ROLE OF BILL AND MELINDA GATES FOUNDATION IN THE ADVOCACY AND COMMUNICATION FOR GLOBAL HEALTH

PIDSP 25th Annual Convention Feb 2018

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Enteric & Diarrheal Diseases, Global Health,

Bill & Melinda Gates Foundation

OUTLINE

BMFG:

- Mission and objectives
- Foundation structure/organization
- Who we are and what we do
  - Advocacy & communication

- Enteric and Diarrheal Disease program strategy team
  - Advocacy & communication

ALL LIVES HAVE EQUAL VALUE

An introduction to the Bill & Melinda Gates Foundation

BILL & MELINDA GATES foundation

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The foundation is built upon Bill & Melinda's belief that all lives have equal value.

BMGF is a large organization working on many causes, but our belief captures why we do what we do.

Purpose statement:
we are impatient optimists working TO REDUCE INEQUITY around the world

WE ENVISION A
WORLD WHERE
**EVERY
PERSON**
HAS THE OPPORTUNITY
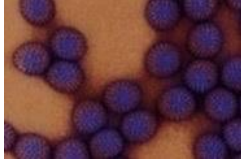TO LIVE A HEALTHY,
PRODUCTIVE LIFE

BMGF HISTORY

1994
Bill Gates Sr. starts a small philanthropic foundation at his son's request.

1997
Bill and Melinda read an article about rotavirus and are inspired to act.

2000
The Bill & Melinda Gates Foundation is created, with a focus on health, education, and libraries.

2006
Warren Buffett pledges Berkshire Hathaway stock valued at $31 billion.

2008
Bill joins Melinda full-time at the foundation.

2011
The foundation moves to its new permanent home in Seattle.

2014
Dr. Sue Desmond-Hellmann becomes our new CEO.

How did Bill and Melinda Gates end up getting engaged in global health?

Newspaper article in 1997, which related the story of a couple in India who had lost two children to diarrhea disease.

Bill & Melinda were stunned to learn that a disease they'd never heard of – Rotavirus – It was killing more than 500,000 children a year, and was preventable with a vaccine.

At the time, they had plans to do philanthropy later. But reading that article, they decided to act.

WHAT WE DO

The foundation has four missions that help us achieve our vision of a world where every person has the opportunity to live a healthy, productive life:

Ensure more children & young people survive and thrive.

Path out of poverty begins with next generation:

- Improve nutrition to reduce child deaths

Combat infectious diseases that particularly affect the poorest

Share latest in science & technology:

- Deliver life-saving vaccines

Inspire people to take action to change the world

Work to change public policies & attitudes to improve lives:

- Fund research for new policies & financial frameworks

Empower the poorest, especially women and girls, to transform their lives

Provide tools to lead healthy productive lives:

- Access to financial tools

THE SCOPE OF OUR WORK

- We work across a broad range of issues, but all of them focus on removing the barriers that prevent people from living healthy, productive lives.
- Our approach continues to evolve, based on new evidence and changing circumstances facing the world.
- Once we commit to an area of need, we define our major goals and identify a clear path to achieving them.

Program Strategies	Value of Grants	Countries	Employees
29	$3.9B	121	1,420

Grantees	No. of Grants	U.S. States	Alumni
1,109	1,669	31	1,100

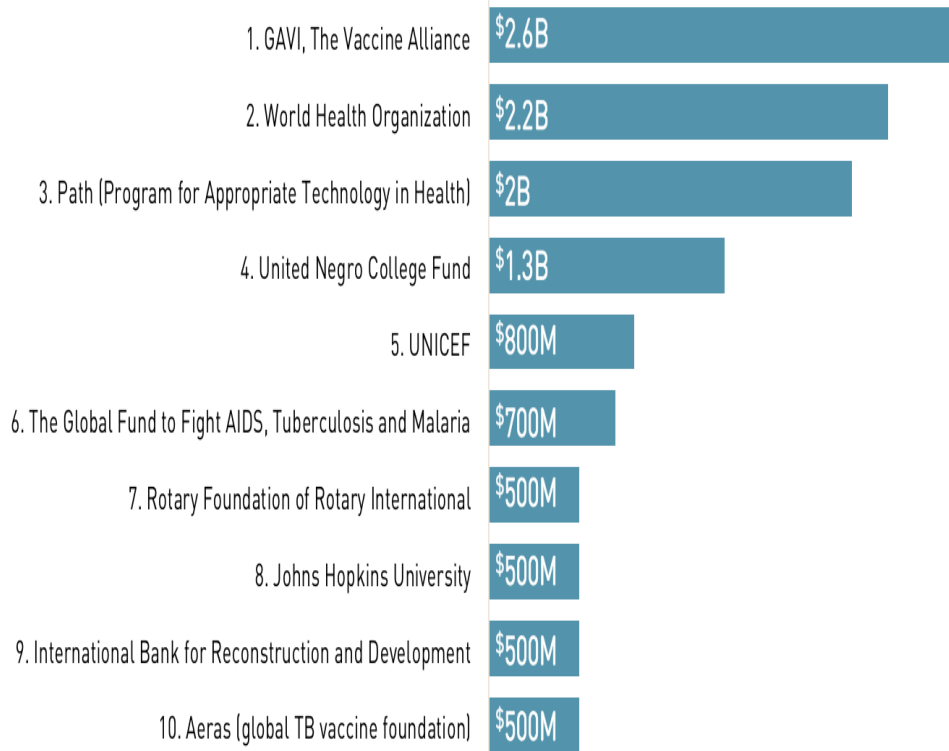For the Year ended December 31, 2015. Amounts in thousands of U.S. dollars. Value of Grants total represents grants only.

TOP 10 GRANT RECIPIENTS BY DOLLAR AMOUNT

- We don't work alone!
- We work in collaboration
with grantees and other partners, who join with us in taking risks, pushing for new solutions, and harnessing the transformative power of science and technology.

- Our efforts depend on the support and resources of governments, the private sector, communities, and individuals.

Recipient	Amount
1. GAVI, The Vaccine Alliance	$2.6B
2. World Health Organization	$2.2B
3. Path (Program for Appropriate Technology in Health)	$2B
4. United Negro College Fund	$1.3B
5. UNICEF	$800M
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria	$700M
7. Rotary Foundation of Rotary International	$500M
8. Johns Hopkins University	$500M
9. International Bank for Reconstruction and Development	$500M
10. Aeras (global TB vaccine foundation)	$500M

For the Year ended December 31, 2014. Value of Grants total represents grants paid.

HOW WE ARE ORGANIZED

GLOBAL HEALTH

GLOBAL DEVELOPMENT
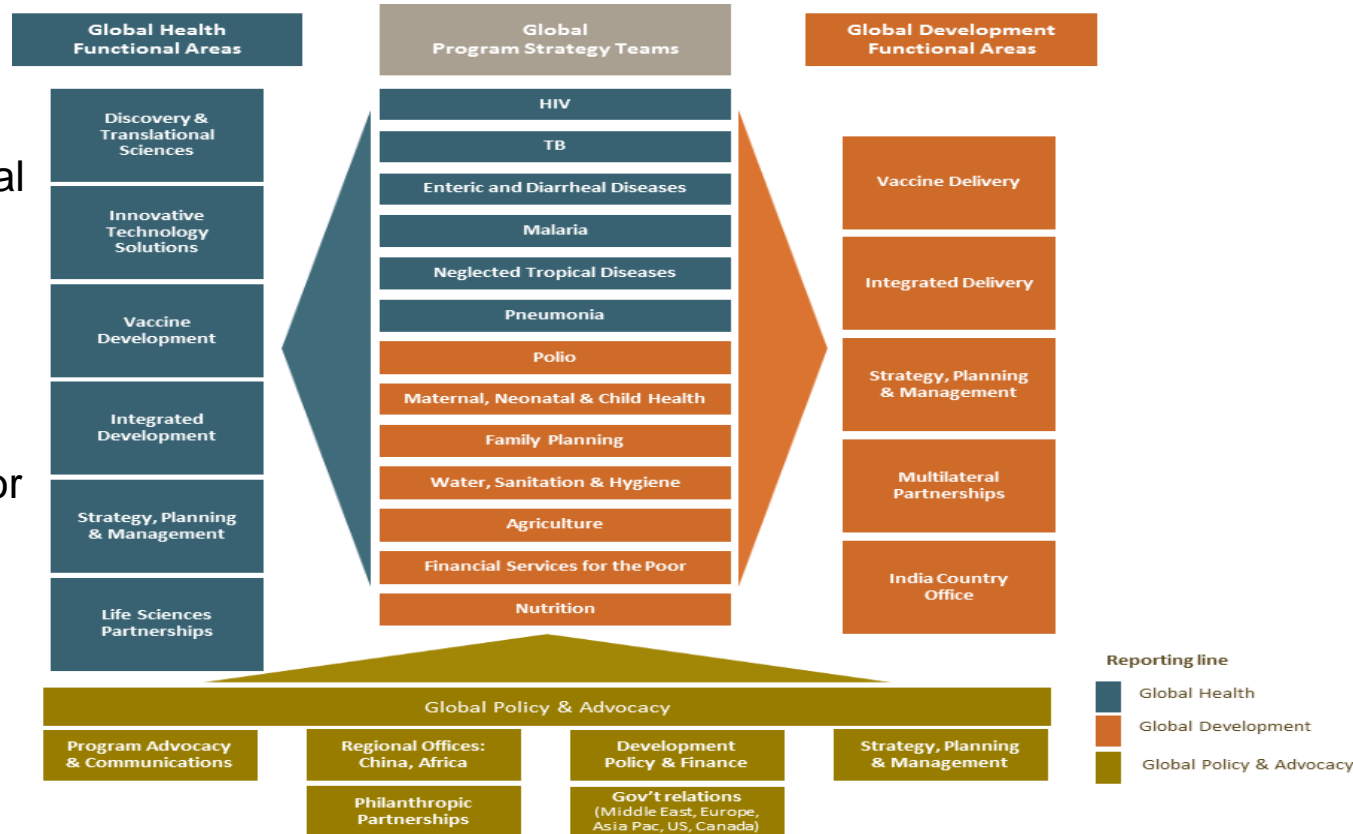
UNITED STATES PROGRAM

GLOBAL POLICY & ADVOCACY

GLOBAL PROGRAMS

- Global Health and Global Development Programs rely on functional teams to support the execution of their strategy

- Global programs engage closely with advocacy team partners for all our work and with special emphasis on child health

Global Health Functional Areas	Global Program Strategy Teams	Global Development Functional Areas
Discovery & Translational Sciences	HIV	Vaccine Delivery
Innovative Technology Solutions	TB	Integrated Delivery
Vaccine Development	Enteric and Diarrheal Diseases	Strategy, Planning & Management
Integrated Development	Malaria	Multilateral Partnerships
Strategy, Planning & Management	Neglected Tropical Diseases	India Country Office
Life Sciences Partnerships	Pneumonia	
	Polio	
	Maternal, Neonatal & Child Health	
	Family Planning	
	Water, Sanitation & Hygiene	
	Agriculture	
	Financial Services for the Poor	
	Nutrition	

Global Policy & Advocacy

Program Advocacy & Communications	Regional Offices: China, Africa	Development Policy & Finance	Strategy, Planning & Management
	Philanthropic Partnerships	Gov't relations (Middle East, Europe, Asia Pac, US, Canada)	

Reporting line
- Global Health
- Global Development
- Global Policy & Advocacy

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GLOBAL POLICY & ADVOCACY (GPA)

• GPA engages in advocacy efforts to promote public policies that advance our work, build strategic alliances with governments, the public and private sectors, and foster greater public awareness of urgent global issues.

• Teams are dedicated to advocacy, policy analysis, and government relations.
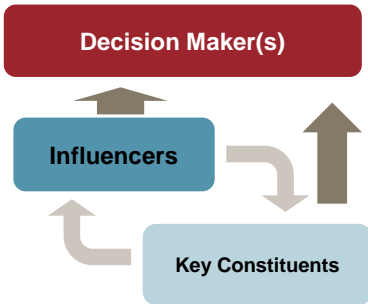
Areas Supported include:
• Donor Government Relations
• Philanthropic Partnerships (GAVI/WHO/UNICEF)
• Program Advocacy & Communications
• Country Programs & engagements: India/ China/ Africa

GLOBAL POLICY & ADVOCACY

Advocacy & Comms Tactics
(activities that we fund/do)

Intermediate Outcomes

Decision Maker(s)

Influencers

Key Constituents

1. **Decision Maker**: Who are the decision makers on this issue?
2. **Influence**: How affectable is the decision and who can influence it?
3. **Context:** What do decision makers care about?
4. **Constituents**: Who are the Decision Makers accountable to?

Evidence/Analysis

Influencer Communications

Public Mobilization

Decision maker Engagement

Advocacy Capacity Building

Shaping financial mechanisms

End-user behavior change / demand generation efforts

Increased use of evidence and policy analysis/ideas by decision makers in targeted geographies *(Evidence used)*

Increased advocacy capacity among key influencers in targeted geographies *(Capacity increased)*

Strengthened champions in support of priority issues in targeted geographies *(Stronger champions built)*

Strengthened coalitions in support of priority issues in targeted geographies *(Stronger coalitions built)*

Increased support observed by decision makers for our priorities from key constituencies *(Increased political support)*

Increased salience of priority issues on the agendas of priority audiences *(Agendas influenced/set)*

Resources allocated for priority issues in targeted geographies *(Resources mobilized)*

Adoption of key policies in targeted geographies *(Policies adopted)*

Increased accountability among govts in targeted geographies *(Accountability increased)*

^ Note: GPA is responsible for tracking, managing, and protecting the reputation of the foundation.

COMMUNICATIONS

• Global team builds awareness of foundation priorities and promotes engagement around issues of education, global health, and poverty.

• Use creative strategies, traditional and digital media, events, and audience research and insight to advance foundation priorities.
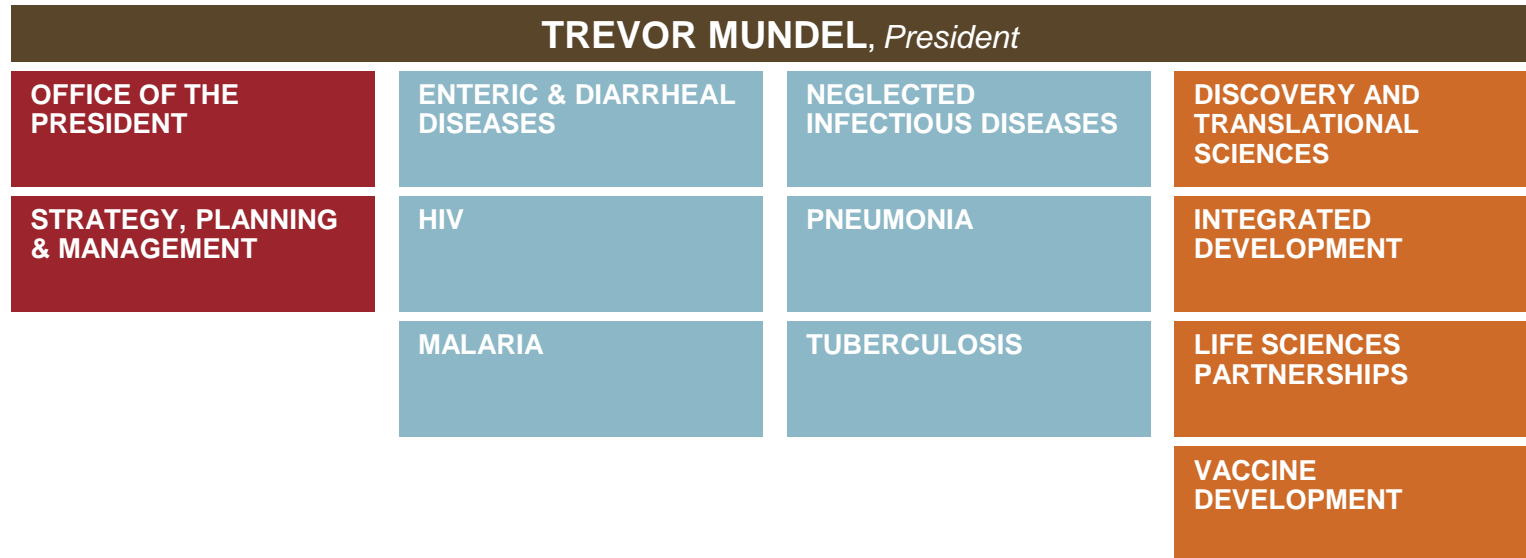
Communications team supports:
• Brand and Reputation Management
• Community Relations
(Community leaders influencers)
• External Communications
(Digital media outlets)
• Media Partnerships
• Program communications

GLOBAL HEALTH DIVISION
ENTERIC AND DIARRHEAL DISEASES
- PROGRAM STRATEGY TEAM

GLOBAL HEALTH DIVISION

- GH aims to harness advances in science and technology to save lives in developing countries.
- GH works with partners to deliver proven tools—including vaccines, drugs, and diagnostics - as well as discover pathbreaking new solutions that are affordable and reliable.
- Six Program areas

TREVOR MUNDEL, *President*			
OFFICE OF THE PRESIDENT	ENTERIC & DIARRHEAL DISEASES	NEGLECTED INFECTIOUS DISEASES	DISCOVERY AND TRANSLATIONAL SCIENCES
STRATEGY, PLANNING & MANAGEMENT	HIV	PNEUMONIA	INTEGRATED DEVELOPMENT
	MALARIA	TUBERCULOSIS	LIFE SCIENCES PARTNERSHIPS
			VACCINE DEVELOPMENT

Office of the President & SPM   Programs   Functions

ENTERIC AND DIARRHEAL DISEASES

OUR GOALS:

- End diarrheal disease deaths in children under age 5 by 2030
  - Achieve <1 diarrheal death per 1,000 live births by 2030

- Eliminate typhoid as a public health problem globally by 2035
  - Reduce typhoid incidence

- Prevent and reverse stunting mediated by enteric environmental dysfunction (EED) in children by 2025
  - Reduce stunted children by 40%

AREAS OF FOCUS

End Diarrheal Deaths

- Vaccines: Rotavirus, Cholera, *Shigella* & ETEC

- Ideal care package to treat children: Treatment Innovations and Delivery (Optimization, Resourcing, Delivery),

Eliminate Typhoid as a Public Health Problem

- Vaccines: Typhoid & Paratyphoid

Prevent & Reverse Stunting

- Gut Health: EED (Evidence Generation, Interventions)

Enabling evidence:

Epidemiology & Burden, Learning Agenda, Global Policy & Advocacy

ENTERIC & DIARRHEAL DISEASES:

- How Do Advocacy And Communications Support Program Teams

*PAC support the **Enteric & Diarrheal Disease** program team by helping to create enabling environments for the widespread adoption and use of life-saving interventions that will end diarrheal disease deaths in children under the age of 5 and significantly reduce the burden of ill health due to enteric infections in low- and middle-income countries.*

Eg. Rotavirus: Awareness of disease burden, cost effectiveness and programmatic activities, vaccine availability

HOW OUR ADVOCACY TEAM DECIDES TO TAKE UP A PARTICULAR GOAL

1. **What is the "size of the prize"?** The potential scale of resources and/or returns available

2. **What is the probability that we succeed?** The likelihood that we can affect the decision, where do we have a comparative advantage?

3. **What will it cost to engage?** Not just the funds, staff time, leadership voice, and reputation but also about the opportunities we forego committing resources to one goal instead of another.

| **Best-guess Benefit** **Scale x Probability of Success**	**VS**	**Cost** **What we could achieve by using those resources elsewhere**

- **Priority focal areas include**:
  - Gavi replenishment and resource mobilization to ensure sustainability of vaccination programs in Gavi-graduating countries
  - Enabling environment and scale-up of critical vaccination programs –eg. Indian/GAVI
  - Prioritization of diarrhea and pneumonia with Global Financing Facility (GFF)
  - Support global child health champion network (RotaCouncil; Defeat Diarrhea)

IF YOU WANT TO GO FAST, GO ALONE.
IF YOU WANT TO GO FAR, GO TOGETHER.

— African proverb

Our partners, grantees, and staff are critical in achieving our vision of a world where every person has the opportunity to live a healthy, productive life. Advocacy partners:
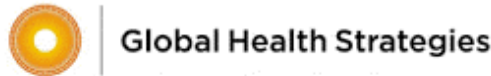
EVERY PERSON DESERVES THE CHANCE TO LIVE A HEALTHY, PRODUCTIVE LIFE