

L'Année PhiLanthropique

The PhiLanthropic Year

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À propos du PhiLab | About PhiLab

Le Réseau canadien de recherche partenariale sur la philanthropie (PhiLab) a été créé en 2014 dans le cadre d'une demande de financement « développement de partenariat » obtenue du Conseil de recherche en sciences humaines du Canada (CRSH). Ce financement a été reconduit en 2018 pour six années par l'obtention d'une subvention « partenariat » du CRSH. Depuis 2024, PhiLab profite de financements octroyés par différentes fondations dont la Fondation Lucie et André Chagnon et la Fondation Mirella et Lino Saputo. Le Réseau pancanadien constitue un lieu de recherche partenarial, de partage d'information, de mobilisation des connaissances sur la philanthropie subventionnaire et de formation à la recherche. Les activités de recherche conduites en partenariat valorisent les connaissances auprès d'une diversité d'acteurs sociaux, d'agences gouvernementales, milieux universitaires et petits et grands médias. La valorisation des connaissances, via des outils de communication novateurs et accessibles, permet une diffusion élargie des connaissances produites ou déjà existantes. Le Réseau regroupe des chercheurs, des décideurs et des membres de la communauté philanthropique à travers le monde afin de partager des informations, des ressources et des idées.

The Canadian network of partnership-oriented research on philanthropy (PhiLab) was created in 2014 as part of a “partnership development” funding application obtained from the Social Sciences and Humanities Research Council of Canada (SSHRC). This funding was renewed in 2018 for six years by obtaining a “partnership” grant from SSHRC. Since 2024, PhiLab has benefited from funding granted by various foundations, including the Fondation Lucie et André Chagnon and the Mirella and Lino Saputo Foundation. The Pan-Canadian Network is a hub for partnership research, information sharing, knowledge mobilization on grantmaking philanthropy and research training. Research activities carried out in partnership promote knowledge among a wide range of social players, government agencies, academics and small and large media. The valorization of knowledge, via innovative and accessible communication tools, enables a wider dissemination of the knowledge produced or already existing.



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À propos de L'Année PhiLanthropique



Par : **Elisabeth Robinot et Adam Saifer**
Codirecteurs du PhiLab
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L'Année PhiLanthropique est une publication spécialisée dans la diffusion de connaissances scientifiques et professionnelles dans le domaine de la philanthropie et plus précisément de la philanthropie subventionnaire. La revue répond au besoin de rendre disponible, en français et en anglais, des connaissances principalement produites ou mises en valeur par des activités scientifiques réalisées au sein du Réseau canadien de recherche partenariale sur la philanthropie (PhiLab).

L'Année PhiLanthropique publie des travaux de nature scientifique ou professionnelle répondant aux exigences de base de l'édition scientifique. La revue dispose d'un comité de lecture et de politiques éditoriales qui assurent un niveau de qualité certain aux textes qui y sont publiés. Ces derniers prennent différentes formes – articles, chroniques, comptes rendus critiques – et s'inscrivent dans un créneau qui se situe entre les publications scientifiques formelles et informelles. Il s'agit donc de textes qui, tout en respectant les normes éthiques de la production scientifique et professionnelle, se veulent plus courts – une dizaine de pages – et plus légers (moins grande emphase sur les dimensions méthodologiques et plus sur les résultats ou l'analyse) que la moyenne des productions scientifiques.

Produite une fois par année (hors éditions spéciales), chaque numéro de la revue est pris en charge par une équipe éditoriale différente rattachée au PhiLab. L'équipe, en mode direction, est chargée de la conception, de la production et de la gestion d'un appel à contribution.

En publiant L'Année PhiLanthropique nous nous assurons d'agir en complémentarité avec une offre de publications scientifiques, ou visant le grand public, déjà existante. En se voulant accessible en ligne et offerte gratuitement, la revue ouvre la voie à la diffusion de contenus générés par ou découlant d'activités de recherche majoritairement conduites en partenariat avec des acteurs de l'écosystème philanthropique.

L'Année PhiLanthropique s'inscrit dans la stratégie globale mise en place par PhiLab afin de mieux faire connaître les réalisations et enjeux de l'écosystème philanthropique canadien tout en ouvrant la voie à sa mise en comparaison avec des pratiques existantes ailleurs dans le monde. Enfin, rappelons que la création de notre revue n'aurait pas été possible sans l'appui du Conseil de recherches en sciences humaines du Canada (CRSH).

Elisabeth Robinot, de l'Université du Québec à Montréal, et Adam Saifer, de la University of British Columbia (Okanagan Campus), sont les codirecteurs du PhiLab. À titre de codirecteurs, ils veillent à la réalisation et à la coordination des activités de recherche et de valorisation des connaissances inscrites dans les programmes de recherche menés en partenariat et soutenus financièrement par le CRSH et les partenaires du projet. Elisabeth Robinot est aussi la cofondatrice de l'Observatoire de la Philanthropie, une cellule d'études et de veille stratégique en philanthropie qui associe des chercheur-e-s de l'ESG UQAM, de l'UQTR et d'autres universités internationales.

About The PhiLanthropic Year

By: Elisabeth Robinot & Adam Saifer
Co-directors of the PhiLab Network
Publication Co-directors

The PhiLanthropic Year is a journal that specializes in the transmission of scientific and professional knowledge within the philanthropic sector, and more specifically, grantmaking philanthropy. The journal meets the need of rendering available, in French and English, knowledge mainly produced by or highlighted by the scientific activities that take place within the Canadian Philanthropy Partnership Research Network (PhiLab).

The PhiLanthropic Year publishes scientific and professional articles that meet the basic requirements of scientific publication. The journal has a peer-reviewed committee as well as basic editorial guidelines that ensure a quality standard for the texts it publishes. These latter take on different forms - articles, chronicles, critical book reviews- and find themselves somewhere between formal and informal scientific articles. These texts, while respecting the ethical norms of scientific and professional publications, are shorter - a dozen pages or less - and lighter (less emphasis on the methodological aspects and more on the results or analysis) than your average scientific publication.

Published annually, each issue is taken in charge by a different editorial team that is connected to PhiLab. The team, from a management point of view, is responsible for the design as well as the creation and management of a call for contributions. By publishing The PhiLanthropic Year, we make sure to act as a complement to the existing offer of scientific literature and publications directed to the general public. By being available online and offered free of charge, the journal paves the way to the dissemination of content generated by or stemming from research mainly conducted in partnership with actors of the philanthropic ecosystem.

The PhiLanthropic Year is part of a global strategy implemented by PhiLab to spread awareness of the successes as much as of the issues of the Canadian philanthropic ecosystem while paving the way for comparisons with existing practices from around the world. Finally, let us recognize that the creation of our journal could not have been possible without the support of the Social Sciences and Humanities Research Council of Canada (SSHRC).



Elisabeth Robinot, from the Université du Québec à Montréal, and Adam Saifer, from the University of British Columbia (Okanagan Campus), are the co-directors of PhiLab. As co-directors, they oversee the implementation and coordination of research and knowledge dissemination activities included in the research programs led in partnership with and financially supported by the SSHRC and the project's partners. Elisabeth Robinot is also co-founder of the *Observatoire de la Philanthropie*, a philanthropy research and strategic monitoring unit that brings together researchers from ESG UQAM, UQTR and other international universities.

Justice socioenvironnementale : quand la crise exige justice | Socio-Environmental Justice: When Crisis Demands Justice





The Polycrisis as Opportunity for Canadian Global Health Philanthropy

By **Bernice Yanful**, Assistant Professor in the Sociology Department at Toronto Metropolitan University & **Anne-Emanuelle Birn**, Professor of Global Development Studies and Social and Behavioural Health Sciences at the University of Toronto



Bernice Yanful is an Assistant Professor in the Sociology Department at Toronto Metropolitan University. Her research examines approaches for advancing food justice and food sovereignty.

Anne-Emanuelle Birn is Professor of Global Development Studies and Social and Behavioural Health Sciences at the University of Toronto. Her research explores the history and political economy of international health, especially in Latin America. Her books include: *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*; *Comrades in Health: US Health Internationalists, Abroad and at Home*; *Oxford's Textbook of Global Health*; *Peripheral Nerve: Health and Medicine in Cold War Latin America* (Duke) & *Going Public: The Unmaking and Remaking of Universal Healthcare* (Cambridge). Among other scholar-activist roles, she has served on the Global Steering Council of the People's Health Movement. In 2023 she received the Viseltear Prize for Lifetime Achievement in Public Health History.

Introduction

Following decades of steady growth in global health and development financing via government –and philanthropic– donors, this trend has now reversed.

In the early 1990s, global health funding was roughly \$USD 10 billion (in constant 2023 dollars) per year, rising to \$USD 50 billion in 2019. However, with the exception of a 2020-22 spike at the height of the COVID-19 pandemic, global health funding has stagnated (Apeagyei et al., 2025a). In 2025 alone, there was a precipitous decline of over \$10 billion in global health spending commitments, driven by reductions made by the largest government funders, including the United Kingdom, France, and Germany. There was an especially large plunge in US global health spending (Apeagyei et al., 2025b). While Canada's global health allocations have remained steadier than those of the US and other countries, the Prime Minister's November 2025 announcement of an estimated 12% reduction in international assistance spending over the next four years particularly targets global health (Cooperation Canada, 2025).

This vacuum opens space for other bilateral funders (e.g. China, Japan, and South Korea) to step up, as well as the possibility of greater engagement by philanthropic actors. In contrast to government cutbacks, philanthropic spending in global health has remained at relatively consistent levels in recent years. Approximately half comes from the Gates Foundation,

with newer players, such as UAE-based Mohamed Bin Zayed Foundation for Humanity, now joining this arena. Whether other philanthropies, especially those based in countries that have slashed bilateral health spending, increase their global health involvement remains uncertain.

Although Canadian global health philanthropic contributions are notoriously difficult to calculate and track over time, this shifting landscape presents an opportunity for Canadian philanthropies to increase their financial commitment in the global health arena, while also –we argue– ensuring that spending is social justice-oriented. As we detail ahead, this question is especially important in the absence of public accountability and transparency for what are ultimately taxpayer-subsidized endeavours. Yet important questions remain about how the philanthropic sector can respond to critical needs while avoiding perpetuating power asymmetries rooted in colonial legacies.

This piece seeks to unpack the “black box” of Canadian global health philanthropy, and offer possible avenues for social justice - or solidarity - oriented engagement, while highlighting potential dangers and concerns presented by greater philanthropic involvement within Canada’s overall global health presence.

Landscape of Canadian Global Health Philanthropy: Patterns and Problems

The Canadian philanthropic landscape and the rules governing it are extremely complex. This landscape comprises individual donors and three types of registered charities, differentiated by their structure, how they operate, and their sources of funding (Canada Revenue Agency [CRA], 2016; Gartner, 2024). While charitable organizations must spend more than 50% of income on their own activities, public foundations are required to gift over 50% of their income annually to donees, and private foundations can both carry out their own charitable activities and fund donees (CRA, 2016; CRA, 2023b; Hayhoe, 2009; LeBlanc, 2018). In the Canadian context, foundations are distinct from charitable organizations in that they are both donors to other charities and can carry out their own activities.

Little is known about the global health involvement of Canadian philanthropies, in part due to the Canada Revenue Agency’s (CRA’s) arcane tracking system

(Blumberg, 2019). In order to better understand how Canadian global health philanthropy operates, we mapped the terrain of Canadian global health philanthropy to determine the scope and nature of involvement across different charitable modalities. We focused on 2018-2019, the two years preceding the onset of COVID-19, since increased spending to address vaccine and other needs during the pandemic crisis period skewed the picture, and data for the most recent post-pandemic years are not fully available.

Pursuing a multi-pronged approach, we first identified the registered charities with the highest foreign expenditures and determined which of these were engaged in global health, defined as being involved in health-related activities in at least two countries outside Canada. We then uncovered the philanthropic funding sources for these efforts. Complementing this strategy, we excavated information on the activities of the largest Canadian public and private foundations by assets and explored their funding patterns and activities related to global health. Data sources included CRA’s (2021) List of Charities, Who Gives and Who Gets published by the Charity Report (2020), publicly available CRA T3010 tax forms (Government of Canada, n.d.), and the 2018 CRA charity data set hosted by Blumberg Segal LLC (2021), a law firm that specializes in charity and non-profit law.

Through this process, we first identified the 10 charitable organizations that met the above inclusion criteria. In parallel, we also identified five predominant Canadian private foundations that fund global health activities.

Charitable Organizations

Our in-depth analysis revealed a complex picture of charitable activity. Notably, the top 10 Canadian charitable organizations most involved in global health activities are Canadian branches of large mainstream organizations, including World Vision Canada, Plan International Canada, and Care Canada (See Appendix 1). These charitable organizations depend heavily on Canadian government funding, and their affiliation with “parent” organizations shape their focus areas. Initially, these humanitarian-cum-development agencies were established to facilitate fundraising from Canadian donors but the Canadian government subsequently called on them to play a larger role in directly operating global activities (Masaeli & Munro, 2018).

As illustrated in Appendix 1, the priority areas of these 10 charitable organizations centre most on access to health services; emergency and disaster preparedness and response; and food insecurity, hunger and malnutrition, mirroring larger trends in global health and development. In the wake of the 2008-2012 financial crisis, charitable organizations sought to respond to multiple compounding economic shocks, climate-related emergencies, conflict, and intersecting crises that increased vulnerability to food and housing insecurity, livelihood loss, and displacement, among other threats to health and wellbeing.

In the years following our analysis, the COVID-19 pandemic both vividly revealed and exacerbated health inequalities and needs globally; meanwhile, during the pandemic charitable organizations faced significant financial challenges, compromising their ability to respond adequately (Paras et al., 2020). This was as much the case for Canadian charities as those elsewhere (Lasby & Barr, 2021).

Private Foundations

Among the top 20 Canadian private foundations by 2018 assets, five had global health expenditures (See Table 1). Of these five, whose assets range from CDN\$252 million to CDN \$31.1 billion at that time, one is a corporate foundation (Mastercard Foundation), discussed in detail ahead.

The remaining four are family foundations, all based in Québec: the JW McConnell Family Foundation, the Fondation Marcelle et Jean Coutu, the Fondation Mirella & Lino Saputo and the Pathy Family Foundation. While far smaller than Mastercard, all four are significant in the range and reach of their global health donations (dating back decades in some cases). Their efforts include support to on-the-ground non-governmental organizations providing access to hearing aids, HIV prevention and treatment, and emergency and healthcare needs, as well as sponsoring local climate change mitigation efforts and helping women and children living in precarious situations in Latin America, Africa, and Asia (Fondation Marcelle et Jean Coutu, n.d.; La Fondation Mirella & Lino Saputo, n.d., McConnell Foundation, n.d.; Pathy Family Foundation, n.d.). These efforts often pursue a community-driven approach and are channeled via organizations with an explicit solidarity mission, such as Monde par la Main and Partners in Health Canada, which supports health and social justice efforts for

made-marginalized communities.

Notwithstanding the stated commitments of these four entities, concerns remain. Canadian charity law affords private foundations considerable flexibility in how they distribute their funds, provided they meet an annual disbursement quota of 3.5% on the first \$1 million in assets not used directly for charitable activities or administration, and 5% on amounts exceeding \$1 million (Canada Revenue Agency, 2023a; McQuaig & Brooks, 2026). This low requirement allows sizeable investment income to remain undisbursed, accumulating value and benefiting from tax concessions. When they do distribute funds, private foundations exercise significant autonomy in how this giving is directed, whether to their own charitable activities or other donees (McQuaig & Brooks, 2026).

Table 1 - Large Canadian Private Foundations in the Global Health Arena (mostly donors)

Private Foundation	Description	Total Assets (2018)	Illustrative 2019 Global Health Donees/Programs
Mastercard Foundation	Largest Canadian global health philanthropy, that seeks to help "economically disadvantaged young people in Africa and in Indigenous communities in Canada to access dignified and fulfilling work" (Mastercard Foundation, n.d.).	\$24B	Scholars Program (supporting African students to pursue higher education in health-related fields) (Mastercard Foundation n.d.-d).
The J W McConnell Family Foundation	Focused on contributing to "strengthening collective resilience and create conditions for more inclusive, future-ready communities" (McConnell Foundation, n.d.).	\$629M	Gift to World-Wide Hearing Foundation Canada
Fondation Marcelle et Jean Coutu	Provides emergency and development assistance to 'developing' countries	\$588M	Gift to Fondation Teasdale-Corti/Teasdale-Corti Foundation, Terre Sans Frontières
Fondation Mirella & Lino Saputo	Supports initiatives for older people, people with disabilities, and immigrants	\$277M	Gift to Monde Par La Main
Pathy Family Foundation	Supports organizations that provide aid to meet basic human needs and empower individuals and communities to generate and sustain positive social change	\$252M	Gift to Canadian Red Cross, Médecins Sans Frontières-Canada etc.

Public Foundations

Although many of Canada's thousands of public

foundations, which enjoy arms-length governance, are community-oriented, we found very few public foundations that were involved in global health. Two notable exceptions are: the Unifor Social Justice Fund (funded and operated by Unifor, Canada's largest private sector union), which gifted several hundred thousand dollars to Médecins Sans Frontières-Canada and the Canadian Red Cross; and the Stephen Lewis Foundation, which provides funding and resources for community-led efforts to address HIV and AIDS in Africa.

The Mastercard Foundation: Outshading the Rest by Far

Here we focus on the Mastercard Foundation, which since its 2006 founding has been the largest private foundation in Canada. Its sheer size warrants this attention: with assets totalling an estimated USD 24 billion in 2018 (and USD 37 billion in 2023), the foundation is 20 to 25 times larger than the next largest foundation) (Kerr, 2025). Despite Mastercard's US corporate home, its foundation was established in Canada so it could: 1) benefit from Canadian tax regulations that at the time mandated lower annual endowment disbursements (3.5% in Canada vs 5% in the US) and average out this obligation over time, affording it considerable flexibility (Brownell, 2021); and, 2) more speculatively, garner greater prominence—domestically and globally—given Canada's much smaller philanthropy scene.

Since 2012, a key focus of Mastercard Foundation's global health involvement has been its Scholars Program, launched to “develop the next generation of transformative leaders,” including in health fields (Mastercard Foundation, n.d.-d). Implemented in partnership with postsecondary institutions and charitable organizations, the program provides scholarships to African students to pursue higher education, aligned with its broader mission to “enable young people in Africa and Indigenous youth in Canada to access dignified, meaningful, and fulfilling work” (Mastercard Foundation, n.d.-a).

Although beyond the scope of our study time frame and full analysis, it is relevant to note that the Mastercard Foundation's size and range of activities poised it to deepen its engagement in global health with the onset of the COVID-19 pandemic. Since 2021, the foundation has partnered with Africa CDC through the Saving Lives and Livelihoods program to

support delivery of over 65 million COVID-19 vaccines across the continent. The program includes workforce training for vaccine manufacturing and integration of COVID-19 vaccines into routine immunization programs (Africa CDC, n.d.). The foundation also supports the Youth in Digital Health Jobs Initiative, which aims to create 1.2 million jobs in the digital health sector across Africa (Mastercard Foundation, n.d.-c). This program complements the foundation's other investments in digital health, including the scale-up of SMART Health cards intended to allow individuals easier access to their health information, thereby enhancing “person-centred” quality care (Mastercard Foundation, 2022).

These programs illustrate how Mastercard Foundation seeks to position itself in the global health arena: as a leader in “health systems transformation” across Africa, with emphasis on digital technologies and workforce development (Mastercard Foundation, n.d.-c). Although increasing healthcare capacity through workforce expansion and innovation can be important levers in improving health outcomes, the foundation's activities in global health and beyond warrant critical examination.

Notwithstanding its size and several decades of existence, the Mastercard Foundation's philanthropic activities have faced minimal scholarly scrutiny until recently (Lefèvre & Langevin, 2020). One line of critique has focused on how encouraging “the economic participation of African youth” via digital payment systems serves to financialize development efforts, ultimately benefiting the Mastercard corporation's “strategic interests” and overall business plan (Langevin et al., 2023; Langevin et al., 2025). Moreover, given the foundation's heft, Langevin et al. (2023, 2025) argue that its conflation of “inclusive economies” and development goals squeezes out alternative development approaches that emphasize autochthonous industries and pathways to better health and social well-being.

Additionally, Mastercard and the wider philanthropic sector face other related critiques that merit consideration. Most visibly, a growing crescendo of scholars and practitioners have argued that global philanthropy, especially philanthrocapitalist approaches (see ahead), constitutes a form of neocolonialism (Garcia-Arias & Mediavilla, 2023), with Canada joining others in promoting a (philanthropic) neoliberal agenda of economic liberalization and

privatization (Langevin et al., 2025; Masaeli & Munro, 2018), while perpetuating asymmetrical relations of power that create dependency and otherize the poor. In this way, financialization through digital payment mechanisms, as discussed above, may act as a tool of neocolonialism, furthering imbalances in power while foreclosing South-led economic futures.

Amid these critiques, there have been growing calls to “decolonize global health” (Afriyie et al., 2026; McCoy et al., 2024). However, what concrete actions are needed to achieve this aim remain underexamined, raising questions about whether this recent interest can indeed bring about transformative equity-focused changes in global health (philanthropy), or if invoking “decolonization” is purely rhetorical with little real-world impact (Mukumbang, 2025).

Another significant concern regarding philanthropic activity relates to how it often deflects attention from government responsibilities in meeting the needs of their populations. Our analysis found that many of the top Canadian charitable organizations engaged in global health, together with their funders, focus on efforts to address inadequate access to food and nutritional deprivation. Increasingly, philanthropic, as well as corporate, actors play a central role in defining the problem of global hunger and directing solutions, evidenced for example, by their prominence at the UN Food Systems Summit (Levkoe et al., 2023). Philanthropic approaches to food and food systems can fill important gaps in meeting basic needs, at least temporarily. However, philanthropies can also undermine the right to food as a social good – and diminish the state’s role in guaranteeing this right – when they rely on a charity model or support corporate-led strategies that frame food as a commodity (Koberinski et al., 2022).

For example, the Mastercard Foundation collaborates with Partners in Food Solutions (Mastercard Foundation, n.d.-b) – an initiative established by General Mills with Cargill, Hershey, and other food corporations as partners – to “strengthen food security...by expanding and increasing the competitiveness of the food processing sector” in Africa (Partners in Food Solutions, n.d.). By linking major transnational food corporations with African food businesses, Partners in Food Solutions furthers a corporate-led global food system with significant environmental and human health consequences. Harms associated with such a corporate-led arrangement include exploitation of

workers throughout the food system, acceleration of climate change and environmental degradation, prioritization of cash crops for export instead of food crops for domestic consumption, and food and nutritional insecurity. These initiatives, championed by the Mastercard Foundation among others, raise questions about whose interests are served through these approaches, and who ultimately benefits.

Conversely, supporting a food sovereignty approach might present opportunities for Canadian philanthropic actors to advance an equity-oriented global health agenda that supports social justice-oriented solutions and community-led efforts in the public interest.

The questions we have raised cannot be easily addressed yet deserve close attention if the Canadian philanthropic sector is to advance health and social justice beyond the rhetoric.

Canadian Global Health Philanthropy into the Future: Social Justice Aspirations or Business as Usual ?

How might Canadian philanthropy help renew and rebuild the global health arena, while heeding socially-just principles and practices?

Crisis as Opportunity

To be sure, the international context of interconnections between global philanthropic engagement and that of overseas development agencies, whose envelopes are vastly larger, remains salient for Canada. Since January 2025, the Trump administration has come under fire for withdrawing from the World Health Organization (WHO), slashing its USAID and PEPFAR commitments, and replacing them with an America First Global Health strategy marked by a blatantly transactional and extractive approach to health cooperation. This is unfolding through US government demands for favourable trade deals and US corporate access to Sub Saharan African markets, for example demanding mining concessions in exchange for HIV drugs and maternal healthcare programs (Cullinan, 2026; Farmer, 2026; Hirschfeld et al., 2026; KFF, 2026). While less visible than some other bilateral arrangements, Canadian health and development aid has followed similar global health-washing approaches, such as funding local social well-being projects in the vicinity of Barrick Gold’s mining interests in Peru (Birn et al., 2023).

Notwithstanding aspirations for a re-imagining and renewal of Canada's global health and humanitarian engagement amid the current polycrisis (Evans et al., 2025; The Norman Paterson School of International Affairs, 2025), such calls often resort to nostalgic and misinformed tropes of Canada as peacemaker and defender of health and human rights (Mukhopadhyay et al., 2018).

Philanthropic Foundations Canada asserts that by "reaffirming Canada's role as a compassionate global actor, the philanthropic sector has the capacity and the care to lead" (Gartner, 2025). Although claims regarding Canada's compassionate global role are problematic, we concur nonetheless that a socially-just transformation of Canadian philanthropic engagement is (aspirationally) possible. But the extent to which Canadian global health philanthropy can push Canada's federal government to distance itself from quid pro quo health and development approaches remains unknown in an era of mounting geo-realpolitik.

We argue that the current scenario is an opportunity for Canadian philanthropies to depart from their previous alignment with dominant US global health efforts, just as the two countries foreign policy approaches appear to be diverging.

[Are Benevolent Family Foundations the Answer or is a Public Foundation Alternative Needed?](#)

That said, we envision non-transactional approaches on the part of some family foundations (a subset of private foundations) may offer prospects for addressing the polycrisis through social justice-oriented involvement.

Concretely, social justice-oriented global health philanthropy focus areas might span: supporting food sovereignty rather than corporate-led food approaches; reversing health worker brain drain; addressing the climate crisis; and solidarity with Indigenous led-movements for livelihood and environmental protections against encroaching extractivism.

The four aforementioned Québec-based foundations – the JW McConnell Family Foundation, the Fondation Marcelle et Jean Coutu, the Fondation Mirella & Lino Saputo and the Pathy Family Foundation – set a partial example by partnering with on-the-ground organizations that espouse health justice missions

and practices. Yet this is by family foundation choice, and thus relies on benevolence, rather than any formal accountability mechanisms. Even though foundations are publicly subsidized through whopping 75% tax credits, government regulations demand minimal transparency or details regarding these foundations' activities and modus operandi other than opaque annual financial statements.

Alternatively, public foundations, governed by independent boards – meaning that more than 50% of their members are at arm's length from each other – offer a more propitious avenue for social justice-oriented global health philanthropy. Notably, this includes the Stephen Lewis Foundation, whose stated principles include "social justice, international solidarity, and substantive equality" (Stephen Lewis Foundation, n.d.).

[The Problem of Philanthrocapitalism](#)

Some, not unreasonably, argue that philanthropies, especially large private foundations, are undemocratic and that their tax-beneficial status shelters them from public accountability, thus making them illegitimate mechanisms for the (putative) public good.

As in many donor countries, Canadian philanthropic dollars are subsidized by taxpayers, without a concerted quid pro quo of accountability. That is, every dollar donated by corporations or individuals either directly or via the variety of philanthropic arrangements explained above enjoys a reduction in tax liability. These donations would otherwise be taxed at the relevant corporate or personal rate and be added to public coffers to (ideally) be spent on societal priorities (such as health, education, transit, housing; though often military, extractive etc.) as decided on by democratic decisionmaking processes and truly accountable elected officials.

While the excess private accumulation of assets enabling philanthrocapitalism can ultimately be addressed only through transforming the world order (Garcia-Arias & Mediavilla, 2023; Mushita & Thompson, 2021), certain reforms could build towards such transformation.

For Canada's largest global health donor, the Mastercard Foundation, the strictures of philanthrocapitalism undoubtedly guide its actions (Birn & Richter, 2017).

While it is important to not be starry-eyed about further possibilities, it is worth noting that historically some foundations, even philanthrocapitalist ones such as the Rockefeller Foundation (RF), gave leeway to a few high-level staff members to pursue social medicine approaches in their international grants (Birn & Brown, 2013; Weindling, 1995). Additionally, during the 1930s, the RF played an ersatz official overseas cooperation role, alongside the Kellogg Foundation and others, for example supporting international health training and providing grants for the development of local health departments. This philanthropic testing ground for the US's Good Neighbor Policy with Latin America, even after Mexico nationalized all oil holdings, suggests that philanthropies can at times help shape progressive foreign health policy, if not explicitly so.

Still, because Canadian government overseas spending far outstrips the investments of even the largest foundations, this is not a long-term solution.



While the excess private accumulation of assets enabling philanthrocapitalism can ultimately be addressed only through transforming the world order, certain reforms could build towards such transformation.

For Canada's largest global health donor, the Mastercard Foundation, the strictures of philanthrocapitalism undoubtedly guide its actions.



The Mastercard Foundation's partnering with Africa CDC is perhaps a promising beginning, given that these efforts are (ideally) accountable to the African Union and African health ministries. But unaccountable philanthropic agenda-setting power remains a major concern (Breen & Kumar, 2023). We certainly urge the Mastercard Foundation to suspend its efforts in

"financial inclusion" as a clear conflict of interest, just as mining companies' donations to medical/health research and local communities' well-being are forms of health-washing that are ultimately self-serving.

Perennial Accountability/Transparency Concerns, and a Propitious Approach

A paradoxical advantage of registered charities is that their limited reporting obligations, especially the case with private foundations, and mostly internal responsibility (to their own boards) can make them more nimble and responsive to needs than (democratically-operating) governments. Yet we remain concerned that lack of accountability to civil society in the settings where they work, as well as to the broader, subsidizing, Canadian public, threatens the putative aims of global health equity. One philanthropic sub-sector, community-oriented public foundations, have sought to create accountable relationships with local civil society. While by definition, these charitable organizations do not operate globally, the nature of their engagement could help shape a transformation in both global health philanthropy and Canadian health cooperation alike.

Another philanthropic approach that might propitiously inform a bona fide social justice-informed Canadian foreign policy approach to global health is via an existing hybrid agency: the International Development Research Centre (IDRC). IDRC, registered as a charitable organization, was founded as a Crown corporation in 1970 and is governed by an independent North-South board. Largely funded by the Canadian government (thus not fitting our inclusion criteria) and administratively linked to Global Affairs Canada (and to prior development and foreign affairs agencies), IDRC is subject to public-entity transparency and reporting requirements – precisely the kinds of regulatory obligations that could help make Canadian philanthropies engaged in global health more equity-oriented.

Originally providing grants related to population control, by the 1980s IDRC increasingly focused on workers' and environmental health, a highlight being an innovative Eco-Health approach that emphasizes holistic attention to community health and local participation, ecosystems, and gender inclusion (Cole et al., 2006). By 2018, IDRC was Canada's fourth highest charitable donor to global health, supporting Majority

World (Global South) researchers to study such topics as climate-resilient food systems, adolescent health, and epidemic preparedness. Far more is known about IDRC activities than those of most Canadian global health philanthropic actors, precisely because it is subject to government accountability mechanisms; moreover because of its direct ties to Global Affairs Canada, IDRC, and its social justice approaches, have the potential to directly shape Canadian foreign health policy engagement. To be sure, this remains a double-edged sword, given the menace of undemocratic political shifts akin to those south of the border.

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A paradoxical advantage of registered charities is that their limited reporting obligations, especially the case with private foundations, and mostly internal responsibility (to their own boards) can make them more nimble and responsive to needs than (democratically-operating) governments. Yet we remain concerned that lack of accountability to civil society in the settings where they work, as well as to the broader, subsidizing, Canadian public, threatens the putative aims of global health equity.

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Conclusion

In the wake of significant U.S., European, and projected Canadian disinvestment in global health, Canadian philanthropies find themselves at a crossroads.

The concurrent global crises of unequal health conditions, escalating environmental degradation, and militarism (with military and related industry expenditures squeezing out multilateral and bilateral health cooperation) present a unique opportunity for Canadian philanthropies to both step up their financial commitments to the global health arena and to reorient spending towards a social justice focus.

This is also a moment to rethink philanthropy's role in pushing/informing government responsibilities.

Whether an equity-oriented action agenda for Canadian global health philanthropy is realizable remains to be seen. Certainly, tensions with the US and the US pullback from global health cooperation might enable the Canadian government to chart its own global health path beyond rhetorical assertions, for example by revisiting and expanding the kinds of bona fide health justice efforts historically propelled by IDRC.

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Appendix 1 - Top 10 Canadian charitable organizations most involved in global health activities

Registered Charity	Description	Total Spending (2018)	Recent Agency-Identified Global Health Priorities (Non-Exhaustive)											
			Expenses on Foreign Activities (2018)	1	2	3	4	5	6	7	8	9	10	
World Vision	Christian humanitarian aid and development organization focused on child wellbeing, with activities spanning various areas including poverty alleviation, nutrition, and child rights (World Vision Canada, 2026).	\$466M	\$363M	X	X	X	X	X	X	X	X	X	X	X
Plan International Canada	Organization focused on “advancing children’s rights and equality for girls” (Plan International Canada, 2025).	\$236M	\$175M	X	X	X	X	X	X	X	X	X	X	
Care Canada	Organization focused on fighting poverty and the empowerment of girls and women (Care Canada, 2026).	\$123M	\$115M	X		X		X	X			X	X	X
The Canadian Red Cross Society	Humanitarian organization that provides assistance to vulnerable people affected by disasters and emergencies in Canada and around the world (Canadian Red Cross, n.d.).	\$458M	\$65M	X	X	X	X	X	X				X	
Doctors Without Borders Canada/ Médecins Sans Frontières Canada	Provides medical services to people affected by disasters, conflict, populations in distress, and people excluded from healthcare (Doctors Without Borders/Médecins Sans Frontières, n.d.).	\$85M	\$58M		X			X	X					
Compassion Canada	Christian organization that partners with local churches to deliver child development programs outside of Canada that meet the needs of children living in poverty (Compassion Canada, n.d.).	\$65M	\$51M	X		X	X	X	X	X	X			
Islamic Relief-Canada	Organization that provides disaster assistance, support for basic services for people living in poverty, and longer-term poverty alleviation strategies (Islamic Relief Canada, n.d.).	\$56M	\$49M	X		X	X	X	X	X	X			
Mennonite Central Committee Canada	Organization that focuses on the provision of relief services, development, and peacebuilding (Mennonite Central Committee, n.d.).	\$56M	\$36M	X		X	X	X	X	X	X			X
The Samaritan’s Purse-Canada	Nondenominational evangelical Christian organization that provides aid to “hurting people in countries around the world” (Samaritan’s Purse Canada, n.d.).	\$51M	\$36M	X		X	X	X	X	X				
Aga Khan Foundation Canada	Operates programs in Asia, Africa, and the Middle East to end poverty (Aga Khan Foundation Canada, n.d.).	\$150M	\$35M	X		X		X	X	X	X	X	X	X

Legend

- 1. Reproductive, Maternal and/or Child Health and Wellbeing
- 2. Infectious Diseases
- 3. Food (in)security, Hunger and (mal)nutrition
- 4. WaSH (Water, Sanitation and Hygiene)
- 5. Emergency and Disaster Preparedness and Response
- 6. Access to Health Services
- 7. Access to Quality Education
- 8. Poverty Alleviation and/or Economic Growth
- 9. Gender Equality
- 10. Climate Change

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