BUDGET MECHANISM TABLE

(Dollars in Thousands)[1,2,3,4]	FY 2025		FY 2026		FY 2027			
	Final[9]		Enacted[9]		President's Budget[9]		+/- FY 2026	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	30,217	$19,287,977	27,186	$18,551,167	24,462	$13,910,125	-2,724	-$4,641,042
Administrative Supplements[3]	*(2,204)*	387,057	*(1,933)*	386,309	*(1,506)*	265,086	*(-427)*	-121,223
Competing	8,016	$6,084,538	9,712	$6,990,875	5,145	$9,113,485	-4,567	$2,122,609
Subtotal, RPGs	38,233	$25,759,571	36,898	$25,928,351	29,607	$23,288,696	-7,291	-$2,639,656
SBIR/STTR	1,652	1,238,380	1,713	1,279,344	1,555	1,136,060	-158	-143,284
Research Project Grants	39,885	$26,997,951	38,611	$27,207,696	31,162	$24,424,756	-7,449	-$2,782,940
Research Centers:								
Specialized/Comprehensive	1,025	$2,145,422	1,041	$2,204,743	1,010	$1,875,085	-31	-$329,658
Clinical Research	24	196,809	13	114,231	0	0	-13	-114,231
Biotechnology	30	39,295	29	41,285	29	38,266	0	-3,019
Comparative Medicine	46	128,158	48	132,458	48	131,341	0	-1,117
Research Centers in Minority Institutions	21	84,895	22	87,219	0	0	-22	-87,219
Research Centers	1,146	$2,594,578	1,153	$2,579,935	1,087	$2,044,692	-66	-$535,244
Other Research:								
Research Careers	4,745	$904,813	4,907	$936,186	4,439	$846,577	-468	-$89,609
Cancer Education	92	25,863	92	25,863	92	25,863	0	0
Cooperative Clinical Research	184	470,459	284	495,898	277	438,487	-7	-57,412
Biomedical Research Support	127	107,705	120	102,185	32	87,044	-88	-15,141
Other Biomedical Research Support	38	14,439	8	9,495	8	8,712	0	-783
Other	2,291	1,638,235	2,181	1,549,750	1,821	1,212,531	-360	-337,218
Other Research	7,477	$3,161,514	7,592	$3,119,376	6,669	$2,619,214	-923	-$500,162
Total Research Grants	48,508	$32,754,043	47,356	$32,907,007	38,918	$29,088,661	-8,438	-$3,818,346
Ruth L Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	3,595	$183,604	4,101	$212,591	3,641	$187,416	-460	-$25,175
Institutional Awards	12,246	765,021	12,505	796,391	11,754	745,411	-751	-50,980
Total Research Training	15,841	$948,625	16,606	$1,008,982	15,395	$932,827	-1,211	-$76,155
Research & Development Contracts	2,268	$3,080,476	2,284	$3,286,257	1,888	$2,805,380	-396	-$480,878
(SBIR/STTR) (non-add)[3]	*(79)*	*(62,988)*	*(49)*	*(43,066)*	*(35)*	*(32,028)*	*(-14)*	*(-11,038)*
Intramural Research		$4,811,858		$4,916,778		$4,635,986		-$280,792
Research Management & Support		2,387,355		2,379,525		2,139,159		-240,365
(SBIR Admin) (non-add)[3]		*(12,842)*		*(16,336)*		*(14,660)*		*(-1,676)*
Office of the Director - Appropriation[3,5]		*(2,633,425)*		*(2,498,971)*		*(2,290,514)*		*(-208,457)*
Office of the Director - Other		1,638,929		1,618,644		1,489,392		-129,252
ORIP (non-add)[3,5]		*(309,495)*		*(307,926)*		*(285,721)*		*(-22,205)*
Common Fund (non-add)[3,5]		*(685,001)*		*(572,401)*		*(515,401)*		*(-57,000)*
Buildings and Facilities[6]		380,000		380,000		380,000		0
Appropriation[3]		*(350,000)*		*(350,000)*		*(350,000)*		*(0)*
Type 1 Diabetes[7,8]		-119,094		-200,000		-47,538		152,462
Program Evaluation Financing[7]		-1,412,482		-1,427,482		-260,000		1,167,482
Subtotal, Labor/HHS Budget Authority		**$44,469,711**		**$44,869,711**		**$41,163,867**		**-$3,705,844**
Total, NIH Discretionary Budget Authority		**$44,469,711**		**$44,869,711**		**$41,163,867**		**-$3,705,844**
Type 1 Diabetes[8]		119,094		200,000		47,538		-152,462
Total, NIH Budget Authority		**$44,588,805**		**$45,069,711**		**$41,211,405**		**-$3,858,306**
Program Evaluation Financing		1,412,482		1,427,482		260,000		-1,167,482
Total, Program Level		**$46,001,287**		**$46,497,193**		**$41,471,405**		**-$5,025,788**

See footnotes on the 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; excludes supplemental-related funding.

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

[4] The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention (CDC). Funding and other levels in this table are displayed comparably and as a result do not include $993.521 million in FY 2025 and $990.907 million in FY 2026 for these relocated programs. For information on NIEHS and NIEHS Superfund, please see the CDC 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 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 NIGMS 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] FY 2027 amount reflects funding of $50.411 million provided by the Consolidated Appropriations Act, 2026 and is reduced by $2.873 million for Budget Control Act sequestration.

[9] Reflects a reduction by transfer of $5.0 million from OD to the HHS Office of Inspector General.

AUTHORIZING LEGISLATION

(Dollars in Thousands)	FY 2026 Amount Authorized	FY 2026 Amount Appropriated	FY 2027 Amount Authorized	FY 2027 President's Budget
National Institutes of Health Activity:				
1. Biomedical Research under Section 301 and Title IV of the PHS Act:				
General Authorization: Section 402A(a)(1) of the PHS Act[1,2]	TBD	46,977,400	TBD	41,416,267
Advanced Research Projects Agency-Health: Section 499A(s) of the PHS Act	500,000	1,500,000	500,000	945,000
Pediatric Research Initiative: Section 402A(a)(2) of the PHS Act	12,600	12,600	12,600	12,600
2. Superfund Research Program: Section 311(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, and Section 126(g) of the Superfund Amendments and Reauthorization Act of 1986[2]	Indefinite	77,100	Indefinite	0
3. 21st Century Cures Act:				
Precision Medicine: Section 1001(b)(4)(A)	31,000	31,000	0	0
BRAIN Initiative: Section 1001(b)(4)(B)	195,000	195,000	0	0
Cancer Moonshot: Section 1001(b)(4)(C)	0	0	0	0
4. Special Diabetes Programs: Section 330B(b) of the PHS Act[3]	200,000	200,000	50,411	47,538

[1]The authorization of appropriations expired as of September 30, 2020.

[2]The FY 2026 Amount Appropriated column includes NIEHS and NIEHS Superfund. The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention.

[3]The amount for the Special Diabetes Programs in the FY 2027 Amount Authorized column reflects the funding level enacted on February 3, 2026 in Public Law 119-75 for the period beginning on October 1, 2026, and ending on December 31, 2026. The amount for the Special Diabetes Programs in the FY 2027 President's Budget column reflects a reduction of $2.873 million due to Budget Control Act sequestration.

NARRATIVE BY ACTIVITY TABLE/HEADER TABLE

(Dollars in Millions)	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Program Level[1,2,3,4]	$46,001.3	$46,497.2	$41,471.4	-$5,025.8
FTE	18,733	17,208	17,557	349

[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 (in thousands) of $1,412,482 in FY 2025, $1,427,482 in FY 2026, and $260,000 in FY 2027.

[3] The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention (CDC). Funding levels in this table are displayed comparably and as a result exclude $993.521 million and 615 FTE in FY 2025, and $990.907 million and 561 FTE in FY 2026 for these programs. For information on these programs, please see the CDC Congressional Justification.

[4] All years 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 healthy development and aging and the causes, prevention, and treatments of human diseases and disorders. NIH also advances methods for collecting and disseminating data and health information.

In FY 2025, NIH-funded scientists continued to make paradigm-shifting contributions across the full spectrum of biomedical, behavioral, and social sciences. NIH has continued to adopt new approaches to enhance mission-critical scientific research. The lessons learned continue to both inform other research areas and ensure preparedness for future public health challenges. Examples of these accomplishments include:

- NIH-funded researchers developed a **brain-computer interface** that quickly translates brain activity into audible words. The researchers implanted a device over the brain area where speech is encoded in a 47-year-old woman with paralysis. She had not been able to speak or make any vocal sounds for 18 years following a stroke. The team used a deep learning system they designed to translate the woman's thoughts into spoken words. The researchers found that the system was not limited to trained words or sentences—it could make out novel words and decode new sentences to produce fluent speech. The device could also produce speech indefinitely without interruption. These findings show that such devices can allow those unable to speak to join in more natural conversation again, but more research is needed to test the device.[67]

- A research team supported by NIH has developed and safely delivered a **personalized gene editing therapy** to treat an infant with a life-threatening, incurable rare genetic disease. Researchers set out to develop a way to create a personalized gene therapy for patients with rare metabolic disorders, specifically one manifested in infancy, where ammonia builds up and causes damage to the brain and liver, making liver transplant necessary. After years of development and testing, the Food and Drug Administration approved their experimental gene therapy customized to correct an infant's specific mutation. Within weeks after the infusions, the infant showed signs of response to treatment with no negative side effects. The researchers will continue long-term follow-up to fully analyze the safety and effectiveness of this therapy, but with further study, this type of personalized gene therapy holds promise for treating a variety of disorders.[68]

- NIH-funded researchers designed a blood test to measure levels of three compounds that could **predict women's risk for cardiovascular disease** decades later. The study measured blood cholesterol and inflammation for up to 30 years to see if those measures had predictive capability for cardiovascular disease later in life. The findings may lead to ways to detect and treat cardiovascular disease earlier.[69]

[67] nih.gov/news-events/nih-research-matters/brain-computer-interface-restores-natural-speech-after-paralysis
[68] nih.gov/news-events/nih-research-matters/infant-rare-disease-receives-customized-gene-therapy
[69] nih.gov/news-events/nih-research-matters/blood-test-predicts-30-year-cardiovascular-disease-risks-women

- Research teams funded by NIH have created a versatile set of gene delivery systems that can reach different neural cell types in the human brain and spinal cord with exceptional accuracy. These delivery systems are a significant **step toward future precise gene therapy to the brain** that could safely control errant brain activity with high precision. Currently, therapies for brain disorders mostly treat only symptoms, so a breakthrough delivery system could enable targeted therapies for many neurological disorders like Alzheimer's disease.[70]

NIH Innovation Fund and the 21st Century Cures Act

The 21st Century Cures Act,[71] passed in 2016, reached its 10th and final funding year in FY 2026. The Cures Act supports NIH's mission to improve the health of Americans by providing NIH with critical tools and resources to promote biomedical research across the spectrum, from foundational basic research studies to advanced clinical trials and promising new therapies. In line with this mission, the Cures Act, via the Innovation Fund, has provided funding for four highly innovative initiatives at NIH: (1) the Precision Medicine Initiative and *All of Us* Research Program, (2) *Brain Research through Advancing Innovative Neurotechnologies (BRAIN)* Initiative, (3) Cancer Moonshot℠,[72] and (4) Regenerative Medicine (RM) Innovation Project.

***All of Us* Research Program:** This is a key element of the Precision Medicine Initiative, building one of the largest, most diverse biomedical data repositories to gain better insights into the biological, environmental, and behavioral influences on diseases that lack proven means of prevention or treatment. Some examples of discoveries by *All of Us*-supported researchers have included optimized genetic tests for 10 conditions and identification of environmental exposures linked to type 2 diabetes. Additionally, researchers are using the data within the repository to advance treatments for Alzheimer's disease and to build knowledge for personalized nutrition. *All of Us* plans to continue to expand, with programs beginning in pediatric data collection and rural communities.

The BRAIN Initiative®: This initiative is identifying how neural circuits carry out complex, higher functions of the brain and what goes wrong in mental health and neurological disorders. Over the past few years, BRAIN Initiative® investments have yielded multiple clinical successes in early-stage trials. These small proof-of-principle studies lay the foundation for further development. Looking forward, the Initiative is developing a *BRAIN Research Roadmap* to guide neuroscience research over the next 10 years. This roadmap encompasses the development of a comprehensive BRAIN Knowledgebase to integrate BRAIN data to better unlock neuroscience and health discoveries. It also includes a program to target neural circuits with molecular precision for transformative therapeutics, as well as another program that will bridge fundamental knowledge, technologies, and brain-inspired artificial intelligence (NeuroAI).

The Cancer Moonshot℠ has accelerated our understanding of cancer and promoted progress in cancer prevention, diagnosis, treatment, and care. The program has aided in the development of cancer vaccines, more sensitive diagnostic tests for cancer, immunotherapy and combination

[70] nih.gov/news-events/news-releases/scientists-design-gene-delivery-systems-cells-brain-spinal-cord
[71] govinfo.gov/content/pkg/PLAW-114publ255/pdf/PLAW-114publ255.pdf
[72] cancer.gov/research/key-initiatives/moonshot-cancer-initiative/progress

therapies, and other research that has the potential to transform the field. Cancer Moonshot-funded research has led to 49 clinical trials and over 30 patent filings.[73]

Projects that continue to be supported by Cancer Moonshot carryover funds include the Pediatric Immunotherapy Network, Participant Engagement and Cancer Genome Sequencing network, the Cancer Research Data Commons,[74] the Human Tumor Atlas Network, and collaborations with the Department of Energy.

The RM Innovation Project (RMIP): Offers an opportunity to galvanize the field of regenerative medicine and stimulate a comprehensive and coordinated effort to foster major scientific advances and ensure that clinical studies are standardized, reproducible, and generalizable. RMIP funding has been used for preclinical and Investigational New Drug/Investigational Device Exemption-enabling studies as well as carefully selected clinical trials that exemplify rigorous science, optimal regulatory compliance, and enhanced data sharing.

Cancer Research

NIH is committed to accelerating scientific discovery in cancer, fostering greater collaboration, and improving the sharing of cancer research data. Long-term U.S. investment in cancer research has led to a steady decline over 20 years[75] in overall death rates among both women and men, and cancer death rates decreased an average of 1.5 percent per year among children (ages 0-14 years) from 2001 through 2022. Research accomplishments include the following:

Advancing cancer prevention: NIH-funded scientists are studying environmental risk factors that may lead to lung cancer in never-smokers.[76] As part of the Sherlock-Lung study, researchers assembled the largest-ever whole-genome analysis of lung cancer in individuals who have never smoked. The study showed that air pollution exposure increased cancer-driving and cancer-promoting genetic mutations. Lung tumors from never-smokers found associations between air pollution exposure and specific genetic changes previously associated with tobacco smoking. These results may lead to more prevention strategies for never-smokers.

Improving early detection: Early detection of cancer can improve a patient's response to treatment and overall outcomes. Cervical cancer, commonly caused by infection with the human papilloma virus (HPV), is usually slow-growing.[77] It seldom has symptoms, but screening tests can detect HPV infections even in precancerous stages. A NIH-funded research team aimed to assess whether at-home collection of samples using mailed self-collection kits could increase participation in cervical cancer screening among at-risk groups. They launched a clinical trial that enrolled nearly 2,500 participants aged 30 to 65 who were all overdue for cervical cancer screening. The study showed that women who used at-home test kits were more than twice as likely to complete screening for cervical cancer as women who received only telephone

[73] congress.gov/crs-product/IF12504
[74] datacommons.cancer.gov/
[75] seer.cancer.gov/report_to_nation/
[76] nih.gov/news-events/news-releases/nih-study-links-particulate-air-pollution-increased-mutations-lung-cancers-among-nonsmokers
[77] nih.gov/news-events/nih-research-matters/home-test-kits-boost-screening-cervical-cancer

reminders to receive clinic-based screening. The findings suggest that access to self-testing kits might help reduce obstacles to regular screening for this often-preventable cancer.

Promoting Artificial Intelligence and Machine Learning Research

NIH promotes the safe and responsible use of machine learning (ML) and artificial intelligence (AI) in biomedical research through programs that support the development and use of algorithms and models for research, contribute to AI-ready datasets and encourage multi-disciplinary partnerships.

Harnessing AI: The Bridge to Artificial 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.[78] Bridge2AI generates data sets to identify abnormal changes in the body, make connections between genetic pathways, identify changes in cell shape and function, improve decision-making in critical care settings, and uncover biological processes underlying recovery from illness. This program also produces tools, software, and standards to accelerate the creation of ML/AI-ready data sets and designs training materials and activities for workforce development. A key component of Bridge2AI is bringing together technological and biomedical experts with social scientists to broaden the perspectives in ML/AI research and enable collection and use of data according to robust ethical principles. In 2025, Bridge2AI-funded researchers combined advanced imaging with AI tools to create detailed cell maps to study how proteins interact and function. Using these maps, the research team pinpointed multiple protein assemblies that are often mutated in pediatric cancers and uncovered over 100 new proteins linked to cancer development. These newly identified links provide researchers with valuable new targets to explore in their efforts to slow pediatric cancer progression.[79]

Improving access to clinical trials: A team of NIH researchers harnessed the power of large language models to develop an innovative tool called TrialGPT that streamlines the clinical trial matching process. TrialGPT first processes a patient summary that contains relevant medical and demographic information. It then identifies relevant clinical trials from ClinicalTrials.gov for which a patient is eligible, excluding trials for which they are ineligible. TrialGPT then explains how the person meets the study enrollment criteria. The final output is an annotated list of trials—ranked by relevance and eligibility—that clinicians can use to discuss clinical trial opportunities with their patient.[80] Given promising results, the research team was recently selected for The Director's Challenge Innovation Award to further assess the model's performance and fairness in real-world clinical settings. The researchers anticipate that this work could make clinical trial recruitment more effective and help reduce barriers to participation for diverse populations in clinical research.

Nutrition Research and Human Health

NIH supports research focused on understanding the biological effects of nutrients and food components on various aspects of health. It also supports research to better understand the effects of behavior, socioeconomic factors, and environmental exposures on an individual's nutritional status. Highlights of research in this area include:

[78] bridge2ai.org/
[79] commonfund.nih.gov/bridge2ai/highlights/music-maps-composing-cell-maps-explore-disease
[80] nih.gov/news-events/news-releases/nih-developed-ai-algorithm-matches-potential-volunteers-clinical-trials

Measuring ultra-processed foods (UPFs) in the diet: Self-reported eating patterns in clinical studies are prone to bias and error. Researchers set out to assess if metabolite levels in a participant's blood and urine could indicate the UPFs in a participant's diet. The researchers used a ML algorithm to select metabolites for each specimen type to combine into "poly-metabolite scores." After testing over two weeks of varying diet, the team found that the scores differed significantly between ultra-processed or minimally processed diets, even for the same participant.[81]

Advancing nutrition science through the Food is Medicine Centers of Excellence: NIH is also leading programs to help put nutrition and better health practices into action. The Food is Medicine Centers of Excellence Program is a NIH-wide, nutrition-focused initiative to address the existing gap between nutrition support and clinical care by supporting programs that respond to the critical link between diet and health with the provision of healthy food, as well as having health care organizations as their nexus.

Tackling the Chronic Disease Crisis

Despite significant investment in U.S. health care, our country's health is declining. NIH is continuing its critical work needed to treat chronic diseases, such as cardiovascular disease and diabetes. Examples include:

Identifying the role of sleep in recovery from heart injury: A NIH-funded study found that after heart injury, immune cells called monocytes travel to the brain and trigger a deep sleep that promotes recovery in both mice and humans. By studying mouse brainwaves, they found that immediately after a heart attack, mice spent much more time asleep and had a significant increase in deep sleep, lasting for at least a week. Deep sleep, or slow-wave sleep, is thought to be restorative, helping to strengthen tissues and immune function. The researchers saw similar outcomes in humans. They examined data from about 80 patients with a cardiac condition that reduces blood flow to the heart. People who slept poorly in the following month had twice as many health problems during two years of follow-up as those who had healthy sleep patterns.[82] The results highlight the importance of quality sleep after a heart attack, although more research is needed to understand the underlying processes in humans.

Reducing the risk of diabetes: Current U.S. dietary guidelines recommend no consumption of added sugar from in utero up until age 2. Yet most U.S. children are exposed to added sugar from a very early age. This can include before birth and during breastfeeding through the mother's diet. An NIH-funded research team studied how exposure to sugar in utero and during infancy affects later risk of diabetes and hypertension using a natural experiment: sugar rationing in the United Kingdom during and after World War II. Using data from the UK Biobank, the team looked at health outcomes for more than 60,000 people born between October 1951 and March 1956. Participants were aged 51–66 when last surveyed. Those born in July 1954 or later were conceived after the end of rationing, and thus never experienced sugar rationing, even in utero. The rest experienced rationing to varying extents, ranging from only in utero up to 2 years of age. The researchers found that early life exposure to rationing reduced the risk of diabetes and

[81] nih.gov/news-events/nih-research-matters/measuring-ultra-processed-foods-diet
[82] nih.gov/news-events/nih-research-matters/how-sleep-leads-healing-after-heart-attack

hypertension decades later. Risk declined with longer exposure to rationing, particularly for exposures longer than six months postnatally. People with the longest exposure to rationing had about 35 percent lower diabetes risk and 20 percent lower hypertension risk than people who were never exposed to rationing.[83] The findings suggest that restricting sugar intake during this critical period could have lifelong health benefits.

Research Across the Lifespan

NIH supports research across the human lifespan. This includes research in early life, such as screening newborns for fatal disease; midlife, like women's and maternal health; and late life, to better understand the fundamental reasons why humans age and how a healthy lifespan can be improved and extended.

Improving child and adolescent health: Research on child and adolescent health encompasses biological and behavioral processes that control development, including development of social-emotional health, cognitive development, learning, and physical growth. NIH research programs help support the evidence base for pediatric medicine, through clinical studies in pharmacology, endocrinology, trauma and critical illness, and other aspects of health throughout infancy, childhood, and adolescence. In a recent Adolescent Brain and Cognitive Development (ABCD) Study project, researchers discovered a connection between diet and sleep in children and adolescents. They found that whole grains, green vegetables, and berries were shown to be linked to lower difficulties initiating and maintaining sleep, while sweet pastries, fast food, and butter cream were linked to higher difficulties initiating and maintaining sleep.[84] This research is an another example of how the ABCD study will increase our understanding of environmental, social, genetic, and other biological factors that affect brain and cognitive development and that can enhance or disrupt a young person's mental health and life trajectory.

Addressing maternal health: NIH runs the Incidental Detection of Maternal Neoplasia Through Non-invasive Cell-Free DNA Analysis (IDENTIFY) study,[85] a clinical study that explores how prenatal blood test results for the baby might also detect cancer in the mother. Prenatal blood tests, known as non-invasive prenatal testing, detect freely floating DNA in the bloodstream originating from both the mother and the placenta, which is genetically similar to fetal DNA. Since the tests are highly accurate and only involve a blood draw, they have quickly become routine in pregnancy screening. In some cases, atypical results may arise, though the specific cause for abnormal results may range from a tumor, to autoimmune disease, to blood abnormalities in the pregnant person. Researchers at NIH, via analysis of IDENTIFY participants, have standardized a process wherein abnormal tests may be clarified. Using whole body magnetic resonance imaging (MRI), researchers identified some type of cancer in 48.9 percent of participants with abnormal test results, enabling treatment and improving maternal health. Researchers hope that these results can change medical management of patients who receive abnormal or inconclusive prenatal blood test results that may indicate cancer, ultimately helping clinicians make decisions about their care.[86]

[83] nih.gov/news-events/nih-research-matters/early-life-sugar-intake-affects-chronic-disease-risk
[84] sciencedirect.com/science/article/pii/S2352721825000877?via%3Dihub#bib23
[85] genome.gov/Clinical-Research/Current-NHGRI-Clinical-Studies/IDENTIFY-Study
[86] nih.gov/news-events/news-releases/abnormal-prenatal-blood-test-results-could-indicate-hidden-maternal-cancers

Identifying factors associated with healthy aging:
For humans to live long and healthy lives, it is critical to identify disease early and to understand possible mitigating factors for disease onset and progression. The Baltimore Longitudinal Study of Aging (BLSA) is America's longest-running scientific study of human aging, consisting of volunteers who have made the lifelong commitment to be part of the research. Recently, researchers examined the neurocognitive and plasma proteomic profiles of participants in the BLSA and found that individuals with a more robust immune response to several common viruses exhibited better neurocognitive outcomes, such as lower odds of dementia, improved cognitive performance, and even a preservation of regional brain volumes.[87]

Understanding the Brain
The 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. Accomplishments from this initiative include:

Understanding memory formation: Researchers revealed the structural underpinnings of memory formation across a broad network of neurons in the mouse brain. Using a combination of advanced tools, researchers reconstructed a wiring diagram of neurons involved in learning. This work sheds light on the flexible nature of how memories are made.[88] Understanding this flexibility may help explain why memory and learning processes sometimes go awry, also aiding in better understanding diseases like Alzheimer's and related dementias.

Making a map of the brain: In another BRAIN study, a scientific team unveiled the first complete map of the neural connections of the common fruit fly brain. The map provides a wiring diagram, known as a connectome, and is the largest and most complete connectome of an adult animal ever created, detailing over 50 million connections between more than 130,000 neurons.[89] This work offers critical information about how brains are wired and the signals that underlie healthy brain functions.

Mental Health, Pain, and Addiction Research
Mental illnesses affect tens of millions of people in America each year, but estimates suggest that only half of people with mental illnesses receive treatment. 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. Research highlights include:

Developing new treatments for mental health disorders: NIH-funded researchers created a new version of lysergic acid diethylamide (LSD) to aid in the treatment of psychiatric disease. Psychedelic drugs, like LSD, have shown promise relieving some symptoms of psychiatric diseases, particularly by enabling the growth of new neuronal connections. Researchers have developed a modified form of LSD, termed JRT, that encourages neuronal growth with less hallucinogenic side effects. JRT also showed potential antidepressant effects in an animal model,

[87] pmc.ncbi.nlm.nih.gov/articles/PMC12124368/
[88] nih.gov/news-events/news-releases/study-illuminates-structural-features-memory-formation-cellular-subcellularlevels
[89] nih.gov/news-events/news-releases/researchers-fully-map-neural-connections-fruit-fly-brain

doing so at doses 100-fold lower than ketamine, a drug used for treatment-resistant depression.[90] These results suggest JRT could be a safer alternative to psychedelics for treating neuropsychiatric diseases like schizophrenia.

Developing new pain medications: There also exists a lack of safe and effective treatments for pain, which has been a driver of the national opioid and overdose crisis. The Helping to End Addiction Long-term (HEAL) Initiative, launched by NIH in 2018, supports research to accelerate scientific solutions to the overdose crisis and interventions for opioid use disorder, addiction, and pain management. In one study supported by the HEAL Initiative, researchers have developed a medication that shows promise in treating acute and chronic pain. The drug, known as VIP36, targets the body's cannabinoid receptor type 1 (CB1). It was found to be effective in three different animal models for pain and does not appear to cause the harmful side effects that have frustrated other efforts to target CB1. These results enhance understanding of how to design safer and more effective drugs targeting cannabinoid receptors and are an important step towards developing novel, non-addictive treatments for pain.[91]

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 2027, NIH will continue to make bold investments in novel ideas and enable the scientific workforce with cutting-edge resources and opportunities.

[90] nih.gov/news-events/nih-research-matters/lsd-analogue-treating-psychiatric-diseases
[91] nih.gov/news-events/news-releases/nih-funded-research-team-engineers-new-drug-targeting-pain-sensation-pathway

FUNDING HISTORY (FIVE-YEAR FUNDING TABLE)

Fiscal Year	Amount[1, 2, 3]
2023[4]	$48,186,471,000
2024	$47,862,774,424
2025	$47,506,114,960
2026 Enacted	$48,002,021,000
2027 Budget Request[5]	$42,421,404,534

[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 in the amount of $141,450,000 in FY 2023, $195,753,424 in FY 2024, $119,093,960 in FY 2025, $200,000,000 in FY 2026, and $47,537,534 in the FY 2027 request. Includes NIGMS Program Evaluation financing of $1,412,482,000 in FY 2023 through FY 2025, $1,427,482,000 in FY 2026, and $260,000,000 in the FY 2027 request. Includes CURES Act amounts of $1,085,000,000 in FY 2023, $407,000,000 in FY 2024, $127,000,000 in FY 2025, and $226,000,000 in FY 2026. Includes Advanced Research Projects Agency for Health (ARPA-H) amounts of $1,500,000,000 in FY 2023 through FY 2026, and $945,000,000 in the FY 2027 request.

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

[3] The FY 2027 Budget proposes to relocate NIEHS and NIEHS Superfund from NIH to the Centers for Disease Control and Prevention. Funding levels in this table are displayed comparably and as a result exclude NIEHS and NIEHS Superfund in FY 2023 to FY 2026. For NIEHS and Superfund amounts excluded are $997,014,000 (FY 2023), $993,693,000 (FY 2024 and FY 2025) and $991,079,000 (FY 2026).

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

[5] The Consolidated Appropriations Act, 2026 provides FY 2027 funding of $50,410,959 for mandatory Special Type 1 Diabetes from October 1, 2026 to December 31, 2026, and is reduced by $2,873,425 for Budget Control Act sequestration.

SUMMARY OF REQUEST NARRATIVE

The FY 2027 President's Budget (PB) request provides a program level of $41.5 billion for the National Institutes of Health (NIH), which is $5.0 billion, or 10.8 percent, below the FY 2026 Enacted comparable[92] level of $46.5 billion.

The PB proposes to relocate the National Institute of Environmental Health Sciences (NIEHS) and the related Superfund program to the Centers for Disease Control and Prevention and proposes to eliminate three Institutes and Centers: 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 PB also proposes to consolidate the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) into a new National Institute of Substance Use and Addiction Research (NISUAR).

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 ($41.2 billion in FY 2027); mandatory budget authority provided for type 1 diabetes research ($47.5 million in FY 2027); and Program Evaluation Financing for the National Institute of General Medical Sciences (NIGMS) under Section 241 of the Public Health Service Act ($260.0 million in FY 2027).

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

In FY 2027, the Budget proposes to cap the indirect costs of all research grant awards at no more than 15 percent of total modified direct costs. It also proposes to provide upfront funding for all competing research project grant (RPG) awards to facilitate efficient management of resources across multiple years. This policy continues the transition to increase full funding for RPGs that began in FY 2025. Traditionally, most NIH research grants were awarded for more than one year and funded incrementally; each year's commitment was obligated from that year's appropriation. Under the 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. As an alternative to incremental funding, full funding was provided up front for a limited number of grants and cooperative agreements as appropriate in special circumstances. Completing the transition to upfront funding for all 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. In addition, the Budget reflects the impact of the compensation cap for Title 42 employees of $235,100 annually.

Research Project Grants (RPGs)
The FY 2027 President's Budget provides $24.4 billion for RPGs, which is $2.8 billion less than the FY 2026 Enacted level. This amount would fund 5,145 competing RPGs, or 4,567 fewer than

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

projected in FY 2026. It would also support 24,462 noncompeting RPGs, or 2,724 fewer than projected in FY 2026. Due to the policy to fund all competing RPGs up front, the projected average cost for competing RPG awards in FY 2027 would rise to approximately $1.8 million, an increase of 146 percent from the FY 2026 projected average cost of $720,000.

- **Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) RPGs.** The FY 2027 President's Budget provides $1,136.1 million for SBIR/STTR program grants, which is $143.3 million below the FY 2026 Enacted level. The statutory minimum set-aside requirement of 3.65 percent for NIH-wide SBIR/STTR support is achieved in FY 2027.[93]

Research Centers
The FY 2027 President's Budget provides $2,044.7 million for Research Centers, which is $535.2 million less than the FY 2026 Enacted level. This amount would fund 1,087 grants, 66 fewer than projected in FY 2026. The FY 2027 request for Research Centers includes zero funding for the Clinical Research submechanism line, because of the expected completion of the transition of support for Clinical and Translational Science Awards in the National Center for Advancing Translational Sciences from this submechanism into RPGs. Funding for Research Centers for Minority Institutions is also discontinued as part of the proposed elimination of NIMHD.

Other Research
The FY 2027 President's Budget provides $2,619.2 million for this mechanism, which is $500.2 million less than the FY 2026 Enacted level. This amount would fund 6,669 awards, which is 923 fewer than the number of awards projected in FY 2026.

Training
The FY 2027 President's Budget provides $932.8 million for research training, which is $76.2 million less than the FY 2026 Enacted level. This amount would fund 15,395 Full-Time Trainee Positions (FTTPs), which is 1,211 fewer than projected in FY 2026, and would reflect a freeze in trainee stipends and benefits in FY 2027.

Research & Development (R&D) Contracts
The FY 2027 President's Budget provides $2,805.4 million for R&D contracts, which is $480.9 million less than the FY 2026 Enacted level. The requested amount would fund an estimated 1,888 contracts, or 396 fewer than in FY 2026.

- **SBIR/STTR R&D Contracts.** The FY 2027 President's Budget includes a $32.0 million set-aside within the R&D Contracts mechanism for support of qualified SBIR/STTR contracts.

Intramural Research (IR)
The FY 2027 President's Budget provides $4,636.0 million for IR, which is $280.8 million less than the FY 2026 Enacted level. The request includes an allowance for the annualization of the

[93] The President's Budget assumes reauthorization of the SBIR and STTR program, the authorization for which expired as of September 30, 2025.

January 2026 civilian and military pay raises, the proposed January 2027 military pay raise, and the estimated cost increase in the agency share for health insurance premiums. The IR level also reflects the impact of the compensation cap for Title 42 employees of $235,100 annually.

Research Management and Support (RMS)
The FY 2027 President's Budget provides $2,139.2 million for RMS, which is $240.4 million less than the FY 2026 Enacted level. As with intramural research, the amount covers actual and anticipated pay increases as well as growth in health insurance premiums.

Office of the Director (OD)
The FY 2027 President's Budget provides $2,290.5 million for OD, which is $208.5 million less than the FY 2026 Enacted level.

- **Common Fund (CF)**
  Funding of $515.4 million is allocated for CF-supported programs, which is $57.0 million less than the FY 2026 Enacted level.

- **Office of Research Infrastructure Programs (ORIP)**
  Funding of $285.7 million is allocated for ORIP, which is $22.2 million less than the FY 2026 Enacted level.

- **Other**
  The $1,489.4 million allocated for OD components other than the Common Fund or ORIP is a decrease of $129.3 million from the FY 2026 Enacted level. The request for OD Other includes the termination of extramural construction grants for biomedical research facilities.

Buildings & Facilities (B&F)
The FY 2027 President's Budget provides $380.0 million for infrastructure sustainment projects associated with the B&F program, the same as the FY 2026 Enacted level. This amount includes $350.0 million for NIH's Buildings and Facilities appropriation, and $30.0 million within the appropriation for the National Cancer Institute (NCI) for facility repair and improvement activities at NCI's Frederick, Maryland, facility.

Program Evaluation Financing
The FY 2027 President's Budget provides $260.0 million for Program Evaluation Financing purposes in NIGMS, which is a decrease of $1,167.5 million from the FY 2026 Enacted level. The request adjusts discretionary budget authority for NIGMS so that the overall reduction in NIGMS in FY 2027 is similar to the reductions for other Institutes.

OUTPUTS AND OUTCOMES

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

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 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 2025: Investigators supported by the Somatic Cell Genome Editing program, co-led by the National Center for Advancing Translational Sciences (NCATS), submitted a single patient emergency Investigational New Drug (IND) to treat a baby with a rare metabolic disease using genome editing. In addition, a program within the NCATS-led Bespoke Gene Therapy Consortium received IND clearance from FDA for a gene therapy trial of CMT4J, a rare neurologic disease. Target: Provide the scientific and technical resources needed for the development and submission of at least one IND application for a gene therapy product through activities supported by NCATS-enabled gene therapy clinical platform. (Target Met)	Support the development and submission of at least two IND applications for different gene therapy products.	Receive IND clearance for one first-in-human trial of a gene therapy product resulting from gene therapy programs, and provide public disseminations of findings and best practices in navigating challenges in gene therapy research and development.	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 enrolling 2,400 participants in the Participant Engagement	FY 2025: The PE-CGS Network enrolled 993 participants and sequenced 519 tumors. Target: Enroll an additional 800 participants and sequence an additional 400 tumors lacking sufficient clinical and molecular data. (Target Exceeded)	Enroll an additional 600 participants and sequence an additional 400 tumors lacking sufficient clinical and molecular data.	Sequence an additional 350 tumors lacking sufficient clinical and molecular data.[95]	N/A

[94] The measures' unique identifiers are aligned with the current NIH organizational structure and will be revised following the reorganization proposed in the FY 2027 President's Budget, including the three Institutes and Centers proposed for elimination in the Budget.

[95] The FY 2027 target takes into account cumulative progress made through September 2025 (enrolled 2,519 participants and sequenced 977 tumors). Enrollment targets were achieved by FY 2026 and only the sequencing target remains for FY 2027. The measure is on track to be achieved in FY 2027 and the decrease in tumors sequenced reflects a planned winding down of this activity.

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
and Cancer Genome Sequencing (PE-CGS) Network and sequencing 1,400 tumors from the enrolled patients. (Output)				
SR-NIAAA-001 Advance treatment of alcohol misuse in underage populations by conducting research to inform, develop, refine, or evaluate intervention strategies. (Output)	FY 2025: An ongoing trial is testing implementation of virtually delivered Screening, Brief Intervention, and Referral to Treatment at pediatric primary care clinics to improve early identification and treatment for adolescent alcohol and other drug use and comorbid mental health problems among adolescents. Target: Conduct research to develop and evaluate the effectiveness of mobile and telehealth interventions to address alcohol misuse in underage populations. (Target Met)	Develop and/or evaluate an alcohol treatment intervention to reduce underage alcohol use and associated consequences among populations in greatest need.	Evaluate the effectiveness of an intervention for reducing alcohol misuse among underage populations with comorbid conditions.	N/A
SR-NIAAA-002 By 2025, identify neurobehavioral precursors or consequences of adolescent substance use or other childhood experiences. (Outcome)	FY 2025: NIH-supported researchers are identifying neurobiological mechanisms linking sleep disruption to adolescent alcohol misuse through clinical studies in adolescents, and providing knowledge about the interactions between the circadian sleep system and the stress axis in adolescent alcohol abuse through laboratory studies in animal models. Target: Conduct research to identify or characterize neurobiological mechanisms underlying the relationship between sleep and adolescent alcohol misuse. (Target Met)	Discontinued	Discontinued	N/A
SR-NIAAA-003 By 2025, advance one to two new or repurposed compounds that act on neurobiological targets that may have the potential for treating alcohol or other	FY 2025: NIH completed a Phase 2 clinical trial evaluating oxytocin (a brain hormone associated with positive social behaviors and human interactions) as a treatment for alcohol use disorder, and supported several clinical trials demonstrating that a glucagon-like peptide-1 (hormone that regulates blood sugar	Discontinued	Discontinued	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
substance use disorders. (Outcome)	and food intake) mimicking drug reduces alcohol craving. Target: Evaluate a repurposed candidate compound that acts on a neurobiological target for the treatment of alcohol use disorder in a preclinical and/or clinical study. (Target Met)			
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 2025: Researchers continued evaluating a preventive intervention to reduce alcohol and cannabis use in underage populations, and the use and effectiveness of CollegeAIM in the selection of evidence-based alcohol reduction strategies to inform the implementation of these strategies to reduce risky drinking. Target: 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 abuse and its consequences in underage populations. (Target Met)	Develop and/or evaluate an intervention to prevent or reduce alcohol misuse during major developmental transitions in underage individuals.	Evaluate the effectiveness of a technology-based intervention to prevent or reduce alcohol use among underage populations.	N/A
SR-NIAID-001 By 2026, advance research toward the development of 10 antiviral drug candidates. (Outcome)	FY 2025: NIH-funded researchers advanced the preclinical and clinical development of seven antiviral therapeutic candidates. Target: Advance preclinical or clinical development of one antiviral therapeutic. (Target Exceeded)	Advance preclinical or clinical development of one antiviral therapeutic.	Discontinued	N/A
SR-NIAID-002 Advance research on the prevention and treatment of sexually transmitted infections, including HIV, by developing model systems to understand host-pathogen interactions (how pathogens infect hosts,	FY 2025: NIH-supported researchers refined two models that mimic aspects of disease found in humans. Target: Refine two of the models that best mimic aspects of disease found in humans. (Target Met)	Use the two models to understand aspects of the host-pathogen interaction and the underlying disease.	Identify two new approach methodologies that can be utilized in laboratory environments to better understand interactions between	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
evade immune responses, replicate, and cause disease). (Outcome)			pathogens and human systems.	
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 2025: Nine broadly protective influenza vaccine candidates were evaluated in late preclinical and early clinical studies. The candidate pool was expanded beyond the six candidates reported in FY 2024. Target: Evaluate the four new influenza vaccine candidates or delivery approaches in either preclinical or clinical models. (Target Exceeded)	Discover three additional influenza vaccine candidates or delivery approaches that show protection against multiple influenza viruses.	Evaluate two additional next-generation, universal vaccine platforms in clinical studies.	N/A
SR-NIBIB-001 By 2026, establish a formalized funding pathway for the development, validation, and regulatory review of diagnostic technologies. (Outcome)	FY 2025: NIH supported the development of eight multiplexed tests that include combinations of COVID-19 and flu that received FDA market authorization. NIH also worked with research teams to include respiratory syncytial virus in combination with COVID-19 and flu, three of which are in clinical studies. Target: Submit for FDA authorization or approval two home, point-of-care, or lab-based diagnostics, at least one of which detects multiple pathogens. (Target Exceeded)	Receive FDA authorization or approval for one home, point-of-care, or lab-based diagnostics which detects multiple pathogens.	Discontinued	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
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 U.S. (Output and Outcome)	FY 2025: Researchers, with the help of genome-wide association data and a 3D cell culture model, identified a signaling pathway in a type of immune cell called M2 macrophages as a promising treatment target for endometriosis. Target: Identify in animal, tissue, or other model systems a new approach to the diagnosis or prevention of endometriosis. (Target Met)	Identify an additional new approach to improve the diagnosis, prevention, and/or treatment of endometriosis.	Discontinued	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 2025: The Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone Maternal Health Research Centers of Excellence initiative supported at least three research projects that addressed clinical, social, or behavioral factors associated with maternal morbidity and mortality. Target: 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. (Target Met)	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.	Discontinued	N/A
SR-NIDA-001 By 2026, evaluate the efficacy of new or refined interventions to treat opioid use disorders (OUD).[96] (Output)	FY 2025: Researchers successfully conducted a human validation study of a novel formulation of naloxone; however, it is undergoing further development to comply with FDA requirements. Target: File one New Drug Application with the FDA for a new treatment for OUD. (Target Not Met but Improved)	Conduct a multisite clinical trial of a medication to treat OUD.	To Be Determined	N/A

[96] NIH is planning to extend SR-NIDA-001 beyond FY 2026.

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
SR-NIDA-002 By 2027, advance research on prevention interventions for substance use disorders (SUD). (Output)	FY 2025: Researchers continued preliminary epidemiological studies to inform strategies to prevent substance use among youth and young adults. Target: Continue preliminary epidemiological research to inform a pilot study that will develop novel strategies to prevent substance use among youth and young adults. (Target Met)	Launch a pilot study, informed by epidemiological research, to develop and test an intervention to prevent substance use among youth and young adults.	Continue the pilot study to develop and test an intervention to prevent substance use among 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 outcomes of drug use and identify strategies to address barriers to implementing these services, through research studies and community engagement. (Outcome)	FY 2025: Investigators began analyzing clinical studies data and engaged in discussions with the Helping to End Addiction Long-term (HEAL) Initiative® Data Stewardship Group about future data sharing through the HEAL Data Ecosystem. Target: Begin data analysis for clinical research studies and begin sharing data collected as part of these studies via the HEAL Data Ecosystem, a cloud-based platform for sharing and analyzing data collected through the HEAL Initiative. (Target Not Met but Improved)	Continue data analysis and data sharing activities, and begin dissemination activities to share research findings with the research community and other interest groups.	Continue data analysis and dissemination activities to ensure findings are shared with the research community and other interest groups.	N/A
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 2025: The pilot trial linking MOUD treatment to recovery community centers began recruiting. Investigators published an observational study that informed this trial, and have presented preliminary findings at scientific conferences; however, data sharing via the Helping to End Addiction Long-term (HEAL) Initiative® Data Ecosystem is delayed. Target: Publicly report early results of the pilot studies and disseminate recovery research tools to other researchers via the HEAL Data Ecosystem.	Publicly report final, peer-reviewed results of the pilot studies.	Broadly disseminate key study findings to help strengthen recovery support services for people taking MOUD.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
	(Target Not Met but Improved)			
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 2025: NIH initiated a clinical trial testing the ability of paralyzed individuals to control a speech communication device with their thoughts. Target: Initiate testing one new treatment for a disorder affecting speech. (Target Met)	Discontinued	Discontinued	N/A
SR-NIDCD-002 Support research to improve accessible and affordable hearing health care. (Output)	FY 2025: NIH initiated a new project to identify ways to improve and measure hearing health care outcomes in a variety of settings. Target: Initiate one new project that seeks ways to predict, improve, and/or measure hearing health care outcomes. (Target Met)	Initiate one new project to investigate how to improve delivery of care for people with hearing loss.	Initiate or provide continued support for one project focused on addressing evidence gaps in adult hearing screening.	N/A
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 2025: 235 samples of head and neck cancer have been identified in high-risk populations and subsequently analyzed or sequenced. Target: Identify samples of head and neck cancer in high-risk populations. (Target Met)	Demonstrate progress on the development of novel tools to identify and validate molecular biomarkers for early detection.	Disseminate findings of newly discovered and validated biomarkers for early detection of head and neck cancer.	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 2025: 13 practice-based pilot or small-scale studies were implemented through 10 NIH-supported programs that included dental school faculty and students as investigators. Target: Implement 10 practice-based pilot or small-scale studies through NIH-supported programs that include both dental school faculty and students as investigators. (Target Exceeded)	Complete data analysis of 10 practice-based pilot or small-scale studies.	Increase the percentage of faculty, students, and residents who received practice-based research training.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
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 2025: The Clinical, Imaging, and Endoscopic Outcomes of Children Newly Diagnosed with Crohn's Disease (CAMEO) study enrolled a cumulative total of 400 participants, and the IBD Genetics Consortium enrolled over 4,300 people with IBD. Target: 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 participants into the IBD Genetics Consortium. (Target Exceeded)	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 other biomarker/ predictor) associated with IBD or IBD treatment outcomes from the IBD Genetics Consortium.	Identify two new factors (such as genetic, microbiome, or other biomarker/ predictor) associated with IBD or with IBD treatment outcomes from the CAMEO study or the IBD Genetics Consortium.	N/A
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 2025: Out of 4,338 investigators supported by R01 or the Maximizing Investigator's Research Award (MIRA) /R35 grants, 3,132 were MIRA/R35 investigators (72 percent). This is an increase of 9 percentage points from 63 percent in FY 2024. Target: Expand NIGMS investigator participation in the MIRA program by two percentage points. (Target Exceeded)	Discontinued	Discontinued	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 2025: NIH developed an initiative to expand implementation of prevention and treatment opportunities through pharmacies. Of the 70 applications submitted, 11 were approved for funding. Target: Add one new initiative to study effective interventions and strategies for improving HIV outcomes and HIV implementation outcomes for those in greatest need. (Target Met)	Add one new initiative to leverage cutting-edge advances in multimodal artificial intelligence to accelerate HIV diagnosis, prevention, and treatment.	Add one new initiative to support implementation science efforts that scale up and implement effective interventions and strategies for reducing HIV incidence and improving health outcomes for	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
			people living with HIV.	
SR-NIMHD-001 By 2026, enhance understanding of how five health information technologies can be applied effectively to improve health. (Output)	FY 2025: NIH-funded investigators identified the key barriers and facilitators influencing the adoption of health information technologies for chronic disease self-management. Target: Identify barriers and enhancers to adoption of health information technologies for chronic disease self-management. (Target Met)	Analyze studies to determine the impact of health information technologies on improving health.	Discontinued. NIMHD is proposed for elimination in the President's Budget.	N/A
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)	FY 2025: The Helping to End Addiction Long-term (HEAL) Initiative® completed five clinical trials evaluating the effectiveness of pain interventions that can be implemented in primary and specialty care settings. Target: Complete four clinical trials evaluating the effectiveness of pain interventions that can be implemented in primary and specialty care settings. (Target Exceeded)	Complete three additional clinical trials evaluating the effectiveness of pain interventions that can be implemented in primary and specialty care settings.	Complete five clinical trials evaluating the effectiveness of pain interventions that can be implemented in community-based health care and clinical rehabilitation 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)	FY 2025: The National Institute of Nursing Research (NINR) initiated six projects utilizing community-based research to strengthen community engagement in rural health. Target: Initiate one to two projects that investigate the use of community-based research methodologies to enhance community engagement in rural health research. (Target Exceeded)	Support one to two studies focused on mitigating chronic disease by addressing conditions of daily life, such as community-engaged nutrition interventions.	Support one to two studies focused on childhood chronic disease prevention by addressing conditions of daily life, such as community-based school health interventions that target obesity.	N/A
SR-OSC-001 By 2027, develop a catalogue of genetic variants across multiple human tissues from a broad donor population to better	FY 2025: NIH collected 22 tissues from 53 human donors (73 total collected). 22 tissues from 33 human donors were sequenced. Target: Collect 10-15 tissues from 40	Collect 10 to 15 tissues from 40 additional human donors (100 total collected); from the pool of donors	Collect 10-15 tissues from 40 additional human donors (140 total collected); from the pool of donor	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
understand how much genetic variation (somatic mosaicism) exists within an individual and how this variation influences human health, development, and disease. (Output)	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). (Target Exceeded)	collected, sequence biospecimens from at least 10 tissues from 40 additional human donors (70 total sequenced).	tissues collected, sequence biospecimens from at least 10 tissues from 40 additional human donors (110 total sequenced). Release an expanded, publicly accessible catalogue of somatic genetic variants based on the first 100 donors.	

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

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 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 existing 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 2025: The National Center for Advancing Translational Sciences (NCATS) pivoted from disease-specific tenants to a more cost-effective "Dynamic Workspace" model to better align with the administration's priorities. While disease-specific tenant research was not launched, development of the new flexible architecture is underway to support a broader array of diseases in FY 2026. Target: Demonstrate the ability of the N3C tenant model to support at least one research project in a disease priority area. (Target Not Met but Improved)	Disseminate N3C methodology to the biomedical research community to enable broader adoption of similar approaches for a broad array of diseases, including chronic diseases.	Discontinued	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
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)	FY 2025: A clinical protocol was established, but not yet submitted to the Institutional Review Board for approval. Target: Establish a clinical protocol to enroll participants and submit it to the Institutional Review Board for approval. (Target Not Met but Improved)	Recruit individuals with CVI to participate in the CVI participant registry by partnering with at least three clinical sites.	Enroll 30 participants into the CVI research registry.	N/A
RC-NIDDK-001 Foster a robust workforce in kidney, urologic, hematologic, diabetes, obesity, and/or nutrition research by administering career development programs that provide mentorship, networking, and collaboration opportunities to researchers at different career stages. (Output)	FY 2025: The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) administered three career development programs that provide mentorship to researchers as various career stages. Target: Administer three career development programs. (Target Met)	Administer three career development programs.	Administer three career development programs.	N/A
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 2025: 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 900 and 940.	Sustain the yearly number of undergraduate mentored research experiences between 900 and 940.	N/A
RC-NIMH-001 To advance research on brain and behavior, collect and distribute human tissue samples and associated molecular and genomic	FY 2025: Brain tissue from 55 new donors was obtained. Samples were distributed to 37 investigators. Target: Collect brain tissue from an additional 30 new donors and distribute tissue samples or data	Collect brain tissue from an additional 20 new donors and distribute tissue samples or data derived from	Collect brain tissue from an additional 20 new donors and distribute tissue samples or data derived from	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
data to the scientific community. (Output)	derived from tissue to 20 researchers studying mental or neurological disorders. (Target Exceeded)	tissue to 20 researchers studying mental or neurological disorders.	tissue to 20 researchers studying mental or neurological disorders.	
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 NIH clinical research. (Output and Outcome)	FY 2025: The UDN developed, tested, and implemented at least five complementary tools and strategies that streamline workflows, reduce burden and cost, and enhance the diagnostic yield across the Network. Target: Develop and test two new tools or strategies that increase the efficiency and cost-effectiveness of the Network's clinical evaluation. (Target Exceeded)	Establish partnerships with local organizations across 50 percent of UDN clinical sites to increase awareness in rare/undiagnosed diseases.	Develop and implement at least one new strategy or method, in partnership with local organizations, to increase the capacity of the UDN.	N/A
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 2025: The Multimodal AI Initiative has developed five innovative multimodal AI models to advance biomedical research discoveries. Target: Develop three multimodal AI technologies for advancing biomedical research discoveries. (Target Exceeded)	Demonstrate the feasibility of two multimodal AI technologies to generate patient-specific treatment options to advance biomedical research discoveries in a research setting.	Disseminate two multimodal AI models and associated documentation and code to the research community.	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 2025: NIH supported over 40 research projects that address chronic disease or improve health care and outcomes by harnessing responsible development and application of AI and through partnerships with academic institutions, healthcare providers and non-profits. Target: 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.	Launch two demonstration projects to advance the innovative use of AI in health research or healthcare settings.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
	(Target Met)			
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 2025: NIH-funded predoctoral trainees and fellows in biomedical and behavioral sciences were 15.7 percentage points more likely to remain active in biomedical science research than those individuals in non-NRSA related training and fellowship programs. Target: 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-NRSA trainees and fellows. (Target Exceeded)	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.	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
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 2025: NIH-funded postdoctoral fellows were 18.3 percentage points more likely to remain active in biomedical and behavioral science research than non-NIH fellows. Target: 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. (Target Exceeded)	Former postdoctoral fellows who received a 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 2025: The NIH's Shared Instrumentation Grant (S10) Program awarded 121 grants in FY 2023. Of the 121 grant awards, 105 instruments (87 percent) were installed within 24 months of the Notice of Award date. Target: Verify 75 percent of awarded state-of-the-art instruments are installed at NIH-supported research	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 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.[97]	N/A

[97] The FY 2027 target reflects anticipated delays due to sustained supply chain issues that affect installation of research instruments.

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
	institutions across the nation 24 months after award is made. (Target Exceeded)			

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[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
OS-NBS-001 Provide an integrated enterprise business solution for NIH that meets the unique needs of the world's largest funder of biomedical research. (Output)	FY 2025: The Office of NIH Business Systems successfully transitioned from the outdated TIBCO Integration Platform to Oracle's Service-Oriented Architecture microservices platform. Target: Implement Microservices Architecture to standardize, secure, and support real time integration within the NIH Business System Cloud IT portfolio. (Target Met)	Transition NIH to the new HHS travel system (ETSNext), without interrupting staff's ability to schedule official travel supporting the NIH mission.	Transition the internal NIH Buy/Sell interagency agreement to G-Invoicing to meet a Department of Treasury mandate.	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)	FY 2025: NIH established multiple intra-agency partnerships and expanded the scope of a strategic partnership with the CDC and FDA, creating seven new funding initiatives to accelerate the development of technology-based biomedical innovations. Target: Establish new partnerships that release one new funding mechanism (challenge, solicitation, grant, etc.) to accelerate the development of technology-based biomedical innovations. (Target Exceeded)	Support up to five grants, contracts, or awards for biomedical technology innovations through partnerships.	Submit for FDA authorization or approval two technologies resulting from partnerships.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
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 (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)	FY 2025: The National Center for Engagement in Diabetes Research offered 46 services, including 5 community engagement sessions and 82 research consultations, to advance type 2 diabetes research. Target: Complete two community engagement sessions and seven scientific research consultations on partnership development and engagement methods with community members to advance type 2 diabetes research. (Target Exceeded)	Complete four community engagement sessions and eight scientific research consultations on partnership development and engagement methods with community members to advance type 2 diabetes research.	Complete four community engagement sessions and eight scientific research consultations on partnership development and engagement methods with community members to advance type 2 diabetes research.	N/A
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 2025: The National Institute of Neurological Disorders and Stroke (NINDS) engaged in at least 332 interactions with PWLE through a variety of avenues. This includes the NINDS Non-Profit Forum, involvement of PWLEs in the Helping to End Addiction Long-term Initiative®, and programmatic amyotrophic lateral sclerosis meetings and focus groups. Target: 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. (Target Exceeded)	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.	Engage in at least 55 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 greater understanding of HIV research at the NIH and to enable researchers and the public to identify	FY 2025: OAR improved the usability of the NIH OAR Data Hub based on customer input. The landing page was restructured for easier navigation, the guidance material was displayed more prominently for user convenience, and the data notes were clarified to support better user interpretation of data resources.	Increase the number of total annual visitors to the NIH OAR Data Hub by 10 percent compared to FY 2024 baseline.	Discontinued	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
awards relevant to their specific interests. (Output)	Target: Improve the NIH OAR Data Hub in three ways (e.g., updates or new features) informed by feedback from the HIV community. (Target Met)			
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)	FY 2025: NIH successfully launched an evaluation module from START, providing a new resource to all NIH staff. Target: Launch a new module from START to assist NIH staff with evaluation planning and conduct. (Target Met)	Launch a new module from START to assist NIH staff with performance monitoring or risk management.	Integrate artificial intelligence capabilities within select START modules.	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 2025: The impact of changes to the qualification requirements for the Scientist Administrator positions could not be evaluated due to the hiring freeze. However, NIH finalized the qualification requirements after obtaining input from over 100 subject matter experts and adding eligible occupational series to better accommodate the diverse functions performed by Scientist Administrators. Target: 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. (Target Not Met but Improved)	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.	Assess the results of the implementation of the Merit Hiring Plan/Chance to Compete efforts to date.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
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 2025: Twenty-five percent of Principal Investigators were reviewed, resulting in $7,151,754 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 2025: The NIH B&F portfolio expanded to 55 active projects. Four projects were completed during the fiscal year at the final approved cost, while the remaining projects remain ongoing. Target: 27 Active Projects (Target Not Met but Improved)	30 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 2025: The NIH B&F project portfolio expanded to 55 active projects due to the availability of funds. Four projects were completed at the final approved cost, while design and construction of the remaining projects continued. NIH effectively managed the portfolio, with fewer than 10 percent of projects experiencing approved scope adjustments exceeding 10 percent. Target: 27 Active Projects (Target Met)	30 Active Projects	30 Active Projects	N/A
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-	FY 2025: The usable square footage of rentable office and warehouse space was reduced by one percent. Target: Reduce the usable square feet identified in FY 2024 by one percent. (Target Met)	Reduce the usable square feet identified in FY 2025 by one percent.	Reduce the usable square feet identified in FY 2026 by one percent.	N/A

Measure[94]	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
12-12, Promoting Efficient Spending to Support Agency Operations. (Output and Efficiency)				

GRANT AWARDS TABLE

	FY 2025 Final[3,a,b,A]	FY 2026 Enacted[3,a,b,A]	FY 2027 President's Budget[a,b,A]
Number of Awards	48,508	47,356	38,918
Average Award (in Whole $s)	$675,230	$694,886	$747,435
Range of Awards (in Whole $s)[1,2]	$1,000 to $52,660,898	$1,000 to $54,193,861	$1,000 to $137,474,840

[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] For FY 2026, the maximum award cost is projected to grow at the same rate as the average cost of the "Total Research Projects" awards. In FY 2027, it is expected to increase substantially due to the requirement that all competing awards be fully obligated in their first year. The projected year-over-year changes for FY 2025, FY 2026, and FY 2027 are -3.9%, 2.9%, and 153.7%, respectively.

[A] Figures do not include NIEHS, for comparability with the proposed reorganization of NIEHS from NIH to the Centers for Disease Control and Prevention.