### **STDs**

# The road from Kathmandu to India

To tackle a growing problem of sexually transmitted diseases, clients, mostly poor women. Nepal's largest health services NGO recently added STD treatment, prevention and counselling to one of its key family planning and maternal and child health clinics.

This has turned out to be a costeffective way to deal with the STD problem, Yagya B. Karki, head of the Family Planning Association of Nepal (FPAN), told Monday's session on access to STD diagnosis and treatment. The integrated service, called the FPAN Chitwan

The Bridge is the official daily newspaper of the 12th World AIDS Conference. It appears each morning of the Conference, to provide a snapshot of onsite sessions and a forum for discussion of key Conference issues.

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"When you go to an integrated clinic that includes family planning services, people do not frown on you," Karki added. "So STD clients can maintain confidentiality and privacy.

HIV prevention measures - brochures and free condoms, for example - are now routine. In the past, there was no such service and no STD treatment available, even though Chitwan is a crossroads for commercial sex.

As trade routes have opened up to neighbouring India, men from the capital Kathmandu and other regions have travelled by road through Chitwan, across the border in search of work. Growing promiscuity has pushed up STD rates, said Karki. At the same time, many wo-

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men have been forced by economic realities into the sex trade to support their families, despite the high value that most Nepalese place on sexual fidelity.

FPAN recently applied the integrated approach to two other smaller clinics in other regions, and will do the same in seven others over the next seven years.

G.P. Poumerol of the WHO's gonococcal susceptibility surveillance programme (GASP) presented data on the resistance of gonorrhoea to antibiotics in the Western Pacific. The region, including China, has some 60 million cases of the STD.

Resistance to quinolone is on the rise, Poumerol said, and some strains of gonorrhoea aren't vulnerable to any form of the antibiotic. There is also emerging resistance to tetracycline. No resistance has been observed, however, to third-generation cephalosporins, and very little has been seen in spectinomycin. Penicillins are rarely used in the region, as resistance has been widespread for some time.



After opening night festivities, delegates nap where they can between sessions.

# **Plenary**

From page 1

variability among strains of the HIV virus. "Success in a functional vaccine will be measured by its ability to produce sterilising immunity, as well as a reduction in viral production" and prevention of disease.

Studies on macaques have shown that subunit vaccines need further development and that viral vectors or combination vector/subunits work better. Also, as we keep hearing, attenuated viruses, while more efficient, have serious safety issues.

Wigzell said DNA vaccines represent the best hope so far, noting that none of the vaccines mentioned have progressed beyond early phase clinical trials.

"The upcoming Thailand Phase III trials are quite justified to perform," he stressed, referring to the VaxGen trial that has just begun. "Several different mini-trials should be begun, in specialised populations such as newborns and infected mothers. If we don't begin now, we will have to wait decades.

# Are you a chicken or a dinosaur?

housands of barnyard animals ■ and prehistoric beasts will be roaming the halls of the 12th World AIDS Conference this week, thanks to a special promotion dreamed up by organisers of the Community Rendez-Vous. But there's no need to call in the animal control authorities (or the resident paleontologist).

A special booth in the Community Village is offering two types of badges for Conference delegates. If you've attended two or more World AIDS Conferences, or have been working in HIV/AIDS since the 1980s, you're entitled to a dinosaur pin. If this is your first time, you're a chicken.

The booth is intended to link conference and HIV/AIDS veterans with those new to the international conference series or to AIDS. "If you're a lost little chicken, you go ask a dinosaur," suggests Community Planning Committee Chair Robin Gorna.