

HIV Eradication Advocacy

THE PROBLEM. AIDS cure research has been underfunded and neglected. With the exception of a lump sum that will run out in 2010, funding has remained flat since 2003—while spending in real terms has dropped significantly because of biomedical inflation.

A cure for AIDS could save the lives of at least 33 million people and prevent hundreds of millions of orphans. It could reduce US government AIDS spending by \$17 billion or more per year, or by 2/3 of the entire annual budget of the National Institutes of Health (NIH).

Yet outside medical research circles, the idea is rarely seriously discussed. A cure for AIDS is at least as important as the next promising AIDS drug, a vaccine, or a microbicide. But unlike other essential therapies, viral eradication—a cure for AIDS—is not supported by a special NGO or a dedicated department at the NIH. There are no editorials in *The New York Times* calling for more research into HIV eradication. There is no annual research update that can be accessed by the general public, or an annual research prize—even though many lives are affected.

What is viral eradication? Viral eradication, essentially, is the scientific name for a cure for AIDS. It's been 27 years since the HIV virus was first identified, 12 years since researchers including Anthony Fauci, MD, (head of the National Institute of Allergy and Infectious Diseases) identified the problem of curing AIDS as the ability to eradicate HIV in pockets of cells called “viral reservoirs.” In March, 2009, Dr. Fauci, Doug Richman, MD, Martin Delaney and other leading researchers and advocates renewed the call—within the scientific community—to focus on a cure for AIDS.

The NIH is underfunded. The National Institutes for Health is the largest funder of AIDS research in the world. But the budget of the NIH has essentially been flat funded since 2003, and in constant dollars lost 13.4% of its annual spending power by 2009 due to biomedical inflation. President Obama's 2011 proposed budget would add only 3% to the overall NIH budget, a continued decline in spending power.

Due to the current economic crisis, President Obama dedicated \$10 billion in Stimulus Package funds to NIH research, and about 1/10 of this was designated to NIAID (National Institute of Allergy and Infectious Diseases). NIAID announced that a portion of these funds would be used for basic research into viral persistence—HIV eradication

research. This is a start, but a one-time increase is not enough and it is unknown what portion of these funds are actually being allocated to HIV eradication research.

According to James Hoxie, MD, Director of The University of Pennsylvania's Center for AIDS research, before the Stimulus increase, only 1 in 6 HIV research projects that applied for NIH were being funded.

The Treatment Action Group of New York (TAG) learned in 2008 that under financial constraints, the studies that did receive funding were often conservative; novel therapies were sometimes neglected. Young researchers were considering abandoning the field in frustration over the cumbersome NIH funding process and their inability to get research funding at all. One good funding year is unlikely to reverse this problem. Clearly the NIH funding pie needs to be bigger every year— not just for AIDS but for other diseases as well.

The math: A cure for AIDS would save the US government billions of dollars every year. The US currently spends \$11 billion annually on caring for people with AIDS in the US, and in 2008 spent \$6 billion on its successful US global AIDS program. Incidentally, a cure for AIDS would also allow some of the one million people living with HIV in the US to return to work and paying taxes.

Advocating for medical research. As we learned in early reform efforts at the NIH and FDA, research funding and drug approval processes can be streamlined. Funding priorities can be influenced by science-based advocacy. Funding can be increased. New ideas can be stifled or encouraged. As Pasteur said, "Luck in science smiles on prepared minds."

AIDS is not a chronic, manageable disease. HIV drugs, though essential for life in the absence of a cure, take a potentially lethal toll on the bodies of people with HIV, precipitating problems ranging from liver cancer to heart attacks. Even these medications are only available to between 20% and 40% of people who need them around the world (the percentage varies depending on the CD4 cell count threshold for starting treatment). Providing these medications for the rest of the life of every person with AIDS is financially and logistically problematic.

Our Goals

- To put AIDS cure research in the public eye and make it a high priority for decision makers. We're putting a cure for AIDS back on the map.
- More money for promising HIV cure research.
- To build a public constituency comprised of multiple communities which actively and publicly support HIV eradication research and recognize the aggressive pursuit of a cure for AIDS as a human rights issue.

- To convene and publicize meetings of researchers and HIV advocates to share information and strategize about HIV eradication research issues. We will turn this information into recommendations that will become campaign goals.
- To write an annual “State of the Research” update on HIV eradication so that advocates, funders, the media, and the general public can track and understand the state of the world’s progress toward a cure for AIDS.
- To support the efforts of our colleagues (many of us also work in HIV prevention and treatment) as we all advocate for effective, fully-funded HIV prevention and treatment in the US and globally. We support effective prevention, treatment, *and* HIV eradication.
- To collaborate with other HIV organizations to maximize our collective impact.

The HIV Eradication Advocacy Project. A group comprised of HIV advocates who have decades of successful experience in HIV treatment advocacy and public policy. We have backgrounds in organizations such as Physicians for Human Rights, Health GAP, and a variety of other US and international HIV advocacy organizations. We are recruiting a medical advisory board that will include physicians and researchers. A second advisory board will include international health experts.

Our Diversity. Our members are both HIV-positive and HIV-negative and come from varied ethnic and national backgrounds. We are committed to remaining an organization of 50% or more people of color with a substantial number of members and advisors who are HIV-positive.

JOIN US! If you’d like to receive periodic updates on our work, or are interested in volunteering to help (in large or small ways), send us a note: list@aidspolicyproject.org. You can also visit us at: www.aidspolicyproject.org