2012

Big Ideas: Annual Report, 2011

Population Council

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Big Ideas

When women can plan their families, they are healthier and better able to boost their family's income and quality of life. The Population Council has pioneered the design, evaluation, and expansion of voluntary family planning programs, empowering hundreds of millions of women.

Big ideas supported by evidence: It's our model for global change.

Big Ideas

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PRESIDENT'S MESSAGE

I spent a recent Saturday afternoon looking at antique maps with James Roy, an expert New York dealer. I was particularly intrigued by two maps. The first, published in 1522, depicted an understanding of south and southeast Asian geography essentially unmodified since the second century. The Indian Ocean is closed in the east, creating an inland sea. There is no Japan and no Australia. In the second map, published 70 years later, the world is transformed. The Indian Ocean has opened; Korea and Japan exist and Sumatra, Java, and Borneo have found their proper places. While examining the maps, I thought that what these early mapmakers accomplished in their time is analogous to what the Population Council has accomplished in our time.

The maps clarified the geographic world of the sixteenth century. They moved from a worldview informed by speculation and imagination to an understanding based on observation—what we call research and analysis in modern parlance.

For 60 years, the Population Council has identified important population, health, and development problems and created and evaluated ways to address them. And we have collaborated with government and NGO partners to increase the quality and coverage of family planning, reproductive health, and HIV and AIDS services. Sixty years ago, there were no government-sponsored family planning programs; no long-acting, reversible contraceptive methods; the determinants and consequences of population change were poorly understood; and high-quality, comprehensive reproductive health programs were unknown in most of the developing world.

This year's annual report focuses on family planning, one of the most consequential of the issues that the Population Council has addressed over the past 60 years. Sixty years ago, doubters argued that women in developing countries wouldn't use family planning and that contraceptive use would not spread until countries modernized. Population Council studies in Bangladesh, Taiwan, and Thailand demonstrated that women wanted to practice family planning and that fertility would decline well in advance of widespread development. Like the early mapmakers, the Population Council changed the way the world thought about critical issues and outlined directions that others could follow.

In this report, Council vice president John Bongaarts notes that family planning has been overlooked by many in the development community and describes the ways that family planning can help women, their families, and the societies in which they live. He calls on national governments and international donors to do more to increase access to family planning.

Our 2011 annual report has a streamlined print format and an enhanced on-line presentation. At www.popcouncil.org/ar2011 you can read more about our activities related to family planning and find photos, video clips, data, and thought-provoking essays by Council experts on our other research and programs.

Our partners, donors, and friends have greatly increased the effectiveness and impact of our work. We extend our heartfelt appreciation to our supporters. Your help has allowed us to chart a new world and to help deliver solutions that have benefited hundreds of millions of people. We look forward to more years of discovery and collaboration.

Peter J. Donaldson

Family Planning: A Key to Prosperity

BY JOHN BONGAARTS

Family planning programs are highly cost-effective, have demonstrable poverty-reducing effects, and provide important health and human rights benefits to those who would otherwise have trouble achieving them. Yet international support for such programs has not kept pace with the need. As a result, many developing countries, particularly in sub-Saharan Africa, continue to face rapid population growth and other impediments to social and economic development.

The Population Council has worked for many decades to improve family planning services, empower women, and increase contraceptive choice so that women who want to avoid pregnancy can do so. Our work has played a pivotal role in defining the ability of family planning to improve lives and strengthen societies. We are encouraged to see some of the world's major donors—such as the U.S. government and the World Bank—starting to take a renewed interest in this issue.

But much more must be done.

Some 215 million women in the developing world do not want to get pregnant but are not using an effective method of contraception, resulting in unintended pregnancies and preventable maternal and infant deaths. The poorest parts of

John Bongaarts is a Population Council vice president and distinguished scholar. His research focuses on the determinants of fertility, population–environment relationships, the demographic impact of the AIDS epidemic, population aging, and population policy options in the developing world.

the world—where individuals are already struggling to overcome hunger—will see continued population growth of more than 70 million per year. The population of sub-Saharan Africa is expected to increase by 1 billion by 2050. And high unemployment and inequality among rapidly growing young populations are contributing to the spread of political violence and civil strife.

The Population Council's research has changed the way the world thinks about voluntary family planning. These programs improve health, reduce poverty, empower women, and strengthen societies.

Family planning does more than provide health benefits; these programs also reduce poverty and improve lives:

First, by reducing the birth rate, family planning programs can create a “demographic dividend” that boosts economic growth for a

few decades by increasing the size of the labor force relative to both young and old dependents, and by making it possible for people to save money. About a third of the rapid economic growth rates experienced in recent decades by East Asian tiger economies is the result of this dividend.

Second, slower population growth allows families and communities to invest more in providing quality education and health care and to improve infrastructure.

Children who are healthy and educated are primed to become productive adults who can help to fuel the economy.

Third, when families are able to plan and space their pregnancies, they can invest more in each family member.

And women who have fewer children have more time to earn wages outside the home, which boosts family income and quality of life and reduces poverty.

The Population Council documented these benefits of family planning in studies of a landmark project undertaken by the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) in the Matlab district of Bangladesh. The Matlab population of 173,000 people was divided into two areas: an experimental area, where access to high-quality family planning services was greatly expanded to include home visits, a wide array of contra-

ceptive choices, and follow-up care; and a control area, which received the standard set of less-intensive services that were available country-wide.

The Council's research showed that the impact in the experimental area was large and immediate: contraceptive use increased markedly, fertility declined rapidly, and women's health, household earnings, and use of preventive health care improved. Children living in households that received family planning outreach were more likely to survive to the age of five and to attend school than were children from households that did not participate.

The program was so successful that it was expanded across the country, with extensive technical assistance and support from the Population Council. Today, Bangladesh is widely recognized as a world leader in family planning. We have learned that robust, high-quality voluntary family planning programs are among the most important policy responses for improving the lives of people in developing countries. As in Bangladesh, in other countries that adopted voluntary family planning programs—such as Indonesia, Kenya, and Rwanda—economies, public health, and standards of living are improving.

The argument for investing in family planning is persuasive: women and children, communities, and societies all benefit. Family planning should be a high policy priority and should be seen not only in terms of its benefits to people's health and rights, but as a critical investment in economic development and higher living standards. Around the world, the Council continues to work closely with ministries of health and other local partners to fight poverty by strengthening health systems, with a special focus on increasing access to family planning and improving reproductive health. ■

Investing in voluntary family planning is one of the most cost-effective ways to address global development challenges.

Family planning services

Reduce unmet need for contraception

Reduce unintended pregnancy

Reduce birth rates and slow population growth

Improve health

- Reduce maternal mortality
- Improve infant and child health
- Reduce abortion

Empower women

- Reach desired family size
- Invest in individual children
- Increase work productivity

Boost economic growth

- Increase size of labor force
- Increase savings
- Reduce poverty

Benefit communities

- Enhance schooling and health care
- Improve infrastructure
- Reduce pressure on natural resources

ABOUT THE POPULATION COUNCIL

The Population Council conducts biomedical, social science, and public health research. We deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world.

Tackling tough challenges

The Population Council's **Reproductive Health** program strives to improve sexual and reproductive health, especially for vulnerable people in developing countries. We help individuals to achieve their family planning and reproductive health goals through improvements in technologies and services. We work to reduce maternal mortality and morbidity.

Our **HIV and AIDS** program is devoted to understanding and slowing the spread of the HIV epidemic. Through biomedical and behavioral research, we expand access to innovative and effective products and services.

Our **Poverty, Gender, and Youth** program seeks to understand and address the social dimensions of poverty, the causes and consequences of gender inequality, the disparities in opportunity that arise during adolescence, and the critical requirements for reaching a successful, productive adulthood in developing countries.

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 600 women and men from 32 countries. More than 60 percent are based outside the United States. Council staff members conduct research and carry out programs in more than 50 countries.

Delivering solutions

Population Council staff identify neglected health and development problems; work with developing-country partners to design, implement, and test pilot programs to address these challenges; conduct biomedical research to develop new contraceptives and microbicides; inform policymakers, program managers, the scientific community, and the public about the results of our research; collaborate with governments and nongovernmental organizations to expand successful pilot programs and to improve large-scale programs; and collaborate with pharmaceutical companies to ensure that our products are available to the poorest and most vulnerable people worldwide.

Sharing knowledge

The Population Council publishes two widely read and influential peer-reviewed scientific journals: *Population and Development Review* and *Studies in Family Planning*. The Council also maintains a website and produces books, working papers, newsletters, reports, slide shows, software, and toolkits. A database of our publications is provided at www.popcouncil.org/pubsearch.

Improving programs

The Population Council's work does not end with conducting research. We strive to ensure that our findings get translated into concrete improvements in policies and programs. We provide technical assistance to strengthen national programs, and we offer expertise in scaling up effective and sustainable interventions, implementing systems to monitor and evaluate projects, and finding innovative ways to cover the costs of care.

Strengthening resources

The Population Council helps to improve the research capacity of reproductive and population scientists in developing countries through grants, fellowships, apprenticeships, and support to research centers. The Population Council's fellowship programs have helped advance the careers of thousands of social and biomedical scientists, public health researchers, and program managers, many of whom have gone on to hold leadership positions. In 2011, we supported more than 30 fellows.

Forming partnerships

Achieving our ambitious mission is only possible in partnership with governments, universities, foundations, 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 programs highlighted on pages 8-13 represent some of our most significant accomplishments in 2011.

Changing the Way Communities Think about Family Planning

The Population Council completed the highly successful Family Advancement for Life and Health (FALAH) project in 2011. This family planning initiative increased contraceptive use by 28 percent in less than four years in conservative areas of Pakistan, with the highest increases among poor, rural, and younger couples. The project promoted the idea of healthy “birth spacing” to protect women and infants, and engaged the support of religious leaders who exert strong influence over family planning decisions. Government health ministers are committed to expanding the FALAH approach nationwide with support from development partners.

Defining the Continuum of Care

The Population Council is changing the way Kenya thinks about caring for pregnant women. In 2011, the Council developed and tested a new model for training community midwives, who are more skilled than traditional birth attendants but are often not equipped to offer the kind of antenatal and postpartum care that women receive at a clinic or hospital. Our model increased the number of antenatal visits made by women, strengthened midwives' ability to handle pregnancy complications, and improved the quality and quantity of postpartum care, including family planning. As a result, the Kenyan government updated national guidelines for midwives to incorporate antenatal and postpartum care, including family planning.

Reaching Hidden Populations to Prevent HIV Infection

Many of the populations at highest risk of HIV—sex workers, injecting drug users, and men who have sex with men—are also the hardest to reach. The Population Council has developed innovative approaches, including peer-to-peer outreach and social media, to reach these hidden populations, give voice to their prevention needs, gain attention from policymakers, and deliver effective programs. In 2011, Council researchers worked in India, Kenya, and Nigeria to develop, evaluate, and improve HIV prevention initiatives. The Kenya National AIDS & STI Control Programme (NASCOP) is using our results to shape program planning for these at-risk populations.

Preventing Pregnancy and Sexually Transmitted Infections

Drawing upon decades of biomedical and social science expertise, the Population Council is developing novel Multipurpose Prevention Technologies (MPTs) that can prevent pregnancy and sexually transmitted infections, including HIV. In 2011, the Council's efforts yielded promising preclinical data on the compatibility of anti-HIV drugs with a hormonal contraceptive, and we spearheaded a global strategy for defining regulatory pathways for eventual approval of these methods.

Safescaping to Protect Girls

The Council's *Abriendo Oportunidades* program is changing the way communities think about girls' safety in the Mayan highlands of rural Guatemala. In an activity called "safescaping," girls, with mentor support, use GPS technology to map unsafe places in their communities—like overgrown fields and places where men gather. Girls present these maps at community meetings to prompt discussion about improving girls' safety. One community has already established a safety commission in response.

Safe and Smart Savings

The Population Council's Safe and Smart Savings project helps girls who live in the slums of Kenya and Uganda to open savings accounts, acquire budgeting skills, and learn about HIV and reproductive health. Council research in 2011 found that girls in these groups were significantly more likely than other girls to have financial goals and accurate financial knowledge; to know about HIV and reproductive health; and to discuss financial issues with parents. They were also less likely to be sexually harassed.

I am pleased to report that future funding commitments made by donors increased by nearly 40 percent, from \$42.8 million in 2010 to \$59.3 million in 2011. The number of awards increased by 41 percent. These increases help maintain the Council's financial health and ensure that we have the resources to continue our vital work. The chart on the following page provides information on the Council's sources of support.

Program spending in 2011 totaled \$72.3 million, representing 85 percent of the Council's total operating expenses. For every dollar spent, 85 cents goes directly to research and programs, demonstrating our commitment to our mission. Continued improvements in infrastructure have led to greater operational efficiencies in the Council's management, resulting in a decline in supporting services costs.

As a consequence of market volatility, the Council's investment portfolio experienced a \$4.6 million decline. 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 our website (<http://popcouncil.org/who/financials.asp>).

I would be pleased to answer any questions and can be reached at snewman@popcouncil.org.

Scott Newman
Chief Financial Officer and Treasurer

SOURCES OF SUPPORT

TOTAL \$64.4 MILLION

USES OF FUNDS

TOTAL \$85 MILLION

STATEMENT OF ACTIVITIES (For the year ended December 31, 2011)

	Unrestricted			Restricted		
	General	The John D. Rockefeller 3rd		Temporarily	Permanently	
	undesigned	Memorial Fund and others	Total	restricted	restricted	Total
OPERATING REVENUE						
Grants and contributions	\$56,317,571	3,600	56,321,171	3,019,250	—	59,340,421
Royalties	8,037,748	—	8,037,748	—	—	8,037,748
Interest and dividends (net of \$192,770 investment fees)	15,870	1,098,645	1,114,515	393,584	—	1,508,099
Net appreciation (depreciation) in fair value of investments	68,237	(3,782,646)	(3,714,409)	(867,587)	—	(4,581,996)
Other	142,607	—	142,607	—	—	142,607
Net assets released from restrictions	17,322,635	—	17,322,635	(17,322,635)	—	—
TOTAL OPERATING REVENUE	81,904,668	(2,680,401)	79,224,267	(14,777,388)	—	64,446,879
OPERATING EXPENSES						
Program services						
HIV and AIDS	22,505,317	—	22,505,317	—	—	22,505,317
Poverty, Gender, and Youth	11,731,872	—	11,731,872	—	—	11,731,872
Reproductive Health	36,477,107	—	36,477,107	—	—	36,477,107
Distinguished Colleagues	320,300	—	320,300	—	—	320,300
Publications	1,286,563	—	1,286,563	—	—	1,286,563
TOTAL PROGRAM SERVICES	72,321,159	—	72,321,159	—	—	72,321,159
Supporting services						
Management and general	11,505,314	569,435	12,074,749	—	—	12,074,749
Fundraising	549,029	—	549,029	—	—	549,029
TOTAL SUPPORTING SERVICES	12,054,343	569,435	12,623,778	—	—	12,623,778
TOTAL OPERATING EXPENSES	84,375,502	569,435	84,944,937	—	—	84,944,937
Deficiency of operating revenue over operating expenses	(2,470,834)	(3,249,836)	(5,720,670)	(14,777,388)	—	(20,498,058)
Other changes in net assets:						
Gain on lease obligation and other, net	520,763	—	520,763	—	—	520,763
Pension and other postretirement charges other than net periodic benefit cost	(3,111,204)	—	(3,111,204)	—	—	(3,111,204)
Write-off of contribution receivable	(331,062)	—	(331,062)	—	—	(331,062)
Transfer from endowments	1,725,554	(915,910)	809,644	(809,644)	—	—
DECREASE IN NET ASSETS	(3,666,783)	(4,165,746)	(7,832,529)	(15,587,032)	—	(23,419,561)
NET ASSETS AT BEGINNING OF YEAR	8,370,340	74,626,427	82,996,767	38,829,356	5,485,776	127,311,899
NET ASSETS AT END OF YEAR	\$ 4,703,557	70,460,681	75,164,238	23,242,324	5,485,776	103,892,338

BALANCE SHEET

(For the year ended December 31, 2011)

	Total
ASSETS	
Cash and cash equivalents	\$ 10,670,195
Grants and contributions receivable, net	
U.S. government agencies	6,912,110
Other	9,197,473
Other receivables	3,158,237
Prepaid expenses and other assets	2,278,024
Postretirement medical benefits trust	5,128,662
Investments	92,056,882
Fixed assets, net	6,546,028
TOTAL ASSETS	135,947,611
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts payable, accrued expenses, and other liabilities	\$4,895,120
Awards, contracts, and fellowships payable	5,915,559
Program advances	8,708,840
Loan payable	1,506,000
Deferred rent credit	1,004,137
Accrued lease obligation	773,118
Postretirement medical benefits payable	9,252,499
TOTAL LIABILITIES	32,055,273
Net assets	
Unrestricted	
General undesignated	4,703,557
The John D. Rockefeller 3rd Memorial Fund and others	70,460,681
SUBTOTAL UNRESTRICTED	75,164,238
Restricted	
Temporarily restricted	23,242,324
Permanently restricted	5,485,776
TOTAL NET ASSETS	103,892,338
TOTAL LIABILITIES AND NET ASSETS	\$ 135,947,611

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 www.popcouncil.org.

2011 SOURCES OF SUPPORT

Funding for the Population Council's work was generously provided by the government agencies, multilateral organizations, foundations, corporations, and individuals listed here. This support allows the Council to deliver solutions to critical health and development challenges and improve lives. We greatly appreciate all contributions and thank our donors for their support.

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 - National Institutes of Health

MULTILATERAL ORGANIZATIONS

- Financial Education Fund (FEF)
- Global Network of People Living with HIV/AIDS (GNP+)
- International Consortium for Emergency Contraception (ICEC)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Poverty and Economic Policy Research Network (PEP)
- United Nations Capital Development Fund (UNCDF)
- United Nations Children's Fund (UNICEF)
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