
Population Council

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I WANT TO MOVE FREELY LIKE THE BOYS IN THE SOCIETY BECAUSE THIS IS OUR RIGHT.

PARTICIPANT, BANGLADESHI ASSOCIATION FOR LIFE SKILLS, INCOME, AND KNOWLEDGE FOR ADOLESCENTS (BALIKA)
Investing in our future

For many of us, 2016 felt like a tumultuous year as we witnessed contentious elections, escalating conflicts, and the warmest year on record globally. While these experiences made many of us want to retreat into the safety of our family and friends, they also offered a strong reminder that our work is far from done.

Throughout the last 65 years, the Council has advanced rights, enhanced equity, and improved lives. We have done this by delivering rigorous, unbiased evidence that aids diverse governments, decision-makers, and agencies to improve programs and ensure policies are having the intended impact. Despite sometimes differing views—or perhaps particularly when views differ—we have found that evidence can bring clarity to a confusing and divided world.

A climate of fear can contribute to increasing isolation. Despite our progress on girls’ rights, Population Council research has shown that when families feel that neighborhoods aren’t safe, girls see their worlds shrink and opportunities contract. They may be pulled from school, socially isolated, forced into labor or marriage, and are more at risk of early pregnancy and HIV infection.

The good news is that when we design programs based on rigorous evidence about the realities of girls’ lives, we make a real impact. This year, our groundbreaking BALIKA project reduced the likelihood of child marriage by as much as 31 percent in communities in rural Bangladesh. By providing “safe spaces” that offered education and training opportunities, BALIKA helped enhance the lives and opportunities of adolescent girls and proved a model that is now being scaled up.

These impressive results tell me that when we develop innovative programs backed by rigorous evidence, we have an opportunity to create real and lasting change. And this is what the Population Council does best.
Despite the tumultuous events around us, 2016 stimulated big ideas at the Council. We set out to consider how evidence can solve challenges for our global future, from improving the health and well-being of the world’s youngest and most vulnerable populations, to advancing reproductive health and rights. We asked ourselves: how do we define impact, and how will we get there?

By the end of the year, we had created a Strategic Priorities Framework that sets our vision for the future. Over the coming years, it will direct our talent and resources toward critical health and development issues where we believe our research can make the biggest contribution. In the short term, we’re investing in analysis on specific, critical issues that are not well enough understood. For instance, the world has made great progress on getting more girls into school, but made far less progress on the quality of education they get once they’re there. We are exploring how we can best reduce school dropout and make sure all girls achieve the learning outcomes that will set them up for a successful future.

It’s important to me that our commitment to world-class research is underpinned by a commitment to strong organizational health. It’s our incredible people around the world who generate our ideas, evidence, and impact. So we’re doing more to ensure their work can be successful, and in doing so, give our donors the very best value for money. Through convening research teams and operations experts, our Strategic Priorities Framework is a tool to empower our people to drive their ideas forward and continue to achieve the kind of impact for which the Population Council is renowned.

As a global community, we face major challenges ahead, and fewer resources to meet them. Too much is at stake to waste money on programs that sound good but haven’t been shown to be effective. I feel immensely privileged to lead an organization that is generating the ideas we need to tackle these challenges, and applying the intellectual rigor we need to test them.

At a time when progress seems fragile, our strategy is to invest in evidence to show what is effective, why, and when. That way the ideas we have today will continue to change the way the world thinks for years to come.

Julia Bunting, OBE
President
### Strategic Priorities Framework

<table>
<thead>
<tr>
<th>OBJECTIONS</th>
<th>PRIORITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower girls to lead productive lives through improved access to quality education and health services</td>
<td>• Enhance the evidence base for reducing school dropout and improving learning outcomes for girls</td>
</tr>
<tr>
<td>Reduce the prevalence of harmful traditional practices such as child, early, and forced marriage and female genital mutilation/cutting</td>
<td>• Demonstrate how addressing stigma and gender inequities improves HIV and AIDS program outcomes</td>
</tr>
<tr>
<td>Reduce sexual and gender-based violence</td>
<td>• Develop and use evidence to enable programs to reduce social and economic barriers to obtaining quality maternal health services</td>
</tr>
<tr>
<td>Address the social and health needs of key population groups and improve quality of life for people living with HIV</td>
<td>• Develop evidence on how to strengthen the resilience of vulnerable populations to adapt to environmental shocks and stressors, including those related to the effects of climate change</td>
</tr>
<tr>
<td>Increase understanding of demographic trends and their consequences for human welfare and the environment, particularly in sub-Saharan Africa</td>
<td>• Undertake research and provide technical assistance to prepare markets for introduction of the PVR, NES/EE CVR, and Multipurpose Prevention Technologies developed by the Council and others</td>
</tr>
<tr>
<td>Reduce STI and HIV risk and improve HIV care and treatment programs</td>
<td>• Generate and promote policy-relevant evidence to support programs for girls at scale</td>
</tr>
<tr>
<td>Reduce maternal and newborn morbidity and mortality</td>
<td></td>
</tr>
<tr>
<td>Increase knowledge and understanding of the biology of HIV/STI transmission, regulation of fertility, and sexual and reproductive health</td>
<td></td>
</tr>
<tr>
<td>Develop new contraceptives, products to prevent HIV/STI transmission, and other public health products, and test for effectiveness, safety, and acceptability</td>
<td></td>
</tr>
<tr>
<td>Ensure that research is used to inform development policies, programs, and investments in the public, private, and nongovernmental sectors</td>
<td></td>
</tr>
<tr>
<td>Publish the best research on population, health, and development</td>
<td></td>
</tr>
</tbody>
</table>

### Organizational Health Goals

- **The Council is an employer of choice, staffed by top talent**
- **The Council’s structures and systems allow us to collaborate and coordinate to maximize delivery of our mission**
- **The Council has sound financial health, enabling it to carry out its mission**
IDEAS. EVIDENCE. IMPACT

The Population Council conducts rigorous biomedical, public health, and social science research to improve lives around the world. Our work advances reproductive health, allowing couples to plan their families and chart their futures. We help people avoid HIV infection and access life-saving HIV services. And we empower girls to protect themselves and have a say in their own lives. Ideas. Evidence. Impact. It’s our model for change.

What works to delay child marriage?

IDEAS: BREAKING THE CYCLE OF CHILD MARRIAGE

Despite having made significant progress on many gender and reproductive health indicators, two out of three girls in Bangladesh are married before the legal age of 18. When girls are married early, they are more likely to drop out of school, be unemployed, and experience violence and harassment. Even as adults they tend to be more socially isolated, have fewer resources, and be less educated. A delayed marriage greatly improves a girl’s chances for a healthy and productive life.

MORE THAN 9,000 GIRLS IN 72 COMMUNITIES PARTICIPATED IN THE BALIKA PROJECT.
EVIDENCE: USING RIGOROUS RESEARCH FOR SOCIAL CHANGE

The Council established a rigorous study to evaluate effective approaches to delay child marriage.

The “Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents” (BALIKA) project, supported by the Embassy of the Kingdom of the Netherlands, evaluated whether three skills-building approaches to empower girls could effectively delay the age at marriage among girls aged 12–18.

Participating communities were assigned to three different intervention groups in which girls received either:
• Education support and tutoring;
• Training on life skills and gender rights awareness; or
• Livelihoods training to support entrepreneurship or useful skills, such as mobile phone servicing.

Another 24 communities served as the control group where no intervention occurred.

IMPACT: SCALING UP FOR THE FUTURE

Results showed that girls in BALIKA communities were nearly one-third (31%) less likely to be married as children than girls living in communities not reached by the BALIKA project. The findings demonstrated that a holistic approach to building girls’ skills and knowledge, elevating their visibility and status in their families and communities, and ensuring their safety could reduce the chances that they marry too soon.

Today the BALIKA project continues in many of the intervention communities thanks to efforts by the teachers, mentors, and community leaders, and the government is scaling up the approach in more communities nationwide.
Sending teen mothers back to school

Two out of five 19-year-old Kenyan girls are pregnant or have given birth. Through STEP UP, a DFID-supported project to generate policy-relevant research on sexual and reproductive health, the Council identified the impact of unplanned pregnancy on girls’ education, including finding that pregnancy was cited as the main reason (66% of respondents) that girls ages 13–19 drop out of school in Homa Bay, Kenya. The effort is paying off: a new parliamentary bill introduced in 2016 prohibits schools from requiring pregnancy tests or expelling teen mothers and requires schools to provide a welcoming setting.

Increasing contraceptive choice

In Ghana there is only one doctor for every 10,000 people. Community Health Nurses (CHNs) play a critical role in providing roughly 60% of Ghana’s contraceptive services. Until recently they were unable to offer contraceptive implants—an important option for women in hard-to-reach areas. In 2013 the Council and Ghana Health Service piloted a project to train nurses in implant insertion and removal. The pilot’s positive results prompted a national policy review, and now CHNs can provide the implant services directly to women, dramatically expanding contraceptive access and choice.

Advancing multipurpose prevention technologies

The Council advanced the promising PC-1005 gel with publication of the first in-human trial results showing the broad spectrum microbicide is well-tolerated and has high acceptability. PC-1005 gel, also known as MZC, is designed to be used both vaginally and rectally to protect women and men against HIV, herpes simplex virus, and human papilloma-virus. It contains the highly potent antiretroviral MIV-150, along with zinc acetate dihydrate and carrageenan.

Reducing stigma and discrimination

Council research shows that combating stigma and discrimination is essential for reducing fear related to HIV testing and treatment. Through the Link Up project funded by the Dutch Ministry of Foreign Affairs, the Council found that tailored anti-stigma training substantially improved health provider attitudes, such as reducing the perception that people living with HIV should be ashamed (from 35% to 16%). Young people’s approval of services also improved after the training (from 64% to 98%), showing it is possible to provide respectful services to marginalized groups.

Informing policies and programs
**KENYA**

Sending teen mothers back to school

Two out of five 19-year-old Kenyan girls are pregnant or have given birth. Through STEP UP, a DFID-supported project to generate policy-relevant research on sexual and reproductive health, the Council identified the impact of unplanned pregnancy on girls’ education, including finding that pregnancy was cited as the main reason (66% of respondents) that girls ages 13–19 drop out of school in Homa Bay, Kenya. The effort is paying off: a new parliamentary bill introduced in 2016 prohibits schools from requiring pregnancy tests or expelling teen mothers and requires schools to provide a welcoming setting.

**GHANA**

**EGYPT**

Protecting women’s and girls’ rights

Through the nationally representative 2014 Survey of Young People in Egypt, Council researchers found an alarming result: a growing proportion of girls and women reported undergoing female genital mutilation/cutting (FGM/C) by medical professionals, despite FGM/C offering no health benefits. To help address the issue, the Council convened policymakers to share and translate the findings into action. As a result, an amended law strengthened penalties against physicians convicted of the practice. A nationwide “Doctors against FGM/C” campaign was also launched.

**BANGLADESH**

Reducing stigma and discrimination

Council research shows that combating stigma and discrimination is essential for reducing fear related to HIV testing and treatment. Through the Link Up project funded by the Dutch Ministry of Foreign Affairs, the Council found that tailored anti-stigma training substantially improved health provider attitudes, such as reducing the perception that people living with HIV should be ashamed (from 35% to 16%). Young people’s approval of services also improved after the training (from 64% to 98%), showing it is possible to provide respectful services to marginalized groups.

**CAMBODIA**

Evaluating innovative approaches

A new Council study across nine districts in Cambodia found a family planning voucher program significantly increased voluntary use of modern contraceptive services (from 22% to 32%), particularly the use of more effective, longer-acting methods. The program provided women with the fewest resources and least education free access to counseling, any modern contraceptive method, and community awareness events. Without the vouchers many of these women would not have been able to select their method of choice.

**Countries where we work**

**Country offices**

Increasing contraceptive choice

In Ghana there is only one doctor for every 10,000 people. Community Health Nurses (CHNs) play a critical role in providing roughly 60% of Ghana’s contraceptive services. Until recently they were unable to offer contraceptive implants—an important option for women in hard-to-reach areas. In 2013 the Council and Ghana Health Service piloted a project to train nurses in implant insertion and removal. The pilot’s positive results prompted a national policy review, and now CHNs can provide the implant services directly to women, dramatically expanding contraceptive access and choice.
In order 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**

- **95** Peer-reviewed papers and commentaries
- **775+** Media articles in 62 countries
- **1.7 million** Downloads of digital resources

**GLOBAL RECOGNITION**

- **Ubaidur Rob**, Country Director, Bangladesh, was honored by the Obstetrical and Gynecological Society of Bangladesh for contributions toward reducing pre-eclampsia
- **Chernor Bah**, Poverty, Gender, and Youth program, received the Together for Girls “16 Heroes Award” for dedication to ending domestic violence
- **Eunice Muthengi**, Poverty, Gender, and Youth program, won the International Center for Research on Women’s 2016 Paula Kantor Award for Excellence in Field Research
- **Samir Souidi**, Information Technology, received the InsideNGO 2016 Excellence Award in Information Technology

“**WITHOUT THE TOOLS FROM THE POPULATION COUNCIL, IT WOULD HAVE BEEN MUCH MORE DIFFICULT, IF NOT IMPOSSIBLE FOR US TO GATHER SOME OF THE VITAL INFORMATION WE COLLECTED.**”

—JAHADUKUREH EXECUTIVE DIRECTOR, SAFE HANDS FOR GIRLS TIME 100 MOST INFLUENTIAL PERSON
CITED AND DISCUSSED

**nature**

“Within a decade, women everywhere should have access to quality contraceptive services... Family planning must be reclassified as a development intervention (as well as being a health and human-rights intervention) to give it the high national and global priority it deserves.”

—John Bongaarts
Vice President and Distinguished Scholar

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**THE LANCET**

“Most health experts say there is no mystery surrounding what is needed to tackle maternal deaths, many of which are preventable. ‘We know what can be done,’ said Charlotte Warren, who leads maternal health research at the Population Council... ‘Women are not getting access to basic services in many countries.’”

—Judith Bruce
Senior Associate and Policy Analyst

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**JAIDS**

“The capacity of PC-1005 to block HPV is critical given that multiple strains of HPV—including low risk types that are not included in any of the currently available vaccines—have been shown to double HIV risk in certain settings.”

—Barbara Friedland
Associate
HIV and AIDS program

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**The New York Times**

“The H.I.V. epidemic has become progressively younger while remaining persistently female. In the most affected regions, young women are two to four times more likely to become infected than men... We can genuinely make AIDS a crisis of the past only by using evidence-based solutions designed with girls at the center...”

—Judith Bruce
Senior Associate and Policy Analyst

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**The Guardian**

“If we want to effectively reduce child marriage in Bangladesh, we must employ new approaches that empower girls, and engage their families and their communities so girls are seen as an asset, not a liability.”

—Sajeda Amin
Senior Associate
Poverty, Gender, and Youth program

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**Devex**

“There is a ‘staggering’ gap in the research and literature focused on what works to improve the health and well-being of adolescent girls, according to Ngo. Between 1990 and 2014, only 77 research articles were written on the topic, he said, and of those only 29 percent could be considered ‘high-quality research.’”

—Thoai Ngo
Program Director
Poverty, Gender, and Youth program
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 84 percent for fiscal 2016. 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 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](http://popcouncil.org/who/financials.asp)
## STATEMENT OF ACTIVITIES
(For the year ended December 31, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
<td>The John D. Rockefeller 3rd Memorial Fund and others</td>
</tr>
<tr>
<td>OPERATING REVENUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>$72,019,181</td>
<td>1,000</td>
</tr>
<tr>
<td>Royalties</td>
<td>4,027,938</td>
<td>—</td>
</tr>
<tr>
<td>Interest and dividends (net of $196,441 investment fees)</td>
<td>1,653</td>
<td>1,386,726</td>
</tr>
<tr>
<td>Net appreciation in fair value of investments</td>
<td>(27,253)</td>
<td>5,506,833</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>683,143</td>
<td>—</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUE</td>
<td>76,704,662</td>
<td>6,894,559</td>
</tr>
</tbody>
</table>

|                        |              |             |             |                      |                        |       |
| OPERATING EXPENSES     |              |             |             |                      |                        |       |
| Program services       |              |             |             |                      |                        |       |
| HIV and AIDS           | 23,075,388   | —          | 23,075,388  | —                    | —                      | 23,075,388     |
| Poverty, Gender, and Youth | 14,697,377   | —          | 14,697,377  | —                    | —                      | 14,697,377     |
| Reproductive Health    | 28,305,429   | 3,155,775  | 31,461,204  | —                    | —                      | 31,461,204     |
| Distinguished Colleagues | 102,367     | —          | 102,367     | —                    | —                      | 102,367     |
| Publications           | 1,349,942    | —          | 1,349,942   | —                    | —                      | 1,349,942     |
| TOTAL PROGRAM SERVICES | 67,530,503   | 3,155,775  | 70,686,278  | —                    | —                      | 70,686,278     |
| Supporting services    |              |             |             |                      |                        |       |
| Management and general | 13,288,902   | 387,197   | 13,676,099  | —                    | —                      | 13,676,099     |
| Fundraising            | 872,516      | —          | 872,516     | —                    | —                      | 872,516     |
| TOTAL SUPPORTING SERVICES | 14,161,418  | 387,197   | 14,548,615  | —                    | —                      | 14,548,615     |
| TOTAL OPERATING EXPENSES | 81,691,921  | 3,542,972  | 85,234,893  | —                    | —                      | 85,234,893     |

(Deficiency) excess of operating revenue over operating expenses | (4,987,259) | 3,351,587 | (1,635,672) | 914,238 | — | (721,434) |

Other changes in net assets
|                        |              |             |             |                      |                        |       |
| Gain on lease obligation and other, net | 172 | — | 172 | — | — | 172 |
| Pension and other postretirement charges other than net periodic benefit cost | 172,264 | — | 172,264 | — | — | 172,264 |
| Transfer from endowments | 4,205,548   | (3,110,052) | 1,095,496   | (1,095,496)        | —                      | —             |

DECREASE IN NET ASSETS | (609,275) | 241,535 | (367,740) | (181,258) | — | (548,998) |

NET ASSETS AT BEGINNING OF YEAR | 2,285,463 | 71,823,347 | 74,108,810 | 11,025,934 | 5,485,776 | 90,620,520 |

NET ASSETS AT END OF YEAR | $1,676,188 | 72,064,882 | 73,741,070 | 10,844,676 | 5,485,776 | 90,071,522 |
BALANCE SHEET (For the year ended December 31, 2016)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$8,903,899</td>
</tr>
<tr>
<td>Grants and contributions receivable, net</td>
<td></td>
</tr>
<tr>
<td>U.S. government agencies</td>
<td>9,420,796</td>
</tr>
<tr>
<td>Other</td>
<td>5,700,175</td>
</tr>
<tr>
<td>Other receivables</td>
<td>698,549</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>1,801,992</td>
</tr>
<tr>
<td>Postretirement medical benefits trust</td>
<td>4,799,958</td>
</tr>
<tr>
<td>Investments</td>
<td>98,729,206</td>
</tr>
<tr>
<td>Fixed assets, net</td>
<td>12,765,919</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>142,820,494</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities</td>
</tr>
<tr>
<td>Accounts payable, accrued expenses, and other liabilities</td>
</tr>
<tr>
<td>Awards, contracts, and fellowships payable</td>
</tr>
<tr>
<td>Program advances</td>
</tr>
<tr>
<td>Deferred revenue</td>
</tr>
<tr>
<td>Loans payable</td>
</tr>
<tr>
<td>Deferred rent credit</td>
</tr>
<tr>
<td>Accrued lease obligation</td>
</tr>
<tr>
<td>Postretirement medical benefits payable</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
</tr>
<tr>
<td>Net assets</td>
</tr>
<tr>
<td>Unrestricted</td>
</tr>
<tr>
<td>General undesignated</td>
</tr>
<tr>
<td>The John D. Rockefeller 3rd Memorial Fund and others</td>
</tr>
<tr>
<td><strong>SUBTOTAL UNRESTRICTED</strong></td>
</tr>
<tr>
<td>Restricted</td>
</tr>
<tr>
<td>Temporarily restricted</td>
</tr>
<tr>
<td>Permanently restricted</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
</tr>
</tbody>
</table>

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 2016 Mark Walker Fellowship honors the extraordinary service of our outgoing Chairman of the Board of Trustees. Throughout his 13 years of service on the Board, Mark Walker provided passionate leadership and support to the Council as it deepened its commitment to working on behalf of adolescent girls.

The one-year fellowship supports Council scientists in generating, synthesizing, and translating rigorous research on the risks and realities of girls’ lives, and determining which interventions have a proven impact on improving girls’ lives and how to best direct investments to have meaningful effect. The research draws on more than 20 years of evidence gathered by the Council and partners and housed within the Council’s new Girl Innovation, Research, and Learning (GIRL) Center.

The Population Council is grateful to each of our 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.

**GOVERNMENTS AND GOVERNMENTAL AGENCIES**
- Government of Ireland
  - Irish Aid
- Government of the Netherlands
  - Embassy of the Kingdom of the Netherlands
- Government of Norway
  - Norwegian Agency for Development Cooperation (NORAD)
- Government of Sweden
  - Swedish International Development Cooperation Agency (SIDA)
- Government of the United Kingdom
  - Department for International Development (DFID)
- Government of the United States
  - Agency for International Development (USAID)
  - Centers for Disease Control and Prevention (CDC)
  - National Institutes of Health (NIH)

**MULTILATERAL ORGANIZATIONS**
- United Nations Children’s Fund (UNICEF)
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
- United Nations Foundation
- United Nations Population Fund (UNFPA)
- World Bank Group
- World Health Organization (WHO)
- The Barr Foundation
- Bayer HealthCare
- BIZIT Group
- BP Foundation, Inc.
- BSC Group Services, LLC
- Cleary Gottlieb Steen & Hamilton LLP
- Columbia University Medical Center
- Community Media Trust (CMT)
- Comunidades de la Tierra
- Crown Agents Limited
- Dell Employee Engagement Fund
- Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
- DiRaimondo & Schroeder LLP
- Elton John AIDS Foundation
- Engagement Fund
- EngenderHealth
- Evofem Biosciences, Inc.
- FHI 360
- Fidelity Investments
- Charitable Gift Fund*
- The Ford Foundation
- Forschungsinstitut zur Zukunft der Arbeit GmbH
- The Bill & Melinda Gates Foundation
- Girl Effect
- Global Health Corps (GHC)
- Goldman Sachs & Co.
- Guttmacher & Co.
- Health Decisions
- H&M Hennes & Mauritz
- The William and Flora Hewlett Foundation
- Fred Hutchinson Cancer Research Center
- Inter-American Development Bank (IDB)
- International HIV/AIDS Alliance
- International Initiative for Impact Evaluation (3ie)
- International Labour Office
- International Planned Parenthood Federation (IPPF)

**FOUNDATIONS/ CORPORATIONS/ OTHER NONGOVERNMENTAL ORGANIZATIONS**
- Anonymous (2)
- Abt Associates Inc.
- AmazonSmile Foundation
- American Jewish World Service (AJWS)
- The American University in Cairo
- Atlantic Philanthropic Services Co.
- AT & T
- Avenir Health
- The Barr Foundation
- The Batonga Foundation
- Bayer HealthCare
- BIZIT Group
- BP Foundation, Inc.
- BSC Group Services, LLC
- Cleary Gottlieb Steen & Hamilton LLP
- Columbia University Medical Center
- Community Media Trust (CMT)
- Comunidades de la Tierra
- Crown Agents Limited
- Dell Employee Engagement Fund
- Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
- DiRaimondo & Schroeder LLP
- Elton John AIDS Foundation
- Engagement Fund
- EngenderHealth
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- FHI 360
- Fidelity Investments
- Charitable Gift Fund*
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- Guttmacher & Co.
- Health Decisions
- H&M Hennes & Mauritz
- The William and Flora Hewlett Foundation
- Fred Hutchinson Cancer Research Center
- Inter-American Development Bank (IDB)
- International HIV/AIDS Alliance
- International Initiative for Impact Evaluation (3ie)
- International Labour Office
- International Planned Parenthood Federation (IPPF)
Supporters and friends join the Population Council at the Ideas with Impact Awards Gala in New York City. (Clockwise from top) Mary Ann Holguin, Elizabeth Zobel de Ayala, Jaime Zobel de Ayala; Terry Walker, Nandana Sen; Mark Saiontz, Stacey Saiontz; Thoai Ngo, Niranjan Saggurti, Chernor Bah, Aissatou Diallo, Johana Tima.
Society for Family Health (SFH) Nigeria
SRI International
The Summit Foundation
Tinker Foundation
TPG Architecture, LLP
Trust
United Way of Rhode Island
University of Connecticut
Health Center
University of Pittsburgh
University Research Co.,
LLC (URC)
Wits Reproductive Health
& HIV Institute
Yale University
Zambia Health Education
and Communications
Trust (ZHECT)
ZanaAfrica Group

INDIVIDUAL DONORS AND
FAMILY FOUNDATIONS

JOHN D. ROCKEFELLER
3RD VISIONARIES

Hope Aldrich*
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Library of Congress Catalog Number 78-617856 ISSN 0361-7858
Printed on recycled paper using vegetable-based inks.