



Aligning Priorities

HIV Implementation Science in Action

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Continuum 2026 • June 22-24, 2026 • Puerto Rico



Conflict disclosure statement

I have no conflicts to report.



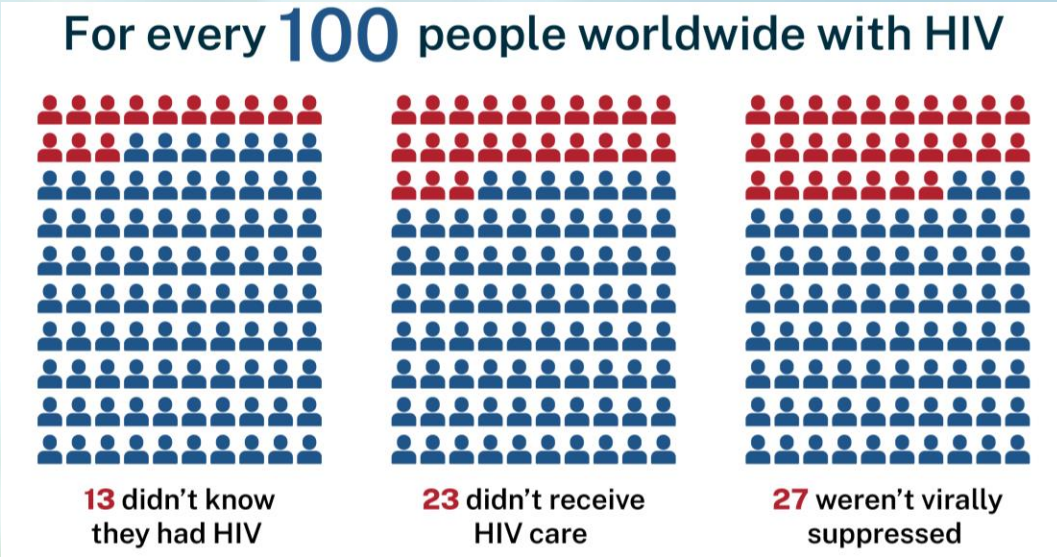
Overview

- Snapshot of the HIV pandemic
- Opportunities to promote the science of whole person health in HIV
- OAR's role in coordinating the NIH HIV research agenda
- Spotlight on OAR focus areas and activities



The global pandemic continues

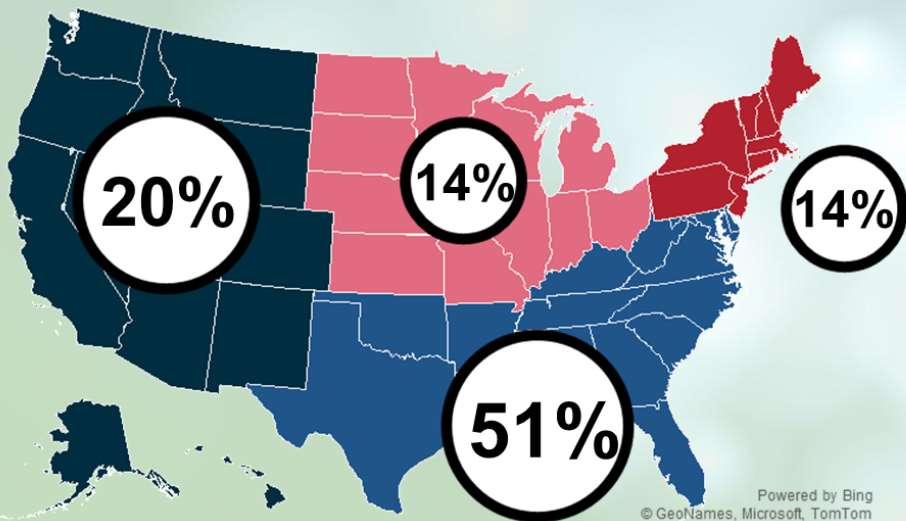
- 40.8M living with HIV
 - 53% women and girls
- 1.3M newly acquired HIV
- 630K died from AIDS-related illnesses
- 7 countries in sub-Saharan Africa and 2 in Europe reached the UN's "95-95-95" target





The HIV epidemic in the U.S.

New HIV diagnoses by region in 2024



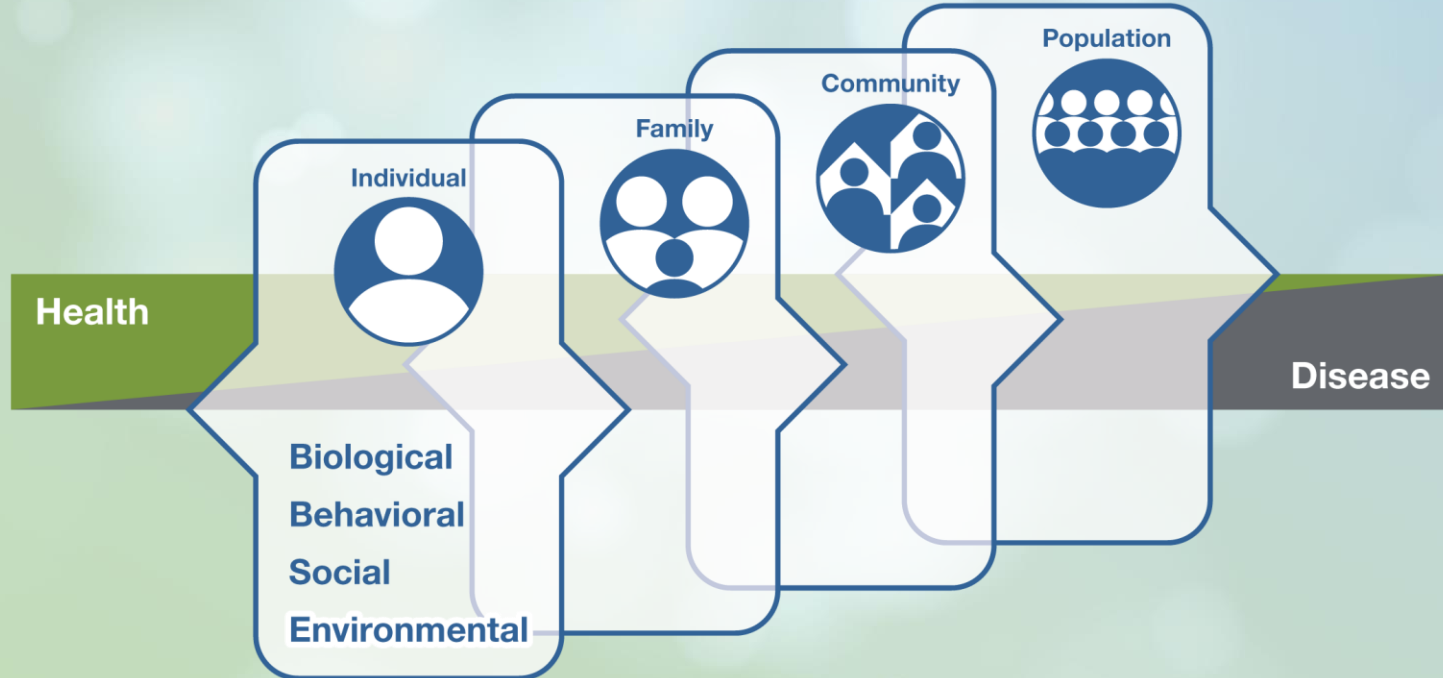
- **New diagnoses: 39K**
 - Nearly 1 in 5 are ages 13-24
 - 1 in 5 are women

Breakdown by race and ethnicity

 - Black or African American: 39%
 - Hispanic or Latino: 33%
 - White: 21%
- **Prevalence: 1.1M Americans**
 - Nearly 1 in 4 are women
 - Most are age 50 or older



Adopting a whole person health perspective





HIV research addresses sex and lifespan considerations



**Fundamental
Research**

**Preclinical
Research**

**Intervention
Research**

**Implementation
Research**

Sex and Lifespan Considerations

Population Health

Optimal health for all people with and impacted by HIV at every age and every stage.



The gray tsunami: Aging with HIV represents a new phase of the epidemic



Aging with HIV is associated with:

- Frailty and functional decline
- Neurocognitive changes
- Polypharmacy
- Social isolation and caregiver needs
- Multiple chronic conditions

[Eke UA et al. *J Frailty Aging*. 2023;12\(1\):49-58.](#)

[Bennett T et al. *AIDS*. 2025;39\(3\):215-228.](#)

[Ruiz EL et al. *Curr Opin HIV AIDS*. 2022;17\(2\):55-64.](#)

[Collini P et al. *Curr Opin Infect Dis*. 2023;36\(1\):9-14.](#)



Women aging with HIV experience unique challenges



- Higher burden and earlier onset of co-occurring conditions
- Sex-specific differences in:
 - Immune response
 - ART pharmacokinetics and toxicity
- Unique reproductive health considerations
- Earlier onset and more severe symptoms of menopause

[Collins LF et al. *JAMA Netw Open.* 2023;6\(8\):e2327584.](#)

[Moran JA et al. *Front Immunol.* 2022;13:905773.](#)

[Chakalisa UA et al. *Curr Opin Infect Dis.* 2026;39\(1\):16-21.](#)



Co-occurring conditions drive morbidity and quality of life

People with HIV experience higher rates of:

- Cardiovascular disease
- Kidney and liver disease
- Bone disease and fractures
- Diabetes and metabolic disorders
- Neurocognitive impairment
- Certain cancers





Quality of life is a critical outcome in HIV care



Reflects how individuals perceive their:

- Physical health
- Mental and emotional well-being
- Social relationships
- Independence
- Living conditions
- Overall life satisfaction

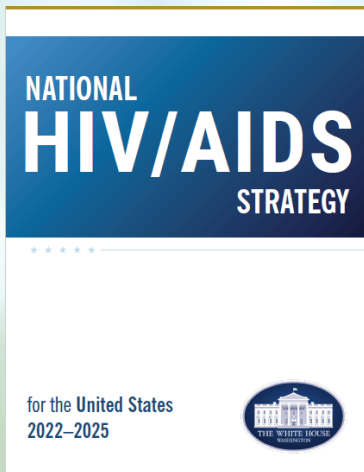


Different frameworks measure different dimensions of QoL

World Health Organization
(WHOQOL-HIV BREF)



National HIV/AIDS Strategy
(NHAS) QoL Framework



CDC Medical Monitoring Project (MMP)





QoL: Where We Stand

QoL Measure	Recent Changes (2018-2022)
Self-rated physical health (good, very good, or excellent health)	Stable at ~70%
Unstable housing or homelessness	Improved from 21.0% to 17.9%
Unemployment	Improved from 16.8% to 11.3%
Food insecurity	Improved from 21.5% to 18.6%
HIV stigma	Improved from 31.2% to 29.3%
Unmet mental health service needs	Worsened from 19.8% to 26.8%



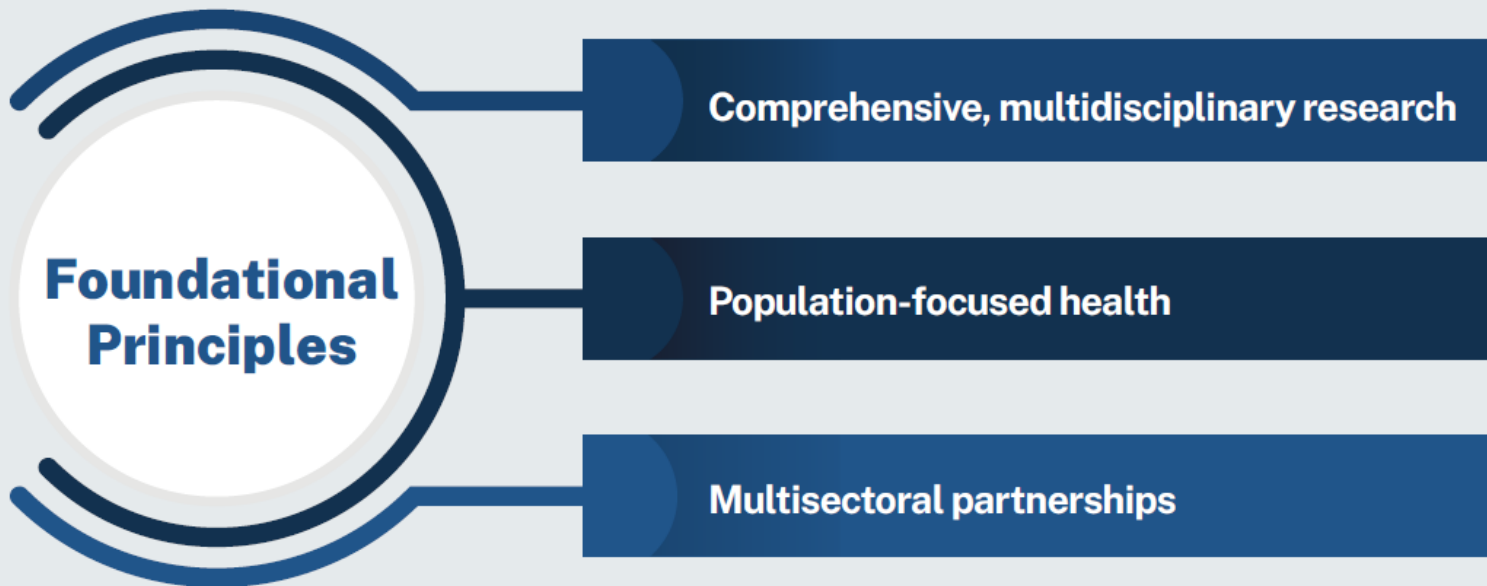
OAR coordinates the complex NIH HIV research program



- More than 20 NIH Institutes and Centers award grants with HIV/AIDS funding.
- In FY25, \$3.29B in HIV/AIDS funding supported more than 3,800 awards across NIH.



Foundational principles guiding the next NIH HIV research strategic plan





OAR focus areas



HIV and Co-occurring
Conditions



HIV and Aging

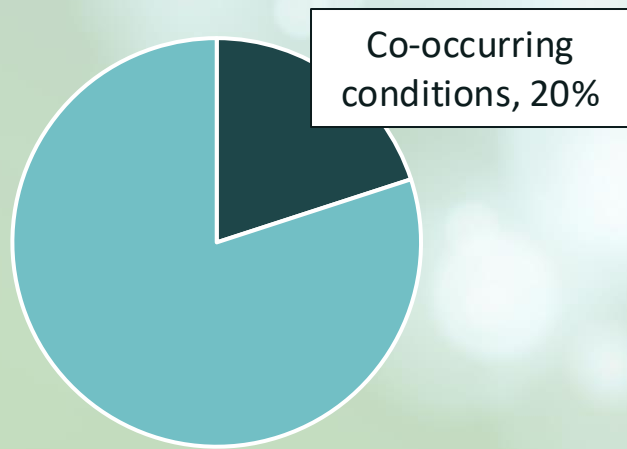


HIV and Women

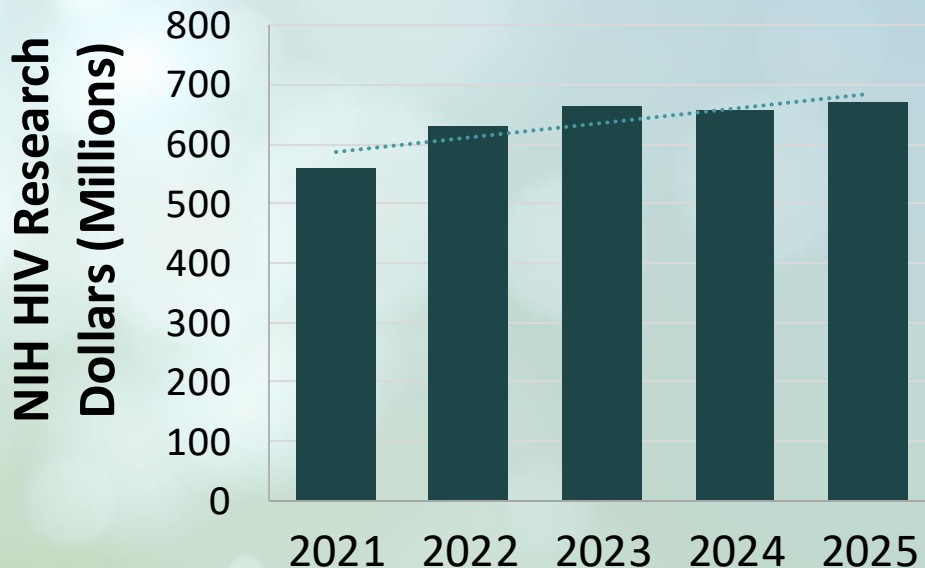


20% of HIV funding supports research on co-occurring conditions

HIV research funding, FY21-25

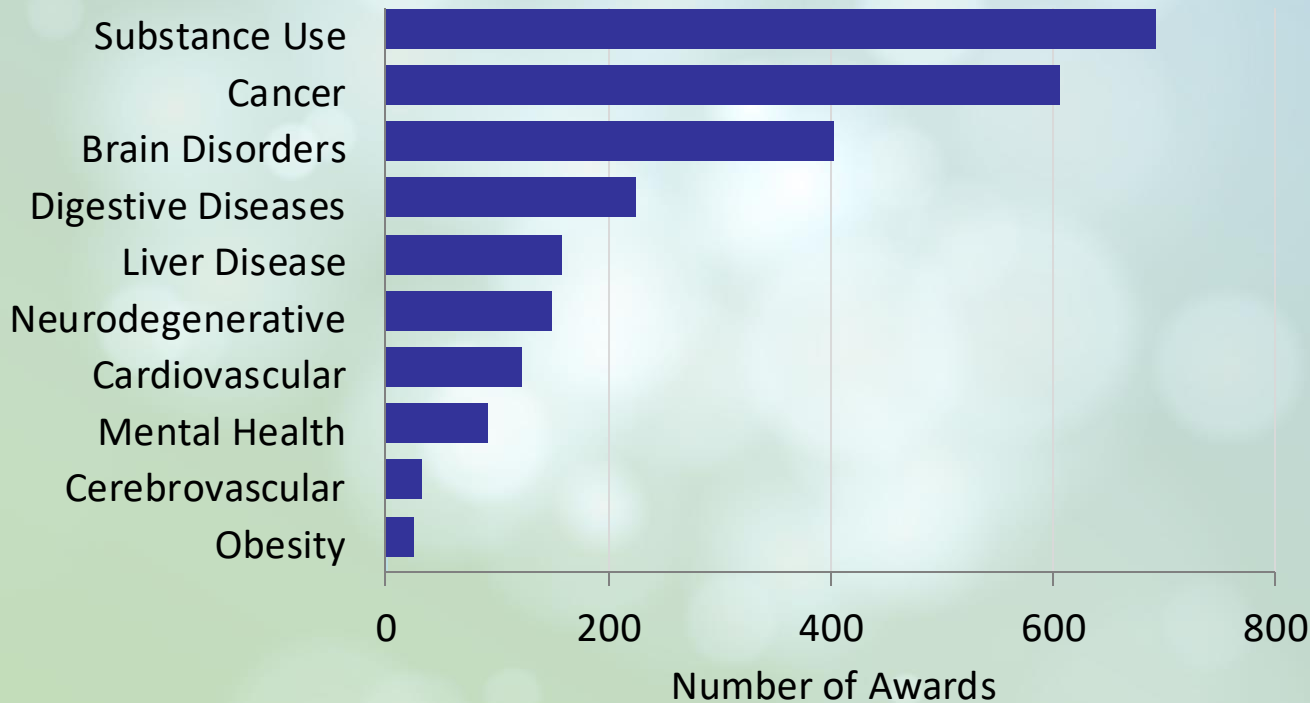


Steady funding for co-occurring conditions





Most-studied co-occurring conditions in the HIV research portfolio

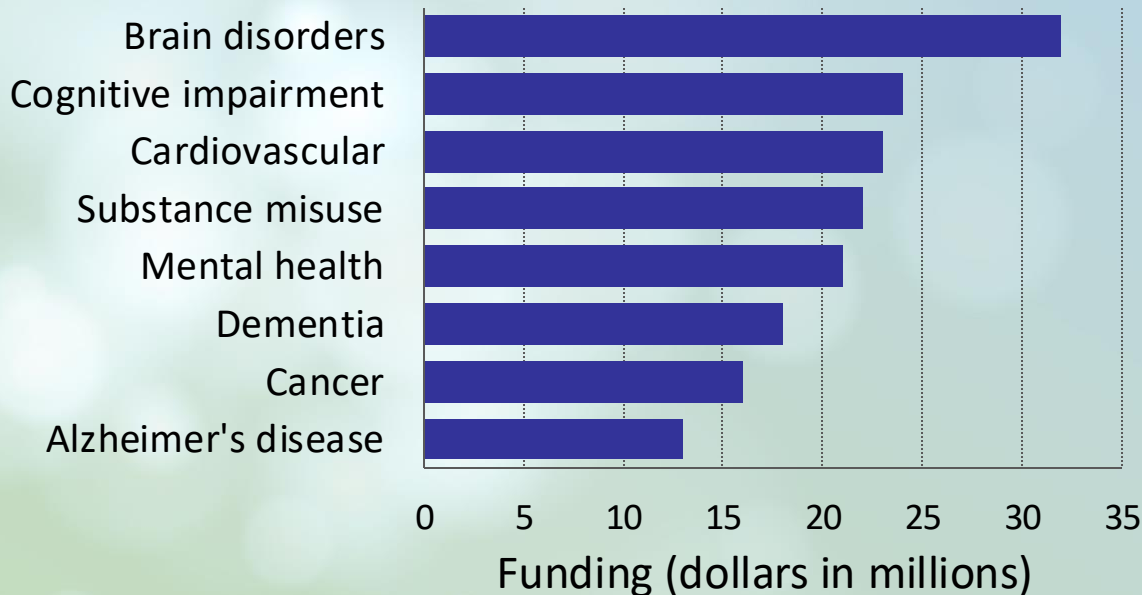




HIV and aging portfolio

In FY25, around \$117M in HIV funding supported aging research (~3.6% of the portfolio)

HIV and aging portfolio includes co-occurring conditions

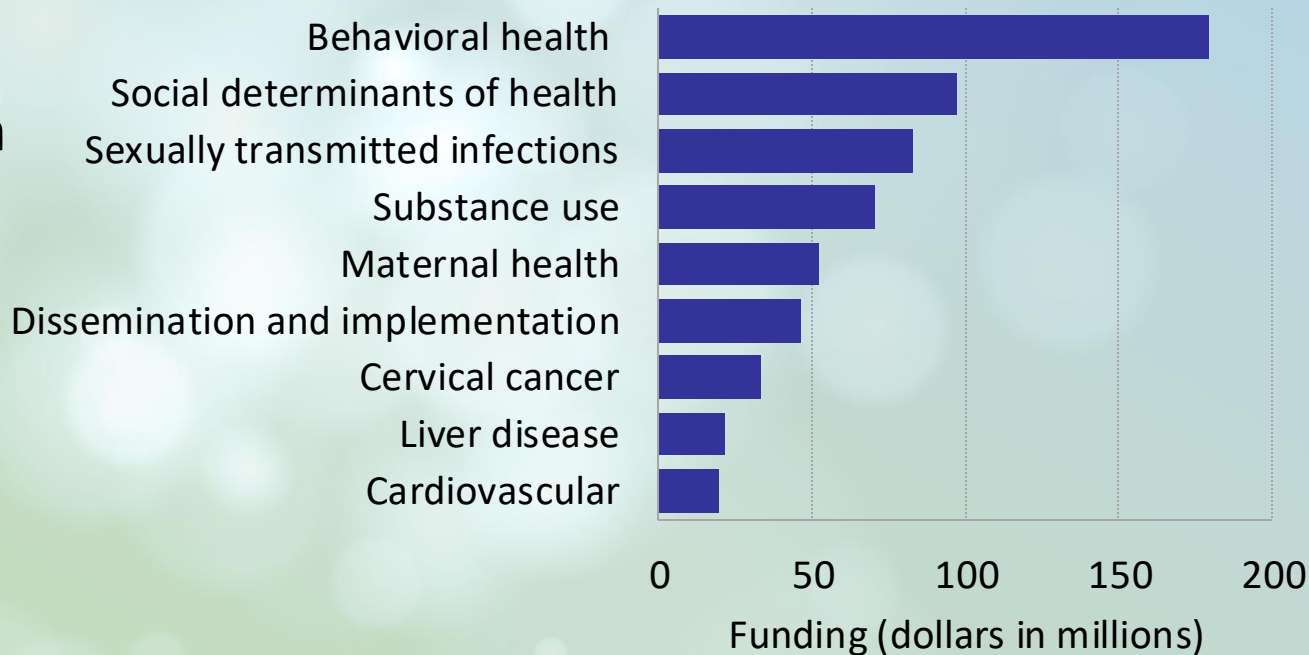




HIV and women portfolio

In FY25, spending on HIV and women research was around \$304M (~9% of the HIV portfolio)

Selected topics in HIV and women research





Implementation science informs delivery of whole-person care

The study of the methods to promote the **adoption and integration of evidence-based practices and interventions** into routine health and public health settings to improve the impact on population health.





Expanding implementation science in the HIV portfolio

- 7.5% of HIV/AIDS funding in FY25
- Supported by 14 NIH institutes, centers, and offices

ARISE-HIV
Advancing Research in Implementation Science to End HIV



Relevant highlighted topics

NIH Highlighted Topics



go.nih.gov/nihht

**Implementation Science to
Optimize HIV Prevention and
Treatment**

**Multidisciplinary Studies of
HIV/AIDS and Aging**



Announcing the LAUNCH Challenge

ARISE-HIV

Advancing Research in Implementation Science to End HIV

- Prizes up to \$10K for implementation science ideas to advance long-acting HIV prevention and treatment
 - Open to U.S. applicants

Submissions due August 6, 5:00 PM EDT

Learn more



bit.ly/4owe2t6



Interagency coordination to address unmet needs in HIV

Key opportunities for coordinated action:

- Expand research on aging with HIV
- Make aging-related screening a routine part of HIV care
- Integrate geriatric expertise and specialty services into HIV primary care
- Promote cross-training and co-location of providers
- Support care models that allow more time with providers
- Strengthen coordination across agencies and programs





Join us later this week: 72th OAR Advisory Council Meeting

June 25, 2026

12:00-4:30 pm ET



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