From Research into Policy and Practice: Annual Report 2014

Population Council

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Those words have echoed in my ears for nearly 25 years. They were spoken to me in the summer of 1990 when, at the age of 16, I had the opportunity to participate in an exchange visit to Shambalai School in the remote village of Lushoto, in northeast Tanzania. I had been teaching a class on plant biology and at the end of the lesson a young man (probably about the same age as I) came up and uttered those words.

I was shocked by the question for many reasons.

Firstly, I couldn’t believe that in 1990, someone my age, let alone his mother’s age, didn’t know about biology, reproductive health, and contraception.

Secondly, I couldn’t believe that people didn’t have access to the information, services, and supplies they needed to achieve their desired family size.

Thirdly, and most importantly, I was heartbroken that his mother was in a situation so desperate that she had no other choice than to have her son ask a complete stranger—an adolescent girl from England—for advice. That moment crystallized for me the fundamental injustice experienced by those who lack access to contraception and are unable to achieve their reproductive intentions.

All women, men, and young people have a right to the information, services, and supplies they need to decide, freely and for themselves, whether to have children and, if so, when, and how many.
Although I didn’t realize it at the time, that conversation was going to set the direction for my future career and life. I went on to lead the AIDS and Reproductive Health team at the UK Department for International Development, serve as chair of the Reproductive Health Supplies Coalition, and oversee the Program and Technical Division of the International Planned Parenthood Federation.

And today I am the proud new president of the Population Council, encouraged by our achievements and exhilarated about our future. I can tell you that our work is needed today more than it ever has been. We must build on our decades of achievements—from creating the field of highly effective, long-acting, reversible contraception to calling the world’s attention to the importance of investing in adolescent girls. We must continue to deliver ideas, evidence, and solutions that improve the lives of people around the world.

We have remarkable foundations to build upon. The three most effective forms of long-acting, reversible contraception were all developed at the Population Council. Hundreds of millions of women have used one of the Council’s family planning methods, including the Copper T IUD (the most popular nonsurgical contraceptive method worldwide), the Mirena® intrauterine system, the contraceptive implants Norplant® and Jadelle®, and the progesterone contraceptive vaginal ring for breastfeeding women. These products have transformed our lives.

Thanks to the Jadelle® Access Program—a public–private partnership between the Bill & Melinda Gates Foundation, Bayer Healthcare, and others—many more women are able to use the safe and highly effective Jadelle implant. According to the Gates Foundation, this program “will avert more than 28 million unintended pregnancies, will prevent about 280,000 babies from dying, and will prevent 30,000 mothers from dying. And all of these health benefits will save an estimated $250 million in global health costs.”

In the 1990s, Council researchers were among the first to argue that adolescent girls are central to the world’s social, health, and economic development. Many in the international development community were unconvinced, but two decades later we have helped to provide a clearer picture of the potential of empowered girls to improve their own lives, their communities, and the world.
Today, the Council is building the world’s largest body of research on programs to improve the lives of adolescent girls. We are generating the evidence that will demonstrate which interventions are most effective, for which girls, under what conditions, and in which contexts. And we are proud that many governments and organizations around the world are using our pioneering work to develop their programs and are turning to our experts for the next generation of ideas. The challenges we face are global. Our solutions must be global, too. We must continue to work with our partners in a collaboration of mutual support and respect.

This year’s annual report focuses on the ways in which we’ve moved our research findings into active, beneficial policies, programs, and practices around the world: to reduce girls’ risk of HIV infection; make health clinics more accessible to young people and people with disabilities; eliminate disrespect and abuse during childbirth; and much more. You will read about the global leaders in international health and development who are ensuring that national
and international health programs and policies are meeting the needs of the populations they are intended to serve. We honored several of these leaders—including outgoing Council president Peter J. Donaldson—at our inaugural Ideas with Impact Awards at the end of 2014.

Peter’s decades of service to the Council and to people globally have been an inspiration to me. I am grateful for his outstanding stewardship of the Council and dedication to our mission. I am also thankful for the generosity and enthusiasm of our donors, partners, and trustees. Your passion and support allow us to lead the way toward a better life for people around the world.

Julia Bunting, OBE
President
Shaping Policies to Reduce Girls’ HIV Risk

Population Council scientists briefed the White House in 2014 on taking a “whole girl” approach—that is, addressing multiple aspects of girls’ lives—to reduce girls’ HIV vulnerabilities. This presentation to the U.S. Government’s Working Group on the Intersections between HIV, Gender, and Sexual and Gender-Based Violence was the first ever by a nongovernmental organization.

The Council has provided high-level guidance on overall strategy and is developing the implementation science framework for the DREAMS initiative, which the U.S. Government is launching to foster an AIDS-free future for girls.

In many parts of the world, girls and young women are at high risk for HIV infection. Globally, AIDS is the leading cause of death among women of reproductive age. In sub-Saharan Africa, young women are far more likely to be living with HIV than men the same age. Evidence-based approaches are needed to protect girls and young women at high risk for HIV infection.

The Council’s distinctive model for conducting research and delivering tailored interventions includes ensuring that we first gather evidence to shape our interventions. In Ethiopia, we found that some of the girls at highest risk for HIV were domestic workers who were socially isolated and confined to the home. We addressed these challenges by instituting girl group meetings to reduce isolation and enrolling girls by going door-to-door and negotiating their participation directly with parents or employers.

The results were dramatic. After the program, girls in our program area were twice as likely as girls in a comparison area to report having social support, score highly on HIV knowledge questions, know where to obtain voluntary HIV counseling and testing, and want to be tested. In a related program, married girls in our program area were significantly more likely than other girls to obtain voluntary HIV counseling and testing, use family planning, and negotiate husbands’ accompaniment to clinic visits and assistance with household chores.

These results were released in the 2014 report, Building the Assets to Thrive: Addressing the HIV-Related Vulnerabilities of Adolescent Girls in Ethiopia, which prompted widespread interest from the U.S. Government and others.
Adding Essential Medicines for Women

In 2014, the Population Council provided evidence on the safety and efficacy of the progesterone contraceptive vaginal ring (CVR) to the World Health Organization, which has added the ring to its 2015 updated Essential Medicines List.

Breastfeeding women who wish to delay another pregnancy have limited options for effective contraception. The Population Council’s progesterone CVR is available to women in eight countries in Latin America, but is not yet approved for use in sub-Saharan Africa, where it has great potential for meeting the contraceptive needs of women who breastfeed for long durations.

The progesterone CVR releases a continuous low dose of the natural hormone progesterone, which reinforces the inhibitory effect of breastfeeding on ovulation to delay the return of menstruation and therefore prevent pregnancy. It is safe for mother and baby and does not affect a woman’s ability to produce breast milk, unlike estrogen-containing oral contraceptives. Each ring can be used continuously for three months, and rings can be used successively for up to one year as long as the woman is breastfeeding.

In 2014, Council researchers completed studies required for the registration and introduction of the progesterone CVR in Kenya, Nigeria, and Senegal. In India, the Council and the Indian Council of Medical Research evaluated the safety and efficacy of the ring compared to the Copper T IUD in breastfeeding women who wish to space their pregnancies.

To complement the inclusion of the progesterone CVR on the Essential Medicines List, WHO has also added guidance to its Medical Eligibility Criteria to ensure that providers understand the method and how to counsel women about it as a contraceptive option. This is important, because when providers are familiar with a method, they are more likely to provide it as an option to the women they serve.

POPCOUNCIL.ORG/PCVR
Britain’s Secretary of State for International Development, Justine Greening, visits the Council’s Adolescent Girls Empowerment Program in Zambia, funded by the UK Department for International Development.
Informing Policies and Programs to Protect Girls

The Population Council presented evidence at the Girl Summit 2014, hosted by the UK Government and UNICEF, on effective policies and programs to end child marriage and female genital mutilation/cutting (FGM/C) within a generation.

Despite national laws that prohibit harmful traditional practices such as child marriage and FGM/C, and growing public opposition, the practices remain prevalent, especially in hot spots in sub-Saharan Africa, South Asia, and the Middle East. More than 14 million girls below age 18 are married each year, and as many as 30 million girls below age 15 are at risk of FGM/C.

For decades, the Population Council has been championing the rights of women and girls, developing and testing approaches to eliminate harmful traditional practices, and using evidence to shape effective policies and programs that protect their rights and preserve their health.

At the 2014 UK/UNICEF Girl Summit, governments, donors, and NGOs pledged to prioritize the eradication of these practices in the post-2015 development agenda. Council researchers presented evidence from Burkina Faso, Ethiopia, Kenya, Tanzania, and Zambia on what we know about eliminating FGM/C, including the need to generate consensus among Islamic leaders that FGM/C is not a religious obligation, and about child marriage, including the effect of providing direct incentives, such as chickens or a goat in the case of rural Ethiopia, to families for keeping girls unmarried, and about the best ways to scale up successful interventions.
Working to End Disrespect and Abuse During Childbirth

Population Council evidence, analysis, and strategic thinking made significant contributions to the World Health Organization’s statement on the Prevention and Elimination of Disrespect and Abuse during Childbirth, which was released at the 2014 UN General Assembly.

Globally, between 5 and 20 percent of women experience disrespect and abuse from health facility staff, such as physicians, nurses, and midwives, during childbirth. These practices include medical procedures performed without a woman’s consent or adequate privacy, discrimination, or denial of care, detention, and physical and verbal abuse.

These practices happen in maternity wards around the world. They are human rights violations that discourage women from having an attended delivery in a facility and may put women and babies at additional risk.

The Population Council’s USAID-supported Heshima (“dignified” in Kiswahili) Project in Kenya shined a light on the types and prevalence of disrespect and abuse experienced by women in childbirth and designed, implemented, and evaluated interventions to reduce such occurrences. Project activities were aimed at ensuring that mistreatment is considered neither normal nor acceptable and creating a culture of support, accountability, and professionalism among health workers.

To achieve this, we created toolkits on respectful maternity care for policymakers, healthcare providers, and communities and offered group and individual counseling sessions to staff in maternity units who work under stressful conditions that may reduce the quality of care they provide to women in labor. Following site interventions, client-reported disrespect and abuse fell 35 percent, from 20 percent of cases to 13 percent over two years. The Council and partners are strengthening the intervention model and expanding it to additional areas of Kenya.

POPCOUNCIL.ORG/HESHIMA
Generating Evidence in Support of India’s National Adolescent Strategy

The Population Council supported the rollout of the Government of India’s national adolescent strategy by generating evidence on the healthcare experiences of young people and recommending changes to make services more youth-friendly.

Across India, the government has more than 6,000 adolescent-friendly health clinics intended to increase services, particularly reproductive health services, for young people. The clinics are designed to pay special attention to young people, who have often been neglected.

In Jharkhand, Maharashtra, and Rajasthan, the Population Council assessed clinics from the perspectives of young people and healthcare providers. The Council found that clinics lack standardized services, that providers often hold biased beliefs about the rights of adolescents to information or services related to their health, and that adolescents, both girls and boys, seldom use the services offered.

On the basis of our findings, we recommended that as part of the introduction of the National Adolescent Strategy, the Government of India improve the quality of sexual and reproductive health services for young people in several ways. Our recommendations included expanding the scope and respectful elements of services at these clinics, expanding the healthcare provider base to serve young people, and improving the awareness and skills of healthcare providers to respond to the needs of all young people.
HIV/AIDS IS REAL
PROTECT YOURSELF
Increasing Access to HIV Services in Ghana


Council research under the USAID-funded HIVCore project revealed that persons with disabilities in Ghana have limited or no access to HIV prevention, care, and treatment services.

Population Council researchers found that access for persons with disabilities is constrained by physical, transportation, and communication barriers, stigma toward persons with disabilities, and a lack of providers trained to work with people with disabilities. Many people with disabilities lack access to condoms or do not know how to use them. For these reasons, persons with disabilities may be at heightened risk of HIV infection.

In response to these findings, the Ghana AIDS Commission organized meetings in 2014 with persons with disabilities to better understand the challenges they face. As a result, the Commission is working with people with disabilities to develop accessible informational materials about HIV and accessible services, such as pamphlets printed in braille. The Council’s research has informed the Commission’s national strategies.

POPCOUNCIL.ORG/HIVCORE
Championing Evidence to Improve Education

The benefits of girls’ education—for adolescent girls, their families, and their communities—have been well documented. Education is a powerful tool to prepare girls for healthy, productive adulthood. Despite global progress in eliminating gender gaps in access to school, however, challenges to girls’ education in the developing world remain: child marriage and early pregnancy, low-quality schools that hinder girls’ learning and retention, and widespread gender-based violence in schools aimed at both girls and boys.

Too often, the scarce resources that are invested in girls’ education go into programs that are neither based on solid evidence nor being rigorously evaluated to demonstrate that they help girls stay in school longer, retain skills, and live healthy, productive lives.

The Council advocates for more evidence about what works in girls’ education. Our research shows that it’s important to address the multiple challenges that girls face and to acknowledge that adolescence is a time when the gap in education grows and the lives of girls and boys start to take widely divergent paths.

In 2014, the Council was invited to advise the White House and U.S. Department of State on girls’ education. First Lady Michelle Obama cited the Council’s innovative research in Ethiopia during a December 2014 speech on girls’ education at the Brookings Institution. Girls in communities where the Council’s Berhane Hewan program was offered were three times more likely to be in school and 90 percent less likely to be married than girls in comparison communities without the program.

POPCOUNCIL.ORG/GIRLSEDUCATION
Providing Data for National HIV and AIDS Strategies

In 2014, the Council developed a detailed guide on the lives of Tanzanian adolescents, “The Adolescent Experience in Depth: Tanzania 2009–2012,” with data broken down by sex, age, school-going status, and region of residence.

The report draws on three national surveys and provides a comprehensive look at the situation of adolescents and youth in Tanzania. Its data are being used for creating effective policies and programs to serve Tanzanian young people. The report identifies “hot spots”—locations where high proportions of adolescents fall into multiple categories of risk.

The report also finds that although school attendance of younger adolescents is similar for both sexes, girls, particularly in rural areas, start to drop out of school at age 12, and the gender gap in attendance widens with increasing age. In urban areas, girls are more than twice as likely as boys ages 10–14 not to be in school and to live with neither parent (8% versus 3%). And married girls disproportionately were illiterate, with 58% of females ages 15–24 who had been married by age 15 unable to read a sentence, compared to 12% of their unmarried peers.

Several organizations and the Government of Tanzania are using this rich data source to shape their programs for young people. TACAIDS is using the results for national and regional planning. And Jhpiego is using the data to create a vulnerability index for adolescents and young women.

POPCOUNCIL.ORG/ADOLGUIDETANZANIA
The Population Council honored global leaders in international health and development at the first Ideas with Impact Awards ceremony held on December 8, 2014.

Honorees

Outgoing Population Council president Peter J. Donaldson, for ten years of service as president of the Council and four decades as a leader in global health and development research. Under Peter’s leadership, the Council has played a major role in population, health, and development research and policy formulation, and Council biomedical scientists continue to develop new contraceptives and products to reduce the risk of HIV and AIDS transmission.

The Adolescent Girls Learning Circle, a community of hundreds of practitioners and advocates who design and expand programs that give the poorest girls critical information, a say in their own lives, and a strong network of support. Accepting the award on behalf of the Learning Circle were representatives from two Learning Circle founding groups: Chernor Bah, a co-founder of the Salone Adolescent Girls Network in Sierra Leone and of A World at School, an international education organization; and Satvika Chalasani of the United Nations Population Fund.

Bayer HealthCare, which received an award for its efforts to expand access to modern contraception to women worldwide, regardless of income. Accepting the award on behalf of Bayer HealthCare was Dieter Weinand, member of the Bayer HealthCare Executive Committee and head of the Pharmaceuticals Division.

Also during the ceremony, the Council launched the Peter J. Donaldson Fund, which will provide developing-country researchers with the opportunity to become future leaders in population, health, and development. The event raised hundreds of thousands of dollars to support this fund and Council research and programs.
“Since I began my career with the Council in 1973, I have been surrounded by public health and social science all-stars. From Mexico City to Addis Ababa to New Delhi, Council experts are generating innovative ideas, gathering world-class evidence, and developing and informing policies and programs that have lasting and positive impact on the lives of the most vulnerable.”

– Peter J. Donaldson

“By relentlessly promoting the principle of investing in girls in ways that directly benefit them, the Population Council has had a real impact on innumerable people. Being part of that work has been extremely rewarding for me and many others.”

– Satvika Chalasani
(with Chernor Bah, right)

“As a global leader in hormonal contraception, we have been committed to supporting family planning for 50 years. I am very honored to accept this award today as a recognition for this engagement.”

– Dieter Weinand
ABOUT THE POPULATION COUNCIL

The Population Council conducts research and delivers solutions to improve lives around the world.

Tackling tough challenges

Our work allows couples to plan their families and chart their futures. With a focus on advancing rights, improving equity, and expanding access, we develop products, generate evidence, and deliver program and policy solutions that protect and promote women’s health and encourage men’s supportive engagement in reproductive health.

We are at the forefront of research, policy analysis, and program design for adolescent girls in the developing world. We identify which girls are most marginalized and demonstrate what they need to reach a healthy, productive adulthood. We empower girls to protect themselves and have a say in their own lives.

And we help people avoid HIV infection and obtain life-saving HIV services. We are devoted to understanding and slowing the spread of the AIDS epidemic. We expand access to innovative and effective products and services, with a focus on populations most at risk of HIV infection.

Established in 1952, the Population Council is governed by an international board of trustees. Its New York headquarters supports a global network of country offices. The Council staff consists of more than 540 women and men from over 30 countries. More than 60 percent work in our international offices. Council staff members conduct research and carry out programs in 50 countries.

Delivering solutions

Population Council staff:

• identify consequential health and development challenges;

• work with partners to design, implement, and evaluate programs to address these challenges;

• conduct biomedical research to develop products to alleviate some of the biggest global health burdens, including unintended pregnancy and HIV; and

• share our research widely with policymakers, program managers, the scientific community, industry partners, and the public to ensure that programs and products reach the populations they are intended to serve.
Sharing knowledge
The Population Council publishes two high-impact, peer-reviewed scientific journals—Population and Development Review and Studies in Family Planning—that shape programs, policies, and research methodologies. The Council also maintains a website and produces and disseminates books, working papers, newsletters, reports, slide shows, software, and toolkits to share our evidence and have lasting impact.

Improving policies and programs
The Population Council’s work goes beyond research. We strive to ensure that our evidence is translated into lasting impact through policies and programs. We provide technical assistance to strengthen national programs, and we offer expertise in expanding effective and sustainable interventions, implementing systems to monitor and evaluate projects, and finding innovative ways to pay for health care.

Strengthening technical expertise
Through our grants, fellowships, apprenticeships, and support to research centers, we have advanced the education and careers of thousands of social and biomedical scientists, public health researchers, and program managers. We have strengthened local institutions in developing countries through our major investments in research.

Forming partnerships
Achieving our ambitious mission is only possible in partnership with governments, universities, foundations, pharmaceutical companies, public and private health networks, hospitals, research centers, nongovernmental organizations, and individuals from around the world. These partnerships represent one of the most influential ways in which we improve services and create lasting change. Through our partnerships, we support sound practices and efforts to increase the scope of highly effective programs.
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 2014. 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, 2014)

<table>
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<tr>
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<th>Unrestricted</th>
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<th>Total</th>
<th>Temporarily restricted</th>
<th>Permanently restricted</th>
<th>Total</th>
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<td>General undesignated</td>
<td>The John D. Rockefeller 3rd Memorial Fund and others</td>
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<td><strong>OPERATING REVENUE</strong></td>
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<td>Grants and contributions</td>
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<td>Interest and dividends (net of $193,967 investment fees)</td>
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<td>3,525,090</td>
<td>3,528,296</td>
<td>715,276</td>
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<td>4,243,572</td>
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<td>Net appreciation in fair value of investments</td>
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<td>2,073,775</td>
<td>381,990</td>
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<td>2,455,765</td>
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<td>Other</td>
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<td>198,294</td>
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<td><strong>TOTAL OPERATING REVENUE</strong></td>
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<td>84,346,962</td>
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<td><strong>OPERATING EXPENSES</strong></td>
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<td>Program services</td>
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<td>HIV and AIDS</td>
<td>22,944,764</td>
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<td>Poverty, Gender, and Youth</td>
<td>18,231,823</td>
<td>196,458</td>
<td>18,428,281</td>
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<td>Reproductive Health</td>
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<td>29,519,738</td>
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<td>Distinguished Colleagues</td>
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<td><strong>TOTAL PROGRAM SERVICES</strong></td>
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<td>Supporting services</td>
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<td>Management and general</td>
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<td>589,460</td>
<td>13,112,506</td>
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<td>86,549,719</td>
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<td>86,549,719</td>
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<td>(Deficiency) excess of operating revenue over operating expenses</td>
<td>(5,239,584)</td>
<td>2,499,730</td>
<td>(2,739,854)</td>
<td>537,097</td>
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<td>(2,202,757)</td>
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<td>Other changes in net assets</td>
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<td>237,008</td>
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<td>237,008</td>
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<td>Gain on lease obligation and other, net</td>
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<td>(1,386,542)</td>
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<td>(1,386,542)</td>
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<td>Pension and other postretirement charges other than net periodic benefit cost</td>
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<td>(4,146,710)</td>
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<td>Transfer from endowments</td>
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<td><strong>DECREASE IN NET ASSETS</strong></td>
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<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
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<td><strong>NET ASSETS AT END OF YEAR</strong></td>
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## BALANCE SHEET (For the year ended December 31, 2014)

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<th>ASSETS</th>
<th>TOTAL</th>
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<tbody>
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<td>Cash and cash equivalents</td>
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<td>Grants and contributions receivable, net</td>
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<td>U.S. government agencies</td>
<td>8,858,061</td>
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<td>Other</td>
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<td>Other receivables</td>
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<td>Prepaid expenses and other assets</td>
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<td>Postretirement medical benefits trust</td>
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<td>Investments</td>
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<td>Fixed assets, net</td>
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<td><strong>TOTAL ASSETS</strong></td>
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<tr>
<th>LIABILITIES AND NET ASSETS</th>
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<td>Liabilities</td>
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<td>Accounts payable, accrued expenses, and other liabilities</td>
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<td>Awards, contracts, and fellowships payable</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
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<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>$138,846,469</strong></td>
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<th>FOUNDATIONS/ CORPORATIONS/ OTHER NONGOVERNMENTAL ORGANIZATIONS</th>
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<td>– Norwegian Agency for Development Cooperation (NORAD)</td>
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- Inter-American Development Bank (IDB)
- United Nations Children’s Fund (UNICEF)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
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