

IAVI: partnering throughout Africa to speed the search for an AIDS vaccine

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The Kenya AIDS Vaccine Initiative (top) and Uganda Virus Research Institute (bottom) are partnering with IAVI and researchers in South Africa, Rwanda and Europe.

The nonprofit International AIDS Vaccine Initiative (IAVI) partners with researchers, community groups, political leaders and others throughout Africa to accelerate the development of a preventive AIDS vaccine that will be accessible to everyone.

A vaccine is the best hope to end the spread of the HIV/AIDS epidemic, now infecting 15,000 people—thousands in Africa—every day. A preventive vaccine would be given to people uninfected with HIV, to prevent them from becoming infected or going on to develop AIDS. A vaccine would be an essential part of a comprehensive effort to end the epidemic, and would complement education and treatment programs.

IAVI works in Africa as well as globally to sponsor public-private research partnerships to study promising AIDS vaccine candidates. IAVI is committed to finding an AIDS vaccine that will be appropriate for developing countries where most new HIV infections are occurring. If a vaccine sponsored by IAVI proves effective, the researchers agree that it will be made available in developing countries at reasonable prices.

IAVI is headquartered in New York and has a regional office in Nairobi, Kenya.

Update on the progress of IAVI-sponsored AIDS vaccine research in Africa

IAVI partners with a team of researchers in Kenya, Uganda, South Africa, Rwanda and Europe to study a promising preventive AIDS vaccine candidate named HIVA.DNA-MVA. The vaccine candidate was designed jointly by the University of Oxford and University of Nairobi. It is constructed so that there is no risk of it causing HIV infection or AIDS. Trials are underway in Kenya, Uganda and the UK and poised to begin later this year in South Africa and Rwanda:

- In Kenya, IAVI is partnering with the University of Nairobi and Kenya AIDS Vaccine Initiative (KAVI). Four trials of HIVA.DNA-MVA have begun at the Kenyatta National Hospital in Nairobi, and in total these trials will enroll more than 100 volunteers. The first trial began in March 2001 after regulatory approval was granted by the Kenyan President's office and the National Council for Science and Technology. Dr. J.J. Bwayo leads the research team.

- In Uganda, IAVI is partnering with the Uganda Virus Research Institute (UVRI) under an agreement with the Government of Uganda signed in August 2001. One trial is underway at UVRI in Entebbe, fully enrolled with 50 volunteers. The trial began in February 2003 after regulatory approval was granted by the National Council for Science and Technology. Dr. Pontiano Kaleebu leads the research team. IAVI is also collaborating with the Government of Uganda to develop a plan for expanded AIDS vaccine research in the country.
- In South Africa, the Medicines Control Council has granted IAVI approval for a trial that is expected to begin later this year in Durban and Soweto. Principal Investigators are Prof. James McIntyre and Drs. Andrew Robinson and Glenda Gray. AIDS vaccine trials in South Africa are coordinated by the South African AIDS Vaccine Initiative (SAAVI), led by Dr. Tim Tucker.
- In Rwanda, IAVI expects to begin a trial in Kigali later this year, pending approval. IAVI is partnering with Dr. Susan Allen of the University of Alabama.

Each of these trials is a small-scale trial to test safety and immune response. If HIVA.DNA-MVA performs well in small-scale trials, it can advance to a large-scale, multi-year trial to test efficacy in preventing HIV/AIDS. IAVI is developing sites for a large-scale trial in Kangemi, Kenya, Kigali, Rwanda, and other locations in Kenya, Uganda and Rwanda.

HIVA.DNA-MVA is tailored for subtype A of HIV, the variant of the virus most common in east Africa. IAVI-sponsored research is helping to determine how an AIDS vaccine can be effective worldwide, against all subtypes of HIV.

Building infrastructure for vaccine trials

The African teams working with IAVI include medical professionals, immunologists, laboratory technicians and community mobilization specialists. IAVI provides financial and technical support for the research teams to participate in ongoing training in international standards for Good Clinical Practices and Good Laboratory Practices and in providing HIV testing and counseling. Team members have traveled to Kenya, South Africa, the UK and US for trainings.

IAVI provided financial assistance for the construction and outfitting of vaccine trial facilities at KAVI and UVRI. The facilities include reception areas, exam and counseling rooms and state of the art immunology laboratories. The facilities have electrical inverters to provide continuous backup battery power to essential equipment.

Involving communities and political leaders in AIDS vaccine research

IAVI works with communities to build awareness about an AIDS vaccine and encourage participation in vaccine research. IAVI has established a network of NGOs and community based organizations to develop and disseminate outreach materials. IAVI advocates for political leaders to make AIDS vaccine research a priority and helps journalists understand vaccine research.

In Kenya, KAVI organized an advocacy walk to build interest in AIDS vaccine trials and help recruit volunteers. In Uganda, IAVI held a briefing for parliamentarians, and UVRI issues a regular newsletter, *Uganda AIDS Vaccine Update*. In South Africa, SAAVI and IAVI have signed an agreement with the South Africa Medical Research Council to educate communities about an AIDS vaccine as part of the South African HIV Vaccine Action Campaign.

IAVI-sponsored trials are overseen by Community Advisory Boards (CAB). CABs meet in advance of the start of trials to help plan the research protocols, and throughout the trials to monitor their progress. CABs also assist in educating the community and in recruiting volunteers. The CABs include a cross-section of local political, religious and other opinion leaders as well as people living with HIV/AIDS.