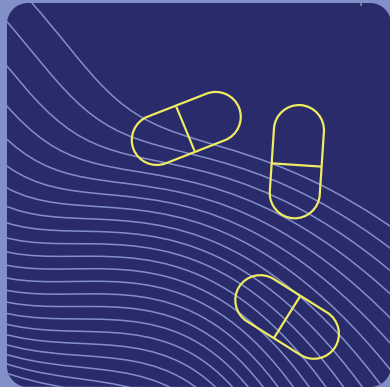


# guttmacher

IMPACT REPORT 2025



**Center facts.  
Shape policy.  
Advance sexual and  
reproductive rights.**



Guttmacher’s experts and data have been cited **18,200 times** in US and global media in the past year,\* even as media coverage of SRHR continues to decline.


*\*time period from July 2024 to September 2025*



**Abortion**  
New figures shed light on US abortion travel as Trump cuts tracking research


Guttmacher report finds 155,000 people crossed state lines for procedure - double number who did so before Roe's fall

**Carter Sherman**  
Sun 20 Apr 2025 07:00 EDT



Updated: APR 3, 2025 1:21 PM CT

**Trump Administration Freezes Critical Title X Funding for 16 Organizations**



Foreign Aid Cuts Will Lead to 34,000 More Pregnancy-Related Deaths in Just One Year

PUBLISHED 3/19/2025

by ELIZABETH SULLY and AMY FRIEDRICH-KARNIK




Abortions hold steady but fewer cross state lines for procedure, study finds

The decrease in interstate travel for abortions comes as telehealth providers, which can mail abortion pills to patients, rise in prominence.


April 15, 2025



**Funding Freeze Decimates Women's Health Care, U.N. and Others Say**



**Why Trump's next presidency poses a new global threat to women's health**



Grace Segers  
July 25, 2025

**Trump's Budget Law Will Wreck Reproductive Health Care for Millions**




**How Trump's reelection could impact reproductive health in low income countries**



**Morning-after pill sales surge online, telehealth companies say, as women prepare for second Trump term**

By Jacqueline Howard, CNN  
© 5 min read · Published 7:00 AM EST, Tue November 12, 2024



**ABORTION**  
**Abortion Bans Don't Reduce National Abortion Rates, 2024 Data Indicates**

APR 16, 2025, 10:06AM | JESSICA MASON PIEKLO



**Will Abortion Rights Survive Republican Trifecta? Top Activists Respond**

PUBLISHED  
APRIL 17, 2024 AT 05:00 AM EST



APR 30, 2025 8:38 AM CT

**What Trump Has Done on Reproductive Health Care In His First 100 Days**



**Here's Why Abortion Largely Won on Election Day—But Not on the Top of the Ticket**

NOVEMBER 22, 2024 | 5 MIN READ  
BY KELLY BADEN



**Abortion research group opposes state reporting requirements amid 'weaponization' by lawmakers**

The pro-abortion rights Guttmacher Institute wants to do away with mandatory reporting of abortion statistics, citing a 'hostile' environment under Trump

Published March 14, 2025 11:27am EDT

# A message from the Co-CEOs

Dear friends,

There is no way to sugarcoat it: the values we stand for are under assault. Since the second Trump administration took office in January, we’ve witnessed a series of devastating setbacks for hard-won policies and legal precedents that have supported sexual and reproductive health and rights for decades.

The Guttmacher Institute was founded on the belief that what gets counted *counts*. Over the years, we’ve worked in countries around the world where reproductive rights are curtailed and access to reproductive health care is extremely limited. Because of the evidence generated by Guttmacher and our partners, politicians can no longer claim, “This doesn’t happen in my country.” Guttmacher has always been here to make the invisible visible, holding governments accountable for people’s real experiences.

In this report, we are proud to share stories of Guttmacher’s staff and partners doing just that—and making real inroads, even in calamitous circumstances. You’ll read how we’ve supported new US state coalitions with tools to preserve access to contraception, helped turn abortion incidence data into a viral movement in Kenya and prevented drastic cuts to sexual and reproductive health care funding in the Netherlands. You’ll also see some of the data we’ve generated that lays bare the harms of the Trump administration’s actions.

As you’ll see in the conversation among our team leads who are rapidly responding to new and increased threats to bodily autonomy, Guttmacher’s dedicated staff have been working tirelessly, in close coordination with each other, partner organizations and policymakers in governments around the world. Though this administration has raised the threat level, our shared will to make a better world will never waver.

We are especially grateful to you, our community of supporters, for powering our team. Because of you, we’re making a real impact—as seen in the 18,200 times our data have been cited in the media over the last year, in the words of policymakers working to uphold reproductive rights and in the daily actions of health care providers and advocates around the world. This report celebrates our collective strength, our capacity to respond in crisis and our ongoing impact. Thank you for your continued partnership.

Onward,  
Destiny Lopez & Jonathan Wittenberg



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# The State of Sexual and Reproductive Health and Rights

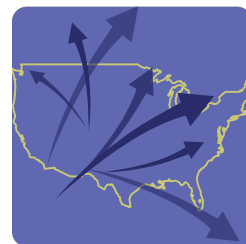
The inauguration of the second Trump administration in January 2025 has had a profound and gutting impact on access to sexual and reproductive health and rights around the world. Guttmacher's team of experts continues to track the impact of funding cuts, restrictive policies and harmful narratives within US borders and beyond, while providing advocates and lawmakers with rigorous data to preserve care whenever and wherever possible.



IN 2024

**155,000 people** traveled across state lines for an abortion, nearly **2x** the number before the Dobbs decision.

Guttmacher's abortion provision study publishes new estimates on interstate travel monthly.



IN 2024, ABOUT

**1,050,000 abortions** took place in US states without total abortion bans.

That is an increase of **11%** since 2020.



IN 2023

**63%** of all abortions in the United States were via medication, up from **53%** in 2020.

Guttmacher is working to track not only where abortion seekers receive care, but which method of clinician-provided care they access.



FOLLOWING THE DOBBS DECISION

**2x** as many clinic staff reported an increase in patient demand for contraception in states that restrict abortion as in states that protect abortion rights.

In January, Guttmacher offered perspectives from clinic staff on contraceptive care post-Dobbs, part of an ongoing effort to demonstrate the ripple effect of restricting abortion access.



IN LOW- AND MIDDLE-INCOME COUNTRIES

**34,000 pregnancy-related deaths** will occur in the first year following cuts to US federal funding for family planning.

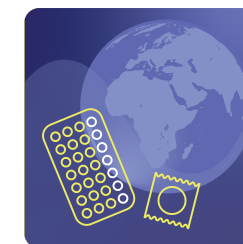
Following the initial freeze on US foreign aid, Guttmacher published an op-ed in *Ms. Magazine* highlighting how the policy would cause a dramatic spike in pregnancy-related deaths. Guttmacher continues to amplify the dangerous impact of these cuts to foreign aid.



FOLLOWING THIS YEAR'S FUNDING FREEZE

**30%** of patients served at Title X-supported health centers lost access to Title X-funded sexual and reproductive health care.

Guttmacher continues to advocate to protect and increase Title X funding, which is designed to address disparities in access to contraceptives and other services for people living with low incomes and those in Black, Latinx and other marginalized communities.



IN LOW- AND MIDDLE-INCOME COUNTRIES

**29 million women and girls** and counting will be denied contraceptive care because of foreign aid cuts.

Guttmacher is providing to-the-minute counts on the number of impacted women and girls around the world, in an ongoing effort to drive attention to the devastation caused by cuts to US family planning aid.



# “The Floodgates Opened”

*Fighting for Sexual and Reproductive Health and Rights in Extraordinary Times*

Since January 20, 2025, access to sexual and reproductive health care in the United States and around the world has undergone a seismic change. Guttmacher has deployed its resources and expertise to respond to rapid shifts in the landscape, providing rigorous research that informs the public, helps quantify the impact on patients and providers, and arms policymakers supportive of reproductive health and rights to fight back. We sat down with the team leading Guttmacher’s rapid response to hear how they are keeping up in a time of constant change—and why they’ll never give up the fight.

ABOVE: Amy Friedrich-Karnik, Director of Federal Policy (center), speaks at a press conference hosted by US Senator Chuck Schumer (left) about the harms of the budget reconciliation bill.



*Guttmacher started preparing well before the 2024 US elections took place. As a 501(c)3 organization, your work does not influence election outcomes, but it is necessarily informed by them. What did your scenario planning look like?*

**Amy Friedrich-Karnik, Director of Federal Policy:** It was a whole Institute effort. Every single division, from finance to IT to research, thought through what would be needed regardless of the election outcome. We mapped the policies we anticipated in different scenarios and how we would respond—what kind of analysis and communications we would need to put out and when, what research projects we could be thinking about to respond and capture the impacts of the projected policies. We wanted to have a robust plan.

**Beth Sully, Director of International Research:** There was also a window between the election and inauguration where we focused on helping partners in other countries start to plan for what they might expect after the inauguration. The scenario planning allowed us to bring expertise to other countries’ governments and policymakers. And we had a blueprint for what to potentially expect with Project 2025, which laid out some of the worst-case policy scenarios to plan for.

*So you were ready to respond as the public grappled with what was on the horizon. But after January 20, things began to move very quickly.*

**Joerg Dreweke, Director of US Communications:** This administration completely threw out the playbook that previous anti-abortion administrations had been using. They have sideswiped our issues. Having agency heads who are not just hostile to our issues across the board, but also not bound by norms or even the law in many cases, is an unprecedented situation. We knew it would be very challenging, but I don’t think any of us anticipated it would be quite like this. Still, we were able to adjust quickly to these radically new challenges.

**Beth:** Guttmacher immediately made the choice to be vocal at a time when many other organizations were reliant on USAID funding and operating under a lot of uncertainty. Guttmacher had an important role to play in speaking up—to the media, to policymakers, and with new research to show the impact of what was taking place. We got a lot of appreciation from colleagues who felt like their life’s work was destroyed [when much of the US foreign aid infrastructure was dismantled]. They appreciated how quickly and loudly Guttmacher was able to speak up in that moment and to share real data about the impact of such destruction.

## Tracking Actions Against SRHR Under the Trump Administration



### January 2025

The Trump administration comes into office, releasing a flurry of executive orders targeting sexual and reproductive health and rights.

The “global gag rule” is quickly reinstated, cutting off US funding to international NGOs if they provide abortion services, information, counseling or referrals.

Anti-abortion activists who had harassed and intimidated patients and providers are pardoned.

*continued >*



**Amy:** Our laser focus on being prepared has allowed us to stay grounded when things we didn't anticipate—like dissolving USAID—happened. We were able to pivot and execute our response because of that preparation.

*The unprecedented actions of this administration require incredible coordination to stay relevant and respond in the moment. How do you stay in communication, make quick decisions and keep up?*

**Joerg:** Our teams were joined at the hip already, as far as information sharing goes. So the infrastructure was in place.

**Beth:** The floodgates opened after the inauguration. Amy convened cross-divisional groups to make sure there was rapid exchange of information, to verify information as it came in, to understand what was happening on the ground with each of these changes in policy.

**Kirsten Sherk, Director of Global**

**Communications:** The pace hasn't slowed down much. We're still meeting regularly because new policies keep coming out. Or, there are rumors and we're trying to chase down what's real, what's not, and what the impact is. It's an ongoing effort.

**Beth:** When the foreign aid freeze happened, we had a piece out within four days. That means crunching the data, developing a plan, designing the piece. Everyone was aligned with what the priorities were. Everyone said, "Drop what you are doing. We're all going to work together to make this happen."

**Joerg:** We were first out of the gate with that impact analysis. The idea that they would feed USAID "into the wood chipper," as Elon Musk put it, I don't think anybody had that on their radar. But because we had this cross-divisional infrastructure in place, we were quickly able to pivot and respond to it.

*Hundreds of partners rely on Guttmacher's research and analysis to inform decision-making and support advocacy for SRHR [sexual and reproductive health and rights]. Who is coming to you now, and what are their needs?*

**Amy:** Our advocacy partners are coming to us often for rapid response data. One came to us three times in the last six weeks alone.

**Beth:** Globally, we've had members of parliamentary groups asking us to brief them. We've talked with lots of donor agencies. We have more and more civil society partners in other countries coming to us because of the dismantling of foreign aid.

**Kirsten:** And the media has come to us, domestically and globally. Our data are being picked up for weeks and weeks, and we've been sought out for direct interviews and media briefings. It's been remarkable to see how much the media counts on us to have both the numbers and the story behind the numbers.

**Joerg:** The reason we've been able to be so responsive to requests is a huge credit to our experts and spokespeople. Last week, Amy was in three separate press calls, including one with Senator Schumer on the Hill and another with Planned Parenthood.

“

*Our advocacy partners are coming to us often for rapid response data. One came to us three times in the last six weeks alone.*

—AMY FRIEDRICH-KARNIK

Guttmacher Director of Federal Policy

*Are you worried about capacity? Can you handle all of the requests you're getting?*

**Kirsten:** As more and more cuts are happening to foreign aid across other countries, we're starting to wonder whether we will be able to provide new analyses adapted for every context. We haven't had to say no yet, but we have absolutely maxed out our capacity, especially since much of this is unfunded and new work that we have to adapt workplans and budgets to cover.

**Joerg:** Are we in a marathon? I don't think so. It feels like a series of overlapping sprints. There are real concerns about the sustainability of this work. But we are committed to this fight. Hopefully, our supporters will bolster our ability to sustain the pace.

**Amy:** We also have to be true to what we do at Guttmacher as a research organization. We'll sometimes get asked for data points or analysis that don't currently exist or would take years to study and understand. So they're not available for rapid response. We have to think instead about what can be produced that maintains research integrity, is within our capacity and also speaks to the moment.

*How is that influencing your planning?*

*Are there new investments Guttmacher needs to make?*

**Joerg:** Right now, there's a huge focus on rapid response, and it's enormously important to gauge the impact of these new [Trump administration] policies. But at the same time, we have to focus on the foundational work that Guttmacher does. It's this type of ongoing, long-term data collection that allows us to quickly pull numbers and then contribute to current debates.

**Beth:** Yes, we have invested years in building the data infrastructure that has given us this rapid response capability. We can't lose sight of what other work is needed to maintain these systems and models so that we can continue to have this capacity to respond in the future as well.

**Kirsten:** We would love to be able to stop, drop and roll. But research necessarily works at a slow pace. A good example: the US government funded the Demographic and Health Surveys, the most significant source of demographic data on SRHR globally. It's a resource that many governments have relied on, and that

## February

The Trump administration starts to fully dismantle the US Agency for International Development (USAID), severely threatening foreign assistance for international family planning and reproductive health care.



IAB STUDIO/SHUTTERSTOCK

## March

The US Department of Justice dismisses a lawsuit brought by the Biden administration to ensure that pregnant people in Idaho could receive abortion care guaranteed under the federal Emergency Medical Treatment and Labor Act (EMTALA).

## April

The administration freezes close to \$35 million in Title X funding to 16 organizations. Title X is the only federal program dedicated to providing low- and no-cost birth control and other reproductive health care.

## May

A budget reconciliation bill passes that includes provisions to "defund" Planned Parenthood, gut health coverage under Medicaid, and undermine access to abortion and gender-affirming care.



## June

The US Supreme Court decides *Medina v. Planned Parenthood South Atlantic*, clearing the way for states to block Medicaid patients from accessing care at Planned Parenthood health centers.

## July

President Trump signs the budget reconciliation bill into law.

*continued >*



data source is now dead. It's gone. So now Guttmacher is in conversations about how we begin to maintain robust data systems in the absence of those surveys. That will take time.

*A lot of this work has been reactive to the decisions of the Trump administration. But one of Guttmacher's strengths is anticipating what might be coming next. How are you thinking ahead?*

“*We have incredible people at Guttmacher. I draw on the energy, the brains, the dedication and the sheer will to make a difference.*”

—JOERG DREWEKE  
Guttmacher Director of US Communications

**Amy:** The last few months have been focused on, “What is the policy, and has it been implemented?” Now, I’d like to be able to go to policymakers with data on how those policies will affect people’s lives. We need to be able to talk about what the impact would be if it got worse, because there are absolutely more bad policies that could come.

**Candace Gibson, Director of State Policy:** That’s especially important for communities that have historically been marginalized. For instance, we’re trying to support organizations working at the intersection of immigration and sexual

and reproductive health care. It’s very hard to get data on immigrant access to that care. These are communities that are already under surveillance. So how do you collect that data? How do you build partnerships with those communities? Those questions are top of mind for us.

*We’re at the beginning of a long road. The impacts of these policies will reverberate for a generation. What keeps all of you going?*

**Amy:** I keep grounded in the day-to-day work. Just this morning we found out that a provision that was going to get into the Big Bad Bill was kicked out. We helped stop a bad thing from happening. That’s a win.

**Joerg:** We have incredible people at Guttmacher. I draw on the energy, the brains, the dedication and the sheer will to make a difference.

**Candace:** I also think this is a rich time for us in the United States to learn from other countries. I’m astounded by the bravery of advocates elsewhere, who find a way—regardless of the legal situation in their country—to ensure people get the care they need.

**Beth:** And as a researcher, I see how many countries are moving toward more progressive SRHR environments. The United States is an outlier. So, I remember how many other champions are out there. I go read speeches from governments that are strong advocates for abortion rights, and I get riled up. All is not lost. ■

August

The Trump administration proposes a new rule to ban veterans and their family members from accessing abortion care and counseling through the Veterans Health Administration.



ALEX BRANDON/AP IMAGES

September

The administration decides to destroy \$9.7 million worth of contraceptives that could have prevented unsafe abortions and maternal deaths among women in low-and middle-income countries.



Research in Action:  
Study Goes Viral in Kenya

“It sparked a national reckoning about women’s health.” That’s how Margaret Giorgio, a senior research scientist at Guttmacher, described the far-reaching impact of a recent study she conducted in Kenya alongside the African Population and Health Research Center (APHRC), a longtime Guttmacher partner. The project tracked the incidence of abortions in Kenya, including interviews with over 2,000 women who had an abortion in the past five years.

For Giorgio, this type of in-country work is especially powerful, connecting data directly to the country’s laws and health systems. “People will say, ‘I know abortions happen, but not here.’ The truth is, it’s something that women all over the world are doing every year, every day.”

Counting abortions, especially when the procedure is restricted, is challenging for researchers. But those counts are essential to making the real experiences of women visible.

The Kenyan study revealed not only how many abortions were taking place in the country, but also who the women were who sought them out. Most were older than 25, married and already had children.

Last year, as Kenyan lawmakers weighed a new tax bill, protests reacting to the rising cost of living erupted around the country. “People in Kenya are feeling a lot of economic strain,” said Giorgio. “It’s too expensive to raise a family.”

In May, the abortion study findings were co-presented by APHRC, Guttmacher and the Kenyan Ministry of Health at a national dissemination event. That night, all four major television networks in Kenya picked up the story. “We were all over the news,” said Giorgio. “It became a viral story.”

Since the results became public, the Kenyan Ministry of Health has fast-tracked the approval of a new postabortion care training package. Meanwhile, the Kenya National Human Rights Commission issued a statement calling for the government to increase the health budget. In a speech on the Kenyan Senate floor, Senator Hamida Kiwana cited the findings from the study, calling for the government to strengthen contraceptive services and invest in reproductive health care. As she put it, “Protecting the reproductive rights of women and girls is not optional.” ■

APHRC staff and an emcee looking over a press release at the Kenya Abortion Study national dissemination event in Nairobi.



# Making a Difference, One Country at a Time



ABOVE: Onikepe Owolabi, Vice President for International Research, presents her research on abortion stigma in Nairobi and Burkina Faso at the International Population Conference in Brisbane, Australia in July 2025.

(PHOTO BY NEOTEQ)

“Data is justice,” said Onikepe Owolabi, Guttmacher’s Vice President for International Research. That philosophy drives her work overseeing Guttmacher’s global research, which includes direct partnerships with national governments, universities and NGOs across the Global South. “What we really want to do is transform the lives of women on the ground. We want their voices to be represented in how their governments design and shape health systems.”

Since its founding, Guttmacher has been partnering with locally based legislators, academics and health care providers in countries around the world. For Owolabi, that is a privilege. “We design our in-country research in collaboration with the people who live and work in those settings to identify the knowledge gaps in their country. We get the opportunity to understand how people’s

“*We want [women’s] voices to be represented in how their governments design and shape health systems.*”  
—**ONIKEPE OWOLABI**  
Guttmacher Vice President for International Research

reproductive and sexual lives shape their day-to-day life,” she said. “It’s personal.” This on-the-ground work with local partners has allowed Guttmacher to support the expansion of access to sexual and reproductive health care for millions of women. Owolabi pointed to dozens of examples. In Ethiopia, Guttmacher’s 2008 and 2014 studies revealed a high rate of maternal morbidity from unsafe abortions. Guttmacher researchers worked in partnership with the Ethiopian government and other NGO partners, such as Ipas, to turn the data into policy: embedding protections into the health system, expanding access for

adolescents and conducting research to track changes in health outcomes. Subsequent studies have shown positive impact, with the morbidity rate declining.

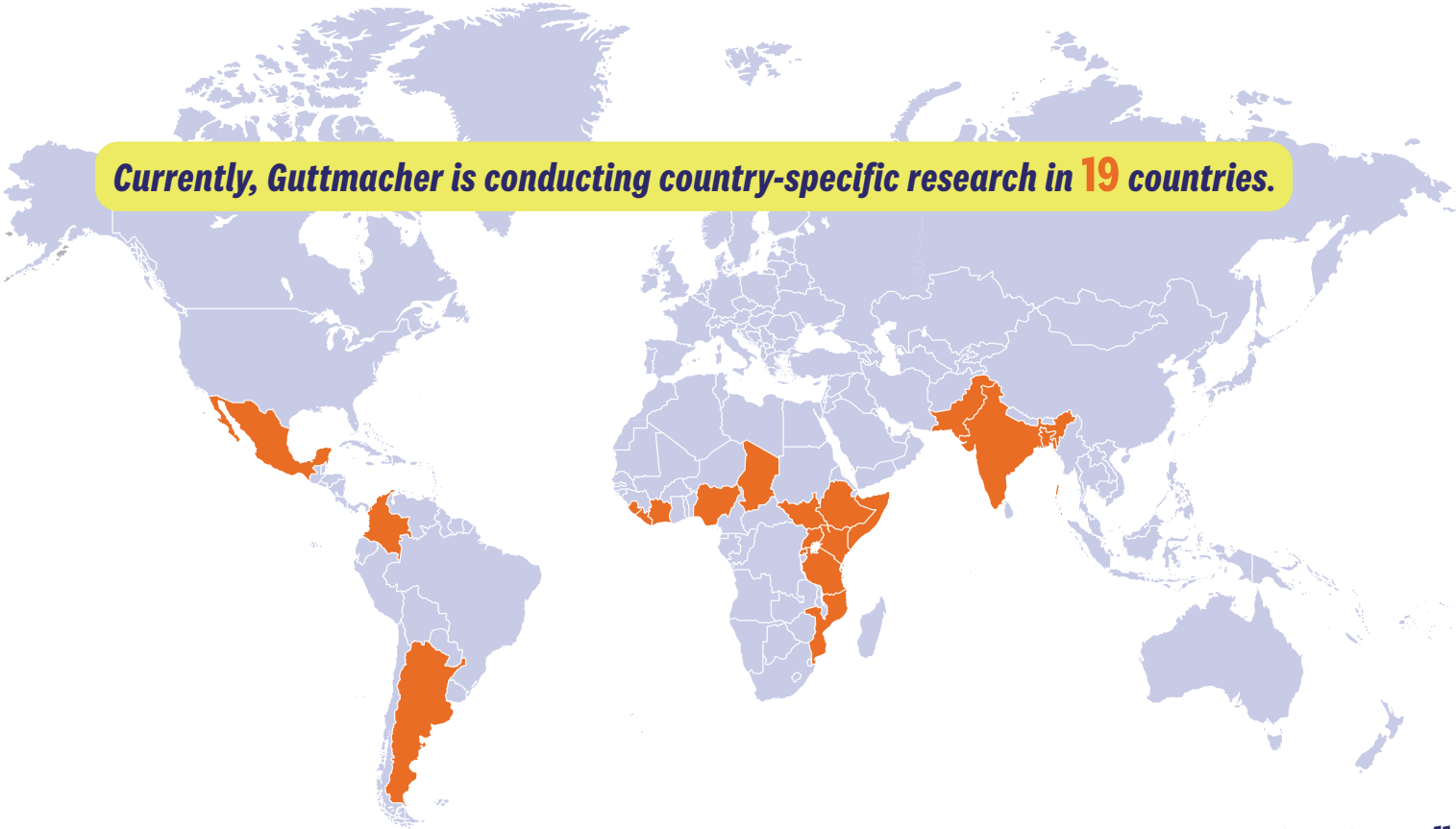
“Without data, we can’t see progress when countries expand access [like in Ethiopia]. Data can make the progress visible. Lack of data gives governments a legitimate reason to neglect topics like SRHR [sexual and reproductive health and rights],” said Owolabi.

Currently, Guttmacher is conducting country-specific research in 19 countries. Owolabi feels this is some of the most impactful work that Guttmacher does. She talks about her home country of Nigeria, where abortion is severely restricted and is only allowed in order to save the life of the pregnant woman. Guttmacher partnered closely with the Nigerian Ministry of Health on an influential abortion incidence study released in 2012. Later, one of the academic partners who worked with Guttmacher on the study became the country’s Minister of Health. That led to Nigeria producing guidelines that clearly outline how women can safely access legal abortions, while also expanding access to postabortion care,

serving many more women who seek out the procedure outside of legal pathways.

Research in a single country can also catalyze change across regions and even continents. “As medication abortion access expanded in Latin America, we were tracking declines in hospitalizations, morbidity and hemorrhage due to unsafe abortions. Those studies were cited in amicus briefs supported by Guttmacher’s research and policy leadership that contributed to the liberalization of laws in Mexico and Colombia,” said Owolabi. Now, the same data are helping advocates across the ocean in Sub-Saharan Africa work toward similar policy change.

With limited resources, Guttmacher must make difficult choices about which countries to work in. “Donors are making challenging decisions about where to invest right now,” said Owolabi. “But when we deprioritize data collection, we’re unable to quantify the impact when, for instance, the United States pulls its international funding.” She hopes all funders supporting gender equality and sexual and reproductive health and rights will come forward to meet the moment. ■

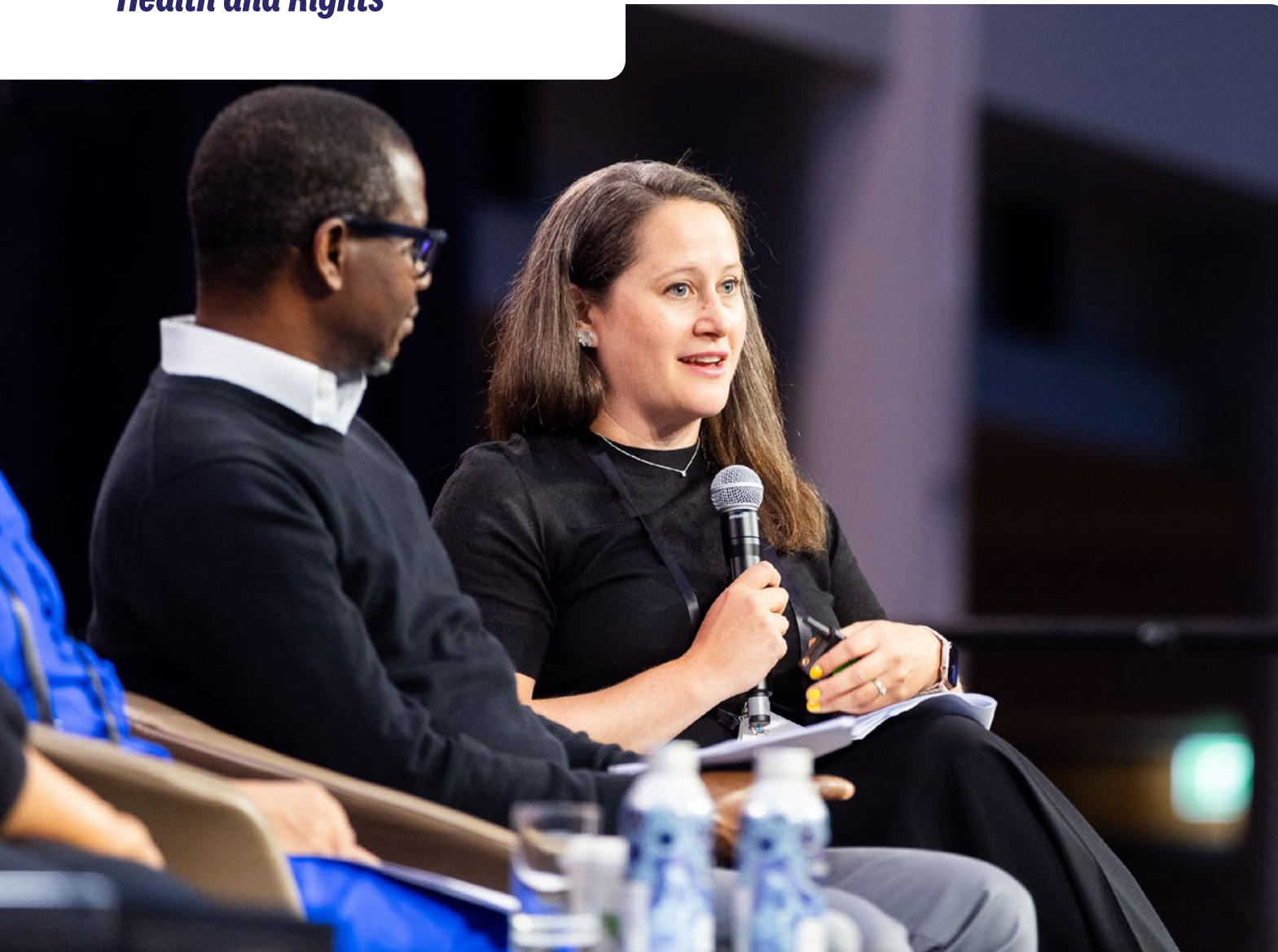




# Clarity in Chaos:

## *The Race to Preserve Funding for Sexual and Reproductive Health and Rights*

“There has been so much chaos and confusion. It’s hard for anyone to stay on top of what is happening day-to-day,” said Beth Sully, Guttmacher’s Director of International Research, as she reflected on the Trump administration’s historic transformation of the global funding landscape for family planning and sexual health. As partners, governments and providers catch up to the new normal, Guttmacher’s team of international researchers has stepped in as a much-needed source of trusted, actionable data.



Beth Sully, Director of International Research, speaks at the International Population Conference in Brisbane, Australia in July 2025 on how organizations can meet the moment.  
(PHOTO BY NEOTEQ)

“We’ve spent years investing in and building really strong global models that allowed us to be really responsive in this moment,” said Sully. “And, our whole international model is working in partnerships. People in-country are the experts on their own local contexts, and we feed evidence into that.” That unique combination—strong data systems and trusted relationships with global partners—has positioned Guttmacher as a key engine behind the global race to preserve sexual and reproductive health and rights (SRHR) funding.

The numbers are stark. As of July 2025, Guttmacher estimates that more than 70% of all international funding for family planning is at risk, including 40% from the United States alone. That’s where Sully and her team of international research scientists come in. Since January, they have fielded dozens of requests from government leaders and advocates around the world to provide credible evidence that makes the case for maintaining funding for programs related to SRHR.

Already, there are wins to celebrate. Last fall, Guttmacher partnered with Dutch government leaders to produce “Just the Numbers: The Impact of Dutch International Assistance for Family Planning and HIV.”

Released on the same day as the launch of an interparliamentary working group on SRHR, the report outlined that the Dutch investment in sexual and reproductive health resulted in 8.5 million people accessing contraceptive care each year, saving nearly 3,000 lives in low- and middle-income countries annually.

The data were used by members of two opposing political parties who jointly penned an op-ed making the case for preserving the Netherlands’ SRHR funding. “There are still cuts coming, but they aren’t what they would have been,” said Sully. “We made sure the value of investing in SRHR was clear and that those programs are still a priority on the agenda.”

Over the long term, Sully and her team hope to reduce reliance on government partners like the United States and European Union countries. Still, that shift will take time. “Everyone is pretty heartbroken right now. ‘How are you’ is a hard question to ask—there have been layoffs of 30 to 50% of staff at some of the key partners in the field, and we are watching the services and programs that are so critical to the lives of people around the world fall apart. No one is okay,” said Sully. “But we’re in it to fight. We’ve got grit.” ■

## Shifting the Funding Paradigm

Guttmacher’s team of international researchers is well-experienced in tracking the impacts of US foreign policy and funding. During President Trump’s first term, Guttmacher tracked the harmful effects of the administration’s anti-abortion policies in real time.

Now, Beth Sully, Guttmacher’s Director of International Research, hopes to prevent at least some of those harms before they happen. “We’ve been thinking about shifting from measuring impacts to using robust research and evidence to set up an early warning system and a response network. If Guttmacher brings timely data, partners can use that to drive their strategic response to financial and political threats to SRHR.”

Sully and her team are also considering how to change the paradigm moving forward. “Aid has historically been

structured in a way that makes low-income countries subject to the priorities of their donors, rather than shaping and controlling their own domestic priorities. When countries like the United States come along with anti-abortion and anti-SRHR policies, that makes low-income countries particularly vulnerable. We’d rather they have sovereignty and control over their health systems, so they can take care of and support their own people.”

Sully sees Guttmacher’s data playing an important role in driving more innovative domestic financing models, helping government leaders understand the long-term cost savings of proactively providing family planning and abortion services, as well as more cost-efficient methods of doing so.



# Deploying Data in the Age of Misinformation and Disinformation

“SRHR is unique in how deeply personal, political and value-laden a topic it is. A person’s ability to make decisions about their sexual and reproductive health is very often tied to identity, to power, to the legal context in which they live. That makes the evidence in this area especially vulnerable to potential distortion.”



—CHELSEA POLIS, Principal Research Scientist and recipient of the 2023 John Maddox Prize, which recognized her commitment to scientific integrity

“It was a blatant attempt to try to silence me, merely for speaking truth to try to protect people and their reproductive health,” said Chelsea Polis, reflecting on the \$1 million lawsuit filed against her in 2020 that could have destroyed her life and career. After speaking out truthfully against misleading claims made by a medical device company that falsely marketed its fertility thermometer as a highly effective contraceptive method, Polis, a Principal Research Scientist at the Guttmacher Institute, was shocked to learn she was being sued for defamation. The suit was filed despite both a scientific journal and the US Food and Drug Administration having acted on the scientific and regulatory concerns Polis had raised about the product’s claims.

A two-year legal battle followed, and Polis ultimately prevailed. But the risks to scientists who aim to bring evidence-based perspectives to public dialogue are rapidly intensifying in the current climate, while the need to forcefully counter misinformation is growing.

Determining how to advance truthful narratives and policy change rooted in facts is top of mind for Kelly Baden, Vice President for Public Policy, who is leading Guttmacher’s efforts to combat rising misinformation and disinformation on sexual and reproductive health and rights. “Data are necessary but not sufficient to change the world,” said Baden. “Evidence has to be coupled with strong communication and collaborators on the ground to set a narrative about what the research tells us.”

Polis sees research institutions like Guttmacher playing an important role in countering false information. “Our staff have the methodological chops to spot flawed studies, the deep familiarity with the evidence base to know what the best science says and the policy insight to recognize when falsehoods could do real harm on a large scale. We’re committed to making sure the facts matter—even when they’re inconvenient or complex.”

Guttmacher put that philosophy into practice this May, when a conservative anti-abortion organization released a paper attempting to counter long-standing evidence on the safety of mifepristone, the first pill in the most commonly used regimen for medication abortion in the United States. Baden’s research colleagues analyzed the claims line by line, pointing out conflicts with existing scientific evidence. Guttmacher policy experts were able to equip key partners and offices on Capitol Hill with this analysis, preparing them for the legal and regulatory attacks on mifepristone from

Trump administration appointees. Guttmacher’s Principal Research Scientist Rachel K. Jones and Dr. Jamila Perritt of Physicians for Reproductive Health then penned an op-ed, drawing attention to the flawed study and its goals of leveraging unsound science to restrict access to abortion care.

Regardless of intent, the dangers of misinformation are real. “People might not get the health care that they need,” said Baden, “Or they might make different decisions because they’re operating from the wrong information.”

Polis hopes for more dialogue between scientists and the public, which she believes could help to increase trust in science. “That will involve finding creative ways to showcase the authenticity of scientists as human beings. Scientific consensus is so hard won and so deeply meaningful. I think when people better understand how science works, they are more likely to engage thoughtfully, rather than either rejecting or accepting claims at face value.” ■

An op-ed in *The Nation*, co-written by Guttmacher Principal Research Scientist Rachel K. Jones and Dr. Jamila Perritt of Physicians for Reproductive Health, sets the record straight on the safety of the widely used abortion pill, mifepristone.







# A Changed Landscape

## Tracking Shrinking Contraceptive Access in the United States

“Congress is doing this because they want to restrict contraception and ban abortion. We have proof.” Amy Friedrich-Karnik, Guttmacher’s Director of Federal Policy, revisited comments she made at a Senate press conference in June. At the time, federal lawmakers were weighing drastic cuts to Medicaid—the health insurance program that includes coverage of a robust package of contraceptive services—and many grantees of the Title X family planning program had seen their funding

ABOVE: Demonstrators in front of the US Supreme Court as the *Medina v. Planned Parenthood South Atlantic* case is heard in April 2025. (PHOTO BY TOM WILLIAMS/GETTY IMAGES)

withheld. That proof came from a study Guttmacher began in 2016, tracking the impact of the most sweeping disruptions to US contraceptive access in 50 years, including the 2019 Title X “domestic gag rule,” the COVID-19 pandemic and the *Dobbs v. Jackson Women’s Health Organization* decision overturning federal abortion rights.

Guttmacher’s Reproductive Health Impact Study (RHIS) zeroed in on four states: Arizona, Iowa, New Jersey and Wisconsin. It was particularly ambitious in scope, tracking patients’ experiences seeking contraceptive and related care over a seven-year period. That long time horizon allowed researchers to understand the impact of state and federal policy changes during the first Trump administration, which included a drastic reduction in the number of clinics receiving funding for services for low-income people.

“Patients would say, ‘Last time I was here, it was free. Now here I am six months later, and what’s going on? I can’t even use contraception now because I can’t pay for it,’” said Megan Kavanaugh, a principal research scientist at Guttmacher, who led the study. One provider in Iowa quantified the impact, sharing that after losing Title X funding, their clinic went from offering patients a 100% discount on sexual and reproductive health care to just 40%. Kavanaugh’s team found that financial barriers often discouraged patients from seeking contraceptive care at all.

Restrictive regulations also prevented providers from speaking to patients about the option to have an abortion. One provider in Wisconsin interviewed in the study said, “It’s our job to educate women on all of their options, and when it comes to abortion, I feel like I’m swearing when I say it now. It’s become a curse word in Wisconsin. [...] We have to be very mindful of what we do so we don’t lose funding.”

One of the key takeaways from the study is that policies aimed at restricting one type of sexual and reproductive health care, such as abortion, end up creating barriers to additional types of care. “It’s a ripple effect. These restrictions will always trickle out to other aspects of people’s sexual and reproductive health because that’s the way we live our lives,” said Kavanaugh. “We can’t silo different pieces of health care.” ■

## Taking it to the States

Findings from RHIS are now fueling Guttmacher’s advocacy to preserve sexual and reproductive health funding in the United States. “When the Trump administration abruptly cut off several Title X grantees this spring, we were able to say within a week, ‘This is how many people will be impacted and how,’” said Friedrich-Karnik. Her team developed a toolkit for state-level advocates, breaking down the data that are most relevant and the messaging that is most impactful. One of the goals is to protect funding for clinics, especially those serving low-income populations.

Even in the current context, Friedrich-Karnik sees opportunity in the states. As the study concluded last year, the team took the research to a dynamic mix of stakeholders in each of the states participating in the study, including Department of Health staffers, advocates, health care providers and elected officials. Some of those meetings have led to new coalitions that aim to turn the data into action that increases access to contraceptive care.

“It brought the data alive,” said Friedrich-Karnik. “I’ve done a lot of coalition work in my career, and I would say that these meetings are some of the most memorable. People were so happy to be in community with each other.”





# Your Guttmacher Story

We asked some of our top supporters to tell us what Guttmacher means to them. Here are their stories.



“ I was in law school in Missouri when the 48-hour mandatory waiting period before an abortion was passed [in the state legislature]. There was only one abortion provider in

Missouri—Planned Parenthood of St. Louis—and there were so many hecklers outside. It was really traumatizing for folks who were just trying to get care, and for providers entering the premises, I wanted to make sure no one would have that experience.

*I ended up working for the political arm of Planned Parenthood, and it was there that I gained a profound appreciation for Guttmacher’s research.*

Guttmacher became one of the top organizations I would turn to, helping me understand how what I was seeing in my state and district compared to what’s happening across the country and around the globe.

–FAJER SAEED EBRAHIM



“ My family was involved in reproductive health care for a long time. Both my parents talked about the importance of access. My mom lost a student to an illegal abortion, and my

uncle, who was a doctor, also had a student who passed away for the same reason. They saw it firsthand. That’s what brought me to the Guttmacher table.

My passion is born from teaching, which is about helping students have control of their own futures.

*Reproductive health care, abortion access, medical access is all about allowing people to have control over their futures.*

–BEN KAHRL

“

I am 81 years old, and I’ve been 20 years retired from the practice of pediatrics. But, I remember very well when I was a second-year medical student. I was married, and I was pregnant.

*And I found in my heart that I would never become a doctor if I had this baby.*

I contacted a relative who put me in contact with Alan Guttmacher, who steered me to an illegal abortion on 5th Avenue [in Manhattan]. And now I’m a doctor. Every time I think about abortions, I think of my gratitude to Alan Guttmacher for putting me into this field. So, of course, I’ve become a supporter of the Guttmacher Institute.

–JOYCE

# Thank You for Making a Difference

Supporters like you empower Guttmacher’s experts to deliver actionable data that shape policies protecting reproductive freedom and bodily autonomy—your contribution is vital in helping us mount a vigorous defense to combat the Trump administration’s attacks on reproductive rights.

## How to make a gift

Your tax-deductible gift to the Guttmacher Institute puts our data in the hands of activists, advocates and policymakers to advance sexual and reproductive health and rights for all.

GIVE NOW: [gu.tt/datatoaction](https://gu.tt/datatoaction)

## To give by mail

Please make a check payable to the Guttmacher Institute and send to:

Guttmacher Institute  
P.O. Box 905  
Hartsdale, NY 10530

For other ways to give, including by DAF, stock or securities, please visit: [guttmacher.org/ways-give](https://guttmacher.org/ways-give)

## Guttmacher Defenders

Guttmacher Defenders make a monthly commitment to ensure that we can respond quickly to emerging threats through our timely research and advocacy work. Our Defenders provide reliable, ongoing support to defend and advance reproductive freedom.

BECOME A GUTTMACHER DEFENDER:  
[guttmacher.org/guttmacherdefenders](https://guttmacher.org/guttmacherdefenders)

## Guttmacher Guardians

Guttmacher Guardians are special donors committed to protecting reproductive rights and access for all with an annual contribution of \$1,000–9,999.

BECOME A GUTTMACHER GUARDIAN:  
[guttmacher.org/guttmacher-guardians](https://guttmacher.org/guttmacher-guardians)

## Guttmacher Leadership Circle

The Guttmacher Leadership Circle is a community of dedicated leaders supporting the Institute to make significant impact on sexual and reproductive health and rights around the world with an annual contribution of \$10,000 and above.

Learn more about the Guttmacher Leadership Circle by contacting our development office.

## Doctors for Guttmacher

Doctors for Guttmacher are engaged professionals who understand the importance of scientific data in the struggle to ensure reproductive health care and access.

Learn more about Doctors for Guttmacher by contacting our development office.

## Guttmacher Legacy Circle

Guttmacher Legacy Circle members play an important role in securing the future of the Institute’s vital work. When you make a planned gift, you join a group of allies who recognize the enduring importance of the Guttmacher Institute’s research and advocacy to protect and expand sexual and reproductive freedoms for decades to come.

JOIN OUR LEGACY CIRCLE:  
[guttmacher.org/donate/planned-giving](https://guttmacher.org/donate/planned-giving)

## Join the Conversation

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For more information on how to get involved, please contact: [developmentoffice@guttmacher.org](mailto:developmentoffice@guttmacher.org) or 646-438-8737

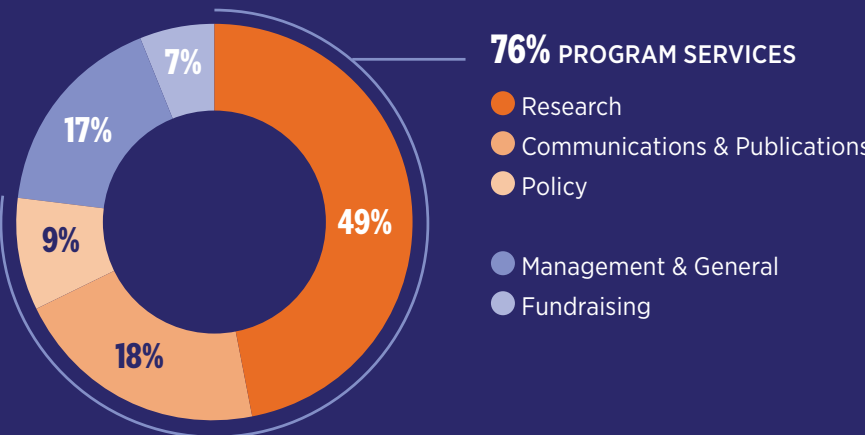




## Behind the Data

*We thank our staff for their dedication to building powerful evidence that advances sexual and reproductive health and rights for all.*

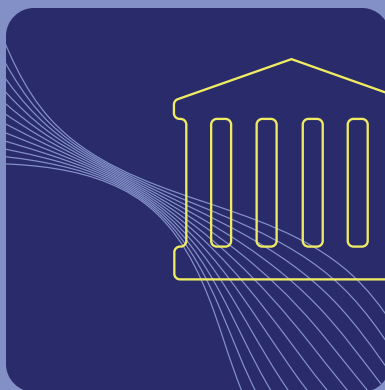
## Estimated 2025 Expenditures





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125 Maiden Lane, 7th Floor  
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