APRIL 2025

# Perceptions Hub

## Health Perceptions Research: Wave 2

# Project objectives

## This research project is designed to answer the following questions:

1. What are the most salient topics in donor, middle-income, and lower-middle/low-income countries? What issues do people care about? And what's the current mood?
2. How does health feature in the current issue landscape? How are specific health issues perceived?
3. How are current efforts to address health issues globally perceived?
4. How can we best make the case for investing to tackle health issues globally? What messages and messengers are most effective?

## About this research:

- The project is funded by the Gates Foundation.
- It is intended as a public good for use by the broader global health and development community to support improved messaging and campaigning.
- This is the second wave of research, with each wave covering a different set of markets.
- A comprehensive methodology was used (see following slides).

# Markets covered

## A total of 15 markets were covered across 2 waves of research

| | Donor countries | | | | | | | | Emerging powers | | | LMICs & LICs | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GDP per capita ranking** | 7 | 11 | 13 | 19 | 21 | 24 | n/a | 30 | 102 | 113 | 141 | 144 | 150 | 152 | 157 |
| **Wave 1** | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ |
| **Wave 2** | | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | ✓ | ✓ | | | |

# Methodology

## This second wave of research on health perceptions consisted of two phases

| | Phase 1: Qualitative research | Phase 2: Quantitative research |
|---|---|---|
| AUDIENCE | **Opinion Leaders**<br>Highly engaged members of the public who are:<br>▪ University educated<br>▪ Civically active<br>▪ Media attentive<br>▪ Personally/professionally follow news about global issues<br>▪ Voted in their country's most recent national election | **General Public**<br>Members of the public who have internet access, aged 18+.<br>Data was weighted by their respective country's census data to ensure a representative sample of the population. |
| METHOD-OLOGY | 2 focus groups per market with 6-8 participants in each session (12 focus groups total) | 1 online survey per market (6,151 respondents total) |
| MARKETS | ▪ Sweden: Stockholm<br>▪ EU: Brussels*<br>▪ Ghana: Accra<br>▪ India: Delhi, Mumbai<br>▪ Indonesia: Jakarta<br>▪ South Africa: Johannesburg, Cape Town | ▪ Sweden: 1,042<br>▪ Netherlands: 1,006<br>▪ Ghana: 1,016<br>▪ India: 1,033<br>▪ Indonesia: 1,021<br>▪ South Africa: 1,033 |
| DATES | October 15 – 23, 2024 | November 27 – December 9, 2024 |

**Terminology note**: The term "global health" is used in this report as a shorthand. However, research has consistently shown that this term ("global health") is not immediately understood by broader public audiences as referencing health issues in lower income countries. Therefore, the term was not used in the research itself, and we do not recommend its use in communications.

**The Brussels focus groups were conducted with a different audience: "Policy influencers", a proxy audience for policy decision makers.*
*Survey data note: Due to rounding, some totals/net scores may not correspond with the sum of the separate figures.*

# Update: The changing development context

## Please read this section before reading the full report

*Slides marked with a* ★ *icon should be read in conjunction with this context section*

# A changed development context

Since research fieldwork was conducted, we have seen seismic change in the development sector. This has changed the context in which this research lands.

**November – December 2024**

Survey fieldwork conducted

**20th January 2025**

The US orders a freeze on aid spending

**25th February 2025**

The UK announces a cut to ODA spending

**Key Q: What does this mean for these research findings?**

The next 4 slides set out our view on the implications for the research

# 1. The relative consistency of global health perceptions

Across research projects we have run over the last c. 5-10 years, a key overarching insight is the relative consistency of opinion on global health issues.

Global health is not an issue on which broader public views change rapidly. This is despite the events we've lived through, including Covid-19.

Across waves of research, we see consistency in:

- The salience of global health: it remains a low salience issue for most people
- Effective messages: the same message frames continue to resonate

We know views of global health rest on underlying attitudes and values which are deeply held and don't change quickly, meaning we don't see significant changes in response to news events.

***This***

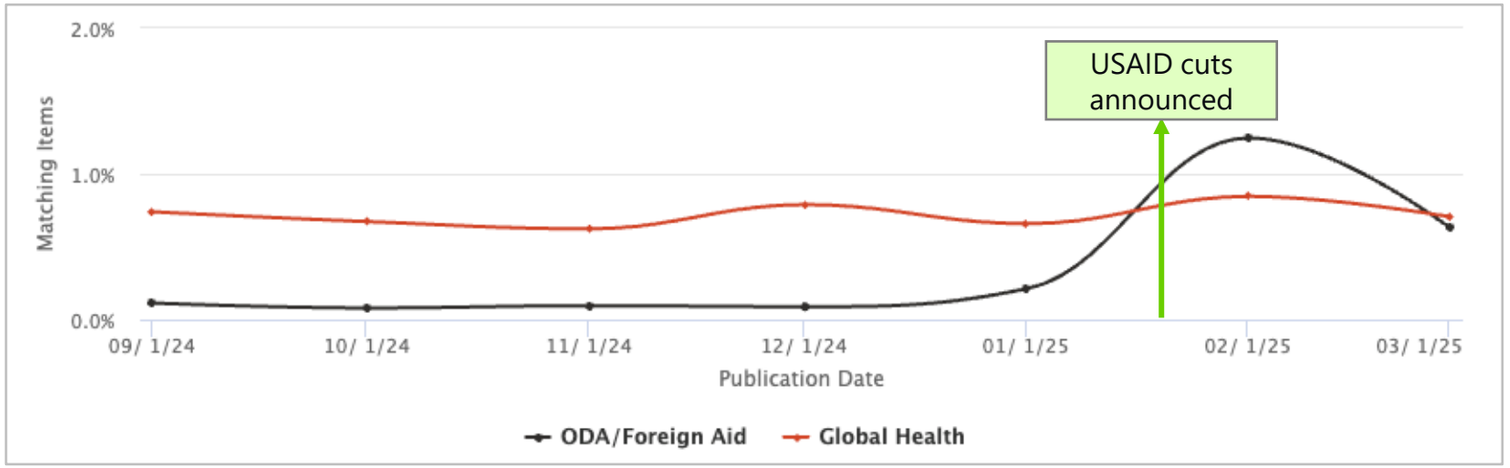
***Not this***

# 2. Global health's prominence in the media is relatively stable

While there has been a big focus on ODA post-USAID announcement, the prominence of global health in the media hasn't changed dramatically in recent months. This suggests that the position of global health in the broader issue context is relatively stable.

- A slight increase in coverage of global health post-USAID shutdown – but not a huge spike (on par with World AIDs Day spike in December).
- By contrast, coverage of ODA/foreign aid shows a significant increase in January.
- This implies a disconnect in media coverage of ODA and global health.

Media coverage of ODA/foreign aid vs. global health (10 countries)




Data note: Chart show the percentage of monthly media mentions of ODA/foreign aid and global health in media across 10 English-speaking countries (Canada, US, UK, India, Kenya, Nigeria, South Africa, Philippines, Australia, and New Zealand) from September 1, 2024, to March 1, 2025. Search based on a complex keyword query for global health and key global health issues/diseases. Data compiled by MEAG.

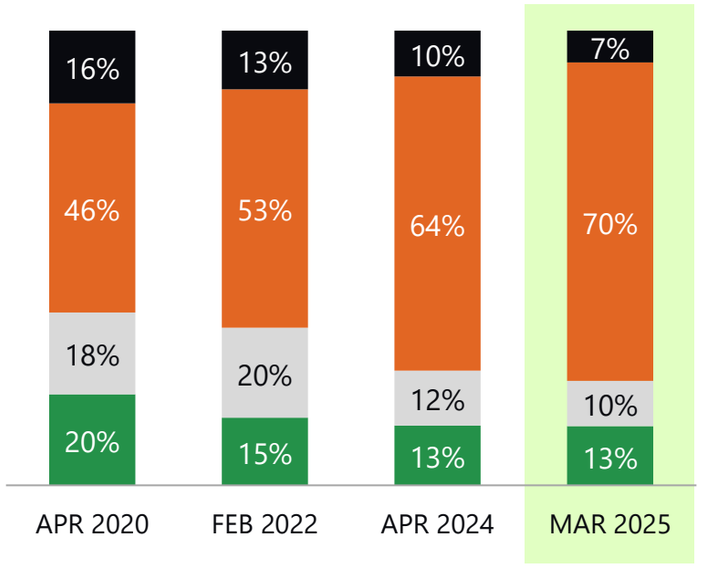
# 3. Latest survey data does not indicate major shifts in worldview

Survey research in March 2025 indicates views of global progress and global health progress have not changed dramatically over the last 12 months. These are core underlying attitudes that correlate with support for ODA and efforts to tackle global health.

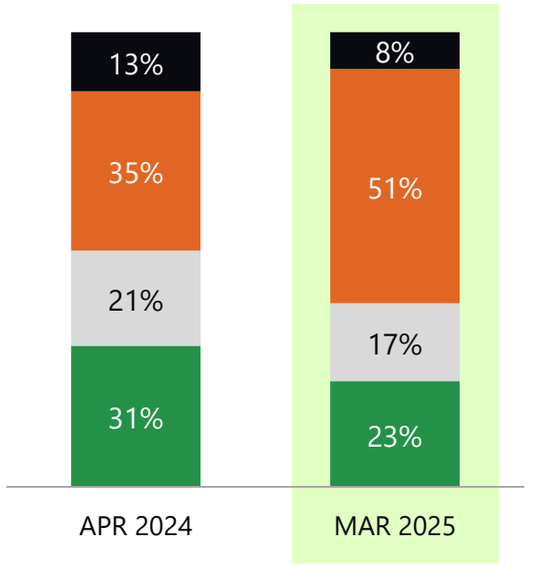
March 2025 data shows a slight increase in pessimism about global progress vs. April 2024, but no major change.

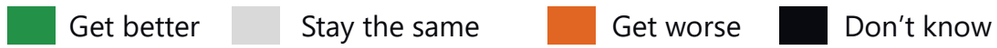
In the context of previous research, this appears to be a relative stabilisation after an extended period of increasing pessimism.

**Future global progress**
(next 20 years)




**Future global health progress**
(next 20 years)




March data shows an increase in pessimism about global health progress vs. April 2024.

However, this doesn't suggest a dramatic change in views that might reflect a fundamental shift in views of global health.

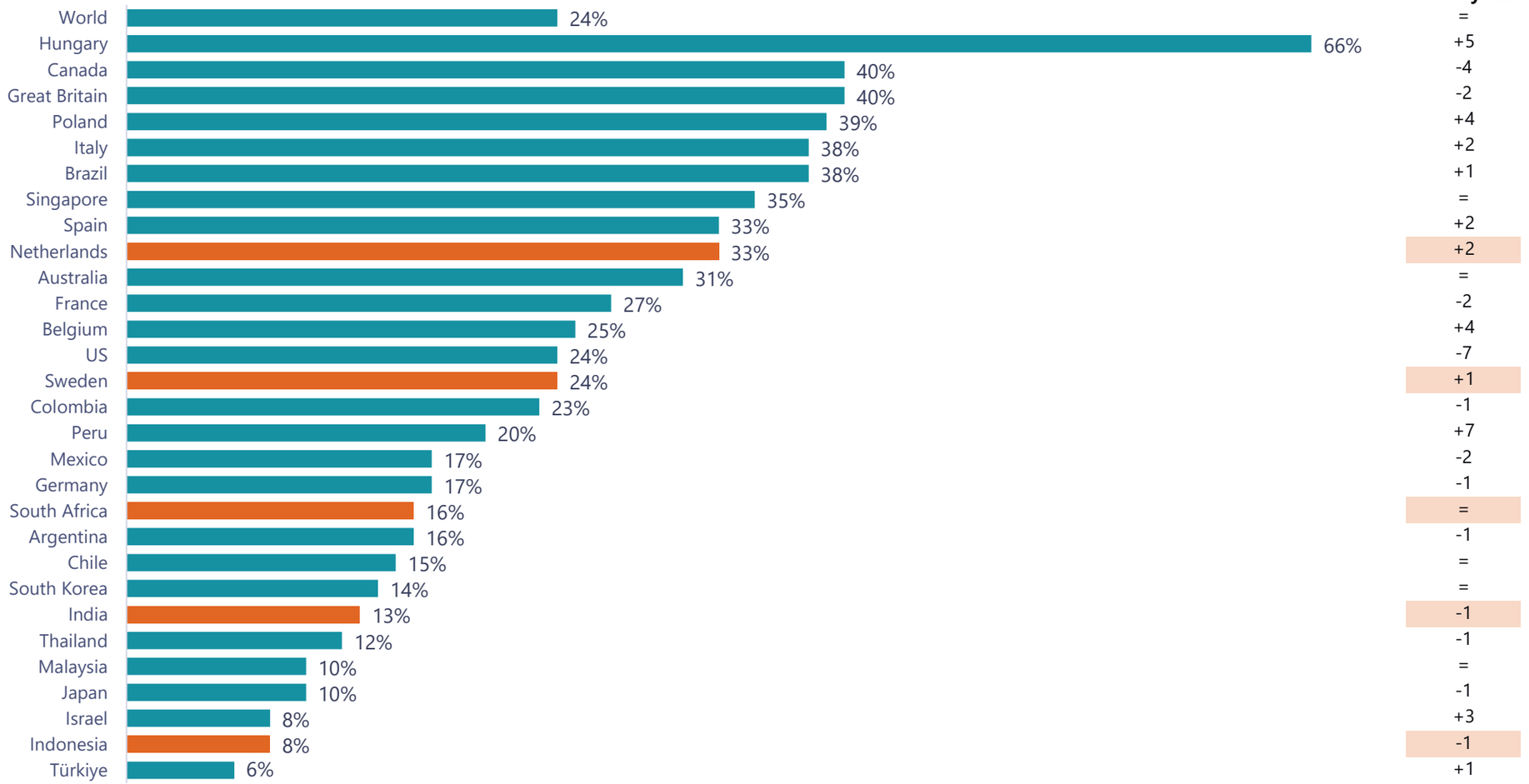
Q: All things considered, over the last 20 years do you think the world has got better or worse or stayed the same? / Q. Thinking specifically about health around the world, over the next 20 years do you think that health at a global level will get better or worse or stay the same? [UK only. March data: fieldwork 28th-30th March 2025; base: 2,079]

# 4. Third party data shows concern about healthcare is steady

## Ipsos tracking data shows global concern about healthcare remained steady between January and February 2025, including in wave 2 markets of this study.

**Q: Which three of the following topics do you find the most worrying in your country?**

Chart shows % choosing health care as a worry




Data note: Ipsos, What Worries the World; February 2025; Wave 205. Base: Representative sample of 25,746 adults aged 16-74 in 29 participating countries. Fieldwork conducted January 24th, 2025 - February 7th, 2025.

# Key findings & implications

# Key findings & implications: The global health context

| | Key finding | Implication |
|---|---|---|
| Global mood | The shared mood of negativity really is global. But the addition of "emerging powers" shows a more complex picture than a simple donor vs. Global South split in world view. | The recent experience of development and greater positivity in emerging powers can be a useful counterpoint to negativity and pessimism in the development debate in donor markets. |
| Aid dynamics | While views in traditional donor countries align with wave 1, in "emerging powers" there is support for countries to play a bigger and different role in development beyond traditional aid dynamics. | In the context of diminishing support for aid in traditional donor markets, emerging powers can bring a fresh energy and new approaches to development. |
| | While there is net support for receiving aid in emerging powers and LMICs/LICs, concern about foreign exploitation colors discussion of aid in these markets. | We need to disentangle aid from exploitation, using language of partnership and collaboration, and positioning GHIs as a partner in a country's development. |
| Progress on global health | As in wave 1, there is greater positivity and optimism about health progress, than global progress in general. | Health remains a more effective entry point than a more general development framing. |
| | All health issues tested are perceived as important to address, but emerging powers are more positive about progress made. However, focus groups show that perceived progress can reduce the sense of urgency. | We need to balance communicating progress, while also communicating the importance of continuing to invest and the ongoing threat health issues present. (Note: USAID cuts may lessen the risk of complacency). |

# Key findings & implications: Making the case for global health

| | Key finding | Implication |
|---|---|---|
| Global health messaging | Wave 2 testing confirms the strongest messages from wave 1 continue to test well. But focus groups highlighted language sensitivities outside donor markets. | We can be confident our global health messaging remains effective but need to remember donor messaging can move between countries and be conscious of how it shows up in recipient countries. |
| Climate & health | The climate and health connection resonated more strongly in wave 2 donor markets (Sweden, Brussels), but is still not fully cutting through outside donor markets. | Making the climate and health connection has potential to resonate in more climate-engaged donor countries but will not be universally effective, particularly outside donor countries. |
| Messengers | Results show further evidence for the value of Global South voices as messengers in donor market communications. | Engaging more Global South voices in donor market communications can increase the impact of our messaging. |
| Recipient framing | An "active contributor" framing of aid recipients prompts a more positive reaction than "passive recipient" framings. | By framing aid recipients as active contributors, we can positively change how individuals, projects and organizations are seen. |
| Global health audiences | Across countries, there are distinct groups of people who share similar world outlooks and views of global health. These groups represent global health attitudinal segments. | We should not think of the world as simply high, middle and lower income, or donor and recipient; instead, it is useful to remember there are people with shared perspectives across countries. |

# Broader communications considerations in the new aid context

With the politics and economics of development shifting significantly, and donor aid budgets being cut, the research prompts several broader considerations and implications.*

1. Aid cuts in donor countries may lead to an assumption that GHIs will be reducing their support. In this context, there could be value in separating GHIs from the general aid category, and instead positioning them not as aid vehicles, but as a separate, distinct category.

2. The negativity and pessimism in the development debate in high-income countries, where support for aid is diminishing, heightens the value that emerging powers/MICs can bring to the future of multilateralism. They stand out as "engines of optimism," with higher levels of support for giving aid, and can bring fresh energy to development and multilateralism.

3. The roles that emerging powers see themselves playing on development, beyond traditional aid metrics and financial support, can help shift the way we think about development and multilateralism. Taking a broader lens will both accommodate emerging powers/MICs and highlight roles for traditional donors that may offset the impact of reduced financial support.

**Note: the research was conducted before the recent USAID/UK ODA budget announcements.*

# The global context

# 1. Global Mood

**What did we learn from the research?**

The shared mood of negativity really is global. But the addition of “emerging powers” shows a more complex picture than a simple donor vs. Global South split in world view.

**What does this mean for communicators?**

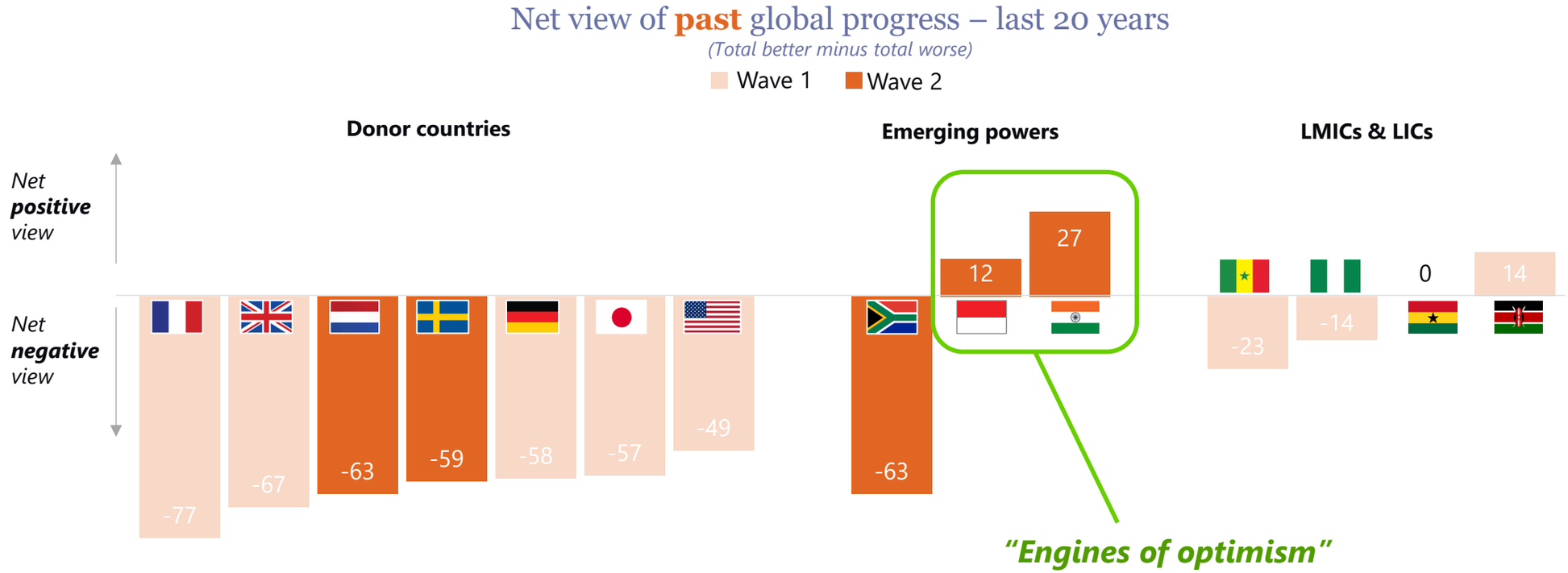
The recent experience of development and greater positivity in emerging powers can be a useful counterpoint to negativity and pessimism in the development debate in donor markets.


# The mood of negativity really is global

The negative mood observed in wave 1 is also present in wave 2 countries. This negativity and pessimism is driven by a combination of domestic and global issues.

# The addition of wave 2 countries shows a more complex picture than a simple donor vs. Global South split in world view

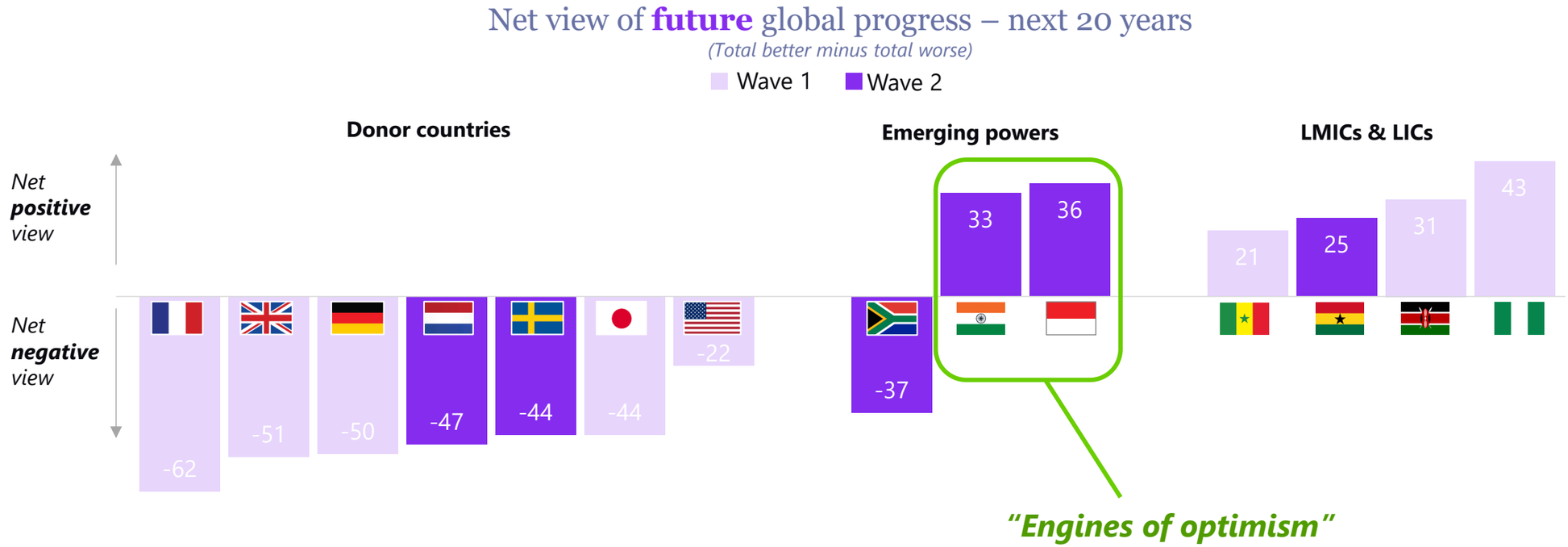
Emerging powers Indonesia and India stand out as most positive – possibly reflecting their recent experience of growth. South Africa, however, is particularly negative (in line with donor countries).




Q: All things considered, over the last 20 years do you think the world has got better or worse or stayed the same? [Base size: full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# As with wave 1, views are more positive about future progress, but we see the same patterns across markets

LMICs & LICs continue to be more positive than donor countries, and again India and Indonesia stand out as "engines of optimism."




Q. All things considered, over the next 20 years do you think the world will get better or worse or stay about the same? [Base size: full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# 2. Aid Dynamics

Wave 2 results align with many of the dynamics observed in wave 1, but emerging powers bring a different perspective, as both givers and receivers of aid.

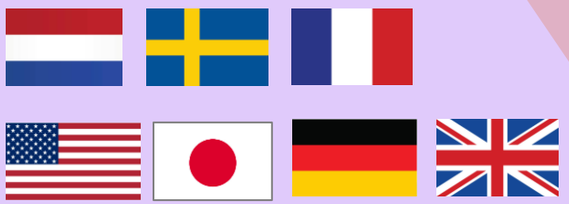
# Summary: While patterns in aid support broadly align with wave 1, emerging powers add a different perspective as both givers and receivers of aid

## Donors

### Traditional Donors

Net support for their country GIVING aid

Countries covered:



## Recipients

### LMICs & LICs

Net support for their country RECEIVING aid

Countries covered:

### Emerging Powers

Net support for their country GIVING AND RECEIVING aid

Countries covered:

# 2a. Aid Dynamics: Donor Perspective

**What did we learn from the research?**

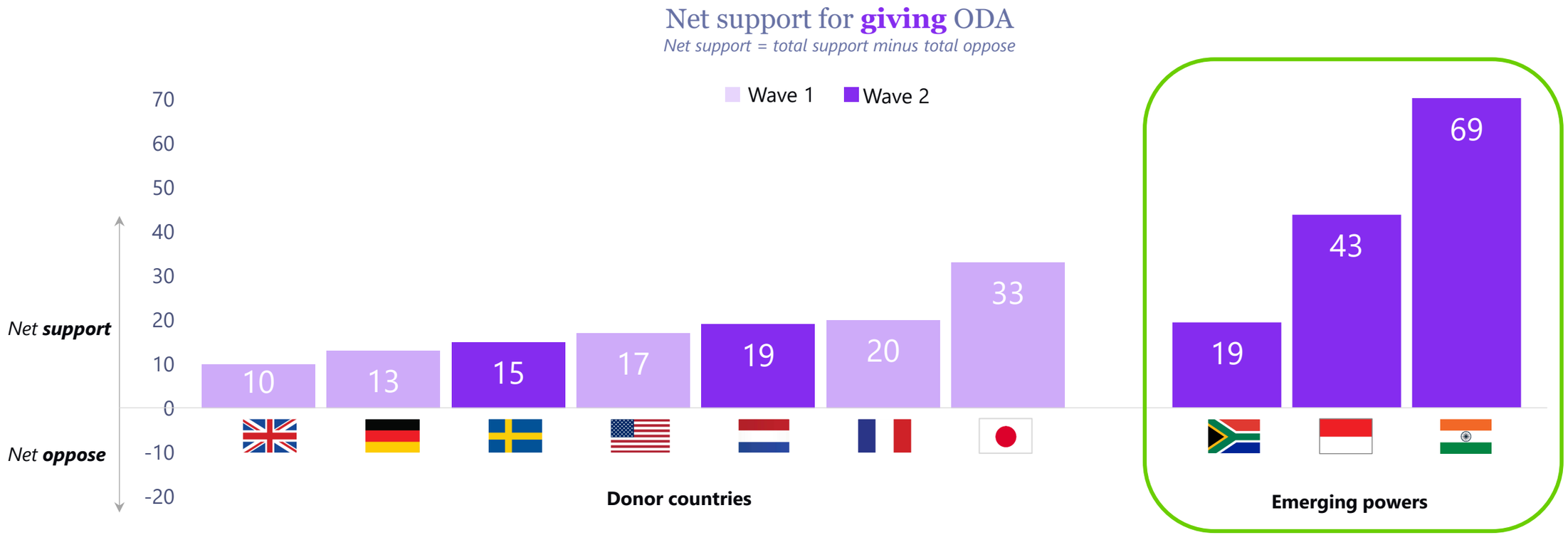
While views in traditional donor countries align with wave 1, in “emerging powers” there is support for countries to play a bigger and different role in development beyond traditional aid dynamics.

**What does this mean for communicators?**

In the context of diminishing support for aid in traditional donor markets, emerging powers can bring a fresh energy and new approaches to development.

# Donor country support for ODA is broadly in line with wave 1; but support is higher in emerging powers

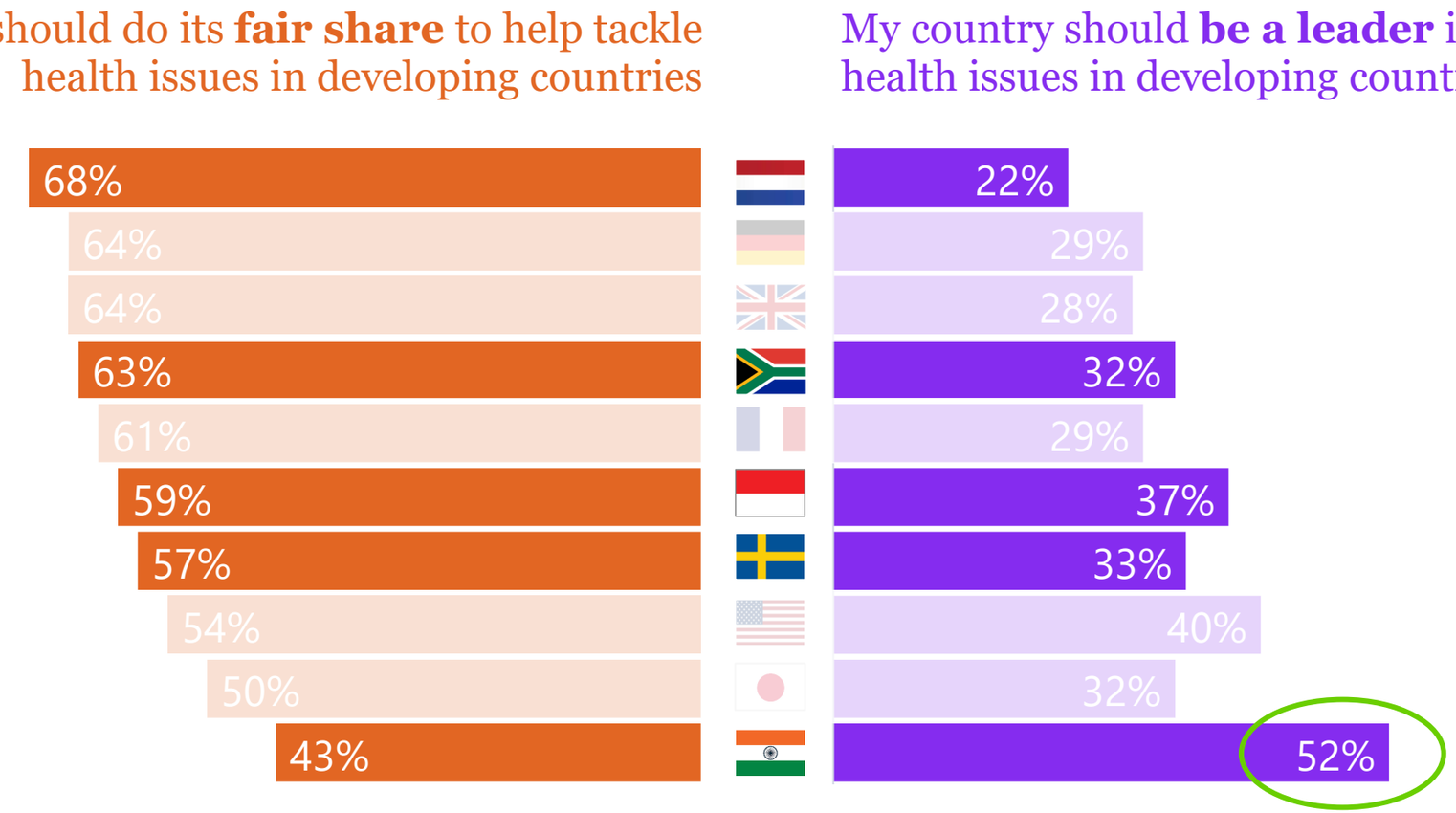
Support for ODA in Sweden and the Netherlands is broadly in line with support in wave 1 donor countries. Support for giving aid is significantly higher in Indonesia and India.




Q: How strongly do you support or oppose [COUNTRY] providing overseas aid to developing countries? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# Continued preference for countries to do their fair share on global health rather than lead, but India bucks the trend

A preference for countries – both donor and most emerging powers – to do their fair share in tackling health issues globally. The outlier is India, where a majority want their country to be a leader.




*Note: Wave 1 countries have been included for reference, but are shown in fainter color to emphasize wave 2 markets*

Q: On this topic, which of the following statements do you agree with more? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# Support for emerging powers to play different roles on development, beyond traditional donor roles

The role people in emerging powers think their country should play varies by market and appears to link to perceived national strengths.


Q: Which of the following actions would you support your country taking to support the development of poorer countries around the world? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# But these countries (SA, Indonesia) do not yet see themselves as donors who provide financial support

## The exception is India, where there is higher support for providing financial assistance to poorer countries.


Q: Which of the following actions would you support your country taking to support the development of poorer countries around the world? Please select all those that you support. [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# Health is consistently rated as a top priority for support, in both traditional donors and emerging powers

## Followed by education, disaster relief and economic growth.

### Most important areas to provide support to developing countries

**Sweden**

- Health, 45%
- Education, 43%
- Disaster relief, 43%
- Women's empowerment, 27%
- Economic growth, 22%
- Infrastructure, 22%
- Agriculture, 17%
- Family planning, 14%
- Governance, 7%
- Debt relief, 6%

**Netherlands**

- Health, 45%
- Education, 42%
- Disaster relief, 38%
- Economic growth, 23%
- Agriculture, 22%
- Infrastructure, 21%
- Women's empowerment, 18%
- Family planning, 18%
- Governance, 8%
- Debt relief, 7%

**South Africa**

- Health, 48%
- Education, 44%
- Economic growth, 41%
- Agriculture, 29%
- Disaster relief, 25%
- Infrastructure, 20%
- Governance, 18%
- Women's empowerment, 14%
- Family planning, 10%
- Debt relief, 7%

**Indonesia**

- Health, 54%
- Education, 54%
- Economic growth, 47%
- Disaster relief, 34%
- Infrastructure, 26%
- Agriculture, 18%
- Governance, 16%
- Women's empowerment, 8%
- Debt relief, 6%
- Family planning, 4%

**India**

- Health, 50%
- Education, 47%
- Economic growth, 41%
- Disaster relief, 27%
- Women's empowerment, 27%
- Infrastructure, 26%
- Agriculture, 21%
- Governance, 17%
- Family planning, 9%
- Debt relief, 9%

Q: Still thinking of providing support to developing countries, which of the following do you think is most important? Please select up to three. [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# 2b. Aid Dynamics: Recipient Perspective

## What did we learn from the research?

While there is net support for receiving aid, concern about foreign exploitation colors discussion of aid in emerging powers and LMICs/LICs.

## What does this mean for communicators?

We need to disentangle aid from exploitation, using language of partnership and collaboration and positioning GHIs as a partner in a country's development.

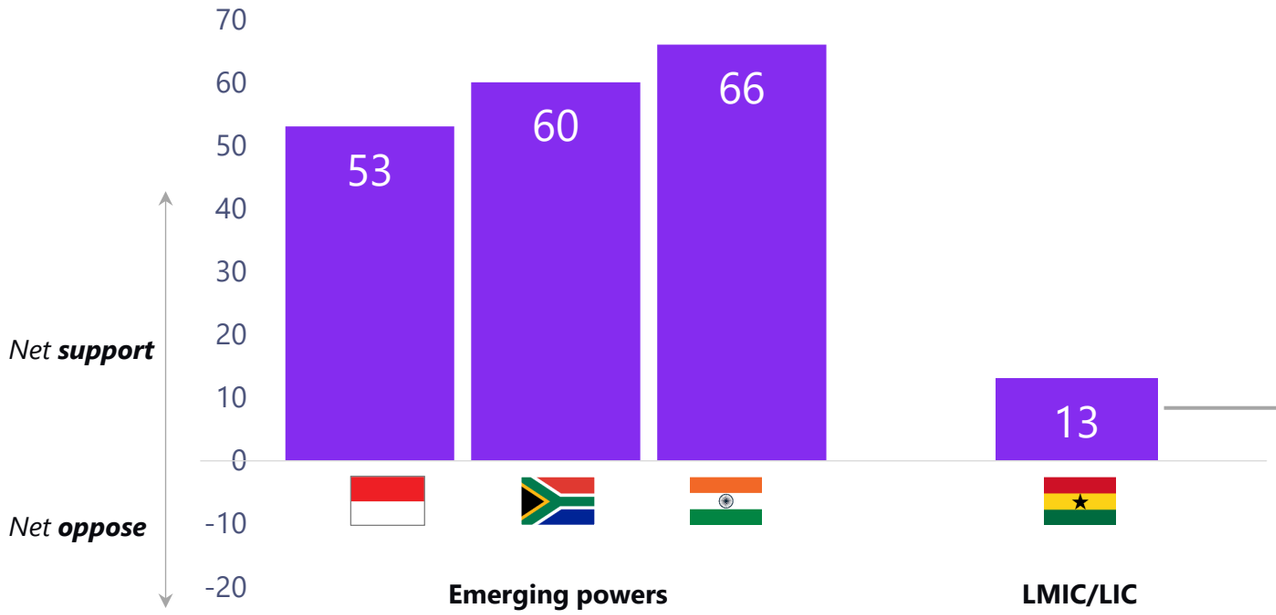
We should also consider whether there is value in positioning GHIs as part of a different category, rather than as vehicles for aid.

# Net support for receiving aid across emerging powers and Ghana

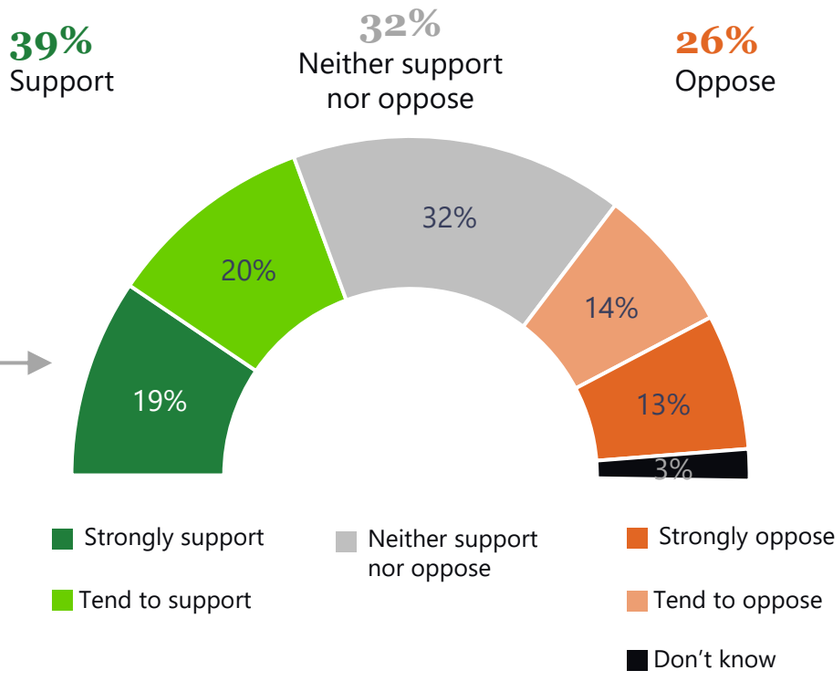
Notably, net support for receiving aid is lower in Ghana, where views are more split (which may reflect President Akufo-Addo's calls for an "Africa Beyond Aid").

## Net support for **receiving** ODA

*Net support = total support minus total oppose*



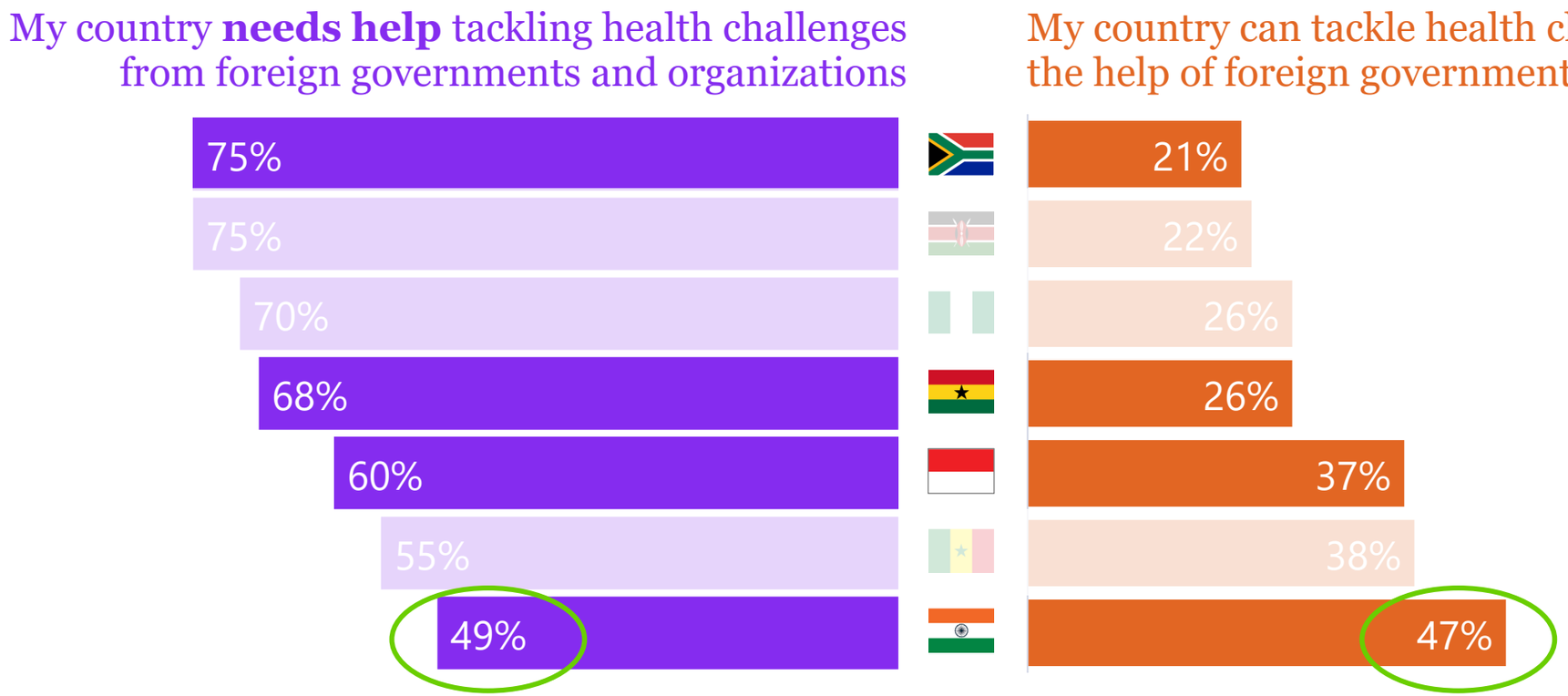

## Support for receiving ODA in Ghana




Q: How strongly do you support or oppose [COUNTRY] receiving overseas aid from richer countries? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# Majority in most markets feel their country needs foreign help in tackling health challenges

But again, India is an outlier, where there is a more even split in views and greater belief that the country can tackle its health problems alone.




Q: On this topic, which of the following statements do you agree with more? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# Opposition to aid is linked to concerns about exploitation

**Exploitation** (of resources, workforce) by foreign countries and companies was a prominent concern in focus groups across emerging powers (Indonesia, South Africa) and Ghana.

- This drove feelings of **frustration and sometimes anger** and fueled a desire to shake off this influence.
- This influenced conversations about aid – specifically, wariness about the motives of donors.
- This wariness was strongest in South Africa and Ghana.

> *They benefit from us. I think it is the other way around.* ***The richer countries are taking a lot from us.***
>
> Opinion Leader in Ghana

> *[The relationship with the rest of the world] should be of* ***mutual benefit*** *… [But] most of the contracts that you see,* ***they benefit more than us****.*
>
> Opinion Leader in Ghana

> *We have all the raw materials, but we are still not a producing country.* ***The producers export it, take it out of the country****, and when it comes back to South Africa,* ***we cannot afford it.***
>
> Opinion Leader in South Africa

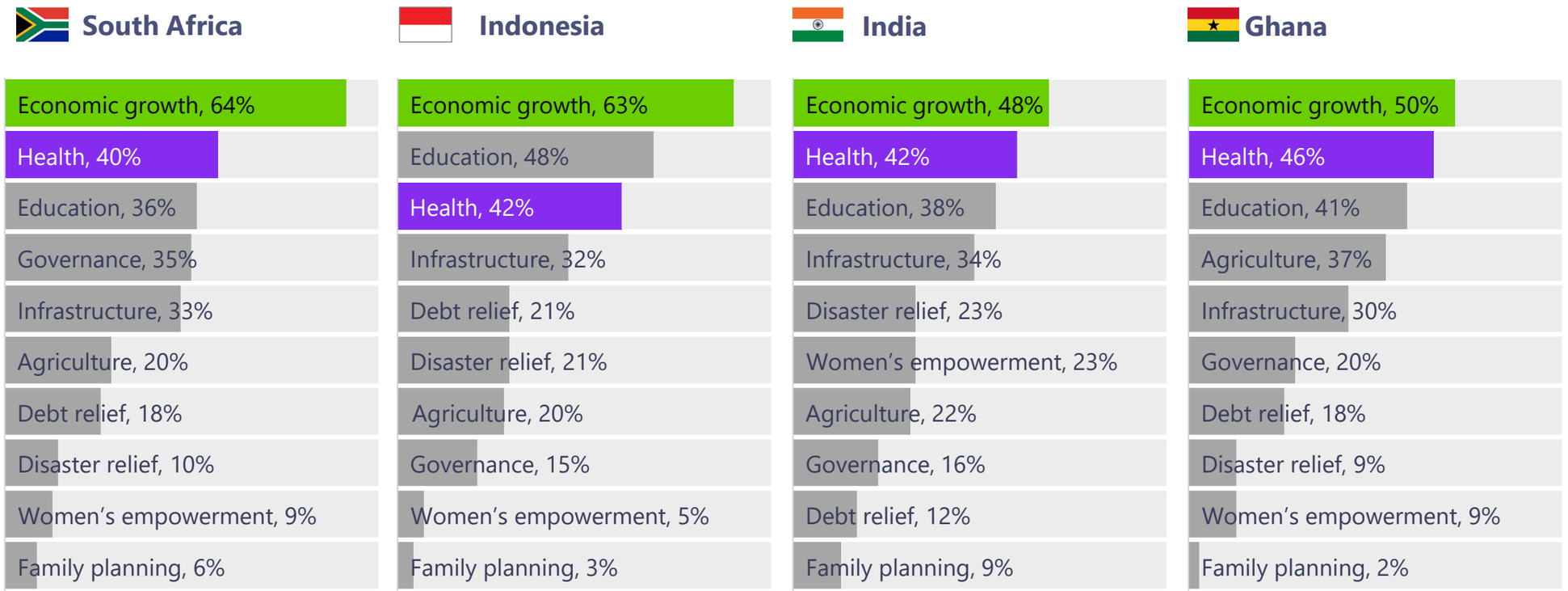
> *Indonesia is like a virgin in the den of thieves. We sit on a golden mountain. Our* ***resources are abundant****. But we* ***don't have enough strength*** *to protect it.*
>
> Opinion Leader in Indonesia

Source: Focus groups with opinion leaders in India, Indonesia, South Africa and Ghana.

# From a recipient perspective, economic growth is consistently rated as the most important area for support

This reflects a slight misalignment with the donor perspective, where health is rated as the most important area to provide support.

## Areas where support is most needed




Q: Thinking about the support provided by richer countries and organizations in the form of aid, which of the following areas of support do you think are most needed in [COUNTRY]? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# 3. Progress on Global Health

**What did we learn from the research?**

As in wave 1, there is greater positivity and optimism about health progress, than global progress in general.

**What does this mean for communicators?**

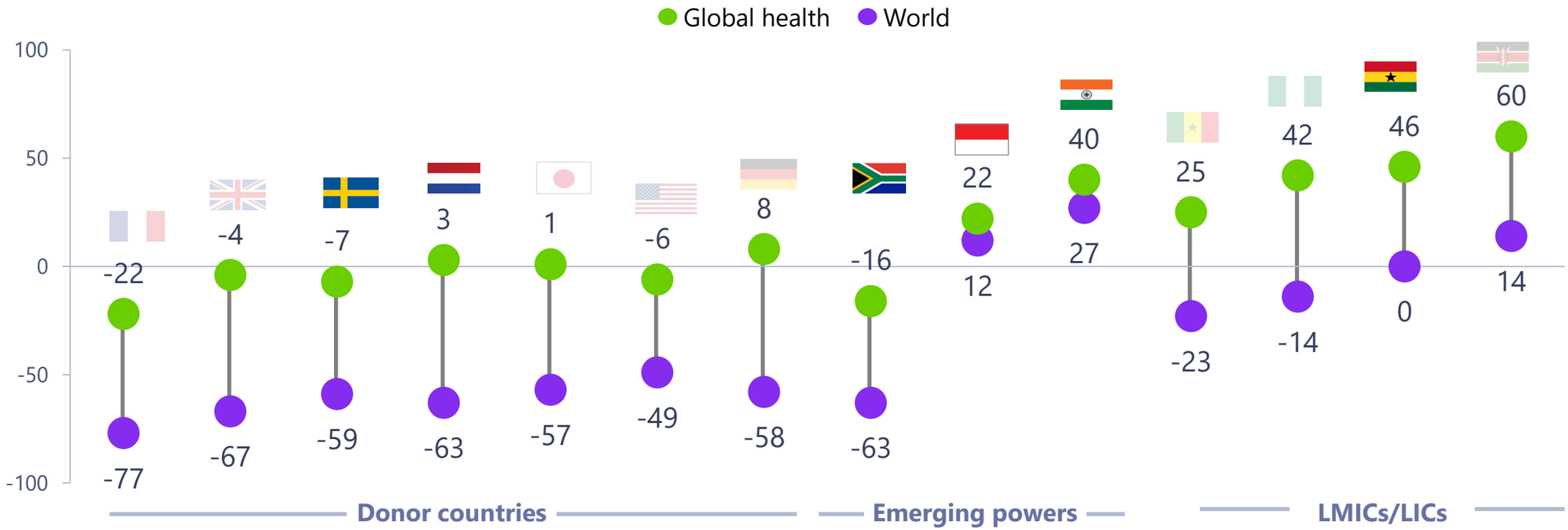
Health remains a more effective entry point than a more general development framing (although this distinction is less clear in India and Indonesia).

# As in wave 1, there is greater positivity about progress made in global health than global progress overall

However, Indonesia and India are exceptions to the pattern seen elsewhere. Overall, emerging powers and LMICs/LICs continue to be more positive than donor countries about health progress.

Net view of **past** global progress / global health progress – last 20 years

*(Total better minus total worse)*



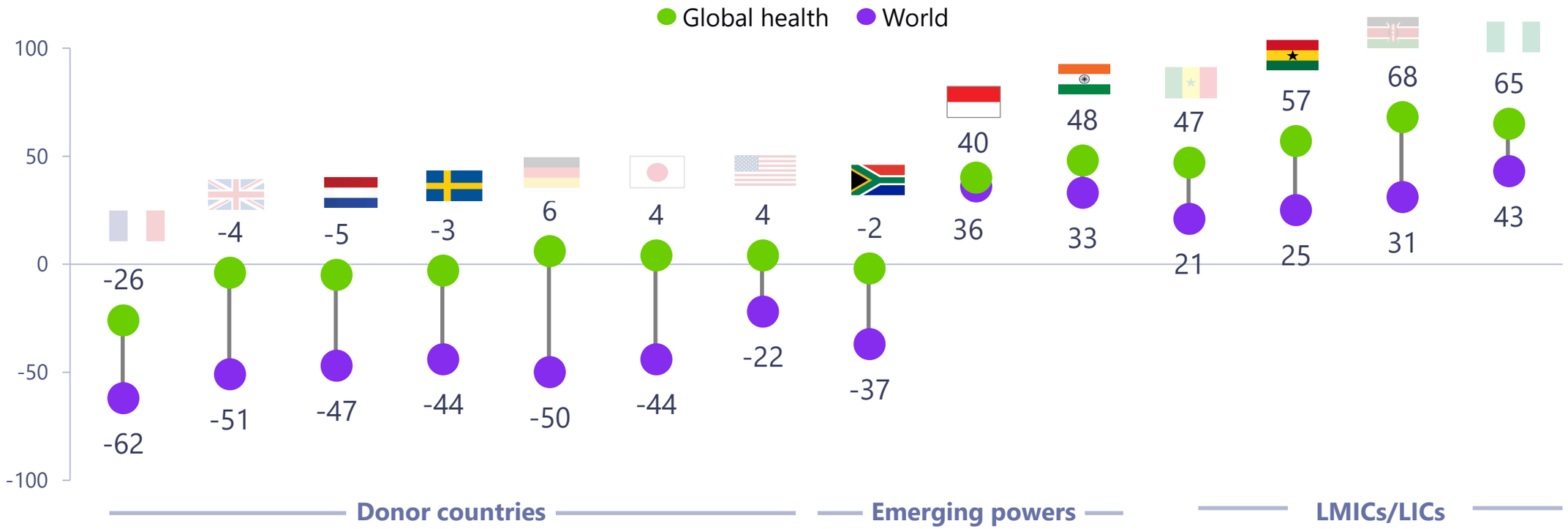

Q: All things considered, over the last 20 years do you think the world / health at a global level has got better or worse or stayed about the same? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# And there continues to be greater optimism about future progress in global health than global progress overall

As with past progress, the difference between views of global progress and health progress is smallest in Indonesia and India. (Note: views of future health progress may have shifted post-USAID cuts).

Net view of **future** global progress / global health progress – next 20 years

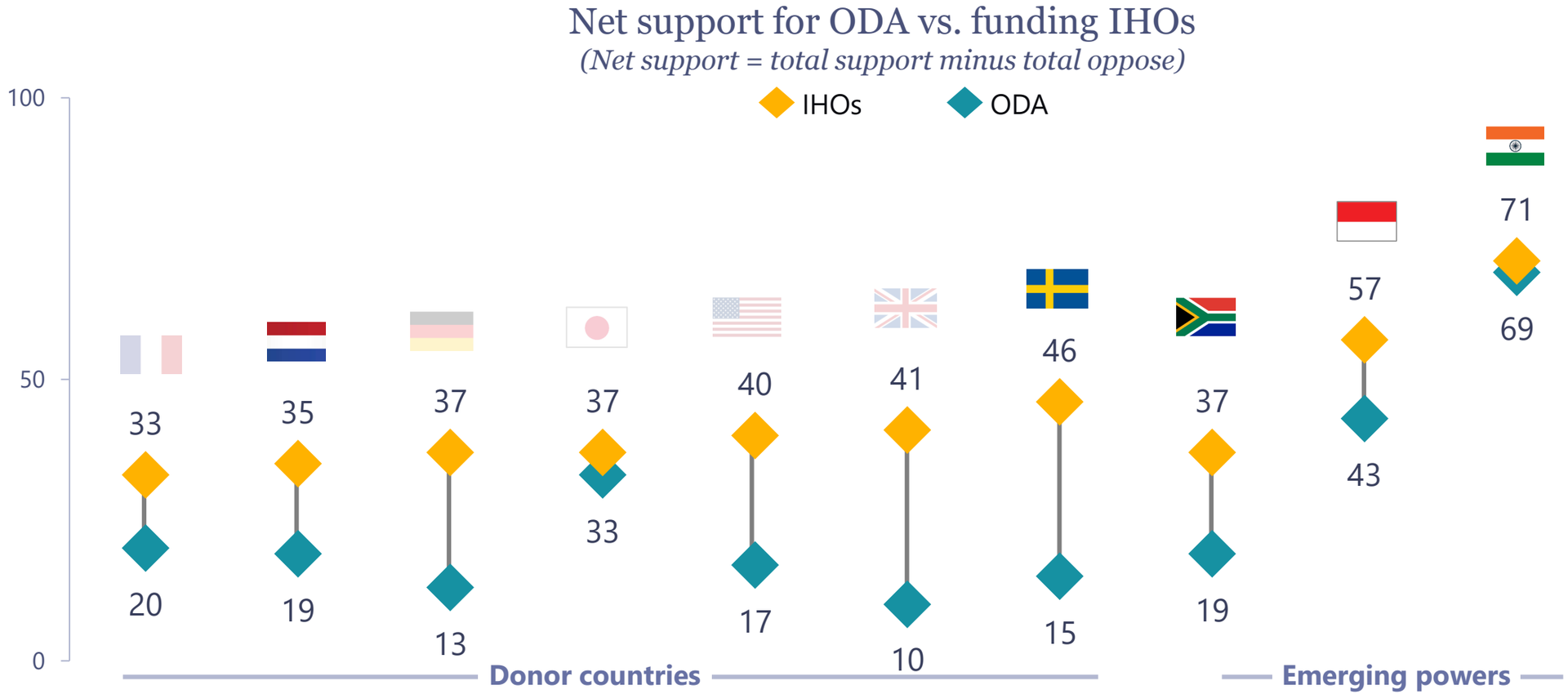
*(Total better minus total worse)*




Q: All things considered, over the next 20 years do you think the world / health at a global level will get better or worse or stay about the same? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# Greater support for funding IHOs than ODA in general, highlighting the value of health as an entry point

A consistent pattern across traditional donors and emerging powers (though the difference is smallest in India and Japan).




Q: How strongly do you support or oppose [COUNTRY] providing overseas aid to developing countries? Q: Do you support or oppose [COUNTRY] providing funding for international organizations that work to tackle health issues in developing countries [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets and appendix for sample sizes in wave 1 markets]

# 4. Health issues in developing countries

## What did we learn from the research?

All health issues tested are perceived as important to address, but emerging powers are more positive about progress made. However, focus groups show that perceived progress can reduce the sense of urgency.

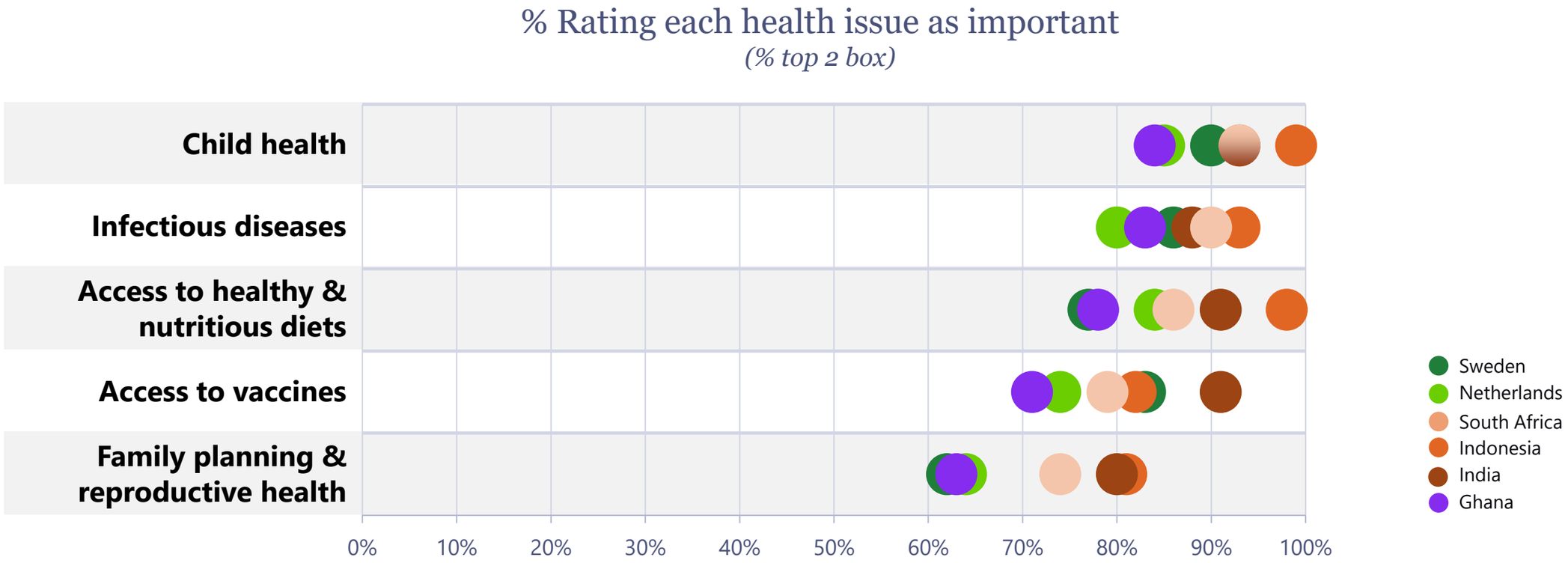
## What does this mean for communicators?

We need to balance communicating progress, while also communicating the importance of continuing to invest and the ongoing threat health issues present.

This is an area where USAID cuts may impact perceptions, potentially reducing the risk of complacency about progress.

# As in wave 1, all specific health issues tested are recognized as important to address

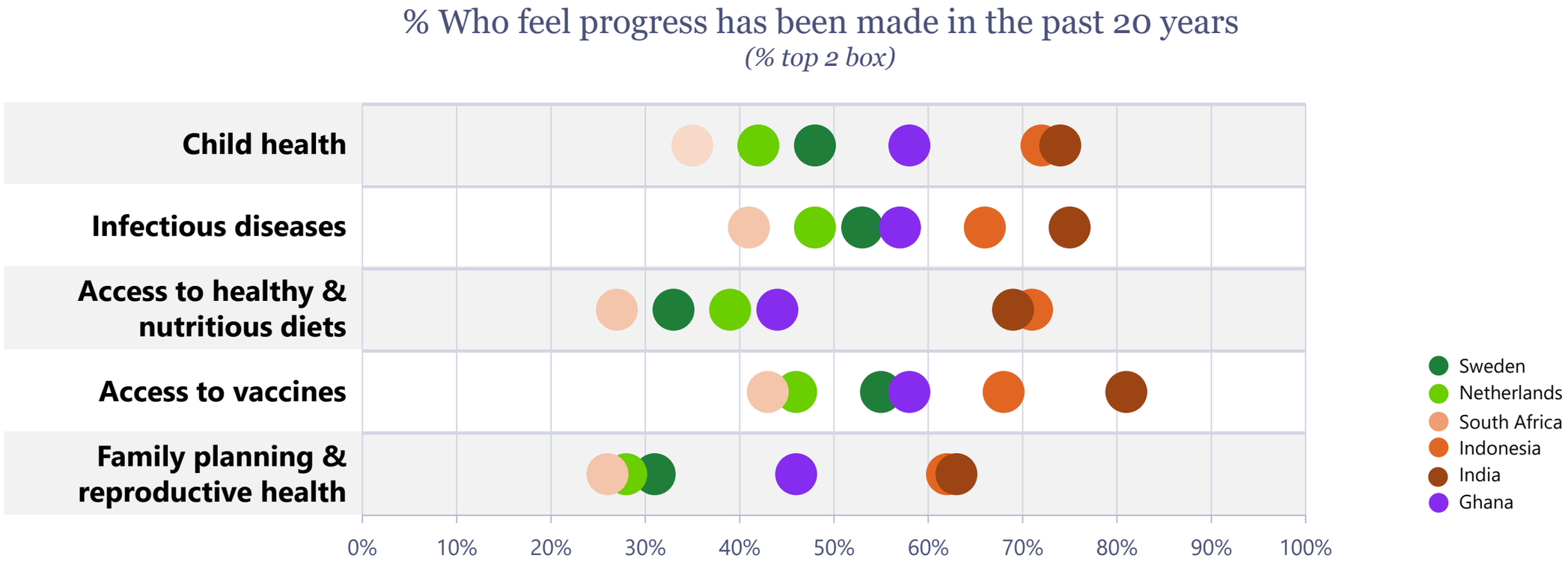
On balance, child health was rated as most important, closely followed by infectious diseases and access to healthy and nutritious diets.




Q. How important or not is it that this issue be tackled in developing countries? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# Perceived progress over the past 20 years is highest in emerging powers (India & Indonesia)

Greatest belief in progress made on access to vaccines, infectious diseases, and child health.




Q. How much, if any, progress do you think has been made on this issue in developing countries in the past 20 years? [Base size: Full sample in each market. Refer to the methodology slide for sample sizes in wave 2 markets]

# Focus groups show progress on health issues is cutting through, but also highlight a potential consequence: reduced urgency

In focus groups, there was a recognition that **progress has been made on infectious diseases** – particularly malaria and HIV.

- This was most pronounced in India and South Africa.
- It was less a sense of the job being "done," but more a confidence that these diseases can be handled.

However, the consequence was **a reduced sense of urgency**, and a belief these diseases were no longer the priority to address.

**Note: This reduced sense of urgency may be offset by USAID cuts.**

> *HIV and malaria are the diseases we should not be concerned about.* ***India can manage these diseases, and they are already managing these diseases.***
>
> Opinion Leader in India 

> ***Infectious diseases, they are manageable. No one dies from HIV or TB****. You may have to follow the regime from the beginning to the end. I don't think we're bad with malaria.*
>
> Opinion Leader in South Africa 

> *There are issues where we would have watched people die,* ***but now they have medications for it.*** *People are* ***treated for cancer and HIV now****. And so, I think we are doing better globally.*
>
> Opinion Leader in Ghana 

Source: Focus groups with opinion leaders

# Making the case for health

# 5a. Global health messaging

**What did we learn from the research?**

Wave 2 testing confirms the strongest messages from wave 1 continue to test well. But focus groups highlighted language sensitivities outside donor markets.

**What does this mean for communicators?**

We can be confident this global health messaging remains effective but need to remember donor messaging can move between countries and be conscious of how it shows up in recipient countries.

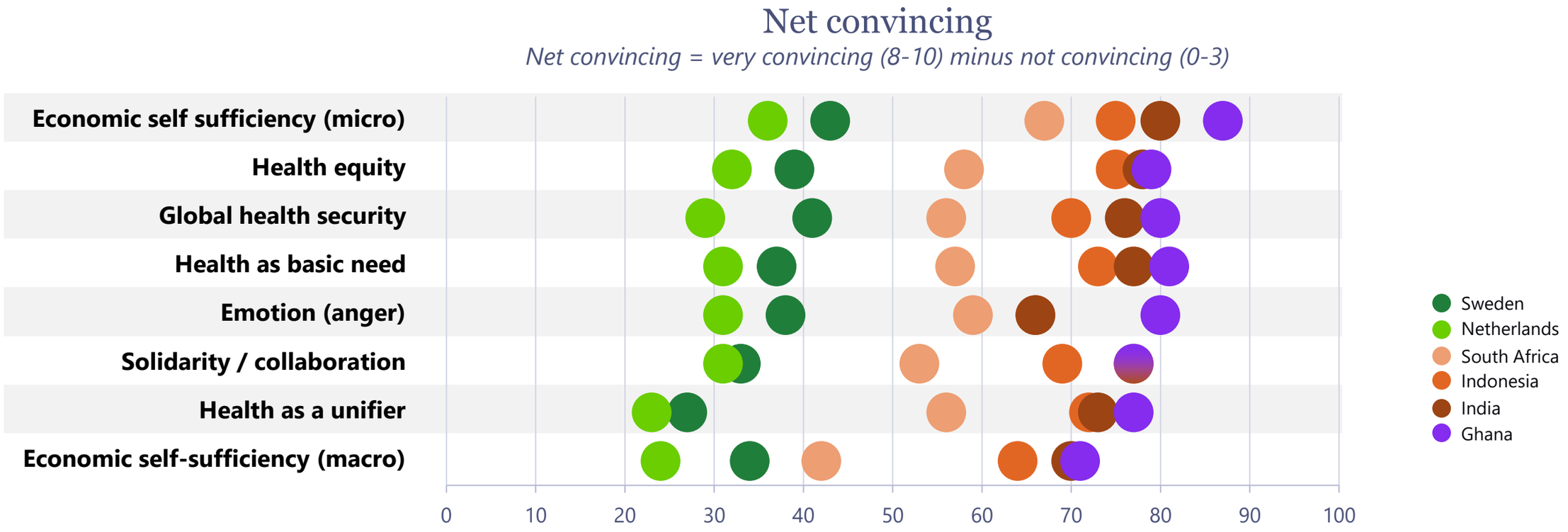
# We tested the top 8 performing messages from wave 1

As a “health check” to see if these messages continue to perform well in wave 2 markets / 6 months on.

| Frame | Message |
|---|---|
| **Economic self-sufficiency (micro)** | Good health is vital for people to stand on their own feet. Healthy children can go to school, healthy parents can go to work and support their families. Investing in health is one of the smartest economic decisions we can make. |
| **Global health security** | Investing in better health internationally is not just about charity, it's about making the world a safer place for everyone. As Covid-19 has shown, a health crisis somewhere can become a health crisis everywhere. |
| **Health equity** | Everyone in the world deserves the chance to lead a healthy life. By tackling health issues globally, we can provide access to basic medicines and vaccines which protect people from life-threatening and life-changing diseases. |
| **Health as a basic need** | We all need good health, wherever we live, it is a basic human need. By investing to tackle health issues globally, we can help ensure everyone has access to basic healthcare services, and essential medicines and vaccines. |
| **Emotion (anger)** | It is an outrage that in 2024 millions of people are still dying from health issues we know how to treat. We cannot, and must not, stand by while this happens. |
| **Solidarity / collaboration** | Investing to tackle health issue globally is an act of solidarity, transcending borders and differences. By working together, across countries, we can ensure that everyone has access to the healthcare they need, regardless of geography or circumstance. |
| **Health as a unifier** | Good health allows us to experience life’s moments, both big and small. No one should be deprived of these moments: by tackling health issues globally, we can help ensure no one misses out. |
| **Economic self-sufficiency (macro)** | Only countries with healthy populations can lift themselves out of poverty. Healthy adults can contribute to the economy and lead productive working lives. Investing in health is one of the smartest economic decisions we can make. |

# All messages continue to test well in wave 2 markets

As in wave 1, "micro-economic self-sufficiency" was the strongest message across all wave 2 markets. Also consistent with wave 1, other top performing frames included "health equity", "health as a basic need" and "global health security".

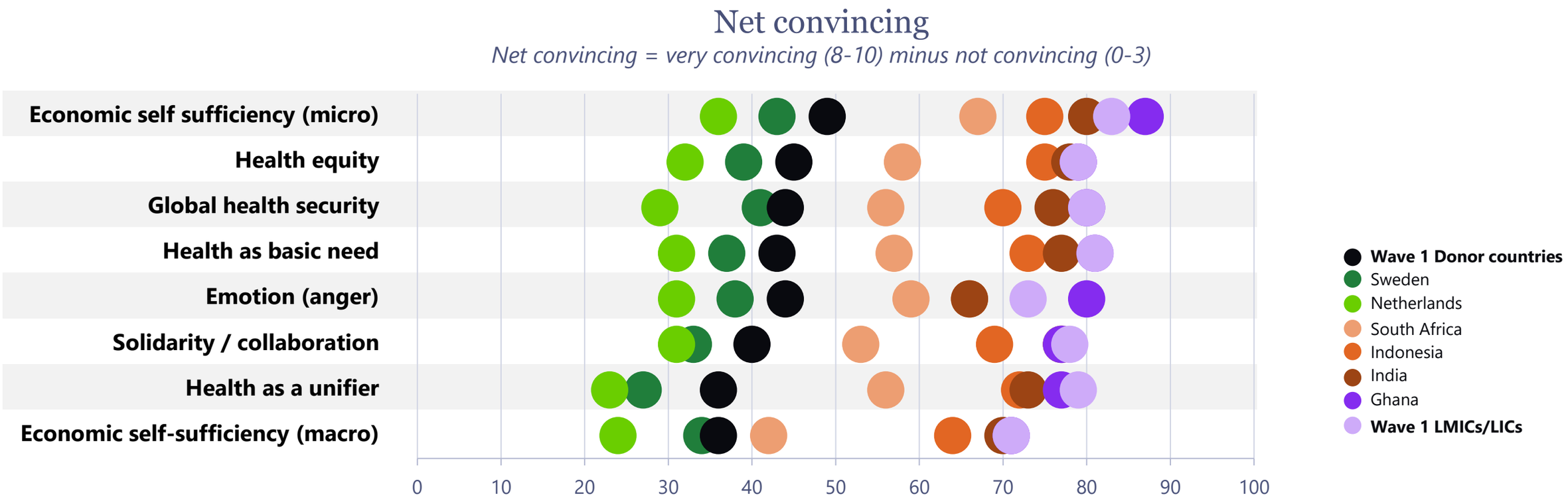



*Note: Message testing was light touch and intended as a sense-check against wave 1 results, so it should be considered directional and viewed in the context of other message testing research.*

Q. How convincing, or not, do you find this statement in favor of investing in tackling health issues globally? [Base size: All seeing each message in each market, c. 600 per market]

# Wave 2 results are highly consistent with wave 1

Results show strong consistency in absolute message strength (i.e., how convincing) and relative strength (i.e., micro-economic self-sufficiency message remains the strongest).




*Note: Message testing was light touch and intended as a sense-check against wave 1 results, so it should be considered directional and viewed in the context of other message testing research.*

Q. How convincing, or not, do you find this statement in favor of investing in tackling health issues globally? [Base size: All seeing each message in each market, c. 600 per market]

# Focus groups highlighted sensitivities around how messaging shows up outside donor markets

Focus groups highlighted that donor market messaging can show up outside donor markets (participants quoted our arguments unprompted).

But emerging power and LMIC/LIC focus groups surfaced **isolated sensitivities** with the language we use:

- Messaging that could be read as **implying countries are poor or need aid** landed badly with some in India and South Africa.
- Messaging that implies poorer countries are **waiting for richer countries to save them**.
- Global health security messaging about **diseases crossing borders**.

Our messaging is showing up outside donor markets

But language and terms used raised some tensions

> *Anything that **affects somebody somewhere affects everybody everywhere**. So, it should be a concern because if you don't tackle it, it will affect you somewhere else.*
>
> Opinion Leader in Ghana

> *Waiting for someone to come help you? I don't like the idea of that.*
>
> Opinion Leader in Ghana

> *The assumption that we are low-income countries, it bothers me a lot.*
>
> Opinion Leader in South Africa

> *[The GHS message] is saying 'let us help these African countries so that they don't come in our country and infect us' … It didn't sit right with me.*
>
> Opinion Leader in South Africa

Source: Focus groups with opinion leaders in India, Indonesia, South Africa and Ghana.

# 5b. Climate & health deep dive

**What did we learn from the research?**

The climate and health connection resonated more strongly in wave 2 donor markets (Sweden, Brussels), but is still not fully cutting through outside donor markets.

**What does this mean for communicators?**

Making the climate and health connection has potential to resonate in more climate-engaged donor countries but will not be universally effective, particularly outside donor countries.

# The climate and health connection resonated more strongly in wave 2 donor focus groups, compared to wave 1 markets

The **impacts of climate change on health were articulated well** in donor markets this wave (Sweden and EU) – reflecting a better grasp of this intersection than was observed in wave 1 markets.

- The connection was raised unprompted in focus groups, and participants were able to make **both primary connections** (e.g., floods and famines causing malnutrition) **and secondary connections** (e.g., climate change driving migration, which in turn brings health challenges).

> *I would say malnutrition is a serious and growing issue in many low-income countries.* ***Also related to climate change of course****.*
>
> Opinion Leader in Brussels

> *Species are starting to move and we have issues with resistant bacteria. Those are* ***connected to a warmer climate*** *and more exposed environments.*
>
> Opinion Leader in Sweden

> ***Climate is definitely connected to health*** *… You might have to flee due to climate changes and that will affect your health and cause stress. Flooding will affect your health; It may spread different diseases.*
>
> Opinion Leader in Sweden

> *The increasing rate of* ***extreme weather events*** *will put* ***pressure on the health infrastructure****. There is also types of* ***diseases that can be helped by these extreme conditions.***
>
> Opinion Leader in Brussels

Source: Focus groups with opinion leaders in Sweden and Brussels.

# But it is harder to make this connection beyond donor countries

Focus groups in emerging powers and LMICs/LICs showed it is **harder to make the connection** between climate and health, and that only direct connections resonate, such as:

- **Extreme weather impacts** (on people, and on farming/food).
- **Pollution/health issues caused by pollution** (particularly prominent in India).

When prompted, **the connection with nutrition generally resonates**, but it was **much harder** to make the connection with infectious disease, maternal and newborn health or access to healthcare.

> *In my opinion, climate change has **nothing to do with maternal and child health**, there is no connection.*
>
> Opinion Leader in Indonesia

> *Climate and health is connected. You see the way the **sun is hot,** and you go and get your **skin burned**.*
>
> Opinion Leader in Ghana

> *My father is a farmer. Harvest time is supposed to be around January or February, but the **rain came and destroyed everything**. So that actually does affect them.*
>
> Opinion Leader in South Africa

> ***Respiratory issues**. Your liver, your heart, your main organs will be affected. All of these organs are related to this health issue, because of **the air pollution**.*
>
> Opinion Leader in India

Source: Focus groups with opinion leaders in India, Indonesia, South Africa and Ghana.

# 6. Global Fund messaging

**What did we learn from the research?**

All four messages test well across markets, with no major red flags.

**What does this mean for communicators?**

We can be confident these messages resonate in both donor and recipient markets.

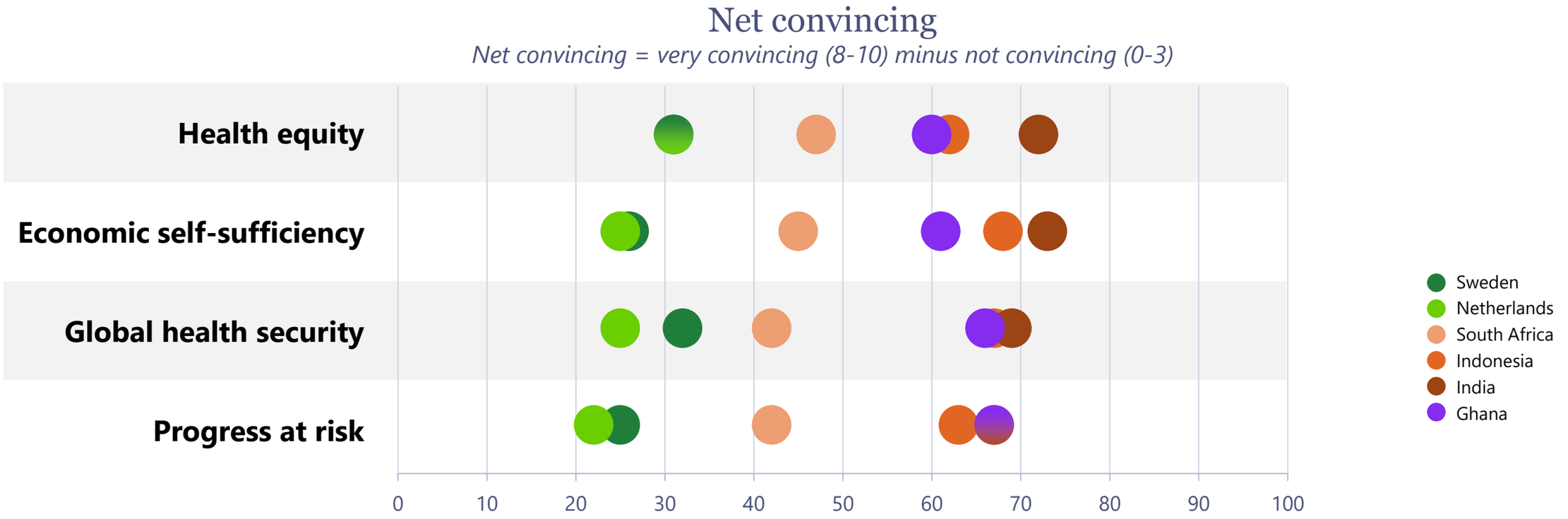
# Global Fund messaging: Four messages tested

| Frame | Message |
|---|---|
| **Progress at risk** | From conflict, to pandemics, to climate change, the world is facing a series of colliding crises that jeopardize the health of millions of people around the world. These challenges threaten decades of hard-earned gains against HIV, TB and malaria - diseases that are killing people today - with devastating consequences for the poorest and most vulnerable. We cannot stand by when millions of lives are at risk. |
| **Global health security** | As COVID-19 showed us, a health crisis somewhere, can become a health crisis everywhere. We have the tools and knowledge to stop HIV, TB and malaria, but until everyone has equitable access to these lifesaving tools and services, diseases will continue to spread beyond borders and develop resistance to the tools we use to fight them. Investing in the fight against diseases that are killing people today is an investment in the world's first line of defence against other fast-moving infectious diseases and the path to a safer, more stable world. |
| **Health equity** | Everyone deserves the chance to lead a healthy life, and preventing and treating HIV, TB and malaria gives millions of people around the world that chance. By pooling the world's resources, and investing them where they are most needed, the Global Fund ensures that people everywhere can receive the lifesaving treatment and care they need, regardless of geography or circumstance. |
| **Economic self sufficiency** | Thriving societies are healthy societies, and investing in the fight against HIV, TB and malaria delivers gains far beyond reducing deaths and infections. By drastically reducing infections from HIV, TB and malaria and providing better treatment, the Global Fund partnership is helping people live longer, healthier lives, keeping children in school and adults employed, which in turn strengthens economies and creates strong, stable communities. |

# Overall, Global Fund messaging tested well across markets

All messages tested well, though there was some (minor) variation in the most effective messages by market:

- Donor countries: health equity was most effective, alongside global health security (in Sweden).
- Emerging powers: economic self-sufficiency performed best, followed by health equity.
- Ghana: the progress at risk and global health security messages tested best.




Q. How convincing, or not, do you find this statement as an argument for why the Global Fund should receive funding from developed countries? [Base size: All seeing each message in each market, c. 600 per market]

# Message deep dive: Economic self-sufficiency

*The places where the key beats of the main argument were clearest, resonated the most –* ***ensure that messaging leads with your main thesis****.*

***Active language*** *(e.g., investing in the fight, reducing deaths, reducing infections)* ***resonated most strongly.***

*In the focus groups, some participants in emerging powers did not understand the focus on HIV, TB and malaria, feeling that there were more pressing health issues and that those diseases were under control – include* ***an explanation of why it is important to continue addressing these diseases****.*

Thriving societies are healthy societies, and investing in the fight against HIV, TB and malaria delivers gains far beyond reducing deaths and infections. By drastically reducing infections from HIV, TB and malaria and providing better treatment, the Global Fund partnership is helping people live longer, healthier lives, keeping children in school and adults employed, which in turn strengthens economies and creates strong, stable communities.

*Given the Global Fund's relatively low profile with the public, references to the organization did not provoke a strong response for most. However, the mention prompted a* ***negative reaction among those who are already more critical of IHOs****.*

*"Employed" worked for most of the public. However,* ***some in the focus groups did not like any mentions of employment, finding it transactional****.*

# Message deep dive: Health equity

***The first sentence worked very well with most*** *– as one Brussels policy opinion influencer said, "This first sentence is perfect."* ***Leading with the main thesis*** *of health equity, that everyone deserves the chance to lead a healthy life,* ***is a powerful opener****.*

*Unlike the other messages, we didn't see the same level of questioning as to why HIV, TB and malaria are cited. This may indicate that* ***a health equity framing is a more credible explanation*** *for the focus on these diseases.*

Everyone deserves the chance to lead a healthy life, and preventing and treating HIV, TB and malaria gives millions of people around the world that chance. By pooling the world's resources, and investing them where they are most needed, the Global Fund ensures that people everywhere can receive the lifesaving treatment and care they need, regardless of geography or circumstance.

*Similar to the economic self-sufficiency message, this mention was more likely to turn off those more critical of IHOs.*

*Here,* ***use of the term "investing" largely worked****. However, in previous focus groups, language of "investment" has alienated some (too transactional; implies expectation of a return on investment).*

*A mixed response across countries –* ***it resonated more in emerging powers and Ghana than donor countries.***

*Referencing how this will be funded* ***turned some people off****.*

# Message deep dive: Global health security

***Reference to COVID-19 divides opinion**. For some, it resonated as a relatable example of how diseases can cross borders. For others, there was fatigue at the mention of COVID and some focus group participants didn't understand the connection to HIV, TB and malaria.*

*Language **focused on equity and sharing tools/knowledge** worked well.*

*Similar to the economic self-sufficiency message, there was some **confusion as to why HIV, TB and malaria are the focus**.*

As COVID-19 showed us, a health crisis somewhere, can become a health crisis everywhere. We have the tools and knowledge to stop HIV, TB and malaria, but until everyone has equitable access to these lifesaving tools and services, diseases will continue to spread beyond borders and develop resistance to the tools we use to fight them. Investing in the fight against diseases that are killing people today is an investment in the world's first line of defense against other fast-moving infectious diseases and the path to a safer, more stable world.

*The idea of investing now for a safer, more stable world resonated as it is **active and forward looking**.*

***The idea of disease spreading "beyond borders" clicked with those who understood the risk of the global spread of disease**. In the focus groups, some participants questioned the likelihood of what was happening in another country impacting them, and specifically, what borders were being referenced here.*

# Message deep dive: Progress at risk

***The mention of pandemics received a mixed response**, similar to the mention of COVID-19 in the global health security message.*

*As with the other messages, there was some **confusion as to why HIV, TB and malaria are the focus**.*

***The idea of "colliding crises"** resonated particularly well with more attentive or informed audiences. In the focus groups, some felt it accurately **conveyed complexity**.*

From conflict , to pandemics, to climate change, the world is facing a series of colliding crises that jeopardize the health of millions of people around the world. These challenges threaten decades of hard-earned gains against HIV, TB and malaria - diseases that are killing people today - with devastating consequences for the poorest and most vulnerable. We cannot stand by when millions of lives are at risk.

*The focus on devastating consequences for the most vulnerable **resonated especially well with those who are concerned about future health progress**.*

# 7. Messengers

**What did we learn from the research?**

Results show further evidence for the value of Global South voices as messengers in donor market communications.

**What does this mean for communicators?**

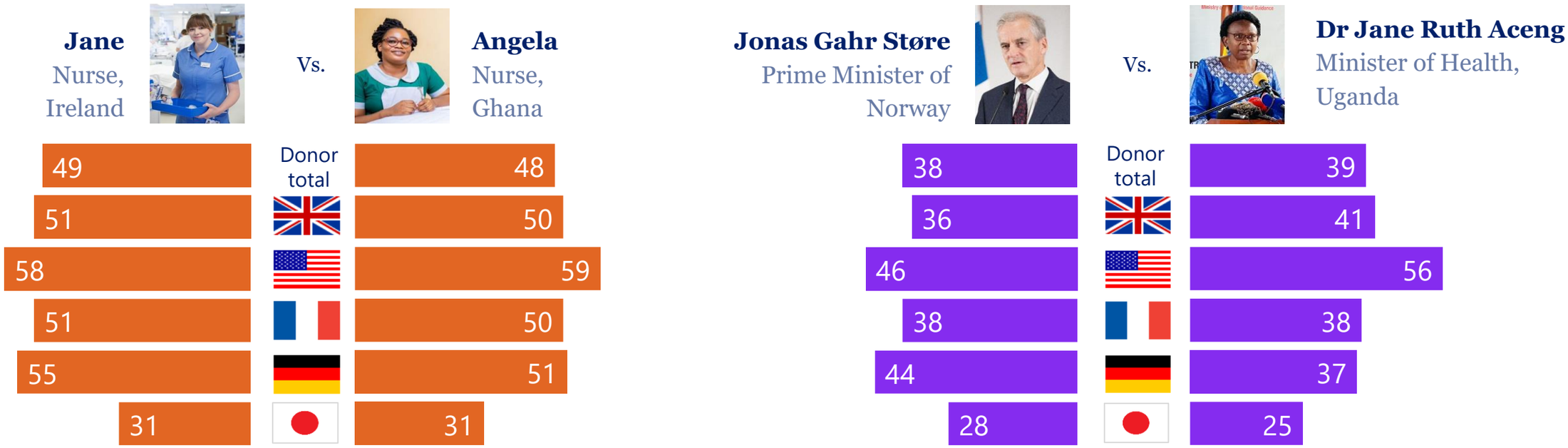
Engaging more Global South voices in donor market communications can increase the impact of our messaging.

# Wave 1 recap: Results showed no preference for donor voices in donor countries over voices from the Global South

This finding, combined with higher levels of optimism in the Global South, suggested that Global South voices can be impactful messengers in donor country communications.

## Net convincing scores for messages attributed to frontline healthcare workers / government ministers from Global North and South

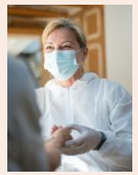
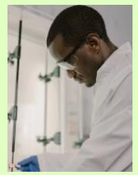
*Net convincing = very convincing (8-10) minus not convincing (0-3)*




Q. How convincing, or not, would you find this statement in favor of investing in tackling health issues globally if made by the person pictured? [Base size: Full sample in each market. Refer to the appendix for sample sizes in wave 1 markets]

# Wave 2: Messengers tested

Respondents were each shown 3 messages. Each message was attributed to **EITHER** a messenger from the respondents' **own country OR** a messenger from the **Global South**. Participants were asked to rate how convincing the message would be if made by that messenger.

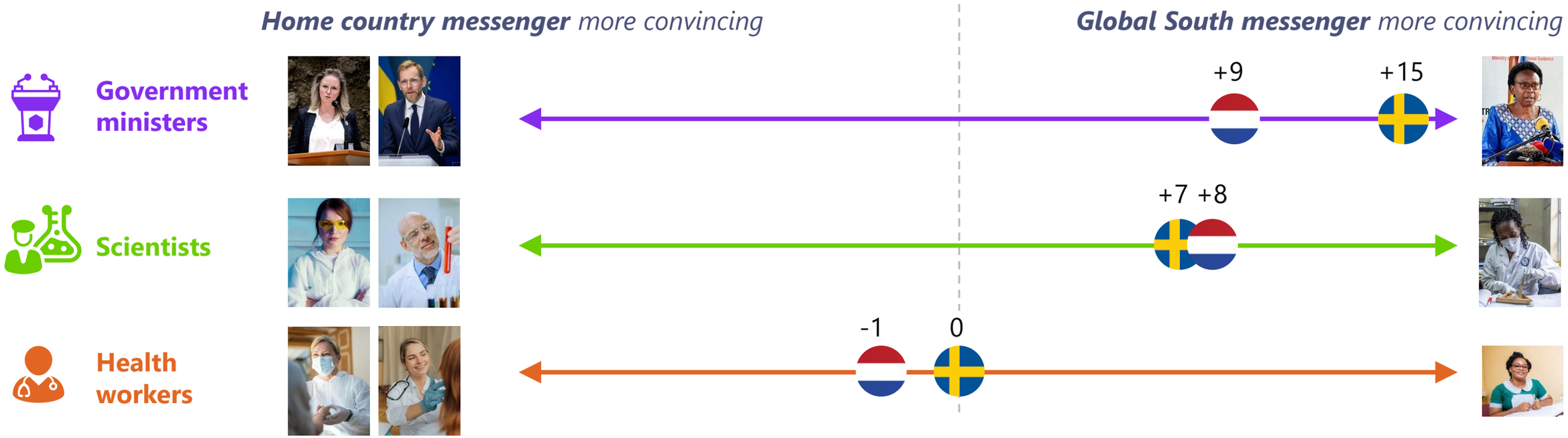
| | Home Country | | | | | | Global South |
|---|---|---|---|---|---|---|---|
| Messenger #1 (Gov. minister) |  |  |  |  |  | **Minister of Health in each country (L to R):**<br>• Sweden: Jakob Forssmed<br>• Netherlands: Fleur Agema<br>• India: Jagat Prakash Nadda<br>• Indonesia: Budi Gunadi Sadikin<br>• South Africa: Dr. Pakishe Aaron Motsoaledi | OR |  | **Dr. Jane Ruth Aceng**<br>Minister of Health, Uganda |
| Messenger #2 (Health worker) |  |  |  |  |  | **Nurse* in each country (L to R):**<br>• Sweden: Anna<br>• Netherlands: Annelies<br>• India: Arya<br>• Indonesia: Ayu<br>• South Africa: Nandi | OR |  | **Angela**<br>Nurse, Ghana |
| Messenger #3 (Scientist) |  |  |  |  |  | **Scientist* in each country (L to R):**<br>• Sweden: Dr. Andersson<br>• Netherlands: Dr. van der Meer<br>• India: Dr. Mehta<br>• Indonesia: Dr. Rahmawati<br>• South Africa: Dr. Mokoena | OR |  | **Dr. Njoroge**<br>Scientist, Kenya |

*Nurses and Scientists were hypothetical personas

# Wave 2 findings provide additional evidence for the value of Global South voices in donor markets

Messages attributed to messengers from the Global South test as **more convincing** than those attributed to messengers from the donor countries. However, the type of messenger matters – this finding is true for government ministers and scientists, but not for health workers for whom origin has less impact.

## Impact of messenger origin in **donor countries**

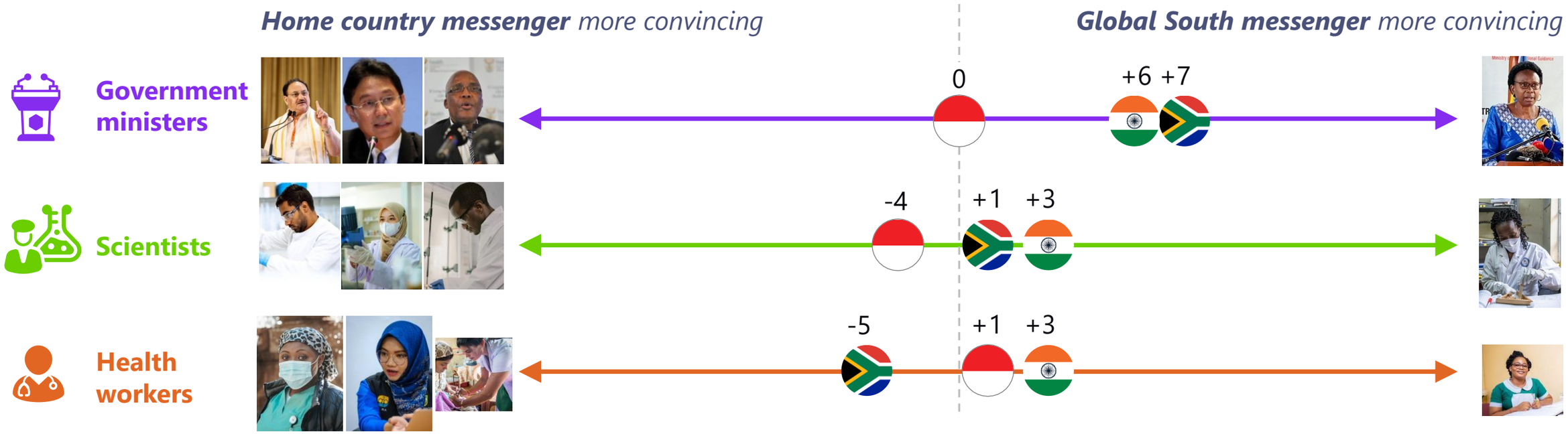



Q. How convincing, or not, would you find this statement in favor of investing in tackling health issues globally if made by the person pictured? [Base size: c. 500 per market per messenger; showing difference in net convincing scores within each market]

# Messenger origin has less of an impact in emerging powers

The impact of messenger origin was less pronounced in India, South Africa and Indonesia, where messages were similarly convincing whether attributed to respondents' respective home country or the Global South voice. The exception was government ministers, where the Global South (i.e., non-home country) messenger tested as more convincing in South Africa and India.

## Impact of messenger origin in **emerging powers**




Q. How convincing, or not, would you find this statement in favor of investing in tackling health issues globally if made by the person pictured? [Base size: c. 500 per market per messenger; showing difference in net convincing scores within each market]

# Focus groups gave directional steers on messenger credibility

Focus group feedback highlighted groups that were seen as more or less credible if communicating the importance of tackling health issues in poorer countries, which broadly aligns with previous research.

*Typically seen as* ***less or not credible***

*Participants struggle to see how they would be relevant to health issues*

***Mixed views*** *of whether or not credible*

*Differing opinions regarding credibility or seen as credible in only certain situations*

*Typically seen as* ***very credible***

*Participants able to see their relevance to health, based on knowledge and experience*

- Military leaders
- Religious leaders
- Influencers
- Business leaders
- Volunteers
- Philanthropists or charity leaders
- Government ministers
- Local communities / community leaders
- Health workers
- Scientists

Source: Focus groups with opinion leaders.

# 8. Recipient framing

**What did we learn from the research?**

An “active contributor” framing of aid recipients prompts a more positive reaction than “passive recipient” framings.

**What does this mean for communicators?**

By framing aid recipients as active contributors, we can positively change how individuals, projects and organizations are seen.

# Recipient framing test

Focus group participants were first shown an image with an accompanying caption using a "passive recipient" framing. They were then shown the same image again, but with a different caption using an "active contributor" framing.

## A. Passive recipient framing

Net distributor Ibrahim in Mazangudu explains the use of a mosquito net to a member of the community in Mazangudu, Nigeria.

Anne Kinyua, a biomedical staff member at Karatina Hospital in Nyeri County, Kenya, stands beside an oxygen tank that was installed as a part of a project to provide medical oxygen to health facilities across the country.

## B. Active contributor framing

*"To make mosquito nets more usable, we need nets made from more durable, weather-resistant materials, especially for rural areas like ours. We need to educate people on proper usage and provide ongoing support. It's not enough to distribute nets – we need follow-up. If we invest in training and engage local leaders, more families will use the nets consistently, and we'll see real health improvements."*
- Ibrahim, a health advocate in Mazangudu

Organization X took Ibrahim's advice and started producing stronger, longer-lasting nets, while also launching a local training program that empowered community leaders to educate their neighbors.

*"I emphasized that reliable oxygen supply is only part of the solution. We needed consistent monitoring, regular maintenance, and local staff trained to handle equipment issues to prevent interruptions. The organization listened to my advice, establishing a monitoring system and rolling out training programs for more technicians across the region. Now, with these improvements, we're able to ensure that every facility in our country has access to life-saving oxygen when it's needed most."*

- Anne Kinyua, a biomedical technician at Karatina Hospital

# The “active contributor” framing shifted perceptions of the individual depicted, from worker to leader or expert

## Passive recipient framing

The individual was seen primarily as a **ground-level worker** with **limited input on the project**. Participants were left with questions about the individual’s qualifications.

> *Ground level worker or community or health worker … Only involved at ground level.*

> *[They look like] a local competent person.*

> *I think he is a volunteer or a health worker.*

> *She seems like a biomedical nurse.*

## Active contributor framing

The active contributor framing prompted a significant shift in how the individual was seen – to being seen as more of a **leader** and an **expert**, who plays a more **central role on the project, sharing expertise and giving direction.**

> *As a leader, he's a health expert. They are the leaders. I think he must have faced this problem, he knows about this problem.*

> *She is the equipment inventor … She would pass something important as her legacy and she thinks about long term future.*

> *As someone who has authority … who gives direction, leadership.*

> *I think Ibrahim is the major person in this project … and is advising them and they also took the advice.*

Source: Focus groups with opinion leaders.

# The “active contributor” framing shifted how the project was viewed, increasing confidence in long-term success

## Passive recipient framing

Views of the project depicted were generally **cautiously positive**, with most respondents viewing it as credible, although they felt they had to make assumptions.

> *Yes, it feels credible and stable. At least I get that feeling by looking at this.*

> *Only time will tell if the project succeeds … But it’s still better than nothing.*

> *I’m confident … she surely gets help from her colleagues and support from government.*

> *I see collaboration … I see an infrastructure that seems to be strong, so it gives some weight.*

## Active contributor framing

This framing gave much **greater confidence in the long-term success of the project**. Participants now saw the project as being informed by local expertise, and that the community were being educated and empowered, and knowledge was being shared.

> *The project doesn’t only provide goods, but solutions. It educates a community to be independent in making their own solutions.*

> *This gives me more trust this health project will succeed. You have someone who is living the project.*

> *It makes me think that they know what they're doing … When I see the right experts doing the right job.*

> *[The project] is not only about the oxygen but also empowering so people are able to sustain themselves. So, it is a good initiative.*

Source: Focus groups with opinion leaders.

# The “active contributor” framing also shifted perceptions of the organization, to one that listens and is more deeply invested

## Passive recipient framing

Reactions were generally positive, creating the impression of an organization that is actively trying to **help communities through projects on the ground**.

> *It is telling you ‘we are developing projects, and we are supplying oxygen in hospitals.’*

> *They're actually doing something for rural peoples.*

> *This organization doesn’t just do paperwork. We see them working on the ground.*

> *The organization sounds caring. They’ve brought oxygen tanks.*

## Active contributor framing

This framing shifted views of the organization to one that **listens to the views of local people**, **empowers them to act**, and is **more deeply invested** in the health of local communities. This laddered up to a greater confidence in the organization’s likely impact.

> *They are an organization that listens. They are involved and they drive real change.*

> *They are invested in the health of the people and the community and the country.*

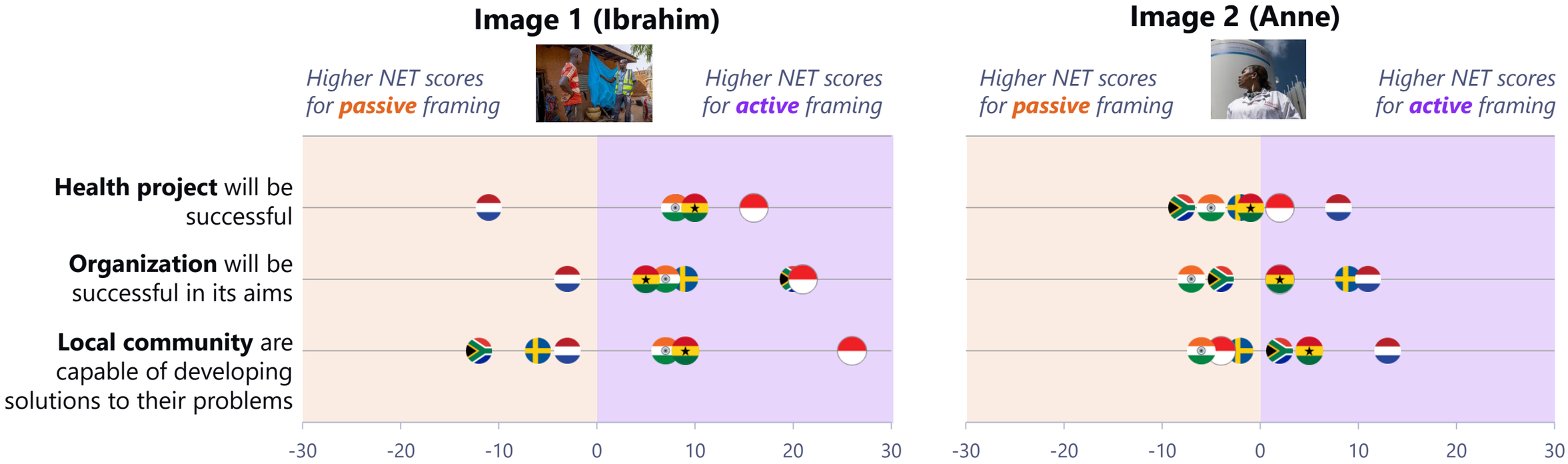
> *It gives a positive image of the organization, that she has a voice that she can express her opinion, and they listen to her.*

> *The organization is empowering people so that they are able to sustain themselves.*

Source: Focus groups with opinion leaders.

# But survey testing results were less conclusive (vs. focus groups)

While overall, there was a positive skew towards the "active contributor" framing, this was not consistent across markets, or the three metrics tested. On balance, the "Ibrahim" active framing was more effective in driving more positive perceptions.




*Caveats to consider when reviewing this data: This question was asked at the end of a long survey; a small sample of respondents saw each image/framing (c. 250 per market per framing) meaning differences must be large to be statistically significant; survey respondents saw just one framing, rather than both "passive" and "active" and making a direct comparison. Therefore, focus group insights may carry more weight.*

Q. Please review the image and caption and then answer the questions below. Based on the image and caption, which of the following pairs of statements do you agree with more? Health project success / Organization success / Local community capability to develop solutions to their problems. [Base size: c. 250 per market per framing]

# 9. Global Health Audience Segmentation

## What did we learn from the research?

Across countries, there are distinct groups of people who share similar world outlooks and views of global health. These groups represent global health attitudinal segments.

## What does this mean for communicators?

We should not think of the world as simply high, middle and lower income, or donor and recipient; instead, it is useful to remember there are people with shared perspectives across countries. It also tells us which groups are more or less receptive to our messaging.

# How the global health audience segmentation works

## An attitude-first approach

- In terms of **views of global health**, the public is not a homogenous group – neither within, nor across countries.
- By taking an attitude-first approach, we identify the most important attitudinal dividing lines on our issues. This enables us to identify distinct groups of people who share similar world outlooks and views of global health.
- These attitudinal segments are present across countries. Members of a segment will have more in common attitudinally with each other, than they do with other members of the public in their own country.

## Identifying audience opportunity and risk

- Analysis shows there are 5 distinct global attitudinal segments on global health (see next slide). These are present across all wave 2 markets.
- The global nature of these attitudinal segments gives us an alternate way of thinking about public audiences – as opposed to thinking about the public at a country level, or as donor and recipient publics.
- This helps identify audience groups that are more (or less) aligned with our perspectives on funding global health, and which groups are most and least receptive to our messaging – highlighting where there is greatest opportunity, and greatest risk.

# Global health audiences: 5 attitudinal groups across 6 markets

## Concerned Idealists

**Highly engaged** with world news and global health issues.

They have an **idealistic mindset**, believing health is a human right and that richer countries should help poorer ones.

They see tackling health problems in developing countries as very important.

While they are **generally optimistic** about global health progress, they **worry that not enough progress has been made** on health issues in poorer countries.

## Pessimistic Sympathizers

Share many attributes with "Concerned Idealists", though **views are less strongly held**.

They are engaged with global news and health. They believe health is a human right and richer countries should help poorer ones. They see tackling health problems in developing countries as important and think international health organizations are effective.

Where they *really* differ from "Concerned Idealists" is in mindset: this **group are very negative and pessimistic about progress**, both past and future – about both global progress, and global health progress specifically.

## Global Health Skeptics

Very interested in world news but less engaged with global health issues.

A key defining characteristic is a **negativity and pessimism about progress**. They have a negative view of global progress generally, and global health progress. They are also negative about progress on specific health issues in poorer countries.

Linked to this, they **don't think international health organizations are very effective**. They also don't see fixing health issues in poorer countries as a priority.

## Detached Optimists

**Very optimistic** about the world, including progress on health.

But this comes from a place of **detachment** – they don't pay close attention to global news or global health issues.

This disengagement is paired with a **much lower level of concern** – about the need to address health issues in poorer countries, or the risk posed by the spread of diseases.

As a result, they are **less likely to see the need for a global response** to health issues, or for richer countries to help poorer countries on health.

## Complacent Bystanders

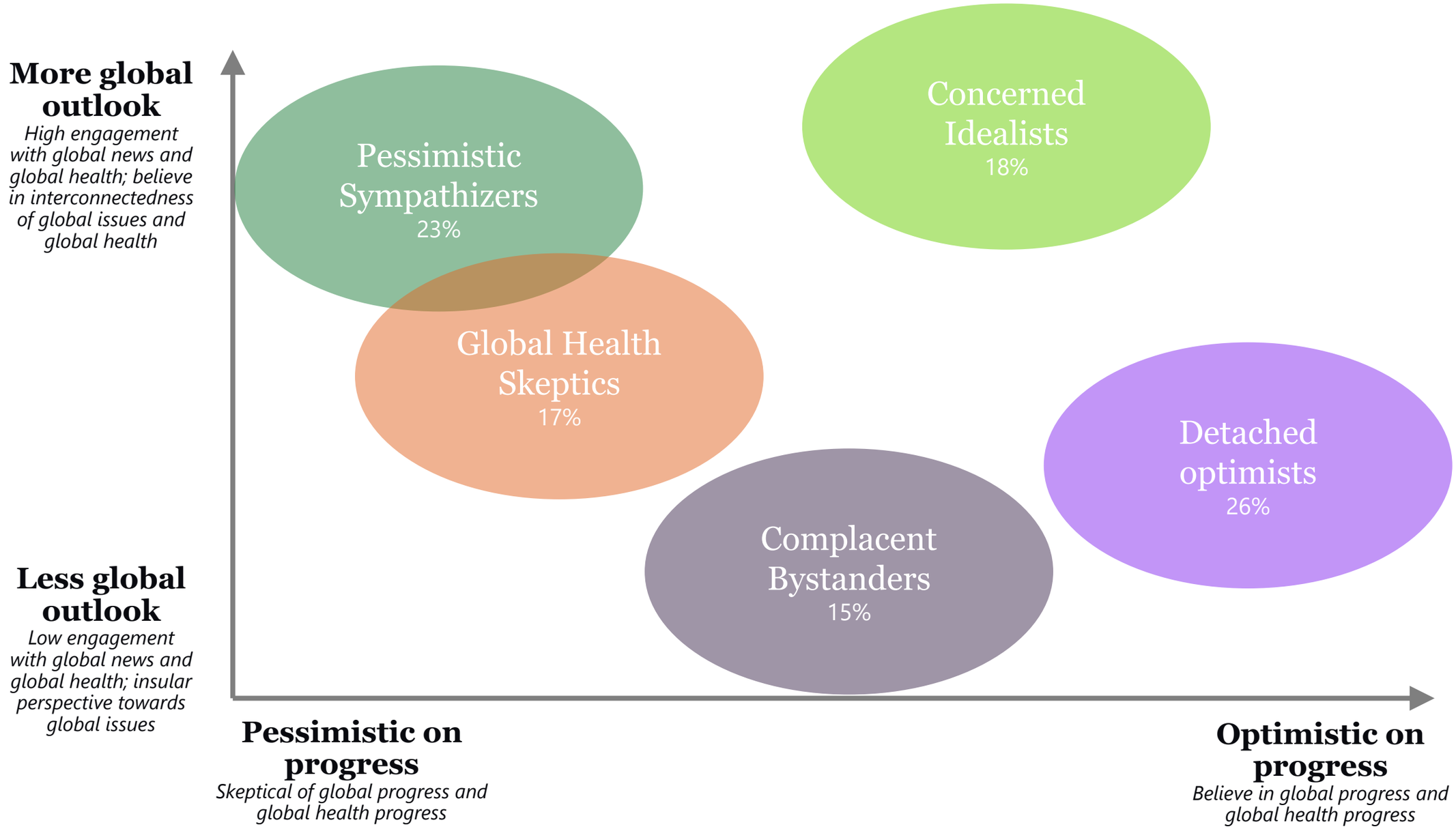
**Very disengaged** from the world around them, they pay least attention to global issues and global health.

They have an **insular mindset**, being least likely to think what happens in other countries impacts them, and least concerned about the global spread of disease.

This is linked to a **complacency on health** – they strongly think progress is already being made on health issues in poorer countries.

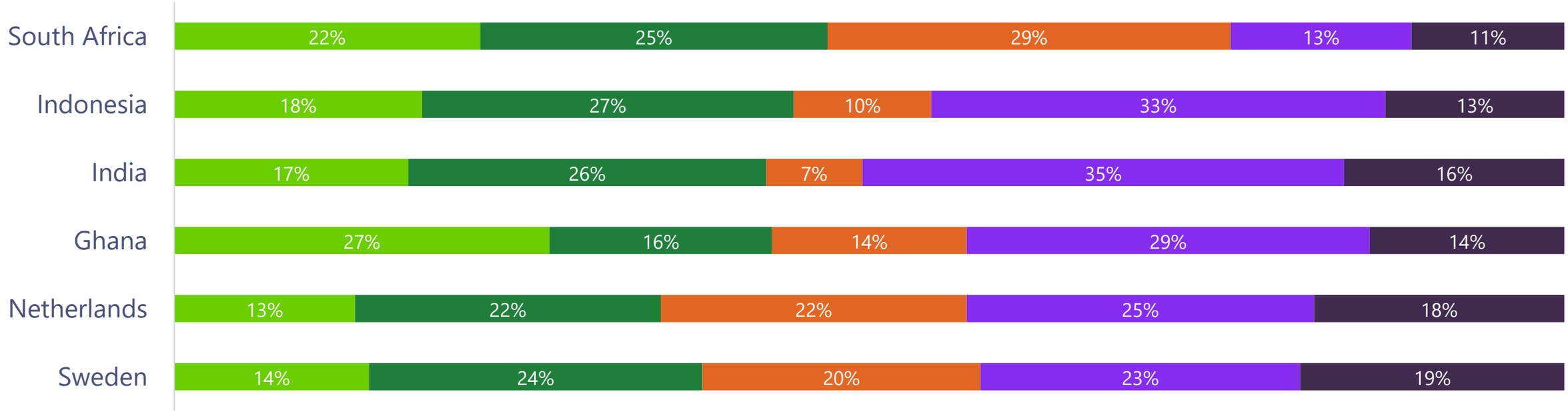
As a result, they **don't see a need for a global response** on health, or for richer countries to help poorer countries.

# Global health audiences: Mapping the attitudinal groups



# How the global health audiences break down across markets

| Concerned Idealists | Pessimistic Sympathizers | Global Health Skeptics | Detached Optimists | Complacent Bystanders |
|---|---|---|---|---|
| *Fewer in Netherlands, Sweden*<br>*More in Ghana* | *Fewer in Ghana*<br>*No single market over indexing* | *Fewer in India, Indonesia, Ghana*<br>*More in South Africa* | *Few in South Africa*<br>*More in India, Indonesia* | *Slightly more in India, Netherlands, Sweden* |



# How the global health audiences show up in donor and recipient markets

| |  Concerned Idealists |  Pessimistic Sympathizers |  Global Health Skeptics |  Detached Optimists |  Complacent Bystanders |
|---|---|---|---|---|---|
| In **donor countries**, segment is *more likely** to be: | ✓ Left wing<br>✓ Older | ✓ Degree educated<br>✓ Religious | ✓ Older<br>✓ NOT degree educated | ✓ Younger<br>✓ Male<br>✓ Degree educated | ✓ Right wing<br>✓ Younger<br>✓ NOT civically engaged |
| In **recipient countries**, segment is *more likely** to be: | ✓ Younger<br>✓ Civically engaged | ✓ Right wing<br>✓ Degree educated | ✓ Left wing<br>✓ Older<br>✓ NOT degree educated<br>✓ NOT religious | [varies by market] | ✓ Lower income<br>✓ Religious<br>✓ NOT civically engaged |

*More likely than other attitudinal groups

# Where the audiences stand on ODA and funding IHOs

Higher than average

In line with average

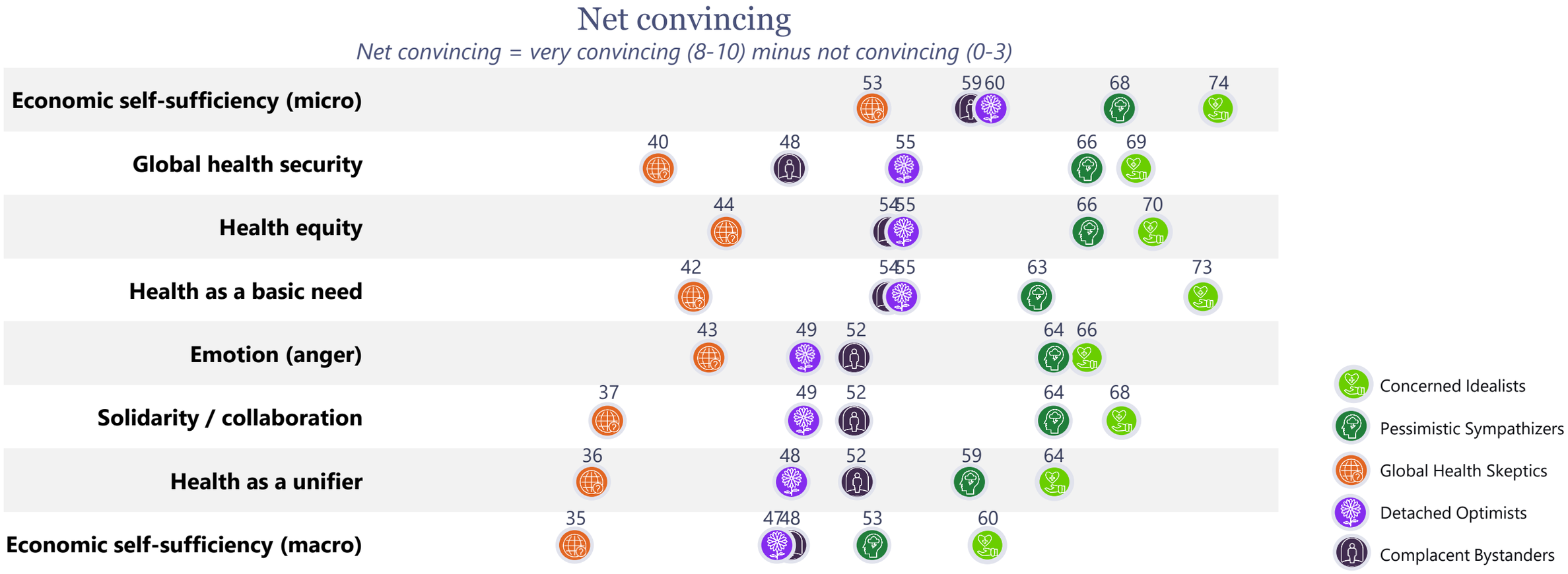
Lower than average

| |  Concerned Idealists |  Pessimistic Sympathizers |  Global Health Skeptics |  Detached Optimists |  Complacent Bystanders |
|---|---|---|---|---|---|
| Net support for **giving ODA*** | +44 | +36 | +9 | +35 | +19 |
| Net support for **receiving ODA*** | +46 | +52 | +33 | +48 | +43 |
| Net support for **funding IHOs*** | +65 | +50 | +32 | +53 | +27 |

*Note that support for giving ODA and funding IHOs was only asked amongst donor and emerging markets; support for receiving ODA was only asked amongst emerging markets and Ghana.

# How the audiences react to messages

The strongest message for all attitudinal groups is **micro-economic self-sufficiency**, even among the most skeptical. The relative strength of messages varies by segment, e.g., 'health as a basic need' resonates with Concerned Idealists; 'global health security' is weaker with Global Health Skeptics.




Q. How convincing, or not, do you find this statement in favor of investing in tackling health issues globally? [Base size: All seeing each message in each market, c. 600 per market]

# Appendix

# Methodology: Wave 1

| | Phase 1: Qualitative research | Phase 2: Quantitative research |
|---|---|---|
| AUDIENCE | **Opinion Leaders**<br>Highly engaged members of the public who are:<br>▪ University educated<br>▪ Civically active<br>▪ Media attentive<br>▪ Personally/professionally follow news about global issues<br>▪ Voted in their country's most recent national election | **General Public**<br>Members of the public who have internet access, aged 18+.<br>Data was weighted by their respective country's census data to ensure a representative sample of the population. |
| METHOD-OLOGY | 2 online focus groups per market with 6-8 participants in each session (16 focus groups total) | 1 online survey of per market (8,123 respondents total) |
| MARKETS | ▪ UK: London<br>▪ US: Washington, DC<br>▪ France: Paris<br>▪ Germany: Munich/Berlin<br>▪ Japan: Tokyo<br>▪ Kenya: Nairobi<br>▪ Nigeria: Lagos<br>▪ Senegal: Dakar | ▪ UK: 1,016<br>▪ US: 1,029<br>▪ France: 1,031<br>▪ Germany: 1,022<br>▪ Japan: 1,027<br>▪ Kenya: 1,020<br>▪ Nigeria: 1,014<br>▪ Senegal: 964 |
| DATES | Week of March 4, 2024 | April 23 – May 13, 2024 |

# Global health audiences: Detailed profiles

## Concerned Idealists

### Optimistic on global health
- View of general global progress is in line with average. But more optimistic about health progress globally

### Very interested in global issues, and global health
- Pay closest attention to news about international events/issues, and global health and humanitarian issues

### See the importance of tackling health issues in LMICs/LICs
- Think addressing health issues in developing countries is very important
- Concerned about the global spread of infectious diseases
- Strongly believe what happens in other countries impacts them
- Strongly believe health is a human right

### Strongly support global action on health
- Strongly support richer nations helping to address health issues in LMICs/LICs
- Strongly believe global health issues need a global response

### Worried about progress on health issues in LMICs/LICs
- Much less likely to think progress has been made on specific health issues in LMICs/LICs

## Pessimistic Sympathizers

### Pessimistic worldview
- Very negative about general global progress and global health progress

### Interested in global issues, and global health specifically
- Pay close attention to news about international events/issues, and global health and humanitarian issues

### See the importance of tackling health issues in LMICs/LICs
- Recognize the need to address health issues in developing countries
- Concerned about the global spread of infectious diseases
- Strongly believe that what happens in other countries impacts them

### Support global action on health, and IHOs specifically
- More supportive of richer nations addressing health issues in LMICs/LICs
- Most likely to think IHOs are effective

### Positive about progress on health issues in LMICs/LICs
- More positive about progress made on specific health issues in poorer countries
- Quite confident about future progress

## Global Health Skeptics

### Pessimistic worldview
- Very negative about general global progress and global health progress

### Very interested in global issues, but slightly less in global health
- Pay close attention to news about international events and issues
- Average interest in global health

### Don’t place high importance on tackling health in LMICs/LICs
- Broadly in line with average – except on family planning, which they see as important to address

### Skeptical of global action on health issues
- Least likely to believe IHOs are effective at addressing global health issues

### Skeptical about progress on health issues in LMICs/LICs
- Most negative about progress made in tackling health issues, and least confident in future progress

## Detached Optimists

### Optimistic worldview
- Very positive and optimistic about general global progress and global health progress

### Less interested in global issues or global health
- Pay less close attention to news about global issues and global health

### Least likely to see the importance of tackling health in LMICs/LICs
- Least likely to see addressing specific health issues in LMICs/LICs as important
- Less likely to think health is a fundamental human right
- Less likely to be concerned about the global spread of infectious diseases

### Less supportive of global action on health issues
- Less likely to believe in the need for a global response to health issues
- Less likely to think richer countries should help tackle health issues

### Average views about progress on health issues in LMICs/LICs

## Complacent Bystanders

### Neither optimists nor pessimists
- View of general global progress, and global health progress, is in line with average

### Least interested in global issues or global health
- Pay the least close attention to news about global issues or global health

### Don’t put huge importance on tackling LMIC/LIC health issues
- Views on the importance of tackling health issues in LMICs/LICs in line with average
- Least likely to think what happens in other countries impacts them
- Less concerned about the spread of infectious diseases
- Least likely to see health as a human right

### Least convinced of the need for global action on health issues
- Least likely to believe in the need for a global response to health issues
- Least likely to think richer countries should help tackle health issues

### Very positive about progress on health issues in LMICs/LICs
- Most positive about progress made on specific health issues in poorer countries
- Most confident about future progress

# Global health audiences: Party vote breakdown by country

*Who did you vote for in the…*

## General election in 2022 [Sweden]

| | Total | Social Democrats | Sweden Democrats | The Moderate Party |
|---|---|---|---|---|
| | 14% | 15% | 14% | 14% |
| | 24% | 25% | 24% | 22% |
| | 20% | 18% | 19% | 15% |
| | 23% | 25% | 19% | 24% |
| | 18% | 13% | 24% | 22% |

## General elections in 2019 [South Africa]

| | Total | African National Congress (ANC) | Democratic Alliance (DA) | Economic Freedom Fighters (EFF)* |
|---|---|---|---|---|
| | 22% | 20% | 22% | 30% |
| | 25% | 25% | 26% | 31% |
| | 28% | 17% | 32% | 20% |
| | 13% | 20% | 12% | 16% |
| | 11% | 11% | 8% | 3% |

*Low sample size

## Presidential election in 2024 [Indonesia]

| | Total | Prabowo Subianto, the Gerindra candidate | Anies Baswedan, the Independent candidate | Ganjar Pranowo, the PDI-P candidate |
|---|---|---|---|---|
| | 15% | 14% | 17% | 15% |
| | 23% | 19% | 32% | 25% |
| | 9% | 6% | 10% | 14% |
| | 27% | 30% | 24% | 21% |
| | 11% | 12% | 7% | 13% |

## General election in 2023 [Netherlands]

| | Total | Party for Freedom (PVV) | GroenLinks -PvdA (GL/PvdA) | People's Party for Freedom and Democracy (VVD) |
|---|---|---|---|---|
| | 12% | 9% | 21% | 6% |
| | 22% | 27% | 21% | 18% |
| | 21% | 21% | 20% | 22% |
| | 25% | 22% | 23% | 28% |
| | 18% | 20% | 13% | 21% |

## General election in 2024 [India]

| | Total | Bharatiya Janata Party (BJP) | Indian National Congress (INC) |
|---|---|---|---|
| | 14% | 16% | 11% |
| | 21% | 17% | 31% |
| | 6% | 3% | 14% |
| | 29% | 30% | 21% |
| | 13% | 13% | 10% |

## Presidential election in 2020 [Ghana]

| | Total | Nana Akufo-Addo, the NPP candidate | John Mahama, the NDC candidate |
|---|---|---|---|
| | 25% | 18% | 21% |
| | 17% | 20% | 19% |
| | 14% | 15% | 18% |
| | 27% | 27% | 22% |
| | 13% | 14% | 12% |

*Significantly higher than country total*

*Significantly lower than country total*

Concerned Idealists | Pessimistic Sympathizers | Global Health Skeptics | Detached Optimists | Complacent Bystanders

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