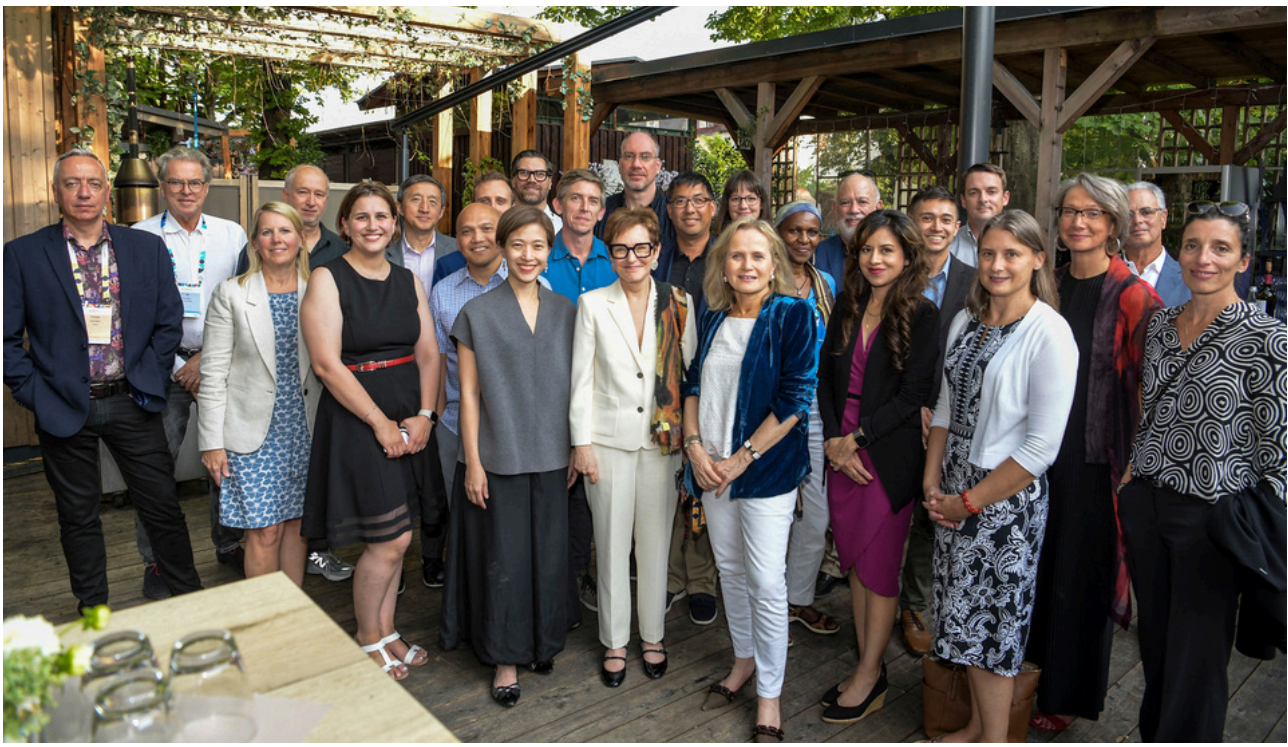
IAS International AIDS Society

Annual Report

2024

Corporate Partnership Programme



Partnering for progress in the HIV response

iasociety.org

United for impact:

Driving innovation and partnership in the global HIV response

Dear Partners,

The journey toward ending the HIV pandemic has never been easy. Yet, it is a journey marked by resilience, innovation and collaboration. The Corporate Partnership Programme of IAS – the International AIDS Society – embodies what becomes possible when we unite with purpose across sectors, across industries and across borders. It is a space where diverse voices converge to transform research into action and innovation into impact.

Today, we stand at a pivotal moment. The challenges we face demand bold, transformative solutions – and these solutions require that all of us join forces to push boundaries, challenge norms and create lasting change. This includes industry leaders, community organizations, researchers and policy makers.

We need the wisdom of communities to anchor our efforts.

We need the creative minds of researchers to push the boundaries of knowledge and find solutions to our greatest challenges.

We need the biopharmaceutical industry to drive the development, scaling and delivery of innovations born from research and responding to community needs.

The call to action is clear: deepen partnerships, challenge the status quo, and forge new pathways toward a brighter future. By harnessing our collective expertise and resources, we can achieve meaningful, lasting positive outcomes for people living with and impacted by HIV.

Together, let us move forward – united in purpose and driven by the shared vision of a world where HIV no longer presents a threat to public health and individual well-being.

Sincerely,

Birgit Poniatowski

Executive Director

About the Corporate Partnership Programme

The Corporate Partnership Programme (CPP) of IAS – the International AIDS Society – actively promotes and facilitates the meaningful engagement of industry and non-industry partners in the global HIV response. It achieves this through the establishment of partnerships, harnessing the power of collaboration, initiating multi-stakeholder dialogues, and coordinating united efforts to address barriers across the HIV prevention, diagnosis and care continuum. This is accomplished by:

- Purposefully involving industries in our work to ensure that the latest innovations and research findings are utilized to address pressing issues in the field
- Collaborating with industry partners to translate research outcomes into practical applications
- Convening discussions that bring together industry and non-industry stakeholders to promote a more comprehensive, expedited and impactful response to the complex challenges posed by HIV

The Corporate Partnership Programme is grateful for the support received from its Corporate Partners in 2024.

IAS contacts

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Corporate Partnerships Programme strategy 2024-2026

Pillar 1. Building and nurturing partnerships

Goal: Strengthen the pharmaceutical industry's participation and contribution to the HIV response, ensuring the application of evidence-based research to effectively tackle pressing issues in the field.

Objective: Enhance the engagement of existing CPP industry members, broaden membership and diversify industry perspectives in the HIV response.

Outcome: The IAS CPP membership comprises a range of corporations, each bringing unique expertise and perspectives. This diversity fosters active participation and engagement among members in CPP activities, contributing significantly to the achievement of its goals.

Output: Industry members with diverse backgrounds in pharmaceuticals, biotechnology and diagnostics are actively engaged in CPP events, workshops, position papers and other relevant activities in addressing current gaps in the HIV response.

Pillar 2. Fostering action

Goal: Harness the power of collaboration and partnership between industry and non-industry to address barriers across the HIV prevention, diagnosis and care continuum.

Objective: Industry and non-industry stakeholders collaborate effectively and contribute to addressing priority areas in the HIV response to support an effective HIV response that leverages industry participation and engagement for maximum benefit.

Outcome: Industry engagement with non-industry stakeholders contributes to highlighting the role of the industry in the HIV response and facilitates tangible improvements in the HIV response.

Output: Strategic multi-stakeholder initiatives identify and define actions for industry and non-industry stakeholders to overcome barriers across the HIV prevention, diagnosis and care continuum.

Pillar 3. Communicating perspectives

Goal: Incorporate the perspectives of industry members into discussions aimed at improving the HIV response.

Objective: Facilitate sharing and dissemination of industry challenges and identify perspectives on how they can best contribute to the HIV response.

Outcome: Understanding of industry challenges and opportunities to contribute to the HIV response facilitates improved interactions between industry and non-industry stakeholders and ultimately strengthens the industry's contribution to the HIV response.

Output: CPP industry members' perspectives are shared effectively and broadly through different channels and formats (publications, workshops, roundtables, networking and conference events).

Highlights of the year

The year 2024 was productive, highlighted by two conferences and significant progress in key topics of interest. The CPP engaged in an extensive range of topics, including advancing diagnostic approvals, scaling PrEP implementation, addressing the challenges of HIV and ageing, driving forward critical questions around cure research with ATIs, and fostering biotech-led innovations.

At AIDS 2024, the 25th International AIDS Conference, which took place from 22 to 26 July 2024 in Munich, Germany, and virtually:

Pre-conference workshop: Thriving with HIV at 50 and beyond

In 2022, of the estimated 39 million people living with HIV, 930,000 were children (0-9 years), 1.65 million were adolescents (aged 10-19), and 37.5 million were adults (over 15), including 4.2 million people over 50 [1]. Life with HIV varies significantly among age groups, influencing the distinctive experiences of individuals living with HIV and the specific management requirements for the condition and its co-morbidities. Differences are further amplified by health determinants, including geographic, social, economic and political factors.

As part of its mission to promote and facilitate the full contribution of the biomedical industry to the global HIV response, the Industry Liaison Forum organized the AIDS 2024 workshop, "Thriving with HIV at 50 and beyond", with the aim of fostering an open dialogue and knowledge exchange among industry and non-industry stakeholders towards enhancing the well-being of people living with HIV throughout their life. The workshop explored strategies to improve health, dignity and quality of life for older individuals living with HIV.

[1] Fact sheet – Latest global and regional statistics on the status of the AIDS epidemic

The session was opened by the IAS President, Beatriz Grinsztejn, and the WHO Regional Director for Europe, Hans Henri P Kluge. It ended with a call to action for inclusive and equitable care, emphasizing the need for integrated, age-sensitive approaches.

In the plenary presentations, the Executive Director of the European AIDS Treatment Group (EATG), Nicoletta Policek, advocated for the inclusion of people living and ageing with HIV in all decision-making processes to ensure that their voices guide care and policy. Peter Reiss described the diverse ways people living with HIV age, shaped by biological and non-biological factors often influenced by HIV, and called for this complexity to be considered in efforts to promote healthy ageing. Cristina Mussini spoke of women living with HIV, stressing the need to address both physiological changes, such as menopause, and psychological challenges as they age.

Together, they framed a rich discussion on how to foster informed, equitable and tailored support systems. These were further discussed in breakout working groups and are summarized as follows:

Non-communicable diseases (NCDs): Participants emphasized the need for integrated care models addressing HIV alongside other health conditions like cardiovascular and neurocognitive disorders. Community involvement was recognized as a critical factor in bridging care gaps. Recommendations included decentralized and long-term care approaches, skill building for specialists and inclusive research practices.

Women: Gaps in research and care for women living with HIV were identified, particularly around life stage-specific needs and the impacts of stigma. Gender-sensitive care models, inclusion in research and culturally responsive healthcare should be prioritized. Systemic shifts in funding and policy are needed to ensure that women's unique experiences are addressed effectively.

Mental health: Stigma emerged as a pervasive issue affecting mental, emotional and physical health, compounded by intersections of age, gender and ethnic origin. Addressing stigma requires broad medical engagement, evidence-based guidelines and interventions to reduce social isolation and self-stigma.

The workshop reinforced the importance of holistic, inclusive and stigma-aware care approaches, emphasizing that ensuring health and dignity for individuals ageing with HIV requires integrating their diverse needs and voices into care models and policies.

Roundtable – HIV cure research with analytical treatment interruptions (ATIs): The participant lived experience

Clinical trials are the cornerstone of medical advancements. Yet, it is often easy to overlook the commitment and altruism of participants, without which these trials would not be possible. In HIV cure research, participants play a critical role in testing innovative cure strategies. Despite the challenges associated with ATIs and the complex nature of cure studies with ATIs, many people living with HIV are willing to participate in cure research.

While the motivations and expectations of participants have been extensively studied, less is known about their lived experience throughout the research process. How do participants navigate the complexities of these trials? How do they manage the challenges that come with stringent procedures, multiple visits and the impact of participation on their personal relationships? How do they manage the potential impact on their sexual partners?

It is within this context that the Towards an HIV Cure: Industry Collaboration Group brought together private sector partners and academic cure researchers to promote collaboration, foster dialogue, and advance HIV cure research and development. The roundtable aimed to encourage direct and meaningful interactions between key industry leaders and individuals living with HIV, as well as their close relatives involved in HIV cure research.

The event saw the participation of five HIV cure clinical trial participants, the City of Hope Patient, the Dusseldorf Patient and the London Patient, as well as 13 industry leaders and 16 researchers. It was held in an open and trusting environment, which allowed participants to share their experiences, discuss challenges and provide valuable insights into the clinical research process. The primary objective was to facilitate the exchange of perspectives and experiences to identify potential areas for improvement and promote the ongoing engagement of people living with HIV at the centre of clinical research.

Key topics discussed included:

1. Appreciating the participant journey: Trial participants should be well-prepared for a trial, with a clear understanding of its purpose and procedures. A transparent risk-benefit assessment should outline the potential risks and benefits. Informed consent must be prioritized, with people living with HIV actively contributing to its development. Study sites should be carefully selected to meet participants' needs and provide necessary support.

2. Burden of trial participation: Logistics should address transport and time for clinic visits. Sampling and procedures must be minimized. Viral load and rebound should be effectively managed. Safety must be balanced with participant burden. Support packages, including PrEP, should be provided for partners. The psychosocial impact of ATI and mental health support should be considered throughout the trial.

3. Post-trial management: Cured status should be confirmed and continually monitored. Any viral rebound must be promptly addressed. The risk of reinfection should be carefully managed. Continued mental health support should be offered throughout the post-trial period.

4. Additional considerations: Trust should be built between participants and the medical team. A framework for conducting ATI-based cure research should be developed, with socio-behavioural research included. Research should extend to low- and middle-income countries, and participants should be encouraged to share their experiences.

This discussion underscored the complexity of HIV cure research and the need for participant-centred approaches to address both clinical and psychosocial aspects. Examining the social- and stigma-related consequences of being cured, as well as applying gender and trauma-informed lenses in research, could provide valuable insights.

Further exploration could focus on involving partners in the research process, addressing issues related to multiple sexual partners, and exploring the implications of genetic testing.

Developing at-home sample collection and diagnostic monitoring technologies is also critical, alongside considering regulatory perspectives on diagnostic tools, such as viral load measurement.

A list of references and additional reading on HIV cure research and the participant experience can be found here.

At HIVR4P 2024, the 5th HIV Research for Prevention Conference, which took place from 6 to 10 October 2024 in Lima, Peru, and virtually:

HIVR4P session: Enhancing services providers' engagement in PrEP delivery, uptake and retention in Latin America & the Caribbean

Pre-exposure prophylaxis (PrEP) has proven to be highly effective in preventing HIV acquisition. Despite a steady rise in PrEP use, its adoption remains below the desired levels within diverse groups most vulnerable to HIV acquisition. Many eligible individuals across different settings and locations face barriers to access due to country-specific, setting-specific and individual-specific challenges. Improving PrEP delivery, uptake and retention requires tackling numerous challenges. Improving service providers' PrEP education through training that supports providers' progression along the PrEP implementation cascade, moving from PrEP awareness to prescription, would tackle one of these challenges and contribute to expanding PrEP access.

Consequently, the Industry Liaison Forum and Medicines Patent Pool hosted a satellite session to facilitate collaboration among current, previous and prospective PrEP users, service providers and prevention experts to identify ways to enhance PrEP delivery and uptake by service providers, with a specific emphasis on enhancing PrEP education.

The session highlighted the slow progress of PrEP uptake in Latin America and the Caribbean (LAC), where only 306,000 PrEP initiations account for 4% of global totals, compared with 5.1 million in eastern and southern Africa [2]. Brazil accounts for the majority of the region's PrEP uptake.

However, data presented showed that in the LAC, younger people, trans women and most vulnerable groups remain underserved due to several barriers, which include stigma, service delivery costs, logistical challenges and the purview paradox (a perception that HIV prevention is less urgent than treatment).

[2] PxWire Volume 14, Issue No. 4 - AVAC

Gilead's lenacapavir and ViiV Healthcare's cabotegravir were identified as promising innovations, though access and cost remain key challenges.

Industry representatives from MSD, ViiV and Gilead stated their commitments to improving PrEP access, including advancing affordable long-acting options, voluntary licensing agreements and collaborative models with governments and communities.

Strategies discussed included training providers in person-centred care, diversifying delivery channels and expanding access to long-acting PrEP formulations.

The need for tailored interventions was emphasized, with recommendations for integrating peer education, community-based delivery models and digital health tools.

Addressing structural determinants, such as housing and food insecurity, was also highlighted. Concrete plans to support these strategies include expanding access through generic licensing, fostering community-led approaches and leveraging implementation science to guide scalable solutions. These efforts aim to drive the long-awaited "PrEP revolution" and transform HIV prevention across the region.

The session concluded with calls for greater collaboration between scientists, advocates and industry to strengthen PrEP delivery and uptake in the LAC.

Read the report here and watch the session on IAS+.

Photos are available on SmugMug.

Satellite: Understanding and managing intellectual property for HIV vaccines research and development

The COVID-19 pandemic underscored the challenges posed by intellectual property, particularly patents and their management, in vaccine development. While patents are essential for commercial products, access to technology should be facilitated for non-commercial research. With mRNA now playing a key role in HIV vaccine development and with over 100 patents related to mRNA technology, including innovations in lipid nanoparticles and RNA optimization, understanding and navigating this complex landscape is crucial for R&D efforts.

The HIV Vaccine Industry Partnership Group and Global HIV Vaccine Enterprise hosted a satellite to explore the complexities of vaccine-related intellectual property, identify barriers to sharing and discuss strategies for overcoming these obstacles.

The session focused on the mRNA patent landscape, which is complex, including overlapping claims on sequences, modifications and delivery systems, which together create barriers to innovation and access. Experts highlighted the importance of an early IP strategy, leveraging public domain knowledge and promoting equitable licensing models.

Proposed solutions included strengthening local manufacturing in low- and middle-income countries, prioritizing public access in funding, and fostering global collaboration through frameworks that integrate R&D, manufacturing and access considerations.

Discussions emphasized the role of partnerships, skilled workforce development and transparent licensing mechanisms, such as those offered by the Medicines Patent Pool, in ensuring equitable access to vaccines.

The session concluded with a call for a new global framework that balances innovation protection with accessibility, fostering sustainable vaccine R&D and production in low- and middle-income countries.

Read the report here and watch the session on IAS+.

Photos are available on SmugMug.

Publications:

Biotech's role in advancing HIV vaccine development.

Tatoud R, Brander C, Hwang C, Kennelly J, Lu S, O'Neil K, Benhayoun I, Safrit J, Firmat J, Barriere N (2024).
Emerging Microbes & Infections, 13(1).
https://doi.org/10.1080/22221751.2024.2384460

The objective of this viewpoint is to examine the challenges faced by biotech firms in the development of an HIV vaccine, an endeavour hindered by significant obstacles over the past four decades. Despite persistent efforts, all efficacy trials to date have been disappointing, pushing the field back to the discovery stage and raising doubts about the future engagement of large pharmaceutical companies. Currently, the HIV vaccine landscape is largely shaped by start-up biotech companies, which face a complex set of challenges, including the evolution of HIV prevention methods, declining interest in vaccine research and difficulties in securing sustainable funding.

This viewpoint explores these challenges and outlines the necessary support mechanisms to ensure the continued involvement of these companies in HIV vaccine development. Drawing on insights from both the pharmaceutical and biotech sectors, we propose a multi-faceted approach that emphasizes enhanced communication, fostering innovation and implementing strategic funding models.

Improving the efficiency of the regulatory approvals of HIV in vitro diagnostics in low- and middle-income countries: Perspective of the IAS Industry Liaison Forum

Steuerwald T, Blair D, Cowan E, Isbell M, Boova S, Firmat J, Barriere N, Tatoud R.
In press - PLoS Global Public Health

The purpose of this viewpoint is to discuss access to HIV in vitro diagnostics (IVDs) that can improve healthcare outcomes, particularly in resource-limited settings, where challenges, such as regulatory disparities and financial constraints, hinder broad access.

This paper summarizes findings from the Industry Liaison Forum, which brought together regulatory agencies and industry stakeholders and conducted research on IVD systems in low- and middle-income countries. It puts forward recommendations to enhance regulatory capacity, adopt best practices and improve diagnostic accessibility, aiming to streamline processes and overcome barriers to IVD access without compromising quality or safety. This ongoing effort requires collaboration between industry, regulatory bodies and stakeholders to achieve significant public health benefits.

Future plans

The Corporate Partnership Programme will continue to work towards advancing innovation, improving access and addressing critical challenges in HIV research, prevention and treatment. Our 2025 plans focus on several strategic areas:

Access to prevention, treatment and testing:

- **Current and future long-acting options for HIV prevention and treatments:** We will be exploring long-acting treatments and prevention methods through a series of webinars.
- **Market access for long-acting products:** Through strategic partnerships with key stakeholders, we aim to establish a collaborative framework that accelerates the pathway from product development to market access for long-acting products. This includes streamlining processes to ensure that these innovative solutions reach end-users efficiently.
- **Timely delivery of diagnostics:** We are committed to advocating for harmonization efforts throughout the supply chain to ensure the timely delivery of diagnostics to end-users. By aligning processes and fostering collaboration, we seek to address barriers and improve access to critical diagnostic tools.

Innovation in HIV vaccine research:

- **Biotech funding models:** We will propose a framework to secure sustained biotech funding, focused on mechanisms to support early-stage HIV research and maintain innovation in biotech-driven HIV solutions.
- **Emerging technologies in vaccine research:** We will explore the application of CRISPR, mRNA and AI technologies in HIV vaccine development, including an examination of potential regulatory challenges.

Regulatory and clinical research:

- **Regulatory hurdles:** We will tackle the regulatory challenges faced by the use of some IVDs in clinical research in Europe to streamline clinical trial processes. This effort could include the development of a position paper aimed at fostering dialogue between industry and regulators and advocating for greater flexibility.
- **Paediatric cure:** We will engage industry stakeholders in discussions around safety concerns specific to paediatric HIV cure efforts. A closed-door meeting will be organized to drive industry buy-in on this sensitive topic.

Meet our Co-Chairs

T**he Industry Liaison Forum** convenes biomedical industry and non-industry stakeholders, including community-based organizations, to engage on a broad range of topics vital to the pharmaceutical, diagnostics and related sectors in their response to HIV.

Felipe Rogatto, Executive Director of Global Medical Affairs – HIV at Gilead Sciences, and **Mitchell Warren**, Executive Director of AVAC, have been appointed as the new Co-Chairs of the Forum, succeeding Fernando Bognar and Nittaya Phanuphak.

Felipe brings over a decade of leadership in HIV care, working across Brazil, Mozambique and Canada. As the leader of Gilead's HIV Franchise, he has played a key role in addressing unmet needs in HIV treatment and prevention, driving innovation and client-focused outcomes.

Felipe Rogatto

Gilead Sciences

https://www.gilead.com/

Mitchell, a global health advocate with nearly 30 years of experience in HIV prevention, has led AVAC's efforts to expand access to HIV prevention tools and has forged partnerships between scientists, policy makers and community advocates. His work has been instrumental in advancing HIV research and next-generation prevention methods.

Mitchell Warren

AVAC – Global Advocacy for HIV Prevention

https://avac.org/

Meet our Co-Chairs

T**he HIV Vaccine Industry Partnership Group** brings together biomedical industry and non-industry stakeholders to tackle the complexities of HIV vaccine research and development.

Tetsuro Matano, Deputy Director-General at National Institute of Infectious Diseases in Japan, and **Shan Lu**, Professor Emeritus at the University of Massachusetts Medical School and Chief Scientific Officer at Worcester HIV Vaccine, will take on the roles of Co-Chairs of the Vaccine group, succeeding Linda-Gail Bekker and Carey Hwang.

Tetsuro has pioneered research on HIV-specific immune responses using macaque models and has made significant advances in elucidation of the viral control mechanism by neutralizing antibodies and T-cell responses. His innovative work, including a novel HIV vaccine delivery system, has shown promising results in trials across Rwanda, Kenya and the UK.

Tetsuro Matano

National Institute of Infectious Diseases, Japan

https://www.niid.go.jp/niid/en/

Shan, a global leader in vaccine science, has contributed over 30 years of pioneering research in DNA vaccine and heterologous prime-boost vaccination. He developed the world's first polyvalent HIV DNA/protein vaccine, and his work continues to push the boundaries of vaccine science and immune response.

Shan Lu

University of Massachusetts Medical School
Worcester HIV Vaccine

https://www.whvaccine.com/

Meet our Co-Chairs

The **Towards an HIV Cure: Industry Collaboration Group** aims to foster collaboration between biomedical industry and non-industry stakeholders to prioritize and drive forward research and development for an HIV cure.

Sharon Lewin, Director of the Peter Doherty Institute for Infection and Immunity at the University of Melbourne, and **Devi SenGupta,** Global Lead for HIV Cure Development at Gilead Sciences, have been appointed as Co-Chairs of the Cure group, succeeding Bonnie Howell and Timothy Henrich.

Sharon, Immediate Past Present of the IAS, is a globally recognized leader in HIV cure research and has led groundbreaking work in HIV, hepatitis B and COVID-19. With over 350 published manuscripts, her contributions to the field of HIV cure strategies have been instrumental in pushing the science towards long-term HIV remission.

Sharon Lewin

Peter Doherty Institute for Infection and Immunity at the University of Melbourne

https://www.doherty.edu.au/

Devi, with her expertise in clinical development and translational research, oversees Gilead's HIV cure programme. She brings vast experience in leading groundbreaking trials aimed at achieving sustained HIV remission and has been a key figure in advancing both treatment and cure research.

Devi SenGupta

Gilead Sciences

https://www.gilead.com/

Immediate past CPP Co-Chairs

*We sincerely thank **Fernando Bognar, Nittaya Phanuphak, Bonnie Howell, Timothy Henrich, Carey Hwang and Linda-Gail Bekker** for their outstanding leadership.*

We look forward to collaborating with the incoming Co-Chairs as they guide their groups toward new frontiers in advancing the global HIV agenda.

2024 Industry Liaison Forum members

Nittaya Phanuphak
(Co-Chair since August 2022)
Institute of HIV Research and Innovation in Bangkok, Thailand

Fernando Bognar
(Co-Chair since August 2023)
Gilead Sciences, USA

Mitchell Warren
(Co-Chair since August 2024)
AVAC, USA

Felipe Rogatto
(Co-Chair since August 2024)
Gilead Sciences, UK

Anne Hoppe
Elizabeth Glaser Pediatric AIDS Foundation, USA

Boniface Dongmo Nguimfack
WHO, Switzerland

Brent Allan
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), IAS consultant, International Council of AIDS Service Organization (ICASO), Australia

Carmen Perez Casas
UNITAID, Switzerland

Catherine Hankins
Amsterdam Institute for Global Health and Development (AIGHD) and McGill University, The Netherlands

Colleen Daniels
Harm Reduction International, UK

Duncan Blair
(Former Abbott) Independent consultant, Australia

Elliot Cowan
Partners in Diagnostics, USA

Helen McDowell
ViiV Healthcare, UK

James (Jim) Rooney
Gilead Sciences, USA

John Bannister
AccuBio, UK

Mehan Barathlall
Roche Diagnostics, USA

Ray Corrin
WHO PQ, Switzerland

Rehab Mwaniki
Women Together, Kenya

Samuel (Tony) Boova
Beckman Coulter, USA

Sandeep Juneja
TB Alliance, Switzerland

Sandra Nobre
Medicines Patent Pool, Switzerland

Silas Holland
MSD, USA

Tisha Wheeler
Roche Diagnostics, USA

Wim Vandevelde
Global Network of People living with HIV (GNP+), South Africa

Yodit Belew
FDA, USA

2024 Towards HIV Cure: Industry Collaboration Group members

Timothy Henrich
(Co-Chair since August 2022)
University of California, San Francisco

Bonnie Howell
(Co-Chair since August 2022)
MSD, USA

Sharon Lewin
(Co-Chair since August 2024)
Peter Doherty Institute for Infection and Immunity at the University of Melbourne, Australia

Devi SenGupta
(Co-Chair since August 2024)
Gilead Sciences, USA

Aaron Sunday
African Network of Adolescents and Young Persons Development , Nigeria

Alan Landay
The University of Texas Medical Branch, USA

Benjamin la Brot
Roche Diagnostics, USA

Carey Hwang
Vir Biotechnology, USA

David Margolis
University of North Carolina at Chapel Hill, USA

Deborah Persaud
John Hopkins University School of Medicine, USA

Guido Poli
San Raffaele University and Scientific Institute, Italy

Heather Madsen
ViiV Healthcare, USA

Javier Martinez-Picado
IrsiCaixa Foundation, USA

Jeffrey Safrit
ImmunityBio, USA

Lynda Dee
DARE CAB/amfAR Cure Institute CAB, USA

Maureen Murenga
Lean on Me Foundation, USA

Michael Busch
Blood Systems Research Institute, USA

Michael Lederman
Global health consultant, USA

Richard Jefferys
Treatment Action Group, USA

Richard Dunham
ViiV Healthcare, Switzerland

Robert Reinhard
Global Health Consultant, Canada

Romas Geleziunas
Gilead Sciences, USA

Rowena Johnston
amfAR, USA

Sarah Fiddler
Imperial College London, UK

Sarah Palmer
University of Sydney, Australia

Simon Collins
HIV i-Base, EATG and UK-CAB, UK

Steven Deeks
University of California, San Francisco, USA

Thumbi Ndung'u
University of KwaZulu-Natal, South Africa

Yves Levy
Vaccine Research Institute/Inserm/ANRS, France

2024 HIV Vaccine Industry Partnership Group members

Linda-Gail Bekker
(Co-Chair since August 2022)
Desmond Tutu HIV Centre at the Institute of Infectious Disease and Molecular Medicine, University of Cape Town, South Africa

Tetsuro Matano
(Co-Chair since August 2024)
National Institute of Infectious Diseases, Japan

Carey Hwang
(Co-Chair since August 2022)
Vir Biotechnology, USA

Shan Lu
(Co-Chair since August 2024)
University of Massachusetts Medical School Worcester HIV Vaccine, USA

Bill Schief
Scripps, USA

Bonnie Howell
MSD, USA

Carey Hwang
Vir Biotechnology, USA

Christian Brander
IrsiCaixa AIDS Research Institute, Spain

Daisy Ouya
AVAC, Kenya

Dan Barouch
Harvard Medical School, USA

Devin Sok
IAVI, USA

Gabriella Scarlatti
Ospedale San Raffaele, OSR, Italy

Gerald Voss
Tuberculosis Vaccine Initiative, The Netherlands

Jean-Louis Excler
International Vaccine Institute, Lao People's Democratic Republic

Jeffrey Safrit
ImmunityBio, USA

James (Jim) Rooney
Gilead, USA

Jim Tartaglia
(Former Sanofi) Retired, USA

Jo Kennelly
MalaikaVx, Canada

Joseph Joyce
MSD, USA

Julie Ake
US Military HIV Research Program, USA

Kalpit Vora
MSD, USA

Kenly Sikwese
The African Community Advisory Board, Zambia

Larry Corey
Fred Hutchinson Cancer Research Center, USA

Maureen Luba
Cooper Smith, Malawi

Ralph Wagner
University of Regensburg, Germany

Richard Dunham
ViiV Healthcare, USA

Roger Le Grand
Commissariat à l'Energie Atomique et aux Energies Alternatives (CEA), France

Rogier Sanders
Academisch Medisch Centrum, The Netherlands

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Susan Buchbinder
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