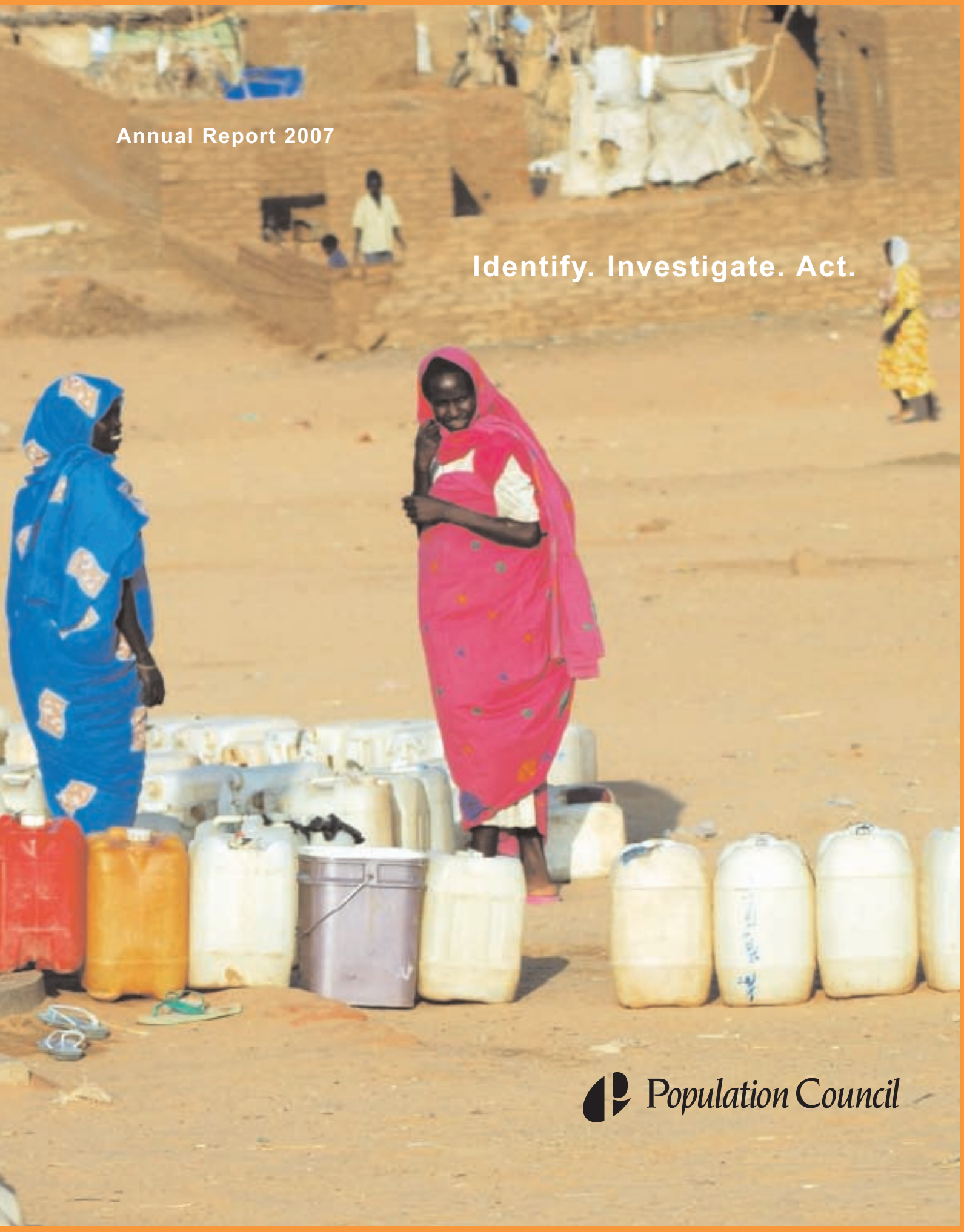
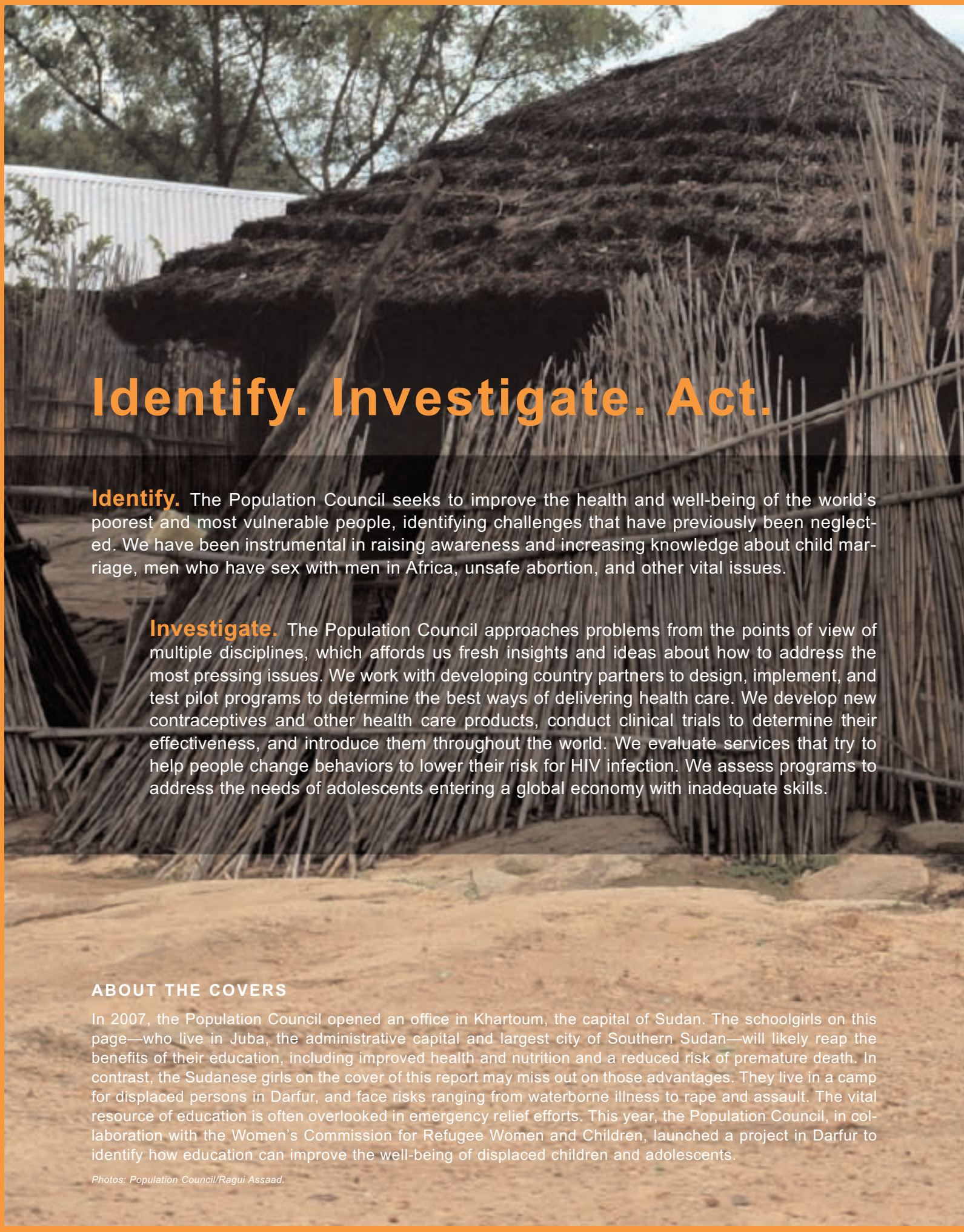


Annual Report 2007

# Identify. Investigate. Act.

Population Council



# Identify. Investigate. Act.

**Identify.** The Population Council seeks to improve the health and well-being of the world's poorest and most vulnerable people, identifying challenges that have previously been neglected. We have been instrumental in raising awareness and increasing knowledge about child marriage, men who have sex with men in Africa, unsafe abortion, and other vital issues.

**Investigate.** The Population Council approaches problems from the points of view of multiple disciplines, which affords us fresh insights and ideas about how to address the most pressing issues. We work with developing country partners to design, implement, and test pilot programs to determine the best ways of delivering health care. We develop new contraceptives and other health care products, conduct clinical trials to determine their effectiveness, and introduce them throughout the world. We evaluate services that try to help people change behaviors to lower their risk for HIV infection. We assess programs to address the needs of adolescents entering a global economy with inadequate skills.

## ABOUT THE COVERS

In 2007, the Population Council opened an office in Khartoum, the capital of Sudan. The schoolgirls on this page—who live in Juba, the administrative capital and largest city of Southern Sudan—will likely reap the benefits of their education, including improved health and nutrition and a reduced risk of premature death. In contrast, the Sudanese girls on the cover of this report may miss out on those advantages. They live in a camp for displaced persons in Darfur, and face risks ranging from waterborne illness to rape and assault. The vital resource of education is often overlooked in emergency relief efforts. This year, the Population Council, in collaboration with the Women's Commission for Refugee Women and Children, launched a project in Darfur to identify how education can improve the well-being of displaced children and adolescents.

*Photos: Population Council/Ragui Assaad.*

**Act.** The Council collaborates with private health networks, governments, and nongovernmental organizations to expand successful programs even, when appropriate, beyond national borders. We inform policymakers about the results of our research and help improve existing programs. We have assisted the Ghana Health Service with the development and expansion of its Community-based Health Planning and Services project, which has been shown to significantly reduce child and maternal mortality, as well as unwanted fertility. In collaboration with USAID and the government of Pakistan, we have begun to revitalize family planning efforts in that country. In Kenya, our research on services to prevent mother-to-child transmission of HIV shaped the ministry of health's expansion of these services country-wide.

## Our work improves people's lives.

**This year's annual report gives snapshots of many of the activities through which the Population Council has identified, investigated, and acted in its research and programs related to HIV and AIDS; poverty, gender, and youth; and reproductive health.**

If you look at nothing else in this annual report, turn to pages 4 and 5 and meet Leoncia, a 14-year-old Rwandan girl who became the head of her household when her father died of AIDS and her mother abandoned the family.

The Population Council exists because Leoncia exists.

Children like Leoncia, orphans living in poverty, are more likely than other children to become sexually active at an early age and less likely to practice safe sex when they do. They are more likely to sell sex to survive, and more likely to be forced to have sex. They are less likely to be in school and therefore more likely to be illiterate, which prevents them from obtaining suitable jobs and from reading and easily understanding materials designed to help them prevent pregnancy and avoid HIV infection.

Children living in these desperate circumstances need community support. The Population Council's collaboration with World Vision Rwanda showed that mentorship programs for young people like Leoncia increase their community connections. Our work with partners in other countries points to ways girls like Leoncia can enter school, find appropriate work, and make healthy reproductive choices to avoid HIV, other sexually transmitted infections, and unwanted pregnancy.

Our activities in Africa—the continent most affected by HIV and AIDS, with the highest fertility and the highest rates of maternal mortality and morbidity—have increased. In the past two years we've opened offices in Ethiopia, Nigeria, and Sudan. Eleven of our 21 offices are in Africa, nine of them in sub-Saharan Africa. Our recent strategic initiative to focus our work on HIV and AIDS, reproductive health, and poverty, gender, and youth increases our ability to address the significant problems the continent faces.

HIV and AIDS arose in the 1980s, and Council staff members have been working to understand and combat the virus since shortly after it was identified. Our biomedical researchers focused initially on the process of sexual transmission at the cellular level. The first fruit of this research was Carraguard®, a gel designed to prevent HIV transmission during vaginal sex. In 2007, Carraguard became the first such candidate microbicide to complete a large-scale clinical trial with no safety concerns. Though the study did not show Carraguard to be effective in preventing HIV transmission, it broke new ground in microbicide clinical trial research. Findings from the Council's USAID-funded Horizons Program have shaped HIV and AIDS policies and strengthened services, particularly for men who have sex with men, children affected by HIV, and women.

Women and men need different contraceptive methods at different times in their reproductive lives. Our biomedical laboratories lead the field in research and development of new contraceptives. More than 100 million women around the world have used long-term, reversible contraceptives developed by the Population Council: the Copper T intrauterine device, the Mirena® intrauterine system, and Norplant® and Jadelle® contraceptive implants. By helping women take control of their fertility, we help them to increase control of their lives. Our vision of good sexual and reproductive health goes beyond family planning to encompass many other aspects of reproductive health. The Council's USAID-funded

> "Our strategic initiative to focus our work on HIV and AIDS, reproductive health, and poverty, gender, and youth increases our ability to address the significant problems Africa faces."

Frontiers in Reproductive Health Program has assessed, improved, and expanded reproductive health services—including projects to reduce female genital cutting, respond to rape, and make childbirth safer.

As of 2005, the world's population of 10-to-24-year-olds was estimated to be 1.76 billion, 1.5 billion of whom live in the developing world. Their future—and, by extension, the future of their countries and our world—depends on how safely and with what skills they reach adulthood. The Council's program on poverty, gender, and youth targets this group, particularly girls, with research on cost-effective ways to improve policies and programs to provide livelihood skills, delay marriage, and increase autonomy.

To fulfill our mission requires more than doing research. We collaborate with important national institutions to scale up successful interventions. We are working hard to pass our research skills to those with whom we collaborate, through workshops, apprenticeships, and a new postdoctoral fellowship program funded by the Fred H. Bixby Foundation. We participate in national and international advisory groups. We also focus on the application of our research findings through scientific publications, conference presentations, policy briefs, newspaper and magazine articles, and meetings with program managers and the decisionmakers who shape national policies.

This annual report provides a look at our projects in Africa and around the world. Besides Leoncia, you will meet other individuals who have benefited from the Council's work and learn about programs that have improved the lives of many more.

We carry out our work with the guidance of our dedicated board of trustees and the generous support of our donors. Hundreds of organizations and thousands of skilled professionals join with us to implement activities on the ground. Thousands of ordinary people participate in our research. We are extremely grateful for this help.

Peter J. Donaldson
President

# Halt the HIV pandemic. Support people affected by AIDS.

Around the world, 50 percent of adults living with HIV are women, but in sub-Saharan Africa women account for 61 percent of HIV-positive adults. In low- and middle-income countries, 7 million people need life-saving HIV drugs, but only 2 million get them. Eleven million children in Africa have lost one or both parents to AIDS.

The Population Council works to arrest the spread of the HIV epidemic in developing countries and to enable people to reduce the impact of HIV on their lives and on the lives of people in their families, communities, and societies.

The Council has pioneered basic research on the sexual transmission of HIV and developed and tested innovative products to reduce the risk of HIV transmission. We assess and improve programs aimed at people affected by HIV, from orphans to health care professionals. And we help policymakers formulate sustainable programs.

**The Council's HIV and AIDS program focuses on:**

- Studying the immunology of HIV infection
- Developing and expanding access to HIV-prevention technologies
- Finding ways to protect the people most vulnerable to HIV infection
- Working to eliminate child deaths from HIV

*Leoncia (far right), a 14-year-old Rwandan girl, became the head of her household after her father died of AIDS and her mother abandoned the family. Leoncia cares for her younger brother and sister, Domiciane and Everina. The USAID-funded Horizons Program, which is led by the Population Council, studied a mentorship program for young heads of household created by World Vision Rwanda. The study found that giving such children mentors can measurably reduce depression, isolation, and stigma and increase connection with the community. One participant, a 17-year-old boy, stated, "Before, we had no hope for the future. After being advised, we felt courageous."*

*Photo: Andrea Dearborn/World Vision.*

Identify. **Investigate.** Act.

## Working to protect women from sexual transmission of HIV

For decades, the Council has investigated methods women can use to protect themselves from sexually transmitted HIV infection. In 2007, we completed the Phase 3 clinical trial of our candidate microbicide, Carraguard®, which was conducted in South Africa.

The Carraguard Phase 3 trial, a milestone in microbicide development, was the first such trial of a candidate microbicide to be completed with no safety concerns. The trial pioneered new methods for improved microbicide trial design, including the use of biomarkers for measuring adherence and the development of rigorous informed consent procedures. Although the clinical trial did not show Carraguard to be effective in preventing HIV transmission during vaginal sex, it demonstrated that the product is safe for women to use. Council scientists are now examining whether it can be used to deliver other ingredients, including an antiretroviral compound to prevent the transmission of HIV.

The safety of the participants in the Carraguard trial was the top priority of researchers and donors. More than 6,000 women received high-quality sexual and reproductive health care and health education free of charge, as well as regular testing and treatment for sexually transmitted infections, condoms, safer-sex counseling, HIV testing, and pelvic exams. ■

Identify. Investigate. **Act.**

# Confronting an overwhelming pandemic

The Population Council has evolved to take on new and formidable challenges throughout its fifty-five-year history. Unheard of in 1952, HIV and AIDS now pose grave threats to families, societies, and economies worldwide. Nowhere is this truer than in sub-Saharan Africa, where more than two-thirds of all HIV-positive people live. The Council's biomedical researchers began studies of HIV in the 1980s, shortly after the virus was identified. In 1997, we initiated the Horizons Program—a decade-long USAID-funded collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, PATH, Tulane University, Family Health

**Identify.** Investigate. Act.

## Studying the health needs of men who have sex with men

Some African leaders deny the existence of men who have sex with men, or categorize their sexual behavior as "un-African." But such men represent a vulnerable and hidden group living with HIV in Africa. An estimated 25 percent of men who have sex with men in coastal Kenya and 22 percent in Dakar, Senegal are HIV-positive. Stigma, discrimination, violence, and criminalization inhibit men who have sex with men from seeking needed information and services—globally, fewer than one in 20 such men have access to HIV prevention and care.

The Council has conducted groundbreaking work in Brazil, Burkina Faso, India, Kenya, Mali, Paraguay, and Senegal to identify and provide support to men who have sex with men. All work is carried out in partnership with local institutions. We seek the best ways to address the health and HIV-prevention needs of these men. Our research has found low condom use, high levels of violence, and resistance to seeking health care among such men—even when they experience symptoms—for fear of exposing their sexual behavior. Our findings have helped ministries of health, which have used the evidence we've generated to make informed HIV policy decisions. ■


*The Council worked with truckers in India to help them reduce their HIV risk behaviors.*
*Photo: Population Council/Sarat Pradhan.*

*The Population Council's Horizons Program studied many approaches to reducing the impact and spread of the HIV pandemic, from (left to right): educating South African students about the ABCs (abstinence, being faithful, and condoms) of HIV prevention; helping HIV-affected families in Uganda plan for their children's long-term well-being; and working with Vietnamese hospital staff to reduce HIV stigma.*

*Photos (left to right): Population Council/Sherry Hutchinson; Population Council/Laelia Gilborn; Institute for Social Development Studies.*

International, and Johns Hopkins University—designing, implementing, evaluating, and expanding innovative strategies for HIV prevention and care.

"At every point in the ten-year history of Horizons, we and our partners can document how our research has shaped policies and strengthened HIV prevention and, more recently, treatment programs," says Naomi Rutenberg, director of the Council's HIV and AIDS program and of Horizons. Horizons developed and tested ways to optimize HIV prevention, care, and treatment programs; worked to reduce stigma and improve gender-biased behaviors; and greatly expanded knowledge about the best ways to support, protect, and treat children affected by HIV and AIDS. In all its projects, Horizons strengthened the capacity of local institutions by providing support and training to colleagues.

Although Horizons is ending in mid-2008, the Population Council continues the program's legacy with work to halt HIV and alleviate its effects on individuals, families, and communities. ■

Identify. **Investigate.** Act.

## Overcoming challenges in treating children living with HIV

Approximately one-third of African newborns infected with HIV die before they are one year old, and more than half die before they are two. The Council is investigating the best ways to ensure that children infected with HIV receive the treatment they need to survive and thrive.

Council research in India, Kenya, and South Africa has shown that many opportunities to diagnose HIV are missed during antenatal and postpartum care as well as during early childhood programs. If this situation can be improved, children will be able to start life-saving treatment earlier. Most children with HIV in high-HIV-prevalence states of India are diagnosed at age 30 months or older, delaying treatment. Stigma and misinformation related to HIV play a role in this delay. Frequent medication shortages hinder full treatment. Even when medication is free or subsidized, the additional costs of transportation and nutritional supplements can be prohibitive. The Council has presented these findings to government and program officials and is committed to finding the best ways to improve the provision of pediatric HIV treatment. ■

*Many children with HIV in the developing world do not receive timely diagnosis or adequate treatment. The Population Council is investigating ways to improve this situation.*

*Photo: © 2006 Scott Harrison, courtesy of Photoshare.*

# Reduce vulnerability. Nurture success.

National and global statistics can mask significant variations in individual experience. Thus, one must delve into the statistics to discover an accurate picture of people's lives. For example, although the age at marriage is increasing in most of the developing world, "hot spots" exist where a large proportion of girls are married before their fifteenth birthday. Similarly, in places where once-crumbling economies are beginning to thrive, there are segments of society—such as adolescents, particularly girls—that do not benefit from this growth. And, though urban settings often provide better access to services, slum-dwellers rarely benefit from them. These circumstances are troubling because in the next two decades, the number of slum-dwellers is projected to reach 2 billion.

Population Council researchers scrutinize these figures, seeking to understand the social dimensions of poverty, the causes and consequences of gender inequality, the disparities in opportunity that arise during adolescence, and the critical elements of reaching a successful, productive adulthood in developing countries. Drawing on what we learn, we develop, evaluate, and expand innovative programs—particularly related to empowerment, health, education, and livelihoods—to address the needs of the poor, especially women and young people.

**The Council's Poverty, Gender, and Youth program focuses on:**

- Increasing knowledge about vulnerable populations
- Refining and sharing research tools
- Expanding educational and economic opportunities for young women

*Mayan girls are Guatemala's most disadvantaged group, leaving school, marrying, and bearing children at a young age. They are socially isolated, frequently illiterate, and almost always poor. The Population Council, in collaboration with Federación de Salud Infantil y Reproductiva de Guatemala and other organizations, launched a project to increase Mayan girls' social networks, connect them with female mentors, and provide work-related training. The girls, in turn, serve as role models for younger girls. Rosa Lacan (right) participated in the program. "Before, I was afraid to talk to people. Now, I'm over my fear. I am a strong woman."*
*Photo: Engel Entertainment.*

## Defining the protective role of education in humanitarian emergencies

Research has shown that education improves young people's nutrition and health and reduces mortality and HIV transmission. Education gives children the knowledge and confidence they need to act in their own best interests. Nevertheless, during emergency relief efforts, education is often ignored, deemed irrelevant to the basic survival and security needs of displaced persons. The Council, in collaboration with the Women's Commission for Refugee Women and Children, has begun research in Darfur, Sudan to study the protective effect of education for children in these uncertain and sometimes dangerous circumstances. Findings gathered from this project will help policymakers understand whether and when education may protect young people and children in emergency situations. ■

*Education may provide essential skills for displaced children in Darfur and elsewhere.*

*Photo: Population Council/ Ragui Assaad.*



# Working to delay marriage

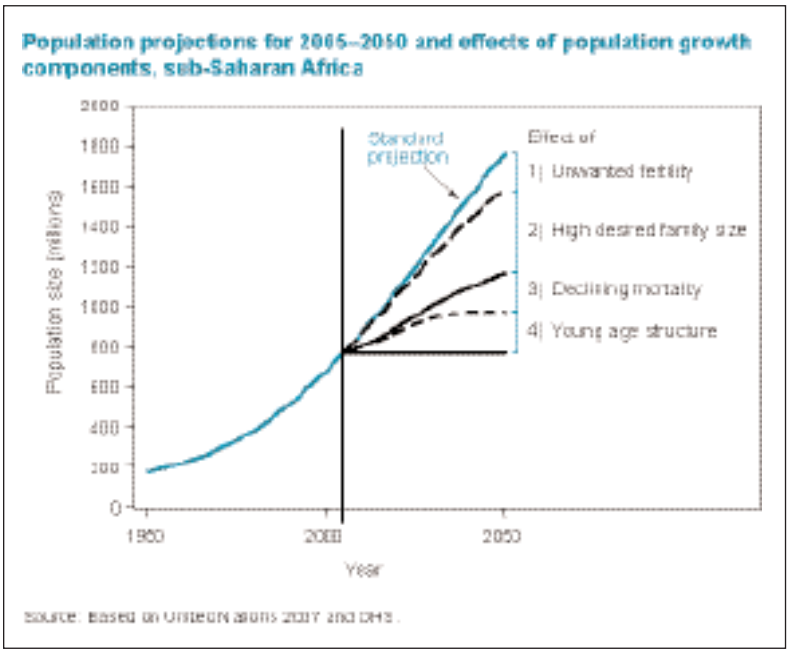
Approximately one out of seven girls in the developing world (excluding China) marry before their fifteenth birthday, and one-third marry before they are 18. Child marriage violates girls' human rights and may adversely affect their health. Married girls typically have little education and no schooling options, limited control over resources, restricted mobility, and little or no power in their new households. Additionally, they face challenges in negotiating safe sexual relations. In



## Translating evidence into action

Population Council staff members develop tools to make complex data clearer to policymakers so that they can allocate scarce resources appropriately. Council distinguished scholar John Bongaarts, for example, has developed graphs that show the relative effects of factors responsible for future population growth. These graphs make it simpler to inform policymakers about the best ways to address this growth—one of their key goals.

"Reducing poverty and bringing about sustainable development in the poorest parts of the developing world will be all but impossible if the current pace of rapid population growth continues. Access to family planning is essential to reduce population growth, but it isn't enough," says Bongaarts. "Unwanted fertility is only a small segment of high fertility in Africa. To reach their goals, national policymakers need to pay attention to the other segments of the graph: high desired family size and the momentum caused by a population with abundant young people," he says. "Increasing girls' time in school and improving school quality are inherently worthy goals. They have the added benefits of reducing desired family size and unintended births as well as delaying childbearing, all of which will reduce future population growth." ■



# and support married girls

*Girls in (left to right) Burkina Faso, Bangladesh, Nigeria, and other countries are at risk of child marriage. The Population Council seeks to create opportunities for unmarried girls and to increase support for married girls.*

*Photos (left to right): © 2007 Jennifer Klopp/Helen Keller International, Courtesy of Photoshare; Population Council/Melissa May; © 2007 Emmanuel Dipo Otolorin, courtesy of Photoshare.*

many instances, child marriage marks an abrupt initiation into sexual relations, often with a husband who is considerably older and a relative stranger.

Girls at risk of child marriage and those already married are in need of support and information. The Population Council is involved in child marriage projects in Bangladesh, Burkina Faso, Egypt, Ethiopia, Guatemala, India, Kenya, Nigeria, and Vietnam. These projects offer families the resources and options they need to delay marriage and to make the marriage process more consensual, safer, and more equitable. The projects support married girls by addressing their isolation, disempowerment, and health care needs. ■

Identify. Investigate. **Act.**

## Supporting girls' transition to adulthood

Population Council researchers have helped to change the field of adolescent policy from one focused on sexuality, reproductive health, and behavior to one that looks at the broader social and economic issues that underpin adolescent well-being. In 2001, the UK Department for International Development began supporting Council work aimed at helping girls during adolescence, a time in their lives when a future of poverty either becomes inevitable or is overcome.

We collaborate with developing country institutions to increase adolescent girls' access to school and appropriate livelihoods opportunities. We work to reduce girls' social isolation by creating safe places where they can gather to socialize and learn. We study ways to help local reproductive health centers tailor their services to the needs of married girls. And we introduce sports to strengthen girls' bodies and confidence. Many of our pilot programs are being expanded, and our continuing work has inspired other organizations to adapt our approach by starting or funding new activities for adolescents. ■

Identify. **Investigate.** Act.

## Understanding the impact of school quality

*School is the main learning and socializing institution outside the family. The Council is working in Malawi and elsewhere to assess and improve school quality.*

*Photo: Population Council/Paul Hewett.*

When good-quality schooling is available, disadvantaged children stand a better chance of escaping poverty and benefiting from opportunities, but governments have limited funds to invest in education. Council researchers are conducting pathbreaking research to determine the best ways to improve student learning, which will allow governments to invest in programs that will have the greatest impact. The Population Council previously studied school quality in Egypt, Kenya, and Pakistan.

In 2007, we began following the progress of more than 2,500 children in Malawi. We asked each of them a series of questions about their experiences in school. This first round of data collection confirmed that primary schools in Malawi struggle with a high percentage of untrained and volunteer teachers, high student-to-teacher ratios, and teacher and student absenteeism. While children and teachers reported that boys do better at school than girls, mathematical and literacy evaluations indicate that girls and boys perform similarly. In the coming years, our assessments will allow us to pinpoint what elements of school quality make a demonstrable difference in student learning. ■

# Increase access to services. Give people choices.

Twenty-five percent of married women in sub-Saharan Africa—compared with only 10 percent or fewer in the United States and Europe—who would prefer to avoid or delay a pregnancy are not using contraception. Each year, an estimated 500,000 women worldwide die of pregnancy-related causes; roughly 13 percent of these deaths are related to unsafe abortion. Many people living with HIV lack the information or services to protect their reproductive health and to make safe choices about future fertility.

In response to these needs, the Population Council seeks to improve sexual and reproductive health, especially for poor and vulnerable people. We develop needed technologies and pharmaceuticals based on our biomedical and social science research and manage clinical trials of contraceptives and hormone therapies for men and women. In partnership with policymakers, program managers, and potential clients in developing countries, we find ways to increase access to and improve the quality of reproductive health services. We also develop new models for improving care and assist in the expansion of successful innovations.

**The Council's Reproductive Health program focuses on:**

- Increasing access to reproductive health services
- Making pregnancy safer
- Developing contraceptive technologies to meet people's needs
- Integrating family planning and HIV services

*When Mrs. Rehana (far right) was in labor, her friend and neighbor Abdul Majeed Bhugio saw that she was in danger and rushed her to the hospital, where she delivered a healthy boy. Mr. Bhugio had learned to recognize the signs of obstetric emergency at an educational session at a clinic run by the Pakistan Voluntary Health & Nutrition Association (PAVHNA). The Population Council and PAVHNA collaborate with other groups in the USAID-funded Pakistan Initiative for Mothers and Newborns (PAIMAN), which is helping Pakistanis save the lives of mothers and infants. "We are very thankful to PAIMAN for providing us with the awareness and the confidence to do all this," said Mr. Bhugio.*

*Photo: Mohammed Khan Kabooro/PAVHNA, Pakistan.*

## Reducing unsafe abortion

Population Council research—in Ghana, India, Mexico, Pakistan, and elsewhere—aims to save women's lives by reducing morbidity and mortality caused by unsafe abortion. In countries where abortion is legal, we study ways to make services safer and improve access to them. Our abortion-related research involves a range of community- and clinic-based efforts to improve the quality of legal abortion services. We use innovative methods to measure national rates of abortion incidence and prevalence. Our qualitative studies explore women's experiences and care-seeking behavior. And our national and state-level studies investigate abortion knowledge, attitudes, and practices among the general public and particular professional groups, such as physicians and lawyers.

In April 2007, Mexico City's legislative assembly voted to liberalize abortion law to permit the interruption of first-trimester pregnancies. "The Population Council's package of abortion-related research in Latin America has been used by government officials and women's rights advocacy groups to shape policies to preserve maternal health," says Sandra G. García, the Council's director of reproductive health for Latin America and the Caribbean. Our research on ways to reduce unsafe abortion brings us closer to our goal of reducing pregnancy-related deaths and illnesses around the world. ■



# Improving reproductive

Unwanted pregnancy and poor reproductive health can damage all aspects of a person's life. From its earliest years, the Population Council has sought ways to improve access to effective family planning methods and improve reproductive health. In recent years, we have done this in large part through our USAID-funded Frontiers in Reproductive Health Program.

In collaboration with Family Health International, Frontiers conducts research on family planning and reproductive health services in developing countries. We analyze factors that are under the control of program managers, such as contraceptive choice, client privacy, and time devoted to counseling. We provide managers with the information they need to improve and expand sustainable services.



## Improving the coordination of contraception provision with HIV testing and treatment

Pregnant women need to be told about the risk of mother-to-child transmission of HIV and to be given the informed opportunity for testing and treatment. Additionally, women who recently gave birth or had an abortion, and those who are living with HIV, may have a pressing need for contraception. To determine whether these needs are being met, the Council collaborated with local organizations and government ministries to study family planning and HIV services in women's healthcare programs in the Dominican Republic, Haiti, and Nicaragua.

While the research showed significant progress toward the coordination of services, gaps remained. Insufficient contraceptive supplies and inadequate referral systems were problems common to many facilities. Clinic staff missed opportunities to provide counseling and contraceptives, leaving many women at risk of unplanned pregnancies. Some women with HIV reported that providers had discouraged them from using oral contraceptives in addition to condoms.

The research team recommended to the ministries of health that they develop informational brochures for women in different circumstances. They suggest that nurses be more regularly employed to counsel such women and provide them with contraceptives. Additionally, clinic staff can improve the provision of family planning services by asking each patient a short series of questions, a systematic screening method developed and published by the Council. ■

*Many women who have recently given birth want to delay their next pregnancy but are not using contraception. The Council is studying ways to increase access to family planning services for such women in the Dominican Republic (above), Haiti, and Nicaragua.*

*Photo: © 2003 Sean Hawkey, courtesy of Photoshare.*

# health, improving lives

*The Population Council's Frontiers in Reproductive Health Program has studied many approaches to improving reproductive health, including (left to right): educating rickshaw pullers in Bangladesh about using condoms to prevent sexually transmitted infections and pregnancy; working with Somali religious scholars in Kenya to reduce community support for female genital cutting; and developing (in Guatemala and Peru) the "balanced counseling strategy" for improving reproductive health services.*

*Photos (left to right): Population Council/Melissa May; © 1998 Sammy Ndwiga, courtesy of Photoshare; Population Council/Toni Martin.*

A ten-year program launched in 1998, Frontiers has built an unequaled body of knowledge about how to increase quality of and access to services, reduce pregnancy-related deaths and increase contraceptive use after childbirth, and reach women, men, and young people with appropriate services.

"Our biggest achievement is giving policymakers and program planners solid evidence to help them make wise decisions," says John Townsend, Council program director for reproductive health. "We have been studying ways to improve the delivery of antenatal and postnatal care and to improve birth spacing. We have been working on issues that go beyond family planning; for example, we collaborate with major service delivery organizations and UN bodies on developing the best models for eradicating female genital cutting. This work expands our vision by encompassing individual welfare as well as reproductive health." ■

Identify. **Investigate.** Act.

## Expanding contraceptive choice

The Population Council is committed to developing family planning methods that poor countries can afford to provide to women and men. Our biomedical laboratories have produced contraceptives that have protected hundreds of millions of women from unplanned pregnancies.

We are currently conducting a Phase 3 safety and efficacy trial of our contraceptive vaginal ring. Unlike the vaginal ring that is currently available, which must be replaced each month, the Council's ring is reusable, lasting a year. This may reduce costs and trips to the doctor and pharmacy. "Another valuable feature of this ring is that it is easily inserted by the woman herself and is entirely under her control. Its use is not dependent on insertion by a specially trained health care provider," says Ruth B. Merkatz, the Council's director of clinical development for reproductive health. "This product could be attractive to women throughout the world, especially those with limited access to health care services."

There are 87 million unintended pregnancies around the world annually. "Clearly there is a gap between what women want in a family planning product and what is available," says Merkatz. "The one-year ring would enhance opportunities for women and families to achieve health, personal, and reproductive goals." ■

*The Council's contraceptive development program responds to the needs of women and men in developing countries. Ruth B. Merkatz, Council director of clinical development, is overseeing the safety and efficacy trial of our one-year contraceptive vaginal ring.*

*Photo: Population Council/Karen Tweedy-Holmes.*

# Identify. Investigate. Act.

## A CONVERSATION

Council president Peter Donaldson conducted a roundtable discussion with program directors Wendy Baldwin (Poverty, Gender, and Youth), Anrudh Jain (International Programs), Naomi Rutenberg (HIV and AIDS), and John Townsend (Reproductive Health) about the evolution and impact of the Council's work.

**Donaldson**: Researchers in the Poverty, Gender, and Youth program have identified adolescent girls as an important population to focus on if poverty is to be reduced. Wendy, you've spoken about how poor girls—whether they're minority girls, married girls, or girls who are domestic workers—share a common vulnerability. How does a focus on their vulnerability help us address poverty?

*Wendy Baldwin*
*Program Director, Poverty, Gender, and Youth*

**Baldwin**: The reason adolescence is such an important theme is that it's a point not just of vulnerability but of real opportunity. We are working with girls aged 13 to 16 to help them build skills—financial literacy, for example—so that they can move out of poverty. If we don't act then, we end up with young women who are 25 and illiterate, with no occupational skills; they've already got three children, and they may be living with HIV. The possibility that we can intervene at that age and bring them out of poverty is much more remote. So, it's not just that adolescence is a period of vulnerability; it's a time of opportunity where, when we make an investment, we have some chance of seeing it pay off for the individual and for society.

Poverty plays into this by setting the stage for these girls' vulnerability, and then the vulnerability seals the deal for sustained poverty. Poverty creates circumstances where girls are pressured into early marriage, because it's an economic benefit to the family. They get pushed out of school; part of that process is poverty-driven. The issues that we address with adolescents—illiteracy, isolation, child marriage—are just the ones that, when they are not addressed, seal off avenues out of poverty.

**Donaldson**: Naomi, the Poverty, Gender, and Youth program has done groundbreaking research into HIV among adolescent girls. What are some other avenues of HIV research that the Council has pioneered?

**Rutenberg**: A major one is programs in Africa to help men who have sex with men. Before the Horizons research, there was very little quantitative data about this population and an enormous amount of denial that it exists. As a consequence, there were no services to provide sexual and reproductive health care to these men, so they suffered from untreated sexually transmitted infections. They had little access to condoms and appropriate lubricants, to HIV testing, or even HIV information. The Council has documented the presence of men who have sex with men and some of their sexual and reproductive health needs. We are working with partners in Kenya and Senegal to develop and evaluate programs for such men, including HIV counseling and testing, condom distribution, STI treatment, and HIV care. The result, when implemented, will be health care systems that do not systematically exclude an entire segment of the population. That begins to chip away at the stigma and discrimination that these men experience.

We have also played a leading role in microbicide development.

> "No woman should die because she is pregnant."
>
> *—Ayo Ajayi, Population Council regional director for sub-Saharan Africa*

**Donaldson**: Say more about the clinical trial of our candidate microbicide, Carraguard®, which we completed in 2007.

*Naomi Rutenberg*
*Program Director, HIV and AIDS*

**Rutenberg**: Even though the trial did not show that Carraguard was effective in preventing HIV transmission, it was the first microbicide trial to be completed without any safety concerns. We developed a number of innovations that will now likely become a standard part of other trials,

including a way to test applicators to measure adherence. We studied audio computer-assisted self-interviewing, and will soon be testing cell phones, to collect data. We've also transformed the way informed consent is obtained, most notably by creating a video that made the process much more comprehensible to participants.

**Donaldson**: In the past 60 days I have been to Frontiers and Horizons end-of-project conferences and visited Pakistan for the launch of the FALAH project on child spacing and reproductive health. Listening to presentations at these meetings, it's evident that there are lots of important changes in clinical practice and government policies that the Council has helped engineer.

*John Townsend*
*Program Director,*
*Reproductive Health*

**Townsend:** Let me give you an example that came up at a Postabortion Care Consortium meeting in Washington, DC. We heard from both UN and FIGO [International Federation of Gynecology and Obstetrics] representatives about how they were amazed that a postabortion care model that the Council developed is now being scaled up throughout Senegal and in other parts of francophone West Africa. But in order for that success to continue, we have to keep doing this work at scale. It isn't enough to train one or two people if we are trying to have national or regional impact. We need to help build large-scale institutional capacity.

**Jain**: There are many successful examples of our institution building. All our work in developing countries is done with collaborating partners. Many of the institutions with which we work have risen to national and regional prominence.

*Anrudh Jain*
*Vice President*
*and Director,*
*International Programs*

**Donaldson**: Anrudh, you spoke in our roundtable discussion last year about the level of need in francophone West Africa, and John just made the same point.

**Jain**: We need to keep bringing up the importance of investment in francophone West Africa by doing analyses and presenting data. But these countries represent a very small proportion of the global population, and donors aren't interested in smaller countries right now.

**Donaldson**: But should we be, in your view?

**Jain**: We should be; they are important. Millions of people are still there, you know. When the global community became interested in Taiwan and Korea, which eventually provided the roadmap for family planning programs, those countries had 10 million or 12 million people. They were small countries and you could demonstrate how successful these programs could be. So work in West Africa could have implications for other African countries.

**Baldwin**: The constellation of problems expressed in francophone West Africa goes right to the heart of what the Population Council is about. Contraceptive use is abysmally low, while child marriage, child mortality, and maternal mortality are all shockingly high.

**Donaldson**: I was very struck by something Ayo Ajayi [Population Council regional director for sub-Saharan Africa] once said, "No woman should die because she is pregnant." The safe motherhood enterprise has been underway for a long time now, and yet there is still so much work to do.

**Townsend**: In recent years, the Council has been working on maternal death and illness along three lines. The first is providing family planning to women who don't want to become pregnant. If they don't become pregnant, they don't die of pregnancy-related causes. Family planning could reduce maternal mortality by at least 25 percent if all women who wanted to avoid pregnancy could take advantage of it. The second is safe abortion and postabortion care. Finally, we're looking at ways to address issues of gender inequity and poverty. The approach that has been taken in the last 20 years has demonstrated that technology alone is ineffective in reducing maternal mortality. Gender bias and poverty are hindering our progress in making pregnancy safer. We are at a stage when, as a world community, we have got to take these issues seriously. The Council is part of a new voice that has emerged to say, "That's enough! *Basta!* No more!" ■

The Population Council collaborates with government agencies, universities, hospitals, research centers, nongovernmental organizations, faith-based organizations, corporations, multilateral groups, and individuals in both developing and developed countries. The following is a list of 2007 awards and contracts to these partners—a primary means through which the Council conducts research, transfers technology, and strengthens institutional capacity.

## Africa

*Burkina Faso*

Association Vivre Ensemble, Ouagadougou

*Cameroon*

Centre d'Ecoute et de Conseils de Santé Reproductive des Adolescent(e)s et des Femmes/Association de Lutte contre les Violences Faites aux Femmes, Yaoundé

*Egypt*

The Egyptian Association for Community Initiatives and Development, Cairo

Nahdet Misr Foundation for Development, Education, and Training, Cairo

Near East Foundation, Cairo

Social Planning, Analysis and Administration Consultants, Cairo

*Ethiopia*

Ethiopian Islamic Affairs Supreme Council–Ethiopian Muslims Development Agency, Addis Ababa

Ethiopian Orthodox Church–Development and Inter-Church Aid Commission, Addis Ababa

The Ethiopian Society of Obstetricians and Gynecologists, Addis Ababa

*Ghana*

Center for the Development of People (CEDEP)

Christian Health Association of Ghana, Accra

Ghana Health Service, Accra
- Human Resource Development Division
- Office of the Director General
- Policy Planning, Monitoring, and Evaluation Division

Ghana Health Service Regional Directorates
- Ashanti Region Health Administration, Kumasi
- Brong Ahafo Region Health Administration, Sunyani
- Central Regional Health Administration, Cape Coast
- Eastern Regional Health Administration, Koforidua
- Greater Accra Region Health Administration, Accra
- Upper East Regional Health Administration, Bolgatanga
- Volta Regional Health Administration, Ho
- Western Regional Health Administration, Takoradi

Health Research Unit, Ministry of Health, Accra

Nkwanta Health Development Centre

Regional Institute for Population Studies, University of Ghana, Legon

Tema Municipal Health Directorate, Tema

*Kenya*

Binti Pamoja Center, Nairobi

Centre for African Family Studies, Nairobi

Centre for the Study of Adolescence, Nairobi

Crystal Hill Limited, Nairobi

Family Health Options Kenya (formerly Family Planning Association of Kenya), Nairobi

International Centre for Reproductive Health, Mombasa

Kendu Adventist Hospital, Kendu-Bay

Kibera Community Self Help Programme, Nairobi

Liverpool VCT and Care Kenya, Nairobi

MicroSave Consulting Limited, Nairobi

Steadman Research Services International Ltd., Nairobi

*Malawi*

Center for Educational Research and Training (CERT), University of Malawi, Chancellor College, Zomba

Malawi Human Rights Resource Centre, Lilolongwe

*Mali*

Association de Recherche de Communication et d'Accompagnement à Domicile de Personnes Vivant avec le VIH/SIDA (ARCAD/SIDA), Bamako

Cellule du Comité Sectoriel de Lutte contre le VIH/SIDA du Ministère de la Santé, Bamako

*Nigeria*

Adolescent Health and Information Projects, Kano

Association for Reproductive & Family Health, Ibadan

Federation of Muslim Women's Associations in Nigeria, Abuja

Islamic Education Trust, Abuja

*Senegal*

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

*South Africa*

Development Research Africa, Durban

Eastern Cape Provincial Council of Churches, East London

Isihlangu Health and Development Agency, Durban

Medical Research Council, Tygerberg

Pinetown Highway Child and Family Welfare Society, KwaZulu-Natal

Progressus Research and Development Consultancy cc, Johannesburg

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

Tshwaranang Legal Advocacy Centre, Johannesburg

University of Cape Town, Cape Town

University of Limpopo Trust, Parklands

The Valley Trust, Bothas Hill

*Sudan*

Ahfad University for Women, Omdurman

Sudanese Population Network, Khartoum

University of Khartoum, Khartoum

*Swaziland*

Central Statistical Office of Swaziland, Mbabane

*Tanzania*

Muhimbili University College of Health Sciences, Dar es Salaam

*Uganda*

The AIDS Support Organization, Kampala

Child Care and Rescue Programme, Kampala

*Zambia*

Institute of Economic and Social Research, University of Zambia, Lusaka

RuralNet Associates Ltd., Lusaka

*Zimbabwe*

Musasa Project, Harare

University of Zimbabwe–University of California, San Francisco Collaborative Research Programme, Harare

## The Americas

*Bolivia*

Programa de Coordinación en Salud Integral, La Paz

*Brazil*

Centro de Pesquisas em Saude Reproductiva de Campinas, Campinas

*Chile*

Instituto Chileno de Medicina Reproductiva, Santiago

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*Haiti*

Centre d'Évaluation et de Recherche Appliquée, Pétion-Ville

*Nicaragua*

Consultorías y Asesorías ALVA S.A, Managua

*United States*

Aaron Diamond AIDS Research Center, New York, NY

American College of Nurse-Midwives, Silver Spring, MD

CARE USA, Atlanta, GA

Columbia University Medical Center, New York, NY

Columbus Center for Women's Health Research, Columbus, OH

Duke University, Durham, NC

EngenderHealth, New York, NY

Family Health International, Research Triangle Park, NC

Guttmacher Institute, 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

Jhpiego Corporation, Baltimore, MD

Johns Hopkins University, Baltimore, MD

Mercy Corps, Portland, OR

Montefiore Medical Center, Bronx, NY

Population Services International, Washington, DC

Program for Appropriate Technology in Health, Seattle, WA

Research Triangle International, Washington, DC

Save The Children Federation, Inc., Westport, CT

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*

Institute of Child and Mother Health, Dhaka

Mitra and Associates, Dhaka

Population Services and Training Center, Dhaka

*India*

Academy for Nursing Studies, Hyderabad

Andhra Pradesh Mahila Samatha Society, Hyderabad

Annamalai University, Tamil Nadu

APNALAYA, Mumbai

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Committee of Resource Organisations for Literacy, Mumbai

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Family Planning Association of India, Mumbai

Freedom Foundation, Bangalore

Friends Association for Rural Reconstruction, Orissa

Jamia Millia Islamia University, New Delhi

Janani, Patna

Karnataka Health Promotion Trust, Bangalore

Lala Lajpat Rai Memorial Medical College, Meerut

MAMTA Health Institute for Mother and Child, New Delhi

MODE Services Pvt. Ltd., New Delhi

National Institute of Applied Human Research and Development, Orissa

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SAHARA, Centre for Residential Care and Rehabilitation, New Delhi

Samuha Samraksha, Bangalore

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Synovate India Pvt. Ltd., Mumbai

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Marie Stopes International, London

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University of Southampton, School of Social Sciences, Southampton

## Oceania

*Australia*

Centre for Virus Research, Westmead Millennium Institute, Sydney

Family Planning New South Wales

The University of Sydney

The Council's fiscal year, which ended December 31, 2007, was one of change, involving implementation of our strategic plan, new accounting rules, project completions, and staff transitions. These changes have strengthened the Council, and their impact is reflected in the financial statements presented on the following pages for your review.

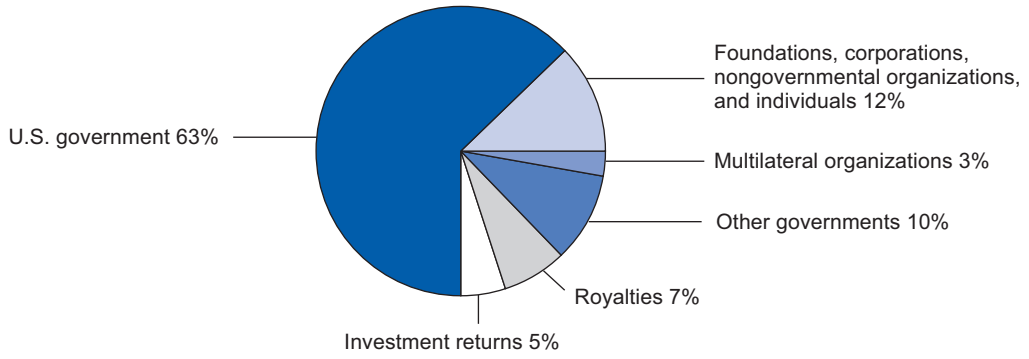
The Council closed the year with operating revenue of $71.1 million, of which 88 percent consisted of donor grants and contributions. The balance of the year's revenue was received from royalty income (7 percent), generated from the licensing of Council-developed products, and return on investments (5 percent). Operating expenditures for the year totaled $74.2 million. The Council's program spending ratio, a key financial indicator, was 85 percent for fiscal 2007, which means 85 cents of every dollar spent was invested directly in program activities.

During 2007 the Council implemented the transition from a "divisional" to a "programmatic" organizational structure; adopted the Financial Accounting Standard No. 158 (SFAS 158)—Employers' Accounting for Defined Benefit Pension and Other Postretirement Plans; and completed a number of large-scale, long-term projects supported by donor-restricted contributions. The net effect of these changes was a modest decrease in the Council's net assets.

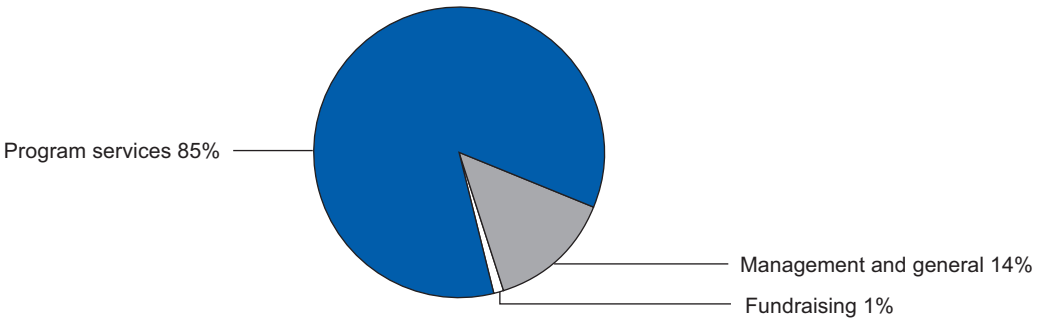
A copy of the complete audited financial statements, prepared in accordance with generally accepted accounting principles for not-for-profit organizations as established by the American Institute of Certified Public Accountants, is available upon request from the Population Council, located at One Dag Hammarskjold Plaza, New York, NY 10017, and can be accessed online at www.popcouncil.org/pdfs/2007financials.pdf.

Scott Newman
Chief Financial Officer

## SOURCES OF SUPPORT
## TOTAL $71.1 MILLION




## USE OF FUNDS
## TOTAL $74.2 MILLION



## STATEMENT OF ACTIVITIES

For the year ended December 31, 2007 (in thousands of dollars)

| | Unrestricted | | | | |
|---|---|---|---|---|---|
| | General undesignated | John D. Rockefeller 3rd Memorial Fund and others | Temporarily restricted | Permanently restricted | Total 2007 |
| **OPERATING REVENUE** | | | | | |
| Grants and contributions | 745 | 735 | 61,078 | 1 | 62,559 |
| Royalties | 4,669 | | | | 4,669 |
| Investment returns and other revenue | 222 | 2,630 | 1,013 | | 3,865 |
| Net assets released from restrictions | 65,978 | | (65,978) | | |
| TOTAL OPERATING REVENUE | 71,614 | 3,365 | (3,887) | 1 | 71,093 |
| **OPERATING EXPENSES** | | | | | |
| PROGRAM SERVICES | | | | | |
| HIV and AIDS | 21,824 | | | | |
| Poverty, Gender, and Youth | 7,614 | | | | |
| Reproductive Health | 30,467 | | | | |
| Distinguished Colleagues | 550 | | | | |
| Publications | 928 | | | | |
| Program Development and Shared Activities | 1,467 | | | | |
| TOTAL PROGRAM SERVICES | 62,850 | | | | 62,850 |
| SUPPORTING SERVICES | | | | | |
| Management and general | 10,050 | 809 | | | 10,859 |
| Fundraising | 529 | | | | 529 |
| TOTAL SUPPORTING SERVICES | 11,652 | 809 | | | 11,388 |
| **TOTAL OPERATING EXPENSES** | 73,429 | 809 | | | 74,238 |
| (Deficiency) excess of operating revenue over operating expenses | (1,815) | 2,556 | (3,887) | 1 | (3,145) |
| Gain on lease obligation | 400 | | | | 400 |
| Loss on settlement of claim | (478) | | | | (478) |
| Transferred to/from endowment | 205 | (205) | | | |
| **INCREASE (DECREASE) IN NET ASSETS BEFORE EFFECT OF ADOPTION OF SFAS NO. 158** | (1,688) | 2,351 | (3,887) | 1 | (3,223) |
| EFFECT OF ADOPTION OF SFAS NO. 158 | (1,028) | | | | (1,028) |
| **TOTAL INCREASE (DECREASE) IN NET ASSETS** | (2,716) | 2,351 | (3,887) | 1 | (4,251) |
| **NET ASSETS AT BEGINNING OF YEAR** | 8,452 | 78,345 | 78,791 | 5,485 | 171,073 |
| **NET ASSETS AT END OF YEAR** | 5,736 | 80,696 | 74,904 | 5,486 | 166,822 |

## BALANCE SHEET

December 31, 2007 (in thousands of dollars)

| | 2007 |
|---|---|
| **ASSETS** | |
| Cash, cash equivalents, and investments | 114,550 |
| Grants and contributions receivable | 59,076 |
| Other assets | 9,854 |
| Fixed assets, net | 9,407 |
| **TOTAL ASSETS** | 192,887 |
| **LIABILITIES AND NET ASSETS** | |
| LIABILITIES | |
| Accounts payable and accrued expenses | 4,808 |
| Awards, contracts, and fellowships payable | 9,211 |
| Postretirement medical benefits payable | 6,969 |
| Other liabilities | 5,077 |
| **TOTAL LIABILITIES** | 26,065 |
| NET ASSETS | |
| Unrestricted | |
| General—undesignated | 5,736 |
| John D. Rockefeller 3rd Memorial Fund and others | 80,696 |
| Temporarily restricted | 74,904 |
| Permanently restricted | 5,486 |
| **TOTAL NET ASSETS** | 166,822 |
| **TOTAL LIABILITIES AND NET ASSETS** | 192,887 |

# SOURCES OF SUPPORT

Funding for the Population Council's work in 2007 was generously provided by the government agencies, multilateral organizations, foundations, corporations, and individuals listed below. Every donation we receive helps improve the reproductive health and well-being of vulnerable individuals in developing countries.

All gifts at all levels help us make a difference. Unrestricted contributions provide much-needed flexibility for the Council to identify problems, investigate solutions, and act to see successful solutions implemented.

Contributions can be made by check or credit card or online at www.popcouncil.org/supporting. The Council welcomes gifts of appreciated securities, bequests, charitable remainder and lead trusts, and designations of the Council as beneficiary of insurance policies or pension plans. Contributions or requests for information about giving options should be sent to James Sailer, Director of Corporate Affairs, Population Council, One Dag Hammarskjold Plaza, New York, NY 10017 (212-339-0500) or jsailer@popcouncil.org. Donations are tax deductible in the United States.

We greatly appreciate all contributions to the Population Council. We thank our donors for helping the Council to improve policies, programs, and technologies around the world.

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Government of Vietnam
- — Hanoi Health Service

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United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

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The World Bank

World Health Organization

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International Rescue Committee

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International Women's Health Coalition

IntraHealth International, Inc.

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*Scott Newman replaced Kenneth L. Payne on 14 April 2008.

## Remembering a distinguished scientist, colleague, and friend

Population Council reproductive biologist **Matthew P. Hardy** died on 4 November 2007, after completing the New York City Marathon; he was 50 years old. Hardy made valuable contributions in shaping Council goals and programs, and served as a supportive mentor to many postdoctoral fellows. Work in his lab on the development and physiology of Leydig cells, as well as the action of endocrine disruptors on these cells, will continue under the leadership of Ren-Shan Ge, who first began working with Hardy in 1995. Matt's wife, Dianne Hardy, a scientist in the Council's reproductive health program, will help to carry on this important research.

Former co-editor-in-chief of the *Journal of Andrology* and founder of the Testis Workshop, Hardy was an eminent specialist in male reproductive health. His contributions were recognized by his peers worldwide. Hardy was to receive the American Society of Andrology's Distinguished Service Award at the group's 2008 annual meeting. In May 2008, urologist and reproductive biologist Marc Goldstein—who holds positions at the Population Council and Weill Medical College of Cornell University and was a close friend and running partner of Dr. Hardy—will begin serving as the Matthew P. Hardy Distinguished Professor of Reproductive Medicine and Urology at Weill Cornell, a Chair endowed by an anonymous donor. We extend our sympathy and best wishes to Dianne Hardy.

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*Following a board meeting in January 2008, the Population Council's trustees and staff visited a village in Upper Egypt, the site of a Council project.*

*Photo: Population Council/Nadia Zibani.*

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## Research that makes a difference

The Population Council—an international, nonprofit, nongovernmental organization—focuses on HIV and AIDS; poverty, gender, and youth; and reproductive health. We identify problems, investigate solutions, and act on findings by working with partners around the world to expand successful programs, develop needed technologies, and help to shape policy.

**www.popcouncil.org**

**The Population Council's 2007 annual report; lists of 2007 staff and consultants, advisory and collaborative bodies, fellows, and publications; and a map showing where the Council works are available at www.popcouncil.org/ar07.**

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