



Five questions on global health & population

- 1 How can we slow the spread of HIV? (see page 4)
- 2 How can we ensure that people's reproductive health needs are met? (see page 6)
- 3 How can we help women avoid unintended pregnancy? (see page 8)
- 4 How can population research improve the lives of people living in poverty? (see page 10)
- 5 How can we help girls navigate adolescence safely in the age of AIDS? (see page 12)

Challenges that motivate us

Every minute, ten people become newly infected with HIV and six die of AIDS.

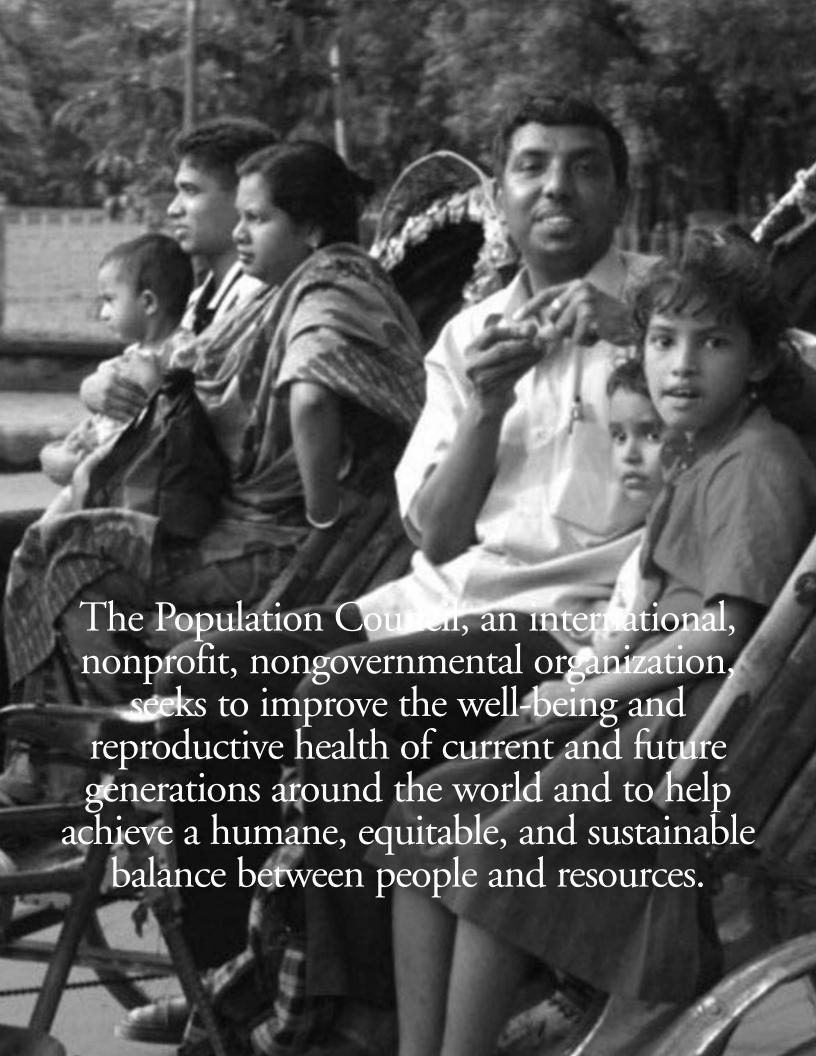
Women in sub-Saharan Africa are 175 times more likely to die in childbirth than women in developed regions of the world.

Condoms are the only products that prevent both pregnancy and sexually transmitted infections. There is a dire need for more products that offer dual protection.

More than half of the world's people live on less than two dollars a day; more than 1 billion people do not have access to an adequate supply of drinking water; more than 2.5 billion do not have access to basic sanitation; and more than 2 billion lack access to a reliable source of electricity.

In the next ten years at least 100 million girls are expected to be married before they turn 18. Married girls are often highly susceptible to HIV infection and are at increased risk for dropping out of school, domestic violence, and coerced sex.

The following pages pose vital questions that motivate our research and outline the steps the Population Council is taking to answer them.



President's message

In 2005, the Population Council undertook a comprehensive review of how we could best address the population, health, and development challenges facing the world. We analyzed our strengths and weaknesses, assessed our expertise, and set strategic directions for our work. We targeted three areas that are crucial for the future of developing countries: HIV and AIDS; reproductive health; and poverty, gender, and youth.

We will tackle these issues from a range of perspectives and within differing cultural settings. Our strategic plan focuses on making a measurable impact on the policies and programs governments and nongovernmental organizations implement to improve the well-being of people in the world's most impoverished countries, and on developing reproductive health products, such as contraceptives and microbicides.

Over months of meetings and planning, our partners, friends, and even some critics emphasized the assets that give the Council its credibility: the quality of our staff; an outstanding board of trustees; the strength of our partnerships; the informed support of generous donors; and the continuing impact of our research and technical collaboration. To build on these strengths, we are reorganizing our programs and staff to better align our resources with our priorities, to promote greater collaboration, and to expand the Council's capacity for integrating and synthesizing research results.

In 2005, the Population Council lost one of its most ardent champions, Chairman of the Board **Rodney B. Wagner**, who died last March. In dedicating this report to him, the trustees and staff honor his commitment to the betterment of humankind.

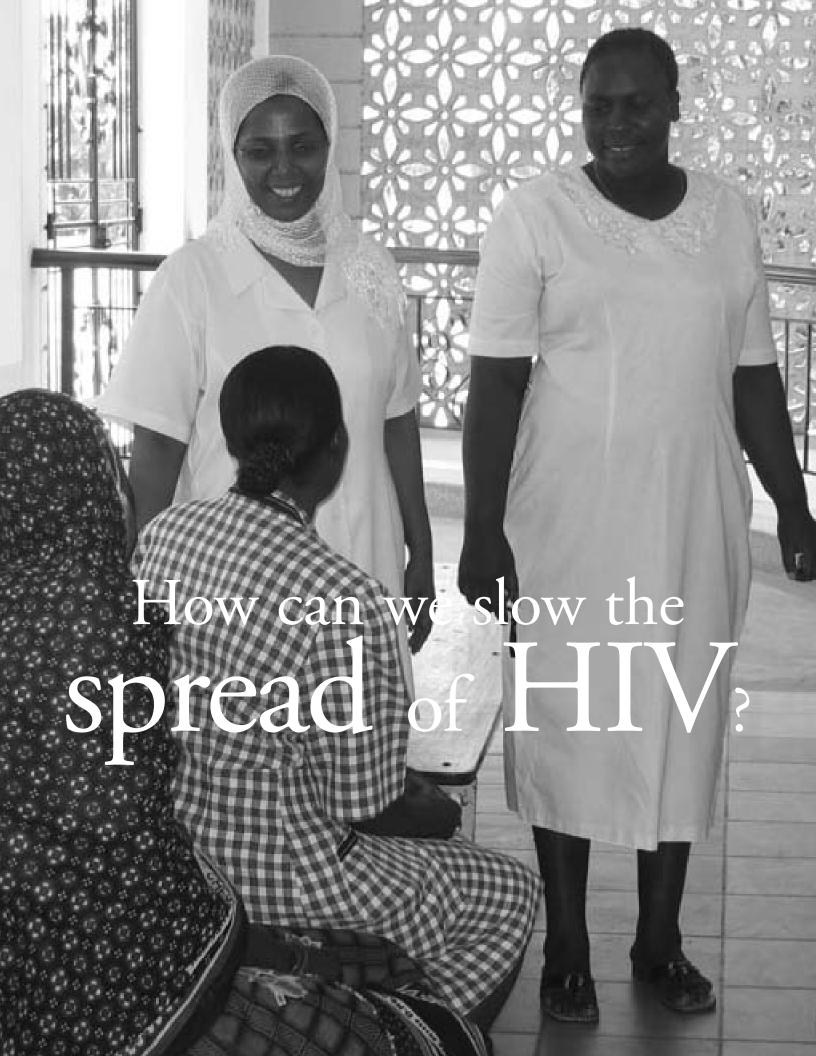
There were also important changes in the Council's leadership and Board of Trustees in 2005. I was proud to be named president in January 2005. Anrudh K. Jain was named vice president of the International Programs Division. Mark A. Walker, managing partner of the international law firm of Cleary, Gottlieb, Steen & Hamilton, was elected chairman of our Board of Trustees, and Angel Gurria and Elizabeth J. McCormack were named vice chairs. Darcy Bradbury, Jotham Musinguzi, and Amartya Sen were elected trustees. All of our trustees share a deep commitment to the Council's mission, and their expertise will be a vital resource as we begin implementing our ambitious plans.

With a renewed focus, new leadership, and the continuing encouragement of our donors and partners, the Council will build on its decades-long record of providing the evidence to improve policies, to increase the coverage and enhance the quality of population and health programs, to develop reproductive health products, and to build the capacity of developing-country research and service organizations.

Highlights of the past year's work are described in the following pages, as well as on our Web site (www.popcouncil.org), where we invite you to learn more about our activities and their impact. We appreciate your interest and look forward to reporting our accomplishments.

> Peter J. Donaldson President

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By the time you finish reading this page, sixteen people will have become infected with HIV and ten people will have died from AIDS. One-third of people

living with HIV are women from sub-Saharan Africa. Comprehensive efforts that focus on both prevention and treatment could avert more than half of new infections. To address this challenge, the Population Council is conducting research to encourage a renewed commitment to improving HIV-prevention strategies.

There is an urgent need for initiatives that enhance women's ability to determine when they have sex, with whom, and under what circumstances, and for products that women can use to help prevent HIV transmission.

In South Africa, which has a particularly high incidence of HIV infection, the Council is conducting a large-scale efficacy trial of our microbicide, Carraguard®. A microbicide is a product, in this case a gel, that would substantially reduce the transmission of HIV—and possibly other sexually transmitted infections (STIs)—when applied before sex. If proven

effective, it would offer a powerful new prevention tool in the fight against HIV. Our studies of the basic mechanisms by which HIV is transmitted sexually may lead to the development of **Vaccines** and improved microbicides.

We are working to identify and reduce the vulnerabilities of women and others at high risk for HIV infection, including child brides, men who have sex with men, and sex workers. These at-risk populations are difficult to reach through conventional health programs, so the Council is helping to develop appropriate interventions to meet their health needs. For example, to better understand their HIV risks and prevention needs, we surveyed men who have sex with men in Nairobi, Kenya. We asked them about stigma, health-seeking behavior, sexual behavior, condom use, STI symptoms, and HIV testing. In the Dominican Republic, we tested interventions among sex workers to increase condom use and assess the efficacy of the diaphragm in preventing the transmission of STIs.

Gender inequality is a major reason why HIV prevalence is increasing much faster among women than men. In Brazil, India, and Tanzania we are testing the feasibility and effect of interventions that encourage men to examine detrimental social norms—such as having multiple sex partners and believing that risky sex is more enjoyable than safer sex—that put them and their partners at risk.

(left) Nurses speak with two patients at the Mkomani BOMU clinic in Mombasa, Kenya, a study site that offers HIV treatment. The study is examining the impact of antiretroviral therapy on sexual behavior. (*Photo: Avina Sarna*)



Poor reproductive health has a devastating impact on the lives of individuals and families. Women unable to space or limit births as they desire often face added risks of poverty and poor health. Each year, 19 million unintended pregnancies end in clandestine, unsafe abortions. Sexually transmitted infections (STIs) are a major cause of severe illness, infertility, long-term disability, and death. Globally, new cases of syphilis, gonorrhea, chlamydia, and trichomoniasis number 340 million each year, and many additional millions of viral STIs occur annually, including an estimated 5 million HIV infections.

The Population Council is investigating a number of strategies to contend with global reproductive health challenges. One possible strategy is integrating reproductive health services (such as the detection of reproductive tract infections) with other health services, including family planning and HIV prevention and treatment services. Women are more likely to seek antenatal care than other care for themselves, because most societies and families highly value infants' health; thus, antenatal care may be an ideal opportunity for introducing additional services.

We are testing the integration of services in Ghana, Kenya, South Africa, and elsewhere, assessing services that include counseling, diagnosis, and

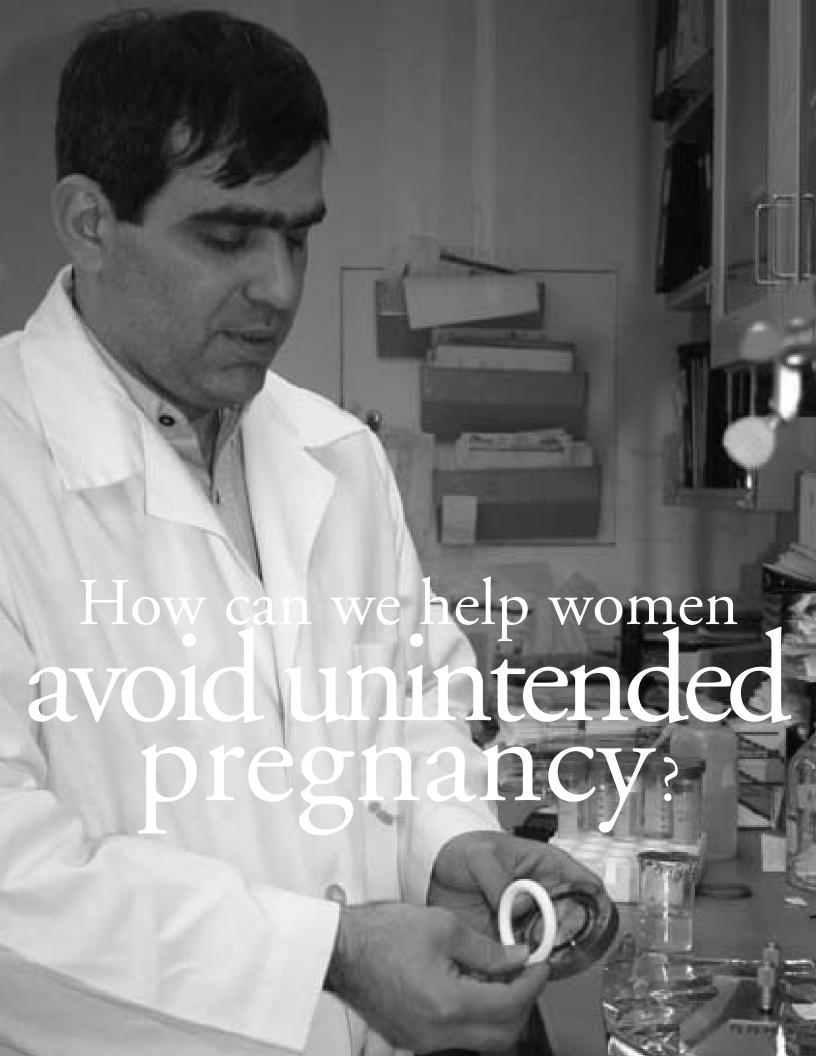
(left) A woman who received prenatal care and rapid syphilis testing as part of a Population Council intervention in Bolivia holds her healthy newborn. (*Photo: Freddy Tinajeros*)

management for HIV and other STIs, as well as the detection of tuberculosis and malaria, both of which complicate pregnancy.

We are also exploring a role for new and existing technologies in preventing, detecting, and treating bacterial STIs. In Bolivia and South Africa, for example, we are evaluating the introduction of a rapid syphilis test into antenatal care services, to diagnose maternal syphilis and prevent congenital syphilis. Such rapid diagnostics greatly facilitate prenatal syphilis screening, particularly in remote areas where laboratories lack the resources for traditional syphilis testing. In Brazil and South Africa, we are evaluating the use of self- and home-sampling to reduce barriers to diagnosing cervical and vaginal infections in women, and thus increase diagnosis and treatment.

Complications from incomplete miscarriage and unsafe abortion are major public health problems even where abortion is legal. We collaborate with many organizations around the world to improve postabortion care, including demonstrating the importance of incorporating family planning and reproductive health care into treatment and fostering community support for preserving health.

Through these and many other studies, we develop sound evidence that shapes policies, programs, and services and improves reproductive health for women and their families.



Globally, more than one-quarter of pregnancies are unintended. The effectiveness of condoms, diaphragms, and the pill depends on their correct and consistent use. By contrast, the effectiveness of long-acting reversible contraceptives, such as intrauterine devices, does not depend on daily attention. Use of long-acting family planning methods gives women better control over their fertility, reducing unintended pregnancy.

There may never be a contraceptive that is ideally suited to all the changing circumstances of women's lives. An important part of the Population Council's work is to expand contraceptive choice by developing new methods. In 2005, we enrolled the first group of women in a large Phase 3 safety and efficacy trial of a new contraceptive: a vaginal ring. The ring lasts for one year and does not require daily attention. It is fully under the woman's control and its use can be discontinued at any time.

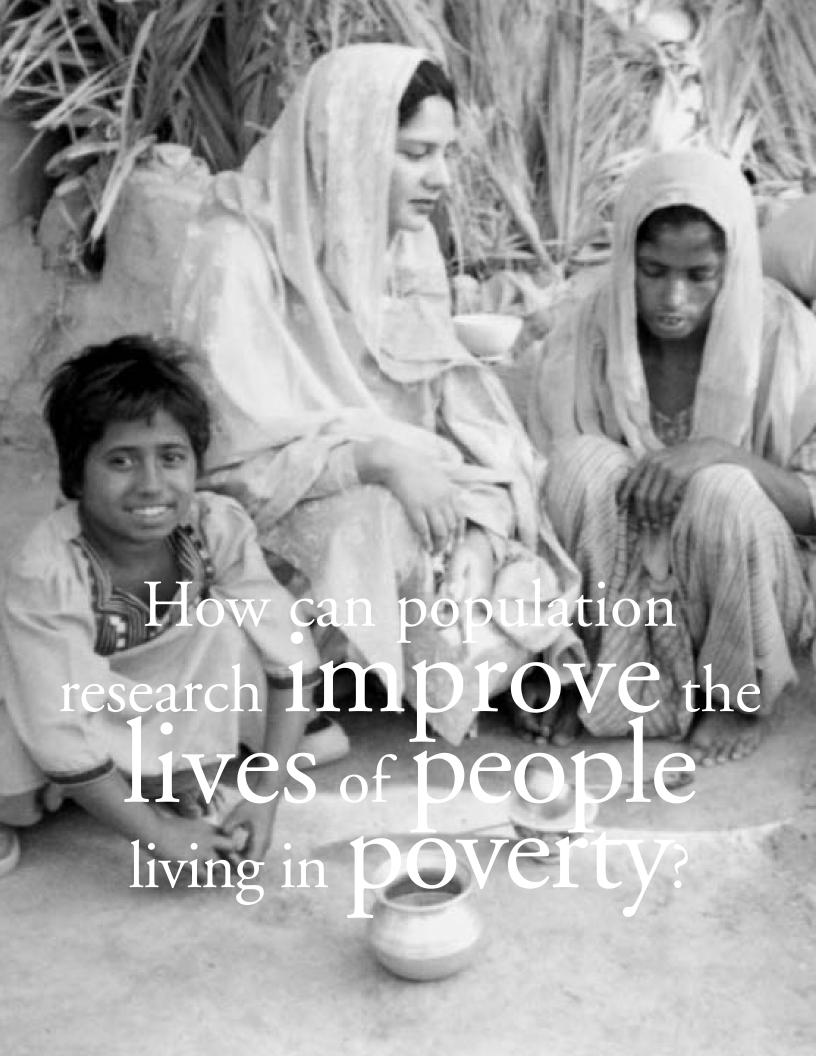
The ring, made of flexible silicone rubber, prevents ovulation by continuously releasing low doses of progestin and estrogen into vaginal tissue and then the

bloodstream. The progestin used in the ring, known as Nestorone[®], is less likely to produce side effects, such as acne, weight gain, and altered cholesterol levels, that are common with other progestins. Earlier studies indicated that the ring is very effective in blocking ovulation and preventing pregnancy. It is intended to be worn for three weeks each month and removed for one week to permit menstrual bleeding.

The first 39 women enrolled in the Phase 3 trial—taking place in Chile, the Dominican Republic, and Los Angeles—are participating in a study of the absorption, metabolism, and excretion of the hormones in the ring. In 2006, the trial will be expanded to include 20 or more locations in Latin America, Europe, Australia, and the United States. It will eventually enroll at least 2,000 women.

In addition to the contraceptive vaginal ring, we are developing other family planning products to expand choices for women and men. For women, we have either on the drawing board or under active development hormonal and nonhormonal products, including contraceptive microbicides, intrauterine delivery systems, and transdermal systems. For men, we are developing hormonal subdermal implants and transdermal systems as well as nonhormonal methods.

(left) Population Council pharmaceutical scientist Bruce Variano examines a contraceptive vaginal ring. (*Photo: Karen Tweedy-Holmes*)



More than 1 billion people currently live on less than \$1 a day, the definition of extreme poverty. These people cannot afford nutritious food, clean water, shelter, or basic health care. They generally lack education and a voice in civic and legal affairs; they are vulnerable to coercion and threats of violence from a variety of sources. In 2000, the international community agreed to eight Millennium Development Goals, the first of which is to eradicate extreme poverty and hunger. This includes halving the proportion of people living on less than \$1 a day by the year 2015. Meeting this goal is key to achieving all other Millennium Development Goals.

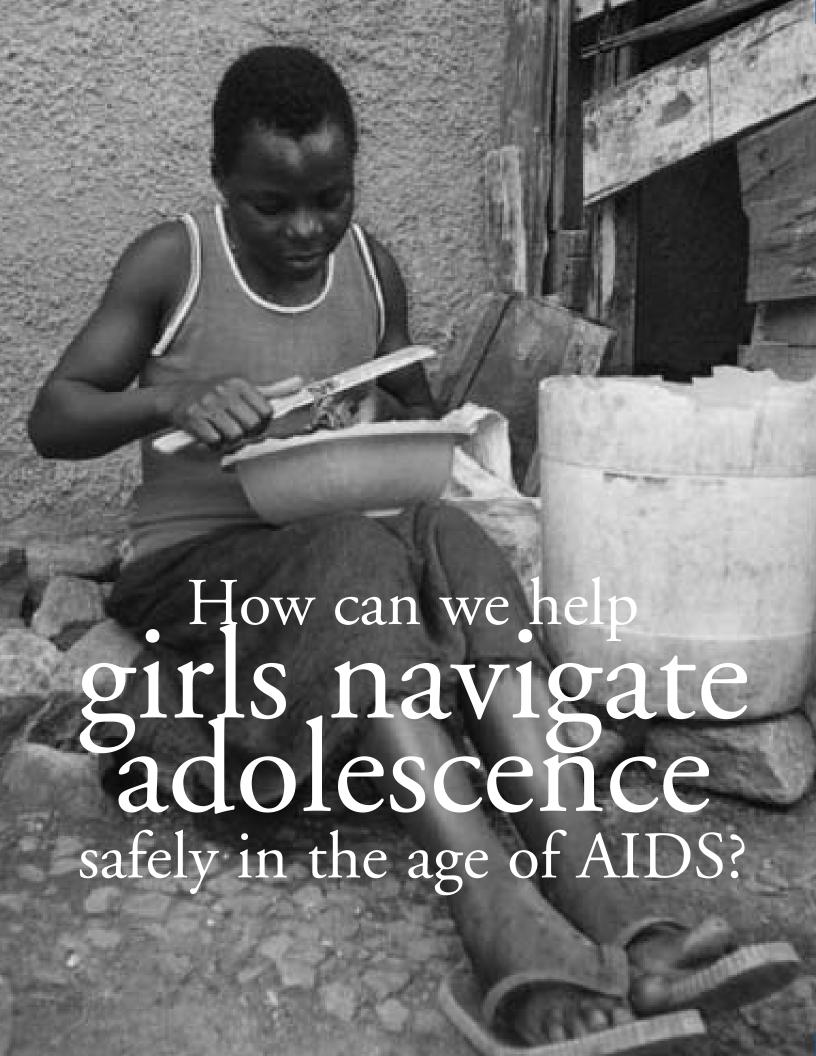
More than fifty years ago, the Population Council was founded with the intention of improving the lives of the poorest people through research on ways to improve the quality and increase the coverage of reproductive and other health services. Over the past decades we have focused on achieving this goal through research on reproductive health, family planning, and HIV. More recently, we have conducted investigations of the factors that increase

the vulnerability of poor people to HIV infection, the differences and similarities between **urban and rural poverty**, and poverty's impact on the elderly. Council research on a community-based program in rural Ghana has shown that fertility and childhood mortality can be significantly reduced even in impoverished settings.

Education has long been seen as one of the most powerful tools for reducing poverty and hunger. Much of our work on poverty has focused on young people and schooling. Recent research showed that in rural Pakistan household economic setbacks have a profound effect on school dropout rates. For example, the likelihood that a girl will drop out of public primary school increases significantly if her mother experiences an unwanted birth. And the likelihood that a boy will drop out increases significantly if there is a decrease in the amount of money received from family members working away from home. We have also examined the intersection between poverty and schooling in Bangladesh, Egypt, Guatemala, India, South Africa, and Vietnam.

Our findings illuminate the causes and consequences of poverty and inform policymaking and the design of programs to help the most vulnerable people. In the coming years, we will expand our research and intensify our participation in the international conversation about poverty.

(left) Economic setbacks can have a profound effect on whether children in Pakistan remain enrolled in school. (*Photo:* ©2000 Abdul Rashid Memon/Population Council, courtesy of Photoshare)



In the face of the HIV epidemic, it is especially important that adolescent girls develop the skills and have the opportunities they need to make safe, productive, and healthy transitions through the second decade of life. Girls need schooling, mentors, healthy habits, financial literacy, livelihoods, and knowledge of their rights.

Population Council research has shown that some of the world's most vulnerable young people—adolescent girls in sub-Saharan
Africa—are rarely reached by programs seeking to inform them of ways to prevent HIV infection.
This is largely because the girls most at risk are not in school, do not live with both parents because of migration or orphanhood, shoulder heavy domestic burdens that limit their leisure time, lack economic resources, and often feel unsafe moving around their communities.

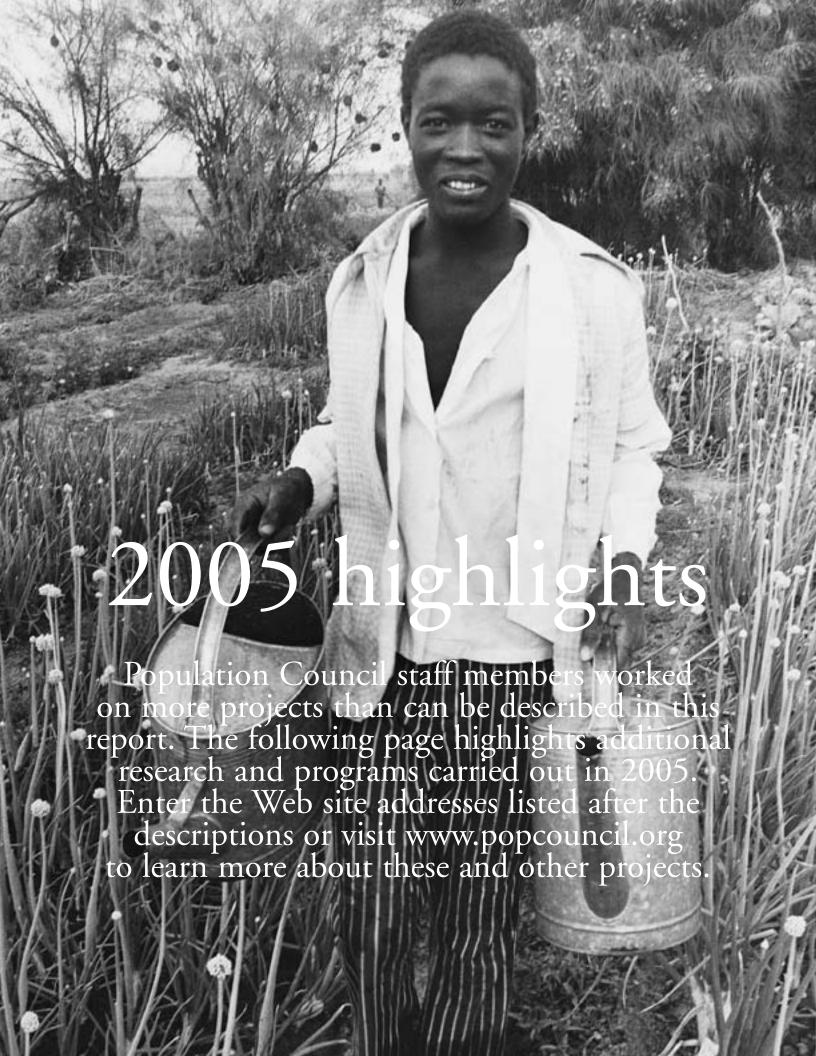
In KwaZulu-Natal, South Africa, which has one of the world's highest rates of HIV infection, our studies have shown that girls who are poor have an increased risk of experiencing nonconsensual sex and having multiple sex partners.

(left) Adolescent girls in Kenya experience many reproductive health problems, including a high risk of HIV infection. The Population Council is conducting research in Kenya and other sub-Saharan African countries to discover the best ways to help girls navigate adolescence safely. (Photo: © 2003 RUINET, Courtesy of Photoshare)

Similarly, in the slums of Nairobi, Kenya, where HIV prevalence is high, 45 percent of sexually experienced girls report that their first sexual encounter occurred when the boy or man would not take "no" for an answer.

In rural Amhara, Ethiopia, where marriage before age 15 is common, our research has shown that the experience of early marriage is socially isolating and emotionally and sexually traumatic for most girls. Among sexually initiated married girls, 69 percent first had sexual intercourse before they started menstruating. We are collaborating with Ethiopia's Ministry of Youth, the United Nations Population Fund, and others to design and test a program to help unmarried girls stay in or enter school. Our research in sub-Saharan Africa shows that children who remain in school are significantly less likely to be married young or have unprotected sex than those who are not enrolled.

The most vulnerable girls need support before they leave school and before they face economic pressures that drive them to marry early or to exchange sex for gifts or money. Unless we succeed in providing that support, young girls in sub-Saharan Africa will continue to carry the burden of a rising and disproportionate share of HIV infection in the decades to come.



HIV and AIDS

Immune system cells inadvertently facilitate HIV infection. New research on this process may lead to an HIV vaccine or microbicide.

www.popcouncil.org/projects/BIO_Microb1.html www.popcouncil.org/biomed/transmission.html

The Council has played a lead role in developing ethical guidelines for conducting research on children affected by HIV and AIDS.

www.popcouncil.org/publications/popbriefs/pb12(1)_4.html

In KwaZulu-Natal, South Africa, poverty and orphanhood are associated with higher HIV and pregnancy risk behaviors. This finding has inspired an innovative program to provide asset-building and HIV-protection strategies to vulnerable young people residing in poor HIV-affected communities.

www.popcouncil.org/projects/TA_SouthAfGenderHIV.html

In Kenya, the Council and its partners have created a manual for training health care workers in improving patient compliance with HIV antiretroviral therapy.

www.popcouncil.org/publications/popbriefs/pb11(2)_2.html

Reproductive health

Council research has illuminated the benefits and limitations of reproductive health and livelihoods programs among adolescent girls. These findings will help in the design of more effective programs.

www.popcouncil.org/pdfs/TABriefs/GFD_Brief-2_LIVELIHOODS.pdf

Providing family planning services as part of postabortion care results in higher contraceptive use, reduced repeat abortions, and savings to clients and programs.

www.popcouncil.org/pdfs/frontiers/MAQ/tb22pac.pdf

In the Dominican Republic, the Council is studying the use of the latex diaphragm to reduce bacterial STIs among high-risk populations. Many STIs are transmitted at the cervix; the diaphragm covers the cervix.

www.popcouncil.org/rh/sti1.html

Genetic abnormalities that affect sperm production may cause some forms of male infertility. This finding may lay the groundwork for a reversible male contraceptive.

www.popcouncil.org/publications/popbriefs/pb11(2)_4.html www.popcouncil.org/publications/popbriefs/pb12(1)_5.html

Population Council research revealed that the average Pakistani woman will experience one abortion in her lifetime. Family planning services need to address obstacles that prevent couples from practicing effective contraception.

www.popcouncil.org/publications/popbriefs/pb11(2)_5.html

Computerized self-interviewing appears to provide more accurate reporting of risky sexual behaviors than traditional face-to-face interviews.

www.popcouncil.org/publications/momentum/momentum1205_8.html www.popcouncil.org/projects/SS_AssessSexBehav.html

Council researchers have identified traditional practices in Pakistan that might cause maternal infection or exacerbate bleeding during childbirth and recovery, as well as practices that may harm the baby.

www.popcouncil.org/publications/popbriefs/pb11(1)_4.html

Poverty, gender, and youth

Community mobilization and community health services can reduce maternal and childhood mortality, according to research done by the Council and the Navrongo Health Research Centre in Ghana.

www.popcouncil.org/projects/SS_GhanaNavrongoCHFP.html

Research conducted by the Council and others in Kenya has shown that the most vulnerable young women may benefit from programs that provide both social support and a safe, accessible place to save money.

www.popcouncil.org/pdfs/seeds/SEEDS23.pdf

Population Council findings on age differences between spouses have been used to develop a program to delay marriage and support married girls in Nigeria.

www.popcouncil.org/projects/TA_NigeriaChildMarriage.html

Urban residence may not automatically confer major health benefits. Council studies have shown that the **urban poor** have much less access to adequate water supplies, sanitation, and electricity than the urban nonpoor.

 $www.popcouncil.org/projects/SS_measureurbanpov.html$

Physical abuse is common during pregnancy in Nepal and Pakistan. Council findings provide an empirical basis for developing interventions to reduce violence.

 $www.pop council.org/publications/pop briefs/pb11(3)_1.html$

The growing percentage of adolescents attending school has contributed to increases in the age of sexual initiation in Africa.

www.popcouncil.org/publications/popbriefs/pb11(2)_1.html

PUBLICATIONS

The Population Council publishes two scholarly, peer-reviewed journals, *Population and Development Review* and *Studies in Family Planning*. Staff members also publish their work in a wide range of external outlets, including other peer-reviewed journals. The Council's Web site—www.popcouncil.org—contains selected publications in HTML and PDF formats and lists hundreds of articles and other publications by staff members. The following list of publications is organized by research area. Authors whose names appear in boldface are Council staff members, consultants, fellows, or colleagues seconded from partner organizations.

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Effective June 2005.

² Through February 2005.

AWARDS AND CONTRACTS

Awards and contracts are an important means through which the Population Council conducts research, transfers technology, and strengthens institutional capacity. The Council collaborates with government agencies, universities, hospitals, research centers, nongovernmental organizations, and individuals in both developing and developed countries.

AFRICA

Botswana

Premiere Personnel, Gabarone

Burkina Faso

Association African Solidarité, Ouagadougou

Association Agir Tous Ensemble, Tenkodogo

Association des Jeunes Volontaries de Lutte contre le VIH/SIDA et pour la Sauvegarde de l'Environnement, Tenkodogo

Association pour la Promotion Féminine de Gaoua, Gaoua

Association "Responsabilité, Espoir, Vie, Solidarité," Bobo-Dioulasso

Association Vie Positive, Ouagadougou

Association Vie Solidaire, Gaoua Association Yerelon, Bobo-Dioulasso Comité National de Lutte Contre la Pratique de l'Excision.

Ouagadougou

Egypt

Centre d'Études et de Documentation Économiques, Juridiques et Sociales, Cairo

Near East Foundation, Cairo

Ghana

Center for the Development of People (CEDEP)

Christian Health Association of Ghana, Accra

Ghana Health Service, Accra Ghana Health Service Regional Directorates

- Brong Ahafo Region Health Administration, Sunyani
- Central Regional Health Administration, Cape Coast
- Eastern Regional Health Administration, Koforidua
- Greater Accra Region Health Administration, Accra
- Northern Regional Health Administration, Tamale
- Regional Director of Health Services, Kumasi
- Upper East Regional Health Administration, Bolgatanga
- Volta Regional Health Administration, Ho
- Western Regional Health Administration, Takoradi

Ghana Social Marketing Foundation Enterprises Ltd., Accra

Health Research Unit, Ministry of Health, Accra

Navrongo Health Research Centre, Navrongo

Noguchi Memorial Institute for Medical Research, Accra

Regional Hospital, Koforidua

Kenya

Binti Pamoja Center, Nairobi Centre for African Family Studies,

Family Planning Association of Kenya, Nairobi

Institute of African Studies, University of Nairobi, Nairobi

International Centre for Reproductive Health, Mombasa

Presbyterian Church of East Africa Chogoria Hospital, Chogoria

Steadman Research Services International Ltd., Nairobi

Senegal

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

South Africa

Centre for Health Policy, University of the Witwatersrand, Johannesburg

Community Agency for Social Enquiry, Braamfontein

The Crisp Trust, Durban

Medical Research Council, Durban

Medical Research Council, Tygerberg

Medical University of Southern Africa, Ga-Rankuwa

Pinetown Highway Child and Family Welfare Society, KwaZulu-Natal

Rural AIDS and Development Action Research Programme, University of the Witwatersrand, Acornhoek

Thohoyandou Victim Empowerment Trust, Limpopo

Trust for Health Systems Planning and Development, Durban

University of Cape Town, Cape Town The Valley Trust, Bothas Hill

Sudan

Ahfad University for Women, Omdurman

University of Khartoum, Khartoum

Tanzania

Muhimbili University College of Health Sciences, Dar es Salaam

Uganda

National Agricultural Research Organization, Entebbe

The AIDS Support Organization, Kampala

Zambia

Central Board of Health, Lusaka Development Aid from People to

People, Zambia, Ndola Institute of Economic and Social Research, University of Zambia,

RuralNet Associates Ltd., Lusaka

THE AMERICAS

Argentina

Centro de Encuentros Cultura y Mujer, Buenos Aires

Bolivia

Programa de Coordinación en Salud Integral, La Paz

Brazil

Centro de Estudos Augusto Leopoldo Ayrosa Galvão, São Paulo

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 Estudios Sociales y Demográficos, Santo Domingo

Centro de Orientación e Investigación Integral, Inc.

Centro de Promoción y Solidaridad Humana, Puerto Plata

Guatemala

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

Honduras

Asociación Hondureña de Planificación de Familia, Tegucigalpa

Mexico

Colectivo de Educación y Formación Integral para la Salud, Michoacán

Fundación Mexicana para Planificación Familiar, AC, Tlalpan

Instituto Nacional de Salud Pública, Cuernavaca

Nicaragua

Consultorías y Asesorías ALVA S.A, Managua

United States

The Aaron Diamond AIDS Research Center, New York, NY

American College of Nurse-Midwives, Silver Spring, MD

Columbia University Medical Center, New York, NY

Duke University, Durham, NC

EngenderHealth, New York, NY

Family Health International, Research Triangle Park, NC

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

Ibis Reproductive Health, Inc., Cambridge, MA

International Center for Research on Women, Washington, DC

International Medical Corps, Santa Monica, CA

Ipas, Chapel Hill, NC

Johns Hopkins University, Baltimore,

The Miriam Hospital, Providence, RI Planned Parenthood of San Diego, San Diego, CA

Program for Appropriate Technology in Health, Seattle, WA

Tufts University, Boston, MA

Tulane University, New Orleans, LA

University of California, San Francisco, CA

University of Chicago, Chicago, IL University of Connecticut Health Center, Farmington, CT University of Illinois at Urbana-Champaign, Champaign, IL

ASIA

Bangladesh

Associates for Community and Population Research, Dhaka

Bangladesh Rural Advancement Committee, Dhaka

Institute of Child and Mother Health, Dhaka

Mitra and Associates, Dhaka Population Services and Training Center, Dhaka

India

Centre for Operations Research and Training, Vadodara

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

Committee of Resource Organisations for Literacy, Mumbai

Deepak Charitable Trust, Baroda Foundation for Research in Health Systems, Ahmedabad

Freedom Foundation, Bangalore Government Medical College, Maharashtra Indian Network for People Living With HIV/AIDS, Chennai

International Institute for Population Sciences, Mumbai

Jan Chetna Manch Bokaro, Jharkhand

K.E.M. Hospital Research Centre, Pune

MAMTA Health Institute for Mother and Child, New Delhi

ORG Centre for Social Research, Division of ACNielsen ORG-MARG Pvt. Ltd., Baroda

Poor Urban and Rural Women's Association, Patna

Population Research Center, Baroda Social Awareness Service

Organization, Manipur Synovate India Pvt. Ltd., Mumbai Tata Institute of Social Sciences,

Iran

Hamyaran NGO Resource Center, Tehran

Myanmar

Mumbai

Compass Research Limited, Yangon Department of Medical Research, Yangon

United Nations Population Fund, Yangon

Nepal

Nepal Fertility Care Center, Kathmandu

Thailand

Department of Psychiatry, Chiang Mai University, Chiang Mai

Office of the Population Technical Assistance Team, Bangkok

Research Institute for Health Sciences, Chiang Mai University, Chiang Mai

Thai Population Association, Bangkok

Turkev

Istanbul University, Istanbul

Vietnam

Central Commission on Science and Education, Hanoi

Da Nang Health Service, Da Nang City

Hanoi School of Public Health, Hanoi Institute for Social Development Studies, Hanoi

Khanh Hoa Health Service, Nha Trang City

People's Aid Coordinating Committee, Hanoi

University of Medicine and Pharmacy at Ho Chi Minh City, Ho Chi Minh City

EUROPE

Germany

Impact on Health e.V., Bad Homburg Institute of Reproductive Medicine of the University of Münster

Netherlands

International Antiviral Therapy
Evaluation Center, Amsterdam

Sweden

Medivir, AB

United Kingdom

International HIV/AIDS Alliance, London

John Snow International Europe, London

OCEANIA

Australia

Centre for Virus Research, Westmead Millennium Institute, Sydney

FELLOWS

The Population Council's fellowship programs have helped advance the careers of social and biomedical scientists, public health researchers, and program managers throughout the world. The work of Council fellows has fostered research and informed the creation of population, health, and development policies and programs. We thank The Fred H. Bixby Foundation for a generous \$5 million grant that will enable the Council over the next ten years to offer fellowships to young professionals, primarily from developing countries, and prepare them for leadership in the population, health, and development fields.

BIOMEDICAL FELLOWS

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

THE AMERICAS

United States

Thomas Onorato. Postdoctoral fellow, St. John's University, NY. Peroxiredoxins, thioredoxins, and oxidative stress in male fertility regulation.

ASIA

China

Li-Qiang Fan. Postdoctoral fellow, Shanghai Institute of Biochemistry, Chinese Academy of Sciences and East China University of Science and Technology. Study of the molecular mechanism of male reproductive hormone action using a transgenic mouse experimental model system.

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

Qiufan Wang. Predoctoral fellow, Department of Zoology, University of Hong Kong. Study the coxsackievirus and adenovirus receptor (CAR) and its role and regulation of blood–testis barrier dynamics during spermatogenesis.

William Xia. Predoctoral fellow, Department of Zoology, University of Hong Kong. Unraveling the signaling pathways used by AF-2364 and cytokines that regulate Sertoli–germ cell adhesion in the testis.

Helen Yan. Predoctoral fellow, Department of Zoology, University of Hong Kong. Unraveling the integrin/laminin protein complex that regulates Sertoli–germ cell adhesion and blood–testis barrier dynamics in the testis.

India

Pankaj Lamba. Postdoctoral fellow, Department of Physiology, All India Institute of Medical Sciences, New Delhi. Mechanisms of basal and activin-regulated follicle-stimulating hormone beta subunit transcription in the rodent pituitary gland.

Oli Sarkar. Predoctoral fellow, Pondicherry University, School of Life Sciences. Interactions of cytokines and AF-2364 on Sertoli–germ cell interactions in the testis.

Israe

Margarita Vigodner. Postdoctoral fellow, Tel Aviv University. The small ubiquitin-related modifiers (SUMOs) and regulation of human spermatogenesis.

Japan

Tomomoto Ishikawa. Postdoctoral fellow, Kobe University School of Medicine. Kinase-based regulation of Sertoli cell expression of START-domain lipidtransfer proteins.

EUROPE

France

Laurence Vachot. Postdoctoral fellow, University of Lyon. Innate immune responses of dendritic cells to HIV and Candida albicans.

Germany

Susanna Trapp. Postdoctoral fellow, University of Erlangen. Cellular and molecular mechanisms of virus modulation of dendritic cell function that drive HIV infection over immune activation.

Greece

Panagiotis Vagenas. Postdoctoral fellow, Imperial College London. Modulation of mucosal dendritic cells to boost preventative and therapeutic vaccine efficacy.

Italy

Silvia Peretti. Predoctoral fellow, Istituto Superiore di Sanità, Rome. HSV-2 infection and how modulation of macaque dendritic cells influences mucosal transmission of immunodeficiency viruses.

OCEANIA

Australia

Gavin Morrow. Postdoctoral fellow, University of Sydney, Westmead Millennium Institute, Sydney. Innate dendritic cell and regulatory T cell responses in macaque mucosal tissues and their involvement in immunodeficiency virus infection.

Stuart Turville. Postdoctoral fellow, University of Sydney, Westmead Millennium Institute, Sydney. HIV infection of dendritic cells, dendritic cell–driven dissemination of virus to T cells, and prevention of mucosal infection through microbicides.

INTERNATIONAL PROGRAMS DIVISION FELLOWS

AFRICA

Kenya

Jill Keesbury. Collaboration on the African Forum on Emergency Contraception and the Reproductive Health Policy in Ethiopia (Michigan Fellow).

Nzoya Munguti. Africa Regional Reproductive Health Economics Fellow, Frontiers in Reproductive Health.

South Africa

Michelle Seibou. South Africa Reproductive Health Michigan Fellow, Frontiers in Reproductive Health.

ASIA

India

Pradeep Panda. Asia and Near East Regional Reproductive Health Economics Fellow, Frontiers in Reproductive Health.

The following India fellows are supported under the Health and Population Innovation Fellowship program.

Anjali Bhaskar Borhade, Nasik. Addressing sexual and reproductive health for unorganized seasonal migrant adolescents, women, and youth.

Paramita Chaudhuri, Kolkatta. Understanding sexual harassment in the health sector.

Nasiruddin Haider Khan, Lucknow. Challenging myths and misconceptions: Communicating women's rights in Islam.

P. Kousalya, Chennai. Advocating for the issues of women living with HIV/AIDS in India.

Saritha Nair, Mumbai. Developing positive partnerships: Pathway to better maternal health.

Archana Oinam, Manipur. Exploring the links of drug use and sexual risk practices among young female injecting drug users in Manipur.

Vani Periodi, Dakshin Kannada. Empowering young men and women to become sensitive partners and responsible parents.

Rajalakshmi, Chennai. Informed consent in reproductive health services: Research on women's access to public and private health care institutions in Chennai.

Dipa Sinha, Secunderabad. Safe motherhood through community mobilization.

Rachna Sujay, Gujarat. Youth culture: Sexual norms and behaviors of college students in Gujarat.

Monisha Vaid, Gurgaon. Personal competencies, social networks, and risk taking: Understanding emerging issues among youth in business process outsourcing.

Akhila Vasan, Bangalore. Understanding visual media and young people's gender and sexuality attitudes and behavior in a peri-urban site in South India.

Vietnam

The following Vietnam fellows completed the master's in public health degree at the institutions listed.

Duong Quang Le. University of Illinois, Chicago.
Thao Thuy Lan Le. University of Washington.
Tuan Anh Le. Columbia University.

Cuong Dinh Nguyen. University of Pittsburgh.

Ha Thi Thanh Nguyen. University of Illinois, Chicago. Minh Duc Nguyen. University of Washington.

Hoa Dinh Pham. Boston University.

Hung Quoc Pham. Boston University.

Phuoc Van Pham. University of California, Los Angeles.

Van Thi Thuy Phung. Boston University.

Chinh Van Vu. Emory University.

Nguyen Cong Vu. Brown University.

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

Thuy Thi Thanh Bui. University of Amsterdam.

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

Cuong Manh La. San Francisco State University. Dien Van Le. Boston University.

Lan Thi Thu Nguyen. San Francisco State University. Quynh Anh Thi Nguyen. San Francisco State University.

Hanh Hong Pham. University of Amsterdam. Hoang Thi Thu Tran. University of Melbourne. Oanh Thi Kim Tran. University of Melbourne.

MEAWARDS

Middle East fellows undertake interdisciplinary studies in population and the social sciences. The program focuses on capacity building in specific countries.

AFRICA

Egypt

Ihab Ra'afat Abdelaziz, Cairo. Modification of module of El Mulad doll (Culture and Health Awards Program).

Walid M. Badr, Giza. Children's nutrition theater (Culture and Health Awards Program).

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

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

Inas Hamdi, Alexandria. Health housing module in Sidi Barami (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).

Sherif Labeeb, Minia. Modification of a traditional oven (Culture and Health Awards Program).

Sana Mabrouk, Alexandria. Guidebook for tanning hazards and protection (Culture and Health Awards Program).

Sudan

Zuhair Elfadil Abdalla, Khartoum. HIV/AIDS knowledge, attitudes, and practice study in Rubkona and Paryang localities, Unity State/Sudan (Technical Capacity Building Awards Program).

Huda Mohammed Ahmed, Khartoum. Socioeconomic and demographic determinants of demand for modern delivery care in the Shurg-Anil rural area (Technical Capacity Building Awards Program).

Abubakr Ali Al Karouri, Khartoum. University students in Khartoum State: Are they capable of meeting the STI and HIV/AIDS threat? (Technical Capacity Building Awards Program).

May Ali Babiker, Khartoum. Understanding child labor in Sudan: The case of domestic workers (Technical Capacity Building Awards Program).

Abdelgadir Ali Bashir, Khartoum. Knowledge, attitudes, practice, and behavior of secondary school students related to HIV/AIDS infection in Khartoum State, 2005/Sudan (Technical Capacity Building Awards Program).

Lamia Eltigani Elfadil, Khartoum. Mothers' perceptions of care seeking for acute illness episodes in infants—Umbadda area/2005 (Technical Capacity Building Awards Program).

Abdalla Abdelhadi El-Sheikh, Khartoum. Knowledge, attitudes, and practice survey on HIV/AIDS among street children staying in the rehabilitation center, Khartoum State (Technical Capacity Building Awards Program)

Omer Ali Ibrihim, Khartoum. Are women tea sellers vulnerable to HIV/AIDS? A knowledge, attitudes, and practice study in Khartoum State (Technical Capacity Building Awards Program).

Mohammed Ahmed Sidahmed, Khartoum. Quality of antenatal care provided at primary-level health centers in Khartoum State (Technical Capacity Building Awards Program).

THE AMERICAS

United States

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

Suad Joseph and Mona Khalaf, Davis, CA. Arab families: Public discourse and border crossings.

ASIA

Lebanon

Ray Jureidini, Beirut. Social profile and analysis of foreign female domestic employees in Lebanon.

Palestine

Lamis Abu Nahleh and Penny Johnson, West Bank. Palestinian families in the second intifada: The dynamics of survival, resistance, and change.

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

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

Turkey

Nuri Zafer Yenal and Caglar Keyder, Istanbul. Agrarian change under globalization: Post-national 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

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

POLICY RESEARCH DIVISION FELLOWS

AFRICA

Malawi

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

THE AMERICAS

Mexico

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

United States

Ayaga Bawah. Postdoctoral resident training, Population Council, New York (Bernard Berelson fellow).

Sharon Ghuman. Postdoctoral resident training, Population Council, New York (Bernard Berelson fellow).

Solène Lardoux. Postdoctoral resident training, Population Council, New York (Bernard Berelson fellow).

GHANA FELLOWS

Fellows advance the work of the Navrongo Health Research Centre in northern Ghana.

Philip Baba Adongo. Postdoctoral family planning, fertility, and gender research on the Community-based Health Planning and Services initiative (Navrongo Health Research Centre, Mellon fellow).

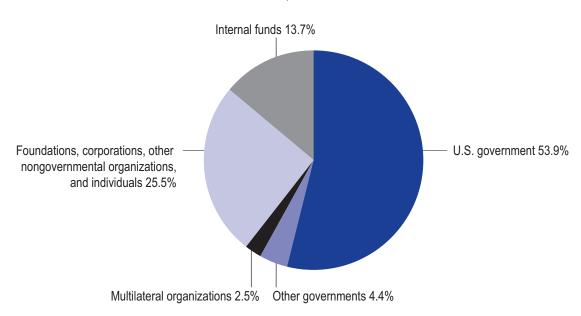
Cornelius Debpuur. Postdoctoral research in adolescent sexual and reproductive health (Navrongo Health Research Centre, Rockefeller fellow).

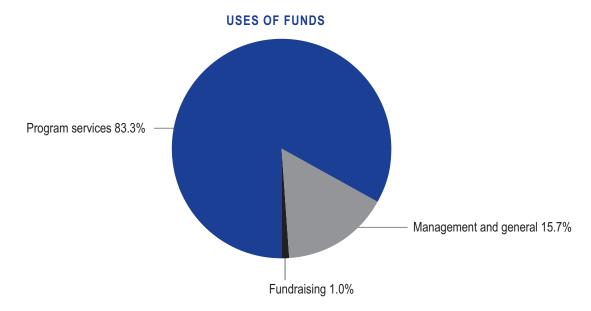
FINANCIAL REPORT

In 2005, the Population Council recorded expenditures of \$74.4 million, up 3.9 percent from 2004. The Council experienced a 4 percent increase in program services due mostly to the growth of activities in the International Programs Division. We experienced strong support from a broad range of donors. Donor grants and gifts increased 13.2 percent. The Council's royalty stream has also benefited from the success of health products developed in our laboratories.

The following pages present summary financial statements and a list of the generous donors whose funds supported the Council's activities in 2005.

SOURCES OF SUPPORT FOR 2005 ACTIVITIES TOTAL \$74.4 MILLION





STATEMENT OF ACTIVITIES

For the year ended December 31, 2005 with comparative totals for 2004 (in thousands of dollars)

	Unrestricted John D.					
	General and	Rockefeller 3rd Memorial Fund	Temporarily	Permanently	Total	
	fixed assets	and other	restricted	restricted	2005	2004
OPERATING REVENUE						
Grants and gifts	972	685	59,753	1	61,411	54,248
Royalties	6,920				6,920	4,896
Other operating revenue	134	4,752	1,311		6,197	5,738
Net assets released from restrictions	64,006		(64,006)			
TOTAL OPERATING REVENUE (LOSS)	72,032	5,437	(2,942)	1	74,528	64,882
OPERATING EXPENSES						
PROGRAM SERVICES						
International Programs Division	32,679				32,679	30,543
Center for Biomedical Research	23,864				23,864	23,060
Policy Research Division	4,026				4,026	4,127
Distinguished Colleagues	284				284	425
Publications	1,118				1,118	1,461
TOTAL PROGRAM SERVICES	61,971				61,971	59,616
SUPPORTING SERVICES						
Management and general	10,145	1,381			11,526	11,211
Fundraising	688				688	735
TOTAL SUPPORTING SERVICES	10,833	1,381			12,214	11,946
TOTAL OPERATING EXPENSES	72,804	1,381			74,185	71,562
(Deficiency) excess of operating revenue over operating expenses	(772)	4,056	(2,942)	1	343	(6,680)
Transferred to/from endowment	926	(926)				
Loss on lease obligation	(960)				(960)	(2,509)
Net unrealized gain (loss)	26	(1,234)	(276)		(1,484)	5,000
(DECREASE) INCREASE IN NET ASSETS	(780)	1,896	(3,218)	1	(2,101)	(4,189)
NET ASSETS AT BEGINNING OF YEAR	8,785	68,962	77,700	5,483	160,930	165,119
NET ASSETS AT END OF YEAR	8,005	70,858	74,482	5,484	158,829	160,930

BALANCE SHEET

December 31, 2005 and 2004 (in thousands of dollars)

	2005	2004
ASSETS		
Cash and investments	106,893	111,146
Grants and gifts receivable	55,239	51,462
Other assets	8,518	6,610
Fixed assets, net	11,248	12,577
TOTAL ASSETS	181,898	181,795
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	4,273	3,259
Awards, contracts, and fellowships payable	7,212	7,229
Other liabilities	11,584	10,377
TOTAL LIABILITIES	23,069	20,865
NET ASSETS		
Unrestricted		
General—undesignated	8,005	8,785
John D. Rockefeller 3rd Memorial Fund and other	70,858	68,962
Temporarily restricted	74,482	77,700
Permanently restricted	5,484	5,483
TOTAL NET ASSETS	158,829	160,930
TOTAL LIABILITIES AND NET ASSETS	181,898	181,795

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

SOURCES OF SUPPORT IN 2005

We thank the governmental agencies, multilateral organizations, foundations, and individuals listed below for supporting the Population Council's mission to improve the reproductive health and wellbeing of the world's most vulnerable people. Individuals, communities, and governments worldwide are facing daunting challenges such as poverty, disease, and HIV and AIDS. Grants and contributions to the Council make it possible to address the population, health, social, and economic aspects of such challenges from multidisciplinary perspectives and develop evidence-based recommendations for policy and programmatic improvement.

The Population Council welcomes gifts at all levels. Unrestricted gifts to the Annual Fund provide the flexibility to explore promising new approaches to seemingly intractable problems and disseminate lessons learned about what works in the real world.

Contributions can be made by check or credit card as well as online at www.popcouncil.org/supporting/index.html. Gifts of appreciated securities, bequests, charitable remainder and lead trusts, and designations of the Council as beneficiary of insurance policies or pension plans are greatly encouraged. Your financial or tax advisor is the best source of guidance on giving options to meet your financial and philanthropic goals. All contributions to the Population Council are tax deductible in the United States.

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 Burkina Faso Government of Canada

 Canadian International Development Agency

Government of Denmark

Government of Egypt

—Social Fund for Development

Government of India

 National AIDS Control Organization

Government of Ireland

Development Cooperation

Government of Japan

 Japan International Cooperation Agency

Government of the Netherlands

Government of Sweden

 Swedish International Development Cooperation Agency

Government of Thailand

Government of the United Kingdom

— Department for International

Development
Government of the United States

- Agency for International
 Development
- Centers for Disease Control and Prevention
- National Institutes of Health

MULTILATERAL ORGANIZATIONS

European Commission

United Nations Children's Fund (UNICEF)

United Nations Development Fund for Women (UNIFEM)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Population Fund (UNFPA)

The World Bank

World Health Organization

FOUNDATIONS, CORPORATIONS, AND OTHER NON-GOVERNMENTAL ORGANIZATIONS

Anonymous (4)

Africare

American University of Beirut

The Atlantic Philanthropies

Better World Fund

The Fred H. Bixby Foundation

Care International

Center for Global Development

Center for Health and Population Research

Chemonics International, Inc.

Church World Service

Columbia University–Center for International Earth Science Information Network

Compton Foundation

Cornell University

The Dickler Family Foundation Eastern Virginia Medical School

EcoTrust

Economic Research Forum

Family Health International

The Ford Foundation

The Futures Group International

Bill & Melinda Gates Foundation

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Foundation

Greenstar Social Marketing

Gynuity Health Projects

The Lita Annenberg Hazen Foundation

The William and Flora Hewlett Foundation

Institute for Population and Social Research

Institute of International Education

Instituto Promundo

International Partnership for Microbicides, Inc.

George Frederick Jewett Foundation

The Johns Hopkins University

JSI Research and Training Institute

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The Libra Foundation

The London School of Hygiene & Tropical Medicine

Los Angeles Biomedical Research Institute at Harbor-UCLA

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 New Leaf Fund

Stavros S. Niarchos Foundation

Nike Foundation

The David and Lucile Packard Foundation

Partners in Technology Exchange

Partridge Foundation
Pathfinder International

Polisher Research Institute

olisher itesearch histitute

Program for Appropriate Technology in Health

Rapidan Foundation

Right to Play

The Rockefeller Foundation

The Blanchette Hooker Rockefeller

Fund

Save the Children

Schering AG

The Spencer Foundation

Sidney Stern Memorial Trust

Tides Foundation

Transport Corporation of India

Foundation

The Turner Foundation. Inc.

United Nations Foundation

University of California, San Francisco

University of California, Institute for Mexico and the United States

University of Michigan

The Wildwood Foundation

COUNCIL ENDOWMENT FUNDS

Center for Biomedical Research Endowment

DeWitt Wallace–Reader's Digest Fellowship Fund

The George J. Hecht Fund

New Capital Fund

Policy Research Division Endowment

The John D. Rockefeller 3rd Memorial Fund

Christopher Tietze Fellowship Endowment Fund

ENDOWMENT GIFTS

Estate of John W. Beach

Barbara B. Ebert

Elof D. Johansson and Leena Ruusuvaara

Julie A. Robichaud

Adolph and Ruth Schnurmacher Foundation

Ruth Kalla and Richard A. Ungerer

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Timothy S. and Anne M. Allen

Sandra D. and Ethan D. Alyea, Jr.

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