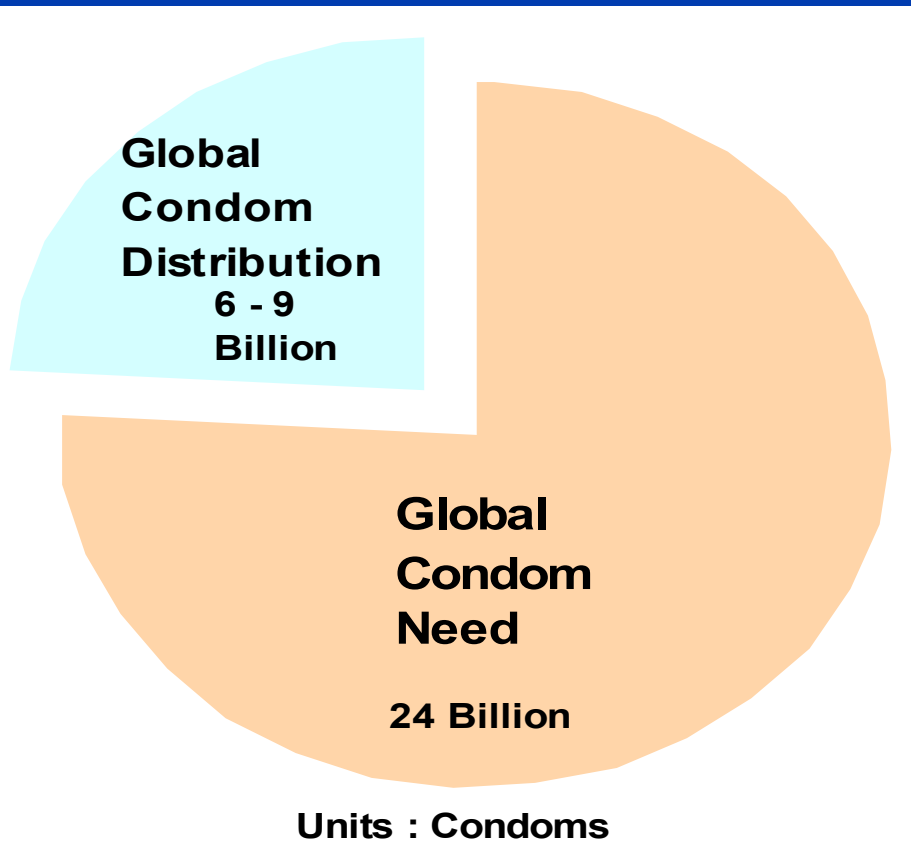


New HIV prevention interventions: how to expedite development?

Challenges: Supplies

Global Context



Sub-Saharan Africa Context

Current funding supports
3 condoms/year/man
in SS Africa

Gap for SS Africa:
1.9 billion condoms/year

Cost of Filling SS Africa Con
Gap
57 million USD/year

Nevertheless...

- **Even if condoms would be available everywhere there would still be a great need for female-controlled prevention technologies**

New prevention technologies

- Vaccines (T-cell based vaccines might have an impact at the population level)
- Female-controlled barrier methods
- Male circumcision
- HSV-2 treatment
- Microbicides
- PrEP
- Index partner treatment
- Etc.

A changing landscape

- It is likely that **partial efficacy** for a number of these interventions is going to be demonstrated in the next 1 – 5 years
- Doing efficacy trials on prevention interventions has become exceedingly difficult already (declining incidence in study population)
- The obligation to introduce “effective” prevention tools in the trial (general?) population, will further drive up the sample size of those studies
- The world can only accommodate “so many” phase 3 prevention trials

Thus...

We cannot escape making choices

But...

**There is no mechanism
to make those choices**

A way forward?

- Traditional phase 1, 2 ,3 testing may not be possible
- A “standardized” animal model, **able to assess all modes of transmission** and all (combinations of) intervention tools may be asking too much, but certainly comparison of products within a specific category should be feasible

What we need?

- **A global HIV prevention enterprise, setting criteria for a systematic assessment of promising products and their subsequent clinical development and their subsequent introduction**
- **The field will never organize itself in such a way unless the funders don't force or lure it to do so (e.g. HIV vaccine enterprise)**

