

## **Remarks by Jamie Cooper, President of Big Win Philanthropy to participants in the Harvard Ministerial Leadership Program June 2016**

Thank you for introduction. Welcome all, and I'm particularly thrilled to join in welcoming the 5<sup>th</sup> class of Harvard Health Ministerial Leaders.

I thought I would share a bit about my journey as a philanthropist, how this Ministerial Leadership initiative fits into that voyage, and why this program is emerging into such an important flagship program for Big Win Philanthropy.

My first experience truly partnering with a government ministry was in 2004. At that time, my main focus was HIV/AIDS. And while people now often criticize that emphasis on a single issue, at the time, as you might recall, 5 countries had proclaimed they would be defunct in the near future, at the rate teachers, police, health care providers were dying. The prediction was that the number of children that would be orphaned in Africa from AIDS by now (2015) was going to equal every child in France, Germany and England losing their parents. I was obsessed with treatment. My Board though was concerned about taking on a mortgage we couldn't afford as a relatively small private foundation. We understood we had a moral obligation to ensure antiretrovirals for life for each person we put on treatment.

I was then introduced to Mr. Deenabandu, the politically-appointed Head of the Tamil Nadu State AIDS Commission. He too was passionate about treatment. His constraint was not money or a mortgage but political authority. The national government was explicitly opposed to providing AIDS treatment at the time despite the fact that India was producing the generics being used to provide much of the treatment in Africa.

We struck a deal. Together we would offer treatment through the state system to anyone requiring it, including children, among an initial 500 families in Tamil Nadu. Mr Deenabandu would designate three state health hospitals and labs, and provide the technicians and health care providers.

We would provide the initial supply of the antiretrovirals, technical support to train and work with hospital leadership to develop the protocols for providing treatment. We would hire a prestigious US university and a partner Indian evaluator to work together to provide the

data Mr Deenabandu felt he needed to convince the national government to allow him to use state resources to take over the costs and expand the availability of ARVs. If the data did indeed show we could get and keep people on treatment; that there were indeed savings to government in reduced burden on hospitals for treatment of opportunistic diseases; that adults were more economically productive once on treatment; and there were savings in the costs of caring for orphans, Mr Deenabandu assured us that within three years he would garner permission from the national government to take on the expenses of the ARVs and to expand the program to all high prevalence regions within the state. In fact, within 18 months the government took over the costs of the ARVs, and we were asked to transfer our funding to providing technical assistance in other hospitals. We were further asked by Sujatha Rao and the national government to support the Andhra Pradesh government with the training and technical capacity to get 40,000 people in that state on treatment within 3 years.

This experience was a transformational one for me as a funder. I became convinced that supporting ambitious government leaders was the best way to get impact, scale and leverage—and the type of partnership we had established with Tamil Nadu and Mr Deenabandu became our core way of working.

When Julio came to meet me in 2010, not long after taking up his role as Dean of Harvard School of Public Health, I don't think he had any intention of pitching a leadership program for Health Ministers. In fact, we talked mostly about the various research efforts at Harvard's School of Public Health—particularly in the areas of HIV/AIDS and under-nutrition.

It was only when we began lamenting and dissecting why there was so little translation of public health evidence into policy that the conversation became animated.

Julio spoke passionately about the experience of Ministers—the experience of being appointed and virtually overnight being subsumed with the day-to-day demands without time to reflect on the larger context and strategy, about the gaps health ministers need to overcome to succeed—many not from a health background, others medical experts but without experience of managing a large bureaucracy or navigating a political environment. Julio shared his certainty that a key component of his success as Minister in Mexico had been a program of peers that had

given him insights to best practices and a network that he subsequently used regularly as a sounding board.

Julio and I left that meeting energized and committed to establishing a program that would provide the foundation and space for Ministers to come together and hopefully leave feeling more inspired and ready to lead, particularly around issues that most impacted children and which would accelerate their path to meeting the health MDGs. My hope was that Ministers would emerge from the experience galvanized and clearer about how they would get impact. Julio said that he envisioned this program anchoring his legacy as Dean and enabling his goal to tangibly connect public health to public policy. I hope Julio feels he has achieved this legacy.

From my perspective, the program has gotten off to a great start. Your peers have left keen to initiate all sorts of programs and strategies—some ready to tackle components of their MDG targets anew, others to implement insurance schemes and at least one with plans to implement a tobacco tax. We have been delighted to be able to support a handful of your predecessors in achieving their ambitions.

Currently we are working with Minister Kesete who has spearheaded a major multi-ministry initiative to eliminate under-nutrition in Ethiopia. Not only has he taken on a huge issue that has tremendous health and economic implications for Ethiopia, Minister Kesete has been brilliant in mobilizing the broadest and highest levels of political support for the initiative. Big Win Philanthropy has been bringing in technical experts to ensure each partner ministry can make a high quality contribution, particularly in the complicated area of water, as well as providing support for coordination of the plan, establishment of 3 PDUs, developing a monitoring platform from which Minister Kesete can manage implementation and developing a public advocacy strategy.

Muhammad Pate, now our CEO at Big Win, credits this Harvard program with giving him the space and informing the strategies that led him to launch Nigeria's Saving One Million Lives program—an initiative that became one of his President's key initiatives, that garnered unprecedented funding from the World Bank, USAID, Gates and others and continues to be rolled out after Muhammad's tenure. We were able to support Muhammad early in the effort to model out the most cost effective way to reach one million lives giving him the ammunition to be able to better direct funding and counter political agendas.

In complete transparency though, when we were establishing this program we struggled to know how to most effectively structure the curriculum—how to make it most relevant to you. We made an explicit commitment to continually assess and continually re-engineer the program. That's why your feedback is so important. I can't sufficiently convey how seriously we take your input and how eager we are to make the course experience more relevant and effective.

Which leads me to sharing with you our plans to make a major revision to the course next year. And on that front, I want to share with you another conversation I had about a year after the one with Julio.

In 2011, I met with Graca Machel to plan her role in championing the area of under-nutrition within SADC. Joy Phumaphi, one of my Board Members at the time, joined me in the conversation. At the end of that discussion, Graca said: *While this is really important, what I really want to partner on is broader than nutrition. I want to work together to change the way African children are seen by the rest of the world. Once, she said, when people said India we imagined emaciated Calcutta orphans. Today we picture Indian youth competing to get into engineering programs, working at call centers, carrying mobile phones. When we say African children, people still think swollen bellies and refugee camps.* Her insight has never left me.

My experience is that Africa does more and more see itself differently than the rest of the world sees it. Many African leaders are pursuing a pathway that they intend will lead their nations to middle income status. In order to achieve this aspiration and prosper though, Africa will have to successfully integrate in the coming years millions of new babies and children. Most westerners I know are shocked to learn that Nigeria will be the second most populous country by the end of this century. If we properly invest in these children being born now, they will prove to be a huge boon to economic growth—providing a demographic dividend perhaps equating to countries in East Asia where the right investments in children's education and health supercharged incomes.

Lowering mortality and decreasing fertility are absolutely central to getting the demographic dividend but, as Egypt showed us, this progress is insufficient. Furthermore, most of the big ambitious programs to get there require multi-ministry cooperation. When Muhammad and I met Health Minister Bernice Dahn from Liberia a few months ago, she noted that she had hundreds of entry level health jobs available. The problem

was that there was no science curriculum in the schools so there was no pipeline of youth from which to train lab technicians, midwives, etc.

That is why, with the blessing of the Advisory Committee that just met this afternoon, from 2017 the Ministerial Leadership program will also include education ministers. There has already been a component for finance ministers that will be continued. We all agree that health and education can no longer be seen just as fulfilling a moral obligation but must be elevated as central drivers to economic growth and national security.

To conclude, I want to thank Julio for his amazing leadership, and I am so pleased he remains intimately involved with and a key driver of this initiative.

I am very grateful for the support of the current Deans of the Chan School of Public Health and Kennedy School, David Hunter and Doug Elmendorf. I was so pleased with how quickly and enthusiastically Dean Jim Ryan at the Education School embraced the opportunity to incorporate Education Ministers and involve his faculty in the program.

I also want to call out Michael Sinclair. Michael is the person charged with absorbing every twist and turn of the program as we re-design and re-envision. He has been both very thoughtful in translating the strategy as it emerges into practical curriculum, as well as the person behind all the complex logistics that undergird our time together. Thank you Michael.

And, last but not least, I want to thank all of you for the incredible jobs you do, for making the time to be here—and also for the feedback you are going to give us to improve the program further. I want to say again how thrilled I am to be here with you. Thank you and I wish you all the best.