



Global Abortion Costs

The Guttmacher Institute advances sexual and reproductive health through an interrelated program of social science research, policy analysis and public education designed to generate new ideas, encourage enlightened public debate and promote sound policy and program development.

REPORT 2009

ANNUAL

ANNUAL

215million
60million
20million
22million
5.5million
44%
1.6million
\$24.6billion
\$6.7billion

DEAR GUTTMACHER FRIENDS AND COLLEAGUES

I'm on the road again—writing this year's letter from London, where I'm attending an expert group meeting on the Countdown to 2015. That's the year the world is supposed to have made good on eight **Millennium Development Goals** for alleviating poverty adopted by the UN in 2000.

Conspicuously absent from the original list of goals was improved sexual and reproductive health, despite the fact that most of the other MDGs can't be achieved without it. That may be in large part why a number of the MDGs, and their underlying measurable targets, are now seriously off track—none more so than MDG 5, which calls for a 75% reduction in maternal mortality from the appalling level seen in 1990.

In the developing world as a whole, we've seen higher school enrollment, significant gains in child survival and a reduction in new HIV infections. But pregnancy-related deaths, including those from unsafe abortion, have declined more slowly. And the great tragedy, of course, is that the large majority of the hundreds of thousands of maternal deaths that occur every year are easily preventable.

In a major new cost-benefit analysis—*Adding It Up*—which we released late last year with the United Nations Population Fund (UNFPA), we showed that roughly doubling the current modest global investments in family planning and basic maternal and newborn care (from just

under \$12 billion to \$24.6 billion a year) would have a staggering impact: It would cut maternal mortality by at least 70% and reduce newborn deaths by almost half.

By helping women prevent unintended pregnancies and the clandestine abortions that often follow, the additional investment in family planning alone would reduce pregnancy-related deaths by more than a quarter and would reduce by \$1.5 billion a year the cost of providing all pregnant women with the care they and their newborns need.

At the London MDG meeting, maternal and child mortality has been one of three focus issues. The background document for that part of the agenda cites only one scientific paper: the 2009 Guttmacher-UNFPA report.

Increasingly, we're finding that cost-benefit analysis documenting the extraordinary return on investments—both human and financial—in contraceptive services and safe abortion has the power to drive policy change and increase resources for implementing beneficial policies that are already in place.

I wrote last year's president's letter from the Philippines, where we had just launched a similar national-level analysis undertaken by Guttmacher with the University of the Philippines. It showed that if all Filipinas who want to prevent pregnancy used modern contraceptives, this would actually save the public health system \$16.5 million a year, averting more than 800,000 unplanned births and 500,000 abortions, and saving the lives of more than 2,000 women annually. The findings were cited hundreds of times during the debate on a comprehensive reproductive health bill (unfortunately now stalled until after this year's national election), and we continue to track new press reports citing the data almost every week. As they say in the media business, the story has had “long legs.”

Last November, we released findings from a cost-benefit analysis in Uganda, done in collaboration with the Economic Policy Research Centre at Makerere University. It shows that the Ugandan government could save \$112 million a year by fully addressing the huge unmet need for modern contraception. And that every dollar invested in family planning

1 **Key Findings**
From *Adding It Up*

215 million
An estimated 215 million women in the developing world have an unmet need for modern contraception.

“Both at home and abroad, family planning dramatically improves the health and well-being—and, indeed saves the lives—of hundreds of thousands of women.”

saves \$3 in other health care costs, much of that by precluding the need for emergency treatment following unsafe abortions—some 300,000 of which occur every year. Earlier Guttmacher research showed that Uganda’s abortion rate is more than three times that of the United States, even though abortion is permitted there only to save a woman’s life.

Two more country-level cost-benefit studies, funded by the World Bank, are in the works: One, on Ethiopia, will be released this summer; the second, on Burkina Faso, in early 2011. Thanks to a major new grant from the Dutch government and grants from several large U.S. foundations, we are collecting and analyzing new data on unsafe abortion and unintended pregnancy in a dozen countries—data that are the essential first step in producing the kinds of Guttmacher analyses that are now having so much influence at the global and national levels.

Of course, we’ve done similar analyses in the United States for years. Early last year, we released a major new report on the status of the nation’s family planning effort. It highlights Guttmacher research funded by the Department of Health and Human Services showing that without publicly funded family planning services, U.S. levels of unintended pregnancy and abortion would be almost two-thirds higher than they currently are and nearly twice as high among poor women. We showed that the nation’s public-sector family planning effort achieves these important health and social impacts while accruing major cost-savings: \$4 for every dollar invested.

These are important data at any time, but are particularly so now, as the nation (and indeed the world) endures the continuing impact of the

worst economic recession since the 1930s. New Guttmacher research, released in the latter half of 2009, shows that as a result of the poor economy, many women and families are at once less able to afford a baby and less able to afford birth control to avoid an unintended pregnancy. Meanwhile, our data show that family planning centers, also feeling the effects of the economic downturn, are having trouble meeting the increased demand for services among their clients.

As state and national budgets continue to languish, our research serves as a reminder to policymakers that now is not the time to sacrifice family planning services on the altar of fiscal austerity. On the contrary, this is the time to step up that investment. Both at home and abroad, family planning dramatically improves the health and well-being—and, indeed saves the lives—of hundreds of thousands of women. In the most profound way, it promotes social and economic development at the family, community and country levels. And, in doing so, it pays for itself many times over.

We’re doing everything we can to get these attention-grabbing facts in front of policymakers around the world. Last month, it was parliamentarians, government officials and reproductive health advocates in Australia and New Zealand. Last week, at a meeting in New York, we shared them with delegates to the United Nations Commission on the Status of Women. Later this month we’ll take our message to power brokers on Capitol Hill and in Ottawa, Berlin, Brussels, Copenhagen and Stockholm.

We are enormously grateful to the individual, foundation, government and international donors who provide us with the resources to

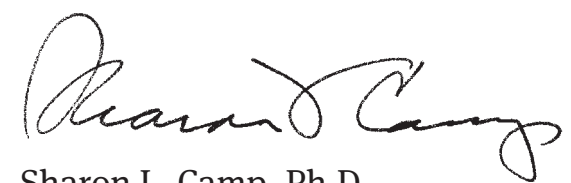
Guttmacher named a WHO Collaborating Center

In 2009, Guttmacher was designated a World Health Organization (WHO) Collaborating Center for Reproductive Health. This prestigious honor was granted in recognition of the Institute’s long-standing and continuing partnership with WHO, at the center of which is our collaborative research on the incidence of abortion worldwide. The Institute becomes one of only three U.S.-based organizations designated as Collaborating Centers for Reproductive Health.

produce high-quality, actionable research and get it in front of the people who can use this compelling evidence to improve the lives of women and men and their families around the globe.

If you’re one of those donors listed elsewhere in this report: Thank you, thank you, thank you.

Gratefully yours,

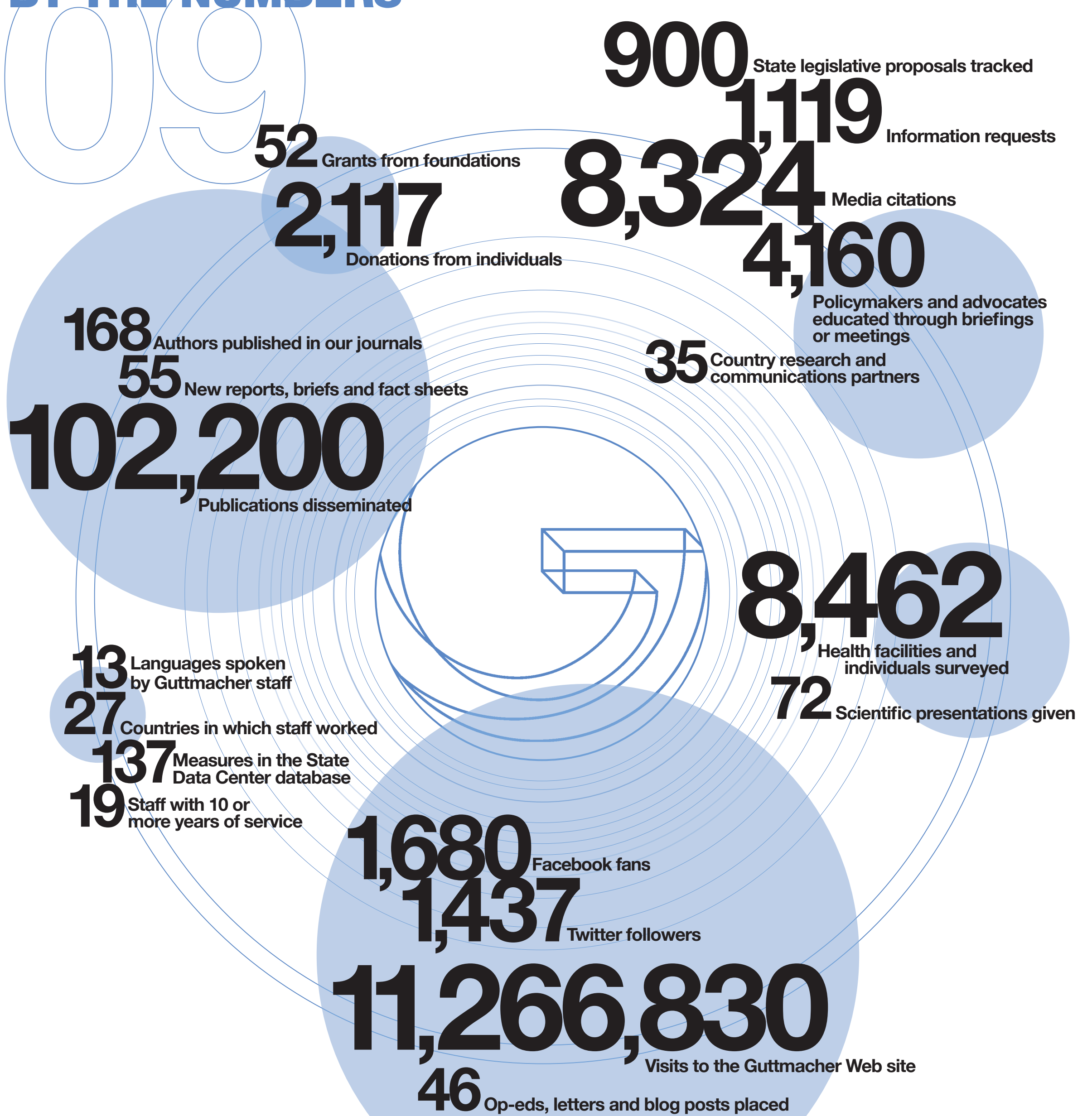


Sharon L. Camp, Ph.D.
President and CEO
March 13, 2010
London

60million
More than 60 million women give birth each year without antenatal, delivery and newborn care.

20million
About 20 million women have unsafe abortions each year, three million of whom need—but do not receive—care for abortion-related complications.

GUTTMACHER BY THE NUMBERS



75 to 22
million

If the need for family planning and maternal and newborn health services were met simultaneously,

- unintended pregnancies would drop by more than two-thirds, from 75 million in 2008 to 22 million per year, and unsafe abortions would decline by 73%, from 20 million to 5.5 million;
- maternal deaths would drop by 70–72% and newborn deaths by 44%;
- the annual number of maternal deaths would decline by 240,000–390,000 (based on the most recent estimates of maternal mortality); and
- the annual number of newborn deaths would decline by 1.6 million from current levels.

MAJOR PUBLICATIONS

09

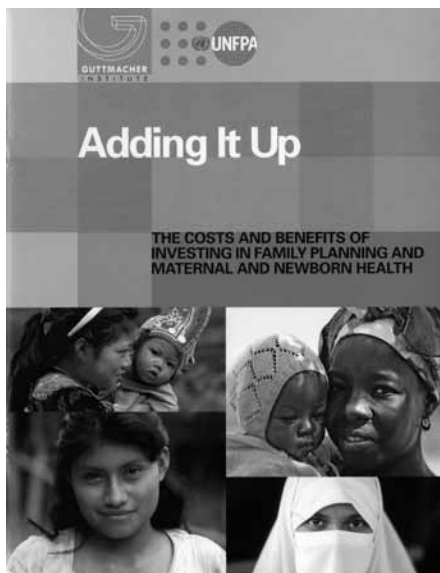
PERIODICALS

Guttmacher Policy Review Volume 12, Issues 1–4

International Perspectives on Sexual and Reproductive Health (formerly *International Family Planning Perspectives*) Volume 35, Issues 1–4 and special issues exclusively in Spanish and French

Perspectives on Sexual and Reproductive Health Volume 41, Issues 1–4

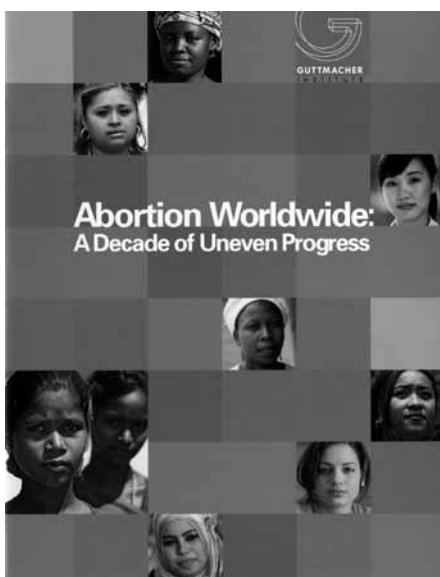
REPORTS



► ***Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health***
Updates and expands Guttmacher and the United Nations Population Fund's seminal 2004 global review of the return on investments in sexual and reproductive health and puts numbers—in lives and in dollars—behind the case for increased funding for family planning and pregnancy-related care in the developing world and especially in resource-poor countries.

► ***A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers***
Examines the changes and challenges experienced by publicly funded family planning centers during the height of the economic recession between early 2008 and early 2009 as they strived to provide free and low-cost contraceptive care to all women who need and depend on it.

► ***A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions***
Provides the first real-time account of the connections that women see between the economy, their fertility, and their families' current and future economic well-being. It analyzes the impact of the recent economic downturn on women's fertility-related attitudes, needs and behavior, and their ability to obtain family planning services.



► ***Abortion Worldwide: A Decade of Uneven Progress***
Assesses progress over the past decade regarding the legality, safety and accessibility of abortion services worldwide, including policy developments and abortion incidence trends, with a focus on unsafe abortion.

► ***Adolescent Marriage and Childbearing in India: Current Situation and Recent Trends***
Presents a broad descriptive overview of the current status and recent changes in indicators of early marriage and childbearing in India, with an eye toward helping policymakers and program planners by assessing adolescents' needs for information and services and the extent to which those needs are being met.

Barriers to Safe Motherhood in India

Provides a descriptive overview of maternal health in India and highlights recent trends and gaps in the receipt of maternal health care and associated factors. It also discusses key recent government policies and programs to improve maternal health and overcome barriers to safe motherhood.

Barriers to Safe Motherhood in Nigeria

Examines recent trends in factors related to maternal health in Nigeria, including estimates of the levels and sources of overall health care expenditures in Nigeria; analyzes the policies and programs that affect maternal health in the country; and provides policy recommendations.

The Impact of Laws Requiring Parental Involvement for Abortion: A Literature Review

Provides a comprehensive review of 29 state- and national-level studies addressing the impact of laws requiring parental involvement in minors' abortions.

The Impact of State Mandatory Counseling and Waiting Period Laws on Abortion: A Literature Review

Reviews 12 state- and national-level studies addressing the impact of laws requiring mandatory counseling and waiting periods for abortion.

Meeting Young Women's Sexual and Reproductive Health Needs in Nigeria

Examines social and health policies and programs addressing the needs of young women aged 15–19 in Nigeria, highlights the gaps therein and suggests priority areas for improving the implementation of adolescent sexual and reproductive health and development policies.

Restrictions on Medicaid Funding for Abortion: A Literature Review

Extensively reviews 38 state- and national-level studies published between 1979 and 2008 addressing the effects of Medicaid funding restrictions.

ISSUE BRIEFS

Abortion in Pakistan

Presents what is currently known about abortion in Pakistan, including the incidence of abortion, the providers women turn to and the abortion methods used, the costs of abortion to women and their families, and the consequences of unsafe abortion.

Benefits of Meeting the Contraceptive Needs of Ugandan Women

Describes current patterns of contraceptive use in Uganda, documents the high costs associated with persistently high unmet need for modern contraception and outlines the net benefits to women and society of averting unintended pregnancies with current levels of use and under two scenarios of increased investment in modern contraception.

Meeting Women's Contraceptive Needs in the Philippines

Describes women's current patterns of contraceptive use and the personal and financial costs that result from unmet need for contraception. It presents alternative patterns of contraceptive use to highlight the net benefits—to women and society—that could result from meeting the contraceptive needs of all women and couples at risk for unintended pregnancy in the Philippines.

In addition, the Institute published 25 State Policies In Brief and 16 fact sheets on a variety of domestic and international subjects.

24.6 billion

The total cost of meeting the existing need for modern family planning and maternal and newborn health services would be \$24.6 billion, an increase of \$12.8 billion annually.

- Fulfilling the global unmet need for modern family planning methods would cost \$3.6 billion (in 2008 U.S. dollars), in addition to the current \$3.1 billion investment—for a total of \$6.7 billion annually.
- Providing maternal and newborn care to all pregnant women and their newborns would increase current spending from \$8.7 billion to \$17.9 billion, assuming that unmet need for effective contraceptives is met.

For additional findings, see *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health* at www.guttmacher.org.

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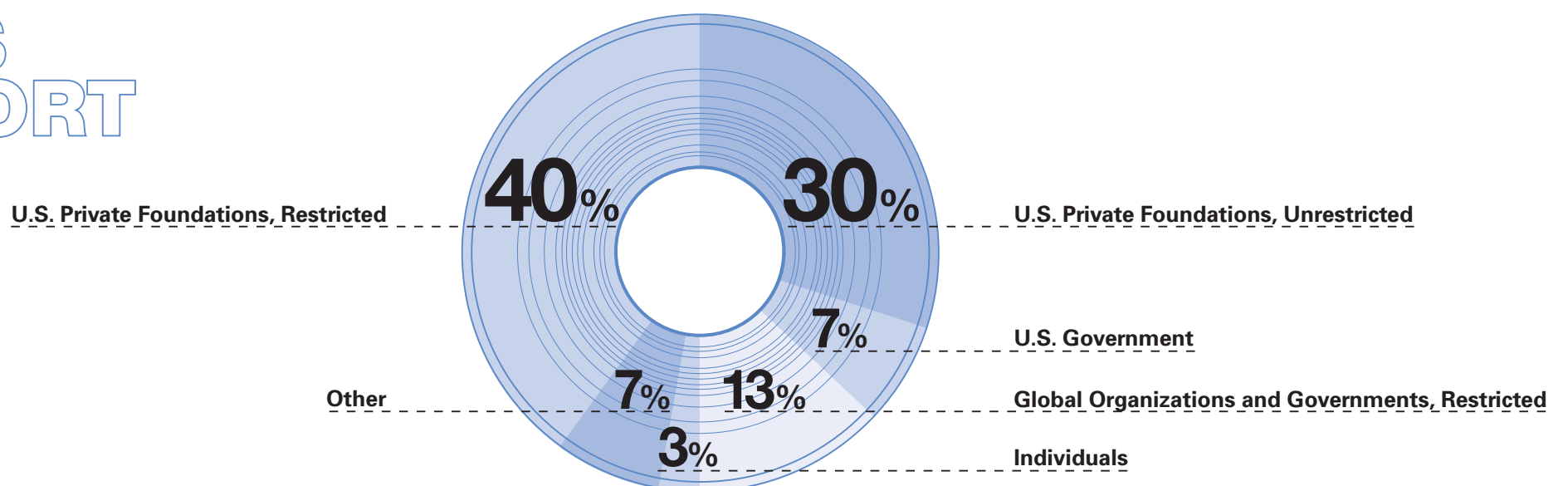
STATEMENT OF FINANCIAL POSITION

	December 31, 2009
ASSETS	
Cash and cash equivalents	\$ 518,684
Investments	19,743,015
Contributions and grants receivable	7,363,973
Other receivables	105,750
Prepaid expenses and other assets	140,449
Security deposits	19,294
Deferred debt issuance costs, net	448,647
Property and equipment, net	11,959,504
	\$ 40,299,316
LIABILITIES AND NET ASSETS	
Accounts payable and accrued expenses	\$ 644,128
Deferred subscription revenue	8,050
Note payable	833,335
New York City Industrial Development Agency bonds	10,580,000
Total liabilities	12,065,513
Commitment and contingency (Note I)	
Net assets:	
Unrestricted:	
Undesignated, available for general activities	2,552,886
Designated as endowment by the Board of Directors	3,481,339
Net investment in property and equipment	994,816
	7,029,041
Temporarily restricted	16,349,524
Permanently restricted	4,855,238
Total net assets	28,233,803
	\$ 40,299,316

STATEMENT OF ACTIVITIES

	Year Ended December 31, 2009			
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
REVENUE AND SUPPORT:				
Contributions	\$ 374,960			\$ 374,960
Grants and contracts from government agencies	1,026,676			1,026,676
Grants from private organizations	3,593,228	\$ 11,030,572		14,623,800
Investment income	182,234			182,234
Net realized and unrealized gains (losses) on investments	669,409			669,409
Publication income and other revenue	146,712			146,712
Total	5,993,219	11,030,572		17,023,791
Net assets released from restrictions	8,362,599	(8,362,599)		0
Total revenue and support	14,355,818	2,667,973		17,023,791
EXPENSES:				
Program services:				
Research	5,475,441			5,475,441
Public education	3,742,838			3,742,838
Public policy	1,633,351			1,633,351
Total program services	10,851,630			10,851,630
Supporting services:				
Management and general	2,244,858			2,244,858
Fund-raising	427,719			427,719
Total supporting services	2,672,577			2,672,577
Total expenses	13,524,207			13,524,207
Change in net assets	831,611	2,667,973		3,499,584
Net assets at beginning of year	6,197,430	13,681,551	\$ 4,855,238	24,734,219
Net assets at end of year	\$ 7,029,041	\$ 16,349,524	\$ 4,855,238	\$ 28,233,803

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