



Treatment Action Group

August 10, 2023

Jeanne M. Marrazzo, M.D.
Incoming Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Marrazzo,

It is with great excitement that we write to congratulate you on your appointment as Director of the National Institute of Allergy and Infectious Diseases (NIAID). As a research and policy think tank fighting to end HIV, tuberculosis (TB), and hepatitis C virus (HCV), Treatment Action Group (TAG) happily awaits your tenure overseeing critically important research that will help save countless lives and bring an end to these pandemics. We look forward to continuing the collaborative and productive relationship that we have maintained with NIAID under previous leadership, and we hope you will view us as a trusted resource for community engagement and perspective.

Your extensive experience and leadership in sexual health research will be a vital contribution to NIAID and the science it supports. It is especially promising to see someone with your commitment to patient-centered design be at the helm of our nation's infectious disease research portfolio, and we are delighted to see NIAID welcome its first woman and first openly LGBTQ+ Director, bearing perspectives which will benefit the agency's research immensely. Your knowledge of new HIV prevention and treatment tools, lived experience as a community member, and expertise in sexual and reproductive health technologies are an invaluable addition to our national research infrastructure.

We also hope that you continue NIAID's legacy of commitment and irreplaceable contribution to TB research and development (R&D). NIH is currently the single largest funder of TB R&D in the world, accounting for 35% of global funding in 2021, most of this from NIAID. This funding has catalyzed investments from other countries and philanthropies through partnerships that have strengthened US health diplomacy. NIAID investments in TB have led to some of the most groundbreaking innovations in decades, including short-course regimens for TB prevention and treatment. Furthermore, NIAID has led the field in mainstreaming the inclusion of children, people living with HIV, pregnant people, and other groups in TB research, thus ensuring that these populations that are at an increased risk of TB but traditionally underrepresented in research initiatives can enjoy the benefits of scientific progress against TB.

In recent years, NIAID has begun to invest more in TB vaccines R&D, an area we believe deserves substantially expanded investments given the promising state of the pipeline and the unique contribution the Division of AIDS HIV/AIDS Clinical Trials Networks can make toward accelerating TB vaccine clinical trials. As the global TB pandemic continues to evolve, so too must our prevention and response efforts to avert millions of avoidable deaths each year. NIAID's sustained leadership will ensure that we have the tools necessary to meet this challenge and end TB.



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As you begin determining the Institute's direction under your leadership, we hope to draw your attention to several key considerations. The coming years of NIAID's agenda will be crucial to advancing several R&D and policy priorities, including the following:

1. **Community engagement of historically underrepresented groups in research and clinical trials** – building on the work done thus far, NIAID must maintain focus on ensuring that the communities most affected by HIV, TB, and HCV (especially people of color, LGBTQ+ people, immigrants, people who use drugs, sex workers, and people with experiences of housing instability and/or incarceration) are well-represented in funding awards, division leadership, and study recruitment, and that community experts are properly compensated for trial review and consultation;
2. **Ensuring that the public can benefit from NIAID investments in science** – all products of publicly-funded research should be available, accessible, affordable, and responsive to the communities they stand to benefit most. This can best be achieved through establishing and enforcing rules and contract provisions, in any of NIAID's funding or licensing agreements, that ensure affordable access to health products resulting from NIAID support;
3. **Commitment to a more inclusive approach to infectious disease R&D** – while some progress has been made, there remains much room for improvement in challenging the routine exclusion of key populations such as pregnant people from research. NIAID could also further promote a syndemics approach, including through cross-disease applications of research such as long-acting technologies for HIV and HCV; and
4. **Zero new infections as the driving goal for NIAID's R&D portfolio and decision-making processes** – a robust toolbox will be necessary to reach the true end to infectious disease pandemics, both in improving existing tools such as Mpox vaccines (particularly for those most disproportionately affected including Black sexual minority men with advanced HIV disease) and in developing new tools like HIV vaccines and cures and more effective TB vaccines.

We look forward to continuing this discussion and providing any support we can to your office. This will no doubt be an incredibly busy time for you as you transition into your new role, but we hope to provide helpful input and answer any questions you might have for us. Please let us know your availability to meet with our team at your earliest convenience.

In solidarity,

Mark Harrington
Co-Founder and Executive Director

Cheriko A. Boone, MSW, MPH, MA
HIV Project Director

Elizabeth Lovinger
US and Global Health Policy Director