

NIH Launches Center to Help Develop New Drugs

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The National Institutes of Health is forming a new center whose purpose will be to develop new medications, and the Obama administration is supporting the endeavor with \$1 billion in funds. According to [reporting](#) by The New York Times, the center will move the NIH for the first time in the direction of early development of new drugs, a role that has traditionally been played only by the pharmaceutical industry.

Typically, the NIH funds basic research to identify the causes of disease and to identify the types of molecules that are eventually reworked by companies to make drugs. This early discovery process generally stops at the point of identification, however. Thereafter, private industry takes over, using NIH-funded research as a launch pad to help them make, test and market promising drugs.

More recently, industry funding for new drug research has diminished and the pace of discovery for truly unique new types of medicines has slowed. The new research center, to be called the National Center for Advancing Translational Sciences, will take promising—but languishing—early drug compounds and try develop them enough that they become attractive to the pharmaceutical industry. As the Times describes it, the new center “is akin to that of a home seller who spruces up properties to attract buyers in a down market.”

The new center has critics, however, who claim that the NIH doesn’t have a good track record for early drug development. Moreover, they also point out that the \$1 billion being fronted to the institute is the generally accepted estimate for the cost of bringing just one new drug to market. Some researchers also fear that the new center could ultimately cannibalize funding from other NIH institutes.

The current head of the NIH—Francis Collins, PhD, who also headed up the human genome project—explains that the status quo isn’t helping the pace of new drugs, especially those that are higher risk and more costly for the industry, such as gene therapies.

“I am a little frustrated to see how many of the discoveries that do look as though they have therapeutic implications are waiting for the pharmaceutical industry to follow through with them,” Collins told the Times.

The Times article does not mention how, or whether, the new center will affect AIDS research, but a number of researchers over the years have complained publicly that promising new scientific developments in the field of HIV have died on the vine because industry was too leery to take them on and there were no other sources of funding to step in and take over. This has been especially true of treatments that are targeted at the immune system, a type of drug development that is far riskier than the type of drug development followed by the makers of antiretroviral drugs.

The path forward for the new center is not certain or clear. Given the state of the economy, many congressional members are talking about cutting funding at the NIH. Also, key researchers in several fields have begun to attack the center in a new blog.

“There are some people that would say this is not the time to do something bold and ambitious because the budget is so tight,” Collins counters. “But we would be irresponsible not to take advantage of scientific opportunity, even if it means tightening in other places.”

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