

## No room for complacency

An effective response requires strategic planning based on good quality science and surveillance, as well as consideration of local society and culture. All sectors of the population should be actively involved in the response, including employers, religious groups, non-governmental organisations and HIV-positive people.

NICHOLAS BISWAS

ACCORDING to new data in *Epidemic Update* published by UNAIDS and WHO very recently, HIV infections have decreased by 17% over the past eight years. In East Asia, HIV infections declined by nearly 25% and in South and South East Asia by 10% in the same time period. The number of AIDS-related deaths has declined by over 10% over the past five years as more people gained to access to life saving treatment. UNAIDS and WHO estimate that since the availability of effective treatment in 1996, some 2.9 million lives have been saved.

The latest epidemiological data indicate that globally the spread of HIV appears to have peaked in 1996, when 3.5 million (3.2 million-3.8 million) new HIV infections occurred. In 2008, the estimated number of new HIV infections was approximately 30% lower than at the epidemic's peak 12 years earlier. Consistent with the long interval between HIV Sero-conversion and symptomatic disease, annual HIV-related mortality appears to have peaked in 2004, when 2.2 million (1.9 million-2.6 million) deaths occurred. The estimated number of AIDS related deaths in 2008 is roughly 10% lower than in 2004.

However, in some countries there are signs that new HIV infections are rising again. HIV prevalence is still increasing in some parts of our region, such as Bangladesh and Pakistan. Bangladesh has transitioned from a low-level epidemic to a concentrated epidemic, with especially elevated rates among injecting drug users (Azim et al., 2008). The over-

whelming majority of people with HIV, some 95% of the global total, live in the developing world. The proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health care systems and limited resources for prevention and care fuel the spread of the virus. There is increased evidence of risk among key populations. While high HIV prevalence has long been documented among sex workers in diverse countries worldwide, evidence was extremely limited regarding the contribution of men who have sex with men and injecting drug users to epidemics in sub-Saharan Africa and parts of Asia.

### What is HIV/AIDS

HIV stands for: Human Immunodeficiency Virus. HIV is a virus that cannot grow or reproduce on its own, it needs to infect the cells of a living organism in order to replicate. The human immune system usually finds and kills viruses, but HIV attacks the immune system itself. As HIV progressively damages these cells, the body becomes more vulnerable to infections, which it will have difficulty in fighting off.

AIDS stands for: Acquired Immune Deficiency Syndrome. AIDS is a medical condition. A person is diagnosed with AIDS when his/her immune system is too weak to fight off infections. It takes around ten years on average for someone with HIV to develop AIDS. However, this average is based on the person with HIV having a reasonable diet, and someone who is malnourished may well progress from HIV to AIDS more rapidly. Since AIDS was first

identified in the early 1980s, an estimated 33.4 people have been attacked by HIV/AIDS.

A person first develops an AIDS-related condition or symptom, called an "opportunistic infection." AIDS can be diagnosed when the number of immune system cells (CD4 cells) in the blood of an HIV positive person drops below a certain level. It is important to remember that a person who has HIV can pass on the virus immediately after becoming infected, even if he/she feels healthy. The only way to know for certain if someone is infected with HIV is for them to be tested.

### How is HIV passed on

HIV is found in the blood and the sexual fluids of an infected person, and in the breast milk of an infected woman. There are various ways a person can become infected with HIV:

- Unprotected sexual intercourse with an infected person;
- Contact with an infected person's blood;
- Use of infected blood products: Many people in the past have been infected with HIV by the use of blood transfusions and blood products which were contaminated with the virus;
- Injecting drugs: HIV can be passed on when injecting equipment that has been used by an infected person is then used by someone else.
- From mother to child: HIV can be transmitted from an infected woman to her baby during pregnancy, delivery and breastfeeding.

Certain groups of people, such as injecting drug users, sex workers, prisoners, and men who have sex with men have been particularly affected by HIV. However, HIV can infect anybody, and everyone needs to know how they can and can't become infected with HIV.

### Minimising measures

Minimising the impact of HIV will require massive response at the national and international levels:

- People need to challenge the myths and misconceptions about human sexual-



AIDS is a relentless enemy.

ity that translate into dangerous sexual practices;

- Legislation is needed to reduce prejudice felt by HIV+ people around the world and the discrimination that prevents people from "coming out" as being HIV positive;
- HIV prevention initiatives need to be increased, people across the world need to be made aware of the dangers, the risks, and the ways they can protect themselves;
- Condom promotion and supply need to be increased;
- Appropriate sexual health education must be provided to young people before they reach an age where they become sexually active;
- Medication and support need to be provided to people who are already HIV+, so that they can live longer and more productive lives.
- Support and care must be provided for those children who have been orphaned by AIDS.

### AIDS out of Isolation

One of the significant findings of the report is that the impact of the AIDS response is high where HIV prevention

and treatment programs have been integrated with other health and social welfare services. Asia's epidemic has long been concentrated in specific populations, namely injecting drug users, sex workers and their clients, and men who have sex with men. However, the epidemic in many parts of Asia is steadily expanding into lower-risk populations through transmission to the sexual partners of those most at risk. In China, where the epidemic was previously driven by transmission during injecting drug use, heterosexual transmission has become the predominant mode of HIV transmission (Wang et al., 2009).

Several countries have taken steps to scale up medical male circumcision for HIV prevention, including Botswana, Kenya and Namibia (Forum for Collaborative HIV Research, 2009). Botswana is integrating male circumcision into its national surgery framework, with the aim of reaching 80% of males aged 049 by 2013 (Forum for Collaborative Research, 2009). As of March 2009, Swaziland had drafted a formal male circumcision policy (Mngadi et al., 2009). A recent analysis determined that the scale-

up of adult male circumcision in 14 African countries would require considerable funding (an estimated \$ 919 million over five years) and substantial investments in human resources development, but that scale-up would save costs in the long run by altering the trajectory of national epidemics (Auvvert et al., 2008).

### Policy measures

To be successful, a comprehensive HIV prevention program needs strong political leadership. This means politicians and leaders in all sectors must speak out openly about AIDS and not shy away from difficult issues like sex, sexuality and drug use.

An effective response requires strategic planning based on good quality science and surveillance, as well as consideration of local society and culture. All sectors of the population should be actively involved in the response, including employers, religious groups, non-governmental organisations and HIV-positive people. Many of the world's most successful HIV prevention efforts have been led by the affected communities themselves.

HIV epidemics thrive on stigma and discrimination related to people living with the virus and to marginalised groups such as sex workers. Their spread is also fueled by gender inequality, which restricts what women can do to protect themselves from infection. Protecting and promoting human rights should be an essential part of any comprehensive HIV prevention strategy. This includes legislating against the many forms of stigma and discrimination that increase vulnerability.

### Concluding message

"International and national investment in HIV treatment scale-up have yielded concrete and measurable results," said Dr Margaret Chan, Director General of WHO. "We cannot let this momentum wane. Now is the time to redouble our efforts, and save many more lives."

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## One year after Mumbai: Some unresolved issues

The attack has generated debates among experts as to who were behind it; how the terrorists could come all the way from Pakistan undetected; if they had local supporters or sanctuaries; if the Pakistani government and ISI or Kashmiri freedom fighters linked with the proscribed Islamist *Lashkar-e-Taiba* (LeT) were the main actors; or if some local terrorists, Hindu militants or drug dealers in collaboration with outsiders orchestrated the carnage.

TAJ HASHMI

ONE year after the sensational attack on Mumbai, most people only know how many people got killed while the city was under "siege," unbelievably by "ten gunmen," for 72 hours between November 25th and 27th. People know very little about who were behind the attack and what led them to do so. While the masterminds are still nameless entities, their motives have remained as mysterious as before.

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From the testimony of the lone surviv-

ing gunman Ajmal Kasab, it appears that their only purpose was to kill as many people as possible, indiscriminately. The Indian government and media seem to rely on Kasab's testimony to implicate the LeT as well as Pakistan. However, "typical" terrorists would not indulge in such a nihilist attack. Nothing short of total insanity would cause the newly elected Pakistani government to send gunmen just to bleed and provoke India.

Meanwhile, there is no doubt about LeT's direct involvement in the attack as several detained leaders of the outfit have already confessed about their role in it. They have, however, denied getting any support from the Pakistani government and ISI in recent years. While India is persistently asking Pakistan to do "more" to de-fang the Islamists, Washington is relatively more accommodative to the Pakistani position that neither its army nor the ISI high command had anything to do with the attack, although it continues applying some pressure on Islamabad to delink junior ISI officials from the proscribed LeT.

Although the assault had all the features of a well-coordinated terrorist attack: stealth and precision of a small number of combatants to cause enormous damage to the enemy; yet, some elements of "typical" terrorist attacks are missing here. Since terrorism is a means to an end and not an end in itself, and is a "weapon of the weak" in support of an avowed political ideology or goal, the "ten gunmen" neither put forward any demands nor did they reveal their motives or identity, despite having access to the media via cell phones. Instead, during the early hours of the attack, they proclaimed their association with an imaginary terrorist outfit from south India, the *Deccan Mujahadeen*. Intriguingly, while one gunman was talking to an Indian journalist over phone, when asked about their motives or demands, he could not come up with any answer.

Nevertheless, the gunmen behaved like nihilist killers. India had experienced this sort of attack several times before; anonymous gunmen and bombers had neither put forward any demands nor championed any cause to justify their act. This is an ominous development. Turning nihilist, Islamist terrorists are no longer fighting for an attainable goal or cause; they want to destroy whatever they consider "un-Islam" first, before attaining their "Global Caliphate" through *jihad*. One may cite scores of examples of such mindless attacks, from Nine-Eleven to the Bali bombing; and the London bombing to terrorist attacks in Pakistan, Afghanistan and elsewhere. It seems that elements within Islamist groups are being drawn to nihilist/anarchist reasoning.

Consequently, it does not matter any more if the "mainstream" of terror networks

does not subscribe to nihilism while the grassroots are fast discarding conventional terrorist tactics of using terror as a means to an end. From the "weapon of the weak" terrorism is turning into the "weapon of the desperate." Then again, for various baffling to mysterious factors, the Mumbai attack is no longer explainable in terms of an LeT-led terrorist attack. The LeT is no longer an Islamist front for the liberation of Indian-occupied Kashmir. It has links with various transnational terror networks in the world. The complexities of Mumbai baffle experts. Christine Fair finds "absolutely nothing Al Qaeda-like" in the attack, and "no fingerprints" of the LeT as "they don't do hostage taking, and they don't do grenade."

The most striking aspect of the attack is not the indiscriminate killing that took place at the Taj Hotel and elsewhere. Some analysts suggest that while LeT provided some foot-soldiers, they are not sure if all the ten gunmen belonged to the LeT and if there were more than ten of them. They point out some "target-killing" as well. Some Hindu militants are said to be in league with Indian and Pakistani Islamist and narco-terrorist rings. Another important but mostly ignored factor in the carnage is narco-terrorism.

It seems that Dawood Ibrahim, the Indian fugitive drug-lord who operates from Dubai and Karachi, and his transnational drug-lord partners were the masterminds of the massacre. A large portion of Afghan drug, worth several billion dollars, is smuggled through Mumbai and Karachi to Dubai, the "drug capital" of the world; and Dawood's men killed his rivals, including a couple of Russians and Israelis at Nariman



Burning questions remain.

House and Oberoi Hotel, in "typical gang-land execution method, not the firing-squad method of the LeT," to convey the message to their rivals.

From the taped telephone conversation (courtesy Fareed Zakaria GPS, CNN, November 15, 2009) between a gunman and his sponsor (presumably in Pakistan) at Nariman House, it appears that the sponsor ordered the gunmen to "take care of themselves" (commit suicide) after shooting the hostages "at the backs of their heads." Gunmen killed the hostages at the Oberoi Hotel in the same manner.

The Dawood Ibrahim factor adds a new and very important dimension to the

problem. His men hired Islamist gunmen, who killed both innocent people and, without knowing, Dawood's drug-lord rivals. The innocent victims were nothing more than Dawood's red herrings. In sum, one cannot explain the ongoing terrorism and insurgencies in Afghanistan and Pakistan without understanding the drug-Islamist nexus. The Mumbai carnage should have been an eye-opener for countries within and beyond South Asia. India and Pakistan cannot remain in peace without addressing nihilist neo-terrorism issue and its dangerous liaison with narco-terrorism.

Taj Hashmi is an eminent Pakistani journalist.

## Nowazesh Ahmed: my naturalist friend and mentor

ENAYETULLAH KHAN

I fell in love with Nowazesh Bhai in 1975 when I had the opportunity to look at his first photo album on Bangladesh, which was adjudged as the book of the year by the British Geographical Society. Later, in 1983, it was called *Portrait of Bangladesh*.

Most of us who knew Nowazesh Bhai intimately will remember him for such a wonderful book. I would love to call it Nowazesh's Bangladesh. His *Wild Flowers of Bangladesh*, with Ali Zaker in 1997, inspired many of us to look at wild flowers more closely. In the middle of 2000, when he was making Rabindranath Tagore's *Chhinnapatra* and *On the Bank of Dhanshiri*, we met several times, and I discovered in him a passion for man and nature.

His work reflected optimism and a sense of joy in human life. All his life he aimed to develop a positive view of the universe and the place of humans in it, one which contributed to the progress of human knowledge, individual freedom and human well-being. At the same time, he wanted to devote his time to conserve the country's biological diversity.

I, together with Nowazesh Bhai, Professor Harunur Rashid, Professor Md. Anwarul Islam, Enam Ul Haque, Philip Gain and Barrister Ishrat Mahmud formed an organisation called Wildlife Trust of Bangladesh (WTB) in 2003. I proposed Noazesh Bhai's name as the chairman, which he politely refused. He made me the chairman and remained as the vice chairman.

Nowazesh Bhai always wanted to make WTB a national institution committed to

conserving the biological diversity of Bangladesh. He believed that by doing so we could protect the natural heritage of Bangladesh. Nowazesh Bhai's dream was to put Bangladesh on the road to attaining sustainability and educate people with values of sustainable development practices. It was his dream to develop WTB as a centre of study and research of biodiversity and sustainability.

To me, Nowazesh Bhai had always been a source of learning and inspiration. He was a designer of extraordinary versatility. He had visited all spheres of life; social, cultural, natural, ethical and what not. With Nowazesh Bhai one would have never felt tired. He was our think-tank on many issues. He visited half of the world and could narrate a vivid account of the light and colour of what he experienced!



Dr. Nowazesh Ahmed with WTB family.

I take it as an untimely death. He was only 74 and we always found him an energetic

and ever-creative human. He was one of the architects of Banglapedia, the Encyclopedia of Bangladesh. He told me that he had yet to finish one more thing, which was the history of the 400 years of Dhaka. I hope others in the Asiatic Society of Bangladesh will complete his unfinished job.

Thank you Nowazesh Bhai for giving me an opportunity to work with you. You guided the WTB crew to help conserve tigers, gibbons, elephants and bears in the country. You helped us develop human resources in this organisation. I give you my word of honour that we shall take WTB a long way and try and fulfill your dreams some day. May Allah bestow peace upon you.

Enayetullah Khan is the Chairman of the Wildlife Trust of Bangladesh.