



HIVR4P 2024

Conference report

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Acronyms and abbreviations

bNAbs Broadly neutralizing antibodies

DSD Differentiated service delivery

MPT Multi-purpose technology

PEP Post-exposure prophylaxis

PrEP Pre-exposure prophylaxis

R&D Research and development

Terminology

Key populations refers to gay men and other men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and trans people.

Vulnerable populations refers to people living with HIV and groups outside of key populations who may be at increased vulnerability to acquiring HIV, for example, adolescents, Indigenous peoples, migrants, refugees, internally displaced persons, people with disabilities, people in prisons and other closed settings, people of advanced age, women and girls.



HIVR4P 2024 at a glance



HIVR4P attracted **1,392 participants** from **77 countries**.



Just **over one in five** (22%) participants came from central, eastern, southern and western Africa and **13%** from the host region of Latin America.



HIVR4P 2024 awarded **203 scholarships** to participants from **46 countries; 48% of scholarships** were awarded to researchers, advocates and media from central, eastern, southern and western Africa.



Researchers submitted **1,740 abstracts** to HIVR4P 2024 (1,548 regular abstracts and 192 late-breaker abstracts) and **827 were accepted** for presentation, including 154 oral abstracts.



A total of **87%** of delegate survey respondents agreed that the conference had met its objectives.



Introduction

HIVR4P 2024, the 5th HIV Research for Prevention Conference, took place in Lima, Peru, and virtually from 7 to 10 October 2024. Just under 1,400 participants from 77 countries gathered for four days to review the latest advances in HIV prevention science.

The HIV Research for Prevention Conference is the only global scientific conference focused exclusively on the challenging and fast-growing field of HIV prevention research. This conference fosters interdisciplinary knowledge exchange on HIV vaccines, microbicides, PrEP, treatment as prevention and biomedical interventions, as well as their social and behavioural implications.

At HIVR4P 2024, results from PURPOSE 2 showed that injectable lenacapavir long-acting pre-exposure prophylaxis (PrEP) was highly effective in preventing HIV acquisition in men who have sex with men and trans women.

Researchers submitted a total of 1,740 abstracts to HIVR4P 2024 (1,548 regular abstracts and 192 late-breaker abstracts) and 827 were accepted for presentation, including 127 oral abstracts, 21 late-breaking oral abstracts, 280 poster abstracts and 399 e-poster abstracts. Research was presented in 16 invited-speaker sessions, 26 oral abstract sessions and 26 satellites.



Four takeaways from HIVR4P 2024

1. Long-acting prevention options

One of the most promising breakthroughs under the spotlight was the advancement of long-acting HIV prevention options. Long-acting injectables are a more discreet alternative to daily medications, and their adoption could transform HIV prevention approaches globally.

Among these options is lenacapavir, with exciting data from the PURPOSE 2 trial of Gilead Science's twice-yearly injectable lenacapavir for HIV prevention presented. Only two HIV acquisitions occurred among 2,179 trial participants who were randomized to receive subcutaneous lenacapavir every six months.

This trial was conducted among men who have sex with men and trans women in Argentina, Brazil, Mexico, Peru, South Africa, Thailand and the United States. Previously, the PURPOSE 1 trial demonstrated 100% efficacy in preventing HIV acquisition among more than 5,300 cisgender women and adolescent girls in South Africa and Uganda.

The lenacapavir injection has been hailed as a "game changer", but accessibility remains a critical issue. Advocates called for broader affordability and availability, particularly in low-income regions.



2. PEP and PrEP implementation

Several sessions at HIVR4P 2024 highlighted the challenges and innovative strategies in improving access to post-exposure prophylaxis (PEP) and PrEP, particularly in low- and middle-income countries in Latin America and Africa. A recurring theme was the interplay between World Health Organization guidelines shaping national policies and, conversely, country-specific feedback informing and refining global standards. The session, "[Differentiated PEP and PrEP – reaching more people with HIV prevention services using DSD](#)", showcased groundbreaking models led by young investigators, designed to broaden options and enhance the reach of PEP and PrEP initiatives.

3. The importance of choice

The importance of prioritizing choice in HIV prevention strategies was discussed throughout the conference. As the HIV Prevention Choice Manifesto for Women and Girls in Africa asserts, offering a variety of adaptable prevention methods ensures that individuals can make informed decisions that best suit their circumstances. Recognizing that preferences may evolve, accessible and flexible prevention options are crucial for empowering communities, especially women and girls, as they navigate different life stages.



4. HIV vaccine R&D and bNAbs in HIV prevention

Tremendous advancements have been made in the prevention of acquiring HIV. Yet, challenges remain in delivering HIV prevention to vulnerable populations, particularly in conflict-affected regions. Biomedical advancements are crucial, but there is one tool missing to end the HIV pandemic – HIV vaccines.

The HIV vaccine field is undergoing a scientific renaissance, with a diverse range of new immunogens and innovative approaches aimed at developing vaccines capable of eliciting broadly neutralizing antibodies (bNAbs), a potentially promising strategy for preventing viral infection. Although current research has yet to achieve the elicitation of bNAbs through active immunization, the use of bNAbs in HIV prevention is gaining traction, particularly as concerns about drug resistance and treatment failure grow.

The session, "Quo vadis: Future design and conduct of vaccine and bNAb clinical trials", explored novel vaccine design strategies, potential risks, ethical considerations and meaningful community engagement, as well as the viability of bNAbs as HIV prevention tools.



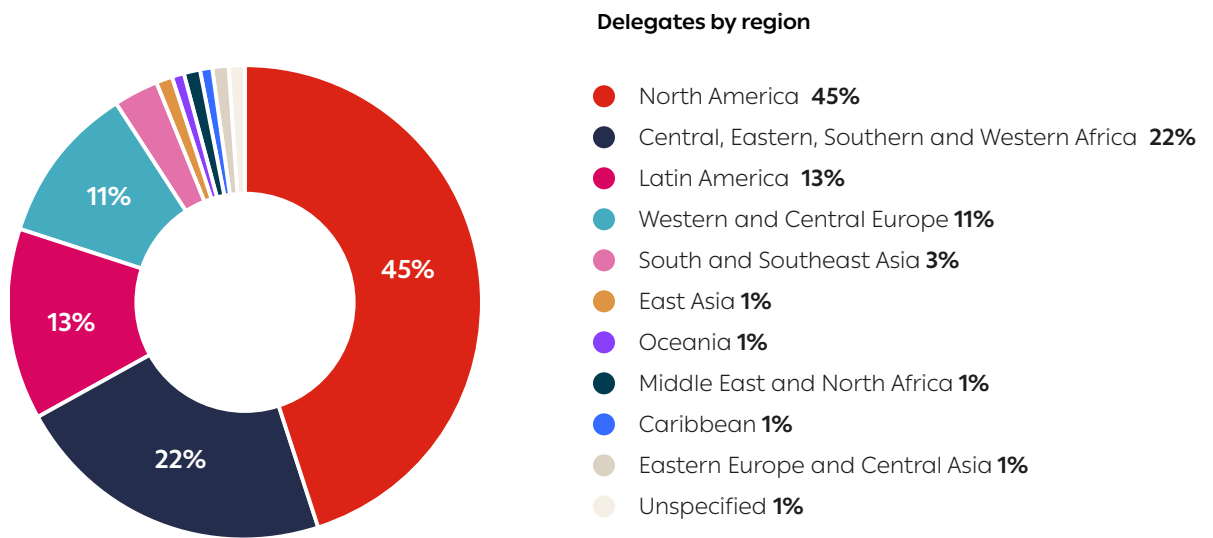
Who was there?

HIVR4P 2024 brought together 1,392 participants from 77 countries; 45% of participants came from North America, 22% from central, eastern, southern and western Africa and 13% from Latin America.

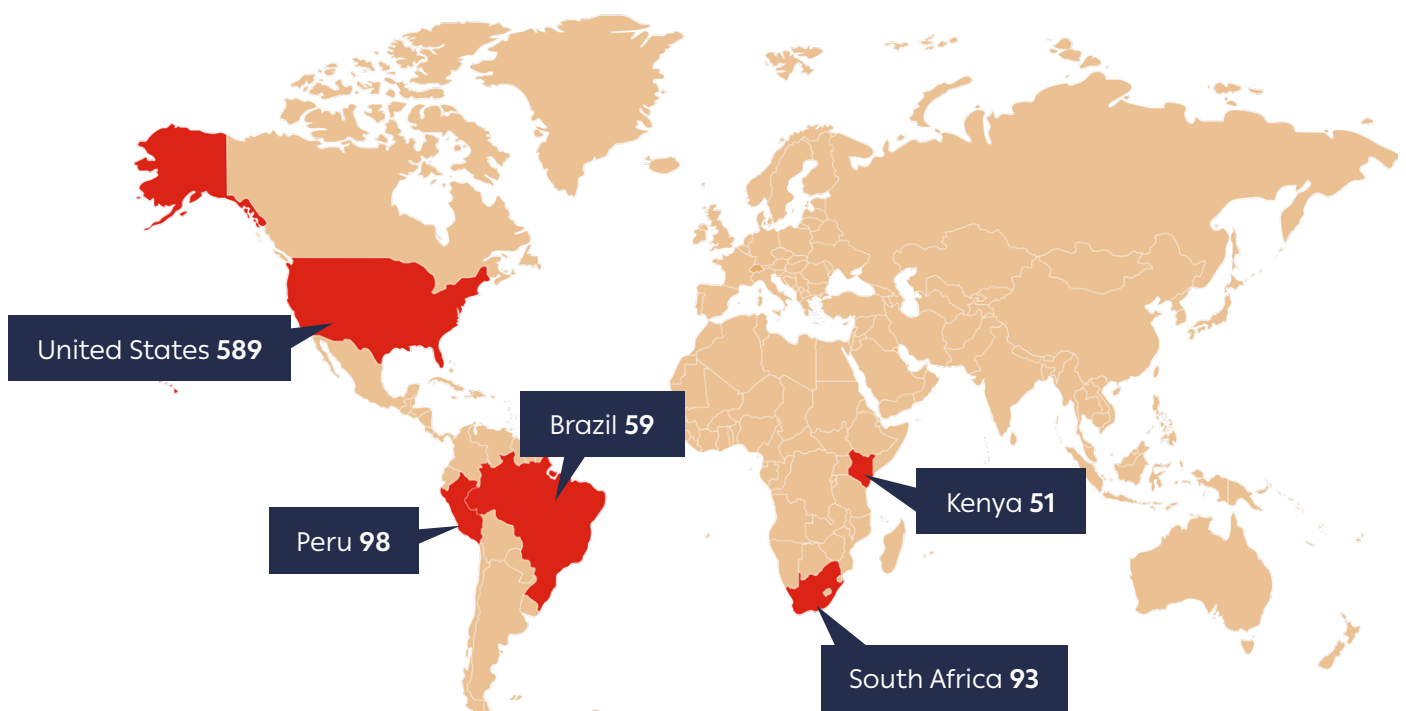


Country and region

North America was the region with the highest representation at HIVR4P, making up 45% of delegates. Central, Eastern, Southern and Western Africa contributed 22%, while 13% of delegates came from Latin America.

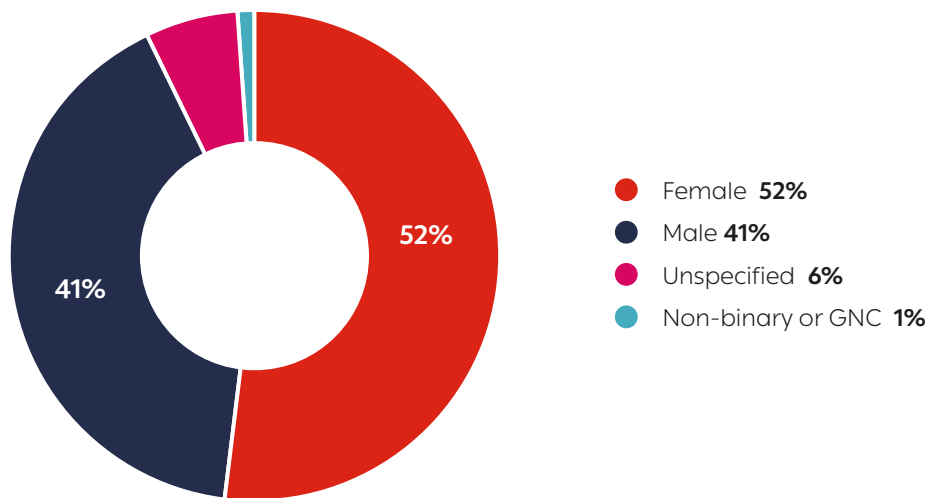


Top 5 countries by participants



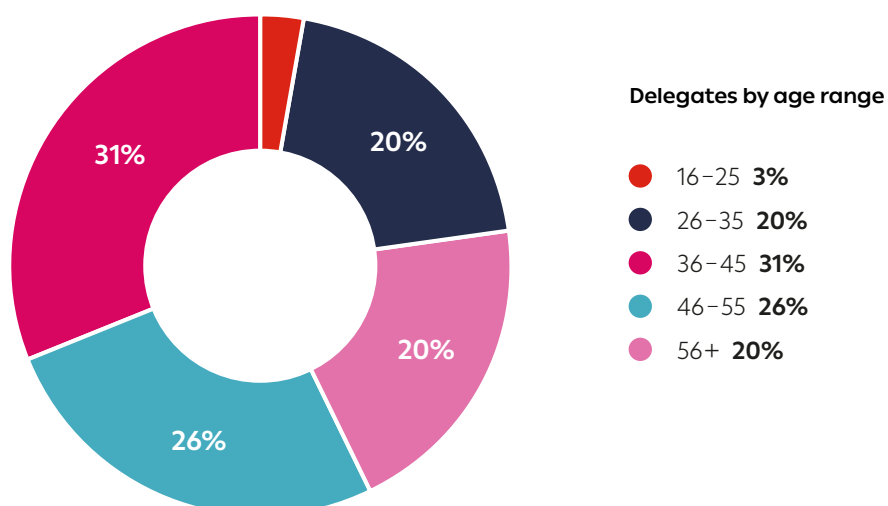
Gender

A majority of participants at HIVR4P 2024 were female (52%); 1% of participants reported that their gender was different from their sex at birth.



Delegates by age range

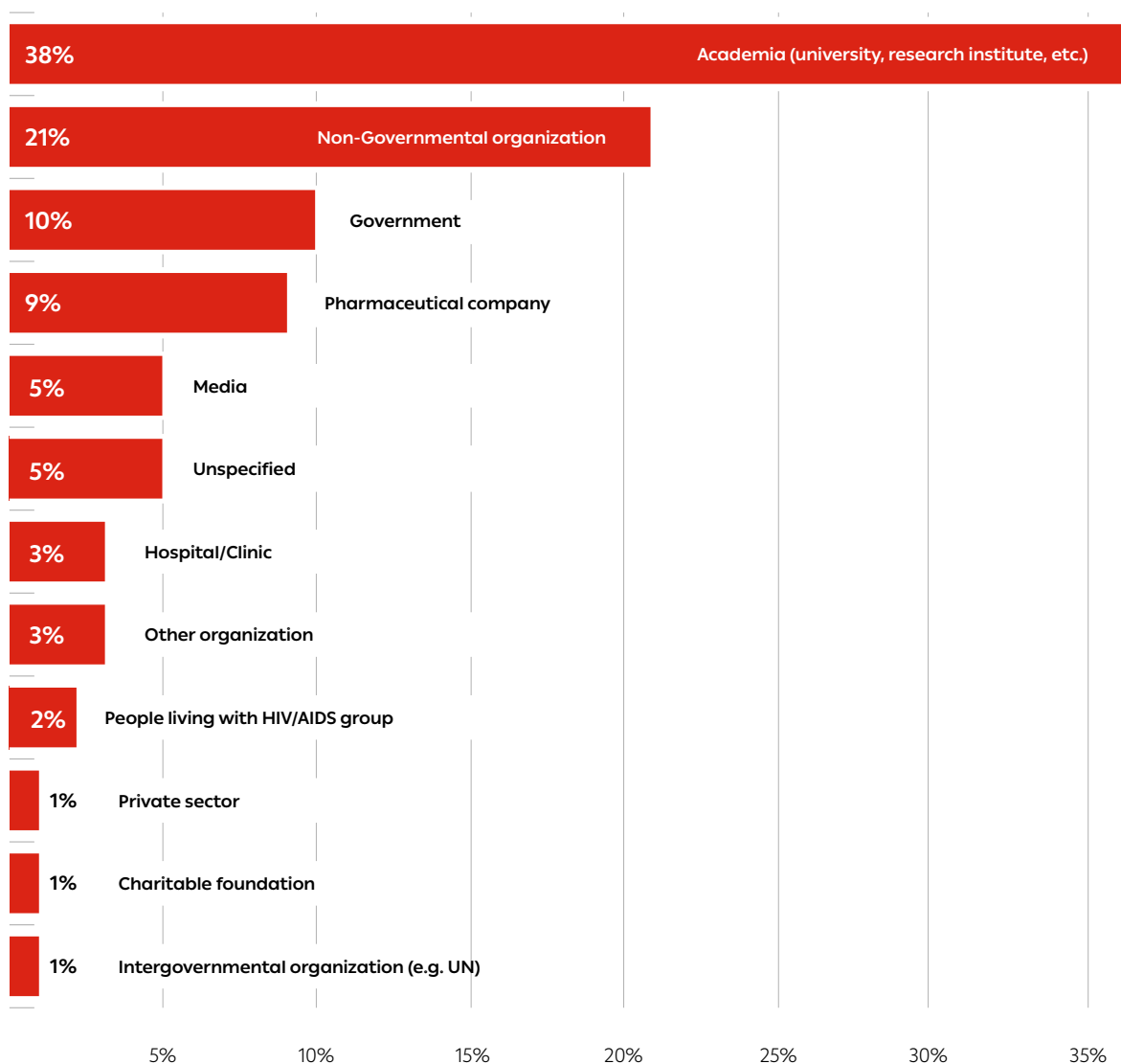
Approximately one in four delegates (23%) were under 36 years.



Affiliations and institutions

Academic institutions were strongly represented at HIVR4P 2024, with 38% of participants from academic institutions. Approximately one in five participants were affiliated to a non-governmental organization and 10% of participants worked in government.

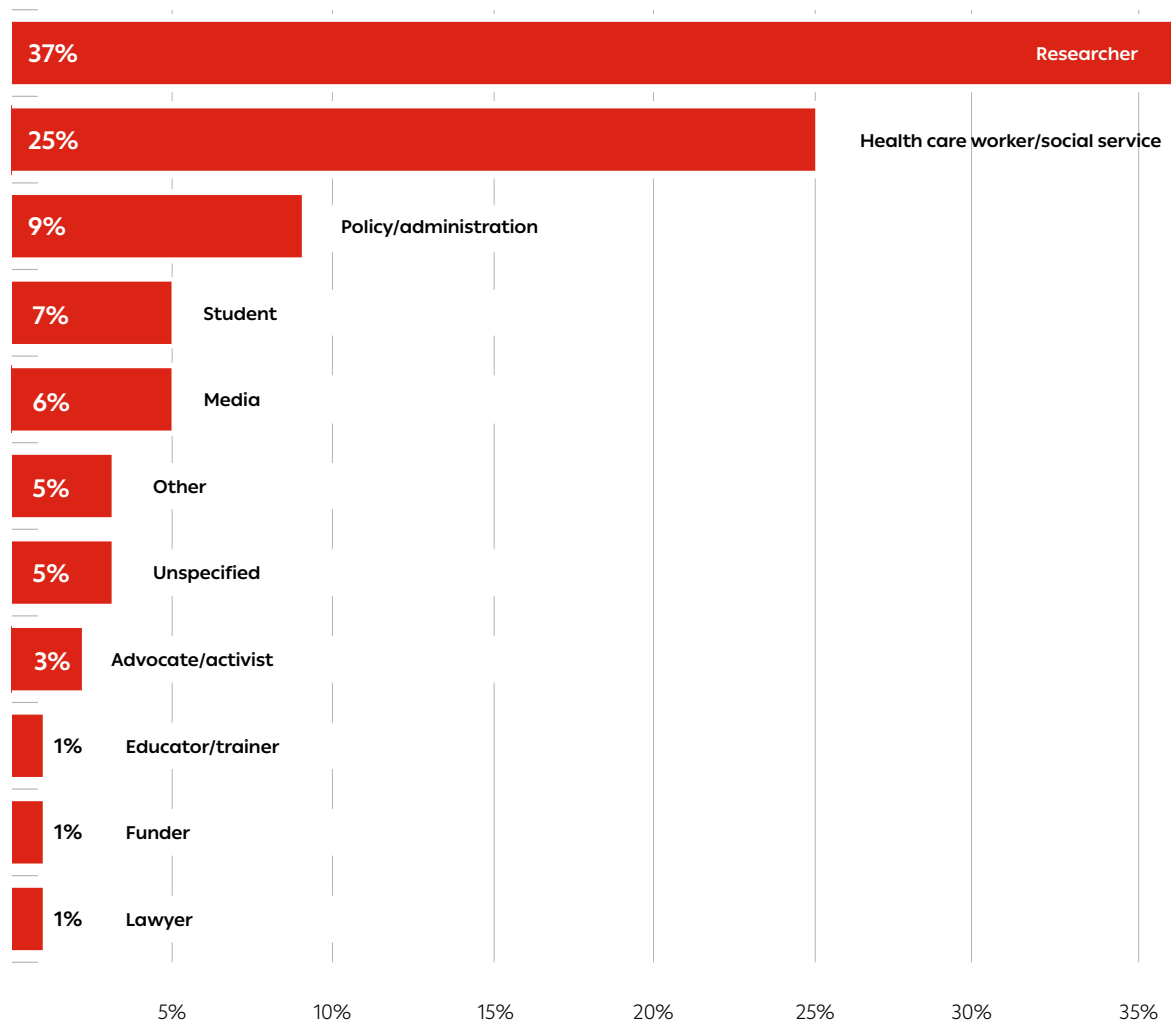
Organizational affiliation



Occupations

HIVR4P 2024 participants were most commonly researchers (37%), healthcare workers or social service providers (25%) or worked in policy or administration (25%).

Occupation



Scholarships

HIVR4P 2024 awarded 203 scholarships to participants from 46 countries.

The 2024 cohort reflected the diversity of global HIV prevention research: 32.5% of recipients were researchers; 22% were healthcare workers or social service providers; 20% were students, in particular, postdoctoral and postgraduate; and 6.5% were activists or advocates.

Scholarship recipients spanned a wide range of ages: 39% were 26-35 years; 37% were 36-45; 12% were 46-55; 7% were 18-25; and 4% were 55 years or older.

We also had a mix of genders: 53% were female; 41% were male; 3% were non-binary or gender non-conforming; and 3% had a different gender at birth.

Our scholarships reached people across the globe: 48% were awarded to people from central, eastern, southern and western Africa (South Africa, Kenya, Uganda were the top three countries); 20% went to people from North America; 14% went to people from Latin America; and 9% of recipients were from South and Southeast Asia.

The following candidates were given priority:

- Abstract presenters whose submissions were selected for the conference
- Applicants from low-income and middle-income countries
- Applicants who are part of key populations or people living with HIV
- Young people and early-career researchers below the age of 35
- Applicants who did not previously receive a scholarship for an HIV Research for Prevention Conference



How was it covered?



A total of 75 news stories mentioned HIVR4P 2024. These included:

- 35 stories covering studies featured in our official press conference
- 34 stories mentioning the PURPOSE 2 trial results
- 24 stories written by our Journalist Fellows



Some examples of the news coverage:

- Lenacapavir was covered in [Healio](#), [DNA](#), [i-base](#), [Star Observer](#), [AllAfrica](#), [Positively Aware](#), [VIH.org](#) and [Queerty](#). Access to long-acting PrEP was covered in [AXIOS](#).
- Several outlets covered ViiV's announcement at the conference that the company aims to triple access to long-acting cabotegravir for PrEP in low- and middle-income countries. Outlets included [POZ](#), [CRTV in Cameroon](#) and [BioPharma Dive](#).
- The three-month vaginal ring, presented at the official press conference, featured in [Healio](#) and [Citizen News Service](#).

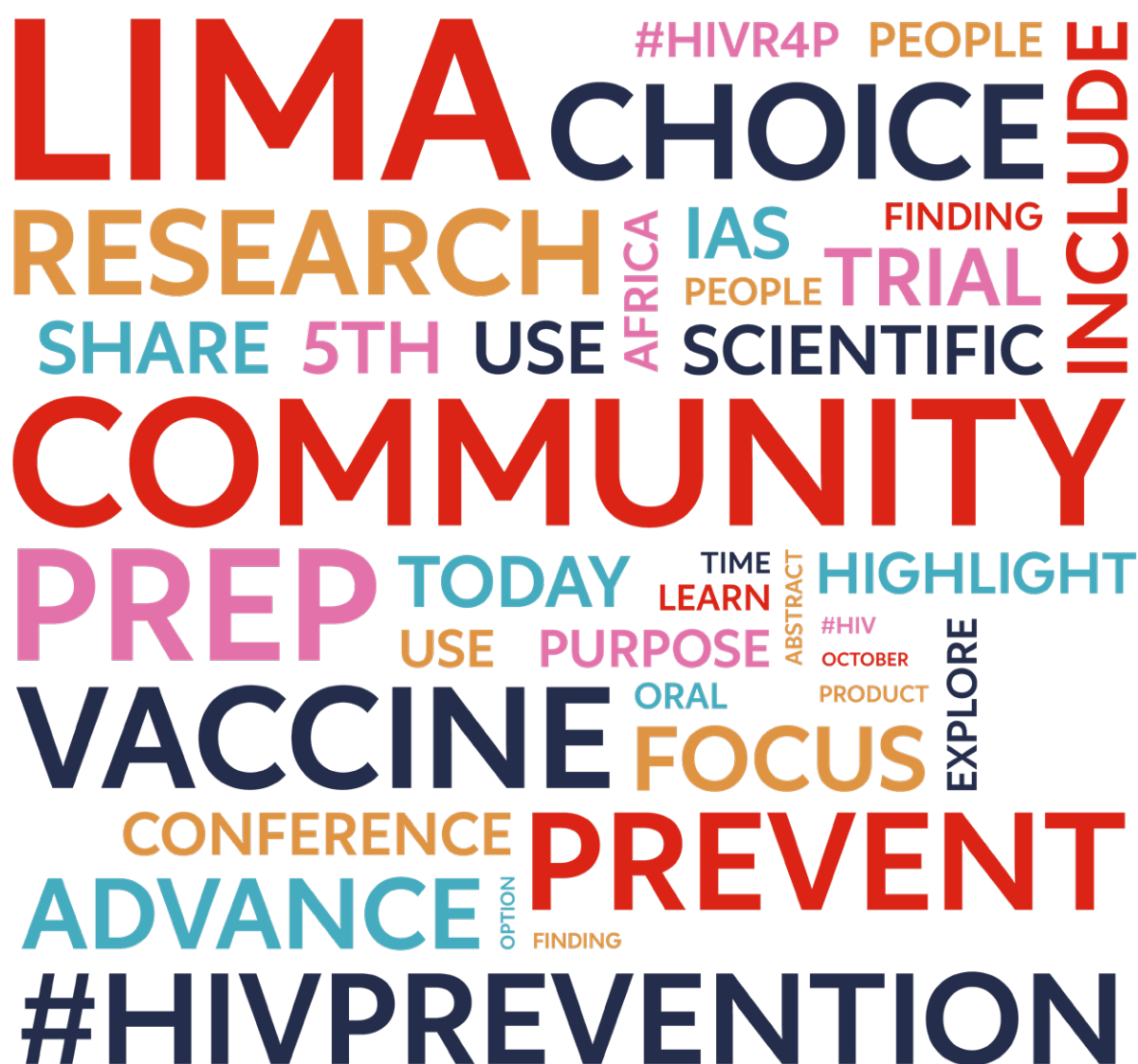
Journalist Fellowship Programme

The IAS sponsored a cohort of 21 Journalist Fellows from around the world to attend and report from HIVR4P 2024. With support from AVAC, the programme involved a 1.5-day training before the main conference began and daily briefings throughout the conference. It featured expert speakers, including National Institute of Allergy and Infectious Diseases Director Jeanne Marrazzo and IAS Immediate Past President Sharon Lewin. Stories from the Journalist Fellows, AVAC and Family Planning News Network (a community news organization) made up nearly half (49%) of all conference coverage.

Social media

Various people made over 800 posts across social sites mentioning HIVR4P, reaching more than 4 million people – over 1 million more social views than for HIVR4P 2021.

Most common words and phrases used on social media about the conference were:



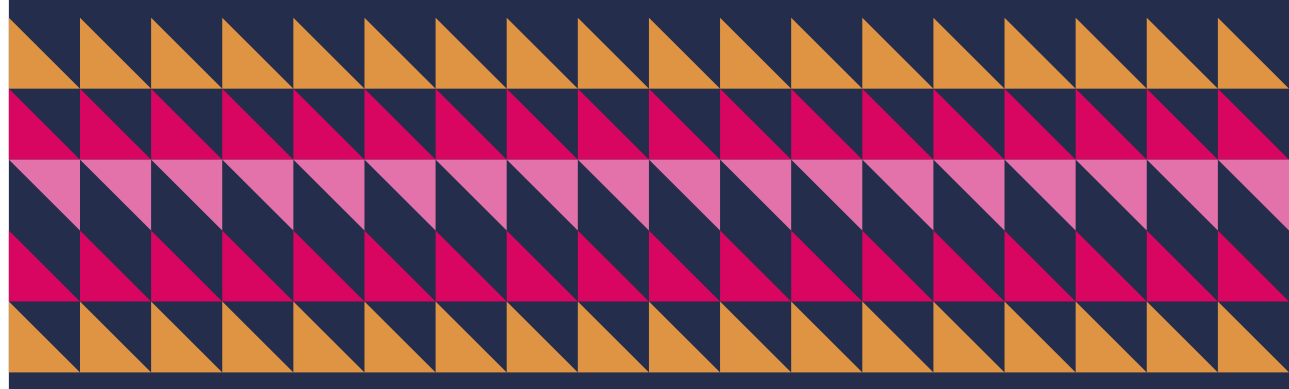
How did it go?



HIVR4P 2024 delegates were invited to participate in an online delegate survey after the conference: 293 responses were received from delegates residing in 60 of the 77 countries represented at the conference, a response rate of 21% (compared with 23% in 2021).

- A total of 53% of survey respondents were female.
- Survey respondents were predominantly aged 26-35 years (26%) or 36-45 years (30%). Just under 40% of respondents were aged 46 or over (20% aged 46-55 years and 17% aged 56 or over); 5% of respondents were under 26 years old; and 8% did not specify an age.
- Just over one in three respondents (35%) identified as a member of at least one key or vulnerable population, most commonly gay and other men who have sex with men (15%) and people living with HIV (12%).
- Most respondents were researchers (41%) or healthcare workers or social service providers (23%); 11% worked in policy or administration; 9% were students; 8% were advocates or activists; and 5% were media representatives.
- About 77% reported that this was their first HIV Research for Prevention Conference and 41% had not attended an IAS HIV Science or International AIDS Conference before.
- Three out of four respondents had been working in the HIV field for at least six years (75%); 21% for 6-10 years, 15% for 11-15 years and 39% for at least 15 years; 5% were newcomers (0-2 years).





- Survey respondents were most commonly from eastern, central, southern and western Africa (32%), North America (29%) and Latin America (20%). Of the remainder, 8% were from western and central Europe, 6% from South and Southeast Asia, 2% from eastern Europe and central Asia, and 1% each came from the Caribbean, East Asia and Oceania.
- Respondents were most likely to identify public health (24%), clinical research (17%) or PrEP (19%) as their primary field of prevention work. Smaller proportions identified vaccines (8%), basic science (10%), social science (7%), treatment as prevention (7%) and microbicides (1%) as their primary field of work. The remainder did not specify a field of prevention work.
- Respondents most often identified PrEP (60%), behavioural and social science (44%), community engagement in HIV prevention research (38%), the epidemiology of HIV (32%), implementation science (30%) and treatment as prevention (28%) as a primary research interest.



What did people gain from HIVR4P 2024?



Insights into the expanding range of PrEP choices and how to implement them

Delegates attending HIVR4P 2024 were more likely to say that they learnt a lot about PrEP than any other subject; 64% said they learned a lot about PrEP; and 28% said they had acquired some knowledge about PrEP by attending the conference.

Three symposia sessions during the conference examined the pipeline of antiretroviral prevention products, the implementation of PrEP options in various populations and the social determinants of PrEP uptake and outcomes. Nine of the 26 oral abstract sessions featured new research on PrEP. Delegates learnt about implants, microarray patches, rectal douches and vaginal inserts for the delivery of antiretroviral prevention products, as well as target product profiles that address user needs, to help focus research and development.

Comments from survey respondents made it clear that delegates valued the insights they gained into the expanding range of PrEP choices, and many offered reflections on what the broadening array of options would mean for the implementation of PrEP in various settings. Delegates drew attention to the changing needs for PrEP products over time and the importance of marketing the range of available prevention products to enable a genuine choice of methods ¹.



"[There was an] important differentiation between having prevention options available vs the choices people have in real-world settings to suit their individual preferences and needs."

Survey respondent

"At the HIV Research for Prevention Conference, I noticed a strong emphasis on giving women more choices in HIV prevention. One of the exciting developments discussed was the new three-month dapivirine ring. This kind of long-acting, easy-to-use option is really important because it can fit into different lifestyles and preferences."

Survey respondent

¹ Quotes may have been lightly edited for clarity and style.

"I feel although we are giving our young women options of choice, we still have a great deal of work to do to improve the uptake of these products. There is still a knowledge deficiency in our communities and lack of understanding of how these approaches work and what will work best for them. As we move forward with the development of these approaches, how can we best market them to make them more appealing for use?"

Survey respondent



"PrEP choice counselling gives the user the opportunity to decide on a product they feel most comfortable with."

Survey respondent

"Choice is everything, and different individuals/communities will make different choices over time. The success of HIV prevention will forever be bound to the extent to which sufficient relevant choice is offered to populations in a way that speaks to their requirements in their health and life choices more broadly. Community-led and pleasure-based approaches are key in this."

Survey respondent

Putting pleasure at the heart of HIV prevention

Many survey respondents reflected on the role of pleasure in the marketing and use of HIV prevention technologies. A plenary presentation encouraged delegates to consider how the uptake of new HIV prevention technologies could be promoted by emphasizing enhanced sexual pleasure and intimacy over disease prevention ². The presentation highlighted a systematic review and meta-analysis, which found that in eight controlled studies of interventions that incorporated pleasure-related messages and reported changes in condom use as an outcome, incorporating pleasure significantly increased condom use ³.

Delegates frequently cited the messages of this plenary presentation in their take-home messages from the conference and reflected on how they would incorporate sexual pleasure into their interventions and research to motivate uptake and understand more about desirable product characteristics.

"If we had not silenced or ignored pleasure in our interventions since the beginning of the HIV epidemic, we would have saved many more lives. Pleasure is not the icing on the cake or something frivolous, but it should be an essential part of interventions that should be implemented from now."

Ann Philpott ⁴

"We need to focus messages on pleasure, not fear."

Survey respondent

"I plan to teach my team to incorporate pleasure as a motivator for prevention uptake."

Survey respondent

"[My take-home message is] include the focus on pleasure in actions to promote sexual health and the prevention of HIV and other STIs!"

Survey respondent

² A Philpott. Putting pleasure into prevention. Plenary presentation PL0103. HIVR4P 2024.

³ M Zaneva. What is the added value of incorporating pleasure in sexual health interventions? A systematic review and meta-analysis. PLoS ONE, 17(2): e0261034. <https://doi.org/10.1371/journal.pone.0261034>

⁴ A Philpott. Putting pleasure into prevention. Plenary presentation PL0103. HIVR4P 2024.

Access

A total of 52% of survey respondents said they learnt a lot about access to prevention interventions and services at HIVR4P 2024; this was the second most frequently cited topic. Altogether, 87% of survey respondents said they acquired new knowledge about access to prevention interventions and services during the conference.

Delegates identified a plenary presentation on how to achieve more equitable access to new prevention products as a highlight ⁵ and also emphasized the importance of advocacy for access to all prevention products.

"Our scientific efforts to stop HIV will be wasted if our new technologies are not rolled out to community in an equitable manner."

Survey respondent

"Advocacy and finding ways of delivering the different HIV prevention methods to the people who need them is as important as the research. It's useless to discover all these new methods and instead take them back to the shelves after successful clinical trials."

Survey respondent

"The promise of lenacapavir success comes with the call to urgently lobby, to ensure that it would scale rapidly to reach all affected populations affordably and sustainably. Therefore, there is a need to advocate, plan, collaborate and ensure all logistical arrangements are in place in anticipation of commercial production of lenacapavir. There will be a need to push and ensure that Gilead employs a fair costing, production, supply and distribution mechanism model so that lenacapavir will benefit the populations who participated in its trial and be affordably accessible to people in middle to low-income countries."

Survey respondent



"The innovations in long-acting antiretrovirals and injectable PrEP and the progress toward an HIV vaccine left me feeling optimistic about the future. It's clear that these cutting-edge tools have the potential to significantly reduce new acquisitions and improve care. What stood out most for me, though, was the need to ensure everyone has access to these advancements – because without equity, even the best technologies can't fully do their job. This conference reaffirmed my commitment to advocating for solutions that leave no one behind in the response to HIV."

Survey respondent

"Access is a fundamental right and for all clinical trials conducted, there must be a promise for access. There is an urgent need to push for PrEP choice and access if we are to get anywhere close to achieving the 2030 global goals [to end the HIV pandemic]."

Survey respondent

"Talking to people at the conference, I heard a lot about the frustration middle-income countries have about being left out of special pricing deals and other external support. They feel that they are the ones most likely to be able to make really good progress, but they are frustrated because all of the support goes to areas of the greatest need where large amounts of support may result in only modest gains."

Survey respondent



Community engagement is critical to HIV prevention research and implementation

Around one in six survey respondents cited community engagement and involvement in HIV prevention research or implementation as a take-home message from HIVR4P 2024, and 37% of survey respondents said that attending the conference would improve their ability to engage communities living with or affected by HIV in their work.

An oral abstract session explored innovative strategies for increasing PrEP uptake through community engagement, addressing stigma, improving scientific literacy and co-designing interventions with local populations. Six satellite meetings before the conference also examined the role of communities in research and implementation.

"For HIV products to be acceptable, continuous community engagement, empowerment and involvement in product development is key."

Survey respondent

"The need for early and significant community involvement in clinical trials and research projects was a recurrent subject during the meeting. To make sure that interventions are applicable, easily available and successfully carried out, communities and researchers must work together."

Survey respondent

"My key takeaway from HIVR4P 2024 is the crucial role of innovation and community-led approaches in advancing HIV prevention, particularly for marginalized populations, such as men who have sex with men and male sex workers. The conference emphasized the importance of scaling up interventions like HIV self-testing, PrEP and differentiated service delivery models, highlighting how these strategies can enhance accessibility and reduce stigma."

Survey respondent

Will it make a difference?

A total of 98% of participants reported that they would take at least one action in their work as a result of attending HIVR4P 2024. Most commonly, participants expected to share information gained at HIVR4P 2024 with colleagues, peers and partners (66%) and to use new knowledge to contribute to HIV science (69%).



After attending HIVR4P 2024, 56% of survey respondents said they planned to identify opportunities for new cross-disciplinary partnerships for prevention research, while 43% anticipated that attending the conference would enable them to strengthen existing cross-disciplinary collaborations for prevention research.

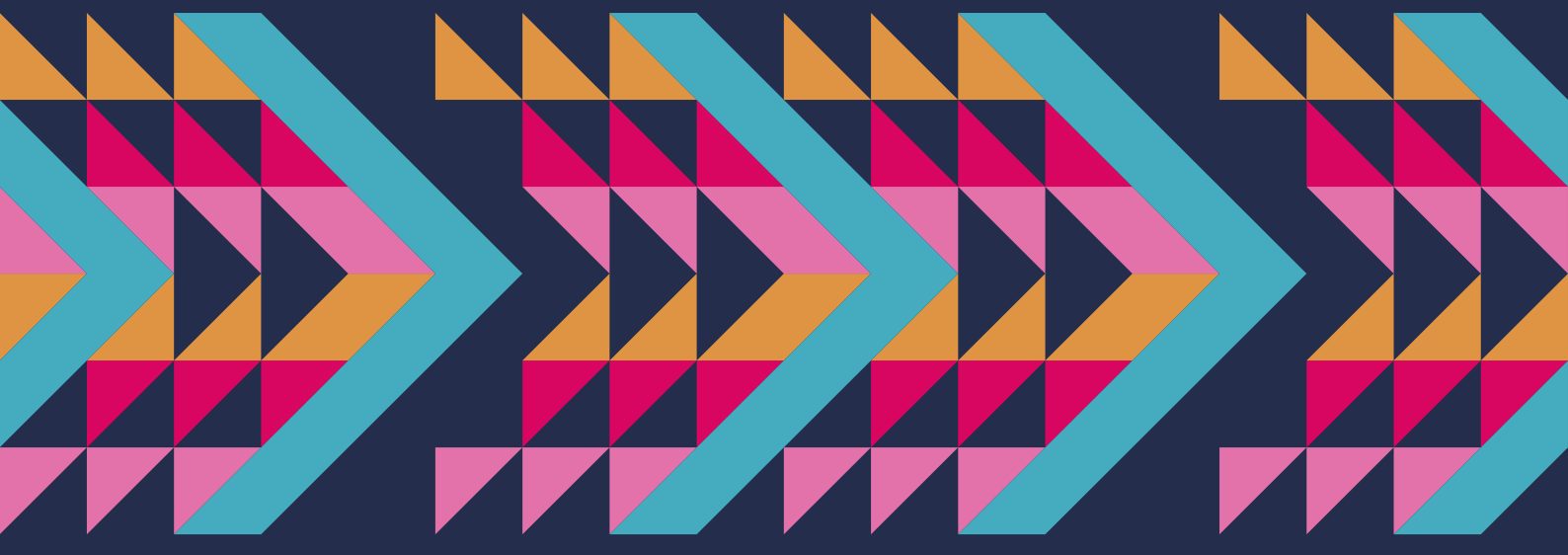
One-third (33%) of survey respondents planned to seek further training or education as a result of attending HIVR4P 2024; 47% expected to adapt their practices to the latest evidence; and 45% planned to refine or improve existing work, research practice or research methodologies. A total of 56% of respondents expected that attending the conference would improve their ability to engage in the HIV response.

Impact on policy and programming

As a result of attending HIVR4P 2024, 15% of delegates expected to develop policy that addresses programme implementation needs, while 28% anticipated that attending HIVR4P 2024 would strengthen their advocacy or policy work. Some 39% of survey respondents expected to initiate a new project, activity or research or scale up existing projects or programmes, while 37% said that HIVR4P 2024 would enable them to improve their ability to engage communities living with or affected by HIV in their work.

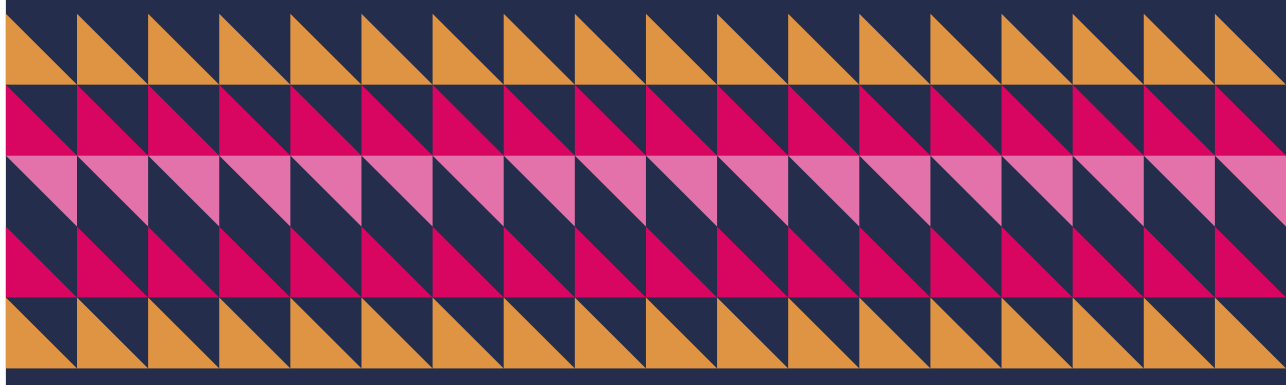


Did the conference achieve its objectives?



Objective 1:

Convene world experts across the broad range of scientific disciplines within HIV prevention and related fields, including representation of key and affected populations in the HIV response to advance scientific knowledge, present new research findings, and enhance global scientific and community collaborations.



HIVR4P 2024 achieved its objective of convening world experts across the broad range of scientific disciplines. The conference met or exceeded targets for participation of researchers (36% of participants), programme implementers (26% of participants) and key and priority populations (38% of participants). The conference awarded 203 scholarships, including 44 in-person scholarships to programme implementers, 13 in-person scholarships to advocates and 42 in-person scholarships to people living with HIV. Overall, 32% of scholarships were awarded to researchers.

"As a wet lab researcher, [I appreciated that] HIVR4P 2024 provided invaluable insights into novel biological concepts related to HIV prevention, particularly the roles of vaginal and penile microbiota ... This conference has ignited new ideas and collaborations that are essential for advancing our understanding and efforts in this vital field."

Survey respondent



Objective 2:

Ensure that the latest information on new HIV prevention technologies is disseminated, and advocate for accessibility and availability to meet the needs and preferences of the most vulnerable people.

A total of 86% of delegate survey respondents agreed that this objective had been met. About 85% of delegates agreed that their knowledge of potential pathways to dramatically reduce numbers of new HIV acquisitions in different epidemiological contexts had increased, while 87% agreed that their knowledge of structural aspects of prevention, such as stigma and challenges in the delivery of novel technologies, including long-acting and multi-purpose technologies, had increased. Some 86% agreed that their knowledge of integrating HIV prevention agendas across disease and risk areas, co-morbidities and related fields of health, including sexual and reproductive health, had increased.



"We need more focus on STIs, along with HIV, and more focus on MPTs."

Survey respondent

"We have many possibilities to help reduce new acquisitions. We need to transfer all this evidence to the governments and decision makers."

Survey respondent

"The meeting was very informative. The main message for me was integration of different prevention approaches – PrEP, PEP, education, vaccine research – for us to maximize output."

Survey respondent

"My biggest take home was the barriers/stigma that exist for HIV care and PrEP and the need to integrate ART and PrEP with general healthcare. Also, the language we use as a scientific community and how that impacts these barriers."

Survey respondent





"There is a massive lack of access to prevention drugs throughout an alarming number of countries across most communities, even the ones which are technically deemed most in need. Even if we develop an effective vaccine, [truly ending the HIV pandemic] will require an approach incorporating both PrEP and vaccines, as well as a shifting of global priorities so that HIV can become the new polio and a thing of the past. This will require far more than what is currently being done around the world."

Survey respondent

"We need to work harder to get PrEP to the communities that need it the most."

Survey respondent

"There are more options for HIV prevention, but the structural and behavioural challenges make the implementation and scale up difficult."

Survey respondent

Objective 3:

Refine and improve HIV prevention research and development agendas to reflect knowledge gaps, opportunities and implementation of modalities that are currently available, such as PrEP, PEP, multi-purpose technologies, bNABs and other prevention options, including delivery systems and formulations.

Overall, 92% of survey respondents agreed that this objective had been met. About 90% of delegates agreed that their knowledge on the latest research findings on HIV vaccines, bNABs and other immune-based prevention modalities had increased, and 94% agreed that their knowledge in relation to available biomedical prevention methods, such as PrEP, PEP, bNABs, multi-purpose technologies and the use of antiretroviral drugs for prevention, had increased.

"At HIVR4P 2024, the exploration of novel vaccine strategies in non-human primates and the testing of broadly neutralizing antibodies as therapeutic agents in conjunction with antiretroviral therapy were significant highlights. These approaches represent promising advancements toward functional cures and improved HIV prevention."

Survey respondent



Objective 4:

Explore new approaches and innovation for immune-based prevention, from basic science to vaccine clinical trials.

In total, 83% of survey respondents confirmed that this objective had been met, agreeing that their knowledge on innovative approaches to HIV vaccine studies, including the incorporation of non-vaccine interventions, had increased.

"The HIV vaccine field requires more time to deliberate on the way forward with potential vaccine strategies like bNAbs and how immunogens can be made to tailor the antibody response as in HVTN 301 and HVTN 302. Going back to look into the innate immune response at early time points in vaccination, looking at cell types like neutrophils and also looking into systems immunology give us insights that we must not ignore in order to optimize an immune response with efficacy and durability to HIV."

Survey respondent

"We need to work further on HIV vaccine science and bNAbs because so far, the ones we have developed are not satisfactorily efficacious. We must invest in the new promising vaccine and bNAb candidates."

Survey respondent

"Several presentations discussed the use of novel HIV vaccines in non-human primate models, aiming to elicit strong and durable immune responses. These preclinical trials provide critical data that guide human trials, especially focusing on inducing T-cell and antibody responses that can prevent viral replication and progression. The vaccine strategies often involve innovative platforms, such as mRNA technology or viral vectors, designed to boost the immune system's ability to recognize and fight the virus."

Survey respondent

How can we do better next time?



More participatory session formats

Delegates asked for more time to ask questions during oral abstract sessions, as well as opportunities for plenary discussions. They also asked for more sessions with interactive formats that promote discussion. Some delegates suggested that pre-conference workshops could provide opportunities for delegates to acquire new research skills or share learning on regional or population-specific implementation challenges.

Networking spaces

To support the development of collaborative research, delegates asked for more informal networking opportunities, including seating arrangements in common areas outside the session rooms to foster more discussions and collaborative engagements. They also suggested that thematic networking spaces be used to promote contacts between researchers, implementers and community advocates with common interests.



An enhanced poster exhibition

Delegates asked that future HIVR4P conferences try to make the poster exhibition easily accessible, ideally on the same level of the conference venue as sessions. Some delegates would prefer to see poster sessions take place in the middle of the day, during the lunch break, rather than in the evening to promote attendance.

Meaningful regional focus

If IAS conferences are rotating between regions, how can future HIVR4P conferences enable meaningful regional involvement and promote a focus on the specific prevention needs and challenges of the host region? Delegates at HIVR4P 2024 would like to have seen a greater representation of community advocates and researchers from Latin America and a greater representation of Latin American research and regional context in the programme. As well as greater representation of the host region at future conferences, they suggested sessions that addressed the gaps in prevention research and research infrastructure in the region and the policy barriers to effective implementation in the region. Delegates also suggested that meaningful regional involvement would be enhanced by AI interpretation that offered translation into English, allowing researchers from the host region to present their research in their own language.

