

# Corporate sponsorship of global health research: Questions to promote critical thinking about potential funding relationships

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## ABSTRACT

Funding options for global health research prominently include grants from corporations, as well as from foundations linked to specific corporations. While such funds can enable urgently-needed research and interventions, they can carry the risk of skewing health research priorities and exacerbating health inequities. With the objective of promoting critical reflection on potential corporate funding options for global health research, we propose a set of three questions developed through an open conference workshop and reflection on experiences of global health researchers and their institutions: 1) Does this funding allow me/us to retain control over research design, methodology and dissemination processes? 2) Does accessing this funding source involve altering my/our research agenda (i.e., what is the impact of this funding source on research priorities)? 3) What are the potential “unintended consequences” of accepting corporate funding, in terms of legitimizing corporations or models of development that are at the root of many global health problems? These questions outline an intentional and cautionary approach to decision-making when corporate funding for global health research is being considered by funding agencies, institutions, researchers and research stakeholders.

**KEY WORDS:** Global health; public-private sector cooperation; commerce; governance; capacity building; research

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In a highly competitive global health funding environment, funds from corporations and foundations linked with specific corporations (“corporate funds”) are increasingly considered as a core source of support.<sup>1–3</sup> Corporate sectors such as pharmaceutical, agri-food, resource extraction, and information technology have contributed to urgently-needed research, capacity-building and interventions, although their contributions earn them significant tax breaks and are therefore partially subsidized through foregone public revenue.<sup>1,3,4</sup> Reasons for this prominence of corporate funding are complex, but include reduced public investments in research, reduced public revenues through tax reductions and avoidance, and increasing faith in private-sector solutions for health problems.<sup>2–4</sup> In this funding climate, researchers and organizations contemplating corporate funding sources to support their work encounter unique challenges, particularly in confronting the potential for competing interests. As a group of global health researchers, from emerging to seasoned, we convened a workshop at the 2015 Canadian Conference on Global Health to explore such risks and benefits. We extend this exploration here by articulating a set of questions to support critical reflection on corporate financing for global health research, using selected examples from multiple corporate sectors. Our objective is to promote a cautionary and intentional approach to considering relationships with corporate funders.

## Guidance for navigating interactions with corporations

Many universities and medical organizations have developed policies regarding the acceptance of tobacco or pharmaceutical industry funds. Five tests have recently been proposed for

governments and international agencies to apply when considering partnerships with large corporations, asking whether

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a proposed corporate partner: markets health-damaging products or services; promotes health in its own workplaces; submits its corporate social responsibility (CSR) activities to independent audit; contributes to “the commons” by, for example, sharing data with researchers; or exerts inappropriate influence on public policy-making.<sup>5</sup> Existing guidelines, while valuable, tend to deal with overt conflicts of interest, obviously health-damaging products (e.g., tobacco), or clear interference with research or policy design. In addition to obvious conflicts of interest, our questions address more subtle or indirect potential impacts of corporate partnerships, to promote equity-focused navigation of new and potentially controversial issues.

**Question 1: Does this funding allow me/us to retain control over research design, methodology and dissemination processes?**

The direct effects of corporate funding on public health science are illustrated by empirical findings such as the significantly higher likelihood that industry-funded studies of drugs and medical devices will return results favourable to the commercial interests of the corporations funding them.<sup>6</sup> Such “industry bias” may occur through influences on research question framing, the design or conduct of the study, data analysis, selectively reporting favourable results, and spin in interpretation of results in discussion/conclusion sections.<sup>6</sup> Such biases may result from understandable phenomena such as self-censorship and feelings of collegiality with corporate funders, even when no overt pressure is placed on researchers. In response to such possible biases, many journals and conferences require the disclosure of conflicts of interest, and trial registries have been instituted to minimize publication bias, although inventive strategies are nevertheless employed by many corporations to generate scientific knowledge supportive of their interests.<sup>3,4</sup>

**Question 2: Does accessing this funding source involve altering my/our research agenda (i.e., what is the impact of this funding source on research priorities)?**

Experienced and careful researchers may be able to carry out rigorous research with corporate funding. A more subtle risk is posed by the influence of corporations on overall choice of study topics. While the issue of inappropriately-targeted research arguably extends to funding priorities of governments, corporate priorities are established through publicly-unaccountable mechanisms that support their commercial interests.<sup>7</sup> Recently, research on physical activity’s relationship to obesity has been promoted by the Coca-Cola Company as a way of diverting attention away from sugar consumption.<sup>8</sup> Less obviously, the Rockefeller Foundation in the early 20<sup>th</sup> century promoted a model of international health based on technical interventions (e.g., hookworm eradication) that would demonstrate quick results, rather than tackling diseases such as tuberculosis, with its greater burden of disease but more complex and politically-controversial interventions (e.g., reducing poverty). Important similarities exist between this technical approach to international health and the seemingly apolitical, technology-focused global health funding of the Bill & Melinda Gates Foundation.<sup>9</sup> Researchers have finite amounts of time and energy, and devoting these precious commodities to technology-based funding streams means they

are not available to advance effective upstream interventions. Importantly, the effects of the Rockefeller and Gates Foundations on priority-setting do not directly relate to harmful substances produced by their associated corporations (Standard Oil and Microsoft respectively).

**Question 3: What are the potential “unintended consequences” of accepting corporate funding, in terms of legitimizing corporations or models of development that are at the root of many global health problems?**

An example from the mining sector further illustrates the need to go beyond direct conflict of interest in assessing the global health implications of corporate funding. Over the past two decades, groups such as marginalized Indigenous communities living in mineral-rich areas around the world have increasingly come into conflict with mining companies over the effects of large-scale mining on local environments, or violence by mine security personnel against local communities.<sup>10,11</sup> Another root of conflict has been the lack of local economic development created by technologically-intensive large-scale mining, which generates relatively few jobs and requires highly-qualified personnel not often available in local communities. Resulting conflicts pose an image problem for the global mining sector, which has responded to protect its highly-profitable access to mineral resources through CSR activities such as promoting local employment or conducting environmental monitoring.<sup>10,11</sup>

While the health implications and community benefits of specific mining projects and community-level CSR initiatives must be evaluated on a case-by-case basis, the funding of universities by mining companies is part of a broader strategy. Against the backdrop of declining public investments in universities, mining companies donated at least \$459.6 million – a conservative estimate based on review of university and mining company websites – to Canada’s 21 largest universities between 1995 and 2011.<sup>12</sup> Donations to respected sectors such as health and research are effective ways for corporations to portray themselves as positive contributors to society, and thereby promote voluntary forms of governance.<sup>11,12</sup> This overall strategy has allowed the industry to avoid legislation such as Bill C-300, which would have held Canadian mining companies to basic human rights and environmental standards when operating abroad, but was narrowly defeated in 2010 after a massive industry lobbying effort.<sup>10,12</sup> The mining industry has instead been vigorously promoted abroad by the Canadian government through mechanisms such as bilateral trade agreements.<sup>10</sup> Foreshadowing such bilateral agreements, promotion of unrestricted access to mineral resources by multinational corporations has been central to “structural adjustment programs” imposed by international financial institutions with the nominal goal of promoting economic growth in indebted countries of the global South.<sup>10,11</sup> Health consequences of the structural adjustment – or more recent “austerity” – model occur through pathways that include reduced health system capacity, increased income inequality, and decreased protections for workers and the environment.<sup>13</sup> This example suggests that accepting corporate funding for global health activities may inadvertently legitimize corporations and economic models with negative consequences that outweigh any short-term health gains

produced by a particular research project or program. We recognize that the arguments involved in building such a hypothesis are not uncontested. Blindly accepting the converse position, however – that funding of academic research has no impact on the societal image of the mining sector and of macroeconomic policies related to it – would amount to a leap of faith, based on no credible evidence that we have been able to uncover. Research on the possible relationship between academic funding decisions and both small- and large-scale determinants of health is clearly needed. In the meantime, researchers concerned with broader economic and political dimensions of global health governance and research funding may find public health-relevant resources on economic theory helpful.<sup>14</sup>

## CONCLUSION

Application of the above questions may be helpful when considering funding options for global health research, and public health initiatives more generally. Our presentation of the questions employed illustrative examples from selected sectors. Applying the questions to specific funding decisions will require exploring the kinds of issues we have raised in novel settings, recognizing that the effects of corporations on health and health research differ by sector.<sup>15</sup> In addition, while corporations by definition share certain legal structures and profit-making incentives, they are complex and diverse organizations, complicating one-size-fits-all approaches to analysis and engagement.<sup>11</sup> We offer our questions not as a standard recipe for arriving at decisions, but rather as a helpful heuristic to guide reflection. Engaging in such a process will involve additional time commitments for already-busy people, but avoiding such reflection is not an “objective” option. To assume that it is unproblematic to accept corporate funding is often to effectively intervene on behalf of some of the most powerful actors shaping the inequitable global economic status quo. While some may still decide that accepting corporate funds is justified in particular situations, we hope that this commentary will promote more thoughtful deliberation when researchers, funding agencies, institutions and research stakeholders are making such decisions. Concurrently, our brief analysis and the examples presented here suggest a need for collective action to promote public research funding, and the tax systems required to underwrite it.<sup>2,3</sup>

## REFERENCES

- McCoy D, Chand S, Sridhar D. Global health funding: How much, where it comes from and where it goes. *Health Policy Plan* 2009;24(6):407–17. PMID: 19570773. doi: 10.1093/heapol/czp026.
- Ruckert A, Labonte R. Public-private partnerships (PPPS) in global health: The good, the bad and the ugly. *Third World Q* 2014;35(9):1598–614. doi: 10.1080/01436597.2014.970870.
- Freudenberg N. *Lethal but Legal: Corporations, Consumption, and Protecting Public Health*. New York, NY: Oxford University Press, 2014; 346 p.
- Wiist B. The corporate playbook, health, and democracy: The snack food and beverage industry's tactics in context. In: Stuckler D, Siegel K (Eds.), *Sick Societies: Responding to the Global Challenge of Chronic Disease*. Oxford, UK: Oxford University Press, 2011; 204–16.
- Galea G, McKee M. Public-private partnerships with large corporations: Setting the ground rules for better health. *Health Policy* 2014;115(2–3):138–40. PMID: 24508182. doi: 10.1016/j.healthpol.2014.02.003.
- Lundh A, Sismondo S, Lexchin J, Busuioac OA, Bero L. Industry sponsorship and research outcome. *Cochrane Database Syst Rev* 2012;12(12):MR000033. PMID: 23235689. doi: 10.1002/14651858.MR000033.pub2.
- Stuckler D, Basu S, McKee M. Global health philanthropy and institutional relationships: How should conflicts of interest be addressed? *PLoS Med* 2011; 8(4):e1001020. PMID: 21532739. doi: 10.1371/journal.pmed.1001020.
- O'Connor A. Coca-Cola Funds Scientists Who Shift Blame for Obesity Away From Bad Diets. *New York Times*, 2015 August 9. Available at: <http://well.blogs.nytimes.com/2015/08/09/coca-cola-funds-scientists-who-shift-blame-for-obesity-away-from-bad-diets/9> (Accessed August 21, 2016).
- Birn A-E. Philanthrocapitalism, past and present: The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda. *Hypothesis* 2014;12(1):e8. doi: 10.5779/hypothesis.v12i1.229.
- Butler P. *Colonial Extractions: Race and Canadian Mining in Contemporary Africa*. Toronto, ON: University of Toronto Press, 2015.
- Kirsch S. *Mining Capitalism: The Relationship Between Corporations and Their Critics*. Oakland, CA: University of California Press, 2014.
- Hamilton K. Les dons de l'industrie minière aux universités canadiennes : les enjeux de la philanthropie. *Société Québécoise Droit Int* 2012; Hors série. Available at: <http://www.sqdi.org/fr/les-dons-de-lindustrie-mini%C3%A9re-aux-universites-canadiennes-les-enjeux-de-la-philanthropie/> (Accessed March 21, 2016).
- Ottersen OP, Dasgupta J, Blouin C, Buss P, Chongsuvivatwong V, Frenk J, et al. The political origins of health inequity: Prospects for change. *Lancet* 2014;383(9917):630–67. PMID: 24524782. doi: 10.1016/S0140-6736(13)62407-1.
- Mohindra KS, Labonté R. Making sense of the global economy: 10 resources for health promoters. *Health Promot Int* 2010;25(3):355–62. PMID: 20410191. doi: 10.1093/heapro/daq027.
- Herrick C. The post-2015 landscape: Vested interests, corporate social responsibility and public health advocacy. *Sociol Health Illn* 2016; 38(7):1026–42. PMID: 27037612. doi: 10.1111/1467-9566.12424.

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## RÉSUMÉ

Les subventions de sociétés, et de fondations liées à certaines sociétés, figurent au premier plan des options de financement de la recherche en santé mondiale. De tels fonds peuvent rendre possible des études et des interventions dont on a grandement besoin, mais ils peuvent comporter le risque de fausser les priorités de recherche en santé et d'exacerber les iniquités face à la santé. Afin de promouvoir une réflexion critique sur les options possibles de financement de la recherche en santé mondiale par les sociétés, nous proposons trois questions, élaborées lors d'un atelier d'une conférence ouverte et d'une réflexion sur l'expérience de chercheurs en santé mondiale et de leurs établissements d'attache : 1) Ce financement me/nous permet-il de garder la maîtrise du plan de recherche, de la méthode et des processus de diffusion? 2) Faut-il modifier ma/nos priorités de recherche pour avoir accès à cette source de financement (c.-à-d., quel est l'impact de cette source de financement sur les priorités de recherche)? 3) Quelles pourraient être les « conséquences imprévues » d'accepter le financement de sociétés – cela pourrait-il légitimer des sociétés ou des modèles de développement qui sont à l'origine de nombreux problèmes de santé mondiale? Ces questions dessinent les contours d'une approche de prise de décision intentionnelle et prudente lorsque des organismes de financement, des établissements, des chercheurs et des acteurs du milieu de la recherche envisagent le financement de la recherche en santé mondiale par les sociétés.

**MOTS CLÉS :** santé mondiale; partenariats entre secteurs public et privé; commerce; gouvernance; renforcement des capacités; recherche