

# We're Concerned About The HIV Research Budget

## Background

The fiscal year (FY) 2016 President's Budget Request includes \$3.1 billion for HIV/AIDS research at the U.S. National Institutes of Health (NIH).<sup>1</sup> Like the overall budget of the NIH itself, HIV/AIDS research at NIH has been basically flat since the end of the two-year stimulus fund and the start of the sequester. Adjusted for inflation, the NIH budget overall and that of HIV/AIDS research are lower than they were when the last doubling of the NIH budget ended in 2003.

Throughout the 1980s in the first years of the HIV/AIDS pandemic, Congress, over the opposition of the Reagan administration, appropriated significant and growing funds for HIV/AIDS research to the NIH and other agencies. In 1986 the Institute of Medicine/National Academy of Sciences commissioned a report, co-chaired by Nobel Prize winning virologist David Baltimore, which recommended that the U.S. spend at least \$1 billion per year to fight HIV/AIDS.<sup>2</sup>

In 1988 Congress passed the Health Omnibus Programs Extension (HOPE) Act, which directed the NIH to create an Office of AIDS Research (OAR) and an associate NIH Director for AIDS Research, reporting directly to the NIH Director. Congress then strengthened the OAR in the NIH Revitalization Act of 1993, mandating that OAR plan, evaluate, coordinate, and create a comprehensive cross-NIH AIDS research budget aligned with an annually-updated strategic plan for AIDS research. Throughout the ensuing years the AIDS research budget at NIH continued to grow, augmented by the bipartisan accord to double the NIH budget as a whole between 1998-2003. Over the course of the past 22 years since this legislation was passed, OAR worked with the institutes and with outside scientific and community advisors to ensure that NIH funded the highest priority research efforts with the greatest potential to end the disease, stop new infections, and restore

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<sup>1</sup> Department of Health and Human Services National Institutes of Health Trans-NIH AIDS Research Budget – FY 2016 Budget, p. 3.

[http://www.oar.nih.gov/budget/pdf/2016\\_OARTransNIHAIDSRsearchBudget.pdf](http://www.oar.nih.gov/budget/pdf/2016_OARTransNIHAIDSRsearchBudget.pdf).

<sup>2</sup> Weiss R, Their SO. The Institute of Medicine, National Academy of Sciences: formulating AIDS policy. Public Health Rep. 1988 May-Jun; 103(3): 289–292. PMID: PMC1478083.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1478083/pdf/pubhealthrep00170-0083.pdf>

the health of those living with HIV. Over those years, OAR had oversight of approximately ten percent (10%) of the overall NIH research budget.

At a [congressional hearing](#) on Oct 7, 2015 on the 2016 NIH budget, at the 1:39 point in the video, Dr. Francis Collins, the director of NIH, responded to a question from Senator Jim Moran (R-Kansas) on the most significant NIH finding in the last 30 days. According to Dr. Collins, an HIV investigator was looking at co-morbidities and found something that could have a direct impact on ALS. He believed this was the most significant finding in the last 30 days and it shows how HIV research has spilled over to other diseases.

When questioned by Senator Bill Cassidy (R-Louisiana) about HIV research expenditures (1:34), it was surprising that Dr. Collins answered the senator's questions. Usually the director of the institute responds to questions about their department's work. The directors of National Cancer Institute, National Institutes of Drug Abuse, National Institute of Neurological Disorders & Stroke, National Institute of Diabetes and Digestive & Kidney Diseases, and the National Institute of General Medical Sciences were present and spoke to the panel. Historically, NIAID Director Dr. Anthony S. Fauci has been the spokesperson on HIV research.

What is most troubling happens at 1:30 when asked directly by Senator Cassidy about the use of potential new increases in NIH funding, Dr. Collins said, "We should step away from the formula."

We cannot allow Congress or the Obama administration to voluntarily move to erode the AIDS research enterprise, just when it is poised to make dramatic new discoveries in prevention, treatment, vaccine, and cure. While much progress has been made, and globally 15 million people are on HIV treatment, 20 million are not on treatment and there are over 2 million new HIV infections every year. Domestically, new HIV infections have been steady at 50,000 per year for three decades. To end the epidemic we will need to scale up current tools such as HIV treatment and pre-exposure prophylaxis (PrEP), but we also need a cure and a vaccine.

## Talking Points & Strategy

1. Please don't let the Obama presidency be the first administration to not honor its commitment to fully fund HIV research.
2. Without a cure and a vaccine, we will never end the global HIV epidemic.
3. [HIV research benefits many other diseases](#)

Three-part strategy: Congress, HHS, and the White House.

### **Congress**

Identify one member of Congress who can send an inquiry to Secretary Burwell. At this point, the inquiry should be friendly and it should ask the Secretary to clarify the administration's intent. A copy of the letter should be sent to Dr. Collins.

### **HHS**

A group sign-on letter should be written asking Secretary Burwell for a meeting. Given some early discussions, she is open to talk.

A letter should also be written to Dr. Collins requesting a meeting. This meeting should be with HIV research and treatment activists.

### **White House**

Brief Douglas Brooks and ask for his support to manage this issue in the White House. Ask for a meeting with Valarie Jarrett or other senior officials. Ultimately, we need HHS or the White House to send a message to NIH.

Rather than try and change Dr. Collins' mind, we think we should focus on the Obama legacy. Given all that the President has done for HIV, he does not want to be the first President to not honor the commitment to fully fund HIV research.

[AIDS Alabama](#), [AIDS United](#), [Asian & Pacific Islander Wellness Center](#), [AVAC](#), [Black AIDS Institute](#), [Black Women's Health Imperative](#), [Gay Men's Health Crisis](#), [HIV Medical Association](#), [International Association of Providers of AIDS Care](#), [Latino Commission on AIDS](#), [National Coalition of STD Directors](#), [National Alliance of State and Territorial AIDS Directors](#), [NMAC](#), & [Treatment Action Group](#)