HIV/ AIDS Epidemic : a striking health problem of This World & Nepal

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Global figure:

As the world enters the third decade of the AIDS epidemic, the evidence of its impact is undeniable. Wherever the epidemic has spread unchecked, it is robbing countries of the resources and capacities on which human security and development depend. In some regions, HIV/AIDS, in combination with other crisis, is driving ever-larger parts of nations towards destitution. It cannot be allowed to turn a blind eye to an epidemic that continues to expand in some of the most populous regions and especially in underdeveloped world.

HIV/AIDS is rapidly becoming a leading cause of disease and death worldwide. It poses a great challenge to public health and socio-economic development of the countries, communities and families. At the end of 2002, it has been estimated that 42 million people globally lived with HIV/AIDS (UNAIDS/WHO). People newly infected with HIV in 2002 are 5 million. Everyday throughout the world, an estimated 16,000 people become infected with the HIV.

TABLE 1. GLOBAL SUMMARY OF THE **HIV/AIDS** EPIDEMIC, DECEMBER **2002**

Number of people living with HIV/AIDS	**Total**	**42 million**
	Adults	38.6 million
	Women	19.2 million
	Children under 15 years	3.2 million
People newly infected with HIV in 2002	**Total**	**5 million**
	Adults	4.2 million
	Women	2 million
	Children under 15 years	800,000
AIDS deaths in 2002	**Total**	**3.1 million**
	Adults	2.5 million
	Women	1.2 million
	Children under 15 years	610,000

Cumulative death due to HIV/AIDs: 21.8 million
Orphans due to HIV/AIDS: 13.2 mil (12.1 million in Africa)

Regional figure

By far the worst affected region, Sub-Saharan Africa is now home to 29.4 million people with H AIDS. In some African countries, national adult HIV prevalence has risen higher than thought possi exceeding 30%: Botswana (38.8%), Lesotho (31%), Swaziland (33.4%) and Zimbabwe (33.7%) South Africa, for pregnant women under 20, HIV prevalence rate is 15.4%. In 2001, an estimate 11% of young women aged 15-24 were living with HIV/AIDS, compared to 3-6% of young man. Wo and girls are discriminated against in terms of access to education, employment, credit, health care, l and inheritance, which are the main reasons for high prevalence of HIV among this group.

In Asia and the Pacific, 7.2 million people are now living with HIV. The rapid growth in this region is to growing epidemic in China. There is remains considerable potential for growth in India, where almo million people are living with HIV. In Eastern Europe and central Asia, the number of people living w HIV in 2002 stood at 1.2 million. HIV/AIDS is expanding rapidly in the Baltic States, the Russ Federation, and several Central Asian Republic.

In several countries experiencing the early stages of the epidemic, significant economic and social chan are giving rise to conditions and trend that favor the rapid spread of HIV – for example, wide soc disparities, limited access to basic services and increased migration. Studies conform the alarming incre in HIV infection rates in selected high-risk groups such as Female Sex Workers (FSWs), Injecting Dr Users (IDUs), and migrant population and transport workers. AIDS recognizes no barriers and has regard for culture, color, creed or class (WHO-SEAR: 1998)

Current projections suggest that an additional 45 million people will become infected with HIV in l low- and middle-income countries between 2002 and 2010 unless the world succeeds in mountin drastically expanded, global prevention effort. More than 40% of those infections would occur in A and the Pacific (currently accounts for about 20% of new annual infection).

TABLE 2. REGIONAL **HIV/AIDS** STATISTICS AND FEATURES, DECEMBER **2002**

Region	***People living with HIV/AIDS***	***Adult prevalence rate (*)***	***Mode of transmission for adult with HIV/AIDS (#)***
Sub-Saharan Africa	*29.4 million*	*8.8%*	*Hetero*
North Africa and Middle East	550,000	0.3%	Hetero, IDU
South and South East Asia	6.0 million	0.6%	Hetero, IDU
East Asia and Pacific	1.2 million	0.1%	IDU, hetero, MSM
Latin America	1.5 million	0.6%	MSM, IDU, hetero
Caribbean	440,000	2.4%	Hetero, MSM
Eastern Europe and central Asia	1.2 million	0.6%	IDU
Western Europe	570,000	0.3%	MSM. IDU
North America	980,000	0.6%	MSM, IDU, hetero
Australia and New Zealand	15,000	0.1%	MSM
Total	**42 million**	**1.2 %**	

* The proportion of adults (15 to 49 years of age) living with HIV/AIDS in 2002, using 2002 population.
\# Hetero (heterosexual transmission), IDU(Injecting drug user), MSM(Men to men sexual transmission)

National figure (Nepal)

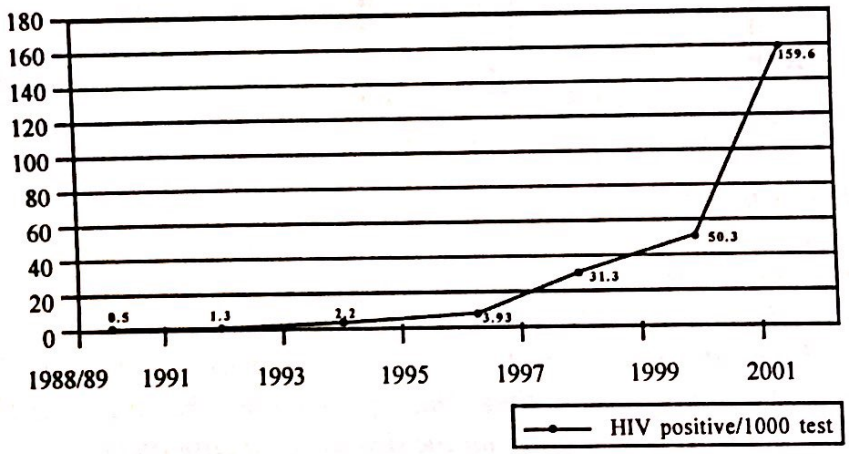
Nepal is located within the South Asia region of the world, which is presently experiencing the fastest rate of new HIV infections. The first case was reported in 1988 and since then 2524 HIV positive cases have been reported. Of these, 620 developed AIDS and 153 have already died (NCASC, OCT. 2002). However, the under reporting, under diagnosis and bias in study sample, the magnitude of the problem is still uncertain. According to another estimates, HIV prevalence in Nepal at the end of 2001 was 58,000 or close to 0.5% of the total 15- 49 year-old population (WHO, 2002). Asian countries with the highest HIV prevalence (2-3% of 15-49 years old population) in the region all have brothel-based FSW as a dominant factor. Because Nepal's pattern of FSW is primarily non-brothel based, it appears likely that HIV prevalence may not reach such high levels.

TABLE 3. CURRENT SITUATION OF HIV/AIDS IN NEPAL, OCT 2002

First case detection	: 1988 (4 reported cases)
HIV positive cases	:2524
AIDs (out of total HIV)	: 620
Death due to HIV/AIDs	: 153
Estimated new cases/day	: 14
Affected age group 14- 39 yrs	:92.5%

National center for AIDS and STD Control (NCASC)

HIV/AIDs trend in Nepal



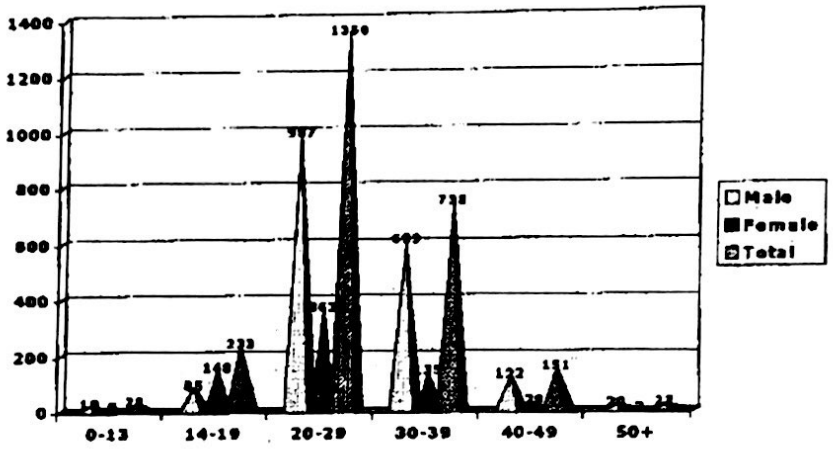
The data suggests that HIV may be increasing more rapidly in certain risk groups. It is now apparent that Nepal has passed from being a low risk country to one with a "Concentrated epidemic" in which the HIV/ AIDS prevalence consistently exceeds 5% in one or more sub groups. This includes IDUs and FSWs in urban area and returning sex workers from India (National Project Document on HIV/AIDS, Nepal: 2001). Studies revealed that among 30,000 IDUs, approximately 40% were HIV positive and prevalence of HIV among FSWs was ranging from 5% to 13 %.

A significant number of people are highly mobile both with in the country and across the boarder; especially with India. The driving force behind it is clearly poverty. Many districts of Nepal face the shameful problem of girl trafficking. A large numbers of young Nepalese girls are recruited as FSW to Indian cities, and many Nepalese males work in India. Sex relation for material benefit has also been on the rise. Intravenous drug abuse among teens is also a widely prevalent problem.

Table 4. Number of **HIV/AIDS** infection by **subgroup** of population

Sub Group	Male	Female	Total	Percents
Clients of SW (sex worker)	1512	51	1563	61.9
Female sex worker (FSW)	-	460	460	18.2
Injecting drug users	304	1	305	12
Housewives	-	161	161	6.3
Blood transfusion	3	1	4	0.16
Mother to child	17	11	28	1.1
Unknown	1	2	3	0.12
Total	**1837**	**687**	**2524**	**100**

Cumulative HIV infection by Age and Sex Group



The main modes of HIV transmission are unprotected sex (infected semen and vaginal fluid), sharing needles (injecting, tattooing, piercing, acupuncture), infected blood, and mother to child (through the placenta, during birth, and breast milk), and more importantly HIV/AIDS inters a community silently and unnoticed. Although HIV inters to the body for 6-12 weeks it does not shows any evidence in blood. Even after positive in blood for many months to years it remain silent. More than 75% develop AIDS within 10 years time. This type of natural history of the HIV/AIDS put the people in more risk. Many people may spread the disease as a case and carrier without knowing they have the problem. Moreover, poverty, ignorance, low-socio-economic factor, migration, trafficking, secondary status of women, and social stigma attached to HIV/AIDS are recognized as a predisposing and aggravating factors which are accelerating the spread of this dreadful disease in Nepal.

In view of addressing this urgent need, His Majesty's Government, UN Organization, USAID and other INGOs and NGOs have focused on STDs & HIV/ AIDS prevention and rehabilitation programs. HMG Nepal launched the first National AIDS Prevention and Control Program in 1988. The national policy of AIDS prevention include: priority to HIV/ AIDS and STD prevention program, the need for a multi-sectoral and decentralized response, the acknowledgement of NGO implemented programs/ coordination, evaluation, services for people living with HIV/ AIDS, a non- discriminatory approach, confidentiality for test results, and blood safety. Education, Advocacy and counseling are one of the areas where the response is yet to concentrate.

Is it our problem? How should we perceive the problem?
How can we save our self and the nation?
As a Military cohort do we need to be aware of this striking health problem?

Conclusion :

Being a member of this World, Nation, Community and the Family, it is our responsibility to make the society divine place to live and hand over it to our coming generation.

HIV/AIDS is our present problem and we are the one who invite or eradicate this event. However, at present people are shocked of Maoist problem and many young innocent Nepalese are killed brutally and also the previous problems are getting worse. However, AIDS problem also not the least. We don't know who will be the next victim. Thus it is high time to think about to control this silently coming enemy. There are many disasters including natural and human made disaster (war, terrorist, rivalry etc) sweeping the human population from the world. Among these, AIDS is considered as one of the leading disaster to young and energetic group of people.

Here, it would be important to highlight the Military population. From all perspective they fall in high-risk group for the HIV/AIDS infection such as, active age (18 years- 52 years old), majority are male, most of the time they are away from family and mobile, and take part in UN peace keeping force for more than 6 months at a time, especially go to AIDS epidemic area Sub-Saran Africa "the world's highest HIV/AIDS prevalence. Thus, we must be aware of the situation to save our self and others by acquiring knowledge about HIV/AIDS and its prevention.

On top of that, military persons are literate, young, energetic, healthy, and brave. Since they travel whole country during their service period, they can contribute their knowledge to the general population, advocate and provide education and counseling about HIV/AIDS. They can work as a corner stone in National AIDS Control Program along with bravery and peace keeping activities. So.. this is how RNA can save the People and the Nation from all DISASTERS: natural disaster, human made disaster or HIV/AIDS (killer disease).

HIV/AIDS related stigmatization and discrimination make prevention difficult by forcing the epidemic out of sight and underground. This inters a community silently and unnoticed.

HIV/AIDS – related stigma comes from the powerful combination of shame and fear – shame because the sex or drug injecting that transmits HIV are surrounded by taboo and moral judgment, and fear because ADIS is relatively new and considered deadly. Responding to AIDS with blame, or abuse towards people living with AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread. The only way of making progress against the epidemic is to replace shame with solidarity, and fear with hope."