

there has been some rather strong tension around this," says James Sherry, chief of health at UNICEF. "But I think people [at WHO] are starting to see things differently."

According to Elizabeth Reid, director of the AIDS program at the United Nations Development Program (UNDP), "WHO's approach is a view of HIV transmission as the transmission of a pathogen from one individual to another." Reid and Sherry argue that the focus should be broader, encompassing socioeconomic factors such as poverty, access to health services, and the way male domination makes women vulnerable to infection, particularly in developing countries. "In many countries a woman's first sexual experience is not with someone of their choice," says Sherry. "If your sole intervention is a condom, you are going to fail."

A similar view is held by Jonathan Mann, GPA's first director, who resigned in 1990 and publicly questioned the commitment of WHO Director General Hiroshi Nakajima to the AIDS fight (*Science*, 15 June 1990, p. 1306). Mann, now at Harvard University's School of Public Health, says that "if you take a country and identify which groups are marginalized and discriminated against, then add the AIDS virus to the country and shake, that's where the epidemic will be in 10

years." But while Mann agrees that greater coordination is a good thing, he argues that the plan currently under consideration falls far short of being "a coherent strategy. ... The danger is that people will be misled that a reshuffle with all its fanfare is progress."

Despite the upheaval and uncertainty,

"It will take ... someone who can mobilize the world and shake it out of its denial."

—Elizabeth Reid

GPA's research team may come through relatively unscathed. Peter Piot, head of the program's research division, says his unit "will probably be much better preserved" than some other sections of GPA, adding, "I can't imagine a global AIDS program with no research component." The unit is involved in vaccine development, epidemiological research, and development of vaginal microbicides and other technologies to prevent infection with HIV, as well as behav-

ioral and social research. "Most of the research we do, no one else is doing," says Piot, "because it bridges the gap between academic research and policy and implementation."

Although Piot is confident that disruption of research programs will be limited, elsewhere in GPA the shake-up—coming in the midst of budget shortfalls and a hiring freeze—is causing morale problems. UN administrators are not yet able to say who among GPA's 275 employees will be kept on and who will be let go. "The concern is that unless we have a quick answer to this, the good staff will leave," says Holck.

But the concerns of critics may be defused if the reorganization can get one thing right: the choice of who will lead the new program. The decision will be made by the heads of the six co-sponsoring agencies, subject to approval by the UN Secretary General Boutros Boutros-Ghali. A list of possible candidates is being collated in Geneva, and it is possible that the agency heads could make a decision as early as their next joint meeting on 12 December. Says Reid: "It will take a very special person ... someone who can mobilize the world and shake it out of its denial and reluctance to face up to what is happening."

—Michael Balter

AIDS

CDC Reorganization Prompts Concern

After more than a decade as the tail that wagged the dog, the Centers for Disease Control and Prevention's sprawling collection of AIDS activities—which now accounts for about one quarter of CDC's \$2-billion budget—are about to be consolidated into a single center that is already responsible for tuberculosis and sexually transmitted diseases. The shift is being greeted with dismay by some AIDS activist groups, because it transfers responsibility for the disease from the CDC director's office to a lower level in the agency's hierarchy.

CDC Director David Satcher told his executive staff about the reorganization on 10 November, the same day President Clinton named Patricia S. "Patsy" Fleming to be his AIDS czar. According to CDC documents obtained by *Science*, the reorganization will consolidate some 80% of the funds and staff now devoted to AIDS, which are currently scattered throughout the agency, into the National Center for Prevention Services (NCPS). Basic science labs for studying HIV will, however, remain under the jurisdiction of CDC's National Center for Infectious Diseases.

"We believe that this will greatly strengthen our efforts on AIDS," says Jack Jackson, CDC's associate director for management. "It will allow us to bring the science and prevention programs closer together,

and it provides a better opportunity for coordination [of programs on] HIV, sexually transmitted disease, and tuberculosis."

It may also mean that, when the music stops, not everyone will have a seat. For most of the past decade, CDC's anti-AIDS efforts have been coordinated from the CDC director's office by epidemiologist James Curran, the agency's associate director. Alan Hinman, an infectious-disease expert, currently directs the center that's absorbing the AIDS programs. Curran and Hinman are co-chairs of the working group overseeing the reorganization, but only one—or perhaps neither—will continue as leader of the AIDS program. Neither Satcher nor Curran returned phone calls; Hinman was out of the country.

Whatever its specific consequences, this reorganization has been a long time coming. Consolidation of CDC's AIDS programs was proposed during the Bush Administration, and most observers agree change is desperately needed. The hundreds of CDC staffers working on AIDS assignments frequently serve more than one master, causing confusion and stress and making accountability difficult. "The AIDS program spread all over the agency as it grew," says a Public Health Service official who insisted on anonymity. "CDC needs a centralized approach," he says, "just like the OAR [NIH's Office of

AIDS Research] has a director who is in charge of the whole area."

There is, however, a key organizational difference: NIH's OAR was placed in Director Harold Varmus's office to give it high visibility; the CDC's AIDS effort will now be moving out of the director's office. And that has provoked protest from some AIDS activists. "No matter how you cut it," says Derek Hodel of the Gay Men's Health Crisis in New York City, "it is three steps farther away from the director of the CDC. AIDS is something the director of the CDC should take a more aggressive role in the management of. It seems inappropriate for it to be buried in another center."

On 18 November, 13 groups and individuals—including the AIDS Action Council and the National Alliance of State and Territorial AIDS Directors—wrote Satcher protesting the changes and demanding "a full briefing on the reorganization." The group argues that "HIV/AIDS programs at CDC must be consolidated within a single entity, under strong leadership with direct access to the CDC director." Responds Jackson: "Whoever leads this center [the NCPS] will report directly to Dr. Satcher. Dr. Satcher remains committed to HIV prevention."

—Larry Thompson

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