

Major shake-up planned for Japanese health institutes

Japan's Ministry of Health and Welfare (*Koseisho*) has announced a major reorganization of its public health research institutes. The new plan was set out in a statement issued in late January. Entitled, "On the promotion of health and welfare research as it faces the 21st century", it describes a series of breakups and mergers that will see the number of research institutes supported by the general budget reduce from eight to six during the next 5 years.

Collectively, these centres (*Koseisho* institutes) employ about 950 people and are similar to the US National Institutes of Health and the US Food and Drug Administration. However, their scale is much smaller and they place less emphasis on basic research.

The restructuring plan arose largely from meetings held in 1988 and 1990, between the Ministry of Health and Welfare and top Japanese academics. The *Koseisho* report expresses dissatisfaction with the current system. In particular, it says that research is too fragmented, with too little collaboration between institutes and too little information disseminated to universities, government and the public.

The main part of the proposed remedy increases the average size of the institutes by a series of mergers. In some cases, individual departments and laboratories will move from one institute to another to bring researchers in similar fields together.

One of the biggest changes will involve the National Institute of Health Sciences. In addition to investigating the safety and effectiveness of drugs and foods, it will assume responsibility for environmental problems from the National Institute of Public Health.

Meanwhile, the health sciences institute's branch in Osaka, centre of Japan's pharmaceutical industry, will form a new, independent institute. Tentatively known

as the National Institute of Health Science and Technology, it will focus on new technology such as the development of novel drugs and artificial organs. It will also be the site of a new national 'research resource bank' that will provide a source of cloned genes, cell lines and gene-knock-out mice. A department for the development of information technology is also planned, to include a health information service, an 'electronic' library and an information network for researchers.

The four national institutes involved in public policy research (National Institutes of Public Health, Health Service Management, Population Problems and Social Security Research) will be combined to form two new institutes. One of these, the new National Institute of Health, Medicine and Welfare Policy Research will focus on regional health and welfare investigations, as well as training of health personnel.

The merger will see the end of the Institute of Social Security Research, the only one of the eight health institutes with quasi-independent *tokushu-hojin* status. This follows the current government's policy of reducing the number of such semi-governmental organizations.

The largest of the current centres, the National Institute of Health will assume control of the National Institute for Leprosy Research but will continue to focus primarily on research into infectious diseases. Its AIDS research centre, in particular, will be strengthened.

The changes will be disruptive but the report emphasizes no jobs will be lost. While this is good in itself, it raises doubts about how substantial this shake-up really is. Some of the name changes are so subtle that they are lost in translation. Will this prove to be a genuine transformation for the better or merely bureaucratic reshuffling?

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FDA panel reluctantly approves AIDS vaccine trial

In an unusual move, the US Food and Drug Administration (FDA) convened an advisory panel in late January to decide whether a new 'therapeutic' AIDS vaccine, developed by the Immune Response Corporation of Carlsbad, California, is ready to be tested for efficacy in a large-scale clinical trial. (Ordinarily, such public hearings are held only when products are awaiting final approval.) After an extended — often heated — debate, the committee made a lukewarm recommendation to FDA that the trial of the new vaccine, meant to stimulate cell-mediated immunity and slow progression of the disease, should go ahead.

With no federal funds at stake, and given a willingness and perhaps eagerness in the AIDS community to try out the vaccine, it seems likely that FDA will heed the panel's advice and let the trial proceed.

Defending the data, Jonas Salk of the Salk Institute for Biological Studies, La Jolla, California, and a leading force behind the development of the vaccine, says: "We are being pheno-



Salk: defends data.

nomenologists [because] these are not mechanisms we know. We want a chance to do more [clinical] studies." Salk contends that AIDS is due to "progressive loss of cell-mediated immunity," and that a properly designed vaccine administered to HIV-infected individuals can "maintain cell-mediated immunity above a certain threshold and keep the viral burden below a certain threshold."

Immune Response's vaccine thus is not intended to prevent HIV infections but, rather, to halt or at least delay the deterioration of the immune system and the rise in opportunistic infections that are characteristic of AIDS. The company's product is made by growing HIV particles in cultured human T cells, and then treating the viral particles chemically to remove envelope proteins and with gamma

