

FY 2026–2030

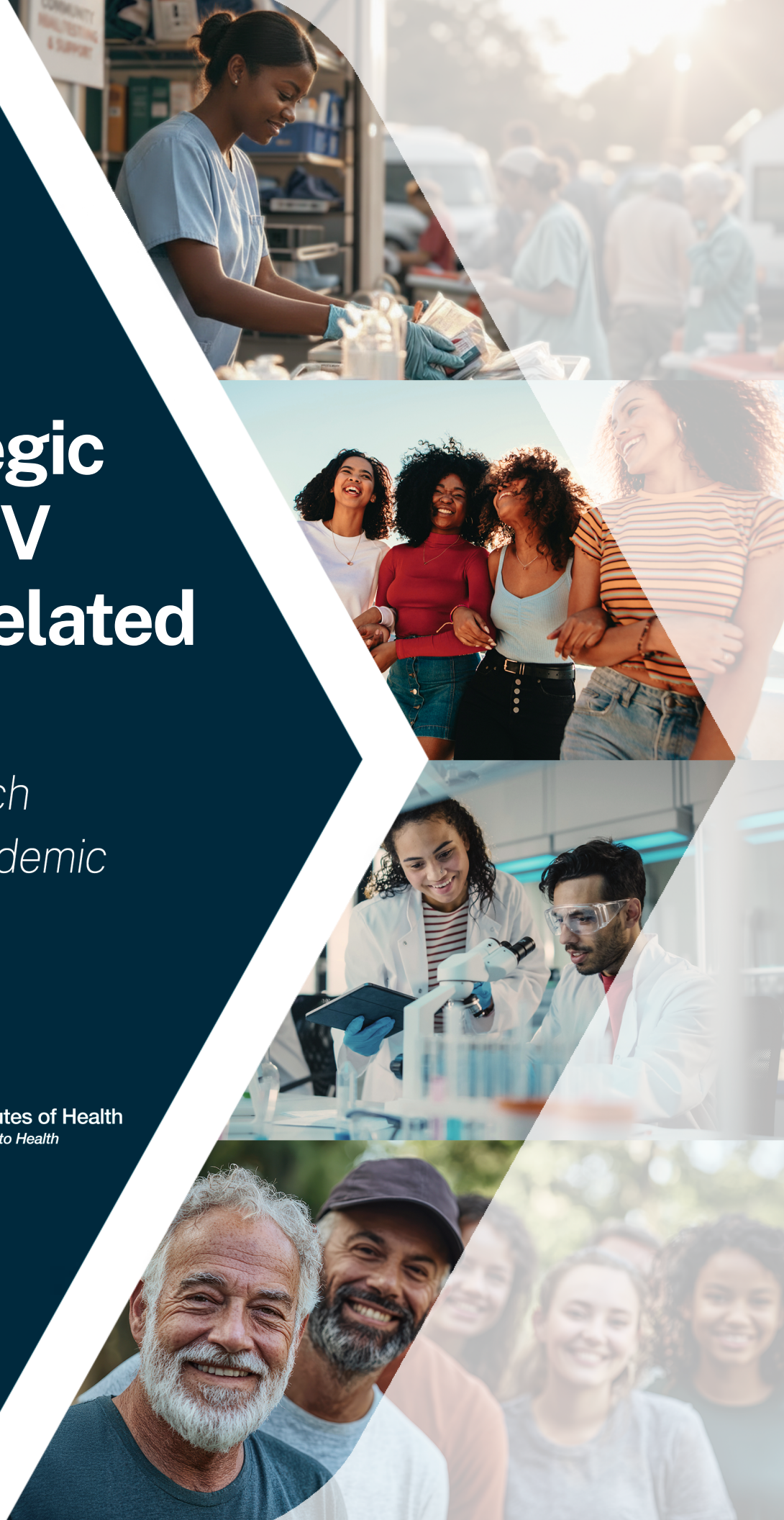
NIH Strategic Plan *for* HIV and HIV-Related Research

*Advancing Research
to End the HIV Epidemic*



National Institutes of Health
Turning Discovery Into Health

Prepared by the
NIH Office of AIDS Research



Foreword

I am honored to serve as the 18th Director of the National Institutes of Health (NIH) and shape the agency's activities and outlook, ensuring the highest attention to public health needs in alignment with the recommendations of President Trump's Make America Healthy Again Commission.



We stand at a pivotal moment in time. The stakes of restoring public trust in science and advancing the work of NIH, the global leader of health research, could not be higher. Chronic diseases such as cancer, heart disease, diabetes, and obesity continue to cause poor health outcomes in every community across the United States. Novel biomedical discoveries that enhance health and lengthen life are more vital than ever to our country's future.

As NIH Director, I am building on the agency's long and illustrious history of supporting breakthroughs in biology and medicine by fostering gold-standard research and innovation to address the chronic disease crisis in America. And nowhere are both realities—the history of groundbreaking research and the urgent need for sustained focus to address the devastating impact of chronic disease—more evident than in the HIV epidemic.

HIV is an exemplar of the critical impact of NIH research. Over four decades, NIH-funded research helped dramatically increase life expectancy for those with HIV from just a few years after diagnosis to a nearly normal average lifespan. HIV testing and interventions have resulted in a more than 90 percent decrease in the number of children with perinatally acquired HIV in the United States. Recent discoveries have led to the groundbreaking 2024 rollout of a new class of drugs to prevent HIV transmission—a discovery with profound potential to shape the future of the epidemic. Moreover, insights learned from HIV research apply to areas as diverse as cancer, infectious disease treatments, cardiovascular disease, aging, inflammation, and frailty to improve population health.

Despite these gains, the HIV epidemic continues to take a heavy toll on the American people. In 2024, there were nearly 39,000 new diagnoses and 1.2 million Americans living with HIV. Certain communities and regions are disproportionately impacted. HIV rates are notably higher in the South and among people of color nationwide, with concerning trends among young people and women. More than half of people living with HIV in the United States are over age 50. This population faces unique challenges from the long-term effects of HIV and its treatment on every organ system. These clinical challenges mirror the chronic diseases seen in older Americans without HIV but often occur at higher rates or progress more quickly in people with HIV. Sustained investment in HIV research that addresses the breadth and complexity of HIV and its effects on the body is essential to mitigate this growing public health burden and inform treatment strategies that benefit all Americans.

I am pleased to join the NIH Office of AIDS Research in presenting the *FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research* (the Plan). Informed by broad community input and scientific expertise, the Plan outlines a strategic, coordinated, cross-disciplinary research program to expand the reach of effective interventions and drive new innovations to eliminate HIV as a public health threat. We are confident that the strategy that follows will ensure the most efficient and effective stewardship of taxpayer dollars to end the HIV epidemic and support the health of all Americans.

A handwritten signature in black ink, appearing to read 'Jay Bhattacharya'.

Jay Bhattacharya, M.D., Ph.D.

Director, National Institutes of Health

Preface



The National Institutes of Health (NIH) Office of AIDS Research (OAR) was established by Congress in 1988 to coordinate HIV/AIDS research across the agency. Four decades of investment in HIV research have yielded transformative advances that have altered the course of the HIV epidemic. Scientific breakthroughs leading to a menu of options in antiretroviral therapy (ART) modalities have enabled more potent and tolerable regimens that reduce HIV progression, combat viral resistance, and enable treatment as prevention through viral suppression. The subsequent worldwide scale-up of pre-exposure prophylaxis (PrEP) and the Undetectable = Untransmittable (U=U) campaign have shifted the paradigm. Adherence to ART can manage the virus and prevent its transmission to others. Today, people are surviving and thriving for decades with HIV. Those with access to treatment can learn their status, avert onward transmission, prevent HIV progression, and live long and healthy lives.

However, our work is far from done. New infections and untreated cases threaten these hard-earned achievements and broaden the divide between people who do and do not benefit from research investments. There is a documented 17-year gap between new scientific discoveries and their application in practice. Closing this research-to-practice gap is critical to strengthen population health, and NIH is uniquely poised to do so. With its well-developed research infrastructure, NIH investments can identify drivers of reach, uptake, and cost, tailor interventions, and test implementation strategies to promote adoption, acceptability, feasibility, and sustainability of effective interventions.

Accordingly, NIH is emphasizing implementation science as an overarching priority for the HIV research portfolio moving forward. At the same time, continued investment in the pipeline for innovative prevention and treatment methods through fundamental, preclinical, and intervention research will help ensure that we are prepared to address emerging challenges, such as viral resistance to existing therapies.

OAR is pleased to present the *FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research* (the Plan). This comprehensive Plan outlines NIH's vision for the future of HIV research and identifies critical scientific opportunities that point to a strategic allocation of resources across NIH Institutes, Centers, and Offices. More than just a roadmap, we hope the Plan fosters transparency and trust in the scientific process.

The Plan consists of three strategic goals that will ensure NIH continues to lead the world in cutting-edge HIV science. By providing a framework for the next phase of HIV research, this plan underscores the importance of a robust, transparent research agenda and collaboration across NIH, other federal agencies, and community partners to achieve HIV epidemic control to benefit the American people.

A handwritten signature in black ink, appearing to read 'Geri R. Donenberg'.

Geri R. Donenberg, Ph.D.

Associate Director for AIDS Research and
Director, Office of AIDS Research
National Institutes of Health

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Overview of the HIV Epidemic

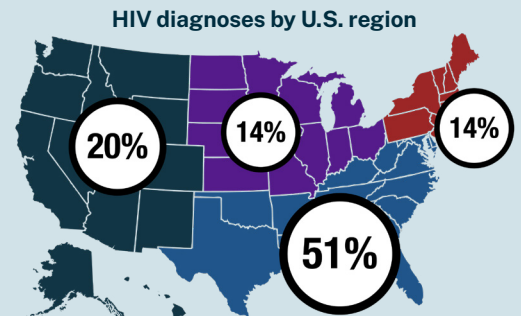


National Institutes of Health
Office of AIDS Research

Broad Impact of HIV

According to 2024 CDC data, approximately:

- 1 in 5 new cases occurred in **adolescents and young adults**.
- 1 in 4 Americans with HIV were **women**.
- 1 in 4 new diagnoses resulted from **heterosexual** contact.
- 1 in 2 new diagnoses occurred in the **South**.



Source: [2024 CDC Data](#)

The Epidemic in the United States



More than **one million** Americans have HIV. Nearly 39,000 were newly diagnosed with HIV in 2024.

Differences in health outcomes persist. Certain communities, including Black and Hispanic or Latino people and men who have sex with men, are disproportionately affected by HIV.

Evolution of the Epidemic

Thanks to effective treatment, people with HIV are living longer. **More than half of people living with HIV in the United States are aged 50 and older.** Research on aging with HIV and co-occurring conditions is critical as people with HIV experience non-infectious comorbidities associated with aging.



For every
100 Americans
living with HIV...

Based on [2022 CDC data](#)



13 didn't know
they had HIV



34 didn't receive
HIV care



43 weren't virally
suppressed

Global Context

More than **40 million** people globally are living with HIV.

More than half of them are **women and girls**.

Source: [2024 UNAIDS Data](#)



Nine countries, mostly in sub-Saharan Africa, have achieved ambitious goals to prevent, diagnose, and treat HIV. The United States is not among them.

Bidirectional knowledge exchange between countries is essential to our shared successes.

40 Years of Milestones in NIH HIV Research

1984

HIV RECOGNIZED AS CAUSE OF AIDS

One year following the isolation of a retrovirus linked to AIDS at the Institut Pasteur in France, scientists at the NIH National Cancer Institute uncovered [strong evidence](#) that the virus, now known as HIV, is the primary cause of AIDS.

1987

FIRST ANTIRETROVIRAL APPROVED, IMPROVING OUTCOMES FOR PEOPLE WITH AIDS

Azidothymidine (AZT), the first antiretroviral (ARV), was approved to treat HIV. Developed through [NIH-funded research](#), AZT decreased mortality and the frequency of opportunistic infections in people with AIDS.

1987

AIDS CLINICAL TRIALS GROUP ESTABLISHED

NIH established the [AIDS Clinical Trials Group \(ACTG\)](#), the world's largest and longest-running HIV clinical trials network. Over time, ACTG research findings led to improved quality of life and reduced mortality for people with HIV.

1989

FIRST HIV CLINICAL PRACTICE GUIDELINES PUBLISHED

The U.S. government published the first [HIV clinical practice guidelines](#) on the treatment of pneumonia in people with HIV. Today, [Clinicalinfo.hiv.gov](#) publishes six sets of HIV clinical practice guidelines that are used by health professionals around the world to treat people with HIV.

1994

AZT SHOWN TO REDUCE RISK OF PERINATAL HIV TRANSMISSION BY TWO-THIRDS IN LANDMARK TRIAL

[NIH-funded research](#) demonstrated that AZT treatment in pregnant women with HIV reduced the risk of perinatal transmission by two-thirds. Along with increased HIV testing in pregnancy, new treatment regimens have nearly eliminated perinatal HIV transmission in the United States, with the transmission rate falling below 1 percent in 2019.

1997

HIV NO LONGER A FATAL DIAGNOSIS AS HAART BECAME STANDARD TREATMENT

Highly active antiretroviral therapy (HAART) became the [standard of HIV treatment](#) based on findings from NIH-supported research, shifting HIV from a fatal diagnosis to a chronic condition and leading to a substantial decrease in AIDS-related deaths for the first time since the epidemic began 15 years earlier.

2011

VIRAL SUPPRESSION THROUGH HIV TREATMENT FOUND TO ELIMINATE ONWARD TRANSMISSION

[NIH-funded research](#) demonstrated that achieving and maintaining viral suppression to an undetectable level prevented HIV transmission to sexual partners, supporting the concept of treatment as prevention (TasP) and setting the stage for Undetectable = Untransmittable (U=U). The journal *Science* named the NIH study the [2011 Breakthrough of the Year](#).

2012

FIRST ORAL HIV PREVENTION MEDICATION APPROVED

[NIH-funded research](#) found that the oral antiretroviral drugs emtricitabine and tenofovir disoproxil fumarate enabled adults without HIV to take medication to reduce their chances of acquiring the virus through sexual activity. These results supported the U.S. Food and Drug Administration (FDA) approval of [Truvada](#) as the first pre-exposure prophylaxis (PrEP) option for HIV prevention.

2015

EARLY ART TREATMENT SHOWN TO REDUCE HIV-RELATED COMORBIDITIES

[NIH-funded research](#) showed that people with HIV who began antiretroviral therapy (ART) soon after HIV acquisition had fewer HIV-associated comorbidities, leading to the recommendation to begin ART as soon as possible after HIV diagnosis.

2021

FIRST LONG-ACTING INJECTION FOR HIV PREVENTION APPROVED

[NIH-funded research](#) demonstrated the efficacy of the first long-acting injectable antiretroviral drug cabotegravir for PrEP. These findings supported the [FDA approval of Apretude](#) that expanded options for biomedical HIV prevention in the United States.

2023

CLINICAL PRACTICE GUIDELINES FOR WOMEN WITH HIV UPDATED WITH BREASTFEEDING OPTIONS

[Updated HIV clinical practice guidelines](#) incorporated breastfeeding options for women with HIV on ART with a sustained undetectable viral load. The updated guidance cited [NIH-funded research](#) that demonstrated a less than 1 percent chance of HIV transmission from breastfeeding among women with viral suppression.

2025

TWICE-YEARLY INJECTION FOR HIV PREVENTION APPROVED

Clinical trials showed that another long-acting injectable antiretroviral drug, lenacapavir, was nearly 100 percent effective in preventing HIV. These findings, built on decades of NIH investment in basic science, supported the [FDA approval of Yeztugo for HIV prevention in June 2025](#). The journal *Science* named lenacapavir the [2024 Breakthrough of the Year](#).

Introduction

OAR Coordinates the NIH HIV Research Program

Mission

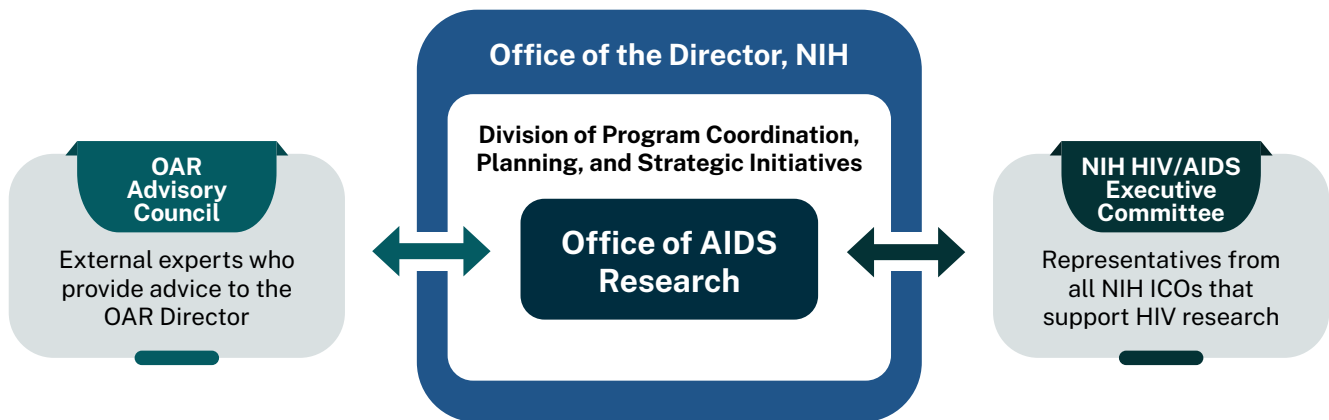
The National Institutes of Health's (NIH) mission for HIV research is to ensure that NIH HIV/AIDS funding is directed at the highest-priority research areas and to facilitate maximal return on investment.

Mandate

Congress established the Office of AIDS Research (OAR) through the [Health Omnibus Extension of 1988](#) to coordinate HIV/AIDS research across NIH. This centralization was necessary to ensure efficient and focused research efforts given the broad and complex nature of the HIV/AIDS epidemic. The passage of the [NIH Revitalization Act of 1993](#) further expanded OAR's role.

OAR is mandated to coordinate and evaluate the HIV research program across NIH Institutes, Centers, and Offices (ICOs) and to communicate advances in HIV research with relevant federal agencies, facilitating information dissemination to affected communities and HIV service providers. Further, OAR is directed to develop and periodically update a comprehensive plan for HIV research expenditures that includes research in basic, applied, and social and behavioral sciences across NIH ICOs.

Organizational Advisory Structure for NIH HIV Research



Priority Setting

NIH identifies HIV research priorities through engagement with internal collaborators, external subject-matter experts, and other constituents to ensure the portfolio addresses key opportunities for scientific discovery and advancement and meets the most urgent public health needs. OAR regularly

analyzes the NIH HIV portfolio and funding plans to determine alignment with current HIV research priorities.

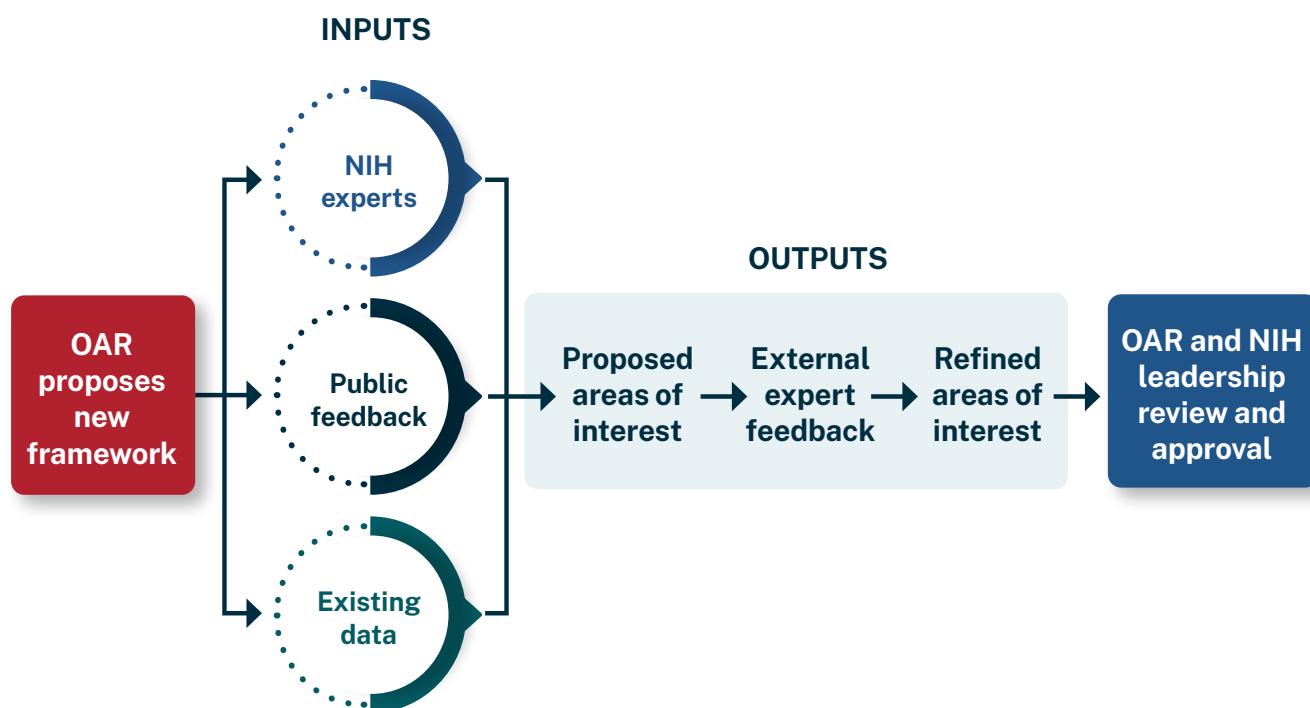
Within NIH, OAR partners with the ICOs through the NIH HIV/AIDS Executive Committee (NAEC), which comprises representatives from all NIH ICOs that award HIV research funding. Together, OAR and the NAEC identify NIH-wide HIV research priorities, scientific gaps, and emerging research opportunities. OAR also receives regular guidance from external experts who serve on the [OAR Advisory Council \(OARAC\)](#) and input from the community—including researchers, advocates, people with HIV, and others involved in the HIV response—through public engagements, such as listening sessions and workshops.

ICOs that award HIV/AIDS funding engage in institute-specific priority setting, ensuring a comprehensive portfolio that is balanced across the research continuum, from fundamental to clinical to implementation and dissemination research.

Strategic Planning Process

To develop the *FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research* (the Plan), OAR proposed a new framework and compiled input from three sources shown in the figure below. Sources included input from NIH experts, public feedback in response to a [request for information](#), and existing data derived from NIH portfolio analyses, scientific conferences and workshops, and community listening sessions.

Inputs were synthesized to generate a list of potential areas of interest that were subsequently reviewed and refined by three task forces made up of external experts. Task forces presented their recommendations to OARAC for review and discussion. OARAC submitted a final report to the OAR Director, which served as the foundation for the Plan’s objectives and areas of interest within each strategic goal. A detailed description of the strategic planning process is provided in [Appendix A](#).



Implementation of the Plan

The Plan is implemented through collaboration between OAR and all NIH ICOs that award HIV research funding. OAR ensures that awards align with the Plan, while ICOs solicit and administer HIV grants and contracts according to their specific missions. Well-established grant coding and alignment processes enable regular monitoring of implementation. Proposed HIV research initiatives are also assessed for alignment with the Plan prior to ICO council clearance. All grants, contracts, and intramural research projects supported by HIV/AIDS funding are mapped to objectives outlined in the Plan.

The output of this monitoring process is available through the public [NIH OAR Data Hub](#), a dashboard that provides a transparent view of the NIH HIV research portfolio. OAR regularly reviews NIH HIV research awards and characterizes the investment across topical areas. These reviews provide a “big picture” of the distribution of research across NIH.

On an annual basis, OAR updates the portfolio data in the NIH OAR Data Hub and reviews the Plan to assess progress toward the goals and objectives. Periodic progress reports highlight key scientific advances and other notable outcomes.



Organization of the Plan

Since 2015, the NIH HIV research portfolio has reflected five overarching priority areas: (1) Reduce the incidence of HIV; (2) Develop next-generation HIV therapies; (3) Conduct research toward HIV cure; (4) Address HIV-associated comorbidities, coinfections, and complications; and (5) Advance cross-cutting areas of research (including basic science; behavioral and social science; epidemiology; health disparities; implementation science; information dissemination; and training, infrastructure, and capacity building).

The current Plan introduces a new framework that highlights an overarching priority and three strategic goals corresponding to research, capacity, and operations, shown in the figure on Page 9.

Overarching NIH Priority

The current Plan amplifies the role of implementation science as an overarching priority, reflecting an expanded vision for NIH HIV research. Increased investment in implementation science and emphasis on an implementation science lens across the research-to-practice continuum underscores NIH's intention to ensure all people benefit from effective HIV prevention, care, and treatment strategies.

Strategic Goals

The Plan features a research goal, a capacity goal, and an operational goal. Each goal is defined by objectives and areas of interest for continued investment.

Research Goal

- ◆ NIH supports rigorous, reproducible, and innovative research to end the HIV epidemic and improve the health of people of all ages with, at elevated risk for, or affected by HIV. The research goal specifies four objectives representing the research-to-practice continuum: fundamental research, preclinical research, intervention research, and implementation research.

Capacity Goal

- ◆ NIH invests in capacity-building efforts to expand the HIV workforce, strengthen research infrastructure, and enhance innovative methods and technologies. Support for these activities promotes the sustainability of all types of HIV-related research.

Operational Goal

- ◆ NIH applies organizational strategies that facilitate productivity, efficient resource management, and transparent decision-making to achieve the HIV research mission.

Recent Research Highlights

NIH supports a comprehensive HIV research portfolio that spans fundamental, preclinical, intervention, and implementation research. Featured throughout the plan, call-out boxes highlight recent advances that demonstrate progress in HIV research across the continuum.

Foundational Principles

NIH-supported research plays a crucial role in the development and evaluation of tools and practices necessary to end the HIV epidemic. To ensure the NIH HIV research portfolio supports high-impact science with the greatest potential to improve public health and quality of life, the Plan is grounded in the following cross-cutting foundational principles:

- **Comprehensive, multidisciplinary research:** A robust research program that includes all relevant topics, scientific disciplines, approaches, and methods is essential to effectively address the HIV epidemic. The NIH HIV research program must:
 - ◇ Advance HIV prevention, diagnosis, treatment, and cure
 - ◇ Address the interplay between HIV and co-occurring conditions (comorbidities, coinfections, and complications)
 - ◇ Support biomedical, behavioral, social, and implementation science approaches and methodologies
- **Population-focused health:** The NIH HIV research program can achieve maximal impact by addressing the needs of populations most affected by and at elevated risk for HIV. Accordingly, research must:
 - ◇ Address HIV across the life course, including among people born with HIV and those who acquire HIV later in life
 - ◇ Meet the needs of women and populations disproportionately affected by HIV, as identified by epidemiologic data
 - ◇ Apply to all relevant settings, including domestic and international, rural and urban, and resourced and under-resourced, to advance the health of all Americans with or at elevated risk for HIV
- **Multisectoral partnerships:** By facilitating collaboration and meaningful engagement, partnerships advance and sustain the trajectory from theoretical to applied strategies. Key partnerships include:
 - ◇ **Federal collaboration** to promote a coordinated federal response to end the HIV epidemic
 - ◇ **Nongovernmental organization and industry partnerships** to advance the research agenda and its application across sectors
 - ◇ **Community engagement** to ensure that every stage of HIV research is informed by the community, including people with HIV, service providers, advocates, and others involved in the HIV response

NIH Strategic Plan for HIV and HIV-Related Research

Overarching NIH Priority

Accelerate implementation science to end the HIV epidemic

Research Goal

Advance HIV science across the research-to-practice continuum to produce innovative, effective, and implementable prevention, treatment, and cure interventions



Fundamental Research

Basic science and discovery



Preclinical Research

Development of novel targets, tools, and interventions



Intervention Research

Evaluation of interventions and service models



Implementation Research

Strategies for real-world adoption and impact

Capacity Goal

Strengthen capacity across the HIV research-to-practice continuum

Operational Goal

Manage the HIV research investment efficiently and effectively

Foundational Principles

Comprehensive, multidisciplinary research

Population-focused health

Multisectoral partnerships



Overarching NIH Priority: Accelerate Implementation Science to End the HIV Epidemic

NIH is prioritizing implementation science to end the HIV epidemic. More than 40 years of NIH-supported research has yielded transformative advances in HIV prevention and treatment, leading to the development of many effective tools and interventions that have dramatically reduced new transmissions and improved health outcomes. Despite this progress, there were nearly 39,000 new HIV diagnoses and more than one million people living with HIV in the United States in 2024. Evidence indicates that some populations are disproportionately affected by new infections and have lower rates of viral suppression, which is essential for preventing transmission and supporting longer, healthier lives. These data highlight gaps in reach, uptake, access, and persistent use of effective interventions.

Research indicates that scientific breakthroughs alone are not sufficient for epidemic control. Rather, the next era of HIV research must ensure that effective interventions reach the people who need them most. NIH is committed to supporting research that determines how interventions are adapted for specific contexts; adopted by individuals, providers, and systems; delivered with fidelity; and sustained within communities to achieve impact. Accordingly, NIH is expanding its emphasis on and investment in implementation science within a comprehensive HIV research portfolio, as highlighted throughout the Research and Capacity Goals of the Plan.

What Is Implementation Science?

Implementation science—the study of methods to promote the adoption and integration of evidence-based practices and interventions into routine health care and public health settings—serves as a critical bridge between scientific discovery and real-world impact. Rooted in behavioral and social sciences and drawing from multiple disciplines such as public health, organizational theory, and others, it applies systematic, rigorous, and theory-driven approaches to improve how interventions are delivered and sustained.

Implementation science identifies and tests strategies to inform, adapt, deliver, and scale evidence-based interventions in everyday settings by:

- Improving reach, access, uptake, acceptability, and sustainability of HIV prevention, care, and treatment.
- Examining barriers and facilitators to implementation using established models and frameworks.
- Identifying who, what, where, when, and how to deliver effective interventions across populations and contexts.
- Addressing organizational, behavioral, and contextual factors that influence implementation and health impact.
- Actively engaging communities and stakeholders, including health and service organizations, from study design through dissemination.

Implementation science is distinct from efficacy research, which determines whether an innovation works. It also complements effectiveness research, which evaluates whether interventions work in applied settings. Implementation science focuses on how to deliver proven interventions and can employ study designs that simultaneously evaluate both effectiveness and implementation. It assesses implementation outcomes, such as reach, access, uptake, cost, and sustainability, which are distinct from clinical outcomes like viral suppression or HIV acquisition.

Applying an Implementation Science Lens Across the NIH HIV Research Portfolio

An implementation science lens can be applied at various stages of the research-to-practice continuum by integrating considerations of real-world use into intervention design, development, evaluation, and scale-up. This approach helps ensure that interventions are not only effective but also feasible, acceptable, and sustainable in practice.

Applied to HIV research, an implementation science lens:

- Anticipates who will use an intervention, where, how, and under what conditions, beginning in early stages of intervention development.
- Examines multiple factors—including biological, behavioral, social, and environmental—that influence reach, uptake, fidelity, and sustainability.
- Incorporates implementation-relevant outcomes and measures (e.g., acceptability, feasibility, cost, scalability) alongside traditional scientific endpoints.
- Uses theory-driven methods to design, test, and adapt strategies that enable effective interventions to be delivered at scale and achieve population-level impact.

An implementation science lens **actively generates knowledge about how to make interventions and programs work** in real-world settings for the populations who need them the most.

By encouraging an implementation science lens across the research-to-practice continuum, NIH is advancing HIV science in a critical way—one defined not only by breakthrough discovery, but by measurable public health impact. Through this integrated approach, the United States can move closer to ending the HIV epidemic.



Aligning Discovery and Delivery to End the HIV Epidemic

The federal [Ending the HIV Epidemic in the U.S. \(EHE\) initiative](#) calls for reducing new HIV infections by at least 90 percent by 2030 through coordinated, interagency action. The initiative focuses on 57 U.S. geographic locations with the highest incident infections, including 26 states; Washington, D.C.; and Puerto Rico.

The EHE initiative infused additional resources, expertise, and technology in these jurisdictions to develop and implement locally tailored approaches to support early diagnosis, rapid initiation and sustainment of effective treatment, expanded uptake of evidence-based prevention strategies, and prompt responses to emerging outbreaks. NIH HIV research supports EHE by generating the scientific evidence for these strategies.

Implementation science plays a critical role in translating scientific advances into population-level impact by elucidating strategies that optimize HIV testing, expand prevention services, strengthen retention in care, support viral suppression, and improve HIV-related health outcomes.

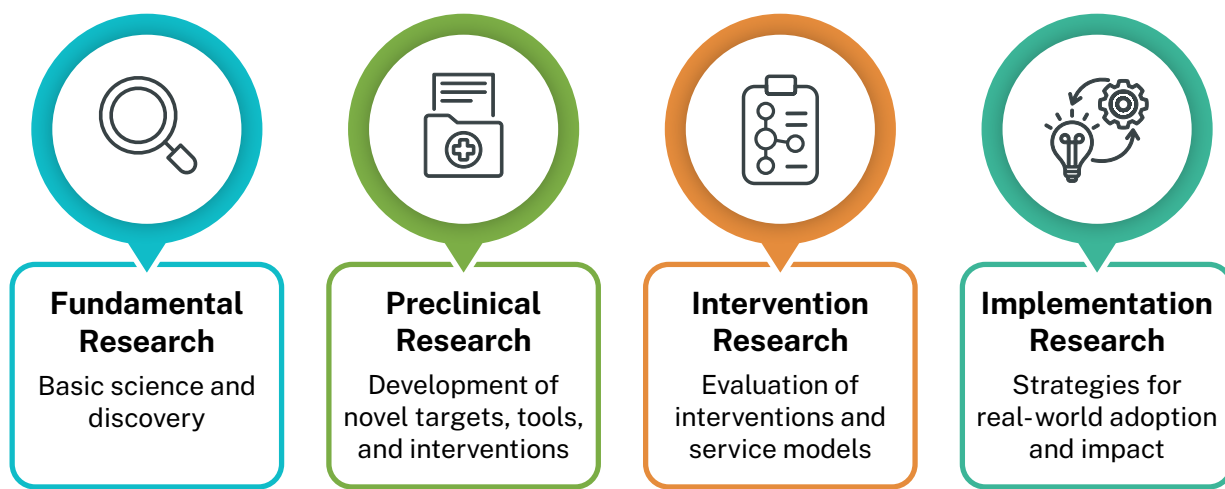


Research Goal:

Advance HIV Science Across the Research-to-Practice Continuum

The research-to-practice continuum reflects the progression of scientific discovery—from fundamental breakthroughs through preclinical development, clinical and other intervention applications, and implementation research—to broad adoption in real-world settings. Foundational biological, epidemiologic, and behavioral and social sciences research generates new knowledge and intervention targets. Preclinical studies translate foundational discoveries into candidate tools and strategies, which are then rigorously evaluated through clinical trials, effectiveness research, and other intervention studies to establish safety and efficacy. Together, these stages convert scientific advances into measurable public health impact. Throughout the text, opportunities to apply an implementation science lens are noted in callout boxes.

Research-to-Practice Continuum



Objective 1. Accelerate Discovery Through Fundamental Research

Fundamental research generates the foundational knowledge needed to understand HIV as both a virus and a complex infectious disease epidemic across biomedical, epidemiologic, behavioral, and social sciences domains. These discoveries elucidate

mechanisms of transmission, pathogenesis, persistence, and population dynamics, providing the scientific basis for effective prevention, treatment, cure, and improved long-term health outcomes and quality of life.

HIV biology, virology, immunology, and pathogenesis

Investigate the mechanisms underlying HIV transmission, infection, immune responses, persistence, pathogenesis, and therapeutic outcomes, including through human-based approaches.

Research Areas of Interest:

- Elucidate fundamental viral and host mechanisms involved in the acquisition, establishment, spread, transmission, immune evasion, and pathogenesis of HIV.
- Understand mechanisms of infection establishment, latency, reactivation, persistence, and reservoir dynamics to develop strategies to eliminate or control reservoirs.
- Characterize immune responses to develop active and passive HIV immunization approaches.
- Identify virus–host dynamics using multifactorial approaches, including existing and innovative technologies and strategies, such as artificial intelligence (AI).
- Differentiate HIV strains, disease progression, latency, and reactivation at the individual and population levels.

- Examine the impact of antiretroviral prevention and treatment therapeutics and polypharmacy on host homeostasis.

Etiology and pathogenesis of co-occurring conditions associated with HIV acquisition and disease progression

Study etiology, cofactors, pathogenesis, disease progression, and consequences of HIV-associated comorbidities, coinfections, and complications, including those that contribute significantly to HIV acquisition, transmission, viral persistence, and quality of life.

Research Areas of Interest:

- Elucidate the etiology—including factors at the molecular, cellular, whole person, and population levels—that contribute to the development of HIV-associated comorbidities, coinfections, and complications across the lifespan.
- Characterize mechanisms of inflammation and immune dysregulation and their impacts on HIV-associated comorbidities across the lifespan.
- Investigate the pathogenesis of HIV-associated noncommunicable and chronic diseases and their interactions with HIV and the host responses.

Combination of bNAbs and ART Interruption Leads to HIV Remission in Some People With HIV

Even when antiretroviral therapy (ART) successfully suppresses HIV in the blood, reservoirs of cells with the virus remain in the body. When ART is interrupted, the virus in the reservoir is reactivated. NIH-funded studies have shown that combinations of broadly neutralizing antibodies (bNAbs) can prevent this viral rebound. In a handful of recent studies, a subset of people who received a combination of bNAbs and then stopped ART had undetectable viral levels for [a few months or longer](#), up to [2.5 years](#). bNAbs recognize and neutralize sites on the HIV surface that are common across many viral forms, enabling the immune system to destroy the virus despite its ability to rapidly mutate. The presence of many antibodies as soon as the virus is reactivated may enable the immune cells to rapidly respond and potentially limit the reservoir. Further research will determine how this occurs and why only some people experience remission.

NIH Research Explores Prevention Needs of Partners Without HIV in HIV Cure Research

People often make decisions to participate in HIV cure research in consultation with significant individuals in their lives, including their sexual partners. In a qualitative [study of HIV serodifferent couples](#), in which one partner has HIV and the other does not, NIH-funded researchers explored perceptions among couples, including factors that influence research participation. The study identified a need for HIV cure research to address partner protection during planned pauses in antiretroviral therapy during trial participation. These treatment interruptions could result in viral rebound, increasing the likelihood of HIV transmission. The findings suggested an interdisciplinary approach to HIV cure research that considers the prevention concerns of HIV negative partners to strengthen trust and participation in research.

Epidemiology and population dynamics of HIV and associated co-occurring conditions

Use epidemiologic methods to define patterns of HIV transmission, distribution, risk and protective factors, and co-occurring conditions across populations to guide strategies for prevention, treatment, cure, and improved quality of life.

Research Areas of Interest:

- Develop and apply innovative epidemiologic methods, analytic tools, and data science approaches—including rigorous secondary analyses of existing data sources—to investigate factors that influence HIV transmission dynamics and disease progression.
- Strengthen surveillance and monitoring of HIV prevention and care cascades, incidence, prevalence, transmission trends, and geographic hot spots.
- Conduct longitudinal cohort studies, including natural history studies, to further explicate the epidemiological dynamics of HIV and related co-occurring conditions affected by behavioral, social, and environmental factors.
- Characterize the epidemiology and progression of HIV-associated co-occurring and syndemic conditions, with particular attention to how aging, long-term ART exposure, and HIV infection interact across the lifespan to impact disease burden, risk profiles, and health and quality of life outcomes among people with HIV.

Behavioral, social, and environmental factors and processes that influence HIV prevention, treatment, health outcomes, and quality of life

Examine multilevel behavioral, intrapersonal, interpersonal, and environmental factors that shape HIV risk, prevention, care, treatment, and cure-related efforts—including within a syndemic framework.

Research Areas of Interest:

- Examine causal pathways between diverse factors at the individual, interpersonal, social, and environmental levels and HIV-related outcomes across populations.
- Investigate the dynamics of co-occurring behavioral risk factors and protective factors as they affect HIV acquisition, transmission, disease progression, comorbidities, care, cure, and quality of life.

Objective 2. Foster Preclinical Research to Develop Novel Tools and Interventions

Building on foundational discoveries, preclinical research advances scientific insights toward practical applications for HIV prevention, treatment, cure, and management of

co-occurring conditions. By evaluating safety, biological activity, and potential efficacy, this stage bridges discovery science and intervention research.

Applying an Implementation Science Lens to Preclinical Research

- Design and evaluate novel products with explicit consideration of feasibility, acceptability, cost, and scalability in real-world settings.
- Identify and test implementation-relevant characteristics of new technologies, including delivery requirements, usability, and integration into care workflows.
- Develop and apply models and measures that predict adoption, adherence, and sustainability alongside biological and clinical performance.
- Assess barriers and facilitators to the uptake of emerging tools across health systems, communities, and populations early in the development pipeline.

Preclinical research

Advance preclinical studies—including new approach methodologies (NAMs) and human-centric innovative technologies—to translate fundamental biomedical discoveries into validated targets, agents, tools, devices, and strategies ready for clinical evaluation in HIV prevention, treatment, cure, and management of co-occurring conditions.

Research Areas of Interest:

- Identify new therapeutic targets by characterizing the interactions between HIV and host cells.
- Develop and evaluate novel preventive and therapeutic candidates for HIV and co-occurring conditions, including antiretroviral drugs and vaccine candidates for HIV, new delivery systems, and HIV cure strategies.
- Develop and validate predictive models and biomarkers to forecast disease progression, treatment outcomes, and therapeutic response and to inform cure strategies.
- Develop new and optimize existing preclinical models to study HIV and associated co-occurring conditions.
- Develop and validate innovative devices, technologies, and diagnostics to assess HIV viral load, serological status, treatment adherence, and other HIV-related indicators.
- Develop and validate NAMs such as *in vitro* platforms (3D tissues, organoids), microphysiological systems (organ-on-chip), high-content imaging and multiomics readouts, and computational/*in silico* models that integrate mechanistic and data-driven approaches to support and accelerate HIV discovery and translation.

Objective 3. Evaluate Interventions and Service Models for HIV Prevention, Treatment, Cure, and Co-occurring Conditions

Clinical trials and intervention research rigorously assess the safety, efficacy, and effectiveness of biomedical and behavioral interventions, as well as innovative and integrated models of care and service delivery

for HIV and co-occurring conditions. The evidence generated can inform clinical practice, public health decision-making, and readiness for broader implementation across different populations and settings.

Applying an Implementation Science Lens to Intervention Research

- Adopt implementation outcomes (e.g., reach, fidelity, acceptability, cost, sustainability) as measures in clinical trials and intervention studies.
- Use hybrid effectiveness–implementation designs to simultaneously evaluate intervention impact and strategies for real-world delivery.
- Identify and address multilevel factors influencing adoption and sustained use of interventions across populations, settings, and service delivery models.
- Adapt and tailor interventions and service delivery approaches based on stakeholder input and contextual factors to enhance scalability, access, and uptake.



Clinical trials and intervention research

Conduct clinical trials and other intervention studies to evaluate biomedical, behavioral, social, environmental, and combination interventions for HIV prevention, treatment, cure, and associated co-occurring conditions.

Research Areas of Interest:

- Conduct clinical studies, from first-in-human to Phase IV, to evaluate safety, efficacy, effectiveness, optimal dosing, acceptability, feasibility, and adherence for:
 - ◇ HIV prevention methods, including antiretroviral, vaccine, and immune-based prevention
 - ◇ Multipurpose prevention technologies and other innovations
 - ◇ Novel interventions and strategies to prevent and treat HIV and associated co-occurring and syndemic conditions in people with HIV
 - ◇ HIV cure and ART-free remission strategies in people with HIV
- Examine long-term outcomes and side effects of HIV prevention, treatment, and cure interventions through extended follow-up studies.
- Evaluate differential effects of HIV prevention, treatment, and cure interventions across populations, age groups, and geographic regions.
- Investigate causal modeling and assess the comparative effectiveness of interventions aimed at preventing HIV acquisition and improving HIV-related health outcomes.
- Develop and employ innovative methods and study designs for component analysis to inform implementation and de-implementation of interventions.
- Adapt and tailor evidence-based HIV interventions to meet the specific needs of people with or at elevated risk for HIV acquisition in diverse and understudied settings.

Children With Perinatally Acquired HIV Surpassed One Year of HIV Remission With Planned Treatment Interruption

In an [NIH-funded trial](#), four children born with HIV were free of detectable HIV for longer than one year after planned interruptions in antiretroviral therapy (ART). The children began ART within 48 hours of birth and were followed for drug safety and HIV viral suppression. At age 2 years, six children who had achieved sustained viral remission and met other predefined criteria were eligible for ART interruption. One child experienced remission for 80 weeks; the other children were in remission for 48, 52, and 64 weeks, respectively. The research indicated that early ART initiation may have favorable outcomes on HIV control by limiting the establishment of viral reservoirs. Further research aims to identify biomarkers to predict the likelihood of HIV remission following ART interruption and the mechanisms by which early ART initiation limit reservoir formation and contribute to HIV remission.

Models of care and service delivery

Advance and evaluate integrated, person-centered, and community-led service models for prevention and treatment of HIV and co-occurring conditions, including innovative delivery approaches that combine biomedical, behavioral, social, and environmental interventions to improve health outcomes and quality of life.

Research Areas of Interest:

- Develop and assess the effectiveness of service models that combine biomedical, behavioral, social, and environmental interventions to reduce HIV transmission and improve health outcomes for people with or at elevated risk for HIV.
- Examine the individual, social, and environmental factors associated with choice of different prevention and treatment approaches.
- Design and evaluate community-led and co-developed interventions by leveraging partnerships among health providers, researchers, and communities to address locally defined HIV-related priorities across geographical regions.
- Evaluate comprehensive, person-centered care models that integrate HIV services with behavioral health, primary care, and other chronic disease services for people with HIV.
- Test innovative service delivery approaches—including digital tools and nonclinical service platforms—to enhance engagement, retention, and continuity of care for prevention and treatment of HIV.
- Conduct research on community health networks and delivery systems to strengthen access to and quality of HIV prevention, treatment, and care.
- Examine how social and environmental factors influence the effectiveness of integrated HIV service models in different settings.

HIV Clinical Practice Guidelines Updates on Anal Cancer Screening and Statin Therapy Informed by NIH-Supported Research

Major updates to the HIV clinical practice guidelines in 2024 were informed by NIH-funded research on HIV-related co-occurring conditions. The 2022 [ANCHOR study](#) demonstrated that treatment of anal precancerous growths in people with HIV reduced the chances of anal cancer by more than half. These results led to a significant [guideline update](#) recommending anal cancer screenings to help detect and treat precancer and prevent anal cancer in people with HIV. In 2023, the [REPRIEVE trial](#) showed that statins may reduce the risk of cardiovascular disease in people with HIV by more than one-third, potentially preventing 20 percent of major cardiovascular events. These findings informed a [guideline update](#) on the use of statin therapy as primary prevention of cardiovascular disease in people with HIV.

Doxycycline PEP Significantly Reduced STI Cases in People With HIV and Individuals Taking PrEP

People with HIV or individuals taking pre-exposure prophylaxis (PrEP) who took the antibiotic doxycycline within 72 hours of having sex without a condom had a significant reduction in new cases of gonorrhea, chlamydia, and syphilis, according to results from [NIH-funded research](#) first announced at the 24th International AIDS Conference (AIDS 2022). There were 65 percent fewer new sexually transmitted infections (STIs) among individuals who were randomized to take doxycycline, compared with participants not taking the antibiotic. Doxycycline was highlighted as a “[game-changing tool](#)” for STI prevention during AIDS 2022 based on the trial results. The research led to [new Centers for Disease Control and Prevention guidelines](#) in 2024 recommending doxycycline as post-exposure prophylaxis (PEP) for STIs.

Objective 4: Optimize Dissemination and Implementation of Evidence-Based HIV Interventions

Evidence-based HIV interventions achieve meaningful public health impact only when they reach populations most in need and are adopted, integrated, scaled, and sustained in everyday settings. Theory-based implementation research identifies and tests strategies that promote reach, adoption, and scale of proven interventions and ensure access to innovations. Dissemination research advances effective distribution of information to ensure that evidence-based programs are accessible, trusted, and actionable for communities and health practitioners.

HIV implementation research

Understand and improve how evidence-based HIV prevention, treatment, care, and cure approaches are adopted, delivered, and sustained in real-world settings. Elucidate facilitators, barriers, and constraints to implementation and develop and test strategies that address them. Engage implementation partners and people affected by HIV and co-occurring conditions in the design, conduct, and dissemination of implementation

studies. Advance implementation science methods and measures to ensure rigorous evaluation of implementation outcomes, including reach, uptake, fidelity, scale-up, and long-term impact across diverse systems and communities.

Research Areas of Interest:

- Identify factors that influence reach, adoption, fidelity, scale-up, and sustainment of evidence-based HIV prevention, intervention, and service models.
- Adapt, develop, tailor, and compare implementation strategies to enhance uptake, adoption, fidelity, sustainability, and scalability of evidence-based interventions in diverse health systems and communities.
- Engage people with and affected by HIV, advocates, and multisectoral partners in implementation research to co-design, refine, and disseminate strategies that enhance relevance, trust, and sustainability of HIV prevention and treatment interventions.

- Evaluate community engagement and participatory research approaches as implementation strategies, assessing their impact on individual and system-level adoption, fidelity, sustainability, and scale-up of evidence-based HIV prevention and treatment interventions.
- Develop innovative study designs to evaluate implementation factors, strategies, costs, and outcomes.
- Conduct theory-driven hybrid effectiveness-implementation trials and multisite studies to evaluate implementation processes and outcomes.
- Evaluate health system implementation strategies—such as workforce redesign, task shifting, digital supports, and supply chain optimization—that strengthen sustained delivery of HIV prevention and treatment services.
- Examine how local, state, and federal policies and regulatory environments influence implementation, access, and scale-up of evidence-based HIV prevention and treatment interventions.
- Advance and apply implementation science frameworks, methods, and measures to generate actionable, practice-relevant evidence that supports widespread and sustained adoption.

Implementation Science Research Supporting EHE Initiative May Help Reduce Gap in HIV Research Translation

[Early findings](#) from the Network for Implementation Science in HIV (NISH) research suggest that multisite research could help reduce the 17-year gap in translation from evidence to practice for HIV research. NISH supports efforts to achieve the goals of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative by conducting multisite implementation science research to improve generalizability of proven HIV interventions in real-world settings across diverse communities and populations. NISH findings have uncovered factors that hinder or promote uptake of same-day pre-exposure prophylaxis (PrEP) and rapid PrEP and antiretroviral therapy implementation.



HIV information dissemination and communication research

Share HIV-related information and research findings with broad audiences and support studies assessing the efficacy of various dissemination and communication methods—including the use of social media, digital health solutions, and new communications technologies—with attention to the target audiences and settings. Expand research on health communications strategies to improve the introduction, explanation, rollout, and uptake of new HIV scientific discoveries and tools across populations.

Research Areas of Interest:

- Develop and evaluate innovative, tailored communication strategies, formats, and platforms to disseminate HIV-related research findings to different audiences and through diverse outlets (e.g., print and digital media) and to enhance collaboration and information-sharing among researchers and communities most affected by and at elevated risk for HIV.
- Develop, evaluate, and sustain training approaches for researchers and community-based organizations on effective science communication techniques to assist in the dissemination of accurate HIV research findings through various outlets (e.g., peer reviewed journals, other reports and publications, and lay media).
- Develop and assess frameworks and strategies that support partnerships between researchers and community members to translate HIV research findings into actionable programs and policies and to enhance trust in the scientific process.
- Conduct research using such practices as community-based participatory research to ensure that dissemination strategies are culturally congruent, contextually relevant, and community driven to support health literacy and informed decision-making.





Capacity Goal:

Strengthen Capacity Across the HIV Research-to-Practice Continuum

Progress in HIV science depends on strong research infrastructure, tools, data, and a skilled, representative workforce. Strengthening these capacities will propel innovation and ensure that scientific advances can be translated into practice.

Strengthening Capacity for Implementation Science

- Integrate implementation science competencies across HIV research training pipelines.
- Expand mentorship and career pathways in implementation science.
- Develop innovative tools or methods for studying implementation outcomes in complex systems.

Objective 5: Enhance Research Workforce, Infrastructure, Methods, and Technologies to Advance HIV Research

Advance the HIV research enterprise by investing in the HIV research workforce, infrastructure, and innovative methods and technologies to promote and sustain collaborative research across the continuum.

HIV research workforce capacity

Expand training and mentoring activities to support career development and strengthen the capacity of basic, clinical, behavioral, social, implementation, and community-based HIV researchers across settings and institutions. Support activities to sustain and promote innovation and breadth in the HIV research workforce in the United States and globally.

Areas of Interest:

- Develop comprehensive interdisciplinary training programs that include the latest theoretical frameworks, research methodologies, data analytic approaches, and other areas of expertise needed to ensure a well-qualified and skilled HIV research workforce.
- Embed structured and sustained mentorship initiatives in training programs to support early and midcareer HIV researchers and investigators new to HIV research, including professionals from allied health sciences.
- Amplify career development programs that provide pilot funding, skill-building, mentorship, and leadership opportunities to facilitate the transition from trainee to independent researcher.
- Establish, maintain, and expand HIV research training networks to grow capacity, share knowledge and best practices, and enhance reciprocal innovation.
- Strengthen partnerships across government, academia, health care systems, private industry, and community-based organizations to enhance research training and career development.
- Support research literacy programs and promote cooperation across scientific, health care, and community partners.



HIV research infrastructure

Enhance infrastructure to support HIV research, including state-of-the-art data systems that support data science, use of AI, clinical and regulatory capabilities, and collaborative networks. Ensure access to essential resources, tools, and study populations across settings, and enable use of large, interoperable datasets to advance innovation across the research continuum.

Areas of Interest:

- Improve, expand, and ensure access to fundamental research technologies and facilities to support cutting-edge HIV research.
- Sustain, enhance, and expand infrastructure for clinical research and trial sites, participant recruitment systems, statistical analysis, and regulatory support.
- Develop and support collaborative research networks to facilitate resource sharing, multisite studies, and access to populations and settings.
- Leverage existing HIV research infrastructure to support expansion of implementation science initiatives.
- Implement and sustain data management systems that facilitate data harmonization and sharing, collaboration, and secondary data analyses.

- Promote product development and regulatory support through Investigational New Drug (IND)-enabling studies.
- Ensure proper biobanking practices and standards to maintain sample integrity.
- Promote shared resources, such as reagent and tissue repositories.

Methods and technologies to advance HIV research

Enhance and refine essential methods and technologies to support HIV prevention, treatment, and cure research.

Areas of Interest:

- Invest in technologies to enable innovative, high-quality fundamental and translational HIV biomedical, behavioral, social, and implementation sciences research and to implement safe and effective interventions for testing, prevention, treatment, and care.
- Enhance computational resources to support large-scale HIV research, including methods for data analysis and harmonization, bioinformatics, and modeling.
- Leverage ethical use of AI (such as natural language processing and machine learning technologies) to analyze large datasets, identify patterns in HIV transmission and progression, and enhance research capabilities, including predictive modeling and data analysis.



Operational Goal:

Manage the HIV Research Investment Efficiently and Effectively

In pursuit of the research- and capacity-focused goals outlined above, NIH upholds a responsibility to ensure efficient and effective stewardship of the public investment in HIV research.

Objective 6: Promote Data Quality and Transparency to Enable Accountability and Reproducibility

Openly sharing information about the NIH HIV research program and data from NIH-supported HIV research is essential to promote transparency, accountability, and reproducibility. To ensure alignment with the Plan, every grant, contract, and intramural research project supported with NIH HIV/AIDS funding is mapped to the corresponding research or capacity objective. For accountability and transparency, NIH shares this information about the HIV research portfolio in publicly available data visualization dashboards in the [NIH OAR Data Hub](#) and in annual strategic plan progress reports.

Additionally, NIH policy encourages management and sharing of scientific data generated from NIH-funded or conducted research in accordance with the FAIR (Findable, Accessible, Interoperable, and Reusable) data principles.

These principles facilitate efficient data processing and analysis, enabling investigators to replicate research results and reuse or repurpose data in secondary analyses more easily.

Areas of Interest:

- Provide accurate information about the HIV research portfolio to the scientific community and the public.
- Promote data-sharing best practices to support reproducibility by allowing independent verification and replication of HIV research findings.
- Provide information to assist researchers in selecting an appropriate, established data repository to preserve and share HIV scientific data.



Objective 7: Ensure the NIH HIV Research Portfolio Remains Flexible and Responsive to Emerging Scientific Opportunities

Maintaining a flexible approach to funding emerging scientific priorities in the HIV research portfolio requires transparent and effective coordination among HIV scientific and budget staff across NIH. As the coordinating office for HIV research at NIH, OAR convenes monthly meetings of the NAEC and additional meetings with topic-focused NAEC subcommittees that provide a dedicated forum to share new ideas, discuss recent scientific developments, engage ICOs in cross-NIH initiatives, and collaboratively identify emerging research priorities. Similarly, recurring meetings of the HIV Budget Officers offer an information-sharing platform to ensure robust and transparent stewardship of taxpayer dollars.

OAR actively fosters collaboration both within and across NIH ICOs to identify and leverage opportunities for synergy, efficiency, and innovative problem-solving across all NIH HIV research and training programs. By encouraging open communication, co-funding opportunities, and multi-institute initiatives, OAR helps to break down silos, elicit new ideas, and maximize the collective impact of NIH's HIV research enterprise.

NIH ICOs regularly collaborate through cross-agency working groups to catalyze science in high-priority, multidisciplinary HIV research areas. This approach concentrates efforts around specific focus areas to enable rapid responses to emerging public health needs and scientific challenges. Through ongoing coordination and collaborative activities, the NIH HIV research portfolio remains dynamic and responsive to evolving priorities.

Areas of Interest:

- Initiate and coordinate collaborative activities in response to emergent research opportunities to address the HIV epidemic, including through NIH-wide working groups.
- Identify gaps and opportunities through regular monitoring, analysis, and review of the HIV research portfolio and ongoing engagement with relevant partners.
- Evaluate the impact of NIH-supported HIV research.

Objective 8: Optimize Resources to Address High-Priority Research

NIH can maximize the impact of the HIV research investment through regular assessment of opportunities to enhance efficiency and conserve resources. Examples include expanding options to centralize resources to support the HIV research program and explore the capacity of AI technology and other methods to facilitate operations.

Efficient funding strategies also support resource optimization. NIH policy allows ICOs to combine HIV/AIDS funding with non-HIV/AIDS funding to support research on intersecting scientific

domains where findings can inform HIV and non-HIV research priorities.

Areas of Interest:

- Continue to identify opportunities to flexibly apply HIV/AIDS funding to high-priority cross-cutting research.
- Enhance centralized support for HIV grant coding and portfolio analysis.
- Explore data science approaches, including AI, to analyze the NIH HIV research portfolio and inform program decision-making.



Objective 9: Enhance Partnership and Collaboration

Collaboration and partnership are foundational to advancing effective and impactful HIV research. Partnerships leverage collective resources, expertise, and perspectives, which are essential to address the complex and evolving nature of the HIV epidemic. Ensuring meaningful engagement by a broad range of partners and collaborators—from federal agencies to local communities—aligns the federal HIV response and stimulates relevant research that is responsive to the needs of communities affected by HIV.

Areas of Interest:

- Participate in relevant interagency partnerships to support a coordinated federal response to address the HIV epidemic.
- Convene partners around broad-reaching efforts to advance HIV-related research, including pursuit of new public-private partnerships.
- Engage members of the HIV community with broad perspectives—including researchers, clinicians, and people directly affected by HIV—to inform the NIH HIV research program through events such as scientific workshops and community listening sessions.

Kidney, Liver Transplantation Safe Between Donors, Recipients With HIV

NIH-funded research demonstrated that kidney and liver transplantation between people with HIV was safe, expanding the pool of donor organs to people with HIV and end-stage kidney or liver disease. The research was possible under the 2013 HIV Organ Policy Equity (HOPE) Act, which allowed organ transplants from donors with HIV to recipients with HIV in approved research studies in the United States. The law allowed for an [NIH-supported study](#) that demonstrated kidney transplantation from deceased donors with HIV to recipients with HIV was safe and led to outcomes comparable to kidney transplantation among donors without HIV. Another [NIH-funded study](#) compared outcomes among liver transplant recipients with HIV who received livers from deceased donors with HIV and without HIV. The study found no differences in one-year graft survival, organ rejection, HIV breakthrough, or severe adverse events. These studies, along with additional research, supported the expansion of kidney and liver transplantation between donors and recipients with HIV outside of approved research settings. As a result, the expanded donor pool will benefit everyone on the waiting list for kidney or liver transplants in the United States.

Appendix A: Development of the Strategic Plan

Early Planning and Information Gathering: Summer 2023–Spring 2024

Development of the *FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research* (the Plan) began with establishment of an Office of AIDS Research (OAR) working group that included OAR leadership, a plan coordinator, administrative support, and representatives with a combination of relevant scientific and programmatic expertise and experience in portfolio analysis and strategic planning. The working group proposed a new organizational framework based on the research-to-practice continuum. OAR shared the framework and invited input on research priorities from subject-matter experts across the National Institutes of Health (NIH), coordinated through the NIH HIV/AIDS Executive Committee (NAEC).

External proposals for research priorities within each Goal in the Plan were solicited through a [request for information](#) (RFI) that invited input from the scientific community, other government agencies, affected communities, and the general public. More than 200 respondents provided input at both individual and organizational levels. A small team reviewed all RFI responses and organized the proposed research priorities according to the new framework. The working group also reviewed and compiled existing materials that included recommendations from NAEC representatives, data from internal portfolio analyses, and insights from scientific meetings and community listening sessions. All recommendations were considered, consolidated, synthesized, and arranged within the new framework for review by external experts.

Recommendations From External Experts: Summer 2024–Winter 2024

OAR convened three task forces to provide recommendations regarding HIV research priorities and relevant action areas for the new Plan. These short-term, multidisciplinary working groups comprised 45 subject-matter experts—including researchers, clinicians, and people with lived experience.

Task force rosters are available in [Appendix B](#). Synthesized materials prepared by OAR were shared with the task forces for consideration. After a joint introductory meeting, each task force met twice to develop recommendations in their assigned areas. The task forces assembled for a final joint meeting before presenting their recommendations at the [OAR Advisory Council \(OARAC\) meeting](#) in October 2024. OARAC formally submitted these recommendations to the OAR Director in December 2024.

Refinement and Finalization of Priorities: Winter–Spring 2025*

OAR scientific staff and leadership conducted a final assessment of recommended priorities, which were then streamlined, reviewed for alignment with administration priorities, and shared with NAEC representatives for final comment. The OAR working group drafted the final plan.

* The Plan underwent a thorough review and clearance process from Summer 2025 to Summer 2026 prior to release.

Appendix B: Strategic Plan Task Force Rosters

Basic Biomedical and Preclinical Research Task Force

Luis J. Montaner, D.V.M., D.Phil., Chair | The Wistar Institute
Geetanjali Bansal, Ph.D., Executive Secretary | NIH Office of AIDS Research
Afam Okoye, Ph.D. | Oregon Health & Science University
Jim Kublin, M.D., M.P.H. | Fred Hutchinson Cancer Research Center
Marc Wagner | AIDS Cure Research Collaborative
Mauricio Martins, Ph.D. | The Herbert Wertheim UF Scripps Institute for Biomedical Innovation & Technology
Melanie Ott, M.D., Ph.D. | University of California, San Francisco, School of Medicine
Mojgan H. Naghavi, Ph.D. | Northwestern University Feinberg School of Medicine
Nancie M. Archin, Ph.D. | UNC School of Medicine
Nancy L. Haigwood, Ph.D. | Oregon Health & Science University
Richard Jefferys | Treatment Action Group (TAG)
Sara Sawyer, Ph.D. | University of Colorado Boulder College of Arts and Sciences
Savita Pahwa, M.D. | University of Miami Miller School of Medicine
Sonia Flores, Ph.D. | University of Colorado Anschutz Medical Campus

Behavioral, Social, and Implementation Science Research Task Force

Omar Galárraga, Ph.D., Chair | Brown University School of Public Health
Amber Wilson, M.P.H., Executive Secretary | NIH Office of AIDS Research
Brian Mustanski | Northwestern University Feinberg School of Medicine
Brooke S. West, Ph.D. | Columbia School of Social Work
Carlos E. Rodriguez-Diaz, Ph.D., M.P.H. | Boston University School of Public Health
Edwin Charlebois, Ph.D., M.P.H. | University of California, San Francisco, School of Medicine
Gregorio Millett, M.P.H. | amfAR
Ivy Turnbull, D.L.P., Ed.M., M.A. | AIDS Alliance for Women, Infants, Children, Youth & Families
John Chin, Ph.D. | Hunter College, City University of New York
John Meade, M.P.H. | AVAC: Global Advocacy for HIV Prevention
Karine Dubé, Dr.P.H. | University of California, San Diego, School of Medicine
LaRon Nelson, Ph.D., RN | Yale School of Nursing
Michele Andrasik, Ph.D. | Fred Hutchinson Cancer Research Center
Steven Shoptaw, Ph.D. | UCLA Center for Behavioral and Addiction Medicine
Sybil Hosek, Ph.D. | University of Illinois College of Medicine
Tonia Poteat, Ph.D. | Duke University School of Nursing

Clinical and Intervention Research Task Force

Roy (Trip) Gulick, M.D., Chair | Weill Cornell Medicine

Leslie J. Marshall, Ph.D., Executive Secretary | NIH Office of AIDS Research

Amita Gupta, M.D., M.H.S. | The Johns Hopkins University School of Medicine

Amy Justice, M.D., Ph.D. | Yale School of Medicine

Anna Maria Mandalakas, M.D., Ph.D. | Baylor College of Medicine

Anne M. Neilan, M.D., M.P.H. | Massachusetts General Hospital

Courtney V. Fletcher, Pharm.D. | University of Nebraska Medical Center

Diane Santa Maria, Dr.P.H., M.S.N., RN | UT Health Houston Cizik School of Nursing

Eileen Scully, M.D., Ph.D. | The Johns Hopkins University School of Medicine

Elaine J. Abrams, M.D. | Columbia Mailman School of Public Health

Elizabeth Chiao, M.D., M.P.H. | The University of Texas MD Anderson Cancer Center

Mitchell Warren | AVAC: Global Advocacy for HIV Prevention

Philip Chan, M.D., M.S. | Warren Alpert Medical School of Brown University

Ronald G. Collman, M.D. | Perelman School of Medicine at the University of Pennsylvania

Sally L. Hodder, M.D. | West Virginia University School of Medicine

Serena Spudich, M.D., M.A. | Yale School of Medicine

Sheri Weiser, M.D., M.P.H., M.A. | University of California, San Francisco, School of Medicine

Shruti Mehta, Ph.D., M.P.H. | Johns Hopkins Bloomberg School of Public Health



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