April 15, 2026

Dear Member of Congress:

The Infectious Diseases Society of America (IDSA) and HIV Medicine Association (HIVMA) are deeply grateful for the longstanding bipartisan support from Congress for the National Institutes of Health (NIH). We want to inform you of current and likely impacts of delays and changes in funding policies and procedures for NIH grants.

Our concerns relate to the following areas within NIH:

- Massive reduction in notice of funding opportunities
- Delays in funding processes and inadequate capacity to administer grants
- Increase in forward funding of multiyear awards in year one
- Delays and potential lapses in funding for large clinical trial networks and clinical trial units
- Lack of transparency around permitted international collaborative partners for research projects
- Disproportionate impact of grant terminations on vulnerable populations, especially women and people of color

These issues, in addition to the proposed 12% cut for NIH in the FY 2027 president's budget, reduce support for infectious diseases (ID) and HIV research and early-career ID and HIV physician-scientists. This will slow and curtail cutting-edge research in preventing and treating infectious diseases on which public health depends. Collectively, this will impact local and national economic stability and growth. **We implore you to conduct robust oversight of NIH and protect our nation's biomedical research infrastructure.**

Delays in funding processes and inadequate capacity to administer grants

According to a recent American Association of Medical Colleges analysis, NIH obligated 34% less funding as of March 20, 2026 than at the same point in FY 2024. The agency has awarded 63% fewer grants this fiscal year than the five-year average awarded by this date.[1] Recent reductions in NIH staff capacity have severely slowed both grant review processes and release of funds. For example, job cuts to communications staff at the National Institute of Allergy and Infectious Diseases have prevented or delayed dissemination of information for grant application guidance and notices of awards. Grant applications have been administratively withdrawn due to noncompliance with policies that are not effectively communicated to the scientific community, setting back research

Infectious Diseases Society of America (IDSA)
HIV Medicine Association (HIVMA)
4040 Wilson Blvd.
Suite 300
Arlington, VA 22203

info@idsociety.org
703.299.0200
idsociety.org | hivma.org

projects at least four months for the next grant applications cycle. New requirements for political appointee review have further delayed and, in some cases, overridden decisions by NIH career staff.[2] At a March 2026 House Labor-HHS-Education Appropriations Subcommittee hearing, NIH Director Jay Bhattacharya, MD, PhD, made assurances that bottlenecks in grants disbursement were a result of last year's government shutdown and would soon be resolved. **To ensure this happens, robust congressional oversight is needed so that funding is allocated as lawmakers intended**.

Reduction in notice of funding opportunities

Analysis has shown a marked decline in NIH notice of funding opportunities (NOFOs). NIH has released just 84 NOFOs since the beginning of the Trump Administration, including only 14 this year, compared to 787 NOFOs in 2024.[3, 4] This reduction has hit the field of infectious diseases especially hard.

NOFOs are used to identify promising science and emerging challenges and opportunities that need study and are not likely to be adequately addressed through other NIH mechanisms. The decline in use of NOFOs makes the agency less able to address chronic health issues, develop novel therapies for infectious diseases, and provide necessary training for biomedical scientists and research physicians. This also results in the agency being less nimble in addressing emerging issues that may threaten the health of Americans. In addition, the decline decreases transparency and accountability regarding areas of research that are being prioritized.

To illustrate the types of research we are losing due to the drastic reduction in NOFOs, the following are examples of NOFO topics issued from 2022 to 2024:

- Emerging infectious diseases, including pathogenesis, host response and development of antivirals, monoclonal antibodies, diagnostics and vaccines
- Biodefense research, including high-consequence pathogens and mass exposure events
- HIV, including prevention, cure and treatment; vaccines; prevention; and long-acting therapeutics
- Antimicrobial resistance, including novel drug and diagnostic discovery and host-pathogen interaction
- Microbiome research
- Diagnostics and therapeutics for fungal infections
- Data science and modeling, including the use of AI
- Clinical trial infrastructure, specimen repositories and data platforms

Increase in forward funding, resulting in fewer grants overall

The FY 2026 and FY 2027 president's budget proposal aims to fully fund upfront all research project grants instead of funding grants one year at a time.

The widespread use of this funding policy leads to:

- Unfunded promising research proposals delaying biomedical advances and cures
- Reduced support for early-career researchers
- Decreased chances of securing an NIH grant (i.e., lower success rates)
- Weakened accountability and oversight of federal investments

This results in significantly fewer grants overall and a concentration of funding to established investigators, reducing the pool for first-time applicants and young investigators.

Delays and potential lapse in funding for large clinical trial networks and clinical trial units

For decades, NIH has invested in clinical trial networks and local units that provide critical research infrastructure to implement high-priority clinical research in response to national public health challenges, including HIV/AIDS, anthrax, H1N1 influenza, Ebola, Zika and COVID-19. Valuable networks and clinical trials units are facing a funding cliff because new NOFOs have not been released, and their current funding ends within the next six to 18 months. **A lapse in funding will destabilize existing research infrastructure and staffing, compromise promising discoveries, limit emergency preparedness, and have serious clinical and economic consequences at the study sites.** Funding delays also endanger the well-being of trial participants and limit innovation and advances. Moreover, these lapses and delays will deprive altruistic participants of continued planned treatment with investigational therapies that might alleviate or cure their illness and erode their trust in scientific agencies such as NIH.

Lack of transparency around permitted international collaborative partnerships

A critical but underappreciated consequence of recent changes to NIH staffing and funding policies is the absence of clear, consistent guidance on which international collaboration partnerships remain permissible and how investigators should propose and budget for them in grant applications.

For physician-scientists conducting research on diseases of global importance (including tuberculosis, HIV and emerging infectious diseases), international partnerships are essential to science. Access to patient cohorts, biological samples and clinical infrastructure in high-burden settings cannot be replicated domestically, and the loss of these collaborations would set back vaccine development and translational research by years or decades. Yet investigators currently lack authoritative guidance on whether and how to include international collaborative partners in new and competing renewal applications, leaving program officers, grants management staff and applicants to navigate conflicting signals from different NIH institutes and study sections. This uncertainty is already causing investigators to omit scientifically necessary international components from applications that would otherwise strengthen their research. **We respectfully urge Congress to urge NIH to issue clear, unified and publicly available guidance on permissible international collaborative partners and the mechanisms by which they may be proposed and funded, so that investigators can plan their research programs with confidence and without fear that procedural ambiguity will jeopardize their research.**

Disproportionate impact of grant terminations on women and people of color

Women and scientists from minority groups have been disproportionately impacted by grant terminations at NIH over the past year.[5] Many of the researchers who lost funding were earlier in their careers, reducing the pipeline of physician-scientists. NIH grants to early-career physician-scientists dropped last year to the lowest level in a decade.[6]

We request that you urge the Administration to fully resume standard funding procedures at NIH so that critical infectious diseases research and training may proceed without further delay. We oppose cuts to NIH funding and urge that any changes to NIH operations or funding include a robust congressional process with meaningful opportunities for researchers, clinicians, patients and the public to provide input.

Sincerely,

Ronald G. Nahass, MD, MHCM, FIDSA
President, IDSA

Anna K. Person, MD, FIDSA
Chair, HIVMA

---

[1] AAMC. Tracking NIH Awards in FY 2026. Accessed from https://www.aamc.org/about-us/mission-areas/biomedical-research/publication/tracking-nih-awards-fy-2026 on March 27, 2026.
[2] KFF Health News. Changes at NIH Give Political Appointees Greater Power to Fund or Block Research. Accessed from https://kffhealthnews.org/news/article/nih-grants-trump-political-appointees-agenda-alignment-peer-review/ on March 27, 2026.
[3] Elizabeth Ginexi Substack. I Wrote Research Funding Announcements for NIH for 22 Years. This Year They've Published 14. Accessed from https://elizabethginexi.substack.com/p/i-wrote-research-funding-announcements on March 27, 2026.
[4] Science. Delays in awards and funding calls worry NIH-funded researchers. Accessed from https://www.science.org/content/article/delays-grant-awards-and-funding-calls-worry-nih-researchers on April 2, 2026.
[5] D.F.M. Oliveira, Q. Huang, T.K. Woodruff, & B. Uzzi, How the 2025 NIH grant terminations varied by researchers' demographic groups, Proc. Natl. Acad. Sci. U.S.A. 123 (13) e2527755123. Accessed from https://doi.org/10.1073/pnas.2527755123 on April 1, 2026.
[6] STAT. NIH shut out hundreds of young scientists from funding to start their own labs. Accessed from https://www.statnews.com/2025/12/08/trump-nih-cuts-impacts-next-gen-researchers-american-science-shattered-series/ on April 13, 2026.