DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2027

Advanced Research Projects Agency for Health

Congressional Justification for Appropriations Committees

Advanced Research Projects Agency for Health (ARPA-H)
Washington, DC - Cambridge, MA - Dallas, TX
www.arpa-h.gov

Alicia Jackson, Ph.D.
ARPA-H Director

On behalf of the Advanced Research Projects Agency for Health (ARPA-H), I am pleased to present the fiscal year (FY) 2027 budget. This request for $945 million supports the agency's mission and affirms its role in the Secretary and President's commitment to Make America Healthy Again. ARPA-H fills an urgent gap in health research that no other agency in HHS, or anywhere in government, can address. No other entity has the authorities, structure, and mission to fill it.

As I begin my tenure as the agency's second director, I am honored to lead ARPA-H as it matures from ambitious start-up to a fully realized science funding agency. ARPAs are contrarian by nature. They do not invest where expert consensus agrees. Rather, an ARPA embraces risk - boldly funding transformational ideas where it identifies high-reward opportunities. In just three years, ARPA-H has demonstrated that a new model for health research is not only possible but essential to the advancement of our nation's healthcare challenges. With an investment of over $3 billion in funded research, ARPA-H has launched over two dozen programs, engaged hundreds of performers across academia, industry, and government, and begun delivering on its promise to patients and taxpayers.

ARPA-H exists to make the impossible possible. We are the time machine for health, collapsing the decades-long journey from discovery to patient care into just a few years. This agency tackles "ARPA-hard" challenges – health challenges that are too risky for traditional funders, too raw for industry, and too complex for any single institution. Where others see barriers, we see frontiers. With ARPA-H, the era of incrementalism research and development is over. Execution of real-time solutions is now underway.

We are building on early successes. ARPA-H programs are already advancing novel cancer detection technologies, accelerating platform approaches to rare disease, and pioneering new manufacturing methods that could reshape how medicines reach patients. These are not distant promises. They are active programs with milestone-gated contracts, rigorous oversight, and clear timelines. When projects fail to meet milestones, we end them quickly and redirect resources to more promising paths. This discipline is the ARPA model, and it works.

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The future of health is not waiting, and neither are we. With continued support, ARPA-H will deliver on its mandate to transform what is possible in science, medicine, and health. I am grateful for your support and look forward to demonstrating what this agency can achieve – rapidly advancing healthcare solutions for all Americans.

Sincerely,

Alicia Jackson, Ph.D.
Director, Advanced Research Projects Agency for Health

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Section I: Executive Summary

Introduction and Mission

The Advanced Research Projects Agency for Health (ARPA-H) supports the development of high-impact solutions to society's most challenging health problems. ARPA-H advances high-potential biomedical and health research that is not readily accomplished through traditional research pathways or commercial activity. Using approaches unique within the U.S. government, ARPA-H tackles the hardest challenges across the health ecosystem—turning what seems out of reach into tangible realities that improve health.

ARPA-H exists to make the impossible possible. The agency serves as a time machine for health, compressing the decades-long journey from discovery to patient care into just a few years. ARPA-H takes on "ARPA-hard" challenges that are too risky for traditional funders, too early for industry, and too complex for any single institution. These problems often sit in the gap between basic research and commercialization, where promising science stalls because no one else is positioned to invest. Where others see barriers, ARPA-H sees frontiers. The agency operates with a business model distinct from other HHS components. ARPA-H is not another grant-maker. It moves quickly, assembles world-class teams, and drives solutions from concept to real-world testing on aggressive timelines. This speed is enabled by authorities specifically granted to ARPA-H, including Other Transaction (OT) Authority for rapid contracting, streamlined hiring mechanisms, and tailored flexibilities that reduce delays common in traditional research and development (R&D).

Central to ARPA-H's approach is the Program Manager (PM) model. PMs are visionary technical experts who define ambitious health problems, build multidisciplinary teams, and actively lead programs from start to finish. They are hands-on technical leaders who shape program strategy, select performers, and make decisive go/no-go milestone decisions. PMs serve term-limited appointments of three to six years, ensuring continual infusion of fresh thinking while maintaining the urgency and discipline required to deliver breakthrough results. This model enables an active, problem-driven portfolio strategy. ARPA-H designs programs around clearly defined health challenges identified and led by PM expertise, rather than relying on pre-ordained or passive portfolio requirements. This focus is critically important: it allows ARPA-H to concentrate resources on the opportunities most likely to transform the health ecosystem, rather than dispersing funds across incremental efforts.

ARPA-H stands at a singular moment. In just three years, the agency has demonstrated that a new model for health R&D is not only possible, but essential. ARPA-H has launched over two dozen programs, engaged hundreds of performers across academia, industry, and government, and begun delivering on its promise to patients and taxpayers. With continued support, ARPA-H will build on these early successes, advancing novel cancer detection technologies, accelerating platform approaches to rare disease, turning the promise of personalized medicine into reality, and pioneering new manufacturing methods that could reshape how medicines reach patients.

The cost of inaction is staggering. Aging-related diseases already consume over $1 trillion annually in the United States[1]. Alzheimer's disease alone costs $781 billion this year and is

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC12039680/

projected to reach $1 trillion by 2050[2]. Slowing biological aging by just one year would yield $38 trillion in economic value[3]. Beyond the economics, these diseases inflict immeasurable suffering on millions of Americans. ARPA-H is uniquely positioned to pursue interventions at this scale and speed. The future of health is not waiting, and neither is ARPA-H.

[2] https://schaeffer.usc.edu/research/dementia-alzheimers-cost-model-2025/

[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC10154220/

Overview of Budget Request

The FY 2027 President's Budget request for the Advanced Research Projects Agency for Health is $945 million, a decrease of $555 million from the FY 2026 Enacted Level.

ARPA-H ($945 million total):

This request supports advanced R&D aligned with HHS priorities and the Make America Healthy Again (MAHA) agenda, organized across five focus areas. First, ARPA-H will address chronic disease by pursuing transformative approaches to prevention, earlier detection, and durable treatment—aimed at reducing morbidity, mortality, and long-term healthcare costs. Second, ARPA-H will strengthen America-made manufacturing and rural access by advancing scalable, resilient domestic production and supply chains for critical medical products, including enabling platforms that can support personalized therapies. Third, ARPA-H will invest in proactive approaches to healthy well-being by developing capabilities that help prevent Americans from becoming patients in the first place. Fourth, ARPA-H will improve healthcare security, efficiency, and transparency by advancing trustworthy AI and biotechnology, and strengthening biosafety and biosecurity. Fifth, ARPA-H will reinforce American leadership in frontier health technologies by pushing the boundaries of what is possible in health and biotechnology and accelerating transition to real-world use.

Throughout this budget request, ARPA-H emphasizes disciplined, milestone-driven execution and public-private partnerships to move breakthroughs from concept to real-world impact. These investments will help convert emerging innovations—especially in personalized medicine—from hype to reality, while supporting a more secure, resilient, and competitive U.S. health ecosystem.

Overview of Performance

ARPA-H is committed to maintaining a culture of continuous improvement, transparency, and accountability. ARPA-H integrates industry best practices to identify measures and metrics that indicate progress towards agency goals and objectives and inform organizational, operational, and programmatic decision-making across all levels. ARPA-H is also building a modern, digitized approach to executing R&D funds—strengthening business processes, business analytics, and the integration of AI into workflows. These capabilities are improving the agency's ability to "see itself" with greater precision and depth across programs and operations and remain an active area of development as ARPA-H continues to mature.

For program investments, ARPA-H uses a rigorous scoping and evaluation approach called the Heilmeier Questions, to evaluate ideas and determine suitability for the agency's model. The approach is based on a set of questions developed by former DARPA Director, George H. Heilmeier (1975-1977), and ensures that the most ambitious, yet rigorously vetted ideas are selected for consideration. Program Managers (PMs) at ARPA-H begin with a directional focus that increases the likelihood of program success and then build a robust set of quantifiable metrics and milestones that guide funding decisions and go/no-go continuation of awards. PMs leverage highly skilled Agreement Officers (AO) uniquely qualified to exercise Other Transaction (OT) authority to negotiate advantageous terms for high-risk, high-reward business arrangements and achieve maximum return on investment for the taxpayer. ARPA-H uses Objectives and Key Results (OKRs) and Key Performance Indicators (KPIs) to internally monitor progress towards strategic and operational priorities.

ARPA-H is also committed to effective financial stewardship and risk management to foster prudent use of resources and maintain public trust. ARPA-H continues to strengthen accurate, transparent, and on-time financial reports and justifications, standardize and document business processes, and implement integrated data management and governance policies. Agency funding documents are vetted through multiple subject matter experts to ensure quality control and funding availability. Following technical, programmatic, and other internal approvals, funding is strategically aligned to R&D efforts and carefully monitored to ensure fiscal responsibility throughout program execution. Together, these efforts are expanding ARPA-H's performance management capabilities and helping the agency operate at the leading edge of modern R&D execution in government.

Advanced Research Projects Agency for Health
All Purpose Table

(dollars in millions)

Activity	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	$	FTE	$	FTE	$	FTE	$	FTE
Advanced Research Projects for Health (ARPA-H)	1,500.000	134	1,500.000	132	945.000	132	(555.000)	(0)
Total, ARPA-H Program Level	**1,500.000**	**134**	**1,500.000**	**132**	**945.000**	**132**	**(555.000)**	**(0)**
Total, ARPA-H Discretionary Budget Authority	**1,500.000**	**134**	**1,500.000**	**132**	**945.000**	**132**	**(555.000)**	**(0)**

Section II: Appropriations Account Title

Advanced Research Projects Agency for Health
Summary of Changes

(dollars in millions)

	Dollars	FTEs
FY 2026 Enacted Total estimated budget authority.....	$1,500.000	132
FY 2027 President's Budget Total estimated budget authority.....	$945.000	132
Net Change.....	**($555.000)**	**(0)**

	FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	BA	**FTE**	**BA**	**FTE**	**BA**	**FTE**
Increases: Built-in:						
Subtotal, Program Increases.....					--	--
Total Increases.....					--	--
Decreases: A. Built-in:						
Subtotal, Built-in Decreases.....					--	--
B. Program: ARPA-H	$1,500.000	132	$945.000	132	($555.000)	(0)
Subtotal, Program Decreases.....					*($555.000)*	*(0)*
Total Decreases.....					**($555.000)**	**(0)**

Advanced Research Projects Agency for Health
Authorizing Legislation Table

(dollars in millions)

	FY 2026 Amount Authorized	FY 2026 Amount Appropriated	FY 2027 Amount Authorized	FY 2027 President's Budget
Activity:				
ARPA-H Programs				
Part J, Title IV of the Public Health Service Act, Section 499A	$500.000	$1,500.000	$500.000	$945.000

Advanced Research Projects Agency for Health
Appropriations History Table

(dollars in millions)

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriation
	General Fund Appropriation:				
2022	Annual- ARPA-H	$6,500.000	$3,000.000	$2,400.000	$1,000.000
2023	Annual- ARPA-H	$5,000.000	$2,750.000	$1,000.000	$1,500.000
2024	Annual- ARPA-H	$2,500.000	$500.000	$1,500.000	$1,500.000
2025	Annual- ARPA-H	$1,500.000	$500.000	$1,500.000	$1,500.000
2026	Annual- ARPA-H	$945.000	$945.000	$1,500.000	$1,500,000
2027	Annual- ARPA-H	$945.000	-	-	-

Section III: Narrative by Activity

Advanced Research Projects Agency for Health

(dollars in millions)

Program Name	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
ARPA-H	$ 1,500.000	$ 1,500.000	$ 945.000	($555.000)
FTE	134	132	132	0

Allocation Method……..……Cooperative Agreements, Contracts, Cash Prizes, and Other Transactions

Program Description

ARPA-H's mission is to accelerate better health outcomes for all Americans. Inspired by the Defense Advanced Research Projects Agency (DARPA), the agency tackles healthcare's most complex and pressing challenges - those that may be too risky or uncertain for industry to pursue.

ARPA-H plays a unique role in health and biotech research and development (R&D), targeting the intractable problems that more traditional funders cannot or will not consider. Rather than pre-allocating resources to specific research areas, the agency applies deep technical expertise to identify opportunities where focused investments can transition scientific discoveries into real-world solutions. These solutions are designed for rapid adoption by the commercial market or further advancement by other funders, such as venture capital and private equity firms. In this way, ARPA-H acts as a catalyst for innovation, bringing ideas to life and driving outsized impact with a small fraction of HHS's overall R&D budget. Indeed, even a single successful program holds the potential to transform health outcomes, reduce healthcare costs, and generate far-reaching societal benefits.

ARPA-H's structure and methodology promote efficiency and accountability in government, ensuring investments have the highest potential to maximize return on investment. Central to this model is the agency's dynamic team of Program Managers (PMs), who serve as both visionary and executive leaders. PMs, who are deep technical experts and aspirational thinkers, design and manage ambitious programs that align with administration priorities in health and biotech - leveraging public-private partnerships to build multidisciplinary teams across government, industry, academia, and beyond - that blend expertise and resources. PMs are term-limited to encourage urgency and accountability, and this constant rotation infuses fresh ideas into the agency. Through ARPA-H's statutory authority to apply Other Transactions (OTs), PMs leverage innovative business practices to drive programs. Specifically, PMs are integrated with specialized OT Agreement Officers (AO) to develop tailored acquisition tools that foster engagement with non-traditional performers, maximize competition, and use milestone-based payments to promote rapid technical progress toward commercialization. The agency is also exploring methods to recover investments from successful federally funded innovations, ensuring taxpayers share in the benefits of breakthroughs.

Budget Request

ARPA-H's FY 2027 President's Budget request is $945 million. This request aligns the Department of

Health and Human Services' (HHS) priorities, positioning ARPA-H as a critical engine for the Secretary's vision for a healthier future and delivering real-world results for the Make America Healthy Again (MAHA) agenda.

At this level, ARPA-H will seek to take on health care's toughest challenges within MAHA's dimensions. These resources would sustain current efforts - many of which are already achieving promising preliminary results – with the opportunity to translate into significant wins for the Administration's goals, while also supporting initial work on new initiatives spurred by MAHA Commission findings and emergent Administration priorities.

Focus Areas

ARPA-H's mission is to make strategic investments in transformative solutions with the potential to improve health outcomes for all Americans. The agency has organized these investments into five focus areas, which align with broader Department and Administration goals:

1. ***Addressing Chronic Disease****:* Approximately 60% of Americans have at least one chronic disease, and 40% have two or more[4]. As one of the most urgent issues facing the U.S. healthcare system - and as a central pillar of the MAHA agenda - addressing chronic disease is a key portfolio area for ARPA-H. The agency strives to drastically lower chronic disease rates, reduce mortality and morbidity rates for adults and children, slash the country's roughly $4.5 trillion in chronic disease expenditures[5], and save taxpayer resources in the process. ARPA-H currently funds numerous investments aimed at tackling chronic disease, including those that harness the lymphatic system (such as LIGHT and GLIDE), alleviate disorders like Alzheimer's disease (BIOGAMI) and heart disease (ADVOCATE), developing non-invasive therapies that deliver treatments in the GI tract that would otherwise require injection or invasive procedures (REO), and those that train the immune system to produce *in vivo* treatments for cancer and autoimmune disorders (EMBODY). ARPA-H anticipates launching efforts in the near term focused on universal immune transplants, revolutionary radiotherapy effective against all cancers, and improved critical illness ICU outcomes. In FY 2027, the agency aims to build to prevent viral illnesses that lead to chronic disease, and organ system rejuvenation and replacement.

2. ***America-Made Manufacturing & Rural Access****:* The United States currently relies heavily on overseas sources for medical products. Around 80% of active pharmaceutical ingredients and 40% of finished drugs are manufactured outside the country[6]. This renders the American public's access to critical medical products and supplies, especially in rural areas, far too vulnerable. Thus, reshoring or onshoring medical product manufacturing and ensuring resilient, efficient supply chains is a priority for ARPA-H, which aligns with the Administration's "America First" policy. ARPA-H aims to transform manufacturing technologies, processes, and business models for domestic medical product production

[4] https://www.cdc.gov/pcd/issues/2025/24_0539.htm
[5] https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html#:~:text=The%20impact%20of%20chronic%20diseases,significant%20health%20and%20economic%20benefits.
[6] https://www.fda.gov/news-events/congressional-testimony/safeguarding-pharmaceutical-supply-chains-global-economy-10302019

to unlock scalable manufacturing for personalized therapies and critical supplies. The agency has already launched and will fund several efforts in this space such as agentic Artificial Intelligence (AI)-enabled cardiovascular disease care management (ADVOCATE), discovery and distributed manufacturing of genetic medicines (GIVE), mobile medical centers bringing hospital-level capabilities to the home (PARADIGM), and cold chain-free biological medicines (BoSS). In FY 2027, the agency aims to build on this strong foundation with additional efforts to include developing cost-effective technologies for implantable, wearable or ingestible biosensors for diagnostic and therapeutic purposes.

3. ***Proactive Approaches to Healthy Well-Being:*** Of the country's nearly $5 trillion in total annual healthcare expenditures[7], approximately 30% is spent on treating preventable conditions[8], compared to a mere 3% devoted to proactive measures for these conditions[9]. This imbalance presents a clear opportunity and is recognized as a critical element of the MAHA agenda and an important area of focus for ARPA-H. Specifically, the agency aims to invest in novel capabilities that prevent Americans from becoming patients in the first place. ARPA-H currently funds efforts that identify biochemical and physiological markers, compressing timelines for aging studies from decades to years, and providing endpoints for targeted therapeutics for healthspan (PROSPR), and is pioneering in-home data collection and clinical trial protocols that can assess age-associated health outcomes, accelerating the availability of new therapies. ARPA-H launched an effort to harness rich, multimodal data to gain clearer insight into an individual's mental health state and predict which mental health treatments will work best and faster (EVIDENT). In FY 2027, the agency aims to build on this strong foundation with additional efforts that narrow approaches to reduce risk of behavioral health disorders and chronic diseases.

4. ***Healthcare Security, Efficiency, and Transparency***: The next generation of health and biotechnologies - whether AI/ML, automated devices or systems, or other innovations - will require a strong foundation of resilience capabilities. It is crucial that these leading-edge solutions are developed in the United States, consistent with the Administration's "America First" policy. ARPA-H shares this commitment, prioritizing innovations that improve healthcare efficiency and resiliency, and protect national security. To that end, the agency has already made progress toward developing capabilities to autonomously detect and neutralize cyberthreats in hospitals (such as DIGIHEALS and UPGRADE). Additionally, the agency has launched a program to build the first pediatric data network, tying in imaging, pathology, genomics and all other medical data to enhance the care for pediatric cancer across the country (PCX). In FY 2027, the agency aims to build on this strong foundation with additional efforts to include developing streamlined, refined infrastructure for clinical trials that will reduce cost and compress time from discovery to market, giving us a strategic advantage in the biotech race against China.

5. ***American Leadership in Frontier Health Technologies:*** Central to the Administration's "America First" policy is maximizing U.S. competitiveness in critical and emerging technologies, including health

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[7] https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.01683#:~:text=Health%20care%20spending%20reached%20$5.3,shown%20for%201991%E2%80%9392

[8] Bolnick HJ, Bui AL, Bulchis A. Health-care spending attributable to modifiable risk factors in the USA: an economic attribution analysis. Lancet Public Health. 2020;5:e525–e535. doi: 10.1016/S2468-2667(20)30203-6.

[9] https://healthcostinstitute.org/all-hcci-reports/spending-on-preventive-services-represents-a-small-fraction-of-total-health-care-spending-but-costs-to-individuals-could-be-high-without-aca-protection/#:~:text=In%20this%20brief%2C%20we%20use,broken%20down%20by%20service%20category

and biotechnology. As the U.S. government's foremost agency for R&D in this space, ARPA-H is uniquely positioned to contribute to this goal. Indeed, each of the agency's investments is dedicated to pushing the boundaries of possibility across the spectrum of health and biotechnology innovation. This includes Agency innovations currently making progress towards - eradicating osteoarthritis with a single injection (NITRO), growing organs on-demand within a few hours (such as HEART and PRINT), or curing blindness by enabling whole-eye transplants and optic nerve regeneration (THEA). ARPA-H launched efforts focused on autonomous robotic surgical interventions (AIR), AI-enabled protein design platforms to treat neurodegenerative diseases (BIOGAMI), and novel fetal monitoring for improved labor and delivery outcomes (MOCS). In FY 2027, the agency aims to build on this strong foundation with additional efforts to include developing biohybrid systems to restore full function to damaged or disease tissues, real-time identification and visualization of neural circuits, and continued efforts to breakthrough capabilities in AI in healthcare.

Five Year Funding Table

Fiscal Year	Amount
FY 2023 Final	$1,500,000,000
FY 2024 Final	$1,500,000,000
FY 2025 Final	$1,500,000,000
FY 2026 Enacted	$1,500,000,000
FY 2027 President's Budget	$945,000,000

Program Accomplishments

In just three years, ARPA-H's investments have already begun to yield significant, real-world results. These early wins foreshadow the groundbreaking potential of the agency to transform human health.

Full eye transplants

The Transplantation of Human Eye Allografts (THEA) program, which aims to cure blindness, has made significant progress toward achieving this goal. In just six months of work, THEA has accomplished what decades of previous efforts have not: concrete steps toward fully restoring human sight. THEA's performer teams have spurred a wave of scientific firsts: the first ever whole-eye harvest, transport, diagnostic and preservation of viable human donor eyes; the first ever growth of key nerve cells past the optic chiasm, the first ever regrowth of a severed optic nerve by electrical field stimulation. Together, these accomplishments provide a strong foundation for complete restoration of human sight, something many thought impossible. The promise of THEA goes far beyond vision to include breakthroughs that have shown it is possible to regenerate critical elements of the central nervous system.

Rejuvenating damaged joints

The Novel Innovations for Tissue Regeneration in Osteoarthritis (NITRO) program, which aims to develop injectable therapeutics to self-heal damaged joints, has successfully bio-printed cartilage on a thigh bone structure and regenerated cartilage from moderate disease after a single injection. NITRO performers have also demonstrated bone regeneration and pain reduction through a simple intra-arterial injection. Bioresorbable knee implants have also been generated that meet load-bearing metrics, but do not result in

permanent fixed metal joints (e.g. screws or posts).

Organs on demand

The Health Enabling Advancements Through Regenerative Tissue Printing (HEART) project, which aims to print a 3-D functional human heart in under one hour, has already developed critical capabilities to make that goal a reality. To do so, the team navigated incredibly complex technical challenges: culture viable cells at scale, develop cell-friendly printing techniques, automate printing devices and processes such that they are synchronized and capable of meeting exact specifications, and more. Thus far, HEART has successfully synthesized these requirements to 3-D print a full-sized human heart structure in four hours, demonstrating the ability to recreate the organ's anatomy, including its intricate vascular networks, in a way that can accommodate the various cell types that make up a fully functional human heart.

Repurposing for rare disease

The ML/AI-Aided Therapeutic Repurposing In eXtended uses (MATRIX) project aims to build a machine learning platform that rapidly identifies medications to treat rare diseases that currently have no therapies. There are more than 10,000 known rare diseases—affecting one in ten Americans—but safe, effective treatments exist for only a few hundred of them[10]. At the same time, there are thousands of FDA-approved drugs on the market, many of which have been developed to treat only one disease. Over the past 18 months, MATRIX has been methodically analyzing the effects of more than 3,000 drugs across 22,000 diseases to identify potential new uses. It has produced a dataset of 66.7 million optimized drug–disease efficacy scores to accelerate therapeutic discovery and repurposing. Last year, thanks to the MATRIX toolkit, a patient with POEMS syndrome received the precise combination of chemotherapy, immunotherapy, and steroids he needed – and lived to walk out of the ICU – after every other treatment regimen had failed.

Securing our digital health infrastructure

The Digital Health Security (DIGIHEALS) program played a pivotal role in identifying and addressing major cybersecurity vulnerabilities in the Contec CMS8000 patient monitor—a device widely used in hospitals across the US, EU, and China for tracking vital signs and providing life-saving care. The DIGIHEALS team not only detected these flaws but also evaluated vendor-issued patches, discovering new vulnerabilities introduced by attempted fixes. In the last two years, AIxCyber Challenge (a joint effort by ARPA-H and DARPA) competition participants have developed next-generation autonomous software agents to find and fix vulnerabilities in critical medical infrastructure. In the Finalist round, teams identified at least one real-world vulnerability and 18 zero-day vulnerabilities that were discovered in open-source projects.

The DIGIHEALS program successfully prototyped a cyber-resiliency rapid response system that brought a 20-bed emergency department back online in only 34 minutes from a ransomware attack using a team of 6-8 trained personnel. Scalable demonstrations are anticipated for 2026.

[10] https://rarediseases.org/wp-content/uploads/2025/12/Rare-Disease-Fact-Sheet-V2-1.pdf

Key Output and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2026 Target	FY 2027 Target	FY 2027 Target +/-FY 2026 Target
1.1 Number of Program Managers Onboard (Output)	FY 2025: 27.0 Target: 50.0 (Target Not Met but Improved)	50.0	50.0	Maintain
2.1 Number of days between Science and Technology Board program approval and Congressional Notification of program launch (Output)	FY 2025: 39.0 Target: Not Defined (Target Not In Place)	30.0	30.0	Maintain
3.1 Percent of discretionary funds obligated within the first year of appropriation (Output)	FY 2025: 6.9% Target: 60.0% (Target Not Met)	60.0%	60.0%	Maintain
4.1 Utilization by programs/projects/initiatives of Customer Experience and Investor Catalyst Hubs (Output)	FY 2025: 18.0 Target: Not Defined (Target Not In Place)	Discontinued	Discontinued	N/A
4.2 Percentage of ARPA-H programs that involve multiple performers from at least two industries teaming to generate solutions (Output)		Not Defined	Set Baseline	N/A
6.2 Percentage of new ARPA-H programs and projects with a data sharing and reproducibility plan. (Output)		Not Defined	75.0%	N/A

Section IV: Supplementary Tables

Advanced Research Projects Agency for Health
Budget Authority by Object Class

(dollars in thousands)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel compensation:				
Full-time permanent (11.1)	$12,394	$12,153	$12,302	$149
Other than full-time permanent (11.3)	$18,061	$17,710	$17,927	$217
Other personnel compensation (11.5)	$294	$288	$292	$4
Special personnel services payments (11.8)	$80			
Subtotal personnel compensation	**$30,829**	**$30,152**	**$30,521**	**$369**
Civilian benefits (12.1)	$11,379	$11,158	$11,295	$137
Benefits to former personnel (13.0)	$75			
Total Pay Costs	**$42,283**	**$41,310**	**$41,816**	**$506**
Travel and transportation of persons (21.0)	$1,096	$1,142	$854	($288)
Transportation of things (22.0)	$56	$58	$57	($1)
Rental payments to GSA (23.1)	$111	$116	$111	($5)
Printing and reproduction (24.0)	$1	$1	$1	($0)
Other Contractual Services:				
Advisory and assistance services (25.1)	$4,268	$4,448	$3,433	($1,015)
Other services (25.2)	$238,399	$309,646	$191,773	($117,873)
Purchase of goods and services from government accounts (25.3)	$192,179	$249,612	$154,593	- ($95,019)
Research and Development Contracts (25.5)	$1,454	$1,888	$1,170	($718)
Operation and maintenance of equipment (25.7)	$234	$244	$234	($10)
Subtotal Other Contractual Services	**$436,534**	**$565,838**	**$351,203**	**($214,635)**
Supplies and materials (26.0)	$32	$33	$32	($1)
Equipment (31.0)	$146	$152	$146	($6)
Grants, subsidies, and contributions (41.0)	$658,659	$855,501	$528,567	($326,934)
Interest and dividends (43.0)	$6	$6	$6	($0)
Financial Transfers (94.0)	$35,835	$35,842	$22,208	($13,634)
Total Non-Pay Costs	**$1,132,476**	**$1,458,690**	**$903,184**	**($555,506)**
Total Budget Authority by Object Class	**$1,174,759**	**$1,500,000**	**$945,000**	**($555,000)**

Advanced Research Projects Agency for Health
Detail of Full-Time Equivalent

	2025 Actual Civilian	2025 Actual Total	2026 Est. Civilian	2026 Est. Total	2027 Est. Civilian	2027 Est. Total
Discretionary						
Direct:	134	134	132	132	132	132
ARPA-H FTE Total	134	134	132	132	132	132

Advanced Research for Projects Agency for Health
Detail of Positions

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Executive level I			
Executive level II	1	2	2
Executive level III			
Executive level IV			
Executive level V			
Subtotal Executive Level Positions	1	2	2
Total - Exec. Level Salaries	$221,910	$390,443	$417,491
Subtotal ES positions	1	2	2
Total - ES Salary	$221,910	$390,443	$417,491
GS-15	26	28	28
GS-14	30	32	32
GS-13	11	10	10
GS-12	2	2	2
GS-11			
GS-9			
Subtotal	69	72	72
Total - GS Salary	$10,961,344	$11,831,502	$11,976,674
Ungraded			
Administratively Determined	58	58	58
T42		1	1
Subtotal	58	59	59
Total - Ungraded salaries	$15,212,039	$17,475,358	$17,687,018
Average ES level	1	2	2
Average ES salary	$221,910	$195,222	$208,746
Average GS grade	15/04	15/05	15/06
Average GS salary	$158,860	$164,326	$166,343
Average Special Pay categories			
Administratively Determined	$262,277	$301,299	$304,949
T42	$ -	$225,000	$225,000

Section V: Proposed Law

The FY 2027 President's budget request for ARPA-H does not include any legislative proposals.