Women First Research Coalition (WFRC) response to NIH RFI on NIH Strategic Plan (FY 2027-2031) – Due May 26, 2026

NIH-Wide Strategic Plan Framework
Priority 1: Research Areas
Goal 1: Advance Foundational Knowledge of Human Health and Disease
Goal 2: Prevent Disease and Promote Health Across the Lifespan
Goal 3: Advance and Optimize Interventions, Treatments, and Cures

WFRC response (currently at 476 words, 500 word limit):

The Women First Research Coalition (WFRC) is a coalition comprised of the nation's leading professional medical and research organizations specializing in women's health. WFRC appreciates this overall framework with emphasis on advancement of foundational knowledge about human health and disease across the lifespan.

WFRC believes that advancing research on women's health improves the health of all Americans. **Therefore, we strongly encourage NIH ensure women's health is integrated throughout all research areas in the NIH Strategic Plan.** Significant gaps exist in our understanding of conditions that are unique to or affect women disproportionately or differently. For instance, conditions like endometriosis, fibroids, polycystic ovary syndrome (PCOS), pelvic floor disorders, and incontinence impact millions of women across the lifespan but still lack sufficient treatments. Perimenopause and menopause, a normal part of aging for women, remains underfunded and understudied, leaving major gaps in effective treatments, long term health implications, and individualized care approaches. Maternal morbidity and mortality also remain a persistent health crisis in this country, impacting long-term health of not only the affected women but also their children. While family planning plays a key role in favorable pregnancy outcomes, still approximately half of U.S. pregnancies remain unplanned. More research is needed for highly effective contraceptive options with minimal side effects. Furthermore, common conditions like cardiovascular disease present differently in women than in men, and women are disproportionately impacted by diseases such as autoimmune diseases and Alzheimer's disease.

Collectively, these emphasize the importance of integrating women's health research, including research on sex differences, across all areas of research. Women's health is not just one area of research. It is an essential, cross-cutting lens that should be applied to all NIH-funded research whether the research is on diabetes, cancer, or Alzheimer's. Therefore, **WFRC urges NIH to ensure effective implementation of the Sex as a Biological Variable (SABV) policy in order to advance the health of all Americans,**

regardless of sex. Providing stronger guidance and incentives for NIH-funded investigators to fully consider SABV is a crucial step towards research findings that benefit all people, especially as we strive for enhancement of rigor and reproducibility and advancement and optimization of precision medicine approaches in health and disease.

Finally, WFRC urges NIH to consider ways to incentivize all Institutes, Centers, and Offices (ICOs) to prioritize support for research on women's health. For instance, we support the establishment of a women's health interdisciplinary fund within the Office of Research on Women's Health (ORWH) that would provide a dedicated budget, similarly to other major NIH Initiatives like the Cancer Moonshot and the BRAIN Initiative, to catalyze interdisciplinary women's health research across NIH ICOs. The fund would promote effective integration and coordination of women's health across NIH and incentivize every ICO to prioritize interdisciplinary women's health research. WFRC has submitted a request to Congress to include $200 million in fiscal year 2027 to establish this new fund.

Priority 2: Research Capacity

Goal 1: Develop and Sustain an Interdisciplinary Research Workforce

Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure

WFRC response (477 words, 500 word limit):

WFRC agrees with NIH's prioritization of developing and sustaining an interdisciplinary research workforce. However, WFRC is extremely concerned about the challenges that women's health research workforce is facing in recruiting and retaining physician- and surgeon scientists and PhD scientists in the field. Ensuring a broader range of perspectives and innovative approaches in research is critical in building a robust, interdisciplinary workforce, but women's health, particularly obstetrics and gynecology, remains significantly underrepresented in physician-scientist training, with very few U.S. MD PhD graduates pursuing postgraduate training in obstetrics and gynecology compared with other major specialties (https://pmc.ncbi.nlm.nih.gov/articles/PMC9826617/).

Obstetrics and gynecology MD PhDs are uniquely positioned to address the research gaps that remain in understanding women's health, including many understudied non-pregnant related gynecologic conditions, by solving clinically-relevant problems through fundamental research and interpreting insights from research in the clinical context. However, too few enter or remain in the field due to limited mentorship, insufficient support, and other structural barriers. Demands for clinical productivity while trying to secure extramural funding in a highly competitive environment can limit growth of the physician- and surgeon-scientist workforce. **WFRC urges NIH to consider strategies to**

strengthen mentorship, protected research time, and resources to help retain and grow the women's health physician-scientist workforce.

One of the strategies that WFRC recommends is to augment and expand the currently existing programs that support career pathways for scientists through all career stages of women's health researchers. These include BIRCWH, the WRHR Career Development program, RSDP, and the SCORE on Sex Differences program. WFRC is deeply grateful for the support that these programs have provided over many years, and we encourage NIH to continue and expand support for them, aligning with recommendations from the 2024 NASEM report. WFRC also urges NIH to develop new training programs specifically designed to promote interdisciplinary science and career development in areas related to women's health. To address the dearth of physician- and surgeon-scientists who enter and remain in biomedical research, we recommend that NIH lower required percent effort thresholds and raise salary caps for the MD PhDs.

As mentioned in response to Priority 1, WFRC encourages NIH to ensure that SABV policy is implemented completely and successfully. To achieve this goal and to further improve training for the next generation of scientists, **we recommend that NIH include education and resources on SABV as an integral part of all training programs and as a requirement for peer reviewers**. A recent study in Nature Communications Medicine found that only 44% of 574 NIH-funded papers published between 2017 and 2024 reported their results by sex (https://pubmed.ncbi.nlm.nih.gov/42045527/), showing that gaps remain in research reporting when it comes to SABV. We encourage NIH to emphasize in the NIH Strategic Plan the importance of training on SABV in improving scientific methods, enhancing rigor and reproducibility, and scientific discoveries that would generate new knowledge that could benefit the health of all people.

Priority 3: Research Operations
Goal 1: Enhance Scientific Stewardship and Decision-Making
Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science

WFRC response (499 words, 500 word limit):
WFRC believes that increasing transparency into NIH's decision-making processes will play a significant role in restoring public trust in science. Therefore, **WFRC urges that NIH ensure a fair, transparent, and rigorous peer review process for award decisions that is based on science and public health needs.** A recent analysis by the Washington Post revealed that there was a 31% decrease in the number of NIH-supported grants that mention the word "women" in 2025

(https://www.washingtonpost.com/science/2026/04/19/science-research-funding-cuts-trump/). We are concerned that the grantmaking process at NIH may be compromised by non-scientific priorities and is disproportionately impacting underinvested research areas like women's health. Data like this may even discourage investigators from pursuing research on certain topics, ultimately leading to missed opportunities that could discover the next life-saving treatment.

We urge NIH to ensure a grant-making process that are aligned with the agency's stated goals in the Strategic Plan so that NIH can advance research and care for all populations, including women who make up more than half of the world's population. Significant health disparities exist among women, as well as between women and men, and the urgent need for better understanding of these differences cannot be overstated. To this end, WFRC encourages NIH to strengthen efforts to ensure balanced representation and appropriate expertise when evaluating grant proposals on women's health and sex differences research in the peer review process. We recognize the challenges that NIH is facing from recent consolidation and centralization of NIH review at the Center for Scientific Review (CSR). NIH should ensure appropriate level of scientific review staff at CSR so that reviews can be done in a timely manner and by reviewers with relevant expertise. Furthermore, NIH should consider increasing the use of Special Emphasis Panels to ensure that applications for women's health and sex differences research receive expert reviews, using wider outreach methods to leverage the network available in professional societies and organizations. WFRC has supplied a list of potential reviewers who are willing to volunteer their time and expertise to contribute to a rigorous peer review process.

Additionally, WFRC believes it would be even more important to increase transparency in peer review/decision-making process that leads up to awards, considering the recent change in NIH's policy to no longer rely on paylines for award decisions. Clear communication of which factors contributed to a funding decision and why an application was or was not funded will be crucial, not only to foster accountability and build trust, but also for investigators to improve future applications based on the feedback.

Finally, **WFRC recommends that NIH enhances the agency's communication efforts to the public to achieve the goal of improving transparency and accountability.** We note that a significant reduction in force last year has made NIH's communication efforts with the public more challenging. However, educating the public about NIH-supported research advances, promoting awareness of health and disease, and improving reporting of data on research grants are an essential part of science that will restore public trust in federally funded biomedical research.