

AVAC's Take

As this issue of *Px Wire* went to press, the world was watching, mourning and acting on the emerging Ebola epidemic. At the same time, global stakeholders in the HIV prevention field were preparing for the first-ever “HIV Research for Prevention” or R4P conference in Cape Town. These two epidemics are far from distinct. AIDS vaccine researchers, epidemiologists and advocates are lending experience gleaned in the AIDS arena to this new emergency situation. Much of this expertise is technical. Much is also hard-won knowledge of how the rise of an epidemic can lead to blame, fear and stringent actions taken against people carrying and dying from the virus.

Public response to Ebola has echoed that of the early days of AIDS. Infected individuals have been blamed for irresponsibility and public health officials have scrambled to convey correct messages. At the same time, there's also been rare attention paid to other contributing factors, including chronic under-investment in health-care infrastructure in hard-hit countries. In Nigeria, there's evidence of how investments have paid off: systems put in place for polio eradication efforts have been rapidly adapted as part of an effective Ebola response.

As many stakeholders gather in Cape Town, it is time to use all that's been learned from Ebola, AIDS and many other epidemics to envision a truly effective HIV prevention response. Countries from the United States to Uganda need to commit real resources to health infrastructure and access—and to an effective, rights-based AIDS response. To meet these criteria, Uganda, several US states and many other countries need to remove HIV criminalization statutes from their books. And everyone involved in the AIDS epidemic needs to do a better job of bridging from rhetoric to reality.

When it comes to communication and action, it's essential that the current conversation about “ending AIDS” be accurate in terms of all of the components needed—a concept we try to capture in this issue's centerspread. Antiretroviral treatment that leads to durable virus suppression, as articulated by UNAIDS' call for 90-90-90, is one essential component. But so, too, are targeted PrEP delivery, voluntary medical male circumcision, comprehensive harm reduction, an end to

criminalizing statutes affecting many key populations, an end to epidemic levels of violence against women and accelerated research and development of vaccines, microbicides and a cure. Let's use the HIV R4P conference as a platform for articulating this comprehensive prevention and treatment message—and turning it into action. – AVAC

Data Dispatch

The State of the Prevention “Union”

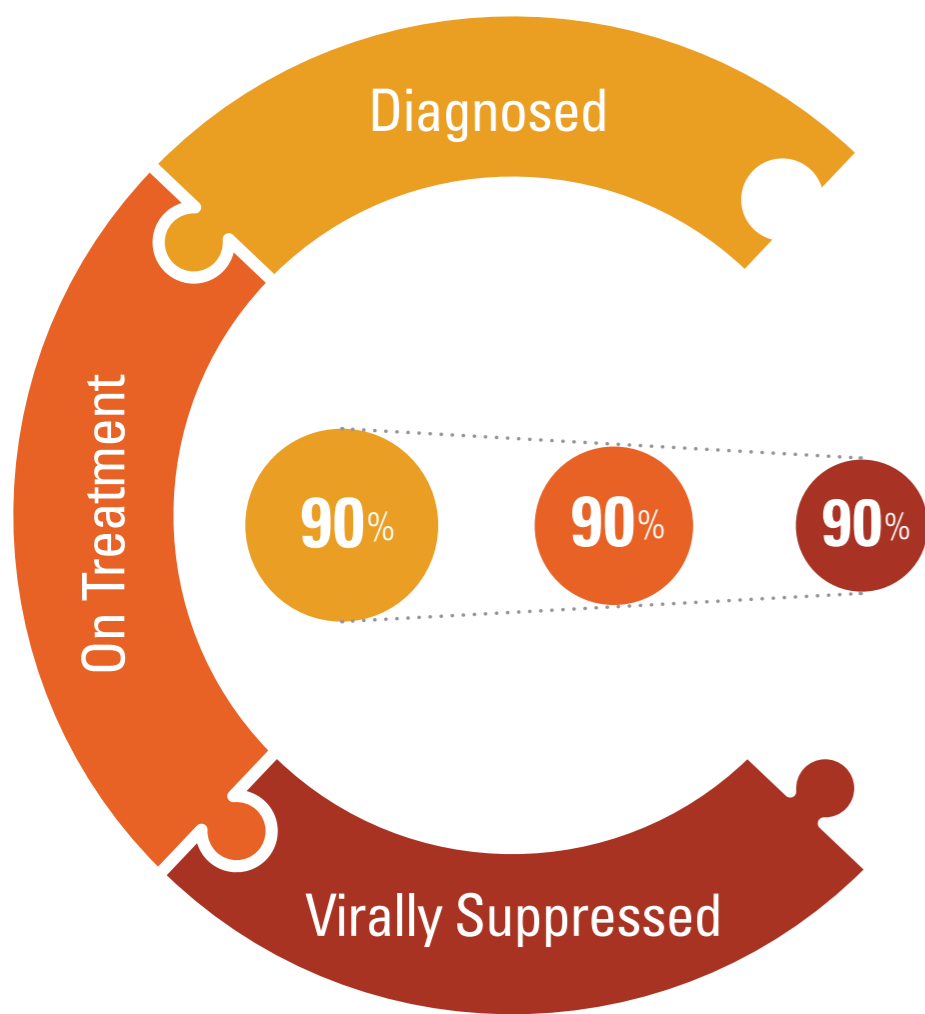
HIV R4P is the first-ever meeting to bring together researchers, implementers, policy makers and advocates from across biomedical prevention, including vaccines, microbicides, PrEP, voluntary medical male circumcision, cure and ART in HIV-positive people. We offer this selective “state of the union” of the prevention fields—highlighting key developments, messages and areas of work that warrant particular joint attention in Cape Town and beyond.

AIDS Vaccines and Cure: Communicate the promise—and the timelines

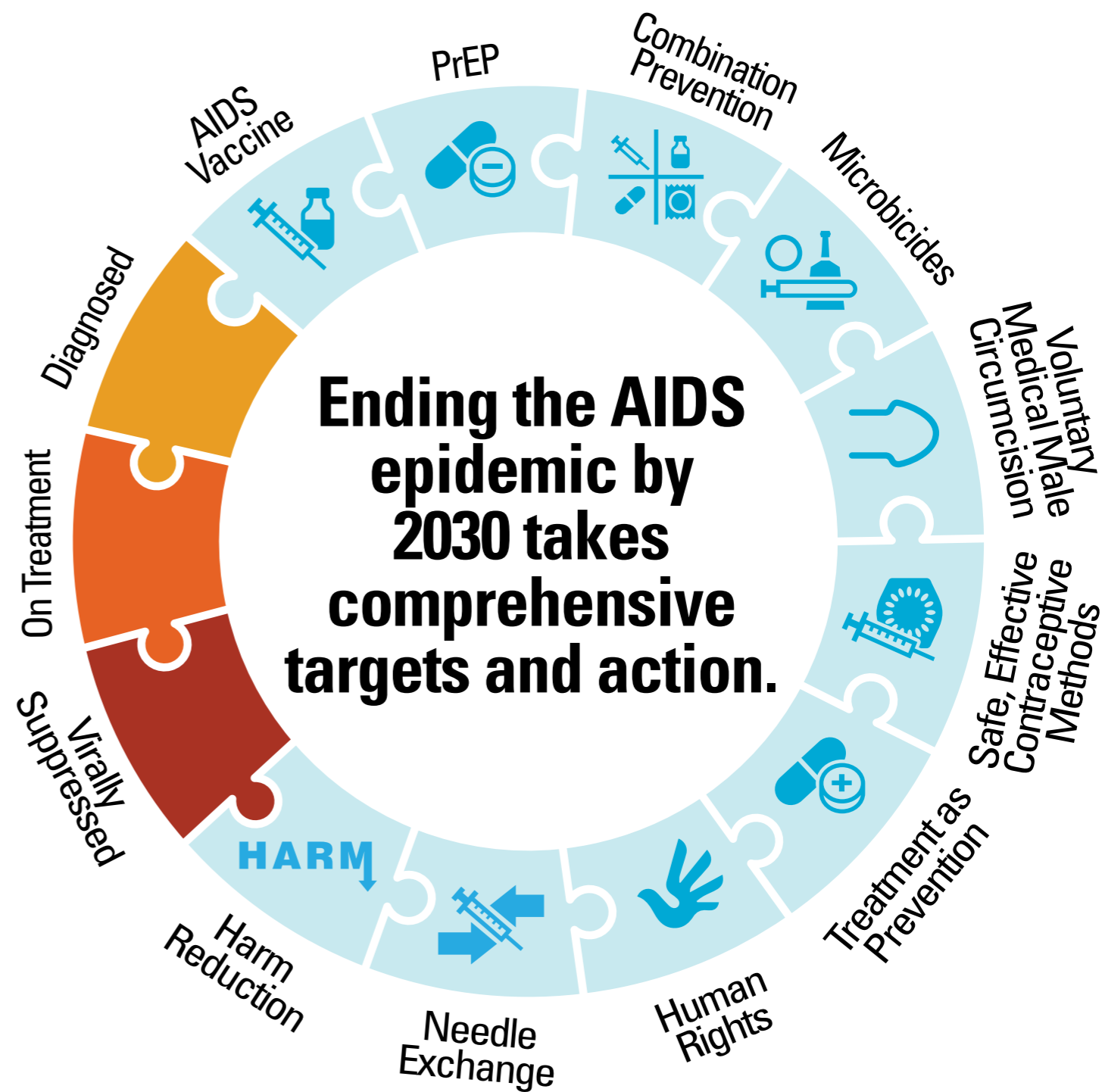
The past year has had no shortage of headlines from both the AIDS vaccine and cure fields. Additional potent broadly neutralizing antibodies (BNABs) against HIV have been identified. There are insights into how these BNABs develop in infants as well as adults, and signs that BNABs could be used as a component of a “functional cure” strategy—i.e., one that prevents viral replication in the absence of ART without clearing HIV infection. At the same time, the wheels continue to turn on the trials designed to build on the results of RV144, which showed modest efficacy from a vaccine regimen tested in Thailand. Post-RV144, attention has shifted to the development of trial protocols and sites for the suite of studies in Southern Africa designed to build on the results that are being planned by the US NIH HIV Vaccine Trials Network and South African partners.

The science is indeed promising—it shows that a vaccine is possible. But the science also shows that it will take a long time. One of the key priorities for the AIDS vaccine field is to convey both the promise and the lengthy timelines—preparing advocates for active engagement as well as delays and fitting the search for an AIDS vaccine into the broader landscape of high-impact combination

UNAIDS 2014 Target for 2020



Today's targets leave a prevention gap.



> Continued from front

prevention. The same goes for research on cure strategies, which have also had both steps forward and steps back this year.

ARV-based Prevention: PrEP, microbicides and treatment for HIV-positive people

The term “ARV-based prevention” is increasingly used to describe daily oral pre-exposure prophylaxis (PrEP), ARV-containing microbicide gels and rings, long-acting injectable ARVs and ART treatment for HIV-positive people, which has both a clinical and a prevention benefit in terms of reducing risk of transmission. Recently, the umbrella term has been replaced by fairly atomized agendas: The slow, if not glacial, pace of piloting and scale-up of daily oral PrEP in countries other than the US; preparations for the results of the FACTS 001 trial of vaginal tenofovir gel in early 2015, and in the next 18 months, data from two trials of the dapivirine vaginal ring. The first Phase II trials of two long-acting injectables for prevention (GSK 744 and TMC 278) in various populations are also scheduled to start in early 2015. (The same products are also being explored in other trials as combination therapy.) And, of course, the WHO *Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection*, as well as new treatment targets from UNAIDS, note that countries should scale up ART access for HIV-positive people in order to both improve health and achieve HIV prevention goals.

Each of these activities has its own timeline and priorities, and there’s ample justification for tackling each independently. The phrase “ARV-based prevention” may even be too broad. But for a truly healthy “prevention union” it is time to have more integration of the various agendas. Communicating timelines for multiple products and interventions at the same time is critical so that it is clear, for instance, that even if tenofovir gel is shown to be effective in the FACTS 001 trial, manufacturing and regulatory issues mean that it will likely take many months and even a couple of years before it is available outside of trials. It’s also critical to explain the timelines and challenges for development of long-acting injectables, which are already being described, prematurely, as a “better” option. Finally, the discussion should address the reality that HIV-positive people want prevention options for themselves and their partners—that PrEP and ART can and should be complementary if deployed at very different scales, as part of a truly unified response.

Voluntary Medical Male Circumcision

Here the message is succinct and urgent: It is time to incorporate up-to-date, accurate narratives about VMMC into our global, national and community rhetoric. VMMC works, it is being scaled up ever-more effectively, and it is a key part of combination prevention that is already starting to bring down population-level incidence in men and women. This is what good—even great—HIV prevention is supposed to do, yet the narrative at the global level that VMMC “hasn’t worked” or “taken off” still prevails. Now is the time for this to change.

Recently Released

AIDS 2014 Research & Reality Webinar Miniseries – Slides and recordings are available from webinars covering developments in cure research, VMMC rollout, PrEP implementation, hormonal contraceptives and HIV and new targets from UNAIDS. The entire series is available to download at www.avac.org/research-reality.

PrEPline – The US CDC launched a PrEP support hotline, which is a dedicated national toll-free consultation service for US clinicians considering prescribing PrEP for their patients. Reach the hotline at +1 855 HIV PREP (855-448-7737) or learn more at www.nccc.ucsf.edu.

AIDS Today: Tell no lies and claim no easy victories – The first edition of a new biennial publication, the London School of Economics (LSE) and the International HIV/AIDS Alliance presents the global state of the civil society response to AIDS. Contains must-read essays from leading activists including *Women, Sex, Power and Politics: A political manifesto* and *The Unravelling of the Human Rights Response to HIV and AIDS and Why It Happened: An activists’ response*. www.aidsalliance.org/aidstoday

About AVAC



AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of HIV biomedical prevention options as part of a comprehensive response to the pandemic.

To receive regular updates via email sign up at www.avac.org/subscribe.

423 West 127th St., 4th Floor • New York, NY 10027 USA
Telephone +1 212 796 6423 • www.avac.org