

# HIV PREVENTION RESEARCH & DEVELOPMENT INVESTMENT IN 2014

Investing in innovation in an evolving global health and development landscape

HIV Vaccines & Microbicides  
Resource Tracking  
Working Group

In its eleventh annual report, the HIV Vaccines & Microbicides Resource Tracking Working Group (the “Working Group”) documents biomedical HIV prevention research and development (R&D) spending for the calendar year 2014, as well as reports on an analysis of investment trends spanning fifteen years. The Working Group generates estimates of R&D investment that can be compared year to year across options and strategies and funding sources, helping assess the impact of public policies aimed at accelerating scientific progress and to provide facts for advocacy. This effort provides transparency for funders, policy makers and HIV/AIDS advocates so they can better understand and track investment flows.

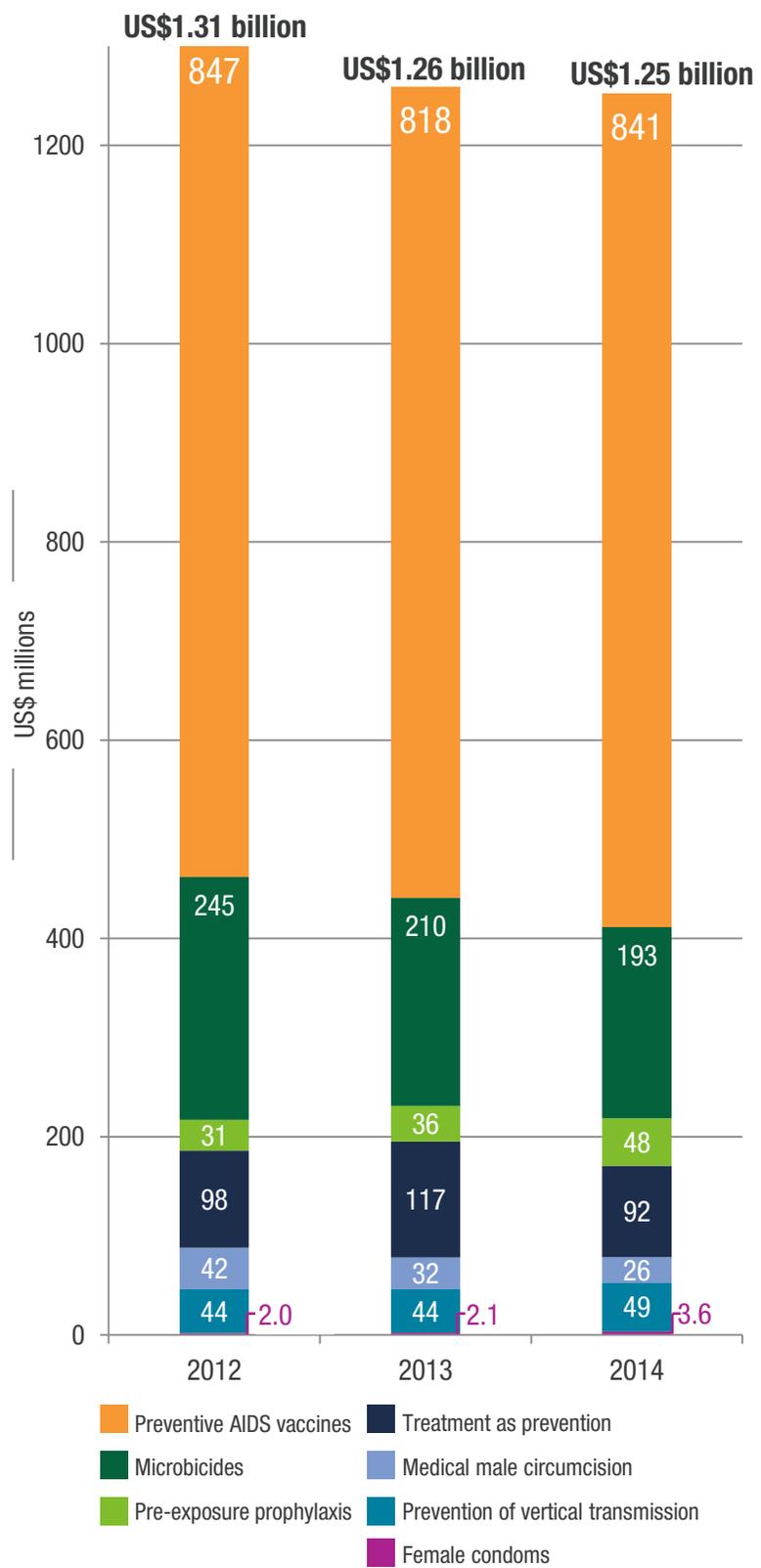
The Working Group tracks trends in R&D investments and expenditures for biomedical HIV prevention options, including AIDS vaccines, microbicides, multipurpose prevention technologies, pre-exposure prophylaxis (PrEP), treatment as prevention, medical male circumcision, female condoms, HSV-2 vaccines, HIV cure and therapeutic vaccines. From 2000 to 2014, the Working Group tracked over US\$15 billion in investments towards HIV prevention R&D.

## 2014 HIV Prevention R&D Funding Trends

In 2014, the reported funding for HIV prevention R&D decreased by US\$10 million from the previous year to a total of US\$1.25 billion (Figure 1). While investments toward research in preventive vaccines, PrEP, female condoms and prevention of vertical transmission increased in 2014, investments towards microbicides, treatment as prevention and medical male circumcision decreased.

Overall funding has remained at nearly the same level for approximately a decade. As in past years, the public sector made up the majority of total funding at US\$990 million (79 percent), with the US public sector contributing US\$868 million (69 percent). European public-sector funding made up US\$69 million (five percent), public-sector investment from other countries made up US\$52 million (four percent), philanthropic investment was US\$200 million (16 percent) and investment from the commercial sector was US\$63 million (five percent).

**FIGURE 1.**  
**Global HIV Prevention R&D Investment, 2012-2014**



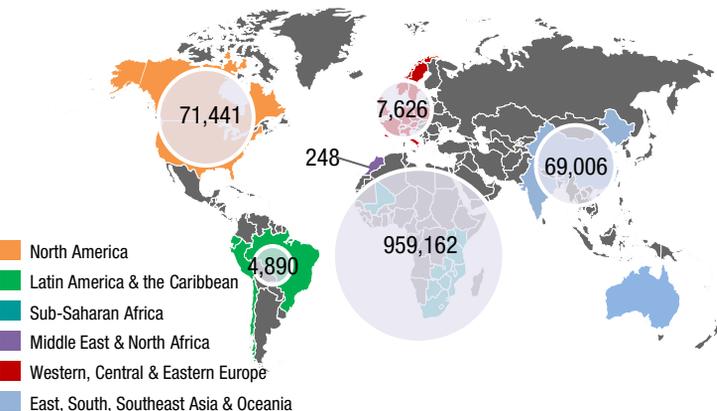
## 2014 HIV Prevention R&D Funding Trends

- US investment in HIV prevention R&D decreased by US\$19 million in 2014, from US\$887 million down to US\$868 million. Overall, US public-sector investment in preventive vaccines, microbicides and prevention of vertical transmission increased in 2014, while investment in PrEP, treatment as prevention, medical male circumcision and female condoms decreased.
- European public-sector funding decreased between 2013 and 2014 by US\$9 million, down to US\$69 million. Overall, European public sector investment declined with regards to research for preventive vaccines, microbicides and female condoms, while investment increased towards PrEP, treatment as prevention, medical male circumcision and prevention of vertical transmission.
- Investment by other public-sector agencies declined substantially between 2013 and 2014 by US\$13 million, down to US\$52 million in 2014. In 2014 the largest declines in funding came from Australia, Canada and South Africa, with investments from India, Japan and Thailand declining nominally.
- Philanthropic support for HIV prevention R&D increased by US\$9 million, up to US\$200 million in 2014, reversing the trend of steady decline seen in the past few years. Overall, philanthropic investments in preventive vaccines and PrEP increased, while investments in microbicides, treatment as prevention and medical male circumcision declined.
- Commercial sector funding saw a substantial increase, due to an increase in reported funding for preventive vaccine and female condom R&D.

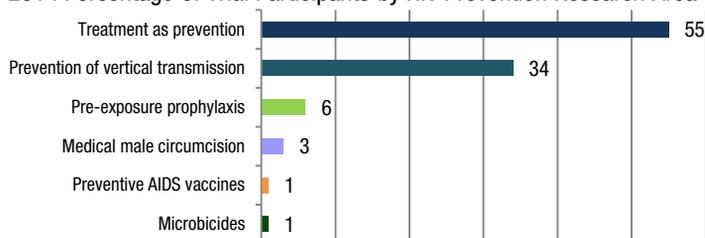
FIGURE 2.

## Participants in HIV Prevention Trials

2014 Total HIV Prevention Trial Participants: **1,112,340**



2014 Percentage of Trial Participants by HIV Prevention Research Area (%)



## Key findings

Each of the key findings that emerged from this year's Working Group research, compilation and analysis reflects the state of funding for HIV prevention R&D and will be critical for HIV prevention R&D needs, priorities and responses going forward.

### I. R&D investment is expanding beyond research to rollout

Since the Working Group began tracking investments in HIV prevention, a number of options have moved through the pipeline from research to rollout. The importance of investing in products beyond bench science and clinical trials is shown through the recent roll out and scale-up of options such as voluntary medical male circumcision and female condoms, and, in the demonstration project phase, PrEP.

### II. Majority of investment from several large funders

In 2014, the US remained the largest public-sector and overall investor in HIV prevention R&D, with combined spending by the US National Institutes of Health (NIH), US Agency for International Development (USAID), US Centers for Disease Control and Prevention (CDC) and Department of Defense (DoD) totaling US\$868 million. Of the total funding tracked by the Working Group, the US invests nearly two-thirds. Sixty-six percent of all US public-sector funding comes from the US NIH. Combined, the US public sector and the Bill & Melinda Gates Foundation account for 83 percent of all funding; potential reductions made by either could have a disproportionate impact on total funding.

### III. Decrease in number of philanthropic funders engaged

While the total amount of philanthropic funding increased in 2014, the number of philanthropic funders engaged in HIV prevention research has been steadily declining since 2010. In 2014, 16 philanthropic funders invested in HIV prevention research, down from 30 in 2010. By contrast, the number of countries investing public-sector funds in HIV prevention research has increased since 2010, from 17 to 20.

### IV. Development funding priorities are changing

The MDGs expire in 2016 and the creation of the Sustainable Development Goals (SDGs) is in progress. The importance of investment in R&D as crucial to health gains articulated and reflected in the global goals can lead to increased political support and thus, investment, in global health R&D as has happened in past years. This is evidenced by a fourfold increase in the past 25 years in funding for health R&D resulting in improvements in health worldwide. The MDGs and Declaration have influenced large increases in investment in HIV/AIDS. This in turn led to greater overall HIV prevention R&D investment, an increase of threefold between 2001 and 2014. With the new SDGs set to be decided by mid-2015 and global financing or development also in a period of transition, it remains to be seen whether HIV prevention R&D, and global health R&D as a whole, will receive a prominent place in the new international development agenda.

The HIV Vaccines & Microbicides Resource Tracking Working Group (the "Working Group") is led by AVAC, in partnership with the International AIDS Vaccine Initiative (IAVI) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). A detailed explanation of the methodology can be found on the Working Group website:

[www.hivresourcetracking.org](http://www.hivresourcetracking.org)