A letter from the Executive Director

AVAC'S NEW SCOPE—AND ENDURING COMMITMENT

Here at AVAC, we cannot remember an interval in HIV-prevention research that compares to the past twelve months.

The news—both good and bad—has come unceasingly. In December 2006, we confirmed that circumcision could reduce men's risk of HIV infection through vaginal sex. Just one month later, we heard that trials of the microbicide candidate cellulose sulfate would be halted because there appeared to be more infections in the active arm, than in the placebo arm. That same month, a test-of-concept AIDS vaccine trial started in South Africa. And in July, we learned that a major efficacy study of the diaphragm found no evidence that this particular cervical barrier reduced women's risk of infection.

Keeping up with these results and understanding their implications can feel like an all-consuming task. But the most critical data of all came from the report of the Global HIV Prevention Working Group, issued in June 2007, which reported absolutely abysmal rates of coverage of proven prevention strategies (see Figure 1, p.4) and provided new modeling data on how true universal access to prevention could change the epidemic (see Figure 2, p.5).

And so, when we step back from the headlines, the press releases, and the conference calls, this is what we see:

- The field of HIV-prevention research is years away from delivering even a partially-effective vaccine or microbicide.
- The response to male circumcision—itself only partially protective—reminds us, the news of such a product will be met with concern, questions, and ambivalence.
- Today's proven prevention strategies are not reaching the people who need them. Global tallies of new infections versus expanded treatment access shows that, each year, for every person who starts antiretroviral treatment, six people are infected with HIV[1]. This ratio places incredible strain on the fragile infrastructure available for HIV treatment and care.

It is a troubling and challenging state of affairs—and one that demands that all HIV-prevention advocates reexamine their messages, their mission and their goals for the next 5 to 10 years.

This is what AVAC has been doing. One decade ago, there was a sense of urgency to determine whether it would be possible to create a vaccine that provided complete prevention against HIV infection. Ten years of scientific inquiry and clinical trials have shown us just how difficult this will be[2].

An affordable and universally-deployed vaccine that provided sterilizing immunity could have a profound impact on the epidemic. This is the selling point of vaccines throughout history: they have proven potential to dramatically alter, and even eradicate, the presence of persistent and devastating pathogens—even those that thrive in poverty.

Today, we know with unfortunate certainty that it will be very difficult—and perhaps even impossible—to create such a vaccine. Nonetheless, the vaccines that are currently in clinical trials, which will almost certainly provide less than full protection, could still be important tools.

With a clear sense of what new biomedical strategies are likely to emerge over the next 10 to 15 years, our sense of urgency has also shifted. The question is no longer as simple as: can we find an AIDS vaccine? Based on the knowledge that we have now, the question is:

What needs to happen to mobilize and energize HIV-prevention activities so that the full array of today's available tools is provided to, and used by, all who need them—while sustaining commitment to and investment in vaccines and other options for the future?

[1] "Global Challenges: U.N. Officials Call on Countries to Strengthen HIV/AIDS Prevention Efforts," Kaiser Daily Health Report, 18 April 2007, accessed 19 April 2007, <http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=44316>.

[2] MI Johnston, Fauci AS. An HIV vaccine-evolving concepts. N Engl J Med 356:2073-81, 2007

The answer is: much more than is currently happening. There is not an energized, multi-layered movement for prevention at grassroots, national, regional, and global levels. There are unnecessary divisions between advocates for proven prevention and those advocating new strategies. Those of us who do advocate for prevention research have focused on specific interventions—particularly vaccines and microbicides—without investing sufficient energy in discussing the implications of other research areas such as pre-exposure prophylaxis, HSV-2 treatment, or male circumcision.

While this constitutes a state of emergency, it also holds a kernel of possibility. By building on the strong work of so many groups, we can begin to tackle these issues, build a movement, and break through false dichotomies that sap our strength and our effectiveness in winning victories for HIV prevention.

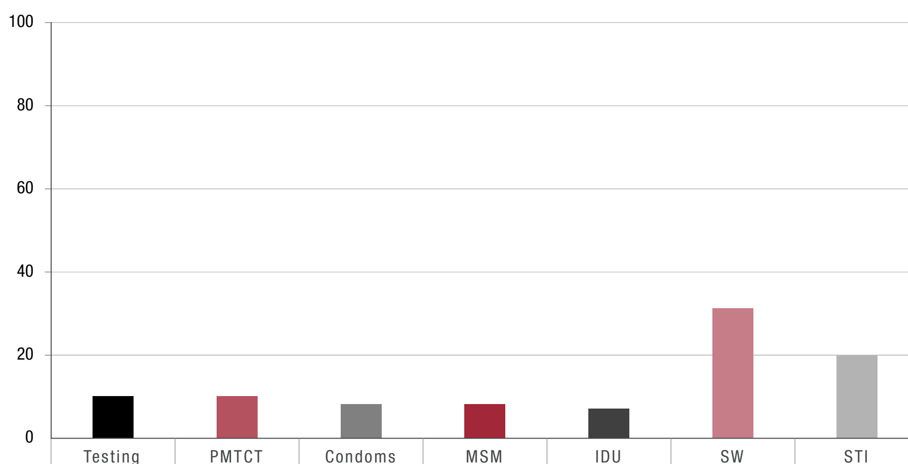
It is hard work, but it is beyond necessary. It is imperative.

As the field has grown and changed this year, so has AVAC. We have received a major grant from the Bill & Melinda Gates Foundation that will help us play a part in some of the core, transformative work that faces us all. This includes:

- Coordinated campaigns to generate political will around substantive change in approaches to and funding for proven prevention.
- Recalibration of expectations of experimental strategies. We need honesty, transparency, and unglossed reality in our communications about the long road to a partially-effective vaccine or microbicide. Anything less will cost the field credibility at a time when it needs sustained commitments.
- Development of energized and interconnected networks of global, regional, and grassroots advocates that bring passion, strategy, and clarity to an HIV-prevention agenda of the same scope and ambition as the treatment-access agenda.

The new resources are a challenge to AVAC to expand our scope without losing sight of our core principles (see p.6). The Report that you hold in your hands represents our current thinking about many key issues affecting AIDS vaccine

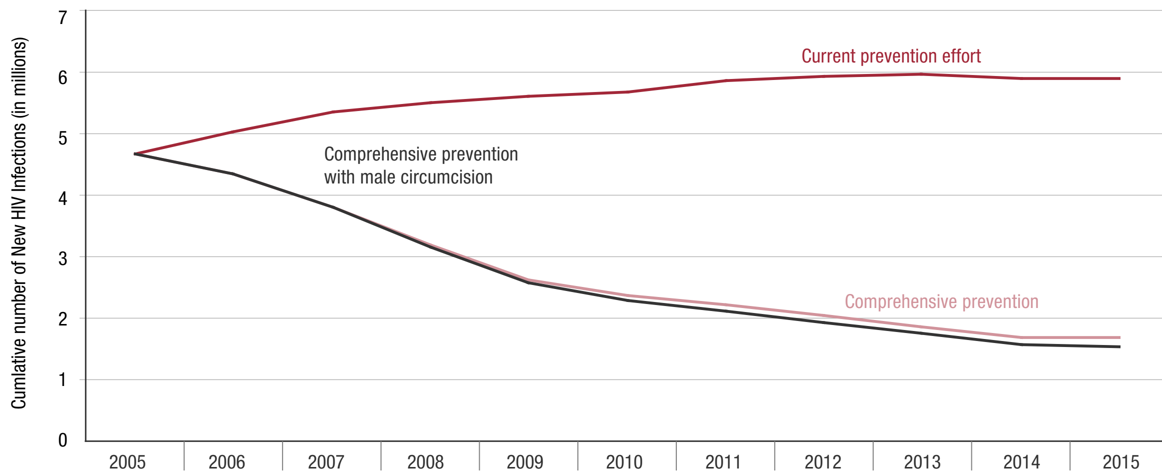
Figure 1. GLOBAL COVERAGE FOR SELECT HIV PREVENTION STRATEGIES IN 2005



KEY: PMTCT: Prevention of mother-to-child transmission; MSM: Men who have sex with men; IDU: Injecting drug user; SW: Sex worker; STI: Sexually-transmitted infection

Source: *Bringing HIV Prevention to Scale: An Urgent Global Priority* (June 2007) Global HIV Prevention Working Group.

Figure 2. GLOBAL HIV INCIDENCE WITH AND WITHOUT COMPREHENSIVE PREVENTION PACKAGE



Projections based on modelling work conducted by the Futures Group for the Global HIV Prevention Working Group.

Source: *Bringing HIV Prevention to Scale: An Urgent Global Priority* (June 2007) Global HIV Prevention Working Group.

research today. And as we move forward, we will remain committed to advocacy for an effective AIDS vaccine.

We remain committed to education, engagement, provocation, and criticism of decision-makers influencing the course of this work.

At the same time, we will strive to do more:

- More to generate a shared agenda for delivering what we have today—and searching for what might help tomorrow;
- More to raise awareness of and, where warranted, demand for new prevention strategies that may emerge in the coming years;
- More to ignite political leadership, planning, and ambition around prevention programming and research in the places where the epidemic is raging.

These are lofty goals, which we know we cannot achieve on our own. The hard and important work many groups are already doing in this arena must continue and be strengthened. Our expanded efforts will only succeed through collaboration with many partner organizations. We look forward to strengthening and sustaining these relationships. No single stakeholder can ever hope to achieve the necessary level of change alone.

The truth is this: if the cure for AIDS were a glass of clean water, the world would still be hard pressed to bring the epidemic to a halt today.

This virus thrives in places where the most basic elements of subsistence—clean water, shelter, food—are in shamefully short supply. It thrives in places where basic human rights—to dignity, health care, protection by the law—are equally scarce.

To attempt to change these realities is to attempt to change the world. We must aim this high if we hope to have any effect on HIV prevention now or in the future. The world demands it of us all.

MITCHELL WARREN, AVAC Executive Director

OUR GUIDING PRINCIPLES

Expanded access to proven prevention strategies must be taken as one of the highest priorities in the global AIDS response, along with access to treatment.

Where is the global campaign to shame governments into changing laws that compound stigma? Where is the cadre of political leaders—both male and female—who have made women's rights to education, property, and sexual and reproductive choice the centerpiece of their administrations? Why does the average man in sub-Saharan Africa have access to just three condoms per year? And why are female condoms even scarcer? Answering these questions through sustained, substantive actions is the most immediate way to have an impact on the AIDS epidemic today.

Biomedical strategies alone cannot solve this epidemic.

It is incumbent on all advocates for new prevention strategies to acknowledge that there will be no silver bullet. None of these biomedical interventions in current or planned trials will be quick or simple "fixes" for the epidemic. No biomedical approach, used singly or in combination, will overcome the structural forces of poverty, gender inequality, stigma, discrimination, and human rights abuses that drive the epidemic.

The search for vaccines and other biomedical prevention strategies is essential.

While new biomedical prevention tools will not turn around the epidemic on their own, they are critical to the global response. Prevention strategies currently under investigation will have different profiles and/or mechanisms of action from proven prevention strategies. This means that a level of risk reduction could, in the future, come in the form of a pill, an injection, or a vaginally-inserted ring. Increasing individuals' choices for risk reduction increases the chances that a man, woman, boy, or girl will be able to find an option that works at every stage of his or her life.