

## AVAC's Top Recommendations for 2009 and Beyond

This year, as always, the *AVAC Report* has a range of suggestions for various stakeholders involved in AIDS vaccine and HIV prevention research, and we hope you'll read through these pages to find them all. We're well aware, though, that publications and recommendations can pile up and gather dust without ever coming to life off the page.

On page 8, we've taken a look back at what happened around last year's recommendations. And below please find our top recommendations that we will revisit frequently in the coming year to gauge how well we and the field are doing.

- 1. The AIDS vaccine field** needs to expand its understanding of what HIV vaccines need to do, leading to more predictive measurement and novel and substantially improved next-generation candidates (see page 12).
- 2. Biomedical prevention researchers and sponsors** must work with transparency and broad input to plan collaboratively for trials that might take place if PrEP or any other emerging strategy shows efficacy. A comprehensive research agenda needs to be developed that addresses questions such as what's possible in terms of evaluating combination strategies, and how decisions about shifting standards of prevention may be made (see page 22).
- 3. The Global HIV Vaccine Enterprise** needs to demonstrate its value through timely publication of an updated Scientific Strategic Plan by early 2010 and improved leadership on critical emerging issues (see page 24).
- 4. The HIV Vaccine Trials Network** needs to develop a suite of easy-to-understand materials that add depth and detail to available documents regarding HVTN 505, a planned test-of-concept trial of a prime-boost regimen developed by the US Vaccine Research Center (see page 38).
- 5. WHO and UNAIDS** need to marshal their technical and advocacy resources to provide global leadership in preparing for pre-exposure prophylaxis (PrEP) should it show benefit for HIV prevention. The first step is developing, securing funding for, and implementing a jointly coordinated work plan, similar to the one used to prepare for results from the Ugandan and Kenyan trials of male circumcision for HIV prevention (see page 54).
- 6. Stakeholders exploring PrEP and the use of ARV treatment to reduce infectiousness** in HIV-positive people need to add specificity around financial, health care infrastructure, and human rights implications of using ARVs for prevention (see page 48).
- 7. Prevention research stakeholders from all arenas** need to embrace and execute an agenda, with bold, measurable milestones and targets, which focuses on the expansion of HIV testing and counseling as the cornerstone of implementing male circumcision and any new ARV-based prevention strategy, if one is identified (see page 48).
- 8. Governments around the world** need to respond to the HIV prevention needs and priorities of communities of gay men and other men who have sex with men, as they continue to have high prevalence and be at highest risk. Data from prevention trials and research projects are helping to articulate these needs, but effecting change will be difficult without broad support and significant policy changes, which do not yet exist (see page 64).

