



# IMPROVING LIVES WORLDWIDE





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.



DOMINICAN REPUBLIC



### *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.

*FHI's work in the Dominican Republic is supported by the U.S. Agency for International Development (USAID)*

## 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.



INDIA



### *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.

*FHI's work in India is supported by The Bill & Melinda Gates Foundation, the U.K. Department for International Development (DFID) and USAID*

## 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 disenfranchised, 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.



INDONESIA



### *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.

## 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.



CAMBODIA



### *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."

# GLOBAL RESEARCH

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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.

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## *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



**Pre-exposure Antiretroviral Prophylaxis for HIV Prevention**

FHI's research in West Africa demonstrated that oral tenofovir could be safely used to reduce risk of HIV acquisition and provided evidence to support conducting definitive effectiveness trials.

**Topical Microbicides to Prevent HIV Acquisition**

FHI's studies of multiple microbicide products have demonstrated key design issues to allow more efficient HIV prevention trials in the future. Examples include better approaches to estimating HIV incidence and more convenient ways to prevent pregnancy among trial participants.

**Providing the Evidence Base for Over-the-Counter Emergency Contraception**

FHI scientists conducted the pivotal studies that led the FDA Advisory Panel to recommend Plan B emergency contraception for over-the-counter access. This policy was approved by the FDA in August 2006.

**Emerging Infectious Diseases of Public Health Importance**

FHI has begun managing clinical trials of inexpensive malaria treatments, of different oseltamivir doses for avian influenza and of a new rotavirus vaccine. Each study addresses a key public health need for resource-constrained countries.

**Contraception to Prevent Mother-to-Child HIV Transmission**

FHI's study showed providing contraception to prevent unintended pregnancies in HIV-positive women who do not want to become pregnant averts 173,000 infected infants and 577,000 unintended births annually.

**Product Quality Assurance**

FHI's product quality compliance laboratories in Thailand and the U.S. assure the quality of contraceptives and other health products used throughout the developing world, testing more than 3,000 condom batches each year. FHI also provides quality assurance for the USAID-funded Deliver II project that increases the availability of priority health commodities to developing countries.

**Hormonal Contraception and HIV Risk**

FHI researchers led the largest study of whether use of hormonal contraception (both oral and injectable products) increased the risk of acquiring HIV infection. Findings support maintaining the current global recommendations for contraceptive use, including dual methods where HIV exposure is possible.

**Treatment for Premature Labor**

FHI researchers, in a systematic literature review for the Cochrane Library, found that one of the most common treatments for stopping premature labor—the use of intravenous magnesium sulfate (Epsom salt) to inhibit uterine contractions—is not effective and may actually cause fetal and newborn deaths.



**Africa**

- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Chad
- Cote D'Ivoire
- Democratic Republic of Congo
- Djibouti
- Ethiopia
- Gambia
- Ghana
- Guinea
- Kenya
- Lesotho
- Madagascar
- Malawi
- Mali
- Mauritania
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- São Tomé & Príncipe
- Senegal
- Sierra Leone
- South Africa
- Southern Sudan
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

**Americas**

- Bolivia
- Brazil
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Guyana
- Haiti
- Jamaica
- Mexico
- Nicaragua
- Peru
- United States

**Asia**

- Bangladesh
- Cambodia
- China
- India
- Indonesia
- Laos
- Malaysia
- Nepal
- Pakistan
- Papua New Guinea
- The Philippines
- Thailand
- Vietnam

**Europe & Central Asia**

- Albania
- Kosovo
- Russia
- Switzerland

**Middle East**

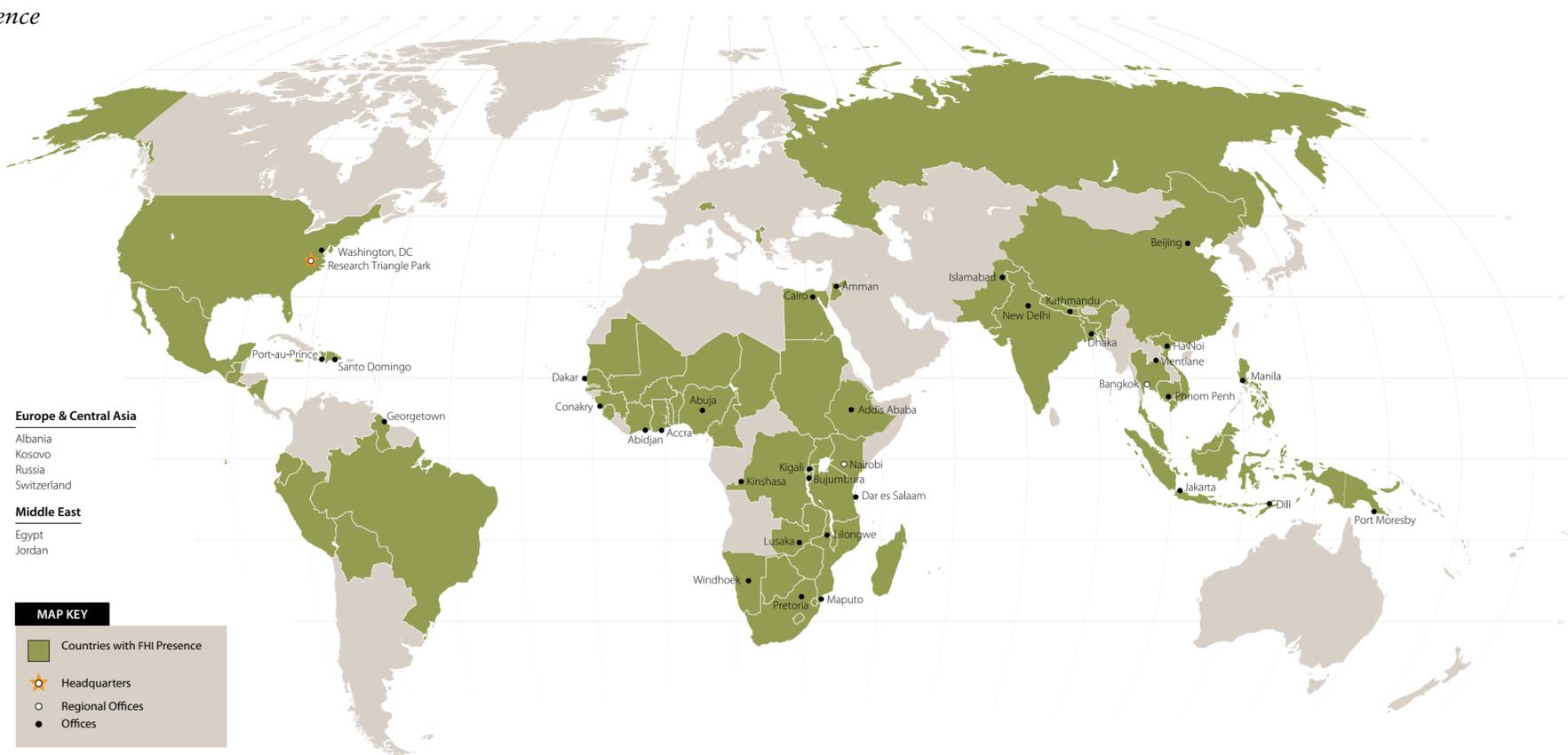
- Egypt
- Jordan

**MAP KEY**

- Countries with FHI Presence
- Headquarters
- Regional Offices
- Offices

**FAMILY HEALTH INTERNATIONAL AT A GLANCE**

*Global Reach and Local Presence*



FHI has served millions of young people through youth programs that address HIV/AIDS and unintended pregnancy.

FHI operates HIV research, prevention and care programs in more than 60 countries.

FHI's workplace prevention programs have reached more than 400 employers and employee associations with peer education.

FHI's technical tools for working with orphans and vulnerable children are now used by program managers and policymakers worldwide.

In the past year alone, FHI and its local partners:

- reached 6.4 million people through community AIDS outreach programs
- trained 9,100 providers in HIV counseling and testing, and provided counseling and testing services to almost one million people
- counseled 212,000 pregnant women who later sought HIV testing
- provided approximately 11,200 pregnant women with a complete course of antiretroviral prophylaxis to prevent HIV transmission to their newborns
- provided antiretroviral therapy to more than 90,000 people in Africa, Asia and Latin America
- screened more than 6,300 HIV-positive people in Nigeria for TB, referring those who tested positive to 28 TB treatment locations
- assisted close to 200,000 children orphaned or made vulnerable by AIDS
- trained more than 13,700 service providers in caring for orphans and vulnerable children
- trained more than 2,300 health workers to deliver AIDS treatment services based on national or international standards



*Selected Achievements in HIV/AIDS*

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

**1986**

FHI forms an internal task force to assess ways to respond to the epidemic emerging in developing countries.

FHI begins work to help slow the epidemic with support from the American Foundation for AIDS Research and USA for Africa in pilot programs in Cameroon, Ghana and Mali.

**1990**

FHI publishes the first-of-its-kind *Handbook for AIDS Prevention in Africa*, and releases a French edition a year later.

**1991**

USAID selects FHI to manage its second global effort to prevent HIV infections—the AIDS Control and Prevention (AIDSCAP) Project—following FHI's effective management of USAID's AIDS Technical Support Project (AIDSTECH), 1987-1992.

**1992**

FHI opens regional offices in Bangkok, Thailand, and Nairobi, Kenya, to expand HIV response on the ground, complementing its global AIDS office opened in Arlington, Va., in 1991.

FHI publishes the *Handbook for AIDS Prevention* in the Caribbean, a companion resource to the 1990 African guide.

**1995**

FHI organizes USAID's HIV Prevention Conference and presents lessons from almost 800 interventions implemented in 45 countries.

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

**1997**

FHI publishes *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs*.

USAID awards FHI the global, multi-year Implementing AIDS Prevention and Care Project (IMPACT).

**1999**

The FHI-managed HIV Network for Prevention Trials (HIVNET) publishes results in *The Lancet* that show that a simple, inexpensive regimen of nevirapine for pregnant women can significantly reduce mother-to-child HIV transmission.

The National Institutes of Health selects FHI to manage the HIV Prevention Trials Network (HPTN) in the U.S. and around the world.

**2000**

FHI introduces a tool for conducting behavioral surveillance surveys (BSS) of populations at risk for HIV, later widely adopted by others. The tool is distributed in English, French, Russian, Spanish and Vietnamese.

**2001**

FHI commits \$1 million of its own funds to develop antiretroviral "learning sites" in Ghana. The resulting "Start Project" attracts USAID's first funds for antiretroviral therapy in Africa—and transforms untold numbers of lives.

UNAIDS and FHI publish *FHI/UNAIDS Best Practices in HIV/AIDS: Prevention Collection*.

**2002**

FHI publishes *HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs*, a comprehensive guide to creating and managing HIV programs in the developing world that will be widely used in curricula.

FHI publishes *Workplace HIV/AIDS Programs: An Action Guide for Managers in English and French, and Voices from the Communities: The Impact of HIV/AIDS on the Lives of Orphaned Children and Their Guardians*.

**2004**

The Bill and Melinda Gates Foundation selects FHI to implement HIV projects in India.

FHI launches the Center for Consulting Services to provide HIV/AIDS services to the private sector and make FHI's technical expertise available on a short-term basis.

**2005**

FHI becomes the clinical studies coordination center for NIAD's Center for HIV/AIDS Vaccine Immunology through Duke University.

FHI publishes *Delivering Antiretroviral Therapy in Resource-Constrained Settings: Lessons from Ghana, Kenya and Rwanda and Conducting A Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools*.

**2006**

FHI completes the first clinical trial of oral tenofovir for HIV prevention in humans.

FHI launches *Nuru Ya Jamii* in Kenya, a family-centered approach to helping HIV-positive adults live longer, preventing their children from being orphaned.

NIAD asks FHI to manage the operations of its HIV Prevention Trials Network and Microbicide Trials Network.

## 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.



ETHIOPIA



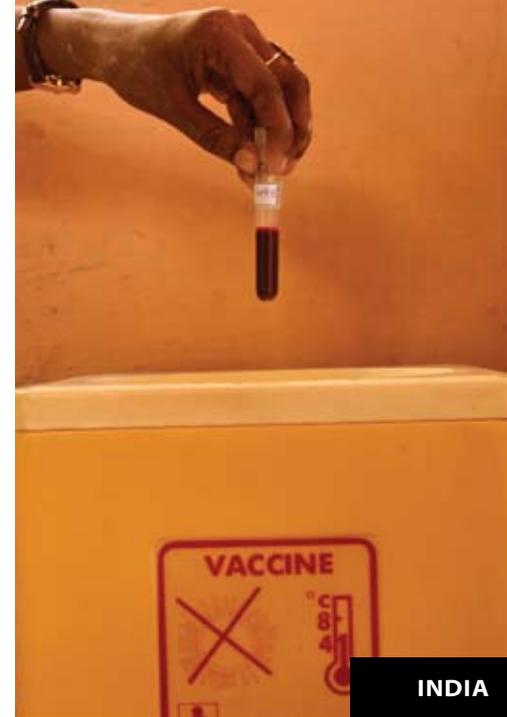
### *Providing Home-based Treatment and Care*

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.

*FHI's work in Ethiopia is supported by The Kingdom of the Netherlands and USAID*

## 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.



INDIA



### *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.



HAITI



### *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.

*FHI's work in Haiti is supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria and USAID*

15,000,000 CHILDREN HAVE BEEN ORPHANED WORLDWIDE BY AIDS

## 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.



KENYA



### *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 Nakuru, 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.

*FHI's work in Kenya is supported by The Bill & Melinda Gates Foundation, the William & Flora Hewlett Foundation, International Partnership on Microbicides, Medicines for Malaria Venture, Merck & Co. and USAID*



FROM THE CHIEF EXECUTIVE OFFICER ...

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

TWELVE MONTHS TO SEPTEMBER 2006

HEALTH INTERVENTIONS

HIV/AIDS prevention, care & treatment programs	\$174,600,000
Other health programs	600,000
<b>SUB TOTAL</b>	<b>\$175,200,000</b>

RESEARCH

Reproductive health	\$34,500,000
HIV/AIDS	23,500,000
Other research, including maternal health & infectious diseases	6,400,000
<b>SUB TOTAL</b>	<b>\$64,400,000</b>

<b>TOTAL</b>	<b>\$239,600,000</b>
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Our work is driven by our partnership with more than 1,000 organizations at the global, regional, country and community level, among them leading funders whose support we gratefully acknowledge. In addition to those listed below are host governments and national AIDS control programs worldwide, and numerous national-level nongovernmental organizations, community-based organizations, faith-based organizations, research institutions and universities.

Abbott Fund  
 Abt Associates  
 ActionAID International  
 Adventist Development and Relief Agency International  
 African Medical & Research Foundation  
 African Youth Alliance  
 Africare  
 Aga Khan Development Network  
 AlphaVax  
 American Colleges of Nurse-Midwives  
 Armed Forces Research Institute of Medical Sciences, Thailand  
 Association of Catholic Tertiary Students  
 ATS Laboratories  
 Australian Agency for International Development  
 Barr Pharmaceuticals  
 Biosyn  
 Boehringer-Ingelheim  
 Bristol-Myers Squibb  
 Bristol-Myers Squibb Foundation  
 The Burnet Institute  
 Cardno Acil  
 Carlsbad  
 Catholic AIDS Action  
 Catholic Relief Services  
 Cellegy Pharmaceuticals  
 Centre for Development & Population Activities  
 Children's Investment Fund Foundation  
 Cicatelli Associates  
 The Clinton Foundation  
 The Coca-Cola Company  
 The Cochrane Collaboration  
 Columbia University  
 CONRAD  
 Constella Futures  
 The Corporate Council on Africa  
 Dalberg Global Development Advisors  
 Deloitte Touche Tohmatsu Emerging Markets  
 Deutsche Gesellschaft für Technische Zusammenarbeit  
 Doris Duke Charitable Foundation  
 Duke University  
 The East-West Center  
 Eijkman Institute for Molecular Biology  
 Emerging Markets Group  
 Emory University  
 EngenderHealth  
 Family Care International  
 The Female Health Company  
 The Foundation for AIDS Research  
 The Bill & Melinda Gates Foundation  
 Georgetown University  
 German Leprosy & Tuberculosis Relief Association  
 Gilead Sciences  
 The Elizabeth Glaser Pediatric AIDS Foundation  
 GlaxoSmithKline  
 Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria  
 The Global Fund to Fight AIDS, Tuberculosis and Malaria  
 Global Health Council  
 Global Network of People Living with HIV/AIDS  
 The Alan Guttmacher Institute

Harvard University  
 The William & Flora Hewlett Foundation  
 Howard Delafield International  
 Howard University  
 HTI Plastics  
 Indevus Pharmaceuticals  
 Initiatives  
 International Center for Equal Healthcare Access  
 International Partnership on Microbicides  
 International Youth Foundation  
 IntraHealth International  
 Ipas  
 Japan International Cooperation Agency  
 Japan Soft Tech Consultants  
 JHPIEGO  
 John Snow  
 Johns Hopkins University  
 Joint Commission International  
 The Henry J. Kaiser Family Foundation  
 Keep A Child Alive  
 Klett Consulting Group  
 KNCV Tuberculosis Foundation  
 Kingdom of the Netherlands  
 Kyoto University  
 Mahidol University, Thailand  
 Makerere University, Uganda  
 Management Sciences for Health  
 Margaret Sanger Center International  
 Mayer Laboratories  
 Medicines for Malaria Venture  
 Medisorb Technologies International  
 Merck & Company  
 Merck Company Foundation  
 Mercy Corps  
 Meridian Group International  
 Music Television Network (MTV)  
 Netherlands Foundation for the Advancement of Tropical Research  
 North Carolina State University  
 Options Consultancy Services  
 The David & Lucile Packard Foundation  
 The Pan American Health Organization  
 PATH  
 Pathfinder International  
 Personal Product Company, a Division of McNeil  
 Pfizer  
 PharmaAccess Africa  
 Pharmacia & Upjohn  
 PharmaLinkFHI  
 Population Communication Services  
 Population Council  
 Population Reference Bureau  
 Population Services International  
 Prince Leopold Institute for Tropical Medicine, Belgium  
 Princeton University  
 Public Responsibility in Medicine and Research  
 Reckitt Benckiser Pharmaceutical  
 ReProtect  
 Research Triangle Institute International  
 Rho  
 The Right to Care Campaign

The Salvation Army World Service Office  
 Sanofi-Pasteur  
 Save the Children  
 The Shell Group  
 Shepherd Medical Company  
 Social Impact  
 The Summit Foundation  
 Swedish Association for Sexuality Education  
 Swiss Development Cooperation  
 Total Health Trust  
 Tulane University  
 U.K. Department for International Development  
 U.K. Medical Research Council  
 United Nations Children's Fund  
 United Nations Development Programme  
 United Nations High Commissioner for Refugees  
 United Nations Joint Programme on HIV/AIDS  
 United Nations Population Fund  
 University of Alabama, Birmingham  
 University of California, Los Angeles  
 University of California, San Francisco  
 University of Cape Town, South Africa  
 University of Hyderabad, India  
 University of KwaZulu-Natal, South Africa  
 University of Minnesota Medical School  
 University of Nairobi, Kenya  
 University of North Carolina, Chapel Hill  
 University of Ottawa, Canada  
 University of Oxford, U.K.  
 University of Pennsylvania  
 University of Pittsburgh  
 University of San Simón, Bolivia  
 University of Texas Medical Branch  
 University of Washington  
 University of Witwatersrand, South Africa  
 U.S. Agency for International Development  
 U.S. Centers for Disease Control & Prevention  
 U.S. Department of Defense  
 U.S. Department of Health & Human Services, Health Resources & Services Administration  
 U.S. Department of State, Office of the Global AIDS Coordinator  
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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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