Disaster waiting in the wings

By Md. Asadullah Khan

United Nations experts have indicated that a disaster is waiting in the wings for India, Myanmar, Nepal, the Philippines and, last of all, Bangladesh. There are some 1.2 million new cases each year, of which 58 per cent are people under 25. About 7.2 million Asians have either HIV or full-blown AIDS, including five million in India, and about a million in Thailand.

THE 13th International AIDS Conference, held in July this year in Durban, South Africa, focused on the devastation the disease is wreaking in Africa. The UN predicts that half of Africa's teens will die of the disease. Fortunately, till now AIDS may not have ravaged Asia on a comparable scale, but it is spreading at an alarming rate. Statistics reveal that so far global AIDS epidemic is thought to have killed 19 million people. That is almost twice as many as killed in the First World War. It has infected another 34 million. When they die, as most will in the next few years, AIDS will have killed as many as the Second World War. Reports are still very scary. UN AIDS that co-ordinates anti-AIDS efforts reckons that five million people are being infected with the human immune deficiency virus (HIV) that causes AIDS. Without contradiction, if these people were dying from bullets and bombs, they would never be out of the headlines.

AIDS is now an exceptional disease and exceptional at least in the attitudes of the healthy towards the infected. Illness usually provokes sympathy. But in many parts of the world those who have HIV are treated rather as lepers were in the Middle Ages. Attitude to AIDS sufferers can be as cruel and pathetic as one can imagine. Reports have it that Gugu Dlamini, a community worker in Kwa Zulu in the South African province of Natal, was stoned to death by her neighbours when she revealed that she had the virus. Attitudes to AIDS sufferers in many parts of the world, as Kevin De Cock of America's Centre for Disease Control (CDC) pointed out in the Durban AIDS conference, can be summed up in four words: silence, stigma, discrimination and denial. Govind Singh, a labourer working in Mumbai returned to his home in Uttar Pradesh, India grievously ill. Govind did not know that it was a journey to the portals of a private hell. Apart from a few trinkets he brought for his two children and his wife, he brought along something that was troubling his mind all the time. Coursing in his blood was the virus of death and worse, disgrace acquired immune deficiency syndrome or AIDS. News of his affliction spread like wildfire and the villagers including his wife, brother and other relatives dragged him into an enclosure where domestic animals like cows and goats are kept. Incarcerated in the cold, foul smelling animal enclosure for over three months Govind's condition worsened. Unable to stay on his feet he lay supine on the floor, often stepped upon by the animals. "He became the centre of attraction for the villagers, who used to peep into the enclosure and tease him," says one of his close relatives. Social ostracism and unhygienic conditions in the enclosure took their toll and Singh was found dead on a fateful morning.

The AIDS conference held in Geneva in 1998 focused on "bridging the gap" between the treatment of the disease in the rich and the poor worlds. Hardly anything spectacular has been achieved till now. What needs to be stressed now is that contrary to some popular views AIDS is not primarily a disease of gay western men or of intravenous drug injectors. Rather it is a disease of ordinary people leading ordinary lives. According to United Nations estimates, 25 million of the 34 million infected people in the world live in Africa. In absolute terms South Africa has the most cases four million or nearly 20 per cent of its adult population. Thirteen million Africans have already died of AIDS and 10 million more are expected to die within five years. In Botswana, the rate of infection is one in three and in Zimbabwe it is one in four. According to US Census Bureau, by 2003, AIDS related deaths will slow population growth in some of these nations to zero, and the population in Botswana, Zimbabwe and South Africa will actually start to decline. Life expectancy by the end of the decade would normally have been 70 in this part of Africa; as a result of AIDS it will plummet to 30.

Said the Census Bureau's Karen Stanecki at the 13h International AIDS Conference held recently in Durban, South Africa, "It is hard to comprehend the mortality we will see in these countries". And mere numbers are not the only issue. People talk rhetorically of waging war on diseases. But in the case of AIDS, the rhetoric could hardly match with the measures taken and shockingly, the effects of AIDS-illness on human populations are similar to those of war. Because most infectious diseases tend to kill infants and the old.

AIDS, like war, kills those in the prime of life. In one way, it is worse than war. When armies fright, it is predominantly young men who are killed. AIDS kills young women, too. Tragically, in 20 years' time, life expectancy of somebody born in either Botswana, Zimbabwe, Namibia and South Africa will have fallen to 29 and the old will outnumber the middle aged.

The destruction of young means that AIDS is creating orphans on an unprecedented scale. There are 11.2 million, 10.7 million of them living in Africa. On top of that, vast numbers are infected as they are born. Children are rarely infected in the womb, but they may acquire the virus from their mothers' vaginal fluids when they are born or from breast milk. It is now known that more than five million children have been infected in this way and almost four million of them are already dead.

Leaving aside Africa, Asians now risk an unprecedented pandemic. In China, where there are an estimated 600,000 HIV-carriers, AIDS cases are rising by nearly 30 per cent each year. No longer confined to high-risk groups such as sex workers and drug users, victims now range from farm labourers to urban professionals. India also faces a similar dilemma. Already some 3.7 million people in India are living with HIV/AIDS about two per cent of the adult population. As in China, the disease has a significant grip on the urban population in the south and the west. But in the north-east, infection takes a specific pattern, spreading from drug users to their wives and wider community. "It is not just a medical problem but a social and developmental problem," says PL Joshi of the National AIDS Control Organisation. Large migrant populations, grinding poverty, low literacy rates and repressive attitudes towards women hamper the fight against AIDS. Mere distribution of 1.2 billion free condoms last year in parts of India should never have been a source of satisfaction. More focused campaigns are needed to curb the spread of HIV. Most poignant revelation has come from Dr. Rohto Sob, a consultant for the World Health Organisation in Delhi. He disclosed that a majority of the infected Indians is between the ages of 17 and 25. "This is your working population," he says. "In the long run, industrial population will be hit as it has been in Africa."

AIDS experts urge officials in developing countries where till now the infection rate is low to take cue from some African countries like Uganda and Senegal and a single Asian country like Thailand. They seemed to have worked out wonderfully in their fight to cope with the disease. Their contrasting experiences serve both as a warning and a lesson to other countries in the world particularly those in Asia that now have low infection rates and may be feeling complacently smug about them. The warning: act early, or you will be sorry. The lesson: it is, even so, never too late to act.

Senegal began its anti-AIDS programme in 1986, before the virus had got a proper grip. It has managed to keep its infection rate below two per cent. Uganda began its programme in the early 1990s, when 14 per cent of the adult population was already infected. Now the figure is down to 8 per cent and gradually falling. Thailand's success in its fight against AIDS is also encouraging. Pragmatic awareness campaigns have helped bring down the infection rate, which was once as high as one in every 60 people. But in Myanmar, the military regime maintains that the very idea of an AIDS outbreak is propaganda, fabricated by "destructionist" intent on ruining the nation's image.

Experts have suggested three ways to tackle the disease. The first is to arrest its transmissibility. Surprisingly, perhaps, AIDS is not all that easily transmissible compared with other diseases. The second is to develop a microbicide that will kill the virus in the vagina. And the third is to treat other sexually transmitted diseases.

Both Senegal and Uganda have strongly pursued the use of condoms. In Senegal, the number of condoms used in 1988 rose from 800,000 in 1988 to nine million in 1997. Paradoxically, a Botswanan who faces the prospect of death before his 30th birthday is likely to be more reckless than an American who can look forward to well over twice that life span. Tragically, a short life might as well be a merry or rather reckless one.

Speaking about the use of condoms, until recently, there was no choice. Only male condoms were available. And women in many parts of the world including ours are in a weak negotiating position when it comes to insisting that a man put one on. In Ho Chi Minh City, the government-funded *Café of Hope* serve free condoms and clean needles alongside its coffee. And the best way out of this is to alter the balance of power. That in general means more and better education, particularly for girls. This too has been an important component for Senegalese and Ugandan anti-AIDS programme. Barring other choices, a better form of protection would be a vaginal microbicide that kills the virus before it can cross the vaginal wall. Much hope had been pinned on a substance called nonoxynol-9. Unfortunately, a major United Nations trial announced at the Durban Conference have confirmed the suspicion that nonoxynol-9 does not work against HIV.

Until recently, the preferred drug was AZT. Many African countries balked at using this because although it is cheap by western standards, it can stretch African health budgets to a breaking point. The World Bank president has recently declared that there is "no limit" to the amount the Bank will spend on AIDS. At the start of the Durban Conference, it announced that 500 US million dollars were already available. Drug-companies have also come ahead. One company, Merck, has put 50 million US dollars of its money where its mouth is. It plans to deliver, with the Gates Foundation, an American Charity, what it claims will be a comprehensive anti-AIDS package for Botswana, the worst affected country of all. At the same time recent studies carried out in Kenya and South Africa have shown that an even cheaper drug called nevirapine will do just as well. A course of this drug costs four US dollars, still a fair burden for an impoverished country, but worth it for the life of a child and for the cost-saving of not having to treat that child's subsequent illness.

Drugs as a result of innovative research with each passing day can reduce infection to some extent by bringing people's viral load down to the point where they will not pass on the disease. But effective therapies are currently expensive and it is most unlikely that their price in poor countries would become cheap for routine use. On top of that, if drugs are used carelessly resistant strains of the virus can emerge, rendering the therapies useless. A CDC study published in the Durban AIDS Conference showed resistant strains in the blood of three quarters of the participants in a United Nations AIDS drug access programme in Uganda. That calls for introducing vaccines. But vaccines are not immune to the emergence of resistant strains, since the erratic and whimsical consumption of any particular drug allows populations of resistant viruses to evolve and build up.

Reports gleaned from AIDS surveillance group working around the world especially in the US indicate that in total 21 clinical trials of vaccine are taking place around the world, but only five are taking place in poor countries and only two are so-called phase 3 trials that show whether a vaccine will work effectively in the real world.

Preliminary results from these two trials, which are being conducted by an American company called VaxGen, are expected in about a year. Experts are pinning much hope on the outcome of this trial, for even a partially effective vaccine could have a significant impact on the virus's spread.

A calculation by America's National Institute of Health shows that over the course of a decade, a 60 per cent effective vaccine introduced now would stop nearly twice as many infections as a 90 per cent effective one introduced five years hence. The cost factor that seems to be quite high at the beginning is being addressed by the International AIDS Vaccine Initiative (IAVI), a New York-based charity.

United Nations experts believe that a disaster is waiting in the wings for India, Myanmar, Nepal, the Philippines and, last of all, Bangladesh. There are some 1.2 million new cases each year, 58 per cent of them are below 25. About 7.2 million Asians have either HIV or full-blown AIDS, including five million in India, and about a million in Thailand.

Says UN AIDS Programme Chief Peter Piot, "Children and young people in Asia face enormous hurdles today, growing up in a circumstance of shrinking economies and expanding risks from AIDS."

Piot reports that the average rate of infection is falling among females. One reason: amidst economic hardship, more girls are being forced into prostitution at a younger age to support their families.

Certainly repairing the economy is a priority. But leaders, even in Bangladesh which is still far away from the risk situation, must not neglect other problems, AIDS least of all. Failure to keep up prevention campaigns could cost heavily. Bangladesh is surrounded by India, Myanmar and Nepal all very vulnerable and affected zones. In India, Sob notes, "AIDS infection is galloping." And unless government adopts firmer strategies, Asia may just be run over.

Even if drugs, which cost till now 120,000 US dollars from diagnosis to death in the US and have been made widely available to the poorest men and women by the US state assistance programme, were distributed free of cost in our country, their proper use would be highly unlikely. The treatments are often complicated requiring careful monitoring and regular medical check-up. If the medicines are not taken properly, the virus develops resistance eventually rendering the drug useless.

Although prevalence rate of AIDS (0.01 per cent) in the country is still negligible, there is no reason to feel safe and secured. But research has shown that AIDS, having affected a marginalised group, incubates for two to three years before taking a pandemic turn. And what is so terrible about AIDS is that it can, by destroying the body's most natural immune system, also cause the AIDS victim to die from TB or cancer.

According to statistical report made public by the government, Bangladesh had only one patient in 1989. The 1997 count showed that the number had gone up to 81, four of them already dead. However, even the government agrees that most cases have gone unreported and the World Health Organisation (WHO) fears that there may be 40,000 AIDS/HIV patients in the country.

Until recently, Bangladeshis considered themselves immune to the deadly disease. AIDS, they believed, was a scourge of the libertine West that posed no threat to a land with conservative society based on monogamous marriages. But the country now has hundreds of thousands of people working overseas. Besides, there is a continuous tide of students and businessmen coming back from overseas.

Marriage is indeed the bedrock of the society. But the stark reality is that cities, towns and villages in Bangladesh are no longer the bastions of sexual probity as they are thought to be. Research has shown that the society is now more footloose and sexually free than is commonly believed. As a result, HIV is no longer confined to the red-light zones of big cities and the roadside brothels that service long-distance truckers.

The problem with HIV in Bangladesh is that awareness of the disease is nearly non-existent a poor literacy rate is a major impediment in this regard. Medical care is also scattered, primitive and dependent on symptomatic diagnosis. Usually, HIV does not produce symptoms until it triggers full-blown AIDS, a process that can take years.

Increasing incidences of drug addiction pose a severe and may hasten the spread of AIDS. Quite worrisome is a report that 60 per cent of drug addicts have tested HIV-positive. In most cases, intravenous users of narcotic substances share needles. Equally frightful is the absence of adequate blood screening facilities in the country. Some laboratories in and outside the capital city very often reuse needles when collecting blood samples which patients to the risk of being infected by this dreadful disease.

Organised sex-workers pose a big threat, too. A recent study found a disquieting percentage of prostitutes HIV-positive. The government's drive to evict prostitutes from two Narayanganj-based brothels and assimilate them into the mainstream of the society last year has resulted in scores of floating sex workers and thus augmenting the risk factor.

Also, in recent times there has been a dramatic change in the sexual behaviour of the middle class. Global business has spawned a breed of travelling executives who spend nearly half their working lives away from home. At the same time, women have become an increasingly visible part of the professional workforce. Put these factors together, you have the perfect setting for casual sexual relationships.

"I think the influence of the West is an inescapable factor," a noted social scientist in the country comments. "We have borrowed the gloss but not the ability to react swiftly to a crisis."

Indeed.

There is no cure for AIDS. In a densely populated and poor country like ours AIDS can spread like an inferno. Prevention is the only way. Education is the key. The government should, therefore, launch a vigorous sensitisation campaign countrywide. Electronic and print media must design programmes on the scourge to create mass awareness. Time is of the essence here.

The author is Controller of Examinations, BUET

Doctors Dance at Dusk for a Different Cure

Disillusioned with Western medicine, a number of white people have turned to traditional healers. Some come for a cure, others to train as healers themselves. **Vuyisile Hlatshowayo** of *Gemini News Service* visits Mbabane, a remote area of Swaziland, to examine this new phenomenon.

IT'S unthinkable to bump into a white patient consulting a Swazi traditional healer inside the thatched indumba hut not to mention a white trainee undergoing the gruelling two-year traditional healing training.

Yet this what is happening more and more whites are either consulting traditional healers or training to be traditional doctors themselves, as I discovered during a visit to the Luvenga Traditional Healing Clinic, situated in a remote bushy area of eastern Swaziland: Matsetsa village in Lubombo region.

I had come to interview the healer who runs the clinic the octogenarian Dr Petros Hezekiel Mntshali, who had been practising for 46 years. Instead, I found a tall and slender white woman. Dressed in a khaki jersey and brown woollen trousers, she told me that Mntshali would see me shortly.

I wondered what has brought her to this remote region. I would never have imagined that she accompanying a white patient, who was being seen by Mntshali as we spoke.

Then a pale, frail white man emerged from the sacred consulting hut. As I rubbed my eyes in disbelief, he informed me that Mntshali was ready to see me. I was in two minds now should I interview the white man first? Would I have to seek Mntshali's permission? Good sense prevented me from doing anything that would provoke the ancestral spirits and I proceeded quietly into the hut.

Mntshali told me to remove my shoes. Inside, his collection of cloths, gourds, barks, shells, skins and hones greeted my eyes.

Resplendent in a red and white bead necklace and a knee-length red cloth tied around his waist, Mntshali appeared eager to cast the bones already spread on the sleeping mat. I explained that I had an appointment to talk to him and had not come to consult.

I asked him about the two whites I had seen. They were French nationals, I was told. Mntshali said his specialism in cancer, diabetes and sexually transmitted diseases had attracted whites to his hut, some as patients and some to undergo the kutfwasisa training.

The training involves learning to beat traditional drums, sing ancestral songs, and dancing at dusk, midnight and dawn. The trainee and the mentor also travel to distant places, including thick forests, to hunt for fresh herbs and animal bones. They have to dive into deep waters to pick snakes and shells.

Since he stared, he has produced several white graduates, including some South African women and an American medical practitioner, Dr David Cumes.

"I met Dr David Cumes when I was in the United States and he told me that he felt like there was something lacking in his medical career. I wondered why he was not satisfied with his stethoscope. His only request was to come and train in casting of bones to diagnose some illnesses."

Some of his white trainees have been so enthusiastic, Mntshali said, they completed the training before the two years normally needed one woman, whom Mntshali identifies only as Freda, took only three months of graduate. "She was a marvel to watch during her graduation ceremony. She went straight to where her intfwaso a chunk of goat meat was hidden," he said with evident pride in his student.

Other white trainees have been possessed by ancestral spirits, he said.

An agriculturist-turned-traditional doctor, Mntshali takes issue with environmentalists who blame traditional healers for contributing to deforestation.

"We are not responsible for the widespread deforestation in the country. As the major users of trees, we have taken it upon ourselves to conserve the environment. Who are the people lining the roads with firewood traditional healers? These are just needy people who want money," he argued.

So why are whites turning to these ancient practices?

Dr Themba Ntiwane, a Mbabane-based executive member of the Swaziland Medical and Dental Association and a modern medicine practitioner, says traditional methods are cheaper and may be more spiritually fulfilling than modern medicine.

"Traditional healing is open and depends on the spirits," Ntiwane says.

The author a co-founder of The Nation newsmagazine, is a free-lance journalist.

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TV Guide

Friday 15th September

(All programmes are in local time. The Daily Star will not be responsible for any change in the programme)

BTV

Morning Prog.

9:00 Opening Announcement, Recitation From The Holy Quran And Programme Outline 9:05 Patriotic Song 9:10 Bangla News 9:15 Aalor Dishari (Islami Education For Children) 9:35 NHK Programme 10:00 The News 10:05 Crirajagat / Shuvo Sakaal 10:30 Mithscriya (Talk Show) 10:55 Computer 11:20 Paathayo 11:45 Special Programme 12:25 A) Programme Outline For 2nd Session

B) National Song 12:30 Closing

Evening Prog.

3:00 Opening Announcement, Recitation From The Holy Quran And Programme Outline 3:15 Patriotic Song 3:20 Bangla Film: 4:00 Bangla News 4:05 Bangla Film Cont.: 6:05 Sukhi Paribar (Population Based Prog.) 6:30 Transmission From Chittagong Center 7:00 Sambad (Bangla News) 7:05 Maloncho (Morden Songs) 7:25 Serial On Nature- Raong Kara Putul 8:00 Bangla News At 8 8:20 Serial On Health- Timirachanno #17 8:50 Drama Series: Gul Sanobar (Bangla Dubb) 9:00 Aajkaal (Magazine) 10:00 News At Ten (English) 10:20 English Series: The X-Files 11:30 Bangla News 11:35 English News 11:40 A) Programme Outline For Saturday B) National Song 11:45 Closing

EKUSHEY TV

2:00 Ajker Potrikay 2:10 Shorashori 3:00 Ekushey News Headlines 3:02 Circus Circus 3:30 Bangla Movie: Santona 6:00 Ekushey News Headlines 6:02 The Big Fight 6:30 Gillette World Sports Special 7:00 Ekushey News Headlines 7:02 Ajker Potrikay 7:20 Pepsodent Braincheck Hosted by: Abdun Nur Tushar 7:45 Ekushey News 8:00 Protibedon 8:30 Bhalobasha Kare Koi 9:00 Shokrobarer Natok: Koop 10:00 BTV News 10:20 Music Hour 11:00 Late Night News 11:20 Music Hour 11:45 Protibedon 12:00 Ekushey News Headlines

CHANNEL-i

6:15 Drama Everyday : Adora 7:00 Chitti Pelem 7:40 Drama: Azz Robibar 8:00 Din Protidin 8:30 I Dream of Jeanmie 9:20 Drama: Abboshesa 9:55 I Focus 10:00 Reciting from Holy Quran 10:10 Ap Gane Gane 10:40 Money Talk 11:15 Drama Everyday: Adora 12:00 Chitti Pelem 12:40 Azz Robibar 1:05 Sasroy Bartta 1:15 I Dream of Jeanmie 2:00 Abboshesa 2:55 I Focus 3:00 Bangla Cinema: Agomon 6:00 Reciting from Holy Quran 6:10 I Music 6:40 Abbriti Ar Kazi Arif 7:15 Drama Everyday : Adora 8:00 your Choice Ole Ole 8:40 Six Million Dollar Man 9:05 Sasroy Bartta 9:15 I Abong Sye S Haque 10:00 Drama : Bib 10:55 I Focus 11:00 Bangla Cinema : Fasir Asami

ATN

5:30 Islamic program 6:32 Islamic program 7:10 New Film Songs 7:50 ATN Music 8:25 Knighter 9:00 Musical Prog 9:35 Magazine prog 10:10 Drama Serial 11:30 Islamic program 11:45 Bangla Film : Atonkito Shotru 6:32 Child Prog 7:10 Reporting Prog 7:50 Musical Prog 8:25 Drama Serial 9:00 Reporting Prog 9:35 Musical Prog 10:10 Drama Serial 11:45 Bangla Film : Baloban

HBO

6:00 American Flyers 8:15 Bert Blue Ridge Fall 10:30 Buffalo Soldiers 12:30 Bad To the Bone 2:30 The Bodyguard 300 Miss Evers' Boys 7:30 When Justice Fails 9:30 Not of This World 11:30 Godzilla 2:15 White Water Summer 4:00 Buffalo Soldiers

DD 7 (Bangla)

8:40 Khas Khabar 09:05 Amrito Katha 09:20 Sangbad 09:30 Khela Aar Khela 10:25 Janmadin (Birthday Greetings) 10:35 Daily Soap: Shree Ram Krishna 11:00 Daily Soap: Hay Mohajeebon 11:15 Classical/Folk Songs- 11:30 Parliament Hour / Musical 12:00 Bangali Movie: 2:30 Khas Khabar 3:00 Dailay Soap: Maha Probhu 3:55 Daily Soap: Bhul Thikanay 4:20 Nepali Prg. 5:05 Drama: 5:30 News 5:40 Camera Cholchhy 5:50 Palli Katha 6:10 Sopnar Gaan 6:40 Khas Khabar 6:50 Daily Soap: Janmabhumi (*Sabbaysachi, Anuradha, Shankar) 7:30 Bangla Sambad 8:00 Batighor 8:30 East Backland Road (Serial) 9:00 Daily Soap: Janmabhumi (*Sabbaysachi, Anuradha, Shankar) 9:30 Daily Soap- Shree Ram Krishna 10:00 Khas Khabar 10:20 Mokho Mukhi 10:50 Sambad 10:20 Bangali Movie: (Complied: SATVIEW News Networks, Tel- 9561588 (108)

ALPHA TV BANGLA

6:00 Alaap 7:00 Grihosajja 7:30 Bharot Bhroman 8:00 Serial: Din Protidin 9:00 Serial: Kono Ek Din 9:30 Bahari Aahar 10:00 Grihosajja 10:30 Serial: Hiyar Majhe 11:00 Serial: Kapurush 11:30 Sa Re Ga Ma 12:30 Serial: Shoni Robi Mojhar Chhobi #27 1:00 Serial: Shyaola 1.30 Serial: Ek Akasher Niche 2.00 Serial: Andolon 2.30 Bangla Movie- Parbatpriya 5:00 Serial: Ek Akasher Niche 5:30 Chena Mukh Achena Manush 6:00 Bharot Bhroman 6:30 Serial: Din Protidin 7:30 News In Bangali 8:00 Serial: Biraj Bou / Nayantara 8:30 Serial: Ek Akasher Niche 9:00 Serial: Googly 9:30 Serial: Aamar Probashi #26 10:00 News In Bangali 10:30 Serial: Din Protidin 11:30 Serial: Shyaola 12:00 Serial: Kono Ek Din 12:30 Mojar Chobi 1:00 Serial: Andolon 1:30 Bangla Movie- Parbatpriya

BBC World

6:00 BBC World News 6:30 World Living: Talking Movies (Presenter- Tom Brook) 7:00 BBC World News 7:30 Asia Today 8:00 BBC News 8:30 Asia Today 9:00 BBC World News 9:30 Asia Today 9:45 World Business Report 10:00 BBC News 10:30 World Living: Click Online (Presenter- Stephen Cole) 11:00 BBC World News 11:30 World Focus: Digital Planet #1/5- Cyberwar 12:00 BBC World News 12:30 Made In India: Moneywise (Presenter- Sucharita Ghosh) 1:30 BBC World News 1:30 World Living : The Air Show 2:00 BBC World News 2:30 World Focus: Digital Planet #1/5- Cyberwar 3:30 HARDtalk (Presenter- Tim Sebastin) 4:00 BBC World News 4:30 World Living : Talking Movies (Presenter- Tom Brook) 5:00 BBC World News 5:30 World Focus: Digital Planet #1/5- Cyberwar 6:00 World Headlines 6:30 Made In India: Moneywise (Presenter- Sucharita Ghosh) 7:00 BBC World News 7:15 World Business Report 7:30 World Living : Talking Movies (Presenter- Tom Brook) 8:00 BBC World News 8:30 HARDtalk (Presenter- Tim Sebastin) 9:00 BBC World News 9:30 Asia Today 10:00 BBC World News 10;15 World Business Report 10:30 Made In India: Question Time India 11:00 BBC World News 11:35 World Business Report 11:45 World Sport 12:30 HARDtalk (Presenter- Tim Sebastin) 1:00 World News 1:30 World Living : Life- 2:30 World Business Report 3:00 BBC World News 3:30 World Business Report 3:45 World Sport 4:30 World Business Report 4:45 Asia Today 5:00 BBC News inc. World Business Report/USA Direct/Asia Today

STAR Plus (India)

6:30 Star Geetmala #75 (Daily Show) 7:30 Good Morning India (News, Ent.) 8:30 Hindi Serial : Kuccha Paapad Pucca Paapad #63 9:00 Hit Ya Fit #366 9:30 Star Morning Film Show: Kaala Sona 2:30 Hit Ya Fit #367 1:00 TSN 1;30 Daily Soap: Tanha #19 2:00 Daily Soap: Meri Saheli #54 2:30 Daily Soap: Saans #55 3:00 Deewarein #23 3.30 Daily Soap: Swabhiman #576 4:00 Jubilee Plus 4:30 Aatish #18 5:00 Hit Ya Fit 5:30 Cine Jharokha #55 (Daily Show) 6:00 Small Wonder (Hindi Dube) 6:30 Fox Kids 7:30 Hello Cinema #11. 8:00 Tu Tu Main Main 8:30 Cincinnati Bublaboo #18 (* Rakhi Tandon, Rahul Bhatt, Raju Kher, Joy Fernandes) 9:00 Star Superhits Film/Events- 11:30 Aaj Ki Baat 11:45 Film Contd. 12:30 Hit Ya Fit 1:00 Daily Soap: Swabhiman 1:30 Daily Soap: Saans #55 2:00 Daily Soap: Meri Saheli #55 2:30 Cincinnati Bublaboo 3:00 Tu Tu Main Main 3:30 Saher 4:00 Rajdhani 4:30 Antaral 5:00 Pal Chhin 5:30 Star Bestsellers

STAR World

6:30 Hollywood Squares 7:00 The Oprah Winfrey Show Ep- Difficult Conversations Follow Up 8:00 Home Improvement 8:30 Happy Days Ep- 9:00 Special Event The 1st Annual Latin Grammy Awards 11:00 The Oprah Winfrey Show 12:00 Damond Fever 1:00 Ooh La La 1:30 The Bold And The Beautifull #2276 2:00 Martin Short Show 3:00 Mork & Mindy 3:30 Happy Days Ep- 4:00 Hollywood Squares 4.30 Home Improvement 5:00 Star News Asia 5:05 Fox World Business Report 5:30 Daily Sope- Friends Ep- (*Jennifer Aniston, Courteney Cox, Lisa Kudroa, Matt LeBlane, Matthew Perry, David Shwimmer) 6:00 Dr. Quinn Medicine Woman #406 Ep- 7:00 French And Saunders #6/6 7:30 Blackddder The Third #1/6 Ep- Dish And Dishonesty 8:00 Series: Murder Call #16/24 Ep- 9:00 Daily Sope- Friends Ep- (*Jennifer Aniston, Courteney Cox, Lisa Kudroa, Matt LeBlane, Matthew Perry, David Shwimmer) 9:30 Star News 10:00 Dr. Quinn Medicine Woman #406 Ep- 11:00 Goodness Gracious Me #6/7 11:30 Blackddder The Third #1/6 Ep- Dish And Dishonesty 12:00 3rd Rock From The Sun Ep- 12:30 French And Saunders #6/6 1:00 Series: Murder Call #16/24 Ep- 2:00 Goodness Gracious Me #6/7 2:30 Blackddder The Third #1/6 Ep- Dish And Dishonesty 3:00 Series: Morris Cerullo 3:30 Exalted World 4:00 Series: Creflo Dollar, Changing Your World 4:30 Sky World News 5:00 Lassie 5:30 Mr. Belevede 6:00 Batman (Complied: SATVIEW News Networks, Tel- 9561588 (108)

DISCOVERY CHANNEL

6:30 Go For It! 7:00 Ushuaia 8:30 Lonely Planet- 9:30 Assignment Discovery 10:30 ESPU 11:00 Outer Bounds 11:30 Shark Files 12:30 Wild Discovery 1:30 Medical Detectives 2:30 Discover Magazine 3:30 Go For It! 4:30 Ushuaia 5:30 Lonely Planet 6:30 Buck Staghorn's Animal Bites 7:00 Naruequest 7:30 Wild Discovery 8:30 Ultimate Guide 9:30 Seatek II 10:30 India Hour: Gulsitan 11:30 Discovery Profile Series- 12:30 Wild Discovery 1:30 Ultimate Guide 2:30 Seatek II 3:00 India Hour: Gulsitan 3:30 Partraits 4:30 Discovery Profile Series- 5:30 Discover Magazine

STAR MOVIES

7:30 Comedy: I Ought To Be In Pictures (*Walter Matthau, Ann-Margret) (12) 9:30 Thriller: Criminal Intent (*Greg Evigan, Alexander Powers, Brenda Bakke) (15) 11:30 Drama: Bulworth (*Warren Beaty, Halle Berry, Oliver Platt) (15) 1:30 Midday Movie: Avalanche (*Thomas Ian Griffith, Caroleen Feeney, C. Thomas Howell) (15) 3:30 Drama: A Time To Kill (*Matthew McConaughey, Sandra Bullock, Samuel L. Jackson) 6:30 E! CP: Samuel L. Jackson 7:30 Comedy: Short Time (15) 9:30 Bhaskar Ghose Show 10:00 Friday Night-All Stars: Tall Tale (*Patrick Swayze, Oliver Platt) 12:00 Friday Fury: When Taekwondo Strikes 02:00 Action: The Edge (*Anthony Hopkins, Alec Baldwin, Elle McPherson) (15)

STAR Sports

6:30 Zimbabwe Cricket New Zealand Tour Of Zimbabwe Bulawayo, ZIMBABWE- New Zealand Vs Zimbabwe 1st Test, Day 3, Highlights 7:30 Inside Cricket: 1st Session 8:00 Cricket Up Close- Sourav Ganguly 8:30 Sports India 9:00 Yachting The Bt Global Challenge 2000/01 Preview & Race Background 10:00 PGA Tour Highlights Bell Canadian Open Oakville, ON CANADA 11:00 FIVB Beach Volleyball - Chinese Open Dalian, CHINA Women's 3rd/4th Placing & Final 12:30 Inside Cricket: 1st Session 1:00 Zimbabwe Cricket New Zealand Tour Of Zimbabwe Bulawayo, ZIMBABWE- New Zealand Vs Zimbabwe 1st Test, Day 3, Highlights 1:55 Live- Zimbabwe Cricket New Zealand Tour Of Zimbabwe Bulawayo, ZIMBABWE- New Zealand Vs Zimbabwe 1st Test, Day 4, 1st Session 4:00 Inside The PGA Tour 4:30 Live- Zimbabwe Cricket New Zealand Tour Of Zimbabwe Bulawayo, ZIMBABWE- New Zealand Vs Zimbabwe 1st Test, Day 4, 2nd & 3rd Session 9:00 ANZ Sportsline 9:05 World Wrestling Federation Live Wire 10:00 Asian Football Show 11:00 NBA Inside Stuff 99/2000 11:30 ANZ Sportsline 11:35 Asian Festival Of Speed 2000 Porsche Asian Challenge Shah Alam, Selangor, MALAYSIA Rounds Three & Four 12:30 Max Power

ESPN

8:30 ESPN's Wednesday Night Baseball 11:30 X-Games Preview/Recap Summer X Games Wrecked 12:00 Live- Sportscenter Bristol, CT USA 1:00 UEFA Champions League 2000/01 UEFA Champions League Group Phase 1, Matchday 1 3:00 UEFA Champions League 2000/01 UEFA Champions League Group Phase 1, Matchday 1 5:00 International Beach Soccer V Mundialito Figueira De Foz Beach, PORTUGAL 5:30 World Of Rugby 6:00 Ladies Pro Bowlers Tour PWBA Bowling - Greater Orlando Classic Altamonte Springs, FL USA 7:00 Cricket: The Sahara Cup 2000 Toronto, CANADA- Pakistan Vs India 2nd ODI, 1st Session 9:30 Cricket: The Sahara Cup 2000 Toronto, CANADA- Pakistan Vs India 2nd ODI, 2nd Session 12:00 UEFA Champions League 2000/01 UEFA Champions League Group Phase 1, Matchday 1