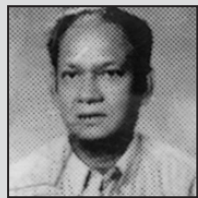


The elusive 'Road Map'

THE HORIZON THIS WEEK

By pushing his settlements towards Jerusalem Sharon is queering the pitch and making solution more difficult. Looking at Ariel Sharon one wonders for how much longer he will be able to play on the world stage. If he really wants a settlement with his foe of more than half a century and beyond, he should really hurry. Otherwise the tide may pass him by and he may never really have his pound of flesh.



ARSHAD-UZ ZAMAN

WITH the latest visit of Israeli Premier Ariel Sharon to US and meeting with President George W. Bush, apparently nothing seems to have changed regarding Israeli attitude to the whole Palestine-Israel question. The Israelis seem hell bent upon to press ahead with their advantage now that they seem to have silenced Palestinian terrorist attacks. Minus US proforma protests there does not appear any change in US policy.

Gaza has been a thorn in the flesh of Israel. Gaza with her teeming millions stacked inside a tiny territory, is by no means an inviting place for the Israelis and they would sooner pull out their settlements. Sharon wants a price for this 'gesture' to the Palestinians and wants to be compensated in the fertile and green West Bank. Indeed Israel has been expanding her

settlement activities in the West Bank dispossessing the Palestinians from their lands.

The Palestinians have been losing land steadily to the Israelis since the war of 1967, when Israel conquered vast tracts of territory from Egypt, Syria and Palestine. Egypt recovered her vast Sinai desert through Camp David accord brokered by President Jimmy Carter. Sinai was recovered in exchange for diplomatic recognition of the State of Israel by Egypt, the first and most important Arab country to do so. Since then Israel has made steady gains and obtained recognition of Jordan and nearly Morocco.

In the current state of affairs there is little to which Palestine can look forward to. President George Bush has declared his readiness to see the states of Palestine and Israel living side by side. Since the US is the sole patron of Israel and the most important player in the region, she is anxious to arrange the cards in the most advantageous way possible. Since the US is involved with Israel in myriad ways, it is inconceivable that Palestine gets a fair deal. The weight of the Arab world does not count too much in the eyes of the US. Of course the Arab world has her 'oil card' to play.

Basking in the glory of bringing Democracy to Iraq, the US may be tempted to carry the export of 'democracy' to the

neighbours of Iraq. On the other hand the Iraqi adventure has been so damaging to US policy as a whole that they may shy away from launching similar adventures.

The second 'Intifada' of late Chairman Yaser Arafat has been a sensational failure. We have to recognise that it is not possible to dislodge a regime however powerful are terrorist attacks and suicide bombers. It is interesting to note that in her push to build new settlements, Israel selects the area near to Jerusalem. We all know that Jerusalem, being the home of three faiths, namely Judaism, Christianity and Islam, the followers consider Jerusalem holy. Indeed it is on the rock of Jerusalem that the almost successful negotiations conducted under the leadership of former US President Bill Clinton, founded. By pushing his settlements towards Jerusalem Sharon is queering the pitch and making solution more difficult.

Looking at Ariel Sharon on CNN one wonders for how much longer he will be able to play on the world stage. If he really wants a settlement with his foe of more than half a century and beyond, he should really hurry. Otherwise the tide may pass him by and he may never really have his pound of flesh.

Arshad-Uz Zaman is former Ambassador and Acting Secretary General, OIC.

11x3

Encountering HIV/AIDS

DR. KAZI MAHBOOB HASSAN

THIS has reference to the point counterpoint feature titled "AIDS crisis looming: A disaster waiting to happen?" by Md Asadullah Khan published on April 10. I would like to add some more points.

Those who are working in the HIV/AIDS sector clearly understand that fighting stigma is perhaps the most difficult challenge. For example the DS report referred to in Md. Asadullah Khan's recent piece ("AIDS Crisis Looming") mentioned the suspected women workers in the nearby shrimp factory -- what is the purpose of publishing such information? This is poor judgment because it ignores their rights based on assumed information. Furthermore, it stigmatizes all those women who are working there. Yes, in a sense it is a "wake up call" -- a wake up call to prevent such demonization.

Many of us can remember the incident of Mr. H. A. Initially a daily newspaper published a story alleging him to be HIV positive, just because he was returning from abroad and suffering from a disease yet to be diagnosed. At that particular time a team was conducting a study close to that region. I was a part of that team led by Prof. Dr. Nazrul Islam collecting specimens from certain high risk groups. We visited him and collected his blood and it was found to be negative. While we were in his home, we saw his situation, the human costs, and sufferings of such reporting.

As Mr. Khan mentioned: "[M]oreover, the virus has either spread or is likely to spread from the returnees carrying this insidious infection because they were not tested on their arrival. Most people in the country and the government prefer to ignore it. So when the first AIDS case surfaced in the country in 1989 -- the carrier being a returnee from abroad..."

Actually it is difficult to justify mandatory HIV testing of the migrant workers or any other group because there are ethical and human rights issues. Mandatory HIV testing is like a modern morality test. Even under most of the appropriate conditions, one percent result will be "false positive." Those who will be in that group of people who falsely test positive, will suffer the inescapable consequences and besides a significant proportion will be tested false negative due to the "window period." That is why there is sufficient scientific justification that HIV testing therefore should be voluntary and must be preceded and followed by counseling.

Among other pressing health issues in our country, AIDS is getting its fare share of attention. Bangladesh is among one of those countries that actually responded to AIDS very early in the epidemic. With national and international collaboration, Bangladesh is fighting this epidemic on all fronts. In 1985, the Bangladesh government started its anti-AIDS program by forming Bangladesh AIDS Control and Prevention Program. Now the program is under the National AIDS/STD Program under Ministry of Health and Family Welfare. National AIDS Policy was developed in 1996. There are numerous national and international NGOs here working among different target groups for a long time.

Both serological and behavioral surveillance among risk groups for HIV started very early and the prevalence is constantly monitored.

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We must focus on our young people. The factors that put the youths in the centre of HIV risk and vulnerability include risky adolescent behaviour associated with experimentation and curiosity, lack of information, education, and supportive services, gender disparity, sexual coercion, injection drug use, cultural and social norms, discrimination, and poverty. Evidence from the success stories suggest that by educating, empowering, and encouraging safer behavior choices among young people, it is possible to turn the tide.

Several rounds of surveillance are completed. Although the latest data suggest the prevalence of HIV is still low, but behavioral risk factors are ubiquitous

Risk factors

Although many people in Bangladesh now have heard the word "AIDS," a significantly high portion of Bangladeshis still need to know how it is transmitted. There are better informed groups, particularly the high-risk groups in certain areas of Bangladesh, due to intensive campaign by many groups

Bangladesh has a large commercial sex industry (unofficial estimate is about 100,000 with half a million customer per day) in different forms. A diverse group of clients buy sex from them -- only a few use condoms. Several studies also documented that there is also sex trade involving men who have sex with men in Bangladesh and the use of condom is very low. Many men who are buying sex either from female or male sex workers are also married, thus their wives are also exposed to the risk.

There are about 25,000 injection drug users in Bangladesh. Needle sharing is very common. In one recent study by ICDDR, the team found high prevalence of HIV (8 per cent) among certain areas which amounts to a concentrated epidemic. Evidence from the world suggests the most successful public health approach to prevent HIV among them is the harm reduction strategy. CARE Bangladesh within this strategy started their needle exchange program, which is successful in reducing needle sharing in certain parts. But access of intravenous drug users to such facilities is still limited. A survey in various cities has shown that half to three-quarters of male injectors paid for sex and close to one in ten bought sex from men or transvestites; less than 25 per cent used a condom the last time they paid for sex.

The way forward

We must focus on our young people. The HIV/AIDS epidemic has always been an epidemic of the youth. Half of the global population now is under the age of 25 years and the fate of this epidemic critically depends on the actions of the young people. UNAIDS estimated that fifty percent of all new adult HIV infections, about 6,000 infections per day, to be among the age group of 15 to 24 years.

Young people are uniquely vulnerable to HIV due to multitudes of diverse and interrelated factors that are ubiquitous. Although still a low prevalence country, but behavioral patterns and extensive risk factors that facilitate the rapid spread of the infection are widespread, making Bangladesh highly vulnerable to an HIV/AIDS epidemic. The factors that put the youths in the centre of HIV risk and vulnerability include risky adolescent behaviour associated with experimentation and curiosity, lack of information, education, and supportive services, gender disparity, sexual coercion,

injection drug use, cultural and social norms, discrimination, and poverty. Evidence from the success stories suggest that by educating, empowering, and encouraging safer behavior choices among young people, it is possible to turn the tide of the epidemic.

Discussion about sex is taboo in our closed society. The most difficult issue is adolescent reproductive health as Dr. Ismat Bhuiya of Population Council Dhaka wrote that although strong family structure

shaped the lives of many adolescents in Bangladesh, but it fails to respond to adolescents' needs for reproductive health information. Bangladesh government has included adolescent health and management and prevention/control of STIs and HIV/AIDS as a component of Essential Service Package (ESP) under its Health and Population Sector Strategy (HPSS). But translating these policies into practices is a different issue as we have to over-

come many structural and systemic barriers. So we have a long way to go, but it must be within very short period of time, as opportunity is running out fast.

There are several studies already published about the sexual behaviour among the married and unmarried adolescent girls and boys, both in urban and rural settings. Many NGOs are now acting on that information. Some NGOs, notably BRAC has a program on sex education. Many NGOs already developed culturally appropriate IEC material regarding the issues for their campaign. As many experts suggests, it is less difficult to provide information, but knowing is not enough, it is necessary to provide skills to act on the information.

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