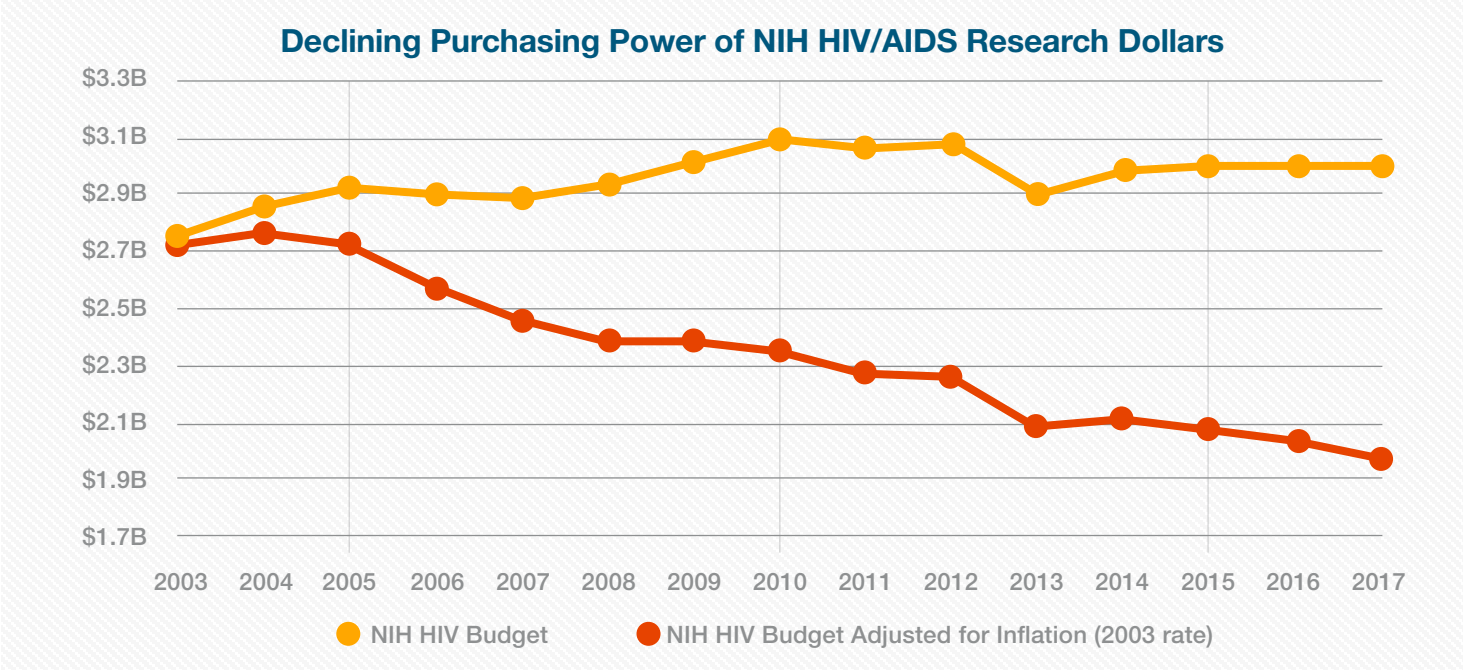
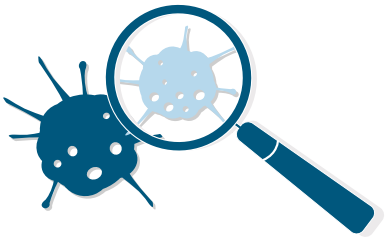
Investing in HIV/AIDS Research Could Fund the World's Next Medical Breakthrough

In 2016, funding for the National Institutes of Health (NIH) was increased by $2 billion, and the President proposed a further increase of $825 million for 2017. amfAR applauds this commitment to biomedical research, which will improve the health of our nation and the world. However, HIV research continues to be flat-funded at 2015 levels. As the cost of biomedical research increases with inflation, the purchasing power of NIH HIV research dollars decreases dramatically, as shown below. The Office of AIDS Research estimates that the amount necessary to cover critical HIV research priorities is 17% above current levels, which would mean an additional $600 million for HIV research in 2017. As the second figure illustrates, the impact of such an increase could be profound.

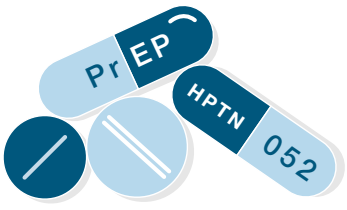


In addition to funding numerous HIV/AIDS lab research studies in 2017, an increase of **$600 million** in its HIV/AIDS research budget could allow the NIH to fund:



48 clinical trials that could lead to the **first-ever HIV vaccine**

26 clinical trials aimed at **curing HIV**



2 potentially **breakthrough prevention trials** such as HPTN 052 or the iPrEx study*

*HPTN 052 clinical trial (named scientific breakthrough of 2011 by *Science*) proved that consistently taking antiretroviral treatment could prevent the transmission of HIV. iPrEx study (named medical breakthrough of 2010 by *Time* magazine) found that taking pre-exposure prophylaxis (PrEP) could prevent HIV acquisition.

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