AVAC
Global Advocacy for HIV Prevention

Investment in HIV Prevention Research & Development

Funding in 2015

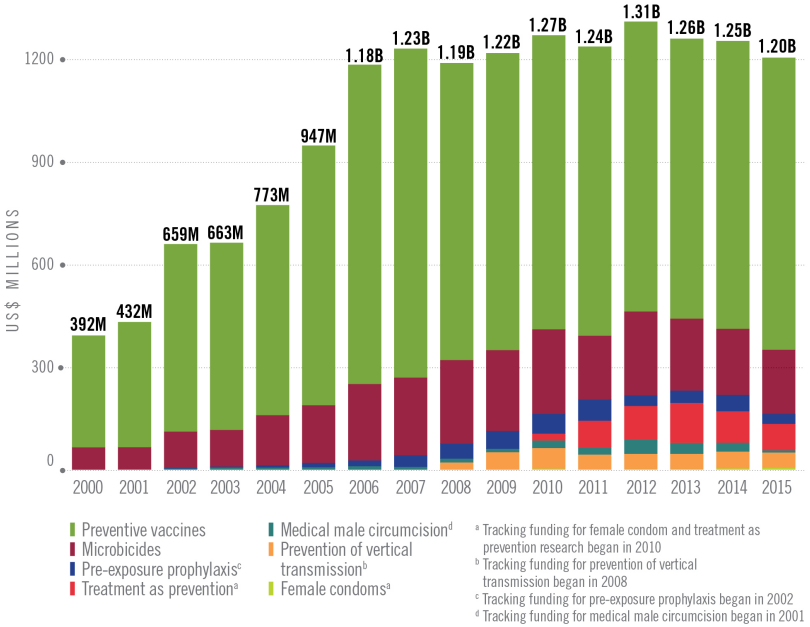
Investment priorities in an evolving global health and development landscape

Funding for HIV prevention research and development (R&D) is crucial for continued innovation in the field. Tracking this funding, its volume, direction and sources, makes it possible to identify opportunities and gaps, hold the global community accountable to its promises, and sustain forward momentum in the fight to end the epidemic.

The Resource Tracking for HIV Prevention Research and Development Working Group uses a comprehensive methodology to track investment trends in the research and development of biomedical HIV prevention options. The full report, covering 2000-2015, will be available at *www.hivresourcetracking.org* on October 19.

Global HIV Prevention R&D Investments by Technology, 2000–2015 (US$ millions)

In 2015, global funding for HIV prevention R&D declined slightly, from US$1.25 billion in 2014 to US$1.20 billion in 2015. This continues a decade of roughly flat funding. The US public sector remained the largest global contributor at US$850 million, and together with the Bill & Melinda Gates Foundation, the largest philanthropic funder, constituted 81 percent of all funding.



HIV vaccines
$862 million

Microbicides
$178 million

Pre-exposure prophylaxis
$29 million

Treatment as prevention
$77 million

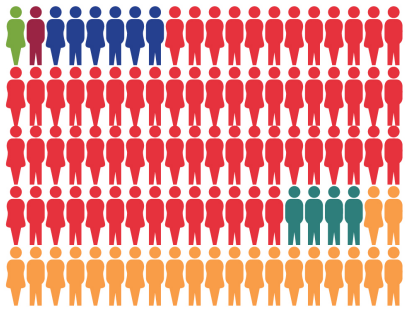
Medical male circumcision
$6.6 million

Prevention of vertical transmission
$44 million

Female condoms
$5.9 million

Trial Participants by Prevention Research Area, 2015

Trial participants receive a standard package of HIV prevention services and care as part of their trial participation. Furthermore, if the product studied in the trial is proven safe and effective, ethical considerations demand that trial populations, and other populations at high risk in the community, are prioritized for access to the new intervention. Given the higher rates of acquisition seen across so-called key populations—members of highly burdened and underserved groups—it is critical to provide access to the research process such that they can participate and reap more immediate benefit of scientific progress. Greater efforts must be made to include key populations in this crucial process for the HIV prevention response to be truly impactful.



1% HIV vaccines

1% Microbicides

6% Pre-exposure prophylaxis

66% Treatment as prevention

4% Medical male circumcision

22% Prevention of vertical transmission

Key Population Representation in Clinical Trials, 2015

4% Gay men, men who have sex with men and transgender women

7% People who inject drugs

1% Sex workers

1% Women

87% Non-KP specific

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