

Joint Master in Global Economic Governance and Public Affairs

Nongovernmental and Philanthropic Organizations in Global Health: New Forms of Power Emerging

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Abstract

This report seeks to provide an extensive overview of the effect that nongovernmental and philanthropic organizations, as well as other means of foreign aid, have on nations worldwide with a focus on African Nations. This report hopes to elucidate the effects, direct and indirect, of foreign aid on developing nations and communities abroad.

Taking a look at the history of global health and international philanthropy, how impact is measured, the power dynamic between these organizations, and the influence on local policies will allow this report to show the understudied, yet important, relationship between these organizations and communities. In order to showcase the unique relationship between nongovernmental and philanthropic organizations and local communities, this report will examine the published budgets, health indicators, and annual reports from these foundations and local governments. By doing so, a conclusion regarding the effectiveness of each of these organizations can be conducted and analyzed. Along with this, case studies of global health initiatives by the NGOs and philanthropic organizations will be analyzed, accompanied both by qualitative accounts and quantitative data.

This report will contribute to the small, yet growing body of work regarding the complex relationships seen in the global health field between communities and international philanthropic organizations. Suggestions for improvement and sustainability will be made, with the hopes of implementation in order to utilize philanthropy in a safe and mutually beneficial way in the future.

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Introduction

Within the past 100 years, global health as a field of study and practice has emerged. This new field has become so large and important as a result of the increasing interconnectedness of the globe. This interconnectedness, although beneficial, has only elucidated the disparities in health access and practices, amplifying the need for international aid that transcends the predetermined borders. Global health is a lateral term, including those affected, local governments, international actors, and donors who fund the missions abroad. There are many different actors and stakeholders involved in this relationship, not just the affected communities and the NGO themselves.

Traditionally, national and local governments acted as the frontline and essential workers battling the health effects, however, the growing field of global health has usurped local governments as the primary form of healthcare, particularly in developing nations. While this foreign aid is often welcomed and incredibly kind, this philanthropy is often more complicated than simply donating. The landscape of global health has become filled with obstacles, funding has become siphoned into specific projects, and international relationships strained. This shift from a national to international healthcare is representative of an evolving form of power within the global health field.

Fundamentally, the field of global health defines itself in the overarching goal of improving the health outcomes for vulnerable populations and communities around the world (Duke Global Institute). Working in the field of global health means working towards achieving health equity in low-resource and developing nations around the world utilizing research, education, and collaborative interventions (Duke Global Institute). As is stated, global health is a multidisciplinary field, and having a varied background and experience is needed to face the obstacles that this field might provide. Global health can be differentiated from other stricter and scientific forms of population health, such as epidemiology and public health, by its multidisciplinary approach to understanding the health challenges and inequities that exist abroad. “Global health” doesn’t necessarily mean just health, it also includes social, cultural, economic, and environmental factors that may have an influence on the individual and community level.

The sudden emergence of NGOs is no coincidence, as throughout the past 40 years the number of NGOs has skyrocketed. NGOs are a general term for nonprofit,

private, nongovernmental organizations who provide goods and services to their territories and generally seek to improve society in some way, shape, or form (Brass 2016). Differences among the many NGOs are to be expected, as the large numbers are generally headquartered in different branches around the world. Some of these have specific diseases they choose to focus on, while other are a catch-all program. Some NGOs have religious affiliations, while others do not. Some of the most well-funded NGOs are actually partnered with the governments of where they are headquartered and are given grants and funds in order to ensure that they are effective and well financed. The unprecedented growth of NGOs in the late 1980s to the early 1990s is reflected in a nearly 4 times growth of the number of NGOs that had existed. These organizations that are based in wealthier nations grew from approximately 6,000 to 26,000 in the span of 10 years, according to the World Bank (World Bank). By the late 2010s, NGOs were employing millions of people in communities around the world, in particular in Nigeria, India, and 80% of these individuals being from Villages (Brass 2016).

The role NGOs attempt to fill is the gap in the healthcare systems of developing countries. The NGOs, by the nature of not being entirely run by the government, have the flexibility and funding needed to introduce novel healthcare technologies to nations whose governments might not have been able to previously procure it themselves. As a result of this, throughout the past decades, these organizations have become major players in the global health field. Being able to navigate the complexities of health-related care without the sometimes-lengthy government bureaucracy can be an advantage in this field. NGOs and philanthropic organizations such as The Bill and Melinda Gates Foundation, The Rockefeller Foundation, The Wellcome Trust, and others have made major changes in nations within Africa, saved countless lives, and even helped to strengthen the foundation for communities to grow on their own. Along with this, these large and multilateral organizations have invested billions of US Dollars into not only immediate medical attention, but disease prevention, research, and the construction of infrastructure utilized for medical care. These foundations are targeting infectious and zoonotic diseases, including but not limited to AIDS/HIV, Malaria, Tuberculosis, Ebola, and COVID-19. These organizations don't just work with infectious diseases, they are also beginning to tackle chronic illnesses, and even

touching onto the new field of genomic research. The types of healthcare these NGOs can deliver is unique, tailored, and most importantly, fast.

When and why did this shift from local healthcare to international aid occur? While international philanthropy has existed since the 1700s, the global health complex that exists today skyrocketed in the latter half of the 20th century, particularly in the 1980s and 1990s. While there were many such instances for this transition, historians point to worsening economic factors abroad as well as an increase in corruption with local governments. The state that these developing nations were left in, as well as the increase in global communication, put the developing nations onto the global stage. NGOs now had the knowledge of the conditions abroad, and the communities were dissatisfied with their governments. All of these factors lined up perfectly to create a gap that the NGOs were ready and eager to fill.

The rise of these NGOs and philanthropic power in the field of global health does not go uncriticized. Among a plethora of complaints, many are upset with the undermining of local governments, often prioritizing the goals of the organization, rather than aligning them with the actual needs of the community. Along with this, sometimes the international organization can be so focused on their personal health goals in the community, they often forget how to best advocate for the other health situations there, even though they deserve equal attention as well. Along with this, the increasing reliance on these philanthropic organizations can often lead to a prioritization of the agendas of the donors of the organizations, and not necessarily the needs of the community the aid is going to itself. As a result of this, the interventions in each region are often not specifically tailored to the actual needs, but to what a wealthy donor thinks the community needs. Communities are also sometimes exploited for biometric data to be used in clinical trials, with a less than stellar process for informed consent.

This dynamic and changing role of philanthropic organizations in global health creates a unique and understudied influence and impact, specifically in the African states and communities it is attempting to deliver aid in. While it is true that much of this aid is needed and appreciated, there is also an underlying hand in this exchange. Playing a part in the examination of this role is critical in raising important questions about the accountability and sustainability in aid. Examining published accounting documents, published papers, impact reports, and speaking to experts is an important

part in contributing to the limited, but growing literature surrounding this topic. An in-depth analysis of this relationship hopes to greater explore these dynamics and offer insights regarding strengthening their successes and limitations. This analysis hopes to address the issue at face value and offer a suggestion towards making this relationship purely beneficial for both parties involved.

Literature Review

The current quality and quantity of literature in the field of global health and NGO relations is small and limited, for several factors. First and foremost, this field, while having been around for a long time, has only seen skyrocketing growth since the late 1990s. As a result, most of the literature regarding this topic is only around 30 years old. This small-time frame means that the literature prevalent in this field is limited. Many of the major publications and documents reviewed in this analysis come from the primary sources, and not from secondary, independent sources. The need for independent reviewers and published authors in this field is critical, in order to improve the field for the future.

The earliest literature on this topic examines the large growth of this field, seemingly overnight. This literature focuses more on the economic indicators, as well as the historical context which surround the need for international philanthropy. This literature focuses mainly on areas in Africa, Mexico, and India. These small case studies elucidate the shift from the role of governments in healthcare to the international NGOs in the healthcare of international communities.

The most recent literature comes from either one of two places: the primary sources or secondary critics. Starting with the former, the primary sources are the NGOs themselves. Annually, these foundations will post budget and sustainability reports. These reports and updates are critical for the generation of health indicators, and understanding how effective the foreign initiative actually is. While this annual report is helpful, the foundations are not always forthcoming with any other important data that would be beneficial for critical analysis. The other source for recent literature comes from critics of NGOs. These papers are few and far between but are important in understanding the layers of this complicated issue. Without these papers, there would be little to base any critiques off of, as NGOs themselves don't always publish their failures. These individually published papers, along with the peer reviews, contribute to the growing amount of literature related to this field.

The literature review portion for this thesis came with many challenges, the main one being the lack of sources, both primary and secondary. The data from the primary source, besides the yearly impact reports and historical timelines, was often scarce. The secondary sources were also limited or existed behind paywalls and in different

languages. Along with this, stories of first-hand accounts that were not published through the websites and literature of the NGOs proved difficult to find.

Methodology

This paper intends to explore the relationship between NGOs and the communities they help, with a special focus on Africa. The primary method of research for this paper is in the form of primary and secondary sources, peer reviews, health indicator data analysis, and interviews with experts in the field of human rights and economics. The aim of the methodology of this study is to provide a clear understanding of the influence that philanthropic organizations have in the communities they help and analyze the effectiveness and sustainability of their programs and initiatives.

This paper first utilizes a descriptive analysis to detail the history of (1) Global Health, (2) NGOs, and (3) any historical context needed to have a full understanding of the topic. This description is supported by historical documents from The Bill and Melinda Gates Foundation (BMGF), The Rockefeller Foundation (RF), The Wellcome Trust (WT), and the World Health Organization (WHO). These organizations publish their historical documents, founding papers, annual budget reports, and first-hand accounts from their people “on the field”. These accounts are crucial for the first part of this analysis.

This paper also utilizes a form of quantitative data in its analysis of the health metrics and indicators of the communities that these NGOs have helped. These indicators, both published with the organization and calculated through the government’s yearly data reports, establish a clear picture of the relationship between the NGOs and the community. This portion of the paper seeks to find if the initiatives abroad have helped to mitigate the burdens of disease and health ailments.

Along with this, this paper utilized case studies from each organization studied, The Bill and Melinda Gates Foundation, The Rockefeller Foundation, and the Wellcome Trust. These case studies include the history of the initiatives, as well as the result and how the community is thriving in 2024.

Finally, this paper utilizes interviews with experts in the field to gain a well-rounded view of the situation. By speaking with experts in various fields related to global health and international development, this paper was able to generate a more robust foundation with clarity on topics discussed.

Chapter 1: The Role of Philanthropy in Global Health

“Philanthropy is commendable, but it must not cause the philanthropist to overlook the circumstances of economic injustice which make philanthropy necessary.” - Martin Luther King Jr.

1.1 The History of the Shift from Government Centralized Healthcare to NGOs

Global Health has become a business - the 10 largest funding organizations funded 37.1 billion USD, constituting 40% of all public and philanthropic health research globally (Viergever 2016). When and why did this shift occur? In many developed nations, the healthcare system is run in-country, either as part of government initiatives or from national private healthcare corporations. This paradigm shift from government-led development to private international development can be traced back to the aftermath of the Second World War (Kamat 2004). At first, post-colonial states had the means to be able to provide essential and basic services for their citizens. Services such as education, infrastructure, sanitation, and healthcare all were promised and delivered by the state. This relationship was actually incredibly mutually beneficial, and international economists and policy makers agreed that the state actor could and should be able to provide for its country. This trend continued throughout the 1940s to the 1970s, and the state became the largest employer, responsible for the creation of thousands of jobs, enterprises, and services. In particular, sub-Saharan African states saw an increase in education, university students, with a future in civil service associated with the governments.

While this expansion was positive for the states of Sub-Saharan Africa, the period of rapid growth would come crashing down. Soon, corrupt political systems would infect these nations' economies, making these services difficult to support. Along with national political corruption in the 1970s and 1980s came global challenges such as oil shocks, import prices rising, and natural disasters such as droughts (Brass 2016). In response, the governments began to roll back their services, and followed a philosophy of privatization. One example of this trend occurring in Africa comes from Tanzania in the 1980s. From the years of 1981 and 1986, the government's funds and expenditures were cut in half, while the prices for the use of public services nearly doubled (Tripp 1994). Another example of this occurring comes from Kenya, where the government

spending for the health sector decreased from \$9.82 million USD in 1980 to \$3.61 million in 1996 (Katumanga 2004).

It was around this time that the developing world saw a need for funding NGOs, to act as an informal service provider, without the association and involvement of the foreign governments. At this time, corrupt politicians were accused of siphoning funds meant for services into political campaigns and securing votes (Jablonski 2014). As a result of this, aid to Africa was delivered through different means. The first increase of official development assistance (ODA) was by 34% in the 1990s (Epstein 2006), which was swiftly followed by change of the destination of the funds. Previously, these funds were disbursed to the foreign governments, with the goal of them utilizing this money to fund the government services they had previously provided. As distrust in the global community of governments strengthened, this funding was allocated to NGOs via grants, who would then pioneer their initiatives in Africa. This new process of funding completely circumvented the African state governments. Donors who supported these NGOs were able to bypass state laws, and in turn accomplish the health initiatives that the donors believed in and funded.

The role NGOs play abroad has grown increasingly over the years. What might have started out as basic medical assistance and aid has grown into supplying basic services, such as education, infrastructure, sanitation, agricultural aid, medical aid, disease prevention, and more. In Kenya alone, NGOs are responsible for the management of over 90% of the nation's clinics (Brass 2016). What used to be a good and service provided by the state has now been taken over by NGOs.

1.2 Why do NGOs go to Africa?

NGOs work around the globe, but it's safe to say that a large number of NGOs operate in and around the African continent. Why is Africa such a hotspot for NGOs? African nations represent a unique mix of circumstances which makes it enticing to donors. After the horrific wave of colonialism that occurred in the late 1800s, Africa was left with detrimental and damaging internal issues. Of course, each nation had their own issues internally, but the overall consensus was that the effects of colonialism had left nearly the entire continent in a state of disruption.

A tangential issue to this is the disproportionate burden of disease that Africa faces. While disease can originate and infect people from any location around the world,

Africa, as well as Asia, is at the origin for the genesis of many zoonotic diseases. Zoonotic diseases are infectious diseases which originate in animals, mutate, and are able to be passed onto humans. Of the emerging infectious diseases, 60% of them are zoonotic, with 72% of them said to be from wildlife (Fenollar 2018). The presence of these diseases can depend on a variety of factors, but several key issues have been identified. According to Fernollar, “Several factors of emergence have been identified: microbial adaptation and change, human susceptibility to infection, climate and weather, changing ecosystems, human demographics and behavior, economic development and land use, international travel and commerce, technology and industry, breakdown of public health measures, poverty and social inequality, war and famine, lack of political will and intent to harm (Fernollar 2018)”. As a result of this, many diseases are reported to have either originated or exist in large numbers. Some of the major diseases seen in large numbers, which NGOs hope to alleviate the burden of include Malaria, Tuberculosis (TB), HIV, COVID-19, Yellow Fever, Ebola, and more. An important note to the apparent large number of these diseases in existence is that as NGOs entered Africa, tracing and data collection did increase. The publication of this data made it seem like these diseases spiked in number when in reality they might have existed at steady numbers but were eventually recorded.

1.3 The Bill and Melinda Gates Foundation

Perhaps the most prominent and well-known foundation in the field of Global health would be the Bill and Melinda Gates Foundation. This foundation is an American private foundation, created and launched by Bill and Melinda Gates. It is currently the second largest charitable fund, and currently has an endowment of over \$67 billion USD (Atlantic Philanthropies 2024). The main goal for this foundation is to enhance healthcare and reduce poverty.

The genesis of this foundation began in 1994, with what was then known as the William H. Gates Foundation. The married couple, Bill and Melinda themselves, have decided that they wanted to put their new-found wealth to use, and give back to their community. This original foundation was endowed with an initial gift of \$94 million USD, with the prospects of aiding the health and community needs of their home region, the Pacific Northwest of The United States of America (Bill and Melinda Gates Foundation n.d.). At this point in time, the foundation was run by Bill Gates’ father,

William H. Gates Senior. In 1997, this foundation, primarily focused on increasing aid and funding to the Pacific Northwest, decided to establish a sister foundation, known as The Gates Library Foundation. The main objective of this sister organization was to “bridge the digital divide” and ensure that public library access also included public internet access. In the late 1990s, this was not always assuring, as it marked the beginning of the internet generation, and computers were not as present in homes and public buildings as they are in 2024. Bill and Melinda were so dedicated to this cause that they drove around the state of Alabama in a “bookmobile”, gifting library grants to local libraries to ensure free computer and internet access. As can be seen, the genesis of this foundation started at a local and national level, and it wasn’t until late 1998 that the emphasis on Global Health became apparent (Bill and Melinda Gates Foundation n.d.).

The first major instance of the Bill and Melinda Gates Foundation showing interest in global health initiatives abroad comes from the “Bill and Melinda Gates Children’s Vaccine Program”. In 1998, Bill donated an initial gift of \$100 million USD to this initiative, which focused on the supply and distribution of vaccines to children in developing nations. The gift of \$100 million was for the primary purpose of accelerating this occasionally long and costly process, and for the insurance that the vaccines are delivered in a stable containment device and environment. The vaccines in demand will focus on protection against “respiratory and diarrheal disease, including HIV, pneumococcal and rotavirus vaccines, and against liver cancer through increased use of hepatitis B vaccine (Gates Foundation)”. In the developed world, such as Europe or the United States, lifesaving medicine, preventative or otherwise, is available for consumption almost immediately after it has been approved by governing agencies. In developing nations, these same drugs and vaccines can take up to 15 years to become accessible.

It wasn’t until the year 2000 in which the Bill and Melinda Gates Foundation rebranded and merged organizations, in order to create the better-known “Bill and Melinda Gates Foundation”. With a new name and new energy, the merger found new goals in Global Health, Education, Libraries, and the Pacific Northwest. Nearly \$16 billion was donated to the new merger, making Seattle their new home (Bill and Melinda Gates Foundation n.d.). The year 2000 marked the moment in time where the

BMGF was able to expand its scope outwards towards other nations, making a global perspective their new goal. Between the years of 2001 and 2004, the organization was able to donate billions of dollars toward the “Global Fund to Fight Aids”, tuberculosis campaigns, and the fight against Malaria in sub-Saharan Africa. As the foundation progressed, and other philanthropists caught wind of the work that Bill and his wife were doing abroad, they found themselves wanting to contribute. In 2006, world-famous investor and CEO Warren Buffet announced his plan to dedicate 10 million shares of stock in Berkshire Hathaway Inc. to accelerate programs in global health and development. At the time, these shares accumulated over \$31 billion USD, and were set up to be disbursed in an annual installment. This gift from Buffett not only accelerated the work that BMGF was doing abroad but was effectively able to double the size and outreach of the organization as a whole. This large gift from the wealthy philanthropic benefactors was able to push forward the organization as a whole and propelled them into the work they have accomplished to recent times. Some of the recent initiatives that the organization has vowed to take a part in includes a response and aid within as a result of the COVID-19 pandemic. The foundation was able to contribute \$1.75 billion towards the pandemic response initiative, including but not limited to vaccine development, distribution, and diagnostic applications (Bill and Melinda Gates Foundation n.d.). As of 2024, the foundation has taken a broader approach, with its lens focusing on tackling larger-scale issues such as health crises and improving education systems around the globe.

Initiatives from the Bill and Melinda Gates Foundation have become known worldwide. Important initiatives, such as The Global Vaccine Alliance, were founded and funded by the Bill and Melinda Gates Foundation. To date, the BMGF has donated more than \$4.1 billion USD towards the program (Bill and Melinda Gates Foundation n.d.). GAVI’s main objective is to improve the access to vaccines to those in developing nations. According to the GAVI 2021-2025 Strategy sheet, the organization hopes to improve in three separate areas: (1) Introduce and Scale up Vaccines, (2) Strengthen Health Systems to Increase Equity in Immunization, (3) Improve Sustainability of Immunization Programs, and (4) Ensure Healthy Markets for Vaccines and Related Products. Within these four objectives, GAVI lists the actionable steps that can help progress these goals forward. In particular, the GAVI alliance hopes to push forward the

vaccines DTP3, MCV2, PCV3, and HPV vaccines. These vaccines play a large part in protecting these developing nations from deadly diseases and ensuring a preventative method for these difficult-to-treat diseases. The Bill and Melinda Gates Foundation is still active today, putting forward new and innovative ideas to help in the dissemination of Global Health knowledge and ideals.

1.4 The Rockefeller Foundation

The Rockefeller Foundation, the second oldest philanthropic foundation in the world, is one of the largest and most well-known foundations globally. The foundation was founded in 1913, by the American oil giant John D. Rockefeller. This oil giant, with more money than he could fathom, wanted to give back to his community and help alleviate instances of poverty and elevate the health of local and global communities. From the hookworm mitigation tactics seen in the Southern United States to the foundational grant to the American Red Cross, the global focus on health initiatives has always been important to the Rockefeller Foundation.

The Rockefeller Foundation, in the 1950s, played a major role in what is known as the Green Revolution. This Green revolution began in Mexico, as a result of the efforts in Europe and Asia being pulled back for the Second World War. With a large and knowledgeable staff not back from abroad, the Rockefeller Foundation set its sights on a new location - Mexico. The foundation decided to proceed with a controversial “top-down” approach by importing U.S. scientists and agricultural experts to implement new initiatives in agriculture that would expand corn and wheat yields. This initiative hoped to eliminate hunger and ensure adequate food yields in and across Mexico and ensure that Mexican corn and wheat products became self-sufficient enough to feed their growing population, without the help of imported produce. The first crop to have its makeover was corn, as it has a large prevalence in the South American diet. American scientists and agricultural experts first distributed the crop with the significantly highest yield across the country. Then, scientists planted the top two highest strains of corn crop next to each other, allowing the natural process of cross-pollination to occur. This created a hybrid crop with the most dominant and strongest traits of both plants. These plants were then bred down multiple generations, and their seeds were widely distributed to farmers. These new varieties were more durable, produced a larger yield, and could withstand the differing weather conditions in rural

Mexico. Within 5 years, Mexico had over 10 new varieties of hybrid corn, and was able to be self-sufficient in the corn yield. Concurrently, the scientists were working on ways to implement this same success with the wheat yield. While this presented a more difficult task, the scientists were able to implement another form of cross-selection that had the ability to increase the yield of corn. The green revolution that occurred in Mexico was so successful, that within the first 20 years the production of wheat and corn tripled (The Rockefeller Foundation 2024).

As the Rockefeller Foundation grew larger and larger and became more influential across the globe, their work expanded with them. In the late 1980s, the Rockefeller foundation expanded their goals of eliminating poverty and malnutrition to expand into global health initiatives, specifically targeting infectious diseases. In particular, the Rockefeller foundation instituted efforts to help combat HIV/AIDS and worked to improve reproductive health. The first grant the Rockefeller Foundation disbursed to combat this disease was for \$50,000 USD to conduct a research study with the hopes to control the AIDS epidemic in what was then Zaire, now known as the Democratic Republic of the Congo.

Today, the Rockefeller Foundation has expanded their philanthropy to not only health, but also economic equity and climate resilience. The organization also played a role in the COVID-19 pandemic response, advertising a \$1 billion USD commitment to supporting the pandemic response globally, the majority of these funds supposedly dedicated to equitable vaccine distribution (The Rockefeller Foundation 2024). Along with the funding for COVID-19 vaccine delivery and dissemination, in 2021 efforts for vaccine knowledge have also been put in place in marginalized and underserved communities. In tandem with these efforts, over \$100 million USD was dedicated solely to COVID-19 testing and tracing efforts, which is critically important for mitigation efforts. As can be seen, the Rockefeller Organization is putting forth incredible efforts towards improving global health and equity (The Rockefeller Foundation).

1.5 The Wellcome Trust

Hailing from Great Britain comes one of the foremost and leading philanthropic organizations in this century, The Wellcome Trust. The Wellcome Trust, founded in 1936, is one of the oldest philanthropic organizations in the Global Health sphere, as well as the largest. As of 2022, the Wellcome Trust remains the largest philanthropic

donor for advancing global health and biomedical research. Today, they continue to fund and develop innovative programs to fight against global health hazards and infectious diseases plaguing lower to middle-income countries.

The genesis of The Wellcome Trust began in 1936, after the passing of the well-established pharmaceutical mogul, Sir Henry Wellcome. Prior to his passing, he made sure that his fortune would be utilized in the funding of future medical research and global health initiatives. A humanitarian at heart, Henry Wellcome ensured that his legacy would carry on helping those in need. The first step the Trust took with the windfall of funds was to fund new and innovative scientists work, who were otherwise underfunded. This helped to pursue the biological science and anatomical field forward. New laboratories were funded and constructed, as well as the equipment needed to fulfill their work. As the Trust grew its foundation and found its footing, it expanded its scope to the areas of global health and tropical medicine. During this era of their history, they made a large contribution to the History of Medicine unit at the University of Oxford, focusing on the idea that education comes before action. In order to gain a boost in funding, the Wellcome Trust made a public listing on the London Stock Exchange, which grew the trust's funding exponentially (History of Wellcome n.d.).

Since the large-scale funding of the Wellcome Trust, they have shifted their focus and goals to improving global health by finding new and innovative ways of funding new ideas, policies, and initiatives for the improvement of global health. One of the areas that the Wellcome Trust plays a major role in is the investigation and development of a solution to solve the Malarial crisis. In addition to the work done with Malaria, the Wellcome Trust is well known for its contribution towards the Human Genome Project, the Sanger Institute (Sanger Sequencing), and large donations to the research of infectious diseases such as Ebola, Malaria, and recently, COVID-19.

The Wellcome Trust is perhaps most known for its work in West Africa, during the Ebola outbreak of 2014-2016. In response to the outbreak which left over 11,000 people dead, the Wellcome Trust donated over £2 Million GBP (approximately \$2.5 Million USD). With these funds, they were able to develop the rVSV-ZEBOV vaccine in order to vaccinate and protect essential workers, and those who have potentially come into contact with frontline workers and are at risk of catching the disease (The Wellcome Trust n.d.).

1.6 The Other Major Players

1.6.1 The World Health Organization

While the central thesis of this report is to discuss the role of Nongovernmental and public organizations, it would be entirely neglectful to the history of global health philanthropy to fail to discuss the World Health Organization (WHO), which is associated with the government(s). Founded in 1948, the WHO is one of the 17 special agencies of the United Nations that helps to connect the member nations (and beyond) with goals of health equity and protecting those vulnerable to infectious and chronic illnesses. Although this is not technically an NGO, the WHO does often partner and help fund certain initiatives with NGOs.

The world was not left without an international governing health body until 1948, in fact two smaller and less powerful organizations reigned - The League of Nations Health Organizations and the Office International d'Hygiène. On April 7th, 1948, diplomats met to sign and ratify the constitution for the World Health Organization, ensuring its implementation for the coming years. Since it is a subsection of the United Nations, the WHO is meant to tackle many different health issues at once, in the member nations and beyond. The early years of the WHO lent itself to combating infectious diseases such as Malaria, Tuberculosis, and a range of sexually transmitted diseases. Along with these early diseases, they also took a focus on preventative measures, such as improving sanitation and nutrition in communities, two risk factors in disease transmission. As the WHO expanded, and their funding increased, the organization took part in joint efforts to tackle other infectious diseases sweeping the nation. In particular, the WHO joined forces with other international organizations and governments to tackle Smallpox. To this day, Smallpox remains the only infectious disease to ever be eradicated. As the WHO enters the early 80s, global health becomes an issue at the forefront of discussion. The Alma-Ata Declaration highlighted the idea that healthcare is a human right and pushed forward primary healthcare as an idea. This is also around the time when the WHO began to partake in the global effort to fight AIDS/HIV (WHO n.d.).

In the modern day, the WHO reminds the foremost governmental organization in the global health industry. They have been at the scene to help mitigate disease burdens with epidemics and pandemics such as SARS, Ebola, COVID-19, and other

communicable and non-communicable diseases. Initiatives to combat this include the international vaccination programs, partnerships with Global Health Initiatives at the local and international level, and adherence to the UN Sustainable Development Goals (WHO n.d.).

The Sustainable Development Goals, set forward by the United Nations at the 2012 United Nations Conference in Rio de Janeiro, are a call to action to humanity to achieve 17 goals by the year 2030. The WHO, of course, plays a major role in the achievement of these goals, but in particular they are most associated with SDG #3 (Good Health and Well Being). By proxy, they are associated with SDG Goal #1 (No Poverty) and #6 (Clean Water and Sanitation). The Sustainable Development Goals play a central role in promoting global health through the World Health Organization.

1.6.2 The Global Fund

Another important organization in the fight towards achieving equitable global health comes from The Global Fund. This organization is a unique blend of public and private partnerships, joined together in a fight against three specific communicable diseases - AIDS, Tuberculosis (TB), and Malaria. The Global Fund is an interesting case, as it is particularly a financing company dedicated to funding on-the-ground organizations to expedite the extinction of these three diseases.

The Global Fund was established later in history, in 2002, in order to direct resources to communities around the world in the greatest need for these resources. The idea of a "global fund" for these diseases had been discussed at many important international conferences, including the G8 summit, the African Union summit, and the United Nations General Assembly Special Session. It seems that everyone globally agreed unanimously that something needed to be done in order to tackle these diseases that can be prevented and treated, but adequate attention and direction was needed. In order to accomplish this goal, a multilevel partnership needed to be created. As a result, governments, civil society, technical agencies, the private sector, and people affected by the diseases all joined together in a multilateral program. Since the genesis of The Global Fund, over \$60 Billion USD has been collected and disbursed in the fight against HIV, TB, and Malaria. The effects of this effort are felt in over 155 countries and territories and have become one of the largest funders of global health on Earth. The Global Fund estimates that their efforts have saved over 59 million lives, and provided

prevention, treatment, and care to hundreds of millions of people around the globe
(Global Fund, n.d.).

Chapter 2: Evaluating the Effectiveness of Philanthropic Organizations

2.1 Criteria for Measuring Effectiveness

In order to evaluate the effectiveness of any global health initiative, measurements must be made in order to accurately account for their effectiveness. With this in mind, many different points of data and statistics have been created and documented for this evaluation. The health of people globally has improved markedly and increasingly over the last 100 years, and this can be quantified as a result of the record-keeping and data analytics performed to assess this growth pattern.

Health indicators are not simply the recorded numbers of deaths and birth, but instead represent thousands of other recorded factors, specific to each area of human life. With careful data collection and calculation, these indicators can be utilized to understand what a community is suffering from, and what areas need to be improved. It is a way of quantifying data in order to justify the existence and/or implementation of global health initiatives by international organizations. Generally speaking, these indicators can be split into two different categories: proximal and distal indicators. Proximal indicators are those that directly measure health phenomena, such as fertility, disease presence, deaths, etc. Alternatively, proximal indicators are those that measure indirect indicators, such as social development, employment, education, and more. These two types of indicators are imperative to assessing a country in its entirety and developing a well-rounded view of the state of affairs.

Almost any data point can be considered a health indicator to some degree, but what makes the health indicator valuable for assessing the health of a community? There are four sets of criteria which should guide the type of health indicator which is chosen for the country. While all indicators might not meet these standards, it is important to see which indicators better fit this criterion in order to select for a good a strong indicator. The four criteria as defined by Charles Larson and Alec Mercer are as follows:

1. “Definition. The indicator must be well defined, and the definition must be uniformly applied internationally.
2. Validity. The indicator must be valid (it must actually measure what it is supposed to measure), reliable (replicable and consistent between settings) and readily interpretable.

3. Feasibility. The gathering of the required information must be technologically feasible and affordable and must not overburden the system.
4. Utility. The indicator should provide information that is useful to decision-makers and can be acted upon at various levels (local, national and international). (Larson 2004).”

While it might seem easy to organize health indicators into these four categories and find the ones that would be best suited, ensuring the validity and utility of these criteria can often be a difficult task. For example, ensuring the validity and utility of a global health indicator is at the hands of the data the country has. When calculating this data, current numbers and figures are often taken from the most recent census. While in wealthier countries this census might be accurate, in less developed countries this census might actually be falsified and inaccurate, as a result of the underrepresentation of remote areas (Larson 2004).

2.1.1 Privilege in Indicators

An under-discussed point in the field of global health is the privilege associated with record-keeping and data analysis. As a result of budget constraints and limited technological capacity, there is a discrepancy in the types and number of records that developing countries are able to collect and maintain. Typically, in developing countries, healthcare facilities and institutions are in charge of data collection. This means that the more modern and urban medical facilities are the ones that are keeping track of the data the patrons are bringing in. While this data is still valuable, it must be viewed with caution as it gives a biased view and does not represent the population as a whole. Those who are able to afford the expensive medical services in a developing nation typically represent the minority (educated, urban living, wealthy). To the majority of those living either (1) physically distant from a medical facility, (2) unable to afford a medical facility, their data point will not be recorded. There are plenty of alternative methods to support the data collection in these countries, such as multiple cluster surveys and national demographic data.

2.2 Case Studies of Global Health Initiatives

2.2.1 The Bill and Melinda Gates Foundation and Malaria

One of the major public health initiatives that the Bill and Melinda Gates Foundation is famous for is their Malaria initiative. Malaria is an incredibly dangerous

and life-threatening illness caused by a parasite of the genus *Plasmodium*. Within this genus are five different species, two of which pose the greatest threat of Malaria. These two species, *Plasmodium falciparum* and *Plasmodium vivax*. Together, these two species account for over 90% of the Malarial disease burden worldwide (J Family 2015). The primary mode of transmission for Malaria is via mosquito bites. In particular, the bite of the mosquito must come from an infected female *Anopheles* mosquito. This type of mosquito is most prevalent in warm tropical environments, and breeds in standing water. As a result of this, Sub-Saharan African nations are at an increased risk for Malarial infection.

The effects of a Malarial infection are often fatal, if no treatment or care is given. As of 2022, the reported number of Malarial Death rates rounds to approximately 91,3000 individuals across the continent of Africa (Statista 2022). Typically, a Malarial infection can lead to fever, headaches, cough, malaise, vomiting, and eventually, if left untreated, even death. Malaria can affect anybody, but infants, children, pregnant women, and travelers unfamiliar with their surroundings are at the highest risk level for developing Malaria, in particular developing a severe case of Malaria (WHO). In Africa in particular, the nations that are most affected with Malaria cases include, but are not limited to, Nigeria (26.8% of cases), The Democratic Republic of the Congo (12.3% of cases), and Uganda (5.1% of cases), as of 2022 (Statista).

The Bill and Melinda Gates Foundation, with its ability to fund and finance initiatives around the globe, chose to partner with The Program for Appropriate Technology in Health (PATH) in pioneering a Malaria disease burden initiative in Africa. In 1999, when this research began, BMGF donated the large sum of \$50 million for the initial Malaria Development program, with continued grants and financial support until the present day (2024) (Gates Foundation). The main objective of this program was to reduce the burden of disease for Malaria, while developing new preventative technology via research and implementation. The strategy for this intuitive approach was a multifaceted approach. In order to quell the ongoing Malaria burden, vector control would be implemented, while research on preventative medicines and vaccines were being developed. In tandem with the vector control methods, data diagnostics would be performed, in order to validate any future studies that would be conducted in. Along with this, PATH and BMGF would work towards the development

of antimalarial oral drugs, and the improvement of its delivery. Perhaps the most exciting part of this initiative would be the development and distribution of the first of its kind, an antimalarial vaccine. This vaccine, scientifically known as RTS,S/AS01 and colloquially called Mosqurix, was perhaps the most notable achievement, and major goal of this initiative. This vaccine received “favorable opinions” from the European Medical Journals and was chosen to advance to Phase 3 of Clinical tests, in African settings (Laurens 2019).

When the vaccine was first tested, there were several ethical and safety concerns involved with the rollout. The Malaria Vaccine was first tested in Burkina Faso, a nation inflicted with endemic Malaria. The targeted age group for this vaccine in children within the age range of 6 to 19 months old. The vaccine schedule should follow an initial dose with three follow-up booster shots. The results of this study proved that the vaccine was only approximately 40% effective, showcasing the difficulty of establishing a vaccine that is entirely effective against Malaria. In contrast to a well-established and researched vaccine, the Polio vaccine is 90% effective after one dose, and 99% effective after 3 doses (CDC). The results of the Malaria study brought forward the debate of whether or not it is entirely ethical to establish and “force” a vaccine that is not entirely ethical. Some of the main concerns include the ethics of whether or not to spend precious funding on the dissemination of a partially effective Malaria vaccine. If the vaccine is only effective by less than 50%, is it even worth it to push this forward? Additionally, there are sure to be hurdles of a multi-step vaccination process. Ensuring that a community is initially vaccinated with one dose is already a difficult organizational task but ensuring that each person is vaccinated up to 4 times is surely exponentially more difficult. Finally, the initial tests being conducted on children rather than adults made many people uncomfortable with the existence of the clinical trials. Of course, human trials are important for any new scientific innovation, but whether or not these children gave consent, or whether children are even able to give consent, was a large debate among those keeping up with the results of this study.

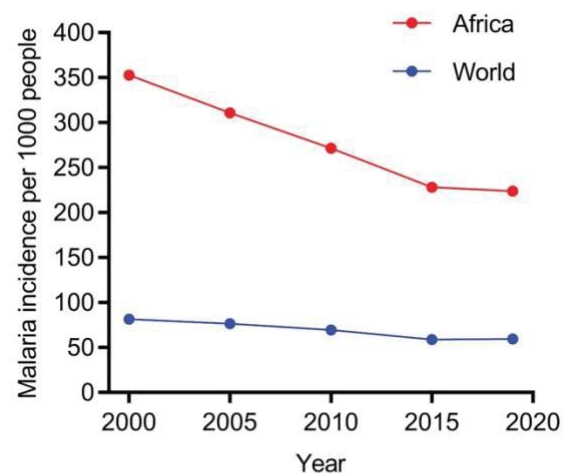
With the questionable rollout of this vaccine, in 2024, scientists surveyed participants in Malaria endemic communities in African nations to see the perception of Malaria Vaccines. The results of this survey were very interesting and varied after the questionable efficacy of the malaria vaccine. The first factor tested was acceptance of

malarial vaccines. The results varied based on how endemic malaria was to the region. In particular, regions such as Kenya have a 98.9% acceptance rate of Malaria vaccines, while 32.3% of citizens of Ethiopia accepted the emergence of Malarial Vaccines. According to Muhammad Chutiyami, “Key drivers for acceptance were the high risk of malaria in children, the desire for self-protection and prevention, and incentives such as free consultations and medication (Chutiyami 2024)”. The study also notes that many interviewed had concerns with the logistics of the vaccine study. There is a lot more involved with the dissemination of vaccines than just delivery. Community outreach teams would need to encourage participation, and local health workers would need to be trained on how to administer vaccines. Even after the vaccine is delivered, the issue of affordability becomes an issue. Interestingly, some participants noted that vaccines and health should be the sole responsibility of the government, and not outside foreign sources (Chutiyami 2024).

As of today, PATH has had the success of implementing the RTS,S antimalarial vaccine into the 8 countries. By the end of 2024, ten more nations have plans to implement the vaccine into their vaccine immunization programs. Demand for the vaccine is incredibly high, with 30 nations in Africa considering adopting the vaccine in total. If this were to be the case, it is expected that by 2026, over 40-60 million Malaria vaccines will need to be distributed to keep up with growing demand, growing to over 100 million doses annually by 2023 (WHO).

2.2.2 The Rockefeller Foundation and COVID-19

Like most global health initiatives in the years preceding 2020, the Rockefeller Foundation has turned most funding toward combating the COVID-19 pandemic. This



Graph showing the incidence of malaria in Africa and the world. While, the incidence of malaria in Africa has been on a downward trend since 2000, it is still three times the global incidence.

Source: Institute of Health Metrics and Evaluation (Global Burden of Disease - 2019)

Figure 1: Africa vs. The world in Malaria disease burden from 2010 to 2019 (Institute of Health Metrics and Evaluation 2019)

pandemic, which appeared seemingly out of nowhere, shook the world, leaving it paused for nearly 3 years. The sudden emergence of this disease only served to highlight the weakness in the health systems of each individual nation, and only burdened the already not strong healthcare systems within Africa. In an attempt to help promote health equity and save lives, the Rockefeller Foundation has funded COVID-19 initiatives in 6 continents, with the largest donations occurring in Africa and the Middle East.

COVID-19 is a disease caused by the highly pathogenic virus SARS-CoV-2, which first emerged in December of 2019 (Hopkins Medicine 2022). COVID-19 is a respiratory illness, primarily affecting the lungs. Symptoms include cough, fever, chills, difficulty breathing, loss of taste, and in severe cases, even death. When this illness first started spreading throughout the world, no vaccines existed to combat it. While there are vaccines for similar diseases in the same genus, there were no vaccines directly for this specific illness. When the illness spread and the world shut down, all efforts turned to finding vaccines. Luckily, mRNA vaccines had been in development for related diseases for years, and research could be tweaked for the fast-tracked vaccine development for COVID-19. Within a year of the pandemic declaration. A vaccine was available for essential workers and the highly vulnerable.

The Rockefeller Foundation saw a gap in the distribution of aid for COVID-19, and between the years of 2020 and 2022, donated a large sum of \$1.46 billion USD across the globe, and to 577 partners and projects. Of that sum, the lion's share of the proceeds went to Africa and the Middle East, with \$481 million USD being financed towards treatment, prevention, and tracing. According to the Rockefeller Impact Report of 2022, “ Our priority in 2020 was responding to Covid-19. From the first weeks, we could see that the pandemic’s devastating impact on both life and well-being would require systemic change. Covid-19 was uniquely harmful because it stressed already insufficient systems...To help transform those systems, we assessed where we could have the greatest impact, and then set out to find the solutions and the partners to accelerate access to testing and vaccines for everyone (Rockefeller Foundation 2022)”. The Rockefeller Foundation was one of the leading foundations in addressing the vaccine and testing inequities seen between the developed and under-developed world.

By the numbers, in Africa, the Rockefeller foundation was instrumental in supporting 19 African ministries of health in setting up laboratory sequence testing locations. With this set up, they were able to sequence over 20,000 samples, contributing to the tracking and tracing methods so important with COVID-19 (Rockefeller Foundation). Utilizing sanger sequencing is the only way to assure that an illness can actually be attributed to COVID-19, or if it is another issue entirely. In terms of rapid antigen testing, the little plastic test everyone is so familiar with, the Rockefeller Foundation is responsible for the distribution of over 1.9 million units. This was distributed among 50 of the African Union Member states (Rockefeller Foundation 2022). Over 10,000 healthcare workers were trained in testing and/or vaccine distribution among the 50 African Union Member States, increasing the feasibility of disease monitoring. Along with this, they also supported the South African Centre for Epidemic Response and Innovation (CERI) at Stellenbosch University in South Africa. This was an important partnership, as it tracks the varying disease variants, and can track the prevalence of each variant across the continent.

Overall, the Rockefeller Foundation's Pandemic Response was multifaceted, but the majority of the criticism they faced was the delayed response. It's no secret that lower income nations had a disproportionate disease burden from the pandemic, and even less governmental funding than developed nations in the West. One of the major issues with the COVID-19 vaccine was sustaining a specific temperature in its storage. Ensuring that these vaccines were delivered to the right places and were still able to be used was where a major part of the funding went. Critics state that the funding could have been allocated in a more equitable and strategic way, in order to benefit the most people. For example, there were inconsistencies within the contact tracing efforts, and delays with importing tests, masks, and other important PPE. Generally, the Rockefeller Foundation contributed to the unprecedented COVID-19 effort.

2.2.3 The Wellcome Trust and Genomic Tracing

Global Health in Africa is not just dealing with infectious disease but using a horizontal and multi-layered approach to address health issues. Using technology and new approaches to individualized health, the Wellcome Trust introduced their genomic testing and tracing initiative entitled H3Africa. This program was created in 2010 with a partnership of the National Institute of Health (NIH), with the goal of enhancing

African genomic scientists' ability to study the varying genetic makeups of the incredibly diverse African population and point out any health predispositions (H3Africa). They have the overarching goal of improving the health outcome of the continent and fostering sustainable scientific development.

Genomic science has been utilized in order to identify at risk populations, either as a result of genetic or environmental factors. The benefits of such research being utilized could be the early diagnosis of a disorder, and elucidating any predispositions that individuals might be exposed towards. This science can allow for the development of new and innovative medicines, that are personalized to each patient, and at large a population. This research is not new and has been utilized for decades in developed nations. It is no secret that African nations are being left out of this genomic revolution, and H3Africa argues that if there is no effort to include African nations, then they will be left behind, growing the medical and healthcare inequities.

In order to include the local scientists into this development plan, the Wellcome Trust, NIH, and H3Africa included The African Academy of Sciences (AAS) into the second phase of development for the program. This second phase was given over \$12 million USD by the Wellcome Trust in order to fund four African researchers' studies. The studies were to be focused on the genetic predisposition to common African illnesses (including chronic, acute and infectious diseases). The diseases to be researched include Sleeping sickness, Bilharzia, malaria, Tuberculosis, and hearing impairment.

This initiative has plenty of success stories, and incredibly transparent data to the actual work being done in the continent. One of the most prevalent and novel research includes the discovery of a genetic allele (risk factor) for glaucoma that is only found in individuals of African ancestry. There are also ties to this genetic predisposition having associations with a higher risk of Alzheimer's. The important part of this research is that it suggests that this glaucoma is slightly different than glaucoma found in other parts of the world, once again highlighting the need for more research done in African nations, as well as specialized treatment. Another interesting discovery discovered by this initiative is the prevalence of bacteria within a child's nose can be a deciding factor of whether or not a child develops pneumonia. This research could suggest that certain environments or food could have a potential of ending up with pneumonia.

While this research is incredible, one of the most important parts of the work being done here is the empowerment of African societies, laboratories, organizations, and most importantly, scientists. The work conducted and the research published comes from African scientists who were able to accomplish groundbreaking research with the correct funding, as they have the best background for identifying potential risk factors in African populations.

On the other hand, the initiative has faced its critiques. One of the biggest issues with genomic research comes with the handling of precious personal data and ensuring informed consent. There have been major legal, ethical, and social implications associated with the project itself. Trying their hardest to work within the framework of the communities they work in, H3Africa worked hard on their consent process, community engagement, and handling participant feedback well (NIH). The H3Africa campaign was unfortunately shut down in 2022, but will still be kept around, just in a different format. The work that the H3Africa campaign has conducted has helped the advocate for African scientists and genomic research among and beyond the borders. The work that was done will not be forgotten, and will be continued in parts, funded by more private sources. According to the NIH, “The capabilities, resources, infrastructure, and collaborations built by H3Africa remain strong and sustainable. Many successful careers have been launched through H3Africa’s training programs. By expanding both the human and technical capacity in Africa for conducting genomics research, H3Africa has created a vibrant community and environment that will continue to make significant contributions to the collective understanding of genomics in health and disease (NIH)”. The H3Africa program will continue on in parts.

2.3 A Critical Analysis

NGO	Program	Annual Budget	Indicator	
			Disease Burden Mitigation	Community Outlook
BMGF	Malaria Eradication	\$258.3 million USD (budget from 2023) (Bill and Melinda Gates Foundation 2023)	There has been an approximate 37.5% decrease in Malaria prevalence in Africa as a whole between 2000 and 2019 (Institute of Health Metrics and Evaluation 2019)	Mixed reviews - many accept the need for Malaria vaccines, but are upset with the means by which they were tested
RF	COVID-19 Response	\$160 million USD per year (since 2020)(The Rockefeller Foundation 2022)	There has been a 273% decrease in COVID-19 prevalence in South Africa between the years of 2020 and 2023 (Andrafarms 2023)	The outlook is generally positive, as the community has been involved in the training
WT	Genomic Tracing	\$38 million USD (a partnership with NIH) (H3Africa n.d.)	N/A	Positive outlook, but many are uncomfortable with the ethical considerations of "selling biometric data"

Figure 2: Created by author solely to elaborate point via Microsoft Excel

The points of analysis chosen for the critical examination were 2 quantitative points, followed by a review of the community outlook. Of course, this chart was only created to place the analysis in a nutshell format, but the condensed format makes it easy to compare the initiatives, the budgets of the respective organizations, and the priorities that international organizations seem to have.

The first important take away from this chart is that the largest budget comes from the Bill and Melinda Gates Foundation. This might be the case for a few reasons. The first reason is because this foundation has the longest running program of the three, with the Malaria initiative beginning in the early 2000s, and the other two initiatives being more recent. The Bill and Melinda Gates foundation also have had the budget for this initiative planned out years in advance, which makes it easier to convince a board to allocate such large sums.

Another major take away is the effect that both of these programs have had on the disease burden. The Bill and Melinda Gates foundation have seen a 37.5% decrease in Malaria rates across Africa. Of course, this is not solely their doing, as other programs and governments have taken action in their own ways, but their funding and research plays a major part in that decrease. Along with this, the Rockefeller Foundation saw an incredible decrease in the South African COVID-19 rates. There are a few

reasons this might be the case, but one of the major ones is the lack of reporting of COVID-19 since 2023. Along with this, knowledge about safety, how diseases spread, and vaccination has helped to mitigate the burden of disease.

Finally, the final trend that can be seen in these case studies is the general outlook amongst the community they are working in. In particular, the program with the most negative outlook after their program was the Bill and Melinda Gates Foundation working with Malaria. While the foundation made strides in their efforts to fight Malaria, they also broke some trust with the communities they were working in, with the inability to gain the correct levels of informed consent. This distrust has tarnished this foundations name slightly and might make it difficult to do repeat clinical trials in the future. Finally, the initiative with the most positive outlook might be the Wellcome Trust, with the H3Africa initiative. The trouble with this initiative is the handling of precious genomic data, but generally the communities were happy to see that the leading scientists were all African citizens, which made it easier to adapt to cultural sensitivities.

Chapter 3: New Forms of Power Emerging in Africa

3.1 What is Power and Who Owns It?

Throughout history, the exertion of and desire for power has been a common ideology worldwide. Often, these overt attempts at employing power are obvious, yet the field of global health has the unique ability to disguise this power and control through foreign aid. What is often thought of as power can be hidden in many different forms. What is traditionally thought of as power can be seen as predatory, such as when banks sell predatory loans. Robert Dahl describes the contemporary and general form of power as “A has power over B to the extent that he can get B to do something that B would not otherwise do (Dahl)”. This is the traditional form of power dynamics, one that can be seen in day-to-day life. When a boss requests something from an employee, a policeman forces a civilian to listen to orders, or when a teacher tells a student to behave in a certain way. This is the form of power colloquially seen throughout day-to-day life. When power is seen as the “production of effects that shape the capacity of others to determine their circumstances or fates” (Shiffman 1), then we can better grasp the sometimes-tainted motives behind foreign aid and development.

Power can come in many forms, but the two most prevalent forms of power can be seen in the influence of epistemic and normative power. Epistemic power, as described by Shiffman, is defined as the ability to shape global health policies and agendas through their expertise. In this instance, the power is held by the experts and stakeholders from strong and well-funded nations and organizations. The other form of power most commonly seen throughout the field of global health and philanthropy is the idea of normative power. Normative power ensures the exercising of morality and ethics to wield power against a nation or community. This power is typically held by human rights activists and other stakeholders who argue for the specific structure of health policies based on their definitions of morals. While these organizations and individuals generally seek to impart good to another community by reducing the burden of disease or the prevalence of infection, they are also seeking something else. These actors hope to gain global recognition as experts in the field, or as humanitarians. This excellence abroad can lead to job security, prestige, and ultimately profit. These ulterior motives, conscious or not, are important when considering the role of global health networks abroad.

Understanding the prevalence of power globally, the nuanced differences in types of power, and who holds this power is critical for analyzing the effectiveness of global health policies and standards worldwide. With this foundation, the concept of global health philanthropy can be more easily digested.

3.2 How Philanthropic Power Has Changed Health Policies in Africa

Philanthropic organizations and NGOs have the unique ability to circumvent and avoid local and national governments in order to reach and influence the populations they seek to address. These external organizations, with seemingly endless amounts of money and resources, leverage this in order to avoid any laws or infringements of government goods or services. Plenty of times, these implementations can actually be helpful, and can expedite the process of services that should be delivered by the governments. The prime example of policies being influenced by the global NGOs is from the Bill and Melinda Gates Foundation. This foundation is primarily responsible for the policy changes surrounding the prioritization for routine vaccination in Children (Global Policy Forum). After the published and peer-reviewed success of the PATH antimalarial vaccine, several African nations put into policy a routine malaria vaccine routine. While the dose is still long, the work done by these NGOs fast-tracked any vaccine initiative that was in place. The BMGF has also been instrumental in the distribution of mosquito nets and other malaria preventative efforts. They don't only work in Malarial vaccines, as the work that the BMGF has done in Kenya has allowed them to achieve a 90% coverage rate for diseases such as diphtheria, pertussis, and tetanus. The effect that the Bill and Melinda Gates Foundation had on the policies instituted in Kenya strengthened the vaccine distribution program. According to Kenya's Ministry of Health Guidelines of 2023, they've recognized the work that previous immunization programs have accomplished and will work toward strengthening the current system in order to ensure "equitable access and use of new and existing vaccines (Kenya Guidelines)". In order to accomplish this goal, Kenya will ensure that all NGO and state immunization facilities become registered with authorities, and that ad-hoc vaccination tents become utilized in the event of an epidemic or another pandemic. The Kenyan Ministry of Health expects all NGOs to continue in the aid that they will continue giving. Along with this, Kenya's Ministry of Health promises to encourage its citizens through public health education campaigns

about the importance of vaccinations and ensuring the safe public health measures are taken.

Another example of the influence that NGOs have on local policies is through the Rockefeller foundation, and their instrumental work in strengthening the healthcare systems in Africa. In an attempt to push forward technology in the work that NGOs use abroad, The Rockefeller Foundation has partnered and funded the Digital Square Initiative. This is essentially a method for streamlining the healthcare marketplace. The Rockefeller Foundation noticed gaps in the healthcare systems of nations such as Zambia. This initiative makes it easier to track, order, and distribute the needed medical supplies, equipment, and medications when needed. In particular, the NGOs are forging relationships with the ministers of health in order to understand and track the demand for immunizations across the country. This initiative was started in response to the COVID-19 pandemic, in order to ensure that everyone has equal access to vaccines to combat the pandemic. Greg Kuzmak, Director of Digital Health Initiatives for The Rockefeller Foundation, says “The global community needs to move quickly to prepare for the next threat. Our partners at Digital Square are helping build stronger, more agile health systems that can rise to the challenge (Rockefeller Foundation)”. In particular, the initiative in Zambia will replace the current Zambia Electronic Immunization Registry (ZEIR) that was previously set up by the government and Ministry of Health and implement a newer and more universal technology. This will enhance what was previously there and expand coverage from 22% to 60% of onsite healthcare facilities in the capital of Lasaka (Rockefeller Foundation). The benefit of this new electronic healthcare network is that they will have the opportunity to track the progress of vaccinations in their country and see how well prepared they might be for any future epidemics or pandemics. This data is incredibly valuable to any public health official, and the government at large. The funding behind this project comes from a \$55 million USD donation via the Rockefeller Foundation as of April 2022, with hopes to expand to other nations in the future (Rockefeller Foundation).

In terms of the Wellcome Trust’s initiatives, their partnership with H3Africa played an important part in funding the research that allowed the governments to make health-based decisions. The research conducted was pan-African, meaning that the research was more regarding the African continent, but still allowed research to be done

at the country level. One example of H3Africa having a direct influence on the health policies in the communities where they operate is ensuring that there is a system for engaging with the community. Conducting genomic research in a community can have huge legal hurdles, especially with ensuring informed consent and the consequences of donating such precious data. The H3Africa program has done an excellent job of clearly defining the goals that both the community and program wants to accomplish, and finding a way to make sure that the community has been well informed. The H3Africa had plenty of extensive guidelines for public viewing which showcase the engagement plans for the community and highlighting the importance of feedback for the community. Letting the people know what this new research has discovered is a key portion of this and has allowed the communities to take steps towards changing health policies and local initiatives with this data.

3.3 Power Dynamics Between National and Local Stakeholders

It goes without saying that within an NGO to community relationship, there exist varying levels of power. This power is felt between every person involved in the relationship, including the donors, NGO stakeholders and employees, governments, and the people that this aid is going to. In this situation, NGOs and philanthropic organizations exhibit a form of normative power, directly or indirectly within the places they do their work. This normative power exists, as the NGOs often have an endless supply of funding and donations, as well as the ability to institute their programs. One of the issues with this power dynamic is the financial dependence that can develop from this relationship. Local communities and foreign governments of these organizations can sometimes lean on these NGOs for aid, instead of allocating their government budgets to these services. While aid is of course helpful in most respects, there does need to come a time when the dependency can become harmful, and the nation should be left to allocate its own funding to these services.

While the African governments are not totally powerless, they do have the ability to regulate the direction and extent of the NGOs effects in the community. As per the example of Kenya's implementation of the immunization policy and schedule, the Ministry of Health does have a say in how the immunizations are reported, and to set operational guidelines for the project. Of course, the funding and aid will be coming from outside of the country, but within it, the government will have some say in how it

is used. Additionally, an incredibly important part of aid is connecting with the local communities that they should be helping and ensuring that this is the aid that is actually wanted. The NGOs often hope to empower local communities, but this can often lead to a disconnect if the high-level stakeholders of the NGOs do not entirely engage with the community, and only implement a solution which they see fit. In order to balance this power dynamic between all of the stakeholders in this relationship, NGOs should seek to utilize on-the-ground workers, and actually speak with the community itself to see what issues need to be dealt with. Encouraging governments to play an active and funded part in the healthcare system in their nation is also critical in order to not ensure that one day the nation can be weaned off of the supply of funds and remain self-sustaining. As a result of this, the true partnership can only begin when these efforts are placed to the frontlines of the issues. NGOs should be utilized as a tool to complement the community efforts, not as an outside source and implementation.

Chapter 4: Challenges, Ethics and Morality in Philanthropy and NGOs

4.1 Ethics of Research and Informed Consent

One of the major ethical issues associated with the Bill and Melinda Gates Foundation to this day is the ethics behind the vaccine trials and funding in foreign nations. There are two main vaccine trials that the BMGF has been under fire for, as of recent years. The first is the vaccine trials for Malaria in Africa, and the HPV vaccine trials in India. These trials began in 2009, and was partnered with PATH, a common vaccine trial partner for this foundation. The target population for this vaccine was on young girls between the ages of 10-14 in low-income households. These vaccines were developed and tested in laboratories, and were ready for human trials, which is the natural next step for the development of vaccines, which can be lifesaving. Unfortunately, the trial was unsuccessful, and 7 young girls lost their lives following the investigation. The information wasn't immediately transparent by the BMGF but was later revealed. The ethical controversy came into play when it was revealed that there was little oversight in the informed consent of the individuals. Children are not able to consent on their own, so consent forms had to be signed by either a parent or guardian. It was later revealed that the consent forms were not handled properly and could have not even been utilized at all (Ahmed 2017). Researchers agree that the children were not prioritized in this situation at all, "The safety and rights of children were highly compromised and violated (Ahmed 2017)." It was also later revealed that the organization running these trials, PATH, was not "registered as a legal entity" at the beginning of the trials. The response from the Indian government was also criticized, as they only issued a warning letter to PATH (and largely BMGF), that they should "be careful while conducting clinical trials so as to ensure that discrepancies and violations are not repeated (The Hindu News 2012)". In this specific case, it can be seen how the NGO was able to continue its research objective, with little regard to the government laws and conducting business in the correct way.

The second issue comes from the RTS,S Malaria trial, also run through PATH and BMGF. This recent groundbreaking trial is the only vaccine to make it to phase 3 of a clinical trial. The trial involved children from as young as 6 weeks to 17 months, with the hopes of proving the large-scale efficacy of the RTS,S anti-malarial vaccine. Unfortunately, this clinical trial also faced ethical concerns, as this trial also concerned

children. Once again, there were cases of mishandling of informed consent documents. Adverse effects, such as seizures and paralysis, were common among the children given the dose, and many state that they were not told the possible effects of the vaccine (Ahmed 2017). These trials also took place in locations that did not have concrete legal frameworks for clinical trial testing, therefore concerns were raised about the levels of transparency and accountability for those who ran the trial. Critics questioned whether the trials were moved to countries with loose legal frameworks in order to cut administrative costs and ethical requirements. While this theory is merely speculation, it is still of note.

It is only right for any new medication or trial to be tested at a large scale like in Africa or India. The issues with these trials come in with the seemingly lack of concern for informed consent and abiding by strict laws to protect the individuals in the trial. These large-scale trials offer so much important data that is needed to improve health conditions in these communities, but the people in these communities need to be treated with respect in order to have the ability to continue these relationships in the future.

4.2 Impact on Local Economies

One of the more overlooked issues with NGOs exists in the detriment of local economies with the implementation of foreign aid. Everybody wants to donate food, medicine, clothes, anything to a cause. It makes them feel good, and they think that this donation will go to someone in need. While this is true, and the donations are often needed and appreciated, they are also at risk of damaging the economic ecosystem that already exists in the nation that they are donated in.

While this can happen in any industry, the most well documented industry of this occurring is the textile industry. In the 1980s, many and most African nations had an incredibly high textile output, but the industry as a whole declined over the past 4 decades. Why is this the case? As international organizations began to donate old textiles and clothes abroad for little cost to free, they were overwhelming the textile business. What used to be a flourishing industry began to face economic struggles, as nobody was willing to pay for home-made textiles when they could get essentially the same thing for free. After all, no price beats free. This trend can be seen graphically as the number of employees for the textile industry and the textile output both see a

dramatic decrease in the years after 1990. This downward trend is an inverse to the increase of NGOs which appeared in the 1990s as well (UN COMTRADE).

4.3 Accountability and Transparency

Perhaps the most notable, for both the creation of this thesis and the generation of the research body is the lack of accountability and transparency in the work that NGOs do domestically and abroad. Transparency, in terms of how an NGO operates, means sharing the organization's decisions, finances, data, and information to the public, donors, and communities, governments, and any stakeholder who partakes in this relationship. Generally, transparency means being open and honest about the day-to-day operations, including the successes and even failures that may have come about (Exe 2023). Accountability, in this context, means ensuring that the governing board of the NGO takes responsibility for the actions and outcomes of an intuitive for the people it attempts to help. As Pankaj Exe says, “Being accountable means being willing to explain and justify the NGO’s actions and how it uses the resources entrusted to it (Exe 2023)”. NGOs in the 21st century have been scrutinized for their lack of both transparency and accountability in their operations. In the case of the Bill and Melinda Gates Foundation, their website and archives only offer general information about their initiatives, and the communities they help. This NGO fails to post any updates on specific initiatives, what the money is exactly being spent on, and how much of an impact the NGO has had in the community they are sending aid to. Of course, there is sensitive information with the publication of certain data points, but there should be a basic level of transparency and accountability published. As this is not the case, there is no ability of the public to hold the NGO accountable for the promises they’ve made.

The consequences of the lack of transparency and accountability can be detrimental to the public perception of the NGO, and the relationships they build, in all directions. The main consequence is a potential loss of trust. When there is no itemized budget posted, and only a single round number posed, there is no trust that the NGO is donating this money, or if their support is making a true difference (Exe 2023). According to a study conducted by the University of Trunojoyo Madura, an Indonesian university, looking at different fraud patterns in NGOs, there are easy ways to create fraudulent documents and reports (Subaida 2017). Two interesting points were made during this research. While they conveniently left out the names of the organizations

studied, they did state that there were running themes between the organizations they analyzed. The first running theme between these NGOs is the creation of narrative fabrication. This study suggests that "Narration is a fictional essay that tells the results of the activities that have been carried out (Subaida 2017)". The point the author is attempting to make is that there is no way to verify if the short quotes and stories posted on their websites are real or verifiable. As the NGO will not post the exact community they are aiding, there is no way to actually find a non-biased account from one of the people seeking the help. Another important issue that the author notes is the manipulation of reports to fall more in line with the goals of the large donors. The accountability reports, of the ones that are published, are often one of the only ways to actually track the impact made by NGOs. These are often posted only once or twice a year and are a culmination of all that was accomplished in the previous year. These reports, although often aesthetically pleasing, will list big numbers that cannot be fact checked, as only the organization actually has the raw data. At face value, the donors or public must believe what is written. This, of course, allows the organization to control their own narrative and their public perception.

Conclusion

Global Health is a growing field and will only continue growing in the coming years. Overall, it is a field that works to help people at home and abroad. Ensuring that a population is healthy is one of the most admirable and helpful goals that one can pursue. With this in mind, it is important to have knowledge of the history of global health, the impact of organizations, and how to properly aid a foreign nation. In order to be a good and effective global citizen, it is important to understand the implications of your aid.

The findings of this report show the profound shift of the role of NGOs in global health, into that of a more powerful role. Organizations such as the Bill and Melinda Gates Foundation, The Rockefeller Foundation, and the Wellcome Trust showcase just how much this shift has occurred, and how much their power has grown. As the old saying goes, “with great power comes great responsibility”, and these organizations, and NGOs as a whole, have not been entirely responsible with their programs and initiatives, in Africa and the entire world for that matter.

First, it is important to elucidate the good that these organizations have brought into this world. With their funding, technology, and initiatives, they have been able to save countless lives, discover new vaccines and treatments for diseases once thought to be impossible to understand, and even donate funds in order to support the development of infrastructure and economies abroad. The work these NGOs have done in the past 4 decades alone has accelerated any progress any one entity could do alone in the same amount of time, and for that, the work they’ve done is commendable.

However, these successes have faced plenty of criticism along the way for the work they have accomplished. These NGOs are not entirely up to code when it comes to being ethical in their work and research. Many of the trials run in these nations have not been entirely ethical, and as a result, have fractured the relationships and trust between the African communities and NGOs. Additionally, the lack of transparency and publication of accomplishments in these organizations is glaring and leaves the public and donors wondering exactly where the money is going. This lack of transparency only adds to any previous distrust that may have occurred from the public criticisms of former trials abroad. Moreover, the future of Global Health is contingent upon the work and future success of the NGOs working at home and abroad.

Recommendations for the Future

There exists a plethora of actionable steps that these NGOs can take in order to strengthen their public image, increase their impact, and also increase donations from donors. The first step that these NGOs can and should take is to increase their transparency and accountability. This is most likely the easiest and quickest way to improve their operations for the future. Simply by posting any data on their website, aside from an annual budget breakdown, they have the ability to present the actual changes they are making in the communities. Along with this, ensuring that a more descriptive and itemized budget per-project is listed would be an admirable document to post, as it would allow the donors to these organizations to see exactly where their donation funds are going to. Of course, this type of transparency can seem scary and like a bad business practice, but this type of honesty is what makes the organization more endearing. The public wants to know what difference the aid is making, and understanding all the little items that goes into this would be an important piece of data to have.

Another important actionable step that could be improved upon is strengthening the methods of data collection and informed consent. Most of the criticism of these organizations is that they utilize the weak legal structures of developing nations to exploit the citizens for research - the same research that will eventually benefit them one day. If the NGO wanted to take their aid a step further, they could work with the country's government to develop a legal framework for research and clinical trials that truly protects the people of the nation and respects local traditions. This way, the NGO would be operating under the laws of the government, while also empowering the national government to take charge and find its footing for future autonomy.

In the same vein as autonomy, it is critical that these NGOs focus on sustainability, and design future programs to be sustainable in the long term, and self-sustaining. This could be done by empowering local artisans and keeping the supply chains local. This simple switch can ensure that any project that is brought into the country can be sustained within the country. This has the bonus side effect of supporting local businesses and keeping them afloat in an ever-changing economy.

Finally, NGOs would be able to do their most meaningful work abroad if they are able to actually work with the communities they want to aid. Enhancing collaboration with the communities and governments makes these collaborations more

community focused and community based. So often NGOs will bring in their own crew to accomplish the work they want to get done, but hiring local workers and community members makes the project more powerful and meaningful and ensures that the progress made is done for the community, by the community, and that is powerful.

List of Acronyms

Acronym	Definition
AAS	The African Academy of Sciences
AIDS	Acquired immunodeficiency syndrome
BMGF	The Bill and Melinda Gates Foundation
CDC	The Center for Disease Control and Prevention
CEO	Chief Executive Officer
CERI	The Centre for Epidemic Response and Innovation
COVID-19	Coronavirus disease 2019
DTP3	Diphtheria tetanus toxoid and pertussis
GAVI	GAVI, The Vaccine Alliance
GBP	Great British Pound
H3Africa	The Human Heredity and Health in Africa
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
MCV2	Second dose measles-containing vaccine
NGO	Nongovernmental organization
NIH	The National Institutes of Health
PATH	Program for the Introduction and Adaptation of Contraceptive Technology
PCV3	Pneumococcal Conjugate vaccines
RF	The Rockefeller Foundation
RTS,S/AS01	Scientific name for Mosquirix
SDG	Sustainable Development Goals
TB	Tuberculosis
USD	United States Dollar
WHO	The World Health Organization
WT	The Wellcome Trust

ZEIR

Zambia Electronic Immunization
Registry

mRNA

Messenger ribonucleic acid

rVSV-ZEBOV

Recombinant vesicular stomatitis virus–
Zaire Ebola virus

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