

IMPROVING LIVES,  

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KNOWLEDGE, AND  

---

UNDERSTANDING

2005



# The World of FHI

FHI works in 78 countries. Those with FHI offices are shown in red.



**Family Health International** (FHI) is dedicated to

improving lives, knowledge, and understanding worldwide through a highly diversified program of research, education, and services in family health. Since 1971, we have worked with national governments and local communities throughout the developing world to meet the public health needs of some of the world's most vulnerable people, supporting lasting improvements in the health of individuals and their families.

# Letter from the CEO of FHI

**In this report, we highlight some of Family Health International's technical skills and experience—in research and service program implementation—which, in collaboration with multiple partners and sponsors, are the foundation for our successful contribution to global health and development goals.**

FHI has a sound record of innovation and leadership since 1971, when we became one of the first nongovernmental organizations to focus on improving family planning on a global scale. U.S. Government confidence in FHI's contributions was re-emphasized during 2005 in the award of the fifth five-year cooperative agreement for contraceptive research and technology utilization from the U.S. Agency for International Development (USAID), assuring that we will continue to be at the forefront of research in women's health.



Our first programs to address the HIV/AIDS pandemic were started in 1986. Now, almost 20 years later, our work is benefiting hundreds of thousands of people throughout the developing world. We have established a leadership role in a broad spectrum of interventions to prevent further spread of HIV; treat and care for those infected; and mitigate personal, social, and economic impacts. Prevention remains our highest priority because a majority

of people are uninfected even in the highest prevalence countries. Among other initiatives, we are bringing together our family planning and HIV/AIDS experience to highlight the value of integrating services that can dramatically reduce the spread of HIV, especially from mother to child.

Through a broad range and depth of expertise, FHI has the ability to examine key issues from multiple research perspectives and deliver results that have global impact. Our staff—in more than 60 offices in almost 40 countries—and our networks of partners in research and services give us the local understanding and capacities needed for high-quality, comprehensive responses; strategic scale-up of intervention programs; and sustained impact.

It is this combination of resources that enables FHI to make meaningful contributions to the ambitious objectives of the U.S. Office of the Global AIDS Coordinator, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the United Nations Millennium Development Goals.

Albert J. Siemens, PhD  
*President/Chief Executive Officer*

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# Increasing Options and Access through HIV Counseling and Testing

HIV counseling and testing is central to both HIV prevention and care. Knowledge that they are HIV negative provides people with the incentive to learn more about prevention and remain free of the virus, while those who test positive gain access to the increasingly available care and treatment options.

The rapid expansion of counseling and testing has become a priority in all countries affected by HIV/AIDS. Working with international sponsors and partners, notably USAID, and through collaboration with host country governments, Family Health International has intensified and expanded its support from 50 service locations in five countries in 1999 to more than 500 locations in 25 countries in 2005.

Our HIV/AIDS intervention programs focus on broadening the entry points to counseling and testing by offering the services routinely in a variety of settings, using different models to reach different target groups. In Nigeria, for example, FHI supports traditional voluntary counseling and testing in stand-alone sites for clients who self-refer for services. Increasingly, HIV counseling and testing is also available to all clients presenting for tuberculosis, sexually transmitted infection, and antenatal care—people whose medical management will benefit from knowing their HIV status and who are most likely eligible for antiretroviral treatment. Counseling and testing is offered to groups at elevated risk for HIV, such as the police and other uniformed service personnel. Mobile services are able to reach the general population in underserved and hard-to-reach areas. Our strategy of working with multiple partners and different service models enables us to reach the maximum number of people and have the greatest possible impact for both prevention and care.





Thanks to nurse Bernadette Bristol, and others like her, **Guyana is solving the shortage of health care professionals it needs to fight the HIV/AIDS epidemic.**

Bernadette was recruited out of retirement by FHI and trained to help with services for the prevention of mother-to-child HIV transmission (PMTCT) and to perform rapid HIV tests with pre-test and post-test counseling of clients. She is now the Counselor/Tester attached to the Beterverwagting Clinic, East Coast Demerara.

FHI has recruited and trained many such retired nurses in Guyana. Some are active in caring for clients beyond the clinic, making follow-up home visits and helping HIV-positive women form mother-to-mother support groups. With support from USAID, we have already integrated PMTCT into antenatal services in 35 health centers and hospitals and now, with additional support from the President's Emergency Plan for AIDS Relief, we are expanding these services into the labor and delivery wards of Guyana's five major hospitals.





# Expanding Access to AIDS Treatment

The first AIDS treatment programs in Ghana, Kenya, and Rwanda, established by Family Health International and USAID, demonstrated the feasibility of a comprehensive response to the epidemic, including antiretroviral treatment (ART), through effective management in resource-poor settings. Lessons from these programs are informing subsequent scale-up and provide the platform from which to achieve the goals of the President's Emergency Plan for AIDS Relief.

We are expanding access to AIDS treatment by building the capacity of national ART programs to manage scale-up and by strengthening commodity management to ensure supplies of antiretroviral drugs. Establishing formal referral networks avoids duplication of services and ensures early access to ART, even at the primary level, and to services that meet the diverse needs of people living with HIV/AIDS. By May 2005, treatment and care sites established by FHI were serving 13,500 people in seven countries.

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In possibly the largest comprehensive HIV/AIDS project undertaken in a developing country setting, FHI leads the expansion of prevention, care, and treatment programs in Nigeria under the Global HIV/AIDS Initiative Nigeria (GHAIN). This USAID-supported project is part of the President's Emergency Plan. GHAIN is rapidly strengthening and expanding services throughout six high-prevalence states, linking a broad variety of hospitals and community-based services in a network that creates multiple entry points to care and treatment. With 1,500 clients accessing antiretroviral drugs within four months, we are on track to meet the first target of more than 5,000 people on ART by March 2006.





**Information sessions, like this one led by a trained counselor from GHAIN in the Millennium Park, Abuja, Nigeria, are helping young adults make sensible decisions in their relationships. Some of the youth will volunteer for HIV testing. Those testing positive are referred for treatment.**

The FHI-managed GHAIN project is improving the quality of life for people living with HIV/AIDS, their families, and their communities—including orphans and vulnerable children—by providing HIV clinical care, antiretroviral therapy, palliative care, and home-based care services to people in need. GHAIN includes partners from the public and private sectors, including the American Red Cross, the Nigerian Red Cross Society, the Axios Foundation, the Centre for Development and Population Activities, the Futures Group, the German Leprosy and TB Relief Agency, Howard University, the Christian Health Association of Nigeria, the Corporate Council on Africa, the International Labour Organization, and the Islamic Medical Association of Nigeria.





**Sandra Louis, a health care representative employed by Pfizer, Inc. in New York, is working with the AIDS community in Kenya for six months.** She is pictured here with 5-year-old Christine, an HIV-infected child in the Comprehensive Care Center managed by Ananda Marga Universal Relief Team (AMURT) in Nairobi. Sandra is one of 500 Pfizer employees who have participated as Pfizer Global Health Fellows since the company launched its program in 2003 and one of seven Pfizer Fellows contributing to FHI's field programs during 2005. Selected through a tough competition and supported throughout by Pfizer, Inc., Fellows share their skills and experience, ranging from finance and management to clinical care, with local organizations in developing countries.



# Providing Comprehensive Care for Children with AIDS

More than two million children worldwide are infected with HIV. UNAIDS estimates that a child becomes infected with HIV and another dies of AIDS every minute—1,500 every day. This is despite the best efforts of services to prevent mother-to-child transmission of HIV, the primary route through which HIV is transmitted to infants and young children.

For those children who acquire HIV, the need is to ensure access to comprehensive health care, including antiretroviral therapy (ART), and community and family support. With UNICEF, the African Network for Care of Children Affected by AIDS (ANECCA), and others, Family Health International advocates for expanded access to ART for children as well as access to low-cost, lifesaving technologies—for example, prophylaxis for HIV-exposed children. ANECCA's *Handbook on Pediatric AIDS in Africa*, co-edited and published by FHI, is now used throughout many sub-Saharan African countries.

To expand pediatric ART, we focus on programs already caring for infected children, helping partner hospitals establish comprehensive care centers to which HIV-infected children can be referred. By June 2005, with help from FHI and financial support from USAID, Comprehensive Care Centers at the Coast Provincial General Hospital and Nakuru's Provincial General Hospital in Kenya had enrolled more than 660 children, 101 of them on ART.

We have recently begun working with Gertrude Gardens Children Hospital in Kenya, a private facility supporting charitable pediatric care activities at several slum satellites where HIV is a major problem. We have helped the hospital train 100 pediatricians, clinicians, pharmacists, nurses, and laboratory technicians from national, provincial, and district hospitals in pediatric HIV comprehensive care. With our support, the hospital is operating a twice-weekly comprehensive care clinic and plans to have 100 children on ART in the first year.





# Supporting Orphans and Other Children Made Vulnerable by AIDS

More than 15 million children under age 18, a majority living in sub-Saharan Africa, have lost one or both parents to AIDS. The number is expected to reach 25 million worldwide by 2010. The impact of HIV/AIDS on children and their families is profound; these numbers tell only part of the story, and there is no easy solution. Many more millions of children are themselves living with HIV/AIDS, caring for siblings and chronically ill family members, and living in impoverished households. Some engage in high-risk behaviors to support themselves and their families. Orphans are more likely than others to suffer from poor nutrition, lack access to basic health care, miss school, and face psychological and emotional difficulties.

In six years of working to mitigate the impact of AIDS on orphans and vulnerable children, Family Health International has demonstrated that success comes from family-focused, community-based programs that strengthen the care and coping capacities of families and ensure medical care, psychological support, socioeconomic support, and education. Success also requires appropriate policy and legislation, as well as respect for human rights. During this time, we have worked with UNICEF, CARE, the Elizabeth Glaser Pediatric AIDS Foundation, many local faith-based organizations, and others to expand 150 programs in 16 countries and two regional programs, serving the needs of as many as 200,000 orphans.

With the International HIV/AIDS Alliance, we have launched the seminal online “Orphans and Other Vulnerable Children Support Toolkit,” a web-based database that hosts information, tools, and guidance on supporting orphans and other vulnerable children living in a world with HIV/AIDS.

FHI is set to expand this important area of intervention in the years ahead as we integrate the provision of clinical care and ART to children with interventions that lessen the impact of the epidemic on children and their families.





Many churches in Namibia are caring for orphans and other vulnerable children, like these at the Bernard NordKamp Center in Windhoek, where FHI is working with the Catholic AIDS Action's program "Schooled for Success."

FHI assists thousands of orphans and vulnerable children in 30 countries, often through partnerships with faith-based groups and with support from USAID and other sponsors. We work with the Nelson Mandela Children's Fund in South Africa to provide emotional support and health care. FHI and 22 partners address the needs of 12,000 orphans and vulnerable children in high-prevalence areas of India, while in Cambodia, we help Buddhist monks of the Kien Kes Temple Health Education Network to educate and provide home-based care to orphans. With UNICEF, USAID, and Save the Children, we organize leadership conferences that encourage regions and nations to support orphans and vulnerable children throughout Africa.

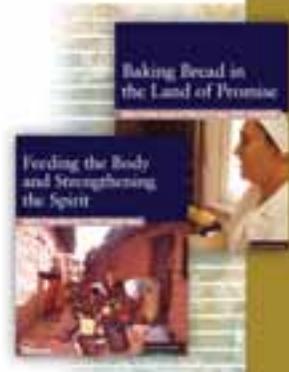




# Improving Lives through Community-Based Comprehensive Care Services

Decreases in the cost of antiretroviral medications have enabled HIV/AIDS program managers in developing countries to integrate treatment into established prevention, care, and support services. Even in resource-constrained settings, the availability of antiretrovirals is driving growth in demand for comprehensive HIV services. Such services link counseling and testing to treatment and a range of other interventions and care options for individuals and families affected by the disease. Family Health International is at the forefront of this rapidly growing emphasis on comprehensive care. In partnership with nongovernmental organizations, faith-based organizations, and local and national governments, we are building on existing community strengths and structures to provide prevention, care, and treatment services in health facilities, communities, and households in 18 countries in Africa, Asia, and the Caribbean.

In some countries, notably Ghana, Kenya, Rwanda, and Cambodia, existing care facilities have been transformed to create comprehensive care centers that feature a set of common core services, including HIV counseling and testing; clinical diagnosis, treatment, and management of opportunistic infections; counseling for treatment adherence and nutrition; and delivery of ART. The goal is to create a seamless continuum of care in which all needed HIV services, including psychosocial support, would be available through a referral network. Referrals are made within and across health facilities for such services as diagnosis and treatment of sexually transmitted infections, treatment and prevention of tuberculosis, palliative care, and prevention of mother-to-child HIV transmission. Referrals are also made to community organizations that can provide home-based care, food, legal and economic support, and other social services.





**In a slum in Addis Ababa, Ethiopia, a caregiver from the local HIV/AIDS Prevention, Care and Support Organization (HAPCSO) offers antiretroviral therapy to a woman who is living with HIV/AIDS.**

Many such people are now receiving home- and community-based care services despite the challenge of an HIV prevalence rate of about 15 percent. The services have been established by FHI working with local community organizations, HAPCSO, and the Addis Ababa Health Bureau and HIV/AIDS Prevention and Control Office. The life-prolonging medicines are from the ALERT Free ART program, also supported by FHI.

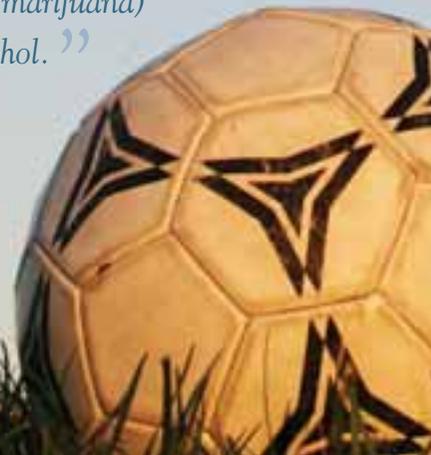
With support from USAID, this effective network has trained more than 700 people to help meet critical health needs for residents who otherwise might suffer alone. Since it began operating in September 2003, the program has enabled more than 1,000 people to access ART. Thousands more, including orphans and vulnerable children, have benefited from other services.



**Village leaders in Iringa Municipal District in Tanzania have a simple solution to the challenge of providing wholesome activities and positive role models for youth: keeping their feet busy.**

There are 700 football teams in the region involving some 21,000 boys and girls, among them these primary school boys. The program is coordinated by Iringa Development of Youth Disabled and Children Care, a nongovernmental organization, with funding from FHI.

*“Training with the team ... gives me support,” says a 15-year-old named Tony, who plays in the program. “It is helping me free myself from the bad groups, where I was using a lot of bhangi (marijuana) and alcohol.”*





# Protecting and Promoting the Health of Youth

Every 15 seconds, a young person between the ages of 15 and 24 is infected with HIV, and every year some 15 million unintended pregnancies are among young women ages 15 to 19. Family Health International is a global leader in addressing these issues through YouthNet, the only project funded by USAID that provides global guidance to the field of youth reproductive health and HIV prevention. Since 2001, FHI has worked with project partners CARE USA and RTI International—and many international organizations like the Girl Guides and the World Health Organization—to promote synergy among country-based programs and global leadership in research, materials development, and technical assistance.

YouthNet research provides information on how best to promote and protect the health of our young people, enabling us to collect and disseminate the most up-to-date information and evidence-based tools and guidelines available. We provide technical leadership in policy, education, behavior change, and services. Through more than a dozen country-based projects, primarily in Africa, FHI is bringing the lessons and products from this research and technical leadership to practice.

In Tanzania, for example, we work with faith-based organizations to implement HIV prevention strategies for young people, building capacity through training, fostering youth participation and leadership, supporting youth reproductive health services, and promoting more effective coordination among the many organizations working with youth. We have reached more than half a million in-school and out-of-school youth and more than 200,000 community members with behavior change messages on abstinence, fidelity, HIV/AIDS stigma reduction, healthy living, gender equity, and youth participation.





# Leading Research to Prevent HIV Infection

New interventions aimed at preventing HIV infection are evaluated in clinical trials with large numbers of volunteers recruited by multiple study sites, many in resource-constrained countries where the need for effective prevention measures is often greatest. Family Health International has many years of experience in conducting these trials and managing the required networks of researchers all over the world.

Since 1994 we have been the coordinating center for the HIV Prevention Trials Network, which is sponsored by the U.S. National Institute of Allergy and Infectious Diseases. This collaborative network has evaluated a variety of methods for HIV prevention through studies conducted in more than 40 sites in 18 countries representing every region.

We have gathered critical information on the safety and efficacy of drugs, such as vaccines and microbicides, and on interventions to prevent mother-to-child HIV transmission or to treat or prevent sexually transmitted infections associated with HIV acquisition. Other evaluation areas include behavioral interventions, including those targeted toward high-risk groups such as injecting drug and other substance users, as well as antiretroviral treatment of infected individuals to prevent transmission to uninfected partners.

As the Network operations center, FHI identifies and assesses study sites and—where necessary—strengthens their ability to implement clinical trials to the highest standards of Good Clinical Practice. We develop study protocols, procedures manuals, and related materials. We also provide scientific and fiscal oversight of studies and study sites, including ongoing quality assurance of trial implementation and a comprehensive and continuous evaluation of the Network itself. FHI brings Network scientists together to identify and prioritize scientific leads and to draft study reports for publication.





**Local researchers from the HIV Prevention Trials Network meet with community leaders in Pune, India, to discuss an upcoming trial and explain the potential benefits of the intervention to be studied.**

Community participation and collaboration is essential to effective research because it enables people who are infected or affected by HIV/AIDS to understand the potential value of the research and to contribute to the development of ideas, the design of the studies, and the implementation of the research itself. FHI, through the HIV Prevention Trials Network, has led the development and implementation of a network-wide communications and community involvement program, including guidelines and training curricula for the ethical conduct of HIV prevention trials.





# Providing Contraception in the Time of HIV

Family planning is a powerful intervention in the struggle against the AIDS pandemic because it can prevent HIV-infected births among women infected with, or at risk for, HIV who do not wish to become pregnant. To meet the needs of these women, including those on antiretroviral therapy, we need to know which contraceptive methods are safe and reliable when associated with the disease and how to reach clients with family planning information and services.

Clinical research at Family Health International assesses whether hormonal contraceptives affect the susceptibility of uninfected women to the virus or the ability of HIV-positive women to pass on the virus, or whether hormonal contraceptives affect the progression of the disease, if already present. We also study whether selected antiretroviral therapy alters the effectiveness of hormonal contraceptives.

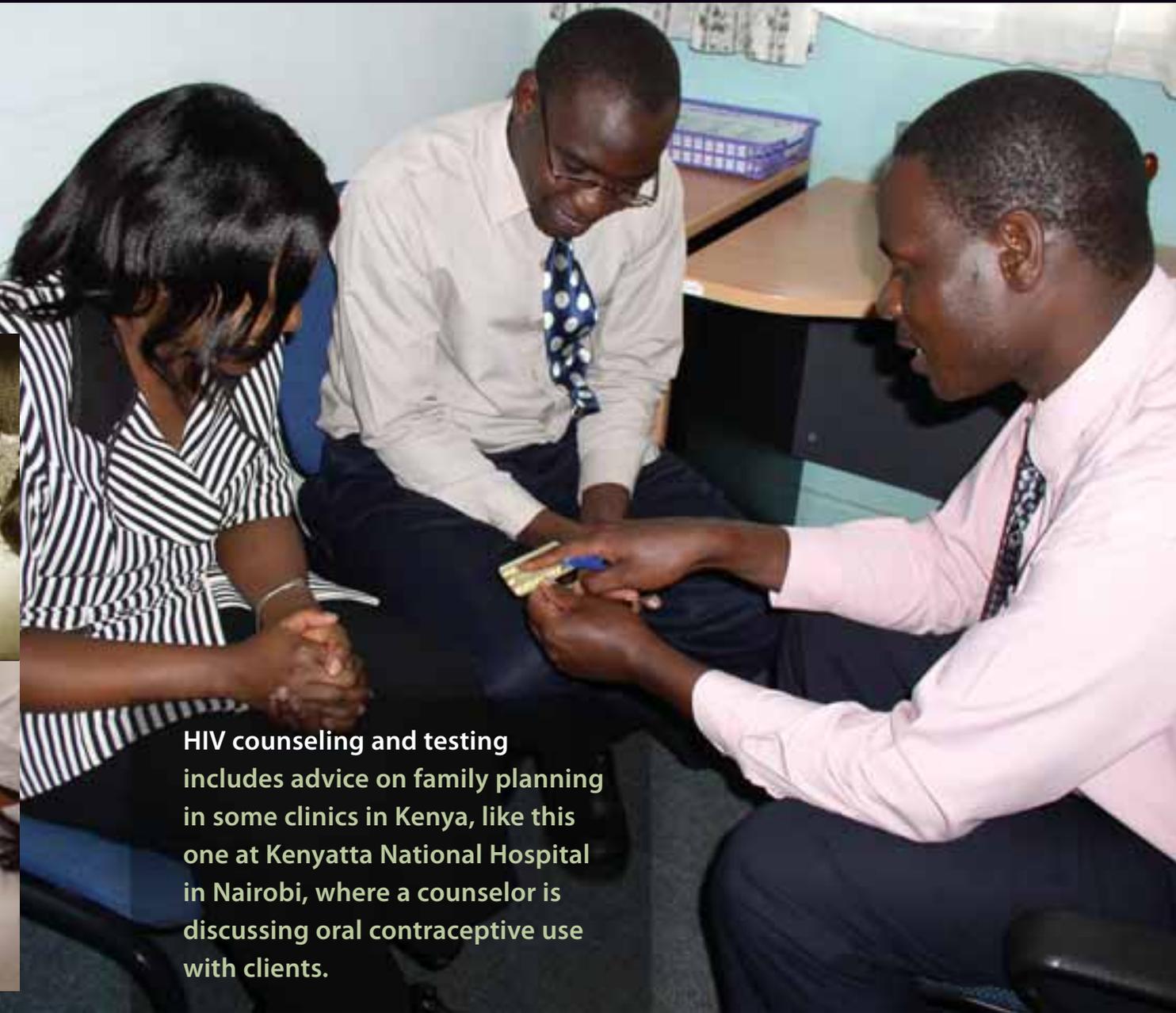
Effective intervention programs are now needed to expand the use of appropriate contraceptives among women who are at risk of the disease or already infected. The approaches used will build on our knowledge of contraception and HIV and our growing experience of integration strategies. Working in six countries, FHI researchers are assessing the feasibility, acceptability, and relative effectiveness of integrating family planning with voluntary counseling and testing services, antiretroviral therapy services, programs for the prevention of mother-to-child transmission, and home-based care.

FHI and EngenderHealth have developed a training module for health care professionals providing HIV/AIDS treatment and care services and family planning workers who counsel HIV-infected clients, including those receiving ART. The module uses the latest evidence from research to explain contraceptive options for women and couples living with HIV.



Photos: Robert Ritzenthaler/FHI; Mary Lyn Field-Nguer; Karl Grob





**HIV counseling and testing includes advice on family planning in some clinics in Kenya, like this one at Kenyatta National Hospital in Nairobi, where a counselor is discussing oral contraceptive use with clients.**

In Kenya, contraception and HIV service integration occurs at all levels, guided by a subcommittee of the National AIDS and STD Control Programme (NAS COP). Through the subcommittee, FHI and partners have established a national integration strategy, developed training curricula and educational materials, held sensitization workshops, trained trainers, and provided counseling and testing.

Recent FHI research in Kenya demonstrates a relatively high unmet need for contraception and an important proportion of women testing positive for HIV. Delivery of contraceptive methods in counseling and testing is acceptable to providers and clients, although provision of family planning methods is lower than expected. Further research is needed to understand why.



# Building Capacity for Research in Public Health

Elaborate study designs and specialized research skills are needed to address the most critical public health threats. Typically, clinical trials with thousands of volunteers at multiple sites, often in many countries, are required to develop effective HIV prevention technologies or new contraceptives. There is a pressing need for improved capacity to plan and carry out such research, especially in the countries most affected by HIV/AIDS, tropical diseases, and the negative impact on maternal and child health of high rates of unintended pregnancy.

Family Health International, already experienced in building and managing global research networks, is expanding the pool of skilled researchers by training and mentoring investigators and identifying new research sites for intensive capacity building. These efforts enhance the ability of developing country institutions to design protocols, manage data, conduct safety analyses, implement informed consent processes, and share findings effectively.

During the past year, for example, training in Good Clinical Practice and in research ethics was provided at 14 microbicide trial sites in eight countries. With the International Partnership on Microbicides, we are identifying sites where candidate products can undergo more extensive clinical trials.

Research capacity building is making a difference. FHI workshops on scientific paper writing for Malian and Colombian malaria research teams have led to the submission of more than a dozen original articles to peer-reviewed journals. FHI's *Qualitative Methods in Public Health* and the recently published *Qualitative Research Methods: A Data Collector's Field Guide* are being used to guide qualitative research and method training in 120 countries worldwide. Data management training for researchers from 15 countries has led to better quality assurance for trials. And microbicide acceptability researchers in India have acquired the latest methods to analyze qualitative data, bringing women-initiated HIV prevention methods one step closer to reality.





# Improving Ethical Standards in Research

Family Health International is a leader in training and mentoring in international research ethics. Our program combines education, capacity building, and institutional review board oversight.

Our *Research Ethics Training Curriculum* has been used to train thousands of research professionals in more than 30 countries and has been adopted by a broad range of institutions and organizations in the United States and abroad. The *Research Ethics Training Curriculum for Community Representatives*, which was developed specifically for a nonscientific audience, strengthens the important role of community in the research process.

Since 2004, with support from the U.S. National Institutes of Health, we have designed and implemented the Collaborative Institutional Review Board Mentoring Program with the Universities of Malawi and Zambia. Both universities have since improved the management of their respective research ethics committees and have developed comprehensive standard operating procedures. We have also planned and implemented training workshops for developing country research ethics committees, in partnership with the U.S. National Institute of Allergy and Infectious Diseases, the HIV Prevention Trials Network, the HIV Vaccine Trials Network, RTI International, and Public Responsibility in Medicine and Research. With the World Health Organization and the Pan American Health Organization, we have updated the operations of selected national-level ethics committees in Guatemala, Panama, and Peru. Drawing on FHI's extensive experience in this field, we have produced the *Institutional Review Board Toolkit*, a collection of administrative tools for managing the operations of institutional review boards.

FHI's Protection of Human Subjects Committee—which includes members from India, Mexico, and Zimbabwe—serves as a model institutional review board. Members, who have extensive experience of countries with multiple vulnerable populations, undertake annual monitoring visits to FHI research sites.





# Assuring the Quality of Drugs and Devices for Disease Prevention and Family Planning

Millions of couples throughout the world want reliable contraceptive products to plan their families and avoid the risks associated with unintended pregnancy. Meanwhile, the global epidemics of HIV/AIDS and other infectious diseases endanger the health of millions of people. The possibility of distributing substandard prevention products puts many lives at risk for disease transmission. For these reasons, international regulations mandate consistent high-quality devices and pharmaceutical products, yet proper product testing requires proven field experience and specialized proficiencies.

Family Health International established a Product Quality and Compliance (PQC) facility in 1991 to complement the USAID contraceptive procurement program and to provide technical assistance and testing services to commercial clients. The laboratory evaluates medical devices (such as condoms) and pharmaceuticals used in family planning and disease prevention. The program includes surveillance of domestic production, monitoring of products distributed abroad, and participation in international standards development.

Our technical staff perform quality and regulatory audits of manufacturing operations, and design and implement product sampling protocols. Our rigorous testing covers every internationally recognized specification and performance requirement. The PQC facility also performs compatibility and stability studies for condoms with various lubricants and with other medical treatments. The facility is equipped with state-of-the-art equipment and is accredited by the American Association for Laboratory Accreditation. Virtually all of the laboratory's new business comes from customer referrals, reinforcing FHI's reputation for reliability and consistency.



## Product Evaluations

- Contraceptive products
- Medical gloves
- Prototypes

## Additional Services

- Product stability and shelf-life studies
- Good Manufacturing Practice guidelines
- Regulatory compliance
- Standard operating procedures
- Test method development



Because of FHI's quality assurance tests, like this water leakage test, the Cambodian peer educators seen at left can be sure that the condoms they recommend are reliable. Used properly, these condoms will help protect from disease and unintended pregnancy.

In evaluating products for acceptance and distribution worldwide, FHI first assesses the manufacturing process. Is production equipment adequate or does it need updating? Are proper control procedures in place? Initial identification and correction of deficiencies can prevent problems later during testing. FHI's rigorous testing covers every specification and performance requirement, in addition to proper labeling and packaging.



# Partnerships for Success

The work of Family Health International is enabled by our partnership with almost 1,000 organizations at the global, regional, country, and community level, among them close to 40 sponsors, whose support is gratefully acknowledged. In addition to those listed at right are host governments and national AIDS control programs worldwide, and numerous local nongovernmental organizations, community-based organizations, faith-based organizations, research institutions, and universities.

The AIDS pandemic is especially complex, and an effective response that is able to slow the pandemic and mitigate its impact requires many organizations to work together. FHI has the technical experience, the presence in countries, the local networks, and the standing to be able to leverage additional sponsors and facilitate partnerships among sponsoring and implementing agencies. Success also depends upon local capacity to lead the response, effectively coordinate public and private networks of service providers, and manage multiple funding streams. The strengthening of local capacity, even in the most resource-constrained settings, has been at the core of Family Health International's work throughout.

In a typical setting, we work with a range of partners to enable each to contribute its expertise and experience to a coordinated response that meets local needs. The whole becomes more than the sum of its parts as the efforts of each partner enhance those of the others.



## FHI's Sponsors and Partners Include ...

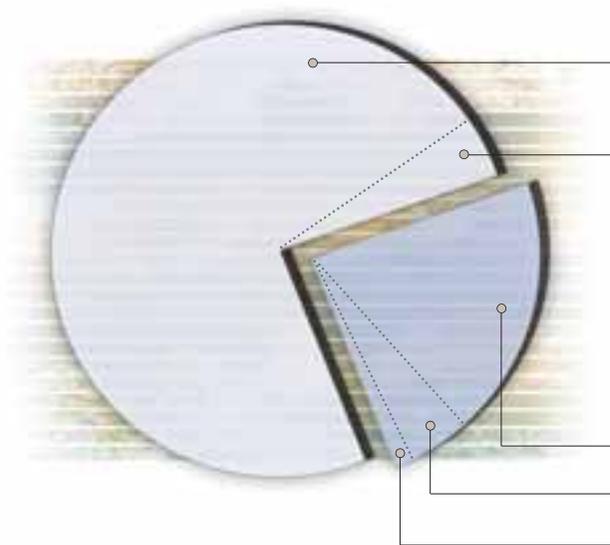
Abt Associates, Inc.  
Academy for Educational Development  
ActionAID  
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African Comprehensive HIV/AIDS Partnerships  
American Red Cross  
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Biosyn, Inc.  
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Cicatelli Associates  
The Cochrane Collaboration  
Columbia University, Mailman School of Public Health  
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EngenderHealth  
Fenway Center  
Fulcrum Pharmaceutical Consulting  
Futures Group  
Bill & Melinda Gates Foundation  
German Leprosy and TB Relief Agency  
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Elizabeth Glaser Pediatric AIDS Foundation  
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Global Fund to Fight AIDS, Tuberculosis and Malaria  
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Howard Delafield International  
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HTI Plastics  
Indevus Pharmaceuticals, Inc.  
Institute for Tropical Medicine, Belgium  
International HIV/AIDS Alliance  
International Labour Organization  
International Partnership for Microbicides  
International Planned Parenthood Federation  
Initiatives, Inc.  
IntraHealth International  
Ireland Aid  
Japanese International Cooperation Agency  
JHPIEGO Corporation  
Johns Hopkins University/Center for Communication Programs  
Johnson & Johnson  
Henry J. Kaiser Family Foundation  
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Macfarlane Burnet Centre for Harm Reduction  
Management Sciences for Health  
Medicines for Malaria Vaccine  
Merck & Co., Inc.  
Music Television Network (MTV)  
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Options Consultancy Services  
David and Lucile Packard Foundation  
Pan American Health Organization  
PATH  
Peace Corps  
Pfizer, Inc.  
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Population Council  
Population Services International  
Quadex  
Reckitt Benckiser Pharmaceutical, Inc.  
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Rho, Inc.  
RTI International

Sanofi-Pasteur  
Save the Children  
South Africa Medical Research Council  
Tulane University  
United Kingdom Department for International Development  
United Nations Children's Fund  
United Nations Joint Programme on HIV/AIDS  
United Nations Population Fund  
United Nations High Commissioner for Refugees  
U.S. Agency for International Development  
U.S. Centers for Disease Control and Prevention  
U.S. Department of Defense  
U.S. Department of Labor  
U.S. Department of State, Office of the Global AIDS Coordinator  
U.S. National Institute of Allergy and Infectious Diseases  
U.S. National Institute of Child Health and Human Development  
U.S. National Institutes of Health, John E. Fogarty International Center  
U.S. National Institutes of Health, Office of AIDS Research  
U.S. National Institute of Mental Health  
U.S. National Institute on Drug Abuse  
University of Alabama  
University of California, Los Angeles  
University of California, San Francisco  
University of Maryland, Institute of Human Virology  
University of North Carolina at Chapel Hill  
University of Pennsylvania  
University of Washington  
Voice for Humanity  
Voluntary Service Overseas  
The World Bank  
World Health Organization  
World Vision



# Use of Funds in 2005



## SERVICES

HIV/AIDS Prevention, Care, and Treatment	\$165.4 million
Family Planning and Sexually Transmitted Infections	\$4.6 million
<b>Total Services</b>	<b>\$170 million</b>

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## RESEARCH

Contraception	\$34 million
HIV/AIDS	\$18.2 million
Other (maternal health, tropical diseases, etc.)	\$1.8 million
<b>Total Research</b>	<b>\$54 million</b>

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<b>TOTAL</b>	<b>\$224 million</b>
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*Philip Gethin-Jones*  
(1947–2005)

On August 11, 2005, Philip Gethin-Jones, one of FHI's most passionate supporters, lost his 8-year battle with cancer. When laryngeal cancer robbed him of his voice and terminated his highly successful, 30-year banking and business career in Asia, Philip said he found new meaning to life when he joined FHI's Board of Directors in 2001. And FHI gained one of its most impressive ambassadors. While he will be remembered by his fellow board members for his keen insights into international financial management, Philip will be admired by FHI for his unique ability to influence international business and political leaders and simultaneously reach out personally to the poorest of the poor. We are indebted to Philip Gethin-Jones for making all of us at FHI even more enthusiastic about our mission to improve lives worldwide.

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Project manager and content development  
Francis Webb

Editorial contributors  
Francis Webb, Karen Dickerson

Design  
Mark Turgesen/Creative Solutions International



HEADQUARTERS

PO Box 13950  
Research Triangle Park, NC 27709, USA  
Tel 1.919.544.7040 Fax 1.919.544.7261

WASHINGTON, DC OFFICE

2101 Wilson Boulevard, Suite 700  
Arlington, VA 22201, USA  
Tel 1.703.516.9779 Fax 1.703.516.9781

[www.fhi.org](http://www.fhi.org)

