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Editorial

HIV and AIDS: the global perspectives and the challenges for Nepal

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HIV has reached a crisis situation and efforts greater than the crisis itself are required to make it retreat. It is an alarming fact that the virus has already infected more than 40 million people around the world and thousands more are getting infected every day. In Nepal alone it is estimated that more than 60000 people are infected and the condition can soon progress to a generalized epidemic from the current state of concentrated epidemic in the high risk population. In Asia 8.2 million people are infected with HIV, and 1.2 million people wee newly infected in the past year, Number of females living with HIV and AIDS has increased by 56% since 2002. The infection claimed 540,000 lives in Asia in 2004[1].

"The National HIV / AIDS Strategy (2002-2006)" was designed to guide the expanded response to the HIV epidemic in Nepal. The guiding principles of the National Strategy include multi-sectoral involvement, political commitment, civil society involvement, stigma reduction, prevention to care continuum and human rights based approaches. The priority areas identified in the national strategy are prevention of S.T.I. and HIV among vulnerable groups (sex workers and their clients, injecting drug users, mobile populations, men who have sex with men), prevention of new infections among young people, ensuring care and support services, expansion of monitoring and evaluation frame, establishment of an effective and efficient management and implementation mechanism. It is known that policies must reinforce programme success and political commitment must be reflected in strengthening the programmes. Although the strategy addresses a wide range of programme issues, its implementation is yet to be effective[2].

The global lessons that have been learnt so far indicate that one model of successful programme does not fit all, but based on the experiences of the past ten years or more we have enough knowledge of different models that are suitable for different settings. In resource poor settings, the important agenda should be to scale up programmes by learning from successful models. Human resource capacity, community participation and education are some of the issues that we must address urgently. The human rights approach demands that resources be made available where the problems are. Contrary to the widely held belief "I am not at risk", or "it is not my problem" existing in our society till today, evidences have shown us that HIV affects all, regardless of their caste, creed, gender or socio economic status. Poverty, ignorance, diverse socio cultural setup, mass migration of people due to the conflict situation in the country and above all an open border with India, the country with the second largest number of people infected with the HIV, all pose a serious challenge for HIV prevention efforts in Nepal. Given our existing medical and public health infrastructure, the challenges of effective prevention and care are even greater. It has been seen that AIDS destroys countries and saps their vitality as teachers, health professionals and businessmen die. Loss of civil servants weakens core government functions and threatens security. We must urgently address the issues of HIV prevention and care to avoid this catastrophe[3].

Due to the challenges faced in the vaccine trials as a result of the molecular evolution of recombinant forms of the virus and its replication capacity, it is highly unlikely that vaccines will be available in the near future, On clinical research at least twenty new drugs and their different combinations are being studied. The issues of cost, resistance patterns and access are still of major concern. Increased coverage and access of drugs to the people in need of therapy is addressed through 3*5 initiative of WHO/UNAIDS to some extent. It is encouraging that even the cheaper drug combinations offered through this initiative shows an odds ratio of death to be 0.7 in groups of patients treated.

The prevention message: ABC (abstinence, be faithful, condoms) has not been found be effective as the risk environment is diverse and the underlying issues of prevention are complex. With about 50% of new infections occurring in women globally, the need for women controlled methods of prevention and the need for effective microbicides that could be used as vaginal applications is increasingly being identified[4].

While the developed world is dealing with issues of virology, immunology, vaccines and anti retroviral drugs, we in the developing world are still struggling with increasing access to prevention and care. Lack of adequate information about the virus and the myths and misconceptions surrounding it, the perceived risk of possible self infection, in addition to the widely held belief that people infected with HIV are "bad or immoral" generates stigma against people living with HIV and AIDS. It is known that education of the common people, enhancement of feelings of empathy and compassion, and economic empowerment of people living with HIV / AIDS are ways of minimizing the stigma.

We as doctors not only have a role in treating the HIV Positive patients with empathy, compassion and proper care without discriminating against them but also in ensuring that political leaders fulfil their commitments to put forward significant resources and support in tackling this catastrophic pandemic. It is not sufficient to have good policies and programmes in papers, but the challenges that have been identified in their implementation must be addressed urgently.

The gap between the understanding of the issues by the medical community and the public health system must be minimized as soon as possible. Nepal Medical Association must advocate for effective prevention of the infection and care of people infected and affected with HIV, and take a lead role to collaborate with the government for ensuring effective implementation of the programmes. Our efforts must move with a faster pace, a pace that is much greater than the spread of the epidemic itself.

References

1. Asia Fact sheets 23/11/2004. UNAIDS Epidemic Update 2004/1,
2. National HIV/ AIDS Strategy (2002-2006) Nepal, Jan 2003. HMG of Nepal, Ministry of Health, National centre for AIDS and STD Control.
3. Access for ALL. XV International AIDS Conference Bangkok, 11-16 July 2004
4. D Logie, Global AIDS, The Journal of Royal College of physicians of Edinburgh, Vo134, Number 4, 2004.
