

NIH Common Fund – What's the vision?

The Common Fund supports goal-driven research programs in which investigators work in a coordinated and synergistic way to generate data, solve technological problems, and/or otherwise create resources and tools that will be stimulatory to the Trans-NIH research community.

These programs typically involve a series of integrated funding initiatives that address scientific areas that are broadly relevant to human health and disease. Funding for each program is limited to 5-10 years, so deliverables for each program must be possible within that timeframe.

Criteria

■ Transformative - **Exceptionally High Impact**

- The “exceptionally” derives from the expected breadth of the user community. Common Fund Programs should be relevant to many diseases and many ICs. They should set new standards for research or clinical practice, create entirely new approaches to research or clinical care, or establish new biological paradigms.

■ Catalytic - **Goal-driven, with goals achievable within 5-10 years**

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■ Synergistic - **Enabling**

- CF programs should be valued-added to the ICs, with many investigators able to use the products of CF programs in their own research

■ Cross-Cutting - **Requires Trans-NIH Coordination**

- CF programs should address complex issues that require trans-NIH insights and perspectives to manage. Broad relevance of the science is not enough. There must be a reason why strategic coordination is required.

■ Unique - **Novel, non-duplicative**

- CF programs should provide new solutions to specific challenges. If similar efforts exist, the CF program should be tightly coordinated to prevent duplication of effort.

How Programs are selected and the role of the CoC



Strategic Planning for the Common Fund is a two-phase process.

Phase 1: Broad concepts are solicited from internal and external stakeholders. These are reviewed by the CoC and cleared (or not). The NIH and DPCPSI Directors select a subset for further development.

Phase 2: Select concepts are developed through workshops, portfolio analyses, literature reviews, etc by a trans-NIH group, typically led by staff from 2-3 IC's and OSC. Specific initiatives are developed. Half way through this phase, the CoC is provided an update on the planning and gives additional input. A second clearance vote is not held. At the end of this phase, the trans-NIH group makes a pitch to the NIH and DPCPSI Directors who decide whether the program should be implemented.