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STATEMENT Friday, August 15, 2025

Advancing NIH's Mission Through a Unified Strategy

THIS STATEMENT WAS UPDATED ON JULY 2, 2026.

As stewards of taxpayer funds, NIH must dedicate public funds toward medical and scientific research that promises the greatest benefit to the public. Today, I'm pleased to announce that NIH is moving toward a unified strategy that aligns our priorities and funding approaches to fulfill this commitment. Through this strategy, we will better leverage the synergistic missions of each NIH Institute, Center and Office (ICO) to fund the most meritorious science, address urgent health needs, and sustain a robust biomedical research workforce.

A central pillar of this approach is balancing scientific opportunity with mission-critical objectives. NIH is sharpening its focus on chronic health issues that affect Americans, including chronic childhood diseases and nutrition. We are also prioritizing next-generation tools such as artificial intelligence, alternative testing models, and real-world data platforms.

To improve public trust, NIH is enhancing oversight of funded research abroad and reinforcing its commitment to responsible stewardship of taxpayer dollars. We will expand support for replication studies and strengthen our capacity to advance groundbreaking science. At the same time, NIH remains dedicated to fostering open, competitive, and accountable science and supporting investigators regardless of controversy as they pursue innovative research grounded in rigorous methodology.

A core function of NIH ICOs is to assess scientific merit within the context of NIH's broader strategic goals and develop appropriate research funding plans accordingly. In an environment where NIH receives more meritorious applications than it can fund, this review process is increasingly critical. To that end, NIH will empower its ICOs to make funding decisions that reflect agency and institute priorities, scientific opportunity, program balance, workforce needs, and other core principles that will be consistently applied across the agency.

Taxpayer dollars are a finite resource, entrusted to NIH officials to invest in the nation's future. By transparently establishing priorities and aligning our goals, we aim to demonstrate to the American people that we take this commitment seriously—and that we are doing all we can to honor their trust.

Jay Bhattacharya, M.D., Ph.D.

Director, NIH

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

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Priorities:

This document has been prepared in furtherance of the NIH Director's responsibility to provide the overall direction of NIH, to establish and implement general policies respecting the management and operation of NIH programs and activities, and to coordinate and oversee the operation of NIH's institutes, centers, and offices. See 42 U.S.C. § 282(b)(1) & (2). Please note that this is not an exhaustive list of all agency priorities. This document is intended to clarify specific issues that may require additional guidance. NIH continues to support projects across the full spectrum of biomedical research topics. Through an executive order, [Restoring Gold Standard Science](#), and the [Make America Healthy Again Commission Strategy](#), the President has directed the NIH to close critical research gaps and guide efforts to better combat chronic disease in America and improve the health of all Americans through gold-standard science. To meet these requirements and fulfill our mission, NIH is prioritizing research in the following areas:

Training future biomedical scientists:

NIH training programs should focus on training future physicians and scientists to lead American preeminence in biomedical research in the 21st century. Programs should allow trainees to design and conduct the highest quality scientific studies. Importantly, these programs should be based on merit, follow civil rights law, and tolerate no unlawful discrimination. NIH and the institutions we support must also uphold safe, fair, and healthy working and learning conditions conducive to high-quality research and free inquiry.

Replication and reproducibility:

Replicable, reproducible, and generalizable research must serve as the basis for truth in biomedical science. The “publish or perish” culture favors the promotion of only favorable results, and replication work is little valued or rewarded. NIH is prioritizing research that produces robust, reproducible results. We are exploring various mechanisms to support scientists focused on replication work, to publish negative findings, and to elevate replication research.

Real-World Data Platform:

NIH is establishing a robust and secure national infrastructure to integrate and link data from various real-world sources consistent with a deep respect for individual privacy rights. This new Real-World Data Platform will provide advanced computational analysis resources for investigators across numerous research areas, including neurodevelopmental disorders and chronic diseases.

Artificial intelligence:

Artificial intelligence breakthroughs provide exciting new possibilities for science and medicine, but require careful, rigorous research to fulfill their promise. The NIH developed an [AI Strategic Plan](#) to enhance transparency in AI models, develop replication standards for AI use in research, and expedite the research, development, and translation of AI discoveries to benefit patients. The plan will consider strategic architecture, high-impact AI use cases, new opportunities to use AI for agency operations, and best practices for validating AI in healthcare delivery.

Nutrition:

NIH will champion initiatives rigorously exploring the role of poor diets in causing common chronic conditions and the identification of healthy diets that can prevent and better manage these conditions. We will prioritize projects focusing on the role of maternal and infant dietary exposures on health outcomes across the lifespan. NIH will also work to initiate long-term studies to understand the impacts of certain foods and diets on obesity and insulin resistance in children.

Furthering our understanding of autism:

NIH is supporting initiatives to understand the etiology and the treatment and care needs of the broad spectrum of people with autism. The new autism data science initiative will support investigators in identifying and addressing data gaps in scientific understanding of the etiology of autism and commonly co-occurring conditions. Activities supported will include creating new data resources and integrating existing data resources into state-of-the-art analyses on autism etiology. The program aims to develop knowledge to improve health outcomes for people on the autism spectrum.

Alternative testing models:

NIH is establishing the Office of Research Innovation, Validation, and Application under the Division of Program Coordination, Planning, and Strategic Initiatives, to develop, validate, and scale the use of human-biology-based new approach methodologies (NAMs) to complement animal models and enhance investigations. This office will coordinate with NIH institutes, centers, and offices to explore and prioritize ways to reduce our reliance on animal testing and to advance technologies that improve translation to humans. Accordingly, all new funding opportunities that include support for animal models will also incorporate language on the consideration of NAMs. The office will serve as a hub for interagency collaboration and expand funding opportunities and infrastructure for non-animal approaches.

Promoting research focused on scientifically valid, measurable health outcomes:

NIH will continue to support research that advances the health of all Americans, regardless of their age, race, ethnicity, sex, or other characteristics. To conduct meaningful biomedical research, scientists must consider both individual and external factors that influence health outcomes, guided by the details of the specific research question. In certain cases where scientifically justified, personal characteristics such as race and sex may be relevant, while some

contextual factors, like environmental exposures and socioeconomic conditions (e.g., poverty), may also be scientifically significant. Any distinctions made in study design must be directly relevant to the health outcomes under investigation. NIH will support scientifically rigorous research that considers these factors when they are scientifically justified and aligned with the study's objectives.

In contrast to research that considers personal characteristics when scientifically justified (described in the paragraph above), research based on beliefs that promote differential treatment or unnecessary classification of people based on race or ethnicity, or on poorly defined concepts or on unfalsifiable theories, does not follow the principles of Gold-Standard science. Overly broad or subjective assumptions—such as attributing, without evidentiary basis, worse health outcomes in a particular population to poorly measured or unproven factors like systemic racism—should not be presented as established background facts or otherwise included in proposed research. Funding research containing such poorly defined concepts and unfalsifiable theories would divert resources away from projects that advance the health and longevity of all Americans, including minority populations. The NIH will always prioritize gold-standard science.

Relatedly, research involving participant volunteers should be based on appropriate population descriptors and categories that use precise language to define participant attributes, comparator group attributes, and to whom the study findings apply. Research based on overly broad and scientifically imprecise goals is of low value and off-mission.

Shifting to solution-oriented approaches in health disparities research:

In the past, the NIH invested substantially in health disparities research that has not resulted in tangible improvements in health outcomes for the populations it purports to benefit. Going forward, the NIH will prioritize research that goes beyond measuring health disparities outcomes to focus on solution-oriented approaches. This includes actively testing, advancing, scaling, and implementing innovative evidence-based interventions and treatments that address poor health outcomes. The NIH, of course, will continue to fund research into health issues that are more likely to affect particular populations, such as genetically inherited disorders.

Improving oversight of NIH funds going to foreign research institutions:

The NIH will continue to support research collaborations with institutions and scientists outside the U.S. Many critical breakthroughs that improve the health of Americans have resulted from global partnerships, so foreign scientific research collaborations often have clear scientific value. However, we must take action to ensure better oversight of our funding abroad.

All NIH institutes, centers, and offices should consider whether there is a scientific justification for conducting a research program at a foreign site rather than a domestic one. The NIH should prefer the latter over the former when scientifically justified. We should also consider whether each project involving foreign collaboration will likely lead to better health for Americans, since American taxpayers fund NIH research.

We must also assess risks to national security, biosecurity, and waste, abuse, or fraud at foreign sites where NIH has substandard or no oversight. To address this goal, we have established an award structure for foreign collaboration. Foreign institutions receiving funds for work on a funded project will be considered independent awards linked to the parent project. This system will allow the NIH to directly track funds awarded to all foreign components receiving NIH funding and hold all institutions receiving NIH funding to grant terms and conditions regardless of where they are in the world, and will follow all government-wide policies regarding dangerous gain-of-function research.

Ensuring evidence-based health care for children and teenagers diagnosed with gender dysphoria:

When funding research into care for children and teenagers diagnosed with gender dysphoria, NIH will prioritize the most promising avenues of research. The state of the scientific literature regarding optimal care and support approaches for children and teenagers diagnosed with gender dysphoria is described in the recent [HHS review PDF](#) of treatment for pediatric gender dysphoria. In accordance with these data, there are clearly more promising avenues of research than conducting studies that involve the use of puberty suppression, hormone therapy, or surgical intervention for gender dysphoria, gender identity disorder, or gender incongruence in minors. By contrast, research that aims to identify the utility these interventions, therapies, and procedures have for minors diagnosed with gender dysphoria, gender identity disorder, or gender incongruence, and how to best address the needs of these individuals so that they may live long, healthy lives, is more promising.

Implementing advances in HIV/AIDS research:

Ending the HIV epidemic in the United States remains a key priority. For more than 40 years, NIH support has enabled significant advances in antiretroviral therapies, transforming the landscape of care and prevention approaches. Recent breakthroughs in simpler-to-take treatments and long-acting prophylactics, and many other recent breakthroughs, show the benefit of NIH investment. To take advantage of this opportunity, the NIH will support implementation science and other research directions to improve the uptake of and access to existing medical and behavioral interventions that can significantly limit and eventually eradicate HIV infection from the United States. Additional research on HIV/AIDS prevention, treatment, and cure will continue as needed to support the ambitious goal of ending the epidemic.

NIH will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

This page last reviewed on July 2, 2026

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