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NACP-III: A Socio-Political 'Hot Potato' That India Will Rue Baking

*- Rami Chhabra**

Introduction

There cannot be - should not be - two views on the need for India to implement an effective HIV/AIDS Programme to prevent this deadly disease and provide specific attention and assistance to those already afflicted. But the National Aids Control Programme - Phase III (NACP-III), quietly launched by the National Aids Control Organisation (NACO) in May 2007, raises enormous disquiet on several scores. Foremost is the nature of the predominant substantive content of a $2.5 billion NACP-III World Bank-plus-donors-backed Investment Plan; further, the haste and casualness of clearances.

NACP-III clearly evidences a lack of awareness at the highest quarters of Indian policy-making of the complex socio-political implications of its proposed large-scale country-wide "Targeted-Interventions" (TI) programme concentrated on "High-Risk" populations – both euphemisms for a strategy that normalizes high-risk sex behaviour and which is based on research evidence being contested as weak at best, manipulated at worst. Surreptitiously built through the largely externally-funded and externally-driven National Aids Control Programme Phases I & II, TIs are now centre-stage primed with lush funding in Phase III.

Further, this time India is spending very considerable government funds on NACP-III– Rs.2860 crores through direct financial allocation in the Rs.11, 585 crores Investment Plan (besides unquantified diversion of scarce human/material state resources) at the cost of much else needed to be done in India's grim public health scenario. This approach also goes against the grain of India's considered health policies promising integrated health services as it seeks to implement HIV/AIDS work through a further enlarged vertical structure whose past performance and supervision has been well-critiqued by government's own audit and accountability institutional systems – the Comptroller General of Audits and Accounts (CAG) and Public Accounts Committee (PAC) - as leaving much to be desired. Why and how this is happening are questions that need to be vigorously raised – and answers demanded.

Indeed it is to be recognized that HIV/AIDS is one of the most critical political – indeed, civilisational - issues of our times. The strategic paradigm selected to deal with this deadly disease and resources heavily biased for its implementation, determine not just the sought-after public-health outcome but inter alia impact and shape the social worldview/lifestyle of society as a whole. HIV/AIDS deals with the most controversial intimate aspects of human existence, power and gender relationships. Consequently, it is a powder-keg ready to explode if left unattended; but no less explosive if tackled wrongly. This makes it imperative that the right strategies are chosen to tackle HIV/AIDS, so that they do not backfire and derail the programme as happened with the misguided efforts to achieve accelerated family planning in the seventies; this time, with even deadlier consequences likely. There is reason to fear that we are forgetting history and would rue for long the mistakes being made today.

Part I: Looking Closely at NACP-III

Health Sector Controversies and NACP-III Finalisation

NACP-II officially closed on 31st March 2006 – the original five-year project (1999-2004) having run through its two-year extension period. At the time of NACP-II closure - World Bank aid to India's health sector stood suspended as five health sector projects,

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including Reproductive and Child Health (RCH-I), were under investigation for corruption, since verified in number of instances.[1]

The Report on RCH-I identified NACP-II amongst "projects at risk", flagging that its Procurement Support Agency (PSA) - Hindustan Latex Ltd, was already charged in the World Bank investigation on RCH-I, it had received $206 million credit and a successor–project was scheduled to come up for World Bank Board clearances in the coming months.[1] Earlier, CAG had already documented issues with yet another PSA such as irregular award of contracts for refrigerators, deep freezers that did not match technical specifications, other infructuous expenditure, including purchase of Rs.60 lakhs worth of defective HIV test kits.[2] Earlier, a complete wall of silence on NACP-II led researchers to the erroneous conclusion that NACP-II was not being included in scrutiny.

But, apparently, the Detailed Implementation Review launched by the World Bank in 2006 did also examine NACP-II alongside four other health projects. It has found "significant indicators of fraud and corruption" that include "collusive behaviour, bid-rigging, bribery and manipulative bid practices". In NACP-II the review is stated to have found that "selection and oversight of NGOs chosen for workshops and targeted interventions was corrupt. Procurement officials demanded and received bribes in exchange for rewarding contracts. Many NGOs were not qualified to carry out HIV prevention activities and some did not even exist. They furnished false certificates to show their eligibility. Fraud was detected in 82 per cent of the 217 locally procured contracts." (*Indian Express*, Delhi, Page 1, January 12, 2007). A CBI inquiry is reported to have been ordered by Government of India now – mid January 2007 (*Hindustan Times*, Delhi, Page 1, January 13, 2007). These latest press reports –appearing only in some sections of the media – only reinforce the arguments of this article written some months ago, albeit that World Bank is late-awakening to certain shortcomings. Interestingly, it is said that World Bank will use the Right to Information Act to track implementation of its projects now! (*Hindustan Times*, Delhi, ibid).

Another interesting development to note - as NACP-II officially ended there was a virtual global media-blitz highlighting findings of a survey claiming evidence of HIV-decline in Youth in South India and linking this with effective NACP-II TI (Targeted Intervention) strategies.[4] Few reports mentioned that the lead co-author of the study was none other than the World Bank Task Force Leader for Second National Aids Project formulation!

However, in the spring of 2006 there was enough internal resistance within World Bank not to bypass the health sector credit-suspension even for HIV/AIDS. But as credit-funding resumed later – with the Indian Government exercising political pressure and providing assurances of instituting effective safeguards against corruption, streamlining of procurement procedures etc., the Final-Appraisal Mission on the World Bank's Third National Aids Control Project took place in July/August 2006.

Meanwhile, NACP-III remained shrouded in secrecy for the general Indian public beyond

NACO's claimed "wide consultations with civil society". Far from being readily available in the public domain as it should have been, the draft of NACP-III Strategy & Implementation Plan and the supporting research for its formulation could only be obtained from NACO through a protracted Right to Information battle[5] fought by this author and the Commission on Right to Information giving specific orders to part with the information.

NACP-III Receives Clearances with Curious Casualness

NACP-III was approved in May 2007 by the Cabinet Committee on Economic Affairs (CCEA). This was shortly after World Bank Board cleared a $250 million credit-loan on 26th April 2007, curiously in the midst of the World Bank's acute Presidential turmoil, although there still remained then, as now a significant gap in donor commitments towards the full proposed $2.5 billion investment, earlier waited to be filled.

Thereafter, the Ministry of Health moved, and in turn, CCEA approved the overall Rs.11,585 crores investment-plan, committing Rs. 2860 crores as direct GOI contribution, amounting to nearly 25 percent of the total investment and 42 percent of committed funding so far.[6]

Rs.11,585 crores is a five-fold increase over NACP-II investment with NACP-III seeking mainly to "intensify and upscale" NACP-II strategies. Curiously again, CCEA did not choose to wait even the few weeks needed for the NACP-II end-evaluation report- well underway at the time - to assess whether strategies being intensified and upscaled merited such faith. (Setting aside for the present other issues such as NACO's past record of lack of transparency, the absence of the data available in the public domain as also public debate on evaluation findings that should be prerequisite for such massive funding for a

Serious Fraud Revealed in Five World Bank Health Projects in India

The World Bank and the Government of India have taken measures to tighten the monitoring of Bank-aided health projects in the country after a recent internal review found serious incidents of fraud and corruption

Nearly two years after it suspended aid for a health project in India, the World Bank has again detected serious fraud and corruption in five health projects funded by it across the country. The government has ordered a CBI inquiry into the revelations and promised "exemplary punishment" to those found guilty. The Bank has said that oversight of its entire health portfolio in India would be tightened.

The corruption was detected in projects worth a total of US$ 568 million, the Bank revealed on January 11, 2008.

Serious lapses in auditing, malpractice and corruption were discovered by an internal review conducted by the Bank in projects relating to eradication of tuberculosis, malaria and HIV/AIDS control schemes launched between 1997 and 2003 that were jointly funded by donors, the Indian government and the World Bank.

Bank-aided projects under investigation included the $ 114 million Malaria Control Project, the $ 82.1 million Orissa Health Systems Development Project, the $ 54 million Food and Drug Capacity Building Project, the $ 193.7 million Second National HIV/AIDS Control Project, and the $ 124.8 million Tuberculosis Control Project.

A Detailed Implementation Review (DIR), launched by the World Bank in 2006, with support from the Indian government, monitored implementation of World Bank-funded schemes. "The probe has revealed unacceptable indicators of fraud and corruption," World Bank Group President Robert B Zoellick said in a statement .

The report found indications of fraudulent and corrupt practices related to procurement, such as collusive behaviour, bid-rigging, bribery and manipulated bid prices. It also found irregularities related to deficient civil works certified as complete, broken or damaged equipment certified as compliant with specifications, and under-delivery of services from contractual obligations.

Four of the five projects have already been completed while the fifth project pertaining to food and drug capacity-building is still on and funds yet to be disbursed. This project, a World Bank statement says, will now be brought under review to incorporate the DIR findings.

The Indian government has reacted to the revelations by saying it will take speedy and tough action against those found guilty. In an official statement, the government clarified that the review was in the nature of a fact-finding report and did not extend to a detailed investigation.

India's Health Secretary Naresh Dayal said four teams of people from the finance and health ministries would be set up to "probe the irregularities". "Detailed investigations will be done after we study the report," he told the media.

The finance ministry warned that *it would pursue "exemplary punishment" of wrong-doers if ongoing investigations merit it.* Dayal added that the health ministry has been working on framing detailed guidelines and modalities to increase and strengthen the procurement capacity of states in order to curb corruption in healthcare projects.

On the Indian government's response, Zoellick said: "I appreciate the resolute commitment of the government which will be in the lead in pursuing criminal wrong-doing. On the Bank's side, there were weaknesses in project design, supervision and evaluation. There are also systemic flaws... I'm determined to fix these problems," he said.

Zoellick added that the Bank's governance and anti-corruption work from now on would be placed under the scrutiny of independent and external reviewers to ensure that the institution was making tangible progress in its fight against corruption.

Meanwhile, remedial measures already being built into new projects include web publication of proposals and contract awards, social audits, aggressive tightening of procurement controls and faster processing of complaints and subsequent action.

The World Bank is not considering stopping loans to health projects in India as of now, though it has tightened the review of its health projects in the country. "We will do our own investigation. We need to make procurement procedures at all levels foolproof. All projects, funded and otherwise, will now go through more stringent audits and performance reviews to ensure this does not happen again," said Dayal.

Corruption in the health sector may not be confined to foreign-funded projects — a recent report by the Comptroller and Auditor General (CAG) that was tabled in Parliament in November 2007 revealed that standard good pharmaceutical practices were largely ignored by the department of health and family welfare and government-run hospitals.

Source: www.forbes.com , January 14, 2008
Hindustan Times , January 14, 2008, *The Hindu* , January 12, 2008, AFP, January 12, 2008

programme impinging on people's lives.)

Cleared to Tackle HIV-Infected Numbers Known Uncertain, Prior End-Evaluation

Nor, again curiously, did CCEA bother about HIV-estimates figures, mired at the very time of clearances in considerable media-controversy. Results from two major population-based surveys conducted in India in 2004/2005 were then being widely discussed by experts and the media – i.e. NHFS-III - the Third National Fertility & Family Health Survey that had examined over 100,000 representative blood-samples for HIV-infection and the Administrative Staff College of India's population-based survey of high HIV-prevalence Guntur District, both having uncovered drastically lower infection-rates than being projected by NACO.[7]

Moreover, a number of global experts, including Dr. James Chin, the former WHO global surveillance-chief on HIV-estimations, were already backtracking substantially on HIV-estimates across the developing world, including raising issues on India's figures.[8] Nearly 30 countries had/were in process of reducing HIV-estimates, many by half.

But CCEA ignored all this. It blandly directed mid-course "incorporation of recommendations, if any" from the NACP-II end-evaluation; sidestepped the estimation controversy; approved the investment-plan and committed GOI's whopping Rs.2860 crores upfront – of which Rs.2031 crores is for condoms alone; Rs.418 crores for NACO to increase its already 800 strong force with 1300 posts/1200 contractual assignments and vertical district units.[9] All under a government committed to downsize and integrate health services!

It may also be noted that the current direct national contribution is more than the sum of money mobilized from World Bank and all other external funding in the previous two NACP phases and yet does not include the additional infrastructure/human resources costs/ other inputs that willy-nilly are diverted from states' resources as vertical centrally-funded programmes are mandated and expanded to every village and kasba. In the much smaller NACO-II these were estimated by the government at over $221 million.[10]

Disproportionate-Funding, Vertical-Deepening for One Disease

Not disputing the acute need for HIV prevention and management, there remains the serious point of contention on *how* this is best done and on where the resources go. Ironically, WB's own analytic assessment in the appraisal document reveals that: "In the last 2 years of NACP-II, domestic expenditure by GOI already averaged nearly $55 million a year and amounted to 32 per cent of total public health expenditure and 4.75 per cent of the total GOI expenditure on health. It constituted 76 per cent of expenditure on all central disease control programmes put together."[11]

With further five-fold increase of NACP-III budget over NACP-II, World Bank admits that this significant scaling up of expenditure on HIV/AIDS may affect resources available for diseases such as tuberculosis, malaria, leprosy and other vector-borne diseases, but anticipates increasing health budgets for other diseases with which HIV/AIDS proportion of public health expenditure could downturn to 23 percent of public health expenditure by the end of NACP-III.[12]

A third of all public health expenditure in recent years, possibly more now, a quarter later if resources increase – frightening that, while much is made of HIV/AIDs figures as being high, other diseases even more widely prevalent are deprived of scarce resources.

Consider just these few facts on the size of some aspects of the disease load in India to place into perspective the enormity of deprivation that occurs when lopsided attention is given to one disease in a resource-constrained scenario:

- TB: 1/3 of world cases -15 million cases; largest number of multi-drug resistant cases.
- Acute respiratory diseases :950,000 deaths per year
- Acute diarrohea: 19 crore illness-episodes a year; estimated mortality of 1 lakh children each year.
- Malaria, especially falciparum malaria estimated 2-3 million cases per year; estimated mortality 20,000.
- Chronic respiratory diseases: 65 million cases and cause for 2.5 % of all deaths in 2000.
- Parasitic infections including hookworm infections, contributing in major to iron-deficiency anemia and filariasis
- Kala Azar –significant public health problem in certain states and causes.
- Anemia -74.3% prevalence in children; 49-56% in women – contributing to one-third maternal mortality.[13]

What are India's Compulsions for Accepting Narrowly-Earmarked External Funds?

But not only has GOI no qualms about according such distorted funding pre-eminence to a single infection/ disease and magnifying its vertical organizational

structure, it has also had no compunction about agreeing to an External Aid component that principally straitjackets the external support to a still narrower part - the controversial strategic thrust of Targeted Interventions for High Risk Groups (TIHRG).

Further, external-aid has insisted on as much as Rs.2589 crores outside the national budget, even though there exists Rs.1146 crores-gap within the national budgeted-outlay itself (See Table I). The "finance-gap" will be further considered by WB for "supplemental financing" in later years, "only when satisfied that implementation of the project, including disbursement and substantial compliance with loan covenants is satisfactory."[14]

Now why should an embarrassingly foreign-exchange-rich India - currently sitting on several hundred billion dollars - allow itself to be dictated to on what it should do in a very sensitive societal area, that too for small crumbs? A considerable part of the external-credit-cum- external-aid currently committed was reportedly available only for a TI-dominated conceptualization of NACP-III on a take-it-or-leave-it basis. The matter of compliance of loan covenants needs greater attention, on which a little later.

Finally, how could a clearly colossal expenditure within the health sector outlay get speedily cleared on the basis of dealing with a stated HIV-infection-load of 5.2 million persons - and mathematical models projecting to avert 9.4 million new HIV-infections through its implementation-[15] when these basic figures were known to be clouded in controversy and independent end-evaluation report are still unavailable?

HIV-Estimates Halved Immediately After NACP-III Clearance

Within weeks of NACP-III clearance a drastically revised HIV-infection-burden is announced. The Expert-review group is convened only in the wake of NACP-III approval. This is part of the strategy. For referring to Component 4: Strengthening Strategic Information Management the WB document states: "The models used to generate national and state estimates on the basis of surveillance data will be reviewed." So with NACP-III instituted NACO finally convened the review to examine data known to the organization for a year or more and presto! HIV-estimates are halved! India is now estimated to have 2-3.1 million HIV-infected, and a 2.5 million median figure.[16] A lower estimate also for new infections expected to be averted is concomitant to this development but no statements have yet been issued on the new "infections-averted" projections.

Thereafter, Union Health Minister Anbumani Ramadoss and NACO officials go on a media-blitz - emphasizing lowered figures do not minimize the challenge and assuring there will be no budget cuts in NACP-III following drastic curtailment of problem-size, simply more money available to do more, better, for fewer numbers![17]

GOI Abdication of National Sovereign-Right to Independent Decision-Making

Not revealed to the public by the Health Minister, NACO officials or anyone else at any level, while government secured media mileage with statements on the issue, is the real reason for such spendthrift generosity: the amazing fact that GOI, while accepting this paltry $250 million credit with its elaborate donor-line-up, actually signed away India's sovereign right to decide its own future course of policy-making and action on this domestic front that constitutes one of the most intimate, controversial matters in Indian society. GOI is in no position to change any part of its cleared plan, notwithstanding changed HIV-estimates, which were actually anticipated even as it consciously abdicated sovereign decision making.

Categorically stipulated as the final of the 9 Credit Conditions and Covenants to which GOI put its signature-seal to receive the US $250 million equivalent credit for the Third National HIV/AIDS Control Project and its accompanying external aid commitments is the following: "The GOI throughout the duration of the program shall cause the executing agencies to implement the GAAP, **refrain from taking any action which shall prevent or interfere with the implementation of their Plan, not waive, amend or abrogate the Plan** and, provide a written report on progress achieved in the implementation of the Plan semi-annually.[18] (emphasis mine)

GAAP is the acronym for Governance Accountability & Action Plan. However, the fact that the operative highlighted follow-up sentence uses the word Plan instead of using language referring to **its** implementation or reiterating the acronym GAAP obfuscates what is being bound down – the plan for accountability and procedures as GOI/NACO could well claim in response to this open criticism, or the entire Programme Implementation Plan (PIP)?

Having observed the World Bank's and NACO's record of masterly subterfuge in the Second National Aids Control Project document - in which Targeted Interventions although initially allocated less than a quarter of the loan-credit budget were insidiously made the operative cornerstone through not only grant add-

Table I: Sources of Funding for NACP III: Details of Donor Support

Sl. No.	*Source*	*Amount (Rs. in crores)*
I	**Government of India (DBS) NRHM and Direct support**	**2861**
II	**EAC (External Aid Comp)**	
i.	World Bank	1125
ii.	DFID	808
iii.	GFATM (II,III,IV & VI)	1787
iv.	UNDP	71
v.	USAID	225
	Sub Total	**4016**
III	**Outside Government (Direct funding from other donors) Committed**	
i.	UN	252
ii.	DFID	54
iii.	Gates Foundation	1425
iv.	USAID	450
v.	Clinton Foundation	113
vi.	Other Bilaterals	63
vii.	Other Foundations	155
viii.	EU	77
ix.	**Other sources** (Recipients from Global Fund such as Population Foundation of India & Alliance International & Other International Donors)	**523**
	Sub Total	**3112**
IV	**Private** (projected and includes funds to be spend by industry on preventive services to their employees)	**450**
V	**Future Mobilization**	
	Global Fund Future Rounds	450
	World Bank IDA 15 supplementary fund	696
	Sub Total	**1146**
	Grand Total (I+II+III+IV+V)	**11,585**
Source: MOHFW, Note for CCEA		

Table II: Core Indicators for Monitoring of NACP-III; Achievements of Targets by End of Project 2012

Sl. No.	*Indicators*	*Base Line 2006*	*Through Govt. Budgetary Support*	*Through Extra Budgetary Support*	*Total*
A	**Prevention Package in High Risks/ vulnerable Population**				
1.	Number of TI for CSW, MSM, IDUs	700	1260	840	2100
2.	Number of sex workers and their clients reached by intervention	0.55 million	0.60 million	0.40 million	1 million
3.	Number of MSM contacted	0.46 million	0.90 million	0.60 million	1.5 million
4.	Number of IDUs covered	0.19 million	0.14 million	5 million	0.15 million
B.	Condom Promotion				
5.	Number of condoms distributed	1600 million	3000 million [1000 million (total subsidy) +2000 million (partial subsidy)]	500 million	3500 million
6.	Number of condoms distributed by social marketing programmes	600 million/ year	2000 million/ year	-	2000 million/ year
C.	Basic Services				
7.	Number of ICTC's established	2815	4955	-	4955
8.	Number of persons tested for HIV	3 million	22 million	0 -	22 million
9.	Number patients treated for STIs	1.5 million	10 million	5 million	15 million
10.	Number of pregnant women covered through PPTCT Counselling	2 million	7.5 million	- -	7.5 million
D.	Blood safety Measures				
11.	Number of units of blood for transfusion	5 million	6.0 million	2.5 million	8.5 million
12.	Percentage sero-reactivity in blood (HIV)	0.28%	<0.1	-	<0.1
13.	Percentage of voluntary blood donation	56.44%	90%	-	90%
E.	Care, Support & Treatment				
14.	Number of ART centres established	100	250	-	250
15.	Number of PLHA put on ART	60,000	280,000	20,000	300,000
16.	Number of CLHA on ART	3600	30000	10000	40000
17.	Number of CCC established	190	350	-	350
Source: MOHFW, op.cit.					

Table III: Summary of Financial Requirements for NACP-III

(Rs. crore)

Programme Components	*Total*	*Per cent*
Objective 1: Prevention		
1. Targeted Interventions among HRGs (FSW, MSM and IDUs)	2288	19.7%
2. Other interventions (Truckers, Prison inmates, Migrants etc.)	132	1.1%
3. Package of Services	1393	12.0%
4. Blood Safety (including mobile blood banks)	955	8.2%
5. Communication, Advocacy and Social Mobilization	1018	8.8%
6. Condom Promotion	2000	17.3%
Sub-total	**7786**	**67.2%**
Objective 2: Care, Support and Treatment		
7. ART	1334	11.5%
7.1 Paediatric ART	111	1.0%
7.2 Centre of Excellence	15	0.1%
8. Care and Support (Community Care Centres and Impact Mitigation)	493	4.3%
Sub-total	**1953**	**16.9%**
Objective 3: Capacity Building		
9. Establishment Support and Capacity Strengthening	277	2.4%
10. Training	220	1.9%
11. Mainstreaming/Private sector Partnerships	125	1.1%
12. Managing Programme Implementation and Contracts	288	2.5%
Sub-total	**910**	**7.9%**
Objective 4: Strategic Information Management		
13. Monitoring and Evaluation	195	1.7%
14. Surveillance	80	0.7%
15. Research	85	0.7%
Sub-total	**360**	**3.1%**
16. Contingency @ 5%	576	5.0%
Grand Total	**11,585**	**100.0%**
Source: NACO (2006) NACP Phase III (2007-2012), Strategy and Implementation Plan, November 30, p.216		

ons but the device of Key Indicator monitoring to assess project objective fulfillment –this is unlikely to be a loose drafting slip! I might add that when NACP-II was challenged by women activists on this issue, the then Health Secretary - who went on to a senior WHO assignment on his retirement from the Health Ministry - officially contradicted the TIs as having a crucial determining role in NACP-II!

Why else should Dr. Ramadoss be falling backwards to insist revised estimates do not change anything?

What is this Plan & Why is it so Sacred that it must not be Changed in any way?

So let us see what is this precious Plan for which India, while receiving a pittance it does not need, takes the unprecedented step of compromising national sovereignty, political capital and intellectual capability by foreswearing inherent rights to prevent, interfere with implementation, waive, amend or abrogate the agreed Plan in any way? The public needs to know why and how such unprecedented steps have been taken. What are the pressing reasons for which the authorities well-cognizant of the possibility of much lower estimates existing disregarded the same to hastily sign and bind the nation to such an emasculating clause?

Table II providing the Core Indicators for Monitoring NACP-III for Achievements of Targets by End of Project (2012) approved by CCEA, together with Table III presenting the summary of financial requirements in the NACP-III Strategy & Implementation document provide a clear portrait of the Plan made "sacred".

Strategic Thrust: "Prevention Package for High Risk/ Vulnerable Population"

From the Core Indicators it can be well-gauged that the Plan accords top-primacy to what it calls a Prevention Package for High-Risk/Vulnerable Population, constituting principally of what are called "Targeted Interventions" (TIs). (TIs are euphemistic shorthand for the strategy of "non-interfering, non-judgmental" identification, mobilization and association into organizations of "high-risk" persons to receive selected services termed "comprehensive" seeded and nurtured through NACP-I &II.)

As Table II shows NACP-III aims to cover 1 million "Commercial Sex-Workers" (CSW) and their clients; contact 1.5 million "Men-Having-Sex-With-Men" (MSM) & 0.19 million "Intravenous Drug-Users" (IDU). The financial break-up of this TI approach further reveals that while 1260 TIs - to cover 0.60 million CSW, contact 0.90 million MSM & 0.14 million IDU – will be through Govt. Budgetary Support, another 840 TIs –to cover 0.40 million CSW and their clients, contact 0.60 million MSM and 0.05 million IDU – are to be organized and implemented through Extra Budgetary Support. These comprise the major targets for the external aid component and so obviously absorb the bulk of Rs.3500 crores placed outside government budgeting.

What Fiduciary Oversight of Extra-Budgetary Expenditure?

A number of conditionalities relating to financial and management reform and audit, including the development of a Governance & Accountability Action Plan (GAAP) imposed by WB this time round testify eloquently to the considerable laxity in implementation and supervision hallmarking NACP-II – and an attempt to improve the situation.

The fiduciary oversight to be provided on the huge investment outside government budgets is however unknown. WB qualifies its statement: "Project performance (through monitoring and evaluation arrangements and indicators used) will measure performance of the entire country program including interventions by all players." (A pointer to this not being the case in NACP-II.) But a tiny footnote amplifies that WB's fiduciary oversight is limited to the "pooled funding column" (g) in Table 1 while Monitoring and evaluation will cover the entire country plan." Col (g) is only for "balance pooled financing by GOI, partially through DFID and WB."[19]

(Despite efforts to find out from concerned officials, including several attempts to seek a meeting with the India Director of the Gates' Avahan Foundation who was consistently unavailable, there is no information in the public domain regarding the expenditures incurred and outcomes achieved through the considerable non-government investment made by the Gates Foundation and other donors during NACP-II, although technically key officials of the Ministry of Health/NACO have oversight roles on the Board (s). This must not be dismissed as a question of the payers' rights to determine what they want to do with their own money – for the socio-cultural and political impact of the strategies being implemented under the HIV/ AIDS mantle are directly borne by the Indian people.

Huge Investment for What?

The Summary of Financial Requirements of NACP-III [20] giving investment break-up further illuminates the now "sacred" Plan, including what the Core Indicators cover/contact will consume and seek to achieve.

In monetary terms, it is to be noted that Prevention is accorded two thirds of outlay; the direct earmark for TIs as much as 20 percent or one fifth of the overall investment. Further, the "Package of Services" servicing high risk persons absorbs another 12 per cent and Condom Promotion alone a whopping 17.3 per cent. **Together these account for over 50 per cent of the investment – Rs.5681 crores out of the Rs.11, 585 crores, not yet counting other elements** from Communication, Advocacy and Mobilization (Rs.1018 crores) that will indirectly and directly support this priority to High Risk Population strategic thrust, create "enabling environment" and "grassroots-linkages".

By contrast, Care Support & Treatment of the disease-affected receives less than 17 per cent of the total outlay; care and support per se being only 4.3 per cent with 12.5 per cent on Anti-Retroviral Therapy (ART). Coverage is modestly targeted to 340,000 persons including 40,000 children. Extra-budgetary sources contribute only to 30,000 or about 9 per cent of this humanitarian coverage.

The Core Indicators chart zooms in clearly on the strategic-priorities: 3 billion condoms distributed a year including 2 billion by social-marketing through Govt Budgetary support, while extra-budgetary-support will finance another 0.5 billion condoms. "Basic Services" constitute of establishing another 2000 or so Integrated Counseling & Testing Centres (ICTC) – to escalate HIV-testing to 22 million persons; 15 million are expected to be treated for Sexually Transmitted Infections (STIs); 7.5 million pregnant women given testing/counseling and as needed prophylactic treatment. Other aspects of the NACP-III core-work, i.e. Blood Safety Measures are modest in terms of raising transfusion units but after 15years finally aim towards more comprehensive targeting of infectivity-reduction through this most potent of all routes.

High Risk Numbers Inflated Based on Unverified Assumptions

Closely linked to this enormous funding for TI operational targets - the hinge of NACP-III - are issues of the veracity of the high-risk estimates on which they are based, as also the coverage already claimed to have been achieved under NACP-II. (Given the estimation-process followed for NACP-III planning there are also issues on the validity of the previous "mappings" research, a key indicator activity of measuring India's capacity to respond to HIV/AIDS, with huge amounts spent on these exercises during NACP-II).

The Report of the Expert Group on Size Estimation of High Risk Groups for NACP-III–secured only under RTI- offers fascinating insights on the numbers-estimation.[21] It dismisses as "crude estimates" the figures arrived at by NACP-II-funded "mappings" research - a key task and output indicator of TI-implementation in NACP-II, on which each state spent Rs.5-15 lakhs per exercise.[22] Then through untested assumptions/macro extrapolations from micro-mini studies/range-estimates instead of point-estimates, self-selection of high-end-range–processes uncannily similar to those earlier utilized in making the HIV-infection estimates that now stand drastically downscaled– high-risk-person-estimates escalate dizzily.

Consider: baseline mapping-estimates for women-in-sexwork, made available by nearly all states (except poster-state Tamil Nadu, besides Tripura, Dadar & Nagar Haveli, Lakhshadweep) and key international agencies - totaled 523,000 women sex-workers in the country for all "mapped" areas. These were then refined on the basis of several assumptions (including, 33 per cent women sex-workers in rural areas by averaging feedback from 3 states providing rural figures) to reach 750,000. They argued that figures need range-presentation rather than point-estimate: so a range of 831,677- 1250,115 calculated – but leaving out "indirect sex workers".[23] Finally, NACP-III picks the high-end of range as universe, yet leaves indirect "sex workers" for a later date.

By contrast, the forthcoming Independent Evaluation of NACP (2007)[24] creates a Table on Coverage of Vulnerable Population through TI Projects by quoting NACO's UNGASS India Report, 2005 to display the estimated size of "sex workers" as 292, 058 with 152, 943 (52 per cent) coverage over NACP-II.[25] It specifically lauds the "impressive success regarding the coverage of female sex workers with more than half of them covered under the interventions."

So, within a year NACO has shifted from under 3 lakhs "sex worker" earlier estimation to 523,000 "mappings" to a final estimation of 1.2 million "commercial sex-workers" not "correcting" for "indirect sex workers."

Coverage numbers and proportions also zoom in different reports, within a year. In contrast to the 152,943 covered quoted in the UNGASS India Report 2005 (as also in the Independent Evaluation) NACO Strategy & Implementation Plan is actually claiming coverage of 444,186 "sex workers". Interestingly, World Bank Implementation Completion & Results Report on the Second National Aids Control Project (September 29,2006) which provides a Table on Estimated Size and Coverage of High Risk groups by NACO uses the figures of the Expert High Risk

Table IV: Coverage of High Risk Groups Spins up Huge Numbers Within Year 2005, Proportions Covered Vary in Different Reports

Coverage of Vulnerable Population through TI Projects			
Most at risk population	***Estimated Size***	***Population Covered***	***Coverage rate***
Sex worker	292058	152943	52%
MSM	89967	40315	45%(11%)*
IDU	96463	46072	48%

Source : UNGASS India Report, NACO, 2005. * Proportion as mentioned in PIP for Phase-II Quoted in Report on Independent Evaluation of National AIDS Control Programme

Submitted to NACO by: A Consortium of JHU, USA, IIHMR, Jaipur , IIM, Calcutta

Costing of TIs for HRGs				
Risk Groups	***Coverage***	***Per cent***	***Number of TI***	***Per cent***
CSWs	444,186	67%	181	26%
MSMs	126,833	19%	30	4%
IDUs	88,194	13%	93	13%
Composite TIs			396	56%
Total	659,213	100%	700	100%

Source: NACO: NACP Phase III 2007-12 Strategy and Implemnetation Plan, Nov 30, 2006

Estimated size and Coverage of High Risk Groups by NACO*				
Sr. No.	***High risk Groups***	***Estimated Size****	***Estimated *** Coverage***	***Percent Risk Coverage***
1	Sex Workers	8,31,677 - 12,50,115	4,44,186	35% to 45%
2	IDUs	96,463 - 1,89,729	88,194	46%
3	MSM	23,52,113	1,26,883	6%
4	Male sex workers	2,35,213		

* Data does not include coverage of HRGs by Agencies like Bill and Melinda Gates Foundation, ICHAAP, etc.
** Source : Mapping of HRGs conducted by SACS
*** Source : Consolidated CMIS reports December 2005
Source: World Bank Report No ICR-000022, Human Development Unit: South Adia Region Implementation Commission & Reasults Report for the Second National Control Project, Sep 29, 2006

Estimation Group for Estimated Size, **but sources the same to the mappings of HRGs conducted by SACs,** and then sourcing from the Consolidated CMIS reports December 2005 gives a coverage figure of 444,186 "sex-workers" amounting to 35-45 per cent coverage of the 831,677 to 1.2 million estimated size![26]

Estimations & Coverage of Men-Having-Sex-With-Men (MSM)

Even more extraordinary estimates-escalation has taken place in calculating men-having-sex-with men (MSM).

The High-Risk Estimation Report, through a series of arbitrary assumptions, zooms "mappings" of just 0.01 per cent of male adult population to as much as 5 percent of two-thirds of all adult males (ages 15 onwards) who are considered sexually active as having same sex activity; 25 % or one in five of homosexually active men are then again assumed -on the basis of one small study - to have more than 5 partners in the previous month, available at cruising-sites, of which 10 % (again one funded organisation's feedback) are male "sex-workers". Based on these assumptions and adjustments a figure of 2.3 million MSM (with-five-plus-partners) and ten per cent or 235,213 male sex workers needing attention of NACP-III TIs is worked out![27]

The Independent Evaluation of NACP report table for Coverage of Vulnerable Population has the estimated figure of 89,967 MSM in the country with 40,315 or 45 percent covered, a proportion it additionally shows as only 11 per cent according to the PIP for Phase-III.[28] Even accepting the 11 percent afterthought figure, the total estimate of MSM would not exceed 4 lakh or so. But a year later it has zoomed to 2.3 million. Here again, the World Bank Implementation Report picks the 2.3 million estimated size of the Expert Group Estimation (of course sourced to mappings conducted by SACs) and through Consolidated CMIS reports claims 1,26,883 or 6 per cent covered.[29] .

The Independent Evaluation of NACP does make a mild admission in its chapter on surveillance and estimations that "there is limited detail on how the sizes of the risk groups are obtained." [30] This is about the major paradigm and key operational thrust of NACP-III and the Independent Evaluation team has limited detail available. Why?

With NACP-III's key operational targets the mobilization, collectivization and servicing of 80 per cent of such unscientifically-estimated universes (see Table 1) what sanctity to these key targets? And further, what sanctity to the effective – and honest - utilisation of huge funds earmarked to mobilize and service persons whose numbers have been literally conjured out of the air?

Regulatory Norms Relaxed for TI Interventions

Half the TIs are to be through newly created Community Based Organisations (CBO). Existing regulatory practices for NGOs/CBOs to demonstrate a track-record of minimum three years service are being waived for CBOs created under NACP-III. Further, one-time costs are to be given to such newly set up organizations, together with generous fixed annual costs irrespective of numbers, plus more variable numbers-linked recurring-costs! These are not small sums: Rs.2.5 lakhs for one-time cost; Rs.11 lakhs annual fixed costs (besides slightly higher variable annual recurring costs – for each formation of 800-1200 "high-risk" persons. [31] With such munificence, far from available to others tackling hunger and destitution, it needs to be asked are we tackling HIV/AIDS or putting a premium on high risk behaviour through such well-heeled approaches, which given the nature of the work and the ambiguity on the actual numbers lie open to misuse.

"Regularisation of CSW & MSM": Part of WB "long-term reform agenda"?

The World Bank Technical justification analysis in NACP-III PAD backing the overwhelming thrust for Targeted Interventions for High Risk population notes: "The National Strategic Framework for Action assumes that the underlying constructs of vulnerability will be challenged and changed through the implementation of the strategies laid out in the document moving from criminalization to regulation of Commercial Sex Workers (CSW) and MSM."[32]

But there are no strategies, much less provisions, in NACP-III to challenge "the underlying constructs of vulnerability" or the structural pushes into vulnerability that should be addressed to prevent women - and men - to be sucked into prostitution, pull out those trapped and provide alternative life skills to eliminate the constant risk-exposure.

The Parliament Standing Committee examining amendments to the Immoral Traffic Prevention Act (ITPA) had categorically asked NACO to ensure the above in future plans, stating that there was need for NACO "to broad-base its current approach to include important aspects such as rescue, skill-building, rehabilitation and reintegration of vulnerable populations." It called on NACO to "revisit the strategy and evolve suitable methodologies", including an "inbuilt component" for work with Women & Child

Development Ministry (WCD).[33] (A recent country-wide study supported by GOI/WCD highlights a disproportionately high rise in sex-work in the last 10 years;[34] while, WCD is on record protesting the NACO programmes being at cross-purposes with its anti-trafficking work. But to no avail.)

WB-backed Plan at Cross-Purposes with Parliament Standing Committee/ITPA

The ITPA amendment proposals seek to decriminalize soliciting and the person selling sex while criminalizing the demand for commercial sex by making explicit and more stringent penalization of the client.[35] The underlying logic is to move upstream to cut the demand, curb the supply routes and provide safe viable exit to those trapped so that risk-exposure itself stands reduced not just harm-minimization (at considerable cost) within continuing risk.

But as the WB technical analysis evidences, strong invisible lobbying influences are at work, militating against nationally conceived wisdom and laws to move the country into "regulation of commercial sex workers and men-having-sex-with-men".

The ITPA amendments were referred to the Cabinet for clearance - after the Law Ministry & Women & Child Development Ministry had finalized these on the basis of the recommendations of the Parliamentary Standing Committee examining ITPA. The Cabinet did not clear the ITPA amendments and further referred them to a Group of Ministers, including the Health Minister.

Principally at issue is one key recommendation: 5C that seeks to penalize the "client" or buyer of commercial sex, clearly enunciating and amplifying the country's existing law that criminalizes organized commercial sex-activity although other amendments now move to decriminalize the person selling sex in recognition of the rampant exploitation and victim-status of such persons, their need for relief, rescue and amelioration of their condition with solid alternative rehabilitation. In the absence of 5C the other amendments will only open the floodgates for open prostitution. But HIV/AIDs-funded sex-worker networks are now actively lobbying against Clause 5C claiming it impedes their "trade" and demanding recognition of prostitution as a legitimate livelihood avenue.

The remarkably skeletal Key Indicators listed by WB's project document to track project development objectives of WB-support to NACP-III well focus the unfolding agenda and illuminate the source of strength of the "sex-worker networks", just as TIs became the password in NACP-II!

WB will now monitor NACP-III success by:

- Percentage of female sex workers who report using a condom with their most recent client;
- Percentage of male sex workers who report using a condom with their most recent client;
- Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV that is who avoid both sharing injecting equipment during the last month AND who report using a condom with their most recent sexual partner; and
- Number of people with advanced HIV-infection receiving anti-retroviral combination therapy.[36]

HIV/AIDS–A Holy Cow!

International Donors and the national establishment alike have made NACO and the NACP efforts a holy cow - to be fed, fussed and fattened with no questions asked. Few dare to query the over-funded, under-performing HIV/AIDS prevention initiative, for it has also become a bonanza for those sections that could - Civil Society and Media.

NACP funding for NGOs started out with a relatively modest disbursement of Rs 1.8 crores to carry out awareness during NACP-I; scaled to an astounding Rs. 801 crores disbursed for TIs in NACP-II [37] and is now in NACP-III budgeted at a mind-boggling Rs. 2288 crores for the proposed 2100 TIs to be sustained/ established within the next two years.

The presence of such large funds for a particular type of activity alongside resource-deficit for other approaches, indeed other key development needs, is a particularly negative development within civil society whose talents and loyalty are being diverted to a given philosophy and narrow work-agenda to the detriment of wider interests. Alongside there are reports that recent evaluation-exercises by SACs of NGOs/CBOs funded under NACP-II for eligibility under the new GAAP conditions have disqualified a very large number – reportedly, as many as half – for future support. If correct, this also raises interesting questions on past performance claims, while throwing into flux future trend monitoring of "outcomes".

The media is another major beneficiary. Budgets for communication and mobilization already generous in the past two phases have zoomed to a neat Rs.1000 crores plus in NACP-III, virtually two-thirds of it for media and special events. It is increasingly difficult for dissenting viewpoints to find space and forum for expression in such contexts.

Backlash to NACO'S Adolescent Education Programme: Taste of Future

At the same time, ten states across the country are reported to have already thrown out NACO's Adolescent Education Programme(AEP), as public protests are mounting on its contents. The Rajya Sabha Committee on Petitions is currently examining the matter; reportedly, it is flooded with over 4 lakh letters from all corners of the country. The whole issue of sex-education, delicately negotiated into school curriculums in earlier years, stands threatened by a backlash arising from NACO's insensitive thrust. The baby is now being thrown out with the bathwater.

But AEP is only a minor-key backlash compared to the volcanic-volatility of public opinion that could explode as NACP-III proceeds to organize several thousands collectives of 'commercial sex-workers", "men-having-sex-with-men" and intravenous drug-users, with aggressive, blanket- promotion of condoms: altogether, an unprecedented scale of socially-contrary operations, untested and untried on this scale anywhere in the world; rocking the personal as never before. It took the family planning programme nearly a decade to recover from ham-handed handling in the Emergency era. This would be worse. Can we afford it? The time to rethink is – now.

Part II: Backgrounding the Issues

Some Basics Facts of the Disease

Responsible HIV/AIDS critiques do not question the gravity of the HIV/AIDS issue. A communicable disease is a public health hazard no matter the numbers. Further, by the nature of its transmission patterns, HIV infects, by and large, the most productive segments of society, undermining human potential and holding devastating implications for all the population and well-being of the entire nation/society.

However, there are a few basic facts about the HIV/ AIDS virus and its transmission patterns that bear repetition even for an informed audience to understand where and how we are going so wrong.

The Human Immunodeficiency Virus (HIV) is, no doubt, a communicable infection without cure. Medicines, now becoming available, help postpone - but cannot avoid the eventual onset of the clinical manifestation of the infection known as Acquired Immune Deficiency Syndrome (AIDS), the stage when the immune system gradually weakens and eventually becomes disabled to fight even the commonest of infections. Once acquired the HIV infection cannot be eliminated, but the quality of life can be improved for those given access to Anti-Retroviral therapy (ART) together with other support services. It is also not certain that all persons who get HIV-infected necessarily progress to AIDS and at the same time ART drugs have side effects that have to be managed, including that some persons get drug-resistant and therefore will require more expensive second-line drugs.

At the same time, because the HIV virus is extremely fragile, unable to survive outside the human tissues that host it and the transmission routes are known, the infection is well within the realm of human power and means to contain in this modern age. The transmission is only through absorption of infected bodily fluids via three major routes:

- Blood & blood products – during transfusion of blood/blood products contaminated with HIV-infected blood, or the use/handling of needles, syringes, and medical instruments stained with infected blood. Blood is the most efficient transmitter, with a more than 90% transmission rate.
- Sexual contact - the least efficient (0.1-1 % transmission rate), but documented as most extensive; claimed to be 84 % of all HIV infections occurring in India. Risk increases manifold in the presence of sexually transmitted diseases.
- Infected mother to child in childbirth/through breastfeeding, a 30% efficiency-rate.

Injecting drug-abusers who share needles constitute a most significant high-risk category with high-risk from two routes: contaminated syringes and multi-partner sexual-contact.

Universal Good Medical Practices/Lagging Sexual Issues Distorted

Effective institutionalization of universal good medical practices to eliminate the exogenous factors and internalisation of responsible sexual behaviour to eliminate risk-laden sexual-exposure are therefore the obvious responses for AIDS control, together with major expansion of the currently negligible de-addiction support programmes for drugs-abusers.

Blood safety and safe medical instrumentation being the factor completely outside the individual's ability to control could be well expected to be the first priority for governments to ensure universal safety through HIV/AIDS funding. At the same time, ensuring universal access to safe blood, safe instrumentation and hygienic medical practices throughout medical care as a basic human right also fulfills many health-care goals.

On the sexual exposure front, presently considered the most extensive infection-source, it is critical to understand that monogamous heterosexual sex is **risk-free.** Therefore, abstinence (A) for the young, mutually-monogamous relationship between two HIV-free adult partners (be faithful-B) do provide the best bulwark against HIV-infection through the sexual route, while concomitantly such safe social-behaviour norms minimize mother to child transmission also.

But sex that is commercial or casual, whether with females or between males, is fraught with heavy risk. Such high-risk sex requires correct and consistent use of condoms (C) from the very start to end in every sexual encounter that is now euphemistically labeled "safe sex". Correctly and consistently used, condoms rate an 85 % protection-efficiency.[38] This is also known as the "ABC approach" in HIV/AIDS.

Failure of International Strategic Vision

An international priority since the HIV virus's identification in the mid-eighties, the international community-led response to HIV/AIDS has clearly not delivered results. Despite the world entering a third decade of HIV/AIDS containment efforts, universal blood safety/good medical practices fall far short beyond first-world countries, while the drug trade has infiltrated new areas. At the same time heavily condom-centric-biased sexual transmission prevention promoted by international agencies as the "only available" and "cost-effective" prevention method has befuddled the personal realm across nations. The aggressive push to promote condoms for commercial/ casual sex, including through mass media and ubiquitous availability, together with bringing "sex out of the closet", including for the very young, has notably failed to take into account the consequences of insensitively/inappropriately pushed strategic thrusts breaking what have been hitherto strong protective norms, at least in certain societies and cultural contexts.

The exponential explosion of HIV/AIDS numbers on the one hand; on the other, the drastic number revisions now taking place both equally illumine the extent of flawed research that has in the past passed muster, notwithstanding the enormous funds and energies spent on the same. The continuing epidemic also testifies to the failure of the cherry-picked policies/programmes institutionalized with tremendous international backing. The condition of Sub-Saharan Africa, the earliest site of internationally directed interventions and current pandemic epicenter notwithstanding numbers revisions, is the most tragic testimony to this huge failure of international wisdom in guiding HIV/ AIDS strategies.

International Institutions Have Condom-Centric High-Risk TI Bias from Start

The HIV/AIDS control effort was originally steered by WHO's Global Programme on AIDS (GPA). WHO/ GPA developed short-term and medium-term plans that were then picked up for funding by donor and financial institutions, including USAID and World Bank. Significantly, Condom Programming Workshops by WHO across Africa and Asia formed a major feature in the late eighties. The USAID (the world's largest condom-donor in 1985 distributing half a billion condoms at cost of $18 million for population programmes) set out in a technical paper, distributed in 1987, the selected emphasis on condom protection and targeted groups practicing high-risk behaviour. Arguing prohibitive costs for consistent use for even a quarter of the reproductive age group men in developing world outside China, it advocated a more "pragmatic", "public health perspective" focusing interventions among individuals who practice high-risksexual behaviour – women in prostitution, their clients, homosexuals, bisexuals, truck drivers, STD clinic attendees, military, prisoners etc.[39] Thereafter throughout Southern & East Africa over the early nineties this approach was extensively funded and brought to Asia as HIV/AIDS entered the continent.

Thus, targeted interventions for high-riskgroups are no organic solution thrown up by local operational research as is claimed for the projects funded in India (Sonagachi, for instance) but a cookie-cutter model spread from the earliest international agencies' analysis of what they deemed "cost-effective" for the rest of the world.

(Here, let me add a personal note: In 1989, I did a consultative-assignment with GPA/WHO in Geneva and witnessed first hand the telegrams and calls coming from different African nations pleading for attention to other needs more urgent than condoms that were stockpiling and rotting in stores with supplies far exceeding the demand, while other critical supplies were short. I also recall a conversation in Tanzania while on a World Bank mission for HIV/AIDS in the early nineties with Gertrude Mongella, who in 1995 became Secretary General, Women's World Conference, Beijing. Ms Mongella wryly reminded me of the irony of international agencies unable/ unwilling to provide for drinking water for the people but with funds awash for condom-programmes.)

World Bank in HIV/AIDS from 1986

World Bank – in tandem with USAID – was amongst the earliest international institutions to commit substantial money to HIV/AIDS. Between 1986 when

it started funding for HIV/AIDS interventions and 1996, it committed over half a billion dollars to finance 60 projects in 41 countries,[40] including nine free-standing AIDS projects that included the two of the largest – one in India ($ 84 million) and the other in Brazil ($160 million).[41]

UNAIDS, Ever Bigger Budgets, Ever Bigger Gaps

Since 2000 HIV/AIDS is the only disease ever to have a dedicated UN agency – UNAIDS - and the coordinated might of 9 UN agencies plus World Bank bears on HIV/AIDS prevention and management. Funds for low/middle income countries are up thirty fold from $ 300 million (1996) to $ 9-10 billion (2006-07) but are considered inadequate! [42] Mounting gaps, US $6-8 billion projected over 2006-07, and growing in the future is identified for meeting "actual needs": $ 18 billion in 2008, 22 billion in 2009.[43] Condom provision, social marketing and focused promotion to different segments, particularly high-risk populations, are the centre-pieces of the AIDS response (2006-2008).[44] The sizes of the budgets and the sizes of the projected gaps speak for themselves.

Is such an approach sustainable? As critically, what about it's other costs? These two questions alone should be enough to make countries pause in their headlong adoption of condom-centric, high-risk-sex normalizing Targeted Intervention strategies dominating the internationally framed HIV/AIDS response. Thailand's "pragmatic" Hundred Per Cent Condom Use in Brothels National Strategy, later followed by Cambodia, have acquired a celebratory aura in the UNAIDS Best Practices documentation - others are now being coaxed and coerced in this condom-centric direction as NACP-III shows, with ever-increasing share of resource-contribution from internal resources to boot.

India - Cavalier Implementation & Expenditure from Phase 1

The subsequent analysis documents how the current NACP-III's vertical, TI dominated paradigm has evolved inexorably – if earlier more stealthily - since the inception of the National AIDS Control Programme in India. External agencies, principally the World Bank, have influenced the Indian government into:

- creating compartmentalized, vertical parallel delivery and governance systems that are further weakening and distorting the primary health care delivery system;
- pushing funding and supervision outside the government systems leading to even less accountability;
- bringing to bear disproportionate resources on a single health issue, including capturing a large segment of civil society committed to work in line with its narrow perspective
- seeding, nurturing and now centre-staging a strategic thrust that seeks not the minimization of high-risk sexual behaviour but mainstreaming its social acceptance.
- Further, World Bank's proactive role in inflated HIV estimates/projections scaremongering the country into knee-jerk reactions and acceptance of socially and cultural disconsonant external prescriptions on the one hand; on the other, by ignoring its own standards of regular monitoring and evaluation before funding subsequent cycles of wastage of public resources.

World Bank Conditionalities Create NACO, Dictate Project Design

HIV/AIDS was first detected in India in 1986.Within the year, a National AIDS Committee was constituted within Ministry of Health & Family Welfare and a modest programme begun under the Directorate General of Health Services. But in 1991 the World Bank began negotiations with the foreign-exchange-strapped GOI as India reeled in economic crisis to receive $ 84 million IDA credit plus $1.5 million co-financing by WHO for the First National AIDS Control Project, later known as NACP-I.[45] This was also the World Bank's second HIV/AIDS stand-alone project-loan in the world.[46] GOI had to provide a contribution equivalent of under $14 million for the $ 100 million programme launched (which however grew to $27 million over the seven-year extended project period).

National AIDS Control Organisation (NACO) was specifically created as a fulfillment of project effectiveness conditionality imposed by World Bank in giving this then much sought-after $84 million loan. India compromised not only to accept institutionalization of a new compartmentalized, vertical structure to deal with HIV/AIDS, but also the internationally-directed strategies package quite different from India's expressed felt needs – primarily for support to improve blood safety and health infrastructure. As much as $ 31.1 million were added for communication, including specifically for the mass media and advertising agencies. Attention to "high-risk groups" and innovative research was introduced.

This is documented as much by the World Bank itself: "Following an intensive dialogue with the Bank and WHO the Govt prepared a comprehensive five-year (1992-97) National Strategic Plan for Prevention & Control of HIV/AIDS. The project design represented

a compromise. Although blood safety still constituted more than a third of the planned project expenditures, the scope of the national programme and project was broadened to encompass prevention of the major modes of HIV transmission including sexual transmission among high-risk groups … The project agreement included several conditions of effectiveness and "assurances" regarding HIV/AIDS policy and program implementation As a condition of effectiveness the government agreed to establish the National AIDS Control Organisation (NACO) as a semi-autonomous body under MOHFW with the NACO Director having the status of an Additional Secretary within the MOHFW."[47]

The broadened project design helped to pilot operational research for high-risk groups, including the now famous Sonagachi model of Targeted Interventions with High-Risk Groups – initially with WHO funding as survey-research - that pledged "non-judgmental, non-interference" in the conduct of sex-work activities in the Kolkatta red-light area to develop peer-worker networks to promote and deliver condoms, ensure STD treatments and organize the women in cooperatives and trade-unions, introducing the term "sex-worker" into the lexicon and build a movement for "workers' rights" for "sex-work."[48] (This project was later picked up and cited as the technical "model" in World Bank's Second HIV/AIDS Project Appraisal Document, that also quoted an appreciative New York Times report on Sonagachi[49] and is now a key "model" for wide replication in NACP-III, quoted by NACO, UNAIDS and other donor agencies as a major success story and "best practices" model[50]. Sonagachi's first Project Director is now officially a Senior Advisor with NACO presumably to help replicate the Sonagachi experience widely.) However, a study begun in NACP-I of the Sonagachi project's "cost-effectiveness" was abandoned without completion [51] (as in later years was the evaluation of project-impact on HIV outcomes!)[52]

NACP-I also included what turned out to be some exceedingly shoddy research on high- risk behaviour in 65 cities using participatory research techniques (only 18 published and distributed in limited circulation).[53] NACP-I activities included "review of existing legal provisions on sex workers, homosexual behaviour"[54] but remained covert in these earlier years.

NGO Participation, Donor Mobilisation

GOI's initial agreement to establish NACO - originally in the Project Agreement as an autonomous parastatal - was eventually modified to a semi-autonomous organization within MOHFW headed by an Addnl. Secy, as it became evident that Parliament would not approve a free-standing parastatal.[55] The Government of India also agreed to establish AIDS Control Cells in each state Health Ministry and inter alia to select NGOs to participate in the project based on criteria and procedures satisfactory to the World Bank; establish a Technical Advisory Subcommittee on Social, Ethical and Legal Issues in response to concerns regarding discriminatory practices. Neither the states nor NGOs were consulted in the project design.[56] The World Bank further states that although for both "legal and pragmatic reasons" it did not impose specific conditions on other aspects it considered discriminatory in law it nonetheless engaged the government in private dialogue on these issues and takes some credit for subsequent government decisions to withdraw/amend certain legislation at both national and state levels. Besides providing the bulk of financing at this stage of the National AIDS Programme, the World Bank takes credit for developing the framework that helped mobilize substantial additional donor financing.[57]

This early background is critical to understand how the current vertical administrative structures and huge fund-allocations for a single issue and within it for a still narrower Targeted Interventions for High-Risk Groups have developed and secured acceptance. It demonstrates the enormous influence World Bank holds and exerts at Indian policy-making levels, besides its shepherd-role for other external "donors".

NACP-I –Weak Implementation Other than Tamil Nadu

Despite the considerable resources, implementation remained weak during NACP-I as few states owned the programme imposed on them – only one-third of the states implemented the project seriously; one-third extremely poorly and a third were in between.[58] However, the original project period was extended by two years; during which one state - Tamil Nadu – registered its State AIDS Cell as a Society and spent liberally, particularly on communication in which it expended more funds than all other states put together, altogether consuming a quarter of all project resources.[59] This was to make it the administrative model that was subsequently "selected" by all other states, as the Tamil Nadu administrator provided assistance to develop plans! The Bank duly claims credit for providing technical assistance to GOI through two Technical Liason Officers to help other states develop their Project Implementation Plans for NACP-II.[60]

Sanctioned for five years, the initial $103 million NACP Phase 1 extended to 7 years as sizable unspent

funds were frantically expended in the extended two-year period with states authorized to sanction up to 10 lakhs to a NGO and spend 5 percent of their grants on maintenance and contingencies without reference to NACO.[61] The frenzied spending became the proof of NACO's efficient gearing-up.

Interestingly, NACO did no ongoing audit and evaluation of its $ 10O million plus NACP-I. The end-evaluation report eventually came well after NACP-II negotiations were complete (and experts/activists, including this writer, had agitated on it amongst other matters). Meanwhile, the Planning Commission was on record with strictures on NACP expenditures and patterns of funding. CAG reviews, where undertaken, highlighted problems.[62]

World Bank Rates Phase-I Highly Satisfactory, Increases Funding for Phase-II

Notwithstanding the patchy and tardy implementation, the Bank team self-assessed NACP-I implementation as "highly-satisfactory"[63] - the only one among all ongoing Bank financed health projects to be so graded! Subsequently, World Bank OED Dept also graded it satisfactory, characterizing it "as a start-up investment to expand preventive activities and put in place the institutions and procedures necessary to fight the epidemic."[64]

For NACP-II, the World Bank dangled the carrot of another $ 191 million IDA credit, officially linked with $100 million bilateral/multilateral grants for NACP-II. In turn, GOI committed $38.8 million direct contribution to the Phase-II kitty, plus state contributions that earlier preparatory government documents spelt-out as equaling $ 221 million[65] but which the WB document more vaguely quantified as: "Incremental state contributions are difficult to measure but approximate estimate is $ 100 million."[66] So depending upon which calculation accepted, NACP-II bit under/over half a billion dollars.

NACP-II –"Paradigm Shift"

NACP-II committed India to a dramatic "paradigm shift" insisted upon by the World Bank and donor agencies, i.e., the setting up of decentralized States AIDS Control (SAC) registered societies placed outside government-run financial systems and priority assigned to NGO-implemented, non-judgmental "high impact prevention interventions targeting populations engaging in high-risk behaviours." Bulk of the donor grants tagged on were for TIs with UK DFID a key donor.

NACP-II, on which NACP-III strategic direction, continuity and scaling up is now pyramided, listed only two goals as Project Development Objectives (a) reduce the rate of growth of HIV infection in India, and (b) strengthen India's capacity to respond to HIV/AIDS. The document elaborated with specificity how the achievement of these two goals would be assessed: "Reductions in the rate of HIV spread would be reflected in the stabilization of the annual percentage increase in HIV prevalence. India's strengthened capacity to respond to HIV/AIDS would be measured by the percentage of states and municipalities in which AIDS Control Societies are (a) functioning and (b) effectively managing the targeted intervention component."[67]

Therefore, reduction in the rate of growth of HIV infection, number of SACs functioning *and* effectively managing TIs became the primary determinant of NACP-II investment soundness and making TIs for high-risk groups an overriding priority.

Women-Activists' Demand for Independent Evaluation & Revision of NACP-II

Independent evaluation of NACP-I and association of independent experts to re-examine NACP-II the unfortunate verticalisation and its covert, key thrust seeding the limited and "anti-law, anti-women" TI strategies was the demand made by a number of women activists *prior* to the official launch of NACP-II.[68] A government in position for just 13 days had found the time to sign on the dotted line legitimizing NACP-II concepts, pushing funding out of government systems and significantly predicated on *not* rehabilitation and reintegration of women-victims but state-tolerance to women in sex-work. Despite the then Prime Minister Atal Bihari Vajpayee assuring an incensed women's delegation of immediate re-examination and rectification,[69] NACP-II implementation steamed ahead.

Opposition was efficiently sidetracked by the PMO bureaucrat assigned to facilitate follow-up, in flagrant connivance with senior Health Ministry bureaucrats who in the first instance denied predominant importance of the TI component in NACP-II! Then, with typical bureaucratic-finesse called meetings of handpicked-organizations supporting the negotiated document and ensured there was no further access to key political and bureaucratic figures for any of the agitating activists/experts. The top health officials moving NACP-II off-the-ground eventually moved on to prestigious/lucrative international assignments;[70] and others to national assignments of influence. In fact, support for the TI-centred-HIV/AIDS programme grew to acquire such a mysterious Midas-touch that today there is almost no one in influential circles

willing to speak about the Emperor's new clothes.

But virtually conceding the charge of absence of proper monitoring and evaluation in NACP-I, monitoring and evaluation was made - for the first time - an integral part of project strategy in NACP-II.[71] This included a mid-term evaluation and end evaluation, which, however, did not take place. The end-evaluation was actually due 2004, when the project period for NACP-II ended, but no overall-evaluation was conducted over the entire original project-period.[72] As with NACP-I, NACP-II was also extended further for two years - till 31st March 2006, enabling expenditure of unspent amounts and planning for NACP-III. The commissioning of an end-evaluation became a saga in itself, not possible to detail here. Finally a consortium of three organizations: Johns Hopkins University USA, Indian Institute of Health Management Research, Jaipur & Indian Institute of Management, Calcutta took up the exercise in 2006, but eventually, as stated earlier, NACP-III was cleared without its completion and submission.

CAG Review Critical of NACP Implementation

During NACP-II, the Controller General of Audits (CAG) did review the performance of NACO/SACs. The CAG audit - CAG is not mandated to take up technical appropriateness/ social costs of programmes reviewed; only the issues of efficiency and probity in implementation of approved policies/ programmes - categorically concluded a disappointing innings.

Reviewing HIV/AIDS control work in NACP-II penultimate year, CAG states: "While Rs 783.86 crores had been spent on the programme as of March 2003, it had achieved limited success mainly due to failure in generating sufficient awareness among the masses and the slow pace of the implementation of the various components of the programme ... various activities under the programme could not be conducted efficiently for want of infrastructural facilities, drugs, equipment, trained manpower etc. HIV/AIDS are still considered a stigma and the message that it is preventable is yet to percolate to the grassroots level. Targeted interventions …not been conducted efficiently."[73] It picks many holes, both in implementation and financial handling.

PAC Dissatisfied

The Public Accounts Committee (2005-06) further examining performance of NACO/SACS and taking on board CAG audits sums: "An analysis of the performance of various components of NACP – both Phase I & II revealed that the programme had achieved limited success due to various reasons such as failure in generating sufficient awareness among the masses; under-utilisation of funds; non-reconciliation of accounts; absence of adequate infrastructural facilities; lack of adequate drugs quantity of drugs and trained manpower; non-completion of mapping exercise for identification of Target Groups; ineffective Targeted Interventions programme; failure of NACO to procure and distribute enough condoms; inadequate number of STD clinics, modernized blood banks and voluntary counseling and testing centers in every district of the country etc. and non-assessment of the impact of various components of the programme due to failure of the National AIDS Committee to meet after 2001."[74] It recommended immediate independent evaluation to identify bottlenecks/constraints and suggest measures for effective implementation.

But World Bank for Continuity & Scaling Up

Despite CAG & PAC adverse findings and the absence of scheduled evaluations from NACO, the World Bank[75] noted with satisfaction: "GOI is committed to shift to a more programmatic approach and to **significantly scaling up the current programme**." It outlined as the first of the two Programme Development Objectives: "(S) support GOI in achieving its goal of containing the spread of HIV in high-risk groups and in the general population through **saturation with targeted interventions and scaling up** of the national responses." (Emphasis added to draw attention to two critical aspects: (i) a non-evaluated programme was accepted for significant scaling-up. (ii) Saturation of the targeted interventions approach to high-risk groups, the major critical component of the NACP-II strategy - during which a claimed 1000 TI interventions were funded across the country – was the declared principal agenda, notwithstanding lack of satisfactory evidence of results.

Fiddling with HIV Numbers Prior to NACP-II

At this point, it would be pertinent to recall that in the late nineties - as NACP-II was being packaged and sold to Indian policy makers - the hype on the numbers of HIV /AIDS *already infected* in India was fairly hysterical. The fiddling with NACO figures during this period was graphically documented by the Independent Commission on Health in India (ICHI) with a boxed-item appropriately entitled "Jumping Statistics".

It pointed out that WHO/UNAIDS/MAP estimates variously made over 1993-1997 consistently ranged between 2 to 2.5 million HIV-infected in India; NACO's own estimate end-1994 was 1.75 million HIV-infected. Then, in May 97 - just before the WB Appraisal Mission NACP review in September 97- a

NACO Expert Team on Estimates was constituted. Through its expert review NACO figures suddenly shot to 4 million in its 1997-1998 Country Scenario, although the sentinel surveillance data from 94-98 published in the same volume failed to substantiate evidence of any increase and the1998-99 surveillance data actually showed a decreasing trend![76]

After a number of other experts challenged NACO's numbers-jugglery it downplayed its figures to 3.5 million HIV infected as of mid-98! Then, another Expert Group using the lower 1999 sentinel data placed the then current figure at 3.09 million, but suggested that instead of a point estimate in future a 20 per cent plus-minus range be provided, thus estimating a range of 2.4 million to 3.7 million HIV infected. In 1999, NACO arbitrarily picked the higher end figure. Stating a HIV burden of 3.7 million it became more compatible with the WB Project Appraisal Document's 4 million HIV infected in India as the starting point figure for NACP-II.[77] The Appraisal document had a further arbitrary, unsubstantiated assumption - incidence of new infections expected to be one-third of current HIV prevalence, therefore roughly 1.3 million new infections a year![78] Also, "the epidemic is mostly driven by sex-work and approximately one per cent of the Indian sexually active female population is involved in sex-work."[79] Elsewhere, the project document specified 4.2 million new HIV cases in India during 1999-2004 in the absence of the WB project and 3.7 million or a reduction of half a million if the project was even 50 per cent successful.[80] And earlier in the very same document: "Without successful intervention HIV infection could grow to at least 5 percent of the adult population – more than 37 million - by 2005.[81]

Flawed Estimates at Start Link to Questionable Outcomes

To recall such past statistical jugglery, slipshod calculations and frightening future projections is not a redundant split-milk exercise. It is vital to figuring out current dynamics around NACP-III and the new HIV estimates. As the ICHI critique noted *at the start of* NACP-II:

"Flawed estimates at the outset could result in scams of enormous public expenditures vindicated through notional reduction of "infections averted" from levels not scaled in the first place! Fudged figures as in the family planning "sterilization and births averted" claims could lie ahead."[82]

ICHI also highlighted considerable variations and contradictions in the usually meticulous marshalling of data which is WB's pride; the wisdom of compartmentalization and verticalisation of AIDS programmes through creating a parallel, resource-wasteful and less accountable infrastructure militated by NACP-II.[83] But with India's policy makers – political and bureaucratic – wooed through high-level diplomacy and advocacy (that includes junkets across the world, meetings and seminars in hallowed institutions), the critiques, although sent to senior Ministers, Planning Commission etc. were so much water off the duck's back. Unfortunately, they have proved prescient as we see HIV-estimates halved, adolescent education in controversy and substantial numbers of NGOs who implemented TIs in NACP-II disqualified/discredited under the more stringent, post-World Bank health-sector project investigations procedures.

Stabilisation of the Annual Rate of Increase

The once-shrill hype on far more explosive HIV/AIDS figures existent in India than officially admitted (US Intelligence Reports were claiming 5-8 million HIV-infected already in India at the start of the century[84] and scenarios ranging between 20-25 million projected within the coming decade) [85] grew steadily muted as NACP-II progressed and was further extended. Towards the close of NACP-II the only numbers-controversy getting media-hype was between UNAIDS and NACO for a mere half-million difference: NACO totaling 5.2 million HIV-infected in India in 2005; UNAIDS placed it at 5.7 million pointing out NACO figures accounted only for 15-45 reproductive age-group, thus not including children and elders in the count.[86] NACO cheerily constituted yet another Expert Group to look at estimates once again, but fresh estimations were not made / released. Meanwhile, the HIV/AIDS findings from NHFS-III and ASCI's Guntur District study were already becoming widely known, pointing to drastically different facts prevailing in the field. These actually bore out the conclusions of grossly overestimated figures based on flawed and untested assumptions, documented in a technical report sent on behalf of a number of experts, including leading epidemiologists, to the Government as early as 2000.[87] (This author was part of the ICHI constituted group that deliberated and drafted this report.)

Across NACP-II, NACO sentinel surveillance far from showing the impending explosion at the rate of 1-3 million a year as projected by the World Bank, moved sedately from 3.86 million estimated HIV infected in 2000 to 3.97 in 2001 to eventually a total 1.3 million increase over five years in 2004![88] Thereafter it actually crept at a snail's pace - from 5.10 million

in 2003 to a mere 5.13 million in 2004 and 5.21 million in 2005.[89] Exactly the reverse phenomenon of the NACP-I segueing into NACP-II period, as NACP-II approached a NACP-III phase. Could one possibly discern some connection between the earlier international hype on numbers and the need for concurrence for socially-drastic strategies like the Targeted Interventions for High-Risk Groups and seven years later, the need to the converse: to prove drastic actions worked and now merely needed further intensification?

An observation made in a paper circulated to ICHI experts in 2004 bears recalling:

"The most intriguing aspect of the numbers game lies not in the actual size of the problem but on a quite different plane. NACO's data shows a plateau/even marginal reduction of HIV prevalence reflecting effective control of the HIV/AIDS situation. On the other hand, a number of external estimates make wild projections of phenomenal Africa-like geometrical progression of the infections ahead. Both share one important common theme: NACO proves that the strategies of Phase-II have been effectively implemented and have yielded results. The external hype builds pressures for a still more intense and widespread implementation of the same strategies to avoid an Africa-like explosion. ***Either way the condom and STD centric behaviour change as a priority thrust is emphasized and okayed as the correct strategic choice for this nation. It is this that needs challenge.***"[90]

Theory of Natural Limitation

It is another matter that a decline/plateau may actually have been reached in the numbers infected. This would vindicate the theory of public health doyen Dr D.Bannerjee and leading epidemiologist Dr N. S. Deodhar who have long argued that HIV/AIDS infection - like all other communicable diseases would initially spread quickly, saturating the susceptible, then peak and decline, may have already begun decline as reflected in the sentinel surveillance trends at the start of NACP-II. These medical experts postulate that there is no data to prove that plateauing or slowing is the outcome of effective prevention programmes. They point instead to the natural history hypothesis wherein a new infection spreads rapidly in the initial phases but soon exhausts the susceptible population and then slows as it fails to find adequate numbers to keep the infection going, after the first flush of susceptible population has been exhausted, unless and until fresh entrants to the "promiscuity pool" grew by an order exceeding those leaving through death or reversal of promiscuous behaviour.[91]

Rate of Promiscuity, the Critical Factor

Therefore, these experts argue that stabilization/decline depends on the rate of promiscuity in the population and the effective solution to HIV/AIDS lies not in condom-promotion – equivalent to offering gas masks to combat pollution – but proactive steps to help minimize the extent of promiscuity, reduce the size of the promiscuity-pool by both prevention of new entrants and behavior change persuasion/other steps that propel people out of promiscuous lifestyles.[92]

Frequent Expansion of Sentinel Surveillance Mocks Longitudinal Comparisons

Epidemiological considerations apart, NACO's handling of its sentinel surveillance (SS) tracking system bears further scrutiny. Whatever the reasons given for their increase, the fact remains that the SS sites have steadily expanded over the years – from 55 in 1994 to 180 in 1999 to 384 in 2002 to 703 in 2005 to 1162 in 2007. This mocks at scientific longitudinal-tracking – making the process akin to comparing apples and oranges. Epidemiologists opine that the only sound basis of assessing the trend, which is what the SS systems are set-up to provide - and not accurate figures - lies in tracking the situation in constant sites over the years.[93]

Further, as the recent Independent Evaluation of NACP points out: "Because sentinel surveillance estimates are inherently dependent on the representativeness of the sentinel populations, it is critical then to monitor changes in the populations attending the sentinel sites over time. Changes in the population being tested may compromise the estimates especially if they are not reflective of changes in the underlying population." Interestingly, even the Independent Final Evaluation team received no access to raw data to conduct an independent evaluation of the HIV estimates.[94] Curiously, it also did not study Tamil Nadu, a high prevalence state, from which claims of sustained HIV infection decline over past three years among ante-natal mothers, as also female "sex-workers" are being made.

But it found no estimates of HIV incidence derived directly from the sentinel surveillance data. Using the surveillance data on young adults attending STD clinics and young antenatal clinic women from consistent sites to estimate incidence it however found the trends in all groups to be uniform between 2001-2005. This report too notes a decline in HIV prevalence among "female sex workers" in most states. But it is to be noted that FSW sites were only initiated in 2001 –

with 2 sites. These escalated to 32 in 2003 and 83 in 2005. Thus only 2 sites can possibly be assessed for any longer term trend. Furthermore as the Independent Evaluation notes while the bias towards high prevalence states existed for all sites, with ANC sites skewed, particularly all rural ANC sites, from the six high prevalence states bias ,"complete coverage of states was most inadequate for the core high-risk groups". In addition, now the upheaval around NGOs conducting TIs, identifying and mobilizing high-risk groups, it is even more complex to assess how much credence can be given to the "evidence" flowing from "high-risk" sentinel sites.

Evaluation of Targeted Interventions

Earlier in 2003, the TI Component was evaluated by NACO in collaboration with an agency: Sexual Health Resource Centre. While the evaluation is to be questioned on starting from a fundamental premise of effectiveness of TIs for Groups as given, it is instructive to see how little effectiveness even the TI-committed evaluators found in the NACP-II TI component being implemented till 2003.

Conducted over 17 states the TI Evaluation found the quality of the implementation of the elements of TIs: i.e. Condom component, STD component, Behaviour Change Component, Enabling Environment, Needs Assessment, Proposal Development and Baseline Survey to be in the range of 21-41 on a scale of 100. It logged the average quality of TIs in India at a poor 37.8 per cent![95] , in other words, failure marks. So much for effective management of TIs, the main test of the SACs and thus key proxy indicator for "India's capacity to respond to HIV/AIDS."

The DFID – the major donor, financial and technical for the TI component with DFID supported TI projects accounting for nearly 80 per cent of all TIs in the country under NACP-II till 2003, when the Gates Foundation (GF) entered India's HIV/AIDS scene to further back this strategy - also carried out a Final Evaluation of the Targeted Interventions in Five States (Sept 2003).

It states categorically: "The technical strategy used by the TI programme as a whole in the five states is largely inappropriate to the epidemiology of HIV/AIDS in India." It deplores remarkable sameness of the TIs across five states, the poor quality of research, lack of attention to social vulnerabilities to HIV/AIDS and assessments according to predetermined formats guaranteeing that STD treatments, condoms, behaviour change communication to emerge as priority needs to produce "standardized" interventions.[96]

It also pointed out that NACO does not have the information to measure the overall progress and impact of the TI component as the SS system does not provide for it.[97]

It also raised issues of financial accountability calling it an "important accountability and transparency issue that warrants more attention from DFID."[98] DFID virtually indicated it would not continue further support for the component till critical issues were resolved.[99]

But in November 2002 as Bill Gates arrived in India with much fanfare, his visit to India preceded by a signed article in *New York Times* on HIV/AIDS in India, wherein he voiced concerns on containing the growing high HIV/AIDS numbers, calling particular attention to "HIV rates upto 10 times greater than the national average" among "mobile populations such as truckers, soldiers and migrant labourers."[100] (At the time I queried this article with the then Chief of the Armed Medical Forces who shared with me in confidence data on Indian soldiers showing the HIV infection rate to be not ten times more but a negligible fraction of the national HIV prevalence rate. Notwithstanding there was no official denial from the Armed Forces, although the General stated he would be taking up the issue.)

The Gates Foundation (GF) was gratefully green-signaled its $ 100 million offer to support HIV/AIDS control - subsequently upped to $200 million which it proceeded to concentrate on TIs for high-risk groups. GF funding reduced even the World Bank – the world's largest financier of HIV/AIDS programmes[101] - to a smaller player in the HIV/AIDS field in India.

However, it is only now that GF's Avahan Project is conducting - together with GOI - what is being billed as the world's largest bio-behaviourial survey of vulnerable groups[102] to develop systematic baseline data for work with vulnerable groups. The GF initiative commenced around 2003. Therefore, how the impact of its munificence on HIV-infection decline in India is being assessed is not clear.

Unjustified Justification of TI Strategy

Despite strident criticisms from varied quarters, NACP-III has moved on to take NACP-II reliance on the TI component to the level of the gospel's truth that must be evangelized. Biased perspectives (or vested interests?) are in the fore in pushing its huge expansion, as if it is the "magic bullet" for HIV/AIDS control (much as in earlier years we saw "magic bullets" in the Lippe's Loop - remember the subsequent wide-scale disaster? – contraceptive-implants, sterilizations, contraceptive-baskets as the answer to India's

population problems, consistently overlooking all the people's "beyond-contraceptives" needs and issues that would yield positive solutions).

Now international wisdom, in essence emerging from the same founts of contraceptives -pharmaceutical peddling lobbies is making a *mool-mantra* of the condom-STD treatment-needle-exchange package for the present, vaccine and microbicides development for the future. Alongside, the media has been given an opportunity to self-advantage explicit sex-talk as sex-education; vulgarity to pornography is increasingly being conflated with freedom of expression and adult entertainment, of which, unbelievably, prostitution/ sexwork is being pushed as a legitimate continuum by influential sections of the media. Altogether, a combustible combination that subserves not the Indian citizen but the vested interests of a myriad industries, including the sex-industry, now openly and actively lobbying the political powers through HIV/AIDS supported commercial-sex-networks to legitimate if not legalise commercial sex as a "right to livelihood". The far-flung sociological implications of such developments are of least concern for political leaders more concerned with their own survival than that of the nation with dignity.

Inflated High-risk Numbers & Collapsing Norms add to a Frightening Trajectory

It is altogether frightening to see India going gung-ho, banana-republic-style, to spread-eagle a poorly-implemented, poorly-evaluated TI strategy. What is now proposed through NACP-III constitutes an unprecedented scale of operations with high-risk sex activities, un-tested and un-tried anywhere in the world. India's previous record is clearly dubious. Given the TI evaluations done as recently as 2003 and the start of systematic baseline data collection by the GF Avahaan initiative only now – while mixed reports abound of considerable flux and change amongst GF-supported NGOs, reports written and rewritten – substantive changes through enlarged work in TIs post-2003 is equally questionable. So what is the successful experience on which GOI has agreed to these huge expenditures? Which other country in the world has successfully demonstrated the management of such colossal high-risk numbers into neat cookie-mould clusters to receive product-protected "safe-sex" services?

Have the wider social law and order repercussions of such mind-blowing state-supported arrangements for hitherto illicit, socially-disapproved activities been fully considered?

Besides, as noted in the earlier part of this article the very process of arriving at "high-risk" numbers that form the operational targets for NACP-III is highly questionable. The baseline-estimates exercise by the NACP III Expert Group on High-Risk Groups provides a fascinating re-run of the overall HIV numbers projection inflation techniques used earlier. Interestingly, even the Independent Evaluation admits: "there is limited detail on how the sizes of the risk groups are obtained".[103]

But based on these artificially contrived estimates, enormous sums of money are to be disbursed to set up sexually-based community-organizations/networks, including substantial proportions at the outset to reconnaissance, train and organize into "community-based organizations" – all in the hope of eventual results for AIDS-Prevention. Existing regulations on minimum community service track record for state-funding eligibility are being revised. Have the obvious ramifications for probity and propriety been considered?

Please note, the new Ujjawala scheme of the Ministry of Women & Child Department has an allocation of Rs.100 crores over the 11th Plan period for comprehensive work for prevention of trafficking and rescue, rehabilitation and reintegration of victims of trafficking for commercial sexual exploitation - and rightly requires fulfillment of eligibility conditions including a minimum track record track and financial soundness. In contrast NACP-III will offload a couple of thousand crores within the next two years for its "non-judgmental" servicing and "empowerment" within "sex-work", with regulation procedures revised! Is not a negative trajectory of increased sex-trafficking and influx into sex-work inevitable in this scenario? And with it, increase in the very conditions that escalate HIV-infection?

Further, will such funding not create even wider unfortunate precedents for breakdown of safe-guard regulations in all sectors where voluntary programmes/ projects seek state-support? Again one can ask why more money is not being made available to care for/ treat and safeguard further spread of infection for all people presently living with HIV/AIDS? Will a vertical programme be able to deliver them health care when the rest of the public health system is in disarray? Have we not enough evidence of the disruption, wastage and total disintegration of primary health care systems from the earlier vertical programmes of family planning, immunization, pulse polio etc? These are questions that must be raised, but few are doing so.

Sonagachi: the Prototype TI/CBO

There is also a need to take a closer look at the veracity

of the two technical models the World Bank cited in its Second National AIDS Control Project to unleash the TI approach into India: "Intervene most quickly in the groups at highest risk of acquiring and transmitting HIV. A similar strategy has been used in Thailand where early interventions targeted at groups at highest risk helped to stabilize adult HIV prevalence at about two per cent, and within the Sonagachi project in Calcutta where HIV prevalence in commercial sex workers has remained low."[104] Further, citing *New York Times* page 1 coverage of Sonagachi: "Going Brothel to Brothel Prostitutes Preach about Using Condoms."[105]

Interestingly, despite World Bank citing Sonagachi as a technical model, NACO has no studies on HIV-infection control/cost effectiveness of this project.[106] Neither, for the matter, on Kamathipura, India's biggest red light district where TI-type projects have been run since the early nineties; nor, for sexwork-clusters in Chennai, Hyderabad, etc.[107]

The Sonagachi Project started with WHO support in 1992 as an Operational Research Study (ORS) funded also by DFID and other international organizations. It was begun to check HIV transmission in sexwork-clusters and the HIV prevalence at baseline survey was recorded at 0.53 per cent. However, the project activities made no attempt to further monitor HIV incidence/prevalence. The Final Evaluation of the West Bengal Sexual Health Project – expanded from Sonagachi ORS – confessed its inability to assess impact of intervention on HIV/AIDS, stating that given the data available it could not be estimated without a large-scale epidemiological study even more costly than the intervention![108]

However, other smaller studies in the project area, including one by All India Institute of Public Health & Hygiene funded by the ICMR pointed to HIV increases. It documented 13 per cent HIV prevalence rate from 478 samples collected in January-July 1997 from "commercial sex workers" in different red light areas of Kolkatta including Sonagachi where specifically the prevalence was 13.4 per cent.[109] A later study of 867 "sexworkers" examined during 1998-2000 also found sero-positivity to be over 13 per cent, as also considerable levels of various STDs.[110] In April 2004, the West Bengal State AIDS Society in a seminar for key voluntary organizations shared a graph giving a figure of 20-21 per cent HIV prevalence amongst "sex-workers" of Kolkata in 2001-02.[111] These findings – pointing to significant increases - have been consistently ignored by the authorities and DMSC continues to quote a figure of 5.3 per cent HIV prevalence that NACO accepts!

What Sonagachi has undoubtedly achieved remarkably well is to open the gates for assemblies in the identity of "sex-workers", secured bank-accounts to be opened and cooperatives to be formed in this expressed identity of "sex-worker", trade-unionising several-thousand women-in-prostitution to militantly call for legalization/legitimization of "sex-work" as an occupation, entitlement to workers rights, pensions, self-regulatory boards and all other rights as professionals for "sex-work". Under the aegis of the heavily funded project and backed by expertise and rhetoric from Dutch and the UK based Network of Sex Work Projects mandated to develop local counterparts, Sonagachi steered district wide assemblies, then a state gathering, a national gathering and finally in 2001 an international assembly-Millennium Mela – to bring women in prostitution together in the open assertion of their identity as "sex-workers" demanding recognition of "Sex work as real work" and collective action for Workers' Rights.[112] More recently, leaders of "sex-networks" have accessed key political leaders of every spectrum to protest certain clauses of the proposed Immoral Traffic Prevention (Amendment) Act that seeks to penalize "clients" as affecting their "right to livelihood" and demonstrated so much clout that the Cabinet has referred the matter to a Group of Ministers.

But has such Sonagachi-style "empowerment" moved beyond project-funded stakeholders to stem devaluation of women - even within Sonagachi and its allied project areas, decrease entry into prostitution, and prevent STDs, the main co-factor of HIV?

The Fourth Follow Up Survey of Sonagachi (May-June 2001) - issued by STD/HIV Intervention Programme (SHIP) Society for Human Development and Social Action - reveals the picture of a decade of the Sonagachi work. It shows that over 80 per cent in the "profession", as also in the area, are there from less than ten years, over 60 percent from less than five years - highlighting the considerable influx/flux into the area and into the "profession", large numbers coming in well after project commencement. In terms of age distribution - the 15-29 age-groups add up to over two-thirds, highlighting that the majority are those in teens and twenties. Considerable numbers have been subjected to group sex. Despite claims of high condom-use very high percentages – over a third had undergone abortion, significant numbers STD treatment, signifying less than effective condom-use, although the latter was claimed to be above 85 per cent usage.[113]

A "model" we wish to seed across the country? Thailand - Country Exemplar?

World Bank's other cited technical example in the Second National AIDS Project was Thailand. [114] Thailand is a Best Practices model in HIV/AIDS research literature for reduction in HIV-prevalence through government-demonstration of "bold pragmatism", most notably for establishing "non-judgmental" "Hundred Per Cent Condom-Use in Brothels National Strategy, together with massive popular promotion of condoms. NACP-III is inexorably moving India to this direction, including now the new phenomenon of "condom-bars" a la Bangkok-style, as in Chandigarh, where condoms form part of the décor and are served on platters alongside the cocktails.[115]

Can Thailand - no bigger than Tamil Nadu and still beleagured by a past of "rest & recreation" playground to the American-forces in the Viet Nam war days - be a model for the Indian ethos? Besides, its HIV-prevalence rate, while much reduced by colossal spending on HIV/AIDS programmes as also high AIDS mortality, yet remains a high 1.7 per cent to India's 0.36 per cent.

What is however not noted enough is the new research coming out of Thailand that reveals several other positive factors at play apart from the earlier research-hyped condom-promotion and "100 per cent condoms in brothels" strategies, most particularly cut in the demand for commercial sex.[116] For instance, Thailand has witnessed very significant shifts in established male-behaviour patterns of frequent visits to prostitutes/multi-partner sex, early sex initiation etc. particularly in military recruits. A 1996 study among young men found perceptions of commercial sex had changed from "fun and normative" to "worrisome and questionable."[117] Small studies in Bangkok (1997) found less extramarital sex and projected "aversion to risk" behaviour had probably halved number of people being infected by HIV.[118] The early nineties as much as two-thirds of 15-29 age group and 55 percent of military conscripts were reporting visits to "sex-workers". By decade-end these figures had dropped drastically to 12-18 percent of youths and 12 percent of military conscripts indulging in commercial sex, as they witnessed the consequences,[119] including high mortality (460,000 cumulative deaths and over 50,000 a year in the late-nineties).[120] Similiarly, further analysis of research has also shown clear evidence: as frequency of visits to "sex-workers increases the incidence of STIs, including HIV increases, conversely with decrease in frequency there is decrease in infection.[121]

Second Waves, More Complex Problems

Furthermore, Thailand is now witnessing a second cycle of HIV/AIDS infection overly represented in the young who have matured with "sexual loosening" having been an integral part of their growing-up environment. The UNDP Report on Thailand (2004) that showcased Thailand's past successes at the XV International AIDS Conference in Bangkok also highlighted a current "unraveling" and warned: "A new phase has arrived in which the epidemic becomes endemic." [122] It called for significant re-stepping of resources to battle HIV/AIDS once more in Thailand:

Some sinister facts:

- Increase in both demand and supply of commercial and casual sex[123]
- "Sex-service" establishments increased by fifty percent over 1998-2003;
- Many young people drawn into the sex trade, whether as workers or clients;
- Experimentation with sex, drugs, alcohol, rising among young Thais, including of school-going age.
- Increasing "sex worker" numbers, particularly indirect sex workers, operating in diverse more difficult to regulate settings;
- HIV-infection levels of 7-12 percent in brothels; high "staff turnover;
- Significant percentage of HIV infections from sex trade;
- Increase by 25 per cent of male sex workers between 98-2003;
- 1000 Voluntary Testing/ Counseling Centres inadequate for 60 million population
  Increasing inability of authorities to monitor condom-compliance as increased direct, and many more indirect, sex-service establishments operating.[124]

There is much more. It underlines that, eventually, extreme measures such as "open tolerance" and "bold pragmatism" for sexual-license are self-defeating. Mal-consumptive sex-patterns feed on themselves - to flare again with greater viciousness and require sustained high levels of expenditures on communication, commodities, pharmaceuticals and much else to constantly mitigate their ill-effects.

Part III: Exploring Alternatives

Need: An Alternative Holistic-Ethical-Wholesome Paradigm.

NACP-III brings us to the cross-roads. It forces confrontation with HIV/AIDS issues, particularly its

Prevention Strategies focused primarily on High-Risk Groups. With 99 per cent plus unaffected-population this is yet a moment of choice: to propagate the predominant path of responsibility and restraint that recognises means as equally important to reach desired ends, or the seemingly-easy, slippery slope of crude "pragmatism"?

Hindsight Shows Heavy Costs to the So-Called "Cost Effective" Strategies

Fortunately, at this juncture we have the gift of hindsight. The Thai-experience reveals "pragmatic"/ "cost-effective"/"rapid-blanket-saturation-TI-methodologies" at very best, to be a temporary reprieve carrying expensive end-tags, most particularly for future generations. As with environment-issues, tampering with inner-environments – sexuality is the innermost core of a human-being- carries individual/ social costs, most severe to the poor, gender and inter-generational interests.

State-Abdication of Responsibility & Fillip to Anti-Social Elements

State/societal acceptance of casual, commercial-sex is tantamount to state-abdication of constitutional responsibilities to ensure a life of dignity, free from personal degradation for all citizens. The Indian Constitution explicitly prohibits trafficking which is inextricably bound with prostitution/ commercial sexual exploitation; equally, it obligates the state to pro-actively stop practices derogatory to women and children. In a country that is still battling to give women protection against bigamy, desertion and domestic abuse to argue for socially-sanctioned freedoms for all forms of "adult consensual sex" as the media has begun to do is regressive in the extreme to women's status issues and the most vulnerable girls and women will pay the price of this libertarianism.. Free acceptance of sexwork and anti-trafficking efforts are by nature antithetical; the former magnetizes human-trafficking. NACP-III TIHRG "saturation" of high-risk sex populations with products whose protective role is limited by human fallibility while "empowering" the groups to ground in risky-sexual identities therefore goes against the grain of state's constitutional responsibility.

"Safe spaces" for commercial-sex will also fillip unsavory vested-interests: commercial-sex-sale is all too often accompanied by drugs/alcohol-abuse/ gambling, even outright criminal activities from petty to grave. At a recent meeting of the Anti Trafficking network persons working in "red-light" areas placed on record their observations of growing concentration of "goondas" and potential-terrorists in these localities. Grappling rampant corruption and ill-governance can we afford the further compounding of problems as massive funds and public energies flow to break established norms of propriety to condone the hitherto unacceptable?

Build Win-Win Strategies to Grow Wholesome Cake

Should not the enormous public energies/funds available be instead channeled to win-win strategies that grow the wholesome-cake and address several lacunae together, enabling the vulnerable to find their rightful place in positive-destinies? These are no more fanciful pipe dreams than the current economic breakthroughs undreamt of before- also, far less difficult to seed than the proposed disregard of established public-norms of sexual-conservatism that breaks people's deepest beliefs.

Sweden Provides One Model, Uganda Another

Wholesome models are available. Commercial-sex, pinpointed in NACP-III as a principal engine of HIV-spread, has been differently tackled by Sweden, one of the most modern, progressive countries in the world. Sweden has recognized prostitution as an extreme form of male violence, politically stated the sale of its citizens as totally unacceptable and brought the might of law to focus on *eliminating demand* – no one may assume the right to purchase persons to satisfy their sexual-urges. The gender-neutral Swedish law: Ban On the Purchase of Sexual Services (1999)[125] provisions for effective prosecution and penalization of the buyer – and chain of exploiters - and ensures relief to the victims, thus addressing both root causes. Its implementation over the last six years has halved street-prostitution, stopped new sex-recruitment/ trafficking from Baltic/other countries,[126] while during the same period street-prostitution/underground-prostitution tripled/quadrupled in neighboring Denmark, Netherlands, Germany, countries that normalized prostitution as "sex work" and took the regulation-route now being pushed on us. Changes in public thinking in Netherlands are reported.

At the other end of the spectrum, Uganda, a high HIV/ AIDS prevalence country, has achieved sizable reduction in HIV infection-rates with strong political will, proactive policies and popular communication persuasive of delay in sexual-initiation for young, "zero-grazing"/fidelity amongst adults - despite fairly high levels of multiple-partner/ premarital/ extra-marital sex prevailing earlier.[127] Many other African countries have self-awakened to what they call "social vaccine".

Need for Holistic-Ethical-Wholesome Perspective

But who is listening? A number of experts have written several times to the Prime Minister who also heads the National AIDS Council, without any response. More than 100 field organizations and activists have joined this plea to the Prime Minister but still no response. Attention has been repeatedly drawn to the enormous problems with NACO, NACP-I& II, the increasing distortion of the Primary Health Systems and the social setup through its narrow, verticalised and socially-insensitive vision exemplified by the HIV/AIDS prevention strategies. Long before NACP-III was cleared it was urged it be reviewed and reformatted through the prism of a holistic-ethical and wholesome paradigm.

HIV prevalence is acknowledged now to be only 0.36 percent of the population. Low-risk lifestyles remain universally applauded and overwhelmingly followed, although now facing breakdown from the onslaughts coming from varied forces, including ill-conceived NACO-originating strategies and communication. Low-risk lifestyles need appreciation and reinforcement, not challenge. What needs challenge is the World Bank conditionality and covenant: GOI (will) refrain from taking any action which shall prevent or interfere with the implementation of their Plan, ot waive, amend or abrogate the Plan.

A holistic-ethical and wholesome paradigm is the crying need of the hour. What does this entail? This article cannot provide a roadmap – nor can one be developed outside government by any single person or group First and foremost what is required is a reorientation of policy-perspective: to accord primary focus to the general population; and to enunciate policies, programmes (commensurate allocations accordingly) to encourage/reinforce/reward traditional sexual-behaviour-norms of abstinence for the young, monogamy/fidelity/committed-relationships of human-intimacy as *continuing* cherished values of Indian society: the "social-vaccine". Massive mass-media communication campaigns need to be launched to reinforce this wholesome perspective - not to promote condoms. The media also needs persuasion from the highest levels to join in upholding these values as internalized social responsibility. All social/economic laws need to be reviewed and reinforced to implement this basic perspective of society. The Prime Minister as Chief Executive of the Government of India – and Chairman of the National AIDS Control Council- must lend his name and authority to such a holistic, ethical and wholesome paradigm for HIV/AIDS prevention.

It is the "wholesome perspective" that needs to be mainstreamed as a multi-sectoral responsibility of all sectors/ programmes. Holistic thinking will require HIV/AIDS care and treatment to be integrated into primary health systems, improving the same to ensure across-the-board effective services for basic health needs. Further, that every sector/programme carefully self-examines to identify and utilise every available opportunity within its mandate to create circumstances/enabling environment to reinforce primary prevention measures, explore how it can minimize the stresses that create or contribute opportunities for indulging in anti-social sexual behaviour, even while organizing effective linkages to secondary prevention/treatment work..

Target Demand for Commercial Sex

In this scheme NACP-III TIHRG strategy needs to be completely reworked to focus on elimination of demand for commercial/casual sex. An immediate priority is to ensure ITPA amendments currently awaiting Cabinet clearances elucidate this perspective by:

- Categorically enunciating the constitutional obligation of the state not to allow the prostitution-trade in any form as it is derogatory to the dignity of women and degrading of all women and children.
- Effectively criminalizing all demand for commercial sex including penalizing the buyers of sex.
- Effectively decriminalizes the prostituted person as a victim and makes adequate provision for meaningful programmes of primary prevention, rescue, re-skill and reintegration.
- Creating mechanism(s) with adequate authority and adequate funds to implement on two different fronts: deterrent and rehabilitative.

A Metaphor for India's Soul & Spirit

HIV/AIDS must not be seen as just another deadly disease to fight – it has become the metaphor for the soul and spirit that this nation would express on the global consciousness. We can choose to reinforce the sleaze and corruption seeping around us or reassert wholesomeness as the chosen Indian way of life, recognizing first and foremost the human right of those who are "vulnerable" because of their "profession" or addiction to move out of their trapped situation of constant exploitation with programmes that are adequately funded and work to deliver alternatives, alongside compassion, care and support services that are not dream-projections on paper but a concrete

reality within functioning health delivery systems for those suffering from HIV/AIDS. A paradigm shift is needed from the paradigm so cleverly imposed on India.

HIV/AIDS prevention must demonstrate once again India's unique spirit and ability – now to carve balanced pathways in this globalised world. If external funds are available earmarked only for a narrowly conceptualized high-risk sex dominated paradigm these must be rejected. The National AIDS Control Programme cannot be allowed to become a conduit for an extraordinary legitimization of the sex and pornography industries under cover of warding of a dreaded disease! These are remedies worse than the malady they seek to cure - and the consequences of engineering such sociological shifts will be very far-flung - and deadly! Therefore, this madness - of the huge programme for servicing high-risk sex - must be halted before it lumpensises vast sections of society. The proposed Clause 5C in the ITPA amendments is a test case of the direction in which we want to head.

Is anyone listening?

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20 million or 2 million?

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Estimates of HIV in India have always been challenged, either by the government or by other agencies. In 2006, UNAIDS declared that India had an estimated 5.7 million HIV cases (range: 3.4 to 9.4 million) (1), making it the country with the largest HIV burden in the world. The National AIDS Control Organisation (NACO) quickly countered that figure, saying it was no more than 5.206 million (2). That same year, the Joint UN Programme on AIDS (UNAIDS) stated that there had been 400,000 deaths due to AIDS in India in 2005. This number too was dismissed by the government. Not too long ago, a US Central Intelligence Agency report projecting that India would have 20-25 million HIV infections by 2010 (3) was widely circulated in Indian and international publications.

On the other hand, government estimates of the HIV burden in the country have been regarded with scepticism by international agencies and AIDS activists who believed them to be underestimates.

Such wide variations baffle the average reader. How exactly are HIV estimates made? How reliable are they?

The explanation, in a nutshell, is that the various estimates are based on mostly the same data but on different calculations. NACO's calculations are made in consultation with a select team of experts including people from the World Health Organisation (WHO) and UNAIDS. However, UNAIDS uses a different modelling approach for making global estimates. Since this method is different from NACO's, it will give a different estimate when applied to India. Differences in the methodology and algorithms used lie at the root of all disputes regarding HIV estimates.

The real question may be: what drives different groups to use different methods? Do they have an interest in inflating — or downplaying — figures?

Latest Controversy

In 2006, NACO calculated that there were 5.206 million people with HIV in India. This was based on the government's sentinel surveillance data collected in 2005.

Then, on June 6, 2007, a beaming Anbumani Ramadoss, Union Health Minister, released the results of the third (and latest) National Family Health Survey (NFHS-3) which arrived at an HIV burden of only 2.5 million (range: 2 to 3.1 million), half the previous year's figures (4). (By way of comparison, there are 1.5 to 2 million people with cancer [5] and 8.5 million people with TB [6] in the country at any given time.)

HIV prevalence in the 15-49 age-group is down from 0.91% to 0.28% (2). Prevalence among men is 60% more than in women, at 0.36% and 0.22% respectively (4).

What are we to make of this huge discrepancy between the earlier and latest estimates?

Sentinel Surveillance and HIV Trends in India

Every year since 1998, the National AIDS Control Organisation (NACO), which is under the Ministry of Health and Family Welfare, has released figures on India's HIV burden. These figures are based on data from annual rounds of sentinel surveillance in which blood samples are taken from designated sentinel groups in every state and union territory in the country: pregnant women at government hospitals, clients visiting sexually transmitted diseases (STD) clinics, and groups with high-risk behaviour such as female sex workers, men having sex with men, and injecting drug users. Most surveillance sites are in urban areas, although a certain number of rural sentinel sites are also sampled to get an idea of HIV prevalence in rural areas. A specified number of samples is collected from each sentinel site (400 from the sites of pregnant women and 250 from others) and tested for HIV. India has the largest HIV sentinel surveillance programme in the world and it is being improved and extended every year. In 2005, it was carried out at 703 sites throughout the country. That number was increased to 1,122 in 2006.

Still, not all 611 districts in India are represented in the sentinel surveillance programme. There are plans to increase the number of sites further, to ensure greater geographical representation and to include all significant risk groups in an area. This would certainly mean closer monitoring of the local epidemic, and more accurate assessments of the trend of the epidemic.

Sentinel surveillance is used along with other measures to look at *trends* in HIV prevalence. Information from various sources is triangulated — surveillance data, number of AIDS cases reported, number of AIDS deaths reported, age-specific mortality, blood bank data, and size of population of groups with high-risk behaviour. In any particular site, if data from multiple sources is available, it helps build a truer picture of the local epidemic. Such triangulation also helps to limit errors in noting trends. But one should never forget that in any study of this kind, where only selected

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small subsets of the population are sampled and the results of the sample used to make projections for the entire country, there is bound to be some degree of uncertainty in the final estimate. This is why the methodology is constantly being refined to reduce the margin of error.

Sentinel surveillance is a good tool for noting trends in HIV prevalence, and changes over the years. It is a costly and labour-intensive exercise (over Rs 3 crore is spent every year). In India, it is well carried out and generally well supervised. Preparations for each annual round of sentinel surveillance are made months ahead, all staff involved are trained, a standard protocol of data gathering and testing in all sites is followed, and there is monitoring by observers at all levels as well as external quality assurance in the testing of samples.

Sentinel Surveillance and the HIV Burden

The problem arises when sentinel surveillance data is used to estimate a country's HIV burden. Sentinel surveillance is not designed to make estimates, but it has been used to provide rough estimates of the HIV burden for many years, for want of a better approach. One could ask why other methods were not used. But the problem is not so much in making rough estimates as in their dissemination and use to make a point that they cannot make.

HIV is not very prevalent among the general population in India. (The latest figures suggest that the prevalence is half of the already low prevalence of less than 1%.) The accuracy of a sample survey depends partly on the prevalence of the condition. The lower the prevalence, the higher the minimum sample needed. Also, sampling biases are worsened when the condition has a low prevalence.

Biases in the Sampling Process

There arevarious biases in the existing sampling process. However, these biases are not publicly acknowledged, as a result of which the public is misled.

For example, practically all sentinel sites are in government hospitals, whereas the majority of people use private services. We don't know the HIV prevalence among those who attend private hospitals. Estimates of the overall HIV burden are mainly based on prevalence among pregnant women *attending government hospitals*. This excludes those who go to private hospitals for antenatal care — and those who don't receive any healthcare at all.

Further, the samples are of pregnant women and various groups with risk behaviour. They offer no direct information on other women or on men outside these groups.

In addition, samples taken from STD clinics are intrinsically biased — they are taken from people with symptoms of a sexually transmitted disease who attend government STD clinics for treatment. These should not have been included when calculating the HIV burden of the country.

Finally, if the condition is unevenly distributed in the population, any sample taken will not be representative of the population. Representative samples are necessary in order to make projections or estimates, or else the results will be unreliable.

To illustrate, each state provides 400 samples each for the annual surveillance, from several antenatal clinics. Just two or three positive samples among them could skew the overall results. In Uttar Pradesh, in 2003, at least eight of the 17 antenatal clinics did not have a single positive sample.

By contrast, in South Africa, the antenatal prevalence in 2003 was 28%. If they had used the same system as ours, they would have had 112 positive samples out of 400 samples at a single site.

The only way to get an accurate picture of the HIV burden is through a head count — that is, testing *everyone* — which obviously is not possible. One therefore has to be satisfied with the limitations of using sentinel surveillance data, and now the NFHS data which is likely to be more accurate.

Assumptions Behind the NACO Algorithm

When NACO mentions an increase in HIV burden, it is referring to an estimated number based on a calculation. These estimates are affected by sampling errors and the number in a particular year does not tell you much. The numbers are useful only when one wants to look at trends over time, to assess the rate of growth of the epidemic.

Year	***HIV estimate in lakhs***	***Increase over previous year in lakhs***
1998	35	-
1999	37	0.2
2000	38.6	1.6
2001	39.7	1.1
2002	45.8	6.1
2003 estimate with improved method	51.06	5.26
2004 estimate with above method	51.34	0.28
2005 estimate with above method	52.06	0.72

Source: National AIDS Control Organisation. UNGASS India report, 2005. http://data.unaids.org/pub/Report/2006/2006_country_progress_report_india_en.pdf

Even here, there are questions. This is illustrated by looking at the estimates from 1998 to 2005, given in the table.

How Should we Understand these Annual Estimates?

First, these estimates are based on an algorithm used by NACO which utilises sentinel surveillance data. The algorithm in turn is based on HIV prevalence among pregnant women, prevalence among STD clinic attendees, percentage of men and women between the ages of 15 and 49 in urban and rural areas, ratio of HIV prevalence among men and women, ratio of HIV prevalence in the urban population to that of the rural population, etc. When one is projecting from a sample subset to the entire population, one is forced to make some assumptions or use values which seem plausible for certain parameters. However, these could result in large margins of error in the final result (7). The most critical is the one that HIV is uniformly present among the general population. This may not be true. Another important assumption is that there is a differential of 2.4:1 between the HIV prevalence in urban areas and rural areas. A third source of error is the assumed HIV prevalence differential between men and women; 1.2:1 in high-prevalence states, 2:1 in medium-prevalence states, and 3:1 in low-prevalence states. In defence, it must be said that without making these assumptions it is not possible to calculate the HIV burden of the country, when men are not sampled and the main input is that of HIV prevalence among pregnant women.

Then, from time to time, NACO also makes changes in the algorithm, taking new evidence into account to help make a better estimate. Changing the methodology or algorithm will alter the final estimates, so estimates made with different algorithms are not strictly comparable.

Is the Epidemic Stabilising?

In India, which has an overall low HIV prevalence and a non-uniform spread, when we make projections with only 400 samples from each site, there are bound to be uncertainties in the final estimate. No one can be sure what the margin of error actually is. But we can have some confidence in the fact that since 1998, when sentinel surveillance was first done at a national level, a number of states have registered only marginal increases in HIV prevalence and many have remained at the same level for years. Several large states such as Uttar Pradesh, Madhya Pradesh, Bihar, etc, have only 0-0.25% prevalence levels (8). Tamil Nadu has had a sustained HIV prevalence of under 0.7% and should no longer be considered a high-prevalence state. All these indicate that HIV is not spreading as rapidly as we once thought it would in our country; it is probably stabilising (9).

Are our preventive efforts paying off? Or is this just part of the long-term history of HIV infection? Will it become less virulent over time, as happened in the case of syphilis? This is something that we will not know at this stage, as HIV is a new disease. One can be really certain only if a similar slowing is seen in subsequent years as well.

Household Surveys

In order to improve HIV estimates, epidemiologists have started implementing population-based surveys or household surveys, in which blood samples are taken from the male and female members of randomly selected households. About 30 countries worldwide, mostly in Africa, have conducted such population-based surveys. In most cases, this has resulted in a downward revision of earlier HIV estimates based on sentinel surveillance. Kenya, Ethiopia, Cambodia and now India are the countries where the new method cut previous estimates by half. As these surveys are accepted as being more accurate than the previous ones, the total number of HIV infected in the world is being revised downwards constantly. In 2006, UNAIDS estimated the global HIV burden to be 38.6 million, with a range of 33.4 to 46.0 million (10). Now this will shrink by 2.5 million based on the latest estimates from India.

Third National Family Health Survey

The third National Family Health Survey was carried out throughout India in 2006. This community-based household survey was carried out to obtain data on indicators of population, health and nutrition, according to background characteristics. Information was collected about households, and interviews conducted with women aged 15-49 years and men aged 15-54 years. Blood tests were also conducted for anaemia and HIV for a sub-population of respondents.

A community-based survey is the ideal method of finding out the HIV burden of the country because it covers men as well as women in the reproductive age-groups, both married and unmarried, and not just pregnant women. This study is far more representative than sentinel surveillance, since it represents all adults. However, such a survey is most accurate in countries with a generalised epidemic — more than 1% of adults must have HIV infection. In India, HIV infection is seen predominantly in vulnerable groups such as female sex workers, their male clients, men having sex with men, injecting drug users, their spouses and other sexual partners. Only five states have an HIV prevalence of over 1%, so it may not be true to say that India has a generalised epidemic.

Limitations of the NFHS

While the NFHS-3 estimate is believed to be more accurate than the annual estimates provided by NACO, we must remember that it too has certain limitations.

A community-based study may also introduce errors of various kinds. One is that as only members of households are sampled, people on the move, migrants, those who have no regular living place such as sex workers and similar groups at higher risk are excluded. In this survey, the sample sizes for the four high-prevalence states of Maharashtra, Karnataka, Andhra Pradesh and Manipur and the low-prevalence but high-population state of Uttar Pradesh, were adequate to provide state-level HIV estimates.

In the other 22 states, the sample size was good enough to provide HIV estimates at the national level but inadequate to provide state-level estimates.

In low-prevalence states, a very large number of samples are required to provide accurate HIV-prevalence estimates. This measure, no doubt enforced by the need to keep costs down, reduces the validity of the study.

An advantage of sentinel surveillance is that it provides state-specific estimates. More than 100,000 blood samples were collected in the NFHS-3 survey. In contrast, 225,000 samples were collected in the 2005 sentinel surveillance round, and with half as many centres as in the 2006 round, many more samples were collected.

Another possible source of error in any community-based survey is the need to link blood samples to personal interviews and household surveys. The NFHS-3 survey used the Linked Anonymous method: individual interview data can be linked to his or her HIV result. After the interview, which included sexual history-taking, every participant was informed about the purpose of blood testing and was asked to sign a consent form. Blood was drawn only from individuals consenting to participate.

Linked surveys underestimate HIV prevalence. People who know they are HIV-positive or suspect they may be infected may refuse to provide a blood sample. Non-participation of infected individuals aggravates the error in low-HIV-prevalence situations. Most low-prevalence states have an HIV prevalence of 0.1% to 0.3% which means that among 1,000 individuals only one to three individuals may be positive. Even if a few such positive individuals do not participate in the survey, the estimate is thrown off considerably. By contrast, sentinel surveillance employs the Unlinked Anonymous method, in which HIV testing is done in blood samples which are routinely collected for other purposes, and participation error is minimised.

It was speculated for some time that India's HIV burden was overestimated. AIDS was not very visible in large parts of the country with low numbers of reported AIDS cases and AIDS deaths. When antiretroviral therapy was initiated, the uptake was remarkably low and the expected hordes of AIDS patients demanding ART did not materialise. The algorithm used for estimating the HIV burden had a lot of unvalidated assumptions. In a landmark study, Lalit Dandona *et al* (11) did a population-based HIV prevalence survey in the high-prevalence district of Guntur in Andhra Pradesh. They demonstrated that the sentinel surveillance methodology and the algorithm used for estimating HIV burden were overestimating the infected population.

The NFHS-3 study has provided valuable information on the state of the epidemic in the country. It provides a more accurate figure than previous estimates but it needs further refinement. While there is no doubt about the usefulness of the study, its limitations have to be addressed so that it is more informative and reliable.

What do we Make of the Different Estimates?

Coming back to the question we started with, why do we have conflicting estimates?

One reason is that different organisations use different models and algorithms when arriving at estimates, even though they might use the same data.

One example is the estimate of AIDS-related deaths. Recording of AIDS deaths is important because they indicate the mortality toll of the disease. Historically, reported AIDS deaths were used to estimate HIV prevalence using the 'back calculation' approach.

UNAIDS's estimate of AIDS deaths uses a projection method based on HIV prevalence data. This method, when used in low-prevalence regions where the epidemic mostly involves some vulnerable groups, can only provide death estimates with very wide margins of error (12). On the other hand, NACO does not make an estimate but gives the actual number of reported AIDS deaths in the country; only 8,097 AIDS deaths were reported till the end of 2005 (13). If the cause of death reporting is nearly complete, reported AIDS deaths do give an indication of the state of the epidemic in the area. However, AIDS death reporting is insisted on but rarely followed even by hospitals in India, with the result that only a tiny fraction of those with HIV infection are ever recorded to have died of the disease.

One must also remember that all groups concerned -- whether government, international organisations or civil society organisations — may have their own

biases as well as their own interests in projecting a particular number.

When we hear civil society organisations claiming that the country's HIV burden is much higher than NACO's estimate, we must also remember that many civil society organisations see only a small part of the whole picture. They tend to see people who are symptomatic or have AIDS. The number of symptomatic people and people with AIDS is certainly increasing, since those infected years ago are now developing symptoms/AIDS.

There is no doubt that doctors and civil society organisations are seeing more people who need care. But a spate of AIDS cases does not mean an absolute increase in the number of people infected. All it means is that the epidemic is becoming more visible as the proportion of symptomatic patients increases.

There is another factor as well. With the global interest in AIDS, institutions of all kinds could have an interest in high estimates. If surveillance and other data show that the HIV epidemic is not increasing as rapidly as was expected, it would also mean a cut in funding. In 2004, Richard Feacham, Head of the Global Fund for AIDS, TB and Malaria, declared that official NACO HIV estimates were conservative and that "the HIV/AIDS epidemic in India is extremely grave… a ticking time-bomb" (14). UNAIDS has been accused, most notably by Dr James Chin, former Chief Epidemiologist of the Global Programme on AIDS, of consistently overestimating HIV caseloads of not just India, but countries around the world, and not being prompt enough to adopt more accurate methods of estimation. This, some say, has resulted in the AIDS programme getting a greater share of the limited funds available for international health. The Global Programme on AIDS had projected earlier that if the HIV epidemic was not contained early, the cost of human life and economic devastation would be on a massive scale. This could explain why the HIV epidemic was able to attract funding, though by many estimates, it is still far short of what is necessary.

The implications of low figures are two-fold, depending on how they are used. First, they could suggest that the problem is not as grave as was believed. Second, they could be used to argue that prevention programmes are making a difference, and therefore gain support for future funding.

My belief is that prevention programmes are working, as shown by steep sustained falls in HIV prevalence among sex workers especially and among pregnant women in several states such as Tamil Nadu, Karnataka and Maharashtra, to some extent.

At the end of the day, do we have a better sense of how AIDS has affected the country? Are the latest numbers more accurate? The answer: the latest calculations give us a better picture of the problem, but they too have their limitations. Maybe we shouldn't take all these numbers too seriously.

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Sen, Sense and Nonsense

On the difficulties of being Amartya Sen in a time like ours

- Aseem Shrivastava*

A nation, in the sense of the political and economic union of a people is that aspect which a whole population assumes when organized for a mechanical purpose . . . it is merely the side of power, not of human ideals . . . but when with the help of science and the perfecting of organization this power begins to grow and brings in harvests of wealth, then it crosses its boundaries with amazing rapidity. For then it goads all its neighboring societies with greed of material prosperity, and consequent mutual jealousy, and by the fear of each other's growth into powerfulness. The time comes when it can stop no longer, for the competition grows keener, organization grows vaster and selfishness attains supremacy. Trading upon the greed and fear of man, it occupies more and more space in society, and at last becomes its ruling force . . . when this organization of politics and commerce, whose other name is the nation becomes all-powerful, at the cost of the harmony of the higher social life, then it is an evil day for humanity . . . This abstract being, the Nation, is ruling India . . . "

- *Rabindranath Tagore*, Nationalism, *(1916)*

India's only social scientist to be decorated with a Nobel Prize, Amartya Sen, recently offered for the first time his views on land acquisition for industrialization in India. Finally, the Pope has spoken up on what is perhaps the most sensitive issue in Indian politics right now. This essay takes issue with Sen's recent public pronouncements on the topic in an interview given to *The Telegraph* in Kolkata in July. (One could as easily take issue with his panglossian view of Indian agriculture and food security - a view which pretends to explain why colonial-era-style famines cannot happen in a democracy with a noisy media but 20,000 farmer suicides can take place every year and hundreds of millions can suffer from chronic malnutrition. Curious thought.)

One hesitates to add that Sen discusses the ethics of land acquisition. Simply because he doesn't. In a 1500-word interview the term does not appear. It is because Sen appears to be in easy harmony with the views of so many Chief Ministers today that the state has the right to take over the lands of farmers and hand them over to corporations. Why does he think so? Because when people move out of agriculture, total production does not go down. So per capita income increases. For the prosperity of industry, agriculture and the economy, you do need industrialization. Those in effect preventing that, either by politically making it impossible for an industrialist to feel comfortable in Bengal or making it difficult to buy land for industry, do not serve the interest of the poor well."

The following questions appear in anxious, skeptical heads: Since when did a socialist like Professor Sen become so concerned about making industrialists comfortable? Can't overall per capita income increase even as people displaced from rural livelihoods suffer actual declines in their standard of living? Isn't this precisely what has been happening to millions of displaced tribals and Dalits in this country during the past 60 years, as people like Medha Patkar, Arundhati Roy and others have ably documented? Is bribing the rich (notably, Sen makes no mention of the public subsidy of Rs. 850 crores given by the CPM government to the Tatas to lay down the automobile plant in Singur, an unconscious oversight perhaps?) the only way to "serve the interest of the poor"? Has this strategy ever succeeded anywhere?

For someone who has ridiculed the trickle-down theory of economic growth leading to the termination of poverty on numerous occasions, isn't Professor Sen being blithely disingenuous in making a claim like the above? Sen acknowledges that "the market economy has many imperfections . . . but it also creates jobs and if income goes up, government revenues go up, so there is money available for education and healthcare and other things."

What guarantee can he give that the government will not use growing revenues to fund ballooning military budgets, like the kind the nuclear agreement with Washington will per force involve them in? Isn't he being rudely naive and socially blind in thinking that health and education have got short shrift in this country over the past half-century because of a mere lack of funds?

There is yet another issue with regard to economic growth and its relationship to the quality of life.

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Economists typically suffer from a growth fetish and imagine that it can solve most of the problems of the contemporary world. But there are a thousand reasons to suspect that the reported numerical increases in GDP and its growth do not add to the welfare of ordinary people in the country to the degree normally believed. In many cases, "better" numbers are portents of decline and failure in often immeasurable ways. Apart from well-known conundrums such as the GDP going up if a wife divorces her husband and sells him sex thereafter, or the GDP rising with greater medical expenses on account of the growth in respiratory diseases from pollution, there are numerous problems (too many to go into here) with taking the GDP measure of human welfare seriously. One problem with GDP measures is that if growth is accompanied by rising inequalities and expenses on guard labor to control growing crime rates, many of the purported benefits are cancelled out. An even more serious intrinsic problem with using the GDP measure as an index of human welfare in a country like ours - with such a huge unmonetized subsistence economy - is particularly serious: losses occurring in the economic realm outside the measured markets (tribal populations living on gathered minor forest produce or fisherfolk catching fish to eat for themselves along the coastline or small farmers growing their own grain) remained unreckoned. Thus, unsurprisingly, the government will offer figures for the creation of jobs (in say, SEZs) but never for the number of livelihoods (which are more than jobs after all) lost. The losses will look small only to those who do not have to suffer them. But for those many millions who do, they are of pivotal significance. So often, policy-making elites in independent India are repeating and compounding the errors made by British colonialists who failed to take adequate cognition of pre-existing local subsistence economies, arrogantly imposing the "modern economy" on top of them, as if there was only empty space before the latter arrived on the scene. A good example of such callousness from present-day India is the SKIL Infrastructure SEZ that has been approved to come up at Nandagudi (near Bangalore) in Karnataka. A Rs.100 crore local economy based on the sale of milk, vegetables and silk cocoons and giving each family of 5 an annual income of Rs. 200,000 every year is being supplanted by supposedly more productive modern production units. Compensation is being considered only for landowners, not for wage laborers. No heed is of course being paid to the breakdown of local communities and the termination of established ways of life and culture and the distress induced thereby. Under the rhetoric of "progress" and "economic development", colonial-era-style crimes are being enacted. Understandably there is a growing pitch of local protest against the project.

We know now which side of the truth Professor Sen's coat is hung.

Donkey-rides" upon the Peasantry: Sen's Unacknowledged (Corporate) Nationalism

In what is ultimately a vain attempt to restore lost glories from a vanished past Sen accepts the party line that "it is sometimes underestimated the extent to which Bengal has been de-industrialised (sic). Bengal was one of the major industrial centres in the world, not only in India. In European writings, Bengal has again and again come up as being one of the most prosperous areas in the world as an industrial base. The kind of reputation that some parts of Italy gained later (sic)." He then draws on distant historical writings from Ptolemy and Pliny the Elder to Fa-Hien to justify the present-day industrialization of Bengal on the backs of its peasantry. Times are truly rough when a man of Sen's intelligence and stature has to find such remote and shallow justifications to make his case.

Why is it so important that Bengal be restored to some pristine state of industrial greatness on a par with Italy? For someone who came of age in the noble shadow of Rabindranath Tagore, Sen is shamelessly nationalistic - towards both Bengal and India. A century ago, Tagore, like Einstein after him, had after all denounced all forms of nationalism as intrinsically harmful to civilized humanity, putting in question our very survival on earth in the long-term. He had warned that the "fierce self-idolatry of nation-worship" is "not the goal of human history."

Tagore went further, as the extended quotation at the start of this article shows. With thinly concealed outrage he wrote: "The Nation, with all its paraphernalia of power and prosperity, its flags and pious hymns, its blasphemous prayers in the churches, and the literary mock thunders of its patriotic bragging, cannot hide the fact that the Nation is the greatest evil for the Nation ... " Seeking to remind humanity of its own greater stature before the cruel abstraction of the Nation, he added that "with the growth of power, the cult of the self-worship of the Nation grows in ascendancy, and the individual willingly allows the Nation to take donkey-rides upon his back, and there happens the anomaly which must have such disastrous effects, that the individual worships with all sacrifices a god which is morally much inferior to himself."

Observing (in advance of the world wars) that modern Western civilization was founded on war and bloodshed, Tagore had warned against imitation and

the "interminable competition" that was likely to ensue, arguing that cooperation was the only alternative to save human civilization from a terminal crisis. Why don't economists learn from history? But then, who does! I suppose it is too much to expect an economist schooled all his life in the false glories of competition to shed his intellectual skins and return to cultural roots long forgotten. Nor is it fair to expect such experts to recall other lessons from childhood. Where is Gandhiji's "last man", for instance, in Sen's world-view? Awaiting the arrival of a primary health centre and a school for his children, once the Finance Minister has allocated resources for such priority tasks upon seeing his revenues climb in the wake of the rapid economic growth attained by the industrialization following upon forcible land seizures from people like himself? Isn't there a less tortuous route to enable the poor to find a semblance of economic freedom? Wouldn't there be other, new pressing heads (like nuclear power plants and infrastructure for SEZs) to which public money must be allocated from the admittedly larger budget made possible by economic growth? We had expected a more imaginative approach from the likes of Professor Sen. To repeat, he displays childish naiveté in seeking to convince readers that bribing the rich to grow the economy is to everyone's ultimate good.

What about a Free Market in Land?

All these brilliant economists parleying constantly with power don't tire of singing the glories of the free market. But where is the famed free market when it comes to land? If rational consumers can be trusted to demand the correct amount of toothpaste at the right price and rational workers can be trusted to sell the right amount of labor at the appropriate wage, one is baffled by the presumption that farmers cannot be relied on to sell their land at fair prices! Why so much song and dance about land acquisition in the first place if markets are working freely and if the will of people is being registered in the price of land? If there is a deficit of information no one will object to farmers being exposed to relevant data and projections (without entering too much fantasy). But beyond that, why not stay loyal to the tenets of economic science and let markets roll out results instead of preempting them with dictated policy maneuvers from Washington or Cambridge? Why can't the government stand behind the operation of a free market in land (instead of interfering with it), just as it does in the world of financial paper?

What if the democratic poor themselves prevent land acquisition, by refusing to sell (read, surrender) their lands? What would Sen have to say, for instance, to the woman who came to Delhi last December to register her protest, one arm in bandages after a brush with the police while she was attempting the impossible - trying to harvest the paddy crop from her own field in Singur? Logically, Sen would have to maintain that such people stand in the way of their own prosperity by not allowing what would be in their own greater long-term interest. Just like the decimation of the European or Russian peasantry in the course of industrialization in those parts of the

world was in their own long-term interest. How, for instance, does Sen view the resistance put up by the peasants of Nandigram? Or the way women were raped and subjected to unspeakable forms of barbarism by the police and CPM workers? "I have not studied it in the way I have studied Singur. So I won't comment", was his revealing reply. Economists were never known for their moral swiftness.

It doesn't mean that Sen is right about Singur. He argues that the protest by the people against the seizure of their lands "not only goes against the policy of the West Bengal government but also against the 2000-year history of Bengal." What is so holy about the Bhadralok class in charge of the political affairs of the state? So what if the protests go against the policy of the government? Isn't that what protest in a free, democratic society is all about anyway? And if something had currency in the depths of the past, assuming Sen is entirely right about it, does it naturally validate its wisdom today? Human populations then were a fraction of what they are today.

Even if the ancient and medieval worlds knew some form of industry, high energy, resource and water-intensive industrialization only gathered speed some decades after the 18th century industrial revolution in Britain. There was no environmental crisis, pollution, mercury, lead and arsenic poisoning when Ptolemy was reading the accounts of Mediterranean traders who had visited India. What sense does it then make to long nostalgically for a past whose wisdom would be an inevitable anachronism today, when we are called upon not to produce and grow, as the economists would like, but to survive, conserve and create, as men like Tagore and Einstein were keen to remind us ages ago?

Besides, for the 10,000 livelihoods that the Tata project in Singur is taking away it may be providing employment to some few hundred people, who are unlikely to be from the ranks of the displaced peasantry. (Where are the jobs Professor Sen and others seem so concerned about?) The spoils from projects like Singur will accrue to big capital and a handful of high-salaried skilled workers, leaving out all those that

automated industry finds redundant today. Landless workers, sharecroppers, rural artisans, small vendors and others will have to wait (mostly in vain) for the meager, distant benefits of "trickle-down" to percolate to them. Cold comfort.

Sen also overlooks the fact that the Tatas have received for their project in Singur an area several times the size of what they will actually need for the factory (seeing as they intend to replicate the plant they already have in Pune on less than a few hundred acres of land). In other words, he is blind to the massive windfalls corporate India is accumulating these days from publicly subsidized land scams in the real estate sector. Sen is eager to point out that "prohibiting the use of agricultural land for industries is ultimately self-defeating," that you can't say in a market economy that "this is fertile agriculture land and you should not have industry here." "The locations of great industry, be it Manchester or Lancashire, these were all on heavily fertile land (sic). Industry has always competed against agriculture because the shared land was convenient for industry for trade and transportation . . . there is no way in which you will be able to avoid industrialisation around Calcutta, any more than you could have avoided it in London, Lancashire, Manchester, Berlin, Paris, Pittsburgh. You will find industry will come up where there are advantages of production, taking into account also the locational preferences of managers, engineers, technical experts as well as unskilled labour."

In other words, we should repeat all the industrial blunders of the white man which have brought our species to the environmental precipice today. How about learning from the Chinese for a change, who themselves learnt from their bitter SEZ experience and passed a Land Conversion Act nearly a decade ago to ensure that land was not taken from agriculture for industrial purposes anymore? Doesn't the state play a key role in the location and kind of industrial investment? Could British industrialists during the early phases of capitalism have got their way without the bitterly resisted Enclosure Acts which not only enabled convenient location of industry but perhaps even more importantly, paved the way for forcible removal of peasant populations from the countryside so as to make land and resources accessible to industry, in addition to making available to it a labor-force desperate for alternative means of survival, not to forget a ready-made market for industrial products? Modern industrialization, historically, is a form of conspiracy against the public, though intellectuals like Sen see only "freedom" emblazoned in gold letters wherever industrial interests hold sway. All else belongs to backwardness and the dying past where peasant conservatism runs rife. Submit, therefore, in the name of freedom, to the destructive sweep of corporate industrialization.

Like most other economists, Sen does not take seriously the possibility of rural, small-scale, low-impact sustainable industrialization as a means of improving the lot of the poor. That the sort of industrialization by corporations (involving heavy use of energy, water and other resources) that he and other economists advocate with such zeal might devastate this country's ecology permanently is of no concern to him. Environmental matters are largely ignored by such experts. Deforestation, desertification, the groundwater crisis, climate change, the melting of glaciers, the growing incidence of floods and many other such problems - all symptomatic of fundamental ruptures in the sub-continent's ecology - do not strike the growth economist as matters for which his policy-prescriptions are directly responsible.

And What Happens to Agriculture & Employment?

Sen is remarkably silent on the issue of farmer suicides. There is virtually nothing in his recent writings on the topic. That they might be directly resulting from the pincer movement of rising costs and falling prices for output in which farmers are caught, thanks in good measure to official state policies since the 1990s to please the WTO and the IMF is not a possibility he explores. A credit crunch, after all, has afflicted peasantries in all sorts of times and places throughout history. That Indian agriculture could have been made deliberately sub-optimal from the point of view of small and marginal farmers - by policies engineered by Washington's imperial institutions in the interests of global agribusiness and routed through the ministries in New Delhi - in order to drive the peasants off the land and make it possible for companies like Monsanto or Cargill (or even Reliance or Walmart) to gradually take control of the large food market in India is a very important hypothesis to consider. It could explain much of what has transpired in the Indian countryside over the past decade and a half. However, economists like Sen do not get anywhere near such considerations. Call it good intellectual discipline in the ideological stronghold that that sturdy guild called the Economics profession has always been. ("There is no strategic planning - conspiracies - even at the highest levels of corporate establishments. All that's wrong with the world is either due to market imperfections or because markets have not been allowed to function smoothly.") Or, if you read Chomsky, "thought control in democratic societies."

As for concern for national food security, in a world of trade, it is a "fetish", Sen has argued. Why worry about giving away precious fertile land to industry when you can always import food from abroad. (Let's kid ourselves that there is no energy crisis and fossil-fuel-based sea transport is not an issue. In other words, let us throw ecological rationality to the vultures and import rice into traditionally rice-growing areas from regions of the world never known for growing the cereal - just because we can and there is money to be made for those who have cornered the market already. Why not sell French water in California and Californian water in France as long as affluent (effluent?) consumer tastes have been prepared by adequate commercial propaganda - just like the multinational Vivendi has done? Why should a rising economic power worry about such archaic matters as self-sufficiency in food?

That countries like Australia - from whom India has been importing wheat in recent years - recently had serious droughts (the worst in recorded history) isn't something that bothers the economist schooled in the wisdom of free markets. It also doesn't make him ponder that Western nations (sobered by the memory of wartime shortages) have zealously ensured (through unfair subsidies and suchlike) their self-sufficiency in food.

Okay, so you get farmers to leave their lands for a better life elsewhere. But do displaced peasants have jobs to run to? Do they have the qualifications required to make the grade of employment on offer today? Can a 55-year-old from Telangana who has tilled the land for several generations and never signed his name take calls from an angry client in Boston? The question answers itself, given that the skill-sets required by modern industry and services simply do not coincide with those of the displaced peasants. Someone wins. Someone else loses. And there is no simple way for the winners to compensate the losers, an idea economists are tutored to be enamored of.

Economists and policy-makers fond of dreams like Sen's are all too keen to entice farmers and agricultural laborers away from the land for better urban, industrial pastures. But where are the jobs they all keep promising of, which would provide compensatory incomes to the migrating poor?

When Europe industrialized and moved millions away from rural occupations (over a period of centuries, one may add) conditions were such as to allow for sufficient absorption of displaced populations elsewhere. In the cities factories were coming up, requiring both unskilled and skilled labor. Mines were being developed to supply the raw materials for industry. The world was living very far from its carrying capacity. Externally, colonies in the new world served as sinks for surplus labor. Writing of the Scandinavian experience, noted historian Eric Hobsbawm has written that "with the rapid rise in population a growing number of the rural poor found no employment. After the middle of the 19th century their hardship led to what was proportionately the most massive of all the century's movements of emigration mostly to the American MidWest?"

Conditions for countries like India today could not be more different. Transitions of the sort that pundits like Sen expect are not even remotely possible. There are several reasons to believe that the European experience cannot be repeated here. Firstly, there are no colonies (except tribal and Dalit areas within the country) to exploit, extract surplus from or send surplus labor to. Secondly, there are enormously more pressing environmental constraints on industrial expansion anywhere today which industrializing, urbanizing Europe did not have to worry about. Thirdly, markets abroad are limited, unlike what was the case for industrializing Europe. This is especially so since trade is free only for corporations from rich countries. Unlike Europe, there are no captive markets in the colonies where India or even China can sell their products. Most importantly, when Europe was in its incipient stages of industrialization industrial technology had not evolved in such a heavily labor-displacing direction. As Marx had noted, even if industrial expansion can occur with advancing technology making increasingly smaller inputs of labor produce vastly greater outputs, the working classes would not benefit from the prosperity unless ownership of capital was socialized. That would have to mean the end of capitalism and the onset of socialism. Any signs of it?

Even a casual consideration of Indian economic realities today illustrates the points being made. It is a sobering official statistic (*Economic Survey*, 2007) that between 1991 (when liberalization of the economy began) and 2004 (the last year for which reliable data is available), the entire organized sector of the Indian economy (including both private and public sectors) could give employment to 0.3 million fewer people! (In 1991 it employed 26.7 million people. In 2004, 26.4 million. Meanwhile, the total work force grew from 370 to 430 million.) The organized private sector gave jobs to 7.7 million people in 1991 and 8.3 million in 2004, an unimpressive growth of 600,000 jobs in 13 years! (Now, while net jobs created in the organized economy may be growing at 100,000, 200,000 or even 500,000 per year, 10-14 million people are getting

added to the work-force every year: An Australia is being added to the work-force each year even as job generation is at the rate of a modest South Delhi colony!) Roughly the same number of people in the industrial work force as in 1991 today produces 4-5 times as much industrial output as in 1991. This has understandably made the top quintile of the population much wealthier. But meanwhile India's work-force has grown by 50-60 million people! It is not clear how large overall gains in output will be distributed such that redundant sections of the population share in the benefits and do not turn against the "reforms". Realism was never the growth economist's strong point. And yet today, we are all imprisoned by his illusions made real.

It is not the fault of the economists, to be sure, that despite their best intentions the employment picture looks so bleak. Modern industrial technology has evolved in labor-scarce, capital-rich countries. So while it flatters the productivity of an employed worker it makes enormously larger numbers redundant and disposable. For instance, the Tata steel plant today produces more than 5 times as much steel as it did in 1990, with only half the workers it employed then. To believe that corporate-led industrial growth will be ultimately anything other than jobless or even job-destroying is to spit against the wind - to throw bird-feather pebbles at the hurtling juggernaut of Western technology.

What if such technology was not used and some other, more appropriate, technology was utilized for industrial production in India and the poor countries? Chances are it would not be able to stand the tide of competition in a globalized world where low costs and quality (pre-defined by corporations in control of marketing and advertising) are the dimensions along which economic destinies are decided.

Unemployment is perhaps the most devastatingly urgent socio-economic and political issue in India. Without serious changes in the framework of economic policy it is quite likely that the ballooning numbers of unemployed (especially male) youth will generate unmanageable amounts of frustration and urban violence - which can only serve the nefarious populist purposes of political parties who need disaffected young men to drum up the necessary hysteria and political support. Other than rising crime, communal and caste riots can be expected to grow in frequency.

This gloomy scenario should make the policy-making elite and government strengthen and implement schemes like the rural employment guarantee scheme on a war footing - even if it means taking public resources away from other expenditure heads.

And What about Democracy?

And what of democracy, whose paeans Sen never ceases to sing? Perhaps economists are too educated to realize that politics inevitably intrudes on every significant economic transaction in this world. Or perhaps they are not educated enough and haven't come across their senior colleague Abba Lerner's view that "Economics has gained the title of queen of the social sciences by choosing solved political problems as its domain." Maybe they have breathed too much of the rarified air outside the real world to know how dirty the entire business of land acquisition is in India. Or maybe they are too illiterate in history to remember how bloody and rapacious the enclosure movement was in Europe when it was in its early stages of industrial capitalism.

As Tagore noted in the quoted book on nationalism, modern societies modeled after the European pattern have become monstrously well-organized structures for the generation of wealth and power. They are primed for economic growth and warfare in a more or less pre-determined fashion with few options for individuals or communities to forge for themselves an independent way of life. The risks are being continually ratcheted up by the growing availability and sophistication of lethal weaponry, including nuclear bombs and missiles. It is a trivial truth that industrial strength decides wars, once agriculture assures adequate supply of food. This is the reason why industry is emphasized today when already existing prosperity could give everyone a decent life: to win wars it is not enough to be rich. You have to be richer. Tagore was concerned precisely with this global competition for power: because it would bring down everyone in the end. When will our economists face up to this fact?

Competitive society has itself become a species of warfare with no one finding anything unusually disturbing about a "dog-eat-dog" world. That such a world without ethical foundations is a naturally obvious one in which each one is indulging and maximizing his greed in an economy of escapes out of social reach and public accountability is not a matter of concern to the contemporary economist. On the contrary such features are hard-wired into his brain as being among the more laudable features of booming modernity.

The truth is that modern industrialization - under capitalist or communist auspices - has been a coercive, disruptive process in one and every single case. Entire ways of life and human culture have been laid waste to make way for the supermarkets, expressways and

concrete jungles which now besiege us - as the only alternatives of economic life. If Sen reaches for the travelogues of Fa-hien (never mind the fact that Calcutta was not even a thought in the 5th century AD!) or the distant musings of Ptolemy it is fair to expect him to at least draw the obvious lessons from more recent economic history. But does he?

Where has modern industrialization happened without the use of force with or without the assistance of the state? Did the peasants of early modern Britain vacate the commons, the forests and the open fields to allow the formation of enclosures by virtuously understanding the great merits of the satanic mills bemoaned by William Blake? Didn't Britain go into peasant insurrections repeatedly over the early centuries of industrialization, all the way till resistance ceased after the passing of the Corn Laws in 1846?

Listen to famed historian, Christopher Hill, writing about the enclosures in 17th century Britain: "the royal policy of disafforestation and enclosure, or of draining the Fens, as applied before 1640, involved disrupting a way of life, a brutal disregard for the rights of commoners . . . a consequence of the policy was to force men to sole dependence on wage labour, which many regarded as little better than slavery." And here is another authority, Eric Hobsbawm, writing of England a century and a half later: "Some 5000 enclosures under the private and general Enclosure Acts broke up some six million acres of common fields and common lands from 1760 onwards, transformed them into private holdings . . . The Poor Laws of 1834 were designed to make life so intolerable for the rural paupers as to force them to migrate to any jobs offered. And indeed they soon began to do so. In the 1840s several counties were already on the verge of an absolute loss of population, and from 1850 landflight became general." Finally, the great historian E.P. Thompson: "Enclosures were a plain enough case of class robbery."

Sen keeps referring to "the standard experience" of industrialization and economic growth. It bears recall that in almost every case democracy has been conspicuous by its absence at the crucial stages of modern industrialization - which inevitably involves coercive displacement of large numbers of the rural population.

Didn't voting rights for European workers come after bloody and bitter struggle lasting centuries? Did the conservative French peasantry not stick like a thorn in the flesh of the bourgeois classes even into the 19th century? Did the Russian kulaks yield to Stalin's ruthless collectivization, or Chinese peasants to Mao's Great Leaps Forward, from love of industrial communism? Or is it not true that their lives were taken in the tens of millions before their remaining numbers were fed like fodder into the mills of modern industry and mining, leaving many others starving and begging in the streets of Moscow and Shanghai? More recently, South Korea and Taiwan were openly authoritarian societies while industrializing. War beyond the borders also means war within.

Sen assures us that "the prosperity of the peasantry in the world always depends on the number of peasants going down." One way to achieve this ofcourse is to simply kill off a chunk of them. Remarkably, perhaps because he has not seen the SEZ Act of 2005, Sen fails to notice that the entire SEZ strategy of economic growth, long abandoned in China as environmentally and socially destructive, is only a pilot experiment in corporate totalitarianism in disguise. Unaccountable power will be vested in private authorities who will decide the economic and political fate of large numbers of people. Capitalism works far more efficiently under conditions of tyranny. Thus, moves are under way to rewrite the laws and undermine the Constitution, prompting leading jurists like Upendra Baxi to describe the entire SEZ strategy as an exercise in "unconstitutional economics".

Nandan Nilekani of Infosys noted in an August 2006 interview to London's *Financial Times* that India is the first country in history to be industrializing and urbanizing under conditions of universal adult franchise, a fact which has gone remarkably unnoticed by our pundits and experts the world over. When the British state moved large numbers of the rural poor out of their homes and fields, only propertied white men could vote. The US was a slave-owning aristocracy in which only white men had the vote when the great migrations happened. Women did not vote till the 1920s and African-Americans not until the 1960s. (India had universal suffrage before the US.) Soviet Russia and China have been totalitarian societies when forcing the peasants to move or collectivize.

These facts only underscore the peculiar situation in which formally democratic India finds itself today as it asks the rural population to abandon their customary ways of life to make way for industrial prosperity and the imminent greatness of the nation. It only shows that there is nothing intrinsically democratic about modern industrialization. On the contrary, countries like China where tyranny has a free hand are producing impressive growth results, to the envy and consternation of the rest of the world. They are setting the pace for democracies as much as for countries under other forms of political dispensation.

Sen and Nonsense: the Last Straw

In his interview to *The Telegraph* Sen makes a case for seeing Calcutta as the natural epicenter of Bengal's industrialization not only because it has various locational advantages which attract industry but also because it is the cultural capital of the region. He writes of Gandhi's first visit to the city in 1896. He spent six days in the city and he saw two plays during that short time. So?

"So here is a Gujarati arriving here, but he is so interested in the cultural life of Calcutta that he goes to see two plays in six days. So you just can't say that because it is fertile land, you cannot allow managers and industrialists to be based in Calcutta and they have to be based in district towns?" I plead that the great logician Professor Sen has forgotten what a non sequitur is!

To let economists and intellectuals like Sen do our thinking for us today is to invite a dangerous variety of intellectual and moral sloth, the price for which will keep rising with the passage of time. No one should be allowed to get away with exposing the causes of poverty and malnutrition all his life only to end up arrogantly dispatching the peasantry (still two-thirds of us, alas) to the dustbins of history. When intellectuals of Sen's stature cease to remain disciples of truth and become veiled or open apologists for power, publicly endorsing "class robberies", they are even more dangerous than others whose ways can be readily recognized as "evil". It is far better to tell transparent lies than to mouth self-conscious half-truths. Even George Bush, after all, wants to get rid of poverty from the world.

We would do well to bear in mind and heart the warnings issued by seers like Tagore a century ago.

Response to Noam Chomsky, Howard Zinn et al on Nandigram

We read with growing dismay the statement signed by Noam Chomsky, Howard Zinn and others advising those opposing the CPI(M)'s pro-capitalist policies in West Bengal not to "split the Left" in the face of American imperialism. We believe that for some of the signatories, their distance from events in India has resulted in their falling prey to a CPI(M) public relations coup and that they may have signed the statement without fully realising the import of it and what it means here in India, not just in Bengal.

We cannot believe that many of the signatories whom we know personally, and whose work we respect, share the values of the CPI(M) - to "share similar values" with the party today is to stand for unbridled capitalist development, nuclear energy at the cost of both ecological concerns and mass displacement of people (the planned nuclear plant at Haripur, West Bengal), and the Stalinist arrogance that the party knows what "the people" need better than the people themselves. Moreover, the violence that has been perpetrated by CPI(M) cadres to browbeat the peasants into submission, including time-tested weapons like rape, demonstrate that this "Left" shares little with the Left ideals that we cherish.

Over the last decade, the policies of the Left Front government in West Bengal have become virtually indistinguishable from those of other parties committed to the neoliberal agenda. Indeed, "the important experiments undertaken in the State" – the land reforms referred to in the statement - are being rapidly reversed. According to figures provided by the West Bengal state secretary for land reforms, over the past five years there has been a massive increase of landless peasants in the state due to government acquisition of land cheaply for handing over to corporations and developing posh upper class neighbourhoods.

We urge our friends to take very seriously the fact that all over the country, democratic rights groups, activists and intellectuals of impeccable democratic credentials have come out in full support of the Nandigram struggle.

The statement reiterates the CPI(M)'s claim that "there will be no chemical hub" in Nandigram, but this assurance is itself deliberately misleading. This is the explanation repeatedly offered by CPI(M) for the first round of resistance in Nandigram – that people reacted to a baseless rumour that there would be land acquisitions in the area. In fact, as the Chief Minister himself conceded in the State Assembly, it was no rumour but a notification issued by the Haldia Development Authority on January 2, 2007 indicating the approximate size and location of the projected SEZ, which triggered

the turmoil.

The major factor shaping popular reaction to the notification was Singur.

Singur was the chronicle of the fate foretold for Nandigram. There, land was acquired in most cases without the consent of peasant-owners and at gun-point (terrorizing people is one way of obtaining their consent), under the colonial Land Acquisition Act (1894). That land is now under the control of the industrial house of the Tatas, cordoned off and policed by the state police of West Bengal. The dispossessed villagers are lost to history. A fortunate few among them will become wage slaves of the Tatas on the land on which they were once owners.

While the CPM-led West Bengal government has announced that it will not go ahead with the chemical hub without the consent of the people of Nandigram, it has not announced any plans of withdrawing its commitment to the neo-liberal development model. It has not announced the shelving of plans to create Special Economic Zones. It has not withdrawn its invitation to Dow Chemicals (formerly known as Union Carbide, the corporation responsible for tens of thousands of deaths in Bhopal) to invest in West Bengal. In other words, there are many more Nandigrams waiting to happen.

In any case, the reason for the recently renewed violence in Nandigram has been widely established to have nothing to do with the rumour or otherwise of a chemical hub. Print and visual media, independent reports, the governor of West Bengal (Gopal Gandhi) and the State Home Secretary's police intelligence all establish that this round of violence was initiated by the CPI(M) to re-establish its control in the area. We all have seen TV coverage of unarmed villagers barricaded behind walls of rubble, while policemen train their guns on them.

With the plans it has for the future, regaining control over Nandigram is vital for the CPI(M) to reassure its corporate partners that it is in complete control of the situation and that any kind of resistance will be comprehensively crushed. The euphemism for this in the free marketplace is 'creating a good investment climate'.

The anti-Taslima Nasreen angle that has recently been linked to the Nandigram struggle against land acquisition is disturbing to all of us. However, we should remember that it is largely Muslim peasants who are being dispossessed by land acquisitions all over the state. There is a general crisis of confidence of the Muslim community vis-à-vis the Left Front government, inaugurated by the current Chief Minister's aggressive campaign to "clean up" madarsas, followed by the revelation of the Sachar Committee that Muslim employment in government jobs in West Bengal is among the lowest in the country. While we condemn the attempts to utilize this discontent and channelize it in sectarian ways, we feel very strongly that it would be unfortunate if the entire anger of the community were to be mobilized by communal and sectarian tendencies within it. Such a situation would be inevitable if all Left forces were seen to be backing the CPI(M).

This is why at this critical juncture it is crucial to articulate a Left position that is simultaneously against forcible land acquisition in Nandigram and for the right of Tasleema Nasreen to live, write and speak freely in India.

History has shown us that internal dissent is invariably silenced by dominant forces claiming that a bigger enemy is at the gate. Iraq and Iran are not the only targets of that bigger enemy. The struggle against SEZ's and corporate globalization is an intrinsic part of the struggle against US imperialism.

We urge our fellow travellers among the signatories to that statement, not to treat the "Left" as homogeneous, for there are many different tendencies which claim that mantle, as indeed you will recognize if you look at the names on your own statement.

Mahashweta Devi, Arundhati Roy, Sumit Sarkar, Uma Chakravarty, Tanika Sarkar, Moinak Biswas, Kaushik Ghosh, Saroj Giri, Sourin Bhattacharya, Nirmalangshu Mukherji, Sibaji Bandyopadhyay, Swapan Chakravorty, Rajarshi Dasgupta, Anand Chakravarty, Apoorvanand, Shuddhabrata Sengupta, Nivedita Menon, Aditya Nigam

Amartya Sen: The Master as Apologist

*- Dipanjan Raichaudhuri **

Professor Amartya Sen's interview (*The Telegraph*, July 23) makes us sad.

1. "The market economy has many imperfections, on which I have written extensively. But it also creates jobs and incomes, and if the income goes up, government revenues go up, so there is money available for education and healthcare and other things." — so said Amartya Sen.

Textbook (neoclassical) economics is a strange discipline. It is timeless. There is a history of economic thought but no history of economic phenomena. Prof Sen has given above a perfect textbook lecture, which he applies, in the best traditions of textbook economics, equally to the early capitalism of 17th century England, the colonial economy of 19th century Bengal, and the late capitalism of present-day India.

Centuries have rolled by, nevertheless, and the lecture given above has become irrelevant in the era of "Jobless Growth." The burden of Prof Sen's intervention is that the present inflow of big capital into West Bengal will bring jobs. How many jobs, Prof. Sen? The water tank manufacturers Patton proposed a 13 million dollar investment in Falta SEZ in July 2006, employing 250 people — 3 to 4 jobs per crore of rupees investment. In 2003, the refined petroleum goods industry in West Bengal (which includes Haldia Petrochemicals) had a fixed capital of Rs 2178.21 crores (total investment — Rs 3359.05 crores) and 6610 employees — 3 jobs per crore of rupees of fixed capital and 2 jobs per crore of rupees of investment. Lakhs of jobs downstream had been promised. Haldia Petrochemicals went into production in 2000. Up to 2003-04 the plastics industry showed 6643 employees, many, no doubt, from pre-2000 days. How many people will the Tatas employ in Singur? Nobody knows, not even Prof. Sen. It is almost a state secret. But this we know. The Tata Indica (car) factory employs 250 people, and not one of them comes from the people displaced by the factory.

The Bourbons, it is said, learnt nothing and forgot nothing. We, the talking classes of Bengal, are almost as bad. We have not forgotten B.C. Roy, but we have not learnt the lesson that (a) implanting sporadic big plants do not lead to industrialisation (apart from Durgapur, what remains?) and (b) in a state where the number of unemployed in 2004-05 was 33.37 lakh, even according to the conservative, formal estimate of the Finance Minister (Budget Speech, 2007), a few thousands of jobs, while certainly welcome, do not provide a solution (B.C. Roy's "industrialisation" could not prevent the 1959 food movement and the 1967 food movement. The foot-soldiers in these struggles were unemployed youth, destined to play a big part in the final ouster of Congress rule.) The CPI (M), the media, a large section of the opposition, and Professor Sen have bypassed the main issue to concentrate on a side-issue, the use of agricultural land.

The main issue is whether the virtually jobless massive investments, being touted through ignorance (or malice, who knows?) as the solution to our economic problems, of which the most glaring and soul-destroying is that of unemployment, do really have this miraculous potential. We have seen enough of "trickle down" since B.C. Roy's days. We are not ready to listen to sermons, however eminent may the preacher be, to wait for the investments to give rise to jobs and income. They never do. Ask the people of Amlasole. We want an alternative model which can give jobs today, or, at least, tomorrow. Market economy has no such model, and it is painful to see one of the best minds this country has produced fumbling in the coils of that wily retiarius, the market, and promising nothing more than "trickle down".

2. "In countries like Australia, the US or Canada, where agriculture has prospered, only a very tiny population is involved in agriculture. Most people move out to industry. Industry has to be convenient, has to be absorbing."

Where will the people move out? To industry? Alas, real life in late capitalism has little in common with the timeless textbooks of economics. Since Prof. Sen has studied Singur, he must know what "Sanhati Udyog" has calculated. About 10,000 people will lose their livelihoods. The Tatas have clearly stated they offer no jobs. The few trainees they have picked up were also told that there was no job guarantee. So, presumably these 10000 people, among whom are agricultural labourers, bargadars, van rickshaw pullers, small vendors, and other labourers, will have to survive, presumably on air, for at least 10 years to taste "trickle down". Or, what nobody is articulating clearly, they are the sacrifice. They will move out. Period. To nowhere. Late capitalism does not have jobs in industry for people "moving out" of agriculture.

3. "... government revenues go up, so there is more money available for education, healthcare and other things."

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It is strange hearing these words, linking the market to education or healthcare, from the initiator of the Pratichi Trust's surveys of primary education and healthcare in West Bengal. He should know better.

There is no market for millions of the literate poor. No demand. A few "Eight class Passwalas" will suffice for the market. So, the government will never be overly worried about mass literacy, drop-outs, and a proper education for millions. The money may even be there. But it will be spent on other things. The latest proof is the fizzle-down of the "neighbourhood school" based "education for all" proposal and its replacement by Sarva Siksha Abhiyan, which has degenerated, at least in this state, into nothing more than some forced spending without policy or direction.

In spite of Prof Sen's forceful expositions, may be, his life-work, capital and governments continue to regard female health, children's health, and, in general, community health as non-marketable stuff, just as they regard a proper education for all. No demand. No government expenditure.

So, Prof Sen's premises don't hold out to the end. The investments will bring profits to big capital, and some taxes to the government (provided the target is not in a SEZ). The few employees will get good pay, perhaps. That is all. The overall unemployment picture will not change, quality of life outside the factory enclave will continue at its worst.

We need something else, and it is disappointing to find that Amartya Sen cannot help us with ideas for this.

4. "The government's policing has been in some cases over-strong ... It is possible that in the past, the violence committed by the government was greater, but from what I hear, it is possible the opposite might be the case now."

Does the "some cases" include Nandigram? Although Prof. Sen has "not studied it in the way" he has "studied Singur", he reads newspapers and, may be, looks at the TV. Is he at peace with what he read and, maybe, viewed on the TV?

I had the honour and misfortune to help in a minor way Justice Bhargava's tribunal on Nandigram. Rape, stuffing rods into the female sex organ, shooting into a retreating crowd of women and children — these are some of the material to be found in the depositions before the tribunal. A spot of "over-policing", no doubt. And, pray, what acts even the scatter-brained opposition of ours has been perpetrating "now", which is "greater", from what Prof Sen hears, than this violence?

Of course, Laxman Seth says that these are lies, because no raped woman would talk of it, and Laxman Seth is an honourable man. Perhaps we should remain at Singur. But, there, too, I fail to recollect any act of the opposition which can match the murder of Tapasi Malik., or have the opposition taken to burning chowkidars of Tata's Wall in secret? Of course, Tapasi Malik was not killed by policemen, and both the interviewer and the interviewed steered clear of the acts of the CPI(M). So, Prof Sen might claim a caveat on this issue, too. But, this part of the interview leaves a bad taste in the mouth.

5. Let us come finally to the issue the interviewer and the professor found important: the use of agricultural land for industry. The main question here is not economic, it is one of rights. It may be good economics, or unavoidable economics. But has a citizen of India, who owns land, the right to say 'No' to a package he considers inadequate in compensation for his land? Prof Sen shows that a better and fairer package should have been offered in Singur, and talks of the 'tactical' mistake of the government. But, nowhere does he say, in so many words, that the citizen has a right to his land, the right to say No. He reminds us "it is very important in a free country, any people can come in and go out from any place they like and you cannot establish restriction of movement either by the government or the Opposition." Quite. But, in a free country, presumably, it is quite in order to take away land from the owner by a simple notification of the government (we all know about the 1894 imperial law).

Even the rulers in Delhi are mulling over demands for setting up a National Rehabilitation Commission without whose approval no displacement of people will be allowed in any project. Prof Sen opposes bureaucratic directives to capital of the kind "I want it in Siliguri and Bankura but not here", but we are sad to observe that he does not once say that the real mistake of the government was a bureaucratic one in Singur, too, because the would-be-dispossessed were not adequately consulted (a point even conceded by Jyoti Basu). In fact, the government emphasises that, under the 1894 law, consultation is not mandatory. Prof Sen wants the government to correct its tactical mistake regarding the value of the land in future deals, but presumably this, too, will be a unilateral action by the government, for nowhere is it mentioned that the affected are also to be consulted. So, bureaucracy (which earned a strict No No in dealing with capital) seems okay in dealing with the affected people.

We are indeed sad, for this we did not expect from Amartya Sen.

Who is Afraid of Global Warming?
Global Warming, Capitalism and the Road to a Saner Society

*- T. Vijayendra**

Frightening as it is, there is no need to be pessimistic about global warming. The cause of global warming is capitalism. It can end only with the end of capitalism. The days of capitalism are numbered. At most it is a matter of a decade. The sooner it ends, the safer the world will be – both environmentally and for human beings. How and what will bring the end of capitalism? First the anti-imperialist struggle all over the world, particularly in Latin America, West Asia, parts of Africa and Asia. Then there is inter-imperialist contradiction and the competition for energy sources – oil and gas. Oil will peak within a couple of years and gas within a decade. This will lead to the mother of all recessions – a recession from which capitalism can never recover. Are we ready for a post-capitalist society? Cuba provides the closest fit to a saner alternative. A small state, an enviable record in anti–imperialist struggle and internationalism, socialist in principle and practice, heavy investment in human resources in terms of health and education, both urban and rural food security with organic farming and a pride in being a Cuban and socialist! What is the vision for India? A Federal Republic of India, with about 100 odd small states, and a political economy on the lines of Cuba.

Do We have any Hope?

We all know that the present rate of energy consumption is causing global warming. It is so big that it is exceeding the bio-capacity of the earth. One and half earths are required for current human consumption levels. This is inevitably leading us to the tipping point. Tipping point means that we have reached a point in time when global warming cannot be reversed. That is we have entered a vicious cycle where global warming itself leads to further global warming and that no one can do anything about it.

We don't know when the tipping point will occur. Some even claim that it has already occurred and that we will see the results in coming years. However the assumption here is that it has not yet occurred and we have, say, a window of ten years left do something about it. Then I believe there is hope.

Who is Responsible for Global Warming?

An average American puts out 20 tons of CO_2 emission per year compared to an average Indian who puts out a mere one ton. And of course this average hides the fact the most of this is contributed by the 20% rich people of these countries and the poor consume far less energy. And yet the Intergovernmental Panel on Climate Change says "Most of the observed increase in globally averaged temperatures since the mid-20th century is very likely due to the observed increase in anthropogenic (human) greenhouse gas concentration." This is classic example of deliberate obfuscation of the real source of global warming!

For tens of thousands of years, humanity has existed, slowly changing our natural environment and ecology to meet our needs. However it is with the ascendancy of industry-based capitalism in the period of one hundred years that global warming has increased or as we mentioned above it increased to a level beyond the earth's carrying capacity.

It is not people, 'humanity' to blame for this, it is not a 'man-made' crisis, as if we as a society had consciously created this problem. It is the political economy of capitalism that has produced the climactic, environmental and ecological crisis that we face.

The 'human' activities that lead to increase in greenhouse gases are very specific. They are not the tribal or communal village life that humanity led in the past and which, even today billions of poor people are leading. They are the direct results of coal-based steam technology that saw the creation of the industrial revolution and mass manufacturing. In the 20th century oil has been added to coal and is causing further pollution and global warming. The newer capitalist economies of Asia have in the last 25 years taken the crisis further.

What Will it take to Reverse the Trend?

Many people believe that capitalism can reform. That the government will do something, that the newer energy sources will solve the problem. That all of us individually can do something. However we forget that to solve this problem the essential need is to roll back energy consumption to at least pre-1975 levels and preferable even earlier, say 1930. I have

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not seen any plan that can do it within the capitalist system. I firmly believe that this problem can only be solved by the demise of capitalism. If this does not happen, I have no doubt that we will reach the tipping point in near future. **So it is imperative that capitalism should collapse within 10 years or so, so that life on earth has chance to survive.** So we should look at the tendencies that will lead to such an event. And here I bring good news!

The Bell is Tolling

Leftists all over the world predicted the demise of capitalism many times and have been proved wrong. Now that the demise is imminent, the wolf is actually at the door; leftists are the last people to believe it.

What makes the end of capitalism so imminent? Is it the last and final crisis of capitalism? Is it the onward march of socialist and other anti-imperialist forces? Is it the anti-WTO, anti-globalisation movements all over the world? Is it the inter-imperialist (which today includes Russia and China) contradiction that has reached a breaking point? Is it the war in Iraq and anti-US struggle in the Islamic countries all over the world?

It is all of this, but not quite. The trigger is peak oil. What is Peak Oil? Essentially it means the end of cheap petroleum era. Also there is no alternative cheap and plentiful source of energy available. Now capitalism essentially depends upon cheap, plentiful and concentrated source of energy like coal or petroleum. Capitalism or the industrial era began with the coal in 19th century, particularly for capitalism in the western/northern world. For India and China, coal will remain an important source of energy. But for road transport nothing can replace petroleum effectively. For Iran and Russia, gas may last a little longer. But eventually, and we are talking about something like the year 2030, the level of energy available will be same as 1930.

Peak Oil

Indeed it is peak oil that is likely to lead to the end of industrial era. At the present rate of consumption, all available oil will be used up in 40 years. However peak oil is not about when we run out of oil but, rather, when the production of oil starts to decline. And this is much closer. It may be as close as 2010. Some even say it has already occurred and we will see the effects in a matter of months!

How can we predict when Peak Oil will occur? In 1956 a US scientist, Hubbert correctly predicted that US oil production would peak in 1970. Since then his methods have been refined further. Essentially it is based on the fact that all major sources of oil are known, because it is easier to locate a big deposit. No new big discovery will occur. Secondly the consumption pattern is also known. This enables one to predict. The dates may be advanced due to several factors. For example, the consumption has increased dramatically in China and India. The oil producing countries in West Asia are using more oil to spend the income from rising oil prices. Finally, the wars to gain control over oil resources, like the Iraq war is not only consuming more oil, but is also proving counter productive.

Peak Oil crisis starts with rise in petroleum prices. For some time the figure of USD 100 per barrel of crude has been considered the turning point. On November 21, 2007 it hit USD 99. So it is likely that by the beginning of 2008 it will definitely cross this point.

The immediate effect will be a recession in North America and Europe. Many believe that in USA it started in August 2007 with the housing crisis. This will lead to a world-wide collapse of the system, as we know.

Rise in transport costs increases all commodity prices. Chemical fertilisers and pesticides are petroleum-based products. A rise in their prices may reduce food production leading to increase in food prices. These processes lead to decrease in purchasing power, a glut in the market and recession. The government of India is trying hard to keep the subsidy on petrol. Otherwise, the price of petrol can be as high as Rs. 80 per litre. One of the methods is to issue petrol bonds. But this only distributes the risk to a wider range of gullible people and buys time for a short period. There is no solution to this crisis.

While there is only one past, there are many possible futures. What will happen in next 20 years depends on response to this crisis. Different countries will evolve in different ways. But they all will go through a period of transition, which will involve lot of hardships to millions of poor people. The only viable future is a society based on a much lower level of energy consumption, which will come from renewable sources. This will also mean self-sufficient smaller states. As of today, Cuba appears to be best prepared for such a future and may have a most

ordered transition.

Cuba

Cuban revolution occurred in 1959. It had to defend itself from the mighty USA next door, which continuously tried and is still trying to overthrow the regime. The Soviet Union helped it in many ways. It gave it cheap oil and bought sugar from it. Cuba achieved very high levels of literacy, food security for its people and a high health standard. Cubans have a pride in their country and Cuba performed extremely well in sports.

In 1990, with the collapse of the Soviet Union, the Cuban economy received a big set back. However, within 5 years they recovered. Today Cuban agriculture is almost fully organic and not dependent on oil based fertilisers and pesticides. They have city farms to produce vegetables to reduce transport costs and create jobs. They are very advanced in agriculture science and medical science. A major source of foreign exchange earning is medical tourism because Cuba offers high-class Medicare at reasonable costs. Cuba also meets all the standards of carbon emission and energy consumption.

The Indian Scene

Since 1984, all the parliamentary parties have abandoned the poor. In 1984, in Bhopal, during the biggest industrial accident in the world, except SUCI, none of the parties came on the side of the people. From 90s, with the advent of liberalisation, privatisation and globalisation they are brazenly opposed to the poor, displacing them in millions from their homes and resources in the name of development.

On the side of the poor there are three major forces and a host of small ones. They are the Naxalites, NAPM and the Dalit movement. Among the smaller ones, but nevertheless very important are the women's movement, anti-communal groups, Christian and Islamic dalit, atheists, rationalists and science populizers. Many individuals, professionals like social scientists, engineers, architects, urban planners are also on the side of the poor. In the struggle of the poor, there are three aspects: assurance, relief and solution. All these groups are a source of assurance to the poor, because they have stood by them under very difficult situations of exploitation and oppression of the poor. In giving relief, the Naxalites have been more successful than others. As to the solution, none have a credible and realisable vision. The Naxalites have only a theoretical solution, which fails to address adequately important contemporary issues like women, dalit, communalism and ecology.

Urgent Need of the Hour

Every crisis of capitalism brings the possibility of a revolution if the people and the leadership concerned in the region are subjectively prepared for it. For instance, at the end of the World War II, China already had its liberated areas in Yenan and had a good blue print of the society they wanted whereas we in India did not have. This time, if we are not ready there will be chaos.

We need to start a dialogue between these different groups of activists for the poor. Between them, and if we include some radical professionals we can probably address most of the important issues. We should work towards a credible and holistic vision. At the same time, we need to cooperate at the ground level. In some of the 'liberated' areas of Naxalites many aspects of such a vision can be implemented. In the final analysis, the more prepared we are, the greater are the chances that our transition to a viable future will be less painful and more ordered.

A Possible Vision for India

I visualise a federation of some 100 socialist states which could evolve on the lines of Cuba. These states will possibly be bio-geographic regions whose boundaries we can see by the names people use, such as Awadh, Bhojpur, Mithila, Bundelkhand, Marathwada, Telengana, etc. The energy and technology levels used of course will be much smaller, mainly based on biological sources and processes. Obviously the concrete vision will evolve by the efforts of groups working for change collectively. This is just a personal vision.

What You and I can do?

A large number of practical and useful suggestions have been around about reducing energy level in our personal lives. However, I feel that these have meaning only when it s a part of an alternative of building a non capitalist society. For this, I suggest that all these efforts should be accompanied by attempts of rebuilding communities in which we live. At the same time we should link with the larger issues and vision.

Obituary

Dr. Alpana Daya Sagar

-Mohan Rao*

My colleague, Alpana Sagar, passed away on 22nd September 2007 after a brave fight with a relentless cancer: she was only in her forties. At a condolence meeting held today at the Centre of Social Medicine and Community Health, JNU, and attended by her family and more than a hundred others, rich tributes were paid to her as a teacher, as a friend, as someone who cared for the world we live in, and sought to make it a better place. She loved the JNU campus, her cats, and her students – and kept in touch with all her friends from the slum she carried out her PhD field work in some years back, helping them in myriad ways.

I remember Alpana the day she appeared for the admission interview. She had passed out with distinction from the Christian Medical College, Vellore, and the world and green-bucks beckoned her. But she had rejected this, worked for years as a clinician in the hills of Kumaon, and then something she felt she had to learn brought her to our Centre. I think she found home here.

At the interview, when she mentioned something about "the people", Prof.Banerji asked her, in a rather Banerjiesque way, who are these people you talk about? She wasn't cowed. "I am one of them" she replied, passionately, intensely. She was both these, but she was also intelligent, and above all a person of immense integrity and honesty.

She was my student during her MCH programme, and it was a delight to have her as a student. She was in fierce competition with another bright student, which made teaching the batch revelatory and a joy, and above all a challenge.

Alpana came to our Center with a good heart, and I hope I corrupted her in some sense. When she joined our Centre, she was fiercely against reservations for the OBCs – those were Mandal times. She changed radically on this issue, as among others. But she was growing and learning and shedding her innocence all the time, when she was snatched away: she had so much to give to the discipline of public health.

She was anxious about her book; about a chapter for a volume Imrana and I are supposed to put together, about her project with Mary John on Child Sex Ratios, when she was diagnosed with cancer in February this year. She had presented an excellent paper at the conference our Centre had organized on New Reproductive Technologies earlier in the year, reviewing world-wide data on Caesarean sections, finding that in the Indian corporate sector hospitals, it went up to 86 per cent. This is of great import to policy makers who are encouraging this kind of institutional care for child-birth, instead of safe births. Indeed, so is her excellent PhD, which she was working on to make into a book. She had promised to give me a draft to read this year. Although she was writing a lot, she also had so much actually planned work-wise. She took great joy in the fact that she has supervised her first PhD – the viva is still to be held. A vase shattered cruelly when she was just putting exquisite flowers in it.

Alpana and I shared a strange relationship, very warm but distant, as often happens with ex-students. She would come to me for references, for meanings of some idioms – she thought my English was better than hers, although she studied in a convent school and I hadn't, and also for trivia, which I collect: names of plants and other things we don't look at in our everyday lives. I liked teasing her because she would get upset when I said things like I am a non-vegetarian for political reasons, since she had turned vegetarian for green reasons! She fought fiercely against the "cleaning up of the campus", hugely enjoying its dense thickery of green, and the spate of relentless constructions coming up, arguing for the life of the undergrowth. One thing we shared was profound joy in this song by Joni Mitchell:

Don't it always seem to go that you don't know what you've got till its gone

They paved paradise, put up a parking lot.

Hey farmer, farmer, put away the DDT now

Give me spots on apples and but leave me the birds and the bees, please.

Don't it always seem to go that you don't know what you've got till its gone

They paved paradise, put up a parking lot.

Eerily, it now seems she was talking about herself too. I too now know what I've lost: a wonderful human being, and as all her students acknowledged, a great teacher. Our Centre, and I, is bereft.

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*- Mohan Rao, Centre of Social Medicine and Community Health, JNU, 24th September 2007 * Email: <mohanrao@bol.net.in>*

A Mother's Appeal

December 18, 2007

I am a woman in my eighties. When we were young, people were inspired by the examples of *karmayogis* who were patriotic, motivated by ideals of service, wise and virtuous. We considered ourselves blessed if we could follow in their footsteps.

I had so far been a silent spectator to the injustice and violence that pervades our free democracy today, but only because I was personally untouched by it. But now, as an aged mother, and outraged by the blows of injustice, I wish to break my silence. Inconsolable in my pain at the age of eighty-one years, I now wish to make a humble appeal to the people of free, democratic India.

As perhaps many of you are aware, my son Dr. Binayak Sen is today in prison, a victim of extreme injustice. At the age of four years, he was troubled by questions of injustice: why didn't the boy who helped us at home not eat with us? Why did he have to eat alone on the kitchen floor? Why couldn't he join him at meal times?

When he graduated with his first medical degree with distinction at the age of twenty two from the Christian Medical College in Vellore, he refused to heed his father's wish for him to go to England to study for the MRCP. Whatever knowledge he needed to practice medicine in his own country, he insisted, he could acquire right here. He was subsequently awarded the M.D. in paediatrics from Vellore, and then joined JNU as an assistant professor with a wish to study for a PhD in Public Health. But he could brook no further delay. He left his academic position to take up a position at the TB Research Centre and hospital run by the Friends' Rural Centre at Hoshangabad (MP). After a couple of years there, he found an opportunity to work among the miners in Chhattisgarh. There he joined the late independent trade unionist Shankar Guha Neogi and devoted himself selflessly to serving the daily wage labourers of the Bhilai factories and the mineworkers and their families at the mines of Dalli Rajhara and Nandini, aiding and organizing the poor and the oppressed untiringly in their daily struggles to rid themselves of their many social ills. It was here, while working with Shankar Guha Neogi's Chhattisgarh Mines Shramik Sangh, that Dr. Sen set up a health centre run for and by the workers of the area. Within a few years this grew to a 25 bed hospital. Dr. Sen then left this hospital in the care of the workers and a few other doctors who had been inspired by his example to work there, and joined his wife Dr. Ilina Sen in Raipur in starting a NGO called Rupantar. This organization worked in the areas of community health, ecologically sustainable agriculture, helping women become independent, and formal and informal education for children and adults. Work proceeded apace in all areas successfully. When a rice research centre had opened at Bhatagaon, a scientist cited Dr. Sen in one of his works as "Dr. Binayak Sen, a farmer". Dr. Sen also opened community health centres in the villages of Dhamtari and Bastar districts, devoted to treating patients and training health workers for administering primary health care and raising awareness of their own communities in matters of health. Primary and adult education centres were opened at various villages.

Dr. Sen's example inspired several other doctors from famous medical institutions like AIIMS to give up lucrative careers and comfortable lifestyles to open similar health centres in Bilaspur. These centres are now running very successfully.

While working with Rupantar at Raipur, Dr. Sen joined the People's Union of Civil Liberties as an all-India Vice President and Secretary for the state of Chhattisgarh. In the course of his medical work among the poor and the oppressed, which was already occupying all his time, he became aware of the abuses of the state towards the poor adivasis of Bastar district, and protested against the state sponsored Salwa Judum movement that pitted adivasis against one other. The state did not take kindly towards his protestations on behalf of the poor.

When the brother of an aged and ailing prisoner of Raipur Central Jail asked Dr. Sen to visit and treat his brother in prison, Dr. Sen did so with the permission of the jail authorities. The fact that the prisoner was a Naxalite gave the state an opportunity to arrest and imprison Dr. Sen on May 14, 2007 under the state's Public Security laws. The patriot who had devoted his entire professional life to the untiring service of the poor – a record acknowledged by the Paul Harrison Award bestowed on him by his alma mater – that very person was now in jail charged with being a terrorist waging war against the state.

When the Chhattisgarh High Court denied Dr. Sen his appeal for bail, his wife Dr. Ilina Sen appealed to the Supreme Court. The date for the hearing of the bail petition was fixed for Monday, December 10 2007.

A Bench consisting of a senior and a junior judge was appointed to hear the appeal for bail. The initial junior judge was subsequently replaced by another. On December 8, the Chhattisgarh government invited the senior member of this Bench to Raipur as the chief guest at the inaugural ceremony of a Legal Aid Centre, and extended its hospitality to him till December 9 when the senior judge returned to New Delhi. The very next day, the Bench dismissed Dr. Binayak Sen's appeal for bail in just thirty-five minutes.

Here, without casting any doubts or aspersions on anyone's integrity, I humbly wish to pose my question to all the people and revered leaders of free, democratic India: SHOULD I REGARD AS JUSTICE the refusal of bail to one who even as a child was moved by injustice, who has devoted his entire working life selflessly to providing food and health to the poor, who without coveting wealth has occasionally survived for days on dal, rice and green chillies, who is accustomed to living like the poor, who has dedicated his life to serving the people of his country, and who is now arraigned for breach of public security and waging war against the state?

If this is justice, where I should I seek redress against injustice? Should I remain a victim of injustice even at this age?

Does this son of mine – a selfless, wise, virtuous, humble, peace-loving *karmayogi*, motivated entirely by the ideals of service, and living among the poor - have to spend his days in prison?

My simple question to all compassionate readers of this appeal is: How much longer to that day when Dr. Binayak Sen will receive justice?

I ask this question not just for myself and for my son, but also on behalf of all mothers suffering from the injustice meted out to their children. Is justice so elusive in our free, democratic country?

(Translation from the Bengali by Binayak's brother.)

Three Ironies, and an Appeal to Journalists

January 01, 2008

Below is an appeal that I sent out in the name of my immediate family to a number of journalists, some very prominent and senior, others less so, but who have done some splendid reporting in the print media about my brother. The aim of the appeal was to persuade them and other journalists who might read the appeal to use the TV media to highlight the injustice of my brother's incarceration.

It is no small irony that Chief Justice Balakrishnan has recently warned the country about the dangers of lawmakers in several introducing anti-terrorist legislation to abuse it against their political opponents and others who, like my brother, highlight abuses of power by the state. The latest victim of this trend of silencing inconvenient intellectuals who take what one would think is the uncontroversial position that the state has a duty to protect the poor is Prashant Rahi, a journalist who has been arrested on charge of being a maoist commander waging war against the state. Apparently, he was getting in the way of the industralization programme of the state by subversively reminding bureacrats and lawmakers of the interests of the poor. What people like my brother and Rahi apparently failed to grasp is that in the new consensual political dispensation, the poor are not supposed to have any interests, since anyone speaking for them is regarded as an enemy of the state.

Another irony is that while some people regard Dada as a traitor and a criminal, others seem to have no trouble awarding him a gold medal for his "fresh and radical interpretation of Gandhiji's core concerns". His citation continues: "...his present personal predicament is a poser to all who profess and practice similar ideals. He has rendered a valuable service in the spirit of *antyodaya* [a Gandhian term for ameliorating the condition of the poorest] to those of our people whose lives are at the margins of our consciousness, while also creating with them opportunities for their development in the truest human sense of the term."

A third irony is that the police abuses of the kind that Dada highlighted in his 2005 report on the Salwa Judum are now finally being recognized and punished. The Director General of Police in Chhattisgarh has recently dismissed five police officers for the killing of an adivasi in their custody. Earlier, eight police officials, including Brijesh Tiwari and Nazar Siddique who had been decorated for their extraordinary

"contributions" to the enhanced security of the state of Chhattisgarh, were indicted for murdering five innocent villagers in a fake encounter killing in 2004. These murders were reported by the first PUCL fact-finding team of which Dada was a member. The others were not arrested, but constantly harrassed and threatened by the policemen whom they had named in their report.

The importance of the media now becomes quite apparent. Will they function as the mouthpieces of the government, or as vigilant investigators who will help the public to enforce accountability and transparency in the three arms of the state? In Dada's case, we have seen both.

Here is the appeal:

Dear Friends in the National Media

We write to you to draw your urgent attention to the flagrant injustice being perpetrated by the Government of Chhattisgarh upon our brother, husband and son Dr. Binayak Sen MD, with whose case many of you are already familiar. (You may wish to follow the commentary and links in the blog Gyanoprobha under the category Binayak Sen for details.) We are fully aware, as will be apparent from the blog, of the fearless work that many of you or your colleagues have already done to highlight this injustice, and wish to express our deepest gratitude for this publicity. In fact, many of the facts cited here are based on the recent article by Saikat Datta in Outloook India Magazine of December 24.

We could have written to various functionaries in the government to seek redress for Dr. Sen, but we suspect that there are particular organs within the state itself that have created the situation in which he now finds himself. The immediate context for this has been the need to create a semblance of public confidence and credibility for the Salwa Judum movement that has manifestly failed to contain the Maoist threat within the state of Chhattisgarh, despite the funds that have been lavished on it both by the Centre and the state. In fact, judging by all accounts, the movement has exacerbated the problem, as evidenced by more killings both by the Maoists and the security forces and the Salwa Judum vigilantes. It is Dr. Sen's initial reporting on the facts of state-sponsored as well as Maoist terrorism that attracted the ire of the government of Chhattisgarh, particularly because a pending PIL brought by Dr. Nandini Sundar and Dr. Ramchandra Guha now requires the state to account for its actions to the Supreme Court. We feel that the only possibility of securing his freedom and justice from the very system that has entrapped him is if the administration of justice itself is subjected as frequently as possible to the glare of publicity and public opinion. You will probably agree that there is an increasing tendency worldwide towards authoritarianism and lack of transparency and accountability in state actions, especially in the name of maintaining national security or fighting terror. Recent episodes such as the so-called "BMW case" indicate that vigilant journalism is perhaps the only recourse against state-sponsored injustice of which my brother is only one in a long line of victims. That is why we appeal to you to continue to bring your investigative talents to bear on this flagrant injustice, especially in the TV media. We would also urge you to persuade your colleagues to publicize his case not just in English, but in the national languages as well.

Despite three decades of publicly recognized service to the poor and marginalized sections of society, Dr. Sen was arrested on May 14 2007 by the Chhattisgarh Police when he responded to a request to make a statement at a police station in Bilaspur. Although the police announced through the local media that he was "absconding", he approached the police voluntary after hearing about these reports while on a visit with his family to our home in Kalyani, West Bengal. Since then he has been held under judicial detention at Raipur Central Jail. He was arrested under various provisions of the Unlawful Activities (Prevention) Act 1967 and of the Chhattisgarh Special Public Security Act 2005. Charges under sections 120B, 121A and 124A of the Indian Penal Code were added subsequently. His petition for bail was refused by the Supreme Court on December 10, 2007, after having been rejected by two lower courts. My family and I apprehend that this might prejudice the case against him at his trial.

Moreover, given his well-attested reputation both as a doctor and as a human being, it is extremely unlikely that he would do anything to warrant keeping him in jail indefinitely for the duration of his trial and beyond. How does a man who surrendered himself to the police in response to reports that he was absconding, who worked with the government of Chhattisgarh on their community health ("Mitanin") programme, and who established hospitals and public health centres in several districts, and inspired several doctors to join

him, constitute a dire threat to the state or deserve the denial of bail? By insisting on Dr. Sen's continued incarceration, the state is not only warning others to remain silent about its abuses, but also expressing its fear of the transparency and accountability essential for a functioning democracy and insisted on by public-spirited people such as Dr. Sen and journalists and activists such as yourselves.

The case against Dr. Sen is based on such flimsy evidence that all those who know him are left to wonder about the true purposes of his incarceration. However, given the political and judicial realities in our country, we fear that, if left to fester in the darkness of public ignorance, his case will drag on for many years before he regains freedom, if at all.

The police claim that Dr. Sen visited an undertrial Maoist prisoner named Narayan Sanyal at Raipur jail on several occasions, and was in correspondence with him. The fact is that Dr. Sen was asked by a relative of Mr. Sanyal to assist him in obtaining medical treatment. Dr. Sen thus visited Mr. Sanyal both in his capacity as a medical doctor as well as a human rights activist who was also a Vice President of the People's Union of Civil Liberties (a legitimate organization founded by Jai Prakash Narayan, with which many eminent human rights lawyers are also associated) and General Secretary of its Chhattisgarh unit. Dr. Sen's visits to Mr. Sanyal at Raipur Central Jail were registered by the jail, and were permitted in writing by the DIG of Police of Chhattisgarh by his letter of September 6, 2006, copied to the Additional DIG for Intelligence. Moreover, any documents that were handed to Dr. Sen from Mr. Sanyal were delivered with the official seal of the Raipur Central Jail Superintendent in accordance with the provisions of the jail manual. However, these facts were not mentioned by the prosecuting attorney at the Supreme Court hearing of the Special Leave Petition for his release on bail.

The police claim that Dr. Sen was a member of the CPI (Maoists) on the grounds that in one of the letters addressed to him by a Naxalite under-trial prisoner named Madan Barkade, Dr. Sen was addressed as "comrade". This was recognized as ridiculous evidence even by the senior member of the Supreme Court bench that heard the Special Leave Petition for his release on bail.

The police are continuing to claim that they have evidence of his complicity with Maoists, but have so far failed to produce any, or have produced only the very flimsiest of evidence. Contrary to the findings of the Andhra Pradesh Forensic Sciences Laboratory recorded in their letter of June 16, 2007, the Chhattisgarh police still claim that the hard drive extracted from his computer contains incriminating evidence. Among the evidence cited by the police is a press release written by Dr. Sen before his incarceration on the appalling conditions in which under-trial prisoners are held.

We also understand that the police officials who were earlier awarded the President's Medal for their role in the Salwa Judum campaign are now being sought for murder. Yet Dr. Sen, whose report on the state abuse of human rights was instrumental in bringing to light the police excesses, now languishes in jail.

The police continue to insist that Dr. Sen had been providing logistical support to the Maoists. We are afraid that in their desperation to find evidence, they might resort to manufacturing it, or to extracting it from under-trial prisoners under torture. In fact, Dr. Sen's arrest was based on custodial confessions extracted from one Piyush Guha, who has claimed in a deposition before a magistrate that he was made to sign blank papers after being tortured for several days while being held illegally by the police. Although such evidence has been ruled out as inadmissible by several courts in the country, we fear that the courts in Chhattisgarh will not be permitted to adhere to these precedent judgments unless Dr. Sen's case is kept in the public eye by the media through your vigilant and critical investigative reporting.

We, as members of Dr. Sen's immediate family, are obviously devastated by the events of the last few months. But we refuse to abandon hope, because we know from previous instances that owing to your work as journalists, it is still possible to ensure justice for Dr. Sen. We therefore urge you to make more frequent use of the TV media in several languages to keep alive public interest in his case, much of which has already been stimulated through your good work.

Yours truly

Dr. Ilina Sen (wife)
Mrs. Anasuya Sen (mother)
Mr. Gautam Sen (brother)
Mr. Dipankar Sen (brother)

A Medical Student's Journey towards Working for Health and Social Justice

*-Lalit Narayan**

Every Indian medical student is a witness to social injustice on a daily basis. Everyday they see patients denied necessary medical care because they are too poor to afford it. Everyday they examine sick patients who are too powerless to tell them to leave them alone. Most practical teaching happens only in general wards where the poorer patients are admitted. All medical students experience the disrespect, misunderstanding and callousness that are typically characteristic of such wards.

There comes a point during every medical student's life when he or she begins to start asking questions. Why does modern medicine have to be structured like this? Why does this mother who obviously loves her little baby refuse our advice to admit her in an ICU? Why are the majority of patients who would benefit from treatment unable to afford it? Why do drug reps spend so much on my professor? Why has this man come to the hospital so late? Is their no other way to gain practical experience but to be the thirtieth student to palpate his painful swelling today?

As with most hard questions there are easy answers designed to satisfy the casual seeker. Modern medicine is a storehouse of good efficacious treatment protocols but poor patients are too stupid to realise that. The reason they are poor is because they are stupid, lazy and persist in having a lot of children. Doctors work hard and deserve 5-star dinners with free booze on a monthly basis, refrigerators and vacations to Bangkok. This has absolutely nothing to do with why medicines are so costly. Poor patients who refuse to be examined by medical students are ungrateful. Only Gandhiji and Munna Bhai need worry about them.

It is indeed surprising that so many students accept these flimsy untruths without outwardly feeling too uncomfortable. Yet in every batch there are a few that persist with their questions, compelled to seek out uncomfortable truths and act upon them. They soon realise that you don't have to go far to find conflict and injustice. Everyday people suffer and die meaningless, stupid deaths due to man-made poverty and ill health right at our doorstep. Every doctor and medical student potentially works in an area of social conflict.

This article is about students and young doctors who choose to face up to the fact that they all work in such an environment of immense inequity and social conflict and who realise they have the power to do something about it. It is about the choices with which they will have to make, the obstacles they are likely to face and possible solutions to them. The article is based on my own experiences as a medical student as well as those of a number of committed students and doctors, both young and old whom I have had the good fortune to meet.

Loneliness and Bewilderment

Any medical student questioning the system which he or she is becoming a part of will be initially faced with a feeling of loneliness. They seem to be the only one who feels that something is terribly wrong. Long standing friends and roommates will suddenly seem distant and disinterested in this new found interest in social justice. People will term their questioning a 'phase' which they will soon snap out of. Soon enough they will be told that the real world is a harsh one and poor people will always die. Only dreamers think otherwise. Such indifference can be bewildering and infuriating and often leads to self doubt and the feeling that just maybe you are the one with the problem.

While at the gut level it is quite obvious that something is wrong initially it is very difficult for a troubled student to describe what exactly it is because he or she does not know how to put it into words. All medical undergraduates have had a school education that consists only of basic sciences with no significant component in social sciences. They are hence able to describe physical and medical phenomena in great detail but fumble when it comes to social phenomena. The same student who can go into the details about exact nature of the lung condition of a small baby cannot describe why it is not only morally reprehensible but also legally wrong that she be denied basic care. Their professor might put forward the fundamentally unsound argument that if they did not support the pharmaceutical industry then thousands of jobs would be at stake but since the student has no knowledge even of basic economics he or she would be unable to rebut it. They will also soon realise that their professors of Community Medicine also have little or no useful knowledge of economics, politics and social science and are just as ill-equipped to describe the reasons for poverty and indebtedness in rural India or the reason drug prices are so high.

* *Email: <lalit82@gmail.com>, December 2007, Sittilingi, Tamil Nadu.*

Finding Solidarity and Being Different

It often is just a small offhand mark from a senior, the chance attendance of a guest lecture or an article in the mainstream media through which a questioning student realises that he or she is not alone. There are indeed a number of people all over the country and elsewhere who are deeply troubled by the state of health and health care in India. In every major city there are individuals and organisations that are dedicated to studying the Indian health system and acting upon the inequities and injustice that they witness.

It is a strange phenomenon that in India most good path-breaking research and experiments in community health happen outside the academic departments of medical colleges. The academic community is by and large an uninspiring lot and consequently a majority of students find college-taught Community Medicine to be dry and boring and of not much practical value. The small but fiercely passionate activist and NGO community is, by contrast, immensely inspiring for a young student seeking answers and it is here that most of them eventually gravitate. It is at such institutions that they receive their first lessons in the new paradigm of health as a political and social issue.

By this time friends and classmates would have noticed this strange new tendency to ask a lot of uncomfortable questions, talk about justice and health and associate with a lot of kurta-clad jhola-carrying persons. Invariably some version of the "do-gooder/dreamer" tag gets attached to the new socially conscious student. Eventually most learn to wear their new image lightly and soon begin to enjoy the feeling of being different.

Choosing a Vocation and Leaving Home

College is a time of great freedom for most students especially if they stay in a college hostel away from home. Most students who begin to get involved in issues of health and social justice draw heavily on this freedom. The unusual books they read, the unusual people they meet and the places they visit are all tolerated as part of the necessary space granted to every college student before they are once again called back to conform to the conventional aspirations of a well-paying job, spouse and children.

Especially towards the end of their undergraduate course subtle or explicit suggestions are made from well meaning parents and peers to put behind them their 'social justice phase' and to concentrate on more important issues of post-graduate competitive entrances, marriage and financial security. It is generally now that most students will have to first personally decide whether they do indeed have a vocation or whether their college-based exploration was indeed only a 'phase'. The temptations to yield to a life of elite comfort are indeed great even if it also means simultaneously choosing intellectual and moral oblivion.

For those who decide that they indeed have a vocation to serve the poor and the oppressed, the next step is to communicate this decision to friends and family. This can range from being a completely positive to a completely negative experience. In extreme cases, a student may be asked to choose between family and vocation, but in most cases things are settled more amicably. Indeed it is very possible to live a vocation of service while raising a family and earning a reasonable salary in an area of relative convenience and most parents eventually get around to accepting that.

It is now that the student can finally begin to leave behind the lifestyle and values in which he or she had been brought up in and begin to live the life and values had he or she voluntarily chooses. This is a symbolic leaving of the home. In some cases it may be also accompanied by a physical leaving of home or hostel at the end of their MBBS studies to live and work among those in need.

Exploring Unfamiliar Territory

Exploring issues of health and social justice will eventually take the student or young doctor to poorer, exploited communities where such issues hold great relevance and the need for them is greatest. Working in such areas is an extremely enriching experience, enabling one to actually see and feel issues which might have only been theoretical within the safe, sterile confines of a medical college campus. Issues and debates within the public health field take on a practical clarity and soon one it is easy to distinguish between genuine, relevant theories and debates and self-serving intellectual blah.

Young doctors are indeed privileged that they possess knowledge and skills that are of great need in many areas of the country. One does not have to go to remote rural areas in India to find areas of great medical need. Urban slums across the road from medical college hospitals often have equally bad access to good, effective care. The area and conditions in which a young doctor chooses to work are often determined by a number of personal and social factors. However no matter what the constraints are it is hard to find an area in India which is free of social conflict and human-made suffering.

Living and working in such areas also brings its own set of small day-to-day challenges. Students or young doctors might not be familiar with the local language and might have to make a special effort to learn it. The food and local customs may be different from what one is used to. If one chooses to spend time in rural India then often it will be impossible to frequently communicate with family and friends and loneliness is certainly an issue. City-born young doctors may have to get used to snakes, spiders and hordes of insects that regard you as a lump of delicious protein.

Simultaneously the sheer immensity of injustice and ill-health which had been tucked away from sight until now is sometimes difficult to take in. An issue such as access to comprehensive health care suddenly moves from the comfortably theoretical level to the deeply personal when a small child you have grown to love dies of a preventable cause. As one delves deeper into the cause of such conditions one will also have to confront the fact that a good number of the perpetrators of such injustices in fact belong to the families and communities which are rich enough to send their children to medical colleges.

Seeking Meaning in what you see

Practical experience of the realities of health and justice for the majority of India is not enough to be able to effectively work as an agent of change. It is important to possess the theoretical knowledge and practical methodology to be able to delve to the root causes of problems in order to make long-term changes. After spending time experiencing the ground realities of health and social injustice a young doctor may need step back a little to be able to understand the boarder picture in which such local realities are situated.

There are two broad options for further postgraduate study. One can either specialise in a clinical field or in a field related to the broader determinants of health such as public health, epidemiology, health policy, anthropology, political economy or social theory. Doctors need a good understanding of both broad areas and specialising in one does not mean that you can disregard the other. Some more academically-oriented doctors manage to eventually specialise in both broad fields.

For clinical specialties, the conventional path is through highly competitive postgraduate entrance examinations that usually require at least a year or more of cramming to crack. Most postgraduate courses are increasing beginning to concentrate on high tech care for the rich. However there are now a host of newer options which aim to enable a student to gain the required skills required to practice in areas of need while simultaneously allowing them to study broader determinants of health. Notable among them is the DNB Rural Surgery course designed by the Association of Rural Surgeons of India. It is also ironical that for those who can afford it, it is sometimes easier to gain admission to a postgraduate course in certain clinical specialties abroad than in India. There are a lot of international courses that attempt to synthesise clinical teaching with social medicine and it beyond the scope of this essay to enumerate them all. Many of them offer generous scholarships especially to students with a proven track record of working in areas of need.

The options for those wanting to further specialise in fields relating to broader determinants of health is rather limited within India. The Indian academic community does not have a very good track record of good research and teaching in fields of public health, health systems and policy research, public health anthropology and sociology. There are a few good institutions such as Christian Medical College in Vellore, Centre of Social Medicine and Community Health at Jawaharlal Nehru University in Delhi and Achutha Menon Centre for Health Science Studies in Thiruvananthapuram but the bulk of the postgraduate MD Community Medicine teaching in medical colleges is very mediocre to say the least. The new trend of a number of MPH courses starting up all over the country spearheaded by the Public Health Foundation of India promises the availability of some basic public health education but it will probably be years before the academic public health community become vibrant enough to sustain more flexible and highly specialised programmes.

The other option is for one to pursue studies abroad and there are indeed a good number of programmes in Europe and North America to choose from. There is a tendency to be uncomfortable with knowledge and skills learned in Western universities in this post-colonial era. However the discerning student will soon be able to separate out Western economic and foreign policy which is indeed devastating to the health of millions around the world from Western public health academic teaching which is much stronger on the social, cultural, economic and political components of health than their Indian counterparts. Here too there are a number of opportunities for scholarships and research grants.

The activist and NGO community in India who along with the government public health system constitute the real ground level innovators in community health in India have of late also started organising workshops, short-study courses and fellowships for those interested in a more systematised introduction to community health in India. Notable among these is the Community

Health Learning Programme for Young Professionals offered by Community Health Cell in Bangalore.

Finding your Place in the Movement

Having gained both a good practical understanding of the ground reality of health in India, a relevant skill set and a firm theoretical foundation, it is now up to the young doctor to find a niche within the health and social justice movement where he or she will be able to be achieve personal happiness and social relevance. It may be as a primary care physician in a remote rural area or a health policy researcher in an urban area.

The journey does not end here. In fact it has just begun. To quote from Harrison's *Principles of Internal Medicine*, "No greater opportunity, responsibility or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge and human understanding. He who uses these with courage, with humility and with wisdom will provide a unique service for his fellow human and build an enduring edifice of character within himself. The physician should ask of his destiny no more than this, he should be content with no less."

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