



FOUR DECADES
OF IMPROVING LIVES WORLDWIDE
2010 ANNUAL REPORT





HEALTH

equity and opportunity for all women,
men, children, and families



PARTNERSHIPS

through which we multiply our strengths,
knowledge, and commitment



SCIENCE

to discover solutions
and improve impact

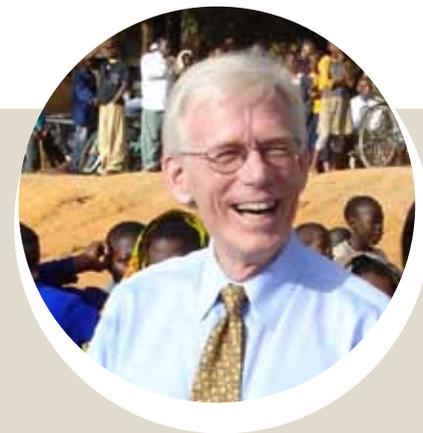


HOLISTIC APPROACHES

that generate lasting impact for
communities and nations



Letter from the CEO



CEO Albert J. Siemens

Looking Forward by Looking Back

A Window to FHI's Next 40 Years

The year 2010 saw a momentous breakthrough for HIV/AIDS prevention and women's empowerment: Researchers at the Centre for the AIDS Programme of Research in South Africa (CAPRISA)—with FHI as a collaborating partner—showed for the first time that a vaginal gel containing an antiretroviral agent could significantly reduce acquisition of HIV and herpes infection in women. *Science* named the study one of the top ten scientific breakthroughs of the year, while *Lancet* ranked it the second most likely to influence practice and research.

CAPRISA 004 exemplifies the FHI story as we celebrate our 40th anniversary: a story of leveraging world-class science to improve the lives of women, men, and children around the world. Yet CAPRISA 004 also opens a window to our next 40 years as we focus more than ever on generating the best evidence for the greatest impact, building capacity to deliver lasting results, and promoting innovation in global health and development.

From the start of our story—with a handful of researchers at the University of North Carolina conducting clinical research and surveillance in reproductive health—the strength of our science, our passion for service, and our boldness in tackling novel challenges put us ahead of the curve in recognizing and responding to major global health issues.

As one of the first organizations to focus on family planning in the early 1970s, alongside other pioneers, we helped revolutionize family planning policies while increasing the availability of contraceptive counseling, products, and methods around the world. In so doing, we offered women and their families the choice and control needed to improve their lives and their futures.

As students of public health in the developing world, we saw early the potentially devastating human toll of an uncharacterized infectious disease—ultimately known to the world as HIV/AIDS—and we responded by risking FHI's capital in demonstration projects aimed at preventing its spread. Those initial investments led to a series of substantial, USAID-funded programs over two decades, including AIDSTECH, AIDSCAP, and IMPACT. Our deep concern for the millions of people and families ravaged by the pandemic led us to use our own funds again to prove that life-saving antiretroviral treatment could be delivered in low-resource settings where few thought it possible.

But FHI also recognized that confronting HIV/AIDS required meeting the broader needs of women, their families, and communities. So beginning with USAID-funded initiatives such as the ROADS project, we invited community-wide participation to address a wide range of development challenges associated

with this dread disease. We have focused on keeping families alive and functioning well, strengthening health systems, and equipping communities to counter the physical, economic, and social conditions that promote HIV's spread.

Today, our expanded scope has equipped us to respond to the growing demand for evidence-based solutions to new priorities such as noncommunicable and neglected tropical diseases in disadvantaged regions of the world. In many of our projects, we are integrating our new emphases into ongoing efforts in reproductive health and HIV, thereby reducing costs, improving outcomes, and maximizing returns on investments in families and communities.

FHI is also meeting the evolving needs of countries and communities by intensifying our focus on building collaborative partnerships. We have worked hand-in-hand with investigators, government ministries, nongovernmental organizations, and community and faith-based groups, sharing and transferring our knowledge and expertise in ways that provide sustainable benefits to our partners and those we jointly serve. Our international network expands each year, and now includes, among many others, UNICEF and the Clinton Global Initiative.

In our quest to generate more sustainable solutions, we are pursuing strategic alliances with the private sector, becoming the first nongovernmental organization member of the Global Business Coalition. FHI has partnered with Unilever and General Motors in eastern Africa to create small-scale women-operated businesses and with Pfizer to improve diagnosis and treatment of malaria in Ghana. We have been honored for work with the Shell Petroleum Development Company of Nigeria on health systems strengthening and collaborated with Procter & Gamble in water purification efforts in Ethiopia and Sudan.

In the process, we continue to place the highest value on good stewardship of the funding entrusted to us. We have demonstrated our ability to manage large contracts in challenging environments on behalf of donors and partners, such as USAID, the Centers for

Disease Control and Prevention, the National Institutes of Health, the Bill & Melinda Gates Foundation, and the Global Fund.

The CAPRISA 004 trial—along with the work highlighted in snapshots throughout this report—demonstrates that our past is truly a prologue. The continuing FHI story as told on these pages represents a link between our 40 years of boldly leveraging world-class science to improve lives and a future of even greater commitment, expertise, and capacity to meet the needs and expectations of our donors, partners, and most importantly, the people we serve.

With warm regards,



Albert J. Siemens, PhD
FHI Chief Executive Officer

Generating the best evidence for greatest impact

FHI advances the science that saves the lives of people around the world. Our clinical trials and qualitative research consistently break new ground in the science of contraception, the use of antiretrovirals to prevent and treat HIV infection, and in other critical global health issues, including malaria, tuberculosis, and non-communicable diseases.

We provide government ministries, international aid organizations, nongovernmental agencies, and service providers the information, tools, and technical assistance they need to develop evidence-based policies and high-quality interventions. By combining our scientific findings with extensive field experience and translating that knowledge into a holistic practice, we improve the lives of millions.

FHI HAS NEVER SHIED AWAY from some of the most pressing public health problems of our time. Among many other accomplishments, FHI's steadfast work in microbicides has been instrumental in advancing the field of HIV prevention."

—Zeda F. Rosenberg, ScD, Chief Executive Officer, International Partnership for Microbicides



1 PREVENTING HIV IN CHILDREN

FHI contributed to the groundbreaking research known as HIVNET-012 in the late 1990s that helped to establish the effectiveness of nevirapine—a low-cost, easy-to-administer antiretroviral drug to prevent mother-to-child transmission of HIV.

2 INCREASING ACCESS TO INJECTABLE CONTRACEPTION FOR WOMEN IN UGANDA

In Uganda, FHI's work under the USAID-supported CRTU agreement and PROGRESS project led to a change in the country's national health policy that now enables community health workers to provide injectable contraception to women in hard-to-reach rural areas.

3

DEVELOPING ORAL CONTRACEPTIVE OPTIONS

FHI research demonstrated in 1984 that progestin-only pills could be safely used by breastfeeding women, leading to the introduction of the "mini-pill" in 15 countries.



4

ACHIEVING A BREAKTHROUGH IN HIV PREVENTION

In 2010, with the technical assistance of FHI, lead researchers at the Centre for the AIDS Programme of Research in South Africa (CAPRISA) reported that women who used a vaginal gel containing an antiretroviral agent were

39 percent less likely overall to contract HIV than those who used a placebo gel. This USAID-funded study has the potential to alter the course of the HIV epidemic by enabling women to take prevention into their own hands.



5

INTEGRATING FAMILY PLANNING AND HIV/AIDS SERVICES IN TANZANIA



FHI's work conducted under the USAID-supported CRTU program led to changes in Tanzania's National Standard Operating Procedures for HIV Care and Treatment, which now mandates that the country's HIV care and treatment centers routinely address the contraceptive needs of their clients.

Advancing Science

Since the 1970s, FHI's clinical trials have evaluated the safety, effectiveness, and acceptability of virtually every contraceptive product and method. Since 1975, more than 150 studies have been conducted on intrauterine devices (IUDs) alone.

6

TESTING CONTRACEPTIVES

Through a grant from the Bill & Melinda Gates Foundation, FHI provides technical assistance to support the introduction of Sino-implant (II), a long-acting, effective, and affordable contraceptive implant, in resource-constrained settings. FHI has developed and implemented an independent quality testing program to provide additional evidence of product quality. As of December 31, 2010, Sino-implant (II) had been registered in 12 countries across Asia and Africa.



7

INTRODUCING EVIDENCE-BASED TOOLS

Using criteria endorsed by the World Health Organization, FHI developed, introduced, and trained health care providers to use a simple checklist to help establish whether a non-menstruating woman is pregnant and to determine whether contraception is appropriate. Studies in Guatemala, Mali, and Senegal have shown that the evidence-based tool has significantly reduced the proportion of clients being turned away due to menstrual status and improved women's access to contraceptive services. At least seven ministries of health have endorsed the checklist, which is being incorporated into family planning guidelines and national training materials.

8

ADVANCING MALE CIRCUMCISION FOR HIV PREVENTION

FHI, along with the University of Illinois at Chicago and EngenderHealth, is supporting the Government of Kenya to integrate voluntary medical male circumcision into existing HIV prevention programs through the Male Circumcision Consortium. The Consortium is funded by a grant to FHI from the Bill & Melinda Gates Foundation. Also with Gates Foundation support, FHI is leading research on a novel medical device, the Shang Ring, to understand how it might accelerate male circumcision scale-up efforts in sub-Saharan Africa.

10

DRIVING DOWN STI PREVALENCE AMONG SEX WORKERS IN INDIA

Since 2004, FHI, along with its implementing partners, has reached nearly 75,000 male, female, and transgender sex workers with outreach and clinical services for sexually transmitted infections (STIs) through the Aastha project. In Aastha-supported clinics in Mumbai and Thane, STI prevalence dropped from 90 percent in 2004 to 7 percent in 2009. The Aastha Project is funded by the Avahan India AIDS initiative of the Bill & Melinda Gates Foundation.



11

IMPROVING TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS IN CENTRAL AMERICA

From 2003 to 2006, 100 medical professionals from Panama, Guatemala, and Nicaragua attended diploma courses in integrated management and care of people living with HIV and AIDS. The courses, which combined theoretical and practical training and emphasized evidence-based practices, were developed under FHI's IMPACT project in the Central American Regional Program, supported by USAID.



ASSURING THE QUALITY OF DRUGS AND DEVICES



FHI's state-of-the-art quality and compliance laboratories in Durham, North Carolina, USA, and Bangkok, Thailand, provide high-quality independent testing of medical devices and pharmaceuticals to ensure compliance with international standards.

During 2010, FHI tested product batches representing the following:

- 939,122,000 male and female condoms
- 41,348,280 treatments of Coartem ACT for malaria
- 5,994,000 polyester and polyethylene bed nets (LNs)
- 932,080 TCu380A IUDs
- 65,694,240 cycles of Microgynon and Microlut oral contraceptives
- 39,498,400 vials of Depo-Provera injectable contraceptives
- 17,536,000 Jadelle implants



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FOCUSING ON YOUTH

With an award from USAID, FHI led YouthNet (2001–2006), which produced research, tools, reports, and training materials that strengthened youth programs, services, and policies. One project, a global review of 83 curriculum-based sex and HIV education programs, led to the development and publication of *Standards for Curriculum-Based Reproductive Health and HIV Education Programs*. The review has been instrumental in shaping reproductive health programs for youth worldwide.

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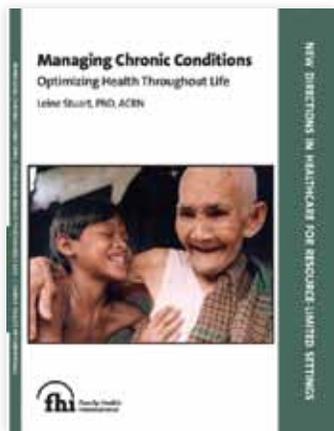
DEVELOPING USEFUL MANUALS, GUIDEBOOKS, JOB AIDS, CURRICULA, AND PRESENTATION MATERIALS

FHI provides our partners with the tools they need to deliver quality services and lasting results.



AWARD-WINNING RESEARCH ETHICS TRAINING CURRICULUM (SECOND EDITION)

FHI received the 2010 Human Research Protection Award for Best Practice from the Health Improvement Institute in recognition of this recently updated edition. The revised online training tool provides state-of-the-art guidance on establishing and maintaining high ethical standards in research with human participants.



MANAGING CHRONIC CONDITIONS: OPTIMIZING HEALTH THROUGHOUT LIFE

This guide examines the challenges related to the management of chronic illnesses within local contexts and presents strategies to advance the care of people living with chronic conditions, an evolving aspect of FHI's work.

PEOPLE REACHED BY FHI-SUPPORTED HIV/AIDS PROGRAMS

In 2010,* more than:

- 11,000 people a day tested for HIV/AIDS
- 320 people starting antiretroviral treatment daily
- 120 HIV-positive pregnant women a day starting antiretroviral treatment to prevent mother-to-child transmission of HIV
- 870,000 people receiving care, including clinical, preventive, and support services



*quarter 4, fiscal year 2010.

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REDUCING HARM AMONG INJECTING DRUG USERS IN EGYPT

Based on proven best practices, FHI established the country's first harm-reduction program for injecting drug users, a critical entry point for reaching other vulnerable people. As part of a peer outreach program, former injecting drug users reach out to active drug users, encouraging them to get support at free, anonymous, comprehensive care centers.

LEADING RESEARCH ON THE FEMALE CONDOM

FHI conducted research that led to the 1993 FDA approval of the female condom, providing women greater choice and control over their sexual health.

15

16 PROTECTING STUDY PARTICIPANTS

FHI's Protection of Human Subjects Committee, established in 1975, reviews study protocols, procedures, and informed consent documents to ensure safeguards are in place to protect the safety and well-being of people participating in research conducted by FHI and other institutions.

Advancing Science

Since 1993, FHI has been a leader in developing and implementing more than 100 biological and behavioral surveillance surveys, in collaboration with governments, universities, and local research organizations. Tracking HIV and trends in behaviors among high-risk groups, the surveys provide critical information to guide the design of programs and monitor the effectiveness of prevention and treatment initiatives.

Building capacity to deliver lasting results

FHI believes that lasting change is possible when national governments and civil society partners lead the way. By helping our partners on the ground develop their skills in scientific and technical leadership, research, financial and operational management, strategic planning, resource mobilization, and other areas, we increase their capacity to meet their most pressing challenges and achieve the highest quality performance at lower cost.

Long after FHI experts depart, national and local governments continue to strengthen their health care systems to have nationwide impact, researchers and their teams design and lead new scientific studies, and civil society organizations continuously improve their programs and impact.

In addition to funding the start-up process, **FHI REMAINED CLOSE ...**, providing technical guidance, mentorship, and systematic organizational capacity building that enabled us to stand out amongst local organizations.”

—Philip Mbugua, Director,
National Organization of Peer Educators, Kenya

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SPEARHEADING HEALTH SYSTEM INTEGRATION IN RWANDA



A study released in 2007 showed an increase of 50 percent in family planning visits, 24 percent in outpatient consultations, and 20 percent in non-HIV laboratory testing, after FHI integrated HIV clinical services into 30 primary health care centers in Rwanda.

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PREVENTING AND TREATING MALARIA IN CAMBODIA

FHI trained village health workers to diagnose and treat malaria in 23 rural villages in western Cambodia. As of September 2010, village malaria workers had visited more than 10,500 clients in remote areas and treated over 2,400 people for malaria, significantly reducing malaria morbidity and mortality in that area.

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ESTABLISHING OVER 1,200 HIV COUNSELING AND TESTING SITES IN 25 COUNTRIES



FHI's HIV counseling and testing services grew from five sites in five countries in 1997 to more than 1,200 sites in 25 countries in Africa, Latin America, the Caribbean, and the Asia-Pacific region. These sites provided counseling and testing services to over 3 million clients by the end of 2007 under FHI's IMPACT project, funded by USAID.

21

REDUCING CHILD MALNUTRITION IN INDIA

In India, FHI is using a quality improvement model to implement a malnutrition rehabilitation project for children infected with HIV. After just one year, the rate of moderate and severe malnutrition decreased from 30 percent to 10 percent.

20

DRIVING RESULTS THROUGH QUALITY IMPROVEMENT IN TANZANIA



FHI is supporting two health centers in Tanzania to improve the continuum of care for patients affected by HIV. Just 10 months after local teams implemented FHI's quality improvement approach, patients spent less time waiting to receive services, the proportion of patients receiving eight essential services increased 60 percent, and the percentage of patients who did not return for follow-up fell sharply from 18 percent to 2 percent.





22

IMPROVING ANTIRETROVIRAL ADHERENCE

With FHI support, a team in Mandimba Hospital in Mozambique administered a questionnaire to every patient admitted to the hospital, assuring that patients on antiretroviral therapy (ART) were identified and continued their treatment during their stay. Before the initiative was introduced, only 30 percent of patients continued their treatment.

23

INCREASING THE TUBERCULOSIS CURE RATE IN SENEGAL

After FHI implemented a quality improvement program in five districts in Dakar in 2008 to strengthen care for tuberculosis (TB) patients, significant improvements were reported in just one year: The TB patient cure rate increased from 70 percent to 87 percent. More than 80 percent of new TB patients were tested for HIV, compared with 50 percent before the changes.



24

EXPANDING PEER EDUCATION IN KENYA AND BEYOND

FHI helped the National Organization of Peer Educators (NOPE) in Kenya become an independent nongovernmental organization in 2001 and then assisted NOPE to develop business plans; operational, technical, and financial management systems; and workplace and youth HIV prevention strategies. NOPE has since trained over 10,000 workplace and youth peer educators for more than 200 organizations.

25

FOCUSING ON ORGANIZATIONAL CAPACITY



FHI's Technical and Organizational Capacity Assessment Tool (TOCAT), which has been refined over the years, supports capacity building initiatives. The tool guides implementing partners through a multistep process that enables them to evaluate their strengths and challenges; define their financial, administrative, and technical needs; and develop a tailored plan to increase their capacity to manage programs and deliver quality services over the long term.

Advancing Science

Between 2005 and 2010, FHI delivered quality control training to over 1,500 laboratory technicians and managers in Asia and Africa.

26 ADDRESSING HEALTH WORKER SHORTAGES IN ZAMBIA



FHI trained community volunteers to provide HIV counseling and testing in health care facilities in Zambia. A study published in 2009 found that the counseling provided by volunteers was of equal quality to services offered by health care workers and resulted in an increase in the number of clients served.

27 ESTABLISHING A STATE-OF-THE-ART TB LABORATORY IN NIGERIA

In Nigeria, FHI provided technical support and helped build the capacity of local staff to manage West Africa's first level-3 tuberculosis culture and drug sensitivity laboratory, which opened in 2010. The project was funded by USAID.

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SUSTAINING RESULTS IN CAMEROON

After the USAID-funded AIDSCAP project ended in 1997, FHI helped establish the Care and Health Program (CHP), a nongovernmental organization, in Cameroon. CHP now has 14 years of experience managing HIV prevention programs throughout West Africa. In 2010, CHP was providing technical support to the Government of Cameroon to improve diagnosis, counseling, and treatment of sexually transmitted infections (STIs). By the end of July 2010, nearly 1,000 doctors, nurses, and counselors had been trained in STI management; over 92,000 people in high-risk groups had received HIV counseling and testing; and over 147,000 STI patients had been diagnosed and treated, according to national guidelines.



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STRENGTHENING FINANCIAL SYSTEMS IN NEPAL

Through periodic financial reviews, ongoing training, and coaching, FHI's Nepal office has assisted its 45 implementing partners to build solid financial systems and improve their capacity to attract and manage multi-donor funding. When FHI/Nepal began working with the BIJAM organization in 2006, the agency's portfolio was less than US\$250,000. By the end of 2010, that figure had climbed to \$1.37 million and only 27 percent of its funding came from FHI.



30

EMPOWERING WOMEN IN ETHIOPIA



As part of a project funded by the Dutch government, FHI provided vocational training to poor women in Ethiopia, many of them survivors of gender-based violence. More than 75 percent of women who completed the courses are working and earning wages higher than those paid to many government employees.

33

IMPROVING LABORATORY QUALITY AND CAPACITY IN SOUTHEAST ASIA



From 2006 to 2010, FHI supported 11 laboratories in Vietnam, Thailand, and Indonesia to achieve national and international accreditation, including International Organization for Standardization (ISO) 15189 for quality and competence in medical laboratories. FHI provided technical expertise through the South East Asia Infectious Disease Clinical Research Network (SEAICRN), whose principle funding comes from the U.S. National Institute of Allergy and Infectious Diseases and the Wellcome Trust, UK. Over the past two years, FHI was also instrumental in building the capacity of 12 sites in these countries to conduct clinical trials according to international standards.

31

INTEGRATING WOMEN'S VOICES INTO LOCAL RESEARCH

During the 1990s, FHI led the USAID-funded Women's Studies Project, training and mentoring local researchers on ways to incorporate gender perspectives into their work. The 26 studies, conducted in 10 countries, examined how contraceptive use and non-use affected education, employment, marital relations, and other aspects of women's lives.

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ESTABLISHING LOCAL AFFILIATES TO TAKE THE LEAD

In Nigeria, FHI established a local affiliate, the Achieving Health Nigeria Initiative (AHNi), to take over the implementation of the USAID-funded GHAIN project in seven states. Registered in 2009, AHNi supports 54 agencies to implement comprehensive HIV/AIDS, tuberculosis, and reproductive health services. FHI is helping to build AHNi's operating infrastructure, including financial systems and management structures, and provide technical training to staff in HIV/AIDS treatment, care, and support; commodities logistics management; monitoring and evaluation; and laboratory and pharmacy best practices, among other key areas. Currently, FHI has established affiliates in Ghana, India, Kenya, Nigeria, and Pakistan to build local capacities.



IN RWANDA, FHI WAS RECOGNIZED AS
“THE BEST PARTNER”
FOR BUILDING CAPACITY
AT DISTRICT AND
SECTOR LEVELS.

34



EXPANDING CONTRACEPTIVE CHOICE FOR WOMEN

Through the PROGRESS project, FHI is collaborating with PATH to evaluate the acceptability of a new injectable contraceptive, containing depot-medroxyprogesterone acetate (DMPA). Depo-subQ Provera 104 is injected under the skin, making it less painful and easier to administer than intramuscular injections.

Promoting innovation

Our commitment to helping people lead healthier, more satisfying lives requires that we continuously anticipate and respond to their changing health and development needs.

We encourage and foster innovation and create opportunities to build knowledge and develop bold and lasting solutions that address today's concerns and tomorrow's challenges.

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INTRODUCING NEW TECHNOLOGY FOR BETTER REPRODUCTIVE HEALTH

The Mobile for Reproductive Health (m4RH) project transmits field-tested family planning messages and the location of local clinics to mobile phone users via text messages. The project was launched in 2010 after FHI research in Kenya and Tanzania found that texting is common, that users would welcome and trust messages on family planning options via text, and that they would share such messages with their partners and friends. m4RH is funded by USAID through PROGRESS.

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PIONEERING DELIVERY OF ANTIRETROVIRAL THERAPY (ART) IN AFRICA

In 2001, when it was thought that ART was too expensive and too complex to deliver in resource-poor settings, FHI allocated US\$1 million of its own funds to pilot ART learning sites in Ghana. Sites in Ghana, Rwanda, and Kenya became models for subsequent programs in Africa.

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CARING FOR CHILDREN AND THEIR FAMILIES IN MALAWI AND INDIA

The FHI-led *Mkuta Mwana* (Surround the Child) project in Malawi is working with nongovernmental organizations, community-based organizations, and government agencies to provide comprehensive health, education, social welfare, and livelihood services to children and families affected by HIV/AIDS in Salima district. The project, which targets 18,000 of the district's most vulnerable children, is funded by The Funders' Collaborative for Children.

The *Balasyoga* (Active Support to the Child) program in 11 districts of Andhra Pradesh, India, supports around 61,500 children affected by HIV/AIDS and 67,000 adults to stay healthy and provide a stable home life. Caseworkers link families to clinical care services, nutritional and educational support, and income-generating activities. They also help them find a safe place to live. Balasyoga is funded by the Children's Investment Fund Foundation and the Elton John AIDS Foundation, in partnership with the Andhra Pradesh State AIDS Control Society, Government of Andhra Pradesh.

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TACKLING NONCOMMUNICABLE DISEASES

Using its own funds, FHI is addressing cardiovascular disease (CVD) in Ghana, Kenya, Nigeria, and Vietnam. In Kenya, CVD screening is now integrated into HIV prevention and treatment services at five facilities. Government health officials have been engaged from the start, and Kenya's National AIDS Strategic Plan III (2010–2013) now calls for the integration of CVD services into HIV programs.

39

ADDRESSING CHRONIC DISEASES

In 2010, the Center for Global Health of the Centers for Disease Control and Prevention (CDC) selected FHI to bring its scientific and technical expertise to governments and local organizations across Africa, Asia, Latin America, Europe, and the Middle East. Among the key objectives of the initiative is to address chronic disease and injuries.

Advancing Science

FHI staff members have published more than 3,000 articles in peer-reviewed journals.

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INVESTING IN TOMORROW'S SOLUTIONS

Supported by FHI's unrestricted resources, the Catalyst Fund grant program has enabled FHI staff around the world to explore opportunities, test new technologies, and develop leading-edge solutions to improve people's lives. Since 2009, the Catalyst Fund has funded the following innovative ideas:

Reducing cigarette smoking among youth in Vietnam

In Vietnam, FHI started a tobacco prevention campaign for youth, engaging them in tackling noncommunicable disease.

Quality improvement leadership in Tanzania and Mozambique

In Tanzania and Mozambique, FHI is exploring whether the application of quality improvement principles can reduce tuberculosis and mother-to-child transmission of HIV.

Cost-analysis of community-based PMTCT in Nepal

In Nepal, partnering with the Ministry of Health and UNICEF, FHI used health economics to show that a community-based approach to preventing mother-to-child transmission of HIV was operationally more feasible than a hospital-administered approach.

Medical waste management in Bangladesh

In Bangladesh, FHI is piloting an approach to medical waste handling that has policy and health implications for the entire country.

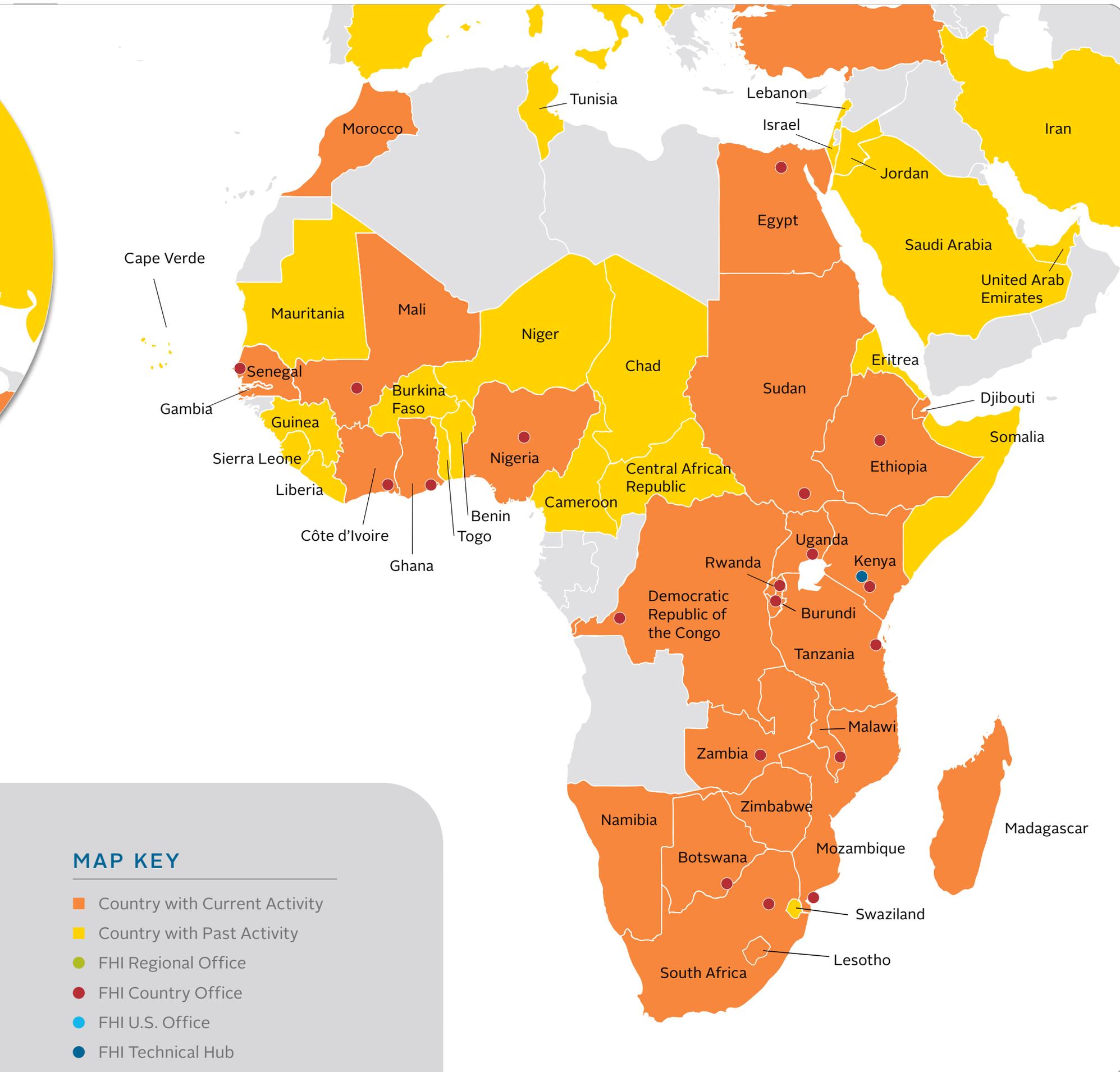
Preventing HIV

FHI has advanced the research and development of two novel technologies to prevent HIV/AIDS—a nipple shield for breastfeeding and the Shang Ring to advance safe male circumcision.



FHI's Global Leadership Team, North Carolina, March 2011

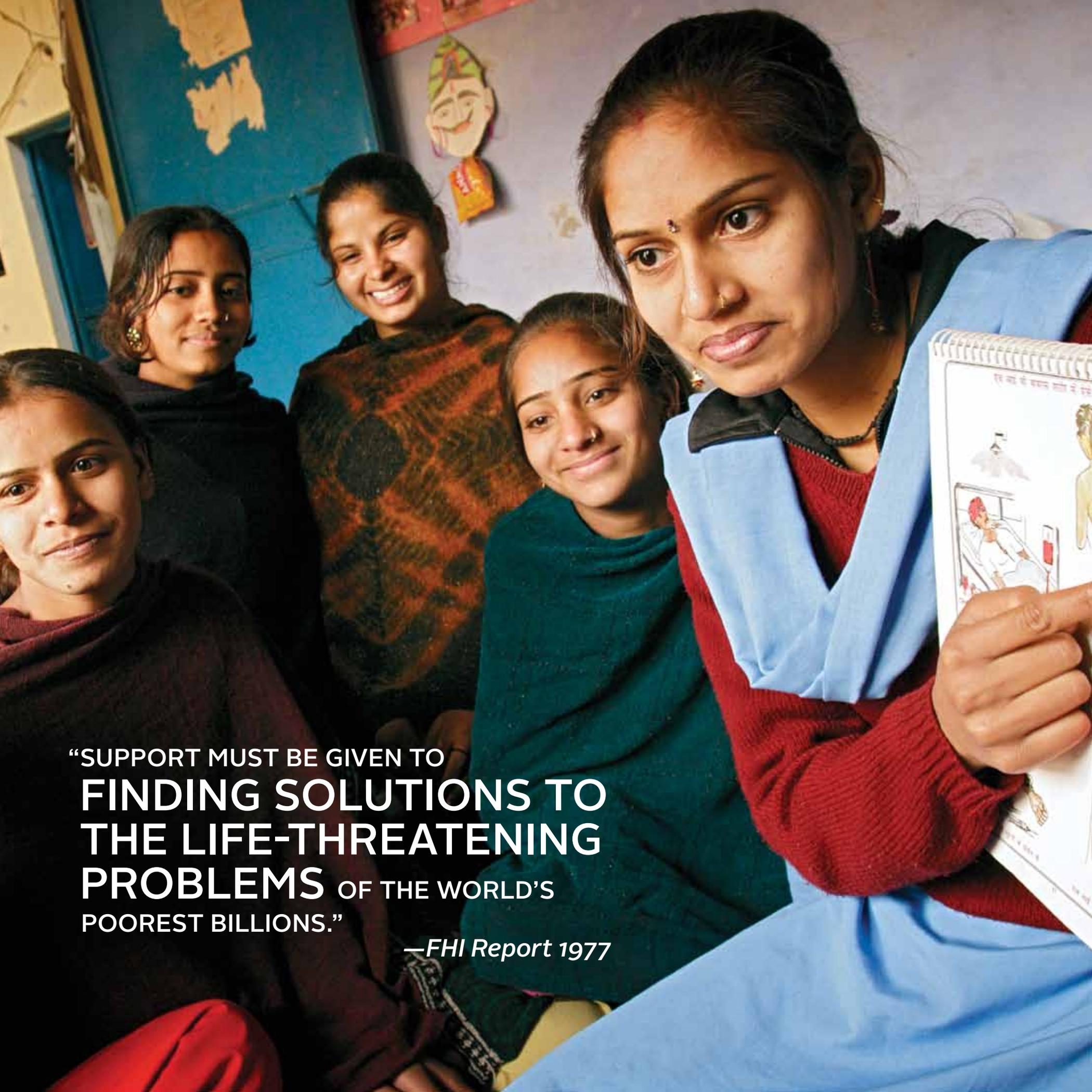




MAP KEY

- Country with Current Activity
- Country with Past Activity
- FHI Regional Office
- FHI Country Office
- FHI U.S. Office
- FHI Technical Hub





“SUPPORT MUST BE GIVEN TO
**FINDING SOLUTIONS TO
THE LIFE-THREATENING
PROBLEMS** OF THE WORLD’S
POOREST BILLIONS.”

—FHI Report 1977

Advancing science over four decades

1970s

World population: 3.7 billion

Life expectancy: 59

Maternal mortality:
500,000 women die each year

Total fertility rate: 4.3–3.8

Contraceptive use:
In developing countries: family
planning 27%; modern methods 18%

HIV and AIDS: Not known to exist

1980s

World population: 4.5 billion

Life expectancy: 62

Maternal mortality:
500,000 women die each year

Total fertility rate: 3.6–3.4

Contraceptive use:
In the developing world, < 25% of
married women of reproductive age or
their partners use modern methods.

HIV and AIDS:
In 1981, the U.S. Centers for Disease
Control and Prevention reports the first
cases of rare pneumonia in young gay men,
later determined to be AIDS. By 1985,
at least one HIV/AIDS case has been
reported from each region in the world.

1987: More than a billion people live in absolute
poverty, nearly 900 million adults are
unable to read and write, and 1.75 billion
people live without safe drinking water.

1990s

World population: 5.3 billion

Life expectancy: 65

Maternal mortality:
470,000 women die each year

Total fertility rate: 3.0–2.8

Contraceptive use: 58% (global)

HIV and AIDS:
In 1994, an estimated 18 million adults
and 1.5 million children are infected with HIV;
11 million of these infections are in sub-Saharan
Africa. Of the adults, 7–8 million are women.
An estimated 5 million children under 10 years of
age will be orphaned, losing one or both parents.

1993: Worldwide, 1.2 billion people live on less than
\$1 a day.

1995: About 788 million (14%) people in the
world are undernourished.

1997: Over one million people die of malaria
around the world.

2000-2010

World population: 6.1 billion

Life expectancy:
High-income countries:
70% live beyond age 70
Low-income countries: 22% reach 70,
and 34% of all deaths are among
children under 14.

Maternal mortality:
500,000 women die each year

Total fertility rate: 2.7–2.6

Contraceptive prevalence: 61% (global)

HIV and AIDS:
In 2009, 33.3 million people are living with
HIV, 2.6 million are newly infected with
HIV, and 1.8 million people die of AIDS.

2000: The Millennium Development Goals, announced as part of the Millennium Declaration, include halting and reversing the spread of HIV/AIDS, malaria, and tuberculosis as one of eight key goals.

2004: An estimated 17.1 million people die from cardiovascular diseases, representing 29% of all global deaths. Of these deaths, an estimated 7.2 million are due to coronary heart disease and 5.7 million are due to stroke.

2008: Globally, there are an estimated 9.4 million new cases of tuberculosis.

2009: In Africa, a total of 11 countries show greater than 50% reduction in either confirmed malaria cases or malaria hospital admissions and deaths over the past decade. Still, an estimated 781,000 people die of malaria in 2009.

Global population reaches 6,890,646,738 on January 1, 2011.

to meet global health and development challenges



FHI @ 40

1971

The International Fertility Research Program (IFRP) is established at the University of North Carolina at Chapel Hill. The next year, a network of 40 scientists and physicians in 18 countries agree to collaborate in IFRP research.

1975

IFRP becomes an independent nonprofit organization.

1982

IFRP changes its name to Family Health International, reflecting an expansion into a broader approach to health.

1991

The Foundation for International Family Health is established and helps underwrite FHI programs. FHI allocates corporate funds to develop learning sites in Ghana, Kenya, and Rwanda that deliver antiretroviral therapy and comprehensive HIV care.

2010

Family Health International is involved in health and development research and program activities in some 50 countries and continues to expand, diversify, and increase impact. It becomes FHI.

“After the agriculture organic farming training,

MY LIFE CHANGED AND MY FAMILY IS HAPPY. We have a new house, cows, and we are harvesting 100 kgs of vegetables every week, which generates 35,000 Rfw [about US\$60] per week.” — *Etienne, Rusizi district, Rwanda*

Living with HIV, Etienne was trained in agricultural organic farming as part of the LifeWorks Partnership Ltd., component of the USAID ROADS II program, a regional partnership between FHI and private-sector stakeholders.

“When I was a sex worker, I used to feel very bad and that my life had no value.

But NOW I FEEL GOOD ABOUT MYSELF

because I am taking care of others and educating them.” — *Kajol, Bangladesh*

Kajol teaches sex workers about HIV and how to prevent sexually transmitted infections at the health center in Dhaka, run by the Bangladesh Women’s Health Coalition with FHI and USAID support.

“**HIV-POSITIVE PEOPLE NOW HAVE HOPE**—we live longer.

Those who used to discriminate now share coffee with us. Before, we could not be members of the *idir* (traditional burial association), because they thought we would die fast and it would cost them too much money. Now we are members and proud to be part of the community.” — *unnamed woman, Ethiopia, Community Capacity Enhancement through Community Conversation (CCE-CC) member*

CCE-CC is a methodology FHI incorporated into the home- and community-based care program in Ethiopia in 2006 to improve behavioral practices to prevent disease, encourage people to seek treatment when needed, and engage communities for change.



“I felt really ashamed at first when I knew that I got TB. But after Health Center staff and DOT [directly observed treatment] watcher explained to me, I decided to receive treatment from Health Center and DOT watcher for a 6-month treatment.

NOW, I HAVE NO TB.” — *Um On, Cambodia*

Community volunteers were trained to help control TB in their community as part of an education, case finding, and treatment initiative launched in 2010 by FHI/Cambodia and the Provincial Health Department in two TB-endemic districts.

Our 2010 Funders and Partners

In addition to these major funders and sponsors, FHI works with over 1,000 local implementing agencies, including community-based organizations, nongovernmental organizations, and faith-based organizations who are critical to our work.

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The Global Fund to Fight AIDS, Tuberculosis and Malaria
International Organization for Migration
Joint United Nations Programme on HIV/AIDS
United Nations Development Programme
United Nations Population Fund
United Nations Children's Fund
World Bank
World Health Organization

US GOVERNMENT AND RELATED AGENCIES

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Centers for Disease Control and Prevention
Department of Defense
Department of Veterans Affairs
National Institutes of Health
National Institute of Allergy and Infectious Diseases
National Cancer Institute
National Institute of Child Health and Human Development
National Institute of Mental Health

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Ghana AIDS Commission
Government of Lao People's Democratic Republic
Government of the Arab Republic of Egypt
Government of the Democratic Republic of Congo
Government of the Federal Democratic Republic of Ethiopia
Government of the Federal Democratic Republic of Nepal
Government of the Federal Republic of Nigeria
Government of the French Republic
Government of the Independent State of Papua New Guinea
Government of the Islamic Republic of Pakistan
Government of the Kingdom of Cambodia

Government of the Kingdom of Thailand
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Government of the Republic of Uganda
Government of the Republic of Zambia
Government of the Socialist Republic of Vietnam
Government of the United Republic of Tanzania
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Ministry of Health, Indonesia
Ministry of Health and Population, Haiti
Ministry of Health, Government of the Republic of Zambia
National AIDS Commission of Malawi
National Center for AIDS/STD Control and Prevention, China
National Center for HIV/AIDS, Dermatology and STD, Cambodia
National Center for Tuberculosis and Leprosy Control, Cambodia
National Malaria Control Programme, Nigeria
Nigerian National Action Committee on AIDS
The Royal Netherlands Embassy
Southern Sudan AIDS Commission
Technology Innovation Agency, South Africa
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John Snow Inc.
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Twelve months to September 30, 2010

REVENUE	US DOLLARS
US Government	\$294,777,000
Other Governments	\$13,562,000
Foundations/Individuals	\$24,538,000
Corporations	\$6,004,000
Multilaterals	\$10,233,000

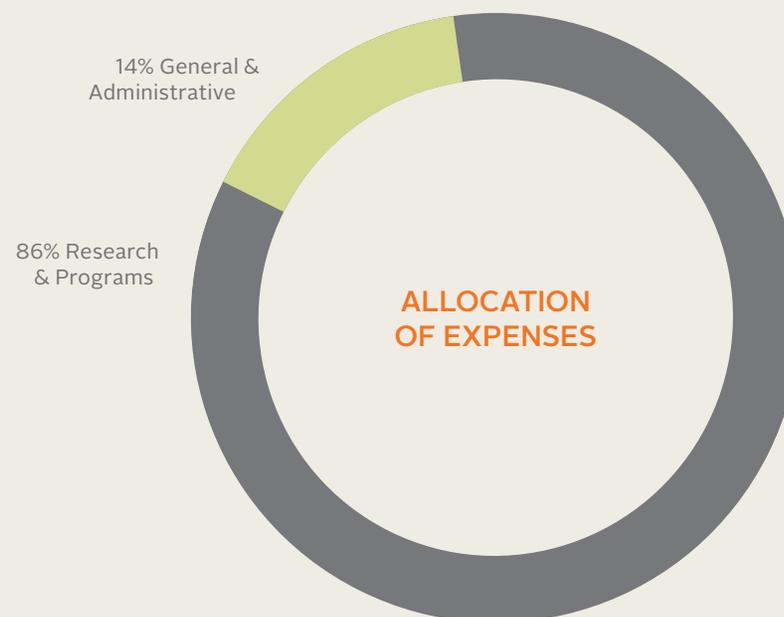
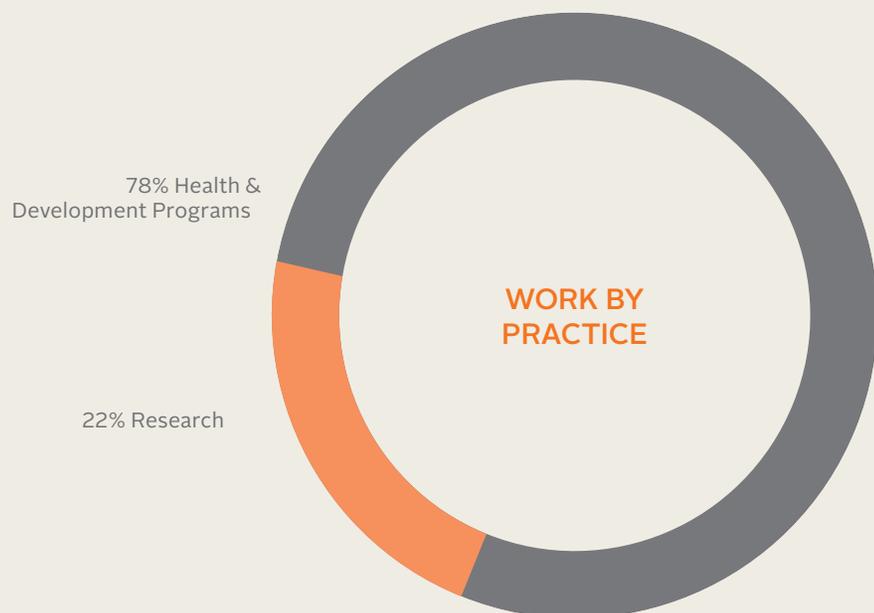
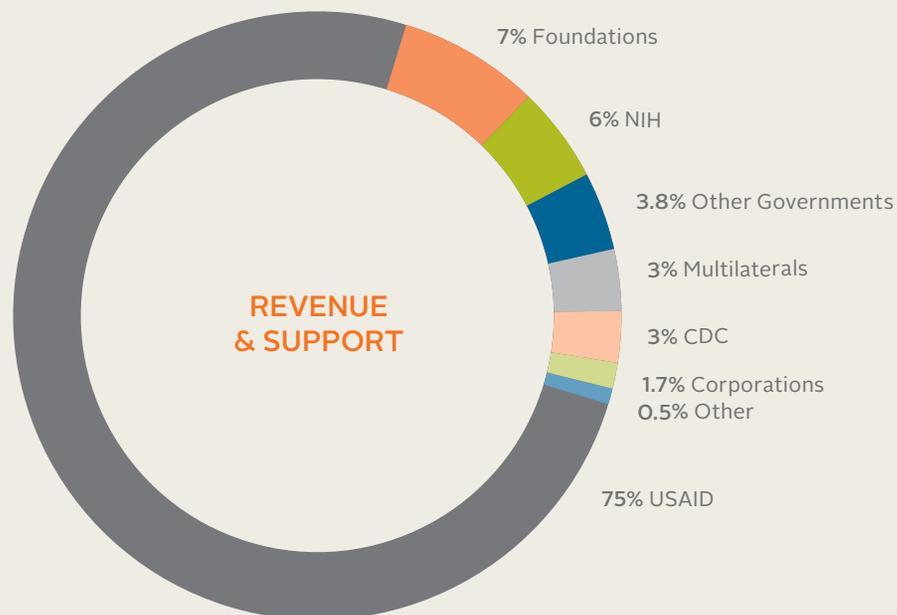
SUBTOTAL	\$349,114,000
Other Revenue	\$1,577,000

TOTAL	\$350,691,000
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EXPENSES	
Operational	\$301,363,000
General and Administrative	\$47,604,000
Fundraising	\$275,000

TOTAL	\$349,242,000
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Net Assets, Beginning of Year	\$18,607,000
Change	\$1,449,000
End of Year	\$20,056,000





Acronyms for USAID-funded projects

pp. 2 & 12 **AIDSCAP**: AIDS Control and Prevention

p. 2 **AIDSTECH**: AIDS Technical Support

pp. 4 & 5 **CRTU**: Contraceptive and Reproductive Health Technologies Research and Utilization

p. 12 **GHAIN**: Global HIV/AIDS Initiative Nigeria

pp. 2, 6 & 9 **IMPACT**: Implementing AIDS Prevention and Care

pp. 4 & 14 **PROGRESS**: Program Research for Strengthening Services

p. 2 **ROADS**: Regional Outreach Addressing AIDS through Development Strategies

p. 19 **ROADS II**: Roads to a Healthy Future

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**As of December 31, 2010*



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