



Impact Report 2024

guttmacher

Guttmacher's research is cited every day by policymakers and advocates around the world. Currently, we have research underway in 17 countries.

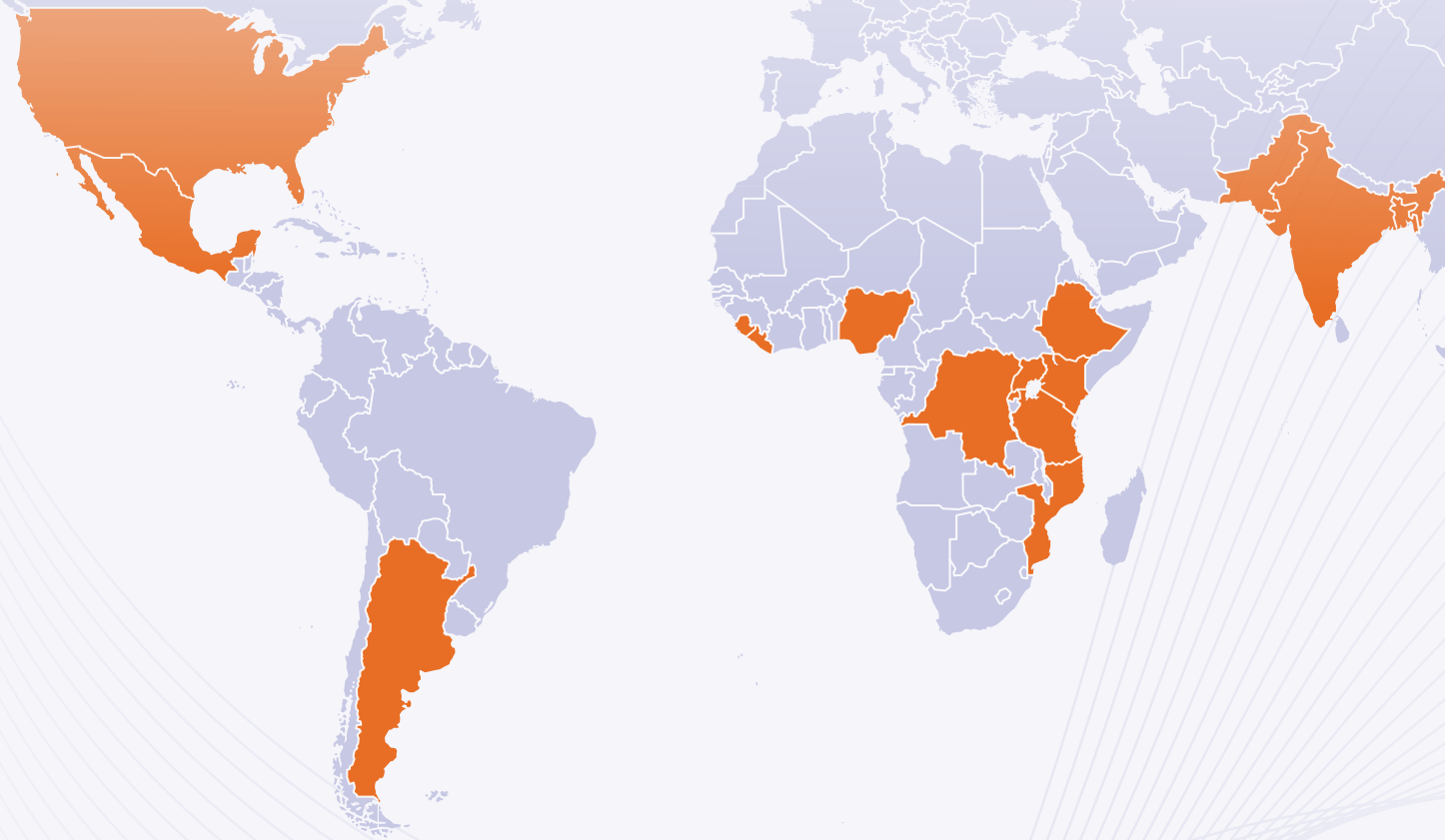


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A message from the Acting Co-CEOs

Dear friends,

Earlier this year, we—Destiny Lopez and Jonathan Wittenberg—assumed the roles of Acting Co-CEOs of the Guttmacher Institute, bringing decades of collective experience advancing sexual and reproductive health and rights (SRHR). As co-leaders, our partnership is guided by shared values, complementary expertise and an aligned vision for the organization. It also reflects the way Guttmacher goes about much of our work: with equitable partnership at the center.

Two years after *Roe v. Wade* was overturned, the landscape for abortion access in the United States continues to evolve at a rapid clip. Guttmacher has invested heavily in documenting what abortion providers and abortion seekers are facing in this new reality. Policymakers across the country rely on our timely evidence as they seek to protect access and counter disinformation. We know challenges will continue to arise. Flexible, sustained support will allow us to remain nimble and produce actionable research that meets the moment.

Guttmacher provides our domestic and global partners with data that are reliable, relevant and actionable. Throughout our 56-year history, we've seen time and time again that the highest-impact research is rooted in an understanding of the population it is intended to serve. As partners, we commit to values of transparency, communication and shared resources, with the goal of strengthening capacity across our global network. Guttmacher-led research is underway in 17 countries, providing SRHR data that support evidence-based policymaking, strengthen democracy, center dignity and advance human rights.

In this report, we share stories of Guttmacher and our data in action. You'll learn about our partners, from field workers interviewing Rohingya women in the Cox's Bazar camp in Bangladesh to advocates powering the Green Wave across Latin America. You'll also hear from Guttmacher staff, including those responsible for research design, data science, policy innovation and more. And you'll see what our data is truly for: to transform people's lives for the better.

We write this letter just weeks before a US election that has profound implications for SRHR. Regardless of the outcome, we will be ready to generate the timely data needed to protect and improve access to essential services. We hope you will draw inspiration as you read about the work of Guttmacher's talented team and our dedicated network in the United States and abroad.

Thank you for your trust, partnership and ongoing support.

*Onward,
Destiny Lopez & Jonathan Wittenberg*



**Data for
Democracy
Dignity
Human Rights**

Advancing Sexual and Reproductive Health and Rights

in the United States and Around the World

17 countries in which we are currently working

125 active partners contributing to research design and policy innovation

81,000 media citations in national and global publications

2,700 media requests for comments from Guttmacher experts

152 briefings and conversations with policymakers

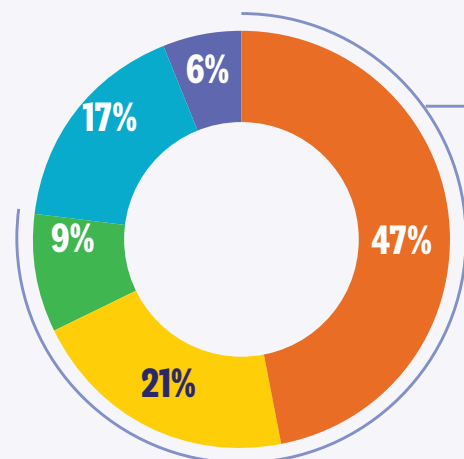
Data reflects the time period since *Roe v. Wade* was overturned, in June 2022, through August 2024.

“Guttmacher data fuels the sexual and reproductive health and rights movement, empowering activists, policymakers and supporters around the world to make the case for bodily autonomy and reproductive freedom.”

—PAMELA MERRITT

Executive Director, Medical Students for Choice; Chair, Guttmacher Board of Directors

Estimated 2024 Expenditures

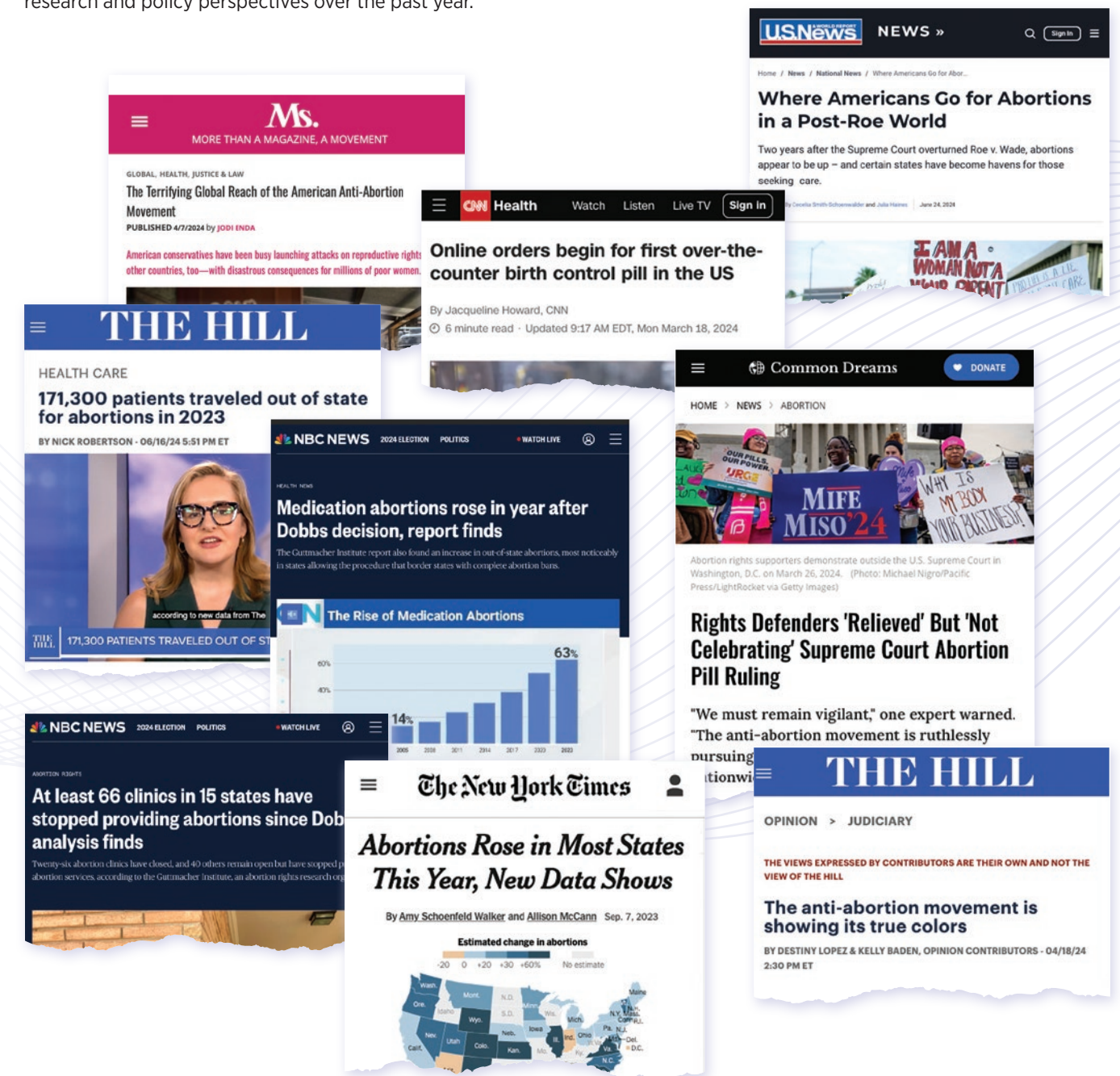


77% PROGRAM SERVICES

- Research
- Communications & Publications
- Policy
- Management & General
- Fundraising

Data or expert input from the Guttmacher Institute has been integral to reporting on reproductive health access since the *Dobbs* decision.

Here is a snapshot of the many outlets that have relied on Guttmacher research and policy perspectives over the past year.



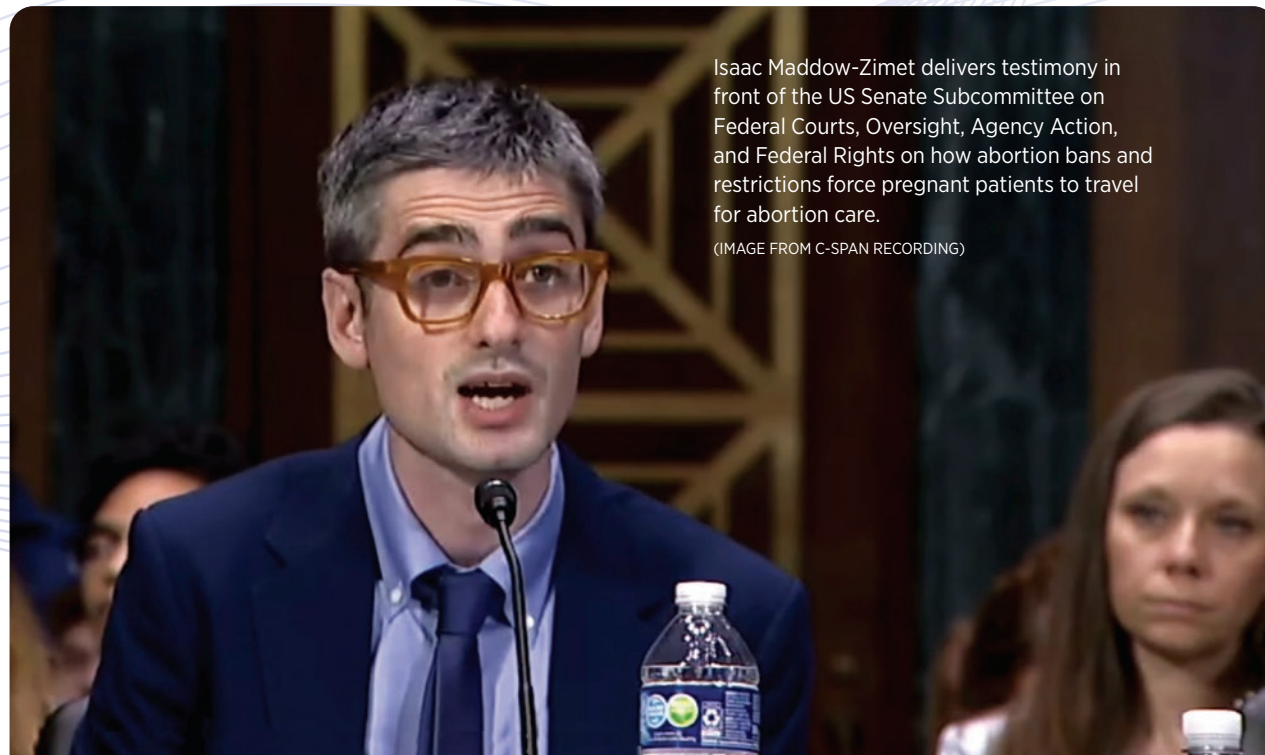
From Trust to Transformation

In early 2022, the Guttmacher Institute received the largest gift from an individual donor in the organization's history: \$15 million from philanthropist MacKenzie Scott. As many following Scott's philanthropy know, her gifts come without restriction, allowing recipient organizations to use the dollars where they are most needed. Powered by the infusion of Scott's resources and her goal of accelerating progress, Guttmacher quickly assembled a cross-divisional task force to brainstorm innovative programmatic solutions to the sector's most entrenched challenges.

One of those challenges was providing a clear, timely record of the number of abortions taking place in the United States. Guttmacher has been tracking abortion counts and rates for 50 years, ever since *Roe v. Wade*. These estimates were often published with a two- to three-year lag due to a time-intensive data collection process from every abortion provider in the country.

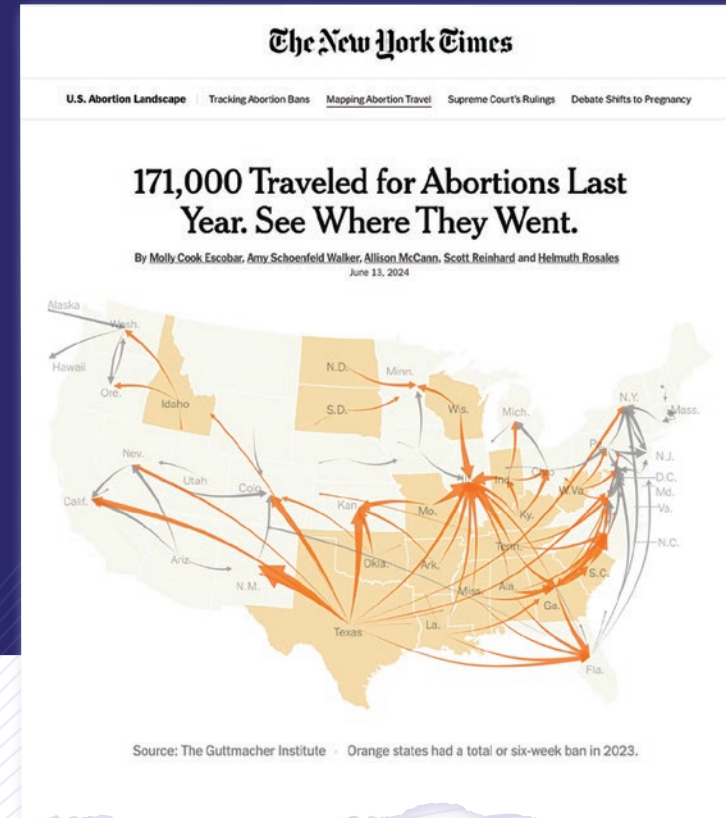
That timeline no longer worked post-*Dobbs v. Jackson Women's Health Organization*. "State policies were changing month to month or sometimes even week to week, and we needed to be able to capture the impact of those changes," said Isaac Maddow-Zimet, Guttmacher's Data Scientist, who has been a part of the research team for 15 years. "We needed evidence that was actionable now."

Before Scott's gift, devising a way to generate such evidence would have been a daunting task. "We're typically funded to do specific research projects, so we're moving from one deadline to another, and that pace doesn't let up," said Maddow-Zimet. "Rather than focusing on a specific deliverable, I was able to devote almost 100% of my time to thinking about how to do the work differently and experiment with new ideas. That was a true gift."



Isaac Maddow-Zimet delivers testimony in front of the US Senate Subcommittee on Federal Courts, Oversight, Agency Action, and Federal Rights on how abortion bans and restrictions force pregnant patients to travel for abortion care.

(IMAGE FROM C-SPAN RECORDING)



Telling it like it is

Thanks to the Monthly Abortion Provision Study, Guttmacher found that **171,300 patients traveled for an abortion in 2023**, an increase from 73,100 in 2019. The dashboard provides a window into the incredible burdens, including traveling thousands of miles, that the *Dobbs* decision placed on US abortion seekers. Quoted on the study in *The New York Times*, Maddow-Zimet said, "Travel doesn't come without a cost. Just because someone isn't denied an abortion doesn't mean it was an easy experience. And we know that some can't leave their state."

The result of that time spent thinking? Guttmacher's Monthly Abortion Provision Study, which provides a monthly count of the number of clinician-provided abortions taking place in the United States (among other critical data points). Never has this data been so accessible, allowing researchers, policymakers, abortion providers and the public to respond to the realities of the landscape in real time. The study is also designed to minimize the enormous pressure on abortion providers, who field media and research requests while treating an influx of patients traveling from states with abortion bans.

The study now lives on an interactive online dashboard designed to make the data widely available. "In most research, there's a data collection period, an analysis period, and then, often much later, publication of results. On this project, we never stop collecting data, and we make our estimates available as soon as we possibly can," said Maddow-Zimet.

Building on this project's success, Guttmacher is leveraging its experience collecting data in countries with severe restrictions to also estimate counts of self-managed abortions in the United States. The goal is to provide a more complete picture of the experience of US abortion seekers. Again, funds from the Scott gift are powering this innovative research.

Maddow-Zimet credits Scott's funding with making these innovations in Guttmacher's research possible. "The unique aspect of this project really was having the time to think and to experiment, without donor restrictions and without knowing if we would be successful. If you were to give any of the research scientists at Guttmacher that freedom, they would come up with something incredible."

“Rather than focusing on a specific deliverable, I was able to devote almost 100% of my time to thinking about how to do the work differently and experiment with new ideas. That was a true gift.”

—ISAAC MADDOW-ZIMET
Guttmacher Data Scientist



Collective Action, Collective Hope

Community organizers and policy advocates at the Green Wave Gathering discuss how Guttmacher data demonstrates the impact of investing in sexual and reproductive services in Latin America.

(PHOTO BY ANA LUCIA NIETO)

The 2024 Green Wave Gathering

In 2014, Paula Avila-Guillen, then a human rights lawyer, traveled to El Salvador to visit several women in prison. “We assumed they were in prison for seeking abortions. When I arrived, I realized they were actually there for miscarriages and stillbirths. One was barely 18 years old, and the prosecutor was seeking a 50-year sentence.” For Avila-Guillen, now a member of Guttmacher’s Board of Directors and Executive Director of the Women’s Equality Center, that trip changed the trajectory of her career.

Many of the attendees at the second Green Wave Gathering, a convening of 150 activists powering the movement for reproductive justice across Latin America, came with similar stories. The Guttmacher Institute cohosted this year’s event in Mexico City in partnership with the Women’s Equality Center, Ipas Latin America and the Caribbean, and Ipas United States. “Guttmacher is one of the only institutions producing research on sexual and reproductive rights in Latin America,” said Avila-Guillen. “The landscape here has changed dramatically over the past four years, and one of the key reasons is the research from Guttmacher.”

The gathering harnessed the power of community, strengthening connections among the leaders of the region’s abortion rights movement and building solidarity, momentum and peer education. “Part of the joy of seeking to change the world is in doing it with other people who care about the same things that you do,” said Kelly Baden, Guttmacher’s Vice President for Public Policy, who co-led planning for the event. Leaders like Baden, operating in a post-*Dobbs* United States, were buoyed by the success stories of activists in Argentina, Uruguay and Mexico.

Reflecting on the gathering, Baden sees the work ahead through two lenses. First, what lessons can countries in Latin America take from the US experience post-*Roe*? Equipped with Guttmacher’s research on the impact of policies designed to limit access to care, such as targeted regulation of abortion providers (TRAP) laws and waiting periods, partners in the region can proactively plan for the challenges that will inevitably arise in a post-legalization landscape. Latin American advocates can now connect directly with Guttmacher to provide actionable data to power the fights that lie ahead. “We got a lot of research requests from Latin American partners and have a lot of ideas about how we can better connect across our US and global networks,” said Baden.

Secondly, as medication abortion and telehealth have expanded in recent years (according to Guttmacher data, medication abortion accounted for more than 63% of US abortions in 2023), expanding abortion access across Latin America will further increase options for women living in US states with abortion bans. The Green Wave movement is one pathway toward Guttmacher’s ultimate vision for an abortion rights movement that looks beyond borders.

Even post-*Dobbs*, Guttmacher believes abortion access can continue to be both decriminalized and expanded, domestically and worldwide. Avila-Guillen has seen that firsthand: While abortion remains illegal in El Salvador, the 65 women she documented in prison are all free. “The belief that you can win, that there is hope, has been fundamental in advancing policies in Latin America,” said Avila-Guillen. “Many of the activists from the United States arrived to the Green Wave Gathering feeling devastated, but they left feeling full of hope and ready to fight.”

“Gatherings such as these have the potential to change the global abortion landscape because they provide a space for shared learnings while fostering new connections between Latin America and the United States. I left feeling very inspired by the possibilities.”

—SILVIA HENRIQUEZ
Program Officer,
Gender, Racial, and Ethnic
Justice, Ford Foundation;
Former Chair, Guttmacher
Board of Directors



On the Offense for Abortion Rights

Guttmacher's inaugural Policy Innovation Hub gathered experts to cocreate new policy solutions that meet the needs of the post-*Dobbs* abortion landscape in the United States. (PHOTO BY ANA I. MARTINEZ CHAMORRO)

Guttmacher Launches Policy Innovation Hub

This June, Guttmacher's public policy team convened 46 stakeholders across the abortion rights movement for two days of generative conversation and workshoping. The goal? Seed the field with innovative, collaboratively created policy concepts to meet the new needs that have arisen since the *Dobbs* decision in the United States.

"We carefully mapped the incredible work happening in the movement to address our post-*Dobbs* reality. We saw an opportunity to be additive: convening academic and policy experts to cocreate new policy concepts, grounded in Guttmacher's research," said Kelly Baden, Guttmacher's Vice President for Public Policy.

In the two years since the US Supreme Court overturned *Roe v. Wade*, the experience for abortion seekers has become increasingly challenging. Guttmacher estimates that in 2023, 171,000 people traveled across state lines to access abortion care, with some forced to traverse multiple states before reaching a location where abortion is legal. Abortion funds continue to assist, helping patients navigate the complex travel logistics necessitated by the time-sensitive nature of the health procedure.

"Some patients have never ridden an airplane before. They've never booked an Uber or checked into a hotel," said Baden. "Abortion funds and other practical

Data shows increase in abortions since overturning *Roe*

Guttmacher found that **1,037,000 abortions occurred in the formal US healthcare system in 2023**, the first year after the Supreme Court's decision to overturn *Roe v. Wade*. This is an 11% increase since 2020 and the highest number and rate in the US in over a decade. This evidence underscored the critical role that providers, abortion funds, and practical support networks have played in maintaining access to care in the face of enormous hurdles, and the critical importance of continuing to support these vital organizations. Meanwhile, medication abortion accounted for 63% of all US abortions in 2023, increasing from 53% in 2020. The Policy Innovation Hub is intentionally designed to respond to these and other emerging post-*Roe* realities.

+ 1,037,000 abortions occurred in the formal US healthcare system in 2023

↑ 11% increase since 2020 and the highest number and rate in the US in over a decade

support groups are the bridge, supporting them through every step of the process." Partners agree that the system is patchwork and unsustainable. Real policy changes are needed.

That need drove the conversation at the inaugural Policy Innovation Hub. "We're trying to identify policies that might mitigate the harms created by *Dobbs* while also not normalizing the reality of having to leave your state for abortion care," said Baden. Through facilitated workshops and small-group intensives, Hub participants brainstormed potential solutions, with an emphasis on the impact of *Dobbs* on young people, immigrants and Indigenous communities.

Attendees included a mix of state and national reproductive health, rights and justice policy experts; law professors and legal scholars; abortion fund leaders; and grassroots organizers. For this first event, Guttmacher intentionally focused on representation from states where abortion remains legal to zero in on contexts where policy innovation is most viable. Among the topics discussed were better support for the abortion clinic workforce given the influx of patients from out of state, medical student training, and countering restrictions on the ability of young people to travel to states where abortion is legal.

The Hub is designed to accelerate the novel thinking that this moment demands, while remaining concrete and action oriented. The convening created space for "radical imagination to dream up more expansive policy alternatives," said one participant. Others reflected that they left feeling connected, inspired and grateful—all necessities to sustain collective momentum.

Future Hub workshops will convene experts and advocates across other states. The next will take place in November, with more planned for 2025. Baden is grateful for the powerful thinking that is already taking place among participants. "It's a gift to spend meaningful time in deep conversation with partners, focused on solutions. We can't wait to keep going."

“We’re trying to identify policies that might mitigate the harms created by *Dobbs* while also not normalizing the reality of having to leave your state for abortion care.

—KELLY BADEN
Guttmacher Vice President for Public Policy

Researchers in Action

Giving Voice to Rohingya Women

“The fieldworkers were exhausted from the physical difficulty, which made it harder for them to conduct long, complicated interviews,” said Ann M. Moore, a Principal Research Scientist at the Guttmacher Institute, who leads the global abortion research portfolio. Moore recently completed a multiyear study on the displaced Rohingya population living in makeshift, crowded camps in Bangladesh.

“We lost one fieldworker because she was pregnant and her doctor told her that she shouldn’t be doing this work. We lost another who twisted her ankle because the conditions were so rough walking around the camps,” said Moore. Humanitarian contexts are particularly challenging for research and data collection, yet the resident populations represent some of the world’s most vulnerable communities, with experiences that are not widely documented nor understood among policymakers.

Guttmacher began assessing research needs in humanitarian settings back in 2016, including in the Cox’s Bazar district in Bangladesh. Nearly a million Rohingya people currently live in that camp, after fleeing persecution in Myanmar in 2017. Among many barriers to their freedom, women living in the camp face severe constraints on their mobility and can find themselves at risk if seen outside by men who are not relatives living in the same home. The study Moore led was designed to shed light on these women’s experiences with menstrual regulation, abortion and postabortion care since arriving in the camps seven years ago.

To collect data on the ground in Cox’s Bazar, Guttmacher partnered with the James P. Grant School of Public Health at BRAC University and the Association for Prevention of Septic Abortion, Bangladesh (BAPSA). “They were our guides and our teachers,” said Moore, who relied on colleagues at BRAC to manage fieldwork when she and her team of researchers from Guttmacher couldn’t be on the ground. The project required hiring 23 local fieldworkers who could not be residents of the camps due to employment restrictions and social norms. To communicate during interviews, the fieldworkers translated written questionnaires from Bangladeshi to spoken Rohingya, as the Rohingya language is not commonly written or read.

“99% of our sample thought that a husband’s consent was always or sometimes needed to have a pregnancy termination. That’s not part of the law.”

—ANN M. MOORE
Guttmacher Principal
Research Scientist



Researchers from the Guttmacher Institute in Bangladesh gathering data that will become the report *Understanding Menstrual Regulation and Abortion Among Rohingya in Bangladesh*.
(PHOTO BY GUTTMACHER INSTITUTE)

“Building a good rapport with respondents is essential for asking sensitive questions, but in these conditions, it was particularly difficult. Each obstacle strengthened my resolve to enhance this sector and advocate tirelessly for marginalized populations,” said Pragna Pramita Mondal, who served as field supervisor, conducting rigorous training for the local data collectors.

Though the study was challenging to execute, Moore is optimistic about its impact, particularly in illustrating how Rohingya women’s knowledge about their right to care can be improved. “There’s misinformation, as well as a lack of information, and that could mean women are not seeking services when they are actually entitled to them. For example, 99% of our sample thought that a husband’s consent was always or sometimes needed to have a pregnancy termination, and that’s not part of the law.”

When presented with the findings, the Bangladeshi government asked Guttmacher to set up a similar study for the broader Bangladeshi population, adding to decades of research from Guttmacher and its partners. Meanwhile, Guttmacher will continue to amplify its findings from the Rohingya study with partners in Bangladesh and in other humanitarian settings.

Sexual and Reproductive Health and Rights for All

Guttmacher Launches the Neglected No More Initiative

Consider the women confronted with these real-world experiences: Abandoned by a spouse because of infertility. Forced to conceal contraceptive use for fear of retribution by their partner. Lack of access to postabortion care to treat complications. Living with the fear of a death sentence if found with a same-sex partner. Expelled from school because of pregnancy as an adolescent.

These all-too-common, yet often-overlooked barriers to basic sexual and reproductive health and rights (SRHR) affect millions of women around the globe every day. This year, Guttmacher's Global Policy team launched a major new initiative, Neglected No More, to build support and visibility for these experiences, and ultimately, to change the policies that make them possible.

Neglected No More builds upon the recommendations of the Guttmacher-Lancet Commission, a Guttmacher-led project that articulated a bold new vision for SRHR globally—one based in the latest science and rooted in human rights principles. Importantly, it incorporated rights into the definition of sexual and reproductive health for the first time. The Commission has had worldwide impact, with partners in Latin America, Europe, Asia and Sub-Saharan Africa using its recommendations to drive decision-making on policy development and resource allocation.

Neglected No More aims to take the Commission's recommendations and turn them into worldwide action. "Our vision is that SRHR is routinely embedded as part of universal health care. Everyone who needs these services should have them," says Susheela Singh, Guttmacher's Vice President for Global Science and Policy Integration and a founding member of the Commission. Neglected No More will amplify issues that are commonly neglected, including infertility, gender-based violence, reproductive cancers, adolescent sexual and reproductive health, abortion and STIs, as well as neglected populations such as the LGBTQ+ community and adolescents.

The first steps are already in motion. Over a two-year period, Guttmacher is organizing several forums to enable partners across various regions to co-create a shared policy agenda. The outcome will be a Policy Action Guide, "designed by the SRHR community for the SRHR community," says Irum Taqi, Guttmacher's Director of Global Policy, who is leading the initiative. The goal is to integrate the agendas of a range of organizations and produce a strong set of tools that will facilitate collective advocacy.

"We wanted to center the Commission's comprehensive definition of SRHR and at the same time, uplift these neglected issues," says Taqi. Part of the vision for

Neglected No More is to break down siloes between organizations advocating for a specific population or a specific issue. By building a bigger tent that encompasses all of the neglected issues, the movement will have access to a broader set of resources, while wielding more collective power. This cooperation is essential at a time when opponents of SRHR are advancing an extreme, antirights agenda in many parts of the world.

This year, Guttmacher's Global Policy team has focused on building the scaffolding for the coalition: identifying and bringing together partners, while offering the Guttmacher-Lancet Commission's framework of neglected interventions as a resource. What comes next is for the partners to decide.

Building on the Guttmacher-Lancet Commission

Neglected No More builds on the recommendations of the Guttmacher-Lancet Commission, a 2016 partnership with *The Lancet*, a medical journal with a 200-year track record of addressing urgent topics in society. Guttmacher made a significant contribution globally by convening an expert commission that issued a report in that journal in 2018. It set out a new, comprehensive definition of sexual and reproductive health and rights, and a progressive agenda designed to challenge and inspire the global community to act. The Guttmacher-Lancet Commission recommended a set of essential sexual and reproductive health services for countries to integrate into their national health plans, underscoring the need to include services that are often neglected such as those addressing abortion, sexuality education, gender-based violence and infertility.

“Our vision is that SRHR is routinely embedded as part of universal health care. Everyone who needs these services should have them.”

—SUSHEELA SINGH
Vice President for Global Science and Policy Integration

A transgender woman has not been able to return to her home after being attacked in the wake of the passage of Uganda's Anti-Homosexuality Bill in 2023. Guttmacher's Neglected No More initiative will advocate for the LGBTQ+ community, along with other commonly neglected populations.

(PHOTO BY AFP VIA GETTY IMAGES)

Documenting the Effect of the Global Gag Rule

“Imposing US policies based on anti-abortion ideology to restrict reproductive autonomy on people in other countries is heartbreaking,” said Amy Friedrich-Karnik, Guttmacher’s Director of Federal Policy, reflecting on the impact of the global gag rule. This federal policy prevents global NGOs from receiving global health funding from the US government if they provide, refer people for or promote abortion services—even if they use their own funding to do so.

Earlier this year, Guttmacher published a report that provides advocates with clear evidence of the harm caused by the Trump-era global gag rule. Led by Elizabeth Sully, a Principal Research Scientist at Guttmacher, in partnership with Senior Research Scientist Margaret Giorgio and Principal Investigators from Performance Monitoring for Action (PMA) in Uganda and Ethiopia, the study outlines the impact of the policy in two countries that are heavily reliant on US funding for sexual and reproductive health care.

Working in partnership with the PMA teams in Ethiopia and Uganda, Guttmacher was able to follow the experience of over 7,600 women over a multiyear period. The findings were striking. In Ethiopia, where reproductive health care access

PMA interviewers in Uganda in 2018 review questions from the global gag rule survey before getting ready to go into the field.

(PHOTO BY PERFORMANCE MONITORING FOR ACTION)



What is the Global Gag Rule?

The global gag rule is a policy, implemented through presidential executive order, that deems non-US NGOs ineligible for US government global health assistance if they provide, refer, or promote abortion services—even if they use their own funding. When the policy is in place, non-US NGOs must agree to stop providing or referring people for abortion-related services or advocating for the expansion of abortion access if they want to continue receiving any US global health assistance.

The gag rule has been in place under every Republican president since Reagan and has been rescinded by every Democratic president, including President Biden in January 2021. In this study, Guttmacher sought to amplify the harmful impact of this practice.

has expanded significantly over the past two decades, the loss of US funding had a ripple effect that went far beyond abortion access, the ostensible target of the policy. NGOs were forced to end or scale back family planning programs, availability and use of contraceptive care declined, and family planning was less likely to be integrated into postabortion care services.

Meanwhile, in Uganda, where abortion access is highly restricted, two major NGOs serving millions of Ugandans refused to comply with the gag rule, and thus lost their funding eligibility. Family planning services offered through their community outreach networks declined, previous gains in contraceptive use stagnated, and the number of women seeking care for complications from unsafe abortion increased.

“When Trump came in, he expanded the rule beyond family planning funding to include all global health funding, so it had a broader impact than ever before. That’s part of what this research was able to document,” said Friedrich-Karnik, whose team is leveraging the findings for domestic advocacy efforts to permanently end the policy.

The gag rule has been in place under every Republican president since Reagan and has been rescinded by every Democratic president, including President Biden in January 2021. Sully and Friedrich-Karnik also hope to amplify how this practice of turning the policy on and off impacts an organization’s ability to provide critical care over time. “The prospect of the policy returning looms over decision-making and hampers strategic priorities. Where do you scale back, what additional fundraising do you need to do, what does it do to partnerships?” reflected Sully.

Sully’s team initially hoped to conduct a similar study in Ghana but found that some key service providers still hadn’t fully recovered from the policy’s implementation during the George W. Bush administration. “When an administration comes in and turns off the policy, partners still have to wait until the next funding cycle to reapply and get money back,” said Friedrich-Karnik. “Meanwhile, in four years the policy could come back again. That uncertainty has a chilling effect. Even when the policy goes away, the chilling effect stays.” By arming decision-makers and funders with this evidence, Guttmacher hopes to help mitigate future harm for women and families around the world.

“The prospect of the global gag rule returning looms over decision-making and hampers our partners’ strategic priorities.”

—ELIZABETH SULLY
Guttmacher
Principal Research Scientist

By the Numbers

The State of Abortion Access in the United States



 **1 in 4** US women are expected to have an abortion in their lifetime.

 **more than 75%** of US abortions are provided in brick-and-mortar facilities.

 **more than 40** clinics providing abortion care have closed since 2020.

“Bans and restrictions are designed to stigmatize abortion, but our study shows one in four women is expected to have an abortion in her lifetime. That means that almost everyone, including abortion opponents, knows someone who has had an abortion.”

—RACHEL JONES
Principal Research Scientist,
quoted in *Health Day*

 **in 2020**  **in 2024**
1 in 10 abortion patients traveled to another state to obtain abortion care. **1 in 5** abortion patients traveled to another state to obtain abortion care.

This surge in travel has largely been driven by post-*Roe v. Wade* abortion bans and restrictions.

 **41 states** have abortion bans in effect with only limited exceptions.
14 states have a **total** abortion ban.
27 states have abortion bans based on **gestational duration**.
9 states and the District of Columbia **do not restrict** abortion based on gestational duration.

 **Black women account for 28%** of abortion patients **but only 14%** of US women aged 15–44.

Restrictions on reproductive health care, including abortion care, are inequities that disproportionately harm Black and Indigenous communities, which have historically faced significantly higher rates of maternal mortality than their white peers.

Data for Dignity



Equitable Partnerships in Action

How Authentic Collaboration Drives Change

Since its founding, Guttmacher has grounded its work in partnership. We sat down with Dr. Caroline Kabiru, Head of the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Unit at the African Population Health and Research Center (APHRC), and Dr. Onikepe Owolabi, Guttmacher’s Director of International Research, to learn what an equitable partnership looks like in practice.

ABOVE: Onikepe Owolabi and Caroline Kabiru of APHRC collaborate on a proposal to research adolescent development.
(PHOTO BY GUTTMACHER INSTITUTE)

APHRC and Guttmacher have been collaborating for nearly 20 years. Tell us how the partnership began and how it has evolved.

ONI: APHRC has been one of Guttmacher’s longest standing partners, and that precedes many people who have held my role. Our relationship started in a more traditional way. Because we’re based in the United States, we had most of the funding and subgranted to APHRC. But over time, our relationship has moved into a much more balanced one, where APHRC subgrants to us as much as we subgrant to them, and we build our projects collaboratively. **CONTINUED >**

Equitable Partnership in Action (CONTINUED)

CAROLINE: Historically, it was critical for us to partner with Northern organizations that had more access to funding. Over time, as we built our profile, we had the capacity to seek the same funding ourselves. When I joined APHRC in 2007, we were working with Guttmacher on a project to understand HIV risk among youth, and in 2012, we partnered again to undertake a study to measure the incidence of abortion in Kenya. The good partnership experience informed our decision to reach out to Guttmacher when we got funding to do similar work in Sierra Leone and Liberia. I think we all benefit when you can return to the same partners with whom you've had a good record.

So, the power dynamics of who held the funding shifted, and that has put both organizations on the same level. How do you explain that need to funders who are used to granting more traditionally to a single organization?

ONI: Typically, you're approaching a partner because there's a funding opportunity. But because we've been at this for so long with APHRC, we now talk conceptually and dream of how to change the world before there is money for it. We have frequent check-ins to say, "Hey, what are you seeing from your research?" And if we see an opportunity, we can ramp up and plan together.

Some organizations navigate these barriers by opening field or satellite offices. Why do you think it's important to build these relationships with local partners instead?

CAROLINE: Partnerships with local institutions are essential for us at APHRC because local organizations bring critical knowledge about the local context. I'm Kenyan, but I manage projects in Burkina Faso and Malawi. If we didn't undertake the project jointly, I could start a project, design it and then realize it doesn't apply because I'm coming at it with a Kenyan lens. The local community would say, "This is a well-designed research approach, but after it's complete, you're leaving us with a problem. Why not design something that will benefit us long after you go?" That local knowledge and need for partnership has to be valued.

ONI: It's the same for Guttmacher. We try to be respectful of a particular sociopolitical context by working closely with partners on the ground. In our work with APHRC, we have both committed to the process of learning to work together and building trust. In our interactions, we are careful to ensure that colleagues from both organizations have equal opportunity to express how the partnership is formed and how it is carried forward. Fostering an environment of trust between individuals and institutions makes big change possible.

Building those long-term relationships really maximizes the impact of the research for the local population. Can you share an example of how that's looked in practice for you both?

ONI: Caroline mentioned the abortion incidence study. When I started at Guttmacher, we reached out to APHRC because we were thinking of doing a follow-up, and we had funding. But APHRC told us it wasn't the right time. The original study still had a lot of traction and policy relevance. So together we thought of a different research design, and we were able to go back to the funder with the research question that was right for that time.

The new study measured maternal morbidity in Kenya. That's a topic that is very hard to research. APHRC was very inclusive in helping us seek out local obstetricians to design the clinical aspect of this study, because even though I'm trained as a physician, I have not worked in Kenya. I remember APHRC being available at very odd hours of the day and providing us with access to clinical staff to talk through some of the most challenging cases via WhatsApp. We did the study hand in hand, and at the end of it, we both reached a decision on how we wanted to analyze data and write the publications.

CAROLINE: I always say that publications are a good sign of the nature of a partnership because we sit in a space where almost all projects are led by researchers from the Global North. Working as equals with Guttmacher and the Kenya Ministry of Health was essential for the success of the abortion incidence study. When it came time to publish, all three organizations coauthored the report. And that's how it should be, because the problems we are trying to solve can't be addressed from one perspective or skill set, or by one organization working alone.

In 2015, nominated by Guttmacher, APHRC won the prestigious United Nations Population Award, which recognizes outstanding achievements in population and health. Three years later, nominated by APHRC, Guttmacher received the same award.

“Because we've been at this for so long with APHRC, we now talk conceptually and dream of how to change the world before there is money for it. Fostering an environment of trust between individuals and institutions makes big change possible.”

—**ONIKEPE OWOLABI**
Guttmacher Director of International Research



Researchers from APHRC and Guttmacher present the results of their co-authored abortion study at a meeting in Liberia. (PHOTO BY GUTTMACHER INSTITUTE)

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Behind the Data

Guttmacher's data is the product of **131 staff members and 125 domestic and global partners.** We thank our staff and partners for their dedication to building powerful evidence that advances SRHR for all.

Center facts.

Shape policy.

Advance sexual and reproductive rights.

“I ask myself how I can make the world a better place. There is great gender and economic disparity in this world. I support Guttmacher because it advances our common vision where every woman and person has power over their reproductive rights and bodily autonomy.

—KENNETH MALCOLM JONES

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