

ANNUAL REPORT 2012

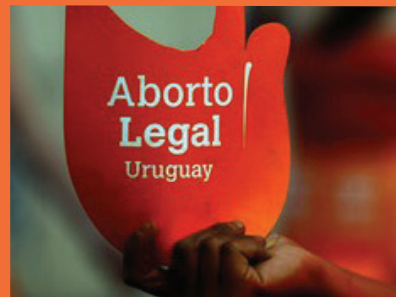


**FROM GLOBAL TO LOCAL:  
ADVANCING WOMEN'S  
HEALTH WORLDWIDE**



INTERNATIONAL WOMEN'S HEALTH COALITION

# A JUST AND HEALTHY LIFE: EVERY WOMAN'S RIGHT





## TABLE OF CONTENTS

**01** A LETTER FROM THE PRESIDENT

**03** WHAT WE DO

### EMPOWER

**04** GIVING GIRLS IN CAMEROUN A CHOICE AND A CHANCE

**05** SHIFTING ABORTION POLICY IN LATIN AMERICA

### ADVOCATE

**06** YOUNG PEOPLE LEAD THE WAY AT THE UN

**07** BUILDING U.S. SUPPORT FOR THE RIGHTS OF GIRLS

### MOBILIZE

**08** PUTTING ADVOCACY INTO PRACTICE

### INFORM

**09** COMPREHENSIVE SEXUALITY EDUCATION IN ACTION

**10** GRANTS TO PARTNERS IN FISCAL YEAR 2012

**11** DONORS IN FISCAL YEAR 2012

**13** STATEMENTS OF FINANCIAL POSITION

**14** STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

**15** REMEMBERING JOAN B. DUNLOP

**16** BOARD OF DIRECTORS



**For nearly three decades, the International Women's Health Coalition has been at the forefront of the fight to advance the health and rights of women and adolescents**

**worldwide. We partner with organizations in developing countries and give them the tools, the training, and the funding they need. We work with them to ensure that their governments do the right thing for women and girls.**

In turn, our partners provide us with invaluable insight on the realities in their countries. We use that expertise to shape our own advocacy at the global level. Our close collaboration with local groups and our connections to policymakers enable us to bring the voices of the most marginalized and silenced women into the highest halls of power at the United Nations and in Washington, DC.

Since our founding, we have helped build and strengthen nearly 80 grassroots organizations in Africa, Asia, Latin America, and the Middle East. Today, we work closely with more than 50 local partner organizations in 20 countries across these regions.

We are deeply committed to supporting a new generation of young women to become leaders and champions of the global women's movement. Currently, IWHC hosts the RESURJ Alliance, which is a network

of young feminist activists working in their own countries and at the global level to make sure that governments uphold their commitments to women's health and rights. In addition, we regularly conduct Advocacy in Practice workshops to prepare young activists to engage in international and national policy debates. In 2012, we trained 55 young activists in Southeast Asia and Latin America to sharpen their advocacy skills on adolescent health and rights issues.

Worldwide, IWHC's reputation is driven by our longstanding expertise in developing and implementing health-related policies and programs for women and adolescents. We are regularly consulted by governments, sister organizations, and UN agencies for our views and perspectives on matters as diverse as violence against women, the development of new contraceptives, and HIV prevention for women and girls.

In 2012, IWHC was at the center of two intertwined and key global policy debates that will set the agenda on health and sustainable development for decades to come. The first debate is taking place as the global community reviews 20 years of progress following the 1994 International Conference on Population and Development. The second question concerns what will become the new priorities for international development once the Millennium Development Goals expire in 2015. IWHC and our partners will continue to work with government leaders to ensure that women and girls are at the center of both of these debates.



We also recognize the important role that the United States can play in promoting the health and rights of women and girls worldwide. As a U.S.-based organization, IWHC works with Congress and the Obama administration to shape U.S. foreign policy and foreign assistance. We ramped up our presence in Washington, DC in 2012 by opening a small office and increasing our staff working on U.S. policy issues.

This report is only a snapshot of our work in 2012.

You can learn more and follow us—and the work of our courageous and visionary partners—on our website and blog at [www.iwhc.org](http://www.iwhc.org).

**Thank you for your interest and support!**

Françoise Girard

President, International Women's Health Coalition

May 2013



IWHC President Françoise Girard meets with Secretary of State Hillary Clinton to discuss U.S. efforts to end child marriage worldwide.



# EMPOWER ADVOCATE MOBILIZE INFORM

The International Women's Health Coalition (IWHC) promotes and protects the sexual and reproductive rights and health of women and young people, particularly adolescent girls, in Africa, Asia, Latin America, and the Middle East. IWHC advances this agenda by supporting and strengthening local leaders and organizations, advocating for international policies, programs, and funding, and influencing U.S. policy on these matters.

### We envision a world in which women and girls:

- have access to the information and services they need to enhance and protect their health and achieve their full potential;
- can make informed choices about their sexuality, relationships, pregnancy, childbearing, and marriage—free of discrimination, coercion, and violence;
- are equally and effectively engaged in decisions that affect their sexual and reproductive rights and health; and
- lead movements working to advance sexual and reproductive rights and health.

**We Empower:** We provide grants and forge professional partnerships with local leaders as they build organizations to secure women's rights and health. We have provided mentorship and more than \$18 million in grants to women and youth advocates.

**We Mobilize:** We enable women and young people to advocate in their national capitals and globally at the United Nations. We have helped build nearly 80 organizations in 20 countries and created broad and powerful alliances.

**We Advocate:** We work with social, political, and corporate leaders to enact policies and provide funding for women's rights and health. We take courageous stands and achieve political victories for women and girls at the local, regional, and international levels.

**We Inform:** We analyze and communicate facts and pioneer pathbreaking ideas to make public health policies work for women and girls. We use what we learn from our partners to educate and motivate powerbrokers, health professionals, and other advocates.



# GIVING GIRLS IN CAMEROUN A CHOICE AND A CHANCE

**Every year, 10 million girls under the age of 18 enter into early and forced marriages around the world.** They are usually married to much older men and have little or no information about their sexual and reproductive health, including safe motherhood or how to effectively use contraception or prevent HIV and other sexually transmitted infections. Girls who marry early also face a greater risk of violence from their husbands.

In Cameroun, it is estimated that 36 percent of girls are married before they are 18. But in the Extreme North of Cameroun, where IWHC's partner APAD is based,

nearly 80 percent have experienced an early and forced marriage. APAD (in English, "Association for the Promotion of the Independence and Rights of the Girl Child") is led by young women who are survivors of child marriage. They work to empower girls like themselves and help them tell their stories and demand social change.

In 2012, IWHC support and mentorship helped APAD reach more than 3,000 people in their communities with skills-building and literacy programs, and engage traditional leaders and parents to speak out against early and forced marriage.



### **When Izatou turned 13, her father married her off to an older man.**

Shortly after the wedding, Izatou's husband began beating her. She had endured the abuse for two years when she became pregnant at 15. The abuse only worsened during the pregnancy, and Izatou realized she needed to escape her husband in order to survive. Luckily, she had met one of the leaders of APAD at a community meeting, and decided to turn to the group for help. APAD provided her with a safe place to live and gave her sewing lessons to help her establish a sustainable source of income. Now 18, Izatou hopes to go back to school and become a teacher someday.





# SHIFTING ABORTION POLICY IN LATIN AMERICA



**Abortion is a hotly debated topic in Latin America,** and the changes that make women's lives safer are hard won. In 2012, IWHC's partners helped bring about two groundbreaking advances in reproductive health policies in Brazil and Uruguay.

In Brazil, IWHC provided funding and technical support to the Institute of Human Rights, Bioethics, and Gender (ANIS) to reform the country's harsh abortion law. Along with the National Confederation of Health Workers, ANIS filed a lawsuit in 2004 to challenge a ban on abortion in cases of anencephaly, a condition in which the fetus is developing without a brain. IWHC stood by ANIS throughout the long and challenging process of pursuing this case, and was ANIS' only funder for many years. In April 2012, the Supreme Court sided with ANIS and decriminalized abortion in cases of anencephaly. The court ruling marked a new and important shift toward greater reproductive rights

in Brazil. In addition to supporting ANIS in its legal challenge, IWHC supported the production of the film *Severina's Story*, a moving documentary that helped turned the tide for legal reform.

In Uruguay, IWHC has provided funding and technical assistance since 1999 to MYSU—Mujer y Salud en Uruguay—to advocate for abortion rights. Thanks to MYSU's efforts, in October 2012 Uruguay became the first Spanish-speaking South American country to allow abortion during the first trimester of pregnancy. While an advance, the new law includes problematic provisions that require women to explain their decisions before a medical review panel and allow whole hospitals to register "conscientious objections" and opt out of providing abortion services. IWHC will continue supporting MYSU to monitor implementation of the law and ensure that women have access to safe and legal abortion.





# YOUNG PEOPLE LEAD THE WAY AT THE UN

**In April 2012, a powerful contingent of young activists from around the world** made their presence known in the halls of the United Nations during a week of fierce negotiations at the annual Commission on Population and Development (CPD). The CPD was particularly significant because it marked the first time the UN held negotiations on adolescents and youth as a population group.

IWHC supported 16 young women from Africa, Asia, Latin America, and the Caribbean to travel to New York for the CPD and to participate in our three-day long Advocacy in Practice training prior to the negotiations.

Thanks to the leadership of our advocates, the UN passed its most progressive resolution ever on youth and adolescent rights. The resolution will serve as a blueprint for governments to ensure that they meet the needs of their young people. In particular, it includes recommendations for governments to expand youth-friendly health care services, promote access to education, and involve young people in implementing the programs aimed at them. Moreover, young people worldwide now have a powerful tool to use to demand that their governments respect and promote their health and human rights.



- There are currently 1.2 billion people aged 10 to 19 worldwide, making this the largest generation of young people in history.
- Most of these young people lack basic knowledge about their reproductive systems or how to prevent HIV infection.
- Globally, twice as many young women aged 15-24 have HIV today, as compared to young men. Young women account for 22% of all new HIV infections and 31% of new infections in Sub-Saharan Africa.
- Over the next decade, more than 100 million girls will be married while they are under the age of 18.



# BUILDING U.S. SUPPORT FOR THE RIGHTS OF GIRLS

**On October 11, 2012, the world marked the first International Day of the Girl** with many events globally. IWHC, as co-chair of Girls Not Brides: the U.S. Partnership to End Child Marriage, collaborated with organizations around the world to raise the profile of this issue. In the lead-up to October 11, IWHC President Françoise Girard participated in a strategic meeting at the U.S. State Department with Secretary of State Hillary Clinton, Archbishop Desmond Tutu, Dr. Babatunde Osotimehin, Executive Director of the UN Population Fund (UNFPA), and Luis Ubiñas, President of the Ford Foundation. Shortly thereafter, Secretary Clinton announced steps forward in the U.S. government's fight against child marriage, including a USAID-funded project to enroll girls in schools in Bangladesh and a one-year program to keep girls in schools in the Democratic Republic of the Congo.

In May 2012, the United States Senate unanimously passed the "International Protecting Girls by Preventing Child Marriage Act" for the second time in two years. This draft legislation, if enacted into law, would help to end early and forced marriage around the world and ensure that young women have a choice and a chance. IWHC continues to push the U.S. Congress and the Obama administration to develop and implement a strategic plan of action to end this harmful practice.

**The International Women's Health Coalition is working with its partners to press the United States government to take greater, concerted, and strategic action to prevent the early and forced marriage of millions of girls worldwide and to support the more than 60 million girls who are already married.**



## PUTTING ADVOCACY INTO PRACTICE

**IWHC's Advocacy in Practice (AiP) training is an intensive multi-day workshop that supports participants to develop the leadership skills needed to effectively advocate for sexual and reproductive rights and health at the national and international levels.**

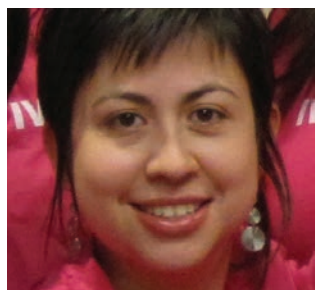
AiP brings together young advocates and emerging leaders from a variety of contexts to share, strategize, and learn from one another as well as from IWHC's staff and colleagues. Each AiP coincides with an important regional conference or UN negotiation, and gives participants the opportunity to take what they've learned and put it into action.

**IWHC led three AiP trainings in 2012, which took place in India, the United States, and Ecuador.**

- In April, IWHC collaborated with its partner The YP Foundation to host an AiP workshop in Delhi with participants from Bangladesh, India, Indonesia, Nepal, Sri Lanka, and Vietnam. The training helped participants advocate for youth health and rights in the region, and to connect global policy to their regional and national realities and vice versa.

- In advance of the Commission on Population and Development, IWHC brought 16 young women from 12 countries to New York in April to learn about UN negotiations and advocate for sexual health and rights (see page 6 for more on the Commission).
- In July, IWHC convened 18 young women from 10 countries in Latin America and the Caribbean to participate in regional negotiations on population and development at the Economic Commission for Latin America and the Caribbean held in Quito, Ecuador. The young advocates helped achieve strong commitments by their governments to protect sexual rights and ensure access to safe and legal abortion, to provide comprehensive sexuality education in and out of schools for young people, and to protect the rights of indigenous peoples.

IWHC recognizes that developing advocacy skills—and the self-confidence needed to put these skills into action—requires more than just participation in a single workshop. IWHC staff provide continued support to AiP graduates to strengthen their projects once they return home. Many participants attend multiple trainings and go on to become co-trainers and resources for other young advocates.



**Oriana Lopez first participated in an AiP workshop in 2010.** Today, she runs the Maria Abortion Fund in Mexico and is a member of the Technical Working Group on Youth for the Mexican Government's National AIDS Program. She remains actively involved with the AiP process and has served as a co-facilitator during several AiP trainings, including many of the sessions at the training in Quito. Oriana is also now a member of the Youth Coalition for Sexual and Reproductive Rights and the RESURJ Alliance.



# COMPREHENSIVE SEXUALITY EDUCATION IN ACTION



Young people participate in a comprehensive sexuality education workshop in Barro Alto, Brazil.

**Young people often confront multiple threats to their health and their lives such as violence and sexual coercion, unintended pregnancies, and sexually transmitted infections (STIs) including HIV. To counter these, young people need evidence-based, accurate information about their sexual and reproductive health.** They also need support and skills to feel comfortable and confident about their bodies and to develop critical thinking skills to challenge the harmful, sexist norms that urge boys to be sexually aggressive while girls remain ignorant. Comprehensive sexuality education (CSE) provides young people with the necessary skills and information to make free and informed decisions about their health, and enjoy safe and satisfying relationships.

In Brazil, our partner Reprolatina works to develop and implement comprehensive sexuality education curricula and programs for underserved young people. Reprolatina works both with youth in local communities

and with youth who seek sexuality information and resources online. Thanks to technical support from IWHC and financial support from Anglo American, Reprolatina is collaborating with health centers and public schools in towns near mining sites throughout Brazil on HIV/STI prevention and youth and women's empowerment. The results so far have been outstanding. In the town of Barro Alto in the state of Goiás, young people now systematically receive age appropriate sexual and reproductive health education and services through local health centers and public schools. Before the program began in 2010, 40 percent of all births in Barro Alto were to adolescent girls. By May 2012, that number had decreased to 10 percent. The number of free condoms delivered at public health facilities increased from an average of 280 a month in 2010 to 1,686 a month in 2012, while the number of pap smear exams increased from an average of 29.5 to 72 a month during the same period.



## AFRICA

- Adolescence Idée Action (AIA): Scale up of comprehensive sexuality education program for young people in Cameroun ages 6 to 19. \$10,688
- Association pour la Promotion de l'Autonomie et des Droits de la Fille/Femme (APAD): Prevent early and forced marriage and empower survivors in the Extreme North region of Cameroun. \$12,033
- Society for Women and AIDS in Africa - Cameroun (SWAAC): Promote and distribute female condoms in six provinces of Cameroun and document SWAAC's experiences and lessons learnt to advocate for increased government support for female condom programming. \$27,000
- Education as a Vaccine (EVA): Support for EVA to present at the 5th Africa Conference on Sexual Health and Rights in Windhoek, Namibia. \$2,720
- Girls' Power Initiative (GPI): Build the capacity of local groups to support the implementation of the UNAIDS Agenda for Women and Girls in Cross River State, Nigeria. \$35,000
- International Center for Reproductive Health and Sexual Rights (INCRESE): Strengthen the awareness of adolescent girls in sexual and reproductive rights and health, including HIV/AIDS, in support of the implementation of the UNAIDS Agenda for Women and Girls. Produce materials to advocate for the health and rights of vulnerable groups in Nigeria. \$41,000
- ReproLatina - Soluções Inovadoras em Saúde Sexual e Reprodutiva: Use the web to advocate for the implementation of sexual and reproductive health and rights policies for adolescents by building a national online alliance of adolescent advocates in Brazil. \$20,000
- LUNDU Centro de Estudios y Promoción Afroperuanos: Document and disseminate findings of a study on how Peru's health policies apply to the Afro-Peruvian population, in particular women. \$5,000
- Mujer y Salud en Uruguay (MYSU): Carry out a campaign for the decriminalization of abortion in Uruguay, and advocate for expanded access to safe abortion through legislation change and implementation of services. \$50,000

## INTERNATIONAL POLICY

- Leadership, Training, and Advocacy Grants to support 14 activists to participate in the Economic Commission for Latin America and the Caribbean in Quito, Ecuador. \$27,697
- Leadership, Training, and Advocacy Grants to support 26 activists to participate in the Commission on Population and Development at the United Nations in New York. \$78,494
- Leadership, Training, and Advocacy Grants to support 12 activists to participate in the Cairo@20 meeting discussing next steps beyond the Programme of Action established at the International Conference on Population and Development in Cairo in 1994. \$21,732
- Leadership, Training, and Advocacy Grants to support two activists to participate in the United Nations Conference on Sustainable Development (Rio+20). \$2,526
- Leadership, Training, and Advocacy Grants to support three activists to participate in the Association for Women's Rights in Development Forum. \$4,848
- Development Alternatives with Women for a New Era (DAWN): To support DAWN member participation in the United Nations Conference on Sustainable Development (Rio+20). \$20,500
- The YP Foundation (TYPF): To support an Advocacy in Practice training organized by TYPF for Southeast Asian women and young people. \$20,935
- Balance: To support Leadership, Training, and Advocacy work on safe abortion, youth rights, and sexual and reproductive health. \$19,165

## ASIA

- CommonHealth: Train, mentor, and mobilize advocates for maternal and neonatal health, including access to safe abortion, in India. \$10,000
- Aahung: Promote the implementation of sexual and reproductive health and rights education and services in selected schools in the province of Sindh, Pakistan. \$21,000

## LATIN AMERICA

- Cunha Coletivo Feminista: Distribute documentation of Cunha's experience advocating for the improvement of public policies to prevent maternal mortality in Brazil. \$10,000
- Gestos: Increase civil society's advocacy for access to female condoms in Brazil and refine national policies on female condom purchase, promotion, and distribution. \$20,000



## DONORS IN FISCAL YEAR 2012

### \$500,000 & UP

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 Susan Knight  
 Wendy Mackenzie  
 Tom Merrick &  
 Elaine Murphy  
 Phyllis Nauts  
 Debra Y. Oppenheim  
 Ann & Thomas Unterberg  
 Wolfensohn Family Foundation

#### IN KIND

Adrienne Assaff  
 Greentree Foundation  
 Geoffrey Knox  
 Pamela A. Roach



# STATEMENTS OF FINANCIAL POSITION

September 30	2012	2011
<b>Assets</b>		
<b>Current Assets:</b>		
Cash and cash equivalents	\$3,514,743	\$3,041,618
Grants and contributions receivable	1,938,730	361,841
Prepaid expenses and other current assets	45,835	40,846
<b>Total Current Assets</b>	<b>5,499,308</b>	<b>3,444,305</b>
Investment in Certificate of Deposit - Restricted	43,535	43,448
Grants and Contributions Receivable, net	1,323,844	298,745
Property and Equipment, net	57,559	73,627
<b>Total Assets</b>	<b>\$6,924,246</b>	<b>\$3,860,125</b>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities:</b>		
Accounts payable and accrued expenses	\$203,148	\$327,264
Grants payable	104,701	149,861
Deferred revenue	38,322	30,236
<b>Total Current Liabilities</b>	<b>346,171</b>	<b>507,361</b>
<b>Total Liabilities</b>	<b>346,171</b>	<b>507,361</b>
<b>Commitments and Contingencies</b>		
<b>Net Assets:</b>		
Unrestricted:		
Operating	1,850,622	582,840
Board-designated	1,591,558	1,909,658
<b>Total Unrestricted Net Assets</b>	<b>3,442,180</b>	<b>2,492,498</b>
Temporarily restricted	3,135,895	860,266
<b>Total Net Assets</b>	<b>6,578,075</b>	<b>3,352,764</b>
<b>Total Liabilities and Net Assets</b>	<b>\$6,924,246</b>	<b>\$3,860,125</b>



# STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

Years Ended September 30, 2012 and 2011

	Unrestricted	Temporarily Restricted	2012 Total	Unrestricted	Temporarily Restricted	2011 Total
<b>Support and Revenue</b>						
Contributions - foundations and others	\$1,771,255	\$1,157,092	\$2,928,347	\$625,942	\$115,000	\$740,942
Contributions - individuals	693,521	-	693,521	1,507,026	-	1,507,026
Grants - government agencies	237,211	2,689,200	2,926,411	352,036	-	352,036
Special events	-	-	-	765,214	-	765,214
Direct expenses of special events	-	-	-	(86,891)	-	(86,891)
Investment income	6,161	-	6,161	6,805	-	6,805
Miscellaneous income	110,000	-	110,000	34,305	-	34,305
Net assets released from restriction	1,570,663	(1,570,663)	-	1,003,037	(1,003,037)	-
<b>Total Support and Revenue</b>	<b>4,388,811</b>	<b>2,275,629</b>	<b>6,664,440</b>	<b>4,207,474</b>	<b>(888,037)</b>	<b>3,319,437</b>
<b>Expenses</b>						
Programs services:						
Advocacy and Policy	1,634,678	-	1,634,678	1,839,213	-	1,839,213
Evaluation	473,345	-	473,345	270,823	-	270,823
Communications	238,441	-	238,441	508,172	-	508,172
<b>Total Program Services Expense</b>	<b>2,346,464</b>	<b>-</b>	<b>2,346,464</b>	<b>2,618,208</b>	<b>-</b>	<b>2,618,208</b>
Institutional development:						
Management, administrative and board liaison	652,080	-	652,080	363,260	-	363,260
Fundraising	413,680	-	413,680	549,377	-	549,377
<b>Total institutional development</b>	<b>1,065,760</b>	<b>-</b>	<b>1,065,760</b>	<b>912,637</b>	<b>-</b>	<b>912,637</b>
<b>Total Expenses</b>	<b>3,412,224</b>	<b>-</b>	<b>3,412,224</b>	<b>3,530,845</b>	<b>-</b>	<b>3,530,845</b>
Increase (Decrease) in Net Assets before						
Foreign Currency Exchange (Loss) Gain	976,587	2,275,629	3,252,216	676,629	(888,037)	(211,408)
Foreign Currency Exchange (Loss) Gain	(26,905)	-	(26,905)	7,499	-	7,499
<b>Increase (Decrease) in Net Assets</b>	<b>949,682</b>	<b>2,275,629</b>	<b>3,225,311</b>	<b>684,128</b>	<b>(888,037)</b>	<b>(203,909)</b>
Net Assets, beginning of year	2,492,498	860,266	3,352,764	1,808,370	1,748,303	3,556,673
<b>Net Assets, end of year</b>	<b>\$3,442,180</b>	<b>\$3,135,895</b>	<b>\$6,578,075</b>	<b>\$2,492,498</b>	<b>\$860,266</b>	<b>\$3,352,764</b>



## Remembering Joan B. Dunlop

**Joan B. Dunlop was the first President of the International Women's Health Coalition**, and held that title from 1984 to 1998. She inherited what was then a small organization funding abortion training and health service projects in a few countries in Asia, Africa, and Latin America, with a staff of three and \$17,000 in the bank against a budget of \$250,000. A year after she took over, Joan was joined by Adrienne Germain as Vice President. A charismatic and courageous leader, Joan extended IWHC's reach and visibility and shaped its crucial role in global policy development during her 14 years at the helm. In particular, IWHC helped mobilize women's health and rights advocates from around the world at the 1994 International Conference on Population and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing.

By the time she passed the baton to Adrienne, IWHC had become a leader in influencing governments and UN agencies to ensure that women's human rights were at the core of population and development policies. Joan remained involved with IWHC as a Board Member and in later years as an Honorary Board Member, and was a highly valued advisor and mentor to staff and board. Her vision, determination, strategic sense, judgment, and sense of humor were unparalleled.

Joan passed away peacefully on June 29, 2012 at home in Connecticut, surrounded by friends and family, after a final battle with cancer. In her memory, IWHC has created the Joan B. Dunlop Fund to present an annual award to a women's rights advocate who embodies Joan's spirit and passion in the field of sexual and reproductive rights and health.

**Brian A. Brink, MD, Chair**, Senior Vice President: Health, Anglo American Corporation of South Africa Limited, South Africa

**Debora Diniz, Vice Chair**, Co-Founder, ANIS: Institute of Bioethics, Human Rights and Gender, Brazil

**Ann Unterberg, Vice Chair**, Women's Rights Activist, United States

**Catherine A. Gellert, Secretary/Treasurer**, Partner, Windcrest Partners, United States

**Françoise Girard, President**, International Women's Health Coalition, United States

**Babatunde A. Ahonsi, PhD**, Nigeria Country Director, Population Council, Nigeria

**Holly S. Andersen, MD**, Associate Professor of Medicine and Attending Cardiologist, New York Presbyterian Hospital-Weill Cornell Medical Center, and Director of Education and Outreach, The Ronald O. Perelman Heart Institute, United States

**Stuart C. Burden**, Senior Consultant, Monitor Institute, United States

**John E. Craig, Jr., MPA**, Executive Vice President and Chief Operating Officer, The Commonwealth Fund, United States

**Maja Daruwala**, Executive Director, Commonwealth Human Rights Initiative, India

**Alexander M. Farman-Farmaian**, Partner, Vice Chairman and Portfolio Manager, Edgewood Management LLC, United States

**Christine H. Grumm**, Former CEO/President of the Women's Funding Network, United States

**Marlene Hess**, Philanthropic Consultant, United States

**Claudia J. Kahn**, Former SVP, Public Affairs and International Program Development, Merrill Lynch, United States

**Mary Mattson Kenworthy**, Managing Director, UBS Private Wealth Management, United States

**Aryeh Neier**, President Emeritus, Open Society Foundations, United States

**Susan Nitze**, Board Vice Chair, Girl Scouts of Greater New York, United States

**Marnie S. Pillsbury**, Executive Director, The David Rockefeller Fund, United States

**Diana L. Taylor, MBA, MPH**, Managing Director, Wolfensohn & Co. LLC, United States

**Maureen White**, Senior Advisor on Humanitarian Issues, Afghanistan and Pakistan, U.S. Department of State, United States

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