Tracking Investments and Expenditures in HIV Prevention Research and Development:

US\$1.31B

Sustaining Funding in a Shifting International Development Landscape

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IN 2013, THE

REPORTED FUNDING

FOR HIV PREVENTION



BACKGROUND

Since 2004, the HIV Vaccines and Microbicides Resource Tracking Working Group has employed a comprehensive methodology to track trends in research and development (R&D) investments and expenditures for biomedical HIV prevention options, including HIV vaccines, microbicides, PrEP, treatment as prevention and adult voluntary medical male circumcision.

METHODS

R&D data were collected on annual disbursements by public, private and philanthropic funders for product development, clinical trials and trial preparation, community education and policy advocacy efforts in order to estimate annual investment in HIV prevention R&D. Investment trends were assessed and compared by year, prevention technology type, research phase, funder category and geographic location.

RESULTS

Changing dynamics of funding in all HIV R&D donor countries have shaped trends in 2013 and are expected to have consequences for

years to come. Recent budget battles in the US have caused funding cuts across all of HIV prevention R&D, and in early 2014 US NIH called for refocused HIV tighter budgets over the next three to five years. These priorities will frame the future of US funding for every area of HIV prevention research.

R&D DECLINED BY research priorities in anticipation of US\$50 MILLION, OR FOUR PERCENT. COMPARED TO 2012. **RESULTING IN A 2013 TOTAL OF US\$1.26 BILLION.**

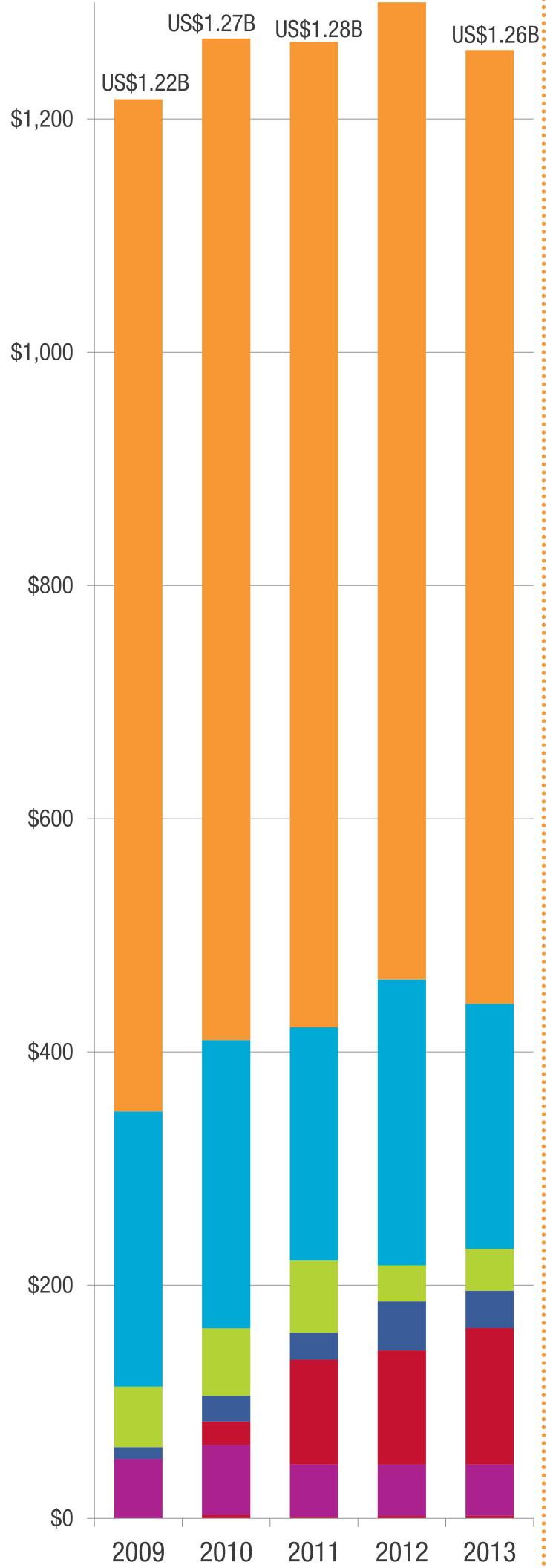
European HIV R&D funding has also been affected by budget cuts in

research and international development agencies. These have reduced HIV prevention R&D investment by 20 percent since 2009, even as HIV remains a critical concern. The European Union (EU) Horizon 2020 initiative has set out new funding priorities for HIV research and, in May 2014, funding was approved for the second phase of the European & Developing Countries Clinical Trials Partnership (EDCTP2), laying out the path for possible future EU investment in HIV prevention research.

With several large funding programs coming to an end, and with revised programs and priorities taking their place, the future will present a vastly different funding environment for HIV prevention research—one with competing priorities, changing global economic dynamics and evolving research goals and needs.

HIV Vaccines & Microbicides Resource Tracking Working Group

Presented at HIVR4P Cape Town, South Africa Global HIV Prevention R&D Investment, 2009 – 2013 (US\$ millions)



Preventive Vaccines

■ Female Condoms

Pre-exposure Prophylaxis

■ Treatment as Prevention*

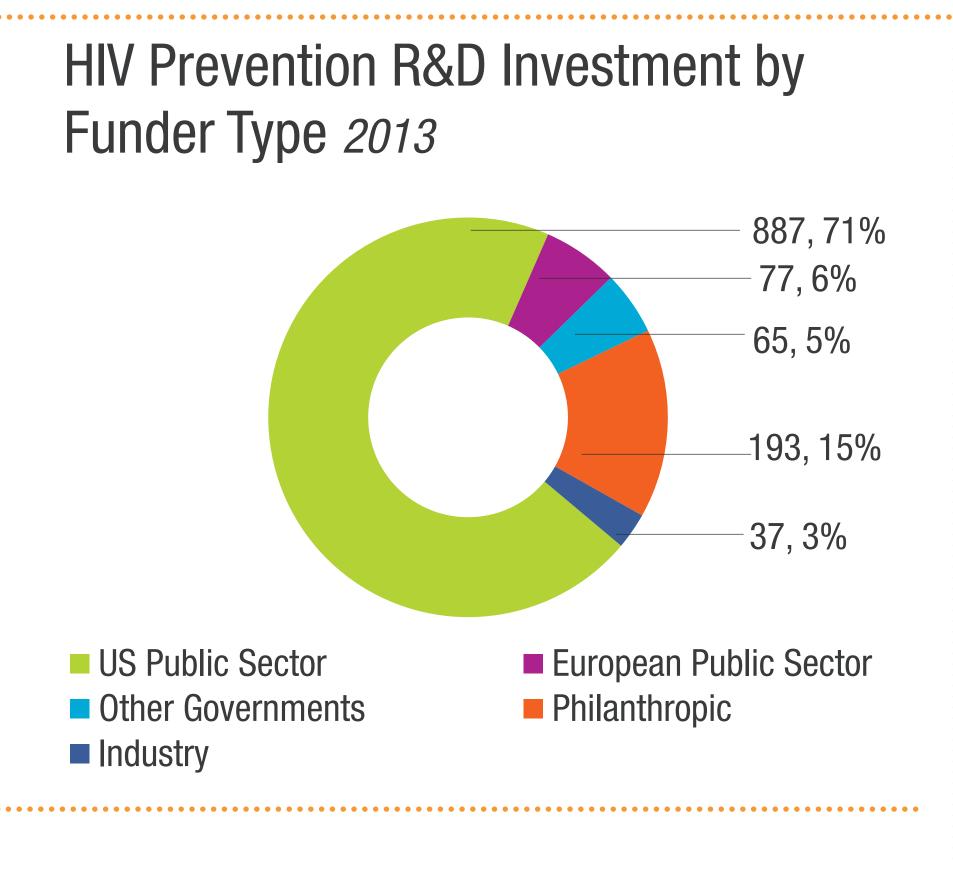
Prevention of Vertical Transmission

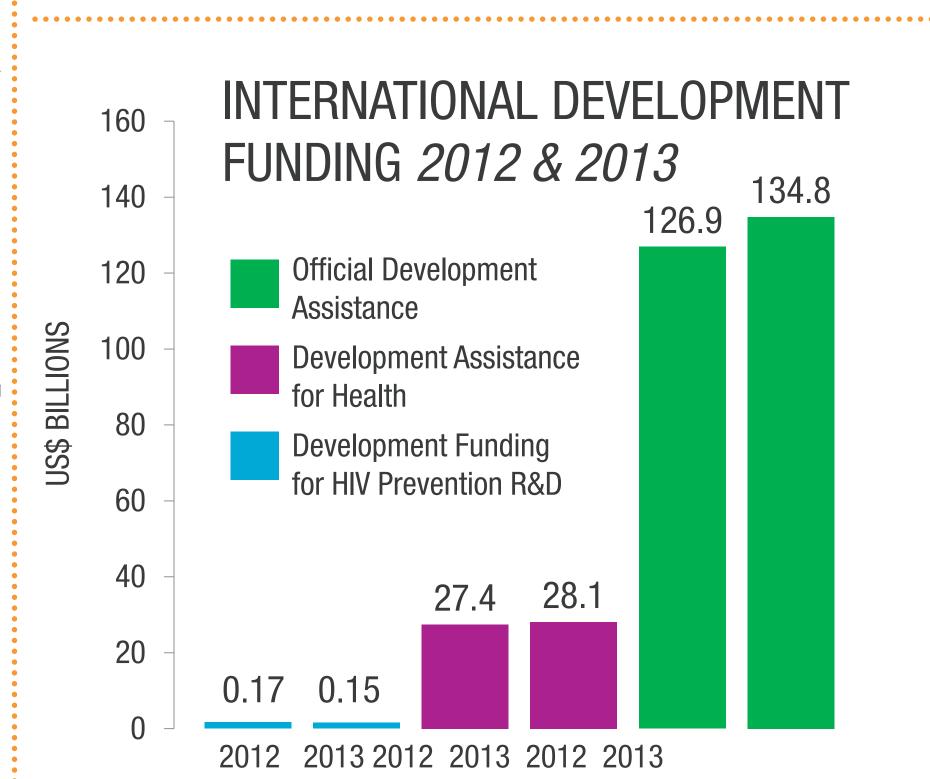
Adult Male Circumcision

Microbicides



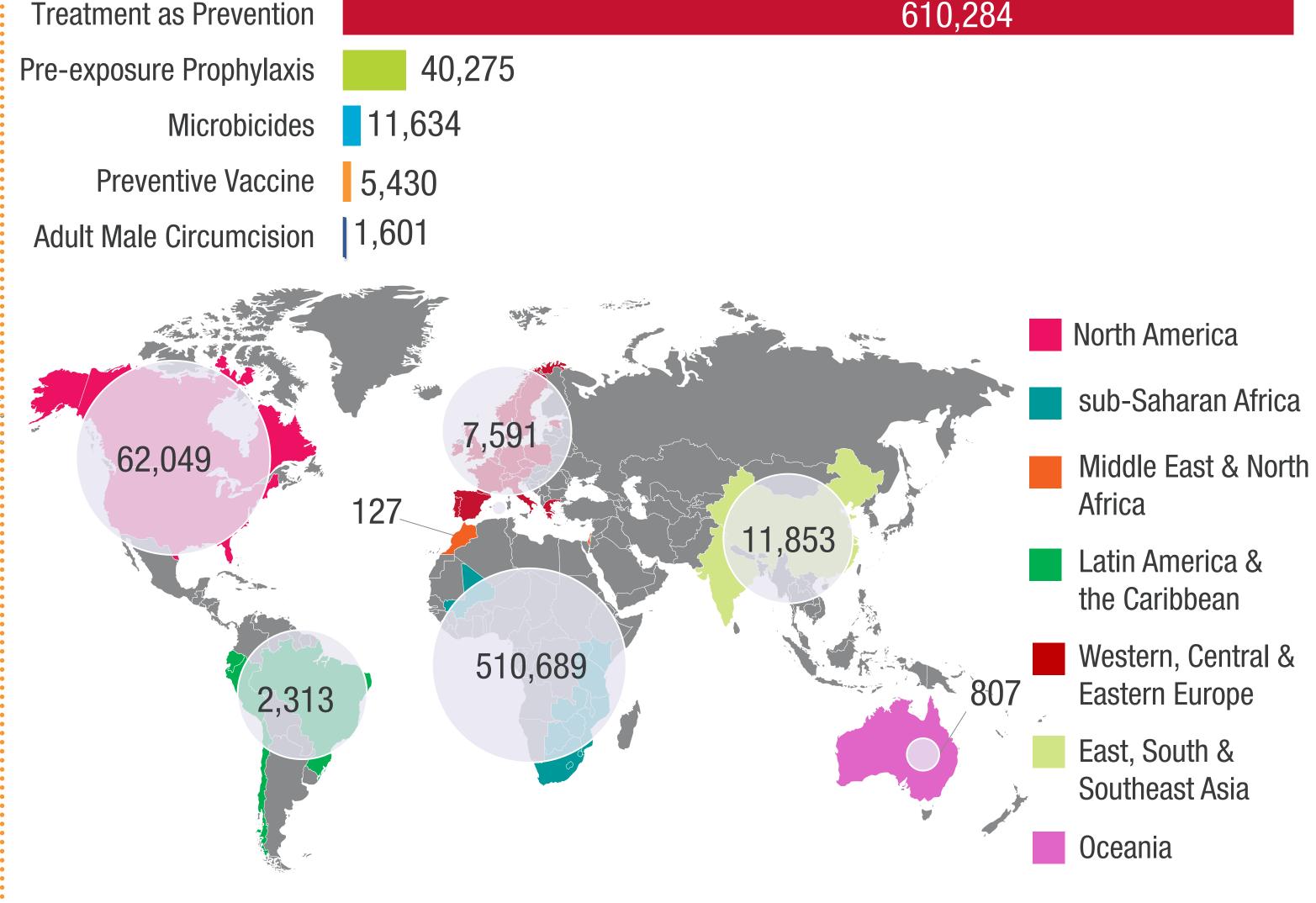
- •The US is funding the majority of HIV prevention R&D. US budgets were inevitably cut in 2013 and it is likely that US funding for HIV prevention research will continue to come under pressure in subsequent years. By relying so heavily on US funding, the decision as to whether or not HIV prevention options start and continue, from research to rollout, is often determined by the economic, international development and research priorities of a limited set of actors.
- •Philanthropic support funds vital parts of HIV prevention research. A small number of funding sources provide the bulk of support from the philanthropic sector, and this support is increasingly important in the face of declining public sector support. Philanthropic sources provide support for research all along the HIV prevention pipeline—from early stage research to implementation and rollout of proven HIV prevention technologies—often funding projects that are outside the scope of public sector proposal calls.
- •Industry investment is key, especially at later stages of the HIV prevention pipeline. Industry collaboration and support was essential in developing vaccines and drugs tested in trials that showed promising results in the past five years. While HIV prevention R&D by pharmaceutical companies has not increased, the private sector is a critical part of the field in moving products from the pipeline into the market.
- •International development priorities are evolving. Structural changes placing foreign affairs at the helm of international development departments led to changes in funding of single-disease biomedical research. The overall trend towards funding country-ownership models and near-term outcomes affected funding for HIV prevention research.
- •The enabling environment provided by a human rights context has a profound effect on where trials take place and if they are able to happen. HIV prevention research is taking place in an increasingly changing and challenging environment. To successfully test and roll out HIV prevention technologies, research needs to take place in those communities hardest hit by the HIV epidemic.





PARTICIPANTS IN HIV PREVENTION TRIALS 2013

HIV prevention research cannot be accomplished without those who volunteer to participate in clinical trials, or without engagement of communities in which those trials take place. In 2013, there were **669,224** participants in HIV prevention research trials.



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