

## Deepening Chaos in 1999 : South Asia

Manav Chandra writes from New Delhi

Pushed into public life by personal tragedies which marked turning points in the 27-year-old nation's history, Prime Minister Sheikh Hasina and her predecessor, main opposition leader Khaleda Zia, however, refuse to get along.

Five women from political families and two kings will be at the centre of political action in South Asia in the closing year of the 20th century which, observers believe, will be another year of shaky democratic governance in the region.

Ruling coalitions in Bangladesh, India, Nepal, Pakistan and Sri Lanka will continue to be under siege from foes and temperamental allies, say political observers. The only bright spot is seen in Bhutan where King Jigme Singye Wangchuk has let his tiny Himalayan kingdom get its first real taste of democratic rule.

After 25 years on the throne, the monarch, revered by his people as Drub Gyalo, has decreed that his council of ministers will no longer be hand-picked by him, but chosen by secret ballot in the elected National Assembly.

Wangchuk has also sought a vote of confidence from the legislature, prescribing that a two-thirds vote of no-confidence would require him to abdicate in favour of the Crown Prince. The king, however, has inferred, after "having observed the political systems of other countries" that multi-party democracy is not suited to his country.

Sectarian and provincial passions are expected to continue dominating politics in India, Pakistan and Sri Lanka.

In the world's largest democracy, Prime Minister Atal Bihari Vajpayee's Bharatiya Janata Party (BJP), a right-wing Hindu party, will continue to face charges of mixing politics with religion in India. Al-

though forced to dilute its pro-Hindu agenda by the realities of coalition politics, the BJP would be hard pressed trying to please its radical Hindu affiliates who are accusing the Vajpayee government of deviating from the Hindu and economic nationalist philosophy to which the BJP is committed.

But equally tricky will be Vajpayee's balancing act in carrying along 16 coalition partners. Their difficult demands, especially that of the southern regional party of Tamil film star-turned-charismatic politician Jayaram Jayalalitha, have kept Vajpayee from living up to the BJP's electoral promise of an "able leader."

The setback to the BJP in the crucial November provincial polls is said to have paved the way for the return of the Nehru-Gandhi political dynasty to the centrestage of national politics with Sonia Gandhi, Italian-born heiress of the family helping revive the popularity of the Congress opposition party.

Despite her foreign origin, slain former prime minister Rajiv Gandhi's widow Sonia has been working wonders for the party which ruled India for 45 of the 50 years since independence from British colonial rule.

A seemingly reluctant entrant to public life, she is in charge of the 113-year-old Congress party and the BJP will be watching her warily in 1999. But there is no immediate threat to the BJP in the hung Parliament with the Congress chief declaring that her party would rather form a government on its own steam through

a mid-term poll than with the help of unreliable allies.

In Pakistan, former foes are expected to close ranks to take on Prime Minister Nawaz Sharif in his alleged bid to subvert democracy and secularism. Opposition parties, led by Sharif's arch-foe and predecessor Benazir Bhutto are accusing him of misusing Islam and federal powers to further his authoritarian ambitions and provincial aspirations.

Having successfully taken on the judiciary, a former head of state, and even the powerful army, Sharif is now trying to push through one of the most controversial legislations in Pakistan's history.

Pakistan's provincial leaders are charging Sharif with favouring his home province Punjab over the rest. The replacement of the elected provincial government in Sindh by federal rule has alienated Sharif's former coalition, the Muttahida Qaumi Movement (MQM) which controls the troubled port city Karachi.

In the Indian Ocean island nation of Sri Lanka, President Chandrika Kumaratunga's bid to tame the 15-year-old ethnic insurgency in the north and east of the nation would continue to be hobbled by stubborn opposition parties and rebels.

While the Tamil Tigers continue to insist on difficult conditions for coming to the negotiating table, the opposition refuses to go along with Kumaratunga's radical peace package.

The main opposition United National Party argues that a proposed constitutional revamp

— which is at the centre of the peace package — would break up the nation. The offer would convert Sri Lanka into a federation of provinces with sweeping autonomy and is awaiting the approval of Parliament.

Bangladesh is expected to get little respite from the endless mass protests which have more to do with the continuing ego clash between the two ladies who control the destiny of one of the world's poorest nations, than with genuine popular complaint.

Pushed into public life by personal tragedies which marked turning points in the 27-year-old nation's history, Prime Minister Sheikh Hasina and her predecessor, main opposition leader Khaleda Zia, however, refuse to get along.

And in Nepal, the youngest member of the regional democratic club, King Birendra will continue playing referee in the mainly male political arena, supervising the game of musical chairs which is soon expected to give the small Himalayan nation its sixth government in five years, say political pundits.

After eight years of multi-party democracy, Nepalese political parties are still to clearly identify their rivals. In the endless permutations and combinations thrown up by the indecisive verdict of the November 1994 election, the Communists have split, teamed up with one time main for Nepali Congress and even worked with the conservative pro-palace party.

IPS/APB

## A Year of Fluctuating Fortunes for Vajpayee's Ruling Coalition

by Shibi Alex Chandy

Will it go down in history as the year in which Atal Behari Vajpayee fulfilled Jawaharlal Nehru's prediction that he would one day become Prime Minister of India? Not fleetingly as he did in 1996, when he held the post for 13 brief days, but substantially. Or will it be remembered as the year of the humble onion?

It is not easy to determine what 1998 will be remembered for, say, 50 years from now. Was it the year of the Bomb? The year India sought to crash into the exclusive nuclear club but was stopped at the gates? A year that witnessed an "explosion of pride" over the Pokhran detonations, but one that also saw the euphoria rapidly evaporating as urban Indians clamoured for water and power during the long and sweltering summer that followed?

Will it be recalled because "poverty's philosopher" Amartya Sen won the Nobel prize for economics — the first Asian to do so, and the sixth Indian to receive the award? Will it go down in history as the year in which Atal Behari Vajpayee fulfilled Jawaharlal Nehru's prediction that he would one day become Prime Minister of India? Not fleetingly as he did in 1996, when he held the post for 13 brief days, but substantially. Or will it be remembered as the year of the humble onion? That ubiquitous bulb which became so dear that two state governments paid the price? It is difficult to say which of these events will survive the passage of time. Nevertheless, as we look back at 1998, standing on the threshold of the millennium, the year clearly appears to have been a momentous one which, for any one or more of these reasons, cannot but emerge as a significant milestone in the country's history.

While the bomb dominated diplomatic discourse abroad, at home it was the Bharatiya Janata Party's (BJP) first real tryst with power that held centre-stage. Though it performed only marginally better than it did in the 1996 general election, the party managed to cobble together an alliance and form a government that survived

scrutiny on the floor of Parliament. It was a significant achievement. Unlike in 1996, when the BJP — then a political pariah no party wanted to touch — stood in splendid isolation, 1998 saw a slew of regional formations eager to join hands with the party.

The result was a grand 17-party alliance — surpassing even the preceding United Front's 14-party government — which analysts quickly concluded had well and truly ushered in the "era of coalitions" in Indian politics: an era in which assertive regional parties would play an increasingly important role in the making and breaking of federal governments. Yet, eight months later, chief opposition Congress party president Sonia Gandhi had forced these analysts to rethink their theories. The reluctant widow of former Prime Minister Rajiv Gandhi stepped in to take charge of the 113-year-old party after a spate of desertions by influential leaders in the run-up to the second general election in two years.

Her whirlwind campaign — during which she displayed the energy of her mother-in-law and former Prime Minister, Indira Gandhi, and addressed some 140 meetings — prevented the total collapse of the Congress, allowing it to return to Parliament with one seat more than the 140 it had managed in the 1996 general election to the 545-member Lok Sabha, the lower House of Parliament. Hesitant and faltering at first, Sonia Gandhi slowly gained control of the party and finally led it to a resounding victory in the November elections in three frontline states.

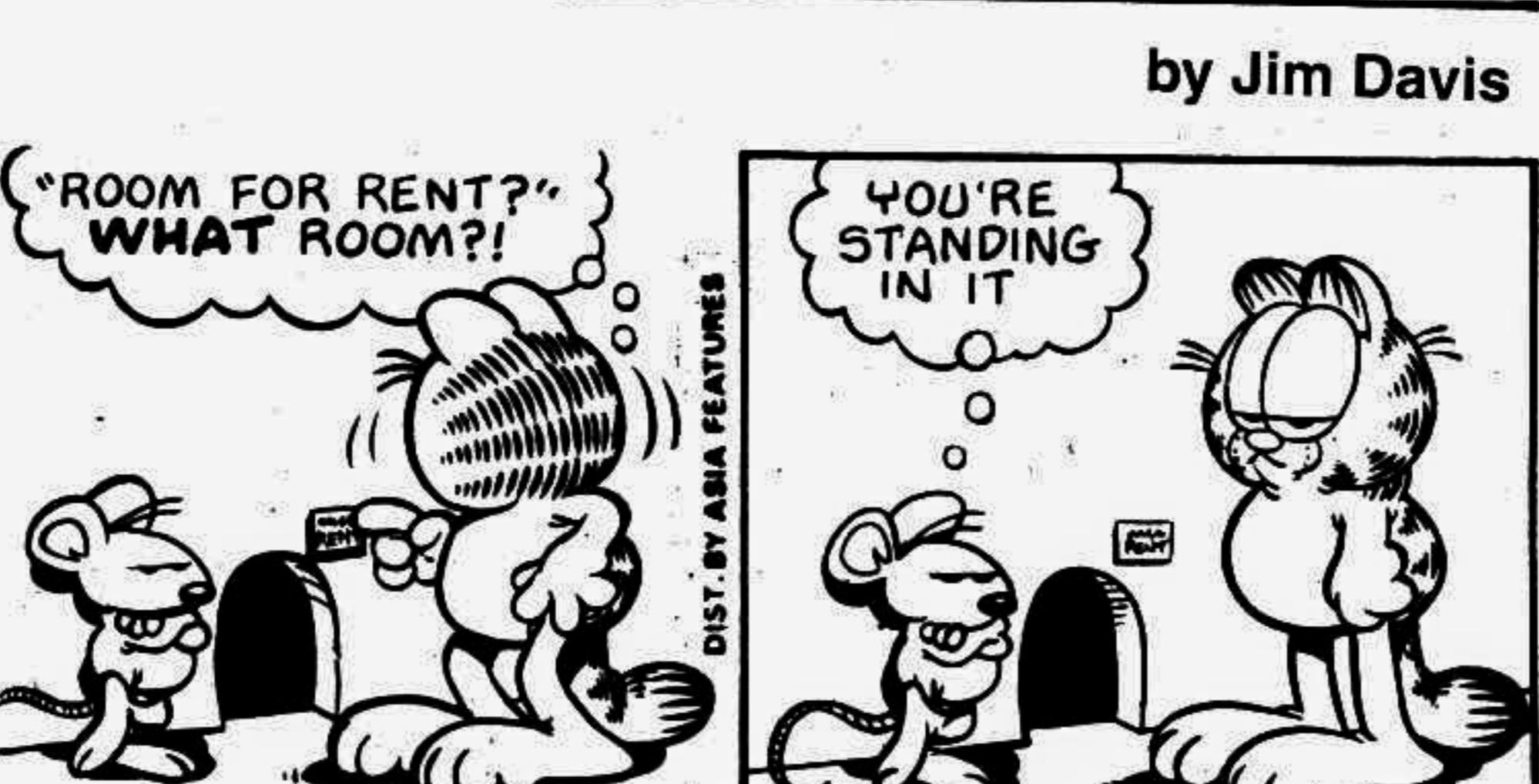
Even as a clutch of opposition parties urged her to ascend the throne in Delhi with their support, Sonia demurred. The Congress would form the government "on its own," she said, even as a "Mood of the Nation" poll predicted that in the event of a mid-term election, her party would win more than 300 of seats. All talk of the era of coalitions suddenly died down. Single-party rule once again became a distinct possibility. It was Harold Wilson who said that "a week is a long time in politics." And by reviving a party that had been written off by analysts after two successive defeats in general elections, Sonia Gandhi proved the former British Prime Minister right.

By the same token, however, it may be too early to write off the BJP. The party may have failed to live up to the expectations of its hardcore supporters in the nine months that it has been in power. Many supporters are possibly dismayed that it is hostage to regional parties such as the mercurial Jayaram Jayalalitha's All India Anna Dravida Munnetra Kazhagam (AIADMK) of Tamil Nadu and the belligerent Mamata Banerjee's Trinamool Congress of West Bengal. It may have even angered the hardline Rashtriya Swayamsevak Sangh (RSS), the BJP's ideological parent, whose leadership is livid that its "agenda" is not being executed despite the fact that the BJP is finally in power, even if it is at the head of a shaky coalition. And it may have disappointed the millions of voters who cast their ballot for Vajpayee in the hope that he would provide the country with what it has been sorely missing over the past few years: good governance. Going by the polls, it is these voters who feel most let down by the government that Vajpayee currently heads.

As the year was drawing to a close, Vajpayee, after suffering a series of setbacks, has shown signs of asserting himself: of getting on with the task of government. As the year was drawing to a close, Vajpayee, after suffering a series of setbacks, has shown signs of asserting himself: of getting on with the task of government.

IPS/ABN News Service

by Jim Davis



## Compliance in TB Therapy in the Era of Multidrug Resistance

by Dr Faiyaz Karim

UBERCOLUSIS has reemerged as a vital public health problem. The frequency of drug-resistance is rising. The principal reason for development of resistant infections and relapse is poor compliance with drug regimens.

According to World Health Organization (WHO) there are 'hot zones' emerging all around the world where people are almost helpless to protect themselves from drug-resistant strains, and which could soon ignite a new surge of virtually incurable tuberculosis worldwide. In the 'hot zones' there exists regional centers of travel, emigration and international economic activity, these places need to be brought under control to prevent people infected with drug-resistant TB from travelling and spreading the disease to other places. Incoherent or partial treatment of TB has been allocated as the main cause of multidrug-resistant-tuberculosis (MDR-TB). To prevent MDR-TB new cases need to be treated correctly. This would prevent drug resistance from ever developing. The single drug resistance exists at alarmingly high level, making the danger of development of MDR just one step beyond. Even the United States is not immune to dangers of MDR-TB. Centers for Disease Control and Prevention (CDC) in a separate study found existence of drug-resistant TB in 42 states over the last six years.

MDR-TB is a man-made occurrence. The knowledge of preventing MDR-TB is at hand. The powerful solution to this problem is DOTS (Directly Observed Treatment, Short-course). Where there is this TB treatment strategy, the level of drug resistance is low. The focus of DOTS strategy is to cure every TB case with no exception. Other treatment strategies can actually cause MDR-TB, and may be used as is perceived to be immoderately expensive. The dilemma in the treatment of TB is whether to use universal directly observed therapy, as opposed to selective. Despite the higher initial cost, DOTS is more cost-effective strategy than self-administered therapy because it achieves a higher cure rate after initial therapy. It decreases treatment costs by preventing failure of treatment, and it also prevents development of acquired drug resistance. The cost-effectiveness of this DOTS strategy supports the widespread implementation of DOTS. Because hospital stay is reduced in DOTS, it makes DOTS more cost-effective. As opposed to the conventional management strategy where patients stay in the hospital for the initial two months, DOTS is more feasible in managing tuberculosis.

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Switching from conventional management strategy to DOTS strategy will help decongest hospitals and increase the capacity to cope with growing TB caseload when necessary and meet the increased demand for hospital care. When suitable, patients can be admitted to hospital and given daily treatment but after discharge or on outpatient management the emphasis is put on choosing supervisors who make accessing DOTS convenient for the patients. Supervisors are given the pre-packed drugs required for completion of the six month treatment course. The drugs used after discharge are the same as those that are given on in-patient management, except that they are at a higher dose and are taken on an intermittent basis twice weekly. Patients therefore meet their respective supervisor twice a week to take their drugs under direct observation, visiting on average 48 times. Supervisors make monthly check-up to monitor compliance, they also keep record of patient outcome data, and moreover spur absconds.

To make DOTS a success, it needs to be individualised and should not be bothersome to the patients. Patients from all socio-economic status accepted DOTS after the benefits were explained to them. Patients and supervisors oftentimes develop close professional bonds. Sometimes patients even express regret that they would miss this bonding after the completion of the whole course. If community resources are harnessed then a high completion rate for tuberculosis can be achieved and sustained for several years even in a resource-poor setting with massive influx of patients. Community supervisors are an important component of DOTS strategy.

Patients' non-compliance remains the most serious problem in the control of TB and the principal cause of relapse and drug-resistance. Age, sex, religion, education, race and socio-economic status do not predict compliance. Psychiatric diseases, alcoholism, drug addiction, substance abuse, and homelessness do predict compliance. Compliance is an important component of DOTS strategy.

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## Drugs Spark HIV Infection in Russia

The number of Russians who have the virus that causes AIDS is low according to official statistics, but scientists estimate that the real figure could be 10 times higher. Gemini News Service reports that many Russians, however, continue to think that AIDS is nothing to worry about.

In the midst of all its other problems, Russia's AIDS problem continues to grow rapidly.

The number of new HIV infections increased by about 50 per cent over 1997 to more than 3,250. Nine out of ten of those who contracted the virus were intravenous drug users, the Health Ministry said.

Despite the increase, it's a less calamitous scenario than what happened between 1996 and 1997, when Russia experienced an almost 12-fold increase in new cases.

The new cases bring the total number of people with HIV in Russia to 10,283, including 418 children.

Kalininograd and Krasnodar region, adjacent to major Russian sea ports, are at the centre of the epidemic with about 2,000 HIV-positive drug addicts in each.

Paradoxically less than 1,000 people are recorded to have HIV in Moscow, Russia's largest urban centre with a population of roughly 10 million and a major hub of international contacts.

The actual number of people with HIV is believed to be much higher than official statistics of registered cases. Indeed, some Russian experts argue that unless urgent measures are taken to curb the infection rate, notably among drug users, there will be five million HIV-positive Russians by 2000, including one million children.

But Vadim Pokrovsky, director of the Russian Institute for Preventing and Combating AIDS, disagrees. "If my count, there are some 100,000 HIV-positive people in Russia now, or roughly tenfold as compared

Sergei Blagov writes from Moscow



with the total of reported cases," he said. "I think there could be up to one million infected Russians by the year 2000, most of them being drug users." Moscow and other major urban centers are likely to be increasingly affected, he added.

Although the absolute figures of people with HIV and AIDS in Russia is low compared with the US, for instance, health officials here are concerned by its rapid spread, just as worrying is the lack of resources to do anything about it in the current, disastrous financial climate. This year, Russia has spent less than US\$5 million on combating AIDS.

Added to which, public awareness in Russia regarding danger of AIDS is still inadequate, according to Nikolai Nedzelsky, chairman of the Russian Anti-AIDS Foundation (Names).

Most Russians do not understand transmission of HIV —

the virus that leads to the development of AIDS — which is spread chiefly through sexual contact, blood transfusions, sharing needles for intravenous drug use, and during childbirth or breast-feeding. They are also ignorant of its effects: destroying the body's immune system, leaving it defenseless against infection.

Nedzelsky says many Russians still believe that it is somebody else's problem.

This may be partly because the problem these days is seen as one for which drug users — and, of course, homosexuals, for whom Russia's staunchly homophobic society is unfriendly enough anyway — are largely responsible. As in the West, where the dangers were widely ignored or worse, ridiculed, so long as the homosexual population was the worst affected, so in Russia many believe that intravenous drug users who share needles deserve

gone up two-fold and drug-resistance had gone down dramatically in places where DOTS has been utilized. But, a lot of effort is called for to scale down this global epidemic. DOTS is being used extensively in large countries such as Bangladesh and in small countries such as Seychelles. In some countries the government of the time had not taken seriously WHO's declaration of global TB emergency. But, countries that did remarkably well — such as Bangladesh, Vietnam and Peru — are making excellent progress toward controlling TB.

### Recommendations: Objective

- Countries that have not yet started DOTS for TB management need to charter. Countries that have not implemented DOTS as a TB control strategy adequately need to implement it amply.
- TB patients who have demonstrated non-compliance to DOTS should be classified as non-compliant. Any health-care professional who is aware of such a case should contact the appropriate health official for necessary step. The health official or designated representative should meet with the patient to explore for various mending reasons, such as side-effect of the drug, difficulty in obtaining additional drugs, or may be simply that the patient believes the medicine is no longer necessary. After determining the whole situation of the patient the health official should take necessary step, such as seeking court-ordered DOTS.
- When allowed by law, patient's HIV status, when known needs to be included in TB case report. This information is important for treatment criterion.
- Drug-resistant strain TB should be recorded in case report. For management of drug-resistant TB, including MDR-TB, the WHO recommended guidelines (WHO/TB/96. 210) for the management of drug resistant TB can be followed.

### Recommendations: Additive

- In addition to the free drug supply for the whole