

Dear Guttmacher Friends

ne of the many cost-cutting measures we are taking this year is a scaled back *Annual Report*. You will find the usual amount of financial data and information on our contributors. What you won't find are a lot of pretty pictures, a glossy cover or a long narrative about our myriad accomplishments.

I do, however, want to use this President's Letter to tell you about just a handful of accomplishments that seem to me emblematic of the sort of work we do, both at home and abroad.

On the Ground in Manila

Today is Tuesday, April 14, and I am writing this letter from a hotel room in the Philippines. Tomorrow, Guttmacher and its Filipino partners will release a new collaborative study, funded by the Australian government, on how greater use of modern contraceptives could save the lives of thousands of Filipino women, prevent more than a million unplanned pregnancies, 500,000 abortions (all of them illegal) and save Filipino taxpayers nearly one billion pesos. I defy the folks trying to fix the global economy to come up with a better return on investment.

Tomorrow's release is another important milestone in more than a decade of Guttmacher work here. Five years ago, with support from the David and Lucile Packard Foundation, we fielded a large national study of the incidence of unintended pregnancy and abortion, in partnership with the University of the Philippines Population Institute (UPPI). We did a similar study with UPPI in 1995, so we were able to show that abortion had actually increased in some parts of the country. We followed this new incidence study with a survey of more than 4,000 Filipino women to drill down on the causes and consequences of unintended pregnancy and unsafe abortion and put a human face on the problem.

These two studies helped lay the groundwork for the cost-benefit study to be released tomorrow. But more importantly, this growing body of work has given Filipino champions of reproductive health and rights the ammunition they needed to gather political support for a remarkable piece of reproductive health legislation working its way through the Philippine legislature. The model bill mandates comprehensive, medically accurate sex education, funds a major expansion of contraceptive services and makes it illegal for any health care provider refuse to provide contraceptive services. Quite a few U.S. states could take a lesson.

Although the Conference of Catholic Bishops has launched a full-court press against the bill, it already has more than enough sponsors in the House and Senate to ensure passage, among them many of President Arroyo's key supporters. Advocates here hope that fact will

keep her from vetoing the measure if it passes. Yesterday, our partners (UPPI and the influential feminist health group, Likhaan) and I met with Senator Lacson, the chief author of the bill, to help him get ready for a major hearing in the Senate this afternoon. We walked him through the new study findings, and I will be there to watch Philippine family planning champions translate Guttmacher research into political action in real time. Very exciting!

The Philippine example says a lot about the way the Guttmacher Institute works to effect policy change. For example, we know from more than four decades of experience that real change often takes a decade or more and there can be plenty of reversals along the way—so we've made a

long-term commitment to the Philippines. We know that one study is rarely enough; change takes a growing body of knowledge that is effectively translated for a policy audience and is communicated broadly and consistently. Overseas, it also takes partnering with respected national organizations like UPPI and Likhaan to ensure local "ownership" of the research findings. We also know that when we take on the most controversial issues, as we do everywhere we work, our

science needs to be unimpeachable. That's why, later this week, we will describe our complex research methodology at a symposium for representatives of the country's top academic institutions and professional societies.

It would take a book to describe in this same detail all of the Institute's current work. Suffice it to say that with the half of our 2008 budget that went into our international programs, we helped advance sexual and reproductive health and rights in Indonesia, Pakistan, India, Ethiopia, Uganda, Malawi, Zambia, Nigeria, Ghana, Burkina Faso, Mexico, Guatemala, Honduras, Nicaragua and Colombia. The rest went to building the evidence base for and promoting major policy changes at home. Below are just a few of the things I'm especially proud of.

Changing the Terms of the U.S. Abortion Debate

Last January, we released findings from our latest census of U.S. abortion providers, the only source of complete national data on abortion. The new data show a modest decline in the abortion rate to 19.4 abortions per 1,000 women aged 15–44 in 2005, down from 21.3 at the time

of our last census in 2000. They also suggest that the long decline in abortion rates, from the peak of 29.3 in 1980 and 1981, is stalling out. Significantly, about two-thirds of the decline in the abortion rate between 2000 and 2005 took place in eight states that have few, if any, abortion restrictions, offer broad access to family planning services and generally provide comprehensive sex education in the schools. The obvious take-home message: Prevention works.

In September, we incorporated these new abortion data into a major report synthesizing 30 years of trend data from Guttmacher and the Centers for Disease Control and Prevention. The report highlights the fact that most abortions now occur very early in pregnancy, and that

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partly as a result, induced abortion in the United States is an extremely safe procedure. But the report also highlights the fact that abortions are increasingly becoming concentrated among women of color and low-income women. Antiabortion advocates are touting this growing disparity as evidence of a genocidal campaign by Planned Parenthood and other abortion providers against the African American community. We took this irresponsible charge head-on, in an op-ed by Guttmacher Board Chair Dr. Melissa Gilliam published in the Philadelphia Inquirer and in a staff-authored article in the Summer 2008 issue of the Guttmacher Policy Review. Both made the essential point that disproportionately high abortion rates among minority women are an inevitable result of their disproportionately high rates of unintended pregnancy-themselves reflective of persistent racial and ethnic health disparities in the United States across a wide range of health outcomes. Colleagues across the country, struggling to respond to this latest attack, immediately "plagiarized" Guttmacher's sound data and messaging-very flattering, and just what we hoped would happen.

and Colleagues

A 21st Century Vision for U.S. Family Planning

Guttmacher has long been at the forefront of the effort to document the broad benefits of investing in reproductive health care. In 2008, the Institute's research staff published powerful new evidence on the impact of the publicly funded family planning services provided in the nation-wide network of family planning clinics. Two articles, published in the *American Journal of Public Health* and the *Journal of Health Care for the Poor and Underserved*, reported that

- publicly supported family planning clinics currently serve one out of every four U.S. contraceptive users;
- 1.4 million unintended pregnancies and 600,000 abortions are averted each year through the services of publicly funded clinics;
- without these services, the annual number of unintended pregnancies and abortions in the United States would be almost 50% higher;
- in the absence of publicly funded services, there would be nearly 50% more teen pregnancies that would result in about 150,000 more teen births and 100,000 more teen abortions; and
- services delivered by publicly funded clinics save \$4.3 billion in public funds.

Guttmacher research also showed that every \$1 of taxpayer money spent to help women prevent unintended pregnancies saves \$4 in Medicaid expenses on pregnancy-related care. This expenditure is truly smart government at its best for a country in the throes of recession: a social safety net for poor women that provides a four-fold return on investment.

Additional Guttmacher data released early in the year showed that all the growth in public funding for family planning since the mid-1990s has been due to the Medicaid program, with most the result of the state Medicaid family planning eligibility expansions now in place in 27 states, thanks in part to Guttmacher's data and technical assistance. Taken together, these states ("red states" and "blue states" alike) represent about three-quarters of the women in need of subsidized contraceptive services, and the innovative expansion programs they've launched have significantly increased access to family planning services and improved maternal and child health.

Last spring, our public policy team released a new report documenting the enormous entrepreneurship states have displayed in designing and implementing these Medicaid family planning expansions. The report came out of a meeting convened by the Institute and attended by key players from states with expansion programs in place. It serves as a "best practices" manual for other states seeking to follow suit. This was just one small part of a major four-year Guttmacher project, Transitions in U.S. Family Planning Financing: Implications and

Opportunities, which seeks to lay the foundation for an overhaul and major expansion of U.S. family planning services under a new administration and Congress. (It's now also informing the emerging debate on health care reform.) The centerpiece of the project was a just-released high-profile report, Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System. This report synthesizes the wide body of evidence the Institute has collected to demonstrate the value of investing in publicly funded family planning, document the role of family planning providers as critical parts of our national health care safety net and lay out a new vision for moving the effort into the future. Family planning advocates and providers love it.

Guttmacher Goes Virtual and Viral

Guttmacher has an incredibly strong and growing presence in the mainstream media. But our traditional media outreach is no longer enough. So we also took steps last year to expand and enhance our online presence, posting regular contributions on popular blogs such as The Huffington Post and RH Reality Check, and developing a Guttmacher Facebook page that launched just recently. Essentially, we've recruited the young, Internet-savvy staff from various Guttmacher divisions and turned them loose. They're taking us into the brave new world of Web-based social networking and viral marketing.

We've also expanded the array of resources available on our Web site, www.guttmacher. org. The site now has nearly 8,000 pages of content and averages more than a million page hits a month. The HubSpot, which ranks nonprofit Web sites for content and user friendliness, gives us a 97% rating. As I travel around the states and overseas, colleagues tell me they "live on" the Guttmacher Web site.

Investing in Leadership for Today and Tomorrow

We are taking seriously our responsibility to help build leadership skills in the developing countries where we do research and to help develop the next generation of U.S. leaders for the field of sexual and reproductive rights. Last year we welcomed our second Bixby International Fellow, Dr. Isaac Adewole, founder of the Campaign Against Unwanted Pregnancy in Nigeria, who spent a month in residence at Guttmacher working with staff on a major new study in Sub-Saharan Africa. In another exercise in mutual learning, we also sent our second young professional from the Guttmacher staff, communications associate Janna Zinzi, to live and work with our partners in Guatemala.

Through formal institutional collaborations with the Columbia Mailman School of Public Health and the Johns Hopkins Bloomberg School of Public Health, the Institute offered training opportunities in both our New York and Washington, DC, offices for several promising young scholars last year, including a two-year doctoral fellow from Johns Hopkins, Kristen Shellenberg, who will meet her dissertation requirement with research based at Guttmacher. We also welcomed Megan Kavanaugh as our second Charlotte Ellertson Social Science Postdoctoral Fellow. You can find more details on all of these opportunities on page 4.

We have also partnered with Baruch College, a neighbor in lower Manhattan, to help train young researchers from communities of color in the United States. We may provide some instruction in research methodology, but our main role will be to help the young scholars better appreciate the role of science in public policy by offering workshops on how to recognize what's policy-relevant and how to translate research findings for a policy audience.

What I've described above represents just a small sampling of the wide-ranging work that made 2008 a banner year. All of these efforts helped set the stage for the success we've seen in the early months of the new Obama administration and a friendlier U.S. Congress. As I write, Guttmacher's research, public policy and public education teams are working hard to consolidate our gains and move closer to our vision of a world in which all women and men can exercise their sexual and reproductive rights and responsibilities freely and with dignity.

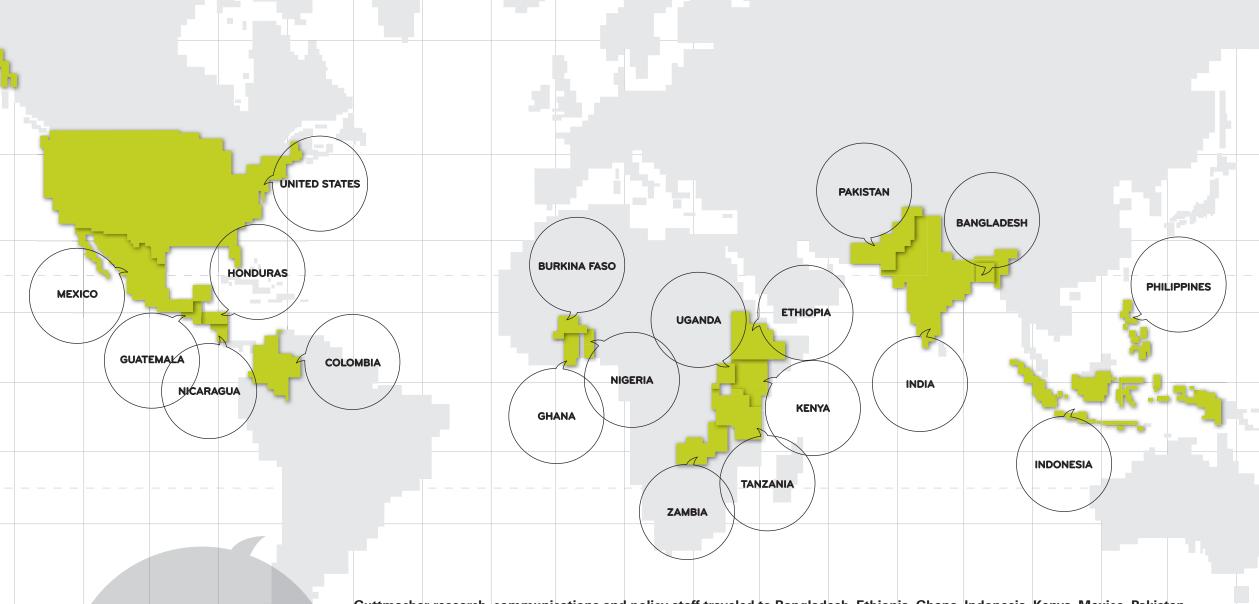
We know that even with a supportive president, progress won't be easy, especially in the midst of an almost unprecedented global economic crisis. But now, with scientific evidence back in favor in Washington, DC, health care reform at the top of the nation's agenda and renewed attention focused on our issues globally, the Institute can and will use its unique blend of policy-relevant research, strategic communications and evidence-based advocacy to bring about critical policy reforms at home and abroad.

Warm best wishes,

Sharon L. Camp, Ph.D. President and CEO April 14, 2009

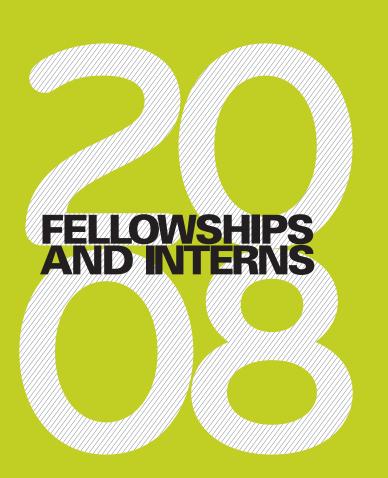
Mann Camp

Manila





Guttmacher research, communications and policy staff traveled to Bangladesh, Ethiopia, Ghana, Indonesia, Kenya, Mexico, Pakistan, Tanzania, Uganda and Zambia to determine the need for new research to move forward national debates on reducing unsafe abortion. Launch events and outreach activities to make further use of existing evidence on unsafe abortion were carried out in collaboration with in-country partners in Guatemala, Indonesia, Mexico, Nigeria and Uganda. Through partnerships with in-country colleagues, the Institute was engaged in ongoing studies of abortion in Burkina Faso, Colombia and Ethiopia; analyses of the benefits of investing in sexual and reproductive health in the Philippines, Ethiopia and Uganda; and research on the links between HIV and pregnancy in Nigeria and Zambia. In addition, Guttmacher and partners in India, Mexico and Nigeria conducted secondary analyses of existing evidence on adolescent sexual and reproductive health and maternal mortality and morbidity in those countries. Guttmacher communications staff conducted visits to key stakeholders in Guatemala, Honduras and Nicaragua to assess the impact of the Institute's work in those countries.



BIXBY FELLOWSHIPS

A 2007 grant from the Fred H. Bixby Foundation established two annual fellowships: the Bixby International Fellowship and the Bixby Professional Development Award.

The Bixby International Fellowship provides support for a developing country senior researcher or communications or policy expert with broad knowledge of the sexual and reproductive health field to spend up to two months at the Institute working on an existing or new international project and contributing substantive and methodological expertise.

Isaac Adewole, a professor of obstetrics and gynecology and a founder of the Campaign Against Unwanted Pregnancy (CAUP), a research and communications NGO that advocates for the health and rights of women in Nigeria, was the 2008 Fellow. Dr. Adewole worked with Institute staff to develop protocols for a major new Guttmacher-CAUP study on the integration of HIV and family planning services.

The Bixby Professional Development Award fosters the professional growth of a midlevel Guttmacher staff member by providing an opportunity to work on the ground with one or more partner organizations outside of the United States.

Communications associate Janna Zinzi received the 2008 award to work with our partners in Guatemala to evaluate stakeholders' use of the Institute's monograph on adolescent sexual and reproductive health in Central America and to educate indigenous communities about the relationship between domestic violence and sexual and reproductive health.

HOPKINS-GUTTMACHER DOCTORAL FELLOWSHIP AND INTERNSHIP PROGRAM

These awards are a collaboration between Guttmacher and the Department of Population, Family and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. They are designed for doctoral- and master's-level students in the department whose research and professional development will enhance, and be enhanced by, ongoing Guttmacher Institute research. The fellowship runs for two years; the internships are for 2–3 months over the summer.

FELLOWSHIP

Kristen Shellenberg is the first Hopkins-Guttmacher Doctoral Fellow. She has been working with Guttmacher staff on the 2008 Abortion Patient Survey and researching abortion stigma in the United States for her dissertation.

INTERNS

Allison Roeser worked with the state team in the Washington office on public policy issues related to state abortion reporting and researched the environment's effects on reproductive health.

May Sudhinaraset worked on international abortion communications with the communications team in the New York office.

THE CHARLOTTE ELLERTSON SOCIAL SCIENCE POSTDOCTORAL FELLOWSHIP IN ABORTION AND REPRODUCTIVE HEALTH

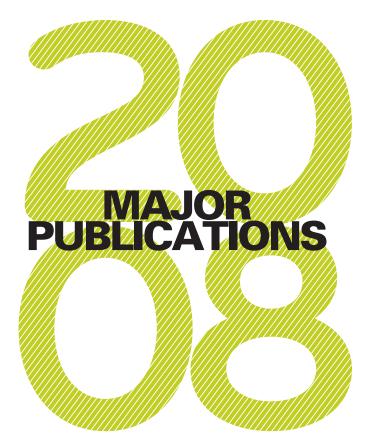
of lbis Reproductive Health, provides a two-year grant to a promising social science researcher to study abortion and reproductive health issues.

Farzana Kapadia, the first Ellertson Fellow, spent 2006–2008 at the Institute examining the impact of partner characteristics on the decision to seek an abortion.

Megan Kavanaugh is the current Ellertson Fellow. She is involved in projects examining contraceptive services in abortion care settings and exploring community attitudes about motherhood and abortion among HIV-positive women in Nigeria and Zambia.

SUMMER INTERN

Ruth Milne, a first-year doctoral student at the London School of Hygiene and Tropical Medicine, spent the summer of 2008 working with Guttmacher researchers to collect qualitative data on how U.S. teenagers get information on sexual health topics. She also prepared background materials and a literature review for a study on the reproductive needs of ethnic minorities in California.



PERIODICALS

- Guttmacher Policy Review, Volume 11, Issues 1–4
- International Family Planning Perspectives, Volume 34, Issues 1–4
- Perspectives on Sexual and Reproductive Health, Volume 40, Issues 1-4

REPORTS

- Adults' Perceptions of Adolescents' Sexual and Reproductive Health: Qualitative Evidence from Uganda
 - Presents policy and program recommendations for the prevention of HIV, other STIs and unintended pregnancy among adolescents, based on in-depth interviews with adults in urban and rural settings.
- Asegurar un mañana más saludable en Centroamérica: Proteger la salud sexual y reproductiva de la juventud de hoy Provides an evidence-based portrait of the sexual and reproductive health issues that 15-24-year-olds



in Guatemala, Honduras, El Salvador and Nicaragua face and offers policy recommendations. (Available in English on the Institute's Web site.)

- Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System Examines the impact of publicly funded family planning on women's lives, details the ways in which public financing for family planning has changed and explores the challenges ahead, both in reaching those most in need of services and in meeting the ever-rising costs of providing services.
- Protecting the Next Generation in Uganda: New Evidence on Adolescent Sexual and Reproductive Health Needs

Explores Ugandan adolescents' sexual behavior, contraceptive use, risk for HIV and other STIs, and sources of information and services, and presents policy and program recommendations on preventing HIV and unintended pregnancy among adolescents.

- Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980-2006 Reports on public expenditures for family planning client services and related services in FY 2006 and discusses trends in public funding for client services since FY 1980.
- State Government Innovation in the Design and Implementation of Medicaid Family Planning

Identifies innovative state Medicaid family planning expansions that can serve as a model for future program design, for family planning specifically and for Medicaid and health care reform in general.

- Trends in the Characteristics of Women **Obtaining Abortions, 1974–2004 Examines trends in abortion by demographic** subgroups over three decades.
- Views of Adults on Adolescent Sexual and Reproductive Health: Qualitative Evidence from Ghana

Presents policy and program recommendations on prevention of HIV, other STIs and unwanted pregnancy among adolescents in Ghana that are based on in-depth interviews with adults in urban and rural areas.

ISSUE BRIEFS

- Abortion in Indonesia/Aborsi di Indonesia Presents what is currently known about abortion in Indonesia regarding incidence, the providers women turn to and the abortion methods used, costs of abortion and the consequences of unsafe abortion.
- Contraception: An Investment in Lives, Health and Development Discusses the benefits of investing in contraceptive services for women and their families and for economic development.
- Improving Contraceptive Use in the **United States**

Details the reasons why some women who do not want to become pregnant use contraceptives inconsistently or not at all and recommends ways providers and policymakers can better support women's consistent contraceptive use.

- Reducing Unsafe Abortion in Nigeria Highlights the latest scientific evidence on the incidence, causes and consequences of unintended pregnancy and induced abortion in Nigeria, including data on the costs of unsafe abortion and related complications.
- Unsafe Abortion in Kenya Summarizes research evidence on abortion in Kenya, points out existing gaps in knowledge and highlights key areas in which new research could help to reduce levels of unsafe abortion.

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Allan Rosenfield 1933-2008

The Guttmacher Institute lost a beloved friend, colleague and supporter in 2008, Allan Rosenfield was a giant in the sexual and reproductive health field. His enduring commitment to helping women around the world obtain the family planning services and other reproductive health care they need to improve their lives was an inspiration to us all. We are grateful that Allan was a member of the Guttmacher Board for more than 20 years, and served as its chair from 1993-1995; he became an emeritus member in 2006. His intellect and vision helped make the Guttmacher Institute a stronger, more effective organization.

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\$10,000 or more

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The World Bank

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In 2007, the Guttmacher Institute lost a longtime friend and supporter with the passing of William G. Robertson, Jr. An inventor and entrepreneur, Mr. Robertson developed an abiding interest in sexual and reproductive health through volunteer work with several nonprofit organizations. His passion for the Institute's work was reflected in more than 25 years of generous financial support, followed by a major bequest to Guttmacher's endowment. This unprecedented gift will leave a lasting legacy with the Institute, helping to ensure that we will continue to advance the issues that were so close to his heart.



STATEMENT OF FINANCIAL POSITION

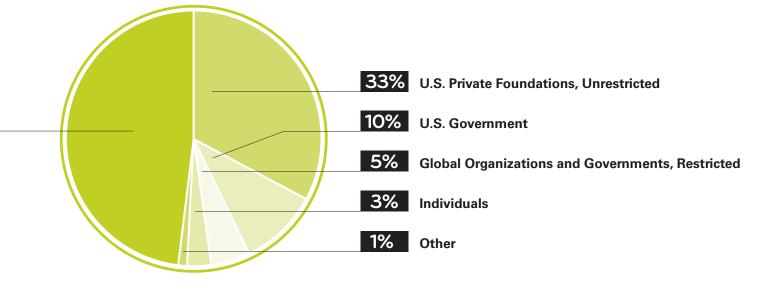
ASSETS	December 31, 2008
Cash and cash equivalents	\$ 162,912
Investments	15,625,595
Contributions and grants receivable	8,412,328
Other receivables	103,946
Prepaid expenses and other assets	127,629
Security deposits	19,294
Deferred debt issuance costs, net	464,961
Property and equipment, net	12,225,767
	\$ 37,142,432
LIABILITIES AND NET ASSETS	
Accounts payable and accrued expenses	\$ 751,400
Deferred lease incentives	
Deferred subscription revenue	6,812
Note payable	900,001
New York City Industrial Development Agency bonds	10,750,000
Total liabilities	12,408,213
Commitment and contingency (Note I)	
Net assets:	
Unrestricted:	
Undesignated, available for general activities	2,412,805
Designated by the Board of Directors	2,743,898
Net investment in property and equipment	1,040,727
	6,197,430
Temporarily restricted	13,681,551
Permanently restricted	4,855,238
Total net assets	24,734,219
	\$ 37,142,432

STATEMENT OF ACTIVITIES

			Year Ended	December 31, 2008
	TEMPORARIL' UNRESTRICTEI		RESTRICTED	TOTAL
REVENUE AND SUPPORT:	ONNESTRICTE	nestricted	RESTRICTED	TOTAL
Contributions	\$ 396,010	6		\$ 396,016
Grants and contracts from government agencies	1,195,894			1,195,894
Grants from private organizations	5,004,80			14,057,178
Investment income	480,11			480,117
Net realized and unrealized (losses) gains on investments	(1,491,00			(1,491,000)
Publication income and other revenue	141,74	•		141,741
Total	5,727,57!			14,779,946
Net assets released from restrictions	5,769,434			0
Total revenue and support	11,497,009	3,282,937		14,779,946
EXPENSES:				
Program services:				
Research	4,812,76	6		4,812,766
Public education	3,236,54	5		3,236,545
Public policy	1,537,51	7		1,537,517
Total program services	9,586,82	3		9,586,828
Supporting services:				
Management and general	2,384,45	6		2,384,456
Fund-raising	520,239	9		520,239
Total supporting services	2,904,69	5		2,904,695
Total expenses	12,491,52	3		12,491,523
Change in net assets	(994,51	4) 3,282,937		2,288,423
Net assets at beginning of year	7,191,94		\$ 4,855,238	22,445,796
Net assets at end of year	\$ 6,197,430		\$ 4,855,238	\$ 24,734,219

SOURCES OF SUPPORT

U.S. Private Foundations, Restricted 48%



Because the Guttmacher Institute does not accept assistance from groups or companies that might want to influence our findings, we rely on the generosity of informed individuals like you to support our work on controversial but important public health issues. There are many ways to contribute to the Guttmacher Institute. You can make a difference now with

- a check payable to Guttmacher Institute;
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For additional information, please contact Jonathan Wittenberg, director of development, at 1-800-355-0244, ext. 2233, or jwittenberg@guttmacher.org.

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