U.S. Department of Health and Human Services (HHS)
National Institutes of Health (NIH)
Office of AIDS Research (OAR)

Office of AIDS Research Advisory Council (OARAC)
72nd Meeting
June 25, 2026

Virtual (VideoCast Link)

Meeting Minutes

Council Members Present:
Dr. Luis J. Montaner (Chairperson)
Dr. Courtney V. Fletcher
Dr. Sonia Flores
Dr. Anne M. Neilan
Dr. Sara L. Sawyer

***Ex Officio* Members Present:**
COL Julie Ake
Dr. Robert Eisinger
Ms. Heather L. Hauck

OAR Leadership:
Dr. Rachel Anderson
Dr. Elizabeth Barr
Dr. Elisabet ("Lis") Caler
Dr. David Chang
Mr. Robert Cregg
Dr. Geri Donenberg
Ms. Melissa Herrera
Dr. Leslie Marshall

Invited Speakers and Guests:
Dr. Lisa Abuogi
Dr. Ericka Boone
Dr. Andrey Borisov
Dr. Dázon Dixon Diallo
Dr. Gregory Greenwood
Dr. Maliah Ilias
Dr. George Mensah
Dr. Mirko Paiardini
Dr. Nathan Stinson, Jr.
Dr. Vasundhara Varthakavi

Welcome and Introductions

Melissa Herrera, M.P.H., OARAC Executive Secretary, Public Health Analyst, OAR, NIH
Luis J. Montaner, D.V.M., D.Phil., M.Sc., OARAC Chairperson,
Executive Vice President and Director, HIV Cure and Viral Diseases Center, The Wistar Institute

Ms. Melissa Herrera and Dr. Luis J. Montaner welcomed participants to the 72nd meeting of the NIH OARAC. Ms. Herrera conducted roll call; a quorum was present. Meeting materials provided to Council members included the agenda, a conflict-of-interest form, public comments received prior to the meeting, and minutes from the 71st OARAC meeting, which was held on April 13, 2026.

A motion was made, seconded, and approved unanimously to approve the minutes from the 71st OARAC meeting. Dr. Montaner then reviewed the agenda for the 72nd meeting, noting the inclusion of time for public comments.

Report: OAR Director

Geri R. Donenberg, Ph.D., Associate Director for AIDS Research and Director, OAR, NIH

Dr. Geri Donenberg welcomed OARAC members and thanked them for attending the meeting in person. She also thanked OAR Acting Deputy Director Dr. Leslie Marshall for providing the Director's Report presentation at the previous OARAC meeting on Dr. Donenberg's behalf.

Dr. Donenberg introduced OAR Senior Science Advisor Dr. Elizabeth Barr as the backup designated federal officer (or DFO) for OARAC. Dr. Barr will also lead OAR's HIV and women program and provide scientific and strategic guidance to advance NIH's HIV research portfolio.

Dr. Donenberg acknowledged that June 5 this year marked the 45th anniversary of the historic Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report* issue that detailed five cases of *Pneumocystis carinii* pneumonia in previously healthy young gay men in Los Angeles, the first official documentation of the condition that was later named AIDS. Dr. Donenberg noted that this anniversary provides an opportunity to reflect on progress made since 1981 while also recognizing the tremendous amount of work that still remains to end the HIV epidemic. June 5 is also HIV Long-Term Survivors Awareness Day, an observance that honors people who have had HIV for more than 10 years, have had HIV since they were born or shortly after, or were diagnosed with HIV before antiretroviral therapy (ART) became available in 1996. She noted that the recent Continuum 2026 conference included a significant focus on whole-person health and well-being among people with HIV. At that conference, Dr. Donenberg delivered a keynote presentation on quality of life and wellbeing among people with HIV as well as research needs related to whole-person health. She acknowledged the importance of community advocacy and the role that the community played in forcing the government to take action over the last 45 years.

Dr. Donenberg noted that the agenda for this meeting was developed largely in response to requests at the previous OARAC meeting for additional clarity on OAR activities and priorities. She noted that later in this meeting's agenda, OAR Chief of Staff Dr. Rachel Anderson would provide an update on the fiscal year (FY) 2026–2030 *NIH Strategic Plan for HIV and HIV-Related Research*, and Dr. Marshall would provide additional information on FY25 NIH HIV research funding. Dr. Donenberg also informed attendees that the FY27 Professional Judgment Budget is under NIH review and will be released soon. She reminded Council members that the Professional Judgment Budget estimates the funds that would enable NIH to pursue additional scientific opportunities.

Dr. Donenberg responded to a question from the previous meeting about the status of the National Institute on Minority Health and Health Disparities' Research Centers in Minority Institutions (RCMI) program, explaining that the RCMIs continue to engage in rigorous mentored research experiences focused on improving health in populations that have a disproportionate burden of disease. She noted that the RCMI program is congressionally mandated, remains funded, and that OAR continues to support the program. She also reported that OAR received approval for current grantees to apply for implementation science supplements as part of their work. The National Institute of Mental Health has been actively awarding them. She encouraged investigators to contact their program officers to determine whether they are eligible.

Regarding a request for additional clarity on OAR's use of the transfer authority for FY26, Dr. Donenberg reminded attendees that in 1993, Congress passed the NIH Revitalization Act, which broadened OAR's authority. Included in this legislation was language to allocate budgets for all NIH HIV research and execute up to 3% budget transfer authority, consistent with OAR's mandate to prioritize science in the most urgent areas given the evolution of the pandemic. For FY26, OAR exercised transfer authority at less than 2%, primarily to advance implementation science activities. OAR's approach was to consider whether institutes, centers, and offices (ICOs) were poised to engage in implementation science, had the expertise to support such science, and had a track record of already supporting it. OAR reviewed each ICO's prior funding for HIV and implementation science–related awards in FY24 and FY25, with prior support for implementation science signaling a commitment and interest in implementation research as well

as existing expertise in implementation science among program staff and on advisory councils. OAR also reviewed each ICO's response to a data call on planned future spending in implementation science, prior administration of implementation science-related notices of funding opportunities (NOFOs) and co-funding of implementation science awards, ICO scientific priorities and whether implementation science could fit with the ICO's mission. OAR then assessed each ICO's level of readiness to expand support for implementation science and made decisions about the transfer. Individual letters were sent to each ICO explaining how the transfer was calculated and the factors informing the decisions.

Dr. Donenberg then commented on HIV data released by CDC for 2024, noting that the proportion of individuals achieving viral suppression increased from 67% in 2023 to 69% in 2024. Despite this positive trend, stagnation occurred in a number of other areas, including the percentage of people successfully linked to medical care within 30 days of diagnosis, the number of annual new diagnoses, and persistent disparities in the number of new diagnoses in Black or African American individuals and individuals in the South. In an alarming trend, more than 1 in 5 people newly diagnosed with HIV in 2024 had already progressed to Stage 3 HIV (AIDS). The majority of new diagnoses were the result of male-to-male sexual contact, and the age group most affected by new diagnoses was people ages 25 to 34. New diagnoses also were overrepresented among Black and Latino populations. Dr. Donenberg commented that these data highlight the significant amount of work remaining to achieve the Joint United Nations Programme on HIV and AIDS (or UNAIDS) targets.

Dr. Donenberg then turned to NIH policy-related topics, noting that NIH is considering instituting a cap on the number of research project grants for which one individual could simultaneously be a principal investigator (PI). NIH has released a request for information (RFI) to solicit public input on this proposed policy, and responses are due August 3, 2026. Council members were encouraged to review the RFI and provide feedback. The NIH Office of Policy for Extramural Research Administration (OPERA) recently released a number of publicly available resources related to the new PF5 application and award structure for collaborative international research projects. NIH no longer accepts applications that include a subaward for a foreign entity, so the new PF5 structure must be used when requesting funding for international collaborations. The parent PF5 has a broad scope, and some ICOs may issue program-specific PF5 opportunities in the future. An informative video is available on the NIH Funding YouTube channel, and links to additional resources are available in Council members' briefing books. An OPERA representative will be invited to present at a future OARAC meeting to provide additional information.

OAR is sponsoring the *Access, Delivery, Engagement, and Retention for Long-Acting HIV Prevention and Treatment in the United States* Challenge (LAUNCH Challenge) (or ARISE-HIV) LAUNCH challenge, a competition to solicit innovative and actionable ideas to address challenges and constraints associated with the prevention of HIV transmission and HIV treatment through uptake of long-acting ART. The prize competition is designed to reward creative and pragmatic implementation strategies for addressing persistent barriers to uptake, delivery, adherence, and access. The total prize purse is $1 million across two phases, and OAR hopes to engage a diverse range of participants. Submissions are due August 6, 2026.

Dr. Donenberg reviewed recent noteworthy OAR engagements since the last OARAC meeting. She joined NIH leadership on a site visit at the DC Partnership for HIV/AIDS Progress (DC PFAP), a collaboration between NIH and the Washington, DC, government that includes the largest urban cohort study of HIV/AIDS in the United States and conducted the first U.S. trials of interferon-free therapy for hepatitis C virus. Today the DC PFAP is led by Dr. Henry Masur, the

Executive Secretary of the Adult and Adolescent Opportunistic Infection (OI) Guidelines. Dr. Donenberg also recently met with the HIV Medicine Association board and staff to discuss HIV research and funding issues and implementation science opportunities. She attended a meeting of the NIH Tribal Advisory Committee in May and presented on NIH HIV/AIDS activities and the research portfolio in the context of American Indian/Alaska Native populations. Dr. Donenberg discussed the adolescent HIV epidemic and role of implementation science at a meeting of the Adolescent Medicine Trials Network for HIV/AIDS Interventions. She also recently returned from the Continuum 2026 conference, where she presented NIH HIV-related implementation science activities and research priorities. Upcoming engagements include AIDS 2026 and the U.S. Conference on HIV/AIDS. Additionally, OAR is leading a multi-ICO collaboration on a set of three virtual mini-symposia on new approach methodologies for preclinical HIV research in August and September, and will host a session at the 17th International Workshop on Aging & HIV in October.

Before closing her remarks, Dr. Donenberg thanked attendees for making OARAC meetings a priority and noted that the next meeting is scheduled for October 22, 2026.

Discussion Highlights

Dr. Montaner requested that the October OARAC meeting include a review of the many HIV programs sponsored by NIH (e.g., Centers for AIDS Research [CFARs], Martin Delaney Collaboratories for HIV Cure Research, HIV Clinical Trials Networks) and the status of their respective NOFO renewals. Dr. Donenberg agreed that OAR can provide as much information as is available in October. He also commented that the Office of Management and Budget (OMB) proposal related to uniform guidance has a limited time for public input and asked whether OAR could ask that the time be extended to 90 days. Dr. Donenberg agreed that OAR could make this request.

Dr. Anne Neilan thanked Dr. Donenberg for the additional information related to OAR's transfer authority. She commented that the upward trend in HIV transmission among female heterosexual contact in the recently released CDC data emphasizes the importance of international collaborations and clinical trials, including those supported by the Clinical Trials Network discussed by Dr. Marguerita Lightfoot at the last OARAC meeting. These data are another reminder that there is much work to be done to eradicate HIV.

Dr. Courtney Fletcher asked about expected outcomes and accountability for the implementation science efforts funded by the transfer authority. Dr. Donenberg explained that the transfer authority funds were not earmarked specifically for implementation science, but ICOs were selected in part because they were already engaged in implementation science. OAR does not instruct ICOs which grants to fund, but the office has asked ICOs to prioritize implementation science projects; OAR staff will review the grants selected for alignment with the strategic plan. It is hoped that this effort will help promote the generation of data to inform what strategies are successful in moving the HIV implementation science agenda forward while optimizing the delivery of effective interventions to the populations that need them most. Dr. Marshall added that this strategy allows ICOs additional flexibility to fund as much meritorious research as possible and noted that OAR is actively working with partners to create opportunities through NOFOs, Highlighted Topics, and unique mechanisms like the ARISE-HIV LAUNCH Challenge to increase HIV implementation science funding while the field continues to grow.

FY 2026–2030 NIH Strategic Plan for HIV and HIV-Related Research: Status Update and Next Steps

Rachel Anderson, Ph.D., Senior Policy Advisor and Chief of Staff, OAR, NIH

Dr. Anderson provided an update on the next NIH-wide strategic plan for HIV and HIV-related research, noting that OAR is mandated to have a comprehensive plan that includes research in basic, applied, and social and behavioral sciences. All awards funded with HIV dollars must align with the plan, which is comprehensive by design. Dr. Anderson recognized that the delayed release of the plan had caused uncertainty and acknowledged the work of the task forces in 2024 to develop the recommendations that informed the development and content of the plan. After describing the plan's development timeline to date, she noted that this week, OAR resubmitted the plan to NIH leadership for clearance.

Dr. Anderson explained that the leadership changes at OAR and NIH have lengthened the plan's review and clearance and that staffing reductions at NIH, as well as the 2025 government shutdown, have affected capacity and slowed the timeline. Dr. Anderson emphasized that although the revision process has been lengthy and iterative, the core scientific vision of the plan has been preserved. Most revisions have focused on increasing the emphasis on implementation science in the HIV portfolio; additional revisions involved the inclusion of new areas of science (e.g., new approach methodologies) and streamlining text to remove redundancies. The plan still emphasizes a comprehensive, multidisciplinary HIV research portfolio that spans scientific topics and methodologies; maintains a strong focus on improving health for populations most affected by HIV across the life course and reducing health disparities; and highlights the importance of multisectoral partnerships and meaningful community involvement.

The revised structure of the plan aligns with the standardized template for NIH strategic plans and includes goals for research, capacity, and operations. The research goal includes four objectives that follow the research-to-practice continuum: fundamental research, preclinical research, intervention research, and implementation research. Dr. Anderson noted that the addition of implementation science to end the HIV epidemic as an overarching priority is the most notable change and explained that this framing highlights NIH's interest in implementation science within the context of the HIV portfolio.

After NIH leadership provides clearance, the plan will be shared with and reviewed by HHS, which is a new step with uncertain details. When this review is complete and the plan is cleared, the draft will be distributed to OARAC members for a notational vote of endorsement and then reviewed by NIH to ensure it adheres to the standard template. Dr. Anderson thanked OARAC members for their patience throughout the process and for their continued engagement and thoughtful input.

Discussion Highlights

Dr. Montaner noted that the community is looking forward to the release of the strategic plan and commented on its importance related to aligning research objectives. He commented that OMB guidance suggests a political approval related to the research, which the research community finds concerning. The strategic plan represents the best answer to the alignment question. Dr. Montaner encouraged OAR to continue pushing forward with the release of the plan and noted that OARAC supports moving the plan towards publication.

Dr. Fletcher suggested that framing implementation science as an overarching priority implies it is the most important objective of the NIH, which contrasts with NIH's mission statement to first seek fundamental knowledge and then apply that knowledge. Dr. Anderson explained that the plan was restructured in an effort to balance feedback from NIH leadership while respecting the entire continuum of research. The research goals in the plan highlight specific research areas of interest, and the new overarching implementation science priority is intended to signal NIH's intent to adopt an implementation science lens across the spectrum of funded research. Dr. Anderson indicated that the overarching implementation science priority could be considered as a framing device for the plan rather than as a specific goal.

Council members voiced appreciation for OAR's efforts to finalize the plan and agreed that implementation science is important, but research toward a vaccine, including using new techniques and a new generation of researchers, is critical to controlling the epidemic.

FY25 NIH HIV Funding Overview

Leslie Marshall, Ph.D., Acting Deputy Director, OAR, NIH

Dr. Marshall presented an overview of the NIH HIV research portfolio, with a focus on funding trends and research investments from FY19 to FY25. Overall NIH HIV funding has remained relatively stable over this period, but the number of projects supported varies year to year. The number of projects declined during FY20 and FY21, aligning with the disruptions to biomedical research associated with the COVID-19 pandemic. Following that period, the number of projects rebounded and remained relatively stable through FY25, reflecting the resilience of the HIV research community and NIH's continued commitment to supporting HIV research. Dr. Marshall noted that funding levels and project counts do not always move in parallel and looking at both measures provides a more complete understanding of the HIV research portfolio. Funding reflects the level of investment, and project counts provide insight into the breadth of research actively supported.

NIH currently has five HIV research priorities, which OAR uses as a framework for tracking research. People and communities are at the center of all priorities, reflecting OAR's vision of improving health outcomes and quality of life for those affected by HIV. The five priorities are (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 crosscutting areas of research. The priorities are highly interconnected, and scientific advances in one area often accelerate progress in others.

Dr. Marshall noted that all briefing data are publicly available through the NIH OAR Data Hub, which has been updated to reflect FY25 HIV spending levels. She pointed out that the same project may be counted under multiple priorities or objectives when counting the number of awards, but funding is apportioned across codes and is not double counted, even when an award is associated with multiple strategic plan categories. NIH has maintained a balanced HIV research portfolio with the largest investments in crosscutting science and prevention while steadily increasing support for co-occurring conditions and HIV cure research.

The number of HIV research awards associated with each priority during the same period, combined with the funding amounts, show growing emphasis on co-occurring conditions and HIV cure research while maintaining strong support for prevention and foundational science. This reflects the changing dynamics of the HIV epidemic, with people with HIV living longer and experiencing age-related health challenges alongside unique HIV-related health concerns. Improving outcomes for people with HIV increasingly requires understanding and addressing

complications across the lifespan. The growth in both funding and awards in this area reflects NIH's commitment to ensuring that people with HIV not only survive but thrive with the best possible quality of life.

When considering funding by award types, the most notable trend is a steady growth in funding for research projects, while investments in career development, training, and fellowships have remained stable. Although research project funding has increased, the number of projects has slightly decreased while the number of awards in other categories has remained steady. These data show that NIH's HIV portfolio continues to prioritize both scientific discovery and workforce development. Although workforce-focused funding has been subject to the same budgetary pressures affecting much of biomedical research, these programs remain a foundational component of NIH's long-term strategy to advance HIV science and improve public health. When HIV workforce development awards are analyzed, strong representation is present for HIV epidemiology and incidence, as well as areas that highlight the breadth of basic, translational, and clinical research supported through workforce development programs. There is also a strong focus on populations disproportionately affected by HIV and topics related to health across the lifespan. Dr. Marshall noted that this highlights the breadth of scientific interests represented among trainees and early-career investigators.

Discussion Highlights

In response to a question from Dr. Flores, Dr. Marshall clarified that until the new strategic plan is published, the research priorities have been aligned with the FY21–FY25 strategic plan and that they will be updated when the new strategic plan is approved.

Dr. Montaner noted the dramatically lower success rate seen in FY25 and pointed out that the FY25 success rate for early stage investigators (ESIs) appears to be 19% compared with the 26% success rate seen in FY24. He asked if OAR has been able to examine the NIH HIV portfolio relative to the overall NIH portfolio to see whether the NIH HIV research portfolio has been affected more, less, or at relatively the same rate as the overall NIH research portfolio. Dr. Marshall indicated that the next presentation on the agenda will provide additional information in this regard.

Dr. Dázon Dixon Diallo noted the increased population of youth and young adults in Sub-Saharan Africa and asked how OAR is prioritizing intergenerational learning and ensuring youth who are more vulnerable can be prepared for future leadership roles. Dr. Marshall explained that OAR has strong relationships with relevant agencies and is working to determine how to better catalyze research in this area.

Early Career Investigators (ECIs) in HIV Updates and Discussion

OAR ECIs in HIV Working Group Overview and Updates

Elisabet ("Lis") Caler, Ph.D., Senior Science Advisor, OAR, NIH
David Chang, Ph.D., Supervisory Health Scientist Administrator, Senior Science Advisor, OAR, NIH

Dr. David Chang reminded attendees that NIH uses the category of ESIs, whereas OAR uses ECIs, which includes ESIs and other investigators early in their HIV research careers who may require support. Supporting ECIs remains a major OAR priority, as a strategic goal in the current strategic plan and reflected in the capacity goal that will appear in the new strategic plan. Dr. Chang noted that ECIs are central to strengthening capacity across the HIV research-to-practice

continuum. ECIs represent the future of the HIV workforce—ensuring that they have access to the resources, training, mentorship, and opportunities they need to succeed remains essential.

Dr. Elisabet Caler outlined broad NIH funding trends. She explained that research project grant (RPG) applications increased by 13% in FY25 compared with FY24; however, the number of competing RPG awards decreased by 21% between those two years, reducing the success rate to 13% (from almost 19% in FY24). Dr. Caler acknowledged concerns regarding increased competition and fewer awards. She noted, however, that the average size of RPG awards increased by 9% and total NIH RPG funding increased by 3%, indicating a shift toward fewer but larger awards. R01-equivalent awards follow a similar trend, with a tightened success rate of 13% in FY25 (from almost 19% in FY24)—reflecting increased numbers of applications along with fewer but larger awards. Total NIH funding for R01-equivalent awards increased by 4%.

Dr. Caler spoke on the significance of these trends for HIV ESIs. She reported that R01-equivalent ESI awards have averaged about 1,400 to 1,600 per year across all of NIH between FY19 and FY25, and average about 54 per year (3.7%) for HIV ESIs; OAR's goal is that HIV ESI awards reach 5% of total ESI awards. The NIH HIV ESI portfolio has fluctuated between FY19 and FY25, with a total of $287M invested in HIV ESIs across those years. The number of awards peaked in FY24 before declining in FY25. Dr. Caler also reported that the number of HIV ESI applicants has continued to rise; however, the number of HIV ESI awards and funding rates both have declined in recent years. Dr. Caler noted that these metrics indicate a sustained interest in HIV research among ESIs despite recent funding challenges.

To further understand these trends, HIV ESI awards were mapped to HIV priority areas as identified in the *FY 2021-2025: NIH Strategic Plan for HIV and HIV-Related Research*. Dr. Caler highlighted that a high proportion of HIV ESIs focus on comorbidities, coinfections, and complications; these findings are consistent with statistics reported from recent OAR ESI workshops. She also emphasized that NIH-supported programs, such as the CFARs, contribute significantly to the success of ESIs. For FY26 to date, 13 ESI awards in HIV have been made, reflecting topic areas from basic science to implementation science. Dr. Caler stated that OAR intends to continue investigating behaviors that contribute to success and mechanisms that help HIV ESIs launch their careers.

Dr. Chang outlined ECI activities planned for the current year, noting that OAR has been listening to the ECI community and adapting its programming accordingly. ECIs highlighted priorities for increased access to NIH staff, clearer guidance on funding opportunities, stronger networking opportunities, and more opportunities to showcase their research. In response, OAR has expanded ECI workshops, hosted two rounds of office hours with NIH program staff, strengthened the office's presence at scientific meetings, and continued to support ECI research symposia. More recently, OAR has prioritized outreach and engagement by hosting an ECI workshop in collaboration with the U.S. Military HIV Research Program and delivering a keynote talk in collaboration with the National Institute of Nursing Research at the Mid-Atlantic CFAR Consortium Nursing Initiative. In these initiatives, ECIs were able to engage directly with NIH staff and have candid conversations about the HIV research landscape.

OAR's next ECI workshop will occur virtually on September 28, 2026. Dr. Chang noted that these workshops have become an important forum for connecting NIH staff, ECIs, and peers, and he encouraged institutions and mentors to publicize these workshops. He highlighted that NIH offers HIV research program infographics, research references, and an ECI resources page while reiterating OAR's commitment to ECIs.

NIH Training Grants Overview and Updates

Ericka Boone, Ph.D., Director, Division of Biomedical Research Workforce, Office of Extramural Research, NIH

Dr. Ericka Boone explained that the T32 institutional research training grants are one of NIH's most significant investments in the future of the biomedical research workforce. Between 1993 and 2021, T32 funding more than doubled, from $269M to $617M per year. The number of PIs receiving T32s has increased from 1,500 per year to 2,400, but the number of funded organizations has remained relatively flat. Between 2015 and 2025, the success rate for T32 applicants was much better than that of other mechanisms. The National Institute of General Medical Sciences is the largest funder of T32s in terms of funding amount and number of grants.

Dr. Boone's office is engaged in a three-phase analysis of T32 fundings. The first phase focused on general trends, and the second phase focused on the distribution of T32 funding. The current phase focuses on the impacts of the T32 program on trainees. The composition of funded PIs has shifted between 1993 and 2021, although ECIs have remained a small portion of T32 PIs. Midcareer investigators predominated historically, but they crossed with later-stage investigators around 2014. Male representation has decreased slightly, and female representation has increased. By degree, Ph.D. representation has been historically high and continued to grow. Across the full study period, T32-funded PIs tended to have a high representation of males, individuals considered white, Ph.D. holders, and midcareer individuals. Early-career PIs tend to be under age 46, are more likely to hold Ph.D.s, and have a greater representation of females. Midcareer PIs have a greater male representation, with a large proportion of Ph.D.s, as well as some M.D.s. Median funding tends to be about equal across career stages.

Much of T32 funding is concentrated among a small number of investigators and has been for the last three decades. Over time, 6% of all T32 funds went to 1% of investigators, and about 30% of all T32 funds went to 10% of investigators. Using a statistical index to quantify how evenly a resource is distributed across a population, Dr. Boone's team found that early-career PIs were proportionally funded in 1993 but were strongly negative by 2021, meaning that they were shut out of T32 funding relative to their numbers. Late-career PIs have flipped from negative to strongly positive, showing that T32 grants are becoming increasingly entrenched with senior investigators. Male PIs were consistently positive across the full period, and female PIs were consistently negative. The strongest signal is in degree type, showing that M.D./Ph.D. holders are overrepresented relative to their share of the PI pool, and Ph.D. holders. The top 1% of T32-funded PIs are late-stage physician scientists, who are most likely leading larger T32 programs.

T32 funding also is concentrated in a small number of institutions. About 10% of institutions that receive T32 funding are receiving 50% of total T32 funds, and funding is more concentrated at medical schools, hospitals, and research institutions. Dr. Boone noted that this pattern has been consistent for 30 years. In 2021, funding was heavily concentrated along the coasts and in a handful of Midwest hubs. California was the highest-funded state, with $18.7M across 49 awards. The top four institutions have held top positions consistently across years, signaling structural entrenchment.

Current data show that these trends continue. NIH is funding 336 active T32s across 121 organizations, with $147M distributed to 37 states. Only 10 states hold 61% of active grants and 61% of all training slots. Although T32 funding has more than doubled over 30 years, Dr.

Boone emphasized that this growth does not demonstrate whether the programs are fulfilling their intended purpose. The distribution of funding has been heavily concentrated for 30 years among M.D./Ph.D. holders, late-career investigators, and male PIs. Although the T32 is meant to build a national research workforce, funding is geographically concentrated, and large parts of the country may be outside the program's reach. Dr. Boone pointed out that after updating the data for the current year, her team will examine trainee outcomes to ensure the program is funding who it intends to fund.

Discussion Highlights

Dr. Boone explained that the grants are awarded to institutions, which use the funds to support the career development of the individuals of record as PIs, even though the grants do not support salaries.

Dr. Sara Sawyer asked whether trends are similar for mechanisms other than T32s, noting that the senior scientist at a CFAR receives credit for every paper published by that CFAR, making competing with these scientists difficult. Dr. Sawyer asked whether study section score should be less prioritized for these mechanisms. Dr. Boone pointed out that the unified funding strategy will allow ICs more leeway in funding choices and added that many ICs already have incorporated factors beyond score band. Dr. Robert Eisinger noted that the National Institute of Allergy and Infectious Diseases already funds in this manner. Dr. Montaner noted that some CFAR leaders are not recorded on publications.

Dr. Flores asked how many F or K awardees have transitioned to R awards and questioned the lack of information about implementation science programs for ESIs. Dr. Caler replied that a K award affects the timing of a researcher's first R01 award, but F awards have less effect. She noted that her analyses were conducted using the pre-existing priorities, so implementation science was not included. Dr. Donenberg commented that implementation science is embedded in K awards, and many programs are adding implementation science training. She noted that investigators tend to pursue opportunities that are funded, so the renewed investment in implementation science will probably lead to an increase in implementation science training opportunities.

In response to a question about the ECI office hours, Dr. Chang explained that ECIs register to meet with a program officer and upload their aims, then OAR organizes one-on-one appointments of 30 minutes or more. The most recent round included 300 cumulative hours of dedication from program officers and representation from 15 ICOs.

Dr. Montaner asked Drs. Caler and Chang to track K awards, particularly regarding the 2025 funding cycle. He noted that T32 institutional concentration reflects R01 concentration and commented that trainees want to go where research is funded, showing that a self-rewarding system has been created. He encouraged NIH to address the system as a whole, which will improve T32 outcomes. Dr. Boone agreed and noted the need to consider how to improve opportunities for individuals at other institutions.

NIH Community Engagement Alliance (CEAL): A Platform for Advancing Making America Healthy Again (MAHA) Strategic Priorities

Maliha Ilias, Ph.D., Branch Chief, Center for Translation Research and Implementation Science, National Heart, Lung, and Blood Institute (NHLBI), NIH
George Mensah, M.D., Director, Center for Translation Research and Implementation Science, Senior Advisor, Office of the Director, NHLBI, NIH

Dr. George Mensah pointed out that the mission of CEAL is to improve health outcomes through meaningful community-engaged research that addresses the excess morbidity and mortality associated with chronic disease. CEAL aims to partner with communities to advance research on community-driven, solutions-based outcomes; build trust and trustworthiness in science; and ensure meaningful involvement of communities from study design through dissemination. CEAL was formed at the beginning of the COVID-19 pandemic and rapidly evolved into the current slate of eight programs. CEAL is a national network with partners in 21 states across many types of organizations. The alliance currently addresses such MAHA priorities as chronic conditions, mental health, child health, and environmental exposures. CEAL also has a strong focus on health across the lifespan and programs to advance research in rural and Tribal communities. Although CEAL collaborates across many ICOs, OAR has not yet been a formal partner, and no CEAL programs address HIV.

Dr. Mensah emphasized that CEAL aims to ensure community engagement while advancing scientific rigor. About half the studies on the platform are registered with ClinicalTrials.gov, 64% are randomized, and 21% use effectiveness-implementation hybrid study approaches. Studies focus across emphasis areas, including biological, behavioral and psychosocial, health care system, and implementation science. About half of CEAL partners are small to moderately sized community-based organizations, and about 20,000 planned research participants—with about one-third of those enrolled to date—are in place. The program has supported more than 260 peer-reviewed publications and is beginning to examine relative citation ratio and conference participation as metrics. Dr. Mensah emphasized that CEAL believes that if the problem is in the community, then the solution is in the community.

One successful CEAL program is the Community Engagement Alliance Consultative Resource (CEACR), consultative resource that gathers a panel of experts to develop recommendations on a challenge faced by investigators. The expert panels are truly multidisciplinary and depend on the challenge presented. Dr. Mensah outlined the CEACR process and noted that in addition to consulting on the current challenge, the panel provides follow-up over 6 months to measure implementation and impact and creates resources and tools that are made available to any NIH-funded researcher. Dr. Mensah commented that the long-term support has been particularly helpful; CEAL now is beginning to develop methods to ensure applicants build such support into their concepts.

Dr. Mensah addressed ways CEAL can be used to advance MAHA priorities. The MAHA strategic framework includes three specific engagement platforms; CEAL already matches the robust community implementation platform, has several programs that can fit the other MAHA platforms, and is working toward addressing all three. Of MAHA's seven thematic coordination groups, CEAL already addresses the first three. Dr. Mensah noted the intent to consider how CEAL can address HIV in the other groups. He provided an example of a program at the University of Hawai'i that uses culturally grounded interventions led by community health workers to address cardiometabolic risk factors among Native Hawaiian/Pacific Islander adults. The program had statistically significant impact and could have even more if scaled up. It shows that the CEAL platform can provide impactful research for MAHA priorities.

One priority CEAL can address is the intent to operationalize gold-standard, community-engaged research at scale. CEAL also strongly emphasizes breaking down silos to maximize impact and enable whole-person health, and the program aims to accelerate multifactor, community-driven solutions co-created by community and academic partners. Dr. Mensah emphasized that CEAL is committed to aligning with the MAHA priorities through its strong emphasis on solution-based strategies, the opportunity to explore how CEAL can address HIV priorities, and the unique opportunity to focus on implementation science and turn discoveries into real impact in the communities that need them most.

Dr. Mensah commented that community-engaged research matters to the HIV community because stigma and distrust of research already disproportionately affect communities in CEAL's network and those with HIV. CEAL brings a trusted set of community partners, an existing and tested research infrastructure, and a footprint in broad geographies and underserved counties in multiple states. He noted that CEAL is nimble and able to adapt to the next strategic plan when it becomes available and pointed out that OAR's emphasis on rural and Tribal communities aligns with CEAL's existing priorities.

Discussion Highlights

Dr. Flores pointed out that the new OMB directive and MAHA priorities emphasize "gold-standard science," but this has not been defined. She also noted that trust in science and the medical community declined significantly during the COVID-19 pandemic and asked how CEAL is addressing this, especially in Tribal communities. Dr. Mensah commented that researchers are trying to determine what "gold-standard science" means and noted that some NIH leaders have emphasized research that is replicable and reproducible. He acknowledged that community-engaged research cannot always be conducted as randomized controlled trials, but every step of the process can be documented, conducted transparently, aligned with core principles, and focused on health-related outcomes that benefit the community. He noted that the most recent CEAL annual meeting included a formal panel with experts from a wide variety of areas discussing how to align on gold-standard science; NHLBI will support a workshop to define it in various areas of research. Regarding trust, Dr. Mensah emphasized the need for scientists to prove they are trustworthy by recognizing past incidents that led to mistrust, returning results, and disseminating those results to ensure they benefit the community. He added that CEAL's mantra is to always move at the speed of trust.

COL Julie Ake commended the multidisciplinary approach and level of community engagement and asked whether CEAL has established partnerships with community groups in the HIV space. Dr. Mensah acknowledged that CEAL does not have formal partnerships with HIV communities because the platform evolved from its focus on COVID-19 to support other applications. He emphasized that CEAL currently has an opportunity to work with the HIV community.

When asked how CEAL addresses equitable remuneration within the NIH ecosystem, Dr. Mensah acknowledged that major barriers are present but noted that CEACR has helped identify successful strategies, including clarifying partner roles and requiring specific portions of funding be distributed to communities. He added that appropriate reimbursement and respect benefits recruitment, retention, and dissemination.

It Takes All of Us: Partnering Science and Community for the Cure We All Need

Dázon Dixon Diallo, D.H.L., M.P.H., Founder and President, SisterLove
Mirko Paiardini, Ph.D., Professor, Pathology & Laboratory Medicine, Emory University School of Medicine; Chief, Division of Microbiology & Immunology, Emory National Primate Research Center; Program Director, ERASE HIV, Martin Delaney Collaboratory for HIV Cure Research

Dr. Diallo commented on the continued importance and value of the voice of advocates. She explained that SisterLove is the first women's HIV-centered sexual and reproductive justice organization in the southeastern United States and had to create both its own interventions and ways to show they work. SisterLove now works across three programs that focus on healthy love experiences; community-based research; and justice, law, and policy. Dr. Diallo acknowledged community needs, including barriers to access, fragmented systems, and the need for culturally grounded and people-centered care. She commented that SisterLove meets people where they are and stays there. SisterLove provides direct services and clinical access, people-centered policy education, and community-based research.

Dr. Diallo commented that the ways in which community powers research have not been fully documented or grasped, but the need for engagement is real and critical. SisterLove created a Community Organized Leadership Advisory Board (COLAB) to ensure that the meaningful engagement of people with HIV provides guidance, ethical grounding, culturally based responsiveness, and alignment with community priorities. She noted that implementation science is a new term for something SisterLove has been doing for decades. SisterLove collaborates not only with the local community but also across partners, such as a team in South Africa for the HIV Cure: Antiretroviral Therapy-Free Control of HIV Infection Keystone Symposium in April 2025 and a panel at the 2025 International AIDS Society Conference on HIV Science. Dr. Diallo noted that community literacy requires scientific partners to be immersed in the community and understand what co-planning and respect for autonomy require. In the future, the program intends to use lessons learned from previous years and work with the COLAB to bring impactful events centered on HIV cure research to communities across the United States.

Dr. Mirko Paiardini reminded attendees that ART does not eradicate HIV, explaining that his team has used a rhesus macaque model to examine mechanisms of HIV persistence. To study the possibility of reducing seeding of the HIV reservoir, which could reduce long-term HIV persistence, the team inhibited Bcl-2, which protects infected cells from death, contributing to establishment and maintenance of the HIV reservoir. Venetoclax, a drug approved by the U.S. Food and Drug Administration for cancer, was administered to a population of macaques infected with simian immunodeficiency virus (SIV). Infected cells were found to express high levels of Bcl-2 in blood and lymph nodes, but this was inhibited by venetoclax.

The team interacted with the community from the beginning to confirm whether the level of CD4 T-cell reduction seen in treated macaques was acceptable. CD4 count has been the most widely recognized parameter of disease progression, and reduction is transient but part of the mechanism of action of venetoclax. Bcl-2 inhibition led to a lasting reduction of the SIV reservoir, with preferential elimination of infected cells maintained for months after treatment. After determining that the magnitude of reservoir reduction was sufficient, the team proposed testing venetoclax in people with HIV. Bcl-2 inhibition, either at ART elimination or during long-term ART with latency reversal, is a promising novel approach to disrupt HIV persistence.

Dr. Diallo emphasized that investment in community engagement is required and noted that barriers to engagement include both scientific literacy and interpretation to ensure communities

understand and can articulate the science. She added that community engagement requires work, money, and a continual pipeline of educating communities. Incentives beyond payment, such as fellowships and opportunities for learning, are needed. Risk aversion is related to lack of trust, questions around research ethics, and the need to manage expectations. Dr. Diallo also noted the complexity of involving elite controllers and the need for community-based organizations to be supported in the current funding climate.

Discussion Highlights

Dr. Paiardini explained that testing venetoclax in people who are fully suppressed would show no impact, so clinical trials could be conducted at ART initiation to reduce cells that could become a reservoir or at ART interruption to reduce cells that survive in viral rebound. He noted that because venetoclax does not affect only HIV-infected cells, testing at ART interruption is not desirable because it would reduce immune system function. Dr. Diallo noted that the more options people have, the more likely they are to engage. Using data from switch studies could inform an understanding of concerns and drivers influencing study option choice.

Dr. Montaner commended the community engagement of the collaboratories and the use of nonhuman primates to model the complexities of HIV, emphasizing the need to protect this aspect of the NIH portfolio.

Updates: NIH Advisory Council Representatives

National Advisory Council on Drug Abuse

Vasundhara Varthakavi, D.V.M., Ph.D., Acting Director, HIV Research Program, National Institute on Drug Abuse (NIDA), NIH

Dr. Vasundhara Varthakavi explained that NIDA views HIV and substance use as syndemic, deeply connected public health challenges that can worsen each other, fueled by structural barriers. NIDA aims to continue supporting HIV research through practical, scalable solutions and investing in the next generation of researchers. Dr. Varthakavi emphasized that ending the HIV epidemic requires coordinated, equity-focused strategies that combine biology, behavior, and systems-level change. Current NIDA funding opportunities in HIV include an R03 award to help investigators enter multiple high-priority areas of substance use research and a DP1 award to support high-risk, high-reward research with the potential to advance HIV prevention, diagnosis, treatment, and suppression in people who use substances. NIDA also supports funding through the Helping to End Addiction Long-term (or HEAL) Initiative, where HIV remains integrated into the broader effort to address substance use. An opportunity for pilot and feasibility studies in substance use and HIV prevention is forecast, and the NIDA council recently approved a concept to support core centers providing infrastructure for ongoing research related to substance use and HIV. NIDA also supports a number of NIH highlighted topics relevant to substance use and HIV.

National Advisory Mental Health Council

Gregory Greenwood, Ph.D., Acting Director, Division of AIDS Research, National Institute of Mental Health (NIMH), NIH

Dr. Gregory Greenwood explained that recent highlighted topics and funding opportunities show NIMH's current priorities in such areas as implementation science, data science and data reuse, mental health and psychosocial co-occurring conditions, developmental and neurobehavioral research, and practical tools for care delivery. Together, these reflect NIMH's emphasis on real-

world impact, mechanistic insight, and scalable solutions. NIMH is supporting highlighted topics on implementation science and benefits and harms of chatbot use for health, as well as a NOFO on secondary analysis of archived HIV/AIDS data and biospecimens to improve adolescent HIV care. NIMH also supports highlighted topics and NOFOs on school mental and behavioral health, optimizing behavioral sleep interventions for youth with or at risk of mental health disorders, advancing research on empirically supported interventions for older adults with serious mental illness, and addressing methodological challenges and clinical trials of rapid-acting psychotropic interventional drugs. Dr. Greenwood commented that NIMH priorities span both HIV and mental health, with a strong emphasis on their intersection, and the NIMH portfolio signals a focus on turning evidence into better care, broader reach, and greater public health impact.

Updates: HIV Clinical Guidelines Working Groups of OARAC

Pediatric Antiretroviral (ARV) Guidelines

Lisa Abuogi, M.D., M.Sc., Professor, Department of Pediatrics, University of Colorado; Medical Director, CHIP Prevention Program; Co-Director, CHIP Perinatal HIV Program; Senior Investigator, Center for Global Health

Ms. Herrera recognized Dr. Alice Pau upon the occasion of her retirement and commended her for her work over the years.

Dr. Lisa Abuogi outlined key updates to the Pediatric ARV Guidelines, published the day of the meeting. She noted that because the panel faced unique challenges for the guidelines in 2025, it chose to update only critical sections. Dr. Abuogi reviewed the most important updates, including a simplified infant testing schedule, additional information about testing around breastfeeding, updated diagrams to help users determine risk categories for infants with perinatal HIV exposure, new recommendations for infants of mothers with some viremia during pregnancy, updated regimens with a dolutegravir backbone, and clarification on the definition of an undetectable viral load.

Public Comment

Melissa Herrera, M.P.H., OARAC Executive Secretary, Public Health Analyst, OAR, NIH
Luis J. Montaner, D.V.M., D.Phil., M.Sc., OARAC Chairperson;
Executive Vice President and Director, HIV Cure and Viral Diseases Center, The Wistar Institute

Ms. Herrera stated that no public comments had been received. The April meeting received no comments. Any comments received during the next 4 weeks, through July 22, will be published in the meeting minutes.

Closing Remarks and Adjournment

Melissa Herrera, M.P.H., OARAC Executive Secretary, Public Health Analyst, OAR, NIH
Luis J. Montaner, D.V.M., D.Phil., M.Sc., OARAC Chairperson; Executive Vice President and Director, HIV Cure and Viral Diseases Center, The Wistar Institute

Ms. Herrera announced that the October 22 meeting will be a hybrid meeting and asked members to return their conflict-of-interest forms. Dr. Donenberg acknowledged the importance of attendees contributing opinions and noted that a yearly in-person meeting could be a goal. Dr. Montaner adjourned the meeting at 4:19 p.m. EDT.

Certification

I hereby certify that, to the best of my knowledge, the foregoing summary minutes are accurate and complete.



Luis J. Montaner, D.V.M., D.Phil., M.Sc.
Chairperson, OARAC

10/6/2026
Date

Melissa Herrera

Melissa Herrera, M.P.H.
Executive Secretary, OARAC

10/07/2026
Date