THE BRIDGE

Delegates can visit the cultural programme "sanctuary" in Hall 2 above the NGO exhibits.

Véronique Nosbaum

India: Policy slows efforts

In government documents the AIDS epidemic in India is referred to as being in its early stages, but Radhika Ramasubban disagrees. "This, I believe, is a euphemistic description of an epidemic whose real epidemiological and social dimensions are still inadequately understood 12 years after the first case of AIDS was isolated in India," she said at a session on the role of politics in policy making.

What does this position of a country with three million people living with HIV have to do with politics? Quite a lot, at least where implementation of programmes concerning HIV prevention is concerned, she says.

In her work at India's Centre for Social and Technological Change, Ramasubban is frustrated that AIDS has not received recognition as a priority problem from the Indian government.

"In the 1980s when Africa was [the central focus of] AIDS, India on the other hand took refuge in postures of denial on the grounds that AIDS was a foreign disease," she said.

Upcoming

Harm reduction for IDUs: Community, family support key

Session C36 later today will discuss the roles and challenges of community-level HIV/AIDS treatment and prevention initiatives for injecting drug users (IDUs) in Lithuania and Bangladesh.

"Over the past five years, the number of IDUs in Klaipeda, Lithuania, has grown rapidly," said psychiatrist Alexandras Slatvickis, head of the city's Addiction Treatment Centre. A methadone maintenance treatment programme was set up in 1995, but when the first HIV-infected IDU was identified in September 1996, it was clear that a more direct approach was needed to control the spread of HIV/AIDS, Slatvickis told *The Bridge.*

The city's first drop-in centre for IDUs opened in May 1997, offering anonymous needle exchange, counselling on safe drug use, safe sexual behaviour and HIV/AIDS, and distribution of condoms and information leaflets. The centre is staffed by three former IDUs, who are now drug-free and work as counsellors.

Today, there are 35 registered HIV-infected IDUs in Klaipeda, compared to almost 2,000 in Kaliningrad, Russia, the neighbouring region to the south. Although it is still too early to measure the programme's success, said Slatvickis, it is being very well received by local IDUs.

Rajshahi, Bangladesh, an urban area near the Indian border, has also been battling HIV/AIDS among its IDUs. Here, the problem has been compounded by a lack of community support and educational programmes, cultural stigmas towards IDUs and proximity to the Indian border, where drugs are easily available and cheaper.

In 1996, HIV/AIDS STD Activities in Bangladesh (HASAB) redesigned a traditional detox programme by providing support to SHEASS, an educational centre addressing the community's needs. The centre now offers community outreach to IDUs and their families, needle exchange, condom distribution, and treatment for STDs and injection-related infections.

"It is essential to incorporate the whole community to make them aware of IDUs, change their attitudes and gain their support," Mahbooba Akhter Kabita, social worker and HASAB Programme Coordinator, said in an interview.

"Now that the community recognises they need its help, they work to keep it running," she said, although there are still obstacles: "Our clients are primarily men. Women aren't likely to come forward due to social stigma." IDUs within the community are often ostracised, but "women in particular are very discriminated against in our culture."

Sanctuaries: Truth or fiction?

Puzzling results in HIV-1 patients receiving highly active antiretroviral therapy (HAART) suggest the possibility of a drug sanctuary, a tissue where drugs do not penetrate, said Avidan Neumann, of Bar-Ilan University in Israel.

In an oral session yesterday, Neumann noted that only two phases of HIV RNA decline had previously been observed. But when he took daily plasma samples during HAART using an ultrasensitive assay, he was able to resolve the decay curve into four components. A biological basis for this finding is not obvious. "It is not so probable to have four types of infected cells," Neumann told The Bridge.

Decay rates were found during Project Comet, a collaborative effort with French workers that included a controversial one-week interruption of therapy. Interruption is complete and abrupt, to prevent development of resistance. The pattern of viral rebound after stopping therapy shed light on the four-phase anomaly.

"There was a four- to ten-day delay before plasma viral load increased," Neumann said. Mathematical analysis suggests a possible explanation: a drug sanctuary that gives a low level of HIV RNA. With HAART, virus replication from productively infected cells would be much lower. After therapy interruption, viral rebound would not be evident until it rose above this level.

But Richard Harrigan, at the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, Canada, questioned the sanctuary hypothesis. "It may not be necessary to invoke sanctuaries to explain a delay in rebound," said Harrigan, who found a similar delay in viral rebound in six patients who stopped therapy. "Incomplete suppression of viral replication could also explain the observations."

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