

# Office of AIDS Research

CONGRESSIONAL JUSTIFICATION  
FY 2027

Department of Health and Human Services  
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

Office of AIDS Research (OAR)

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**General Notes**

1. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
2. Detail in this document may not sum to the subtotals and totals due to rounding.

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## Office of AIDS Research Overview

The Office of AIDS Research (OAR) supports fundamental, pre-clinical, clinical, and implementation research on human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) research across the National Institutes of Health (NIH). Building on this knowledge base, OAR funds research projects testing biomedical and psychosocial interventions to identify the most effective and cost-effective approaches to prevent, diagnose, and treat HIV. The mission of OAR is to ensure that HIV research funding is directed at the highest priority research areas and to facilitate maximal return on investment. To achieve this mission, OAR convenes, catalyzes, coordinates, and communicates HIV-related research across NIH, the Department of Health and Human Services (HHS), other government agencies, academia, and community organizations through collaborations and partnerships.

In the 1980s, an HIV infection was a fatal diagnosis. Sustained investment in HIV research enabled significant advances in antiretroviral therapies (ART), transforming the landscape of care and prevention approaches. With access to treatment and care, people with HIV have a normal life expectancy. Treatment for HIV is also a powerful prevention tool; an overwhelming body of clinical evidence has firmly established that people with HIV who achieve and maintain an undetectable viral load cannot sexually transmit HIV to others (Undetectable = Untransmittable). Recent breakthroughs include simpler-to-take treatments and long-acting prophylactics.

NIH will focus on supporting implementation science and other research directions to improve the uptake of and access to existing medical and behavioral interventions that can significantly limit and eventually end the HIV epidemic in the United States. Implementation science shows us how, where, and when to implement interventions and who should conduct implementation strategies to effectively reach people most in need and optimize adoption by broader systems. This research includes adapting effective interventions for people living in the United States most impacted by new infections and high viral load.

NIH will also support research on co-occurring conditions associated with HIV. People with HIV experience accelerated aging, altered metabolism, and chronic immune activation that converge and contribute to the development of several comorbidities. Comorbid conditions that disproportionately affect people with HIV include cardiovascular disease, chronic kidney disease, liver disease, frailty and reduced bone density, and cancers. Neuropsychiatric conditions, such as depression and neurocognitive disorders, also are significantly more prevalent among people with HIV than those without HIV.

HIV crosses nearly every area of medicine and scientific investigation. NIH will maintain a multidisciplinary portfolio to maximize the reach and uptake of existing evidence-based prevention and treatment, meet the needs of people aging with HIV, address comorbidities associated with HIV, develop novel formulations to support choice and widespread access in HIV prevention and treatment, and continue to pursue a cure for HIV.

**BUDGET AUTHORITY BY INSTITUTE, CENTER, AND OFFICE**

NATIONAL INSTITUTES OF HEALTH  
Office of AIDS Research  
Budget Authority by Institute, Center, and Office  
(Dollars in Thousands)

<b>Institute, Center, and Office</b>	<b>FY 2025 Final<sup>1,2</sup></b>	<b>FY 2026 Full Year CR<sup>1,2</sup></b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
NCI	\$256,734	\$251,599	\$251,599	-
NHLBI	92,953	96,671	82,104	-\$14,567
NIDCR	20,174	20,174	18,157	-2,017
NIDDK	38,699	37,925	34,891	-3,034
NINDS	41,206	40,382	37,253	-3,129
NIAID	1,911,364	1,873,137	1,383,828	-489,309
NICHD	152,881	165,111	170,029	4,918
NIEHS	-	-	-	-
NIA	28,538	35,387	36,580	1,193
NIAMS	4,875	4,875	4,547	-328
NIDCD	2,262	2,262	2,104	-158
NIMH	199,584	217,547	213,123	-4,424
NISUAR	314,252	316,038	283,920	-32,118
NINR	17,375	18,244	15,872	-2,372
NIBIB	1,954	1,954	1,954	-
NIMHD	24,982	25,981	-	-25,981
NCCIH	796	796	-	-796
FIC	25,919	25,919	-	-25,919
NLM	7,685	7,685	7,685	-
OD	146,255	146,801	146,801	-
OAR	67,806	69,921	69,921	-
ORIP	78,449	76,880	76,880	-
Subtotal, OD	146,255	146,801	146,801	-
<b>TOTAL, NIH</b>	<b>\$3,288,488</b>	<b>\$3,288,488</b>	<b>\$2,690,447</b>	<b>-\$598,041</b>

<sup>1</sup> Reflects HIV/AIDS transfers under the authority of Section 213 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2025 and 2026.

<sup>2</sup> For comparability, FY2025 and FY2026 columns reflect Institute and Center restructuring proposed in the FY2027 President's Budget, including relocation of the National Institute for Environmental Health Sciences (NIEHS) outside of NIH.

BUDGET MECHANISM TABLE

NATIONAL INSTITUTES OF HEALTH  
Office of AIDS Research  
Budget Mechanism - AIDS<sup>1</sup>  
(Dollars in Thousands)

Mechanism	FY 2025 Final <sup>3</sup>		FY 2026 Full Year CR <sup>3</sup>		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Research Projects:</b>								
Noncompeting	1,383	\$1,434,203	1,226	\$1,241,938	1,000	\$1,024,172	-226	-\$217,766
Administrative Supplements	359	97,066	336	99,755	192	51,868	-144	-47,887
Competing	338	356,129	484	524,034	219	388,894	-265	-135,140
Subtotal, RPGs	1,721	\$1,887,398	1,710	\$1,865,727	1,219	\$1,464,934	-491	-\$400,793
SBIR/STTR	13	10,448	13	10,461	9	6,802	-4	-3,659
Research Project Grants	1,734	\$1,897,846	1,723	\$1,876,188	1,228	\$1,471,736	-495	-\$404,452
<b>Research Centers:</b>								
Specialized/Comprehensive	62	\$123,927	55	\$123,258	68	\$106,294	13	-\$16,964
Clinical Research	0	0	0	0	0	0	0	\$0
Biotechnology	0	0	0	0	0	0	0	\$0
Comparative Medicine	19	67,742	19	67,767	20	72,634	1	\$4,867
Research Centers in Minority Institutions	0	1,442	0	1,442	0	0	0	-\$1,442
Research Centers	81	\$193,111	74	\$192,467	88	\$178,928	14	-\$13,539
<b>Other Research:</b>								
Research Careers	239	\$41,785	230	\$42,022	201	\$39,084	-29	-\$2,938
Cancer Education	0	0	0	0	0	0	0	\$0
Cooperative Clinical Research	20	13,733	21	13,031	19	9,339	-2	-\$3,692
Biomedical Research Support	15	3,969	0	3,161	0	3,161	0	\$0
Minority Biomedical Research Support	0	0	0	0	0	0	0	\$0
Other	126	61,582	123	52,602	58	35,373	-65	-\$17,229
Other Research	400	\$121,069	374	\$110,816	278	\$86,957	-96	-\$23,859
Total Research Grants	2,215	\$2,212,026	2,171	\$2,179,471	1,594	\$1,737,621	-577	-\$441,850
<b>Ruth L. Kirschstein Training Awards:</b>								
Individual Awards	61	\$2,985	108	\$6,668	69	\$4,084	-39	-\$2,584
Institutional Awards	210	\$13,556	235	\$15,392	246	\$14,631	11	-\$761
Total Research Training	271	\$16,541	343	\$22,060	315	\$18,715	-28	-\$3,345
<b>Research &amp; Develop. Contracts</b>	101	\$468,620	95	\$459,502	54	\$357,497	-41	-\$102,005
<i>(SBIR/STTR) (non-add)</i>	9	6,321	6	3,757	0	101	-6	-\$3,656
<b>Intramural Research</b>		\$336,553		\$372,381		\$335,762		-\$36,619
<b>Res. Management and Support</b>		186,942		185,153		170,931		-\$14,222
<i>Res. Management &amp; Support (SBIR Admin) (non-add)</i>		0		0		0		\$0
<b>Office of the Director - Appropriation<sup>2</sup></b>		146,255		146,801		146,801	0	\$0
Office of the Director - Other		67,806		69,921		69,921	0	\$0
<i>ORIP (non-add)<sup>2</sup></i>		78,449		76,880		76,880		-1,569
<b>Total, NIH Discretionary B.A.</b>		<b>\$3,288,488</b>		<b>\$3,288,488</b>		<b>\$2,690,447</b>		<b>-\$598,041</b>

<sup>1</sup> All items in italics and brackets are non-add entries.

<sup>2</sup> Number of grants and dollars for the ORIP component of OD are distributed by mechanism and are noted here as a non-add. Office of the Director - Appropriation is the non-add total of these amounts and the funds accounted for under OD - Other.

<sup>3</sup> For comparability, FY2025 and FY2026 columns reflect Institute and Center restructuring proposed in the FY2027 President's Budget, including relocation of the National Institute for Environmental Health Sciences (NIEHS) elsewhere in HHS.

**BUDGET AUTHORITY BY RESEARCH CAPACITY GOALS**

**NATIONAL INSTITUTES OF HEALTH**  
 Office of AIDS Research  
 Budget Authority by Research Capacity Goal  
 (Dollars in Thousands)

<b>Research Capacity Goal</b>	<b>FY 2025 Final<sup>1</sup></b>	<b>FY 2026 Full Year CR<sup>1</sup></b>	<b>FY 2027 President's Budget</b>	<b>FY 2027 +/- FY 2026</b>
Optimize the Impact of HIV-related Research through Implementation Science and Dissemination of Research Fundings	\$258,000	**	\$460,000	**
Enhance Discovery and Advance HIV-related Science through Fundamental Research	1,154,255	**	930,026	**
Develop and Assess Interventions for Prevention, Treatment, Cure, and Co-occurring Conditions	1,423,735	**	884,331	**
Build HIV Research Capacity by Strengthening the Scientific Workforce and Infrastructure	452,498	**	416,090	**
<b>Total</b>	<b>\$3,288,488</b>	<b>\$3,288,488</b>	<b>\$2,690,447</b>	<b>-\$598,041</b>

<sup>1</sup> For comparability, FY 2025 and FY 2026 columns reflect Institute and Center restructuring proposed in the FY 2027

President's Budget, including relocation of the National Institute for Environmental Health Sciences (NIEHS) outside of NIH.

\*\*For FY2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent non-statutory PPAs, as levels have not yet been determined.

**Office of AIDS Research**

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA <sup>1</sup>	\$3,288,488,000	\$3,288,488,000	\$2,690,447,000	-\$598,041,000

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President’s Budget request for OAR is \$2,690.4 million, a decrease of \$598.0 million or 18.3 percent compared with the FY 2026 Enacted level. This level of funding will support the research and capacity goals of the NIH HIV research agenda as described below, namely to enhance discovery and advance HIV science through fundamental research; develop and assess novel interventions for HIV prevention, treatment, cure, and co-occurring conditions; optimize the impact of HIV-related research through implementation science and dissemination of research findings; and build HIV research capacity by strengthening the research workforce and infrastructure.

**Program Descriptions and Accomplishments**

**Optimize the Impact of HIV-related Research through Implementation Science and Dissemination of Research Findings**

To optimize the public health impact of HIV research, scientific findings must be implemented in real-world settings with people affected by HIV. Understanding the factors that influence HIV prevention and treatment uptake is crucial to implementing interventions effectively in different communities. NIH encourages research on information dissemination and health communication strategies to promote public understanding, acceptance, and uptake of effective HIV-related interventions. Highlights of this research include:

**Encouraging multiple HIV prevention strategies:** A recent NIH-funded study demonstrated that a combination of text messages, online peer support, and coaching calls promotes HIV prevention methods, like pre-exposure prophylaxis (PrEP), among young people with certain risk factors.<sup>2</sup> These supportive strategies, especially when combined, could be used more widely to strengthen prevention behavior among adolescents and young adults.

<sup>1</sup> Amounts in FY 2025 and FY 2026 are comparably adjusted to remove the National Institute for Environmental Health Sciences (NIEHS).

<sup>2</sup> [pubmed.ncbi.nlm.nih.gov/38395539/](https://pubmed.ncbi.nlm.nih.gov/38395539/)

**Ending the HIV Epidemic in the U.S.:** NIH-funded research demonstrated significant success with the HHS Ending the HIV Epidemic in the U.S. initiative. Beginning in 2019, NIH has supported implementation science projects through multiple networks of HIV research centers that partnered with state and local leaders and grassroots community groups to translate implementation research findings into improved delivery of HIV testing, prevention, treatment, and response services (which provide testing, prevention, and treatment in response to HIV outbreaks) for Americans most affected by HIV. For example, more than half of new HIV diagnoses occur in the southern United States. A recent study found that opt-out (routine and automatic) HIV testing in clinics and emergency rooms can prevent about a quarter of new HIV acquisitions in the southern United States over eight years.<sup>3</sup> Routine HIV testing can increase knowledge of one’s status and facilitate faster linkage to care and treatment, reducing the spread of the virus.

### **Enhance Discovery and Advance HIV-related Science through Fundamental Research**

Fundamental research drives the discovery and development of novel prevention and treatment strategies by expanding our understanding of the biological, physiological, epidemiologic, interpersonal, and social-structural mechanisms of HIV—i.e., how it operates as a virus at the basic level and as an infectious disease. Research highlights in this area include:

**Finding and destroying “hidden” HIV:** One of the main challenges in curing HIV is that the virus can hide in certain immune cells in a “silent” state—known as HIV reservoirs—making it hard to detect and eliminate. Progress toward an HIV cure will require the development of innovative methods to detect, target, and destroy these reservoirs. Although ART prevents HIV from replicating, the silent state form of the virus can evade the immune system and presents challenges for the development of a safe, effective, and scalable cure for HIV. Researchers have developed a new mRNA-lipid nanoparticle (LNP) technology that can safely and efficiently deliver genetic instructions to these hidden cells, helping to “wake up” the virus so it can be targeted and destroyed.<sup>4</sup> This approach could open the door to new treatments that help remove hidden HIV from the body and may also be useful for other T cell-based therapies.

**Addressing heart problems in people with HIV:** The persistence of HIV affects the whole body, not only increasing the likelihood of infection by other pathogens but also causing many comorbidities and complications such as accelerated aging. People with HIV are more likely to develop heart problems, possibly because their immune systems age faster and cause changes in the heart. Researchers studied blood samples and heart scans to find protein patterns linked to these heart changes in people with HIV.<sup>5</sup> Many of the same protein changes are also found in older adults without HIV who later develop heart failure, suggesting shared causes of heart failure between HIV and aging.

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<sup>3</sup> [pubmed.ncbi.nlm.nih.gov/40372031/](https://pubmed.ncbi.nlm.nih.gov/40372031/)

<sup>4</sup> [nature.com/articles/s41467-025-60001-2](https://www.nature.com/articles/s41467-025-60001-2)

<sup>5</sup> [nature.com/articles/s41467-025-55911-0](https://www.nature.com/articles/s41467-025-55911-0)

## **Develop and Assess Interventions for Prevention, Treatment, Cure, and Co-occurring Conditions**

Following basic discovery, the most promising strategies for prevention, treatment, and management of HIV and its complications move into clinical trials. Rigorous randomized control trials test biological outcomes (e.g., viral load) and/or behavioral outcomes (e.g., adherence) of novel interventions. Other studies may measure an intervention's acceptability and feasibility, including assessment of potential facilitators and barriers to its implementation and sustainability. Highlights of research include:

**Improving adherence to HIV prevention and treatment:** Long-acting forms of PrEP and ART are becoming available, providing more convenient formulations of HIV prevention and treatment for some populations. One study found that long-acting injectable cabotegravir is safe and well-tolerated for HIV prevention in adolescent girls.<sup>6</sup> Most participants completed all scheduled injections, and 62 percent said they would consider using it in the future. The few side effects observed were generally mild and not related to the drug, suggesting it is a promising prevention option for this age group.

**Developing new immunotherapies:** Another study showed that budigalimab, a monoclonal antibody, successfully targeted a protein molecule that prevents immune cells from functioning properly.<sup>7</sup> The study found that the regular, short-term low-dose injections of this treatment allowed immune cells to better recognize and attack cells infected with HIV. As an alternative to daily antiretroviral medication, this promising immunotherapy could control HIV by enhancing a person's own immune system response.

**Enabling self-detection of viral load:** Technologies currently under development could allow people to determine their HIV status in the privacy of their homes and enable people with HIV to monitor their viral loads over time, letting them take action if their viral load is no longer undetectable. These tools can support engagement in and adherence to HIV prevention and care, reduce stigma associated with testing outside the home, and empower individuals to take control of their health. Feedback from members of the HIV community and clinicians has expressed a preference for availability of point-of-care viral load monitoring technologies to assess responses to ART and to prevent HIV transmission to others. To further encourage this progress, the Advanced Platforms for HIV Viral Load Testing at the Point-of-Care program is a partnership of the National Institute of Biomedical Imaging and Bioengineering (NIBIB), OAR, the National Institute of Mental Health (NIMH), *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), National Institute of Nursing Research (NINR), and the National Institute of Allergy and Infectious Diseases (NIAID) that aims to advance HIV viral load monitoring platforms for use at the point of care. Launched in spring 2024, the Advanced Platforms program harnesses the existing infrastructure of the NIH Rapid Acceleration of Diagnostics Technology, or RADx, program.<sup>8</sup> The RADx model combines best practices of government, academia, and industry and leverages existing networks and expertise of the Point-of-Care Technology Network (POCTRN).<sup>9</sup>

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<sup>6</sup> [thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00310-2/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00310-2/fulltext)

<sup>7</sup> [nature.com/articles/s41591-025-03993-0](https://www.nature.com/articles/s41591-025-03993-0)

<sup>8</sup> [nibib.nih.gov/programs/radx-tech-program](https://nibib.nih.gov/programs/radx-tech-program)

<sup>9</sup> [nibib.nih.gov/programs/point-care-technologies-research-network](https://nibib.nih.gov/programs/point-care-technologies-research-network)

## **Build HIV Research Capacity by Strengthening the Scientific Workforce and Infrastructure**

Bringing research from the laboratory to the clinic and community requires continued support for a strong and innovative research workforce, reliable research infrastructure, and investment in development of new research tools and resources. NIH supports the development, recruitment, training, and retention of a multidisciplinary HIV research workforce.

OAR has collaborated with NIH Institutes, Centers, and Offices to provide resources and support for early-stage investigators and grantees within two years of their first award. OAR conducts annual workshops that foster mentorship, networking opportunities, and provide new information about HIV research funding opportunities and the NIH grant application process. The latest workshop in September of 2025 attracted more than 500 participants.

NIH will continue to spur progress in HIV science through support for research facilities, tools and instrumentation, resources, and data infrastructure, as well as making these resources available to the greater HIV research workforce. Sharing HIV-related data enables the widespread reuse of data, accelerating the pace of HIV research, enabling reproducibility and validation of research findings, and providing access to researchers, clinicians, health-related professionals, etc. to existing data sets. Modern data management and infrastructure, such as cloud-based storage, can improve long standing data sharing initiatives. Central to sharing scientific data is the recognized need to make data both secure and available, ensuring that the privacy and autonomy of research participants are protected, in alignment with NIH's data management and sharing policy.