

Keep Philanthropic Funding Distinct

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The biomedical and pharmaceutical powerhouses of North America and Europe disproportionately focus their resources on the mostly chronic diseases affecting the relatively well-to-do. Of the \$70 billion (US) the international health community spends on research, only 10% goes toward diseases responsible for 90% of the international health burden; it's called the 10/90 gap¹ and it's deadly for poor countries. So, when an American private foundation announces a major investment in global health research, the structure and goals of such an investment deserve attention and discussion.

The Bill & Melinda Gates Foundation announced a \$200 million gift to the National Institutes of Health Foundation to establish the Grand Challenges in Global Health Initiative. It is impossible not to laud any attempt to redress the enormous toll infectious diseases extracts from people living in the Third World, and Bill and Melinda Gates deserve kudos for their courage and commitment to global health. But the way the gift is structured also provides an opportunity to think about the role private philanthropy can play in its support of scientific research. What impact will these funds have on the developed world's biomedical research community? How does this grant follow and depart from historical precedents in international philanthropy? Can \$200 million, as large as it may seem, truly make a dent in the complexities that have hampered progress in global health?

Background information on the grant cites the "grand challenges" proposed by mathematician David Hilbert in 1900 as inspiration (www.gatesfoundation.org). Identifying a number of unsolved problems, Hilbert reenergized and refocused the field of mathematics. The Gates Foundation intends to do something similar, stating that the new initiative "will identify critical scientific challenges in global health and increase research on diseases that cause millions of deaths in the developing world each year."

Curiously, there is no reference to the rich history of how private foundations have supported and nurtured research on tropical diseases for the past century, nor is there any acknowledgement of the intellectual leadership these foundations provided. The Edna McConnell Clark Foundation's assault on schistosomiasis began, much as the Gates Foundation proposes to do, by surveying the terrain and mapping out a strategic plan of attack. The MacArthur Foundation committed millions for the study of parasitic diseases, focusing on advancing the role of basic science research. The UK-based Wellcome Trust is one of the world's leading supporters of research in tropical medicine, particularly malaria, a tradition based on the interests and work of the Trust's founder, Sir Henry Wellcome.

Even more surprising, there is no mention of what is surely the most obvious ancestor of the Gates' initiative: The Great Neglected Diseases of Mankind program launched by the Rockefeller Foundation in the 1970s (www.developmentstrategies.org/Archives/1985NASTropDiseases/1985Trop07.htm). The Rockefeller program was "devoted to bringing the power of the finest scientific institutions of the world to the development of new and better tools and methods of control for these vast scourges of mankind" The Rockefeller Foundation saw an opportunity to reenergize tropical medicine research by exploiting the advances in biomedical sciences, particularly molecular biology and parasitology. The Gates program follows on precedent foundation programs and a fundamental philosophy setting strategic philanthropy apart from charity: The purpose of investment is directed at identifying solutions focused at the level of root causes. Charity cares for the sick; strategic philanthropy aims to cure the diseases making people sick.

The Grand Challenges in Global Health does depart significantly from philanthropic tradition in an important way: The recipient of the \$200 million grant is the NIH Foundation, a vehicle that allows the NIH, the world's largest public supporter of biomedical research, to accept private funds.

It is not this partnering of private and public funding agencies that is noteworthy. Large international efforts are often supported by funding consortia involving the World Bank, United Nations Development Program, World Health Organization, international foundations, nongovernmental organizations, and others. What makes the Gates program unusual is the reliance on NIH leadership and decision-making. One of the great traditions of American private philanthropy, and surely one of the reasons our tax code is favorable toward nonprofit organizations, is the diversity of decision-making grounded in the notion of American federalism, a resistance to yielding too much authority to a central government.²

Private foundations supporting scientific research are (or should be) staffed by individuals with scholarly credentials and interest in the areas funded. Foundations should and do reach out to senior scientists who play important and necessary roles as advisers or subject-matter expert reviewers of proposals. Not unexpectedly, many of these scientists also serve on NIH study sections and review panels, so there will always be some blurring and overlap in public vs. private funding decisions.

Still, when the final grant-making authority remains within the foundation, the spirit and philosophy guiding the decision-making process will reflect the programmatic goals identified by the foundation staff and trustees. Relinquishing this independence is neither good for philanthropy nor for science. Too much reliance on NIH decision-making and expertise increases the risk that ideas or approaches departing somewhat from the federally funded mainstream will remain unfunded. Private support for research must strive to be something more than "more"--it has a responsibility to be different.

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References

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