



RECOMMENDATIONS FOR SUPPORTING A BOLD AGENDA FOR HIV/AIDS RESEARCH

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The impact of flat funding of the National Institutes of Health (NIH) since FY2003 has caused: 1) some important research efforts to be stopped due to lack of funding ; 2) a downsizing of laboratories and project teams; 3) a decreased number of grant awards made to young scientists because of low approval rates – many of these young bright minds are now looking into pursuing other careers; 4) reduced commercial investment in drugs, vaccines and diagnostics building on NIH research; and 5) loss of competitive edge of our US research program globally, threatening our status as the world's leader in scientific innovation.

The next Administration has an important opportunity to get the US back on track to a robust research agenda, particularly for HIV/AIDS and life-threatening related infections, including tuberculosis and viral hepatitis (hepatitis B and C). In keeping with President-elect Obama's commitment to double funding for the National Institutes of Health (NIH), the next Administration should:

- 1. Include in the economic stimulus package at least \$1 billion for NIH.** An infusion of \$1 billion to NIH could immediately support the replacement or upgrading of aging equipment at NIH labs at headquarters and outside research centers – equipment purchases could stimulate the biotech sector; restore adequate salaries for NIH researchers as incentive to retain a talented researcher pool and in particular, motivate young scientists to stay on the science career track; and an upgrade of the national HIV surveillance system to better track HIV infections. In addition, \$1 billion for NIH could be used to provide supplemental funding to existing research grants which were not fully funded when approved due to funding constraints.
- 2. Include in the President's FY2010 Budget Request a total of at least \$34 billion for NIH which represents a 15% increase over the FY2008 funding level. *[Due to the incomplete FY2009 appropriations process, this recommendation represents the minimum increase for NIH in FY2010. A 15% increase should be based on the final FY2009 base budget to be completed in the first quarter of 2009.]* The overall 15% increase to NIH should include for AIDS research a minimum of \$3.4 billion; for TB research a minimum of \$209 million; for hepatitis B research a minimum of \$48 million; and for hepatitis C research a minimum of \$124 million.¹ The 15% increase takes into account the serious impact of inflation, as measured by the Biomedical Research and Development Price Index (BRDPI), and the flattening of the NIH budget over the past five years on NIH buying power. Together these factors have effectively reversed the beneficial impact of the doubling of the NIH budget that occurred between fiscal years 1998 and 2003. From 1998 to 2008, inflation reduced the real value of NIH doubling by almost twenty percent.² The decline of the U.S. dollar has further eroded buying power for NIH funded AIDS, TB and other researchers conducting studies in other countries. As the dollar has declined against the currencies in many of these countries where AIDS research is ongoing, the value or purchasing power of these international awards has diminished. These budgetary constraints have occurred during a time of significant public health need and scientific opportunity. A 15% increase**

¹ Based on the FY2008 estimate for each disease category - <http://www.nih.gov/news/fundingresearchareas.htm>

² http://officeofbudget.od.nih.gov/UI/2008/BRDPI%20Table%20of%20Annual%20Formulas_01_04_2008.pdf



in the FY2010 budget for AIDS research is consistent with the bypass budget developed by the NIH Office of AIDS Research for meeting scientific objectives and needs.

Background

- Between FY1998 and FY2003, funding increases averaged 15% annually. As a result, we have seen several important medical breakthroughs, such as³:
 - Advances in antiretroviral therapy have dramatically decreased HIV-related morbidity and mortality where these medications have been used.
 - Antiretroviral drug regimens have been developed that greatly reduce the risk of HIV transmission from mother to child.
 - Validation of male circumcision as an important HIV prevention measure
 - Mortality due to heart disease is down by about 60% and from stroke by 70% since the 1970s.
 - We now have two vaccines that protect against rotavirus, a diarrheal disease that kills 600,000 children annually worldwide.
 - We can now predict who is at high risk for type 1 diabetes.
 - We now have two vaccines targeting the human papillomavirus (HPV), a virus which causes cervical cancer.
- The President's request level for NIH for FY2009 (\$29.2 billion) represents a 0% increase over FY2008. Given that the President requested \$300 million for the Global Fund to Fight AIDS, Tuberculosis and Malaria out of the LHHS portfolio (specifically out of the NIAID/NIH budget), the request level actually represents a negative increase in terms of real dollars for NIH research.

In addition, the next Administration should:

3. **Issue a policy guidance to the Department of Health and Human Services (HHS) that ensures HHS agencies including NIH, CDC and FDA have the authority to decide the appropriate number of federal scientists to attend international meetings and conferences to advance scientific learning, exchange and networking.** Currently, the director of the Office of Global Health Affairs (OGHA) within HHS maintains the authority over NIH, CDC and FDA to restrict the number of federal scientists and other employees from these respective agencies that are allowed to attend international meetings and conferences, such as expert panels of the World Health Organization, and past International AIDS Conferences (IAC) held in Bangkok, Thailand (2004), Toronto, Canada (2006) and Mexico City, Mexico (2008). This policy has prevented federal scientists from presenting their discoveries and work and inhibited scientific exchange across a variety of disciplines to catalyze innovative research ideas. In 2006, for example, OGHA gave NIH a cap of 25 people to attend the International AIDS Conference in Toronto, fewer than half the number proposed by NIH – the number was eventually increased after an appeal by the NIH director. Similarly in 2008, OGHA capped NIH participation which left nearly 20 scientists unable to attend. In February 2009, the most important scientific conference on AIDS, the Conference on Retroviruses and Opportunistic Infections (CROI), organized by US researchers, will be held in Montreal, Canada, leaving scores of federal scientists unable to attend under current policy.

³ "Within Our Grasp – Or Slipping Away? Assuring a New Era of Scientific and Medical Progress" A Statement by a Group of Concerned Universities and Research Institutions.