

Cost effectiveness and delivery study for future HIV vaccines

WHO-UNAIDS collaborative group on cost-effectiveness, delivery and future access to HIV vaccines

Research teams from five countries, Brazil, China, Kenya, Peru and Thailand, have initiated a policy-maker survey on vaccine delivery, cost studies for future HIV vaccination programmes, and associated simulation modeling exercises analysing the relative cost-effectiveness of potential HIV vaccination strategies. The survey assesses challenges and opportunities for future country-level HIV vaccination strategies, providing data on the vaccine characteristics (e.g. vaccine efficacies for susceptibility, infectiousness and disease progression) and vaccination programme strategies to be considered in the cost-effectiveness modeling analyses. The study will provide decision-makers with modeling data on vaccination policy considerations that will assist in developing country-level capacities for future HIV vaccine policy adoption and effective delivery systems, and will help delineate the long-term financial requirements for sustainable HIV vaccination programmes. The WHO-UNAIDS HIV Vaccine Initiative and the collaborating researchers welcome comments or questions from policy makers, health professionals and other stakeholders in the public and private sectors about this effort to help advance policy and capacity related to future potential HIV vaccines.

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Introduction

The HIV/AIDS pandemic continues to spread at a soaring rate of 14 000 new infections per day, with 95% of these infections occurring in middle and low-income countries. The AIDS epidemic claimed more than 3 million lives in 2004, and an estimated 4.9 million people acquired HIV in 2004, bringing the number of people living with the virus up to 39.4 million globally [1].

Evidence from selected countries and communities shows that currently available HIV prevention programmes can control and even reduce the incidence of HIV infections [1,2]. Successes in population-wide HIV prevention often derive from major commitment and investment, sustained over time, for safer sexual and drug use

behaviors, access to condoms and safe injection equipment, and treatment for sexually transmitted infections, opportunistic infections, and HIV, including post-exposure prophylaxis to prevent mother-to-child transmission [3,4]. However, in most parts of the world to date, the commitment and investment in HIV prevention interventions has been insufficient to control the epidemic [5]. Country-level HIV prevention efforts will continue to be complicated by the factors often associated with HIV infection, including poverty, drug use and addiction, sexual behavior, gender, age and other factors contributing to a higher risk and vulnerability with regard to HIV infection.

The widespread delivery and accessibility of combination highly active antiretroviral therapies (HAART) against

Correspondence and reprints requests to Saladin Osmanov, WHO-UNAIDS HIV Vaccine Initiative, World Health Organization, Geneva, Switzerland.

Tel: +4122 791 4393; fax: +4122 791 4865; e-mail: osmanovs@who.int