Are Japanese researchers exploiting Thai HIV patients?

On March 26th, the Japan Science and Technology Corporation (JST) announced that it has entered into a five-year joint research project with Thailand's Ministry of Public Health (MoPH) to develop a vaccine against HIV subtype E. This marks a shift in Japanese HIV vaccine research from the B to the E subtype—a move which the government says is necessary because of the increasing prevalence of subtype E worldwide.

But despite Japanese claims that an E vaccine will be effective against a wider range of strains compared with a B vaccine, leading HIV researchers both in Japan and the US have declared that the venture is merely a cover to enable the Japanese to gain a foot-hold in Thailand—the largest natural testing ground for a vaccine against the disease. Thailand is home to 90 percent and Japan to 10 percent of worldwide subtype E infections, which currently account for 20–30 percent of the world's total HIV infections.

"There is no reason to suppose that an E vaccine will be more cross-reactive than B," says John Moore of the Aaron Diamond AIDS Research Center, New York. And the idea that E subtype is the most rapidly increasing form of the virus is simply "not true," adds Moore: "E is still largely localized to South East Asia. The most rapidly increasing subtype is C, in Southern Africa and India. The only reason the Japanese have chosen E is because it is convenient for them to test it in Thailand and they are being disingenuous if they claim otherwise."

One leading Japanese HIV researcher who agrees with Moore told *Nature Medicine* that the Japanese government is "beguiling Thai researchers with money, which is totally unethical." He also believes that Japanese researchers simply wanted a reason to carry out the project in Thailand because such a treatment could not be tested in Japan on the grounds of lack of safety and efficacy. He thinks that the project should be postponed until more research is done at home.

But Mitsuo Honda from the AIDS Research Centre at Japan's National Institute of Infectious Diseases, who will co-lead the project with Paijit Warachit from the Thai MoPH, is adamant that E is on the rise. "Studies have shown that more than 50 percent of new cases of HIV infection in Japan, transmitted through heterosexual sexual intercourse, are E-type HIV," says Honda.

Even the method of vaccine production to be used by researchers is the object of criticism. Moore describes as an "unim-

pressive concept" their plan to develop a recombinant BCG vector-based vaccine by genetically engineering a BCG bacillus to express a chimeric surface protein from HIV subtype E. "The bacterium will not express the Env protein in a native configuration, so will not induce relevant humoral immunity. If they are aiming to induce cellular responses, why not choose a GAG or POL antigen that is more conserved between and within subtypes" asks Moore. Honda insists that the group will evaluate this option in addition to its BCG vector-based vaccine research.

The research team, consisting of 40 scientists from both Japan and Thailand, will work in the National Institute of Public Health near Bangkok, which was established by a Japanese government program in 1987. Scientists will be recruited from four Thai universities—Chiang Mai, Mahidol, Chulalongkorn and Khon Kaen. Laboratory work will begin before the end of the year.

JST, which comes under the umbrella of Japan's Science and Technology Agency (STA), will invest Yen700 million (US$5.4 million) in the project. Once a vaccine has been developed, the STA will hand control over to the Japanese Ministry of Health and Welfare.

Although the Thai government was expected to make an equal investment, Japanese government officials now believe this to be an unrealistic goal given the current economic climate in Thailand. "Thailand's contribution will probably be less than half of Japan's input but this will hopefully be compensated for by other forms of contribution, such as research facilities and equipment," a JST spokesperson told *Nature Medicine*. Not to mention potential trial subjects.

ASAKO SAEGUSA, TOKYO

Australian government renews CRC contribution

The Australian government has voted to continue funding the Cooperative Research Centre (CRC) program, which is dedicated to encouraging industries and academic research organizations to work together. The decision has been awaited since a review of the program in the second half of 1997, led by Chief government scientist, John Stocker.

There were concerns that the government would withdraw its support as a means of reducing expenditure, leaving the private sector to finance the program. However, lobbying by groups that normally side with the government, such as the pharmaceutical industry, resulted in an April 15th announcement by John Moore, Minister for Industry, Science and Tourism that the government would continue to invest around $AU140 ($91 million) in the program.

Moore said that key issues raised in the Stocker review would be addressed, such as increasing the international focus and introducing more independence among the Chairs of the 67 CRCs.

The CRC program supports nine centers devoted to Medical Science and Technology, including tissue growth and repair, discovery of genes for common human disease and biopharmaceutical research.

A typical CRC comprises a consortium of around ten groups which include universities, representatives from a national research organization, state government and private industry. Each party contributes to research efforts, meaning that the total CRC program is worth around $AU 600 million.

Peter Cullen, president of the Federation of Australian Scientific and Technological Societies, welcomed the government's announcement and said that the program, which has been in operation since 1990, "has created a new culture: scientists thinking like entrepreneurs and entrepreneurs thinking like researchers."

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