

Advanced Research Projects Agency for Health (ARPA-H)

ARPA-H was created to address areas of research that cannot easily be realized within the traditional biomedical research ecosystem in which the National Institutes of Health (NIH) funds basic science, and private industry funds translation of that science into products used by patients.

While the NIH model has been successful, it can result in innovation and research gaps because some of the most promising research projects, with the potential to catalyze health breakthroughs, are not funded because they do not fit well within the current research funding model or may lack the necessary economic returns for private industry investment.

By focusing explicitly on bold, transformative, and applied research projects, ARPA-H holds the potential to quickly bridge the gap between the research lab and the patient with targeted, innovative therapies while simultaneously benefiting from and bolstering the bedrock research being done at NIH and the National Cancer Institute (NCI).

Transformative research Speeding implementation Tackling specific problems

ARPA-H can accomplish biomedical breakthroughs in cancer and in other diseases by:

- Focusing on fundamentally transforming how research is done through technology advancement,
- Speeding application and implementation of breakthroughs in health care,
- Driving translational work in areas without market incentives, and
- Driving research to solve specific, identified problems

What could ARPA-H mean for cancer?

- New research on mRNA vaccines to prevent cancers
- New research into platforms and capabilities to accelerate cancer cures
- Enhanced manufacturing processes for personalized cancer treatments

ARPA-H Organizational Structure HHS Secretary NIH Director ARPA-H Director ARPA-H Director Business Team Members

ARPA-H is a distinct agency within NIH, focused on high-risk, high-reward projects guided by project managers in collaboration with external stakeholders from diverse sectors.

ACS CAN Position

We urge Congress to provide \$51 billion for NIH, and in addition, include at least \$1.5 billion for ARPA-H for FY24. ARPA-H funding should not come at the expense of basic and clinical research at NIH and NCI.

American Cancer Society Cancer Action Network | 655 15th Street, NW, Suite 503 | Washington, DC 20005



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