2019

Voices and Choices: Annual Report 2018

Population Council

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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
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
IMPROVING POLICIES TO ADDRESS SEXUAL AND GENDER-BASED VIOLENCE

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.

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.

“...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.

“Expanding male contraceptive options could help make family planning more of a shared responsibility between women and men.”

RÉGINE SITRUK-WARE, MD
Distinguished Scientist
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.

**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.

**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.
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.

**AMPLICIFYING RESULTS**

- **110+** peer-reviewed publications &
- **125+** citations
- **323K+** resource downloads
- **2,610+** media mentions in
- **79** countries
- **1.8M+** social media mentions

**ACCLAIMED**

Irving Sivin
2018 Lifetime Achievement Award

“**Irv helped put long-acting reversible forms of contraception on the map, and the world should be grateful for that.**” — Jim Sailer, Population Council

Global Warming Policy: Is Population Left Out in the Cold? The climate and environmental communities and international development institutions should embrace scientifically sound analyses of population policy and human rights–based reproductive health programs.

— John Bongaarts, Population Council

**JAMA**

Vaginal Ring Contraceptive Remains Effective for 1 Year

The first vaginal ring contraceptive that women can use for a full year has received FDA approval. In comparison, a contraceptive ring currently marketed in the United States has to be replaced monthly.

— Journal of the American Medical Association

**Science**

Global Warming Policy: Is Population Left Out in the Cold?

One of 50 Most Influential People in Health Care
Régine Sitruk-Ware

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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.
### STATEMENT OF ACTIVITIES
(For the year ended December 31, 2018)

<table>
<thead>
<tr>
<th></th>
<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>
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</tr>
<tr>
<td>Grants and contributions</td>
<td>69,004,882</td>
<td>996,165</td>
<td>70,001,047</td>
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<tr>
<td>Royalties</td>
<td>22,720,075</td>
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<td>22,720,075</td>
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<td>Investment return, net</td>
<td>(3,645,661)</td>
<td>(544,110)</td>
<td>(4,189,771)</td>
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<tr>
<td>Other</td>
<td>139,075</td>
<td>4,289</td>
<td>143,364</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>602,488</td>
<td>(602,488)</td>
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<tr>
<td><strong>TOTAL OPERATING REVENUE</strong></td>
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<td>88,674,715</td>
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<tr>
<td></td>
<td>88,820,859</td>
<td>(146,144)</td>
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<tr>
<td><strong>OPERATING EXPENSES</strong></td>
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<td></td>
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<tr>
<td>PROGRAM SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social &amp; behavioral sciences</td>
<td>56,079,407</td>
<td>—</td>
<td>56,079,407</td>
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<tr>
<td>Biomedical research</td>
<td>13,161,378</td>
<td>—</td>
<td>13,161,378</td>
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<td><strong>TOTAL PROGRAM SERVICES</strong></td>
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<td>69,240,785</td>
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<tr>
<td>SUPPORTING SERVICES</td>
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<tr>
<td>Management and general</td>
<td>12,420,213</td>
<td>—</td>
<td>12,420,213</td>
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<tr>
<td>Fundraising</td>
<td>677,698</td>
<td>—</td>
<td>677,698</td>
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<tr>
<td><strong>TOTAL SUPPORTING SERVICES</strong></td>
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<td>13,097,911</td>
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<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
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<td>82,338,696</td>
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<tr>
<td>Excess/(deficiency) of operating revenue over operating expenses</td>
<td>6,482,163</td>
<td>(146,144)</td>
<td>6,336,019</td>
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<tr>
<td><strong>OTHER CHANGES IN NET ASSETS</strong></td>
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<td></td>
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<tr>
<td>Post-retirement benefit changes other than net periodic benefit cost</td>
<td>690,825</td>
<td>—</td>
<td>690,825</td>
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<tr>
<td>Transfer from endowments</td>
<td>1,264,911</td>
<td>(1,264,911)</td>
<td>—</td>
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<tr>
<td><strong>INCREASE/(DECREASE) IN NET ASSETS</strong></td>
<td>8,437,899</td>
<td>(1,411,055)</td>
<td>7,026,844</td>
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<tr>
<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
<td>81,308,523</td>
<td>18,295,311</td>
<td>99,603,834</td>
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<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td>89,746,422</td>
<td>16,884,256</td>
<td>106,630,678</td>
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</tbody>
</table>
### 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>
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<tr>
<td>Grants and contributions receivable, net</td>
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<tr>
<td>US Government agencies</td>
<td>8,433,723</td>
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<tr>
<td>Other</td>
<td>5,950,736</td>
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<tr>
<td>Other receivables</td>
<td>829,930</td>
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<tr>
<td>Prepaid expenses and other assets</td>
<td>729,040</td>
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<tr>
<td>Investments</td>
<td>107,402,831</td>
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<tr>
<td>Fixed assets, net</td>
<td>11,027,773</td>
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<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>LIABILITIES</td>
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</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>
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<tr>
<td>Program advances</td>
<td>12,937,291</td>
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<tr>
<td>Loans payable</td>
<td>4,081,159</td>
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<tr>
<td>Deferred rent credit</td>
<td>5,088,950</td>
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<tr>
<td>Accrued lease obligation</td>
<td>67,296</td>
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<tr>
<td>Post-retirement medical benefits payable</td>
<td>6,319,325</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>38,681,586</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</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>
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<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>
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</tr>
</thead>
<tbody>
<tr>
<td>Purpose or time restricted</td>
<td>11,398,480</td>
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<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>

| **TOTAL NET ASSETS**                                     | **106,630,678**|

| **TOTAL LIABILITIES AND NET ASSETS**                     | **145,312,264**|

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](http://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

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
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