



Stanford eCorner

A Learning Journey

Melinda Gates, *Gates Foundation*

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Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, tells the story of her learning journey to understand why so many women around the world cannot gain access to contraception. Gates discusses understanding the needs of women in the developing world and addressing the cultural and fundraising hurdles to supporting this effort.



Transcript

Again, when Bill and I started the foundation and decided we were going to get involved in global health, we were primarily interested in two things, vaccines, which I just talked about, and also population. Why were there are so many children being born on the planet? We started down on that path, both vaccines and population and we decided to really push forward on vaccines. And then we got involved in malaria and HIV and a whole host of other adult issues. But we've always had this other issue on the back burner and for some internal reasons we didn't push forward on it. But once we felt in the last few years that we had the right team and the more and more I traveled, I would be out - for the last 15 years I've been traveling on behalf of the Foundation - I go everywhere. I go to really, really remote villages in India, remote - I go to the slums in Bangladesh, I go to the slums of Nairobi, I've been to probably two dozen African countries. And I always try to sit down and talk to the women. You learn so much talking to the men and the women together, but also the women in separate groups will tell you a lot. And I sit down on a mat with them often. Me on one side and them on another and I always try to put myself in their shoes.

And I just go in as a western woman in a pair of khakis and a t-shirt. They don't know who I am, I'm just a western woman who is there to learn and help. And when you talk to the women and I will be trying to talk to them about childhood vaccines and what they know, which is a lot, and the distance they'll go to get one. They kept saying to me 'but what about that shot, what about that shot I used to get. Well, how come, when I go to the clinic now, it's not available?' I have to go four times a year, every three months to get it, it's a - they get an injectable shot. They said 'I go to great lengths, I have to hide it from my husband, I have to take a day off from my farm. I take my new baby with me' but they said 'I go to the clinic and I may walk for miles and get there and it's not there. And now look how many children I have.' And I was blown away by the places I was that the women kept asking me about this injectable. Because they consider - it's a shot just like we give them childhood vaccines, shots for their children. And so as I started to learn more, and learned that there are 215 million women who would like to have access to contraceptives who don't today.

And I started to think about what that means for women, the number of pregnancies that happen that women don't want to have and they will tell you they don't want to have them. They can't - when you talk to women in the developing world and men, their goal, but particularly women, is to educate their children. To be able to let their children grow up healthy, to be able to feed them, so they can put them in school, they're all about the next generation. But they will tell you in many, many countries 'if I have too many children there's no way I can feed them.' So as I started to learn more about this, I kept saying to myself 'but why? Why is this not on the global health agenda. What is about the history of contraceptives?' When you just take the U.S. alone and you think about the difference that contraceptives make for women here. And when I say contraceptives, I want to be really clear here. As I said, I'm catholic. I grew up catholic, I'm a practicing catholic. I am not talking about abortion.

I'm talking about contraceptives, the things we go down to the drug store to get or we talk to our doctors and we get. The

things we use, the tools of the U.S. But why is it the 215 million women are telling us they want access when you interview them and they can't get it? That just shouldn't be, and it makes such a huge difference in their lives. So I set out on a learning journey, again kind of like this puzzle analogy that I used at the beginning. And I was pretty frustrated, because I felt like 'gosh I'll never know enough.' But I kept thinking somebody has to speak out and I kept looking for the person who would speak out on this topic. I kept thinking that person will do it or this person do it. And I realized at some point there wasn't somebody and that that had to be the voice of our foundation and specifically probably me, because it's a women issue. So I went back and I learned the history. I learned what had happened to take it off the global health agenda. What was the ugly history of coercion in my own - our own country down in Mississippi.

What happened in Peru? What happened in India? What happened under the LBJ administration here? What happened when UNFPA was setup? Why is it that certain religious groups are in favor and others are not? Why is it that it's so controversial in our country that we can't even discuss it? I mean we can't even have a logical conversation, not about abortion; but about contraceptives. And so I decided that this was going to be one of the goals in my life's work. And so with DFID, which is the development agency in UK, we decided that we would put it back on the global health agenda and we set out to raise \$2.3 billion to buy access, voluntary access to contraceptives for women with the goal being to get 120 million new women on contraceptives, if they chose, by 2020. And I can tell you that this journey was not easy. I can tell you that the London Family Planning Summit where we announced this in July, in March we didn't have the money. In May we still didn't have the money. When we got on stage - we were still counting the pledges leading up to it. When we got up on stage, we were able to announce that we'd raised \$2.6 billion for contraceptives. This is squarely back on the agenda. And I feel so strongly that we need to get this out for women, and it will change their lives.

We can avert 30 million abortions. Women don't want to have an abortion. But you put them in that situation if they can't have a contraceptive. We can avert 3 million children dying. Children that were part of unintended pregnancies. We can avert 200,000 women and girls dying in childbirth every year. We would cut the maternal mortality around the world by two fifths, if we get contraceptives out, just the contraceptives by 2020 that I'm talking about. So we have 69 nations, developed and developing world who've come together. The developing world they're putting their national plans together, they're rolling out their own plans. We're supporting that with money.

And as well we're supporting it with new research and new technologies. We're not investing in new contraceptives, but guess what, there is some exciting things that you can do in contraceptives long-term to make them longer acting, so a woman doesn't have to go in the clinic every three months to get a shot, so that she could have something that is much more readily available in their village and lasts a whole lot longer.