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Our foundation is based in Seattle, Washington, and supports work in more than 100 countries. In the United States, we support grantees in all 50 states and the District of Columbia.

Branch offices:

- Washington, D.C.
- Delhi, India
- Beijing, China
- London, U.K.
- Addis Ababa, Ethiopia
- Abuja, Nigeria
- Johannesburg, South Africa

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Bill & Melinda Gates Foundation

OUR FOUNDATION IN INDIA



MESSAGE FROM THE INDIA OFFICE DIRECTOR

India is investing significantly in health and development, with the goal of helping millions of people participate in the country's growth opportunities and lift themselves out of poverty. At the Bill & Melinda Gates Foundation, we align all of our efforts with India's objectives, including the country's ambitious targets under the UN Sustainable Development Goals (SDGs).

We work closely with India's central and state governments and collaborate with nonprofit organizations, community groups, academic institutions, the private sector, and development organizations to achieve our shared goals. With a particular focus on Bihar and Uttar Pradesh, we develop innovative solutions to improve the quality and coverage of key services.

Much of our investment goes toward research and innovation to improve the basic tools of development and create breakthrough solutions that can have even greater impact. To guide our efforts, we collect and analyze data so we can determine what works and what doesn't and revise our approaches and strategies as needed.

Our foundation began working in India in 2003 with the launch of Avahan, an HIV prevention program that is estimated to have prevented 600,000 new infections. Soon after, we joined with other partners to support the Indian government in eliminating polio. This coordinated effort, which involved mobilizing 2.3 million volunteer vaccinators to reach 170 million children with repeated doses of oral polio vaccine, led to India being declared polio-free in 2014. Our ongoing projects include supporting the development of a safe and affordable vaccine against rotavirus, which is expected to significantly reduce infant deaths from this diarrheal disease in India and other parts of the world. We have also been a partner in addressing maternal and newborn tetanus, which was eliminated in India in 2015.

Our efforts in India focus on key areas that will affect the future of India's most vulnerable communities: reproductive, maternal, newborn, and child health and nutrition; sanitation; agricultural development; and financial inclusion.

As India works toward the SDGs, significant work remains to be done. Infant and maternal mortality rates remain high, lack of proper sanitation is still a serious concern, and low agricultural productivity and lack of access to financial services continue to prevent many people from realizing their full potential. We must address these challenges so everyone can benefit from, and contribute to, India's growth and progress.

As a foundation, we are energized, not daunted, by these challenges. Our optimism is grounded in the progress seen in India over the past decade, as well as in the country's extraordinary people, its wealth of scientific and creative talent, and its commitment to creating a better future for the next generations.

Nachiket Mor
Director, India Office



OUR GLOBAL OVERVIEW

Guided by the belief that all lives have equal value, the Bill & Melinda Gates Foundation works to reduce inequity around the globe.

Founded in 2000 and based in Seattle, Washington, the foundation is led by CEO Sue Desmond-Hellmann and Co-Chair William H. Gates Sr., under the direction of Bill and Melinda Gates and Warren Buffett.

WHAT WE DO

We work with partner organizations worldwide to ensure that every person has the opportunity to live a healthy, productive life. To help achieve our vision, we have four key missions:

Inspire people to take action to change the world

Because our resources alone are not enough to advance the causes we care about, we engage in advocacy efforts to promote public policies that support our work, build strategic alliances with governments and the public and private sectors, and foster greater public awareness of urgent global issues.

Ensure more children and young people survive and thrive

We believe that the key to reducing poverty is ensuring access to high-quality healthcare and education. We focus in particular on improving maternal and child health so families have a chance to lift themselves out of extreme poverty.

Combat infectious diseases that particularly affect the poorest

We believe that by harnessing advances in science and technology, we can save lives. We work with partners to deliver vaccines, drugs, and diagnostic tools that are affordable and reliable. Equally important is innovation in how we bring health interventions to those who need them most.

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

We believe that empowering the most vulnerable people is the key to creating long-lasting benefits for families, communities, and countries. In particular, when women have more opportunities, they can create catalytic change across entire societies.



HOW WE WORK

We address the greatest obstacles to people living healthy, productive lives and focus on issues where we think we can have the greatest impact. Whether the challenge is low-yield crops in Africa or low graduation rates in Los Angeles, we listen and learn so we can identify pressing problems that get too little attention. Then we consider whether we can use our influence and our investments to make a meaningful difference.

To date, our foundation has provided more than US\$36 billion to address extreme poverty, disease, and educational inequity around the world. The governing principle behind our spending is to invest in people and programs that can spur progress on a larger scale within communities, countries, and regions.

OUR FOUNDATION IN INDIA

HEALTH

Our work in India began more than a decade ago with an HIV prevention initiative. Since then, our health-related efforts have expanded to include maternal and child health, nutrition, vaccines and routine immunization, family planning, and control of selected infectious diseases. We work to tackle critical health challenges that affect millions of people throughout India despite the country's remarkable development in recent years.

MATERNAL AND CHILD HEALTH

While India's health challenges are many, we believe that improving maternal and child health is the key to ensuring that India's poorest families and communities can benefit from the country's economic growth. India has made significant progress in this area over the past decade, but it still loses almost 50,000 mothers each year due to pregnancy-related complications, and more than 1 million children die before age 5.

Importantly, the Indian government knows the causes of maternal and child mortality, the risk factors, and the appropriate interventions. The country has set national standards for maternal and newborn care and is strengthening primary healthcare services to help meet the standards. We provide technical assistance and financial support to expand community health worker training, establish monitoring systems, develop the healthcare workforce, and identify new technologies that can improve public health.



“AS PARENTS, BILL AND I KNOW THERE IS NOTHING MORE IMPORTANT THAN HAVING A HEALTHY CHILD.” —MELINDA GATES

OUR FOCUS ON BIHAR AND UTTAR PRADESH

Most of our health-related work in India focuses on two of the poorest and most populous states: Bihar and Uttar Pradesh. While the problems are huge, the governments of these states are committed to addressing poverty and inequity, with a focus on improving health and nutrition for women and children.

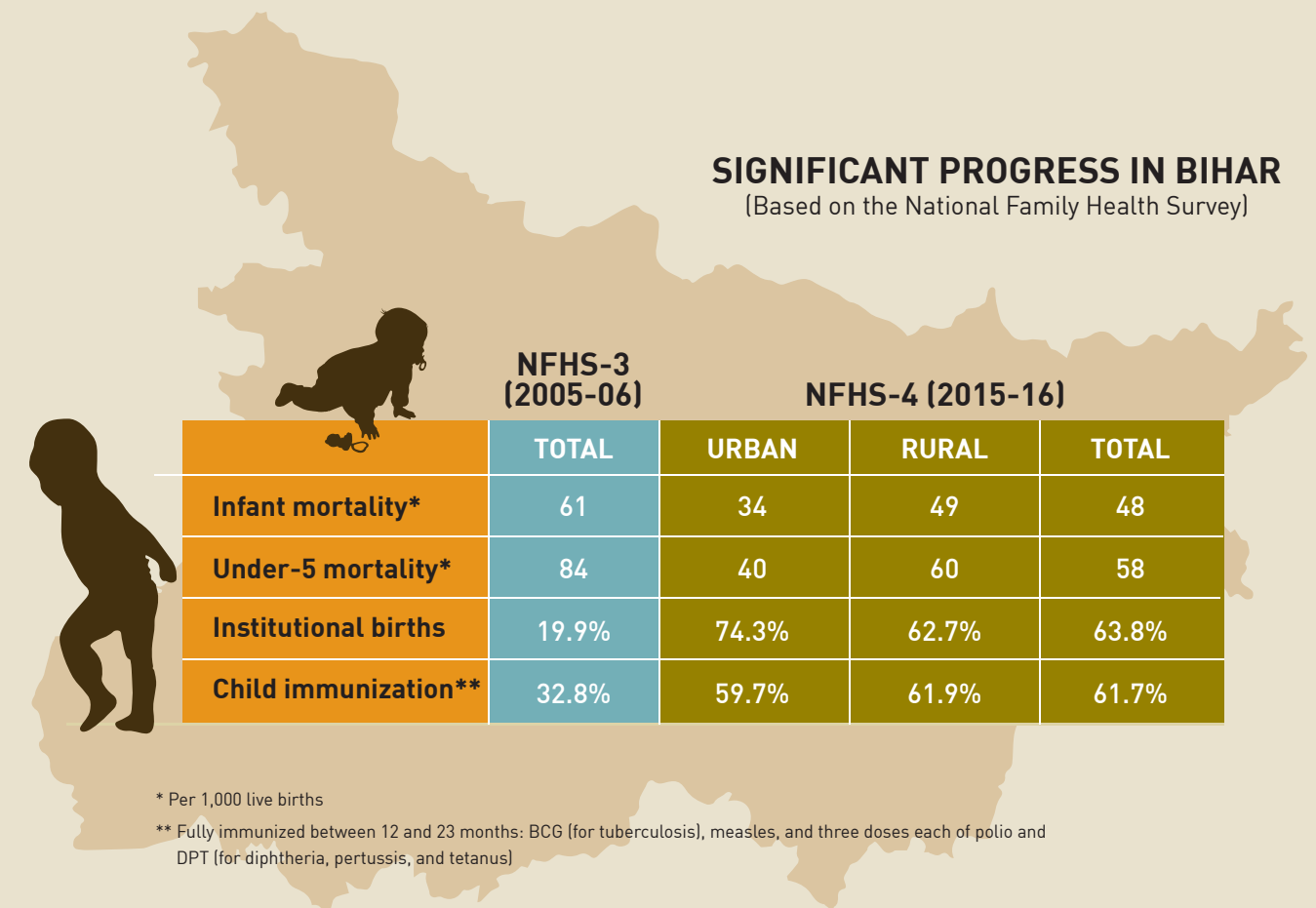


Bihar has experienced rapid economic growth, but it struggles with acute challenges that include the healthcare needs of its 104 million people, 90% of whom live in rural areas. We formed a partnership with the state government in 2010, which was renewed in 2016, to work on issues including family planning, nutrition, childhood immunization, sanitation, and control of selected infectious diseases.

Uttar Pradesh, with a population of more than 200 million, lags behind the rest of the country in health outcomes, especially for women and children. Building on our experience in Bihar, we formed a partnership with the government of Uttar Pradesh in 2013 to strengthen leadership and accountability in public health through data collection, monitoring and evaluation, and performance management.

In both states, we focus on community health worker training, improving health facilities and systems, promoting technology-enabled healthcare solutions, and improving treatment practices among private and public-sector health providers. At the community level, we support efforts to help the poorest and most vulnerable women form self-help groups and become more socially and financially empowered.

SIGNIFICANT PROGRESS IN BIHAR (Based on the National Family Health Survey)



A SUCCESSFUL PARTNERSHIP FOR HIV PREVENTION

In 2002, experts projected that the HIV epidemic in India could grow to staggering proportions, with more cases than in any other country. Given this dire prospect, we made our first investment in India that year: a US\$258 million grant for an HIV prevention program called Avahan that was launched in partnership with the government of India, community groups, and nongovernmental organizations.

Avahan, which focuses on sex workers and other high-risk populations in six states with the highest HIV prevalence, has been an important part of the country's response to the epidemic. From 2009 to 2013, the government gradually took ownership of the program, as planned, and our efforts are now increasingly focused on working with vulnerable communities to expand services. We also continue to provide strategic support at the national level.

To date, Avahan has provided monthly prevention services to more than 220,000 female sex workers, 80,000 men who have sex with men and with transgender people, 18,000 injecting drug users, and 5 million men at risk along the nation's major trucking routes. Hundreds of millions of condoms have been distributed.

Avahan is one of the great success stories in national-level response to HIV. A study published in *The Lancet* in 2013 estimated that the Avahan interventions may have averted about 600,000 HIV infections in the program's first decade. While HIV continues to be a challenge for the country, new infections have fallen to about 86,000 per year.

The success of the Avahan partnership has led us to collaborate with the government and other partners in similar ways in other areas of health and development.



FAMILY PLANNING

Family planning has proven to be one of the most effective and affordable ways to improve the health of women and girls. Enabling women to make informed decisions about whether and when to have children reduces unintended pregnancies as well as maternal and newborn deaths. It also increases educational and economic opportunities for women and leads to healthier families and communities.

Voluntary family planning is one of the most cost-effective investments a country can make in its future. Every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, sanitation, and other public services. By meeting its family planning commitments, India can avert 42,000 maternal deaths and 1 million infant deaths by 2020.

Mothers and babies are most vulnerable during the 12-month period after birth, and research has shown that 30% of maternal deaths and 10% of child deaths worldwide could be prevented if women were to space their pregnancies at least two years apart.

When women have access to a variety of contraceptive methods, they are more likely to use them. But such access is not widely available in India. The unmet need for family planning services is especially high among adolescents and young women and among women in the poorest and most remote areas.

The Indian government, working with partners, is committed to giving women access to the tools and information they need to time their pregnancies and space them further apart. We provide strategic support at the national level and in Bihar and Uttar Pradesh to identify barriers to access and funding gaps, and we provide technical assistance to improve the quality and availability of family planning services. We also support performance monitoring and better data collection.

Our work includes engaging with private providers to offer access to quality family planning tools and services, and we work with women's self-help groups to disseminate accurate information about family planning options and help women make informed decisions about their health and their future.

We are particularly committed to exploring how our family planning efforts can meet the needs of young women and girls in India.

NUTRITION

India has one of the world's highest rates of malnutrition, and nearly half of the country's child deaths under age 5 are associated with poor nutrition. Many Indian mothers begin pregnancy poorly nourished, which means they are at high risk of delivering low-birth-weight newborns, who in turn have an increased risk of illness, death, or remaining malnourished throughout life.

The period from the onset of pregnancy through the first 24 months of a child's life is the key window in which nutrition interventions can improve survival, growth, and development and lead to benefits through adulthood. After age 2, the consequences of malnutrition are difficult to reverse and can be passed on through the generations.

Proven, cost-effective interventions are available to improve nutrition. By expanding their coverage, India can greatly increase child survival rates and improve child cognitive development.

We work with the Indian government to improve nutrition by demonstrating what is possible when existing interventions are delivered more broadly,

and by supporting the development and use of new solutions. Our work involves partnerships at the national and state levels to scale up interventions that include maternal nutrition, early and exclusive breastfeeding, complementary feeding, micronutrient supplementation, food fortification, and treatment of children with severe malnutrition.

Our nutrition efforts also include research and data collection to better understand the root causes of malnutrition, design better interventions, and track progress.

IMMUNIZATION

One in five babies born in India dies before age 5 due to ailments such as pneumonia and diarrhea. Most of these childhood deaths could be prevented through the use of safe and effective vaccines.

Improving immunization rates requires strong systems, effective management, and rigorous accountability. We work to help accelerate the pace of improvement by addressing inequities in access to vaccines and improving the vaccine delivery system.



POLIO-FREE INDIA

India's certification as a polio-free country in March 2014 marked a major milestone on the path to global polio eradication. India was long considered the most difficult place to end polio due to its population density, high rates of migration, poor sanitation, high birth rates, and low rates of routine immunization. Huge numbers of unvaccinated children lived in crowded slums and remote rural areas. As recently as 2009, India was home to 50% of the world's polio cases.

But the Indian government—with support from international partners including WHO, UNICEF, USAID, Rotary International, and our foundation—rolled out a carefully coordinated polio campaign that sent out millions of volunteer vaccination teams to reach 170 million children each year with repeated doses of oral polio vaccine.

In 2011, the last case of polio was reported in India. In 2014, the country was officially declared polio-free, putting the world on course to completely wipe out polio within the next few years.



TUBERCULOSIS

India accounts for one out of four cases of tuberculosis (TB) worldwide, and the disease kills nearly 1,000 Indians each day. TB disproportionately affects poor people, who account for about two-thirds of TB cases and experience devastating financial and social consequences.

The government has introduced programs to expand screening and treatment, but significant challenges remain. India has about 1.2 million reported cases of TB each year, and the World Health Organization (WHO) estimates that 1 million additional cases go unreported and may remain undiagnosed or be ineffectively treated. Most of those cases are believed to be managed by private healthcare providers.

We focus on helping private providers improve the detection and treatment of TB and multidrug-resistant TB (MDR-TB), a form of the disease that is resistant to many TB drugs and is especially difficult and costly to treat. We also work on ways to bring private provider practices in line with national standards of care, improve diagnosis and treatment of TB and MDR-TB, and introduce support systems such as digital tools for TB surveillance.

VISCERAL LEISHMANIASIS

Visceral leishmaniasis, also known as kala-azar or black fever, is a parasitic disease spread by infected sandflies. If left untreated, it is fatal. It occurs mostly in humid, rural areas of South Asia, with the vast majority of cases in India.

We work closely with the government of India and the states of Bihar, Jharkhand, and Uttar Pradesh to control transmission of visceral leishmaniasis through twice-yearly indoor insecticide spraying in endemic areas, improving detection, and expanding access to appropriate treatment. This work includes adapting proven malaria control systems to address visceral leishmaniasis.

LYMPHATIC FILARIASIS

Lymphatic filariasis, also known as elephantiasis, is a parasitic disease transmitted by mosquitoes. It is painful and can lead to severe disfigurement, kidney damage, and other devastating health effects. Cases have continued to be reported in 13 Indian states and territories, where more than 350 million people are at risk of infection.

WHO launched a global campaign in 2000 to eliminate the disease by 2020, by stopping transmission and treating those affected. We are supporting the development of a triple-drug therapy for lymphatic filariasis, currently in clinical trials, that could dramatically advance efforts to stop the disease.

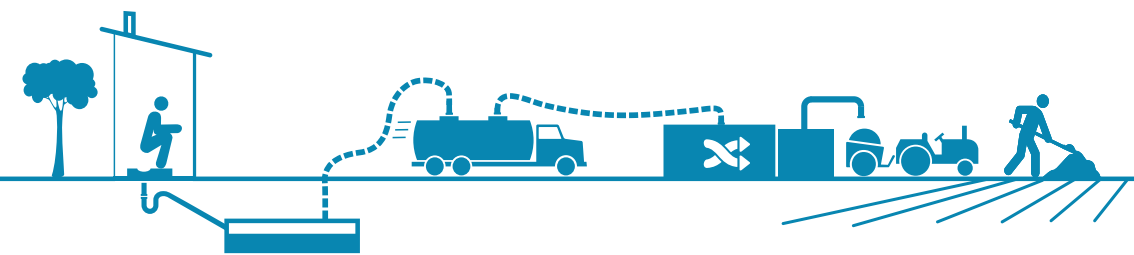
SANITATION

India's sanitation challenges are huge. Despite rapid economic growth, half of the country's people still defecate in the open. Less than a third of human waste is safely treated and disposed of, according to the government's own reports. The problem is more pronounced in urban areas because of the lack of infrastructure, space, and resources to handle the sanitation needs of the increasing population and influx of migrants.

An estimated 6% of India's GDP is lost due to poor sanitation, amounting to an annual loss of Rs. 2.4 trillion, or nearly US\$54 billion. Lack of safe sanitation contributes to about 200,000 child deaths from diarrhea each year. Chronic diarrhea can also hinder child development by impeding the absorption of essential nutrients and reducing the effectiveness of life-saving vaccines.

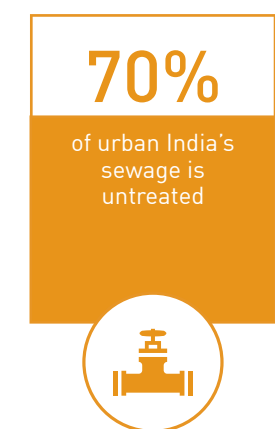
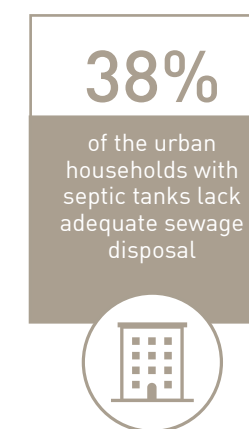
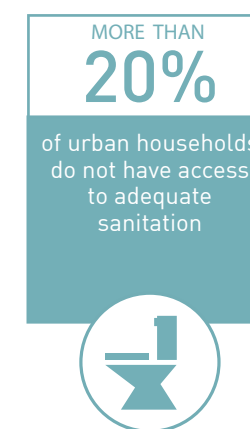
We work with India's central government, states (including Tamil Nadu and Andhra Pradesh), and city governments in Odisha, Maharashtra, Rajasthan, and Delhi to find appropriate and affordable sanitation solutions that can lead to more comprehensive coverage. These efforts include creating viable city sanitation plans, promoting private-public partnerships for safe and sustainable delivery of sanitation services (especially in underserved urban poor communities), demonstrating innovative technology and design solutions, and building demand for sanitation services by working with communities and influencing social norms.

SANITATION VALUE CHAIN



CONTAIN → EMPTY → TRANSPORT → TREAT → REUSE

A strategic focus along the entire sanitation value chain has the potential to transform sanitation in India



AGRICULTURAL DEVELOPMENT

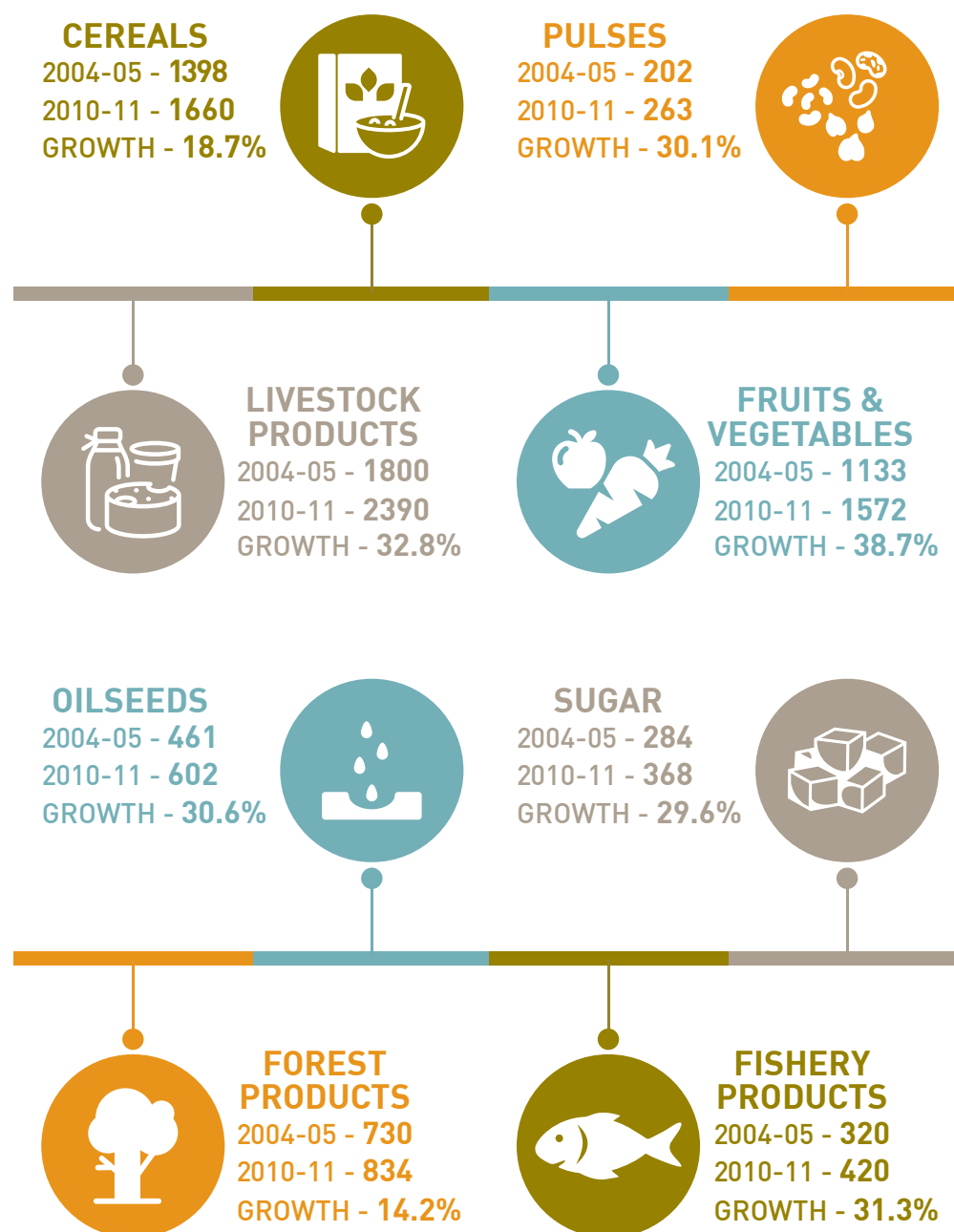
Nearly half of India's people depend on agriculture for their livelihood, but poverty and malnutrition in rural areas remain high as low productivity, water shortages, a changing climate, and fragmented land holdings put pressure on India's poorest farmers.

While India has dramatically increased its agricultural production over the past several decades, many smallholder farmers are in dire need of better production and agricultural management methods, including improved veterinary care, better seed varieties, links to markets, and financial services.

We invest in research on India's important crops (including staples such as rice, wheat, maize, and legumes) and livestock (including dairy cattle, small ruminants, and poultry), and we work to strengthen programs that improve smallholder farmers' access to knowledge, tools, and markets.

Working on issues related to women farmers is an important priority because women make up more than one-third of the agricultural workforce and play an increasingly important role. We also work on issues related to food systems and the links between agriculture and nutrition.

OUTPUT VALUE FOR SELECTED AGRICULTURAL PRODUCTS (CONSTANT PRICE IS Rs. 00Cr.)



FINANCIAL SERVICES FOR THE POOR

Most of India's poor people have no access to banking services—they conduct all of their financial transactions using cash or physical assets such as livestock or jewelry. To send money to family members, they rely on risky methods such as informal couriers or friends who carry cash by bus. To borrow money in an emergency, they often turn to money lenders who charge exorbitant interest rates.



Digital financial services can provide a safe way for India's poor people to save and transfer money and make payments, and the Indian government is pursuing this approach in its financial inclusion program. India has an extensive mobile communications network that extends deep into rural areas, which makes such services possible.

When poor households have access to digital savings, credit, and insurance services, they have a better chance of moving out of poverty and absorbing financial shocks without being pushed deeper into poverty.

We support efforts by the Indian government to digitize government payments to poor households and encourage new digital banking models. We also work to identify gaps in digital financial inclusion efforts, and we work with private-sector providers to design digital financial products that meet the needs of poor households.

WOMEN AND GIRLS

Gender inequity is a major obstacle to achieving India's health and development goals. At the foundation, we are intensifying our focus on women and girls in all of the efforts we support and through new, more targeted investments.

We consider gender and equity in all of our programs—not as a separate area of focus but as a filter we apply to all of our work. We ask not only "Is this working?" but also "Who is it working for?" and "Who is being left behind?" This entails looking not only at gender inequity but also other inequities that affect people's ability to benefit from development efforts.

As in all of our work, we use measurement and evidence to guide our efforts related to women and girls. We emphasize gender analysis and continual assessment of progress in gender equity and women's empowerment. We fund research on adolescents and what can help them make a healthy and successful transition to adulthood. And we invest in platforms that have proven successful in accelerating progress for women and girls, such as self-help groups.



We are also exploring new work on violence, education, skills training, resilience, and social and economic empowerment. As we build more evidence on what works for women and girls in India, we will share these insights with others and work to integrate them more broadly into development thinking and planning.

OUR FOCUS ON INNOVATION

Innovation is essential to significantly reducing disease and poverty in India and around the world. Long-term investments in research for health and development can yield new tools and solutions that can save millions of lives and bring essential services to India's poorest communities.

Much of our work in India involves supporting innovation, from the development of better vaccines and sanitation solutions to devising ways to make existing tools cheaper, easier to use, and easier to deliver. India's vast pool of technical expertise and track record of collaboration among public, private, and nonprofit partners has already led to breakthrough solutions and a pipeline of promising pilot projects.

For example, we supported the Serum Institute of India in developing a high-quality, low-cost vaccine for meningitis A, a life-threatening bacterial infection that affects people in 25 African countries. To achieve the target price of 50 U.S. cents per dose, Serum obtained raw materials from a Dutch biotech company and arranged a technology transfer from the U.S. Food and Drug Administration. The resulting vaccine, MenAfriVac, provides protection against meningitis A for 10 years and has reached more than 200 million people since its launch in 2010. Innovation in India has also led to new vaccines for Japanese encephalitis and rotavirus.

To help farmers in flood-prone areas of India and other South Asian countries, we are supporting a rice-breeding project called Stress-Tolerant Rice for Africa and South Asia (STRASA), which develops new rice varieties that can withstand flooding, poor soil, drought, and other environmental stresses—and produce far greater yields than existing varieties. The new rice seeds reached more than 11 million farmers across South Asia by 2013. In India, the Ministry of Agriculture and state governments have been instrumental in distributing the seeds.

Another example of innovation is the use of mobile phones—already used by more than 1 billion Indians—as a platform for mobile payments, health worker training, agricultural information, and much more. Digital technology offers enormous potential for overcoming logistical and financial barriers to delivering services to the poorest people. New digital tools and technology platforms can also help streamline and standardize processes, track supply chain gaps, improve data collection and reporting, and standardize identity systems.

In all of these research and development efforts, we set clear goals, select the most promising approaches, rigorously measure outcomes, and use the data we collect to refine our strategies. We also provide researchers with incentives to focus on important health and development goals—for example, by minimizing the cost and potential risks involved in developing and manufacturing new medicines and contraceptives.

THE IMPORTANCE OF RESEARCH

Most of the health and development challenges that India faces—including sanitation problems, malnutrition, and numerous infectious diseases—have been largely solved in richer countries. But replicating solutions from the developed world is almost always impractical and unaffordable in India. That is why research is so critical.

For infectious diseases, for example, we support research to understand the burden of each disease, both globally and in India, as well as its causes. Then we look for the best ways to intervene and save lives, whether through insecticides to kill disease-carrying mosquitoes, immunization if a vaccine is available, or treatment for those infected. We apply research results to create pilot programs, demonstration projects, and randomized clinical trials so we can identify approaches that are effective and affordable and can be implemented efficiently on a large scale.

INNOVATIONS FOR SUSTAINABLE SANITATION SERVICES

India is a major focus of the foundation's Water, Sanitation & Hygiene program and a field-testing site for "reinventing the toilet" innovations and other technological prototypes. We address the entire sanitation value chain, from waste collection and transportation from household, community, and public toilets to safe treatment and recovery of valuable resources (including water and nutrients for fertilizer).

Untreated human waste is a major source of water and soil pollution and has devastating health consequences. We work with city and state governments in India to find appropriate and affordable sanitation solutions that can lead to comprehensive coverage. We seek to ensure that all communities can access safe sanitation and that cities have a viable and sustainable infrastructure to treat human waste. We also promote innovation in sanitation by investigating ways to influence social norms and create demand for safe sanitation.

"I BELIEVE INNOVATION IS THE MOST POWERFUL FORCE FOR CHANGE IN THE WORLD. PEOPLE WHO ARE PESSIMISTIC ABOUT THE FUTURE TEND TO EXTRAPOLATE FROM THE PRESENT IN A STRAIGHT LINE. BUT INNOVATION FUNDAMENTALLY SHIFTS THE TRAJECTORY OF DEVELOPMENT." —BILL GATES





THE IMPORTANCE OF DATA

Evidence underpins all of our work. Our measurement and evaluation efforts range from support for national surveys to controlled trials, long-term panel studies, market research, and ethnographic studies.

Improved data-collection systems are essential for India to achieve its development goals. We design systems that can generate high-quality evidence to guide our investments as well as strengthen state and national data systems. For example, we are experimenting in Uttar Pradesh and Bihar with systems that complement existing government surveys and service statistics and also provide more detail on which interventions are being implemented in which locations, what results they are producing, and where the gaps and bottlenecks are.

The data can be analyzed by block and facility so health officials can track progress on critical maternal and child health outcomes as well as gaps in infrastructure, staffing, equipment, and drugs and supplies. The continuous and rapid collection of high-quality data facilitates continual adjustments and midcourse corrections.

We are also exploring new technologies such as handheld devices that enable teams of surveyors to capture data more effectively and efficiently. At the same time, we support tools and systems of leadership and accountability that promote the use of the data by government entities and others. Our emphasis is on shifting the focus from using data punitively to using data to implement change, reward good performance, and motivate improvement.

GRAND CHALLENGES

In 2003, the foundation launched Grand Challenges, an initiative that fosters scientific and technological innovation to solve key problems in the developing world. It includes two grant programs: Grand Challenges in Global Health and the newer Grand Challenges Explorations. Both programs set out specific challenges—such as developing vaccines that don't require refrigeration or reducing childhood deaths from pneumonia.

Grand Challenges in Global Health awards winning projects between US\$250,000 and US\$20 million, depending on their scale and complexity. Grand Challenges Explorations funds bold ideas at an early stage. The grant application is just two pages long, with no preliminary data required. Initial grants are US\$100,000, and successful projects have the opportunity to receive a follow-on grant of up to US\$1 million. To date, nearly 1,700 projects from 80 countries have won Grand Challenges grants totaling more than US\$1 billion.

Winning projects often involve collaborators from different countries and a variety of disciplines, including chemistry, engineering, statistics, and business. Many winners have never before been involved in global health or development research.

In 2013, we launched Grand Challenges India in partnership with India's Department of Biotechnology. Indian researchers can receive grants to develop innovations in vaccines, drugs, agricultural products, nutrition, and family and child health. One of the first calls for proposals focused on creating an affordable next-generation toilet that could capture and process human waste without the need for piped water, a sewer connection, or electricity and could extract useful resources such as energy and water.

In 2015, we launched a new Grand Challenge: Putting Women and Girls at the Center of Development. It focuses on empowering women and girls in order to improve health and development outcomes and advance gender equity.



OUR VISION:
A WORLD
WHERE
EVERY PERSON
HAS THE
OPPORTUNITY
TO LEAD
A HEALTHY,
PRODUCTIVE
LIFE

