Population Council **Annual report 2003**

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Population Council

The Population Council, an international, nonprofit, nongovernmental organization established in 1952, seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources.

Research, technical assistance, and capacity building are carried out by the Center for Biomedical Research, the International Programs Division, and the Policy Research Division.

Council headquarters and the Center for Biomedical Research are located in New York City; the Council also maintains an office in Washington, DC, and an international presence through its four regional offices and 14 additional offices.

The Council staff consists of over 560 women and men from 38 countries, half of whom hold advanced degrees. Roughly 50 percent are based outside the United States. Council staff members conduct research and programs in 70 countries.

The Population Council is governed by a board of trustees composed of men and women from nine countries. This group includes leaders in biomedicine, business, economic development, government, health, international finance, the media, philanthropy, and social science.

The organization's funds come from governments, multilateral organizations, foundations and other non-governmental organizations, corporations, individuals, and internal sources. The Council's expenditures for 2003 were US\$73.3 million.

THE COUNCIL'S ACTIVITIES INCLUDE:

- conducting fundamental biomedical research in reproduction;
- developing contraceptives and products such as microbicides to prevent the sexual transmission of HIV:
- doing studies to improve the quality and cost-effectiveness of services related to family planning and HIV/AIDS;
- conducting research on health and behavior, family dynamics and gender, and causes and consequences of population growth;
- strengthening professional resources in developing countries through collaborative research, awards, fellowships, and training;
- publishing innovative research in multiple peer-reviewed outlets, maintaining a comprehensive Web site, and communicating research results to key audiences around the world.

The Center for Biomedical Research undertakes basic research in the reproductive sciences and immunology and develops technologies that enable individuals to enhance their health and have safe, planned pregnancies. The center is one of the world's leading laboratories in the fields of contraceptive development and research in reproductive biology.

Staff members in the Product Research and Development program conduct applied research and develop new technologies for the contraceptive and other health needs of women and men. Research and development areas include microbicides, which are preparations that may protect against sexually transmitted infections including HIV and chlamydia; woman-controlled contraceptives; products for hormone therapy for women and men; and contraceptives for men. Clinical trials of drug formulations in a variety of delivery systems developed at the center are carried out by the Council's International Committee for Contraception Research, a group of clinicians who evaluate the Council's experimental products, and other investigators in developing countries.

Carraguard®, the Council's candidate microbicide, has been shown to be safe and highly acceptable to women in early clinical studies. Final preparations are underway for efficacy trials in South Africa.

The Reproductive Biology and Immunology program includes studies of the effects of reproductive hormones on gene activation, male germ cell development, cell-to-cell communication, the consequences of environmental endocrine disruptors on male reproductive function, and sperm maturation. Determination of the role of dendritic cells in the transmission and spread of immunodeficiency viruses and investigation of ways to block these processes are emerging areas of research. Results from these laboratory studies contribute to the identification of new leads for contraceptives and hormone therapies, for treatment of a variety of cancers, such as in the breast, prostate, and testis, and for prevention of sexually transmitted infections.

Through its postdoctoral training program in reproductive biomedicine, the center enlarges the community of scientists, particularly those from developing countries, whose research may lead to advances in health care and contraception.

Elof Johansson, vice president, heads the Center for Biomedical Research. Régine Sitruk-Ware is executive director of product research and development. James Catterall is director of reproductive biology and immunology. The center's staff of 82 includes 21 scientists, three senior administrators, and other professional and support staff; in addition, 14 postdoctoral fellows work at the center, which is located on the campus of the Rockefeller University.

AREAS OF RESEARCH AND TRAINING IN 2003

Contraceptive and reproductive health product development

Vaginal rings for contraceptive and therapeutic use

Subdermal implants for women and men

Transdermal products for women and men

Intrauterine delivery systems

Microbicides

Probing studies in female and male contraception

Probing studies in female and male hormonal therapy

Reproductive biology and immunology

Genetic mechanisms of androgen action

Physiology of Sertoli cells

Development and physiology of Leydig cells

Testicular proteins

Germ cell dynamics

Regulation of gonadal–pituitary interaction

Transmission of immunodeficiency viruses

Strengthening professional resources

Biomedical fellowship program

Christopher Tietze Fellowship

The International Programs Division undertakes collaborative research with governments, nongovernmental organizations, universities, and scientific institutions in developing countries to improve delivery of family planning, reproductive health, and HIV/AIDS prevention and care services; to enhance understanding of the determinants of reproductive and sexual health; and to focus greater attention on gender issues and male–female partnerships. The division also provides training and technical assistance and disseminates the results of its research to inform population and health policy. Strengthening professional resources in developing countries is an objective of all of the division's programs.

Staff members in the Horizons program carry out research on promising, cost-effective strategies for preventing the transmission of HIV/AIDS, ensuring high-quality care and support, providing treatment, and mitigating the effects of the epidemic. Frontiers in Reproductive Health staff members develop and test innovative, cost-effective solutions to reproductive health service-delivery problems. Frontiers staff members provide this research-based evidence to key policymakers and program managers and increase the capacity of institutions to implement and sustain client-centered programs.

The Reproductive Health program explores such issues as preventing sexually transmitted infections (STIs), improving childbirth and postpartum care, and reducing unsafe abortion and its consequences. The Gender, Family, and Development program examines the ways that social, economic, and cultural factors affect individuals', especially adolescents', productive and reproductive lives.

The division's work is developed, implemented, and evaluated by Council staff in its New York and Washington, DC, offices, four regional offices, and 14 additional country offices in partnership with service and research organizations around the world.

Purnima Mane, vice president, headed the International Programs Division until February 2003. Peter Donaldson succeeded her as vice president in May. Anrudh Jain is senior director of policy and regional programs. The division's staff of 362 includes 230 health and social scientists and other professionals.

AREAS OF RESEARCH AND TRAINING IN 2003

Reproductive health

Elimination of female genital cutting Expanding contraceptive choice

New approaches to postpartum care

Quality and cost-effectiveness of reproductive health and obstetric care

Reproductive health needs of adolescents

Safe motherhood

Unwanted pregnancy and the consequences of unsafe abortion

HIV/AIDS/STIs

Acceptability of vaginal microbicides Adherence to antiretroviral therapy

Cost-effective ways to prevent HIV transmission and to provide care and support to persons infected with or affected by HIV/AIDS

Integration of HIV/AIDS/STI services with reproductive health programs

Reduction of mother-to-child transmission of HIV/AIDS

Gender, family, and development

Adolescent livelihood studies

Gender-sensitive policy for adolescents

Male–female partnerships and social support for women's reproductive health

Strengthening professional resources

Capacity-building and professional support in Pakistan

Middle East Research Awards program

Use of operations research results in developing countries

Vietnam fellowship programs

POLICY RESEARCH DIVISION

The Policy Research Division marshals social science expertise toward a better understanding of population issues and promotes application of that knowledge to the design and implementation of policies and programs responsive to individual and societal needs. The division undertakes analyses of population policy, demographic behavior, and interrelationships between population and socioeconomic change, often in collaboration with colleagues in developing countries.

Fertility and reproductive behavior is a central focus of the division's work. Research examines global fertility trends and their causes and consequences, the determinants of family size, and the factors underlying the unmet need for contraception. Experimental research seeks to improve program design and performance for both family planning and child survival.

The division's work on the transition to adulthood documents and explores trends related to key events of adolescence, including sexual initiation, school leaving, formal employment, marriage, and first birth. Particular emphasis is given to understanding the effects of availability of schooling, work opportunities, and reproductive health services on adolescent lives.

Population policy is defined broadly as the full range of government actions with a potential population effect. In addition to analyzing policy, division staff members study critical issues related to policy formation, such as consequences of population change at the individual and societal level. Particular attention is given to the socioeconomic and health effects of urban growth. Rapid population aging is creating new challenges for societies seeking to secure the well-being of the elderly. A principal goal of the division's expanding program in this area is to identify and assess new policies and programs that ensure the sustainability of public and private support systems for the elderly.

The division administers the Population Council fellowships in the social sciences, a program that plays a significant role in strengthening developing countries' professional resources in the population field.

John Bongaarts, vice president, heads the Policy Research Division. Cynthia B. Lloyd is director of social science research. The division's staff of 22 includes demographers, economists, and sociologists with expertise in the population issues of developing countries. In addition, two social science fellows work in the New York office.

AREAS OF RESEARCH AND TRAINING IN 2003

Fertility and family planning

Diffusion of fertility-control behavior Large-scale experimental programs Transitions in reproductive behavior Unintended fertility

Transitions to adulthood

Adolescent reproductive behavior Schooling and livelihoods

Population and development policy

Urban poverty and health

Policy development

Population aging

Strengthening professional resources

Social science fellowships

Ghana fellowships

CORPORATE AFFAIRS DIVISION

The Corporate Affairs Division encompasses Legal, Human Resources, Office Services, Information Technology, Public Information, and Publications. The division provides supporting services to the Council, initiates and manages its business relationships, and licenses products developed in its biomedical laboratories. The Publications and Public Information offices communicate the results of work by Council staff, consultants, and colleagues to an international community of policymakers, scientists, teachers, media professionals, and the general public through the Council's publications and its Web site. Publications include two scholarly, peerreviewed journals, *Population and Development Review* and *Studies in Family Planning*, as well as books, newsletters, working papers, and pamphlets. Sandra Arnold, vice president, heads the division, which has a staff of 60.

OFFICE OF THE SECRETARY-TREASURER

The Office of the Secretary-Treasurer includes Finance, Accounting, and Grants and Contracts. Finance oversees the Council's budget, investments, real estate, and insurance, and Accounting maintains the Council's financial records. Grants and Contracts administers grants, agreements, and contracts and ensures that the Council is in compliance with donor regulations. James Tuite, chief financial officer and secretary-treasurer, heads a staff of 26.

OFFICE OF DEVELOPMENT

The Office of Development identifies and carries out strategies for expanded and more diversified financial support, particularly from individual donors, foundations, and corporations. Its goals are to increase unrestricted and endowment funds and to complement the successful grantsmanship of the Council's researchers. The director of development, Ruth Kalla Ungerer, works with the Council's trustees, president, other officers, and staff to achieve these goals.

DISTINGUISHED COLLEAGUES

Two Distinguished Colleagues provide an additional source of expertise in areas of relevance to the Council and represent the organization in their fields internationally. Paul Demeny, Distinguished Scholar, serves as editor of *Population and Development Review*. He also investigates the consequences of population change and contributes to public policy debates on population issues.

Sheldon J. Segal, Distinguished Scientist, serves as chair of the Council's Institutional Review Board, which oversees protection of human subjects in research. His biomedical research focuses on fertility regulation and reproductive health.

2003 BOARD OF TRUSTEES

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Top, left to right: Elizabeth J. McCormack, Charles D. Klein; Rodney B. Wagner, Torsten N. Wiesel; Linda G. Martin, Alaka M. Basu; Demissie Habte, Yoshio Hatano.

Bottom, left to right: Basma Bint Talal; Nancy Birdsall, Florence W. Manguyu; Angel Gurria, Lynn A. Foster, Marc A. Bygdeman; Werner Holzer, Robert B. Millard; Samuel H. Preston.

Not pictured: Mark A. Walker.

¹ Executive Committee member.

² Executive Committee member starting December 3, 2003.

³ Board member starting December 3, 2003.

2003 OFFICERS



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John Bongaarts Vice President Policy Research Division



Peter J. Donaldson¹ Vice President International Programs Division



Elof D.B. Johansson Vice President Center for Biomedical Research



James M. Tuite Chief Financial Officer and Secretary-Treasurer

¹ Succeeded Purnima Mane on May 12, 2003.

PRESIDENT'S MESSAGE

The Population Council is committed to doing first-rate research that makes a positive difference in people's lives, especially in the poorest countries around the world. But if the results of our laboratory investigations, our data analyses, and our program evaluations simply sit on library shelves, we are not achieving our mission. We have to get our findings into the hands of those with the power and resources to act on a large scale.

The essays in this report provide examples of how Population Council research, technical assistance, and capacity building are improving the well-being of men, women, and children around the world. In Pakistan, where 61 percent of the population, or 87 million people, are under the age of 25 years, the release of our results from the first-ever national survey of young people was lauded by the Minister of Finance Shaukat Aziz and other government leaders. In Egypt, lessons from our study of routine births in hospitals are being used to improve the training of physicians who will care for millions of women and their babies in the Middle East. The Council's success in developing contraceptives taking the most promising ideas from our biomedical laboratories,

conducting clinical trials, and entering into licensing agreements for manufacture and worldwide distribution—is unparalleled.

My travels in 2003 gave me the opportunity to see firsthand the connection between our scientific endeavors and the development of policies and programs. In Ghana, Population Council chairman Rodney Wagner and I visited a remote district that is successfully replicating a child survival and family planning service model that was developed by Population Council staff in collaboration with the Navrongo Health Research Centre. This model is now being scaled up in many parts of Ghana, and we had the honor of discussing the initiative with His Excellency John A. Kufuor, President of Ghana. In Kenya, Population Council staff and I had the privilege of meeting with the Honorable Charity K. Ngilu, the Minister of Health, and the conversation turned to the possibility of expanding a successful intervention to improve maternal health that Council staff have been evaluating.

During a trip to South Africa, I visited two of the clinics at which we soon will begin the final phase of clinical testing of the Population Council's candidate microbicide, Carraguard®, a gel that we hope will prevent the transmission of HIV and other sexually transmitted pathogens. In recent years, research on the prevention, treatment, and mitigation of HIV/AIDS has accounted for roughly a third of all activities at the Population Council. This work spans the globe—from India, where we recently tested a model of providing care and support in a resource-poor environment, to Brazil, where we are evaluating prevention services for highrisk populations who live and work on the borders of the country. We were pleased that in late 2003, a delegation from the U.S. Senate chose to visit one of our research sites there.

In the United States, the Population Council is reaching out to policymakers in Washington, especially members of the U.S. Congress, to help them better understand the nature and value of our research. Throughout 2003, I met individually with over 20 members of Congress or their senior staff from both major political parties. In October, I presented to approximately 50 House and Senate staff members an overview of the Council's findings on what works in the fight against HIV/AIDS in Africa—a topic of great interest given the magnitude of the epidemic and the new U.S. AIDS initiative.

It is not possible to list here all the other interactions that I let alone the entire staff of the Population Council—have had with governmental and nongovernmental leaders in rich and poor countries around the world. As always, I am inspired by our staff's commitment to excellence and to making a difference. I am also very grateful for the vision and generosity of our many partners and donors who make our work possible. Their appreciation of the value of bringing the best evidence to bear in policy and program development is priceless.

Finally, I want to recognize the talented trustees and officers of the Population Council, who contribute so much to our success. All of us were delighted to have Peter Donaldson return to the Council in 2003 as vice president and director of our largest division. It was also a pleasure to welcome Robert Millard back to the board and to begin working with our newest trustees, Lynn Foster and Mark Walker. The challenges are many, but with this strong team I am confident that we will continue to achieve our mission of improving well-being around the world through our research.

> Linda G. Martin March 2004

Selected 2003 activities

Moving a contraceptive vaginal ring closer to market

Making contraceptives widely available

Enhancing clients' knowledge and use of contraceptives through better quality of care

Investigating childbirth practices in an Egyptian hospital

Improving breastfeeding practices among HIV-positive women in Zambia

Documenting a gender gap in opportunities among Pakistani youth

Researching the challenges posed by urban growth

Examining trends in the health of older adults

Producing a new population encyclopedia

Nurturing scholarship through the Middle East Research Awards

Moving a contraceptive vaginal ring closer to market

In 2003, scientists at the Population Council's Center for Biomedical Research made significant progress on a new contraceptive vaginal ring. The ring is a sustained-release drugdelivery system made of flexible silicone rubber. It inhibits ovulation by

Women who tested the vaginal ring in Brazil, Chile, the Dominican Republic, and the United States liked and accepted the contraceptive. Large-scale safety and efficacy studies are about to begin.



continuously releasing a low dose of hormones—synthetic progestin and synthetic estrogen—into vaginal tissue and then the bloodstream. Results from initial studies indicate that the ring is as effective as oral contraceptives or intrauterine devices in preventing pregnancy.

Council scientists designed the ring to provide contraception for a full year, making it a particularly useful product for women in developing countries, whose birth planning options are often limited. Researchers manufactured a ring prototype in the mid-1990s and have been testing it for safety and efficacy in clinical trials. They now plan to proceed to a large-scale study that, if successful, could

lead to submission to the United States Food and Drug Administration and other health authorities. If formally approved, the Council's ring would be the only long-acting ring system available; Organon's contraceptive ring, NuvaRing®, which recently gained FDA approval, works for only one month.

The Council's contraceptive ring is intended to be worn for three weeks for each of 12 months and removed for a week, during which time a menstrual period is induced. It is inserted and removed by the user as in the case of a diaphragm and does not require attention before each act of sexual intercourse. Further, the ring does not produce certain side effects, such as acne, that are experienced with the androgenic progestins used in most oral contraceptives.

According to reproductive endocrinologist Régine Sitruk-Ware, the ring was well liked and accepted by women in all countries in which it was tested—Brazil, Chile, the Dominican Republic, and the United States. Women who used the ring, she reports, came back to the clinic to request it again.

Summing up the method's appeal, Sitruk-Ware says, "The system works without daily attention, which favors better compliance and hence fewer failures. Other systems such as implants, injections, and IUDs have this advantage as well, but they require greater involvement of a health provider. Once she has it, the woman controls the ring herself."



Régine Sitruk-Ware is executive director of product research and development at the Council's Center for Biomedical Research.

Making contraceptives widely available

F or more than half a century, the Population Council has pursued the objective of giving people the means to choose whether and when to have children by

meeting their needs for contraception. One of the approaches to this goal that the Council has been uniquely successful in pursuing is developing long-acting, reversible contraceptives and making them available to people throughout the world who want and need them.

At its Center for Biomedical Research, the Council has developed three of the four long-acting, reversible contraceptives for women available today: the Copper T intrauterine device; the Norplant® subdermal implant system and its successor, Jadelle®; and Mirena®, the levonorgestrel hormone-releasing intrauterine system. More than 50 million women worldwide have relied on these products for family planning. The Council is now in the vanguard of research that may lead to new contraceptive options for men.

The Council aims to provide access to these contraceptives to all—rich and poor, in developed and developing countries. In licensing each new biomedical product to pharmaceutical companies for manufacturing and marketing, the Council always includes provisions for access to the products at reduced prices by public-sector organizations that make them available to the poor. A special public-sector price may be established,









(Left to right) Copper T intrauterine device, Norplant®, Jadelle®, Mirena®

below the market price but above cost, or a charitable foundation may be created to donate the product.

In the United States, the pharmaceutical company Wyeth established the Contraception Foundation under the terms of its agreement to market Norplant, and Berlex, Inc. created the ARCH Foundation under its Mirena contract. These foundations help make the products available to women who could not otherwise afford them.

The manufacturer and marketer of Mirena outside the United States, Schering AG, has taken a novel approach to meeting its public-sector responsibilities by creating the **International Contraceptive Access** (ICA) Foundation. Under Schering's agreement with the Council, the ICA Foundation will provide the product at reduced prices to public-sector agencies throughout the world, which will in turn provide them to women in the developing world. This foundation is the first established for the specific purpose of supplying products at reduced prices internationally. According to Population Council general counsel Patricia Vaughan, who helps negotiate these agreements, "It is hoped that this foundation will greatly enhance availability of this excellent method to women in the developing world."



Sandra Arnold is a Council vice president and director of the Corporate Affairs Division. She leads the Council's product licensing.



Patricia Vaughan is the Council's general counsel.

Enhancing clients' knowledge and use of contraceptives through better quality of care

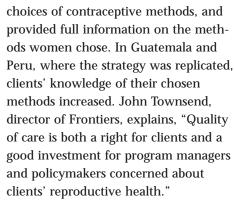
The idea that quality of care in family planning services makes a difference was put forth in the early 1990s by Judith Bruce, now Population Council program director of gender, family, and

In Senegal, if a woman receives high-quality care, she is more likely to continue using contraception than if she does not.



development, and Anrudh Jain, now the Council's senior director of policy and regional programs. Quality is commonly measured by observing care and the nature of the interaction between providers and clients, and by interviewing clients about their experiences. In 2003, Council researchers showed that programs designed to improve quality of care can improve clients' clinic experiences and increase their knowledge. Further, new research shows that if a woman receives high-quality care, she is more likely to use contraception than if she does not.

In Latin America, researchers from the Frontiers in Reproductive Health program found that a new counseling strategy led to significant improvements in clients' interactions with clinic providers. In more than 300 family planning clinics in Peru, program staff trained counselors to ask clients about their reproductive goals, presented



In Asia, women who received good care during clinic visits were significantly more likely to use contraceptives for a longer time than those who did not. A research team in the Philippines, led by economic demographer Saumya RamaRao with investigators from Ateneo de Davao University, interviewed more than 1,700 new contraceptive users. After assessing the quality of care women received when they selected a method, researchers reinterviewed them 16 months later and found that 75 percent were still using contraception. Use of a modern method was greatest at the highest level of care.

In Senegal, a study of more than 1,000 new family planning users showed that these findings are replicable. "Clients who received good care were 1.3 times more likely to continue using contraceptives more than a year later than those who did not," notes RamaRao, who led both studies. "A well-rounded information exchange between the client and the provider that includes clear explanations of all options and risks goes a long way."

The USAID-funded Frontiers in Reproductive Health program applies systematic research techniques to improve delivery of family planning and reproductive health services and influence related policies. Frontiers is implemented by the Population Council with Family Health International and Tulane University.



Saumya RamaRao is a program associate in the International Programs Division.

Investigating childbirth practices in an Egyptian hospital

very year approximately 500,000 women die from childbirth-related causes, most of them in developing countries. While Egypt's maternal mortality rate has fallen significantly over the past decade, from 174 deaths per 100,000 live births in 1992 to 84 in 2000, the primary avoidable factor contributing to these deaths remains substandard medical care. The Egyptian government has markedly improved emergency obstetric care, but until recently little was known about hospital practices for normal delivery. To address this gap, public health physician Karima Khalil led a team that documented normal labor and delivery practices in Egypt for the first time. The study took place at Cairo's El-Galaa Teaching Hospital, a prestigious obstetrics facility that trains more than 200 doctors annually.

The team observed 176 women throughout labor and delivery. Many hospital practices deviated from the standards of evidence-based medicine. For example, research shows that the drug oxytocin is required in 15 percent of labors in the United States to augment poorly progressing labor. However, inappropriate use can cause fetal distress, uterine rupture, and postpartum hemorrhage. In the Egyptian study, oxytocin was used in 91 percent of observed labors. The team found "nearly routine, inadequately monitored, and largely inappropriate" oxytocin use. Contrary to guidelines, the drug was given before labor could be assessed, in spite of good progress, or before a woman's water had broken.

Oxytocin also is appropriately administered immediately after a baby's birth and before the placenta is delivered to prevent postpartum hemorrhage (the leading cause of maternal



Population Council research at an Egyptian hospital may result in the adoption of safer labor and delivery practices for normal deliveries in Egypt and other developing countries.

death in Egypt). In the Egyptian study, the drug was used for this purpose in only 15 percent of the deliveries.

Regarding labor augmentation, providers reported that bed shortages made oxytocin use necessary. With 100 obstetrical cases daily, including emergencies, hospital staff found it difficult to monitor women experiencing normal labor. Such challenges are common in other developing countries as well.

According to Barbara L. Ibrahim, Council regional director in West Asia and North Africa, "The research team worked closely with hospital management from the outset, and the hospital is eager to institute needed improvements." In consultation with hospital staff, the research team is developing a provider training package, writing a protocol for normal labor, and exploring ways to increase bed availability. Reports Khalil, "Policymakers and medical care providers in Egypt and the region are interested in our methods and findings, which have implications for physician training in many other developing countries as well."



Karima Khalil is reproductive health coordinator in West Asia and North Africa.

Improving breastfeeding practices among HIV-positive women in Zambia

E ach year more than 700,000 infants worldwide are infected with HIV through transmission from their mothers during pregnancy, labor and delivery, or while breastfeeding. As much as 90 percent of the world's mother-to-child HIV transmission occurs in sub-Saharan Africa, where

Counseling helps women make better-informed decisions about infant feeding and HIV.



access to antiretroviral drugs, which can reduce the transmission of HIV from mother to child when taken surrounding childbirth, remains limited. In 2003, encouraging results from a study conducted by the Horizons program in Ndola, Zambia, suggest that even when such drugs are not available, mothers who receive counseling about infant feeding are far more likely to take steps, such as adopting safer feeding practices, to prevent their babies from contracting HIV.

In developing countries such as Zambia, infant formula—recommended in place of breastfeeding for HIV-positive mothers in wealthier countries—is often unaffordable, and local water supplies for mixing it may be unsanitary, exposing infants to lifethreatening diarrheal diseases. Some women may also be reluctant to formula feed for fear of indicating to their neighbors and others that they

are HIV-positive. Research has shown that the widespread practice of "mixed feeding"—combining formula or other foods and breast milk—can result in an even higher rate of HIV transmission than breastfeeding alone.

Thus, infant-feeding guidelines developed by health managers in Ndola recommend exclusive breastfeeding for the first six months, even for mothers who are HIV-positive. In the study, six health clinics added voluntary HIV testing and infant-feeding counseling to their services. Counselors advised HIV-negative women to breastfeed exclusively for six months and to continue breastfeeding while introducing other foods until their babies reach age two. HIV-positive mothers were taught about the risks of formula feeding and those of mixed feeding. They, too, were advised to breastfeed exclusively for six months, then stop and switch to local infant foods to reduce their children's risk of exposure to HIV.

Researchers used surveys to assess feeding practices before and after counseling. The proportion of mothers who reported breastfeeding exclusively rose from 57 percent to 79 percent, with fewer mothers reporting mixed feeding.

"The research shows that infant-feeding counseling is a crucial part of preventing mother-to-child transmission," affirms public health specialist Naomi Rutenberg, a lead author of the study.

Naomi Rutenberg is research director of the Horizons program.

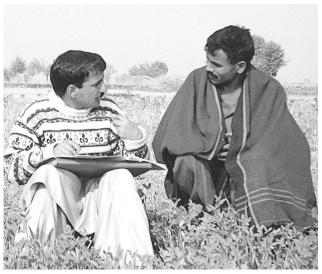
The USAID-funded Horizons program of operations research is implemented by the Population Council in collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health, Tulane University, Family Health International, and the Johns Hopkins University.

Documenting a gender gap in opportunities among Pakistani youth

ajor differences in school, work, and recreation opportunities between young men and women in Pakistan were detailed in a Population Council survey released in 2003. These findings resulted from an unprecedented national survey of adolescents that was conducted with the assistance of the Pakistan Federal Bureau of Statistics. Researchers surveyed some 8,000 young people ages 15 to 24—an age group that accounts for 20 percent of the population, or more than 27 million.

Young people in Pakistan spend their time very differently depending on gender. Males are much freer to leave the home unaccompanied on a daily basis, and most eventually enter the paid labor force. By comparison, less than 40 percent of young women are doing paid work by age 24. Females are most likely to work at home on domestic chores. And while their work at home is largely hidden and unpaid, "at every age between 15 and 24 women work more hours than men," notes Zeba A. Sathar, Population Council country director in Pakistan. Furthermore, the vast majority of young girls say they would do paid work if opportunities were available.

Parents in Pakistan prefer to send their children to single-sex schools. However, the number available to females at each level falls far short of the number of schools accessible to males, particularly in rural areas. Fewer than half of all girls and young women in Pakistan have ever enrolled in school, and those who



A Population Council field researcher discusses roles and status of youth in Pakistan with a young farmer.

attend are likely to drop out earlier than boys. "The gender gap remains huge," reports social scientist Minhaj ul Haque, one of the survey's principal investigators. Cynthia B. Lloyd, the Council's director of social science research, explains that while most young people aspire to higher education, "attainment levels are much lower. Poverty, lack of access, and poor school quality are all to blame."

In response to insights gleaned from the investigation, the Population Council plans to continue in-depth research into opportunities for primary schooling in the country's rural communities. According to Finance Minister Shaukat Aziz, the study's findings will inform Pakistan's national youth policy. "Economic growth and prosperity are not automatic," he says. "They will depend on whether Pakistan succeeds in providing better education, minimizing the gender gap, and creating job opportunities."

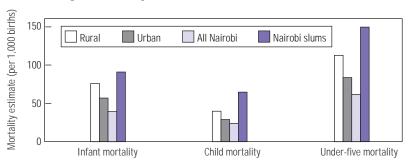


Minhaj ul Haque is a deputy program manager in Islamabad.

Researching the challenges posed by urban growth

or decades, demographers have thought of developing countries as mostly rural, but in the next 30 years that picture will change. The world's population is projected to increase by 2.2 billion by 2035, and almost all of the growth will occur in the cities of Africa, Asia, and Latin America.

Levels of infant and child mortality in Nairobi slums as compared with other parts of Kenya



The urban poor face health risks comparable to or greater than risks in rural villages. In the urban slums of Nairobi, infant and child mortality rates are more than twice the rate for Nairobi as a whole

Source: National Research Council et al. 2003. Cities Transformed: Demographic Change and Its Implications in the Developing World. Washington, DC: National Academies Press.

> Demographers know little about how particular urban settings affect people's marriages, fertility, health, and schooling. What data there are come mostly from large cities, and few studies have examined the differences within and among large urban areas or have focused on smaller cities. To narrow that research gap and to help governments manage urbanization, the U.S. National Research Council formed the Panel on Urban Population Dynamics, chaired by Population Council economist Mark R. Montgomery and Richard Stren of the University of Toronto. The panel's report, Cities Transformed: Demographic Change and

> Its Implications in the Developing World,

was published by the National Academies Press in 2003.

Among the panel's findings:

- · Nearly half the world's urban population lives in the smaller cities of developing countries (cities of one million people or fewer). The bulk of future population growth will take place in such cities.
- The expansion of squatter settlements and shantytowns hinders the provision of basic infrastructure and amenities, especially when growth occurs on the peripheries of cities, where government responsibilities are ill-defined.
- As a group, people living in smaller cities have less access to healthrelated public services—running water, flush toilets, and electricitythan people in large cities. Studying small cities is a critical precursor to improving these conditions.
- · Research is needed on measuring poverty, identifying vulnerable groups, and creating links to assistance.

"The urban advantage in health is not a myth-but it is only a partial truth," explains Montgomery. Comparing the health of urban and rural residents, the panel found that urban dwellers do not always enjoy an advantage. In fact, city residents who are poor can face health risks comparable to risks in rural villages, and for slum dwellers risks can be even greater.

As national governments decentralize, city officials are being asked to meet increasing demands for services, yet few are equipped to do so. If demographers are to help them, they must learn much more about cities and the needs of the people who live in them.



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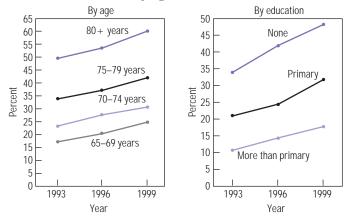
Examining trends in the health of older adults

Population aging—the increase in the proportion of a population that is older—is occurring in rich and poor countries alike as fertility and mortality rates fall. A major question surrounding the increase in survival to older ages is whether the extra years of life are spent in good or bad health. The answer has important implications for policies that might encourage people to work longer and for programs to support older people who cannot care for themselves.

Two recent studies examined this issue. Population Council president Linda G. Martin, Vicki A. Freedman of the Polisher Research Institute, and Robert F. Schoeni of the University of Michigan published a review of the evidence on older Americans in the Journal of the American Medical Association. In a Population Studies article, Council sociologist Zachary Zimmer, Martin, and the former director-general of Taiwan's Bureau of Health Promotion, Ming-Cheng Chang, investigated the question for Taiwan, whose population is aging even more rapidly than those of Western countries.

The researchers found that over the last two decades older Americans' functioning has generally improved, but older Taiwanese have not fared as well. In the United States, "the greatest improvements occurred in the ability to carry out such routine activities as household chores and shopping, while there was little change for such personal care activities as bathing," notes Martin. Overall, the proportion of the population aged 70 and older in the United States who needed help with any activity declined between 1982 and 1996 from about 23 percent to 19 percent.

Percent of older adults in Taiwan with at least one functional limitation, by age and education



In Taiwan, there has been an increase in the proportion of older adults with difficulty either walking 200–300 meters or climbing stairs. The youngest and best-educated older adults tend to have the fewest limitations.

The Taiwan study looked at the ability of people 65 and older to walk 200 to 300 meters and climb stairs. Between 1993 and 1999, the proportion who had difficulty with these activities grew—from 26 to 36 percent. The researchers were not able to explain this change, but speculated that one factor may have been the 1995 introduction of universal health insurance, which increased access to care and may have especially benefited those in poorest health. "Previously people with severe limitations may have been more likely to die," Zimmer explains.

In both populations, tomorrow's elderly generally will have received more education and experienced greater prosperity throughout their lives than today's elderly. So while the recent decline in functioning among Taiwan's elderly is not positive, Zimmer notes, "Young people in Taiwan are likely to enter their senior years much healthier than did their elders."



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Producing a new population encyclopedia

The newly published *Encyclopedia* of *Population*, edited by two longtime associates of the Population Council, provides a

In modern usage the word population means "the total POPULATION number of persons inhabiting a country, town, or other area," or "the body of inhabitants" (Oxford English Dictionary [1933]). The two meanings seem much the same and are often conflated, but conceptually they are distinct—the first, the number of persons, is the demographer's stock in trade; the second, the body of inhabitants, is the stuff of social science generally. . . . The word's first recorded use in a modern sense, according to demographer Adolphe Landry, is in an essay by the philosopher Francis Bacon from 1597. . . . Well before Bacon there was of course a need to talk about numbers of inhabitants in a particular territory. In English, for example, the word "souls" in the sense of enumerated individuals was used from the fourteenth century or even earlier. But for most purposes the egalitarianism implied by weighting individuals equally would have been seen as distorting reality. . . . Nobles and commoners, or citizens and noncitizens, could not be simply added together. Women and children might count for little; slaves for nothing. . . .

—Excerpted from Encyclopedia of Population



Paul Demeny is the Council's Distinguished Scholar.



Geoffrey McNicoll is a senior associate in the Policy Research Division.

contemporary appraisal of the population sciences. The only other encyclopedia of population was published more than 20 years ago, at a time when the field looked very different. "In the 1980s, population issues seemed to many people to connote little more than rapid population growth and measures to curtail it," write the editors, Paul Demeny and Geoffrey McNicoll, in their preface. "Today, population growth is one concern among many." Demeny is founder and editor of the Council's journal Population and Development Review. Both he and McNicoll have written extensively on population and development issues.

The Encyclopedia of Population is directed to professionals in the population sciences as well as to other social scientists, college students, and educated lay readers. The editors sought to produce articles that are informative yet jargon-free. The two-volume set includes more than 300 entries written by experts from a wide range of disciplines. A sampling of topics gives a sense of the encyclopedia's scope: population aging, AIDS, animal ecology, emerging infectious diseases, environmental ethics, forced migration, human extinction, and population in literature. "If this encyclopedia has an ambition beyond the utilitarian, it is to push out the boundaries of the subject," the editors write. The basics of demography are of course covered as well.

The editors believe that a reference work on population must tackle controversial subjects. Entries explore the ethical concerns raised by genetic testing, new reproductive technologies, and euthanasia, for example. "Not a few topics in population studies are contentious, either in terms of research findings or, more basically, in terms of their political and ethical premises or implications," state the editors. "Unsurprisingly, the various authors may often take differing positions. We have sought to ensure an overall balance among the articles." The encyclopedia is published by Macmillan Reference USA; an electronic version will be available through Gale eBooks and netLibrary.

Nurturing scholarship through the Middle East Research Awards

arking its 25th year in 2003, the Middle East Research Awards Program in Population and the Social Sciences (MEAwards) helps scholars conduct important research on population issues in Middle Eastern countries. It is one of several Population Council programs designed to advance scholarship in the biomedical, public health, and social sciences. According to Barbara L. Ibrahim, director of the Council's West Asia and North Africa regional office, which administers the program, "MEAwards has thrived because it provides two things that are rare in the region: peer support for emerging scholars of excellence and funds to pursue topics that are locally defined."

Abdel Ghaffar Ahmed, MEAwards program director, says it fills a void: "Lack of opportunities and lack of access to the necessary resources to undertake research in this region make the program extremely important." Over the years, Ahmed notes, MEAwards has advanced scholarship on critical regional issues such as population displacement, rural transformation, and the social context of poverty, and has supported 311 researchers with 215 awards.

Grants are made to carry out projects that meet the program's high standards, and freedom to address sensitive topics and critical ideas is guaranteed by the program. Hoda Rashad, who now heads the Social Research Center at the American University in Cairo, recalls that MEAwards allowed her to do innovative work that she might not have



been able to carry out otherwise: studying the under-registration of mortality statistics in Egypt. Furthermore, Rashad notes, "MEAwards fostered interaction and networking among researchers. We were able to draw on and benefit from one another's experiences."

The program has made training scholars in research methods a priority. To promote a sense of academic community that facilitates collaboration, some recent awards have included Internet subscriptions—e-mail is still a luxury in some locations.

The goal of the MEAwards program is to cultivate creative thinkers and leaders who are engaged in solving the challenges of their societies, and by this measure the program has been highly successful. Several award recipients have become influential policymakers and academicians. For example, the sociologist Aisha Belarbi served as minister of state for foreign affairs in Morocco, economist Bassam Saket was appointed minister of transport and communications in Jordan, and Rahma Bourgia, an anthropologist, recently became the first woman to serve as president of a university in Morocco, at Mohammadia University near Rabat.

The Poverty Working Group, one of four longterm research working groups coordinated by the Council's MEAwards program, held a workshop in Rabat, Morocco, on May 14–16, 2003.



Abdel Ghaffar Ahmed is MEAwards program director in West Asia and North Africa.

The Population Council is committed to communicating the results of its work and that of others in the field to those concerned with population and health issues, including the public at large. To this end, it publishes and disseminates a wide range of materials to varied audiences. The Council provides publications at no cost to professionals in developing countries who have limited funds or who face considerable currency exchange barriers.

The Council publishes two scholarly, peer-reviewed journals, *Population and Development Review* and *Studies in Family Planning*, both of which have a dedicated readership worldwide. Supplements to the *Review*, each examining a major subject of policy relevance in depth, are issued every other year. Paul Demeny is editor of *Population and Development Review*; Ethel Churchill is managing editor. Julie Reich is managing editor of *Studies in Family Planning*. Views expressed in the journals are those of the authors and do not necessarily reflect those of the Population Council or its sponsors.

The Council also publishes *Population Briefs*, a newsletter that highlights findings from its own research in the biomedical, social science, and public health fields. Books, statistical compendiums, conference proceedings, newsletters, working papers, and pamphlets are among the other publications issued by the Council. Staff members also publish their work in a wide range of external outlets, including peer-reviewed journals.

The Council's Web site—www.popcouncil.org—contains selected publications in HTML and PDF formats and lists hundreds of publications and articles by staff members.

The first part of this section is organized by research area and lists 2003 publications by staff and consultants. Authors whose names appear in boldface are Council staff members. The second part of this section lists the articles published in 2003 in *Population and Development Review*, in a supplement to the journal, and in *Studies in Family Planning*.

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² Director of reproductive health until her departure February 28, 2003; Ana Langer appointed acting director effective March 1, 2003.

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¹ Effective September 2003.

² Effective June 2003.

³ Through August 2003.

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³⁴

ell-qualified professionals are needed throughout the world to address population and development issues. Strengthening this professional base is an integral part of the Population Council's mission. The Council's long-standing fellowship programs have helped advance the careers of more than 2,400 social and biomedical scientists, many of whom have gone on to hold leadership positions in the population field. The work of these fellows has enhanced the Council's role in informing the development of population policy and programs and fostering research.

The Council's biomedical fellowship program, administered by the Center for Biomedical Research, brings postdoctoral fellows to the center to conduct research in reproductive biology and immunology and product development. The Christopher Tietze Fellowship in Reproductive Epidemiology provides one year of funding for research on morbidity and mortality associated with fertility-regulation methods and their delivery, as well as other health topics such as unsafe abortion, maternal mortality, and reproductive health.

The International Programs Division administers two fellowship programs in Vietnam and supports fellows in other developing countries who are linked to specific projects within the division. These fellows are selected on a competitive basis within particular regions, countries, or institutions. One of the Vietnam fellowship programs supports highly qualified Vietnamese health professionals in obtaining the master of public health degree in the United States, and a newer program provides master's degree training in reproductive health, sexuality, and the social sciences. Fellowships under both programs are for two years; upon completion of their studies, fellows are expected to return to Vietnam and work for institutions there.

MEAwards, offered through the Middle East Research Awards Program in Population and the Social Sciences, support interdisciplinary studies and professional development for scholars in that region.

Population Council fellowships in the social sciences, administered by the Policy Research Division, support one year of work leading to a doctoral degree, one year of midcareer training in the population field, or up to two years of postdoctoral research. Awards are made only to applicants whose proposals focus on the developing world. The Ghana fellows conduct one year of predoctoral or postdoctoral research in family planning and demography at the Navrongo Health Research Centre in Ghana.

The fellowship programs are supported by private foundations, the U.S. government, individuals, and the Council itself. The Council's Web site—www.popcouncil.org—provides detailed information on Council fellowships.

BIOMEDICAL FELLOWS

Fellows conduct research at the Center for Biomedical Research. Institutions listed are those with which fellows were affiliated before joining the Council.

Asia

China

Qiang Dong. Lecturer and attending surgeon, Western China University, Chengdu. Analysis of steroidogenic function in mouse Leydig cells during stress.

Li-Qiang Fan. Postdoctoral fellow, Shanghai Institute of Biochemistry, Chinese Academy of Sciences, and East China University of Science and Technology. Study of molecular mechanism of male reproductive hormone action using a transgenic mouse experimental model system. Haiyan Huang. Postdoctoral fellow, Peking Union Medical College, Beijing. Transcriptional regulation in male germ cells.

Li Huang. Resident physician, Shanghai Second Medical University. Genetic analysis of the function of a thioredoxin-like sperm protein in knockout mice.

Jifan Li. Postdoctoral fellow, Biomaterials Research Unit, Department of Chemical Engineering and Applied Chemistry, Aston University, Birmingham, United Kingdom. Identification and modification of Carraguard® using chemical methods.

Hui-Juan Shi. Lecturer, Department of Biochemistry, East China University of Science and Technology, Shanghai. Cloning and functional analysis of thioredoxin-like and CD20-related novel rat sperm protein genes: Potential fertility control agents.

Guimin Wang. Postdoctoral fellow, Department of Obstetrics/ Gynecology, University of Uppsala, Sweden. Postnatal differentiation of Leydig cells in the insulin-like growth factor-1 deficient mouse.

India

Anil Kumar Pillai. Postdoctoral fellow, M.S. University of Baroda, Vadodara. Characterization of mechanisms controlling basal and activin-stimulated expression of follicle-stimulating hormone in pituitary gonadotrope cells.

Israel

Margarita Vigodner. Postdoctoral fellow, Tel Aviv University. Characterization of lipid transfer START domain proteins in male germ cells.

Japan

Tomomoto Ishikawa. Postdoctoral fellow, Kobe University School of Medicine. Interleukin-regulated gene expression in Sertoli cells.

Europe

Germany

Anke Diemert. Predoctoral fellow, University of Luebeck School of Medicine. Hormone therapy and steroid regulation of human breast cells

Italy

Silvia Peretti. Predoctoral fellow, Istituto Superiore di Sanità, Rome. Virus modulation of dendritic cell function that drives HIV infection instead of immune activation.

Russia

Natalia Teleshova. Postdoctoral fellow, Division of Neurology, Karolinska Institute, Huddinge University
Hospital, Stockholm, Sweden. Modes of communication between novel dendritic cell subsets and immunodeficiency virus in the SIV-macaque system to improve vaccines.

INTERNATIONAL PROGRAMS DIVISION FELLOWS

Africa

Uganda

John Frank Mugisha. Operations research on the global development and coordination of capacity building and economic research (Frontiers in Reproductive Health country fellow).

Asia

Vietnam

The following Vietnam fellows are studying toward the M.P.H. at the institutions listed.

Bui Quang Vinh. Harvard University. Dao Thanh Huyen. Johns Hopkins University.

Dao Thi Diep Quyen. Boston University.

Dinh Thuan An. Harvard University. *Ha Anh Duc.* Harvard University.

Huynh Quoc Hieu. University of North Carolina, Chapel Hill.

Le Ngoc Dien. University of North Carolina, Chapel Hill.

Le Quang Duong. University of Illinois, Chicago.

Le Thi Phuong Mai. University of Massachusetts, Amherst.

Le Thuy Lan Thao. University of Washington, Seattle.

Le Anh Tuan. Columbia University.

Nguyen Hong Chuong. University of California, Berkeley.

Nguyen Dinh Cuong. University of Pittsburgh.

Nguyen Thi Thanh Ha. University of Illinois, Chicago.

Nguyen Le Hai. University of Illinois, Chicago.

Nguyen Thi Lan Hoa. Harvard University.

Nguyen Duc Minh. University of Washington, Seattle.

Nguyen Kim Xuan Nam. University of Alabama.

Nguyen Cong Nghia. University of North Carolina, Chapel Hill.

Nguyen To Nhu. University of California, Los Angeles.

Nguyen Ngoc Thang. Boston University.

Nguyen Ngoc Thieu. Boston University.

Nguyen Xuan Thuy. University of Pittsburgh.

Nguyen Viet Xuan. University of Alabama.

Pham Thi Chinh. University of Washington, Seattle.

Pham Dinh Hoa. Boston University. Pham Quoc Hung. Boston University. Pham Van Phuoc. University of California, Los Angeles.

Phan Thi Thu Ha. University of Washington, Seattle.

Phung Thi Thanh Tu. University of Washington, Seattle.

Phung Thi Thuy Van. Boston University.

Quach Thi Bich Lien. Brown University.

Thai Thanh Thu. Tulane University. Tran Phuc Hau. Emory University. Tran Khanh Van. University of Massachusetts, Amherst.

Trinh Thu Hang. Emory University. Vu Van Chinh. Emory University. Vu Quynh Nga. Harvard University. Vu Cong Nguyen. Brown University. Vu Ngoc Phinh. Boston University.

The following Vietnam fellows are studying toward master's degrees in reproductive health, sexuality, and the social sciences at the institutions listed.

Bui Thi Thanh Thuy. University of Amsterdam.

Duong Khanh Van. London School of Hygiene and Tropical Medicine.

Hoang My Dung. Columbia University. Hyunh Nam Phuong. London School of Hygiene and Tropical Medicine.

Khuat Thi Hai Oanh. London School of Hygiene and Tropical Medicine.

La Manh Cuong. San Francisco State University.

Le Van Dien. Boston University. Nguyen Thi Quynh Anh. San Francisco State University.

Nguyen Tran Lam. University of Amsterdam.

Nguyen Thi Thu Lan. San Francisco State University.

Nguyen Thi Thu Nam. University of Amsterdam.

Nguyen Trong Nam. Columbia University.

Nguyen Hong Phuong. Emory University.

Pham Thi Thanh Hang. London School of Hygiene and Tropical Medicine.

Pham Hong Hanh. University of Amsterdam.

Phan Thi Thu Hien. University of Amsterdam.

Tong Hoai Nam. Harvard University.

Tran Thi Thu Ha. University of Melbourne.

Tran Thi Thu Hoang. University of Melbourne.

Tran Thi Kim Oanh. University of Melbourne.

Trinh Van Thang. University of North Carolina, Chapel Hill.

Vu Hong Phong. University of Amsterdam.

MEAWARDS

Africa

Egypt

Rabab Abdulhadi, Cairo. Post-Oslo identification patterns and collective action of Palestinian refugees in Lebanon.

Hibba Abugideiri, Cairo. Egyptian women and science: Gender in the making of colonized medicine, 1893–1929.

Ghada Boutros, Cairo. Coptic immigrant churches: A "piece from home" away from home.

Ahmed El Hamalawi, Giza. Producing a prototype of a tool to prevent dust from harming the health of upholsterers (Culture and Health Awards Program).

Noha El Naggar, Alexandria.
Designing a glossary of medical terms related to maternal and child health in Aswan Governorate (Culture and Health Awards Program).

Iman El Tahlawi, Cairo. Nutritional patterns of Egyptian women (Culture and Health Awards Program).

Anita Fabos, Cairo. Egyptian perceptions of forced migrants in Cairo: National identity and hosting the "other."

Gihan Farag, Cairo. Producing an educational video film entitled "An Extraordinary Day" (Culture and Health Awards Program).

Elham Fateem, Sahafeen. Producing a handbook for media professionals to correct health-related messages and stereotypes (Culture and Health Awards Program).

Fuad M. Hassanen, Aswan. Raising health awareness of the local community in Abu Haga's village (Culture and Health Awards Program).

Yaser Helmi, Nasr City. Designing an Arabic reproductive health Web site for Egyptian youth (Culture and Health Awards Program).

Sami Hossam, Cairo. Producing a sixminute video film on smoking (Culture and Health Awards Program). Mahmoud Mansour, St. Katherine. Research on drying food and vegetables in Sinai following the Bedouin traditional way (Culture and Health Awards Program).

Seham Nasser, Cairo. Producing a poster and two cartoon films on the abuse of medications (Culture and Health Awards Program).

Gamal Youssef, Qena. An education kitchen in two kindergartens in Qena (Culture and Health Awards Program).

Morocco

Mehdi Lahlou and Claire Escoffier, Rabat. New migrants and new strategies: From sub-Saharan countries to Europe through Maghreb.

Zeinab Mi'adi, Casablanca. The double tattoo on the rural female body: New reading of the reality of rural women and their aspirations and integration in development.

Kholoud Sebai, Rabat. Identity and the body: A psycho-social study of rural women's perception of urban women in Jiballa.

Sudan

Sahar El Faki, Khartoum. NGOs' development impact on internally displaced persons.

<u>Tunisia</u>

Abdel Wahab Ben Hafaideh, Tunis. Students' mobility, new destinations, and alternative mobility: The case of Tunisian students after September 11, 2001.

The Americas

United States

Ozlem Atlan, New York. The American third world: Globalization and local acculturation of the elite in the Middle East.

Volkan Aytar, New York. Tourism and entertainment establishments in Istanbul: How to create synergies.

Koray Calishan, Brooklyn, NY. Locating the market in the age of neoliberal reforms: Cotton trade and production in Egypt and Turkey.

Nejat Dinc, Palo Alto, CA.
Reimagining the nation in the age of globalization: Rural environmental movements and conflicts over development in Turkey.

Cihan Tugal, Ann Arbor, MI.
Migration, culture, religion, and the making of urban hierarchies.

Bayram Unal, Binghamton, NY.
Moldovan illegal migrant workers in
Istanbul, Turkey: The "ethnic division of
labor" within the informal economy.

*Nazan Ustundag, Bloomington, IN.*Alternative modernities: The case of migrant women in Turkey.

Asia

Palestine

Najwa Rizkallah, Jerusalem. Reproductive history and coronary heart disease risk factors among Palestinian women.

Lisa Taraki, Birzeit. Urban and class dynamics in Palestine.

Livia Wick, Ramallah. Childbirth in Palestinian oral history: The transformation of health practices and politics.

Saudi Arabia

Muna El Tahir, Riyadh. Community participation in housing and urban development, Khartoum.

Turkey

Ayhan Kaya, Istanbul. Identity formation and articulation among the Circassian diaspora in Turkey: A comparative study in Istanbul, Samsun, and Kayseri.

Nuri Zafer Yenal and Caglar Keyder, Istanbul. Agrarian change under globalization: Postnational paths of rural transformation.

Murat Yuksel, Istanbul. Forced migration of Kurds and the politics of internal displacement in the making of modern Turkey.

Europe

United Kingdom

Samer Bagaeen, London. The impact of a sudden and unplanned influx of people on the condition of the built environment in historic cities: Going back to the old city of Jerusalem.

Njia Bahubashi, Liverpool. Assessment of quality of care and use of family planning services in Sana'a city (Yemen).

Baris Karapinar, London. Rural transformation in Turkey: Relative viability of small-scale family production in agriculture from 1980 to 2003.

Kerem Oktem, Oxford. Modernizing Turkey's periphery: The southeast Anatolia project, Sanliurfa and the production of fragmented urban spaces.

SOCIAL SCIENCE FELLOWS

Africa

Cameroon

Jean-Christopher Fotso. Study toward Ph.D. in population studies, University of Montreal.

Ethiopia

Muluye Desta. Study toward Ph.D. in demography, University of Southampton (Parker Mauldin fellow).

Ghana

Samuel Mills. Study toward Dr.P.H. in public health, Johns Hopkins University.

Kenya

Daniel Omariba. Study toward Ph.D. in social demography, University of Western Ontario (Ritchie Reed fellow).

Malawi

Flora Nankhuni. Postdoctoral research in demography, University of Pennsylvania.

Zimbabwe

Ravai Marindo. Midcareer resident training in medical demography, Population Council, New York (Bernard Berelson fellow).

The Americas

Argentina

Georgina Binstock. Postdoctoral research in family demography, Centro de Estudios de Población, Argentina (Parker Mauldin fellow).

Canada

Caroline Archambault. Fieldwork toward Ph.D. in anthropological demography, Brown University.

Mexico

Vladimir Canudas-Romo. Postdoctoral research in demography, Pennsylvania State University, University Park (DeWitt Wallace fellow).

United States

Barbara Lacey Andrews. Fieldwork toward Ph.D. in anthropological demography, Brown University (DeWitt Wallace fellow).

Sunita Bose. Study toward Ph.D. in sociology, State University of New York, Albany.

Mara Leichtman. Fieldwork toward Ph.D. in anthropological demography, Brown University.

Sara Peracca. Postdoctoral resident training in sociology, Population Council, New York (Bernard Berelson fellow).

Catherine Stiff. Study toward Ph.D. in social demography, Brown University. Colin West. Fieldwork toward Ph.D. in anthropology, University of Arizona.

Asia

Cambodia

Bunnak Poch. Postdoctoral research in sociology, University of Chicago.

India

Farzana Afridi. Fieldwork toward Ph.D. in economics, University of Michigan, Ann Arbor.

Japan

Toshiko Kaneda. Postdoctoral resident training in sociology, Population Council, New York (Bernard Berelson fellow).

Lebanon

Michelle Obeid. Fieldwork toward Ph.D. in social anthropology, London School of Economics.

Mongolia

Gereltuya Altankhuyag. Study toward Ph.D. in social statistics, University of Southampton (Parker Mauldin fellow).

Pakistan

Nasim Haque. Study toward Dr.P.H. in public health, Johns Hopkins University.

Philippines

Socorro Gultiano. Midcareer training in population studies, University of North Carolina, Chapel Hill.

Thailand

Wassana Im-Em. Postdoctoral research in population studies, University of Washington, Seattle. Bussarawan Teerawichitchainan. Study toward Ph.D. in sociology, University of Washington, Seattle.

Vietnam

Giang Minh Le. Fieldwork toward Ph.D. in medical anthropology, Columbia University.

Europe

Italy

Joost DeLaat. Study toward Ph.D. in gender and development, Brown University (Ritchie Reed fellow).

Ghana Fellows: Navrongo Health Research Centre

Ghana

Philip Baba Adongo. Postdoctoral research on the Community-based Health Planning and Services initiative (Mellon fellow).

Ayaga A. Bawah. Postdoctoral research in the Navrongo Demographic Surveillance System to oversee fieldwork, research, and computing activities (Mellon fellow).

Cornelius Debpuur. Postdoctoral research in adolescent sexual and reproductive health (Rockefeller fellow).

Malawi

Henry Doctor. Postdoctoral research on the Community-based Health Planning and Services initiative (Mellon fellow).

Nigeria

Kayode O. Egbeleye. Postdoctoral research in communications science (Mellon fellow).

United States

Reshma Naik. Predoctoral research in reproductive health issues (Mellon fellow).

Maya Vaughan-Smith. Predoctoral research in reproductive health issues, Nkwanta Health Development Centre, Ghana (Mellon Ghana fellow).

AWARDS AND CONTRACTS

Awards and contracts are an important means through which the Population Council conducts research, transfers technology, and strengthens institutional capacity within the population field. For more than five decades, the Council has collaborated with governments, universities, hospitals, research centers, other nongovernmental organizations, and individuals in most countries of the developing world. Much of the Council's work is carried out through such collaboration. In 2003, awards and grants went to 141 institutions in 44 countries, most of them in Africa, the Americas, and Asia.

AFRICA

Burkina Faso

Mwangaza Action, Ouagadougou L'Unité d'Enseignement et de Recherche en Démographie, Ouagadougou

University of Ouagadougou

Egypt

Cairo Demographic Center, Cairo Egyptian Society for Population Studies and Reproductive Health, Cairo

Save the Children, Cairo

Ethiopia

Family Guidance Association of Ethiopia, Addis Ababa

Ghana

Ghana Health Service, Accra Health Research Unit, Ministry of Health, Accra

Navrongo Health Research Centre Regional Institute for Population Studies, Legon

University of Cape Coast

Volta Regional Health Administration, Ho, Volta Region

Kenya

Institute of African Studies, University of Nairobi, Nairobi International Centre for Reproductive Health, Mombasa Network of AIDS Researchers of Eastern and Southern Africa, Nairobi Regional AIDS Training Network,

Mali

Association Malienne de Soutien aux Activités de Population, Bamako

Association Malienne pour la Promotion et Protection de la Famille, Bamako

Coopérative des Femmes pour l'Éducation, la Santé Familiale et l'Assainissement, Bamako

Senegal

Centre de Formation et de Recherche en Santé de la Reproduction, Dakar

Centre Régional "Paul Correa" de Formation sur les MST et le SIDA, Dakar

Réseau Africain de Recherche sur le SIDA, Dakar

South Africa

Clacherty and Associates Education and Social Development (Pty) Ltd., Auckland Park

Living in Hope, Germiston

Medical Research Council, Durban

Medical Research Council, Tygerberg Medical University of Southern

Africa, Ga-Rankuwa Nanini 273CC Trading as

Development Research Africa, Durban Pandamonium Productions, Auckland

Park

Reproductive Health Research Unit, Johannesburg

University of Cape Town University of Natal, Durban

<u> Tanzania</u>

Muhimbili University College of Health Sciences, Dar es Salaam

Tunisia

Office National de la Famille et de la Population, Tunis

Uganda

Makerere University, Kampala National Agricultural Research Organisation, Entebbe

Zambia

Central Board of Health, Lusaka Development Aid from People to People, Zambia, Ndola

Institute of Economic and Social Research, Lusaka

National AIDS/STDs/TB and Leprosy Control Programme, Central Board of Health, Lusaka

Zimbabwe

Project Support Group, Harare Regional Psychosocial Support Initiative, Bulawayo

THE AMERICAS

Bolivia

Programa de Coordinación en Salud Integral, La Paz

Taller de Historia y Participación de la Mujer, La Paz

Brazil

Associação Brasileira de Pos-Graduação em Saude Coletiva, Rio de Janeiro

Centro de Estudos Augusto Leopoldo Ayrosa Galvão, São Paulo

Centro de Pesquisas e Controle das Doenças Materno-Infantis de Campinas, São Paulo

Instituto Fundação Projecto Mundial Para Órfãos—PROMUNDO, Rio de Janoiro

Sociedade de Estudos e Pesquisas em Drogadicçao, Rio de Janeiro

Canada

University of British Columbia, Vancouver

Chile

Instituto Chileno de Medicina Reproductiva, Santiago

Colombia

Fundación Educación para la Salud Reproductiva, Bogotá

Dominican Republic

Asociación Dominicana Pro-Bienestar de la Familia, Santo Domingo

Centro de Orientación e Investigación Integral, Santo Domingo Centro de Promoción y Solidaridad Humana, Puerto Plata

Ecuador

Centro Médico de Orientación y Planificación Familiar, Quito

Guatemala

Asociación Guatemalteca de Mujeres Médicas, Guatemala City

Asociación Pro Salud Preventiva para la Mujer "Vivamos Mejor," Guatemala City

Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva, Sotano

Honduras

Asociación Hondureña Mujer y Familia, Marie Stopes, San Pedro Sula

Asociación Hondureña de Planificación de Familia, Tegucigalpa

Mexico

Federación Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario, AC, Ciudad

Peru

Centro de Información y Educación para la Prevención del Abuso de Drogas, Miraflores

Escuela de Administración de Negocios para Graduados, Lima

United States

The Aaron Diamond AIDS Research Center, New York, NY

Duke University, Durham, NC

EngenderHealth, New York, NY

Family Health International, Research Triangle Park, NC

Gynuity Health Projects, LLC, New York, NY

Health Research Association of the Los Angeles County/University of Southern California Medical Center, Los Angeles, CA

The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey, PA

Ibis Reproductive Health, Inc., Cambridge, MA

International Center for Research on Women, Washington, DC

Ipas, Chapel Hill, NC

Johns Hopkins University, Baltimore, MD

The Miriam Hospital, Providence, RI Program for Appropriate Technology in Health, Seattle, WA

Nairobi

Reproductive Health Technologies Project, Washington, DC Tulane University, New Orleans, LA University of California, San Francisco, CA University of Chicago, IL University of Connecticut Health Center, Farmington, CT University of Illinois at Urbana-Champaign, Champaign, IL University of Rochester, NY University of South Carolina, Columbia, SC

ASIA

Bangladesh

Bangladesh Institute of Development Studies, Dhaka

Bangladesh Rural Advancement Committee, Dhaka

Mitra and Associates, Dhaka National Institute of Population Research and Training, Dhaka

China

Xuanwu Hospital, Beijing

India

All India Institute of Medical Sciences, New Delhi

Centre for Operations Research and Training, Vadodara

Child-In-Need Institute, West Bengal Christian Medical College and Hospital, Tamil Nadu

Committee of Resource Organisations for Literacy, Mumbai Deepak Charitable Trust, Baroda Foundation for Research in Health Systems, Ahmedabad

Garhwal Community Development and Welfare Society, Uttaranchal Institute of Economic Growth, Delhi International Institute for Population

K.E.M. Hospital Research Centre, Pune

Sciences, Mumbai

Mahila SEWA Trust, Ahmedabad Parivar Seva Sanstha, New Delhi SAHAI Trust, Tamil Nadu

Sarojini Naidu Medical College, Agra Self-Employed Women's Association, Ahmedabad

SHARAN—Society for Service to Urban Poverty, New Delhi

Taylor Nelson Sofres Mode Pvt. Ltd., New Delhi

Y.R. Gaitonde Centre for AIDS Research and Education, Chennai

Iran

Hamyaran NGO Resource Center, Tehran

Israel

Shaare Zedek Medical Center, Jerusalem

Lebanon

American University of Beirut

Myanmai

Department of Health, Yangon Department of Medical Research, Yangon

Nepal

Center for Research on Environment Health and Population Activities, Kathmandu

Institute for Social and Gender Equality, Kathmandu

Pakistan

Ziauddin Medical University, Karachi

Thailand

Chiang Mai University, Chiang Mai Thai Population Association, Bangkok Thailand Business Coalition on AIDS, Bangkok

Turkey

Istanbul University, Istanbul

Vietnam

Center for Population Studies and Information, Hanoi

Counseling Center for Psychological Education, Love, Marriage and Family, Ho Chi Minh City

Hung Vuong Hospital, Ho Chi Minh City

Institute for the Protection of Mother and Newborn, Hanoi

Institute of Sociology, Hanoi International Language Academy Vietnam, Ho Chi Minh City

EUROPE

France

Center for Training in Reproductive Health Technologies, Paris

Groupe de Recherche en Reproduction, Hôpital Saint-Antoine, Paris

Germany

Institute of Reproductive Medicine of the University of Münster

Latvi

Latvijas Ģimenes Plānošanas un Seksuālās Veselības Asociācija "Papardes Zieds," Riga

Netherlands

Centre for Human Drug Research, Leiden

International Antiviral Therapy Evaluation Center, Amsterdam

Sweden

Institute for Kvinnors och Barns Halsa, Stockholm

United Kingdom

Centre for Reproductive Biology, Edinburgh

International HIV/AIDS Alliance, London

London School of Hygiene and Tropical Medicine

Medical Research Council, London

OCEANIA

Australia

Centre for Reproductive Health Research, Sydney

Centre for Virus Research, Westmead Millennium Institute, Sydney

FINANCIAL REPORT

In 2003, the Population Council recorded expenditures of \$73.3 million and continued to receive strong support from a broad range of donors. Even though overall expenditures were down by 1.2 percent from 2002, the Council was successful in controlling the management and general expenditures, which amounted to 15 percent of total operating expenses, as in 2002. The proportion used for program services, that is, research, technical assistance, and capacity building, remained at 84 percent.

The Statement of Activities indicates a decline from 2002 to 2003 in grants and gifts, which primarily reflects the receipt in the earlier year of multiyear funding for clinical trials of a microbicide to prevent the sexual transmission of HIV.

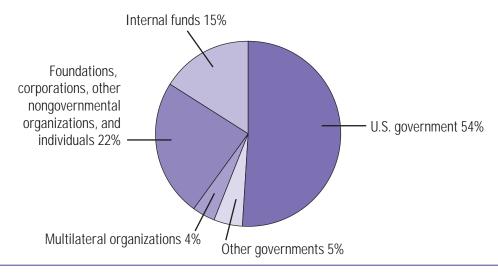
Operating expenses of the International Programs Division were down by 8.5 percent, but those of the Center for Biomedical Research were up \$1.94 million or 12.3 percent. The expenditures of the Policy Research Division also increased.

On the Balance Sheet, investments, including the John D. Rockefeller 3rd Memorial Fund, enjoyed a healthy bounce back from the stock market decline in recent years.

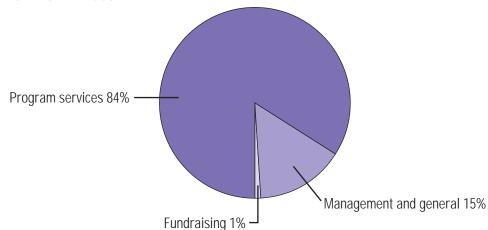
The following pages present summary financial statements and a list of the generous donors whose funds supported the Council's activities in 2003.

SOURCES OF SUPPORT FOR 2003 ACTIVITIES

TOTAL \$73.3 MILLION







Statement of Activities

For the year ended December 31, 2003 with comparative totals for 2002 (in thousands of dollars)

	Unr	estricted				
	General	John D. Rockefeller 3rd				
	and fixed assets	Memorial Fund and other	Temporarily restricted	Permanently restricted	2003	otal 2002
OPERATING REVENUE						
Grants and gifts	1,972		46,269	768	49,009	82,629
Royalties	4,910		.0,207	, 00	4,910	5,301
Other operating revenue	288	866	406		1,560	(4,131)
Net assets released from restrictions	61,085		(61,085)			
TOTAL OPERATING REVENUE	68,255	866	(14,410)	768	55,479	83,799
OPERATING EXPENSES						
PROGRAM SERVICES						
International Programs Division	36,014				36,014	39,340
Center for Biomedical Research	17,653				17,653	15,713
Policy Research Division	5,839				5,839	5,636
Distinguished Colleagues	392				392	474
Publications	1,468				1,468	1,436
TOTAL PROGRAM SERVICES	61,366				61,366	62,599
SUPPORTING SERVICES						
Management and general	10,918	251			11,169	10,913
Fundraising	730				730	658
TOTAL SUPPORTING SERVICES	11,648	251			11,899	11,571
TOTAL OPERATING EXPENSES	73,014	251			73,265	74,170
(Deficiency) excess of operating revenue	(4.750)	/15	(14.410)	7/0	(47.70()	0.400
over operating expenses	(4,759)	615	(14,410)	768	(17,786)	9,629
Transferred to/from endowment	(175)	175			0.457	
Net gain on sale of asset	9,457	10 101	2 454		9,457	(2.440)
Net unrealized (loss) gain	(19)	12,121	2,454		14,556	(2,468)
INCREASE (DECREASE) IN NET ASSETS	4,504	12,911	(11,956)	768	6,227	7,161
NET ASSETS AT BEGINNING OF YEAR	7,550	51,227	95,965	4,150	158,892	151,731
NET ASSETS AT END OF YEAR	12,054	64,138	84,009	4,918	165,119	158,892

Balance Sheet

December 31, 2003 and 2002 (in thousands of dollars)

	2003	2002
ASSETS		
Cash and investments	110,114	100,616
Grants and gifts receivable	57,219	63,435
Other assets	5,381	3,907
Fixed assets, net	13,929	14,423
TOTAL ASSETS	186,643	182,381
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	3,584	4,408
Awards, contracts, and fellowships payable	10,282	11,953
Other liabilities	7,658	7,128
TOTAL LIABILITIES	21,524	23,489
NET ASSETS (DEFICIT)		
Unrestricted		
General	(1,875)	(6,873)
Invested in fixed assets	13,929	14,423
John D. Rockefeller 3rd Memorial Fund and other	64,138	51,227
Temporarily restricted	84,009	95,965
Permanently restricted	4,918	4,150
TOTAL NET ASSETS	165,119	158,892
TOTAL LIABILITIES AND NET ASSETS	186,643	182,381

A complete set of financial statements audited by KPMG LLP can be obtained by writing to the Council Treasurer.

he Population Council is fortunate to have the valued support of the governments, multilateral organizations, foundations, and individuals listed below. Their generous contributions—including multi-year funding awards made in prior years—sustain and make possible activities such as those highlighted in this 2003 Annual Report and other initiatives that are advancing the Council's mission to improve human well-being.

The Council relies on a relatively small but critical pool of unrestricted funds to explore emerging trends as well as innovative approaches to enduring problems. Unrestricted support is crucial to the practical application of Council research in the design of health technologies and products, service delivery programs, and public policies responsive to the needs of people in the world's poorest countries. Yet, unrestricted operating funds always are the most difficult to raise. Today's economic climate makes securing such resources all the more challenging.

Unrestricted gifts provide the flexibility to cover any shortfalls in current projects. They also provide core support for the broad dissemination of research results to policymakers, program managers, and others concerned with population issues. Such resources have provided essential seed funding for some of the Council's highest-profile research. Proving the validity of a promising approach more often than not is the most crucial step toward securing substantial, next-phase funding from public and private sources. For example, unrestricted funds used six

years ago to launch research on the enormous potential of the world's 1.2 billion young people ages 15 to 24 have spurred field-based projects in Bangladesh, Burkina Faso, Egypt, Guatemala, India, Kenya, Mali, Pakistan, South Africa, and Vietnam. A wide array of activities are being undertaken to help young people emerge as healthy, informed adults with the productive skills needed to be full participants in work, family, and community life. Unrestricted funds have also been instrumental to Council research on such intensifying concerns as the AIDS pandemic, urban growth in developing countries, and population aging in both rich and poor countries.

Cash contributions in support of the Population Council's research can be made by check or credit card as well as online at www.popcouncil.org/supporting/ supporting.html. The Council also welcomes gifts of appreciated securities, bequests, charitable remainder and lead trusts, and designations of the Council as beneficiary of insurance policies or pension plans. Your financial or tax advisor is the best source of guidance on giving options that can best serve your financial and philanthropic objectives. All contributions to the Council are tax deductible in the United States, and every gift, regardless of the amount, can help make a positive difference.

Contributions or requests for further information should be sent to Ruth Kalla Ungerer, Director of Development, Population Council, One Dag Hammarskjold Plaza, New York, NY 10017 (212-339-0515 or rungerer@popcouncil.org).

GOVERNMENTS AND GOVERNMENTAL AGENCIES

Government of Australia Government of Canada

- -Canadian International Development Agency
- International Development Research Centre

Government of Denmark

Government of Japan

-Japanese International Cooperation Agency Government of the Netherlands Government of New Zealand Government of Norway

Government of the United Kingdom Department for International Development

Government of the United States

- Agency for International Development
- National Institutes of Health
- National Science Foundation Government of Vietnam

— Ministry of Health

MULTILATERAL ORGANIZATIONS

European Union Joint United Nations Programme on HIV/AIDS (UNAIDS)

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

The World Bank

World Health Organization

FOUNDATIONS, CORPORATIONS, AND OTHER NONGOVERNMENTAL **ORGANIZATIONS**

Anonymous (2) American University of Beirut The Fred H. Bixby Foundation Cornell University Defined Health The Dickler Family Foundation **Duke University** Eastern Virginia Medical School **EcoTrust** EngenderHealth Family Health International The Ford Foundation

General Service Foundation Elizabeth Glaser Pediatric AIDS Foundation Gynuity Health Projects, LLC The Lita Annenberg Hazen Foundation The William and Flora Hewlett Foundation The William Talbot Hillman Foundation Institute for Population and Social Research, Mahidol University International Council on Management of Population Programmes George Frederick Jewett Foundation F. M. Kirby Foundation The Libra Foundation The John D. and Catherine T. MacArthur Foundation Macro International Inc. The Abby R. Mauzé Trust The Andrew W. Mellon Foundation The Moriah Fund The Noopolis Foundation Open Society Institute The David and Lucile Packard Foundation The Parthenon Trust Pathfinder International Polisher Research Institute

Population Reference Bureau

Bill & Melinda Gates Foundation

Population Services International Princeton University Program for Appropriate Technology in The Rockefeller Foundation The Blanchette Hooker Rockefeller Fund The Rockefeller University Roger and Vicki Sant Fund of The Community Foundation for the National Capital Region Save the Children, Inc. The Spencer Foundation Stanford University Sidney Stern Memorial Trust The Summit Foundation United Nations Foundation University of California, Berkeley University of California, Davis University of California Institute for Mexico and the United States University of Michigan University Research Co., LLC The Warren F. Weck, Jr. Charitable The Mildred Wohlford Fund of the Tides Foundation, on the recommendation of Mr. Jude Damasco

and Ms. Mardi Kildebeck

The Woodcock Foundation

COUNCIL ENDOWMENT FUNDS

Center for Biomedical Research Endowment The George J. Hecht Fund New Capital Fund Policy Research Division Endowment The John D. Rockefeller 3rd Memorial Fund Christopher Tietze Fellowship Endowment Fund

SPECIAL GIFTS TO THE ENDOWMENTS

The Fred H. Bixby Foundation John and Zenaida Bongaarts Anne E. Donadeo Barbara B. Ebert The William and Flora Hewlett Foundation Linda G. Martin The Andrew W. Mellon Foundation Julie A. Robichaud James M. and Carol Tuite Ruth Kalla and Richard A. Ungerer

INDIVIDUAL DONORS AND **FAMILY FOUNDATIONS**

\$10,000 AND ABOVE

Anonymous (2) Donors to the Combined Federal Campaign Virginia R. Glidden Charitable Lead Trust Polly W. and John Guth

Charles D. and Jane Klein Elizabeth J. McCormack and Jerry I. Aron The Shenandoah Foundation Ernest E. Stempel Foundation

\$5,000 - \$9,999

Anonymous (3) Sheila Gamble Cook Jan Ezra and Yvonne Petersen Lvnn A. Foster **Golden Family Foundation** Gumpel-Lury Foundation Hotchkis Foundation Abner Kingman Linda G. Martin Mark A. and Tania Walker

\$1,000 - \$4,999

Anonymous (1) Sandra D. and Ethan D. Alyea, Jr. Sandra P. and Lawrence Arnold William L. Berg John and Zenaida Bongaarts Marna Broida and Ian Weiss Charles S. Carignan Evelyn C. Clarkson **Cowles Family Foundation** Sarah and Ben Crane Sara E. and James E. Culhane Peggy B. Danziger Barbara B. Ebert Ronald Freedman Andrew L. Frey

Susannah T. Gardiner and

David L. Kornblau

Barbara and James Gerson Arthur and Carol W. Graham

Yoshio Hatano Rafael G. Heller DeWitt Hornor

Fred C. and Doris M. Iklé

Frances B. Jackson Fund of the Vanguard Charitable Endowment Program

William H. Kearns Foundation

Barbara C. Lachelt Christian R. Lehew

John M. and Renate E. Mirsky Samarendranath and Rekha Mitra

Batya R. Monder

Virginia P. and Robert Montgomery

David and Janet Offensend Ostgrodd Foundation

Mary C. Phinney Helen M. Ranney Alison J. Renner Julie A. Robichaud David Rockefeller

Felix G. and Elizabeth Rohatyn The Seventh Street Fund of the Minneapolis Foundation

Vikki Sloviter Cherida C. Smith Sue S. Stewart Lucy R. Waletzky

Dennis and Marion Weatherstone

Effie E. Westervelt

Rena J. Zieve and Greg J. Kuperberg

\$500 - \$999

Anonymous (1)

James R. and Louise C. Arnold

Ned W. Bandler Andrew Boas Alan Clarke Jean M. Cluett Edward M. Cohen

Peter J. and Nancy R. Donaldson

Strachan Donnelley Glen M. Feighery Robert W. Gillespie Abby A. Gilmore Gordon and Llura Gund

Guv Harris

Rachel and Michael Hines

John Hirschi Ali Kouaouci Margaret J. LeMaster Nancy A. Marks

McBride Family & Aspen Business

Center Foundation Phil McWilliams Constance Marks Miller

Michael and Joyce Rappeport Jane P. Relyea and Robert Y. Welles

David M. and Ann Reynolds Thomas Richie

Steven Schmitt Paul C. Schwartz Jutta R. Scott

Robert L. and Elizabeth H. Scott Sylvia C. and Donald F. Stanat

Barbara H. Stanton Claire Highan Thomas and Rees D. Thomas The Westport Fund

Oliver Wolcott and Helen M. Wolcott

\$100 - \$499

Anonymous (4) Rosalind S. Abernathy Donald J. and Dena C. Abrams Joel W. Ager

Lindsay S. Alger

Philip and Marjorie Appleman

F. Douglas Baker

William N. and Margaret E. Bancroft Jonathan and Judith Baron

Helen W. Bastedo

Rachel G. Beck and Jeremy Naftel

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POLICY RESEARCH DIVISION ENDOWMENT CAMPAIGN

Clifford W. and Mary K. Terry

The Population Council offers special thanks once again to The Andrew W. Mellon Foundation for its generous \$1 million challenge grant to create an endowment to provide an ongoing funding stream for the Policy Research Division (PRD).

The division is a leading source for analysis of demographic patterns and trends. Its innovative methodologies bring the "big picture" into focus. Research on the relationship between population change and socioeconomic development generates knowledge that has practical application for policies and programs to improve human well-being. Fellowships build population research capaci-

ty worldwide. Former PRD fellows now occupy influential positions at leading population research and training institutions, government agencies, and nongovernmental organizations throughout the world.

Gratitude also is extended to The William and Flora Hewlett Foundation, The Fred H. Bixby Foundation, and the friends and staff who have helped the Population Council make additional progress in 2003 toward meeting the Mellon challenge. Endowment gifts made between now and 2005 will be matched dollar for dollar, up to \$1 million. A total of \$345,000 remains to be raised.

CRITICAL COUNTRIES FUND

F or the past half century, Population Council research has formed. research has focused squarely on issues central to the well-being of individuals in the poorest countries and their daily struggle for survival. The Council has a core presence in Latin America and the Caribbean, Asia, Africa, and the Middle East. Currently, 18 Council offices within these regions support the work of over half of the Council's research staff. Staff members hail from 38 countries. Their expertise ranges from biochemistry to medicine, public health, economics, and other social sciences. Their sustained on-the-ground presence has enabled the Council to build trust and establish effective collaborations with local government officials and nongovernmental organizations. Staff members identify evidence of what works in the real world, providing technical assistance and building capacity at the local level to develop and implement programs that improve lives.

At any given time one or more of the 70 countries in which the Council is working may reach a critical

juncture when the need for assistance is compelling yet resources are unavailable to sustain in-country Council research operations. Limited funds from general support contributions can sometimes provide stop-gap funding. However, the Council actually has had to end research in some countries because of the lack of sufficient funding. It is costly to move in and out of a country, and momentum is lost. Funds are being sought through the Critical Countries Fund to preclude curtailment of Council activities or the abandonment of critical research projects between grant cycles.

Our preference is to obtain gifts for the Critical Countries Fund as a whole, rather than gifts earmarked for specific countries. Having such a pool of funds will allow the Council to anticipate emerging problems and channel resources to where they are most needed. Current priorities include such countries as Cambodia, Ethiopia, Guatemala, and Pakistan.

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