



Power in global health agenda-setting: the role of private funding

Comment on “Knowledge, moral claims and the exercise of power in global health”

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Abstract

The editorial by Jeremy Shiffman, “*Knowledge, moral claims and the exercise of power in global health*”, highlights the influence on global health priority-setting of individuals and organizations that do not have a formal political mandate. This sheds light on the way key functions in global health depend on private funding, particularly from the Bill & Melinda Gates Foundation.

Keywords: Global Health, Bill & Melinda Gates Foundation, Global Burden of Disease (GBD)

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In his November editorial “*Knowledge, moral claims and the exercise of power in global health*”, Jeremy Shiffman (1) draws back the curtain on how global health priorities are set. Rather than focusing solely on how aid agencies and others with financial resources drive decisions about what health conditions warrant increased attention and spending, Shiffman looks at individuals and organizations that influence debates through other means. In particular, he draws attention to the way the Institute for Health Metrics and Evaluation (IHME) and the *Lancet* claim a prominent place in discourse about global health priority-setting, basing their legitimacy on dominion over data and analysis. He also highlights how the definition of the Sustainable Development Goals (SDGs), the successor to the Millennium Development Goals (MDGs), reflects the influence of many advocates and other unofficial actors operating through an opaque process. Shiffman is right in his observations about the influence of individuals and organizations that have no political mandate, and exercise power in ways that do not depend on an ability to direct funding to particular priorities. IHME, the *Lancet* and other influential actors derive their power from a combination of mastery over data and methods, a role in arbitrating scientific quality and salience, and an ability to advocate both publicly and behind the scenes. In recent years, these actors have demonstrated an impressive ability to set the global health agenda, and have established themselves as central figures in holding donor agencies and others to account for responding to that agenda.

But do these influential actors, which are privately supported, in fact have power that is independent of their major funders? Without private funding they would be unable to operate; and one large private funder, the Bill & Melinda Gates Foundation, has taken a particularly active role in providing

support. We need to ask: is it healthy for global health to be so strongly influenced by organizations, including funders, that are outside of any intergovernmental framework and not subject to public accountability?

Let’s start with one example: Estimates of the Global Burden of Disease (GBD) are valuable to the global health community in many ways. While hampered by low-quality data on causes of death and disability, and dependent on strong assumptions, GBD estimates are currently our best way to understand the distribution of ill health and premature death across ages and regions, and between men and women (2). Almost all claims about the relative importance of one disease or health condition over another – such as, for example, the recent high-level statements about the rapidly growing toll of non-communicable disease (3) – are based on the GBD estimates. In addition, GBD estimates have been used to track and assess collective progress toward global goals, such as the reduction in maternal mortality (4).

Originally, GBD estimates were developed under the auspices of global organizations that have an official mandate to generate information and develop policy prescriptions in the health field – namely, the World Bank and the World Health Organization (WHO) (5). These organizations, for all their well-known shortcomings, exist within the official architecture of the UN family. They have a formal governance structure with appointed and elected representatives, and they have diversified funding from public and private sources. Since the establishment of the IHME in June 2007 with a 105 million US dollars grant from the Bill & Melinda Gates Foundation (6), the GBD estimates have been prepared and published by IHME. The effort is led by Dr. Chris Murray, who originally developed the GBD methods. With Gates Foundation support, IHME prepared the most recent

estimates of the GBD (7), and that information has been used by bilateral donors and public policy analysts to inform the allocation of resources. As a complementary effort, IHME also analyzes trends in donor spending on health, comparing it to the distribution of disease burden – information that is often cited in official documents (8). As Shiffman indicated, IHME has significant influence over priority-setting – and that influence is made possible by grants from one private funder.

IHME is hardly the only influential actor in global health that benefits from private support. The *Lancet*, while it has diversified funding, is also able to operate as it does in part because of support from the Gates Foundation, the Rockefeller Foundation and other philanthropic sources. Since 2005, the Gates Foundation has supported at least five special issues of the *Lancet*, covering topics that included neonatal health, HIV, nutrition and early childhood development; in addition, the Gates Foundation has supported a *Lancet* commission on “*Investing in Health: World Bank World Development Report 1993 at 20 years*” (9). The Rockefeller Foundation supported a special issue of the *Lancet* on universal healthcare. While these and other funders may simply be supporting an existing intellectual agenda, the potential for influence with the offer or withdrawal of funding must be recognized.

Beyond the generation of reference information and support for high-impact journals, philanthropic funding permits groups pursuing particular interests to have a prominent role in setting global health priorities. Private funding has turned global health policy advocacy into a major enterprise within the development community.

For the Gates Foundation, advocacy in support of a specific set of global health priorities, such as childhood immunization, is an explicit aim and has led to an increase in the number, size and influence of many organizations that educate the public and policy-makers about global health needs and progress, and promote greater spending on a set of global health interventions. As the Gates Foundation website states: “*Because our resources alone are not enough to advance the causes we care about, we engage in advocacy efforts to promote public policies that advance our work, build strategic alliances with governments and the public and private sectors, and foster greater public awareness of urgent global issues. Our Global Policy & Advocacy Program has teams dedicated to advocacy, policy analysis, and government relations, as well as strengthening philanthropic partnerships and the charitable sector in the United States and overseas*” (10).

Since 2010, for example, the Gates Foundation has provided approximately 75 million US dollars to the United Nations Foundation, an organization that has significant capacity to reach and influence UN agencies and the governments of wealthy countries. One of the largest grants, for instance, is intended “to raise awareness of and mobilize resources in support of MDGs 4, 5 and 6”. Private funding is also being directed at influencing the next international development goals. Just last month, the Gates Foundation awarded a grant to the University of California-San Francisco “to promote adoption of “a grand convergence in global health” as the SDG for the health sector, through modeling the health outcomes that could be achieved by 2030, developing a

roadmap for implementation of the convergence agenda, and conducting targeted advocacy and policy outreach” (11).

The Gates Foundation is not alone, although it is unique in size, scope and ambition. The Rockefeller Foundation, the David and Lucile Packard Foundation, the William and Flora Hewlett Foundation and other large U.S. private philanthropies have supported the work of organizations that advocate for an increase in donor spending on specific global health programs, and/or a particular geographic or substantive orientation.

None of this is ill-intentioned, and the results can be positive: fast uptake of new information by the policy community, greater spending on some of the health conditions that affect the poorest and the interventions that have the greatest potential for good. And increasingly many foundations are providing basic information about their grant making, which permits some level of scrutiny if not true accountability (12). But there is something awry in the global health system when so many key functions depend on private support – potentially subject to the priorities of a few unofficial actors – and policies can be swayed by an army of advocates.

The risks of over-dependence within the global health community on a small number of private funders, and particularly on the Gates Foundation, can only be mitigated through a set of intentional actions in two domains: First, bilateral and multilateral agencies have to ensure that they have the technical strength to undertake independent, unbiased analysis so that they are not overly reliant on privately-funded agenda-setting data collection and research. Second, the philanthropic sector has to commit to high levels of transparency and pluralism, restraining impulses to promote a single-minded agenda without attention to possible tradeoffs.

Ethical issues

Not applicable.

Competing interests

Author declares that she has no competing interests.

Author's contribution

REL is the single author of the manuscript.

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