New HIV Vaccine and Microbicide Advocacy Society in Collaboration with the Vaccine Advocacy Research Group, AVAC

Press Release: May 18, 2015 (No Embargo)
Lagos, Nigeria

On May 18, 1997, US President Bill Clinton committed to developing an AIDS vaccine within 10 years. Nearly 20 years later, we still don’t have one. And every day in Nigeria, 1,000 people become newly infected. Research and development of a HIV vaccine is still ongoing. We are closer than ever to having an AIDS vaccine. The success in the field with the Thai vaccine development efforts reported in 2009 has resulted in significant growth in the field. The result showed, for the first time, that a vaccine can reduce the risk of HIV infection. Now, researchers are pursuing groundbreaking research with other novel vaccine strategies, including broadly neutralizing antibodies that target a wide range of HIV strains.

While we wait for the development of a HIV and or AIDS vaccine, we have a lot to celebrate in the field of HIV prevention. For much of the first 30 years of the epidemic, we advocates who work in the field have had to promote abstinence, male and female condom use and treatment of sexually transmitted infections as the strategies for prevention of sexual transmission of HIV infection. The field has however advanced in the last decade. Research has helped us expand the armamentarium for HIV prevention. We now know that anti-HIV drugs not only keep HIV positive people healthy, they work so well that a person on successful HIV treatment has very little chance of passing the virus to a sexual partner. Treatment is also prevention.

In addition, multiple studies of pre-exposure prophylaxis (PrEP) have shown that people at risk of HIV can take a particular anti-HIV medication to prevent infection. Individuals at risk of contracting HIV can reduce that risk by taking anti-HIV medication consistently.

We also know that voluntary medical circumcision also greatly reduces a man’s risk of acquiring HIV, an effect that actually seems to strengthen over time; fewer HIV positive men means less HIV risk for women and the community at large.

More than ever before, we now need to make sure that all of the HIV prevention methods we have today reach the people who need them. At the same time we need to continue the investments in research to ensure even more prevention options are developed and made available. While we know that an AIDS vaccine remains essential to ultimately ending the epidemic, today on HIV Vaccine Awareness Day 2015, we can report progress in the field of HIV Vaccine research as well as progress in the development of other HIV prevention strategies.

First, Janssen, part of Johnson & Johnson, is launching its own international clinical trial to test a vaccine developed with partners. We haven’t seen a large vaccine developer invest in clinical trials for AIDS vaccine without public or charitable contributions in almost a decade. This vaccine strategy incorporates a strategy that researchers hope will protect against the many different types of HIV that circulate around the world.

Second, further upstream research involves the discovery that some people living with HIV create particularly potent antibodies that are able to ‘neutralize’ many different HIV strains. A handful of these ‘broadly neutralizing antibodies’, or bNAb, have been isolated from blood samples donated by HIV infected individuals. Scientists are now planning to test whether direct transfer of the most potent antibodies could prevent, treat, or even be part of a cure for HIV when infused directly into the blood stream. Early clinical trials testing this process, known as ‘passive immunization’, currently involve monthly intravenous blood transfusions lasting 30 minutes or more. But the aim is to reduce the time and frequency of infusions to perhaps quarterly or twice a year. A recent small study using one of these potent antibodies found that virus levels dropped significantly among participants living with HIV, an effect that lasted one month after only one dose.

bNAb research is in very early stages. There are many questions and unknowns, and the science is extremely difficult to understand and explain to non-scientists. As this work moves forward, scientists and funders need
to collaborate with advocates and community stakeholders to ensure that adequate resources are allocated to communications and community engagement.

With the excitement in the field, and the prospect for the future, we ask that the robust community of researchers in the HIV field in Nigeria needs to be at the table now that research plans are being taken so as to ensure that the needs of Nigerians and West Africa as a region is addressed. We need our HIV activists, advocates and community stakeholders who will need to explain the science, purpose and possible outcomes of this research need support to track the research path, ask the hard questions, demand progress and efficiency, and other aspects of the R&D process. We need to collectively ensure that Nigerians and West Africa as a region start working conscientiously for prompt access to developed product. We also need to engage with the exciting efforts to understand if and how to cure HIV in people who are already infected. The timeline for this work is long and uncertain. Here, too, advocacy is needed to sustain momentum.

As we join the world to celebrate HIV Vaccine day 2015, here is wishing everyone of us great outlooks for a world free of AIDS.