COLLABORATING AT COMMUNITY, REGIONAL, AND GLOBAL LEVELS

TRANSLATING EVIDENCE INTO MEANINGFUL ACTIONS

IMPROVING LIVES AROUND THE WORLD

ANNUAL REPORT 2019
LETTER FROM THE PRESIDENT

This report is different from our past annual reports, in part because we are different, the world is different, and the ways in which we think about global health and development are different.

At the time of publication, the world is grappling with the COVID-19 pandemic, a global crisis with more challenges, and fewer resources to overcome them, than we can even imagine. The impact of COVID-19 is being disproportionately felt by the poorest and most marginalized populations in communities around the world. Research, science, and evidence are more important than ever. Too much is at stake to waste time and money on efforts that sound good but have not been shown to be effective or that are not making a real and tangible impact on the policies and programs that affect people’s lives.

Our annual report focuses on what we do best, which is testing ideas to tackle the uncertain challenges that lie ahead, generating evidence to determine what works (and as importantly what doesn’t), and collaborating to ensure that evidence is used to impact lives. We share powerful highlights from 2019 on the impact our research had on critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives.

You’ll read about how we are catalyzing the use of evidence to inform policies and strengthen programs in Guatemala, Tanzania, and other low- and middle-income countries, including:

- How our flagship HIV program has helped change national policy to expand access to HIV services for marginalized populations;
- How a program to empower indigenous adolescent girls has strengthened government programming to enable them to re-enter school;
- How our African-led consortium has influenced national and global efforts to end female genital mutilation/cutting (FGM/C); and
- How our contraceptive research, development, and partnership efforts have helped introduce one of our most effective contraceptive technologies to women in more than 30 countries.
RESEARCH UTILIZATION AND IMPACT

In the current environment, it is more important than ever that we ensure evidence is used to improve health, empower women and girls, and alleviate poverty. The Population Council collaborates with program implementers, policymakers, researchers, and funders to advance evidence-based solutions to critical health and development challenges. In the countries where we work, we partner with national governments, regional institutions, and community-based organizations to produce relevant and timely evidence to inform policies and programs around the world.

The world’s ability and willingness to protect, let alone advance, the progress made in global health and development over the last 20 years is uncertain. But what we do know is that we have urgent work ahead of us. And now more than ever, we need to invest in evidence to inform and influence policies, programs, practices, and technologies that improve the health and well-being of current and future generations. We simply can’t afford not to.

Julia Bunting
President

This year, we also are introducing an interactive map of our current activities. Visit annualreport.popcouncil.org, where you’ll see how our researchers and scientists—working across 50 countries, with offices in more than a dozen countries—are partnering with national health ministries, government agencies, and nongovernmental organizations to produce relevant and timely evidence to inform policies and programs around the world.

On the following pages, we invite you to explore recent highlights of our ongoing work to translate social, behavioral, and biomedical research into improved lives around the world.
INTRODUCTION
Globally, female sex workers (FSWs) living with HIV are less likely to be on antiretroviral treatment (ART) than other populations; on average, fewer than 50 percent of FSWs living with HIV are on treatment. Research in Tanzania has documented the challenges FSWs face in accessing HIV care and treatment services, including out-of-pocket costs, reaching distant clinics, lack of awareness and misperceptions of treatment, and dual stigma associated with sex work and HIV status. Studies from sub-Saharan Africa have shown improved HIV treatment outcomes, such as uptake of HIV services, retention in care, and increased dignity and quality of life, by using community-based delivery of HIV services.

Between 2017 and 2019, the Population Council’s Project SOAR (Supporting Operational AIDS Research), funded by the US Agency for International Development, conducted an implementation science study to investigate community-based delivery of ART services to FSWs in Tanzania. This effort was undertaken in close collaboration with the National AIDS Control Program (NACP) of the Government of Tanzania, National Institute of Medical Research Mwanza Research Centre, and Jhpiego’s Sauti Program. The goal of the study was to understand if community-based ART delivery could help FSWs initiate and stay on HIV treatment.

RESEARCH SUMMARY
The project used a quasi-experimental prospective study design to explore the effects of a community-based ART delivery model on three primary outcomes:

- **Treatment initiation**: Proportion of individuals linked to care and initiating ART treatment
- **Retention in care**: Proportion of individuals retained in care at 6 and 12 months after enrollment in care
- **Adherence to treatment**: Proportion of individuals adhering to ART measured by self-reporting and viral suppression at 6 and 12 months

PROJECT SOAR RESEARCH INFORMS NATIONAL POLICY CHANGE IN TANZANIA EXPANDING ACCESS TO HIV SERVICES FOR MARGINALIZED POPULATIONS

A recent Project SOAR study evaluated community-based delivery of antiretroviral treatment to female sex workers (FSWs) in Tanzania, demonstrating the value of this approach to improve HIV care. Informed by these findings, the Government of Tanzania changed national guidance to allow for community-based HIV treatment to better meet the needs of marginalized populations, including FSWs.

A female sex worker receives community-based ART services from a nurse. (Photo: © CSK RESEARCH SOLUTIONS)
The community-based ART service delivery model was built upon Sauti’s existing community-based HIV testing and counseling plus (CBHTC+) intervention that provided additional services to key populations. Sauti operated in all seven study districts and together with the government provided the CBHTC+ package of services. In the intervention arm, ART was delivered through mobile community-based HIV testing and counseling services and home visits in four districts of the Njombe region. The comparison arm of the study was conducted in three districts of the Mbeya region where ART services were available through referrals to government-designated ART care and treatment clinics. A total of 617 FSWs were enrolled in the study.

Research findings demonstrated that FSWs in the community-based ART arm were more likely to initiate treatment than FSWs in the comparison arm. FSWs receiving community-based ART also had higher retention rates, which remained high even after 12 months in the program. Conversely, the study found a significant drop off in participation for the comparison group between 6 and 12 months.

Overall satisfaction with ART services was higher among FSWs receiving the community-based ART services, who spoke positively about client-provider interactions, information they received (adherence counseling, risk reduction), and perceived competence of the providers. However, the intervention had no effect on adherence or viral suppression, which were fairly high across both study arms.

RESEARCH USE AND IMPACT
Informed by the study findings, public facilities across Tanzania now provide community-based delivery of ART to reach key and vulnerable populations, including FSWs. Guidance on ART provision via mobile outreach was first included in the National Multisectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23 and is now featured in NACP’s Operational Manual and Job Aids for Comprehensive Differentiated Delivery of HIV and AIDS Services.

In line with Project SOAR’s approach to research utilization, the study was conceptualized and implemented in close collaboration with NACP and other partners to foster use of study results. Research responded to the needs of government officials and other partners to inform forthcoming guidance on decentralized delivery of HIV and AIDS services, specifically mobile outreach for marginalized populations. Throughout the research process, Project SOAR regularly shared data with the NACP, Sauti, the regional, district, and community health management teams, and other partners through interim data workshops and formal presentations. Critically, NACP provided ongoing technical support, recommendations, and buy-in, the Njombe Regional Health Management Team (RHMT) conducted quarterly site visits and provided supervision for delivery of ART services, and facility CTC staff periodically joined Sauti ART delivery teams to observe and supervise patient visits.
Study results, along with data from other partners, reinforced that community-based ART provision was an effective and reliable model for improving initiation and retention in Tanzania, contributing to national policy and guideline changes. Highlighting the sustainability of this endeavor, community ART services remain available in study intervention districts within Njombe region, now managed by facility partners. Notably, these services also continue to scale in all regions across the country with support from USAID and CDC HIV service implementation partners. Beyond the Tanzanian context, this study has been cited in wider analyses of emergent service delivery priorities for global HIV programming.

For more information, please visit projsoar.org, which features additional resources documenting its approach to research utilization employed in Tanzania and more than 20 other countries worldwide.

NOTES

1,4 Community-based HIV treatment service delivery model for female sex workers in Tanzania: Evaluation findings. knowledgecommons. popcouncil.org/departments_sbsr-hiv/363/
2 Barriers and facilitators of retention in HIV care and treatment services in Iringa, Tanzania: The importance of socioeconomic and sociocultural factors. DOI: 10.1080/09540121.2013.861574
3 Project SOAR. projsoar.org/
5 Community-based antiretroviral therapy (ART) delivery for female sex workers in Tanzania: 6-month ART initiation and adherence. DOI: 10.1007/s10461-019-02549-x
8 Job aids for comprehensive differentiated delivery of HIV and AIDS services. nacp.go.tz/download/job-aids-for-comprehensive-differentiated-delivery-of-hiv-and-aids-services/
9 Emerging priorities for HIV service delivery. DOI: 10.1371/journal.pmed.1003028

Project SOAR (Cooperative Agreement AID-OAA-A-14-00060) is made possible by the generous support of the American people through the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). The contents of this brief are the sole responsibility of Project SOAR and the Population Council and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.
INTRODUCTION

In Guatemala, indigenous girls are faced with discrimination based on the intersection of gender, economics, and ethnicity. Many live in isolated rural areas with limited access to water, sanitation, passable roads, schooling, and health care. Indigenous girls confront particular barriers that put them at risk of not pursuing secondary education as well as marrying early and having children at a young age. Providing accessible educational opportunities and developing their life skills may delay and even prevent these risks. While conditions are improving across Guatemala, school enrollment remains low overall, and indigenous girls are overrepresented among the out-of-school population.

Research carried out by the Population Council in Guatemala has demonstrated that social programs fail to reach the most marginalized populations when they are not specifically designed to meet the needs of these groups. In response, the Population Council, in collaboration with local and international partners, launched Abriendo Oportunidades (AO) in 2004 to reach indigenous adolescent girls in rural communities across Guatemala. AO makes critical investments in girls ages 8–18 to help them successfully navigate adolescent transitions. The program engages community leaders and establishes community girls’ clubs—safe spaces where girls learn practical skills and assume leadership roles. The program also invests in indigenous female mentors (ages 18–25 years), who run the safe spaces and facilitate regular sessions, receiving tools, trainings, and certifications that enable them to cultivate status as community agents of change. The goals of AO include to strengthen indigenous girls’ social support networks, connect them with role models and mentors, build a base of critical life and leadership skills, and provide hands-on professional training and experience.

ABRIENDO OPORTUNIDADES STRENGTHENS GOVERNMENT EDUCATION PROGRAMMING FOR INDIGENOUS ADOLESCENT GIRLS IN GUATEMALA

For over 15 years, Abriendo Oportunidades has partnered with national and local authorities to improve educational prospects for indigenous girls. In Guatemala, evidence and ongoing technical assistance have helped to strengthen and expand the Ministry of Education’s alternative education programs for adolescents, ensuring they are responsive to the needs of indigenous rural communities.
RESEARCH SUMMARY

AO uses a girl-centered approach while also engaging parents, guardians, and community leaders. This includes establishing community contracts signed by local leaders who commit to ensuring the establishment and maintenance of a safe space where girls can gather. Girls in age-segmented groups (ages 8–12 and 13–18) meet on a weekly basis with female mentors for a period of 18 months. They follow a culturally relevant, rights-based curriculum that builds life skills and assets, including communication skills, tools to question traditional gender norms, and information on sexual and reproductive rights and health. Mentors are local women ages 18–25 who participate in quarterly trainings to learn new content, improve their facilitation skills, and learn from other mentors’ experiences.

Since the pilot phase in 2004, AO has been implemented in 350 communities across Guatemala, reaching 20,000+ girls ages 8–18 and employing 300+ young indigenous women as mentors. Results across multiple evaluations demonstrated that program participation delayed child marriage, increased girls’ participation in social programs, prevented girls’ experience of domestic violence, and increased girls’ self-esteem and knowledge of their rights. AO also fostered positive social change within girls’ households and communities, such as increased female autonomy, freedom to meet with friends, and improved status in the home.

RESEARCH USE AND IMPACT

The Population Council and partners have cultivated close relationships with several government ministries in Guatemala, including the Ministry of Education and the Office of the Defense of Indigenous Women (Defensoría de la Mujer Indígena). To date, the Council has piloted multiple programs with the Ministry of Education’s General Directorate for Alternative Education, including Abriendo Oportunidades a la escuela (AO to School) which combines the AO model with existing government efforts to improve school re-entry for adolescents.

Supported by AO’s evidence-based approach and technical assistance from the Population Council, these pilots have strengthened public education programs and reinforced the Council’s role as a valuable partner to the Ministry of Education. Some examples of impact include:

- AO mentors have become tutors certified by the Ministry of Education to provide lower secondary education to out-of-school girls.
- AO also developed curricula now utilized by the Ministry for all secondary students in its alternative education program (Modalidades Flexibles).
- Through AO to School, the Population Council has provided ongoing technical support to the Ministry of Education to assess the challenges continuing education teachers face in delivering high-quality teaching. Assessment findings informed development of a joint teacher training module for all continuing education teachers in the country.
- In addition to now accepting younger adolescents in alternative education programs, the Ministry is exploring avenues to sustain and potentially expand the efforts of AO to School.
Beyond strengthening Ministry of Education-supported programs, the ripple effects of AO are felt in communities throughout Guatemala and beyond.

- Several AO alumni professional networks, including REDMI (Red de Mujeres Indígenas de Abriendo Oportunidades) Aq’ab’al, and Na’leb’ak, now operate independently as registered nongovernmental organizations (NGOs), supporting the participation of indigenous girls and women in civil society, community development, and local governance.

- Due to the reputation of AO mentors as advocates within their communities, program mentors in Chisec have been invited by the Office of the Mayors to participate in the municipal council, advising on gender and youth programs.

- Examples of regional program translation can be seen in similar projects that have emerged in Yucatan, Mexico, and Toledo, Belize to address the unique situations of indigenous girls, employing similar program design, curriculum, and evaluation methods.

**LOOKING FORWARD**

AO remains committed to investing in the health and well-being of indigenous girls. With an eye toward sustainability, the Council will continue to work with AO mentors on identifying pathways to secure sustainable livelihoods for mentors and girls, including a poultry and vegetable farm in Chisec, Casa Productiva. In addition, the Council is currently providing information about the perspectives and needs of indigenous communities in the context of COVID-19, and in the years to come will continue to expand access to education and pathways for social inclusion for indigenous girls and women.

For more information, please visit https://www.popcouncil.org/research/abriendo-oportunidades-opening-opportunities.

The work of *Abriendo Oportunidades* is made possible by the generous support of the Summit Foundation, NoVo Foundation, UNFPA, Tinker Foundation, and Jerry and Diane Cunningham.

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**NOTES**

2 Pedaling toward the future: Increasing and maintaining the school attendance of adolescent girls in indigenous communities of rural Guatemala. knowledgecommons.popcouncil.org/departments_sbsr-pgy/466/
3 Abriendo Oportunidades (“Opening Opportunities”). https://www.popcouncil.org/research/abriendo-oportunidades-opening-opportunities
4 Creating “safe spaces” for adolescent girls. knowledgecommons.popcouncil.org/departments_sbsr-pgy/837/
5 Abriendo Oportunidades: Integrated Curriculum Guide. knowledgecommons.popcouncil.org/departments_sbsr-pgy/592/
6 Program Modalidades Flexibles: Integrated Curriculum Guide—Segundo semestre. knowledgecommons.popcouncil.org/departments_sbsr-pgy/625/
7 Abriendo Futuros: A program for rural indigenous girls in Yucatan, Mexico. knowledgecommons.popcouncil.org/departments_sbsr-pgy/955/
8 Toledo Adolescent Girl Program. popcouncil.org/uploads/pdfs/Infographic_AdoiGirl2014.pdf
INTRODUCTION
Female genital mutilation/cutting (FGM/C) is a harmful practice that involves cutting, removing, and sometimes sewing up external female genitalia for nonmedical reasons. While considered a social norm in many cultures, FGM/C is a violation of the rights of girls and women and has no health benefits. It is estimated that more than 200 million girls and women have undergone FGM/C around the world, and approximately 3.6 million girls are cut each year.

Despite intensified global efforts to eliminate FGM/C since a 2012 UN General Assembly Resolution, critical evidence gaps have hindered a comprehensive, evidence-based response. To help address these gaps, Evidence to End FGM/C: Research to Help Girls and Women Thrive, an African-led research consortium, was assembled to generate the high-quality data needed to influence strategic investments, policies, and programs. This five-year project worked in eight African countries—Burkina Faso, Egypt, Ethiopia, Kenya, Nigeria, Senegal, Somalia, and Sudan—to dramatically expand the body of research on the most effective approaches to ending FGM/C in different contexts. Research was organized around four themes: 1) building the evidence base of where, when, and why FGM/C is practiced; 2) assessing a range of interventions to address FGM/C abandonment; 3) understanding the wider impacts of FGM/C; and 4) improving research on FGM/C.

RESEARCH SUMMARY
Through the creation of a vibrant South-North research consortium* and 43 studies, the Population Council-led Evidence to End FGM/C program addressed some of the most important challenges in measuring FGM/C and provided critical evidence on effective interventions for abandonment. The project produced new data to support decisions about where to target

* Consortium partners include: the Africa Coordinating Centre for the Abandonment of Female Genital Mutilation/Cutting (ACCAF) at the University of Nairobi; the Global Research and Advocacy Group (GRAG), Dakar; Population Reference Bureau (PRB); MannionDaniels Ltd.; Northumbria University, United Kingdom; the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA), Ethiopia; Dr. Gerry Mackie of the University of California, San Diego; and Dr. Bettina Shell-Duncan of the University of Washington, Seattle.
investments; build capacity for utilizing research findings in policies and programs; and strengthen measurement of FGM/C to monitor progress and impacts. Four key lessons are summarized in the box below.

**KEY LESSON 1.** FGM/C prevalence greatly varies between and within countries, thus understanding the local context of where and when FGM/C is practiced is essential for tailoring investments supporting abandonment efforts.

The prevalence of FGM/C varies almost as much within countries as it does between them. The practice tends to be concentrated in certain subregions and locations due to clustering of practicing ethnic groups; therefore, national data may mask important local variations. Subnational analyses can help programs identify “hot spots”—high prevalence areas that would benefit from tailored interventions.

**KEY LESSON 2.** The practice of FGM/C and its social and cultural underpinnings are changing.

The practice of FGM/C is rooted in gender roles, ethnic identity, the power of community influence, and the desire to belong. In 15 countries, the prevalence of FGM/C among girls and women ages 15–19 years is markedly lower than among those ages 45–49 years, providing evidence of a decline in the practice in the younger generation.

**KEY LESSON 3.** The health sector can and should play a central role in preventing and responding to FGM/C.

Across countries where FGM/C is practiced, traditional cutters are the main providers, but medicalization—cutting by a doctor, nurse, or trained midwife—is increasingly common in some places. Many health care systems do not have the policies, resources, capacity, or documentation needed to prevent FGM/C and support women experiencing complications.

**KEY LESSON 4.** Laws are important but require social legitimacy to be effective.

Laws banning FGM/C have existed for decades, but the public may be unaware of them or choose to ignore them, and they may not be enforced. Legal prohibitions of FGM/C may promote abandonment of the practice or may drive it underground. It is critical to address inherent conflicts between formal laws prohibiting FGM/C and religion and customs, which are also recognized as sources of law.
out support from the Council to inform its activities. In addition, the project was invited to contribute to the Joint Evaluation of the UNJP on FGM in Kenya, the UNJP annual FGM/C review and planning meetings, the Board’s capacity assessment, and the Board’s annual strategic planning.

In Nigeria, the consortium’s results highlighting the importance of collecting FGM/C data at community and facility levels, including evidence from recently completed studies such as “Diagnostic assessment of the health systems response to FGM/C management and prevention” and “Understanding medicalisation of FGM/C in Nigeria,” have been referenced in high-level political discussions. The team participated in quarterly meetings with DFID FGM/C implementing partners, the UNJP, the Girl Generation, and government representatives (the Federal Ministry of Health and the Federal Ministry of Women Affairs) to discuss ongoing work and its relationship to local and national abandonment programs and policies.

Through these ongoing engagements, in 2019, the consortium was invited to contribute to the development and revision of national policies, including guidelines on ending the practice of FGM/C and addressing gender in health.

LOOKING FORWARD
The Council continues to provide leadership for FGM/C research and evidence uptake, heading the FGM Data Hub as part of DFID’s support to the second phase of the Africa-Led Movement to End Female Genital Mutilation. The FGM Data Hub is a collaborative, targeted program to improve data use and strengthen monitoring and measurement tools for evidence-based FGM intervention design and implementation. The Council is also working together with UNJP to develop a global research and evidence-based action agenda for the next decade to accelerate progress toward elimination of FGM/C.

For more information, please visit evidencetoendfgmc.org/.

NOTES

1 Female genital mutilation. who.int/en/news-room/fact-sheets/detail/female-genital-mutilation.
2 A state-of-the-art synthesis on female genital mutilation/cutting: What do we know now? knowledgecommons.popcouncil.org/departments_sbsr-rh/633/
3 Evidence to end FGM/C: Research to help girls and women thrive. popcouncil.org/research/evidence-to-end-fgm-c-research-to-help-girls-and-women-thrive1/.
4 Reference guide for Data Collection: Qualitative social network interviews. knowledgecommons.popcouncil.org/departments_sbsr-rh/720/
5 Reference guide for factorial focus group analysis methods for studying social norm change. knowledgecommons.popcouncil.org/departments_sbsr-rh/721/
6 A diagnostic assessment of the health system’s response to FGM/C management and prevention in Nigeria. knowledgecommons.popcouncil.org/departments_sbsr-rh/1081/
7 Understanding medicalisation of FGM/C: A qualitative study of parents and health workers in Nigeria. knowledgecommons.popcouncil.org/departments_sbsr-rh/1081/
INTRODUCTION
The Population Council began developing Mirena® in the late 1970s with the aim of creating a contraceptive device combining the beneficial features of both hormonal contraceptives and intrauterine devices. Mirena®, approved by the Food and Drug Administration in 2000 and added to the World Health Organization’s Essential Medicines list in 2015, provides up to six years of safe, effective, and continuous contraception for women.

Mirena®, produced in Finland by Bayer, is distributed in the private market and is available in more than 120 countries. “LNG IUS” is the version of the product distributed in the public sector outside the United States. However, Mirena® and other branded long-acting reversible contraceptive (LARC) products remain prohibitively expensive for many users. Service delivery and demand constraints have also hindered large-scale public sector introductions of the method.

The Council remains committed to continuing to improve access to the LNG IUS and other reproductive health products serving women and men in LMICs. In 2004, the Population Council and Bayer AG joined forces to establish the ICA Foundation, a public-private partnership, as a creative way of enhancing access to this innovative product. The Foundation, through its network of partners across multiple countries, has been engaged in serving women’s needs for expanded long-acting reversible contraceptive options. The Council holds two ex-officio board seats on the Foundation and three positions on the Secretariat that manages the Foundation’s affairs.

ICA FOUNDATION SUPPORTS LNG IUS ACCESS IN LOW- AND MIDDLE-INCOME COUNTRIES
The Population Council has developed and introduced several of the world’s most effective and popular contraceptive methods, including the levonorgestrel-releasing intrauterine system (LNG IUS). Through the International Contraceptive Access (ICA) Foundation, a public-private foundation based in Finland, the Council supports LNG IUS distribution to women in over 35 low- and middle-income countries (LMICs) in partnership with international and local organizations. Over 150,000 LNG IUS units have been delivered to date at no cost, laying the groundwork for method introduction in LMICs and further expanding access to safe, long-acting, reversible contraception.

RESEARCH SUMMARY
The Council’s development of the LNG IUS/Mirena® with Bayer Oy (formerly Leiras Oy) sought to improve available intrauterine devices with the aim of decreasing menstrual bleeding and preventing anemia with the addition of a progestin (levonorgestrel, hence the generic name). The commercially marketed Mirena® was approved by the FDA for contraception in 2000 and later for the treatment of heavy menstrual bleeding. The LNG IUS is available on a not-for-profit basis through donations by the ICA Foundation to service delivery organizations working in low-resource settings.

The LNG IUS has numerous benefits:
- up to six years of protection,
- a pregnancy rate of less than 1 percent in the first year of use, a strong safety record comparable to sterilization,
- rapid return to fertility after removal,
- the ability to lighten menstrual bleeding and cramping, and
- the potential reduction in iron-deficiency anemia. Clinical data is available for over 13,000 women-years of product use, demonstrating high efficacy and acceptance.

RESEARCH USE AND IMPACT
The Council plays a unique role by employing a “bench to bedside” approach, investing in contraceptive development from early laboratory research to product introduction. To expand contraceptive options and provide access to the LNG IUS across varied settings, the Population Council and Bayer AG, through the ICA Foundation, have provided the unbranded LNG IUS on a not-for-profit basis for over 15 years.
To date, the ICA Foundation has donated over 150,000 LNG IUS devices to organizations in 37 LMICs, helping to prevent thousands of unintended pregnancies, unsafe abortions, and maternal deaths. These donations support the work of governments and local not-for-profit organizations, hospitals, and global partners that share the Council’s commitment to improving access to quality family planning services and expanding modern contraceptive options.

Across multiple contexts, ICA Foundation donations have responded to growing demand for modern contraception, expanded access to LARCs, and laid the groundwork for LNG IUS introduction in multiple LMICs. In several countries, such as Kenya, Nigeria, and Zambia, donated LNG IUS units have supported demonstration projects that provided a foundation for broader access to the method, institutionalization within national health systems, opportunities for regional replication and encouraging new manufacturing options.

The ICA Foundation has responded to growing demand for LARCs by supporting efforts to expand access to the LNG IUS through the public sector in multiple countries. In Kenya, recent LNG IUS donations contributed to a Jhpiego-coordinated initiative to build capacity for increasing access to modern contraception, including LARCs, through public-sector facilities in Kisumu and Migori counties.

In partnership with the Ministry of Health, the LNG IUS was added to the modern contraceptive options offered at select high-volume facilities. Through these collaborative efforts, the LNG IUS is now included in Kenya’s national family planning training curriculum and health information systems. In addition, efforts are underway to transition management of commodity donations from Jhpiego to the Government of Kenya.

Modest donations of LNG IUS product have been catalytic in setting the stage for sustained efforts to increase access to the method within existing health systems by energizing service delivery organizations, harnessing the reach of professional associations, and creating linkages between public and private stakeholders. In Nigeria, LNG IUS donations have supported the efforts of Rotary and several local partners promoting provider skills-building activities; community outreach involving men and religious leaders; and increased availability of modern contraceptives, including LARCs, across multiple states.

The ICA Foundation, in collaboration with these partners and others, has also contributed to recent efforts by Nigeria’s Federal Ministry of Health to sustain and expand access to hormonal IUS through a national plan for coordinated and phased introduction within the country’s health system.

**LOOKING FORWARD**

The ICA Foundation will continue to support increased LNG IUS availability in LMICs through its donation program. Beyond sustained country-level donations, the Foundation also continues to shape global markets, demonstrating the demand for long-acting methods, fostering competition, ensuring a more reliable and greater volume of supply, and stimulating more favorable pricing. In addition, USAID and UNFPA are in the process of adding the hormonal IUS to their procurement catalogs so that interested international buyers can procure the product.

For more information, please visit ica-foundation.org/ica-foundation/our-impact/.

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**KEY IMPACTS**

LNG IUS donations in Kenya supported LARC capacity-building efforts in public-sector facilities

The ICA Foundation, with partners in Nigeria, contributed to development of a national plan for hormonal IUS introduction

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**NOTES**

1 Advancing long-acting reversible contraception. popcouncil.org/news/advancing-long-acting-reversible-contraception
2 A global learning agenda for the Levonorgestrel Intrauterine System (LNG IUS): Addressing challenges and opportunities to increase access. DOI: 10.9745/GHSP-D-18-00383
3 The hormonal intrauterine system (IUS). iusportal.org/about
4 Contraceptive development. popcouncil.org/research/contraceptive-development
5 ICA Foundation projects. ica-foundation.org/projects/about-the-projects/
6 ICA Foundation impact. ica-foundation.org/ica-foundation/our-impact/
The Population Council delivers solutions that lead to more effective programs, policies, and technologies that improve lives. We closely monitor our financial status and remain committed to the fiscal discipline necessary to maintain the Council’s record of accomplishments.

### STATEMENT OF ACTIVITIES (For the year ended December 31, 2019)

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<th>ACTIVITY</th>
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<td>Biomedical research</td>
<td>11,600,683</td>
<td>-</td>
<td>11,600,683</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>57,701,349</td>
<td>-</td>
<td>57,701,349</td>
</tr>
<tr>
<td><strong>Supporting services:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>12,419,800</td>
<td>-</td>
<td>12,419,800</td>
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<tr>
<td>Fund-raising</td>
<td>661,742</td>
<td>-</td>
<td>661,742</td>
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<tr>
<td><strong>Total supporting services</strong></td>
<td>13,081,542</td>
<td>-</td>
<td>13,081,542</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>70,782,891</td>
<td>-</td>
<td>70,782,891</td>
</tr>
<tr>
<td><strong>Excess of operating revenue over operating expenses</strong></td>
<td>23,370,051</td>
<td>2,718,785</td>
<td>26,088,836</td>
</tr>
<tr>
<td><strong>Other changes in net assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postretirement benefit changes other than net periodic benefit cost</td>
<td>(462,988)</td>
<td>-</td>
<td>(462,988)</td>
</tr>
<tr>
<td>Net periodic benefit costs other than service cost</td>
<td>(314,317)</td>
<td>-</td>
<td>(314,317)</td>
</tr>
<tr>
<td>Transfer from endowments</td>
<td>1,350,052</td>
<td>(1,350,052)</td>
<td>-</td>
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<tr>
<td><strong>Increase in net assets</strong></td>
<td>23,942,798</td>
<td>1,368,733</td>
<td>25,311,531</td>
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<tr>
<td><strong>Net assets at beginning of year</strong></td>
<td>89,746,422</td>
<td>16,884,256</td>
<td>106,630,678</td>
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<tr>
<td><strong>Net assets at end of year</strong></td>
<td>113,689,220</td>
<td>18,252,989</td>
<td>131,942,209</td>
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</tbody>
</table>
### BALANCE SHEET (For the year ended December 31, 2019)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2019</th>
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<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$8,230,102</td>
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<tr>
<td>Grants and contributions receivable, net</td>
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<tr>
<td>U.S. government agencies</td>
<td>3,524,707</td>
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<tr>
<td>Other</td>
<td>5,796,079</td>
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<tr>
<td>Other receivables</td>
<td>1,270,171</td>
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<td>Prepaid expenses and other assets</td>
<td>1,074,995</td>
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<td>Investments</td>
<td>140,306,710</td>
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<td>Fixed assets, net</td>
<td>9,657,118</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>169,859,882</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities:</strong></td>
<td></td>
</tr>
<tr>
<td>Accounts payable, accrued expenses, and other liabilities</td>
<td>$3,556,613</td>
</tr>
<tr>
<td>Awards, contracts, and fellowships payable</td>
<td>2,110,063</td>
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<tr>
<td>Program advances</td>
<td>16,984,531</td>
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<tr>
<td>Deferred revenue</td>
<td>186,484</td>
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<tr>
<td>Loans payable</td>
<td>2,792,372</td>
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<tr>
<td>Deferred rent credit, net</td>
<td>5,072,120</td>
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<tr>
<td>Accrued lease obligation</td>
<td>25,907</td>
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<tr>
<td>Postretirement medical benefits payable</td>
<td>7,189,583</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>37,917,673</strong></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Net assets:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net assets without donor restrictions:</strong></td>
<td></td>
</tr>
<tr>
<td>General undesignated</td>
<td>1,087,081</td>
</tr>
<tr>
<td>The John D. Rockefeller 3rd Memorial Funds</td>
<td>112,602,139</td>
</tr>
<tr>
<td><strong>Total net assets without donor restrictions</strong></td>
<td><strong>113,689,220</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Net assets with donor restrictions:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose or time restricted</td>
<td>12,767,213</td>
</tr>
<tr>
<td>Restricted by donors in perpetuity</td>
<td>5,485,776</td>
</tr>
<tr>
<td><strong>Total net assets with donor restrictions</strong></td>
<td><strong>18,252,989</strong></td>
</tr>
</tbody>
</table>

| **Total net assets**                         | **131,942,209**|

| **Total liabilities and net assets**         | **$169,859,882**|

A copy of the audited financial statements, prepared in accordance with US generally accepted accounting principles, is available upon request from the Population Council, One Dag Hammarskjold Plaza, New York, New York 10017, and can be accessed online at popcouncil.org.
OUR SUPPORTERS

We are thankful to our supporters who share our vision for improved well-being and reproductive health for current and future generations, and for a humane, equitable, and sustainable balance between people and resources.

GOVERNMENTS/GOVERNMENTAL AGENCIES
- Government of the United Kingdom
- Department for International Development (DFID)
- Government of the United States
- Agency for International Development (USAID)
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH)
- Government of Zambia
- National HIV/AIDS/STI/TB Council (NAC)

MULTILATERAL ORGANIZATIONS
- United Nations Children’s Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Population Fund (UNFPA)
- World Bank Group
- World Health Organization (WHO)

NONGOVERNMENTAL ORGANIZATIONS/UNIVERSITIES
- American Institutes for Research
- American Jewish World Service (AJWS)
- AmplifyChange
- Avenir Health
- Cardiff University
- Children’s Investment Fund Foundation (CIFF)
- Community Media Trust (CMT)
- Cornell University
- CRDF Global Project, funded by Fogarty International Center, NIH
- EngenderHealth
- Expanded Church Response (ECR)
- FHI360
- Georgetown University Institute for Reproductive Health
- Global Health Corps (GHC)
- GOAL
- Guttmacher Institute
- Harvard T. H. Chan School of Public Health
- International Development Research Centre (IDRC)
- International Planned Parenthood Federation (IPPF)
- Ipas
- Jacaranda Health
- Johns Hopkins University
- JSI Research & Training Institute
- London School of Economics & Political Science
- Lundquist Institute
- Management and Development for Health (MDH)
- Marie Stopes International (MSI)
- Nossal Institute Limited
- Oregon Health & Science University (OHSU)
- Overseas Development Institute
- Pathfinder International
- Program for Appropriate Technology in Health (PATH)
- Research Foundation of the City University of New York
- Research Triangle Institute (RTI) International
- The Sackler Institute for Nutrition Science
- Save the Children
- Society for Family Health (SFH), Nigeria
- SRI International
- Stanford University
- Swaziland Action Group Against Abuse (SWAGAA)
- University of California, San Diego (UCSD)
- University of California, San Francisco (UCSF)
- University of Connecticut Health Center
- University of Denver
- University of Ghana
- Wits Reproductive Health Institute (WITS RHI)
- Women Deliver

FOUNDATIONS/CORPORATIONS
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- Abt Associates Inc.
- Adobe Workplace Giving
- Aga Khan Foundation
- AmazonSmile Foundation
- Aspen Airport Business Center Foundation
- Astor Travel/A Tzell Travel Affiliate
- Atlassian, Inc.
- The Beinevity Community Impact Fund
- John R. Bermingham Fund
- The Boeing Company Gift Match/BPAC Program
- Bridgewood Fieldwater Foundation
- Caithness Foundation, Inc.
- Camber Collective, LLC
- The Chicago Community Foundation
- The Community Foundation of Eastern Connecticut
- The Dawn Hill Fund
- The Denver Foundation
- The Edward & Rose Donnell Foundation
- EcoTrust
- Etisalat Foundation
- Fidelity Charitable Gift Fund
- Financial Decisions, LLC
- Fondation des Amis de Médecins du Monde
- The Ford Foundation
- ForGood Fund
- Bill & Melinda Gates Foundation
- Gates Philanthropy Partners
- GlobalGiving
- Gorlitz Foundation, Ltd.
- Head Family Charitable Foundation
- Health Decisions
- The William and Flora Hewlett Foundation
- The Richard R. Howe Foundation
- Henry M. Jackson Foundation for the Advancement of Military Medicine
- JJJ Charitable Foundation
- Juárez and Associates
- Kaiser Foundation Health Plan of the Northwest Community
- The W. K. Kellogg Foundation
- Local Independent Charities of America/Health & Medical Research
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- The Millstream Fund, Inc.
- Charles Stewart Mott Foundation
- Network for Good
- NextEra Energy
- Nirvana Manana Institute
- Nivi, Inc.
- NoVo Foundation
- The Oak Foundation
- Omaha Community Foundation
- The David & Lucile Packard Foundation
- Pfizer Workplace Giving
- Reliance Bulk Carrier
- Revolution Contraceptives
- Robertson Foundation
- Blanchette Hooker Rockefeller Fund
- Schwab Charitable Fund
- (Includes a gift made possible by the generosity of the Echidna Giving Fund)
- Shenandoah Foundation
- Leila and Mickey Straus Family Foundation
- The Summit Foundation
- Tides Foundation
- Tinker Foundation
- Vitol Foundation
- Vitol Foundation
- ZanaAfrica
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Robert R. Andrews
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Deb Ashner
Reginald Atkinson
Luis Bahamondes
D. Euan and Angelica Baird
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Alice Green
Walter Green
Sadja Greenwood
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Molly Grun
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Michele Haberland and Thaddeus Tracy
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Katharine Harfkins and David Finn
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John Ainsworth and Lynne A. Harris
S. Brett and Lynn Carson Harris
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Amy Hause
Dirk F. and Dixie R. Havelak
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Vivian Kuperberg
Joel Kurtzberg
Keith T. and Patricia Kusunis
Austin Lamb
Arthur and Eva Landy
Arturo Lanzani
SPECIAL HONOR GIFT

A gift in honor of the remarkable Dr. Elizabeth Price

The Population Council received a gift in 2019 in honor of Dr. Elizabeth “Betty” Price, a passionate advocate for social and environmental justice, women’s reproductive rights, and equal opportunity for all to reach their potential.

Dr. Price packed a world of experience and service into one lifetime. Born in 1920 in New Jersey, she was driven by an endless passion for knowledge and a drive to make this world a better place. During World War II, Price learned to fly a plane so that she could join Women Airforce Service Pilots (WASP), before going on to become a doctor and a public health practitioner at a time when few women attended medical school.

Price served the field of public health as a doctor in Nepal in the 1950s, and later in a refugee camp in Malaysia for Vietnamese refugees. Price was Director of Community Health for the State of Alaska, making sure that even the most remote villages—reachable only by bush plane much of the year—had basic health services. She traveled extensively and adventurously throughout her life, including a voyage around the world on a “Semester at Sea” program with students a quarter of her age, and earned a master’s degree in storytelling in her eighties.

Price left her savings to support organizations that impact the causes she was so passionate about. Her gift to the Population Council will help our scientists and researchers pursue solutions to critical global health and development challenges, across our biomedical and social and behavioral science portfolios. Price’s life served as an inspiration for all who knew her, and the Population Council is grateful for this contribution that honors her life and her work to make our world a better and more just place.
Sharon Robinson
Ronald Robison
Teresa Robles
Fran Ebers Rollert
Sarah Roma
Charles S. and Evelyn S. Rose
Ira Rosenwaike
Gregory T. Rotter
Edward and Sharon Rubin
Lorenzo A. and Anita G. Sadun
Gloria W. Sage
James E. Sailer and Cass Conrad
Bruce Salzer
Leslie Samuels and Augusta Gross
Rafael Santos
Craig Savel and Marion Stein
Karen and Bob Schaefer
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Perry and Lisa Scott
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Akash Sehgal
Cynthia L. and Michael D. Sevilla
Mohammed Shahidullah
Xixi and Jonathan J. Shakes
G. Edward and Joyce Shissler
Daniel C. and Joanne T. Shively
Kimberley Shramko
Daniel Silver
H. King and Odette Sinclair
Peter Sinclair
Frank W. Sinden
Régine Sitruk-Ware
John Smillie
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Richard and Joanne Smith
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Theodore and Tracy Spencer

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Te-Hsiung Sun
Valerie Tarico and Brian Arbogast via the Imagine Fund
Richard G. Terry
Sarah de Tournemire
John and Judy Townsend
Roy C. and Carolyn W. Treadway
Amy Ong Tsui
Heather Vahdat
Kathy and David G. Van Dame
Katie Van Hove
Patricia C. Vaughan
Stephen A. and Yvonne Vosti
Sukey Wagner
Mark A. and Tania Walker
Tim Walter
Jordan D. and Nicole Warshaw
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Cynthia Weilert
Jed Weissberg and Shelley Roth
Kaye Wellings
Barbara F. Wells
Sara Werder
Michael White
Robert V. and Maralys K. Wills
Ellen Wisdom and Robert L. Griswold
Warren Wong
Gooloo S. and Gene Wunderlich
Barbara Yanni
Jerrold M. Yos
Boniface A. Zaino
Jerrold H. and Carol B. Zar
Mathew Zenkowich
H. Ziegenfuss
Rena Zieve and Greg Kuperberg
Elizabeth and Jaime Zobel de Ayala
Paul L. and Suzanne C. Zuzelo
Thomas Zydowsky and Hui Tsou

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In Honor of
Judith Bruce
Glen M. Feighery
Andrew Larner
Don Mordecai
John E. Morris
Rebecca Preston
Sarah Provost
Whitney Scott

In Memory of
McGeorge Bundy
Ronald Freedman
Florence Hepner
Henry King
Dorothea R. Thorne
Nuran Turksoy-Marcus
Josef Karl Voglmayr
<table>
<thead>
<tr>
<th>BOARD OF TRUSTEES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Darcy Bradbury</strong>, Chair</td>
</tr>
<tr>
<td>Managing Director</td>
</tr>
<tr>
<td>The D.E. Shaw Group</td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Terry Peigh</strong>, Vice Chair</td>
</tr>
<tr>
<td>Senior Vice President, Managing Director</td>
</tr>
<tr>
<td>Interpublic Group of Companies</td>
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<tr>
<td>New York, New York</td>
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<tr>
<td><strong>Zulfiqar A. Bhutta</strong></td>
</tr>
<tr>
<td>Robert Harding Chair in Global Child Health &amp; Policy and Founding Director of the Centre for Excellence in Women and Child Health</td>
</tr>
<tr>
<td>Hospital for Sick Children and The Aga Khan University</td>
</tr>
<tr>
<td>Toronto, Canada and Karachi, Pakistan</td>
</tr>
<tr>
<td><strong>Peter Brandt</strong>¹</td>
</tr>
<tr>
<td>Healthcare Board Director</td>
</tr>
<tr>
<td>Stamford, Connecticut</td>
</tr>
<tr>
<td><strong>Julia Bunting</strong></td>
</tr>
<tr>
<td>President</td>
</tr>
<tr>
<td>Population Council</td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Ronald F. Geary</strong>²</td>
</tr>
<tr>
<td>Chapel Hill, North Carolina</td>
</tr>
<tr>
<td><strong>Mina Gerowin</strong>³</td>
</tr>
<tr>
<td>Non-Exec Director</td>
</tr>
<tr>
<td>CQS Asset Management Ltd</td>
</tr>
<tr>
<td>London, United Kingdom</td>
</tr>
<tr>
<td><strong>Victor Halberstadt</strong>¹</td>
</tr>
<tr>
<td>Professor of Public Sector Economics</td>
</tr>
<tr>
<td>University of Leiden</td>
</tr>
<tr>
<td>Netherlands</td>
</tr>
<tr>
<td><strong>Jonathan Kagan</strong></td>
</tr>
<tr>
<td>Managing Principal</td>
</tr>
<tr>
<td>Corporate Partners</td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Salim S. Abdool Karim</strong></td>
</tr>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Centre for the AIDS Programme of Research in South Africa</td>
</tr>
<tr>
<td>Cape Town, South Africa</td>
</tr>
<tr>
<td><strong>Nyovani Madise</strong></td>
</tr>
<tr>
<td>Director of Research and Development Policy</td>
</tr>
<tr>
<td>African Institute for Development Policy (Malawi)</td>
</tr>
<tr>
<td>Lilongwe, Malawi</td>
</tr>
<tr>
<td><strong>Wanda Olson</strong></td>
</tr>
<tr>
<td>Senior Counsel</td>
</tr>
<tr>
<td>Cleary Gottlieb Steen &amp; Hamilton LLP</td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Lauren A. Meserve</strong>¹</td>
</tr>
<tr>
<td>Chief Investment Officer</td>
</tr>
<tr>
<td>Metropolitan Museum of Art</td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>K. Sujatha Rao</strong>¹</td>
</tr>
<tr>
<td>Independent Consultant on Health Systems</td>
</tr>
<tr>
<td>Former Union Secretary, Ministry of Health, Government of India</td>
</tr>
<tr>
<td>Hyderabad, India</td>
</tr>
<tr>
<td><strong>David Serwadda</strong>³</td>
</tr>
<tr>
<td>Professor, Department of Disease Control and Environmental Health, School of Public Health</td>
</tr>
<tr>
<td>Makerere University</td>
</tr>
<tr>
<td>Uganda</td>
</tr>
<tr>
<td><strong>Jonathan Shakes</strong></td>
</tr>
<tr>
<td>E-Commerce Logistics Consultant</td>
</tr>
<tr>
<td>Mercer Island, Washington</td>
</tr>
<tr>
<td><strong>Theo Spencer</strong></td>
</tr>
<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Jeffrey M. Spieler</strong></td>
</tr>
<tr>
<td>Consultant in Population and Reproductive Health (Retired Science Adviser in Population and RH, USAID)</td>
</tr>
<tr>
<td>Bethesda, Maryland</td>
</tr>
<tr>
<td><strong>Fransje van der Waals</strong>²</td>
</tr>
<tr>
<td>Professor Global Health Education and Founding Director Health[e]Foundation</td>
</tr>
<tr>
<td>University of Amsterdam</td>
</tr>
<tr>
<td>Netherlands</td>
</tr>
<tr>
<td><strong>Kaye Wellings</strong></td>
</tr>
<tr>
<td>Professor of Sexual and Reproductive Health</td>
</tr>
<tr>
<td>London School of Hygiene &amp; Tropical Medicine</td>
</tr>
<tr>
<td>London, United Kingdom</td>
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</table>

<table>
<thead>
<tr>
<th>EXECUTIVE TEAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Julia Bunting</strong></td>
</tr>
<tr>
<td>President</td>
</tr>
<tr>
<td>Population Council</td>
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<tr>
<td>New York, New York</td>
</tr>
<tr>
<td><strong>Ann K. Blanc</strong>¹</td>
</tr>
<tr>
<td>Vice President</td>
</tr>
<tr>
<td>Social and Behavioral Science Research</td>
</tr>
<tr>
<td><strong>John Bongaarts</strong>²</td>
</tr>
<tr>
<td>Vice President and Distinguished Scholar</td>
</tr>
<tr>
<td><strong>Jackson Ireland</strong></td>
</tr>
<tr>
<td>Vice President</td>
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<tr>
<td>Corporate Finance and Administration</td>
</tr>
<tr>
<td><strong>James Sailer</strong></td>
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<tr>
<td>Vice President and Executive Director</td>
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<tr>
<td>Center for Biomedical Research</td>
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<tr>
<td><strong>Sarah de Tournemire</strong></td>
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<tr>
<td>Vice President</td>
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<tr>
<td>Development and Engagement</td>
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<tr>
<td><strong>Patricia C. Vaughan</strong></td>
</tr>
<tr>
<td>Vice President</td>
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<tr>
<td>General Counsel and Secretary</td>
</tr>
</tbody>
</table>

¹ Departed October 2020; ² Until December 2019; ³ Elected 2019.
POPPULATION COUNCIL OFFICES

Bangladesh
Population Council
House #12, Road #25/30
Guilshan-1, Dhaka 1212
Bangladesh
Tel +880 2 984 2276
Fax +880 2 882 3127
E-mail info.bangladesh@popcouncil.org

Egypt
Population Council
12 El Nahda Street
Maadi Entrance #2
Maadi, Cairo, Egypt 11431
Tel +20 2 2358 2172
Fax +20 2 2358 2192
E-mail info.egypt@popcouncil.org

Ethiopia
Population Council
Heritage Plaza, 4th Floor
Bole Medhanealem Road
Addis Ababa, Ethiopia
Tel +251 116 631 712
Fax +251 116 631 722
E-mail info.ethiopia@popcouncil.org

Ghana
Population Council
204 Yiyiwa Drive
Abelemkpe, Accra, Ghana
Tel +233 30 2 780711
Fax +233 30 2 780713
E-mail info.ghana@popcouncil.org

Guatemala
Population Council
19 Avenida 0-35
Vista Hermosa 2
Guatemala City, Guatemala 01015
Tel +502 2369 2760
Fax +502 2369 2760
E-mail info.guatemala@popcouncil.org

India
Population Council
Zone 5A, Ground Floor
India Habitat Centre, Lodi Road
New Delhi, India 110003
Tel +91 11 2 464 2901
Fax +91 11 2 464 2903
E-mail info.india@popcouncil.org

Kenya
Population Council
Avenue 5
3rd Floor, Rose Avenue
Nairobi, Kenya
Tel +254 20 271 3480
Fax +254 20 271 3479
E-mail info.nairobi@popcouncil.org

Mexico
Population Council
Av. Miguel Ángel de Quevedo 578-2
Santa Catarina, Coyoacán 04010
Mexico City
Tel +52 55 5999 8630
Fax +52 55 5999 8631
E-mail info.mexico@popcouncil.org

Nigeria
Population Council
House 4, No. 16B, POW Mafemi Crescent
Utako District
Abuja, Nigeria
Tel +234 9 8706071
E-mail info.nigeria@popcouncil.org

Pakistan
Population Council
3rd Floor, National Telecommunication
Corporation (NTC) Regional
Headquarters (North)
Sector F-5/1
Islamabad, Pakistan
Tel +92 51 920 5566
Fax +92 51 282 1401
E-mail info.pakistan@popcouncil.org

Senegal
Population Council
Sacre Coeur 3 Pyrotechnie
85 Appartement 2ème Etage à Droite
BP21027 Dakar Ponty
Dakar, Senegal
Tel +221 33 859 5300
Fax +221 33 824 1998
E-mail info.senegal@popcouncil.org

United States
Headquarters
Population Council
One Dag Hammarskjold Plaza
New York, NY 10017 USA
Tel +1 212 339 0500
Fax +1 212 755 6052
E-mail pubinfo@popcouncil.org

Center for Biomedical Research
Population Council
1230 York Avenue
New York, NY 10065 USA
Tel +1 212 327 8731
Fax +1 212 327 7678
E-mail biomed@popcouncil.org

Washington, DC
Population Council
4301 Connecticut Avenue, NW
Suite 280
Washington, DC 20008 USA
Tel +1 202 237 9400
Fax +1 202 237 8410
E-mail popcouncil@popcouncil.org

Zambia
Population Council
Plot #8 Nyerere Road
Prospect Hill
Lusaka, Zambia 10101
Tel +260 211 295925
Fax +260 211 295925
E-mail info.zambia@popcouncil.org
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