

India continues crackdown, dismissing hundreds of AIDS groups

In a massive cleanup, India's National AIDS Control Organisation (NACO)—a division of the country's Ministry of Health and Family Welfare—has discontinued its support for almost 350 nongovernmental organizations engaged in the prevention of HIV infection.

According to NACO officials, the contracts of the nongovernmental organizations (NGOs) were ended in two separate rounds within the past year. After the start of the third phase of India's National AIDS Control Program in 2007, NACO terminated the contracts of 172 NGOs because it considered them to be involved with issues that did not match its new program focus. Migrants and street children, for example, are no longer the primary focus of targeted interventions in prevention and treatment.

NACO shut down an additional 176 NGOs after an internal review conducted later in 2007, NACO's finance director Suresh Kumar confirmed to *Nature Medicine*. The NACO review recommended ending the contracts of corrupt or inefficient NGOs.

However, NACO director general Sujatha Rao denies that the dismissal of the nongovernmental groups is influenced by a recent internal World Bank review that created shockwaves. The World Bank report, released on 11 January 2008, revealed massive corruption in five health projects in India—projects that focused on AIDS, malaria, tuberculosis, and food and drugs capacity building and a state project to improve health systems. Of these projects, the second phase of India's National AIDS Control Program, which spanned from 1999 to 2006, received the largest funds, worth \$193.7 million, from the World Bank.



Close scrutiny: Under the leadership of Sujatha Rao, NACO has terminated numerous contracts.

The bank review found that contracts were awarded to some NGOs that did not exist or that were engaged in activities unrelated to improving health, such as tree planting, distributing school dresses and promoting handicrafts. NACO is seeking more details from the World Bank, such as the names of officials or middlemen receiving bribes. And on 4 February 2008, NACO initiated an independent verification of the bank's findings, Kumar says.

Oddly enough, it was the World Bank that described NGOs as the “engine” of a decentralized National AIDS Control Program, and encouraged the involvement of NGOs in the program's second phase. But experts say inadequate staffing made it difficult to monitor the activities of NGOs in high-incidence states such as Maharashtra and Andhra Pradesh, which

have half a million HIV-positive persons each.

Civil society organizations and public health experts say they are not surprised by the findings in either the World Bank or NACO reports. “This is not the first time the bank has discovered corruption in Indian projects,” notes Ritu Priya, associate professor at the Centre of Social Medicine and Community Health at the Jawaharlal Nehru University in New Delhi. In 2005, for example, the bank found corruption in its reproductive and child health projects.

An estimated 2.5 million people are infected with HIV in India, according to UNAIDS. In light of this, Priya says further steps need to be taken. “Weeding out corrupt NGOs is welcome. But the process should not end here. There is no indication of what alternate plan NACO has to reach out to infected poor in far-flung areas.”

T.V. Padma, New Delhi

Swiss stance on HIV transmission sparks concern

A report suggesting that it is safe for some individuals infected with HIV to have sex without a condom has sparked controversy and concern among scientists. The conclusions of the report from Switzerland's National AIDS Commission, published in the *Bulletin of Swiss Medicine* in late January, fly in the face of the decades-old HIV prevention message to always use barrier protection.

The Swiss researchers reanalyzed data from previous studies and concluded that sex without a condom is safe under specific conditions, such as when the infected person is

in a long-term, monogamous relationship, has had undetectable levels of the virus for at least six months and complies with a strict antiretroviral medication program. They stressed, however, that the finding does not apply to all HIV-infected individuals on medication and that such sex requires the informed consent of the infected person's partner.

Myron Cohen, director of the University of North Carolina's Center for Infectious Diseases in Chapel Hill, points out that although the risk of transmitting the virus to an uninfected partner decreases under the conditions of the Swiss study, it does not disappear entirely.

“We have an HIV epidemic,” explains Cohen, “and suggesting that some people with HIV can have sex without a condom will only create confusion and make it worse.”

But the debate is set to continue. Another study released in early February found that macaques on antiretroviral medications don't acquire the simian version of HIV when exposed (*PLoS Med.* 5, e30; 2008).

The result supports the idea that taking a combination of antiretroviral medicines could slow or prevent HIV transmission in humans, although follow-up research is needed.

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