

Extract from:

Gates to a Global Empire



**OVER SEED, FOOD, HEALTH, KNOWLEDGE
...AND THE EARTH**

A GLOBAL CITIZENS' REPORT

Coordinated by

 **Navdanya**
international

THE PHILANTHROPIC MONOPOLY OF BILL & MELINDA GATES¹

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The Gates Foundation provides more global health funding than any major donor country. Influential newspapers praise Bill and Melinda for the fact that the two have revolutionized public health and the lives of billions of people on the planet². In short, when we talk about Bill Gates as a philanthropist, we are dealing with a story of monopolistic vocation comparable only to the story of Bill Gates as Microsoft's entrepreneur. The style and culture of the company are identical, it is no coincidence that the two have always been intimately linked. Jeff Raikes, Microsoft's key man after Bill Gates, was the head of the foundation and so was Microsoft co-founder Paul Allen, CEO of the foundation until 2013³⁴. After all, in the logic of philanthro-capitalism, doing business and doing benevolence are two sides of the same coin. It is reasonable to think that the Foundation, in so far as it promotes a development of the global South inspired by information technology and supported by the intervention of large companies, helps Microsoft. The Foundation helps Microsoft when it puts pressure on national governments to open its doors to the big companies with which it has a privileged relationship - Cargill, Monsanto, Nestlè, Mars, DuPont Pioneer, Syngenta, Bayer, just to mention the ones that recur most frequently in its programs⁵.

There is no development area in which the foundation does not act as a superpower.

This subjugation no longer applies only to the constellation of organisations that depend on it for funding, but to a growing number of governments, not only among middle- and low-income countries. For 25 years, the Gates Foundation has held a position of undisputed hegemony with 1541 employees (as of 2017) comprised between its headquarters in Seattle, and seven offices around the world (Washington, London, New Delhi, Beijing, Addis Ababa, Johannesburg and Abuja), and an endowment of 50.7 billion dollars (as of 31 December 2017)⁶. The assets include a donation by Bill Gates, of about 35.8 billion dollars in Microsoft

¹ Extracted from: Dentico N., Ricchi e buoni? Le trame oscure del filantrocapiatalismo (2020), Editrice Missionaria Italiana, ISBN: 978-88-307-2433-4, <https://www.emi.it/ricchi-e-buoni>

² "How Bill and Melinda Gates Are Transforming Life for Billions in the 21st Century." *Fortune*. <https://fortune.com/longform/bill-melinda-gates-worlds-greatest-leaders/>

³ Curtis M., *Gated Development*, op.cit. p.25.

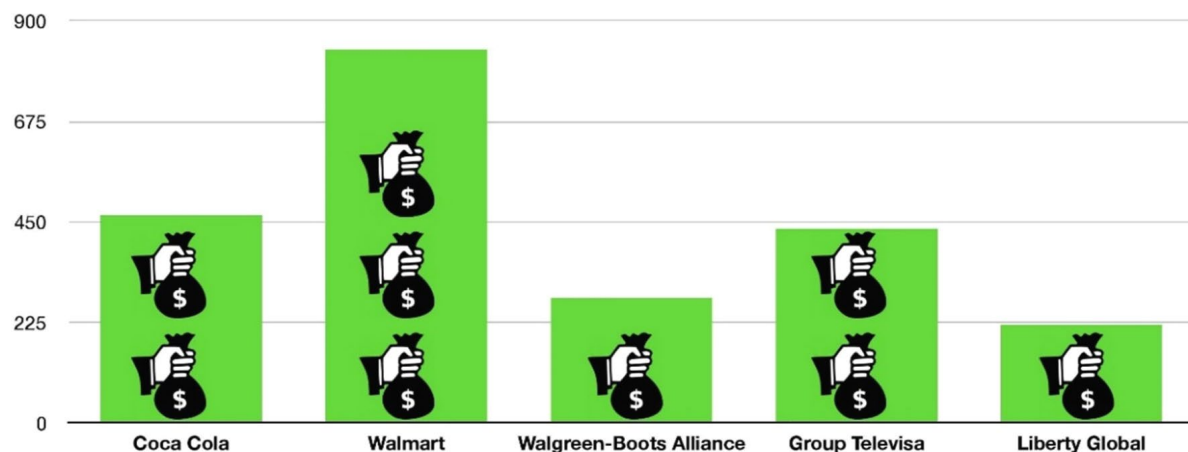
⁴ Beckett A., "Inside the Bill and Melinda Gates Foundation", in *The Guardian*, 12 July 2010, <https://www.theguardian.com/world/2010/jul/12/bill-and-melinda-gates-foundation>

⁵ Curtis M., *Gated Development*, op.cit. p. 20.

⁶ "Financials." Last modified January 1, 2001. <https://www.gatesfoundation.org/Who-We-Are/General-Information/Financials>

shares (as of December 2019), and the mega-donation of 30.7 billion dollars that was announced at the end of June 2006⁷ by Warren Buffet, owner of the holding company Berkshire Hathaway. 83% of the patrimony of the second richest man in the world (Buffet) was destined to the charitable activities of the first billionaire on the planet (Gates)⁸. An ingenious move that would incorporate the Berkshire Hathaway holding company he owned into the foundation's investment apparatus. It was clearly a historic step for Seattle, with Buffet's entry into the foundation and Bill Gates' subsequent decision to leave Microsoft to devote himself full-time to philanthropy⁹.

Since then, the foundation has been structured into two separate entities: the actual Bill & Melinda Gates Foundation, which selects strategic priorities, projects to be funded and allocates funds; and the Bill & Melinda Gates Foundation Trust, which is managed by Buffet and is responsible for managing the Foundation's assets, taking care of investments so as to finance the Foundation's ability to donate. And here's the best part¹⁰.



| Coca Cola | 466 |
|-------------------------|-----|
| Walmart | 837 |
| Walgreen-Boots Alliance | 280 |
| Group Televisa | 433 |
| Liberty Global | 221 |

According to data from the US Government's Securities and Exchange Commission, the assets of the Bill & Melinda Foundation Trust are invested in food and consumer products that are harmful to health and contribute to the chronic disease crisis (such as cancer, diabetes, heart disease, etc...).

All figures are expressed in millions of U.S. dollars

⁷ "Buffett Donates \$37bn to Charity," June 26, 2006.

<http://news.bbc.co.uk/2/hi/business/5115920.stm>

⁸ Gates, Bill and Melinda. "Warren Buffett's Best Investment." *Gatesnotes.Com*.

<https://www.gatesnotes.com/2017-Annual-Letter>

⁹ "History." Last modified January 1, 2001. <https://www.gatesfoundation.org/Who-We-Are/General-Information/History>

¹⁰ Lee, Jaeah, and Alex Park. "You Won't Believe the Companies Bill Gates' Foundation Invests In." *Mother Jones*, n.d. <https://www.motherjones.com/environment/2013/12/gates-foundations-24-most-egregious-investments/>.

From the records¹¹, it emerges that the Gates Foundation Trust's direct investments include the following:

- \$ 466 million in Coca-Cola factories operating south of the US;
- \$ 837 million in Walmart, the largest food, pharmaceutical and alcohol chain in the US;
- \$ 280 million in the Walgreen-Boots Alliance, a large multinational retail drug company;
- \$ 650 million in two television production giants, GroupTelevisa (\$ 433 ml) and Liberty Global PLC (\$ 221 ml).

Furthermore, through Warren Buffet, a quarter of the Foundation's assets are invested in his own holding company Berkshire Hathaway Inc., which holds \$17 billion of shares in the Coca-Cola Company in the United States, and \$29 billion in funds invested in Kraft Heinz Inc., one of the top ten companies in the food industry. As pointed out in a letter from civil society to the WHO¹², and concerned about the company's dangerous liaisons with the Seattle philanthropist, the Bill & Melinda Gates Foundation is a beneficiary of the sale of products that are subjected to WHO standards and regulations, as well as government policies on nutrition, drugs and health. Bill Gates, Melinda Gates and Warren Buffet form an impregnable trinity that has governed the Foundation since 2006. Those who own wealth are the real dominant subjects, and they wield the hegemony of a class that has freed itself of any counterweight.



"Melinda and Bill Gates speak during the 'Gates Foundation' press conference at the Annual Meeting of the World Economic Forum in Davos, Switzerland, January 30, 2009", by World Economic Forum, is licensed under CC BY-SA 2.0 (<https://creativecommons.org/licenses/by-sa/2.0/deed.en>).

¹¹"EDGAR Filing Documents for 0001104659-17-002579."

<https://www.sec.gov/Archives/edgar/data/1166559/000110465917002579/0001104659-17-002579-index.htm>

¹²Open Letter to the Executive Board of the World Health Organization, Re: Conflict of interest safeguards far too weak to protect WHO from influence of regulated industries (the case of the Bill and Melinda Gates Foundation), January 2017, http://healthscienceandlaw.ca/wp-content/uploads/2017/01/Public-Interest-Position.WHO_FENSA Gates.Jan2017.pdf

FINANCIALIZATION OF DEVELOPMENT: PHILANTHROPIC FINANCE AND CREATION OF NEW MARKETS FOR THE POOR

We do not have the opportunity to verify the fates of the "human promises" sown in the different communities across the planet, as foundations are not particularly fond of independent external evaluations. However, we do have evidence of a promise that the foundation "catalyses" with increasing vigour.

A twofold promise. First, that of expanding the horizons of investors, drawing them into unknown territories of global health such as forgotten diseases or the health markets of the poorest, with promises of substantial returns on investment and risk reductions - also from these markets a profit can be drawn.

And second, that of making direct investments in multinational corporations, with the aim of involving them in responding to the needs of the poor while enhancing the companies' need for market expansion.

With an agenda that we could define as evolutionary, the Gates perfectly capture the passage of the new phase of capital building, which differs from previous rounds of privatisation and reforms because it aims straight at the financialisation of social dynamics and public services.

It is the international institutions themselves - with the World Bank in the lead - that are paving the way for attractive investment routes and inaugurating the operational trajectories of this acceleration, with the aim of providing private individuals with technical assistance for co-investment initiatives, loans, and guarantees¹³, as well as the testing of new classes of strictly investor-friendly financial instruments, i.e. aimed at reducing the risk of investment, with the use of public funds capable of attracting private financial capital.

This has led to the germination of thematic bonds and new investment categories that include, for example, health bonds (GAVI's International Financial Facility for Immunization¹⁴), pandemic bonds (such as Ebola Bond¹⁵) or the more recent forms of impact bonds (such as Cameroon Cataract Performance Bond¹⁶).

The International Finance Corporation (IFC), the World Bank's private equity

¹³ Bayliss K e Waeyenberge E., "Unpacking the Public Private Partnership Revival", in *The Journal of Development Studies*, 54(4), 2017, pp. 577-593.

<https://www.tandfonline.com/doi/full/10.1080/00220388.2017.1303671?src=recsys>

¹⁴ "About IFFIm | Supporting Gavi, The Vaccine Alliance." <https://iffim.org/about-iffim>

¹⁵ Ciavoni, Carlo. "Ebola, così gli investitori privati speculano sull'epidemia nella Repubblica Democratica del Congo e non solo." *la Repubblica*, March 2, 2020.

<https://www.repubblica.it/solidarieta/cooperazione/2020/03/02/news/ebola-250013502/>

¹⁶ "Cameroon Cataract Bond." *The Government Outcomes Lab*.

<https://golab.bsg.ox.ac.uk/knowledge-bank/case-studies/cameroon-cataract-bond/>.

investment arm, plays a central role in this scenario and a recognized leading role, especially in Africa, India and China, to channel private finance into health insurance, medical training and digital technology¹⁷. According to the IFC specialists themselves, health is one of the most promising areas in terms of investment return¹⁸; as the representative of a South African fund quoted by Bloomberg explains, "the economic management of HIV/Aids can be very profitable because the treatment involves not only medicines but also nutritional support, and opportunities are guaranteed throughout the entire value chain, from wholesalers to distribution"¹⁹.

The Gates Foundation is one of the most accredited partners of IFC: it has considerable influence both in the direction and in the selection of projects. Gates is in the Business of Health in Africa group, has invested substantial capital in Africa Health System Management's Investment Fund for Health in Africa, and has undisputed leadership in the controversial Global Health Investment Fund²⁰.

This provides the foundation with an unrivalled capacity of acting as a broker of public-private alliances which can transform the sector's financial markets through intermediary investment funds often registered in tax havens such as Mauritius and the Cayman Islands²¹. The foundation also manages to intervene at the regulatory level in the countries involved, so that companies can operate under legal, as well as fiscal, *laissez faire* systems while having little or no transparency²².

The aim is to mobilize the involvement of large companies to design new products or engineer new market models, aimed at poor countries. Gates is convinced that market mechanisms can be put in a position to work well for populations that have no purchasing power. And that, in order to face the problems of the world, it is necessary to intercept the creativity, efficiency and innovative potential of the private sector²³.

¹⁷ Bayliss K. e Waeyenberge E., op. cit., p 6. The IFC reports entitled "Business of Health in Africa" (2008) and "Landscape of Inclusive Business Models of Healthcare in India" (2014), have been instrumental in promoting and expanding private healthcare industry financing.

¹⁸ *Ibid.*em, p. 6.

¹⁹ McClelland, Colin . "Abraaj Seeks Shelter From Africa's Economic Woes in Health Care." *Bloomberg - Economics*, September 20, 2016. <https://www.bloomberg.com/news/articles/2016-09-20/abraaj-seeks-shelter-from-africa-s-economic-woes-in-health-care>

²⁰ Bayliss K. e Waeyenberge E., op. cit., p. 7.

²¹ Hunter B. and Murray S., "Deconstructing the Financialization of Healthcare," *Development and Change* 0(0), 2019, pp. 1269.^[1]_{SEP}

²² Hunter BM e Marriott A., "Development Finance Institutions and the (In)coherence of their Investments in Private Health Companies", in *The Reality of Aid 2018*, Quezon City, 2018, IBON International, pp. 33-44.

²³ Bank D., "Leveraging the Balance Sheet: A conversation with Julie Sanderland, founding director of Program Related Investments at the Bill & Melinda Gates Foundation", in *Stanford Social Innovation Review*, supplement funded by the Bill & Melinda Gates Foundation, summer 2016, https://ssir.org/articles/entry/leveraging_the_balance_sheet.

Taking over Global Health

At the time of Bill's first trip to India, in 1997, and his direct experience with an anti-polio vaccination program, the interest in the field of health grew, and the creation of the Bill & Melinda Gates Children's Vaccine Programme in 1998, to accelerate access to vaccines for children in low-income countries, took shape. The first donation amounted to \$100 million²⁴. From there came the activism in the field of global health, as well as the approaches that will characterize the work of the foundation. This was also the starting point for the financial pressure aimed at directing international political consensus towards technical solutions.²⁵

The Global Alliance for Vaccine Immunizations (GAVI), was announced with great fanfare at the World Economic Forum in 2000. With an investment of \$750 million over five years, the Seattle-based couple gave birth to a health start-up that would quickly catalyze governments, other major donors, and multilateral institutions. GAVI is the first major creature of Gates philanthropy, of which they are still the largest private investors to date with \$4.1 billion²⁶. The birth of GAVI marks the first deviation in global health governance, and heralds the launch of a model of institutional hybridisation that will be unquestionably successful because of the political impetus and resources it will receive from the Gates. The collaboration with other foundations, and with new initiatives that came into being, formed a thick and practically impenetrable embroidery. To the point of unravelling, one piece at a time, the old fabric of classical multilateralism, which arose on the ashes of two world wars, and on the human rights value framework.

The Global Alliance for Vaccine Immunization: the debut of the public-private model in health

The Global Alliance for Vaccine Immunizations (GAVI) is an independent public-private partnership that aims to "save the lives of children and protect people's health by increasing vaccination coverage programs in poor countries"²⁷. Established in 1999, GAVI was launched in Davos in January 2000 with the adhesion of multilateral entities such as WHO, UNICEF and the World Bank. Its headquarters is located in Geneva. Since 2000, 16 billion dollars have been invested in 76 low and middle-income countries to strengthen vaccination campaigns, with the aim of increasing the sustainability of national programmes and, above all, conforming national markets to the relaunch of vaccines and other immunization products. GAVI has received a total of \$18 billion from funders (June 2019). 79% of the funds came from a core group of northern donor governments - the United States, the United Kingdom, Norway, Germany, Canada, Sweden, Italy and the Netherlands - recently followed by Greece.

²⁴ Ibid.em

²⁵ "Bill and Melinda Gates Announce a \$100 Million Gift to Establish the Bill and Melinda Gates Children's Vaccine Program." Last modified January 1, 2001. <https://www.gatesfoundation.org/Media-Center/Press-Releases/1998/12/Bill-and-Melinda-Gates-Childrens-Vaccine-Program>

²⁶ "The Bill & Melinda Gates Foundation." <https://www.gavi.org/investing-gavi/funding/donor-profiles/bill-melinda-gates-foundation>

²⁷ "Strategy." <https://www.gavi.org/our-alliance/strategy>

The largest private donor remains the Gates Foundation, which alone covers 20.8% of the budget. For the five-year period from 2021 to 2025, GAVI had planned to raise \$7.4 billion²⁸. But on the basis of Covid19, the refinancing conference held in London at the beginning of June 2020, mobilized a much higher amount, \$8.8 billion, with which GAVI - it was declared - will be able to immunize 300 million children against 17 infectious diseases in over 50 more fragile and developing countries²⁹.

Despite the result of an objective and significant increase in the number of children with vaccine coverage - between 2000 and today, according to institutional communication, GAVI and its partners have immunized more than 760 million children, and saved 13 million lives - GAVI has been criticized by accredited scholars and civil society researchers as the most accomplished expression of the so-called "Gates approach" to health challenges. What exactly does that mean? We are referring to the choice to fund vertical programs for specific diseases, with individual interventions (vaccines) that are not supported by actions to strengthen health systems. In 2005, in response to these criticisms, GAVI inserted an operational window dedicated to health systems, a move that did not fully convince the analysts considering the scarcity of funds (only 10.6%) addressed to this purpose³⁰. In addition, by "health system" GAVI mostly means the creation of "health markets" to stimulate the purchase and inclusion of new vaccines, with a preference for adjustments imposed from above and easily measurable³¹.

Through GAVI, the Bill & Melinda Gates Foundation strongly promotes the financialisation of health. In its 20 years of operation, GAVI has been the conceptual cradle of new financial incentives for the pharmaceutical industry to research and develop new vaccines for people living in low and low-middle-income countries. GAVI's programs exclude middle-income countries, which is a major concern. Among the main financial mechanisms put in place are the vaccine bonds of the International Financial Facility for Immunization (IFFIM) and the Advanced Market Commitment mechanism. An incentive that has given rise to a number of bellyaches because of the massive subsidy of public development aid investments to pharmaceutical multinationals (Pfizer and GlaxoSmithKline) for the production of anti-pneumococcal vaccines, with a final price negotiated without any transparency. Which is definitely high for low-income and lower-middle-income countries³².

²⁸ "Vaccine Coalition Unveils Ambitious Plan to Immunize 300 Million Children." *STAT*, August 29, 2019. <https://www.statnews.com/2019/08/29/gavi-vaccine-alliance-ambitious-plan/>

²⁹ WHO, "Access to COVID-19 Tools (ACT) Accelerator." [https://www.who.int/publications/m/item/access-to-covid-19-tools-\(act\)-accelerator](https://www.who.int/publications/m/item/access-to-covid-19-tools-(act)-accelerator)

³⁰ Martens J. e Seitz K., *Philanthropic Power and Development*, op. cit., p. 29.

³¹ Storeng TK, "The GAVI Alliance and the "Gates Approach" to Health System Strengthening", in *Global Public Health: An International Journal for Research, Policy and Practice*, 9(8):1-15, August 2014.

³² Dentico N., "Advanced Market Commitments: Un nuovo meccanismo di aiuto allo sviluppo?" in *Salute Globale e Aiuti allo Sviluppo. Diritti, ideologie, inganni*, 3° Rapporto Osservatorio Italiano sulla Salute Globale, Edizioni ETS, Pisa, 2008, pp. 279-285. On this subject, see also the recent report by Doctors Without Borders, *Analysis and Critique of the Advanced Market Commitment (AMC) for Pneumococcal Conjugate Vaccines (PCVs) and Impact on Access*, June 2020, MSF Access Campaign, https://msfaccess.org/sites/default/files/2020-06/Executive-Summary_Gavi-AMC-PCV-

The philanthropic epidemic: how to donate to control global health

With the ability to invest great personal wealth and enjoy maximum media visibility in the global circuits that matter, the Gates foundation wisely handles the tools of consensus in the world of global health. Beyond the insistent narrative about Bill and Melinda and their common principles, and the obstinate personalisation of the battle for the health of the poor, one cannot overlook the juncture of opportunities which, like a propitious wind, swells the sails of the Seattle couple. The financial disengagement of Western governments towards the United Nations, in the aftermath of the Cold War³³, opened up boundless maneuvering space for Bill and his wife's optimistic activism in the field of international health. The finances of the WHO were increasingly uncertain - in the two-year period of 1990-91 when voluntary funds exceeded for the first time the regular payment due from the compulsory quotas of the Member Countries, which several countries suspended altogether (the United States, for example, refused to pay its accumulated debts)^{34,35}.

Following the merciless plans to cut social spending, which were imposed as a condition for lending to poor countries, the World Bank decreed a health reform strategy which aimed at promoting the private sector and generating markets³⁶. In the meantime, the international negotiations that resulted in the World Trade Organization (WTO) had definitively fenced off health as a variable of the economy. In the ascending phase of globalization, the countries of the South of the world had to cope with the onset of a number of infectious diseases without a chance: one among all, but not the only one, the HIV/Aids virus. Bill &

critique_MSF-AC.pdf

³³ In the 1990s, the WHO suffered the reduction of compulsory contributions from Western governments, which directed their funding towards voluntary approaches, and for programmes chosen by the governments themselves, so as to reduce the operating margin of the WHO. The downturn in funding is counterbalanced by an important shift in the political scenario. The World Bank takes the lead over the WHO as a multilateral actor entitled to set strategies and provide funding for health in low- and middle-income countries. The World Bank's framework for action is consistent with the structural adjustment plans imposed as a condition for new development loans, and the provision of guarantees to make debt payments sustainable. In those same years the WHO was subjected to an unprecedented invective by the British Medical Journal, which recognized the United Nations agency's limited scope of intervention to health security and the control of infectious diseases on a scale. See in this regard: Godlee F., "WHO in retreat: is it losing its influence", in *BMJ*, December 1994, 309, pp. 1491-1495, <https://www.bmj.com/content/309/6967/1491.full>; Godlee F., "The World Health Organization: WHO at country level: a little impact, no strategy", in *BMJ*, December 1994, 309, pp. 1636-1639, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2542000/>; Godlee F., "The World Health Organization: WHO in crisis", in *BMJ*, November 1994, 309, pp. 1424-1428, <https://www.bmj.com/content/309/6966/1424>

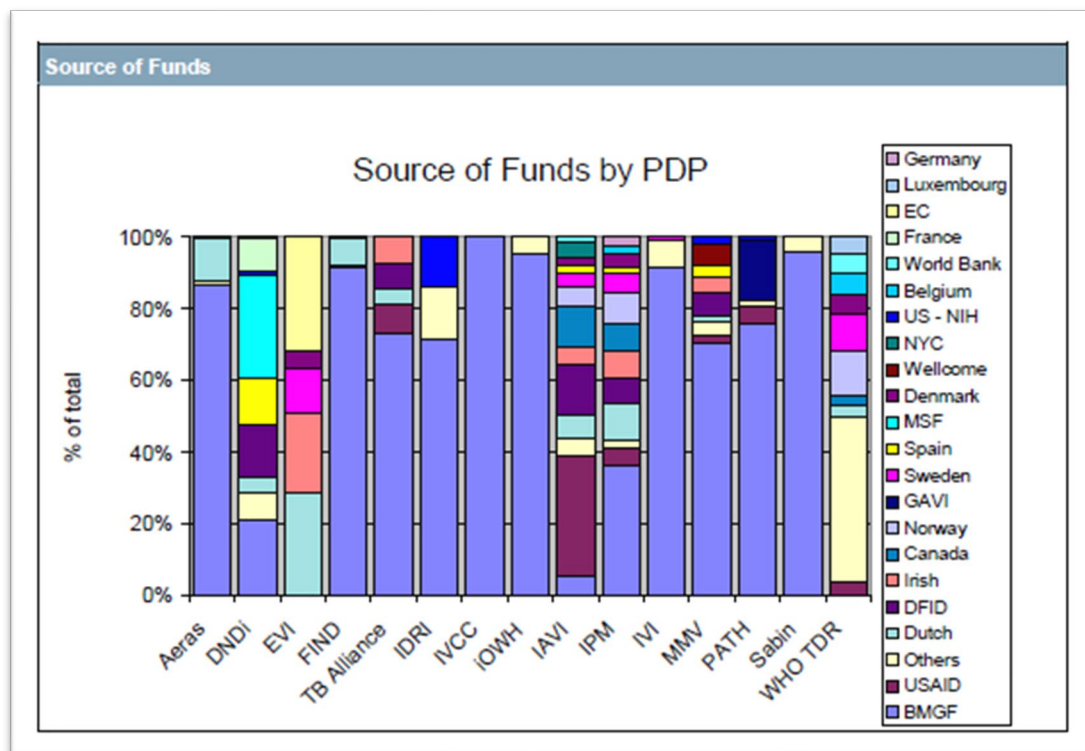
³⁴ Dentico N., "L'incerto futuro dell'Oms" in *Salute Internazionale*, 1 March 2017, <https://www.saluteinternazionale.info/2017/03/lincerto-futuro-delloms/>. In 2002, the annual budget of the WHO was lower than what Coca Cola and Pepsi Cola combined had spent on their marketing. Cfr. Lang, T., Rayner G. e Kaelin E., *The food industry, diet, physical activity and health: A review of reported commitments and practice of 25 of the world's largest food companies*. Report to the World Health Organization. City University Centre for Food Policy, 2006.

³⁵ Cliff C., "What's the World Health Organization For?", Final Report from the Centre on Global Health Security, Working Group on Health Governance, Chatham House Report, May 2014, https://www.chathamhouse.org/sites/default/files/field/field_document/20140521WHOHealthGovernanceCliff.pdf.

³⁶ World Bank, *World Development Report 1993 : Investing in Health*, 1993, New York, Oxford University Press, World Bank. <https://openknowledge.worldbank.org/handle/10986/5976>.

Melinda Gates fit into this gap³⁷ and filled the void left by governments' civil services. Their intervention, whether we like it or not, brought health back onto the international political agenda thanks to an injection of funds that first sprinkled the non-profit world, then think tanks and political analysis institutes, universities and public institutions (including, as we shall see, the World Health Organization)³⁸.

Bill Gates had no difficulty in establishing himself as the Pied Piper of global health³⁹. He created an increasingly complex and diversified constellation of public-private initiatives⁴⁰ to "harness advances in science and technology to save lives in developing countries"⁴¹, which allowed him to interface comprehensively with the scientific community, non-governmental organizations, and international institutions.⁴² ⁴³. He then invented new management systems for the health alliances he created and new financing mechanisms for the initiatives in which he participates as a major or almost exclusive funder (color light purple in the diagram below).



³⁷ Birn AE, "Philanthrocapitalism Past and Present: The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international/global health agenda", in *Hypothesis Journal*, Vol. 12, No 1, November 2014, p. 10, https://www.hypothesisjournal.com/wp-content/uploads/2014/11/HJ229—FIN_Nov1_2014.pdf.

³⁸ McCoy D., Kembhavi G., e altri, "The Bill and Melinda Gates Foundation's grant-making programme for global health", in *The Lancet*, Vol 373, 9 May 2009, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60571-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60571-7/fulltext).

³⁹ <https://www.politico.eu/article/bill-gates-who-most-powerful-doctor/>.

⁴⁰ As of December 2019, the Bill & Melinda Gates Foundation is reported to support more than 30 public-private initiatives in the field of global health. From the foundation's website: <https://www.gatesfoundation.org/how-we-work/quick-links/grants-database#q/k=Public-%20private%20partnerships%20in%20global%20health&page=2>.

⁴¹ www.gatesfoundation.org/what-we-do.

⁴² Ibid.em

⁴³ Ibid.em

The public-private alliances represent Bill Gates' Trojan horse, the influence area where the operating methods open the floodgates to the corporate sector (which Gates personifies) in the field of health and global development.⁴⁴.

With its new and central role, the Gates Foundation is overtaking even the Rockefeller Foundation with this change of scene, proceeding swiftly to the fideistic privatization of health with the blessing of the international financial organizations, as well as the protection of patents on pharmaceuticals for poverty-related diseases.

The Global Fund against HIV/Aids, Tuberculosis and Malaria, launched at the G8 in Genoa in 2001 and inaugurated as a private law entity in Switzerland in 2002, is the most disruptive of these new initiatives, was created to accelerate the efforts to combat the three pandemics that draw the attention of the international community. The Global Fund took its first steps by making use of the expertise, logistical and administrative structures of the WHO, which were essential to launch programmes in the countries of intervention⁴⁵, but its intended aim was to dynamise or bypass the fossilised procedures of the United Nations⁴⁶. Its creation served, among other things, to channel (if not divert) the transnational civil society movement which, since the Seattle summit in 1999⁴⁷, had vigorously contested the intellectual property regime produced by the WTO agreements, which represented an insurmountable obstacle to access to life-saving medicines in low and middle-income countries⁴⁸. Especially in Africa: the withdrawal of 39 pharmaceutical companies that had taken legal action against Nelson Mandela's South Africa⁴⁹, after the mobilisation of African patients, was a first resounding

⁴⁴ Birn AE, "Philanthrocapitalism Past and Present; op. cit. , p. 27.

⁴⁵ According to authoritative WHO representatives interviewed during the years of my work with Doctors Without Borders in Geneva, the creation of the Global Fund was a very hard and debilitating blow for the UN health agency. The attention of governments and funders was diverted to this new reality, often in competition with the WHO, albeit illegitimately, given that the Global Fund has a much more limited and agile governance structure and a much narrower operational mandate, limited to funding the fight against 3 diseases. Incredibly, UNAIDS and the WHO sit on the board of the Global Fund, but without voting rights. Private sector investors, including pharmaceutical companies and philanthropic foundations, instead have the right to vote.

⁴⁶ Yamey G., "WHO's management struggling to transform a "fossilised bureaucracy"", in *British Medical Journal*, BMJ, 2002, 325:1170, <https://www.bmj.com/content/325/7373/1170>

⁴⁷ "20 Years After the Battle of Seattle: Vandana Shiva & Lori Wallach on Historic 1999 WTO Protests." Democracy Now! Last modified November 27, 2019.

https://www.democracynow.org/2019/11/27/1999_wto_protests_20_years_later

⁴⁸ "Vandana Shiva Speaking at the Seattle IFG Teach-In, 11/26/99." © 1999 International Forum on Globalization, n.d. <https://ratical.org/co-globalize/ifg112699VS.html>

⁴⁹ Towards the end of his term of office, Nelson Mandela had pushed the South African government to adopt a new law on pharmaceuticals that would introduce all the safeguards of the WTO Agreement on Intellectual Property and pave the way for greater access to essential therapies (Medicines Act, 1997), especially in the areas of HIV and tuberculosis. At that time, South Africa was the country with the highest prevalence of HIV-positive people in the world, and the highest level of multi-resistant tuberculosis to treatments available. The launch of the Medicines Act in 1997 led to the immediate opposition of 39 pharmaceutical companies, which filed a controversial lawsuit against the South African government that lasted until 2001. When the Chief Justice of the South African Supreme Court asked the pharmaceutical companies to show their budgets to demonstrate the damage the law would do to them, the companies unanimously decided to withdraw from the

victory against the abuse of big pharma, but it was also a wake-up call for the private sector and the Western countries that supported it. Non-governmental organisations had to be involved, and financed, as they promised a technical solution to the problem⁵⁰.

It cannot be said that this clever strategy did not work, and that it did not succeed in generating the adhesion to the Global Fund by large segments of international civil society. The new financial flow was aimed at organizing health programs that were increasingly separate from those of the WHO, around biomedical solutions in the fight against disease. Solutions that bring a substantial handful of industry representatives into the governance structures of new health initiatives, as well as the tendency to propose substantial subsidies to companies, incentives for the development and procurement of essential medicines and the stipulation of private contracts, which are by their very nature not easily accessible⁵¹.

As a result of pressuring vaccines as a solution to the problems of the poor, perhaps the most important question that arises is the chain of public responsibility in health, and in particular the autonomy of the WHO⁵².

Under pressure by Gates' activism and by competition from private-public health alliances that had never been seen before, the WHO - already weakened by the beginning of the new millennium - found itself operating in the field of health policies as an old tool of 20th century multilateralism. In a scenario dominated by fierce competition for visibility in the international community, the WHO soon had to deal with the prospect of gradual marginalization, preliminary to its occupation as a public body. Because, while traditional billionaires only need to buy an island to be happy, Bill Gates aimed to buy an entire UN agency. He is succeeding, but what is even more severe is that the international community is allowing him to do so. The disruptive effect of the Gates Foundation on the budget of the WHO is

case in 2001. It was estimated that if the Medicines Act had not been challenged in 1997, it would have saved the lives of 700,000 people in the four years of the trial. See in regard: Dentico N., "Globalizzazione e accesso alle cure: un'insolente storia di apartheid sanitario: Il ruolo delle industrie farmaceutiche, le responsabilità dei governi", in *Salute e Globalizzazione: primo rapporto dell'Osservatorio Italiano sulla Salute Globale*, La Feltrinelli, Milano, 2004, pp. 180-181.

⁵⁰ Legge D., "Protecting the right to health through action on the social determinants of health", presentation at an event on the eve of the World Conference on Social Determinants of Health, 18 October 2011, Rio de Janeiro, Brazil.

⁵¹ Doctors Without Borders has carefully monitored and taken a position several times on specific features of the public-private partnerships created by the Gates Foundation. In particular, it focused its attention on GAVI, highlighting the need for transparency in the negotiations between GAVI and the pharmaceutical companies in relation to the price of vaccines. It stressed the oddity of the presence on the Boards of Directors of health initiatives such as the Global Fund and GAVI of representatives of multinationals that derive industrial benefits from the operational choices of these entities, which they are able to influence directly. The GAVI Board of Directors, for example, provides for the presence of 9 independent representatives on the board, people "without professional connections to the work of GAVI", but the people chosen come exclusively from the financial sector, audit firms, banks. See Martens J. E Saetz K., op. cit. p. 30.

⁵² People's Health Movement, Medact, Third World Network et al., "Money talks at the World Health Organization", in *Global Health Watch 4: An Alternative World Health Report*, Zed Books Ltd., London, 2017, pp. 245-262.

mainly due to the unwillingness of the Member States to finance the institution, leaving it with freedom of manoeuvre on the use of money, which could be allocated to long-term programmes of the agency, whether on prevention or on important but neglected areas of intervention. Because of the reduction in government funds, further aggravated by the financial crisis of 2008, the WHO had to make cuts, laying off almost a third of its most qualified staff in 2009. While in subsequent years, halving the amount of funds allocated to health emergencies, just when the Ebola virus was spreading along the caravan routes of Africa, devastating four countries on the West Coast.

In the two-year period of 2010-2011, the Gates Foundation paid over \$446 million to the WHO, which was more than any other government contributor after the United States: a figure 24 times higher than the contributions made by Brazil, Russia, India, China and South Africa (the Brics countries) combined⁵³. In 2013 it settled as the first absolute donor (in front of all governments) and as the first voluntary donor in 2015⁵⁴. At the end of 2017 it is in second position with over 600 million dollars (11% of the total budget)⁵⁵, and not counting the flow of funds to the WHO from Seattle through GAVI and other public-private entities.

To sum them all up, it is to be suspected, with some reasonableness, that the Gates have held the golden share of the organization's funding for nearly a decade now. That is why it should come as no surprise that the Gates Foundation's priorities have gradually become the priorities of the WHO. Against all scientific evidence, the polio eradication program - which has always been a U.S. priority and is widely supported by the Gates Foundation - is the lion's share of the 2016-2017 budget of the WHO (35.2% of the budget). This item has been boosted in the 2019-2023 budget⁵⁶, with the effect of diverting even more funds from more pressing health priorities - in 2017, there were 22 polio cases worldwide⁵⁷ - as well as triggering poor management at the WHO, which is forced to use the polio program to pay nearly 20 percent of WHO staff at about 1300 people⁵⁸.

⁵³ Dentico N., "La riforma dell'Oms: tutta una questione di soldi", in *Oms e diritto alla salute: quale futuro*, 5° Rapporto dell'Osservatorio Italiano sulla Salute Globale, by Adriano Cattaneo and Nicoletta Dentico, May 2013, p. 189.

⁵⁴ Dentico N., "Il Finanziamento all'Oms. La Sfida di Tedros", in *Salute Internazionale*, 12 September 2018, <https://www.saluteinternazionale.info/2018/09/il-finanziamento-alloms-la-sfida-di-tedros/>. In the period 2015-2017, voluntary contributions to the WHO accounted for 80% of the agency's funds, with 13.5% of these contributions coming from the Gates Foundation, second only to the US contribution (18%).

⁵⁵ WHO, Results Report Programme Budget 2016-2017, A71/28 SEVENTY-FIRST WORLD HEALTH ASSEMBLY, Provisional agenda item 15.1, https://www.who.int/about/finances-accountability/budget-portal/rr_2016-17.pdf.

⁵⁶ WHO, Financial Estimate for the 13th General Programme of Work (2019-2023), White Paper, 16 May 2018, <https://www.who.int/docs/default-source/documents/gpw/white-paper-financial-estimate-gpw13-may2018-en.pdf>

⁵⁷ Jay Wenger, director of the foundation's polio program, responds to widespread criticism from the public health community about the Gates' huge investment in polio eradication, including within the WHO, with some interesting arguments. See: Wenger, By Jay. "Too Expensive, Too Slow, Too Discriminatory, and Other Myths about the Polio Eradication Program." Last modified September 10, 2018. <https://www.gatesfoundation.org/TheOptimist/Articles/health-systems-why-eradicate-polio-vaccine>

⁵⁸ Cliff C. e Røttingen JA, "New approaches to WHO financing: the key to better health", in *British*

The Gates Foundation and the production of scientific knowledge

Another critical issue concerns the interference of Gates funds in the production of scientific knowledge and literature. The subjection of the research community to the foundation's priorities in the health sector - a syndrome that reproduces itself in the selection of funding areas in the field of agriculture - is now an established fact. We know that several members of the scientific community, when the microphones are off, criticize Bill Gates harshly for his obsession to impose the Silicon Valley business model on health care and his unconditional preference for technology.⁵⁹

When the Gates Foundation swoops in on a disease, it has no difficulty in soliciting the commitment of governments and other philanthropic entities to the cause, and in redesigning the world's research agenda.

This is what happened with polio. In 1988, the WHO had undertaken a commitment to eradicate polio by the year 2000, thereby drastically reducing the number of cases but missing the target. Sensing the opportunity, Bill Gates invested more than \$3 billion since 2003 on polio, only to become the largest funder of eradication programs. This included the WHO, UNICEF, and the Centre for Disease Control (CDC) in Atlanta in 2008.

This process enabled him to relaunch the elimination approach on other diseases as well. Malaria is a typical case. The Gates began to take an interest in malaria, and to fund research projects, first by revitalizing activities against the disease and then with the precise intention of changing the strategy of the international community. At the foundation's forum in 2007, Melinda Gates left the scientific community working on malaria astonished, challenging the control strategy and launching the commitment to eradicate the disease⁶⁰.

Despite the scepticism of many researchers, convinced that the elimination of malaria was a project destined to fail, the Gates began to inject so much money - a billion dollars in research projects by 2007 - into this goal so as to silence the scientific community, with few exceptions.

Without consulting her experts, WHO director Margaret Chan immediately adhered to the Gates strategy, but at the beginning of 2008 the authoritative voice of Kochi Arata, head of the malaria programme at WHO, expressed his disagreement in a note to Chan.. Arata complained in that note about the growing domination of the Gates Foundation in malaria research, a dominion that according to him was challenging the necessary diversity of approaches and opinions of the scientific community, and threatened to undermine the leading

Medical Journal, 2018, 361:k2218, doi:10.1136/bmj.k2218.

⁵⁹ Storeng TK, "The GAVI Alliance and the "Gates Approach" to Health System Strengthening", op. cit. p

⁶⁰ Roberts, Leslie, and Martin Enserink. "Did They Really Say ... Eradication?" *Science* 318, no. 5856 (December 7, 2007): 1544–1545, <https://www.ghdonline.org/uploads/1544.full.pdf>

role of the WHO⁶¹. This bold stance was intended to alert the WHO about the fact that the flow of money from the Gates Foundation, "though crucial, could have long-range, largely undesirable consequences" because it ended up "capturing the world's best malaria scientists in a single 'cartel'", so that "everyone has a vested interest in safeguarding each other's research [...] and the result is that independent review of the scientific evidence is becoming increasingly difficult". In this way, the creativity of research was damaged, something that "could have dangerous consequences for decision-making on global health policies"⁶². Margaret Chan unfortunately decided to liquidate Arata shortly after this episode, and at the WHO there have been no more explicit voices of criticism of the Gates Foundation's role in the field of malaria since Arata's removal. Bill and Melinda are thus given a technical role.

But they are also granted an almost salvific profile in institutional bodies: in ten years, the WHO has invited Bill & Melinda Gates three times to open the World Assembly in Geneva (in 2005, 2011 and 2014)⁶³. A symbolic repetition that contributes to validate the model of public-private initiatives conceived in Seattle as the only way to stay with some entitlement on the scene⁶⁴ and not be marginalized.

Not everyone got adjusted to this. In the same period of the malaria querelle, two South African researchers published in the prestigious journal *Science* an article that explicitly spoke of "scientific imperialism" of public-private initiatives, which are designed according to a Western cosmology, that completely conditions the strategy of intervention on infectious diseases, that was aimed at eradicating in the most radical disregard of the scientific knowledge and skills of the world's south⁶⁵.



⁶¹ McNeil D., "Gates Foundation's Influence Critized", in *The New York Times*, 16 February 2008, <https://www.nytimes.com/2008/02/16/science/16malaria.html>

⁶² *Ibid.*

⁶³ Njanji, Tinashe. "Melinda Gates Addresses the World Health Assembly: Civil Society Registers Its Protest – Peoples' Health Movement South Africa," n.d. <https://www.phm-sa.org/melinda-gates-addresses-the-world-health-assembly-civil-society-registers-its-protest/>

⁶⁴ The Gates Foundation has promoted the approach by also supporting evaluation studies on scientific research conducted through public-private partnerships. For example, it commissioned several surveys from McKinsey on the determinants of the effectiveness of partnerships with the private sector. In 2014, it awarded \$7.5 million to Population Services International "to demonstrate the benefits of engaging the private sector to meet India's 2020 family planning goals, and to improve the knowledge of key Indian influencers and policy makers about the need for efficient public-private alliances in the field of family planning", in Marten J. e Saetz K., op cit., p. 37-38.

⁶⁵ Tucker TJ e Makgoba M., "Public Private Partnerships and Scientific Imperialism", in *Science*, 320(5879):1016-7 June 2008, DOI:10.1126/science.1156720.

Gates to a Global Empire

...over Seed, Food, Health, Knowledge and The Earth

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