



PAI

ANNUAL REPORT
2019

FRONT
AND
CENTER



**A WOMAN'S SEXUAL
AND REPRODUCTIVE
HEALTH AND RIGHTS
ARE THE MOST
IMPORTANT FACTORS
IN HER ABILITY TO
IMPROVE HER LIFE
AND DETERMINE
HER FUTURE.**

THREE YEARS.

Three years of absent leadership, political upheaval and fake news.

Three years of recklessly enacted, expansive and damaging policies, which ignore facts, deny science and infringe on basic freedoms.

Three years of incessant attacks on women’s rights — especially sexual and reproductive rights.

And yet, as we have faced more obstacles than at any other time in our history, PAI has not backed down. We have stood with women and girls to ensure their needs and rights remain front and center.

For 55 years, PAI has been steadfast in our commitment to securing sexual and reproductive health care and rights for women and girls worldwide, supporting local advocates in more than 25 countries to create change in their communities and working with U.S. policymakers to counteract the draconian policies from our own government.

2019 was no different. While the challenges continued to grow, our determination never wavered.

We elevated the damning impact of Trump’s Global Gag Rule in the media and on Capitol Hill and worked with our congressional champions to hold funding levels for international family planning programs steady for the third year in a row. We supported more than 80 partners and grantees as they sought out and pursued opportunities to advance the rights of women and girls through progressive policies and community action. And, collectively, we stood resolute in the face of increased opposition, political upheaval and, for some, widespread violence.

Regardless of circumstances, we remained committed to placing the needs of women and girls front and center so they cannot be ignored or denied.

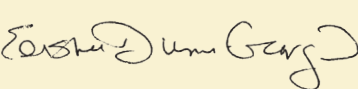
We do this work together as part of a vocal and committed global movement — a movement that has existed for decades but is now stronger, more diverse and resolute in its defense of women’s rights.

You are part of this movement.

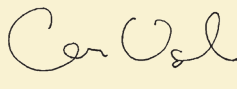
As we look ahead, we call on you once again to stand with us to keep this movement strong. To uphold sexual and reproductive rights. To fight back against bad policy.

To ensure women and girls stay front and center.

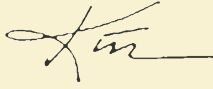
In solidarity,



ELISHA DUNN-GEORGIOU
Interim co-CEO



CAROLYN GIBB VOGEL
Interim co-CEO



KIMBERLY C. BROOKS
Board Chair



PAI'S GLOBAL IMPACT

Global change starts with local champions. That is why PAI partners with local advocates working to protect and expand sexual and reproductive health and rights in their countries.

On average, PAI provided each grantee with \$40,000 in financial support to advocate for sexual and reproductive health and rights in their country.

PAI's grantees are keeping women and girls front and center in:

- | | | |
|----------------------------------|------------|--------------|
| BANGLADESH | GHANA | NIGER |
| BENIN | GUINEA | NIGERIA |
| BURKINA FASO | INDIA | SENEGAL |
| CÔTE D'IVOIRE | INDONESIA | SIERRA LEONE |
| DOMINICAN REPUBLIC | KENYA | TANZANIA |
| DEMOCRATIC REPUBLIC OF THE CONGO | LIBERIA | UGANDA |
| EL SALVADOR | MALAWI | ZAMBIA |
| ETHIOPIA | MAURITANIA | ZIMBABWE |
| | MEXICO | |
| | NEPAL | |

IN 2019, PAI PROVIDED MORE THAN

\$5.3M

TO

83

IN

26

IN GRANTS, ADVOCACY SUPPORT AND STRATEGIC GUIDANCE

GRANTEES

COUNTRIES

A WOMAN WHO IS IN CHARGE OF HER SEXUAL AND REPRODUCTIVE HEALTH CAN CHANGE HER LIFE AND TRANSFORM HER COMMUNITY.

PAI works with policymakers in Washington, D.C. and our network of global partners and grantees to advocate for accessible, quality health care and advance the sexual and reproductive rights of women, girls and other vulnerable groups. Here are five stories highlighting how PAI and our grantees kept women and girls front and center in 2019.



ELEVATING STORIES OF IMPACT

Since taking office in 2017, the Trump-Pence administration has consistently advanced policies designed to erode the sexual and reproductive health and rights of women and girls, both at home and around the world. One of the most destructive examples of this is the Global Gag Rule (GGR), which puts politics ahead of women's lives by blocking their access to needed health care.

PAI has a long history of documenting the devastating impacts of the GGR. Given the current administration's expansion of the policy in ways never seen before, our impact data is vital in making the case for its permanent repeal. In 2019, we ramped up our efforts to elevate stories of impact by bringing a PAI grantee from Uganda to Capitol Hill so U.S. lawmakers could hear firsthand how this disastrous policy is harming women, girls and communities abroad.

“THE GGR WREAKED HAVOC by cutting off funding for much-needed health services, especially amongst communities that are already underserved.”

As the executive director of the Center for Health, Human Rights and Development (CEHURD), Moses Mulumba knows all too well the devastating impacts the GGR is having on women and girls in Uganda. With support from PAI, he had the opportunity to share his story before members of the U.S. House of Representatives.

Mulumba testified before the House Foreign Affairs Committee during the February 2020 hearing on unique challenges women face in global health. The hearing was the result of nearly a year of preparation by PAI and other members of the International Family Planning Coalition, which PAI co-chairs, and represents a key part of our overall advocacy strategy to permanently repeal the GGR.

Since the administration imposed and expanded the policy twice, PAI has been leading efforts to legislatively end the GGR through advocacy and research, arming our congressional champions with direct evidence to bolster the case for permanent repeal. In 2019, a Democratic majority took control of the House of Representatives, including many members who ran on a platform of holding the Trump-Pence administration accountable. The time was right to energize long-time allies and educate freshman representatives on the harmful impacts of the GGR.

At the urging of PAI and our coalition partners, the committee agreed to hold a hearing on women's global health — the first in over a decade. In the months leading up to the event, PAI worked closely with supportive members of the committee to ensure that they would expose the harm caused by the GGR and enter key impact data into the official record.

“The reinstatement and expansion of the Global Gag Rule (GGR) demonstrates how repressive political decisions from other countries can affect population health and well-being in countries like Uganda. The GGR wreaked havoc by cutting off funding for much-needed health services, especially amongst communities that are already underserved.”

MOSES MULUMBA

Executive Director, CEHURD

PAI supported Mulumba in his travel to Washington, D.C. and helped him prepare his testimony. He gave the committee a compelling account of the challenges women and girls in Uganda face trying to access basic reproductive health services and the devastating impacts that the GGR is having on organizations like his.

Mulumba described how CEHURD was forced to end its work on a multiyear U.S. government project and lay off staff when the organization refused to agree to the GGR restrictions. CEHURD had been working to ensure that health care facilities had adequate stocks of lifesaving medicines and supplies. No other organization could be found to take over the work and, as a result, the entire project was closed.

“It is not an easy choice to comply and keep the funding or refuse and lose access to those resources; jobs and indeed lives are on the line,” Mulumba stated. “Nevertheless, CEHURD cannot work on one area of health and not others or prioritize some human rights and not others. This would compromise our values as an institution.”

PAI also submitted written testimony for the congressional record, highlighting

key findings in several countries from our three years of research into the impacts of the expanded GGR.

The Trump-Pence administration claims that the policy is having no negative impact on women and girls, but the evidence and real-life stories from on-the-ground advocates, like CEHURD, paint a very different picture. PAI won't stop fighting to keep women and girls — and the impact that the GGR is having on their health and lives — front and center until this disastrous policy is eliminated once and for all.



ENDING THE GLOBAL GAG RULE — PERMANENTLY

Within days of taking office in 2017, the Trump-Pence administration enacted the Global Gag Rule (GGR), a policy that risks women’s health and lives by forcing foreign organizations to choose between receiving U.S. global health funding and providing comprehensive sexual and reproductive health care to the people they serve.

The GGR is not new — every Republican president since 1984 has implemented this destructive policy — but the current administration has expanded it in unprecedented and even more harmful ways. In January 2017, the policy was extended beyond family planning and reproductive health programs to apply to all U.S. global health assistance, jeopardizing 15 times more funding. In March 2019, the administration expanded the policy again to target and undermine funding from other country governments and sectors beyond health. The GGR puts critical care out of reach for the women, girls and other vulnerable communities who need it most.

PAI has been making the case for the GGR’s permanent repeal, arming our allies in Congress with direct evidence of its devastating impacts.

In 2019, we worked with Representative Nita Lowey (D-NY) and Senator Jeanne Shaheen (D-NH) to reintroduce the Global Health, Empowerment and Rights (Global HER) Act, which would legislatively end the GGR, and helped secure a record 189 co-sponsors of the bill in the House and 46 in the Senate.

PAI will continue to work to increase the numbers of co-sponsors of the Global HER Act in both the House and the Senate. Alongside our congressional champions, we remain committed to our goal of permanently repealing the GGR and ending this disastrous policy once and for all.

189 + 46

PAI worked with members of Congress to secure 189 co-sponsors in the House and 46 co-sponsors in the Senate for the Global HER Act, which would permanently repeal the Global Gag Rule.



BUILDING THE FOUNDATION FOR CHANGE

Civil society organizations (CSOs) have a deep understanding of their local context and culture and are in the best position to advocate for positive change for citizens. That’s why PAI is working with family planning advocates in Niger to channel their collective expertise so they can expand access to sexual and reproductive health care for women and girls.

IN NIGER, a complex set of social, cultural, religious and economic factors are at play, all of which impact women and girls and their sexual and reproductive health care. PAI chose to work in Niger because the need is great: The country has one of the highest fertility rates in the world, with nearly eight children per woman, and the use of modern contraceptives is among the lowest globally.

The environment is also challenging for Niger’s civil society. The advocacy resources are scarce, gaining access to decision-makers to discuss women’s and girls’ health needs is difficult and CSOs are trying to work within a dysfunctional system. Both the political and cultural environment make it routine to disregard and deny sexual and reproductive health needs. This is why change is slow but also underscores the essential role advocates play in pushing for progress.

PAI saw an opportunity to engage Niger’s civil society and strengthen its ability to tackle sexual and reproductive health and rights advocacy. In 2019, we focused our efforts on building a strong and diverse base of advocates committed to taking on these challenges and influencing decision-makers to improve the lives of women and girls.

PAI identified a group of advocacy organizations, both new and established,

representing a variety of stakeholders including youth, religious leaders and a women’s organization. We introduced members to tools and resources designed to build their advocacy skills and strengthen organizational capacities.

Armed with this information, the group agreed on a collective advocacy approach around the goal of keeping girls in school. This frame helps ensure that reproductive health and family planning advocacy activities are culturally acceptable, making it easier for the organizations to introduce sensitive issues such as comprehensive sexuality education.

By working together as a consortium, the members are strengthening their presence and clout as key players in the national sexual and reproductive health and rights movement and building relationships with decision-makers, including religious and government leaders.

PAI’s partner-centered model and technical assistance are helping grantees in Niger translate their good ideas into strong advocacy objectives and strategies. By channeling their collective strengths, they are helping to build a strong civil society that will be better positioned to expand access to sexual and reproductive health services for women, girls and other vulnerable communities.

“PAI’s approach has brought the importance of advocacy to the forefront for religious leaders in Niger for the first time. We really feel that we are at the heart of the action thanks to the way that PAI trusts us. Our capacities in terms of advocacy and project management have been strengthened which has allowed us to develop our own approaches adapted to our particular context and to exercise our leadership rather than being treated as mere implementers of other people’s ideas.”


IMAM ALOU HAMA MAIGA

President, Groupement des Associations Islamiques pour les questions de Population et de Développement Sociale (Consortium of Islamic Associations for Population and Social Development Issues, GAIP/DS)



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Niger has one of the highest fertility rates in the world, with nearly eight children per woman.



PAI IS COMMITTED TO
PLACING THE NEEDS
OF WOMEN AND GIRLS
FRONT AND CENTER
SO THEY CANNOT BE
IGNORED OR DENIED.



“The value of our partnership with PAI cannot be overstated. PAI recognizes that advocacy requires a long-term investment and its support of CRHE has helped us achieve many wins for women and girls over the years.”

AMOS MWALE
Executive Director, CRHE



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In 2019, PAI launched a multiyear project in six countries — Ethiopia, Ghana, India, Kenya, Uganda and Zambia — to ensure that contraceptives and other sexual and reproductive health services are included in emerging UHC reforms.

SEIZING OPPORTUNITIES

Global efforts to achieve universal health coverage (UHC) are providing unprecedented opportunities for countries to include sexual and reproductive health care in new benefits packages. PAI works with local advocates, such as the Centre for Reproductive Health and Education (CRHE) in Zambia, to ensure that the health care needs of women, girls and other vulnerable communities are part of these emerging reforms.

Countries around the globe are embarking on bold plans to achieve UHC and expand affordable health care to citizens — but as history has shown, if family planning advocates are not part of the process, the health needs of women and girls will be overlooked.

For example, Ghana passed a landmark health insurance initiative in 2003, but because the government failed to include women’s health advocates in the process, family planning was left out of the benefits package. For the next 16 years, the cost of contraceptives and other reproductive health services remained a significant barrier for the women and girls who needed them most. The national government finally began addressing this in 2019 as part of Ghana’s UHC goals.

PAI is making sure that history doesn’t repeat itself and launched a multiyear project in 2019 to ensure that contraceptives and other sexual and reproductive health services are included in emerging — and often fast-tracked — UHC reforms.

When the government of Zambia introduced a new national health insurance initiative in 2018, CRHE and PAI mobilized quickly to ensure that family planning would be included.

With a 12-year track record of successful collaboration, CRHE and PAI leveraged our collective strength and networks to use key intel on the process and timeline

to chart the path forward. PAI analyzed the technical aspects of the proposed health insurance plan and advised on opportunities to engage decision-makers on the inclusion of sexual and reproductive health services and contraceptives.

CRHE convened family planning advocates and other stakeholders for a workshop, during which PAI helped clarify the policy implications of the new insurance program on sexual and reproductive health and supported attendees as they developed an advocacy strategy. At the end of the two days, members of the coalition left with a robust plan of action.

With PAI’s continued support, CRHE led the coalition in pursuing this advocacy agenda and collaborating with government decision-makers throughout 2019. In early 2020, the network members learned their hard work had paid off when the Ministry of Health announced that family planning services would be part of the new benefits package. This includes a wide range of contraceptive options, such as birth control pills, implants, injectables, intrauterine devices and emergency contraception, which will allow women to choose what works best for them.

The decisions governments are making now around UHC will impact their citizens for years to come. It’s essential that organizations like CRHE are able to advocate for the health needs of women and girls and that PAI can give them the support they need to succeed.

HOLDING GOVERNMENTS ACCOUNTABLE

Government commitments to expanding access to sexual and reproductive health care through improved policies and funding are an important first step — but far too often, these promises don’t translate into real progress for women and girls at the community level. To ensure meaningful change, it takes a strong civil society to hold governments accountable to deliver on their obligations. PAI equips local advocates, like Yayasan Cipta Cara Padu (Cipta), an Indonesian CSO, with the tools and resources they need to track and measure their government’s progress and deliver results for women, girls and other vulnerable communities.

IT HAS BEEN SAID that what gets measured gets managed. The Motion Tracker is enabling family planning advocates to do just that by helping them track government commitments to women’s and girls’ sexual and reproductive health and making sure they remain a priority.

Developed by the Samasha Medical Foundation (Samasha), the Motion Tracker is an approach that gives advocates a way to track government follow-through on commitments made to Family Planning 2020 (FP2020), a global initiative to empower women and girls by investing in rights-based family planning. Encouraged by the Motion Tracker’s success in Uganda, PAI and Samasha partnered on a multi-country rollout in 2019.

Cipta was selected to lead the Motion Tracker implementation in Indonesia, one of the first countries to make an FP2020 commitment. In 2017, the national government expanded that commitment, promising access to modern contraceptives for at least 2.8 million more people. But while the political will was there, the Indonesian government lacked an effective way of tracking progress on its commitments.

With technical support from Samasha and PAI, Cipta identified and analyzed the

government’s specific commitments and developed a set of 30 indicators to track progress in areas such as the allocation of family planning funds, the expansion of access to and types of contraceptives and the development of youth-friendly health services and programs. The organization engaged government officials throughout, helping ensure that the process was collaborative and the government viewed Cipta as a partner rather than an adversary.

By measuring and monitoring progress on Indonesia’s FP2020 commitments, Cipta and the Motion Tracker are driving conversations and priorities for the country’s government and civil society. The data is being used by the government in multiple FP2020 forums and by advocates to develop work plans. It also helped formulate recommendations on how the private sector can be leveraged to increase access to sexual and reproductive health services for youth.

We know that if governments aren’t held accountable to their commitments, women and girls won’t have access to the contraceptives and reproductive health services they need and deserve. By equipping advocates like Cipta with tools like the Motion Tracker, PAI is ensuring that they have the resources they need to get the job done.

“When it comes to Indonesia’s FP2020 commitments, the most common question among the stakeholders is “Where are we now?” PAI and the Motion Tracker are helping us identify and measure progress, and because the process relies on active participation and inputs from stakeholders, it’s also strengthening partners’ engagement in realizing our country’s commitments to women and girls.”

DINI HARYATI
Program Manager, Cipta



2.8M

Cipta is making sure the government of Indonesia follows through on its promise to expand access to modern contraceptives for at least 2.8 million more people.

“To address the new political reality in El Salvador, we are building alliances with CSOs throughout the country to strengthen joint advocacy and more extensive community-based efforts around health, as well as coordinating with municipal leadership to support work at the local level.”

MAGDALENA CORTEZ
Executive Director, FUMA



UNKNOWN

Because the new administration has failed to implement a national health program to monitor and evaluate quality of care, there is no system in place to ensure reliable reporting of data. This lack of official information is obscuring health issues across the population, including among pregnant women and girls in El Salvador.

MEETING CHALLENGES

When a country experiences instability due to political upheaval, conflict or natural disasters, we know that women and girls are disproportionately impacted. The need for advocacy becomes even more important — and challenging. PAI works with grantees, such as Fundación Maquilishuatl (FUMA) in El Salvador, to ensure they can navigate these obstacles, so women and girls and their health needs are not pushed aside.

EL SALVADOR is one of the most dangerous countries on Earth for women. The end of the 12-year civil war in 1992 ushered in an era of widespread gang violence that still afflicts the country today. Young women and girls are regularly targeted by gangs and there is an alarming rate of partner violence and femicide. These various forms of violence severely restrict access to quality sexual and reproductive health services.

Nonprofits working at the community level are critical to linking women and girls to the care they need. Established in 1985, women-led FUMA has a strong track record of working with the Ministry of Health and other national government agencies on improving access to family planning and other health services for women and girls in low-income and rural communities.

The 2019 election of a center-right president changed all of that. Collaboration and transparency between civil society and the national government have all but disappeared. The president’s push for privatization of health services, the absence of a national health plan and a lack of coordination between government agencies are jeopardizing access to sexual and reproductive health care.

This is already having serious consequences for citizens. For instance, the new government’s failure to support the national health care program is causing massive disruptions in the provision of health care and access. The absence of

leadership means that providers don’t have the medical treatment guidelines they need to offer quality care, and many health care facilities at the community level lack the funding to stay open. These breakdowns are having a devastating impact on women and girls in El Salvador, including increased maternal deaths.

PAI began working with FUMA before this turmoil and we will continue the partnership to ensure women’s and girls’ health needs are not lost in the chaos. With support from PAI, FUMA is increasing its local advocacy efforts by strengthening relationships with community leaders and elected municipal officials and building alliances with other CSOs to increase access to health care at the local level.

PAI is also helping FUMA identify and pursue international partnerships in an effort to increase global visibility of the situation and encourage the national government to fulfill its commitment to sexual and reproductive health as a human right.

The political situation in El Salvador represents a global trend of increasingly conservative leaders who are eroding women’s sexual and reproductive health and rights. Because of this, country-level advocates like FUMA are doubling down on their efforts to ensure that the health needs of women, girls and other vulnerable citizens are not diminished — and PAI will continue to stand by their side.



**WE ENVISION A
WORLD WHERE
ALL WOMEN AND
GIRLS CAN REALIZE
THEIR RIGHTS AND
ACCESS SEXUAL
AND REPRODUCTIVE
HEALTH CARE.**

WE WON'T BACK DOWN

A woman who is in charge of her reproductive health can change her life and transform her community, yet all too often her sexual and reproductive health and rights are disregarded and denied. At the core of PAI's work is making sure that women's and girls' health needs remain front and center.

PAI and our global partners and grantees accomplished a lot in 2019, from achieving record support for the Global HER Act to ensuring the successful inclusion of contraceptives in Zambia's national health insurance program.

Looking ahead, we know there is still much to be done.

That's why we will continue working with congressional champions in Washington, D.C., grantees at the country level and coalition partners at the global level to ensure that no matter what, the sexual and reproductive health and rights of women, girls and other vulnerable groups remain front and center.

We will continue to fight for the **permanent repeal of the GGR** through advocacy and research.

We will continue to **strengthen emerging civil societies** so that they have the support they need to advance the sexual and reproductive health and rights of their citizens.

We will continue to work with country-level advocates for the **inclusion of family planning** in rapidly advancing UHC reforms.

We will continue to equip advocates with the tools and resources they need to **hold their governments accountable** to their commitments to increase access to contraceptives for their people.

We will continue to help grantees **navigate the uncertainty of shifting political environments**.

The COVID-19 pandemic has created unprecedented challenges for us all and the results of the U.S. elections in November remain to be seen. But no matter what comes, we won't back down. With the support of our generous donors, PAI and our grantees won't stop until all women and girls have access to the quality, comprehensive health care they need and deserve.

“What really stands out is how the organization is able to do so much with so little. PAI supports over 80 grantees in 26 countries, all with a staff of fewer than 50 people. And the average grant is only \$40,000. When you think about all that helps accomplish — policy wins, budget line items, advocacy training — it's pretty extraordinary!”

SUELLEN LAMBERT LAZARUS

PAI Board Treasurer and Donor



FINANCIALS

PAI’s 2019 Financial Statements show an overall increase in net assets of \$6 million. This increase is primarily due to several restricted grants totaling \$18.7 million received and recognized in 2019 with the significant portion of this funding earmarked for spending in future periods.

Statements of Financial Position at December 31, 2019 and 2018
(in thousands)

	2019	2018
ASSETS		
Cash and cash equivalents	\$ 3,875	\$ 6,536
Restricted cash	2,133	6,361
Investments	4,676	3,996
Service contract receivable	176	231
Accounts receivable	15	33
Pledges receivable, net	18,390	5,812
Prepaid expenses and deposits	135	157
Property and equipment, net	621	751
Total assets	\$ 30,021	\$ 23,877
LIABILITIES AND NET ASSETS		
<u>LIABILITIES:</u>		
Accounts payable and accrued expenses	\$ 539	\$ 401
Grants payable	946	1,014
Deferred rent	633	579
Total liabilities	2,118	1,994
<u>NET ASSETS</u>		
Without donor restrictions		
Undesignated	1,934	1,750
Board designated	2,830	2,830
	4,764	4,580
With donor restrictions		
Perpetual in nature	157	157
Purpose restrictions	22,203	16,212
Time-restricted for future periods	779	934
	23,139	17,303
Total net assets	27,903	21,883
Total liabilities and net assets	\$ 30,021	\$ 23,877

Accounting standards require restricted grants that cover expenditures over multiple years to be recognized in the year they are received as grants and contributions with donor restriction. These net assets are then released from restriction as related program costs are incurred.

PAI is a 501(c)(3) nonprofit organization that promotes universal access to sexual and reproductive health and rights through research, advocacy and partnerships. Achieving this mission will dramatically improve the health and autonomy of women, reduce poverty and strengthen civil society.

To receive the complete PAI 2019 Audited Financial Statements, please send your request to donations@pai.org or visit our website at www.pai.org.

PAI Financial Statements were audited by Johnson Lambert LLP.

Statements of Activities for the Years Ended December 31, 2019 and 2018
(in thousands)

	2019			
	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL	2018
SUPPORT AND REVENUE				
Grants and contributions	\$ 1,639	\$ 18,701	\$ 20,340	\$ 14,301
Service contracts	1,335	-	1,335	667
Investment income, net	113	-	113	98
Rental income	-	-	-	47
Other	95	-	95	39
Net assets released from restrictions	12,865	(12,865)	-	-
Total support and revenue	16,047	5,836	21,883	15,152
EXPENSES				
<u>PROGRAM SERVICES:</u>				
Supporting International SRHR Advocacy	9,207	-	9,207	7,174
Championing U.S. Government Support of SRHR	1,583	-	1,583	1,135
Incubating New Partnerships PHCPI	3,270	-	3,270	1,247
Total program services	14,060	-	14,060	9,556
<u>SUPPORTING SERVICES:</u>				
Fundraising	1,314	-	1,314	1,262
Management and general	1,054	-	1,054	847
Total supporting services	2,368	-	2,368	2,109
Total expenses	16,428	-	16,428	11,665
Change in net assets from operations	(381)	5,836	5,455	3,487
Change in fair value of investments	565	-	565	(284)
Change in net assets	184	5,836	6,020	3,203
Net assets, beginning of year	4,580	17,303	21,883	18,680
Net assets, end of year	\$ 4,764	\$ 23,139	\$ 27,903	\$ 21,883

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*Interim co-CEO
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PAI

1300 19TH STREET NW, SUITE 200

WASHINGTON, DC 20036-1624 USA

+1 (202) 557-3400 | [PAI.ORG](https://pai.org)