ANNUAL REPORT 2018

VOICES+
CHOICES

POPULATION COUNCIL
ELEVATING VOICES.

EXPANDING CHOICES.

IMPROVING LIVES.
LETTER FROM THE PRESIDENT AND BOARD CHAIR

2018 was a year of rising voices, from growing demands for global action on violence against women to the UN’s dire warnings of climate catastrophe. In an increasingly noisy world, evidence is more important than ever. Rigorous research can reveal and elevate the voices and visibility of the world’s most marginalized people.

That is why we are proud to lead the Population Council.

For more than 65 years, our unique combination of biomedical and social science research has enabled us to understand people’s lived realities and to develop and evaluate products and programs to address their needs. And when we demonstrate what does and doesn’t work, and design tailor-made solutions, people’s voices are transformed into smart development investments.

This year, the Population Council’s unparalleled contribution to contraceptive method choice was continued with the U.S. FDA’s approval of Annovera™. We are proud to have created the first and only contraceptive device that a woman can insert herself and receive an entire year of protection, without having to return to a doctor or pharmacist. And Annovera doesn’t require refrigeration, making it more viable for distribution in low-resource settings. Our research has shown that having a range of contraceptive options increases women’s ability to successfully delay, space, or limit pregnancy, which makes Annovera a major step toward addressing many women’s desire for greater contraceptive choice, convenience, and control.

But our biomedical advancements are only one piece of the Population Council’s story. In fact, most of our researchers are social and behavioral science experts, conducting research on the ground in nearly 50 countries around the world. And partnerships are at the heart of our impact. In the following pages, you will read about how we’ve worked with the Zambian Police Service to provide emergency contraception to rape survivors, with the regional government of Bihar in India to scale up women’s self-help groups to support maternal and newborn healthcare, and with factory owners in Egypt to establish health clinics for women workers. These are just a few of the ways our ideas and evidence are improving lives around the world.

In 2018, we were proud to see the latest evolution in our more than 40 years of making the case for women and girls to be at the heart of global development. At a convening in Washington, D.C., our researchers shared new findings from rigorous evaluations of girl-centered programs, including that cash transfers more effectively improve education, health, and economic outcomes when supported by programs that build girls’ social assets and health knowledge. In the Stanford Social Innovation Review, researchers from our GIRL Center unveiled a practical framework for designing and implementing programs that center around girls’ diverse needs. And with the launch of our open access Adolescent Data Hub, researchers, policymakers, and programmers can find data on more than five million young people, harnessing increased impact from decades of research investment.

Thank you for standing strong with us in the pursuit of evidence and in our shared commitment to improving the health and well-being of the world’s poorest and most marginalized people.

JULIA BUNTING, OBE
President

DARCY BRADBURY
Chair, Board of Trustees

ANNUAL REPORT 2018
Since its formative years, the Population Council has been using evidence to elevate the voices of the world’s most vulnerable people. Today, the Population Council continues that work with expert teams—in more than a dozen country offices and four local affiliate entities—driving research that is tailored to local needs in nearly 50 countries worldwide. We are building the next generation of change-makers, and strengthening partners’ capacity to generate high-quality data and implement evidence-based approaches.

We use research to identify the world’s most critical challenges to health and development and to improve the lives of those often overlooked—including young women and girls, adolescents, and key populations at risk of HIV. As the face of the HIV epidemic has become younger and more feminized, we have shifted our research and programs to directly address the needs and realities of this marginalized group. Our real-time insights inform real-time responses.

From IMPROVING POLICIES, to STRENGTHENING PROGRAM DESIGN, to DEVELOPING NEW TECHNOLOGIES, the Population Council is expanding voices and choices with, and for, those most in need.

“I am in this work because I am interested in doing my part to address what are fundamental gender inequalities that we find everywhere. For me, it’s about the need to think about how we address what are essentially unequal outcomes for women and girls across many societies.”

JACINTA MUTESHI-STRACHAN, PhD
FGM/C Research Program, Kenya
Sexual and gender-based violence (SGBV) is a pervasive global health problem, one that 35 percent of women worldwide will experience in their lifetimes. For women and children in humanitarian and refugee settings, it is compounded by a lack of basic protections and an increased risk of violence, with limited access to even primary health services.

The Population Council-led Africa Regional SGBV Network was founded in 2006 to identify effective responses to SGBV and improve policies and programs in East and Southern Africa. Through this network of national organizations, the Population Council has developed, tested, and evaluated more than a dozen programmatic models to improve SGBV prevention and support, such as the screening of women and child survivors in health facilities and schools. Many of these models have been shown to be effective and are being scaled up locally, nationally, and regionally.

A BOLD APPROACH TO PROVIDING EMERGENCY CONTRACEPTION
In Zambia, nearly one in five women aged 15–49 experience sexual violence in their lifetime, although this is likely an underestimate due to underreporting. Building on formative Population Council research that found that most rape survivors reporting to police stations do not seek further support, the Population Council and the Africa Regional SGBV Network worked closely with the Zambia Police Service and the Zambia Ministry of Health to develop and test a model for police to directly provide emergency contraception and refer survivors to health facilities.

Today, Zambia’s national guidelines allow police provision of emergency contraception to survivors of sexual violence and the Zambia Police Service includes SGBV training for all new recruits, including counseling, emergency contraception provision, and referrals. This model is being shared through the SGBV Network for replication and scale-up in other settings, including Malawi. Most recently, Member States of the International Conference on the Great Lakes Region passed a resolution to implement this police-led model regionally, with technical support provided by the Population Council.

A GROWING CRISIS: NEEDS OF REFUGEES
In response to the various humanitarian crises in the region, the SGBV Network has further adapted seven of its original models to meet the needs of children and of refugees. These models have now been implemented and evaluated by Network partners across Kenya, South Africa, Swaziland, Uganda, and Zambia.

Backed by technical support from the Population Council, the UN Refugee Agency’s (UNHCR) Regional Service Centre is a key partner in scaling up use of the SGBV Network’s models to support refugee populations in the East, Horn, and Great Lakes regions of Africa. Together, these regions represent a refugee population of more than five million people, many of whom are unaccompanied children under the age of 18. Seven SGBV Network models are currently being adapted and implemented to serve refugee populations across eight countries in the region.

“Sometimes, by being bold and attempting to do something unheard of, you discover that your unheard-of strategy is exactly what everyone was looking for. It takes one person to make that first step.”

CHI-CHI UNDIE, PhD
Senior Associate, Kenya
For decades, the Population Council has pioneered a rigorous understanding of the unique needs of adolescent girls and has tailored programs to empower them with the knowledge, skills, and protective assets they need to thrive—including health, social, and cognitive protections. Building on a growing body of evidence, today the Population Council continues to refine what programs work, for which girls, and how to further expand programs and approaches that have demonstrated a positive impact on the lives of girls.

For example, through DREAMS, an ambitious partnership to reduce HIV infections among adolescent girls and young women, the Population Council, with funding from the Bill & Melinda Gates Foundation, is utilizing real-time data to inform the current and future scale-up of girl-centered programs in ten sub-Saharan African countries.

BEYOND INTUITION: WHY SCIENCE MATTERS
At age 12, Sylvia was a thriving participant in GirlsRead!,* an innovative safe space program funded by PEPFAR (U.S. President’s Emergency Plan for AIDS Relief) that offered e-readers to adolescent girls in Zambia. She loved the program and found her coursework improved. But is Sylvia’s improvement a result of her participation in GirlsRead!, or could the change be due to other life experiences?

To answer this question, the Population Council conducted a rigorous evaluation comparing the effects of the program among girls who participated and those who didn’t. The study results can assure donors, policymakers, and partners that the program had a positive impact on girls’ literacy and improving gender attitudes.

The evaluation provides strong evidence in support of combining safe space programs with e-readers. Today, the Population Council and partners are exploring possibilities for scale-up and replication of the program elsewhere.

“I want to finish grade 12. Then go to university. Then when I finish at university, I want to become a nurse. Nothing can stop me.”

SYLVIA
GirlsRead! participant, Zambia

*Girls Read! was funded in part by a grant from the United States Department of State as part of the DREAMS Innovation Challenge, managed by JSI Research & Training Institute, Inc.
WHAT WE’RE LEARNING ABOUT GIRLS

The Population Council’s Girl Innovation, Research, and Learning (GIRL) Center was launched in 2017 to accelerate evidence-based programs and policies for girls. In 2018, the GIRL Center synthesized findings from nine recently completed rigorous impact evaluations from the Population Council to illuminate new insights from girl-centered programs across different settings and contexts, adding to a growing understanding of what works and doesn’t work to improve the lives of adolescent girls.

Empowerment is essential

To improve outcomes for girls, programs should not only empower individual girls, but also engage their households and communities.

Address economic exclusion

The economic underpinnings of girls’ lives drive individual and household decision-making and must be addressed, alongside empowerment strategies.

Respond locally

Programs must respond to the local context and factors influencing a girls’ pathway to autonomy.

While studies more frequently include costing analysis, more must be done to ensure scalability and sustainability—a core component of several key ongoing Population Council programs and evaluations in Bangladesh, Ethiopia, and beyond.

GIRL CENTER: SHARING DATA AND INSIGHTS

In 2018, the GIRL Center also leveraged the Population Council’s unique body of data on adolescents, as well as other open data sources, to develop the Adolescent Data Hub. This new online resource curates 700+ data sets on more than five million adolescents to further leverage the wealth of existing high-quality data, encourage research transparency, and accelerate collaboration among researchers, programmers, donors, and policymakers.

popcouncil.org/girlcenter/adolescentdatahub
DEVELOPING NEW TECHNOLOGIES TO ADVANCE CHOICE, CONVENIENCE, AND CONTROL

The Population Council’s Center for Biomedical Research is a vibrant hub of scientific research paving the way toward expanded choice, convenience, and control in sexual and reproductive health. Our scientists have worked for decades to develop the next generation of safe, effective long-acting reversible contraception and HIV and STI prevention options.

A GAME-CHANGER FOR WOMEN
The U.S. FDA approval of Annovera™ (segesterone acetate/ethinyl estradiol vaginal system) in August 2018 marked 20 years of Population Council research on, development of, and commitment to this unique contraceptive technology. Annovera, the first and only contraceptive that provides an entire year of protection while fully under a woman’s control, is a soft, flexible silicone ring that can be inserted and removed by a woman herself and does not require refrigeration.

“...The Population Council has been a leader in creatively and collectively addressing women’s contraceptive needs. It is exciting that they are continuing to help empower women with another contraceptive choice.”

ANITA NELSON, MD
Professor and Chair, Obstetrics and Gynecology, Western University of Health Sciences

ANNOVERA™, THE FIRST AND ONLY CONTRACEPTIVE THAT PROVIDES AN ENTIRE YEAR OF PROTECTION WHILE FULLY UNDER A WOMAN’S CONTROL
DEVELOPING MORE OPTIONS FOR MEN
The Population Council and partners launched the first clinical trial to test the safety and efficacy of the Nestorone® and Testosterone (NES/T) gel. This innovative, reversible contraceptive was developed by the Population Council and designed to be absorbed through the skin of the male partner’s upper arms and shoulders. The NES/T gel trial is currently recruiting 400 couples in seven countries worldwide.

MULTI-PURPOSE PREVENTION TECHNOLOGIES
Can combining oral contraception with a multi-purpose product to prevent sexually transmitted infections improve compliance and enhance protection? The Population Council is pursuing new, woman-controlled sexual and reproductive health technologies. This includes an oral contraceptive and HIV prevention pill; innovative systems to deliver the microbicide griffithsin, a naturally occurring substance that has a different mechanism of action than antiretrovirals; and more.
COUNTRY SPOTLIGHTS

Around the world, governments and civil society organizations seek our help to understand and overcome obstacles to critical issues in health and development. Our expert teams work in more than a dozen country offices, four local affiliate entities, and nearly 50 countries worldwide, driving research that is tailored to local needs. Half of our 500+ staff have advanced degrees and nearly all of our staff in country offices are from the region where they work.

BANGLADESH
Assessing Climate-Change Effects on Pregnancy

Bangladesh is one of the most climate-vulnerable countries in the world and in recent years has experienced increased flooding and coastal intrusion. Population Council researchers set out to explore the potential effect of the resulting water salinity on hypertensive disorders, a leading cause of maternal and perinatal death in low-income countries. A recent Population Council study confirmed a dramatic increased risk for hypertensive disorders in pregnancy in high-risk regions, underscoring the urgent need for improved antenatal, delivery, and postnatal maternal care.

GUATEMALA & MEXICO
Empowering Adolescent Girls

Abriendo Oportunidades (“Opening Opportunities”) began 15 years ago to empower poor and isolated Mayan girls with life skills and knowledge. Silvia Tum, a member of the original mentor class, is now directing the program, which has reached 15,000 adolescent girls. Building on the program’s high-quality evaluations, Abriendo—which has expanded across the region, including in Mexico—is now enhancing distance learning opportunities where very few secondary education opportunities exist, exploring economic incentives, and mobilizing their own political representation—embodied by the development of mentors’ associations REDMI and Na’leb’ak’.

KENYA
Tracing Change in Female Genital Mutilation/Cutting
In Kenya, 21 percent of women ages 15–49 have experienced female genital mutilation/cutting (FGM/C), the cutting of external female genitalia. New research from the Population Council has found that although national prevalence of FGM/C has declined, it remains high in some communities, such as in north eastern Kenya. A growing body of evidence gathered by the Population Council on the prevalence, risk factors, consequences, and role of social norms in continuing FGM/C is informing sustained national and subnational efforts to address and ultimately eradicate the practice.

EGYPT
Expanding Family Planning for Factory Workers
As part of USAID’s flagship Evidence Project, Population Council researchers identified opportunities to expand the role of the private sector to provide family planning in Egypt and are now generating evidence on scalable interventions to reach people ages 18–34. The project, which includes a peer-educator program for factory workers across the country, has garnered support from factory owners and local stakeholders, including establishment of the first women’s health clinic to provide family planning and reproductive health services for nearly 20,000 female factory workers.

INDIA
Improving Maternal Health through Self-Help Groups
More than a quarter of the world’s reported maternal and child deaths occur in India. Since 2012, the Population Council has been the lead evaluator of the effectiveness of self-help groups—small groups of women who gather to learn skills and support each other—and the integration of health and nutrition programming in the eastern state of Bihar. Preliminary results found significant improvement in life-saving maternal health and newborn care practices. Based on the Population Council’s findings, the government, together with the World Bank, is now scaling up the intervention across 685,000 groups in Bihar, reaching almost seven million women.

NIGERIA
Self-Testing for HIV
Men who have sex with men (MSM) are disproportionately affected by HIV in Nigeria as they are criminalized and face considerable stigma in the healthcare sector, and beyond. To help facilitate private and direct access to testing, the Population Council has led research to demonstrate the feasibility of delivering HIV self-testing kits to MSM. Increasing access to HIV self-testing in Nigeria could enhance uptake of HIV testing and linkage to care among this key demographic. The results of our research have directly influenced the development of the Operational Guidelines on HIV Self Testing, recently launched by Nigeria’s Minister of Health.
SHAPING THE PUBLIC AGENDA TO IMPROVE LIVES

To ensure our research is relevant and accessible, the Population Council engages key decision-makers from idea generation to the strategic dissemination and use of study results. Our aim is to ensure high-quality evidence is available and informs investments and other decisions around development policies, programs, and technologies.

ENGAGING DECISION-MAKERS

President Julia Bunting wins the International Conference on Family Planning’s “CEO PitchFest,” highlighting the need for new contraceptive options for men.

The Population Council and the Zambian Ministry of Health host a three-day “Evidence Symposium” for 400 delegates, exploring new evidence to inform Zambian policy and programs.

Pakistan Country Director Zeba Sathar briefs Prime Minister Shahid Khaqan Abbasi, encouraging development of a National Finance Commission to advance voluntary family planning services.

The Population Council’s HIV and AIDS program co-convenes policymakers, including U.S. Ambassador-at-Large Deborah L. Birx, MD, and programmers on the DREAMS Partnership Phase I results in Washington, D.C.
Population Council alum Irving Sivin received the Society of Family Planning Lifetime Achievement Award for his research that led to the development of many widely used contraceptive technologies.

Dr. Régine Sitruk-Ware was named one of TIME Magazine’s 50 Most Influential People in Health Care of 2018.
The charts on this page provide details on the Population Council’s sources of support and use of funds. The Population Council’s program-spending ratio, a key financial indicator, was 84 percent for fiscal 2018. For every dollar spent, 84 cents goes directly to research and program activities, demonstrating our prudent management and commitment to our mission. We closely monitor the Population Council’s financial status and remain committed to the fiscal discipline necessary to maintain our record of accomplishments. Readers interested in learning more about the Population Council’s finances can consult popcouncil.org/who/financials.asp.

**SOURCES OF SUPPORT**
TOTAL $88.7 MILLION

- Multilateral organizations $4.6
- Foundations, corporations, nongovernmental organizations, and individuals $20.9
- Royalties $22.7
- Other governments $5.2
- US Government $39.5
- Investment returns –$4.2

**USES OF FUNDS**
TOTAL $82.3 MILLION

- Social and Behavioral Science Research 68%
- Biomedical Research 16%
- Management and General 15%
- Fundraising 1%

![Bar chart showing sources of support]

![Pie chart showing uses of funds]
## STATEMENT OF ACTIVITIES
(For the year ended December 31, 2018)

<table>
<thead>
<tr>
<th>WITHOUT DONOR RESTRICTIONS</th>
<th>WITH DONOR RESTRICTIONS</th>
<th>TOTAL 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>69,004,882</td>
<td>996,165</td>
</tr>
<tr>
<td>Royalties</td>
<td>22,720,075</td>
<td>—</td>
</tr>
<tr>
<td>Investment return, net</td>
<td>(3,645,661)</td>
<td>(544,110)</td>
</tr>
<tr>
<td>Other</td>
<td>139,075</td>
<td>4,289</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>602,488</td>
<td>(602,488)</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING REVENUE</strong></td>
<td>88,820,859</td>
<td>(146,144)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPERATING EXPENSES</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social &amp; behavioral sciences</td>
<td>56,079,407</td>
<td>—</td>
</tr>
<tr>
<td>Biomedical research</td>
<td>13,161,378</td>
<td>—</td>
</tr>
<tr>
<td><strong>TOTAL PROGRAM SERVICES</strong></td>
<td>69,240,785</td>
<td>—</td>
</tr>
</tbody>
</table>

| **SUPPORTING SERVICES**     |                         |            |
| Management and general      | 12,420,213              | —          | 12,420,213 |
| Fundraising                 | 677,698                 | —          | 677,698    |
| **TOTAL SUPPORTING SERVICES**| 13,097,911             | —          | 13,097,911 |

| **TOTAL OPERATING EXPENSES**| 82,338,696  | — | 82,338,696 |

Excess/(deficiency) of operating revenue over operating expenses | 6,482,163 | (146,144) | 6,336,019 |

**OTHER CHANGES IN NET ASSETS**

| Post-retirement benefit changes other than net periodic benefit cost | 690,825 | — | 690,825 |
| Transfer from endowments                                            | 1,264,911 | (1,264,911) | — |

**INCREASE/(DECREASE) IN NET ASSETS** | 8,437,899 | (1,411,055) | 7,026,844 |

**NET ASSETS AT BEGINNING OF YEAR** | 81,308,523 | 18,295,311 | 99,603,834 |

**NET ASSETS AT END OF YEAR** | 89,746,422 | 16,884,256 | 106,630,678 |
**BALANCE SHEET** (For the year ended December 31, 2018)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>TOTAL 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>10,938,231</td>
</tr>
<tr>
<td>Grants and contributions receivable, net</td>
<td></td>
</tr>
<tr>
<td>US Government agencies</td>
<td>8,433,723</td>
</tr>
<tr>
<td>Other</td>
<td>5,950,736</td>
</tr>
<tr>
<td>Other receivables</td>
<td>829,930</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>729,040</td>
</tr>
<tr>
<td>Investments</td>
<td>107,402,831</td>
</tr>
<tr>
<td>Fixed assets, net</td>
<td>11,027,773</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>145,312,264</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>Accounts payable, accrued expenses, and other liabilities</td>
<td>3,638,883</td>
</tr>
<tr>
<td>Awards, contracts, and fellowships payable</td>
<td>6,548,682</td>
</tr>
<tr>
<td>Program advances</td>
<td>12,937,291</td>
</tr>
<tr>
<td>Loans payable</td>
<td>4,081,159</td>
</tr>
<tr>
<td>Deferred rent credit</td>
<td>5,088,950</td>
</tr>
<tr>
<td>Accrued lease obligation</td>
<td>67,296</td>
</tr>
<tr>
<td>Post-retirement medical benefits payable</td>
<td>6,319,325</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>38,681,586</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NET ASSETS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets without donor restrictions</td>
<td></td>
</tr>
<tr>
<td>General undesignated</td>
<td>2,078,715</td>
</tr>
<tr>
<td>Board designated endowment</td>
<td>87,667,707</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS WITHOUT DONOR RESTRICTIONS</strong></td>
<td><strong>89,746,422</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets with donor restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose or time restricted</td>
<td>11,398,480</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>16,884,256</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TOTAL NET ASSETS</strong></th>
<th><strong>106,630,678</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>145,312,264</strong></td>
</tr>
</tbody>
</table>

A copy of the audited financial statements, prepared in accordance with US generally accepted accounting principles, is available upon request from Population Council, One Dag Hammarskjold Plaza, New York, New York 10017, and can be accessed online at popcouncil.org.
The Population Council honored the late Dr. Sheldon Segal—former director of the Population Council’s biomedical program who dedicated his life to developing practical advances for women’s health—at an event in New York attended by colleagues, partners, donors, and champions of the Population Council.

Clockwise from top left:

Darcy Bradbury, Chair, Board of Trustees; Julia Bunting, President; Régine Sitruk-Ware, Distinguished Scientist; Jim Sailer, Vice President and Executive Director, Center for Biomedical Research.

Brian Bernick, Co-Founder and Director, and Sebastian Mirkin, Chief Medical Officer, TherapeuticsMD.

Naquan Davis, Senior Meeting Coordinator, Population Council, and Jeff Spieler, Member, Board of Trustees.

Quarraisha Abdool Karim, Professor at the University of KwaZulu-Natal, and Columbia University, and Régine Sitruk-Ware, Distinguished Scientist.
Our supporters make our impact possible. This year, we were proud to receive donations from the following individuals, foundations, corporations, government agencies, international nongovernmental agencies, and multilateral organizations. We thank them for sharing our vision for improved well-being and reproductive health for current and future generations, and a humane, equitable, and sustainable balance between people and resources.

**INSTITUTIONAL DONORS**

Anonymous (2)
Abt Associates Inc.
Adobe Workplace Giving
Aetna, Inc.
Aga Khan Foundation
AmazonSmile Foundation
American Institutes for Research
American Jewish World Service (AJWS)
Amplify Change
Aspen Airport Business Center Foundation
Avenir Health
Bayer HealthCare
The Benevity Community Impact Fund
Blanchette Hooker Rockefeller Fund
Blue Lotus Advisory
The Boeing Company Gift Match/BPAC Program
Bridgewood Fieldwater Foundation
Caithness Foundation, Inc.
Camber Collective, LLC.
Cardiff University
The Carl Marks Foundation Inc.
The Carl Marks Fund
Children’s Investment Fund Foundation (CIFF)
The Community Foundation of Eastern Connecticut
Community Media Trust (CMT)
The Dawn Hill Fund
Dell Employee Engagement Fund
EcoTrust
Elton John AIDS Foundation
EngenderHealth
Fannie Mae Workplace Giving
FHI360
Fidelity Charitable Gift Fund
FJC – A Foundation of Philanthropic Funds
Fondation des Amis de Médecins du Monde
The Ford Foundation
ForGood Fund
Bill & Melinda Gates Foundation
GlobalGiving
Global Health Corps (GHC)
GOAL
Goldman Sachs Philanthropy Fund
Gorlitz Foundation, Ltd.
Government of Norway – Norwegian Agency for Development Cooperation (NORAD)
Government of Sweden – Swedish International Development Cooperation Agency (SIDA)
Government of the United States – Agency for International Development (USAID)
– Centers for Disease Control and Prevention (CDC)
– National Institutes of Health (NIH)
Grant Thornton
Guggenheim Securities, LLC.
Gustafson Family Fund
Guttmacher Institute
Harvard T. H. Chan School of Public Health
Head Family Charitable Foundation
Health Decisions
The William and Flora Hewlett Foundation
The Richard R. Howe Foundation
HRA Pharma
Fred Hutchinson Cancer Research Center
Independent Charities of America/Health & Medical Research
International Development Research Centre (IDRC)
International Initiative for Impact Evaluation (3ie)
International Labour Organization
International Planned Parenthood Federation (IPPF)
International Rescue Committee (IRC)
Ipas
Henry M. Jackson Foundation for the Advancement of Military Medicine
JJJ Charitable Foundation
Theresa M. and Bruce D. Johnson Foundation
JSI Research & Training Institute
Juarez and Associates
JustGive.org
Kaiser Foundation Health Plan of the Northwest Community
The Kaplan Sisters Foundation
The W. K. Kellogg Foundation
Los Angeles Biomedical Research Institute at Harbor-UCLA
John D. and Catherine T. MacArthur Foundation
Magee-Women’s Research Institute and Foundation (MWRIF)
Marie Stopes International (MSI)
McKinsey & Company
Microsoft Matching Gifts Program
The Millstream Fund, Inc.
Charles Stewart Mott Foundation
Network for Good
NextEra Energy
Nivi, Inc.
Nossal Institute Limited
NoVo Foundation
The Roger and Joyce Nussbaum Foundation
The Oak Foundation
Omaha Community Foundation
Oregon Health & Science University
The David & Lucile Packard Foundation
Pathfinder International
PayPal Giving
Population Services and Training Centre
Program for Appropriate Technology in Health (PATH)
Project Concern International
Research Foundation of the City University of New York
Research Triangle Institute (RTI) International
Robertson Foundation
Rockefeller Philanthropy Advisors (RPA)
The Sackler Institute for Nutrition Science
Save the Children
Schwab Charitable Fund*
Society for Family Health, Nigeria
SRI International
Stanford University
The Summit Foundation
TDK USA Corporation
Tinker Foundation
United Nations Children’s Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
United Nations Population Fund (UNFPA)

United Nations Programme on HIV/AIDS (UNAIDS)
University of California San Francisco (UCSF)
University of Connecticut Health Center
University of Denver
University of Pittsburgh
Vanguard Charitable
WCG Cares
Women Deliver
Women Win
World Bank Group
World Health Organization (WHO)
Yale University
YourCause, LLC.
ZanaAfrica

**INDIVIDUAL DONORS**

Anonymous (17)
Salim S. Abdool Karim
Charles C. Abele
David B. Abrams and Shima Imoto
Donald J. and Dena C. Abrams
Brian Adams and Morey Phippen
Diane Adams
Richard M. Adler
Mar Aguilar Margolis
Alok and Nina Ahuja
George W. Ainslie
Martha Ainsworth
Shirley Alexander
William M. Alexander
Joyce and Billy Altman
Peter O. Anderson
Linda Andes-Georges and Jean-Pierre Georges
Robert R. Andrews
Sandy P. and Lawrence Arnold
Deb Ashner
D. Euan and Angelica Baird
Michael Baird
Nancy L. Balch
William N. and Margaret E. Bancroft
Mark Barone
Gabriel Bastard
Margaret P. Battin
David Bausch
Penelope N. and John W. Beasley
Carolyn Beavert and Phillip Pollock
Katrina H. Becker
Janice Begla-Taylor
Jeremy Bendik-Keymer
Caleb Benedict
Brian Bernick and Beth Familant
William Bertrand
Zulfikar A. Bhutta
Ann E. Biddlecom
Ann Blanc
Caroline H. Bledsoe
Andrew and Richard Boas
Sharon Boatright
Ann Marie Bonardi and Salvatore Marras
John and Zenaida Bongaarts
Jane K. Boorstein
Joan N. and Barry Boothe
Douglas H. Borso
David N. and Harriet B. Borton
John W. and Claire M. Bossung
Darcy Bradbury and Eric Seiler
Peter Brandt and Laura Burwick
Deborah G. and Michael G. Branton
Germán A. Bravo-Casas
Christopher N. Brown
Trudy B. Brown
Frederick and Jane Buckner
Natalia Bulgari and Todd Hollander
Andrew Bundy and Karen Hansen
Julia Bunting and Barrie Thing
Michael D. Butler
Elaine A. Calos
Peter F. Cameron
Wilburn Carlile
Christopher P. Carlson
John Casterline
George and Eleanor Cernada
William W. Chadwick, Jr.
Amy J. Chapman
Richard Chasin
Barbara Cipolla
Jeanne Clelland
J. W. Cliett
Edward M. Cohen
Donald Collins and Sally Epstein
Cherida Collins Smith
Frances Combs
J. A. and Hazel F. Cope
Karen Cowgill
Barbara B. Crane
George and Jane Creasy
Christopher S. and Karen H. Cronan
Roberto Cuca
Jerry and Diane Cunningham
Louis and Echite Dana
Philip Darney and Uta Landy
Paul Demeny and Marianna Boga
Constance P. Dent

*Includes a gift made possible by the generosity of the Echidna Giving Fund.
OUR SUPPORTERS

Mary H. Dodge
Stanley F. Dole
Peter J. Donaldson
Scott Dugas
Mark A. Dupont
Barbara B. Ebert
Greg Edblom
Mary and Kenneth Edlow
Jessica Edwards
Jane Eisenberg
Zora Ann Ellis
Andrea Eschen
Donna J. Evans
Chet Fagin
Elisa Fante
H. K. and Nancy W. Faulkner
Rosemary Faulkner
Glenn M. Feighery
Zong-ming Feng and Aizhen Wu
Daria Fireman
Douglas T. Fischer and Robert Haines
Wendy Fitzgerald
Regina Flynn
James Fraser
Gary and Kristin Friedman
Anne E. Fry
Henry Gabelnick
Sheryl P. Gardner
Lydia Garvey
Gwen P. Gentile
Kristina and William J. Georges
Michele Gerber
Frank Gersmann
Mark M. Giese
Duff G. and Joanne Gillespie
Rachel E. Goldberg
Elaine R. Goldman
Elizabeth C. Goodson
Sallie T. Gouverneur
Susan W. Granger
Catherine E. Grant
Anita Grath
Edward Gray
Sadja Greenwood
Mary J. Greer
Lucy Grimes
Molly Grodin
Augusta H. Gross and Leslie B. Samuels
Edith Guilbert
Robert Guilford
Nancy J. Gunther
Anke and Peter Haberland
Michele Haberland and Thaddeus Tracy
Scott Haese
Victor Halberstadt
Katharine Harkins and David Finn
Brett and Lynn Harris
Guy Harris
Polly Harrison
Shannon Harvey
Caroline K. Hatton
Amy Hause
Dirk F. and Dixie R. Haviak
Thomas C. Hayes
Stephen F. Heartwell
Jon Hechler
John H. and Catherine E. Hen
Elizabeth-Ann and David Herrick
William J. Hertz
Susan J. Hessel
Susan E. Hetherington
John Hirschi
Edward S. Hochman
Douglas W. and Barbara E. Holdridge
William Y. and Esther I. Hou
Mary M. Howard
Catherine M. Hunt
William P. Huxley, Jr.
Dmitry Idiatov
Frederick V. Iffert
Henry O. and Pauline G. Imus
John N. and Jeanet Irwin
Walter and Susan Jacobs
Anrudh K. and Usha Jain
Ashneil Jain
Martin Jeiven
Monwhea Jung
Mark S. Jenne
Sheila R. Johansson
Richard S. Johnson and May J. Reed
Gordon T. Johnston
Andreas Jones
Elise F. Jones
Karl A. and Carmen Jungbluth
J. E. Juterbock
Jonathan H. Kagan and Ute Wartenberg Kagan
Martin D. Kahn
Deborah D. and Edward M. Keating, Jr.
Steven Keleti
Charles W. Kettering
Barbara Keyfitz and Martin Golubitsky
Paul M. Killough
Hye In Kim
Kyuja Kim
Joslin Kimball Frank
Lisa King
Rodney Kinney
Charity Kirke
Margaret A. Knoll
Richard D. Koch
Theodore R. and Sandra M. Koerner
Elloitt and Sharon P. Kretetz
Wayne Krill
Heidi Kristensen
George Krumme and Aldean Newcomb
Janet Kuepper
Joel Kurtzberg
Keith T. and Patricia Kusunis
Austin Lamb
Arthur and Eva Landy
Aaron Larner
Brian L. Larson
Ingrid Laursen
Charles E. and Patricia G. H. Lawrence
Norbert M. Lechner
Fred and Juanita Leonard
Lloyd S. Levine
Susan Levine
Katherine Lewis
William J. Libby
Jason A. and Linda E. Lillegraven
Daniel LoCascio
Daniel Loeven
Joanne Lyman
Beau Lynn-Miller
Nyovani Madise
Kimberley Mangun
Roger and Isabel Marchese
Kenneth J. Marsalek
Lewis Martinez
Joel W. and Patricia A. Marx
Anna C. Mastroianni and Gregory M. Shaw
Peter J. Mayer
Cheikh Mbacke
Rob McCaw
Downs and Irene M. McCloskey
Hugh McGaughy
Alyson McGee
Geoffrey McNicoll
Ruth and Irwin Merkatz
Lauren Meserve
TheodoreMichels
Peter and Pam Miller
John M. and Renate E. Mirsky
Samarendranath Mitra
Colin Monaghan
Katharine B. Morgan
Courtney Morris
Gretchen R. and John E. Morris
Lloyd N. and Mary P. Morrisett
Scott B. and Andrea R. Mouw
Ann and William T. Naftel
“A high-risk, high-benefit project like Annovera is exactly why we are proud to support the Population Council.”

XIXI AND JONATHAN J. SHAKES
BOARD OF TRUSTEES

Darcy Bradbury
Chair
Managing Director
The D.E. Shaw Group
New York, New York

Zulfiqar A. Bhutta
Robert Harding Chair in Global Child Health & Policy and Founding Director of the Centre for Excellence in Women and Child Health
Hospital for Sick Children and The Aga Khan University
Toronto, Canada and Karachi, Pakistan

Peter Brandt
Healthcare Board Director
Stamford, Connecticut

Julia Bunting
President
Population Council
New York, New York

Anna Glasier*
Honorary Professor
Department of Obstetrics and Gynecology
University of Edinburgh
Edinburgh, United Kingdom

Victor Halberstadt
Professor of Public Sector Economics
University of Leiden
Netherlands

Jonathan Kagan
Managing Principal
Corporate Partners
New York, New York

Salim S. Abdool Karim
Director
Centre for the AIDS Programme of Research in South Africa
Cape Town, South Africa

Nyovani Madise**
Director
Research and Development Policy
African Institute for Development Policy (Malawi)
Lilongwe, Malawi

Cheikh Mbacké*
Independent Consultant
Dakar, Senegal

Lauren A. Meserve
Chief Investment Officer
Metropolitan Museum of Art
New York, New York

Wanda Olson
Senior Counsel
Cleary Gottlieb Steen & Hamilton LLP
New York, New York

Terry Peigh
Senior Vice President, Managing Director
Interpublic Group of Companies
New York, New York

K. Sujatha Rao
Independent Consultant on Health Systems
Former Union Secretary, Ministry of Health, Government of India
Hyderabad, India

Jonathan Shakes
E-Commerce Logistics Consultant
Mercer Island, Washington

Theo Spencer
Environmentalist
New York, New York

Jeffrey M. Spieler
Consultant in Population and Reproductive Health
Senior Technical Advisor for Science and Technology
Office of Population and RH, USAID (Retired)
Bethesda, Maryland

Kaye Wellings
Professor of Sexual and Reproductive Health
London School of Hygiene & Tropical Medicine
London, United Kingdom

EXECUTIVE TEAM

Julia Bunting
President

Ann K. Blanc
Vice President
Social and Behavioral Science Research

John Bongaarts
Vice President and Distinguished Scholar

Jackson Ireland
Vice President
Corporate Finance and Administration

James E. Sailer
Vice President and Executive Director
Center for Biomedical Research

Sarah de Tournemire
Vice President
Development and Engagement

Patricia C. Vaughan
Vice President
General Counsel and Secretary

*Until June 2018
**Elected November 2018
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

INTERNATIONAL

Bangladesh
Population Council
House #12, Road #25
Gulshan-1, Dhaka, Bangladesh 1212
Bangladesh
Tel +880 2 882 1227
Alternate tel +880 2 882 6657
Alternate tel +880 2 881 1964
Fax +880 2 882 3127
E-mail info.bangladesh@popcouncil.org

Cameroon
Population Council
Phnom Penh Center, Building B
1st Floor, Room 136
Street Sotheans, Sangkat Tonle Bassac
Khan Chamkar Morn, Phnom Penh
Cambodia
Tel: +855 23 223 609
E-mail info.cambodia@popcouncil.org

Egypt
Population Council
12 El Nahda Street
Maadi Entrance #2
Maadi
Cairo, Egypt 11431
Tel +20 2 2525 5967
Alternate tel +20 2 2525 5968
Fax +20 2 2525 5962
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
H&C Place
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
Alternate tel +502 5293 0030
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
Alternate tel +91 11 2 464 2902
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 3481
Fax +254 20 271 3479
E-mail info.nairobi@popcouncil.org

Mexico
Population Council
Av. Miguel Ángel de Quevedo #578
Casa 2
Col. Santa Catarina
Coyoacán C.P. 04010
Ciudad de Mexico
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
Alternate tel +234 9 8706057
Alternate tel +234 8 067787750
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
Sacré Cœur 3 Pyrotechnie
85 Appartement 2ème Etage à Droite
BP 21027 Dakar Ponty, Dakar,
Senegal
Tel +221 33 859 5300
Fax +221 33 824 1998
E-mail info.senegal@popcouncil.org

Zambia
Population Council
No. 8 Nyerere Road, Prospect Hill
Lusaka, Zambia 10101
Tel +260 211 295925
Alternate tel +260 971 002011
Fax +260 211 295925
E-mail info.zambia@popcouncil.org
The Population Council confronts 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. 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