It will be too early to say that we have reached a plateau. But, yes, the numbers have stabilised to a large extent. We are in a much better situation as compared to regions like Africa where every year infections are doubling," says project director J.V.R. Prasada Rao.

Hindustan Times
09 July 2001

Oral jobs? Be careful, you can get AIDS

BY
DR PRAKASH KOTHARI

Does oral sex cause AIDS? If a woman who has AIDS gives an oral job to a man, are there chances that he may contract AIDS or if a man gives an oral job is there chance of him getting AIDS? Does swallowing of fluids which comes out during oral sex lead to STDs?
Ranganathan, Secunderabad

Yes, oral sex can cause HIV/AIDS as there is always a chance of contracting HIV infection whenever there is exchange of body fluids. If a woman having HIV/AIDS gives an oral job to a man, then there are chances that he may contract HIV/AIDS. But here, the chances of him getting AIDS are comparatively less when he gives her an oral job.

Moreover, visible ulcers or micro ulcers (invisible to the naked eye) in the mouth and on the genitals increase the chances of contracting HIV/AIDS to a great extent.

If acceptable, using a condom in such situations would be relatively safe. In normal individuals, swallowing of semen does not lead to STDs or any other diseases.

Deccan Chronicle
08 July 2001

Fighting back

PEOPLE IN Africa will gradually evolve greater resistance to HIV, and those who do become infected will live longer. Receptors for chmokine molecules have been found to affect susceptibility to HIV infection and the time of onset of AIDS. These receptors vary naturally in the population. Researchers from the University of California, say there will be a strong selective pressure for receptors that delay on the onset of AIDS, since the disease usually strikes during the years when people are likely to have children. Computer models show that in 100 years time, half of the HIV cases in Africa will infect people having this type of receptor, and the average time to onset of the disease will increase by a year.

The Hindu
12 July 2001

The other way to counter the population boom

DEVIRUPA MITRA
STATESMAN NEWS SERVICE

HYDERABAD, July 9. – A woman surreptitiously knocks at a neighbour's door, she is let in quickly, and door is shut. Opening a steel almirah, the neighbour brings out her box of wares and gives a quick run down on the prices. The woman makes her choice, hands over the money and leaves, as quietly as possible.

It may be another example of direct selling, but the wares are not brightly coloured plastic utensils or expensive cosmetics.

In the second largest slum in Asia, a small experiment in marketing condoms has begun as part of an existing World Bank-funded health project. The urban health centre at Addagutta is the epicentre of this scheme, with three link volunteers, as of now, being given condoms to gauge the "market mood."

The three women, who had been given the boxes of condoms for sale are already part of a network involved in improving awareness about women's and family health. "They are part of the link volunteers who have been elected by every 20 households in the slum," said state government's programme officer, women's development, Ms Kulsum Abbas.

A month after its launch the project has had mixed results. A middle-aged link volunteer Kasturi, a resident of Chintal Basti has been the most successful so far – having sold over 10 packets. "The women come quietly to me and buy it. If you left it to the men, they will not even go to the shop," said Kasturi.

The boxes of Deluxe Nirodh, Moods and other brands of condoms are supplied at subsidised rates and are sold by women at market rates. "This allows the women to make some profit and it also acts as an incentive," said Ms Abbas.

The inspiration for the scheme partly comes from the failure of the state's effort at distribution of "free condoms" to increase their usage. "The common excuse is that the quality of the free condoms is not up to par... it hinders pleasure," she said.

Now, the men in the slums of Addagutta don't how to say no to condoms. "A few unmarried girls also came to buy condoms. I cannot refuse them, after all, who am I to tell them otherwise," said Kasturi, giggling shyly.

Government officials are not ready to evaluate the scheme. "It is in a too early stage to even speculate on its success," said Ms Kulsum Abbas.

In another slum in Addagutta, a non-governmental organisation, Nrityanjali Academy has managed to rope in the pillars of the society – the local tailors, barbers and shopkeepers - to market condoms.

The tailor shop of Prabhakar is the area "adda," the congregating point of the young men of the slum. In the evening along with a cup of tea, the young men go through a box of condoms of the latest varieties. "There has been a significant increase in the use of condoms among youth, especially when they visit sex workers," said 30-year-old Prabhakar, a "peer educator".

The concept of social marketing of condoms is, however, not new in Andhra Pradesh, which after Maharashtra, has the second highest HIV/AIDS prevalence rate in the country. But, it had so far been restricted to sex workers and their clients. In fact, a non-governmental organisation, Integrated Rural Development services, had sold over 15,000 condoms last year through sex workers in Hyderabad and Secunderabad alone.

The success of marketing has led to second thoughts over continuing with the free distribution of condoms. "We are mulling over a proposal to stop the distribution of free condoms in the state, except for the family planning programme," said Project officer, state management agency, Mr Kashi Nath.

The Statesman
10 July 2001

Deccan Chronicle
12 July 2001

China relaxes one-child norm

Beijing, July 11: Both Wang Xiaofeng and Lin Jialu spent their childhoods alone, so the couple can look forward to a day when their children will not.

They are the offspring of Chinas one-child policy, and as potential parents are free to raise two children under an exemption for couples who are both only children. The now nationwide exemption existed in some areas since the policy was officially launched in 1980, but only drew attention recently as Wang and Lin's generation reaches child-bearing age. "I didn't know about it till I read it on the Internet this year, but my wife has known about it since early on," said Wang, 26.

"Sometimes I think I've been alone all this time growing up and I've paid my duty to this country, so it would be nice if I could be repaid for it." It is estimated 50 million such couples will reach their reproductive peak by 2005, a figure that alarms some analysts.

But as the most populous nation on the planet marked World Population Day on Wednesday, family planning officials gloated over the achievements of strict policies to slow China's growth -- and pave the way for an age of greater flexibility. "If one generation can have one child, then within 20 to 30 years, the overall population problem will stabilise," said Zhang Yuqing, vice-minister of Family Planning Commission. *(Reuters)*

Action plan against AIDS launched in Bellary

By Our Staff Correspondent

BELLARY, JULY 10. A comprehensive action plan for creating awareness on AIDS (Acquired Immuno Deficiency Syndrome) and its prevention was launched by Dr. A.B.Maalakaraddy, Minister for Health, at a massive rally here today.

Bellary is the first district in the State to launch such a plan to tackle the disease. Bellary District is behind Bangalore (Urban) in the number of HIV positive/AIDS cases.

Prostitution, migration and industrialisation, among other things, have contributed to the spread of the disease.

According to a survey, around 2.5 per cent of pregnant women have been found to be infected. Of the total HIV (positive) cases reported in the State, men account for 75 per cent. Among the affected men, 50 per cent are in the 21-30 age group. A sum of Rs. 1.07 crores has been earmarked for the implementation of the action plan over a two-year period.

The action plan envisages conducting training programmes, health education and workshops to raise awareness among the high-risk group, which includes sex workers and students. The emphasis is on youths in the 21-30 age group, anganwadi workers, medical officers and others connected with the medical profession, elected representatives, KSRTC bus drivers and conductors, lorry drivers and cleaners.

The action plan also aims at rehabilitating the patients suffering from the disease.

The departments concerned, NGOs and artistes would be involved in creating awareness among the public about the killer disease.

The Directorate of Field Publicity in coordination with the Karnataka State AIDS Prevention Society, the District Administration and the zilla panchayat will organise a publicity campaign in Kudligi, Hospet, Huvinahadagali, Bellary and Sirguppa blocks from July 11 to 16.

Addressing the rally, Dr. Maalakaradddy said: "Prevention is the only way to keep oneself free of the disease, which has posed a challenge to mankind."

"AIDS has no cure. People should know that it can only be prevented. Health education, awareness and training were essential to make people realise about the disease and prevent its spread," he said.

According to him, unsafe sex was the major cause for the spread of the disease. Karnataka was one of the States where the number of AIDS cases was high.

According to a survey conducted between 1987 and 2000, as many as 8,765 HIV (positive) cases were detected, of which 1,027 were suffering from AIDS. Among the affected, as many as 6,290 (HIV positive) were men, and 838 had AIDS.

Mr. M.Diwakar Babu, Minister of State for Rural Development and Panchayat Raj, who presided over the programme, urged men to take proper precautions to check the spread of the disease.

Ms. Motamma, Minister for Women and Child Development, administered the oath.

Mr. K.C.Kondaiah, Mr. Kolur Basavanagowda, MPs, Mr. Niranjan Naidu, M.L.C, Mr. Shankar Reddy, Ms. Gujjal Jayalakshmi, legislators, Mr. Venkatarao Ghorpade, Mr. Doddaramanna, President and Vice-President of the Zilla Panchayat, Mr. Somashekhar Reddy, Vice-President, City Municipal Council and senior officials were present.

Mr. Javed Akthar, Deputy Commissioner, welcomed the gathering. Dr. Thimmaiah, Additional Director of Karnataka State AIDS Prevention Society, proposed a vote of thanks.

The Hindu
11 July 2001

Research backs AIDS drug cocktail as cure for disease

BY LINDSEY TANNER

Chicago: Two new studies suggest that the slight blips in virus levels that many AIDS patients experience while taking drug cocktails do not necessarily mean the treatment is failing after all. The findings could have significant implications for AIDS treatment. Doctors generally try to suppress the AIDS virus to levels undetectable by routine tests. Up to now, doctors believed that when HIV rises back to detectable levels, it means that the virus is becoming drug-resistant and that the patient has to switch medications.

BREAKTHROUGH

The new studies suggest that slight, intermittent surges in virus levels do not always mean the virus is becoming drug-resistant, and switching drugs may not be necessary.

"Unnecessary regimen switching may result in disruption of a patient's medication routine, toxic effects from new drugs, and premature discarding of useful drugs," according to one of the studies, led by Dr. Diane Havlir of the University of California in San Diego.

The studies were published in Wednesday's *Journal of the American Medical Association.* The studies "question some of the basic principles upon which therapy is based," said Dr Steven Deeks of University of California in San Francisco's AIDS Programme, who wrote an accompanying editorial. The findings indicate that "complete viral suppression is rarely achieved with current therapies." Patients in both studies received standard cocktails of the older AIDS workhorse drugs AZT and 3TC, plus protease inhibitors, which have transformed the disease into a manageable chronic ailment for many patients. *(AP)*

The Asian Age
12 July 2001

Sex determination: law to be amended

DH News Service

NEW DELHI, July 9

Following the arrest of two doctors in Delhi for conducting illegal sex determination tests in the capital and adjoining areas, the Centre has decided to amend the existing pre-natal diagnostic technique (PNDT) Act to provide more teeth to the law.

Addressing a population meeting here on the eve of World Population Day, Union Health Minister C P Thakur asked medical professionals to discourage sex determination tests that are being conducted openly in many north Indian states. The tests indirectly help parents discard the female foetus in favour of male child thereby disrupting the sex ratio.

The minister said that the PNDT Act would be amended soon to prevent the use of male and female chromosome separation technique being practised by a section of the medical community. Interestingly, only last week two doctors were arrested and charged for committing this crime in the capital.

The decision is expected to help stabilise the population scenario in some states, Dr Thakur said, adding that special programmes for adolescents, constituting a major chunk of the population and expected to play a crucial role in stabilising the population by 2020 as envisaged in the national population programme, would be launched soon.

Meanwhile, the National Commission on Population (NCP) has prepared a set of colour-coded maps which will give the ground picture in all 569 districts in the country. The maps will assist planners and policy makers to comprehend the population scenario at a glance.

A total of 13 indicators including percentage decadal growth rate, percentage of people having more than three children, sex ratio, percentage of girls marrying below 18 and percentage of people using family planning methods, have been identified by the NCP. Maps based on these indicators will be released on the World Population Day that is Wednesday.

Though the NCP has encouraged all district magistrates to prepare action plans to control population growth, in the first phase the commission focuses mainly on 329 districts where the total fertility rate ranges from 2.5 to 3.5.

The commission is considering empowering panchayats to undertake health and family welfare programmes with community participation in order to supplement the government's initiatives. Other means to be considered by the health ministry include special schemes for tribal and slum-dwellers, allowing MBBS graduates to perform laparoscopic sterilisation and involving practitioners of indigenous systems of medicine to maintain the rural health care sector.

Deccan Herald
12 July 2001

AIDWA calls for change in policy on population

FROM OUR BUREAU

Hyderabad, July 11: The Hyderabad City Committee unit of the All India Democratic Women's Association on Wednesday demanded the State government to de-link family planning from extending government benefits, facilities and welfare schemes to women who undergo family operations.

State general secretary T Pavani, city president D Prasanna and city secretary T Jyothi, opposed the State government's population policy linking family planning with developmental and welfare programmes. They demanded the government to make changes in its population policy in order to extend benefit to poor Dalits, tribals and others who were not adopting family planning methods.

The population policy of the government will affect poor families, particularly Dalits, tribals, other weaker sections. They said benefits such as rural development, weaker sections housing, distribution of surplus lands, house sites, insurance, self-employment and others were linked to the family planning operations. Those who were not following family planning methods will be denied these benefits, they regretted.

They wanted the government to create awareness among people on the need to adopt family planning measures. Instead, the government was fixing targets and forcefully conducting operations without considering the health conditions of the women, they said.

Deccan Chronicle
12 July 2001

Four-year-old child of AIDS victim finds foster home

Kollam, July 11: The SS Samithy Abhayakendram, Mayyanadu, a charity organisation, has taken care of Rosmi Mathew, the four-year-old child of AIDS-affected parents.

Rosmi's father Mathew, a native of Sasthamcotta Karalimukku, a driver in Salem in Tamil Nadu died there of AIDS on May 13. His wife Rosamma was at the Divine Meditation Centre at Muringoor and she came to know about Mathew's death after returning home. However, her mother and sister denied permission to her and her child to enter the house that they have also been affected by AIDS.

Rosamma had to roam about for several days with her child and at last Thankachan, a native of her place, gave shelter to them. SS Samithy Abhayakendram in association with the newly-formed AIDS AID Centre in Kollam took them from Thankachan's house. In the test conducted at the Kollam district hospital, Rosamma was found a victim of AIDS but the child was free from it.

However, the mother was reluctant to part with the child and both were taken to St Vincent Home at Chalakkudy. After continuous counselling and persuasion there, Rosamma agreed to part with the child and she herself took the child to SS Abhayakendram.

The parting scene of the mother and the child at Kollam railway station was a touching one • ENS

The Indian Express
12 July 2001

Ranbaxy gets Brazil nod for anti-AIDS drug

NEW DELHI, JULY 13. Ranbaxy Laboratories today said it had received the Brazil regulatory authority approval for its anti-AIDS drug Lamivudine.

Ranbaxy S P Medicamntos, its wholly-owned subsidiary which received the authority's nod is hoping to launch the drug by September this year, a company statement said here.

Lamivudine prescribed as a part of the high active anti-retroviral regimen in combination with other anti-retrovirals has been approved for the treatment of hepatitis B as well, it said. — PTI

The Hindu
14 July 2001

More Downs than Ups

It is one in the eye for Pakistan, we have moved up from our dismal 128 in the world human development index to 115. So, is it time for that little pat on the back? No, our elevation from low to medium human development in the Human Development Report 2001 brought out by UNDP, is mainly thanks to our gains in information and communications technology. Indeed, before we allow our chests to swell in pride, which is usually the case after any international acknowledgement of our progress, we might do well to look at the report once again. Is there all that much to celebrate about? No nation can truly be happy when vast numbers of its people do not have even basic amenities: Twenty-one per cent of India's population is malnourished and 53 per cent of its children underweight. Around 35 per cent of Indians live below the poverty line and an equal amount do not have access to essential drugs. Four hundred and ten Indian women die per 100,000 in childbirth, 70 per cent of these being due to entirely avoidable reasons. Adult literacy is a mere 56.5 per cent, a sorry commentary on a state which has pretensions to IT superpower status. The gender-related development index is a miserable minus one, on a par with Pakistan. The litany could go on, but then it would be just a repetition of what we already know. Going by past record, our government will this time too grasp at illusory straws to showcase its 'good' performance. Witness the manner in which our health minister went to the landmark UN conference on HIV/AIDS and spoke of India's success in combating the killer virus even as he admitted to having the second highest number of HIV cases in the world.

A look at our neighbours — from impoverished Bangladesh to war-torn Sri Lanka to speck-on-the-map Maldives — will show that they have notched up significant gains in human development indices like lowering fertility and eradicating illiteracy. Surely, India with its enormous resources and skilled manpower should have left these tiny countries far behind by now. The UNDP ranking makes for interesting reading. Above India's now elevated position are many countries not known for their outstanding human development indices. Among these are Swaziland, Gabon, Equatorial Guinea, Honduras, Botswana, Algeria and Kirgystan. This underscores the need to delink our mindset from seeking international accolades. This obsession has led India to become a vocal supporter of a number of issues from child rights to gender equality. The elegant phrases and presentations at international forums bear no resemblance to reality in a country where basic human needs are denied to a significant proportion of the people. The latest human development report should make the government sit up and ask itself if it can realistically hope to achieve the promises of education and health for all in the next few years. The earlier targets have, of course, fallen by the wayside, but in our relentless progression through international seminars, we have forgotten these. Commendable as technological achievements are, they only become meaningful if they can empower the citizen.

The Times of India
13 July 2001

'Questions on workers' HIV status unjustified'

New Delhi, July 12: The International Labour Organisation has said it is "unjustified" in asking workers, co-workers and job applicants to disclose their HIV status even as it cited new data which says some 23 million workers were infected with the virus worldwide."Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO's codes of practice," the ILO said, in its "code of practice on HIV/AIDS and the world of work."

The code, part of the new ILO efforts to mitigate the impact of HIV/AIDS in the workplace, provides guidance on issues such as testing, screening and confidentiality, non-discrimination in employment, and gender issues, the international body said. Emphasising that HIV/AIDS should be treated like any other serious illness, the code said workers, employers and governments should collaborate to promote prevention, particularly in changing attitudes and behaviours through the information, and in addressing socio-economic factors. "AIDS and HIV affected people are at all levels of society, but it has a profound impact on workers and their families, enterprises, employers and national economies," the ILO director-general said. *(PTI)*

The Asian Age
13 July 2001

HIV infected patient files writ seeking compensation

FROM OUR LEGAL BUREAU

Hyderabad, July 11: A larger bench of Andhra Pradesh High Court comprising Chief Justice Satyabrata Sinha, Justice B Subhashan Reddy, Justice Motilal B Naik, Justice Bilal Nazki and Justice V V S Rao admitted a writ petition filed by a patient seeking compensation who was infected with HIV virus after she underwent an operation in a hospital in Singareni.

The bench treated the petition submitted by the patient as a writ and heard the matter.

She stated in her petition that she underwent an operation in a hospital in Singareni and one of her relatives had donated blood. She complained that after the blood transfusion it was detected that she was infected with the HIV virus.

She mentioned in her petition that it was due to the negligence of the doctors that she was infected with the human immuno deficiency virus which causes the Acquired Immuno-deficiency Syndrome as no precautionary measures were taken by them.

The patient pleaded the High Court to order compensation in the letter. The bench posted the writ petition for hearing on August 10, 2001.

Deccan Chronicle
12 July 2001

Cipla cuts its AIDS cocktail prices again

Gauri Kamath

MUMBAI 12 JULY

CIPLA, India's third largest drug-maker, has slashed the prices of its anti-AIDS drugs in the country for the fourth time in the past nine months. This time round, the company has cut prices of its triple-drug regimen by as much as 39 per cent.

The three-drug combination of lamivudine, stavudine and nevirapine will now cost the patient Rs 2,130 per month down from Rs 3,495 per month.

Cipla has also cut prices of other anti-AIDS drugs zidovudine, indinavir, and didanosine which it sells in India. The across-the-board price cuts which range from 14 per cent to 54 per cent were put into effect three days ago, a Cipla official said.

The most hefty price reduction has been on the stavudine range. Stavudine is one of the drugs used to prevent HIV from spreading to uninfected cells. The prices have been cut by roughly 50 per cent for different dosages of the drug.

Cipla has also launched a combination of two drugs — lamivudine and stavudine — for the first time in India to improve patient compliance. On the anvil is another drug — efavirenz.

The Economic Times
13 July 2001

Are birth control disincentives justified?

By SHABANA AZMI

-WORLD POPULATION DAY-

The World Population Day is been observed since 1987. Like all ideas that evolve, there has been a change in the thinking on population issues. Since 1987, the thought on population was primarily concerned with numbers. Increasing numbers were looked at with fright as if a swarm of people growing at an unregulated pace would one day overwhelm the planet, consume its resources, lay it bare and bring the planet to its destruction. The World Population Day owed its origin to this growing fear.

It was this fear that formed the central idea of the population programmes that were operational then. These programmes did not look at human development as the need of the hour but instead looked at women whose fertility needed to be controlled. The word "control" best represented the situation. That is why the programme was focussed only on sterilisation and targets and not health needs. In pursuance of their rigid agenda the health service providers used incentives and disincentives to meet their targets. But after the International Conference on Population and Development in 1994, the world view was transformed and human development came before population stabilisation. Incentives and disincentives are representative of the old, alarmist thinking on population.

An incentive or a disincentive is not the genuine welfare of the people, but a motive of the state. When disincentives such as the two-child norm are imposed on the people which will make a person with more than two children ineligible for election to a Panchayat not many voices of protest are heard. A deeper analysis would show that political disincentives, such as the ones operational in a few states and proposed in some others, ultimately affect the poorest of the poor and further power imbalances in society.

Contrary to popular belief they do not lead to lower fertility in a sustainable manner. Consider a typical victim of the two-child norm a poor, uneducated woman or man who neither has the means nor the information to limit her or his family size. Let me ask you - has awareness and education, health facilities and contraception facilities, reached every village and town of the country? Are families safe from infant mortality and can safely have one or two children and expect them to stay alive? Have we met our unmet needs for contraceptives fully? Do families have enough survival assurance, adequate incomes so that they don't want extra hands to get in more money? Not yet, I am sure all of you would say. So are disincentives justified?

Consider women in this situation. How many women can control their own fertility, can say it loudly and clearly tot heir husbands and in-laws they don't want to have another child? Not many. How can you penalise further a woman who isn't part of the decision making process in the first place?

Some of us might be of the view that political disincentives such as the two-child norm are no likely to affect many people, and are, therefore, justified. After all, how many people contest elections? True. But the effects of political disincentives are far reaching. Their significance is highly symbolic, and will affect the climate in which population and development programmes are implemented. Consider other disincentives. One that comes to my mind immediately is a proposal to deny subsidised grain and fuel to a family under public distribution system, or denial of free education to the third child. Who is most benefited by PDS are free education, and is therefore likely to be hit really the hardest. None else but those at the rock bottom of society. What are we trying to achieve by denying free education to the third child? Did we not affirm our commitment to eradicating illiteracy?

Moe than 50 years after independence, we haven't been able to provide safe motherhood. More women die of pregnancy related issue in one week than all of Europe in a whole year! The case of China is often pointed out to prove how one child norm worked. However, most advocates of one child Chinese policy do not know that along with the one child norm the Chinese administration had ensured an excellent health service delivery system equitable access to resources among other things. But even some of our very own Indian states, Tamil Nadu, Kerala and Goa for example have achieved stabilisation without the two child norm or any other coercive practices. At this stage the media needs to act as a change agent and be instrumental in making aware of the change as we shift from number to people from quantity to quality from statistics and targets to reproductive health issues and well being.

(The writer is MP and UNFPA Goodwill Ambassador)

The Times of India
14 July 2001

Penegra to shed blue, go pink

New Delhi: After the Indian pharmaceutical giant Cadila healthcare was allowed to manufacture and sell male anti-impotence drug "penegra" by the Delhi High Court on the condition that the the colour of the drug will be changed as it resembled "viagra" of American company Pfizer, Cadila today informed the court that the order has been complied with. Cadila's counsel P Chidambram told Justice A K Sikri that the company has changed the colour of penegra from blue to pink to market its product. A division bench on June 30 had allowed Cadila to manufacture and sell penegra subject to an undertaking by the Indian firm to change the colour of its drug to make it appear different from Pfizer's wonder drug "viagra". Pfizer's counsel C M Lall had complained that Cadila had copied its drug and penegra was "deceptively similar to that of viagra in shape and colour".

The Economic Times
11 July 2001

Haryana to launch AIDS education programme

By Our Special Correspondent

CHANDIGARH, JULY 15. The Haryana Government would shortly be launching an AIDS education programme and proposes to cover 30 per cent of schools during the current year, according to the Minister of State for Health, Dr. M. L. Ranga.

He claimed that Haryana was the first State in the country to establish licensed blood banks in all the districts. It was a pioneer in introducing dental services at primary health centres. Of a total of 402 primary health centres, 100 were equipped with dental care facilities.

The Government proposes to provide dental services at other centres also. The Centre had been requested to give one-time grant of Rs. six crores. The Haryana Government would bear the recurring expenses of providing salaries for dental surgeons and dental mechanics, he added.

The Hindu
16 July 2001

Daughters Don't Need Fathers

AUSTRALIAN researchers say they may have found a way to fertilize an egg with cells from any part of the body, rather than sperm, in a new study which offers hope to infertile men and even lesbian couples.

Australian infertility scientist Orly Lacham-Kaplan said early research on mice could produce a breakthrough for many men who have no sperm or sperm-making cells.

"This is the group for which this kind of technique probably will be very helpful," she said. "A lot of (these) people would like to father their own biological children."

Lacham-Kaplan said the research, if successful in humans, also theoretically could allow babies to be born without any input from men, although she admitted that such an outcome could open up an ethical can of worms.

The research, if successful in humans, could allow babies to be born without any input from men, although such an outcome could open up an ethical can of worms

"If as a technology, it would be used as a treatment for infertile couples then I would accept it very well," she said in an interview.

"However I think we need to draw the line where it is used, and I believe a lot of ethical groups would draw the line."

Lacham-Kaplan's research unit at the Monash University's Institute of Reproduction and Development in Melbourne has so far been able to fertilize mice eggs with somatic cells from the non-reproductive parts of the animals' bodies.

The process has effectively "mimicked" fertilisation with sperm, allowing the team to grow embryos in laboratory cultures. The next critical test in the study is to transfer hundreds of those embryos into surrogate mice mothers, to see if they can live and flourish.

"Then we have a long process of testing those pups, (to see) whether they will be born, whether they are normal, whether they are capable of reproducing, and if the offspring from those pups will be normal as well," she said.

"If we get live, healthy babies out of those embryos, then we'll say 'yes' this is a possibility of fertilising an egg with a somatic cell," she said.

The mice experiments were expected to take up to a year. If they are successful — and Lacham-Kaplan admits to some doubts — then it will be possible to experiment on humans, although where such trials could take place would be limited. Australia, like many other countries, has banned all experiments involving somatic cell transfer into human eggs, but the United States could be an option, she said.

"At the moment I feel there will be more problems than success, but if it is a success, it will be quite a good surprise," she said. "It would be an incredible breakthrough."

The Statesman
16 July 2001

Kenyan President's anti-AIDS formula: No sex

REUTERS

Nairobi, July 13: President Daniel Arap Moi has urged Kenyans to abstain from sex for at least two years to try to curb the spread of AIDS, newspapers reported on Thursday.

Moi was speaking after the government announced plans on Wednesday to import 300 million condoms to fight AIDS, a move which has already run into opposition from religious leaders.

"As a President, I am shy that I am spending millions of shillings importing those things," Moi told a meeting of the Pharmaceutical Society of Kenya on Wednesday.

As a further preventive measure, Moi pleaded with Kenyans to refrain from sex "even for only two years", saying that was the best way to check the epidemic.

Kenyan health ministry experts estimate that 700 Kenyans die every day of AIDS, and a further 2.2 million are infected with HIV in a population of 30 million.

The government's plans to import the condoms ran into swift opposition from both Christian and Muslim religious leaders who believe the government should be more actively promoting abstinence.

"Committing adultery is against the laws of God and importing condoms will mean that more people will be actively engaged in sex," the Catholic Archbishop of the port city of Mombasa, John Njenga, told the *East African Standard*.

The Secretary-General of the Council of Imams and Preachersof Kenya, Sheikh Mohamed Dor, said the country was "committing suicide" by importing so many condoms, a move he said would encourage young people to have premature sex.

After a slow start, Kenya's government is finally beginning to wake up to the scale of the disaster confronting the East African country as a result of AIDS.

The Indian Express
14 July 2001

A unique project to popularise the pill

New Delhi, July 17

AS INDIA strives to rein in its explosive growth rate, coming to its aid is a unique social project that seeks to popularise oral contraception and enhance usage of pills not only among the consumers but also the influence group of doctors and chemists.

Called Goli ke Hamjoli, the project launched about two years ago, is unique in that it ropes in the private sector to join the programme by producing oral contraceptives to meet the rising demand that is being created by mass awareness media campaigns and special orientation workshops for doctors and chemists.

Unlike other state-sponsored projects which are generally based on free distribution of such contraceptives, the "Goli ke Hamjoli' promotes the entire 'brand-width' of available oral contraceptives in the market by educating the target audience about their significance and convenience of usage.

"Our media awareness campaigns targeting the consumer seek to explain the need for contraception and dispel the fear regarding the new generation of these products which have little or no side effects," says Prabh Kang, Communications advisor of the project managed by ICICI Bank with aid from United States Agency for International Aid (USAID).

Health experts dealing with family planning point that many of the fears associated with the consumption of oral contraceptives stem from the 1960s and 70s, when the pills had high dose of estrogen and led to side effects.

In contrast, the new generation of oral contraceptives with very low levels of estrogen is known to carry extremely low risk for all but those with a past history of blood clots.

Also weight gain as a result of consumption is minimal, says a health co-ordinator with the project.

"Some of the possible side effects, as the pill mimicks pregnancy, are similar nausea, fullness and tenderness in the breast and mild headaches," she says claiming that these side effects are not harmful and disappear in a few months.

The project co-ordinators cite a British study of 46,000 women for 25 years to show that the pills are safe for long term use. Also they claim that the low dose pills do not cause cancer.

The use of pill as a means of birth control is among the most common contraceptive in the world where 100 million women are known to use it on a regular basis.

However, in India hardly two per cent women use it, says a national family planning health survey.

The common form of contraception was female sterilisation

PTI, New Delhi

Hindustan Times
18 July 2001

DDT may lead to premature births

LONDON: DDT, a pesticide that has been banned for decades in Europe and the United States, may be causing premature births in nations where it is used to control mosquito-borne diseases, US scientists said Friday.

More than 30 nations have prohibited the use of the toxic chemical which has been shown to cause chronic ailments in humans.

Although the amounts people are exposed to during mosquito control programs to beat diseases such as malaria are thought to be safe, scientists at the National Institute of Environmental Health Sciences in the United States have shown it could be dangerous for pregnant women and their babies.

"Our findings suggest that DDT use increases pre-term births, and by inference, infant mortality," Matthew Longnecker and his colleagues said in a report in *The Lancet* medical journal.

They added that the benefits of mosquito-control programs using DDT may need to be reassessed in the light of their findings. Medical studies have shown that premature babies are more likely to suffer from some type of disability. (Reuters)

The Times of India
17 July 2001

MP's novel population-control drive to rope in religious leaders

Sanjeev Majupuria

Bhopal

A SCHEME with a difference for arresting population growth has been launched in Ujjain district.

The new experiment is being carried out by the District Government in the temple town of Ujjain, 200 kilometres from Bhopal.

The District Planning Committee (DPC) led by Minister for Public Health and Public Relations, Mr Subhash Saujatia had resolved last month to involve priests of different religions in order to motivate people to adopt family planning measures.

Mr Saujatia heads the District Government of Ujjain by virtue of his being a Minister.

Priests of three different religions had released a draft document on population control at a function that was held to mark the World Population Day in Ujjain.

Collector Ujjain, Mr Bhupal Singh, who is secretary of the DPC, Ujjain told *"The Pioneer"* that the basic aim is to bring down the birth rate from 3.1 to 2.1.

Chief Minister Digvijay Singh who has won a lot of accolades for his initiatives in the field of social engineering, had mooted this idea a few months ago.

While chairing a meeting on population control, Mr Digvijay Singh had said that help of priests would be sought in population control in Madhya Pradesh.

Ujjain is the first district to have taken a leaf from the Chief Minister's book and implement it.

At the launching ceremony the chief guest was noted litterateur, Padmabhushan Dr Shiv Mangal Singh Suman. The policy document for Ujjain district was jointly released by Bishop Anthony P. Shantiswaroopanand head priest of the Chaar Dhaam temple and Qazi Khaliqur Rehman.

The Collector of Ujjain, Mr Bhupal Singh said that in order to create awareness on a large scale he had planned to hold *"Saasbahu"* (mothers-in-law and daughters-in-law) conventions in villages of the district. One such meet was held recently at Tajpur village, 10 kilometres from Ujjain, Mr Bhupal Singh said.

Since mothers-in-law play a vital role in Indian families, they were brought on a common platform with their daughters-in-law, he said adding a counsellor of the district was also present.

Besides adopting family planning measures, participants were educated about the spacing between the first child and the second child. Similarly such meets will be held in other villages.

The Pioneer
18 July 2001

Prisoner does not want to leave jail

Finds HIV drugs unaffordable

Rajesh Kumar
New Delhi

AN HIV positive prisoner received a big blow on Tuesday when deputy inspector general of Tihar categorically told the Delhi High Court that jail authorities will neither provide any medical treatment nor anti retroviral drugs to him once he is released from ail.

Sant Singh (name changed) aged 35, is a victim of the well meaning court order. Battling for life in the jail hospital, he is adamant to stay put. He has refused to leave the jail despite bail granted in May last year as he can not afford the expensive life saving drugs prescribed for an HIV positive patient. Sant is still inside the jail since the trial court did not order for his release.

DIG Sidhu informed the Delhi High Court that anti retroviral drugs are being provided to an HIV positive patient as recommended by the Safdarjung hospital.

An affidavit filed by the Tihar jail authorities through additional standing counsel Mukta gupta has denied that there is any neglect by the doctors of the jail. It is submitted that jail authorities are regularly providing him high protein diet and multi-vitamin supplements as recommended by the Safdarjung hospital. He has been under treatment.

The affidavit stated that anti retro viral drugs are being supplied by the prison. DIG SS Sidhu stated that it was the State Government's duty to provide full medical aid to undertrials, lodged in Jail. He denied in the affidavit that Sant Singh was taken out in winters in a bare thin cotton shirt.

"In fact Delhi jail manual provides for supply of woollen clothing for convicts and poor prisoners who cannot maintain themselves, at the State expenses. Sant was provided with adequate woollen clothing. There was no violation of any fundamental rights", stated in the affidavit. Jail superintendent

Moorty were present in the court on the behalf of Tihar jail.

After hearing the submission of jail authorities, Justice Mukul Mudgal has asked the petitioner counsel to file a rejoinder by the next date of hearing August 6.

A few month back, the Delhi High Court had asked for a list of undertrials languishing in jail for petty offences. The list was sent to the court which in turn ordered the jail authorities to move bail applications for the release of these alleged/convicted criminals. Sant's bail application was also moved and the plea was promptly granted.

But the court order came as a big blow for him. He realised that once outside the jail, he would have nobody to take care of him. In the last two years that he has been languishing in jail, he has never been visited once by any relative or friend. Realising how lonely he would be outside the jail, Sant refused to accept the bail bonds.

Sant has moved a petition to the High Court seeking medical facilities even after he is released on bail. Jail authorities have already informed him that his costly drugs shall be suspended once he is out of prison. Sant argued that the medicines prescribed for an HIV patient were too expensive and he was unable to afford it. He fears that he will not survived if the life saving drugs are discontinued.

The Pioneer
19 July 2001

Viagra, the second

TORONTO: If the tiny diamond-shaped Viagra was considered a magical solution to male sexual dysfunctions, Canadian scientists claim to have produced a new pill that holds greater promise. The new pill, Cialis, has demonstrated improved erections in 88 percent of 4,000 men studied worldwide and is much better than the potency pill Viagra, said Dr Gerald Brock, an urologist in London in the province of Ontario. Cialis should be in the market soon. Based on reactions of his patients, who are a part of the clinical trial in Canada, Brock has been quoted as saying that the effect of Cialis lasts longer and has less side effects compared to Viagra. "Men have reported it lasting up to 36 hours, which means if he takes it Friday night it will still be effective on Saturday night enabling multiple successful intercourse attempts." Brock, the lead researcher in the Cialis project, was quoted as saying in the National Post. "It's also fast acting with men achieving an erection after sexual stimulation within 16 minutes of taking 20 mg (pill)".

The Indian Express
18 July 2001

New device to help ease male sexual problems

London, July 15: British psychiatrists said a new therapy could help millions of men suffering from premature ejaculation.

A small pilot study of a latex rubber ring has shown that it can relieve the problem, which afflicts an estimated 29 per cent of sexually active men.

Psychiatrists at London's Hammersmith Hospital and the South London and Maudsley NHS Trust, who presented the results of the pilot study at a medical conference, said they planned to begin a larger study to confirm their findings. "The results of the pilot study were very promising. The average improvement (in performance) was 240 per cent," M E Jan Wise, an expert in marital and sexual therapy at Hammersmith Hospital said.

So far the experimental ring has only been tested on six men, most of whom noticed an improvement within a week. Based on their results Wise and his colleagues plan to begin a larger controlled study in the autumn. Wise said the ring was designed to relieve anxiety. *(Reuters)*

Deccan Chronicle
16 July 2001

Gene meltdown after HIV invasion

FINDING OUT the battle plan of the enemy invariably puts you at an advantage. Documenting the attack of the HIV virus on immune cells may also help to fight the infection, hope researchers who have recorded the stages of genetic havoc the virus wreaks according to a report in *Nature*.

HIV infects and kills T cells in the blood that normally protect against infection, ultimately wiping out the immune system and leading to AIDS. It does so quickly and ruthlessly, researchers from the University of California in San Diego now show. "HIV packs a punch," says lead researcher Jacques Corbeil.

After swamping T cells with the virus, Corbeil and his colleagues used gene chips to monitor the activity of nearly 7,000 genes over the subsequent 3 days. "This provided a global survey of the process of infection," he explains.

The virus rapidly shut down T-cell genes: more than 500 genes succumbed within 30 minutes, the group found. HIV hijacks the cell's protein-production machinery for its own devices, launching intense viral replication and ultimately triggering cell death. "It takes over the cell," says Corbeil.

Newly designed bioinformatics software helped the team interpret the wealth of data. Each gene on the chip was associated with keywords describing its function, which were used to find groups of genes in pathways that are targeted by HIV. This revealed that energy-production and DNA-repair pathways were switched off, whereas cellular defence pathways and eventually cell-death genes were activated.

"You get an overview of what's happening," says Gary Nabel, director of the Dale and Betty Bumpers Vaccine Research Center, an AIDS vaccine research centre in Bethesda, Maryland.

In contrast, previous studies of the cells' response to HIV focused on individual gene products.Shortly after HIV infection, many T cells are killed off exactly how the virus does this has been an ongoing question. Activation of intrinsic cell- death genes suggests that the cell kills itself in an attempt to limit the spread of the virus.

After the initial drop-off, T-cell numbers stabilize at a level that critically determines how long patients are likely to survive. Current drug treatments target enzymes in the virus to try and slow viral replication.

However, the gene-response profile of besieged cells may identify innate pathways in the host cell that could be boosted to fight infection.

The Hindu
19 July 2001

Demand for sex info in Thailand on the rise

BANGKOK: Excessive demand for information about sex-related topics has forced Thailand's Mental Health Department to double the number of sex information hotlines the department provides, news reports said on on Wednesday.

Director-General of the Mental Health Department Dr Winai Viriyakijja, was quoted by *The Nation* newspaper as saying, "the current 60 channels are not enough to cope with demand."

The Department of Mental Health plans to extend the service to 140 lines by September and introduce a range of new pre-recorded topics offering advice to rape victims, AIDS patients and drug users. The service, which currently features 16 pre-recorded answers to commonly asked questions, has been receiving 7,000 calls a day.

The most commonly accessed topic in May was "How to Live if You Found Yourself to be a Homosexual." Other popular subjects were "Sexual Happiness," "Exhibitionism," "How to Deal with Molesting on Public Buses," "Premature Ejaculation," "How to Notice a Mentally Ill Patient" and "Unable to Reach an Orgasm or Climax." The most frequently asked caller questions retrieved from voicemail and fax included "What Does Semen Look Like?," "What is a Wet Dream?" and "Is Oral Sex Safe?" (DPA)

The Times of India
19 July 2001

What's New

Male Pills

A CONTRACEPTIVE 'pill' for males may go on sale by 2005 after clinical trials in the UK have given encouragement to researchers looking to develop a device equivalent to the female pill. According to its Dutch-based makers Organon, the version being tested takes the form of a tiny implant placed under the skin of the arm which releases sperm-blocking etonogestrel, a form of progesterone - a hormone found in the female pill. Teams in the US and three European countries, including Britain, are now looking to carry out further tests with 120 men aged between 18 and 45. If the results are good, the contraceptive could be on the market by 2005. Dr Fred Wu, who is leading the study at Manchester Royal Infirmary said, "The results to date show completely reversible blockage of sperm production without major side effects." And Dr Richard Anderson, from the Centre for Reproductive Biology, in Edinburgh, said: "this will finally prove whether a male pill is a figment of our scientific imagination, or whether it will actually become a reality in the next five or six years." The study is part of a larger development programme set up by Organon for developing new contraceptive methods for men and women. Driek Vergouwen, Organon Managing Director, said: "When couples are looking for that particular method of contraception that is suitable for them, a wide choice should be available to them."

The Indian Express
18 July 2001

Beyond red-ribbon month

IN the last four years, there has been more than a 100 per cent increase in the incidence of HIV infection in the Asia-Pacific region.

The estimated number of adults and children living with HIV/Aids in India, at the end of 1997, was 4.1 million.

India is currently at the stage of a concentrated epidemic, defined as five per cent prevalence amongst people practising high-risk behaviour. The prevalence has reached a critical level – one to two per cent prevalence in the general population in Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland.

It is no surprise to find a current emphasis on Aids awareness in June, the month that marks the 20th anniversary of the first detection of the HIV virus in the world.

In the days leading up to a UN General Assembly special session on the subject, everyone seems eager to jump into the fray, making this a significant month in the history of HIV/Aids. One correspondent was recently heard telling another, "Why don't you take up Aids? It's hot. You'll be invited to conferences everywhere."

Suddenly, there are subtly disguised advertisements for retroviral drugs on national television, Aids fairs organised by foreign consulates, conferences by NGOs, big fights on television, and a spurt of articles in print, profiling positive persons, recounting statistics, exhorting politicians to act before it's too late.

Journalists often find themselves in a no-win situation. Write about Aids and you're trying to be fashionable, don't write about it and you're insensitive.

The Media Advocacy Group, a specialised unit of the Centre for Advocacy and Research (CFAR), convened a national consultation on HIV/Aids for editors and senior journalists in New Delhi recently. Participants from leading publications across the country came together to discuss the problems that frequently hinder reportage on what is now agreed to be a pandemic of sorts.

HIV/Aids is not just another killer disease with no cure. Its relation to high-risk behaviour makes it a social problem with widespread repercussions, affecting the economy of a developing nation. Associated primarily with sex and death, it is subject to stigma, taboo and a conspiracy of silence, that are both intriguing and frustrating for the journalist.

The challenge lies in writing stories that at once highlight the horrors of the epidemic, maintain confidentiality, destroy myths and refrain from exaggerating the plight of the positive person.

Outdated statistics and politically incorrect terminology are a major irritant to People Living With HIV/Aids (PLWHA), who feel that journalists are an ignorant and insensitive lot, concerned only with sensational, headline-grabbing news stories.

Positive persons resent being called victims or Aids patients and are quick to point out that rather than stare death in the face, they are, in fact, living fulfilling lives.

A survey conducted among its members by the Indian Network of Positive People (INP+), showed that both print and electronic media are believed to have created a negative stereotype of PLWHA, thus inadvertently propagating discrimination.

Journalists have failed to get to the root of incidences of discrimination, choosing instead to report superficially and even sensationally. The names of guilty parties – hospital staff and doctors, some of whom may even refuse to treat a positive person for a common cold – are never identified.

Ignorance is widespread. One participant in the INP+ survey said: "When mentioning the ways to reduce mother to child transmission of HIV, I said an HIV positive pregnant woman can have elective caesarean surgery to reduce transmission to the baby. But when they quoted me in this Tamil weekly the report stated 'all pregnant women opting for caesarean are at risk of getting HIV'."

Statistics are a contentious issue, with the government, the World Health Organisation and NGOs often disagreeing with one another about the prevalence of HIV in India, in different states, among sex workers and other high risk groups.

Outdated statistics are regarded as a sign of ignorance on the part of the media. Many websites do not update figures often enough, making the task of collecting information an added challenge.

Reporters often find that positive persons clam up once they are asked how they got infected.

The warped curiosity about whether HIV was contracted through sex or drug use, whether the "victim" (alas!) is a truck driver, a homosexual, or a prostitute (alas alas!), unfortunately overshadows issues of treatment, the availability and cost of retroviral drugs, basic healthcare policies and life after HIV.

The articulate and somewhat brash Ashok Pillai, co-founder of INP+, projects himself as an example of someone who is using his status to generate awareness, instead of being victimised by it. He is one person who is trying to effectively utilise media attention as a platform.

Journalists need to beware of simplification, as in the case of the Sonagachi Project in Kolkata, a sex workers' co-operative that is hailed as a prototype across the globe.

Crores of rupees have been flushed into the project since its inception, much to the dismay of other NGOs.

The donors, government officials, activists and reporters, support the idea of replicating the project elsewhere. Closer scrutiny, however, reveals practical stumbling blocks which should be examined. Dependence on figures rather than ground realities cannot be concealed for long.

Ethical issues regarding confidentiality and consent are of primary importance in this matter. PLWHA insist that journalists get their signed consent before publishing stories.

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The media persons who were invited to the CFAR consultation in New Delhi, brought with them a wealth of experience from different parts of the country. Those who have taken time off to travel the length and breadth of the country as well as those who have concentrated on a particular region and its specific problems, came together to share views, discuss hindrances and chalk out guidelines which may assist the media in playing an active and more effective role in covering HIV/Aids, even as the nationwide prevalence nears the four-million mark.

The North-east was discussed at length by both Banta Singh, a former drug user and member of the positive group, MNP+, and the editor of a leading daily in the region.

Drug abuse in the North-east, which is situated perilously close to the Golden Triangle, has made it a high-prevalence state with 706 recorded cases of HIV/Aids.

The sharing of needles by addicts is a major source of HIV/Aids infection in the region. 54.5 per cent of intravenous drug users (IVDUs) were found HIV positive, between October 1989 and June 1990. 12.6 per cent of the sero-positive IVDUs were in the 15-19 age group.

The odds of relapse and the need for scientific de-addiction programmes were stressed. Doctors often refuse to treat patients sporting needle marks.

The collective sharing of information and experience, however enlightening, would remain confined to the seminar room – as suggested with a shrug by Ashok Pillai – unless editors across the country are sensitised and alerted to the urgent need of the hour.

Without conviction at the highest level, reporters, however well meaning, would find it difficult to embrace the daunting challenges that lie ahead.

Having established the fact that HIV/Aids is a political, economic, social, gender and human rights issue, besides much else, it should not be left only to health reporters and occasional health columns.

HIV/Aids is related to almost every beat that a reporter may normally cover.

The electronic media has unique compulsions. Dependence on visuals and strong sound bites create ethical challenges. The question, according to a television journalist from Andhra Pradesh – a high prevalence state – "is of how to tell a story and sustain interest when no one will appear before the camera or talk in front of it".

Prioritising Aids is less likely in regional language newspapers, said an eminent Marathi journalist.

It was only after the Central government announced an epidemic Aids in the country, that the issue began to get regular coverage in the language press.

Some of the persons present were not just experts in the field, but among the first and most active in highlighting it in the country.

All were of the opinion that the performance of the media had fallen short of the mark, despite good intentions.

All were of the opinion that the media would have to intensify its campaign against HIV/Aids to avert an epidemic of almost uncontrollable proportions as in sub-Saharan Africa.

HIV/Aids is beginning to cut across national, sexual and socio-economic boundaries, acting, however unfortunately, as a unifying force. The global media can and does perform the same function.

With some introspection, it may enhance its significant role in tackling the issue in India and elsewhere. But will the interest, now generated, be sustained once the red-ribbon month of June is past?

(The author is on the staff of The Statesman, Kolkata.)

OINDRILA MUKHERJEE
The Statesman
20 July 2001

The Indian Express
24 July 2001

Respect Teenage Sexuality

By Dr S Lavasa

ADOLESCENCE is a period of psychological development, an age in which adolescents are attracted to the opposite sex. In the ongoing process, sexual experimentation is also common.

The topic of sexual behaviour of young people is sensitive. It is important not only from the point of view of pre-marital sex and unwed pregnancies, but also important for marital activities. Adolescent sexuality is important as it determines:

- Normal behaviour of individual
- Social behaviour
- Sexually transmitted disease
- HIV/AIDS
- Number of pregnancies (wanted and unwanted)
- Female foeticide
- Integration effect

Sexual behaviour, awareness and attitudes of adolescents are very misunderstood. In India, 20 to 30 per cent males and 10 per cent females are sexually active before marriage. Sexual awareness is very limited and superficial. Married and unmarried, both are vulnerable to unprotected pregnancy and STDs. In turn, vulnerable to clandestine abortions. All this puts young girls at high risk.

This calls for a need to increase awareness among adolescents on various issues.

There is a dire need for providing education, not only sex education, but education about family values to adolescents.

HIV/AIDS epidemics, foeticide etc. cannot be addressed till sexuality issues are addressed. Adolescent sexuality is a development, it's not a sickness, it has to be respected and tackled professionally.

AIDing patients

THE KILLER disease of AIDS is assuming dreadful proportions in the coastal Andhra region -and the feeling that it will trigger a major economic and social crisis in the region is no longer just a nightmare. It is looming large on the horizon as a reality.

For those who know what threat it means to the society as a whole, the Vishakhapatnam based Dr Kootikuppala Surya Rao is nothing less than a messiah. In the blunder land, where the administration is either ignorant or callous, Dr Surya Rao is a glimmer of hope. He has taken it upon himself to create awareness about the havoc of HIV positive virus.

There are few like him, who are trying to do their bit to help the people suffering from AIDS by words and deeds. Dr Rao has set an example of how an individual can practically change the situation by addressing the very root of the problem.

Dr Surya Rao, who has the rare distinction of being MNAMS (member of National Academy of Medical Sciences) got international attention by his pioneering work fighting AIDS. He has a long medical career of serving the needy and the poor.

It was as early as 1970s that Dr Surya Rao was serving the poorest of the poor sections in the port city of Vishakhapatnam when he started offering them medical care at Rs 5 per patient.

Till mid 1980s, his area of concern was the Hepatitis-B virus which he had identified as one of the main killers in the industrial city of Vishakhapatnam. A visit to London in 1987 to attend a workshop on Caring for Aids opened his eyes to the new enemy of the people, more so of the poor.

"It was shocking to see that even in a developed country like United Kingdom, the HIV Positive people were being discriminated against. Then I thought about the unfortunate people back home. I shuddered to think that with ignorance, illiteracy and superstition, what will happen to AIDS afflicted persons in our society".

It was then that Dr Kootikuppala decided to launch a movement to bring awareness among the people about AIDS. The port area of Vishakhapatnam, the most vulnerable to the spread of the disease through sex.

"The port area is vulnerable because of the incoming traffic on the foreign vessels would visit the red light area. There was a lot of intermingling between the foreign crews and the local commercial sex workers. I knew it will open a flood gate of HIV Aids in the country. I first approached the local commercial sex workers to educate them about the threat," he recalls.

It was Nirmala in Bhupeshnagar, Dr Rao states, whom was approached for the first time to discuss the issue. He advised her about the necessary precautions she must take if she did not want to fall prey to the dreaded disease and become a source for others.

With reluctance and reservations, she finally agreed to the use of condoms by her customers.

Dr Rao realised the limited utility of his work while the problem was as vast as the sea.

During his visit to the red light areas in the city and the surrounding areas, he noticed that it was the truck drivers on the Chennai-Calcutta highway No 5 and the migrant labourers who were the most frequent visitors to these areas.

He was shocked when he realised that the thousand of truckers were not only goods carriers but were also carriers of the dreaded disease to their homes.

"It was a worrisome aspect of the problem. While the truck drivers and migrant unskilled workers were in the high risk category, they were carrying it to the relatively low risk groups like housewives in the villages."

"Usually it is during the festivals like Diwali and Christmas that these workers go back to their villages. This was also the time when they were infecting their wives with this dreadful disease," Dr Rao, who has conducted an extensive study on the problem, added.

His work *Sexual Lifestyle of Long Distance Lorry drivers in India* was not only a path breaking research work but it also brought the issue in a sharp focus. His shocking findings of how rapidly the disease was spreading was published in *British Medical Journal* attracting international attention.

According to his study while 70 per cent of the lorry drivers were aware of AIDS, only 11 per cent used condom during the commercial sex. Twenty eight percent were suffering from sexually transmitted diseases (STD), making them more vulnerable to the virus.

Equipped with this information and his experiences abroad, Dr Surya Rao decided to undertake a unique experiment. He decided to reach out to the lorry drivers on the busy NH 5 by setting up free tea parlours at different places and converting them to a multi purpose rest houses where the drivers and their assistants could get free counselling about the precautions to take against AIDS.

During the one year period in 1999-2000 Dr Rao and his team opened tea parlours at Ankapally, Itchapuram and Puroshotpuram Gate.

It was at these parlour Dr Rao along with a psychologist, social worker and a care taker rendered counselling and help to as many as 5,734 truck drivers in one year.

The approach at these free tea parlour was different from the other efforts made in this direction. "It was a totally new concept in the country and it was based on American Truck stop chain of guest houses. While the rest houses in America are quite luxurious and comfortable, India does not have any such rest houses for the truck drivers even though the country has 50 lakh trucks. This leaves the truck drivers vulnerable to *dhabas* which in most cases have turned in to the pick up joints." Dr Rao said. The concept of free tea parlour as enunciated by Dr Rao includes a clean place for the driver to rest with recreational facilities like radio, television sets, toilets, bathroom, newspapers, carom board and playing cards. "Instead of lecturing the drivers on what is right and what is wrong, we wanted to win his confidence and then discuss the problem with him".

Adopting the peer pressure tactics, Dr Rao had a retired truck driver as a care taker and retired sex worker as the counsellor to talk to the truck drivers. These free tea parlours brought little known aspects of the problem out in the open. The truck drivers narrated their tale of woes and told the doctor that they were forced to go to *dhabas* out of compulsion. "If we get good rest house at a reasonable price, why should we go to the *dhabas* and get involved in other things". Dr Rao quoted the driver as asking.

They were right. For thousands of kms there are no rest houses on the national highways for the drivers. They often land up in places which are den of vices where women, alcohol and drugs are available.

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AIDS-stricken AP fights back the virus

Parul Chandra

HYDERABAD: Leelamma (not her real name) is painfully thin. But at least she can move around now, which wasn't the case until some months ago. "I couldn't even sit or stand," says the bespectacled mother of two. And then her blood was tested. The diagnosis — Leelamma was HIV positive just like her husband.

That was eight months ago. Now, Leelamma is staying at a care and support centre for HIV/AIDS affected people in Hyderabad's twin city, Secunderabad, run by an NGO, Freedom Foundation. Her husband, though not very well, has had to return to his work of a coolie after spending some time at the centre. After all, somebody has to take care of the couple's two children.

And while the village community pitched in to take care of her children while the couple was away, they told her, "Don't come here." Words uttered with stoicism, not bitterness.

Leelamma is just one of an estimated three lakh persons in Andhra Pradesh who are believed to be infected with the AIDS causing virus. Numbers which give chief minister N. Chandrababu Naidu's state the dubious distinction of having the second largest number of HIV-positive people (after Maharashtra) in the country.

Alarming certainly for a state where the first HIV positive case was detected in 1986.But with the carrying out of an intensive AIDS Control Programme, state authorities hope to contain the spread of the deadly virus. Spearheading the battle is the Andhra Pradesh State AIDS Control Society (APSACS) with partial funding from the World Bank.

A detailed 'strategic response' to contain AIDS has been drawn up by APSACS. And part of the strategy also includes tackling the spread of sexually transmitted diseases (STD). And not without reason. According to 1998 statistics, nearly 24 per cent of the persons who attended STD clinics in the state were also tested positive for HIV.

Among those targeted to help check the spread of STD are commercial sex workers (CSWs), those living in slums, prison inmates and street children.

Reaching out to CSW's was no easy task in Hyderabad since they function from the streets instead of a fixed place. After gaining their confidence, some among them were chosen as peer-educators to educate others about STD and AIDS.

As Geeta (not her real name), a CSW says, "AIDS ke liye koi dawa bhi nahin hai." (There is no cure for AIDS). Also introduced was the novel concept of 'social marketing' of condoms where the CSWs get to keep some money from the stock's sale.

The Times of India
23 July 2001

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Though Dr Rao and his volunteers ran these parlours for a year, the experience had to end due to lack of funds. When he presented a paper on his experience at Canberra University, Australia in 1999, Prof Jess Mark tried to get some rest houses set up in India on the lines of American Truck Stop chain but it could not succeed.

Highlighting the rapid spread of HIV among these categories, Dr Surya Rao said that in Vishakhapatnam and surrounding areas the number of affected people has doubled. "It was 16 per cent in 1997 but now it has crossed 30 percent. It is more in the persons affected by STD," he says.

However more shocking is the increase of 1.58 per cent among the pregnant women. "I am worried because it clearly shows that infection is out of control. In epistemological data, usually it is premised that if a disease crosses one per cent than it becomes difficult to control. Specially if it is in highly productive age group 18 to 35," Dr Rao elaborates.

According to Dr Rao if the virus spreads to the interior villages and the women of the poorer sections, it will become more complicated and difficult to tackle, from the medical social and economic point of view.

"If the young people, the productive group of the society, fell victim to a disease like AIDS, the entire country will suffer and the stability of the nation will be at stake," he says.

Only the very young or very old people will be left behind and the country will face situation similar to Zambia and Zimbabwe, a phenomenon called grand father-grand son phenomenon, he says.

However despite not being able to continue with the tea parlour concept Dr Rao has not lost hope. He is happy that this efforts in the red light areas and among the truck drivers has yielded some good results and many of the people started taking precautions after his counselling.

With nearly 15 years of experience behind him Dr Rao has now decided to focus on the adolescent and young people with a "Reproductive Health program".

"Unfortunately in our country talking about sex is still a taboo. Hence instead of using words like sexual health and AIDS we have named our program as reproductive health program so that even conventional people do not have any hesitation to come and talk."

As the studies have revealed that the 89 per cent of the HIV positive people were in the age group of 15 to 49. In 79.7 per cent cases the infection was only through sexual intercourse. The program was to control these two things by encouraging safe sex practice like the use of condoms.

The program has three important aspects of awareness, behaviour modification and intervention. "Merely telling the people that what they are doing is not correct isn't enough. After all how many people pay attention to the statutory warning that smoking is injurious to health," asks Dr Rao.

Hence the people should adopt a responsible sexual behaviour for not only their own and family's sake, but also for the sake of the country and its future.

Omer Farooq
The Pioneer
22 July 2001

The AIDS scare
Whose interest does it serve?

By Dr Indranil Basu Ray

A battle cry whose echo deafens us is that against AIDS. The cacophony with which the generals conduct this war is compounded with the demoralising picture painted by protagonists of the same. No wonder the man on the street is confused as warning bells are rung on a hitherto unheard but 'inconquerable' enemy. "India is the epicentre of the AIDS volcano" — an example of the statements which are being used by a coterie of individuals and organisations to market the idea that India is facing an alarming crisis due to AIDS.

AIDS in India is certainly a problem, but it is not at present a national health problem as the alarmist would have us believe. The possibility of sitting idle is out of the question and steps are warranted to control the disease. However, attempts to generate a fear psychosis for gain is despicable. Adequate social education is a must: to promote use of disposable syringes, commitment to safe sex and avoidance of a promiscuous life style.

Equally important is the Government's role in strictly implementing regulations that make every blood bank duty bound to test samples for HIV and clamping down on commercial blood donors. It is such measures that have successfully stemmed the rapid spread of the disease in countries like the US, which harbour the largest number of AIDS cases in the world. However, any attempt to raise mass hysteria would be counterproductive, as the sufferers would be ostracised. This has been the case with Leprosy and Tuberculosis. They, in turn, will be denied medical care, thus spreading the disease.

Given the fact that AIDS spreads only through sexual contact and not due to casual human contact, social isolation is damaging both to the society in general and HIV infected patients in particular. It thus becomes imperative to take a closer look at this war, to understand the profile of its proponents, and the irrelevance of the Government's policies on the matter.

Many foreign based companies, along with a number of NGOs, have, in the name of social service, literally sparked an AIDS scare to make money. Huge grants are allotted for AIDS and the lure of this money has spawned many an anti-AIDS campaign within a short span of time. Sustained efforts are being made to force the country to allocate large budgets for AIDS, all the while ignoring conquerable diseases like malaria and tuberculosis which have shown a phenomenal growth.

There is also a surreptitious attempt to make our government squander money on the development of vaccines and drugs for a disease that is more a health problem in the West, than in India. While one cannot ignore the scientific credibility of such an exercise, it is vital that we get our priorities right: taxpayers' money must be spent to alleviate our sufferings, instead of using Indians as guinea pigs for the white man's vaccine.

This scare about AIDS in India follows a well orchestrated move by international agencies in conjunction with certain vested interests in this country. The UNAIDS reported to the World AIDS conference in Vancouver that India had three million HIV infected people. the source of its information reportedly being the WHO. WHO, in turn, claimed that it had got the statistics from The National AIDS Control Organisation (NACO), the apex body for information and control of AIDS in India. However, NACO figures speak of only 1.75 million cases!

The world media has played an equally mischievous role in trying to portray India as the "World Capital of AIDS". A large number of NGOs within the country have taken advantage of the millions of rupees floating into the AIDS 'market'. New NGOs are cropping up to share the loot.

The worst part about the tragedy is that this country's HIV-AIDS programme is conceived, planned and implemented under the guidance of foreign donor agencies and their so called experts. So it goes without saying that vested interests are taken care of in this process. There is thus a conscious but covert attempt to push India into an AIDS debt trap, while a few mop up thousands of dollars in the process. There has been increased borrowing on the AIDS score. While in 95-96, India took a World Bank loan of Rs 9.16 crores to combat AIDS, the same went up to Rs 21.24 crores in 96-97.

With another 'AIDS control' loan of over Rs 13 crores in 97-98, severe introspection is called for to see if such borrowings are justified, and whether they have been used properly. There is also the need to restrict the influence of foreign elements in our decision making processes; their advice may well be considered according to merit. The government policy on AIDS has been distorted, conforming to the myopic vision the country had regarding health policy in the last 50 years. While major infectious diseases are taking a heavy toll, less is spent on them in comparison to AIDS.

A look at the latest updated statistics proves this contention: Malaria, with more than 20 lakh cases reported, has received only Rs 290.37 crore in 98-99. Similarly, tuberculosis is a disease that is spreading rampantly with devastating consequences. Variable estimates state the existence of between 300 to 450

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million infected persons.

. In a nation of one billion, that means one out of every two persons may be infected, though they may not exhibit visible signs of the disease. According to a survey, more than two million people develop active tuberculosis and up to five lakh die of it in a year. But the Government's expenditure on TB control has been only Rs 125 crores (98-99). All this while AIDS, with only 6059 full blown cases and 78,000 HIV infected patients at different stages of the disease received a bounty of 110.60 crores in the same period!

Finally, what is most obnoxious is the motive behind the AIDS panic — to instigate an increased sale of syringes and condoms. Also despicable is the attempt by certain NGOs and foreign development agencies to paint India as a country of promiscuous sinners. This is achieved by independent NGOs with dollar aid. The means include conducting spurious surveys that 'show' increased sexual activity among unmarried women in India. Syringe and condom manufacturers have suddenly realised that they have a 'commitment' to this nation, by enlightening its citizens on AIDS. Their large advertisements on 'How to prevent AIDS' indirectly further their own cause, by fuelling the scare.

The Government's failure to keep an eye on the activities of spurious NGOs is forcing the nation to pay a heavy toll, both money and image wise. There is an urgent need to have a regulatory body to control the work of NGOs in India. Foreign agencies pump in thousands of dollars into NGOs, which fail to conform to the behaviour expected of them. The absence of a district observational body, and a Government department responsible to keep a check, has resulted in misuse or transfer of funds for activities.

Similarly, thousands of Indian NGOs have cropped up in the AIDS sector, some of which are totally corrupt institutions. A recent study on the responses of NGOs to HIV and AIDS in India published by the British Council and UNDP, endorses this view; it showed that most NGOs working in the AIDS sector have little or no direct contact with people suffering from HIV or AIDS.

It is indeed tragic but true that while these NGOs gobble up thousands of rupees of donated money, and their promoters get rich overnight, the country is continuously bled of its resources.

◆ *(Dr Indranill Basu Ray is All India Convenor: Working Group on Drug, Pharmaceuticals and Health Care Policy)*

The Indian Express
22 July 2001

HIV-AIDS mission

The United Nations programme on HIV/AIDS and the International Fund for Agricultural Development have reached a memorandum of understanding to alleviate the impact of HIV and AIDS in rural areas. "The MoU will provide a framework for the roles which can be played by IFAD and Unaids," Mr Lennart Bage, president of IFAD said.

"Our goals in working together are to alleviate the impact of HIV and AIDS on rural poverty and insecure livelihoods, and to reduce the vulnerability to AIDS through sustainable rural development," he added.

"As links between urban and rural areas increase, trade and migration are rapidly pushing HIV prevalence rates upwards in rural areas," Mr Peter Piot, executive director of Unaids said, adding that food security is the major cause of vulnerability to HIV.

The Asian Age
19 July 2001

Broken with red tapes

Nairobi: A family broke a major taboo in Kenya on Tuesday by decorating a death announcement for a deceased relative with two red ribbons to show he died of AIDS. Fighting back tears, Paul Omukuba's sister said it was time Kenyans washed away the stigma preventing people confronting the reality of a disease cutting a swathe through Africa. "We wanted to make a statement, to tell the public, not just in Kenya but in the world," Margaret Mulgai said at a funeral service for her only brother.

The Economic Times
19 July 2001

Miss India's anti-AIDS campaign in Sonagachi

STATESMAN NEWS SERVICE

KOLKATA, July 22. – A comprehensive AIDS awareness, support, care and prevention programme was today launched in the Sonagachi red light area.

This had been arranged in accordance with the recommendations of the recently held global conference on AIDS prevention at New York that stressed the need for increased awareness among high risk groups.

The programme, organised by the Institute of International Social Development, an NGO, was inaugurated by Miss India Celina Jaitley.

She distributed condoms and pain reliever tubes to sex workers and also opened a training centre for agarbatti making.

The centre aims at providing alternative means of livelihood to the women.

Mr DP Bhandari, Nepalese consul in the city, was also present.

Five youth clubs received recognition certificates for door to door awareness campaign in the locality.

The Statesman
23 July 2001

Addicted to greed

INDIA DOES not recognise product patents. In plain words, that means that a chemical compound like Sildenafil citrate is nobody's exclusive property. Sildenafil citrate may not sound like something that many people would fight over for proprietorial rights. But the pharmaceutical giant Pfizer is picking on Indian drug companies which 'have the gall' to sell it to *desi* customers. It should be pointed out at this stage that Pfizer processes the chemical compound and sells it as a blue, diamond-shaped pill going by the name of Viagra, the wonder drug that temporarily cures male sexual dysfunction. What has got Pfizer's goat is that Indian pharmaceutical companies like Cadila Healthcare, Cipla and Yogi Herboclub are manufacturing 'copies' of Viagra (Penegra, Silagra and Indiagra respectively), thereby flouting copyright — not patent — laws.

Cadila, Cipla and Yogi maintain, quite correctly, that they aren't selling Viagra clones but Sildenafil citrate — at a fraction of the Pfizer price. In any case, Pfizer doesn't even sell their wonder drug in India. So does that mean that Indian males suffering from erectile dysfunction will just have to live out their misery? What the multinational seems like actually doing is trying its best to block the sales of Sildenafil citrate in India — until patent laws here are changed so as to make Viagra (with a price tag that is roughly 400 times than that of Penegra) the sole saviour for millions of suffering Indian men. To be fair to Pfizer, by selling a product that sounds suspiciously like the American drug, the makers of Penegra seem keen on cashing in on its *videshi* counterpart. (Cadila had to change Penegra's colour from blue to pink after a court order.)

But the real issue lies elsewhere. After all, Sildenafil citrate is nothing but a lifestyle drug. What about life-saving drugs that lie beyond the reach of ordinary people because of their prohibitive prices? As the battle between big pharmaceutical companies and the South African government earlier this year showed, under the garb of R&D expenditure and patent rights, pharma giants battled to block the entry of cheaper anti-AIDS drugs into South Africa from countries like India. Are we likely to see such cussedness in the future levelled against our drug companies? Cipla, for instance, has already slashed the prices of anti-AIDS drugs for the fourth time in nine months — a 39 per cent drop. Still, for a vast majority of those affected by the disease, medicine lies beyond their reach. It's time that India takes advantage of the loopholes in the Trade Related Intellectual Property Rights agreement and makes drugs — live-saving ones, in particular — cheaply available and not for the express purpose of putting money in the pockets of pharma giants.

Hindustan Times
26 July 2001

Saving For Leisure Time

PRESS TRUST OF INDIA

BEIJING, July 25. – More and more healthy couples in Guangzhou, the capital of south China's booming Guangdong province, want to store their embryos for future use, Xinhua news agency report said today.

Many couples say they are at present very busy with their work and have no time to have a child. So they hope that their sperm and egg cells can be kept in storage now and they will be able to take them out when they want to have a baby in the future.

Among those who want to freeze their embryos are couples who already have a child, but are worried that their child might have an unexpected accident, the agency said.

The technique to freeze embryos has been put into clinical use since 1980s. Reproduction centres have been successful in freezing embryos for one to five years, and then, "waking them up" to grow test tube babies.

It is not a dream for couples to freeze their embryos for future use, said Dr Fang Cong, at the No.1 Hospital affiliated with the Zhongshan University of Medicine.

She said a lot of work still needs to be done to improve the survival rates. At present, only 70 per cent of the frozen embryos can survive and only just over 20 per cent of the people involved are able to become pregnant.

Moreover, it costs a couple at least 15,000 yuan (above $1,800) to freeze each embryo, she said.

The Statesman
26 July 2001

US to help NRI docs to beat AIDS in India

FROM AZIZ HANIFFA

Washington, July 24: US Secretary of Health and Human Services Tommy Thompson has pledged his full support to the American Association of Physicians of Indian Origin, a powerful body of Indian American doctors, to combat AIDS in India.

Thompson was impressed with AAPI's commitment to the cause that he said he would like Health and Human Services to partner this effort.

The AAPI Task Force on AIDS established during the tenure of the immediate past president Dayan Naik, has held special meetings with some top AIDS researchers at the Johns Hopkins University in Baltimore, Maryland, and US lawmakers, particularly Jim McDermott, to involve the US government to help in this effort.

McDermott's support had been invaluable, as this lawmaker, who is the Democratic co-chair of the Congressional Caucus on India and Indian Americans and is a physician by training, has visited India over 15 times.

His initial visits were to red light districts in Mumbai and Kolkota to study incidence of AIDS there.

He, and other staunch allies of India in Congress like Frank Pallone, New Jersey Democrat and founder of the India Caucus, and Sherrod Brown, Ohio Democrat, have already introduced amendments to various appropriation bills to obtain some US funding to assist in India's fight against AIDS.

This aid is above development assistance that is provided to the US Agency for International Development, which now incorporates AIDS awareness and education among many of its health projects in India. *(IANS)*

Deccan Chronicle
25 July 2001

Oral protection against sexual transmission

UNIVERSITY OF California scientists have developed the first vaccine that protects against vaginal transmission of a virus closely related to HIV. In studies with monkeys, all vaccinated animals remained healthy a year after exposure to virulent Simian Immunodeficiency Virus (SIV) that normally causes AIDS-like disease within a year.

Results have prompted plans for human clinical trials with an HIV version of the vaccine. Like the SIV version, the HIV vaccine will combine elements of the highly successful Sabin oral poliovirus vaccine with genetic fragments of the AIDS virus. The Sabin vaccine triggers a robust immune response which extends to piggybacked AIDS virus particles, the scientists found. While the primate study involved SIV fragments, the human vaccine will use HIV fragments. Because sexual intercourse is the route of transmission in more than 80 per cent of HIV infections worldwide, many experts believe the best chance to prevent the spread of HIV infection is by building up an immunological barrier at the port of entry-the mucosal surface of the genitals or rectum.

But most vaccines tested so far don't consistently induce a strong immune response against HIV at this critical line of defense. The new vaccine takes advantage of the Sabin live poliovirus vaccine's trait of triggering a broad, long-lasting immune response at the mucosal surface.

The vaccine, administered by nose drops, was developed at the University of California, San Francisco (UCSF) and tested at UC Davis. Raul Andino, UCSF associate professor of microbiology and immunology conceived of the recombinant vaccine technology, along with Mark B. Feinberg, then an assistant professor of medicine at UCSF, now at Emory University. Like the Sabin poliovirus vaccine used 40 years ago, the new vaccine will be administered orally, an important advantage over most other proposed AIDS vaccines. A report on the SIV vaccine success appeared in the *Journal of Virology*.

" Because SIV, like HIV, mutates rapidly and evolves into multiple strains, Andino reasoned that many fragments of the SIV genome must be included in a vaccine to trigger an effective response to a number of potential viral antigenic targets. To generate a broad-based immune response, his team developed the SIV vaccine as a "cocktail" combining Sabin poliovirus vectors with many fragments of the SIV genome, nearly covering its entire length. The vaccine is considered very safe because the SIV genetic information is broken into small pieces, with some essential elements missing. The multiple-part cocktail was also useful because the Sabin vaccine is too small to ferry the bulk of the SIV genome.

"We expect the strong mucosal immune responses we found in the tests with monkeys were important in protecting them from SIV infection, although there's more work ahead to figure out exactly how that protection develops," said Shane Crotty, lead author on the paper.

In the study, seven adult female monkeys known as cynomolgus macaques were given the anti-SIV vaccine with nose drops and then exposed to what is considered a highly virulent strain of SIV. They also received "booster" nose drop inoculations five months later. SIV exposure came through a flexible plastic tube inserted into the vaginal canal, releasing a fluid with a high concentration of the infectious virus two months after the last vaccination. Twelve monkeys served as controls, receiving the SIV but not the vaccine.

SIV infection normally leads to serious signs of disease in monkeys within a year and death within two to three years, Andino said. In this study, 48 weeks after exposure to the SIV virus, half of the control monkeys had developed terminal clinical simian AIDS and the other half were seriously ill with the disease.

In contrast, all seven of the vaccinated monkeys were clinically healthy.

The Hindu
26 July 2001

Annan seeks more contributions to Aids global fund

From L K Sharma
DH News Service

WASHINGTON, June 25

The UN began a three-day special session on HIV/Aids today with a call by the Secretary-General Kofi Annan for more contributions to a global Aids fund. The disease was "a global problem of catastrophic proportions," he said.

Some 3,000 delegates, including heads of state, health ministers, activists and sufferers have gathered in New York which saw a demonstration by the activists asking governments to deploy more resources to curb the disease which has claimed 22 million lives.

The Indian delegation is led by Health Minister C P Thakur and includes leader of the Opposition Sonia Gandhi. The US delegation is headed by Secretary of State Colin Powell.

This is the first time the UN's General Assembly has convened a special session to discuss a single disease.

The preparations for the session have helped raise public awareness and strengthen the political will of the leaders in the fight against Aids. The conference will come out with a declaration containing a worldwide strategy for tackling the disease and halting its spread.

The proposal for a global fund mooted by the secretary-general has received some response even though the funds committed till now do not exceed $ 520 million. Mr Kannan has said that some $ 10 billion are needed each year to deal with the disease. His estimate is based on work done by experts in the field.

Some governments are reluctant to contribute to a fund if it is to be administered by the UN but their responses would become clearer at the time of the G-8 summit in Italy next month.

The UN special session will deal with all aspects of prevention and cure and care for the sufferers and their human rights. Its deliberations regarding drug pricing will have an impact on the availability of anti-Aids drugs to the poor and also on the patent policies of the developed countries.

The Western drug companies had to drop their insistence on patent protection with regard to expensive anti-Aids drugs as the government of South Africa decided that the relief available through cheaper generic drugs could not be sacrificed. The drug companies have come under pressure to reduce the prices of anti-Aids drugs.

PLIGHT OF AFRICA: The plight of Africa, where some countries have seen the disease infect one in five of the adult population, will receive great attention.

The conference will also see some disagreements among the member nations with regard to strategies, based on cultural and religious sensitivities. The promotion of condoms is not a strategy supported by all. Abstinence is emphasised by the Catholic church and Islamic countries.

The Bush administration has taken the controversial stand that its highest funding priority is HIV-prevention programme that emphasises sexual abstinence, marital fidelity, education and condom use. A Bush administration official told Congress last week that the sophisticated drug treatment would not work in Africa. Africans couldn't handle the drugs because they had no concept of time and "do not know what watches and clocks are". Moreover, these drugs required physicians to administer and cold storage facilities, he said.

Also, there is a varying degree of emphasis on poverty as a contributory factor to the tragedy. The conference will also hear some success stories from Uganda, Brazil and other nations where annual deaths have come down as a result of efforts by the governments. Brazil has been campaigning against the US patent law as it has demonstrated the impact of free distribution of mainly Brazilian-produced anti-Aids drugs.

Because of the rising tide of public opinion, some Western drug companies have started showing a

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Death of an AIDS patient: The Virus that refused to go

By Gilvester Assary

Thiruvananthapuram, July 27: When she was dying of AIDS, everyone knew. The floodlights were turned on her. Then came this ayurvedic doctor, peddling his 'miracle' cure. It looked as if she had indeed been cured and she faded from public memory. Last week she died, and no one knew. The floodlights had since then been turned on the doctor who has become a celebrity and lives in a Rs 5-cr mansion called *Virus*, in the heart of Kochi.

In a state which boasts of the highest rate of literacy in the country, this is indeed an ironical contrast. A doctor turns into a celebrity though the cure for AIDS remains as elusive as ever. Even as his patient wastes away, heading for sure death, he thumbs his nose at the authorities for cancelling his licence and attracts more of the gullible, ending up at the top of the list of income-tax payers.

AIDS victim Chitra's story began in 1990 when she married Soman, a Mumbai-based tyre retreading shop owner. Six months later, while returning to Kerala with his wife - who was now carrying a child - Soman developed high fever. He tested HIV positive and died after a two-year battle with the disease. Chitra had, meanwhile, given birth to a girl and both mother and child had tested positive.

Shunned by neighbours, relatives and friends, she took refuge at her sister's house but there was no end to her misery. It was at this point that the media stepped in and generated a wave of sympathy in her favour. Then a Kochi-based mining engineer-turned-ayurvedic practitioner Tamtan Abdul Majeed made the stunning claim that he had a cure for AIDS. Chitra was given a 45-day course of the 'wonder drug', Immuno QR, developed by him. And, to the surprise of everybody, she tested negative.

Despite doubts about Majeed's claims and credentials, people started flocking to him and his business flourished. The Union Health Ministry, then headed by Renuka Chowdhury, for once moved quickly to order cancellation of Majeed's licence in 1997. This, however, couldn't dent his popularity.

His escape route was the provision that no licence is required to market a herbal formulation. Except for four vital ingredients of his drug, he has named all the others. Reacting to the allegation that he is using harmful steroids, Majeed says "most of the allopathic medicines contain varying percentage of harmful steroids." Last year Majeed spent Rs 70 lakh on advertisements and Rs 5 crore on his new dream house with the unusual name. And he topped the list of income-tax payers in the state in 2000-2001 with Rs 1.28 crore.

And where did Chitra vanish? Once declared safe, she married an electrician, Anil Kumar, in 1997, and gave birth to a boy. On July 18 she passed away unnoticed. Even the cremation held at a distant relative's place was kept a closely-guarded secret.

It was only after her death that her pain and agony during her last days came to light. She suffered from excruciating pain; she had lost her appetite and and was losing weight; and tuberculosis was gnawing at her frail frame, keeping her in bed.

At her native place Kilimanoor, 35 km from here, locked doors greeted us. Majeed says she died due to some bone infection. Her husband and kin say she died of "bone TB". Let no one dispute that.

The Indian Express
28 July 2001

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compromising spirit on the issue of patents. Of course, their organisations maintain that without a strong patent regime, there would be no incentive to develop more effective drugs.

The magnitude of the tragedy has also drawn the attention of several foundations and business leaders who have started contributing funds for the cause of fighting the disease.

Deccan Herald
26 June 2001

MAGAZINE

Sex-stops on the highway

Sagargram is one village off National Highway 59, where truck driver Narvel Singh, 32, never fails to break journey. Each time, for an erotic thrill. The village in Mandsaur district, Madhya Pradesh, is one of 11 dotting this part of the highway connecting Delhi and Mumbai, and inhabited by the Banchharas, a community which practises prostitution.

For truck drivers, the route is one of the "most enjoyable" with girls of all age groups available throughout at affordable prices. In fact, most of the *dhabas* are run by the brightly-clothed and lipsticked Banchhara women, who walk in groups of two and three along the highway, waving truck drivers to a halt. "We often just sit and chat with these women," said Manohar of Jind district, Haryana, who makes four trips a month down this road.

Often, the women, instead of inviting customers to their *deras* or homes, take a lift from the truck drivers and 'entertain' them till they reach their destination where they might have more customers waiting. "There is no harm in going with truck *walas* as we know most of them personally," says Manisha. "But we don't trust car *walas* and other vehicles as they may kidnap or run away without paying us." All the same, most are known to pay more than what the women usually make—between Rs 50 and 100 per customer. "But they demand different kinds of sex," says Manisha.

Further north lies another favourite stop on a trucker's route. Basai, on the outskirts of Agra, Uttar Pradesh, is populated by the Beria tribe. It is said that actor Balraj Sahani once visited the village in his quest for a dancer who could perform faultless *mujra*, a dance form performed by those in the flesh trade.

Such was Basai's notoriety, that "no one was ready to marry a girl from here," said Chandra Sen, a villager. Things quietened down considerably after a police post was set up here seven years ago. Many commercial sex workers and their agents either left in search of greener pastures, or changed careers. But it did not spell the end of the age-old trade in women, which continues, albeit hush-hush.

"There is no dearth of money in Basai," said Babu Lal, who was once a pimp, but now runs a dairy. "Even I used to earn Rs 400 to 500 a night, bringing customers here, while sex workers would charge between Rs 500 and 2,000 depending on demand."

The signs of wealth are not obvious, except maybe inside homes which might boast a refrigerator or TV set. Open drains and heaps of garbage typically characterise the landscape.

Although official figures are few, villages like Sagargram and Basai are believed to be a hotbed of sexually-transmitted disease (STD) and acquired immuno deficiency syndrome (AIDS). In Sagargram, according to a recent study done at the behest of the Mandsaur district collector, more than 50 per cent of Banchharas are affected by STD, while more than 14 per cent have reported symptoms of AIDS. In another study conducted in 1994 by the chief medical officer of the Mandsaur District Hospital, 456 truckers were surveyed, of which 16 tested HIV positive, while 95 had STD.

Banchhara women are split into two groups in a socially-sanctioned and rigorously-followed "division of labour". Those who can marry are known as the 'Bhattawadis', while those reserved for prostitution are called the 'Khelawadi'. The menfolk, deterred by costly bride prices—ranging between Rs 50,000 and 70,000—and the custom of dedicating the eldest girl child to prostitution, often choose to marry outside the community disregarding tradition.

With increasing awareness about AIDS and STD, the Banchharas have begun adopting precautions. "Our slogan is 'No condom, no sex'; 'no money no sex'," said Seema of Mudli village. Accordingly, condoms are stocked at *dhabas* and *deras*.

Their customers are co-operative. Said a driver, pointing towards a sign-board cautioning AIDS: "We too have children and family and a few minutes of fun can destroy our lives." One of Seema's regular customers, Mangeram, a truck driver from Delhi, claims that the penalty for not carrying condoms in the first-aid box, is a fine of Rs 1,000 levied by the regional transport officer or the police.

Conditions are comparatively more primitive in Beda in Rotas district, Bihar. On any given day, dozens of trucks passing through NH 2 can be sighted parked around three *dhabas* in the village. According to an ageing villager, the flesh trade, practised mainly by women of the Nutt caste, has been thriving here for the last 70 years, aided and abetted by the police, local musclemen and *dhaba* owners.

But none of the sex workers uses condoms. "Most of the customers insist on not using one, and we have to give in," said a sex worker. Another added: "We feel shy going to a medical shop to buy condoms."

Meera Rani, who has been in the trade for 10 years, admits to having contracted venereal disease three years ago. "I underwent treatment for a week," she said. For Nitu, 30, thrust into the trade 16 years ago, a nagging headache has become a constant companion. But this mother of four, who earns Rs 50 for each 'dance' she performs for the truck drivers, won't hear of visiting the doctor. "Why should I go to a doctor. I know I am not suffering from any killer disease," she said.

There have been a few attempts by NGOs to spread greater awareness about the high health risk sex workers expose themselves to. "But they don't follow our suggestions," said Shivadhar Rai, secretary of the Jai Prabha Gram Vikas Samity. In a survey of the village in 1996, the samity found a high incidence of STD among

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Damned for no fault

Eight-year-old Pallavi (name changed) looks no better than a shrivelled twig. Diarrhoea and lack of appetite have over the months resulted in a drastic loss of weight. All day long the child, who tested positive for HIV, lies listlessly at her uncle's home in Borgaon village in Kavathe Mahankal tehsil, Sangli district, Maharashtra.

"Her parents and sister died of AIDS," said Kalavati Shashware, a social worker working for Sangram, a voluntary agency battling the killer disease in Sangli. Pallavi's father worked at a gas filling plant in Mumbai. When he died of AIDS, he left behind his wife and two daughters who were similarly infected. Six months ago, Pallavi's mother and sister died. Now Pallavi awaits her turn.

In the past several years, Pallavi's story has been replayed many times in Sangli. According to Sanjay Bhagwat, deputy director of the Maharashtra State Aids Control Society, 40.8 per cent of patients suffering from sexually transmitted diseases in Sangli are HIV positive. Doctors at the Wanless Mission Hospital in Miraj, a town in Sangli, however, take the figure up by a few notches to 48 per cent. More significantly, the prevalence of HIV in antenatal cases in Sangli is believed to be between 3.5 and 4.5 per cent. According to WHO norms, if this figure crosses 3 per cent, it ought to be treated as alarming.

The main culprit behind the high incidence of HIV in Sangli seems to be an itinerant workforce. Once infected, the victims find very little support from society, one of the main causes of a large number of AIDS-related suicides.

Recently a mother in Kusgaon in Shirala tehsil of Sangli, reportedly tied her toddler son to her waist and jumped into a river. Both were HIV positive, and had been thrown out of their home by relatives. Bayajabai, 25, was also thrown out of her house, after testing positive for AIDS after her husband's death two years ago. Today, with very few including her uninfected son aware of her condition, Bayajabai leads as normal a life as possible.

"The problem is with the focus of the government agencies," said Meena Sheshu, who heads Sangram. "Everyone is concentrating on commercial sex workers and truck drivers, but they forget the housewife or woman who is made to marry an HIV-infected person without her knowledge. After his death, it is the wife who receives the flak for no fault of hers."

The condition of HIV-infected children is no better. At a Bhagini Nivedita care centre in Kupwad, HIV-positive kids are routinely left at the doorstep. The centre now has 24 children, aged between 2 months and 12 years, and are looked after among others by Suneeta, an AIDS victim.

Suneeta's in-laws blamed her for their son's death from AIDS, and told her to leave home in Saswad, Pune district. Infected with HIV, Suneeta was forced to leave her two uninfected daughters. Today she cares for the orphans at the centre as if they were her own.

Dnyanesh Jathar/*Sangli*

The Week
24 June 2001

SEEDS of change

Every truck driver hitting the highway usually keeps his eyes peeled for five things. A good *dhaba* to grab a bite, a wine shop nearby, a safe parking lot, an STD telephone booth where he can ring his boss, and, of course, girls. So it is on NH 5 which winds down from West Bengal to Tamil Nadu.

Some five years ago, eight NGOs, intent on spreading the message of safe sex, trained their eyes on the highway segment passing through Andhra Pradesh. "It has brought about a behavioural change," says Roshan Kumar, director of the Social, Educational and Economic Development Society (SEEDS), which works on a 241-km stretch of NH 5.

Through their volunteers, who work in the day and twice a month at night, they tell truckers 'Use a condom and enjoy'. Fliers, flip cards, attractive-looking packets with condoms hidden inside are employed to entice drivers to listen to volunteers at least once. Condoms are stocked at petrol bunks and *dhabas*; with SEEDS even roping in a boy at one of Bharat Petroleum's largest bunks to act as peer educator. The job involves narrating the risks of unprotected sex, cajoling truckers to use condoms, and even a demo using a petrol hose pipe. Sufferers of STD are treated by paramedics.

SEEDS has also got through to the sex workers; often one woman comes to the dispensing centre to collect condoms for a group. And clients refusing to use them are firmly shown the door.

Lalita Iyer

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sex workers. Subhraja Singh, who heads Mahila Samakhaya, said sex workers are unwilling to talk on the subject, leave alone undergo tests.

Efforts by the government and NGOs have so far failed to root out prostitution in these highway villages. Sometime ago, when a Banchhara woman, Talabai, became sarpanch of Sagargram, the Mandsaur collector asked her to oppose prostitution among her people. She refused saying, "My women will die of hunger if they stop business."

Neither is society at large keen on hindering their 'business'. For instance, when the government launched 'Operation Nirmal Abhiyan' (Operation Clean Campaign) in Sagargram in 1998, Congressman and former Nagar Panchayat president Nandlal Tiwari wrote to Chief Minister Digvijay Singh terming the operation "anti-human and anti-Congress", adding, "eradication of prostitution from Banchharas would create threat for our women as they would then become target of sexual abuse".

And so the status quo prevails in ever so many villages like Sagargram, Beda and Basai. As Meera Rani of Beda put it, "There's no way out of this profession." And even if there is, few among them choose to swim against the tide. A majority are like Nitu, who admitted to having been quite strong-willed before being "forced to accept" her job profile. "But today," she said, "all I feel is weakness."

Deepak Tiwari/*Mandsaur*, **Kanhalah Bhelari**/*Beda and* **Ajay Uprety**/*Basai*

The Week
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AIDS AT 20

On June 5, 1981, the federal Centers for Disease Control issued its weekly newsletter on outbreaks of illness and unusual deaths in the United States. Two tourists returning from the French West Indies had come down with dengue fever, reported one story. An additional 6,707 children were diagnosed with lead poisoning. And in a 553-word article, doctors reported that a rare parasitic lung infection, *Pneumocystis carinii* pneumonia, had shown up in Los Angeles. It had struck "5 young men, all active homosexuals." Three out of three tested had an inexplicable depression of their immune function.

And so it began.

How do you mark 20 years of AIDS? With mourning, surely, for the 22 million lives from San Francisco to Nairobi that acquired immune deficiency syndrome has stolen: Ryan White, Rock Hudson, Arthur Ashe, Alvin Ailey, Rudolf Nureyev, Randy Shilts, Elizabeth Glaser, Keith Haring, Liberace and all the emaciated, sunken-eyed nameless victims. And you mark it, too, with horror that last year 5.3 million people worldwide—14,500 a day—were newly infected. In the developed world, you probably also mark 20 years of AIDS with a sense of hope that the carnage of the early plague years may be behind us, thanks to drugs that have turned AIDS into a chronic disease that you live with rather than die of, at least for a while: after all, advertisements for the medications show young, buff HIV-positive men climbing mountains. And maybe you also commemorate June 5 with a trace of smugness. We closed bathhouses, sent every U.S. household a pamphlet called "Understanding AIDS" and preached safe sex, with the result that, in the United States, new HIV infections peaked at 150,000 a year in the mid-1980s and then plunged to 40,000 in every year of the 1990s. When 1997 brought the first report of a decline in AIDS deaths in America ... well, we thought the worst was over.

We had no idea. Throughout the world 36 million people—more than the population of Australia—are HIV-positive, including 800,000 to 900,000 in the United States (of whom an estimated 300,000 don't know it). AIDS is now the fourth leading cause of death globally, and the leading cause of death in Africa. There it has stolen a generation and imperiled the future: it robs economies of their workers, families of their support and children of their parents. In seven African countries, more than 20 percent of the 15- to 49-year-old population is infected with HIV: 20 percent in South Africa, and a mind-numbing 36 percent in Botswana. Zambia cannot train teachers fast enough to replace those killed by AIDS. Within 10 years, there will be 40 million AIDS orphans in Africa.

Asia remains comparatively untouched. Only Cambodia, Thailand and Burma have infection rates above 1 percent. But the pandemic may be like a typhoon gathering strength off an unsuspecting coast. India's HIV rate of "only" 0.7 percent translates to 3.7 million infectious people. China predicts 5 million to 6 million HIV-positives by 2005. "With the current resources," says Dr. Peter Piot of UNAIDS, "it is not going to be possible to contain this epidemic."

Drugs won't do it. At upwards of $15,000 a year, the regimen that has helped thousands of HIV-positive people in the United States and Europe is out of reach for most Africans and Asians. Even international pressure to make the meds available at cost is only a first step: without a public-health infrastructure, poor countries can't distribute the drugs and track the patients. But even in the United States, "drugs cannot be seen as the ultimate solution," says Dr. Michael Merson, director of the Center for Interdisciplinary Research on AIDS at Yale University. Already the meds are being foiled by HIV's quick-change artistry. Susceptible strains mutate into drug-resistant strains. And there is another problem. "People who take the drugs feel better," says Merson. "They see a decrease in their viral load, become confident the drugs work and then become more sexually active. When that happens, they may not practice safe sex."

SAFE SEX. ALTHOUGH IN 1986 WILLIAM F. Buckley Jr. called for people with AIDS to be tattooed on their forearms and buttocks, public-health authorities had a less hysterical response: avoid infection by not sharing needles and by wearing a condom during sex. To an astonishing extent, people did. Being bombarded with the message that AIDS equals death "was a very strong motivator for people to change their behavior," says James Nguyen of the San Francisco-based STOP AIDS Project.

Many of today's teens and twentysomethings lack that motivation. "Young people are not nearly as terrified of [HIV/AIDS]," says Sean O'Brien Strub, founder of the magazine Poz. In a new survey

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of six American cities, researchers find that among young (age 23 to 29) men who have sex with men, 4.4 percent become newly infected with HIV every year. Among African-American men who have sex with men, the rate is 14.7 percent. The new face of HIV is young and female, like Promise, now 20. She had nonconsensual sex with her 22-year-old boyfriend when she was 16. "What makes you think it couldn't happen to you?" she asks the high-school classes she visits for Health and Education for Youth. Among 13- to 19-year-olds, 64 percent of HIV-positives are female.

In San Francisco, public-health researchers see the foreshadowings of a new disaster. There have been "changes in behavior, more unsafe sex being advertised on the Internet and in chat rooms," says Tom Coates, director of the AIDS Research Institute at the University of California. Author Andrew Sullivan was recently outed as the HIV-positive gay man who posted his profile on an Internet site dedicated to barebacking, or condomless sex. "It is true that I posted an ad some time ago ... [in order] to find and possibly meet other gay men who are HIV-positive," Sullivan wrote on his Web site. He was attacked for the apparent disconnect between his frequent calls for gays to disdain promiscuity and his own solicitation. But he is hardly alone. After a while, it becomes impossible to sustain the vigilance, and people rationalize away the risk, especially when they believe in pharmacological miracles. "We are a society that likes magic bullets, so ... the tendency is to focus on treatment," says Helene Gayle of the CDC. "People have gotten complacent." In 2000, eight cents of every federal dollar spent on HIV/AIDS in the United States went to prevention.

In the 20 years since the first reports of what we now know was AIDS, an entire generation has been born and come of age never knowing a world without the epidemic. The disease has changed the personal as well as the political—how we think and how we love, what we teach our children and what words we say in public. More than anything else, AIDS changed the way we view the threat of emerging diseases. "Until AIDS, most of us thought of catastrophic plagues, like the Black Death and the Spanish-flu epidemic of 1918, as things of the past," says Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. "We lost sight of the fact that every once in a while a new disease will emerge and knock the socks off the human population. It happened with HIV/AIDS, and it can happen again."

AIDS also changed what it means to be a patient. People with AIDS stormed scientific conferences, banded together in ways no other patients ever had, helped revolutionize the process of testing experimental drugs and inspired others. "There is no question that breast-cancer activism started because of AIDS activism," says Fran Visco, president of the National Breast Cancer Coalition. "We saw its success and decided to emulate it," deploying thousands to lobby for increased research funding.

And AIDS changed what it means to be gay in America. "The images of gay men dying of this awful disease rendered them objects of sympathy and opened the doors to compassion," says Walter Armstrong, editor of Poz. In the eyes of straight America, death gave gay men a humanity they had long been denied. Homophobia, and attacks on gays, became a little less acceptable. Although some argue that AIDS divided gays—positives from negatives—it seems more likely that a united gay community was forged in the crucible of AIDS. "People facing mortality responded courageously and seized the chance to proclaim their identity," says Armstrong. "And it forced society's institutions"—from hospitals that barred gay men from seeing their dying lovers to employers that denied them bereavement leave—"to recognize gay relationships."

On June 25, the United Nations General Assembly will convene a session on HIV/AIDS, the first ever devoted to a public-health crisis. Delegates will try to agree on a global action plan, and grapple with how to fund it: $7 billion to $10 billion a year is needed to fight the spread of HIV. If we get lucky with prevention, treatment and a vaccine, by 2021 AIDS will be killing 5 million people a year. If we don't, the toll could be 12 million. AIDS is 20 years young. The worst plague in modern history is far from done with us.

BY SHARON BEGLEY

News Week

11 June 2001

Can He Find The Cure?

THERE WAS A TIME IN THE early '80s when AIDS was killing people with brutal efficiency, and no one knew what caused it. Was it swine-flu virus? The inhalants that gay men were using to heighten sexual pleasure? There was no telling who would be stricken next, or what it would take to stop the new scourge. But as soon as researchers identified the AIDS virus in 1984, the ultimate solution seemed obvious. Science would vanquish AIDS just as it had polio, measles and smallpox: by immunizing people against it. In announcing the isolation of HIV, federal health officials famously predicted that a vaccine would enter clinical trials within two years and reach the market within three. Seventeen years later experts still Contd...

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agree that a vaccine is our best hope of ending the pandemic. They also agree that we'll be lucky to have even a crude one on the market by 2007. At current rates, an additional 50 million to 100 million people will have contracted the virus by then—most of them in countries too poor to provide treatment—and millions will have died.

After two decades of frustration and neglect, the vaccine effort is moving back to center stage—and no one has pushed harder to get it there than Dr. Seth Berkley. Five years ago, at 40, Berkley assigned himself the grandiose task of delivering a yet uninvented vaccine to all the nations whose futures now depend on it. As head of the New York-based International AIDS Vaccine Initiative (IAVI), he lives as if removing the obstacles were his personal responsibility. Berkley trained as a physician at Brown and Harvard, and cut his teeth as an epidemiologist in Brazil and Uganda, where he witnessed the emergence of AIDS in the 1980s. But he is more brash impresario than quiet country doctor. In any given week, he may call on a head of state in Africa, address a global health meeting in Oslo or Geneva, then fly to the U.S. West Coast to get Bill Gates or the directors of Yahoo behind his latest big idea. If he's home in time to press his case on a New York talk show, he is not only willing—he's jazzed.

As well he should be. Berkley has amassed a $230 million war chest since starting IAVI, about the same amount the U.S. government spends on vaccine research in a year, and has used it to jump-start research projects on several continents. The vaccines in development are varied, and some are sure to fail. But by advancing them simultaneously, Berkley figures he can speed the search for a winner. His larger mission is to ensure that any vaccine capable of slowing the epidemic is promptly introduced—at affordable prices—in the hardest-hit regions of the world. That may sound obvious, but such quick action would be an unprecedented achievement, comparable in scale to creation of the vaccine itself. Berkley knows it's a moonshot, but he figures anything less would amount to surrender.

Why is a vaccine so critical? Science has produced a flood of powerful AIDS drugs in recent years, and death rates have plummeted in countries with the means to buy and administer them. But even at discounted prices, these medications are far beyond reach for most of the world's 40 million HIV-infected people. The cost would exceed what some countries spend on all health services combined. Education, though critical, is not an adequate alternative—not in countries where a third of the population is already HIV-positive. "Prevention campaigns haven't fully worked on a global scale, and I'm not sure they ever will," Berkley says. "That's why you come back to the need for a vaccine."

Unfortunately, the AIDS virus has a way of foiling that approach. Most pathogens leave us stronger if they don't kill us, because they prime our immune systems for future encounters. HIV doesn't work that way. As far as we know, no one has ever recovered from the infection and gained protective immunity. The result is that vaccine developers don't know quite what they're looking for. They can only hope that immunity is possible and guess at the best ways to achieve it. "Developing drugs was relatively straightforward once we had the virus and could study it in a test tube," says Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. "But until recently, the opportunities for applied vaccine research just haven't been there."

Nor have the dollars. Though the United States and Europe spend more than $3 billion a year on drugs to treat HIV infection, the whole world spends just $350 million a year on AIDS vaccine research—chump change when, as Berkley puts it, "the greatest plague since 1347 is upon us." Pharmaceutical companies have had good reason to be wary. Gauging a vaccine's effectiveness requires inoculating thousands of healthy volunteers and tracking them for years. Even a successful vaccine is less profitable than a drug that people take every day. And the populations with the greatest need are typically the least prepared to pay. "From the standpoint of maximizing return on investment," Berkley concedes, "you'd stay far away from a vaccine."

Berkley conceived IAVI with exactly these problems in mind. After returning from Uganda in 1989 he joined the Rockefeller Foundation, where he eventually became associate director for health sciences. In that capacity he supervised health programs for 30 countries and saw what private enterprise could accomplish when the incentives were right. "A lot of the public-health community thinks companies are evil and ought to give things away," he says. "That's fine as a short-term strategy, but pretty soon no one's making new products." His solution was to create a nonprofit venture-capital firm. IAVI would invest in companies or academic labs with good ideas, then do everything possible to help them succeed—orchestrate clinical trials, coordinate regulatory approvals and work to establish purchase funds and distribution systems. In return, IAVI's partners would pledge to sell (or license) their products simultaneously in rich and poor countries, and to offer break-even prices in the developing world while reaping higher profits elsewhere.

Berkley assembled a powerful board of directors (the current chairman is Lee Smith, the former president of Levi Strauss International) and proceeded to wow governments and foundations with his smooth, impassioned pitch. His big break came in 1999, when he met with Bill Gates and emerged with a pledge for $25 million, the largest private gift any AIDS group had ever received. Gates has remained a vocal ally, pledging an additional $100 million as a challenge grant this year. IAVI now has support from five governments and employs 50 people worldwide. Its spacious home office overlooks New York Harbor from atop Manhattan's financial district and exudes the spare elegance of a successful New Economy start-up. Any Davos regular would feel at home there.

To date, IAVI has invested $20 million in R&D efforts at five companies. Its goal is to have eight to 12 AIDS vaccines in development by 2007 (an effort that will cost $500 million), and to have at least two in large-scale human trials. Getting one of these vaccines onto the global market within a decade would require streamlining some countries' regulatory procedures, but Berkley is on the case. He recently launched a Web-based petition to present to the United Nations later this month (Yahoo, MSN and RealNetworks have all signed on as sponsors), and he's securing commitments from legislators around the world to help standardize regulatory requirements. "If we could speed the process by even six months," he marvels, "millions of lives might be saved."

No one expects the first generation of AIDS vaccines to work perfectly. But with 15,000 people contracting HIV every day, even a partially effective immunization could work wonders. So far the only candidate to reach large-scale human testing is AIDSVax, a compound owned by VaxGen Inc. of Brisbane, Calif. Developed in the late '80s, this vaccine uses a protein from HIV's outer surface to elicit antibodies against the virus. Ideally these antibody molecules would latch onto HIV whenever it entered the bloodstream, disabling it before it could infect healthy cells. Few experts expect that tactic to work by itself (the virus's outer envelope is an ever-changing target), but VaxGen has inoculated 8,000 high-risk HIV-negative volunteers in the United States, Europe and Thailand over the past three years to find out. After getting the vaccine or a placebo, and being counseled in risk reduc-

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tion, the participants are tested periodically for HIV. The trials are scheduled to run for one to two more years, but the company is hoping for signs of success this summer.

Most newer vaccines—including compounds developed by Merck, the Harvard AIDS Institute and others—elicit a different response, known as cellular immunity. Researchers got interested in this approach in the mid-'90s, after noticing that certain people exposed to HIV either don't become infected or survive indefinitely without getting sick. Some have genetic mutations that can't be medically induced, but others may be mounting immune responses worth emulating. In studying a group of Nairobi prostitutes who remained free of HIV despite years of constant exposure, Oxford University researchers Andrew McMichael and Sarah Rowland-Jones noticed that the women all had white blood cells designed specifically to kill HIV-infected cells.

The Oxford researchers had never fancied themselves vaccine developers. But with IAVI's backing, they concocted a vaccine to trigger the same kind of response they'd seen in the prostitutes. Large clinical trials are still several years off, but researchers in Britain and Kenya are now testing the vaccine for safety. Like many of the compounds now under investigation, it consists of two shots. The first contains nothing but snippets of HIV's genetic material. When taken up by a person's cells, this "naked DNA" generates harmless viral proteins. The immune system, sensing trouble, then sends forth white blood cells called cytotoxic lymphocytes, or CTLs, to destroy the affected cells. This skirmish teaches the immune system to recognize HIV, but it doesn't mobilize a large fighting force. To boost the response, the researchers administer a second shot that combines the HIV genes with a virus called MVA, which gets a bigger rise out of the immune system. The result should be a large standing army.

IAVI's other development partners include AlphaVax of Durham, N.C., Targeted Genetics of Seattle, Therion Biologics of Cambridge, Mass., and the University of Maryland's Institute for Human Virology. Each is pursuing a different route to cellular immunity, and all are collaborating with researchers in Africa or India. The technical hurdles are still high, as are the political ones. The companies, agencies and scientists Berkley has pulled into his tent are not all natural allies. They're competitors at heart, with a knack for dissension and backbiting. And Berkley himself is not everyone's idea of a hero. Treatment activists accuse him of paying too little heed to people who are already sick, and some health officials view him as a cowboy whose brash demands for fast action flout scientific tradition. Meanwhile, citizens' groups fearful about vaccine safety are warning that universal AIDS shots are just around the corner.

We should be so lucky. No one is close to having a vaccine ready for universal use, and no one is suggesting that we abandon care or treatment to speed the search for one. But as the AIDS pandemic expands, the need for a vaccine grows ever clearer. By pushing the cause so aggressively, Berkley has helped draw the right players back into the game. He claims not to care who wins if he can just quicken the pace. "We're creating an atmosphere where it may be easier for others to succeed," he says, extending his palms. "We're saying, 'Look, here's a huge moral challenge. The world needs to put something together. What can we do? What incentives will really work?' " If we're lucky and persistent, the third decade of this plague will bring answers. ■

BY GEOFFREY COWLEY

News Week

11 June 2001

Botswana's Hope

BY TOM MASLAND

A SIGN AT THE ENTRANCE OF a freshly painted bungalow near the center of Gaborone says MAKE A NEW START TODAY. And people are getting the message. Every morning there's a line at the door: a prick of the finger, a quick visit with a counselor and within an hour you're on your way again. Plenty leave grim-faced: more than a third of Botswana's adults test positive for HIV—the highest proportion in the world. But "people these days really want to find out," said Joyce Maruping, 23, who left the Voluntary Testing Center smiling one day last week. "I was terrified, but you just have to know."

Alone among governments in the African AIDS hot zone, Botswana has summoned the means and the political will to try to treat every AIDS sufferer who needs life-sustaining retroviral drugs. Three months ago President Festus Mogae surprised his own officials by promising that by the end of the year the government would provide the AIDS drug cocktail to Botswana's 300,000 infected people. As a result, little Botswana (population: 1.5 million) has become the leader in the battle to stem AIDS in Africa. "It's a test case," says Donald de Korte, a former CEO of Merck Industries in South Africa who leads a $100 million program, funded by Merck and the Bill and Melinda Gates Foundation, to launch the drug-treatment program. "If this works, it can be a model for other countries in Africa."

Staggering as the problem may be, Botswana already had an edge in fighting AIDS. It has prospered on revenues from diamonds and cattle and now has $7 billion in foreign reserves, the world's highest per capita. Democracy functions smoothly and relatively graft-free. The health-care system is the envy of the region; in the early 1990s, the average life expectancy rose to almost 70 years. Secure in power, Botswana's political class broke the traditional taboo against openly discussing sexual matters. Its pro-business leaders have worked with foreign multinationals. President Mogae has made AIDS his top priority; now drug prices have plummeted, bringing the cost of the nationwide program down to about $3 per person per day. That all stands in sharp contrast to South Africa, where President Thabo Mbeki this year questioned the link between HIV and AIDS, and there is no government drug program for most AIDS sufferers.

Botswana's diamond industry is helping lead the battle. After studies showed skyrocketing AIDS rates among miners, diamond-mining giant Debswana Diamond Co. two weeks ago began offering full AIDS treatment to its employees. A South African firm will monitor the treatment of AIDS patients via e-mail, partly to make sure people are taking their pills on schedule. Poor compliance can give rise to resistant HIV strains. "Drug resistance is a real fear," says Tsetsele Fantan, who directs the company's AIDS program. "Monitoring is very important."

The same fear has prompted a crash upgrade of the public-health system. Clinics housed in trailers are springing up in remote towns and villages; the U.S. government is

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bringing in an additional 260. With help from the U.S. Centers for Disease Control, Botswana has begun training doctors and nurses to manage the AIDS medicines and building labs to monitor AIDS patients' drug regimes. "The government gave us their blessing, and a mandate," says the Rev. Edward Baralemwa, a Ugandan who heads the Botswana Christian AIDS Intervention Network. "The country either will be saved or it will be swept away. We can save the country because it's so small. We can actually reach everyone."

For many AIDS sufferers, help won't come quickly enough. Most of the 60,000 people who are ready for triple-drug therapy don't yet know they're infected. The treatment program will take time to reach beyond the cities, where patients can be monitored. Even the nationwide testing network isn't fully in place: of 15 planned, only seven are operating. And everywhere in Botswana, AIDS is still a stigma. Dozens of people have killed themselves after learning they were infected. A network of 70 support groups for HIV-positive people still has few members. "People still want their AIDS status kept away from family and friends," said Fantan. "There is a lot of fear of rejection. That will take quite a while to break down." Botswana can't fully escape a catastrophe, but at least it is fighting back. ■

News Week
11 June 2001

The Other AIDS Crisis

BY IAN MACKINNON AND ADAM PIORE

AIDS IS NOT NEW TO INDIA. For many years the disease was confined mostly to drug users and prostitutes, which made it easier for the rest of the country to pretend it didn't exist. And with a raging tuberculosis epidemic and periodic outbreaks of the bubonic plague, there's been no shortage of health crises. But while nobody was looking, AIDS crept into the general population. Currently 0.7 percent of all adults are thought to carry the virus; health officials consider 1 percent an epidemic. Now India is at a crossroads. Even the most favorable prospect is downright chilling. Public-health officials are happy to contemplate a mere sixfold increase in infections by 2004—about 20 million adults. The alternative is even grimmer. If infections are allowed to climb beyond 5 percent of the adult population, scientists believe the chances of keeping the disease from greatly accelerating, at the cost of millions of lives, would be slim. India, in other words, is teetering on the brink of becoming another sub-Saharan Africa. "It's like a fire," says Dr. Salim Habayeb, the World Bank's lead public-health specialist for South Asia. "In the beginning, it's easy to control because you can go to the source. We are trying to put out the fire before it is too late."

But what if society keeps that source under wraps? India may be the land of the Kama Sutra, but sex is not a topic for polite conversation. Public-health officials have long despaired of this taboo because it makes the task of raising the public's awareness of sexually transmitted diseases all the more difficult. Some swimming-pool owners maintain separate hours for women and men. Marriages are often arranged. And sex education is virtually nonexistent. But in the big cities, in truck stops that dot the country and in towns where migrant laborers toil far away from their families, an underworld of illicit sex supports 2 million to 5 million prostitutes. Most Indians prefer to ignore it. So when the first AIDS case surfaced in Chennai (formerly Madras) in 1986, the government argued that AIDS was a Western disease that wouldn't affect their uniquely moral society.

It was a big mistake. Insidiously, the disease spread into high-risk populations—prostitutes, IV drug users, patients with sexually transmitted diseases. It spread from brothel to brothel, through the blood supply and shared needles. It spread from the cities to the country. Eventually it spread to innocent women like Manisha Talwar. Her in-laws banished her and her 2-year-old son to the streets after the death of her husband. She found out five months later that he had died of AIDS—and had passed it on to her and her son, Rajan (not their real names). The in-laws had hidden not only her husband's illness from her but also the results of her own blood test, which showed positive for HIV. "I felt as if a mountain had fallen on my shoulders," says the tiny, dark-eyed woman. "I cursed my husband. If he knew he had AIDS, he had no business ruining my life and his child's."

There were warnings of the epidemic to come. In the region of Manipur on the Burmese border, the number of HIV-positive drug users rose from 5 percent to 50 percent during a two-year period in the late 1980s. "Back then I barely knew anything about HIV," says Tuanz, a former addict from the region who is HIV-positive. "By the time we knew about AIDS it was too late for precautions." In Mumbai (Bombay), nearly 40 percent of the city's prostitutes were infected with the virus by 1991. In southern Tamil Nadu province in 1992, tests revealed that only one quarter of blood supplies were tested for the virus, and that 15 percent of local cases reported were caused by contaminated blood.

That year the government began accepting aid from abroad. The World Health Organization and the U.S. Centers for Disease Control helped design a program to combat the epidemic, and the World Bank contributed $85 million. The Indian government began lobbying each of the country's 32 states and territories to participate.

The efforts showed some modest gains. In the six years that followed, a national infrastructure of state-run cells sprang up to fight the disease out of virtually nothing. In provinces and territories around the country, local chapters of the newly established National AIDS Control Organization (NACO) set to work distributing kits to test donated blood. The popular practice of professional blood selling was banned and thousands of unregulated, privately run blood banks were shut down. Parliament passed legislation establishing standards for condom manufacturers. Thousands of public-health workers were trained to identify and spread the word on AIDS; 180 NGOs received AIDS instruction.

In some areas of the country today the problem seems almost on the verge of control. Awareness programs aimed at prostitutes in Calcutta's Sonagachi district in 1992

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caused condom use to soar from virtually nil to 70 percent in two years. HIV infection among prostitutes topped out at only 5 percent. (By contrast, 70 percent of Mumbai's prostitutes are now HIV-positive). Andhra Pradesh's Chief Minister Chandrababu Naidu has driven home the message by putting his imprimatur on a Chocolates and Condoms stand and giving every wedding couple a gift of condoms and AIDS prevention leaflets.

But India is a vast, heterogeneous country, and much of this success is local. In the countryside, where 80 percent of Indians live, many still have not heard of AIDS. Part of the reason is India's culture of denial. While big cities, stricken with the epidemic, worked furiously to stanch the spread, a third of India's provinces and territories chose to use only a tiny fraction—if any—of the money allocated by NACO. Another one third used scarcely more than 50 percent. Many people downplayed the significance of the disease and even accused the World Bank of exaggerating the threat to justify its projects. Others went so far as to challenge the existence of AIDS. Even today some public officials still argue that measles, TB or hunger are more pressing problems. Meanwhile, more and more people contract HIV. "I'm very worried and disillusioned," says Subhash Hira, a University of Texas professor and director of Mumbai-based AIDS Research and Control Centre. "State-level heads have no sense of urgency."

The problem will soon become impossible to ignore, and not just in the big cities. Among women seeking neonatal care (generally considered the best indicator of infection among the general population), the proportion who carry HIV in some regions is already 4 percent. "They're on the edge of a pretty big disaster," says Michael Sweat, a professor of international health at Johns Hopkins Medical School.

The World Bank and the Indian government have already increased their efforts substantially. In 1999 India began the second phase of its program, tripling the budget to more than $300 million. In the second phase, public-health officials will open hundreds of new clinics and will run TV and radio ads. The goal now is just to forestall the worst: to keep HIV from reaching 5 percent of India's adults. When sub-Saharan Africa reached this threshold, says the World Bank's Habayeb, the infection rate took off: the graph of new cases was "almost vertical." "When it exceeds 5 percent, you need not millions but billions," he says. "It's not that far to 20 percent. And the only way to stop it is to go on war footing."

It's hard to imagine how the epidemic will be stopped with anything less. The obstacles are legion: illiteracy, poverty and a ruling class that has shown little interest in this disease of the poor. Immunologists point to places like Botswana, where AIDS deaths have created a shortage of teachers, decimated the service sector and shut down local economies. "Imagine if one in five people you know suddenly died," said Ken Mayer, a professor of medicine and community at Brown University who has studied AIDS in India. In Karnataka, locals have erected a shrine to India's only AIDS goddess—"Aidsamma"—at a temple near Mysore. Let it not be India's only hope of staving off disaster. ■

News Week
11 June 2001

WE NEED MORE AID FOR AIDS

FOR THE FIRST TIME THE UN GENERAL Assembly begins a special session on June 25 devoted to a public health issue—AIDS. Estimates are that over 35 million people are currently infected with HIV, the virus that causes AIDS. Over 16 million people have already died, with more than three-fourths of the deaths in Africa alone.

For some years, smug in our moral superiority, we believed that India would be immune to the AIDS epidemic. But that has proved to be hopelessly wrong. Currently, according to official figures, 3.8-4 million Indians carry the HIV virus. If we go by the official figures, about 0.4 per cent of Indians have the virus. If the infection level crosses 1 per cent, we have an epidemic on our hands. In six states, the epidemic level has already been reached. These are Manipur, Nagaland, Maharashtra, Andhra Pradesh, Karnataka and Tamil Nadu. On account of their proximity to Thailand and Myanmar, Manipur and Nagaland are suffering because of rampant intravenous drug use. But what about the other four economically advanced states? It would be tempting to say that these are sexually more promiscuous states and that people in north India are more conservative and have greater fidelity to their sexual partners. There is actually no evidence to suggest this. The high-incidence states are more urbanised, have higher literacy and better reporting sys-

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tems, and have a more active network of NGOs. More crucially, migration both within and to and from these states is higher. This is what could well be driving the epidemic. Gujarat and Pondicherry may soon be joining the epidemic states.

If the experience of the past two-three years is any guide, the number of Indians infected with the HIV virus could increase to about 4.5-5 million in the next couple of years, stabilise and then start declining. This, of course, assumes that the current low rates of infection in north India are contained. Any increase here would trigger an epidemic of gigantic proportions. Many international experts and Indian NGOs doubt the official numbers. But only the Government has the mechanism to collect the data through 230 sentinel centres spread across the country. Those who claim that India's official numbers are fudged really do not have an independent source to base their claims on.

In 2001-2, India will be spending about $43 million on AIDS control, 85 per cent of which comes from foreign donors. This is more than what we spend on malaria, tuberculosis (TB) and other public health programmes. Judged internationally, India is certainly under-spending on AIDS. The only way our expenditure can go up is if more international funds come in. Private philanthropic foundations are one source waiting to be tapped. The $21 billion Gates Foundation is not only supporting anti-AIDS programmes but is also stepping up its support for anti-malaria and anti-TB research and projects. TB and the TB-AIDS nexus is of particular relevance to us.

The other issue we need to face relates to the anti-retroviral drugs that stop the replication of the virus. Right now, India does not support the treatment by these drugs in its AIDS-control programme on the grounds that it is prohibitively expensive (anywhere between $1-3 per person per day). Brazil, for example, probably spends around $300 million a year on its free anti-AIDS drugs programme alone. But just two weeks back, US multinational Pfizer announced that it would be offering an unlimited free supply of its drug Diflucan to combat fungal infections that strike AIDS patients in 50 of the world's poorest and most badly affected countries. Earlier in April, 39 pharmaceutical companies withdrew their case against a 1997 law of the South African government that allows it to obtain cheaper versions of expensive branded drugs like those that combat AIDS from sources other than those who hold the patent. Ironically, the man who has completely destabilised the world's pharmaceutical industry and single-handedly induced a change in the approach to the prices of and patents on anti-AIDS drugs is an Indian—Dr Yusuf Hamied, the London-based chairman of Cipla, India's third largest drug company. With the involvement of people like him and by participating in the New York-based Seth Barkley's International AIDS Vaccine Initiative (IAVI) that was launched in 1996, India can give its anti-AIDS programme a whole new dimension.

The anti-AIDS campaign has been taken up in great earnest in Tamil Nadu and Andhra Pradesh. Sonagachi, Kolkata's red-light district, has controlled HIV infection rates. The national blood safety programme has also been quite successful. In the past, whether it was smallpox or polio, India has shown it can achieve remarkable results. The world thinks that India is waiting to go Africa's way. We can and must prove these fears wrong, sooner rather than later.

The author is with the Congress party. These are his personal views.

kautilya

jairam ramesh

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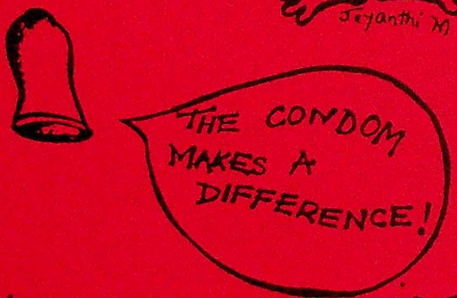

AIDS: MEN MAKE A DIFFERENCE

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