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October 22, 2026

Dr. Geri R. Donenberg, Ph.D
National Institutes of Health – Office of AIDS Research
9000 Rockville Pike
Bethesda, Maryland
20892

Re: AVAC Comment to the Office of AIDS Research Advisory Council (OARAC)

Dear Dr. Donenberg and the Office of AIDS Research Advisory Council,

On behalf of all of us at AVAC, we thank you for the opportunity to submit this comment for the October 22, 2026 OARAC meeting. This comment serves to draw the council's attention to several critical issues facing the federally-funded HIV/AIDS research and development portfolio that threaten the outlook and trajectory of NIH's success in delivering innovative prevention and treatment options for the U.S. and the world. 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.

Threats to the Clinical Trials Networks

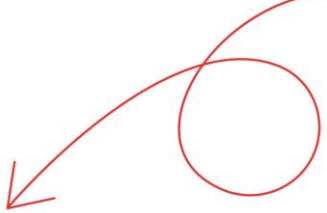
As an organization that works to accelerate the development and delivery of innovative prevention and treatment options, we affirm that the Clinical Trials Networks (CTNs) have been critical partners in ensuring research and development and the resulting interventions for over three decades. Now, the CTNs' ability to continue producing high-quality, community-led science to inform future interventions is threatened as Notice of Funding Opportunities (NOFO) for the CTNs have yet to be released with notable deadlines passing. A months-long delay in the NOFO release threatens to curtail the ongoing clinical trials and simultaneously risks the design and implementation of future research.

For decades, the CTNs have been the heart of NIH's HIV R&D portfolio by undergirding and catalyzing cutting-edge research and exchange of science towards HIV treatment and prevention, as well as a range of co-morbidities and emerging pathogens. Investments into the CTN have resulted not only in numerous HIV treatment and prevention options being used by people living with and vulnerable to HIV today, but are central to the development of other medical countermeasures for tuberculosis (TB) and COVID-19. The cross-disease benefits necessitate the need for the CTNs to continue to be well-resourced and supported, as a core component of our nation's pandemic preparedness and global health security strategy.

The longer the delay in releasing the NOFOs, the more the damage will compound and threaten the outlook of reaching the goal of ending the HIV epidemic everywhere. Clinical trials cannot be simply "turned on and off". CTN researchers are forced to make difficult decisions on budgeting and enrollment that are often linked with predictable and reliable



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funding flows. Should barriers continue to persist in the release of NOFOs, it will be more difficult to get research back online and will also have a chilling effect on the larger NIH research enterprise. We respectfully urge the council to do everything in its power to release the outstanding NOFOs and ensure the timely release of future notices to prevent further disruptions to HIV R&D.

Funding Timelines for Center for AIDS Research NOFO

In addition to the CTNs, the Centers for AIDS Research (CFARs) are another critical pillar of NIH's comprehensive approach to its HIV R&D portfolio. AVAC is pleased to see that a long-awaited NOFO for CFARs was released just this past week on October 16 by HHS leadership. However, upon further examination, the recently released NOFO raises significant questions.

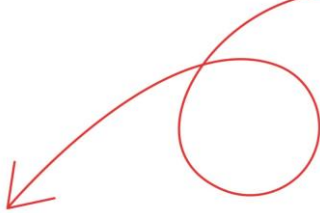
As noted by our friends and partners at the HIV Medicine Association (HIVMA) and the Infectious Diseases Society of America (IDSA), the CFAR NOFO alarmingly positions funding for fiscal year (FY) 2028 instead of funding support in FY 2027. This change in the timeframe creates a significant gap with current funding set to expire in May 2027 for the CFARs. These centers will have to wait until FY 2028 in order for funding to be available.

CFARs have been identified as a significant partner in the End the Epidemic (EtE) during the first term of the current administration. With 19 sites across the U.S. in both academic and clinical institutions, the CFARs provide substantial support and infrastructure to build HIV research capacity in some of the hardest hit jurisdictions across the United States. They are also a robust leader in community engagement, partnering with local communities to ensure the meaningful inclusion of impacted populations in NIH supported research. CFARs are also an important portal to build workforce capacity and leadership development to deepen the bench of infectious diseases practitioners with new, fresh, and young scientific talent.

Similarly to the CTNs, these delays and changes in otherwise predictable and reliable funding flows threaten years of bipartisan investment that have led to promising HIV treatment and prevention options and changed the trajectory of the epidemic here and abroad. Given NIH's shift towards prioritizing implementation science, these delays and changes can negate this ambitious vision to usher this vision of improving access to long-acting prevention and treatment if the platforms to execute this – the CFARs and CTNs – are not supported with adequate resources that flow on time. With respect to the CFARs, we request leadership at OAR to strongly consider adequate supplemental bridge funding support for CFARs to ensure the continuation of their science into FY 2028 and prevent any lapses in progress to end the epidemic.

Reorganization at NIAID

Amidst the delays and changes to NOFOs, the reorganization of NIAID has raised alarm and questions among the HIV and larger R&D community in regard to the outlook of HIV/AIDS and other infectious disease research. AVAC raised concerns to these hasty changes to the support and oversight structures within NIAID at the institute's Research Council and AIDS



Research Advisory Council (ARAC) convenings in September. These changes include, for example, the complete elimination of the Division of Clinical Research (DCR), removes a critical, unified trial and oversight support system. 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.

Moreover, managing specialized research partnerships with international institutions requires both technical expertise and relationships across a complex network of parties and entities. Shifting global research functions into the Division of Intramural Research (DIR) risks disrupting both ongoing and future trials. Authentic community engagement and, more specifically, Good Participatory Practices (GPP) are essential for HIV research. The proposed reorganization does not provide sufficient detail to understand if DIR has the necessary personnel or expertise to manage these activities. Lastly, these changes were all pushed without meaningful community engagement nor an adequate timeline to facilitate community and stakeholder input.

Collectively, these shortsighted actions only serve to further destabilize programs that have saved millions of lives over the last several decades and advanced some of the most important scientific discoveries and implementation science advances. We strongly urge OARAC and OAR leadership to address and mitigate the destabilization of the HIV research enterprise.

We look forward to further discussions with OARAC to shape the future of HIV/AIDS research at NIH, together. Should you have any questions regarding this comment, please contact Jennifer Maple, Senior Advisor – Federal Policy at jmaple@avac.org or Suraj Madoori, Director: Policy Advocacy at suraj@avac.org.

Thank you.



Mitchell Warren
Executive Director



Stacey Hannah
Director: Research Engagement