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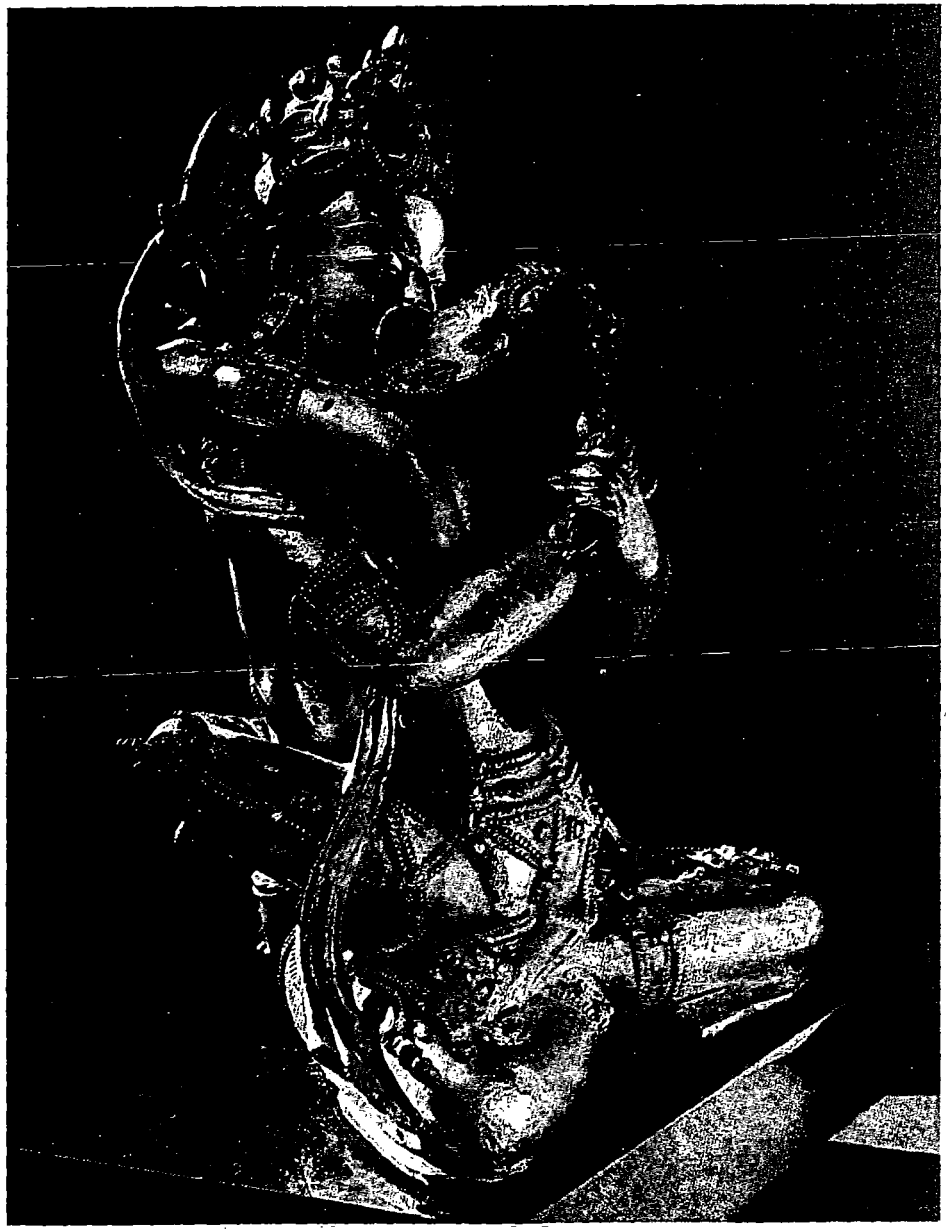
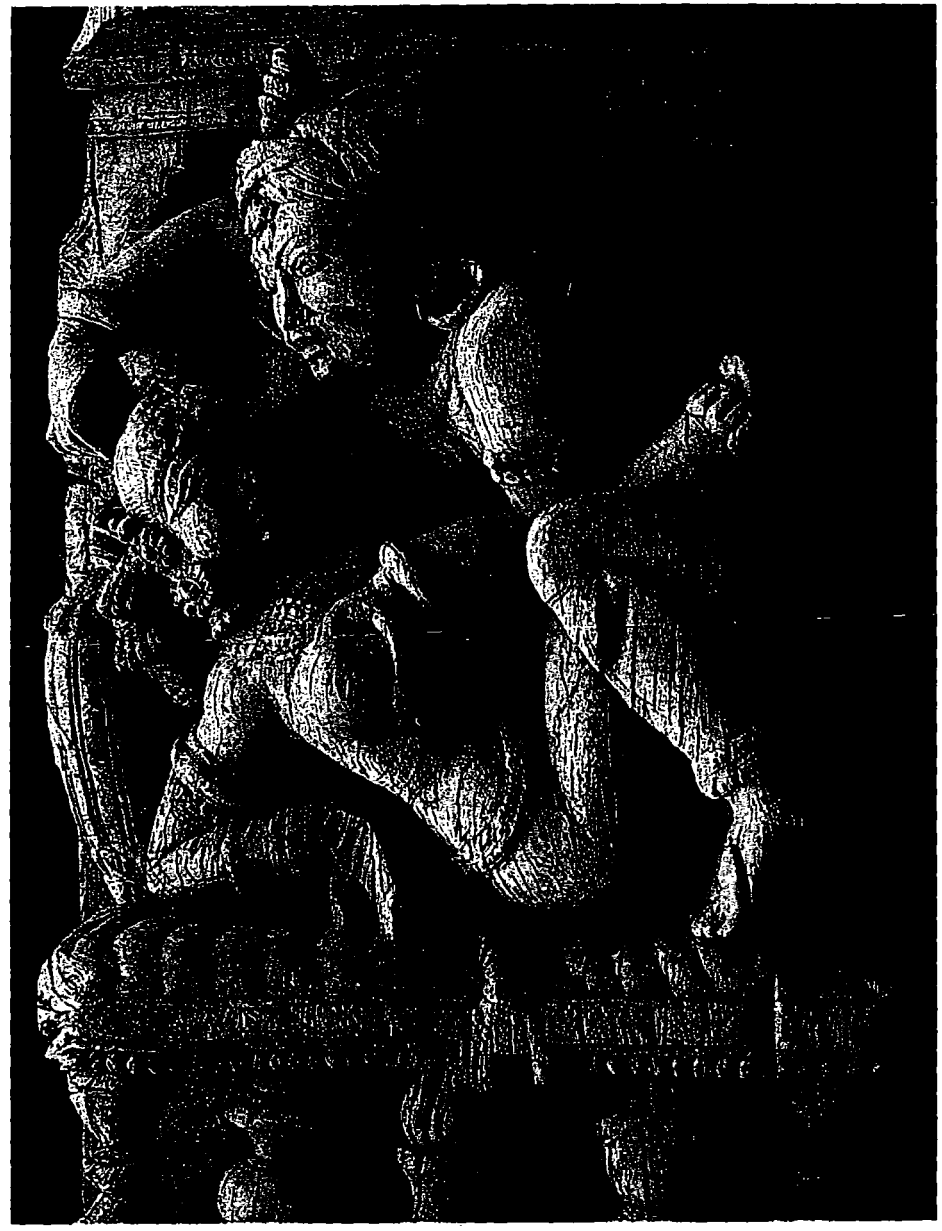


THE 'KAMA-SUTRA' PRESCRIPTION, TO AVOID HIV INFECTION
"MANY POSTURES WITH ONE, BETTER THAN ONE WITH MANY"
INDIAN HEALTH ORGANISATION (NGO) BOMBAY



THE 'KÀMA-SUTRA' PRESCRIPTION, TO AVOID HIV INFECTION
"MANY POSTURES WITH ONE, BETTER THAN ONE WITH MANY"
INDIAN HEALTH ORGANISATION (NGO) BOMBAY

CONTRIBUTIONS TO IHO ARE UTILISED FOR THE CARE & REHABILITATION OF PEOPLE WITH HIV/AIDS & AIDS ORPHANS

To,

Conceived by:
INDIAN HEALTH ORGANISATION
J. J. HOSPITAL COMP., BOMBAY 400 008. (INDIA)
TEL.: 91-22-371 9020 FAX : 91-22-386 4433
e-mail : ihoaids@bom3.vsnl.net.in

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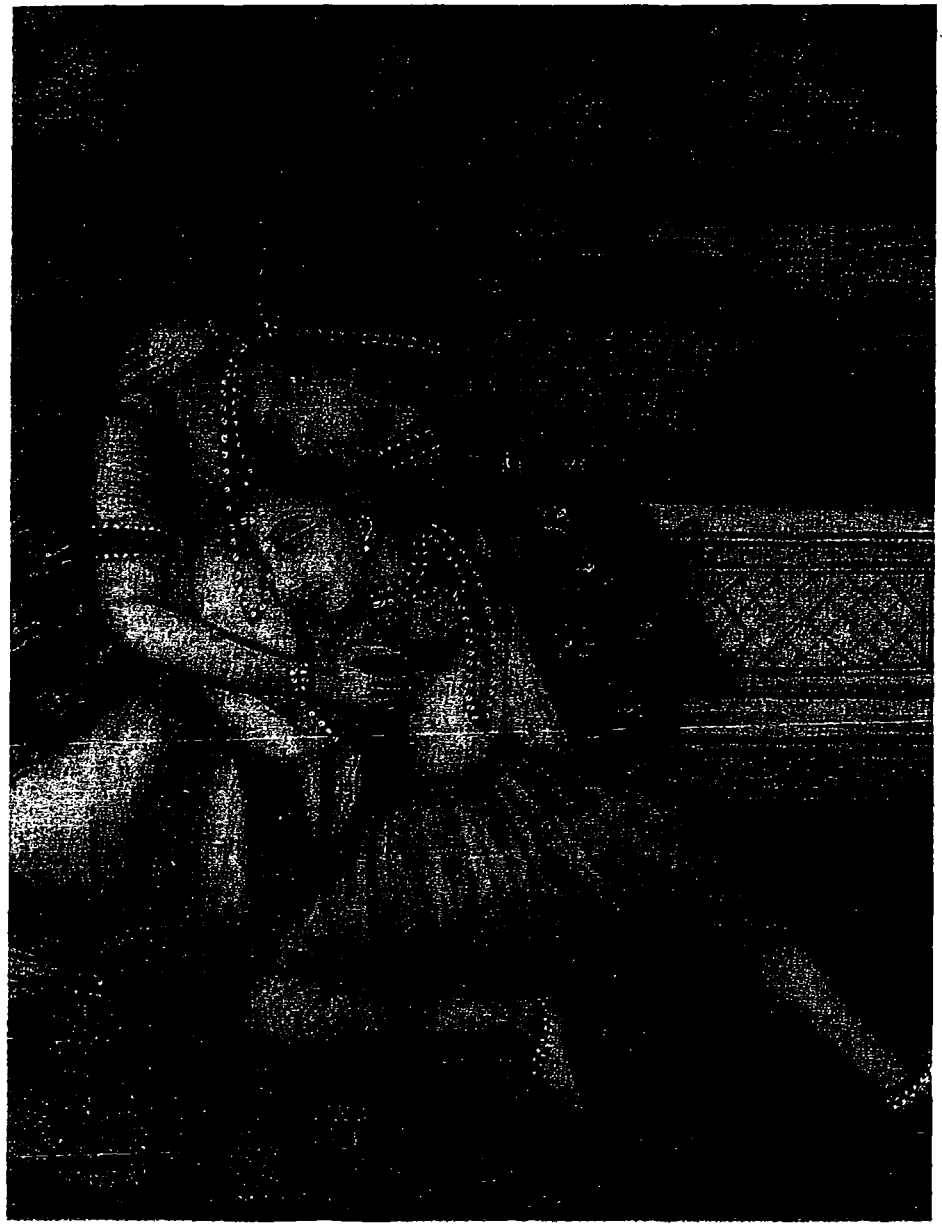

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To,

13509 Survey on Sexual Behaviour of Teendagers in Japan Obtained through AIDS Hotline and a Guideline of AIDS Education

Mary Gotoh 1), Hitomi Oishi 1), Rumiko Ozawa 1), Yukinobu Takeuchi 1), Ritsuko Bitoh 1), Toshihiko Yasuo 1) 1) Japan HIV Center

Issue: Based on calls to Japan HIV Center's AIDS hotline, teenagers seem to be engaging in sexual behaviour more actively than their parents or teachers assume them to be.

It is urgently needed to understand the reality of teenagers' sexual behaviour and establish a guideline of AIDS education to coincide with the realities.

Project: The analyzing of 592 calls we received from both teenagers and adults concerning teenager's sexual behaviour as well as condition of their health over the period of January 1995 through to June 1997.

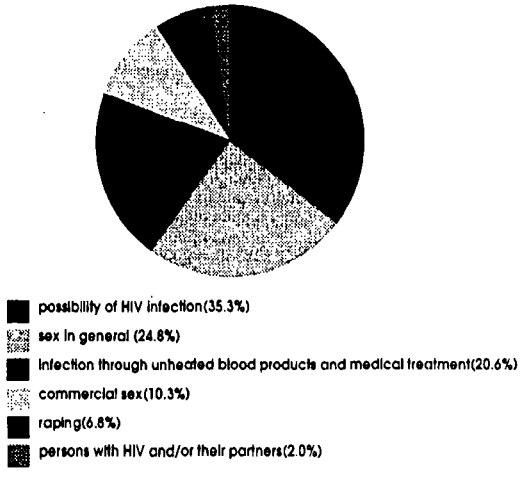
Results: Calls received from persons with HIV and/or their partners were 12(2%).

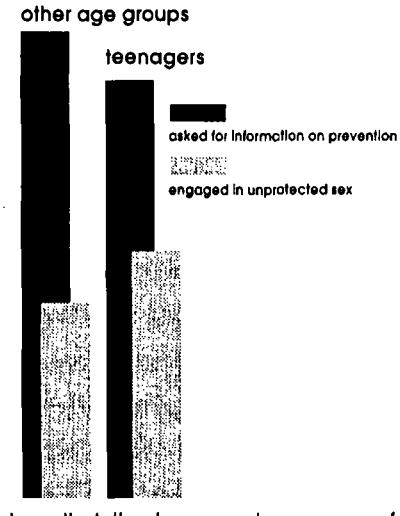
It is urgently needed to understand the reality of teenagers' sexual behaviour and establish a guideline of AIDS education to coincide with the realities.

The predominant concerns from the overall calls were as follows: possibility of HIV infection(35.3%), sex in general (24.8%), commercial sex(10.3%), raping(6.8%), infection through unheated blood products and medical treatment(20.6%).

Among the concerns regarding sex, 10% was about one's physical appearance and/or one's genitals, and an overwhelming number of younger callers expressed concerns about infection through sex.

The percentage of cases in which people engaged in unprotected sex was 59%, which is relatively high considering 42% of the calls were from other age groups, however, only 12% of the younger callers asked for information on prevention,while 13.4% of the callers in other age groups asked for information on prevention.





Lesson Learned: The results show that the teenagers' awareness for safer sex is relatively low noting many of them have engaged actively in unprotected sexual behaviour.

It is indispensably necessary to cultivate teenagers' ability for independent decision-making considering their sexual behaviour.

In addition, AIDS education should also play a role as a facilitator to cultivate an appreciation for life and a sense of self-esteem.

ISSUES IN HIV/AIDS MANAGEMENT : In this era of information super highway, new treatment discovery news gets disseminated fast to all, including the HIV infected individuals who are eagerly awaiting to hear success stories in management. The high cost of newer antiretrovirals confers depression in those who cannot afford it and debt, as well as fear of irregular supplies in those who can afford it. Issues of availability, accessibility and affordability of not only the antiretrovirals but other important drugs is an issue which requires deliberation in order to develop an advocacy programme against the government and pharmaceuticals.

SUPPORT : Though the number of HIV infected individuals is increasing, there is no commensurate increase in involvement of People Living With HIV/AIDS towards devising national policies. Community participation and involvement has also not increased thereby threatening to compromise the sustainability of interventions. There are peculiar problems in establishing hospices, drop-in centres, orphanages and home healthcare projects in developing countries. Such experiences need to be shared to modify the ongoing and plan future efforts accordingly.

NETWORKING : NGOs with diverse fields of operation need to work together to develop a comprehensive approach for HIV prevention and control instead of competing in any one funding priority area of bilateral agencies.

NGOs AND GOVERNMENT : AIDS problem can never be tackled by the government alone and NGOs can play a great complimentary role in a healthy and constructive atmosphere. The political neglect of healthcare can only be countered by the efforts of the motivated and dedicated NGOs.

SOCIO-CULTURAL CONSTRAINTS : To create a greater impact of education and to prevent an epidemiological holocaust, we need to identify the socio-cultural factors and cross all the barriers to avoid undesirable and counterproductive social responses.

HUMAN RESOURCE DEVELOPMENT (HRD) : Some countries lack trained manpower and resources to meet the challenges posed by the AIDS epidemic. Setting up of home based healthcare, initiating self-help groups and starting training centres will strengthen the process of HRD with emphasis on cultural, technical and epidemic profile.

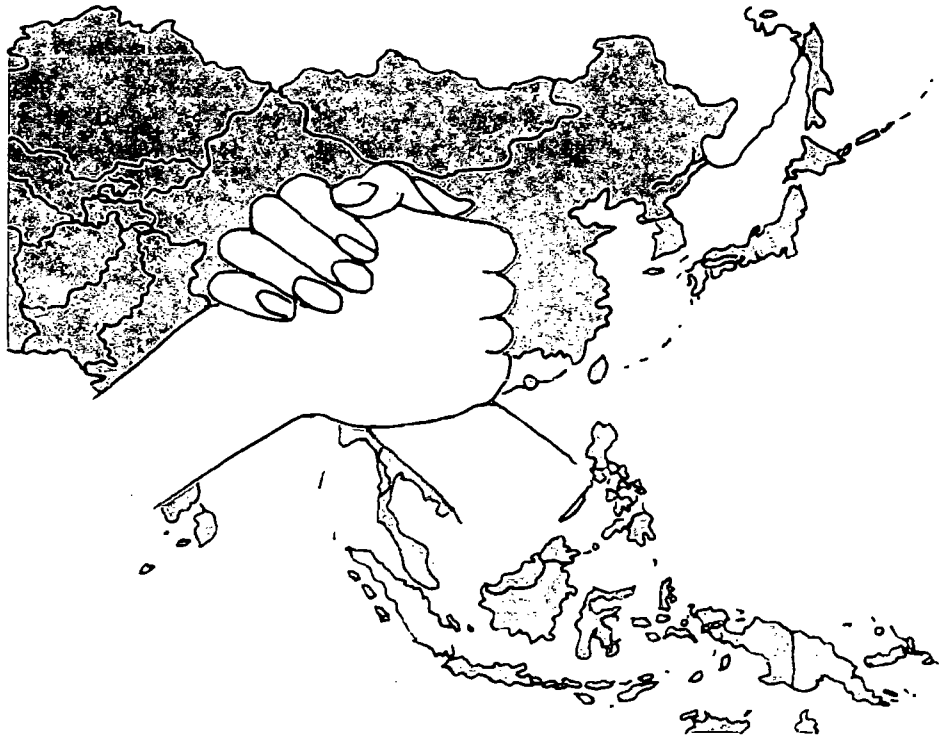
REGIONAL RESEARCH PRIORITIES : What kind of research is relevant, feasible and useful? Taking stock of what research has taken place in the region is critical to evolve regional research priorities. Research to develop low-cost HIV testing kits, conducting studies for efficacy of alternative drugs in traditional medicine, involving and training traditional medical practitioners in HIV management, the patterns of opportunistic infections and development of ethical guidelines for vaccine and drug trials in the Asian countries need to be accorded top priority.

Registration for the ASAA Workshop will open at 1400 hrs on Saturday, 27 June,1998 in Session Hall IV.

The registration is free, but restricted to the delegates of 12th World AIDS Conference. Few observer positions are available. Pre-registration may be done via mail, fax or e-mail.

ASIAN SOLIDARITY AGAINST AIDS

12th World AIDS Conference Geneva



5th International Workshop

an official satellite meet

Saturday, June 27, 1998
Time : 2.30 pm. to 5.30 pm.
Session Hall IV Palexpo, Geneva

Organised by :

INDIAN HEALTH ORGANISATION (NGO)

J.J. Hospital Compound, Bombay-400008
Tel. : +91-22-3719020 Fax : -3864433
e-mail : ihoaids@bom3.vsnl.net.in

ASIAN SOLIDARITY AGAINST AIDS

5th International Workshop

The AIDS scenario in Asia has assumed dangerous proportions. Furthermore, projections suggest that HIV infections in Asia will rise from 25% of global HIV infections to as high as 50% by the turn of the century. India, Thailand, Myanmar, Nepal, Indonesia and other smaller Asian countries have already shown alarming trends. The rising numbers of HIV infected individuals necessitate according priority to treatment and drug accessibility, affordability and availability along with preventive interventions. Structural impact of HIV/AIDS is likely to become visible in the next couple of years. It requires undertaking of adequate steps to extend care to homeless and destitute HIV infected individuals. Only a holistic, multi-sectoral approach, using successful intervention strategies and an effective coordination between NGOs and government can envisage a better entry into the twenty first century.

Indian Health Organization (IHO) has been spearheading the fight against AIDS since 1985 and is largely responsible for bringing India on the AIDS control map of the world. IHO initiated networking with NGOs in Asia by establishing ASIAN SOLIDARITY AGAINST AIDS (ASAA); the first international workshop of which was held during the 7th International Conference on AIDS in Florence. This established a much needed forum to discuss regional issues, share experiences and develop an advocacy movement on a regular basis. Unfortunately since 1994, the international conference is held every two years and the ASAA meets have become infrequent.

The socio-cultural diversity, a unique feature of Asia, presents a major challenge which is compounded by illiteracy, poverty, ignorance and large populations. With the theme "UNITY IN DIVERSITY, TO FIGHT THE ADVERSITY, IHO has organized the 5th International Workshop of ASAA as an official satellite meet, at the 12th World AIDS Conference in Geneva on Saturday, 27th June, 1998, from 1430 hrs to 1730 hrs.

Prof. Takashi Kurimura
President, ASAA
Research Institute for Microbial
Diseases,Osaka University
3-1Yamadaoka, OSAKA 565, JAPAN
Tel.:+81-6-875 2128 Fax : 6-875 3894

Dr. I. S. Gilada
Secretary General, ASAA
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BOMBAY-400008, INDIA
Tel. : +91-22-3719020 Fax : -3864433
E-Mail: ihoaids@bom3.vsnl.net.in

Address in Switzerland : Mr. D. D. Menghrajani,
c/o. Geecee S A, P. O. Box 137, 1000 Lausanne 3, SWITZERLAND
Tel. : +41-21-6175352 Fax : -6175419
E-mail : robot@writeme.com

OBJECTIVES :

1. To assess the current HIV/AIDS situation in Asia
2. To assess the impact of HIV/AIDS on women and children and devise appropriate intervention strategies for prevention, control and care.
3. To develop cost-effective intervention strategies in resource poor setting .
4. To identify issues in HIV management as also anti-retrovirals in resource poor settings.
5. To formulate strategies on issues related to anti-retroviral drugs, support services, rehabilitation of AIDS widows & orphans and discrimination.

NEED : Recent studies in the region have revealed that the epidemic has already reached its third phase wherein a sizable proportion of women with low or no risk behavior and children are getting infected. Gender-based discrimination in health care, low empowerment and income generation skills make women, and therefore their children, more vulnerable. The relentless rise of HIV infection poses a major challenge in formulating healthcare strategies in developing countries. Cost-effectiveness and prioritisation of interventions is critical. Despite this most governments in the region continue to occupy back seats in responding to the epidemic and often depend heavily on soft loans from the World Bank or funds from various bilateral agencies, without any contribution from their own national budgets. As a result, the programmes are donor-driven with minimal adaptation to local needs. Regional and National AIDS meetings in Asia are too infrequent and irregular. World AIDS Conference provides an excellent cost-effective opportunity to meet and discuss vital issues on a regional platform without getting lost in a 'JAMBOREE '.

ISSUES : HIV/AIDS IN ASIA

AN UPDATE : It is necessary to review the recent epidemiological data, estimates and projections and their short-term and long-term implications on Asia, to evolve effective prevention and control strategies.

WOMEN & CHILD ISSUES : With the epidemic establishing itself amongst people indulging in low risk behavior, the socially marginalised and vulnerable group of women and children need careful attention. Women and child related issues assume primacy in view of the recent findings from Mother-to-Child intervention study from Thailand and India. However, poor health- and treatment-seeking behavior due to various well-known social and political determinants invite the institution of multi-pronged welfare programmes. The increasing number of AIDS orphans and 'the orphans in the making' place a demand on the social support system, to prevent them from 'breaking'.

COST-EFFECTIVE INTERVENTIONS : Sharing in the success and failure of various interventions undertaken by different agencies in the region act as guiding principles for others in designing their own interventions and also replicate appropriate cost-effective strategies. This is useful in saving time, money and effort. Additionally measures to reduce the cost without compromising the efficacy of the successful interventions need discussion.

AIDS ASIA

Voice of Asian Solidarity against AIDS

An IHO Publication

AIDS ASIA is a bimonthly Newsletter, the first of its kind from Asia, independently published since December 1993 by the Indian Health Organisation (IHO), an Non Government Organisation(NGO) spearheading the fight against AIDS since 1985 and responsible for bringing India on the AIDS control map of the world. AIDS ASIA is the Voice of Asian Solidarity Against AIDS(ASAA), a network NGOs from the region, to further strengthen the ties between Governments and NGOs and among NGOs themselves.

AIDS ASIA covers a wide range of AIDS related issues in concise, authoritative and readable format. AIDS ASIA is edited by India's foremost AIDS expert Dr. I. S. Gilada, the Founder and Hon. Secretary of IHO & ASAA with the help of a host of prominent experts on its editorial board that includes : Dr. Jonathan Mann of Harvard University (USA); Dr. Takashi Kurimura of Univ. of Osaka (Japan), Dr. Monzon Ofelia (Philippines), Dr. Suriadi Gunawan (Indonesia), Dr. Praphan Phanupak (Thailand), Dr. Roy Chan (Singapore) and assisted by a team of communication experts.

AIDS ASIA contains human interest stories, interviews, media opinions, technical articles and accurate information in non-technical language and targeted at Health Professionals, Policy Makers, NGOs, Libraries, Donor Agencies, Media and any one having interest in AIDS. The current circulation is 2000.

SUBSCRIPTION :

US$ 20/- per year (six issues) and US$ 60/- for three years(18 issues); including the air mail cost.

Subscribe today to be a part of the network against AIDS !

Gift this valuable source of knowledge to your wellwishers !!

Send your subscriptions to :
AIDS ASIA, Indian Health Organisations, J. J. Hospital Compd., Mumbai - 400 008.
Tel. & Fax : (022) 371 9020/373 8999. e-mail:<ihoaids@bom3.vsnl.net.in>

Please cut here and mail to IHO

YES ! Please enter my subscription to AIDS ASIA :

1 year (6 issues) US$ 20/-; 3 years US$ 60/-

Name : _____

Address : _____

_____

City : _____ Postal Code : _____

Please find enclosed herewith Demand Draft/Cheque No._____/M. O. in the name of Indian Health Organisation for US$_____ (in words _____)

I don't need/ need back issues of AIDS ASIA, starting .....

I am interested in other IHO Publications : Yes / No

I would like to join IHO as a member ? Yes / No

Signature

For Office Use Only :

Starting Date : Exp. Date : Receipt No.

AIDS FORUM is the non- profit group which is active in computer network.

A resource of AIDS is not many to Japan. Therefore, deep-rooted, AIDS prejudice in favor and discrimination survive. Our aim is AIDS resource publication and communication. The medical care staff does communication in the community which we administer. A citizen does communication in the inside, too. NGO does communication, too. And, those men accumulate mutual information sponsored. These can be used free. AIDS forum does communication in a theme AIDS. And, we are active with various plans. AIDS information to be available with inter net is translated. The latest information is obtained in the international conference. We participate in gay pride parade.

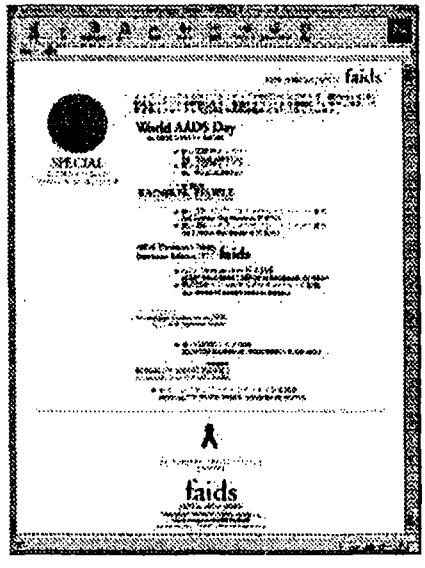
Our the last aim is that AIDS infection person is kept to get rid of AIDS prejudice in favor.

The method that AIDS forum is utilized.

faids
AIDS FORUM JAPAN

There is AIDS forum in computer network NIFTY SERVE of membership system. This is computer network of Japan maximum. Therefore, NIFTY SERVE needs to be joined to use it. But, besides communication function, even inter net can be used. A part of content is shown in English and Japanese. The AIDS resource that AIDS forum accumulated can be examined with NIFTY SERVE and inter net.

Inter net content of AIDS forum.



International Conference on AIDS@faids

World AIDS Day in AIDS FORUM JAPAN

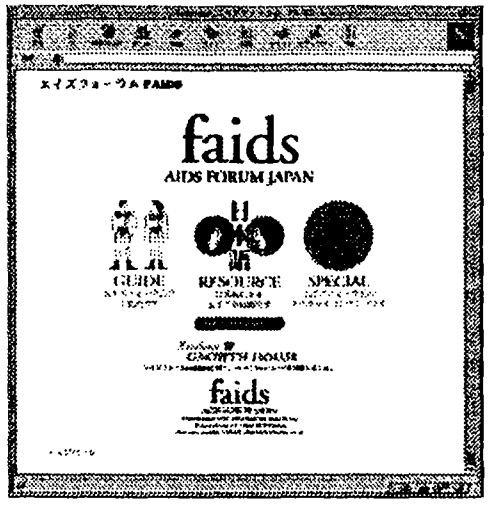
RAINBOW PEOPLE
LESBIAN GAY BISEXUAL TRANSGENDER and HETEROSEXUAL in faids

AIDS Treatment News Japanese Edition @faids

and more content...

www.nifty.ne.jp/forum/faids/

mailto : SDI00690@nifty.ne.jp



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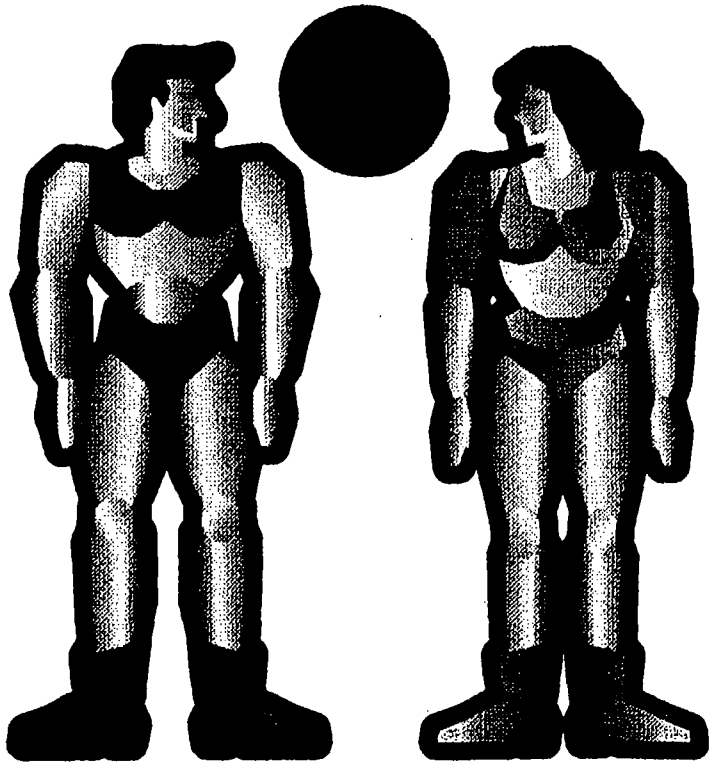

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AIDS ASIA

Voice of the Asian Solidarity Against AIDS

"Welfare of mother and child in jeopardy, thanks to HIV" (Artwork - Trupti Gilada)

Inside

Published by the IHO

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		Box Number	
Description of Item(s)	Hand fan, plastic and paper, from the Japan HIV Center		

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Affiliation:		**Phone (Wk):**		**Phone (Hm):**			
Street:		**City:**		**State (or Country):**		**Zip:**	

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JAPAN HIV CENTER

IS JAPAN'S LARGEST VOLUNTEER-BASED AIDS SERVICE ORGANIZATION, FOUNDED IN 1988 AND WITH OFFICES THROUGHOUT THE COUNTRY. THE CENTER OFFERS SUPPORT, PRACTICAL INFORMATION, AND COUNSELING FOR PWAs AND OTHERS AFFECTED BY HIV / AIDS.

NEED TO TALK TO SOMEONE ABOUT HIV / AIDS?

CALL OUR HOTLINE AT

(0720) 43-4105

(03) 5259-0256

SAT. 13:00 ~ 18:00

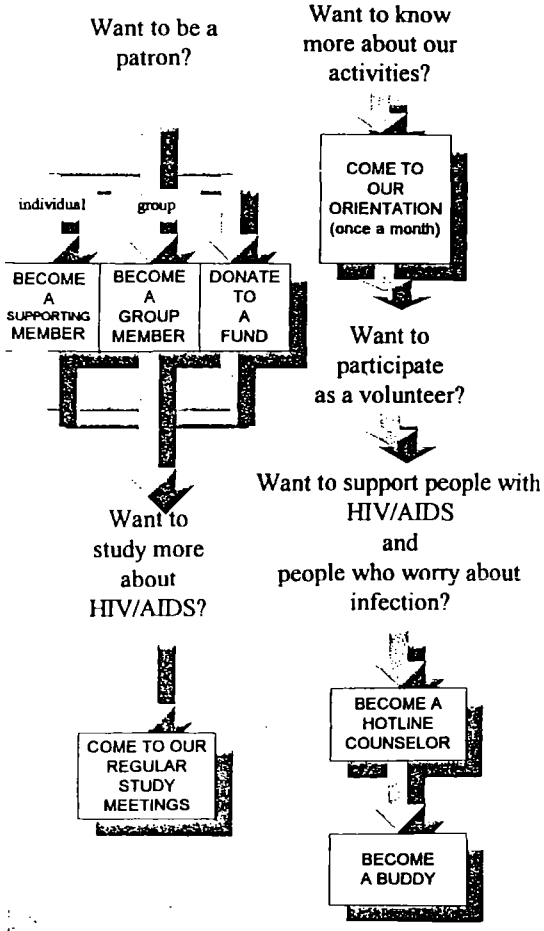
JAPAN HIV CENTER

ACTIVITY CHART FOR VOLUNTEERS

IF YOU WANT TO VOLUNTEER...

CALL OUR OFFICE

03-5259-0622



MEMBERSHIPS

Individual member	¥10,000
	(admission fee ¥4,000, annual fee ¥6,000)
Supporting Member	¥20,000 per year
Group Member	¥50,000 per year

For those who become members we will send you our national newsletter (published 3 times a year) and our original leaflets issued by each branch you belong to every other month (both are in Japanese).

DONATIONS

JHC Management Fund

This fund is for administrative operations and for maintaining the hotlines.

Living Center Management Fund

This fund is for direct assistance to people with HIV/AIDS. It is also for maintain the Living Centers.

Pamphlets for People with HIV Fund

We published a booklet in Japanese for those who have just been diagnosed "HIV positive", in order to relieve their fears, written by people with HIV. It is distributed to public centers and other medical organizations.

BANK ACCOUNT
Regular Deposit Account 1711795
Kanda Branch, Fuji Bank
"HIV TO JINKEN JOHO CENTER"
POSTAL ACCOUNT
Tokyo 00120-0-608388
"HIV TO JINKEN JOHO CENTER"
Osaka 00990-7-85529
"HIV ZENKOKU JIMUKYOKU".

E-MAIL KYG00425@niftyserve.or.jp

HIV/AIDS

affects all of us

JAPAN HIV CENTER
Tokyo Branch
Tel/Fax:03-5259-0622
Kazama Bldg. 2F, 2-17-4, Tsukasa-c
Kanda, Chiyoda-ku, Tokyo, 101, Jap

Living with HIV/AIDS

The Japan HIV Center (JHC) is a non-profit, non-governmental organization founded in order to support those who are affected by HIV/ AIDS in Japan, *regardless of means of infection.*

We also provide information and educational programs concerning HIV infection.

Since founded in Osaka in 1988,JHC subsequently opened branches in Tokyo ('89), Shikoku('92), Nagoya('93), Hyogo('95), Hokuriku('95), Okayama('96),and Sasebo('96). We have approximately 1,000 individual members nation wide, including medical service providers (doctors, nurses, social workers, etc.), lawyers, counselors, business people, housewives, and students.

We support not only people with HIV/AIDS, but also their families and friends, people with anxiety related to fear of infection, and generally anyone who is suffering from this disease. We have opened Living Centers with accommodation in Tokyo and in Osaka where people with HIV/AIDS can gather and share their experiences.

JHC ACTIVITIES

Care Support

JHC provides extensive training and staff to support the demands of a "buddy" and "peer buddy", a person who provides direct assistance to people with HIV/AIDS, either in the hospital or their home. Our care support services include counseling, nursing visit, medical social works, and recreational events such as parties.

HIV/AIDS Hotline

We provide trained hotline counselors who offer information and provide counseling concerning HIV infection and AIDS in Japanese (stationed in 7 cities) and in English.(Tokyo and Osaka). Hotline for Gay persons by Gay persons are also available in Tokyo and Osaka.

Self-Help Group

We arrange meetings for people with HIV/AIDS and their loved ones conducted by the individuals themselves so that they can share questions, information and fears. Medical specialists are invited to the meeting to provide up-dated information for them on daily life or medical cure.

Networking with Medical Specialists

We are looking for doctors and medical facilities providing primary medical care to people with HIV/AIDS, especially after hours and on weekends and holidays. Medical specialists groups are also organized within JHC.

Enlightenment of Appropriate Information to Public

Through distributing pamphlets published by JHC, sending lectures, and introducing books, video tapes, posters, and other educational material try to spread appropriate information to pub grass-roots activities. In addition, study mee are held with instructors from various fields.

Requests to Governments

Representing people with HIV/AIDS, JHC pe the Ministry of Health and Welfare and othe ernmental bodies concerning current situation

HIV HOTLINE TELEPHONE NUMBE

Japanese

Tokyo	03-5259-0255	(Mon.-Fri.)	12:00-1
		(Sun.)	14:00-1
	03-5259-0750(for Gay persons)		
		(Second & Fourth Sun.)	19:00-2
Osaka	0720-43-2044	(Sat. & Sun.)	13:00-1
	0720-43-4105(for Gay persons)		
		(First & Third Sat.)	18:00-2
Nagoya	052-831-2228	(Sat.)	13:00-1
Shikoku	0899-34-1511	(Sat.)	13:00-1
Hokuriku	0762-35-2880	(First Sat.)	14:00-1
Hyogo	0798-63-2131	(Fri.)	19:00-2
Okayama	086-232-5990	(Th.)	19:00-2

English

Tokyo	03-5259-0256	(Sat.)	11:00 ~
Osaka	0720-43-4105	(Sat.)	13:00-1

- Started BLUE (better living with understanding and education) Clinics - comprehensive HIV counseling, testing, care centres with Govt. of Goa in Panaji and Govt. of Uttar Pradesh in Lucknow.
- Responsible for creating public awareness on issues related to sex workers and public opinion for their welfare.
- Responsible for repeal of the Goa Public Health Act; which violated rights of PLWHA by requiring mandatory HIV testing and discriminated against them by isolation.
- 90% reduction in Devadasi System, wherein young girls are dedicated to Goddess Yellamma and forced into prostitution, in Maharashtra & Karnataka.
- Responsible for the rescue of 130 children from prostitution directly and more than 3000 indirectly.
- Responsible for 50% reduction in child prostitution in India.
- Created AIDS Awareness among 50 million people in 12 years.
- Distributed more than 70 million condoms in seven years and prevented at least 360,000 people from getting infected with HIV. On an average a million condoms are distributed every month in the redlight areas.
- Conducted nearly 7200 programs on prevention of AIDS.
- Organised 18 mega and 640 small Exhibitions on AIDS worldwide.
- Organised 30 rallies/marches on AIDS Awareness with cine stars.
- Conducted 800 advocacy meetings with policy makers and planners.
- Screened nearly 22,000 people with high risk behaviour for HIV.
- Detected, counseled, cared for over 14,000 HIV infected people.
- Published 125 scientific publications, more than 550 newspaper articles and referenced in thousands of news reports worldwide.
- Organised a World Congress on AIDS in 1990 in Mumbai and 9 International workshops on AIDS and Child Prostitution
- Has 19 branches in eight states and covered 320 towns of for HIV/AIDS awareness/ training programs.
- Provided technical guidance to more than 100 NGOs in India and 60 NGOs in Nepal, Bangladesh, Pakistan and other countries.
- Publish Asia's only newsletter "AIDS ASIA" for NGOs and medicos since 1993.
- Publish Asia's only newsletter for Sex Workers "Sakhi-Saheli" since 1993.
- Produced 12 booklets and four training manuals on AIDS.
- Distributed 5 million brochures in 10 languages on AIDS.
- Made/displayed over 3500 banners on AIDS on different occasions.
- Over 11,000 wall paintings on AIDS slogans in 8 years.
- Published and displayed 42,000 posters of 29 types on HIV/AIDS.
- Produced training slides on AIDS and STDs
- Initiated self help group "Positive People" for PLWHA.
- Provided emergency medicare during floods of Junagadh, Konkan and Marathwada in 1983; Bhiwandi - Communal Riots in 1984; Bombay - Communal Riots of 1992-93 and Latur Earthquake in 1993.

NGO With The Largest Coverage On AIDS Education

IHO

Indian Health Organisation
Municipal School Bldg., J. J. Hospital Comp.,
Mumbai - 400 008.
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Donations to IHO are exempt under Section 80-G of Income Tax Act of Government of India.

HELP US HELP HUMANITY

Indian Health Organisation (IHO), spearheading the crusade against AIDS in India since 1985, was established by Dr.I.S.Gilada on April 7, 1982, the World Health Day. Since then IHO has whipped up an unparalleled campaign to provide succour and hope to the poor and hapless. IHO is a registered, non-profit, non-government, apolitical and secular organisation with 19 branches in 8 states of India and has consistently proved to be a superior institution possessing powerful, creative energy, persistence in programming and an amazing drive to succeed. It has been responsible for bringing India on the AIDS control map of the world.

I DIA : IN POPULATION SECOND TO ONE ; IN HIV SECOND TO NONE !

With close to a billion people, which is one sixth of global population, India has 7 million HIV infections, which is one fifth of global HIV infections. Though in many spheres India has progressed a great deal, it lags behind in facilities to care and rehabilitate people living with HIV/AIDS (PLWHA), in training its human resource as care givers and in AIDS research. With a supportive social background most PLWHA will possibly be cared for in the community set-up and IHO is in the forefront for protecting PLWHA from discrimination in society and health settings. However, there will be many HIV infected and affected, particularly sex workers, widows and orphans who will need institutional and comprehensive care in a humane atmosphere.

CURRENT AIDS SCENARIO IN INDIA

India's entry into the third phase of the HIV epidemic, as envisaged from the increasing trend of HIV infections among housewives and children, is signaling a major AIDS crisis in the offing. The first phase of HIV was recognized when the rising trend of the HIV prevalence was established among sex workers in 1988 and among professional blood donors in 1989. The second phase started after 1989, when clients of sex workers and transfusion recipients were found to be HIV infected.

The denial of such a trend, complacency and inaction by the government and society at large in the early phases of the epidemic has made India top the world in HIV infections. Most international agencies like WHO, UNAIDS, World Bank and even the health officials in India have endorsed IHO estimates and projections from time to time. Through persistence and dedication, IHO has received support from various organisations all over the world.

IHO's primary objective is to educate and create awareness about HIV and AIDS related issues by targeting college students, sex workers, truck drivers, and other at-risk populations. IHO also works for the prevention and control of HIV/AIDS and provides cost-effective models of medical care.

THE LARGEST NGO IN AIDS AWARENESS

IHO is the single largest NGO in the world in terms of the total population covered on education-awareness of HIV/AIDS and consequently its prevention. Though this contribution is small in proportion to the size of the country and the current HIV problem, it amounts to 'a drop in the desert' and not 'a drop in the ocean'. IHO conducts a tremendous number of activities with a very limited resource base.

IHO HAS MANY FIRSTS TO ITS CREDIT :

India's
- first AIDS Awareness campaign,
- first AIDS Clinic,
- first Mobile AIDS Clinic,
- first successful AIDS intervention project "Saheli" for sex workers,
- first AIDS Counseling Centre,
- first AIDS Hotline and
- first Anonymous HIV testing centre.

Inspite of a severe financial crunch (a shoe-string budget of Rs 20 lakh annually) and consequent shortage of staff (a third of what it had in 1992-93); IHO has not only been successfully managing its projects but expanding them also. To the great surprise of its admirers, IHO functions from a two-room office provided by the Bombay Municipal Corporation in one of it's school buildings and is in dire need of premises in Central Bombay. The future is pregnant with hope and endless possibilities.

IHO seeks to establish a Comprehensive Health Care Training, Research and Rehabilitation Centre. This would help to rehabilitate HIV-positive sex workers, their children, orphans, HIV-positive couples and homosexuals, providing employment, medical, social and psychological assistance. The center would be self-sustaining five years from its opening and would generate enough income through its activities to be at least partially self-sustaining from the start. The land surrounding the complex would be used to grow crops that would be used for the residents. Upon completion, this would be the first center of its kind in Asia.

The drive is there. So is the fire, the energy and the enthusiasm! If IHO is not backed by the government and society, it will end-up fighting a losing battle.

MAJOR ACHIEVEMENTS

- SAHELI PROJECT for HIV intervention among sex workers has been acclaimed as 'The Bombay Model' at Berlin in 1993.
- IHO-Wadia Model for HIV intervention among women and children, the largest study of its kind in Asia and has become a replicable model; counseled and screened 60,000 women for HIV, detected 568 positive women, traced 90% of spouses, provided care to 450 families.

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1st Floor Foyer (LINDA) 1250
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Funding Priorities for HIV/AIDS Crisis in Thailand

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1. Introduction

Recent economic crisis triggered by the currency devaluation since July 1997 placed a severe constraint on public financing including public health and HIV/AIDS programmes (Table 1). GDP growth in 1998 is estimated at minus 5.5% and an inflation of 10.5%. As a result, the government budget was 18.5% scaled down from 982 billion Baht[1] which was approved in the 1998 Budget Bill, to 800 billion Baht. The Ministry of Public Health (MOPH) budget was cut, from 70.145 to 59.92 billion Baht, a 14.58% reduction from the Budget Bill (Table 2). Education and health ministries had less cut than the national average, resulting in higher total budget share, 18.6% and 7.5% respectively. Top five ministries facing highest cuts were, Science, Technology and Environment (34.0%), Transport (33.6%), Industry (25.7%), Interior (25.7%) and Defence (23.0%). Ministry of Finance revenue assessment found serious cash flow problem. The Budget Bureau increases budget allocation to five allotments instead of previously three to accommodate cash deficits.

In this paper, we first introduce the conceptual framework of inter-related consequences of economic crisis on HIV/AIDS prevention and control. Based on document research and in-depth interviews with officials at national and provincial levels, we elaborate how Thai Government deals with AIDS epidemic during the economic hardship. How programme managers at national and provincial levels

responded to budget cut and how this would likely to have an impact on programme effectiveness were elaborated.

It should be noted here that government revenue crisis leads to several administrative interventions and dynamic policy adjustments. Budget amendments were made many times in association to government revenue collection and in agreements according to the letter of intents made with the International Monetary Fund.

2. Conceptual framework

figure 1 here

The conceptual framework depicts several inter-related consequences of economic crisis. As a result of public resource constraints, AIDS programme budget on preventive activities and medical service was hampered. Reduction of budget to non-AIDS programme which is quite a substantial source of financing AIDS services further limits AIDS programme activities, e.g. supplies for universal precaution, allowance for field works. Increase cost of production of services, (especially imported drugs, either finished product or raw material) and medical supplies due to foreign exchange rate further retards programme activities.

Limited access to drugs and treatment of AIDS cases shortened the life span among AIDS cases. Household reduction of disposal income due to salary cut or job lose may reduce the risk of infection due to reduction of demand for commercial sex services. In contrast, it may lead to more prostitution among primary or secondary school leavers who could not find jobs, among economic distressed and especially jobless women. Experience of deaths due to AIDS among immediate kin and neighbours could be a strong influence on significant sexual behaviour changes. Preventive activities either by government or employer may or may not influence behaviour changes. Finally, programme

[1] In December 45 Baht per 1 US Dollar

effectiveness in terms of HIV prevalence is a result from various determinants, e.g. government and non-government interventions and sexual behaviour changes.

3. National programme budget responses

The MOPH budget reduced from 66.544 in 1997 to 59.92 billion Baht in 1998, a 10% reduction. Communicable Disease Control (CDC) Department budget increased by 1.8%; and Food and Drug Administration by 13.7%, while budget in all other departments were reduced, notably Permanent Secretary Office, 11.5% (Table 3). This is a result of capital investment suspension. It should be noted that during the last trimester of fiscal year 1997 (July - September 1997), there was a *de facto* reduction of MOPH programme budget due to Ministry of Finance (MOF) lack of cash and inability to disburse, but figures is not available during this analysis.

Table 4 compares MOPH AIDS budget with MOPH non-AIDS budget, AIDS budget during the period of 1997-98 got more cut (24.7% reduction) than non-AIDS budget (5.5% reduction). However, trend was reversed for the period of 1998-99, AIDS budget are more or less preserved (0.6% reduction) when non-AIDS budget was cut more (8.9% reduction).

In Table 5, the 1998 national HIV/AIDS programme budget was cut by 25.4% in nominal term, but when adjusted by the inflation rate of 10.5%, there is a real term reduction of 33% compared to 1997. Four out of five programmes budgets in Table 5 were cut. Only budget for social and psychosocial service was increased by 20%. Note that health promotion and medical services took the major share of 71% of total national programme budget; research and local wisdom development took the least share.

Budget allocation by the five programmes in 1998 crisis showed some reorientation. Programme budget on co-ordination, empowerment and health promotion and medical services were cut, ranging from 27% to 34%; programme budget on research and local wisdom development had the least cut

(1.9% reduction). There was 20% budget increase for Social and psychosocial services. The 1998 budget distribution among the five programmes was slightly reoriented compared to 1997. There was an increase proportion of social services and research at the expenses of a decreasing proportion for the top three programmes. However, the top three programmes in 1998 remained the same as 1997. Increase budget to social and psychosocial supports is not significant in monetary terms (17 million Baht increase). Although there is a reorientation of programme budget in terms of budget proportion among the five programme, but there is no significant reorientation in monetary terms as health promotion and medical services took the major share of total national AIDS budget.

AIDS programme was intersectorally responsible by all ministries. Not unexpectedly, MOPH took the major share of 74.2% of total 1998 national programme budget, despite the fact that it faced 24.8% budget reduction from 1997 (Table 6). Budget under Ministry of University Affairs was cut by 22.3%. Only Ministry of Labour and Social Welfare, who is mainly responsible for the social and psychosocial services to the affected population got an increase of 18.9%, in association to this programme budget increase as shown in Table 5. Detailed analysis found that AIDS budget proportion within CDC Department reduced from 21% in 1997 to 14% in 1998. This demonstrated lower priority of AIDS compared to other disease control programmes.

Again, 1998 budget allocation by responsible ministries showed no significant reorientation compared to 1997. Although labour ministry who is responsible for social supports to affected population, got increasing budget but still small in monetary term (17 million Baht increase). The proportion of budget allocation among ministries remains status quo. Budget ranking in 1998 were similar to those in 1997.

The MOPH AIDS budget analysis found that the Permanent Secretary Office (PS Office) and CDC Department took the major share of the national AIDS budget, i.e. 67.8% in 1997 and 64.4% in 1998 (Table 7). This prompts us to further investigate programme budget under the PS Office and CDC

Department in greater detail. Table 7 demonstrated detail breakdown of PS Office and CDC Department budget by five programmes comparing 1997 and 1998. We found that health promotion and medical services took the major share within PS Office. This programme was reduced by 50.7% (especially due to reduction in hospital construction projects). The overall budget under PS Office was reduced by 50.4%. Comparing 1997-98, the overall budget under CDC Department was reduced by 31.5%, mainly due to cut in programme co-ordination (59.5% reduction) and medical services (28.4% reduction). The Empowerment of individual and community increased from 22.3 to 44.0 million Baht, a 97.3% increase. This demonstrates budget reorientation towards cut on infrastructure, co-ordination and medical service whereby increase budget on empowerment and research. However, 1998 budget reorientation is not significant in monetary term.

Budget analysis by programme activities provides more understanding on how Thai government and National AIDS committee dealt with the crisis. We selected some nine major activities under the MOPH Permanent Secretary Office, CDC Department and Health Department for further in-depth analysis as shown in Table 8, sorted by 1997 budget size. These nine activities significantly consumed 42.9% and 50.4% of total national AIDS programme budget in 1997 and 1998 respectively.

The top three activities are the use of antiretroviral drugs (ARV), opportunistic infection (OI) drugs and donor blood screening. Only two out of nine major activities gained their budget in 1998; namely, breast milk replacement (34.6% gain) and blood donor screening (11.8% gain). Other seven activities sacrificed, notably vertical transmission reduced from 25 to 5.9 million Baht, a 76.4% reduction. Budget was proposed for the prevention of 2,500 cases in 1997 and 1998. We estimated 18,000 infections among pregnancies annually. Resource could accommodate 14% of potential demand for vertical transmission interruption. Due to limited budget and good preventive outcome, the Thai Red Cross Society campaigns for domestic donations for prevention of vertical transmission.

Budget for universal precaution reduced from 94.6 to 26.5 million Baht, a 72% reduction. ARV was selectively provided in centres who are able to provide a comprehensive approach of psycho-social and medical services to infected population. This took the highest amount of resource in both years, and 5.8% reduction in 1998. Budget on drugs for opportunistic infection reduced from 188 to 166 million Baht, a 11.7% reduction. Budget on condom was reduced by 5%. The total number of condom distributed was reduced from 60 to 50.2, 11.2 and 10.1 million pieces during the period of 1995-1998. Budget subsidy to NGO stayed at the same figure of 90 million Baht.

Budget on OI drugs in 1998, 166 million Baht, could not purchased the same amount of goods as in 1997. Our survey of four common OI drug cost inflation (1998 compared to 1997) at Ramathibodi Teaching Hospital in Bangkok found a wide range of 3% to 20% cost increase, average10%. Survey data at Phayao Provincial Hospital showed a wider range of 11% to 50% cost increase, average 31% (Table 9).

Using the estimated cost of OI treatment (excluding the use of ARV) for AIDS of 800-1,500 USD (average 1,150 USD) per person per annum, and the total number of 60,000 AIDS cases in December 1997 and one third required OI treatment, there is a potential need of 920 million Baht (calculated at 40 Baht per 1 USD) for OI treatment. In 1998, only 166 million Baht budget is available. Resource could meet 18% of potential demand.

In summary, the 1998 national AIDS programme budget was cut by 25% in nominal and 33% in real term. MOPH took the major share of national HIV/AIDS programme budget. The MOPH PS Office and CDC Department shared the highest proportion of national AIDS budget. There is a re-orientation of 1998 budget in response to crisis focusing more on social and psychosocial services, and cut more on infrastructure, programme co-ordination and medical services. However, reorientation is not significant in monetary term. Health promotion and medical service got the highest proportion in PS Office and CDC Department budget. The first three programme activities

consuming highest budget are mostly medical intervention; namely, the use of ARV, opportunistic infection drugs and donor blood screening. Despite highest budget allocation, these medical interventions could not effectively match potential demand for curative services. In addition, cost inflation of OI drugs and other imported medical goods further aggravated the problems of limited resources in 1998.

4. Response at provincial level

Field visits and interviews to provincial chief medical officers and hospital staff (in Chiangmai, Chiangrai and Phayao provinces in the upper Northern Region) revealed interesting information. Programme budget cut has significant impact on field operation but level of negative impact depends on the leadership and management skill by the chief medical officer and the team.

Major policy choices adopted by these provinces were the allocation of limited budget to more cost-effective programme activities, such as the empowerment of individual and community, inter-sectoral activities, co-ordination with NGOs, and other non-medical interventions. The trade off is the reduction of resource for the treatment and care of AIDS cases. However, evidence is inadequate to assert the cost effectiveness of these non-medical interventions.

However, by the third quarter of FY1998, due to MOF cash flow deficit, budget in some programmes did not arrive at the provinces. This significantly interrupts programme operations. The late arrival of allotment of budget earmarked for free medical care for the poor, which were significant source supporting AIDS programme operation also hampered the field works.

5. Hospitals responses

Budget allocation to hospital is inadequate compared to demand for care in the previous year. For example, Phayao provincial hospital got an allocation of 3.2 million Baht for OI drugs in 1997, but

consumption of the four OI drugs was 6.9 million Baht. The deficit was absorbed through hospital non-budgetary revenue and other budget lines, especially free care for the low income scheme. However, evidence showed reducing income from the non-budgetary sources due to lower purchasing power among customers who paid out of pocket. In 1998, non-budgetary revenue may not be able to absorb deficit from OI treatments.

Due to cash flow deficit, the Comptroller-General's Department could not timely disburse budget to hospitals. Table 8 shows cost increase of OI drugs. Other drug price increased by 15-20% (non-proprietary drugs) and 20-30% (proprietary drugs). Demand for AIDS care and cost inflation of OI drugs synergistically squeezed the hospital limited resources resulting in stringent access to OI drugs.

The hospital responses on the treatment of opportunistic infections are :

- regularly inform hospital financial status to doctors and patients to increase cost conscious,
- capping of OI drug expenditures,
- supportive and palliative instead of definitive treatment for selected cases
- referral of patients to upper levels of care by district hospitals
- development of guideline on case selection for OI treatments
- death counselling - well prepare for death among terminal cases
- advocate of alternative medicine, herbals and meditation

There is inadequate evidence of higher mortality or shorten life span of AIDS cases as a result of this practice, but it is plausible that cases could die early due to inadequate treatment of OIs. The response increases the gap of inequity when only affordable or insurance covered patients could access OI drugs and vice versa. It also provoke ethical dilemma among professionals.

INH prophylactic programme for tuberculosis and cotrimoxazole for *Pneumocystis carinii* pneumonia prevention among HIV infections were practised. Anti-retroviral (ARV) drugs were spared only for vertical transmission prevention, not for general HIV positive cases. ARV are given in centres where comprehensive approach is guaranteed.

6. Discussion

As spelled out clearly in the national AIDS control and prevention plan (1997-2001), the AIDS programme budget is not a sole financing source for HIV/AIDS control, but rather a catalytic budget to mobilise and re-orientate the use of resource from both public and private sectors, families and community at large. The 1998 crisis forced all concerned ministries to amend budget within the ceiling designated by the Budget Bureau. AIDS budget was sacrificed by all other ministries. This proved that ideology of AIDS strategic budget is quite a long way to go.

As demonstrated in budget analysis, economic crisis in 1998 has strong negative consequences on government programme budget and activities. As the nature of heterosexual infection, we claim that behaviour changes is one of the most crucial determinants for a sustainable AIDS control in Thailand. However, evidence is inadequate at the moment to demonstrate the causal relationship between national AIDS programme activities and other major determinants (e.g. death experience among kin and neighbour) and sexual behaviour changes among Thai. If programme activities showed causal relationship, programme contraction does have negative impact on AIDS control. If other determinants which is not directly affected by economic crisis showed causal relationship, crisis may have not much impact on AIDS control. Recent commercial sex premise survey in January 1998 showed slight upwards number of sex premises, from 7,208 in 1997 to 8,016 in 1998. Number of prostitutes does not increase, 63,526 in 1997 and 63,941 in 1998. However, survey also reveal fewer customers served, down from four clients per day in 1997 to three every two days in 1998. This reflects reduction in demand for commercial sex services. However, this does not demonstrate casual sexual encounters.

The significant reduction in the number of condom distribution especially in 1997 and 1998 creates a great concern that when prostitutes have no condoms available, there is a significant increase in the risk of spreading infections. The belief that either prostitutes or their clients may purchase condoms is unlikely as retail price was 11-15 Baht per piece in 1998. Condom retail price accounts for 14% of the prostitute income per client served (calculated on low cost service of 200 Baht and 60% deduction by premise owner). Moreover, when compare to MOPH bulk purchasing of 1.48 Baht per piece in 1998, it is cheaper to distribute via public channel, even when adjust for distribution cost of 1.5 Baht per piece. The proposition that prostitutes will purchase condom must be proved via in-depth studies, but counter-argument is that the stake is too high; and re-allocation within AIDS control programmes, for example squeezing budget from less cost effective OI drugs and ARV to more cost effective condom is feasible.

Given the nature of national AIDS programme budget is oriented towards medical intervention for quite some years, evidence from several sexual behaviour surveys demonstrated changes in sexual promiscuity among men. We would argue that programme contraction in 1998 on medical intervention may have little impact on HIV heterosexual infections. Our argument should be validated by subsequent sentinel surveys in June 1998, 1999 and 2000 and subsequent sexual behaviour surveys. However, programme shrinkage especially on OI drugs may shorten life span of AIDS. When resource is scarce, policy makers must allocate to the most cost effective interventions. The question is what is the cost effectiveness of each programme activities. Budget reorientation is extremely difficult unless guided by cost effectiveness evidence.

7. Conclusion

Assessment of the impact of economic crisis on AIDS prevention and control programme is not straight forwards. We found significant programme reduction in 1998, especially on medical interventions (ARV, OI drugs and donor blood screening). Programme reduction especially on

condom distribution may have negative consequence on primary prevention of heterosexual infection. There was an re-orientation of 1998 budget but not significant in monetary term in response to economic crisis, as its emphasis is on medical services which is less cost effective and could not meet potential demand. This posed further questions on equal access to OI treatment and ARV.

We argue that programme sustainability and outcome (in terms of HIV infection) depends largely on sexual behaviour changes. Changes in sexual practices may be relate to programme activities and economic crisis, but to what extent is yet to be further explored. Further evidence from sentinel surveys in June 1998 and subsequent sexual behaviour surveys is required to prove this hypothesis.

Budget reorientation towards cost effective programme activities, e.g. condom distribution, blood donor screening, vertical transmission, STD treatments are strongly recommended. However, policy makers should strike a balance and taking into account constraint by the political pressure and pressing demand for ARV among infected cases and OI among AIDS.

TABLES

Table 1 Key economic indicators.

Indicators	1996p	1997e	1998e	1999e	2000e	2001e
GDP growth (%)	5.5	-0.4	-5.5	1.8	3.4	3.7
GDP/capita						
Baht	76,650	79,274	82,941	90,340	98,654	106,550
US Dollar	3,027	2,525	1,843	2,258	2,504	2,697
CPI (%)	5.9	5.6	10.5	6.0	5.0	4.0

Source : National Economic and Social Development Board, March 1998.

Table 2 The FY1998 budget revision in response to economic crisis, a 182 billion Baht reduction.

Ministry	1998 Budget Bill approval	% total	Budget revision	% total	Adjustment	% adjust
Central Fund*	82,051,605,400	8.36	76,589,967,747	9.57	-5,461,637,653	-6.66
Prime Minister Office*	7,993,717,000	0.81	6,588,348,300	0.82	-1,405,368,700	-17.58
Mo Defence	105,238,348,000	10.72	80,998,594,000	10.13	-24,239,754,000	-23.03
Mo Finance*	44,797,897,900	4.56	42,752,981,000	5.34	-2,044,916,900	-4.56
Mo Foreign Affair*	4,131,846,000	0.42	3,503,160,300	0.44	-628,685,700	-15.22
Mo Agriculture	80,864,696,300	8.23	62,580,531,400	7.82	-18,284,164,900	-22.61
Mo Communication	102,108,099,500	10.40	67,786,410,000	8.47	-34,321,689,500	-33.61
Mo Commerce*	4,364,583,300	0.44	3,746,802,600	0.47	-617,780,700	-14.15
Mo Interior	178,540,267,700	18.18	132,710,229,353	16.59	-45,830,038,347	-25.67
Mo Labour & Soc Welfare*	11,155,173,000	1.14	9,437,204,500	1.18	-1,717,968,500	-15.4
Mo Justice*	5,962,532,400	0.61	5,269,090,400	0.66	-693,442,000	-11.63
Mo Science & Tech	16,595,700,900	1.69	10,945,590,300	1.37	-5,650,110,600	-34.05
Mo Education*	166,308,911,800	16.94	148,577,152,500	18.57	-17,731,759,300	-10.66
Mo Public Health*	70,145,500,000	7.14	59,920,895,000	7.49	-10,224,605,000	-14.58
Mo Industry	5,461,664,200	0.56	4,057,343,000	0.51	-1,404,321,200	-25.71
Mo University Affair*	39,337,350,800	4.01	32,900,884,800	4.11	-6,436,466,000	-16.36
Other organisations*	5,035,514,700	0.51	4,686,293,600	0.59	-349,221,100	-6.93
State Enterprises*	29,660,591,100	3.02	26,932,521,200	3.37	-2,728,069,900	-9.2
Revolving Fund*	22,246,000,000	2.26	20,016,000,000	2.50	-2,230,000,000	-10.02
Total	982,000,000,000	100	800,000,000,000	100	-182,000,000,000	-18.53

Source: Budget Bureau Office

Note: The 1996, 1997 budget were 843.2 and 984 billion Baht respectively.

* Ministries whose budget cut less than the national average.

Table 3 MOPH budget allocation by departments: 1996-98, million Baht

	1996	1997	1998	97-98 % changes
1. Office of Permanent Secretary	41,240.5	51,107.0	45,245.4	-11.5
2. Dept of Health	5,129.3	5,380.8	4,799.2	-10.8
3. Dept of CDC	3,577.1	3,646.7	3,713.5	+1.8
4. Dept of Med Service	3,058.7	3,519.0	3,307.4	-6.0
5. Dept of Mental Health	1,425.8	1,514.9	1,438.1	-5.1
6. Dept of Med Science	518.0	893.2	877.0	-1.8
7. Food and Drug Administration	286.8	422.5	480.2	+13.7
8. Health Systems Research Institute	0	60.3	60.0	-0.5
Total	55,236.2	66,544.3	59,920.9	-10.0

Source: MOPH Health Policy and Plan Bureau.

Table 4 MOPH AIDS and non-AIDS budget, 1992-1999

Fiscal year	MOPH AIDS budget	% change	MOPH non-AIDS budget	% change
1992	447.5	na	24,193	na
1993	904.5	102.1	31,994	32.2
1994	1,000.1	10.6	38,319	19.8
1995	1,245.5	24.5	43,858	14.5
1996	1,418.5	13.9	53,782	22.6
1997	1,459.9	2.9	65,084	21.0
1998	1,099.0	-24.7	61,526	-5.5
1999	1,092.6	-0.6	56,052	-8.9

Note 1999 is budget request figure as of June 1998.

Table 5 National HIV/AIDS programme budget by five major programme activities, 1997-98

	1997 mil Baht	%	1998 mil Baht	%	1997-98 % change
1. Health promotion and medical services	1,438.60	72.4	1,052.80	71.1	-26.8
2. Co-ordination	213.8	10.8	141.6	9.6	-33.8
3. Empowerment of individual and community	202	10.2	138.3	9.3	-31.5
4. Social and psychosocial services	85.2	4.3	102.2	6.9	+20.0
5. Research and local wisdom development	47.6	2.4	46.7	3.2	-1.9
Total	1,987.10	100.0	1,481.50	100.0	-25.4

Source: MOPH CDC Department.

Table 6 National HIV/AIDS programme budget by ministries, 1997-98

Ministry of	1997 mil Baht	%	1998 mil Baht	%	1997-98 % change
1. Public Health	1,461.20	73.5	1,099.00	74.2	-24.8
2. University Affair	233	11.7	181	12.2	-22.3
3. Labour and Social Welfare	90.9	4.6	108.1	7.3	+18.9
4. Other ministries	202	10.2	93.4	6.3	-53.8
Total	1,987.10	100.0	1,481.50	100.0	-25.4

Source: MOPH CDC Department.

Table 7 Programme budget compare MOPH Permanent Secretary Office and CDC department, 1997-98, million Baht.

Five programme budget	PS Office			CDC Dept		
	1997	1998	%change	1997	1998	%change
1. Health promotion and medical services	701.4	345.8	-50.7	545.8	393.9	-27.8
• Health promotion and prevention	0	0	0	3.0	5.3	76.7
• Medical services	320.2	272.1	-15.0	540.3	386.9	-28.4
• Medical service supporting	0	0	0	0	0	0
• Counselling	0	0	0	2.5	1.7	-32.0
• Hospital ward construction projects	381.2	73.7	-80.7	0	0	0
2. Programme Co-ordination	0	0	0	213.8	86.6	-59.5
3. Empowerment of individual and community	6.3	5.3	-15.9	22.3	44	97.3
4. Social and psychosocial services	0	0	0	0	0	0
5. Research and local wisdom development	0	0	0	0.6	11.4	1800.0
All five programmes	707.7	351.1	-50.4	782.5	535.8	-31.5
% of total national AIDS programme budget	32.2%	25.5%	na	35.6%	38.9%	na

Source: MOPH CDC Department.

Table 8 Analysis of 9 major programme activities: PS Office, DOH and CDC, 1997-98

Nine major programme activities	1997	%	1998	%	97-98 % change
1. Use of ARV	260	30.5	245	32.8	-5.8
2. Opportunistic infection drugs	188	22.0	166	22.3	-11.7
3. Donor blood screening	126.2	14.8	141.1	18.9	+11.8
4. Universal precaution	94.6	11.1	26.5	3.6	-72.0
5. NGO subsidy	90	10.6	90	12.1	+0.0
6. Breast milk replacement	26.9	3.2	36.2	4.9	+34.6
7. Laboratory tests	20	2.3	14.3	1.9	-28.5
8. Condom distribution	22	2.6	21	2.8	-5.0
9. ARV vertical transmission	25	2.9	5.9	0.8	-76.4
Total nine main activities (million Baht)	852.7	100.0	746	100.0	-12.5
% of national AIDS programme budget	42.9%		50.4%		na

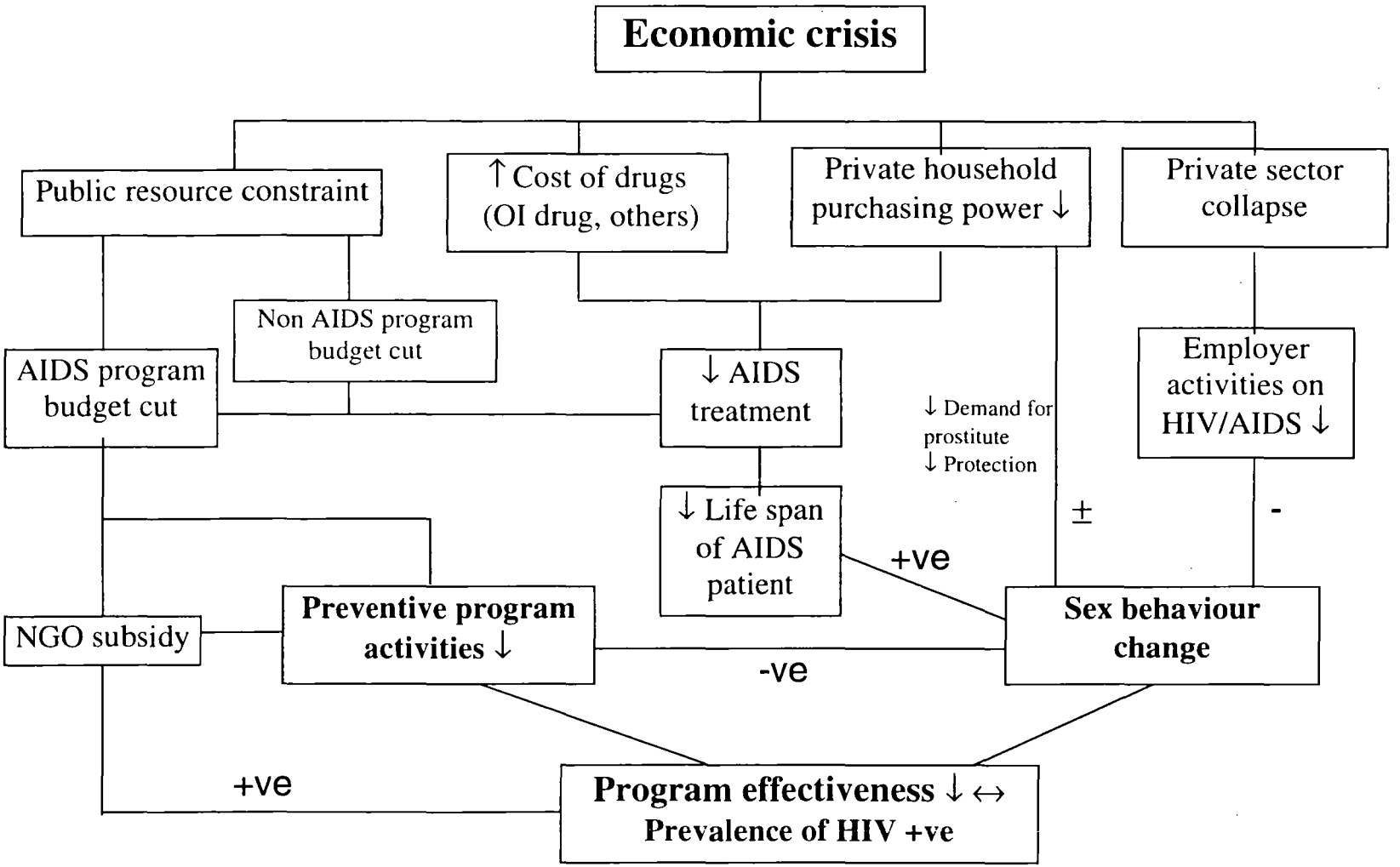
Source: MOPH CDC Department.

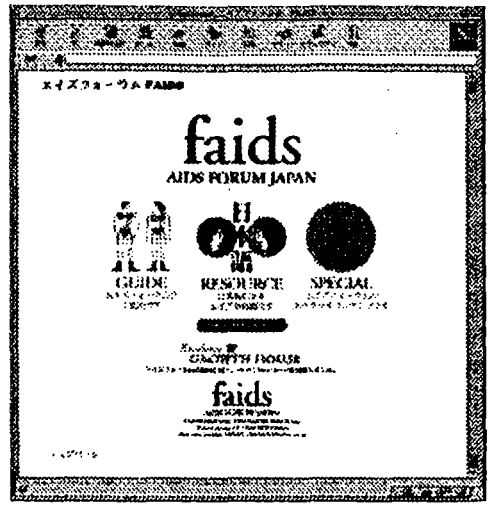
Table 9 Drug price survey for opportunistic infection drugs, Phayao and Ramathibodi, 1998

	Phayao Provincial Hospital			Ramathibodi Hospital		
Selected drugs	1997 price	1998 price	% change	1997 price	1998 price	% change
Amphotericin B 50 mg vial	300	413	37%	300	308	2.7%
Fluconazole 200 mg 50 cap	10,914	12,122	11%	10,368	11,515	11%
Itraconazole 100 mg 100 cap	3,000	3,839	27%	2,850	3,410	20%
Ketoconazole 200 mg 250 tab	1,000	1,500	50%	1,062	1,100	3.5%
Average			31%			10%

Source: Phayao provincial and Ramathibodi Hospital 1998.

Figure 1 Conceptual Framework



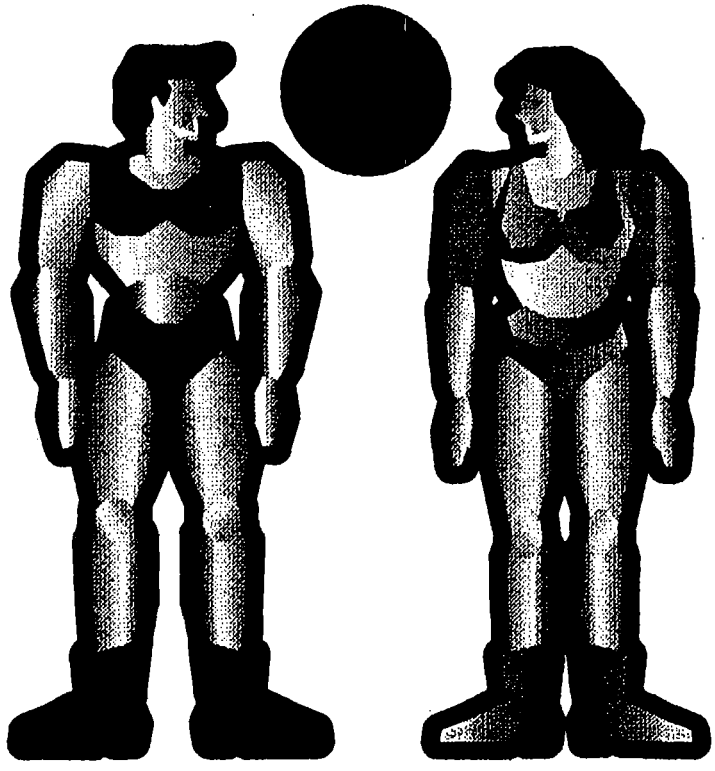


faids

AIDS FORUM JAPAN

Our the last aim is that AIDS infection person is kept to get rid of AIDS prejudice in favor.

www.nifty.ne.jp/forum/faids/



AIDS FORUM is the non- profit group which is active in computer network.

A resource of AIDS is not many to Japan. Therefore, deep-rooted, AIDS prejudice in favor and discrimination survive. Our aim is AIDS resource publication and communication. The medical care staff does communication in the community which we administer. A citizen does communication in the inside, too. NGO does communication, too. And, those men accumulate mutual information sponsored. These can be used free. AIDS forum does communication in a theme AIDS. And, we are active with various plans. AIDS information to be available with inter net is translated. The latest information is obtained in the international conference. We participate in gay pride parade.

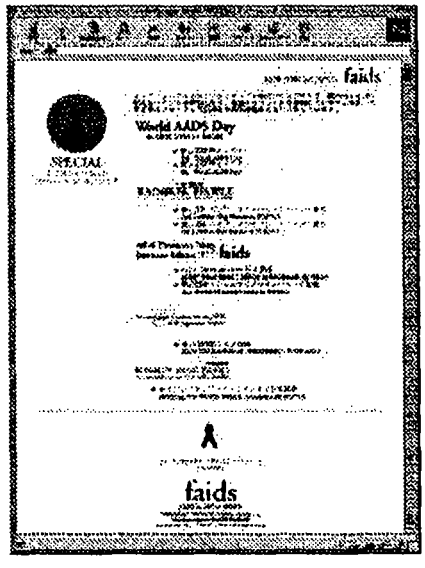
Our the last aim is that AIDS infection person is kept to get rid of AIDS prejudice in favor.

The method that AIDS forum is utilized.

faids
AIDS FORUM JAPAN

There is AIDS forum in computer network NIFTY SERVE of membership system. This is computer network of Japan maximum. Therefore, NIFTY SERVE needs to be joined to use it. But, besides communication function, even inter net can be used. A part of content is shown in English and Japanese. The AIDS resource that AIDS forum accumulated can be examined with NIFTY SERVE and inter net.

Inter net content of AIDS forum.



International Conference on AIDS@faids

World AIDS Day in AIDS FORUM JAPAN

RAINBOW PEOPLE
LESBIAN GAY BISEXUAL TRANSGENDER and HETEROSEXUAL in faids

AIDS Treatment News Japanease Edition @faids

and more content...

www.nifty.ne.jp/forum/faids/

mailto : SDI00690@nifty.ne.jp

Living with HIV/AIDS

an HIV Center (JHC) is a non-profit, non-
iental organization founded in order to
those who are affected by HIV/ AIDS in Ja-
ardless of means of infection.

provide information and educational pro-
oncerning HIV infection.

unded in Osaka in 1988,JHC subsequently
branches in Tokyo ('89), Shikoku('92), Na-
), Hyogo('95), Hokuriku('95), Oka-
i),and Sasebo('96). We have approximately
dividual members nation wide, including
service providers (doctors, nurses, social
, etc.), lawyers, counselors, business people,
ives, and students.

port not only people with HIV/AIDS, but
r families and friends, people with anxiety
to fear of infection, and generally anyone
uffering from this disease. We have opened
enters with accommodation in Tokyo and
a where people with HIV/AIDS can gather
re their experiences.

JHC ACTIVITIES

Care Support

JHC provides extensive training and staff to support the demands of a "buddy" and "peer buddy", a person who provides direct assistance to people with HIV/AIDS, either in the hospital or their home. Our care support services include counseling, nursing visit, medical social works, and recreational events such as parties.

HIV/AIDS Hotline

We provide trained hotline counselors who offer information and provide counseling concerning HIV infection and AIDS in Japanese (stationed in 7 cities) and in English.(Tokyo and Osaka). Hotline for Gay persons by Gay persons are also available in Tokyo and Osaka.

Self-Help Group

We arrange meetings for people with HIV/AIDS and their loved ones conducted by the individuals themselves so that they can share questions, information and fears. Medical specialists are invited to the meeting to provide up-dated information for them on daily life or medical cure.

Networking with Medical Specialists

We are looking for doctors and medical facilities providing primary medical care to people with HIV/AIDS, especially after hours and on weekends and holidays. Medical specialists groups are also organized within JHC.

Enlightenment of Appropriate Information to Public

Through distributing pamphlets published by JHC, sending lectures, and introducing books, video tapes, posters, and other educational materials, we try to spread appropriate information to public by grass-roots activities. In addition, study meetings are held with instructors from various fields.

Requests to Governments

Representing people with HIV/AIDS, JHC petition the Ministry of Health and Welfare and other governmental bodies concerning current situations.

HIV HOTLINE TELEPHONE NUMBERS

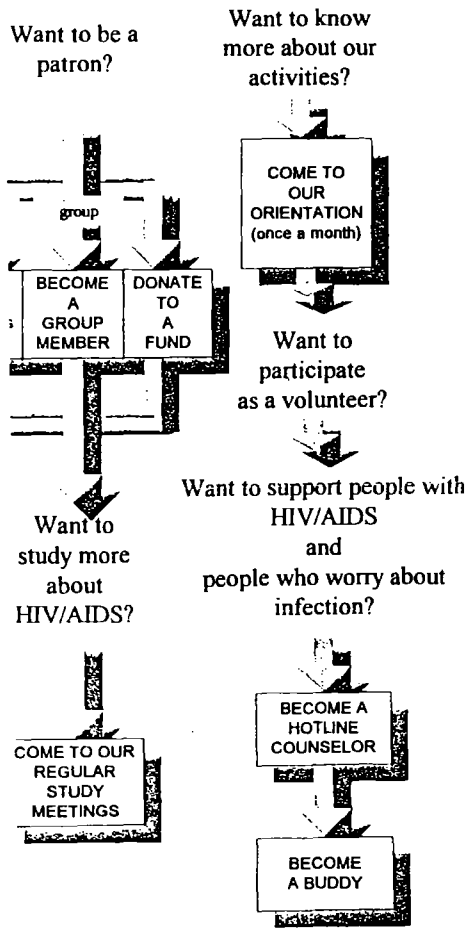
Japanese			
Tokyo	03-5259-0255	(Mon.-Fri.)	12:00-14:00
		(Sun.)	14:00-18:00
	03-5259-0750(for Gay persons)		
		(Second & Fourth Sun.)	19:00-21:00
Osaka	0720-43-2044	(Sat. & Sun.)	13:00-18:00
	0720-43-4105(for Gay persons)		
		(First & Third Sat.)	18:00-21:00
Nagoya	052-831-2228	(Sat.)	13:00-18:00
Shikoku	0899-34-1511	(Sat.)	13:00-18:00
Hokuriku	0762-35-2880	(First Sat.)	14:00-18:00
Hyogo	0798-63-2131	(Fri.)	19:00-21:00
Okayama	086-232-5990	(Th.)	19:00-21:00
English			
Tokyo	03-5259-0256	(Sat.)	11:00 ~14:00
Osaka	0720-43-4105	(Sat.)	13:00-18:00

VITY CHART FOR VOLUNTEERS

YOU WANT TO VOLUNTEER...

CALL OUR OFFICE

03-5259-0622



MEMBERSHIPS

Individual member	¥10,000
(admission fee ¥4,000, annual fee ¥6,000)	
Supporting Member	¥20,000 per year
Group Member	¥50,000 per year

For those who become members we will send you our national newsletter (published 3 times a year) and our original leaflets issued by each branch you belong to every other month (both are in Japanese).

DONATIONS

JHC Management Fund

This fund is for administrative operations and for maintaining the hotlines.

Living Center Management Fund

This fund is for direct assistance to people with HIV/AIDS. It is also for maintain the Living Centers.

Pamphlets for People with HIV Fund

We published a booklet in Japanese for those who have just been diagnosed "HIV positive", in order to relieve their fears, written by people with HIV. It is distributed to public centers and other medical organizations.

BANK ACCOUNT
Regular Deposit Account 1711795
Kanda Branch, Fuji Bank
"HIV TO JINKEN JOHO CENTER"
POSTAL ACCOUNT
Tokyo 00120-0-608388
"HIV TO JINKEN JOHO CENTER"
Osaka 00990-7-85529
"HIV ZENKOKU JIMUKYOKU".

HIV/AIDS

affects all of us

JAPAN HIV CENTER

Tokyo Branch

Tel/Fax:03-5259-0622

Kazama Bldg. 2F, 2-17-4, Tsukasa-cho,
Kanda, Chiyoda-ku, Tokyo, 101, Japan

E-MAIL KYG00425@niftyserve.or.jp

SUMMERS

1. juillet 1998

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juillet 1998

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11 00 Influencing Leaders in Asia (Session Hall III)
12 00 Culture & Community: MSM (Session Hall VI)
13 00 Ben Cheng ((Panoramique))
14 00
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16 00
17 00 AIDS, Human Rights & Action (Session Hall II)
18 00
19 00 IAVI Press Conf (Palexpo Room E)
20 00
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2. juillet 1998

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18 00 Funders Concerned (Holiday Inn Crowne Plaza, Mistral Room)

18:15-20:00 SLT to Women's mtg.

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Dinner — Paul, Pat, René et al.

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4. juillet 1998

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10 00 Sophia Chang (Villa)

11 00 Influencing Leaders in Asia (Room G)

12 00 Peter Piot - lunch (location tbd) Intercontinental Hotel

13 00 Support for Orphans (Session Hall 2)

14 00

15 00

16 00

17 00

18 00 AIDS & Media Responsibility (Session Hall III)

James MacIntyre

19 00 IAVI Meeting (Palexpo Room E)

20 00

21 00

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2. juillet 1998

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15:00 Microbicides: Towards a New Paradigm (Session Hall V)
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18:00 Funders Concerned (Holiday Inn Crowne Plaza, Mistral Room)
18:15-20:00 Women's Satellite Mtg (Room D)
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Notes

Intercontinental Hotel

The Terrence Higgins Trust

The UK'S leading Non Government Organisation in the fight against AIDS

For the past sixteen years, THT has been working to prevent the spread of HIV and to support people living with the virus.

We assist communities at increased risk of HIV infection, and people living with HIV at every stage. We provide a wide range of information and services - from health promotion materials on HIV prevention and sexual health, to on-going medical information and practical support for those of us with HIV or AIDS.

We carry out social research and keep up to date with the latest medical developments, as we are committed to making new information easily understandable.

Our resources and campaigns are renowned for their high quality, and have been used by AIDS organisations across the world.

THT has come to the World AIDS Conference to learn from other innovative groups. In turn, we are here to discuss our research and work practice over the past two years. We look forward to exchanging ideas.

- See overleaf for details.

MONDAY 29 JUNE

Biological Status: survivors vs non-progressors; long term HIV vs long term AIDS
Jonathan Grimshaw, Joint Director Health Promotion will be speaking in
Hall 3 between 5.30 - 8.00pm, as part of the Community Symposium

Gay Men: risks and community response
Colin Dixon, Assistant Director Operations, will be co-chairing this session (no. C11) in
Hall 5 at 11.00am

TUESDAY 30 JUNE

Living with the Regimen
Paul Ward, Joint Director Operations, will be speaking in
Session Room 7 from 3.00-5.00pm, as part of Adherence/Compliance with Antiretrovirals

Multiple Coping Strategies: individuals, families and organisations
Jonathan Grimshaw, Joint Director Health Promotion, is co-chairing this session in
Hall 11, 1.00-2.30pm

WEDNESDAY 1 JULY

The development of Effective Media Campaigns to Encourage Compliance with Anti HIV Treatments
Paul Ward, Joint Director Operations, will be available at the poster in
Hall 7, Track B, poster no. 32394 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

The Impact of Antiviral Treatment Combinations on the Social Care Needs of People with HIV
Nick Partridge, Chief Executive, will be available at the poster in
Hall 1, Track D, poster no. 34241 between 8.00-8.50am; 12.00-1.00pm; 5.00pm-6.00pm

Adaptation of Services to a New Treatments Climate by a UK ASO
Lisa Power, Assistant Director Operations, will be available at the poster in
Hall 1, Track D, poster no. 34322 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

Setting up a Quality Website on the Internet at Minimal Cost: a guide for ASOs based on experience
Debbie Lampon, Cyber Librarian, will be available at the poster in
Hall 5, Track C, poster no. 33474 between 8.00am-8.50am; 12.00-1.00pm; 5.00-6.00pm

The Involvement of People with HIV in Developing Government Operations and Programmes
Gary 'Jack' Scott, Health Promotion Officer: People with HIV (Primary), will give a talk in
Hall 4 between 5.30-8.00pm, as part of the Community Symposium: Positive Prevention: the role of HIV+ people in prevention

THURSDAY 2 JULY

Interventions in Public Sex Venues: an example of developing an HIV prevention project targeting gay men in England
Will Nutland, CHAPS Liaison Officer, will be available at the poster in
Hall 5, Track C, poster no. 43271 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

CHAPS: developing a nationally co-ordinated, research-based HIV prevention project targeting gay men in England
Colin Dixon, Assistant Director Operations, will be available at the poster in
Hall 5, Track C, poster no. 43309 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

Developing the UK approach to Safer Sex Work with People Living with HIV & AIDS
Gary 'Jack' Scott, Health Promotion Officer: People with HIV (Primary), will be available at the poster in
Hall 5, Track C, poster no. 43314 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

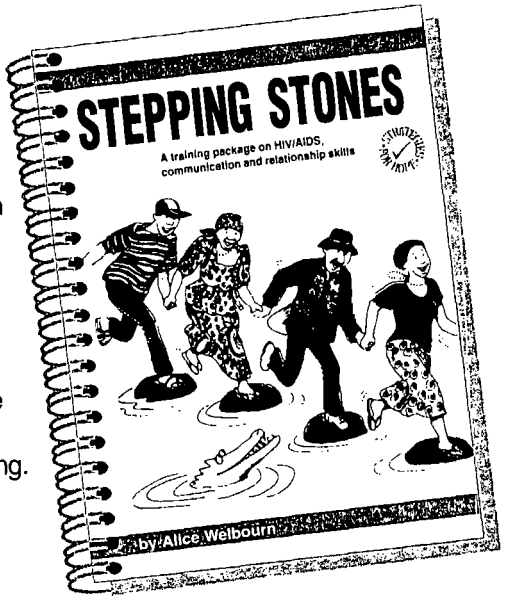
Delivering HIV Prevention Information to Young Gay Men and Bisexual Men
Richard Scholey, CHAPS Resource Officer, will be available at the poster in
Hall 5, Track C, poster no. 43329 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

The Criminalisation of HIV Transmission in the UK
Dr Matthew Weait, Legal Services Group Volunteer, will be available at the poster in
Hall 5, Track D, poster no. 44117 between 8.00-8.50am; 12.00-1.00pm; 5.00-6.00pm

STEPPING STONES

A training package on HIV/AIDS, gender issues, communication and relationship skills

- 240-page manual with numerous exercises involving roleplay and other participative methods of group learning. *(Available in English and French.)*



- 70-minute workshop video, filmed in Uganda, consisting of 15 short clips to stimulate group discussion. *(Available in English, French, Swahili and Luganda.)*

STEPPING STONES is designed to help trainers and community members organise a series of workshop sessions to help women and men explore their social, sexual and psychological needs, to analyse the communication blocks they face, and to practise different ways of addressing their relationships. The aim is to enable individuals, their peers and their communities to change their behaviour – individually and together – through the "stepping stones" which the workshop sessions provide.

Workshop sessions are held mainly in four separate peer groups, based on age and gender, each with its own trainer. The full training package therefore consists of four copies of the manual and one copy of the video.

STEPPING STONES is intended mainly for use in sub-Saharan Africa, but it may be adapted for use in other contexts.

STRATEGIES FOR HOPE materials are published by ACTIONAID, with the support of the Department for International Development (U.K.), NORAD, the World Health Organization and the United Nations Development Programme.

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PLEASE SEND ME: (Please state quantity)

☐ set(s) of 4 manuals and 1 workshop video @ £101.00

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REQUESTS FOR FREE COPIES:

If you would like to use **STEPPING STONES** in your work but cannot afford to buy the materials, please write to us to request free copies. **Please describe your organisation and your experience of training people in sexual health or HIV/AIDS-related knowledge and skills; please explain also how and with whom you plan to use STEPPING STONES, and state how many copies of the manual and video you need.** We would also be interested in knowing which materials you have found useful for training purposes in the past.

Please send your order and payment to: **TALC, PO Box 49, St. Albans, Herts AL1 5TX, UK. Fax: (44) 1727 846852. Email: talcuk@btinteret.com**

Strategies for Hope Web site: www.stratshope.org

12th World AIDS Conference

Monday 29 June

Report from Constellation - *Tony Murdoch*

Daily Press Conference 11.00

Each of the two "official" daily press conferences have a specific theme.
We will only highlight those aspects which have a direct bearing on US interests.

This morning: *Vaccines, prevention through behavioural intervention -*

Dr Neal NATHANSON spoke as the new Director of OAR.

He explained that his approach would be to take a new look at the research agenda and maintain a global (not US) view of the epidemic.

As concerns intervention research, there will be a focus on a variety of approaches. The question is, have appropriate strategies been prepared for the people in the field?

e.g. vaccines, women controlled intervention (microbicides) and behavioural interventions

Nathanson's vision will be driven by looking at the epidemic from a variety of angles.

He was then asked questions.

Q1. On vaccines - the funding on vaccines research is increasing, but funding alone will not suffice, there is need for a more coherent program

Q2. On Vax trials - these are a good base but others are needed

Q3. How much more money do you expect to have to share out?
How are you going to reconcile the different pressures for these resources within NIH?

Nathanson said he would avoid an institute by institute approach and refused to be drawn into giving any figures " the total for fiscal 99 will be a substantial amount over inflation..."
What we need is vision and leadership, so that the money is used in the most effective manner.

DURRELLE'S NewsExpress
Page 1 of 1 Page Article (BGBG0332)
Sun June 28, 1998
Appears On Page A2
Circulation: 751,000
The Boston Globe

Caesareans found to reduce transfer of HIV

AV By Richard A. Knox
GLOBE STAFF

GENEVA – Planned caesarean deliveries, when combined with standard anti-AIDS drug treatment, can further reduce mother-to-child transmission of the AIDS virus, a French researcher reported yesterday.

By administering the drug AZT to pregnant women infected with the virus, and to their newborns, doctors in the United States and western Europe have in recent years reduced by 50 percent the number of babies born with AIDS.

Still, about 500 US babies – nearly all of them African-American and Hispanic – each year acquire the human immunodeficiency virus from their mothers. The virus, which causes AIDS, is most often transmitted during the last stages of pregnancy, especially during labor and delivery.

Delivering as many as possible of these infants by caesarean section would prevent most of these cases of HIV transmission, Dr. Laurent Mandelbrot of the Cochin-Port Royal Hospital in Paris said at a briefing sponsored by the Journal of the American Medical Association, which is publishing the research this week.

The session also showcased a new test for identifying recent cases of HIV that federal officials said would give them a better picture of how the AIDS epidemic is evolving and also allow researchers to gauge the effects of very early anti-HIV drug treatment.

Until now, doctors and public health officials had no quick, inexpensive way to identify which people acquired HIV within the previous month or year, versus those who harbored the virus for longer periods.

Dr. Robert S. Janssen, of the US Centers for Disease Control and Prevention, said the new test will allow public health officials to get up-to-date information on who is getting infected and by what means. Identifying recent infections might also make it easier to trace sexual contacts and possibly break the chain of transmission – although Janssen acknowledged this will be controversial because of confidentiality issues.

"Recently infected people may be the most infectious to others," Janssen said. "We now have what we didn't have before: a way to identify the spark before it starts a fire."

The AMA session preceded today's opening of the 12th World AIDS Conference here.

The conference, last held two years ago in Vancouver, has attracted more than 12,000 people to hear 5,400 reports on every aspect of the epidemic, first recognized 17 summers ago. An estimated 30 million people worldwide are infected with HIV.

The sharp reduction in newborn HIV infections in industrialized countries has been the brightest development so far in AIDS prevention, and there will be much discussion this week of how to extend the benefits of AZT treatment to infants in poorer societies.

The French report that caesarean delivery can reduce mother-child HIV transmission is "clearly good news for women with HIV," Mandelbrot said. But he acknowledged that it would not benefit millions of women in countries that cannot afford surgical deliveries – nor would such operations be safe for women in much of the world.

"Even in urban hospitals in most parts of Africa, maternal mortality and complications associated with caesarean section is extremely high," Mandelbrot said. "But there are a lot of places where this can be done safely."

French researchers studied 2,834 pregnancies, in which 902 of the women received AZT treatment before and during delivery and their babies got the drug for six weeks. Among cases not receiving the anti-AIDS drugs, 17 percent of the infants became infected.

Women and babies who got AZT reduced the infection rate to 6.4 percent, echoing earlier studies. But when researchers considered the type of delivery, they found that nearly 7 percent of vaginally delivered babies became infected compared with 11 percent of those delivered by emergency caesarean section and only 0.8 percent – one infant out of 133 – delivered by planned caesarean.

The benefit of caesarean delivery, Mandelbrot said, apparently depends on doing the surgery before the mother goes into labor and before membranes surrounding the fetus and amniotic fluid have spontaneously ruptured.

"We can't promise to reduce transmission to below 1 percent," Mandelbrot said. "By 38 weeks, 20 percent of women will have delivered spontaneously." Scheduling a caesarean earlier would run the risk of delivering the infant prematurely.

13419

COLLAPSE STORY PREV STORY

USA TODAY

Urgent AIDS message: More vaccine testing

06:05:19, 29 June 1998

From USA TODAY, DATE: 06/29/98 By Steve Sternberg

GENEVA – Software billionaire Bill Gates has given AIDS vaccine research a $1.5 million shot in the arm, endorsing a global strategy to step up the slow pace of progress.

Worldwide, 30 million people are infected with HIV, and 16,000 more become infected each day. Despite recent successes in the treatment of people with AIDS, researchers have failed to produce the breakthrough that will halt the global scourge.

``We're 17 years into the epidemic,'' says Seth Berkley, president of the International AIDS Vaccine Initiative (IAVI). ``We've tested 40-odd vaccines in humans for safety. And no vaccine, until last week, had ever been tested for effectiveness anywhere in the world. That's scandalous.''

A three-year, 30-city trial of VaxGen Inc.'s AIDSvax began last week.

The new strategy, released Sunday here on the opening day of the 12th World AIDS Conference, sets forth a plan to jump-start vaccine research.

Called a ``Scientific Blueprint for AIDS vaccine development,'' it was drafted by the 2-year-old, nonprofit IAVI to stem the pandemic.

It will put the funding toward vaccine research and estimates it'll cost $350 million to $500 million above what is now spent on such research. In 1998, the National Institutes of Health spent $153 million, 9.5% of its AIDS budget, on vaccine research.

IAVI favors a shotgun approach to vaccine testing – beginning clinical trials with multiple vaccines in an effort to gauge which offer the most promise. Margaret Johnson, the organization's scientific director, says much can be learned from such studies that can't be learned in the lab or animal tests.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, objects to the report's ``indirect criticism of the rate of government progress,'' but says the report contains suggestions that ``make good sense and are important.''

GNviaNewsEDGE

Received by NewsEdge Insight: 06/29/98 06:05:19

STORY TOP

BRIDGING THE GAP

STATISTICS AT THE12TH WORLD AIDS CONFERENCE

AS OF FRIDAY JUNE 26TH

	NORTH		SOUTH		TOTAL
Registrants	9694	(77%)	2892	(23%)	12586 (100%)
Press	923	(89%)	115	(11%)	1038 (100%)
Accepted Oral Abstracts & Posters	2955	(59%)	2045	(41%)	5000 (100%)
Scholarships	294	(30%)	687	(70%)	981 (100%)
Non Abstract Speakers	319	(67%)	154	(33%)	473 (100%)

BURRELLE'S NewsExpress
Page 1 of 1 Page Article (WTW200ST)
Sat June 27, 1998
Appears On Page A3
Circulation: 72,215
The Washington Times

Global conference to focus on new tactics against HIV

By Ruth Larson
THE WASHINGTON TIMES

Researchers and public health authorities will gather next week in Switzerland to share the latest advances in fighting HIV and AIDS at the World AIDS Conference.

The conference is expected to focus on new drug treatments to slow the progression of the disease, strategies to combat drug-resistant strains of HIV, the virus that causes AIDS, and tracking the spread of the disease worldwide.

Researchers also will examine how to deal with a growing number of HIV-infected patients — many of whom have successfully kept the disease at bay through medication — and an emerging complacency in the United States now that the epidemic has been slowed.

"While the tendency may be to relax in the assurance that we've made remarkable progress in a very short time, the danger of complacency is perhaps greater than ever before," Dr. Helene Gayle of the Centers for Disease Control and Prevention said in a statement. "This epidemic is far from over."

While the number of new AIDS cases in the United States is declining, according to CDC figures, the number of people infected by HIV is growing. Breakthroughs such as AIDS "cocktails" — potent combinations of antiretroviral drugs — have helped slow the rate of deaths from AIDS, as well as braking the progression from HIV infection to full-blown AIDS. As a result, more Americans than ever before are living with HIV.

Still, AIDS is the second leading cause of death among Americans between the ages of 25 and 44. The disease is the leading cause of death for blacks in that age group.

Despite medical advances, other problems loom. Thousands of Americans, for example, remain unaware that they are infected with HIV until they are diagnosed with an AIDS-associated illness.

"Research to be presented this week will clearly document that prevention can work and that it can save not only lives but dollars," Dr. Gayle said.

The situation in the rest of the world is far less encouraging. A U.N. report released this week said 30 million people worldwide are infected with the AIDS virus, 21 million of whom are in Africa.

Today, on the eve of the conference, the American Medical Association presented the results of new research, to be published in the July 1 issue of the Journal of the American Medical Association. Among their findings:

• A combination of three drugs, taken simultaneously, suppressed the HIV in 78 percent of patients for at least two years. The three drugs — indinavir, zidovudine (AZT) and lamivudine — were much less effective when used sequentially over a series of months, when the virus was suppressed in only 30 to 45 percent of patients.

Taking the three drugs simultaneously also reduces the chance that a drug-resistant strain of HIV will emerge, a common reason why many other anti-HIV therapies fail.

• The CDC in Atlanta has developed a simple new blood test to identify individuals recently infected with HIV. Previous antibody tests could not distinguish between newly infected individuals and those who had been infected for longer periods.

The new test will enable public health officials to better track the spread of the disease.

• New research confirms that early use of potent antiretroviral drugs is the most effective approach in suppressing the virus. There are now more new drugs available than ever before, but early treatment is crucial, before a resistant strain of the virus can develop that defeats even the most powerful drug combinations.

• HIV-positive pregnant women can reduce the risk of spreading the disease to their newborns by undergoing AZT therapy while they are pregnant and then delivering by Caesarean section. Normal, vaginal deliveries carry a five times greater risk of HIV transmission to the infants than those born by Caesarean.

Guardian 29/6

Aids vaccine research given 'fast track' boost

Sarah Boseley
Health Correspondent

MICROSOFT billionaire Bill Gates, Levi Strauss and the Government are leading the way in donations for the development of an Aids vaccine by the year 2007, it was announced at the start of the 12th World Aids conference in Geneva yesterday.

Although Levi Strauss has not revealed its contribution, Mr Gates has stumped up $1.5 million (£904,000), and the Government £200,000 from Claire Short's Department for International Development.

The gifts are being hailed as the first significant commitments from an individual, a government and a corporation towards an organised international effort to develop a vaccine which is the best hope for the 16,000 people infected with HIV every day. Ninety per cent of those live in the developing world, where drugs that have proved so effective in normalising life with Aids in the West are prohibitively expensive.

The conference yesterday saw the launch of the International Aids Vaccine Scientific Blueprint — a strategy to get money into the right labs for research on a vaccine and trials started in blackspots.

In a statement the International Aids Vaccine Initiative, the charity behind the blueprint, said: "Scientists believe that a vaccine is possible; however, so far, vaccines have not been a priority."

The pharmaceutical industry is reluctant to invest heavily in a project that may not bring vast rewards, as there is no money in the developing world to yield the returns its says it needs for the high costs of research.

"The world is not on track to meet the goal of a safe and effective Aids vaccine in the next decade," said Margaret Johnston, its vice-president for scientific affairs. "This programme will not only put us back on track; it will put us on a fast track."

The blueprint recommends the creation of between three and six "international product development teams" which will to speed the testing of promising vaccines in areas where there are Aids epidemics, and to promote links between scientists in the developed and developing world — as well as ensuring it is those in the developing world who benefit once vaccines are ready.

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ght easy ways to lose your shirt in stocks. 8A.

ORTS: Tab Ramos and Alexi Lalas, members of soccer's old guard left France, with pointed criticism oach Steve Sampson. 1B.

essure on Lightning's No. 1 draft pick. NHL draft. 4B.

seball makes pitch for its own World Cup. 5B.

E: French Polynesian islands such as Tahiti and rea are experiencing a sea of change. 7B.

EATHER: **Europe:** Rain British Isles, Norway, den; showers Benelux regions, Germany, Belarus, aine, Baltics, Romania. **Asia/Pacific:** Showers south- Japan. east-central China; thunderstorms Thailand, , Cambodia, Vietnam, Malaysia, Philippines, south- ral China, Nepal; monsoonal rain India, Bangladesh; vers Australia. **USA:** Thunderstorms Northeast, Mid- ntic, Gulf Coast; hot Southwest. Color maps. 10A.

tten by Jennifer Stout

Inside USA TODAY 2 SECTIONS

Vol. 16, No. 200 27

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side sations with your accountant would be protected under a new privilege established in the Internal Revenue Service overhaul bill that recently made it through the House of Representatives.

The bill, which passed last week 402-8, is expected to clear the Senate after Congress' July 4 recess. President Clinton has said he would sign the popular measure.

Under the provision, taxpayers could receive tax advice without having to worry that their accountants might later have to testify against them in big law firms. Lawyers who do tax work already enjoy attorney-client privilege.

"It will mean big accounting firms getting business away from law firms and maybe people like me sleeping easier at night," says Long Island accountant Steven Gargiulo.

Lawyers fought extending confidentiality to accountants. "The legislation is ill-advised," says Jerry Shestack, president of the American Bar Association. "I don't think it promotes law and order."

The accountant-client privilege would be limited to tax fore the IRS.

It would not cover tax advice given by a financial planner who is not a CPA or an enrolled agent. Nor would it cover documents connected to the preparation of a tax return.

But many details about when the privilege could be asserted remain murky and probably would have to be resolved in court.

Accounting firms lobbied hard for the change. They have stepped up campaign contributions in recent years to have more influence in Congress.

The industry contributed big to the Democratic National sive Politics.

The Clinton administration opposed the accountant-client privilege.

Although the privilege would not cover criminal cases, Treasury Department officials expressed concern that it would "inhibit the investigation of the types of civil tax matters that often lead to criminal tax referrals."

The privilege is just one of many provisions in the IRS bill, which is designed to improve IRS management and protect taxpayers from abuse.

Gates contributes $1.5 million to AIDS effort

By Steve Sternberg
USA TODAY

GENEVA — Software billionaire Bill Gates and his wife have given AIDS vaccine research a $1.5 million shot in the arm, endorsing a global strategy to step up the slow pace in stopping the disease.

Worldwide, 16,000 people become infected with HIV each day. Despite recent successes in the treatment of people with AIDS, researchers have failed to produce the breakthrough that will halt the global scourge.

"We're 17 years into the epidemic," says Seth Berkley, president of the International AIDS Vaccine Initiative, a 2-year-old nonprofit organization. "We've tested 40-odd vaccines in humans for safety. And no vaccine, until last week, had ever been tested for effectiveness anywhere in the world. That's scandalous." A 3-year, 30-city trial of VaxGen's AIDSvax began this week.

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IAVI favors a shotgun approach to vaccine testing — beginning clinical trials with multiple vaccines in an effort to gauge which offer the most promise. Margaret Johnson, the organization's scientific director, says much can be learned from such studies that can't be learned in the lab or animal tests.

More than 30 million people worldwide are infected, 21 million of those in Africa, according to a new United Nations report. In Zimbabwe, 1 of every 4 people is are infected. In India, 4 million people are infected. In Asia, 6 million people carry the virus. And in the USA, 860,000 people are living with HIV or AIDS.

AndThere's no end in sight, the IAVI report says.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, says, objects to the report's "indirect criticism of the rate of government progress," but says the report contains many suggestions that "make good sense and are important."

"Melinda and I are committed to building a future in which AIDS is part of the past," Microsoft founder Gates says in a statement.

in public with Jia

"For all of our a still disagree abou of what happened said. "I believe a can people believ of force and the tr was wrong."

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at statistics that shape the nation

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e Berlin Airlift began on June 26, 1948, after the Soviets cut ied ground access. It was the besieged city's source of food, al and supplies until September 1949[1]:

1 – On May 12, 1949, the Soviets began restoring access and airlift operations officially ended Sept. 30.

Where computers, people unite

By M.J. Zuckerman
USA TODAY

CAMBRIDGE, Mass. — Within sight of the Charles River and venerable Fenway Park, there is a place drawing together some of the best minds of the information age to chase the future.

Along the way, they serve up groundbreaking technologies and elegant intellec-

milk is about to turn. There's money that can't be counterfeited and computerized sneakers that can transfer a digital business card from one wearer to another

COVER STORY

when they shake hands.

While some of this sounds frivolous — more toy than tech — all are at the heart

cutting edge of computing in media — publishing, broadcast and motion pictures — it now seeks to weld computing with the whole physical world, creating a seamless interaction of bits and atoms in everyday life, the arts and society.

"People tend to think of the humanities and sciences as two separate boxes," says John Maeda, a graphic arts professor at the lab. "But someday, not very