FHI connects vulnerable families and children to networks of support organizations that help develop skills to improve incomes and financial management.
FHI IS APPROACHING FOUR DECADES of leadership in global health and development. As we forge ahead to define sustainable solutions to the world’s most pressing problems, we continue to focus on bringing evidence-based approaches to our work and rigorously measuring results to assure impact and accountability. We also continue to form strong relationships with our many implementing partners, and with governments, foundations, the private sector, and the generous individuals who share our vision of building stronger communities for a healthier world.
Building healthy communities requires much more than confronting a single disease or health issue. Since joining FHI in 1983, I have seen firsthand that it requires a combination of efforts—collaborative and concerted work—to engage decisionmakers, conduct the research and apply the evidence to real-world settings, improve management and technical capacity, and address the underlying contributors to poor health, whether they be poverty, gender inequity, food insecurity, or lack of access to education, clean water, or adequate sanitation.

This is what I mean when I talk about FHI’s “more powerful approach to improving lives worldwide.”
A MORE POWERFUL APPROACH

We need a more powerful approach to address the world’s broad spectrum of health and development challenges in sustainable ways.

This is nowhere more evident than in Haiti, which recently suffered a devastating earthquake. Our activities in Haiti—where we have been working for many years—have become even more important in light of the earthquake. In late 2009, we embarked on the Community Health and HIV/AIDS Program (CHAMP), an ambitious project designed to expand HIV and TB services to Haiti’s poorest communities, support local health systems, and empower families and communities to participate in their own care. Beyond comprehensive HIV/AIDS services, beneficiaries gain access to a full range of basic health and social services in their own communities, including family planning and reproductive health, maternal and child health, and nutrition.

At the time of the earthquake, four of CHAMP’s planned “community service delivery points” were operating at full capacity. Only one survived the disaster. Today, our country team and partners are working around the clock to get all the service delivery sites back on line and new ones opened. Although FHI is not a relief organization, we have been able to draw upon our health and development experience to assist the relief and recovery efforts.

Coordinating with our partners to address a larger set of needs, we are helping the Haitian people and their government rebuild in ways that promote long-term health and prosperity.

I was in Haiti just a year ago and was impressed by the value and impact of our partnerships. Our local partners range from the Ministry of Health and health-service providers to microfinance banks and faith and community-based organizations. Our international sponsors include the US Agency for International Development (USAID), the US Centers for Disease Control and Prevention (CDC), and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). We are honored to be working with this wide range of collaborators to help improve the health and wellbeing of Haitians for the long term.

I have been privileged during my years with FHI to visit many of the countries where we work. These opportunities have allowed me to observe directly how our committed, creative, and highly accomplished scientists, public health professionals, and management experts are making a lasting difference in the lives of the most vulnerable people and communities.
Equally important to our relationships with our funders are our partnerships with national, regional, and local governments, and with local communities and organizations. These partnerships are central to our work to strengthen national health systems, a priority of many governments worldwide as well as of the US government’s Global Health Initiative.

In Nigeria, I saw how our team is helping improve the country’s health system by integrating related services in HIV/AIDS, sexual and reproductive health, sexually transmitted infections, and TB diagnosis and care (HAST) at local levels. As a result, stakeholders, facilities, and communities are making high-quality services more accessible to patients in the most remote and resource-poor settings. The National Primary Health Care Development Agency recently adopted our HAST training curriculum. As more people are trained, we expect more communities will adopt the approach, further broadening its impact. We have evidence that the HAST approach decentralizes care, strengthens management of services through supportive supervision and mentoring, and encourages community participation.

I also saw in Nigeria how our team of over 500 local professionals is helping to strengthen patient management and monitoring systems, providing training on managing and interpreting clinical data, and contributing to the development of LAMIS, an electronic medical record system that informs healthcare management decisions at all levels of the health system.

In settings where there are shortages of qualified nurses, physicians, and other health professionals, we support task-shifting and retraining to help maintain high-quality health services and strengthen health systems.

We have evidence from several countries of how well these approaches can work. In Rwanda, for example, FHI provided training for nurses and showed that they are fully capable of prescribing first-line antiretroviral therapy. In Guyana and Tanzania, we trained “retired but not tired” nurses and clinicians to deliver HIV/AIDS services. Similarly, we have developed training and programs for community volunteers in Zambia and Ethiopia, enabling them to support patients on antiretroviral treatment. The volunteers learn techniques to encourage patients to adhere to the therapy, eat well, stay healthy, and prevent the ongoing transmission of HIV. In many cases, volunteers are able to use these experiences to qualify for paying jobs in healthcare and other community environments.

In addition to building human capital, FHI contributes to stronger health systems by improving facilities and other infrastructure. For example, in virtually every country where FHI supports HIV/AIDS programs, we strengthen laboratory infrastructure through physical renovations, provision of equipment, staff training, and technical assistance. In Nigeria’s Cross River State, we partnered with USAID and the Ministry of Health to establish a biosafety level-3 TB culture and drug-sensitivity testing lab—the first of its kind in West Africa. Tests performed by local laboratory staff now allow quick diagnosis, monitoring, and control of drug-resistant TB.
FHI helps women better manage family size and improve their wellbeing with safe, effective, and accessible contraception.
During my recent visit to Vietnam, I met with our talented country office team who have been pioneering a very successful treatment program for heroin users, working with the Ministry of Health’s Administration for HIV/AIDS Control, USAID, the CDC, the Atlantic Philanthropies, and other partners. The program sees drug addiction as a disease rather than a crime, treating heroin addicts with safer alternatives such as methadone, providing psychosocial support and counseling, and linking them to job and vocational training.

The goal is to help recovering addicts reduce their drug use, reintegrate into their families and communities, and lower the likelihood that they will spread or acquire HIV or hepatitis C.

While in Vietnam, I was pleased to help launch a new partnership to discourage tobacco use among youth. This partnership between FHI, the Vietnam National Committee on Smoking and Health, and the Youth Union leverages our expertise in health promotion and behavior change and our close working relationships with governments. We recruited Ha Anh Tuan, a popular young singer, to engage youth and policymakers through social media and events at selected universities and high schools to support stronger tobacco controls. When our Vietnam country office proposed this idea to FHI’s board of directors, we agreed it had so much potential that we committed FHI’s own funds to the project. We hope we will be able to raise additional funds from private donors who, like us, want to bring more attention to chronic diseases in the developing world. Such support allows us to innovate, test new ideas, and bring successful ones to scale.
I have also seen two programs in action—Balasahyoga in India and ROADS in Africa—that embody our approach to addressing a wide spectrum of needs by integrating health and development. Balasahyoga, which means “active support to the child,” is designed to help 40,000 families remain healthy and productive and sustain improvements in their children’s lives. FHI ensures that each family is assigned a case manager who links them to a range of programs that meet their health, economic, and psychosocial needs.

I am particularly impressed by what Balasahyoga has done for people like Sunkari Parvathi and her children. An HIV-positive widow, Sunkari struggled to meet her family’s basic needs. Her Balasahyoga case worker helped her access housing, education support, food security, and income-generating opportunities. She, her daughter, and two sons have now moved into a small house and planted a kitchen garden that supplements their diet of plain rice. The improvement in the lives of people like Sunkari is underpinned by the support and collaboration of our Balasahyoga funder, the Children’s Investment Fund Foundation, which shares our commitment to connecting people with the resources they need to make positive, sustainable changes in their lives.

In Kenya, I observed how ROADS (Regional Outreach Addressing AIDS through Development Strategies) is catalyzing change along major transportation corridors in Africa by linking mobile populations to a range of services and other opportunities. In addition to “SafeTStop” centers that provide services along these routes (including condom distribution, HIV testing and counseling, and diagnosis and treatment of malaria and sexually transmitted infections), the ROADS initiative, “LifeWorks,” offers vulnerable women in host communities safe alternatives to sex work. These alternatives include living-wage jobs, life skills training, nutrition and food security, and assistance with enterprises that allow them to support themselves and their families. ROADS, which is primarily funded by USAID, has the flexibility to test innovations such as LifeWorks through pilot programs.

The key to sustainability for LifeWorks and other initiatives of its kind is public-private partnerships. Unilever Kenya, General Motors East Africa, and other companies support LifeWorks by serving on its board of directors, offering in-kind contributions, and providing management advice on a range of business functions, including business plan development, marketing, pricing, and accounting. Mabati Rolling Mills, a major East African business, donated factory space where 40 women and older orphans are now creating home and fashion accessories that are sold in upscale tourist hotels and retail outlets in Africa, the United States, and Europe. Private-sector experts in textile and business development are advising the company, and recently some prominent Kenyan companies have begun outsourcing work to LifeWorks, helping expand and strengthen the business. LifeWorks staff attest to their healthier lives and the living wage they earn that decreases their dependence on others for income. Our data indicate the lives of these women have improved: they report fewer multiple concurrent sexual partnerships, visit health facilities more often, and experience lower rates of sexually transmitted infections and gender violence.
EMPHASIZING PREVENTION AND TESTING NEW TECHNOLOGIES

I am proud of FHI’s scientific leadership in exploring promising new technologies in reproductive health and ideas to increase the availability of low-cost, effective, and acceptable contraceptives.

For example, our scientists showed that trained volunteers in sub-Saharan Africa can safely and effectively administer injectable contraceptives, encouraging countries across the region to scale up access to this safe, long-lasting, and inexpensive technology.

We are thrilled to have received a prestigious Grand Challenges Explorations grant from the Bill & Melinda Gates Foundation that supports the development of a “nipple shield” that may prevent transmission of HIV from mothers to infants during breastfeeding. Another Gates Foundation grant is giving us the opportunity to partner in Kenya with healthcare providers, the Ministry of Public Health, and others to improve and expand voluntary male circumcision services, acting on compelling evidence that circumcision greatly reduces the risk for men of acquiring HIV.

Since 2001, FHI programs have placed nearly 400,000 HIV-positive people on antiretroviral therapy. While continuing to increase access to this effective and affordable HIV treatment, we remain equally committed to increasing prevention by promoting behavior change and developing new prevention technologies. Through our facilitation of the HIV Prevention Trials Network (HPTN) and the Microbicide Trials Network (MTN), we support global efforts to prevent HIV by developing vaccines, microbicide gels, and other technologies intended to reduce acquisition and transmission. We are also leading a clinical trial to test the safety and effectiveness of a daily dose of an antiretroviral pill called Truvada to protect women from acquiring HIV.

REMAINING STRONG AND FUTURE-FOCUSED

We are fortunate to have robust executive leadership as well as talented leaders throughout the organization. They keep our projects moving forward, maintain our global scientific and research excellence, and ensure that findings are applied on the ground. As a result, FHI will remain at the forefront of global efforts to promote access to safe and affordable family planning and to integrate family planning with HIV/AIDS and maternal and child health services. We will also build upon our global platform and our unparalleled record of bringing public health programs that address HIV/AIDS, tuberculosis, and other communicable diseases to scale.

Further, we are assessing the best approaches to preventing noncommunicable diseases in the developing world. We want to ensure that emerging epidemics of cardiovascular disease, cancer, and diabetes are addressed as priorities in low- and middle-income countries. With our research and public health expertise, we can help reduce contributory risk factors such as smoking, obesity, inactivity, and poor diet.

To further strengthen our rigorous, evidence-based approach to public health and development, we created the position of Chief Operating Officer. Marjorie Newman-Williams has shown over the past 30 years with UNICEF and the Children’s Defense Fund that she is a dynamic leader who can help us transform public health and development. We are looking to Marjorie to drive the quality of our work and to help our 2,500 staff in 55 countries achieve greater accountability and efficiency. Her experience will be invaluable as we further integrate our scientific, programmatic, and community-based operations to deliver innovation and maximum impact.
FHI builds the capacity of community healthcare workers to diagnose, treat, and monitor TB.
Controlling sexually transmitted infections is an important FHI strategy.
FULFILLING OUR MISSION

To fulfill our mission, we rely on the generous support of our funders, including the US and other governments, multilateral donors, foundations, corporate clients, and individual contributors. We also rely on over 1,000 implementing partners, ranging from large international organizations to hundreds of smaller local community groups that operate in-country. The trust and support of all these partners allow us to offer hope, inspire real change, and achieve enduring results. This year, we were delighted to become a full member of the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria. This partner network includes members of the corporate sector, governments, and civil society and is committed to “turning business assets into disease-fighting assets.”

We appreciate that our funders drive us to evolve: they inspire our creativity, push us to expand our impact, and encourage us to sharpen our vision. By working and learning together with our partners, we extend our reach and purpose ever outward. Our supporters insist that we seek out, test, and implement innovative solutions to the most difficult health and development problems, and they challenge us to find new and better ways to increase efficiencies, lower costs, and measure impact. We are deeply grateful for this support over the last 40 years and for the opportunities to improve the lives of individuals, families, and communities around the world.

I end my letter with a story that underscores the importance of our mission to improve lives, and to address the needs of people and communities holistically.

Several years ago, I was in Ethiopia—a brief guest in the simple home of a young woman. Along with her mother and some close neighbors, we shared coffee in the Ethiopian tradition of hospitality. The woman’s two-year-old daughter had been born with HIV, and her husband had recently died of AIDS. However, thanks to one of our programs, her one-year-old son had been born HIV free. She was healthy and overjoyed to be on antiretroviral therapy.

But I was floored when she told me she had made the heart-wrenching decision to give her son up for adoption to offer him the possibility of a better life. Adding to my distress, she said to me, “What shall we do now? I can’t find work!” This experience underlined for me how crucial it is to address the comprehensive needs of individuals and families who are dealing with HIV and living in poverty, including the right to live free of stigma and discrimination.

The next day, I visited an FHI partner that works with traditional burial societies to develop training programs that help people like this young mother gain life skills and support themselves by, for example, sewing handicrafts.

We must remember that those whose health has been improved through our efforts may still need further support to sustain their gains, raise and educate their children, and take control of their health and wellbeing. This holistic vision is what drives me and FHI to work tirelessly to pursue a more powerful approach to improving lives.

With warm personal regards,
Our impact in 2009

869,000 received HIV testing and counseling and test results
526,000 most at-risk for HIV reached with evidence-based prevention
10,100 HIV-positive patients in care or treatment began TB treatment
10,900 HIV-positive pregnant women received antiretroviral therapy
92 articles published in peer-reviewed scientific journals
700 laboratory professionals in 11 countries trained in laboratory quality systems
374,000 children and adults with HIV infection ever started on antiretroviral therapy
500,000 mosquito nets quality tested
36 oral and long-acting contraceptive methods quality tested
523,949,000 male condoms quality tested
FHI published a concise guide on nutrition for technical staff and clinicians working in HIV/AIDS programs.
Financial Summary

**Twelve Months to September 30, 2009**

**Revenue and Support (US Dollars)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Government</td>
<td>271,035,000</td>
</tr>
<tr>
<td>Other Governments</td>
<td>16,664,000</td>
</tr>
<tr>
<td>Foundations &amp; Individuals</td>
<td>25,183,000</td>
</tr>
<tr>
<td>Corporations</td>
<td>6,292,000</td>
</tr>
<tr>
<td>Multilaterals</td>
<td>6,251,000</td>
</tr>
</tbody>
</table>

**Subtotal**

| *Other Revenues* | 2,134,000 |

**Total Revenue, Gains, and Support**

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<tr>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>325,425,000</td>
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**Expenses**

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<th>Category</th>
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<tbody>
<tr>
<td>Total Operational Use of Funds</td>
<td>275,186,000</td>
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<tr>
<td>General and Administrative</td>
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<tr>
<td>Fundraising</td>
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**Total Expenses**

<table>
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<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>324,640,000</td>
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**Net Assets, Beginning of Year**

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>15,688,000</td>
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**Change in Net Assets**

<table>
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<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>2,919,000</td>
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**Net Assets, End of Year**

<table>
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<tr>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>18,607,000</td>
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</table>

*Interest, investment, and lab services income.*
Meeting the needs of the developing world can only be achieved through collaboration across continents, between countries, among communities, and within families. FHI is fortunate to be joined by many governments, multilateral organizations, associations, foundations, nongovernmental organizations, community- and faith-based organizations, research institutions, universities, and individuals. Their partnership makes our work possible.
Our 2009 Funders

Abbott Fund
Abt Associates
AiCuris
amfAR, The Foundation for AIDS Research
Asia-Pacific IATEC CRO Co., Ltd
Asian Development Bank
The Atlantic Philanthropies
Australian Agency for International Development
The Barry Charitable Foundation Inc
The Bill & Melinda Gates Foundation
Boehringer Ingelheim Pharmaceuticals, Inc.
Center for AIDS Research, the University of North Carolina
Centers for Disease Control and Prevention
Children's Investment Fund Foundation
Columbia University
The Community Foundation of New Jersey, Duffy Family Fund
Cruccel
DAI
Danone
The David & Lucile Packard Foundation
Deloitte Consulting LLP
The Drosos Foundation
Duke University
Durham Technical Community College
EDC
The Elton John AIDS Foundation
Emory University
EngenderHealth
Fondation Sogebank
The Ford Foundation
The Funders’ Collaborative for Children Futures Group
Ghana AIDS Commission
Gilead Sciences, Inc.
GlaxoSmithKline
Global Environment & Technology Foundation
The Global Fund to Fight AIDS, Tuberculosis, and Malaria
Government of France
Government of the Netherlands
Government of Pakistan
GRM International Pty Ltd
GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit)
Hasbro, Inc.
The Hershey Company
Ibis Reproductive Health
IHS Herold, Inc.
International Centre for Diarrhoeal Disease Research, Bangladesh International Organization for Migration
International Partnership for Microbicides
International Resources Group
Jhpiego
John Snow, Inc.
Johns Hopkins Bloomberg School of Public Health
Johns Hopkins University
KNCV Tuberculosis Foundation
Laboratoire HRA Pharma
Magee-Women’s Research Institute Management Sciences for Health
The McGraw-Hill Companies Employee Giving Campaign
Medical Research Council
Medicines for Malaria Venture
Ministry of Health, Cambodia
Ministry of Health, Republic of Indonesia
Ministry of Health, Suriname
National AIDS Commission of Malawi
National AIDS Control Program of Suriname
National Center for HIV/AIDS, Dermatology & STD, Cambodia
National Center for Tuberculosis & Leprosy Control, Cambodia
National Confectioners Association
National Institutes of Health
National Malaria Control Programme, Nigeria
Nigerian National Action Committee on AIDS
Novartis
Pact
The Parsemus Foundation
PATH
Pathfinder International
Pfizer
Pfizer Foundation
Population Reference Bureau
PSI
Procter & Gamble
Rockefeller Brothers Fund
The Royal Netherlands Embassy
RTI International
SAIC-Frederick, Inc.
Save the Children
Shell
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Shell Petroleum Development Company of Nigeria
Social & Scientific Systems, Inc. Society for Family Health
StarPharma Holdings Limited
Tibotec
Tides Foundation
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United Nations Children’s Fund
United Nations Office on Drugs and Crime
United Nations Population Fund
University of Alabama at Birmingham
University of California, San Francisco
University of North Carolina at Chapel Hill
University of Oxford
University of Pittsburgh
University Research Corridor
University of Washington
US Agency for International Development
US Department of Defense
US Department of Veterans Affairs
VA Medical Center
Vietnam Committee for Smoking and Health
Wellcome Trust
The William and Flora Hewlett Foundation
William J. Clinton Foundation
The World Bank
World Cocoa Foundation
World Health Organization
FHI works with education systems to help vulnerable children and youth attend school.
Leadership

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International Consultant in Reproductive Health
Colombo 2, Sri Lanka

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President
Wise Solutions LLC
Arlington, VA
WE APPRECIATE THAT OUR FUNDERS

drive us to evolve:

they inspire our creativity,

push us to expand our impact,

and encourage us to

sharpen our vision.
Improving the lives of the world’s most vulnerable people in lasting ways.