POWERING PROGRESS WITH EVIDENCE
In an era of tweeted policies and trending hashtags, a commitment to research and evidence can at times feel anachronistic, even futile. Junk-science stories and conspiracy theories catch fire, while facts and evidence are routinely dismissed in favor of intuition and ideology.

Yet at this tenuous moment, it’s important to emphasize not only the power of evidence, but its promise. Since our founding 65 years ago, the Population Council has been asking bold questions and delivering high-quality evidence to improve health and well-being. Across our programs in reproductive health; HIV/AIDS; poverty, gender, and youth; and biomedical research, we’ve seen first-hand how research can transform lives. At its best, evidence is a bridge that builds understanding across divides; it powers progress to improve the health and well-being of people all around the world.

Just consider female genital mutilation, or cutting. While more than 200 million women and girls have undergone the practice in 30 high-practice countries, a girl today is about a third less likely to be cut than 30 years ago. Progress is taking place thanks to collective efforts around the world, with evidence as a powerful ally. For nearly 20 years, the Population Council has been a leader in understanding this complex cultural practice and informing strategies to counter it. And right now, our six-year research program in seven countries is harnessing evidence to accelerate change by identifying why the practice persists, what is working, and what could be replicated and where.

Harnessing evidence to bring voice and visibility to marginalized populations is at the center of the Population Council’s mandate. We know that stigma and discrimination prevent many people from accessing HIV services. Effectively supporting highly stigmatized groups is extremely difficult without carefully designed research to identify the size of, and risk factors for, key populations at highest risk for HIV. Thanks to the availability of more accurate and reliable information provided by the Population Council’s recent study on key populations in Zambia, the country’s National AIDS Strategy now includes estimates of key and vulnerable populations. High-quality evidence like this enables public health programs to better allocate resources and provides advocates with hard data to demand improved services.

These examples show how the Population Council’s enduring commitment to high-quality research directly impacts programs and policies affecting lives throughout the 50 countries where we work, and beyond. Equipped with this evidence, we can measure what progress is occurring and ask the next generation of bold questions to power progress for tomorrow.

While evidence will never be the only consideration for policymakers, it is a critically important tool for countering intuition and ideology. Without it, we risk investing scarce resources in interventions that seem good but may not actually work, or may be less effective than alternative solutions.

Now, perhaps more than ever before, is the time to stay on track toward our long-term goals and aspirations, and counter fiction with facts. Thank you for joining us on this journey.

Julia Bunting, OBE
President, Population Council
WHY QUALITY EVIDENCE MATTERS

The Population Council is at the forefront of research, policy analysis, and program design in low- and middle-income countries. In the last year, our research has highlighted the importance of investing in girls early, before irreversible life events anchor them in poverty, and illuminated the influence of inequitable gender norms in accessing HIV/AIDS services. Our research has illustrated the critical role of quality of care in addressing sexual and reproductive health needs, and much more.

RESEARCH SPOTLIGHT: CATALYZING PROGRESS
Young people are powerful catalysts for social and economic development and change. In Bihar and Uttar Pradesh, two populous states in India where more than 6% of the world’s adolescents live, the Understanding the Lives of Adolescents and Young Adults (UDAYA) survey offers the first state representative data of its kind among 10–14-year-old boys and girls. Combining longitudinal as well as successive cross-sectional data from more than 20,000 adolescents, the study reveals new insights into the levels of education, employability, economic inclusion, and health.

These unique data reveal that since 2007:

Health progress
• The vast majority of older adolescents now deliver their first child in health facilities in both states
• Sexual violence has declined by 30% among married adolescent girls in Bihar

Social progress
• Child marriage is on the decline, with rates of early marriage dropping by one-third in Bihar and one-half in Uttar Pradesh
• More children are in school, including nearly 90% of younger girls (10–14) in both states
• Fewer adolescents are engaged in paid work in both states
• Youth participation in political and civic life has improved in Bihar

Disparities continue
• Nearly 75% of girls and 62% of boys aged 10–14 are unable to read fluently or solve simple math
• Among out-of-school adolescent girls, more than half have experienced early marriage
• As many as 70% of older adolescent boys have experienced physical violence from a parent

The UDAYA findings reinforce the importance of early interventions and offer a robust baseline from which to measure progress. The research is already informing numerous health, early marriage, and economic interventions. The next round of data collection is in 2019.

CHALLENGING CONVENTION WITH RIGOR
While interest and investment in programs for adolescent girls has grown, significant gaps remain in understanding what programs work, for which girls, under what circumstances, and at what cost. In fact, a recently published systematic review from the Population Council revealed that between 1990 and 2014, only 77 research articles were written on what works to improve the health and well-being of adolescent girls.

Today, the Council is adding considerably to this body of research with dozens of randomized controlled trials and rigorous evaluations examining how to improve the lives of adolescent girls. Such evidence is critical to supporting prioritized investments in interventions backed by evidence and unlocking the potential of the next generation.

QUESTIONS WE’RE ASKING ABOUT ADOLESCENT GIRLS

01 Can mentoring improve girls’ health, education, and social outcomes?
Abriendo Oportunidades, Guatemala
• Reaching 1,200 Mayan girls
• 2014–2018

02 Do safe space programs improve the health and well-being of the most vulnerable girls?
Adolescent Girls Empower Program (AGEP), Zambia
• Reaching 10,000 girls in rural and urban settings
• 2013–2018

03 What is the effect of health, wealth creation, education, and violence prevention interventions?
Adolescent Girls Initiative-Kenya (AGI-K)
• Reaching 5,000+ young adolescent girls in rural Wajir and Kibera informal settlement
• 2013–2020

04 Will cash transfers improve outcomes for girls?
Girl Empower, Nimba County, Liberia
• Reaching 1,200+ girls in post-conflict setting
• 2013–2018

05 Can e-readers improve literacy outcomes for girls?
GirlsRead!, Zambia
• Reaching 1,200+ girls
• 2016–2018

06 What is the effect of a community-based integrated services program on the well-being of girls living with HIV?
Project SOAR, Zambia
• Reaching 300+ girls
• 2015–2019

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. (JSI).
ADVANCING BIOMEDICAL SOLUTIONS TO IMPROVE LIVES

Since its founding in 1956, our Center for Biomedical Research (CBR) has conducted research and developed drugs, technologies, and products that enable women, men, and young people to protect and enhance their reproductive health and well-being.

Hundreds of millions of women—roughly a quarter of all women using contraceptives globally—are using a family planning method developed by the Population Council or based on our technologies. Today, our scientists are researching new technologies and delivery systems to provide even greater choice and protection.

THE JOURNEY OF BIOMEDICAL RESEARCH

Despite significant progress, about 40% of pregnancies are still unintended each year. Every day, more than 5,200 people become infected with HIV, disproportionately affecting girls and young women in pandemic regions. And more than one million people contract sexually transmitted infections (STIs) that can cause cancer or infertility, complicate pregnancies, or increase the risk of infection with HIV.

While improving access to and quality of care can address some of the gaps, women and men also need more choice, convenience, and control in their contraception and STI-prevention methods.

First In-Human Clinical Trial of Griffithsin for HIV and STI Prevention

The Population Council launched the first in-human trial of griffithsin, a naturally occurring anti-HIV protein, which has the potential to limit the risk of cross-resistance to antiretroviral products.

Griffithsin was initially discovered by the Center for Cancer Research at the National Cancer Institute and is the most potent anti-HIV agent described in the literature to date. It has been found safe and effective when tested against HIV and herpes simplex virus type 2 in animal studies and can be produced relatively easily and at low cost.

MEETING WOMEN’S NEEDS

In the Phase III trials, nearly 9 in 10 women surveyed were satisfied with the ring as a method of contraception.

The one-year contraceptive vaginal ring would be the first option to provide a full year of protection while completely under a woman’s control. The one-year ring does not require refrigeration and offers a quick return to fertility once removed.

CHOICE, CONVENIENCE, AND CONTROL

Population Council researchers are developing innovative delivery systems that are designed to be safer, lower cost, and easier to use.

DATA FROM 17 CLINICAL TRIALS

PHASE III 2,308 WOMEN, 27 STUDY SITES

If approved, the one-year contraceptive vaginal ring would be the first option to provide a full year of protection while completely under a woman’s control. The one-year ring does not require refrigeration and offers a quick return to fertility once removed.
Domestic work as pathway to sexual exploitation

While the vast majority of child domestic workers in Ethiopia are urban, Population Council research shows that most have migrated from rural areas, have lower education levels, and are more vulnerable to sexual abuse than nondomestic workers. A new study among 5,000+ urban and rural girls suggests domestic work is often an initial survival strategy and that young migrants frequently transition into other forms of work—including a significant portion into sex work. The study reveals the need for additional support programs and increased attention to domestic forms of human trafficking.

Improving care for child survivors of sexual violence

The Council continues to work to improve care for child survivors through its Africa Regional Sexual and Gender-Based Violence Network. New studies found that half of children (49%) in two Nairobi schools have experienced sexual violence and demonstrated that routine screening for violence against children is feasible and acceptable in both schools and health facilities when done by trained psychologists. Routine screening will now be pretested by the Ministry of Health, which has also adopted standard operating procedures that were part of a model evaluated by the Council to improve post-rape-care services.

Implementing PrEP for adolescents and young women

Population Council researchers worked in collaboration with the Tanzanian National AIDS Control Programme to demonstrate the acceptability of, and identify opportunities for, introducing oral pre-exposure prophylaxis (PrEP) for adolescent girls and young women. The study successfully garnered the perspectives of key stakeholder groups, including adolescent girls and young women, providers, parents, male partners, and policymakers. Study results are informing the Tanzanian national rollout of PrEP.

Identifying key populations

The Council conducted formative research to provide initial size estimates of key populations at risk for HIV in Zambia. Among female sex workers an integrated biological survey found HIV prevalence was about 50%, three times higher than in the general population of women. Stigma and discrimination were found to be major barriers to HIV services. The findings have informed national HIV prevention, care, and treatment policies and programs, including Zambia’s National AIDS Strategic Framework, USAID’s Country Operational Plan, and the National Modes of Transmission Report.
To have impact, evidence must reach and be used by decision-makers. Sharing our findings with peers, policymakers, and the public is essential for creating lasting change.

**TOOLS AND RESOURCES**

- **105** Peer-Reviewed Publications
- **1,416** Media and News Mentions in 58 Countries
- **653,848** Resource Downloads

**PUBLIC RECOGNITION**

- **ANN BLANC**, invited to Committee on Population of the National Academy of Sciences
- **JOHN BONGAARTS**, invited lecturer at the Pontifical Academy of Sciences
- **JOHN TOWNSEND**, awarded Nafis Sadik Award from the Rotary International Action Group on Population and Development

**120 UNDER 40: THE NEW GENERATION OF FAMILY PLANNING LEADERS**

- **ASHISH BAJRACHARYA**, Associate Director, Policy and Government Relations
- **ELSPETH WILLIAMS**, Associate Director, Policy and Government Relations
- **THOAI NGO**, Program Director, Poverty, Gender, and Youth

**CITED AND DISCUSSED**

- **Men Will Soon Test a Sperm-Stopping Gel for Birth Control**
  Researchers like Sitruk-Ware think views are changing, and that men, especially younger men, will be open to using a contraceptive drug. “This is about gender equity,” she says. “Men would also like to be able to regulate their own fertility and not be forced into fatherhood.”

- **The Incidence of Abortion and Unintended Pregnancy in India, 2015**
  The new estimates of incidence of abortion and unintended pregnancy in India will hopefully motivate and guide policies and programmes to improve the provision of abortion services and contraceptive care.

- **HIV and Disabilities: Time for More and Better Data**
  Despite progress in understanding what puts people with disabilities at increased risk for HIV, this population is still often overlooked by HIV prevention, care, and treatment programmes.

- **How Chickens and Goats Are Helping to Stop Child Marriage**
  “One misperception is that child marriage is an intractable practice,” says Annabel Erulkar, a social scientist at the Population Council. “My experience is that communities are quite open to change,” she says, “especially when they are presented with better alternatives.”
The charts on this page provide details on the Council’s sources of support and use of funds. The Council’s program-spending ratio, a key financial indicator, was 85 percent for fiscal 2017. For every dollar spent, 85 cents goes directly to research and program activities, demonstrating our prudent management and commitment to our mission.

We closely monitor the 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 Council’s finances can consult http://popcouncil.org/who/financials.asp

**SOURCES OF SUPPORT**
TOTAL $96.8 MILLION

- Investment returns $12.5
- Interest and dividends $1.5
- Royalties $11.0
- Other governments $9.9
- Multilateral organizations $4.1
- Foundations, corporations, nongovernmental organizations, and individuals $20.1
- US Government $37.7

**USES OF FUNDS**
TOTAL $86.4 MILLION

- Social and Behavioral Sciences 64%
- Biomedical Research 20%
- Management and General 15%
- Fundraising 1%
## FINANCES

### STATEMENT OF ACTIVITIES  (For the year ended December 31, 2017)

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>The John D. Rockefeller 3rd General Memorial Fund and others</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>$70,352,420</td>
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<tr>
<td>Royalties</td>
<td>10,960,758</td>
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<td>Interest and dividends (net of $185,022 investment fees)</td>
<td>146</td>
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<tr>
<td>Net appreciation in fair value of investments</td>
<td>(8,569)</td>
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<tr>
<td>Other</td>
<td>78,067</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>1,062,294</td>
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<td><strong>TOTAL OPERATING REVENUE</strong></td>
<td>$82,445,116</td>
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### OPERATING EXPENSES

<table>
<thead>
<tr>
<th>Program services</th>
<th>Supporting services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social &amp; behavioral sciences</td>
<td>Management and general</td>
</tr>
<tr>
<td>Biomedical research</td>
<td>Fundraising</td>
</tr>
<tr>
<td><strong>TOTAL PROGRAM SERVICES</strong></td>
<td><strong>TOTAL SUPPORTING SERVICES</strong></td>
</tr>
<tr>
<td>$55,552,271</td>
<td>$12,432,962</td>
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<tr>
<td>$7,613,581</td>
<td>$130,313</td>
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<tr>
<td>$17,263,278</td>
<td>$680,350</td>
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<td>—</td>
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<tr>
<td>$65,561,968</td>
<td>$13,113,312</td>
</tr>
<tr>
<td>$73,175,549</td>
<td>$13,243,625</td>
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</tbody>
</table>

### TOTAL OPERATING EXPENSES

$78,675,280 | $7,743,894 | $86,419,174

### Excess of operating revenue over operating expenses

3,769,836 | 3,969,821 | 7,739,657 |

### Other changes in net assets

<table>
<thead>
<tr>
<th>Loss on lease obligation and other, net</th>
<th>Pension and other postretirement charges other than net periodic benefit cost</th>
<th>Transfer from endowments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(72)</td>
<td>(853,366)</td>
<td>(2,848,371)</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>3,529,605</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>3,529,605</td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>681,234</td>
</tr>
</tbody>
</table>

### INCREASE IN NET ASSETS

68,027 | 7,499,426 | 7,567,453 |

### NET ASSETS AT BEGINNING OF YEAR

1,676,188 | 72,064,882 | 73,741,070 |

### NET ASSETS AT END OF YEAR

$1,744,215 | 79,564,308 | 81,308,523 |

### BALANCE SHEET  (For the year ended December 31, 2017)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$8,220,936</td>
</tr>
<tr>
<td>Grants and contributions receivable, net</td>
<td>—</td>
</tr>
<tr>
<td>U.S. government agencies</td>
<td>8,263,170</td>
</tr>
<tr>
<td>Other</td>
<td>6,778,814</td>
</tr>
<tr>
<td>Other receivables</td>
<td>822,774</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>1,729,958</td>
</tr>
<tr>
<td>Investments</td>
<td>102,971,232</td>
</tr>
<tr>
<td>Fixed assets, net</td>
<td>12,116,891</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>140,903,775</td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable, accrued expenses, and other liabilities</td>
<td>—</td>
</tr>
<tr>
<td>Awards, contracts, and fellowships payable</td>
<td>6,283,463</td>
</tr>
<tr>
<td>Program advances</td>
<td>12,813,832</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>—</td>
</tr>
<tr>
<td>Loans payable</td>
<td>5,369,946</td>
</tr>
<tr>
<td>Deferred rent credit</td>
<td>5,285,743</td>
</tr>
<tr>
<td>Accrued lease obligation</td>
<td>106,091</td>
</tr>
<tr>
<td>Postretirement medical benefits payable</td>
<td>6,501,186</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>41,299,941</td>
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</tbody>
</table>

### Net assets

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>General undesignated</td>
<td>The John D. Rockefeller 3rd Memorial Fund and others</td>
</tr>
<tr>
<td><strong>TOTAL UNRESTRICTED</strong></td>
<td><strong>SUBTOTAL UNRESTRICTED</strong></td>
</tr>
<tr>
<td>1,744,215</td>
<td>79,564,308</td>
</tr>
<tr>
<td>81,308,523</td>
<td>—</td>
</tr>
</tbody>
</table>

### TOTAL NET ASSETS

99,603,834

### TOTAL LIABILITIES AND NET ASSETS

$140,903,775

A copy of the audited financial statements, prepared in accordance with U.S. 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 is grateful to each of its donors, whose generosity makes our work possible. Funding for the Population Council’s work was provided by government agencies, multilateral organizations, foundations, corporations, and individuals. We value our longstanding relationships with many of these donors and welcome the support from new ones. Their commitment allows the Council to deliver solutions to critical health and development challenges and improve lives.

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E-mail info.zambia@popcouncil.org
DELIVERING ON OUR COMMITMENTS

“We as the development community have an ethical obligation to the individuals and communities we serve to make sure that we’re investing in programs and policies that work. Through our research, the Population Council is helping deliver on that promise.”

—Stephanie Psaki, Deputy Director, GIRL Center
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.