

The Population Council's mission is to improve the well-being and reproductive health of current and future generations and to help achieve a humane, equitable, and sustainable balance between people and resources.

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PRESIDENT'S MESSAGE

I am sometimes asked, “Does the world still need the Population Council?” In the decade immediately after the Council was founded in 1952, populations in the developing world grew at close to 3 percent a year—fast enough to double in less than 30 years, which is precisely what happened in many places. Today, fertility has declined and population growth has slowed significantly, notably in many once fast-growing developing countries. But the slowing of growth does not diminish the importance of population in shaping human welfare. The level of health, the number of poor people, the quality of primary education, and a host of other issues continue to be influenced by changes in population size, distribution, composition, and rates of growth.

The Population Council was not founded simply to address the consequences of rapid population growth. The motives and mission were more complex. When John D. Rockefeller 3rd founded the Population Council he noted, “There is only one reason for concerning ourselves about population—to improve the quality of people’s lives, to help make it possible for individuals everywhere to develop their full potential.”

Today, we and our partners respond to that vision by implementing a broader range of research and institutional-development activities than ever before. The common denominator is our effort to improve the quality of people’s lives. We spend about 30 percent of our resources on research to slow the HIV/AIDS epidemic, including programs to increase access to care and treatment, to reduce the impact of the disease on families and communities, and to prevent new infections, for example through the development of a microbicide to help women reduce the risk of contracting HIV. We are also studying ways to save women’s lives through interventions aimed at reducing maternal mortality. And we are examining vital topics such as the transition to adulthood among the developing world’s more than one billion adolescents, the consequences of urban growth, and the reproductive health of women and men. These are issues that will shape our world for years to come.

We are charting new paths because high-quality research on emerging population, health, and development concerns is much needed. As global funding resources for development and health become scarcer, evidence about how specific programs and approaches work is imperative if resources are to be properly allocated.

The Council’s staff, trustees, and partners around the world are very grateful for your support. We manage the funds we receive very carefully and work hard to ensure that our operations are as efficient as possible. We invest our time and resources in activities that are likely to have an immediate impact on the well-being of vulnerable populations around the world.

This report describes some of our research and institutional-development activities, as well as our collaboration with national governments and non-governmental organizations to improve population and health policies and programs. More information about these activities is available on our Web site (www.popcouncil.org) and in our many publications.

After five influential and productive years as the Council’s chief executive, Linda Martin resigned in July 2004. I became acting president when Linda left and was honored to be named president in January 2005. I am excited by my new role because it is clear that the Population Council’s commitment and expertise are still needed in the effort to improve the quality of people’s lives.

As this report went to press, we received the sad news of Rodney B. Wagner’s death. Rod was chair of our board of trustees, a visionary leader and supporter of the Population Council, and our friend. We will greatly miss him.



Peter J. Donaldson
President

SINCE 1952, THE POPULATION COUNCIL

has been the premier international organization conducting research on population issues. The Council has been instrumental in the design of service-delivery programs, health products, and public policies that improve the lives of people in the world's poorest countries.

The Council undertakes research to enhance people's health and well-being. In collaboration with partner institutions, the Council identifies and studies promising approaches for the delivery of services and for building individual and institutional research capacity. Dissemination of the findings of this research is another major focus of the Council's work.

Policymakers, program managers, and others concerned with a broad range of population issues turn to the Population Council for reliable evidence on what works in meeting the needs of underserved populations.

BIOMEDICINE The Council studies reproductive biology and immunology and develops innovative products to allow people to enhance their health and avoid unwanted pregnancies. Through its basic research on the male and female reproductive systems, as well as the development of new contraceptive methods and other health products, the Council continues to make significant contributions to the field.

www.popcouncil.org/biomed

GENDER AND FAMILY DYNAMICS Council researchers explore how factors such as gender inequity, education, and male and female gender roles affect individual well-being, earnings prospects, and health. Projects aim to increase economic productivity, improve school attendance, and reduce violence against women.

www.popcouncil.org/genfam

HIV/AIDS The Population Council identifies sustainable responses to the AIDS pandemic, especially for the hardest-hit regions of the world. Major biomedical initiatives include studying the role of the immune system in the spread of HIV and developing microbicides to prevent sexual transmission of infection. Social science and public health researchers identify best practices for providing cost-effective treatment, care, and support of persons affected by HIV/AIDS; addressing stigma and discrimination; preventing transmission; and reducing the consequences of the pandemic.

www.popcouncil.org/hiv aids

INFANTS AND CHILDREN Focusing on the health, well-being, and schooling of infants and children, Council researchers examine the causes of infant death and disease, design and evaluate programs that support children affected by HIV/AIDS, test experimental methods of health service delivery, and evaluate factors that affect enrollment and retention in school.

www.popcouncil.org/infantschildren

QUALITY OF CARE The Population Council's framework for improving the quality of health care, developed originally for family planning services, has been expanded to include antenatal care and reproductive health services. The framework is used in the assessment of services and in the development of practices to improve services.

www.popcouncil.org/qoc

REPRODUCTIVE HEALTH The Council investigates reproductive health and behavior from biomedical, public health, and social science perspectives. Researchers assess ways to improve family planning and maternal and child health services and to reduce sexually transmitted infections. They investigate ways to provide knowledge and skills to young people, increase contraceptive options, reduce unsafe abortion and the practice of female genital cutting, and improve postpartum and postabortion care.

www.popcouncil.org/rh

SOCIAL SCIENCE Council researchers increase understanding of population and development issues by analyzing societal implications of trends in fertility and mortality and such new challenges as urbanization and population aging. They explore the determinants of fertility and reproductive behavior and the effects of population changes on the environment, and they offer guidance on population policy.

www.popcouncil.org/socsci

STRENGTHENING LOCAL RESOURCES The Population Council helps to strengthen the capacity of residents of developing countries and regions to conduct research and to develop appropriate population policies. It designs research tools, offers training, provides technical assistance, and assists in the development of institutions that conduct population research.

www.popcouncil.org/slr

TRANSITIONS TO ADULTHOOD Council researchers seek ways to increase opportunities and reduce risks for the developing world's 1.5 billion young people. By focusing on such issues as schooling, livelihoods, marriage, and parenthood, the Council strives to improve the productive and reproductive lives of the world's largest-ever population of young people.

www.popcouncil.org/ta

THE POPULATION COUNCIL UNDERTAKES

research, technical assistance, and capacity-building in 70 countries. It is a nonprofit, nongovernmental organization. In the United States, the Council's headquarters and Center for Biomedical Research are located in New York City and its operations research programs in Washington, DC. In addition, the Council has offices in 18 other countries around the world.

The Council staff consists of more than 560 women and men from 59 countries, half of whom hold advanced degrees. Roughly 50 percent are based outside the United States.

The Population Council is governed by a board of trustees composed of men and women from eight 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 nongovernmental organizations, corporations, individuals, and internal sources. The Council's expenditures for 2004 were US\$71.6 million.

The **Center for Biomedical Research**, located on the campus of The Rockefeller University, is one of the world's leading laboratories for the development of contraceptives and other health products. The design of these products is derived in part from basic research in reproductive biology and immunology conducted at the center.

The **International Programs Division** undertakes research with developing-country institutions to improve the delivery and cost-effectiveness of services related to family planning, reproductive health, child survival, and HIV/AIDS. The division also conducts research on quality of care, gender and family dynamics, and transitions to adulthood.

The **Policy Research Division** analyzes population policy, demographic behavior, and the relationships between population and socioeconomic change. Population Council social scientists apply knowledge of population issues to the design and implementation of policies and programs to meet individual and societal needs.

The **Corporate Affairs Division** provides supporting services to the Council, initiates and manages its business relationships, licenses products developed in its biomedical laboratories, and disseminates the results of work by Council staff, consultants, and colleagues through publications and online.

The **Office of the Secretary-Treasurer** oversees the Council's budget, investments, and insurance, maintains the organization's financial records, administers grants, agreements, and contracts, and ensures that the Council is in compliance with donor regulations.

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¹ Executive Committee member.

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³ Acting president and board member following Linda G. Martin's departure; named president 11 January 2005.

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¹ Until 15 July 2004.

² Vice president, International Programs Division, until his appointment as acting president following Linda G. Martin's departure; named president 11 January 2005.

³ Beginning 15 July 2004.



Rodney B. Wagner, a member of the Population Council's board of trustees since 1996 and its chairman since 2001, died on 24 March 2005. Wagner was an advocate for improving reproductive health and rights in the United States and around the world.

Wagner joined J.P. Morgan & Co. in 1954 after graduating from Yale University. For much of his career, he worked with clients in developing countries. In 1962 Wagner joined the U.S. Agency for International Development (USAID) in Washington, DC, first as deputy director and then as director of the Office of Capital Development and Finance in the Near East-South Area. In 1965 he served as deputy director of the USAID mission in Ankara, Turkey.

Wagner subsequently served as J.P. Morgan's vice chairman and director and became a member of the Corporate Office, the firm's senior policy and planning group. Wagner's death is a great loss to the Population Council and to others who share the Council's goals and ideals. We will miss his positive spirit and guidance.

MICROBICIDES

Developing and Testing a Gel to Prevent HIV Transmission

Women urgently need products that they can use to protect themselves from HIV infection. The majority of new HIV infections are transmitted through heterosexual intercourse; in sub-Saharan Africa almost 60 percent of persons infected with HIV are women.

www.popcouncil.org/biomed/microbicides.html

Existing strategies for preventing the transmission of HIV/AIDS—abstinence, mutual monogamy between HIV-negative partners, condom use, and treatment of sexually transmitted infections (which can facilitate HIV transmission)—are not feasible for many women. Microbicides are products, in the form of gels, foams, or creams, that might substantially reduce the transmission of HIV when applied vaginally prior to sex. The Population Council is testing its candidate vaginal microbicide, Carraguard®, among women in South Africa. The randomized, double-blind, placebo-controlled efficacy trial of Carraguard gel began in March 2004 and will eventually enroll more than 6,000 women. The microbicide, among the first to enter efficacy trials, has already undergone extensive safety and toxicology evaluations. In the efficacy trial in South Africa, the Council is collaborating with the University of Cape Town in Gugulethu; the University of Limpopo/MEDUNSA campus in Soshanguve, near Pretoria; and the Medical Research Council in Isipingo, near Durban.

The laboratory of Population Council virologist David Phillips,



A recruiter at the MEDUNSA microbicides trial site explains the study to potential participants using an informational booklet prepared by the Population Council.

which developed Carraguard, is also working on second-generation microbicides. Although the basis for these formulations is Carraguard, other agents are added to enhance its properties. In one such product, an antiretroviral drug, MIV-150, turns Carraguard into an anti-HIV cocktail. Drug cocktails have a greater chance of defeating HIV because they attack the virus through multiple mechanisms. MIV-150 inactivates an enzyme that HIV needs in order to replicate itself, while Carraguard acts as a physical barrier to infection, inhibiting viral binding to cells of the vagina. Council biomedical researchers

expect to begin Phase 1 safety trials of this product in mid-2005.

Because many women who want to protect themselves from HIV would also like to become pregnant, Carraguard was originally developed to be noncontraceptive. Régine L. Sitruk-Ware, the Council's executive director of product research and development, is overseeing the clinical testing of a contraceptive version of Carraguard developed by the Phillips lab. Robin Maguire, in the Phillips lab, proposed the contraceptive microbicide. The new, contraceptive version of Carraguard contains the progestin levonorgestrel. This microbicide is now in Phase 1 trials. Preliminary findings indicate that levonorgestrel may be absorbed by the body in sufficient amounts to be useful as an on-demand contraceptive, thus providing protection against both pregnancy and HIV infection. Currently, condoms are the only product known to offer such dual protection. ■

Demographers Examine Stalled Fertility Declines

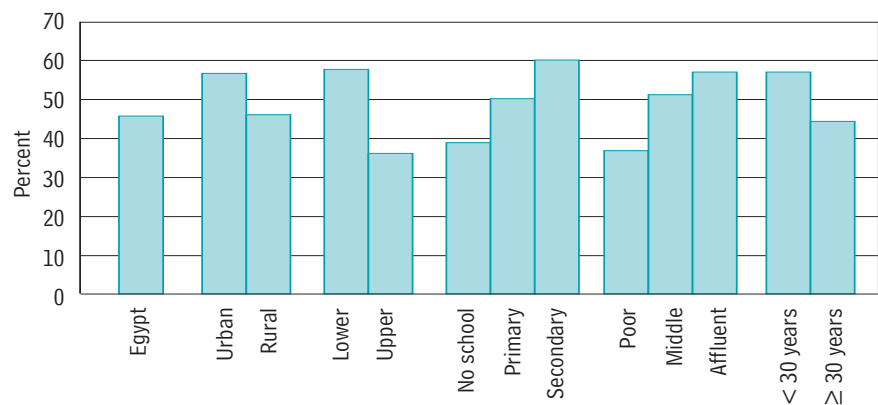
Estimates from recent surveys indicate that fertility in the late 1990s declined more slowly than expected in a number of developing countries. In a few cases fertility stopped declining entirely or actually rose. Although stalls have occurred in the past, they have been rare. The majority of countries that have moved from high to low fertility have experienced fairly steady declines.

In 2004, Population Council demographer John Bongaarts examined stalled fertility transitions in Bangladesh, the Dominican Republic, Ghana, Kenya, and Turkey. Council social scientists John Casterline and Rania Roushdy examined the situation in Egypt.

These researchers found that in countries where fertility decline has stalled, there is still a good deal of unwanted childbearing. This unwanted fertility is the result of an unmet need for family planning, a situation in which women who do not want to become pregnant nevertheless do not use contraception. Unmet need for family planning may exist for various reasons: women may have difficulty obtaining modern contraceptive methods because of low-quality or non-existent family planning services; other women may fear they will experience side effects from contraceptives.

Additionally, couples' desired family size has not declined as rapidly as expected. For example, Casterline and Roushdy found that, among married women in Egypt under age 30, only 57 percent expressed a desire for two or fewer

Percentage of currently married women in Egypt who want two or fewer children



Source: Casterline and Roushdy 2005

children (see figure). The rest wanted three or more children. Bongaarts's research suggests that late in transitions to low fertility, socioeconomic development may play a role in reducing the number of children that people want. As people's standards of living rise, their aspirations for their children's educational and other opportunities increase. To achieve these expanded goals, couples may further limit childbearing.

Stalled fertility declines call into question the assumption that all fertility transitions will proceed to the replacement level of around two

births per woman, an assumption that underlies UN projections, for example. The researchers conclude that replacement-level fertility cannot be achieved in the countries they studied without further declines in both wanted and unwanted fertility. They suggest that strengthening family planning programs could raise the level of contraceptive prevalence and reduce the incidence of unwanted pregnancies. In countries where people want more than two children, further socioeconomic development may revive stalled transitions. ■

Promoting a Healthy, Safe, and Productive Adolescence

“My parents were trying to marry me off, but I didn’t want to get married. So I ran away and came here. I wanted to study,” a 17-year-old schoolgirl told Population Council researchers collecting data on the lives of adolescents in slums in Addis Ababa, Ethiopia. The girl had fled rural Ethiopia at age 11.

Adolescence is a pivotal stage of physical, emotional, cognitive, social, and economic transitions, often characterized—particularly for girls—by lack of autonomy. The nature and quality of young people’s adult lives, as well as a country’s social and economic development, depend on how successfully they navigate this critical period.

Providing expertise on adolescence in the developing world

The largest-ever generation of people aged 10 to 24 is now making the transition from childhood to adulthood. One and a half billion of them—86 percent—live in developing countries. The Population

Council has intensified its decade-long focus on adolescents: gathering baseline data on their lives, conducting research on the determinants and consequences of their behavior and changing circumstances, designing and testing a variety of novel programs, and leading and contributing to influential research panels and publications.

Three years ago the U.S. National Academies tapped Cynthia B. Lloyd, Population Council director of social science research, to lead an expert panel in examining transitions to adulthood in developing countries. Two other Council senior social scientists, Shireen Jejeebhoy and Barbara Mensch, also participated on the 15-member panel. In

2004, the panel’s investigations culminated in the completion of *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (published in 2005). Their research shows that, despite widespread progress in certain areas, many young people still lack adequate schooling and good health—primary contributors to myriad successful outcomes, from delayed marriage and childbearing to enhanced earning capacity.

“The goal of the Council’s research on adolescents is to understand the circumstances underlying adolescents’ lives and to design policies and programs to allow young people, particularly girls, to emerge as reproductively healthy adults with productive skills,” says Judith Bruce, director of the Council’s Gender, Family, and Development program. The Council’s work in Ethiopia, India, and Egypt exemplifies this approach.

Helping young women

In Ethiopia, Council social scientist Annabel S. Erulkar collaborated with the country’s Ministry of Youth, Sports, and Culture to gather

More than 90 percent of Egyptian girls involved with Ishraq who took the government literacy exam passed.



baseline information about adolescents. In the Amhara region, the researchers found that the experience of early marriage was socially isolating and emotionally and sexually traumatic for most girls. Child marriage—any marriage that occurs before the age of 18—is considered a human rights violation by international convention. On the basis of Erulkar’s research, the Council and Ministry staffs are designing and testing a program to help unmarried girls stay in or enter school. For married girls, clubs will provide social support, counseling, and basic literacy and life skills training.

In India, nearly half of 20-to-24-year-old women were married by age 18. The vast majority of marriages are arranged, and young women have little say in the choice of partner. “Livelihoods programs have the potential to increase young women’s decisionmaking power by building social networks and developing income-generating and savings skills,” says Council social scientist Mary P. Sebastian. The Population Council, its Frontiers in Reproductive Health program (funded by the U.S. Agency for International Development), and CARE-India trained adolescent girls in the slums of Allahabad, Uttar Pradesh. The girls learned vocational skills and how to open savings accounts and received livelihoods counseling and assistance. An evaluation, led by Barbara Mensch, revealed that girls in the experimental areas were significantly more likely to know about safe locations for unmarried women to congregate, be informed about reproductive health, and spend time on leisure activities than the matched control respondents. More than 80 percent of participants in the experimental area con-



tinued to use their vocational skills after the program ended, and more than half opened savings accounts.

In rural Upper Egypt, in February 2004, parents, community leaders, and government officials attended a graduation ceremony for the first 200 girls to complete an education and recreation program called Ishraq. Initiated by the Population Council, Save the Children/USA, and other partners, the three-year program provided rural out-of-school girls with safe meeting places and educational opportunities. The program also used sports to develop girls’ leadership and decisionmaking skills. “We evaluated the program and found an increase in girls’ literacy levels, general knowledge, and sports participation,” says Council public health researcher Martha Brady. Following the success of the pilot phase, the program is being expanded to other areas of Egypt.

Improving adolescent reproductive health

The Population Council’s Frontiers program conducted studies in Bangladesh, Kenya, Mexico, and

Nearly half of 20-to-24-year-old women in India were married by age 18. The Population Council investigates ways to raise the age at marriage.

Senegal. The projects fostered a supportive environment in schools and communities to address adolescent reproductive health and made existing services more accessible to adolescents. An assessment found that young people who had participated in project activities had significantly greater knowledge and healthier behaviors compared with those who had not. The government of Kenya is scaling up the project throughout western Kenya, as part of its integrated effort to address youth development in the context of AIDS. The government of Senegal is also expanding adolescent services based on the Council’s project. In Bangladesh, the Ministry of Youth and Development is using training modules developed under the project as part of its vocational training package for rural youth throughout the country.

The challenges of promoting a successful passage to adulthood for young people in developing countries are significant. The Population Council’s high-quality research provides the empirical basis for the development of sound policies and programs to overcome these obstacles. Council investigators plan to continue research into trends and determinants of adolescent sexual behavior, the effects of adolescent livelihoods training, the implications of very early or very late marriage, and the long-term outcomes of schooling. ■

SOCIAL SCIENCE

From Experiment to Program: Expanding a Successful Initiative

A successful experiment in community-based delivery of health and family planning services in northern Ghana is being expanded to districts across the country.

www.popcouncil.org/socsci/exp.html

The experiment was launched by the Navrongo Health Research Center with technical assistance from Population Council researcher James F. Phillips and others. Phillips and Delanyo Dovlo, Council social scientist, are now advising the Ghana Health Service on monitoring and evaluating the expansion of the program, which is known as the Community-based Health Planning and Services (CHPS) initiative. As part of CHPS, Ministry of Health nurses live and work in community-constructed health centers and provide health and family planning services door-to-door.

The Navrongo experiment has become a model for the use of experimental trials for large-scale program

development. The results of a decade of investigation have provided a continuous resource for guiding critical policy decisions, demonstrating success to leaders at all levels in the government, and training district teams to replicate operations throughout Ghana.

CHPS is in the planning stage in 104 districts and has been extensively implemented in eight. Other West African countries have expressed interest in adopting CHPS-like programs.

Phillips's work was recently recognized by the United States Agency for International Development, which honored him with the 2004 Marjorie Horn Operations Research Award, acknowledging excellence in conducting and applying research. ■



A community health officer in Nkwanta district, Ghana, visits a compound with malnourished children to teach women how to prepare healthy food.

COMMUNICATIONS

Disseminating Research Results on the Web

The Population Council launched a new Web site in 2004 to make program information and research results more accessible.

www.popcouncil.org

The Council's Web site, which receives tens of thousands of visitors each month, has become a powerful vehicle for disseminating the organization's findings around the world. This electronic outreach is faster, more cost-effective, and more efficient than any other means of communication. Public health program managers, researchers, policymakers, and government officials have come to rely on information from the Council's Web site to improve their productivity and help them make better-informed decisions.

A key element of the new Web site is a reorganization of research results based on the area of study and the particular issues tackled, such as Transitions to Adulthood: Schooling. Previously, information on the Web site was categorized according to the research division spearheading the investigation. The new approach is more intuitive and easier to navigate, reflects growing collaborations among all the divisions, and demonstrates the breadth of the Population Council's research.

In addition to its Web site, which includes nearly a thousand publications and other resources, the Population Council facilitates the electronic availability of critical information via a CD-ROM, which contains more than 500 publications. The CD-ROM is especially useful where Internet access is slow or unavailable. Through these mechanisms as well as its journals and stand-alone publications, the Council enables governments and nongovernmental organizations to put the results of its research into practice. ■

Poverty and Schooling in Senegal

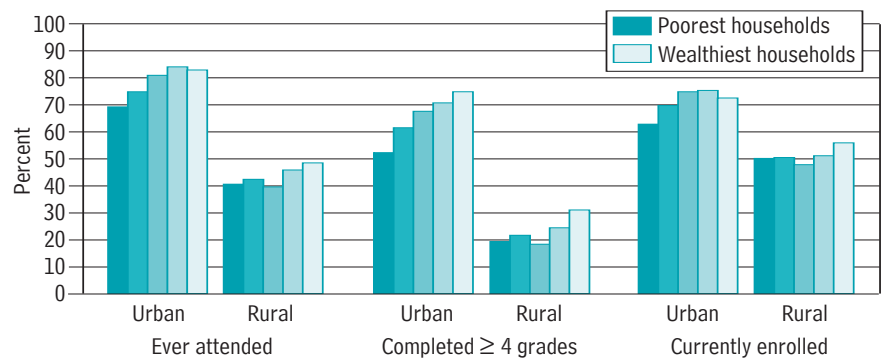
Education is a desirable goal in itself. Research has also shown that increased schooling is correlated with later age at marriage, reduced unwanted fertility, and healthier children. For these reasons, countries around the world have committed themselves, through the Millennium Development Goals, to achieving universal completion of primary education for girls and boys by 2015. Is the world on track to meeting this goal? If not, what are the obstacles?

To address these questions, Population Council researchers Mark Montgomery and Paul Hewett investigated the impact of household poverty as a barrier to educational enrollment and attainment in urban and rural areas of Senegal. Using data from Senegal's 2000 Demographic and Health Survey, the investigators created an estimate of living standards on the basis of a household's possessions and the quality of its housing.

The researchers found that for the most part in Senegal's urban areas, the higher a family's living standards, the more likely the children are to attend school, to complete at least four grades of primary school, and to be currently enrolled. In rural areas of Senegal, however, only children with the highest living standards received more schooling than those with lower living standards.

The researchers also found that two educational inequalities persist independently of living standards. First, urban families enjoy considerable schooling advantages over rural families. For instance, even the

Percentages of children in Senegal who have ever attended school, completed four or more grades, or are currently enrolled, by urban and rural residence and household living standards, independent of other child and parent characteristics



Source: Montgomery and Hewett 2005.

poorest fifth of urban Senegalese children are significantly more likely than most rural children to have attended school, to have completed four years or more of primary school, and to be currently enrolled.

Second, in both urban and rural areas of Senegal, girls have significantly lower levels of achievement across the three schooling indicators studied. Although the disadvantages facing girls in urban areas are smaller in better-off households, the inequalities are not fully eliminated. Furthermore, there is no educational advantage for rural

girls in households with the highest standard of living compared with other rural girls. However, there is some indication that the gender gap in school attainment may be narrowing among the youngest age groups in both rural and urban Senegal.

To judge from these findings, in Senegal increases in living standards alone are unlikely to close the schooling gap between urban and rural areas, or between boys and girls. Further research is needed to identify the other barriers to universal schooling. ■

STRENGTHENING LOCAL RESOURCES

Assisting Professionals in India, Pakistan, Sudan, and Vietnam

Since 1952, the Population Council has been committed to training population scientists from developing countries.

In recent years, the Council has intensified its focus on individuals within critical institutions in developing countries, assessing research needs within these countries and investing resources to strengthen the ability of local population and public health scientists to conduct research.

With funding from the Ford, Hewlett, MacArthur, and Packard Foundations, as well as an anonymous donor, the Council is currently building research capabilities in India, Pakistan, Sudan, Vietnam, and elsewhere. All of these countries face obstacles in retaining or replacing population and public health professionals who emigrate or retire from service.

Council staff members assist Indian nationals in designing innovative research and programs in population, reproductive and sexual health, and reproductive rights. The Council also provides small research grants for individuals and organizations in two socially and economically less-developed Indian states.

In Pakistan, the Council was instrumental in launching the first graduate programs in population studies at three universities. It also

facilitated the creation of the Population Association of Pakistan and established two research working groups, one on gender and population and one on reproductive health, that have influenced policy and programs in the country. The Council's leadership training program has assisted more than 60 mid-career and young Pakistani professionals conducting reproductive health research. To promote collaboration among population professionals, the Council produces a population newsletter in Urdu and English.

In Vietnam, the Council administered two fellowship programs for health professionals; the final group of fellows is receiving Master's degrees in 2005. Staff members collaborate with the Hanoi School of Public Health and the Ho Chi Minh City University of Medicine and Pharmacy to place former fellows into existing research teams and academic settings. Fellows returning from overseas studies are also eligible for small awards to fund

research projects or improve skills. The Council and its collaborators created an e-mail list for these scholars, as well as an electronic newsletter and Web sites. The three organizations have arranged an annual national scientific meeting for former fellows.

In Sudan, the Council has begun a two-year initiative to develop the technical capacities of young scholars and program managers. Workshops are being conducted to train these professionals in drafting research proposals, and writers of the best proposals will receive funds to carry out field work. Concomitantly, the Council is identifying gaps in the training of these professionals and developing plans to address them.

These activities to enhance the ability of home-grown scientists to conduct population and public health research will help to ameliorate the "brain drain" of well-trained professionals from developing countries. ■

www.popcouncil.org/slr

The Population Association of Pakistan, which was created and is supported by the Population Council, held its fifth annual research conference in December 2004 at the University of Karachi.



REPRODUCTIVE HEALTH

Involving Men in Maternal Care Worldwide

The Population Council’s USAID-funded Frontiers in Reproductive Health program conducted “Men in Maternity” studies in Indian and South African antenatal health clinics to engage men in pregnancy-related health services when female clients approve. Increased male participation could yield health benefits for men, women, and their children. The findings of both studies were released in 2004.

Couples attending experimental antenatal clinics in India more frequently discussed and made joint decisions about family planning than did couples attending control clinics. Use of family planning six months postpartum was also significantly higher among couples at experimental clinics. More men in the experimental group knew that condoms provide protection against both sexually transmitted infections (STIs) and pregnancy.

In South Africa, women attending experimental clinics were significantly more likely than women at control clinics to be assisted by their partners when they experienced



Increased male participation in pregnancy-related health services could yield health benefits for men, women, and their children.

pregnancy complications. Such women were also more likely to know that condoms provide protection from both STIs and pregnancy.

And a higher proportion of couples in experimental groups discussed such key issues as STIs, baby immunization, and breastfeeding.

The Men in Maternity program is being expanded within the Employees’ State Insurance Corporation health system in India, and the findings have been used to revise maternity and postpartum care guidelines and policies in the public sector in South Africa. ■

The Frontiers in Reproductive Health program of operations research, funded by the U.S. Agency for International Development, is implemented by the Population Council in collaboration with Family Health International.

REPRODUCTIVE HEALTH

Taking an Integrated Approach to Studying Gynecological Disorders

The Population Council conducted one of the earliest comprehensive studies on reproductive tract infections (RTIs) and other gynecological disorders in Giza, Egypt, in 1988. Untreated RTIs can lead to severe health complications, including an increased risk of HIV infection.

Population Council demographer Shireen Jejeebhoy recently co-edited *Reproductive Tract Infections and Other Gynaecological Disorders: A Multidisciplinary Research Approach*, which explores optimal ways to conduct research on these disorders. The authors recommend using multidisciplinary research teams (including anthropologists, obstetrician-gynecologists, and bio-

statisticians) and a variety of data collection methods (including surveys, focus groups and in-depth interviews, and laboratory tests). As part of a larger consortium, the Council used this approach to design a national study of RTIs and sexually transmitted infections (STIs) at the request of the government of Pakistan. In Bolivia, such an approach has guided the Council’s

study of the feasibility, acceptability, and costs of introducing rapid syphilis tests into existing antenatal care services, as well as the study of pharmacy-based treatment of male sexual partners of women with RTIs. In the Dominican Republic, Council investigators are using an integrated approach to assess the acceptability of female-controlled barrier methods for STI prevention. ■

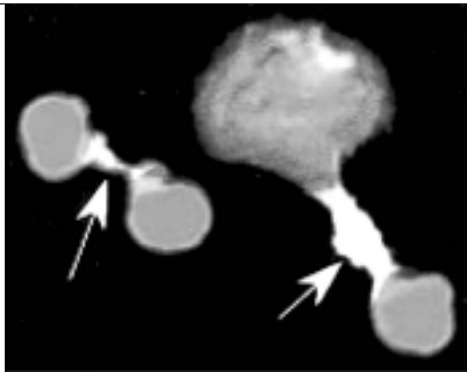
BIOMEDICINE

Investigating the Immune System's Response to HIV

Research on the immune system's response to HIV being conducted in the laboratory of Population Council immunologist Melissa Pope could one day become the basis for an anti-HIV vaccine or next-generation microbicide. Microbicides are products, likely to be produced in the form of a gel, foam, or cream, that would substantially reduce the transmission of HIV when applied before sexual intercourse.

Pope studies immune system cells known as dendritic cells. These cells engulf viruses and degrade them into protein fragments, called antigens. Dendritic cells display the antigens on their outer membranes; other immune system cells recognize the antigens and launch a potent immune response. This response does not happen efficiently during HIV infection, however. Paradoxically, the meeting instead spurs an increase in viral replication.

Pope and her collaborators investigated binding of HIV to human cervical tissue cells in a Petri dish. The team found that different molecular receptors play a role in the infection of cervical cells, which do not migrate, and of dendritic cells, which do. This confirmed earlier work carried out using blood-derived dendritic cells. The migratory nature of dendritic cells can ferry HIV to infect and decimate other cells of the immune system, such as CD4 T cells. "Microbicial preparations should target all receptors that



Pope and her colleagues exposed dendritic cells to virus and then mixed them with CD4 T cells. Microscopic analysis revealed virus-positive "bridges" between dendritic cells and T cells as the dendritic cell (upper right) passes virus to the T cell (lower right). Subsequent spread of virus between T cells (left) is also shown in this photo.

are exploited by HIV as well as proteins on the surface of HIV," says Pope. Pope's laboratory and the lab of virologist David Phillips are collaborating on a number of microbicide-related projects.

An effective vaccine would induce activated dendritic cells to launch a proper immune response against HIV. Increasing the number of circulating dendritic cells, which usually make up only 1 percent of circulating immune system cells, may be a key step in producing a workable vaccine. Pope and her colleagues investigated the effects of Flt3L, a molecule that has been shown to trigger the movement of

dendritic cells (and their precursors) from bone marrow into the rest of the body. "We found that treatment for as little as five to seven days was effective at increasing the dendritic cell count," says Pope. Her team is also investigating ways to activate circulating dendritic cells more effectively to improve their ability to stimulate anti-HIV immunity following vaccination.

"Our research is illuminating ways of keeping dendritic cells from transporting or becoming infected with HIV, while at the same time improving their ability to initiate a powerful attack on the virus," says Pope. ■

Tackling Stigma and Discrimination Surrounding HIV/AIDS

People living with HIV/AIDS may fear family rejection, loss of jobs, and public shunning. Stigma and discrimination discourage those who are infected with HIV/AIDS from obtaining needed services because doing so may reveal their HIV status.

Stereotypes about people living with HIV/AIDS contribute to a sense that HIV/AIDS is a problem that affects “others.” This attitude may prevent people from protecting themselves or seeking help if they develop symptoms. The Population Council has engaged in several studies focused on various aspects of stigma and discrimination surrounding HIV/AIDS. In India, for example, private, nonhospital physicians are generally the first contact for HIV patients, but most have no formal training in providing appropriate HIV care. With funding from the European Commission, the Council and several collaborating institutions developed a curriculum for physicians. The training improved physicians’ knowledge of HIV medications, understanding of universal precautions for preventing disease transmission, and awareness of opportunistic infections. Patients were treated more appropriately and considerately after the intervention, but physical contact during examination remained minimal, indicating lingering hesitation. Council researchers recommend establishing local facilities where more intensive and ongoing training can occur.

Investigators from the Council’s Horizons program, funded by



the U.S. Agency for International Development, collaborated with an Indian organization, SHARAN, to introduce an intervention in public and private hospitals to reduce stigma and discrimination against people living with HIV/AIDS. The study tested a checklist to guide hospital managers in assessing their policies and practices so that people with HIV/AIDS receive the same quality of care as other patients and hospital staff are ensured a safe working environment. After the checklist was used to create action plans, the investigators found improvements in hospital staff attitudes and practices related to HIV testing and counseling, confidentiality and patient rights, and infection control.

Horizons is collaborating with South Africa’s Eskom power company and Development Research Africa, a South African research institute, to design and test Eskom’s workplace HIV/AIDS programs.

Hospital staff reading the “Guidelines on HIV/AIDS care and management” developed for the pilot intervention in Indian hospitals to address AIDS-related stigma and discrimination.

Initial research revealed that workers are chiefly concerned about potential HIV-related stigma from co-workers, such as social isolation, and less about being fired from their jobs. As a result, the interventions that were implemented included educational materials that focused on stigma reduction as well as training on-site peer educators, managers, and medical staff about stigma and how to combat it. ■

The USAID-funded Horizons program 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.

The Population Council is committed to communicating the results of its work and that of its colleagues 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*; John Bongaarts is chairman of the Editorial Committee 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 donors.

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.

This list of publications by staff and consultants is organized by research area. Authors whose names appear in boldface are Council staff members.

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This section lists Population Council staff by their positions as of 31 December 2004. Names of professional staff who left the Council during the year are followed by an asterisk. Consultants listed are primarily those who work with the Council on an ongoing basis.

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¹ Vice president, International Programs Division, until his appointment as acting president following Linda G. Martin's departure; named president 11 January 2005.

² Beginning 15 July 2004.

³ Acting director until 30 April 2004. C. Johannes van Dam appointed director effective 1 May 2004.

⁴ Relocated to Cairo, August 2004.

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Deputy Director, Horizons

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⁵ Deputy director until 30 April 2004. Naomi Rutenberg appointed deputy director effective 1 May 2004.

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⁶ Leave of absence 1 February 2004 – 11 May 2004.

⁷ Acting regional director 1 February 2004 – 11 May 2004.

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¹ Through June 2004.

² Effective September 2004.

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AWARDS & 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 2004, awards and grants went to institutions in 37 countries, most of them in Africa, the Americas, and Asia.

AFRICA

Burkina Faso

Association African Solidarité, Ouagadougou
 Association Agir Tous Ensemble, Tenkodogo
 Association des Jeunes Volontaires 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
 Cellule de Recherche en Santé de la Reproduction, Ouagadougou

Egypt

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

Ghana

Ghana Health Service, Accra
 Ghana Health Service Regional Directorates
 — Central Regional Health Administration, Cape Coast
 — Eastern Regional Health Administration, Koforidua
 — Northern Regional Health Administration, Tamale
 — 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 Center
 Noguchi Memorial Institute for Medical Research, Accra
 Regional Hospital, Koforidua

Kenya

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, Kenya
 Steadman Research Services International Ltd., Nairobi

Senegal

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

South Africa

Centre for Health Policy, University of the Witwatersrand, Johannesburg
 Clacherty and Associates Education and Social Development (Pty) Ltd., Auckland Park
 Community Agency for Social Enquiry, Braamfontein
 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
 Rural AIDS and Development Action Research Programme, University of the Witwatersrand, Acornhoek

University of Cape Town, Cape Town
 University of Natal, Durban

Tanzania

Muhimbili University College of Health Sciences, Dar es Salaam

Tunisia

Office National de la Famille et de la Population, Tunis

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, Lusaka

Zimbabwe

Regional Psychosocial Support Initiative, Bulawayo

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 Asociación de Protección a la Salud, Santa Cruz
 Centro de Investigación, Educación y Servicios, La Paz
 Programa de Coordinación en Salud Integral, La Paz

Brazil

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 Centro de Estudos Augusto Leopoldo Ayrosa Galvão, São Paulo
 Instituto Fundação Projeto Mundial Para Órfãos
 PROMUNDO, Rio de Janeiro
 Sociedade de Estudos e Pesquisas em Drogadicção, Rio de Janeiro

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

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
 Federación Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario, AC, Ciudad Juárez
 Fundación Mexicana para Planificación Familiar, AC, Tlalpan

United States

The Aaron Diamond AIDS Research Center, New York, NY
Drexel University, Philadelphia, PA
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
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, MD
The Miriam Hospital, Providence, RI
New York University School of Medicine, New York
Program for Appropriate Technology in Health, Seattle, WA
Reproductive Health Technologies Project, Washington, DC
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
University of Rochester, Rochester, NY

ASIA

Bangladesh

Bangladesh Institute of Development Studies
Bangladesh Rural Advancement Committee, Dhaka
Mitra and Associates, Dhaka

Cambodia

Reproductive Health Association of Cambodia, Phnom Penh

China

Xuanwu Hospital

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, Vellore
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Government Medical College, Maharashtra
International Institute for Population Sciences, Mumbai
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Mahila SEWA Trust, Ahmedabad
ORG Centre for Social Research, Division of ACNielsen ORG-MARG Pvt. Ltd., Baroda
Parivar Seva Sanstha, New Delhi
Poor Urban and Rural Women's Association, Patna
Population Research Center, Baroda
SAHAI Trust, Tamil Nadu
Sangath, Goa
Self-Employed Women's Association, Ahmedabad
Tata Institute of Social Sciences, Mumbai

Iran

Hamyaran NGO Resource Center, Tehran

Lebanon

American University of Beirut, Beirut

Myanmar

Compass Research Limited, Yangon
Department of Health, Yangon
Department of Medical Research, Yangon
United Nations Population Fund, Yangon

Nepal

Institute for Social and Gender Equality, Kathmandu

Thailand

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Office of the Population Technical Assistance Team, Bangkok
Research Institute for Health Sciences, Chiang Mai University, Chiang Mai
Thai Population Association, Bangkok

Turkey

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

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OCEANIA

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Centre for Virus Research, Westmead Millennium Institute, Sydney

FINANCIAL REPORT

In 2004, the Population Council recorded expenditures of \$71.6 million. The Council experienced an increase of more than 10 percent in donor grants and gifts during the year. There was more than a 30 percent increase in expenditures by the Center for Biomedical Research, reflecting work on the development of a new microbicide. Funding for the International Programs Division and the Policy Research Division declined, in part because certain large projects ended.

The Council was also pleased to have met the Andrew W. Mellon Foundation's challenge grant to raise \$1 million to endow the Policy Research Division. Income from the John D. Rockefeller 3rd and other endowments also increased for the year.

To comply with accounting regulations, the Council recorded a lease obligation loss reflecting the Council's projected liability on lease obligations, net of projected sublease rentals.

Balance Sheet

December 31, 2004 and 2003 (in thousands of dollars)

	2004	2003
ASSETS		
Cash and investments	111,146	110,114
Grants and gifts receivable	51,462	57,219
Other assets	6,610	5,381
Fixed assets, net	12,577	13,929
TOTAL ASSETS	181,795	186,643
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	3,259	3,584
Awards, contracts, and fellowships payable	7,229	10,282
Other liabilities	10,377	7,658
TOTAL LIABILITIES	20,865	21,524
NET ASSETS (DEFICIT)		
Unrestricted		
General	(3,792)	(1,875)
Invested in fixed assets	12,577	13,929
John D. Rockefeller 3rd Memorial Fund and other	68,962	64,138
Temporarily restricted	77,700	84,009
Permanently restricted	5,483	4,918
TOTAL NET ASSETS	160,930	165,119
TOTAL LIABILITIES AND NET ASSETS	181,795	186,643

Statement of Activities

For the year ended December 31, 2004 with comparative totals for 2003 (in thousands of dollars)

	Unrestricted			Total		
	General and fixed assets	John D. Rockefeller 3rd Memorial Fund and other	Temporarily restricted	Permanently restricted	2004	2003
OPERATING REVENUE						
Grants and gifts	1,785		51,898	565	54,248	49,009
Royalties	4,896				4,896	4,910
Other operating revenue	158	4,335	1,245		5,738	1,560
Net assets released from restrictions	60,255		(60,255)			
TOTAL OPERATING REVENUE	67,094	4,335	(7,112)	565	64,882	55,479
OPERATING EXPENSES						
PROGRAM SERVICES						
International Programs Division	30,543				30,543	36,014
Center for Biomedical Research	23,060				23,060	17,653
Policy Research Division	4,127				4,127	5,839
Distinguished Colleagues	425				425	392
Publications	1,461				1,461	1,468
TOTAL PROGRAM SERVICES	59,616				59,616	61,366
SUPPORTING SERVICES						
Management and general	10,334	877			11,211	11,169
Fundraising	735				735	730
TOTAL SUPPORTING SERVICES	11,069	877			11,946	11,899
TOTAL OPERATING EXPENSES	70,685	877			71,562	73,265
(Deficiency) excess of operating revenue over operating expenses	(3,591)	3,458	(7,112)	565	(6,680)	(17,786)
Transferred to/from endowment	2,854	(2,854)				
Loss on lease obligation	(2,509)				(2,509)	9,457
Net unrealized (loss) gain	(23)	4,220	803		5,000	14,556
(DECREASE) INCREASE IN NET ASSETS	(3,269)	4,824	(6,309)	565	(4,189)	6,227
NET ASSETS AT BEGINNING OF YEAR	12,054	64,138	84,009	4,918	165,119	158,892
NET ASSETS AT END OF YEAR	8,785	68,962	77,700	5,483	160,930	165,119

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

SOURCES OF SUPPORT IN 2004

We are grateful to the governments, multilateral organizations, foundations, and individuals listed below whose grants and contributions—including multi-year funding pledged in prior years—made possible the research and institutional development activities highlighted in this 2004 Annual Report. Their generous contributions are the life-blood of the organization, advancing the Council’s mission to improve the well-being of the world’s most vulnerable individuals.

Every gift makes a difference, especially contributions of unrestricted support—what we consider “innovation funds.” The valued contributions made each year to the Population Council’s Annual Fund help seed promising new research, build institutional capacity, and bring to scale the practical application of knowledge gained. Such gifts also offer talented new researchers—the majority of whom are from developing countries and eager to conduct research in their own countries—opportunities to receive postdoctoral training and to work side by side with leading international biomedical, public health, and social scientists. Unrestricted contributions also cover operating costs for such basics as rent, supplies, and the purchase of technologies essential to the highest quality research.

Endowment gifts, such as those made in 2004 to complete the \$1,000,000 challenge grant on behalf of the Policy Research Division from The Andrew W. Mellon Foundation, ensure an ongoing funding stream. Current as well as future scientists whose work will benefit the lives of individuals throughout the world will long value the generosity and foresight of our endowment donors.

The Population Council welcomes all gifts, regardless of the amount. In the years ahead, donors of \$1,000 or more will have the opportunity to join the President’s Advocates, a group of informal advisors to Peter J. Donaldson, the newly appointed Council president. Members will receive special briefings and reports and will be invited to participate in substantive discussions involving senior researchers and staff. This initiative is designed to offer our most generous supporters opportunities to become more engaged in the Council’s work.

Contributions can be made by check or credit card as well as online at www.popcouncil.org/supporting/supporting.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).

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