

## Executive Summary

*Resetting the clock*, this year's AVAC Report title, is inspired by the anniversary of US President Bill Clinton's 1997 speech calling for an AIDS vaccine in ten years' time. Many organizations, including AVAC, marked this anniversary—and the expiry of the original deadline—with reflection and tempered optimism on May 18 of this year.

We recognize that the title could just as easily be the punch line of a joke about the AIDS vaccine field. Here at AVAC we frequently hear—and remark—that the timeline for finding an AIDS vaccine has been “5 to 10 years” for, well, 5 to 10 years. It seems that we are always resetting the clock.

Today we argue in all seriousness that it *is* time to reset the clock. We are within two to three years of data from three test-of-concept studies of AIDS vaccines, including the ongoing Thai prime-boost study and two trials of Merck's adenovirus-based candidate. And so now is the time to set new, ambitious deadlines for developing the novel vaccine concepts and candidates that will be needed whether or not there is evidence of benefit from these first test-of-concept trials.

The three sections of this year's report outline some specific deadlines and challenges in AIDS vaccine scientific strategy, clinical trials, and the broader realm of HIV prevention. These arenas mesh like watch gears, and must function just as smoothly if the field is to proceed.

In **Section 1, New Countdowns**, we explore progress and barriers in funding and strategy-setting for the field. As we wait for the results from upcoming trials, what else do we need to be doing? What are the responsibilities of key institutions at this critical time? We've addressed these questions and returned to industry for an updated survey of private-sector work.

In **Section 2, Racing Against Time**, we turn to clinical trial issues. Here we argue that the field is already in danger of slipping behind. We mean this in several senses, including anticipating and keeping pace with clinical-trial capacity needs, reaching consensus on standards of prevention and levels of care, and solidifying communications strategies for conveying information about trial outcomes. There are also open questions about the new US approach to funding its trial networks. In the spirit of thinking globally and acting locally, we've highlighted specific examples from work around the world as a way of emphasizing issues that affect all prevention research.

In **Section 3, Wake Up Call**, we explore the critical lessons to be learned from responses to data on new approaches which could have some benefit in out-of-control epidemics. The clock is already running when it comes to implementing existing prevention approaches like male and female condoms, as well as emerging prevention strategies like male circumcision. HPV vaccine, while not an HIV prevention tool, is still an important case study. We also listen hard to what advocates from other areas of the AIDS response have to say about prevention research—since collective action is essential for improved prevention overall.

Throughout this report, we make recommendations and suggestions for key actions to be taken in the next year and beyond by different stakeholders—including AVAC. The table on page 8 provides a quick overview of many of the critical points, which are further explored in the pages that follow. In “AVAC's Status Report” on page 9, we review the recommendations we made last year to see how various stakeholders—including ourselves—measured up.

