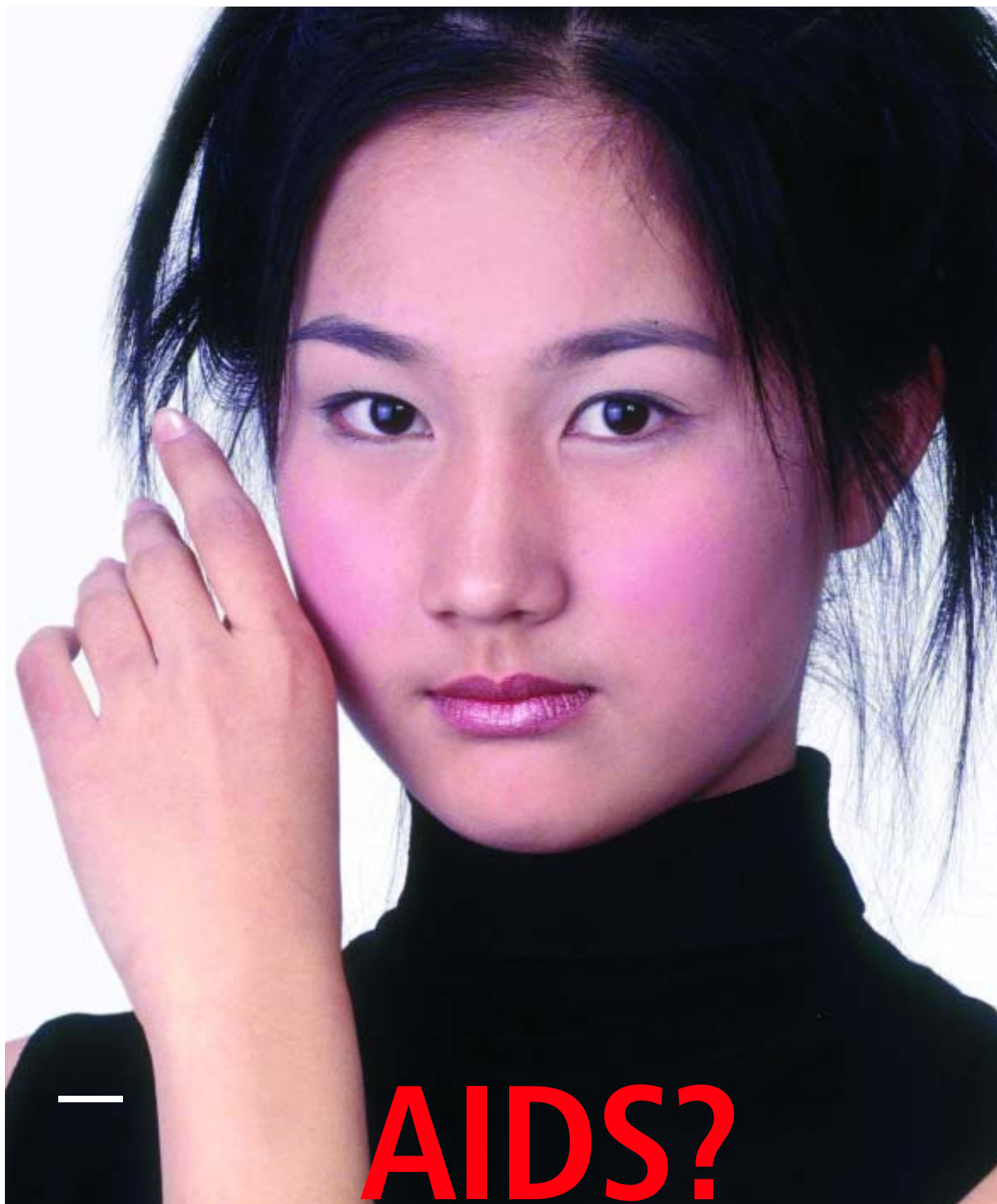


# AIDS BUZZ

New Delhi September 2005

ASIA-PACIFIC SPECIAL EDITION



## AIDS?

# What's That?

Hi-tech Japan is amazingly flippant about AIDS

By SADHNA MOHAN in Kobe, Japan

“Eats?” the slick Japanese woman sitting next to me responded to the word “AIDS” as we sped towards Tokyo in the awesome Shinkansen bullet train. The language and accent barrier (very few Japanese know English) undoubtedly contributed to the confusion. Even so, AIDS is almost an alien word in Japan’s fast-moving industrial society. And this market researcher visiting Tokyo on work from Kyoto was no exception.

The word “ICAAP” too didn’t ring a bell for an English-knowing engineer going to work on a Monday morning after a trip abroad. “Ah! The international AIDS conference...I didn’t know about it because I was abroad,” he explained.



The print media in the country stood aloof, giving occasional, patchy coverage to the 7th International Conference on AIDS in Asia and the Pacific (ICAAP). The inaugural day found more space in publicity pieces than in the single news report in *The Japan Times*, a leading news daily, the next day. The Emperor, Prime Minister and Health Minister of Japan also stayed away from the conference.

Detecting unconcern is one thing. Finding more about it, is another, especially when most people don’t speak English and communication hardly ever goes beyond smiles, giggles, and trying-to-understand nods.

And so, Shun Chonabayashi, an economics undergraduate at Soka University, Tokyo, spotted among hundreds leaving Portopia Hotel in Kobe after ICAAP’s clos-

## Kobe Diary

What to see in Kobe



### Living in Kobe

A feeling of being in-communicado overtakes you in Kobe. The TV in your hotel room doesn’t show up a single English channel. The newspaper isn’t slipped under the room door, and the front desk staff says “sorry” with a vigorous head thrust to your request for having an English newspaper in the reception area. The mobile phone becomes a useless gizmo because Japanese mobile phones operate on a different band.

The silver lining is people’s willingness to go that extra mile to help. Not one, at least six Japanese people literally walked us right up to the railway track, shop, or taxi stand we wanted to reach when we failed to grasp their directions. “Mogambo khush hua” (we were very impressed!).

### Pay Up Or Don’t Call

Local phone calls were forbidden at the ICAAP Media Centre. This was a bit of a shock and contrary to common practice at ICAAPs. It was a major impediment in the way of fixing appointments with people.

To top this, printer and photocopier use had to be paid for! Journalists were visibly upset about this.

### Earthquake Etiquette

What should you do if an earthquake occurs? Detailed steps on how to behave in such a situation are listed in Kobe’s hotel information booklets kept in hotel rooms. Alongside routine information on restaurant hours, phone numbers, laundry, etc you find a detailed section on how to make an escape. The escape route is finely explained and a number of sprinklers are installed in hotel rooms.

This is because Kobe is earthquake prone. On January 17, 1995, an earthquake with an intensity of 7.2 hit Kobe, taking thousands of lives in a few seconds. The city recovered quickly but is keeping alive memories of the earthquake. Images of the earthquake are on the net and a section of the damaged waterfront is being preserved as it was immediately after the disaster. A Port of Kobe Earthquake Memorial Park has been built here.

### Nada Sake

Kobe is blessed with mineral rich ‘Miyamizu’ water, Yamada Nishiki’ rice and cold wind blowing down from Mount Rokko. These factors make it possible for Nada sake breweries to produce 30 per cent of the nation’s sake. Nada is Japan’s number one sake producing district. Sake lovers enjoy visiting breweries to taste their distinctive flavours.

continued on page 2



A night view of Kobe

# AIDS? What's That?

continued from page 1

ing ceremony, came through like a ray of sun during a brief interaction. "Young people in Japan are not worried about HIV," asserted this third year student living in Yokohama, a short distance from Tokyo, and working with United Nations Students Association of Japan Research Project (UNSAJ-RP).

Students living around Tokyo have organized UNSAJ-RP. The body attends international conferences, seeks to learn about the topic at hand, and disseminates the information gathered to others through newsletters and meetings.

"Concern about AIDS is not good (adequate) among people of all age groups," said a candid Shun. There is misunderstanding about how one can get HIV and "I think the youth need to know lot more about HIV," he added.

Was there a media campaign on AIDS that stood out in memory? "Not really," replied Shun. And, pretty much like in India and other Asian countries, according to him, there is a reluctance to talk about sex within homes and at school.

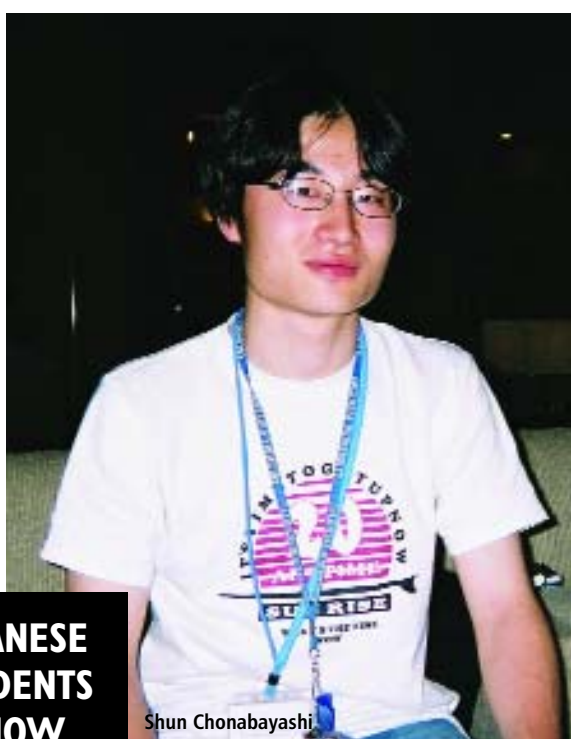
"In my school (in Tokyo), I wasn't educated about AIDS very much," said Shun. "Schools do have a programme on sexual education, but in high school (at age 16-17) we learned about AIDS only during one period in a year," he explained. "I learned about sex in fifth and sixth grade. The teacher was shy. She told us about male and female body systems and showed us models, but she didn't talk about real situations. Information on how HIV spreads was not given. I didn't learn about preventive steps. She didn't bring condoms to the class, which I think is a must," said Shun.

Things have worsened since Shun's school days. Japan's Liberal Democratic Party Government has launched a nationwide campaign to tone down sex education, a topic some conservatives consider 'too radical and explicit.'

Dr Condom – that's how Shinya Iwamuro, a urologist and public health expert who annually gives 100 lectures in schools all over the country, is known – has been asked to alter the content of his course on safe sex. A junior high school in Kanagawa Prefecture asked

him to refrain from showing how to affix condoms to inanimate objects during his course in the week that ICAAP was held.

"How am I supposed to



Shun Chonabayashi

**JAPANESE STUDENTS KNOW ABOUT SEX BUT NOT ABOUT STIs**

have the students understand? Properly being able to apply a condom is the most important part of learning to protect oneself," Iwamuro told a section of the press at ICAAP.

Significantly, a study of 7,089 junior high school students in a city in Western Japan, undertaken in 2003 by Kyoto University School of Public Health, has revealed a huge gap between students' knowledge about sex and necessary knowledge about sexually transmitted infections (STIs) as well as condoms. The gap was the maximum among first grade junior high school students – 82.9 per cent of the girls students knew the meaning of sex but only 9.1 per cent knew about STIs and 45.6 per cent knew about condoms, among the boys 72.4 per cent knew about sex, 10.3 per cent about STIs and 20.9 per cent about condoms.

Over 12,000 people are living with HIV in Japan, up by 21 per cent from the previous year, according to UNAIDS. Until the mid-1990s the epidemic was characterized by infection through contaminated blood products. Today, more than 80 per cent of new infections are through sexual intercourse, three quarters of which are among men who have sex with men. Not more than 10 people in the whole country have come out in the open with their HIV-positive status, Mr Minoru NF Tatebayashi, an office bearer of Japanese Network of People Living with HIV/AIDS, said.

There is a need to clear the air on HIV. Recognizing this, corporates such as The Body Shop and MTV are chipping in. Japanese aren't comfortable speaking out on personal issues, let alone HIV, said MTV's CEO in Japan. 'Think Loud', an MTV campaign encourages them to do so. The web site of Think Loud runs an HIV quiz for children, the site links to mobile phones and has 2,000 registered users. Access to the site went up by 40 per cent in 2004 over the previous year – yet there is a long way to go until people at large begin thinking loud and clear. ●



## Kobe Diary



### Lost on the Fast Track

No matter how many times you went to the conference, each time you got lost on the way! With several railway lines (services run by different companies) running through each railway station, the station resembled a mega maze with multiple entry and exit points. No one could explain it because most people couldn't speak English. To add to the confusion, more than one railway line served certain routes.

Group travel was the best policy but that too had its limitations. One night, tired and bogged down with the weight of conference papers and having walked several kms through conference halls, Indian delegates living at Chisun Hotel got together for the return journey. At our final halt, Kobe Kosoku station, there was lack of unanimity on whether we'd actually reached it. The train stopped briefly. Half the group got down while the other half found the train doors had closed and it was speeding like a wild dragon. The train had switched to a 'super-rapid' mode and there was no stopping it for another 20 minutes.

Finally, it stopped, and after several consultations we found ourselves positioned on the correct platform for going back to Kobe Kosoku. Suddenly, we noticed another Indian group on the platform across.

Had this group also lost its way, we asked. Guess what – they were in the same boat (or track)!!!

### Hi-Tech Electric Sockets

A woman journalist was seen lugging around a camcorder that needed to be charged. She was requesting hotel staff and ICAAP volunteers for an adaptor plug. Electric sockets in Japan are unable to fit Indian plugs. Their plugs have thin, flat pins while ours are rounded and thicker.



Delegates from New Zealand and other countries also faced this problem. Some ended up buying adaptor plugs costing 6,000 yen, roughly Rs 2,500.

### Bullet Train and Pretty Girls in Pink

Pretty girls in pink, two abreast, bow low and chant out a greeting as you get down from the Shinkansen at Tokyo. You end your ride with a royal feel. The girls appear happy being a part of this world-class venture.

'Ambitious Japan' - the logo on the bullet train - proudly sums up the spirit of the country and this hi-tech 'bullet' that runs at a speed of 200 km an hour. The scenery flies by but the ride is super-quiet and-smooth. In terms of leg space, comfort and cleanliness, the Shinkansen is far superior to an airplane.

The pretty girls mean tough business. Before the train returns back to Kobe, they move in, fully equipped with brooms, dusters and detergents. With a gentle push, they swing around each seat so that it faces the direction in which the train is going to travel and mop and dust with immense zeal.



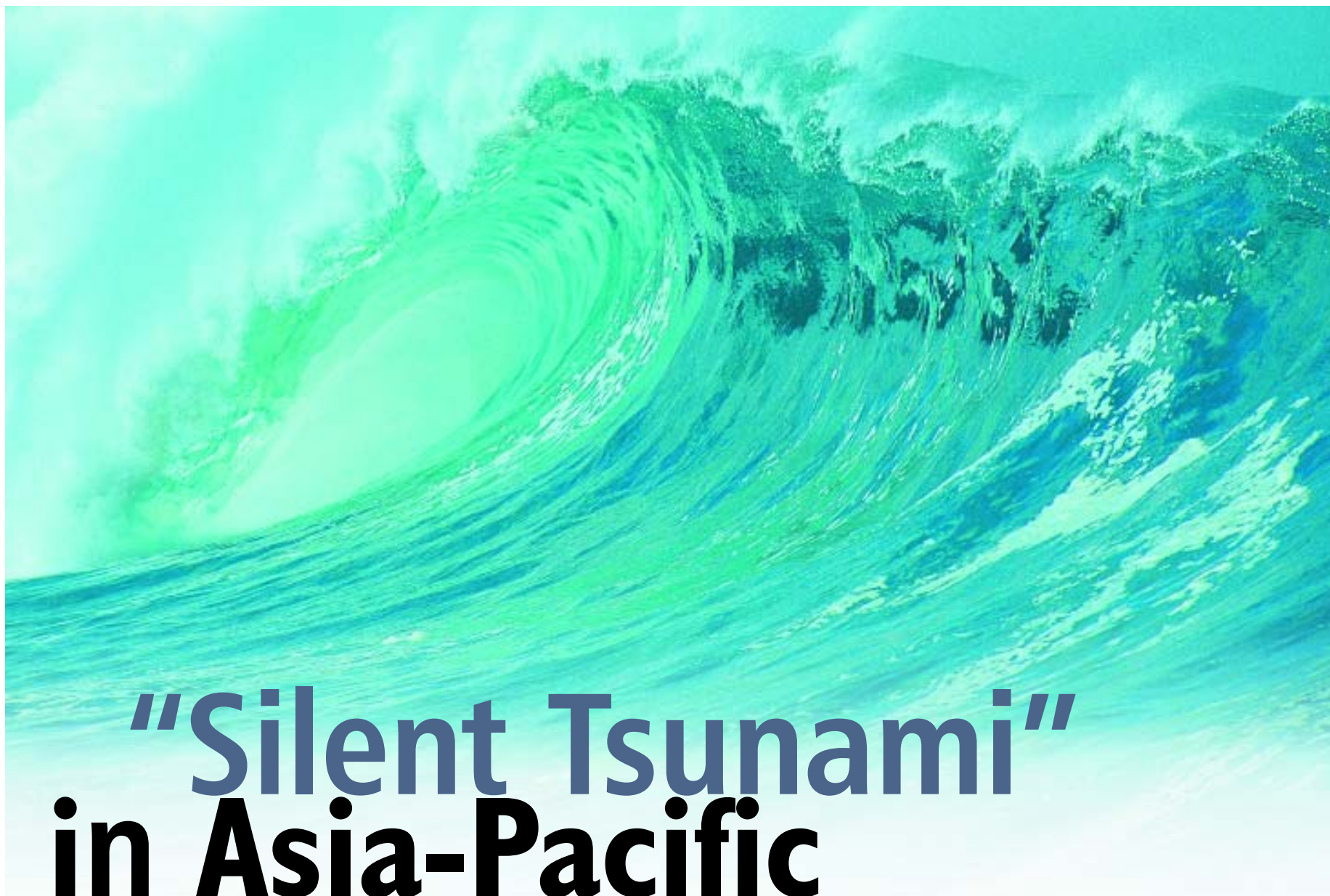


Photo: The Studio

# "Silent Tsunami" in Asia-Pacific

## Only 19 per cent of sex workers in South and South-East Asia are covered by targeted interventions

By SADHNA MOHAN in Kobe

Asia-Pacific faces a "silent tsunami" as HIV/AIDS rates surge and risks having 12 million new HIV infections in the next five years if countries do not pull up their socks, the 7th International Conference on AIDS in Asia and the Pacific (ICAAP) in Kobe was told.

"The virus doesn't kill hundreds of thousands at a thunderous stroke, and it doesn't provide vivid television pictures," JVR Prasada Rao, Director, UNAIDS Regional Support Team for Asia-Pacific, elaborated. "Rather, it is a silent tsunami."

In 2004, the region posted the world's second-highest infection rates after sub-Saharan Africa, showing 1.2 million new infections. In all, 8.2 million people are estimated to be living with HIV here, he added.

Kobe, an international port city in central Japan and a fascinating mix of natural beauty and hi-tech development, hosted 3,000 delegates from 60 countries from July 1-5. The incessant rain did nothing to dampen the spirit of these busybodies moving from one venue to another to grapple with the conference theme – 'Bridging Science and Community.'

The message from the UNAIDS report "A scaled response to AIDS in Asia and the Pacific", released on the occasion, rang loud and clear: "We are at the crossroads. If business as usual continues there will be an explosion of new cases. But if we work hard and right over the next two or three years, millions of lives will be saved."

According to a 2003 survey cited by the report, targeted prevention programmes in South and South-East Asia reached only 19 per cent of sex workers, 5 per cent of injecting drug users, and 2 per cent of men who have sex with men. And only 14 per cent of people needing anti-retroviral treatment were covered in East, South and South-East Asia. This is a failure across the region to meet the key goals agreed to by all governments at the UN General Assembly Special Session in 2001, Dr Peter Piot, UNAIDS Executive Director, said while opening ICAAP.

### Regional status: A bird's eye view

Of the 55 countries in Asia and the Pacific, four currently have HIV prevalence greater than 1 per cent among adults. Cambodia has the highest prevalence with an estimated 1.9 per cent of the adult population living with HIV in 2003. Papua New Guinea reports an adult HIV prevalence rate of 1.7 per cent. The other two countries are Myanmar, where the epidemic is still spreading, and Thailand, where the number of new infections has steadily declined for more than a decade.

East Asia is the new hot spot as it faces the fastest growing epidemic in the world. The countries reporting maximum increases in HIV are China, Indonesia and Vietnam.

Women report a new high in infections and in Cambodia surpass the number of men infected with the virus.

### Drug use: Primary driver

Drug injection, the UNAIDS report goes on to add, is the strongest driver of HIV infection in many parts of Asia. The steepest recent rise in numbers of HIV infection is seen in injecting drug users (IDUs). Parts of China, Indonesia, Vietnam, Myanmar, Malaysia, Pakistan and India have seen HIV infection rates take off among drug injectors in recent years.

In Chennai, 26 per cent of drug injectors were already infected with HIV when a sentinel site was established there in 2000 and by 2003, 64 per cent were infected.

One in two injecting users in Indonesia's capital Jakarta now test positive for HIV while in far-flung cities like Pontianak more than 70 per cent of drug users who request HIV tests are discovering that they are HIV-positive.

Thailand, despite success in targeting sex workers and their clients in the 1990s, has not managed to reduce HIV rates among IDUs. HIV prevalence among them remains around 50 per cent.

By virtue of being a major producer of the world's illegal heroin crop and because of entrenched poverty in many places, Asia is home to the largest number of injecting drug users in the world. There are 3.3 million IDUs living in Asia and HIV prevalence among them is estimated to be more than 20 per cent in several countries while



### Net On The Banned Wagon

The Malaysian Government has ordered Internet cafes and schools to install anti-porn filters and blocked government computers from accessing porn in addition to instituting a 24-hour vigil on their unauthorized use by civil servants. Internet service providers have been asked to provide all their customers with low-cost software to bar access to porn.

The move could block legitimate searches for information on safe sex and condom use, a media watchdog, Centre for Independent Journalism, said. The Internet was an important resource in a society like Malaysia's, where it is difficult to get information, it added.

Up to 27 per cent of web sites with the word 'condom' and nearly 10 per cent of health sites searched for 'safe sex' were blocked using the least restrictive filters, a study by Kaiser Family Foundation shows.

AFP, Kuala Lumpur

continued on page 4



This issue of AIDS BUZZ goes beyond national boundaries to bring you news from Asia-Pacific. Glimpses of what's going on in the region were offered at the recently concluded 7th International Conference on AIDS in Asia and the Pacific (ICAAP) in Kobe, Japan – a live hub of information exchange through plenary sessions, press conferences, posters, oral presentations, personal interactions and cultural events.

People working in the AIDS field are probably getting tired, but the virus is not letting up. What better way to recharge and refocus than meeting up with forerunners in the battle in a charming, away-from-home locale?

The ancient port city of Kobe, famous for its '10-million dollar night view' (nobody knows why it is 10-million and no less or more but the view of its long and beautiful coastline is truly breathtaking) and its unique oriental culture, thus provided an ideal backdrop for this conference, attended by policymakers, NGOs, HIV-positive people, MSM and lesbian activists and the media.

The overall picture is grim. Asia-Pacific has 8.2 million people living with HIV and risks having 12 million new infections in the next five years if prevention programmes do not scale up. East Asia faces the fastest growing epidemic in the world and the steepest recent rises in HIV infection in Asia-Pacific are seen in injecting drug users (IDUs).

Underpinning the importance of focusing on 'vulnerable populations' is evidence that people in Asia very often engage in more than one high-risk behaviour.

Statistics apart, offbeat ground-level responses to AIDS, such as a Malaysian state opting for compulsory premarital HIV testing, came to notice. Not too long ago, some Indian states also considered this option and Indian newspapers recently reported instances of families in Namakkal district of Tamil Nadu demanding HIV-negative certificates from prospective marital partners.

Japan announced a cash injection of US \$500 million to the Global Fund for AIDS, TB and Malaria in addition to the US \$ 327 million it has donated till date. While this was more than welcome, experts point out that despite this pledge, the Fund is likely to run a large deficit unless other countries also increase their financial commitments.

Read on to catch up with other major developments in the region!

*Sadhna Mohan*

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## "Silent Tsunami" in Asia-Pacific

continued from page 3

some sites report figures between 50 and 90 per cent.

Many countries do not have a specific policy that addresses injecting drug use and HIV. Even when a policy exists, it is not implemented. Only seven countries in the region have an IDU policy, but just three of them have an operational budget to implement it. Overall resource needs for AIDS-related drug treatment are estimated at roughly 10 per cent of the US\$5 billion needed to fight AIDS in the region but only \$20 million is currently available.

There have been some surprises, for example the Malaysian Prime Minister personally announced a comprehensive harm reduction policy. This is a big leap forward for a conservative Islamic state.

### Knowledge-behaviour disconnect

Knowledge gaps about the risk involved in injecting are rare, but the knowledge does not translate into action, says the Monitoring the AIDS Pandemic (MAP) Report 2005. Among over 1,800 IDUs interviewed in the Chinese province of Sichuan, nearly 9 in 10 believed they could prevent HIV by not sharing needles. Close to 100 per cent of injectors studied in India, Indonesia, Kazakhstan, Malaysia and Nepal knew sharing equipment could spread HIV. At the same time, in Tamil Nadu, 55 per cent of those sharing needles said they felt at no risk of acquiring HIV. Clearly, there is a mismatch between perception and actual behaviour. ●

**THE STEEPEST RECENT RISES IN NUMBERS OF HIV INFECTION ARE SEEN IN INJECTING DRUG USERS (IDUs)**



## India Evening in Kobe

### Government Can't Practise Safe Sex!

By SADHNA MOHAN in Kobe

You have to practise safe sex, the Government won't do it for you," Dr SY Quraishi, NACO chief, laughed, talking to over 400 Indian and foreign delegates at an informal 'India Evening in Kobe' meet in Portopia Hotel on July 3.

There was spontaneous laughter all around. And he tickled the audience's funny bone when he spoke of aggressively promoting condoms. "Saying we don't need this (aggressive condom promotion) is an insult to Indians. We are as sexually healthy and active as the rest of the world."

"Yes, abstain before marriage is the message for young people. If they fail to do so, what should they do? Condom is the answer..." he added.

On a more serious note came the recommendation to treat the HIV epidemic as a national emergency and a mission in India where the number of high-prevalence districts has shot up to 115 from 49 within a year. The need for scaling up targeted interventions was reiterated with the rider "it is not sufficient to cover 20-30 per cent of sex workers."

Mrs Panabaka Lakshmi, union minister of state for health and family welfare, who inaugurated the evening, said the Government would apportion 3 per cent of GDP to health over the next five years as per its commitment in the national common minimum programme.

The need to focus on vulnerable groups and BIMARU states was stressed by JVR Prasada Rao, Director, UNAIDS Regional Support Team for Asia-

Pacific. State AIDS control societies put up in these states since 1999 were not working and these states lagged behind in eradicating diseases like polio and leprosy too, he said.

With four health ministers from the states of Delhi, Maharashtra, Tamil Nadu and Rajasthan, members of Parliament and state government health secretaries attending, the galaxy of Indian VIPs shone bright.

Sumptuous warm food, cooked for the Indian palate, was equally serious business that evening. After days of eating cold takeaways or warm Japanese food, it was time to bite into succulent corn and potato rolls, spring rolls, baked vegetables in cheese done to perfection, fish, chicken, pasta and brinjals tasting like they were from heaven. Super-sweet melons, mega-sized cherries and an array of cakes and desserts were the star attractions.

Pakistani journalists and NGO representatives came along to hear about India's resolve to fight HIV. They had resolved to eat. Not only did they eat with gusto, they also carried back food for friends in the media centre and elsewhere. ●



Photo: The Studio

# Injecting Risky Into Risqué

**A vibrant nexus between various high-risk behaviours comes to light**

By Makino Otsuki in Kobe

Sex workers and men who have sex with men are shooting up drugs more often than you think. Very often, people in Asia engage in more than one high-risk behaviour, according to a Monitoring the AIDS Pandemic (MAP) report released at ICAAP.

Drawing attention to the vibrant nexus between various high-risk behaviours, the report calls for a renewed focus on 'vulnerable populations' and stresses the need for reaching large numbers of these populations with prevention messages (a point underscored by the UNAIDS report "A scaled-up response to AIDS in Asia and the Pacific" too). The report highlights the fact that the majority of men and women in Asia do not engage in high-risk behaviours.

So how many Asian sex workers are shooting up? Rates are highest in Vietnam and Northeast India. One sex worker in six is an injector in Vietnam's capital Hanoi, which probably explains the steep rise in HIV prevalence among sex workers in the city since the late 1990s. Further, a 2000 behavioural surveillance in the northern port city of

Haiphong revealed that nearly 40 per cent of all sex workers reported injecting drugs.

Manipur in India reports similar levels of the nexus with 20 per cent of female sex workers saying they injected drugs, according to a behavioural surveillance in 2001. In other north-eastern states, about half as many sex workers reported this behaviour.

In China's Sichuan province, 2.5 per cent of the sex workers said they injected drugs but among street-based sex workers the proportion injecting was twice as high. Women selling sex on the streets reported the highest turnover of clients of any subset of sex worker, as well as the lowest levels of condom use.

Less than 4 per cent of female sex workers at any site reported injecting drugs but up to 20 per cent believed some of their clients were injecting and between five and 10 per cent reported regular partners who injected.

### The other side of the coin

For some time, it was believed that peo-

ple who inject drugs are unlikely to be sexually active. "In every country where data are collected," says MAP, "drug injectors report more sexual activity than other population groups, much of which is commercial sex, both bought and sold."

With the exception of Thailand, condom use is rare among IDUs buying sex. The rate of condom use is even lower in regular and casual sexual partnerships, and this is very risky for the partners. In most Indian cities, a quarter of injectors live with wives or regular sex partners. In Chennai, 46 per cent of injectors are married or have live-in partners.

### Rates of HIV infection among sex workers injecting drugs

In Ho Chi Minh City, Vietnam, about half of sex workers who inject drugs have HIV compared with only 19 per cent of those who take drugs orally

and 8 per cent of those not on drugs. A large study also found that drug-using sex workers were half as likely to use condoms as compared with those not on drugs.

**FORTY PER CENT OF THE SEX WORKERS SURVEYED IN HAIPHONG, VIETNAM, REPORTED INJECTING DRUGS**



Graphic: Vivek Dutta Gupta

Source: MAP Report 2005

# India TRIPS on ARV II?

By Our Special Correspondent in Kobe

The G8 call for universal access to treatment by 2010 appears to be a pipe dream in view of the impending second-line ARV crisis, say critics



The 'second-line ARV crisis' threatens to overtake the developing world following India's acceptance of the Trade-Related Aspects of Intellectual Property Rights (TRIPS).

As a growing number of people develop resistance to first-line ARV therapy, their need to access second-line treatment becomes critical. India, one of the key sources of generic first-line ARVs, cannot produce new drugs under the newly endorsed patent regime. In the absence of competition, the sole producer – the patent holder – can set a monopoly price, making the much needed second line of treatment unaffordable for large numbers of people.

This concern was raised at an ICAAP press conference by M<sup>e</sup>decins Sans Fronti<sup>e</sup>res (MSF), an international NGO providing ARV to more than 35,000 people in 30 countries. India's Dr SY Quraishi, Director-General of National AIDS Control Organization, and JVR Prasada Rao, a UNAIDS official, also underscored the problem at another venue. "We send ARV to 70 countries. TRIPS debars compulsory licensing of new drugs for a period of three years - let us work to amend the new law (bill)," Rao urged Indian legislators.

"We are already beginning to confront the 'second-line crisis' that newer treatment programmes may not feel for several years," said Dr Felipe Garcia de la Vega, AIDS specialist with MSF's Campaign for Access to Essential Medicines. "Although our clinical outcomes are good so far – the average survival rate in our projects is 80 per cent after 12 months of treatment – some of our programmes have been operating for more than five years now and we are naturally starting to switch some patients to second-line treatments as they have developed resistance to first-line drugs," Vega added.

Today, MSF pays less than \$250 per person per year for WHO-prequalified first line treatments sourced from Indian generic manufacturers. This has been possible only because there've been no patents on pharmaceuticals in key manufacturing countries like Brazil and India and because there has been robust generic competition, said Fernando Pascual, a pharmacist with MSF. "But when we switch to second-line treatment, the price increases 6- to 12-fold. Treating a child becomes four times more expensive than treating an adult," he added.

"Although, in Guatemala, MSF is treating just 11 patients with the second-line ARV lopinavir or ritonavir, it pays more than \$5,800 per person per year for one drug alone," he pointed out.

Brazil, which has been running a nationwide AIDS treatment programme since 1996, today spends 63 per cent of its total AIDS budget on three second-line drugs: lopinavir/ritonavir, tenofovir and efavirenz. Most people on ARVs in developing countries are taking first-line drugs and will need second-line drugs in the next few years, an MSF press release said.

Advocating compulsory licensing that allows countries to make or import affordable generic drugs, MSF argued that the current pricing

continued on page 7

## Miles to go for Chris' quilt

Hundreds stopped by to see Christopher Miles King's 'picture-perfect' memorial quilt

By SADHNA MOHAN

Patches depicting Christopher Miles King's life, sewn into a quilt so perfectly that it resembles a vivid, colourful painting, stood out for all and sundry to see, making him a part of the 7th ICAAP in Kobe.

Chris' memorial quilt is picture perfect. A rainbow shines over Sapporo's lush mountains in North Japan. The scenery captures the view east from Mount Moiwayama. The white building in the foreground is the peace tower, besides which is the clock tower. In the distance one sees Mount Shoukanbetudake, Mount Pinneshiri and Mount Urausuyama. On the right flows the Toyohiragawa river.

In the background on the left are the city apartments that Chris lived in. Red ribbons are sewn on them. In the right foreground are his favourite spectacles.

Chris (1961-1996) loved Sapporo and perhaps

wanted to gaze at it forever, says a placard next to the quilt. What better way to commemorate him than to have pieces from his life sitting on Sapporo for all to see and reflect upon?

This quilt was made by Red Ribbon Sapporo in 2004. Another quilt (see picture), made in 1997, has Chris' sweat-shirt and shorts. Spaghetti called Puttanesca was his speciality, and its embroidered form is there for all to see on the quilt. Very neat indeed! His name is sewn in black leather, a product he was very fond of. The material for the mountains, buildings, et al, is from cushions he adored.

Chris was the first AIDS patient that Red Ribbon Sapporo supported. He was a gay American working in international relations. He died at age 34 on May 12, 1996 because of pneumonia stemming from AIDS. His



will – written on white cloth on the quilt – states that he wanted people to know the cause of his death because that way he would be known as himself.

It is not Chris alone who lives on in this fashion. Unique, beautiful quilts, encapsulating people's lives, have been made in various countries, inspired by the AIDS Memorial Quilt of The Names Project Foundation in the US. They show us that a human's life can not be expressed only as a statistic. ●



# No Test, No Nikah

THE LAW  
CAME IN FOR  
VEHEMENT  
CRITICISM

A Malaysian state enforces premarital HIV testing for Muslims. The experiment needs to be watched closely

By SADHNA MOHAN in Kobe

**N**o test, no marriage,' goes the law for Muslim couples in Malaysia's Johor state. In a radical move, probably the first of its kind in Asia, an entire state is following the principle of premarital mandatory HIV testing. Muslims, constituting 80 per cent of the state's 1 million people, are abiding by this Islamic law.

The moment you register for marriage, you are given a form to fill out. This kickstarts the process of HIV testing, the results of which are jointly told to the couple in question in the second round of post-test counselling, and later to their parents too, based on which the couple decides whether or not to marry.

The law came into force in 2001 after 78 per cent of the 1991 people registering for marriage over a month's period approved the move. A year later the number of 'ayes' shot up remarkably with 96 per cent of the 492 people registered for marriage supporting the law. Islam says parents must marry their child to a healthy partner. To the list of diseases specified for the purpose, this law added HIV.

What have been the results of this testing? Over four years of implementation have led to 77,513 people being screened and 125 being found positive, of whom 76 went

ahead and got married. The rest 49 did not marry.

This interesting piece of information came from Dr Prathapa Senan, Director of Health, Perak, Malaysia at a session on 'Testing: Panacea or Problem?' in Kobe.

Speaking on 'Mandatory Premarital HIV Testing: Has It Prevented Infections in Malaysia', Dr Senan argued that preventing even one person from getting infection was worth it. Prevention was particularly critical in the

**LESS THAN HALF OF THOSE WHO TESTED POSITIVE DID NOT MARRY**

absence of a cure for HIV.

More than 60 per cent of HIV-positive people in the state are not married and their marriage would lead to "instant doubling of cases," he said.

Simultaneously, the state endorses early diagnosis and treatment for all HIV-positive people. The idea is to reduce the risk of HIV transmission in two ways, one, by reducing the 'transmission period' (the time during which a positive person can pass on the infection) by bringing down the viral load early on and two, by enabling the person to know he is positive so that he can protect others.

The Islamic Religious Department and Health Department of the government have trained counsellors to undertake pre- and post-test counselling programme. A rapid test is first done, if it is reactive, a second blood sample is sent for a confirmatory test.

There was vehement criticism of this move at ICAAP. A Muslim HIV physician from Malaysia said the bureaucracy was misconstruing Islam. People had come to her asking her to falsify HIV test results because they wanted to marry. "There's leprosy, syphilis, Hepatitis B and C- why are people not mandatorily tested for these?" she demanded. A positive person drew attention to how awful he felt having been forcibly tested for HIV three times.

The concept of mandatory testing runs counter to humane behaviour. Further, general experience suggests that a mandatory writ is likely to be resisted. Ideally, premarital testing should be voluntary. But then again the numbers of those taking this voluntary decision may fall short of what is desirable.

In this context, Malaysia's experiment with mandatory testing needs to be watched closely. If the government's figures are to be believed, people favour the move, which tones down the 'mandatory' flavour a bit. Finally, the proof of the pudding lies in eating - time will tell whether the law works or not. ●

## India TRIPS on ARV II?

continued from page 6

system, based on companies giving voluntary discounts to developing countries, could not guarantee drug affordability because of three reasons. First, some single-source drugs were simply very expensive. For example, the differential price for Abacavir is over \$800 per person per year in developing countries. Second, prices announced by pharmaceutical companies remain a paper-reality as the drugs are not marketed to the countries. Third, some companies do not offer discounts to middle-income countries.

Meanwhile, the World Health Organization admitted its failure to meet its goal of supplying ARV to 3 million people in developing countries by 2005. In a report released on the eve of ICAAP, WHO said six months before its self imposed deadline that it was unlikely to meet its goal by the year-end and had as yet reached out with ARV to 1 million



people.

The much-lauded 'three by five' initiative, launched with a loud voice but without a clear national-level plan for treatment scale-up, was turning out to be more like 'one in

six', in terms of reaching one in six people needing it, critics said. In all, 6.5 million people currently need ARV in the developing world and about 15 per cent of them are getting it, the WHO report pointed out.

In India, less than 10 per cent of over 7,50,000 people needing ARV are getting it, said an ICAAP press release. In Thailand, where ARV delivery has been the most effective in Asia, about 40 per cent of those needing ARVs don't have them, it added.

The G8 call for universal access to treatment by 2010, made soon after ICAAP, seemed a pipe dream in this context, critics said. "Why are we talking about universal access when we could not even reach the goal of three by five?" asked Marcel van Soest, Executive Director of the World AIDS Campaign. "What about the people dying now? There are many simple and concrete care and treatment options available to keep people alive now (read prophylaxis drugs for opportunistic infections, such as TB or pneumonia), we need to provide people with a comprehensive health programme, focusing only on ARVs is too narrow," he added - and many, including Rajiv Kafle, a treatment activist from Nepal, agreed. ●

# Child Abuse Over Troubled Waters

## Abuse of child workers is causing ripples in Bangladesh's river transport system

By Our Special Correspondent in Kobe

Children involved in river transport in Bangladesh run a huge risk of acquiring HIV because of rampant sexual abuse.

Bangladesh has a large number of rivers. Boats and small ships are a common means of transporting people and goods.

A study of children working in this massive river transportation system has thrown up shocking figures of sexual abuse and STI prevalence.

This and the issue of how to make a disclosure to a child about him being HIV-positive generated considerable interest at an ICAAP session on Children and HIV/AIDS.

Lutfur Rahman Khan of Unity for Social Harmony, Bangladesh, studied 158 children working in river transport, all aged below 18. As many as 52 per cent of the children reported engaging in sex within six months of starting work in this industry as against only 7 per cent reporting sexual experience before joining work. And 42 per cent reported having multiple partners – sexual abuse by the boss, musclemen, and security forces was commonly reported.

Over 88 per cent reported having suffered a sexually transmitted infection (STI) while only 4 per cent properly knew about HIV/AIDS and less than that number – 2 per cent – regularly used condoms. Among his recommendations, Khan suggested that child workers sleep separately from adult labour.

Meanwhile, the ticklish issue of when and how should a child be told his HIV status came up. Manee Yentang of Prachomkloa Hospital, Thailand spoke of the hospital's strategy of making the disclosure to children aged above 9. A health worker initially interacts with the child's family to discuss family norms and beliefs and prepares the

child by narrating a fairy tale that introduces the 'virus'. Then, a multidisciplinary team, consisting of a doctor, a nurse and a pharmacist among others, and the child's caretaker make a step-by-step disclosure.

Cooperation between health workers and caretakers is thought to reduce psychological impact. Follow-up of these children has revealed no serious consequences of disclosure and 95 per cent adherence to treatment.

Why is age nine appropriate? a person in the audience asked. The child should know his status before he gets sexually active, replied Yentang. At the national level, Thailand is still developing guidelines for disclosure, she informed.

A doctor from Philippines opined that a nine plus child could keep a secret- and this was an important consideration. An Indian delegate, Renu Seth,

of Gujarat AIDS Awareness and Prevention Unit (GAP), contested the need for secrecy and drew attention to the need for creating community awareness so that the child could speak about his health status without fear of stigmatisation.

The Chairperson Nafsiah Mboi suggested having HIV-positive counsellors and forming support groups for parents.

The age for disclosure could not be fixed, the Filipina doctor stressed, giving the example of a happy, productive 13-year-old that she'd decided not to disturb by news of her being HIV-positive. "I'll closely monitor the child," she added.

"Part truth telling"- disclosing information in steps after observing what the child is doing with each bit of information - was useful in Asia where indirect communication was the norm, a UNICEF representative from Myanmar said. ●

**A HEALTH WORKER PREPARES THE CHILD BY NARRATING A FAIRY TALE THAT INTRODUCES THE 'VIRUS'**



Illustration: Sreena



AIDS BUZZ  
Editor-in-Chief  
Sadhna Mohan  
making a poster presentation titled 'Confidentiality vs. The Spouse's Right to Life' at the 7th ICAAP in Japan

### FORTHCOMING TRAINING PROGRAMMES

● Institute on HIV/AIDS Counselling & Psycho-Social Interventions - CARAT- TISS, Mumbai from 14 November 2005 to 21 January 2006  
Contact: Cell for AIDS Research Action and Training (CARAT), Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences, Sion-Trombay Road, Deonar, Mumbai- 400088, India  
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● Managerial Challenges in HIV/AIDS Prevention and Control Programmes - IIM Ahmedabad from 26 Dec - 30 Dec 2005  
Contact: Manager (MDA), Indian Institute of Management, Vastrapur, Ahmedabad 380 015, India  
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