White House Office of Science and Technology Policy & National Institutes of Health
ARPA-H Listening and Feedback Session
Wednesday, October 20, 2021
Summary

Overview

On October 20, 2021, the White House Office of Science and Technology Policy (OSTP) and the National Institutes of Health (NIH) convened a listening session for the Advanced Projects Research Agency for Health (ARPA-H) in order to collect feedback on the ARPA-H Listening Sessions Summary Report. This report summarized the comments and suggestions provided by nearly 5,100 stakeholders across fifteen listening sessions held in July and August 2021. This listening and feedback session was attended by more than 370 participants from the public and across the biomedical research community.

The session was opened by Dr. Francis Collins, the Director of NIH, who summarized the mission and goals of ARPA-H, underscoring the transformative and disruptive goals of the agency. ARPA-H will focus on high-risk, high-reward projects that cannot be solved with traditional research methods. These projects may include making molecular zip codes for targeted drug therapies or creating wearable sensors to manage chronic illnesses. Dr. Collins also noted that ARPA-H will be milestone-driven with a focus on solving practical problems and with an acceptance of the inherent risk of failure that comes with pursuing groundbreaking research. He encouraged participants to continue providing feedback such as specific models of engagement that have proven successful, which could then be incorporated into the ARPA-H model. Finally, Dr. Collins touched upon his retirement announcement and reaffirmed his and NIH's commitment to championing ARPA-H; he assured that NIH and OSTP will continue its dedication to ARPA-H as a priority of the President.

Dr. Tara Schwetz, Assistant Director for Biomedical Science Initiatives at OSTP, then provided an overview of the major themes presented in the ARPA-H Listening Sessions Summary Report. These themes include taking multidisciplinary approaches to develop broad platforms and technologies that complement NIH's portfolio, emphasizing health equity and diversity as a pivotal component in all aspects of ARPA-H's approach, having streamlined processes for expedited discovery, and transitioning products to market to rapidly reach patients. Dr. Lawrence Tabak, Principal Deputy Director at NIH, also emphasized the unanimity among stakeholder groups who mentioned the need for equity and diversity to be central to the mission ARPA-H.

Following these opening discussions, the participants were encouraged to submit questions and comments, which were answered live by the panelists. The participants submitted 94 questions and comments, 32 of which were answered during the listening session. A summary of the major themes from these questions and suggestions is provided below.

Themes

- ***ARPA-H's leadership and organizational structure will be key to its success.*** In response to questions about the future director of ARPA-H, the panelists promoted the need for a multifaceted director: one who is a visionary ambassador and advocate for the agency. The

director should be someone with a demonstrated history of pushing boundaries and of taking risks while being grounded in equity, diversity, and inclusion. These characteristics will also be key when recruiting program managers and other ARPA-H team members. Driven by their ambition to tackle groundbreaking programs on a limited timescale, the program managers will be expected to harness their expertise to apply unconventional methods to answer conventional problems.

When asked about the future geographic location of ARPA-H, the panelists suggested that ARPA-H will benefit from the ability to capitalize on the brain trust and infrastructure that exists at NIH, but need to be distant enough to cultivate its own culture. There is broad agreement that ARPA-H should not be located on the NIH main campus. Physical distance from the main campus will facilitate the development of a distinct culture, as well as reinforce the independence of ARPA-H. This approach is similar to that of DARPA, which benefits from this same autonomy by being located several miles from the Pentagon. Additionally, ARPA-H will not have its own intramural research program.

- ***ARPA-H will approach projects with a bold and ambitious spirit.*** Members of the community suggested and the panelists agreed that, when projects fail, the projects should fail *forward*. By embracing failure, ARPA-H will "take swings" as often as possible to create innovative products. ARPA-H will focus on use-driven research with broad applicability and a robust reach. For example, there is great promise in gene therapy and gene editing systems that ARPA-H could accelerate. It also plans to be very forward-looking within data science capabilities. The community raised questions and comments on running and funding clinical trials; ARPA-H could positively disrupt current clinical trial models to allow for more efficient approaches. It will also be receptive to continuous input from multiple sources as the program managers are developing new potential programs.

  In order to choose these transformative projects as part of an ambitious program, the panelists discussed implementing a proposal process similar to that of DARPA that would be faster than the typical NIH grant process. The program managers, drawing upon the vast scientific expertise that exists among the federal workforce, will be the major drivers of the research portfolio, with final sign off by the ARPA-H director.

- ***ARPA-H will encourage multidisciplinary approaches in all phases of its mission.*** Program managers will be emboldened to convene teams that consist of experts outside the typical realm of biomedical research. These experts will bring in their own unique perspectives to approach problems from different angles, applying lessons learned or models from their own field. In doing so, ARPA-H can catalyze the next generation of interdisciplinary research—a concept that was emphasized by some of the comments from the community. By forming diverse teams and pursuing interagency collaborations with other key agencies, for example the U.S. Food and Drug Administration and the Centers for Medicare & Medicaid Services, ARPA-H can ensure that its products are rapidly delivered to Americans across the country. With regards

to commercialization, OSTP has also been working with DARPA and ARPA-E to learn from their best practices and to incorporate these lessons into ARPA-H's potential approach.

- ***ARPA-H will prioritize community outreach and building trust.*** It is important for the public to trust and embrace the ARPA-H model. The panelists noted that the best way to build trust with the community is by sharing stories that have transformed people's lives and have had a profound impact on history, like the first man on the moon or the Human Genome Project, and building off of existing, long-standing relationships. ARPA-H has the potential to deliver life-changing treatments to patients that are created upon a foundation of trust. Further, it was clarified that ARPA-H could focus on a wealth of behavioral science issues in order to promote the overall health of all Americans.

Next Steps and Conclusion

The White House and NIH will continue to seek perspectives from stakeholders on ARPA-H. Comments are encouraged and should be submitted to ARPAHcomments@nih.gov. Stakeholders are reminded to review the ARPA-H Listening Sessions Summary Report, which highlights and describes the suggestions and discussions from the first fifteen listening sessions. OSTP and NIH are grateful for the participation and perspectives provided by the wide variety of stakeholders in these listening sessions. The Administration will continue to work to ensure that ARPA-H will be well-positioned to solve some of the most pressing health challenges of our time for the benefit of all Americans.