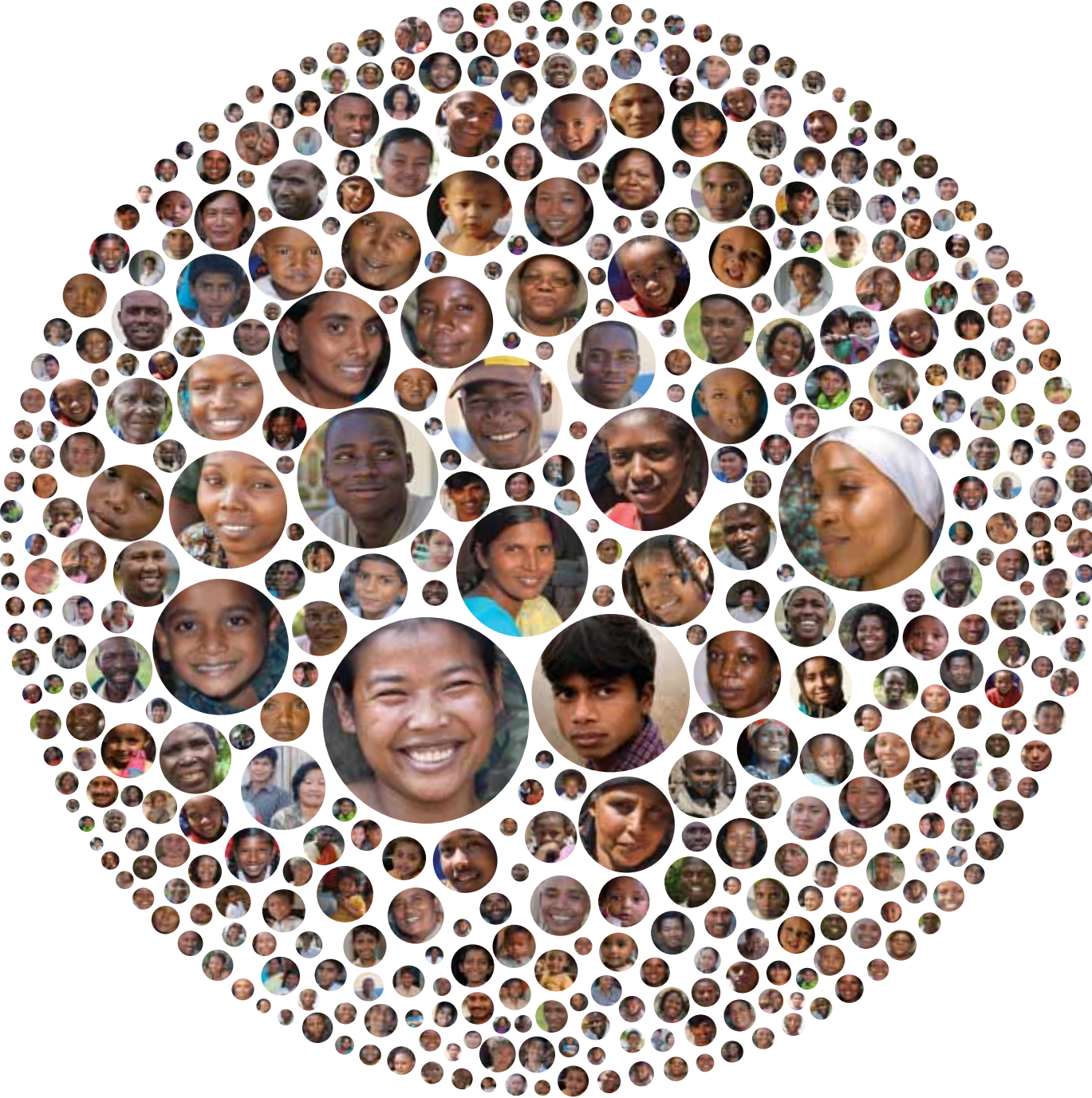


Family Matters





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Family Health International is dedicated to addressing the public health and development needs of the world's most vulnerable people. These needs include family planning; child and maternal health; infectious diseases such as HIV/AIDS, malaria, and tuberculosis; chronic conditions such as cardiovascular disease; nutrition; and income security. FHI works with national governments and local communities to strengthen broader health systems and to create lasting improvements in the health and lives of individuals and families.

Our Values

Excellence driven by the highest standards of science, ethics, and operational performance.

Integrity in what we do and how we work.

Responsiveness to the evolving needs of individuals, families, and communities within dynamic environments.

Respect for human rights, the diversity of local cultures, and the contributions of our partners and colleagues at all levels.

Dedication to the pursuit of FHI's mission through the collective wisdom and experience of a committed staff.

Accountability to those who benefit from our work, those who entrust us with their resources, our collaborators, and each other.

Our Guiding Principles

Building Sustainable Capacity

FHI strengthens capacity to develop local responses to critical needs.

Establishing Partnerships

FHI pursues partnerships with governments, foundations, nongovernmental organizations, faith-based groups, and businesses to maximize impact.

Ensuring Quality

FHI continuously ensures quality by defining standards, measuring performance, and applying results to exceed expectations.

Sharing Knowledge

FHI leads scientific research and program innovation and shares findings, tools, and approaches with stakeholders at all levels.

Letter from FHI's Chief Executive Officer

Health and well-being matter to families... and families matter when it comes to promoting health and ensuring well-being. That's why "Family" is first in our name—and why more than ever before, Family Health International is working in partnership with families, local organizations, and communities in the developing world to build capacity and deliver high-quality health interventions grounded on evidence provided by our world-class scientific research.

Today, nearly 7,000 new HIV infections occur each day worldwide, and hundreds of thousands face other life-threatening diseases such as malaria and tuberculosis. Families and communities in the developing world are left to cope not only with these illnesses but also with the cycle of joblessness, hunger, and hopelessness that accompanies them.

In the face of these challenges, Family Health International remains not only robust, but more relevant and resolute than ever. The stories we bring you here are from families and communities in Cambodia, Ethiopia, India, Kenya, and South Africa that are overcoming serious health challenges and working to create better futures for themselves with support from FHI.

These narratives illustrate how our team of more than 2,000 people in 54 countries is working—with a firm foundation of funding and a clear vision and direction—to develop and deliver the science and strategies, technology and training, information and infrastructure, and capacity and care needed to help these vulnerable people and thousands more like them overcome disease and poverty.

FHI is renowned for our leadership in reproductive health research and global HIV/AIDS prevention, care, and treatment. Our early work in family planning helped revolutionize entire societies in the developing world, and we continue to build on our history of innovation with recent research breakthroughs in areas including microbicides, male circumcision, and long-acting contraceptives. We've offered HIV testing, results, and counseling to nearly 2.4 million people and treated close to 186,000 individuals with antiretroviral therapy.

Today, FHI is building on our globally recognized scientific and technical leadership and our ability to adapt knowledge and systems in order to expand our scope and impact. We're embarking on critical research and programs that address infectious diseases ranging from avian influenza and dengue fever to malaria, rotavirus, and tuberculosis, as well as heart disease and other chronic conditions in the developing world. And we are leveraging our worldwide presence, programs, and partnerships in public health to pursue innovative, far-reaching development programs that provide families and communities with the tools they need for job creation, education, nutrition, clean water, and protection from exploitation.

I want to extend my gratitude to the exceptional professionals who comprise the FHI family and to the growing group of visionary FHI partners and funders, including an increasing number of individual contributors, many of whom supported us for the first time in 2008.

In many ways, you are a major part of the stories shared in this annual report, as your support helps us to expand the knowledge base from which we attack poverty and disease, and to apply that knowledge to innovative programs and partnerships that deliver high-quality health and development capacities and services.

Along with families and communities, you matter too—because you are the reason that FHI can and will continue to accelerate and grow our efforts to improve lives and foster hope worldwide.

A handwritten signature in black ink, appearing to read "Albert J. Siemens". The signature is fluid and cursive, with the first name "Albert" being the most prominent part.

Albert J. Siemens, PhD
Chair and Chief Executive Officer

Community Matters

Village Volunteers Help Neighbors Overcome Malaria

After relocating to western Cambodia to farm, 33-year-old Soeun had his first experience with malaria. “We couldn’t go to town because the road conditions were so bad,” he recounts. “There was no medicine, so people stayed at home and died.”

Soeun and his neighbors continued to suffer bouts of malaria until a village malaria worker (VMW) was trained to diagnose and treat the disease. “The next time I got sick, the village malaria worker gave me medicine,” Soeun says. “Because my wife was pregnant, she needed special treatment, so he arranged for her to go to the hospital.”

The VMW also provided the family with a free bed net supplied by the Cambodian government and taught them how to prevent malaria. “He told me malaria is caused by mosquitoes,” Soeun says. “I had never heard this before.”

Cradling his young child, Soeun explains the impact the VMW has had. **“Family is important to me, not just family but the whole community. And the village malaria worker is important to the community. If he wasn’t here, many people would suffer.”**

Funder

FHI’s Village Malaria Worker program in Cambodia is supported by the Mahidol Oxford Tropical Medicine Research Unit with funding from the Wellcome Trust.





Cambodia

FHI's Leadership in the Battle Against Malaria

Malaria causes nearly 1 million deaths annually, and children and pregnant women are the most vulnerable.

In response, FHI is working to ensure access to quality malaria prevention and treatment services and to test new antimalarial drugs. Since 2006, FHI has managed the village malaria worker (VMW) program in Pailin, Cambodia, training VMWs in 23 high-risk villages to provide malaria education, diagnosis, and treatment.

In Côte d'Ivoire and Ghana, FHI has joined forces with the World Cocoa Foundation and the National Confectioners Association to reduce malaria and HIV by training peer educators who distribute bed nets, antimalarials, and condoms, and by integrating malaria and HIV education into field schools for farmers.

As part of the Medicines for Malaria Venture (MMV), FHI is improving malaria detection by training lab workers in developing countries to more accurately identify malaria using microscopes. In 2008, FHI led MMV clinical trials to determine whether a new and potentially more affordable malaria drug is effective for both adults and children.



Opportunity Matters

Putting Women on the Path to Economic Freedom

Not long ago, 31-year-old Wanjiku and her three little girls were homeless. “I worked selling coconuts along the highway, but often I could sell none, and my children went hungry. Then I would have to resort to selling sex to the truck drivers,” Wanjiku explains.

Two years after beginning work sewing at FHI’s LifeWorks factory, Wanjiku has her own house and can feed her children and send them to school. She no longer sells sex, and her wages allow her to put a little money aside toward her dream of starting her own business and providing jobs to other women like herself. **“The difference between my life before and now is without measure,” she says. “I have self-confidence and a real skill I can use for the rest of my life.”**

While Wanjiku knew very little about HIV when she came to LifeWorks, she has received HIV education and understands the importance of using condoms. “Through LifeWorks I have learned how HIV is transmitted, and I am doing my best to tell my friends and family as well,” she says.

Funder

FHI’s ROADS to a Healthy Future project is funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR) through the US Agency for International Development (USAID).





FHI's Job-Creation Initiatives

Along East Africa's trucking corridors, the combination of truck drivers who spend long periods of time away from home and poor women struggling to feed their children leads to high rates of transactional sex and high rates of HIV infection.

Recognizing that economic vulnerability drives the epidemic for poor women, FHI's USAID-funded ROADS to a Healthy Future project, which links mobile populations and communities along transport corridors to HIV services, began

partnering with General Motors East Africa and Unilever Kenya to seek solutions. The result was LifeWorks, an initiative to create for-profit businesses that provide living-wage jobs to vulnerable women and older orphans.

The textile business where Wanjiku works, *Shukrani LifeWorks Ltd*, employs 40 women. Managed by private sector textile and business development experts, it sells products to upscale African hotels and New York boutiques. Working with regional business partners, LifeWorks has also created basketry and craft businesses in Burundi and Rwanda, and agribusinesses in Kenya and Ethiopia. In the Democratic Republic of Congo, LifeWorks provides business development training to young entrepreneurs.



Access Matters

Helping Women Plan Their Families and Futures

For many women in need of family planning services in Africa, a trip to the clinic means a day away from work, and the loss of a day's wages. For this reason, Betty is glad she has access to an FHI-supported mobile services unit (MSU) that allows her to visit before and after work or during lunch. "For family planning the MSU has made a big difference because we had to walk really far to get those services before," she explains.

Family planning is important to Betty, who is HIV-positive. She has a 13-year-old daughter she dreams of sending to university, and she does not wish to have more children. "I know I could have children who are born HIV-negative, but I worry about what could happen," she says.

Betty also receives HIV services from the MSU, and she likes being able to get contraceptive injections at the same place she receives her HIV counseling, nutrition support, and other care. "With the MSU I have an element of trust, and I can go as often as I need to," she explains.

Funder

FHI's mobile services units in South Africa are supported by the US President's Emergency Plan for AIDS Relief (PEPFAR) through the US Agency for International Development (USAID).





South Africa

FHI's Work to Make Family Planning Accessible

At least 200 million women worldwide want—but do not have—access to family planning. Throughout our history, FHI has worked to provide all women with safe and effective methods for preventing unintended pregnancies. For HIV-positive women, FHI research has shown that providing contraception to those who do not wish to become pregnant can avert 173,000 infected infants and 577,000 unintended births annually.

In South Africa, FHI is integrating family planning into its HIV programs by training volunteer home-based care workers supporting people living with HIV to also provide family planning education and referrals. And four mobile service units (MSUs) are bringing family planning, HIV counseling and testing, and other services to remote rural communities in four provinces.

Integrating family planning and HIV services is not only more convenient for clients, it is also cost effective, using the same healthcare workers and infrastructure to provide multiple types of services. FHI has integrated family planning with HIV testing, mother-to-child prevention, and care and treatment programs in the Democratic Republic of Congo, Ethiopia, India, Kenya, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe.



Support Matters

Empowering a Mother to Care for Her Children and Community

After mortgaging their house to pay for her husband's care, Parvathi was left with little when he died. When a family case manager (FCM) came to offer her help, she was wary. "At first I didn't reveal my [HIV] status to her," Parvathi explains. "But people around the area said she could be trusted."

The FCM assessed the family's needs and began linking them to support. "I was struggling to get us enough to eat, and one morning my daughter asked me for money to buy a school bag," Parvathi recalls. "That same day the family case manager came with a school bag and books. It felt like God had sent her."

The FCM also arranged for health and psychosocial services, food grants, support in starting a kitchen vegetable garden, and a loan Parvathi used to purchase a cart where she sells food.

This support has increased Parvathi's confidence and inspired her to become a community volunteer. "Before I was scared to go out of the house and talk to people," she says. **"Now I'm happy to go to families like mine and support them."**

Funders

FHI's work in India through *Balasyoga* is funded by the Children's Investment Fund Foundation (CIFF) and the Elton John AIDS Foundation (EJAF) in partnership with the Andhra Pradesh State AIDS Control Society.





India

FHI's Family-Centered Approach

FHI first helped increase awareness of the often overlooked needs of children affected by HIV in India when we developed a set of national guidelines for providing support to them. Today FHI is putting these guidelines into action through *Balashyoga*, the first comprehensive effort to help families affected by HIV/AIDS in India.

Meaning "active support to the child," *Balashyoga* provides holistic services to families in Andhra Pradesh, India, that improve children's lives by keeping parents and caregivers healthy and able to provide a stable home. Led by FHI, *Balashyoga* is

implemented in partnership with the Clinton HIV/AIDS Initiative, CARE, and the Andhra Pradesh State AIDS Control Society. The program has reached more than 15,000 households with health, psychosocial, education, and food security services.

In addition to our care and treatment efforts, FHI also works to halt the spread of the epidemic throughout India as a partner in *Avahan*, a national HIV prevention initiative funded by the Bill & Melinda Gates Foundation. FHI works through *Avahan* to increase India's capacity to provide STI/HIV services, to strengthen networks of people living with HIV/AIDS, and to reduce HIV and other sexually transmitted infections (STIs) among sex workers in Maharashtra.





Ethiopia

FHI Provides Orphaned Children with a Brighter Tomorrow

Since 2001 FHI's work in Ethiopia, home to the world's fifth largest population of people living with HIV, has included family-centered programs that mitigate the effects of poverty, HIV, and other life-threatening illnesses by working in partnership with community groups.

To address the needs of some of Ethiopia's estimated 5 million orphans, FHI helped four grassroots anti-AIDS organizations in Ethiopia's Merkato slums to begin supporting orphans and other vulnerable children. One of these clubs, *Wegen Aden*, provides care to hundreds of children living either in child-headed households or with adults in HIV-affected households. After conducting a home assessment to determine what services children need most, *Weden Aden* uses community workers to link children to support that includes nutritious food, education, healthcare, counseling, assistance with housing, and protection from abuse and exploitation.

FHI's work with organizations like *Wegen Aden* has provided a foundation for developing The Tomorrow Project, an initiative to holistically address the needs of children and their families. Global in scope, the initiative has begun working with communities in Ethiopia, Kenya, and Nepal to identify and strengthen local resources to provide support to vulnerable children and families.



Our Impact

Family Health International works to address the public health and development needs of some of the world's most vulnerable people. We are an organization of more than 2,000 people working around the globe to improve reproductive health, fight infectious and chronic diseases, and foster development through approaches based on scientific evidence. Here are a few highlights from our work in 2008:

- Provided nearly **2.4 million people** with HIV counseling and testing
- Published **145 papers in scientific journals** including *Annals of Internal Medicine*, *British Medical Journal (BMJ)*, *Journal of Acquired Immune Deficiency Syndrome (JAIDS)*, *The Lancet*, and *Obstetrics and Gynecology*
- Treated close to **186,000 HIV-positive people**, including more than **14,000 children**, with antiretroviral drugs
- Trained more than **21,000 individuals** to provide high quality healthcare, laboratory, community, and support services
- Conducted **195 research studies** to address critical scientific and public health questions and led **50 projects** to incorporate the latest research findings into public health services
- Trained **356 scientists** in developing countries in clinical research skills
- Diagnosed and treated more than **110,000 people** for non-HIV sexually transmitted infections
- Quality tested **310.3 million condoms** through our Product Quality and Compliance laboratories, and **distributed 20.9 million** condoms for HIV prevention
- Reached **47,000 households** with community and home-based care

Timeline of Selected FHI Achievements

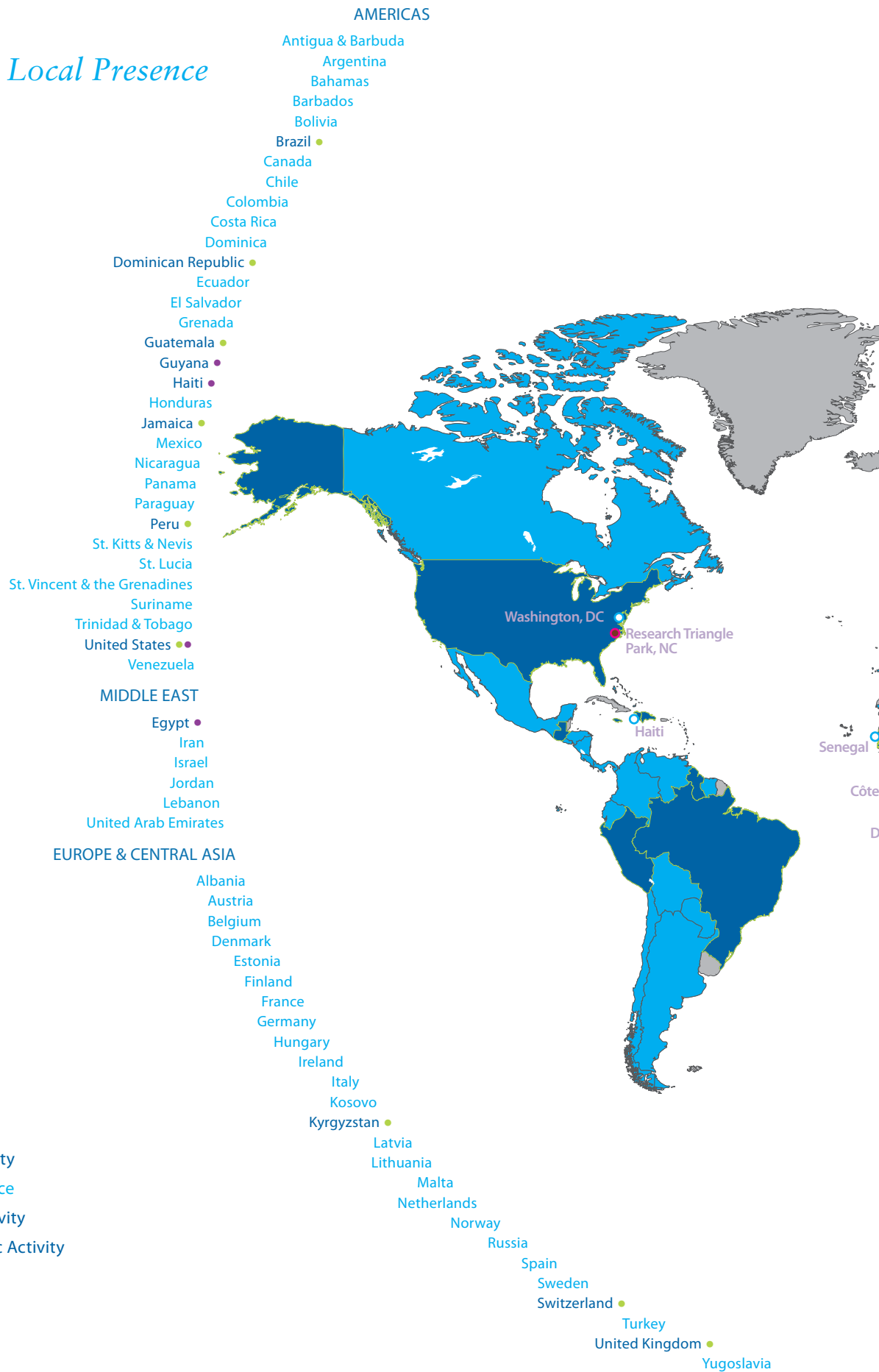
1971 FHI is founded under the name International Fertility Research Program (IFRP) to conduct research to develop safe and effective family planning options to meet the needs of women in the developing world.

1974 IFRP pioneers studies that demonstrate intrauterine devices (IUDs) are safe, long-acting methods for preventing unwanted pregnancies.

1978 IFRP helps make permanent surgical contraception more accessible by demonstrating the safety and effectiveness of the minimally invasive minilaparotomy method.

1982 IFRP changes its name to Family Health International to reflect the broader health impact of its work.

Global Reach & Local Presence

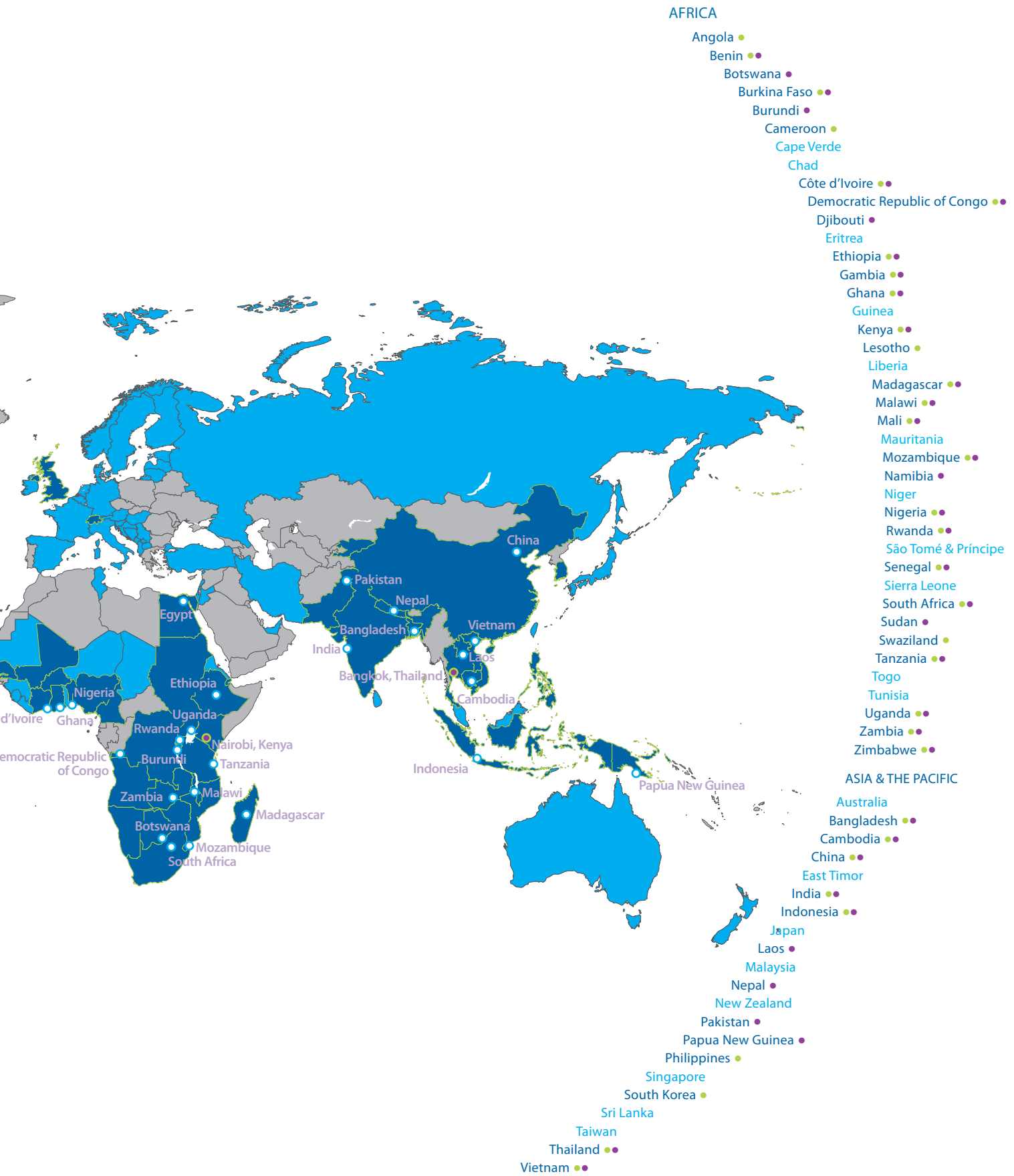


1983 FHI research demonstrates the effectiveness of low-dose oral contraceptives.

1986 FHI forms a task force to respond to HIV/AIDS. FHI begins providing clinical research services to biopharmaceutical companies.

1987 FHI is selected by USAID to conduct the five-year AIDSTECH (AIDS Technical Support) Project.

1990 FHI establishes a condom quality testing laboratory that has since expanded to test both male and female condoms, contraceptives, antimalarial products, and antiretroviral drugs.



1993 The female condom receives FDA approval following efficacy studies conducted by FHI in collaboration with Contraceptive Research and Development (CONRAD).

1998 An FHI study demonstrates that people decrease behaviors that put them at risk of contracting HIV after they receive voluntary HIV counseling and testing services.

1999 Research from the FHI-managed HIV Network for Prevention Trials demonstrates that providing pregnant women with a simple, inexpensive regimen of nevirapine significantly reduces mother-to-child HIV transmission.

2000 FHI is selected by the National Institutes of Health to manage an international center to support research on malaria and other tropical and infectious diseases.

2008 Highlights

Expanding Contraceptive Options

For women in isolated rural areas, regularly traveling to clinics to access short-term family planning methods such as oral contraceptives can be difficult. For this reason FHI is working to make long-acting methods available and accessible to women in developing countries.

The injectable hormonal contraceptive depot medroxyprogesterone acetate (DMPA), a popular long-acting contraceptive option for many women, is given every 13 to 15 weeks. Recent FHI-led research demonstrated that DMPA can be given up to 17 weeks apart without risk of pregnancy, helping to influence the World Health Organization (WHO) to increase its guidelines for the grace period for DMPA injections by an additional two weeks. This extended grace period will prevent more unwanted pregnancies because fewer women who are late returning for their injections will be denied injections, which can often lead to unwanted lapses in family planning usage.

In 2008 FHI worked to further expand the range of long-acting contraceptive methods available to women in developing countries by helping to register the Sino-implant brand of contraceptive implant in Kenya. This product, which is inserted below the skin of a woman's arm by a healthcare provider, costs 70 percent less than other contraceptive implants and can prevent pregnancy for several years. FHI is currently working to register Sino-implant for use in ten other African countries.

Methadone Treatment for Injection Drug Users in Vietnam

In 2008, FHI assisted a government clinic in Hai Phong, Vietnam, to begin administering methadone to clients as part of a comprehensive set of healthcare services to reduce injection drug use, prevent the spread of HIV and hepatitis C,

and provide HIV treatment. This clinic is one of the first to provide holistic services for injection drug users in Vietnam. Individuals receive methadone maintenance therapy along with counseling, basic healthcare services, and HIV care and treatment that includes antiretroviral therapy. Six clinics in Hai Phong and Ho Chi Minh City are participating in this pilot program funded by the US President's Emergency Plan for AIDS Relief.

Expanding Access to Antiretroviral Therapy

By the end of 2008, FHI was providing antiretroviral therapy (ART) to close to 186,000 people in 18 countries, including more than 14,000 children. Working through The Tomorrow Project, an initiative to provide holistic services to HIV-affected children and their families that was launched in fall of 2007 at the Clinton Global Initiative's annual meeting, FHI successfully doubled the number of children receiving FHI-managed care and treatment services, tested 135,000 children for HIV, and provided 33,500 with clinical care. We also provided 9,100 HIV-positive pregnant women with services to prevent mother-to-child HIV transmission. In addition to reaching families with HIV prevention and treatment, The Tomorrow Project works to strengthen community-based healthcare response systems and provide economic opportunities to the parents and caregivers of vulnerable children.

A Model ART Lab for a Zambian Hospital

Families with HIV-positive members often must get treatment at different health facilities, one for adults and one for children. For poor families and those in rural areas, this means additional days away from work and school and extra travel expenses or miles to be walked. During 2008, FHI worked with the Arthur Davison Children's Hospital in Zambia to integrate adult and children's HIV services and to set up new systematic mother-child testing

and follow-up services. Funded by USAID through the US President's Emergency Plan for AIDS Relief, the effort resulted in a hospital capable of providing continuous HIV clinical care, treatment, and monitoring for both parents and children through the same caregiver. FHI also provided the renovations, training, and equipment necessary to set up PCR (polymerase chain reaction) laboratory services at the hospital. Today the hospital is one of the few in Africa that can perform these tests and serves as a referral center for five provinces in Zambia. The program, which has been cited by the Zambian Ministry of Health as a model program for HIV/AIDS services, includes just one of the hundreds of labs FHI has strengthened around the world.

A Study to Help Ethiopia's Orphans

Ethiopia is home to the fifth largest population of people living with HIV globally, and nearly five million Ethiopian children have been orphaned. While FHI programs work to support orphans within the community, we recognize the need for standardizing care provided in institutions. In 2008, FHI undertook a first-of-its-kind study, with support from the Children's Investment Fund Foundation, to assess the factors that result in children being placed in institutions and the quality of care available in over 87 childcare institutions across Ethiopia. While the study found that many childcare institutions fail to meet minimum international and national quality standards, it also identified institutions with innovative approaches to creating family atmospheres, integrating services, and fostering domestic adoptions. The study is expected to influence Ethiopia's policies to support quality care in existing institutions serving orphans and to foster more community-based alternatives.

2001 After demonstrating through a project in Ghana that antiretroviral therapy can be successfully provided in the developing world, FHI is awarded USAID's first funds for antiretroviral therapy in Africa.

2006 FHI begins managing the Microbicide Trials Network (MTN) funded by the National Institute of Allergy and Infectious Diseases (NIAID) to develop and evaluate topical and oral HIV-prevention products.

2007 FHI launches an initiative to holistically address the needs of HIV-affected children and their families, now known as The Tomorrow Project, at the Clinton Global Initiative's annual forum. An FHI study in Rwanda demonstrates that strengthening health systems to address HIV can improve overall healthcare.

2008 FHI launches an initiative to prevent and treat cardiovascular disease and other chronic diseases in Ghana, Kenya, Nigeria, and Vietnam.

Knowledge Matters

Young Men Take Action to Reduce Their HIV Risk

Before deciding to be circumcised, 19-year-old Oronge made sure he had all of the facts. “I read that male circumcision helps guard against the transmission of HIV and other diseases, and I discussed it with my father,” says Oronge. “He was happy that I made the decision.”

Oronge is a member of Kenya’s Luo ethnic group, and male circumcision is not part of Luo cultural tradition. But as more people learn that circumcision can reduce a man’s HIV risk by up to 60 percent, attitudes are changing. Support also rose after Kenyan Prime Minister Raila Odinga and other Luo leaders publicly expressed support for male circumcision.

Oronge was circumcised by a trained healthcare worker and counseled to ensure that he understands circumcision does not offer complete HIV protection. When Oronge returned for his one-week post-surgery checkup, a number of his friends came with him. Seventeen-year-old Samuel explains, “I discussed it with my friends, and we decided to come here as a group and get it done together.”

Funder

FHI’s work with the Male Circumcision Consortium in Kenya is funded by a grant from the Bill & Melinda Gates Foundation.





Kenya

FHI's Leadership in Male Circumcision for HIV Prevention

Since the late 1980s scientists had suspected that circumcision provides men with some protection against HIV infection, but the link was not proven until clinical trials conducted in 2005 and 2006 showed that male circumcision lowers the risk of HIV transmission from a woman to a man by about 60 percent.

As a member of the Male Circumcision Consortium (MCC), FHI is working with the Government of Kenya and other partners to make voluntary male circumcision services safe and accessible in western Kenya as part of comprehensive HIV prevention services. FHI is helping to provide Kenyans with accurate information about the procedure and is supporting a research and training center in Kisumu, Kenya. The results of the MCC's work in western Kenya will guide the Kenyan government's national male circumcision initiative.

FHI is also increasing worldwide knowledge about male circumcision's protective effects through the Clearinghouse on Male Circumcision for HIV Prevention website (www.malecircumcision.org). Launched in partnership with the World Health Organization, UNAIDS, and the AIDS Vaccine Advocacy Coalition, the website provides a comprehensive collection of the most up-to-date information on male circumcision for HIV prevention.



Our 2008 Funders and Partners

Meeting the health needs of the developing world can only be achieved through collaboration—across continents, between countries, among communities, and within families. In this effort, FHI is fortunate to be joined by the many organizations and individuals whose support we gratefully acknowledge here. In addition to those listed below, we are also deeply indebted to the many host governments, national AIDS control programs, associations, nongovernmental organizations, community- and faith-based organizations, research institutions, and universities whose partnership makes our work possible.

Private Sector

Abbott
Accenture Development Partnerships
AlphaVax
Ansell Limited
ATS Laboratories
Barr Pharmaceuticals
Biosyn
Boehringer Ingelheim
Bristol-Myers Squibb
Cardno Acil
Carlsbad
Cellegy Pharmaceuticals
Check Point Software Technologies
Chevron
The Coca-Cola Company
Dalberg Global Development Advisors
Duramed Medical Services
Eagle TWE
Emerging Markets Group
The Female Health Company
General Motors Corporation
Gilead Sciences
GlaxoSmithKline
Global Protection Corporation
GRM International
The Hershey Company
HRA Pharma
HTI Plastics
IDEO
IHS Herold, Inc.
Indevus Pharmaceuticals
Innolates Sdn. Bhd.
Jakub Srebro International
Auditing & Consulting
Japan Soft Tech Consultants
Just Consultants
MedaSorb Technologies
Marie Stopes International
Music Television Network (MTV)
Mutual Pharmaceutical Company
Novartis
Pfizer
Pharmacia & Upjohn
PharmaLinkFHI
Procter & Gamble
Quadex Healthcare Solutions
Reckitt Benckiser Pharmaceutical
ReProtect

Rho
Sanofi-Pasteur
Shell Petroleum Development Company of Nigeria
The Shell Group
Shepherd Medical Company
Sogebank
SSL International
Starpharma Holdings Limited
Surutex, Ltd
Thai Nippon Rubber Industry Company
Tibotec
Unilever
Women's Capital Corporation

Foundations

Abbott Fund
African Comprehensive HIV/AIDS Partnerships
African Medical & Research Foundation
amFAR, The Foundation for AIDS Research
Atlantic Philanthropies
Bristol-Myers Squibb Foundation
Children's Investment Fund Foundation
William J. Clinton Foundation
The Coca-Cola Foundation
Doris Duke Charitable Foundation
The Drosos Foundation
The Funder's Collaborative for Children
Ford Foundation
The Bill & Melinda Gates Foundation
The Elizabeth Glaser Pediatric AIDS Foundation
The Global Fund to Fight AIDS, Tuberculosis and Malaria
The Greater Cincinnati Foundation
The William & Flora Hewlett Foundation
International Youth Foundation
Elton John AIDS Foundation
The Henry J. Kaiser Family Foundation
KNCV Tuberculosis Foundation
Medicines for Malaria Venture
The Merck Company Foundation
The John Merck Fund
The David & Lucile Packard Foundation
The Parsemus Foundation
Pfizer Foundation
PharmAccess Foundation
Prosalud Inter Americana Foundation
Rockefeller Brothers Fund
Stichting WOTRO—Netherlands Foundation for the Advancement of Tropical Research
The Summit Foundation

Tides Foundation
Wellcome Trust
World Cocoa Foundation

Multilateral Organizations

Pan American Health Organization
United Nations Children's Fund
United Nations Development Programme
United Nations Educational, Scientific, and Cultural Organization
United Nations High Commissioner for Refugees
United Nations Joint Programme on HIV/AIDS
United Nations Office on Drugs and Crime
United Nations Population Fund
World Health Organization
The World Bank

US Government and Related Agencies

US Agency for International Development
US Centers for Disease Control & Prevention
US Department of Defense
US Department of Health & Human Services, Health Resources & Services Administration
US Department of Navy, Naval Medical Research Unit No. 2
US Department of State, Office of the Global AIDS Coordinator
US General Services Administration
US National Institute of Allergy & Infectious Diseases
US National Institute of Child Health & Human Development
US National Institute of Mental Health
US National Institute of Nursing Research
US National Institutes of Health, John E. Fogarty International Center
US National Institutes of Health, Office of AIDS Research
US Peace Corps
US President's Emergency Plan for AIDS Relief

Other Governments and Governmental Institutions

Armed Forces Research Institute of Medical Sciences, Thailand
Australian Agency for International Development
Cantho City People's Committee
China National Center for Sexually Transmitted Diseases
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Dutch Embassy of Ethiopia

Ghana AIDS Commission
Government of Guinea
Government of Pakistan
Government of South Africa
Independent State of Papua New Guinea
Indonesia Ministry of Health
Japan International Cooperation Agency
Kenya National Coordinating Agency for Population and Development
Kingdom of the Netherlands
l'Agence Ivoirienne de Marketing Social
Malawi National AIDS Commission
National Multi-Sectoral Plan to Combat HIV/AIDS in Burkina Faso
Netherlands-African Partnership for Capacity Development and Clinical Interventions Against Poverty Related Diseases
Nigeria National AIDS Commission
NWO—Health and Research in Developing Countries
Papua New Guinea National HIV/AIDS Support Project
Rwanda National AIDS Control Commission
Swedish Association for Sexuality Education
Swiss Development Cooperation
UK Department for International Development

Other Strategic Partners

Abt Associates
ActionAID International
Adventist Development and Relief Agency International
African Palliative Care Association
African Youth Alliance
Africare
Aga Khan Development Network
AIDS Vaccine Advocacy Coalition
American Colleges of Nurse-Midwives
American University
Associação Saúde da Família
Association of Catholic Tertiary Students
The Burnet Institute
Business for Social Responsibility
Buzz Off
Catholic AIDS Action
Catholic Relief Services
Centre for Development & Population Activities
Chemonics
Cicatelli Associates
Coady International Institute, St. Francis Xavier University
Columbia University
CONRAD
The Corporate Council on Africa

Counterpart International
Development Alternatives, Inc.
Direct Relief International
Duke University
The East-West Center
Eijkman Institute for Molecular Biology
Emory University
EngenderHealth
Family Care International
Foundation for Innovative New Diagnostics
Futures Group International
Georgetown University
German Leprosy & Tuberculosis Relief Association
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Our Mission

Family Health International improves lives worldwide through the synergistic strengths of research and programs in public health.

Our Vision

Family Health International will advance global development by supporting health and offering hope worldwide.



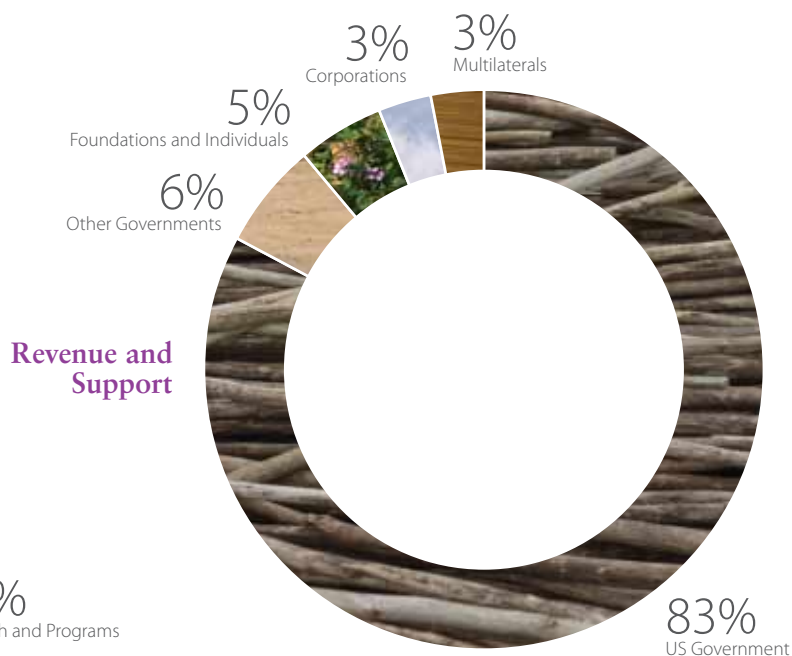
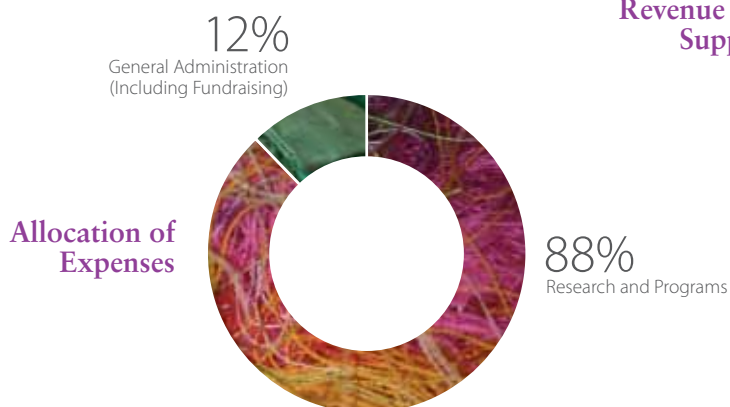
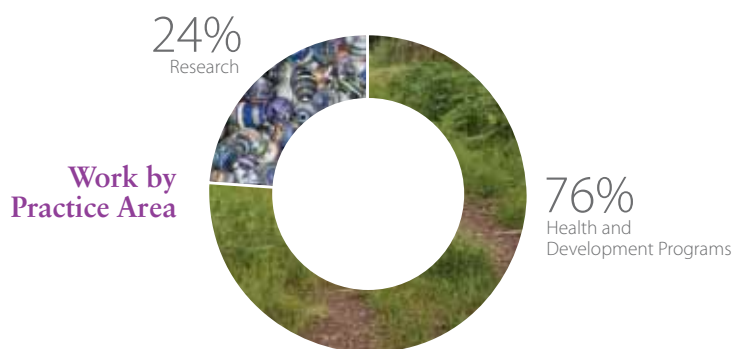
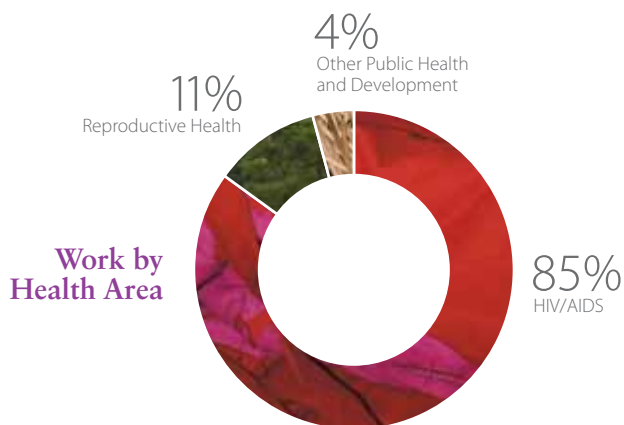
Financial Summary

Twelve Months to September 30, 2008

<i>Revenue and Support</i>	<i>2008 \$ million</i>
US Government	302.126
Other Governments	22.787
Foundations and Individuals	19.687
Corporations	12.555
Multilaterals	11.278
<hr/>	
Subtotal	368.433
*Other Revenues	1.443
<hr/>	
<i>Total Revenues, Gains, and Support</i>	<i>369.876</i>

<i>Expenses</i>	
Operational Use of Funds	322.290
General and Administrative	44.080
Fundraising	0.186
<hr/>	
<i>Total Expenses</i>	<i>366.556</i>
Net Assets, Beginning of Year	12.368
Change in Net Assets	3.320
Net Assets, End of Year	15.688

*Interest, investment, and lab services income





Letter from FHI's Chief Financial Officer

Family Health International places the highest priority on our role as vigilant stewards of the funding we receive. We strive to achieve the greatest public health impact for each dollar entrusted to our research and public health program operations. Since our inception, FHI has effectively managed well over a billion dollars of support and investment from various agencies, foundations, corporations, and individuals, and we continuously improve our technology and processes for tracking and reporting results to our funding partners. As part of our ongoing efforts to provide even greater transparency, FHI is expanding the financial information in this report to include additional details on our revenue sources, expenditures, and assets over the course of the 2008 operating year.

In 2008, FHI experienced extraordinary growth and strengthening in key financial and operational areas—with total revenues increasing by 40 percent to \$369.9 million—and continued to broaden our funding sources. In addition to our long-standing support from USAID, FHI is pleased to receive funding from the Centers for Disease Control and Prevention, the National Institutes of Health, and a variety of other government agencies and foundations. During the past year FHI also initiated a private fundraising program that enables organizations and individuals who believe in our mission to directly support our work.

As we enter 2009, we anticipate continued growth, although at a more moderate pace. In the current economic climate, our sponsors must certainly be highly selective in their funding choices. At FHI, we remain confident that our success will be sustained by our track record of fiduciary assurance and delivering high impact results for lasting improvements in the health of the world's most vulnerable people.

A handwritten signature in black ink, appearing to read 'C. Smoot', is positioned above the printed name.

C. Steven Smoot, MBA
Executive Vice President and Chief Financial Officer

Appearance in a photograph within this publication does not indicate a person's health status. When appropriate, all permissions for use of photographs have been obtained.

Sources for statistics that appear in this report are available by contacting media@fhi.org

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Beryl Goldberg: front cover, pages 2, 3, 8 & 9; Anita Khemka: front & back cover;

Ren Kolka: front cover, pages 4–7, 10, 16 & 17; Nicholas Waring: page 23





Family Health International improves the lives of the world's most vulnerable individuals and families through the unique approach of delivering sustainable programs based on scientific research.



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