

GARC

GLOBAL AUTISM RESEARCH CENTER

GLOBAL AUTISM RESEARCH LANDSCAPE

2026

A practical map of the field, research priorities, infrastructure,
data resources, persistent gaps and emerging directions.

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About this resource

The Global Autism Research Landscape 2026 is a concise institutional reference for researchers, universities, funders, policy teams, service leaders and community partners who need a structured view of the autism research field. It brings together current public evidence on prevalence, research growth, funding, priority-setting, major research infrastructures and emerging directions.

Scope note

This is a curated landscape report, not a systematic review or exhaustive bibliometric census. No single database captures all autism research worldwide. Figures are therefore tied to their original populations, time periods and data sources, and should not be generalized beyond those boundaries.

How to use it

- Use the research-domain map to orient new projects and literature searches.
- Use the infrastructure and data-resource sections to identify established repositories, cohorts and international networks.
- Use the gap map to frame proposals, partnerships, policy briefs and future GARC research priorities.
- Use the source list as a starting point for deeper evidence review and verification.

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01 Executive snapshot

Autism research is now a large, multidisciplinary field spanning neuroscience, genetics, public health, education, mental health, services, technology, policy and lived-experience research. The field is growing in scale and methodological sophistication, but access to research capacity, diagnosis, services and data remains uneven across countries and populations.

1 in 127

WHO global estimate for autism in 2021

WHO, 2025 [1]

1 in 31

8-year-olds identified with ASD in 16 U.S. ADDM communities in 2022

CDC, 2025 [2]

57,108

ASD studies identified in one Web of Science mapping study, 2011-2022

Jiang et al., 2023 [4]

\$456.1M

U.S. federal + private autism research funding reported for 2022

IACC portfolio analysis [3]

Interpretation matters

The WHO figure is a worldwide estimate. The CDC figure is not a global prevalence estimate; it is based on surveillance of 8-year-old children in 16 U.S. communities in 2022. Differences in methods, identification practices, services and population characteristics can produce very different estimates.

What defines the 2026 landscape?

- Rapid growth of large-scale genomic and deeply phenotyped cohorts, including new whole-genome sequencing resources.
- Greater emphasis on co-occurring physical and mental health conditions, quality of life and health outcomes.
- Expansion from child-focused research toward adulthood, aging, employment, housing and lifelong support.
- Growing use of AI, computational methods, multimodal data and digital measurement - alongside demands for validation, transparency and equity.
- Stronger expectations for data sharing, reproducibility, interoperable research infrastructure and responsible secondary use.
- Increasing focus on participatory research, autistic co-production and meaningful community leadership.
- Persistent need for more culturally responsive research and greater representation from low- and middle-income countries and underserved communities.

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02 The global research field

Research output has expanded substantially

A large knowledge-mapping study identified 57,108 autism-related studies in the Web of Science Core Collection from 2011 to 2022, published across more than 6,000 journals. In that analysis, annual output rose from 2,623 publications in 2011 to 7,390 in 2021. A separate scientometric review of 2011-2023 literature reported the United States, United Kingdom and China as leading contributors and collaboration hubs. [4,5]

What the growth does not mean

More publications do not automatically mean that research priorities are aligned with community needs, that evidence is equally distributed across the lifespan, or that research capacity is geographically balanced. Publication counts measure activity, not relevance or impact.

A multi-layered field

Basic & molecular science	Genetics & genomics
Neuroscience & biomarkers	Epidemiology & surveillance
Identification & assessment	Interventions & supports
Health & mental health	Education & learning
Services & implementation	Adulthood & aging
Employment, housing & community	Data science & AI

Geographic imbalance remains a strategic issue

Global research activity is concentrated in countries with mature research funding, specialist clinical systems and large data infrastructures. At the same time, WHO notes that autism prevalence remains unknown in many low- and middle-income countries. INSAR continues programs intended to increase participation from under-represented regions, while recent priority-setting work in Australia and Aotearoa New Zealand highlights the need to align research investment more closely with community needs. [1,14,12]

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03 Priority research domains

The following ten domains provide a practical map for organising contemporary autism research. They synthesize recurring themes across major priority frameworks, funding portfolios, research networks and 2026 developments. They are not a formal global ranking.

#	Domain	2026 research focus
1	Identification & assessment	Earlier, accurate and culturally appropriate identification; adult assessment; implementation in real-world systems.
2	Genetics, genomics & molecular mechanisms	Genetic architecture, rare and common variants, gene regulation, cell models, multi-omics and biological pathways.
3	Neurobiology, heterogeneity & biomarkers	Brain development, sensory processing, physiology, stratification, longitudinal markers and multimodal phenotyping.
4	Co-occurring health & mental health	Epilepsy, sleep, gastrointestinal, anxiety, depression, ADHD, pain, physical health and complex support needs.
5	Interventions, supports & outcomes	Evidence for supports that improve communication, participation, well-being, adaptive functioning and quality of life.
6	Services, systems & implementation	Access, workforce, care pathways, service quality, affordability, rural access and translation of evidence into practice.
7	Lifespan, adulthood & aging	Transitions, postsecondary education, employment, independent living, health care, relationships, aging and long-term outcomes.
8	Education, employment & community inclusion	Inclusive learning, workplace participation, housing, justice, built environment and community accessibility.
9	Equity, diversity & global inclusion	Women and girls, gender diversity, ethnicity, language, culture, LMIC contexts and underrepresented/high-support-needs groups.
10	Participatory research & knowledge translation	Co-production, autistic leadership, accessible dissemination, shared priority setting and translation to policy and practice.

Synthesis informed by WHO, IACC, Autism CRC/AARC, INSAR, current cohort initiatives and recent research mapping. [1,3,11,12,13,14]

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04 Signals shaping autism research in 2026

01**Whole-genome scale**

SPARK reports more than 400,000 participants and has moved from whole-exome to whole-genome sequencing. In September 2026, SFARI announced release of WGS data for more than 45,000 SPARK participants, including more than 20,000 diagnosed with autism. [7,8]

02**Deep phenotyping + multimodal data**

AIMS-2-TRIALS LEAP combines clinical/behavioural features, cognition, eye tracking, EEG/MRI, genetics and biochemical measures across more than 700 participating families in five European countries. [10]

03**Health beyond core autism features**

Recent IACC strategic-plan work focused specifically on co-occurring conditions and health outcomes, reinforcing a shift toward whole-person health and accessible care. [15]

04**AI and computational integration**

Bibliometric studies report rising use of machine learning, neuroimaging, digital methods and computational analysis. The opportunity is substantial, but reproducibility, bias, clinical validity and accessibility remain essential safeguards. [5]

05**Open science & secondary use**

NIMH requires relevant human-subject data from NIMH-funded research to be deposited in the NIMH Data Archive; SFARI Base and AIMS-2-TRIALS provide additional controlled-access research infrastructures. [9,10]

06**Co-production as research quality**

Autism CRC's 2026 roadmap calls for autistic co-production and co-leadership to become more standard, supported and sustained rather than tokenistic. [13]

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05 Global research infrastructure

Autism research increasingly depends on networks, cohorts, repositories and shared infrastructure rather than isolated studies. The examples below are deliberately illustrative and do not imply any partnership or affiliation with GARC.

Region	Infrastructure	Role in the research ecosystem
Global	WHO	Public-health evidence, global disability and health framing, country-level system perspective.
Global	INSAR	International scientific society, annual meeting, researcher development, global and cultural-diversity initiatives.
United States	IACC / Office of National Autism Coordination	Strategic planning, federal coordination, portfolio analysis, public input and research-priority tracking.
United States	NIMH Data Archive (NDA)	Controlled research data infrastructure for clinical, genomic, imaging, phenotypic and other human-subject data.
United States / global research access	SFARI / SFARI Base	Funding plus cohorts, genetic/phenotypic datasets, biospecimens, models and controlled data access.
United States	SPARK	Very large longitudinal autism research cohort connecting genetics, phenotype and research participation.
Europe	AIMS-2-TRIALS / LEAP	Multicentre longitudinal deep-phenotyping and biomarker research with external data-sharing infrastructure.
Australia & Aotearoa New Zealand	Autism CRC / AARC	Community-informed research priorities, translation, inclusive practice, education, services and lifespan evidence.

A useful institutional principle

The strongest research ecosystems combine four layers: (1) priority setting, (2) research production, (3) shared data/infrastructure, and (4) translation into policy, services and accessible public knowledge. GARC can use this four-layer model when designing its own portfolio.

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06 Data and open-science resources

High-value resources researchers should know

Resource	What it contains	Access	Why it matters
NIMH Data Archive (NDA)	Multi-study human-subject research data	Controlled	Large NIH-linked infrastructure; includes autism research across NIH institutes.
SFARI Base	Phenotypic, genetic, imaging data; biospecimens; cohort resources	Controlled / application	Access to SPARK, Simons Simplex Collection, Simons Searchlight, AIC, Autism BrainNet and related resources.
SPARK	Genetic + longitudinal participant information	Via approved research pathways	Largest autism research study/community reported by SPARK; >400,000 participants in 2026.
AIMS-2-TRIALS LEAP	Clinical, behavioural, cognition, eye tracking, EEG/MRI, genetics, biochemical markers	Controlled external database	European longitudinal deep-phenotyping resource; >700 families participated.
INSAR Meeting Archives	Conference programs, abstracts, selected recordings	Mixed open/member access	Useful for horizon scanning; meeting findings may be preliminary and not equivalent to peer-reviewed evidence.
Autism CRC Knowledge Centre	Reports, resources, guidelines, research outputs	Public	Strong translation-oriented source spanning early years, school years, adulthood and general topics.

Access rules and available datasets can change. Researchers should always verify current eligibility, data-use agreements, consent constraints, fees and governance requirements with the host organisation. [9,10,14]

Responsible data use

- Use only data for purposes permitted by consent, data-use agreements and ethics approvals.
- Distinguish de-identified data from truly anonymous data; re-identification risk can remain in rich genomic and longitudinal datasets.
- Plan for secure access, role-based permissions, retention, auditability and controlled sharing.
- Include community and participant perspectives in decisions about secondary use, especially where data are sensitive or potentially stigmatizing.
- Document provenance, variables, exclusions and analytic decisions to support reproducibility.

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07 Persistent research and translation gaps

The field is expanding, but the most important gaps are not simply “topics with fewer papers.” They often reflect mismatches between where research resources are concentrated and what autistic people, families, systems and underrepresented communities need.

Gap	Why it matters
Global representation	Autism prevalence and service pathways remain poorly characterized in many LMIC settings; research infrastructure and culturally validated measures are uneven.
Adults and aging	Evidence on adult health, aging, housing, employment, relationships and long-term support remains less mature than child-focused research.
High and complex support needs	Research participation and outcome measurement can underrepresent people with intellectual disability, limited speech or complex health needs.
Women, girls and gender diversity	Identification pathways, masking, mental health, service experiences and research inclusion need continued attention.
Co-occurring health conditions	Physical and mental health conditions can drive major impacts on well-being but are not always integrated into autism research and care.
Implementation gap	Effective knowledge may not reach routine services, schools, employers, communities or policy at sufficient speed or consistency.
Cultural and language validity	Screening, assessment and outcome tools may not transfer reliably across languages, cultures and systems.
Community influence	Participatory research is growing, yet 2026 work still identifies barriers to genuine autistic leadership and sustained co-production.
Data interoperability	Large datasets create opportunity, but harmonisation, metadata quality, consent, governance and reproducibility remain practical bottlenecks.

Priority and gap themes are consistent with WHO, IACC and recent Autism CRC work, including the 2026 “Mind the Gap” report and co-production roadmap. [1,12,13,15]

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08 Action agenda for research organisations

For a research centre, the most useful response to the landscape is a disciplined operating agenda rather than a broad promise to “cover autism.” The actions below can guide 2026-2028 planning.

1 Choose a small number of research priorities

Define 5-7 thematic priorities and publish the rationale, evidence base and review cycle.

2 Build a live evidence intelligence function

Track new systematic reviews, major datasets, guidelines, funding calls and policy-relevant findings.

3 Prioritise underrepresented contexts

Develop culturally appropriate work in regions and populations where evidence and infrastructure are limited.

4 Make participation meaningful

Create roles, compensation principles, accessible formats and decision rights for autistic contributors.

5 Design for the lifespan

Avoid over-concentrating the portfolio on children; include transition, adulthood, aging and family/system outcomes.

6 Use shared infrastructure

Where possible, connect to existing repositories, standards and cohorts rather than rebuilding closed systems.

7 Treat translation as a research output

Produce evidence briefs, implementation tools, policy notes, practitioner resources and community summaries.

8 Set a data-governance baseline before collection

Clarify consent, ethics, data minimisation, security, access, retention and cross-border sharing before projects begin.

9 Separate evidence strength from attention

Do not equate emerging, highly visible topics with established evidence; label uncertainty explicitly.

10 Measure impact beyond publication counts

Track uptake, partnerships, data reuse, policy influence, capacity building, access and community value.

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09 Strategic opportunities for GARC

Positioning principle

GARC does not need to replicate the scale of established genetic cohorts or national surveillance systems. Its strongest opportunity is to connect global evidence with underrepresented regions, institutional decision-makers and practical knowledge translation - while building research capacity step by step.

Opportunity	What GARC could build	Horizon
Global Autism Evidence Observatory	Continuous horizon scanning, evidence summaries, annual landscape reports and thematic dashboards.	Near-term
MENA / GCC Autism Evidence Programme	Map research, policy, datasets, service models and gaps across Arabic-speaking and Gulf contexts.	High strategic value
Arabic Knowledge Translation	High-quality Arabic evidence briefs, toolkits, terminology resources and accessible summaries.	Near-term
Global Research Directory	Curated directories of journals, centres, datasets, funders, researchers and open resources.	Near-term
Research Priority & Questions Bank	Structured questions linked to GARC's research agenda and evidence gaps.	Near-term
Participatory Research Standard	A practical GARC framework for autistic and family involvement in priority setting, research and dissemination.	Build with community
Multi-centre Collaboration Model	Common protocols, governance templates and partnership pathways for cross-country studies.	Medium-term
Autism Data & Indicators Framework	Define a responsible indicator architecture before attempting a proprietary data platform.	Medium-term
Policy & Implementation Briefs	Translate research into concise decision products for ministries, universities, schools and service systems.	Near-term
Open Research & Publication Pipeline	Repository-first publication, transparent versioning, references, metadata and update cycles.	Near-term

These are strategic recommendations for GARC, not claims that the programmes are already operational, externally validated or partnered.

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10 Where to go next

Use this page as a compact navigation layer for deeper research. Always verify current access rules and publication dates before relying on a source for a study, policy or institutional decision.

Source	Best use	Website
WHO - Autism fact sheet	Global public-health overview and worldwide prevalence estimate.	https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders
CDC - Autism Data & Research	U.S. surveillance data, methods and community-level prevalence information.	https://www.cdc.gov/autism/data-research/
IACC	U.S. autism research strategy, portfolio analysis and coordination resources.	https://iacc.hhs.gov/
NIMH Data Archive	Controlled data infrastructure for mental-health and autism research.	https://nda.nih.gov/
SFARI	Research funding, datasets, cohorts, models and scientific resources.	https://www.sfari.org/
SPARK for Autism	Large U.S. longitudinal autism research cohort and research participation platform.	https://sparkforautism.org/
INSAR	International scientific society and annual autism research meeting.	https://www.autism-insar.org/
Autism CRC Knowledge Centre	Research reports, community-informed priorities, guidance and translation resources.	https://www.autismcrc.com.au/knowledge-centre
AIMS-2-TRIALS	European longitudinal, biomarker and data-sharing research infrastructure.	https://www.aims-2-trials.eu/

Next GARC resource

This report is designed to be followed by GARC-RE-002: Global Autism Research Journals Directory - a practical directory of journals, scope, publisher, access model and relevance for autism researchers.

EVIDENCE BASE

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Important

This publication is for research, education and institutional planning. It is not medical advice, clinical guidance or a diagnostic resource. External organisations and resources listed in this guide are cited as examples or evidence sources; listing does not imply partnership, endorsement or affiliation.

About GARC

Global Autism Research Center (GARC) is a specialised research centre focused on advancing autism research, evidence, knowledge translation, data-informed decision-making and international research collaboration. GARC develops research agendas, evidence resources, practical tools and institutional partnerships intended to strengthen the connection between research and real-world impact.

This publication forms part of the GARC Downloadable Resource Library. The library is designed for progressive publication on the GARC website, with each resource assigned to a defined category so that researchers, institutions, professionals, autistic people and families can locate relevant material quickly.

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