

## OPENING SESSION

## OS-01

**The state of HIV prevention: how well are we doing in preventing HIV worldwide, and how can we do better?**

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This talk will review the state of the art of HIV prevention research and practice -- the areas of greatest promise, along with the challenges obstacles and costs of different prevention approaches. With major vaccine, pre-exposure prophylaxis (PrEP) and microbicide data all within view, we must prepare to implement the next generation of HIV prevention in a context of increasing access to antiretroviral therapy. Behavioral prevention continues to play an important role in an increasingly technological prevention paradigm, while structural drivers of the epidemic must be addressed in any sustainable response. A long-term perspective is needed to effectively set priorities for combination prevention and HIV treatment programs. Moving forward, HIV prevention must better respond to the complexities of both societal and individual behavior, and must adapt a more rigorous management approach, marked by better evaluation and feedback on the impact of HIV prevention efforts.

## OS-02

**Partners, participants and problem-solvers: expanding from “informed consent” to “informed communities” in the search for an AIDS vaccine**

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The AIDS vaccine field, along with the broader biomedical prevention field, is facing an era of increasingly complex trial design and implementation challenges. In this era, the success of research depends on scientific and research literacy among trial communities as well as broader communities at national and international levels.

At the same time that trials engage potential volunteers in the informed consent process, all research stakeholders need to consider and invest in the equally essential process of creating informed communities.

Recent experiences with the Step, Phambili, HVTN 505, male circumcision, microbicide and PrEP trials highlight successes and setbacks in this arena. While experience tells us that sustained investment in research and scientific literacy between trials is the best way to ensure authentic community engagement, these funds are often missing or insufficient. At the same time the role of “broader” advocates and communities that are geographically distant from trial sites remains critical, if, at times contentious.

Just as the past two years have brought increasingly complex results and discussions, the next several years will bring additional results, from within the AIDS vaccine field and outside of it, that will challenge all of us – scientists, product developers, trial planners, policy makers, funders, public health program designers, and communities. The field must become more committed, more strategic and more collaborative with a wider range of stakeholders to meet these challenges.