

The HIV and Development Magazine for Asia Pacific

You and AIDS



Unsafe and uninformed mobility often lead women into the net of ruthless exploiters, including traffickers

Trek Through Travails

The increasing incidence of trafficking in women and children and their vulnerability to HIV/AIDS have reached disturbingly visible levels in several parts of Asia. A comprehensive feature with inputs from various countries of the region.

..... **PLUS**

SPOTLIGHT

Millennium Development Goals

PHOTO FEATURE

Women living with HIV/AIDS

SPECIAL REPORTS

Despatches and updates from the region

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Published by UNDP Regional HIV and Development
 Programme (REACH Beyond Borders), New Delhi
 and printed at Multiplexus, New Delhi

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REACH Beyond Borders is UNDP's Regional HIV and
 Development Programme covering 13 countries in the
 South and North East Asia region. The programme
 addresses the development and trans-border chal-
 lenges of HIV/AIDS in the region and supports inte-
 grated and rights based responses that promote gen-
 der equality, sustainable livelihoods and community
 participation. Focus areas of work include: Policy
 Advocacy and Outreach, Mobility and HIV/AIDS,
 Capacity Development and Greater Involvement of
 People Living with HIV/AIDS and Human Rights.



Reversing HIV is a Millenium Development Goal



ASIA and the Pacific is on the throes of a rapidly rising HIV/AIDS epidemic, that is threatening to escalate into one of the most serious development challenges facing the region. With more than one third of humanity, the largest pool of poverty and the presence of all the other underlying factors that fuel the epidemic, the vulnerability of the region to HIV is too obvious to overlook. The region has the second largest number of people living with HIV/AIDS in the world.

The concern over the potential impact of the HIV/AIDS epidemic on human development is articulated well by the Millennium Development Goals (MDG), which seek to set a global development agenda. Reversing and halting the HIV/AIDS epidemic is essential to achieve the MDG and to ensure that the development targets set by global leaders are met as planned.

The region's vulnerability to HIV stems from a variety of factors that are mainly rooted in extreme forms of inequality. One of them is the increasing population mobility experienced by most of the countries in the region. Evidence clearly suggests that unsafe mobility often leads people to situations that make them vulnerable to HIV/AIDS. Unsafe mobility also leads to trafficking in humans, particularly women and children. This phenomenon has a direct correlation with HIV as the conditions under which women and children are trafficked are conducive to the transmission of HIV. The cover story of this edition of *YouandAIDS* seeks to explore the link between trafficking and HIV in detail and argues for responses that respect the rights of people to move in search of livelihoods and protect them from the traps that lie ahead.

This is the second edition of *YouandAIDS*, which is published by the UNDP Regional HIV and Development Programme. Originally started by UNAIDS, it seeks communicate in the form of a mainstream magazine and is an innovative model for outreach, communication, advocacy and partnerships.

Together with UNAIDS, which represents nine cosponsors, UNDP has taken forward the work on the YouandAIDS portal, which is an important regional platform on HIV and Development issues.

Dr. Hafiz Pasha,
 Assistant Administrator and Director,
 Regional Bureau for Asia and the Pacific
 (RBAP), UNDP, New York

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The increasing incidence of trafficking in women and children and their vulnerability to HIV/AIDS have reached disturbingly visible levels in several parts of Asia. Needed are responses that respect the rights of people to move in search of livelihoods and protect them from the traps lying ahead. A comprehensive feature.



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PHOTO-ESSAY

HERE COMES THE SUN

At the centre of the epidemic in Asia are thousands of women who have no control over their sexuality, who are powerless and violated and have no access to livelihoods. Yet, when it comes to living with HIV/AIDS, they are outstanding examples of reconciliation, compassion and resilience. A photo-essay on the lives of women living with HIV/AIDS in Asia Pacific.

ROUND-TABLE

Extraordinary Epidemic, Extraordinary Responses

A report of the first ever regional editors' meeting on HIV and Development. Eight senior editors of the Asia Pacific region met for a round-table exploring ways to strengthen media-support to the campaign against HIV/AIDS.

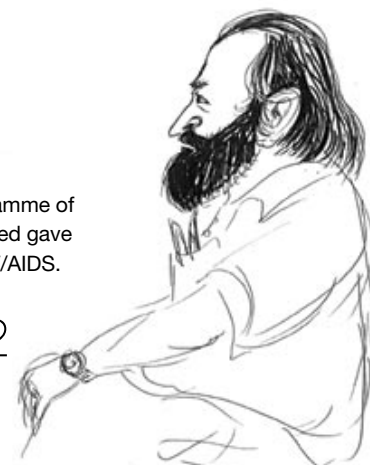


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ARTS AND MEDIA

New Icons, Metaphors

More than 120 arts and media leaders from India and Nepal converged in Goa, western India, for a transformative leadership programme of UNDP. The icons and metaphors they created gave a new meaning to the response against HIV/AIDS.



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Region in Review

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Tonight

*A candle is lit for you,
For friends with shared feelings
And for them who have already preceded us.
They have already passed away in order not to surrender.
And for friends that have taught us that pain and despair
Obviously can resurrect strength
That which during this time we've been unaware of.*

*If, of course, this problem is the virus,
That destroys the human immune system,
Tell me,
Why do I feel pain more mentally than physically?
And why must I be prevented
From giving you a parting kiss
At the final moment of your life?*

*At this moment I see
How you are inhumanely isolated by people in your community.
I witness in my mind's eye
As your body is wrapped in plastic
While your soft blanket that I recognize
Is thrown into a hot flame
That glows of strong rejection of yourself
After much suffering
Because of the virus.*

*And I,
Through all of this am close with you
Accompanied with sadness and emptiness.*

*All will soon become like this
Without time to hope that help will arrive,
Without hope for a future.
And I, myself, still don't know
That which I am hoping for will arrive tomorrow or not?*

*Tonight
I light this candle for you
For all meaning that I have already gotten
About life and love.*

*For the soft touch and sincerity
That isn't limited by nationality and language.*

*For friends that have already fought
And those that still firmly resist.*

*This candle radiates, my friend.
Our hope knitted together will illumine tomorrow's
Morning sun
And send forth melodious song
That still wishes us to hear.*

*Warmth steadily returns
Because love never ends
Radiating it's rays to the earth.*

*Embrace love which makes us feel strong
And willing to face all challenges
Love's miracle that lives on
Because life is indeed precious.*



Tonight I'll Light a Candle for You

Suzana Murni

Suzana Murni: The founder of "Spiritia Foundation", a voluntary organisation espousing the cause of PLWHA in Indonesia, and a designer of repute, the late Suzana Murni was a sprightly PLWHA activist in her country and the Asia Pacific region. She was also a founding member of the National Coordinating Group of the International AIDS Candlelight Memorial, formed in 1996 and chairperson of the Indonesian Communication Forum of NGOs working in HIV/AIDS. She had represented Indonesia for the Asia Pacific Network of People Living with HIV/AIDS (APN+), helping document human rights violations and violence against people living with HIV/AIDS.

THE MILLENNIUM

goal 1 eradicate extreme poverty and hunger



TARGET 1: Reduce by half the proportion of people living on less than a dollar a day

TARGET 2: Reduce by half the proportion of people who suffer from hunger

goal 2 achieve universal primary education



TARGET 3: Ensure that all boys and girls complete a full course of primary schooling

goal 3 promote gender equality and empower women



TARGET 4: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

goal 4 reduce child mortality



TARGET 5: Reduce by two-thirds the mortality rate among children under five

DEVELOPMENT GOALS

goal 5 improve maternal health



TARGET 6: Reduce by three-quarters the maternal mortality ratio before 2015

goal 6 combat HIV/AIDS, malaria and other diseases



TARGET 7: Halt and begin to reverse the spread of HIV/AIDS

TARGET 8: Halt and begin to reverse the incidence of malaria and other major diseases

goal 7 ensure environmental sustainability



TARGET 9: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources

TARGET 10: Reduce by half the proportion of people without sustainable access to safe drinking water

TARGET 11: Achieve significant improvement in the lives of at least 100 million slum dwellers, by 2020

goal 8 develop a global partnership for development



TARGET 12: Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction — nationally and internationally

TARGET 13: Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction

TARGET 14: Address the special needs of landlocked and small island developing States

TARGET 15: Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term

TARGET 16: In cooperation with the developing countries, develop decent and productive work for youth

TARGET 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

TARGET 18: In cooperation with the private sector, make available the benefits of new technologies — especially information and communications technologies

Indian PM calls for quick response

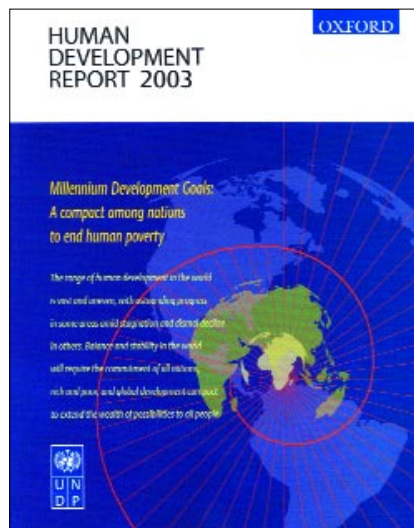
■ **New Delhi (India), July 28, 2003:** Indian Prime Minister Atal Behari Vajpayee has called for an immediate response to HIV/AIDS, which has affected more than four million people in the country, the second largest number in the world after South Africa.

"HIV/AIDS is not only a grave global challenge. It is equally a national concern, one that demands an effective and undelayed response," Vajpayee said, addressing the first National Convention of India's Parliamentarian's forum on HIV/AIDS here on Saturday.

Vajpayee was speaking a day after the government announced that the number of people in India with HIV/AIDS has risen to 4.58 million from 3.97 million in 2001, narrowing the gap with South Africa which at around five million has the largest number of people living with HIV/AIDS in the world.

Vajpayee also urged greater political involvement in the battle against HIV/AIDS. "It requires leadership that is ready to go to the heart of the problem and is ready even to go against the stream of public opinion," he said. The Convention brought together about 600 people including lawmakers, state leaders and AIDS activists.

HDR warns escalation of HIV/AIDS epidemics in India, China



■ **New Delhi (India), July 09, 2003:** India is likely to have 110 million cases of HIV/AIDS by the year 2025, predicts the United Nations' Human Development Report released on Tuesday. The report for 2003 says India, China and Russia are the three big, populated countries that face the highest threat from HIV/AIDS. The report also predicts a reduction in life expectancy of 13 years by 2025. Life expectancy in India at present is 61 years and the country currently has 3.97 people living with HIV/AIDS.

China is projected to have 70 million people living with HIV/AIDS by 2025, with an expected reduction in life expectancy by eight years. Some 13 million people will be affected by HIV/AIDS in Russia. The report says HIV/AIDS has been the greatest shock to development in recent decades. The number of people living with HIV/AIDS worldwide has more than quadrupled, to about 42 million and the epidemic has already killed 22 million people and orphaned 13 million.

Pakistan approves funds for HIV/AIDS programme

■ **Islamabad (Pakistan), June 09, 2003:** The World Bank has approved a \$37.1 million credit to fight the spread of HIV/AIDS in Pakistan. The assistance includes a \$9.28 million grant to the government, which has initiated a new five-year plan to fight HIV/AIDS. "The project's objective is to prevent an HIV/AIDS epidemic from raging out of control in Pakistan and avoiding the suffering, premature death, family devastation and economic losses that stem from this epidemic," said the World Bank's project manager Benjamin Loevinsohn.

Pakistan has 1,998 known cases of HIV and AIDS, officials here said last month following a data compiled after some 3.65 million tests were performed in 47 surveillance centres across the country over the past several years. Currently, the HIV prevalence rate in 145-million strong Pakistan is "relatively low" at less than 0.1 percent, the World Bank statement said. But it warned "a failure to actively prevent HIV/AIDS in Pakistan could lead to a widespread epidemic." The government recently appro-

ved a Rs 2.8 billion (\$50 million) National AIDS Control Programme which includes assistance from the World Bank. The budget for HIV/AIDS programmes this year has been raised to Rs 250 million from Rs 150 million in 2002, health officials said. The government has also launched an extensive AIDS awareness programme on radio and television throughout the country.

G-8 nations pledge cheaper drugs to combat HIV and other diseases

■ **Evian (France), June 06, 2003:** The Group of Eight leaders have pledged to make cheaper drugs to combat diseases like HIV/AIDS more easily available in developing nations. In a "health action plan" released during their summit in the French spa town of Evian, the industrialised nations' club pledged to boost the distribution of cheap medicines in a "fair, efficient and sustainable" way.

Welcoming drugs companies' efforts to make discounted drugs more available, the G-8 leaders said they would "strongly support" further efforts, although the paper contained little in the way of specific policies. Additionally, the statement backed a moratorium on challenging countries under World Trade Organisation rules over the production of generic versions of patented drugs. Pharmaceutical multi-nationals have long been criticised by health activists for the prices they charge for HIV/AIDS drugs and for their efforts to prevent generic copies of the medicines being made.

Cambodia launches soap opera on HIV/AIDS

■ **Cambodia, May 28, 2003:** Cambodia has launched a soap opera about star-crossed lovers, sex workers and HIV on Monday—the latest weapon in its fight to contain the epidemic. An estimated 158,000 people, or 2.6 percent of adults, are HIV-positive in the South-east Asian nation. Although not on the scale of sub-Saharan Africa, many fear that if left unchecked, AIDS could cause seri-

meals'. But they forgot about the meals. Food isn't a magic bullet, but it can help them live longer and lead comfortable and productive lives," said William Clay of FAO's Food and Nutrition division.

WHO Department for Nutrition in health and development Director, Dr. Graeme Clugston also confirmed the need to pay special attention to the role of nutrition on HIV/AIDS and HIV/AIDS on nutrition. "The effect of HIV on nutrition begins early in the course of the virus, even before an individual may be aware that he or she is infected," Clugston said.

\$209 mn aid for Thailand to fight HIV/AIDS

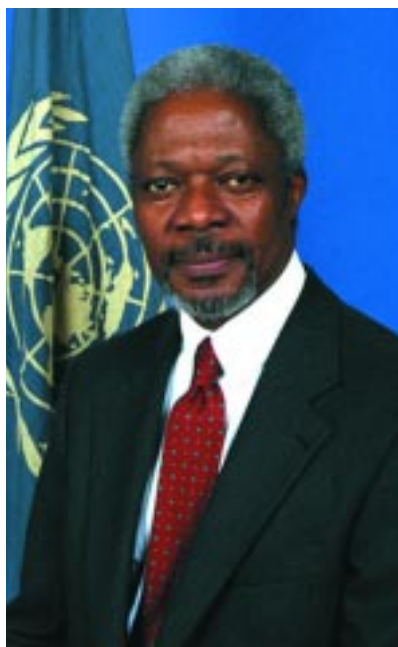
■ **Bangkok (Thailand), March 11, 2003:** Thailand will receive \$209 million (9.2 billion baht) from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria in the next five years, making it the world's third largest recipient after Malawi and Ethiopia. The new deal is expected to be signed by Prime Minister Thaksin Shinawatra and the fund's Executive Director, Richard Feachem, next month. The donation will enable the Thai government to distribute anti-viral drugs to HIV/AIDS patients suffering from symptoms and related illnesses like tuberculosis or TB, said Public Health Minister Sudarat Keyuraphan.

Currently, 10,000 people have access to anti-retroviral drugs under the Public Health Ministry's programme. Mr Keyuraphan hoped the money would give another 60,000 people access to the drugs. "HIV/AIDS prevention programmes among the youth, labourers, mobile population and development of medical services would be the main focus of the ministry, with almost five billion baht to be used from the fund," said Manit Thirantantikan, Deputy Chief of the Communicable Diseases Department.

Health Ministry statistics show that Thailand reports an estimated 47,000 cases of malaria annually. Between 80,000 and 100,000 people are infected with tuberculosis every year and about 25 percent of them are HIV-positive. Mr Keyuraphan also said that the government has decided to contribute \$1 million (about 43 million baht) for a

period of five years to the global fund to show Thailand's commitment to assist other countries in obtaining better health conditions. Under a five-year plan, the ministry will spend 8.5 billion baht (\$197.6 million) to prevent the spread of HIV/AIDS among teenagers and provide infected new-borns and labourers with anti-viral drugs. The fund will host its first board meeting in a developing country in Thailand in October.

Annan urges rich countries to help Africa on hunger and HIV/AIDS



■ **New York (US), March 06, 2003:** United Nations Secretary-General Kofi Annan called on the world's richest countries today to provide the resources for a strategy of "radical approaches on multiple fronts" in the battle against hunger in Africa and the devastating impact of the HIV/AIDS epidemic on food production. "We cannot find viable solutions to the challenge of food security unless we address the challenges of AIDS and governance at the same time," Annan said in his opening remarks to a meeting of the contact group of the Group of 8 (G-8) most industrialised countries on food security in Africa at UN Headquarters in New York. Stressing the need to reverse the "alarming decline" in official

aid for African agriculture, which dropped to \$2.6 billion from \$4 billion in the last decade of the 20th century, Annan said: "You, the richest governments in the world, are among those best placed to provide those resources. Governments, both North and South, must recognise that agriculture is an essential pillar of development." The UN Secretary-General laid out a multi-point action programme including a comprehensive approach to fight AIDS, education for all, including the more than 40 million African children who are not in school, empowering small farmers with initiatives like micro-financing, reversing the decline in publicly-funded agricultural research to create a Green Revolution and dismantling agricultural subsidies in rich countries.

MTV wins laurels for HIV/AIDS programming

■ **New York (US), March 02, 2003:** MTV has received four awards for its HIV/AIDS-related programming at the second annual Cable Positive POP (Positively Outstanding Programming) Awards ceremony held in New York. MTV was named "Network of the Year," for promoting HIV/AIDS awareness, education and prevention most-effectively through its original programming.

Brian Graden, President of Entertainment, accepted the award for MTV. Other programmes that were honoured included the "First National Sex Quiz," which won the Outstanding Special Programming Award; "MTV News Now: Sex, School and Scandal," which was named Outstanding Documentary; and "MTV Presents Levi's® Jeans Staying Alive Concert in Association with Youth AIDS," which won a Special Jury POP Award, for exceptional original HIV/AIDS-related cable network programming. "MTV has raised the bar for the entire TV industry in terms of creating programmes that raise awareness of HIV/AIDS-related issues," said Steve Villano, President and CEO of Cable Positive, a non-profit group that works to bring cable television's resources to the fight against AIDS. MTV's "Fight for Your Rights: Protect Yourself", the year-long campaign focuses

primarily on HIV/AIDS, other sexually-transmitted diseases (STDs) and unintended pregnancies among youth.

UN lauds Iran's fight against HIV/AIDS

■ **Tehran (Iran), March 05, 2003:** The UN has praised Iran's role in preventing the spread of HIV/AIDS in the country, official Iranian news agency IRNA said. Speaking to IRNA on the sidelines of the AIDS prevention and treatment workshop currently underway in the country, an expert in the UN Office for Drugs and Crimes (UNODC), Juana Tomas Rossello, described Iran's efforts and programmes aimed at controlling the spread of the epidemic a "success".

"Many HIV/AIDS cases in Iran are caused by injection (using contaminated needles)," Ms Rossello said, adding that the workshop would lay ground rules for adopting co-ordinated and comprehensive decisions to remedy the situation.

Ms Rossello further stressed the need for more co-operation among international societies and countries in confronting the problem. She also informed that officials from health ministries of countries from all over the world are scheduled to meet at an AIDS conference in April, scheduled to be held in Vienna.

WHO praises move to license HIV/AIDS drugs

■ **Tehran (Iran), January 27, 2003:** The World Health Organisation has welcomed new initiatives by some companies to license their patents for certain HIV/AIDS drugs to generic manufacturers. Candidate products for voluntary licensing include those with established safety, efficacy and public health relevance for priority health problems, WHO also stated that such products should be included in international and national treatment guidelines and those with the potential for low-cost production.

Licensing arrangements should ensure that regulatory authorities have access to quality assurance standards for the products. Last year, WHO and more than 50 partner organisations launched

the International HIV Treatment Access Coalition, which aims to provide access to anti-retroviral medicines for at least half of the six million people with HIV/AIDS in low and middle-income countries. "Achieving this goal depends on continued decreases in the prices of ARVs, as well as adequate international and national financing and effective delivery systems," WHO stressed.

Source: IRNA

US launches AIDS awareness programme

■ **Hanoi (Vietnam), January 24, 2003:** In an effort to check the spread of HIV/AIDS in Vietnam, the US launched a \$600,000 programme to promote education in the workplace about the epidemic. The programme aims to prevent spread of HIV/AIDS and help make workplaces more tolerable for those already living with HIV/AIDS. "If people are having unprotected sex, they'll probably go and talk about condom use. If there's a drug problem, they'll talk about needles and other such issues," said Jennifer Bacchus, a representative for the US Department of Labour.

The programme will also educate the employers on how to be more sensitive towards employees living with HIV/AIDS and also to decrease the stigma and discrimination associated with the epidemic. "We will encourage people to be tested, and keep the results confidential. We will also provide counselling and support," said Patrick Burke, Project Co-ordinator from the Academy for Educational Development, an American NGO. Mr Burke's group is co-ordinating this project, funded by the US Department of Labour. The US is funding similar programmes in the Dominican Republic, Haiti, Nigeria, Zimbabwe and the Ukraine.

HIV/AIDS and migration project in Pakistan

■ **Islamabad Pakistan), February 03, 2003:** The United Nations Development programme, in collaboration with Pakis-

tan's National AIDS Control Programme, has launched a project aimed at reducing the vulnerability of migrant workers to HIV/AIDS and create awareness among Nazims and councillors about the epidemic. Addressing the launch function, Minister of State for Health, Hamid Yar Hiraj said that migrant workers mainly belonged to rural areas and hence the focus of the project must be at the grassroots level. "There is a need to create awareness in the rural areas. Involvement of district government is also vital in this regard," Mr Hiraj added. UNDP Resident Representative, Onder Yucer stated that the project aims to create awareness on HIV/AIDS among migrant workers and strengthen the capacity of the Bureau of Immigration to reduce their vulnerability.

This project also aims at promoting awareness among the councillors and vulnerable target groups in major cities by sensitising them. UNAIDS' Abid Atiq briefed the participants about the \$100,000 programme, saying that there was no room for complacency and stressed the need for timely actions to prevent the epidemic. He also informed that sensitisation seminars would be organised for district Nazims in all the four provinces while five seminars would be held at Karachi, Rawalpindi, Peshawar and Quetta to create awareness among the masses.

Dr Jong Wook Lee is the new WHO Director-General



■ **Geneva, January 28, 2003:** Dr Jong Wook Lee was nominated today by the World Health Organisation's Executive Board for the post of Director-General of the agency. The Director-General is WHO's chief technical and administrative officer and sets the policy

for the Organisation's international health work. Born on 12 April 1945 in Seoul, Republic of Korea, Dr Lee received a Medical Doctor degree (MD) from the Seoul National University and a Master of Public Health degree from the University of Hawaii. He has worked at the WHO for 19 years in technical, managerial and policy positions, notably leading the fight against two of the greatest challenges to health and development: tuberculosis and vaccine preventable diseases of children. After heading the WHO Global Programme for Vaccines and Immunisations, and serving as a Senior Policy Advisor, he was appointed Director of the Stop TB programme, a coalition of more than 250 international partners including WHO member states, donors, non-governmental organisations, industry and foundations, in 2000. Dr Lee will succeed Dr Gro Harlem Brundtland and he will start his five-year term on 21 July 2003.

Experts urge China to contain spread of HIV/AIDS

■ **Beijing (China), January 14, 2003:** US AIDS experts visiting China have urged immediate action by the country to prevent further spread of HIV/AIDS epidemic. "The epidemic is still very serious in China," said Qi Xiaoqi, Director General of the Disease Control Department in the Health Ministry. "Almost all the provinces and regions in China has reported new cases of HIV/AIDS in 2002," he said.

According to Chinese government figures, 1 million people have been infected with the virus. But experts warn the number is higher and could reach 10 million by the end of the decade. "We have more work to do. In working together to find ways of preventing the spread of HIV/AIDS, we would like to urge Chinese leaders to act pre-emptively now to contain the epidemic and avoid future high costs, socially and economically," said Bates Gill, an Asia expert with the Centre for Strategic and International Studies, Washington D.C. The delegation will spend the rest of the week visiting Chinese research institutes and meet-

ing officials. Gill said the visit would provide a chance to better understand China's situation, exchange ideas, develop private-public partnerships and add a new dimension to US-China relations.

China to produce four AIDS drugs

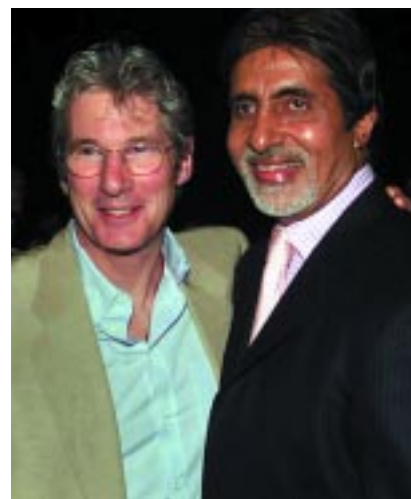
■ **Beijing (China), December 29, 2002:** China plans to start mass-producing low-cost AIDS drugs next month, the official Xinhua News Agency reports. China is making four types of AIDS drugs, Xinhua said, citing Health Minister Zhang Wenkang. It didn't say whether all four drugs would be mass-produced, but said the price would be about one-tenth that of imported drugs, which currently cost 30,000 yuan (\$3,600) per person each year. The average annual income per person in China is \$700.

Chinese health officials say 1 million people are living with HIV/AIDS in the country. It has already started treating people with HIV/AIDS with a domestically produced version of the anti-AIDS drug AZT, for which patents recently expired. The ministry also informed that 10 more Chinese firms have applied for permission to make generic versions of anti-AIDS drugs with expired patents, and could start producing them by the end of the year.

Richard Gere hosts AIDS fund-raiser

■ **Bombay (India), December 26, 2002:** Hollywood actor Richard Gere has said that India urgently needs to focus on children living with HIV/AIDS. "We need a way to touch the heart of the subject. We need to change the face of the epidemic," the actor said while hosting a carnival filled with actors from India's popular film industry. The stars included Amitabh Bachchan, Aamir Khan, Aishwarya Rai and Manisha Koirala among others.

The carnival, organised by the Gere Foundation India Trust and Godrej, a top Indian industrial house, aimed at raising awareness and funds to help prevent mother-to-child transmission of HIV/AIDS. "In the US, by focusing



on children, we got under the radar of prejudices, American prejudices... We can remove the stigma surrounding the epidemic in India by changing the face of HIV/AIDS," Gere told reporters. Money raised at the carnival will go to two organisations focusing on HIV-positive women and children in India—the US-based Elizabeth Glaser Pediatric AIDS Foundation and the Delhi-based Naz Foundation.

WB grant to Sri Lanka to help stop HIV/AIDS spread

■ **Washington (US), December 19, 2002:** The World Bank has approved a \$12.6 million grant to Sri Lanka to help check the spread of HIV/AIDS in the country and reduce the stigma associated with it. The grant will finance a National HIV/AIDS Prevention Project designed to support the Sri Lankan Government's national sexually-transmitted disease and AIDS prevention and control programme.

It will expand prevention programmes for highly vulnerable groups and the general population, in particular youth. It will also develop programmes to reduce the stigma and discrimination against people living with HIV/AIDS. The grant will also support efforts to reduce the risk of an emerging epidemic of tuberculosis in the country, to which HIV-infected people are susceptible.

The United Nations Programme on

HIV/AIDS (UNAIDS) and the World Health Organisation estimate that 4,800 people in Sri Lanka were infected with HIV as of December 2001.

Since 1986, only 415 cases have been reported. However, under-reporting is common because of the country's limited capacity for voluntary counselling and testing, along with the prevailing stigma and fear of being identified as HIV-positive. "A key aspect of HIV/AIDS prevention in the country and a goal of this project is to mobilise communities, giving those at risk of contracting HIV both the knowledge and the means to protect themselves, and empowering communities to demand better prevention services," said Hnin Hnin Pyne, a World Bank public health specialist and task manager of the project.

The World Bank financing is designed to support and complement the efforts of the government and other development partners. The total project cost is \$21 million. Of this amount, \$12.6 million will be provided by the World Bank's International Development Association in the form of a grant; of this \$6.4 million will be provided by the Global Fund to Fight AIDS, Tuberculosis & Malaria and another \$2 million will be provided by the Government of Sri Lanka.

Religious leaders urged to help contain HIV/AIDS

■ **New Delhi (India), November 17, 2002:** India's leading social activist, Swami Agnivesh has said that religious leaders must be involved more actively to spread awareness about AIDS, considering the influence they have on the masses. "Keeping in view the impact of



religious leaders on the society, they should contribute to control the spread of HIV/AIDS," he said while delivering a lecture on "Religious Sponsorship for Control of HIV/AIDS".

The fact that people in India listen carefully to religious leaders should be used in combating the spread of the virus through awareness generation, Swami Agnivesh said.

Speaking on the occasion, Sardar Satnam Singh Uppal of Gurudwara Shishganj said that in a society where parents hesitate to discuss sex-related problems with their children, somebody from the society need to come forward and take the responsibility. "As our society isn't open enough to discuss sex-related issues, religious leaders need to create awareness among the general public," Uppal said.

Echoing similar thoughts, Bishop Karan Masih said that since it is a sensitive problem, it needs to be addressed through religious institutions only. "Religious leaders have produced success stories in countries like Uganda, Thailand and Senegal. We need to replicate such stories in our country," he said.

Reporting HIV/AIDS cases made mandatory in Bihar

■ **Patna (India), November 15, 2002:** Bihar has become the first Indian state to mandate that all new cases of HIV/AIDS be reported to the state government. Till now, only government-run health centres and hospitals were reporting new HIV/AIDS cases in the state. Now, all doctors, private clinics and pathological laboratories will have to inform the government of any fresh cases.

This step has been taken as a preventive measure even though Bihar lags behind states like Maharashtra, Andhra Pradesh and Tamil Nadu in the number of HIV/AIDS cases. "The state government has decided to declare HIV/AIDS a notifiable disease as part of its effort to arrest its spread," Health Commissioner Ashok Kumar Choudhary said. The names of patients would be kept confidential. This information would be restricted to

senior officials of the health department and the Bihar State Aids Control Society (BSACS).

Suzhou HIV/AIDS law praised by Human Rights Watch

■ **New York (US), November 15, 2002:** Suzhou, a city of one million in China's Jiangsu province, has passed a first-of-its-kind law protecting the rights of people living with HIV/AIDS. This new law guarantees HIV-positive people and their families equal access to employment, education and health care, and the right to sue for redress. Welcoming the decision, Human Rights Watch urged China's Communist party leadership to press government authorities to adopt similar legislation that protects the rights of PLWHA, and to ensure they are enforced. "Suzhou has taken the lead, but the rest of China is dragging its feet. The national government urgently needs to follow Suzhou's example," said Joanne Csete, Director of the HIV/AIDS and Human Rights programme at Human Rights Watch.

The Chinese Health Ministry has acknowledged that it faces an AIDS epidemic in the country and has asked for international assistance in combating it. However, local and national laws still permit many forms of discrimination against PLWHA. National laws prohibit HIV-positive persons from marrying, and local laws in some cities forbid them from swimming in public pools or working in food service or childcare. There have been widespread reports in Chinese and international media of community harassment and of discrimination by employers, hospitals and schools.

The Human Rights Watch urged national leaders to prioritise sweeping legal reform on AIDS and said national, provincial and city governments must reform existing laws that permit discrimination and include provisions to protect HIV-positive people's confidentiality. "If the state wants people to come forward, get tested, and learn about how the disease is transmitted, then legal reform is an urgent priority," said MS Csete.

Gates grants \$100m to India to fight AIDS



■ **New Delhi (India), November 12, 2002:** Microsoft Corp chairman Bill Gates has announced a \$100m grant to fight HIV/AIDS in India, the second worst-affected country in the world by the epidemic. The announcement came at the start of a four-day visit by Gates to India. The donation is the largest single-country grant by his charity, the Bill & Melinda Gates Foundation, and will target truck drivers and migrant labourers. He said his foundation would also help remove the social stigma attached to AIDS in India. Activists cite many examples where people living with HIV/AIDS have been thrown out of their jobs or homes and even refused treatment by doctors. Gates, sporting a red Hindu "tika" mark on his forehead, began his trip to India with a visit to an AIDS clinic in the Indian capital, where he interacted with HIV-positive patients.

China, US pledge to work together in anti-AIDS fight

■ **Beijing (China), November 02, 2002:** Chinese and US officials have pledged to work more closely to boost China's anti-AIDS efforts. Activists working in the HIV/AIDS sector have warned that the situation in the country is critical. At the end of a Sino-US conference on

Research and Training in AIDS-related areas in Beijing, both the countries promised increased exchanges and co-operation in scientific research and personnel training to help address the issue of AIDS in the country. Latest statistics from the Ministry of Health suggest that HIV/AIDS has infected one million people in the country since it was first detected in 1985. "China is at a critical juncture in HIV/AIDS control since the infection is spreading very rapidly from those with high-risk behaviours to the common people," said Health Minister Zhang Wenkang during the conference. He added that a Sino-US co-operation would benefit not only the Chinese people, but also contribute generously to the global counter-HIV/AIDS campaigns.

China to provide free drugs to AIDS-stricken villagers

■ **Beijing (China), October 18, 2002:** China's central and Henan provincial governments will jointly invest "at least" \$4 million to provide free medicine to treat several thousand people with HIV/AIDS in the central Chinese province. It is the government's first substantial effort to treat people living with HIV/AIDS and managing the epidemic.

The medicines will include both domestically-made generic versions of the HIV/AIDS drugs and patented versions purchased from multi-national drug companies. The drugs will be distributed to Henan farming villages, where unsanitary blood-buying operations spread HIV in the mid-1990s. The Henan plan provides clues on how the government aims to confront AIDS. Surveys have shown that HIV/AIDS prevalence is rising among intravenous drug users and sex workers. But the government plan focuses only on poor farmers who contracted HIV through blood-selling.

The application, obtained by the Wall Street Journal, says the funds would be devoted to seven central provinces where illegal blood-buying was most rampant. The money would first focus on 56 of the worst-hit counties in those provinces.

HIV/AIDS on the rise in Korea

■ **Seoul (Korea), October 18, 2002:** According to a study released by Korea's National Institute of Health, the number of Koreans infected with HIV/AIDS is on the rise. 277 people were tested HIV-positive between January and September this year, increasing the total number of people with HIV virus to 1,888 as of September. The rate shows that an average of one person is infected each day. This is a 19.7 percent increase from the same period last year. Among those who have tested positive, 73 have contracted HIV/AIDS and, so far, 59 have died of the epidemic.

The study also found that of those who knew how they were infected, 97.2 percent, or 1,505, said they acquired the virus during sexual intercourse. Of those who received the infection sexually, 360 (23.9 percent) acquired the virus by contact with foreigners, while 688 (almost 46 percent) acquired it from Koreans. Thirty percent (457 people) were infected by members of the same sex.

Source: *Korea Herald*

Annan: "China has no time to lose"

■ **Beijing (China), October 14, 2002:** Sounding a health alarm for the world's most populous nation, UN Secretary General Kofi Annan warned that China has "no time to lose" in preventing a massive outbreak of AIDS and must take decisive action to prevent it from hurting the country's economy. Annan focused his first appearance in China firmly on AIDS.

"There is no time to lose if China is to prevent a massive further spread of HIV/AIDS," Annan said, adding, "China is facing a decisive moment." Failure to tackle the problem would saddle China with burdens ranging from an exponential growth in numbers of AIDS orphans to development-sapping loss of efficiency, he warned. "The truth is that China today stands on the brink of an AIDS epidemic," Annan told 500 students at Zhejiang University's student activities centre. Chinese authorities say

LOVE AND CARE CAN HEAL

Shobha De

FOUR years ago, our family driver died a slow death. At the time we were intensely shocked. But also, intensely ignorant. Till the last month of his illness, we had no idea that he was HIV-positive. We had watched him lose weight over a period of time and even joked about it. Till the time he fell ill, he had had an impressive paunch. My husband would chide him and say a young man in his 40s had no business walking around with a round belly. It was only when other signals conveyed their ominous message that we realised his weight loss had nothing to do with our daily nagging.

He was seriously ill and needed immediate hospitalisation. The problem was getting him a bed once his condition had been diagnosed. Fortunately, he got himself admitted into a special ward hospital. A clean and efficiently-run ward, manned by sensitised doctors and nursing staff. His last few weeks were spent in relative comfort and dignity with a caring family and an attentive medical fraternity



“If society treats the affected as untouchables, they will suppress the knowledge of their sad ‘verdicts’ and live their days in misery and pain.”

monitoring every bodily crisis. When he finally passed away, it was in peace, at his own neat home, surrounded by his loved ones. The hospital had wisely discharged him once it was established that nothing more could be done from the doctor’s side. It was a good decision. It is what our driver wished for himself.

Four years later, I still wonder how I missed the early warnings? Not that my vigilance would have saved his life. But at least those two or three years of being treated for everything but the real prob-

lem would have been better spent. It’s possible that he knew what was he suffering from. But he did not share the information with either us or his family.

So much shame, so much condemnation, so much revulsion. Any illness has to be borne with exceptional fortitude. But this particular condition calls for much more. And if society continues to treat the affected as untouchables, more will suppress the knowledge of their own sad “verdicts”. As I saw our beloved driver wither away, his empty eyes told their own story. I know he died a lonely and miserable man because he thought he was being “judged” by all of us. It was not true, of course, but such is the deep-rooted perception and prejudice regarding a person living with HIV/AIDS.

We must not pass value judgements on another’s life. We are there to assure the affected that they matter to us. And that we love them. Surely that’s not too much to ask? ■

A prominent writer and columnist, the author is an active campaigner on social issues

LIFE IS BEAUTIFUL

Ravi Shankar Etteth

TWENTY-FIVE years ago, in a sleepy Malabar town that lazed in the shadow of the Nilgiris, a friend bought a one-way ticket. A casual nocturnal encounter had infected him with syphillis, and in that small community where the doctor played tennis with the professor and all the ladies in cotton met once a week over tea at the Rotary Club, secrets were harder to come by than confessions. It was guilt that drove my friend to death, a guilt associated with that most everyday thing called sex.

Buying sex is as old as buying onions, and the social stigma attached to it imposes the furtiveness of behaviour. As India becomes sexually comfortable with itself, and its middle classes find public displays of affection increasingly kosher, the guilt attached to casual sex is isolated in a sanitised enclave of the soul, which is usually



“It’s time to open the windows and let sunlight into the soul so that lives are led without stigmas.”

the cemetery of most relationships. In the age of epidemics far more serious than syphillis or herpes, basically because of incurability, guilt rides again as the subconscious sixth horseman whose hoofbeats are heard in our worst nightmares.

The erudite Italo Calvino compares guilt with excreta: that we defecate inside small private cubicles inside houses—it is in a way a philosophical allegory of expiating our guilts. Good manners need dia-

monds and roses to explain things, which are seen in the light of emotional disagreement, and psychologists explain the apology as a way of relieving oneself of the burden of guilt. As the world shrinks and overflows borders, so does the bacteria of guilt that multiplies in the secret caverns of our minds. It is time to face it, and meet it with compassion. It is time to open the windows and let sunlight into the soul, so that lives can be led without stigmas and deaths be not shameful.

The Masters say that guilt turns a man into introspection and penance and redeems his soul. Life may be a guilt-edged investment, but it certainly is nothing to feel sorry about. ■

A Deputy Editor of *India Today*, the author is a well-known political cartoonist and graphic artist. Penguin India recently published his first novel, *Tiger by the River*

CHINA APPROVES TESTING REAGENT

THE State Drug Administration of China has approved the production of a new reagent that simplifies testing for HIV. Unlike the conventional testing methods that take at least two weeks, scientists at Xiamen University and the Beijing Wantai Biological Pharmacy Enterprise, which jointly developed the product, claim that the new reagent can give a result within 30 minutes and requires no additional facilities, according to a report by official Xinhua news agency.

Jiang Yan, a researcher with an HIV/AIDS centre under the Chinese Centre for Disease Control and Prevention, says that the new product will be very useful for emergency tests in hospitals and blood donation centres in remote areas. A card-like device with the reagent confirms the person's HIV status when touched with drops of the sample blood—a single purplish line indicates that the person is HIV negative and two lines mean that blood sample is HIV infected. Wang Youchun, Director of the Cell Lab of the Beijing Research Institute of Biological products says that like other Chinese-made HIV test reagents, which meet international standards, the new device is as accurate but less expensive because it is completely produced from domestic materials.

An estimated 1 million people are living with HIV in China, most of them still unaware of their status, mainly due to the lack of a testing service. According to Ministry of Health figures, only 9,824 people were confirmed through tests as being HIV positive last year.

Wang said that with an increased efficiency in HIV tests, China doesn't solely depend on imported products any longer. This, he said, will benefit the diagnosis and prevention of the deadly disease nationwide, Wang said.

Apart from diagnosis and prevention, China is also planning to boost treatment services since an increasing number of HIV carriers were develop-



A Chinese woman displays a floral arrangement made of condoms in Beijing

ing into AIDS patients, according to the MOH. Experts estimate that between 80,000 and 100,000 patients are awaiting treatment across China at present. The MOH has chosen 51 counties in HIV-plagued provinces to

carry out a programme of medical treatment and care, health education and behavioural intervention among people living with HIV/AIDS. The programme will be introduced to more areas over the next two years. ■

New Sex Health Website Launched

A website giving advice on sexual health to young people has been launched in China. The site www.youandme.net.cn encourages youngsters to openly discuss their love lives and all matters related to sex, site designer Sang Qing told the *China Daily*. The launch of the interactive website, partly sponsored by the UN, follows an announcement in December that China will lift a ban on condom advertisements in an effort to promote safe sex.

Most Chinese people have very little access to reliable and accurate information on sex, but the growing prevalence of HIV/AIDS and other sexually transmitted diseases is worrying authorities. According to UN estimates, between 800,000 and 1.5 million people in China had HIV by December 2001, and the number could reach 10 million by 2010. Most are in the 15 to 29 age range, according to the Health Ministry.

"In China, where there is a wider gap between puberty and marriage, sexual activity outside marriage has increased and this has increased young people's vulnerability to HIV and AIDS," said Liu Liqing, the China representative of the NGO Marie Stopes International.



Millennium Development Goals

IN september 2000, at the United Nations Millennium Summit world leaders endorsed a set of time-bound and measurable goals and targets to combat poverty, hunger, disease, illiteracy, environmental degradation, discrimination against women and create a global partnership for development. This global compact—now known as the Millennium Development Goals—was endorsed by all members of the United Nations. It sets out a series of time-bound and quantifiable targets ranging from halving extreme poverty to halting the spread of HIV/AIDS by 2015. The Summit’s Millennium Declaration also outlined a consensus on how to proceed,

with a stronger focus on human rights, good governance and democracy as well as conflict prevention and peace-building.

The political framework for achieving the Millennium Development Goals was provided by the new global deal struck in 2002 in Monterrey, Mexico, between North and South. The rich nations represented at the Monterrey “Financing for Development” summit pledged to remove trade barriers and provide more aid and meaningful debt relief to devel-

oping countries that undertake tough political and economic reforms. This global compact was reaffirmed at the World Summit for Sustainable Development held in Johannesburg, South Africa, in August 2002.

In developing countries, the Millennium Development Goals are proving their potential to bring together a wide range of opinion-makers and decision-makers—government officials, parliamentarians, non-governmental organizations

and religious groups—in support of a common development agenda. Government leaders in Africa and Asia are making the Millennium Development Goals a focus of political debate and Finance Ministers are using them to give priority to development issues as never before. Regional initiatives, such as the New Partnership for Africa’s Development (NEPAD), have also embraced the Millennium Development Goals and are starting to do their own reporting on

HIV/AIDS AND THE MILLENNIUM DEVELOPMENT GOALS

HALTING and reversing the spread of HIV/AIDS is a key MDG. UNDP is working to create the enabling policy and resource environment required to achieve this target, and to alleviate the negative impacts of HIV/AIDS on individuals, families, communities and systems. Without achieving the HIV/AIDS goal,

the MDG targets relating to poverty, hunger, education, gender equality, child mortality, maternal health, environmental sustainability and global development partnerships—are unlikely to be attained. UNDP’s approach to HIV/AIDS will create an environment that contributes both directly and indirectly to achieving all the

MDGs—through appropriate policies; transformative leadership; rights-based legislation; inclusive and empowering planning and implementation processes; community conversations to address social issues that fuel the epidemic; advocacy for adequate resources; and arts and media for social transformation.

SELECTED MILLENNIUM DEVELOPMENT GOALS AND THE EFFECT OF HIV/AIDS

Millennium Development Goals	Effect of HIV/AIDS	Impact of AIDS on Progress towards the Declaration Goals, with examples
<p>1 Reduce income poverty: Halve by 2015 the share of the world's people whose income is less than one dollar a day.</p>	<p>AIDS increases consumption needs and depletes household assets. Labour losses reduce income. Can push household incomes down by 80%. Increases household poverty. Weakens public infrastructure needed to reduce poverty.</p>	<p>Will slow or reverse progress towards the goal. For example, in Burkina Faso the proportion of people living in poverty is projected to increase from 45% to nearly 60% by 2010 as a result of HIV/AIDS.</p>
<p>2 Reduce hunger: Reduce the proportion of people who suffer from hunger.</p>	<p>The poverty impacts may be intergenerational. Illness, reduced incomes, lower productivity of subsistence agriculture and crop shifts increase food insecurity, especially for women and children. Quality of diet important for improved survival, but more difficult to secure due to illness.</p>	<p>Survival with HIV makes this a critical goal, while AIDS makes it more difficult to achieve due to reduced food availability, access, intake and absorption. Studies in Thailand have found that food consumption in affected households falls by 15–30%.</p>
<p>3 Increase access to safe water: By 2015 halve the proportion of people who are unable to reach or afford safe drinking water.</p>	<p>Illness, increased labour demands for caring and lost labour reduce time for collecting water, especially for women. Human resource losses and costs in water supply services affect delivery and increase the cost of services to households.</p>	<p>Loss in household resources and labour time make easy access to safe water critical. The epidemic will slow or reverse progress towards this goal.</p>
<p>4 Universal primary education: By 2015, children, boys and girls, able to complete a full course of primary schooling.</p>	<p>Education supply threatened by teacher absenteeism and deaths. Children from households facing lost income and demands for caring drop out of school. Households and schools face increased stress. Education, especially for girls, is critical in preventing infection and delaying onset of sex.</p>	<p>In the worst affected countries, education quality and enrolment, especially among the most vulnerable groups, have already been reduced. For example, in the Central African Republic and Swaziland, school enrollment is reported to have fallen by 20% to 36% due to AIDS and orphanhood</p>
<p>5 Improve child health: Reduce under-five child mortality by two-thirds of its current rates by 2015.</p>	<p>Infant and child mortality will continue to increase for the next decade, and possibly longer, due to mother-to-child HIV infection and the more general poverty-creating effects of the epidemic.</p>	<p>Without action the target will not be met and in some countries there will be a deterioration over the period. For example, under-five mortality in South Africa will increase to 160 per 1000 live births by 2010, instead of falling to 44/1000 (as per Millennium Development Goal) by 2015.</p>
<p>6 Achieve gender equality: Girls and boys to have equal access to all levels of education.</p>	<p>Girl children are more likely to be kept out of school to provide care or when resources are limited. Women take on greater burdens of caring and face greater economic insecurity when wage earners fall ill. While gender equity (social and economic) is a critical factor in reducing risk, AIDS exacerbates burdens on women and gender inequalities.</p>	<p>Goal cannot be met in seriously affected countries. In some of the worst affected countries, nearly 50% of children who lose their parents to HIV/AIDS drop out of school, the majority of whom are girls.</p>
<p>7 Improve lives of slum dwellers: By 2020, achieve a significant improvement in the lives of at least 100 million slum dwellers as per "Cities Without Slums" initiative.</p>	<p>For the poor, AIDS reduces ability to afford even the most basic housing. It pushes new households into poverty and reduces service delivery by governments.</p>	<p>Goal cannot be met without addressing impact of HIV/AIDS. A study in Zambia found that urban households affected by HIV/AIDS lost</p>



TWILIGHT ZONE

Photo: Anil Ahuja

■ By **UNDP Regional HIV and Development Programme Team**
 co-ordinated by **Patralekha Chatterjee** with inputs from **Tharuka**
Dissanaike, Surendra Phuyal and Rie Debabrata

ON a summer evening, inside an apartment on the outskirts of Delhi, a young girl with kohl-lined eyes in a bright blue salwar-kameez, sits engrossed in front of a television screen. The images of mushy love, longing and separation is part of her daily diet. “It is *Desh Me Nikla Hoga Chaand*—my favourite serial,” she says. At age sixteen, Rita (not her real name) could be the typical, TV-addicted Indian teenager, except that nothing else about her life resembles the girl-next-door. Born into a poor family in a village in Khulna district, Bangladesh, Rita lost her mother when she was very young. Her father brought her to Kolkata and left her with an uncle when she was

barely nine. Life was hard. And full of danger, as Rita soon discovered. The ‘uncle’ was coercing his own daughter into sex work much against the wishes of his wife. Terrified, with nowhere to go, Rita felt vulnerable. Her father did not keep in touch and her aunt, though sympathetic, could do little to help her.

One day, after a bitter quarrel, Rita’s uncle threw her out of the house. A desperate Rita set out for the hospital where her aunt worked. On the way, she ran into a young couple at a suburban railway station. They promised to take her to her aunt. The chance encounter changed her life. Rita found herself inside a train. Her new ‘friends’ were evasive when she asked where she was going. The murky truth was revealed when she was taken to a cheap hotel in Delhi. The couple vanished soon after, leaving her at the mercy of the hotel inmates. A woman consoled the sobbing girl by offering her work as a domestic help. Rita realised only too late that the promised ‘job’ as a maid was actually inside a brothel in GB road—Delhi’s well-known red-light district. Rita had been sold. No one told her the price tag.

Two years ago, Rita was rescued by a NGO working with trafficked women and children. After six months in the state-run protection home for women, Rita found a place in a refugee home run by a non-governmental organisation.

Things were looking up till a recent medical check-up indi-

cated that Rita was HIV-positive.

The young girl was shattered when she first heard the news. She tried to recollect her moments of vulnerability to HIV, which she had some idea about. She had fought hard, and often violently, to get her customers to use condoms. But no one had told her that unsafe sex, even once or twice, or defective condoms could make all the difference. Today, Rita is trying to pick up the pieces of her life. The violent past is a closed chapter—one she would like to erase from her memory. Her new passion is beauty. Thrice a week, she attends classes in hair-styling and bridal make-up. “I want to be the best hair stylist in this city,” she says, playing with a strand of hair.

The boundary between India and Bangladesh runs through rivers, mangrove swamps and densely populated villages. Rita knows she is ‘privileged’. Very few among the untold number—mostly women and children from Bangladesh—who are trafficked each year across this 4,096 km highly porous border can hope to be rescued. Fewer still find a safe home and medical care.

Bangladesh is one of the hot spots in the global trafficking trade. But the teenage girl’s story is not an uniquely Bangladeshi experience. A familiar tale across the Asia-Pacific region, it brings out the acute vulnerability of a large and growing mobile population in the region that is often unaware of and unprep-



TRAFFICKING SHOULDN'T be confused with sex work. It includes sexual exploitation, domestic servitude, unsafe agricultural labour, sweatshop labour, construction...

■ COVER STORY



Trafficked survivors undergoing skills-training at a rehabilitation centre in Northern Thailand

Photo by Naveen Kishore. Courtesy: Changemakers (www.changemakers.net)

CENTRAL TO trafficking of women and children is a woman's inferior status, deeply entrenched cultural biases in society which stand in the way of her realising her potential and the failure of the State to guarantee women's rights.

ared for these vulnerabilities.

Faced with poverty, deprivation and a lack of choices on one hand, and the lure of city lights and a better life on the other, tens of thousands are voting with their feet.

Unsafe Mobility and HIV/AIDS: The Plot Gets Thicker

It is tempting to see a direct correlation between greater mobility and the increasing numbers of HIV-infected people in the region. But the facts on the ground are more complex. Mobility can create conditions, which make migrating women, children and men more vulnerable, but it would be alarmist to conclude that mobility or migration necessarily leads to trafficking or HIV infection.

Well-documented trafficking routes in the region include movement from Bangladesh and Nepal to India and Pakistan, and widely

within India, especially to big cities such as Mumbai, Delhi and Kolkata. Widespread trafficking also takes place from South Asia to the Gulf countries. In South-east Asia, trafficking statistics are high both within and from the region—Karen (the single

largest ethnic minority group in Myanmar) girls being trafficked from Myanmar, girls from the Democratic People's Republic of Korea (DPRK) trafficked to China for 'forced marriages' and so on.

A senior UN official cites a stunning statistic to highlight the gravity of the problem. "Some 30 million women and children across the Asia-Pacific region have been trafficked over the past 30 years, 'victims of the largest slave trade in history'," pointed out Kul Gautam, Deputy Executive Director of the United Nations Children's Fund (UNICEF) at a two-day International Symposium on Trafficking of Children in Tokyo earlier this year.

Estimates of the number of people trafficked vary hugely—from tens of thousands to millions. This is partly due to the clan-

ALMOST 1 million people in Asia and the Pacific acquired HIV in 2002, bringing to an estimated 7.2 million the number of people living with the virus. A further 490,000 people are estimated to have died of AIDS in the past year. About 2.1 million young people (aged 15–24) are living with HIV. Except for Cambodia, Myanmar and Thailand, HIV prevalence levels remain comparatively low in most Asian and Pacific countries. But both China and India are experiencing serious, localised epidemics affecting millions. *Source: UNAIDS*

destine nature of the activity and the inherent difficulty of tracking criminals, and partly due to different definitions/concepts of trafficking.

The Massachusetts-based Coalition Against Trafficking in Women (CATW) estimates that 5,000 women are trafficked from Nepal to India yearly. After India, Hong Kong is the second biggest market for trafficked Nepalese girls. Agents in rural areas, brokers and even family members sell girls. Japan is the largest sex industry market for Asian women, says the CATW.

Importantly, trafficking should not be confused with sex work. In the broadest sense, trafficking includes sexual exploitation as well as domestic servitude, unsafe agricultural labour, sweatshop labour, construction or restaurant work. It, therefore, needs to be analysed in its broadest sense and complexity.

Human trafficking is not new. But today it is one of the fastest growing trans-national crimes—traffickers' networks are more organised, there are better roads, communication facilities. And the catchment area is spreading beyond the traditional enclaves—ensuring constant supply. The demand side is also increasing. According to UNIFEM, human trafficking is increasing in all the countries in the Mekong sub-region. While there

Photo: Anil Ahuja



Young sex workers waiting for customers at a brothel on G. B. Road in Delhi

Camel Kids: Pawns in a Ruthless Game

In Pakistan, the Lawyers for Human Rights and Legal Aid (LHRLA) has expressed grave concern over a recent case involving the return of 21 camel jockeys from the United Arab Emirates. This clearly demonstrates that despite the promulgation of the Prevention of Human Trafficking Ordinance 2002, trafficking for camel jockeying is still rampant. LHRLA's fact-finding mission has also revealed that sexual and physical abuse of camel kids is commonplace.

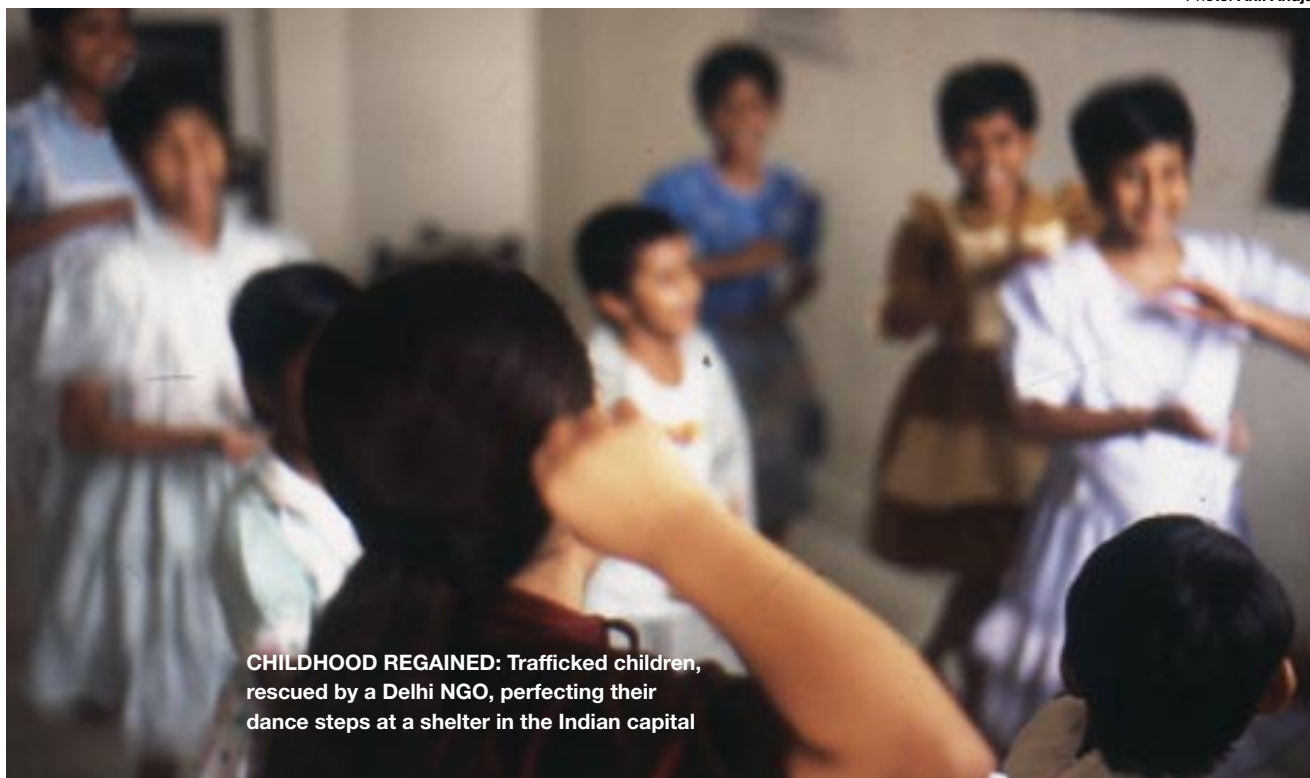
The long tradition of camel racing in the UAE has in recent times involved very young children being forced to act as jockeys. Initially, the children were bought from Oman and Sudan. Later, owing to changing socio-economic patterns and decreasing livelihood opportunities in South Asia, they were also trafficked from Pakistan, India and Bangladesh. In these races, where large sums of money are at stake, the child is strapped to the camel with a rope and the child's screams serve to whip the camel into a frenzy and propelling it to run faster. Children under seven years of age and weighing between 15 to 17 kg are preferred as jockeys. They often complain of being underfed to maintain low weight. Many have died either from fear or from being tossed by camels. Bleeding owing to constant pressure on the back and genitals is common and medical facilities are usually not available.

Talking to the LHRLA team, Irshad, a 12-year old jockey, said he faced a number of difficulties during his stay at Abu Dhabi. "Someone tried to sexually abuse me but on seeing me resist he beat me severely. They often abused the children sexually and I saw their acts with some Sudanese children." Children like Irshad are extremely vulnerable to HIV/AIDS, but there exists little data on the HIV status of such children.

Shaukat Ali, the father of two camel jockeys who were among the returning children from Abu Dhabi, maintained that organised crime groups are involved in the trafficking of children mainly from Rahimyar Kahn and interior Sindh. LHRLA reports reveal that in 2002, there were 911 cases of missing children published in national and local newspapers in the country. Of these, 813 were male and 98 female.

191 countries, including UAE, have ratified the UN Convention on the Rights of the Child (CRC) and the rights outlined in articles 11, 32 and 35 are often violated in situations of trafficking and exploitation of children for economic gains. Pakistan has taken up the issue of child trafficking and law-enforcing agencies, like the Federal Investigation Agency (FIA), are responding to the issue. The electronic media has also been conducting a number of talk shows and informative programmes to raise general awareness on camel jockeying practices.

Rie Debabrata



CHILDHOOD REGAINED: Trafficked children, rescued by a Delhi NGO, perfecting their dance steps at a shelter in the Indian capital

SADLY, DESPITE laws and the plethora of anti-trafficking projects, the real battle is of changing mindsets—the trafficked person is either still treated more like a criminal or as a ‘victim’, rather than as someone who can be a survivor.

is no single ‘victim’ stereotype, the majority of trafficked women are under the age of 25, with many in their mid to late-teens. “The fear of infection from HIV has driven traffickers to recruit younger girls, some as young as seven, erroneously perceived to be too young to have been infected,” says the UN agency.

Side by side, the number of those infected by HIV is spiraling. Asia is faced with a double emergency—a trafficked child or woman has greater chances of contracting HIV/AIDS because she/he is placed in the most vulnerable of situations with absolutely no control over his/her choices.

Studies show that brothel sex workers are most likely to become infected during the first six months of work, when they probably have the least bargaining power and are made to service more customers than others. These are often those who refuse to use condoms and whom the older and more experienced sex workers decline to service. The young girls are also subjected to abuse and frequent rapes to ‘break them in’, thereby increasing their exposure to HIV.

Two years ago, STOP, a Delhi-based NGO, estimated that 60 percent to 80 percent of trafficked girls it came across suffered from life-threatening diseases, with an increasing incidence of HIV/AIDS. The NGO—which rescues and rehabilitates trafficked children and women—conducts focus-group discussions among those it rescues. In the course of one such discussion among 57 trafficked children and women, STOP found that 98 percent had never initiated condom use although they had some knowledge of safe sex.

Describing the situation in a red-light area in Delhi, STOP

reports that women do not have access to the money they earn. After paying off their ‘dues’ to the madams and pimps, the sex-workers are ‘given’ a share of their earnings in the form of ‘tokens’. The sums accumulate and is given to the girls usually after three years. Evidently, there is hardly any money for healthcare.

Women and children trafficked into sex-work are at the top of the activists’ agenda. But a woman, child or man forced to work in sweatshops or factories or to beg in the streets is also at risk of coercive sex. Research by the Karachi-based Lawyers for Human Rights and Legal Aid (LHRLA) shows that children from Bangladesh and Myanmar have been kidnapped, sold and trafficked to the Middle East for use as camel jockeys.

**Absence of Choices:
The Nexus of Vulnerability**

THE common factor linking HIV transmission and trafficking is the powerlessness to negotiate and the absence of choices. It is this ‘nexus of vulnerability’ which links the two phenomena, argues a paper by the UNDP HIV & Development Programme, South and South West Asia—one of the agencies facilitating responses to the vulnerability of women and girls to trafficking and HIV/AIDS. In South Asia, both trafficking and HIV/AIDS are occurring in a climate of denial and silence. It is this silence about violence against women and girls, and the silence and unwillingness to acknowledge that the HIV/AIDS is a major development challenge, which is allowing the epidemic to spread, and perpetuating trafficking.

MOST families in the Mekong sub-region (Thailand, Laos, Cambodia, Myanmar, Yunnan) are subsistence farmers or landless villagers with few work opportunities. Political conflict and civil unrest in some of Thailand's neighbouring countries have led to massive displacement of populations, leaving a trail of orphans and street children vulnerable to exploitation. The thriving sex market too acts as a magnet to such people. Faced with multiple pressures, parents come to view their daughters as commodities that can be traded. Each year, thousands of children and young women in the Mekong sub-region are kidnapped, sold and forced into brothels for sex work. In an interview with **Patralekha Chatterjee, Sompop Jantraka**, Director of the Thailand-based Development and Education Programme for Daughters and Communities Centre (DEPDC), speaks about the factors fuelling trafficking in the region and the linkages with HIV. DEPDC has helped over 1,000 children from the Mekong sub-region. Last April, Mr antraka was featured in TIME magazine as one of 25 Asian Heroes.

“Trafficking is big business”

Q: Is trafficking of women and girls on the rise in South East Asia?

A: Yes, it is increasing. This is the feedback from NGOs working in the Mekong sub-region. It is difficult to come up with numbers, but NGOs say the majority of those being trafficked are from the indigenous hill tribes in Thailand, South China, Myanmar and Laos. The average age of the trafficked persons is between 15 and 18 though there are many who are younger. They are from very poor families and are promised jobs in Bangkok, Singapore....

Q: What are the factors contributing to this rise?

A: The hill tribes live in jungles. They subsist on forest produce. They hardly have any education. They are a minority and often remain unregistered. They do not have any identity documents. They cannot participate in the political life of the country and so when they seek to migrate in search of a better life, they fall prey to traffickers. On the other side, the traffickers' network has got better organised and the tourism/entertainment industry is fuelling the demand for these hill tribe girls who are considered ethnic exotica. They are told they would work in bars etc and showcase 'minority culture', but they do not have any papers, they cannot perform publicly, so they get sucked into the dark side of this entertainment business in cities like Bangkok. They work without payment, without any health benefits like slaves...

Q: Is there a growing recognition of the link between the spreading HIV epidemic in the region and trafficking?

A: I think at the official level, there is not enough recognition of the nexus between the two. Ironically, the AIDS awareness campaign in Thailand has been targeted at red light areas but hill tribe girls who are trafficked into sex work are more vulnerable to HIV because of the general belief that girls from poor, hill tribes are 'safe'. If such a girl has 8/9 customers a day, not more than 2 are likely to use condoms.

Q: What makes Asia particularly vulnerable to trafficking and HIV?



A: Asia has a history of conflict and civil strife. Minorities are under tremendous pressure in our region. They do not have legal status, they are disempowered, helpless, with little resources and hope. This makes them potential targets of traffickers. Corruption is another major issue in this region. Trafficking is big business. It is Trafficking Inc, and those who have power and position have stakes in this racket—they live off the spoils, so no big fish gets caught. The hill tribe girls are lured by the promise of jobs in the entertainment industry—dancing, folklore. But

they land up as pawns in sex tourism. This is the underbelly of the tourism boom in these parts. The link between trafficking and HIV is the vulnerability. Trafficking is trading in very vulnerable people who have no choices and they can hardly negotiate anything.

Q: What is your organisation and other NGOs doing to confront these problems?

A: The Daughters Education Programme believes in widening the choices of hill tribe girls through education. We believe you can protect a child from being trafficked and from HIV by educating her. We provide alternative education to those who have missed the chance of going to school. This is capacity building among those who have no hopes and no parents. There is a vocational training programme aimed at girls who are at risk of being sent into child labour or prostitution. The girls are taught skills which will improve their chances in the job market.

Q: What has been the response of governments in the region towards these issues?

A: NGOs within the region are better networked than governments. The UN Inter-agency project to deal with trafficking in this region has started work though it is at an early stage. Sending countries and receiving countries have to dialogue more and governments have to allocate more budget for grassroots programmes which save girls before it is too late. There should be more money for projects which are working towards prevention of trafficking.

■ COVER STORY

Central to trafficking of women and children is a woman's inferior status, deeply entrenched cultural biases which stand in the way of her realising her potential and the failure of the State to guarantee women's rights. In country after country from where large numbers of women and girls are being trafficked, one finds the same vignettes of female powerlessness.

For example, women in Nepal—another hotspot in Asia's trafficking trade—face not only social and cultural bias but are still discriminated against by law. Despite being a party to 16 international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Nepal has at least 118 legal provisions, spread over 54 different laws that have discriminatory provisions, according to a report (2000) prepared by the Kathmandu-based Forum for Women, Law and Development (FWLD).

"The discriminatory laws reflect the double standards in society. A Nepalese mother cannot register her child's birth without the father's help. Nepalese law does not recognise the woman as an independent citizen. If the state treats women as second-class citizens and the prevailing value system makes them feel they are 'giveaways', they feel they have no choices. They want to get out and are potential prey to traffickers," says Sapna Pradhan Malla, a leading lawyer in Nepal and President of FWLD.

Country Code (Eleventh Amendment) 2020 (1963), which was passed by the Nepalese Parliament in March 2002 and got the Royal Assent in September 2003, grants Nepalese women more legal rights. But there remain serious lacunae. One major issue is the establishment of equal inheritance and property rights, regardless of a woman's marital status.

ASIA IS facing a double emergency: a trafficked child or woman is more prone to HIV/AIDS because s/he is placed in the most vulnerable of situations with absolutely no control over his/her choices.

The bigger challenge is to spread awareness about these new legal instruments, in a society where illiteracy is rife.

Discrimination spawns the related phenomena of economic dependency, domestic violence, lack of access to resources and exploitation in all its forms. In Bangladesh, for example, the site for recruitment (for trafficking) is usually a poor area marked by food insecurity and unemployment—the country's northern districts—where women can only find seasonal work at very low wages and where parents are quick to accept offers of marriage or employment for women and children in lieu of payment.

Gender and the Multiple Burden

GENDER-BASED discrimination is compounded by discrimination based on other forms of "otherness" such as race, ethnicity, religion and economic status. This forces the vast majority of women into precarious marginalisation.

In South Asia, "the Rohingya women of Myanmar's Northern Arakan state have been rendered stateless by the fact that Myanmar denies the Rohingya citizenship. Their undocumented status and lack of access to official papers is one of the fact-



Photo: Reuters

ors impeding their free and informed movement across borders. The Rohingya women, in particular, become soft targets for traffickers who prey on their predicament," points out a January 2000 report by Radhika Coomaraswamy, the Special Rapporteur on Violence against Women.

Citizenship registration is also a key issue in parts of South-east Asia. In Northern Thailand, there are an estimated 400,000 people from ethnic minority groups who have the right to citizenship, but no documentation for this, nor any permanent residence. This deprives them of the right to education, travel or work legally, and makes them highly vulnerable to traffickers, points out the UN Inter-Agency Project on Human Trafficking in the Greater Mekong sub-region.

Asia: A soft Target?

ASIA is home to some of the world's most affluent. It is also home to two-third of the world's poor. The increasing feminisation of the region's poverty makes the situation complex. Two-thirds of the region's poor are women and about 20 to 40 percent of the households are led



An Afghan woman, with her child in her arms, begs on a Kabul street. Protracted armed conflict and violence have rendered thousands of women in Afghanistan highly vulnerable to various forms of exploitation

by them (Poverty Reduction Strategy, ADB). In addition, the number of women living in poverty has increased disproportionately over the last decade. Growing landlessness and lack of work in the villages are pushing tens of thousands to move to towns and cities with breakdown of communities and traditional knowledge. Factors that compound such movements also lie in what can be termed, ‘socially sanctioned violations’ (such as widespread caste segregation, violence based on gender and class and caste.). Situations of conflict and calamities are additional ‘push’ factors.

Even for those who live in cities, employment options in the formal sector are severely limited. As the economy undergoes rapid changes, there are new opportunities. But for those without education or the ‘right’ connections, it means growing inequalities.

“Asia is particularly vulnerable to human trafficking as well as HIV because of its history of conflicts,” says Sompop Jantraka, Director of the Development and Education Programme for Daughters and Communities Centre (DEPDC), a Thai NGO. “Conflicts, many of which continue to rage, have thrown up a vast pool of poor, disenfranchised people with

little resources and few choices—a fertile ground for traffickers. Add to this rampant corruption. Trafficking is big business and only those with position and power can invest in this trade. The big fish in the trafficking trade do not get caught because they have political backing,” adds Mr Jantraka (see *interview with Mr Sompop Jantraka*).

For many people, mobility is an important survival mechanism and a freedom. But people on the move can be particularly vulnerable to HIV exposure due to long periods of separation from family, removal from familiar behavioural norms and expectations, social and cultural isolation and lack of access to information and services. Many who start out as migrants fall into the traffickers net en route.

New Routes, New Hubs, New Vulnerabilities

TRAFFICKING is a dynamic phenomenon. Those in the business have learnt to quickly adjust to new environments. Today, even as the campaign to combat trafficking gathers momentum, new routes, new hubs and new



Young migrant women newly arrived in Beijing listen to another migrant worker tell her story. Such sensitisation programmes seek to reduce the vulnerabilities of women moving to unfamiliar places in search of livelihoods

Photo: Reuters

Women and Young Persons in Conflict Situations

THE following factors have been cited as factors that contribute to the spread of HIV during situations of conflict, uncertainty and unrest:

- **Sexual violence and trafficking:** In refugee camps and other settlements with displaced people, women and girls, while carrying out daily duties, face the loss of personal security. They are particularly susceptible to being violated and trafficked, thereby increasing their vulnerability to HIV/AIDS.
- **Breakdown in social structure and legal protection:** Sexual relationships become more transitory and young persons become sexually active to marry at a much earlier age in the absence of leisure, education and employment opportunities. In such circumstances, women and young girls are often sexually abused and not protected from violence, res-

ulting in a vicious circle of vulnerability.

- **Health infrastructure:** The impairment or destruction of health infrastructures translates into inadequate access to condoms, sexually transmitted infections (STIs) not being treated and drugs not being available for preventing mother-to-child transmission of HIV/AIDS. Women and girls have limited access to health facilities and confront more public discrimination in the context of medical and social support.
- **Gender inequity:** The low status of women and girls makes them vulnerable to sexual and gender-based violence, discrimination and HIV infection, since their ability to control their sexuality and/or negotiate safe sex is severely constrained.
- **Basic needs and economic opportunities:** Women and children are often coe-

rced into exchanging sex for food, resources, shelter, protection and money.

- **Displacement:** During conflicts, people are often displaced, and healthcare services destroyed. Most social services like schools and health education too shut down, leaving communities bereft of the very institutions that form the core of social cohesion and interaction. During displacement, sexual and gender violence becomes more frequent as social norms and patterns are changed, even dissolved by the desperate situation they are in. When the conflict ends or slows down, both civilians and combatants return to their home communities, sometimes carrying the virus.

Inputs from UNFPA (2000) The State of World Population: Lives Together, Worlds Apart, men and Women in Times of Change, NY



WHY ME?: For a woman, the perpetual struggle for survival begins in childhood itself

ASIA IS home to some of the world's most affluent. It is also home to two-third of the world's poor. The increasing feminisation of poverty makes the situation complex: two-thirds of the region's poor are women.

threats are emerging.

"Gone are the days when Nepalese girls would be trafficked only to India," says Anuradha Koirala, Assistant Minister of Women and Children and founder of Maiti Nepal, a well-known institution for women and children undergoing skills training. "Now, we have incidents of our girls being trafficked to East Asia, Middle East, and beyond for prostitution. The conflict situation has made almost every girl vulnerable to trafficking." (see interview with Anuradha Koirala)

Records at Maiti Nepal corroborate Ms Koirala's argument. Volunteers of Maiti Nepal intercepted a total of 56 girls who were bound for India at various points in 1998. The number climbed to 150 a year later, and to 395 in 2000. In 2001, Maiti Nepal volunteers stationed at nine different points intercepted 350 India-bound girls.

The average age of girls trafficked from Nepal to India dropped from 14-16 years in the '80s to 10-14 years in 1994, according to a 1995 report by the Human Rights Watch. The notion that young girls are 'virginal', less sexually-experienced and hence 'disease-free' and safe, has fuelled increases in the demand for younger sex workers.

Despite greater public awareness and

lobbying by anti-trafficking activists, there is no let-up in the selling of women and girls. During the last 10 years, it is estimated that over 30,000 women and girls have been trafficked from Bangladesh to India, and this is continuing at a rate of 200-400 women every month, according to STOP.

WOMEN who start out as hopeful migrants without sufficient information, guidance or protective systems can find themselves trafficked into different kinds of bonded labour including sex work within or outside the region. Even women who start out as legitimate migrants with documents and promises of jobs can find themselves cheated or sold along the way where effective and powerful traffickers operate. What happens to these women does not remove the legitimacy of their desire to exercise the freedom of mobility in search of livelihood opportunities, but only illustrates the urgent need for measures guaranteeing their safer migration."

(UNDP 2001)

Though women and girl children are prize catches for traffickers, boys from poor families are also in danger. LHRLA Pakistan, reports that in 2002, 422 cases of abduction of male children were reported in that country. LHRLA believes that child abduction is increasing at an alarming rate all over Pakistan.

Trafficking patterns are changing. "Trafficked persons need not be the ones from Sindhupalchowk, Dhading or Nuwakot districts (the traditional hunting grounds for traffickers) and they need not be necessarily girls with Mongoloid features. Girls belonging to every caste and from everywhere in Nepal are being ferreted out," says Biswa Khadka, Programme Officer at Maiti Nepal. Of these, more than 80 percent continue to be trafficked to India with which Nepal shares an open border while the rest are flown to new destinations of East Asia and the Middle East, according to Nepalese NGOs.

Poverty and the lure of a better life remain



A POIGNANT QUESTION: Sex workers protesting their eviction in Dhaka

TRAFFICKING IS a dynamic phenomenon. Those in the business have learnt how to quickly adjust to new environments. Today, even as the campaign to combat trafficking gathers momentum, new routes, new hubs and new threats are emerging.

central to the vulnerability of those being trafficked across the region. An Islamabad report by the Inter Press Service this April referred to a story in the Pakistani media about 30 Iranian girls who had been trafficked. “Human smugglers had brought these young girls, rescued by police and social workers in Balochistan province on the border from Afghanistan, from poor Iranian families on the promise that they would be married to well-off men in Pakistan.” Traffickers do not operate only across borders. Much of the trade in human beings is taking place within a country’s borders.

“In Swat (North West Frontier Province), a woman could be bought for no more than Rs 10,000 (\$165). In Sindh and Balochistan, the selling of daughters as young as 10 to men willing to pay their families Rs 30,000 to Rs 40,000 (\$500 to \$600) was reported,” according to The State of Human Rights Report 2002 brought out by the Human Rights Commission of Pakistan (HRCP).

A 1998 Plan of Action to combat trafficking and commercial sexual exploitation of women and children drafted by the Department of Women and Child Development in India noted that most of the human trafficking is done within the country from one state or region to another.

South-east Asia may be better-off than South Asia in GDP terms, but women from marginalised sections in South-east Asia are as vulnerable as their counterparts in South Asia. A study by Annuska Derks for the International

Organisation of Migration (IOM) points out that 200-250,000 women and children from South-east Asia are trafficked annually—a figure representing nearly one third of the global trafficking trade.

“The economic crisis in East Asia has resulted in many women being trafficked to escape sudden poverty,” notes Ms Coomaraswamy. Women became more vulnerable because they are the ones without education and often without access to land or capital that could help them tap into any economic boom.

Safe Mobility: Rights-Based Option

ALTHOUGH the impact is not dramatic, the past five years have seen some progress in a shared understanding of the dynamics of trafficking, its complexities and intersection with mobility and HIV/AIDS in the Asia-Pacific region. But problems remain.

Globally, there is a new protocol—The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000) which contains the first international definition of ‘trafficking in persons’. It’s a step forward from the 1949 UN Convention that focused only on sex work and considered all sex work, voluntary and forced, to be trafficking.

But as international anti-trafficking pressure groups such as



Photo by Naveen Kishore. Courtesy: Changemakers (www.changemakers.net)

BACK TO LIFE: Young trafficked survivors at a rehabilitation centre of Development and Education Programme for Daughters and Communities (DEPDC) in Thailand

The GAATW (The Global Alliance Against Traffic in Women) have pointed out, serious gaps remain. For instance, the 2000 Convention does not require governments to provide any services to trafficked persons such as shelter, medical or psychological support or legal counselling; or to cease arresting, imprisoning and summarily deporting survivors; protect their identity; or permit them to remain in the country, even temporarily, if it is unsafe for them to return home.

Good Practices

ANOTHER sign of progress in the battle against trafficking is the formulation of a human rights standard to deal with trafficked persons. The result of a lot of hard work by GAATW and other NGOs, the document, *The Human Rights Standards for the Treatment of Trafficked Persons and Recommendations*, is a lobbying tool at the national, regional and international level for human rights protection for trafficked persons and to promote their basic rights.

Recognising the importance of facilitating safe mobility as an effective deterrent to trafficking, WOREC, a Nepalese NGO, has implemented various pilot projects that provides relevant infor-

mation, education and support to communities on issues of trafficking in women and children, and HIV/AIDS. The accent is on ensuring facilitating safe mobility. Information booths are run by the border police alongside social workers from WOREC to disseminate information kits on the rights of migrant workers and how they can protect themselves.

FWLD's Ms Malla says Nepal would like to follow the "Sri Lanka model". Since 1996, pre-departure training has been compulsory for all Sri Lankans going abroad for work. The Sri Lankan Bureau of Foreign Employment (SLBFE) provides the training as well as residential facilities, free of charge to all those who participate. Recently, a module on HIV/AIDS was built into the training programmes.

Up until the late '80s, Sri Lankan male migrants far exceeded Sri Lankan women seeking employment in the Gulf countries. But the tide turned dramatically in 1989-1990, when the country went through a period of intense, internal strife. Currently, nearly two-thirds of Sri Lankan out-migrants are women. In recognition of their contribution to the local economy and to reduce possible risks that they may face while migrating and in employment abroad, the SLBFE provides them formal pre-departure training. SLBFE was set up in 1985 to make labour migration a more accountable and responsive system.

Government support in making migration safe for men and particularly women in Sri Lanka is reflected in the fact

Becoming a Survivor—The *Shakti Samuha* Experience

SHAKTI SAMUHA (Empowered Group) is a rights oriented social organisation of Nepalese girls and women who have survived trafficking and various forms of violence. It was established in 1996 and consists of affected women who bring forth their different experiences and insights on the issue. Shakti Samuha (SS) has undertaken certain pioneering programme activities that include:

- **Awareness Programmes:** Shakti Samuha (SS) has organised awareness programmes in different carpet factories in Kathmandu, as girls employed in such factories are known to be particularly vulnerable to trafficking. Peer education as part of social awareness against trafficking and HIV/AIDS is a component of this programme. It is also working with different adolescent groups that have been formed in each of the slum and squatters' areas in Kathmandu. Each adolescent group comprise 15 to 25 girls, ranging in age from 12 to 20 years. They are being made

aware of trafficking and HIV/AIDS issues through experience-sharing meetings, trainings, and workshops. SS has also become visible through its street theatre performances, which are written, staged, and performed by its members. Performances take place in slum areas and audiences include government officials, students, and local community amongst others.

- **Care and Support:** The organisation has conducted a programme with the Women Police Cell against trafficking. It provides regular counselling services to reach out to women and girls who were either trafficked or faced other forms of violence. As most of those emerging from trafficked/abusive situations are also most likely to face legal hurdles and long-drawn administrative procedures, SS has created a legal support unit. General services relating to travel, medicine and other essentialities are also facilitated.

- **Capability Development Programme:** SS has created an

ANTI-TRAFFICKING INITIATIVES have mushroomed over the last decade. But due to a lack of conceptual consensus on what actually constitutes trafficking, there are different positions and strategies.

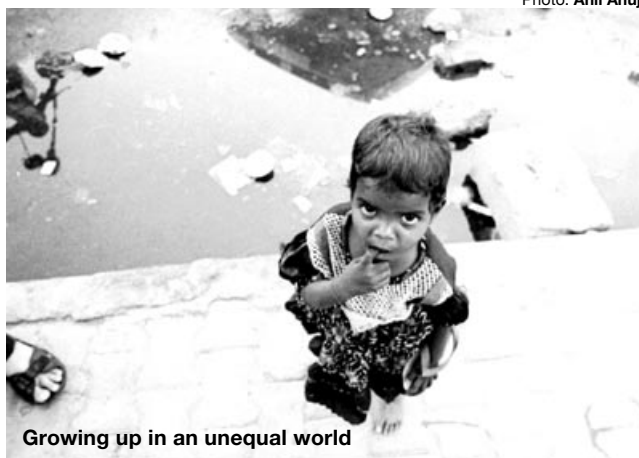
that Sri Lanka has the least incidence of trafficking in the South Asia sub-region. "These women have to undergo much hardship to secure employment, pay for the ticket and then, face the reality of her workplace. Often working conditions are very different to what was promised by the local job agent. Sometimes, there is even trafficking and deception of employment," says Mallika Ganasinghe, an attorney-at-law and gender and HIV specialist.

Complaints received through the SLBFE are mostly about contract substitution and sexual harassment. In 2001, there were 1,444 complaints on contract substitution and 1,193 for harassment (sexual or physical). Tragically, 2001 also recorded 156 accidental deaths of Sri Lankan migrant women while in employment.

In Bangladesh, the government has initiated the Coordinated Programme for Combating Child Trafficking (CPCCT). As the name suggests, the project aims at pre-

venting children, especially young girls, from being targets of internal as well as cross-border trafficking. On the legal

Photo: Anil Ahuja



Growing up in an unequal world

"TRAFFICKING in persons' shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs"

The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000)

front, The Bangladesh National Women Lawyers' Association (BNWLA) is working with 25 partner organisations across the country to build-up capacity to prevent trafficking.

"Women are trafficked not only for the foreign market but also for the domestic one. A large number of girls and young women in Bangladesh are being supplied to brothels in residential areas. We, at BNWLA, rescue, release and repatriate those who have been trafficked. We offer legal support to these women and children," says Salma Ali, BNWLA Executive Director.

Pakistan also has come out with its own anti-trafficking law—the Prevention and Control of Human Trafficking Ordinance in 2002—a move LHRILA's Zia Ahmed Awan terms "an extremely important step towards the recognition of the crime".

income generation programmes for its members. Its main objective is empowerment and developing self-reliance. Some of the programmes include computers, photocopy training, education support and other forms of vocational training. SS has also sought the assistance of like-minded organisations and agencies in finding suitable placements for the trainees.

● **Lobbying and Networking:** Shakti Samuha is an active partner in various nation and region-wide movements on issues of trafficking. It has established working relationships and strong networks with different national and international organisations and alliances, such as the Community Police, Women's Police Cell, GAATW, AATWIN, and AWHRC etc. Additional advocacy efforts have influenced, in part, a national anti-trafficking bill in the Nepali legislature where members have presented the views of trafficked survivors, their needs and their right to agency.

Among Shakti Samuha's new projects is included a proposed research in certain districts to examine and evaluate the situation of trafficked survivors in various rehabilitation centres and the process of their social integration.

Further east, 2002 saw the Philippines coming out with anti-trafficking legislation. In May 2002, the Lower House in Philippines passed the bill that protects survivors of trafficking - regardless of consent. The Philippines Senate approved the Bill which was finally passed in December.

Regional Initiatives

A PART from the country-level responses, there have been regional initiatives. Countries in the SAARC region are working on regional initiatives to confront cross-border trafficking. In January 2002, at the 11th SAARC (South Asian Association for Regional Co-operation) Summit, foreign ministers of the SAARC nations signed the new SAARC Convention on Preventing and Combating Trafficking in women and children in the South Asian region.

Many loose ends remain in the Convention but within the Asia Pacific region, it is the first official attempt at regional co-operation to address the issue of human trafficking. (see *Box: SAARC Convention on Trafficking*)

In the trafficking-prone Greater Mekong sub-region, there are tangible signs of activity. Governments and NGOs are working to improve the mechanisms for humane repatriation of trafficked persons. Procedures and responsibilities have been set out in a series of Memorandum of Understanding (MOUs) in Thailand between government and NGOs and among NGOs, and a draft bilateral MOU between Thailand and Cambodia is now on the point of being signed by each government.

Memorandums of Understanding to eliminate trafficking of women and children between Thailand and other neighbouring countries are also being explored.

Protectionist or Rights-based?

ANTI-TRAFFICKING initiatives have mushroomed over the last decade. Diverse stakeholders—governments, international agencies to NGOs and communi-

Anuradha Koirala is the founder of Maiti Nepal, a shelter for women and children in Nepal. Her service to the poor and needy has received the attention of the international community more than once. Maiti Nepal has been conferred with honours like the Reebok Human Rights Awards 2002 and personal support from Prince Charles of United Kingdom. Besides overseeing the activities and programmes of Maiti, Koirala holds the portfolio of Assistant Minister of Women and Children in the Lokendra Bahadur Chand government. In an interview to **Surendra Phuyal** in Kathmandu, she talks about the situation of trafficking in women and children and HIV/AIDS in Nepal. Excerpts:

“Low prevalence hides high vulnerability”

Q: Is trafficking in women and children still a big problem in Nepal?

A: Yes. The root of the problem lies in illiteracy, poverty and our impoverished economy. We share an open border with India. So crossing the border is no problem. However, we have tried our best to control the trend, and the outcomes are encouraging. We have been able to intercept and protect girls from being trafficked to India.

Q: And what is the situation of HIV/AIDS in Nepal in general? Are women and children safe?

A: The prevalence of HIV/AIDS in Nepal is estimated to be low. However, over the last few years, the prevalence among high-risk groups such as the injecting drug users and female sex workers has increased to levels of a concentrated epidemic. Women and children are definitely at risk, though HIV/AIDS is less visible among them. The vulnerability of HIV/AIDS among women in Nepal is indeed very high.

Q: What is the government doing to check HIV/AIDS?

A: The government has launched several programmes to raise awareness, specifically among the vulnerable groups. Besides, it has also developed a strategy for five years (2002-2006). This incorporates the issues related to women and definitely the vulnerable groups.

Q: Do you think donors and NGOs are effective in this fight?

A: Yes, I think so. The intensity and pace might not be very high, but they seem to be doing a very good job. This is very important, because concerted efforts are a must to fight HIV/AIDS.

Q: What more needs to be done to prevent the spread of HIV/AIDS among women and children?

A: Various activities need to be undertaken such as empowerment of women, skill development and education. There has to be some kind of enabling environment, economic opportunities and recognition. Skills that help to live and gain knowledge about HIV/AIDS are most important to control the spread of the epidemic. Besides, we also need multi-sectoral approaches and long-term activities to protect our women and children from the impact of HIV/AIDS.



The Trek To Travails

IN August 2002, Lata and Kiran (not their real names), two Nepali teen girls, were rescued from a brothel in New Delhi amid a dramatic turn of events. Later, they were flown back to Nepal by STOP, an NGO based in the Indian capital, which rescued them.

The 17-year-olds are now staying at Maiti Nepal, a home for women and children in Kathmandu, where they are currently undergoing skill-development training. However, not every girl trafficked for prostitution in Indian cities—both big and small—is as lucky.

The fact that in the last two years alone STOP has facilitated police and civil society aided rescue of 130 young Nepalese girls from New Delhi area, points to larger picture of trafficking of women in the region.

“The pimps feign love with young girls like these,” says STOP’s Roma Debabrata. “They manage to smuggle them into India and sell them for just a few thousand rupees.”

Everyday, five to six Nepalese girls are trafficked to India, where an estimated 250,000 sex workers are from Nepal, according to estimates. Of them, 40 percent are below 18 years of age.

And in recent years, there have been incidents of young girls trafficked to feed the sex and labour markets of East Asia and the Middle-east as well.

The seven-year-old armed conflict that has badly affected this tiny nation has made matters even worse with women and children taking much of the impact.

The conflict and ensuing distress migration has made women more vulnerable,” opines Anuradha Koirala, the founder of Maiti Nepal. Records at Maiti Nepal corroborate her argument. Volunteers of Maiti Nepal intercepted a total of 56 girls who were bound for India at various points in 1998.

The number climbed to 150 a year later in 1999, and to 395 in 2000. In 2001, Maiti Nepal volunteers stationed at nine different border points intercepted 350 India-bound girls.

While more than 80 percent of the trafficked girls end up in India, the rest are being flown to newer hubs of East Asia and the Middle-east, according to NGO estimates.

—*Surendra Phuyal*

ty-based networks—is involved with programmes to combat trafficking. But due to a lack of conceptual consensus on what actually constitutes trafficking, there are different positions and different strategies.

The rising graph in trafficking has set alarm bells ringing. Powerful lobbies within and outside government in the region—and beyond—vociferously argue for curbs on migration. But all available evidence suggests that not only will this not reduce migrant vulnerability, it can also actually be counter-productive. The anti-immigration policies are aiding and abetting traffickers, argues Ms Coomaraswamy.

There are other grey areas. A tussle continues between those who see trafficking purely as a ‘sex work’ issue and feel that attempts to combat trafficking should go hand in hand with curbs on sex work and those who see trafficking as a part of organised crime.

Often, well-intentioned initiatives to prevent trafficking have turned out to be detrimental to the women they try to protect. For example, some governments have tried to pre-

WINDOW OF OPPORTUNITIES: Timely rescue has brought these two young girls back to life. Now it’s time to catch up with lost childhood and look forward to the future.



ent trafficking by placing restrictions on young women and girls who wish to travel out of their countries for whatever reason, especially if unaccompanied. This has resulted in rendering the migration process more covert and difficult, strengthening the outreach of traffickers, who cash in on the desire of people to migrate, thereby increasing the latter's vulnerability to both trafficking and HIV/AIDS.

"Looking at migrant vulnerability as a common factor in trafficking and HIV, several areas stand out with scope for substantial co-operation. An obvious example is education on 'safe migration'", says Phil Marshall of the UN Inter-Agency Project on Trafficking of Women and Children in the Mekong sub-region.

Research to date suggests that many migrants in the Mekong sub-region (Thailand, Lao PDR, Myanmar, Cambodia, Vietnam and Yunnan in South China) simply do not have an understanding of the reality of the situation at their destination points or those of their children, Marshall points out. Even when, for example, they are aware that they will be working in the sex industry, they often face vastly different terms and conditions than those expected.

Clearly, there is a strong need for education on the realities

Photo: Anil Ahuja



"I want to study and continue what I am doing. I enjoy the work and I love to go to new places."

of migration and, where children are concerned, greater awareness of child rights. India's Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children argues for interventions by the Central and state governments in 'high supply areas' along trafficking routes. Such interventions could be training-cum-income generation projects. The report also argues for projects to make sure that young girls from districts along trafficking routes have access to primary and elementary education. Sri Lanka's example is among the best practices in the region, which highlights that better preparedness and systematic support from the government can reduce trafficking.

Regrettably, despite laws and the plethora of anti-trafficking projects, the real battle is changing mindsets—the trafficked person is either still treated more like a criminal or as a 'victim', rather than someone who can become a 'survivor'. Trafficked persons who are found to be HIV-positive face dual discrimination and stigmatisation.

Asian governments have been slow to recognise the need to deal with trafficking and HIV in a holistic manner—despite NGO alerts. Often, the important messages do not percolate to all sections of the bureaucracy. "Although anti-trafficking NGOs recognised the linkage between trafficking and HIV vulnerability long ago, officially the two issues are still treated in isolation. For example, the recent survey conducted by the Bangladesh National AIDS/STD Programme of the Health Department did not even touch on the linkage between trafficking and HIV," says BNWLA's Ms Ali.

Activists in Pakistan face similar problems. "Though the present government recognises the issue and has made interventions at the policy level, there is little action to implement the laws, protocols and conventions. The law enforcement agencies are still not sensitised/trained to gauge the severity of the problem. So the trade is going on. During our sensitisation meetings/workshops, it became clear that even officials of law enforcement agencies are not adequately aware of the concept of human trafficking. They also have no idea about linkages between trafficking and some of the other issues like HIV/AIDS," says the LHRLA's Mr Awan

Innovative partnerships between sex workers' organisations and anti-trafficking networks offer new roadmaps. Durbah Mahila Samanwaya Committee (DMSC), the sex workers' collective in West Bengal is a pioneer in constituting self-regulatory boards of sex workers. The self-regulatory bodies aim to eliminate exploitation of sex workers and prevent forcible entry of unwilling women, men and minors into the profession. The members of DMSC contend that such self-regulatory boards act as efficient deterrents to trafficking and commercial sexual exploitation of children by working with different power brokers and gatekeepers within the sex industry, as well as with those state institutions that interact directly with different actors of the sex industry.

The Glimmers of Hope

A GAINST tremendous odds, some survivors hold out hope. Seema (not her real name), a seventeen-year-old Nepalese girl was rescued from a brothel in India by an NGO two years ago. Her own aunt and uncle had sold her to a brothel. Initiated into the sex trade when she was barely 13, Seema has vivid memories of the terror she was subjected to. One particular skirmish with a violent client has left

■ COVER STORY

one of her ears permanently damaged.

Today, Seema is an active and eager participant in the battle against traffickers. The shy girl who never got to go to school, now assists law enforcement agencies and NGOs to recover minor girls who have been trafficked and remain trapped. "I know exactly how they try to dress up little girls to make them look older... coach them to say the 'right' things in front of the police. I know the sort of places where they would hide small girls if there is a rescue operation."

Seema says her dream is to make sure that other Nepalese girls do not fall into the trap she did, and to caution them

about safe sex.

But like any other 17 year-old girl, she also wants to have fun and get on with her own life. "I was too shy earlier. I thought I could not do it, but I want to study and continue what I am doing. I enjoy the work and I love to go to new places." This time, she is getting ready for another 'rescue mission'—in Andhra Pradesh.

Seema may or may not go back to her village in Nepal, but her optimism holds out a key lesson: responses to trafficking work best when they seek to widen people's choices rather than restrict them. ■

Sri Lanka: Overseas Blues

Tharuka Dissanaikie

MENIKE (not her real name) 44, a mother of two teenage children was preparing for her third job as a housemaid in Doha, Qatar. Her previous years of work in the same country had enabled her to build a house for family and send her children to a better secondary school. Now, she wanted to return to work to complete the house and save some money for the children's future. But to Menike's shock, her pre-contract medical report returned with a positive result for HIV. Her family life crumbled: her husband deserted her, accusing her of sexual misconduct during her years in Doha.

Menike little understood the implications of HIV. Her immediate problems were much more urgent—inability to secure employment and the impact of this news on her children, for whose sake she had slaved away in homes of rich Doha residents for four long years. The blow was double-edged. The stigma, doubly harsh, as she now not only had to handle the burden of being declared HIV positive, but also had to cope with the loss of marriage and family as well.

When the middle-eastern countries which import labour from Sri Lanka, demanded in 2001 that employees go through a compulsory HIV test prior to contracting, and then an HIV test every year in employment, the government hardly raised an objection. Exported labour fetches the largest volume of foreign exchange earnings to the country. Some 200,000 people seek employment abroad every year; 68 percent of these are women—many contracted to work as maids and nannies in oil-rich middle-eastern countries.

This compulsory screening of the migrant workers who leave the shores every year, has increased detection of HIV among this group, which was long tagged as 'vulnerable'. As a percentage of the entire figure, the number of people living with HIV emerging from the screening is minute—less than 0.005 per cent, but it is sufficient to paint an unhealthy picture of migrant workers in the statistical records of HIV in the country. An often abused statistical statement refers to 50 percent of all detected

HIV positive women being migrant workers, popularly tagged as 'housemaids'. So far, the number of people living with HIV/AIDS in Sri Lanka is low—463 reported cases as of February 2003, of which women are 183. When migrant women are detected, they show up as a prominent group in the statistics, simply because they are compulsorily tested.

"This creates a two-sided effect," said Mangala Randeniya, Sociologist at the Sri Lanka Bureau for Foreign Employment (SLBFE). "The women are stigmatised doubly—firstly for being housemaids, then for being HIV positive. Secondly, it creates the false impression that other groups are not as 'vulnerable' to HIV."

The National STD/ AIDS Campaign's four-year action plan recognises migrant workers as a vulnerable group due to their increased freedom (away from home), loneliness, need for sexual gratification when their usual partner is not available, exploitation by masters and tendency to practice sex work. But it states: "Middle-east returnees being the highest infected group may be a myth. There is no proof that the virus was acquired while working abroad."

Interestingly though, most women migrants test positive on their second or later attempt at employment. But there are problems associated with the testing procedure. Initially the Middle

East countries only accepted HIV tests done at the government clinics. Today they accept private laboratory testing and the National STD/AIDS programme clinics are seeing very few women coming in for pre-employment testing. Some private labs have been found issuing false/incorrect reports as well.

"Some women are deported after HIV testing while in employment," says Dr Iyanthi Abeywickrema, National Director, STD/AIDS Campaign. "We've found that there are discrepancies in the test. In several cases we have tested negative (repeatedly) on women who have been deported from Gulf countries for being HIV positive."

Up until the late '80s, male migrants far exceeded the women in seeking employment in the Gulf countries. But the

OVERSEAS MIGRATION AND ECONOMY: AT A GLANCE

- 502 people leave every day for foreign employment
- 15 percent of the total labour force are of foreign employed
- 183,888 people left for foreign employment in 2001
- 124,137 were female
- 56 percent were contracted as housemaids

FOREIGN EXCHANGE

- 23.3 percent of all foreign exchange earnings are from private remittances. (people employed abroad)
- Rs. 100, 427 million was remitted in 2001. 62.5 percent is from the Middle-east.

SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution

THE SAARC Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution, signed on January 5, 2002 at the 11th SAARC Summit, is the first initiative of its kind in the Asia-Pacific region. The Convention seeks to promote co-operation amongst Member States (Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) to effectively deal with various issues related to trafficking of women and children: ie. prevention, suppression, repatriation and rehabilitation of survivors of trafficking as well as preventing the use of women and children in the international sex trade, particularly where the SAARC Member Countries are the countries of origin, transit and destination.

The Convention is an important step forward in the fight to combat trafficking especially since it recognises the need for extra territorial application of jurisdiction. But activists say there are pertinent issues which have been overlooked. A key concern is the differing priorities among sending countries (Nepal, Bangladesh) and receiving countries (India, Pakistan) and it remains to be seen to what extent the interests of the various regional stakeholders can be balanced within the framework of the Convention.

The Kathmandu-based FWLD argues that the Convention does not “address trafficking from a broader perspective and has limited its application to ‘prostitution’”. Further, the

Convention lacks a strong treaty body and perspective on the rights of survivors. Also, the Convention does not clarify the recipient country’s accountability in rescue, rehabilitation, repatriation and reintegration of affected persons”. FWLD’s Sapna Pradhan Malla says that the Convention has sparked a dialogue within and between countries on the issue of trafficking but is yet to produce tangible impact on the ground because “it has not been adopted by any country in the region”.

One happy outcome in the run-up to the signing of the Convention was greater interaction between the government and NGOs working on trafficking in Nepal, adds Ms Malla. But the government still tends to adopt a “protectionist” approach aimed at restricting the right to mobility of women.

NGOs in Bangladesh argue that the SAARC Convention uses a definition of trafficking tied to prostitution that was opposed by various civil society groups since 1998 and that the definition has been superseded by the revised UN protocol on Trafficking (2000). Like Nepal, Bangladesh would like recipient countries to do more.

One of the challenges now is to spread awareness about the Convention within the SAARC countries. As LHRLA’s Awan puts it. “The government of Pakistan has ratified the SAARC Convention on trafficking but one cannot see any impact because very few people know about the convention till now.”

tide turned dramatically in 1989-90, when the country went through a period of intense internal strife and unrest due to a political uprising in the south. Saudi Arabia employs the high percentage, followed by Kuwait and UAE.

“These women have to undergo much hardship to secure employment, pay for the ticket and then, face the reality of their workplace. Often working conditions are very different from what was promised by the local job agent. Sometimes there is even trafficking and deception of employment,” says Mallika Ganasinghe, an attorney-at-law and specialist in gender and HIV. “They face double discrimination by being branded as loose women and accused of sexual misconduct by their own society if found to be HIV positive.”

The SLBFE educate overseas-bound women on health, reproduction and STD/AIDS in the course of their regular orientation programmes for potential migrants.

In the 12-day compulsory orientation course held in 22 centres across the country, the women, always from impoverished backgrounds, are taught how to use a microwave and automatic washing machine, some English and Arabic, some psychological preparation to leave home, and face the reality of working in an Arab country. Lessons on sexual health and proper condom use, a two-hour session, are expected to arm the women with knowledge and capacity to handle a compromising situation, if they are forced into one.

But reality, as Ms Ganasinghe explains, could be very different. In employment, the women are generally confined to a home and under the control of its owners. They are not in a position to negotiate safe sex, despite the knowledge and awareness of the implications.

Mr Randeniya agrees that the two-hour orientation for migrant women may not be the most effective way to get across the message of HIV/AIDS. In addition to the orientation lecture, the SLBFE, is trying out a new scheme in five districts, where the existing health outreach mechanism could be used to educate and provide the women with reproductive services. “We have a good network of family health workers and midwives, who maintain contact at individual household levels. These family health workers should be a link through which women can access more personalised information and services prior to leaving for employment.”

Health workers should maintain a confidential relationship with the women even after they return from employment and encourage them to seek testing or care, in case of sexual harassment. Mr Randeniya says, however, that a great deal of attitude change is necessary before this process can work, since society and health/education systems are accustomed to piling stigma on women seeking foreign employment.

Sri Lanka being party to the UN convention for the protection of the rights of all migrant workers and their families, has an obligation to ensure the well-being of migrant women. More so, because of their contribution to the economy and the large slice of employment creation through these migrant jobs. As the demand for foreign employment grows, Sri Lanka’s government has to face the very real challenge of empowering migrant workers against harassment and abuse, just as the Middle-eastern countries are ‘protecting’ their shores from the spread of HIV.

(Tharuka Dissanaikie is a senior journalist specialising in development issues. She is based in Colombo.)

by **Phil Marshall**,
Former Manager, UNIAP*

HUMAN trafficking is a term that today labels a phenomenon that has been around for centuries. Recent global developments such as increasing inequality and an unbalanced trading system have provided a new impetus to this phenomenon, and human trafficking is generally held to be increasing rapidly. International focus on this issue is, however, comparatively new. It is only in the last three or four years that the beginnings of a global response have emerged.

Despite this, it is already possible to derive many lessons learnt, through comparing experiences in different parts of the world, and through drawing on lessons already learnt from other sectors. UNIAP¹ has been able to distil a range of such lessons, providing the basis for better planned action. Some of the most important lessons are highlighted below.

Trafficking in the Greater Mekong

The Push-Down/Pop-Up Phenomenon

Probably the most important lesson learnt is the displacement or 'push-down/pop-up' phenomenon. Trafficking is a dynamic phenomenon and traffickers quickly adjust to changing environments. From South Asia, we learnt that some community-level trafficking interventions which appeared successful on the surface simply resulted in a shifting of the problem from one community to another—pushing the issue down somewhere lead to it 'popping up' somewhere else. We then discovered a similar problem in the Thai sex trade. With notable but insufficient measures to reduce demand for children, there is evidence that successful programmes to prevent children from Northern Thailand entering the sex trade are displacing the problem to nearby regions, adding to the vulnerability of Lao, Burmese and ethnic minority children.

Similarly, repatriation efforts for the affected may have limited ultimate value unless they address those traffickers who put and kept them in that situation in the first place. The common criteria for a successful repatriation, that a returned person is not re-trafficked, may in fact again signify displacement, meaning that the traffickers have simply trafficked somebody else in their place. Understanding of this phenomenon is absolutely fundamental to the development of an effective anti-trafficking response as it raises questions over the efficacy of a range of current programmes. It also highlights the importance of working on the hitherto neglected 'demand' side, in tandem with the supply side of the trafficking problem. A focus of UNIAP is this demand side, which includes improved law enforcement to red-

uce the incentives to traffickers. UNIAP, working closely with UNODC, has been looking at areas in which law enforcement can make most impact. An important finding concerns the relationship between trafficking and smuggling.

Anti-Smuggling Initiatives Can Actually Promote Trafficking

Many countries include in their anti-trafficking portfolios programmes to increase border controls to reduce smuggling. Countries do of course have a right to protect their borders, but the issue here is whether this actually reduces trafficking. Experience from the US-Mexico border has shown a major trend away from individuals attempting their way across the border to the use of smugglers, as law enforcement tightens. This has not only led to a rise in organised crime, but has resulted in a large increase in the number of deaths associated with crossing the border. We have seen a similar process in the GMS (Greater Mekong sub-region), one example being the recent closure of Thailand's border with Myanmar. Crossing the border became more expensive, doubling in price and greatly increasing the level of potential debt faced by the migrant. It also became more dangerous as potential migrants were forced to resort to more organised forms of smuggling.

Like other interventions, restrictions on movement are susceptible to push-down/pop-up. Movement across many of the borders in the GMS is generally run by small-scale smugglers and people-movers, who are easily replaced when arrested. To be effective, law enforcement must therefore target the end exploiters, those who own the factories, fishing boats and brothels into which people are trafficked. Working closely with the Royal Thai Government and local NGOs, UNIAP is supporting efforts focusing on the end exploiters. Last year, for the first time, a factory owner was ordered to pay compensation to young trafficked survivors from Myanmar.

Penalties Must be Thought Through

It is important to create disincentives to traffickers. However, evidence from other areas of criminology suggest that harsher

* 1 The UN Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-region (UNIAP) works in six countries: Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam. UNIAP is also linked to groups in other parts of the world, particularly in South Asia. Several countries like Japan, and international organisations have initiated programmes against human trafficking.

penalties have little effect if the criminals simply do not believe they will be caught. We have also learnt from South Asia that harsher penalties can actually reduce the number of convictions, with judges reluctant to convict. Punishments need to be proportional, taking into account, for example, that some of the small-time 'traffickers' might not even realise they are part of a larger process. A further consideration is that it appears a significant proportion of traffickers were once affected by trafficking themselves.

Again, the key appears to be to reduce the impunity that the end exploiters often enjoy. With this in mind, UNIAP has supported NGOs like FACE in Thailand and 'Acting for Women' in Cambodia, to undertake follow-up of cases throughout the legal process. A new regional project funded by Australia will give further impetus to this issue by working with governments to strengthen the criminal justice process, both nationally and across borders.

The Causes are Many

It is now clear that the causes related to trafficking are many and varied. In the GMS, trafficking often takes place within the framework of migration—people looking to move in search of

Responding to the Thai Government's decision to register highland people in 20 provinces for citizenship or permanent residency, UNIAP and UNESCO initiated a project to support and train non-governmental and governmental agencies wanting to assist register highland people. The process of registering people for citizenship or permanent residency is lengthy and complicated, as it involves a dozen pieces of legislation and revolutionary decrees. However, it is clear that through an extremely committed group of local NGOs and individuals, major progress can at last be made on this vitally important issue.

The Need for Choice

Trafficking responses work best when they seek to expand people's options rather than restrict them. Much can be learnt here from the work on behaviour change in HIV/AIDS prevention in terms of providing people with a range of different options, rather than just prescribing one. Examples of expansive interventions include alternative income generation, training on safe migration and development of new mechanisms for legal migration. An example of a restrictive measure is one which seeks to prevent movement of people. This is particularly problematic when one is trying to prevent movement of willing workers to

g Sub-region — What Have We Learnt?

better opportunities and being trafficked along the way. Their reasons for leaving their home community can include poverty and lack of education, but it is generally not the poorest and less-educated who migrate. Family situations are also important. A disproportionate number of trafficked children come from broken homes, while children from larger families are also at increased risk. Other factors can include a search for a better life, testimony from friends about the riches to be made elsewhere, and even boredom. It is certainly not appropriate painting an exaggerated picture of the risks of migration.

For these reasons, UNIAP partners such as Save the Children Alliance and World Vision are taking a holistic approach to reducing trafficking vulnerability, combining warnings on the realities of migration, with life-skills training—including HIV prevention—to help make migration safer for those who choose to leave, and complementing alternative livelihoods to provide more options within the community, with cultural activities to make life more enjoyable at home. Sometimes, however, the cause of vulnerability to trafficking often comes down to just one critical issue. For the hill-tribe villagers of Northern Thailand, for example, this issue is citizenship.

Citizenship

There are nearly one million hill-tribe and minority people in Thailand, of which approximately half have already obtained Thai nationality. Of the rest, it is estimated that up to 400,000 are qualified for Thai citizenship or entitled to permanent residency. This, has however, not yet been recognised in the form of documented legal status. Without this, ethnic minority people are considered "illegal aliens" and subject to arrest, deportation, extortion and other forms of abuse. They cannot vote, own land or travel outside their home districts or provinces. Without a Thai identity card, they do not get a certificate after finishing school, thus depriving them of chances for higher education or choices of employment. Moreover, they cannot enjoy state welfare services such as medical care and treatment.

places where there is a demand for labour.

Responsible Migration Management

In many places, including western countries, immigration policies are not in line with labour market realities. Conservative estimates in Thailand, for example, suggest there are at least 1.5 million legitimate jobs which cannot be filled by Thai citizens. The use of willing labour from the surrounding countries (Lao PDR, Myanmar and Cambodia) provides benefits for all countries concerned. Yet, there has been no satisfactory legal mechanism for this exchange to take place. As a result, most workers are in Thailand illegally, with few or no rights and often subject to high levels of exploitation. Following an initial regional seminar with UNIAP, ILO-IPEC has been working with governments of the region on the expansion of legal migration opportunities as an alternative to the illegal movements which provide such fertile ground for traffickers. Thailand and Lao PDR have recently concluded a labour agreement and ILO-IPEC has now included this issue as a core component of its programme.

The Importance of Distinctions

Discussions and statistics often group together people into a kind of amorphous mass. Women and children are often grouped together, an approach which generally assigns women the role of "passive victims", failing to recognise their agency. But it is also important to distinguish within the category of 'children', a category which aggregates five year-old beggars with twelve-year-olds in the sex trade and seventeen-year-olds on fishing boats. Furthermore, it is essential that the reports on successful prosecutions differentiate between the people-movers and the most exploitative of traffickers.

A similar point can be made about concepts. For instance, trafficking and smuggling are often used interchangeably, and trafficking is also often conflated with sex work, ignoring the facts that not all those in the sex trade are trafficked, and not everyone who is trafficked is trafficked for the sex trade. Better distinctions are required if we are to have effective responses. ■



Help us fight fear, shame, ignorance and injustice.

*Live
&
Let Live*

A person living with
HIV/AIDS in China
covers his face at a
public function

Photo: Reuters



Bulbul Sharma

Well-known painter, writer and artist, the New Delhi-based author has published five books of short stories. She has been regularly conducting workshops for UNICEF and various NGOs like CRY and VHAI for the last fifteen years.

Fight The Fear

WHEN I started work with the slum children at Motia Khan in New Delhi, my friends would always remind me: “Wash your hands carefully, or you’ll get AIDS.” I heard similar reactions when I was conducting art workshops at the Tihar Jail in the Capital and took a group of street children for an art camp.

These responses came from educated people living in metro cities, who had probably read many newspaper articles on HIV/AIDS and watched countless television programmes on HIV/AIDS prevention. The level of awareness in villages where I worked with women on art and craft projects was even lower. “*TV par dekha hai. Koi angrezi bimari hai,*” (Have seen it on the television, seems like some western virus.)

But they were unaware that some of the men from their villages who migrate for long periods to work in the cities are also vulnerable to the virus.

In spite of the health sector’s efforts to create awareness about the epidemic in the country, a great deal of work still needs to be done. There is an urgent need to educate and spread awareness about HIV/AIDS, dispensing the right information, taking care, at the same time, not to create a panic.

This entails direct and down-to-earth communication. However, providing information alone may not change the behaviours or attitudes. We need to work with people rather than just talk to them. We need to explore new

communication methods to engage people actively in their own exploration and learning.

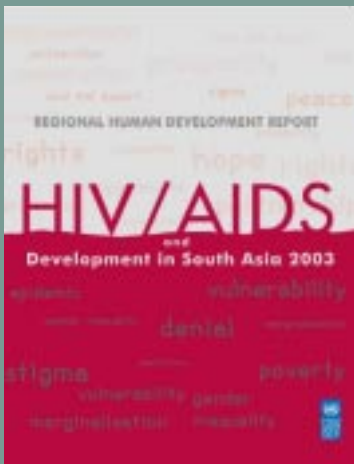
This epidemic tends to generate fear, misunderstanding, misinformation and discrimination against those living with HIV/AIDS. Forget the community, often there is no support even from close family members. People living with HIV/AIDS invariably lose their means of livelihood and there are instances galore when they have been thrown out of their homes.

Most of them are not aware of the routes of transmission of the virus. They feel safe to just pull the shutters down on the issue and refuse to face the reality. This false sense of security is even more dangerous, making them vulnerable to the virus. Women, especially in the villages, remain blissfully unaware that they too are at risk.

Their dependence on their men, a generally lower level of education, awareness and access to resources, particularly in healthcare, and their failure to protect themselves from sexually-transmitted infections, can make them vulnerable to HIV.

HIV/AIDS and its vulnerabilities are hidden from most of us, even though we live and work in cities and have access to information. The situation in villages is more challenging. If we keep quiet, thinking this is not our problem, HIV will change our lives irrevocably. We can make a difference. Each one of us has to contribute in whatever way we can, to pool our creative energies to deal with the virus. ■

“We need to work with people rather than just talk to them. HIV/AIDS and its vulnerabilities are hidden from most of us, even though we live and work in cities and have access to information.”



A major tool for informed policy advocacy, the Regional HDR 2003- HIV/AIDS and Development in South Asia puts together for the first time an analysis of HIV and Human Development under a common lens in South Asia. It examines the complex interplay between disease and deprivation in a scenario where major successes in human development are undermined by persistent challenges. The report assesses the adverse impact of HIV on the Human Development Index (HDI), and also the components of HDI viz. literacy, school enrollment, life expectancy and per capita income. It points out that successful HD in terms of improved literacy, a more functional health system and enhanced livelihoods make for a more effective response to the epidemic in South Asia.

Download a pdf copy from www.youandaids.org

LOW PREVALENCE, BUT FOR

Less than 0.1 percent of Laotians have HIV/AIDS. Experts attribute it to Laos' relatively recent transition to a market economy and its culture. But, writes **Chayanit Poonyarat** of Inter Press Service, that there is no room for complacency.

EXPERTS have warned that Laos's strength as a South-east Asian country with one of the lowest HIV/AIDS prevalence rates may turn into a weakness if it breeds complacency in fighting the epidemic. Less than 0.1 percent of Laotians aged between 15 and 40 have HIV/AIDS, compared to neighbouring Thailand's much higher 1.8 percent and Cambodia's 2.7 percent, according to the figures by the United Nations Joint Programme on HIV/AIDS.

"Little social impact (from HIV/AIDS) has been recorded for the past ten years since Laos opened up the country (to market reforms)," said Dr Keophouvanh Douangphachanh, a consultant at the state-run National Committee for the Control of AIDS Bureau (NCCA) under the Health Ministry.

He attributes this not only to Laos' relatively recent transition to a market economy, but its culture. "This is because we have good culture about monogamy and not having sex before marriage," he said. Awareness has been growing over the years in this country of 5.5 million,

not yet well covered," said Sounthone Nanthavongdouangsy, a consultant for health and HIV/AIDS education. "In other words, there are still many HIV cases in Laos that remain unreported."

According to the NCCA, those vulnerable to HIV/AIDS are sex workers, mobile truck drivers, garment factory workers and homemakers. Young people are not included in this list, although world trends show that youngsters are bearing the brunt of the pandemic. Across the border in Thailand, HIV/AIDS was the second leading cause of death among those aged 15 to 24 in 2001. "Young people are having earlier sex these days," said Vanphanom Sychar-eun of the National University of Laos. "Some teens are first exposed to sex when they are only 15 years old. Most of the time it was unplanned sex." For instance, she points to the good number of youngsters between 14 and 15 years, who frequent Vientiane nightspots. "The attitude of young people toward sex has also changed much," said Ms Vanphanom.

A survey in 2000 by the US-based

The survey also showed that 32 percent of women and 12 percent of men believe they are personally at risk from HIV. Among these, men between 14 and years old had the lowest self-risk perception in relation to HIV, even though they have the highest risk behaviour through multiple sex partners.

The study added that some teenage boys bragged about not using condoms as being "challenging". Others said getting HIV depended on pure chance and many said they were not susceptible to HIV/AIDS. "I usually go out with many different girls. We go to bars and discotheques, hugging and kissing, and sometimes it leads to having sex," said Thongdy, a 23-year-old local bus driver. "I use condoms when I'm not sure about the girls. But most of the time, it's not needed as we always know each other well before having sex."

Somchan, a 20-year-old mechanic who is a regular customer of a pub in Vientiane, says he will not get HIV. "I'm picky with the girls I go out with. I always choose the healthy and 'clean' ones. I

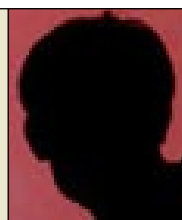
prefer not to use condoms when I have sex with girls," he said.

"The main factor that pushes HIV/AIDS pandemic in Laos is the fact that people still don't have good education. It is also mostly linked to economic prob-

lems," Sounthone said. For instance, many young girls come to the city to work in garment factories after high school. They earn little money, so it is very easy for them to turn to prostitution. Economics also drives many Laotians, mostly those between 15 to 35 years who live along the country's borders, to go to Thailand, Cambodia and Vietnam to work. Many return with HIV/AIDS, Sounthone says.

"HIV/AIDS among the youth is not something new in Laos," said Ms Vanphanom. "People are used to hearing and talking about it. However, this does not

"IT'S TIME the subject is discussed frankly and openly. This could be a good start. If we keep ignoring the problem, especially among the youth, the trend might get very bad one day."



Keophouvanh said. The NCCA, in charge of dealing with the epidemic, was set up in 1988, before the first HIV/AIDS case was reported two years later.

"Lao people are well aware of HIV/AIDS. From TV, radio, leaflets and activities, people learn how HIV is transferred and how to protect themselves. There is also higher condom use," he said in an interview. But it is these same rosy figures and quotes that have drawn criticism. Some question the figures used in the first place. "As a researcher, I think the figures are not reliable because the sample which gives out such figures are

Population Service International (PSI), which runs a condom social marketing programme in Laos, showed that more than half of young Laotians believed it was "natural" for men to have multiple sex partners. They did not see HIV/AIDS as a major health concern. Only 11 percent of the respondents said they were concerned about it. "I have heard about HIV/AIDS from TV but I don't usually pay attention. It has nothing to do with me because I'm not involved in sex," said Yom, a 19-year-old waitress. "Knowing about condoms can't be useful for me either."

HOW LONG?

Can this complacency
last for ever?

mean it is easy to have their attitude and behaviour changed.”

Laos does not have experience in dealing with the problem, she says, so it has a lot to learn from Thailand and Cambodia. “In Thailand, people are able to change their attitude toward HIV/AIDS and infected people from one of fear to support,” she said. “This for us surely takes some time.” Mr Sounthone says that Laos can use its socialist character in facing the pandemic. “I think it is easier for Laos (as a socialist country) to deal with the problem as we work in the same direction,” he added. Working through its offices at the provincial and district level, the NCCA co-ordinates all policies and campaigns from Vientiane. “The main obstacle for Laos in dealing with the problem is the fact that we have very limited budget for tools and activities,” he said.

The NCCA, with the help of UN agencies, has started a pilot project to include sex and HIV/AIDS education in the school curriculum, starting from secondary level. But this has its own hurdles. “We are still not sure if they are too young to learn about condoms. We fear that it could instead guide them to have early sex,” said Dr Douangphachanh. A frank television campaign about condom use and HIV was pulled out last year. But Ms Vanphanom added: “It’s time the subject is discussed frankly and openly. This could be a good start. If we keep ignoring the problem especially among the youth, the trend might get very bad one day soon.” ■

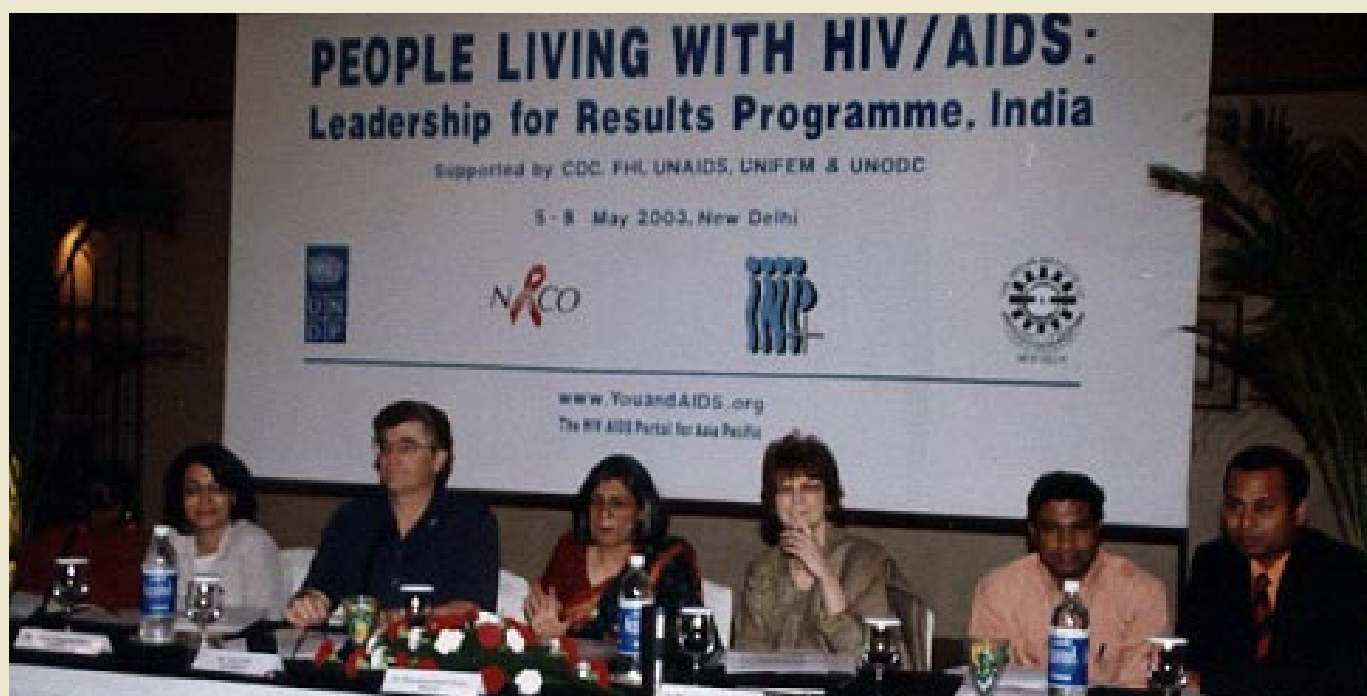


Leadership for Results

EXPERIENCE from countries and communities where HIV/AIDS is being effectively addressed—and infections rates reversed—shows that strong leadership on HIV/AIDS issues is a key element in any successful response to the epidemic. The importance of such leadership was acknowledged in the UN General Assembly Special Session Declaration, which states that “Strong leadership at all levels of society is essential for an effective response to the epidemic. Leadership involves personal commitment and concrete

action”. The Declaration stresses that such leadership should have governments at the centre with the full involvement of civil society, the private sector and people living with HIV/AIDS (PLWHA).

In response to this need for strong and effective leadership to address the HIV/AIDS crisis, UNDP has developed a Leadership for Results programme, which is being offered to key constituencies involved in the HIV/AIDS response around the world. This programme is intended to strengthen the respo-



nse at national, regional and community levels by building the capacity and leadership of all those who can lead responses— from government officials, to media practitioners, corporate CEO's and people living with HIV/AIDS (PLWHA)

The programme uses cutting-edge technologies for change, for example, around developing emotional intelligence competencies, transforming organisations and ways of working, and generating commitment. These tools, when applied to HIV/AIDS, help leaders to deepen their understanding of the epidemic and its links to issues such as marginalisation, poverty, gender, stigma and violence, and to develop new types of responses that can effectively address these underlying issues. The programme also helps to strengthen the leadership skills of participants, enabling them to generate the commitment and collaboration needed in their workplace and community to address the underlying causes of HIV/AIDS. In May, two such programmes, one for People Living With HIV/AIDS (PLWHA) and the other for Arts and Media, were organised in India.

PLWHA bring unique expertise and experience to HIV/AIDS responses and have an active role to play in prevention, care and support initiatives, as well as in undertaking advocacy on issues such as access to treatment. For this reason, their involvement and leadership is very important in the effort to contain the epidemic.

In May 2003, a specially-designed Leadership for Results programme was initiated for PLWHA in India by UNDP, in partnership with the National AIDS Control Organisation (NACO), the Indian Network for People Living with HIV/AIDS (INP+) and the Indian Institute of Planning and Management (IIPM).

The programme began with a four-day seminar that brought together over 130 PLWHA leaders from across the country—the biggest ever gathering of PLWHA in India. During the course of this seminar, innovative approaches were used to help the participants to explore the issues that affect the lives and work of PLWHA, identify their key concerns, needs and opportunities for action, and build their skills in leading others and communicating their ideas and vision.

During the programme, the PLWHA participants identified initiatives that they would undertake over the course of the next nine months to practice these skills and make breakthroughs in their work.

These initiatives include developing district level PLWHA groups in Maharashtra, undertaking sensitisation programmes with medical staff in Tamil Nadu, and developing a sustained access to treatment advocacy campaign in West Bengal, among others. The initiatives are now underway and the second seminar is scheduled to take place in September 2003.

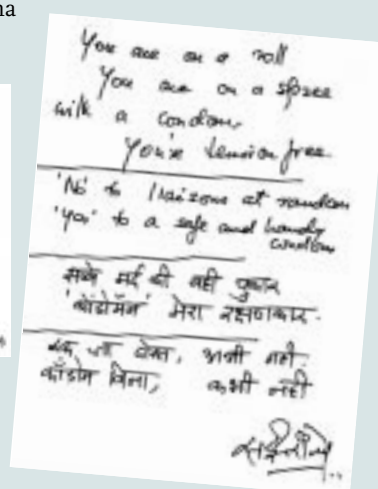


Left: Closing session of the programme; Right: K. K. Abraham addresses the gathering; Left below: A cross-section of the participants

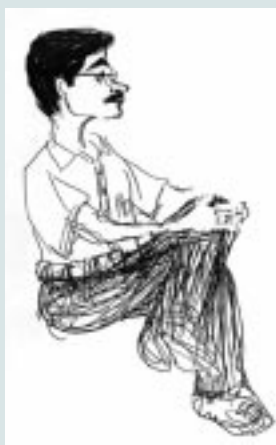
New Icons, Metaphors

■ Drawings by **Unny**

THE Arts and Media leadership programme is intended to shift society-wide perceptions and conversations around HIV/AIDS and the underlying causes of the epidemic in order to strengthen the response to the epidemic. It seeks to creatively engage arts and media practitioners in an innovative process that will generate commitment from them; lead to the creation of new images, icons and metaphors; and inspire them to take a stand and seize the opportunities of possibility, regardless of the past and circumstances. This process is also aimed at generating hope, confidence and new meanings about the future and to create an enabling environment that is free of stigma and discrimination.



The process in the region began with an Arts and Media workshop in Goa, western India, between May 9 and 12. It brought more than 100 arts and media practitioners from India and Nepal representing diverse disciplines to what emerged as a unique melting pot of creative energies, commitment to social issues and the beginning of new alliances. Facilitated by Dr Monica Sharma, Team Leader, HIV/AIDS Response Group, UNDP, New York; Sonam Yangchen Rana, Senior Advisor and Regional Programme Coordinator, UNDP Regional HIV and Development Programme, South and North East Asia; and Ravi Pradhan, leadership consultant, the workshop resulted in the demonstration of the collective resolve of arts and media leaders in the region to strengthen the response to HIV/AIDS.



The influence of arts and media on society should be productively harnessed and the underlying causes that fuel the epidemic should be creatively addressed, they said. The four-day event saw cross-disciplinary dialogues among participants and creative articulation of ideas through new

■ **PARTNERSHIPS**

images, campaigns, paintings, skits, collages etc.

“If all of us work with this sense of commitment, we can indeed make a difference,” said Prahlad Kakkar, noted advertisement filmmaker from India.

Anuradha Poudal, a newspaper journalist from Nepal, said the workshop had inspired her to focus on stories of human interest while covering the subject in her country. “My challenge will be to change this widely-held perception about HIV and AIDS as an issue that has any one solution,” said Ms Poudal. Added her compatriot Pramod Pradhan: “What is needed back home is information that made sense to the mass of neo-literates in remote rural area where the pandemic thrives under the shroud of misbeliefs.”

Said Malvika Kaul, Editor of the India-based Womens’ Feature Service, a media syndication agency on gender issues with a subscriber base across Indian and South Asian print media: “For a group of us from India and Nepal, the workshop provided the opportunity to set up a network called ‘Power of One’. On a listserv, we will evolve a model code of reporting and writing on HIV/AIDS and use our collective strength to persuade decision-makers in the media to accord greater priority to development news.” Well-known and internationally-acclaimed Indian actress, Nandita Das, known for essaying



bold and unconventional representation of Indian women on the silver screen, felt the workshop had sown in her the seeds of a long-term involvement with the subject. “Together with my spouse Saumya Sen, we have launched Leapfrog, a creative agency for development issues, and with the rich tapestry of talent we have found here we

will work on creating new ways of telling the HIV and AIDS stories more interestingly.”

Summing up the outcome of the workshop, Dr Monica Sharma said a breakthrough had been made in generating a sense of solidarity among the creative community of the two South Asian countries. “The purpose is to encourage leaders at all levels to challenge discrimination, spearhead public action, create an enabling environment and facilitate greater access of the poor to care and treatment,” she said.



UNDP Senior Deputy Resident Representative in India, Maurice Dewulf who opened the workshop, said developments in HIV/AIDS over the recent years had shown a dramatic growth in frustration, cynicism, sarcasm and hopelessness. Increasingly, being seen as cynical is being seen as realistic and intelligent. “This is most dangerous, since it risks channelling energies into wrong directions.” He said given the spectacular growth of the channels of communication over the recent years, the workshop offered a unique opportunity to tap the power of advocacy of arts and media leaders in support of HIV and AIDS. ■



Sathya Saran

A reputed journalist in India, the author is the editor of the popular *Femina* magazine.

“In the media, we need to reach out and sustain the attack on HIV/AIDS through front-page stories, cover features, columns, etc. that help demystify the problem. People need to be told that it is just a disease.”

Read the Fine Print

THE media can, with the will to do it, stem the flood of HIV/AIDS in a country. But why should it take on the chore, you ask. After all, the media has so much to do—like reporting on the ever-changing political scenario, or keep track of the mercurial policy and ministry changes, or track down filmstars and other such glamorous people and report on their hush-hush doings. For heaven’s sake, what in the world do they need to talk about HIV/AIDS? A health issue, a drab, sombre issue, full of statistics read out to the sound of death knells. A hopeless cause.

But the voice of conscience counters: is it not the role of the media to inform, educate and lead by effecting change? So it is. Then why is it that as the Indian media, we have, by and large played a hide-and-peek game with the subject? We have valuable information at hand. Many of us as reporters and editors, have through the recent years been exposed to a lot of information about HIV/AIDS. The reports that come across often from foreign television, or press, and through those who have first- or second-hand information, about the ravages HIV/AIDS has effected across the Sub Saharan states and South Africa are enough to wake the dead conscience of anyone. As media, we have the wherewithal to throw an entire government machinery into gear in tackling what is today yet the tip of an iceberg. We have fair estimates of numbers that should scare us into scaring the populace that depends on us for news and views into awareness and preventive action. Yet, even as more and more communities fall to the epidemic, and NGOs fight a feeble battle against odds that are made up of mammoth indifference on behalf of the community and authorities, and growing numbers, the media continues its game of hide-and-peek.

The number of column centimetres given to HIV/AIDS across major media might not even add up to match the number of those already afflicted in our country, and, of course, we all know that number is multiplying quite remorselessly. The government, of course, has rendered lip-service to the cause of preventing AIDS, by passively allowing banners and posters warning the junta class about not sharing beds and using condoms, to keep HIV at bay. It has gone a step further by empowering NACO to spend some money on creating

AIDS awareness. And then assumed the problem has been scared into retreat. Not a single politician, despite the varied tours undertaken by each one of them across the globe, has brought back a lesson to share from Africa and its battle with HIV/AIDS.

As a woman who is concerned with the well-being of other women and future generations of my country, I have tried to sensitise my readers about the Damocles’ Sword that hangs over our nation. Each day brings closer to home the fear that we shall in the next five years become the world’s most visible AIDS-afflicted country. The readers I reach out to span the 20s to 50s bracket, with the core readership being in the 20s to 30s bracket.

To them, I have sent out a variety of stories, some sisterly in tone, some admonishing them for carelessness, others warning them of the possibilities of unsafe sex. Here is no moral deterrent in the articles that my magazine puts out, just warning of how to be aware of the threat, how to know the symptoms, how to remember that despite being happily married or in a monogamous relationship, one can yet be at risk—from a straying partner, or one who might have had other relationships before swearing his loyalty to his current woman, from injection needles at careless labs, or an unhygienic dentist. The populace I reach out to might even listen to the warnings about safe sex and learn to distrust the pristine sexual records their partners profess. But even while acknowledging that *Femina* does hold the key to the minds of more than one-and-a-half million readers, I know that is but a small percentage of the whole nation.

As a group, the media needs to reach out to join hands and support one another and trade information and carry sorties into the field to sustain the attack on HIV/AIDS. Through front-page stories, cover stories, columns that talk in a manner that will demystify and un-stigmatise the problem. Only that will tell people that it is not just a disease like the once-stigmatised and dreaded TB or Leprosy, and that till cures are found at least, it needs to be prevented. Like we do with rabies. Unlike cancer, we know the many ways we can acquire HIV/AIDS. That is what I feel is the role media can play. And what a vital role it is. ■

THE LOOMING THREAT

Beyond the visible devastation, protracted armed conflict has brought in a host of new problems: infectious diseases, including HIV/AIDS. The trouble is that the country's infrastructure needs a serious overhauling to even begin to track the problems. An **IRIN** feature.



Shattered social infrastructure and social capital heighten the vulnerability of hundreds of people in conflict-hit countries like Afghanistan

DOCTORS and health experts in Afghanistan are bracing-up for tough times: with hundreds of thousands of Afghan refugees expected to return to their homeland after fleeing the war-torn country, infectious diseases, including HIV/AIDS, could be the new enemies within. Says Dr Hekmat, head of the central blood bank in capital Kabul: "We are aware of the threat. But there is no way we can track these diseases."

Till date, 10 HIV-positive cases have been detected, the most recent from the eastern city of Jalalabad, on the outskirts of Kabul. The figures may still be relatively low, but experts warn that statistics are invariably unreliable and do not present a realistic picture of the impending problem. Notes Dr Hekmat: "During the Taliban era, women were restricted and were not encouraged to give blood or even leave the house. It is possible that a large number of cases go undetected."

The crisis threatens to take serious proportions considering the fact that medical services available to the return-

ees on Afghan borders do not include HIV tests. Says Loretta Hieber Girardet, a World Health Organisation (WHO) spokesperson in Kabul: "It's just not practical." It is even worse for the refugees: they stand the danger of being ostracised among their peers. Says Ms Girardet: "We need to be very careful about labelling all refugees with this. They would have the same sexual practices as others in Afghanistan." Dr Hekmat says that this discrimination of the people affected within the society is their biggest challenge.

Health officials say they are particularly concerned about Afghans returning from Europe and the US. The numbers are damning: Pakistan hosts an estimated 1,00,000 HIV-infected population, and there are 3,109 reported cases of HIV in Iran, with a further estimated 10,000 suspected to be infected. Together, these two host the largest number of Afghan refugees in the world!

In the absence of any relevant research, the infection pattern of HIV and sexually-transmitted diseases (STDs) in

Afghanistan is still unclear. Explains Dr Hekmat: "It was a taboo subject in this Islamic country, especially during the Taliban era." In an attempt to provide some statistics, WHO will soon begin a nation-wide survey to track cases of HIV/AIDS and STDs. "We are starting with a blank slate. We simply don't know how prevalent they are here," says Ms Girardet. According to WHO, a national plan of action on HIV/AIDS and STDs like gonorrhoea and syphilis is expected to be completed by the end of 2003. With its focus on how best to develop culturally-sensitive public awareness campaigns and counselling services for individuals and families, the plan proposes the best strategy to contain and treat HIV/AIDS and STDs in this impoverished nation.

In an effort to boost the testing capacity, WHO recently sent 18 HIV/AIDS-testing kits to Afghanistan, three for each of the six regions, with each kit with a capacity of 100 tests. Laboratory technicians have also been trained to identify HIV in blood. Currently, there are 44 medical facilities performing sur-

gery in the country, but only just over half of these are testing blood. "Our goal is to have all facilities testing all blood before transfusions by the end of this year," Ms Girardet reveals.

But the central blood bank is still hugely under-resourced. "We only have enough HIV kits for a further 1,000 tests, and this is not enough to last us through the year," Dr Hekmat notes. A total of 6,608 people were tested last year. Although the blood-bank boasts of a staff of 198, the equipment is old and mainly obsolete. Moreover, it has a very limited supply of bandages, blood bags, syringes and antiseptics.

Even the drug problem in neighbouring countries, Ms Girardet says, could fan the spread of HIV/AIDS through refugees who are drug users. "Although we know that most of them don't inject, there is a possibility that some could be infected," she says. In fact, HIV infection is concentrated in specific groups of the population, like drug users, migrants and those engaging in sexual behaviour that makes them vulnerable to HIV/AIDS.

"Afghanistan has been a closed nation all this while and you can expect diseases and HIV/AIDS to spread rapidly in any such country now opening up. It is time we informed people about the implications," stresses Ms Girardet. WHO was unable to carry out any such survey during the now-ousted Taliban regime even though 85 percent of the country's health services were provided by aid agencies.

from our staff because they believed all foreigners are infected." In another incident, a man who had donated blood, returned the next day and wanted it back, without providing any explanation. The WHO programme will prioritise training Afghan staff working in health facilities on infection control, focusing on safe disposal of syringes and needles, and sterilisation of surgical equipment.

Another area of concern is the need to



WITHOUT any relevant research, the infection pattern of HIV and STDs in Afghanistan is still unclear. Says Dr Hekmat: "It was a taboo subject in this Islamic country. We are starting with a blank slate."

Also, the need for public awareness and education in Afghanistan is intense. "We are re-training our staff. We plan to distribute leaflets and start a media campaign on AIDS as soon as possible," informs Dr Hekmat. Ms Girardet echoes this need: "Last week, a pregnant woman urgently needed blood, but her family was not willing to donate because they thought they too would die. The elders in the family refused to even accept blood

ensure safe blood transfusions, more so in maternal health care. According to WHO, one of the objectives in the reconstruction of Afghanistan's health sector is to increase access to emergency obstetric care through the development of referral centres. Emergency births often entail surgery and blood transfusions, prompting an increased need for laboratories to test blood for hepatitis and HIV before mothers receive transfusions. ■

■ Special Report: BANGLADESH

SEE THE OBVIOUS!

The numbers may still be low, but indications are that HIV is spreading steadily. Pushed into vulnerable environments, women, mostly young girls, find themselves trapped in hazardous cycle of poverty, sexual exploitation and HIV. **Naimul Haq** reports.

RINA had to drop out of school at a very early age because her sick father couldn't earn enough to support her education. Frustrated with poverty, her parents decided to move to the city five years ago. But even that didn't make any difference: once in the city, her father's condition only worsened. Before long, the responsibility to support the family fell on Rina's young and frail shoulders. She was desperate for a job and didn't mind doing anything: to start with, Rina got an apprentice's job in a garment assembly plant near the one-room house in a slum her family had rented. But a 300 Taka monthly salary was still too little to sustain the family.

Discontented with the work, and the money, Rina started searching for a new job. About seven months ago, she found one: it wasn't one she liked very much, but sufficed to support the family, pay the rent and make some small savings. The job was that of a sex worker.

"A friend in the neighbourhood offered me the job. I declined it initially, but when I was paid TK 4,000 in advance the day before I met my first customer, I made my choice," says Rina, still inhibited by her shyness. "It was frightening when the man grabbed me in his luxury Gulshan apartment in the city. I am happy that my family is surviving on my

earnings. But they don't know that I am a sex worker. For them, I am still working in a garment factory."

Destiny pulled the young girl down again, and it happened one day: Rina tested positive for HIV recently.

Like Rina, there are hundreds of Sex Workers (SWs) in the city who are unaware of the dangers of HIV and other sexually transmitted infections (STI).

21-year-old Aruna, for instance, is a fellow sex worker from Patchtala slum. Despite knowing the importance of using a condom, she agreed to have sex without one recently when a client promised her an extra TK 200 in addition to the Tk

■ Special Report: BANGLADESH

1,000 she regularly charges for a single visit. The anxiety on her face is more than obvious now as she awaits the results of an HIV test. Aruna, who has an 11-month-old son and supports a family of three brothers and a sister, joined sex work about a year ago.

"I chose this profession because there is money in it. And without money I know we couldn't have survived," she says. "It's a challenge for me. My husband left me when I was pregnant and now I have younger brothers and sisters to look after. Although I regret choosing sex work for earning my livelihood, I have no alternative. I am neither educated nor have any skills," she laments. Last week, Aruna had to terminate a four-month-old pregnancy and she has been falling sick frequently. Baffled by her worsening condition, the doctors suggested an HIV test for her.

Aruna and Rina are among several hundred other SWs who have no idea of safe sex or the dangers of HIV. According to a recent situation analysis on 400 young women by NISHKRITY, an NGO working with adolescent slum women and sex workers, only two per cent of the respondents in five slums of the city knew that certain diseases are transmit-



A civil society rally held on World AIDS Day in Dhaka

Barek, NISHKRITY's chief. Adds A.H.M. Shamsuzaman, NISHKRITY's HIV/AIDS project manager: "Education on the diseases among SWs is very low and that worries us. It was revealed in our surveys that an increasing number of young, unemployed and illiterate float-

on safe sex must be given in conformity with Bangladesh's socio-cultural background and that the caretakers and health service providers must be oriented to be sympathetic about the need of health services for female adolescents.

NISHKRITY uses the role-model examples to encourage and support continued behaviour change. This support, along with the individuals' own experience with safer behavio-

A STUDY strongly warns against the dangers of denial and complacency. Recommending action almost on a war-footing, it emphasises the importance of education and counselling at all levels.



ted through sexual encounters. Even fewer were familiar with the words HIV and AIDS or knew that the virus is spread through unsafe sexual practices. The survey also suggested that women had very little idea on sexually transmitted diseases—only about 4.5 percent knew anything about syphilis and gonorrhoea, the most common diseases reported in voluntary tests.

"It is disturbing to know that a large number of SWs have symptomatic evidence of HIV. But since HIV tests are very expensive, only very few go for the confirmatory tests," says Md. Abdul

ing girls are engaged in sex work but most of them have no education on safe sex or on the dangers of HIV infection."

Says Mr Barek: "Many young SWs think that STDs are not a major problem and that they are curable. Hence, they are not too worried." Separate surveys suggest a very low awareness on HIV/AIDS among different population groups. According to a 1999 study, only 11.59 percent of surveyed population were able to mention AIDS as a sexually-transmitted disease and 54 percent respondents mentioned that having sex with HIV-positive person could spread AIDS.

urs, is designed to generate the self-confidence people need to refuse sex without a condom. Says Masuda, a SW in Shatala in Mahakhali: "Clients often don't want to use condoms. I don't entertain clients without condoms, but sometimes they insist against that." Girls agree that they're afraid. "Refusing a client is like refusing our livelihoods," says Masuda.

The numbers in this poverty-stricken country may still be too low to be called alarming, but the vulnerable environments that surround marginalised communities, like sex workers, camouflage a slow and steady spread of the virus. ■

(Naimul Haq is a senior reporter with the reputed English daily, The Daily Star. Based in Dhaka, he specialises in health, HIV/AIDS and social issues)

FREQUENTLY ASKED QUESTIONS

Q: What is HIV and how does it differ from other viruses which infect human beings?

A: HIV stands for Human Immunodeficiency Virus. As the name suggests, it only causes disease in humans, which leads to the depletion of white blood cells, lowering immunity. Once the virus enters the body, it lies dormant for many years and hence is known as a 'slow virus'. Most other viruses, for example those causing measles, mumps, chicken pox, etc., manifest the disease in 14-21 days after it enters the body. The incubation period is short (2-3 weeks). In HIV infection, it is very long and runs into years.

Question: How does HIV attack the immune system?

A: Once HIV enters the body, it gets attached to a type of white blood cell called T lymphocyte (which is the T cell in the human body's protection against infections). The RNA (genetic material) of the virus then gets converted to DNA (genetic material) by an enzyme the virus produces. This viral DNA then gets incorporated into the DNA of the human cell (T lymphocyte), and remains there for the lifetime of that cell. This infected cell now becomes a virus factory, producing more viruses (HIV) which bud out of the cell, attack new T lymphocytes, and destroy them. Over a period of years, the T cell count of the infected person drops to a critical level and the individual develops many opportunistic infections and hence is then said to have AIDS.

Q: What is the difference between a person infected with HIV and one who has AIDS?

A: A person living with HIV (medically known as an HIV-positive person) is one who has virus in his/her body. Such a person remains infected and is presumed infective for the rest of his/her life. However, she/he will appear to be perfectly normal and healthy and asymptomatic for many years. An asymptomatic HIV infected person does not have Acquired Immunodeficiency Syndrome (AIDS). But when an HIV positive person's T lymphocytes (responsible for the immunity) count falls to 200 or less, she/he starts developing symptoms like cough, fever, diarrhoea, skin

lesions, etc. They are due to opportunistic infections (so called because they develop when the body's immunity becomes deficient) like TB, Thrush, Pneumonia, Cryptococcal meningitis etc. All persons with AIDS are infected with HIV, but not all with HIV infection have AIDS. AIDS is only the end stage of this infection.

Q: How is HIV transmitted?

A: Anyone can become infected with HIV. It's transmitted only through unprotected penetrative sex (vaginal, anal, oral) with an infected partner, transfusion of infected blood and blood products, contaminated needles and syringes, and from an infected mother to her baby before, during delivery or through breast milk.

But since the sexual route accounts for almost 80 percent of infections, the prevalence is much higher in the sexually active age group of 15 to 40 years. It is not who you are or where you are, but what you do that puts you at this risk of acquiring the HIV infection and eventually developing AIDS. Therefore, there are no "risk groups" but only "risk behaviours".

Q: How is HIV not transmitted?

A: HIV cannot spread by casual contact like touching, holding or shaking hands, body contact in crowded public places, working or playing together, sharing food, vessels and clothes, eating food cooked by an infected person, light kissing, mosquito and other insect bites, swimming pools and toilets.

Q: Do mosquitoes transmit HIV?

A: There is no evidence to show that mosquitoes transmit HIV. Epidemiologically, the incidence of HIV infection is the highest among the sexually active group of 15 years to 40 years. However, mosquitoes bite persons of all age groups and if they were a means of spreading HIV, the incidence of infection would be uniformly high and among all age groups. HIV does not survive or replicate inside the mosquito's intestine, another reason to believe that mosquitoes don't spread HIV infection.

Q: Can HIV spread through kissing?

A: Kissing, on the cheek or lightly on the

lips carries no risk of transmitting HIV. In deep kissing, there is a small risk because the saliva of an infected person contains few virus particles which by itself is not sufficient to cause the infection. But there could be bleeding gums or ulcers in the mouth and exchange of infected saliva mixed with blood during kissing could transmit the HIV.

Q: How long can the virus live outside the human body?

A: The HIV is fragile. Once it's outside the body in a dry form, it dies immediately. Even in a wet state, it does not live long when exposed to heat, detergents, or disinfectants. When stored in blood banks at 4°C, it can live for about 3 weeks (or longer), or till the white cell disintegrates. But it can survive for years in a frozen state.

Q: Can I get infected if I donate blood?

A: This is not possible as all materials used for collecting blood are sterile. In fact, all healthy persons must come forward for voluntary blood donation.

Q: What is the risk of getting HIV by going to a dentist?

A: The risk of getting HIV from a dentist is low. However, there have been stray reports linking the infection with dentists. Wherever there is invasive procedures of skin or mucous membrane, universal precautions should be practiced.

Q: Is the breast milk of an HIV-positive woman infective?

A: HIV is known to be present in the breast milk of an infected woman. Hence, there is a possibility of acquiring the infection via breast milk. However, in a country like India where infant mortality is very high, the advantages of breast feeding (prevention of other infections) outweigh the risk of HIV infection through breast milk. Formula feeding should be advocated on individual cases only after proper counselling.

Q: How can one ascertain if an HIV-positive woman's baby has the HIV infection?

A: Most children born to HIV-positive

■ CONSULTATION

mothers carry HIV antibodies from the mother in their blood. These take about 15 months to disappear. HIV antibody tests will show result only after that. In less-developed countries, the chance of a baby born to an HIV infected mother being infected is about 40 percent. But there are antiretroviral drugs which can be administered to the pregnant woman and babies to prevent the infection in the babies. As an alternative to pregnancy, women living with HIV could also be counselled to adopt a baby.

Q: How long does it take for an HIV infected person to develop symptoms?

A: This depends on the mode of the HIV transmission and the lifestyle of the HIV-positive person. Majority of persons infected through blood transfusion, develop symptoms on an average from three to 5 years. With the other modes of transmission when the quantum of the virus is low, the person can remain healthy for 8 to 12 years or longer. If an HIV-positive person improves his/her quality of life by adopting safer sex methods, good nutrition, regular exercise, regular medical management, emotional support, does yoga and meditation, avoids stress and regularly treats other illnesses, continues to be active, and has an optimistic outlook, she/he is likely to live longer.

Q: How does an HIV-positive person progress to AIDS?

A: A few weeks after the virus enters the body, some people have flu-like symptoms like fever, bodyache, and headache (every infected person may not experience these). These disappear after a while, and then there is a long phase of 3 to 12 years which is asymptomatic. After that, when the immune system starts failing, AIDS sets in. If a person has two major and two minor signs, he's diagnosed as having AIDS. It is important to note that these symptoms are fairly common in various non-AIDS conditions also.

Q: Is there any treatment for HIV/AIDS?

A: Almost all opportunistic infections a person with AIDS develops can be treated with appropriate drugs. For example, TB, thrush, diarrhoea, pneumonia can all be treated. They can also be prevented by drugs—chemoprophylaxis. When it comes to treatment of HIV, there are many antiretroviral drugs. These should be given in combinations of two or three drugs for lifetime of the patient. These drugs are expensive, have side-effects and

need to be monitored using laboratory tests which are very expensive.

Q: What is 'safe sex'?

A: Sexual activity which completely eliminates the risk of infection is safe sex. For example, any sexual activity between two uninfected people is safe. Also, any sexual activity which does not involve the entry of body fluids like blood, semen, vaginal fluids or other contaminated material into the body is safe.

Q: What is 'safer sex'?

A: Safer sex is a way of adapting your sex life to minimise the risk of giving or getting the HIV infection. It includes those sexual practices which reduce the risk of acquiring or transmitting HIV during sexual activity. Sex can be made safer by using a condom consistently or by practicing non-penetrative sex.

Q: What can I do to protect myself against getting the HIV infection?

A: There is a lot you can do to keep yourself protected from getting the HIV infection:

- Learn the facts about HIV and AIDS.
- Assess your own risk behaviours (unsafe sex, sharing needles etc.)
- Postpone, as much as possible, sex until marriage, or else practice safe or safer sex.
- Do not feel shy to talk about your doubts and fears. Get these clarified.
- Verify that any blood product you receive has been screened for HIV.
- Verify that any needles/syringes or invasive equipment being used on you is sterile.
- If you are going for procedures such as tattooing, ear piercing, or acupuncture, verify that the equipment is sterile.
- Avoid alcohol and drugs as they affect your judgement, and can induce you to take risks you would not otherwise take, like having unsafe sex, sharing needles, or driving rashly.
- Do not let peer pressure force you into unsafe activities.

Q: What is the role of HIV/AIDS awareness programmes in preventing the spread of HIV/AIDS?

A: The objective is to create awareness about the problem, to give accurate and reliable information about HIV/AIDS, to clear existing myths and misconceptions, and to provide practical skills that can be implemented at the individual's level so as to lead to behaviour change that min-

imise the risk of HIV infection.

Q: How safe are condoms in the prevention of HIV infection?

A: Condoms make sex safer when used properly but they are not 100 percent safe. Safety factors to check on when buying and using condoms include:

- Expiry date of the condom. Do not use one which has expired.
- Storage. Condoms should be kept away from heat (for example, from car glove compartments, direct sunlight), and pressure (for example, sitting on a wallet containing condoms).
- Make sure that sharp objects do not tear a condom during use.
- Make sure that the air is expelled from the teat of the condom while wearing, so as to prevent it from bursting during intercourse.

Q: Does the use of a condom reduce sexual pleasure?

A: Condoms do not reduce sexual pleasure, as sexual pleasure is a perceived pleasure. Psychologically, some people perceive a loss of pleasure when using a condom. But ribbed condoms, for example, are known to increase sexual pleasure.

Q: Do contraceptives like 'Today', diaphragm and the pill protect a woman from getting the HIV infection?

A: They don't. These contraceptives only prevent a woman from getting pregnant but do not prevent the potentially infected semen from coming into contact with the lining of the vagina or cervix. If the HIV or organisms causing STD are present in the semen, they can still get into a woman's body and infect her.

Q: What are the different tests to detect HIV?

A: There are a number of tests to detect the HIV. Blood tests are done to look for specific antibodies produced by the HIV. These include:

- Screening tests: ELISA (Enzyme Linked Immunosorbent Assay, the most commonly followed procedure.
- Spot test or Rapid test: These may give false positive results and hence should be confirmed.
- Confirmatory tests: Western Blot, the most-commonly used procedure.

There are other tests to detect the virus or its protein or genetic material. These are, however, expensive, complicated or may take long and hence, are used only for research and academic purpose.

Campaign Through Cultural Expressions

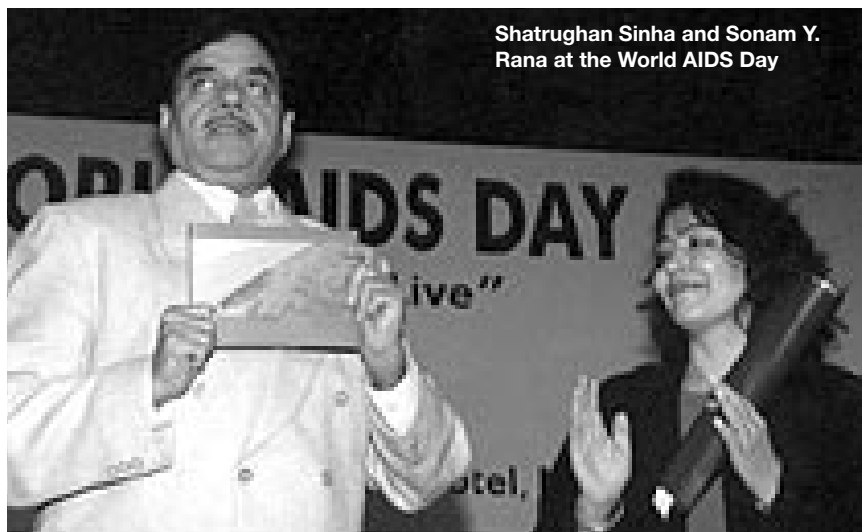
A cross-section of Delhi's civil society representing almost every sphere of life joined hands with UNDP Regional HIV and Development Programme and the Indian Network for People Living with HIV/AIDS to demonstrate their commitment to the campaign against HIV/AIDS on World AIDS Day. The event also saw the challenges and opportunities posed by the epidemic vividly delineated through cultural tapestry. The evening, supported by the Taj Group of Hotels, was titled "Cultural Expressions"

The gathering included leaders from politics, media, fashion, performing arts, cinema, music and members of the general public. Addressing the gathering, the then Union Health Minister, **Shatrughan Sinha**, urged people to recognise the gravity of the epidemic and do "everything possible to check its spread". The Minister also released "Quiet Storm," a commemorative pictorial monograph celebrating the lives of PLWHAs.

Launching a multimedia film on "stig-

ma and discrimination", the theme of the World AIDS Day, produced by the UNDP Regional Programme, popular Indian actor **Suniel Shetty** urged his colleagues to rise up to the challenge and demonstrate their social commitment. Citing examples from the rest of the world, he said

the active involvement of artists and media organisations in the campaign against the epidemic had made considerable impact in the rest of the world. **Dr Meenakshi Dutta Ghosh**, Project Director, National AIDS Control Organisation (NACO), India highlighted the prevent-



Shatrughan Sinha and Sonam Y. Rana at the World AIDS Day



ion and care efforts of the Government. Fashion designer **Rohit Bal** urged people to spread prevention information since it was the most cost-effective method to contain the spread of HIV. In an emotionally-charged address, **Bindu Babu**, General Secretary, Council of People Living with HIV/AIDS, Kerala, recounted how stigma and discrimination disempowered people living with HIV/AIDS. Other speakers included **Maurice Dewulf**, Senior Deputy Resident Representative, UNDP, India; Dr **David Miller**, former Country Programme Advisor, UNAIDS, India; and **K.K. Abraham**, President, INP+. The cultural performances included a kathak dance recital by renowned dancer **Shovana Narayan**, a ballet by DMSC, an NGO of sex workers in Kolkata and a rock music show by Sahara, an NGO of former drug users in Delhi. ■

■ Spotlight: REGIONAL EDITORS' ROUND-TABLE



“HIV/ AIDS is an that warrants extraordinary

MEDIA plays a critical role in the response to HIV/AIDS including prevention, care and support efforts; increasing the knowledge and understanding of the epidemic among key stakeholders and people at large; and sensitising the public on issues like stigma and discrimination, access-to-treatment and human rights. All over the world, the support of the media has been indispensable to strengthening the response to HIV/AIDS and addressing the human development challenges posed by the epidemic.

While the role of journalists to influence public knowledge and opinion on the exigencies of the HIV/AIDS epidemic is well-recognised, an important consideration relates to the need for strengthened commitment of media organisations at the policy level. In media advocacy, it is often seen that when informed decisions are taken at the level of editors, managements or even senior news-managers, the results are meaningful, long-lasting and consistent.



UN officials and editors at the round-table



extraordinary epidemic responses”

Working with the media at various levels has been an integral part of advocacy and policy dialogue activities of REACH Beyond Borders, UNDP Regional HIV and Development Programme for South and North-east Asia. During 2001, national level media consultations were organised in all South Asian countries. Based on the suggestions of the participants, a regional editors’ round-table was organised in New Delhi on July 24, 2002. The round-table, in which UNDP Administrator, Mr Mark Mulloch Brown; Dr Hafiz Pasha, Assistant Administrator and Director, Regional Bureau for Asia and the Pacific (RBAP) and senior UNDP officials participated, was aimed at eliciting the support of media organisations at the

highest possible level. The Round-table featured some of the most prominent editors of south and north east Asia region.

The editors,¹ together with the senior UNDP officials,² explored ways to enhance the media’s involvement, commitment and support to contain the HIV/AIDS epidemic and to mitigate its impact on people. Attention was also given to exploring ways to build capacity among key stakeholders in the media to address the epidemic in the larger context of human development and facilitate overall policy advocacy initiatives.

As a show of collective commitment of the media in the region, the editors signed a “Statement of Commitment” as a replicable example of visible media advocacy on issues related

1 N. Ram, Editor-in-Chief, *The Hindu*, India; Lakshman Gunasekhara, Editor, *Sunday Observer*, Sri Lanka; Shah Hussain Imam, Editor, *Daily Star*, Bangladesh; Wang Nan, Editor-in-Chief, International Affairs, *People’s Daily*, China; Kunda Dixit, Editor, *Nepali Times*, Nepal; Kinley Dorji, Editor-in-Chief, *Kuensel*, Bhutan; Peter Gill, Executive Producer, *BBC World Service Trust*, India; Sathya Saran, Editor, *Femina*, India; Representatives from Positive Networks.

2 Mark M. Brown, UNDP Administrator; Hafiz Pasha, Assistant Administrator and Director, Regional Bureau for Asia and the Pacific (RBAP), UNDP, New York; Brenda Gael McSweeney, UNDP Resident Representative and UN Resident Co-ordinator, UNDP, India; Kerstin Leitner, Resident Representative, China; Dr David Miller, former Country Programme Advisor, UNAIDS; Mr David Lockwood, UNDP; and Sonam Yangchen Rana, Senior Advisor and Regional Programme Coordinator, UNDP Regional HIV and Development Programme, New Delhi.

■ **Spotlight: EDITORS' ROUND-TABLE**

to human development, including HIV/AIDS.

HIV/AIDS epidemic was an extraordinary situation that warranted extraordinary responses, they said. The media has a natural role in breaking the silence that surrounds the epidemic and preventing the spread of the infection and reducing

the impact of the epidemic on people, they said.

“It is time to take leadership and build defenses to save our future generations and to protect the people infected and affected from the alliance of poverty, gender inequalities and HIV/AIDS,” they said.

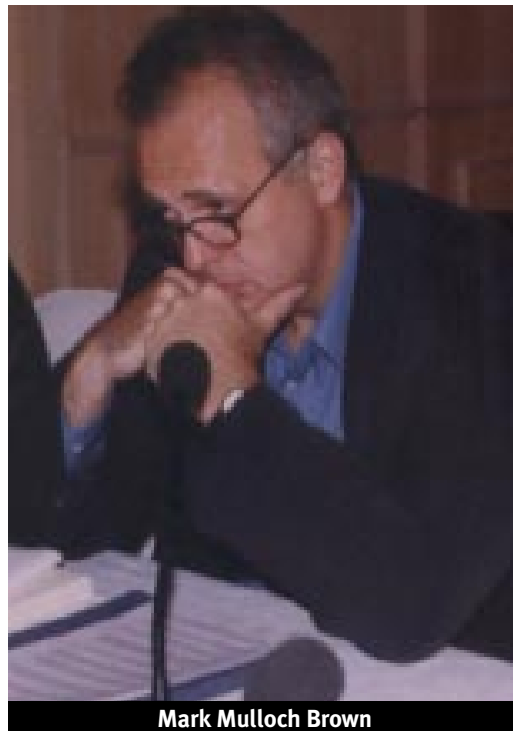
“Media must be a ruthless social critic”

UNDP Administrator, Mr Mark Mulloch Brown, who chaired the round-table, said HIV/AIDS attacked the social weaknesses in a society. Highlighting the human development and public health contexts of the epidemic, he said that the HIV devastation in Africa has come from society’s failure to grapple with the infection. Quoting statistics, Brown said that the high adult prevalence of some African countries—like 30 plus percent for Botswana—is very damaging. Cultural taboos that have come in the way of dealing with HIV/AIDS abet its spread. As long as society doesn’t open up to HIV, the culture of secrecy will prevail, which is one

of the main obstacles in dealing with it. The media, he said, must play a very important role in this regard. The role of the media is to be a ruthless social critic of the abuses in society or of traditions such as the one that allows men to mistreat women. Also, he said, the media must try to embarrass the leadership to force them to take the lead on HIV, invest in treatment and stand up to exploitative social practices. There has to be a rigour about the way things are approached and maximum focus must be on groups that are most vulnerable. He closed his remarks with a caution to Asia: “You are on the edge of an epidemic. Watch out, but tell the story.”

Dr Hafiz Pasha, Assistant Administrator and Director, Regional Bureau for Asia and the Pacific (RBAP), UNDP, New York, stressed that the epidemic, reflected some of the worst manifestations of social breakdown. He called for creating a constituency of pressure on governments to make them move on HIV. Their unwillingness to acknowledge the existence of this problem has been the root cause of the spread of the infection, he said. It is not an epidemiological problem alone, but a social problem as well. Sensitising people is not enough. Instead, you need to evoke serious responses. That is where the media can play a very vital role to reach an understanding on what exactly needs to be done as a whole.

Ms Sonam Yanchen Rana, Senior Advisor and Regional Programme



Mark Mulloch Brown

Co-ordinator, UNDP Regional HIV and Development Programme, who moderated the sessions, reiterated that HIV is a development issue because it is tied to the socio-economic vulnerabilities of people. Those with power and wealth are able to protect themselves and it is poor people, especially women, who do not have a choice. This debate



Dr. Hafiz Pasha



Sonam Yangchen Rana

about HIV-Development link should figure prominently in the media for a wider understanding of the issue and generating adequate responses. If the media sets the agenda for people, then we should ensure that the agenda that is set is a sensitive one. There is considerable commitment in the media and we need to build on that. In this process, we have to address issues like getting support at the policy level, restoring the trust of people living with HIV/AIDS and the media and creating an enabling environment for a meaningful response to the epidemic.

She added that coverage of issues such as HIV and development should be integrated into mainstream issues so that they do not get confined to the margins of journalism.

According to **Ms Kerstin Leitner, UN Resident Co-ordinator, China**, HIV/AIDS was no longer just an African problem. This will creep upon us, she said. HIV/AIDS is a fact of life and one of the most important things, she said, is to overcome the stigma and discrimi-



Dr Brenda Gael McSweeney



Kerstin Leitner

nation as they prevent us from dealing with the epidemic. She called upon the media to help the UN and other agencies to monitor the situation in Asia and to pursue the issues consistently. If India and China can get a hold on the situation, she said, it would have a great impact on the whole of Asia.

Dr Brenda Gael McSweeney, UN Resident Co-ordinator and Resident Representative, UNDP, India, said that UN is very bad at telling stories. “Our

documentation is always very dry. Even creative programmes have not been very successful at getting our message across.” Senior editors are usually happy to receive material from UNDP, but they also need to sell their newspapers. She said it would be worthwhile to seek the opinion of editors as to how best the UN can work with the media. In this context, she recalled the support of the media in disseminating the content of the Human Development Reports.

EXCERPTS FROM THE ROUND-TABLE



“Media can build a strong public agenda”

N. Ram, Editor-in-chief, The Hindu, India

Describing the situation in India, Ram noted that in spite of the significant attention and column-space given to HIV-related issues in the media, there is still an urgent need for accurate, insightful, and above all, sustained coverage. He reiterated that the media has the potential to build a strong public agenda around HIV. But for that, he said the Fourth Estate must first overcome its own superficiality and recognise that a human-interest angle isn’t always necessary to run a story on HIV. The media, he opined, must deliver on three fronts—as a credible information provider by being pluralistic and legitimate, criticise and question in an investigative, adversarial and even destabilising role, and in educating the masses. He also stressed the need for sensitisation and capacity-building of media players to assist them in effectively addressing HIV/AIDS issues. A greater interaction between relevant UN agencies and serious journalists, he felt, could help build this capacity.

■ **Spotlight: EDITORS' ROUND-TABLE**



“HIV/AIDS is not just a health story”

Kunda Dixit, Editor, Nepali Times, Nepal

Expressing his concern at the media's lack of interest, or the low priority it gives to HIV/AIDS-related issues, Dixit warned against its failure to reflect the urgency of the problem. He stressed that HIV/AIDS is not just a health story for the back pages. It belonged to the front pages instead, he said. Poorly-displayed articles on HIV tucked away in the inside pages of a newspaper or a magazine means that the subject matter is wasted. Echoing the sentiments of many other speakers on the panel, Dixit said journalists, particularly those entering the profession, should be sensitised so that they too realise the importance of HIV issues in contemporary world. The only guideline the media needs to address HIV issues is to be professional, he said. Stressing the need to rise above mediocrity, Dixit cautioned against certain limits. The media, he said, can do a lot of harm by doing things wrong, but it can also eventually make massive improvements. He also felt that media in much of Asia presents HIV as a national issue and fails, in the process, to explore the important cross-border dimensions of the epidemic. The solution, he said, could be a greater focus on infotainment through the broadcast media to get the HIV message across in countries with low literacy, including many in Asia. To reinforce his argument, he cited the successful UNDP-funded tele-series broadcast in Nepal in 1992 to raise awareness of HIV/AIDS issues. It is still relevant and could be re-broadcast, he said. Finally, Dixit gave six tips for working with the media on HIV:

- 1) Focus on investigative reporting, especially on cross-border issues.
- 2) Work with motivated and hand-picked journalists.
- 3) Preach to the unconverted. There is a need to move beyond the usual crowd.
- 4) Don't tell the media what to do. Persuade them.
- 5) Choose the medium depending on the target group (mass population/policy makers, etc).
- 6) Target workshops so that they are not just limited to HIV/AIDS. Broaden the issues and look at the roots of the crisis to effectively engage media attention.

“Merely sensitising media isn't enough”

Kinley Dorji, Editor-in-chief, Kuensel, Bhutan

He called for new initiatives to build the media's capacity to effectively report on HIV/AIDS, and cited how a number of successful workshops have helped sensitise the media on HIV issues. However, Dorji argued that merely sensitising the media isn't enough. It is also necessary, he said, to impart training for those working in the field of HIV—medical professionals, government officials and others—to help them effectively reach out to the media and get their message across. Even this may not be enough, he opined, as the media may eventually package the subject in a manner with which those working in the field may not be comfortable with.





“Play a positive role”

Wang Nan, Editor, International Affairs page, People's Daily, China

As an influential advocate of social change, the media must play a positive role to prevent the spread of HIV/AIDS and reduce its impact on people. It can influence attitudes and behaviours because of its unique access to a large number of people. How can it play a constructive role on this issue? He suggested three ways:

1. They can give people the knowledge and information on HIV/AIDS;
2. They can alert people about the spread of the epidemic or a possible breakout in future if preventive steps are not taken;
3. They can be the bridge between the people and the governments, to remind the latter that they need to pay more attention to the threat and take appropriate steps.

In China, all media organisations belong to the Government. To ordinary Chinese people, what their media reports is very authentic and trusted. Compared with the media in other countries, Chinese media is more effective. Efforts should be on to strengthen their capacity.

“The situation is changing”



Peter Gill, Executive Producer, BBC World Service Trust

Reiterating the many competing issues facing the media, Gill opined that the only way to get journalists to engage with HIV is by presenting it as a humanitarian issue. He stressed that one of the most important roles for the media is to tackle the stigma and discrimination that PLWHAs are confronted on a daily basis. He stressed the need to bring positive people to the screen in a campaigning role. Gill discussed the sensitivities around condom promotion and the need to find ways to tastefully promote them through the media so that it does not offend the masses. He stressed, in particular, on the need for government support in this direction and appreciated the increasing openness from governments in many countries to the depiction of condoms in the media. But there are many obstacles in overcoming this mindblock, he said. Condom ads are allowed on TV in UK only after 9 PM. One of the products some governments have banned from advertising includes condoms. The situation is changing, but is it happening quickly enough? Gill wondered.

“Share success stories”

Sathya Saran, Editor, Femina, Mumbai, India

SPEAKING on the need to educate writers and media professionals on HIV issues through sensitisation programmes, she stressed that it is difficult for media managers to give regular coverage to HIV unless the readers too find interest in it. Instead of that, Saran said the media must find innovative and interesting ways to disseminate information that is both entertaining and informative from the readers' point of view. Women's magazines, Saran said, could be important vehicles to share success stories and other articles of empowerment. She called on organisations working in the field to provide empowering stories of those who have overcome the difficulties of living with HIV/AIDS, pointing out that such stories are read to domestic helps and children and filter through society. Finally, Saran suggested that women's magazines could give out free, sensitively-packaged, condoms as an awareness raising action.



MEDIA AGAINST AIDS IN ASIA



Statement of Commitment

"It is time to take leadership and build defences to save our future generations and to protect the people infected and affected from the alliance of poverty, gender inequalities and HIV/AIDS."

The HIV/AIDS epidemic poses a serious challenge to the development of Asia. The region has the largest number of people living with HIV/AIDS after Africa and one of the fastest infection rates in the world. The epidemic has the potential to reverse the region's hard-earned social gains of several decades.

The growth of the epidemic in the region is being fuelled by poverty, social marginalisation, and gender inequities, which are in turn exacerbated by social unrest and natural disasters. These limit the capacity of people, particularly women and children, to access information and services and control the circumstances around them.

The epidemic is growing in the region in a climate of fear, ignorance and denial. People who are infected by HIV, as well as their families and friends, are facing acute stigma and discrimination.


An epidemic of the magnitude, complexity and urgency of HIV/AIDS, which is not confined to national borders, divisions within society or sectoral responsibilities, demands a response that is collaborative and complementary from all sections of society including the media.

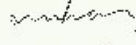
Media have a natural role in breaking the silence that surrounds the epidemic, preventing the spread of infection and reducing the impact of the epidemic on people, sensitising societies to the rights of people living with HIV/AIDS, compelling timely responses and, above all, acting as a responsible negotiator of change. Capabilities within the media need to be enhanced to address HIV/AIDS as a development issue in a sustained manner.


While the media have made some headway, a lot remains to be done. Media's resolve and response to address the epidemic must be commensurate with the challenges presented by the epidemic in the region. In this context, any factor that worsens the vulnerability of people such as social marginalisation, lack of livelihood options, trafficking of women and children, violation of human rights and discrimination deserves serious attention by the media.


We are living with an epidemic. An epidemic is an extraordinary situation that warrants extraordinary responses. We, as representatives of media organisations in the region acknowledge this challenge and commit to respond with renewed responsibility, sensitivity and vigour, reaffirming our resolve to give greater priority to HIV/AIDS as a development issue. It is time to take leadership and build defences to save our future generations and to protect the people infected and affected from the alliance of poverty, gender inequalities and HIV/AIDS.


"We, as representatives of media organisations in the region acknowledge this challenge and commit to respond with renewed responsibility, sensitivity and vigour, reaffirming our resolve to give greater priority to HIV as a development issue."


N. Ram, Editor, Frontline, India

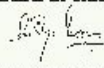

Shah Hussain Inam, Associate Editor, Daily Star, Bangladesh


Lakshman Gunasekara, Editor, Sunday Observer, Sri Lanka


Peter Gill, Executive Producer, BBC World Service Trust, India


Kunda Dixit, Editor, Nepali Times, Nepal


Kinley Dorji, Editor-in-Chief, Kuensel, Bhutan


Satya Saran, Editor, Femina, India


Wang Nan, Editor-in-Chief, International Page, People's Daily, China

■ **Spotlight: EDITORS' ROUND-TABLE**

“Attempts to engage media must improve”

Lakshman Gunasekhara, Editor, Sunday Observer, Sri Lanka

The media, Gunasekhara said, is not a tool for mass communication, but an industry whose market is its audience. This awareness is very important for an effective communication and relationship between the media and those in the HIV/AIDS field, like the UN, governments, NGOs and others. He argued that since those working on social issues like HIV have failed to grasp the industry nature of the media, the ways in which they have attempted to engage it in such issues has been fundamentally flawed.

The need to understand the media and how it functions is the key to a better and fulfilling relation between the media and those working in this field. He stressed that it's not enough for the UN or governments to churn out data and expect media managers to pick it up to cover the issue. Unless the media perceives some self-interest in covering an issue it will only be addressed by a few individual sympathetic editors and journalists. He suggested that those working for HIV-related issues could learn a lot from the skillful way in which big business houses handle the media for their own good. That, he said, is a good reference point in changing the mindset against HIV/AIDS. Gunasekhara discussed the need to target information carefully using appropriate tools, aimed at appropriate audiences. As radio is the only media the majority of poor people in Asia have access to, public communications strategies should be directed through radio. There is an increasing commitment to HIV-related issues in the media and coverage of HIV is improving, with less sensationalism than in the past.



“Gender issue must be addressed broadly”

Shah Hussain Imam, Associate Editor, The Daily Star, Dhaka, Bangladesh

He argued that the media has failed to adequately involve itself with the development of HIV awareness strategies and that this, in turn, has resulted in it not being motivated enough to take up the issue. However, he felt it was possible to get the press on the side for this issue. He stressed that the gender issues that underlie the epidemic must be addressed broadly, including through the media.

THE DOUBLE BURDEN

Overcoming prejudices is no easy task. Even though the country remains a low-prevalence area, the ground reality is that much more still needs to be done to stop the spread of HIV/AIDS. The government has prioritised awareness and prevention, but support to people living with HIV/AIDS seems a long way off. An **IRIN** feature.



PLWHA leader Nazir Masih in a personalised sensitisation programme in Karachi, Pakistan

THE anxiety on 47-year-old Mohammad's face is apparent as he waits for the doctor in his two-room house in a Lahore back-street. His face, chest and back riddled with an extreme form of herpes, the former master-tailor becomes restless once the doctor arrives with the news. His worst fear has come true: he is HIV-positive.

He was gripped by a new fear: he and his family must now live with the unthinkable, social ostracisation. His neighbours will now ignore him and whisper in hushed tones every time he passed them. He is now an "untouchable" within his own community. More than

Officially, there are 1,710 people living with HIV in Pakistan today, a nation of over 140 million. However, given the taboo that HIV/AIDS is made out to be, only a few infected people disclose their status. In fact, some experts put the HIV-positive population in Pakistan to be anywhere close to the 80,000 mark. "We don't know much about their problems," says Abid Atiq, the national programme adviser for UNAIDS in Pakistan. He adds: "In some cases, the society has failed to provide the necessary support and assistance these people deserve."

But for those living with HIV today, his comment is an understatement. The last few years may have seen dozens of

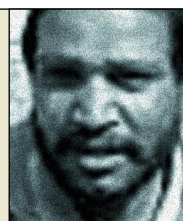
ces, it's been a relentless fight for Mr Masih since 1999 towards changing the lives and attitudes of people living with HIV. He gives them hope and succour at a time when all else has been lost. Says he: "There is a strong feeling of remorse and guilt for those living with HIV. They feel they have lost everything."

This is a feeling he knows about from first-hand experience—12 years ago, while working as a shopkeeper in Dubai, he was diagnosed with HIV. The 45-year-old says that once doctors confirmed his diagnosis, he was promptly arrested and placed in solitary confinement before being deported to Pakistan. "When my status was disclosed, people ostracised

me. I was hated," he says, adding: "In Pakistan, the awareness level is dismally poor and infected people are abhorred."

As the first person in Pakistan to have his HIV status publicly disclosed, journalists took pictures of

NAZIR MASIH, the unsung hero of the forgotten, says discrimination and stigma are the two main challenges facing the PLWHA, a clear sign for the need for greater awareness among the general public.



HIV, the fear of stigma shook him.

Already impoverished by months of unemployment, it's a dark road ahead for him: "How can my family live without me," he asks himself. Shaking his head in disbelief, this father of five knows that life will never be the same again. Death, he says, is now better than such a life.

In Pakistan, such topics are not easily discussed. Very few know what it is like to live with HIV. Even fewer want to!

progressive efforts by various organisations, including the UN and various NGOs, to raise awareness, few have offered to help those actually affected, revealing the same ignorance they have purposefully worked to thwart all these years.

Nazir Masih isn't surprised by such attitudes. They are, he says, his greatest challenges. As the head of the New Light AIDS Control Awareness Group, a small Lahore-based NGO with minimal resour-

his family and children and published them in the local press. Recalls Mr Masih: "It was a horrible experience. I would rather have died than spoil the lives of my family. I felt isolated and alone. I thought I was going to be stoned." Today, New Light, aided by the US-based Catholic Relief Services, remains the only NGO in the populous Punjab province with an outreach programme dedicated to actually helping those living with HIV.

Working with a staff of eight and a team of volunteers, the group strives to support those whom many would rather forget.

"Our emphasis is to save the lives of the families from HIV/AIDS. Often by the time the husband discloses that he is HIV-positive, his spouse is already infected. We work to avoid this. Secondly, we try to get the infected people out of their inferiority complex. We encourage them to spend their lives positively and honourably," explains Mr Masih.

But it's easier said than done given the public perception of the epidemic. When the first HIV case was diagnosed in Pakistan in 1985, a 35-year-old woman, she was imprisoned. Though the courts intervened later to secure her release, she died soon. Sadly, public perception of those infected with HIV has changed very little since then. Says a 40-year-old who doesn't wish to give his name: "I don't have much hope, nor any permanent source of living." He was tested positive 16 years ago. "What helps me is the opportunity to share some of my problems with other HIV-infected people," he says.

Living in a run-down house near the Lahore railway station with his wife who is also HIV-infected, he gratefully receives food and medical assistance from New Light, and the school fees to let him send two of his seven children to school. Aged between five and 16, all his children are HIV-negative. "Life is a constant struggle," he says, pointing to his wife who's battling a very high fever. "We would like to be open about our status, but cannot afford the difficulties we'd face then. It would simply be too much." Indeed, of the 30 HIV-infected people he is working with, eight are women. All but one of them say they acquired the infection from their husbands.

MEANWHILE, in another part of Lahore, a more harrowing drama of tragedy and courage is unfolding. Once married to a man who had worked in Africa, 33-year-old Rabia recalls how her husband committed suicide after learning he had infected both his wife and children. "He was devastated. The guilt was too excruciating," she says. Soon after her husband's death, Rabia had to perform the last rites of her two young children as well. "For me, life was over. I thought it was my turn, but it never came," she says. It would have

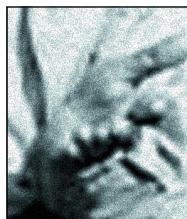
been, had it not been for a chance meeting with a young hand-cart operator, whom she subsequently married. Although a simple man with no education, earning just \$30 per month, his wisdom and understanding ran deeper than most. "I knew she was HIV-positive, but I loved her," says the 30-year-old. They used condoms initially, but stopped later when they decided to have a child. Despite the risk, the couple thought this was the only way they could show their love for each other. Today their three-month-old daughter—who was provided with milk by New Light rather than be breast fed by her mother—appears healthy and full of life. Nonetheless, doctors still routinely check her HIV status, as well as her father's. It was a risky move, but one Ms Rabia and her husband of 18 months cherish every day. "Now that I have a baby, I have hopes for the future," she says cheerfully.

But for most people living with HIV/AIDS in Pakistan, hope often is a luxury they cannot afford. Their situation remains grim, their lives increasingly dark. A volunteer at New Light, Dr Abdul

ming more prevalent," says his doctor, noting recurrent bouts of diarrhoea, dysentery and fungal infections in his mouth.

Ask Mr Masih what keeps him going and he admits to being depressed sometimes. "But I never let go of my optimism. My work keeps me going," he asserts. And indeed it does. Using the NGO's only source of transport—a motorcycle—Mr Masih, who earns his living repairing bicycles, travels all over the Punjab Province, often visiting PLWHA living 500 km away. When he learns about new cases, he establishes communication with them to find out their needs and how they can be helped. "Whenever a person is found to be HIV-positive in Pakistan, as a matter of policy, he or she is fired. Their livelihoods are crushed," notes Mr Masih. In fact, most of New Light's beneficiaries are jobless and depend on the limited assistance the NGO tries to provide.

Mr Masih, the unsung hero of the forgotten, says discrimination and stigma are the two main challenges facing the PLWHA, a clear sign for the need for greater awareness. "People's attitudes towards us remains our struggle," he says,



"OUR EMPHASIS is to save lives of the families from HIV/AIDS. Often by the time the husband discloses that he is HIV-positive, his spouse is infected. We also want PLWHAs to live positively and honourably."

Rashid, a retired public health professor from the Institute of Public Health in Lahore, feels that medicine alone is not an option. Says the 62-year-old: "Patients are receiving treatment of common ailments like cough, diarrhoea and opportunistic infections like herpes. But that is all." He explains: "Anti-retroviral drugs are out of question. People simply cannot afford them, and neither the government nor any donors are providing them."

He's right: at over \$300 per patient per month, not too many can afford the high cost. Asks Mr Masih: "Who can afford that in Pakistan?" Although the government and various donor agencies have promised to supply such drugs in future, it is a distant dream for those actually infected. Recently, three New Light members died for want of such treatment, he claims. Though HIV-infected himself, Mr Masih takes no anti-retroviral drugs and, despite his healthy appearance, also knows that his immune system is weakening. "Opportunistic infections are beco-

adding: "When people come to know that I am HIV-positive, they are hesitant to even shake my hand or talk to me."

But overcoming such prejudices will not be easy. While Pakistan remains a low-prevalence country in respect to AIDS, the ground reality is that much more still needs to be done to stop its spread. As part of its overall strategy, the government has prioritised awareness and prevention, but actual assistance to those infected seems a long way off.

Mr Atiq maintains that given the few HIV-positive people on the surface today, as well as limited donor interest, it is easy to understand the emphasis on prevention rather than social support. Nonetheless, he adds, the plight of those infected cannot be ignored. Only with greater assistance and support could the true number of cases be revealed—giving the government a stronger opportunity to deal with the problem more effectively. However, the real test, as seen by Mr Masih, remains action, not mere words. ■

Corporate Social Responsibility in HIV/AIDS: The Rising Need

■ By **Afsana Cherian**

THE role of Corporate Social Responsibility and active involvement of the private sector in the response to HIV/AIDS epidemic has been gaining momentum in the region during the last few years. The realisation that the participation of the private sector and fostering public-private partnerships is vital, in terms of sharing the resources, bringing in expertise and appropriate technologies, providing enhanced visibility to the campaign against the epidemic, mobilising advocacy in various sectors and above all, bringing about a robust civil society response, is the key in the campaign against HIV/AIDS. Why should businesses get involved with HIV/AIDS?

Sir Richard Skyes, Chairman of the Global Business Council on HIV/AIDS has the answer. "At the World Economic Forum meeting at Davos in 1997, we recognised that businesses couldn't operate in a vacuum. It has to engage the real world. Businesses can also act as an advocate, helping to keep AIDS on the international agenda, and thereby demonstrate the benefits businesses can bring to society as a whole through its products and as a corporate citizen in partnership with the public sector." At the meeting, leaders from corporates, international agencies and Governments came together to discuss the contribution businesses can make. Nelson Mandela, the then President of South Africa, headed the initiative. "Without question, businesses must

respond for its own good, and what is good for them is invariably good for the community. In many countries across the world, the epidemic is affecting the workforce, markets and the overall business climate. Studies in Southern and Eastern Africa conducted by the African Medical and Research Foundation and for the US Organisations, AIDSCAP, reach the same conclusion," adds Sir Skyes. Some of the global examples of CSR include:

- A Global Business Council on HIV/AIDS was launched in 1997. It is a group of 15 companies advocating a stronger business response to HIV around the world;
- Coca-Cola announced a partnership with UNAIDS to participate in the fight against HIV/AIDS in Africa;

- Mersk has donated funding and medicine to the "Botswana Comprehensive HIV/AIDS partnership" to improve HIV/AIDS education and care;
- The Corporate Council on Africa has formed a Task Force on AIDS in Africa;
- Daimler Chrysler has pledged to provide free condoms and anti-AIDS drugs to its South African employees and families;
- Standard Chartered bank has initiated a global initiative among its employees;
- Abbot laboratories supports an aid programme for orphans with AIDS and vulnerable children worldwide;
- Chevron companies are involved in anti-HIV/AIDS efforts in many nations;
- In Thailand, employees of Jardine Matheson started an AIDS Fund;
- Villares, manufacturers of specialty

Apollo Tyres, the leading tyre manufacturers in India, in active collaboration with DFID (implemented through 36 NGOs), launched the Apollo Tyres Health Care Centre in October 2000 to provide general and sexual health services for truckers and the transport community at large. The centre provides:

- STD diagnosis and treatment;
- Behaviour Change Communication; and
- Condom promotion.

The Centre has its operations at the Sanjay Gandhi Transport Nagar (New Delhi), off the GT-Karnal highway, and has expanded its scope to general health treatment besides

STD prevention. The inception of the clinic was the logical fallout of the company's welfare policy and a strong sense of social responsibility in an effort to continue earning the goodwill of their associates in the transport sector. Through consistent counselling and educational programmes, the Centre, with the help of dedicated teams of volunteers, enlightens the truckers on the numerous risks involved and the methods of prevention. The patients are treated on nominal charges and the more serious cases are often referred to larger hospitals. Besides taking initiatives on educating and informing about HIV and AIDS to the

truckers, the approach team also helps rehabilitating sex workers who wish to exit from their profession. The company plans to create a network of such facilities across the highways of the country in order to reach out to as many drivers as possible.

Besides working on the mission to educate truckers about AIDS, Apollo Tyres also extends its full support to 'Umeed', an NGO working towards providing health and medical care facilities to the underprivileged in rural areas. The company has a policy of discharging its social responsibilities in areas in which it can make a significant difference.

How grave is the HIV/AIDS epidemic in India?

The current information on incidence and projections of HIV/AIDS in India are a matter of concern. If intense efforts are not directed to contain this epidemic, it will bring a lot of misery in the lives of millions of people and their families. It will also be detrimental to the economy. But the key lesson from the first 20 years of the epidemic is that new epidemics can be prevented, and bad epidemics turned around.

What is the future of India in the context of this expanding epidemic?

While the absolute numbers projected are very large, on percentage of population basis, they are nowhere as devastating as is the case in some African nations. We must view it seriously, but since it spreads largely through voluntary sexual behaviour, I think a purposive, coordinated, continuous communication and socio-economic and medical intervention can contain it.

What, in your opinion, needs to be done expeditiously?

The public health system in India, especially in villages, is in a dismal state. No programme can deliver if the delivery mechanism is almost absent. The Government must strengthen its health system and make it accountable to local self-government institutions. Also, support to NGOs, who are filling this vacuum, must increase. Also, communication about HIV/AIDS must increase in intensity and effectiveness. HIV/AIDS is spreading out of both ignorance and increasing unsafe behaviour. And, the issue of affordability of AIDS drugs needs to be addressed.

What is the private/corporate sector's role in this campaign?

They should educate their employees, suppliers, dealers and their families about the epidemic and invest in basic prevention, care and treatment interventions in the workplace. If they have development programmes outside their company, they should make AIDS awareness and management a part of those efforts. They should financially support AIDS prevention efforts as a part of their existing philanthropy programmes. They could also be involved in national AIDS strategies, including leader-

ship, advocacy, communication etc.

Do you think Indian companies are demonstrating sufficient Corporate Social Responsibility in this direction?

In these matters, nothing is ever enough. But I think Indian companies have been sensitive to their responsibilities. Almost half the members of the Confederation of Indian Industry (CII) have workplace programmes on AIDS in place.

Has your organisation undertaken any HIV-related initiative? If yes, please elaborate.

Bajaj Auto recognised the seriousness of the spread of HIV/AIDS way back in 1990, when media reports brought the problem to the forefront in India in general and Maharashtra in particular.

“Public-private partnership is vital”

Rahul Bajaj, Bajaj Auto Ltd

Bajaj Auto has had a HIV/AIDS workplace policy. Its major thrust is on awareness generation. It has a condom distribution centre, facilities for HIV testing and counselling services. Adjustment of work, participation of trade union members, involvement of colleagues as peer educators, counselling of family members and hospital visits to the admitted patient of AIDS are additional features of the programme. The company reimburses most expenses incurred in AIDS treatment.

Bajaj Auto is an active member of the Technical Resource Group, set up by NACO and it collaborates with ILO, UNDP and WHO in developing strategies for workplace intervention.

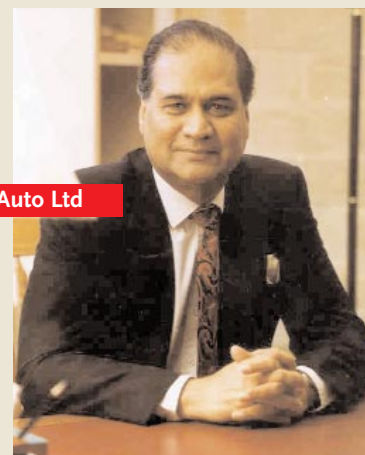
What are your immediate plans on HIV related work?

Besides the employee programme, we are planning to develop a programme for 28 villages to be implemented by Jankidevi Bajaj Gram Vikas Sanstha (JBGVS). This is supported by our group companies. In its first phase, JBGVS would train primary school teachers and women's groups in various

aspects of HIV/AIDS epidemic. In turn, they will be able to train different groups under the supervision of Health Visitors from JBGVS.

What should corporates do to help the campaign against HIV/AIDS?

They should educate their employees, suppliers, dealers and their families about it and invest in basic prevention, care and treatment interventions in the workplace. If they have development programmes outside their company, they should make AIDS awareness and management a part of those efforts. They should financially support AIDS prevention efforts as a part of their existing philanthropy programmes. They could also be involved in national AIDS strategies including leadership, advocacy, communication etc.



In your opinion, what can public-private partnerships do to halt and reverse the spread of HIV/AIDS?

It is only through public-private partnerships that large-scale changes can happen. There are strengths, weaknesses and limitations of purely public or private initiatives. They have to be intelligently synergised in thought and, more importantly, action.

About Rahul Bajaj

Rahul Bajaj is recognised as one of the most successful business leaders of India. He heads the Bajaj Group of companies and is the Chairman and MD of the group's flagship, Bajaj Auto Limited, the fourth largest two- and three-wheeler company in the world. An alumnus of the Harvard Business School, he has won several national and international awards and is a leading advocate of corporate social responsibility.

“Private sector needs to address the challenge”



V.S. Jain, Chairman, SAIL

How grave is the HIV/AIDS epidemic in India?

It is quite serious worldwide, and India is not an exception. The Government of India is alive to the situation and has initiated various steps to prevent and control the epidemic. A developing country like India must make all-out efforts in creating large-scale awareness among general population.

What is the future of India in the context of this expanding epidemic?

With the National AIDS Control Programme (Phase-II) already in progress, the thrust on Information, Education and Communication [IEC] strategies will ensure high level of awareness among rural as well urban population, thus ensuring lower prevalence of HIV.

What, in your opinion, needs to be done expeditiously?

The programme should be expanded to include all the sectors which are not represented at present. The focus should now shift to the unorganised sector and floating populations. Simultaneously, efforts should be made to strengthen the health infrastructure by providing medical care at affordable cost.

What is the private/corporate sector's role in this campaign?

The corporate sector plays a significant

role in ensuring prevention and control of HIV/AIDS. It should work in tandem with the Government agencies, thus complementing and supplementing the efforts made in this direction, by implementing the policies and directives of NACO. Critical initiatives may include sensitisation exercises of top level functionaries, advocacy programmes for the employees, and a company-wide policy.

Do you think Indian companies are demonstrating sufficient Corporate Social Responsibility in this direction?

Major industry leaders have already initiated various programmes and have demonstrated adequate Corporate Social Responsibility in HIV AIDS.

Has your organisation undertaken any HIV-related initiative?

SAIL has been a leader in discharging its social responsibility by taking up various causes. A Prevention and Control of HIV/AIDS programme named “SAIL AIDS Control Programme” (SACP) in association with NACO is already being implemented across the company. Moreover, a policy on HIV/AIDS has been prepared and approved by the Board of Directors. As part of inter-sectoral collaboration, SAIL has initiated a

multi-pronged programme for implementing the policies and guidelines of NACO in its plants/units townships. The programme has been in place since 1999-2000. All medical personnel have been trained as per the WHO guidelines. Employees, their dependents and general population are being covered under the IEC programme.

What are your immediate plans on HIV related work?

The SAIL AIDS Control Programme is already in its fourth year and will continue in its endeavour of reversing the trend of growth of HIV/AIDS in its plant/unit township and the country.

What should corporates do to help the campaign against HIV/AIDS?

Each organisation, whether in public or private sector, needs to take up the challenge for prevention and control of HIV/AIDS. This makes a good business decision as well as the lower prevalence of HIV/AIDS among employees will ensure higher attendance, productivity, profit and lower medical and leave costs. Industry representatives like CII etc. can also guide members in preparing and implementing a sustainable HIV/AIDS Prevention & Control Programme.

About V. S. Jain

V. S. Jain joined SAIL in November 1994 as Director, Finance. SAIL is India's largest and one of the world's leading steel producers with a turnover of over Rs 19,000 crore.

SAIL (the Steel Authority of India Limited) has initiated a Prevention & Control of HIV/AIDS programme titled “SAIL AIDS Control Programme” (SACP) in association with the National AIDS Control Organisation (NACO). The company has formulated a policy on HIV/AIDS, which has been approved by the Board of Directors. As part of inter-sectoral collaboration, SAIL has initiated a multi-pronged programme for implementing the policies and guidelines of NACO in its plants/units townships. All medical personnel have been trained as per WHO guidelines. SAIL's major initiatives include:

- (1) School AIDS Education Programme;
- (2) Family Health Awareness Campaign;
- (3) Safe Blood and Blood Products;
- (4) Voluntary Counselling and Testing Centre (VCTC).

steel in Brazil; the Thailand Business Coalition on AIDS; the Commercial and Industrial Medical AIDS Society (CIMAS), Zimbabwe; Levi Strauss and Co, Europe are some other key players in mobilising business response to HIV;

● Several Indian companies, including L&T, TATA Tea, SAIL and Bajaj Auto, have also launched prevention efforts.

In South Asia, the trend is picking up. There are many encouraging examples of CSR, public-private partnerships and the private and corporate sectors demonstrating active roles in prevention, care and support activities. The initiatives by the Confederation of Indian Industry (CII) and the Indian Business Coalition on AIDS (IBCA) in India, the

Thailand Business Coalition, an alliance of more than 100 companies, are some examples.

Promoting CSR in HIV/AIDS prevention, care and support initiatives in the Asia Pacific region is one of the objectives of the advocacy and communication efforts of the UNDP Regional HIV and Development Programme.

In partnership with other stakeholders and private and corporate sectors, the idea is to create a regional platform for fostering CSR in HIV/AIDS. In these interviews, leading private sector leaders of India reiterate their commitment to the cause of HIV/AIDS, as a mark of the increasing momentum of CSR in the region. ■

■ CONSULTATION

Consultation for legal issues, counselling and treatment is a service offered by the HIV/AIDS portal for Asia Pacific, www.youandaids.org. The questions listed here are selected from the queries sent by people in Asia Pacific and other parts of the world and have been answered by **Dr Sunithi Solomon**, Director, YRG Care, Chennai, a renowned expert in HIV/AIDS treatment and counselling. You may send your questions to consultation@youandaids.org. The answers will be posted in the consultation section of the portal.



ASK THE EXPERT

Q: I had oral sex with a sex worker in January this year with a condom. I recently got an ELISA test done, and the reports were negative. I would like to know whether this is fool proof? Though the tests are negative, are there any chances of any symptoms developing later.

A: Your ELISA test at the end of six months of exposure is negative. Also you had protected sex. Hence there are absolutely no chances of you acquiring HIV.

Question 2: Just before marriage, seven years ago, I had an unprotected sexual encounter with a sex worker. Two years ago my wife had a yeast infection and our family doctor asked her to undergo a blood test. She was found to be HIV negative. Thereafter, she is having regular medical checkups and has been found HIV negative. We have a six-year-old child. Is it still necessary for me to have an HIV test done?

A: Since you had an unprotected encounter seven years ago, I would suggest you take an ELISA test with appropriate counselling support.

Question 3: I had a high-risk exposure. A week later I began having symptoms such as pain under my arms, groin, sore throat, white tongue and night sweats. I had a P24/ELISA antibody test first at 20 days and then at 4 weeks. The results came negative. Could you please comment on these results in light of my symptoms?

A: You need to do an antibody test 3-6 months after exposure. But you can have a PCR (qualitative) or P24 antigen test at this point of time. It costs approximately Rs. 2500 (Indian Rupees).

Q: I recently had unprotected oral sex. One month after the incident I had a case of ARS (sore throat/cold/running nose/fever). I have been worried since then. I got an ELISA + PCR six weeks after the incident both were negative. Please answer the following questions:

- Is a three-month window period good enough?
- Do I need to get tested for HIV 2?

Answer 4: Usually in an HIV test we test for both HIV 1 & 2. I would repeat the test at the end of 6 months, as the "window period" may be longer for very few persons. The PCR normally detects HIV within 48-72 hours.

Q: After how many minimum days of exposure, can PCR detect HIV? Which are the PCR testing centers in Pune? How long does it take for the test result? Please answer the same questions for TRI DOT test too.

A: Normally, the PCR detects HIV within 48-72 hours. You can do the test at National AIDS Research Institute (NARI) in Pune. It takes 1-2 days for the test result. The tri dot takes 30 minutes. The contact Details of NARI is as follows:

National AIDS Research Institute
73, G-block, MIDC, Bhosari,
Pune 411 026 India
P.O. Box Number: 1895
Telephone Numbers: 91-020-7121072,
91-020-7121342, 91-020-7121343, 91-
020-7121280
Fax Number: 91-020-7121071
E-mail: nari@pn3.vsnl.net.in
Website: <http://www.nari-icmr.res.in>

Q: I had unprotected sex, with partners who looked very healthy. Later, I was worried about contracting HIV or STD. So I went to a hospital and asked for a complete blood test for any kind of infections. The doctor suggested blood test for VDRL and HIV. The results came negative. But while scrutinising my report, I noticed that HIV = 0.2 (-or 0.02), AIDS negative. So I asked the doctor about its meaning. He checked back with the lab and told me that I was ok. Can you please tell me whether there is any criteria before one can say that one is HIV positive. Is there any normal level of HIV antibodies in humans?

A: ELISA is a test, which is read using light. We use negative and positive controls and blank wells. We then calculate what is called "optical density" or OD value. Any reading above the OD value is considered "positive" and below as "negative". So what you saw as 0.2 may be the OD value. If the doctor said you are negative, your value would have been below 0.2. Please do not worry about the technical details.

■ CONSULTATION

Q: Four months ago, I had sex with a sex worker and during the process my condom slipped out. I might have had contact for a short time. Am I at risk of becoming HIV positive? Please help me out.

A: Since there was contact, though for a short time, it is better to go for counselling and testing.

Q: Three months ago I went to a barber's shop to have a shave. The blade used by the barber was new. During the shave I got a minor cut on my face. The barber took a small piece of alum, rinsed and cleaned it in a glass of water and then applied it to my wound to stop the bleeding. Am I at risk of contracting HIV? The room temperature at the time was about 25°C and the alum was not used on anybody at least 20 minutes earlier. Keeping in view that HIV does not survive well outside human body kindly answer my question.

A: You are not at risk. There is no need for an HIV test.

Q: I had a sexual encounter with a sex worker four days ago. The sex only lasted about eighty seconds and I used protection. I have been driving myself crazy ever since then; I can't sleep or eat. I think I am having all the symptoms of HIV. What are the chances of me being HIV positive?

A: None, since you had protected sex.

Q: What are the dos and don'ts of caring for HIV positive babies?

Answer 11: Babies living with HIV require tender loving care just like any other baby. In addition it is important to maintain universal precautions to prevent spread of infection and avoid opportunistic infections especially when dealing with body fluids which have blood or may contain blood. It is also important to inform the mother (if HIV positive) of the risks in breast feeding the child.

Q: What are the basic signs of HIV/AIDS in a baby 0-3 months? What are the "warning signs" in such young babies?

A: HIV positive babies may have delayed milestones, possible thrush in the mouth. With proper continuum of care and antiretroviral therapy if required, the baby/child can live with a good quality of life even after 10 years of infection. And I have seen children who have not manifested HIV disease or symptoms despite being infected for over 10 years.

Q: A sex worker performed oral sex on me, Can I get infected?

A: HIV spreads only if there is a mixing of human body fluids such as semen, vaginal fluid or blood between a person who has the HIV infection and his/her partner. This is possible if one has:

- Unprotected penetrative sex (vaginal, anal or oral).
- Blood to blood contact, through transfusions, sharing of needles or contaminated blood products.
- Mother to child transmission, antenatal, intrapartum (during delivery) or through breast milk because the baby has delicate mucous membrane in the mouth and gullet.

So here your case would be 1 since you had oral sex. Oral sex is least risky of all types of sex and has very minute chance of acquiring HIV. Please have protected sex or safe sex even if it is oral sex. It is better for you to have an HIV test done 3-6 months after the risky act; so you can be at peace. Also remember in future to always have "safe sex".

BABIES LIVING WITH HIV require tender loving care just like any other baby. In addition, it is important to maintain universal precautions to prevent spread of infection and avoid opportunistic infections.

Q: Can one test for HIV in the saliva and if the virus is present in the saliva does it show in the blood too? Can a person be HIV positive, if he has done the Elisa test or Rapid Test after the window period or six months.

A: The saliva test for HIV is called "Orasure". The blood test for HIV is more sensitive as a diagnostic tool and I would suggest that if you have a negative result after six months of exposure and if you have had no other risk behaviour, then it indicates that you are HIV negative.

Q: I want to know whether tonsils resist HIV antibodies. I tested HIV negative six to seven months back. Should I do an Elisa Test or PCR again?

A: HIV multiplies inside tonsillar tissue. Even if the PVL is undetected, HIV can be isolated and quantitated from tonsillar tissues. If HIV is present, HIV antibody will also be present.

Q: I am originally from South Asia, now living in North America. Two weeks ago, I

went for a HIV test for immigration purposes, I have been tested positive for HIV 2 but still the doctors want to redo the same test (Western Bolt) and some additional tests to confirm the previous test results. I am still waiting for those results. I am extremely worried because I have never been involved in any sexual activities other than with my wife, but I went to the dentist for regular cleaning a couple of times, is that the reason for the infection? I would like to know what is the difference to medically treat HIV 1 and HIV 2?

A: It is surprising to learn that you are HIV 2 positive and had no risk except the visit to the dentist. Did your wife have the HIV test? Did your wife have any risk - like blood transfusions, other partners etc.? Treatment for HIV 1 and 2 are the same.

Q: How accurate is a PCR test done after the sixth day and it comes negative? Can PCR detect up to 50 copies?

A: A qualitative PCR done in a QA / QC lab gives accurate results after

three days of exposure. In a quantitative PCR depending on the diagnostic company one can pick up to 20-50 copies of the virus.

Q: I had sex with a sex worker with condom. However, towards the end, I withdrew and masturbated after removing the condom. I remember clearly that my hand was not touching the tip of my penis but mostly on the shaft. After ejaculation, I washed my hands and penis with soap and water. Can I get infected?

A: Normally in such a situation one does not get infected. But if you had a wound on the finger or the shaft of the penis and there was enough vaginal fluid on your finger, there is a tiny chance. You would notice there are a number of "ifs". So if you have persisting doubts, please go for an ELISA test after 3 months (window period).

Disclaimer: The questions and answers carried here are only to give direction to people seeking help. This does not replace personal consultation with a qualified physician or a trained counsellor.

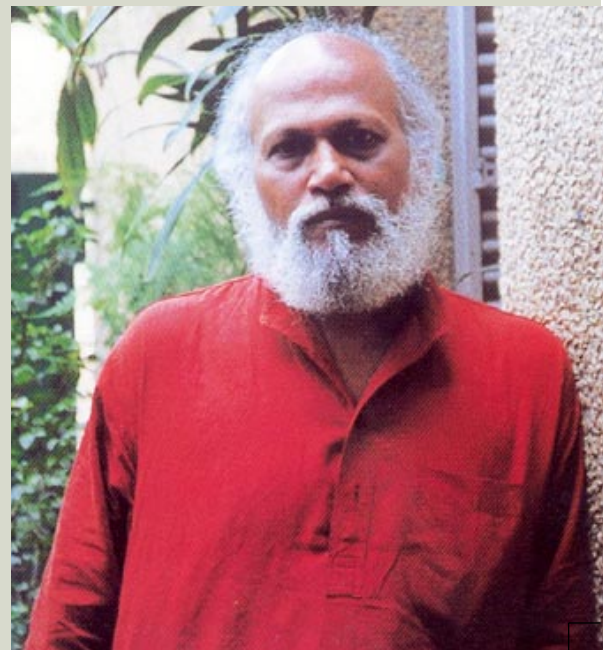
“
Tread with...



...caution ”

“It’s unfortunate that majority of HIV transmission occurs through one of the most beautiful things in the world wherein “prakrithi” and “purusha” come together. In this chaotic, industrial, synthetic and superficial culture one has to be careful and has to tread gently and cautiously to avoid preventable consequences.”

Jatin Das, Painter, India



DRUG USE, A KEY CHALLENGE

Once a taboo subject, the past few years of growing awareness has brought a change in the country. Officials admit it's gradual, but claim it's a beginning nonetheless. The battle must, however, first address the growing population of injecting drug users in Iranian prisons. An **IRIN** feature

THE signs are ominous. Even as Iran boasts of a low prevalence of HIV/AIDS, the increasing number of injecting drug-users in the country is posing a serious threat to the officials. A major transit route for narcotics coming from neighbouring Afghanistan and Pakistan, en route Europe, Central Asia and even the Gulf region, the government is already hard-pressed to step-up its prevention efforts.

"Intravenous drug-usage remains the key challenge to combating the spread of HIV/AIDS in Iran today. 65 percent of people living with HIV/AIDS in the country are men who acquired the infection through contaminated needles," says Dr Mitra Motamedi, Director of the Department of AIDS and Hepatitis in the Ministry of Health. Official estimates say 12 percent of the cases are caused by unsafe sexual contact, nine percent through blood transfusion and one percent transferred from the mother to her child. The cause for 13 percent of the cases is unknown.

The first reported case in Iran dates back to 1987 when a six-year-old haemophilic child was diagnosed with HIV/AIDS. Soon the National Committee to fight AIDS and its executive and technical committees were established. Since then, there have been 4,237 reported cases of HIV/AIDS. Of this, 626 have developed full-blown AIDS and 585 have since succumbed.

But health officials acknowledge that the actual numbers could be much higher. "These are only reported cases. A more accurate estimate would be around 20,000," Dr Motamedi claims. Agrees Dr Minoo Mohraz, Head of Infectious Diseases department at the Ayatollah Khomeini Hospital and one of the

leading experts on AIDS in Iran: "The threat is increasing. We have not stopped it. It's not under control."

Her warning is not new. Just two years ago, former Health Minister Mohammad Farhadi described HIV/AIDS at a conference ahead of World AIDS Day in Tehran as a "time bomb" just waiting to explode. "There is a time-bomb ticking in Iran and we have to take it seriously," he had said then.

Experts, however, are alarmed at the increasing number of intravenous drug-users in this state of 70 million. Of the two million drug-users estimated to be in the country, according to a recent government study, about 1,36,000 are injecting drug-users. Others say this number could be far higher.

In many ways, the rise in intravenous drug-usage is a product of the Taliban ban on the cultivation of opium in Afghanistan in 2000. This also resulted in a change in the categorisation of drug-users. Says Fariba Soltani, an expert on drug demand reduction at the United Nations International Drug Control Programme (UNDCP) in Tehran: "Most drug-users in Iran smoke or inhale opium. However, the opium ban effected its supply and the prices shot-up dramatically. This forced the users to either opt for treatment—wherever possible—or switch to heroin. No wonder, injecting drug-use is increasing in Iran."

Ms Soltani says that there is a marked change in the categorisation of drug-users in the country today. Says she: "In Iran's long history of drug-usage, it used to be elderly people or men using drugs, smoking opium in a traditional sort of setting. It was more of a social activity. Now the habit is percolating down to the younger generations as well."



Iranian police officer inspect packets of morphine put on display by the anti-narcotics police in Tehran

Heroin abuse too has grown in Iran. "This is the most worrying factor and the reason why all these harm-reduction committees have been formed," she says, noting that about 70 percent of the country's population are below the age of 30. In short, drug-usage is increasing much faster than what was expected earlier, and, understandably, officials are alarmed.

In October, Reza Sarami, who heads the anti-addiction programme of the national anti-narcotics trafficking body, reportedly said drug-use was rising by eight percent annually. Given the existing numbers, Iran could be counting nine million drug-users or some one-seventh of the total population, and undoubtedly even more injecting drug-users, within the next 20 years unless drastic action isn't taken. However, it is the prevalence of drug-use within the prisons system that remains the main source of concern even seven years after a major HIV outbreak was reported in the western Kermanshahan province. One former government official reveals that of the 400 inmates tested for HIV/AIDS, 146 of them tested HIV-positive.



Agrees Ms Mohraz. Experts have called for a more moderate approach to the growing number of drug-users in order to curb the spread of drug-related AIDS, most notably by freely distributing syringes to avoid contamination. For the health experts, however, bureaucracy remains a major hurdle against the HIV campaign. “As addiction is a crime, they cannot provide methadone as a treatment. But the Justice Ministry says that treating drug-users is not a crime or against the law—as it was before,” she says, noting the importance of harm-reduction efforts. “There needs to be a change of rules and policies in order to start using methadone in the prisons. The attitude towards AIDS is not very positive and there are some who view methadone like heroin,” she laments.

However, officials in Iran are far from complacent. The government has established a national harm-reduction committee meeting which meets bi-weekly, and has also accepted the National AIDS Prevention Committee’s comprehensive strategic plan. “This is a solid step towards implementation,” Dr Motamedi says, recalling the government’s recent acceptance of methadone therapy as a pilot project. Moreover, the Ministry of Education recently accepted education material on sexually-transmitted diseases and HIV in the national curriculum, as well as educating soldiers and those in the armed forces, she adds.

Admitting that a more still needs to be done, she stresses that “the political com-

“Prisons are one of the main source of HIV,” says Ms Mohraz. As the population increases, so too would drug-use and the number of men who have sex with men, she explains. She notes that a prison with a capacity to house 2,000 inmates usually houses as many as 10,000 or more inmates. She says that many of her patients, most of them drug-users, had left prisons HIV positive.

“Sharing of needles is very popular within the prison system. The only way you can prevent that is through harm-reduction programmes such as methadone treatment,” she says. But given the conservative attitudes, this is easier said

than done. Although the government recently accepted methadone-maintenance therapy, which has started as a pilot project, the situation inside the prisons remains the same.

According to Pejman, a former inmate and intra-venous drug-user at the Gezel Hesar prison near Tehran, home to some 10,000 prisoners, getting heroin inside was easy. “If you want it, you can find it,” claims the 45-year-old. He recalls how after 28 years of addiction, using up to five grams of heroin a day, he found himself in jail under Iran’s

strict laws on drug abuse. During his incarceration, like many other addicts, he too became HIV-positive. “This was something I did to myself, so it was easier for me to accept,” he says. “However, the situation for haemophiliacs or people who received it through sexual transmission by accident is something different.”



THERE IS a marked change in the categorisation of drug-users in Iran. In its long history, earlier it used to be elderly people smoking opium in a traditional setting. Now it is percolating down to the younger generation.

Currently undergoing anti-retroviral therapy, he heads a peer-support group for six other HIV-positive individuals, meeting bi-weekly at the Shemiranat health centre north of Tehran. This is one of the seven “triangular clinics” supported by the government in the capital, where needle exchange and condom distribution take place. “It’s a small number, but it’s a start.” Dedicated now to helping others, he expects the government to do more on awareness and support. “Of course I think more needs to be done. That’s why I’m here.”

mitment towards this challenge is excellent”. Ms Fariba adds that Iran had demonstrated some very progressive efforts in containing HIV spread. She notes that the Ministry of Health had paid for the anti-retroviral treatment and that recently the government had also called for the protection of the rights of PLWHAs’ rights in the workplace.

Once a taboo subject, given the past few years of growing awareness, she maintains that “things are changing”. “It’s gradual. You can’t expect things to change overnight, but it is happening.” ■

■ PHOTO-ESSAY

HERE COMES

■ Photographs by **Shaju John** and **Timothy Caloni**
Text by **G. Pramod Kumar**

When HIV confronts women, it results in a multitude of burdens. Women are far more vulnerable to HIV than men and when infected, they become soft targets for severe acts of blame, discrimination and denial of rights and dignity within their homes and outside. At the centre of the epidemic in Asia Pacific are thousands of women who have no control over their sexuality, who are powerless and violated and who have no access to livelihoods. Yet, when it comes to living with HIV/AIDS, they turn out to be outstanding examples of reconciliation, compassion and resilience. The settings may be different, but the stories are strikingly similar.

THE SUN

*“Sooner than later, there will be a day
when we will all feel fearless”*

Nasreen, Dhaka, Bangladesh

HER effervescent smile and endearing persona make Nasreen an instant winner in any group. In Bangladesh, where the voices of people living with HIV/AIDS are still disparate and feeble, Nasreen is a symbol of unusual resolve and practical wisdom. Neither gripped by fear nor worried about the future, Nasreen is yet to disclose her HIV status to her family or anybody close to her. Instead, she makes plans to strategically work for the betterment of the lives of PLWHA and their families in her country. She heads the operations of a reputed HIV/AIDS NGO in Dhaka, networks with other groups of people living with HIV/AIDS in the region, rushes to people in need for help and travels to conferences. Falling CD4 count and the future of her child might create anxious moments occasionally, but a positive life and her commitment to the cause can hardly be diluted.



EIGHT DAYS A WEEK

Kausalya, Chennai, India

THAT'S Kausalya's life with HIV/AIDS. Gentle, but effectively vocal about the rights of PLWHA, this energetic activist from Namakkal, a village in the South Indian state of Tamil Nadu, has spawned a movement of women living with HIV/AIDS in India. Along with a few other like-minded women, she founded Positive Women's Network of South India (PWN+) to render a collective voice to the feminine face of the epidemic. The group is now expanding knitting together women from other parts of India.

Kausalya displays remarkable wisdom and practical sense while dealing with stigma and discrimination.

"Stigma and discrimination is a reality and let's face it prac-

■ PHOTO-ESSAY

“I painfully realise that this may not be true for many other parts of the country. It will take time, but I am hopeful it will happen sooner than later. That should be our ultimate aim.”



tically. I would like to look at my own life with HIV/AIDS,” she says. “As an AIDS-widow probably I could have been an object of intense stigma. But it never happened because I tried to handle the issues practically.” Right from the beginning, Kausalya was sure that she would announce her HIV status one day and the process towards that was calibrated. She started with her messages in the print media and then slowly shifted to TV with concealed identity. When she sensed that that the responses were becoming sensitive and encouraging, she decided to take the plunge. “The response was overwhelming. Even my neighbours came to know about my HIV status only after that TV show.” Instead of discrimination, they

expressed compassion and it was a sign of changing attitudes.

“I have never been afraid to reveal my status to anyone. In fact, I experience a sense of freedom whenever I do it. In Tamil Nadu, often women living with HIV/AIDS coming on TV channels evoke positive responses and not moral judgments. I painfully realise that this may not be true for many other parts of the country. It will take time, but I am hopeful it will happen sooner than later.”

Managing her life with ARV and a hectic schedule spearheading the unique women’s movement, Kausalya has only one complaint: “I wish if there were more than seven days in a week.”

■ PHOTO-ESSAY

“I didn’t want to look back. I just wanted to move forward”



STRAWBERRY FIELDS FOREVER

Helen, Port Moresby, Papua New Guinea

THE first thing that strikes one about Helen is her face-tattoos—a rarity in the body art shops of the world. But in her community in the Western Highlands of Papua New Guinea (PNG), they are a common mark. A mark that symbolises the continuity of traditions. Equally hard-to-ignore are the AIDS messages that she carries on her clothes. These red and white AIDS messages have almost become as permanent as her tattoos. So too is the calm and controlled effervescence she radiates most of the time.

In between, she drifts into deep thoughts. “No, no. I am not brooding. Just need enough time to think.”

From a strongly anchored community life in the

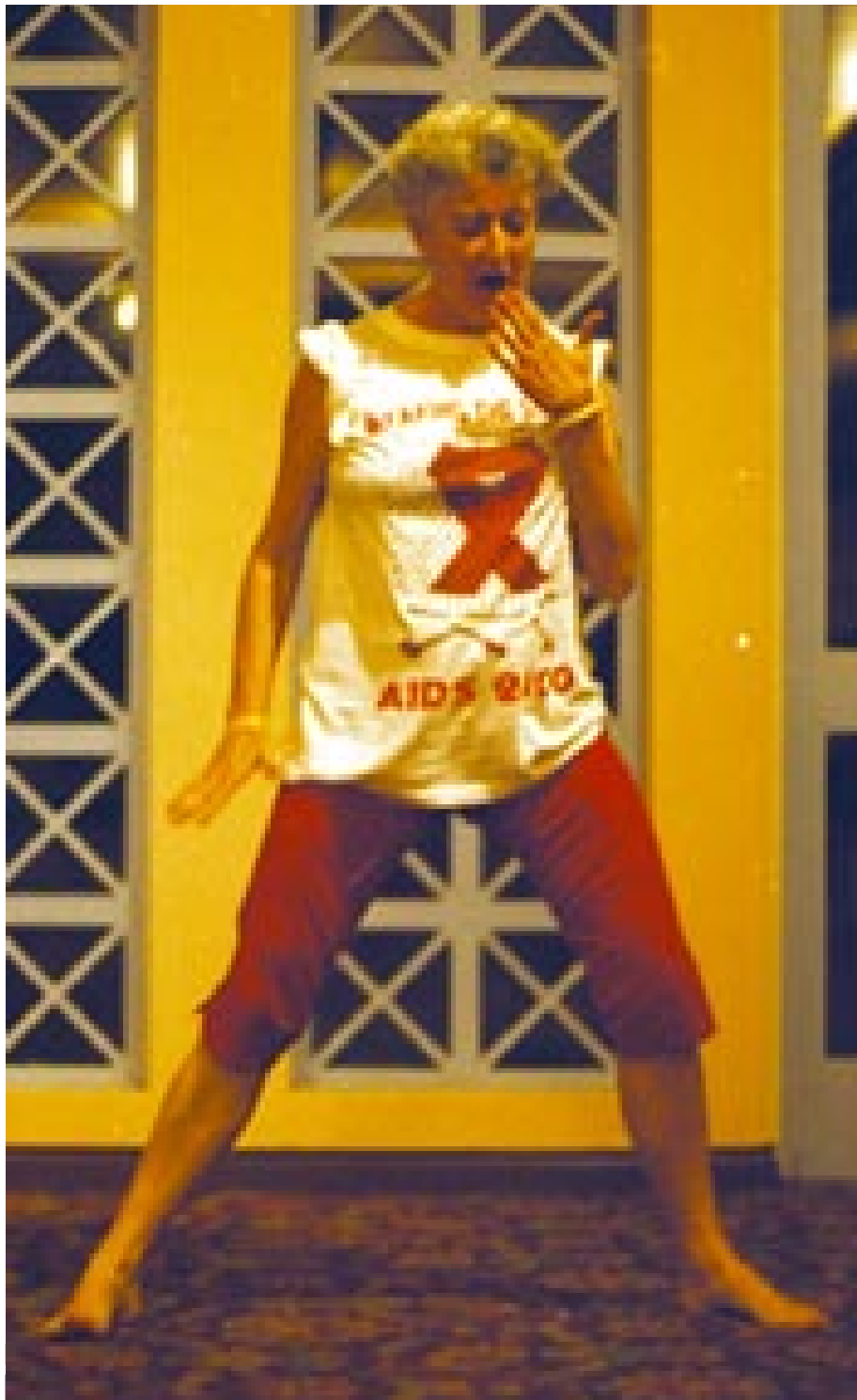
highlands, Helen has travelled quite a long way in the last five years. Pushed into a terrain of unknowns by circumstances, she learned the ropes and came to her own in no time.

She tested positive in 1998, following her husband’s positive test result, in an island of ignorance, half-truths and fear. “I was in an ICU and felt so lonely. It was a never ending hour of darkness.” Though she felt cheated and withdrew into a shell initially, Helen came to terms with her HIV status sooner than she thought. The support from her family came in as a reassurance. Helen’s transformative journey is almost complete now: from a docile wife and mother of five children till 1998 to a leader who could evoke hope and share the anxieties and angst of others.

ACROSS THE UNIVERSE

Susan Paxton, Sydney, Australia

ONE of the most visible faces among people living with HIV/AIDS in the world, particularly in the Asia Pacific region, Susan have been living with HIV for over thirteen years. For her, since the time she came to know about her HIV status, life has been a long and slow journey from “shattered self-esteem”, to empowerment and purpose. By her own admission, she had lived a “double life” with HIV for almost a decade: increasingly active in the global response



to AIDS, yet unable to come out as a positive woman in her local area.

However, timely availability of ARV, constant support from her son, the urge to support countless others living with HIV/AIDS in the region and her interest in sociological research compelled her to declare her status. “Coming out in the media was a huge relief. Extremely frightening, but such a relief. It was like coming home, finding myself. Everybody responded well and it was great that my son and I, having lived through many years of concern about my health, could celebrate my new lease of life in such a positive way. No longer living with a constant and carefully guarded secret,” she reminisces. An extremely creative person and a torch-bearer of the Sydney 2000 Olympics, Susan now has a Ph.D. and is engaged in research on HIV and human rights and facilitates workshops and trains positive people.

“I have no idea when the lease runs out on this new life, but I rejoice in what I have”

“What did I feel when I first learnt I was HIV positive? Shock, disbelief, fear, anger...”



LET IT BE

Kamalika, Colombo, Sri Lanka

FOR the last six years, Dr Kamalika, has been one of the most visible faces of PLWHA movement in South Asia. In Sri Lanka, where HIV/AIDS still evokes extreme stigma, it was this veteran pediatrician courageous move in 1997 that spawned the networking of PLWHA.

Dr Kamalika was the first in Sri Lanka to come out in the open with her HIV status. It was not a statement of revolt against the stigma she faced. Neither was it a call for sympathy. Instead, it was a call for action—for preventing a possible epidemic, sensitising society to the issues of PLWHA and to clearly shake people out of their false sense of protection.

Looking back at the initial days of discrimination, Dr Kamalika says: “Most of my friends stopped coming home. Some of my doctor colleagues crossed the road when they saw me approaching.”

Though age and ill-health hamper Dr Kamalika’s activity, she still spares no effort to improve the quality of lives of people living with HIV/AIDS.

Access to drugs, which helped her maintain good health, is an issue she is vigorously pursuing now.

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ORPHAN RE-IGNITES DEBATE ON TREATMENT

The condition of a seven-year-old orphan living with HIV/AIDS has revived the debate on free anti-retroviral treatment in this island nation. **Kumudini Hettiarachchi** of Inter Press Service writes from Colombo.

ANIL (not his real name) resembles a baby and only his long, match-stick limbs reveal that he's older. Very ill, his underdeveloped body is wracked by bouts of coughing. The plight of this three-year old boy with HIV has revived a debate in Sri Lanka over what many say is the glaring need for the state's compulsory treatment of PLWHA—especially now that the prices of the required drugs have fallen.

Anil was abandoned by his mother outside a hospital in 2000. Now at a state home for orphans, he was found to be HIV-positive last month in blood tests he had undergone after repeatedly falling ill. However, like for all other PLWHA, the state does not provide him life-saving anti-retroviral drugs. "Every HIV-positive child should be entitled to treatment. It is the right of any child," argues Prof Harendra de Silva, Chairman of the National Child Protection Authority. "For that matter, all those who seek treatment for HIV must get the medication." Dr Kamalika Abeyaratne, a retired pediatrician living with AIDS, Head of Sri Lanka's AIDS Coalition, says that the majority of PLWHA cannot afford the drugs—and are certain to die if no medication is provided.

The government's National STD/AIDS Campaign recommended as far back as December 2001 that anti-retrovirals be provided to people living with HIV. But there was no provision for such treatment in a World Bank grant of \$12.6 million that was approved in February this year for the National HIV/AIDS Prevention Project.

STD/AIDS campaign director Dr Iya-

nthi Abeyewickreme said she wanted a treatment input in the project, but bank officials believed that Sri Lanka was a low-prevalence country and that prevention was more important. Still, she said, a study to support the feasibility of providing treatment in the future has been included in the project.

Significantly, the World Bank recently approved \$5.5 million for an AIDS control project in Moldova, which includes a treatment component for people living with HIV/AIDS, in particular women, children and teenagers. President Chandrika Kumaratunga recently offered to set up a trust fund to support the treatment of PLWHA with financial assistance from the official President's Fund, the public and the business community. She also

the responsibility of looking after abandoned children who may have HIV. This little boy's (Anil's) situation brings out the fact that we are not equipped to handle such cases," he said.

He said that at least two to three children are abandoned at hospitals or elsewhere in his region, the Western Province, and that Anil's case has become a fresh issue to the authorities.

The AIDS Coalition, which provides a range of services for Sri Lankans living with HIV/AIDS, submitted a memorandum to the government as far back as in April 2002 stressing the need for a treatment agenda in the World Bank-financed AIDS prevention project.

In Sri Lanka, government HIV/AIDS clinics only provide treatment for oppor-

THE NATIONAL STD/AIDS Campaign recommended in December 2001 that anti-retrovirals be provided to PLWHAs. But there was no provision for this in a World Bank grant of \$12.6 which was approved in February.

said she would consider support to a proposal to set up a halfway home for PLWHA, said Sherman de Rose, a spokesman for the AIDS Coalition.

But while all the high-level policy talk continues, three-year-old Anil lies on a cot, surrounded by pillows, at the Infectious Diseases Hospital, just outside Colombo. W. M. Ratnasiri, Western Province commissioner of probation and child care, notes that though Sri Lanka has been facing HIV/AIDS since 1987, the issue of probation and child care services in case of the deaths of people from the epidemic has not been thought of. "We won't and cannot shirk

tunistic infections like skin diseases, cough, tuberculosis or pneumonia. Anti-retroviral drugs are provided to health care workers for a month—in the case of accidental exposure to HIV at work—and to HIV-positive mothers to prevent mother-to-child transmission.

Experts say compulsory treatment may no longer be as big a financial undertaking as it was earlier thought, now that prices of HIV/AIDS drugs have gone down. The costs of HIV/AIDS-control drugs have fallen to about Rs 4,000 (\$41) per month in recent times from Rs 60,000 to Rs 70,000 (\$1,000) about eight years ago. ■

LESSONS FROM THE REGION

The country urgently needs new ways to combat the epidemic. Writes **Jordan Ryan**, UNDP Resident Representative.

WHEN I met Deputy Prime Minister Pham Gia Khiem in Hanoi in March 2003, he asked the UN Development Programme (UNDP) to help Viet Nam form an effective HIV/AIDS prevention strategy to fend-off the rapid spread of the virus. Two weeks later, the same strong commitment to HIV/AIDS prevention came during a meeting with parliamentarians and local officials gathering in Danang, in the center of the country. This move followed a new commitment at the highest level: a new Directive issued by the Prime Minister in February, which clearly outlines the responsibilities of different Ministries and provinces in the national response to AIDS.

The message is clear: Viet Nam urgently needs to develop new effective ways to combat the epidemic.

Since the first HIV infection was reported in 1990 in Viet Nam, a lot have been learned about the disease and the response to the epidemic. We know what causes it and how to prevent it. We've learned that no country is immune and that discrimination against people living with HIV/AIDS makes matters worse. The good news is that countries have shown that prevention can work. But as we've seen recently in China, if concerted action is not taken early, it spreads all too quickly with devastating consequences.

Over the past decade, Viet Nam has made progress in AIDS public education. Preventive messages have become more positive and less punitive. The response to the HIV/AIDS epidemic has opened doors that few thought possible. Condoms have shifted from something almost forbidden to a common good, advertised in mass media.

I am reminded about a young man in his 20's, infected with HIV, who had the courage to appear on national TV last year, and to be open and honest about his infection. He spoke about his experience of stigma and discrimina-



tion, and called for people living with HIV to come together, to support each other and to fight the epidemic. His courage is an example of the leadership needed at all levels.

But despite progress, the epidemic is not under control. In fact with Ha Giang Province now reporting HIV/AIDS, all 61 provinces have cases detected. Why? Because the prevention efforts are still not enough. Major barriers to preventive action should be identified and addressed.

"The major shortcoming of the

A woman from a hilltribe walks past an HIV/AIDS poster in Northern Viet Nam

National AIDS Programme is the lack of a legal framework and multi-sectoral coordination", noted an official of the Ministry of Health. "Promoting condom use as a means of prevention is still a challenge, let alone needle exchange."

AIDS still remains a "disease" surrounded by taboos—sex, drug use, even death. A major barrier to AIDS prevention stems from the sensitivities around open discussion of behaviours associat-

ed with the transmission of HIV and its prevention. These behaviours—drug use and sexual practices—are traditionally out of bounds for frank discussion. Unfortunately some still think that the pragmatic message “use a condom or a clean needle” undermines traditional values, or even appears to encourage casual sex or drug use.

But what is at stake is too serious to allow issues of apprehension or pride to get in the way. HIV/AIDS is a serious threat to Viet Nam, its development prospects and commitment to meet the Millennium Development Goals. The reason is simple. Around the world AIDS targets the young, with half the new infections are found in the 15-26 year age group. We see the same trend here in Viet Nam. The infection rate of the 20-29 age group has increased from 15% to around 60% in 2001. The premature death of people in their most productive years can only have a devastating and negative effect on all aspects of the social and economic life of the Vietnamese society.

While sex work and drug abuse should not be condoned, efforts to eradicate them are not alone likely to stop the spread of HIV/AIDS. Education mes-

sages say, “be faithful to your spouse”, but the reality is that many thousands men buy sex every day. Of course the message, “drugs are dangerous, protect yourself” is correct, but 65% of new infections occur among intravenous drug users. And these drug users, mostly men, do have sexual partners.

What more can be done? Be sure to learn from international experience. Cambodia and Thailand have both managed to turn the tide of rising HIV. Thailand’s “100% Condom Use Programme” has been estimated to have prevented millions of HIV infections during the 1990s. Cambodia’s new infection rates among sex workers under 20 have dropped from more than 40% in 1998 to 23% in 2000. Viet Nam, despite many education campaigns, has seen infection rates among sex workers soar in some locales, from three percent to a reported 55 percent in four years.

The Condom Programme of Thailand provides an example of what should be done: a successful multi-sectoral response. Although sex work remains illegal in Thailand, the government took the pragmatic step of working with owners of entertainment establishments to enforce 100% condom use. Condoms

are distributed free to these establishments, and sex workers are told to insist on condom use by all clients.

In Thailand, the fundamental idea is to involve different actors and agencies. The governors and police helped to open the doors, the owners provided the access, the sex workers convinced the clients to use condoms, and the clients recognized the need for condoms. The most effective prevention efforts are those that involve multi-sectoral efforts, backed up by political commitment at the highest level. In Viet Nam, a number of provinces with support from the UN family and the international NGO community have piloted a project promoting 100% condom use. Let’s assess their impact, learn their lessons and scale up to an effective national programme.

The focus on developing a new National HIV/AIDS strategy is timely. To succeed the Strategy requires not only unprecedented social and political mobilization across all sectors, but also a deep transformation of norms, values and practices. The war against HIV/AIDS must be fought with the same energy the nation devoted to its struggle for independence. If so, we are sure, it will be won. ■

South Korea: “Situation can worsen”

Interview with **Eu Hwa Jeong**, Congressman, South Korea

Q. What is your philosophy of life as a congressman?

A: Clarity and calmness are my political philosophies. I am devoted to creating a nation where each and every Korean can happily lead their daily lives, where each individual is respected as a human being, and where people can be proud of the fact that they are Korean citizens.

Q. How did you develop such a keen interest in HIV/AIDS-related issues?

A: My interest in HIV/AIDS started 22 years ago, when I was a neuro-surgeon in the US. That was the time when I saw a person living with HIV/AIDS for the first time in my life.

Q. Why is it such a special issue for you?

A: We have an attitude of looking down on people who are living with diseases such as pulmonary tuberculosis, typhoid, or epilepsy. I cannot watch people living with HIV/AIDS going through a similar experience. Likewise, it is an epidemic that has a long latent period. Thus it is necessary to treat people living with HIV/AIDS with respect

and patience. More importantly, people should never have negative attitudes towards HIV-positive people.

Q. You are actively involved in a number of international activities as well.

How serious is the HIV/AIDS crisis in Korea compared to other nations?

ANS: I don’t believe that the situation is very serious at this point. But I can see how the HIV/AIDS epidemic is expanding in Southeast Asia. Korea’s HIV/AIDS situation can worsen if preventive efforts are not identified.

Q. What changes would you like to see in Korea’s AIDS prevention measures?

A: AIDS prevention measures are centred on testing and management policies. Prevention initiatives are very passive at this point, since there are no specific legal provisions that strengthen preventive activities. Thus, one necessary improvement is to specify the prevention measures so that they can be put into action. It is also necessary to treat people living with HIV/AIDS with respect and give them hope for

life. Sadly, the allocation of budget is still minimal.

Q. You played a critical role in securing a special budget for the HIV/AIDS prevention campaign in the face of the Soccer World Cup 2002 and the Asian Games. What’s the story behind it?

A: Last year was a golden opportunity for our nation. However, it could also be risky. While organising an accident-free World Cup was critical to its success, the real success was in the effective prevention of the spread of HIV/AIDS. Being the member of the figures adjustment subcommittee of the Assembly’s Budget Committee, I noticed that there was no budget allocated for HIV/AIDS prevention measures. Thus, after thoroughly explaining to all ten subcommittees, a budget of 1 billion Won (\$7,50,000) was approved. This was an unprecedented case in the appropriation of national budget.

The interview has been reproduced with permission from Korean UNAIDS Information Support Centre (KUISC), with appropriate modifications. It originally appeared in KUISC journal Spring (January-March 2002) Volume 5.

STOP hopes to bring about this change with a combination of curative and preventive methods. The curative methods include facilitating the recovery of minor girls and unwilling women from commercial sexual exploitation, helping in legal redress for the exploited sex workers and conviction of the perpetrators, repatriating victims to their families or familiar situations, rehabilitating victims by counselling or providing them with training and job opportunities, and reintegrating them into the society to start a new life. It has also been very active in its preventive methods. It provides education to more than 250 children in two centres and serves over 2,000 people in healthcare. Apart from providing information about different issues, it has also trained about 50 women in different vocations. With the help of advocacy materials like posters, pamphlets, street plays etc., STOP conducts awareness generation activities regularly.

Recovery of minors and unwilling women and restoration/repatriation remains the main focus of STOP's activities. In the past three, it has rescued 425 girls. More than 200 of them have been restored to their families or local NGOs.

KUISC, Korea

The Korea UNAIDS Information Support Centre's aim is to lead, strengthen and support an expanded response to the HIV/AIDS epidemic. It provides practical support to foreigners, migrant workers and imparts basic information and counselling services. Counselling is provided in English, Korean, Hindi and Urdu.

The agency is also building up a website for information on the list and expertise of various government and non-government, Korean and international agencies working on HIV/AIDS-related issues in the country. Some of the things it posts on its site include regular updates on research relevant to Korea on HIV/AIDS, funding resources, Korean government guidelines for prevention and treatment, UNAIDS/WHO guidelines for prevention and treatment, mentors/collaborators within and outside the country and important links to active e-mail discussion groups and many other relevant information.

KUISC is planning the First Seoul AIDS WALK on October 19 this year. It is also planning a series of IEC program-

mes for migrant workers both documented and undocumented. The agency is in the process of setting-up a shelter for HIV-positive people, starting a media campaign against the stigma and discrimination surrounding the issues of HIV/AIDS by involving Korean media personalities, singers and actors. It already has a campaign to provide free condoms to people at risk.

APN+

THE Asia Pacific Network of People Living with HIV/AIDS was formed in February 1994 when 42 people living with HIV from eight countries met in Malaysia to lobby for the betterment of PLWHAs. Its mission is to provide a strong, proactive voice and advocate on behalf of the PLWHA in the region, lobby for their equal representation on all relevant decision-making bodies, facilitate communication and exchange of information, provide opportunities and lobby for improved access to treatments, care and support among other things.

Some of its initiatives include an e-mail discussion group to enhance opinions and discussions among positive people in the Asia Pacific region. With funding from UNDP, it has also produced a manual titled *Lifting the Burden of Secrecy: A Manual for HIV-positive People Who Want to Speak Out in Public*. This has been distributed throughout the world and has been translated into six languages.

In 1997, it also launched a peer-based project to train HIV-positive people to document AIDS-related human rights violations in the region. In 2003, it became co-hosts of a UNDP-funded initiative to provide technical support and access to information for positive people and promote the greater involvement of PLWHA at all levels of decision making. This project aims to create opportunities for networking, increase the organisational and advocacy skills of positive people's groups in the region, and help promote and protect human rights and social acceptance of PLWHA.

INP+, India

THE Indian National Network for People Living with HIV/AIDS was formed in 1997 in response to the need to address the issues faced by PLWHA and to give them a strong voice in India. Its activities and programmes are geared to-

wards facilitating and improving access to treatment for PLWHA, providing access to information to them, promoting and protecting their human rights, and to promote social acceptance and end the stigma and discrimination attached to HIV/AIDS, among other things.

Being a network, it works with and through affiliated state-level positive networks providing services to HIV-positive people. Its primary mission is to improve the quality of life of PLWHA. The elemental principle guiding all of INP+'s activities is the centrality of PLWHA in any decision-making process that might affect their lives. In short, it aims to provide them with a sense of community, political empowerment and strength of spirit. It aims to provide a voice for PLWHA at the local, regional and national levels in order to facilitate systemic change in vital areas such as care and support, access to treatment and reducing discrimination in society. It has member networks in many states of India and each of these operate independently under the direction of their governing bodies.

PWN+, India

THE Positive women network of South India is a self-help organisation of women living with HIV. Registered as an organisation in 1998, it aims to create an enabling environment for PLWHA by destigmatising HIV/AIDS, educating them and their families in order to increase their awareness to issues affecting them, establishing a system of referral services and working towards their empowerment. In this direction, it provides counselling to its members, organises monthly support group meetings, conducts capacity building programmes and workshops, and networks with government and NGOs, care centres, national and international agencies working on this issue.

At present, it has about 160 members, most of them women from Tamil Nadu. It also strives to strengthen the women's group in various state-level networks. It regularly organises youth awareness programmes under its common wealth programme involving women living with HIV as positive speakers. It recently conducted a research with the International Labour Organisation on the psycho-social impact of HIV on households in Tamil Nadu. ■

BLUE-PRINT FOR A PRE-EMPTIVE MISSION

Inspired by Queen Ashi Sangay Choden Wangchuk's enthusiastic support, the Himalayan Kingdom has taken proactive steps to meet the challenges posed by HIV/AIDS. Even before the first case was detected in the country, the government had formed the National AIDS committee. **Chris Whitehouse** writes from Thimphu.

THE Himalayan kingdom of Bhutan is yet to hit global headlines on the issue of HIV/AIDS. In fact, it boasts of an enviable HIV/AIDS record: most recent figures put the number of reported cases till date at a low 39 out of a population nearing 700,000.

Bhutan has taken proactive steps to meet the challenges posed by the infection. Even before the first HIV case was identified in the country, the government had already formed the National AIDS Committee.

With the help of the enthusiastic support from Queen Ashi Sangay Choden Wangchuck, who regularly tours villages discussing health-related issues,

With the help of UNFPA and WHO, the UN family in Bhutan has been closely associated with the Royal government in tackling the issue.

Their efforts got a fillip more recently when UNICEF and UNDP too joined hands with them. UNDP entered the HIV arena in 2002, with a short-term but intensive programme to strengthen the capacities of the 20 district-level MSTFs, to help them perform their functions better, and to effectively co-ordinate with fellow MSTFs and the National AIDS Committee.

There were, however, many sceptics before the project began. But, in a very short period of time, the co-ordinator,

time-frame support is that what is quickly built up can be quickly undone. However, the project team, UNDP and the Public Health Division are optimistic that through focusing on all activities on how the benefits of the outputs can be sustained and weakening of MSTFs after the project ends can be minimised.

The steering committee will continue to monitor and support the young MSTFs long after project-closure, and there will be continued and detailed auditing of the use of seed grants provided through the project.

The MSTFs, formed through the support of UNFPA, are now more functional and better motivated, and to a limited extent, the UNDP project was able to boost the technical knowledge amongst MSTF members. Yet much more needs to be done.

The task forces still need to learn more about HIV/AIDS, about transmission methods, about counselling for people

living with HIV/AIDS, and means to address stigma and discrimination in order to effectively contribute to the fight against HIV/AIDS.

As the MSTFs grow and mature, they will need to further develop their skills in management, planning, reporting, budgeting and in fund-raising. And, looking to the more distant future, when perhaps the number of people living with HIV/AIDS (PLWHA) may increase, to encourage PLWHA to work together with MSTFs in carefully designed and targeted advocacy work. It has been an important beginning... ■

MANY FEAR that Bhutan's HIV prevalence may rise soon because of its porous border with India and the high levels of migration. Experts say that although the awareness level is relatively high in Bhutan, there is still a need for detailed knowledge.

HIV/AIDS has been considered a priority issue for the nation's policy-makers. In her capacity as the country's UNFPA Goodwill Ambassador, she played a pivotal role in the formation of Multi-Sectoral Task Forces (MSTFs) across the country. Although awareness about the existence of HIV and AIDS is relatively high in Bhutan, there is some concern on the lack of a detailed knowledge among many on the transmission and prevention methods.

Also, many fear that the country's HIV prevalence may rise soon because of Bhutan's porous border with India and the high levels of migration.

supported by a national assistant and an international United Nations Volunteer (UNV), met all the 20 MSTFs. A country-wide total of 445 participants from 115 different professional backgrounds contributed eagerly to the development of a manual/guidelines for MSTF operation.

It was indeed a success, thanks to the enthusiastic support of the Royal Government, the dedication of the project team, the calibre and enthusiasm of the dzongdas (district magistrates) and the flexible approach taken by the stakeholders.

The danger of an intensive short

USE of multimedia technologies for enhanced outreach of critical information and generation of informed responses is part of the advocacy and communication strategy of UNDP Regional HIV and Development Programme. Four short films, in universally usable format, are available now. They can be either downloaded from the website (www.youandaids.org/films) or obtained from the UNDP Regional Programme on request.

Stigma and Discrimination

Mpeg form, Duration: 5 min 46 sec

STIGMA and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for HIV/AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from healthcare services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from HIV/AIDS.

An informed campaign against stigma and discrimination is central to the fight against it. This short film, created in an info-graphical and animated format, seeks to facilitate a better understanding of stigma and discrimination and related issues.

Mobility, Trafficking and HIV/AIDS

Mpeg form, Duration: 4 min 39 sec

TRAFFICKING, resulting mainly from unsafe mobility, is a factor that can accentuate the vulnerability of thousands of women and children in the region. Increasing evidence points to a close link between unsafe mobility, trafficking and HIV/AIDS. The film sheds light on these links in a simple form and argues for responses that facilitate safe mobility and prevent trafficking.

ICT and HIV/AIDS

Mpeg form, Duration: 4 min 13 sec

IN the fight against HIV/AIDS, the region needs tools that are fast, cost-effective, scalable and applicable over a wide geographical area. Information Communication Technologies offer unprecedented opportunities in addressing these challenges. Whether it is breaking the barriers to information and services or establishing cost-effective knowledge-networks, ICT has tremendous potential in prevention, care and supp-

ort activities. The film talks about such opportunities and presents the HIV/AIDS Portal for Asia Pacific region, www.youandaids.org.

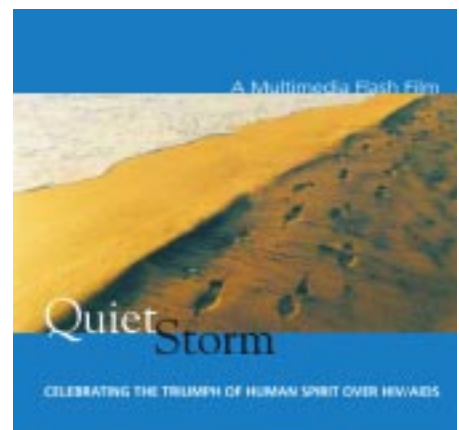
Quiet Storm (flash film)

Flash, Duration: 6 min 7 sec

AN evocative flash version of the book *Quiet Storm* with compelling Images and Evocative Text.

Quiet Storm is a pictorial monograph that depicts the inspiring lives of People Living with HIV/AIDS (PLWHA) in South and North East Asia. Produced by UNDP Regional HIV and Development Programme in partnership with INP+ (Indian Network for People Living with HIV/AIDS), APN+ (Asia Pacific Network of People Living with HIV/AIDS) and PLWHA groups in the region, the book pays tribute to the indomitable will of millions of people living with HIV/AIDS, who fight stigma and discrimination on their own terms and lead the campaign against the HIV/AIDS epidemic from the forefront. A revised second edition for the Asia Pacific region is under production and will be jointly published by UNDP and the New Delhi based publishing company, Roli Books. The proceeds from the sale of the second edition will go to a PLWHA fund in the region. Priced at \$10 (Special Indian price—Rs 395), this book will be ready for distribution by November. On bulk orders, a 20 percent discount will be offered on the cover price. Orders may be placed either by writing to editor@youandaids.org or by filling an order form at www.youandaids.org/order.

Told through compelling images and evocative text, the real life stories in *Quiet Storm* celebrate the triumph of human spirit over HIV/AIDS. It strives to advocate for the destigmatisation of HIV/AIDS and the protection of the rights of PLWHA. ■



FLASHBACK

HONOLULU COMMITMENT

Global Trafficking Meet, Honolulu, November 2002

THE global trafficking meet in Honolulu, Hawaii in November, where civil society, government representatives and academics converged, was an occasion where UNDP brought to the fore critical issues related to trafficking and HIV/AIDS in the region. In partnership with Lawyers for Human Rights and Legal AIDS (LHRLA), the Karachi-based NGO, UNDP Regional HIV and Development Programme mobilised a Statement of Commitment for proactive action to facilitate safe mobility and prevent trafficking in order to contain HIV/AIDS. In this statement, they stressed that considerable challenges lay in working within an environment of increasing vulnerabilities and diminishing choices.



MARAWILA MAGIC AND

THE strategic planning workshops on empowerment of PLWHA organised by the Regional Programme, first in Marawila, Sri Lanka and then in Bangkok, Thailand in March 2003, served to strengthen the networking of PLWHA groups in Asia Pacific besides creating the roadmap for empowerment of PLWHA in the region. The occasions saw unusual energy and camaraderie among the participants and sharing of experiences that led to a new, organic bonding among them and strategic approach in their planned activities. The “Marawila magic,” by their own admission, changed the “attitude to life” of some of

VOICE OF ASIA

14th International AIDS Conference
Barcelona, Spain, July 2002

AN important event that brought media attention to the stigma and discrimination faced by People Living with HIV/AIDS in Asia Pacific at the 14th International AIDS Conference in Barcelona in July was the press conference organised by the UNDP Regional HIV and Development Programme, South and North East Asia (REACH Beyond Borders) in association with UNAIDS and APN+ (Asia Pacific Network of People Living with HIV/AIDS). The occasion brought representatives of all major international media organisations. Addressing them, the PLWHA representatives said though 15 years have passed since the epidemic entered the region, they still faced severe

forms of exclusion. “7.2 million is not just a number, but a reminder of the nature of the epidemic and the opportunities for the future,” they said. K.K. Abraham, President, Indian Network of People Living with HIV/AIDS said the solution to the problem is “true partnership”. “If you don’t understand the problems of the people living with HIV/AIDS, how do you understand the virus?” he asked. “PLWHA have given faces to the epidemic risking their lives to save the lives of others,” Gina Gonzales, Human Rights Convenor,

APN+, Manila, said. Other speakers included Dr Peter Piot, Executive Director, UNAIDS; PLWHA activist Milly Katana and Hakan Bjorkman, Deputy Resident Representative, UNDP, Bangkok.



South, North or South East, the camaraderie is the same



BANGKOK BONDING

the participants, while the “Bangkok bonding” helped them learn from the rest of the region. The session in Marawila, brought together PLWHA leaders from South and North East Asia while in Bangkok, PLWHA from the rest of Asia Pacific joined hands. “I am seeing another HIV positive person for the first time,” said the representative from Iran. “This is a new beginning,” added Heng Sambath from Cambodia. In consultation with UNDP Regional Programme, the participating groups are now finalising their plans for the next three years towards building up an empowered PLWHA movement in the region.

Gina Gonzales, Milli Katana, Hakan Bjorkman, Dr Peter Piot and K. K. Abraham addressing mediapersons at the 14th International AIDS conference in Barcelona



A focus group session in progress

IMAGES AND WORDS

Cross-Thematic Event, Mumbai, May 2003

WOMEN Institute for Social Education (WISE), India and Apne Aap have organised “Positive Lives; Society’s Response” a cross-thematic event including a photo exhibition on people living with HIV/AIDS in Mumbai in May. UNDP Regional Programme supported the sessions on trafficking and HIV/AIDS medical camp, which was held at the Sachal Community Hall.



A glimpse of the round-table discussion

LEARNING: NEVER TOO LATE

Policy Discussion, New Delhi

A Chinese delegation comprising senior policy specialists participated in a policy discussion on HIV and development organised by UNDP Regional HIV and Development Programme in New Delhi. The visit of the Chinese delegation, which was headed by Wang Jian, Deputy Director General of FCPMC/LGOP, China, was facilitated by Ravi Jayakaran, World Vision, China. Sonam Yangchen Rana, Senior Advisor and Regional Programme Coordinator, UNDP, moderated the discussion. The session was aimed at sensitising Chinese policy makers on the challenges posed by HIV, particularly in the context of human development.

REACHING OUT

World Migrants Day, 2003

THE special vulnerability of migrants to HIV/AIDS poignantly stood out at several events organised in the South Asian region to observe the International Migrants Day on December 18. The Day served as yet another occasion to ponder over the increasing mobility-related HIV-vulnerability of people in South Asia, which has one of the highest rates of movement of people.



People at a medical camp in Karachi

“It is Challenging, but not without Opportunities”

By **Sunil Shetty**, Film Actor, India

WHEN I think about HIV/AIDS and the film or art world, several images come before me. Probably like many of you, the first one is that of Rock Hudson, who for the first time in the world, gave AIDS a powerful human face. The next images are that of almost every prominent Hollywood face I can think of: from Elizabeth Taylor and Shirley McLaine to Sharon Stone. Did they make any difference to the public perception of the epidemic and the response? The answer is a convincing yes.

Media studies in the US have shown that people from the world of performing arts, cinema and mass media have made a vital difference to the way the epidemic is understood and to how governments and people respond. As many of you may know, the popularity of Elizabeth Taylor rose after she became one of the lead campaigners for the rights of people living with HIV/AIDS, and prevention programmes etc. Similarly Sharon Stone's candid talks aimed at prevention efforts brought her considerable acclaim and the massive participation of mass media stakeholders in fund-raisers were well appreciated. These are just some pointers to what performing arts and media can do to check the spread of the epidemic and reduce its impact on people. Similar efforts are happening elsewhere in the world too. I have seen reports from Latin America, Europe and the countries of Africa. Similarly, the print and electronic media also rose up to the challenge and literally changed the course of the epidemic in many parts of the world.

The role of the media often goes unsaid, not just in HIV/AIDS but in any challenge to humanity. Remember how a few television pictures compelled the world to respond to the last famine in Ethiopia? Remember how the TV images of the genocide in Rwanda shook the conscience of the world? There are many more such examples.

But have we done enough in Asia? I wouldn't want to answer that. Let's introspect. We can do much more. If we are not careful, committed and proactive, HIV/AIDS will devastate us and our future generations. It will rob us of everything we have achieved. We have lost precious time, but as they say, "better late than never."

The art and media world does not create for the sake of creativity. There is a strong urge to communicate. Let's make this communication socially relevant. Let's respond to the social responsibility that is expected from us. Let's join the battle against this extraordinary epidemic of HIV/AIDS. ■



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