Plan for NHS review gets mixed response

Michael Day LONDON

The UK government has announced a review of the NHS in a bid to ensure that clinical priorities and local accountability are paramount in the health service's day to day operations.

The health secretary, Alan Johnson, has asked the junior health minister and surgeon Sir Ara Darzi to lead the review and to consult widely with patients and staff.

The move is widely seen as a bid to mend relationships with health professionals, many of whom feel aggrieved by a decade of nonstop NHS reforms.

Mr Johnson said that providing more accessible and convenient care for patients; achieving better value for money; and ensuring that people with long term illness were "treated with dignity in safe, clean environments" were all key areas that the review would look at.

He also announced an extra £50m (€74m; $100m) to fight hospital acquired infections.

Mr Johnson said, "The past 10 years have seen huge improvements in the NHS, and thanks to record investment and measures to raise standards, nine out of 10 patients rate their care as good to excellent."

He added, "What was right for the last decade—top down targets and important but sometimes difficult reforms—will not be right for the next, where more local decision making and staff empowerment need to drive the NHS."

He said that the review could result in an NHS constitution that sets out its values and lines of accountability.

The full report will be published in June 2008. An interim assessment in autumn 2007 will inform the next comprehensive spending review.

Gill Morgan, chief executive of the NHS Confederation, said, "We hope that this is not just another review but a genuine exercise in listening and understanding where the service has got to and where it needs to go. The opportunity to re-engage staff with the NHS reform programme is too important to be missed."

ADRIAN DENNIS/REX

Professor Ara Darzi says London's health services are not meeting patients' needs

Polyclinics open till 10 pm proposed for London

Michael Day LONDON

GP supersurgeries that stay open till 10 pm and provide facilities for radiography and trauma care have been called for by the surgeon and newly appointed health minister Sir Ara Darzi, in a report.

Healthcare for London: A Framework for Action, commissioned by NHS London, the capital's strategic health authority, calls for a radical overhaul of the capital's health services, which it says are "not meeting Londoners' expectations."

Topping the list of proposals—and immediately prompting fears of hospital closures—is a network of supersurgeries or "polyclinics," which would massively expand the role of primary care.

The polyclinics would include GPs' surgeries; diagnostics such as radiography and pathology; outpatient clinics; facilities for urgent care and minor procedures; and associated services, such as pharmacies.

Professor Darzi said, "Londoners face a stark divide between primary care and hospital care, and we believe the polyclinic will fill that gap.

"Most GPs provide an excellent and well regarded service, but they do not have the facilities to undertake even quite simple diagnostics on site, which means patients face multiple trips to hospital for quite straightforward procedures."

The report envisages that the clinics will provide up to half of the outpatient treatment currently carried out in hospital by 2017.

It adds that the size and scale of the new clinics would "allow them to improve accessibility by offering extended opening hours across a range of services." Patients requiring "urgent care" would be able to see GPs on rota at the polyclinic up to 10 pm.

See Personal View p 98

New reproduction law reduces success rate

Fabio Turone MILAN

The first official data on the effects of the restrictive Italian law on assisted reproduction, approved in 2004, have been made public by health minister Livia Turco, of the centre left coalition government led by the former president of the European Union Romano Prodi.

According to Ms Turco's report to parliament, the law has resulted in a decrease in the success rate of the procedures and more multiple pregnancies and adverse outcomes.

Fertility centres had a 14.5% decrease in the pregnancy rate

The law was approved during the previous centre right government by a cross party majority. It prohibits the use of donated eggs and sperm; limits to three the number of embryos that can be created in each cycle; and bans embryo freezing, making it mandatory to put all fertilised eggs back into the womb. Preimplantation genetic testing is also forbidden.

Attempts to modify the law included a referendum in 2005, which did not reach the necessary quorum (*BMJ* 2005;330:1405).

The report says that Italian centres that offer assisted reproduction had a 14.5% decrease in the rate of pregnancy for every 100 eggs extracted. It fell from 24.8% in 2003 to 21.2% in 2005, an absolute reduction of 3.6%. The decrease in the rate of pregnancies per embryo transfer was similar, from 27.6% in 2003 to 24.5% in 2005.

Conversely, the rate of negative outcomes, including spontaneous abortions, grew from 23.4% to 26.4%, and the number of multiple deliveries also grew, from 22.7% to 24.3%, because in 2005 more than 50% of transfers involved three embryos (because all three eggs had been effectively fertilised).

"All the figures are statistically significant," said Giulia Scaravelli, head of the registry at the Istituto Superiore di Sanità, the national institute of health, in Rome.

But she recognised that the overall scientific value of the current report was not fully satisfactory.

Because the law lacks specific authorisation establishing the registry, privacy laws prevail. As a result, it is impossible to know how many Italian women repeat the treatment before obtaining a child—or before giving up—or move to a better equipped public centre in another region in addition to women who go to private centres abroad (*BMJ* 2006;333:1192)

"We are trying to overcome the current limits through a voluntary survey," said Dr Scaravelli.

PLINIO LEPRI/AP/PA

Italian health minister Livia Turco announced the results

GMC hearing against Andrew

Owen Dyer LONDON

The UK General Medical Council will this week hear charges of serious professional misconduct against three authors of a study published in 1998 in the *Lancet* that triggered a public health scare by suggesting a link between autism and the combined measles, mumps, and rubella (MMR) vaccine (1998;351:637-41).

Andrew Wakefield, John Walker-Smith, and Simon Murch are accused of carrying out research in 1996-8 without proper ethical approval and of failing to carry out the research as described in the application to the ethics committee.

The formal charges will not be released until the case starts on 16 July, but in a statement the GMC said that the three researchers will also be accused of carrying out potentially harmful tests on the children that were not clinically indicated, including colonoscopies and lumbar punctures.

In one case, the GMC will allege, Dr Wakefield and Professor Walker-Smith "administered a purportedly therapeutic substance to a child for experimental reasons prior to obtaining information about the safety of the substance."

On another occasion Dr Wakefield allegedly took "blood from children at a birthday party to use for research purposes without ethics committee approval, in an inappropriate social setting, and whilst offering financial inducement."

Dr Wakefield also faces charges in relation to a research grant he received from the Legal Aid Board to investigate a possible link between the MMR vaccine and autism on behalf of parents involved in litigation.

He failed to declare this funding to the *Lancet*. When the payment was exposed by the *Sunday Times* newspaper in an investigation in February 2004, the *Lancet*'s editor, Richard Horton, declared it a "fatal conflict of interest."

The GMC will also examine allegations of Dr Wakefield's involvement in a patent relating to a new vaccine.

The study and Dr Wakefield's comments at a press conference at the Royal Free Hospital, north London, in 1998, caused a

US debates health insurance for millions of children

Janice Hopkins Tanne NEW YORK

A successful US programme to insure children in poor families is coming up for its five year renewal in Congress at the end of September, amid controversy between Democrats and Republicans.

The situation is examined in a commentary in the *New England Journal of Medicine* by John Iglehart, the journal's national correspondent (2007;357:70-6), and in a review by the not for profit Commonwealth Fund.

The Democrats want to expand the programme to cover more families, but the Republican president, George Bush, wants to reduce it, giving families tax incentives to buy private insurance. The programme may, therefore, be renewed for only a year or two.

Wakefield opens

collapse of public confidence in the triple jab. In the next year, rates of vaccination in 2 year olds fell from 91.5% to 87.4%.

Vaccination rates fell further in 2001, to 79.9%, after Tony Blair refused to deny rumours that he had travelled to France to give his son Leo single jabs. Uptake began to rise again in 2003, and by last year 84.1% of 2 year olds were vaccinated.

In March 2004, 10 of the 13 authors of the paper signed a statement retracting its finding of a link between MMR and autism.

Dr Wakefield now lives in Austin, Texas, where he is executive director of research at Thoughtful House, a non-profit making school and clinic for autistic children. He is in the United Kingdom to attend the case. In his only interview, given to the *Observer* newspaper last week, he said, "My motivation is the suffering of children I've seen, and the determination of devoted, articulate, rational parents" (www.guardian.co.uk, 8 Jul, "I told the truth all along").

The case is expected to last until October.

JUSTIN SUTCLIFFE/REX

Dr Andrew Wakefield allegedly took "blood from children at a birthday party to use for research purposes"

An estimated seven or eight million US children don't have health insurance. The number has dropped from about 11 million in the 10 years since the federal government set up the state children's health insurance programme. The programme is about 70% funded by the federal government and 30% by the states. Some eligible children haven't been signed up by their parents.

The programme expanded on the Medicaid programme, which provides health care for children and others in families below the poverty line. For 2007 this is an income of about $21 000 (£10 400; €15 400) for a family of four.

An estimated seven or eight million US children don't have health insurance

The programme enrolled children in families that earned up to double the amount assessed as the poverty line (about $41 000 in 2007). Many were working poor people, with jobs but no health insurance or health insurance that they couldn't afford. The programme's payments to healthcare providers are more generous than Medicaid. Some states with high living costs allowed families earning up to 350% of the poverty level to enrol. Other states allowed parents of children in the programme to enrol.

When the programme expires on 30 September, Democrats have proposed expanding the programme by $50bn over five years to include children in middle class families who don't have health insurance.

Republicans called for an increase of about $5bn over five years. President Bush said that attempts to expand the programme would be "incremental steps down the path to government run health care," which he said was "wrong . . . for our nation." He said a single payer healthcare system would end choice and competition; increase federal spending and taxes; and lead to rationing.

The Commonwealth Fund's review, *The State Children's Health Insurance Program: Past, Present, and Future*, is at www.commonwealthfund.org/publications.

UK drug industry challenges government's action

Clare Dyer BMJ

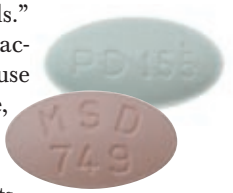
The trade body representing the drug industry is taking the UK government to court over its attempt to encourage doctors to switch patients to cheaper generic medicines.

The Association of the British Pharmaceutical Industry (ABPI) has won permission to challenge the legality of the Department of Health's drive to persuade doctors to prescribe generic statins in place of the more costly branded versions.

The government is determined to cut the £7bn (€5bn; $3.5bn) a year the NHS pays for branded drugs. With nearly two million Britons taking statins to help lower their cholesterol, the Department of Health estimates that at least £84m a year could be saved if doctors prescribed generic statins.

But a spokesman for the association said that although it supports the government's desire to get the best value for money, it has "serious concerns" about the methods adopted to persuade doctors to switch their patients to the cheaper drugs. It questioned the legality of offering doctors money as an incentive and cast doubt on the adequacy of safeguards for patients.

The Department of Health's guidance to primary care trusts last month stated that any change to a patient's treatment regime "should be based on good quality evidence or guidance" and that payments under an incentive scheme "should go into practice funds and not to individuals."



It added, "It is good practice to specify appropriate use of the money—for example, for the benefit of patients of the practice."

The association said that its first concern was the lack of central guidance "to ensure that such switches were not being made without proper regard to the welfare of individual patients."

The second was that "additional payments to doctors were being made as a direct financial inducement to prescribe certain medicines in substitution for other named medicines, which the ABPI considers is illegal under European law."

The Department of Health's guidance, *Strategies to Achieve Cost-effective Prescribing*, is at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076350.

IN BRIEF

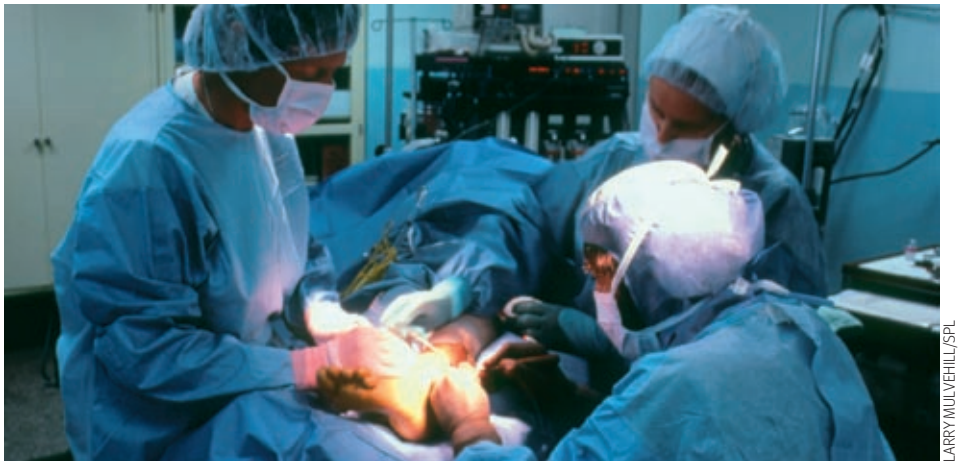
Low usage insurance scheme scrapped: After three years the Dutch health insurance scheme with a no claim bonus has been scrapped amid "serious doubts" about its effectiveness (*BMJ* 2004;328:660). The scheme was intended to reward healthy behaviour by refunding up to £170 (€250; $340) a year from premiums for not using hospital and pharmacy care.

Lawyer who caused international alert has multidrug resistant tuberculosis: Three further tests on the US lawyer who flew to Europe from Atlanta despite knowing that he has tuberculosis showed that he has multidrug resistant tuberculosis—not the extremely drug resistant form (*BMJ* 2007;334:1187). Experts at the National Jewish Medical Center, in Denver, where he is being treated in isolation, said more drugs can be given, but the treatment may take two years. Most passengers on his flights have been contacted.

NHS Direct exceeds performance targets: NHS Direct has recorded its best ever performance. It answered 467 000 calls in June, and 98% were answered within 60 seconds, breaking the 95% target set by the Department of Health. Of these calls, NHS Direct completed 48% without onward referral to another healthcare professional (the target is 38%), and 29% were emergency and urgent referrals, down from the target of 32%.

Smoke-free bars do not lose out on alcohol sales: Concerns that bars in areas of the United States with antismoking laws will lose financially are unfounded, despite claims by the tobacco industry that smoking bans would lead to a 30% drop in revenue. Researchers found that bars in areas with smoking bans sold for the same kind of prices as in other areas (*American Journal of Public Health* 2007 Jun 28 doi: 10.2105/AJPH.2006.095315). "We also found that neither price nor sales declined. Bar owners' concerns that smoking bans will reduce the value of their bars are unfounded."

GPs are still inundated with drug company promotions: Drug companies continue to bombard GPs in the UK with promotional materials and inducements, despite a stronger industry code of practice, says *Which?* magazine. Its survey of 200 GPs found that on average they had four visits a month from drug company representatives and five promotional mailings every week. (See www.which.co.uk.)



LARRY MULVEHILL/SPL

Less than 25% of orthopaedic patients are currently admitted within 18 weeks

Orthopaedic surgeons will have most difficulty meeting targets

Michael Day LONDON

Experts have highlighted considerable hurdles facing the NHS as it prepares to meet the government's 2008 deadline for eliminating waiting times of more than 18 weeks.

At a meeting of clinicians and Department of Health civil servants last week, however, warnings were sounded about poor progress in several areas.

Sue Hill, the department's chief scientific officer, admitted that the situation for audiology services was "pretty dire," with some patients waiting more than 50 weeks.

The gynaecologist Clive Pickles, from the Sherwood Forest Hospital NHS Trust, said that organisation within his department had been "a complete and utter shambles," with a lack of interest from clinicians and managers. He added that only when it had become an official Department of Health pilot site for testing new systems for implementing the 18 weeks pledge had senior staff shown any interest.

Speakers at the meeting, a practical guide to delivering the 18 week patient pathway," noted that trusts have only until the end of November this year to ensure that plans are in place for delivering maximum waits of 18 weeks.

Of all specialties, orthopaedics accounts for the most operations, and experts at the meeting, organised by Healthcare Events, expressed concern about the scale of the problem facing this specialty.

Ian Bayley, a consultant surgeon at the Royal National Orthopaedic Hospital, in Stanmore, Middlesex, noted that less than 25% of orthopaedic patients were currently admitted within 18 weeks.

For further progress to meet the December 2008 deadline, primary care organisations would also have to cooperate with acute trusts by reducing unnecessary referrals.

CORDELIA MOLLOY/SPL

Representation of macular degeneration

Charity challenges decision to refuse drug to 84 year old

Clare Dyer BMJ

An English primary care trust (PCT) that refused to fund sight saving treatment for an 84 year old war veteran agreed to reconsider its decision this week after it was threatened with legal action.

Oxfordshire Primary Care Trust said it would look again at the case of Dennis Devier, whose legal challenge is being funded by the charity the Royal

Dengue fever epidemic in Cambodia affects 17 000

Zosia Kmietowicz LONDON

Cambodia is facing an epidemic of haemorrhagic dengue fever, aid agencies have warned.

The Cambodian Red Cross says that there have been 16 986 unconfirmed cases of dengue haemorrhagic fever and 174 deaths throughout the country since the start of the outbreak. In June alone there were 132 deaths from dengue fever, a fivefold increase compared with the previous month.

Dengue fever is transmitted by the *Aedes* mosquito and causes a severe flu-like illness. No vaccine or specific drug treatment exists, although intravenous fluids are given to maintain fluid volume.

Although dengue fever itself rarely causes death it can lead to dengue haemorrhagic fever, which can be fatal. This complication can cause a rash, high fever, headache, muscle and joint pain and haemorrhagic shock.

The Cambodian authorities have been spraying insecticide in the streets to try to control the *Aedes* mosquito, which breeds primarily in manmade containers where water collects, such as discarded tyres and metal drums. Local radio stations have also been warning people to cover water containers.

Last month the Cambodian government called on its neighbours to help contain and manage the outbreak. Thailand responded by sending supplies and medical teams.

Warmer weather and heavy rains seem to be helping to spread the virus through the region with Vietnam, Malaysia, Indonesia, and Singapore all reporting a rise in cases.

CHOR SOKUNTHEA/REUTERS

A mother prays over her child, who is suffering from dengue fever at Phnom Penh's Kantha Bopha VI hospital

Mental health act becomes law after concessions are made

Clare Dyer BMJ

The UK government's controversial mental health bill was finally passed into law last week. Months of confrontation with the House of Lords and lobbying by pressure groups had ended in substantial concessions by ministers.

The Mental Health Alliance, an umbrella group for 77 organisations, accused ministers of missing "a historic opportunity to achieve a modern and humane act" but welcomed "important concessions to protect patients and their families from abuse and neglect."

Andy Bell, the alliance's chairman, called on the government to "start listening to the people who are affected by the act when it writes the new regulations and to ensure that sufficient resources are made available to mental health services to implement the changes fairly."

He also urged ministers to "take seriously the warnings made by the Commission for Racial Equality about the impact of the act on black communities and to take action before it is too late to put this right."

The new mental health act, which replaces the 1983 act, will allow people with serious personality disorders to be detained—even if they have committed no crime—if they are deemed to be a danger to themselves or others. It also allows patients who have been detained in hospital to be compulsorily treated in the community, under new community treatment orders.

The legislation was introduced after several high profile murders involving people with mental health problems, but critics maintain its powers are too draconian.

National Institute of Blind People (RNIB).

The charity accuses the trust of operating an illegal blanket ban on providing the drugs despite its own stated policy of treating "exceptional" cases, pending full guidance from the National Institute for Health and Clinical Excellence (NICE).

Mr Devier, from Henley, Oxfordshire, who is the main carer for his disabled wife, has wet, age related macular degeneration; Paget's disease; and diabetes, and he is already blind in one eye.

The trust refused to pay for antivascular endothelial growth factor drugs, which can slow sight loss from wet, age related macular degeneration. One drug, Macugen (pegaptanib), costs about £10 000 (€15 000; $20 000) a year, and the other, Lucentis (ranibizumab), about £12 000.

Steve Winyard, the charity's head of campaigns, said, "Oxfordshire PCT has told Dennis that for him to be eligible for sight saving treatment he must be an 'exceptional case.' In our view he is.

"Oxfordshire PCT claim to be operating a policy where they consider treatment on an individual basis, but as far as we understand they have not funded a single case of [this] treatment. Dennis has had his appeal turned down three times now. If Dennis isn't an 'exceptional case,' then my question to Oxfordshire PCT is, 'Who is?'" Mr Winyard said that the trust had 70 patients who might benefit from the treatment.

"If Dennis isn't an 'exceptional case,' then my question to Oxfordshire PCT is 'who is?'"

Primary care trusts in England and Wales are formulating their own policies on the drugs while waiting for final guidance from NICE, which is expected in September. Its draft guidance last month recommended a total block on pegaptanib. It said that ranibizumab should be funded only for patients with a specific type of the wet form of age related macular degeneration—about 20% of the total. Patients to be treated would also have to have the condition in both eyes.

Waterborne diseases pose threat in Pakistan as floods cause chaos

SHAKIL ADIL/AP/PA

Owen Dyer LONDON

Hundreds of thousands of people are living in the open as large tracts of India, Pakistan, and China have been struck by lethal floods after weeks of torrential monsoon weather and a direct hit from a tropical cyclone on Pakistan's southern coast.

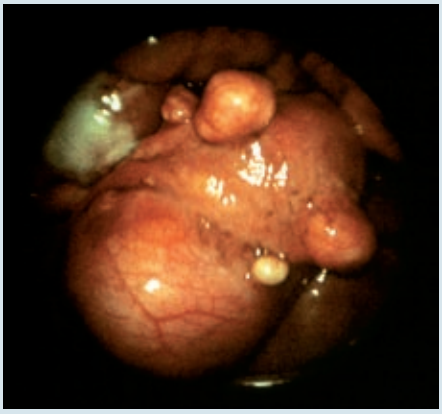
Cyclone Yemyin narrowly missed Karachi on 26 June, just three days after the city was struck by another storm that caused widespread damage and killed 228 people. The cyclone instead hit land in the province of Balochistan, one of Pakistan's most deprived areas.

The Balochistan relief commissioner, Khuda Bakhsh Baloch, says that roughly 200 000 houses in the province have been destroyed by flooding, and confirmed 130 people were dead. Estimates of the number of people affected by the floods in the province swiftly grew to more than 800 000, of whom more than 100 000 lack shelter. Hundreds of thousands more people are affected in Sindh province.

Some remote areas of Balochistan have not yet been reached except by air, as flood waters have still not fully subsided. Health kits and mobile clinics stored by the World Health Organization in the town of Lasbella were inspected from the air and found to be flooded. The townspeople were seen taking refuge on rooftops.

Aid agencies and Pakistani authorities are primarily concerned about the risk from waterborne diseases, said Antonia Paradela of Unicef Pakistan. "In some of the districts worst affected by the floods, when we had previous assessments, we had found that half of the children had had diarrhoea in the prior two weeks," she said.

Consider surgery before IVF, gynaecologists told



CNRI/SPL

Many junior doctors don't get enough training in surgery for fibroids (above)

Lisa Hitchen LONDON

Surgical options should be considered before clinicians offer women in vitro fertilisation (IVF), experts recommended at a conference last week on obstetrics and gynaecology.

In vitro fertilisation is not a "universal panacea" for all fertility problems, said William Ledger, professor of obstetrics and gynaecology at the University of Sheffield.

He showed data from York University Health Economic Consortium on the most cost effective preferred solution for infertility. Out of tubal disease and endometriosis, anovulation, male factor, and unexplained infertility, in vitro fertilisation came out top only for severe tubal disease and endometriosis.

"The media's fascination with IVF is as if there is no other option," he said. "Many patients pick that up, and you have to try to convince them to try something else because they think, 'I'm infertile, I have to do IVF.' This is not the case. In an audit of our practice in Sheffield only just over half of the pregnancies we had in a year were IVF, the rest come from these easier techniques."

The problem is that many junior doctors won't get sufficient training to carry out techniques such as surgery for adhesions or fibroids in the future he told delegates.

"My concern is that if we don't train younger doctors in these techniques, they will disappear and all we will have to offer is IVF."

Nor was preimplantation genetic screening the

Birth rate drops when obstetricians attend national conferences

Roger Dobson ABERGAVENNY

New research shows that when obstetricians and gynaecologists are away at national conferences the number of births drops (*Social Science and Medicine* 2007 Jun 27 doi: 10.1016/j.socscimed.2007.05.034).

Researchers found that the number of births dropped by up to 4% during five day key annual conferences in the United States and Australia, with nearly 1000 births affected.

"Since it is unlikely that parents take these conferences into account when conceiving their child, this suggests that medical professionals are timing births to suit their conference schedule," say Joshua Gans from the University of Melbourne and coauthors from the Australian National University, in Canberra.

They say that although medical conferences have become a normal part of the career of many doctors, little has been written about how hospitals and others manage the effects on the supply of available staff.

In the study the authors looked at daily birth rates in the two countries and matched them with the annual meetings of the largest conferences of obstetricians and gynaecologists in each country, the annual scientific meetings of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the American College of Obstetricians and Gynecologists, over a 12 year period.

In Australia conferences were associated with a 3.8% fall in births and in the US with a 1.5% fall in births. "To give some sense of the magnitude of these effects, the results

Pakistani villagers take shelter on the roof of their hut after a storm and heavy rainfall in Turbat

Millennium goals will not be met until 2282

Peter Moszynski LONDON

European donor governments are failing to provide the funding needed to improve health in poor countries to achieve the health millennium development goals (MDGs), according to a report from Action for Global Health launched this week at the House of Commons.

Christine McCafferty MP, chairwoman of the all party parliamentary group on population, development, and reproductive health, said that recent research showed that at the current rate of progress the goals in sub-Saharan Africa will not be met until 2282—that is, 275 years from now—rather than the target date of 2015.

solution for improving live birth rates in older women, Peter Braude, head of women's health at St Thomas' Hospital, in London, pointed out.

Results from a recent study on the use of the technique in 408 women undergoing three cycles of in vitro fertilisation with or without preimplantation genetic screening found that only 49 had live births in the preimplantation genetic screening group compared with 71 in the group who had not had screening (*New England Journal of Medicine* 2007: 357:9-17).

Preimplantation genetic screening is increasingly being requested by women for whom it is not clinically necessary, noted Roger Gosden, a professor of reproductive medicine at the New York-Presbyterian Hospital, in the United States. He had patients younger than 30 years old asking for it.

suggest that the average obstetrics conference in Australia leads to 126 babies being born on a different date than if the conference had not taken place, while the average obstetrics conference in the United States leads to 864 babies being born on a different date than if the conference had not taken place," says the report.

The authors say that although little is known about the effects on infant health of moving the timing of a birth for non-medical reasons, it's plausible that such changes may raise the chance of complications during birth.

India reduces estimated count of people infected with HIV

Ganapati Mudur NEW DELHI

India has lowered its estimate of people infected with HIV to 2.47 million for 2006, but health officials and public health experts have warned that the real reduction in HIV prevalence is only marginal.

The revised figure is more reliable than the 5.2 million estimate for 2005 and results from new estimation methods using data from a population survey to complement sentinel surveillance, senior health officials said last week.

India's HIV counts have long been controversial, with projections ranging in recent years from 3.4 million to 9.4 million. Five years ago, a US agency predicted that India could have 20 million people infected with HIV by 2010 (*BMJ* 2002;325:1132).

"India still has one of the largest numbers of HIV infected populations"

The revised range—finalised by the National AIDS Control Organisation after taking into account a nationwide family health survey—is two million to 3.1 million.

The revised figures show that although India has faced allegations of underestimating the epidemic, it was in fact overestimating counts, health officials said.

"India still has one of the largest numbers of HIV infected populations," said Sujatha Rao, director general of the National AIDS Control Organisation. "The epidemic has shown a decline in some areas where intervention has been strong, but there are pockets of high HIV transmission," Ms Rao said. The national prevalence is 0.36%, but 104 districts have a prevalence of 1%, she said.

Epidemiologists have long attributed the earlier overestimates to the exclusive use of sentinel surveillance data—HIV prevalence among patients in clinics for sexually transmitted diseases and antenatal clinics—to calculate national estimates.

Public health experts said that the lower count is expected to translate into more resources for prevention. The National AIDS Control Organisation last week also launched the third phase of its AIDS control programme for the period 2007-12.

The 115 billion rupees (£1.4bn; €2.1bn; $2.9bn) programme funded by the Indian government, international agencies, and private foundations, will expand education in youth and high risk groups, promote more condoms, increase voluntary testing and give free antiretroviral treatment to 340 000 people by 2012.