undermine international collaboration and fuel suspicions that the United States was conducting research on bioweapons. “If we fund something, it should be with the assumption that it will be published,” Fauci said. “NIH doesn’t do classified research.”

Attendees also pointed to criteria they felt were worded poorly. “As written, a lot of H5N1 studies that were not intended to come to review will get reviewed,” predicted Nancy Cox, a virologist and head of influenza research at the Centers for Disease Control and Prevention in Atlanta. Richard Webby, an H5N1 researcher at St. Jude Children’s Research Hospital in Memphis, Tennessee, observed that, “if you read this conservatively, [HHS is] going to have to review 75% of H5N1 studies in the NIH portfolio.”

One suggestion that gained traction was the need to rewrite a draft criterion that asked scientists to provide “evidence” that the H5N1 virus they wanted to create “could be produced through a natural evolutionary process in the foreseeable future.” Such crystal ball-gazing is very difficult, several speakers argued.

Instead, they proposed that NIH limit the extra, HHS-level reviews to a subset of studies that would create especially dangerous H5N1 viruses. They had in mind viruses that could infect mammals and be spread through the air, by droplets of saliva for instance. A “growing chorus” of researchers endorsed that idea, noted Patterson, who will revise the draft guidelines after the 10 January deadline for public comments has passed.

Fauci made it clear that he wants to move quickly to finalize the rules. “I’m sensitive to the fact that this can’t be drawn out over a long time,” he said.

The new policy isn’t expected to affect many studies initially. Gain-of-function research accounts for less than $10 million—or fewer than 1%—of NIAID’s overall influenza research spending, Fauci said, and fewer than 10% of its H5N1 grants.

H5N1 researchers who don’t rely on NIH funding could lift the moratorium before the United States has finalized its policy, both Fauci and Fouchier said. Those scientists have been “patiently waiting,” for NIH to complete its work, Fauci said, and some are now “going to go ahead with their experiments if their country and funder allow it,” he predicted.

That development should help the H5N1 influenza community refocus on important issues such as understanding how potential pandemic viruses work and developing better vaccines and surveillance methods, Fouchier said. “It is sobering to see how much time has been spent on addressing the challenges [posed by H5N1 research] and not on the scientific opportunities,” he said.

—DAVID MALAKOFF

PUBLIC HEALTH

China Partners With Gay Groups on HIV Screening

HONG KONG—“One-night stand?” asks an ad on the homepage of Gztz.org. Offering one of China’s largest online platforms for gay and bisexual men, the organization boasts 200,000 registered members—30,000 of them in and around Guangzhou, where it operates a community center. On its cluttered home page, users can choose to chat with other members, browse relevant news, or peruse a list of bathhouses and sex stores that serve gay men. But it’s the provocatively titled ad—which actually urges men to visit the community center for free, confidential HIV screenings—that occupies the most prominent spot.

That’s because one of Gztz.org’s key roles is to not to match up gay men, but to protect their health. It is among a handful of community-based organizations (CBOs) across China that offer HIV testing, usually in collaboration with local officials. Government health workers draw blood and do lab testing, while Gztz.org volunteers provide counseling to those with positive tests and advise on treatment options.

Since 2008, Gztz.org has performed about 11,000 HIV screening tests. Roughly 500 of them came back with positive preliminary results. To receive confirmatory testing, a member must register his national identification card number. That is where many men tend to fall through the cracks. But Gztz.org co-founder Roger Meng says that his volunteers have convinced more than 90% of men with preliminary positives to go in for further testing.

This is a major achievement for Meng’s group. Their successful collaboration with government health workers also hints at an improvement in the Chinese government’s rocky relationship with men who have sex with men (MSM), long subject to discrimination in the workplace and persecution by police. The country’s current HIV/AIDS strategy includes reaching out to CBOs (the preferred term in China for such unofficial organizations). In November, Li Keqiang, who is expected to take over from Wen Jiabao as premier in 2013, underscored that point by meeting with representatives of several such organizations in Beijing, including those that work with MSM. Health officials, meanwhile, pledged to make it easier for civil society groups doing HIV prevention to operate in China. “We perceived that we needed to have a more supportive policy, with more funding and a more supportive
The results delivered by groups such as Gztz.org so far suggest that is a wise strategy. A Joint United Nations Programme on HIV/AIDS–funded review of Gztz.org’s activities and 15 similar HIV testing models in China, released by the coalition China Male Tongzhi Health Forum in November, reported that of 808 men who screened positive over a period of 6 to 18 months, 89% returned for confirmatory testing. A further 95% of those who were confirmed as HIV-positive agreed to take a CD4 test, which measures the person’s immune health and can guide whether immediate treatment is needed. Gay and bisexual men know, Meng says, that at organizations like his they will be spared the accusing looks and moraliz-

ing that they sometimes encounter at other clinics. “People feel much more comfortable than with the traditional model, where the test taker is a nurse who has nothing to do with the gay community.”

China has an estimated 780,000 cases of HIV/AIDS, and according to Wu, MSM are the risk group with the most rapidly increasing infection rate. MSM accounted for the risk group with the most rapidly increas-

ing infection rate. MSM accounted for roughly 50% of new cases reported in pro-
vincial capital cities in 2012 so far, he says. Reaching these men has long been a goal for the government, which first allocated funds to working with groups like Meng’s came soon after.

But although more Chinese MSM are seeking testing, only an estimated 47% have ever been tested. A survey of 500 MSM in Beijing, published in Sexually Transmitted Infections in December 2011, found that an alarming 86% of those with HIV did not know they were infected. In focus groups conducted with 49 MSM in Nanjing last February, one of the two most cited reasons men gave for not getting tested was the fear of being outed or discriminated against by doctors. (Chongyi Wei, a public health researcher at the University of Pittsburgh’s Graduate School of Public Health in Pennsylvania, and colleagues conducted the interviews but haven’t yet published their results.) Confidentiality is a very delic-
te issue: Between 17% and 33% of MSM in China are married. And many men are unaware that HIV testing is free and readily available, Wei says: “We still haven’t gotten out the message completely.”

Mistrust of government health workers complicates treatment as well, as too often those initially diagnosed with HIV do not return for care when they need it. “If we want to have a long-term strategy, we need to retain people,” says Frank Y. Wong, a global health scholar at Emory University in Atlanta. “If you cannot retain them, then forget about treatment.”

The government is betting that CBOs are the missing link. “We have tried to provide outreach services to deliver health education, condoms, and counseling and encour-

age people to come to STD clinics for testing, but there is still a big gap,” says Chen Xiangsheng, vice director of the National Center for Sexually Transmitted Diseases Control in Nanjing. “CBOs may play some role to help facilitate the process.” A study published online in AIDS Care on 15 October 2012 suggests that such groups may facilitate treatment, too. Eric J. Nehl of Emory University and colleagues found that in a survey of 605 MSM in Chengdu conducted by a local group, 63% of HIV-positive men were willing to be contacted by the organization for follow-up after 3 months.

Today, the Global Fund’s money for HIV prevention is drying up, and China is on a list of countries that starting in 2013 will no longer be issued grants. Even so, the Chinese government is committed to funding CBOs, Wu says, and is now developing official guidelines for working with them. Earlier this year, he joined a health ministry delegation to the United States, Australia, and Japan to see how NGOs figure in those countries’ HIV/AIDS prevention strategies.

In China, two key challenges are to ensure that NGOs such as Gztz.org develop sophisticated outreach plans and properly administer funds. “NGOs in China are still quite young,” Chen says. Success of the civil society groups ultimately depends on the cooperation of the provincial centers for disease control. In some cities, local CDC workers remain resistant to involving the groups in HIV testing, according to the China Male Tongzhi Health Forum review. The ability of groups—and government officials—to make inroads with MSM is further limited by homosexuality’s persis-
tent stigma. At the Hong Kong workshop, some praised a groundbreaking social mar-
ceting campaign by the U.S. Centers for Disease Control and Prevention targeting African-American gay and bisexual men. Called “Testing Makes Us Stronger,” the campaign was developed in consultation with community leaders and features prominent displayed billboards, along with television and radio ads, in six cities. Such a far-reaching effort is not yet possible in China, Wei says, because “it may be perceived as promoting homosexuality.” And yet, efforts that are highly targeted will likely miss men who don’t socialize within the gay community. Meng estimates the greater Guangzhou area is home to some 200,000 MSM—meaning his group only reaches 15% of its target demographic. Wei says: “That’s the biggest barrier in a Chinese context.”

–MARA HVISTENDAHL