Developing the FY 2021-2025 NIH-Wide Strategic Plan

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Time to Update the NIH-Wide Strategic Plan
21st Century Cures Act

- **P.L. 114-255**
  - Signed into law Dec 13, 2016

- **Requirements**
  - NIH-Wide Strategic Plan to be developed a minimum of every 6 years
  - IC strategic plans to be informed by the NIH-Wide Strategic Plan
  - Use of a Common Template to harmonize strategic plans across NIH
  - Others

National Institutes of Health
Division of Program Coordination, Planning, and Strategic Initiatives
Goals of the FY 2021-2025 NIH-Wide Strategic Plan

The Plan **WILL**:

- Clearly articulate the highest priorities of the NIH overall
- Describe how the NIH will achieve the highest priorities
- Represent an update on the last Plan – including accomplishments under last plan and new initiatives across NIH

The Plan **WILL NOT**:

- Describe all the many important things that NIH does and will do in the future
- Address priorities of the individual Institutes, Centers, and Offices (ICOs) since each of the ICOs has their own strategic plan
- Be a complete overhaul of the last Plan
Process and Timeline for Development of FY 2021-2025 NIH-Wide Strategic Plan

- **Sep. – Dec. 2019**: Phase 1: NIH Input & Develop Strategic Plan Outline
- **Dec. 2019 – May 2020**: Phase 2: Public Input & Draft Strategic Plan
- **June – Nov. 2020**: Phase 3: Approval Process (including return to the ACD)
FY 2016-2020 NIH-Wide Strategic Plan Outline

- Overview
- NIH's Strategy
  - Objective 1: Advance Opportunities in Biomedical Research
    - Fundamental Science
    - Treatments and Cures
    - Health Promotion and Disease Prevention
  - Objective 2: Foster Innovation by Setting Priorities
  - Objective 3: Enhance Scientific Stewardship
  - Objective 4: Excel as a Federal Science Agency by Managing for Results
- A Few Bold Predictions for America's Future
Overview

NIH’s Strategy

- **Objective 1**: Advancing Biomedical and Behavioral Sciences
- **Objective 2**: Developing, Maintaining, and Renewing Scientific Research Capacity
- **Objective 3**: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science

A Few Bold Predictions for America’s Future

Appendix

- Common Fund Strategic Priorities
Objective 1: Advancing Biomedical and Behavioral Sciences

Driving Foundational Science
- Basic research
- Animal models
- Population science/Epidemiology

Preventing Disease and Promoting Health
- Translational research
- Clinical research
- Implementation/Dissemination research
- Population Science/Epidemiology

Developing Treatments, Interventions, and Cures
- Translational research
- Clinical research
- Implementation/Dissemination research
- Population Science/Epidemiology
Objective 2: Developing, Maintaining, and Renewing Scientific Research Capacity

Cultivating the Biomedical Research Workforce
- Overarching goals of training and career development programs
- Examples
  - Diversity programs
  - Clinician-Scientist Training Programs

Supporting Research Resources and Infrastructure
- Overarching goals of research resources and infrastructure support activities
- Examples
  - Comprehensive Cancer Centers
  - Data sharing platforms
Objective 3: Exemplifying and Promoting the Highest Level of Scientific Integrity, Public Accountability, and Social Responsibility in the Conduct of Science

Fostering a Culture of Good Scientific Stewardship
- Setting priorities
- Monitoring progress
- Others

Leveraging Partnerships
- Universities and research institutions
- Public engagement
- Others

Ensuring Accountability and Confidence in Biomedical and Behavioral Sciences
- Ethical and equitable conduct of research
- Enhancing workforce
- Others

Optimizing Operations
- Increasing efficiency and effectiveness
- Improving NIH operations, business processes and coordination
- Others
Overview: Cross Cutting Themes

- Increasing/Enhancing Diversity
- Optimizing Data Science
- Promoting Collaborative Science
- Addressing Public Health Challenges Across the Lifespan
FY 2016 – 2020 Bold Predictions

➢ A candidate vaccine that induces a broad antibody-binding response to multiple strains of the influenza virus will be in clinical trials—a critical step towards a universal flu vaccine.
  ▪ 4 candidate vaccines in different stages of clinical trials
  ▪ 1 manuscript in preparation and results from 2 studies expected in 2020

➢ Application of certain mobile health (mHealth) technologies will provide rigorous evidence for their use in enhancing health promotion and disease prevention.
  ▪ Five mHealth technologies are beneficial in screening for anemia, developmental delays, cervical cancer, and depression
FY 2016 – 2020 Bold Predictions

- Radical new methods for structural biology will revolutionize drug screening and optimization.
  - Cryo-EM enabled understanding of the structure of proteins that are attractive targets for drug development in glioblastoma and other cancers
  - Cryo-EM also elucidated the structural basis of the mechanism of action of a drug (ISRIB, an eIF2B activator) that has relevance in brain injury

- NIH-supported research will directly contribute to FDA-approved therapies for at least a dozen rare diseases.
  - FDA approved therapies for at least 8 rare diseases with NIH support through basic and translational research, partnerships to accelerate approvals, and clinical research consortia
FY 2016 – 2020 Bold Predictions

- NIH-supported research will develop effective, tailored behavioral and social interventions to promote health and prevent illness in populations that experience health disparities.
  - Created research framework to guide researchers and developed NIH Minority Health and Health Disparities Strategic Plan with focus on interventions
  - Implemented 6 behavioral and social interventions in populations that experience health disparities

- NIH-supported clinical trials will show that at least a half-dozen interventions thought to be clinically beneficial actually have no value.
  - Comparison studies showed that 6 interventions in different healthcare environments (such as hospital care and home care) and across the healthcare spectrum (from preventive care to treatments) are ineffective as compared to controls
Thank you