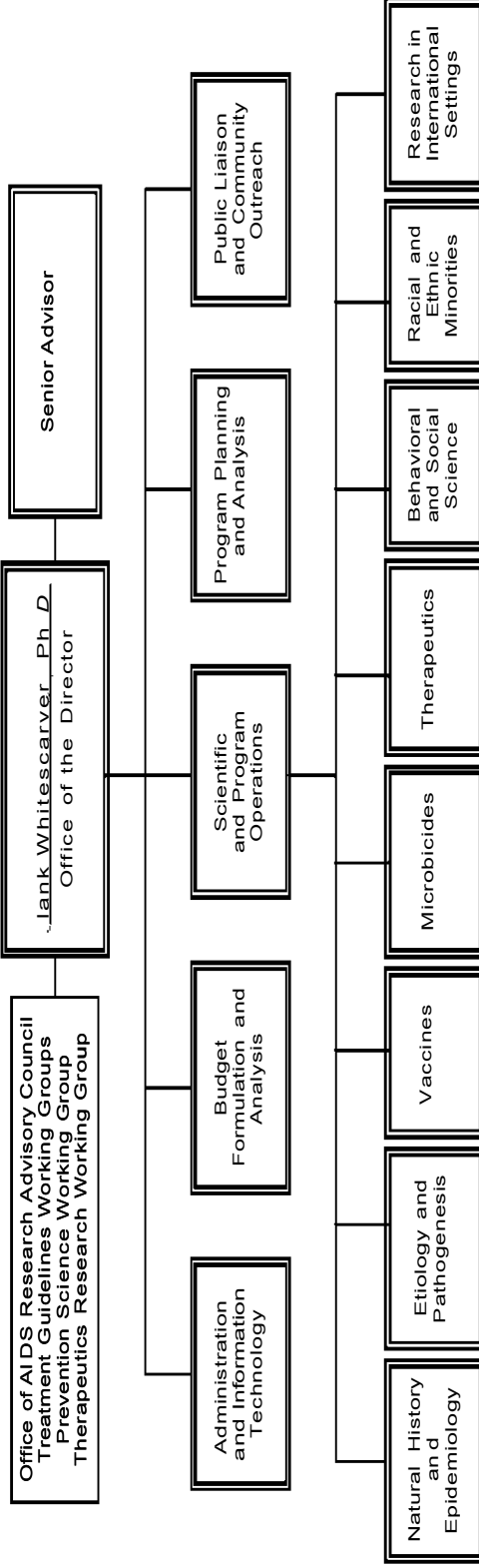


DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Office of AIDS Research Trans-NIH AIDS Research Budget

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OFFICE OF AIDS RESEARCH



**National Institutes of Health
Office of AIDS Research**

Budget Authority by Institute and Center

Institute/Center	FY 2008 Actual	FY 2009 Estimate	FY 2009 Recovery Act 1/ 2/	FY 2010 PB	Change FY 2009 Estimate/ FY 2010 PB
NCI	\$258,499,000	\$265,882,000	\$20,000,000	\$269,964,000	\$4,082,000
NHLBI	65,360,000	66,651,000	9,563,000	66,972,000	321,000
NIDCR	19,741,000	20,251,000	--	20,251,000	---
NIDDK	31,031,000	31,656,000	--	31,031,000	---
NINDS	46,451,000	46,531,000	3,500,000	47,027,000	496,000
NIAD	1,497,722,000	1,541,074,000	330,986,000	1,566,651,000	25,577,000
NIGMS	54,628,000	56,024,000	7,724,000	56,649,000	625,000
NICHD	138,358,000	142,334,000	227,000	144,402,000	2,068,000
NEI	10,585,000	10,633,000	--	10,631,000	-2,000
NIEHS	5,310,000	5,347,000	--	5,347,000	---
NIA	5,392,000	5,560,000	1,440,000	5,645,000	85,000
NIAMS	4,866,000	4,938,000	--	4,938,000	---
NIDCD	900,000	1,284,000	--	1,284,000	---
NIMH	181,153,000	186,665,000	12,714,000	189,586,000	2,921,000
NIDA	304,032,000	312,901,000	29,119,000	317,829,000	4,928,000
NIAAA	27,017,000	27,797,000	--	28,175,000	378,000
NINR	12,145,000	12,506,000	--	12,660,000	154,000
NHGRI	6,855,000	7,048,000	--	7,153,000	105,000
NIBIB	1,096,000	1,308,000	--	1,308,000	---
NCRR	162,525,000	167,111,000	143,721,000	169,523,000	2,412,000
NCCAM	2,385,000	2,441,000	--	2,441,000	---
NCMHD	---	---	--	---	---
FIC	23,138,000	23,799,000	--	24,103,000	304,000
NLM	7,399,000	7,606,000	--	7,683,000	77,000
OD	61,757,000	62,992,000	--	64,241,000	624,000
B&F	---	---	---	---	---
TOTAL, NIH	2,928,345,000	3,010,339,000	558,994,000	3,055,494,000	45,155,000

1/ Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010.

2/ ARRA funds for AIDS research were determined by each IC and were not allocated by OAR.

**National Institutes of Health
Office of AIDS Research**

**Summary of Budget by Mechanism
(Dollars in Thousands)**

MECHANISM IVIEVsrIIIIIIOIVI	FY 2008 Actual		FY 2009 Estimate		FY 2009 Recovery Act 1/ 2/		FY 2010 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:										
Research Projects										
Noncompeting	1,859	1,296,258	1,763	\$1,290,348	436	\$171,760	1,801	\$1,287,869	38	-\$2,479
Administrative supplements	(166)	26,996	(167)	34,982	(204)	36,249	(144)	30,065	(-23)	-4,917
Competing	640	297,205	702	331,361	687	183,827	733	351,750	31	20,389
Subtotal, RPGs	2,499	1,620,459	2,465	1,656,691	1,123	391,836	2,534	1,669,684	69	12,993
SBIR/STTR	87	34,592	81	32,812	10	4,394	82	32,897	1	85
Subtotal, RPGs	2,586	1,655,051	2,546	1,689,503	1,133	396,230	2,616	1,702,581	70	13,078
Research Centers										
Specialized/comprehensive	58	122,595	58	128,727	31	11,989	57	131,462	-1	2,735
Clinical research	5	48,905	10	57,763	27	8,219	10	60,154	0	2,391
Biotechnology	0	3,511	3	3,958	10	3,150	3	3,958	0	0
Comparative medicine	18	61,251	17	61,030	10	3,030	17	61,044	0	14
Research Centers in Minority Institutions	4	10,907	4	11,391	22	6,375	4	11,397	0	6
Subtotal, Centers	85	247,169	92	262,869	100	32,763	91	268,015	-1	5,146
Other Research										
Research careers	270	39,262	279	40,229	65	6,600	279	40,673	0	444
Cancer education	0	15	0	15	0	0	0	15	0	0
Cooperative clinical research	15	24,846	15	21,753	0	0	12	22,724	-3	971
Biomedical research support	0	1,762	0	1,462	20	8,952	0	1,462	0	0
Minority biomedical research support	1	315	0	0	0	0	0	0	0	0
Other	141	54,575	146	56,184	15	4,200	147	56,522	1	338
Subtotal, Other Research	427	120,775	440	119,643	100	19,752	438	121,396	-2	1,753
Total Research Grants	3,098	2,022,995	3,078	2,072,015	1,333	448,745	3,145	2,091,992	67	19,977
Ruth L. Kirschstein Training Awards:	<u>FTTPs</u>		<u>FTTPs</u>				<u>FTTPs</u>		<u>FTTPs</u>	
Individual awards	85	3,392	81	3,260	3	65	75	3,072	-6	-188
Institutional awards	715	32,047	704	31,957	42	1,164	709	32,259	5	302
Total, Training	800	35,439	785	35,217	45	1,229	784	35,331	(1)	114
Research & development contracts (SBIR/STTR)	161 (1)	398,554 (191)	171 (1)	421,170 (191)	4 (0)	6,900 (0)	175 (1)	439,426 (192)	4 (0)	18,256 (1)
Intramural research		303,635		310,459		1,800		314,125		3,666
Research management and support		105,965		108,486		320		110,379		1,893
Construction		0		0		100,000		0		0
Office of the Director		61,757		62,992		0		64,241		1,249
Total Budget Authority		2,928,345		3,010,339		558,994		3,055,494		45,155

1/ Funds are appropriated from the American Recovery and Reinvestment Act, 2009 (P.L. 111-5) and are available until September 30, 2010.

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**National Institutes of Health
Office of AIDS Research**

**Budget Authority by Program
(Dollars in thousands)**

Area of Emphasis 1/	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate	FY 2010 PB	Change
HIV Microbicides	\$85,693	\$96,413	\$115,495	\$120,177	\$123,966	\$3,789
Vaccines	581,450	582,403	556,139	556,525	557,444	919
Behavioral and Social Science	406,217	420,395	412,502	434,027	439,885	5,858
Therapeutics	635,434	656,264	698,461	690,553	697,623	7,070
Etiology and Pathogenesis	716,239	692,816	703,874	721,046	731,245	10,199
Natural History and Epidemiology	269,835	239,396	227,900	247,342	260,372	13,030
Training, Infrastructure, and Capacity Building	160,686	192,065	171,706	197,745	201,260	3,515
Information Dissemination	27,723	26,036	42,268	42,924	43,699	775
Subtotal	2,883,277	2,905,788	2,928,345	3,010,339	3,055,494	45,155
Total	2,883,277	2,905,788	2,928,345	3,010,339	3,055,494	45,155

1/

Beginning in FY 2008, HIV Microbicides became a separate activity. Dollars for HIV Microbicides were previously included within other science areas, such as Therapeutics, Etiology and Pathogenesis, Behavioral and Social Science, and Vaccines. The FY 2006 and FY 2007 amounts are comparable budget figures.

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**OFFICE OF AIDS RESEARCH
TRANS-NIH AIDS RESEARCH BUDGET JUSTIFICATION**

Budget Authority:

	FY 2008 Actual	FY 2009 Estimate	FY 2010 PB	Change
Budget Authority	\$2,928,345,000	\$3,010,339,000	\$3,055,494,000	+\$45,155,000

DIRECTOR'S OVERVIEW

Mission

The Office of AIDS Research (OAR) coordinates the scientific, budgetary, legislative, and policy elements of all National Institutes of Health (NIH) AIDS research. OAR, located within the NIH Office of the Director, is authorized to plan, coordinate, and evaluate all AIDS research conducted or supported by NIH. OAR develops an annual strategic plan and budget for all NIH AIDS research and training activities.

The OAR has used these authorities to establish unique trans-NIH planning, budgeting, and portfolio assessment processes. These processes promote collaboration, minimize duplication, and ensure that NIH AIDS research dollars are invested in high priority research that ultimately will lead to the development of new tools for use in the global fight against AIDS.

Global Impact of NIH AIDS Research

NIH has established the largest and most significant AIDS research program in the world. NIH supports and conducts a comprehensive program of basic, clinical, and behavioral research in domestic and international settings on HIV infection and its associated co-infections, opportunistic infections, malignancies, and other complications. No other disease so thoroughly transcends every area of clinical medicine and basic scientific investigation, crossing the boundaries of the NIH Institutes and Centers (ICs).

The HIV/AIDS Pandemic

Globally¹

- 33 million people estimated to be currently living with HIV/AIDS infection.
- More than 25 million men, women, and children have already died.
- In 2007, an estimated 2.7 million new HIV infections occurred, including 370,000 in children.
- In 2007, 2.1 million people died from AIDS.

AIDS in the United States²

- More than 1.1 million people are living with HIV/AIDS
- In 2006, an estimated 56,300 people were newly infected with HIV, and 14,000 died from AIDS
- Racial and ethnic populations are disproportionately affected by HIV/AIDS.

¹UNAIDS. *Report 2008 Report on the global AIDS epidemic.*

²CDC. *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006.*

NIH-funded research has led to the discovery of antiretroviral therapies and regimens that have resulted in improved quality of life and life expectancy for those with access to these drugs. In addition, NIH research has led to the development of treatments for numerous HIV-associated co-infections and co-morbidities. Recent studies revealed that race and gender may be important risk factors for some side effects of antiretroviral therapy (ART). NIH research also has led to a number of advances in HIV prevention, including strategies for the prevention of mother-to-child transmission, the effectiveness of circumcision, and the demonstration that treatment for drug abuse can reduce HIV risk behaviors. Despite these important advances, the epidemic continues to expand, and improved prevention strategies and optimized therapeutic regimens are urgently needed.

AIDS Research Conducted in International Settings
(Dollars in millions)

FY 2008 Actual	FY 2009 Estimate	FY 2010 Estimate
\$412	\$426	\$435

NIH AIDS Research Priorities for FY 2010

Each year, the OAR develops the *Trans-NIH Plan for HIV-Related Research* to ensure the AIDS budget is used to fund the highest priority AIDS-related research. The Plan shapes the NIH investment in biomedical and behavioral AIDS-related research and provides the framework to translate critical research findings into improved prevention and treatment strategies. It is developed in collaboration with scientists from NIH, other government agencies, and non-governmental organizations, as well as community representatives. During the planning process, the state of the science is reviewed, newly emerged and critical public health needs are assessed, and scientific opportunities are identified. The *Fiscal Year (FY) 2010 Trans-NIH Plan for HIV-Related Research* can be accessed at <http://www.oar.nih.gov>. This annual process culminates with the identification of the highest strategic priorities and critical research needs in each scientific area of HIV-related research. These priorities are reflected in this trans-NIH AIDS research budget, which is explicitly linked to the objectives of the strategic Plan. The budget is developed by the OAR Director, in consultation with the NIH Director, based on submissions of each IC's proposed AIDS research programs.

The *FY 2010 Trans-NIH Plan for HIV-Related Research* identifies two critical priorities that transcend all areas of AIDS research and shape the development of this budget:

(1) Prevention of acquisition and transmission of HIV: Prevention of HIV infection is NIH's highest priority for HIV-related research. Disappointing results from recent clinical studies of HIV vaccine and microbicide candidates underscore the need for additional discovery (basic) research on HIV and the host immune response. Biomedical and behavioral interventions are urgently needed to reach individuals at risk, particularly in racial and ethnic populations in the United States, in international settings, among women, and among men who have sex with men.

(2) Prevention and treatment of HIV-associated co-morbidities, co-mortalities, and co-infections: Recent epidemiologic studies and clinical reports show an increased incidence of HIV-associated co-morbidities, co-mortalities, and co-infections, including malignancies, cardiovascular and metabolic complications, diabetes, neurological complications, and other clinical manifestations, associated with long-term HIV disease and prolonged antiretroviral therapy. Research that will lead to a better understanding of these HIV-associated conditions is a high priority for the NIH, including research on how antiretroviral drugs may cause these manifestations and complications and the complex pathogenesis associated with HIV co-infections. In addition, translational and clinical studies are needed to transform fundamental research results into improved strategies for preventing and treating these HIV-associated co-morbidities, co-mortalities, and co-infections, including research on drug resistance, drug toxicities, pharmacogenomics, and adherence.

Additional priorities include the application of genomics and related technologies to the study of HIV/AIDS and the host immune response; the interrelatedness of HIV/AIDS and nutrition; and the development and testing of research models, methods, and measures to assess risk and protective behaviors in diverse populations.

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NIH OFFICE OF AIDS RESEARCH
PROGRAM NARRATIVES AND BUDGET POLICY

HIV MICROBICIDES

Microbicides are antimicrobial and other products that can be applied topically, systemically, or subcutaneously to prevent HIV and other sexually transmitted infections. The development of these agents offers one of the most promising primary preventive interventions. NIH supports a comprehensive and innovative microbicide research program that includes the screening, discovery, development, preclinical testing, and clinical evaluation of microbicide candidates, and basic science and translational research that assists in the understanding of mucosal immunity and HIV acquisition. NIH also supports concomitant behavioral and social science research on the acceptability and use of microbicides among different populations and analyses of the safety of microbicide use during pregnancy.

NIH has initiated a series of administrative steps to increase the level of awareness and focus on microbicide research, including: the establishment of a Microbicide Research Working Group comprised of non-government experts that represents a wide range of HIV expertise and provides guidance regarding research gaps and research priorities. NIH also established a microbicide research branch within NIAID; instituted the Microbicide Innovation Program, designed to accelerate the discovery and development of microbicides; and facilitated collaborations in the field that will promote efficient and practical use of resources for microbicides research.

Budget Policy: The FY 2010 budget request for this activity is \$123,966,000, which represents an increase of \$3,789,000 and 3.2% over the FY 2009 Estimate level. HIV microbicide research is a top priority within the AIDS research agenda for NIH. In FY 2010, NIH will increase funding for the design, development, and evaluation of microbicide candidates. Key ongoing activities include support for the microbicide clinical trials network and the necessary infrastructure to conduct microbicide trials, especially in developing countries; the development of criteria for selecting potential products to be evaluated in clinical trials and for advancing them through the different phases of pre-clinical and clinical studies; and research on ethical, adherence, and other behavioral issues impacting these clinical trials. A number of working groups, conferences, workshops, and symposia also will be supported to foster innovative microbicide research that will lead to the development of potential candidates that prevent HIV transmission and acquisition.

VACCINES

The best long-term hope for controlling the AIDS pandemic is the development of safe, effective, and affordable HIV vaccines. NIH supports a broad HIV vaccine research portfolio encompassing basic, preclinical, and clinical research. Moreover, NIH supports research to identify and better understand protective immune responses; and information gleaned from these studies is being used to inform the design and development of novel vaccine strategies.

In FY 2008, NIH supported a small number of Phase I and II clinical trials of new HIV vaccine candidates. Two large vaccine studies conducted by NIH in partnership with Merck & Co., Inc. were halted near the end of FY 2007 because the vaccine candidate did not prevent HIV infection. Moreover, the vaccine candidate appeared to increase risk of infection in uncircumcised men who had prior immunity to the vaccine vector. Although disappointing, these results underscored the need for additional research to better understand the basic host immune responses to HIV infection and to the carrier vectors for the HIV vaccines.

Budget Policy: The FY 2010 budget request for this activity is \$557,444,000, which is an increase of \$919,000 and 0.2% over the FY 2009 Estimate level. Prevention of HIV acquisition remains a top priority within the AIDS research agenda for NIH; and a HIV vaccine would offer the best hope to stem the pandemic. The disappointing results from the clinical studies of the Merck HIV vaccine candidate indicate a critical need to reinvest in basic research studies on the virus and host immune responses that can inform the development of new and innovative vaccine concepts; as well as the development of improved animal models to conduct pre-clinical evaluations of vaccine candidates. In FY 2010, NIH will fund additional basic research on HIV and host responses, as well as the design and development of new vaccine concepts and the pre-clinical/clinical development of vaccine candidates in the pipeline. Specifically, the vaccine research budget request for FY 2010 includes \$380,839,000 for basic research on HIV and host responses and for the design, development, and pre-clinical evaluation of vaccines, which is an increase of \$773,000 above the FY 2009 Estimate level. The budget also includes \$176,605,000 for clinical research, which is an increase of \$146,000 above the FY 2009 Estimate level.

BEHAVIORAL AND SOCIAL SCIENCE

NIH supports research to further our understanding of how to change the behaviors that lead to HIV acquisition, transmission, and disease progression, as well as how to maintain protective behaviors once they are adopted. In addition, NIH supports research aimed at better understanding and modifying the social and cultural factors associated with HIV infection, particularly in communities with high HIV incidence, including racial and ethnic communities in the United States and men who have sex with

men. Recent emphases have been on integrating biomedical and behavioral perspectives in research and using proven methods to develop comprehensive, multi-faceted approaches to prevention and treatment.

Recent NIH-sponsored studies have addressed complex factors in HIV prevention and treatment such as: the association of food insufficiency with HIV risk among women; the positive impact of drug abuse treatment on adherence to antiretroviral therapy; and the effectiveness of a group intervention in reducing risk behaviors among individuals who had been victims of childhood sexual abuse. The results of an international trial testing a treatment for drug abuse showed that such interventions can reduce drug abuse and HIV risk behaviors. This strategy successfully integrated biomedical and behavioral approaches. Behavioral research advances also are being applied to enhance recruitment and retention in clinical trials.

Budget Policy: The FY 2010 budget request for this activity is \$439,885,000, which is an increase of \$5,858,000 and 1.3% over the FY 2009 Estimate level. NIH will continue to fund research to develop and evaluate effective interventions to prevent HIV transmission and acquisition by reducing HIV-related risk behaviors and increasing protective behaviors, targeted to populations at risk, including racial and ethnic populations and men who have sex with men in the United States. The amount requested for FY 2010 includes an increase of \$1,769,000 for research on HIV prevention interventions.

THERAPEUTICS

Antiretroviral treatment has resulted in improved immune function in patients who are able to adhere to the treatment regimens and tolerate the toxicities associated with antiretroviral drugs; and it has delayed the progression of HIV disease, extending the time between initial infection and the development of AIDS. However, epidemiologic studies have revealed a number of co-infections, co-morbidities, and co-mortalities associated with long-term HIV disease, including tuberculosis, hepatitis C, malignancies, metabolic disorders, cardiovascular disease, and neurologic disorders. A better understanding of the underlying etiology of these HIV-associated conditions will lead to better prevention and treatment strategies. NIH supports a comprehensive therapeutics research program to design, develop, and test drugs and drug regimens to prevent and treat HIV infection and its associated co-infections, co-morbidities, and co-mortalities.

NIH-sponsored studies recently identified several new potential targets for inhibiting HIV replication and entry of HIV into human immune cells. These cellular components represent novel targets for potentially new anti-HIV therapies that may overcome drug resistance observed with current anti-HIV drugs. Two recent international clinical studies, the Six Weeks Extended Nevirapine (SWEN) study and the Post-Exposure Prophylaxis of Infant (PEPI) study, demonstrated that extended courses of a daily antiretroviral drug administered to newborns decreased HIV transmission through

breastfeeding and reduced mortality. These regimens represent safe and effective interventions to prevent mother-to-child-transmission of HIV during breastfeeding.

Budget Policy: The FY 2010 budget request for this activity is \$697,623,000, which represents an increase of \$7,070,000 and 1.0% over the FY 2009 Estimate level. Improved therapeutic regimens for the treatment of HIV and its associated co-infections and co-morbidities are urgently needed, especially regimens that can be implemented in resource-limited settings. This research will also address the increased incidence of side effects such as cardiovascular and metabolic complications that have been identified in African American and Latino/Hispanic HIV-infected individuals currently on antiretroviral therapy.

ETIOLOGY AND PATHOGENESIS

NIH supports a comprehensive portfolio of research focused on gaining a better understanding of how HIV infection is established and maintained and what causes the associated profound immune deficiency and severe clinical complications. Research on basic HIV biology and AIDS pathogenesis has revolutionized the design of drugs, methodologies for diagnosis, and monitoring of the safety and effectiveness of antiviral therapies. Ground-breaking strides have been made towards understanding the fundamental steps in the life-cycle of HIV, the host-virus interactions, and the clinical manifestations associated with HIV infection and AIDS; however, additional research is needed to further the understanding of the virus and how it causes disease, including studies to delineate how gender, age, ethnicity, and race influence vulnerability to infection and HIV-disease progression.

Several NIH studies have recently shown that HIV invades and rapidly destroys infection fighting immune cells in the gut. This occurs shortly after an individual becomes HIV-infected. Subsequently the gut becomes a major reservoir for the virus, resulting in disease progression. NIH-supported imaging studies have led to the recent discovery of new mechanisms for cell-to-cell spread of HIV within the infected host. These studies may lead to the development of novel therapeutics and microbicides.

Budget Policy: The FY 2010 budget request for this activity is \$731,245,000, which is an increase of \$10,199,000 and 1.4% over the FY 2009 Estimate level. The results from recent microbicide and vaccine clinical studies have revealed gaps in knowledge and understanding of HIV etiology and pathogenesis, particularly with regard to host immune responses and how HIV interacts with and transverses mucosal surfaces. The amount requested for FY 2010 includes \$391,922,000 for research on the biology of HIV transmission and pathogenesis; this represents an increase of \$7,486,000 over the amount allocated for research in this area at the FY 2009 Estimate level. Funding will be redirected from lower priority research within this area, primarily research on the

pathogenesis of opportunistic infections that have become less significant due to antiretroviral therapy in order to support higher priority etiology and pathogenesis research.

NATURAL HISTORY AND EPIDEMIOLOGY

Natural history and epidemiologic research is needed to monitor epidemic trends, develop and evaluate prevention modalities, follow the changing clinical manifestations of HIV disease in different populations, and measure the effects of treatment regimens. NIH supports research in domestic and international settings to examine HIV transmission, HIV/AIDS disease progression (including the occurrence of co-infections and opportunistic infections, malignancies, metabolic complications, neurological and behavioral dysfunctions), the development of other HIV/AIDS-related conditions, and improved methodologies to support this research. Epidemiologic research is instrumental in identifying and describing AIDS-related co-morbidities, disentangling effects related to treatment from those related to HIV disease itself.

NIH has recently reported findings from the largest analysis ever undertaken of cancer incidence trends in HIV-infected individuals in the United States. These findings showed that nine non-AIDS-defining cancers are more likely to be seen in HIV-infected individuals than in the general population. This study reports a significant increase in incidence rates of melanoma, Hodgkin's lymphoma, and colorectal, anal, and prostate cancer in HIV-infected individuals. NIH-sponsored investigators also have shown that race and gender may be important risk factors for some antiretroviral (ART)-associated side effects. These studies showed that African American patients on ART had a higher risk of serious cardiovascular side effects and that women taking ART were more likely to develop severe anemia. These findings have important ramifications for the treatment and care of HIV-infected individuals in the United States.

Budget Policy: The FY 2010 budget request for this activity is \$260,372,000, which represents an increase of \$13,030,000 and 5.3% above the FY 2009 Enacted level. NIH will expand support for high-priority epidemiology studies of groups and populations affected by HIV, including the expanding epidemic among individuals over fifty years of age. NIH will also increase support for critical studies to investigate the mechanisms of disease progression, the specific role of race and gender, the effects of nutritional status on disease progression and response to therapy, the impact of therapy in changing the spectrum of HIV disease, and the causes of death.

TRAINING, INFRASTRUCTURE, AND CAPACITY BUILDING

NIH supports the training of domestic and international biomedical and behavioral AIDS researchers, and provides support for the equipment necessary for the conduct of AIDS-related research and clinical studies. The expansion of NIH-funded HIV research globally has necessitated the development of research infrastructure in many locations, including resource-limited settings in Africa, the Caribbean, India, and Asia. Numerous NIH-funded programs have increased the number of training positions for AIDS-related research, including programs specifically designed to recruit individuals from underrepresented populations into research careers and to build research infrastructure at minority-serving institutions in the United States. The NIH Loan Repayment Program also has attracted health professionals to NIH to engage in AIDS-related research.

NIH is working to improve international research and training to better address the challenges of AIDS in resource-constrained nations. One example is a trans-NIH initiative involving both intramural and extramural scientists to establish partnerships with scientists at Indian research institutions, particularly partnerships focusing on HIV prevention research.

Budget Policy: The FY 2010 budget request for this activity is \$201,260,000, which represents an increase of \$3,515,000 and 1.8% above the FY 2009 Estimate level. NIH will continue to support ongoing efforts to increase the supply of non-human primates, particularly rhesus macaques, for AIDS research and other areas of biomedical research both in the United States and abroad. NIH also will support training programs for U.S. and international researchers to build the critical capacity to conduct AIDS research both in racial and ethnic communities in the United States and in developing countries. The amount requested for this activity for FY 2010 includes \$70,033,000 for research training, an increase of \$1,250,000 over the FY 2009 Estimate level; and \$131,227,000 for infrastructure development, an increase of \$2,265,000 from the FY 2009 Estimate level.

INFORMATION DISSEMINATION

Effective information dissemination approaches are integral to HIV prevention and treatment efforts and critical in light of the continuing advent of new and complex antiretroviral treatment regimens, issues related to adherence to prescribed treatments, and the need to translate behavioral and social prevention approaches into practice. The changing pandemic and the increasing number of HIV infections among women and in racial and ethnic populations of the United States, particularly in African American and Latino/Hispanic communities, also underscore the need to disseminate HIV research findings and other related information to communities at risk. The flow of information among researchers, health care providers, and the affected communities represents new opportunities to rapidly translate research results into practice and to shape future research directions.

NIH continues to support *AIDSinfo* (www.aidsinfo.nih.gov), a comprehensive resource for state-of-the science federal treatment and prevention guidelines. Guidelines are updated and posted on a continual basis. In November 2008 alone, the guidelines were downloaded over 500,000 times. *AIDSinfo* also provides information about participation in HIV therapeutics, vaccine, and microbicide clinical trials. In 2008, the website received over 2.4 million visits and over 9 million page views. In FY 2008, a number of new Spanish-language features about HIV/AIDS clinical trials and treatment information were added to the *AIDSinfo* companion site, infoSIDA, which received 445,000 visits and nearly 2 million page views.

Budget Policy: The FY 2010 budget request for this activity is \$43,699,000, which represents an increase of \$775,000 and 1.8% above the FY 2009 Estimate level. As the number and complexity of clinical studies increases, resources must be invested in clinical trials-related information dissemination to ensure recruitment of an adequate number of participants, particularly from populations at risk, including racial and ethnic populations in the United States. In addition, antiretroviral treatment guidelines, as well as guidelines for the management of HIV complications for adults and children, will be updated and disseminated through the *AIDSinfo* website.