Impact of the Proposed Cuts to HIV/AIDS Research

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Cuts $544 m from the FY 2017 NIH HIV/AIDS research budget levels

A cut of 18.5%
Real dollar impact of $554 m cut
What would cut do to researchers?

- No or very few new NIH research grants in FY 18.
- Disparate impact on early stage investigators with shorter grant terms.
- Lower further of grant success rate (currently 19% for NIAID grants) in future years.
- Interrupt science progress and careers, and reduce collaboration.
What priorities would that cut affect?

These cuts target the five NIH high-priority areas of HIV/AIDS research:

• Research to reduce the incidence of HIV/AIDS, including the development of a vaccine (16.2% cut)
• Research to develop the next generation of HIV therapies (21.9% Cut)
• Research to develop a cure for HIV/AIDS (9.3% Cut)
• Research to improve prevention or treatment of HIV-associated comorbidities and co-infections (18.0% Cut)
• Research to support cross-cutting areas of basic research, health disparities, and training (22.6% Cut)
What is the HIV research need?

For FY 17, the OAR By-Pass budget estimate of scientific need was $3.225 billion, a 7.5% increase.

- 10.5% increase to research to reduce incidence
- 8.9% increase to cure research
- 5.6% increase to basic research and reducing health disparities.

The Presidents Budget is an approximately 25% less than OAR’s estimated scientific need.
Don’t Cut the NIH They’re Busy.

**Prevention**: Conducting clinical trials for vaccines, microbicides, Multi-Purpose Technologies, PrEP, and other biomedical prevention modalities.

**Health Disparities**: Developing tools to address at-risk communities to reduce HIV/AIDS and health outcomes for PLWHA in different populations and cultural settings such as the South.
Don’t Cut the NIH They’re Busy.

**Cure**: Identifying novel interventions, including therapeutic vaccines and next-generation monoclonal antibodies and derivatives to prevent the establishment of viral reservoirs and their elimination.

**Treatment**: Developing and testing existing and novel agents to maximize viral suppression and adherence to prevent and treat HIV.
Co-Morbidities: Elucidating the mechanisms responsible for the pathogenesis of comorbid conditions of PLWHA, and developing interventions to treat and reduce, the risk of acquiring HIV-associated coinfections in diverse populations.
## The Years Ahead in Biomedical HIV Prevention Research

<table>
<thead>
<tr>
<th>Efficacy Trial</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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| **Vaginal Ring**
  Dapivirine Ring | | | | |
  **HOPE (MTN 025)**
  Open-label trial of the once-monthly slow-release dapivirine vaginal ring; ongoing in 2,500 women in Malawi, South Africa, Uganda, Zimbabwe | | | | |
  **DREAM (IPM 032)**
  Open-label trial of the once-monthly slow-release dapivirine vaginal ring; ongoing in 1,400 women in South Africa and Uganda | | | | |
| **Antibody**
  VRC01 | | | | |
  **AMP (HVTN 704/ HPTN 085)**
  Randomized controlled trial of the VRC01 antibody infused every two months; ongoing in 2,700 MSM and transgender men & women in Brazil, Peru, Switzerland and US | | | | |
  **AMP (HVTN 703/ HPTN 081)**
  Randomized controlled trial of the VRC01 antibody infused every two months; ongoing in 1,500 women in Botswana, Kenya, Malawi, Mozambique, Tanzania, South Africa, Zimbabwe | | | | |
| **Oral PrEP**
  F/TAF (Descovy) | | | | |
  **DISCOVER**
  Randomized controlled trial of once-daily F/TAF as PrEP; ongoing in 5,000 MSM and transgender women at approximately 90 sites in Europe and the Americas | | | | |
| **Long-Acting Injectable**
  Cabotegravir | | | | |
  **HPTN 083**
  Randomized controlled trial of injectable cabotegravir every two months; ongoing in 4500 MSM and transgender women in Argentina, Brazil, India, Peru, South Africa, Thailand, US, Vietnam | | | | |
  **HPTN 084**
  Randomized controlled trial of injectable cabotegravir every two months; planned for 3200 women in southern and East Africa | | | | |
| **Preventive HIV Vaccine** | | | | |
  **ALVAC/gp120 w/MF59**
  **HTN 702**
  Randomized controlled trial of ALVAC/gp120 prime-boost with MF59 adjuvant, five doses over 12 months; ongoing in 5,400 men and women in South Africa | | | | |
  **Ad26/gp140 boost**
  **HPX2008/HVTN 705**
  Randomized controlled trial of Ad26 prime with gp140 boost; planned for women in southern Africa | | | | |
The world is talking about ending AIDS. AVAC’s advocacy is dedicated to realizing that vision. To get there we must:

- **Deliver** proven tools for immediate impacts.
- **Demonstrate** and roll out new HIV prevention tools.
- **Develop** long-term solutions to end the epidemic.

**Spotlight**

**MAY 18, 2016**  
**The Search Continues and Science Advances on HVAD 2016**  
The US National Institutes of Health (NIH)

**MAY 10, 2016**  
**Not If, But When: Gay men gather in Jo-burg to plot PrEP access**  
It’s been 12 years since I first encountered...