Has the Gates Foundation’s global health initiative reshaped the spending priorities of the National Institutes of Health?

Yes, so far. However, “only time will tell if the initiative and its goals are an efficient strategy to improve global health,” Baker Institute fellows Kirstin Matthews, Ph.D., and Vivian Ho, Ph.D., concluded in “The Grand Impact of the Gates Foundation,” published last May by the European Molecular Biology Organization.

The authors found that global health funding by the National Institutes of Health (NIH) has moved steadily upward since 2003, when the Bill & Melinda Gates Foundation (BMGF) launched the Grand Challenges for Global Health (GCGH), a plan to fund research for infectious diseases and other conditions that disproportionately affect developing countries.

Between 2004 and 2008, “the NIH supplemented the GCGH with increased funding of approximately $1 billion for global health issues at a time when the overall NIH budget experienced little growth,” Matthews and Ho wrote. Among other changes, funding for the institute most responsible for researching infectious diseases — the National Institute for Allergies and Infectious Diseases — has increased by 23 percent since 2003, while the budgets for two other NIH institutes rose by only 4.7 percent. Similarly, malaria research got a 40 percent boost in funding while the budget for heart research increased by only 3 percent.

“In our view, this sudden interest and financial support for global health at the NIH was largely due to the BMGF, and its strong outreach to both the scientific community and the public,” Matthews and Ho wrote.

The BMGF is the largest charitable foundation in the United States, with an endowment estimated at $33 billion as of March 2007. In 2006, investor Warren Buffett pledged to donate $30 billion in the coming decades. The BMGF contributes the GCGH funds to the Foundation at the National Institutes of Health (FNIH), which manages and administers the grants; however, the GCGH scientific board oversees and selects the projects to be funded, the authors noted.

The BMGF seeks to close what is known as the 90-10 gap in biomedical research; each year, just 10 percent of all health research funding is devoted to diseases that affect 90 percent of the world’s population. To achieve that, Gates has engaged the scientific community and raised public awareness through the media, Matthews and Ho found. In marked contrast to the NIH, which asks an elite 300 scientists for input on what to fund, the Foundation sought ideas from scientists and institutions around the globe — and got 1048 submissions from 75 countries. Gates unveiled the GCGH initiative at the 2003 World Economics Forum Annual Meeting, an event covered by reporters from around the globe. “The following day, The Wall Street Journal published Gates’ commentary outlining the concept and reasoning behind it,” Matthews and Ho wrote.

Since then, the authors added, Gates has continued to aggressively promote his world health aims, encouraging legislators in Congress to view global health as a priority and support similar research at the NIH.

In 2005, the FNIH awarded 44 five-year grants totaling $448 million; successful projects can request additional funding in the future, the BMGF has said. The true impact of the GCGH will be realized only after the initial grants run out, Matthews and Ho noted. Only then will it be clear whether the projects yield conclusive results or benefit people in developing countries. In the meantime, the GCGH goals highlight health problems affecting millions upon millions of people, and galvanize a more balanced allocation of resources. It is an initiative, Matthews and Ho wrote, that many health advocates believe is long overdue.

EMBO reports 2008; 9(5); 409-412
HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by the James A. Baker III Institute for Public Policy’s Health Economics Program in collaboration with the Baylor College of Medicine’s Section of Health Services Research in the Department of Medicine.

This publication is provided to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of the Baylor College of Medicine.

The Baker Institute and the Baylor College of Medicine’s Section of Health Services Research work with scholars from across Rice University and the Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

For further information about the program, please contact:

Vivian Ho, Ph.D.
James A. Baker III Institute Chair in Health Economics
James A. Baker III Institute for Public Policy
Rice University MS-40
P.O. Box 1892
Houston, Texas 77251-1892
phone: 713.348.2195
e-mail: vho@rice.edu

Laura Petersen, M.D., M.P.H.
Chief, Section of Health Services Research
Department of Medicine
Baylor College of Medicine
Michael E. DeBakey VA Medical Center (152)
2002 Holcombe Boulevard
Houston, Texas 77030
phone: 713.794.8623
e-mail: laurap@bcm.edu

Visit our website at:
http://healthpolicy.rice.edu

Volume 4, Issue 1, March 2009