Building a More Equitable Future for All
The Population Council seeks to improve the health and well-being of current and future generations. For nearly 70 years, we have been at the forefront of scientific research, product development, policy analysis, and program design—working with partners around the world to co-create and implement solutions for a more humane, equitable, and sustainable world.

### BY THE NUMBERS 2020

<table>
<thead>
<tr>
<th><strong>410</strong></th>
<th><strong>60 %</strong></th>
<th><strong>50 %</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>staff from a diverse range of professional, educational, and cultural backgrounds</td>
<td>of staff are based in an international office, affiliate, or independent organization</td>
<td>of staff hold doctorates or advanced degrees in an array of disciplines</td>
</tr>
<tr>
<td><strong>159</strong></td>
<td><strong>550</strong></td>
<td><strong>2,100</strong></td>
</tr>
<tr>
<td>peer-reviewed articles and commentaries</td>
<td>scholarly, policy, and patent citations</td>
<td>news and social mentions</td>
</tr>
</tbody>
</table>
The Population Council responded to an unprecedented year with agility and resilience, most notably in deploying our Humanitarian Task Force to inform the COVID-19 response in 13 countries.

We leveraged our longstanding and trusted relationship with the Government of Kenya and our ongoing research cohorts to generate real-time data on populations disproportionately impacted by COVID-19, informing national guidance to meet evolving needs.

In the early weeks of the pandemic, we conducted rapid, phone-based surveys in Nairobi’s informal settlements, delivering data that the Kenyan Ministry of Health used to inform its behavior-change campaigns, COVID-19 tracking, and other interventions.

The Council’s VoCes-19 survey of more than 50,000 adolescents and young people in Mexico is providing health and government authorities with data on how the pandemic is impacting experiences and perceptions of violence and other social, economic, and health outcomes.

We also published a series of groundbreaking analyses of US COVID-19 data, shining a spotlight on gaps that perpetuate inequities in prevention and treatment strategies.

As the pandemic disrupted the lives, livelihoods, and life chances of millions of people around the world, we doubled down on our core mission—to improve the well-being and health of current and future generations—with a continued focus on addressing inequalities, many of which have been exacerbated by the pandemic. Here are a few examples of how we made a difference this year:

- Our research findings and recommendations strengthened the implementation of the DREAMS initiative to significantly reduce HIV infection in adolescent girls and young women.
• We launched the Evidence for Gender and Education Resource (EGER) online tool to drive **better education results** for girls, boys, and communities.

• We supported the delivery of effective, **evidence-based responses to sexual and gender-based violence in humanitarian settings**.

• We announced a license agreement that will expand access to Annovera®—the first and only contraceptive that provides an entire year of **protection against unintended pregnancy** while fully under a woman’s control.

These achievements are only possible because of our relationships with more than 120 partners around the world. Among these:

• We expanded a **decades-long partnership** to develop a next-generation contraceptive vaginal system.

• We scaled a **community of practice** to strengthen adolescent girls' programs.

• Our colleagues in Kenya are continuing to lead a **vibrant South-North consortium** to generate evidence for ending female genital mutilation and cutting.

Important changes have also been happening across the Council. Following executive transitions in late 2020, I was honored to announce the appointments of Dr. Harriet Birungi as the Vice President of International Programs and Dr. Thoai Ngô as the Vice President of Social and Behavioral Science Research—respected Council leaders promoted to our executive team. The creation of the international programs division, and the decision for Harriet to lead that from her base in Kenya, is part of our ongoing journey to **shift our center of gravity to the places where we seek to have the most impact** and to becoming even more globally collaborative and inclusive.

As systemic racism and social and economic injustice came to the forefront of the world’s collective consciousness, the Population Council identified new ways to advance our focus on equity. We launched our “**Agenda for Change**”—our commitment to becoming an antiracist organization and addressing wider issues of diversity, equity, and inclusion. Led by staff across the organization, our Agenda for Change commits us to embrace antiracist principles and actions; to build a strong culture grounded in diversity, equity, and inclusion; to further decentralize our efforts to better meet the needs of the populations we serve; and to ensure our research continues to influence those who have the power and resources to improve the lives of the poorest and most marginalized people around the world.

Much of what we have learned over the last year will continue to shape our work and ways of working and will propel us in new directions—guided by our commitment to achieve an equitable future of health and well-being for all. I hope you enjoy learning more about these and other highlights and thank you for your continued commitment and support.
The Population Council responded with urgency to the COVID crisis. We pivoted our Humanitarian Task Force (HTF) to:

- collaborate with national health ministries and government agencies;
- control the spread of the coronavirus; evaluate ways to prevent and mitigate infection; and
- assess health, social, and economic effects.

Focusing on communities and populations at the greatest disadvantage, researchers affiliated with the HTF conducted context-specific research in 13 countries—including Bangladesh, Guatemala, India, Kenya, Mexico, Pakistan, and the United States.

Committed to open science, we shared our datasets, available in four languages, on the Population Council’s Dataverse. More than 370 institutions from 154 countries have downloaded our data, conducting analyses to gain new insights and effectively respond as the pandemic evolves.
Scientists at the Population Council’s Center for Biomedical Research ensure that contraceptive products benefit people in the places where inequity and lack of access are most prevalent.

In 2020, the Council and Duchesnay, a specialty pharmaceutical company, announced an exclusive license agreement to make Annovera® available in Canada, Europe, Latin America, Asia, and other territories.

From identifying unmet health needs and critical basic science research to product development and preclinical and clinical testing, and ultimately to regulatory approval, product introduction and social marketing, our bench-to-bedside approach benefits the people who need it most around the world.
The Population Council expands sexual health and reproductive access and choice for all. We have a rich history of research on the many components of sexual and reproductive health, including quality of care, contraceptive services, maternal and newborn care, prevention and treatment of HIV and AIDS and other STIs, comprehensive sexuality education, sexual and gender-based violence (SGBV), and safe abortion care.

We work locally, regionally, and globally to develop, implement, and scale proven context-relevant solutions. In 2020, Council scientists developed a simple monitoring tool, through the “SAUTI”/VOICE project, to support SGBV programs in refugee settings in the East, Horn, and Great Lakes region of Africa; designed a pilot solution to ensure respectful maternity care in Zambia, under the Breakthrough RESEARCH project; and conducted a comparative study of abortion service provision in Bangladesh, India, Nepal, and Pakistan—documenting an urgent need to increase access and improve quality of care.

Within our HIV and AIDS portfolio, our leadership in the DREAMS Partnership helped to reduce HIV risk among adolescent girls and young people. The US President’s Emergency Plan for AIDS Relief 2021 cites Council research and tools for improving programs at district, national, and global levels.
The Population Council works to change harmful gender norms. Gender norms and power imbalances underlie decisions about marriage and length of education; experiences of violence and harassment; and options for acceptable work.

Recognizing the tremendous hurdles that adolescent girls and young women face in achieving economic empowerment, in 2020, the Council evaluated Girl Empower, a mentoring and cash-transfer intervention in Liberia, and conducted a review of economic empowerment programs in low- and middle-income countries.

The Council also expanded the Indigenous Adolescent Girls’ Empowerment Network (IMAGEN) to strengthen the protection, safety, and resilience of girls in Native American communities. IMAGEN was featured in a Voice of America documentary film, “The Lakota Daughters,” and news report for Indigenous Peoples Day.

Inequitable gender norms play a powerful role in HIV risk. The Council-led Project SOAR project has produced a multifaceted body of evidence—for example, on the connection between gender norms and HIV testing—to guide the planning and implementation of programs and policies.

This year, Council researchers also advocated for more research and action to address the adverse impact of COVID-19 on sexual and gender minority adolescents.
More than two decades ago, the Population Council recognized that quality education is a key factor in gender equality and human development.

Today, the GIRL Center’s Evidence for Gender and Education Resource (EGER) program generates, synthesizes, and disseminates research to support evidence-based programs and policies to enhance girls’ education. EGER includes an open access, searchable website that provides the latest gender and education data and evidence, and maps programs and approaches from hundreds of organizations working across dozens of countries. The COVID pandemic has deepened existing inequalities and created even more uncertainty about the way forward in global girls’ education.

Synthesizing evidence from systematic reviews and program documentation from the EGER website, in 2021 EGER published the Girls’ Education Roadmap. The Roadmap presents insights that governments, NGOs, researchers, and donors can use to align investments with the latest evidence and greatest needs—and drive better education results for girls, boys, and communities around the world.
The Population Council uses a gender-and-equity lens to counter the climate crisis.

The Council’s initiative on Population, Environmental Risks, and the Climate Crisis (PERCC) investigates the complex interactions and dynamics between people and their environment and helps to ensure that programs and policies are inclusive and rooted in the principles of equity.

Research in 2020 on country-specific risks include studies on air pollution and child health in India; community resilience to natural disasters in India; climate, population, and vulnerability in Pakistan; and population trends and environmental and socioeconomic stresses in the United States. PERCC researchers also provide evidence to inform the work of global groups, including the United Nations’ Intergovernmental Panel on Climate Change.
HIGHLIGHTS: SHARING KNOWLEDGE AND OPENING DIALOGUE

Project SOAR: Robust Evidence to Improve the Global HIV Response
Special collection on research that evaluates innovative HIV service delivery approaches, models cost and impact, and elucidates social barriers to care

[projsoar.org/resources/soar-plos-collection/]

COVID-19 and the Global Demographic Research Agenda
Population and Development Review volume with 16 essays from leading scholars on how COVID-19 could shape global demographic research needs over the next five to ten years

[onlinelibrary.wiley.com/journal/17284457/homepage/pdr-covid-essays]

Adolescent Data Hub
Global portal to share and access data on adolescents living in low and middle-income countries. Features the Population Council’s body of longitudinal and cross-sectional data, as well as other open data sets on adolescents and young people

[popcouncil.org/girlcenter/adolescentdatahub/]

Frontline Health: Advancing Community Health Measurement, Policy, and Practice
Journal of Global Health special collection on implementation science research for strengthening community health

[jogh.org/advancing-community-health-measurement-policy-and-practice/]

Resuming In-Person Data Collection During COVID-19
Webinar: Global experts discuss considerations for determining where, when, and how COVID-19 risks may reach a threshold in which research activities may safely resume

[youtube.com/watch?v=E-N6xfBd8rc]

The Impact of COVID-19 on Urban Informal Settlements
Webinar: The Population Council, the Kenya Executive Office of the President and Kenya Ministry of Health, and Amref Health Africa tackle health disparities and promote inclusive urbanization for the COVID-19 response

[youtube.com/watch?v=hPEjUQZV_J8]
2020 FINANCIAL REPORT

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.

## 2020 Financial Report

### Statement of Activities

#### Operating Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and contributions</td>
<td>37,962,616</td>
<td>5,793,858</td>
<td>43,756,474</td>
</tr>
<tr>
<td>Royalties</td>
<td>4,145,506</td>
<td>—</td>
<td>4,145,506</td>
</tr>
<tr>
<td>Investment return, net</td>
<td>8,449,726</td>
<td>1,294,724</td>
<td>9,744,450</td>
</tr>
<tr>
<td>Other</td>
<td>137,540</td>
<td>—</td>
<td>137,540</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>55,441,882</td>
<td>2,342,088</td>
<td>57,783,970</td>
</tr>
</tbody>
</table>

#### Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and Behavioral Sciences</td>
<td>37,079,026</td>
<td>—</td>
<td>37,079,026</td>
</tr>
<tr>
<td>Biomedical Research</td>
<td>11,919,859</td>
<td>—</td>
<td>11,919,859</td>
</tr>
<tr>
<td>Total program services</td>
<td>48,998,885</td>
<td>—</td>
<td>48,998,885</td>
</tr>
<tr>
<td>Supporting services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>11,698,302</td>
<td>—</td>
<td>11,698,302</td>
</tr>
<tr>
<td>Fundraising</td>
<td>492,567</td>
<td>—</td>
<td>492,567</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>12,190,869</td>
<td>—</td>
<td>12,190,869</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>61,189,754</td>
<td>—</td>
<td>61,189,754</td>
</tr>
</tbody>
</table>

#### Excess (Deficiency) of Operating Revenue over Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess (deficiency)</td>
<td>(5,747,872)</td>
<td>2,342,088</td>
<td>(3,405,784)</td>
</tr>
</tbody>
</table>

#### Other Changes in Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postretirement benefit changes other than net periodic benefit cost</td>
<td>2,631,057</td>
<td>—</td>
<td>2,631,057</td>
</tr>
<tr>
<td>Net periodic benefit costs other than service cost</td>
<td>(343,749)</td>
<td>—</td>
<td>(343,749)</td>
</tr>
<tr>
<td>Transfer from endowments</td>
<td>771,842</td>
<td>(771,842)</td>
<td>—</td>
</tr>
<tr>
<td>Foreign currency adjustment</td>
<td>247,693</td>
<td>—</td>
<td>247,693</td>
</tr>
<tr>
<td>(Decrease) Increase in net assets</td>
<td>(2,441,029)</td>
<td>1,570,246</td>
<td>(870,783)</td>
</tr>
</tbody>
</table>

#### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets at beginning of year</td>
<td>113,689,220</td>
<td>18,252,989</td>
<td>131,942,209</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>111,248,191</td>
<td>19,823,235</td>
<td>131,071,426</td>
</tr>
</tbody>
</table>
### ASSETS
- Cash and cash equivalents: 20,592,233
- Grants and contributions receivable, net:
  - US government agencies: 3,773,710
  - Other: 5,468,056
- Other receivables: 5,468,056
- Prepaid expenses and other assets: 1,055,420
- Investments: 124,705,590
- Fixed assets, net: 8,741,799

**Total assets**: 165,937,710

### LIABILITIES AND NET ASSETS

#### Liabilities
- Accounts payable, accrued expenses, and other liabilities: 4,715,211
- Awards, contracts, and fellowships payable: 17,464
- Program advances: 14,741,512
- Loans payable: 1,503,585
- Deferred rent credit, net: 4,708,918
- Deferred revenue: 4,181,900
- Accrued lease obligation: —
- Postretirement medical benefits payable: 4,997,694

**Total liabilities**: 34,866,284

#### Net assets
- Net assets without donor restrictions:
  - General undesignated: (222,694)
  - The John D. Rockefeller 3rd Memorial Fund: 111,470,885

**Total net assets without donor restrictions**: 111,248,191

- Net assets with donor restrictions:
  - Purpose or time restricted: 14,337,459
  - Restricted by donors in perpetuity: 5,485,776

**Total net assets with donor restrictions**: 19,823,235

**Total net assets**: 131,071,426

**Total liabilities and net assets**: 165,937,710
PARTNERS

The Population Council works with a wide network of partners, including governments, multilateral organizations, nongovernmental organizations and universities, foundations and corporations, and individuals. We thank them for their generosity and for sharing our vision of building an equitable future for all.

GOVERNMENTS/GOVERNMENTAL AGENCIES
Government of Denmark
Ministry of Foreign Affairs (DANIDA)
Government of Ghana
The Ghana Health Service
Government of the United Kingdom
Foreign, Commonwealth and Development Office (FCDO) (formerly DFID)
Government of the United States
Agency for International Development (USAID)
Centers for Disease Control and Prevention (CDC)
National Institutes of Health (NIH)

MULTILATERAL ORGANIZATIONS
International Organization for Migration (IOM) Egypt
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 Centre for Population Health Initiatives (CPHI)
Cornell University
CRDF Global Project, funded by Fogarty International Center, NIH
Emory University
EngenderHealth
Expanded Church Response (ECR)
FHI360
The Freedom Fund
Gender and Adolescence: Global Evidence (GAGE)
Georgetown University
Institute for Reproductive Health
Global Health Corps (GHC)
Harvard T. H. Chan School of Public Health
International Development Research Centre (IDRC)
Ipas
Jacaranda Health
Johns Hopkins University
John Snow, Inc. (JSI)
London School of Economics & Political Science
Lundquist Institute
Management and Development for Health (MDH)
Nossal Institute Limited
Oregon Health & Science University (OHSU)
Pathfinder International
Program for Appropriate Technology in Health (PATH)
Research Triangle Institute International (RTI)
Save the Children
Society for Family Health (SFH), Nigeria
Society of Family Planning
SRI International
Swaziland Action Group Against Abuse (SWAGAA)
University of Birmingham
University of California, San Diego (UCSD)
University of California, San Francisco (UCSF)
University of Connecticut Health Center
University of Denver
University of Ghana
WCG Cares
Wenzhou Medical University (WMU)
Wits Reproductive Health Institute (WITS RHI)
Women Deliver

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Anonymous (2)
Abt Associates Inc.
Adobe Workplace Giving
Afaxys, Inc.
Aga Khan Foundation
AmazonSmile Foundation
Aspen Airport Business Center Foundation
Atlassian, Inc. Workplace Giving
Bayer HealthCare
The Benevity Community Impact Fund
Bridgewood Fieldwater Foundation
Caithness Foundation, Inc.
Camber Collective, LLC
The Carl Marks Foundation Inc.
Children’s Investment Fund Foundation (CIFF)
The Community Foundation of Eastern Connecticut, Inc.
The Dawn Hill Fund
Duchesnay
EcoTrust
Elton John AIDS Foundation (EJAF)
Etisalat Foundation
Every Good Thing, LLC
Fidelity Charitable Gift Fund
Fondation des Amis de Médecins du Monde
ForGood Fund
The Ford Foundation
Bill & Melinda Gates Foundation
The Glenmede Trust Company
GlobalGiving
Goldman Sachs Philanthropy Fund
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
Hewlett Packard, Inc.
JJJ Charitable Foundation
The Kaplan Sisters Foundation
Kaiser Foundation Health Plan of the Northwest Community Giving Campaign
The W. K. Kellogg Foundation
Local Independent Charities of America/Health & Medical Research
John D. and Catherine T. MacArthur Foundation
Magee-Women’s Research Institute and Foundation (MWRIF)
Microsoft Matching Gifts Program
The Millstream Fund, Inc.
Network for Good
New York City Gives
NextEra Energy Workplace Giving
NoVo Foundation
The Oak Foundation
Omaha Community Foundation
The David & Lucile Packard Foundation
Pfizer Workplace Giving
Pure Storage Workplace Giving
Revolution Contraceptives
Robertson Foundation
Blanchette Hooker Rockefeller Fund
Schwab Charitable Fund made possible by the generosity of the Echidna Giving Fund
Leila & Mickey Straus Family Foundation
The Summit Foundation
The Teamtrio Fund
Tinker Foundation
Vanguard Charitable
Vitol Foundation
YourCause
ZanaAfrica

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George Ainslie
Martha Ainsworth
Isaac Alpert
Joyce and Billy Altman
Linda Andes-Georges and Jean-Pierre Georges
Sandra P. and Lawrence Arnold
Deb Ashner
D. Euan and Angelica Baird
Michael Baird
Nancy L. Balch
William N. and Margaret E. Bancroft
Mark Barone
Margaret P. Battin
Gary Baxel
Rachel G. Beck and Jeremy Naftel
Jeremy Bendik-Keymer
Brian Bernick and Beth Familant
Ann Marie Bonardi and Salvatore Marras
John and Zenaida Bongaarts
Jane K. Boortstein
Harriet B. and David N. Borton
Darcy Bradbury and Eric Seiler
Daniel Brandton
Deborah G. and Michael G. Branton
Germán Bravo-Casas
Trudy B. Brown
Julia Bunting and Barrie Thring
Michael Butler
Ann J. Cahill
Christian Capo
Willburn Carlile
Christopher Carlson
Richard Chasin
Barbara Cipolla
Wesley H. Clark
Jeanne Clelland
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Bernadette Donaghy
Peter and Nancy Donaldson
Mark Dupont
Barbara B. Ebert
Greg Edblom
Mary and Kenneth Edlow
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Zora Ellis
Andrea Eschen
Donna J. Evans
Chet Fagin
Rosemary Faulkner
Glenn M. Feighery and Laurel Wright-Feighery
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THEO Spencer
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Vice President of Social and Behavioral Science Research

James Sailer
Executive Director, Center for Biomedical Research

Patricia C. Vaughan
Vice President, General Counsel and Secretary
The Population Council confronts critical health and development issue—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world.

POPCOUNCIL.ORG