The global health picture is becoming increasingly interconnected in both its problems and its solutions. It is challenging the complex array of government agencies, multilateral institutions, nongovernmental organizations, and private entities that seek to improve health conditions throughout the world. Among them are U.S. foundations.

The commitment of resources by U.S. grantmakers provides an important but relatively modest contribution to the hundreds of billions of dollars in global assistance and investment from public and private sources. For example, health grants from U.S. foundations equal only 5–10 percent of the funds spent for health and family planning by the U.S. Agency for International Development (USAID), World Bank, or World Health Organization (WHO). Putting U.S. grant making into a global context raises questions about its effectiveness abroad and the relations of U.S. foundations with the international donor community. Framing such questions, however, first requires an understanding of how these foundations approach their work. This paper contributes to that first step by providing a snapshot of some of the key issues that U.S. foundations choose to address and the strategies that they pursue.

Many U.S. foundations are involved in international grant making and have devoted an increasing proportion of their international grant dollars to health in the past decade. U.S. foundations devoted $108.5 million to international health funding in 1994, accounting for 16 percent of all international grant making by U.S. foundations. This represented a 61 percent increase in health grant dollars between 1990 and 1994. The most recent data available show a fairly stable level of funding in the past few years.

Health grants from the top ten international funders accounted for 20 percent of their budgets, compared with only 10 percent of the budgets of smaller grantmakers. Most U.S. foundations that fund internationally also fund programs in the United States. The general strategies that they pursue to address health problems worldwide mirror those applied domestically. Among them are support for prevention and treatment of disease, infrastructure development, strengthening the capacity of communities to solve local health problems, research, information exchange, policy development, and health surveillance.

Funding is not the only tool used in global health philanthropy. Product donations from corporate-giving programs and development of partnerships among those who have and need resources are key sources of support. International grant making by U.S. foundations traditionally has emphasized aid to other countries rather than funding of programs that can apply lessons learned abroad to improve health status and care in the United States. Most of the programs described below involve assisting other countries.
Strategies

PREVENTING AND TREATING INFECTIOUS DISEASE. Prevention and treatment of infectious disease remain high priorities for international health funders. The Rockefeller Foundation, for example, has played a major role in the development of human immunodeficiency virus (HIV) vaccines. In 1996 it launched the International AIDS (acquired immunodeficiency syndrome) Vaccine Initiative (IAVI) to advocate for the development of vaccines, fill gaps in scientific research, and set the stage for vaccine production. IAVI gets support from individual countries, multinational organizations, foundations, and corporations. Included on IAVI’s lengthy list of supporters are the Rockefeller, William H. Gates, and Until There’s a Cure Foundations; the World Bank; the Joint United Nations Programme on HIV/AIDS (UNAIDS); and the British government.

Product donations from pharmaceutical companies’ corporate-giving programs also play a key role in preventing and treating certain diseases. Merck and Company noted in its 1997 annual report that more than eighteen million persons in Africa and Latin America had been treated for river blindness with Merck-donated Mectizan. Bristol-Myers Squibb distributes products through international relief agencies, such as Interchurch Medical Assistance and Project HOPE, that provide both emergency assistance and support for strengthening the delivery of health services. In 1998 SmithKline Beecham began collaborating with WHO on a program to combat the parasitic infection, lymphatic filariasis.

Partnerships between private foundations and corporate-giving programs can serve to both deliver needed medications and assess the effectiveness of strategies to reach those who could benefit. For example, in its Program for Tropical Disease Research, the Edna McConnell Clark Foundation has funded both immunological research and development of strategies to control the spread of trachoma, the world’s leading preventable cause of blindness. Funding from Clark and donation of the antibiotic Zithromax from Pfizer Inc. supported field testing in Morocco of SAFE, a comprehensive public health strategy to prevent and treat trachoma. In late 1998 Pfizer and Clark announced the International Trachoma Initiative, to support implementation of the WHO-endorsed SAFE strategy in five Asian and African countries where the disease is endemic.

Other funders, including the Conrad N. Hilton and the William H. Gates Foundations, also are supporting the initiative.

STRENGTHENING HEALTH SYSTEMS. Some foundations are helping countries to build more equitable and accessible health care systems. The W.K. Kellogg Foundation focuses on increasing access to integrated, comprehensive health systems that emphasize public health, prevention, and primary care. Among its programs, Kellogg supports efforts to engage community and youth organizations in providing comprehensive care for young Latin Americans. Health workforce development and leadership development also are integral to Kellogg’s strategy. For example, the foundation has funded the University of Witwatersrand in Johannesburg, South Africa, to train health professionals to provide community-based primary care.

The Henry J. Kaiser Family Foundation’s single program outside of the United States focuses on South Africa. In the past few years Kaiser has devoted nearly 20 percent of its funding to efforts in that nation to develop a more equitable health care system. Projects funded since 1988 have evolved with the country’s political and social changes. Many have focused on building capacity for policy planning and health system development, leadership development, management training, and communication. Other recent initiatives have
focused on reproductive health, particularly for adolescents, and public health education.

**PROMOTING REPRODUCTIVE HEALTH AND FAMILY PLANNING.** Family planning and reproductive health accounted for nearly one-third of foundation health funding in 1994 and have ranked high on the list of priorities for a number of major foundations. The Ford Foundation’s grant making focuses on societal factors influencing reproductive health and human development. The William and Flora Hewlett and Andrew W. Mellon Foundations address concerns about world population and family planning. Others, such as the John D. and Catherine T. MacArthur and Public Welfare Foundations emphasize reproductive rights and women’s issues abroad. Until recently the Carnegie Corporation of New York had a sustained program to promote African women’s health through improvements in education and legal status.

**PROTECTING AGAINST ENVIRONMENTAL HAZARDS.** Throughout the world environmental hazards join infectious diseases as leading threats to public health. Food and water contamination, climatic change, and air pollution span the globe, as does the cumulative impact of programs funded to address these problems. The goal of ensuring a sustainable future worldwide guides the work of funders in environmental health, whether their grants are awarded at home or abroad. For example, the Jenifer Altman Foundation focuses on reducing exposure to chemicals that disrupt reproduction and pre-natal development. Its support for an effort to block medical waste incineration in India mirrors similar projects in the United States funded as a part of its Health Care without Harm campaign. The W. Alton Jones Foundation’s work on systemic contamination encompasses funding for projects to reduce contaminants affecting children’s health in this country as well as support for efforts in Eastern Europe and the former Soviet Union to eliminate industrial and military pollution.

**ADDRESSING ISSUES ALONG THE BORDER.** The notion of health issues’ transcending geopolitical lines becomes most visible in communities located along national borders. Health problems in Mexico, for example, often become local problems for neighboring U.S. communities. Because of the inter-dependence of communities on both sides of the border, the impact of foundation projects in either country can reach across national boundaries. This can be seen in the Paso del Norte Health Foundation’s Healthy Communities Program, which addresses issues ranging from health promotion to violence prevention to environmental renewal in both Mexican and U.S. communities along the border. Tuberculosis (TB) control in the San Diego/Tijuana region was the focus of a program funded by the Robert Wood Johnson Foundation (RWJF). Among other things, it developed a referral system for TB patients to continue treatment on either side of the border, provided diagnostic equipment for the Tijuana Health Department, and improved communication between public health officials on both sides of the border.

Improving water quality in the border communities of Texas and New Mexico is the goal of the WaterWorks program supported by the El Paso Community Foundation. The foundation manages a multiyear grant for WaterWorks from the Pew Charitable Trusts. The foundation also helps to facilitate funding of WaterWorks projects in Mexico. The project’s focus on self-help methods has promoted community organizing and skills development that can be used to solve other community problems in Mexican and U.S. sites.

**FURTHERING THE MISSIONS OF EXISTING ORGANIZATIONS.** In the past few years two foundations have emerged that add a new dimension to international health philanthropy by supporting the missions of existing public and multinational institutions. The CDC Foundation was created in 1995 to extend the public health activities of the U.S. Centers for Disease Control and Prevention (CDC). This foundation forms partnerships and raises funds to provide new avenues for those outside of the agency to draw on CDC expertise. For example, the foundation ob-
tained funding from the Academy for Educational Development for CDC scientists to develop a course on epidemiology, biostatistics, and scientific communications for public health officials in Ukraine’s Ministry of Health. The foundation’s Atlanta International Health Fellowships provide tuition and travel support for public health professionals from developing countries to attend CDC training programs.

In May 1998 the United Nations (UN) Foundation announced its first round of grants since its establishment in 1997. With a goal similar to that of the CDC Foundation, the UN Foundation provides additional resources for UN programs. Two of its priorities are women and population and children’s health. The foundation recently funded a WHO pilot test of Sustainable Outreach Services (SOS), a new strategy to bring lifesaving minimum preventive health services to children in isolated areas of four African nations. Working with UNAIDS, the foundation also is supporting a peer education program in Ukraine to reduce behaviors that result in high incidences of sexually transmitted diseases, pregnancy, and abortion. The foundation emphasizes forging partnerships between the UN and organizations in the private and nongovernmental sectors both to build support for UN programs and to extend UN services.

ADDRESSING POLICY ISSUES FACED BY INDUSTRIALIZED NATIONS. International grant making by U.S. foundations traditionally has focused on providing services and strengthening capacity to address health problems in developing nations. Funding for international studies that may help to resolve health issues in the United States has been limited and has focused primarily on comparative studies or professional exchange and training. The RWJF, for example, has supported a number of studies related to health care costs, delivery, and outcomes in Canada.

The Commonwealth Fund administers fellowship programs for U.S. policy experts to take sabbaticals in the United Kingdom and New Zealand. Recently, however, the Commonwealth Fund added a new dimension to the work of health grantmakers: an international program in health policy for industrialized nations. The program is designed to foster exchange of ideas and collaboration on common issues among researchers and policy experts from Australia, Canada, New Zealand, the United Kingdom, and the United States. In the program’s first year the fund inaugurated an annual International Symposium on Health Care Policy, held issue-focused conferences, sponsored research, and launched an annual multinational survey. Much of this work is reflected in this volume of Health Affairs.

PROMOTING GLOBAL HEALTH EQUITY AND HEALTH INFORMATION. Recent initiatives by a few U.S. foundations in the areas of global health equity and health information suggest some future directions for U.S. international grant making. These initiatives reflect efforts to address critical issues in a world that will become increasingly interdependent in the next century. The Rockefeller Foundation’s Global Health Equity Initiative involves more than 100 researchers in fifteen countries working to clarify the concept of health equity, develop equity-related case studies in both industrialized and nonindustrialized nations, and stimulate policy dialogues. This initiative is one example of a partnership between a U.S. foundation and a bilateral agency, the Swedish International Development Agency.

Current foundation involvement in the sharing of global health information suggests a model for bringing funders’ resources and expertise into the global arena. For example, several foundations that fund in the United States and abroad have provided support to the Global Health Council to strengthen its
ability to develop networks among organizations and institutions worldwide. The Gates Foundation recently awarded a grant to the council for an electronic communication system that will provide the latest information on disease outbreaks, research findings, and best practices to health care workers worldwide. Meanwhile, the RWJF has funded the council to assess public awareness and attitudes in the United States about infectious disease. What is learned from this RWJF project and others in this country addressing infectious disease can complement international programs so that strategies for prevention and treatment of disease can be improved worldwide. The location of the eleventh annual World Conference on Tobacco and Health in Chicago also allows the RWJF, which only awards grants domestically, to support international information exchange by joining the American Medical Association and the American Cancer Society in hosting the meeting.

Suggestions For Funders

As distinctions among nations begin to break down because of the spread of infectious diseases, the global reach of behavioral and environmental risks to health, and widespread questioning about how best to ensure access to appropriate care, distinctions between domestic and international grant making will also become blurred. This provides new opportunities for foundation programming both by grantmakers with a track record in international funding and by those restricted to domestic funding. There are potential roles for domestic foundations that only a few have considered or tested. Partnerships between domestic and international foundations in the United States offer one way to bring more grantmakers into the global arena. Domestic foundations also can support international studies and exchanges to inform problem solving at home. When demographic changes bring global health issues into local communities, foundation support can be used to document their effects and design effective, culturally sensitive responses. U.S. foundations potentially can extend their impact and invest more strategically by collaborating with public and private funders around the world.10 They can learn from others and should assess their own effectiveness. Foundations that fund extensively both domestically and overseas are particularly well positioned to assess what works across national borders and use the lessons they learn to make all of their grant making more effective. Infusing U.S. foundations’ grant making with a global perspective will strengthen their ability to address the challenges of the next century at home and abroad.

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NOTES

1. USAID budgeted $1.046 billion for health and family planning activities in 1994. Similarly, annual health funding by the World Bank has ranged from $885.7 million to nearly $2 billion in recent years, and 1994–1995 spending by WHO reached $1.97 billion.
4. Renz et al., International Grantmaking.
5. Corporate philanthropy includes corporate-giving programs, which make both cash and product contributions, and corporate foundations. Grants are usually made in communities where the corporation operates.
6. The Bristol-Myers Squibb Foundation also has a major international program of unrestricted grants for biomedical research.
7. SAFE is an acronym that stands for surgery, antibiotics, face washing, and environmental change.
9. Renz et al., International Grantmaking.
10. This same point was stressed by World Bank President James Wolfensohn in remarks at the Council on Foundations annual meeting, 28 April 1998, in Washington, D.C.