



## AVAC’s Status Report—An Update on Last Year’s Recommendations

	WHAT WE SAID LAST YEAR	WHAT HAPPENED	WHAT MUST HAPPEN NEXT
AIDS VACCINE FIELD	Advocate for robust, comprehensive HPV-vaccine delivery to adolescent girls and boys.	PATH launched pilot projects with four country partners. Multiple groups, including AVAC, and IAVI convened a stakeholders meeting in December 2006 and launched a call to action for cervical cancer prevention and treatment in July 2007.	HPV-vaccine rollout continues to be stymied by lack of a clear pricing structure and a dearth of commitments of sustainable financing for the developing world. The pharmaceutical industry must issue more specific information on affordable pricing structures; GAVI, UNICEF, and other funding streams must step in with financing; and advocates must move more swiftly.
	Develop a common language for talking to communities about test-of-concept trials and sequencing decisions (about when to advance candidates and/or launch additional test-of-concept trials).	Several trial sponsors developed “roadmaps” for various scenarios (impact on viral load setpoint, impact on HIV acquisition) to help discuss their upcoming studies.  The Global HIV Vaccine Enterprise and WHO/UNAIDS convened a meeting to discuss upcoming trial results; a coordinating group on efficacy trial results was formed, with a communications subgroup to be convened by AVAC.	These roadmaps have increased clarity for people who are already familiar with prevention research. The vast majority of audiences still do not understand what can be expected of partially-effective AIDS vaccines. The communications subgroup and other partners must help expand awareness and understanding of the complex choices that lie ahead.
RESEARCHERS	Share outputs from research on neutralizing antibodies, adjuvants, mucosal-immunity assays, and other work in a manner that lets us understand whether and how CHAVI, CAVD, and other consortia are truly adding value to the field	In scientific publications and at meetings, scientists working in collaboratives started to share the initial data that are emerging from their work.	The Enterprise and its partners should conduct ongoing field-wide analyses to ensure wise use of resources and prompt attention to gaps and emerging issues.
GLOBAL HIV VACCINE ENTERPRISE	Reconstitute working groups on clinical trial capacity, intellectual property, manufacturing, and regulatory issues. Give these groups specific tasks to help bring these areas up to speed.	Meetings on trial design and on humoral and mucosal immunity were convened. The groups on clinical trial capacity, intellectual property and regulatory issues were not reconstituted, and limited activity happened on these topics.	Convene ad hoc expert groups to develop recommendations for Enterprise and partners on emerging and as-yet under-discussed topics.
	Take swift, transparent action to identify a new executive director.	As of August 2007, the executive director position remains unfilled. The anticipated start date for the new director is January 2008.	Preparatory work in the next six months on an updated business plan and scientific strategic plan to support the executive director when he or she steps into place.
WHO/UNAIDS	Continue to develop and regularly update guidance notes on emerging prevention interventions and technologies including HPV vaccine, couples counseling, circumcision, PrEP, and more, so that countries can plan and have dialogue even before definitive results are in.	WHO/UNFPA led consultations on HPV vaccines and released guidance documents for country-level planning. WHO/UNAIDS moved swiftly to release a discussion document on male circumcision and is continuing to develop material for implementation. WHO/UNAIDS also released new guidance on HIV testing that addresses routine testing; couple counseling was not specifically addressed.	Move swiftly to implement activities proposed for providing country- and regional-level technical assistance on male circumcision programs; continue to raise awareness of and support for HPV vaccine at country-level and within normative agencies.
	Partner with other stakeholders to convene ethical consultations on issues related to evaluation and eventual introduction of new partially-effective prevention strategies.	UNAIDS convened a consultative process to update 2000 Ethical Considerations for Conduct of HIV Vaccine Trials, with expanded coverage of trials of other biomedical prevention options.	Support additional consultations and documentation of best practices in implementing these guidelines as well as the upcoming “Good Participatory Practice” guidance document. Ensure that these and other documents, such as the guidance note on sex workers are harmonized and finalized with sufficient community input.
AVAC	Take a leadership role in developing—in consultation with multiple partners—new guidelines for “Good Community Practice.”	AVAC worked with UNAIDS to convene a working group that drafted and revised Good Participatory Practice guidelines for engagement with communities in biomedical prevention trials.	Additional community consultations are still needed on the Good Participatory Practice guidelines, as well as input from groups that apply them in communities where trials are taking place.
	Support and/or convene prevention-research advocacy network that addresses emerging ethical, community, and trial design issues.	AVAC worked with partners to respond to and disseminate information about various trial results including male circumcision, female diaphragm and microbicide trials.	Stronger links need to be built between prevention research advocates and those working on implementation of proven prevention; much more capacity needs to be built for all prevention advocacy at country-and grassroots levels.