

Status Report

An update on last year's recommendations

1. Structure the field so that there are career paths for young investigators.

There's progress in this area from the HVTN, the Global HIV Vaccine Enterprise, and public health leaders outside the field. It will now be critical to monitor the impact of new initiatives aimed at addressing this issue.

2. Articulate the human discovery trials agenda and balance vaccine discovery and development.

The AIDS vaccine field has had a year of focused, nuanced conversations and presentations of new data and directions (see page 12). The Step trial has helped generate questions we might not have otherwise known to ask (see page 32). These developments should help shape the next Scientific Strategic Plan of the Enterprise (see page 24).

3. Learn from Step and direct prevention research resources to under-served populations.

In 2008 the US Centers for Disease Control and Prevention released revised estimates of the US AIDS epidemic, which underscore the severity in populations of gay men of color and of African Americans. The incidence from Step told a similar story. Far more needs to be done in terms of targeted spending and appropriate programs to address this crisis.

4. Systematically improve community engagement strategies.

There have been mixed results this year. AVAC and UNAIDS have worked with partners to disseminate the *Good Participatory Practice Guidelines for Biomedical HIV Prevention Trials*. There are strong partnerships between research teams and communities of gay men and other men who have sex with men in the developing world (see page 64). However, there are also ongoing questions from the broader community about the HVTN 505 vaccine trial (see page 38).

5. Watch language used to communicate expectations of prevention research.

It depends on whom you listen to. Enthusiasm about pre-exposure prophylaxis research, or PrEP, can sometimes produce overly optimistic forecasts of results (see page 46). The vaccine field has done a strong job of recalibrating expectations, though work still needs to be done around explaining discovery research. The microbicide field and its allies grappled with the challenge of an indeterminate finding with the results of the HPTN 035 trial, which showed a non-statistically significant trend toward protection with one candidate (PRO 2000).

6. Increase community stewardship of PrEP agenda.

The expansion of interest in PrEP has been exciting to watch and be a part of. There are increasingly strong constituencies in the developed and developing world, and in specific communities like gay men and other men who have sex with men. Much more needs to be done, though, to grasp what PrEP would mean for health care infrastructure, financing, testing, and other issues (see page 46).

7. Engage in meaningful dialogue around male circumcision, HIV testing and gender.

WHO/UNAIDS published its report from the June 2008 meeting on male circumcision and implications for women; AVAC published its report on a complementary, civil society consultation that preceded the WHO meeting. Both are available at www.malecircumcision.org. On the ground, there's still a vacuum of accurate information about women's and men's experiences with rollout.

8. Prepare for the results of the Thai prime-boost trial.

The trial sponsors have developed a comprehensive dossier in anticipation of results, which includes different communications messages under different scenarios. AVAC is preparing a publication in its "Anticipating Results" series to help advocates understand the trial, which will present results in September.

9. Expand community engagement with and critiques of the microbicides science agenda.

The Microbicide Media and Communications Initiative hosted three meetings for advocates and communications experts to clarify issues and priorities around ARV-based microbicides. And there's growing discussion about the similarities and differences between PrEP (oral ARVs) and topical ARV-based microbicides. But the distinctions are still blurry, and there's need for more clarity on science topics and possible trial-sequencing scenarios should PrEP, PRO 2000, or an ARV-based microbicide compound show efficacy.

10. Reconsider how clinical trials infrastructure is sustained and clinical research agendas are developed—in discussions led by developing country voices.

Throughout the first section of the *Report*, there are first-hand accounts of innovative activities taking place at vaccine trial sites throughout sub-Saharan Africa. But there's more work to be done to capture best practices and, where warranted, harness capacity of under-used sites.