At Family Health International we bring research and public health programs together to improve people’s lives. Our researchers increase understanding of the technologies and health care systems best suited to people in need. Our public health professionals combine this scientific information with best practices from the field—and our experience of 35 years—to deliver evidence-based health programs that have real impact.

We give hope and build futures for poor and disadvantaged people throughout the developing world by:

… working with communities to provide public health services.
… investigating new drugs and devices to prevent pregnancy—as well as to prevent and treat disease.
… bringing partners together to mitigate the impact of illness and death.

Most of all we are about people. The following pages provide a glimpse of our work through their stories.

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Public Health Programs

FHI’s public health programs improve the lives and well-being of countless people in the developing world. Each time we help a woman in Guyana deliver an HIV-negative baby, or help a child orphaned by AIDS in Namibia remain in school, we make the world a safer place for children. When we help a young man in Tanzania remain free of sexually transmitted diseases, or help a sex worker in India discover another way to support her family, we make the world stronger.

FHI Programs in Prevention, Care, Support and Treatment:

- prevent HIV transmission from mother to infant during pregnancy and delivery
- provide access to critical HIV counseling and testing
- care for those suffering from HIV, tuberculosis and other illnesses
- reduce the impact of tuberculosis through improved diagnosis, treatment, laboratory practices and community education
- provide life-saving medical treatment, especially antiretroviral drugs
- help governments scale up resources and infrastructure to respond to AIDS and other diseases
- implement programs for those vulnerable to HIV, such as sex workers, injection drug users and men who have sex with men
- integrate family planning and reproductive health services into HIV programs
- help young people behave responsibly, stay free of disease and avoid unintended pregnancy
Delivering Comprehensive Care

As people on antiretroviral drugs live longer and remain comparatively healthy, FHI helps communities meet their needs throughout all stages of HIV disease. Centers with core services—HIV counseling and testing; AIDS treatment; clinical diagnosis, treatment and management of related infections; and counseling for treatment adherence and nutrition—are complemented by strong referral systems. These offer access to other offsite services such as psychosocial care, educational support, child protection, tuberculosis treatment, home-based care, inpatient care and prevention of mother-to-child HIV transmission.

Bringing Health Services to the Bateys

A majority of workers who harvest sugar cane in the Dominican Republic are of Haitian descent and live in bateys, impoverished rural communities known for their difficult living conditions and poor sanitation. MOSCHTA, an organization supporting Haitian workers in the Dominican Republic, brings health services to the bateys through mobile clinics and home-based care. With FHI support, the organization also sponsors educational programs that provide the community with information about HIV and AIDS and related infections. Dr. Glosiris Bautista provides integrated sexual and reproductive health services for adolescent youth in a clinic run by World Vision, a key FHI partner, in one of the bateys. Here she discusses future family planning options with Selena Cabrera, 16, who is pregnant. Selena came for counseling and testing and has just discovered her HIV test is negative.
Protecting the Vulnerable

HIV is preventable, yet prevention services are neither widely available nor accessible. Where they are, their use is handicapped by ignorance, denial, stigma, discrimination, gender inequality and sometimes cost. Worldwide, we implement a broad range of HIV prevention strategies for the general population as well as those who are especially vulnerable. Among these are women whose partners place them at high risk. Our work with young people encourages responsible behavior—including abstinence—that protects them from HIV and other sexually transmitted infections and unintended pregnancy.

Helping the Wives of Truck Drivers

With help from FHI, the Safe Journey project—a collaborative venture between the All India Motor Transport Congress Society and a truck owners association in the Krishna district of Andhra Pradesh—meets the reproductive and sexual health needs of wives of truck drivers and cleaners, including HIV prevention and care and support. Mrs. J. Bhadri, 25, distributes medicines at a sexually transmitted infection clinic in a slum area near her home in Andhra Pradesh. At 16, Mrs. Bhadri married a truck cleaner; some years ago she discovered she was HIV positive. Abandoned by her family, she joined the Safe Journey project as a community health worker. She now helps organize the clinics, conducts AIDS awareness sessions and distributes condoms to women in the trucking community. FHI has provided prevention care and support services to 360,000 migrants and truckers in India to reduce the risk that their wives will acquire HIV.
Reaching Out to Those at Risk

FHI meets the challenges of prevention outreach and testing for some people at particular risk of HIV—sex workers, men who have sex with men, injection drug users, migrant workers, police and military. Some are heavily stigmatized and disenchanted, limiting their access to services that could meet their health and safety needs. Our peer education programs reach drug users and sex workers and encourage vocational training. We confront the stigma and discrimination that deter individuals from seeking voluntary HIV counseling and testing and proper medical care.

200,000 people in Indonesia living with HIV and AIDS

Introducing Injection Drug Users to Critical Services

The rate of HIV infection among drug users in Indonesia is rising steadily. Kios Atma Jaya, an FHI-funded organization founded by Atma Jaya Catholic University, uses peer educators—often former drug addicts—to bring care, treatment and educational opportunities to people sharing needles in Jakarta, Indonesia. Magda, 25, a former injection drug user who is still in the Kios methadone program, is now one of its most effective field workers. She understands the drug culture, knows the streets well and goes where drug addicts congregate in some of the city’s most dangerous places. She inquires about their health, asks if they share needles and tells them about the high risk of contracting HIV. Offering them further support and a chance for a better life, Magda encourages them to visit the Kios offices to receive counseling, free medical care and access to the methadone program.

FHI’s work in Indonesia is supported by DFID and USAID
Helping Families Help Themselves

Working with local partners to strengthen families coping with HIV has become a core mission for FHI. Hand in hand, we are keeping the family together and infected parents alive, enhancing income generation and protecting children. This compassionate and cost-effective response to families’ and children’s needs reduces the long-term burden on health and social services. An important but often difficult first step is counseling HIV-positive people to disclose their condition so that their families can understand what they are experiencing and learn to offer care and support.

Supporting Family Caregivers

In the village of Spean Kpos outside Phnom Penh, Cambodia, FHI works with a local organization, Khemara, to support families coping with HIV and AIDS. Khemara staff instruct family caregivers on monitoring health progress, maintaining a schedule for taking medicine, keeping their relatives comfortable and providing proper nutrition. Staff also provide counseling under an HIV counseling and testing program.

After receiving training Srey Vy, 16, and her friend, Cham Prea, 15, are able to provide nutritious meals and care for Srey Vy’s father. Weakened by HIV, Khim Kheng, 35, suffers from tuberculosis, is too ill to feed himself and spends much of the day on a cot outside his home. “He is my neighbor and the father of my friend,” Cham Prea says. “I learned I can’t get HIV/AIDS by treating him.”

FHI’s work in Cambodia is supported by USAID
Family Health International began as a contraceptive research project at the University of North Carolina at Chapel Hill in 1971. In the 35 years since, we have worked with investigators in more than 100 countries to bring improvements to many areas of women’s health and infectious diseases. Using a variety of study designs and evaluation approaches, we discover, develop and deliver solutions to pressing health challenges. We contribute to internationally recognized best practices for public health services, provide the evidence base for sound policy making and service delivery, and bring new and improved products to market.

**FHI Research Includes:**

- HIV prevention research to develop and test the safety and efficacy of new technologies, including topical microbicides, antiretroviral drugs and vaccines
- clinical and epidemiological research, including multinational randomized clinical trials that evaluate drugs, devices and procedures
- observational studies that measure biomedical, behavioral and acceptability outcomes
- behavioral and social science research to improve the design and impact of health programs and support product development and introduction
- health economics research and operations research to improve cost-effectiveness of health programs where resources are scarce
Family Health International at a Glance

Global Reach and Local Presence

Research Highlights

- Ten ovoid could be safely used to reduce risk of HIV in resource-constrained countries.

- Each study addresses a key public health need for emergency contraception for over-the-counter led the FDA Advisory Panel to recommend Plan B trial participants.

- FHI forms an internal task force for America Foundation for AIDS Research epidemic with support from the intended pregnancies in HIV-positive women who actually cause fetal and newborn deaths.

- Inhibition of uterine contractions—-is not effective and may increase risk of intravenous magnesium (Epsom salt) to Cochrane Library, found that one of the most common products) increased the risk of acquiring HIV infection.

- Treatment for Premature Labor

- Contraception in Premenopausal Women on Child 4th Transmission

- Family-goal setting in health and other health policies put through the quality of contraceptive research and development (QCRD) program.

- Product Quality Assurance

- The quality of contraceptive research and development (QCRD) program.

- Noncontraceptive and HIV risks

- FHI provides a staff member to the White House Office of National AIDS Policy as a Senior Policy Analyst.

- FHI provides AIDSONLINE, a tool for conducting AIDSONLINE HIV/ART training in Nigeria and elsewhere in Africa.

- HIV access to antiretroviral “learning sites” to the private sector and make FHI’s services available.

- The UNAIDS and FHI publish Care in Resource-Constrained Settings: A

- Family Health International forms a family-centered approach to Africa’s pandemics.

- FHI was among the first to investigate HIV internationally when we began working in Africa in 1986. Since then, we have gained our position as leaders and innovators in fighting the pandemic.

- Select Advancements in AIDSOIL

- FHI operations are in 94 countries, including many Latin American countries. In 2012, FHI published the first report on the global impact of the LGBT population.

- UNAIDS and FHI publish Care in Resource-Constrained Settings: A

- HIV access to antiretroviral “learning sites” to the private sector and make FHI’s services available.

- The UNAIDS and FHI publish Care in Resource-Constrained Settings: A

- Family Health International forms a family-centered approach to Africa’s pandemics.

- FHI was among the first to investigate HIV internationally when we began working in Africa in 1986. Since then, we have gained our position as leaders and innovators in fighting the pandemic.

Public Health Impact

- 100,000 and millions of people through small grants for innovations, training, and a robust program.

- FHI’s comprehensive support program has helped more than 600,000 employant and employer associations and patient advocates.

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Mobilizing Volunteer Care

A lack of health and social service personnel severely hinders efforts against AIDS, making volunteers essential, especially in resource poor communities that cannot provide all the services or reach all those in need. Volunteer peer educators feature in FHI’s workplace prevention and youth programs; they encourage infected individuals to adhere to arduous treatment regimens and are key to home-based care. Our behavior change efforts with sex workers and injection drug users depend upon volunteers formerly of those communities who can be effective communicators in their world.

Providing Home-based Treatment and Care

For most Ethiopians, poverty is a painful fact of life, and the increasing prevalence of HIV seems especially cruel. Yet volunteers like Meaza Gashaw, trained by the Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO), an FHI-supported program, are caring for neighbors as part of a remarkable network of unconditional love. Meaza, a volunteer caregiver in Soddo in southern Ethiopia, visits the home of Rukia Tulu, where nine-year-old Abdul Cadir is ill with HIV. Meaza, at left, comforts Abdul and discusses his condition with Rukia, whose daughter looks on. Over the next hour, Meaza checks on the boy’s supply of antiretroviral medicines, reviews his treatment schedule and washes his hair. In just three years, the HAPCSO program has reached thousands of people far beyond the shack where Abdul lies. Not all of Meaza’s clients are HIV positive. Sixty-four-year-old Askale Kebede, above, is severely asthmatic and lives in her tiny home with no family. Meaza helps with the housework. “She's like my daughter,” Askale says.
Providing Community-based Services

Developing the capacity of communities to respond adequately to HIV disease is central to FHI’s work. We train primary health workers to provide rural outreach and establish referral networks that link the multiple services required. We seek community partners like faith-based organizations that understand local cultural traditions and can reach those most in need. This builds confidence and achieves sustainability. Our media and educational campaigns reduce prejudice, stigma and discrimination and increase social acceptance and community support for HIV-positive people.

17,700,000 WOMEN LIVING WITH HIV AND AIDS WORLDWIDE IN 2006

Reaching Rural Clients with Counseling and Testing Services

In rural communities of Tamil Nadu, four organizations—Arumbugal Trust, Aussi Codes, the Center for People’s Education and Peace Trust—collaborate to provide comprehensive HIV prevention, care and support services to youth, children and families. FHI supports their work, which includes counseling and testing services offered in people’s homes. The counselor, Sister Chaitanya, provides basic AIDS information and pre-test counseling. With the consent of the client, community nurse Sharada sends a blood sample to Peace Trust Hospital for HIV testing. Sister Chaitanya provides post-test counseling and refers the client to treatment, care and support services if required. This initiative has increased access to comprehensive prevention and care services for those who test positive—especially for wives of migrant workers. Above, Mariambeevi, a community health worker, provides accurate information on HIV and AIDS to a community self-help group.

FHI’s work in India is supported by DFID, The Bill & Melinda Gates Foundation and USAID.
Expanding Access to Treatment

Among the first to provide antiretroviral therapy in resource-poor settings, Family Health International is now demonstrating that the key to scaling up these services is innovation in helping people know their HIV status and in using every possible means to expand treatment access. We mobilize a broad variety of public and private sector providers, establish effective referral networks and use multiple approaches to help the community bring cost-effective, sustainable, quality services to the greatest number of people. These include community-based programs, district-level services, mobile clinics, branded franchises and workplace programs.

Helping People Reach Treatment Centers

Many people living with HIV/AIDS in rural Haiti must travel long distances to urban centers for their care and treatment. Some, like 52-year-old Ulrich Jeudi, walk the narrow paths and dirt roads for many hours because they lack the resources to pay for public transportation. A long day at the clinic waiting for numerous tests and examinations ends with the exhausting journey home. It takes determination and energy to repeat this ordeal regularly, so clients may drop out of treatment programs or forgo treatment altogether. The Maison de Transit, an FHI-supported lodging house in Jacmel in southern Haiti, offers a free bed, meals and psychological support to those receiving treatment or waiting for test results. Such lodgings make all the difference to people like Ulrich and his wife, Christiane Michel, shown after arriving at the Maison.
Giving Children a Future

FHI offers a novel combination of strategies to protect children and enhance their future. Our prevention programs keep families free of HIV. We offer family planning to HIV-infected women who wish to avoid pregnancy. Our research on the use of nevirapine to prevent the transfer of HIV from infected women during childbirth has enabled thousands of children to avoid AIDS. Our pediatric AIDS programs treat infected children. When parents become sick, we help communities prolong their lives, providing basic health care and nutrition, as well as education, spiritual and economic support, and shelter for vulnerable children.

Caring for Orphans

SWAAK, The Society for Women and AIDS/Kenya, an FHI partner, provides psychosocial support and food to children orphaned by AIDS. Eighteen-year-old Francis Wardioko, his sister Maureen, 13, and their cousin Pauline, 8, live together in a tiny shack with a single bed and meager possessions in a slum in Nakura, Kenya. They show pictures of Pauline’s parents, who died of AIDS in 2002. Such ‘memory books’ are an important part of psychosocial support to orphaned children. Francis and Maureen lost their parents to AIDS in 2000. Since then, Francis has been head of household, cooking meals and helping the girls with their homework. Regular visits and gifts of food from SWAAK staff, like field coordinator Jane Owino and Ester Oloo (above), make a big difference to the children, who participate in peer support groups sponsored by SWAAK. “When we meet other children with the same problem, we see we’re not alone and this helps us to cope,” Francis says.
Family Health International’s unparalleled global operations are facilitated by our presence in more than 60 countries, the trust and confidence of our local partners and the expertise we have built in 35 years at the forefront of international public health. From this dynamic platform we are launching initiatives that continue our tradition of innovation and achievement in research and public health programs, resulting in sustainable improvements.

Our programs and research activities now contribute to the fight against multiple infectious diseases—avian influenza, human papilloma virus, malaria, rotavirus and tuberculosis—in addition to our family planning and HIV focus. Through new partnerships that address the underlying causes of poor health, we support communities in managing the breadth of services required to meet the needs of poor and vulnerable families and especially to protect the welfare and futures of their children. Our collaborations with the private and public sectors increase food security, stimulate household income, promote education, expand access to family planning and AIDS therapies and train health workers, all of which dramatically improve quality of life. With more than 1,000 partner organizations to complement our actions and extend our outreach, we are progressively improving the lives of the world’s most vulnerable people.

Albert J. Siemens, PhD
Chair and Chief Executive Officer

### Use of Funds

#### Health Interventions

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<th>Description</th>
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<td>HIV/AIDS prevention, care &amp; treatment programs</td>
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<td>Other health programs</td>
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#### Research

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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Other research, including maternal health &amp; infectious diseases</td>
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</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>$64,400,000</strong></td>
</tr>
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**Total**                                           | **$239,600,000** |
Family Health International is dedicated to improving lives, knowledge and understanding worldwide through a 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.

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