NEWS FROM THE POPULATION COUNCIL

Momentum

NOVEMBER 2012

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CHANGING THE WAY THE WORLD THINKS

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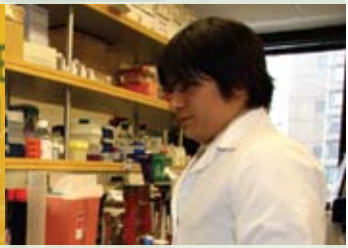


ADVANCING & SHARING KNOWLEDGE
MICROBICIDES FOR HIV PREVENTION

For more than 60 years, the Population Council has been generating ideas, providing evidence, and delivering solutions that have improved the lives of hundreds of millions of people. In this issue, we present stories and a timeline about our impact.

60 YEARS | IDEAS EVIDENCE IMPACT

Population Council

PRESIDENT'S MESSAGE

CHANGING THE WAY THE WORLD THINKS

by Peter J. Donaldson

This year, the Population Council celebrates its 60th anniversary. For six decades, our research has changed the way the world thinks about important population, health, and development issues.

When we began our work, there were no government-funded family planning programs; no long-acting reversible contraceptive methods; the determinants and consequences of population change were poorly understood; and high-quality, comprehensive reproductive health programs were unknown in most of the developing world.

Today, our research and analysis helps change policies and create programs.

Collaborating with our partners, we help couples plan their families and chart their futures, give voice to hidden populations at risk of HIV, and empower girls to protect themselves and have a say in their own lives.

From the beginning, we've applied the same approach successfully to a changing landscape of challenges: assessing what needs to be done, determining what can be done, evaluating the impact of what has been done, and working with partners to act on the evidence.

This special issue of *Momentum* describes our reach and impact since 1952. We collaborated on pioneering studies in Taichung, Taiwan (page 2) and Matlab, Bangladesh (page 4), some of the earliest efforts to demonstrate that high-quality family planning services can reduce fertility. These results were used to shape national and international policies that greatly increased women's access to family planning and reduced fertility. We strengthen the ability of individuals and institutions to conduct research and programs, and we disseminate high-quality data and careful analysis via our peer-reviewed journals (pages 6 and 7). We evaluate family planning programs to improve the quality of care women receive (page 12). We develop highly effective, long-acting, reversible contraceptives (page 8) and are developing microbicides to prevent sexual transmission of HIV (page 14). We champion impoverished adolescent girls, giving them the tools needed to break the grip of poverty (page 10).

In this issue, you will meet Niranjan Saggurti (page 16), whose research is shaping HIV policy in India. You will also meet Population Council donor and former fellow Te-Hsiung Sun (page 17), who describes why he supports the Council today.

As our founder, John D. Rockefeller 3rd, fittingly said, the only reason to care about population is "to improve the quality of people's lives, to help make it possible for individuals everywhere to develop their full potential." Sixty years later, the Council continues to deliver solutions that lead to more effective policies, programs, and products that improve lives around the world. Thank you for your support.

60 YEARS OF IDEAS, EVIDENCE, AND IMPACT

LEADERSHIP
ADVANCING & SHARING KNOWLEDGE
BUILDING RESEARCH CAPACITY
IMPROVING PROGRAMS
SHAPING POLICY
DELIVERING SOLUTIONS

1952 1960 1970 1980

1952
John D. Rockefeller 3rd convenes distinguished scientists in Williamsburg, Virginia, under the auspices of the National Academy of Sciences, to begin the search for a better understanding of population issues. Thereafter, he establishes the Population Council as an independent nonprofit organization and serves as its first president.

1950s/1960s
Council begins providing **grants to researchers and institutions** around the world for studies of knowledge, attitudes, and practices related to family planning.

1957
Frederick Osborn, second president

1959
Frank W. Notestein, third president

1962
Council hosts the first international **conference on intrauterine devices (IUDs)** to consolidate knowledge and spur interest in the development of new devices.

1966
Council initiates the **International Postpartum Project** to determine the feasibility of providing family planning services in hospitals following childbirth; more than 250 hospitals in 21 countries participate and more than a million women receive their desired family planning method.

1968
Council begins working with universities across Africa to **strengthen demographic course offerings** and research capability.

1968
Bernard Berelson, fourth president

1974
Council develops successful **maternal and child health–based family planning** projects in Indonesia, Nigeria, the Philippines, and Turkey, changing the way leaders think about integrating maternal and child healthcare and family planning in rural areas.

1976
George Zeidenstein, fifth president

1977
Demographer Anrudh Jain documents for the first time that **smoking cigarettes while using oral contraceptives increases** women's risk of heart attack, stroke, and death, particularly for those 40 years and older.

1978
Demographer John Bongaarts develops a framework for **analyzing the proximate determinants of fertility**—a simple model that explains how events like marriage, childbirth, and abortion affect fertility—one of the most widely used tools for analyzing fertility change.

1953
Council awards its **first eight fellowships** to graduate students for advanced training in demography; biomedical awards begin the following year.

1956
Council establishes **one of the first biomedical research labs**—at the Rockefeller Institute (now Rockefeller University)—devoted to understanding the human reproductive system and developing new contraceptives.

1961
Council supports a **pioneering family planning study** in Taichung City, Taiwan to increase access to information and services.

1963
Council publishes first issue of ***Studies in Family Planning***.

1967
Council collaborates with Walt Disney to produce a **10-minute educational cartoon, *Family Planning***, translated into 25 languages.

1970
Council forms the **International Committee for Contraception Research**, a network of researchers who conduct clinical trials to test the safety, efficacy, and acceptability of Council-developed products.

1975
Council publishes first issue of ***Population and Development Review***.

1976
U.S. Food and Drug Administration approves the Council's **Copper T200 IUD**, the first-ever New Drug Application sponsored by a nonprofit research organization.

1977
Council begins its long-term collaboration with ICDDR,B to document the **benefits of family planning** in the Matlab district of Bangladesh.

1978
Council establishes **Middle East Research Awards program** to strengthen the skills of talented young social scientists.

1981
Council begins **large-scale operations research** to improve the availability, quality, and sustainability of family planning services in Asia.

1987
Council receives the **Science and Technology for Development Award** from USAID and the National Research Council for "dramatically [benefiting] millions of people in developing countries."

1994
Council launches the Vietnam reproductive health fellowship program, which **supports 126 Vietnamese health professionals** in obtaining master's degrees abroad in public health or health-related social sciences before returning to Vietnam.

1998
Council publishes *The Uncharted Passage: Girls' Adolescence in the Developing World*, transforming how policymakers, program managers, and others think about **adolescent girls' lives**.

2001
Council begins biomedical research on the **critical role of dendritic immune system cells** in HIV infection, work that shapes the Council's approach to microbicide development.

2006
Council helps Kenya's National AIDS Control Council develop national strategies for effectively meeting the health needs of **men who have sex with men (MSM)**.

1984
Council's INOPAL program begins **operations research and technical assistance** in Latin America and the Caribbean.

1990
Policy analyst Judith Bruce and demographer Anrudh Jain outline a **framework for determining the quality of care** provided in family planning and reproductive health services that becomes the standard for quality in international family planning.

1995
With Rockefeller Foundation funding, Council opens the **African Population and Health Research Center**.

1998
Council collaborates on the first nationally representative **survey of adolescents in Egypt**, informing national policy.

2004
First 278 **girls in rural Upper Egypt** graduate from the Ishraq program, a safe spaces program for poor, unschooled adolescent girls.

2005
Council researchers co-author *Growing Up Global*, a seminal publication on **adolescence in the developing world**.

2008
Population Council and distinguished scientist Sheldon Segal are awarded the **Prix Galien USA Pro Bono Humanum Award** for their role in developing implantable hormone delivery systems.

1993
Margaret Catley-Carlson, sixth president

1999
Linda G. Martin, seventh president

2005
Peter J. Donaldson, eighth president

2007
Council provides data on **abortion-related** knowledge, attitudes, and practices that informs **legislation in Mexico City** to permit first-trimester abortion to safeguard women's health.

2011
Council demonstrates that an **antiretroviral/zinc combination vaginal gel** completely protects monkeys from infection with simian HIV for up to 24 hours, offering hope for a new product to prevent the sexual transmission of HIV.

1990 2000 2010 2012

LEADERSHIP
ADVANCING & SHARING KNOWLEDGE
BUILDING RESEARCH CAPACITY
IMPROVING PROGRAMS
SHAPING POLICY
DELIVERING SOLUTIONS

1984
U.S. Food and Drug Administration approves the Council's Copper T 380A IUD, now known as **ParaGard®**.

1988
Council begins **Africa Operations Research and Technical Assistance** program.

1992
Council receives **United Nations Population Award** in recognition of outstanding contributions to increasing the awareness of population questions and to their solution.

2000
U.S. Food and Drug Administration approves Council's **Mirena®**, a levonorgestrel-releasing intrauterine system.

2003
Council provides data on young people that shapes **Pakistan's National Population Policy**.

2008
Council introduces **magnesium sulfate for eclampsia and pre-eclampsia** into hospitals in Kano, Nigeria, reducing maternal deaths and acting as a model for other countries in Africa.

2010
Council publishes ***It's All One Curriculum***—a resource that places gender issues and human rights at the heart of sex and HIV education.

2012
With partners, Council develops recommendations to increase access to highly effective, **long-acting, reversible contraception** and accelerate progress toward universal access to reproductive health services.

1986
Council begins biomedical research on the **sexual transmission of HIV**, working toward the development of a microbicide.

1990
U.S. Food and Drug Administration approves the Council's **Norplant®** levonorgestrel contraceptive implant.

1996
U.S. Food and Drug Administration approves the Council's **Jadelle®** two-rod levonorgestrel implant.

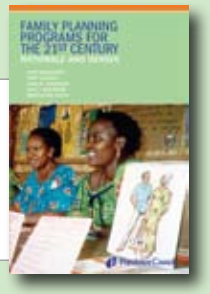
1997
Council launches **Horizons**, a USAID-funded global program to improve services responding to HIV and AIDS.

1998
Council establishes the USAID-funded **Frontiers in Reproductive Health** program aimed at improving reproductive health services.

2007
Council launches the Family Advancement for Life and Health (FALAH) project in Pakistan to **promote healthy birth spacing**. Over the next four years, contraceptive use increases by 28 percent in socially conservative areas.

2009
Council program in Ethiopia helps **girls at risk of forced early marriage** or already married. 10-to-14-year-old enrolled girls are 90 percent less likely to marry than unenrolled girls.

2012
Council publishes *Family Planning Programs for the 21st Century: Rationale and Design*, a book for policymakers and program managers that **demonstrates the power of voluntary family planning programs** to improve health, reduce poverty, and empower women.



PIONEERING ACCESS TO FAMILY PLANNING INFORMATION AND SERVICES

1952

World population increased dramatically in the aftermath of World War II, largely because of declining mortality. Fertility remained high, and governments in developing countries began to consider rapid population growth an obstacle to economic and social development.

At the time, international aid agencies did not provide contraceptives or support family planning programs. United Nations agencies collected and analyzed population data, but did not use those data to inform program and policy development. Foundations and schools of public health did not have population programs.

1961

With industrial modernization in Taiwan well underway, couples surveyed in the early 1960s expressed a desire for smaller families but did not have access to family planning information and services.

In 1961, the Population Council partnered with the government of Taiwan to establish a Population Studies Center in Taichung City. With the Council's technical advice, the Center launched a two-year study to evaluate strategies for providing family planning information and services in three areas of the city. Information about family planning was disseminated through posters, community meetings, letters, and home visits. Researchers recorded which strategies were the most effective. Participants in the study areas were offered a wide range of contraceptive methods, including intrauterine devices (IUDs), oral contraceptives, and traditional methods. Contraceptive use increased substantially, with 80 percent of women in the study area preferring the IUD over other methods. Researchers also documented a significant reduction of fertility in the study areas.

1968

The Council continued to support family planning activities that spread to the rest of Taiwan. Following an accelerating decline in birth rates, in 1968 Taiwan adopted an official family planning policy. Between 1965 and 1970, contraceptive use increased from 24 percent to 44 percent, and the proportion of users among couples wanting no more children increased from 39 to 64 percent. Population growth decreased from nearly 3 percent annually around 1960 to reach the replacement level of 2.1 children per woman in 1984.

IMPACT

The Taichung study was pathbreaking. **By collaborating with key stakeholders within Taiwan to design, implement, and evaluate family planning activities, the research shaped policy that enabled women to plan their families and improve their lives.**

Following the success of this initiative, other developing-country governments began to request similar technical assistance from the Population Council.

We have collaborated with more than 200 partners in over 40 developing countries to design and evaluate innovative ways to provide access to family planning services.

GENERATING EVIDENCE TO GUIDE NATIONAL POLICY IN BANGLADESH

1970s

Purdah—the social seclusion of women—prevented many women in Bangladesh from accessing health care services. High numbers of women wanted to use contraception but lacked access. Use of clinic-based health services was low because of women's restricted movement outside the home. In the 1970s Bangladesh had some of the highest rates of maternal and infant mortality in the region.

1977

In 1977 the Population Council began its long-term collaboration with the renowned ICDDR,B (International Centre for Diarrhoeal Disease Research, Bangladesh) to document the benefits of family planning in the Matlab district of the country.

The district's population of 173,000 people was divided into two areas: an experimental area where access to high-quality family planning services was greatly expanded to include home visits by female health workers and a wide choice of contraceptive methods; and a control area that received the standard less-intensive services that were available country-wide. The impact in the experimental area was large and immediate: contraceptive use increased markedly, fertility declined rapidly, and women's health, household earnings, and use of preventive health care improved. Children living in households that received family planning outreach were more likely to survive to age five and to attend school than children from households that did not participate.

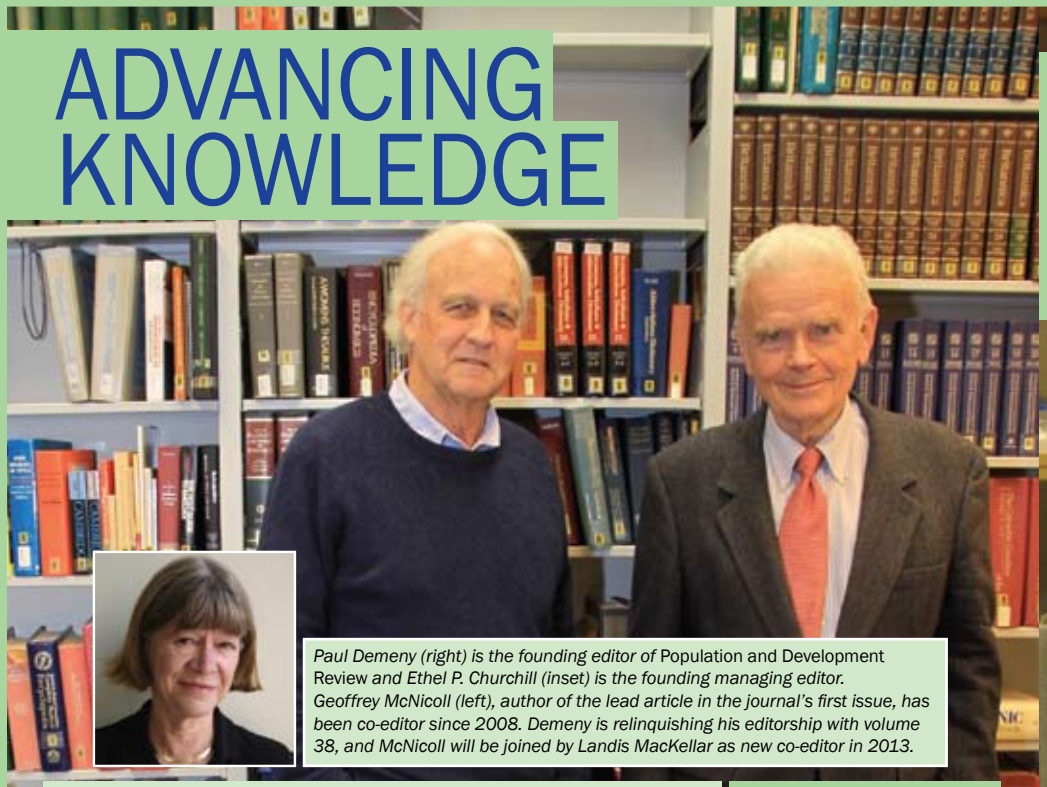
IMPACT

The success of the Matlab project shaped the national family planning program of Bangladesh.

Thanks to the project's strong research design, scientists are able to evaluate its long-term impact today. The intergenerational benefits have been clear: child survival, enrollment and completion of school, and the physical health of families in experimental villages have continued to improve compared to control villages.

The family planning model developed in the Matlab project is used in Bangladesh today, and has shaped other programs affected by purdah, including the education system, skills training programs, and campaigns to combat diarrhea, increase child immunization, and introduce microcredit. **Other countries that have adopted similar voluntary family planning programs—such as Indonesia, Rwanda, and Kenya—have experienced improvements in their economies, family health, and standards of living.** As a result of the program's success, the Population Council became a founding member of EXPANDNET, the World Health Organization program for scaling up health innovations, influencing governments, health providers, and other stakeholders.

ADVANCING KNOWLEDGE



Paul Demeny (right) is the founding editor of Population and Development Review *and Ethel P. Churchill (inset) is the founding managing editor. Geoffrey McNicoll (left), author of the lead article in the journal's first issue, has been co-editor since 2008. Demeny is relinquishing his editorship with volume 38, and McNicoll will be joined by Landis MacKellar as new co-editor in 2013.*

1975

The Population Council launches *Population and Development Review* (*PDR*), a quarterly journal to advance knowledge of the interrelationships between population processes and socioeconomic and environmental change, and to provide a forum for discussion of related issues of public policy. *PDR*'s interests span both developed and developing countries, theoretical advances as well as empirical analyses, a broad range of disciplinary approaches, and concern with historical and present-day problems.

Each issue typically contains four articles; a notes and commentary department presenting critical and point-of-view pieces on significant problems and policy developments; a data and perspectives department containing analysis and interpretation of new statistical data; archival items with a contemporary resonance; documents containing excerpts from official statements by political leaders and scientific bodies; and book reviews and review essays.

1982

Income Distribution and the Family, the first supplement to *PDR*, is published. Appearing at two-year intervals, book-length supplements explore significant population topics with policy relevance. Recent supplements have provided perspectives on population and environment; aging, health, and public policy; and consequences of demographic transition. Eighteen supplements have been published.

IMPACT

Available online in collaboration with Wiley-Blackwell, the journal has seen sustained growth in audience, especially in the developing world. In 2010/11, journal content was downloaded over 750,000 times.

The research and ideas disseminated in *PDR* have shaped understanding of critical issues in global development. Read by development experts, social scientists, policymakers, policy analysts, and researchers, the journal has helped transform programs and policies around the world.

INSPIRING FUTURE LEADERS

Edouard Nantia Akono was a postdoctoral fellow in the laboratory of Patricia Morris, director of biomedical research at the Council's Center for Biomedical Research.

1953

Local leaders are required if positive changes are to take place in developing countries. But in the mid-1950s, most lacked the institutions and the up-to-date resources needed to help young professionals develop the research and management skills they need to improve health policies and programs.

The Council was one of the first organizations to recognize this need, establishing its biomedical and social science fellowship program in 1953. A grant from the Rockefeller Foundation in 1959 enabled the Council to expand the program substantially, with additional funds becoming available in later years from other sources.

An outside evaluator observed in 1974 that the roster of Council fellows "reads like a Who's Who in Population."

2012

The Council continues to provide biomedical and social science postdoctoral fellowships that allow recipients to work in any of the Council's international offices and at the Center for Biomedical Research. After their fellowships end, the Council maintains close contact with them to support their ongoing research.

IMPACT

Council fellowships have helped advance the careers of thousands of social and biomedical scientists, public health researchers, and program managers, many of whom have gone on to hold leadership positions.

Former Council fellows include:

Mercedes B. Concepción
Emeritus professor, University of the Philippines and recently named a "National Scientist" by Philippine president Gloria Arroyo

Masato Fujisawa
Chair, Division of Urology, Kobe University Graduate School of Medicine

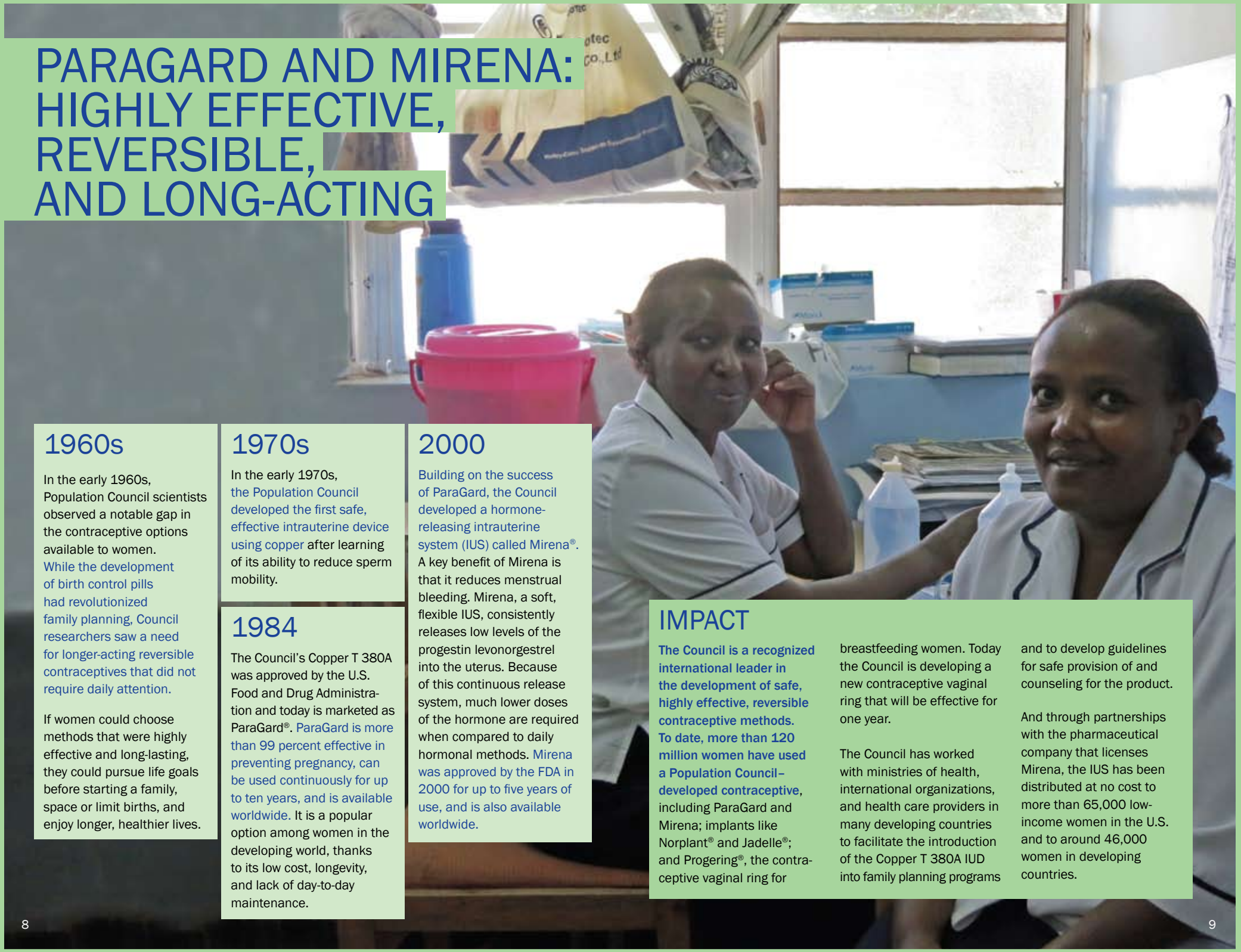
Carmen A. Miró
Director, Center of Latin American Demographic Studies

Babatunde Osotimehin
Executive Director of UNFPA

Ubaidur Rob
Population Council's Country Director in Bangladesh

These fellows credit their fellowship experience at the Council as a critical milestone in their careers.

PARAGARD AND MIRENA: HIGHLY EFFECTIVE, REVERSIBLE, AND LONG-ACTING



1960s

In the early 1960s, Population Council scientists observed a notable gap in the contraceptive options available to women. While the development of birth control pills had revolutionized family planning, Council researchers saw a need for longer-acting reversible contraceptives that did not require daily attention.

If women could choose methods that were highly effective and long-lasting, they could pursue life goals before starting a family, space or limit births, and enjoy longer, healthier lives.

1970s

In the early 1970s, the Population Council developed the first safe, effective intrauterine device using copper after learning of its ability to reduce sperm mobility.

1984

The Council's Copper T 380A was approved by the U.S. Food and Drug Administration and today is marketed as ParaGard®. ParaGard is more than 99 percent effective in preventing pregnancy, can be used continuously for up to ten years, and is available worldwide. It is a popular option among women in the developing world, thanks to its low cost, longevity, and lack of day-to-day maintenance.

2000

Building on the success of ParaGard, the Council developed a hormone-releasing intrauterine system (IUS) called Mirena®. A key benefit of Mirena is that it reduces menstrual bleeding. Mirena, a soft, flexible IUS, consistently releases low levels of the progestin levonorgestrel into the uterus. Because of this continuous release system, much lower doses of the hormone are required when compared to daily hormonal methods. Mirena was approved by the FDA in 2000 for up to five years of use, and is also available worldwide.

IMPACT

The Council is a recognized international leader in the development of safe, highly effective, reversible contraceptive methods. To date, more than 120 million women have used a Population Council–developed contraceptive, including ParaGard and Mirena; implants like Norplant® and Jadelle®; and Progering®, the contraceptive vaginal ring for breastfeeding women. Today the Council is developing a new contraceptive vaginal ring that will be effective for one year.

The Council has worked with ministries of health, international organizations, and health care providers in many developing countries to facilitate the introduction of the Copper T 380A IUD into family planning programs and to develop guidelines for safe provision of and counseling for the product.

And through partnerships with the pharmaceutical company that licenses Mirena, the IUS has been distributed at no cost to more than 65,000 low-income women in the U.S. and to around 46,000 women in developing countries.

DEFINING THE CENTRALITY OF ADOLESCENT GIRLS TO THE HEALTH AND DEVELOPMENT AGENDA

1980s

At this time, youth policies and programs did not acknowledge the age, gender, and marital status diversity of youth populations. Most national policies defined youth as those aged 15–24, an overly large category that failed to recognize the unique needs of girls, specifically, the needs of 10–14-year-old girls, whose social status puts them at risk. Many youth programs focused on in-school adolescents, especially boys. When policies did focus on girls, it was on the sexual risk of unmarried girls rather than the large number of young married girls or the girls subject to the rising HIV epidemic.

1996

In 1996 the Population Council and the World Bank co-sponsored the "Take Back Young Lives" meeting that promoted a new agenda to develop girls' health, social, and economic assets.

1998

Council researchers published *The Uncharted Passage: Girls' Adolescence in the Developing World.* This influential volume examined the social and economic context of girls' lives at home, school, and work and investigated adolescent reproductive health, marriage, and childbearing.

The Council was the first to recognize that existing interventions did little to help girls reach their potential. In response, the Council embarked upon a global program of targeted, evidence-based interventions reaching sites where girls were facing high rates of child marriage, HIV, or both. Through partnerships with NGOs and governments, these programs often reached girls before puberty and demonstrated the urgent need for girl-only, age-appropriate initiatives that built social networks, taught life and financial literacy skills, informed girls about HIV and reproductive health, and provided a foundation for livelihoods. These pilot programs provided a "proof of concept" and most initial programs have since been scaled up.

IMPACT

The Council's research and program support changed the way the world thinks about the importance of adolescent girls for social and economic development. Our portfolio on adolescent girls represents a groundbreaking global effort to reach the poorest girls in the poorest communities as a core development strategy. Given girls' future roles in determining the health and income of families, they are critical assets to their communities.

In Rwanda, the Council laid the foundation for the government's public commitment to a national program to reach all girls by age 12. In Ethiopia, the Council reframed the national health policy through scaled-up programs that address child marriage and support married girls and extremely isolated young girls, many of whom are migrants in domestic service. Programs in Kenya, Uganda, Zambia, Guatemala, South Africa, and Upper Egypt are being scaled up and are extending their content into adolescent girls' livelihoods.

The Council demonstrated how to use data and mobilize resources to reach girls early enough to make measurable differences in their lives and meet development goals. **This powerful evidence has catalyzed donors to invest hundreds of millions of dollars in the poorest girls in the poorest communities.**

OPERATIONS RESEARCH: DATA THAT MAKE A DIFFERENCE

1983

Before the 1980s, many developing-country governments considered family planning a medical intervention, not a social service. Policies were based on a clinical approach that overlooked social factors. As a result, programs were impractically organized, unsustainable, and failed to meet the health needs of women, men, and teens.

Recognizing the need for evidence to guide public health policy, the Population Council helped define the field of operations research and was on the front lines of shaping its form. Operations research (OR) uses scientific approaches to generate evidence-based, practical solutions for service delivery issues including accessibility, availability, quality, and cost of care.

In 1983 the Council published the *Handbook for Family Planning Operations Research Design.* The book defined key concepts and methods for conducting field research.

1984–1998

The Council's first major regional OR activity—Investigación Operativa para América Latina (INOPAL) (1984–1998)—sought to improve the availability and cost-effectiveness of family planning and maternal and child health service delivery in more than a dozen Latin American countries. INOPAL assessed existing systems, designed and tested strategies for improving them, and worked with clinics, policymakers, and civil society groups to implement effective changes.

INOPAL had a major impact on the quality of care that Latin American women received. Mexico extended family planning services to all hospitals and health centers country-wide as a result of INOPAL, and went on to provide INOPAL-based training in reproductive health services in seven other Latin American countries. By 1990, 17 Brazilian HMOs had adopted family planning coverage for the first time.

IMPACT

The Council adapted the successful research strategies developed during INOPAL and used them to spearhead other long-term, large-scale, USAID-funded OR programs in Africa, Asia, and globally through the FRONTIERS and HORIZONS programs.

Over the course of 20 years, the Council completed over 300 OR projects, providing capacity building and technical assistance so that researchers in developing countries have the skills to continue improving programs and policies.

Today, the Council remains a leader in OR. Our work has informed the development of sound, proven strategies that have a positive impact on sexual health, maternal and child health, and HIV/AIDS policies of governments and service delivery organizations worldwide.

MICROBICIDES: BREAKTHROUGHS IN HIV PREVENTION

1980s

Early HIV prevention efforts promoted abstinence, reducing the number of partners, management of sexually transmitted infections, and condoms. Although effective, these tactics are not feasible for all women, who are more vulnerable to HIV than men. For many women, social and economic inequalities severely limit their ability to protect themselves from HIV infection. A little over a decade into the epidemic, the Council identified the need for an HIV prevention method that women can control, allowing them to protect themselves without partner negotiation.

1993

The Population Council is at the forefront of the development of a female-controlled microbicide for reducing male-to-female transmission of HIV. From the beginning, the Council has taken a comprehensive approach—from basic science to clinical testing and behavioral research, to product introduction and public education.

A seminal paper published by the Council in 1993, "The Development of Microbicides: A New Method of HIV Prevention for Women," for the first time discussed not only the need and the science, but also the complexities of developing microbicides from conceptualization to taking a product to market.

The Council conceived, developed, and advanced through clinical trials its first microbicide product, Carraguard®. While it was not found to prevent HIV infection, it was the first microbicide candidate to successfully and safely complete a Phase 3 efficacy trial.

IMPACT

Building on our leadership in microbicides development and our comprehensive approach, the Council is advancing new agents and formulations that could expand microbicide options for women.

Recent successes in Council labs include demonstrating the efficacy of a vaginal gel and a vaginal ring in monkeys that indicates the potential for the success of these products in humans. All the microbicides in the product development pipeline prevent at least one other sexually transmitted infection in addition to HIV. Behavioral and social science research improves how microbicide clinical studies are conducted and the products are used.

We are identifying the steps to help government regulators evaluate and improve new products and introduce multipurpose prevention technologies. **Our goal is to ensure the safety and efficacy of these products while shaping and facilitating government approval processes for this complex class of technologies.**

A CONVERSATION WITH

NIRANJAN SAGGURTI

RESEARCHER IN THE POPULATION COUNCIL'S INDIA OFFICE

Your background is originally in biostatistics. How did you end up studying HIV and public health?

In India, you are constantly reminded of the importance of public health. The severe poverty faced by many of our citizens—and our country's rapid population growth—underscore this every day.

On a personal level, I was drawn to the field of HIV after losing my cousin and close friend to HIV-related illness in 1996. Few family members attended his funeral due to stigma and fear, and my cousin's family was traumatized. Shortly after losing my cousin, I also lost a number of people from my hometown to the disease.

These incidents affected me profoundly. I decided to shift the focus of my graduate work to public health, and my background in biostatistics allowed me to take a quantitative approach to work on communicable diseases. I completed my PhD in the area of HIV and tuberculosis morbidity and mortality.

What was your proudest professional moment?

I'm proud to be called the "Migration Man!" As a result of my research on migration and HIV acquisition, we now understand that migration is the number one factor in the spread of HIV in India.

The research I conducted with Population Council colleagues found that migrant workers were four times more likely to contract HIV than non-migrant workers, and that prevention programs needed to reach migrants not only at their destination point, but also at their place of origin and the transit points along their way. Our work also has shown the need to build the capacity of local infrastructure to implement coordinated interventions using existing structural resources for long-term program sustainability. HIV funds in India are limited, so many were concerned that this approach would be too expensive with little return on investment. But the Population Council had the hard evidence to show its worth in light of growing numbers of infections in the newer areas. Thanks to our research, the government has completely altered its approach. Seeing this change is my lifetime achievement so far.

What sets the Council apart?

Before joining the Population Council in 2006, I worked for a government institute and wanted to join the Council because the Council's work informs policies and programs and its staff thinks 10 years ahead when it comes to research and public health concerns. We have foresight and generate evidence and exceptional research to change the way governments, international organizations, and NGOs think about critical health and development issues. Our work on HIV and migrant workers is a perfect example: when we started in 2005, no one paid attention to migration and the health of migrant workers. Now migration will be the focus of the next national AIDS program. Policymakers and donors recognize the value of the high-quality research the Council delivers, and our results deliver solutions that improve lives.

PROFILE

TE-HSIUNG SUN

Dr. Sun was a Population Council fellow in 1964 and went on to be a leader of Taiwan's family planning program and a promoter of economic development. He currently teaches Population and Demography at the National Taiwan University in Taipei.

WHY I GIVE TO THE POPULATION COUNCIL

I was born in a rural area of Taiwan.

At university, I planned to study agricultural economics to help farmers. But during my studies, a geography professor showed me that agricultural development was not keeping pace with fast population growth. From that moment, I became increasingly interested in the effects of population on individual health and societal development.

In 1961, with funding from the Population Council, a population studies center was established in Taichung City under the Health Department of Taiwan Provincial Government.

I was fortunate to have the opportunity to work with the Center on the famous "Taichung Study" (see page 2), which not only demonstrated that family planning was acceptable, but also shaped national family planning policies and changed lives.
Once the Taichung Study was completed, the Population Council provided me with a two-year fellowship to the University of Michigan's Population Studies Center to help analyze and translate the Taichung survey for wide dissemination.

After the completion of Taiwan's demographic transition in the 1980s, I was invited to join a commission of the Taiwan President's Cabinet, where today I oversee research, development, and evaluation of the government's policies and programs.

While leading Taiwan's family planning program, I have been lucky to go to many developing countries to see their family planning programs and in turn invite them to Taiwan. I teach demography at the National Taiwan University. None of this would have happened to me were it not for the fellowship from the Population Council.

I give to the Council because I owe much to the Council for my career. I have worked for decades to promote family planning in Taiwan and have seen much progress in the quality of people's lives in my country. Policymakers, program managers, and others concerned with population and development issues turn to the Population Council for rigorous research results that change national policies and programs and improve lives. The Council is one of the most important organizations to help humankind live more happily with good health.

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

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