

# NEWS FROM THE POPULATION COUNCIL

# Momentum

DECEMBER 2006

## “Second-generation” Microbicide Research Under Way

Scientists at the Population Council’s Center for Biomedical Research are developing and testing several second-generation microbicide formulations, even as the Council’s first candidate microbicide, Carraguard®, enters the final stretch of its Phase 3 clinical trial.

A microbicide is a product in a gel or similar form that would reduce transmission of HIV—and possibly other sexually transmitted infections—when used before intercourse. Such products would give women a means to protect themselves against HIV—an option that many women, whose health and lives often depend on persuading their partners to use condoms, do not currently have.

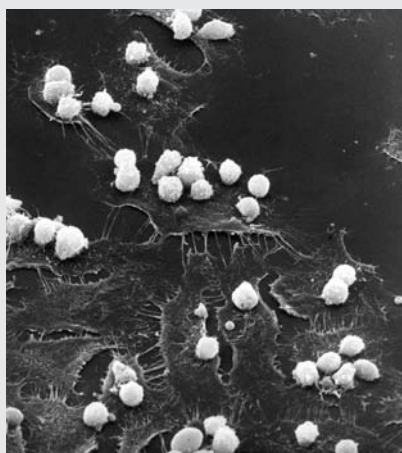
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### About Carraguard

Carraguard is made of carrageenan, derived from seaweed. If a carrageenan-based product is found to be effective, seaweed’s abundance should help make the microbicide affordable worldwide.

Council research has demonstrated that Carraguard is effective in preventing the transmission of HIV in the laboratory.

Carraguard has been proven to be stable at a range of temperatures, which is important in ensuring that it does not degrade over time.



Scanning electron micrograph of HIV-infected lymphocytes adhering to epithelial cells.

Carrageenan has been used for decades as a thickening agent in many products, including infant formula, soups, and ice cream.

Carraguard is a highly charged molecule that binds to viruses or to cells in the vagina. Scientists hypothesize that this nonspecific binding forms a protective coating that prevents the virus from entering the bloodstream. ■

## Wendy Baldwin, John W. Townsend to Lead New Council Programs

National Institutes of Health veteran Wendy Baldwin will assume the leadership of the Population Council’s new Poverty, Gender, and Youth program, and John W. Townsend, a Council researcher for 22 years and most recently director of the Council’s USAID-funded Frontiers in Reproductive Health, will lead its new Reproductive Health program.

In announcing their appointments, Council president Peter Donaldson noted that “We are addressing three of the most consequential issues of our time, and we are aligning our resources programmatically to ensure that our research results are translated into practice and that promising models for change are scaled up. Wendy and John are ideally suited to lead these efforts.”

Donaldson applauded Baldwin and Townsend for their willingness to tackle the challenges ahead of them: “Both Wendy and John are well-known and highly respected figures in the fields of population and health, and both enjoy excellent relations with collaborators around the world. Both have the experience, ability, and enthusiasm to shape these important programs.” Donaldson added that the search for the director of the third program, HIV and AIDS, is in its final stages. Ian Askew, a Council senior program associate, was named to replace Townsend as director of Frontiers.

As director of Poverty, Gender, and Youth, Baldwin will work with the Council’s regional directors and professional staff on program development and fundraising, and will represent the Council to governments, donor agencies, and population and development organizations.

“I am very pleased to join the excellent researchers at the Council,” she says, “people who care about the evidence and care about finding ways to use evidence to improve people’s lives. The largest group of adolescents the world has ever seen is now coming of age. The introduction to adulthood for many adolescents in developing countries is marked by sexual coercion, unwanted pregnancies, sexually transmitted disease (including HIV/AIDS), and gender inequities. For far too many young people, poverty will greatly restrict their life choices. I hope to contribute to the expanding body of evidence about adolescents’ experiences and to the identification of policies and programs to improve the future of generations of young people.”

In his new role, Townsend will head a multidisciplinary staff of biomedical, public health, and social science researchers who conduct research to improve sexual and reproductive health, especially

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## Microbicides, continued

The Council is conducting the clinical trial of Carraguard, which involves more than 6,000 women in South Africa. Data collection for this trial, intended to determine how well Carraguard prevents HIV transmission, is expected to conclude in March 2007. The Carraguard trial is likely to be the first of the first-generation microbicide trials to complete data analysis.

The Council's next-generation microbicide candidates, which show considerable promise in laboratory testing, combine Carraguard with other compounds. The new formulations have been shown to be nontoxic to vaginal epithelial cells in rabbits and stable in a range of temperatures. The extensive preclinical testing performed on these combination products will facilitate regulatory agency approvals, particularly in light of Carraguard's excellent safety profile.

"The additional mechanisms of action these new formulations offer are promising," says Elof Johansson, vice president of the Council's Center for Biomedical Research. "One formulation has the potential to block the herpes simplex virus, in addition to HIV. Another, PC-815, employs two different mechanisms of action to block HIV infection, so if the virus isn't blocked from entering cells, it is inactivated once inside." Laboratory tests have also shown the anti-HIV drug MIV-150 to be highly active against HIV and, when combined with Carraguard, to be stable and safe when tested in animals.

One second-generation formulation is already in the first stage of clinical testing. This Carraguard-levonorgestrel combination, or Carra/LNG, is aimed at providing protection against both HIV and pregnancy. (The initial Carraguard formu-

lation is noncontraceptive.) Levonorgestrel is a synthetic progestin that has been proven safe and effective as a contraceptive in pills, implants, and intrauterine systems, including several products developed by Council scientists.

Two small Phase 1 safety studies are planned for PC-815, one with HIV-negative women and one with HIV-positive women. The study with HIV-positive women will also collect data on whether exposure to the microbicide gel reduces the amount of active virus in the vagina.

The Swedish Ministry of Foreign Affairs has announced the donation of 15 million Kronor (more than US\$2 million) to the Population Council for the development of PC-815. The Ministry has been an early and strong supporter of the Population Council's microbicide program.

"Sweden, with its longstanding focus on prevention measures, considers your work to be excellent," wrote Carin Jamtin, then Minister for International Development Cooperation. "We . . . understand the need for stable and sustainable financing when it comes to research, which by nature is a long-term venture and often [very costly]." ■

*In addition to Sweden, support for the Council's microbicides research has come from The Andrew W. Mellon Foundation, the Bill and Melinda Gates Foundation, the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Child Health and Human Development (NICHD), the Rockefeller Foundation, and the United States Agency for International Development (USAID).*

research; his support for building the capacity of researchers and institutions in developing countries; and his perseverance in working to ensure the application of research results throughout Asia, Africa, and Latin America and the Caribbean.

Presented annually by the United States Agency for International Development, the prize is named for USAID's former deputy chief of the Research, Technology, and Utilization Division, who held the post prior to her death in September 2002. Council senior associate James F. Phillips received the Marjorie Horn award in 2004. ■

## New Reproductive Health Director Honored by USAID

**J**ohn W. Townsend has been named recipient of the 2006 Marjorie Horn Operations Research Award for excellence in implementation of program research and use of research results for program improvement. He is being acknowledged for his outstanding commitment, leadership, and vision in promoting family planning and reproductive health programs through operations

## New directors, continued

among disadvantaged populations in developing countries, through the development and introduction of appropriate technologies, the formulation of evidence-based policies, studies of the social context of reproductive health, and innovations in service delivery. Townsend regularly represents the Council to governments, donor agencies, and population and development organizations.

"My priority for the coming year," Townsend says, "will be to bring focus, public presence, and enthusiasm to the range of reproductive health issues and partnerships that the Council cares about. In listening to our local partners and linking our research on human reproduction to their needs and aspirations, staff Council-wide can be more effective in shaping policies and programs to improve the health and well-being of women and men in developing countries."

Both directors have extensive experience in their respective areas. Baldwin joined the staff of the National Institutes of Health (NIH) in 1973, eventually serving in the Office of the Director in 1993 as Deputy Director for



Wendy Baldwin

Extramural Research, one of the most influential positions in American health research. The extramural program represents more than 80 percent of the NIH budget, awarding nearly \$20 billion in more than 40,000 awards.

Townsend began his career with the Population Council in 1984 as its country director for Colombia before moving to Mexico City in 1985 to direct the Council's



John Townsend

reproductive health operations research program in Latin America and the Caribbean. From 1990 to 1993 he was the Council's regional director for Latin America and the Caribbean, and from 1993 to 1998, while based in New Delhi, he directed its reproductive health operations research program in Asia and the Near East. ■

## Assessing Conditions in War-torn Sudan

**S**udan is the largest country in Africa, with an area of nearly one million square miles and a population of 40 million. Decades of political tension, armed hostilities, and civil war since the country's independence in 1956 have left an estimated four million people internally displaced—one-tenth its population. Vulnerable to mass famine and disease, these Sudanese have migrated to shantytowns and camps near the capital of Khartoum.

The Population Council established the Middle East Research Awards Program (MEAWards) in 1978 to enhance research capacities in the field of population in the Middle East region. An interdisciplinary program, the MEAWards has sponsored individual researchers and promoted partnerships with research and teaching institutions in the Arab world, Iran, and Turkey.

Council staff members are preparing a range of activities in Sudan to help strengthen local resources and build human capital. Researchers are focusing on the internally displaced individuals who reside in the camps surrounding Khartoum. The Council's MEAWards program commissioned a multidisciplinary working group of Sudanese researchers, including key policy planners, to prepare two reports—one describing the structure and dynamics of the camps and the other focusing on poverty in Sudan. Results of the two studies will be disseminated widely in meetings to relevant stakeholders.

Council staff members are also assessing the training in universities and research institutes in Sudan. They will work with two to three academic centers to strengthen existing courses in population and offer short-term training in social science research. Study groups and workshops are often planned collaboratively with a university or a research institution in the region. Past sponsors of study groups and workshops have included the Suez Canal University in Egypt, the American University of Beirut in Lebanon, Al-Ahram Center for Political and Strategic Studies in Egypt, Yarmouk University in Jordan, and Bogazici University in Turkey.

Other Council MEAWards working groups are focusing on reconstruction of war-torn communities; studying the state and potential of the social sciences in the Arab world, Iran, and Turkey; examining Arab culture and education to address critical educational reform issues; and conducting comparative research on Arab families in Egypt, Lebanon, and Palestine. ■

In 2005-06, the MEAWards training program continued under a project entitled "Building Capacity in Reproductive Health Research," funded by the David and Lucile Packard Foundation. Nine junior researchers continued their training through seminars and workshops on conducting research, analyzing data, and writing reports. They were awarded grants to conduct studies of groups at high risk for HIV/AIDS and the use of maternal health services. A report containing the findings of these studies is in preparation and will include:

"Knowledge and practice related to HIV/AIDS among street children in rehabilitation centers—Khartoum state" by Abdalla A. El-Sheikh, Academy of Medical Sciences and Technology Statistics and Information Center, Khartoum

"Knowledge, attitudes, and practices related to HIV/AIDS among secondary school students in Khartoum State" by Abdelgadir Ali Bashir, Faculty of Medicine, University of Khartoum

"University students in Khartoum State: Are they capable of meeting the HIV/AIDS threat?" by Abubakr A. Al Karouri, United Nations Mission in Sudan, Khartoum

"Socioeconomic and demographic determinants of demand for delivery services in Shurg-alnil rural areas" by Huda Mohammed Mukhtar Ahmed, Department of Mathematics, Statistics and Demography, University of Juba, Khartoum

"Care seeking for acute illnesses in infants: What are the barriers? Umbadda Area" by Lamia Eltigani Elfadil, Federal Ministry of Health, Sudan

"Understanding child labor in Sudan: The case of domestic workers in Khartoum State," by May Ali Babiker, United Nations Development Programme—Sudan

"An assessment of quality of antenatal care provided at governmental primary health care centers in Khartoum State" by Mohammed Ahmed Mohammed Sidahmed, Community Physician, Reproductive Health Directorate, Federal Ministry of Health, Sudan

"Are women tea sellers a group vulnerable to HIV/AIDS?: A study in Khartoum State" by Omer Ali Ibrahim, University of Khartoum

## The Aftermath of the Population Explosion

**B**y the year 2050, the global demographic transformation that began after World War II will have resulted in a vast expansion in human numbers and the emergence of a low-fertility, highly urbanized, and increasingly elderly world population.

Meanwhile, however, variations in the timing, nature, and pace of change among countries and cultures are giving rise to striking contrasts in demographic conditions—in relative population sizes, in the pace of rural exodus and city growth, in international migration pressures, and in dependency burdens created by the very young, very old, or very ill.

Interacting with inequalities in economic performance and with mounting environmental threats, these demographic contrasts are an entrenched source of international tension and political conflict. The resulting challenges posed for national governments and international institutions, and the responses those bodies have arrived at or must now formulate, are the subject of *The Political Economy of Global Population Change, 1950–2050*.

A supplement to the Population Council's quarterly *Population and Development Review (PDR)*, the book was edited by PDR editor and Council Distinguished Scholar Paul Demeny and senior associate Geoffrey McNicoll.

Essays assembled in the book look back to the experience of the second half of the twentieth century and forward to 2050. ■

*Financial support for the volume was provided by the Rockefeller Foundation.*

## Year-end Giving

**T**his is the time of year when we count on individuals to make generous gifts to the Population Council's Annual Fund. Your contribution will help fuel innovation and provide the core support that enables the Population Council to pursue promising ideas, investigate the evidence, and broadly disseminate research results to policymakers, program managers, and others concerned with population issues—leaders who have the power to make a difference. Our donors share our commitment to offering hope to future generations.

We ask that you give generously again this year and support the Council's mission to improve the lives of the most vulnerable among us. A gift envelope is provided for your convenience. You can also contribute online at [www.popcouncil.org/supporting/index.html](http://www.popcouncil.org/supporting/index.html). All gifts at all levels help make a difference. ■

## Sharing Five Years of Findings in India

**B**ehaviors formed now, in adolescence, will determine the health of this generation as adults, as well as the health and future of India," says Saroj Pachauri, director of the Population Council's South and East Asia region. "That's why it is vital to know what information and services adolescents need most and the most effective ways to meet their needs. We also must recognize that the needs of a married 16-year-old living in rural poverty and those of a single 20-year-old earning the minimum wage in Mumbai are radically different, but equally important."

To that end, the Council's India office organized "Programming for Young People: New Evidence on Young People's Situation and Needs," a two-day meeting held in New Delhi in October to discuss findings from ten ongoing and completed studies. The conference, which generated considerable news coverage, drew an audience of more than 75 representatives from governments and from



*According to India's most recent census, 30 percent of India's population, or 315 to 330 million people, are between the ages of 10 and 24.*

nongovernmental and multilateral organizations, as well as researchers and development practitioners.

Much of the research touched on the lives and circumstances of female adolescents: how to help them build social assets and livelihood skills; how to foster safety and autonomy in their sexual experiences; how to respond effectively to the special and often overlooked problems of married adolescents and the consequences of early marriage; how to help single and married young women address the power differential in sexual relations; and more. The presentations included new findings and an overview of significant studies that the Population Council and partner organizations in India have conducted over the past five years.

Widespread media coverage focused mainly on new studies relating to premarital sexual experience in India (less than 10 percent of young women and 15 to 30 percent of young men reported having engaged in premarital sex), on sexual harassment in the workplace, and on coercive sex within marriage. *The Hindu, The Times of India, The Statesman, The Tribune, Amar Ujala* (a Hindi daily), and *The Asian Age* all covered the conference.

Parents' expectations, perspectives, and changing attitudes about opportunities for girls and boys and their vulnerabilities were also presented in two studies.

"Parents and families influence young people's lives more than anyone else—what they can and cannot do, how much schooling they receive, the timing of marriage, how much they know about sexual matters—yet they tend to be forgotten in programs that seek to address the needs of young people," says Shireen Jeebhoy, Council senior program associate and coauthor of two of the studies. "Our research documents the extent of this intergenerational gap and argues for ways of improving parent-child communication and interaction."

S. Jalaja, India's Additional Secretary of Health and Family Welfare, and Syeda Hameed, member of the government's Planning Commission, opened the conference with keynote addresses. Sessions were moderated by representatives of the United Nations Population Fund, the Population Foundation of India, the John D. and Catherine T. MacArthur Foundation, the International Planned Parenthood Federation, Prerana, and the Government of India, and by Ragui Assaad, director of the Council's West Asia and North Africa region. ■

*Partner research organizations taking part in the meeting included the Child in Need Institute, the Deepak Charitable Trust, the International Institute for Population Sciences, the KEM Hospital Research Centre, and the Self-employed Women's Association. Funding for the conference was provided by the Council's Transitions to Adulthood Program, which is supported by the UK Department for International Development and a number of private foundations and multilateral organizations.*

## Bixby Fellowship Program Begins

**T**he Population Council will launch a new fellowship program in January 2007, thanks to the generous support of The Fred H. Bixby Foundation. Over the next ten years, the Bixby fellowships will open opportunities for 35 to 50 social and biomedical researchers and program managers from developing countries to work with experienced mentors in the Council's laboratories and network of offices. The Bixby fellows will

## CHPS Praised as "One of the Best"

**T**he head of USAID's Health, Population and Nutrition division in Ghana, BethAnne Moskov, recently characterized the Community-based Health Planning and Services (CHPS) initiative as one of the best health policies in Africa.

At a three-day annual meeting of CHPS partner organizations in mid-October in Accra, Moskov pledged continuing U.S. government support for initiatives that, like CHPS, address health inequalities. USAID has awarded a \$12 million, five-year grant to assist Ghana in expanding the initiative into 30 of its 138 districts.

CHPS is a strategy for delivering primary health care services by mobilizing community support and relocating nurses to community health centers. The Population Council provided technical assistance to the Ghana Health Service in a pilot project in Navrongo, the successes of which convinced the Ministry of Health to adopt CHPS as the model for improving access to high-quality primary care services in resource-poor communities nationwide.

Health teams from Sierra Leone, Burkina Faso, and Ethiopia have visited Ghana to study CHPS implementation for possible replication in their own countries, according to Frank Nyonator, director of the Policy Planning Monitoring and Evaluation Unit of the Ghana Health Service. He noted at the meeting that the initiative has generated international interest since the Navrongo project, in northern Ghana, reported significant reduction in under-five mortality last year, nearly reaching the Millennium Development Goal of reducing under-five mortality by two-thirds a decade ahead of the 2015 global target date.

At a meeting of Ghana's National Health Forum in Accra in September, Deputy Minister of Health Samuel Owusu-Agyei told attendees that CHPS "has enabled communities to develop and participate in [care which is] efficient, affordable, and responsive to their health needs." The group of policymakers met to plan for the expansion of the CHPS strategy to the national level. ■

work side by side with staff members in the United States, Africa, Asia, Latin America, and the Middle East, on projects in the Council's three major program areas: HIV and AIDS; Poverty, Gender, and Youth; and Reproductive Health. This new program exemplifies the Council's commitment to developing the leadership potential of professionals in the fields of population, health, and development.

Fred H. Bixby (1910–72), a California rancher, provided in his will for the creation of the Fred H. Bixby Foundation to support activities related to issues of population. ■

# The Struggle to End FGM/C

Each year, two million young girls undergo female genital mutilation/cutting (FGM/C), according to the United Nations. Between 100 and 140 million girls and women globally have been subjected to some form of FGM/C, most of them in 28 African countries, though some live in Asia and the Middle East (World Health Organization). The practice is also found in Europe, Australia, Canada, and the United States, primarily among immigrants.

FGM/C, also referred to as female circumcision, describes longstanding traditional practices that range from light cutting to the removal, and sometimes the sewing up, of the external female genitalia. The possible repercussions of FGM/C are numerous, including psychological trauma, difficulties during childbirth, gynecological problems, and even death.

The Council has been active in the effort to end FGM/C for over a decade. Through its Frontiers in Reproductive Health program, the Council has conducted field-based research to document the extent of FGM/C, the types of cutting, and the resulting complications. Other projects study the meaning FGM/C has for its practitioners; test and evaluate programs designed to eradicate the practice; and provide training and technical assistance in research design, analysis, and application to partner organizations and governments. Publications about FGM/C are accessible at no charge from [www.popcouncil.org/frontiers/projects\\_pubs/topics/fgc/fgc\\_af.html](http://www.popcouncil.org/frontiers/projects_pubs/topics/fgc/fgc_af.html).

The Frontiers program helped to launch and continues to advise the International Network to Analyze, Communicate, and Transform the Campaign Against FGC/FGM/FC (INTACT Network), which uses evidence and analysis in working to end the practice. INTACT's monthly newsletter is available at <http://62.241.134.47/intactnetwork>.

One collaborative project with UNICEF and the Danish International Development Agency is set in the North Eastern Province of Kenya, where over 98 percent of girls are cut in the most severe form of FGM/C. The project aims to strengthen the capacity of local health systems to manage medical complications during antenatal care and delivery. In the Somali-dominated Wajir District of Kenya, this project also involves initiating culturally appropriate educational strategies to change the perception that Islam supports FGM/C.

For at least one Frontiers program officer working among the Wajir Somali, FGM/C is a personal issue. Maryam Sheikh Abdi, of the Council's Nairobi office, underwent the ordeal herself at the age of six.

"It's a deeply rooted practice and a strongly held belief among the Somalis," Abdi says. "Because the practice has been wrongly associated with Islam, we try to reach religious

leaders who can declare FGM/C a harmful, un-Islamic act." Abdi holds meetings with Somali scholars and facilitators from other Muslim communities who do not practice FGM/C. Participants discuss positive Muslim religious guidelines known as *shariahs* that are violated by the practice, such as those that state that cutting healthy organs, causing any physical harm, and changing what has been created by God are all unlawful under Islam.

"A consensus is emerging in which the scholars have agreed that the practice has no strong basis in Islam and therefore cannot be regarded as a religious act," she says. "We are hoping this verdict can make it easier for community abandonment of the practice."

Not least of Abdi's contributions to the eradication of FGM/C is the brutally honest, graphic, and moving poem she has written about her experience. She has given the Council permission to use it to communicate the violence and trauma of female genital cutting. [See box] ■

*USAID, UNICEF, and the United Nations Development Programme are among the funders of the Council's FGM/C activities. Collaborating organizations include CARE International, Gesellschaft für Technische Zusammenarbeit, Macro International, UNFPA, UNICEF, and WHO.*

## Excerpted from "The Cut" by Maryam Sheikh Abdi

I was only six years old  
when they led me to the bush...  
Too young to know what it all entailed,  
I walked lazily towards the waiting women.

Deep within me was the desire to be cut,  
as pain was my destiny:  
it is the burden of femininity.  
So I was told.  
Still, I was scared to death...

The cutting began with the eldest girl  
and on went the list.  
Known to be timid, I was the last among the six...

Finally it was my turn, and one of the women  
winked at me:  
*Come here, girl*, she said, smiling unkindly.  
*You won't be the first nor the last,*  
*but you have only this once to prove you are*  
*brave!...*

Obediently, I sat between the legs of the woman...  
and each of the other four women grasped my  
legs and hands.  
I was stretched apart and each limb firmly held.  
The cutter begun her work...

To read the rest of "The Cut," go to  
[www.popcouncil.org/rh/the.cut.html](http://www.popcouncil.org/rh/the.cut.html).

# Contraceptive Rings: More Options for Women

In late July, Horacio Croxatto, a member of the Council's International Committee for Contraception Research, Sandra Arnold, vice president of Corporate Affairs, and James Sailer, senior director of Corporate Affairs, toured Andromaco Laboratories' pharmaceutical plant in Santiago, Chile. The Council representatives were in Chile to discuss plans with Andromaco executives for the registration, manufacture, marketing, and distribution of the Council's progesterone ring, which has been approved for use in Chile and Peru as a contraceptive for women who are breastfeeding.

At 22 sites in eight countries, the Council's collaborating partners are conducting a large-scale efficacy trial of another vaginal contraceptive ring that employs Nestorone®, a versatile synthetic progestin similar to the natural hormone progesterone. Nestorone is not active when administered orally and can be used alone or in combination with estrogen, making it an ideal agent for novel approaches for delivery of contraceptives or hormone therapy. Women using the Nestorone ring will insert it vaginally, leave it in place for three weeks, take it out for one week, and then reinsert it. Steroids in the ring are released slowly and absorbed through the vaginal wall into the blood stream to inhibit ovu-

lation. Insertion and removal are entirely under the woman's control. The ring can be reused for a full year, which means that women, especially women in developing countries where access to reproductive health care is limited, only need to visit a doctor annually.

Council scientists are also engaged in early safety trials for delivering Nestorone transdermally via gels or sprays. ■



Bottom row, left to right: Shu-Chen Chen, James Sailer, Horacio Croxatto. Middle row: Jose Caragol, Claudia Robles, Andromaco general manager Andrés Rudolph. Back row: Pedro Lopez de Maturana, Fernando Mella, Sandra Arnold, Ricardo Bitran.

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#### STAY CONNECTED

*We want to be sure all Population Council alumni have the opportunity to stay in touch through Momentum. Contact Rob O'Sullivan, manager, Annual Fund and alumni relations, at 212-339-0511 or [rosullivan@popcouncil.org](mailto:rosullivan@popcouncil.org) to share your news or comments about Council projects.*

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# News from the Population Council

December 2006

## Council Hosts International IUD Symposium

Intrauterine devices (IUDs) have been widely used for contraception since the early 1960s. This method of contraception has an extremely high effectiveness rate similar to that of female sterilization, but, unlike sterilization, it is reversible. IUDs have improved significantly from the original plastic devices and now include Copper T IUDs and levonorgestrel-releasing intrauterine systems (IUSs), both of which were developed by the Population Council.

In October, the Council sponsored the International Symposium on Intrauterine Devices and Systems for Women's Health. Thirty-six preeminent international scientists presented data and analyses relating to IUDs and intrauterine systems at the symposium, the fifth such gathering since 1960.

"The body of knowledge on IUDs and IUSs has grown significantly since the last symposium in 1992," says Régine Sitruk-Ware, executive director of product research and development for the Council, "and it's important to disseminate the information we have



*Left to right: Philip D. Darney, University of California, San Francisco; Horacio B. Croxatto, Chilean Institute of Reproductive Medicine and member of the Council's International Committee for Contraception Research; Daniel R. Mishell, Jr., University of Southern California Medical Center; and Hedia Belhadj, United Nations Population Fund.*

Presenters discussed information and study data on such topics as the use of IUDs/IUSs by HIV-positive women, peri- and postmenopausal women, and others; the medical benefits of medicated IUSs (e.g., a decrease in bleeding); and the effects of extended use of copper IUDs and levonorgestrel-releasing IUSs. All of the conference papers will be published in a special issue of the journal *Contraception*.

to clinicians, users, and potential users. Fully 30 percent of female contraceptive users in China and Europe use intrauterine devices. Yet, because of unwarranted concerns about IUD safety or lack of knowledge about these highly effective contraceptive options, their use in the United States is limited to fewer than one percent."

The symposium was made possible by unrestricted educational grants from Barr Pharmaceuticals, Inc. and Berlex Laboratories, Inc. Through the joint sponsorship of the Population Council and the Keck School of Medicine of the University of Southern California, continuing education credits were available to physicians attending the two-day event. ■