BUDGET MECHANISM TABLE

(Dollars in Thousands)[1,2,3,4]	FY 2024 Final[8]		FY 2025 Full-Year CR[8]		FY 2026 President's Budget		FY 2026 +/- FY 2025 Full-Year CR	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	30,336	$18,500,707	30,331	$19,277,742	22,183	$10,652,175	-8,148	-$8,625,567
Administrative Supplements[3]	*(3,409)*	457,458	*(1,836)*	279,001	*(109)*	12,624	*(-1,727)*	-266,377
Competing	10,086	$6,030,356	6,095	$5,907,445	4,312	$3,719,278	-1,783	-$2,188,167
Subtotal, RPGs	40,422	$24,988,521	36,426	$25,464,188	26,495	$14,384,077	-9,931	-$11,080,111
SBIR/STTR	1,721	1,232,605	1,643	1,219,395	983	728,775	-660	-490,620
Research Project Grants	42,143	$26,221,126	38,069	$26,683,583	27,478	$15,112,853	-10,591	-$11,570,731
Research Centers:								
Specialized/Comprehensive	997	$2,179,873	1,001	$2,161,532	755	$1,301,978	-246	-$859,554
Clinical Research	36	252,427	22	198,722	13	72,913	-9	-125,809
Biotechnology	38	65,279	31	40,387	17	20,584	-14	-19,803
Comparative Medicine	46	129,188	49	131,213	32	88,844	-17	-42,368
Research Centers in Minority Institutions	21	79,321	22	80,215	0	0	-22	-80,215
Research Centers	1,138	$2,706,087	1,125	$2,612,069	817	$1,484,319	-308	-$1,127,750
Other Research:								
Research Careers	5,024	$930,380	4,780	$900,532	3,035	$569,108	-1745	-$331,424
Cancer Education	83	23,601	75	21,391	43	12,180	-32	-9,211
Cooperative Clinical Research	248	439,328	261	466,617	198	381,448	-63	-85,169
Biomedical Research Support	154	112,827	134	103,999	27	15,111	-107	-88,888
Other Biomedical Research Support	83	33,890	30	17,530	24	8,666	-6	-8,864
Other	2,637	1,595,561	2,587	1,599,007	1,571	874,167	-1,016	-724,840
Other Research	8,229	$3,135,587	7,867	$3,109,077	4,898	$1,860,681	-2,969	-$1,248,396
Total Research Grants	51,510	$32,062,801	47,061	$32,404,729	33,193	$18,457,853	-13,868	-$13,946,876
Ruth L Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	3,936	$198,312	3,962	$200,864	2,415	$123,177	-1,547	-$77,687
Institutional Awards	13,034	780,612	13,385	812,867	8,263	531,293	-5,122	-281,574
Total Research Training	16,970	$978,924	17,347	$1,013,730	10,678	$654,470	-6,669	-$359,261
Research & Development Contracts	2,857	$3,742,850	2,532	$3,128,497	1,677	$2,027,602	-855	-$1,100,895
(SBIR/STTR) (non-add)[3]	*(109)*	*(81,851)*	*(85)*	*(72,250)*	*(44)*	*(35,197)*	*(-41)*	*(-37,054)*
Intramural Research		$4,924,989		$4,942,933		$3,625,439		-$1,317,494
Research Management & Support		2,429,454		2,492,469		1,757,570		-734,898
SBIR Admin (non-add)[3]		*(13,635)*		*(13,226)*		*(8,471)*		*(-4,755)*
Office of the Director - Appropriation[3,5]		*(2,832,425)*		*(2,633,425)*		*(1,681,062)*		*(-952,363)*
Office of the Director - Other		1,838,929		1,638,929		1,164,166		-474,763
ORIP (non-add)[3,5]		*(308,495)*		*(309,495)*		*(169,495)*		*(-140,000)*
Common Fund (non-add)[3,5]		*(685,001)*		*(685,001)*		*(347,401)*		*(-337,600)*
Buildings and Facilities[6]		380,000		380,000		228,000		-152,000
Appropriation[3]		*(350,000)*		*(350,000)*		*(210,000)*		*(-140,000)*
Type 1 Diabetes[7]		-195,753		-119,094		-159,000		-39,906
Program Evaluation Financing[7]		-1,412,482		-1,412,482		-250,000		1,162,482
Subtotal, Labor/HHS Budget Authority		**$44,749,711**		**$44,469,711**		**$27,506,100**		**-$16,963,611**
Interior Appropriation for Superfund Research		0		0		0		0
Total, NIH Discretionary Budget Authority		**$44,749,711**		**$44,469,711**		**$27,506,100**		**-$16,963,611**
Type 1 Diabetes		195,753		119,094		159,000		39,906
Total, NIH Budget Authority		**$44,945,464**		**$44,588,805**		**$27,665,100**		**-$16,923,705**
Program Evaluation Financing		1,412,482		1,412,482		250,000		-1,162,482
Total, Program Level		**$46,357,946**		**$46,001,287**		**$27,915,100**		**-$18,086,187**

See footnotes on following page.

Budget Mechanism Table Footnotes

1 All Subtotal and Total numbers may not add due to rounding.

2 Includes 21st Century Cures Act funding and excludes supplemental-related financing.

3 All numbers in italics and brackets are non-add.

4 The FY 2026 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Administration for a Healthy America (AHA). Funding levels in this table are displayed comparably and as a result do not include $993.521 million in each of FY 2024 and FY 2025 for these programs. For information on these programs, please see the AHA Congressional Justification.

5 Number of grants and dollars for the Common Fund and ORIP components of OD are distributed by mechanism and are noted here as non-adds. Office of the Director - Appropriation is the non-add total of these amounts and the funds accounted for under OD - Other.

6 Includes B&F appropriation and monies allocated pursuant to appropriations acts provisions such that funding may be used for facilities repairs and improvements at the NCI Federally Funded Research and Development Center in Frederick, Maryland.

7 Number of grants and dollars for mandatory Type 1 Diabetes (T1D) and Program Evaluation financing are distributed by mechanism above; therefore, T1D and Program Evaluation financing amounts are deducted to provide subtotals for Labor/HHS Budget Authority.

8 Reduced by a transfer of $5.0 million from OD to the HHS Office of Inspector General.

NARRATIVE BY ACTIVITY TABLE/HEADER TABLE

(Dollars in Millions)	**FY 2024 Final[5]**	**FY 2025 Full-Year CR[5]**	**FY 2026 President's Budget**	**FY 2026 +/- FY 2025**
Program Level[1,2,3]	$46,357.9	$46,001.3	$27,915.1	-$18,086.2
FTE[4]	19,089	19,031	16,297	-2,734

[1] All columns exclude supplemental funds.

[2] Includes 21st Century Cures Act funding and mandatory funding for Type 1 Diabetes; includes NIGMS Program Evaluation funding of (in thousands) $1,412,482 in FY 2024, $1,412,482 in FY 2025, and $250,000 in FY 2026.

[3] The FY 2026 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Administration for a Healthy America (AHA). Funding levels in this table are displayed comparably and as a result do not include $993.5 million and 642 FTE in FY 2024, and $993.5 million and 613 FTE in FY 2025, for these programs. For information on these programs, please see the AHA Congressional Justification.

[4] FY 2026 FTE levels reflect estimates and are subject to change.

[5] Reduced by transfer to the HHS Office of Inspector General ($5.0 million).

Allocation Methods: Competitive Grants; Contract; Intramural; Other

PROGRAM DESCRIPTIONS AND ACCOMPLISHMENTS

The National Institutes of Health (NIH) seeks fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to improve the health of the Nation. To achieve these goals, NIH supports research on the causes, prevention, and treatments of human diseases and disorders; processes in healthy development and aging; and methods for collecting and disseminating data and health information.

In FY 2024, NIH-funded scientists continued to make paradigm-shifting contributions across the full spectrum of biomedical, behavioral, and social sciences research from groundbreaking basic science through pivotal clinical trials and implementation research. NIH has continued to adopt new approaches to enhance mission-critical scientific research and funding. The lessons learned continue to both inform other research areas and ensure preparedness for future public health emergencies. Examples of these critical efforts and scientific research areas are described below.

Supporting Cancer Research

Cancer research is a priority for NIH, which is committed to accelerating scientific discovery in cancer, fostering greater collaboration, and improving the sharing of cancer research data. Since 2016, NIH has made significant progress, launched over 70 research programs and consortia, and supported more than 250 research projects, leading to more than 3,400 research publications and 89 clinical trials.[50] Research advances have led to more precise cancer diagnostic tools, novel cancer treatment options, and new data sharing networks, including the Cancer Research Data Commons.[51] To reach the goal of reducing cancer deaths by half in the next 25 years, NIH is substantially increasing the number of people who participate in clinical trials, improving access to current and new standards of cancer care, enhancing the cancer research workforce, and increasing the pipeline of new cancer drugs.[52]

Researchers in the National Cancer Institute's (NCI) intramural research program have developed a non-chemotherapy treatment regimen that is achieving full remissions for some people with aggressive B-cell lymphoma, a cancer of the white blood cells, that has come back or is no longer responding to standard treatments. The five-drug combination targets multiple molecular pathways that diffuse large B-cell lymphoma (DLBCL) tumors use to survive. In a clinical trial at NIH's Clinical Center, the researchers tested a new combination of therapeutic medications called ViPOR in 50 patients with DLBCL, the most common type of lymphoma. The treatment shrank tumors substantially in 54 percent of the patients, with 38 percent of those patients' tumors disappearing entirely, known as a complete response.[53] The researchers designed the five-drug regimen to test in human trials, based on laboratory studies that analyzed which targeted drugs could best be combined to kill DLBCL cells in a synergistic manner. A larger, multi-center trial is now in development.

[50] cancer.gov/research/key-initiatives/moonshot-cancer-initiative/progress
[51] datacommons.cancer.gov/
[52] cancer.gov/research/key-initiatives/moonshot-cancer-initiative/progress
[53] cancer.gov/news-events/press-releases/2024/vipor-combination-therapy-b-cell-lymphoma

In 2024, NIH launched the Cancer Screening Research Network (CSRN)[54] to evaluate emerging technologies for cancer screening. The CSRN will conduct rigorous, multi-center cancer screening trials with large and varied populations in a variety of health care settings. These studies will systematically evaluate emerging technologies – such as multi-cancer detection tests (MCDs) – with the goal of reducing cancer-related illnesses and deaths. The CSRN is investigating how to identify cancer earlier, when it may be easier to treat.

Pediatric cancers are also a focus of efforts at NIH. For example, one initiative studied the biology of novel fusion oncoproteins, abnormal molecules made of the fused parts of two proteins, that are drivers of several pediatric cancers. Ewing sarcoma is an aggressive childhood cancer that is particularly difficult to treat, and little progress has been made in developing effective therapies for patients with this disease that has spread or come back after treatment. Using genetic screening techniques, researchers discovered that a protein called ETV6 promotes tumor growth by modulating the activity of the fusion protein that leads to Ewing sarcoma.[55] They also determined that ETV6 is important for tumor cell survival, but not for normal cells. New mechanistic insights from this work may inform the development of a targeted drug that interferes with ETV6 to treat Ewing sarcoma. These results may also be translatable to treatment options for other cancers where ETV6 is important, such as the most common form of childhood leukemias.

NIH is building on exceptional research and focusing on areas of cancer research and prevention that are most likely to benefit the American people.

Promoting Artificial Intelligence and Machine Learning Research

NIH promotes the safe and responsible use of Artificial Intelligence and Machine Learning (AI/ML) in biomedical research through programs that support the development and use of algorithms and models for research, contribute to AI-ready datasets that accelerate discovery, and encourage multi-disciplinary partnerships that drive innovation.

The Bridge to Intelligence (Bridge2AI) program aims to set the stage for widespread adoption of AI to tackle complex biomedical and behavioral research problems that are beyond human intuition.[56] Bridge2AI generates flagship data sets that include voice and other data to identify abnormal changes in the body, data to make connections between genetic pathways and changes in cell shape and function, data to improve decision-making in critical care settings, and data to uncover biological processes underlying recovery from illness. This program also produces tools, software, and standards to accelerate the creation of AI/ML-ready data sets; designing training materials and activities for skills and workforce development; and fostering cultural change based on best practices for ethical sourcing of AI/ML-ready data. A key component of Bridge2AI is bringing together technological and biomedical experts with social scientists to broaden the perspectives in AI/ML research and enable collection and use of data according to the robust ethical principles.

[54] prevention.cancer.gov/major-programs/cancer-screening-research-network-csrn
[55] cancer.gov/news-events/cancer-currents-blog/2023/ewing-sarcroma-etv6-treatment-target
[56] bridge2ai.org/

Research Across the Lifespan

NIH supports research across the human lifespan – from screening newborns for fatal disease to better understanding the fundamental reasons why humans age and how healthy lifespan can be improved and even extended. For humans to live a long and healthy life, it is critical to identify disease early and to identify and understand any possible mitigating factors for disease onset and progression.

A study led by NIH-funded researchers has demonstrated just how important early disease detection can be. The NIH-funded Primary Immune Deficiency Treatment Consortium (PIDTC) led a study to measure how effective population-wide newborn screening for a disease called severe combined immunodeficiency (SCID) is at preventing health complications and death. Infants with SCID appear healthy at birth but are highly susceptible to severe infections and death unless they receive immune-restoring treatment. Analyzing data from the PIDTC, researchers found that early detection using newborn screening and subsequent intervention of SCID led to a 5-year survival rate of 92.5 percent among children with no family history of the disease.[57]

Early intervention and prevention of harmful exposures is also essential for brain development. Despite gains through remediation and screening, more than half a million children in the United States under the age of five have elevated levels of blood lead, with children in low-income households most at risk.[58] There is no safe threshold level of lead and exposure can result in permanent neurological, cognitive, and behavioral effects. NIH supported a study that developed a screen-printed electrode sensor that can measure the presence of lead in just a few drops of a child's blood with 77 percent accuracy and 94 percent precision.[59] The sensor holds promise as an alternative to expensive and often impractical lab tests to allow more frequent monitoring for lead in children in at increased risk communities.

Researchers are working to better understand the fundamental biological processes for why humans age, what factors contribute to aging, and how we might be able to slow down or mitigate risks that contribute to aging and age-related disease. In a recent collaborative study, researchers contributed to our fundamental understanding of the biological process of senescence, a hallmark of human aging, where cells are in an arrested state, no longer growing or dividing. While studying tissue regeneration in *Hydractinia symbiolongicarpus*, a small, tube-like shaped animal that is related to both jellyfish and coral, researchers found senescent cells. This discovery that senescent cells are involved in regeneration in *Hydractinia* changes how researchers think of senescence, its role in aging, and how the function of senescence may have evolved over time.[60] In another surprising discovery, researchers who have long studied a role for hunger and fasting in aging and longevity found that genetically altering fruit flies to activate their brain's hunger response could increase lifespan, suggesting that activating the biological processes involved in hunger is sufficient to increase lifespan, even when animals are not actually fasting.[61]

[57] nih.gov/news-events/news-releases/screening-newborns-deadly-immune-disease-saves-lives
[58] ptfcehs.niehs.nih.gov/subcommittees/pbex
[59] ncbi.nlm.nih.gov/pmc/articles/PMC10862559/
[60] nih.gov/news-events/news-releases/scientists-discover-clues-aging-healing-squishy-sea-creature
[61] nia.nih.gov/news/study-fruit-flies-finds-hunger-causes-brain-changes-slow-aging

NIH supports basic science and health research that promises to benefit all ages, from testing that saves the lives of newborns to research that provides insights on how to live longer, healthier lives.

Down Syndrome Research and the INCLUDE Project

The INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome (INCLUDE) Project is an NIH-wide initiative, engaging Institutes across NIH, that aims to better understand critical health and well-being needs for individuals with Down syndrome (DS). Since its launch in FY 2018, the INCLUDE Project has funded more than 362 research awards spanning all 3 components of the initiative: basic science studies on chromosome 21, large cohort development for individuals with DS, and the inclusion of individuals with DS in clinical trials. Now entering its seventh year, the INCLUDE Project continues to grow its impact by supporting innovative research and expanding the field of investigators by enhancing career pathways for trainees, early-stage investigators, and established investigators with expertise related to conditions commonly experienced by individuals with DS.

The goal of this NIH-wide program is to support basic, translational, and clinical research that has the potential to make a positive impact on the health and well-being of people with DS. The studies supported by the INCLUDE Project establish and build on basic scientific discoveries to develop an understanding of both the biological and genetic underpinnings of DS as well as the conditions commonly experienced by individuals with DS. To support collaboration, rigor, and transparency in DS-related research, the INCLUDE Project has driven advances in data sharing and storage infrastructure. The INCLUDE Data Coordinating Center[62] offers free, accessible tools, like the INCLUDE Data Hub,[63] that provide shared access to DS research study data and a suite of data tools that further enhance the potential for INCLUDE-funded DS research to improve the health and well-being of individuals with DS.

The INCLUDE Project also aims to establish needed knowledge and infrastructure for advancing treatments and other clinical therapies that are safe and effective for people with DS. In FY 2025, the INCLUDE Project continues to support 15 clinical studies investigating potential treatments for critical and co-occurring conditions associated with DS, such as sleep apnea, Attention-Deficit/Hyperactivity Disorder (ADHD), and inflammatory skin and scalp conditions. NIH anticipates increasing its support for clinical trials in the coming years, including support for trials to examine the effect of anti-amyloid drugs and weight loss for prevention of Alzheimer's disease in individuals with DS. As the INCLUDE Project continues to support the highest-quality targeted research designed to address critical health needs and well-being for individuals with DS and their families, the applications of such research will lead to even greater improvements to care.

To ensure that DS research participants include broad representation of those affected by DS, INCLUDE launched an initiative in FY 2024 to develop and build an INCLUDE Down Syndrome Cohort Development Program. The goal of this program is to make it easier for

[62] includedcc.org/
[63] portal.includedcc.org/

individuals with DS from diverse communities to participate in research studies across the country. The Cohort Development Program granted several awards to establish new Cohort Research Sites that will recruit participants with DS across the lifespan. In addition, INCLUDE supported the development of a Down Syndrome Clinical Cohort Coordinating Center that provides organizational support for collaboration across Cohort Research Sites and a Federated Biobanking resource that will store and distribute biospecimens collected by the Cohort Research Sites. The Federated Biobanking resource will serve as a DS-Biorepository that develops a centralized system linking existing biorepositories to facilitate the search of all publicly available biospecimen data relevant to the study of DS. All data coordinated and generated by this program is submitted to the INCLUDE Data Hub in coordination with the INCLUDE Data Coordinating Center to fully leverage all existing data resources to inform DS research.

In April 2024, NIH hosted an INCLUDE Investigators Meeting, bringing together more than 250 DS researchers to share their work and inform future and emerging areas of DS science. More than 80 early-career investigators, students, and post-doctoral fellows attended the INCLUDE Investigators Meeting where the program provided information about early career support and training opportunities for Down syndrome researchers. In addition, INCLUDE is implementing a communications strategy to better inform, engage, and improve awareness of and participation in INCLUDE Project-funded activities across the researcher and the broader DS community, as well as to continue to communicate INCLUDE-funded research findings with the scientific, medical, and DS community.

***All of Us* Research Program**

Nationally launched in 2018, the *All of Us* Research Program is an ambitious effort to gather health data from one million or more people living in the United States to accelerate health and medical breakthroughs to enable individualized prevention, treatment, and care for all. *All of Us* is committed to recruiting a diverse participant pool that includes members of groups that have been left out of research in the past.

With more than 859,000 participants enrolled, *All of Us* is one of the largest health databases of its kind, capable of informing thousands of studies on a variety of health conditions. The *All of Us* platform enables more rapid and efficient scientific discovery than stand-alone, disease-specific studies. For example, research on the genetic basis of primary hypothyroidism—a common condition in which the thyroid does not create and release enough hormones into the bloodstream, thereby slowing metabolism—can now be done in weeks rather than years. In the early 2010s, a network analysis of this disease required more than 40 people, 2.5 years, and hundreds of thousands of dollars. However, in 2020, this research was replicated and expanded using *All of Us* data within 6 weeks and cost approximately $40 to calculate.[64] This research also identified more than 10 unique genes associated with the condition that were previously unreported. Thousands of such projects are underway now, with new discoveries in genes that cause heart disease, identifying approaches to prevent kidney disease in African Americans, creating a more personalized, risk-based approach to breast cancer screening, and comparing the risks of side effects in medications.

[64] pubmed.ncbi.nlm.nih.gov/21981779/

With more than 4 petabytes of data, the program's platform brings substantial cost benefits to the more than 840 organizations registered to use it.[65] Each registered institution saves an estimated $16.5 million per year in technology costs that would otherwise be needed to store and process the data locally. The *All of Us* access model also allows researchers to complete registration, verify their identity, receive training, and begin research in an average of 29 hours, compared to the months to a year that similar datasets take. In these ways, the Program is transforming how medical research is conducted.

Institutes across NIH are leveraging the *All of Us* infrastructure to advance their scientific goals through ancillary studies. Built on top of the Program's core protocol, these studies deliver additional value to participants and add more data for use by researchers.[66] The Common Fund is working with *All of Us* to power Nutrition for Precision Health (NPH), one of the most ambitious nutrition studies that NIH has undertaken. This NIH-wide effort aims to discover how people's genes, culture, and environment affect how they respond to food. Researchers will use participant data to develop algorithms that predict individual responses to food and dietary patterns. *All of Us* was also able to collect almost 10 times as much data in approximately 10 months from an NIH-funded program Exploring the Mind[67] (which helps researchers make connections between health factors and behavior) than the program alone was able to collect in approximately 10 years.

Further, since 2018, NIH Institutes have supported more than $28 million in NIH research project grants, $4 million in training awards, and $9 million in infrastructure-related awards using *All of Us* data. Each of these studies represents huge cost savings for NIH and investigators by minimizing the need to recruit individual cohorts and collect and maintain disparate datasets.

Studies using *All of Us* data are yielding meaningful insights that stand to advance health care. So far, the program has discovered 275 million previously unreported DNA variants identified from data shared by nearly 250,000 participants. Health-related DNA results have also identified 32,500 DNA variants in a subset of genes that are associated with certain serious health conditions, such as hereditary cancers and heart disease, more than 7,000 of which had never been observed previously.[68] *All of Us* submitted this de-identified information to the public database, ClinVar, for use by health care providers to help diagnose and manage health conditions. Through another project, researchers uncovered instances when a certain DNA test clinicians use to verify the dosage for two commonly used chemotherapies does not work as expected. The finding, published in 2024, has already led to an update to a clinical guideline for *DPYD* gene testing for chemotherapy use, to make it more reliable.[69,70]

Investigators with the eMERGE Program applied *All of Us* data to adjust polygenic risk scores for 10 common conditions so that the scores are more accurate for individuals from many ancestries.[71] These scores calculate an individual's risk of disease by considering genetic and

[65] researchallofus.org/institutional-agreements/
[66] allofus.nih.gov/about/all-us-research-program-protocol
[67] nimh.nih.gov/news/science-news/2024/using-games-to-explore-the-mind
[68] joinallofus.org/what-participants-receive/hereditary-disease-risk
[69] ncbi.nlm.nih.gov/pmc/articles/PMC10777430/
[70] files.cpicpgx.org/data/guideline/publication/fluoropyrimidines/2017/29152729.pdf
[71] genome.gov/Funded-Programs-Projects/Electronic-Medical-Records-and-Genomics-Network-eMERGE

family history factors. While these scores are not yet used in doctors' offices, this work helps move health care closer to using accurate personalized risk scores in the future.[72]

To drive more discoveries across the lifespan, in FY 2024 *All of Us* began limited pediatric enrollment, resulting in the enrollment of over 100 children by the end of the fiscal year. With support from their parents or guardians, pediatric participants shared physical measurements, biosamples, and data from electronic health records.[73]

Maternal Health and Growth of the IMPROVE Initiative

The United States has a higher maternal mortality rate than any other developed nation. In 2021, the U.S. maternal mortality rate was estimated at 22.3 deaths per 100,000 live births. NIH generates ground-breaking research that seeks to better understand the dynamics of maternal health in the United States.

In 2019, NIH launched the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative to support research to reduce preventable causes of maternal deaths and to improve health for women before, during, and after delivery.[74] IMPROVE places a special emphasis on health disparities and populations that are disproportionately affected by severe pregnancy complications and maternal death. In FY 2024, as part of this initiative, NIH distributed $8 million in awards to the winners of the Rapid Acceleration of Diagnostics Technology (RADx® Tech) for Maternal Health Challenge, a prize competition aimed to accelerate the development of technologies to improve maternal health outcomes in "maternity care deserts."[75] IMPROVE also sponsored the Connecting the Community for Maternal Health Challenge[76] to encourage and reward non-profit community-based or advocacy organizations to develop research capabilities and infrastructure to pursue research projects in the area of maternal health, inclusive of maternal morbidity and mortality.

Additionally, NIH funded two new Maternal Health Research Centers of Excellence in FY 2024, each receiving $2 million in first-year funding. In total, the twelve Maternal Health Research Centers received over $28 million in NIH funding over FYs 2023 and 2024. These centers are designed to develop and implement research projects to address the biological, behavioral, environmental, sociocultural, and structural factors that affect pregnancy-related complications and deaths. Research centers will partner with community collaborators, such as state and local public health agencies, community health centers and faith-based organizations. Additionally, the research centers will support training and professional development for maternal health researchers.[77]

NIH-supported maternal health research has provided much-needed insight into causes of death or morbidity during pregnancy and postpartum. NIH's continued efforts to better understand social, structural, and genetic risk factors that increase maternal mortality rates will lead to more

[72] allofus.nih.gov/news-events/research-highlights/exploring-polygenic-risk-scores-using-all-us
[73] allofus.nih.gov/news-events/announcements/nihs-all-us-research-program-begins-limited-enrollment-children
[74] nichd.nih.gov/research/supported/IMPROVE
[75] nichd.nih.gov/newsroom/news/040323-RadxTech-Deep-Dive
[76] challenge.gov/?challenge=community-maternal-health
[77] nichd.nih.gov/newsroom/news/062624-maternal-health-research-centers-of-excellence

innovative technologies, earlier intervention, and better disease detection that will improve maternal health outcomes in the United States.

Innovations in Mental Health Research and Treatment

Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year, but estimates suggest that only half of people with mental illnesses receive treatment.[78] NIH supports innovative research to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Recent basic science advances include the development of multidimensional maps of gene regulation networks in the brain,[79] which improve the understanding of genetic risk for mental disorders including schizophrenia, post-traumatic stress disorder, and depression.

Building on findings from the Recovery After an Initial Schizophrenia Episode (RAISE) initiative,[80] the Early Psychosis Intervention Network (EPINET)[81] is a broad clinical research initiative that aims to determine the best way to treat people experiencing symptoms of early psychosis. Psychosis refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted, and they may have difficulty recognizing what is real and what is not. Left untreated, psychotic symptoms can disrupt school and work activities, strain family relationships, lead to separation from friends, and make a person's mental health problems worse. Research from RAISE demonstrated that coordinated specialty care (CSC) was more effective for treating psychosis than typical care. CSC is a recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision-making among specialists, the person experiencing psychosis, and family members.[82] It involves individual or group psychotherapy, family support and education programs, medication management, supported employment and education services, and case management. EPINET funded awards to establish regional scientific hubs connected to multiple CSC programs that provide early psychosis treatment and a national data coordinating center. The initiative has expanded to 8 regional hubs in 17 states with more than 100 clinics that provide CSC.[83]

Mental disorders are highly prevalent among youth and the rates of youth with moderate and severe depression have increased over the last 20 years. The increased prevalence of severe mental health disorders in youth has led to a devastating increase in suicide rates across all youth age groups (10-14 years; 15-19 years; 20-24 years) since 2001.[84] NIH launched the Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY) Research Center program which supports 14 mental health research centers across the country whose goals are to rapidly transform treatments for youth mental illness by providing a space to develop and test new mental health research and interventions in a

[78] nimh.nih.gov/health/statistics
[79] nimh.nih.gov/news/science-updates/2024/scientists-map-networks-regulating-gene-function-in-the-human-brain
[80] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise
[81] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/early-psychosis-intervention-network-epinet
[82] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise
[83] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/early-psychosis-intervention-network-epinet
[84] samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases

clinical setting.[85] NIH continues to support funding for ALACRITY and to renew resources for research in mental health disorders, test new mental health interventions, and support clinical trials at ALACRITY Research Centers. Building on the success of the ALACRITY model, NIH began supporting seven Practice-Based Suicide Prevention Research Centers, which are focused on developing, refining, and testing effective and scalable approaches for reducing suicide rates in the United States.[86]

Additionally, NIH is investing in understanding the impacts of social media on the mental health of children and youth. The Adolescent Brain Cognitive Development (ABCD) Study is the largest long-term study of brain development and child health in the United States.[87] Approximately 12,000 children ages 9-10 years have joined the study and will be surveyed into young adulthood about digital media and technology use. Data can be correlated with other assessments, such as measures of mental health, cognition, and sleep. Current research explores the relation between technology and digital media use and children's executive functioning, language development, attention, and other health outcomes, as well as ways to promote healthy screentime usage. NIH recently began funding 11 new studies focused on understanding bidirectional influences between adolescent social media use and mental health, responding to the U.S. Surgeon General's Advisory on Youth Mental Health.

Understanding the BRAIN

The NIH *Brain Research Through Advancing Innovative Neurotechnologies*® (BRAIN) Initiative is an ambitious program to develop and apply new technologies to answer fundamental questions about the brain and ultimately to inspire new treatments for brain diseases.[88] Over the past few years, BRAIN Initiative investments have yielded multiple ground-breaking clinical successes in early-stage trials. These small proof-of-principle studies lay the foundation for further optimization and development that could in the future benefit thousands, if not millions, of people. The BRAIN Initiative is highly collaborative within NIH, across Federal agencies, and with private organizations and the international scientific community.

As an NIH-wide initiative, BRAIN is a critical resource for Institutes to advance their own mission-driven research on dementia, communication loss from paralysis or stroke, addiction, vision disorders, and many other conditions affecting the nervous system. For example, BRAIN-enabled advances in deep brain stimulation (DBS) and artificial intelligence were applied to individuals with obsessive compulsive disorder (OCD) to record and interpret mood states from brain electrical activity, enabling researchers to predict whether an individual will respond to DBS therapy.[89] These findings may lead to more effective personalized therapies for individuals living with treatment-resistant OCD. In another breakthrough, BRAIN Initiative researchers used "brain-to-speech" neuroprosthetic devices to convert a person's brain electrical activity (their thoughts) into the ability to speak a few words. In one study, a participant had lost the ability to

[85] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/advanced-laboratories-for-accelerating-the-reach-and-impact-of-treatments-for-youth-and-adults-with-mental-illness-alacrity
[86] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/practice-based-suicide-prevention-research-centers-0
[87] nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/adolescent-brain-cognitive-developmentsm-study-abcd-studyr
[88] braininitiative.nih.gov/
[89] pubmed.ncbi.nlm.nih.gov/38997607/

speak due to paralysis,[90] and in another study, the participant was affected by amyotrophic lateral sclerosis (ALS).[91] Even a limited ability to communicate can make a dramatic difference for individuals who are unable to speak with family and friends due to a disease.

Neurosurgeons record brain activity in the operating room to guide treatment of seizures, cancer, and other brain disorders. These recordings allow for precise identification of diseased tissue, which can then be removed while preserving the integrity of surrounding tissue. In an exciting preclinical study, BRAIN Initiative-funded researchers created a new, ultrathin sensing film that is 100 times more precise than currently available options.[92] This new film sits directly on the brain's surface and allows for much more detailed recordings of neural activity – potentially making these intricate procedures safer for patients undergoing surgery to remove diseased brain tissue. The new film will also enable future brain-mapping research to better understand movement, speech, sensation, and thought.

BRAIN Initiative advances also created highly precise brain maps that offer a new perspective on brain architecture at stunning levels of detail.[93] These new, extremely detailed brain atlases reveal the exceptionally complex diversity of cells in human, nonhuman primate, and mouse brains.[94] These maps reveal key similarities and differences about how genes and cells contribute to brain function, bringing us closer to precision treatments for brain disorders. In other work, BRAIN-funded scientists created a three-dimensional, cell-by-cell reconstruction of a tiny piece of human brain tissue (about the size of a grain of rice), discovering 57,000 cells and 150 million neural connections and setting the stage for a reconstruction of whole mammalian brains.[95] Together, these foundational brain mapping resources will provide researchers with a blueprint of the brain's organization, thereby enabling a deeper understanding of how this remarkable organ makes us human. BRAIN Initiative-derived resources have also been applied to specific neurodegenerative disorders such as Alzheimer's disease, deepening our understanding of its progression from early-stage to severe disease.[96]

Opioid Use Disorder and Pain Research

The Helping to End Addiction Long-term Initiative, or NIH HEAL Initiative, was launched by NIH in 2018 and is an NIH-wide effort that supports research to accelerate scientific solutions to the overdose crisis, including improved interventions for opioid use disorder, overdose reversal and pain management. The lack of safe and effective treatments for pain has been a driver of the national opioid and overdose crisis. HEAL has two main goals: improving the understanding, management, and treatment of pain, and improving the prevention and treatment of opioid misuse and addiction. HEAL research in pain and opioid misuse and addiction addresses urgent unmet needs across the lifespan – from infants exposed to opioids during pregnancy to older adults living with chronic pain. HEAL research covers many areas of scientific promise and concrete strategies capable of providing rapid and lasting solutions to the opioid crisis.

[90] pubmed.ncbi.nlm.nih.gov/36347863/
[91] pubmed.ncbi.nlm.nih.gov/37612500/
[92] pubmed.ncbi.nlm.nih.gov/38233418/
[93] pubmed.ncbi.nlm.nih.gov/37824675/
[94] pubmed.ncbi.nlm.nih.gov/38092916/
[95] pubmed.ncbi.nlm.nih.gov/38723085/
[96] biorxiv.org/content/10.1101/2023.05.08.539485v3

Chronic pain and its companion crisis of opioid misuse have taken a terrible toll on Americans. The impact has been even greater on U.S. service members and veterans, who often deal with the compounded factors of service-related injuries and traumatic stress.[97] This disproportionate burden of chronic pain among veterans and service members led NIH to forge a collaboration in 2017 across the agency, the U.S. Department of Defense (DoD), and the U.S. Department of Veteran's Affairs (VA) to establish the Pain Management Collaboratory (PMC).[98,99] The PMC's research focusing on the implementation and evaluation of non-drug approaches for the management of pain is urgently needed in the military and across our entire country. Non-drug approaches require a shift in thinking: rather than focusing solely on blocking pain temporarily using analgesics, non-drug approaches work with the mind and body to promote the resolution of chronic pain and the long-term restoration of health. This resolution comes through techniques and practices such as manual therapy, yoga, and mindfulness-based interventions. Addressing chronic pain in ways that do not only rely on drugs means addressing underlying issues such as joints and connective tissue that lack adequate movement or training our brains to "turn down the volume" on pain signals. Using mind and body practices to reduce pain can help promote health in other ways. Possible additional benefits include better sleep, more energy for physical activity, a better mindset for making good nutritional choices, and/or improved mood. The PMC supports a shared resource center and 13 large-scale pragmatic clinical trials. Within this real-world health care setting, the clinical trials have enrolled more than 8,200 participants across 42 veteran and military health systems. These studies offer both significant numbers of participants and insights into what happens when information from controlled clinical trials collides with the realities of health care delivery and the complexities of daily life.

NIH research through HEAL seeks to bring tangible solutions to people with addiction and at risk for overdose. Recent studies aimed to improve access to and retention of the medication buprenorphine, a lifesaving tool for the treatment of opioid use disorder. Although medications can prevent overdose and death and aid individuals on their path to long-term recovery, most individuals with an opioid use disorder are not prescribed medication. Recent NIH-supported findings have demonstrated that providing patients with buprenorphine in the emergency room following an overdose was safe and effective for individuals using fentanyl, a powerful synthetic opioid responsible for nearly 70 percent of overdose deaths.[100] Additional studies found that higher doses of buprenorphine were associated with improved long-term retention in treatment for opioid use disorder.[101] Together this research gives hospitals and clinicians vital tools to help people with addiction and prevent opioid overdose death.

In a continued commitment to elevating health in every community and in direct response to priorities identified in Tribal Consultations in 2018 and 2022, HEAL developed and launched the Native Collective Research Effort to Enhance Wellness (N CREW) Program, a highly collaborative partnership between NIH, Tribes and Native American Serving Organizations

[97] directorsblog.nih.gov/2023/03/28/a-whole-person-approach-to-lifting-the-burden-of-chronic-pain-among-service-members-and-veterans/
[98] nccih.nih.gov/news/press-releases/federal-agencies-partner-for-military-and-veteran-pain-management-research
[99] painmanagementcollaboratory.org/
[100] nida.nih.gov/news-events/news-releases/2023/03/Buprenorphine-initiation-in-ER-found-safe-and-effective-for-individuals-with-OUD-using-fentanyl
[101] nida.nih.gov/news-events/news-releases/2023/09/higher-buprenorphine-doses-associated-with-improved-retention-in-treatment-for-opioid-use-disorder

(T/NASOs), and ally organizations established to directly respond to the opioid public health emergency. The N CREW Program will continue to support T/NASOs to conduct locally prioritized research to address substance use, overdose, and pain, including related factors such as mental health and wellness.[102] These and other efforts across NIH work together to steward NIH's investments in the best science to improve health and life in every community.

Further, HEAL is committed to improving pain management across the lifespan. The HEAL Knowledge, Innovation, and Discovery Studies (KIDS) Pain Program supports multi-site, large-scale clinical trials that aim to improve pediatric acute pain care. Foci include advancing the understanding, assessment, measurement, treatment, and prevention of acute pain for infants, children, and adolescents.

Recognizing the importance of creating a sustainable workforce, HEAL has also made significant investments in training the next generation of opioid use disorder and pain researchers. The HEAL Partnerships to Advance INterdisciplinary (PAIN) Training in Clinical Pain Research Cohort Program is a group of institutional training awards that was recently launched to support postdoctoral fellows interested in clinical pain research. This unique program centers on partnerships between departments typically involved in pain research (e.g., anesthesiology) and those not typically involved in pain research (e.g., sociology) to bring new mentorship perspectives into the pain field. At the next career stage, the National K12 Pain Scholars program supports trainees with an interest in clinical pain research careers who come from institutional environments that cannot adequately support this goal. The program coordinates mentorship at the national level for these scholars. Among the mentoring team are people with a lived experience of pain. Their mentorship helps promote the likelihood that trainees' research projects will be impactful to people living with pain. There have been two cohorts with seven total trainees in the program to date. The Positively Uniting Researchers of Pain to Opine, Synthesize, and Engage (PURPOSE) Network is a digital networking platform that helps coordinate trainings and cohort experiences across these programs. It also provides an avenue for pain researchers to connect across all career stages. The PURPOSE Network has over 3,300 users across the United States. These combined workforce efforts will contribute to the long-term sustainability of the HEAL Initiative.

Scientific Breakthroughs Ushered by NIH

NIH Institutes support basic, translational, and clinical research in specific areas of health, the human body, and disease to fulfill both their own unique missions and the broader NIH mission of enhancing public health and advancing scientific breakthroughs. The distinctive approaches to research taken by each Institute have led to critical scientific discoveries and work together to accomplish the NIH's mission. Among the many examples of recent accomplishments supported by the Institutes include:

- NIH-funded research which resulted in some fascinating new findings that could one day give healthcare providers the tools to better understand and perhaps even predict

[102] heal.nih.gov/research/research-to-practice/native-collective-research-effort-enhance-wellness-overdose-substance-mental-health-pain

labor. The research team produced an atlas showing the patterns of gene activity that take place in various cell types during labor. This remarkable study is the first to analyze gene activity at the single-cell level to better understand the communication that occurs between cells and tissues during labor.[103]

- The PsychENCODE Consortium accelerates discovery of non-coding functional genomic elements in the human brain and elucidates their role in the molecular pathophysiology of psychiatric disorders. Recently, researchers created massive, advanced maps of the complex networks that regulate gene function in the brains of people with and without mental disorders. The findings offer new insights into how gene activities affect the brain, which could lead to improved treatments for mental health conditions for all.[104]

- NIH-funded researchers developed an AI-driven tool, dubbed PERCEPTION (PERsonalized single-Cell Expression-based Planning for Treatments In ONcology), which allows researchers to better understand underlying genetic changes in tumors, but also illuminates how those changes impact gene activity.[105] This proof-of-concept study shows that it is possible to fine-tune predictions of a patient's treatment responses from bulk RNA data by zeroing in on what is happening inside single cells. This tool represents a significant advancement in precision oncology, the field in which doctors choose cancer treatment options based on the underlying molecular or genetic signature of individual tumors.

- HDPulse is a new online resource designed to provide easy access to interventions. This portal helps researchers, health care providers, and community groups make informed, actionable decisions about appropriate interventions for specific populations in their communities.[106]

- NIH researchers have published findings related to the potential use of semaglutide, a modified peptide that mimics the glucagon-like peptide-1 (GLP-1) and is an active ingredient in Ozempic, in the treatment of alcohol use disorder. Evidence supports that the GLP-1 system is involved in the neurobiology of addictive behaviors, and current research using rodent models indicate that GLP-1 analogues could be used effectively for the treatment of alcohol use disorder.[107]

These and other discoveries by NIH-funded investigators deliver new treatments, cures, and innovative prevention strategies to communities and patients around the world. In FY 2026, NIH will continue to make bold investments in novel ideas and enable the scientific workforce with cutting-edge resources and opportunities.

[103] science.org/doi/10.1126/scitranslmed.adh8335
[104] nih.gov/news-events/nih-research-matters/scientists-map-gene-regulating-networks-human-brain
[105] pubmed.ncbi.nlm.nih.gov/38637658/
[106] nimhd.nih.gov/news-events/news-releases/2024/nih-launches-health-disparities-interventions-portal.html
[107] ncbi.nlm.nih.gov/pmc/articles/PMC10371247/

FUNDING HISTORY (FIVE-YEAR FUNDING TABLE)

Fiscal Year	Amount[1, 2, 3]
2022[4]	$44,258,281,000
2023[4]	$46,686,471,000
2024	$46,362,774,424
2025	$46,006,114,960
2026 Budget Request	$27,915,100,000

[1] Appropriated amounts include discretionary budget authority received from Labor/HHS appropriations. Also includes mandatory budget authority derived from the Special Type 1 Diabetes account. Includes NIGMS Program Evaluation financing of $1,309,313,000 in FY 2022, $1,412,482,000 in FY 2023 through FY 2025, and $250,000,000 in the FY 2026 request. Includes CURES Act amounts of $496,000,000 in FY 2022, $1,085,000,000 in FY 2023, $407,000,000 in FY 2024, $127,000,000 in FY 2025, and $226,000,000 in the FY 2026 request.

[2] Excludes supplemental appropriations and permissive and directive transfers unless otherwise noted.

[3] The FY 2026 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Administration for a Healthy America and proposes to relocate ARPA-H from NIH to the Assistant Secretary for a Healthy Future. Funding levels in this table are displayed comparably and as a result exclude NIEHS, NIEHS Superfund, and ARPA-H in FY 2022 to FY 2025. For NIEHS and Superfund amounts excluded are $924,709,000 (FY 2022), $997,014,000 (FY 2023), and $993,693,000 (FY 2024 and FY 2025). For ARPA-H amounts excluded are $1,000,000,000 (FY 2022) and $1,500,000,000 (FY 2023, FY 2024, and FY 2025).

[4] Reflects mandatory sequestration of $8,550,000 for the Special Type 1 Diabetes Research account.

SUMMARY OF REQUEST NARRATIVE

The FY 2026 President's Budget (PB) request provides a program level of $27.9 billion for the National Institutes of Health (NIH), which is $18.1 billion, or 39.3 percent, below the FY 2025 Enacted comparable[108] level of $46.0 billion. The PB proposes restructuring NIH into eight Institutes with direct appropriations while maintaining the Office of the Director (OD) and the Building and Facilities account. The NIH Clinical Center, Center for Information Technology, and Center for Scientific Review would continue to be supported internally through the Management Fund and the Service and Supply Fund. The proposed eight-institute structure includes the National Cancer Institute (NCI), the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute on Aging (NIA), and five new consolidated Institutes. The proposed consolidated Institutes are:

- the National Institute on Body Systems (NIBS), which will consolidate the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK);
- the National Institute on Neuroscience and Brain Research (NINBR), which will consolidate the National Institute of Dental and Craniofacial Research (NIDCR), the National Institute of Neurological Disorders and Stroke (NINDS), and the National Eye Institute (NEI);
- the National Institute of General Medical Sciences (NIGMS), which will consolidate the current NIGMS, the National Human Genome Research Institute (NHGRI), the National Library of Medicine (NLM), the National Institute of Biomedical Imaging and Bioengineering (NIBIB), and the National Center for Advancing Translational Sciences (NCATS);
- the National Institute for Child and Women's Health, Sensory Disorders, and Communication (NICWHSDC), which will consolidate the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and the National Institute on Deafness and Other Communication Disorders (NIDCD); and
- the National Institute of Behavioral Health (NIBH), which will consolidate the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the National Institute of Mental Health (NIMH).

In addition, the PB proposes to transfer the National Institute of Environmental Health Sciences (NIEHS) and the related Superfund program to the new Administration for a Healthy America (AHA) and proposes to eliminate four Institutes and Centers: the National Institute of Nursing Research (NINR), the National Institute on Minority Health and Health Disparities (NIMHD), the National Center for Complementary and Integrative Health (NCCIH), and the Fogarty International Center (FIC).

The following summary references program level funding, which is the sum of discretionary budget authority in the Department of Labor, Health and Human Services, and Education, and Related Agencies appropriations bill ($27.5 billion in FY 2026); mandatory budget authority provided for type 1 diabetes research ($159.0 million in FY 2026); and Program Evaluation

[108] The comparable level excludes National Institute of Environmental Health Sciences (NIEHS).

Financing for NIGMS under Section 241 of the Public Health Service Act ($250.0 million in FY 2026).

The primary budget mechanisms discussed below include allocations by mechanism of Program Evaluation Financing and Type 1 Diabetes.

In FY 2026, the Budget proposes to implement the 15 percent indirect cost cap policy and to continue the FY 2025 policy of reserving half of NIH funding allocated toward competing research project grant (RPG) awards for awards that fully fund their outyear commitments as part of the initial grant obligation, to facilitate efficient management of resources across multiple years. Traditionally, NIH research grants have been awarded for more than one year and funded incrementally; each year's commitment is obligated from that year's appropriation. Under this incremental funding approach, grants are classified as competing in the first year of award or renewal, and noncompeting in the remaining years of each award. Additionally, full funding has been provided up front for a limited number of grants and cooperative agreements as appropriate in special circumstances. Shifting to upfront funding for half of each year's allocation for competing RPGs will increase NIH budget flexibility by no longer encumbering large portions of each year's appropriation for the continuation of research projects that were initiated in previous years. As "legacy" noncompeting research projects phase out over the next few years, this shift in grants policy will make a greater portion of RPG funding available for new research projects each year.

Research Project Grants (RPGs)
The FY 2026 President's Budget provides $15.1 billion for RPGs, which is $11.6 billion less than the FY 2025 Enacted level. This amount would fund 4,312 competing RPGs, or 1,783 fewer than projected in FY 2025. It would also support 22,183 noncompeting RPGs, or 8,148 fewer than projected in FY 2025. Due to the implementation of the policy to cap indirect costs on research grants at no more than 15 percent of direct costs, the projected average cost for competing RPG awards in FY 2026 is approximately $863,000, a decrease of 11 percent from the FY 2025 projected average cost of $969,000.

- **Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) RPGs.** The FY 2026 President's Budget provides $728.8 million for SBIR/STTR program grants, which is $490.6 million below the FY 2025 Enacted level. The statutory minimum set-aside requirement of 3.65 percent for NIH-wide SBIR/STTR support is achieved in FY 2026.

Research Centers
The FY 2026 President's Budget provides $1,484.3 million for Research Centers, which is $1,127.8 million less than the FY 2025 Enacted level. This amount would fund 817 grants, 308 fewer than projected in FY 2025 Enacted.

Other Research
The FY 2026 President's Budget provides $1,860.7 million for this mechanism, which is $1,248.4 million less than the FY 2025 Enacted level. This amount would fund 4,898 awards, which is 2,969 fewer than the number of awards projected in FY 2025 Enacted.

Training
The FY 2026 President's Budget provides $654.5 million for research training, which is $359.3 million less than the FY 2025 Enacted level. This amount would fund 10,678 Full-Time Trainee Positions (FTTPs), which is 6,669 fewer than projected in FY 2025, and would reflect a freeze in trainee stipends and benefits in FY 2026.

Research & Development (R&D) Contracts
The FY 2026 President's Budget provides $2,027.6 million for R&D contracts, which is $1,100.9 million less than the FY 2025 Enacted level. The requested amount would fund an estimated 1,677 contracts, or 855 fewer than in FY 2025.

- **SBIR/STTR R&D Contracts.** The FY 2026 President's Budget includes a $35.2 million set-aside within the R&D Contracts mechanism for support of qualified SBIR/STTR contracts.

Intramural Research (IR)
The FY 2026 President's Budget provides $3,625.4 million for IR, which is $1,317.5 million less than the FY 2025 Enacted level. The request includes an allowance for the annualization of the January 2025 civilian and military pay raises, the proposed January 2026 military pay raise, and the estimated cost increase in the agency share for health insurance premiums. The IR level also reflects the impact of capping the base pay of Title 42 staff.

Research Management and Support (RMS)
The FY 2026 President's Budget provides $1,757.6 million for RMS, which is $734.9 million less than the FY 2025 Enacted level. As with intramural research, the amount covers actual and anticipated pay cost increases as well as growth in health insurance premiums.

Office of the Director (OD)
The FY 2026 President's Budget provides $1,681.1 million for OD, which is $952.4 million less than the FY 2025 Enacted level.

- **Common Fund (CF)**
  Funding of $347.4 million is allocated for CF-supported programs, which is $337.6 million less than the FY 2025 Enacted level. A portion of the reduction is due to the shift of the Gabriella Miller Kids First Pediatric Research Program out of the Common Fund and into OD Other.

- **Office of Research Infrastructure Programs (ORIP)**
  Funding of $169.5 million is allocated for ORIP, which is $140.0 million less than the FY 2025 Enacted level.

- **Other**
  The $1,164.2 million allocated for OD components other than the Common Fund or ORIP is a net decrease of $474.8 million from the FY 2025 Enacted level. The request for OD Other includes a shift of the Gabriella Miller Kids First Pediatric Research Program

into OD Other initiatives, as mentioned above, and the termination of extramural construction grants for biomedical research facilities.

Buildings & Facilities (B&F)
The FY 2026 President's Budget provides $228.0 million for infrastructure sustainment projects associated with the B&F program, which is $152.0 million below the FY 2025 Enacted level. This amount includes $210.0 million for NIH's Buildings and Facilities appropriation, and $18.0 million within the appropriation for the National Cancer Institute (NCI) for facility repair and improvement activities at NCI's Frederick, Maryland, facility, a decrease of $12.0 million from FY 2025.

Program Evaluation Financing
The FY 2026 President's Budget provides $250.0 million for Program Evaluation Financing purposes in NIGMS, which is a $1,162.5 million decrease from the FY 2025 Enacted level. The request adjusts discretionary funding for NIGMS so that the overall reduction in NIGMS in FY 2026 is similar to the reductions for other Institutes.

OUTPUTS AND OUTCOMES

NIH plans to meet the proposed FY 2026 targets, budget permitting. If needed, adjustments will be made in accordance with HHS guidance.

NIH-Wide Strategic Plan Objective: Advancing Biomedical and Behavioral Sciences

Measure[109]	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2025 Target**	**FY 2026 Target**	**FY 2026 Target +/-FY 2025 Target**
SR-NCATS-001 By 2027, increase efficiencies in the gene therapy development pathway and disseminate findings and best practices to advance gene therapies for people with rare diseases. (Output)	FY 2024: NCATS-led initiatives disseminated findings and best practices in navigating challenges in gene therapy through multiple public channels, including public-facing websites, publications, posters, and events at professional conferences. Target: Provide public disseminations of findings and best practices in navigating challenges in gene therapy through two public channels, such as through white papers and toolkits on regulatory approaches and novel clinical designs advanced within the National Center for Advancing Translational Sciences (NCATS)-led gene therapy programs. (Target Exceeded)	Provide the scientific and technical resources needed for the development and submission of at least one Investigational New Drug application for a gene therapy product through activities supported by NCATS-enabled gene therapy clinical platform.	Support the development and submission of at least two Investigational New Drug applications for different gene therapy products through activities supported by NCATS-enabled clinical platforms.	N/A
SR-NCI-001 By 2027, increase the number of tumors sequenced from tumor types that currently lack sufficient molecular and clinical data to address critical knowledge gaps in the types of molecular alterations in tumors and potential contributors to these alterations by	FY 2024: The PE-CGS Network enrolled 636 participants and sequenced 358 tumors. Target: Enroll an additional 500 participants and sequence an additional 200 tumors lacking sufficient clinical and molecular data.	Enroll an additional 800 participants and sequence an additional 400 tumors lacking sufficient clinical and molecular data.	Enroll an additional 600 participants and sequence an additional 400 tumors lacking sufficient clinical and molecular data.	N/A

[109] The measures' unique identifiers are aligned with the current NIH organizational structure and will be revised following the reorganization proposed in the FY 2026 President's Budget, including the four Institutes and Centers proposed for elimination in the Budget.

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
enrolling 2,400 participants in the Participant Engagement and Cancer Genome Sequencing (PE-CGS) Network and sequencing 1,400 tumors from the enrolled patients. (Output)	(Target Exceeded)			
SR-NIAAA-001 Advance treatment of alcohol misuse in underage populations by conducting research to inform, develop, refine, or evaluate intervention strategies. (Output)	FY 2024: A clinical trial is ongoing to evaluate the effectiveness of a computer-facilitated alcohol screening and brief intervention to reduce binge drinking among at-risk adolescents, delivered by pediatric primary care clinicians during well-visits. Target: Continue a clinical trial to evaluate the effectiveness of screening and brief intervention in primary care for reducing alcohol misuse among underage populations. (Target Met)	Conduct research to develop and evaluate the effectiveness of mobile and telehealth interventions to address alcohol misuse in underage populations.	Develop and/or evaluate an alcohol treatment intervention to reduce underage alcohol use and associated consequences among populations in greatest need.	N/A
SR-NIAAA-002 By 2025, identify neurobehavioral precursors or consequences of adolescent substance use or other childhood experiences. (Outcome)	FY 2024: NIH-supported researchers are validating a neurobiological model for the identification of risk for alcohol misuse in trauma-exposed youth. Target: Examine the neurobiological mechanisms that underlie the relationship between childhood trauma and increased risk of alcohol misuse during adolescence and adulthood. (Target Met)	Conduct research to identify or characterize neurobiological mechanisms underlying the relationship between sleep and adolescent alcohol misuse.	N/A	N/A
SR-NIAAA-003 By 2025, advance one to two new or repurposed compounds that act on neurobiological targets	FY 2024: NIH is supporting a phase two clinical trial to evaluate administration of oxytocin (a brain hormone associated with	Evaluate a repurposed candidate compound that acts on a neurobiological	N/A	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
that may have the potential for treating alcohol or other substance use disorders. (Outcome)	positive social behaviors and human interactions) in combination with an integrated psychotherapy intervention for the treatment of co-occurring alcohol use disorder and posttraumatic stress disorder in U.S. military veterans. Target: Conduct a clinical study to evaluate a candidate compound for the treatment of alcohol use disorder in individuals with a co-occurring mental health condition. (Target Met)	target for the treatment of alcohol use disorder in a preclinical and/or clinical study.		
SR-NIAAA-004 Advance prevention of alcohol misuse and related consequences in underage populations by conducting research to inform, develop, refine, or evaluate intervention strategies and promote their use. (Outcome)	FY 2024: Researchers evaluated the feasibility, acceptability, and efficacy of a social media intervention to reduce alcohol use among young adults. Target: Develop and/or evaluate a preventive intervention to address alcohol use in underage populations. (Target Met)	Develop and/or evaluate an intervention to address alcohol misuse among college age individuals and disseminate these or other evidence-based intervention strategies for preventing substance misuse and its consequences in underage populations.	Develop and/or evaluate an intervention to prevent or reduce alcohol misuse during major developmental transitions in underage individuals.	N/A
SR-NIAID-001 By 2026, advance research toward the development of 10 antiviral drug candidates. (Outcome)	FY 2024: NIH-funded researchers advanced the clinical development of three antiviral therapeutic candidates. Target: Advance preclinical or clinical development of two antiviral therapeutics. (Target Exceeded)	Advance preclinical or clinical development of one antiviral therapeutic.	Advance preclinical or clinical development of one antiviral therapeutic.	N/A
SR-NIAID-002 Advance research on the	FY 2024:	Refine two of the models that best	Use the two models to understand	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
prevention and treatment of sexually transmitted infections, including HIV, by developing model systems to understand host-pathogen interactions (how pathogens infect hosts, evade immune responses, replicate, and cause disease). (Outcome)	NIH-supported researchers identified and used three experimental models to better understand host-pathogen interactions for further development and/or evaluation. Target: Identify three experimental models to understand host-pathogen interactions for further development and/or evaluation. (Target Met)	mimic aspects of disease found in humans.	aspects of the host-pathogen interaction and the underlying disease.	
SR-NIAID-003 Advance the development of a universal influenza vaccine with the potential to provide long-lasting protection against numerous flu strains rather than a select few, by discovering and testing new vaccine candidates. Such vaccines could reduce the risk of an influenza pandemic as well as eliminate the need for annual flu vaccines. (Outcome)	FY 2024: Six broadly protective candidate vaccine products that show protection against multiple influenza viruses were discovered. Target: Discover four new influenza vaccine candidates or delivery approaches that show protection against multiple influenza viruses. (Target Exceeded)	Evaluate the four new influenza vaccine candidates or delivery approaches in either preclinical or clinical models.	Discover three additional influenza vaccine candidates or delivery approaches that show protection against multiple influenza viruses.	N/A
SR-NIBIB-001 By 2026, establish a formalized funding pathway for the development, validation, and regulatory review of diagnostic technologies. (Outcome)	FY 2024: NIH supported the development of six at-home multiplex tests for COVID-19 and flu, one lab-based diagnostic for mpox disease that received FDA emergency use authorization, and one point-of-care test for hepatitis C that received traditional FDA authorization. NIH engagement with test manufacturers resulted in new features added to existing tests to be more accessible to people with disabilities. Target: Receive FDA authorization or approval	Submit for FDA authorization or approval two home, point-of-care, or lab-based diagnostics, at least one of which detects multiple pathogens.	Receive FDA authorization or approval for one home, point-of-care, or lab-based diagnostics which detects multiple pathogens.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	(including updated authorization or approval) for at least two home, point-of-care, or lab-based diagnostics, at least one of which is more accessible to people with disabilities. (Target Exceeded)			
SR-NICHD-001 By 2026, identify two promising approaches to improve diagnosis, prevention, and/or treatment of endometriosis, a disease that results in chronic pain, infertility, and a higher risk of some cancers and affects an estimated 10 percent of women in the United States. (Output and Outcome)	FY 2024: NIH launched a research program that supports the development of new platforms and organoid culture systems to provide scientists a better way to study the female reproductive tract in the laboratory. Target: Launch a research program to develop techniques or technologies to model the female reproductive tract (healthy and disease states) and gonadal function. (Target Met)	Identify in animal, tissue, or other model systems a new approach to the diagnosis or prevention of endometriosis.	Identify an additional new approach to improve the diagnosis, prevention, and/or treatment of endometriosis.	N/A
SR-NICHD-002 By 2026, develop at least one targeted strategy to improve the prevention of and/or response to labor and delivery complications that lead to maternal morbidity and mortality. (Output and Outcome)	FY 2024: NIH established the IMPROVE Maternal Health Research Centers of Excellence to support collaborative partnerships between scientists and the community to conduct research to reduce preventable causes of maternal deaths and improve health for women before, during, and after pregnancy. Two additional centers of excellence were created, beyond what was initially planned, in communities with high burdens of severe pregnancy-related problems and deaths. Target: Establish the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Centers of Excellence to design	In consultation with community partners, select at least three clinical, social, or behavioral factors associated with maternal morbidity and mortality and develop research projects focused on these factors.	Develop at least one targeted strategy to improve the prevention of and/or response to labor and delivery complications that lead to maternal morbidity and mortality.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	and implement research projects to address a wide range of factors that affect pregnancy-related complications and deaths. (Target Exceeded)			
SR-NIDA-001 By 2026, evaluate the efficacy of new or refined interventions to treat opioid use disorders (OUD). (Output)	FY 2024: Researchers conducted a phase one clinical trial of an anti-oxycodone vaccine and early results are promising. In a second study, researchers obtained an Investigational New Drug application and are expected to launch a phase one clinical trial in FY 2025 of an anti-heroin vaccine for the treatment of heroin use disorder. Target: Conduct phase one clinical trials of at least two anti-opioid vaccines. (Target Not Met but Improved)	File one New Drug Application with the FDA for a new treatment for OUD.	Conduct a multisite clinical trial of a medication to treat OUD.	N/A
SR-NIDA-002 By 2027, advance research on prevention interventions for substance use disorders (SUD). (Output)	FY 2024: Researchers conducted preliminary epidemiological research in a population with high rates of substance use and in need of tailored prevention interventions. Target: Launch preliminary epidemiological research studies to inform pilot studies that will develop novel strategies to prevent substance use among youth and young adults. (Target Not Met but Improved)	Continue preliminary epidemiological research to inform a pilot study that will develop novel strategies to prevent substance use among youth and young adults.	Launch a pilot research study, informed by epidemiological research, to develop and test prevention interventions for youth and young adults.	N/A
SR-NIDA-003 By 2027, develop evidence on the effectiveness and implementation of new and existing services to minimize adverse	FY 2024: Dissemination activities, including creation of an online portal, collaboration on a special issue publication, and the first Dissemination Advisory Group	Begin data analysis for clinical research studies and begin sharing data collected as part of these studies via the	Continue data analysis and data sharing activities, and begin dissemination activities to share	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
outcomes of drug use and identify strategies to address barriers to implementing these services, through research studies and community engagement. (Outcome)	meeting, are in progress and will continue into FY 2025. Target: Initiate steps of the dissemination and publication plan to ensure that findings from the clinical research studies will reach a broad audience. (Target Met)	Helping to End Addiction Long-term (HEAL) Initiative® Data Ecosystem, a cloud-based platform for sharing and analyzing data collected through the HEAL Initiative®.	research findings with the research community and other interest groups.	
SR-NIDA-004 By 2027, strengthen community-informed research on the effectiveness of recovery support services for persons taking medications for opioid use disorder (MOUD). (Outcome)	FY 2024: The research team engaged in several pilot trial preparatory activities that informed the design of the study; however, the trial is delayed and now expected to launch in FY 2025. Target: Launch a third pilot trial to test the feasibility, acceptability, and preliminary effectiveness of an intervention to link individuals taking MOUDs to recovery community centers. (Target Not Met)	Publicly report early results of the pilot studies and disseminate recovery research tools to other researchers via the Helping to End Addiction Long-term (HEAL) Initiative® data ecosystem.	Publicly report final, peer-reviewed results of the pilot studies.	N/A
SR-NIDCD-001 By 2025, increase the number of potential treatment options for communication disorders that are being tested in clinical trials by adding one new treatment option per year. (Outcome)	FY 2024: NIH initiated a clinical trial testing one new treatment for a disorder affecting balance. Target: Initiate testing one new treatment for a disorder affecting balance. (Target Met)	Initiate testing one new treatment for a disorder affecting speech.	N/A	N/A
SR-NIDCD-002 Support research to improve accessible and affordable hearing health care. (Output)	FY 2024: NIH initiated a new project that explores barriers and incentives for adults seeking hearing health care. Target: Initiate one new project that explores and/or addresses barriers and incentives for adults	Initiate one new project that seeks ways to predict, improve, and/or measure hearing health care outcomes.	Initiate one new project to investigate how to improve delivery of care for people with hearing loss.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	seeking hearing health care. (Target Met)			
SR-NIDCR-001 By 2027, discover and validate biomarkers for early detection of head and neck cancer by establishing multi-disciplinary research collaborations and leveraging existing NIH resources. (Output and Outcome)	FY 2024: NIH established interdisciplinary research collaborations within NIH to leverage the resources of its Early Detection Research Network. Target: Begin establishing interdisciplinary research collaborations with the National Cancer Institute's Early Detection Research Network. (Target Met)	Identify samples of head and neck cancer in high-risk populations.	Demonstrate progress on the development of novel tools to identify and validate molecular biomarkers for early detection.	N/A
SR-NIDCR-002 By 2027, revitalize the dentist-scientist workforce by increasing the percentage of dental school faculty, students, and residents who receive practice-based research training and experience. (Output and Outcome)	FY 2024: NIH supported the development of clinical and practice-based research curricula and patient-oriented research opportunities through inter-institutional and intra-institutional collaborations in 10 dental schools. Target: Support the development of clinical and practice-based research curricula, as well as patient-oriented research opportunities through inter-institutional and intra-institutional collaborations, in 10 dental schools. (Target Met)	Implement 10 practice-based pilot or small-scale studies through NIH-supported programs that include both dental school faculty and students as investigators.	Complete data analysis of 10 practice-based pilot or small-scale studies.	N/A
SR-NIDDK-001 By 2030, identify four factors that are associated with risk of developing inflammatory bowel disease (IBD) or associated with treatment outcomes in IBD. (Outcome)	FY 2024: Twenty-six CAMEO study sites have initiated enrollment, and the IBD Genetics Consortium has enrolled about 3,000 people with IBD. Target: Initiate enrollment at 20 pediatric sites for the Clinical, Imaging, and Endoscopic Outcomes of Children Newly	Enroll a cumulative total of 250 children with newly diagnosed Crohn's disease who start using anti-TNF therapy (drugs that suppress inflammation) into the CAMEO study; and enroll 4,000	Enroll a cumulative total of 500 children with newly diagnosed Crohn's disease who start anti-TNF therapy into the CAMEO study; and identify one new factor (such as a genetic, microbiome, or	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	Diagnosed with Crohn's Disease (CAMEO) study; and enroll 1,600 participants who have IBD into the IBD Genetics Consortium. (Target Exceeded)	participants into the IBD Genetics Consortium.	other biomarker/predictor) associated with IBD or IBD treatment outcomes from the IBD Genetics Consortium.	
SR-NIGMS-001 By 2025, expand the use of program-focused versus target-focused award mechanisms by National Institute of General Medical Sciences (NIGMS) investigators. (Output)	FY 2024: Out of 4,342 investigators supported by R01 or MIRA/R35 grants, 2,742 were MIRA/R35 investigators (63 percent). This is an increase of eight percentage points from 55 percent in FY 2023. Target: Expand NIGMS investigator participation in the Maximizing Investigators' Research Award (MIRA) program by two percentage points. (Target Exceeded)	Expand NIGMS investigator participation in the Maximizing Investigators' Research Award (MIRA) program by two percentage points.	N/A	N/A
SR-NIMH-002 Increase the number of implementation science research initiatives with a focus on more effective interventions and strategies for improving HIV prevention, treatment, and care outcomes among populations most in need. (Output)	FY 2024: NIH created a baseline report of implementation science initiatives focusing on AIDS research that was supported by the National Institute of Mental Health (NIMH) from FY 2021 to FY 2024. Target: Create a baseline report of implementation science initiatives focusing on AIDS research supported by NIMH from FY 2021 to FY 2024. (Target Met)	Add one new initiative to study effective interventions and strategies for improving HIV outcomes and HIV implementation outcomes for those in greatest need.	Add one new initiative to study effective interventions and strategies for improving HIV outcomes and HIV implementation outcomes for those in greatest need.	N/A
SR-NIMHD-001 By 2026, enhance understanding of how five health information technologies can be applied effectively to improve health and	FY 2024: NIH-funded investigators identified potential barriers to and enhancers for adopting new health information technology tools for use among populations	Identify barriers and enhancers to adoption of health information technologies for	Analyze studies to determine the impact of health information technologies on improving health	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
reduce health disparities. (Output)	who experience health disparities. Target: Identify barriers and enhancers to adoption of health information technologies, such as clinical decision aids. (Target Met)	chronic disease self-management.	and reducing health disparities.	
SR-NINDS-001 By 2029, complete 15 clinical trials testing the effectiveness of novel pain-management interventions that can be implemented in a variety of health care settings. (Output and Outcome)	N/A (Measure will begin reporting in FY 2025)	Complete four clinical trials evaluating the effectiveness of pain interventions that can be implemented in primary and specialty care settings.	Complete three additional clinical trials evaluating the effectiveness of pain interventions that can be implemented in primary and specialty care settings.	N/A
SR-NINR-001 By 2028, enhance support for the health of rural populations and communities by supporting rural health research, building research capacity, and enhancing rural community engagement in research. (Outcome)	N/A (Measure will begin reporting in FY 2025)	Initiate one to two projects that investigate the use of community-based research methodologies to enhance community engagement in rural health research.	Initiate one to two research projects that build on existing research in clinical areas that particularly impact rural populations, such as maternal health.	N/A
SR-OSC-001 By 2027, develop a catalogue of genetic variants across multiple human tissues from a broad donor population to better understand how much genetic variation (somatic mosaicism) exists within an individual and how this variation influences human health, development, and disease. (Output)	FY 2024: NIH collected 13-18 tissues from 20 human donors. From these donors, at least 10 tissues from five human donors were sequenced. Target: Collect 10-15 tissues from 20 human donors; from these donors, sequence biospecimens from at least five tissues from five human donors. (Target Exceeded)	Collect 10-15 tissues from 40 additional human donors (60 total collected); from the pool of donors collected, sequence biospecimens from at least 10 tissues from 25 additional human donors (30 total sequenced).	Collect 10 to 15 tissues from 40 additional human donors (100 total collected); from the pool of donors collected, sequence biospecimens from at least 10 tissues from 40 additional human donors (70 total sequenced).	N/A

NIH-Wide Strategic Plan Objective: Developing, Maintaining, and Renewing Scientific Research Capacity

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
RC-NCATS-001 By 2026, demonstrate the usefulness of the newly expanded research resource, the National Clinical Cohort Collaborative (N3C), which builds on an earlier electronic health records research platform, in making real-world clinical data securely and widely available to biomedical researchers who study a wide variety of diseases. (Output and Outcome)	FY 2024: A collaborative team established the first application of the expanded N3C model to rapidly access the N3C Education Tenant and synthetic (artificial data that mimics real-world data) datasets for training; and to launch, conduct, and complete interprofessional team projects. All the teams plan to continue using N3C to advance their projects. Target: Establish the "Education Tenant" pilot as the first application of the expanded N3C model. Assess the ability of the model to support 5-10 users/groups in accessing data, conducting analyses, and exporting results; and gather feedback on end user experience. (Target Exceeded)	Demonstrate the ability of the N3C tenant model to support at least one research project in a disease priority area.	Disseminate N3C methodology to the biomedical research community to enable broader adoption of similar approaches for a broad array of diseases, including chronic diseases.	N/A
RC-NEI-001 Launch and expand a participant registry for cerebral/cortical visual impairment (CVI), a disorder caused by damage to the parts of the brain that process vision, to serve as a resource for researchers, clinicians, and participants to advance clinical research. (Output)	N/A (Measure will begin reporting in FY 2025)	Establish a clinical protocol to enroll participants and submit it to the Institutional Review Board for approval.	Recruit individuals with CVI to participate in the CVI participant registry by partnering with at least three clinical sites and by presenting registry information at three or more conferences.	N/A
RC-NIDDK-001 Foster a robust workforce in kidney, urologic, hematologic, diabetes, obesity, and/or nutrition research by administering career development	FY 2024: The National Institute of Diabetes and Digestive and Kidney Diseases administered three career development programs that provide	Administer three career development programs.	Administer three career development programs.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
programs that provide mentorship, networking, and collaboration opportunities to researchers at different career stages. (Output)	mentorship to researchers at various career stages. Target: Administer three career development programs. (Target Met)			
RC-NIGMS-001 Maintain the yearly number of undergraduate students with mentored research experiences through the IDeA (Institutional Development Award) Networks of Biomedical Research Excellence (INBRE) program in order to sustain a pipeline of undergraduate students who will pursue health research careers. (Output)	FY 2024: More than 1,450 undergraduate students participated in mentored research experiences. Target: Sustain the yearly number of undergraduate mentored research experiences between 1,450 and 1,500. (Target Met)	Sustain the yearly number of undergraduate mentored research experiences between 1,450 and 1,500.	Sustain the yearly number of undergraduate mentored research experiences between 1,450 and 1,500.	N/A
RC-NIMH-001 To advance research on brain and behavior, collect and distribute human tissue samples and associated molecular and genomic data to the scientific community. (Output)	FY 2024: Brain tissue from 47 new donors was obtained. Samples were distributed to 48 researchers. Target: Collect brain tissue from an additional 30 new donors and distribute tissue samples or data derived from tissue to 20 researchers studying mental or neurological disorders. (Target Exceeded)	Collect brain tissue from an additional 30 new donors and distribute tissue samples or data derived from tissue to 20 researchers studying mental or neurological disorders.	Collect brain tissue from an additional 35 new donors and distribute tissue samples or data derived from tissue to 25 researchers studying mental or neurological disorders.	N/A
RC-NINDS-001 By 2027, increase the capacity of the Undiagnosed Diseases Network (UDN) to evaluate people with undiagnosed diseases and expand access to individuals who do not typically participate in	N/A (Measure will begin reporting in FY 2025)	Develop and test two new tools or strategies that increase the efficiency and cost-effectiveness of the Network's clinical evaluation.	Develop metrics to monitor the Network's progress toward increasing engagement and the participation of individuals who do not typically	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
NIH clinical research. (Output and Outcome)			participate in NIH clinical research.	
RC-ODSS-001 Enhance researchers' ability to detect and treat human diseases by advancing innovative multimodal artificial intelligence (AI) technologies that combine and analyze complex data from multiple sources, such as electronic health records, medical images, wearable devices, and genetic information. (Outcome)	FY 2024: A program to develop innovative multimodal AI models that advance biomedical research discoveries was launched, and seven candidate projects were identified. Target: Establish a program to develop innovative multimodal AI models as a proof-of-concept for significant advances in biomedical and behavioral research and clinical care. (Target Met)	Develop three multimodal AI technologies for advancing biomedical research discoveries.	Demonstrate the feasibility of two multimodal AI technologies to generate patient-specific treatment options to advance biomedical research discoveries in a research setting.	N/A
RC-ODSS-002 Improve the health of Americans facing chronic diseases by supporting multidisciplinary research projects that harness artificial intelligence (AI), training AI researchers and clinicians, and enhancing the AI capabilities and infrastructure of communities and hospitals across the U.S. (Outcome)	FY 2024: The NIH AIM-AHEAD Program trained 105 AI researchers and clinicians from across the nation in the use and development of AI models to advance health research. Target: Build a talent pool of researchers and clinicians to harness AI in biomedical research and medicine through training, mentorships, and professional development. (Target Met)	Support multidisciplinary research projects that harness AI to improve the health of Americans facing chronic diseases by facilitating collaborations with healthcare providers, the private sector, and public organizations.	Enhance AI capabilities and infrastructure of communities and institutions across the U.S. to broaden participation and accelerate uptake and innovation of AI for advancing biomedical research.	N/A
RC-OER-001 Provide research training, mentoring, and skills development for predoctoral trainees and fellows that promotes the potential for a productive, independent research career in a health-related field. (Output)	FY 2024: NIH-funded predoctoral trainees and fellows in the biomedical and behavioral sciences were 14.5 percentage points more likely to remain active in biomedical research than non-NIH trainees and fellows. Target: N ≥ 10 percent	Former predoctoral trainees and fellows who received a National Research Service Award (NRSA) are 10 percentage points more likely to receive subsequent NIH research funding than non-	Former predoctoral trainees and fellows who received a NRSA are 10 percentage points more likely to receive subsequent NIH research funding than non-NRSA trainees and fellows.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	(Target Exceeded)	NRSA trainees and fellows.		
RC-OER-002 Provide research training, mentoring, and skills development for postdoctoral fellows that promotes the potential for a productive independent research career in a health-related field. (Output)	FY 2024: NIH-funded postdoctoral fellows were 17.8 percentage points more likely to remain active in biomedical and behavioral research than non-NIH fellows. Target: N ≥ 10 percent (Target Exceeded)	Former postdoctoral fellows who received a National Research Service Award (NRSA) are 10 percentage points more likely to receive subsequent NIH research funding than non-NRSA postdoctoral fellows.	Former postdoctoral fellows who received a NRSA are 10 percentage points more likely to receive subsequent NIH research funding than non-NRSA postdoctoral fellows.	N/A
RC-ORIP-001 Verify that state-of-the-art research instruments are installed at NIH-supported research institutions across the nation within two years after the award is made. (Output)	FY 2024: The NIH's Shared Instrumentation Grant (S10) Program awarded 156 grants in FY 2022. Of the 156 grant awards, 138 instruments (88 percent) were installed within 24 months of the Notice of Award date. Target: Verify 70 percent of awarded state-of-the-art instruments are installed at NIH-supported research institutions across the nation 24 months after award is made. (Target Exceeded)	Verify 75 percent of awarded state-of-the-art instruments are installed at NIH-supported research institutions across the nation 24 months after award is made.	Verify 75 percent of awarded state-of-the-art instruments are installed at NIH-supported research institutions across the nation 24 months after award is made.	N/A

NIH-Wide Strategic Plan Objective: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
OS-NBS-001 Provide an integrated enterprise business solution for NIH	FY 2024: The NIH Business System (NBS) successfully transitioned	Implement Microservices Architecture to	Transition NIH to the new HHS travel system (ETSNext),	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
that meets the unique needs of the world's largest funder of biomedical research. (Output)	to the FedRAMP-certified Oracle Cloud Infrastructure and is in alignment with the OMB M-11-29 Federal Cloud First policy. Target: Transition the NBS portfolio to a FedRAMP-certified cloud service provider. (Target Met)	standardize, secure, and support real time integration within the NIH Business System Cloud IT portfolio.	without interrupting staff's ability to schedule official travel supporting the NIH mission.	
OS-NHGRI-001 By 2027, reach 750,000 total visits to the National Human Genome Research Institute's (NHGRI) recently revamped Talking Glossary of Genomic and Genetic Terms, a remote-learning resource to help make genomics and genetics more accessible and understandable to a wide array of audiences. (Output)	FY 2024: There were 167,301 pageviews in FY 2024, bringing the number of total visits to approximately 471,706 since the release of the revamped Talking Glossary. Target: Increase visits to NHGRI's Talking Glossary of Genomic and Genetic Terms by 100,000 to reach 250,000 total visits. (Target Exceeded)	Increase visits to NHGRI's Talking Glossary of Genomic and Genetic Terms by approximately 100,000 to reach 550,000 total visits.	Increase visits to NHGRI's Talking Glossary of Genomic and Genetic Terms by approximately 100,000 to reach 650,000 total visits.	N/A
OS-NIBIB-001 By 2028, build partnerships with other federal agencies, the private sector, and the public, that enhance coordination, expertise, resources, and networks to accelerate technology development for unmet critical healthcare needs. (Output and Outcome)	N/A (Measure will begin reporting in FY 2025)	Establish new partnerships that release one new funding mechanism (challenge, solicitation, grant, etc.) to accelerate the development of technology-based biomedical innovations.	Support up to five grants, contracts, or awards for biomedical technology innovations through partnerships.	N/A
OS-NIDDK-001 By 2028, sustain a national center that provides investigators with research resources (community engagement sessions and research consultation services) to partner with communities	FY 2024: The center was launched and a planning meeting was held to discuss and layout the future and goals, including the vision of collaborative research for long-term partnerships. Target: Fund the national center	Complete two community engagement sessions and seven scientific research consultations on partnership development and engagement	Complete four community engagement sessions and eight scientific research consultations on partnership development and engagement	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
(patients, health care systems, etc.) in conducting type 2 diabetes research that aligns with the priorities of people most affected by the disease and likely to benefit from the research. (Output)	and hold a planning meeting that includes the grantees (project leaders), center investigators, program staff from the National Institute of Diabetes and Digestive and Kidney Diseases, and organizational partners, to prepare for future community engagement sessions and scientific research consultations. (Target Met)	methods with community members to advance type 2 diabetes research.	methods with community members to advance type 2 diabetes research.	
OS-NINDS-001 By 2028, strengthen engagement throughout the research process by increasing the number of interactions with people with lived experience (PWLE) of neurological disorders to 55 per year and incorporating their perspectives into research priorities, planning, implementation, and/or the dissemination of results. (Output and Outcome)	FY 2024: The National Institute of Neurological Disorders and Stroke (NINDS) designed and completed a quantitative and qualitative analysis of engagement with PWLE and nonprofit organizations to assess the number and types of current interactions and to identify opportunities for incorporating the perspectives of PWLE throughout the research process. Target: Design and complete a quantitative and qualitative analysis of engagement with PWLE and nonprofit organizations by NINDS to assess the number and types of current interactions and to identify opportunities for incorporating the perspectives of PWLE throughout the research process. (Target Met)	Engage in at least 45 interactions with PWLE, including participation in relevant committees and working groups, public meetings, or individual conversations, to incorporate their perspectives into research priorities, planning, implementation, and/or dissemination of results.	Engage in at least 50 interactions with PWLE, including participation in relevant committees and working groups, public meetings, or individual conversations, to incorporate their perspectives into research priorities, planning, implementation, and/or dissemination of results.	N/A
OS-OAR-001 By 2026, increase use of the NIH Office of AIDS Research (OAR) Data Hub, a new resource to promote	FY 2024: OAR increased features of the NIH OAR Data Hub by adding three new topical dashboards. The new dashboards include	Improve the NIH OAR Data Hub in three ways (e.g., updates or new features) informed	Increase the number of total annual visitors to the NIH OAR Data Hub by 15 percent	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
greater understanding of HIV research at the NIH and to enable researchers and the public to identify awards relevant to their specific interests. (Output)	HIV and Coinfections, HIV and Aging, and Longitudinal Trends. Target: Enhance features of the NIH OAR Data Hub by adding two new topical data dashboards. (Target Exceeded)	by feedback from the HIV community.	compared to FY 2024 baseline.	
OS-OEPR-001 By 2028, strengthen NIH's capacity for evidence-based decision making and efficient external reporting by making available to NIH staff the Strategic Tracking and Reporting Tool (START), a knowledge management system that can centralize the collection, management, and aggregation of data used for strategic plan tracking, performance monitoring, risk management, and program evaluation. (Output)	N/A (Measure will begin reporting in FY 2025)	Launch a new module from START to assist NIH staff with evaluation planning and conduct.	Launch a new module from START to assist NIH staff with performance monitoring or risk management.	N/A
OS-OHR-001 Develop and implement annual strategies to recruit and/or retain highly qualified staff to support NIH's mission to enhance health, lengthen life, and reduce illness and disability. (Output)	FY 2024: Use of available resources to assist Human Resources (HR) Specialists expanded posting efforts and broadened the awareness of NIH positions among veteran's groups. NIH is gathering data to determine the impact of these efforts on applicant pools. Target: Examine use of available resources to assist HR Specialists with the promotion of vacancies to veterans in an effort to increase awareness of NIH opportunities and determine the impact on the	Examine the impact of the change in qualification requirements for the Scientist Administrator positions (e.g., Health Scientist Administrator, Social and Behavioral Scientist Administrator) at NIH to guide future approaches to filling vacancies.	Examine the use of a recruitment calendar for administrative positions in three job series used NIH-wide to remove inefficiencies and determine if selection rates increase.	N/A

Measure[109]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2025 Target	FY 2026 Target	FY 2026 Target +/-FY 2025 Target
	NIH's applicant pools. (Target Not Met but Improved)			
OS-OIR-001 Use the results of external reviews conducted by Boards of Scientific Counselors (BSC) to allocate resources in support of impactful medical and behavioral research. (Output)	FY 2024: Twenty five percent of Principal Investigators were reviewed, resulting in $1,586,458 of resources recommended to be reallocated. Target: Conduct BSC reviews annually of 25 percent of Principal Investigators to assess quality of science and prioritize resources. (Target Met)	Conduct BSC reviews annually of 25 percent of Principal Investigators to assess quality of science and prioritize resources.	Conduct BSC reviews annually of 25 percent of Principal Investigators to assess quality of science and prioritize resources.	N/A
OS-ORF-001 Manage all Buildings and Facilities (B&F) line-item projects, which support the completion of capital facility projects, so that all line-item projects are completed within 100 percent of the final approved project cost. (Output)	FY 2024: NIH's portfolio was expanded to include 33 projects. Three projects (nine percent) were completed in FY 2024 at or below the final approved project cost. The remaining 30 projects (91 percent) were not completed in FY 2024. Target: 27 Active Projects (Target Not Met but Improved)	27 Active Projects	30 Active Projects	N/A
OS-ORF-002 Manage all Buildings and Facilities (B&F) capital facility projects so that no more than 10 percent of the projects may have their approved scope adjusted by more than 10 percent. (Output)	FY 2024: The NIH B&F project portfolio was expanded early in the fiscal year to include 33 projects due to the availability of funds. NIH managed the design and construction of 32 of the 33 funded projects within a plus or minus 10 percent adjustment to the scope. One project was placed on hold due to unavailability of funds late in the fiscal year. Target: 27 Active Projects	27 Active Projects	30 Active Projects	N/A

Measure[109]	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2025 Target**	**FY 2026 Target**	**FY 2026 Target +/-FY 2025 Target**
	(Target Met)			
OS-ORF-003 Reduce the footprint of office and warehouse space in NIH's owned and leased facilities portfolio by one percent annually to comply with guidelines in the Office of Management and Budget (OMB) Memorandum M-12-12, Promoting Efficient Spending to Support Agency Operations. (Output and Efficiency)	FY 2024: The usable square footage of rentable office and warehouse space was reduced by one percent. Target: Reduce one percent of FY 2023 usable square feet. (Target Met)	Reduce the usable square feet identified in FY 2024 by one percent.	Reduce the usable square feet identified in FY 2025 by one percent.	N/A

GRANT AWARDS TABLE

	FY 2024 Final[3,a]	FY 2025 Full-Year CR[3,a,b]	FY 2026 President's Budget[3,a,b]
Number of Awards	51,510	47,061	33,193
Average Award (in Whole $s)	$622,458	$688,569	$556,077
Range of Awards (in Whole $s)[1,2]	$1,000 to $54,770,177	$1,000 to $190,000,000	$1,000 to $190,000,000

[1] Award range excludes minimum values of zero to under $1,000 related primarily to no-cost extensions and co-funded actions.

[2] Award maximum estimates are based on an extrapolation from the most recent historical actual while accounting for expected budget policies applicable to each future fiscal year. The actual year-to-year fluctuations are roughly eight million dollars, plus or minus.

[3] Includes 21st Century Cures Act funding.

[a] Figures do not include any awards or funding related to ARPA-H.

[b] Due to the usage of substantial multi-year funding in FY 2025 and FY 2026, the maximum award cost is estimated to be roughly $190 million.