



THE AIDS INSTITUTE
An Analysis of NIMH
HIV/AIDS Prevention
Research Funding

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HIV Behavioral Research

- 56,300 new infections each year
- HIV is transmitted primarily through people's behaviors
 - unprotected sex
 - injection drug use
- Understanding behavior and how it can be changed through behavioral interventions are important parts of HIV prevention

HIV Behavioral Research

- CDC primary federal agency charged in implementing HIV prevention
 - Small budget for research
- The National Institutes of Health (NIH) is charged with conducting research
 - The National Institute of Mental Health (NIMH) conducts research on behavioral interventions

HIV Behavioral Research

- Behavioral intervention research should match those most at risk for HIV/AIDS.

“While anyone can become infected with HIV, some Americans are at greater risk than others. This includes gay and bisexual men of all races and ethnicities, Black men and women, Latinos and Latinas, people struggling with addiction, including injection drug users”

– National HIV/AIDS Strategy

DOES NIMH HIV PREVENTION RESEARCH MATCH THE EPIDEMIC?

Methods For Research

- Data was collected from NIMH project abstracts on the U.S. Health and Human Services' Research Portfolio Online Tools website.
- Each project was categorized as being global or domestic, and the domestic projects were subdivided into prevention focused (including testing), treatment (mostly adherence) and neurological related.

NIMH Funding

- \$131 million and 176 grants on HIV and AIDS related research in FY09, including from the American Recovery and Reinvestment Act (ARRA)
 - International Projects - \$40.8 million (31%)
 - Neurological Research - \$36.8 million (28%)
 - Domestic Non-Neurological Projects - \$53.3 million (40.7%)

Domestic Non Neurological Projects

- Focused on both Care and Treatment and Prevention
 - Prevention - \$36.8 million (28.12%)
 - Care and Treatment - \$16.5 million (12.61%)

Methods For Research

- Each of the behavioral prevention HIV and AIDS related projects were categorized based on the populations they specifically served.
- Categories included:
 - Straight Men, Men, Women, Children/Adolescents, African Americans, Hispanic/Latino, Caucasian, Asian and Pacific Islander, Drug Use, Older (50+)
- If a grant was specific to more than one population, it was categorized in all applicable categories.

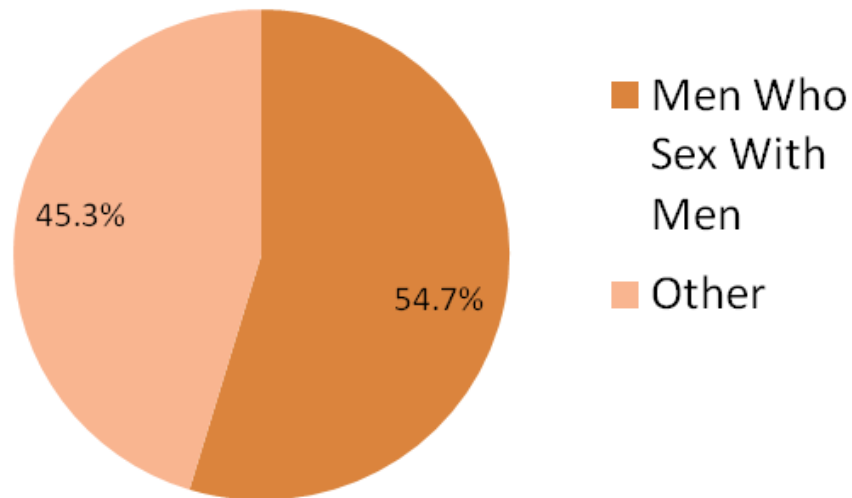
Methods for Research

- Compared funding to the Centers for Disease Control (CDC)'s HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2008. This measures new infections in 2008.
- Since many of the grants serve more than one population and are categorized in multiple places, the statistics can not be directly compared to the CDC surveillance data.
- However, it is important to examine the magnitude of the investment and which populations are given the most emphasis through NIMH's funding.

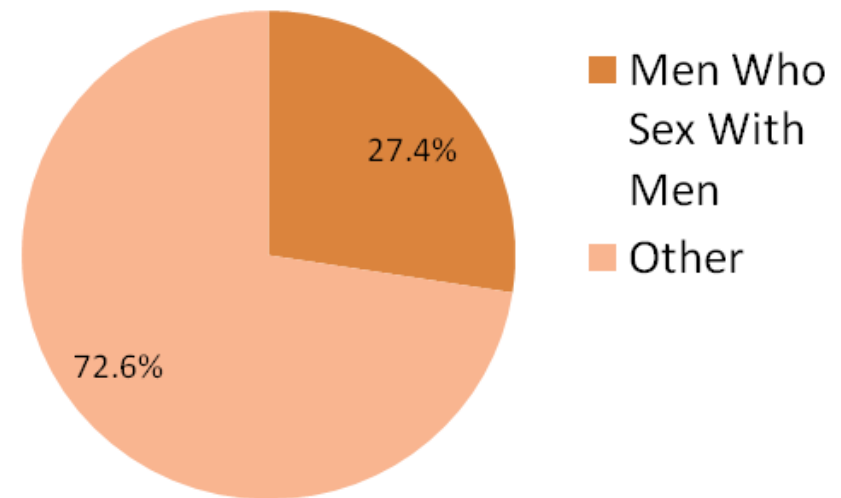
Men Who Have Sex With Men

- 54.7% of new infections were transmitted through male-to-male sexual contact.
- 27.4% of prevention funds at the NIMH are invested in MSM research.
- 30 grants

Epidemic



NIMH Funding



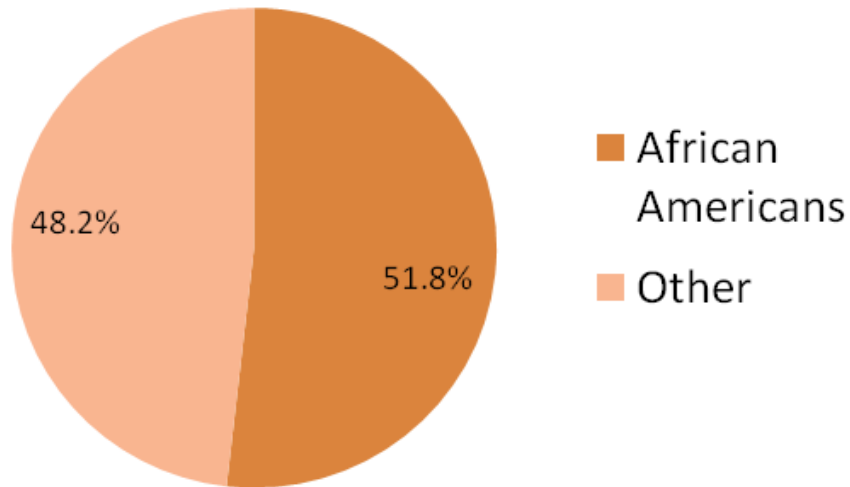
Men Who Have Sex With Men

- 30 grants total
 - 20 non-race specific
 - 1 all racial minorities
 - 1 African Americans and Latinos
 - 1 African Americans and Caucasians
 - 7 African Americans

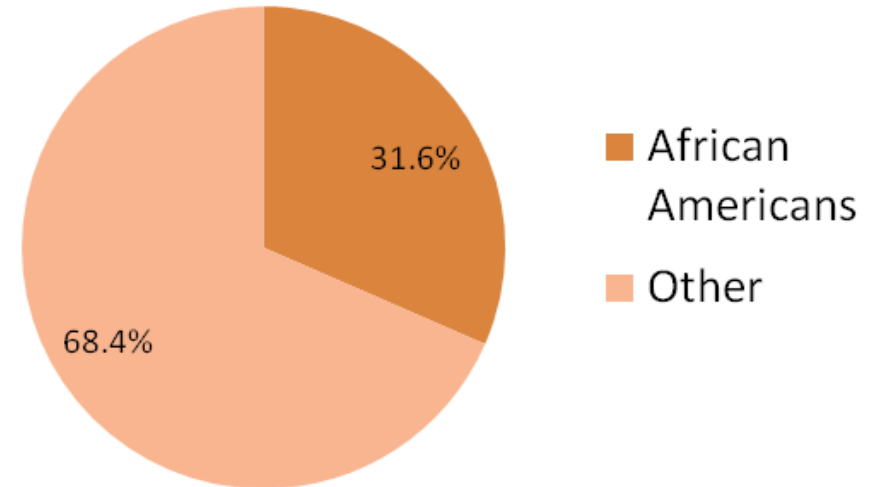
African Americans

- 51.8% of new infections
- 31.6% funding
- 45 grants

Epidemic



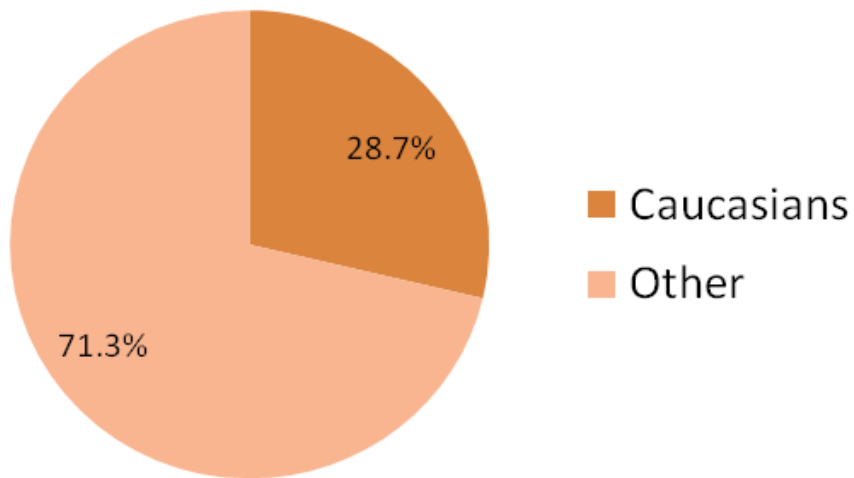
NIMH Funding



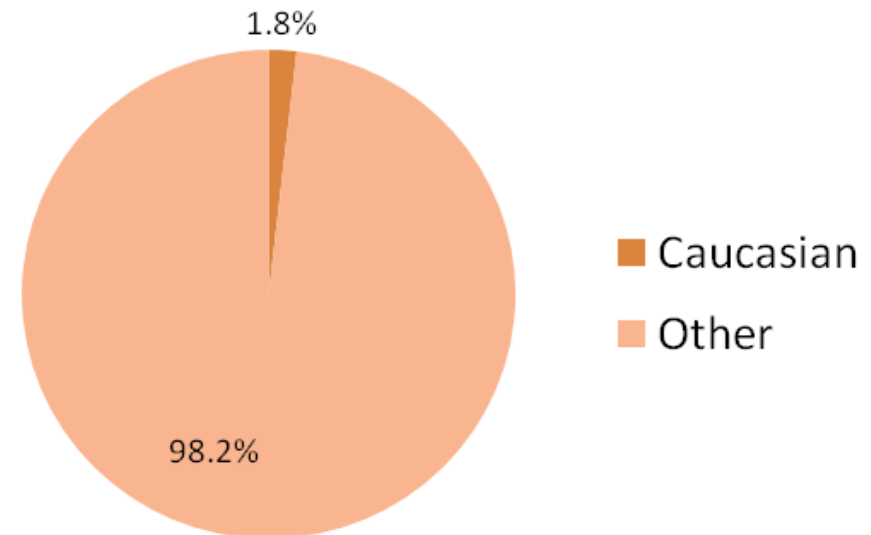
Caucasians

- 28.7% of new infections
- 1.8% of funding
- One grant

Epidemic



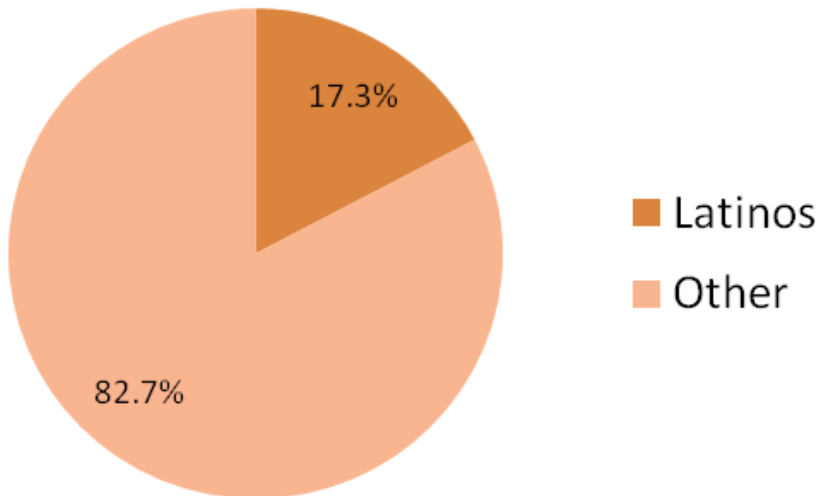
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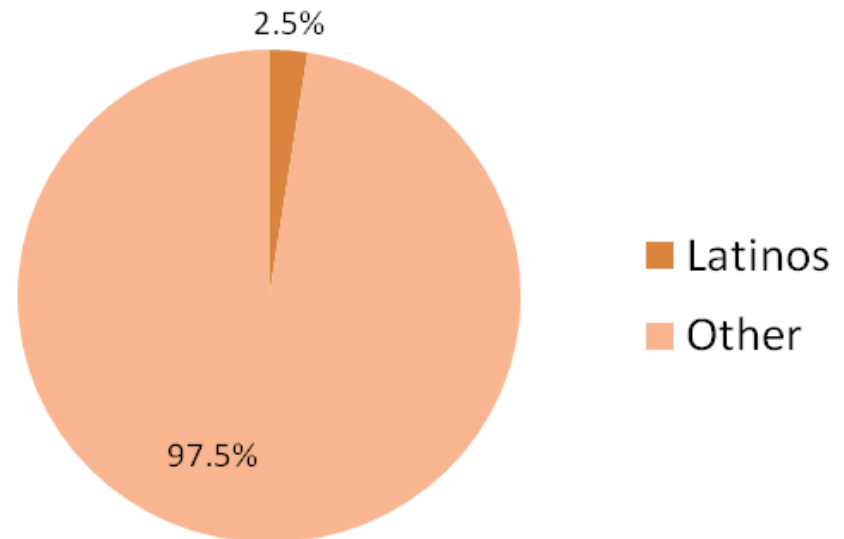
Latinos

- 17.3% of new infections
- 2.5% of funding
- 5 grants

Epidemic



NIMH Funding



Gender

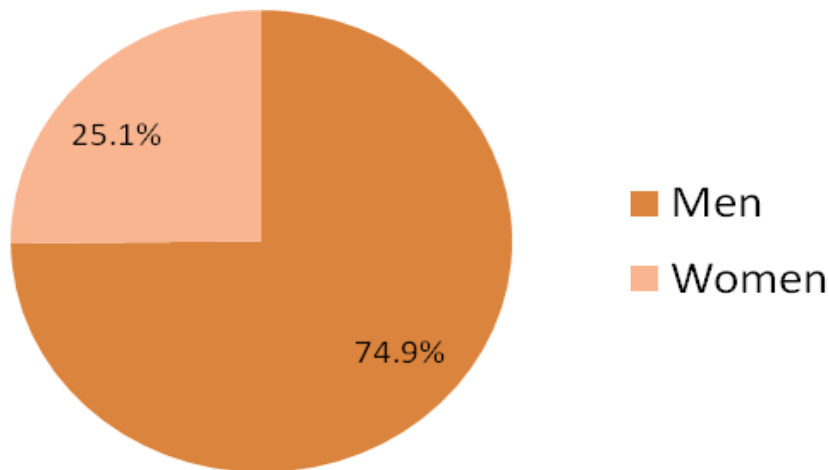
- Men

- 74.9% of new infections
- 30% of funding
- 40 grants

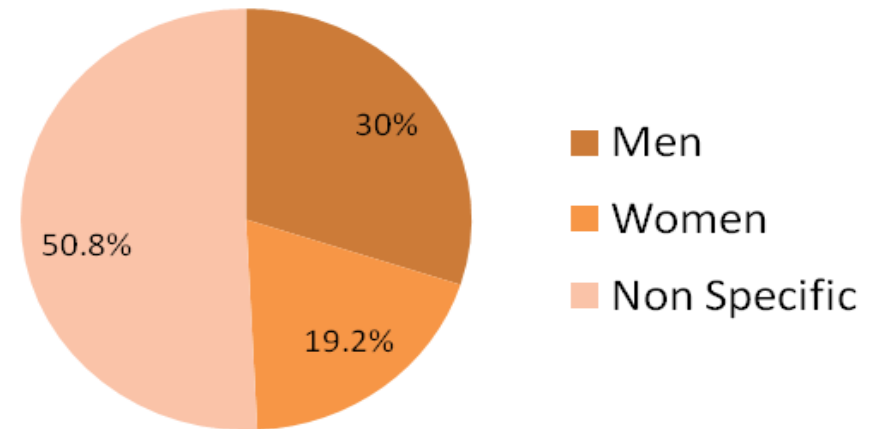
- Women

- 25.8% of new infections
- 19.2% of funding
- 35 grants

Epidemic



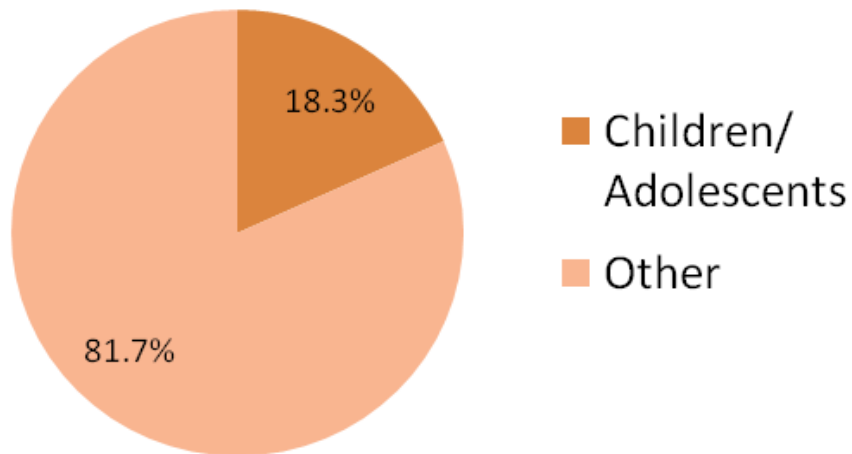
NIMH Funding



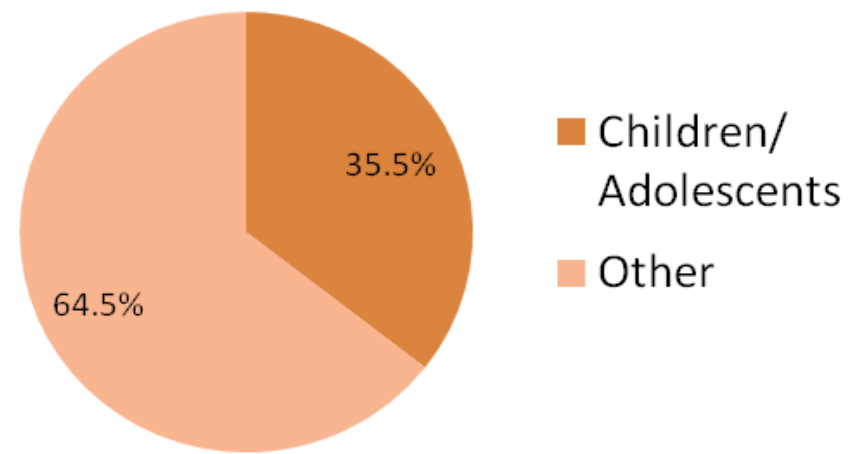
Children and Adolescents

- 18.3% of new infections
- 35.5% of funding
- 53 grants

Epidemic



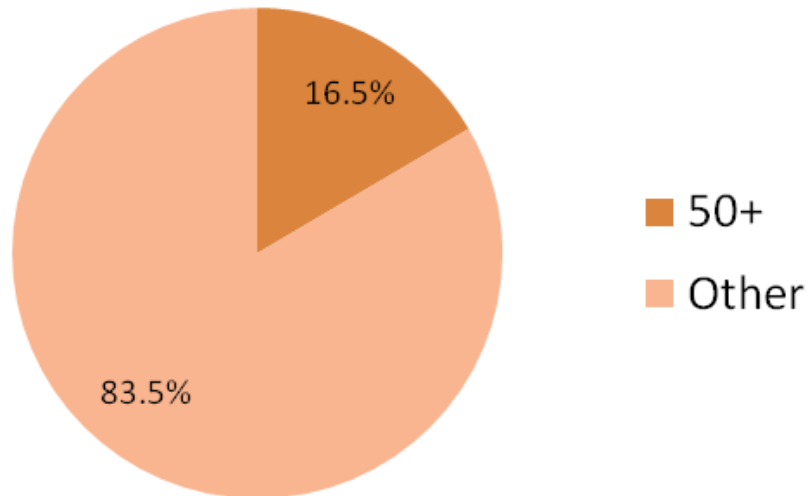
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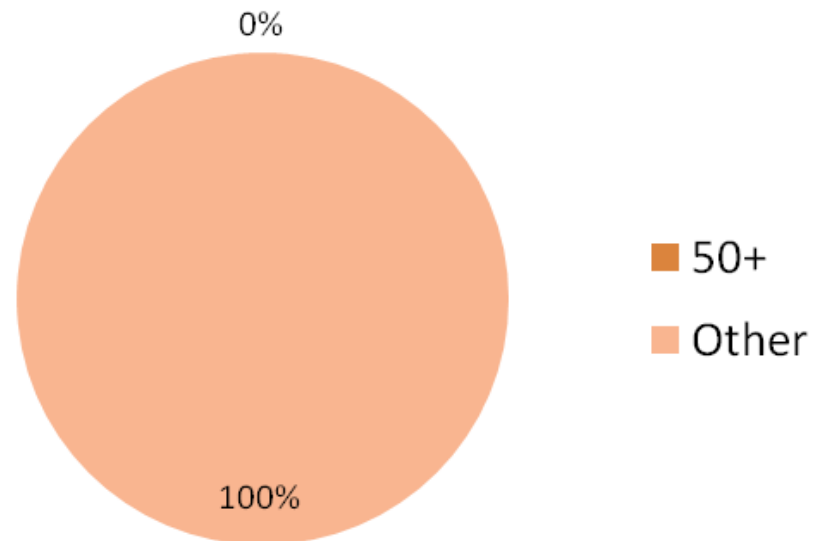
Older (50+)

- 16.8% of new infections
- No funding allocated

Epidemic



NIMH Funding

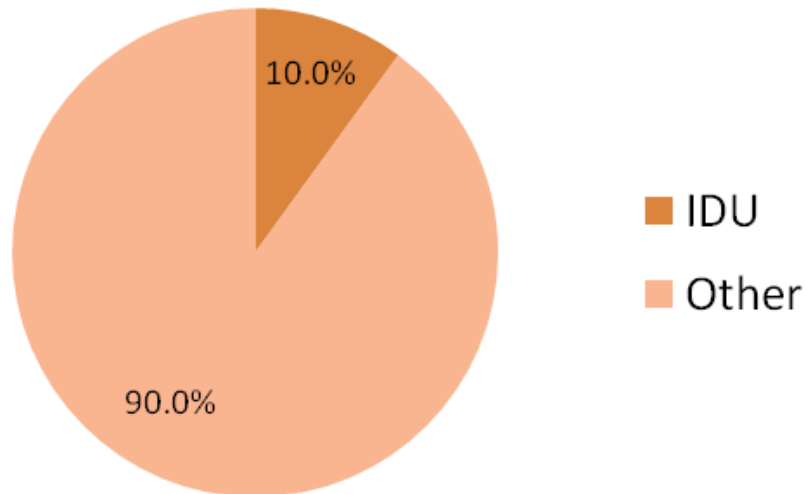


Drug Use

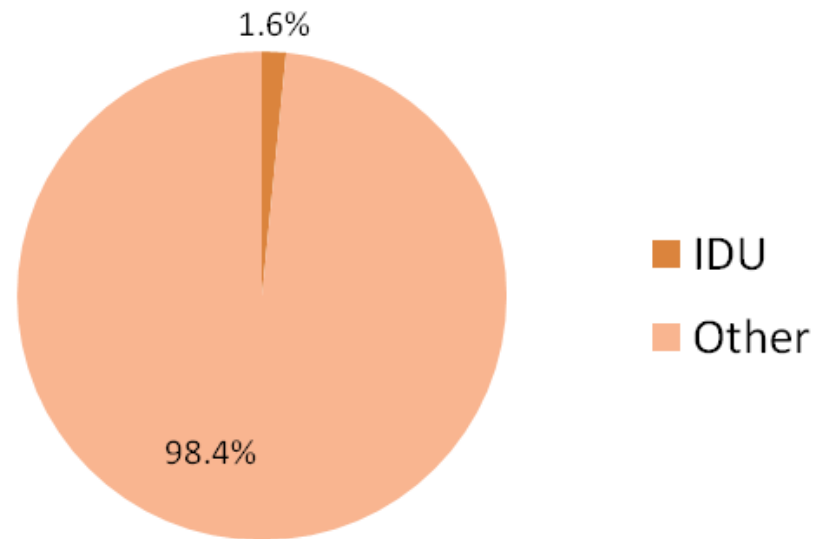
- 10% of new infections
- 1.6% of funding
- 2 grants

Note: The NIH National Institute of Drug Abuse conducts extensive research on HIV/AIDS and IDUs and this may explain why the NIMH investment is low

Epidemic



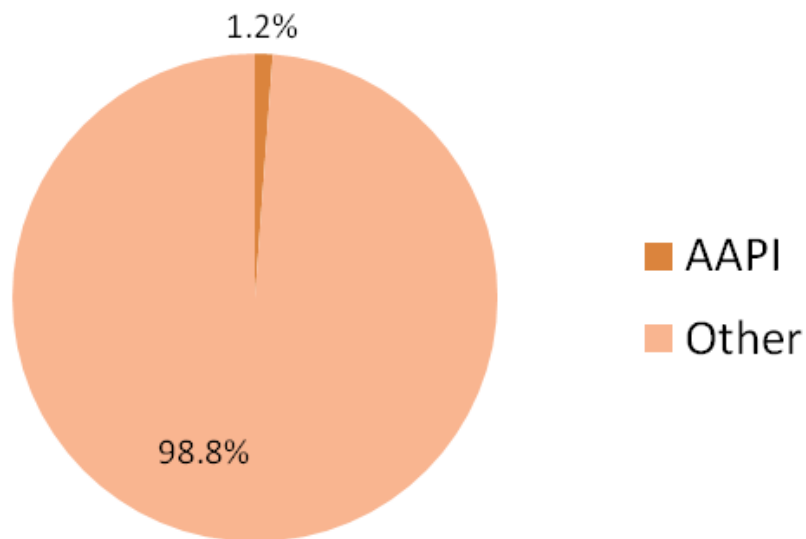
NIMH Funding



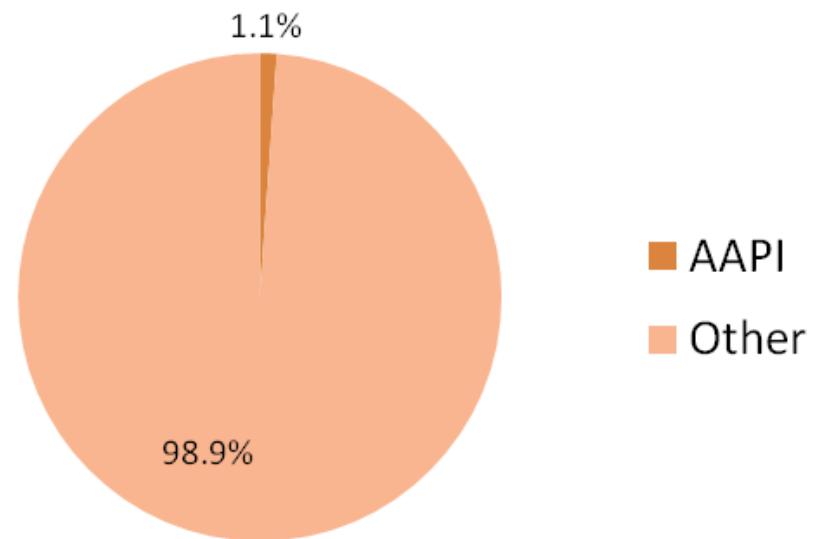
Asian American/Pacific Islanders

- 1.2% of new infections
- 1.1% of funding
- 2 grants

Epidemic



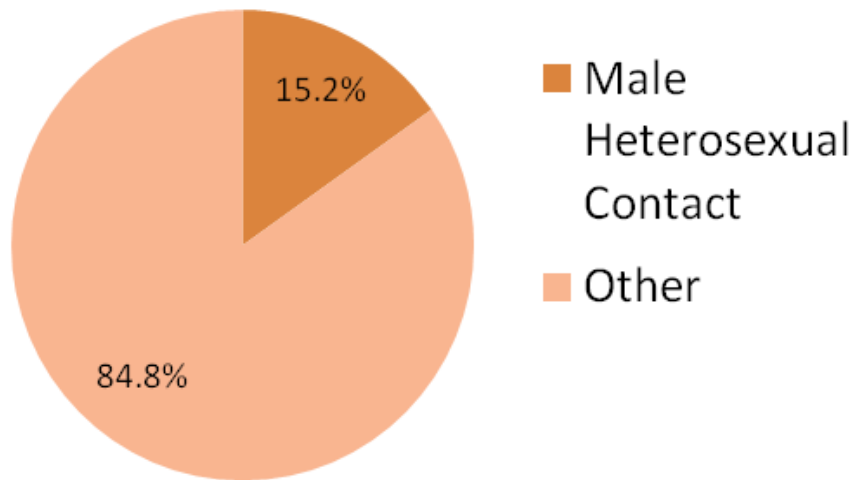
NIMH Funding



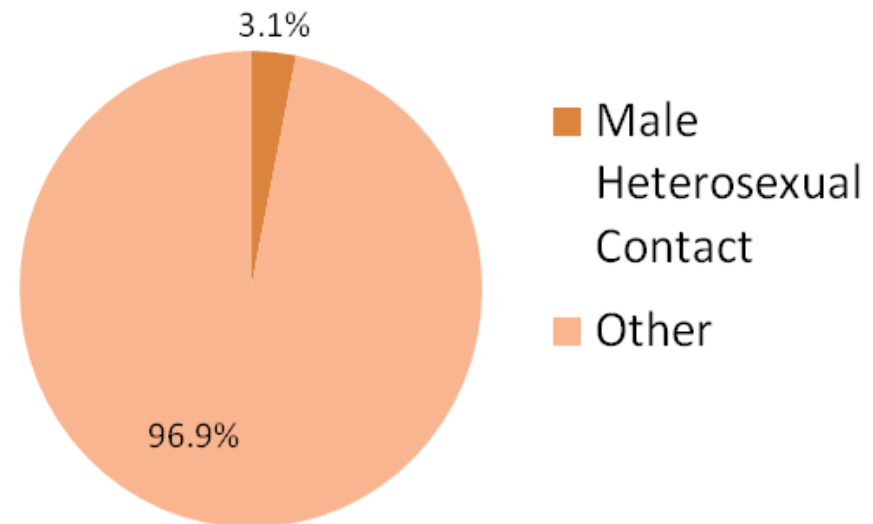
Straight Men

- 15.2% of new infections
- 3.1% of funding
- 4 grants

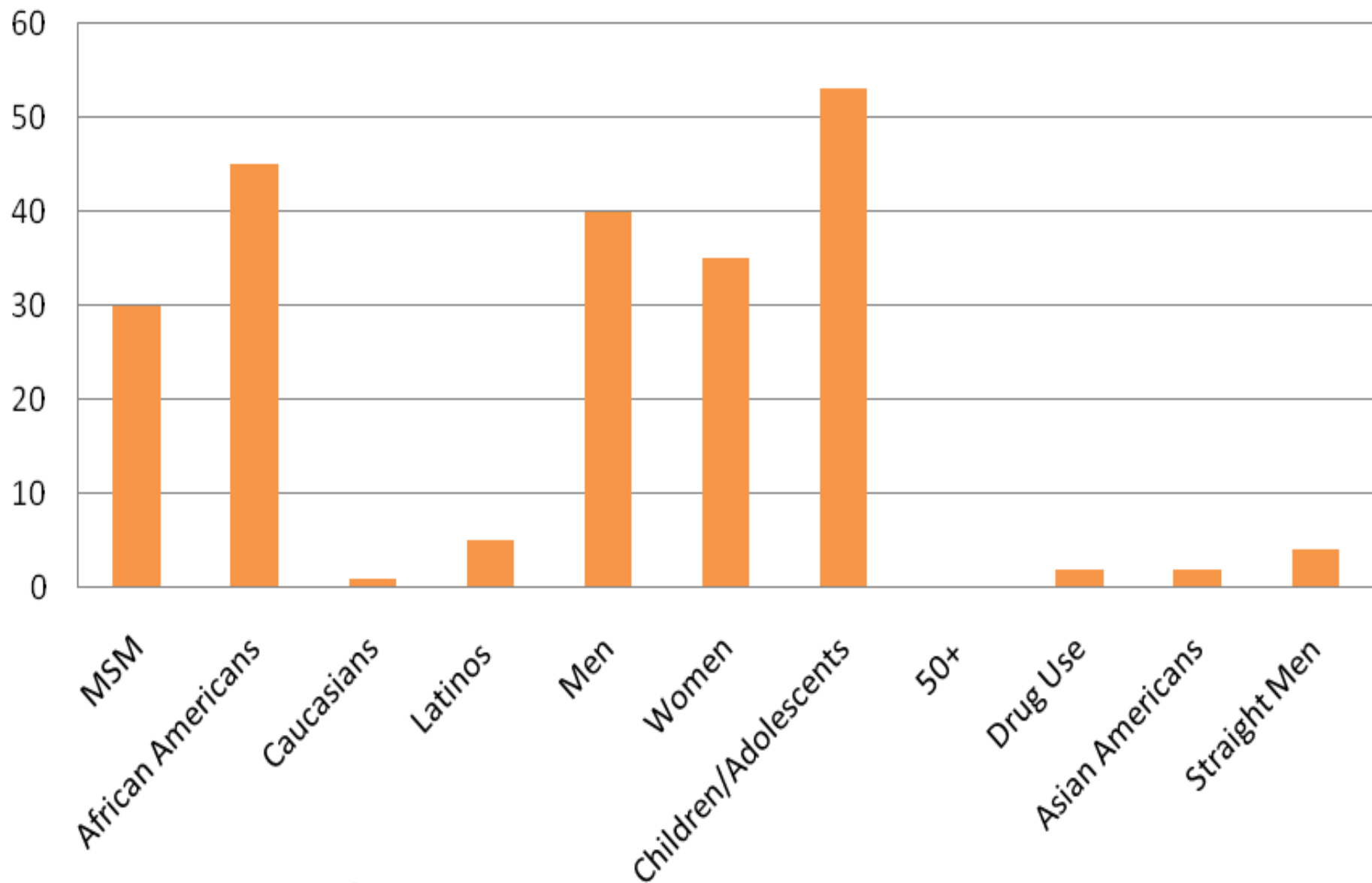
Epidemic



NIMH Funding

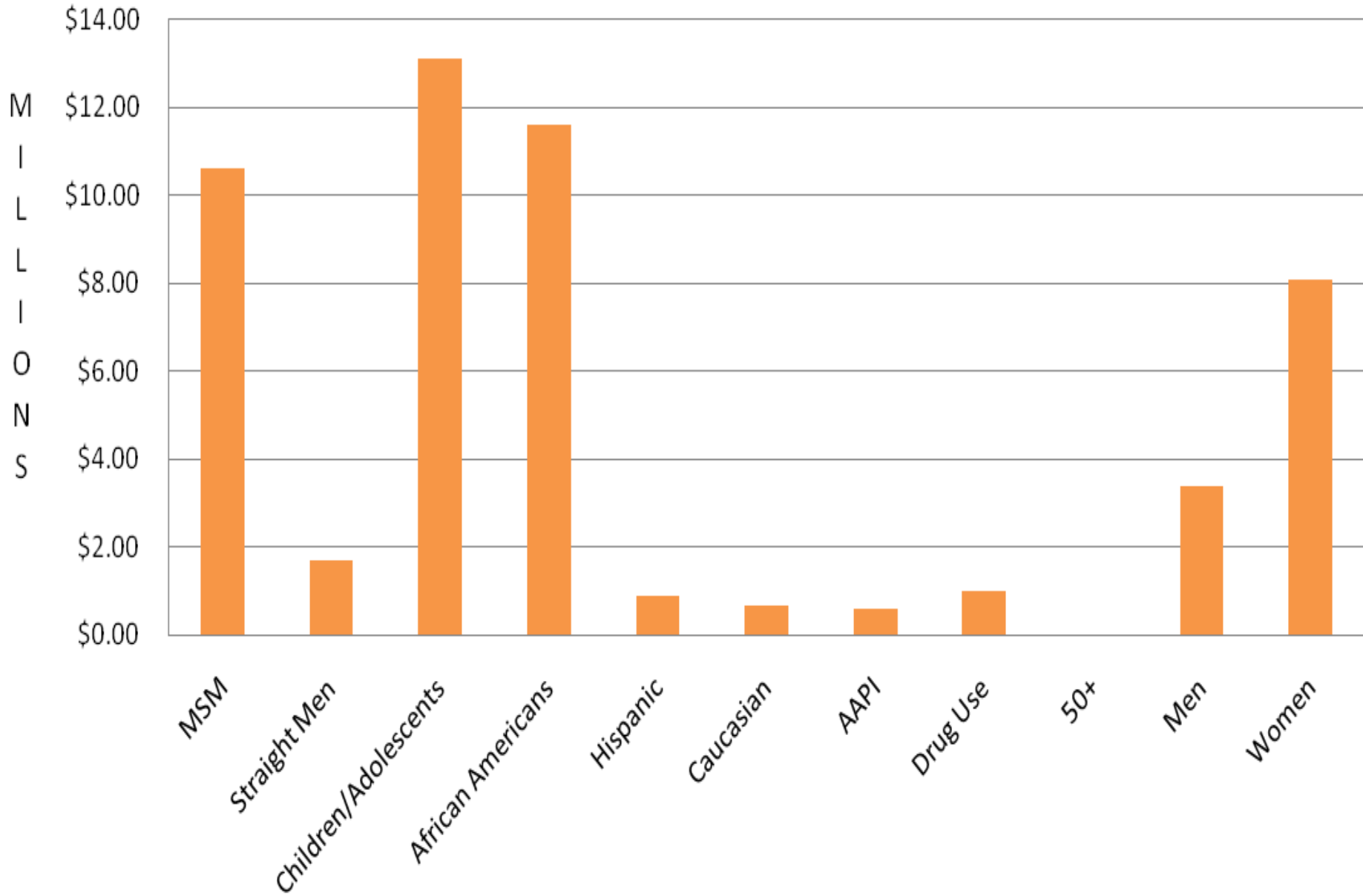


Number of NIMH Grants



217 Total Grants

Funding



Conclusions

- The investment of NIMH HIV/AIDS research funds is not always proportionally allocated in relation to those most affected by the epidemic.
- The populations greatest affected by the epidemic (MSM and African Americans) do receive the greatest share of the research, but not to the level of magnitude commensurate with the epidemic in the United States
- Caucasians, Latinos, Men, and People over 50 receive a much smaller share of NIMH funding compared to their share of the epidemic while Children and Adolescents receive a much greater share.

Recommendations

- NIMH should examine how they allocate funds and begin a process of allocating them in a more proportional manner to the epidemic.
- Identify gaps in research
- National HIV/AIDS Strategy addresses interagency coordination and a focus on communities most at risk, and a commitment to research



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THANK YOU

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