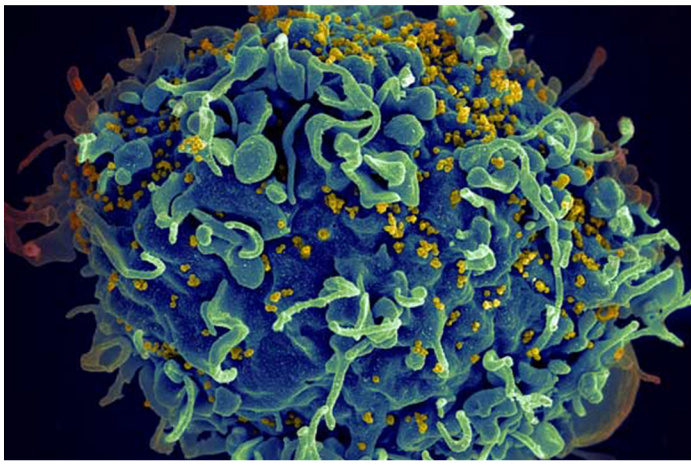












Fiscal Year 2027 NIH HIV/AIDS Professional Judgment Budget

National Institutes of Health
Office of AIDS Research

Professional Judgment Budgets are estimates and are not budget requests.

Overview

The National Institutes of Health (NIH) Office of AIDS Research (OAR) was created in 1988 to coordinate HIV research across the more than 20 NIH institutes, centers, and offices (ICOs) that fund HIV research. Four decades of sustained funding for NIH HIV research has transformed HIV from a once fatal diagnosis into a manageable chronic health condition. NIH research has yielded tremendous breakthroughs, including development of an array of antiretrovirals that effectively treat and prevent HIV. The groundbreaking concept of treatment as prevention was based on NIH-supported research demonstrating that people with HIV who receive treatment and maintain an undetectable amount of virus in the blood do not sexually transmit HIV to others—the foundation of Undetectable = Untransmittable (U=U).

Despite effective prevention and treatment options, over one million people in the United States have HIV (see Figures 1-3 on the following page).[1] More than half of people with HIV are aged 50 or older, and nearly one in four are women. Furthermore, nearly 39,000 people were newly diagnosed in 2024, the most recent year for which data are available. New diagnoses affected all communities: 18% occurred among adolescents and young adults, 19% were among women, and nearly a quarter involved people who acquired HIV through heterosexual contact. Patterns in new diagnoses also revealed a disproportionate impact in Black and African American populations (12% of population; 38% of new diagnoses) and Hispanic and Latino populations (18% of population; 34% of new diagnoses) compared to White people (58% of the population; 23% of new diagnoses). The HIV epidemic is also characterized by geographic health disparities, with more than half of new diagnoses occurring in the U.S. South. Among people diagnosed with HIV, one third were not virally suppressed. These data reveal persistent gaps in treatment and prevention.

The *Fiscal Year 2027 NIH HIV/AIDS Professional Judgment Budget* estimates the additional funding necessary to advance HIV science in five key areas across the research portfolio:

- Accelerate implementation science to end the HIV epidemic
- Develop new technologies for self-testing and multiplex testing
- Understand and treat HIV-related co-occurring conditions
- Advance progress towards an HIV cure
- Strengthen HIV data sharing and harmonization

[1] CDC National HIV Surveillance System

Public Health Impact of HIV in the United States

Figure 1. Gaps in diagnosis and treatment, 2022†

Among the estimated 1.1 million people living with HIV in the United States:

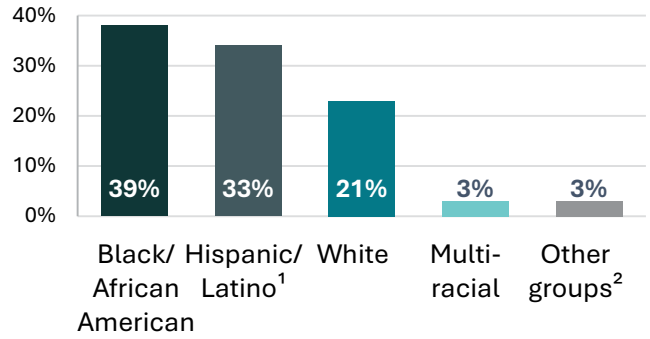


13% Did not know they had HIV

34% Did not receive care

43% Were not virally suppressed

Figure 2. HIV diagnoses, by race and ethnicity, 2024†

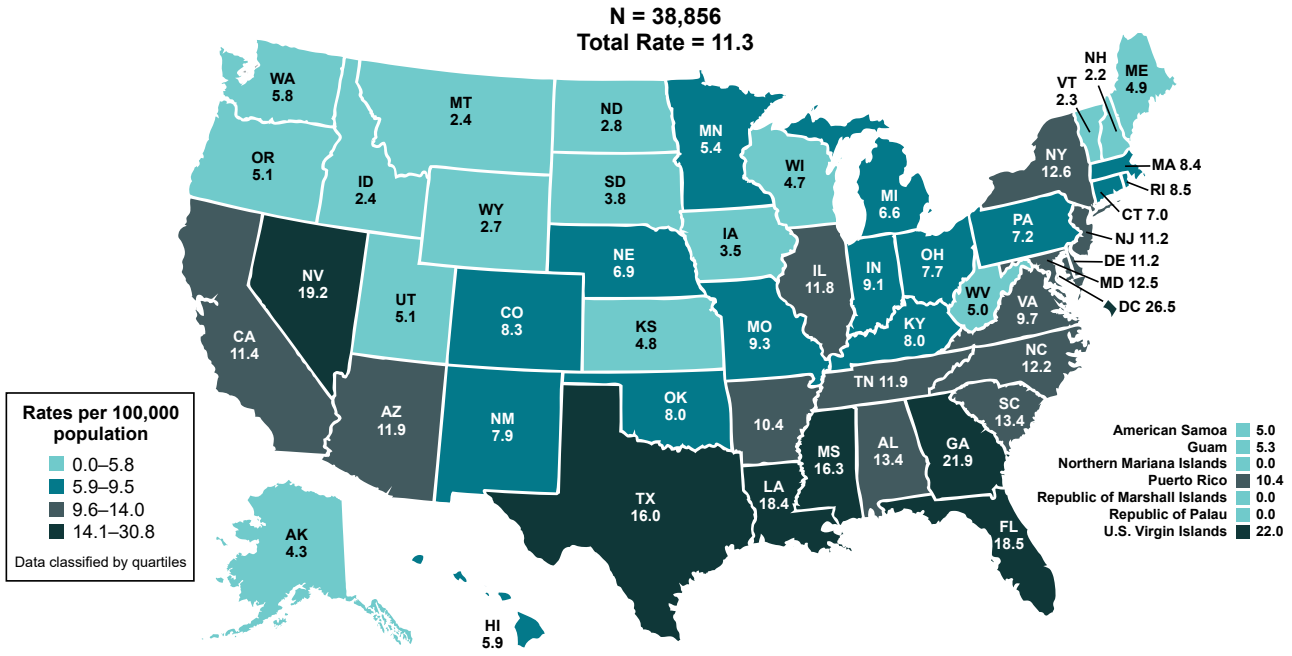


[1]*Any race;* [2]*Includes Asian, American Indian/Alaska Native, and Native Hawaiian/other Pacific Islander populations*

HIV/AIDS public health milestones

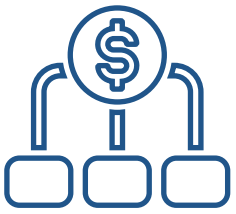
1981	*First report of the disease that will be named AIDS*
1987	*AZT is the first drug approved by the FDA for treatment of people with HIV*
1988	*Congress establishes OAR to coordinate HIV/AIDS research across NIH*
1996	*Combinations of antiretroviral therapy become widely available*
1997	*CDC reports 47% decline in AIDS-related deaths in the United States*
2003	*U.S. government launches President's Emergency Plan for AIDS Relief (PEPFAR)*
2012	*FDA approves pre-exposure prophylaxis (PrEP) that prevents HIV transmission*
2017	*U = U (Undetectable = Untransmittable) Low viral levels not detectable on tests = no risk of transmitting HIV*
2021	*FDA approves first long-acting HIV treatment and prevention options*

Figure 3. Rates of HIV diagnoses by state and territory, 2024†



† Data source: CDC: HIV Diagnoses, Deaths, and Prevalence: 2026 Update

Budget, Funding, and Resources Needed



OAR coordinates the scientific, budgetary, and strategic elements of the NIH HIV research program. In this role, OAR catalyzes new science, enhances research collaborations, reduces duplication, promotes transparency in awards, and ensures that HIV research portfolio is responsive to the state of the science and the epidemic.

The annual NIH HIV/AIDS Professional Judgment Budget builds on the justification to Congress for the President's Budget, providing estimates of the funding needed to fully pursue highlighted scientific opportunities "without regard to the probability that such amounts will be appropriated."[2]

In fiscal year (FY) 2026, the congressional appropriation to NIH provided $3.294 billion for HIV/AIDS research, maintaining a flat budget at the level of FY 2023-2025. As shown in Table 1, the FY 2027 NIH HIV/AIDS Professional Judgment Budget estimates the additional funding for expanded HIV research at $1.059 billion. This amount reflects a 32% increase over the FY 2026 enacted budget. The five areas of scientific opportunity highlighted in this document cut across the various strategic plan elements listed below.

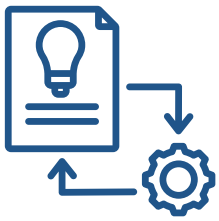
Table 1. FY 2027 NIH HIV/AIDS Professional Judgment Budget (Dollars in Millions)

FY 2026 Enacted Budget	**$3,294**	
FY 2027 Additional Funding by Strategic Plan Element	**$1,059**	$250 Fundamental Research $125 Preclinical Research $219 Intervention Research $400 Implementation Research $65 Workforce and Infrastructure Development
FY 2027 Total Budget	**$4,353**	

In recent years, the spending capacity of the HIV/AIDS allocation has decreased when adjusted for inflation. Additional investment is needed to sustain progress and advance research in key areas to end the HIV epidemic. This budget highlights five areas of scientific opportunity across the research continuum where increased funding will catalyze scientific progress in alignment with the goals of the *FY 2026-2030 NIH HIV and HIV-related Research Strategic Plan* in development.

[2] NIH Revitalization Act of 1993 (Public Law 103-43)

Accelerate Implementation Science to End the HIV Epidemic



Ending the HIV epidemic in the United States requires that effective prevention and treatment tools reach the people and communities who need them most. NIH-supported research has produced highly effective interventions for people with HIV, enabling them to achieve life expectancies approaching those of the general population. Implementation science is essential to translate these advances into real-world impact by identifying strategies that improve adoption, uptake, integration, and long-term sustainability of proven HIV treatment approaches. This translation relies on close, ongoing engagement with community partners to design and implement effective, context-specific approaches. Likewise, NIH-supported research has led to prevention technologies for people whose behavior places them at risk for HIV. These prevention approaches experience similar challenges in reach, uptake, and adoption at the individual and systems levels. Implementation science can inform how to address these gaps and improve efforts to stem incident infections.

NIH supports implementation research that evaluates how to deliver HIV-related prevention and treatment interventions effectively across populations disporportionately affected by HIV, including rural communities, Blacks and Latinos, and people facing stigma, poverty, unstable housing, and other conditions that impede access and retention in service. Multisite studies using implementation frameworks and hybrid designs assess outcomes such as acceptability, feasibility, cost, and sustainability. As one example, the *Ending the HIV Epidemic in the U.S.* initiative supported the establishment of the Capacity-building Hubs to Enhance the Science of HIV Implementation REsearch (CHESHIRE) network, which provides tailored support to implementation science projects. The hubs specialize in technical assistance and cross-project information sharing, measure harmonization, and data synthesis. The CHESHIRE network and other NIH-funded efforts are expanding the capacity for HIV implementation science.

Increased investment in implementation science can support rigorous, community-engaged research that guides the adaptation and scale-up of evidence-based interventions across different populations and settings while mitigating barriers and leveraging facilitators at the individual, community, health system, and policy levels. Paired with sustained support for federal, state, and local HIV prevention and care programs, these investments can facilitate the translation of scientific advances into practice, advancing progress toward ending the HIV epidemic.

Develop New Technologies for HIV Self-Testing and Multiplex Testing



Accurate, accessible, and timely HIV diagnostics are foundational to ending the HIV epidemic. Early detection and prompt treatment improve the health of people with HIV and encourage people who do not have HIV to adopt prevention tools. Technologies that measure the viral load—the amount of HIV in the blood—are essential to confirm treatment effectiveness and maintain viral suppression. Affordable, easy-to-use diagnostic and monitoring tools, including at-home tests, can expand access to testing and empower individuals to monitor their health, and reduce barriers to testing such as stigma.

NIH is advancing point-of-care viral load detection technologies through initiatives such as the Rapid Acceleration of Diagnostics (RADx® Tech) program. The RADx Tech Advanced Platforms for HIV Viral Load Monitoring initiative supports innovators in developing simple, sensitive tests designed for clinical and community settings and accelerating their regulatory clearance and commercialization. Strong participation from industry and collaboration across multiple NIH institutes reflect growing momentum in this area.

Additional investment can drive innovation in the development of home-based viral load monitoring and multiplex diagnostics—tests capable of detecting HIV along with pregnancy or common coinfections, such hepatitis B or C and other sexually transmitted infections. Multiplex tests will increase testing and enable earlier diagnosis and treatment of HIV and other conditions, providing an impetus to adopt prevention strategies. Expanding access to convenient, on-demand viral load testing will empower individuals to manage their health and prevent onward transmission, advancing progress toward ending the HIV epidemic.

Understand and Treat HIV-Related Co-occurring Conditions



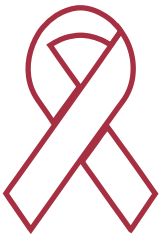
As effective antiretroviral therapy has enabled people with HIV to live longer, co-occurring conditions have become a leading driver of illness and mortality. Individuals with HIV face higher rates of cardiovascular disease, cancers, metabolic disorders, kidney disease, oral health issues, and neurological complications. Persistent immune activation and inflammation, long-term medication exposure, aging, and other factors (e.g., food insecurity, poverty) all contribute to this elevated risk. Women with HIV are particularly affected, developing aging-related comorbidities more often and earlier than men with HIV. Co-occurring conditions complicate treatment and substantially increase costs, adding thousands of dollars per patient per month in medical expenditures.[3] Research addressing co-occurring conditions is essential to extend the healthy lifespan for people with HIV and ensure quality of life. Benefits of this research extend to all people living with these conditions, regardless of HIV status.

NIH supports large longitudinal cohorts and clinical trial networks that generate evidence to prevent and treat co-occurring conditions in people with HIV. Studies such as the Studies such as the Multicenter AIDS Cohort Study/Women's Interagency HIV Study (MACS/WIHS) Combined Cohort Study, Pediatric HIV/AIDS Cohort Study (PHACS), and Veteran's Aging Cohort Study (VACS) track long-term outcomes and multimorbidity. Landmark trials have informed clinical care, including REPRIEVE, which showed statins reduce cardiovascular events in adults with HIV, and ANCHOR, which demonstrated that treating anal high-grade lesions lowers progression to anal cancer. NIH-funded research has also improved the prevention and treatment of tuberculosis, hepatitis B and C, and other HIV-related conditions while advancing understanding of chronic inflammation and immune activation.

Future research can lead to interventions that prevent inflammation-driven comorbidities, improve early detection of cancer and cardiovascular disease, integrate mental health and substance use treatment into comprehensive HIV care, and improve overall care for people with HIV. Developing scalable, evidence-based strategies for diverse healthcare settings will be critical. Increased federal investment can accelerate progress in reducing the burden of co-occurring conditions, improve quality of life, and ensure that longer lives for people with HIV are also healthier lives.

[3] Ward T, Sugrue D, Hayward O, et al. Estimating HIV management and comorbidity costs among aging HIV patients in the United States: A systematic review. *J Manag Care Spec Pharm*. 2020;26(2):104-116. doi:10.18553/jmcp.2020.26.2.104

Advance Progress Toward an HIV Cure



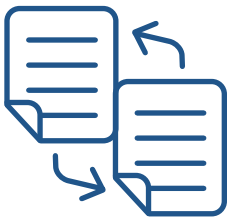
Antiretroviral therapy (ART) has transformed HIV into a manageable chronic condition, but it is not curative. HIV persists in long-lived reservoirs and rebounds rapidly if treatment is stopped, requiring lifelong therapy. Over time, continuous treatment can contribute to medication side effects, drug interactions, adherence challenges, stigma, and ongoing immune activation linked to cardiovascular and other chronic diseases. Lifelong ART also represents a sustained public health and economic commitment, with medical costs estimated at approximately $1 million per person.[4] A safe, scalable cure that controls or eliminates HIV without continuous therapy will reduce long-term health complications, ease individual and societal burden, decrease transmission, and fundamentally change the trajectory of the HIV epidemic.

NIH-supported research has demonstrated that HIV remission is biologically possible, providing proof of concept for cure strategies. Investigators have advanced the science of viral reservoirs, improved assays to measure persistent virus, and developed carefully monitored clinical studies to test potential interventions. Current approaches include broadly neutralizing antibodies, immune-modulating therapies, latency-targeting strategies, and gene-editing technologies. Increasingly, combination approaches are being evaluated to enhance the durability of viral control. Advances in immunology, genomics, bioengineering, and human-based science now provide unprecedented opportunities to better understand how HIV persists in blood and tissues and to test therapeutic combinations that suppress HIV without ongoing medication.

Achieving a safe and scalable cure will require deeper understanding of viral reservoirs, improved and standardized measurement tools, and larger, harmonized clinical studies to identify interventions that lead to long-lasting remission. Increased funding can support the development and evaluation of promising combination therapies; innovative delivery systems, such as long-acting biologics or *in vivo* gene approaches; and rigorous clinical trial designs that safely assess viral rebound. Sustained federal support is essential to stimulate innovative, multidisciplinary research to advance progress toward an HIV cure, offering a new path to ending the epidemic.

[4] Cohen JP, Anupindi VR, Doshi R, et al. Estimation of lifetime costs among insured persons with HIV in the United States. *Pharmacoecon Open*. 2025;9(6):869-886. doi:10.1007/s41669-025-00584-0

Strengthen HIV Data Sharing and Harmonization



Timely and secure sharing of HIV research data can accelerate scientific discovery and maximize the impact of federal investments. HIV research generates vast and heterogeneous datasets across many study types. When these data remain siloed, opportunities for secondary analyses, replication, and cross-study insights are lost. Harmonizing and sharing data enables analyses across larger and varied populations, strengthening statistical power to detect rare events, treatment effects, and long-term outcomes. Effective data sharing enhances transparency, improves reproducibility, promotes collaboration, and accelerates translation of discoveries into improved prevention, treatment, and care.

NIH-supported initiatives have strengthened data coordination across HIV clinical trial networks, centers, cohort studies, and laboratory research programs. Standardized data elements, centralized repositories, and harmonized protocols have improved comparability and enabled large-scale analyses. For example, the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD), part of the International epidemiology Databases to Evaluate AIDS (IeDEA), integrates observational data from more than 200 sites in the United States and Canada representing hundreds of thousands of individuals. Global data collaborations further enhance the ability to examine different populations and long-term outcomes, strengthening the generalizability and impact of NIH-supported HIV research. Advances in bioinformatics and cloud-based infrastructure are further enabling integration of genomic, immunologic, clinical, and behavioral data while protecting participant privacy.

Continued progress will require interoperable data systems, standardized metadata, and secure platforms that enable responsible data sharing as NIH is already encouraging with the Common Fund Data Ecosystem. Investments in shared infrastructure—including integrated databases, biospecimen repositories, and advanced analytic and AI tools—can enable researchers to link clinical, biological, and population-level data more effectively. Strengthening policies that support fair and unbiased data access while safeguarding confidentiality and community trust will also be essential. Sustained federal leadership in data harmonization can increase research efficiency, reduce duplication, and accelerate research that improves health outcomes and advances progress toward ending the HIV epidemic.

Conclusion



The NIH OAR coordinates HIV research across NIH ICOs. To end the HIV epidemic in the United States, the Fiscal Year 2027 NIH HIV/AIDS Professional Judgment Budget estimates that an additional $1.059 billion could advance HIV science. This would focus on five key areas across the research portfolio:

- Accelerate implementation science to end the HIV epidemic
- Develop new technologies for self-testing and multiplex testing
- Understand and treat HIV-related co-occurring conditions
- Advance progress towards an HIV cure
- Strengthen HIV data sharing and harmonization.