FAMILY HEALTH INTERNATIONAL

PN-ABB-445

Our 16th Anniversary

1986-1987 Report

FHI

Family Health International is a nonprofit research and technical assistance organization dedicated to improving maternal and child health. FHI and its global network of clinical researchers evaluate new contraceptive techniques and study the long-term safety of widely used contraceptives.

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Dr. Roger Short, Chair of FHI's Board of Directors

Dr. Malcolm Potts, FHI President

Dear Friends,

At age sixteen FHI is growing up. We believe we combine practical experience of the world acquired over a long interval with the energy and imagination of youth. A few years ago FHI was overly dependent on a single large government contract. The period covered by this report marks an important maturation and diversification of activities and funding sources.

The long, slow build up of clinical trials experience and development of new methods of contraception -- which was the core of FHI's work for so long — has reached a most exciting stage. FHI holds a number of licenses from the U.S. Food and Drug Administration for the investigation of new drugs and devices and is within striking distance of getting marketing approval for some important new methods of contraception. We hope that in the 1990s one or more of these methods, especially new long-acting methods, will significantly widen the contraceptive choices available to couples in both rich and poor countries.

In October 1987, FHI was awarded the largest single government contract yet given for efforts to slow the spread of AIDS infection in the Third World. Our long experience in dealing with reproductive behavior and with barrier methods of contraception and sexually transmitted diseases puts us in a strong position to implement this important new program with the urgency this devastating epidemic demands.

FHI now receives support from the U.S. Agency for International Development in Washington, from a number of individual USAID Missions around the world, from the National Insitutes of Health, from U.S. foundations and from our own increasingly significant, internal funding mechanism. Most of our corporate resources are generated by FHI majority holdings in Clinical Research International, a separate for-profit company which applies, in the private sector, the research skills we developed. We take genuine pride in this unique venture.

In 1988, FHI will move into new premises. Our budgets and staff will be the largest in the history of the institution but we believe the two things that will not have to change are the motivation of the staff and the commitment and enterprise of the colleagues around the world with whom the institution is privileged to work.

Roger Short

Roger V. Short
Chair

Malcolm Potts

Malcolm Potts
President

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Research With Impact

Family Health International (FHI) conducts research on reproductive health, contraceptive methods and family planning service delivery, working in partnership with individual researchers and public and private agencies to meet reproductive health and family planning needs worldwide.

FHI is one of the major international organizations evaluating the safety, efficacy and acceptability of contraceptives. We work with government ministries and institutions, local and international private sector organizations and clinical and social science researchers in universities and hospitals. FHI has carried out more than 700 studies in the past 15 years with collaborating investigators in Africa, Asia, Latin America, Australia, North America and Europe.

FHI's staff includes experienced physicians, public health researchers, experts in reproductive biology, biostatisticians, epidemiologists, systems analysts and social scientists. This diverse group works in close coordination with our worldwide network of researchers to provide the fullest possible evaluation of the contraceptive methods and other reproductive health issues we study.

Research supported by FHI has resulted in the introduction of new products and technologies and has influenced the management of health and family planning services in the United States and around the world. FHI is making significant contributions by:

☐ evaluating existing contraceptive products and developing new methods to ensure that effective, safe, economical and acceptable family planning options are available worldwide.

☐ documenting the health consequences—both positive and negative—of contraceptive use and pregnancy.

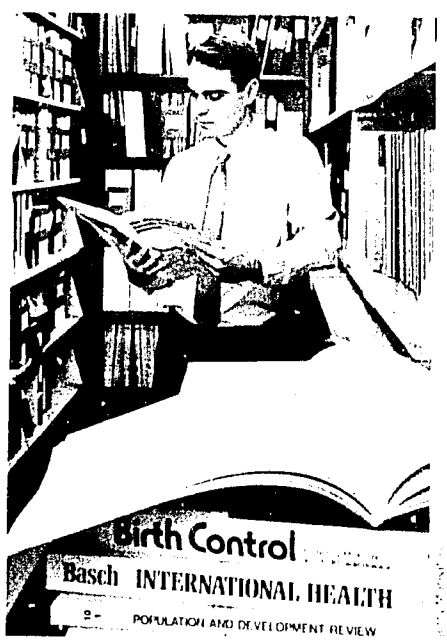
☐ developing strategies for slowing the spread of AIDS among high-risk populations.

☐ adapting existing contraceptive products and developing new products to prevent sexually transmitted diseases.

☐ conducting needs assessments for health and family planning programs in developing countries' public and private sectors.

☐ strengthening clinical and other research skills in developing countries and supporting the development of national research programs and institutions by providing training, management assistance and transfer of computer technology.

☐ providing sound, up-to-date information to policymakers, health care providers and the public on the benefits and risks of contraceptive use and the factors that promote or prevent effective family planning.



Nadine Burton

Left: This Brazilian traditional birth attendant (TBA) participated in an FHI study of the health impact of training TBAs to refer high-risk women to medical facilities for delivery. Above: FHI's research library houses several hundred volumes of information on contraception, reproductive health and other related topics. Right: In Nigeria, access to family planning products has been improved by programs to involve market women in their distribution.

Contraceptive Development and Introduction

FHI is one of the leading international biomedical organizations conducting research to broaden the range of safe, effective and affordable contraceptive methods.

The importance of FHI's commitment to contraceptive development has grown as the threat of product liability suits has driven the U.S. pharmaceutical industry away from contraceptive development. FHI now is one of only a handful of significant North American organizations still involved in conducting clinical trials of new contraceptives and working to gain U.S. Food and Drug Administration approval for new products. The highlights of our 1986-1987 contraceptive development activities include:

☐ preclinical and clinical evaluation of 90-day injectable and 12-month implantable formulations of the contraceptive hormone norethindrone (NET).

☐ research on nonsurgical sterilization methods that could be offered safely by medical or paramedical personnel in large-scale programs.

☐ comparisons of existing tubal occlusion methods with the Filshie Clip, a new advanced British-made device.

☐ preclinical studies of the use of a variation of the antihypertensive drug, propranolol, as a spermicide.

☐ sponsorship of expert meetings to encourage the development of innovative contraceptive technologies. In 1986, FHI supported the New York Academy of Sciences' publication of the proceedings from a 1985 conference on nidation, the embedding of the early embryo in the uterus. We also sponsored two expert meetings on immunocontraception (antipregnancy vaccines) — one on the development of immunizing monoclonal antibodies to the zona pellucida, the outer covering of the ovum, and the other to identify and develop sperm antigens, which could be used to create a vaccine to "immunize" women against sperm.

A great deal of FHI's work also focuses on introducing existing contraceptives into countries where they have not been used before. FHI's clinical trials now include evaluations of three categories of contraceptives — systemic hormonal contraceptives, barrier methods and intrauterine devices (IUDs). FHI researchers are studying:

☐ the use of progestogen-only pills by breast-feeding women and the clinical impact of changing from standard-dose to low-dose estrogen pills.

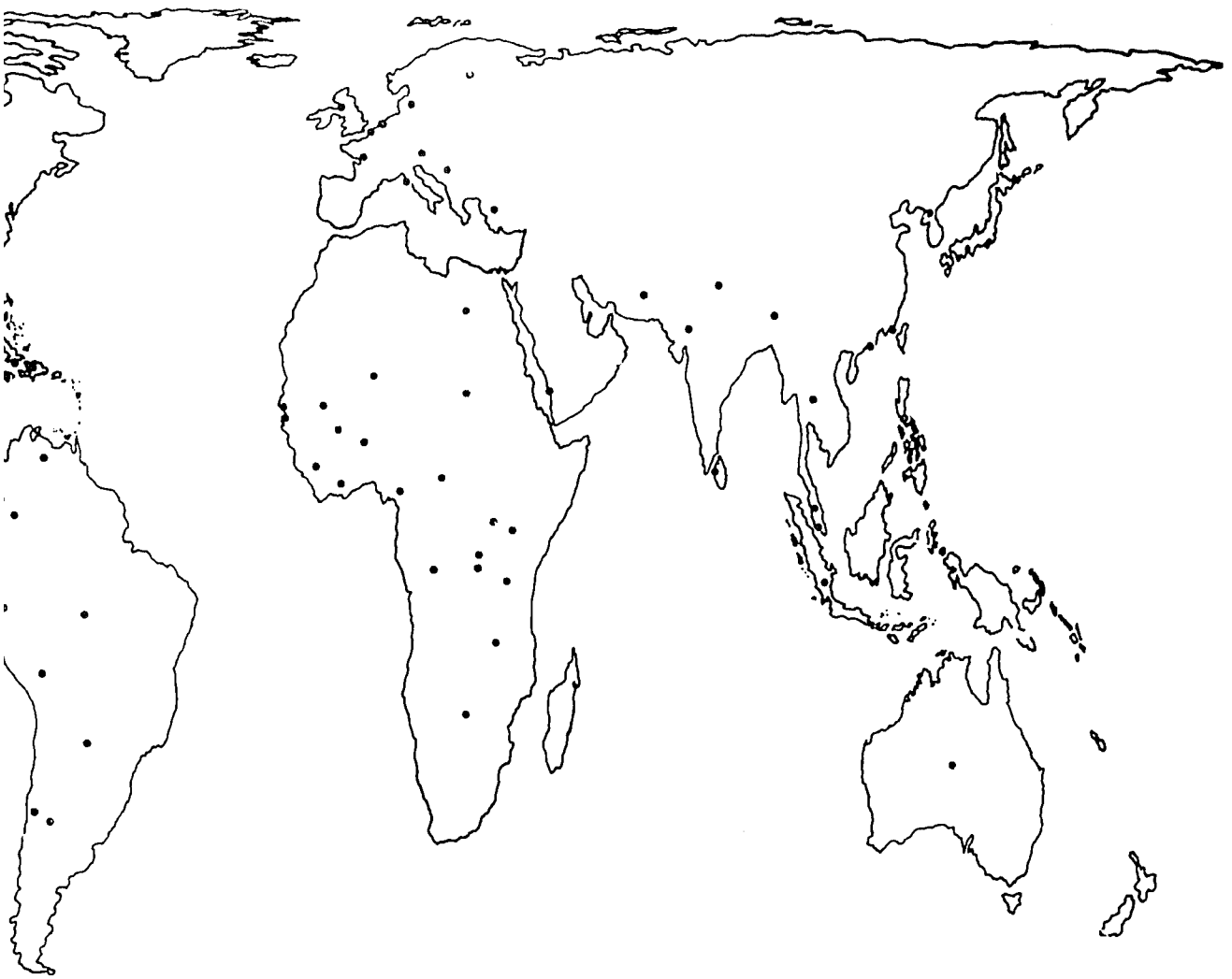
☐ the use of diaphragms with and without spermicides, and comparisons of several kinds of foaming spermicidal tablets.

☐ comparisons of the TCu 380A IUD with locally used IUDs, the long-term use of TCu 380 IUDs and the use of Copper T IUDs with and without strings.

FHI funded activitie

Argentina
Australia
Austria
Bangladesh
Belgium
Bolivia
Brazil
Burkina Faso
Burundi
Cameroon
Canada

Where does FHI work?



n 1986 and 1987 in the following countries:

Central African Republic
Chile
Colombia
Costa Rica
Cote d'Ivoire
Denmark
Dominican Republic
Ecuador
Egypt
El Salvador
Finland
France
The Gambia
Ghana
Guatemala
Haiti
Honduras
Hong Kong
India
Indonesia
Italy
Jamaica
Kenya
Korea
Malawi
Malaysia
Mali
Mexico
Nepal
Netherlands
Niger
Nigeria
Pakistan
Panama
Paraguay
Peru
Philippines
Rwanda
Senegal
Singapore
Sri Lanka
Sudan
Taiwan
Tanzania
Thailand
Turkey
Uganda
United Kingdom
United States
Venezuela
Yemen
Yugoslavia
Zaire
Zimbabwe

Peter's Projection Map

Program Oriented Research

FHI's pragmatic research provides information that policymakers and service providers need to improve the quality and accessibility of family planning and other reproductive health services.

FHI, a recognized leader in the design, implementation and analysis of service delivery and evaluative research, has documented the knowledge and attitudes about reproductive health and the contraceptive practices of men and women in developing countries. Findings of these studies have helped policymakers and service providers around the world to improve the quality of health care and the accessibility of family planning.

☐ A survey of Nigerian physicians revealed that although half the doctors polled were practicing family planning themselves, most were reluctant to promote contraception to others, and many disapproved of non-physicians providing the Pill or IUDs.

☐ FHI studies in numerous countries, including Nigeria, Liberia, The Gambia, Mexico, Sri Lanka and Zimbabwe, have assessed the contraceptive knowledge, attitudes and behavior of special harder-to-reach groups such as young adults and men.

☐ Studies of contraceptive compliance in Colombia and Zaire are helping to determine — in the case of oral contraceptives, for the first time ever — whether methods are used correctly and what factors lead to incorrect use or discontinuation.

Ms. Bintou Suso, Senior Program Officer at the Gambia Family Planning Association, interviews a participant in an FHI-supported reproductive health survey in The Gambia.

☐ A study of a condom distribution program in Port-au-Prince, Haiti, and a survey of Haitian men will help Haitian officials determine how best to increase condom use.

☐ Studies in Zaire, Brazil and Egypt are assessing the health impact of training traditional birth attendants to refer high-risk women to medical facilities for delivery.

☐ FHI studies of breast-feeding are helping to determine which contraceptives are best for breast-feeding women, how soon after a child's birth a breast-feeding woman should begin using contraceptive products to ensure pregnancy prevention, and which contraceptives are best for these women.

☐ An FHI-supported study on physicians' attitudes toward vasectomy in Brazil contributed to an increased prevalence of vasectomy in São Paulo and the training of 127 doctors in vasectomy techniques.

☐ FHI research in Menoufia, Egypt, and in Bali, Indonesia, provided data on the causes of maternal mortality. These studies also contributed to the development of effective systems for collecting the information needed to design services to prevent maternal deaths. A follow-up community based study in Giza, Egypt, will help local officials and policymakers understand the causes and extent of maternal mortality in Giza.

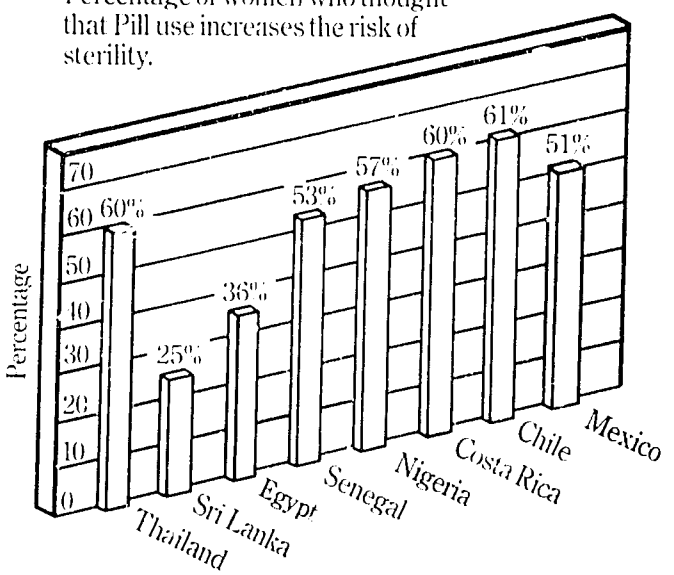
World Pill Survey

In 1986, in an effort to assess women's perceptions of the safety of oral contraceptives, FHI and collaborating researchers surveyed middle-class, urban women in eight developing countries. The survey results, published in the *Journal of Biosocial Science*,* were striking: Across cultures, most women thought taking the Pill had substantial negative health consequences. The Pill's protective effects against ovarian and endometrial cancer were virtually unknown, but women believed taking the Pill increased the risks of breast cancer, womb cancer, stomach cancer, sterility and birth defects. Nearly two-thirds of all the women surveyed, however, were not aware that Pill use increases the risks of cardiovascular disease for certain groups of women.

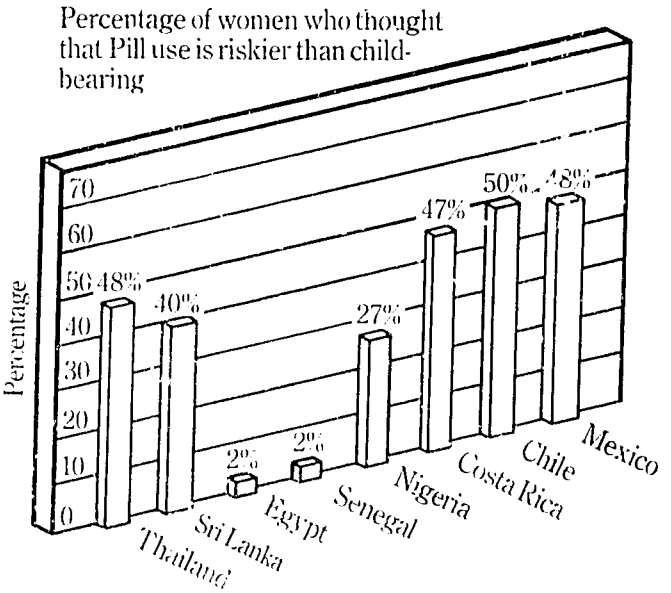
*Pill Survey Group. Women's Perceptions of the Safety of the Pill: A Survey in Eight Developing Countries. *J Biosoc Sci* 19:313, 1987.

Perceptions of the reproductive effects of the Pill

Percentage of women who thought that Pill use increases the risk of sterility.



Percentage of women who thought that Pill use is riskier than child-bearing



Combatting AIDS

FHI is the principal U.S. organization providing technical assistance to developing countries to slow the spread of AIDS.

Top: Local project staff member interviews a woman about her sexual behavior as part of an FHI AIDS prevention project.
Bottom: Laboratory technician draws a blood sample to test for HIV infection.

In 1986, FHI became the first international population organization in North America to use its financial resources to define an appropriate role for family planning and contraceptive research organizations in combatting AIDS (Acquired Immune Deficiency Syndrome). In 1987 we were awarded a $28 million Cooperative Agreement by the United States Agency for International Development (A.I.D.) to provide technical assistance to prevent and control the transmission of AIDS in the developing world. This represents one of the largest grants by any government for international work to intervene in the spread of the deadly disease.

With the award, we created a new FHI division, AIDSTECH, to carry out a program of technical assistance, training, applied research, management and financial assistance, selected technology transfer and information dissemination activities. In addition to the AIDSTECH project, FHI continues other research efforts in AIDS through its various divisions.

FHI's AIDS programs draw on a wide variety of experience with practical, prevention-oriented reproductive health strategies, including:

☐ A landmark study demonstrating the effectiveness of the spermicidal contraceptive sponge in preventing the transmission of gonorrhea and chlamydia infections in a population at high risk for sexually transmitted diseases (STDs) in Bangkok, Thailand.

☐ A study of previous and never-users of condoms in Haiti, which showed that substantial education and support efforts will be necessary to make condom use widespread.

☐ Studies assessing the acceptability and effectiveness of vaginal spermicides, spermicidal condoms and barrier contraceptives.

☐ An expert meeting to specify appropriate materials and manufacturing techniques to produce an improved, low-cost condom.

FHI's current AIDS prevention activities funded from corporate resources, grants from private foundations and our Cooperative Agreement with A.I.D.'s Office of Population (a source of A.I.D. support separate from the AIDSTECH grant awarded by the Office of Health) include:

☐ A model program to slow the transmission of AIDS in Accra, Ghana by changing the behavior of women engaged in high-risk sexual activity.

Similar programs have been started in Cameroon and Mali.

☐ The development of a new condom that will provide greater user satisfaction, improved effectiveness in preventing the transmission of the HIV virus during sexual activity and a longer shelf life than currently available condoms.

☐ Evaluation of a model program to educate family planning clients in Tegucigalpa, Honduras, about AIDS and other sexually transmitted diseases and to promote the use of condoms and spermicides.

☐ The development of sites for clinical tests of the effectiveness of vaginal contraceptives in protecting against the spread of sexually transmitted diseases, including AIDS.

☐ Regular dissemination of up-to-date medical information on AIDS to collaborating researchers, national AIDS committees, AIDS program managers, USAID Missions, and Private Voluntary Organizations.

AIDSTECH Program

Dr. Peter Lamptey, AIDSTECH Director

AIDSTECH is part of a global strategy to combine financial and human resources, scientific and technical skills, and experience in management and coordination to confront the AIDS crisis. The AIDSTECH project is sponsored by the United States Agency for International Development's Office of Health and works in conjunction with AIDSCOM, the public health communication component of USAID's efforts to slow the spread of the disease. These programs aim to complement the leadership efforts of the World Health Organization's Global Programme on AIDS.

The purpose of AIDSTECH is to prevent HIV infection and control the spread of AIDS by providing technical assistance to developing country programs.

AIDSTECH provides short-term technical assistance to develop surveillance systems to track the spread of HIV infection and establish laboratories for HIV screening. Technical assistance is given to help national AIDS programs examine the cost effectiveness of screening programs, to promote proper sterilization of skin-piercing equipment, and to develop guidelines for blood transfusions. Training is provided in laboratory testing for HIV, the use of clean instruments and maintenance of sterile technique by health workers, and risks and precautions for health care workers.

AIDSTECH also conducts applied research to assess HIV infection and AIDS incidence and prevalence to identify high-risk groups, determine the impact of AIDS control programs, determine potential intervention points, field test new HIV antibody or antigen detection tests, and promote the sustainability of AIDS interventions.

An important part of the project is the dissemination of information on AIDS research findings.

Protection of Human Subjects

FHI is committed to protecting the rights and confidentiality of the men and women who volunteer to participate in our studies.

In conducting contraception studies, researchers must be especially careful to make sure study volunteers are thoroughly informed about the potential risks and benefits of participation and to protect study participants from any negative consequences. At FHI, the protection of human volunteers is the responsibility of all staff members, collaborating researchers and those who provide services in connection with our research.

Guidance in protecting the rights of study participants is provided by FHI's Protection of Human Subjects Committee (PHSC), which is charged with considering the ethical issues involved in using human volunteers to test contraceptive drugs, devices and surgical procedures. This ten-member committee reviews all FHI proposals for intervention studies—those in which volunteers agree to use a specific contraceptive method—and surveys on sensitive topics. For these studies, PHSC approval must be obtained before the first subject can be recruited.

One unique feature of our PHSC is that it is composed of community representatives and includes only one FHI staff member. The committee's makeup guarantees that thoughtful, independent and objective appraisals will be made of the potential risks and benefits of our projects.

Committee members, who are kept informed about any problems that arise in ongoing studies, have the authority to order a study modified, delayed or stopped if there is evidence that PHSC requirements are not being met. PHSC members occasionally travel to foreign study sites to familiarize themselves with local conditions and to monitor researchers' compliance with internationally accepted standards of research ethics.

One of the most important of those standards is that all study subjects (except those included in risk-free surveys) must give informed consent to participate. Informed consent forms, which are translated into the language of the area in which the study is conducted, outline the potential risks and benefits of each study, give information about side effects participants might experience and tell them what to do if they have health problems while in the study. The PHSC examines all informed consent forms to make sure that they are accurate, complete and understandable to potential participants.

Projection of Human Subjects Committee. First row, from left: Mrs. Marie Porter (Secretary), Dr. Elizabeth Mann, Prof. John Reed, Dr. David Savitz, Mrs. Susan Dull. Second row, from left: Dr. Josefina Tiryakian, Mrs. Rose DeBuysscher, Dr. Dennis Campbell, Dr. Betty Dennis, Mr. Robert Price. Not shown: Mrs. Thelma Battle, as well as new members, Dr. Vanessa Haygood and Dr. David Pryor. Note: Mrs. Thelma Battle and Dr. Josefina Tiryakian retired from the Committee in 1987.

FHI Program Coordinator Mrs. Rose DeBuysscher monitors reproductive health survey with study participant and Mrs. Alaba MBodje, IEC Coordinator, Gambia Family Planning Association.

International Collaboration

FHI works in partnership with national, regional and international health and family planning organizations, pooling our resources and expertise with those of other agencies to find solutions to the world's reproductive health problems.

The effort to develop, test, introduce, evaluate and improve family planning methods is an immense job that no organization can handle alone. Fortunately, institutional collaboration allows all members of the "family" of committed research organizations to benefit from each other's expertise, experience, resources and contacts.

☐ In its studies of NORPLANT implants, FHI is collaborating with Leiras Medica of Finland (which manufactures NORPLANT®), the Population Council, Johns Hopkins University, the Association for Voluntary Surgical Contraception, the Program for the Introduction and Adaptation of Contraceptive Technology, the United Nations Fund for Population Activities, the International Planned Parenthood Federation (IPPF) and the World Health Organization (WHO).

☐ FHI supported the participation of four research centers in the WHO's 4,000-case comparison of two 30-day injectable contraceptives, both of which may soon be widely available to women in several Third World nations.

☐ In Chiang Mai, Thailand, where the injectable contraceptive Depo Provera® has been in widespread use for nearly 20 years, FHI, in collaboration with the WHO and Johns Hopkins University, is supporting the first-ever study of children born to women who used Depo Provera® while they were pregnant.

☐ To investigate any possible relationships between the use of hormonal contraceptives and breast and cervical cancer, FHI collaborated with the Centers for Disease Control, the Costa Rican Demographic Association and the Social Security Administration of Costa Rica.

☐ In many parts of the world, prolonged breast-feeding prevents many more pregnancies than the use of modern contraceptives. But in some countries, service planners and providers are skeptical that breast-feeding can contribute to child spacing. In an effort to respond to that skepticism, FHI, WHO, IPPF, and Georgetown University prepared a pamphlet

FHI is one of several organizations that prepared guidelines for family planning service providers on when breast-feeding mothers should begin using modern contraception.

for family planning service providers recommending guidelines on when breast-feeding mothers should begin using modern contraception.

☐ FHI, Management Sciences for Health and the USAID Mission in Honduras provided financial and technical assistance for a survey that gathered detailed information about the maternal and child health and family planning practices and needs of 5,000 Honduran women. These same agencies also are involved in a follow-up survey that will obtain updated information from 12,000 Honduran households.

Right top: FHI is collaborating with investigators in Thailand to study long-term effects on children born to women who used Depo Provera while they were pregnant.

Right bottom: FHI conducts research on the effectiveness of Natural Family Planning (NFP) for breast-feeding women with SERENA CANADA, Canada's national NFP organization, in Montreal.

Institutional Development

FHI assists Third World research organizations to increase their ability to design, implement and manage research and intervention programs and to assist national leaders in formulating appropriate policies based on local data.

A staff member at the Thailand Fertility Research Association conducts data analysis using microcomputer systems supplied by FHI.

FHI involves investigators in the planning and design of research projects and provides supervision and training in data collection, processing and analysis, study monitoring, report writing and information dissemination.

☐ FHI has provided microcomputer systems and training to research institutions in 10 countries to allow them to process and analyze their own data.

☐ FHI has provided financial management assistance to help autonomous family health research centers (FHRCs) achieve financial stability and win support from local and international donors.

FHI President Dr. Malcolm Potts says, "If FHI were to vanish tomorrow, its best memorial might be the FHRCs we have helped to establish." These FHRCs—the *Bangladesh Fertility Research Programme*, the research section of the *Family Planning Association of Sri Lanka*, the *Thailand Fertility Research Association*, the *Egyptian Fertility Care Society* and the *Indonesia Fertility Research Coordinating Board*—are the culmination of FHI's efforts in developing countries to build skills in clinical trials, contraceptive evaluation and policy making.

FHI also has small institutional development programs in Mali, Niger, and Mexico.

Directors and senior officers of Family Health Research Centers. Standing, from left to right: Dr. Sriani Basnayake, Dr. Soeprapti Thaib, Mr. Daya Abeywickrema, Dr. Kanchana Kanchanasinith, Ms. Naglaa El-Nahal, Dr. A.J. Faisel, Dr. Somsak Varakamin. Sitting, from left to right: Dr. Ariawan Soejoenoes, Dr. Ezzeldin Osman Hassan, Dr. Halida Akhter, Dr. Suporn Koetsawang, Dr. Tina Agoestina.

Family Health Research Center Expands Program

The *Bangladesh Fertility Research Programme (BFRP)*, with an extensive network of centers and clinical investigators has recently been recognized by the Bangladesh Ministry of Health and Family Planning as the "gateway" for the introduction of new contraceptive methods into the country. Established in 1976, the BFRP coordinates clinical studies conducted by 35 hospitals, clinics and researchers.

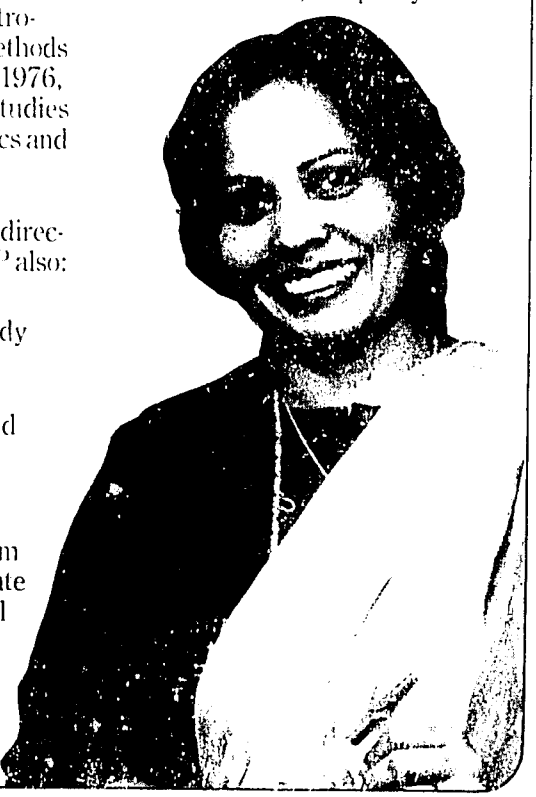
Under the leadership of its director, Dr. Halida Akhter, the BFRP also:

☐ was awarded a contract to study contraceptive use dynamics.

☐ established an information and education office.

☐ published two newsletters, a summary of the proceedings from a contraceptive technology update meeting and a bibliography of all studies BFRP researchers have conducted.

☐ sponsored a workshop on survey research methods, a clinical trials research methods workshop and a contraceptive technology update workshop for 120 Bangladeshi physicians, researchers, and policymakers.



Dr. Halida Akhter

Soesanti S. Mirza, a staff member of the Indonesian Fertility Research Coordinating Board (BKS PENFIN), reviews clinical trials data with FHI's Dorace Trottier. Ms. Mirza spent three weeks at FHI in 1986 improving her data analysis skills.

Training

FHI trains collaborating investigators to enhance their skills in research methods, data analysis and the use of computers in reproductive health programs and to increase service providers' and policy-makers' understanding of reproductive health issues.

Over the past 16 years, FHI has provided training in a wide range of skills — from laparoscopy to data entry, from epidemiology to financial management — to reproductive health researchers and program managers in many countries.

Providing training to our colleagues around the world strengthens local research capabilities and ensures the highest quality work in our projects. To this end, FHI has developed short courses in clinical trials and epidemiologic research methodology.

As FHI's 1986 Sharon Camp Fellow, Dr. Nabil Younis of Egypt spent six months in North Carolina, writing a book to help family planning administrators improve their program management.

☐ Our standardized course on randomized clinical trials methods has been used to train more than 150 researchers from 16 countries. Many of those who have participated in clinical trials workshops are key investigators in FHI's international network.

☐ Our clinical trials research methods curriculum has been published in English, Spanish, French and Portuguese.

☐ FHI's epidemiology curriculum has been used in four workshops over the past three years to train researchers from Latin American countries, in cooperation with the Instituto de Investigacion Cientifica in Durango, Mexico. The curriculum is being published in collaboration with the Centers for Disease Control.

Dr. Sriani Basnayake, Medical Director of the Family Planning/Sri Lanka (FPA/SL), attended one of FHI's early workshops on clinical trials methods, and served as a trainer at FHI regional workshops in Singapore and at local FPA workshops in Sri Lanka.

☐ FHI staff have assisted in conducting two natural family planning research methods courses and a standardized curriculum is being developed.

☐ FHI has trained researchers in more than 10 countries in basic computer programming and data processing and analysis skills.

In many countries, especially those in which family planning services are still limited, service providers and policy makers need current information on contraceptive methods, their risks and their benefits. FHI has organized and conducted contraceptive technology update workshops in Senegal, Niger, Pakistan and Bangladesh.

Information Dissemination

FHI actively shares findings with reproductive health researchers, service providers, policymakers and the general public to maximize the usefulness of our work.

Knowledge shared is knowledge increased – that's an important part of FHI's philosophy about the use that should be made of research results. We are committed to bringing important research findings to family planning providers, health care personnel, government officials and policymakers, the mass media and the general public.

One way we share information is by sponsoring conferences of international experts on a particular topic. For instance, the first International Conference on Smoking and Reproductive Health, co-sponsored by FHI, the World Health Organization, the United States Agency for International Development and the Centers for Disease Control, brought researchers from around the world to San Francisco, California, to discuss the reproductive health consequences of cigarette smoking. Research findings presented at this meeting were widely reported by the U.S. and international mass media.

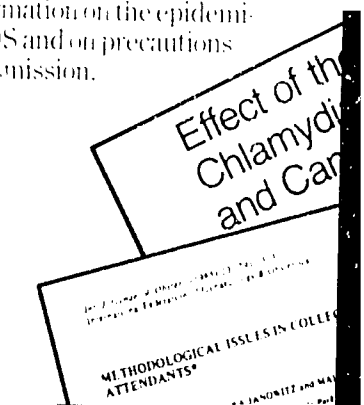
Another FHI-sponsored conference, held in April 1986 in Banjul, The Gambia, brought together 16 European, African and U.S. experts on sexually transmitted diseases (STDs); their principal aim was to develop a priority list for research and control of STDs in Africa. With our assistance, the conference proceedings were published in the *African Journal of Sexually Transmitted Diseases*. News of the conference reached African readers through *West Africa* magazine and much of the international family planning community through our quarterly newsletter, *network*.

FHI staff members and research collaborators find still more opportunities to share their research results through national and international health conferences and professional meetings and through the publication of articles in scientific and medical journals. FHI staff members attend dozens of these conferences each year, and through the Field Development and Training Division, we also sponsor research collaborators' attendance at important meetings worldwide.

In 1986 and 1987, our staff and collaborating investigators had research results published in many scientific and medical journals, including the *American Journal of Obstetrics and Gynecology*, *Lancet*, *Studies in Family Planning*, and the *Journal of the American Medical Association*. FHI staff members also have published more than 35 books and scientific monographs.

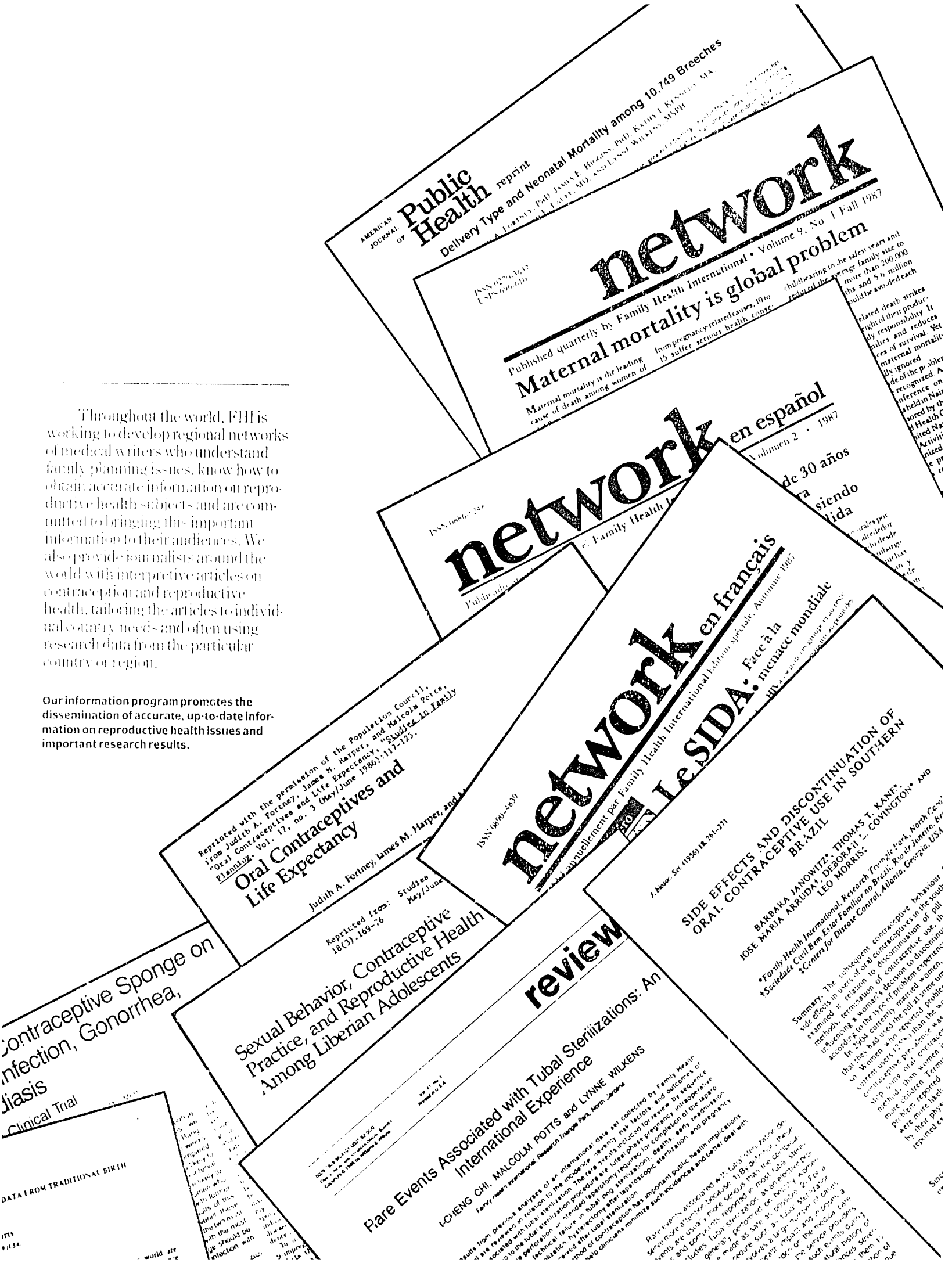
Another important vehicle for information dissemination is FHI's newsletter, *network*. The English-language version of *network*, now sent to 3,500 research collaborators, health policymakers, family planning workers, journalists and others, covers a wide variety of reproductive health issues. In 1986, we also published our first issues of *network* in Spanish and in French; these newsletters, published annually, reach an additional 3,000 readers. A special *network* issue on AIDS, also translated into French and Spanish, provided the newsletter's readers with urgently needed information on the epidemiology of AIDS and on precautions against transmission.

Top: Dr. Malcolm Potts, FHI's President, in one of many interviews with journalists covering reproductive health issues. Bottom: Prof. Olu Osoba, Dept. of Medical Microbiology, University of Ibadan, Nigeria, explains his research findings at FHI's meeting of international experts on sexually transmitted diseases, held in Banjul, The Gambia.



Throughout the world, FHI is working to develop regional networks of medical writers who understand family planning issues, know how to obtain accurate information on reproductive health subjects and are committed to bringing this important information to their audiences. We also provide journalists around the world with interpretive articles on contraception and reproductive health, tailoring the articles to individual country needs and often using research data from the particular country or region.

Our information program promotes the dissemination of accurate, up-to-date information on reproductive health issues and important research results.



Strengthening Our Financial Base

Although the United States Agency for International Development remains FHI's primary funding source, we have taken important steps to strengthen our financial base by pursuing private funding sources and by establishing a for-profit affiliate.

Through our Cooperative Agreements, the U.S. Agency for International Development provides the majority of FHI's funding. But we do not believe organizations should rely solely on the federal government for financial support. In this age of fiscal austerity, organizations must develop additional funding sources to maintain their viability.

In 1986, FHI took a bold and unique step to strengthen our financial base. Capitalizing on our experience in clinical research and the preparation of documentation for the U.S. Food and Drug Administration, FHI established Clinical Research International (CRI), a for-profit company, to conduct research for private corporations both within and outside the field of contraception. The potential for this new affiliate already has been demonstrated: CRI has received one of the largest pharmaceutical company contracts for clinical trials ever granted to an independent research firm.

Generous grants from private foundations and corporations made possible some of FHI's most important work in 1986 and 1987:

☐ Funding from the Andrew W. Mellon Foundation, subsequently combined with A.I.D. support, allowed FHI to conduct preclinical and Phase I clinical studies of D propranolol — a variation of a widely used anti-hypertensive drug — as a potential spermicide. The success of these studies led to a National Institute of Child Health and Human Development (NICHD) contract for intensive, expanded research on the use of D propranolol as a spermicide.

☐ FHI completed a study, funded by the Ford Foundation, of the relationship between vasectomy and cardiovascular disease among Korean men.

☐ A Hewlett Foundation grant provided financial assistance for many projects FHI could not undertake with A.I.D. funds, including a maternal mortality study in Kampala, Uganda.

☐ A Mellon Foundation grant provided funding for a NORPLANT post-marketing surveillance program and for studies of nonsurgical sterilization and the management of immunocontraceptive research.

☐ The Packard Foundation contributed funds for a clinical trials research methods workshop in Panama. The Eisai Corporation partially funded a similar workshop in Singapore.

☐ FHI is using a grant from the American Foundation for AIDS Research to study the effectiveness of a model educational intervention in reducing the spread of AIDS among a high-risk population in Ghana. With funds from USAID for Africa, FHI is conducting similar studies in Mali and Cameroon.

Dr. Albert Siemens, FHI's Vice President of Research, discusses plans for Clinical Research International (CRI), FHI's new for-profit affiliate, with Dr. Potts. Dr. Siemens also serves as CRI's Executive Vice President.

Donors

Since its founding, Family Health International has received support from a wide variety of public and private organizations as well as from interested and committed individuals in the United States and overseas. We thank these generous supporters.

Abe Wouk Foundation

Agency for International Development

American Foundation for AIDS Research (AmFAR)

Ansell Industries, Inc.

Becton, Dickinson and Company

BioNexus, Inc.

Burroughs Wellcome Fund

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Population Crisis Committee

Population Services International

Program for the Introduction and Application of Contraceptive Technology (PIACT)

Rockefeller Foundation

G.D. Searle and Company

Syntex Corporation

Syva Company

USA for Africa

VLI Corporation

FHI Staff, Board of Directors, and Friends

Operating Results 1986

COMPARATIVE BALANCE SHEET

	September 30 1986	1985
Current Assets		
Cash	$ 118,619	$ 442,887
Short-Term Investments	1,264,875	1,133,770
Receivable from Federal Government-Unreimbursed Costs Incurred	408,572	9,980
Accounts Receivable	136,317	73,321
Prepaid Expenses	23,141	62,827
Pension Forfeitures	27,520	20,791
Total Current Assets	**1,979,044**	**1,743,576**
Property and Equipment		
Information Services System	51,636	51,636
Medical and Office Equipment	254,331	250,292
Leasehold Improvements	197,507	193,615
Electronic Data Processing	207,774	170,504
Automobile	5,604	0
	716,852	666,047
Accumulated Depreciation and Amortization	(528,274)	(453,975)
Net Value Property and Equipment	**188,578**	**212,072**
Total Assets	**$2,167,622**	**$1,955,648**
Current Liabilities		
Accounts Payable	$ 288,688	$ 85,765
Accrued Salaries, Payroll Taxes and Fringe Benefits	304,260	258,196
Unearned Income	277,909	438,049
Total Current Liabilities	**870,857**	**782,010**
Fund Balance	1,296,765	1,173,638
Total Liabilities and Fund Balance	**$2,167,622**	**$1,955,648**

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN FUND BALANCE

	Contracts and Grants		Other	Year Ended September 30 1986	Year Ended September 30 1985
	Government	Non-Government	Supported Activities	Total	Total
Revenues:					
Contract & Grant income:					
Agency for International Development	$8,388,592	$ 0	$ 0	$8,388,592	$7,148,266
National Insitute of Health	80,899	0	0	80,899	0
	8,469,491	0	0	8,469,491	7,148,266
Contributions	0	66,000	540	66,540	17,706
Income from services	0	408,246	316	408,562	148,796
Interest income	0	22,498	107,388	129,886	151,631
Rental income	0	0	121,244	121,244	233,829
Gain (loss) on sale of investments	0	0	0	0	(8,145)
Other	0	345,919	12,980	358,899	229,773
Total Revenues	**8,469,491**	**842,663**	**242,468**	**9,554,622**	**7,921,856**
Expenses:					
Program services:					
Research and evaluation	5,825,348	692,963	117,141	6,635,452	5,368,281
Supporting services:					
Service centers	472,078	14,245	3,601	489,924	582,494
General and administrative	2,172,065	115,344	18,710	2,306,119	1,786,113
Total Expenses	**8,469,491**	**822,552**	**139,452**	**9,431,495**	**7,736,888**
Excess of Revenues over Expenses	**$ 0**	**$ 20,111**	**$103,016**	**123,127**	**184,968**
Fund balance at beginning of year				1,173,638	988,670
Fund balance at end of year				**$1,296,765**	**$1,173,638**

The above financial statements have been audited by Ernst & Whinney and an unqualified opinion was rendered.

Operating Results 1987

COMPARATIVE BALANCE SHEET

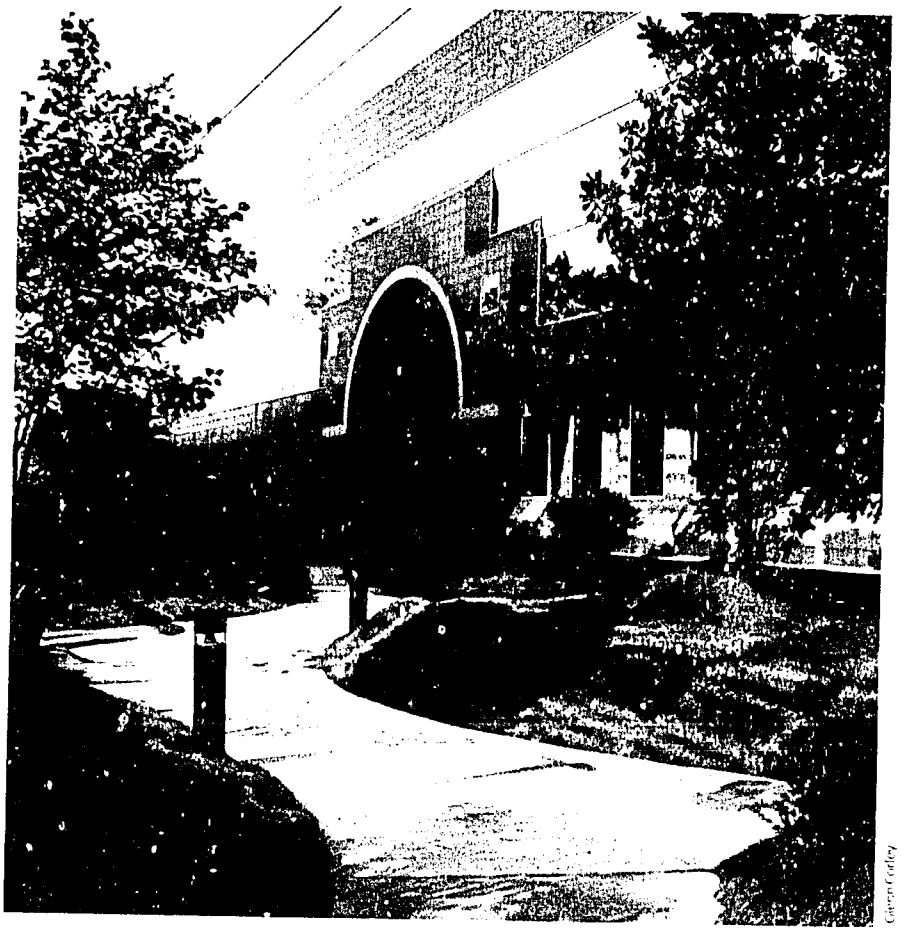
	September 30 1987	September 30 1986
Current Assets		
Cash	$ 219,401	$ 118,619
Short-Term Investments	1,832,777	1,264,875
Receivable from Federal Government-Unreimbursed Costs Incurred	326,862	408,572
Accounts Receivable	167,754	136,317
Dividend Receivable	153,000	0
Prepaid Expenses	40,682	23,141
Pension Forfeitures	43,123	27,520
Total Current Assets	**2,783,599**	**1,979,044**
Investment in Subsidiary	**208,382**	**0**
Property and Equipment		
Information Services System	51,636	51,636
Medical and Office Equipment	261,828	254,331
Leasehold improvements	220,453	197,507
Electronic Data Processing	238,947	207,774
Automobile	5,604	5,604
	778,468	716,852
Accumulated Depreciation and Amortization	(616,566)	(528,274)
Net Value of Property and Equipment	**161,902**	**188,578**
Total Assets	**$3,153,883**	**$2,167,622**
Current Liabilities		
Accounts Payable	$ 272,027	$ 288,688
Accrued Salaries, Payroll Taxes and Fringe Benefits	313,666	304,260
Unearned Income	1,085,413	277,909
Total Current Liabilities	**1,671,106**	**870,857**
Fund Balance	1,482,777	1,296,765
Total Liabilities and Fund Balance	**$3,153,883**	**$2,167,622**

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN FUND BALANCE

	Contracts and Grants		Other	Year Ended September 30 1987	Year Ended September 30 1986
	Government	Non-Government	Supported Activities	Total	Total
Revenues:					
Contract & Grant income:					
Agency for International Development	$8,133,290	$ 0	$ 0	$8,133,290	$8,388,592
National Institute of Health	198,978	0	0	198,978	80,899
	8,332,268	0	0	8,332,268	8,469,491
Contributions	0	10,000	905	10,905	66,540
Dividend income from subsidiary	0	0	189,000	189,000	0
Income from services	0	885,051	0	885,051	408,562
Interest income	0	105,767	89,481	195,248	129,886
Rental income	0	0	102,519	102,519	121,244
Gain on sale of investments	0	6,751	30,110	36,861	0
Other	0	88,915	70,843	159,758	358,899
Total Revenues	**8,332,268**	**1,096,484**	**482,858**	**9,911,610**	**9,554,622**
Expenses:					
Program services:					
Research and evaluation	5,574,105	760,253	230,610	6,564,968	6,635,452
Supporting services:					
Service centers	448,314	46,368	508	495,190	489,924
General and administrative	2,309,849	291,368	64,223	2,665,440	2,306,119
Total Expenses	**8,332,268**	**1,097,989**	**295,341**	**9,725,598**	**9,431,495**
Excess of Revenues over Expenses	**$ 0**	**$ (1,505)**	**$187,517**	**$ 186,012**	**$ 123,127**
Fund balance at beginning of year				1,296,765	1,173,638
Fund balance at end of year				**$1,482,777**	**$1,296,765**

The above financial statements have been audited by Ernst & Whinney and an unqualified opinion was rendered.

Family Health International



George Godley

FHI was incorporated in July 1971 as an independent not-for-profit corporation. We are located in the Research Triangle area in North Carolina, an area specifically designated for research and development organizations. We have research and programmatic ties to several of the major universities and medical centers in the Triangle area.

FHI's 150-member staff includes experienced physicians, public health researchers, experts in pharmacology and reproductive biology, biostatisticians, epidemiologists, systems analysts and social scientists. Many staff members have extensive professional experience in the developing world.

The organization is governed by a Board of Directors whose members include leaders in reproductive science, international family planning, business, drug development, and medicine.

FHI's institutional review board, known as the Protection of Human Subjects Committee, is charged with making sure that the men and women who participate in our studies are well-informed about the benefits and risks of participation and that their rights and welfare are protected. Our research strategies are overseen by a Technical Advisory Committee composed of distinguished reproductive scientists and health researchers. Specialized committees focusing on single research areas also provide ongoing technical advice on programs.

Grace Wang

Standing from left to right. First row: Dr. Roger V. Short, Dr. Pramilla Senanayake, Dr. Arthur C. Christakos, Dr. Sharon L. Camp, Gen. Alexander B. Andrews. Second row: Dr. Malcolm Potts, Mr. Donald A. Collins, Mr. R. Peyton Woodson, III, Dr. Torrey C. Brown, Mr. Fred Coe. Not shown: Dr. William N. Hubbard, as well as new Board members, Dr. Luella V. Klein, Mr. Donald R. Seawell, and Dr. King K. Holmes.
Note: Mr. Fred Coe, present in the photo, retired from the Board in 1987.

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Department of Epidemiology
School of Public Health
University of North Carolina
Chapel Hill, NC

FHI's Senior Staff Members in 1987
Standing from left to right. First row: Dr. Malcolm Potts, Dr. Al Siemens, Mr. William Schellstede. Second row: Dr. Judith Fortney, Mr. Robert Hughes, Ms. JoAnn Lewis, Mr. Alfredo Perez. Third row: Dr. Roberto Rivera, Ms. Susan Palmore, Dr. Peter Lamptey, Dr. Thomas Petrick. Fifth row: Dr. Nancy Williamson, Dr. James Higgins, and Mr. Edward Whitehorne.
Absent: Dr. Arlene McKay.

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