

Chairs' Corner -- October 2010
Institute for Health Metrics and Evaluation (IHME)

TO: UW Foundation, Deans/Chancellors, University Advancement Staff

FROM: Lyn Grinstein, Chair, UW Foundation
Howard P. Behar, Vice Chair, UW Foundation
Daniel J. Evans, Immediate Past Chair, UW Foundation

Dear Friends,

Suppose you were a college senior—ambitious, idealistic—with an interest in the burgeoning field of global health. How might you move forward?

Well, if you were a strong student with good number skills, you might apply for a Post-Bachelor Fellowship at the UW's Institute for Health Metrics and Evaluation (IHME). But you'd have to cross your fingers. Last year, almost 400 students from schools around the country (including the "elites") competed for 12 such fellowships. Although the Institute (like the UW Department of Global Health, its administrative home) is only three years old, the word is clearly out that exciting things are happening there.

You can be forgiven if you don't know precisely what IHME does, or if the phrase "health metrics and evaluation" doesn't immediately fire your imagination. Rather than defining the Institute directly, let's start with its most recent piece of work.

On September 16, the *Washington Post* ran an article with the headline "A mother's education has a huge effect on a child's health." NPR, the *Guardian* in London, and the *Christian Science Monitor* also covered the story. All were referring to a study from the British medical journal *The Lancet*, the most important publication in global health. And that study—"Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis"—was the product of IHME.

Why was this news? It might seem intuitive that children of more educated women would have higher survival rates. But by virtue of painstaking, comprehensive, world-wide research and innovative statistical and analytic methods, IHME researchers gave real weight and specificity to that intuition. Of all the factors influencing the mortality of children under five, they found, the increase in women's education accounted for 51 percent of the reduction.

Here is the summary that appeared in the *New York Times*: "The researchers found that for every extra year of education women had, the death rate for children under 5 dropped by almost 10 percent. They estimated that 4.2 million fewer children died in 2009 than in 1970 because women of child-bearing age in developing countries were more educated. In 1970, women in developing countries ages 18 to 44 had attended about two years of school. In 2009, it was about seven years."

Those are stunning numbers—4.2 million children!—and they bring the term “health metrics” vividly to life. They are also numbers that policy-makers, funding agencies, and NGOs working in the field can use. In the area of global health, where both challenges and expenditures are huge, reliable numbers are critical. They help to highlight needs, set priorities (educate girls!), reveal what’s working and what isn’t, and document progress, which can keep people energized and funds flowing. So “health metrics and evaluation” are crucial tools for improving global health, which is the ultimate mission of IHME.

The chance to learn and participate in this work is what draws students to the Post-Bachelor Fellowships. Right from the beginning, fellows learn by doing, in an intense and grueling apprenticeship. Research projects are conceived and guided by IHME faculty, who train and mentor fellows and meet with them regularly. But it is the fellows who actually do the work.

For the study on education and child mortality, the main fellow was Krycia Cowling, a UW graduate from Alaska. “This project,” she says, “was a huge learning experience for me. I started it during my first month at IHME and two years later, it was published.” Her description of those two years gives a good sense of how IHME does its work:

“The early stages included identifying and accumulating as much relevant census and survey data as possible, so I was able to gain familiarity with the type of data sources we often use in global health research. The next steps relied more on statistical analysis and modeling, which I was becoming more comfortable with as the project entered that phase. Finally, the process of preparing for publication was also interesting as it was the first time I had been part of submitting a research paper to a journal.”

When, as planned, Krycia makes her way into the world of global-health policy, her three years at IHME will inform everything she does. “I now understand,” she says, “what it takes to make research credible.”

Krycia’s faculty mentor, and the leader of the project, was Dr. Emmanuela Gakidou, Associate Professor of Global Health and creator and director of the Institute’s fellowship programs (there is also a Post-Graduate Fellows Program). Dr. Gakidou, a native of Greece, worked previously at the World Health Organization and Harvard. She is or has been involved in projects ranging from Mexican health-system reform to malaria control in Zambia and Kenya to global economic inequality. But she describes this recent paper as her favorite.

“Nobody before,” she says, “had produced the education data for this many countries and this length of time—four decades. Then, we quantified the effect—how many children did not die. That’s new information that goes directly to how we might improve health policy. There are so many challenges in this field—finding new methods and tools to measure things that have never been measured. One can never get bored! And the impact can be extraordinary.”

In important ways, IHME is the only institution of its kind, says founding director Christopher Murray (who happens to be married to Dr. Gakidou).

First is the Institute's scope. "For any given topic, others may also be doing research," he says. "What sets us apart is the broad spectrum of our work—running the gamut from resource inputs to health outcomes." The geographic range is also enormous, from the U.S. (including King County) to all the countries you've heard of and some you haven't.

Second, and perhaps even more important, is IHME's independence. Dr. Murray has reasons to value that quality. Earlier in his career, he was recruited to the World Health Organization to do assessments, and in 2000 he published a ranking of world health-care systems. The U.S. came in at number 37. For this and other reasons, the study proved "provocative," he says. "I realized then that it's very hard to do that sort of work within the UN system, or anywhere that's subject to politics. You need an independent entity, where you can simply bring the best science to bear."

So Dr. Murray, by then both well known and controversial (a "troublemaker" in some eyes, according to NPR), went to Harvard and worked on establishing such an entity there. But at the last minute, very publicly, the major funder backed out. Meanwhile, the Bill & Melinda Gates Foundation had moved decisively into global health, and Bill Gates had been studying Dr. Murray's work. Seizing the moment, the Foundation's Tachi Yamada invited Dr. Murray to come out and talk. This was June 2006. A year later, IHME opened its doors at the University of Washington, funded by a 10-year, \$105-million grant from the Gates Foundation and \$20 million from the state of Washington.

"Here," says Dr. Murray, "we're free of interference from anyone who has a vested interest in our results, whether it's governments or international agencies or funders or NGOs running programs on the ground.

"By the nature of what we do, we're always going to generate controversy. We look at things people care about, things that matter, and people are not always thrilled to have independent scientists looking at these things. But most people have grown comfortable with the idea that we exist. What we care about is taking on areas where our approach can improve analysis and add value, and that's what people expect us to do."

As we all know, this region and this university have become key players in the field of global health. IHME is part of that picture, and we are proud to have it here.

Lyn, Howard, and Dan

Looking Back

- **Contributions July 1, 2010 through September 30, 31, 2010, total \$83,766,370.**
- The **September 2010 Report of Contributions** is attached and contains fundraising details.

Looking Ahead

- **Friday, January 28, 2011.** UW Foundation Board of Directors Meeting, 8:30 a.m. coffee; 9:00-11:00 a.m. meeting.
- **Friday, April 29, 2011, 11, 2010,** UW Foundation Board of Directors Meeting, 8:30 a.m. coffee; 9:00-11:00 a.m. meeting.
- **Friday, September 9, 2011,** Joint Meeting of UW Foundation Board of Directors and UWAA Board of Trustees, 8:00 a.m. coffee; 8:30-11:30 a.m. meeting.