Robust Funding for HIV Research at NIH Critical to Ending the HIV Epidemic

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NIH funding supported remarkable advances that have revolutionized our ability to prevent and treat HIV infection. One study (HPTN-052) that provided overwhelming evidence that treating individuals with HIV not only saves their lives but reduces their risk of transmitting the virus others to near zero was named the Scientific Breakthrough of the Year by Science magazine in 2011.[i] Other key studies (SMART and START) have evaluated the risks and benefits of individuals with HIV taking antiretroviral therapy and demonstrated that initiating treatment early keeps them healthier, significantly reducing their risk of death.[ii] [iii] On the prevention front, an NIH-supported trial discovered that it was highly effective for individuals at high risk for acquiring HIV to take an antiretroviral drug prophylactically to prevent HIV infection (iPREX).[iv]

While NIH has helped to answer these important research questions, many issues remain and the steep decline in the purchasing power of NIH HIV research dollars threatens our ability to end the epidemic. HIV-related research priorities include:

- Finding a cure
- Developing a vaccine
- Understanding how to effectively deploy biomedical prevention interventions, such as Pre-Exposure Prophylaxis (PrEP)
- Reducing disparities in HIV acquisition risk and HIV-related health outcomes for adolescents and young black men in particular
- Improving prevention interventions for women
- Learning more about the impact of HIV infection on the aging process

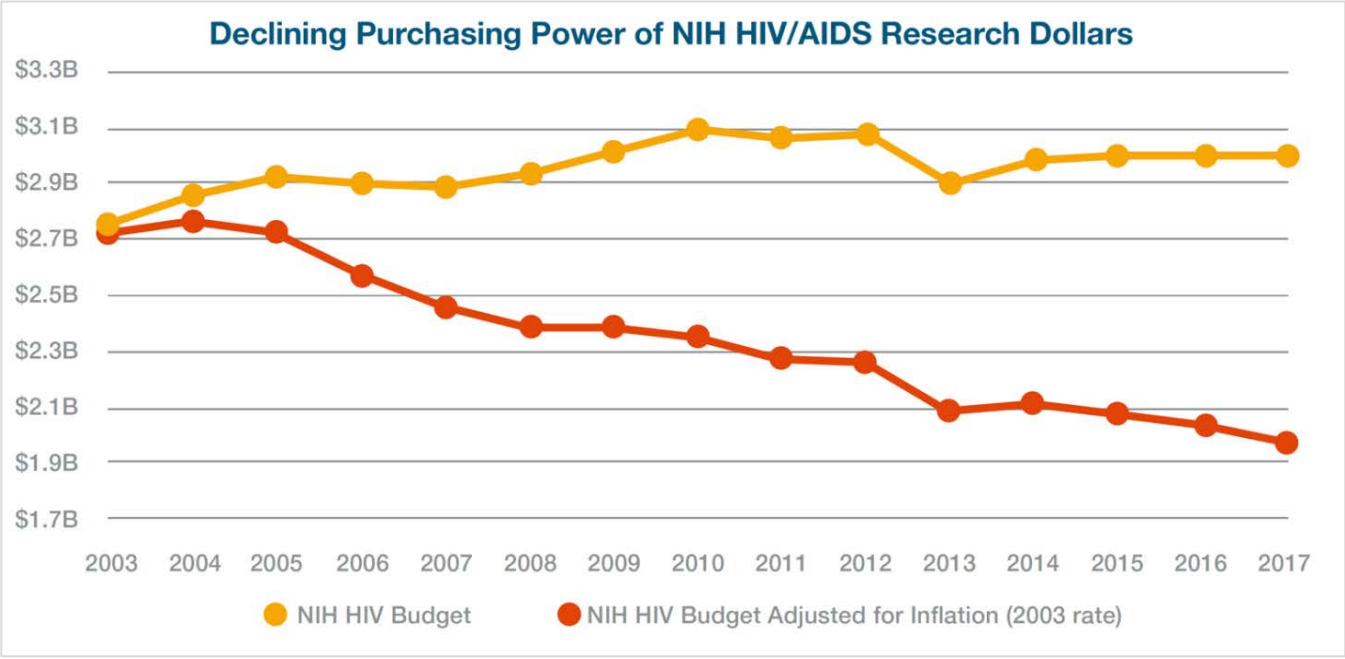


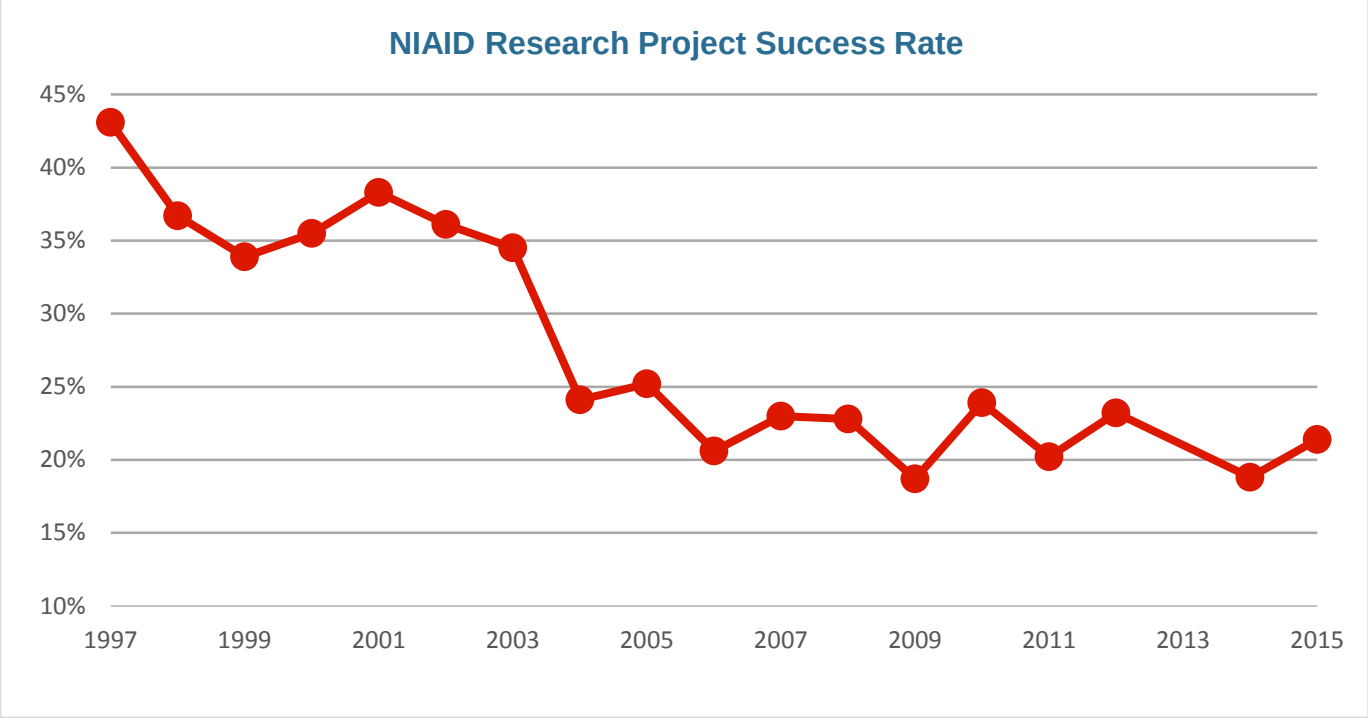
Chart source: amfAR. *Small Increase, Big Impact: Investing in HIV/AIDS Research Could Fund the World's Next Medical Breakthrough.* http://www.amfar.org/HIVAIDSNIHPR/ (2016).

Losing the Next Generation of Infectious Diseases Scientists and Physicians

A robust infectious diseases workforce is central to our ability to effectively study and respond to the HIV epidemic in addition to emerging infections such as Zika, Ebola, and difficult to treat infections such as antibiotic resistant bacteria and sepsis.

NIH-supported research funding opportunities play a critical role in attracting and retaining physicians in infectious diseases and without this funding it is difficult for physicians to stay in the field.

The number of physicians entering the infectious diseases specialty has declined significantly since 2011 when 343 physicians applied for fellowship training to 2016 when only 218 physicians matched for 335 infectious diseases training slots.[v]



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[i]Cohen, Jon. HIV Treatment As Prevention. Science. *334:6063.* Online at: http://science.sciencemag.org/content/334/6063/1628.
[ii] The Strategies for Management of Antiretroviral Therapy (SMART) Study Group. CD4+ Count–Guided Interruption of Antiretroviral Treatment. N Engl J Med. 355:2283-2296. Online at http://www.nejm.org/doi/full/10.1056/NEJMoa062360.
[iii]The INSIGHT START Study Group. Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection. N Engl J Med 2015; 373:795-807. Online at: http://www.nejm.org/doi/full/10.1056/NEJMoa1506816.
[iv] Grant, RM et al. Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. N Engl J Med 2010; 363:2587-2599. Online at: http://www.nejm.org/doi/full/10.1056/NEJMoa1011205.
[v]National Resident Matching Program. Results and Data: Specialty Matching Service. February 2016. Online at: http://www.nrmp.org/wp-content/uploads/2016/03/Results-and-Data-SMS-2016_Final.pdf.

Chart source: NIH. *Research Project Success Rates*. https://report.nih.gov/success_rates/Success_ByIC_Details.cfm (2016).