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AIDS Research Chief Announces Focus on Domestic HIV Prevention

Dr. Anthony Fauci, head of NIAID, calls for for "mid-course correction" on the "rather skimpy domestic prevention agenda"

NIAID and the NIH Office of AIDS Research to commit up to \$4 million for initial planning

CHAMP commends change, while demanding adequate resources and true collaboration across NIH and with diverse communities

Opening this week's meeting of the NIAID HIV/AIDS Clinical Trial Networks' Strategic Working Group (SWG), NIAID chief Dr. Anthony Fauci delivered a mandate for research on HIV prevention in the United States, telling the head of all the major HIV/AIDS clinical trials networks that "one message I want to get to you is we have to get this, and we have to get it right."

In response to questions about resources for this effort, DAIDS Acting Director Carl Dieffenbach stated that \$2 million would be available for initial planning, whereupon Dr. Jack Whittescarver, Director of the Office of AIDS Research at NIH added that it would be "closer to \$4 million when all is said and done."

CHAMP met with Dr. Fauci and senior DAIDS staff on December 1, 2006 (World AIDS Day), demanding a comprehensive and strategic plan to address the failures of HIV prevention in the United States. CHAMP Executive Director Julie Davids, who participated in this week's SWG meeting as an invited guest, states:

We commend the recognition that we must reverse the slashing of domestic research efforts, but there is much to be done. Our nation can lay claim to one of highest global rates of HIV infection. Yet, women and men in communities of color with high infection rates are consistently found to have equal or lower rates of "risky behavior." Instead of perpetuating stigma and pointing fingers, we need well-funded and scientifically-rigorous investigation -- with Congress stepping up to the plate rather than hobbling NIH with funding that doesn't even meet inflation rates.

*We need to see a plan that paves a path across the institutes of the NIH and as a unified effort in the HIV/AIDS clinical trials networks, that foregrounds not just community input but community-**led** research, that bridges traditional boundaries of treatment and prevention, and that focuses on marginalized groups most at risk of HIV. Further, we need CDC and HRSA to become a part of a truly comprehensive research effort, looking at the impact of access to care and challenging traditional concepts of risk, safety, and the monitoring of HIV in this country.*

The SWG was established in the re-organization of AIDS research networks, with the purpose of providing guidance on cross-cutting and/or high-cost research and to adapt to changing research priorities and challenges. Membership includes all the leaders of the NAIAD's Division of AIDS (DAIDS) clinical trials networks as well as the DAIDS Director (currently Acting Director Carl Dieffenbach), the directors of the HIV/AIDS Network coordination office, community representatives and external advisors.

At the meeting, Dr. Fauci announced the formation of a Trans-Institute working group, headed by Sheryl Zwierski, RN, MSN, CRNP of the Prevention Sciences Branch of DAIDS and Diane Rausch, Deputy Director of the Center for Mental Health Research on AIDS at the National Institute of Mental Health (NIMH).

The HIV Prevention Trials Network (HPTN), having lost most of their funding and domestic sites after microbicides trials and trials on the transmission of HIV from mothers to children moved to independent structures in the new network plan, was invited to present initial thought on re-establishing an HIV prevention agenda that links biomedical and behavioral research. They were invited to come back to the next meeting of the SWP in November with one to two trial concepts and preliminary budgets.

Initial ideas presented by the HPTN focus on gay men/men who have sex with men, women at risk, and the male partners of women at risk, and include:

- * A large study of African American gay men and other men who have sex with men that would identify social networks, use well-established methods of community members reaching out to others to access testing (including acute testing that can identify those who are newly infected and the most infectious) and that would provide health system navigation, in which peers assist others in finding care.
- * Evaluating if contingency-management counseling methods would actually decrease HIV incidence in gay men and men who have sex with men of all races who use stimulant use — previous studies have shown this method to decrease drug use but have not evaluated incidence
- * Provision of a range of services and interventions to women who are coming out of prisons and jails — as well as their male partners — to evaluate impact on HIV incidence.
- * Focused, targeted STD intervention (as STDs have been shown to increase vulnerability to HIV acquisition) combined with behavioral interventions, that may also seek to evaluate if interventions promoted by CDC actually impact HIV transmission rather than just "risk behavior."

CHAMP also provided materials to all participants urging the adoption of uniform standards for data collection about both biological (birth) sex and gender identity in every prevention and treatment study, so differences based on sex and gender can be more clearly observed and to better understand how HIV affects transgender individuals.

CHAMP is training and mobilizing people from communities affected by HIV/AIDS in the United States as effective research advocates. Our next training will take place at the Staying Alive conference of the National Association of People with AIDS in August. For more information, contact Lei Chou at leichou@champnetwork.org or 212-937-7955 x 40.