INNOVATIONS IN HEALTHCARE™

A Decade of Progress

Learnings from The Pfizer Foundation's Global Health Innovation Grant Program

14.5M

PATIENTS DIRECTLY REACHED

100K+

HEALTHCARE WORKERS TRAINED

47

ORGANIZATIONS FUNDED

30

COUNTRIES SERVED

590K+

VACCINES ADMINISTERED

EUNICE MUTINDI, LISA BOURGET

Introduction

Since its inception in 2016, the Global Health Innovation Grants (GHIG) Program—established by The Pfizer Foundation and implemented in partnership with Duke University's Innovations in Healthcare (IiH)—has served as a catalytic platform for healthcare delivery innovation in low- and middle-income countries (LMICs). Over ten years, the GHIG program has funded 47 organizations across 30 countries, disbursing $15.5 million in grant funding, and directly reaching 14.5 million patients, vaccinating more than 2.8 million individuals, training 32,000+ healthcare workers, and extending access to 25.1 million people.

Beyond the numbers, GHIG grantees have scaled innovations across geographies, forged new partnerships, and catalyzed systemic improvements in primary and community care, maternal and child health, digital health, and infectious disease management. When GHIG was launched a decade ago, there were limited pathways for scaling healthcare delivery innovations in LMICs. While other funders supported research and development (R&D) and early pilots, there was a glaring gap: flexible, catalytic funding that could help organizations adapt, experiment, and build models for scale. GHIG aimed to fill that space, coupling modest but nimble grants with technical assistance from IiH. Stakeholder interviews confirm GHIG's role as both a validator and accelerator, providing legitimacy, networks, and flexible funding that allowed grantees to test, adapt, and grow.

As GHIG concludes its tenth year, this report synthesizes contributions and impact to healthcare systems and insights from structured interviews with 22 stakeholders. It aims to provide evidence-based lessons for innovators, funders, and policymakers considering and supporting the scale and sustainability of innovations. **While the scope of this review is deliberately backward-looking—ten years of practice, progress, and proof—our guiding principle is grounded in learning and adaptation to be better for what comes next.** We enter the next decade in a funding climate that is leaner and less forgiving; every dollar must now carry more weight and move with greater purpose. That is why these lessons matter more than ever. These findings will be shared with global health stakeholders, offering insights on investing in health innovators based in LMICs and offering insights on designing effective grant programs. We hope this report is more than a retrospective; we want it to be a guide for making each future global health dollar smarter, more catalytic, and more durable in the systems that need it most.

Background

Methodology

We set out to interview program grantees and ecosystem members working in varying geographies across Africa, South America, the Caribbean, South Asia, and Southeast Asia. Of the 26 stakeholders invited, 22 participated in a semi-structured, virtual, 60-minute interview conducted by a member of the IiH team. Each interview gathered insights from beneficiaries and implementers of the GHIG program, as well as their views on the global health innovation ecosystem. Their collective experience formed the basis for the findings and recommendations that follow.

Program Design Context: Cohort Details

The GHIG program has supported nine consecutive cohorts of frontline global health innovators. This report focuses on the first eight complete cohorts, highlighting their journeys and impact in addressing critical global health challenges. In these initial eight GHIG cohorts, 47 LMIC-based organizations have been funded with one-year $100,000 USD grants to advance innovative models of community and facility-level care. Early cohorts focused broadly on healthcare delivery; over time, alignment with Pfizer's corporate philanthropy sharpened the emphasis on infectious and vaccine-preventable diseases. GHIG also began intentionally clustering grantees around themes—such as community-based delivery and digital tools—to foster cross-learning and shared problem-solving. Table 1 summarizes the evolution of the GHIG portfolio over eight cohorts.

Table 1: GHIG Cohort Summary

COHORT	PROGRAM PERIOD	GRANTEES	THEMATIC FOCUS
GHIG1	January 2016 – December 2016	15	• Primary healthcare delivery • Women's and children's health • Healthcare technology for bottom of pyramid • Innovative healthcare financing
GHIG2	January 2017 – December 2018	20	• Primary healthcare delivery • Women's and children's health • Healthcare technology for bottom of pyramid • Innovative healthcare financing
GHIG3	June 2018 – May 2019	20	• Health delivery and social innovation • Women and children's health • Non-communicable diseases care
GHIG4	October 2019 – September 2020	20	• Child mortality • Anti-microbial resistance (AMR) • Neglected tropical diseases (NTDs) • Primary care focusing on infectious diseases
GHIG5	October 2020 – September 2021	20	• Child mortality • Anti-microbial resistance (AMR) • Neglected tropical diseases (NTDs) • Pandemic preparedness and response • Primary care focusing on infectious diseases
GHIG6	October 2021 – September 2022	20	• Child mortality • Anti-microbial resistance (AMR) • Neglected tropical diseases (NTDs) • Emerging infectious diseases • Universal health coverage
GHIG7	February 2023 – January 2024	20	• Vaccine-preventable infectious diseases
GHIG8	June 2024 – May 2025	20	• Vaccine-preventable infectious diseases

1–3: Broad Healthcare Delivery 4–6: Infectious Disease Focus 7–8: Vaccine-Preventable Diseases

Many GHIG grantees participated in several cohorts, as Chart 1 illustrates:

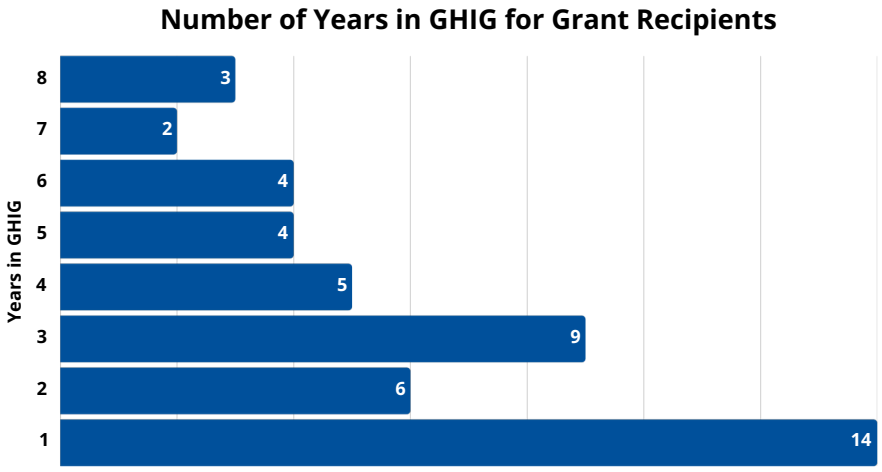


Chart 1: Chart showing number of repeat grantees funded in each cohort

Program Design Context: Support Services

Program support services were provided by IiH and included grantee support and program evaluation. Grantee support included monthly one-on-one check-in calls providing tailored mentorship and technical support on business development and fundraising opportunities as well as mapping valuable connections for the IiH team to connect grantees to key stakeholders. Group calls created a forum for peer learning enabling grantees to celebrate successes and troubleshoot challenges together. To strengthen the GHIG grantee community, IiH also organized various virtual and in-person events, including side events during the IiH Annual Forum, thematic webinars, and welcome and closeout webinar sessions that outlined reporting and evaluation expectations and concretized valuable insights. Program evaluation consisted of self-reported data collection and analysis from the grantees, leading to mid-term and end-term reports that highlighted their progress, achievements, and challenges. In addition, Pfizer offered technical support via the Pfizer Global Health Fellows Program to select grantees. Table 2 provides an overview of the various support services provided by GHIG cohort.

Table 2: Non-Financial Support Offered to GHIG Grantees

Cohort	Check-in Calls	Group Calls	In-Person Convening	Capacity Building Webinars	Welcome Webinar	Closeout Webinar	Global Health Fellows
GHIG 1	√		√		√	√	
GHIG 2	√		√		√	√	
GHIG 3	√		√		√	√	
GHIG 4	√				√	√	
GHIG 5	√			√	√	√	
GHIG 6	√			√	√	√	√
GHIG 7	√		√	√	√	√	√
GHIG 8	√	√	√	√	√	√	√

A Portfolio of Achievements

The GHIG portfolio has generated measurable, system-level gains across countries, health areas, and delivery platforms. The indicators below summarize the scale of that impact—from organizations and partnerships supported to patients reached, vaccines delivered, health workers trained, and facilities and knowledge systems strengthened. Over ten years, GHIG grants translated into substantial system-level gains. Refer to Appendix A: Grantee profiles to learn more about the grantees and Appendix B: Knowledge products to learn more about the knowledge products.

47
Organizations Funded

30
Countries Served

808
Sub-National Regions

$15.5M
Grant Funding Disbursed

Direct Health Impact

14.5M
Patients Directly Reached

590,324
Vaccines Administered

25.1M
People with Access to Care

7.9M
Individuals reached via Outreach

Health System Strengthening

100,360
Healthcare Workers Trained

7,483
Facilities Strengthened

1,991
New Partnerships Formed

1,956
New Points of Care Established

Knowledge and Learning

68
Knowledge Products Developed
(program + grantees)

Infectious Disease Focus

12.2M
Patients Reached with Infectious Disease Services

GHIG provided catalytic growth for many organizations. For one program grantee, the program enabled scale from a single site to 32 states nationwide. Other stories of transformational capacity building and impact stood out and are highlighted below*:

> The most important things that we did through GHIG were on clinical decision support tools and training.... It shaped how we approach quality improvement. We are now in a leadership position on this. We're running the largest AI clinical decision support in primary care and conducting a randomized controlled trial funded by The Gates Foundation.... We're able to do this because we've honed these skills that were kickstarted through the GHIG program.

> Through the first grant, we used our digital platform to develop digital immunization records, identify under-immunized infants, and create tools for government partners. This involved providing real-time data dashboards to county health teams, which helped reveal demand-side challenges (e.g., vaccine hesitancy) and supply-side issues (e.g., stockouts). The immunization tracking continues to live on in our current programs and tools. It laid the foundation for identifying under-immunized infants and sharing immunization data with governments. These practices are now core to our operations and are used to support 23 county government partners in Kenya. The data helps reveal both supply- and demand-side immunization challenges.

Findings

The voices of GHIG grantees and ecosystem members tell a clear story: innovation thrives when funders provide catalytic capital, flexibility, legitimacy, and community. These elements gave local innovators the space to test, adapt, and grow ideas that might otherwise never have left the drawing board. At the same time, the interviews underscore the limitations of short timelines and modest grants. True transformation—whether reducing child mortality, embedding digital systems, or reshaping health delivery—requires longer horizons, deeper partnerships, and sustained investment. Six central themes came up in our interviews:

1. Flexibility as a Game Changer
2. Catalytic Grants that Sparked Scale
3. The Value of Community
4. Legitimacy, Visibility, and Influence
5. Practical Program Design Matters
6. Embedding in Health Systems and Preparing for the Future

1. Flexibility as a Game changer

Grantees consistently described GHIG's flexibility as its defining feature. Unlike many funders, Pfizer trusted innovators to adapt and pivot when conditions changed, enabling experimentation and resilience—even during crises like COVID-19.

> The biggest strength of this program [was] giving innovators the right flexibility and trusting them instead of overseeing every process.

> The program's flexibility accommodated ideas that emerged even as we implemented, allowing for the possibility that somewhere down the line, if something wasn't quite aligned with the overall objective, we could tweak or change it.

> Although restricted, funding has been flexible enough to fill our immediate needs. This flexibility reflects the program's design of not being siloed, but instead focusing on local, community-based solutions that cut across the health sector.

* Throughout this report, interview quotes have been edited for clarity, concision, readability, and to remove redundancies or verbal fillers.

2. Catalytic Grants that Sparked Scale

GHIG often provided the first infusion of external capital, helping organizations expand into new geographies, test their models, and attract additional partners and investors. Repeated funding for some grantees enabled testing, piloting, and scaling but also raised questions regarding balance. Many grantees directly link their growth trajectories to this catalytic support.

> In 2016, we had operations in one city. By 2017, we scaled to another state, and today we are in 32 states. GHIG catalyzed that first step.

3. The Value of Community

The cohort design fostered peer learning, collaboration, and a sense of shared purpose across innovators working in diverse geographies. In-person and virtual forums and structured check-ins fostered collaboration. Grantees highlighted these networks as equally valuable as the funding itself.

> I learned a lot from other cohort fellows, entrepreneurs, and companies. At the end of the day, even though we're in different geographies or healthcare sectors, we have a lot in common. We were able to share best practices.

> We've had many engagements with different GHIG participants over time. I've always found those engagements and discussions about challenges that implementers face in their different environments quite encouraging to see how they overcome those challenges. The networking and being involved in those conversations has always been a huge highlight of the GHIG program.

> The program promotes strong bilateral learning among grantees and includes technical support opportunities, such as business model evaluations. The diversity of participants and skill sets across grantees has been particularly valuable.

4. Legitimacy, Visibility, and Influence

The "Pfizer + Duke + IiH" stamp carried real weight. It conferred legitimacy, opened doors with governments and funders, and positioned grantees as credible partners in their ecosystems.

> Being a Pfizer grantee is also a great reputational boost and has enabled us to reach out to other corporate sector donors and build partnerships. It also helps increase our credibility and visibility, opening the door for additional partnerships.

5. Practical Program Design Matters

Streamlined application processes, upfront disbursement, and light-touch reporting enabled grantees to focus on delivery. Yet one-year funding cycles and small award sizes were viewed as barriers to the kind of long-term outcomes and sustainability necessary for systemic change.

> It was so well-structured...we defined the KPIs before we got the approved budget and we knew what we would have to implement. Duke helped us navigate all the objectives that we had as a program.

> Reporting cadence was reasonable—a one-page Excel and short narrative every three months. That's doable...a three-month cadence keeps us on track and keeps people informed.

6. Embedding in Health Systems and Preparing for the Future

Grantees underscored the need for stronger government engagement and flagged emerging priorities—from climate-health to antimicrobial resistance—that demand flexible, long-term support. GHIG was praised for creating the space to experiment across many themes, but for some grantees, this expansiveness and the underlying shifts in Pfizer's strategy and evolving thematic priorities did create uncertainty, so future efforts must be designed with sustainability and foresight.

> "GHIG allowed us to experiment in collaboration with county government, and that [approach] informs how we've worked. Having some of our sites partner with the government to access human resources, support, and supplies now builds in sustainability across 16 of our sites."

> "This is a particularly chaotic time in the funding space. Don't retreat—double down and continue fighting for progress."

Summary: Innovation Needs Both Trust and Staying Power

Looking forward, funders who wish to replicate or build on GHIG's success should remember the core lesson of the past decade: trust innovators, but support them. Pair flexible capital with capacity building, networks, and policy pathways. Anticipate emerging threats like antimicrobial resistance and climate impacts on health. And above all, commit to seeing innovation through the full journey—from testing to scale to system change.

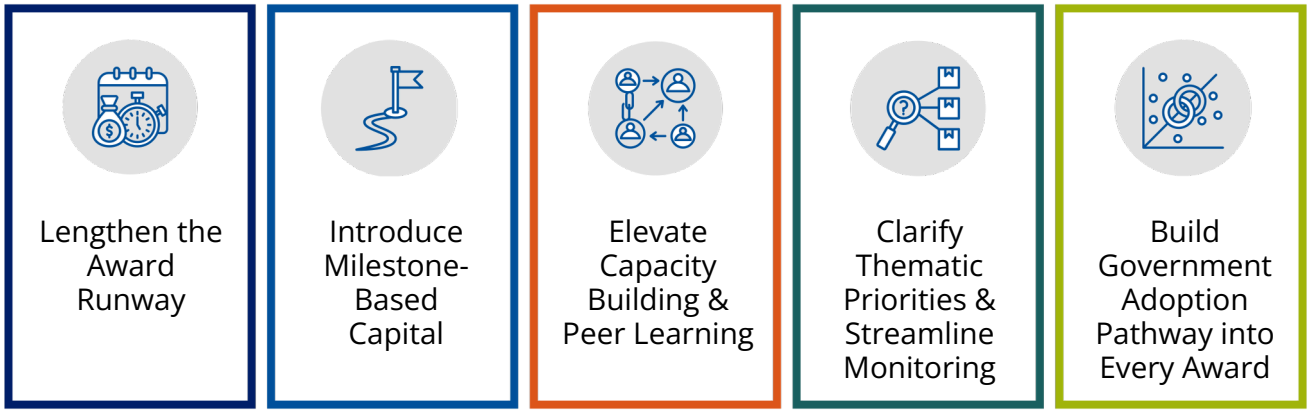
Community Health and Information Network (CHAIN): Empowering communities with permaculture skills at CHAIN office, Kiwenda

A reach52 Community Health Agent in Indonesia engages a resident using the reach52 offline-first mobile app

Living Goods: Community Health Worker Stella Tiway educating Ebenyo about complementary feeding in Daaba, Isiolo County

Recommendations

Based on stakeholder interviews and ten years of experience with GHIG, we propose the following recommendations for The Pfizer Foundation and other organizations seeking to design and scale similar initiatives.



1. Lengthen the award runway while preserving flexibility

Sustained improvement in health delivery typically requires iterative learning across planning, implementation, and adaptation cycles. Time-bounded grants that are too short compress learning and encourage superficial outputs rather than durable outcomes.

Recommendation: Establish multi-year (2–3+) grants with adaptive workplans, assessing grantees primarily on outcomes and learning progress rather than rigid activity checklists.

> "Multi-year funding…that's a powerful tool, and it provides organizations with the flexibility to meet their most pressing needs."

> "In light of the current shifts in global health funding, transitioning to multi-year funding provides more stability. That kind of stability allows organizations to better understand where we're at, and to plan and strategize with a longer line of sight."

> "A multi-year approach allows you to see growth and impact over time under one award versus tracking it piecemeal across annual awards."

2. Introduce tiered, milestone-based capital to scale what demonstrably works

Innovations with clear early proof points need predictable, staged financing to expand responsibly and to attract aligned co-funders. A transparent path from seed to growth to scale helps high-performing teams plan, hire, and execute with discipline.

Recommendation: Implement pre-committed, milestone-based tranches (seed to growth to scale) and invite co-funders at each stage to amplify reach and reduce financing friction.

> "Graduate us to bigger ticket sizes to do more."

> "Link the projects and interventions from previous cohorts with the new cohorts. This tactic could offer some continuity, strengthen a project from another perspective, and build on previous efforts and funding.

3. Elevate capacity strengthening and peer learning as core deliverables

Grant dollars realize their full value when paired with targeted technical assistance (e.g., monitoring and evaluation [M&E], unit economics, and regulatory navigation) and structured peer exchange. These components shorten learning curves and improve execution quality across the portfolio.

Recommendation: Fund technical assistance and peer learning as explicit budget lines, supported by a learning partner.

> "Leadership teams of these organizations—they're the hands, heart, head, and brain. We need strategies to help leaders strengthen their capacities to lead and do the work better.

> "We essentially helped their learning curve by being a partner in this work."

> "GHIG has…promoted collaborations and linkages and provided technical support and oversight."

4. Clarify thematic priorities and streamline monitoring to focus on execution

Clear, stable priorities help applicants align proposals, reduce portfolio scatter, and facilitate co-funding partnerships. Streamlined monitoring also means that grantee energy is invested in the delivery.

Recommendation: Publish 2–3 focus areas per cycle and adopt dashboard-based reporting that emphasizes decision-useful indicators.

> "There's a lot of alignment in addressing childhood and vaccine-preventable illnesses and immunization adherence. I think we have struggled a little bit to understand what would be of most interest to Pfizer. We've put many pieces of our work forward, meaning that Pfizer is contributing a smaller portion to a lot of areas. If we better understood their very top priority or interest, then we could apply the full award amount to one innovation and really dig deep on that."

5. Build the government adoption pathway into every award

Enduring impact is realized when innovations are embedded within systems; this requires time, resources, and continuity through leadership transitions and political cycles. Designing for policy engagement and operational uptake from the outset increases the probability of scale and sustainability.

Recommendation: Make public-sector engagement and adoption milestones a standard feature of the grant, with dedicated resources for Ministry of Health collaboration, policy pilots, and workflow integration.

> "Innovators are teaming up with the capacity that's in countries already…for instance, working with national counterparts, the national health system, strengthening the capacity of the workforce, strengthening the capacity of the infrastructure or the systems already in place instead of trying to replace it."

Conclusion

Over ten years, the GHIG program has shown how relatively modest, flexible funding—paired with deliberate support—can unlock outsized impact. GHIG backed 47 organizations across 30 countries, enabling them to test, refine, and expand new models of care; strengthen digital and data systems; and build the partnerships and credibility needed to influence policy and scale. For many grantees, GHIG was the first external investor, the first global validation, and the first invitation into a broader community of innovators.

At the same time, the experience of GHIG reveals the limits of short grant cycles and fragmented awards. Transforming child health outcomes, embedding digital tools in national systems, or confronting emerging threats such as antimicrobial resistance and climate-related health shocks requires time horizons and capital structures that most pilot-oriented funding models do not yet provide. The next generation of catalytic funds will need to extend beyond "one-off" grants to multi-year, milestone-based support; invest intentionally in leadership and organizational capacity; and design every award with a clear pathway to public-sector adoption.

The external environment is more volatile now than when GHIG began; flexible dollars are scarcer, expectations are higher, and health systems face compounding crises. In this context, catalytic funding must become a core part of how global health is financed. Funders who institutionalize the lessons from GHIG—trusting local innovators, resourcing the learning curve, convening communities of practice, and aligning with government systems from the outset will help set a new standard for resilient, outcome-oriented global health financing in the decade ahead.

TAConnect: Pregnant women within the same group antenatal care cohort taking each other's blood pressure during a peer-to-peer support session, under the supervision and guidance of a healthcare worker

Muso: Community Health Worker with patient

Technical Advice Connect (TAConnect): Child receiving an oral dose of the rotavirus vaccine during an outreach session facilitated by TAConnect under the rotavirus vaccination campaign in Kano State.

The AIDS Support Organization (TASO): Lay tester provides HIV testing services to household members

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About Innovations in Healthcare

Innovations in Healthcare is a nonprofit organization hosted by Duke University and founded in 2011 by Duke Health, McKinsey & Company, and the World Economic Forum. Our mission is to increase access to quality, affordable healthcare worldwide by scaling leading innovations. We work with over 100 healthcare entrepreneurs in more than 90 countries and provide capacity-building training and consulting to healthcare systems throughout the world. We work closely with our partner, the Duke Global Health Innovation Center, toward our shared vision of a world where innovation improves health for all. By combining academic excellence and global engagement to improve health, we improve access to quality, affordable healthcare worldwide.

The Innovations in Healthcare and Duke Global Health Innovation Center Annual Forum in Washington, D.C.