

CONTRACEPTION IN DISCOURSE AND DEVELOPMENT: A CASE STUDY OF  
THE BILL AND MELINDA GATES FOUNDATION'S ROLE IN GLOBAL FAMILY  
PLANNING

by

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## DISSERTATION ABSTRACT

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Title: Contraception in Discourse and Development: A Case Study of the Bill and Melinda Gates Foundation's Role in Global Family Planning

This study examines the Bill and Melinda Gates Foundation's (BMGF) role in global family planning by interrogating how the organization structures its relationships with bilateral and multilateral donors, development NGOs, national governments, and private sector corporations. I analyzed how the BMGF's digital messages fit into broader development discourse and how the organization is situated in the larger global family planning community. I further examined how the BMGF addresses local culture, social norms, gender, and equality on its website and in its social media messages.

The BMGF's role in global family planning is complex, so I used multiple theoretical frameworks to guide my qualitative analysis: critical political economy of communication (CPEC), development communication (devcom), feminist frameworks, and public health campaign scholarship. I conducted a document and critical discourse analysis on BMGF financial disclosures, annual reports, committed grants, website material, and Twitter posts using a grounded theory approach. The case study is limited to materials from 2014 to 2018 because 2014 was the year the foundation shifted to an empowerment model that placed women and girls at the center of its development goals.

The BMGF structures its relationships largely through philanthropic grants. It calls grantees partners, though the relationships do not represent equal power dynamics between both organizations. The BMGF is a leader in global family planning because it allocates more money than any other organization in the community, creating a top-down organizational structure that allows the foundation ultimate control over global family planning projects and discourse. BMGF digital messages about family planning do not address local culture and social norms, instead opting for generic descriptions of women and girls as a homogenized group characterized by shared oppression. The foundation website's family planning section only briefly mentions gender equality and its social media messages only mention inequalities.

This case study contributes to scholarship in CPEC and devcom, and to feminist frameworks in critical-cultural healthcare.

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## TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION .....	1
This Study .....	4
Statement of the Problem .....	5
Objectives of the Study .....	5
Significance of the Study .....	6
Research Questions .....	7
Organization of the Dissertation .....	8
II. MAPPING THE CONTEXT .....	10
BMGF History and Messages .....	10
Family Planning History and Development.....	12
Critical Political Economy of Communication (CPEC) .....	16
Summary .....	18
III. THEORETICAL FRAMEWORK AND LITERATURE REVIEW .....	19
Political Economy, Development, and Communication.....	19
Development Communication .....	25
Gender and Development .....	30
Family Planning and Philanthropy .....	35
Communication and Public Health .....	40
Reproductive Health and Family Planning .....	46
Summary & Research Questions .....	51
IV. METHODOLOGY .....	54



Chapter	Page
Grounded Theory .....	55
Document and Critical Discourse Analysis .....	56
Sample Pool .....	59
Conceptualization .....	61
Summary .....	66
V. BMGF ECONOMICS AND FAMILY PLANNING .....	67
BMGF Trust.....	67
Structured Grants and Contracts .....	71
Committed Grants.....	80
Strategic Partnerships.....	96
Private Sector Partnerships .....	99
Discussion.....	101
Summary.....	106
VI. BMGF AND REPRESENTATION .....	107
Audience Analysis .....	109
Shifting Focus to Women and Girls.....	112
Social Media and Representation.....	116
Local Culture and Contraception .....	120
Gender Equality .....	124
Discussion.....	127
Summary.....	135
VII. CONCLUSION AND RECOMMENDATIONS .....	137

Chapter	Page
Theoretical Contributions .....	149
Limitations .....	154
Recommendations.....	156
APPENDICES .....	158
A. BMGF GRANTEES .....	158
B. TEXTUAL ANALYSIS EMERGENT CODING .....	210
C. LIST OF DOCUMENTS .....	212
D. LIST OF ACRONYMS AND ABBREVIATIONS.....	214
REFERENCES CITED.....	216

## LIST OF FIGURES

Figure	Page
1. Figure 1 Global Family Planning Expenditures for 2018.....	2
2. Figure 2 BMGF grants in family planning by year.....	81
3. Figure 3 Total grants/family planning grants.....	82
4. Figure 4 Grant categories based on purpose .....	84
5. Figure 5 Grant amounts based on purpose.....	85
6. Figure 6 Top 20 family planning grantees from 2014-2018.....	86
7. Figure 7 Grant amount per organization type .....	94
8. Figure 8 Headquarters location for grantees .....	96
9. Figure 9 Visual Content in Tweets .....	117
10. Figure 10 Local Culture and Social Norms .....	118
11. Figure 11 Health Outcomes .....	119
12. Figure 12 Economics .....	119
13. Figure 13 Tweet 1 .....	121
14. Figure 14 Tweet 2 .....	122
15. Figure 15 Tweet 3 .....	123
16. Figure 16 Gender and Equality .....	124
17. Figure 17 Tweet 4 .....	125
18. Figure 18 Tweet 5 .....	126
19. Figure 19 Tweet 6 .....	127

## LIST OF ACRONYMS AND ABBREVIATIONS

BMGF	Bill and Melinda Gates Foundation
CHIA	Clinton Health Initiative
CPEC	Critical Political Economy of Communication
DHS	Demographic and Health Survey
DEVCOM	Developmental Communication
DFID	Department for International Development
EMC	Every Mother Counts
FP2020	Family Planning 2020
FP2030	Family Planning 2030
GAD	Gender and Development
GNP	Gross National Product
GPA	Global Policy and Advocacy
IATI	International Aid Transparency Initiative
IGO	International Governmental Organization
IPPF	International Planned Parenthood Federation
IYAFP	International Youth Alliance for Family Planning
JSI	John Snow, Inc.
LDC	Literacy Design Collaborative
MDG	Millennium Development Goals
NGO	Non-governmental Organization
NVF	New Venture Fund

PHC	Primary Healthcare
PHCPI	Primary Healthcare Performance Initiative
PSI	Population Services International
SGI	Small Grants Initiative
SHDPP	Stanford Heart Disease Prevention Program
TCI	The Challenge Initiative
UKAID	United Kingdom Agency for International Development
UN	United Nations
UNF	United Nations Fund
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
WID	Women in Development
WHO	World Health Organization

# CHAPTER I

## INTRODUCTION

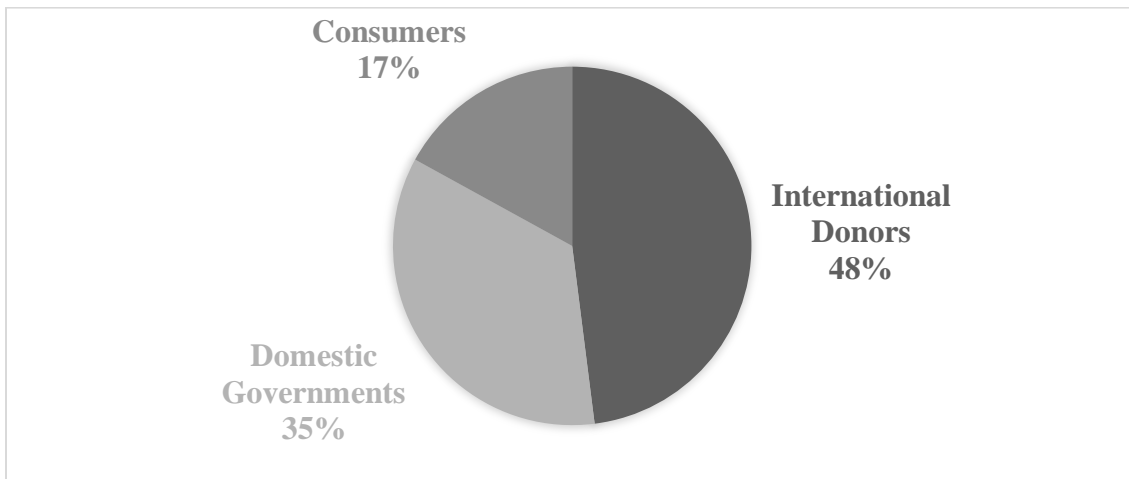
The 2012 London Summit on Family Planning began as a partnership between the Bill and Melinda Gates Foundation (BMGF) and the United Kingdom's government to "make affordable, lifesaving contraceptives, information, services, and supplies available to an additional 120 million women and girls in the world's poorest countries by 2020" (Department for International Development, 2012). The initial summit recruited 20 governments and \$2.6 billion in donor funding. The group's mission was to address the United Nation's (UN's) Millennium Development Goals (MDGs) three and five to promote gender equality, empower women, and improve maternal health. The group's core principle is that "all women, no matter where they live, should have access to lifesaving contraceptives" (FP2030, 2021; About FP2030: Overview). The international development community embraced these goals and contributed an additional \$1.5 billion in funding and support from "130 governments, foundations, multilaterals, civil society organizations, youth-led organizations, and private sector partners all collaborating to advance rights-based family planning" (FP2020, 2020; p. 2). The coalition was named Family Planning 2020 (FP2020).

By the end of 2020, the organization reported that it had not met its goals for 2020 and shifted its name and mission to Family Planning 2030 (FP2030). In its first eight years the organization claimed that 60 million more women and girls adopted modern contraception methods, roughly half of its original goal to reach 120 million women and girls (FP2020, 2020). According to FP2020's annual report for 2019-2020, international

donors, domestic governments, and consumers spent a total of \$4.4 billion (US) on family planning in 2018. International donors made up almost half of all expenditures, outpacing domestic governments and consumers (Figure 1.1).

**Figure 1**

*Global Family Planning Expenditures for 2018*



The annual report (2020) also stated that its partners made significant progress in getting favorable family planning policies enacted in focus countries, in improving logistics and supply chains, and in increasing the number of women with access to self-injectable contraception.

Access to family planning education and resources is a human right and a priority among governmental and nongovernmental development organizations. It is also a multibillion-dollar industry that includes pharmaceutical companies and powerful influencers who produce and distribute messages about family planning in developing nations. The co-chairs of FP2020 are Dr. Chris Elias, President of Global Development

for the BMGF, and Dr. Natalia Kanem, Director of the United Nations Population Fund (UNFPA). The board members are a mix of governmental officials from focus countries and leaders from development non-governmental organizations (NGOs). Outwardly it appears to be a coalition of partner organizations and countries working to improve women's education and access to family planning, but it is not an equal partnership. Sixteen board members (out of 24) work for organizations that the BMGF grants money to annually, which means the BMGF is not merely a partner in FP2020 but the most powerful agency in global family planning. I wanted to understand how the BMGF structures its financial relationships in family planning and how it produces messages about contraception as powerful actors in global health governance.

The BMGF uses multilateral partnerships and governmental relations as a global health and development actor in the arena of global health governance. Global health governance “refers to trans-border agreements or initiatives between states and/or non-state actors to the control of public health and infectious disease and the protection of people from health risks or threats” (Harman, 2011; p. 2). As the foundation exerts power in the form of financial grants it also exerts power over discourse about global health and development by crafting messages that represent value systems from wealthy nations for programs employed in developing nations. The literature about the BMGF does not address the organization's partnerships in family planning or the messages it produces about family planning in media. To understand the BMGF's role in global development broadly and family planning specifically, I chose a critical political economy of communication (CPEC) approach combined with feminist theory to examine how the



BMGF structures its relationships and produces digital media messages about family planning.

### **This Study**

This is a case study of how the BMGF structures its economic relationships in global development to achieve its goal of increasing family planning education and access to resources in developing nations. In 2014, Melinda French Gates wrote a letter published in the journal *Science*, posted on the BMGF website and social media accounts, and sent to media outlets in a news release. The letter was titled “Putting women and girls at the center of development” (Gates, 2014). This document represented an ideological shift in the foundation’s discourse from women as one part of economic development to women as the key to economic development. The letter followed the 2012 London Summit on Family Planning, the creation of FP2020, and it marks an increase in family planning grants from the BMGF. Therefore, 2014 is the first year of financial documents and digital messages I looked at in this study. The final year in this research is 2018 because that was the last year with complete financial and grantee information available. I used a grounded theory approach to look at how the BMGF allocates money to grantees, which organizations received family planning grants, and how those grants were used. I also examined how the BMGF represents culture, society, gender equality, and women using narrative analysis.

## **Statement of the Problem**

The BMGF allocates the most money and exerts the most power toward family planning in global development. Most studies of the BMGF are funded by the BMGF and conducted by economic stakeholders in the foundation. An independent examination of the BMGF's work in family planning is vital to understanding how the organization influences global development ideology and discourse. This study is designed as a first step at understanding the BMGF's place in broader development discourses about family planning, and an attempt to understand how the foundation treats local cultures, social responsibility, and gender equality in its digital messages on owned media platforms (i.e., websites and social media) about contraception.

## **Objectives of the Study**

This is a case study that focuses on the BMGF's role in global family planning. I analyzed how the BMGF is situated within the global development community and how it structures grants specifically for family planning. My goal is to learn how, where, and with whom the BMGF allocates resources in developing nations. The BMGF exerts economic and discursive power in its role in global health governance, making it vital to examine both the structural forces the organization employs and the narratives it constructs about global family planning. This research aims to understand how the BMGF wields its economic power and how it represents local culture, societal norms, and gender equality in global messaging.

## **Significance of the Study**

Global health governance relies on bilateral and multilateral donors to supplant governmental welfare services with benevolent aid instead of state sponsored healthcare. Yet, there is currently no literature that analyzes the BMGF's role in family planning, despite its place as the leader of global family planning in developing nations. The BMGF is the product of capitalistic forces that rely on capitalistic mechanisms to generate the wealth it uses to advance global development. The foundation uses digital messaging to promote its ideologies and position itself within larger development discourses. Therefore, it is vital to understand how the BMGF uses its vast economic resources to shape family planning discourse. Does the BMGF center women and gender equality through family planning messages in global development discourses?

This study uses CPEC and feminist theory to examine healthcare resource allocation and digital communication. Most healthcare research is quantitative and lacks the depth a qualitative study offers. A CPEC approach to healthcare messaging can provide a fresh perspective on how capitalism influences global health governance and ideological messaging, specifically about gender equality and family planning. A critical-cultural approach to BMGF narratives about family planning complements the CPEC analysis by analyzing how the foundation uses key messages to reinforce its family planning agenda. This case study can help guide global family planning organizations as they navigate traditional versus modern approaches to global development, as well as how they situate gender equality and local cultural artifacts in their digital communication.

## Research Questions

This section lists my research questions. Using CPEC as my primary framework, this case study examines how the BMGF fits into development discourse and makes meaning through its support for family planning organizations and campaigns. “As critical and feminist scholars argue, communication is not just the transmission of messages from A to B, but also the shared and ever-changing meaning that is created via relationships of many types and levels, within particular historical, economic, political, and cultural contexts,” (Steeves, 1993; p. 2190). My research questions address the BMGF’s economic and cultural impact as a leader in global family planning.

1. How does the BMGF structure its strategic and economic relationships as part of its global family planning goals?
  - 1a. How does the BMGF structure family planning grants?
  - 1b. How does the BMGF fit within the broader global family planning community?
2. How do BMGF digital messages about family planning depict culture and social responsibility?
3. How do BMGF family planning messages represent gender equality?
  - 3a. How do BMGF family planning messages depict women?

As noted above, this case study uses qualitative research and employs a grounded theory approach and critical discourse analysis to address the research questions. I analyzed the BMGF website, including its family planning page and Melinda French Gates' 2014 letter "Putting women and girls at the center of development." I examined the BMGF financial documents from 2014 to 2018, the website's grantee page, and the Committed Grants search page. A complete list of examined documents is available in Appendix C.

### **Organization of the Dissertation**

This dissertation is organized as follows: Chapter I is the introduction and includes the statement of the problem, the study's objectives, the significance of the research, the overarching research questions, and the organization of the dissertation. Chapter II maps the context of the research by discussing the development of the BMGF and its discourse about gender and family planning, the history of family planning in global development, and why CPEC and critical-cultural approaches are appropriate methods to address the research questions. Chapter III presents the theoretical framework and literature review for the case study and reviews foundational scholarship about CPEC, development and communication, feminist and intersectional theories, and public health discourse. Chapter IV outlines the study's methodology by reviewing grounded theory, document and critical discourse analysis, the sample pool, and conceptualization. It includes a restatement of the research questions, showing how the methods address the questions. Chapter V examines the BMGF's economic relationships through its grant structure and grantees. The chapter addresses research questions 1, 1a, and 1b. Chapter

VI analyzes the BMGF's digital messages about family planning through a critical-cultural lens. It addresses research questions 2, 3, and 3a. It specifically looks at how the BMGF negotiates local culture, societal norms, and gender quality in its digital messages. Chapter VII concludes the dissertation by summarizing the case study and its theoretical contributions, addressing the study's limitations, and suggesting areas for future research.

## **CHAPTER II**

### **MAPPING THE CONTEXT**

This chapter begins with a brief history of the BMGF and how it evolved into a global development leader that prioritizes women and girls as agents of development. It also maps the history of family planning and how it intersects with capitalism and philanthropy. Finally, this chapter outlines why a CPEC approach is an appropriate lens with which to analyze the BMGF's structural relationships and family planning discourse.

#### **BMGF History and Messages**

The Bill and Melinda Gates Foundation (BMGF) was established in 1994, following Bill Gates' marriage to Melinda French, as the William H. Gates Foundation (BMGF Annual Report, 1998). Gates pledged to give away most of his fortune during his lifetime through charitable giving, a plan influenced by fellow billionaires Warren Buffett and Andrew Carnegie. The original foundation was administered by Gates' father William Gates Sr. and included initiatives in education, world health and population, and community giving in the Pacific Northwest (BMGF Annual Report, 1998). The foundation started with a \$106 million endowment from Gates and operated out of his father's basement (Funding Universe, 2018).

In 1997 Bill, Melinda, and Bill Sr. adopted an initiative to address the digital divide in technology in North America by partnering with friend Patty Stonesifer to create the Gates Library Foundation (BMGF Annual Report, 1998). This foundation's

mission was to bring computers and Internet access to low-income libraries in the US and Canada. The group founded a third foundation in 1999 called the Gates Learning Foundation to administer college scholarships for its Millennium Scholars Program. This foundation partnered with outside organizations like the United Negro College Fund, the Hispanic Scholarship Fund, and the American Indian College Fund to offer scholarships (Funding Universe, 2018). The Gates folded all three foundations into the Bill and Melinda Gates Foundation in August 1999 (BMGF Annual Report, 1999). The BMGF's main office is in Seattle with regional offices around the world.

Warren Buffet joined the BMGF in 2006 by donating \$31 billion to the foundation (BMGF Annual Report, 2006). He resigned from the foundation in June 2021 after giving \$41.5 billion in total to the BMGF. In 2016 the BMGF granted \$4.5 billion over four main program initiatives: global development, global health, global policy and advocacy, and the United States Program (BMGF Annual Report, 2016). The foundation employs nearly 1500 people in its global operations with a global trust endowment over \$40 billion (BMGF Annual Report, 2016). It gives most of its yearly grants to global development initiatives followed closely by global health initiatives, which makes the BMGF a major player in global health governance.

In 1999, the BMGF focused its efforts on global health goals and a United States program for administering grants to libraries. That year it gave out 48 grants totaling almost \$215 million in the reproduction and children category under its global health pillar (BMGF Annual Report, 1999). A closer examination of the money reveals that \$4.3 million went to a group in Ethiopia and \$2.5 million went to a group in Mexico. The remaining \$208 million went to research and aid organizations in primarily the United



States but also England, France, Switzerland, Sweden, the Netherlands, and Canada (BMGF Annual Report, 1999). In 1999 the BMGF had not yet adopted international development as the third pillar of its mission, nor did it include specific goals for women and girls. The shift to include women and girls came seven years later after Buffett joined the organization.

Melinda French Gates' 2014 letter "Putting Women and Girls at the Center of Development" states, "This challenge focuses on how to effectively reach and empower the most vulnerable women and girls to improve health and development – including economic – outcomes as well as gender equality," (BMGF, 2014; Global Grand Challenges section). This was a pivotal moment for the foundation because it moved women from being a mere component of development to being the onus of development for all. She writes that gender inequality and limited resources and potentialities for women and girls is the primary factor stunting development outcomes for men, women, boys, and girls (Gates, 2014). This shift to gender quality and empowerment included new grants to developing nations for maternal health, which includes contraception. It creates a simple boundary that allows for a limited scope of inquiry for this research beginning in 2014.

### **Family Planning History and Development**

Family planning has historically been included in development discourse since the beginning of the 20<sup>th</sup> century in the form of eugenics theory, population control, and both voluntary and forced sterilization. The terms for controlling reproduction evolved over time to include contraception, birth control, family planning and reproductive health.

Each word and phrase are steeped in political rationale appropriate to different organizations' goals. Family planning is a loaded term full of political and historical meanings that need contextual support. Family planning as a development goal got an early start as a means for population control.

From 1798 to 1826 Reverend Thomas Malthus of the UK published essays theorizing that the population would grow faster than the world's ability to support it (Meyer and Seims, 2010). His suggestion was for people to tame their sexual urges and practice moral restraint within marriage to reduce the population (Meyer and Seims, 2010). Though family planning strategies have become more sophisticated and technologically supported since then, Malthus is important because his views shaped many of the political and social policies surrounding family planning that persist today (Meyer and Seims, 2010). It is important to note that Malthus was not interested in population growth throughout the world equally. He was interested in curbing population growth among Europe's poor (Bashford and Chaplin, 2016).

This disparity occurs consistently in family planning and development goals from organizations in wealthy nations that distribute resources and rhetoric to developing nations. Margaret Sanger coined the phrase "birth control" sometime around 1915 in an attempt to separate the social stigma of women's sexuality and independence from reproduction (Eig, 2014). "These words were designed to make people more comfortable. If women truly got to control when and how often they gave birth, if they got to control their own bodies, they would hold a kind of power never before imagined" (Eig, 2014; p. 46). This unimagined power would include economic, political, and social power because women with fewer children have more disposable income, more time for education and to

participate in democracy, and more time and money to be active in their communities.

Following WWII large charitable foundations in the US began allocating resources for family planning in the developing world. The Ford, Rockefeller and Mellon foundations were concerned about population control in Asia and Latin America and the economic and political impacts of unprecedented growth (Meyer and Seims, 2010). Historically this concern with population control follows early twentieth century efforts to keep unfit and feeble-minded people in the US and Europe from reproducing. Family planning, birth control, and population control all share an uneasy beginning with eugenics. Efforts to control reproduction have evolved linguistically through discursive strategies to persuade individuals and governments to invest in both the ideas and the available products and services meant to prevent contraception.

By the 1950s, contraception meant condoms, diaphragms, spermicidal gels and jellies, and surgical sterilization. None of these products were 100% effective except sterilization, which was a permanent rather than temporary solution. The invention of the birth control pill in 1960 improved women's access to an effective temporary method of controlling conception without compromising long-term fertility (Eig, 2014). The history of contraception or birth control in the US is tangled up with the Comstock Law of 1873, which outlawed selling contraception products through US commerce channels by classifying them as obscenities. Almost a century later this law would push research on contraception outside the US. Gregory Pincus and his researchers, who developed the first birth control pill Enovid, conducted drug trials in Puerto Rico and Japan to circumvent US laws banning contraception (Eig, 2014). The Food and Drug Administration approved Enovid in the US as a means of regulating women's menstrual

cycles and not as a contraceptive drug (Eig, 2014; Bailey et al., 2011).

Philanthropic organizations also funded research on contraception and reproduction, though from a population control standpoint. The issue with philanthropic efforts in the 1940s and 1950s was that they needed state support. “Foundation support was never sufficient to reach large numbers of women, but rather the intention was that with philanthropic assistance, delivery mechanisms could be piloted and then scaled up with official aid from northern or southern governments” (Meyer and Seims, 2010; p. 2126). These foundations supported research in the US and Europe on reproductive health and contraception, but the topic was still cloaked in population metaphors. In 1959 the Ford Foundation held a conference called *The Current Status of the Medical and Biological Research Related to the Problem of Population* (Meyer and Seims, 2010). These foundations always meant to create multilateral and bilateral partnerships with local governments to achieve their goals. Private money was meant to influence political policy in foreign nations through development aid. The question then becomes how did these partnerships influence policy on family planning in the developing nations? Before addressing that question though it is vital to define family planning and what it means in development.

This idea of women as active participants in all aspects of society is the organizing principle for most philanthropic organizations focused on women and girls. The BMGF claims that family planning “increases educational and economic opportunities for women and leads to healthier families and communities,” (BMGF, 2018; Family Planning section). The organization’s explicit goal is to improve the lives of individual women and later to improve societies more broadly, but this organizing

principle is implicitly about power and production. The BMFG wields great economic and political power by granting large sums of money to organizations and institutions with authority over who receives resources like education and healthcare.

The BMGF also measures success based on the capitalistic principle of wealth accumulation even though it discursively claims the goal is to overcome a long history of female disenfranchisement in patriarchal societies. The real power structures in place between privately funded philanthropic organizations and disenfranchised women in developing nations plus the imagined power structures these relationships are meant to create require a CPEC analysis. The best way to address research question 1 is to analyze the BMGF's financial documents and grant structure through a CPEC lens.

### **Critical Political Economy of Communication (CPEC)**

First, a comprehensive CPEC study can expose the capitalistic power structures inherent in the BMGF and how these power structures influence economic resource allocation. Wasko, Murdock, and Sousa (2014) argue that spreading capitalism and market globalization has led to more instances of “tension between private interest and public good. While public policy efforts are strained, privatization moves forward, and the abuse of private power is blatant and commonplace,” (p. 2). The BMGF operates in many countries with little or no oversight from traditional governmental regulation (Bishop and Green, 2008). This research aims to explore these tensions and potential private abuses and their impacts on resource allocation and development goals.

Second, studying women's empowerment through family planning requires looking at the issue historically in capitalistic societies. The BMGF goals for

contraception target the world's most impoverished women and claim access to reliable family planning as a means of alleviating suffering (BMGF, 2018). Poverty is not solely an economic construct and relies on social and political organization over time. CPEC “insists that a full understanding of contemporary shifts must be grounded in an analysis of transformations, shifts, and contradictions that unfold over long loops of time,” (Wasko, Murdock, Sousa, 2014; p. 2). This research analyzes the historical aspects of poverty and sexism as they apply to the BMGF's goals for global development.

Third, family planning is steeped in moral, philosophical, and theological arguments. Religious organizations throughout history have objected to family planning methods for myriad reasons with little regard to individual economic or social situations. The BMGF and religious/moral organizations use persuasive communication methods and cultural products to influence women toward favorable or unfavorable attitudes about contraception. CPEC is “centrally concerned with the relations between the organization of culture and communications and the constitution of the good society grounded in social justice and democratic practice,” (Wasko, Murdock, and Sousa, 2014; p.2). This research studies the relationships between the BMGF and cultural and religious organization historically to better understand how family planning generally and contraception more specifically are situated within broader development discourse.

Finally, CPEC is concerned with turning analysis into “practical action for change,” (Wasko, Murdock, and Sousa, 2014; p. 2). My goal for this research is to propose an analytical tool for family planning organizations to use to more effectively communicate with philanthropic groups and with the women they seek to help. A CPEC analysis of the BMGF's family planning campaign offers a detailed report on how the

BMGF operates as a private actor in global development and problematizes power imbalances and structural inconsistencies that lead to injustice and oppression. The potential of such an analysis is that it might lead to effective communication and lasting change. No such analysis yet exists in the CPEC or development literature.

### *Summary*

This research aims to unravel the definitions of family planning and contraception by examining the BMGF as a case study. How does the BMGF define family planning and how does it allocate grant money in accordance with this global development objective? First, the CPEC approach can help define exactly what the foundation means by global development and how family planning is situated within its development narratives and goals. Second it is important to explore international philanthropy and where the BMGF fits in. Private philanthropy is powerful in global health governance, which seeks to control public health outcomes and protect people from health risks (Harman, 2016). What is the BMGF's role in global health governance? How does that role inform its work on family planning? What narratives does it employ in its family planning messages?

## **CHAPTER III**

### **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

The following literature review highlights the theoretical foundations and relevant research about CPEC, development communication (devcom), feminist theory and intersectionality, and healthcare communication. I begin with CPEC because it is the overarching theoretical framework for this case study. The following section contains a synthesized review of literature beginning with Smith (1991) and Marx and Engels (1976) and ending with more recent CPEC work. I then review development literature, including classic theories by Sen (1999) and Nussbaum (2000), and how they inform devcom. The next section on gender and global health covers Women in Development (WID) and Gender and Development (GAD) development paradigms, intersectionality, and global health governance. The final sections review frameworks and prior studies on family planning and philanthropy, communication and public health, and on reproductive health and family planning campaigns. A multi-theory approach is the best way to analyze the BMGF's role in global family planning.

#### **Political Economy, Development, and Communication**

What is the good society? This is a central question in political economy research that seeks to expand the definition of progress from mere wealth accumulation to include social, cultural, and physical wellbeing (Murdock, 2014; Green, 2009). The BMGF's role in global health governance and the millions it spends annually on health research means it is actively engaged in quality-of-life development outside the strict definition of



progress as economic growth. Private foundations were never meant to single-handedly improve societies or elevate them to the good society so private monies must work together with public institutions and state agencies to develop complex societies and foster progress (Murdock, 2014). This makes a purely economic evaluation of the BMGF an insufficient method for studying its development strategies. This study is grounded in the CPEC approach, so it must begin with a brief overview of CPEC literature.

Political economy emerged from the two seventeenth century enlightenment principles of rationality by Descartes and empiricism by Bacon (Mosco, 2009). Modern political economy began when eighteenth and nineteenth century scholars like Malthus, Mill, and Bentham sought to apply those principles to economics and moral philosophy (Mosco, 2009; Hardy, 2014). Adam Smith was a Scotsman interested in “developing a political economy of complex societies” (Murdock, 2014; p. 14). In his book, *Wealth of Nations* (1991) Smith addresses societal transformation during the time by measuring wealth in terms of labor and production instead of merely in land and gold (Smith, 1991; Mosco, 2009). He was “primarily interested in capitalism as a system for the production, distribution, exchange, and consumption of wealth” (Steeves & Wasko, 2002; p. 18).

One criticism of Smith’s treatise is that it measured progress as wealth accumulation and assumes that wealth “accumulation always produced benign outcomes” (Murdock, 2014; p. 14). In, *The Theory of Moral Sentiments* (2002), Smith makes the claim that beneficence is natural and rewarding but insufficient to produce the good society (Murdock, 2014). In other words, the good society is produced through the mutual exchange of love, gratitude, friendship, esteem, and generosity in concert with wealth (Murdock, 2014). Smith doesn’t account for economic, social, cultural, or

physical inequities that impact production and accumulation. Though Smith does make the important statement that beneficence is not enough by itself to create the good society. “Beneficence, therefore, is less essential to the existence of society than justice. It is the ornament which embellishes, not the foundation which supports the building” (Smith & Haakonssen, 2004; p. 101).

Marx and Engels (1976) critiqued Smith’s initial version of political economy by adding class analysis and took “a moral stance against the unjust and inequitable characteristics of the evolving capitalist system,” (Steeves & Wasko, 2002; p. 18). *Capital* is Marx’s and Engels (1976) critique of political economy that argues against classical political economy’s pro-capitalist bias and limitations in studying the good society (Hardy, 2014). For Marx, all of society is organized around economic production and the relations of production (Fisher, 2016). “By producing their means of subsistence men are indirectly producing their actual material of life,” (Marx, Engels, & Tucker, 1978; p. 42).

In *Capital*, Marx is concerned with the capitalist means of production and the commodity, which is a “universal presence within a capitalist mode of production,” (Harvey, 2010; p. 17). Commodities are any goods or services traded on the market and are foundational to people’s lives. According to Murdock (2006), Marx considers the commodity the “central driving force propelling capitalism’s expansion,” (p. 3). To Marx, the “value of a commodity reflects the amount of labor that has gone into producing it,” (Murdock, 2006; p. 4). As workers move from rural agricultural production to industrial production, they become commodities by selling their own labor for money to buy food, shelter, clothing, and other goods and services (Murdock, 2006; Harvey,

2010). Commodities are bought and sold in the marketplace for prices that denote value. “The wealth of societies in which the capitalist mode of production prevails appears as an ‘immense collection of commodities,’” (Marx & Engels, 1976; p. 125).

Commodity value is not constant and is subject to powerful forces that continually determine and re-determine value (Harvey, 2010). Marx identifies use-value as the usefulness of a thing that satisfies a specific need (Marx, 1976; Harvey, 2010). Exchange-value is that a commodity’s value must also include the labor used in production, which he calls “socially necessary labour-time” or “the labour-time required to produce any use-value under the conditions of production normal for any given society and with the average degree of skill and intensity of labour prevalent in that society,” (Marx, 1976; p. 129). According to Murdock (2014), one of Marx’s central points is that commodities “conceal the secret of their production,” (p. 19). Commodities presented people with opportunities for convenience and an easier and better life while hiding any hints of labor exploitation or environmental degradation inherent in the production process (Murdock, 2014).

As people moved from household subsistence into industrial production regulation of the economy shifted from the household to the state. “Engels argued that capitalism moved production away from the home and created elite classes who controlled the means of production,” (Steeves & Wasko, 2002; p. 22). In a capitalist system wealth is created and accumulated when labor power produces surplus-value, which benefits the bourgeoisie class who own the means of production. According to Harvey (2010), “surplus-value results from the difference between the value labor congeals in commodities in a working day and the value the laborer gets for surrendering

labor-power as a commodity to the capitalist,” (p. 124).

This shift from household subsistence to industrial production marks the shift from economy to political economy. “With the emergence of a political economy, the pursuit of wealth which was previously restricted to the periphery of economic life, moves to the center,” (Levine, 2001; p. 525). According to Levine (2001), wealth production requires a new division of labor to overcome limited household subsistence. Creating wealth requires “creating a system of dependence that destroys the local self-sufficiency of the earlier order,” (Levine, 2001, p. 525). Marx and Engels (1976) critiqued capitalism as a system of wealth accumulation that evolved as the means of production and the division of labor expanded. His analysis sought to uncover the labor exploitation and wealth imbalance inherent in capitalism.

Marx and Engels (1976) took a critical approach to studying capitalism, but both were concerned with the economic aspects more than the political aspects. “For Marx, there is nothing political about capitalist economy taken in itself. It does not operate on political principles, or organize itself to accomplish political ends,” (Levine, 2001; p. 526). As political economy evolved from its earlier economic focus it began to look at power relations in capitalism. Marx and Engels (1976), who place great emphasis on what they term ‘exploitation,’ make it clear that exploitation is not about the exercise of power. Rather, it derives inevitably and unintentionally from the workings of a system of private individual transactions in which all parties are driven by forces beyond their knowledge and control,” (Levine, 2001; p. 526).

According to Levine (2001) the difference between older and newer political economy is the role of power. He identifies three ways in which later political economy

analysis is primarily organized around power. Power is the central determinant of economic interaction and outcomes. Power is exercised in the interests of groups or classes, and “because of the centrality of the exercise of power, and because of the equation of power with the political, the economy is understood as an essentially political reality,” (Levine, 2001; p. 526). Mosco (2009) defines political economy as “the study of the social relations, particularly the power relations, that mutually constitute the production, distribution, and consumption of resources,” (p. 24).

Marx and Engels (1976) critiqued capitalism as a system that created exploitation, but not as an exercise of power (Levine, 2001). “For Marx, the capitalist is not the subject who exerts power to advance his interests, but the agent of anonymous historical forces driving him to devote his life to the (ultimately endless) quest for ever more wealth,” (Levine, 2001; p. 527). Murdock (2014) agrees that wealth accumulation always creates dispossession, but newer political economies focused on the power inequities responsible. “Through studies of ownership and control, political economists document and analyze relations of power, class systems, and other structural inequalities,” (Steeves & Wasko, 2002; p. 19). Hardy (2014) claims that turning this analysis toward power and resource allocation constitutes the shift from political economy to critical political economy.

Mosco (2009) argues that political economy of communication emphasizes “describing and examining the significance of organizational structures responsible for the production, distribution, and exchange of communication commodities and for the regulation of these structures, principally by governments,” (p. 133). Hardy (2014) goes further by adding that political economy of media becomes critical by examining “how the political and economic organization (‘political economy’) of media industries affects

the production and circulation of meaning and connects to the distribution of symbolic and material resources that enable people to understand, communicate, and act in the world,” (p. 9). Critically studying communication as both private activities and capitalist enterprises is vital to understanding modern societies (McChesney, 2003). For Smythe (1977) critical political economy means asking about mass communication systems “*what economic function for capital do they serve, attempting to understand their role in the reproduction of capitalist relations of production,*” (p. 1; emphasis in the original). Even though the BMGF is a NGO, it was born from capitalist means of production and functions as both a private actor and a public communicator through governmental relationships. It begs a CPEC analysis to determine how it operates in global health governance.

### **Development Communication**

Political economy is only part of the equation. It has long been combined with development theory in studying CPEC globally. Defining development is the first step in analyzing development communication using political economy. Melkote and Steeves (2015) assess the historical view of development as societal improvement with varying definitions of improvement. Mid-twentieth century neoclassical economic theories equated development with modernization theory and Western style economic growth (Melkote & Steeves, 2015). “Critical theories that followed in the 1970s, grounded in Marxist thought, challenged the economic and cultural expansionism and imperialism of modernization theories, arguing for new economic arrangements to create a more even distribution of rewards in a society,” (Melkote & Steeves, 2015; p. 385). Melkote and

Steeves (2015) prefer and understanding of development as “empowerment and shared communication,” (p. 385).

The early modernization paradigm measured development in terms of gross national product growth (GNP) and investment in industrialization (Rogers, 1976; Melkote & Steeves, 2015; Fair & Shah, 1997). Development discourse divided the world up into traditional and advanced nations in which development was constituted by how well the former followed in the footsteps of the later (Melkote & Steeves, 2015; Escobar, 1995). “The ideology of modernization – involved a wholesale transfer and infusion of US and European cultural assumptions, political premises and economic values” (Fair & Shah, 1997; p. 3). According to Fair and Shah (1997), development was defined as operationally implementing modernization, but this idea of developing underdeveloped nations in the image of prosperous nations failed and widened regional inequalities. This approach prioritized a top-down rational hierarchy that promoted industrialization and technology adoption (Fisher, 2016). Modernizationists’ “dismissive view of the culture of ‘indigent natives’ led them to believe in the desirability and inevitability of a shift from the traditional to the modern,” (Thussu, 2006; p.45).

As development scholarship grew different perspectives emerged to challenge the modernization paradigm for its ethnocentrism and ignoring culture, gender, indigenous knowledge, religion, and a host of other factors that contribute to inequality in development. One critique of modernization is that it creates an “us” and “them” mentality between developed and underdeveloped nations, which perpetuates colonial discourses of imperialism, power, and subjugation (Escobar, 1994; Shome & Hedge, 2002; Fair & Shah, 1997). A North/South division in conceptions of modernization

emerged between the US and Western Europe on one side and the countries of South America, Africa, and Asia on the other that illustrated the power differences challenged by postcolonial studies (Shome & Hedge, 2002; McEwan, 2009; Spivak, 1988).

Dependency theory from Latin American scholars in the 1960s and 1970s posited that periphery states in the global south supply resources to the wealthy states in the north, perpetuating economic imbalance between the two (Tausch, 2010; Frank, 1969). Developed nations continued to grow richer by exploiting underdeveloped nations, and “despite some spurts of growth, development of the semi-periphery and periphery will be unbalanced in the long term,” (Tausch, 2010; p. 468). According to Escobar (2012) these wealthy Western nations become the benchmark for measuring progress in periphery nations and reinforcing Western hegemony.

Many recent development projects perpetuate this divide by focusing on development through industrialization and technology adoption in what is termed neo-modernization (Fair & Shah, 1997). Neo-modernization retains the basic assumptions from modernism with a few caveats. “Neo-modernisationists posit that tradition and modernity are not mutually exclusive: place the process of development in a longer historical context of colonialism and imperialism: recognise that there are multiple paths to development: and pay a bit more attention to external conditions that may impact on the development process” (Fair & Shah, 1997; p. 6-7). Phillips and Ilcan’s (2004) capacity-building approach is grounded in neoliberal governance as an “apparatus of rule that requires a diverse range of new rationalities that attempt to ‘grow’ institutional frameworks, enhance the skills of the people, and transfer knowledge through the formation of new partnerships” (p. 394; emphasis in the original). The phrase “apparatus



of rule” highlights this power disparity inherent in neoliberal economic theory and puts the onus of development on technological adoption and skill enhancement by the people in underdeveloped countries.

This approach does highlight a larger paradigm shift within development discourse in the past few decades towards a participatory paradigm that values participation as a basic human right (Melkote & Steeves, 2015). “The need to have some say in crucial decisions affecting one’s life is essential to the development of the individual” (Melkote & Steeves, 2015; p. 390). Sen (1999) defines development as the expansion of individual freedoms by removing unfreedoms that “leave people with little choice and little opportunity of exercising their reasoned agency” (p. xii). His capabilities approach expands development discourse from the economic enhancements of modernization by arguing that political liberties and civil freedoms “do not have to be justified indirectly in terms of their effects on the economy” (Sen, 1999; p. 16). Sen (1999) is concerned with both the processes of development that lead to freedom and the opportunities people have based on their own situations.

Steeves (1993) also describes development as more than just a simple process of modernization. It is a complex and contextual system of relationships with layers of communication (Steeves, 1993). Development communication itself has a variety of different definitions based on how you define both development and communication (Melkote & Steeves, 2015). “Scholars and practitioners still tend to be split between those who view communication as an organizational delivery system versus those who view communication more broadly, as inseparable from culture and from all facets of social change” (Melkote & Steeves, 2015; p. 385). Melkote and Steeves (2015) view

“development as empowerment and communication as shared meaning” (p. 385). These two concepts need to be interrogated within BMGF discourse to determine how the organization conceptualizes development communication.

Devcom research has revealed multiple problems with communication that prioritizes economic development in addition to corruption and wealth gaps (Melkote and Steeves, 2015). “Most commonly, the discourse of development reveals a single story of poverty and disaster, positioning development recipients as victims and Western aid workers as saviors,” (Melkote and Steeves, 2015; p. 4). This single narrative ignores issues of social justice and empowerment by eliminating local knowledge and culture as means of development. Melkote and Steeves (2015) argue for the necessity of local knowledge in successful development. “Local knowledge is essential for the success of self-reliant and autonomous self-development activities” (Melkote and Steeves, 2015; p. 5).

Autonomy is an interesting concept in family planning campaigns because several research studies have found that the most significant communication factor in whether women adopted modern contraception methods was if they had spoken with their male partners or a close relative about child spacing within the last six months (Hutchinson et al., 2012; Kim and Marangwanda, 1997). These studies show the importance of local knowledge in women’s decisions to adopt contraception methods and use the participatory communication model. One goal of this study is to determine how the BMGF treat the concept of autonomy in family planning campaigns. First it is important to understand how autonomy and agency were analyzed historically in gender and development literature. Empowerment is similar to autonomy in development literature,

which I discuss in the next section.

## **Gender and Development**

This sections reviews scholarship on gender and development and begins with Mohanty's seminal article "Under western eyes: feminist scholarship and colonial discourses" (1988). Mohanty (1988) uses the word colonization as a term by Marxist and feminist scholars to describe the "exploitative economic exchange" and appropriation of women's lived experiences by "hegemonic white women's movements," (p. 61). "The term 'colonization' has been used to characterize everything from the most evident economic and political hierarchies to the production of a particular cultural discourse about what is called the 'Third World,'" (Mohanty, 1988; p. 61). Mohanty (1988) says that women are grouped together as a unit of analysis in feminist research based not on biological traits but on the sociological and anthropological idea of shared oppression. This results in an assumption that women are a homogenous group already labeled as powerless and exploited, and it creates a discursive tension between 'modern' and 'traditional' modes of production. "Historically health campaigns considered traditions and local beliefs as problematic and backward and offer an alternative way of life, a modern approach that is synonymous with Western values and ideals" (Azhar, 2020; p. 28).

Two gender and development frameworks, Women in Development (WID) and Gender and Development (GAD), present different ideas on how to achieve equality. Boserup's (1970) seminal book introduced the WID concept and shifted the focus of women from welfare to equality (Kabeer, 1994). "The work of Ester Boserup was a

liberal feminist challenge to the early pattern of modernization as development – it was a combined argument for equality and efficiency and therefore a powerful political statement in the interests of women,” (Rai, 2002; p. 60).

According to Kabeer (1994) WID is characterized by the idea that women need to be seen to be valued. “WID is often identified with modernization theory, as it subscribes to similar liberal assumptions, including measuring development largely in economic terms (modernization paradigm) and viewing its process as a linear one with developed nations as the model to emulate” (Brown, 2006, p. 61). WID literature states that women need to be involved in planning and policymaking, which leads to actual equality. Boserup’s analysis was couched firmly in the modernization paradigm and fostered sharp criticism from feminist scholars (Beneria and Sen, 1997; Rai, 2002). “Equitable and sustainable policies require a better understanding of the links between women’s household survival strategies, livelihoods and larger scale economic, social, environmental and political processes” (Kanji et al., 2010; p. xxiii).

While WID may have kick-started feminist development theory into equality, its practical implications have also been criticized for creating token spaces for women’s contributions. “The strength, resilience and sheer obstinacy of mainstream ways of thinking have meant that the accommodation of women’s issues has often been achieved through a process of pigeonholing” (Kabeer, 1994; p. xi). Women may achieve positions within governments and agencies to show equality, but these positions are largely without any real power. “Advocates and scholars who share this world view are described as ‘pragmatic’ because they seek reformist goals that preserve the status quo, rather than redistributive ones that challenge it” (Kabeer, 1994; p. 12).

GAD offers a broader approach to development by taking social and cultural factors along with economics into account. Brown (2006) describes GAD as an approach that looks at gender, race, ethnicity, and class as factors of development. She lists GAD's main goal as empowering "women by transforming social structures and institutions to make development an equitable process for both women and men" (p. 64). In other words, GAD is a more intersectional view of development that seeks change in the root causes of discrimination to bring about equality. The key question then is how each of these approaches address family planning.

Second-wave feminists used the term patriarchy to describe the systematic and hierarchical oppression of women by men at multiple levels. Patriarchy could be present within a family, a government, a corporation, or any social system that privileges men over women (Patil, 2013). Criticisms about patriarchy's universalizing dichotomy between all men and all women led to its replacement in feminist theory by the more nuanced framework of intersectionality (Patil, 2013; Hunnicutt, 2009; McCall, 2005, Crenshaw, 1991). Mohanty's (1988) seminal article on Western feminism's construction of the monolithic third-world woman posited that power relations between the first and third world as well as global economics and politics were variables in gender relations.

Several feminist scholars at that time were moving toward a more complex explanation of identity than patriarchy alone could provide, but it wasn't until 1991 that Crenshaw coined the term intersectionality. Hunnicutt (2009) attempted to resurrect patriarchy as a unifying feminist theory by arguing that its false universalism obscures the multiple shapes and forms of what she calls "degrees of patriarchy" (p. 559). However, her degrees are a complex of relationships between class, race, and gender that

sound almost identical to intersectional analysis. I highlight the similarities and differences because the two concepts are relevant to development literature but are not the same. The patriarchy concept is more consistent with a WID approach.

Intersectionality was originally used by Crenshaw (1991) as means for examining how violence against women of color was not competently addressed by gender or racial discourses by themselves. She argued that race, gender, and class create structural intersectionality that systematically oppress women into subordination. “Intersectional subordination need not be intentionally produced; it is frequently the consequence of the imposition of one burden that interacts with preexisting vulnerabilities to create yet another dimension of disempowerment” (Crenshaw, 1991, p. 1249). This complex layering of oppression illustrates the shift from the macro-level theory of patriarchy to the micro-level individual identity politics of intersectionality.

Crenshaw (1991) is speaking specifically about low-income battered women of color in the U.S. when she outlines the tenets of intersectionality, but the premise can be applied to other individuals with different intersecting identities. She writes:

Where systems of race, gender, and class domination converge, as they do in the experiences of battered women of color, intervention strategies based solely on the experiences of women who do not share the same class or race backgrounds will be of limited help to women who because of race and class face different obstacles. (Crenshaw, 1991, p. 1246)

Just as Crenshaw (1991) demonstrated that low-income battered women of color need to be addressed at the intersections of their varied identities to produce useful scholarship and advocacy, GAD supporters argue that intersectionality provides the best framework

for addressing women in developing nations with gender planning theories.

Lykke (2005) defined intersectionality as any feminist idea of power that is more than one-dimensional. Note that she called it an idea instead of a theory. Scholars do not consider intersectionality as a fully developed theory, but as a framework or stance for examining a problem (Crenshaw, 1991; McCall, 2005; Bowleg, 2012; Patil, 2013).

Bowleg (2012) writes, “this stance involves a natural curiosity and commitment to understanding how multiple social categories intersect to identify health disparity” (p. 1270). Intersectionality functions as a framework for GAD theory and implementation.

Bowleg (2012) set up an intersectional framework for looking at public health issues that is relevant to family planning campaigns in developing nations. She outlines the core tenets of intersectionality relative to public health as:

- (1) Social identities are not independent and unidimensional but multiple and intersecting,
- (2) people from multiple historically oppressed and marginalized groups are the focal or starting point, and
- (3) multiple social identities at the micro level (i.e., intersections of race, gender, and SES) intersect with macrolevel structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes. (p. 1268).

Intersectionality provides a multi-dimensional approach that considers the relationships between these intersecting identities and women’s relationships to men, which is a motivating factor in adopting modern contraception. This research interrogates the relationships between philanthropy, public health communication, development, and feminism using intersectionality as a framework for examining how micro-level forces like identity and empowerment relate to macro-level forces like capitalism and power.

## **Family Planning and Philanthropy**

The complex history of contraception through philanthropically funded foundations did not occur in a vacuum. The narratives surrounding eugenics, population control, and family planning were constructed through powerful economic and political hierarchies trying to achieve specific outcomes. The BMGF is only one of many privately funded organizations that structure narratives meant to influence private and state actors in poor countries. This is not a purely discursive issue though. These narratives are supported by large amounts of money and state policies meant to govern real people with real concerns. The BMGF added the word voluntary to its family planning campaign along with the phrases “without coercion” or “discrimination,” which implies that its goal is merely access without morality, and yet the foundation invests heavily in persuasive campaigns to promote contraception adoption by the world’s poorest women (BMGF, 2018: Family Planning section).

Population control as a philanthropically funded endeavor began in earnest following WWII and was spearheaded by John D. Rockefeller and his foundation. In 1952, Rockefeller convened a population conference in Virginia between Planned Parenthood leaders, US conservationists, academics, and development experts who formed the Population Council. In 1954, the Hugh Moore Fund was created by the founder of Dixie Cups and distributed a book by an employee that likened the growing world population to that of an atom bomb with as much destructive power (Hartmann, 2016). In 1957, Population Council representatives formed an ad-hoc committee with Planned Parenthood and Laurence Rockefeller’s Conservation Foundation to write a report called “Population: An International Dilemma” that predicted uncontrolled



population growth would lead to political instability in the developing world (Hartmann, 2016; p. 93). “In the Third-World the solution was not outright promotion of birth control by US interests, but rather the wooing of national elites who, once convinced of the cause, could build support in their own countries” (Hartmann, 2016; p. 93).

Money from these philanthropic foundations, including the Ford Foundation and the Rockefeller Foundation, also began flowing into universities and governments for research on population control. This research favored economic advantages for family planning in the developing world, and private industry soon joined in on the research. One General Electric researcher conducted a cost-benefit analysis and claimed that family planning resources “could contribute up to 100 times more to higher per capita incomes than could resources invested in production” (Hartmann, 2016; p. 93). This research boom influenced US government policy on development aid in the 1960s and UN international development programs. In 1959, the Draper Committee for studying US military aid programs recommended that the government also fund population research and award aid money to developing countries that “check population growth” (Hartmann, 2016; p. 94).

The population lobby linked population growth with food insecurities and the House Committee on Agriculture began allowing food aid money to be used on family planning programs. Family planning initiatives further spread to other development areas, and a new basic needs approach appeared in the 1970s that integrated family planning into health, education, and gender-based programs as well as economic development. By the 1980s and 90s, family planning became reproductive health and by the early 2000s it transformed again into gender equality, but critics maintain that the overall goals of

family planning measures are still poverty alleviation and development under a modernist paradigm (Hartmann, 2016).

Competing methods for measuring development progress further complicates how global actors create goals and implement development programs. Bishop and Green (2008) describe development by global philanthropists as creating innovative solutions to society's problems in economically efficient ways. They argue that society's wealthiest philanthropists, or those they call philanthrocapitalists, look for new ways to achieve social good through monetary profit (Bishop & Green, 2008). Wealthy businesspeople "use their donations to create a profitable solution to a social problem. It will attract far more capital, far faster, and thus achieve a far bigger impact, far sooner, than would a solution based entirely on giving money away" (Bishop & Green, 2008; pp. 6-7). McGoey (2015) compared this "new" idea of philanthrocapitalism to Smith's (1991) "old" idea of the invisible hand. "By harnessing the power of the market, philanthrocapitalism inevitably contributes to the welfare of a wider community" (McGoey, 2008; Location 276 in e-book).

This explanation of global philanthropy is problematic for several reasons. First, it raises questions about what we mean by development and global philanthropy. We need specific definitions to fully understand the goals, methods, and outcomes of the BMGF. Second, we must consider whether this kind of charitable giving is really philanthropy at all if it uses capitalistic mechanisms to create profit motives. Measuring development through capital creation implies an economic development imperative over social and cultural improvement, which might be at odds with the BMFG's goals for gender equity.

At the least gender equity requires social and cultural programs along with economic initiatives to be successful in creating sustainable change.

The idea of philanthrocapitalism raises another uneasy question about wealth creation and disparity. How does global capitalism work to create the power and wealth disparities that require global philanthropy to solve? And more importantly, does global philanthropy reproduce these power and wealth disparities by using the same capitalistic principles? Critics of Bishop and Green's (2008) philanthrocapitalism have stated that while charitable foundations outwardly mean to change the world by alleviating poverty and inequality, they often come with the side benefit of making more money for the philanthrocapitalist (McGoey, 2015; Zizek, 2006; Giridharadas, 2018).

Philanthropy often opens up markets for US or European-based multinationals which partner with organizations such as the Gates Foundation in order to reach new consumers. Giving more is an avenue for getting more, helping to concentrate wealth in an ever-narrowing nucleus of powerbrokers with growing influence over policy-setting at organizations such as the WHO or the UN's Food and Agriculture Organization (FAO). (McGoey, 2015; Location 323 e-book).

McGoey (2015) and Giridharadas (2018) found that philanthrocapitalism is more concerned with growing and preserving wealth than with redistributing it. Charitable foundations prevent money from going into state treasuries that would use it on welfare projects, and global philanthropy doesn't provide financial relief for the impoverished (McGoey, 2015). "Philanthropy, by channeling private funds towards public services, erodes support for governmental spending on health and education" (McGoey, 2015;

Location 155 e-book). Critics also note a lack of transparency and accountability with philanthropic organizations that are not beholden to voting constituents.

McCoy et. al. (2009) analyzed the BMGF's total global health grants between 1998 and 2007 and found that 82% went to US-based organizations, and almost \$1 billion went to a few select US research universities. This study also confirmed the BMGF's power networks by showing how the foundation leverages its relationships in healthcare governance:

The Gates Foundation is not a passive donor. The foundation actively engages in policy making and agenda setting activities; it has representatives that sit on the governing structures of many global health partnerships; it is part of a self-appointed group of global health leaders known as the H8 (together with WHO, the World Bank, GAVI Alliance, the Global Fund, UNICEF, the United Nations Population Fund [UNFPA], and UNAIDS); and has been involved in setting the health agenda for the G8. (McCoy et. al., 2009; p. 1650)

Critical political economy of communication (CPEC) provides the best tools for analyzing global philanthropy as a capitalistic system because “critical analysis starts from the prevailing distribution of power and inequality and asks whose interests will be best served by these new potentialities” (Wasko, Murdock & Sousa, 2014; p. 5). Specifically, CPEC offers a way to study the BMFG historically to critique the ways it operates in the global marketplace and how it impacts people's lives.

CPEC is not a solely economic analysis but is also concerned with the moral underpinnings of social justice and democracy and the relationship between culture and communication (Wasko, Murdock & Sousa, 2014). The BMGF is not merely an economic organization providing money without morals. It funds organizations and

initiatives that actively seek to change cultural and social organizations in developing nations that have persisted over long stretches of time through capitalistic mechanisms of production, distribution, consumption, and reproduction of communication. Clearly an analysis of all the BMFG's global initiatives is too large for this one study but looking specifically at one goal can help us begin to address questions about how the foundation operates in global development.

This research focuses on the BMGF campaign for family planning in developing nations. I chose this initiative over others because family planning encapsulates issues of religion, culture, gender equity, economic disparity, social norms, healthcare access, and persuasive communication. A CPEC analysis of the BMGF's family planning communication provides a way to study global development as it applies to real systems of production and power structures that lead to inequalities. This kind of analysis of global philanthropy and family planning does not yet exist in the literature, so this study may also serve as an introductory attempt at unraveling the underlying power structures and policies that determine how the BMGF fits historically in the larger field of global development. As with development, we must also first decide what family planning means to both the BMGF and the field of global development.

### **Communication and Public Health**

Before reviewing prior studies of specific reproductive health and family planning campaigns it is helpful to review the theory and literature from the broader public health campaigns field. Rogers and Storey (1987) compiled a list of definitions from various communication scholars, but two are most relevant for this research. Rogers (1973)

defined communication campaigns as “a preplanned set of communication activities designed by change agents to achieve certain changes in receiver behavior in a specified period of time,” (p. 277). Atkin (1981) further defined communication campaigns that “usually involve a series of promotional messages in the public interest disseminated through mass media channels to target audiences” (p. 265). Both definitions highlight that communication campaigns are both purposive and persuasive. (Rogers & Storey, 1987; Rice & Paisley, 1981).

The effectiveness of communication campaigns shifted across the twentieth and twenty first centuries from a minimal-effects paradigm to a successful-effects paradigm to a moderate-effects paradigm, and finally to a more recent conditional-effects paradigm (Noar, 2006; Rogers & Storey, 1987). According to Noar (2006), communication campaigns in the 1940s and 1950s were labeled as an era of minimal effects because many examples exist of large-scale campaign failures. This period also coincides with Lazarsfeld’s et al. (1968) voting studies that ushered in the overarching limited-effects era of communication research. The 1960s and 1970s were a more optimistic time for successful communication campaigns (Noar, 2006). “Campaign scholars began to blame ineffective campaigns, rather than the recipients of those campaigns, for a lack of effects, and began to uncover and formalize principles of effective campaign design,” (Noar, 2006; p. 22). This era is marked by the idea that introducing strategy and theory to campaign design could improve outcomes.

The seminal text from this era is Mendelsohn’s (1973) article outlining four successful campaign strategies: 1) conduct formative evaluation; 2) set reasonable goals; 3) segment the audience; and 4) pursue interpersonal communication channels (Noar,

2006; Rogers & Storey, 1987). Rogers (1996) cites the 1971 Stanford 3-city Heart Disease Prevention Program (SHDPP) as the “most important single turning point in the rise of the health communication field,” (p. 16). This campaign was a successful example of campaign design because it used behavioral change theories (social learning theory, social marketing theory, and diffusion of innovations) learned during the formative evaluation stage to create its key messages (Rogers, 1996). This era also encouraged campaign designers and communication scientists to “engage in formative evaluation in the early stages of a campaign’s design” (Rogers & Storey, 1987; p. 828). Mendelsohn (1973) was also the first to point out that public apathy was not the reason communication campaigns failed. He put the onus of campaign effects back on the designers. Rogers and Storey (1987) also point out that, “One of the more significant theoretical shifts has been recognition of the potential power of interpersonal network links (perhaps activated by the media) to influence attitudes and behavior” (p. 831). Mendelsohn’s work created the building blocks for design strategy in the third era of communication campaigns.

The third era is considered the moderate or intermediate effects era, and it is marked by the inclusion of agenda setting and behavior-related strategies (Rogers & Storey, 1987). During this era researchers “are turning toward new models of communication, different research methods, and to alternatives to measures of proximal effects on knowledge, attitude, and behavioral intention” (Rogers & Storey, 1987; p. 830). Previous communication campaigns used linear models to reach audiences, but this shift brought a more complimentary approach to campaign design. Hornik (2002) credits exposure as the path to effective campaigns. “The more times a message is made

available, the more times an individual will be exposed to it and the more likely he or she is to learn it” (Hornik, 2002; p. 34).

The previous three eras described by Rogers and Storey (1987) and Noar (2006) are not health care specific but broad paradigms that were applied to all kinds of campaigns including health, politics, advertising, etc. Research in the new millennium tends to focus more specifically on health communication, which Rogers (1996) defined as “any type of human communication whose content is concerned with health” (p. 15). Noar (2006) conducted a 10-year review of health communication studies to determine what scholars have learned in terms of effective and ineffective campaigns and where the field was headed. He termed these 10 years as the era of conditional effects because “Evidence is indeed accumulating to support the proposition that mass media campaigns *can* be effective *on the condition* that principles of campaign design are attended to” (p. 24; Emphasis in the original).

Noar (2006) found that researchers updated Mendelsohn’s (1973) four campaign design attributes to seven. Proper campaign design for health communication after 1996 included: 1) conducting formative research; 2) using theory as a conceptual foundation; 3) segmenting the audience; 4) designing messages for a specific target audience; 5) strategically placing messages within carefully selected channels; 6) conducting evaluations throughout the process; and 7) using a sensitive outcome evaluation design (p. 25). Noar (2006) based these design principles on meta-analysis research conducted by Snyder and Hamilton (2002) and Derzon and Lipsey (2002). According to Snyder and Hamilton (2002) health campaigns succeeded based on three fundamental rules: success varied by behaviors, adopting new behaviors was more successful than preventing



problem behaviors, and greater exposure resulted in greater effects. Derzon and Lipsey (2002) found that health campaigns that supplemented mass media campaigns with other communication tactics were more successful.

One important principle to explore further from the era of conditional effects is exposure. “There is good evidence that failure and success in public health communication is better predicted by variation in exposure to messages achieved than it is by variation in quality of messages” (Hornik, 2002; p. 31). Hornik (2002) outlines four reasons why heavy exposure is vital for health campaign success. Exposure “1) increased opportunity for learning specific messages; 2) increases in perception that an issue is important to take into account; 3) increases in the likelihood that social discussion of messages will be stimulated; and 4) increases in the perception that a new behavior is socially expected” (p. 31). He found that health campaigns were unsuccessful overall if they were unsuccessful in gaining heavy exposure (Hornik, 2002).

Hornik (2002) suggests a three-pronged approach to campaign exposure including paid media, earned media, and policy change. “The obvious path to exposure is money: if a program wants exposure for its messages, it needs to buy advertising time” (Hornik, 2002; p. 35). He offers both public relations to media outlets and lobbying efforts to policymakers as means of achieving earned media coverage (Hornik, 2002; Wallack et al., 1993). If a campaign does not have enough money to attract sufficient exposure it can change its objective to one that does not require mass exposure, create a “getting exposure” marketing plan, or redefine its target audience for a smaller more reachable segment (Hornik, 2002; p. 36). One major goal of this research is to examine how the BMGF uses earned media and strategic partnerships to gain exposure for its family

planning campaigns.

An important caveat accompanies this campaign research that is especially pertinent to this study. Wakefield et al. (2010) noted that most research on health campaigns originates in high-income countries with more capital for campaign implementation and evaluation, except for birth reduction campaigns, which is discussed in more detail later. Sood et al. (2014) divide health campaigns in developing nations into four eras chronologically: 1) clinic era, 2) field era, 3) social marketing era, and 4) strategic communication behavior change era. The clinic era was defined by Rogers (1973) as the idea that providing medical services was sufficient because people would naturally gravitate to them (Sood et al., 2014). The field era, again defined by Rogers (1973), saw the introduction of community-based outreach and information, education, and communication (IEC) products (Sood et al., 2014). The social marketing era was influenced by industrial brand promotion and improving supply-chains to increase affordable access (Sood et al., 2014; Rimon, 2001). The strategic behavior-change communication era “uses behaviour change<sup>[11]</sup> models and theories as the foundation for interventions and emphasizes the need to influence social norms and policy environments to facilitate both individual and social change” (Sood et al., 2014; p. 69).

A recent meta-analysis of health communication literature found that many campaigns lacked underlying conceptual or theoretical frameworks to guide them (Sood et al., 2014). “The majority of the campaigns reviewed relied on individual-level theories, with very few examples of the more current and complex conceptualizations that recognize individuals as actors within a social context,” (p. 81). Literature detailing effective health communication campaigns note that they are only effective “provided

they are nested within a larger socio-ecological framework consisting of (a) a supportive policy environment; (b) an adequate supply of services and products; and (c) community-based initiatives to promote behaviour and social change” (Sood et al., 2014; p. 81). Sood et al. (2014) conclude that there is no global theory of health communication and behavior change yet, and the field appears to be moving slowly towards a unified theory of social change.

### **Reproductive Health and Family Planning**

According to Basnyat and Dutta (2011) family planning is defined as reproductive health discourse or reproductive rights, which includes “(1) the freedom to decide how many children to have and when to have them, and (2) the entitlement to family planning information and services” (p. 339). They also identify Dixon-Mueller’s (1993) third component that isn’t currently in the definition as “the right to control one’s own body” (p. 113). The language used to describe reproductive health has shifted historically from specific to abstract and reduces women to medical terms (Basnyat and Dutta, 2011). “South Asian women’s health has been treated as aggregated uteruses and prospective perpetrators of overpopulation; where Women of the South are increasingly reduced to numbers, targets, wombs, tubes and other reproductive parts” (Greene, 2000, p. 28).

This shift does not factor in cultural, social, or individual preferences in reproductive agency, which are necessary for effective health campaigns (Basnyat and Dutta, 2011; Wakefield, et. al., 2010; Dixon-Mueller and Germaine, 2007). It reflects a top-down approach to family planning as a means of alleviating poverty and overpopulation without acknowledging social and cultural contexts. “Reiterating the top-

down nature of family planning discourse, most public health scholars and campaigns have yet to give much attention to the role of social context in constituting individual health behavior outcomes” (Basnyat and Dutta, 2011; p. 341). Wakefield, et. al. (2010) found that transitioning from high to low birth rates in developing nations required societal level changes supporting modern contraception and smaller family sizes (Cleland et. al., 2006). “This opinion is supported by substantial evidence that the spread of information through mass media, along with efforts to promote family planning, is associated with adoption of contraception” (Wakefield, et. al., 2010; p. 1266).

Most family planning research focuses on either effective contraception adoption or message retention. Hornik (1997) identified exposure as the critical component in any media health campaign, but exposure was not the leading factor in some adoption efficacy studies. Das and Dasgupta (2015) studied contraception use by women in West Bengal and found that most women, between 95 and 99 percent, had knowledge of permanent and temporary contraceptive methods, but the predominant source of information was from their social circles and health personnel not mass media campaigns. This supports the more complex strategic behavior change communication era noted by Rimon (2001). The authors did conclude women’s health literacy and empowerment improves contraceptive use even if mass media is not the primary source of exposure (Das and Dasgupta, 2015).

A study on advertisements for condom use in Pakistan found that the campaign increased discussion on contraceptive use among middle-class married couples (Beaudoin, et. al.; 2016). It reflects a growing trend in contraception campaigns targeting men. “Increased recognition of men’s influence on reproductive decisions and family

planning practices has given rise to communication projects promoting male involvement in family planning” (Kim and Marangwanda, 1997). Researchers discovered that men who were exposed to the message were more likely to believe that couples should decide together what contraceptives to use and how many children to have (Kim and Marangwanda, 1997). Hutchinson, et al. (2012) concluded that promoting contraception awareness and adoption works best as a combination of media and interpersonal communication. They studied people in Egypt who were exposed to the ‘Your Health, Your Wealth’ campaign and found a significant increase in modern contraception adoption.

Some studies note that barriers to contraception adoption include spousal opposition, religious objections, and contraception availability. Bongaarts and Hardee (2017) learned that despite an initial commitment, the Nigerian government did not implement contraception programs in rural states that still report widespread need. This is important because philanthropic efforts for family planning require state support to be successful. “Foundation support was never sufficient to reach large numbers of women, but rather the intention was that with philanthropic assistance, delivery mechanisms could be piloted and then scaled up with official aid from northern or southern governments” (Meyer and Seims, 2010; p. 2126).

Luthra (1991) found a mass media bias in the Family Planning Social Marketing Project of Bangladesh that privileged urban elites and research focuses on individual attitudes and behavior change. She argues that “the ultimate, although unacknowledged (and often not realized by the marketers or social scientists themselves) goal of such research is enhanced control over the individuals being targeted” (p. 161-2). Traditional

public health campaigns in Bangladesh omitted rural and poor audiences in favor of reaching larger mass audiences, despite their stated missions to provide education and access to rural and poor women. Melkote and Steeves (2015) argue the same biases exist throughout development campaigns. “Wherever traditional marketing practices and commercial interests predominate, there may also be a lack of sensitivity to gender and class interests as well as to other important system dynamics” (p. 278). They suggest that the subjects of any persuasive message campaign need to be involved in every step of the planning, design, implementation, and evaluation and their authentic knowledge legitimized for effective communication to take place (Melkote and Steeves, 2015).

Communication and media representation is also vital to effective communication. Mills (2000) called people’s behavior in reaction to one another the “social system” in which “the individuals in the system share standards of value and of appropriate and practical ways to behave” (p. 32). They explicate the idea that these standards are social norms that people follow and are durable over time, becoming “social regularities” that are structural and uphold the “social equilibrium” (p. 32). Mills (2000) is concerned with the ways in which people acquire the motives for acting in accordance with social norms. Social control is what they call the means of getting people to act in ways expected by the social system and getting them to want to act in ways that uphold the social equilibrium.

Orgad (2020) examines Mills’ seminal theoretical premise and how media acts as a naturalizing force for social norms through cultural narratives. “This important body of scholarship underscores how media and cultural discourses construct, legitimize, naturalize, and normalize neoliberal values, ideas, and subject positions” (Orgad, 2020; p.

636). Orgad (2020) argues that critical media scholarship needs to examine how personal narratives and media narratives combine to create these social forces that influence social and cultural expectations. “The relationship between the rich analysis of how contemporary *cultural and media narratives* and technologies construct and normalize inequalities and power relations in neoliberalism, and how people *experience, negotiate,* and *cope* with these inequalities in their everyday lives, has remained largely unexplored” (Orgad, 2020; p. 637; Emphasis in the original).

Mills (2000) and Orgad (2020) argue that it isn’t enough to examine the larger structural forces that create and perpetuate neoliberal inequalities, but we must also analyze the media narratives that influence how people uphold cultural and social norms that reinforce powerful neoliberal agendas. According to Gane and Back (2012), powerful economic agents like the BMGF seek “to tear asunder private troubles from public issues, and thereby turn social uncertainty into a personal failure that is divorced from any collective cause or remedy” (p. 7). This separation needs to be bridged in critical media scholarship because narratives created and maintained by powerful structural forces become narratives through which people negotiate their identities and cope with daily life. “Narratives – both personal and cultural—are key sites through which inequalities and injustice are articulated, sustained, reproduced, and normalized, but, also, where injustice can be disrupted, resisted, and subverted” (Orgad, 2020; p. 637-8).

This research is designed as a first step in critically examining the BMGF and its role in global family planning, so it is vital that it not only examine the large neoliberal forces the organization exerts through grants but also the narratives it constructs about

family planning. The two pieces work together to communicate and normalize messages about family planning that reinforce the BMGF's economic and cultural agenda, which audiences then internalize to represent themselves as they become agents who reinforce structural inequalities.

### ***Summary & Research Questions***

This case study interrogates the BMGF's role in creating and implementing family planning campaigns in developing nations, which rely on multinational partnerships and state actors. A CPEC analysis will help identify the BMGF's partners and critique their involvement in family planning activities in nations in the Global South. It also offers an examination of the cultural, social, and religious contexts in which the BMGF addresses family planning abroad. What media campaigns and interpersonal communication efforts do the BMGF support? How does the BMGF use mass media (earned), social and cultural influencers, and strategic partnerships to design and deploy its family planning messages in developing nations? Is its gender equality mission different from 20<sup>th</sup> century population control messages?

My first research question is how does the BMGF structure its strategic and economic relationships as part of its global family planning goals? As the economic and ideological leader in global family planning it is important to examine how the BMGF fits into and influences the broader field of global development. I am interested in finding out if the BMGF supports a modernization view of development or a more participatory paradigm. I would like to analyze the BMGF grant process and see what capitalistic mechanisms play a role in its family planning philanthropy. I have two sub-questions that



examine the grant process specifically and how the BMGF's relationships with grantees informs bilateral and multilateral aid in global family planning.

1. How does the BMGF structure its strategic and economic relationships as part of its global family planning goals?

1a. How does the BMGF structure family planning grants?

1b. How does the BMGF fit within the broader global family planning community?

My second research question is how do BMGF digital messages about family planning depict local culture and societal norms? According to Basnyat and Dutta (2011), effective family planning campaigns must consider cultural and social aspects of women's lived experiences. An approach that considers only economics and science is consistent with modernization and is absent the contextual complexity Melkote and Steeves (2015) view as essential to communication. To better understand the BMGF's communication about global family planning it is important to find out how it addresses local cultures and societal norms.

2. How do BMGF forward-facing messages about family planning depict local culture and societal norms?

My third research question analyzes how BMGF social media messages represent gender equality. The BMGF centralized women and girls in its development goals. It uses

empowerment and agency as the tools women and girls can use to improve their lives and communities. The foundation's stated mission is to improve global gender equality as a means of increasing development by alleviating poverty. This question aims to uncover what kind of feminist approach the BMGF uses in its global family planning messages. Do its messages align with a WID, GAD, or intersectional approach? The first step is to understand how BMGF messages depict women.

3. How do BMGF family planning messages represent gender equality?

3a. How do BMGF family planning messages depict women?

The following chapter identifies the methodology for this qualitative case study.

## **CHAPTER IV**

### **METHODOLOGY**

This section outlines the methodology I used to address my research questions. To address research question one, I examined the BMGF website for committed grants and financial disclosure documents from 2014 to 2018. I specifically looked at how the BMGF decides which organizations it grants money by reading the Committed Grants < How We Work section of its website. I also watched and analyzed a video about the grant process. I then looked at the financial reports for the BMGF and its trust to determine its economic partners. Finally, I analyzed the family planning grantees from 2014 to 2018.

To address research question two, I analyzed text and visual material in the same documents from the BMGF website and social media posts from 2014 to 2018. I created a coding sheet that helped me identify emergent coding categories for the social media posts. I addressed this question specifically by examining local cultural representations, socially normative representations, health outcomes, and economics in the text and multimedia. I examined Melinda French Gates' letter, text on the family planning page of the website, and tweets from the @gatesfoundation Twitter account. To address research question three, I analyzed how social media messages represented gender roles, biological sex, equality, and contraception. I used similar emergent coding as with research question two to examine the same documents and tweets for gender specific language and visuals. The following sections discuss the methodological frameworks I used to collect and analyze the data.

## **Grounded Theory**

Grounded theory provides the most useful approach for organizing the multiple parts of this research. Grounded theory, or the *constant comparative method* (emphasis in the original) was introduced by Glaser and Strauss (1967) and contains two main features: 1) “Theory is grounded in the relationships between data and the categories into which they are coded, and 2) codes and categories are mutable until late in the project, because the researcher is still in the field and data from new experiences continue to alter the scope and terms of his or her analytic framework,” (Lindlof & Taylor, 2002; p. 218). According to Turner (1988) “the qualitative researcher has no real alternative to pursuing something very close to grounded theory, (p. 112).

Grounded theory begins with coding categories that emerge from the data by comparing each incident with others to decide in which category it belongs (Lindlof & Taylor, 2002). “Each category’s core properties are clarified by going back through the data many times. The total number of categories also begins to level out as most incidents are accounted for” (Lindlof & Taylor, 2002; p. 219). Open coding occurs when the analyst goes through the data and marks things that suggest a category. “It is through the process of open coding that categories are built, are named, and have attributes ascribed to them” (Lindlof & Taylor, 2002; p. 219). This form of coding is considered unrestricted because the categories are undefined. In vivo coding is conducted at the same time as open coding, but it refers to the actual words and phrases used by social actors that are gathered during data collection (Lindlof & Taylor, 2002). Both types of coding help the researcher create a codebook, a tool for the “evolution and development” of a coding scheme (p. 220).

Two steps called integration and dimensionalization follow coding in which categories are reshaped to produce deeper meaning (Lindlof & Taylor, 2002). Integration begins with axial coding, or “using codes that make connections between categories and thus result in the creation of either new categories or a theme that spans many categories” (p. 220). This includes collapsing categories into overarching or broader categorical themes.

Axial coding tends to act on a category in several specific ways: ‘The [*causal*] conditions that give rise to it; the *context* (its specific set of properties) in which it is embedded; the action/interactional strategies by which it is handled, managed, carried out; and the consequences of those strategies’. (Lindlof & Taylor, 2002; p. 221; Strauss & Corbin, 1990; p. 97)

I then collapsed the categories in my data to address research questions 1, 1a, and 1b.

### **Document and Critical Discourse Analysis**

Document analysis offered the best method for data collection in this case study because it identified the key partnerships and messages the BMGF uses about family planning and allowed for critical discourse and textual analyses. “In regard to policy documents, language and discourses are used to reproduce dominant meanings and assumptions, in other words, ideologies, and to frame debates and arguments by asserting their authority through language” (Walton and Lazzaro-Salazar, 2016; p. 461). The documents I used for this study included the Committed Grants and Family Planning sections of the BMGF website, the financial disclosure statements from the foundation and trust from 2014 to 2018, and 38 social media messages from the @gatesfoundation

Twitter account.

I used Fairclough's method of discourse analysis to examine the foundation's ideology. Fairclough (2005) defines discourse as linguistic or semiotic elements like images and multimedia texts. "Discourse analysis' is generally taken to be the analysis of 'texts' in a broad sense — written texts, spoken interaction, the multimedia texts of television and the Internet, etc." (Fairclough, 2005; p. 916). He further defines discourses as "Foucauldian elements of social practice" (p. 916). A discourse analysis then examines the relationships between texts and other social practices. In this case study I used critical discourse analysis to examine the relationships and power structures the BMGF creates through its multinational partnerships and grants.

According to Walton and Lazzaro-Salazar (2016) discourses both create and reproduce social realities. "They are structures of knowledge that influence systems of practices" (Chambon, 1999; p. 57). I learned how BMGF discourses influence its family planning practices in developing nations. "From a critical point of view, discourse analysis aims to provide an account of how social relations, power structures, knowledge, and identities are constructed through language" (Walton and Lazzaro-Salazar, 2016; p. 461). This case study is specifically interested in power structures, social relations, and development narratives, which made critical discourse analysis the best method for answering my research questions. I used a combination of rhetorical analysis and ideological discourse analysis with a CPEC lens to examine BMGF documents and determine what strategic and economic relationships it uses in its family planning campaigns, how its family planning messages fit into broader development discourses, and how it addresses culture in its messages.

Van Dijk (2006) defines ideology as ideas or belief systems separate from the ideological practices of societal structures that are based on them. “Ideologies are foundational social beliefs of a rather general and abstract nature. One of their cognitive functions is to provide (ideological) coherence to the beliefs of a group and thus facilitate their acquisition and use in everyday situations” (Van Dijk, 2006; p. 116). He suggests a triangulation of discourse, cognition, and society to properly analyze discourse. “Ideologies consist of social representations that define the social identity of a group, that is, its shared beliefs about its fundamental conditions and ways of existence and reproduction” (p. 116). Ideologies are socially shared, not individual, belief structures of a collective of social actors that serve as the basis for discourse and social practices (Van Dijk, 2006).

This research is specifically interested in how the BMGF uses gender in its messages. Foss (2009) outlines four steps in critically analyzing gender in an artifact. “(1) Analysis of the conception of gender presented in the rhetorical artifact; (2) discovery of the effect of the artifact’s conception of gender on the audience; (3) discussion of how the artifact may be used to improve women’s lives; and (4) explanation of the artifact’s impact on rhetorical theory,” (p. 155). I used this outline to analyze and discuss the gendered messages from the BMGF. “A critical essay in which all four areas are discussed provides the most complete description of gender in an artifact; however, the critic may choose to focus on only one or two of the areas” (Foss, 2009; p. 155). This is not an audience effects study and is limited to how the BMGF produces messages.

## Sample Pool

I examined both internal BMGF documents and external grantee documents and social media messages for this case study. I used the BMGF grantee search tool to study family planning grants from 2014 to 2018. A complete list of grantee information is available in Appendix A. I also conducted a census sample of family planning tweets from the BMGF's main Twitter account @gatesfoundation. The sample yielded 38 tweets with original messages from the organization in textual, visual, multimedia, and animated formats. The coding sheet is available in Appendix B and a list of analyzed documents is available in Appendix C. I looked at other social media formats like Facebook and Instagram prior to choosing Twitter content, but those platforms contained cross-postings of the same content, so I focused on Twitter for the textual analysis.

To address my research questions, I used a qualitative methods approach to examine the campaigns historically through a political economy lens and grounded theory. This study combined critical discourse analysis, a combination of ideological and rhetorical analysis, with textual analysis to analyze how the BMFG wields power through economic support while acting in global health governance. The first concern is identifying relevant documents from the BMGF and its partners and conducting critical discourse analyses. The second concern is identifying specific messages for textual analysis.

This case study is historical, but it is too broad to consider examining the entire BMGF from its inception. The foundation shifted to an empowerment model for gender equity in 2014 with Melinda Gate's letter about focusing on women and girls in development. This ideological shift creates the perfect parameters for this research. I



examined texts from the BMFG from 2014 through 2018. These included annual reports, website messages, research grants, academic research, bi-lateral partnership agreements, and other relevant documents I discovered during my records search. Again, these were confined to the 2014-2018 timeframe. It is important to understand how these texts fit into broader development narratives both ideologically and practically. I used CPEC theory to determine how the BMFG creates partnerships and crafts messages about development, gender, and reproductive health.

The BMGF boasts that it operates transparently and provides some archival documents on its website. I began with a document analysis of each annual report from 2014 through 2018, which are all available on the website. I was specifically interested in which organizations received grant money under the global health initiative for family planning. The website also lists links for each of the foundation's partners in family planning. This portion of the analysis focused on the political and economic structures in which the BMGF operates globally and how the foundation uses its economic resources to influence family planning policies in developing nations.

The second part of this analysis centers on the ideological and contextual elements of BMGF messages within wider development discourse. I conducted a rhetorical and ideological analysis on the foundation's website and documents about family planning. This analysis allowed me to situate the messages historically within ideological discourse about contraception, population control, poverty, gender equality, and economic development. To complete this analysis, I also used the public messages available from the BMGF's partners in family planning. Understanding how the foundation's narratives fit in with similar organizational messages is the first step before

comparing them with competing narratives.

## **Conceptualization**

First, I examined the BMGF trust financial records to determine how the organization is structured to learn how the foundation operates as a power player in global health governance. Next, for the CPEC analysis, I examined the documents, including videos, that the BMGF uses to solicit proposals and award grants. I looked at each grant in the family planning category from 2014-2018 and used emergent coding to determine the nature of the grant relationship. I identified seven categories based on the grant description provided on the BMGF website along with information from each grantee's website. The categories are grants, research, supply, policy, education, communication, and administration. It is important to note that the BMGF website only includes a short description of each grant's purpose. Some grantee websites contained further descriptions of the grant and how it was spent, but descriptions were inconsistent across grantee sites.

I found 10 broad categories during emergent coding for the textual analysis based on my research questions: nature of tweet, image, link, culture, social norms, sex, health, family planning, gender equity, economics, and engagement. The first coding category for the content analysis is the *Nature of the Tweet*. I wanted to know whether the BMGF tweeted original content about family planning or whether it re-tweeted the content from another organization.

The second category is *Visual Content*. I wanted to know if the tweet contained any visual communication material that conveyed symbolic information. The codes in

this category are Photo, Static Graphic, Video, Animation, Infographic, and No Visual Content. I observed at least one tweet from the BMGF that fits into each category and included a write-in space on the coding sheet for the Visual Content Source. Some of the photos and videos were credited to other organizations. I wanted to find out how often the BMGF supplies its own visual content and how often it uses outside sources for content.

The third category is *Links*. I observed two link sources while coding the BMGF tweets: articles and websites. Article links included text from online news and magazine sources about both family planning and the BMGF. Website links included content from BMGF partners in its family planning campaigns. I included a write-in line on the coding sheet for the name of the publication/website. I want to know which publications and websites the BMGF uses to support its family planning campaign and whether those links come from outside sources or from sources funded by the BMGF.

The fourth category is *society*. According to Durkheim (1981) society refers to the structures, values, and norms of a society. The sub-categories that emerged from the text are based on how groups of people identify within a society. Age was mentioned many times in BMGF posts, but it does not refer to individual age. For example, several posts denote youth, middle-age, and seniors as power groups within the society. Race is not mentioned textually but appears in the visual content of many posts as a means of identifying groups as either aid-givers or recipients. I also included ethnicity as it sometimes appears in posts that single out a specific ethnic group within a society. Nationality emerged as multiple posts identify specific groups from specific nations. Finally, I included a code for gender as a basic means of grouping people within a society. This refers specifically to the gendered terms of woman and man or visible signs

of performed gender within visual content.

The fifth category is culture. Hall (1997) defines culture as the production and circulation of meaning through any system of representation. Emergent coding produced six codes for culture: family, education, religion, community, participation, and social change. Family refers to any textual instance of the word family or any visual content depicting familial relationships. For example, some posts contain images of parents and children, or use the words mother, father, and child. Education is used in messages as either a necessary component to adopting favorable behaviors or as a result of behavior adoption. This code was used for any textual reference to education or visible reference for teaching or learning. Religion refers to any textual reference to a specific organized religion or a visual reference to a religious practice. For example, a specific campaign message in Senegal contained a video showing how a group of activists convinced Muslim religious leaders to convey family planning messages to their congregations.

The code for community means a cohesive group organized according to some underlying cultural similarities. Several tweets mention women's groups, community activist groups, or other socially identified groups. Participation refers to how people participate in their communities outside of reproduction. For example, some messages point out that people with fewer children are more likely to participate in social, cultural, and economic activities within their communities. Social change refers to a change in socially accepted behaviors. It is almost exclusively used in messages about making gender equity a reality.

The sixth category is gender equity. Many BMGF documents cite gender equity as a primary goal of development, but most messages talk about it in precise terms.

Foucault (1971) defines discourse as “practices that systematically form the objects of which they speak” (p. 49). Mills (2004) develops this idea further and later applies it to gender by saying that discourse cannot be analyzed in isolation because it produces a new meaning. She says “we can assume that there is a set of discourses of femininity and masculinity, because women and men behave within a certain range of parameters when defining themselves as gendered subjects. These discursive frameworks demarcate the boundaries within which we can negotiate what it means to be gendered” (p. 16-17). For this analysis, I looked at how BMGF messages depicted men and women as gendered subjects. Then I looked at gendered themes for equity like empowerment, equality, inequality, and accountability. Empowerment means any word or visual depiction of empowerment or power. Equality and inequality are used as text but were also depicted visually as infographics as well. Accountability means the text or visual content referred to family planning as a man’s, woman’s, or couple’s responsibility. It specifically applies to messages that confer responsibility for reproduction.

The seventh category is health with five codes: reproductive health, maternal health, newborn health, global health, and health education. These codes refer to any biological or medical status. Reproductive health is mostly used textually, but it also appears in visual content as depictions of reproductive systems. Maternal health and newborn health mean any message that specifically mentions the positive or negative outcomes of family planning on the health of a mother and baby, or any visual content that depicts a healthy mother and baby. Global health refers to positive or negative overall international health statistics. For example, some messages claim that increased family planning use improves global health. Finally, health education refers to any textual

or visual representation of teaching or learning about health. It is a prominent theme in BMGF messages.

The eighth category is family planning with codes for: contraception, birth spacing, and number of pregnancies. These are the three terms the BMGF uses in its messaging to refer to family planning. Contraception means any method of preventing pregnancies and often refers to specific methods like condoms, birth control pills, or vasectomy. Birth spacing is the term the BMGF uses to mean planning your pregnancies for optimal health. For example, many messages recommend that women wait three years between pregnancies to improve maternal and newborn health outcomes. Number of pregnancies means the number of times throughout her life a woman is pregnant. It is most often used in terms of planning and spacing out children.

The ninth category is economics. Economics plays a big role in BMGF messaging about family planning. It is most often used as a positive outcome for family planning. Investment is used to mean both investing in women's empowerment as a means of improving her economic stability and investing in family planning as a means of achieving higher economic goals. ROI or return-on-investment means that people who adopt family planning methods will achieve greater economic success in the future. Human capital means that people who adopt family planning are more viable as labor because they have more time and energy to invest outside the home. Employment means any job or career a person attains because of proper family planning. It also exclusively refers to working outside the home. Income is used as a positive incentive in BMGF messages because of family planning. Those who adopt family planning will have more income per family member. The last category was engagement. I wanted to find out how

much engagement BMGF tweets generated from family planning messages by documenting the number of likes and retweets each post received.

### *Summary*

I used critical political economy, discourse analysis, and textual analysis with a grounded theory approach to find out how the BMGF structures its relationships in family planning, and how it is situated historically within broader development discourses. I specifically wanted to know how the foundation addresses gender equality and culture in its messages. According to Van Dijk (2006), “ideologies consist of social representations that define the social identity of a group, that is, its shared beliefs about its fundamental conditions and ways of existence and reproduction” (p. 116). He suggests that discourse analysis, and therefore qualitative analysis, is the most relevant method for studying ideology. The BMGF is one of the largest and most influential global family planning leaders. The foundation exerts control over many institutions through economic and discursive power, which makes it important to discern the ideological messages it disseminates throughout the global development community.

The following chapter contains a critical discourse analysis of BMGF and grantee documents using CPE and grounded theory. It addresses research question 1, 1a, and 1b through a detailed examination of financial records, websites, and project data.

## **CHAPTER V**

### **BMGF ECONOMICS AND FAMILY PLANNING**

This chapter focuses on BMGF financial statements, strategic partnerships, and family planning spending. It addresses research questions 1, 1a, and 1b. I am seeking to find out how the BMGF structures its relationships in global family planning. It forms strategic partnerships with bilateral and multilateral donors, NGOs, and private sector organizations to distribute funds to family planning causes. I address research question 1 first by examining BMGF financial statements from 2014 to 2018. The results are in the BMGF Trust section. I address research question 1a second by analyzing the BMGF's grant process outlined on its website. The results are in the Structured Grants and Contracts section. I address research question 1b third by looking at how the how the foundation fits within broader development discourse based on CPEC and devcom frameworks. The next section examines the BMGF trust, which funds the foundation's grants and other philanthropic work.

#### **BMGF Trust**

This chapter focuses on BMGF financial statements, strategic partnerships, and family planning spending. It addresses research questions 1, 1a, and 1b. Although the BMGF has been operating since 1999, this research is specifically interested in the period from 2014 to 2018. Therefore, I examined BMGF financial documents from that period. I downloaded Independent Auditor's Reports available on the foundation's website. The report for 2014 is a joint report for 2014 and 2015, which compares the financial



statements by year. The Internal Revenue Code classifies the BMGF as a 501(c) (3) tax-exempt organization and a Section 509(a) private foundation. The Bill and Melinda Gates Foundation Trust holds the donated assets from Bill and Melinda Gates and Warren Buffet. The proceeds from the trust's investments are transferred to the BMGF each year for charitable purposes.

The trust receives donations from outside parties, but most of the donated money in 2014 and 2015 came from Bill Gates and Warren Buffett. Gates donated \$1.87 billion in cash and stocks (the report does not specify which company the stocks are for) and \$220 million in cash in 2015. In 2014 and 2015, Buffett donated \$2.13 billion and \$2.15 billion respectively in Berkshire Hathaway "B" stock. In 1996, Berkshire Hathaway introduced "B" level stock to make the company more accessible to individual investors. The stock trades at a much lower price, around \$200, instead of the \$300,000 of "A" level stock. "B" stock splits if the price doubles, and the company markets it as a long-term investment (Segal, 2019). "B" level stockowners have fewer voting rights and historically "A" level stock slightly outperforms it (Segal, 2019). In 2014 and 2015, Berkshire Hathaway "B" stock was the BMGF trust's largest investment, with \$11.8 billion in 2014 and \$9.8 billion in 2015 respectively.

Other trust investments are categorized as consumer goods, energy, financials, healthcare, industrials, information technology, materials, telecommunications, and utilities, and other. No specific companies or investments are listed in the auditor's report. Industrials make up the second largest investments after Berkshire Hathaway at \$5.15 billion in 2014 and 2015, followed by consumer goods at \$4.35 billion. Financials came in at \$1.81 billion, materials at \$1.5 billion, and information technology at \$1.17

billion. The rest of the categories came in under \$400 million each. Total cash for 2014 was \$312 million, and the total equities were \$24.7 billion. Only Berkshire Hathaway stock showed a significant change in valuation from 2014 to 2015.

The trust's largest liability was in U.S. government securities at \$9.6 billion in 2014 and \$8.4 billion in 2015. The next largest liability was for foreign government securities at \$1.7 billion, followed by corporate debt securities at \$1.2 billion. It is important to note that the auditor's report does not itemize in which foreign governments the BMGF trust holds securities. The rest of the trust's debt is split between municipal, corporate, mortgaged-backed, and other securities for a total debt portfolio of \$13.5 billion. In 2014, the foundation ended 2014 with \$43.6 billion in total net assets and liabilities. That figure dropped by the end of 2015 to \$39.6 billion in total net assets and liabilities. The audit explains the drop in assets as investing losses and lower total contributions that year to the foundation. The reason for the total net asset and liability drops from 2014 to 2015 may have been a drop in Berkshire Hathaway "B" stock prices, but that is not explicitly stated in the financial documents and is only speculation.

The trust rebounded a little in 2016 with total net assets and liabilities equaling \$40.3 billion. The gross fair value of Berkshire Hathaway stock rose closer to its 2014 value at \$11.3 billion. Other investments for 2016 remained similar to those in 2014 and 2015, but the new category of real estate appears in the trust's investments and is valued at \$622 million. A significant difference appears in the trust's debt structure in 2016. Its U.S. Securities holdings dropped to \$5.3 billion, \$3.1 billion less than in 2015. Buffett again gifted the trust with \$2.17 billion in Berkshire Hathaway "B" stocks in 2016. Bill Gates donated \$62 million in cash and Bill and Melinda Gates donated \$29.1 million in

cash to the trust in 2016. This was considerably less than Gates donated in 2014 and 2015.

The trust gained almost \$11 billion in total assets from 2016 to 2017. Its total net assets and liabilities were \$51.1 billion, with \$508 million in cash, \$18.4 billion in equities, and \$12.7 billion in debt. Berkshire Hathaway “B” stock valuation rose to \$12.6 billion, and the trust gained billions on investments in industrials, information technology, and materials. The trust’s U.S. Securities debt rose slightly to \$6.4 billion with the rest of its debt remaining similar to its 2016 numbers. Again, Buffett contributed \$2.4 billion in Berkshire Hathaway “B” stock. Bill Gates contributed cash and stock valued at \$42 million (again the report doesn’t specify which stock), and he donated Microsoft stock valued at \$4.6 billion, which accounts for the rise in valuation of information technology investments.

A closer examination of the trust’s tax return for 2014 filled in some of the information missing from the auditor’s reports (IRS, 2014). It contained a list of countries in which the trust has a financial interest: United Arab Emirates, Brazil, Chile, China, Colombia, Czech Republic, Denmark, Egypt, United Kingdom, Ghana, Greece, Hungary, Indonesia, Israel, India, Jamaica, Japan, Korea (South), Malaysia, Peru, Poland, Qatar, Romania, Thailand, Turkey, Taiwan, Vietnam. However, this list was not complete. Itemized sections of investments in the tax return included financial stakes in Australia, Canada, France, Ireland, Mexico, New Zealand, Norway, and South Africa. The tax return also contained itemized lists of the trust’s corporate investments. It includes an extensive portfolio of domestic and foreign banks, Fortune 500 corporations, and telecom companies like Comcast, Time Warner, and Verizon.

The BMGF trust tax return from 2017 contains most of the same corporate investments from 2016, but it does offer a more extensive list of countries in which the trust has financial interests (IRS, 2017). It includes the same original list and added Argentina, Australia, Bulgaria, Canada, Croatia, France, Iceland, Kuwait, Latvia, Lithuania, Mexico, Morocco, New Zealand, Norway, Singapore, South Africa, Sweden, and Switzerland. By 2017, the trust's corporate investments had grown to include state banks like the Bank of China and the Bank of Ireland. It also increased its holding in foreign telecom companies in Germany and Japan. Berkshire Hathaway "B" stocks remained the trust's largest investment.

The BMGF tax return from 2018 is almost identical to the 2017 return. It does contain one significant difference. Berkshire Hathaway stock was listed at \$57.1 million and China Tower Corp, LTD, H was listed at \$122.5 million. Two other Chinese companies also competed with Berkshire Hathaway. Brilliance China Automotive was listed at \$71.6 million, and China Jushi, CO, LTD, A was listed at \$53.9 million. This is the first year Berkshire Hathaway wasn't the trust's largest stock holding. The trust's total net assets were \$46.8 billion, and its distributable amount was \$2.8 billion.

### **Structured Grants and Contracts**

The BMGF 2014 Annual Report lists four major areas of funding including "Empowering the poorest, especially women and girls, to transform their lives" (BMGF, 2014; p. 2). In that year family planning fell under the foundation's Global Development program area. Global development was the largest financial program area making up 50% of total spending by the BMGF with \$1.9 billion (BMGF, 2014). Family planning

made up 8% of the total Global Development budget, and maternal and newborn health made up 7% (BMGF, 2014). The bulk of global development money was split between polio eradication and agriculture, each at 23% of the budget. Vaccine delivery took 17% of the budget with the rest divided among emergency response, special initiatives, global libraries, integrated delivery, nutrition, water sanitation and hygiene, financial services for the poor, all coming in between 2-5% of the total money spent.

The BMGF website says that its gender equality mission began with the 2012 London Summit on Family Planning and was integrated throughout its Global Development program in 2014. Melinda French Gates said, “Contraceptives are one of the most powerful tools we have. It puts the power in the hands of young girls and women to plan their families, and quite honestly to plan their futures” (Gates, 2021; Family Planning section). Family planning is prioritized by the foundation as a means of creating gender equality, but it only accounts for a small amount of global development funds. This research focuses primarily on family planning and secondarily on maternal and newborn health programs that initiated the BMGF’s gender equality mission. Further research may examine how the organization centers women and girls in other global development areas like vaccines, polio eradication, and agriculture, but that is too broad for this study alone.

Most of the BMGF spending is in the form of grants or contracts to outside organizations working in one of its program areas. McCoy et. al.’s (2009) grant analysis mentions that the BMGF’s website in 2007 was unclear about how it awards grants. Now the website contains very specific instructions for those applying for grants and explains how the organization chooses grant recipients. The foundation’s “How We Work”

website outlines the path the BMGF takes to its program areas. “Once we commit to an area of need, we define our major goals and identify a clear path to achieving them” (BMGF, 2018; How We Work section). The website claims that all the issues the BMGF works on are complicated and dynamic and not easily solvable. It also states that the foundation can’t solve these issues alone. “We do all of our 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” (BMGF, 2018; How We Work section). It further states that the foundation builds its relationships on trust, candid communication, and transparency. It depends on the resources from “governments, the private sector, communities, and individuals” (BMGF, 2018; How We Work section). These relationships allow the BMGF to operate globally and conduct and implement the foundation’s research and development programs.

The BMGF is involved in every step of the grant and contract making process from its inception to its implementation to its evaluation. It insists on grantees developing a strategy for success. The strategy includes collecting and sharing data throughout the process, reflecting on any learned lessons, and making course correction as needed (BMGF, 2018; How We Work section). Communication is embedded throughout the lifecycle of the strategy and each strategy is reviewed annually. Before the BMGF invests in a strategy the organization and the grantee must agree on a proposal for success. The proposal development process contains four steps: concept development, pre-proposal, investment development, and management and close.

The concept development stage is a review process by the foundation of the grantee to make sure the area of support aligns with the foundation’s goals.

Our program officers work to identify areas that support our strategic priorities, in consultation with foundation colleagues, researchers, policymakers, and other partners in the field. This phase concludes with an internal decision that a concept is aligned to a strategy, and we should proceed with development work. (BMGF, 2018; How We Work section)

The second stage is the pre-proposal stage, which involves communicating with field workers and outside organizations to better understand the issue. It contains three sub-phases: direct solicitation, discussion, and request for proposal. If the BMGF knows of an organization well suited to address an issue it will directly solicit an early phase concept memo or proposal from that organization (BMGF, 2018; How We Work section). If the BMGF knows of one or more organizations well suited to the project, it invites a discussion between parties before inviting them to submit a proposal. If the BMGF does not have a specific organization in mind for a project it will issue a public request for proposal on its website or a private request for proposal to specific organizations it works with (BMGF, 2018; How We Work section).

The third phase of strategy development is called investment development. The BMGF provides grantees with a set of guidelines and templates for developing proposals, budgets, timelines, and result trackers during this phase. An internal case officer reviews the documents and consults internal and external experts before suggesting changes to the applicants. This is also the point at which the BMGF assesses its risk for partnering with specific organizations. “We also complete our due diligence, confirm the applicant organization’s tax status, determine how to structure the transaction, and assess risk. Our legal and financial analysis teams may also participate during this phase” (BMGF, 2018;

How We Work section). The foundation conducts multiple levels of review at this phase before a foundation executive ultimately decides to fund a project. Following funding the grantee or contact partner must sign an agreement for intended results, achievable targets, reporting milestones and/or deliverables, and a payment schedule.

The fourth phase is management and close. A program officer works closely with the grantee or contactor over the lifetime of the project. The BMGF goal is to facilitate open and often communication between the foundation and the outside organization. “Occasionally a program officer or foundation staff member will participate on advisory committees, and occasionally take a seat on the board of the organization” (BMGF, 2018; How We Work section). After a project has concluded, the program officer works with the grantee or contractor to write up a final report to submit to the BMGF.

The foundation website contains a video for potential grantees called *Outcome investing: a results-based approach to designing and managing investments* (BMGF, 2018; Outcome Investing section). The video defines outcome investing as an approach to “designing and managing investments that drive toward measurable outcomes” (BMGF, 2018; Outcome Investing video). It has three characteristics: outcomes at the outset, logical design, and managing toward results. Outcomes at the outset is the stage at which a BMGF program officer works with the grantee or contractor to define what success on the project looks like. Logical design is the stage at which the program officer and the grantee or contractor design pathways to “logically connected results” that lead to the previously defined success (BMGF, 2018; Outcome Investing video). Managing toward results is the stage in which the grantee or contractor report back to the BMGF on



the project's progress. At this point in the process the BMGF begins referring to the grantee or contractor as a partner in the development process.

The video continues by naming the benefits to outcome investing: measurable outcomes, clear expectations, greater flexibility, and actionable measurement. The benefits of measurable outcomes are listed as freeing up staff and resources to collaborate on “catalytic change” (BMGF, 2018; Outcome Investing video). Clear expectations refer to the time up-front that the BMGF and its partners take to clearly define what success for the project looks like. The video describes greater flexibility as a move away from focusing on activities so that partners are free to innovate and focus on solving problems. Actionable measurement is taking time to report essential outcomes for a positive measurement of success. This step is vital for making sure the projects outcomes remain aligned with BMGF strategic goals. The video's narrator says this is a more successful approach to program success than “ticking off process or activity-based milestones” and it gives BMGF partners “more time to achieve impact” (BMGF, 2018; Outcome Investing video).

The video then defines outcomes as “key changes that we expect to see within the timeframe and context of an investment” (BMGF, 2018; Outcome Investing video). It lists the key changes as changes in technology, systems, populations, and behaviors. A key change must include a change-related verb, and the video lists examples of possible acceptable verbs like increased, decreased, improved, reduced, and adopted. What changed must include a word like data, models, coverage, behavior, and policies. Partners must also include who changed with words like individuals, communities, populations, and governments. Partners must also include specific information when relevant with

information on where, when, and how, and possibly on geography. The video then lists specific sentence structure with the following sentence examples:

1. Improved early care-seeking practices for pneumonia and diarrhea among caretakers of children under 5 years old from two regions in Nigeria by year three of the project.
2. Adoption of national sanitation and hygiene policies and strategies (including non-sewer basic sanitation) in four countries classified as fragile by 2015. (BMGF, 2018; Outcome Investing section)

Each sentence is color-coded in the video with the verb indicating change in orange, what changes in blue, who changes in red, and additional specificity in gray.

The video continues with clips from BMGF program officers talking about how they work with grantees and contractors to determine outcomes. The clips begin with an associate program officer named Clarissa Lord Brundage. She describes the process of working with grantees as a collaboration that is a dance between parties to define outcomes that help the BMGF achieve its strategic goals and help the grantee achieve its goals. The next clip is from a program officer named Laura Birx. She says the BMGF has its own ambitious internal strategies and program officers find gaps in those strategies that need investment. She does not elaborate on those internal strategies. It is important to note that throughout the video the language goes back-and-forth between referring to grantees and contractors as partners with these relationships as partnerships and calling them BMGF investments. The third clip is of a program officer named Perri Sutton. She gives a detailed account of a project she was involved with in the Democratic Republic of Congo (DRC). She emphasizes the importance of getting out in the field to meet with

other grantees and donors to find gaps where the BMGF has a “competitive advantage to act” (BMGF, 2018; Outcome Investing video).

The video then moves on to the defining investment results or logical pathways for the project. It says good logical pathways will show a causal relationship between a set of results. The three levels of results are primary outcomes, intermediate outcomes, and outputs. Primary outcomes are systems level changes in technology, behavior, or populations that define a project’s success. Intermediate outcomes are the lower-level changes in systems, behaviors, or populations needed to achieve the primary outcome. Outputs are a project’s deliverables. Investment results also need to include the BMGF strategic goal or goals the project addresses and the specific activities the grantee will undertake to achieve its successful outcomes. The video gives an example from an agricultural project in West Africa with one goal per level, but it says that most projects have multiple goals per level.

Clips featuring Brundage and Sutton follow the investment results section. Both program officers express that this stage of grant development sets clear goals for the project that can be measured and tracked. A new program officer, Shelby Wilson, talks about the best practice for the next step is for the program officer to travel to the grantee or the grantee to travel to the foundation’s home office in Seattle to meet in person. She says this meeting usually takes place over a day or two and is called a design clinic. The goal for the meeting is to come out of it with a “high level alignment” where the two parties have a clear understanding of the primary, secondary, and intermediary outcomes (BMGF, 2018; Outcome Investing video).

The next section uses clips to cover some challenges program officers and grantees face during the process. Birx names three big challenges in her experience: little or no evidence across a theory of change, too many assumptions across evidence gaps, and outside factors beyond the control of both the grantee and the BMGF. She gives some examples of outside factors as political vulnerability, major changes in economic trends, and organizational capacity on the ground. Birx says that it's important for program officers and grantees to have up-front conversations that tackle some of these possibilities (BMGF, 2018; Outcome Investing video)..

The video moves on to defining the four characteristics of quality results as: 1) aligned with strategic goals, 2) distinct from activities, logically connected to each other, 3) clear, specific, and measurable, and 4) achievable within the investment context. A clip then appears with Wilson who says that the BMGF doesn't expect one investment to do everything. It looks for a place where the investment is aligned with a BMGF strategic goal and will fit within an investment portfolio. She says the program officer wants to be clear about where one investment ends and the next one begins. A clip appears with Sutton who then says that grantees tend to become overwhelmed and the BMGF will ask them to stop lower-level activities in an early conversation. Next a clip with Brundage appears where she says that she looks for the logical connections between outputs, intermediary outcomes, and primary outcomes that drive toward the overall outcomes the BMGF expects to see at the end of the investment. Wilson appears again and says she looks for clearly stated outcomes, measurability, and the means of verifying results. Birx appears in the next clip and says she looks for whether the investment is feasible. She continues and says they (program officers) often see over-promising by ambitious

grantees, so she wants to make sure the investment is feasible within the timeframe and budget of the project.

The final section of the video is about managing toward results. It begins with a clip from Birx who says one of the great things about the BMGF is that it is working toward outcomes instead of focusing on activities. She says program officers and grantees are having conversations about how to achieve higher-level outcomes by making sure the partnership is on track. Sutton says she tries to keep her conversations with grantees at a high-level so that they will talk to her when they encounter challenges. She says the managing toward outcomes stage is really about the partnerships. Wilson then talks about how some things like elections are out of their control, so if they have high-level discussions and clearly defined outcomes and a shared understanding of the risks and new data, they can work together to find places to be flexible. She says they can change course if they are clear about what the new course will be. The video finishes with a brief review of the information it covered (BMGF, 2018; Outcome Investing video).

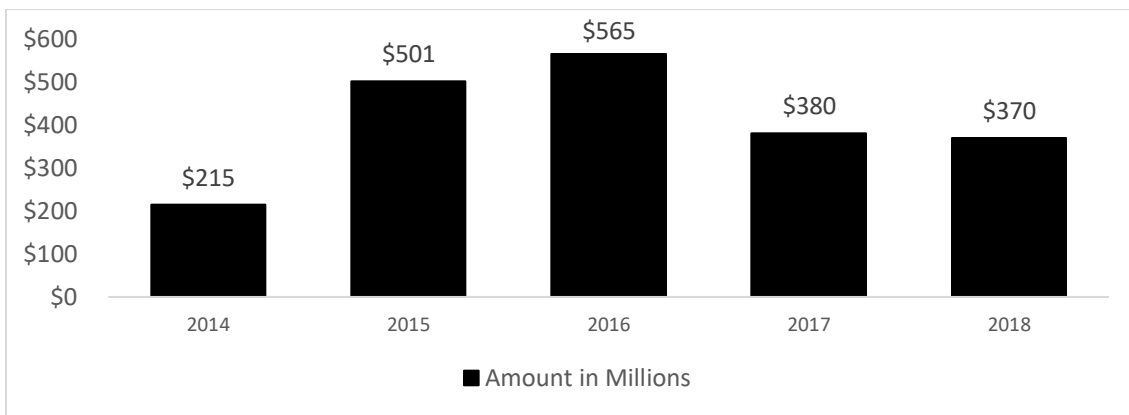
### **Committed Grants**

For this research I looked at grantees for the years 2014 to 2018 who the BMGF designated as partners in the Global Development and Family Planning categories. It is important to note that the Global Development category also includes a Family Health: Maternal, Newborn, and Child Health section and a Gender Equity section separate from Family Planning. The Committed Grants website also lists any grants that are categorized as Global Policy and Advocacy or Global Health when the policy pertains to

reproduction. For example, the BMGF gave \$3.36 million to Global Health Strategies in 2014 to “strengthen the political and public prioritization of reproductive, maternal and child health issues in Uttar Pradesh,” (BMGF, 2018: Committed Grants Section). Figure 2 shows the grant totals designated as family planning for 2014-2018.

**Figure 2**

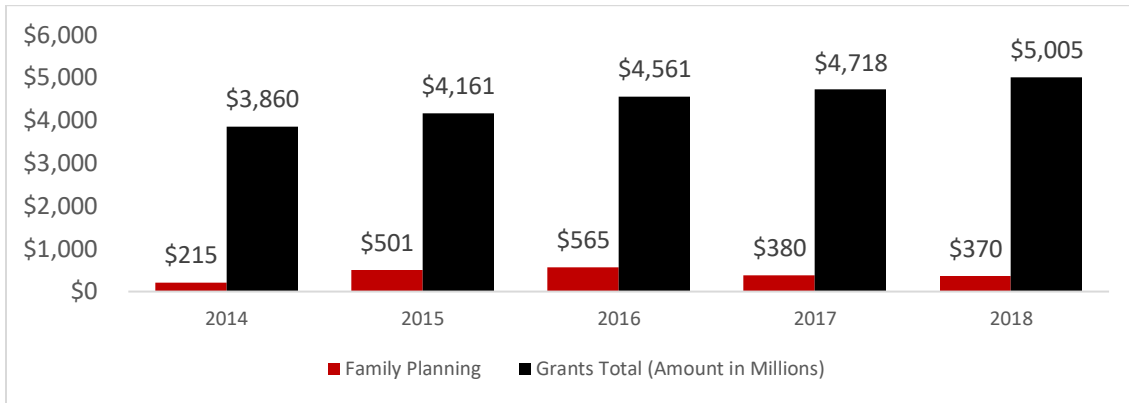
*BMGF family planning grants by year.*



While the total amount for family planning grants went up steadily in 2015 and 2016, the amount declined in 2017 and 2018. This does not reflect the same trend as the total number of grants the organization awarded overall. The total number of grants awarded continued to increase in 2017 and 2018 as shown in Figure 3.

**Figure 3**

*Total grants/family planning grants.*



I organized the grants into a basic spreadsheet that included year, grantee, purpose, amount, city, country, topic, and category. I used emergent coding and found that grants fell into seven basic categories based on the grant’s purpose as described on the BMGF website: research, supply, policy, education, communication, grants, and administration. The way that the BMGF website lists committed grants is by providing a short sentence or two for the grant’s purpose and then a link to the grantee’s website. That’s all the information the BMGF offers per grant, and the grantee websites may or may not give additional information about how the grant was used. I organized each grant into categories based solely on the BMGF description because of the inconsistent information available on grantee websites. I also chose to use the BMGF descriptions because my research questions are exclusively concerned with how the organization structures its relationships and produces family planning messages, not how grantees construct messages. That may be an avenue for future study.

The categories were not mutually exclusive, and several grants fell into multiple categories. Communication denoted any activity that included a persuasive

communication campaign designed to promote family planning awareness and/or adoption. These grants contained some component of a public health campaign through interpersonal or mediated communication. This category is similar but not the same as education, which meant that the grant money was to be spent on educating healthcare workers on modern family planning methods and technology. Several grantees planned to use the money to increase the number of providers who could counsel patients on family planning methods and implement or prescribe contraception. Policy also differed from communication because money was allocated specifically to influence state and local governments concerning family planning. Although policy grants used persuasive communication, I chose to use a separate category based on audience. Communication refers to activities that target people to adopt modern contraception, while policy refers to activities that target state and local leaders in healthcare governance to adopt favorable family planning legislation.

Supply means that the grant was meant to provide tangible contraception to people in developing nations. Many supply grants were to improve supply chains in countries with unreliable access to modern contraception. Some were also allocated to scale-up current supply chains, and a few were meant to create supply chains for new markets. Some money went to organizations that turn around and give it out as another grant. The Clinton Health Access Initiative (CHIA) is one such organization that gives its grant money out as grants, prompting the grants category. One feature of this category is that it was not listed on any of these grantee websites where the money was re-granted. CHIA does have a few family planning initiatives on its website that could be funded by the BMGF money, but there is no evidence of a direct link from either organization. A

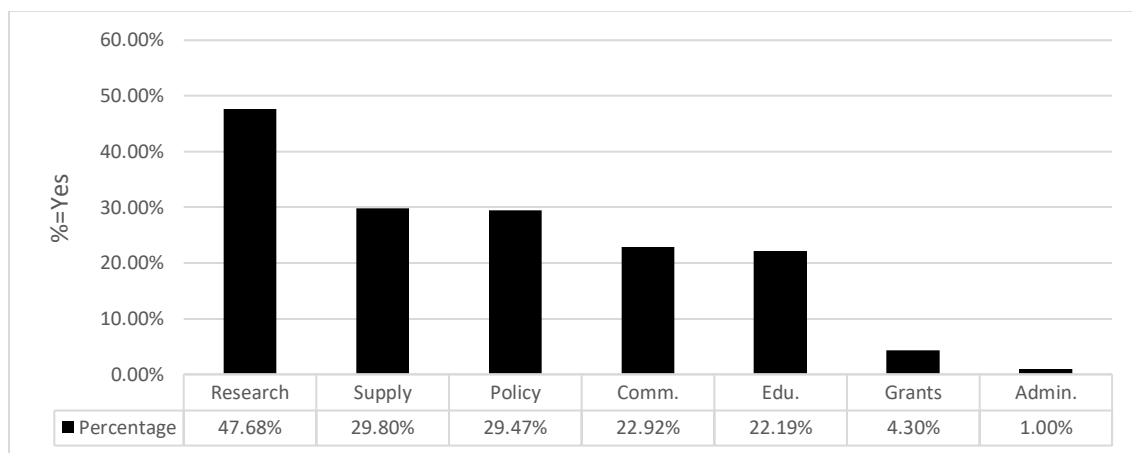


few minor grants were specifically purposed for administrative tasks like organizing a conference or setting up an office, so I put them in the administrative category. Research grants went to universities, nonprofit organizations, governmental organizations, and for-profit companies that produce biotechnology products, educational materials, and public health campaigns. These grants specifically mentioned gathering data or evaluation.

I conducted an analysis based on simple percentage calculations to compare categories. I used a Boolean pair of 0 = no, 1 = yes to determine the grant’s purpose based on the BMGF’s description. More grants were designated for research than any other category. Supply and policy tied for second followed by communication and education tied at third. Grants and administration came in last and accounted for a miniscule amount of grant money. Figure 4 shows the breakdown of categories and Figure 5 shows the total amounts.

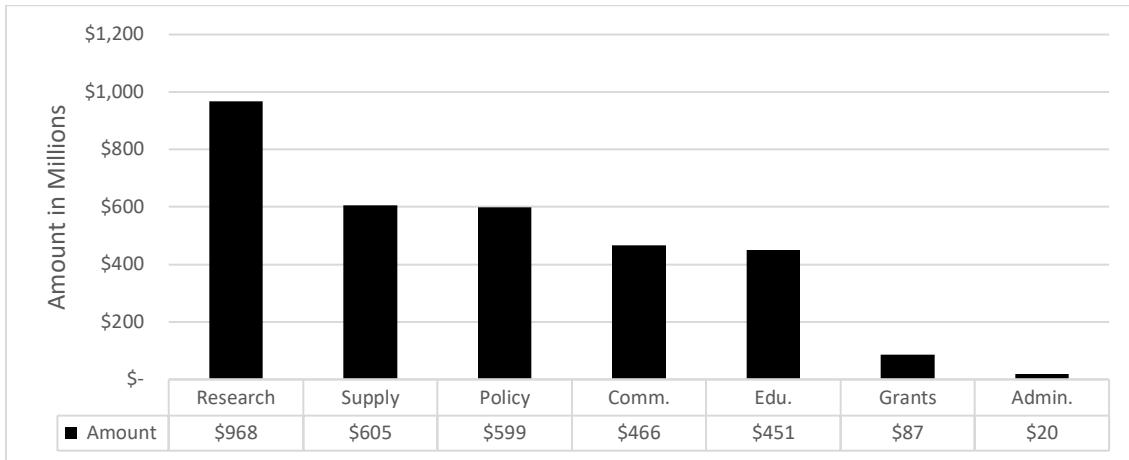
**Figure 4**

*Grant categories based on purpose.*



**Figure 5**

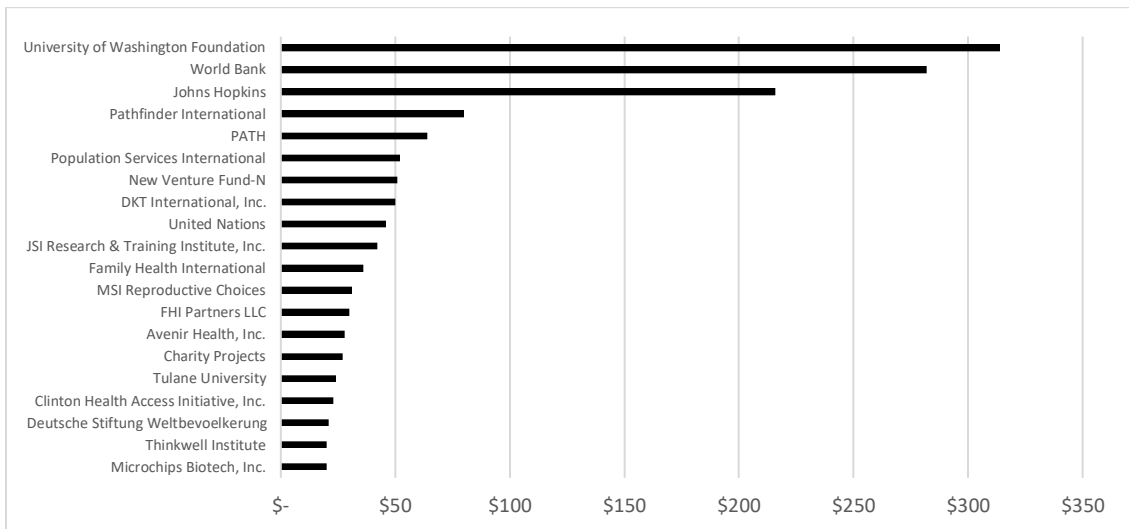
*Grant amounts based on purpose.*



To interrogate the BMGF’s relationships in family planning for RQ1, I examined the organizations that received the largest grants along with the categories of purpose. From 2014 through 2018 the foundation gave out a total of 307 grants to 159 organizations. Several of the grantees are part of the same larger organization or affiliated with a larger organization. For example, Johns Hopkins University, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins Center for Communication Programs, and Jhpiego Corporation are all grantees that belong to Johns Hopkins. The same is true of multiple grantees that belong to the United Nations and the WHO. The following chart shows the top 20 grantees. A complete table of all grantees and total amounts is available in APPENDIX A.

**Figure 6**

*Top 20 family planning grantees from 2014-2018.*



- Grant totals in millions

The University of Washington Foundation received the most money for family planning from 2014 to 2018. The entire \$314 million went exclusively to research. One grant was for research into a joint technology that would prevent both contraception and HIV. Other universities were also awarded money to research this topic. The largest grant to the University of Washington, \$311 million in 2016, was designated for research into multiple topics including delivery of solutions to improve global health, family planning, global health and development, public awareness and analysis, maternal, neonatal and child health, MNCH discovery and tools, neglected tropical diseases, nutrition, public awareness and knowledge sharing, research and learning opportunities, and vaccine development.

These are the BMGF grant categories, and they cover most topics in its global development agenda. The foundation does not specify the differences between similar

topics like delivery of solutions to improve global health and global health and development, or how public awareness and analysis is distinct from public awareness and knowledge sharing. It is difficult to know how the University of Washington allocated this money across categories, therefore, I am uncertain how much money went to family planning causes. I found occasional news releases about individual studies that the BMGF funded, but not an itemized breakdown of how the university spent the grant. The university's 2016 financial report does not mention the BMGF and lists its grant total for the year at \$1.32 billion.

The second largest grant recipient for family planning was the International Bank for Reconstruction and Development or the World Bank. Its largest grant was for \$280 million in 2015 for delivery of solutions to improve global health, enteric and diarrheal diseases, family planning, maternal, neonatal and child health, nutrition, pneumonia, research and learning opportunities. In 2015, the BMGF in partnership with the World Bank Group and the World Health Organization (WHO) founded the Primary Healthcare Performance Initiative (PHCPI) to “support countries to strengthen monitoring, tracking and sharing of key performance indicators for primary health care,” (Robbins, 2015). Today the partnership includes Unicef, Ariadne Labs, and Results for Development. Visits to the World Bank and PHCPI websites uncovered no information on how much of the \$280 million grant went to the PHCPI, or how much went into its family planning data.

The PHCPI used a third-party research tool called a Demographic and Health Survey (DHS) from 2018 to collect data for a measurement called demand for family planning satisfied with modern methods. Its website contains an interactive graphic that

ranks developing nations by percentage from South Sudan at 14% to China at 95%. The site also offers a search option that will let you compare countries with each other or by groups based on income, geographic location, and specific tags like conflict-affected or Francophone country. This is the only data on the site that mentions family planning. Mostly the organization uses data to create a dashboard of information for each developing country called a Vital Signs Profile. The profile includes measurements for financing, capacity, performance, and equity, which are meant to spotlight strengths and weaknesses in a nation's primary healthcare system. The PHCPI provides each country a guide called Strategies for Improving Primary Healthcare. Both tools are designed to "identify gaps in a country's PHC system and select relevant opportunities for improvement," (PHCPI, 2021; Strategies for improving primary health care section).

The strategy guide is divided into three sections that cover a comprehensive list of healthcare topics from policy and leadership to infrastructure and outreach. Two important take-aways from the guide are 1) there is no specific mention of family planning or maternal and newborn health, and 2) there is a comprehensive section on the importance of healthcare information systems. In 2019, Microsoft announced plans to expand its cloud services for healthcare (Lee, 2019). Today it offers six different information technology products for primary healthcare.

The third largest grantee is interesting because there are several Johns Hopkins University departments or affiliated organizations that received grants. Johns Hopkins and the Johns Hopkins Bloomberg School of Public Health received grants totaling \$139 million. Jhpiego Corporation is a Johns Hopkins affiliated nonprofit that offers professional expertise to global partners. It received \$57 million, and the Johns Hopkins

Center for Communication Programs received \$20 million. In figure 1.4 I list the total amount for Johns Hopkins at \$216 million.

The Johns Hopkins Bloomberg School of Public Health houses a department called The Bill & Melinda Gates Institute for Population and Reproductive Health. I stumbled across this institute accidentally while researching grantees. The BMGF website does not mention this department, its funding, or work on its family planning page. The institute's webpage on the Johns Hopkins site calls it the Gates Institute (GI) and says it celebrated its 20<sup>th</sup> anniversary in 2019.

The Gates Institute was started in 1999 under the direction of Dr. Laurie Zabin with the mission of Scholarship and Science for Social Change, which still remains as the Institute tag line. The Institute recognized the need to develop institutional capacity in developing countries to strengthen and maintain powerful family planning and reproductive health programs and research efforts. (Bill and Melinda Gates Institute for Population and Reproductive Health, 2021)

Most notably the GI funds family planning research, conferences, leadership courses, partnerships with seven research and health institutions in Africa, and graduate curricula. The institute boasts its establishment of “health centers of excellence” at Makerere University in Uganda, Addis Ababa University in Ethiopia, Assiut University in Egypt, University of Ibadan and Obafemi Awolowo University in Nigeria, Kwame Nkrumah University (KNUST), the University of Ghana, and the University of Malawi (Bill and Melinda Gates Institute for Population and Reproductive Health, 2021). The institute funds four major projects: the International Youth Alliance for Family Planning (IYAFFP), 120 under 40 family planning leadership spotlight, The Challenge

Initiative (TCI) to increase family planning adoption in urban areas, and Family Planning Voices Installation digital storytelling initiative. The GI mostly engages in research, with each project having a Principal Investigator and data collection method. However, some of the initiatives work on supplying contraceptives in developing nations and advocating for favorable family planning policy. The TCI project uses mobile phone technology to increase the voluntary adoption of modern methods of contraception in urban centers.

The fourth largest grantee in family planning is Pathfinder International, and the grant total drops to \$80 million. This is the largest gap between total grant amounts. This organization is dedicated to promoting reproductive health rights, HIV prevention and treatment, and maternal and newborn health globally. The BMGF consistently awards Pathfinder large and small grants for specific projects. In 2014, the BMGF began funding a Pathfinder project in Niger called IMPACT or Promoting Access to Contraception for All. The program's goals are to increase access to modern family planning methods, promote healthy pregnancy spacing, and provide post-partum and post-abortion care. The project is listed as ongoing. The grant supports two groups of community-level healthcare workers in Niger that provide reproductive and maternal and newborn healthcare.

The BMGF also funded Pathfinder's (re)solve project in 2016, an attempt to quickly increase modern contraception adoption through behavior change in Bangladesh, Burkina Faso, and Ethiopia. In 2017 it funded the Act with Her campaign to teach girls aged 10-17 about empowerment and equality. This project does not specify in which countries it operates. In India, the BMGF grant funded Pathfinder's Yuva mobile phone app that "improves access to contraceptive choices and positively shifts gender and social norms by delivering customized family planning messages to young couples in 10

districts of Bihar and Maharashtra,” (Pathfinder, 2018; Yuva: Youth Voices for Agency and Access section). The BMGF website lists other grants that went to similar projects in Nigeria and Pakistan, as well as \$53,750 that supported the 8th Asia Pacific Conference on Family Planning and Rights.

Two aspects of Pathfinder’s work are important to note for this research. First, it’s largest donor is USAID, which funds multiple projects across 25 countries in Africa and Asia. USAID is an important agency in global health governance, and I discuss the BMGF’s relationship with the organization in greater length in the conclusion section of this chapter. Second, Pathfinder is a US based organization that works at the community level by funding local healthcare and communication professionals to administer its programs. Each country that Pathfinder works in has a director who oversees the local operators. This becomes an important distinction as I examine the power structures inherent in BMGF partnerships and how the foundation is situated within the development community and its messages within development discourse.

The fifth largest grant went to the nonprofit PATH, a group that specializes in using innovation to create health equity in Africa, Asia-Pacific, and the Americas (PATH, 2021). PATH focuses on strategic partnerships to make innovative health technology that is affordable and accessible in low and middle-income countries. The sixth largest grantee was Population Services International (PSI), a development and public health NGO active in Africa, Central America, and Asia. PSI also focuses on making health technology accessible, but it uses market-driven research and evaluation to increase technological adoption. Both organizations cite gender equity as a value and guiding principle.



The seventh largest grant amount went to a nonprofit called the New Venture Fund (NVF). This organization is a clearinghouse for philanthropic efforts by many donors. “NVF was established in 2006 in response to demand from leading philanthropists for an efficient, cost-effective, and time-saving platform to launch and operate charitable projects,” (NVF, 2021; Who We Are section). Its website lists the BMGF’s Small Grants Initiative (SGI) and Global Policy and Advocacy (GPA) program as one of its ongoing projects. “Since 2007, the funds have granted or contracted over \$20 million to 70 organizations in 20 countries” (NVF, 2010; Project directory). However, the BMGF website lists a 2014 grant at \$50.6 million. Family planning is only one topic of 22 topics the grant covers, including agricultural development, malaria, nutrition, polio, etc. In 2017 the BMGF awarded another grant designated for reproductive, maternal, and newborn health to New Venture fund for \$700,000. The BMGF renewed its investment in New Venture Fund in 2019 with a \$25 million grant for 14 different development areas.

The New Venture Fund website lists several areas in its project portfolio. Most projects are associated with education, but it also funds the Americans for Tax Fairness coalition. The site specifically states that the BMGF funds the Literacy Design Collaborative (LDC) and the SGI and GPA programs previously mentioned. It lists several project areas like water sanitation, early childhood nutrition, the Latino Victory Foundation, and sustainable agriculture. Its only project area specifically for women is the Every Mother Counts (EMC) program. “The Every Mother Counts campaign is an independent effort to engage mainstream audiences, particularly women and mothers, and give them the tools they need to drive global policy changes that will reduce preventable

maternal deaths and create healthy, stable environments for vulnerable mothers and children,” (EMC, 2018; Our Story section). Actress Christy Turlington Burns founded EMC in 2010, and it focuses exclusively on maternal and newborn care. The New Venture Website does not mention any projects associated with family planning or contraception, even though that is one of the topics listed on the grant.

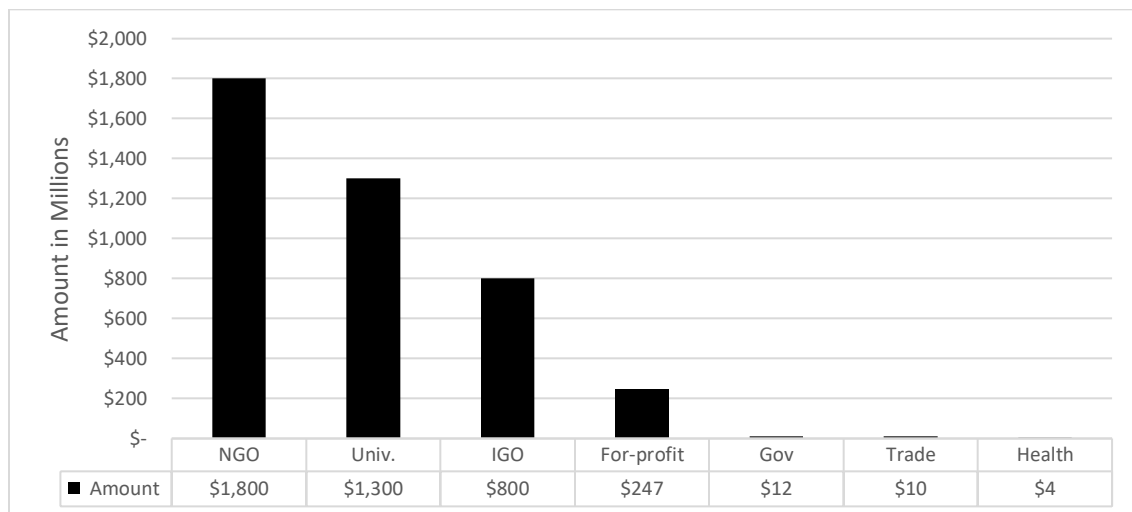
The ninth largest grant amount went to JSI Research & Training Institute, Inc. for \$42 million. This is the nonprofit research arm of the John Snow, Inc. a public health firm that specializes in providing expertise to improve global health systems. The BMGF does not list JSI as one of its partners in its Global Development Family Planning mission, but JSI lists the BMGF as one of its two biggest clients along with USAID. JSI oversees the BMGF’s Family Planning Access Program. “Since 2013, JSI has leveraged its over 30 years of leadership in health supply chain management to monitor various family planning (FP) pharmaceutical agreements negotiated by the Bill & Melinda Gates Foundation (the Foundation) with manufacturers,” (JSI, 202: Projects section).

The 10<sup>th</sup> largest grant amount went to the United Nations Foundation (UNF) for \$41 million. This money was split between the UNF, Population Division, Population Fund (UNFPA), the World Food Programme, and UNICEF. The UNFPA website lists the BMGF as a global partner along with several others. A search for “Gates Foundation” on the UNFPA website found only two results from the 2014-2018 timeframe: a 2014 study on the state of midwifery around the world, and a page that listed the BMGF as a partner. The UNICEF USA website lists the BMGF as its largest donor with over \$100 million as of 2016.

As I examined the grantees from a grounded theory approach, I realized that another category emerged I call organization type. The BMGF recognizes that its partners include nonprofit, governmental, and private sector companies, so I categorized the grantees based on organization type. The central economic split is between nonprofit and for-profit organizations, which showed that the BMGF granted \$3.9 billion to nonprofits and \$251 million to for-profit companies. Seven organizational structures emerged from the data that show a more nuanced picture of organization type than just a nonprofit/for-profit split: development non-governmental organizations (NGO), universities, inter-governmental organizations (IGO), for-profit companies, governmental organizations, trade associations, and private healthcare companies. Figure 7 shows the grant totals for each organization type.

**Figure 7**

*Grant amount per organization type.*



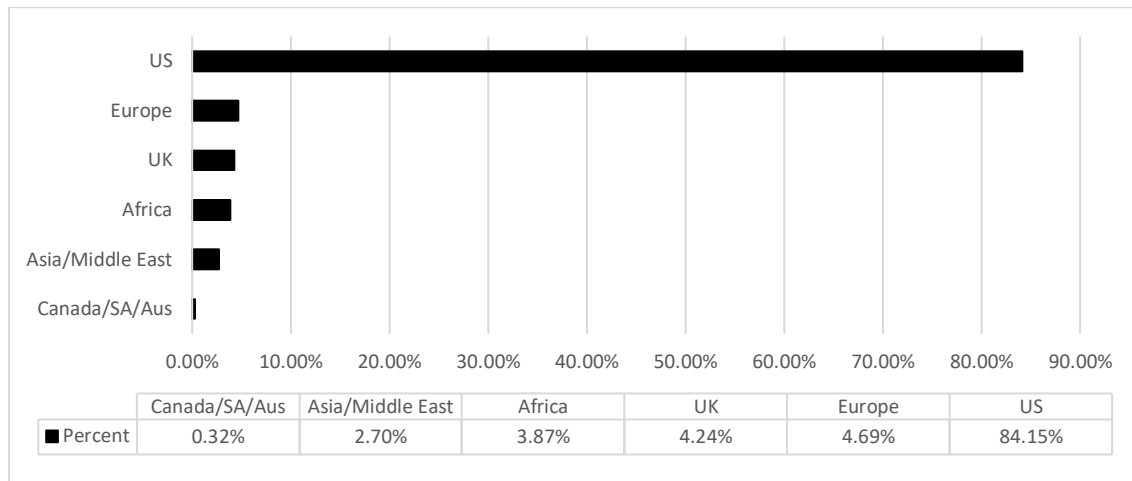
IGO denotes organizations that represent cooperative agreements between multiple national governments, such as the UN. Governmental organizations represent one national government, such as the Rwandan Ministry of Health.

Even though the highest grantee in the study time frame was the University of Washington, the data shows that the BMGF gave more money overall to development NGOs than to universities by \$500 million. Several of the NGOs conducted research, which may contribute to research as the most prevalent grant purpose along with university grants. Universities ranked second. The third largest organizational category was IGO, which is made up entirely of UN organizations like the WHO and Population Division. The BMGF gave money to a few for-profit corporations. These companies include pharmaceutical giants like Teva and Evestra, tech companies like Microchips Biotech and Dimagi, Inc., and research and consulting firms like the Global Canada Initiative and Unilever. The foundation gave much smaller amounts to a few national governments for projects in Nigeria, Rwanda, Senegal, and India, and it gave even smaller amounts to a few trade associations and healthcare resource companies.

The final category I looked at was grantee location. In 2009, McCoy, et. al. found that most all grantees were based in the US, even though most organizations worked in Africa, Asia, and South America. I looked at the headquarters for each grantee and its leadership structure to see if this was still true from 2014 to 2018 specifically in family planning. The US is home to 84.15% of grantees with no close second. Figure 8 shows the percentages per location.

**Figure 8**

*Headquarters location for grantees.*



Several organizations claim to have in-country employees and partners that conduct the work, but most have boards of directors and executive boards located in the US and Europe. Leadership is centralized for the vast majority of the BMGF’s strategic partners in high-income western countries. Small grant amounts, under \$3 million per year for all countries, went to national governments in Rwanda, Nigeria, Senegal, and India to improve primary and maternal healthcare facilities and equipment. The rest of the grant money went to nonprofit and for-profit organizations in the west.

**Strategic Partnerships**

The BMGF website states that the organization achieves its goals through strategic partnerships. “We work together with businesses, government, and nonprofits, and each partner plays a specific role in accelerating progress” (BMGF, 2018; Homepage). As I examined the organization’s family planning partnerships from 2014 to

2018 a few key partners emerged repeatedly in the data. Several grants benefitted international partners of the Family Planning 2020 (FP2020) organization. FP2020 arose from the 2012 London Summit on Family Planning. “More than 20 governments made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies and donors pledged an additional \$2.6 billion in funding” (Department for International Development, 2012; News release).

FP2020 lists four core partners: the BMGF, the Department for International Development (DFID), UNFPA, and USAID. These organizations are responsible for the London Family Planning Summits in 2012 and 2017. The DFID changed its name in 2021 to the Foreign, Commonwealth & Development Office, but it is still the parent organization of UKAID. FP2020’s mission is to support Sustainable Development Goals 3 and 5, the UN Secretary-General’s Global Strategy for Women’s, Children’s, and Adolescents’ Health, and to make modern contraception accessible to 120 million additional women in the 69 lowest income countries by 2020. According to the organization’s The Arc of Progress Report (2020), it did not meet its goal but reached an additional 60+ million women, increased commitment countries from 20 to 55, increased bi-lateral funding by \$1.52 billion from 10 countries, and set goals for FP2030 that build on its prior successes.

Outwardly FP2020 appears as a collaboration between the world’s wealthiest nations to increase modern contraception accessibility and adoption in the world’s poorest nations but examining the core partnerships and civil society donors reveals this as a BMGF initiative. Many of the BMGF grantees donated to FP2020 along with

philanthropic, pharmaceutical, and healthcare organizations. The BMGF logo appears along with other NGOs, multilateral partners like the UN, WHO, and World Bank, and for-profit companies like Pfizer, Merck, and Bayer. Between 2014 and 2018, the BMGF granted \$904 million to its partners, and the trust owns \$22.6 million in stocks and bonds in for-profit donors to FP2020. The Co-chairs of FP2020 are Dr. Chris Elias, president of the BMGF global development program, and Dr. Natalia Kanem, executive director of the UNFPA.

The co-chairs oversee a reference group of 24 people from partner organizations and countries. The reference group is comprised of executives from multiple BMGF grantees, including the World Bank, USAID, WHO, UN Foundation, MSI, International Planned Parenthood Federation, and the Population Council. It also includes government officials from Western nations like the UK and Canada, and developing nations like Nigeria, Kenya, DRC, India, and Pakistan. Below the reference group is a team of advisors called the Performance Monitoring and Evidence Working Group. Its members are also from BMGF partner organizations like Pathfinder and Save the Children. Two of its researchers are from BMGF university grantees, UNC Chapel Hill and UC San Francisco. The working group also has one member from USAID and one from UKAID. FP2020 also has a group of technical resource advisors from the BMGF, the Gates Institute for Population and Reproductive Health at Johns Hopkins, the University of Massachusetts at Amherst, and three members from Avenir Health. All the technical advisors are from BMGF grantee organizations. The daily operations are run by full-time employees in Washington D.C. called the Secretariat.

## **Private Sector Partnerships**

In 2014, the two largest individual grants the BMGF designated for family planning went to Microchips Biotech and TEVA Pharmaceuticals. According to the Microchips Biotech website, the company began receiving grants from the BMGF in 2012 and received a total of \$15.1 million in 2014. Its website includes the BMGF as a sponsor. It says,

In 2012, we received grants from the Bill & Melinda Gates Foundation to develop a long-acting, reversible microchip-based contraceptive implant for women in developing countries who have limited access to routine medical care and modern contraceptive options. The program is still ongoing. (Microchips Biotech, 2018; Partnering section).

In 2018 Microchips Biotech merged with Keranetics, a company committed to developing biomaterials with keratin, to form Keratin Biosciences. Its website is focused on the products it makes for wound care, but it contains no mention of implantable technology or family planning solutions. The original Microchips Biotech website documented one human trial of 23 participants using an implantable chip for delivering low doses of a thyroid hormone. That was the only drug trial the company conducted before the merger. There is no documentation that microchip technology is still being pursued.

TEVA Pharmaceuticals is an Israeli-based company that specializes in generic medicines. It is both a BMGF trust investment and a foundation grantee. It is listed in the BMGF trust's tax return in 2016 with an initial investment of \$1.2 million in company bonds. By 2018 the trust owned three types of corporate bonds in TEVA worth \$1.9 million. TEVA manufactures 30 generic oral contraceptives, the brand-name emergency



contraceptive Plan B, and a copper intrauterine device called Paragard. In 2014 the BMGF granted TEVA Pharmaceuticals \$17 million for a project “to support the family planning needs of women in low-income countries” (BMGF, 2018; Committed Grants: TEVA Pharmaceuticals section). The BMGF website directs visitors to the grantee’s website for project details, but neither the TEVA website nor the BMGF archives contain project details. TEVA’s 2014 annual report does not reference family planning, and its 2014 Global Citizen report has a brief line about the company providing specific knowledge and development expertise in family planning as part of its Global Health Program. To date I have found no public accounting of how this grant money was spent, or whether any low-income countries received contraceptives. I conducted an academic article search using both Google Scholar and Academic Search Premiere databases and found no peer-reviewed research articles from this grant.

The BMGF has several other relationships with private sector partners through its financial holdings and its grants. As of 2018, the foundation trust owns stock in multiple pharmaceutical companies: \$2.1 million in Merck + Co., \$1.7 million in Pfizer, \$542,408 in McKesson, \$5.9 million in Fresenius Medical Care, \$1.3million in Gilead Sciences, \$7.8 million in Nipro, \$6 million in Novartis, \$6.3 million in Novo Nordisk, \$9.3 million in Roche, \$1.2 million in Smith & Nephew, and \$2.7 million in Takeda Pharmaceuticals. It also owns corporate bonds in pharmaceutical companies: \$1.4 million in Abbot Laboratories, \$1 million in Eli Lilly, \$183,804 in Merck + Co., \$3.3 million in Gilead Sciences, \$1.6 million in Johnson & Johnson, and \$1.9 million in Teva Pharmaceuticals. Grants to for-profit organizations only make up 5% of total grants, but contraception supply grants for nonprofits that purchase from pharmaceuticals make up 30% of

allocated grant money. The BMGF is a major stakeholder in the western pharmaceutical industry.

## **Discussion**

In this chapter I have outlined how the BMGF structures its grants and partnerships in global family planning, addressing research question: 1. How does the BMGF structure its strategic and economic relationships as part of its global family planning goals? Mosco (2009) argued that political economy of communication emphasizes “describing and examining the significance of organizational structures responsible for the production, distribution, and exchange of communication commodities and for the regulation of these structures, principally by governments” (p. 133). The BMGF is a leader in global family planning because it funds bilateral and multilateral donors. It partners with private sector industries that produce and distribute family planning resources and communication. The foundation is at the pinnacle of the global family planning hierarchy.

McChesney and Schiller (2003) contend that communication is comprised of both private activities and capitalist enterprises. The BMGF is a private actor in global health governance, but it acts as a capitalistic enterprise with power over state actors and NGOs. Its grant model fits into Bishop and Green’s (2008) definition of philanthrocapitalism as an organization that attempts to alleviate poverty and inequality while using capitalistic mechanisms to increase its own wealth, hence increasing wealth disparities and inequalities. Melkote and Steeves (2015) found numerous cases where “persuasive strategies dominated by market-based approaches and dominant political-economic

interests often overlook critical structural factors that sustain inequities” (p. 278). The BMGF trust generates over \$2 billion annually and grants an average of \$400 million annually in family planning, which is more than multilateral donors like UNFPA. As such, the BMGF’s economic power translates into discursive power over global family planning philanthropy.

I addressed my first sub-question, 1a. How does the BMGF structure family planning grants, by analyzing the methods the foundation uses for strategically choosing, planning, executing, and evaluating grants. Sood et al. (2014) outlined three vital components of the larger socio-ecological framework necessary for effective public health initiatives. The first is a supportive policy environment. The BMGF awarded \$599 million in grants to projects seeking policy change at local, national, and international levels. The second component is adequate supplies of products and services. The BMGF granted \$605 million to contraception supplies and services. The third component is community-based programs that promote behavior and social change. The BMGF granted \$466 million on communication campaigns and \$451 million on education programs in developing nations. The foundation funds projects in each category to persuade more women to adopt modern family planning methods. However, the largest category is research, with \$968 million in grants.

The video *Outcome Investing: a results-based approach to designing and managing investments* (BMGF, 2018) details a process by which the BMGF partner with grantees to plan, monitor, and evaluate all projects. In some cases, the BMGF will even require that a foundation employee must be installed on the grantee’s board of directors. Levine (2001) argued that power is the organizing principle for all economic interactions,

and creating wealth requires “creating a system of dependence that destroys the local self-sufficiency of the earlier order” (p. 525). The video talks about how BMGF program officers work with potential grantees to craft their grant applications and often work with them throughout the life of the project. The grantee is then dependent on the program officer to approve, supervise, and evaluate the project, thus losing autonomy over the project.

I addressed my second sub-question, 1b. How does the BMGF fit within the broader global family planning community, by analyzing the foundation’s biggest grantees and examining its relationships within the global family planning community. The BMGF is the driving force behind Family Planning 2020 and now Family Planning 2030, the coalitions of partners working to make family planning education and supplies more accessible to the world’s poorest populations (Family Planning 2020, 2020). It’s largest subset of grantees are global family planning NGOs that carry out persuasive campaigns to influence favorable family planning policies, increase modern contraception adoption, and widely disseminate family planning education programs. The BMGF’s top grantee list is comprised of the biggest NGOs in global family planning, and these organizations consistently appeared on bilateral and multilateral donor lists throughout my research.

The BMGF and the Gates Institute at the Johns Hopkins Bloomberg School of Public Health, and its Jhpiego affiliate, work with many of the same NGOs and donors like the World Bank and UNFPA. The same is true for MSI Reproductive Choices, New Venture Fund, JSI International, PATH, and Pathfinder International. By examining the BMGF’s grantee partnerships I discovered a small number of organizations control most

of the money allocated to global family planning as part of the larger field of global development. Further investigation into grantees showed that while some of them work with local offices and employees, most are headquartered in wealthy Western nations. The BMGF is the organizing power structure responsible for constructing the social relations that Mosco (2009) argued “mutually constitute the production, distribution, and consumption of resources” (p. 24).

The foundation trust invests in multinational pharmaceutical companies that produce a variety of contraceptive products sold to BMGF grantees for distribution in developing nations. The BMGF structures its relationships through investments and grants that work together to create new markets for commercial products. Burns (2019) argues that this kind of philanthropy is engineering capitalism by leveraging humanitarianism to sell products and accumulate capital. Warren Buffett’s son Peter Buffett (2013) uses the phrases “charitable industrial complex” and “philanthropic colonialism” to describe the tensions created between the capitalistic mechanisms of wealth accumulation that increase poverty and inequality and philanthropic models that attempt to alleviate such problems (para. 2). “Inside any important philanthropy meeting, you witness heads of state meeting with investment managers and corporate leaders. All are searching for answers with their right hand to problems that others in the room have created with their left” (Buffet, 2013; para. 5).

Burns (2019) critiques this form of philanthrocapitalism as a symptom of neoliberalism that resulted from the “withdrawal of the social welfare state” (p. 1106). People in the world’s poorest nations are subject to declining government programs and dependent on global development philanthropy to bridge the gaps, in this case

specifically in healthcare. The BMGF steps in to fill those gaps through its institutional grantees that conduct research and development of new contraceptive methods, while persuasive social and educational programs from its development NGO grantees work to create product demand. The Family Planning section of the BMGF website states that many women don't use contraception because current methods don't meet their needs and 40% of women stop using contraception within the first year because they are unhappy with their method (Gates, 2021). "At the same time, development of new contraceptive technologies is chronically underfunded, and investments have remained stagnant for years" (Gates, 2021; Family Planning section). The BMGF is creating new markets for technologically advanced contraceptive products that its pharmaceutical partners can then manufacture and sell, thus increasing the ROI of the foundation's trust. The same is true for digital healthcare systems that Microsoft advertises to national governments in the developing world.

The BMGF's grant structure is organized as a capitalistic enterprise with the foundation at the center and its grantees functioning as subsidiaries working to increase the wealth of the foundation. The foundation gives money to organizations like the World Bank and the UN to distribute in the form of loans, structural agreements, and grants to underdeveloped nations. It also gives money to national development programs like USAID, the UK's Foreign, Commonwealth, and Development Office, and Global Affairs Canada that distribute the money through development projects. These multilateral organizations can leverage family planning as requirements for receiving money. Research institutions create and test new contraceptives, conduct social science research on how to increase modern contraceptive adoption, NGOs lobby local governments and

implement family planning policy and infrastructure at the local levels, and private sector partners and consulting groups devise ways to strengthen supply chains and digital health systems. The BMGF's relationships with grantees function like a working corporation creating new markets and infrastructure for global health expansion.

### *Summary*

The document analyses in this chapter specifically examined the BMGF's economic partnerships as investments and grants. It addressed research question 1, 1a, and 1b, but this is only one part of analyzing the foundation's role in global family planning. "Mills argued that the task of the social sciences is to identify the larger social forces that furnish our most intimate personal troubles" (Orgad, 2020; p. 637). A public issue like global family planning philanthropy must not be divorced from the media narratives and private narratives through which people experience and negotiate their lives. The next chapter examines how the BMGF represents society and culture in its media narratives, including gender and equality. It addresses research questions 2, 3, and 3a.

## **CHAPTER VI**

### **BMGF AND REPRESENTATION**

The second research question for this case study is how do BMGF forward-facing messages about family planning depict local culture and societal norms? Before I can address my second research question, I must define some of its elements. For example, what does digital messages mean? What do I mean by local culture and social norms? First, I looked at the forward-facing messages on the BMGF website and its social media platforms that mention family planning. The website contains a section about family planning and how important it is to development. Melinda French Gates' 2014 letter "Putting women and girls at the center of development" is also on the website and links were posted to social media. I searched for social media posts by using the keywords family planning, contraception, birth control, birth-spacing, and population.

As I began looking at social media sites, I noticed that most of the messages were cross posted between Facebook and Twitter, and posts appeared across multiple BMGF social media accounts. For simplicity I chose to focus on the website's messages and Twitter messages about family planning. I also learned that the BMGF owns multiple Twitter accounts including @gatesfoundation, @GatesAfrica, @GatesMiddleEast, and @BMGFIndia. Most of the original BMGF messages were posted on all the accounts, but each account contained specific content designed for its audience. This case study is designed as a first step in examining the BMGF and its role in global family planning and not specific to a region or country, so I chose to focus on the main @gatesfoundation



account. I selected 38 tweets (the total number of family planning posts) between 2014 and 2018.

According to Hall et al. (2013) culture is “one of the most difficult concepts in the human and social sciences and there are many different ways of defining it” (p. xvii).

With multiple ways of defining the term it is important to be specific here. By culture I use the critical-cultural or sociological definition of culture as a process of producing and exchanging meaning amongst members of a group or society (Hall et al., 2013).

Specifically, this study uses Hall et al.’s (2013) theory of representation as a means of connecting meaning and language to culture. “Because we interpret the world in roughly similar ways, we are able to build up a shared culture of meanings and thus construct a social world which we inhabit together” (Hall et al., 2013; p. 4).

The BMGF’s social media posts contain cultural and social texts that attempt to create shared meaning among people grouped together by geographical locality, nationality, religion, race and ethnicity, and gender and sexuality. I use the term local culture to mean these shared cultural representations between groups or societies. Social norms refer to the sociological definition of “informal rules that govern behavior in groups and societies” (Bicchieri et al., 2018; p.1). I used Durkheim’s (1984) definition of society as the structures, values, and norms that make up a community. I use local culture and social norms to analyze the BMGF digital messages to determine how it uses language to create shared meanings to influence the adoption of family planning resources.

## **Audience Analysis**

Any research into social media should include an analysis of the platform's primary audience. Wakefield and Knighton (2019) explicate the terms audience, stakeholder, and public in terms of public relations. Drawing from Rawlins' (2006) work, they define the three terms around two dimensions: "the catalyst for gathering, and the resultant behavior of the group" (Wakefield & Knighton, 2019; p. 3). Audiences connect to messages and react to them because they are interested in what an institution or organization has to say. Stakeholders connect to an organization because they have a vested interest in the organization's success. Publics connect to an issue and press organizations to effect change. A public will support a cause, and members act as their own catalysts due to mutual interest or concern (Wakefield & Knighton, 2019).

Target audience is a marketing term used to denote passive recipients of strategic messages, and it is generally used to sell products and ideas in a capitalistic system. While public relations and marketing scholars debate the differences between these terms and the role of latent diffuse publics in social media messaging, and an in-depth audience analysis of the BMGF's social media is outside the scope of this study, these four terms: audience, stakeholder, public, and target audience can help describe intended recipients of BMGF social media messages. Intended recipients are important in analyzing how the foundation represents family planning and gender.

Wallace and Rutherford (2021) found that nonprofit organizations use social media to build and maintain their vital relationships with donors, governments, sponsors, and other strategic partners. Multiple studies found that social media helps improve engagement by organizational stakeholders and institutional visibility. Nonprofits

specifically use social media as part of their advocacy function to mobilize followers and engage with similar organizations who amplify their messages (Wallace & Rutherford, 2021; Li et al., 2018; Auger, 2013). Guo and Saxton (2014) conducted a content analysis on nonprofit tweets and found that organizations send three kinds of messages to effect different outcomes to inform, build community, and call to action. All tweets did not attempt to achieve all goals, but they complemented each other with specific targeted functions.

Sender (2011) argues that “Neoliberalism demands flexibility and responsibility from citizens, emphasizes rationality and consumer choice as an ideal mode of social planning and decision making, and prioritizes privatized responses to social issues” (p. 4-5). She uses Foucault’s term *governmentality* to describe how neoliberalism influences media. “A top-down model of power is incompatible with neoliberalism; Foucault argued that the preferred mode of citizenship in contemporary Western societies was *governmentality*, a productive orientation that promotes self-consciousness, self-monitoring, and adjustment – all under the rubric of choice and freedom” (p. 5). In this model of citizenship social issues become the responsibility of individuals who must make responsible choices for themselves and their communities. “Central to *governmentality* is the use of surveillance in the cultivation of good neoliberal citizens” (Sender, 2011; p. 5). This surveillance in the form of reality television, as Sender studies, or social media through technological advances creates a form of “soft discipline” which is consistent with Mills (2000) theory of people self-regulating to balance the social equilibrium (Sender, 2011; p. 5).

This case study focuses solely on the @gatesfoundation Twitter account. The organization has different regional accounts for Africa, India, and the Middle East, which target different audiences. The @gatesfoundation account has 2.1 million followers and follows 935 accounts. The posts are written in English and cover all topics of the BMGF agenda. From 2014 to 2018, the foundation averaged 1-2 tweets per month about family planning. The messages averaged 142 likes, 75 re-tweets, and 13 comments. Most of the re-tweets are done by BMGF grantee accounts like UNFPA, Jon Snow International, and Care. Individual academics, doctors, and development executives from grantee institutions also re-tweeted family planning messages, as well as private sector global healthcare companies like Bayer and Merck. The tweets received few comments, and most were critical of the BMGF and Melinda French Gates. I did not have access to the foundation's strategic social media plan, but the audience that interacts with the @gatesfoundation account appears to be from wealthy Western nations and connected to BMGF partners.

Based on Wakefield and Knighton's (2019) work the primary audience for the @gatesfoundation Twitter account is stakeholders who have a vested interest in the BMGF's success. The messages do not appear to target people in underdeveloped nations, which is also consistent with Sender's (2011) idea that governmentality entails a two-step flow process in which the media producers create messages for opinion leaders that then process the message before sending it out to their followers. The BMGF is operating as a media producer on Twitter that sends its messages to its grantees or stakeholders in family planning. The grantees who act as subsidiaries to the foundation then send the messages out to their followers.

The engagement for family planning messages is low considering the @gatesfoundation account has 2.1 million followers, but if the foundation's goal is to disseminate messages that normalize and reinforce its neoliberal agenda among its beneficiaries, who then do the same for their followers, then the audience size doesn't necessarily need to be larger with more engagement. This kind of social media for stakeholders' functions as Sender's (2011) surveillance and "soft discipline" of grantees to make sure they uphold the BMGF's mission and neoliberal ideals (p. 5). It also reinforces the idea that the responsibility for development rests with the personal decision to adopt modern contraception methods without examining the structural forces that lead to inequality.

### **Shifting Focus to Women and Girls**

This research is specifically interested in the 2014 to 2018 timeframe because that is when the foundation changed its development model to empowerment with Melinda Gates' letter "Putting women and girls at the center of development" (Gates, 2014; p. 1). The letter begins by presenting this focal shift from women and girls as a component of development to putting women and girls at the center of development. "This challenge focuses on how to effectively reach and empower the most vulnerable women and girls to improve health and development – including economic – outcomes as well as gender equality" (Gates, 2014; p. 2). The BMGF committed itself to determining the best way to reach women and girls in developing nations to achieve development goals.

This challenge did more than just shift the focus of development it also shifted the onus of development to women and girls. "Gender inequalities and the marginalization of

the needs, roles and potential of women and girls are key factors limiting advances in development outcomes for all – women, men, boys, girls and their communities and societies around the world” (Gates, 2014; p. 2). Limited opportunities and resources for women and girls were not just a hindrance to development for all people but also the key to advancing development for all people. The letter claims that strong associations exist between “addressing inequalities and enhancing women and girls’ empowerment and agency, and improved development outcomes across sectors, ranging from maternal, newborn, and child health and nutrition to agriculture, water, sanitation, hygiene and financial services for the poor” (Gates, 2014; p.2). The letter does not list any research studies that support this claim.

The letter continues with an overarching goal for grantees.

The ultimate goal of this challenge is to accelerate discovery of *how* to most effectively and intentionally identify and address gender inequalities and how this relates to sectoral outcomes; scale-up approaches known to work, in context- relevant ways; and do more to develop better measures of the impact of approaches to enhance women’s and girls’ empowerment and agency, (Gates, 2014; p. 2; emphasis in the original).

The passage belies an urgency for identifying gender inequities and how they relate to sectoral outcomes. It also prioritizes increasing the reach of successful approaches and improving on ways to evaluate approaches toward empowerment and agency. The BMGF is looking for ways to speed up development, including economic and health outcomes, by using previously effective measures that address gender inequity. The letter concludes with a message for grantees. “Grants will go to investigators in low- and middle-income countries, but we encourage partnerships with investigators in other countries, especially

where the opportunity exists to build on existing collaborations” (Gates, 2014; p. 2). Again, it prioritizes partnerships between grantees in developing nations and those in developed nations. The letter suggests successful tactics from developed nations as means for finding gender equity solutions in developing nations.

The BMGF shifted to an empowerment model, but what does it mean by empowerment? “The emphasis on empowerment argues for treating women as equal and active agents in the decision-making process of development and population policy and not simply as means to reduce fertility” (Azhar, 2020; p. 70). According to Kabeer (2005) empowerment can only exist for people who have been denied choices or disempowered because empowerment is “the processes by which those who have been denied the ability to make choices acquire such an ability” (p. 13). Kabeer (2005) further interrogates empowerment as dimensions of agency, resources, and achievements. Agency is the central concept to empowerment because it represents the process through which people make choices and act on them (Kabeer, 2005). “Resources are the medium through which agency is exercised; and achievements refer to the outcomes of agency” (Kabeer, 2005; p. 14). Gates’ letter states that empowered women and girls will have the agency to make choices that will eliminate gender inequalities and hasten development.

The letter is problematic in terms of broader development discourse and particularly in feminist development literature. It conceptualizes empowerment based on the assumption that women in developing nations are disempowered and need intervention to restore their agency. By placing the responsibility for development onto women and girls, the letter implies an “individual blame presumption” for underdevelopment (Khamis, 2009; in Melkote and Steeves, 2015; p. 279). It perpetuates

what Mohanty (1988) called “third-world women” who represent a homogenous category of analysis based on their shared oppression. She says this homogenized category of analysis is used in “feminist discourse on women in the third world to construct 'third-world women' as a homogeneous 'powerless' group often located as implicit *victims* of particular cultural and socio-economic systems” (Mohanty, 1988; p. 66). Gates’ calls on all bilateral and multilateral donors to empower “third-world women” as a means of speeding up development.

The document analysis I conducted on BMGF grantees showed that an overwhelming majority of grantees are bilateral and multilateral donors from western nations. Almost 94% of grantees are located in the US, UK, Europe, Canada, Australia, and South Africa. Only a little over 6% of grantees are headquartered in Africa, Asia, and the Middle East. No grantees were headquartered in Latin America or South America. The multilateral donors are then responsible for disseminating aid to people in those regions in a top-down hierarchy of resource allocation. According to Azhar (2020), “the emphasis on empowerment argues for treating women as equal and active agents in the decision-making process of development and population policy and not simply as means to reduce fertility” (p. 43). Melkote and Steeves (2015) argue that empowerment or agency is achieved through local voices controlling their own narratives. My research shows that the BMGF structures its relationships with grantees in a way that controls the narrative of empowerment as a means of development without interrogating the hierarchical structures or privilege that create disempowerment in the first place. This is even more evident in the BMGF social media messages.



## **Social Media and Representation**

Mohanty (1988) defined woman as a unit of analysis in western feminist research as a homogenized group based on shared oppression. “The assumption of women as an already constituted and coherent group with identical interests and desires, regardless of class, ethnic or racial location, implies a notion of gender or sexual difference or even patriarchy which can be applied universally and cross-culturally. (The context of analysis can be anything from kinship structures and the organization of labour to media representations)” (p. 64). This section examines the BMGF’s social media messages to find out how those messages represent local culture and societal norms. Do BMGF social media posts use a western hegemonic idea of women? Collins (1990) argues that multiple forms of oppression result from the power and privilege within institutions and their practices of creating hegemonic structures. Hooks (1992) defined these hegemonic powers as dominant cultural ideologies that work to create and rationalize structural policies. These dominant ideologies then determine how development groups are perceived. The BMGF creates and controls much of the digital discourse surrounding global family planning, thus it is important to analyze the messages it creates and how it situates local culture and social norms in relation to the people it depicts.

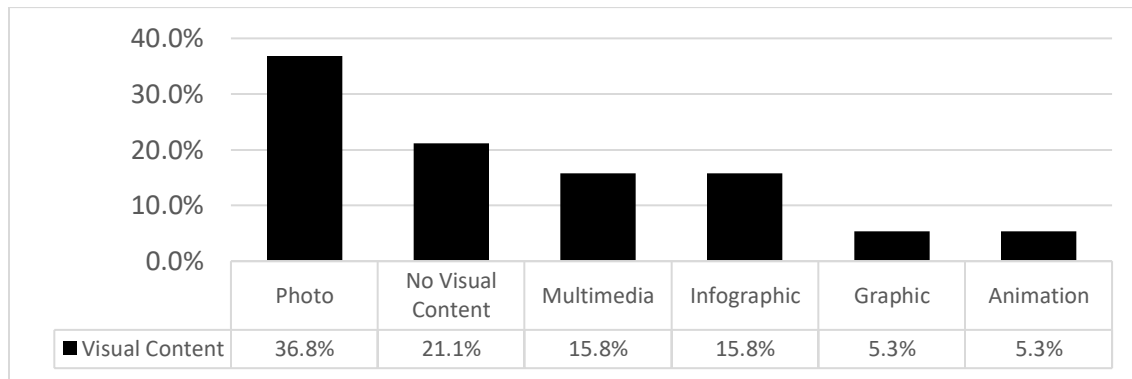
To address research question 2, how do BMGF digital messages about family planning depict local culture and societal norms, I analyzed 38 tweets (the total number the account posted about family planning between 2014 and 2018) about family planning from the @gatesfoundation account. First, I looked at whether the post was original content or a retweet from another account. Second, I looked at what kind of visual content, if any, the post contained. I found four types of visual imagery present: photos,

multimedia (videos), animation, and infographics. Third, I looked at whether the post contained a link to an article or website. Finally, I looked at what kind of engagement the post received by recording the number of comments, retweets, and likes.

The total number of tweets about family planning was only 38 in five years. The foundation averages 1-2 posts per month about family planning. Of those posts, 84.2% were original content produced by the BMGF, and 15.8% were re-tweets. The posts contained an almost equal number of links to articles and websites with 34.2% each and 31.6% contained no link. The visual content varied with the greatest number of posts containing photos. Figure 9 contains the percentage of each visual content category.

**Figure 9**

*Visual Content in Tweets*

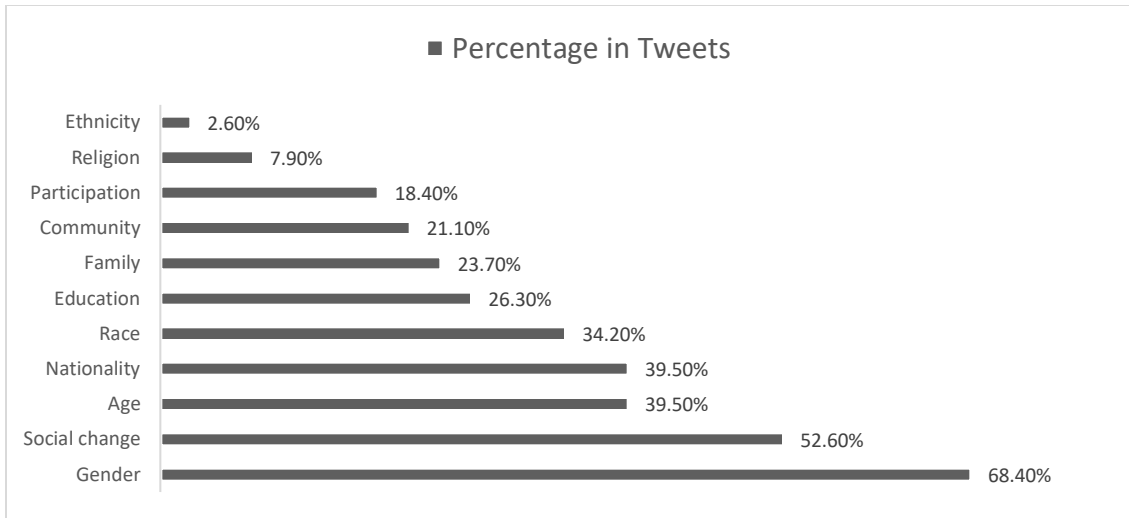


Next, I analyzed local culture and social norms in the tweets. I found 10 emergent codes: age, race, ethnicity, nationality, community, participation, education, social change, and family. A total of 26.3% of tweets contained no local cultural markers and 15.8% contained no social norms. Figure 10 shows the frequencies of local culture and

social norms. Gender was the most prevalent cultural representation followed by social change.

**Figure 10**

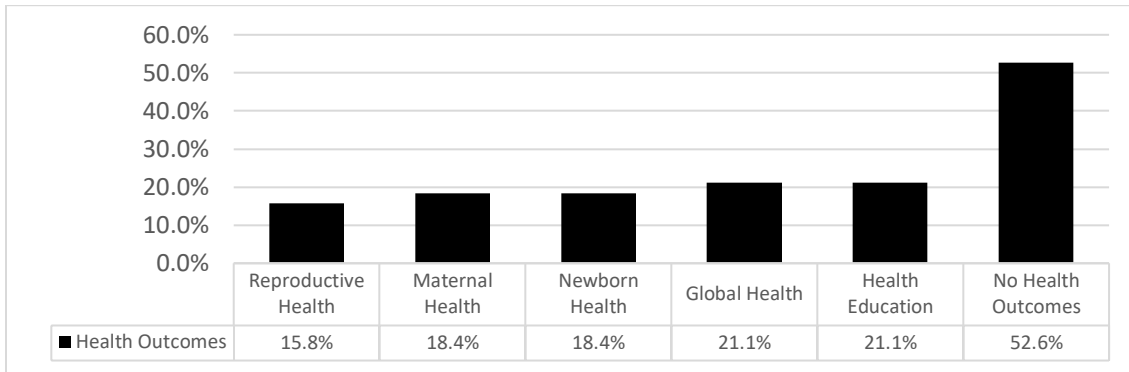
*Local Culture and Social Norms*



All the tweets I examined mentioned family planning, but I found codes for specific health outcomes. Some of the posts contained language or visual text that specified reproductive health, some specified maternal and/or newborn health, some used global health or health education language, and some didn't mention health outcomes at all. More messages contained no text about health outcomes than any other category. I also found codes for family planning texts: contraception, birth spacing and number of pregnancies. Contraception was included in 84.2% of messages, while number of pregnancies appeared in 13.2%, and birth spacing in 10.2% of messages. The frequencies for health outcomes are in Figure 11.

**Figure 11**

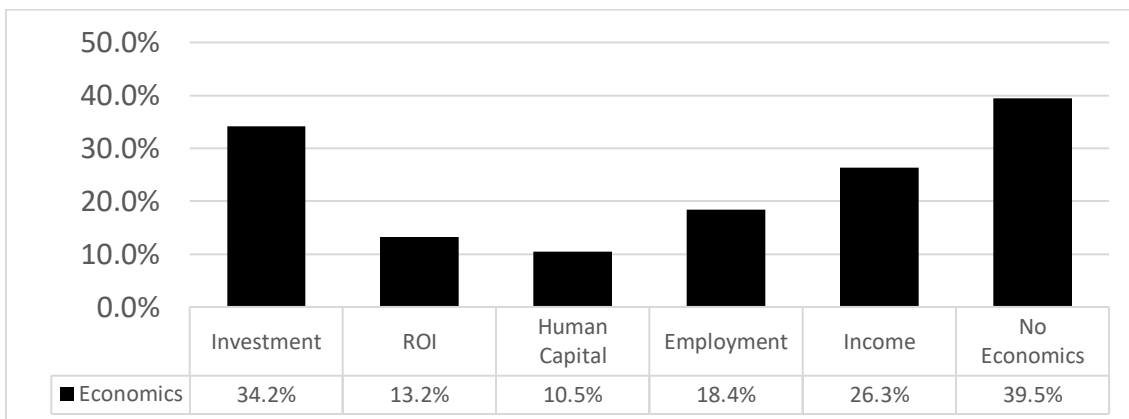
*Health Outcomes*



Finally, I examined economic texts. Multiple messages use language and visuals that talk about the economic impact of family planning on families and communities. I found five codes for economics: investment, ROI, human capital, employment, income, and no mention of economics. More messages didn't contain economic language, but those that did included investment, income, and employment the most often. The frequencies are listed in Figure 12.

**Figure 12**

*Economics*



## **Local Culture and Contraception**

“The relationship between Woman - a cultural and ideological composite Other constructed through diverse representational discourse (scientific, literary, juridical, linguistic, cinematic, etc.)- and women --real, material subjects of their collective histories - is one of the central questions the practice of feminist scholarship seeks to address” (Mohanty, 1988; p. 62). Some of the BMGF’s tweets contained messages specifically for young adults in specific nations. Nationality was the most prevalent representation of culture in these posts. Figure 13 spotlights a campaign for family planning among young people in Kenya.

The caption reads “‘When youth can time their pregnancies, they can study, work, and grow.’ With the right tools, young people can change the world.” The first sentence is quoted directly from the linked article from evoke.com. The article is titled “Power in numbers: Harnessing the potential of Kenya’s youth: Why it’s so important to invest in the county’s young people.” The accompanying photo shows a drum line of four young adults, two men and two women, in t-shirts with a fingerprint on the front and #Activate. People are standing behind the group taking photos and presumably listening to the music. Everyone in the photo is black. The setting looks urban with tall buildings behind the group and a sign advertising a business. Everyone is in modern dress, and if the caption didn’t say Kenya specifically this could be any urban setting anywhere in the world.

**Figure 13**

*Tweet 1*



Some of the messages contained infographic material about family planning and development. Figure 14 depicts an infographic that contains the following headline: An investment in family planning brings a lifetime of returns. It implies that nations would be more prosperous if families were healthier, and the keys to healthier families are unlocking the potential of youth, making sure all pregnant women and newborns receive standard care, and the 214 million women with “unmet need” could access modern contraceptives. The results it lists at the bottom are that maternal deaths would drop by 73%, unintended pregnancies would drop by 75%, and newborn deaths would drop by 80%. It lists the #ICFP2018 and the websites for the International Conference on Family Planning. There is small print that may be a source for the statistics, but it is too small to read. Even blowing up the image did not make the text readable.

**Figure 14**

*Tweet 2*



This tweet is indicative of the messages that don't contain any local culture or social norms. It is merely statistics about development in terms of economic investment. Further research into this conference revealed that the Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins' Bloomberg School of Public Health were co-hosts of the event, and the BMGF was listed as its biggest sponsor. The organizing group and core sponsors of the conference were a list of BMGF bilateral and multilateral donors, including the United Nations, Canada Aid, FP2020, IPPF, DKT International, Jhpiego, PATH, and Pathfinder International, just to name a few. The top two private financial sponsors were Bayer and Pfizer with Merck coming in eighth.

Some of the social media messages reference religion in family planning, specifically Islamic religion. Figure 15 shows a religious meeting in a local mosque. The caption reads: Important conversations can start at the mosque. Imams have been key allies in the wider acceptance of family planning in Senegal. The post contains a link to an article titled “In Senegal, family planning finds a key ally: Imams” on csmonitor.com. This post refers to a campaign by its partner Marie Stopes International (MSI) in which local organizers persuaded Imams to support and encourage family planning to their congregations. The photo in the post is the same one used in the article. A woman in a MSI t-shirt and traditional skirt and scarf makes a presentation to an Imam. She is holding up packs of birth control pills. This is not the only post to mention this campaign. Another post contained a multimedia article about the project that included interviews with MSI employees and local Imams and their congregations. This is the only project that references religion on the BMGF account.

## Figure 15

### *Tweet 3*





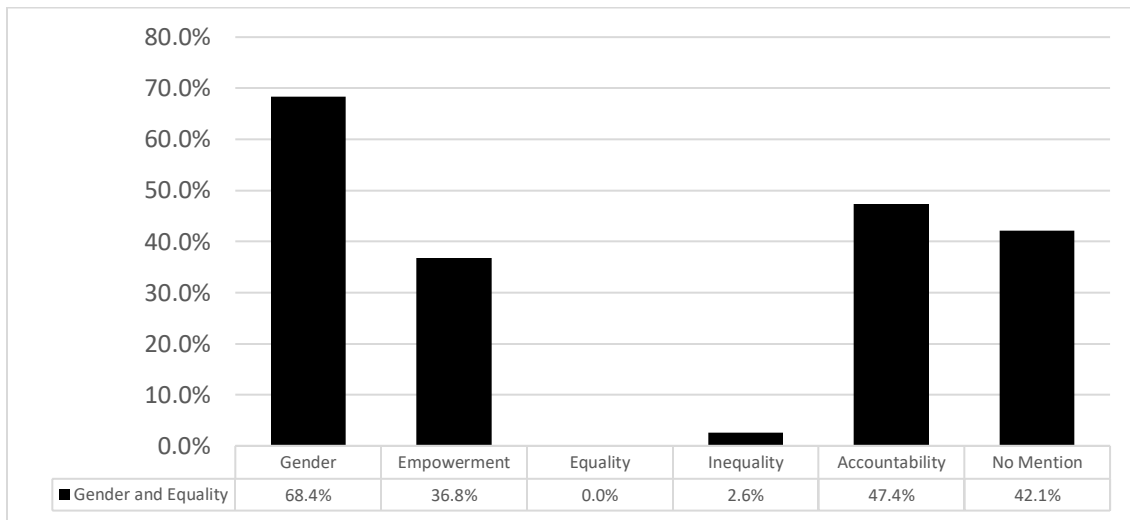
## Gender Equality

This section addresses research question 3, how do BMGF family planning messages represent gender equality, and 3a, how do BMGF family planning messages depict women?

I looked at representations of gender in BMGF tweets by examining how the messages portrayed gender roles and gender equality. I found that all the messages contained traditional gender female/male representation. Figure 16 shows the frequencies for gender and equality.

**Figure 16**

### *Gender and Equality*



Some tweets only depicted women, and those messages often contained photos of Melinda French Gates. Figure 17 is a tweet the BMGF posted in honor of World Population Day. The caption reads “When women and girls can plan whether and when to have children, they can build a brighter future for themselves and their families.”

#WorldPopulationDay. The photo depicts three women and one girl. Two of the women and the girl are dressed in bright traditional clothing. One is wearing a head scarf. The two women and the girl are brown, while the third woman is Melinda French Gates, wearing modern western clothing. All four are sitting on the ground, and Melinda French Gates has her feet out in front of her with her ankles crossed and bare feet. The two traditionally dressed women and the girl are sitting cross-legged with their feet tucked under them. There is no mention of nationality or ethnicity, and there is no link to an article or website.

## Figure 17

### *Tweet 4*



Multiple posts contained photos of women in traditional clothes. Figures 15 and 16 depict women and children. Figure 18 is a retweet from FP202 and shows a mother and child in traditional African clothes. The caption reads #FamilyPlanning allows couples to have the # of children they desire and to achieve healthy timing and spacing of

pregnancies. #FP2020Progress. It is important to note that the photograph only shows one adult woman and one female child. It does not show a couple or multiple children spaced out in age. It does not define the participants nationality or ethnicity, and it does not give any other cultural or social details.

## Figure 18

### *Tweet 5*



The figure 19 caption reads This is what happens when women who live in the world's poorest places gain access to \$1 family planning. It links to an article with the same title on mic.com. The photo shows several women with multiple children sitting on blankets on dirt. The women are in a mix of traditional and modern clothes. One woman is breast feeding an infant. The post makes no mention of which specific country or ethnicity these women represent besides that it is one of the poorest places in the world.

## Figure 19

### *Tweet 6*



## Discussion

In this section I analyze my findings using devcom scholarship, feminist frameworks, and the critical-cultural approach to public health. The BMGF emphasizes two concepts in all its family planning messages: the freedom to choose when and how many children to have and adopting modern contraception methods. Gates' (2014) letter calls for identifying and addressing gender inequalities and scaling-up effective means of enhancing women and girls' empowerment and agency, which aligns with the BMGF's stated family planning goal on its website. "We are working to empower women and girls to take charge of their own health, enabling them to make informed decisions about family planning and have access to contraceptive options that meet their needs" (BMGF, 2021; Family planning section).

The emphasis on choice is important because freedom of choice or individual agency is an organizing principle in development. Sen (1999) argues that classical

economic development theories use the word agent to mean “a person who is acting on someone else’s behalf” but he uses it to mean “someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives” (p. 19). This view complicates the BMGF’s discourse around choice and agency because the foundation’s goal is not for women and girls to merely be empowered to make their own choices based on their own values, but to shoulder the responsibility for economic development by alleviating poverty through family planning and gender equality. The website claims that “enabling girls and women to avoid unwanted pregnancy can unlock progress on a wide range of issues, from gender equality and maternal health to girls’ education” (BMGF, 2021; Family planning section). It also calls family planning a smart investment because eliminating unwanted pregnancies would lower the costs of maternal and newborn care by \$600 million (BMGF, 2021).

This is clearly an economic-centered view of development that doesn’t account for the more participatory paradigm envisioned by feminist devcom scholars. The BMGF uses the language of empowerment and gender equality but not as a means of creating what Melkote and Steeves (2015) call “self-reliant and autonomous self-development activities” (p. 5). By situating women and girls at the center of development, the BMGF has created an illusion of agency because the only way for women and girls to successfully contribute to development is to alleviate their own impoverished conditions through fewer pregnancies and greater birth spacing. Khamis’ (2009) study of a family planning campaign in Egypt found that the material carried a presumption of individual blame for women with too many children as causing underdevelopment. The BMGF does not outwardly blame women for underdevelopment, but by tasking women with

development as a responsibility the inverse becomes true. If women are responsible for development, then they must be responsible for underdevelopment.

The BMGF discourse is consistent with Mohanty's (1988) argument that Western feminist literature homogenizes "third-world women" into a single narrative of oppression. "This average third-world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being 'third world' (read: ignorant, poor, uneducated, tradition-bound, religious, domesticated, family-oriented, victimized, etc.)" (p. 65). Melkote and Steeves (2015) found several examples of this single narrative framework in development scholarship that describes traditional women in developing nations as impoverished and in need of saving. The BMGF positions itself as helping women and girls save themselves (and everyone else in their communities) by empowering them through education and modern contraceptive methods.

The website states that 200 million women and girls in low and middle-income countries don't use modern contraceptive methods because they don't have access, or those methods don't meet their needs (BMGF, 2021). It's important to note here that the BMGF doesn't state anywhere what constitutes a modern contraceptive method, as opposed to a traditional contraceptive method. The BMGF (2021) argues that "development of new contraceptive technologies is chronically underfunded and investments have remained stagnant for years" (Family planning section). It pledges \$280 million in annual grants from 2021 to 2030 to develop new contraceptive technologies, create community-based family planning campaigns, and "enable women and girls to be in control of their own contraceptive care" (Family planning section). This annual commitment is almost \$100 million less than it spent in 2018. It reflects a continual

decrease in the total annual grant money the foundation allocated between 2015 and 2018. However, the foundation gave nearly half its total grant allocation to research, which is at odds with the characterization of new contraceptive technologies as chronically underfunded. I don't have an itemized list of all research studies the foundation funded. Some grants funded social science research in areas like communication, education, and marketing, but some research grants specifically funded new contraceptive technology, like the Microchips Biotech grant in 2014. Perhaps future research could study how the BMGF allocates research grants.

The BMGF messages addressed culture but not necessarily local culture in its messages. For example, some of the tweets referenced nationality by spotlighting specific projects in particular countries, as evidenced in Figures 13 and 15. More often though the messages referenced race without mentioning any specific nationality or ethnicity, as evidenced in Figures 17, 18, and 19. Photos contain images of women in traditional looking clothing of unknown origin with messages about contraception. Mohanty (1988) called for this kind of “discursive homogenization and systematization of the oppression of women in the third world” as a power structure to be interrogated, defined, and named (p. 63). The BMGF reinforces the notion of the “average third-world woman” through its messages (Mohanty, 1988; p. 65). The primary audience for these tweets is BMGF stakeholders and not people in developing nations, so it is possible that the images are meant to reinforce the perceptions of the mostly white middle-class Western people who run grantee organizations. An audience reception study of BMGF social media should be conducted to further analyze the foundation's social content marketing effects.

The BMGF uses gender equality as an overarching goal for development that includes family planning. However, the messages I examined about family planning made no mention of equality and only a few referenced inequalities. Most messages included gendered material in the text or in the visual components, but they used language for empowerment and accountability rather than equality. They also used more economic terms than cultural or social language, such as investment, employment, and income. The messages made few references to any health outcomes for women and girls. This view of development in economic terms is consistent with the WID framework that seeks development in a linear path that emulates wealthy Western nations. It doesn't account for local culture or social norms in women's lives. By homogenizing women as a group defined by oppression and disempowerment, the BMGF is not employing what Dutta (2007) calls the culturally sensitive approach to health communication. The foundation's messages are consistent with Lupton's (1994) observation that most health communication focuses on individual behavior change as a means of solving larger structural issues of development.

The BMGF messages depict a contrasting view between traditional women in developing nations and modern women from wealthy Western nations. Many of the BMGF Twitter posts contain images of Melinda French Gates in modern Western clothing with women of color in traditional but undefined clothing that could be considered generically African or Middle Eastern. Mohanty (1988) argues that these distinctions privilege the modern wealthy white woman as the norm or referent to which third-world women should aspire. The few posts that highlight a local cultural approach are for programs carried out by BMGF grantees, not by the BMGF itself. Abdel-Malek



(1981) calls this hegemonic imperialism through an “attempt to control hearts and minds” (p. 145). He argues that this is conducted by “the hegemonic cultural centers of the West, all of them founded on the advanced levels of development attained by monopoly and finance capital and supported by the benefits of both the scientific and technological revolution and the second industrial revolution itself” (p. 145-6). The BMGF prioritizes economic messages consistent with a modernization approach over representations of local culture and societal norms.

Many of the BMGF’s family planning messages on both its website and Twitter contain images and messages from Melinda French Gates. This suggests that the foundation’s goals for key messages may have more to do with creating a positive image of the BMGF and Melinda French Gates. Content marketing research has concluded that two of the biggest goals of organizational digital media are image management and transparency. Organizations seek public approval by promoting content that is congruent with their target audiences’ values, beliefs, and attitudes (Bennett, 2017; Fang, 2012; Bozeman & Kacmar, 1997; Allen & Caillouet, 1994). This kind of content is not fundraising but created feelings of legitimacy and trust for an organization by its stakeholders (Bennett, 2017; Yao et al., 2015). The BMGF messages about family planning are not for the purpose of fundraising, but instead appear to target grantee organizations that further disseminate its messages.

Bennett (2017) identifies a second goal of content marketing as transparency. Bhaduri and Ha–Brookshire (2011) define organizational transparency as “visibility and accessibility of information concerning an organization’s practices” (p. 136). They reviewed several studies that found primary audiences held favorable attitudes towards organizations that appeared to be transparent in their operations and behaviors (Bennett,

2017). Pan and Crotts (2012) found that transparency improved an organization's relationship with donors through self-disclosure of personal or private information. In this case the BMGF is the donor, and the audience is the recipient, but Melinda French Gates discloses personal images and information on both the BMGF website and on social media. I didn't find this specifically on the family planning tweets but the @gatesfoundation account tweets personal photos of Gates with her children, hiking in exotic locales, as a young woman in college, and visiting countries around the world.

The family planning tweets showed images of Melinda French Gates visiting with women in developing nations. This content could serve as both positive image management and transparency. "Self-disclosure allegedly represents a positive gesture toward message recipients that invites a positive response" (Bennett, 2017; p. 45). This may signal a positive image motive by the BMGF, but that tactic doesn't always lead to a positive reception by primary audiences. Abraham (2004) argued that "excessive impression management, can substantially damage the reputation of an organisation" because audiences may feel that a lack of negative coverage is disingenuous, and that the organization is engaging in manipulation (p. 44). None of the family planning tweets contained negative information about the BMGF or its grantees. Some of the comments from individuals were critical of the foundation, but those were nonspecific and the BMGF did not reply to any of them. Based on the engagement on Twitter, it appears that the BMGF is engaged in content marketing to reinforce its values about family planning and global development. Since the typical roles of a charity communicating to donors is reversed in this case, and the primary audience of stakeholders is reliant on the BMGF for money, a follow-up study should be conducted to see how the primary audience members perceive the foundation.

There is an aspect of the BMGF messages that cause dialectic tension. The messages contain text that make it clear that women should be empowered to make their own decisions regarding whether to have children, how many, and when, but the photos of Melinda French Gates represent a wealthy white woman “saving” women of color in developing nations from poverty, disease, and underdevelopment. Yu (2021) identifies the “white savior complex” as “an institutional social relation that entails self-serving, condescending, and often institutionalized actions by ‘privileged’ people that aim to provide help to the underprivileged, including those from less powerful nations and people of color in developing nations” (p. 1). In this case the BMGF represents a neoliberal institutionalized white savior complex that provides women with modern contraception that empowers them to make responsible choices about reproduction.

In offering modern contraceptive methods to women who are dissatisfied with traditional methods, Gates’ is saving them through technological innovation. “The institutional white savior complex is not a product of random people acting on their own but is a result of actual institutions and a larger system that produces and reinforces the same system of inequality” (Yu, 2021; p. 3). The BMGF is not communicating directly with the people it is trying to save, but rather using the two-step flow method of communicating with its grantees who support its beliefs and values and pass them on to women and girls in developing nations. The family planning messages from the @gatesfoundation account and in the Family Planning section of the website reinforce the white savior trope for organizational stakeholders who work on persuasive public health campaigns and modern contraceptive technology adoption programs in the Global South.

Unfortunately, institutions that perpetuate inequality often negatively affect personal empowerment and agency. “White savior activities often obstruct self-determination efforts, and once the white saviors cease to provide help to the local population, the recipients of help become helpless” (Yu, 2021; p. 19). The BMGF messages highlight several projects that delivered modern contraceptive technologies such long-term injectable devices called Jadelle, sold by Bayer, and Nexplanon, sold by Merck, that release hormones for up to five years. Without the BMGF to supply these devices and the healthcare infrastructure to support them, women in developing nations would be helpless if the providers stopped supplying the devices or providing access to healthcare professionals to remove the devices when they want to become pregnant. Devices that deliver hormones can also cause other medical issues like deep vein thrombosis, high blood pressure, and cardiovascular disease. The BMGF has multiple grantees conducting research on healthcare delivery systems, infrastructure, supply chains, and pharmaceuticals that could also “save” women from the potentialities of modern contraception as well.

### ***Summary***

This chapter addresses research question 2, how do BMGF digital messages about family planning depict local culture and societal norms. I began this research looking for evidence about how the foundation depicts local cultures and societal norms in developing nations, but I found messages that reflect the expectations and social norms of its primary audience of stakeholders. The messages perpetuate the BMGF’s neoliberal agenda of creating markets for family planning technologies through its grantees and

private sector partners. This chapter also addressed research questions 3 and 3a, how do BMGF family planning messages represent gender equality, and how do BMGF family planning messages depict women? Images reinforced Western stereotypes of women in African or Indian traditional dress without mentioning nationality or ethnicity. The messages depict women as positive and happy to have the modern contraception choices provided by the BMGF or its grantees, which reinforce a white savior trope and Mohanty's (1988) idea of the third-world woman. The tweets often depict gender but not gender equality specifically.

## **CHAPTER VII**

### **CONCLUSIONS AND RECOMMENDATIONS**

This section summarizes my findings with respect to my research questions and details this case study's theoretical contributions. The first research question is how does the BMGF structure its strategic and economic relationships as part of its global family planning goals? I used a CPEC approach and a document analysis to examine the BMGF's financial position and partnerships within global family planning. The results showed the BMGF as a leader in global family planning by granting over \$2 billion between 2014 and 2018 to bilateral and multilateral donors, NGOs, universities, technological research companies, and private sector corporations. The foundation plays a dominant role in global family planning by using a top-down structure of granting money to organizations that deploy family planning campaigns, supply contraception methods and education, and lobby governments for favorable family planning policies. It also plays a considerable role in family planning research for marketing campaigns and new contraceptive technology development.

The BMGF partnered with the UK government in 2012 to create the FP2020 global partnership with development NGOs, bilateral and multilateral donors, and multinational corporations. The foundation trust holds stocks and bonds in many of the pharmaceutical companies that produce modern contraceptive methods. The trust generates over \$2 billion annually from its investments. It prospers financially by the production and sale of contraceptive methods; thus, it is in the BMGF's best interests if more people adopt modern contraceptive methods over more traditional methods. The

foundation claims that new contraceptive research and development is woefully underfunded, so it pledged more money for that purpose. It already prioritizes research over supplying contraceptives, persuasive communication campaigns, influencing favorable policy changes, and deploying educational programs. A complete list of grantees is available in Appendix A.

The BMGF spends more money on family planning research than any other grant purpose. It granted \$968 million toward research projects at universities, NGO's, private sector companies, and consultancy firms. Some of the biomedical research at pharmaceutical companies and large universities went to developing new contraceptive methods, an area the foundation claims is underfunded. Some research went into supply chain methods for delivering contraception to underdeveloped nations and investigating the best ways to create attitude and behavior changes to increase modern contraception adoption. The pharmaceutical research leads to new products to sell in developing markets identified by business research where social science research has created demand. The research grants are structured to support the BMGF's neoliberal agenda and a capitalistic approach to healthcare.

This approach is problematic because it fails to examine the capitalistic mechanisms that cause poverty, inequality, and underdevelopment in the first place. Economic analysis to understand the ways in which an organization is structured and behaves relative to the marketplace is what Gomery (1989) called the study of industrial conduct. The BMGF is a nonprofit organization that operates like a for-profit corporation. It uses grant money to fulfil the market goals of research and development, supply chain

logistics, and market creation. Ultimately this research benefits the BMGF and its private sector partners through capitalistic enterprises that accumulate wealth.

It is not strictly an altruistic endeavor. Hartley (2009) identified the structure through which capitalistic ownership concentrates power through this model, “Individuals originate ideas; networks adopt them; enterprises retain them” (p. 63). According to Murdock (2014), “the easy rhetoric of coproduction and co-creation conceals a reality of exploitation” (p. 32). This succinctly describes the BMGF’s language around grantees as partners in global family planning. Universities and NGOs are not going to accumulate wealth from family planning technology, healthcare systems, and market creation, but Bayer, Merck, TEVA, and Microsoft can, which will increase the money and power the BMGF has over the global family planning industry. Structural agreements with the World Bank, a large BMGF grantee, means underdeveloped nations must restrict government social services in favor of free-market solutions that concentrate power and wealth in the same organizations attempting to alleviate poverty through BMGF grants and partnerships. This kind of development from a modernist perspective shows little differences from traditional population control measure of the mid-twentieth century.

Research question 1a asks how does the BMGF structure family planning grants? The BMGF situates itself as a partner of its grantees, but it also exerts power by implanting its own employees in the grant projects. It does not give money to organizations without expectations. In some cases, it even installs a BMGF employee on the grantees’ board of directors. This dominant approach to giving leaves little room for grantees to operate independently. A BMGF project manager helps plan the grant



application, helps write the grantees strategic plan for implementing and evaluating the project, supervises the project, and evaluates the results based on the agreed upon outcome. Grantees have little autonomy in the process.

The BMGF may call its grantees partners, but it is not an equal partnership. Money is flowing from the foundation to grantees who are dependent on the BMGF for their existence, so their choices must reflect the values and mission of the foundation. The project managers have the power to change a project's trajectory or implementation if the outcomes or evaluation don't meet the agreed upon progress. The inherent power imbalance in the partnerships makes the BMGF grant process a top-down structure that favors the foundation's interests above that of its grantees. Melkote and Steeves (2015) observed that "the structural and normative conditions of organizations that sponsor social marketing projects and their relationships with and dependence on funding sources have a profound effect on the nature of their work" (p. 278). The BMGF is acting as a corporate governing body and treats its grantees like subsidiary companies tasked with carrying out the foundation's mission. The grant website now only accepts grant applications for specific projects its project managers have identified as areas the BMGF should be investing. There is not an open call for grant applications.

The BMGF says it values transparency in its operations, and in 2013 committed to the International Aid Transparency Initiative (IATI). The website says that collaboration is easier and more effective when partners have access to information and data, and that transparency creates trust and learning opportunities among the international development community. In my analysis I found that this transparency serves as an image management function to create a positive reputation for the foundation. Along with the

now private *Outcome Investing* video, the links to the IATI lead to an error message, even though the policy and commitment is still located in the BMGF Policy section. Once you click on the link to the grantees' website it takes you to the grantees' homepage, not a page with the grant project. You then need to search the grantee website to see if it mentions the BMGF and gives more detailed descriptions of its grant projects. I attempted to email the foundation to see what grant archives are available to the public and received no reply. The BMGF announced that in January 2021, it will unveil an open-source database of all published research funded by the foundation, but that dataset will open too late for this study and only contain published materials. Tracing the grant money to individual projects from grantee organizations would take a much larger research effort but reviewing published research could offer a more in-depth analysis of how institutional grantees used their funding.

Research question 1b asks how does the BMGF fit within the broader global family planning community? The foundation is a driving force in global family planning and global health governance. It partners with wealthy Western nations to implement its family planning goals in developing nations. It is responsible, along with the UK government, for founding the Family Planning 2020 organization that raises billions of dollars annually to promote global family planning policies, research, educational programs, and persuasive campaigns. FP 2020 is a joint venture among NGOs, governments, and corporations, many of which are BMGF grantees. The BMGF exerts power in the global family planning community by controlling most of the funding. It grants money to projects for bilateral donors like USAID and the UK's Foreign, Commonwealth, & Development Office, as well as multilateral donors like the World

Bank and UNFPA. It exerts economic power in the form of grant money and influences international and national policies on family planning.

The BMGF has created a complex network of relationships in the global family planning community. The World Bank was the second largest BMGF grantee from 2014 to 2018 and received \$282 million. It lists its three priorities as creating sustainable economic growth, investing in people through the Human Capital Project, and building resilience through shocks (The World Bank, 2021). The Human Capital Index (HCI) (2021) defines human capital as the “knowledge, skills, and health that people accumulate over their lives” (p. 229). While this sounds like a well-rounded approach to measuring development, the HCI barely masks its modernism in determining a person’s potential as a future worker based on education, health, and income. Health serves merely as a means of making people better able to reach their potential as workers in free-market capitalism. Contraception improves women’s health and allows them more time to fully realize their economic potential by increasing their income. The World Bank also issues structural agreements that create more favorable economic conditions to identify emerging markets in developing nations.

Most NGOs receive funding from multilateral donors like USAID and UNFPA, but the BMGF funds those organizations along with wealthy Western governments. The foundation is often listed along with USAID on projects by Pathfinder, DKT International, and Jhpiego, among others. It positions the BMGF as global partners with the US, UK, and Canadian governments, among others. According to Rai (2002), as structural agreements decrease the roles of government in developing nations in favor of

free-market capitalism, the accumulation of capital leads to an accumulation of regulatory power.

In the context of the changing role of the national state, these regimes of power play a particularly important role of normalizing, legitimizing, and promoting the ‘common sense’ discourse of free enterprise and individual and corporate property rights, as opposed to an envisioning of a collective good. (Rai, 2002; p. 136)

Rai (2002) uses Bakker’s (1994) development paradoxes to argue that more poor women are worse off because of structural agreements, and that as economic disparity worsens, and more women are encouraged to enter the labor force and continue caregiving duties, their health and reproductive capabilities suffer. Women replacing men in the labor force leads to more violence against women, a subject that the BMGF does not mention in connection with family planning or gender equality (Rai, 2002; Elson, 1995).

The BMGF’s regulatory power over its grantees in global family planning is both supervisory and consistent with Mills’ (2000) theory of social equilibrium. The BMGF uses social media to disseminate messages that resonate with a wealthy Western audience. It uses images that normalize and reinforce neoliberal narratives of people in underdeveloped nations. This serves two functions for the BMGF. First, it serves a way for media to naturalize and reify the foundation’s capitalistic approach to family planning for its grantees who carry out projects on the ground. Second, it creates messages that divorce personal choices to alleviate poverty from structural forces that contribute to inequality and wealth disparity. It perpetuates wealthy Western ideas about bringing modern contraceptive methods to women who can then make the right choices to be more productive members of society. It creates and reinforces social norms through its network of grantees to engineer what Mills (2000) called social control, or the motives people

gain to uphold the social equilibrium, even if that means perpetuating structural inequalities.

To determine how BMGF digital messages about family planning depict local culture and societal norms I also analyzed website content and Twitter posts. I examined BMGF documents like Melinda French Gates' letter "Putting women and girls at the center of development," text and images on the Family Planning section, and BMGF tweets from the @gatesfoundation account. I found that BMGF messages about family planning eschew local culture for a homogenized depiction of women in developing nations. Messages use language like empowering women to take charge of their healthcare, but they present an individualistic bias by placing the contingency of broader development goals on family planning choices women and girls make. The foundation uses capitalistic language like investment, return on investment (ROI), employment, and income as outcomes women can expect from fewer pregnancies. The BMGF depicts family planning as a tool for women to alleviate their own poverty and contribute to the prosperity of their communities.

The BMGF messages use depictions of women and girls from broad regional perspectives like Africa and Southeast Asia. I found no depictions of women or girls from South America or Latin America. The only representations of local culture came from campaign articles spotlighting grantee projects. A few messages mention health outcomes like positive reproductive, maternal, newborn health outcomes. More messages refer to global health outcomes and health education. The majority of message (52.6%) don't reference health outcomes at all. The elements of culture and society present in the BMGF messages appeared in descending order from broad categories like gender and

social change present in most messages, to few instances of specifically local cultural categories like ethnicity and religion. Please see Figure 10 on page 99 for a complete list of local culture and societal norms categories.

Twitter is a microblogging site, so it contains short messages that don't have a lot of room to contend with many intersectional dimensions of women's lives. However, the messages worked together to form a broader picture of women grouped together based on conditions of poverty and disempowerment. It depicted women in underdeveloped nations as lacking contraceptive choices, which are the key to alleviating their own poverty and improving their families and communities. Most posts did not specify which country women were from and lacked any reference to specific ethnic backgrounds. One striking feature was that all the women on the website and the tweets were women and girls of color except for Melinda French Gates. She is often the only white person in the photo and centered in the frame. This is consistent with Yu's (2021) description of the white savior complex she found in Ugandan documentaries. On the one hand, the messages talk about women having the agency to choose their own destiny by controlling whether, when, and how many children to have. On the other hand, the messages say that the barrier most women face to having this choice is unsatisfactory contraceptive methods that the BMGF can research, develop, and supply.

The most prevalent representation in all BMGF messages was gender, which is consistent with the foundation's mission to put women and girls at the center of development. Research question three asks how do BMGF family planning messages represent gender equality? I used the same digital documents and social media posts to address this question as I did for research question 2. The BMGF website's Family

Planning section only uses the words gender equality once while talking about the broader impact of family planning to achieving development goals. Gates' (2014) letter frames the foundation's approach to family planning and gender equality. "The challenge focuses on how to effectively reach and empower the most vulnerable women and girls to improve health and development – including economic – outcomes as well as gender equality" (p. 2). The letter argues that development outcomes are limited by the disempowerment and marginalization of women, and that underdevelopment can be alleviated by empowering women and girls and addressing gender inequalities.

The BMGF has a separate website called the Gender Equality Toolbox. This website doesn't address family planning directly but gender equality broadly. It contains resources for program officers to use when working with grantees on development projects. It contains a gender lexicon, a conceptual model for women and girls' empowerment, methods for measuring empowerment, a gender equality primer, a gender integration guide, a gender integration marker, and a gender integration job aid resource. The top of the homepage says the site is meant to guide foundation staff and partners "in designing, managing, and measuring the results and impact of gender intentional and gender transformative programs and investments" (Gates, 2021; Gender Equality Toolbox). This website is intended to show transparency in how the organization prioritizes gender in its programs. However, it is ironic that the foundation made this website accessible to the public while choosing to hide the *Outcome Investing* video behind a privacy wall. An in-depth analysis of the Gender Equality Toolbox should be conducted to analyze the foundation's gender conceptual model and policies for global development grantees, but that is outside the scope of this study.

It is important to note that in the Family Planning section of the website gender equality is mentioned as an outcome of adopting modern family planning methods and improving development, but it is not central to the language the BMGF uses for family planning. None of the social media posts contained any mention of gender equality. A few mentioned gender inequalities, but most of the posts contained messages about empowering women and girls to be accountable for their own health outcomes. One message in the Gender Equality Toolbox (2021) said that the shift to centering women and girls in development means viewing them not as beneficiaries of healthcare and development programs but as change agents responsible for their own and collective empowerment.

This is consistent with Orgad's (2020) comment on how neoliberal media discourses "privatize public issues" (p. 636). She uses Foucault's work to highlight how "cultural and media narratives disavow and evacuate collective language, structural explanations, and concerns over justice, replacing them with individualized and psychologized modes of thinking, feeling, and being in the world" (Orgad, 2020; p. 636). Powerful institutions like the BMGF individualize and normalize narrative of personal empowerment without analyzing the roles institutions play in structural inequality. Yu (2021) echoes this within the context of the institutional white savior complex as well. "The institutional white savior complex is not a product of random people acting on their own but is a result of actual institutions and a larger system that produces and reinforces the same system of inequality" (Yu, 2021; p. 3). Gender equality is depicted by the BMGF as a state that can be achieved through technological advances and free-market



economics not state-sponsored welfare programs. Women and girls just need to make the right choices for themselves and their communities.

Finally, I asked research question 3a, how do BMGF family planning messages depict women? As discussed earlier, the BMGF messages depict women as a group defined by their disempowered state of poverty and oppression. These messages are consistent with Mohanty's (1988) observations of the "third-world women" present in Western feminist discourse. The BMGF's lack of messages addressing local culture and societal norms creates a single narrative framework for women from myriad regional, national, and ethnic backgrounds. Women and girls are seen in photos wearing generic traditional looking clothing from broad regions of the world without any accompanying language to provide cultural or identity context. Women are contrasted with modern Western representations of women in the photos that show Melinda French Gates talking with women and girls in the world's poorest countries.

The depictions are problematic because they lack context. The reader might assume that Gates is talking with women in India or Pakistan based on their clothing, but the photo could also be of a conversation that happened in the US or UK. There are no cultural or societal markers except the clothing. Another peculiarity is that many of the photos of women and girls depict them sitting on the floor. This might be a cultural phenomenon but again there is no context. It could represent customs in specific cultures, or it could represent a stereotype about poverty. Women shown talking to Melinda French Gates, who is centered in the frame, are looking at her and smiling. This is consistent with the white savior complex in which women of color gaze adoringly on the

white Western woman. It also speaks to the socioeconomic differences between Gates as the benefactor and the women as beneficiaries.

How the BMGF depicts women is important because it has such a broad economic influence over global family planning. Its images of women as keys to economic development get internalized by its grantees and passed along to women in developing nations. Foundation messages of women as responsible for alleviating their own poverty, improving their healthcare, providing for their families, and contributing to their communities means they are responsible for both economic development broadly and underdevelopment. Maternal and newborn healthcare is often shown as improved through birth spacing, not through structural changes in healthcare systems or government welfare programs. This normalizes the individual woman's responsibility in a capitalistic society to educate herself, make smart choices about reproduction, join the labor force to provide for her family, and give back to her community. It's Mills (2000) idea of motivating individuals to uphold the social equilibrium in a neoliberal context.

### **Theoretical Contribution**

This section outlines this case study's theoretical contributions. Global family planning is a system of bilateral and multilateral donors, NGOs, and private sector companies working to enhance development by providing access and education about family planning to women and girls in the developing world. It is too complex to examine from a single theoretical lens. I used a combination of CPEC scholarship, devcom scholarship, feminist frameworks, and public health communication research to analyze the BMGF's role in global health governance, which I reviewed in Chapter III. This

research is solely focused on the BMGF and does not examine its partners or grantees. It is meant as a beginning case study on how the BMGF is situated in the global family planning community and how it produces digital messages about family planning within its broader mission of global development.

Levine (2001) argued that power is the central organizing principle of economic interaction and outcomes. He describes the exercise of power as combining with the political to create the economy as a political reality. The BMGF generates over \$2 billion annually from donations and the trust's investment portfolio. Its large economic power gives the foundation economic clout and political power in the global development community broadly and the global family planning community specifically. Mosco's (2009) definition of political economy as "the study of the social relations, particularly the power relations, that mutually constitute the production, distribution, and consumption of resources" informed my examination of how the foundation structures exerts political and economic power through its grant process (p. 24). The BMGF structures its partnerships and grantees through a vertical integration process by which it influences research into family planning technologies and innovations, projects on social processes like persuasive attitude and behavior change campaigns, the distribution of family planning supplies and educational resources, and governmental policies on family planning.

Smythe's (1977) seminal work argues that CPEC must interrogate the economic functions mass media systems serve in "attempting to understand their role in the reproduction of capitalist relations of production" (p.1). The BMGF is legally a nonprofit organization that is funded largely by a trust established by Bill Gates and Warren Buffet

from the profits of their capitalist enterprises. Despite its nonprofit status, the BMGF is a reproduction of the capitalistic relations of production that established it. It is an example of Bishop and Green's (2007) philanthrocapitalism model that posits doing social good while also making a profit. The BMGF trust holds stocks and bonds primarily in Microsoft and Berkshire Hathaway, which means the foundation's economic health depends on the continued success of these multinational conglomerates. It is also an investor in pharmaceutical companies that supply contraceptives for projects the BMGF funds. By increasing funding for the research and development of new contraceptive methods, the BMGF is using the persuasive campaigns and educational programs it funds to create new markets for the pharmaceutical companies in which it invests.

CPEC attempts to expand the definition of development from a strictly modernization approach to include the social, cultural, and physical wellbeing of people in underdeveloped nations. This approach aligns with recent devcom definitions of development through a participatory paradigm. The BMGF uses the language of choice in its messages, but it outlines only one clear path of eliminating unwanted pregnancies and spacing out births to achieve its broader development goals. The foundation appears to support Sen's (1999) argument that political freedoms and civil liberties do not have to be justified in economic terms, but the evidence suggests that by situating family planning as a tool to achieving broader development goals complicates the BMGF's claims of providing women and girls with the agency to control their own health outcomes. Melkote and Steeves (2015) argue that the agency to make critical personal decisions is essential, but a choice that has only one acceptable option is not a choice.

Mohanty (1988) argued that “Western feminist scholarship cannot avoid the challenge of situating itself and examining its role in such a global economic and political framework” (p. 63). The BMGF attempts to incorporate cultural and social markers of development in its discourse, at least in the forward-facing messages on its website and social media. The evidence I found of its actual role in global family planning is of an organization at the top of a top-down organizational structure that prioritizes economic development of other paths to development. It takes an individualist approach to development by putting the onus of broader development markers like poverty alleviation on the shoulders of women and girls. Melkote and Steeves (2015) found that “commercial mass media and individualist biases evident in many large-scale campaigns have spread to NGOs, which increasingly are the implementers of bilateral and multilateral aid” (p. 279). Some of the BMGF grantees conduct grassroots family planning campaigns that incorporate local culture and societal norms, but the BMGF itself does not.

I examined a few of the grantees’ websites while analyzing the foundation’s committed grants in family planning. The foundation claims transparency of how it works, but the BMGF website only contains short paragraphs describing each grant and directs you to the grantee’s website. Some of the grantee websites contain detailed descriptions of their BMGF funded projects and some do not. A detailed examination of individual grantee projects in family planning are necessary to determine how exactly the BMGF money is being used, like Azhar’s (2020) study on Greenstar Marketing and DKT International’s family planning campaigns in Pakistan. Both organizations have received millions in BMGF grants. I did find that NGOs were more likely to include detailed

project descriptions and name the BMGF as sponsors. Private sector companies like TEVA and multilateral donors like the World Bank and UNFPA made it more difficult to track how they spent the BMGF money.

Melinda French Gates' (2014) letter attempts to bring a feminist framework to the BMGF's global development agenda. However, the discourse on the foundation's website and in its social media messages present a generic composite picture of women in underdeveloped nations. The BMGF's approach to global family planning fits more easily into a WID framework of development because it measures development using a modernization approach that prioritizes economic development. The BMGF mentions intersectionality on its website as one of the considerations for choosing grant projects, but I found no evidence of intersectionality in its digital messages (except for the actual word intersectionality on an empowerment chart). Bowleg (2012) identified intersectionality as the way multiple categories intersect to create health disparity. The BMGF does not examine its own role or the role of capitalistic enterprises in creating or maintaining economic and health disparities in underdeveloped nations. Its messages do not acknowledge the cultural and social dimensions that intersect to inform women's lives and choices.

The BMGF's digital messages about family planning are consistent with Basnyat and Dutta's (2011) definition of family planning as reproductive health discourse or reproductive rights, which includes "(1) the freedom to decide how many children to have and when to have them, and (2) the entitlement to family planning information and services" (p. 339), and with Dixon-Mueller's (1993) third component that isn't currently in the definition as "the right to control one's own body" (p. 113). The BMGF uses the

terms agency, freedom, and reproductive rights to describe its mission in global family planning. However, the language does not include cultural or social forces that inform women's family planning decisions. The foundation's messages do not account for spousal input, religious beliefs, or contraception accessibility, which account for the multiple social and cultural factors that intersect in women's lives.

Hornik's (2002) finding that exposure is key to a public health campaign's effectiveness problematizes the BMGF's use of mass media to share its messages. The BMGF's digital messages privilege technologically advanced audiences with internet access. The BMGF's target audience for its digital messages appear to be wealthy Western audiences and not the women and girls it seeks to influence. This case study examined the BMGF's structured and strategic relationships and its production of digital messages not audience effects, but a detailed audience analysis is available in Chapter VI.

## **Limitations**

This study has several limitations. The goal of this research was to understand the BMGF's role in global family planning using multiple theoretical approaches. I used qualitative analysis for this case study, so my results are not generalizable to a larger population. The results are specific to the BMGF. I did not analyze the individual BMGF grantees and their work in developing nations. This case study is meant as a first step in examining the BMGF's influence on global family planning, as such it was important to analyze the BMGF's ideology and media messages it disseminates about family planning. As one of the leading global health governance actors, the BMGF exert influence over how the development community prioritize and discuss family planning. A larger study

might look at individual BMGF partners and their family planning campaigns. With more time and resources, I would want to trace the BMGF grant money through its grantees to see how much results in actual accessible contraceptives. I would also like to research the BMGF image in the developing countries it serves.

The Twitter sample for this study was too small to conduct a quantitative analysis. I found that when I began data collection the BMGF does not produce many messages about family planning per month on its social media accounts. Many of the organizations that follow the @gatesfoundation twitter account are its grantees. Engagement was low for such a large organization. Most tweets only averaged about 50 re-tweets and about 10 comments. Another avenue of study might be analyzing why the BMGF doesn't have more engagement on its social media platforms. In this case study I chose to look at frequencies and examine the textual material of the tweets from a critical-cultural lens. There are multiple other theoretical approaches to take in examining social media material, and this research is localized to this source material. My conclusions are not generalizable to larger social media data sets or other social media accounts.

As is a qualitative study, I must account for my own bias. According to Strine (1997), academic voices “mediate human consciousness, linking utterances to particular points of view, value orientations, and conceptual horizons” (p. 449; in Lindlof and Taylor, 2002). I am a western, middle-class white woman working in academia. I cannot separate my subjectivity from my research. “Western research methods and techniques of writing inevitably guide our characterization of other cultures” (Gergen and Gergen, 1991; p. 76). One method of confronting bias in cultural studies is reflexivity, or “bending back on oneself” (Steier, 1991; p. 2). I approached the case study by putting



aside any preconceived ideas about the BMGF and its role in global family planning. I had no prior knowledge of the organization's social media posts or grantee relationships. I attempted to follow the evidence without bias. I did participate in a study abroad program in 2013 in Ghana where I did an internship for the Domestic Violence Victims Support Unit (DOVVSU) of the Ghana police. I did see various western aid organizations and some of their contributions to maternal and newborn health campaigns. I did not specifically encounter the BMGF during my work, but it is worth noting that this case study was written using the Microsoft office Suite.

## **Recommendations**

This case study is meant to be a first step in analyzing the BMGF's role in global family planning. It raised multiple questions for future research. I examined how the BMGF structures its grantee relationships using CPEC, but a future study might analyze specific organizations the BMGF supports and how exactly those organizations spend their grant money. It was difficult to track how family planning grant money led to actual family planning resources for people in developing nations. Some grantees included detailed archives of how they used the money, but most did not. This inquiry might include in-depth interviews with organization leaders their work in developing nations to find out what kind of influence the BMGF has on daily operations. The BMGF's other Twitter accounts contain posts in local languages that spotlight local partners. I only speak English, so I was not able to examine those posts. A new path of inquiry might be to compare those accounts to the main @gatesfoundation account.

As mentioned above, an audience effects study could examine how BMGF grantees use mass media and interpersonal communication to reach audiences in developing nations. It would also be interesting to find out how the BMGF is perceived in its focus countries. Is it seen as the benevolent benefactor that it claims in its impatient optimistic messages, or do local populations view the foundation as an oppressive structure that perpetuates inequalities? Since most research about the BMGF is funded by the BMGF, it is important that future research is conducted independently to continue analyzing the foundation's role in global development. It would be interesting to see if grantee organizations reinforce the BMGF's neoliberal agenda and depictions of women and girls. A more detailed study examining the BMGF's relationship with the World Bank and other multilateral organizations like the UN could assess how family planning factors into loans, structural agreements, and development programs from those organizations. What role do member governments play in promoting family planning policies as conditions for aid?

## APPENDIX A

### BMGF FAMILY PLANNING GRANTS

Year	Total Grants	Total Amount	Grantee/Purpose	Amount	Location	Grant Topic	Category
2014	43	\$152,820,313					
1			<b>New Venture Fund-N</b> <i>To advance the work of the global development community by providing targeted funding to support global development policy, communications, and advocacy efforts</i>	\$50,559,457	Washington, D.C.	Agricultural Development, Delivery of Solutions to Improve Global Health, Empower Women and Girls, Enteric & Diarrheal Diseases, <b>Family Planning</b> , Financial Services for the Poor, Global Health & Development Public Awareness & analysis, HIV, Malaria, Maternal, Neonatal and Child Health, Nutrition, Pneumonia, Polio, Public Awareness & Analysis, Research & Learning Opportunities, Tobacco Control, Tuberculosis, Water, Sanitation and Hygiene	Grants Education Policy Communication
2			<b>Microchips Biotech, Inc.</b> <i>To develop a personal system that enables women to regulate their fertility</i>	\$20,470,038	Lexington, MA	Family Planning	Research
3			<b>Johns Hopkins Center for Communication Programs</b> <i>To contribute to the Government of Indonesia's 2020 family planning goal by addressing barriers to supply and demand in select districts that align with government priorities</i>	\$17,344,845	Baltimore, MD	Family Planning	Supply Policy
4			<b>TEVA Pharmaceuticals</b> <i>To support the family planning needs of women in low-income countries</i>	\$16,949,225	Rapperswil SG, Switzerland	Global health, <b>Family planning</b>	Supply
5			<b>Health Strategy &amp; Delivery Foundation-N</b> <i>To support Nigeria's Saving One Million Lives Initiative (SOMLI) program which endeavors to save the lives of 1,000,000 mothers and children</i>	\$12,299,098	Abuja, Federal Capital Territory, Nigeria	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Nutrition	Supply
6			<b>Pathfinder International</b> <i>To support the government of Niger's efforts to accelerate access to family planning, with</i>	\$11,765,248	Watertown, MA	Family Planning	Supply Policy

			<p>a particular focus on access to injectables and long-acting reversible contraception (LARC), among three target groups: married and unmarried youth, postabortion care and postpartum clients, and other women of reproductive age with unmet need for contraception</p> <p><b>Initiative de Mobilisation pour l'Accès à la Contraception pour Tous</b></p>				
7			<p><b>Population Services International</b></p> <p>To demonstrate the benefits of engaging the private sector to help achieve Family Planning 2020 goals and improve the knowledge of key influencers and decision makers in India for efficient public-private partnerships in family planning</p> <p>TCI-The Challenge Initiative with USAID</p>	\$8,405,351	Washington, D.C.	Family Planning	Policy Education
8			<p><b>Development Research and Projects Center</b></p> <p>To support Nigerian civil society organizations to build partnerships that will advocate for national and state governments to fulfill commitments and initiate reforms in support of child and family health in Nigeria</p>	\$8,399,306	Nassarawa GRA, Kano, Nigeria	Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases, <b>Family Planning</b> , Nutrition, Pneumonia	Policy
9			<p><b>World Health Organization</b></p> <p>To ensure equitable access to quality family planning services at scale, maintaining Family Planning as a global development priority through favorable policies and resource mobilization, and using evidence to optimize services</p>	\$5,710,386	Geneva, Switzerland	Family Planning	Policy Supply
10			<p><b>Clinton Health Access Initiative</b></p> <p>To increase access to contraceptive implants in the developing world as part of a larger effort to ensure that all women have access to the broadest range of</p>	\$5,051,687	Boston, MA	Family Planning	Supply

			<i>family planning methods possible</i>				
11			<b>Oregon Health Science University</b> <i>To develop additional safe, effective, acceptable and accessible methods of permanent or very long-acting contraception that will fill an unmet need for women who have reached their desired family size and do not wish to become pregnant again</i>	\$4,999,999	Portland, OR	Family Planning	Research
12			<b>Population Foundation of India</b> <i>To improve the knowledge of key influencers and decision makers in India for the urgent need to increase availability of quality family planning services, including access to a broad range of contraceptive options in the country</i>	\$3,868,887	New Delhi, Delhi, India	Family Planning	Research Policy
13			<b>Population Services International</b> <i>To provide consistent monitoring on the availability and accessibility of Family Planning products and identify areas where work needs to be done to increase access</i>	\$3,750,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Policy Education
14			<b>Marie Stopes International – US (MSI Reproductive Choices)</b> <i>To demonstrate an innovative model of provision of quality family planning services through mobile clinical outreach teams in select districts of Bihar and advocate for the scale up of this model into the remaining districts of Bihar</i>	\$3,498,070	Washington, D.C.	Family Planning	Supply Policy
15			<b>Global Health Strategies</b> <i>To strengthen the political and public prioritization of reproductive, maternal and child health issues in Uttar Pradesh, leading to an improved environment for policy and programming in the state</i>	\$3,357,799	New York, NY	<b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Nutrition	Policy Communication

16			<p><b>Population Council, Inc.</b>  <i>To conduct a study in Bihar and Uttar Pradesh that will establish the levels, patterns and trends in the situation of younger and older adolescents, including the extent to which these adolescents are endowed with a set of assets (or disadvantage)</i></p>	\$3,302,763	New York, NY	<p><b>Family Planning</b>, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health</p>	Research
17			<p><b>DKT International, Inc.</b>  <i>To expand modern contraceptive prevalence with a focus on long-acting reversible contraception</i></p>	\$3,285,574	Washington, D.C.	Family Planning	Supply
18			<p><b>Ministry of Health and Social Action – Senegal</b>  <i>To support the implementation of the National Strategic Plan for Community Health in Senegal</i></p>	\$3,005,942	Dakar, Senegal	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis	Research Education
19			<p><b>United Nations Foundation</b>  <i>To support one-time, concrete unanticipated gaps that any Family Planning 2020 country might encounter as they work towards achieving Family Planning 2020 goals</i></p>	\$2,708,876	Washington, D.C.	Family Planning	Supply Education Research Policy Grants Communication
20			<p><b>World Health Organization</b>  <i>To conduct an RCT on a social accountability approach in two countries to better address and meet women's and girls' contraceptive needs</i></p>	\$2,700,001	Geneva, Switzerland	Family Planning	Research
21			<p><b>United Nations Population Division</b>  <i>To improve the quantity, quality, transparency and accessibility to country programs of key family planning indicators and the population data (denominators) that are fundamental to their calculation and accuracy</i></p>	\$2,242,618	New York, NY	Family Planning	Research
22			<p><b>Centre for Catalyzing Change</b>  <i>To improve maternal and newborn health and related RMNCH indicators nationally to help achieve MDG 4 and 5, in India by catalyzing commitment and</i></p>	\$2,059,294	New Delhi, Delhi, India	<p><b>Family Planning</b>, Maternal, Neonatal and Child Health, Nutrition</p>	Education

			<i>action for RMNCH+A</i>				
23			<b>University of Washington Foundation</b> <i>To support research into products which provide both contraception and HIV prevention to women</i>	\$1,815,087	Seattle, WA	<b>Family Planning, HIV</b>	Research
24			<b>Research Triangle Institute</b> <i>To assess different potential delivery forms for prevention of HIV and unintended pregnancy by eliciting the attitudes, preferences, and experiences of female end-users, their male partners, and healthcare providers</i>	\$1,772,739	Research Triangle Park, NC	<b>Family Planning, HIV</b>	Research
25			<b>IntraHealth International, Inc.</b> <i>To strengthen the Ouagadougou Partnership (OP) Coordination Unit to serve as a communication hub among countries and donors, provide technical support for national plan updates and monitoring, organize study tours for cross-country learning and dissemination of impactful practices, and strengthen linkages among select countries of francophone West Africa, the core OP donors and other existing and potential donors</i>	\$1,706,555	Chapel Hill, NC	Family Planning	Policy Education
26			<b>Magee – Women’s Research Institute and Foundation</b> <i>To support research into products which provide both contraception and HIV prevention to women</i>	\$1,499,998	Pittsburgh, PA	<b>Family Planning, HIV</b>	Research
27			<b>Population Action International</b> <i>To expand the Advance Family Planning (AFP) Opportunity Fund (OF) to include a new grant stream earmarked to support Faith Based Organization (FBO) advocacy for family planning at the national level, and provide technical assistance</i>	\$1,499,986	Washington, D.C.	Family Planning	Policy Grants
28			<b>Management Sciences for Health</b>	\$1,497,686	Medford, MA	Family Planning	Policy Supply

			<i>To advance emergency contraceptives (EC) access and integration at the global level while pursuing key “game changers” to increase EC access in selected countries, in collaboration with local partners</i>				
29			<b>Avenir Health, Inc.</b> <i>To support the achievement of Indonesia national family planning goals to expand access to voluntary and high-quality family planning through testing and scaling up proven interventions in selected provinces and districts</i>	\$1,276,416	Glastonbury, CT	Family Planning	Policy
30			<b>Tulane University</b> <i>To support the implementation of the Multisectoral National Strategic Plan for Family Planning in the Democratic Republic of Congo: 2014 – 2020, as well as ongoing efforts to increase modern contraceptive use in the capital city of Kinshasa</i>	\$1,248,088	New Orleans, LA	Family Planning	Policy Supply Education
31			<b>CARE</b> <i>To enable marginalized communities in India to organize self-help groups to improve health behaviors and practices and improve access to health services</i>	\$999,986	Atlanta, GA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Education
32			<b>Forum for Family Planning &amp; Development</b> <i>To support national and sub-national advocacy efforts to improve the policy environment and to ensure sufficient resources for family planning in the Philippines</i>	\$968,538	Quezon City, Philippines	Family Planning	Policy Supply
33			<b>University of Melbourne</b> <i>To the support the Lancet Commission on Adolescent Health to develop a report that summarizes the latest evidence for supporting comprehensive adolescent health programs to achieve health and development outcomes</i>	\$824,771	Melbourne, Victoria, Australia	Family Planning	Research



34			<b>CONRAD/Eastern Virginia Medical School</b> <i>To support research into delivery platforms for multipurpose technologies that could prevent both HIV acquisition and unplanned pregnancies</i>	\$785,683	Arlington, VA	Family Planning, HIV	Research
35			<b>International Bank for Reconstruction and Development (World Bank)</b> <i>To accelerate the demographic transition in the Sahel Region</i>	\$750,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Policy
36			<b>Christian Connections for International Health</b> <i>To improve the policy and funding environment for family planning in Kenya and Zambia, by engaging and training faith-based organizations as advocates and creating a replicable model for faith-based advocacy for family planning.</i>	\$749,999	Alexandria, VA	Family Planning	Policy Education
37			<b>International Planned Parenthood Worldwide, Inc.</b> <i>To strengthen the role of the network in the diffusion and scale up family planning behaviors and practices in Nigeria</i>	\$431,947	London, United Kingdom	Family Planning	Education
38			<b>New York Academy of Medicine</b> <i>To support the 12th International Conference on Urban Health to take place in Dhaka, Bangladesh to further disseminate the findings from the Urban Health Initiative findings and continue to share best practices to expand access to voluntary Family Planning (FP) for the urban poor</i>	\$410,948	New York, NY	Family Planning	Education
39			<b>PATH</b> <i>To support the work of the Alliance for Reproductive Maternal Newborn Health Secretariat to accelerate progress towards Millennium Development Goals (MDGs) 4 and 5 and document the results once the partnership</i>	\$271,665	Seattle, WA	Family Planning	Grant

			<i>is complete in September 2015</i>				
40			<b>National Academy of Sciences</b> <i>To support the appointment of a committee of experts to conduct a workshop to assess the determinants of the slow fertility transition in sub-Saharan Africa</i>	\$224,125	Washington, D.C.	Family Planning	Research
41			<b>Avenir Health, Inc.</b> <i>To implement the next round of the Family Planning Effort Scores that measures the public sector effort towards providing family planning services. This is an ongoing index that has been applied for the last three decades in over 80 countries. This round is adding a new set of questions intended to measure specific government program components that are in line with FP2020 focus on family planning services being implemented within a rights and empowerment framework</i>	\$200,000	Glastonbury, CT	Family Planning	Research
42			<b>United Nations Population Fund</b> <i>To provide support for organizing a meeting on evidence-based programming for adolescents, with a strong focus on presenting the latest evidence, convening key stakeholders - including representation from focus countries and youth-led non-governmental organizations - and identifying an action agenda for girl-centered programs and policies</i>	\$128,159	New York, NY	Family Planning	Education Policy
2015	51	\$501,469,152					
1			<b>International Bank for Reconstruction and Development (World Bank)</b> <i>To contribute to the Global Financing Facility (GFF) in Support of Every Woman, Every Child, a multi-donor trust fund housed at the World Bank in order to provide financial support to enable countries to invest in strategies and intervention</i>	\$280,357,933	Washington, D.C.	Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases, <b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition, Pneumonia, Research and Learning Opportunities	Grants

2			<p><b>Family Health International</b>  <i>To support a clinical trial comparing HIV incidence and contraceptive benefits in women using three family planning methods in four sub-Saharan African countries</i></p>	\$33,244,549	Durham, NC	<p><b>Family Planning, HIV</b></p>	Research
3			<p><b>JSI Research &amp; Training Institute, Inc.</b>  <i>To contribute towards sustainably improving health practices within communities and the primary level health care system through the application of innovative solutions that are informed by evidence-based best practices</i></p>	\$29,755,597	Boston, MA	<p>Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases, <b>Family Planning</b>, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, MNCH Discovery and Tools, Pneumonia</p>	Research Education
4			<p><b>Johns Hopkins University</b>  <i>To eliminate supply and demand barriers to family planning in order to increase contraceptive use in Nigeria</i></p>	\$18,128,276	Baltimore, MD	<p>Family Planning</p>	Supply
5			<p><b>Population Services International</b>  <i>To meet the contraceptive needs of adolescents aged 15-19-year-olds by using a user-centered design and youth-driven approach in the three project countries of Ethiopia, Nigeria, and Tanzania</i></p>	\$15,000,000	Washington, D.C.	<p>Delivery of Solutions to Improve Global Health, <b>Family Planning</b></p>	Policy Supply Education
6			<p><b>Deutsche Stiftung Weltbevölkerung</b>  <i>To increase and improve funding from Germany and the EU for global health and development, to increase access to family planning funds by local civil society organizations in Africa, and to increase country finance for family planning in Africa</i></p>	\$10,877,750	Hannover, Germany	<p><b>Family Planning</b>, Global Health and Development Public, Awareness and Analysis</p>	Policy
7			<p><b>Center for Strategic &amp; International Studies, Inc.</b>  <i>To raise profile and support for key global health and development issues and policies among government officials, policymakers and political influencers, develop new champions, meet health-related security challenges</i></p>	\$9,537,181	Washington, D.C.	<p>Agricultural Development, Delivery of Solutions to Improve Global Health, <b>Family Planning</b>, HIV, Malaria, Maternal, Neonatal and Child Health, Nutrition, Polio, Public Awareness and Analysis, Tuberculosis</p>	Policy

			<i>and build global expert networks</i>				
8			<b>Tulane University</b> <i>To support the implementation of the Multisectoral National Strategic Plan for Family Planning in the DRC</i>	\$7,250,912	New Orleans, LA	Family Planning	Policy Supply Education
9			<b>JSI Research &amp; Training Institute, Inc.</b> <i>To improve performance and efficiency of contraceptive, vaccine, and public health supply chains through better data visibility and use of data</i>	\$7,143,562	Boston, MA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
10			<b>University of North Carolina at Chapel Hill</b> <i>To further knowledge and share experience with improving access, quality, and use of family planning services</i>	\$6,997,656	Chapel Hill, NC	Family Planning	Research Education
11			<b>CARE</b> <i>To address the main structural determinants constraining adolescent girls' empowerment in rural Ethiopia, and to improve their family planning, nutrition, and education outcomes</i>	\$5,764,470	Atlanta, GA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition	Research Education
12			<b>VillageReach</b> <i>To improve the availability of medical commodities and supplies in low-income countries by developing a strong and vibrant open source logistics management information system platform and a supporting community</i>	\$5,112,355	Seattle, WA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
13			<b>Jhpiego Corporation</b> <i>To address the limitation of immediate postpartum family planning (PPFP) available to breastfeeding women by supporting a multi-country study to examine options in Kenya, Indonesia and Burkina Faso</i>	\$4,837,672	Baltimore, MD	Family Planning	Research
14			<b>Oxford Policy Management Limited</b> <i>To generate evidence on the success of programs in contributing towards RMNCH+N</i>	\$4,824,182	Oxford, Oxfordshire, UK	<b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Nutrition	Research

			<i>outcomes in Bihar through a systems strengthening approach</i>				
15			<b>University of California San Francisco</b> <i>To improve the quality of patient-centered care for maternal and neonatal health and post-partum family planning among urban, poor women in Uttar Pradesh, India and East Africa</i>	\$4,746,563	San Francisco, CA	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Research Education
16			<b>Jhpiego Corporation</b> <i>To support a study to introduce a group antenatal care model in Kenya and in Nigeria to determine its effectiveness, acceptability, and feasibility, compared to traditional antenatal care</i>	\$4,149,274	Baltimore, MD	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Research
17			<b>Partners in Expanding Health Quality and Access</b> <i>To increase demand for contraception and strengthen access, availability and quality of family planning services in the DRC, India, Kenya, Nigeria, Pakistan, Senegal</i>	\$3,653,069	Davis, CA	Family Planning	Education Supply
18			<b>Wits Health Consortium</b> <i>To use a sport as a tool to empower girls at critical time of adolescent transition</i>	\$3,235,077	Johannesburg, Gauteng, South Africa	Empower Women and Girls, <b>Family Planning</b>	Education
19			<b>DKT International, Inc.</b> <i>To increase knowledge and build demand for quality family planning products and services among young people in Kinshasa</i>	\$3,000,000	Washington, D.C.	Family Planning	Education
20			<b>World Health Organization</b> <i>To set up Maternal &amp; Newborn Monitoring &amp; Evaluation Reference Group to provide guidance and norms for improving maternal and newborn metrics in the post-Millennium Development Goal era that will contribute to better tracking of progress to</i>	\$2,807,115	Geneva, Switzerland	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Research Education
21			<b>Jhpiego Corporation</b>	\$2,500,000	Baltimore, MD	Family Planning	Research

			<i>To respond to the increasing and urgent need to accelerate and document promising practical, cost-effective, scalable, and replicable best practices in implant removal services</i>				
22			<b>Georgetown University</b> <i>To strengthen family planning connections: working with very young adolescents, faith-based organizations and religious leaders</i>	\$2,200,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Education
23			<b>EngenderHealth, Inc.</b> <i>To provide general operating support</i>	\$2,170,000	Washington, D.C.	Family Planning	Supply
24			<b>Evestra</b> <i>To develop an injectable contraceptive with efficacy of six months or longer</i>	\$2,100,431	Schertz, TX	Development of Solutions to Improve Global Health, <b>Family Planning</b>	Research
25			<b>Pathfinder International</b> <i>To strengthen the case for introduction of injectables at public health centers in India by conducting a pilot in Haryana and adding injectable contraceptives as a measure to ensure more choice is available at health care providers</i>	\$1,951,686	Watertown, MA	Family Planning	Research
26			<b>Equilibres et Populations</b> <i>To improve women and adolescents' sexual and reproductive health and rights in West Africa, with a focus on family planning issues, through advocacy, social mobilization and networking</i>	\$1,826,987	Paris, France	Family Planning	Policy Education
27			<b>Liverpool School of Tropical Medicine</b> <i>To promote use of data for decision-making, summative assessments on key interventions' effectiveness, and process tracking and assessments of responsiveness and sustainability</i>	\$1,738,604	Liverpool, UK	<b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition	Research
28			<b>International Center for Research on Women</b> <i>To support ongoing family planning program navigation and learning from evidence to</i>	\$1,690,309	Washington, D.C.	Family Planning	Education Research

			<i>strengthen results, and to evaluate the performance and outcomes related to program investments in both public and private sectors</i>				
29			<b>Concept Foundation</b> <i>To ensure affordable and high-quality contraceptive technologies are widely available to women and girls in lower and middle-income countries</i>	\$1,669,775	Pathumthani, Thailand	Family Planning	Supply
30			<b>University of Chicago</b> <i>To empower youth through storytelling and implement innovative, youth-developed solutions to barriers in contraceptive service delivery and uptake</i>	\$1,665,917	Chicago, IL	Empower Women and Girls, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis	Research Education
31			<b>The George Washington University</b> <i>To measure the social structures that enhance or limit the adoption of modern contraceptives in Ethiopia</i>	\$1,603,470	Washington, D.C.	Family Planning	Research
32			<b>Center for Global Development</b> <i>To generate actionable recommendations to enhance the impact of donor support to family planning and health, consistent with FP2020 goals and commitments, in a sample of focus countries</i>	\$1,507,152	Washington, D.C.	Family Planning	Research
33			<b>IntraHealth International, Inc.</b> <i>To strengthen the leadership of the Senegal Ministry of Health and Social Action (MOHSA) and improve its ability to implement and manage the performance of the national Family Planning program</i>	\$1,500,000	Chapel Hill, NC	Family Planning	Policy
34			<b>DKT International, Inc.</b> <i>To introduce Sayana Press in the private sector in urban areas of Nigeria, specifically Lagos and Ibadan, to help inform how best to expand its use through the private sector in Nigeria and other countries</i>	\$1,500,000	Washington, D.C.	Family Planning	Research
35			<b>Population Foundation of India</b> <i>To contribute to changing social</i>	\$1,499,995	New Delhi, Delhi, India	Family Planning	Education

			<i>norms around family planning, increase engagement of young people, and support the development of a sustainability plan for social and behavior change communication with a focus on entertainment education</i>				
36			<b>European Parliamentary Forum for Sexual and Reproductive Rights</b> <i>To inspire, inform, motivate and mobilize parliamentarians in Europe and in "Ouagadougou Partnership" countries to take evidence-based actions that will increase political and financial support and accountability for Family Planning RMNCAH in developing countries</i>	\$1,499,984	Brussels, Belgium	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Policy
37			<b>BBC Media Action</b> <i>To leverage high mobile phone penetration in India to provide a national platform for mobile health services to mobilize changes in knowledge, attitudes and behavior on key maternal, newborn and child health and family planning issues</i>	\$1,449,689	London, UK	<b>Family Planning, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health</b>	Education Communication
38			<b>Hope Through Healing Hands</b> <i>To build bipartisan support for healthy timing and spacing of pregnancies in order to help ensure continued US investments that save women and children's lives</i>	\$1,422,549	Nashville, TN	Family Planning	Policy
39			<b>International Bank for Reconstruction and Development (World Bank)</b> <i>To accelerate the demographic transition (i.e. reduced fertility and child mortality) and thus to achieve the broader goals of triggering the demographic dividend (i.e. economic gains) and reducing gender inequality in the Sahel region</i>	\$1,250,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
40			<b>Dimagi, Inc.</b> <i>To leverage high mobile phone</i>	\$1,207,662	Cambridge, MA	<b>Family Planning, Global Health and</b>	Education Communication



			<i>penetration in India to provide a national platform for mobile health services to mobilize large-scale changes in knowledge, attitudes and behavior on key reproductive, maternal, newborn and child health issues</i>			Development Public Awareness and Analysis, Maternal, Neonatal and Child Health	
41			<b>Futures Group Global Outreach, Inc.</b> <i>To build an evidence base on the benefits to implementing the Voluntary Rights-Based Family Planning Framework at the facility level in Nigeria</i>	\$1,121,066	Washington, D.C.	Family Planning	Research
42			<b>Brandtone LTD.</b> <i>To gain real-time insights into women's choice of contraceptive options, quality of care, and access to products in Nigeria using mobile platforms to generate evidence to family planning options to all women</i>	\$997,321	Dublin, Ireland	Family Planning	Research
43			<b>Population Council, Inc.</b> <i>To provide evidence to inform the scale-up of family planning strategies in India so that government programs and the private sector can reach rural and urban poor women with quality services more effectively, efficiently and equitably</i>	\$967,029	New York, NY	Family Planning	Research
44			<b>Grameen Foundation USA</b> <i>To improve performance of frontline workers to drive coverage, uptake, and behavior change and deliver health information and reminders to pregnant women and their families including family planning, nutrition, maternal and child health</i>	\$814,543	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health	Education
45			<b>Johns Hopkins University Bloomberg School of Public Health</b> <i>To develop a data collection toolkit for 11-13-year-olds (and associated field guides) to explore gender norms, attitudes and beliefs</i>	\$638,504	Baltimore, MD	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research

			<i>as well as the emergence of healthy sexuality in francophone West Africa</i>				
46			<b>Instituto Promundo</b> <i>To generate knowledge from quantitative and qualitative studies which will be used to drive program development and policy decision-making towards increasing gender equality</i>	\$628,867	Washington, D.C.	Family Planning	Research Policy
47			<b>Jhpiego Corporation</b> <i>To support a convening of global key stakeholders to review of best Practices on Postpartum Family Planning (PPFP), including incorporation of Long-Acting Reversible Contraceptives (LARCs) into national PPFP programs</i>	\$621,630	Baltimore, MD	Family Planning	Education
48			<b>University of Washington Foundation</b> <i>To inform programmatic action through the development of a research program that scientifically justifies and empirically evaluates a model for fertility transitions and a role for family planning behavioral change</i>	\$499,603	Seattle, WA	Family Planning	Research
49			<b>University of California San Francisco</b> <i>To develop and execute a plan for the private sector rollout of Sayana Press in Nigeria</i>	\$403,302	San Francisco, CA	Family Planning	Supply
50			<b>Guttmacher Institute, Inc.</b> <i>To create and disseminate a new Adding it Up report that will increase investment and improve policies and programs to meet the sexual and reproductive health needs of adolescents in the Global South.</i>	\$300,000	New York, NY	Family Planning	Research Policy
51			<b>What Works Association, Inc.</b> <i>To yield learning on the long-term effects of family planning programming for young adolescents and</i>	\$99,884	Morristown, NJ	Family Planning	Research

			<i>recommendations for strengthening current programming</i>				
2016	42	\$565,181,051					
1			<b>University of Washington Foundation</b> <i>To expand and consistently update the high-quality, scientific, quantitative evidence base to improve population health</i>	\$311,630,758	Seattle, WA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, MNCH Discovery and Tools, Neglected Tropical Diseases, Nutrition, Public Awareness and Knowledge Sharing, Research and Learning Opportunities, Vaccine Dev.	Research
2			<b>Johns Hopkins University Bloomberg School of Public Health</b> <i>To support a technical assistance and matching-fund mechanism to rapidly scale up Urban Reproductive Health Initiative (URHI) in new geographies, while laying the foundation for long-term Family Planning provision</i>	\$65,949,194	Baltimore, MD	Family Planning	Supply Communication
3			<b>DKT International, Inc.</b> <i>To catalyze increased trial and use of modern contraception in African, Asian, and Latin American countries</i>	\$29,500,000	Washington, D.C.	Family Planning	Supply Communication
4			<b>United Nations Foundation</b> <i>To advance objectives for vaccines, family planning, the Global Fund, malaria, and the Sustainable Development Goals</i>	\$26,929,604	Washington, D.C.	Delivery of Solutions to Improve Global Health, Empower Women and Girls, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Malaria, Polio, Research and Learning Opportunities	Communication Grants
5			<b>Population Services International</b> <i>To apply a social enterprise approach that will grow the market for family planning in India through volume and value expansion.</i>	\$17,971,222	Washington, D.C.	<b>Family Planning</b> , Global Health and Development Public Awareness and Analysis	Supply Communication
6			<b>International Planned Parenthood Federation European Network</b> <i>To advocate for sustained or</i>	\$11,021,872	Brussels, Belgium	Family Planning	Policy

			<i>increased European donor funding, increase quality of aid and political leadership for sexual and reproductive health and for family planning</i>				
7			<b>Pathfinder International</b> <i>To execute a carefully designed process to identify, refine, and evaluate transformative innovations to address non- use of modern family planning methods among women who do not wish to become pregnant, across diverse geographic and program</i>	\$7,110,000	Watertown, MA	Family Planning	Supply Research
8			<b>CARE</b> <i>To target married adolescents, those without children, to find creative models to help them delay that first birth and achieve their desired fertility intentions</i>	\$7,000,000	Atlanta, GA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply Communication
9			<b>Pathfinder International</b> <i>To develop and evaluate innovative solutions to address provider bias and to increase young people's access to quality family planning needs, counseling and methods</i>	\$6,275,962	Watertown, MA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research Supply
10			<b>Clinton Health Access Initiative Inc.</b> <i>To invest in the growth and long-term sustainability of a healthy implant market while supporting scale-up of expanded family planning method mix access and use in four countries through the use of data for decision-making</i>	\$5,781,661	Boston, MA	Family Planning	Supply
11			<b>Johns Hopkins University</b> <i>To develop efficient tracking systems for monitoring family planning program effectiveness at sub-national levels</i>	\$5,532,580	Baltimore, MD	Empower Women and Girls, <b>Family Planning</b>	Research
12			<b>Johns Hopkins University</b> <i>To support a community-based trial to evaluate pregnancy deferral and pre-conceptional micronutrient supplementation to</i>	\$4,999,952	Baltimore, MD	Discovery and Translational Sciences, <b>Family Planning</b> , MNCH Discovery and Tools, Nutrition	Research

			<i>enhance growth and nutrition of young married women and reduce adverse first pregnancy outcomes in rural Bangladesh</i>				
13			<b>Staying Alive Foundation, Inc.</b> <i>To expand the MTV Shuga media campaign in Nigeria over the next 3 years, and shift the focus from HIV to include increased messaging on family planning and contraceptive use</i>	\$4,989,573	New York, NY	Family Planning	Communication
14			<b>United Nations Population Fund</b> <i>To improve family planning commodity security through strengthened supply chain management and integration of family planning commodities in existing supply chain redesign efforts in three states in the Republic of Nigeria.</i>	\$4,000,365	New York, NY	Family Planning	Supply
15			<b>Private Sector Health Alliance of Nigeria</b> <i>To setup the Africa Resource Center as a platform to mobilize the private sector and academia to complement other actors supporting public health supply chain systems to accelerate and sustain improvement in key supply chain outcomes</i>	\$3,862,548	Victoria Island, Lagos, Nigeria	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis	Supply Policy
16			<b>PATH</b> <i>To generate evidence and guidance that decision-makers in Uganda, other FP2020 countries and at the global level can use to design, introduce and advance scalable self-injection programs</i>	\$3,775,000	Seattle, WA	Family Planning	Research Policy
17			<b>IntraHealth International, Inc.</b> <i>To support the Ouagadougou Partnership's efforts to increase access to and utilization of family planning information and services in Francophone West Africa</i>	\$3,675,124	Chapel Hill, NC	Family Planning	Supply Education
18			<b>The Henry J. Kaiser Family Foundation</b> <i>To develop usable, trusted, objective, and timely policy-relevant information and data on U.S.</i>	\$3,600,000	San Francisco, CA	<b>Family Planning</b> , Public Awareness and Analysis	Research Communication Policy

			<i>global health policy, funding, and programs</i>				
19			<b>University of California, Berkeley</b> <i>To expand the body of knowledge about the sexual and reproductive health needs of early adolescents in Tanzania</i>	\$3,398,780	Berkeley, CA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research
20			<b>Johns Hopkins University</b> <i>To enhance the evidence base on family planning and reproductive health through methodological expansions to the PMA2020 surveillance platform, and to improve monitoring of the 120 X 20 goal and beyond to the Sustainable Development Goals</i>	\$3,084,208	Baltimore, MD	Family Planning	Research
21			<b>ITAD</b> <i>To fund a multi-country process, outcomes and cost-effectiveness evaluation of "Adolescents 360", a four-year program aimed at identifying youth-driven solutions through user-centered design processes</i>	\$3,081,363	Hove, East Sussex, UK	<b>Family Planning, Research and Learning Opportunities</b>	Research
22			<b>WHO Regional Office for Africa</b> <i>To increase family planning uptake and reduce unmet family planning methods in 4 countries in the Africa through the WHO Africa Regional Office (AFRO)</i>	\$3,061,618	Brazzaville, Congo	Family Planning	Supply
23			<b>Marie Stopes International</b> <i>To expand family planning choice for women in Senegal, Niger and Burkina Faso</i>	\$2,797,019	London, UK	Family Planning	Supply
24			<b>Public Health Institute</b> <i>To evaluate and support an intervention in Malawi to end child marriage</i>	\$2,718,291	Oakland, CA	Delivery of Solutions to Improve Global Health, Empower Women and Girls, <b>Family Planning, Maternal, Neonatal and Child Health</b>	Policy Research
25			<b>Policy Cures Research Limited</b> <i>To increase current and future development of new products for neglected diseases of the developing world, by supporting increased investment</i>	\$2,583,013	Surry Hills, New South Wales, Australia	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Research

			<i>into the research and development of these new products</i>				
26			<b>CONRAD/Eastern Virginia Medical School</b> <i>To develop and evaluate the clinical proof-of-concept of a non-hormonal, more effective and safer alternative contraceptive for women</i>	\$2,452,106	Arlington, VA	Family Planning	Research
27			<b>World Vision</b> <i>To secure broad political and public support for maintaining/increasing Official Development Assistance within the United States and an increase to the International Assistance Envelope in Canada, with a particular focus on maternal and child health</i>	\$2,399,997	Federal Way, Washington	<b>Family Planning, Maternal, Neonatal and Child Health, Public Awareness and Analysis</b>	Policy Communication
28			<b>Global Health Strategies</b> <i>To create a conducive environment for improved access to informed and expanded contraceptive choices in India, aimed at improving health indicators among women and children through the voices of credible, informed champions</i>	\$2,188,779	New York, NY	Family Planning	Communication
29			<b>We Told Story Limited</b> <i>To research, develop and evaluate new ways to improve sexual and reproductive health behaviors and financial fitness among adolescents and youth in Kenya using Shujaaz interactive media</i>	\$1,999,764	Nairobi, Kenya	Family Planning	Research Communication
30			<b>University of North Carolina at Chapel Hill</b> <i>To inform future family planning investments that are intended to lead to long-term increases in urban women's, couples', and adolescents' modern family planning adoption and use</i>	\$1,754,176	Chapel Hill, NC	Family Planning	Research
31			<b>Tulane University</b> <i>To fund evaluation activities that will generate an evidence base regarding the effects and causal pathways of an intensive, theory-</i>	\$1,449,959	New Orleans, LA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research Communication

			<i>driven family planning mass communication campaign</i>				
32			<b>University of Massachusetts Amherst</b> <i>To provide a sustainable and long-term solution for routine monitoring of key health indicators at the district level, across all 69 FP2020 countries</i>	\$1,406,258	Amherst, MA	Family Planning	Research
33			<b>Global Canada Initiative</b> <i>To increase Canada's positive impact in international development and global health through increased collaboration on these issues by leading Canadian individuals and public and private institutions</i>	\$1,191,903	Westmount, Quebec, Canada	<b>Family Planning, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Public Awareness and Analysis</b>	Policy Grants
34			<b>JSI Research &amp; Training Institute, Inc.</b> <i>To improve access to health commodities including contraceptives and vaccines in Guinea by providing a technology platform and management tools for ensuring commodities are available at service delivery points throughout the country</i>	\$1,143,288	Boston, MA	Delivery of Solutions to Improve Global Health, <b>Family Planning, Polio, Research and Learning Opportunities</b>	Supply
35			<b>Stanford University</b> <i>To research the associations between social/gender norms and adolescent health behaviors and outcomes using existing data</i>	\$1,115,582	Redwood City, CA	Delivery of Solutions to Improve Global Health, Empower Women and Girls, <b>Family Planning, HIV, Nutrition, Water, Sanitation and Hygiene</b>	Research
36			<b>Jhpiego Corporation</b> <i>To develop and pilot test a simplified, contextualized, evidence-based and scalable quality assurance model for family planning and influence policy for effective scale-up by the Ministry of Health and Family Welfare</i>	\$1,102,232	Baltimore, MD	Family Planning	Research Policy
37			<b>Institute for Reproductive Health, Georgetown University</b> <i>To develop a Learning Collaborative to Advance Normative Change to</i>	\$928,142	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research Education



			<i>coordinate activities, leverage resources, set priorities for learning and action, advance thinking, share evidence and foster communities of practice</i>				
38			<b>University of Southern California</b> <i>To inform audiences on family planning and to challenge existing social norms and dogmas associated with family planning through popular TV programs, in an effort to create awareness and shift attitudes around these issues</i>	\$550,000	Los Angeles, CA	Family Planning	Communication
39			<b>Population Services International</b> <i>To develop an integrated and scalable package that can simultaneously improve women's empowerment, gender equity, access to family planning, and nutrition within women-centered and managed gardens in Niger</i>	\$550,000	Washington, D.C.	<b>Family Planning, Nutrition</b>	Research
40			<b>Pathfinder International</b> <i>To increase family planning use amongst married adolescents and youth in order to advance progress towards FP2020 goals</i>	\$300,000	Watertown, MA	Family Planning	Supply Policy Communication Education
41			<b>Johns Hopkins Center for Communication Programs</b> <i>To fund a landscaping report on adolescent family planning in Indonesia and provide support to a national youth summit, including development of a draft action plan and implementation plan</i>	\$265,408	Baltimore, MD	Family Planning	Research Education Communication
42			<b>Pathfinder International</b> <i>To provide Conference Support for 8th Asia Pacific Conference on Family Planning and Rights</i>	\$53,750	Watertown, MA	Family Planning	Policy Education
2017	72	\$380,120,073					
	1		<b>PATH</b> <i>To advocate for evidence-based policy change and</i>	\$27,122,140	Seattle, WA	Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases,	Policy

			<i>implementation and to mobilize domestic and global resources that will advance women's and children's health in the Democratic Republic of Congo, Kenya, Uganda and globally, and advance global (The original cuts off here).</i>			<b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, HIV, Maternal, Neonatal and Child Health, Neglected Tropical Diseases, Pneumonia	
	2		<b>Charity Projects</b> <i>To provide general operating support to Charity Projects; matching funds to Charity Projects and Comic Relief Inc. to support Gavi and the GFATM; and other opportunities</i>	\$27,019,950	London, UK	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Public Awareness and Analysis	Grant
	3		<b>ThinkWell Institute</b> <i>To support low- and middle-income countries to develop stronger strategic purchasing practices of FP, MNCH and PHC services universal healthcare schemes</i>	\$19,995,586	Phoenix, AZ	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
	4		<b>PATH</b> <i>To plan, coordinate, and track implementation, and share information on progress and results for the introduction, scale-up, and integration of the DMPA SubQ injectable contraceptive into national family planning programs</i>	\$16,985,739	Seattle, WA	Family Planning	Supply Research
	5		<b>Pathfinder International</b> <i>To deliver a unique project that supports adolescent girls in achieving healthy transitions to an adulthood and contribute to a body of evidence on gender-transformative and scalable programming</i>	\$16,700,000	Watertown, MA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition	Supply Research
	6		<b>Marie Stopes International</b> <i>To support increasing access to a comprehensive choice of contraceptive methods to those who need it most and by transitioning to a sustainable commercial social marketing organization</i>	\$13,805,440	London, UK	Family Planning	Supply Communication
	7		<b>United Nations World Food Programme</b> <i>To accelerate supply chain maturity that</i>	\$12,196,985	Rome, Italy	Family Planning	Supply

			<i>impacts performance to enable sustained health commodity availability</i>				
	8		<b>Johns Hopkins University</b> <i>To improve evidence, estimates, and programming for maternal, newborn, and child health and nutrition.</i>	\$10,769,377	Baltimore, MD	Emergency Response, Enteric and Diarrheal Diseases, <b>Family Planning</b> , Maternal, Neonatal and Child Health, MNCH Discovery and Tools, Nutrition, Pneumonia, Vaccine Development	Research Supply Communication
	9		<b>Global Poverty Project, Inc.</b> <i>To cultivate political will and citizen engagement to drive public policy and build the political, parliamentary and congressional champions needed to achieve global health and development priorities</i>	\$10,178,578	New York, NY	Agricultural Development, Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Neglected Tropical Diseases, Nutrition, Polio, Public Awareness and Analysis, Water, Sanitation and Hygiene	Policy
	10		<b>Pathfinder International</b> <i>To increase access to high quality post-pregnancy family planning, and more specifically post-abortion family planning, with a focus on young women (age 15-24) in Sindh and Punjab Provinces in Pakistan</i>	\$8,500,000	Watertown, MA	Family Planning	Supply
	11		<b>Center for Strategic &amp; International Studies, Inc.</b> <i>To provide general operating support and to support U.S. leadership in global health and global food security, essential to improving the lives of the world's vulnerable populations</i>	\$8,074,000	Washington, D.C.	Agricultural Development, Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, HIV, Nutrition, Polio, Public Awareness and Analysis, Research and Learning Opportunities, Tuberculosis	Research
	12		<b>Results for Development Institute, Inc.</b> <i>To support a strategic purchasing resource center in Africa that will harness and build regional expertise to respond to the growing interest and demand for assistance in strategic purchasing in Africa</i>	\$7,995,681	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Communication
	13		<b>Development Research and Projects Centre</b> <i>To support Nigerian civil society organizations to build partnerships</i>	\$7,099,998	Nassarawa GRA, Kano, Nigeria	Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases, <b>Family Planning</b> , Pneumonia	Policy

			<i>that will advocate for national and state governments to fulfill commitments and initiate reforms in support of child and family health in Nigeria</i>				
	14		<b>IntraHealth International, Inc.</b> <i>To support all nine Ouagadougou Partnership countries to achieve their national goals for family planning, preventable maternal and child deaths, and maternal nutrition and infant and young child feeding practices</i>	\$7,000,000	Chapel Hill, NC	<b>Family Planning, Maternal, Neonatal and Child Health, Nutrition</b>	Supply Communication
	15		<b>DKT International Inc.</b> <i>To develop a private pharmacy and drug shop network in Kinshasa to offer quality services and supplies for a broad range of modern contraceptives</i>	\$7,000,000	Washington, D.C.	Family Planning	Supply
	16		<b>International Budget Partnership</b> <i>To enable informed participation of civil society in budget processes in order to improve the quality and quantity of public spending on health and development</i>	\$6,700,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health</b>	Communication Policy
	17		<b>IPAS</b> <i>To develop and test scalable non-facility-based models to increase post-pregnancy family planning uptake and continuation for women and adolescent girls in Kenya and Pakistan</i>	\$6,675,135	Chapel Hill, NC	Family Planning	Research Supply
	18		<b>EngenderHealth, Inc.</b> <i>To strengthen institutional capability at the state and select district levels in Karnataka and Maharashtra to enable them to deliver and monitor quality post pregnancy family planning services</i>	\$6,377,962	Washington, D.C.	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Supply Communication
	19		<b>ABT Associates, Inc.</b> <i>To improve contraceptive choices for women in the high fertility states such as Madhya Pradesh, Rajasthan, Jharkhand, Bihar and Uttar Pradesh by contributing to</i>	\$6,000,000	Bethesda, MD	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Communication Education Supply

			<i>increasing family planning knowledge and access to and use of injectable contraceptives</i>				
	20		<b>PATH</b> <i>To mobilize the collective strengths of our member organizations to increase access to a full range of affordable, quality reproductive health supplies in low and middle- income countries</i>	\$5,620,992	Seattle, WA	Family Planning	Research Education Supply
	21		<b>Tulane University</b> <i>To improve Family Planning, Maternal, Child and Newborn Health, and Nutrition outcomes in selected health zones in the city of Kinshasa</i>	\$5,581,556	New Orleans, LA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health	Research Supply Policy Communication
	22		<b>United States Fund for UNICEF</b> <i>To strengthen country data systems, improve global monitoring, and advance measurement for maternal, child, adolescent health and nutrition</i>	\$5,297,972	New York, NY	Community Engagement Grantmaking, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Nutrition	Grants Communication Policy Research
	23		<b>Johns Hopkins University</b> <i>To provide core staffing support to the Bill &amp; Melinda Gates Institute and enable the Institute to execute and expand the impact of the International Conference on Family Planning, the world's largest scientific and programmatic conference</i>	\$5,200,000	Baltimore, MD	Family Planning	Research Communication
	24		<b>Save the Children Federation, Inc.</b> <i>To expand access to quality family planning information and services to nomadic and semi-nomadic pastoralists in Northern Kenya and elsewhere</i>	\$5,150,786	Fairfield, CT	Family Planning	Supply Education
	25		<b>Jhpiego Corporation</b> <i>To introduce high-impact, integrated day-of-birth and post-pregnancy interventions in DRC</i>	\$5,000,000	Baltimore, MD	<b>Family Planning</b> , Maternal, Neonatal and Child Health	Education Supply
	26		<b>DKT International, Inc.</b> <i>To develop and demonstrate a sustainable private sector model for increasing and sustaining demand</i>	\$5,000,000	Washington, D.C.	Family Planning	Communication Supply

			<i>for Sayana Press in key geographies</i>				
	27		<b>Health and Nutrition Development Society (HANDS)</b> <i>To improve access to quality family planning counseling and services in under-served rural areas of Sindh through social franchise model of Marvi workers</i>	\$5,000,000	Karachi, Pakistan	Family Planning	Supply Communication
	28		<b>M&amp;C Saatchi</b> <i>To build responsive feedback mechanisms to fuel a test and learn culture on health interventions in low to middle income countries</i>	\$4,934,606	London, UK	Delivery of Solutions to Improve Global Health, Empower Women and Girls, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis	Communication
	29		<b>World Health Organization</b> <i>To provide technical support to countries that are already committed to establishing regular national processes to produce high quality health expenditure data according to the System of Health Accounts 2011 framework</i>	\$4,900,217	Geneva, Switzerland	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health	Research Policy
	30		<b>The Association of Francophone Mayors</b> <i>To fund pilot projects in member municipalities and empower francophone cities in the fields of sanitation, family planning and emergency response</i>	\$4,750,652	Paris, France	Emergency Response, <b>Family Planning</b> , Water, Sanitation and Hygiene	Policy
	31		<b>Africa Resource Centre NPC</b> <i>To provide independent strategic advice and to strengthen supply chain systems by mobilizing the private sector, academia and other professional institutions to contribute to improving the availability of medicines and health commodities</i>	\$4,717,568	Cape Town, Western Cape, SA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply Policy
	32		<b>Population Action International</b> <i>To support civil society partners at the global and country levels to improve and increase advocacy for strong PHC systems.</i>	\$4,662,585	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research Policy Communication Supply

	33		<b>United Nations Population Division</b> <i>To address gaps in comparable, timely and transparent information on family planning and underlying population data to expand knowledge on family planning and population issues</i>	\$4,593,639	New York, NY	Family Planning	Research
	34		<b>Population Reference Bureau</b> <i>To assess the implementation of youth-friendly family planning services in six countries, build the capacity of youth advocates to promote accountability for policy implementation, and develop communications materials that support advocacy</i>	\$4,500,000	Washington, D.C.	Family Planning	Research Policy Communication
	35		<b>United Nations Foundation</b> <i>To provide short-term grants in FP2020 commitment countries that expand access to modern contraception by resolving immediate barriers, meeting training needs, or taking advantage of emerging or unanticipated opportunities</i>	\$4,492,551	Washington, D.C.	Family Planning	Grants
	36		<b>Society for Family Health</b> <i>To improve the quality of family planning services in Lagos and Kaduna States, and support the creation of an enabling environment for the sustainable delivery of these services</i>	\$4,374,788	Abuja, Nigeria	Family Planning	Education Supply Policy
	37		<b>Rajiv Gandhi Charitable Trust</b> <i>To work with rural women and women Self Help groups to empower women on all the identified health indicators and make significant impact in their behavior change management</i>	\$4,287,102	Raebareli, Uttar Pradesh, India	<b>Family Planning.</b> Global Health and Development Public Awareness and Analysis, Nutrition	Education Communication
	38		<b>Ipas Development Foundation</b> <i>To build the state and district level capacities for the governments of Assam and West Bengal to assess, plan, and train providers for</i>	\$4,040,378	Delhi, Delhi, India	Family Planning	Policy Education Research

			<i>postpartum and post pregnancy services and to institutionalize monitoring of services and data handling</i>				
	39		<b>University of North Carolina at Chapel Hill</b> <i>To enhance and use available evidence to inform programs and policies to expand family planning method choice among youth</i>	\$4,000,000	Chapel Hill, NC	Family Planning	Research
	40		<b>Women's Refugee Commission</b> <i>To support increased access to reproductive, maternal, newborn, child, and adolescent health and nutrition services at community and primary health levels in Borno State, Nigeria</i>	\$3,781,229	New York, NY	Emergency Response, <b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition	Policy Supply
	41		<b>Options for International Health</b> <i>To improve maternal and newborn survival in three sub-Saharan countries through use of better evidence and improved advocacy and accountability for RMNCAH resource allocation in Nigeria, Kenya and Tanzania</i>	\$3,621,234	London, UK	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health	Policy
	42		<b>MedinCell SA</b> <i>To advance development of one or more innovative, longer-acting, easy-to-use injectable contraceptive candidate products</i>	\$3,500,116	Jacou, France	Family Planning	Research
	43		<b>University of Minnesota</b> <i>To create a data browsing and extract system for the Performance and Monitoring Accountability 2020 survey and to promote the system to prospective users</i>	\$3,387,879	Minneapolis, MN	Family Planning	Research Communication
	44		<b>Rutgers</b> <i>To build the knowledge base and youth advocacy capacity that will strengthen adolescent sexual reproductive health programming in Indonesia</i>	\$3,381,284	Utrecht, Netherlands	Family Planning	Research Policy
	45		<b>Population Action International</b> <i>To continue and expand PAI's Faith + Family Planning</i>	\$3,084,921	Washington, D.C.	Family Planning	Grants



			<i>Fund to build the capacity of faith-based organizations in priority countries to hold their governments accountable for family planning commitments and to delivering high-quality family planning</i>				
	46		<b>DKT International, Inc.</b> <i>To develop a Customer &amp; Client care digital platform to increase access to contraceptive products, services, information and reduce discontinuation of chosen method by women and young people in Nigeria</i>	\$3,007,129	Washington, D.C.	Family Planning	Supply Education Research
	47		<b>Kyle House Group</b> <i>To educate policymakers on the impact of US foreign assistance programs and international family planning on global health and development in order to ensure that such programs continue to benefit people in developing countries</i>	\$2,922,612	Washington, D.C.	<b>Family Planning, Public Awareness and Analysis</b>	Policy Communication
	48		<b>PATH</b> <i>To support the placement of a small-scale demonstration of a fully functioning Global Visibility &amp; Analytics Network (VAN) for reproductive health needs</i>	\$2,809,237	Seattle, WA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
	49		<b>University of Florida</b> <i>To facilitate discovery, development and optimal use of the treatment to meet global health needs</i>	\$2,594,622	Gainesville, FL	Development of Solutions to Improve Global Health, <b>Family Planning</b>	Research
	50		<b>Ipas Development Foundation</b> <i>To accelerate contraceptive uptake through post-pregnancy-care models in the context of family planning in India.</i>	\$2,344,896	Delhi, Delhi, India	Family Planning	Education Supply
	51		<b>Johns Hopkins University</b> <i>To generate evidence on the effectiveness of two national level digital health programs in India and identify areas for improving program performance</i>	\$2,273,598	Baltimore, MD	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Research

	52		<b>Family Health International</b> <i>To support the introduction and learning agenda for the hormonal IUS (LNG IUS) in coordination with global and country stakeholders</i>	\$2,224,482	Durham, NC	Family Planning	Education Communication Policy
	53		<b>Kuehne Foundation</b> <i>To fund new university degree programs in supply chain and carry out professional supply chain seminars</i>	\$2,153,500	Schindellegi, Switzerland	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Education
	54		<b>Restless Development</b> <i>To train, mobilize and connect young people in India and Tanzania to fuel a global accountability youth movement for SDG 5 and country level FP2020 commitments to improve family planning outcomes and gender equality.</i>	\$2,099,070	Iringa, Tanzania	Empower Women and Girls, <b>Family Planning</b>	Education Communication
	55		<b>Johns Hopkins Center for Communication Programs</b> <i>To increase the voluntary use of modern family planning methods among post pregnancy women from the lowest quintiles in public and private facilities in Lagos</i>	\$1,985,739	Baltimore, MD	Family Planning	Communication Supply
	56		<b>Guttmacher Institute, Inc.</b> <i>To mount a compelling, evidence-based case for new investments and policies aimed at meeting the unmet need for family planning and other SRMNH services in the developing world</i>	\$1,875,000	New York, NY	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Research
	57		<b>Forum for Family Planning &amp; Development</b> <i>To ensure a supportive policy environment is in place to allow for the full implementation and funding of the comprehensive RH law</i>	\$1,500,000	Quezon City, Philippines	Family Planning	Policy
	58		<b>Christian Connections for International Health</b> <i>To improve the policy and funding environment for Family Planning in the United States, Kenya, and Zambia, by engaging and training faith-based</i>	\$1,399,944	Alexandria, VA	<b>Family Planning, HIV</b>	Communication Education Policy

			<i>organizations and religious leaders as advocates</i>				
	59		<b>Unilever PLC</b> <i>To deliver a proof of concept concerning the use of a market-based service to improve Patent and Proprietary Medicine Vendors (PPMVs) provision of primary health care and family planning to young Nigerian mothers in the lower half of the income</i>	\$1,286,693	London, UK	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
	60		<b>Centre for Catalyzing Change</b> <i>To ensure that government of Bihar makes available quality health care and nutrition services to women and children in all districts of Bihar</i>	\$1,283,060	New Delhi, Delhi, India	<b>Family Planning</b> , Maternal, Neonatal and Child Health, Nutrition	Supply
	61		<b>Family Health International</b> <i>To conduct a study in Ghana and Burkina Faso that will generate evidence on the state of access to contraceptive implant removal services</i>	\$997,734	Durham, NC	Family Planning	Research
	62		<b>Instituto Promundo</b> <i>To enhance the global knowledge base on men and boys, SRHR and gender equality, to identify gaps, and to make this knowledge actionable in terms of data collection and research, programming, and policy to shift the paradigm on men, gender equality</i>	\$805,418	Washington, D.C.	Family Planning	Research Policy
	63		<b>New Venture Fund</b> <i>To strengthen evidence-based communications for advocacy to advance agenda-setting, policy, and financing priorities related to RMNCAH+N continuum of care issues, including integrated delivery channels in developing countries, and to test (This is where the description ends on gatesfoundation.org.)</i>	\$700,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, Enteric and Diarrheal Diseases, <b>Family Planning</b> , Maternal, Neonatal and Child Health, Pneumonia	Grants
	64		<b>Oregon Health &amp; Science University</b> <i>To develop a new class of novel, orally active non-hormonal candidates and perform initial pre-</i>	\$609,772	Portland, OR	Family Planning	Research

			<i>clinical evaluations to provide preliminary data for the approach as an on-demand contraceptive method for women</i>				
	65		<b>Population Services International</b> <i>To build a model of philanthropy that contributes toward a global goal of reaching additional young people with modern contraception.</i>	\$525,000	Washington, D.C.	<b>Family Planning, Public Awareness and Analysis</b>	Research Communication Supply
	66		<b>The Hebrew University of Jerusalem</b> <i>To discover candidate drugs for on-demand contraception which will be non-hormonal and safe</i>	\$368,332	Jerusalem, Israel	Family Planning	Research
	67		<b>Palladium International LLC</b> <i>To strengthen the capacity of Nigeria National Family Planning leadership</i>	\$349,980	Washington, D.C.	Family Planning	Policy
	68		<b>University of Melbourne</b> <i>To fund the planning phase of the Lancet Standing Commission on Adolescent Health and Wellbeing, in order to provide the technical expertise and evidence for effective investments in adolescent health</i>	\$249,881	Melbourne, Victoria, Australia	<b>Family Planning, Maternal, Neonatal and Child Health</b>	Research Policy
	69		<b>Avenir Health, Inc.</b> <i>To provide the first opportunity to measure change and to determine if the increased focus on family planning under FP2020 has led to identifiable changes in country family planning programs</i>	\$226,889	Glastonbury, CT	Family Planning	Research
	70		<b>International Bank for Reconstruction and Development</b> <i>To assess the private sector's contribution to the DRC health subsystem and generate practical recommendations for strengthening private sector provision of products and services in DRC</i>	\$200,000	Washington, D.C.	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research
	71		<b>Johns Hopkins Center for Communication Programs</b> <i>To accelerate adoption of evidence-based interventions for youth with the</i>	\$198,859	Baltimore, MD	Family Planning	Communication

			<i>development of a youth module toolkit.</i>				
	72		<b>Karolinska Institutet</b> <i>To increase access to high quality FP services and commodities in Nigeria</i>	\$70,000	Stockholm, Sweden	Family Planning	Research Supply
2018	94	\$370,168,294					
	1		<b>Jhpiego Corporation</b> <i>To be used to build a Project Management Unit for the PMA2.0 Project, which will result in 3 dimensions of improved performance: (1) increased relevance and value of PMA2020 data, measured by indicators reflecting in-country data use and ac (Description cuts off here). (<a href="https://www.pmadat.a.org/about">https://www.pmadat.a.org/about</a>)</i>	\$29,986,311	Baltimore, MD	Family Planning	Research
	2		<b>FHI Partners LLC</b> <i>To advance the development of a series of novel contraceptive products designed to better meet user needs and preferences</i>	\$29,504,731	Durham, NC	Family Planning	Research
	3		<b>Avenir Health, Inc.</b> <i>To support the further transition of family planning monitoring at the country and global levels to provide more and better actionable information for national programs</i>	\$26,421,661	Glastonbury, CT	Family Planning	Research
	4		<b>United Nations Population Fund</b> <i>To incentivize the 9 Ouagadougou Partnership countries to increase their domestic spending on Family Planning commodities</i>	\$18,000,016	New York, NY	Family Planning	Policy
	5		<b>Pathfinder International</b> <i>To sustainably scale up and institutionalize improved contraceptive policies, programming, and uptake in Niger, while catalyzing replication of best practices across the West Africa region</i>	\$14,946,956	Watertown, MA	Family Planning	Policy Supply Communication Education
	6		<b>Lyndra Therapeutics, Inc.</b> <i>To develop a single oral administration with extended</i>	\$12,975,269	Watertown, MA	Family Planning	Research

			<i>release for at least 18 days of both levonorgestrel and ethinyl estradiol which effectively and reliably will provide women in the poorest countries access to voluntary family planning</i>				
	7		<b><u>Clinton Health Access Initiative Inc</u></b> <i>To increase access to and accelerate uptake of DMPA-SC in priority countries including Ghana, Malawi, Myanmar, Nigeria and Uganda through global strategy support, development of low-cost training approaches, and in-country planning, coordination (The description ends here.)</i>	\$12,000,000	Boston, MA	Family Planning	Policy Grants Education Communication Supply
	8		<b><u>Pathfinder International</u></b> <i>To scale approaches to increase modern contraceptive use among young married couples and first-time parents aged 15-24 in 10 districts in Bihar and Maharashtra, India (Salaamati Project)</i>	\$12,000,000	Watertown, MA	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Supply Education Communication
	9		<b><u>Johns Hopkins University</u></b> <i>To support the Government of Ethiopia request for timely population- and facility-based survey estimates of key maternal and newborn health indicators building on the successful PMA-MNH/SNNP model of longitudinal data collection</i>	\$11,210,342	Baltimore, MD	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Research
	10		<b><u>Johns Hopkins University</u></b> <i>To support (a) the collection of data on contraceptive dynamics and the role of access and quality of services that enable women to act on their reproductive intentions and (b) the use of this data to effect change in policies and programs</i>	\$10,965,667	Baltimore, MD	Family Planning	Research Policy Communication
	11		<b><u>Deutsche Stiftung Weltbevoelkerung</u></b> <i>To leverage more and better funds for health and development in</i>	\$9,812,422	Hannover, Germany	<b>Family Planning, Global Health and Development Public Awareness and Analysis</b>	Communication

			<i>Germany, in east Africa (Kenya, Tanzania and Uganda), and at the EU level</i>				
	12		<b><u>Oregon Health &amp; Science University</u></b> <i>To expand options for safe, effective, acceptable, accessible, and low-cost alternatives to surgical contraception for women who have completed their desired family size</i>	\$8,872,752	Portland, OR	Family Planning	Research
	13		<b><u>Tulane University</u></b> <i>To contribute to DRC's goal to increase the modern contraceptive prevalence rate in Kinshasa and Kongo Central through the institutionalization of innovative service delivery initiatives at the community-level</i>	\$8,000,000	New Orleans, LA	Family Planning	Research Education Communication Supply
	14		<b><u>Marie Stopes International</u></b> <i>To increase access and uptake of contraception for women and girls in Mali, Senegal, Burkina Faso and Niger using innovative mobile technology to improve the quality of counseling and the effectiveness of referral systems</i>	\$6,231,635	London, United Kingdom	Family Planning	Communication Supply
	15		<b><u>Incepta Pharmaceuticals Ltd</u></b> <i>To develop a generic self-injectable contraceptive to be made available to qualified purchasers in FP2020 countries, therefore facilitating greater choices for women and enhanced access to long acting contraceptives</i>	\$5,825,634	Tejgaon I/A, Bangladesh	Family Planning	Research
	16		<b><u>Population Services International</u></b> <i>To test a new methodology using a "ringed fence" census approach to gather longitudinal FP outlet data for measuring localized contraceptive commodity availability and market dynamics, and assessing their relationship to FP uptake and use.</i>	\$5,574,889	Washington, D.C.	Family Planning	Research
	17		<b><u>Association for Reproductive and Family Health</u></b> <i>To expand Family Planning method</i>	\$5,000,000	Abuja, Nigeria	Family Planning	Supply Education Communication

			<i>choice and empower women by supporting the roll out of DMPA SC integration and community-initiated Self Injection in 10 states in Nigeria</i>				
	18		<b><u>IntraHealth International Inc.</u></b> <i>To support the Ouagadougou Partnership's efforts to increase access to and utilization of FP services in Francophone West Africa to achieve the ambitious target of reaching 2.2 million additional women and girls with modern contraception by 2020</i>	\$5,000,000	Chapel Hill, NC	Family Planning	Supply Communication Education
	19		<b><u>Marie Stopes International</u></b> <i>To improve gender equality, increase access to quality sexual and reproductive health information and services amongst youth in Kenya</i>	\$5,000,000	London, UK	Family Planning	Supply Communication
	20		<b><u>Well Told Story Limited</u></b> <i>To be used to create a normative and behavior change campaign in Tanzania and Kenya to increase uptake of contraception among 15-24-year-old and generate new evidence to advance the global Social and Behavior Change Communication field</i>	\$4,999,559	Nairobi, Kenya	Family Planning	Communication Research
	21		<b><u>Clinton Health Access Initiative Inc</u></b> <i>To increase access to post-pregnancy family planning services among women who deliver outside of the health system in the states of Nasarawa, Rivers and Lagos</i>	\$4,998,668	Boston, MA	Family Planning	Supply
	22		<b><u>Health Systems Consult Limited</u></b> <i>To strengthen the strategic purchasing function of family planning services from private providers, to increase access and uptake of family planning services in Lagos State</i>	\$4,995,549	Abuja, Nigeria	Family Planning	Supply Policy
	23		<b><u>DKT International, Inc.</u></b> <i>To strengthen the contraceptive implant market in order to bring</i>	\$4,900,000	Washington, D.C.	Family Planning	Supply Communication



			<i>broader access to high-quality, low-cost contraceptives to women and girls in the poorest countries</i>				
	24		<b><u>International Foundation for Research and Education</u></b> <i>To fund the creation of an institution based out of India that enables effective behaviour change interventions by the government, international and Indian donors, professional bodies, civil service organizations and NGO teams</i>	\$4,843,670	New Delhi, Delhi, India	<b>Family Planning</b> , Financial Services for the Poor, Global Health and Development Public Awareness and Analysis, Water, Sanitation and Hygiene	Policy Communication
	25		<b><u>APICS, Inc.</u></b> <i>To build sustainable supply chain communities through best practice association models that will improve last mile product availability in target market public health supply chains</i>	\$4,827,589	Chicago, IL	Family Planning	Supply
	26		<b><u>EngenderHealth, Inc.</u></b> <i>To improve the ability of underserved women and girls in Democratic Republic of Congo to access and use high quality family planning (FP) services, which are central to realizing one's sexual and reproductive health (SRH)</i>	\$4,817,731	Washington, D.C.	Family Planning	Education Supply
	27		<b><u>CARE</u></b> <i>To strengthen FP services in the health system through expanding the basket of choice, strengthening the quality of clinical FP care, improving systems and addressing demand.</i>	\$4,500,000	Atlanta, GA	Family Planning	Education Supply Policy
	28		<b><u>University of California San Diego</u></b> <i>To advance understanding of gender socialization processes in adolescence and provide guidance on how interventions can help young people bridge from early adolescence to healthy sexual relationships and family planning use</i>	\$4,336,038	La Jolla, CA	Family Planning	Research Education
	29		<b><u>JSI Research &amp; Training Institute, Inc.</u></b>	\$4,171,378	Boston, MA	Family Planning	Research

			<i>To support the MoH, and local partners in Kenya to increase mCPR by designing and implementing a community supply chain model that expands community-based distribution of modern contraceptives, including DMPA-SC</i>				
	30		<b><u>PATH</u></b> <i>To determine feasibility of a next-generation compact, prefilled, auto-disable device for delivery of injectable contraceptives, vaccines, and/or other global health utilities</i>	\$4,091,322	Seattle, WA	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Pneumonia, Vaccine Development	Research
	31		<b><u>Jhpiego Corporation</u></b> <i>To plan, coordinate and track implementation of the introduction and scale-up of depot-medroxyprogesterone acetate into national family planning programs to increase women and girls' access to and choice of family planning in West Africa</i>	\$4,000,000	Baltimore, MD	Family Planning	Research Supply Education Communication
	32		<b><u>Clinton Health Access Initiative Inc</u></b> <i>To transition FP Dashboards to full MOH ownership in Kenya, Nigeria and Tanzania in order to ensure sustained visibility into health workforce capacity and FP program performance and improved use of data for decision-making</i>	\$3,691,417	Boston, MA	Family Planning	Research Policy
	33		<b><u>Africa Resource Centre NPC</u></b> <i>To enhance the capability of the Africa Resource Centre to respond to demand from multiple country governments across Africa in key strategic areas of investment through the 2018-2021 period</i>	\$3,495,404	Cape Town, Western Cape, South Africa	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
	34		<b><u>Jhpiego Corporation</u></b> <i>To uphold the quality of contraceptive implant service delivery throughout introduction and scale-up by monitoring implant programming globally, fostering</i>	\$3,403,226	Baltimore, MD	Family Planning	Supply Research Communication Education

			<i>acceleration of implant uptake and high-quality implant programming in Asia, and stre (The description ends here.)</i>				
	35		<b><u>PATH</u></b> <i>To strengthen the government supply chain for family planning commodities and institute a mechanism for beneficiary tracking in eight states of India</i>	\$3,375,625	Seattle, WA	Family Planning	Supply Research
	36		<b><u>International Union for the Scientific Study of Population</u></b> <i>To fund research, policy outreach activities and to enhance the skills of early-career sub-Saharan African and South Asian scientists to produce compelling evidence on the need to integrate family planning in urban policy agendas to better (The description ends here.)</i>	\$3,000,020	Aubervilliers, France	Family Planning	Research
	37		<b><u>Concept Foundation</u></b> <i>To provide technical support to generic manufacturing partner to build capacity and successfully accomplish the activities necessary to develop a generic self-injectable contraceptive</i>	\$2,985,829	Pathumthani, Thailand	Family Planning	Research
	38		<b><u>European Parliamentary Forum for Sexual and Reproductive Rights</u></b> <i>To mobilize European and African parliamentarians to take evidence-based actions that will increase political and financial support and accountability for women and children's health, including family planning, and Universal Health Coverage</i>	\$2,703,378	Brussels, Belgium	Delivery of Solutions to Improve Global Health, <b>Family Planning</b> , Maternal, Neonatal and Child Health	Policy
	39		<b><u>University of Dundee</u></b> <i>To develop male contraceptive drugs that inhibit two separate activities required by sperm for fertilization, motility and</i>	\$2,572,438	Dundee, UK	Family Planning	Research

			<i>formation of an acrosome, by developing a high-throughput screening platform using live human sperm</i>				
	40		<b><u>Clinton Health Access Initiative Inc</u></b> <i>To implement activities related to the Niger State PHC MOU. Specific activities include implementing a clinical skills building program for RMNCH including clinical mentorship approaches in high volume facilities and other adult learning me (The description ends here.)</i>	\$2,544,515	Boston, MA	<b>Family Planning, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health</b>	Education
	41		<b><u>Women Deliver, Inc.</u></b> <i>To support the expansion of the Young Leaders Program and its country-focused work and the communications and capacity-building for the Women Deliver 2019 Conference to increase investment in girls and women</i>	\$2,500,000	New York, NY	<b>Empower Women and Girls, Family Planning, Maternal, Neonatal and Child Health</b>	Education Policy Communication
	42		<b><u>Population Action International</u></b> <i>To promote impactful, coordinated and sustainable momentum for reproductive health and family planning through increased and sustained mutual accountability and partnership among civil society and government in at least four countries to re (The description ends here.)</i>	\$2,500,000	Washington, DC	Family Planning	Policy
	43		<b><u>Equilibres et Populations</u></b> <i>To improve women's and young girl's status and their sexual and reproductive health rights in West Africa</i>	\$2,400,000	Paris, France	Family Planning	Policy
	44		<b><u>KAIZEN INSTITUTE CONSULTING GROUP AFAE LIMITED</u></b> <i>To improve availability of family planning and other health products at the last mile, through improving the process and approach of the supply chain</i>	\$2,258,897	DUBAI, United Arab Emirates	Family Planning	Supply

			organizations supporting those service delivery points				
	45		<p><b>Population Foundation of India</b>  <i>To fund production and promotion of a transmedia entertainment education program 'Main Kuch Bhi Kar Sakti Hoon Season 3' with an aim to enhance young people's knowledge of SRHR, increase intent to use family planning methods and influence n (The description ends here.)</i></p>	\$2,250,000	New Delhi, Delhi, India	Family Planning	Communication
	46		<p><b>Malaria Consortium</b>  <i>To provide technical assistance to the state to implement activities related to the CHIPS program as envisioned by the Niger State PHC MOU</i></p>	\$2,050,118	London, UK	Family Planning, Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health	Supply
	47		<p><b>Camber Collective LLC</b>  <i>To engage users, stakeholders, and policy makers in the development of a strategy for increasing women's access to on demand contraceptive option</i></p>	\$2,050,045	Seattle, WA	Family Planning	Research
	48		<p><b>Federal Ministry of Health, Abuja</b>  <i>To test a new Government-sanctioned primary health care funding mechanism by (a) providing operational budgets for 898 rural primary health care facilities in Abia, Niger and Osun States; (b) purchase a set of basic but high impact services</i></p>	\$2,000,000	Abuja, Federal Capital Territory, Nigeria	Delivery of Solutions to Improve Global Health, Family Planning	Supply Research Policy
	49		<p><b>Kantar Public Africa</b>  <i>To provide previously unavailable statistically significant estimates of the availability of family planning products in the private sector in 15 countries in sub-Saharan Africa and Pakistan</i></p>	\$1,727,807	Nairobi, Kenya	Delivery of Solutions to Improve Global Health, Family Planning	Research
	50		<p><b>Population Action International</b>  <i>To increase support for FP/RH among civil society, policymakers and the media based on an accurate</i></p>	\$1,650,000	Washington, DC	Family Planning	Policy

			<i>understanding of the Mexico City Policy and its impact in ten countries by 2020.</i>				
	51		<b>Shanghai Institute of Planned Parenthood Research</b> <i>To establish the feasibility and proof-of-principle of a specific formulation approach to developing a long-acting, progestin-only biodegradable contraceptive implant</i>	\$1,628,290	Shanghai, Shanghai, China	Family Planning	Research
	52		<b>Ohio State University</b> <i>To inform family planning policy and family planning program initiatives in Sub-Saharan Africa through new approaches to understanding the demand for family planning</i>	\$1,618,957	Columbus, OH	Family Planning	Research
	53		<b>Middle Space Multi-Links Concept Ltd</b> <i>To facilitate the creation of an enabling environment for effective family planning and maternal newborn and child health service delivery, thereby resulting in more equitable health services for the Nigerian women and family</i>	\$1,499,956	Abuja, Federal Capital Territory, Nigeria	Family Planning	Research Policy
	54		<b>Rwanda Biomedical Centre</b> <i>To support Government of Rwanda to increase access to Family Planning through outreach campaigns, and strengthen providers' capacity to offer Post-Pregnancy (PPFP &amp; PAC) FP services in the districts of Gisara, Bugesera, Rulindo, and Muhanga</i>	\$1,350,022	Kigali, Kigali City, Rwanda	Family Planning	Communication Supply Policy
	55		<b>Scope Impact Ltd</b> <i>To directly support family planning advocacy, continue reframing family planning in a current Kenyan context, and empower grassroots youth advocates by exploring future pathways and creating innovative creative communications under the esta*</i>	\$1,441,134*	Helsinki, Finland	Family Planning	Communication

56		<b>Centre for Catalyzing Change</b> <i>To support salience of Family Planning in the public and policy discourse and prioritization in Bihar</i>	\$1,319,817	New Delhi, Delhi, India	Family Planning	Policy Communication
57		<b>Gapminder Foundation</b> <i>To develop a visual framework of health care supply chain maturity as a means to align stakeholder investments in supply chain improvement</i>	\$1,300,844	Stockholm, Sweden	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Supply
58		<b>Center for Global Development</b> <i>To generate research on and dissemination of evidence-based policies to drive programmatic sustainability for family planning programs by family planning donors and country-level policymakers in select LMICs by 2020.</i>	\$1,292,599	Washington, DC	Family Planning	Research Policy
59		<b>Health Institute for Mother and Child (Mamta)</b> <i>To build salience for prioritizing family planning with focus on delaying first pregnancy and spacing early births and responding to the unmet need for family planning for young and low parity couples</i>	\$1,214,508	New Delhi, Delhi, India	Family Planning	Communication Policy
60		<b>Universidade Federal de Pelotas</b> <i>To attain an enhanced evidence base for describing and explaining how countries are progressing in their trajectories towards achieving the Sustainable Developing Goals, with an emphasis on analyzing the equity dimension of intervention cov*</i>	\$1,100,596	Pelotas, Rio Grande do Sul, Brazil	<b>Family Planning</b> , Maternal, Neonatal and Child Health	Research
61		<b>Northwestern University</b> <i>To develop fully automated systems to catalyze the identification of new contraceptives with more desirable properties such as longer-term action and lower cost to improve the lives of women and their partners particularly in developing cou*</i>	\$1,000,000	Evanston, IL	Family Planning	Research
62		<b>The Royal Swedish Academy of Sciences</b>	\$999,991	Stockholm, Sweden	Empower Women and Girls, Enteric and Diarrheal	Policy

			<i>To support the Swedish Institute for Global Health Transformation (SIGHT) that will foster collaboration among Swedish entities and global stakeholders to inform global health priorities in Sweden.</i>			Diseases, <b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Pneumonia, Polio	
	63		<b><u>International Center for Research on Women</u></b> <i>To support review of consolidate lessons from various approaches and programs on engaging men/boys in family planning, inform development of innovative approaches and undertake rapid testing of new approaches</i>	\$949,975	Washington, DC	Family Planning	Research Communication
	64		<b><u>Canadian Partnership for Women and Children's Health</u></b> <i>To undertake stakeholder engagement activities on Canadian leadership on women and children's health in Canada and globally</i>	\$904,000	Peterborough, Ontario, Canada	<b>Family Planning</b> , Global Health and Development Public Awareness and Analysis, Maternal, Neonatal and Child Health, Nutrition, Public Awareness and Analysis	Policy
	65		<b><u>Brigham and Women's Hospital, Inc.</u></b> <i>To develop prototypic transdermal delivery systems for the controlled release of contraceptive drugs</i>	\$893,867	Boston, MA	Family Planning	Research
	66		<b><u>The General Hospital Corporation d/b/a Massachusetts General Hospital</u></b> <i>To promote hormonal contraceptive use in developing countries by developing a cell-based screening platform to identify a new class of contraceptive that inhibits early stage follicle development to prolong protection and reduce side effect</i>	\$855,450	Boston, MA	Family Planning	Research
	67		<b><u>Cardiff University</u></b> <i>To provide evidence on the technical feasibility, usability and acceptability of a self-administrable contraceptive micro-array patch for 6-month duration of action for use in low-and-middle income countries</i>	\$850,000	Cardiff, Wales, UK	Family Planning	Research



68		<b><u>Indian Institute of Technology Bombay</u></b> <i>To produce pre-clinical proof of concept feasibility data for a self-administered 6 month long-acting contraceptive delivered by micro-array patch with single application through the skin</i>	\$793,199	Mumbai, Maharashtra, India	Family Planning	Research
69		<b><u>Jhpiego Corporation</u></b> <i>To support a study for development of evidence on how to increase postpartum family planning uptake among women during their first year postpartum</i>	\$750,000	Baltimore, MD	Family Planning	Research
70		<b><u>Jhpiego Corporation</u></b> <i>To sustain the impact of the previous postpartum FP by transitioning activities to the UP and Bihar state governments, and to assess the status of post abortion Family Planning in these two states</i>	\$745,343	Baltimore, MD	Family Planning	Policy Research
71		<b><u>University of Connecticut</u></b> <i>To develop non-hormonal contraceptives using a high-throughput, fly-based screening platform to identify compounds that specifically block follicle rupture, which is required to release eggs for fertilization also in mammals</i>	\$742,367	Storrs, CT	Family Planning	Research
72		<b><u>United Nations Foundation</u></b> <i>To spur increased corporate support for workplace women's health programs in global supply chains and the global workforce to increase the number of women able to access quality reproductive health information and services</i>	\$702,821	Washington, DC	Family Planning	Policy Communication
73		<b><u>Northwestern University</u></b> <i>To develop new non-hormonal contraceptive agents that target the transcriptional changes that occur during early ovarian follicle activation and just before ovulation in</i>	\$500,216	Evanston, IL	Family Planning	Research

			<i>individual follicle units</i>				
74			<b><u>International Planned Parenthood Worldwide, Inc.</u></b> <i>To fund the implementation and evaluation of the ARCHES (Addressing Reproductive Coercion in HEalth Settings) model for reducing intimate partner violence and reproductive coercion among adolescent girls and women seeking family planning in* (Kenya)</i>	\$490,000	London, UK	Family Planning	Research
75			<b><u>Imperial College London</u></b> <i>To model the HIV and reproductive health outcomes at a country level to inform local stakeholders of the potential risk factors that exist with a given method mix</i>	\$329,441	London, UK	Family Planning	Research
76			<b><u>Society for the Study of Reproduction</u></b> <i>To connect researchers in reproductive biology to scientific directions that will advance contraceptive technology development and promote understanding of and interest in translation and application of basic science research to addressing</i>	\$301,337	Reston, VA	Family Planning	Research
77			<b><u>Tufts University</u></b> <i>To advance the understanding of technical feasibility for a micro-array patch system to deliver a 6-month dose of progestin for use as a female contraceptive, utilizing pre-clinical studies</i>	\$300,000	Medford, MA	Family Planning	Research
78			<b><u>University of Washington Foundation</u></b> <i>To develop and prepare study design materials (protocol, site selection, approval applications) in preparation to conduct a pragmatic assessment of the comparative HIV risk and contraceptive benefits of DMPA-</i>	\$250,000	Seattle, WA	Family Planning	Research

			<i>SC when used in real-world settings</i>				
	79		<b><u>International Planned Parenthood Worldwide, Inc.</u></b> <i>To develop, finalize and adopt a new culture of performance, accountability and solutions focus to strengthen the organization's ability to fulfil its mission and 2016-2022 Strategic Framework</i>	\$250,000	London, UK	Family Planning	Administration
	80		<b><u>Celmatix</u></b> <i>To demonstrate the potential for genome-based methodologies for the identification of biological targets to support the development of next-generation contraceptive drugs with improved side-effect profiles to existing contraceptive technologies</i>	\$248,098	New York, NY	Family Planning	Research
	81		<b><u>Public Health Institute</u></b> <i>To review grantee activities to improve systems that increase access, quality and use of family planning products and services offered through a major private sector channel in the Democratic Republic of Congo</i>	\$209,440	Oakland, CA	Family Planning	Administration
	82		<b><u>PATH</u></b> <i>To support the production of an injection mold booster that will allow for iterative design development of a low-cost, blow-fill-seal-based CPAD device, which will enable greater access and coverage of vaccines and injectable contraceptives</i>	\$202,238	Seattle, WA	Family Planning	Research Supply
	83		<b><u>Field Intelligence</u></b> <i>To test, inform and accelerate the path to scale and sustainability for a new model of pharmaceutical distribution capable of improving the availability, quality, selection and affordability of medicines at community pharmacies in Africa</i>	\$200,000	Abuja, Federal Capital Territory, Nigeria	Delivery of Solutions to Improve Global Health, <b>Family Planning</b>	Research Supply
	84		<b><u>Network of African Science Academies</u></b>	\$120,616	Nairobi, Nairobi, Kenya	Empower Women and Girls, <b>Family</b>	Education

			<i>To support the Forum on Women and Sustainable Development</i>			<b>Planning, Global Health and Development Public Awareness and Analysis</b>	Communicatio n
	85		<b><u>Innovations for Poverty Action</u></b> <i>To be used to expand the topics covered in the first endline survey of the basic income evaluation (to include richer data on women's empowerment, wellbeing (including mental health), health care use, contraception use and fertility) and to*</i>	\$108,585	Washington, DC	Family Planning	Research
	86		<b><u>Johns Hopkins Center for Communication Programs</u></b> <i>To strengthen social and behavioral change capacity in Francophone Africa, ultimately, to improve use of RMNCH+N services and health outcomes</i>	\$100,000	Baltimore, MD	Family Planning	Communicatio n
	87		<b><u>Institute for Financial Management and Research</u></b> <i>To evaluate the effectiveness of a school-based gender attitude change program, delivered to children in grades 7-10 in 150 schools across 4 districts in the state Harvana</i>	\$99,990	Chennai, India	Family Planning	Research Education
	88		<b><u>Partners in Expanding Health Quality and Access</u></b> <i>To support the TSU to continue to strengthen the capacity of the Government of Nigeria to lead the implementation of the National FP blueprint, and to improve FMOH and SMOH (Lagos and Kaduna) official's core technical, leadership and management capacities to deliver on Nigeria's FP2020 commitments.</i>	\$99,500	Davis, CA	Family Planning	Policy
	89		<b><u>ThinkWell Institute</u></b> <i>To determine if and how strategic purchasing can be configured to harness markets to deliver affordable contraceptive methods and services to marginalized segments of the population in Kinshasa, DRC</i>	\$99,212	Phoenix, AZ	Family Planning	Research

90		<b><u>DKT International, Inc.</u></b> <i>To increase knowledge and build demand for quality family planning products and services among young people in Kinshasa</i>	\$99,000	Washington, DC	Family Planning	Communication Education
91		<b><u>Jhpiego Corporation</u></b> <i>To provide support to the India Ministry of Health and Family Welfare through Jhpiego to develop a more effective, collaborative and technically supportive coordination structure to better enable the MoHFW to realize its FP2020 vision</i>	\$99,000	Baltimore, MD	Family Planning	Policy
92		<b><u>International Planned Parenthood Worldwide, Inc.</u></b> <i>To support IPPF to develop a strategy for incorporating delivery of DMPA-SC and Levoplant into their current method mix (ensuring informed choice) within FP2020 countries where they have an established and widespread footprint</i>	\$99,000	London, UK	Family Planning	Supply
93		<b><u>International Union for the Scientific Study of Population</u></b> <i>To produce a "state of the field" publication on the nexus of family planning and urban development to position the field, making clear its origins, contributions to date and challenges presented by the latest wave of urbanization</i>	\$97,000	Aubervilliers, France	Family Planning	Research
94		<b><u>Jhpiego Corporation</u></b> <i>To provide support to the India Ministry of Health and Family Welfare through Jhpiego to develop a more effective, collaborative and technically supportive coordination structure to better enable the MoHFW to realize its FP2020 vision</i>	\$52,882	Baltimore, MD	Family Planning	Policy
95		<b><u>Save the Children Federation, Inc.</u></b>	\$34,521	Fairfield, CT	Family Planning	Education

			<p><i>To support the development and coordination of a side event at ICFP focused on evidence and programming considerations for increasing FP uptake among first-time parents (aged 15-24).</i></p>				
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\*The description of the grant purpose is incomplete on [gatesfoundation.org](http://gatesfoundation.org).

\*\*The grant amount was increased during data collection.

## APPENDIX B

### TEXTUAL ANALYSIS EMERGENT CODING

Date		
Tweet	0	Original Tweet
	1	Retweet
Image(s)	1	Photo
	2	Video
	3	Infographic
	4	None
		Image source
Link	0	Article
	1	Website
	2	No link
		Name of Publication/website
Culture	0	Age
	1	Race
	2	Ethnicity
	3	Nationality
	4	No mention
Social Norms	0	Choice
	1	Community
	2	Participation
	3	Education
	4	Social change
	5	Family
	6	No mention
Sex	0	Female
	1	Male
	2	Both
	3	Neither
Health	0	Reproductive Health
	1	Maternal Health
	2	Newborn Health
	3	Global Health
	4	Health Education
	5	No mention
Family Planning	0	Contraception
	1	Birth Spacing
	2	Number of Pregnancies
	3	Unmet Needs
Gender Equity	0	Gender
	1	Empowerment

	2 3 4 5	Equality Inequality Accountability No mention
Economics	0 1 2 3 4 5	Investment ROI Human Capital Employment Income No mention
Engagement		Number of Comments Number of Retweets Number of Likes



## APPENDIX C

### LIST OF DOCUMENTS

1. BMGF Committed Grants: Family Planning Grants 2014-2018  
<https://www.gatesfoundation.org/about/committed-grants?topic=Family%20Planning&yearAwardedEnd=2018&yearAwardedStart=2014>
2. BMGF Audited Financial Statements 2014-2018  
<https://www.gatesfoundation.org/about/financials>
3. BMGF Annual Tax Returns 2014-2018  
<https://www.gatesfoundation.org/about/financials>
4. BMGF Trust Audited Financial Statements 2014-2018  
<https://www.gatesfoundation.org/about/financials>
5. BMGF Trust Annual Tax Returns 2014-2018  
<https://www.gatesfoundation.org/about/financials>
6. BMGF Annual Reports 2014-2018  
<https://www.gatesfoundation.org/about/financials/annual-reports>
7. BMGF Trust Website  
<https://www.gatesfoundation.org/about/financials/foundation-trust>
8. BMGF Investment Policy  
<https://www.gatesfoundation.org/about/financials/investment-policy>
9. BMGF Working with For-profits  
<https://www.gatesfoundation.org/about/financials/work-with-for-profits>
10. BMGF Foundation Fact Sheet  
<https://www.gatesfoundation.org/about/foundation-fact-sheet>
11. BMGF How We Work  
<https://www.gatesfoundation.org/about/how-we-work>
12. BMGF Family Planning  
<https://www.gatesfoundation.org/our-work/programs/global-development/family-planning>
13. BMGF Twitter Account  
@gatesfoundation

14. BMGF Grantee Websites  
Listed in Appendix A

## **APPENDIX D**

### **LIST OF ACRONYMS AND ABBREVIATIONS**

BMGF	Bill and Melinda Gates Foundation
CPEC	Critical Political Economy of Communication
DHS	Demographic and Health Survey
DEVCOM	Developmental Communication
FP2020	Family Planning 2020
FP2030	Family Planning 2030
GAD	Gender and Development
IPPF	International Planned Parenthood Federation
JSI	John Snow, Inc.
LDC	Literacy Design Collaborative
NGO	Non-governmental Organization
NVF	New Venture Fund
PHC	Primary Healthcare
PHCPI	Primary Healthcare Performance Initiative
PSI	Population Services International
UKAID	United Kingdom Agency for International Development
UN	United Nations
UNF	United Nations Fund
UNFPA	United Nations Population Fund
US	United States

USAID United States Agency for International Development

WID Women in Development

## REFERENCES CITED

- Abdel-Malek, A. (1981) *Social Dialectics: Nation and Revolution* Albany: State University of New York Press.
- Abraham, R. (2004). *Organisational cynicism: Definitions, bases and consequences*. Lewistown, Pennsylvania, USA: Edwin Mellon Press.
- Allen, M., & Caillouet, R. (1994). Legitimation endeavours: Impression management strategies used by an organisation in crisis. *Communication Monographs*, 61, 44–62.
- Atkin, C. (2001). Theory and principles of media health campaigns. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (3rd ed., pp. 49–68). Thousand Oaks, CA: Sage.
- Atkin, C., & Rice, R. (1989). *Public communication campaigns* (2nd ed.). Newbury Park: Sage Publications.
- Atkin, C. (1981). Mass media information campaign effectiveness. In Rice, R., & Paisley, William J. (1981). *Public communication campaigns*. Beverly Hills: Sage Publications.
- Auger, G. (2013). Fostering democracy through social media: Evaluating diametrically opposed nonprofit advocacy organizations' use of Facebook, Twitter, and YouTube. *Public Relations Review.*, 39(4), 369–376.
- Azhar, F. (2020). Representing Pakistani Women in Family Planning Campaign: A Case-Study of Greenstar Social Marketing Campaign and DKT International. [Doctoral dissertation, University of Oregon]. Scholars Bank.
- Bailey, M. J., Guldi, M., Davido, A., & Buzuvis, E. (2011). Early legal access: Laws and policies governing contraceptive access, 1960–1980. Unpublished manuscript.
- Bakker, I. (1994). *The strategic silence: gender and economic policy*. Zed Books in association with the North-South Institute/l'Institut Nord-Sud.
- Ball-Rokeach, S. (1998). A Theory of Media Power and a Theory of Media Use: Different Stories, Questions, and Ways of Thinking. *Mass Communication & Society*, 1(1-2), 5–40.
- Bashford, A., & Chaplin, J. (2016). *The new worlds of Thomas Robert Malthus: rereading the Principle of population*. Princeton University Press.

- Basnyat, I., & Dutta, M. (2011). Family planning (re)defined: how young Nepalese women understand and negotiate contraceptive choices. *Asian Journal of Communication*, 21(4), 338–354.
- Beaudoin, C., Stephenson, M., & Agha, S. (2016). Testing the Validity of Campaign Ad Exposure Measures: A Family Planning Media Campaign in Pakistan. *Journal of Health Communication*, 21(7), 773-781.
- Benería, L., & Sen G. (2011). Accumulation, reproduction, and women’s role in economic development: Boserup revisited. In Visvanathan, N., Duggan, Lynn, Wiegiersma, Nancy, & Nisonoff, Laurie. (2011). *The women, gender and development reader* (Second edition.). Fernwood Publishing; Zed Books Ltd.
- Bennett, R. (2017). Relevance of fundraising charities’ content-marketing objectives: Perceptions of donors, fundraisers, and their consultants. *Journal of Nonprofit & Public Sector Marketing*, 29(1), 39-63.
- Bertini, C. (2008). The agricultural initiative at the Bill & Melinda Gates Foundation. Speech delivered at a July 21, 2008, ODI and Oxfam event in London, England.
- Bhaduri, G., & Ha–Brookshire, H. (2011). Do transparent business practices pay? Exploration of transparency and consumer purchase intention. *Clothing and Textiles Research Journal*, 29(2), 135–149.
- Bicchieri, C., Muldoon, R., & Sontuoso, A. (2018) Social Norms. *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/win2018/entries/social-norms/>.
- Bill and Melinda Gates Foundation (BMGF). (2014). *Global Grand Challenges*. The Bill and Melinda Gates Foundation.
- Bill and Melinda Gates Foundation (BMGF). (1998-2018). *Annual Reports*. The Bill and Melinda Gates Foundation. <https://www.gatesfoundation.org/Who-We-Are/Resources-and-Media/Annual-Reports>
- Bill and Melinda Gates Foundation (BMGF). (2018). *Family Planning*. The Bill and Melinda Gates Foundation. <https://www.gatesfoundation.org/What-We-Do/Global-Development/Family-Planning>.
- Bill and Melinda Gates Foundation (BMGF). (2018). *Outcome Investing: a results-based approach to designing and managing investments*. [Video]. YouTube. <https://www.youtube.com/watch?v=zfQOLSPmsNE&feature=youtu.be>.
- Bill and Melinda Gates Foundation (BMGF). (2018). *How We Work*. The Bill and Melinda Gates Foundation. <https://www.gatesfoundation.org/How-We-Work>.

- Bill and Melinda Gates Foundation (BMGF). (2018). *Committed Grants*. The Bill and Melinda Gates Foundation. <https://www.gatesfoundation.org/about/committed-grants>.
- Bill and Melinda Gates Foundation (BMGF). (2021). *Gender Equality Toolbox*. <https://www.gatesgenderequalitytoolbox.org>
- Bill and Melinda Gates Foundation (BMGF). (2018). *Committed Grants: TEVA Pharmaceuticals*. Bill and Melinda Gates Foundation. <https://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2014/12/OPP1112214>
- Bill and Melinda Gates Foundation (BMGF) [@gatesfoundation]. (2014, November 19). Tweets [Twitter Profile]. Twitter. Retrieved March 31, 2019, from <https://twitter.com/gatesfoundation>
- Bill and Melinda Gates Institute for Population and Reproductive Health. (2021). History. Johns Hopkins Bloomberg School of Public Health. <https://www.gatesinstitute.org/history>
- Bishop, M., & Green, M. (2008). *Philanthrocapitalism: How the rich can save the world and why we should let them*. London: A & C Black.
- Bongaarts, J., & Hardee, K. (2017). The Role of Public-Sector Family Planning Programs in Meeting the Demand for Contraception in Sub-Saharan Africa. *International Perspectives on Sexual and Reproductive Health*, 43(2), 41-50.
- Boserup, E. (1970). *Woman's role in economic development*. London: George Allen & Unwin.
- Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. *American journal of public health*, 102(7), 1267-1273.
- Bozeman, D., & Kacmar, K. (1997). A cybernetic model of impression management processes in organisations. *Organisational Behaviour and Human Decision Processes*, 69(1), 9–30.
- Buffett, P. (2013, July 26). The charitable-industrial complex. *The New York Times*, 26.
- Burns, R. (2019). New Frontiers of Philanthro-capitalism: Digital Technologies and Humanitarianism. *Antipode*, 51(4), 1101–1122.
- Chambon, A. (1999). Foucault's approach: Making the familiar visible. In A. S. Chambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social work* (pp. 51–80). New York, NY: Columbia University Press.

- Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, & Innis J. (2006). Family planning: the unfinished agenda. *Lancet*; 368: 1810–27.
- Collins, P. (1990). Black feminist thought in the matrix of domination In *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*, 138, 221-238.
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.
- Das, M. and Dasgupta, A. (2015). Exploration of perception of contraceptives among married women in rural West Bengal. *IAIM*, 2(4): 119-125.
- Department for International Development. (2012, July 11). Making lifesaving contraceptives available to an additional 120 million women and girls by 2020. Gov.UK: Family Planning: London Summit. <https://www.gov.uk/government/news/family-planning-london-summit-11-july-2012>.
- Derzon, J. & Lipsey, M. (2002). A meta-analysis of the effectiveness of mass-communication for changing substance-use knowledge, attitudes, and behavior. In W. D. Crano & M. Burgoon (Eds.), *Mass media and drug prevention: Classic and contemporary theories and research* (pp. 231–258). Mahwah, NJ: Erlbaum.
- Diddi, & Lundy, L. K. (2017). Organizational Twitter Use: Content Analysis of Tweets during Breast Cancer Awareness Month. *Journal of Health Communication*, 22(3), 243–253.
- Dixon-Mueller, R. (1993). Women’s rights and reproductive choice: Rethinking the connections. In R. Dixon-Mueller (Ed.), *Population, policy and women’s rights: Transforming reproductive choice* (pp. 109 138).
- Dixon-Mueller, R., & Germaine, A. (2007). Fertility regulation and reproductive health in the millennium development goals: The search for a perfect indicator. *American Journal of Public Health*, 97, 45 51.
- Durkheim, E., & Wilson, E. (1981). The Realm of Sociology as a Science. *Social Forces*, 59(4), 1054-1070.
- Durkheim, E. (1984). *The division of labour in society* (Contemporary social theory). Basingstoke: Macmillan.
- Dutta, M. (2007). Communicating About Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches. *Communication Theory*, 17(3), 304–328.



- Dutta, M., & de Souza, R. (2008). The Past, Present, and Future of Health Development Campaigns: Reflexivity and the Critical-Cultural Approach. *Health Communication, 23*(4), 326–339.
- Eig, J. (2014). *The birth of the pill: How four crusaders reinvented sex and launched a revolution* (First ed.). New York: W.W. Norton & Company.
- Elson, D. (1995). *Male bias in the development process* (2nd ed.). Manchester University Press; Distributed exclusively in the USA and Canada by St. Martin's Press.
- Escobar, A. (1994). *Encountering Development: The Making and Unmaking of the Third World*. Princeton, NJ, USA: Princeton University Press.
- Escobar, A. (2012). *Encountering development: the making and unmaking of the Third World*. Retrieved from <https://hdl-handle-net.hal.weber.edu/2027/heb.31025>.
- Every Mother Counts (EMC). (2018). *Our Story*. Every Mother Counts. <https://everymothercounts.org/our-approach/>
- Family Planning 2020. (2020). *The Arc of Progress 2019-2020*. [http://progress.familyplanning2020.org/sites/default/files/FP2020\\_ProgressReport2020\\_WEB.pdf](http://progress.familyplanning2020.org/sites/default/files/FP2020_ProgressReport2020_WEB.pdf)
- Family Planning 2030. (2021, October). *About FP 2030: Overview*. <https://www.familyplanning2020.org/Building2030>.
- Fang, Y. (2012). Does online interacting matter? Exploring the role of interacting strategies in consumer decision making. *Computers in Human Behaviour, 28*, 1790–1804.
- Fair, J., & Shah, H. (1997). Continuities and discontinuities in communication and development research since 1958. *Journal of International Communication, 4*(2), 3-23.
- Fairclough, N. (2005). Discourse Analysis in Organization Studies: The Case for Critical Realism. *Organization Studies, 26*(6), 915-939.
- Fisher, I. (2016). *Video Games and International Development: A Case Study of the Half the Sky Movement*. [Doctoral dissertation, University of Oregon]. Scholars Bank.
- Foss, S. (2009). *Rhetorical criticism: Exploration and practice* (4th ed.). Long Grove, Ill.: Waveland Press.
- Foucault. (1971). *The order of things: an archaeology of the human sciences* (1st American ed.). Pantheon Books.

- Frank, A. (1969). *Capitalism and underdevelopment in Latin America; historical studies of Chile and Brazil*. New York, NY: Monthly Review Press.
- Funding Universe. (2018) Bill & Melinda Gates Foundation History. <http://www.fundinguniverse.com/company-histories/bill-melinda-gates-foundation-history/>
- Gane, N. and Back, L. (2012). “C. Wright Mills 50 Years On: The Promise and Craft of Sociology Revisited.” *Theory, Culture & Society* 29 (7–8): 1–23.
- Gates, M. (2014, September 12). “Putting women and girls at the center of development.” *Science*, 345(6202), 1273–1275.
- Gergen, K. & Gergen, M. (1991) Toward reflexive methodologies. In Steier, F. (1991). *Research and reflexivity*. Sage.
- Giridharadas, A. (2018). *Winners take all: the elite charade of changing the world* (First edition.). Alfred A. Knopf.
- Gomery, D. (1989). Media economics: Terms of analysis. *Critical Studies in Mass Communication*, 6(1), 43–60.
- Green, S. (2009). Seeking Salvation. *New Statesman*, pp. 34-35.
- Greene, R. (2000). Governing reproduction. In Karin Gwinn Wilkin (Ed.), *Redeveloping communication for social change: Theory, practice, and power*(pp.27-38). Rowman & Littlefield Publishers.
- Guo, C., & Saxton, G. (2014). Tweeting social change: How social media are changing nonprofit advocacy. *Nonprofit and Voluntary Sector Quarterly*, 43(1), 57–79.
- Guo, C., & Saxton, G. (2018). Speaking and being heard: How nonprofit advocacy organizations gain attention on social media. *Nonprofit and Voluntary Sector Quarterly*, 47(1), 5–26.
- Hall, S. (1997). *Representation: cultural representations and signifying practices*. Sage in association with the Open University.
- Hall, S., Evans, J., & Nixon, S. (2013). *Representation: Cultural Representations and Signifying Practices*. India: SAGE Publications.
- Hardy, J. (2014). *Critical political economy of the media: an introduction*. New York: Routledge.

- Harvey, D., & Marx, K. (2010). *A companion to Marx's capital*. London; New York: Verso.
- Harman, S. (2016). The Bill and Melinda Gates Foundation and Legitimacy in Global Health Governance. *Global Governance* 22, 349–368.
- Harman, S. (2011). *Global Health Governance* (1st ed.). Routledge.
- Hartmann, B. (2016). *Reproductive Rights and Wrongs*. Haymarket Books.
- Hooks, B (1992). *Black looks, race and representation*. USA: South End Press Collective.
- Hornik, R. (Ed.). (2002). *Public health communication: Evidence for behavior change*. Mahwah, NJ: Erlbaum.
- Hunnicutt, G. (2009). Varieties of patriarchy and violence against women: Resurrecting “patriarchy” as a theoretical tool. *Violence against women*, 15(5), 553-573.
- Hutchinson, P., Meekers, D., & Eisele, T. (2012). Estimating Causal Effects from Family Planning Health Communication Campaigns Using Panel Data: The “Your Health, Your Wealth” Campaign in Egypt. *PLoS ONE*, 7(9), E46138.
- Internal Revenue Service (IRS). (2014). Bill and Melinda Gates Foundation Trust 2014 Tax Return. Retrieved from: <https://www.gatesfoundation.org/Who-We-Are/General-Information/Financials>
- Internal Revenue Service (IRS). (2015). Bill and Melinda Gates Foundation Trust 2015 Tax Return. Retrieved from: <https://www.gatesfoundation.org/Who-We-Are/General-Information/Financials>
- Internal Revenue Service (IRS). (2016). Bill and Melinda Gates Foundation Trust 2016 Tax Return. Retrieved from: <https://www.gatesfoundation.org/Who-We-Are/General-Information/Financials>
- Internal Revenue Service (IRS). (2017). Bill and Melinda Gates Foundation Trust 2017 Tax Return. Retrieved from: <https://www.gatesfoundation.org/Who-We-Are/General-Information/Financials>
- JSI. (2021). *JSI Projects: Family Planning Access Program*. JSI. <https://www.jsi.com/project/family-planning-access-program-2018-2023/>
- Kabeer, N. (1994). *Reversed realities: Gender hierarchies in development thought*. Verso.

- Kanji, N., Tan, S., & Toulmin, C. (2010) Introduction. In Van der Meulen Rodgers, Y. (2010). *Woman's Role in Economic Development* 20101 Ester Boserup. *Woman's Role in Economic Development*. London: Earthscan 1970. With a new introduction by Nazneen Kanji, Su Fei Tan, and Camilla Toulmin (reprinted with new introduction 2007). *International Journal of Social Economics*, 37(4), 339–340.
- Katz, E. (1957). The two-step flow of communication: An up-to-date report on an hypothesis. *Public opinion quarterly*, 21(1), 61-78.
- Khamis, S. (2009). Multiple meanings, identities, and resistances: Egyptian rural women's readings of televised family planning campaigns. *International Journal of Communication*, 3, 48.
- Kim, Y., & Marangwanda, C. (1997). Stimulating men's support for long-term contraception: A campaign in Zimbabwe. *Journal of Health Communication*, 2(4), 271-297.
- Lazarsfeld, P., Berelson, B., & Gaudet, H. (1968). *The peoples' choice: how the voter makes up his mind in a presidential campaign*. Columbia University Press.
- Lee, P. (2019, February 7). Microsoft for Healthcare: technology and collaboration for better experiences, insights and care. *Official Microsoft Blog*. <https://blogs.microsoft.com/blog/2019/02/07/microsoft-for-healthcare-technology-and-collaboration-for-better-experiences-insights-and-care/>
- Levine, D. (2001). Political Economy and the Idea of Development. *Review of Political Economy*, 13(4), 523–536.
- Li, H., Dombrowski, L., & Brady, E. (2018, January 7–10). Working toward empowering a community: How immigrant-focused nonprofit organizations use twitter during political conflicts [Paper presentation]. Paper presented at the 2018 ACM Conference, Sanibel Island, Florida, USA.
- Lindlof, T., & Taylor, B. (2002). *Qualitative communication research methods*. (2nd ed. / Thomas R. Lindlof, B. Taylor. ed.). Thousand Oaks, Calif.: Sage Publications.
- Lupton, D. (1994). Toward the development of a critical health communication praxis. *Health Communication*, 6(1), 55–67.
- Luthra, R. (1988). Communication in the social marketing of contraceptives: a case study of the Bangladesh project. Unpublished Ph.D. dissertation, University of Wisconsin, Madison.

- Luthra, R. (1991). Contraceptive social marketing in the third world: A case of multiple transfer. *International Communication Gazette (Leiden, Netherlands)*, 47(3), 159-176.
- Lykke, N. (2005). Transformative Methodologies in Feminist Studies. *The European Journal of Women's Studies*, 12, 243.
- Marx, K., & Engels, F. (1976). *Capital: Vol. 1*. New York: Penguin Books.
- Marx, K., Engels, F., & Tucker, R. C. (1978;1972;). *The Marx-Engels reader* (2d ed.). New York: Norton.
- McCall, Leslie. (2005). The Complexity of Intersectionality. *Signs* 30.3.:1771–800.
- McChesney, R., & Schiller, D. (2003). *The political economy of international communications: Foundations for the emerging global debate about media ownership and regulation* (pp. 1-43). Geneva: United Nations Research Institute for Social Development.
- McCoy, D., Kembhavi, G., Patel, J., & Luintel, A. (2009). The Bill & Melinda Gates Foundation's grant-making programme for global health. *The Lancet (British Edition)*, 373(9675), 1645–1653.
- McEwan, C. (2009). *Postcolonialism and Development*. New York: Routledge.
- McGoey, H. (2015). *No such thing as a free gift: the Gates foundation and the price of philanthropy*. United Kingdom: Verso.
- Melkote, S., & Steeves, H. (2015). Place and role of development communication in directed social change: A review of the field. *Journal of Multicultural Discourses*, 10(3), 385-402.
- Melkote, S., & Steeves, H. Leslie. (2015). *Communication for development: Theory and practice for empowerment and social justice* (3rd ed.). Thousand Oaks, California, USA: SAGE.
- Mendelsohn, H. (1973). Some Reasons Why Information Campaigns Can Succeed. *The Public Opinion Quarterly*, 37(1), 50-61.
- Meyer, C., & Seims, S. (2010). The Unique Role of US Foundations in International Family Planning and Reproductive Health. *Journal of Women's Health (Larchmont, N.Y. 2002)*, 19(11), 2125–2132.
- Microchips Biotech. (2018). *Partnering*. Microchips Biotech. <http://microchipsbiotech.com/partnering.php>.

- Mills, C. (2000). *The Sociological Imagination*. (40th ed.). Oxford University Press USA - OSO.
- Mohanty, C. (1988). Under Western Eyes: Feminist Scholarship and Colonial Discourses. *Feminist Review*, 30(1), 61–88.
- Mosco, V. (2009). *The political economy of communication*. (2<sup>nd</sup> ed.). Thousand Oaks, California, USA: SAGE.
- Murdock, G. (2014). Political economies as moral economies: commodities, gifts, and public goods. In Wasko, J., Murdock, G., & Sousa, H. (Eds.) *The handbook of political economy of communications* pp. 13-40. (Global handbooks in media and communication research). Chichester, West Sussex; Malden, MA: Wiley-Blackwell.
- Murdock, G. (2006). Marx on commodities, contradictions and globalizations: Resources for a critique of marketised culture. *E-Compos*. Retrieved from <http://www.compos.org.br/seer/index.php/e-compos/article/viewFile/95/94>
- Murdock, G., & Wasko, Janet. (2007). *Media in the age of marketization*. Cresskill, NJ: Hampton Press.
- New Venture Fund (NVF). (2021). *Who We Are*. New Venture Fund. <https://newventurefund.org/who-we-are/>
- New Venture Fund (NVF). (2021). *Project Directory*. New Venture Fund. <https://newventurefund.org/project-directory/>
- Noar, S. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication*, 11(1), 21-42.
- Nussbaum. (2000). *Women and human development: the capabilities approach*. Cambridge University Press.
- Orgad, S. (2020). The Sociological Imagination and Media Studies in Neoliberal Times. *Television & New Media*, 21(6), 635–641.
- Pan, B., & Crotts, J. (2012). Theoretical models of social media, marketing implications, and future research directions. In M. Sigala, E. Christou, & U. Gretzel (Eds.), *Social media in travel, tourism and hospitality: Theory, practice and cases* (pp. 73–86). Surrey, UK: Ashgate.
- PATH. (2021). *About Us*. PATH. <https://www.path.org/about/>
- Pathfinder. (2018). *Yuvaa: Youth Voices for Agency and Access*. Pathfinder. <https://www.pathfinder.org/projects/yuvaa-youth-voices-for-agency-and-access/>

- Patil, V. (2013). From Patriarchy to Intersectionality: A Transnational Feminist Assessment of How Far We've Really Come. *Signs* 38.4.:847–67.
- Phillips, L., & Ilcan, S. (2004). Capacity-building: The neoliberal governance of development. *Canadian Journal of Development Studies*, 25(3), 393-409.
- Primary Health Care Performance Initiative (PHCPI). (2021). *Strategies for Improving Primary Health Care*. Primary Health Care Performance Initiative. <https://improvingphc.org/improvement-strategies>
- Rai, S. (2002). *Gender and the political economy of development: From nationalism to globalization*. John Wiley & Sons.
- Rawlins, B. (2006). Prioritizing stakeholders for public relations. Institute for Public Relations [http://www.instituteforpr.org/wp-content/uploads/2006\\_Stakeholders\\_1.pdf](http://www.instituteforpr.org/wp-content/uploads/2006_Stakeholders_1.pdf).
- Rice, R., & Paisley, W. (1981). *Public communication campaigns*. Beverly Hills: Sage Publications.
- Rimon, J. II. (November 2001). *Behavior Change Communication in Public Health: Beyond Dialogue: Moving Toward Convergence*. Presented at the United Nations Roundtable on Development Communication. Sponsored by UNFPA and the Panos Institute. Managua, Nicaragua. <sup>[17]</sup><sub>[SEP]</sub>
- Robbins, M. (2015, September 26). New partnership to help countries close gaps in primary health care. *The World Bank*. <https://www.worldbank.org/en/news/press-release/2015/09/23/new-partnership-to-help-countries-close-gaps-in-primary-health-care>
- Rogers, E. (1973). *Communication strategies for family planning*. New York, NY: Free Press.
- Rogers, E. (1976). The passing of the dominant paradigm—Reflections on diffusion research. In W. Schramm and D. Lerner (Eds.), *Communication and change*. 49–52. Honolulu, HI: University Press of Hawaii. <sup>[17]</sup><sub>[SEP]</sub>
- Rogers. (1996). Up-to-Date Report. *Journal of Health Communication*, 1(1), 15–24.
- Rogers, E. & Storey, J. (1987). Communication campaigns. In C. R. Berger & S. H. Chafee (Eds.), *Handbook of communication science* (pp. 817–846). London: Sage.

- Segal, T. (2019, February 18). "What's the Difference Between Berkshire Hathaway's Class A and Class B Shares?" *Investopedia*.  
<https://www.investopedia.com/ask/answers/021615/what-difference-between-berkshire-hathaways-class-and-class-b-shares.asp>
- Sen, A. (1999). *Development as freedom* (1st ed.). Knopf.
- Sender, K. (2011). Real Worlds: Migrating genres, travelling participants, shifting theories. In Kraidy, M. M., & Sender, K. (Eds.). (2011). *The politics of reality television*. (pp. 1-11). New York: Routledge.
- Shome, R. & Hedge, R. (2010). Postcolonial approaches to communication: Charting the terrain, engaging the intersections. In D. K. Thussu (Ed.), *International Communication: A Reader* (pp. 89-104). New York: Routledge.
- Smith, A. (1991). *Wealth of Nations*. Amherst, NY; Prometheus Books.
- Smith, A., & Haakonssen, K. (2002). *The theory of moral sentiments*. Cambridge University Press.
- Smythe, D. (1977). Critique of The Consciousness Industry. *Journal of Communication*, 27(1), 197–232.
- Snyder, L. & Hamilton, M. (2002). A meta-analysis of U.S. health campaign effects on behavior: Emphasize enforcement, exposure, and new information, and beware the secular trend. In R. C. Hornik (Ed.), *Public health communication: Evidence for behavior change* (pp. 357–384). Mahwah, NJ: Lawrence Erlbaum.
- Sood, S., Shefner-Rogers, C., Skinner, J., & Krishnatray, P. (2014). Health Communication Campaigns in Developing Countries. *Journal of Creative Communications*, 9(1), 67-84.
- Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson, & L. Grossberg (Eds.), *Marxism and the Interpretation of Culture* (pp. 271-313). London: Macmillan Education.
- Steeves. (1993). Creating Imagined Communities: Development Communication and the Challenge of Feminism. *Journal of Communication*, 43(3), 218–229.
- Steeves, H. & Wasko, J. (2002). Feminist Theory and Political Economy. In *Sex and Money* (NED - New edition, p. 16). University of Minnesota Press.
- Steier, F. (1991). *Research and reflexivity*. Sage.
- Strine. (1997). Deconstructing identity in/and difference: Voices "under erasure" *Western Journal of Communication*, 61(4), 448–459.



- Tausch. (2010). Globalisation and development: the relevance of classical "dependency" theory for the world today. *International Social Science Journal*, 61(202), 467–488.
- Thussu, D. (2006). *International communication: continuity and change* (2nd ed.). Hodder Arnold; Distributed in the U.S. by Oxford University Press.
- Turner, B. (1988). Connoisseurship in the study of organizational cultures. In A. Bryman (ed.). *Doing research in organizations* (pp. 108-1220. London: Routledge.
- Van Dijk, T. (2006). Ideology and discourse analysis. *Journal of Political Ideologies*, 11(2), 115-140.
- Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). *Media advocacy and public health: Power for prevention*. Newbury Park, CA: Sage.
- Wakefield, R., & Knighton, D. (2019). Distinguishing among publics, audiences, and stakeholders in the social media era of unanticipated publics. *Public Relations Review*., 45(5).
- Wakefield, M., Loken, B., & Hornik, R. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261-1271.
- Wallace, T., & Rutherford, A. (2021). The Big Bird Gets the Worm? How Size Influences Social Networking by Charitable Organizations. *Nonprofit and Voluntary Sector Quarterly*., 50(3), 626–646.
- Walton, J., & Lazzaro-Salazar, M. (2016). Othering the Chronically Ill: A Discourse Analysis of New Zealand Health Policy Documents. *Health Communication*, 31(4), 460–467.
- Wasko, J., Murdock, G., & Sousa, H. (2014). *The handbook of political economy of communications* (Global handbooks in media and communication research). Chichester, West Sussex; Malden, MA: Wiley-Blackwell.
- World Bank. (2021). *The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19*.
- Yu, C. (2021). Rising Scholar: An Examination of the Institutionally Oppressive White Savior Complex in Uganda Through Western Documentaries. (n.d.). *International Social Science Review*., 97(2).
- Yao, S., Brummette, J., & Luo, Y. (2015). Balancing between organisations and society: Exploring organisations. *Legitimacy Efforts, Corporate Communications: An International Journal*, 20(1), 90–110.

Zizek, S. (2006). The Liberal Communists of Porto Davos [Review of *The Liberal Communists of Porto Davos*]. In *These Times*, 30(4), 41. Institute for Public Affairs, Inc.