

RECENT **NEWS** STORIES ON HIV/AIDS

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THERE is a constant flow of news regarding HIV/AIDS in the media and on specialist websites. Statistics, controversies, positive stories, worrying developments, heart-rending reports—thus far, the last year has seen all of them. Here's a brief recapitulation of the more important ones.

SON DIED OF AIDS-RELATED DISEASE: MANDELA

Former president Nelson Mandela of South Africa announced that his eldest son had died of an AIDS-related disease, making a highly unusual disclosure. Mandela's son, Makgatho, was 54 and died in January 2005. Mandela said that he was speaking out to try to reduce the stigma that has limited public discussion and efforts against the syndrome.

"For some time I have been say-

ing, let us give publicity to AIDS and not hide it," Mandela said. "It is the only way to make it appear like a normal illness. To come out and say someone has died of HIV, then people will stop regarding it as an illness reserved for people who go to hell and not heaven."

ROW OVER INDIA'S HIV FIGURES

Richard Feachem, executive director of the Global Fund To Fight AIDS, Tuberculosis and Malaria, said in April 2005 that the HIV/AIDS epidemic is out of control in India, and "there is nothing happening in India today that is big or serious enough to prevent it". Feachem estimated that India now has more HIV+ people than even South Africa, which has the largest number of HIV+ people in the world.



Nelson Mandela



However, the Indian Government dismissed Feachem's claim as "non-sense". National AIDS Control Organization director-general S Y Quraishi said, "We are aware of the gravity of the situation and we have programmes to deal with it. Our (AIDS) surveillance systems are certified by the World Health Organization, UN agency UNAIDS and the Indian Council of Medical Research (ICMR). We stand by our figure of 5.1 million (infections)."

FREE ART, BUT NOT FREELY AVAILABLE

In April 2004, the Government of India began distributing free anti-retroviral drugs, first in eight anti-retroviral

therapy (ART) units in government medical colleges. The number of ART centres was expanded to 25 (in 13 states), and by July 2005, the health ministry said more than 10,000 PLWHA were getting free drugs. Another 9,000 PLWHA were getting free ART from other government centres such as defence facilities or the Railways.

The Government says it will provide free ART to 1,00,000 persons by 2007. It says 100 free ART centres will be functional by the end of 2005.

However, the project ran into trouble quite early with the number of patients turning up for the treatment proving to be much higher than anticipated. Numerous complaints of shortfall of drugs were voiced. Estimates of the number of patients had to be revised in several centres.

ARMED FORCES HIT BY HIV/AIDS

HIV in the armed forces came into the public eye in April 2005 when Lt Gen. Bhopinder Singh, director-general of Assam Rifles, said more soldiers were killed by HIV/AIDS than bullets in India's insurgency-hit North East. Singh said HIV infections among Indian troops were assuming "serious dimensions".

Most of the HIV+ cases in the armed forces have been reported from Mumbai, Chennai, and the North East.

India later signed a pact with the United Nations to combat HIV infections among about 1.3 million personnel in the Indian Army and 535,000 paramilitary soldiers.

POOR FUND UTILIZATION BY NACO

India's Comptroller and Auditor General (CAG) took the National AIDS Control Organization (NACO) to task for



Soldiers of the Indian Army

poor utilization of funds meant for containing the HIV epidemic.

In a report presented to Parliament in July 2005, the CAG revealed that NACO was able to utilize only 46% of the more than \$300 million made available to it for the second phase of the National AIDS Control Programme (NACP-II), which is scheduled to end in October 2005.

The story of how 46% of the available funds was actually utilized is grimmer with the CAG unearthing serious deficiencies, including misuse of funds in key targeted interventions such as promotion of condoms, improving clinics treating sexually transmitted diseases (STDs), behavioural change communication, and baseline studies.

15-YEAR WAIT FOR VACCINE

The world will have to wait for another 15 years for an AIDS vaccine, top scientists said in March 2005, at the end of a global meeting on diseases control and research in Nairobi.

The manufacture of vaccines for tropical diseases such as tuberculosis and malaria would also take between five and 15 years, scientists attending the meeting were quoted as saying. They attributed the long wait to complex scientific studies linked to the diseases and lack of funding, said the report.

INDIA LAUNCHES HUMAN TRIAL OF HIV/AIDS VACCINE

India launched its first human clinical trials of a vaccine to prevent HIV/AIDS in February 2005.

The "investigational" vaccine was being tested on 30 volunteers in a first phase of the trial, health minister Anbumani Ramadoss said. The trial is

being conducted at the National AIDS Research Institute, Pune.

Trials for a second AIDS vaccine will begin at the Tuberculosis Research Centre (TRC) in Chennai by the end of the year.

More than 20 potential AIDS vaccines have been developed worldwide, but the only one to reach large-scale testing failed in clinical trials in 2003 in North America and Thailand.

'INDIANS VULNERABLE TO HIV/AIDS'

A study in April 2005 suggested that Indians infected with HIV are more likely to contract AIDS than people in the West. Scientists at India's premier medical school, the All India Institute of Medical Sciences (AIIMS), carried out the study on 200 HIV+ people and 2,000 healthy people over two years.

The scientists said that Indians have lower immunity to the virus because they have genes that hasten the progress of the infection. Protective genes are low among Indians, while the harmful genes linked to rapid progression from HIV infection to AIDS are more common, according to the study.

INDIANS HAVE DIFFERENT AVERAGE CD4 CELL COUNT

Different studies in 2005 said that Indians have lower CD4 cell counts than people in the West. Separate studies on South Indians and North Indians were quoted to show that Indians have an average CD4 cell count of about 800 cells/mm³ as opposed to just over 1,000 for North Americans. The average count for Chinese persons was stated to be 785 cells/mm³. CD4 cells are important elements of the immune system and the fall in their numbers is an important indicator of the onset of AIDS.

Look, it's just from a rubber tree like a tennis ball. If you're embarrassed by a condom, you must be more embarrassed by a tennis ball. There's more rubber in it. We gave them out all over, and said, "Look, the condom is clean if your mind is not dirty, so please take one."

— SENATOR MECHAI VIRAVAIIDYA, 'Condom King' and founder and chairman of the Population and Community Development Association, Thailand



Some scientists suggested it would be appropriate to redefine the US Centers for Disease Control and Prevention (CDC) categories of HIV disease severity for different ethnic groups. For instance, CDC uses a CD4 count of 200 to define the onset of AIDS (when AIDS-defining conditions would be expected to develop), but some scientists said the corresponding level for Indians should be 120.

15% PLWHA RESISTANT TO DRUGS

Tests conducted on a small random group of HIV+ people in Chennai in March 2005 revealed that nearly 15% of them were already resistant to drugs.

A sample size of 50 persons was chosen in Chennai by Dr P Balakrishnan to conduct the study on drug resistance.

PATENT BILL THREATENS ARV PRICES

In March 2005, India's Parliament passed a bill that would change the country's patent laws to prohibit the domestic production of low-cost, generic versions of patented medicines, including anti-retroviral drugs (ARVs). India's generic drug industry has made less-expensive medications available in India and abroad for more than 30 years. Since 1970, India has granted "process patents" rather than the usual "product patents" that all Western



Stack of condoms in a supermarket

Vandarkala.i.ph

countries grant. This allowed drug companies in India to produce generic versions of medications patented in other countries as long as they used a different manufacturing process.

UGANDA APPEALS FOR INDIAN ARVS

Uganda, which has thousands of HIV/AIDS-affected people, appealed to the international community to intervene after India brought in legislation that Kampala fears will prevent access to low-cost HIV drugs.

Over 80% of the anti-retroviral drugs (ARVs) consumed by Ugandans were manufactured by Indian companies, Uganda's health services director Francis Omaswa said.

About 45,000 HIV-infected Ugandans were currently on ARVs with the number projected to reach 60,000 by the end of the year, Omaswa said. Though some other countries also produced ARVs, a shortfall from India would cause an immediate drug shortage, he added.

ZAMBIA ANNOUNCES FREE ARV DRUGS

Zambia has procured enough anti-retroviral drugs (ARVs) to be given free to 1,00,000 people living with HIV/AIDS by December 2005, local media reported in August 2005.

Ministry of Health spokesperson Victor Mukonka was quoted as saying that the ministry has directed all health institutions in Zambia to put persons living with HIV/AIDS on free ARVs.

BRAZIL SNUBS USA ON MORALITY

In May 2005, Brazil became the first country to reject AIDS funding from USA, citing its unwillingness to

play by Washington's ideological rules.

Brazil rejected \$40 million in US funds for fighting AIDS because of demands that it condemn prostitution. The move is seen by some observers as a rejection of Washington's head-in-the-sand linkage of morality and foreign aid.

Acting in accordance with a 2003 federal law, the US Congress had demanded that Brazil publicly condemn prostitution before accepting the funds from the US Agency for International Development, or USAID. Prostitution is a legal industry in Brazil and a key civic player in fighting the spread of HIV/AIDS.

PROSECUTIONS FOR HIV TRANSMISSION ON THE RISE IN EUROPE

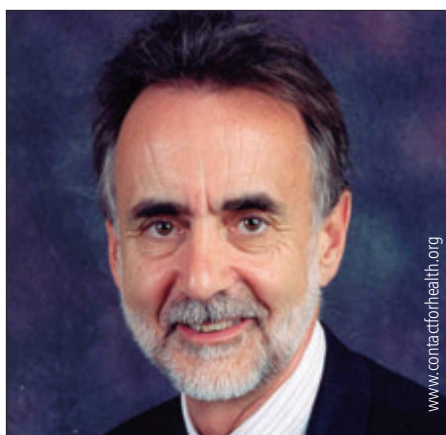
A report prepared by The Global Network of People Living with HIV/AIDS Europe (GNP+ Europe) and the Terrence Higgins Trust (THT) showed that the actual or potential transmission of HIV can constitute a criminal offence in 36 of the 45 European countries surveyed.

At least one person has been prosecuted in 21 of these countries, and there have been at least 130 convictions all over Europe. Notably, Austria, Sweden, and Switzerland are responsible for more than 60% of the total convictions and have each prosecuted more than 30 people. At the other end of the scale, either HIV exposure or transmission does not appear to be criminal offences in Albania, Bulgaria, Luxembourg, Slovenia, and the Republic of Macedonia.

CIRCUMCISION STUDY ANGERS VHP

A study published in January 2005 reported that uncircumcised men have more than twice the risk of acquiring HIV than do circumcised





Richard Feachem

men. Richard Feachem, executive director of the Global Fund To Fight AIDS, Tuberculosis and Malaria, said in April that he expected the epidemic to grow faster among India's majority Hindu population than among Muslims because of the custom of male circumcision in the latter community, causing outrage in the Vishwa Hindu Parishad (VHP).

"This is obnoxious. Has there been any study done on the spread of HIV/AIDS within the different religious communities in India? Anyway, we are not going to tolerate such remarks made against Hindus," said the furious VHP leader, B P Singhal.

NACO PROMOTES CONDOMS

Ending a phase of fighting shy of promoting condoms because of cultural sensitivities, the National AIDS Control Organization (NACO) launched a condom called Dipper for the nation's trucking community. The name was inspired by the request for dimmed headlights painted on the back of every truck in the country, "Use Dipper at Night", which NACO's director-general, S Y Quraishi, hopes will provide plenty of free advertising. Quraishi was appointed to NACO in September 2004.

A series of advertisements promoting condom use were also seen on television in 2005.

HIV 'SUPER STRAIN'

A "super strain" of HIV was claimed to have infected a New York man in February 2005. The 46-year-old patient acknowledged he had had anonymous unprotected sex with hundreds of men, often while using crystal meth, a recreational drug.

The alarming feature of this particular case of infection was the rapid progression of AIDS in the patient—much faster than in other HIV+ people—and the fact that the virus exhibited mutations that were resistant to 19 of the 20 drugs commonly used to treat HIV. Even more unusual was the swarm of virus infecting the patient.

However, other researchers have found no evidence to support the existence of the "superbug". They see the case as rare and worthy of investigation, but not cause for a public warning. They believe the rapid progression was more likely the result of factors unique to the patient's genetics and health, not the virus.

MANDATORY DISCLOSURE OF HIV STATUS

Singapore, facing a rise in AIDS cases, made it mandatory in July 2005 for spouses of HIV+ people to be



Promoting condoms in Uganda

informed of their partner's illness.

The Health Ministry said patient confidentiality had to be balanced against the duty to protect spouses from being infected.

The ministry has also considered introducing a series of legislative measures to halt the spread of the disease, including making it compulsory for pregnant women to be screened for HIV/AIDS, having HIV testing for couples about to marry and criminalizing the act of spreading the HIV virus—with or without intent.

USING MATRIMONIALS FOR HIV/AIDS AWARENESS

Some matrimonial advertisements have started carrying information on the HIV/AIDS status of prospective partners. This is a welcome development for raising awareness about voluntary pre-marital testing for HIV.

CONSULTATIONS BEGIN FOR NACP-III

Preparations for the World Bank-supported National AIDS Control Programme Phase-III (NACP-III) began in July 2005 with consultations on its design and policy dialogues with activists. NACP-III will begin in April 2006.

LIFE INSURANCE FOR DUTCH PLWHA

Several insurance companies in the Netherlands agreed in March 2005 to start offering life-insurance policies to PLWHA under certain conditions—they should have responded positively to medical treatment, have had no further medical complications, and never have used drugs intravenously. The policies will benefit 2,500 of the estimated 20,000 HIV+ people living in the Netherlands, the Dutch

Association of Insurers said.

The Association said it had conducted a formal study and decided that the risk was comparable to that associated with people suffering from diabetes or heart problems.

Both Britain and France offer life-insurance products to PLWHA, but the premiums are very high. In the Netherlands, however, the premiums are expected to be more affordable. In USA, people living with HIV/AIDS cannot be denied group life-insurance policies through employers or associations, but they are routinely denied individual policies.

AIDS IN THE MOVIES

Bollywood, the world's most prolific film industry, finally seemed to have woken up to AIDS.



A poster of the Hindi film, *My Brother Nikhil*

First came *Phir Milenge* in 2004, featuring Shilpa Shetty and Salman Khan as PLWHA. It was followed by *My Brother Nikhil*, in which Sanjay Suri played an HIV+ person. Both films highlighted the stigma and discrimination faced by PLWHA. ●

