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**ANNE TINKER**

*Interviewed by: Ann Van Dusen  
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**INTERVIEW**

*Q: Today is March 10. And we are starting a conversation with Anne Tinker. Let's talk about your childhood and start at the beginning. Where did you grow up? And what was that like?*

**Childhood and early influences**

TINKER: I was born in New York towards the end of World War II, in March of 1945. At the time, my father was serving in the US military as an army colonel in China, Burma, and India. We didn't meet each other until he came home when I was almost nine months old. We moved to Greenwich, Connecticut, and my father commuted by train to his law firm in New York. I attended a private coed school in Greenwich, picked by my grandfather, who had founded the Gaud School for Boys in Charleston, South Carolina. The Gaud School is now a coed school, having merged with Porter Academy, and is now known as The Porter-Gaud School. My Greenwich school, like the school my grandfather founded, followed the British model. It was very strict and authoritarian. Boys were being trained to be leaders, and we girls often heard the phrase "Behind every successful man, there is a woman." At the end of every school day, we said goodbye to the headmaster, the boys with a bow and the girls a curtsy!

*Q: Did that strike you as weird at the time or was that just that's the way it was?*

TINKER: It seemed a bit unfair to me. But I was actually very happy about the fact that the boys got the worst punishments because, you know, they were considered more important than the girls. The headmaster would publicly humiliate boys who misbehaved or didn't get good grades. I was one of only two Democrats in my school. Now, this was Greenwich after all. And I remember one night my father got a call from IBM Chairman Tom Watson, whose daughter was in my class. Apparently, I had told Jeanette that Republicans were mean because they didn't care about poor people. Maybe that foretold that my future was going to be in development assistance! I thank the school wholeheartedly for giving me high standards and for teaching me how to write well and work hard. Also, although I hated it, I had to learn public speaking. And those skills really were important during my career,

*Q: And that was, even before high school, right?*

TINKER: We had to memorize poems and recite them before the class every three or four months. I remember trying to avoid getting back to class after my piano lesson, because I knew what was coming. We also performed in plays every year, and I was in a lot of Gilbert and Sullivan operettas. We just were made to get out there and sing, speak, debate, and play a musical instrument in front of an audience, and that was good training. There was also a strong emphasis on grammar and writing skills. It turned out that a lot of my career required writing and public speaking,

*Q: Right, those are skills that you carry with you to any situation.*

TINKER: My mother was President of the Greenwich Public Library, and my father led fundraising for the local Community Chest. Their involvement in the community surely had a bearing on my choice of career and interest in volunteer work. My father was from Charleston, South Carolina, as was my mother's father. We spent several days every year visiting relatives in Charleston, usually during my spring vacation. Sometimes we took the overnight train down, and I remember arriving at the Charleston railroad station and seeing the sign on the restroom door that read "Whites Only." While I admired the fact that my ancestors had signed the Declaration of Independence, I was ashamed that their wealth and influence was built on the enslaved Africans working on their rice plantations. That heritage influenced my motivation to support gender and racial equality.

*Q: Did you talk with your parents about the slavery background? How did they describe it? Or how did they answer you? Were they aware of how it made you feel?*

TINKER: My father showed it with his feet, as soon as he got out of Charleston. He went to Yale on a scholarship and then Yale Law School and never went back to live in Charleston. He wouldn't join the prominent clubs where we lived because they discriminated against blacks and Jewish people.

I spent my last three years of high school at a boarding school called Concord Academy in Concord, Massachusetts, and loved it. It was a girls-only institution, there was a no-nonsense attitude that women were as capable and responsible as men could be. And there was no such thing as a woman's job or a man's job. My mother had been a stay



at-home mom so this was new for me.

*Q: That's a huge juxtaposition from the school where the boys dominated.*

TINKER: For example, at Concord Academy, if you were late for class, the punishment was to chop wood – traditionally a male chore. We were allowed to walk into town or take the bus into Boston. It was also great to be away from my parents and to make new friends which have persisted. It was a very important part of my life. In 1960, my dad was ready to leave corporate law in New York and do something less lucrative but more meaningful. Dean Rusk and my father had served together and became friends during World War II. When Rusk became Secretary of State, he asked my father to join the Kennedy Administration. So we moved to Washington when I was a high school sophomore, and I remember him saying that the very best years of his career were spent at the U.S. Agency for International Development. He felt he could do some good for those less fortunate but had a terrible time with hearings on Capitol Hill with Congressmen like Otto Passman from Louisiana, who were viciously opposed to foreign assistance and racist.

*Q: When he came down to DC, was it to go directly into the new AID?*

TINKER: At the end of the 1950's, my dad wanted to leave corporate law. First, he ran as one of two candidates for District Attorney of New York but lost to Robert Morgenthau who, as it turned out, served in that position for 30 years. After that, he accepted the opportunity to come down and work for the Kennedy administration on humanitarian assistance.

*Q: Right. So you were away at school during the year, but were, I assume, in pretty close touch with your parents during that time – a time when he was shaping a whole new institution.*

TINKER: I was fairly oblivious about his work and busy finding my own way in the world. One thing that he's been credited for is that he defined the term "green revolution" because he was very involved in Norman Borlaug's research on rice. But he was definitely a "man's man". I don't think he ever thought I was going to have a career – it came as sort of a surprise to him.

*Q: But a pleasant surprise. He never tried to discourage you?*

TINKER: It was important to him to do what you believed in and make a contribution. But both my parents had a very "old school" relationship where there was no question

about who was the dictator in the family. He loved his sailboat where he was Captain and we were his crew. During summer vacations, I stayed with my grandparents in Mattapoisett, Massachusetts, on the south coast between Providence, Rhode Island, and Cape Cod. One summer, my mother made me go to secretarial school in New Bedford.

*Q: Because that's what girls did?*

TINKER: She wanted me to have a skill and be employable if necessary. And in those days, secretarial and teaching jobs were about all women could aspire for, as you know. So at 17, I graduated as a senior executive secretary, shorthand and all, which turned out to be useful for many years. I probably was the only girl in the New Bedford secretarial school who went on to college. During summers and Christmas break, I worked as a Kelly Girl. Kelly Girl (Now Kelly Services) was a popular agency that provided employees for organizations that needed temporary staff while their own staff were on vacation or maternity leave.

*Q: Do you do that in Boston or New York?*

TINKER: That was in New York, as well as Washington, DC. As a Kelly girl, I worked at US News and World Report, a law firm, the Inter-American Development Bank, and various other places. My longest stint was with the Mexican National Tourist Council in New York. For several months right after college, I helped develop promotional and marketing materials to increase tourism to Mexico. With the Kelly Girl experience and with working a couple of summers at department stores, I got exposed to a lot of different occupations and professional organizations. I went to college at Vassar, in Poughkeepsie, New York, and spent many weekends at my aunt and uncle's house in New York or visiting friends, often at boys' colleges. The highlight of those four years was a spring semester at the University of Madrid studying art at the Prado Museum and living in a fourth-floor walk-up with a family that spoke no English. My college majors were Political Science and Spanish, so between Spanish and French (which I had learned earlier) I had a good base of fluency in two languages. But as you remember, the mid 60s was a very difficult time with the assassinations of JFK and Martin Luther King. I was at Yale with a friend when JFK was killed and heard MLK give his famous speech at the Washington National Cathedral before he died. Several of my male friends were called to Vietnam. I was also caught up in the Civil Rights movement and joined some of the marches.

*Q: Right, there was both the civil rights movement and the anti-war movement. So would you say that the semester you spent in Spain really opened up your thinking about an international career or were you already there?*

TINKER: I think that majoring in Spanish, going to Madrid, working for the Mexican National Tourist Council, and seeing my father traveling all over the world really did inspire me. I've always wanted to understand more about peoples' personalities, lifestyles, and cultures. By the time I retired I'd been to over sixty countries!

Two years after college and the Mexican National Tourist Council experience, I got a Master's Degree in Latin American Studies at Georgetown University. Since most of my classes were in the evening, I was able to volunteer and then take on a paid job as a legislative aide to Senator Jacob Javits on the Foreign Relations Committee. Legislative work on foreign affairs and the Foreign Assistance bill provided a good background on development assistance issues. From there to USAID seemed like a sort of obvious next step.

*Q: Was it difficult getting the job with Javits? And what was the year?*

TINKER: I had a friend who was Senator Javits' senior legislative assistant. It helped that I knew him, had some international background, and was willing to work for free. I sort of made myself valuable enough that he was able to get me a paid position after a few weeks.

*Q: What was the hill like at that point? Certainly, not the divisive place it is today. You were working for a Republican.*

TINKER: Well, I was a Democrat. I was working for a Republican. Senators and Congressmen worked together then. I met my soon to be husband while I was working for Javits and he was working for Ted Kennedy. We got to know each other during the legislative debate on Bangladesh's successful war to become independent from Pakistan. I was also involved in hearings regarding the War Powers Act, which Javits sponsored. There was a lot more collegiality then than there is today, but it was also an old boys' school. As a woman, for example, you knew not to get in the elevator with people like Strom Thurmond! Only 2 out of 100 Senators were women then. But I was very fortunate to have had the hill experience. In 1971, when I got my master's degree, I took the USAID exam and several months later joined USAID as a GS-7 program analyst in the Latin American Bureau.

*Q: That was a time when entry into AID was through a civil service exam of some sort.*

### **Congressional staffer and joining USAID**

TINKER: It was a civil service exam. You had two options at AID, either to apply to the Civil Service or the Foreign Service. Married by that time, I wanted to stay US-based and applied to the Civil Service.

*Q: Right, before we get into those early days in AID, can you describe the work that was done around Bangladesh and its independence? Because I think people have forgotten how that engaged the NGO community and the international community. I don't remember that there was a lot of opposition to US support for Bangladesh, but I'm probably not remembering correctly. Was that a politically dicey issue?*

TINKER: There was a general sense of support for Bangladesh's independence although concern that we would be saddled with having to take care of this very poor country that flooded annually and didn't seem to have much of a future. I think the irony is that if you look at Bangladesh and Pakistan and their relative development, Bangladesh, partly because of its connection to the United States and its willingness to accept assistance, has modernized much more effectively than Pakistan, including in the education and employment of women.

*Q: On humanitarian grounds?*

TINKER: Humanitarian grounds exactly. The Pakistani military was committing atrocities against the Bangladeshis. My husband, on behalf of the Judiciary Subcommittee on Immigration and Refugees which Senator Kennedy chaired, helped lead US Congressional support for Bangladeshi independence. Sheikh Mujibur Rahman (Mujib) became the first President of the new country of Bangladesh in 1971, and we became good friends with the country's first Ambassador.

*Q: So he was traveling a lot. So just one more thing, the anti-war movement. At that point, it was pretty strong and I think Javits was pretty supportive of ending the war. Am I correct on that?*

TINKER: Javits sponsored the 1973 War Powers Act, which limited to 60 days a president's ability to send American armed forces into combat without congressional approval.

*Q: Which is still relevant today.*

TINKER: The balance of the executive, legislative and judicial branches is always in tension. Working on the Hill was a valuable experience, and I learned a great deal. The Congressional Research Service—which many people don't know about—was always



available to help with information. And if I needed to contact government agencies to get information, calling from the Senate had a lot of clout.

*Q: Oh, they answered your phone?*

TINKER: When I had to write a resolution, say, on Moldova Independence Day, or prepare a briefing paper for the Senator, I could call up the Congressional Research Service for background information. It was wonderful to have that access!

*Q: Did you ever consider staying on the hill?*

TINKER: No, the hours were terrible. You were basically there at the whim of your Senator or your committee. And I didn't see any advancement possible. I wasn't interested in a political life and wanted to continue to be involved in international development. So I joined AID. My graduate school thesis had been on the development of Mexico's Population Policy. So that, and my Spanish fluency, fit in nicely with the Latin American Bureau. I traveled a lot at that point to Ecuador, Venezuela, Colombia, and Costa Rica to develop and support family planning initiatives. I also designed and managed a grant to a non-profit called the New York-based Population Council, which became the largest US population assistance program in Latin America at the time.

### **USAID's population program in the 1970s**

*Q: Could you talk a little bit about the population program in those relatively early days. Was it controversial? Maybe controversial in Latin America. Was it controversial in the US?*

TINKER: Well, yes, we had our US champions in family planning like Planned Parenthood, and I was a Board member of the Metropolitan Washington Planned Parenthood Association for a while. But there were also people like Phyllis Schlafly who was anti-feminist, anti-abortion, and successfully campaigned against ratification of the Equal Rights Amendment to the US Constitution. There was a lot of contention about family planning in the late 1960's and 70's. Thanks to the leadership of some Senators, mainly Republican, Congress enacted the Family Planning Services and Research Act authorizing aid support for family planning. In 1973, the Supreme Court recognized women's right to abortion in the Roe vs Wade decision. However, in 1973, North Carolinian Senator Jesse Helms led the passage of the Helms Amendment as a permanent part of the Foreign Assistance Act to limit abortion-related funding. Anti-abortion sentiment has led, on certain occasions, most recently under President Trump, to terminating US support to the United Nations Fund for Population Assistance. Catholic

and Middle Eastern countries have opposed family planning on religious and cultural grounds.

We learned that you could make a lot more headway going through voluntary organizations. We worked closely with the International Planned Parenthood Federation, the Population Council, and other organizations and local NGOs that were more adept and more able to be pioneers than developing country governments. We worked through organizations that were geared towards women and mostly run by women activists. And you looked for individual, in-country champions. For example, I became friends with the wife of a Venezuelan Senator who used her political clout to increase attention to family planning. In Colombia, we assisted the IPPF affiliate, PROFAMILIA, which became the main engine for family planning in that country, led by a dynamic female lawyer. Getting motivated and influential people like that involved was a way to get the foot in the door in Latin America. After about two years in the Latin American Bureau, I joined the global Population Office, where family planning and population were centralized and really driven.

*Q: In those early days, what were the options for family planning? Were there any IUDs at that point?*

TINKER: There were principally IUDs and condoms. But that changed. In my years in the Population Office, we increasingly got involved in a wider range of short term, medium term and permanent methods, like the oral contraceptive pill, tubal ligation and vasectomy.

*Q: Right. But in the early days, it was largely barrier methods.*

TINKER: The program was mainly driven by concerns about rapid population growth. It was not aimed at improving women's health; it was geared to fertility control.

*Q: Right. Was it Draper who wrote 1975? There was a book that got everyone very worried about the carrying capacity of Earth. But that's interesting, that was largely what was driving programming in the beginning.*

TINKER: From 1965-79, Dr. Rei Ravenholt was the Director of AID's population program. While lacking in compassion, he was the world's foremost pioneer in family planning and instrumental in the reduction of total world fertility from six children per woman to less than three. His approach was very supply driven, to the extent of handing out condoms wherever he was—including at a dinner at our house where Ann, you were pregnant! He could be thoughtlessly single minded. I remember accompanying him on a

clinic visit overseas one time, where he thought nothing of barging in on a woman having an IUD inserted. The poor woman, half-naked, looked up at a group of strangers peering at her, mostly men. She rolled her eyes and fainted away. I felt horrible.

Rei was very inspired by the power of commodities and social marketing and designed a massive procurement of colored condoms in two sizes, Tahiti and Samoa. Not surprisingly, most countries insisted they needed the larger size ones.

*Q: I think I remember Joe Speidel once saying "we offered three sizes: huge, enormous, and oh my god."*

TINKER: But you know, at the same time, it was clear that population control and the supply driven approach was too one-sided. Steve Sinding and some others, including myself, were convinced that more attention needed to be given to the demand side. Many women wanted to have fewer children but didn't even know how their fertility cycles worked. Messages needed to be created and conveyed that pregnancies were not inevitable but could be delayed, spaced, or even terminated.

*Q: Right. What years did that demand side start to be recognized and given more attention? I do remember something called 104d; the idea was to work on demand, you have to look at women's education or opportunities for girls and a whole range of things outside of contraception.*

TINKER: I think it was around the mid-1970s. I remember one of the highlights of that period was being on the delegation to 1975 UN International Women's Year Conference in Mexico City, where there was a lot of controversy with the Catholic and Middle Eastern countries as well as a well-represented Vatican. We were able to introduce a resolution to try to safeguard women's right to family planning, but it was very contentious and continued to be, right up through the Global UN Population Conference in 1994 and the so-called Mexico City policy.

*Q: Well let's pause and talk a little bit about being a professional woman. As probably one of the few professional women who had small children at the time, how did you manage the travel, the workload, and life?*

TINKER: It wasn't easy, as you well know from your own experience. After my first child, Caroline, was born in 1976, I moved to the Africa Bureau to become Health Nutrition and Population Chief of the African Sahel Development Program. While most staff working in the regional bureaus were expected to travel often, I looked for a job where I could write policies and papers and do a lot of negotiating and collaborative work

with other organizations mainly from Washington and not travel quite as much. My life was made easier thanks to the assistance of a wonderful babysitter. After my second daughter was born in 1978, I applied and was competitively selected to go to Johns Hopkins University for a Master's in Public Health. My children were two and three months old and I remember Play-Doh sessions at 5am. I carpooled with a friend who taped the Wednesday lecture, so I didn't have to go to Baltimore on Wednesdays. My husband and two daughters came to my graduation where I was one of two graduates inducted into the Delta Omega Honor Society. You found ways to try to deal with the balancing act of parenthood, home, and work, but it was a continuing challenge.

*Q: Yes. But although the government in many ways was better than the private sector, there still was a lot of male dominance.*

TINKER: That's true. When I applied for the fellowship to go to Johns Hopkins, one interviewer at AID told me I was a dubious investment because I was a mother. We had to work harder to prove ourselves. At most conferences and meetings, we were heavily outnumbered by our male colleagues. We might have a great idea, and we'd express it quietly. But then sometime later, a man would say, "Well, I have a very good idea and here it is."

*Q: Everybody would say, "Oh, wow."*

TINKER: Exactly. I had a boss who tried to play footsies with me under the table at meetings and another boss who tried to get me to travel with him. His vision was some TDY (temporary duty) in a tent in Mauritania. It was demeaning, but the office culture was nothing like the scenes in the TV series "Mad Men" about women in New York ad agencies!

*Q: Did you get involved in the Women's Action Organization?*

TINKER: When I was in the Population Office, I was approached by the AID Administrator who wanted to start a Women in Development Office.

*Q: Women and Development?*

TINKER: They asked me if I would be interested. I thought long and hard about it, because I wanted to work towards improving women's status in developing countries but felt I could be more effective working through the population and health sector, where there was more political and financial support.

*Q: There was that big class action lawsuit that WAO brought and I guess was successful, and so on paper, things got better for women. It always takes a longer time for behaviors to change.*

TINKER: Yes, exactly.

*Q: I have to ask, just because we talked about your father's role. Did you ever feel judged or held back? Because you were the daughter of Bill Gaud?*

TINKER: My father left AID in 1968 when Nixon was elected and moved to head the International Finance Corporation, created in 1956 to invest in for-profit and commercial projects to reduce poverty and advance economic development. I joined AID in 1972. I didn't go by the name Gaud anymore, because I was married. I was Anne Tinker. It was important to me to be taken on my own merit. My father had done a great job and was an inspiration to me. But our main issue of contention was the war in Vietnam.

*Q: And he never budged on that?*

TINKER: When he was at AID, he had to support the administration's position on Vietnam, with which I disagreed. I was at college and participated in anti-war, as well as civil rights, marches. I think that he was conflicted and found working for LBJ very challenging. Sadly, he died at 70 from lung cancer which metastasized to his brain.

*Q: Back to AID, and how you became involved in looking at the demand side for family planning. I don't know when you switched your focus more to health.*

TINKER: It was probably when I moved from the Population Office to the Africa Bureau in 1976. I was there for two years and charged with developing a new health, population, and nutrition strategy for the Francophone West Africa region. AID had received a substantial budget from Congress and a mandate for a long-term development assistance program for the Sahelian countries. In Francophone West Africa, there were many health concerns, and family planning was only part of what we supported. At that time, the global population program was going strong, but AID had no official health policy. Health activities were focused almost entirely on biomedical research and training. The Bureau of Policy and Program Coordination and the Development Support Bureau had been tasked with developing an agency-wide health policy but had been unable to develop a consensus for four years.

*Q: What was the issue? Or what were the issues?*

TINKER: There hadn't been much effort or interest in building up a health program.

*Q: It didn't really have to do with the substance of health.*

TINKER: No, it didn't, and there was really nobody involved who was thinking about the delivery of health services. It was mainly research, like malaria funding for a malaria vaccine. So after the academic year at Johns Hopkins in 1978-1979, I joined the Office of Health. I teamed up with a colleague in PPC, Abby Bloom, and we developed and negotiated the Agency's first official health policy paper, and then started to try and implement it. It was focused on primary health care services, rather than biomedical research that had been the previous focus. My experience with the Population Council was very useful because we had learned how nimble and effective voluntary organizations could be as agents of change, compared to governments that were slow to change and whose delivery systems weren't designed to reach the rural poor.

We knew from the work of the cholera research lab in Bangladesh that oral rehydration salts had the potential to save children's lives from dehydration associated with diarrhea. Cholera was a major killer of children in the world at that time. I got very much involved in oral rehydration therapy to the extent that my children referred to me as the "diarrhea lady." One of the other things I had learned in the Office of Population was the importance of both supply and demand strategies. We did a procurement of oral rehydration salt packets and replicated the Population Office procurement and distribution system model for that.

Another lesson from the population program was that while a comprehensive, integrated health care system was the long-term goal, a focused, more vertical approach would be most effective in making a significant impact in the short term and provide an effective entry point. In 1982, I was asked to draft and coordinate a global health sector strategy to reflect this new approach, which emphasized oral rehydration therapy, immunization, family planning, and nutrition growth monitoring. Congress was persuaded to significantly increase funding for the health program when we were able to demonstrate that a selective package of health interventions could have a measurable impact on saving children's lives. And it also helped expand USAID's health role within the donor community, including our collaboration with UNICEF.

*Q: Right, so you drafted the 1982 policy paper, and then the strategy that developed around child survival.*

TINKER: Yet another key lesson from the Population Program was that a centralized agency approach, with some autonomy from the generally slow-moving bureaucracy,

brought strong results. Having good congressional support, we could focus on centralizing some methods to make it easier to build health programs. I designed what were called Ribbon Projects, which enabled AID missions to buy-in to centrally procured grants and contracts for country and regional programs. Two of those, PriTech for oral rehydration and Reach for immunizations, became the largest worldwide health projects in the agency in terms of budget and numbers of countries requesting their services.

*Q: And those were the first buy-in projects. You really developed the model for a completely different way of programming and supporting missions around key interventions. And they've been picked up in many other sectors.*

TINKER: Wherever possible, it paid off to take the attitude that yes, this can be done, and to minimize the bureaucratic process, move ahead and get results.

*Q: So where was their opposition to that approach? It seems so sensible.*

TINKER: From an institutional perspective, there's always some opposition to changing the way the system has traditionally been doing things, as well as tension over control of resources and management. The health programs in the missions became more important than they had been before. I think some of the missions resented that their emphasis was increasingly on health and overshadowing some other areas. At the same time, they found it an advantage to be able to draw on central programs which saved them considerable administrative and procedural work and provided them access to centralized technical assistance.

*Q: Right. Do you think the regional bureaus had problems with it? Because this was run out of a central office dealing directly with missions?*

TINKER: Some did. It's a bit like the continuing argument between state and central government control in our own country. But there are often advantages in efficiency and effectiveness in centralizing operations.

*Q: Right. PriTech and Reach were the first—PriTech for oral rehydration salts and Reach for immunizations. At that time, did the Population Office already have projects that were similar models for buy in? Or did these two health programs basically lead the way for different kinds of contracting?*

TINKER: The Population Office controlled the population resources from the beginning, while resources for other sectors had generally been under mission control. With the new health buy-in projects, the Office of Health took care of the competitive procurement,

administration, technical assistance, and the missions bought in. They bought our services, basically. So, as best I can recall, it was different in that respect.

*Q: There's so many questions, because, as you mentioned, the money started pouring in. I think the behemoth that is global health today is still sort of one of those political issues within AID. But you credited being able to measure and report on results for part of the reason that Congress supported expanding the program.*

TINKER: You need to demonstrate data-based and measurable impact that interventions and programs can make and pilot projects that show they work. Then advocate and build alliances. Everybody wants to be behind a success. And health is a good diplomat. It's not as contentious as family planning or some other more politically charged issues. So the health of children was the first step. It was harder to get support for women's health, but I moved in that direction after a while.

*Q: Do you remember it being difficult to establish that a division chief could be part time, or was it that at that point you had such a good reputation and so much background that the system just wanted to make it work for you?*

TINKER: I tried to make myself a valuable enough asset to be approved as AID's first part-time division chief. On my Wednesday off, I worked some at home and stayed extra hours at the office on other days, so it seemed to work. I expect there were people who found the idea of part-time division chiefs a dubious new development. Those were the days when the government didn't even offer any maternity leave.

*Q: You can use all your sick leave if you want.*

TINKER: Sick leave, vacation leave, and if you ran out of those, you asked permission to take leave without pay.

*Q: You recruited quite a talented bunch to come in and work on this program. Were you bringing people from the outside or from other parts of the agency? I'm just curious.*

TINKER: Well, both. That was one of the things that I worked hard at in every job I had, including at Save the Children. It was critical to assemble a team that was committed to our mission, hard-working, team builders, and good communicators with technical expertise as well as personal skills.

*Q: So that sounds like Robert Clay who was your deputy.*



TINKER: I was fortunate to find him and bring him in from the outside as my deputy. He later replaced me very effectively when I left for the World Bank. One of my employees, Alan Randloff, was a Foreign Service Officer who came in from a mission assignment right after he had a terrible motorcycle accident and became a paraplegic. It was a challenge to do whatever I could to try to help him adjust. I learned that while an elevator was supposed to be available for people who are disabled, you had to call a week ahead and find someone who had a key to open it. It became clear how difficult it was for people with any kind of challenge like that. And of course, emotionally, he was coping with a new life with his family as well as a new job. He was a wonderful, brave person who contributed a lot to our mission and our understanding.

*Q: Right. And after that, going into the Orphans and Disabled Children Program and really shaping it was a good fit for him.*

TINKER: That's very true. One other thing to mention about the Office of Health was the International Conferences on Oral Rehydration Therapy (ICORT). We had 1000 people at two of those conferences that Robert Clay and I organized. Half of the participants were from developing countries, so it was a way to advocate for oral rehydration therapy to talk about technical information, research results, effective programs, and so forth. Through that I got to know Jim Grant, who was head of UNICEF at the time, and he was part of all those ICORTs. We developed a very collaborative relationship with UNICEF on policies and programs and healthcare financing.

*Q: Right, and Peter McPherson must have been there as well.*

TINKER: I remember Jim Grant and Peter McPherson at the ICORT conference asking what our goal should be as an outcome of the conference. We agreed to target a certain number of lives saved and budget allocations. At the same time, there was inter-Agency tension, with the AID Administrator's staff not wanting Jim Grant, an excellent and charismatic speaker, to upstage him. It was an interesting negotiating and diplomatic game to make sure we got all the big wigs involved, happy and committed.

I saw oral rehydration therapy as the way for AID to take a leadership role in health. There were challenges since dehydration had traditionally been handled through intravenous therapy. That was the western model. But most of the hospitals and clinics in developing countries lacked intravenous therapy capability, certainly not adequate to meet demand. A different approach was needed to address the problem. Physicians needed to relinquish control. Women themselves could be agents of change once they understood the process and were given the tools. There was a lot of education involved

regarding breastfeeding and hygiene, as well as oral rehydration therapy. And then there were arguments about whether women should just make the rehydration solution themselves or whether they should be given packets. The packets were popular, as people in developing countries and everywhere are used to getting a commodity or medicine for health problems, not just advice. Furthermore, ready-made packets helped ensure the solution was mixed properly. Similarly, regarding the power of simple commodities, we found that making birth kits available, in addition to education, were an effective tool to increase hygienic deliveries.

*Q: You talk about having to persuade the women, but I think you probably had to persuade the health system, too, because you're taking a lot of authority away from the doctors.*

TINKER: It took champions like Norbert Hirschhorn to demonstrate ORT's effectiveness and take on the medical establishment. The same challenge was true with reproduction. The obstetricians didn't want midwives to be taking their jobs, yet in developing countries there were nowhere near enough obstetricians. We had to show that midwives could do a good job and that they were needed, particularly in rural areas.

*Q: Can you talk a little bit about social marketing, especially of ORS (oral rehydration solution)? Or did that happen later? Because this is another way of getting ORS into the communities?*

TINKER: Jon Rohde, who was at Management Sciences for Health said, "if you could find Coca Cola bottles everywhere all over the world, why can't we get oral rehydration salts out there?" There was a clear need for social marketing, going through pharmacies, local markets, and other outlets to make these commodities available, not just through health systems. Also important was generating significant political priority for health. For example, in 1986, UNICEF and USAID agreed to work with Ecuador on a national three-day campaign of social mobilization. The goal was to immunize 80 percent of Ecuadorian children and to promote oral rehydration therapy and growth monitoring. A UNICEF representative and I joined the Ecuadorian First Lady to fly into the most remote parts of the Amazon. Mothers, who had received formal invitations from the First Lady, came with their children wearing their Sunday best for immunizations and health promotion. Most of the people reached had never seen a health provider in their lives, but the whole country spent three days focused on this campaign.

*Q: And was that the time that they actually interrupted a civil war? There was some place where there was actually a ceasefire to allow the [health] campaigns to go forward? But I can't remember where they were.*

TINKER: I don't remember. Was that Bolivia? I'm not sure.

*Q: So the First Lady was just window dressing, or was she really supportive?*

TINKER: She was very committed. Her husband, the President, was involved. Obviously, it was good publicity because it was caring for children, which is popular. But she was all in for it. Her husband gave the first immunization shot.

*Q: That's great. Did you continue to stay in touch with UNICEF, Jim Grant? Or was it mainly around these high-profile meetings and events?*

TINKER: In 1986, I wanted to get more involved in women's health. I remember talking to Jim Grant, whose main health focus was childhood immunizations. "Jim, you know, babies do not arrive by stork." I worked to persuade UNICEF and WHO that maternal health was essential to child health. At the same time, within AID, I designed the MotherCare Project, which was AID's first women's health project. Because of AID's strong emphasis on children, my main argument to get MotherCare through was that it would help children. It was a political strategy that I had to use to get it through. It was a place to start.

*Q: I fully understand. A lot of your work was basically convincing your own colleagues or your own agency. What were the main features of MotherCare? I know this is an inflection point in your whole career. So good to talk a little bit about it.*

TINKER: MotherCare was designed to increase attention to prenatal care, safe delivery, and that postnatal period which had been totally neglected. Child health care had traditionally started with immunizations after several months, which was also an appropriate time for mothers to begin considering family planning. In fact, 40% of children who died under the age of five in developing countries were dying in their first year, and most of those during their first week. A lot of our effort initially was trying to reach out to the child health and family planning coalitions, to persuade them that they weren't doing enough and that to reach their goals they needed to tackle maternal and neonatal health.

*Q: Was that a hard sell?*

TINKER: Yes, it was a competition for resources, as it always is. The child health people feared money would be diverted to maternal health. Family planning advocates had been dominated by demographic rather than health or women's rights concerns. I was, frankly,

getting disenchanted at AID by the end of the 1980s during Ronald Reagan's presidency, and some of the influences that he brought to AID really confounded our effectiveness. You had the Mexico policy that forbid AID to support any organization that offered information or services about abortion, even in countries where it was legal. There were pressures to reduce the number of government employees and hire outside contractors. I remember writing documents on immunization and oral rehydration therapy, child survival, etc., and what I would get back is "you haven't mentioned the private sector enough." There were also more bureaucratic hurdles that lengthened the time for project preparation, approval, and implementation.

It was harder to get things done. More interference. It was different at the World Bank, where decision-making was vigorously data-based. AID was subject to political interference; the way government agencies often are.

### **Joining the World Bank to focus on Maternal Health**

*Q: So you were becoming disenchanted, you were moving your own focus towards maternal and neonatal health. Were you recruited by the [World] Bank? Did you seek out other organizations where you could have more flexibility and to work on what you wanted? How did the transition happen?*

TINKER: I was really fortunate at that time, because I got a call from Tony Measham, whom I had worked with on an inter-agency basis. He was the World Bank's Chief of Population, Health and Nutrition. He asked if I would join the Bank to lead their Safe Motherhood Initiative. I really didn't look anywhere else and agreed to join the Bank in 1989. I started by doing an inventory of any Bank projects that had maternal and child health components, of which there were extremely few, and developing a strategy for advocacy, training, operational support, and analytical work.

*Q: You were looking across the entire Bank?*

TINKER: Yes, I was in the global department of the Bank. At that point, there wasn't much going on in maternal and child health, it was very heavily infrastructure and finance oriented. We did have the advantage of having Larry Summers there as our economic adviser, who was a strong supporter of women's education. We also had Barbara Herz, who had been a colleague at AID and who had joined the Bank in women's education. So there were beginning to be some entry points to women's issues.

*Q: Well, I want to talk about the substance of getting a program like that going, but, also just the process of getting established at the bank. You're not an economist.*

TINKER: No, I was neither a PhD economist nor physician.

*Q: Do you feel that that created an impediment?*

TINKER: I suppose in a way it did, although I was committed to my cause, strategic and persistent, and had the support of my supervisors. I worked to find allies in the regional departments of the Bank as well as other agencies. I raised \$4 million from Canadian CIDA to do a lot of analytical work on women's health and start some initiatives. Before I left AID, we had developed an Inter-Agency Group on Safe Motherhood and after joining the Bank I became its Executive Director. The IAG included bilateral, multilateral, and non-governmental organizations, which helped coalesce a coalition around women's health and safe motherhood.

*Q: So, that existed before you left USAID?*

TINKER: Yes, I was part of that when I was at AID. The working part of the Secretariat was managed by Jill Sheffield and Ann Starrs at Family Care International. We funded the Secretariat through a small grants program at the Bank. Early on at the Bank, I wrote a discussion paper called Making Motherhood Safe, co-authored by Marge Koblinsky whom I hired as a consultant. With the help of an advisory group of regional bank staff and outside experts, the guidelines were initially used in project preparation and supervision by six country missions, including the Philippines and Bangladesh. The strategy was also used by inter-agency colleagues in UNICEF, UNFPA, and IPPF and distributed to their field staff. Then I did another, broader-based paper on women's health and nutrition. A lot of my strategy was to generate coalitions and to develop policies and strategies, but then get people to support operations, focusing on what was doable and impactful.

*Q: Even once you sell the idea of safe motherhood, people didn't know what the next step should be, like having a technical paper that talks about best practices.*

TINKER: Right, simple messages, "here's what can be done." We were greatly influenced by Abhay Bang's well-researched demonstration project in Maharashtra, India which was documented in the prestigious British journal The Lancet in 2005. With simple, home-based interventions, his project reduced the infant mortality rate from 121 per 1000 live births to 30.

*Q: Were you doing a lot of travel at that time?*

TINKER: I traveled for about two to three months a year total, usually in two to three week chunks, so as not to be away too long from my family which included two young children.

*Q: I'd love to hear how you made things work at the Bank versus at AID. Was it the same kinds of strategies, or was there something unique about moving the behemoth that is the World Bank?*

TINKER: I was fortunate to have Tony Measham, Ann Hamilton, and Richard Skolnik as my bosses, Lewis Preston as the head of the Bank, as well as colleagues and friends like Jim Socknat who supported the Bank's growing involvement in safe motherhood and women's health. But not everyone was on board. Only one out of four Bank employees was American. When I started developing the analytical papers, one of which was on violence against women, and another was on unsafe abortion, the head of the legal department, who was Middle Eastern, wanted to stop their production.

*Q: Just because of the subject matter?*

TINKER: He said, "this is not something that the Bank should be involved in, these are personal, family matters." My colleague Alex Shakow, Director of External Affairs, helped support me in moving ahead with the publications. The analytical papers were much sought after at the Beijing Conference on Women in 1995 where I represented the Bank at the NGO Forum. Gender was often an issue. For example, in Pakistan, where women's status is very low, I was considered an "honorary male", so that I could communicate with senior government officials. And, of course, I also wore the modest salwaar kameez which, along with a sari, was the only acceptable female dress in parts of South Asia.

*Q: Right. So being in a multinational, multicultural setting, you added a certain dimension to the kinds of language needed to persuade. And you needed allies.*

TINKER: In addition to those at the Bank, my allies came from outside, from UNICEF, from WHO, from USAID, from some of the other bilateral organizations and from some of the NGOs. Raising the Safe Motherhood Fund helped me spearhead some of these activities. In terms of travel early on, I worked with countries such as the Philippines, India, Bangladesh, Pakistan, and Zimbabwe to integrate Safe Motherhood into their Bank grant programs. It took finding program managers who were like-minded, and not everybody was.

*Q: Right, and too bad for the countries if they had a program manager who wasn't. They missed out. But, how about as a professional woman in the bank? Did you find it more or less male dominated, or more or less difficult to be taken seriously? Or was gender not a big issue?*

TINKER: I do remember one very interesting experience—which I think was in the second year that I was at the World Bank—when I thought I was going to be fired. I went to Chile, to a large regional Latin American conference on health, and gave the plenary speech on safe motherhood. I said that a major cause of maternal mortality in Latin America was unsafe abortion, which is true. After getting back to Washington, I got a call from Alex Shakow. He said, "I understand you were in Mexico." I said, "No, I wasn't in Mexico." And he said, "Well, the headline on the front page of the largest paper in Mexico, El Diario, says, 'World Bank Advocates Legal Abortion'." I said "Oh, my God. Not fair." So, I guess, some of the Mexican female activists who wanted Mexico to change its policy had jumped on an opportunity to push their cause, even though I hadn't said that in my speech. Thankfully, I had known Alex since my AID days, and he heroically cleared the misstatement with the help of the Bank's representative in Mexico and publicized my actual speech.

*Q: Interesting.*

TINKER: The World Bank was being pummeled for being hard hearted and only interested in infrastructure and financing. They put me forward to show the Bank had a humanitarian side. I became the media's human face of the Bank on Good Morning America, Morning Joe, etc. They trotted me out to television shows and radios to talk about how the bank was involved in saving mothers and children. I also made a lot of presentations overseas, ranging from a talk tour to six cities in Pakistan to the plenary speech at the International Federation of Obstetrics and Gynecology where I received their triennial award in 2006.

*Q: Did You get extra media training for that?*

TINKER: Yes, absolutely. I did quite a lot of public relations for the Bank to show that we had a compassionate side.

*Q: Did you enjoy that? Or was that difficult for you?*

TINKER: I've never found public speaking easy but grit my teeth and do it. As long as it increased awareness and got more people involved, it was worth it.

*Q: Interesting. So you and Alex continued to work closely? Because I imagine he was involved with that.*

TINKER: Yes, we did.

*Q: Your focus at the bank stayed on maternal health and neonatal health?*

TINKER: Well, it really kind of morphed. By then, the Inter-Agency for Safe Motherhood had merged into a broader coalition called the Inter-Agency Partnership for Maternal and Child Health, which involved a whole lot of donors and was headquartered in WHO Geneva. I worked hard to get neonatal health incorporated in it as well. So it became the Maternal Neonatal and Child Health Partnership in 2005. Data was not routinely being collected about the reach of newborn health interventions, so one of our early efforts was to convince the donor-funded Demographic and Health Surveys to start introducing questions about postnatal care and pregnancy into their country surveys.

*Q: You mentioned nutrition and nutrition seems to me to always be the stepchild in all of the health activities. I'm wondering, did you ever try to get anything going either at AID or at the Bank that focused on malnutrition or some of the nutrition impacts on health?*

TINKER: Nutrition was an important long-term objective. My main contribution to that was promoting breastfeeding. Effective growth monitoring was a more difficult challenge although we encouraged weighing babies, healthy diet, and making sure their growth was moving forward. We also tried to promote equitable health and nutritional support for girls, as well as boys. In China, South Korea and India, inferior treatment of girls and even sex selective abortion was rampant.

*Q: I know that you did some work specifically in Sri Lanka. Was that also health related or was it a broader Bank portfolio?*

TINKER: Yes, I was in the central part of the World Bank until my last two years as a Lead Health Specialist in the Asia region. I had spent a lot of time, even in the Central Bureau, working on programs in Asia on the women's health side. But when I joined the Asia region and worked for Richard Skolnick—who was a great boss—my main task was to oversee the Bank's health work in Sri Lanka. I traveled there quite often. It was a fascinating country in that it had started primary health care very early because of its socialist orientation. Education and health were very much a priority to the government. However, although people were relatively well educated and healthy, they didn't have many opportunities, because Sri Lanka wasn't an active participant in the global economy. The suicide rate was one of the world's highest. My focus in Sri Lanka was to



try to get a project tainted by corruption back on track and focused on more cost-effective systems of service delivery.

During the early morning in 1996 when I was staying at the Hilton Hotel in Colombo, a truck load of Tamil suicide bombers attacked our building and the Central Bank next door. I was cut by glass after the bomb fully shattered the large window in my room. Those of us occupying the rooms in my hallway hovered in the corridor for several hours, hearing gunshots and wondering what was going to happen. Over 90 people were killed and 1,400 badly injured. That was my most difficult and traumatic professional experience.

*Q: I can imagine. Moving from the Central Bureau to Asia—was that something you wanted to do? Or you were asked to do it? Or you were required to do it? Could you just have stayed in the Central Bureau?*

TINKER: When I moved to the Asia Region, I was offered a promotion and got to take on something new. And frankly, Asia was the most important region in terms of maternal and child health. So that was an important next step, but I think the challenge there was that I had to learn how to do project preparation and review which involved tons of paperwork for these multimillion-dollar grants. It was much more inward Bank-looking.

*Q: Well, Sri Lanka was in the midst of a civil war, too.*

TINKER: That's why the suicide bombing occurred. The minority Tamils were fighting for their rights against the majority Sinhalese. In health, what Sri Lanka needed was to be thinking about chronic diseases. That was different from what I'd been doing before.

*Q: Right. So learning experience. Did your outside coalitions that had been so important for so much of your health work, was there anything comparable for Sri Lanka?*

TINKER: Not really. Although I also participated in some preparation missions to Bangladesh, Pakistan, and India, my work in Asia was primarily specific to the Bank's overall program with the Government of Sri Lanka.

*Q: I'm just wondering whether you were ready to leave the bank and maybe the experience in Sri Lanka had something to do with that? Is there more that you want to say about the bank? Because I see going to Save the Children allowed you to go back to what you had been building earlier at the bank. So any other comments?*

TINKER: In Myers Briggs-speak, I'm far on the intuitive scale, which essentially means looking towards the big picture and possibilities in a situation, rather than the details. I had been able to move safe motherhood and women's health forward but wasn't as happy or good at being a bureaucrat.

### **Save the Children and Saving Newborn Lives**

TINKER: In 1989, David Oot, who was Director of Save the Children's Office of Health, contacted me. He had successfully raised a five-year grant from the Bill and Melinda Gates Foundation for \$50 million for newborn health. He said he needed somebody to launch and lead it and asked me to join Save the Children. It would become Save the Children's largest development program and lead to a global leadership role for Save the Children in health. So, despite a significant cut in salary, I couldn't resist the opportunity. Building on the Safe Motherhood Initiative, we called it the Saving Newborn Lives Initiative. I had the rare opportunity to recruit and assemble an outstanding staff team from scratch. Furthermore, I was given considerable autonomy to develop and implement a strategy and program, including recruiting Pat Daly, who had worked with me at AID and the World Bank, to be my Deputy. For the next nine years, my team of headquarters and field staff of 60 professionals developed and managed programs in 18 countries, conducted research, and participated in conferences and partnerships. I traveled cumulatively about three months a year during that period.

*Q: Comparable to World Bank travel?*

TINKER: It was even more travel than at the World Bank because during most of my years at the World Bank, I was fortunate to work in the Central Office. That meant doing a lot of writing and speaking and being more selective about mission assignments. The problem at the time I joined Save the Children was that newborn deaths had been totally neglected, even though 4 million babies worldwide were dying in their first month of life every year. And two thirds of maternal deaths were occurring during this postpartum period. We needed to generate a commitment to change this and answer the questions, "Why did these newborn deaths matter and what could be done?" The priority was to generate evidence about the importance of the issue and the potential effectiveness of high impact, low-cost interventions that could save lives during that critical postnatal period. Our key messages, which we emphasized continuously through multiple channels, were that:

- 1) Newborn death accounted for 40% of all under five deaths.
- 2) Reducing newborn mortality was therefore key to meeting the United Nations Millennium Development goal for child mortality.

3) We knew how it could be done. The well-researched program in India under Abhay Bang's leadership demonstrated that 70% of newborn deaths could be prevented by using proven, cost-effective methods at the community level. Abhay was, incidentally, an alumnus of the Johns Hopkins' School of Public Health which I had also attended.

*Q: And would you describe those cost-effective methods just so we have that record?*

TINKER: The key interventions were safe delivery, immediate and frequent breastfeeding, keeping the baby warm, hygienic practices, and recognition of danger signs like low birthweight and infection which required special care. We distributed safe birth kits to traditional birth attendants and midwives, which included soap, sterile scissors, and string to manage the umbilical cord. We also provided support for professional midwifery training and advocated for a higher status of midwives. The skilled midwife was the linchpin for providing safe delivery and good postnatal care.

We generated evidence about the extent of newborn mortality and how it could be effectively addressed. In collaboration with the London School of Hygiene and Health, we developed a comprehensive report published in 2001 entitled *State of the World's Newborns*. This report was widely disseminated and served as a blueprint for the development of national *State of the Newborn* reports which we developed over the next few years in collaboration with several countries. Early postnatal care became the nexus of our service delivery strategy as the essential bridge between safe motherhood and child survival. We advocated a continuum of care approach, linking care for mother to child, as well as household to health system.

The challenge was daunting. One of my first visits after joining Save the Children was to Uttar Pradesh in India, the poorest and largest state of India. There, one out of every ten mothers died in childbirth. Only one in five babies reached the age of five. Babies were delivered in unhygienic conditions, and the umbilical cord cut with an unwashed knife. The stump was covered with cow dung or mustard oil. The first breast milk, colostrum, which is rich with nutrients and immunity, but darker than later breast milk, was considered "dirty" and discarded. For three days, the baby would be given nothing but water or sweetened tea. On my visit five years later, after a collaborative project in one of the villages between Save the Children, local officials, and a local NGO, the newborn mortality had dropped by 50%. With demonstrations like that of progress and elsewhere in India, the state government began expanding the program to serve its population of 130 million people. From there the program expanded to other states. Abhay Bang, as well as Vinod Paul, India's top neonatologist whom we enlisted to advise us under our SNL program, were local champions who deserve enormous credit for their contribution to maternal, newborn and child health in that huge country.

*Q: Of all of those interventions, which now seems so obvious, which were the hardest to sell? Where did you get cultural or government resistance? If any?*

TINKER: That's a good question. Changing attitudes and behavior at the household level meant that part of the solution would be finding champions in communities who could show that their babies were robust and healthy if they practiced these measures. Another was to provide a commodity like the delivery kit. Then messages like the importance of warming the baby after it's born. At the higher level of the health system, we had resistance because obstetricians didn't want to give up their monopoly of being the masters of childbirth—even though there weren't anywhere near enough, particularly outside the cities. We worked hard to increase the status and numbers of skilled midwives. Every year, we had a special event at the International Conference of Midwives, where we gave awards to two outstanding midwives from Africa or Asia to recognize their important role. The awards were delivered at special ceremonies by high level individuals, such as Princess Anne at the global conferences hosted by the United Kingdom. In addition to some resistance from physicians, traditional birth attendants often resented the midwives coming into their communities. Getting through that sort of challenge took some time.

*Q: I think the same thing happens with young female teachers as well. Do you think it helped that you were not funded by the US government? Or do you think that the Gates' [Bill and Melinda Gates Foundation] funding made it more difficult for you to cut through some of these problems?*

TINKER: Having the Gates' support was paramount. The Foundation provided us enormous autonomy to undertake the Saving Newborn Lives program and gave us enough resources so that we could be a key player. It differed from AID where I was dealing with a lot of bureaucracy that goes along with the proposals you write every year, the paperwork for reporting, and so forth. It really helped that we could be nimbler and more flexible. We had enormous support from Save the Children to do this – the Saving Newborn Lives Initiative was a new, special program for them, and they wanted it to succeed. We had separate resources and therefore some autonomy from the general Save the Children program.

*Q: Right. I suspect also that the research of the whole program was something that the Gates Foundation was particularly interested in, so you didn't have to fight to make sure that you had adequate funding for the research elements. Whereas often with government funding, that's seen as an add on.*

TINKER: That's a very good point. Not only were we able to get a very defined and very talented staff team, we were also able to support research as well as demonstration projects. We were able to work with a longer time frame than is the case with AID and NGO projects that often can only depend on raising funding year to year.

*Q: Did you make presentations to the Gates Foundation and to Bill and Linda?*

TINKER: I went out to the Gates Foundation at least once a year. Melinda Gates was particularly involved and very supportive - she even traveled to Africa to see one of our programs. I took a senior group from the Gates Foundation to see Abhay's demonstration project in India that had been our newborn health model for replication.

*Q: That's great. You did the demonstration, and started to move things along? Did you ever assess what impact the program had, just in terms of the children saved? I don't even know what the metric would be, but over the eight years that you were associated with it.*

TINKER: We saw a substantial reduction in global newborn mortality. Between 1990 and 2017, the neonatal mortality rate dropped by 51%, and the annual number of deaths decreased from 5 million to 2.5 million. In terms of money, from 2002 to 2009, the value of donor disbursements related to newborn health increased from 39 million to 645 million dollars. The US was the major contributor to that financial commitment. There was a lot of progress on the ground, but, of course, it took time for those programs to scale up. A lot of the progress was thanks to our relationships with the other agencies. UNICEF was a key partner as the global champion for children. WHO was the forum for medical and health standards. UNFPA was a major actor of course in reproductive and maternal health, and the World Bank was needed to play their important role in policy, planning, and funding at scale. Among the bilateral agencies, AID offered excellent potential for scale up. We also teamed up with foreign assistance agencies in England, Sweden, and Norway who could help with implementation on the ground.

US political support was of course critical to enable USAID to take a leadership role in maternal, newborn and child health. As a wonderful example of that, Save the Children's political advocacy group mounted an ambitious Caps to the Capital Campaign in 2006 to generate public awareness and support. Grandmothers, mothers, teachers, and children from every corner of the country were encouraged to knit or crochet caps to help keep newborn babies warm and alive in the developing world. As a result, 130,000 caps flooded into the Save the Children warehouses, accompanied by letters to Congress to support the US health assistance program! The caps were ultimately sent to Bangladesh and Bolivia where they were distributed to new mothers and received as a gesture of good will from the American people.

*Q: It sounds like you were ideally suited to lead this effort, just in terms of your prior background working with different donors and different agencies. Of course, your health background as well. I can't imagine anyone else who could have picked up this baton and run with it the way you did.*

TINKER: I had a super team. I'm just so indebted to being able to hire people who were committed and effective and worked hard. We took chances, and I think we did the best we could do at the time. I learned a lot in terms of how successful the Child Survival Partnership had been at USAID. And then I had been the Director of the Inter-Agency group for Safe Motherhood at the World Bank. So based on those experiences, during my first year at Save the Children, I launched the Healthy Newborn Partnership. That grew to include 42 governments, non-governmental organizations, and key professional organizations in the fields of obstetrics, gynecology, midwifery, and pediatrics. Later we went digital and launched the Healthy Newborn Network website, which was an interactive professional community of 62 international and national partner organizations created to share resources and information, as well as provide a platform for interaction and discussion. It now counts over 1,000 organizations as its members.

*Q: Right. Is that ongoing?*

TINKER: The good news is that in 2005, once the newborn was finally recognized and institutionalized, Save the Children, UNICEF and WHO created a new coalition, the Partnership for Maternal Newborn and Child Health, headquartered at the World Health Organization. Launched at an international conference in Delhi, the PMNCH combined the three existing partnerships, and I served on its Board of Directors. At that point, we were working towards a strengthened, more integrated health system, and moving away from what had been primarily vertical programs. Today the PMNCH continues to contribute to worldwide progress for women's, children's, newborns, and adolescent health and wellbeing.

We also joined the Millennium Development Goals Steering Committee, which added newborn mortality reduction as an explicit indicator of progress towards the Child Mortality Reduction Goal. We also worked to get newborn health indicators, particularly early postnatal care, integrated into population-based surveys and national information systems. In time, globally and at the country level, key information about postnatal care was increasingly being collected on a routine basis.

*Q: To your knowledge that continues to be included. That is, it's now established that this is what you look at when you're looking at maternal and child health?*

TINKER: Organizations with which we partnered differed in their approach to change. Partnering with the World Health Organization was perhaps our biggest challenge. At WHO headquarters in Geneva, newborn health was bureaucratically an orphan in both the Child Health and Safe Motherhood Divisions. Differences in approach and competitive relationships got in the way of their agreeing to a newborn health strategy. Also, the WHO staff, predominantly physicians, were not initially supportive of community-based strategies. They were also not used to working with NGOs.

*Q: At that point, wasn't Gates Foundation spending more on health than almost any bilateral?*

TINKER: Yes, the Foundation was the major donor for health. Of course, later, they got very involved in HIV, AIDS, and so forth. One thing we did do with WHO and the London School of Hygiene and Public Health, under the guidance of The Lancet's Editor-in-Chief, Richard Horton, was to develop a special series on newborn health, which was published in 2005. I authored the introduction on behalf of the Partnership for Maternal Newborn and Child Health. Then, just a year later, the World Health report came out with a special chapter on newborn health. In 2009, the WHO published a new policy document called consensus for Maternal Newborn and Child Health. So the newborn was finally on the international and national screen.

*Q: You were doing so well, why stop? You were at Save the Children until 2011? Did you hand the baton to someone else?*

TINKER: I'd been able to secure a second tranche of \$50 million from the Gates Foundation at the five-year mark which ensured continuity for the effort through 2010. I had planned to retire by age 65. By that time, I'd been to sixty countries. I'd also met my second husband. My first husband had been ill and died when my children were in their teens. When I met John Henderson, who is now my husband, he was retired, and it just seemed like the right time to start a new life together.

### **A busy retirement**

*Q: Absolutely. I know, in retirement, you've been busy with various boards and activities. Do you want to talk a little bit about that? You said that you would reflect on sort of differences and commonalities among government agencies, multilaterals, NGOs, it seems to me that you've worked everywhere except for the for-profit world. Is that Correct?*

TINKER: Well, let me answer your question about retirement first. My husband and I moved to Charleston, South Carolina, which continues to be our home in the winter months while we spend summers in Massachusetts. We're spending a lot of time with our children and grandchildren, as well as traveling internationally and domestically. We're involved in several organizations here in Charleston. I'm Secretary and Trustee for the Middleton Place Foundation as well as on the Board of both the Gibbes Museum of Art and the Historic Charleston Foundation. John and I are also active supporters of a nonprofit group called the Colour of Music, a Black classical musicians' organization that has grown from being Charleston-based to performing in a variety of cities across the country to showcase talented African American composers and musicians. My daughter Caroline, a family friend, and I spent the last three years writing, publishing, and giving talks on a book about my great aunt, who was a leading artist of the Charleston Cultural Renaissance in the early 1900s. It was published in 2021, and this afternoon, we're going to do another book review gig in collaboration with the College of Charleston. The book received the Benjamin Franklin award in the arts and photography category and is in its second printing.

*Q: And it's just gorgeous.*

TINKER: Thank you. After retirement, I continued to be involved in health development to a limited degree. I did some consultancy work for Save the Children and the United Nations Fund. I also served as Board Chair of Family Care International and helped that non-profit organization merge with Boston-based Management Sciences for Health, which took quite a lot of work, negotiation, and time. But now, health development seems in the distant past. I do have a lot of interest in the COVID situation because I knew Tony Fauci and CDC. It's been a fascinating experience as a public health person to witness how difficult it is to navigate public health concerns with today's substantial media and political influences. I hope we can move beyond the pandemic and work together with less divisiveness and oftentimes, paralysis.

*Q: Right and beyond some of the divisive rhetoric too. When would we have ever imagined that a major lifesaver, like the COVID vaccine, would basically be rejected by huge swaths of the population?*

TINKER: It's very hard to understand, isn't it? But anyway, that's a whole new area of conversation.

*Q: Well new and sort of not new. It's all about behavior, attitudes, and practices. And you remember back to the beginning of your career when you were mainly focused on family planning and remember the knowledge, attitude and practices, surveys*



TINKER: While studying at Johns Hopkins, I learned a lot from Bill Foege, who had run the smallpox and polio campaign through a surveillance and containment strategy, focusing on populations at high risk. That seemed to have been an easier battle than taking on COVID.

*Q: But anyway, so some reflections on the different organizations that you work with? Because your career has certainly had you touch about every important health promotion organization internationally that there is.*

I was fortunate to have had the opportunity to work with and learn from very different organizations. It started with for-profit experiences through Kelly Girl, two summers working in a department store, and one summer at the Morgan Guaranty Trust Company. I moved on to the US legislature with the Senate Foreign Relations Committee, the executive branch with AID, the World Bank with a United Nations Agency, and then Save the Children, a private voluntary organization. There were, of course, various pros and cons in each of those experiences.

In the US Senate, every staff member had several balls in the air at a time and no clear structure from day to day. That was around 1970, and the difference then was bipartisan cooperation on a lot of issues. I was a registered Democrat, working for Republican Jacob Javits, and Javits collaborated across the aisles with Ted Kennedy and other Democratic senators. It was a very different climate than it is today. In terms of continuing to work there as a career option, the hours were unpredictable and often long. There wasn't much opportunity for advancement or taking the lead in anything. But it did offer a great place to keep up to date on current events, contribute to some key issues and learn the way Congress works and sometimes doesn't.

USAID, of course, was dependent on Congress for funding authorizations and appropriations. So, unlike working at Congress, which often was a seat of the pants operation, employment at AID involved a lot of bureaucratic procedures and longer lead times to get things done. But there were opportunities at USAID for personal growth and advancement that weren't in the Congress.

The World Bank was quite different in many respects. For one, the ratio of Americans to other nationals was one to four. It was truly a multinational, multi-cultural institution. My staff peers were very bright and mostly from privileged backgrounds, predominantly economists or physicians, and mostly male. Decisions were based on hard data, rather than swayed by politics and US self-interest which had been a factor at AID. Social relationships among staff weren't as common as they'd been at AID. Staff and the

regional departments at the Bank were expected to travel at least three months a year, which is why I joined the Central Department where I dealt with policy, represented the Bank at conferences, and could be selective about overseas assignments. The Bank maintained communications with governments at a very high level. I usually spent time with ministers of health, planning, and finance, as well as heads of donor country offices.

It was very different at Save the Children, where I spent more time in villages and with other nonprofit organizations, although I maintained the connections that I had made earlier with senior officials at WHO, UNICEF, the World Bank and AID. The culture at the World Bank was more formal than at USAID and Save the Children. And the pay, benefits, and class of travel were higher at the World Bank. I rode three times on the Concorde to London while at the World Bank, whereas at USAID and Save the Children, it was generally on the back of the plane in economy class and staying at small hotels or guesthouses. While managing Save the Children's first large global program and receiving funding from the Gates Foundation, I had considerable autonomy to hire a team and work with limited supervision and few bureaucratic requirements, so it was easier to get things done at Save the Children and feel the satisfaction of having a measurable impact on people's lives.

My greatest satisfaction was championing a cause and setting a goal, committing fully to it, getting others to join in, and defining and putting into place the strategy for getting there. I think anything is possible if you know your facts, design effective strategies, communicate simply tailored messages, engage the collaboration of others, and stay focused on achieving results. I was happiest and most productive when I was at the cutting edge of something new that could make a difference whether it was family planning, child survival, safe motherhood, women's health, or newborn health. I guess my advice to young people considering work and development is to look for opportunity and challenge yourself. Respect every person, learn from others, remain optimistic, believe that you can make a difference, aim high and stay focused, and stand up for what you think is important.

*Q: I think those are great words and certainly borne out by your own experience. And your distinguished career. It seems easy when you describe it now, but I know you worked very, very hard all the way through and it wasn't always smooth sailing. But I think the key focus is to respect every individual, and I would say marshaling your resources isn't just financial. But the tremendous respect that you have in the community was an invaluable resource for you, I think.*

TINKER: In some ways it was a challenge being a woman, but maybe it also helped. The challenge was working in a male environment and having to work harder and prove

yourself. However, it may have been easier, for example at the World Bank, for a woman to be saying "mothers are important and women's health is important" and to raise funds and form coalitions around that mission. A continuing tension throughout my career was trying to maintain a work-life balance. When I was at work, I felt as though I wasn't being a good mother and when I was at home, I felt as though I wasn't doing enough work. Sadly, that continues to be a major challenge for women.

Frankly, looking back, I can't imagine where I got the energy and determination to do what I did, and of course I didn't always get it right or do enough. But I believed in what I did and brazenly forged ahead.

*Q: Well, you deserve your retirement. It sounds like you're just as busy really making a difference in your own community and I'm enormously admiring of how you just kept going and finding a way to make a difference.*

TINKER: An awful lot of what I've done has been thanks to the people who made it possible. Between Melinda Gates and the wonderful people that I worked with, and people like you, who were supportive supervisors. I like to believe that more people may have a better chance in life. That's what it's all about.

*Q: Well Anne, thank you. This is going to be enormously valuable to people coming up in the health and development field. So thank you for taking the time to do this and good luck with your presentation this afternoon.*

TINKER: Thank you.

*End of interview*