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MEMORANDUM

To:	Division of Program Coordination, Planning, and Strategic Initiatives, National Institutes of Health
From:	Lizbet Boroughs, MSPH, Senior Associate Vice President of Government Relations and Public Policy, Association of American Universities (AAU)
Date:	May 26, 2026
Re:	Request for Information: *Framework for the New NIH-Wide Strategic Plan for Fiscal Years 2027–2031*
Via:	https://rfi.grants.nih.gov/?s=6998c3a23eb404a3e80e8212

The Association of American Universities (AAU) appreciates the opportunity to respond to the Request for Information: Framework for the New NIH-Wide Strategic Plan for Fiscal Years 2027-2031.

Founded in 1900, AAU represents America's leading research universities. AAU's 69 research universities in the United States transform lives through education, research, and innovation. Research universities, including AAU's member institutions, have a long-standing partnership with the federal government to advance science and technology in the national interest. This partnership, which has roots going back to World War II, has been central to facilitating U.S. global leadership in science and technology.

Priority 1: Research Areas

Advance Foundational Knowledge of Human Health and Disease

NIH should continue to support basic discovery science through clinical translation and underpin this with critical workforce investments. Long-term investments are essential preconditions for the breakthroughs that improve human health and drive economic growth.

Discovery Pipeline

To sustain a strong discovery pipeline, we urge NIH to preserve the funding balance between foundational research and clinical translation — approximately 60/40 — and to guide it by rigorous scientific merit review. This ratio reflects decades of institutional learning; disrupting it in favor of near-term application would deplete the reservoir of foundational science on which all future translation and U.S. biomedical leadership depends. NIH should support research that complements U.S. industry research, not duplicates it. Industry cannot sustain the long-horizon, open-ended foundational research from which all downstream innovation flows.

Research Across Populations

NIH studies must assess factors and outcomes across multiple populations. Studying different populations is a scientific imperative, as biological variation across groups frequently reveals mechanisms, risk factors, and treatment responses that would otherwise go undetected.

Prevent Disease and Promote Health Across the Lifespan

A lifespan approach to all NIH research is essential to preventing disease and promoting health. Many of the most burdensome conditions — including cardiovascular disease, neurodegeneration, and cancer — have preclinical phases spanning decades, with biological and behavioral determinants of adult disease frequently rooted in childhood.

A persistent structural barrier is the pediatric-to-adult gap in patient follow-up; care transitions frequently lead to longitudinal data loss and discontinuity within research cohorts. NIH's Institutes should explicitly integrate lifespan frameworks into research priorities, funding announcements, and review criteria, to avoid age-siloed research portfolios.

AAU supports NIH's efforts to invest in solution-focused health equity and population health science, including prevention research and behavioral studies on implementation and adherence. These approaches complement advances in drugs and other interventions that improve health outcomes.

Advance and Optimize Interventions, Treatments, and Cures

To advance and optimize interventions, treatments, and cures, NIH should sustain its support for Clinical Trial Networks. These crucial networks require predictable, long-term funding to recruit and retain participant cohorts, maintain site infrastructure, and produce the longitudinal data necessary to evaluate treatment efficacy and safety across populations. Unpredictable funding cycles disrupt ongoing trials, waste prior investments, and delay patient delivery of proven interventions.

International collaboration and global health research have proven essential for accelerating scientific progress and addressing significant global health challenges. Sharing data, biological samples, and methodologies across borders strengthens research by expanding sample sizes, increasing statistical power, and capturing how health challenges and outcomes are shaped by contexts that no single nation can replicate alone.

NIH should protect and reinvest in these partnerships as a force multiplier for U.S.-funded science.

NIH should continue to support scientifically necessary preclinical tools, including nonhuman primate (NHP) research, which remains irreplaceable for studying complex neurological and infectious disease processes. NIH should limit full animal model replacements to instances in which validated novel alternative models (NAMs) have been rigorously demonstrated to perform equally to established animal models at predicting human biological responses. Premature replacement of validated preclinical tools risks introducing uncertainty into the drug development pipeline and could ultimately delay or derail treatments that would otherwise reach patients safely and effectively.

Priority 2: Research Capacity

Develop and Sustain an Interdisciplinary Research Workforce

NIH must continue to prioritize workforce development as a core strategic investment, not an ancillary program. Emerging scientific challenges require researchers with interdisciplinary expertise that spans the traditional boundaries of biology, data science, engineering, social science, and clinical medicine. NIH should prioritize funding mechanisms that explicitly support interdisciplinary training and facilitate career transitions across fields.

A strong research workforce also requires sustained investment in scientists from a wide variety of backgrounds. To sustain and rebuild this pipeline, NIH should consider restoring funding mechanisms and cohort development programs that support researchers at critical early career stages.

NIH plays an irreplaceable role in supporting the training of future researchers through institutional training grant mechanisms and individual fellowships for graduate students and postdoctoral scholars. AAU urges NIH to ensure that future T-32 training grant awards are processed in a timely manner, as funding lapses disrupt program continuity and institutional capacity to recruit the next generation of scientists.

NIH should continue to align itself with the goals of the NIH ACD Working Group on Re-envisioning NIH-Supported Postdoctoral Training by supporting mentorship as a formal, valued component of the research enterprise. Mid-career and established investigators are essential to the development of early-career scientists, but recent funding changes have reduced incentives for mentorship.

Build, improve, and sustain research resources and infrastructure

Many programs that supported the next generation of researchers, particularly in under-resourced regions, have been reduced or eliminated. NIH should restore these programs and mechanisms and explicitly commit to protecting and strengthening shared research infrastructure, including Regional Biocontainment Labs, National Primate Research Centers, and other animal research and care facilities. Any changes should be supported by scientific evidence and developed through transparent consultation with the research community.

NIH must continue to support research infrastructure with a strong emphasis on data use, protection, harmonization, and interoperability, drawing on models such as the Adolescent Brain Cognitive Development study to integrate

diverse data types across large populations and enable collaboration. This includes providing sustained support for large, well-curated datasets, stable repositories with clear stewardship and interoperability standards, and high-performance computing infrastructure to support data-intensive and AI-enabled research. Support for repositories is necessary as guidance on data utilization and security measures continue to evolve.

Centers of Excellence, such as the Alzheimer's Disease Research Centers, Autoimmunity Centers of Excellence, and other research networks, are essential for multisite studies, translation, and infrastructure development. NIH should ensure continuity and stability in these programs through timely renewals and extensions of expiring Program Announcements with special Review considerations (PARs) until successor funding mechanisms are in place, rather than shifting complex activities to formats not designed to capture their full scope. The expiration of Parent Announcements without timely replacements of Notices of Funding Opportunity (NOFOs) has created unnecessary confusion. NIH should prioritize timely NOFOs to improve its communication with patient advocacy organizations and the research community. Further, AAU recommends that NIH improve tracking of subrecipients in public reporting tools to more accurately reflect how research capacity and expertise diffuse across institutions and regions.

Priority 3: Research Operations

Enhance scientific stewardship and decision-making

Scientific merit should remain the primary basis for NIH funding decisions, even as the Unified Funding Strategy considers portfolio balance and other factors. Scientific merit must be the strongest criterion for identifying research that represents the best investment of NIH funds. To safeguard taxpayer investments in NIH-funded research, funding proposals must be rigorously evaluated for scientific merit by independent peer reviewers with specialized scientific expertise.

While AAU supports research capacity-building programs such as the Institutional Development Award (IDeA) and forecasted Centers of Biomedical Research Excellence for states with historically low levels of NIH funding, it is critical that funding decisions within these programs be competitive within the designated regions and that awards be based on the scientific merit of proposals and not political or other considerations.

NIH should continue its engagement with the research community to consider stakeholder recommendations to reduce administrative burdens accumulated over decades of expanding reporting requirements. AAU recommends eliminating regulatory inconsistencies and duplicative reporting requirements while also fine-tuning research security requirements calibrated to risk. AAU appreciates NIH's engagement of the research community through Requests for Information, webinars, listening sessions, and Advisory Council meetings. We encourage the continued use of these forums, along with the development of timely FAQs, to support the rapid and effective implementation of new policies. We encourage NIH to implement specific applicable recommendations in the 2025 National Academies of Sciences, Engineering, and Medicine report on "*Simplifying Research Regulations and Policies: Optimizing American Science.*"

AAU requests that NIH improve consistency and harmonization of policy requirements, interpretation, and enforcement across Institutes, Centers, and Offices, and, where possible, across federal research agencies more broadly. For example, existing harmonization efforts at the National Science Foundation and the White House Office of Science and Technology Policy regarding research security include the use of common disclosure forms. We continue to urge harmonization of other regulations across research agencies—not only those pertaining to research security, but also other areas.

Foster transparency and accountability to improve public trust in science

Effective stewardship depends on clear communication among NIH leadership, program staff, the research community, patient organizations, and the public, as well as predictable, efficient funding processes. To further strengthen transparency and trust, NIH should clearly communicate the evaluation criteria used in award decisions, including criteria to select awards for multi-year funding, programmatic priorities, and portfolio considerations. NIH should also devote additional strategic attention to ensuring adequate staffing across all NIH functions, including communications and program management staff, with a particular focus on filling and sustaining key leadership positions.

AAU looks forward to our continued engagement with NIH on these issues. Should you have questions about these comments, please contact Lizbet.Boroughs@aau.edu.