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September 19, 2026

Dr. Jay Bhattacharya, M.D., Ph.D
National Institutes of Health – Office of the Director
9000 Rockville Pike,
Bethesda, MD 20892

*Re: National Institutes of Allergy and Infectious Diseases Federal Register Notice
2026-17685*

Dear Dr. Bhattacharya,

On behalf of AVAC, we thank leadership of the National Institutes of Health (NIH) for the opportunity to submit this comment regarding the proposed reorganization of the National Institutes of Allergy and Infectious Diseases (NIAID) in *Federal Register Notice 2026-17685*. AVAC is an international non-profit organization that leverages its independent voice and global partnerships to accelerate ethical development and equitable delivery of effective HIV prevention options, as part of a comprehensive and integrated pathway to global health equity.

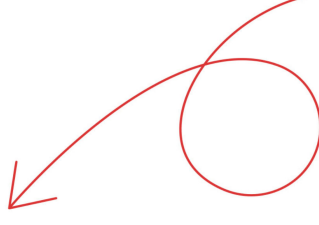
NIAID has for decades supported and advanced prevention and treatment research that has improved the lives of people living with HIV and affected by HIV. AVAC is gravely concerned that NIH's hasty actions to reorganize NIAID are threatening the incredible progress that has been achieved toward HIV treatment and prevention as well as potentially putting lives at risk.

We strongly encourage NIAID to address and prioritize the following concerns:

- *Dismantling a currently unified trial oversight and support system:* The Division of Clinical Research has provided Institute-wide support for biostatistics, clinical research operations, and regulatory support for two decades. Redistributing these functions across multiple offices and divisions is not only less efficient but will also likely: generate siloes and fragment support functions, increase administrative friction, and create inconsistent standards for managing already complex HIV clinical trials. Additionally, disruptions to the clinical trial networks (ACTG, HPTN, HVTN and IMPAACT) would further dilute the centralized expertise that drives compliance, trial safety, and protocol standardization.
- *Disruptions to trial site readiness and impacts on community engagement:* Managing specialized research partnerships with international institutions requires both technical expertise and relationships across a complex network of parties and entities. Shifting some of the global research functions into the Division of Intramural Research (DIR) risks disrupting both ongoing and future trials. Proper community engagement and, more specifically, Good Participatory Practice (GPP) are essential for HIV research.



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The proposed reorganization does not provide sufficient detail to understand if DIR has the necessary personnel or expertise to manage these activities.

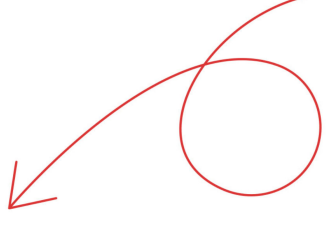
- *Delays in funding and clinical trials:* Recently there have been major delays in the release of the notice of funding opportunities (NOFO) for NIAID's flagship HIV clinical trials networks and the Centers for AIDS Research (CFARs). Collectively, these programs have saved millions of lives over the last several decades and advanced some of the most important scientific discoveries and implementation science advances. Delays in the release of the NOFOs are forcing clinical trial sites to prepare for lapses in funding that could harm study participants, halt promising clinical trials, and erode the scientific workforce and infrastructure that has taken decades to develop. NIAID has supported critical research leading to the development of highly effective and innovative medications and other interventions to prevent and treat HIV, as well as a range of co-morbidities. These successes would not have been possible without the Institute's long-standing partnerships with the HIV community and the important work of the highly productive HIV clinical trial networks and CFARs.

We also note that the public comment window for this restructure is remarkably and uncharacteristically narrow, coupled with minimal detail provided beyond the DCR reorganization chart. This severely limits community stakeholders' input and ability to meaningfully evaluate the proposed changes and offer feedback on how they might affect future clinical research. Meaningful community input, most especially from people living with and affected by HIV, is a cornerstone of ethical research and a critical feature of the history of success in the overall HIV research portfolio at NIH and NIAID.

NIH must continue to lead with transparency and maintain strong community partnerships, engagement and trust to achieve the goal of ending the HIV epidemic, here and abroad. NIH must also ensure changes to the Institute do not undermine or diminish the research capacity and leadership that was built over decades with bipartisan congressional support.

We urge NIH to withdraw the NIAID organization proposal, provide more details and allow sufficient time, e.g., at least 90 days for comment, and, in addition, offer meaningful opportunities for community engagement, e.g., virtual consultation sessions and the opportunity to meet with community stakeholders and partners to glean better understanding of the implications and justifications taken into account for this proposed reorganization to proceed.

We also respectfully urge NIH to resolve ongoing issues and ensure the immediate release of the NOFOs for the HIV Clinical Trial Networks and the CFARs to further mitigate the destabilization of the HIV research enterprise, amidst these changes occurring at NIAID.



In summary, we strongly encourage NIH leadership to meaningfully consider these and many allied community recommendations on the proposed restructuring. Should you have any questions regarding our comment, please reach out to Jennifer Maple, Senior Advisor for Federal Policy at jmaple@avac.org or Suraj Madoori, Director of Policy Advocacy at suraj@avac.org. Thank you.



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