

**NIH INSTITUTE/CENTER RESEARCH COLLABORATIONS  
IN FISCAL YEARS 2022, 2023, AND 2024**

**REPORT TO THE DIRECTOR, NATIONAL INSTITUTES OF HEALTH**

**FEBRUARY 2026**

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## **Introduction**

As amended by the 21st Century Cures Act (Public Law 114-255), section 402A(c)(2)(B) of the Public Health Service Act (42 U.S.C. 282a(c)(2)(B)) requires that not later than two years after the enactment of the 21st Century Cures Act, the head of each national research institute or national center submit to the NIH Director a report, to be included in the NIH Triennial Report, on the amount made available by the institute or center (IC) with respect to each applicable fiscal year for conducting or supporting research that involves collaboration between the IC and one or more other ICs.

This report – specifically, Tables 1-3 – provides the amounts made available by each IC in fiscal years (FY) 2022, 2023, and 2024 for conducting or supporting research that involved collaboration between that IC and one or more other ICs.

## **Overview of Collaborations within the NIH**

Collaborative activity across IC boundaries occurs at every level of NIH operations, in all disease areas, and across basic, translational, and clinical research. These collaborations can be formal or informal and can involve sharing materials, specimens, or scientific expertise. Collaborations take place at any or all stages of a research project or program, including:

- development of a concept, initiative, or plan;
- funding;
- conduct of the research in intramural laboratories;
- management and administration of the project; and
- assessment of results.

Inter-IC collaborations represent unique opportunities to build on the scientific expertise, sophisticated technologies, infrastructure, and knowledge base of individual ICs and to apply this wealth of information to addressing a wide range of diseases and health conditions. These collaborations provide multi-disciplinary and multi-faceted approaches to critical scientific questions and lead to special initiatives and innovative programs for the discovery, development, and testing of strategies to diagnose, prevent, and treat a wide range of health conditions. Inter-IC collaborations also permit the leveraging of crucial resources to ensure precious research dollars are used effectively and efficiently in improving the public health of all Americans.

## **Scope of the Report**

Congress provides separate appropriations to 24 of the 27 NIH ICs to conduct and/or support research specific to their mission and scientific agenda. This report presents the percentage of funds made available by each research IC for conducting or supporting research in collaboration with one or more other ICs.

### ***Inclusions:***

For the purposes of this report, an inter-IC research collaboration is defined as a formally documented, science-based effort that includes two or more ICs. Within this defined cohort, two types of extramural collaborations are included in the budget figures presented in this report: (1) grants and contracts that are co-funded by two or more ICs, and (2) grants and contracts funded in response to Notices of Funding Opportunities (NOFOs; [https://grants.nih.gov/grants/policy/nihgps/html5/section\\_2/2.3.5\\_types\\_of\\_funding\\_opportunity\\_announcements\\_foas.htm](https://grants.nih.gov/grants/policy/nihgps/html5/section_2/2.3.5_types_of_funding_opportunity_announcements_foas.htm)) and contract solicitations developed and announced by two or more ICs (i.e., formal participation by multiple ICs at the outset of a solicitation or NOFO's development and issuance).

The NIH Intramural Research Program is also highly collaborative. In addition to collaborating on research, ICs' intramural programs jointly fund specific shared resources (e.g., imaging technologies and instrumentation) to minimize duplicative equipment and to conserve costs. Intramural projects that meet the definition of inter-IC research collaborations are included in this report.

### ***Exclusions:***

“Parent Announcements” – general announcements of guidelines for grant mechanisms (e.g., research project, or R01, grants) and do not address scientific areas – are excluded as collaborative NOFOs. However, ICs that provide shared resources for grants funded under Parent Announcements (i.e., they are co-funded) are included in this report.

This report also excludes collaborative activities initiated and/or led or funded by entities within the Office of the Director (OD), such as the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI). This is consistent with this report's definition of an inter-IC research collaboration and with NIH's interpretation of the legislative language.

The amounts of funding presented in Tables 1-3 exclude collaborative efforts coordinated through the NIH Clinical Center because its budget is funded through contributions from the ICs' intramural budgets. However, it is important to note that the Clinical Center coordinates a broad range of NIH-wide activities to facilitate interaction and collaborations among clinical researchers and supports the rapid translation of scientific findings into new approaches for diagnosing, treating, and preventing disease.

The collaboration-related budget figures also exclude the following: (1) collaborative efforts coordinated through the Center for Information Technology, which provides the NIH community with a variety of information technology services to support mission-critical research and administration; (2) non-research collaborations that support NIH-wide research initiatives, such as the development and maintenance of biomedical data and information services provided by the National Library of Medicine; (3) the Center for Scientific Review, which has a wholly collaborative mission as the portal for NIH grant applications and their review for scientific merit; (4) collaborations conducted or supported by individual ICs and other agencies within HHS (these types of activities are included in the Report on NIH Collaborations with Other HHS Agencies, available at <https://dpcpsi.nih.gov/oepr/crs/summary/2023>); (5) collaborative activities between individual ICs and private sector partners; (6) certain awards that are linked to

reimbursable common accounting numbers (CANs) used for financial management and tracking of particular programs; and (7) the Special Statutory Funding Program for Type 1 Diabetes Research and the Superfund Program.

### **Percentage of Funds Made Available in Fiscal Years 2022, 2023, and 2024 by Each Research Institute or Center for Collaborative Research**

Table 1 presents the amount of FY 2022 funds made available by each research IC for collaborative research. Tables 2 and 3 present the corresponding information for FY 2023 and FY 2024. The IC amounts presented in these tables represent the sum of collaborative activities in three areas: extramural grants, extramural contracts, and intramural research projects. As with extramural projects, reporting on intramural projects is limited to formal collaborations between two or more ICs. The total annual budget for an intramural research collaboration is credited wholly to the lead IC because the NIH Intramural Database does not partition effort or budget by individual ICs.

### **Summary**

Inter-IC collaborations provide crucial support for (1) projects and programs in a wide range of biomedical, behavioral, and social science research; (2) clinical trials evaluating strategies to prevent and treat diseases; (3) observational cohort studies that follow groups of individuals over time to observe the development of certain health outcomes; and (4) training programs designed to mentor the next generation of basic and clinical biomedical researchers. Tables 1-3 illustrate that a substantial percentage of the ICs' budgets supports collaborative research. However, as several categories are excluded from this report, these budget figures represent only a portion of the overall NIH-wide collaborative efforts.

**Table 1: IC Collaborative Activity Financial Summary – FY 2022**

Dollars in Thousands

Funding IC	Total IC Actual Obligations*	Total Collaborative Activities**	Percent for Collaborative Activities
FIC	\$ 86,843	\$ 59,816	69%
NCATS	\$ 882,240	\$ 192,676	22%
NCCIH	\$ 159,277	\$ 41,761	26%
NCI	\$ 6,901,989	\$ 1,232,637	18%
NEI	\$ 863,732	\$ 109,628	13%
NHGRI	\$ 636,434	\$ 232,165	36%
NHLBI	\$ 3,810,306	\$ 456,748	12%
NIA	\$ 4,222,568	\$ 1,297,117	31%
NIAAA	\$ 574,877	\$ 110,081	19%
NIAID	\$ 6,322,105	\$ 1,076,011	17%
NIAMS	\$ 657,843	\$ 102,418	16%
NIBIB	\$ 424,559	\$ 166,884	39%
NICHD	\$ 1,681,161	\$ 403,998	24%
NIDA	\$ 1,596,069	\$ 452,593	28%
NIDCD	\$ 514,876	\$ 73,931	14%
NIDCR	\$ 501,183	\$ 102,216	20%
NIDDK	\$ 2,326,434	\$ 275,610	12%
NIEHS	\$ 924,505	\$ 143,172	15%
NIGMS	\$ 3,092,310	\$ 245,932	8%
NIMH	\$ 2,214,181	\$ 661,506	30%
NIMHD	\$ 459,262	\$ 186,822	41%
NINDS	\$ 2,595,418	\$ 869,849	34%
NINR	\$ 180,831	\$ 64,717	36%
NLM***	\$ 477,093	\$ 24,193	5%
<b>TOTAL****</b>	<b>\$ 42,106,096</b>	<b>\$ 8,582,481</b>	<b>20%</b>

\*Data were extracted from

[https://officeofbudget.od.nih.gov/pdfs/FY26/spending\\_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20\(V\).pdf](https://officeofbudget.od.nih.gov/pdfs/FY26/spending_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20(V).pdf). Total obligation for NIDDK includes mandatory Type 1 Diabetes funding. Total obligation for NIEHS includes the Superfund Program. Total obligation for NIGMS includes PHS Program Evaluation funding.

\*\*Data were extracted from the NIH’s Electronic Research Administration (eRA) Manual Categorization System, after extramural research grants and contracts data and intramural research project data had been finalized by ICs.

\*\*\*The majority of NLM’s annual budget supports a range of biomedical information services that fall outside the definition of inter-IC research collaboration used in this report.

\*\*\*\*Numbers may not add up due to rounding. Sum of “Total IC Actual Obligations” does not represent total NIH obligations.

**Table 2: IC Collaborative Activity Financial Summary – FY 2023**

Dollars in Thousands

Funding IC	Total IC Actual Obligations*	Total Collaborative Activities**	Percent for Collaborative Activities
FIC	\$ 95,115	\$ 64,151	67%
NCATS	\$ 923,301	\$ 132,806	14%
NCCIH	\$ 170,272	\$ 35,406	21%
NCI	\$ 7,226,503	\$ 1,097,115	15%
NEI	\$ 896,081	\$ 105,063	12%
NHGRI	\$ 660,472	\$ 241,162	37%
NHLBI	\$ 3,984,921	\$ 566,115	14%
NIA	\$ 4,412,066	\$ 1,345,171	30%
NIAAA	\$ 596,605	\$ 108,447	18%
NIAID	\$ 6,562,687	\$ 1,084,605	17%
NIAMS	\$ 687,579	\$ 106,416	15%
NIBIB	\$ 440,590	\$ 165,267	38%
NICHD	\$ 1,747,719	\$ 431,674	25%
NIDA	\$ 1,663,319	\$ 456,725	27%
NIDCD	\$ 534,327	\$ 77,681	15%
NIDCR	\$ 520,092	\$ 103,007	20%
NIDDK	\$ 2,431,540	\$ 303,435	12%
NIEHS	\$ 996,599	\$ 178,646	18%
NIGMS	\$ 3,239,664	\$ 265,898	8%
NIMH	\$ 2,269,370	\$ 624,538	28%
NIMHD	\$ 525,076	\$ 207,324	39%
NINDS	\$ 2,772,943	\$ 908,758	33%
NINR	\$ 197,626	\$ 68,012	34%
NLM***	\$ 494,982	\$ 23,535	5%
<b>TOTAL****</b>	<b>\$ 44,049,449</b>	<b>\$ 8,700,957</b>	<b>20%</b>

\*Data were extracted from

[https://officeofbudget.od.nih.gov/pdfs/FY26/spending\\_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20\(V\).pdf](https://officeofbudget.od.nih.gov/pdfs/FY26/spending_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20(V).pdf). Total obligation for NIDDK includes mandatory Type 1 Diabetes funding. Total obligation for NIEHS includes the Superfund Program. Total obligation for NIGMS includes PHS Program Evaluation funding.

\*\*Data were extracted from the NIH's Electronic Research Administration (eRA) Manual Categorization System, after extramural research grants and contracts data and intramural research project data had been finalized by ICs.

\*\*\*The majority of NLM's annual budget supports a range of biomedical information services that fall outside the definition of inter-IC research collaboration used in this report.

\*\*\*\*Numbers may not add up due to rounding. Sum of "Total IC Actual Obligations" does not represent total NIH obligations.

**Table 3: IC Collaborative Activity Financial Summary – FY 2024**

Dollars in Thousands

Funding IC	Total IC Actual Obligations*	Total Collaborative Activities**	Percent for Collaborative Activities
FIC	\$ 95,102	\$ 64,044	67%
NCATS	\$ 928,288	\$ 101,523	11%
NCCIH	\$ 170,344	\$ 37,780	22%
NCI	\$ 7,346,666	\$ 1,137,762	15%
NEI	\$ 896,066	\$ 122,592	14%
NHGRI	\$ 659,645	\$ 237,142	36%
NHLBI	\$ 3,985,099	\$ 524,000	13%
NIA	\$ 4,511,977	\$ 1,344,652	30%
NIAAA	\$ 597,079	\$ 111,022	19%
NIAID	\$ 6,561,891	\$ 1,022,599	16%
NIAMS	\$ 687,534	\$ 106,989	16%
NIBIB	\$ 440,595	\$ 163,508	37%
NICHD	\$ 1,757,676	\$ 418,526	24%
NIDA	\$ 1,663,316	\$ 424,585	26%
NIDCD	\$ 534,327	\$ 74,114	14%
NIDCR	\$ 520,120	\$ 94,109	18%
NIDDK	\$ 2,441,266	\$ 292,120	12%
NIEHS	\$ 993,305	\$ 210,017	21%
NIGMS	\$ 3,244,644	\$ 278,855	9%
NIMH	\$ 2,277,888	\$ 568,091	25%
NIMHD	\$ 535,100	\$ 182,591	34%
NINDS	\$ 2,698,051	\$ 802,477	30%
NINR	\$ 197,663	\$ 61,664	31%
NLM***	\$ 495,093	\$ 33,837	7%
<b>TOTAL****</b>	<b>\$ 44,238,735</b>	<b>\$ 8,414,599</b>	<b>19%</b>

\*Data were extracted from

[https://officeofbudget.od.nih.gov/pdfs/FY26/spending\\_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20\(V\).pdf](https://officeofbudget.od.nih.gov/pdfs/FY26/spending_hist/Actual%20Obligations%20by%20IC%20FY%202000%20-%20FY%202024%20(V).pdf). Total obligation for NIDDK includes mandatory Type 1 Diabetes funding. Total obligation for NIEHS includes the Superfund Program. Total obligation for NIGMS includes PHS Program Evaluation funding.

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\*\*\*\*Numbers may not add up due to rounding. Sum of "Total IC Actual Obligations" does not represent total NIH obligations.

## **LIST OF IC ACRONYMS**

Find a complete list of acronyms at [http://grants.nih.gov/grants/acronym\\_list.htm](http://grants.nih.gov/grants/acronym_list.htm)