

AIDS in India June 27, 2003

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NARRATOR: Dr. Suniti Solomon diagnosed the first AIDS case in India in 1986. Today, her practice in the southern city of Chennai is a barometer of what may be the world's largest HIV epidemic, at least in raw numbers.

DR. SUNITI SOLOMON: I used to roughly see one new patient a week at that time. Today, I see at least five to six new patients a day. And, our outpatient has 40 to 50 patients coming in. So, that will give you a range over ten years how the numbers have multiplied.

NARRATOR: Officially India has four million HIV-infected citizens. But, Solomon and others believe the number could be as high as ten million.

And, a Washington based national intelligence counsel has projected that in just seven years, India could have 20 million people living with HIV/AIDS. India's government, though, disputes this vigorously.

And, perhaps more than most nations, India's response has been slowed by social traditions and class consciousness.

DR. SUNITI SOLOMON: Because the first six infections which we detected in Chennai for the whole country were in prostitutes. So, the message which went out is, 'It's a disease of the prostitute.' Just like in U.S., it was a disease of the gay community.

So, I always tell people, if HIV was first detected in a baby, we would never have had the stigma today what we have.

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Or, say, through blood transfusion.

NARRATOR: The AIDS epidemic did begin in the red light district of Bombay, India's commercial capital. And, it garnered most of the early attention thanks to this man, Dr. Ishwar Gilada, with his trademark safe sex sermons.

Today, Dr. Gilada says the results are a mixed bag.

DR. ISHWAR GILADA: The growth in urban areas is a little bit stabilized, and growth of HIV in rural areas is increasing. That is a dangerous sign, because about 70% of the country's population is rural population. There's a lot of migration between urban and rural.

Most of the people in Bombay have access to information, access to [unintelligible], access to going to doctors for a checkup and also get HIV test done. Which is not so in rural awareness.

NARRATOR: And, awareness about AIDS is frequently sketchy, at best.

DR. SUNITI SOLOMON: Most of the people think this disease is a disease of prostitutes or truck drivers so, 'It can't happen to me.' And, that is one major reason why I think the infections are spreading.

I think the people who are most effected in India are the women. Eighty percent of women who come to us who are infected have a single partner, and that's their husband.

NARRATOR: Bhagya Lakshmi is 38, HIV positive and a

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widow. She's raising two young girls and supporting her elderly mother. Her husband died four years ago of age, which he contracted from a sex worker.

(INTERPRETER FOR) BHAGYA LAKSHMI: Soon after our marriage, we had a lot of problem. He stopped working. He was drinking. He used to hit me. But, the one thing I'm really happy about is that he told me the truth when he took the HIV test. That has helped me prepare to deal with it.

NARRATOR: The truth about sexual mores and the fact that HIV is spreading in upper rungs of India's ladder society is rarely discussed in public. It's made it hard to craft media campaigns.

[COMMERCIAL]

NARRATOR: This television spot was commissioned by the Charitable Trust of the BBC World Service. A father must confront the reality of his son's sex life, but it was quickly pulled off the air. AIDS advocates say such actions feed the widespread denial.

NAFISA ALI: In the land of the Kama Sutra, land of a billion, a land where every man can do what he wants, it's very macho to go and have a relationship out of your family based relationship. Don't parents think that this is a problem for young people, too?

I work in the red light areas. I work and I have seen school kids there.

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NARRATOR: Nafisa Ali recently opened an AIDS care center in Delhi, one of a handful in the country. A former movie star, Ali is an exception in Bollywood. India's huge influential film industry has been largely mum on the issue of AIDS.

DR. SUNITI SOLOMON: I did talk to a very forward thinking, like, director. And he said, 'Sure, I'll make a movie.' And, he made a movie called Midawn [misspelled?] where he - I don't know if you've seen it. And, there they got a 16 or 17 year old girl infected with HIV.

And, then - and, when he brought it to me to, you know, for my review, I said, 'Why did you get her infected through blood? You should have got her infected through sex.' He said, 'No. That's not our culture.'

You see? So, they are willing to get somebody infected through blood, not through sex. I said, 'But, that's what is happening.' Today in India, if you see, more than 80% of our infection is through sex. And, only 6% is through blood.

NARRATOR: Others believe the denial extends throughout government.

DR. ISHWAR GILADA: From top to bottom, there is no ownership. The government of India has not spent one rupee, or one dollar on HIV/AIDS program.

NARRATOR: Money spent on AIDS, he says, has come from international loans and, in recent months, grants; \$100 million

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each from the Global Funds to fight AIDS, tuberculosis and malaria. And, the Bill and Melinda Gates Foundation, with its largest single grant to any country.

Meenakshi Ghosh, who heads the government's AIDS effort, admits India was slow to get off the ground, but she insists it has turned a corner.

To begin, Ghosh says an exhaustive survey is under way to get definitive, accurate HIV numbers which are critical in designing a response.

MEENAKSHI GHOSH: We are ourselves concerned that our figures should be robust. And, that the methodology adopted should be those which have been tried and tested.

India is such a vast and complex country. It's a sub-continent, not a single, you know, country like France or Germany or something like that.

So, the result is that we don't, in fact, have one epidemic; we have several epidemics which are running simultaneously. But, each of them have their own distinct, you know, vulnerability. They are at different stages of maturity, and they have different impacts. And, that makes the challenge of disseminating information and generating awareness that much more complex.

NARRATOR: Ghosh points to a new, more socially acceptable T.V. campaign. It is gaining huge audiences in the populous north where, so far at least, HIV rates are still low.

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AIDS messages are integrated into a new, weekly detective series called [unintelligible] Vijay, or Detective Vijay.

[TELEVISION VIDEO CLIP]

MEENAKSHI GHOSH: Factual messages on HIV/AIDS and the dangers of high risk behavior and the need to practice safe, you know, social infection behavior is being talked about at prime time. So, it is definitely beginning to change and, you know, in a meaningful way, not just, you know, a flash in the pan kind of thing.

NARRATOR: Ghosh says the government is working more closely with non-government groups and the private sector, especially under terms of its Global Fund grant. She says one key focus will be on preventing mother to child transmission of HIV.

MEENAKSHI GHOSH: Every girl - over 92,000 HIV positive mothers give birth to babies. And, more often than not, they are HIV positive unless they have, you know, we have interceded with medication. And, these are registered but, there may be many more which are unregistered.

NARRATOR: Global Fund dollars will also be used to develop pilot projects to bring anti retro viral drugs to HIV patients.

DR. SUNITI SOLOMON: So, now these are some of the drugs here. This is three drugs in one. It's known as

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Trimune. It costs roughly about \$32.00 a month, which is also a lot of money for most of our patients.

MALE VOICE: That's almost the annual income of the average Indian person?

DR. SUNITI SOLOMON: Right. Yeah.

MALE VOICE: And, it's still a fraction of what the cost is in the West.

DR. SUNITI SOLOMON: Yes, definitely. But, even then it's too much.

NARRATOR: Dr. Solomon will use grant money in an enterprise that will provide the drugs to patients at prices based on their incomes.

DR. SUNITI SOLOMON: It's actually a public/private partnership, where the private is the drug company. The generic drug company would sell drugs to us at cost price to treat 1,000 patients. And, we would give out of the 1,000 - 20% will be the rich, who will pay for the drugs.

And, then the next slot, which is the middle-income group, will pay 50%. And, then the lower middle-income group will pay 25%. And, the very poor, below the poverty line, would pay - wouldn't pay anything; it would be free.

You know, so the money which comes from this would be circulated and we'll repeat it in five years; it becomes sustainable.

NARRATOR: If successful, the program could greatly

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expand access to the life sustaining drugs. Bhagya Lakshmi will likely be an early beneficiary of the pilot project.

(INTERPRETER FOR) BHAGYA LAKSHMI: I'll be happy just to live long enough to see my girls marry. I haven't needed anti retro viral therapy yet. My CD4 cell count has been good so far.

NARRATOR: With HIV diagnosis no longer a death sentence, Dr. Solomon predicts more people will come in earlier to be tested.

DR. SUNITI SOLOMON: The minute you say HIV doesn't kill, it's become a chronic disease, we can treat it just like diabetes or hypertension, you know, people will think, 'If I'm at risk, why not take advantage?'

And, also when we do awareness at that time, we are going to say, 'Look, the earlier you come for management of your condition, you'll have a better quality of life. You may start on drugs later.' So, people will come forward.

But, then there is the flip side of it - is if we start saying, okay, it's not any more a killer disease, you know, it's become a chronic disease; we have drugs, then people can become less complacent, have more risky behavior. So, you know, you have to balance both of these properly if you want to give the right message to the community.

NARRATOR: There's also hope that relegating AIDS to just another chronic, manageable disease will remove some of

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the stigma, and encourage frank discussion. That is something that a globalized India's children are increasingly ready for, as Dr. Solomon learned in a recent sex ed class.

DR. SUNITI SOLOMON: And, some child in the group wrote out on a slip of paper and said that HIV is spread through blow job, and I had no clue what blow job was, because we are not used to all these words. But, you know how much our kids know about this.

And, then I had - I was just looking blank and then a girl quickly wrote out on another slip saying oral sex and she sent it up to me, so I knew what that meant.

MALE VOICE: So, the kids are teaching you --

DR. SUNITI SOLOMON: They were teaching us.

MALE VOICE: -- you know -

DR. SUNITI SOLOMON: And, when the management - and, this was in a convent, a Catholic convent. When the management heard this, they were shocked. And, then after the program was over and they walked up to me. I was a little worried, you know, 'You know, what is she going to do?' The nun. So, she said, 'I want you to come and do sex education to every class of my students.'

NARRATOR: With comprehensive surveillance, prevalence data, media campaigns and projects to distribute drugs, India now has some elements in place to begin containing the spread of HIV.

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What many experts say it does not have is much time.

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