

UK Department for International Development New Research Strategy 2008-2013 Consultation



A Response from the National AIDS Trust

The National AIDS Trust is the UK's leading independent policy and campaigning voice on HIV and AIDS. The National AIDS Trust develops policies and campaigns to halt the spread of HIV, and improve the quality of life of people affected by HIV and AIDS, both in the UK and internationally.

In this response the National AIDS Trust seeks to answer the following question: How can DFID improve research on “killer diseases” (including HIV) and healthcare and develop its work on building the capabilities of individuals and families for a better life?

The National AIDS Trust believes that scaling up existing interventions and research into new technologies is essential to preventing HIV infections and saving lives today. At current rates, for every one person starting HIV treatment, six new people are becoming infected, who themselves will later require treatment.¹

Just as no single drug or medical approach is effective in treating a person living with HIV, a combination approach and an enabling environment are needed to help people prevent HIV transmission. Strategies must offer people, including those living with HIV, real choices which meet their different and changing needs and that address the contexts in which decisions are made. Thus, DFID should continue promoting activities that:

- Increase early and voluntary testing and counselling;
- Reduce mother-to-child transmission;
- Prevent and treat sexually transmitted infections;
- Promote evidence-based behavioural interventions;
- Promote use of male and female condoms;
- Prevent transmission through injection drug use; and
- Raise awareness about HIV.

¹ Global HIV Prevention Working Group, *Bringing HIV Prevention to Scale: An Urgent Global Priority*, www.globalhivprevention.org, 2007.

Yet even if fully implemented, the impact of current prevention responses will be limited. Treatments can prolong life, but they are not a cure. Similarly, present prevention options can reduce rates of HIV incidence but will not end the epidemic.² Without new prevention options that can better meet the needs of people most at risk of being infected, continued HIV incidence will place higher and higher demands on resources, making comprehensive programmes unsustainable.

Investment in research and development (R&D) for new therapeutic and preventive technologies today will pay significant future dividends. In the best case, widespread availability of new prevention technologies (NPTs) such as HIV vaccines and microbicides would dramatically increase the impact of HIV prevention efforts and open the possibility of bringing the HIV and AIDS pandemic to an end. Policy and advocacy relating to the support and development of NPTs forms an important element of the work plan of the National AIDS Trust.

The National AIDS Trust congratulates DFID for its far-sighted leadership in the field of new HIV-prevention technology R&D. UK support has played an important leveraging role, with additional funders often following DFID decisions to support R&D efforts. The National AIDS Trust would welcome reassurance that this global leadership on NPTs will continue.

As HIV infection rates continue to rise in every part of the world, the face of the pandemic is changing.³ Women and girls are disproportionately affected due to higher biological vulnerabilities and socio-economic inequities. In sub-Saharan Africa, three-quarters of people now living with HIV or AIDS are women and girls. NPTs such as HIV vaccines and microbicides have the potential to be a significant addition to the armoury of prevention options available, with particular advantages for women.

NPTs are not designed to end condom use, but existing prevention options are not always a viable HIV prevention method for everyone. In particular, the 'ABC' (Abstinence, Being faithful and using Condoms) method depends on women having control of their sexual and reproductive health, which is not always the case. Indeed, it is becoming increasingly clear that in some countries the single biggest risk factor for contracting HIV is being a young married woman.⁴

Even with limited initial efficacy, HIV vaccines and microbicides could add significantly to the effectiveness of current prevention strategies. Initial modelling by the London School of Hygiene and Tropical Medicine has suggested that a 60 per cent effective microbicide used by 20 per cent of people currently in contact with HIV prevention services in the 73 lowest income countries could avert over 2.5 million infections during the three years after its introduction.⁵ A study commissioned by the World Bank and European Commission has estimated that a 50 per cent effective HIV vaccine delivered to 65 per cent of adults could reduce infection rates by 25 to 60 per cent depending on the nature of the epidemic in which it is used.⁶

² Stover et al., *Can We Reverse the HIV/AIDS Epidemic with an Expanded Response?*, The Lancet Vol 360, 6 July 2002.

³ UNAIDS, *Epidemic Update*, December 2006.

⁴ Sinding, *Does 'CNN' (Condoms, Needles, Negotiation) Work Better than 'ABC' (Abstinence, Being Faithful and Condom Use) in Attacking the AIDS Epidemic?*, International Family Planning Perspectives, 31(1) <http://www.guttmacher.org/pubs/journals/3103805.html>.

⁵ Public Health Working Group, Microbicides Initiative, *The Public Health Benefits of Microbicides in Lower Income Countries: Model Projections*, Rockefeller Foundation, 2001.

⁶ Stover et al., *The Epidemiological Impact of an HIV/AIDS Vaccine in Developing Countries*, World Bank, January 2002.

It is estimated that investment in both microbicide and vaccine research must increase significantly to accelerate development.⁷ In addition, truly innovative investment mechanisms are needed to ensure safe and effective products are developed as fast as possible for those who need them most, particularly young women in developing countries.

There is a clear need for social research into NPTs to complement scientific R&D and to ensure the products will be acceptable to and used by those who need them most. Social research will enable an effective assessment of likely take-up and fit with existing prevention technologies.

While development of new technologies is a costly process, the discovery of safe, effective, affordable and accessible HIV vaccines and microbicides could prevent millions of new infections and save lives.

In addition advances in HIV treatment can keep the virus under control and the immune system healthy. People on HIV treatment can live a healthy and active life. However the virus is complex and develops resistance to drugs. Thus it is critical that continued research is supported into the development of new antiretroviral (ARV) therapies.

There has also been great progress in developing and bringing ARV drugs to more people than ever before, including in developing countries. The National AIDS Trust believes DFID is well positioned to work with other UK Government departments to continue its global leadership in securing additional political and financial momentum towards achieving universal access to HIV prevention programmes, treatment, care and support.

The National AIDS Trust recommends DFID should:

- **Continue to support efforts to expand the range of HIV prevention options, particularly for women, as a key part of improving the effectiveness and coverage of HIV prevention programmes.**
- **Continue funding organisations committed both to developing products optimised for use in developing countries, and to supporting future product access by developing countries.**
- **Support social research during the development process of NPTs to ensure that these products are acceptable to and used by those who need them most.**
- **Work with countries and international partners to identify appropriate financing instruments to support new technology R&D and future product introduction.**
- **Advocate for the appropriate inclusion of forward planning for new technology introduction in international commitments on HIV and AIDS, such as those relating to the UNGASS Declaration on HIV and AIDS and G8 commitments to universal access.**

⁷ HIV Vaccines and Microbicides Resource Tracking Working Group, *Adding It All Up: Funding for HIV Vaccine and Microbicide Development, 2000 to 2005*, http://www.hivresourcetracking.org/content/RT_2006_Report_FINAL.pdf, August 2006.

- **Advocate for the role of technical agencies, such as WHO and UNAIDS, to develop and disseminate timely, evidence-based guidance on the introduction of new health technologies as part of HIV programmes.**
- **Support health systems strengthening at country level which can provide a broad-based platform for comprehensive responses to HIV and AIDS today and for the introduction of new health technologies in the future.**
- **Support improved integration of HIV and sexual and reproductive health and rights programming at country level to provide a stronger foundation for mutually reinforcing improvements in HIV prevention and sexual health.**
- **Work more closely with other UK Government departments including the Department of Health and Department for Business, Enterprise and Regulatory Reform as well as the pharmaceutical industry to support the development and access of new drugs to treat HIV.**