CENTER FACTS. SHAPE POLICY.
ADVANCE SEXUAL AND REPRODUCTIVE RIGHTS.®

guttmacher

Table of Contents

2 THE STATE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

4 CEO LETTER

6 STAY FOCUSED, BUT NIMBLE

8 ONE INSTITUTE, INDIVISIBLE

12 COUNTERING THE RISING TIDE OF MISINFORMATION

15 RIGOR IN REAL TIME

18 MAKING THE INVISIBLE VISIBLE

22 CLOSING THE DISTANCE TO CARE

26 CHARTING THE CHAOS

30 THE EVIDENCE GAP IN FERTILITY TRACKING

34 NUMBERS WITHOUT BORDERS

36 IN THEIR OWN WORDS

37 YOUR SUPPORT SHAPES THE FUTURE

38 BEHIND THE DATA AND FINANCIALS

Since 2022, Guttmacher's experts and data have been cited over 100,000 times across the US and global media, shaping the public conversation.

AP — "Trump administration weighs fate of $9M stockpile of contraceptives feared earmarked for destruction"

Health Affairs — "Fertility Tracking Must Be Grounded In Evidence And Reproductive Justice"

CNN — "Abortion clinics are closing, even in states that have become key access points"

H — "Here's How Women Really Feel About Republicans' Absurd Plan To Stop 'Abortion Water'"

salon — "AI's abortion misinformation problem"

IBT — "142,000 Women Crossed State Lines for Abortions in 2025: Journey Got Harder and Costlier After Bans"

The Guardian — "Judge rules FDA restrictions on mifepristone are arbitrary and capricious"

Ms. — "Junk In Junk Out: The Senate HELP Hearing Confirmed What We Already Knew About the War on Medication Abortion"

npr — "Despite state bans and restrictions, the number of abortions in the U.S. holds steady"

T — "Abortion Providers Forced to Adapt After Court Blocks Pill Access by Mail"

"'America First' aid policy reshapes how U.S. delivers global health assistance"

THE HILL — "The anti-abortion movement is showing its true colors"

the UG POST — "Global Safe Abortion Calculator projects $728 million in annual savings with universal access"

USA TODAY — "Court blocks access through the mail to mifepristone abortion pill"

The state of sexual and reproductive health and rights in the US and globally through the lens of Guttmacher data

FROM 2023 TO 2025:

463,000 people in the US traveled out of state to access abortion care

ACROSS THE US:

21.4M women of reproductive age in need of low- or no-cost contraception live in a county with a contraceptive access gap

IN LOW- AND MIDDLE-INCOME COUNTRIES:

928M women want to avoid pregnancy. 214 million women are not using modern contraceptives, and among those, 28 million intend to use or would be open to using contraception

IN THE US SINCE 2023:

58 state bills — 21 states have introduced 58 bills that would criminalize the sale, purchase or distribution of medication abortion pills as of June 2026.

95 federal bills — Similarly, 95 restrictive abortion bills were introduced in the 119th Congress.

17 personhood bills — As of June 2026, at least 17 states and one territory have introduced 36 “personhood” bills that would give embryos and fetuses the same rights as people.

122 protections — As of June 2026, 29 states had introduced 122 bills that would protect or expand access to contraception.

IN LOW- AND MIDDLE-INCOME COUNTRIES:

$2.48 saved per $1 — What health systems save on maternal and newborn care for every $1 invested in contraceptive services.

$8.05 per capita — Spending an additional $8.05 per capita annually in low- and middle-income countries would meet all women’s needs for essential sexual and reproductive health services.

34 million women — Number of women estimated to have unsafe abortions every year.



Dear friends,

We find ourselves in a volatile period for reproductive freedom. Four years after the *Dobbs* decision and nearly two years into Trump 2.0, we're seeing relentless attacks on abortion and contraception in the United States and the weaponization of American foreign aid to spread anti-choice ideology abroad. These threats have been supercharged by the rampant spread of disinformation and the silencing of science and scientists.

In such an environment, impact is hard-won and even harder to sustain. That's why I'm so proud of what our team at Guttmacher has accomplished this year together with our partners. With this report, we're excited to share some of the many ways in which we've been able to make a meaningful impact in 2026. In the report, you'll learn how we have:

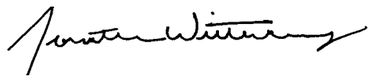
- Protected evidence-based policies on medication abortion, even in the face of anti-abortion politicians and activists who are hellbent on eliminating access;
- Exposed misinformation and false narratives, such as the unfounded claim that medication abortion is polluting drinking water;
- Launched innovative tools like our Safe Abortion Calculator, which puts the power of Guttmacher data into the hands of advocates around the world and enables them to customize evidence to their needs and their context;
- Published timely research together with partners in countries like Ethiopia, using our equitable partnership framework and tools;
- Shaped media narratives and public discourse by placing our evidence and expert perspectives in high-profile media outlets;
- Brought our expertise to bear at state policy tables, federal advocacy coalitions and the Supreme Court.

You'll also learn about our new 2026–2029 Strategic Plan, which will serve as our North Star over the coming three years. The plan applies Guttmacher's unique strengths and expertise to the most pressing challenges we face, with a focus on building out our state-focused work, disrupting mis- and disinformation, strengthening global partnerships, and driving digital innovation to make our data even more accessible and impactful.

None of this would be possible without Guttmacher's extraordinary staff, whose dedication and expertise is behind all the progress described in this report, nor without the leadership of our Board members who volunteer their time, talents and resources to ensure that we can deliver on our mission. I want to express special thanks to two individuals featured in the report: Susheela Singh, whose contributions across her remarkable 40+ years molded Guttmacher into the organization we are today; and Destiny Lopez, whose tremendous co-leadership helped set the vision for the organization we aspire to be going forward.

Finally, to our donors and partners: thank you. In times like these, your steadfast support is what allows us to stand up for science and evidence and advance reproductive autonomy. Although we face serious challenges at this moment, with you beside us I remain hopeful about the future.

With appreciation,



JONATHAN WITTENBERG
PRESIDENT AND CEO,
GUTTMACHER INSTITUTE



IN THE UNITED STATES AND AROUND THE WORLD, GUTTMACHER COLLEAGUES AND PARTNERS PUT DATA TO WORK TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH.

Stay Focused, But Nimble

Outgoing Co-CEO Destiny Lopez guided Guttmacher through a period of profound change, co-leading the organization's 2026–2029 strategic planning process alongside fellow leaders and teams across the Institute. In this farewell letter, she reflects on the power of evidence and what comes next.



When I arrived at Guttmacher several years ago, the world was on the verge of a four-alarm fire. We were still reeling from COVID, navigating the fallout of a post-*Roe* landscape, and watching the ground shift beneath us, both at home and abroad.

It was a precarious moment for the country, the organization and our people.

But I didn't arrive a stranger. I'd crossed paths with Guttmacher's work and partnered with its staff for my entire career. I've spent over two decades fighting for sexual and reproductive health and rights (SRHR) and the most marginalized communities. I arrived with a deep belief in Guttmacher's mission and our value proposition. What I didn't expect was how much that belief would deepen once I saw, up close, how the work happens.

Given the internal and external landscape, my Co-CEO, Jonathan Wittenberg, and I saw our role first and foremost as providing stability to the organization, navigating change together and communicating as clearly and consistently as possible about what all of the volatility meant for our mission, our staff and the communities most impacted. Our core work, protecting and advancing SRHR, didn't change. How we focused it did.

That focus sharpened as the chaos worsened. When you're an organization built on science, evidence, research, policy and narrative change, you can be pulled in countless directions. This is especially heightened when data itself is under attack and mis- and disinformation run rampant. The organization hadn't had a fulsome, formal strategic plan in years. And Jonathan and I knew that staff would benefit from an answer to a simple question: where do we concentrate effort when there are so many competing priorities—and threats—at once?

As we witnessed the federal government taking down data, scrubbing websites and peddling lies about lifelines like medication abortion, the answers came into focus. Guttmacher provides the research infrastructure for this movement. When that infrastructure is under attack everywhere else, our data and evidence become even more essential. We are the fact-checkers and truth-tellers. We arm advocates and policymakers with the evidence they need to counter the data gap and to defend against misinformation. These are our superpowers, and we need to lean into them more than ever.

If you ask me what else has been lost during this time that is vital to rebuild, my answer is public confidence and belief in facts. That won't be an easy task. Indeed, it may be the work of a generation. But everything else depends on establishing that facts and evidence still matter.

Facts and evidence still do matter, but so do the people impacted by the erosion of their rights. Behind our Monthly Abortion Provision Study are real people across the country trying to get care under bans that aim to put barrier after barrier in front of them. (I've said as much under oath when I testified at the US Senate on post-*Dobbs* abortion access.) Domestically, Guttmacher can tell this story from a data perspective and almost in real time, drawing on the insights and stories of partner advocates across the country. Globally, we can make the case for investing in contraception, abortion care and reproductive health with numbers that policymakers and public health officials can act on so that people get the care they need. These are parts of the infrastructure Guttmacher has built to bolster an evidence-based resistance.

Through resistance comes hope, and what makes me most hopeful is the powerful value proposition Guttmacher offers to the movement. Guttmacher is a producer of and authority on high-quality scientific evidence, a center of excellence for policy analysis, a shaper of media and public discourse, and a catalyst for evidence-based policy change. No one facet of this proposition stands alone; its power lies in its integration.

When I imagine 2029, when this strategic plan ends, Guttmacher will have disrupted mis- and disinformation in meaningful and measurable ways. Our domestic work will continue to tell a compelling, data-driven story about the state of SRHR. Our global partnerships will not just be robust but equitable, ensuring partners have the tools to lead research and advocacy in their own countries and regions. And internally, we will have organized to do all of it sustainably without ever sacrificing the integrity that people know us for and expect from us. That world is within reach, and this is the team that can build it.

One of the real gifts of my time at Guttmacher has been getting to see how every person in this organization contributes to our mission, in ways small and large. I came in admiring Guttmacher as an institution. I'm leaving in awe of its people.

My wish for the team is to stay focused on the mission but be willing to adapt. Be nimble, bold and responsive to the moment in front of you, without ever losing sight of what makes Guttmacher unique.

As this chapter comes to a close, I hope my story at Guttmacher shows that we met an unprecedented moment with clarity and resolve. I hope it shows that we created a shared vision that gives this team both a clear road map and the freedom to pivot when the ground shifts again, because it will. I can't wait to witness the journey and will be cheering you on from afar.

With gratitude,



One Institute, Indivisible

In the United States, anti-abortion politicians are attacking access to mifepristone and telemedicine abortion care. Abroad, the Trump administration is pulling foreign aid from low- and middle-income countries. Sexual and reproductive health (SRH) services are being squeezed from both sides. Guttmacher is the evidence engine of the sexual and reproductive health and rights (SRHR) movement, the source of the data the movement marshals for critical campaigns. But numbers alone don't change laws. What turns a finding into policy, and policy into access, is strategic collaboration: from the researchers who gather the data, to the policy experts and advocates who translate and leverage it, to the communicators who carry it out into the world.

Guttmacher's 2026–2029 strategic plan places deep programmatic collaboration at its core, creating an opportunity to harness our collective expertise, strengthen partnerships and maximize our impact as a truly global organization in service of the movement. We sat down with the programmatic experts leading the charge, **Onikepe Owolabi**, vice president for global research and advocacy; **Blair Darney**, vice president for domestic research; and **Kelly Baden**, vice president for US policy and communications, to learn how our work reaches the places where decisions get made, whether a Congressional office, a US statehouse or a parliament abroad.

Guttmacher: *You built the current strategic plan across divisions. What did that look like behind the scenes?*

Kelly: We organized working groups around the plan's five priorities: disrupting misinformation and disinformation, advancing global work through equitable partnerships, strengthening state capacity at home, deepening reach through digital innovation and improving internal processes. Each working group was deeply cross-divisional, intentionally bringing together staff from research, policy and communications, as well as finance and operations. It created new constellations of people who don't usually get to work together at a strategic level, and some of our best, thorniest conversations came from just bringing them together in one room.

Oni: The other piece was listening. We asked partners and donors, some who know us well, some who'd bring an outside eye, where our real value is. What came back validated us as a truly global organization. We aren't siloed into separate domestic and international teams that never interact. Instead, we are one unified organization where global and domestic experts actively collaborate, bridging research, policy and communications. A three-legged stool.

Guttmacher: *How does Guttmacher use research findings for advocacy? How do you plan to better integrate the Institute's programmatic functions?*

Blair: Take our new Online Medication Abortion Study, which includes patients accessing telehealth under the protection of shield laws. From the very start, our experts across the programmatic divisions work together to conceptualize the study questions, and our teams have stayed in constant touch throughout fielding the survey, analyzing the data and drafting journal articles. This approach ensures seamless integration between research, policy and communications and allows us to account for diverse perspectives and avoid blind spots—all with the goal of generating maximum external impact. Moving forward, we will lean further into this integrated approach.

Kelly: And we approach these meetings asking what research findings are going to resonate most with a member of Congress or other lawmakers right now, especially with the ongoing threats to mifepristone and telemedicine. Legislators don't have time for a 10-page paper. We're lucky if they read a one-page memo. So, we preview findings with partners on the ground and then turn the science into something an ally on the Hill or in a statehouse can use.



GUTTMACHER'S RESEARCH, POLICY AND COMMUNICATIONS TEAMS WORK IN LOCKSTEP TO PUT EVIDENCE IN FRONT OF POLICYMAKERS.

Guttmacher: *Policy moves fast, but rigorous research takes time. How do you balance the need for rapid-response data with long-term strategy?*

Blair: That timeline difference is an inherent challenge in our work. Some of our research is reactive to the policy environment, for example documenting people having to travel for care due to abortion bans. But we also have to build evidence for the world we want to live in. Sometimes you build a foundational body of work and six years later it gets picked up to push a major policy forward.

Kelly: What makes Guttmacher so powerful is that our data serves as the scaffolding for the entire movement. But to make that advocacy land, we rely on deep internal partnerships. My team will sit with Blair's team, for example, and say, "My takeaway from your data calls for policies A, B and C. Is that accurate? How far can we go with our calls to action based on this evidence?"

Guttmacher: *Is there a win for the sexual and reproductive health and rights movement you can cite that captures that long game?*

Blair: Guttmacher data has genuinely shifted the conversation. The fact that almost everyone can rattle off our Abortion Patient Survey finding that one in four women in America will have an abortion in her lifetime—that has normalized abortion as a common reproductive experience. That isn't a win overnight. The positions of US politicians still don't match public support for abortion rights, but our data helps ground the support that will eventually translate into policy.

Kelly: The same is true of our figure that at least 64% of abortions are now medication abortion. It's cited practically every week, and it's made clear that the attacks on medication abortion are just the next front in the post-*Dobbs* strategy.

Guttmacher: *How does Guttmacher drive impact globally without having physical field offices abroad?*

Oni: We can't do it alone, and we don't try. We work through long-standing local partners in lower income countries, and often they come to us with requests like, "This bill can protect access to reproductive health care, but it's stuck in parliament. Can you help us build evidence to support it?" Those are the most effective pathways, because local advocates know exactly what evidence they need for their people.

The clearest recent win was in Rwanda, which was due not only to Guttmacher, but the result of years of collective effort by many people across the movement. Advocates were pushing to pass a bill expanding SRH access for adolescents starting at age 16. When it faced opposition from socially conservative members of parliament, partners reached out, and we compiled evidence on the SRH needs of adolescents and the adverse health outcomes that could be averted if they could access comprehensive SRH care. The lawmakers looked at the data and concluded that—because unintended pregnancies were so high, the risk to adolescent girls and young women was so high and the benefits of expanding access to care were substantial—they were comfortable passing one holistic health bill that included SRH care. Without those advocates on the ground requesting and leveraging the evidence, it wouldn't have happened.

Guttmacher: *The consequences of US policy extend far beyond our borders. How are the recent cuts to US foreign aid impacting reproductive health access globally?*

Oni: The US built much of the global health order after World War II, fostered norms of multilateral solidarity and helped move beyond tropical medicine and colonial health to a more equitable approach of health for all. So, when the US pulls back, it isn't only money that vanishes. It's a whole culture of cooperation. And the pressure this places on other governmental donors compromises development assistance more broadly. Our partners are already reporting rebounding HIV epidemics, infants and children losing access to HIV medication, and essential services shuttered by the loss of USAID. And the "aid" that remains now falls under the "America First strategy." What used to be framed as global development is now negotiated through bilateral agreements predicated on serving America's own interests, with family planning stripped out and anything touching comprehensive sexuality education or gender eliminated—in countries with insufficient internal budgets to fill the gap.



Guttmacher: *What is the US movement learning from countries that have successfully changed hearts and minds to reverse regressive SRHR laws?*

Blair: The case of Mexico is instructive. Starting in 2020, before the courts opened the door to decriminalizing abortion, the federal Ministry of Health worked to get uterine evacuation services running in all 32 states. Rather than waiting for the laws to change explicitly to allow abortion services, they framed it as basic quality of care for miscarriage, post-abortion care or induced abortion. US providers in restrictive states are arriving at that logic now by necessity. The strategy the US movement can adopt is to advocate for uterine evacuation as a basic health service regardless of abortion laws. By framing it as holistic, essential care for anyone managing a miscarriage or seeking post-abortion care, advocates can ensure the health system is still equipped to respond to people's needs even in restrictive settings.

Kelly: The Marea Verde/Green Wave is this massive grassroots movement that has successfully fought to decriminalize and expand abortion rights across Latin American countries like Argentina, Colombia and Mexico. When I think of it, I think of joy, resistance, long-term vision and people power. In the United States, we've become a movement funneled through nonprofits, and that's not what a movement is. A movement is people, and it requires not being afraid to surface and work through tensions and disagreements. That's the lesson we keep having to relearn.

THE TEAMS OF ONIKEPE OWOLABI, (LEFT), KELLY BADEN AND BLAIR DARNEY (NOT PICTURED), BRIDGE GUTTMACHER'S GLOBAL AND DOMESTIC POLICY WORK.

Guttmacher: *How are you making sure Guttmacher's global partners have what they need to fight their own fights?*

Oni: We are aggressively democratizing access to our flagship data products via digital dashboards like Adding It Up, so partners don't have to wait for us to respond to them. My biggest dream is that partners across the movement have the exact tools, indicators and evidence they need to fight for the rights of their people.

Guttmacher: *Three years out, with your teams working in tight alignment, what can Guttmacher do that it couldn't before?*

Blair: What we're leaning into with our strategic plan isn't new. Integrating across our programmatic expertise has always been our strength. It's about making it the norm with all of us in lockstep from a project's inception.

Oni: It's partners feeling genuinely empowered, that together we've built what our movement needs to expand SRHR for everyone everywhere. With research funding so tight right now, that means getting creative to map new data sources and build robust indicators that are meaningful to the people doing the work on the ground to drive real change. We cannot have the research disrupted or sitting in an ivory tower because we have no funding to get it out there.

Kelly: And meeting people where they are. Folks get their information completely differently than they did a decade ago. How do we communicate with our partners? How is our research translated into impactful messaging to reach digital audiences? Success is keeping our rigor intact while getting the evidence to people the way they actually want to receive it.

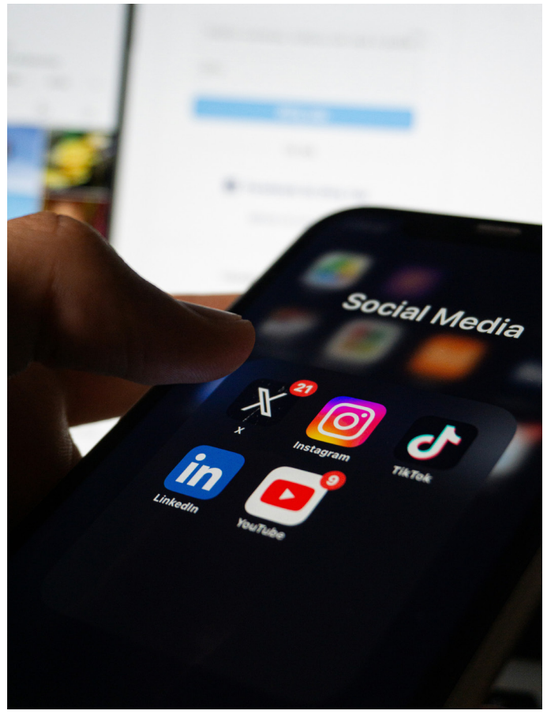
Countering the Rising Tide of Misinformation

Over the last several years, the anti-abortion movement suddenly manufactured a concern for the environment.

Framed as an exercise in environmental protection, the movement's claims were that both the medication abortion drug mifepristone and products of conception were contaminating the US water supply and impacting human health. Under the guise of environmental claims, they encouraged federal monitoring and regulation of the medication, and proposed measures that would require women to use biohazard "catch kits" to collect products of conception from medication abortion and miscarriages.

Guttmacher experts know that there is no scientific evidence behind this spurious environmental narrative. Municipal water systems are heavily regulated to minimize trace amounts of common medications. People miscarry and menstruate at home every day.

The claims are baseless, but they are not aimless, since they go to the heart of contemporary abortion access. It was Guttmacher's research that first documented that mifepristone, which more than 100 rigorous studies have shown to be safe and effective, is now used in the majority of abortions in the United States. Through telehealth services under shield law protections, medication abortion using mifepristone has become a major lifeline for people in states where abortion is banned or otherwise restricted.



GUTTMACHER IS WORKING HARD TO COMBAT FAST-SPREADING MIS- AND DISINFORMATION ABOUT ABORTION AND REPRODUCTIVE HEALTH ACROSS MEDIA PLATFORMS.

The real goal behind these environmental claims is making mifepristone and medication abortion harder to access. An anti-abortion organization described this environmental approach as "using the devil's tools against them" and it is clear that the movement is attempting to co-opt progressive causes like environmentalism to advance abortion restrictions.

Anna Bernstein, principal federal policy advisor for Guttmacher, has seen this campaign of mis- and disinformation build. "Any environmental scientist knows this is bogus. They're just using any rhetoric they can to restrict access to abortion."

The anti-abortion movement has also taken the language of "reproductive coercion," long used to refer to a form of intimate partner violence, to distort the facts and call for restrictions on abortion access. Anti-abortion groups claim abortion pills must be restricted to stop abusers from secretly ending the pregnancies of their abused partners. But these arguments misrepresent the reality of most cases of reproductive coercion. According to Bernstein, "Restricting access to a person's reproductive choices is itself a form of coercion. And research shows that most cases of reproductive coercion actually involve attempts to force someone to become or stay pregnant against their wishes." She points to hotline data showing calls about coercion have climbed where abortion bans have taken hold.

"We're really just seeing attacks across the board escalate on medication abortion because it's become such a crucial lifeline for patients and providers," says Bernstein.

It easy to see why misinformation and disinformation around medication abortion is intensifying. But some of the most damaging narratives begin with legitimate research, which is then twisted to support anti-rights and misogynistic goals.

For example, when a team of Guttmacher researchers released an abortion incidence study in Kenya last year, they deliberately highlighted one finding that was meant to normalize care: most abortions in the country are among married women. But as Guttmacher Principal Research Scientist Ann M. Moore found, in collaboration with a Kenyan journalist and the African Population and Health Research Center, that data point was soon picked up and distorted across the social media platform X.

Soon a critical data point showing how common abortion care is had been funneled through misogynistic "manosphere" hubs, where it was taken as evidence of women's unfaithfulness and duplicity.

> "The opposition is becoming more and more desperate because they have no real argument to hang their hat on..."
>
> **- ANNA BERNSTEIN**

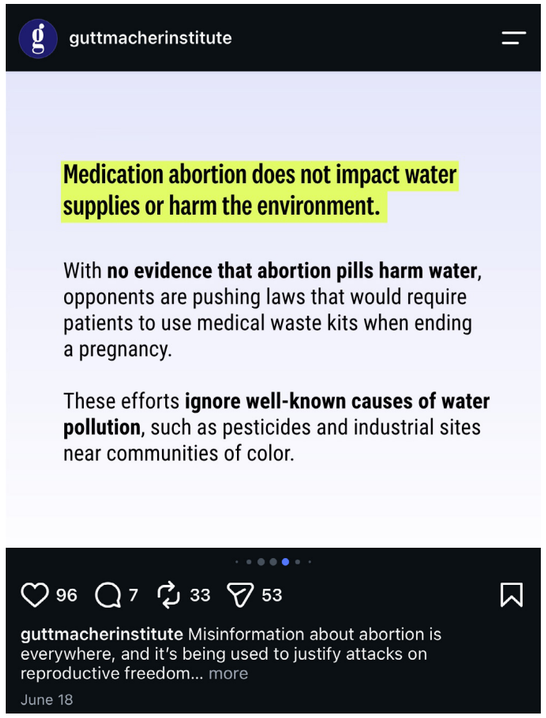
“Social media gives everyone the same megaphone,” Moore says. “Ideas that are not evidence-based are easily picked up and shared.”

The ease with which mis- and disinformation spreads raises the question of how to identify and counteract it in time. That’s why countering these threats to factual integrity is a key priority laid out in Guttmacher’s 2026–2029 strategic plan.

To achieve this goal, programmatic teams in research, policy and communications concurrently track where false claims surface—whether in a bill, a viral post, or junk science publications. When news breaks, colleagues collaborate to counter false claims, based on their specific areas of expertise.

Take a widely cited, self-published paper from an anti-abortion organization. The paper claimed a far higher complication rate for mifepristone than rigorous peer-reviewed research supports. Guttmacher’s researchers pulled apart the paper’s methodology while policy and communications experts turned that scientific analysis into plain-language talking points. Bernstein says the teams worked together to “debunk these bad stats quickly in a way that’s not repeating the false claims.” The aim is to correct the record without giving the lie more oxygen.

From there, Guttmacher’s experts work quickly to establish the facts. Bernstein’s team routes responsive resources to allies on the Hill, where they circulate among reproductive-rights champions and get put to work. When lawmakers move to counter false claims around reproductive rights, they often point to Guttmacher’s research. Through coalition partners, the same materials reach advocates fighting mis- and disinformation at the state level. The fight extends globally, where Moore’s team studies how data gets distorted and weaponized so partners on the ground can counter it.



GUTTMACHER COUNTERS MISINFORMATION BY TRACKING AND DEBUNKING FALSE CLAIMS ABOUT MEDICATION ABORTION AND DELIVERING THE FACTS.

This work shows how mis- and disinformation is employed in service of ideology, not science, ultimately harming the health of women who seek care. Guttmacher takes all of it apart, piece by piece, with data, evidence and targeted interventions designed to disrupt the spread of these ideological campaigns.

“The opposition is becoming more and more desperate because they have no real argument to hang their hat on,” Bernstein says. “The facts, the evidence and the values are all on our side.”

Rigor in Real Time

Earlier this year, the Fifth Circuit Court of Appeals ruled in *Louisiana v. FDA* to reinstate medically unnecessary in-person dispensing requirements for the medication abortion drug mifepristone. For the short time it was in effect, the ruling brought chaos to clinics and patients across the country. Who could still prescribe? Who could still get care? What was legal this week and what wasn’t?

Inside the Guttmacher Institute, research, policy and communications staff had tracked the case for months and anticipated the moment. “It looks chaotic to the outside world, and it is,” says Amy Friedrich-Karnik, Guttmacher’s director of federal policy. “But internally, we had been preparing for it.”

Medication abortion now accounts for 64% of all clinician-provided abortions in the United States, and one in every four US abortions is provided via telehealth. That is why the anti-abortion movement is targeting medication abortion with a playbook of recurrent and deeply flawed pseudo-scientific claims. Countering this playbook has become one of Guttmacher’s central functions. The Institute’s rapid response operation is built to expose those studies and champion science in the policymaking process and in public discourse.

> "It's critical that voices like Guttmacher, as a nonpartisan expert organization, can put our analysis into the official record."
>
> **- AMY FRIEDRICH-KARNIK**

"The original goal of the anti-abortion activists was to try to take mifepristone completely off the shelves," Friedrich-Karnik says. But even the notoriously anti-abortion Fifth Circuit understood that approach was going too far, given the drug has been FDA-approved since 2000. So the anti-abortion movement's immediate focus shifted to the telehealth medication abortion provision that became a major lifeline for patients since the *Dobbs* decision. In 2025 alone, Guttmacher data show that 91,000 abortions were provided via telehealth in states with total bans, more than 9,300 of them in Louisiana, the state driving the lawsuit. "A big part of the reason medication abortion has become the most common method," Friedrich-Karnik says, "is because people can get it via telehealth."

Attacks on telehealth depend on making bad science look credible. "The anti-abortion movement is good at doing things that sound reasonable, but are egregiously harmful in how they play out," says Joerg Dreweke, Guttmacher's director of US communications, who has spent two decades in the field.

The clearest recent example is a widely cited paper self-published by an anti-abortion organization. It claimed serious complications from mifepristone were far more common than decades of research have found, by counting routine in-person visits during or after a medication abortion as serious adverse events. In many or most cases, Dreweke explains, these visits are not emergencies.

Medication abortion typically involves heavy cramping and bleeding, and many patients go to emergency departments or other care facilities simply to confirm their symptoms are normal or that they're no longer pregnant. (A home pregnancy test can come back positive for up to several weeks after a successful abortion.)

"The anti-abortion movement presents these facts like there's an ambulance coming in with sirens blaring and people bleeding out," Dreweke says. "And that is just not the case." In reality, far fewer than 1% of medication abortions result in a serious adverse event requiring a transfusion or hospitalization. By redefining ordinary patient concerns as something far more serious, the paper reached an inflated complication rate "20 times higher than a huge body of literature had previously found."



AMY FRIEDRICH-KARNIK, DIRECTOR OF FEDERAL POLICY, BRINGS GUTTMACHER'S ANALYSIS TO FIGHTS OVER MIFEPRISTONE AND TELEHEALTH ACCESS.

Making the Invisible Visible

It was six in the evening, several days into the Women Deliver conference in Melbourne, Australia. People had been starting their days at 7:30 AM, and they were tired and jet-lagged. Despite this, the room was packed.

Advocates for reproductive health had crowded in to watch a new tool go live: Guttmacher's Safe Abortion Calculator, which lets them pull up, for their own regions and countries, the cost of unsafe abortion and the savings of providing safe care. As she stood onstage with partners from Ipas, ARROW and Afya na Haki, Director of International Research Elizabeth Sully felt the presentation land. "You know you've hit it right when people are saying, 'yes, finally, thank you, this is what we need,'" she says.

The presentation came at a precarious moment for global health funding. "We're in a moment of scarcity," Sully says. "With aid, it's gotten exponentially worse with the cuts that have happened over the last year, and the ones that are still coming." Following the dismantling of USAID, other major government donors have also pulled back on foreign aid. Facing domestic economic pressures, trade regulations and competing crises like wars, these donor nations are increasingly prioritizing other sectors, leaving reproductive health care in low- and middle-income countries dangerously underfunded.

In that climate, every dollar has to justify itself, and Guttmacher has felt this need directly. "It feels like we have had more requests for our data than I remember of any prior year because people have needed data on the cost. They've needed data on impact." The requests come from donors trying to defend their spending, from governments making the case for their own investment and from advocates trying to ensure that critical programs and services retain funding.

Part of the challenge is just making the problem visible. "When abortion is stigmatized, if it's legally restricted, people think it's invisible," Sully says. "And yet the health system is absorbing the costs of unsafe abortion." Almost every country provides post-abortion care for complications from unsafe procedures, often as a free service. "We can say this is what you are currently spending this money on, and it is unnecessary to be spending it in this way." By preventing unsafe abortions, the costs—and the harms—are reduced.

Behind the Safe Abortion calculator sits Adding It Up, the deep well of sexual and reproductive health data that Guttmacher has built over many years. This ongoing research initiative estimates, for 128 low- and middle-income countries, what it would cost to meet people's sexual and reproductive health needs and what that investment would return. "It is a trove of data," Sully says. "There are depths of just how many things we measure. The data sets are so big and so dense that most people only ever encounter one piece of it. For a long time, the sector has relied on us for the investment case for family planning specifically," she says.



ELIZABETH SULLY, DIRECTOR OF INTERNATIONAL RESEARCH, USES THE SAFE ABORTION CALCULATOR TO PUT COUNTRY-LEVEL DATA INTO ADVOCATES' HANDS.

The numbers on safe abortion care, and what its absence costs, are also in Adding It Up: how much a health system already spends treating complications from unsafe abortions, how much it would save and how many lives it would protect by providing safe care instead. The Safe Abortion Calculator takes this one critical data set and makes it usable. Instead of needing a researcher to dig through the data, an advocate can now open the tool, select their own country, and quickly see the tradeoffs. "Let's get that data into the hands of advocates and the public," Sully says. "Let's make it accessible."

The energy in Melbourne, Sully says, didn't come from the tool alone. Onstage, the partners each got up and talked through their own regional advocacy strategies, what the work looks like in Latin America, in Africa, in Asia, and how this kind of evidence could feed the movements they were leading. "There is an ecosystem," she says. "The field is coming together. There's what Guttmacher does, and there's what all of our partners are doing, too. Things from our model feed into our partners' critical work, and their asks for evidence feed into the work we pursue."

All of this interconnected, global data have a very important job: it lets people see. Sully believes that data are what makes harm visible, and that visibility is fragile.

"When you lose that, then it's hard to build back. You have to make things visible if you're actually going to be able to protect them."



ELIZABETH SULLY (FAR LEFT), WITH DESTINY LOPEZ (SECOND FROM LEFT) SHARE OUR DATA WITH COLLEAGUES TO SUPPORT INCREASED INVESTMENT IN SRHR IN LOW- AND MIDDLE-INCOME COUNTRIES.

$1.56 billion spent

The annual cost to treat complications of unsafe abortion across the 117 countries included in the Safe Abortion Calculator.

$1.39 billion saved

The costs that would be saved annually by investing an additional $666 million in safe abortion services—a more than two-to-one return.

128 countries

The number of low- and middle-income countries in the Adding it Up dataset, which powers the Safe Abortion Calculator.

100+ interventions

The number of distinct medical treatments the Adding It Up model prices out for a single country, from a specific contraceptive method to maternal, newborn and post-abortion care.

5 months

How long it took to build the calculator from development to execution. To hit the sweet spot between scientific rigor and real-world usability, the team gathered partner input early through focus groups and a multilingual survey.

10 people

The size of the Adding It Up team, the minds behind a dataset the global field leans on.

1 argument

Investing in safe abortion saves health systems money while simultaneously reducing the health complications that women suffer due to unsafe abortions.

0 paywalls

The full dataset and the model's entire code are public on the Open Science Framework, so anyone can check the work or build on it.

Closing the Distance to Care

A young woman steps into a pharmacy in Addis Ababa and explains that she has missed her period. Is there anything, she asks, that the pharmacist can give her to help?

This woman is an actor, recruited from an acting school in the city and trained to be one of the "mystery clients" Guttmacher and its local partner, the St. Paul Institute for Reproductive Health and Rights (SPIRHR), sent into pharmacies and drugstores across the Ethiopian capital. She is not pregnant but posing as a woman seeking to end a pregnancy. The moment she leaves the pharmacy counter, she meets a data collector outside and walks through what just happened: Did she get medication abortion drugs? Was she given instructions on how to take them? What did they cost? Did she feel respected? Did the experience feel private?



IN ETHIOPIA, PHARMACIES ARE OFTEN A FIRST STOP FOR REPRODUCTIVE HEALTH CARE, INCLUDING MEDICATION ABORTION.

Mystery client studies offer an established means to capture how a stigmatized service operates in practice—rather than as designed. In Ethiopia, that gap is the difference between getting care and going without.

Ethiopia has one of the most liberal abortion laws in Sub-Saharan Africa, and medication abortion drugs are included in the national essential medicines list. But the guidelines still require a woman to see a provider for a prescription before she can fill it at a pharmacy.

"It's just an additional step for a woman seeking abortion to have to visit a health facility," says Stephanie Küng, the senior research associate at Guttmacher who helped lead the study. In a country where stigma already keeps many women from seeking care, that extra doctor visit can be a barrier. She says the bottleneck could be removed if pharmacists were allowed to dispense the drugs directly.

How the researchers went looking for answers matters as much as what they found. Global health research has long been top-down, with institutions in high-income countries designing the studies and gathering the data. This study was built the other way around, based on a principle Guttmacher calls equitable partnership. This approach, which is a key priority in Guttmacher's 2026–2029 strategic plan, empowers local experts to steer the work, and the Institute's contributions are guided by the partner's priorities and needs.

The results from the mystery-client study revealed a critical gap. Many of Ethiopia's pharmacists have the knowledge and skills to guide someone safely through a medication abortion, and women often treat pharmacies as their first stop for health care. But the medication abortion drugs themselves were often missing from the shelves. In the study's first phase, in 2024, data collectors surveyed every

pharmacy and drugstore across Addis Ababa (roughly 1500) to record what they stocked. Fewer than a third carried medication abortion drugs regularly, and only 17% had them on hand the day a data collector visited. Why the gap exists remains unclear. “Good question, and hard to answer,” Küng says. “I don’t think we really know.” One clear pattern was geographic: pharmacies near health facilities stocked the drugs more reliably.

A separate, independent pilot showed what could be gained if that gap closed. In the Oromia region, the reproductive health organization Ipas Ethiopia trained pharmacists to dispense medication abortion pills directly, under an exception from local regulators. In the follow-up surveys from Ipas, 99% of clients followed the instructions and 98% had complete abortions. The result matched what Küng already expected. “It’s a beautiful finding. We love to see it,” she says. “It’s not particularly surprising to us, because medication abortion is well established as very safe and effective using these drugs.”

Two studies, conducted separately, arrived at the same place: Ethiopia could expand access dramatically by letting pharmacists dispense medication abortion pills directly.

The mystery-client study grew out of a partnership built over years, and the idea for it did not start in a Guttmacher office. It came from the local partner, SPIRHR. “They are the ones who had the idea for this research project,” Küng says. “This research idea was entirely theirs.”

Guttmacher’s job was to help secure funding, provide technical support, contribute to trainings and build the data collection tools, while SPIRHR led on-the-ground implementation. What set this project apart was who drove it. With the results of this data collection effort out, Küng notes, SPIRHR now stands as a leader in abortion research in Ethiopia.

> “The equitable partnership ethos and commitment is one that we carry with us in every international partnership that we have.”
>
> **- STEPHANIE KÜNG**

The advocacy for this initiative follows the same principle as the research: local partners lead, and Guttmacher supports rather than steers. SPIRHR was well positioned to make the case to Ethiopia’s Ministry of Health. And a local youth organization, Talent Youth Association (TaYA), is helping lead outreach to young people and women’s rights groups. “The equitable partnership ethos and commitment is one that we carry with us in every international partnership that we have,” Küng says.

On June 2, Küng and Senior Research Scientist Alice Cartwright, alongside SPIRHR and Ipas colleagues, presented the findings in Addis Ababa to a room of Ministry of Health officials, NGO staff and pharmacists. In the name of equitable partnership, the Guttmacher team deliberately withheld its own policy recommendation, letting SPIRHR and the room shape it. The reaction was positive. “A lot of people in that room were like, great, maybe it’s time we revisit the guidelines based on these results.” Küng says. “Health officials were very interested in wanting to bring care closer to women and girls,” she says.

The road ahead is long. Letting pharmacists dispense abortion medication drugs directly would put Ethiopia at the forefront of the practice. But this collaborative campaign now has converging evidence behind it. Between Guttmacher and SPIRHR’s map of the stocking gap and Ipas’s proof of efficacy, that gives advocates what they need to argue for updated guidelines.

Across the region, a growing network of research and advocacy organizations, Guttmacher among them, is sharing evidence, teaming up on studies and coordinating responses to threats.

That level of collaboration will be needed. Abortion rights across the region face sustained, well-organized attacks. But increasingly, the partners who will carry it, in Ethiopia and beyond, have the evidence, the capacity and one another. That is what true partnership is meant to bring forward.

■



GUTTMACHER RESEARCHERS STEPHANIE KÜNG (SECOND FROM RIGHT) AND ALICE CARTWRIGHT (FAR RIGHT) AT THE NATIONAL DISSEMINATION OF THE ETHIOPIA MEDICATION ABORTION STUDY IN ADDIS ABABA, WITH PARTNERS FROM IPAS ETHIOPIA, SPIRHR, ADDIS ABABA UNIVERSITY AND PMA ETHIOPIA.

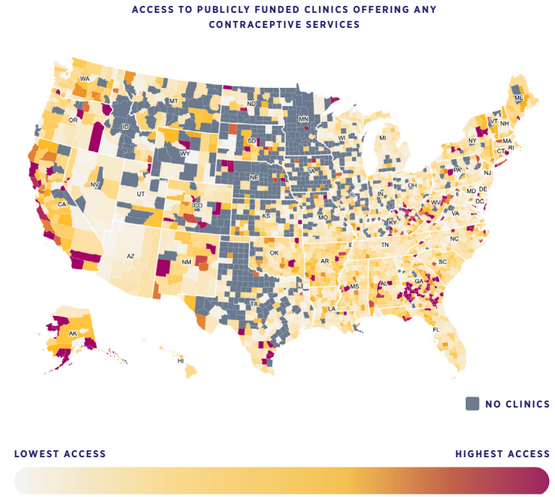
Charting the Chaos

When Florida's six-week abortion ban took effect in 2024, patients began traveling for care to Virginia, to North Carolina and as far as New York. Many of them now needed support from clinics and funds far from home.

"Policies implemented in one state don't stay in that state. They have ripple effects across the country," says Data Scientist Isaac Maddow-Zimet, who works on Guttmacher's Monthly Abortion Provision Study. The study estimates the number of US abortions provided in clinics and via telehealth, the number of people who must travel for care, as well as other key data that tell a fuller story of what patients experience while seeking abortion care.

Since the *Dobbs* ruling, the state policy landscape has continued to shift. Guttmacher's state work is built to track that movement and hand the data to the people who can act on it: advocates, abortion funds and the legislators trying to keep care accessible.

Doing that takes a special kind of teamwork. The effort spans two of Guttmacher's divisions, research and policy, which work in lockstep. Researchers assemble the evidence, and policy carries it into the rooms where laws are written.



WHERE NEED OUTPACES AVAILABILITY: THE CONTRACEPTIVE ACCESS MAPS, A GUTTMACHER–POWER TO DECIDE COLLABORATION, FLAG COUNTIES WITH A CONTRACEPTIVE ACCESS GAP.

Principal State Policy Advisor Kimya Forouzan and her team follow the full sweep of state policy—minors' access to care, STI treatment, contraception, even which clinicians are allowed to provide abortion—and turn the information into something advocates can wield.

This work serves two audiences with different needs. The first is the partners working to get people care. "There are many partners in this movement focused day-to-day on making sure people can access the care they need—through an abortion fund, through a legal organization providing judicial bypass," Forouzan says. "Knowing the impacts of what's happening in the states really allows them to best serve their clients."

The second audience is advocates and policymakers weighing legislation that impacts millions of lives. Their questions tend to be practical: What other states have done this? What have been the implementation hurdles? How have things gone? Should our state consider doing the same thing?

Guttmacher gathers those answers in one place. "We cut out that additional work that advocates and policymakers need to do, so they can get right to the priorities within their state," Forouzan says. By bringing together their knowledge of state policy and reproductive health research, they're able to streamline decision-making and influence policy change.

In addition to tracking policy movements, abortion-related travel is one of the most important metrics to monitor—how many people have to leave their state of residence for care, and to which states they are traveling can be a measure of how far access has shifted. Few efforts can follow that movement the way Guttmacher's Provision Study can.

"What we published most recently that was new for us was putting those patient travel numbers together with telehealth numbers," Maddow-Zimet says. "There's been a really big increase in shield law provision—telehealth providers in shield law states providing medication abortion to people in states with total bans." In 2025, roughly 91,000 patients accessed abortion in total-ban states this way.

Set side by side, the two trends move in different directions. "Because people are able to get access via telehealth, that means that some of those people no longer need to travel," Maddow-Zimet says. "But there's still an enormous amount of people traveling from places like Texas, from places like Louisiana." Maddow-Zimet and Forouzan co-write most of those Provision Study reports, so the data and its legal implications land together.

GUTTMACHER'S FEDERAL POLICY STAFF WITH ISAAC MADDOW-ZIMET (SECOND FROM RIGHT), WHEN HE TESTIFIED BEFORE THE SENATE JUDICIARY COMMITTEE AS AN EXPERT ON ABORTION TRAVEL DATA.



This research also shows that abortion care doesn't happen in a silo. "That travel can only happen because of navigational, logistical and financial support from a broad infrastructure that sprang up in the wake of *Dobbs*. Abortion funds are a huge part of that," Maddow-Zimet says. When the team recently shared a legislative briefing with the National Network of Abortion Funds (NNAF), the advocates from NNAF and member funds spoke to what they were seeing on the ground while Guttmacher supplied the data. "Putting specific numbers on it and talking about the kind of volume that is occurring can help hammer home to people like legislators or policymakers the value that abortion funds bring," Maddow-Zimet says.

Evidence can also completely change how a state sees itself. In Illinois, the Provision Study documented so much travel flowing into the state that it had become a regional hub for abortion access—a finding the governor, advocates and abortion funds in the state have used to argue for more support. Maddow-Zimet says, "I like to think that we shape the context and provide the raw material that other folks can use to help build the case for protective policies."

Abortion is only one part of what Guttmacher tracks. Principal Research Scientist Megan Kavanaugh leads the Institute's domestic contraception portfolio. Her collaboration with Power to Decide—an organization that, among other initiatives, helps people find and access birth control—pairs Guttmacher's national research on the publicly funded family planning system with the group's clinic-level data on the family planning methods available in states. The project draws on Power to Decide's large clinic-locator database, which allows anyone to look up exactly what contraceptive methods are available near them. "The two organizations really put our brains together to say: how can we leverage the data both of us have to create something greater than its parts?" Kavanaugh says.

What they built is a new way to see contraceptive access—and its gaps—at the county level. The maps compare what women in a given county may need to what nearby clinics offer. "The floor is that there should be alignment between how many people need this care and what is available in their county," Kavanaugh says. "There's not a lot of alignment across the country at the county level."

The more ambitious move is what comes next: using the same data to proactively model threats to contraceptive access before they arrive. "What happens if you take Planned Parenthood out of this entire publicly funded family planning system?" Kavanaugh says. "What would that do to those contraceptive access estimates that we're calculating?" Her team is running that analysis now, including a simulation of what would happen if Planned Parenthood clinics become ineligible to receive federal funds to support care delivery, and the possible consequences when upcoming changes to Medicaid take effect.

The rigorous scientific data Guttmacher is amassing compete with a rising tide of falsehoods. "We've seen such exponential growth of misinformation in state legislatures," Forouzan says. "It's really vital for Guttmacher's research to work hand in hand with state advocates to combat that."

Guttmacher treats reproductive care as one connected story instead of separate issues. When contraception, fertility and abortion get pulled apart, it distorts the picture. "Abortion is towards one end of a long continuum of reproductive care," Kavanaugh says. "When you try to silo one aspect of this care from the others, that's not how people live their lives, and it doesn't represent reality."

"Abortion is towards one end of a long continuum of reproductive care. When you try to silo one aspect of this care from the others, that's not how people live their lives, and it doesn't represent reality."

- MEGAN KAVANAUGH

Ask this team what success looks like in three years, and there's no simple answer. "A lot of the reason for building state-level research infrastructure is that we don't know what's going to happen," Maddow-Zimet says. "There's been a lot of rapid change, and there probably will continue to be."

Guttmacher wants the evidence ready no matter what the future holds. "Part of the benefits of building a strong research infrastructure is that we're already set up to evaluate, document and predict the impacts of changes as they are occurring," he says. "Research can be incredibly slow, so unless you have it already set up, it's not possible."

Anti-abortion activists keep pushing to expand bans. Contraceptive care is disappearing in the counties most dependent on federal funding. Misinformation is moving from social media into statutes. In this fight, data is not neutral bookkeeping. It helps determine whether false claims backing regressive policies go unchallenged or are countered with scientific evidence.

The Evidence Gap in Fertility-Tracking

Business is booming for the fertility-tracking industry. Apps, wearables and at-home tests now promise to map the fertile window that fertility awareness-based methods, or FABMs, have long used to help people avoid or achieve pregnancy. But the science behind these tools has lagged behind the marketing. And in a post-*Dobbs* landscape, where a contraceptive failure can mean a pregnancy someone cannot legally end, the gap between what these products claim and what they can do carries real risk.

Chelsea Polis, a reproductive health epidemiologist and principal research scientist at Guttmacher, has spent much of her career studying that gap. She led a systematic review of FABM effectiveness, and the US Centers for Disease Control and Prevention (CDC) later used her work to update its guidance on these methods.

We spoke with her about what these tools can and can't do, how misinformation took root and why getting the evidence right matters more than ever.

Guttmacher: *First, the basics. What are fertility awareness-based methods and FemTech, and how do they overlap?*

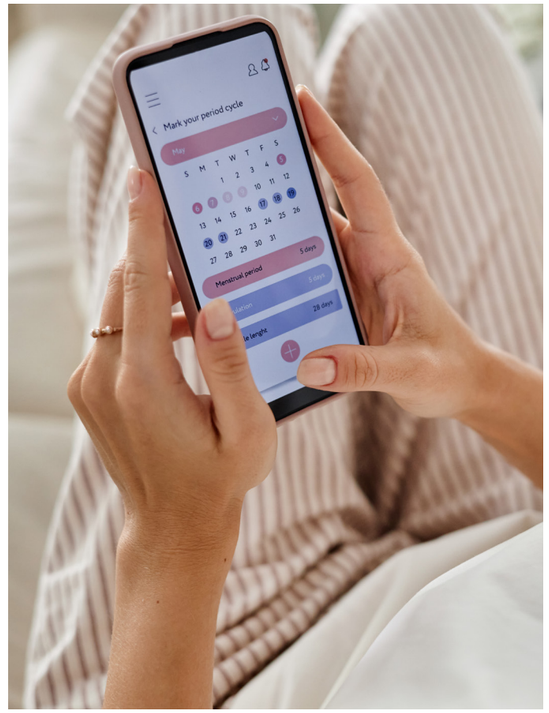
Chelsea: Fertility awareness-based methods, or FABMs, are a group of methods that help people identify their "fertile window"—which are the days during each menstrual cycle when they are most likely to get pregnant if they have unprotected vaginal sex. To identify this window, people track and interpret certain signs their body gives them (such as when their period starts, changes in cervical mucus, basal body temperature or certain hormone levels).

"FemTech" is a broad umbrella term for consumer-centric technologies aimed to improve the health and lives of people with female reproductive organs. Some fertility-tracking FemTech products are essentially digital FABMs. Not all FemTech is related to fertility tracking, and not all FABM users use FemTech to practice their method. Nonetheless, use of FABMs is rising, and digital fertility-tracking FemTech products are entering the sexual and reproductive health landscape at a rapid (and sometimes underregulated) pace.

Guttmacher: *You've said FABMs have long been understudied. How did that information vacuum create an opening for misinformation?*

Chelsea: For decades, many in the reproductive health community have ignored, sidelined or dismissed FABMs. Studies show that many contraceptive providers receive little to no formal training on these methods. If a patient struggles with side effects from hormonal contraception, or is simply interested in FABMs, they may end up feeling dismissed by their provider, which may spur them to turn elsewhere, perhaps to social media. On social media, fear-based messaging about hormonal contraception is rampant, and mis- and disinformation spreads easily from commercially or ideologically-driven voices.

If we don't work to close that gap with rigorous evidence, high-quality clinical training and clear communication, commercial or political actors will be all too happy to fill it. Their messaging can be based on ulterior motives that prioritize their bottom line or political aspirations, rather than the public's right to informed choice and reproductive autonomy.



FERTILITY-TRACKING APPS PROMISE PRECISION, BUT THE EVIDENCE BEHIND THEM HAS NOT KEPT PACE WITH THE MARKETING.

Guttmacher: *Some political actors are promoting FABMs while working to restrict other forms of contraception. How are these methods being politicized?*

Chelsea: FABMs aren't inherently political. They're simply another option for fertility management. There's nothing political about choosing the method that feels right for you.

What has become political is how FABMs are being weaponized. For example, Project 2025 calls on the CDC to message about the "unsurpassed effectiveness of modern fertility awareness-based methods." That claim is simply inaccurate. Several other contraceptive methods are more effective at preventing pregnancy than any FABM studied to date. While effectiveness is just one of many factors that

shape contraceptive preferences, people deserve clear and accurate information about the relative effectiveness of different options to make an informed decision.

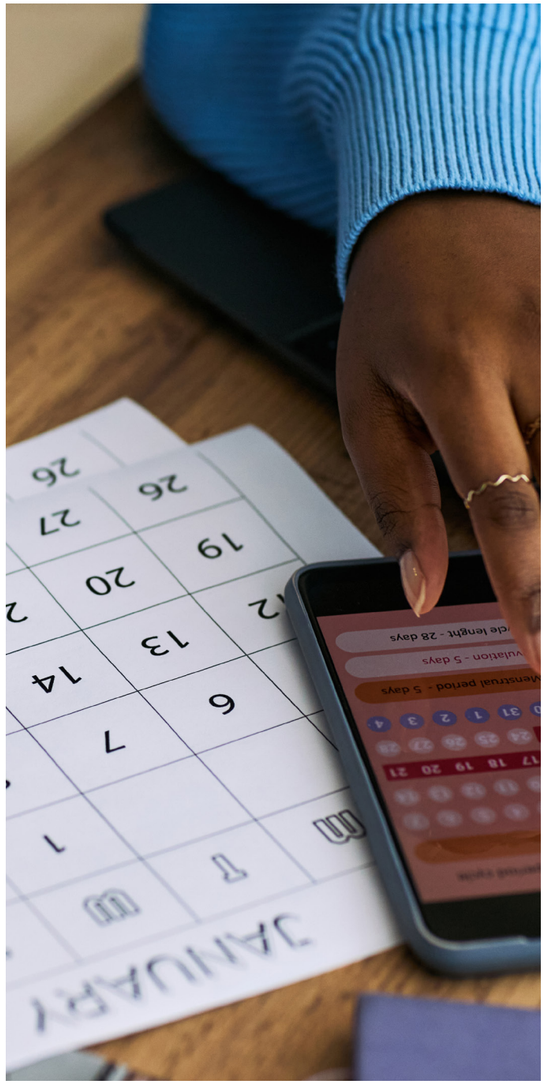
Conservative influencers use language about "wellness" and "empowerment" and "reclaiming your cycle" in talking about FABMs. They're tapping into something real. Some people do experience side effects from hormonal contraception, and some feel the medical/scientific establishment has dismissed their concerns. The Make America Healthy Again movement weaponizes these concerns to push an agenda restricting access to reproductive health care. They elevate FABMs not as one option among many, but as a replacement for the full spectrum of reproductive care. The underlying message is that you don't need hormonal contraceptive options, you don't need abortion access, you don't need IVF—you just need to track your cycle.

When politicians promote FABMs while actively working to restrict access to comprehensive care and family supports, it's not about advancing choice, health or empowerment. It's about control.

Guttmacher: *Why are the stakes higher in a post-*Dobbs *landscape?*

Chelsea: If someone chooses a FABM based on inflated and inaccurate claims about its effectiveness, they are put at risk of unintended pregnancy. In states with abortion bans or severe restrictions, an unintended pregnancy can mean being forced to carry to term with little to no recourse. This raises the stakes enormously for anyone making contraceptive decisions and reaffirms the importance of accurate information. Inaccurate claims, whether accidental or deliberate, take the power of informed choice out of people's hands.

GUTTMACHER'S INNOVATIVE RESEARCH EMPOWERS WOMEN TO NAVIGATE THEIR REPRODUCTIVE HEALTH WITH BETTER DATA. FINDINGS FROM OUR RIGOROUSLY DESIGNED STUDIES KEEP THEM INFORMED AS REPRODUCTIVE HEALTH TECHNOLOGIES ARE INCREASINGLY WOVEN INTO THEIR LIVES.



Guttmacher: *You established the facts on FABM effectiveness through "oppositional collaboration." What is that, and what came of it?*

Chelsea: Oppositional collaboration means deliberately building a research team that includes people with divergent views on sensitive topics. Our group had a wide spectrum of views on things like contraception and abortion, but our uniting goal was to keep the focus on the data, trying to harness our collective viewpoint diversity to check one another's biases. We developed a rigorous quality assessment framework that we applied consistently across all studies in our review, regardless of whether the findings were favorable or unfavorable to FABMs.

Oppositional collaboration makes it harder for anyone's prior assumptions, in either direction, to consciously or unconsciously shape the results, and can increase the chances that a broader swath of people will thoughtfully consider your conclusions.

Shortly after we published our 2018 review, the CDC cited it when updating how the CDC describes FABM effectiveness, moving toward language more deeply grounded in current evidence. That's the outcome I want from research: public health guidance that follows the data wherever the data leads.

Guttmacher: *Our new strategic plan puts science at the heart of countering misinformation. How does bringing that approach to FABMs push back on bad information, whether it's from a company or a political movement?*

Chelsea: Whether a FemTech company makes an inflated effectiveness claim or a political movement cherry-picks a statistic, both are relying on the fact that most people don't have the time or training to independently evaluate underlying studies, or to assess credible evidence. Guttmacher is brimming with people who do have that training and who are committed to rigorous and honest communication of what real data shows.

Guttmacher: *Why do you do this work?*

Chelsea: My interest in FABMs is simply an extension of my interest in all contraceptive methods. I really started digging into FABMs specifically when working at USAID in 2011. As a reproductive health epidemiologist, I was troubled by how much confusion surrounded the side effects of hormonal contraception.

Simultaneously, I felt that the SRH field had been falling short on optimal communication on FABMs.

I kept noticing huge disconnects between how researchers and clinicians in my field talked about FABMs and how users talked about them. I spent a lot of time just listening in online groups where women discussed FABMs and their experiences in the health care system, which gave me an appreciation for their perspectives and the clear need for better data and person-centered communication on these issues. Extending Guttmacher's rigor and person-centered approach into this space isn't a departure from our core work. It's an application to one of the fastest-growing, least-scrutinized corners of reproductive health.



DR. SUSHEELA SINGH (TOP PHOTO, SECOND FROM RIGHT) WITH HER COLLEAGUES OVER THE YEARS.

Numbers Without Borders

A conversation with Susheela Singh, a key architect of Guttmacher's global research program, on how the evidence engine she helped build still travels across borders. She retires this fall after four decades at Guttmacher.

When Susheela Singh joined Guttmacher in 1985, the Institute did not do global research. Today, the organization has active partnerships with organizations in 22 countries and in all major regions around the world, and its global data platforms—Abortion Worldwide and Adding it Up—provide some of the most widely cited and high-impact evidence in the field. Across those four decades, Guttmacher's global portfolio was built study-by-study together with partners, often in places where the data were scarce and the politics were complicated. Susheela, now scholar emerita, laid much of the intellectual foundation.

We spoke with Susheela about how global sexual and reproductive health and rights research evolved over the span of her career.

Guttmacher: *You left Guyana at 18 to study in Canada and later earned your PhD at Berkeley. How did that background shape the way you've approached Guttmacher's global research?*

Susheela: Growing up in Guyana, combined with my academic training, had a large influence on the research I've done at Guttmacher. Guyana showed me how gender roles can be unequal, how family structure can vary, how some people did not have a choice in who they could marry or how many children they could have, and it also exposed me to positive exceptions to these patterns. Fortunately, my parents encouraged me to pursue university, which led a career focused on sexual and reproductive health research.

Guttmacher: *When you joined Guttmacher in 1985, the Institute wasn't doing global research. How did that work get started, and what was your part in building it?*

Susheela: We were a small research team at the time I joined, fewer than 15 people, very different from the nearly 50 research staff members we have now. We didn't do any research in what were then called "developing countries."

I was motivated to continue working on these issues, and there was support from our president and Guttmacher to begin research on countries other than the US. Our then-president was able to raise a significant grant to support the first global research project, in three countries in Latin America—Brazil, Colombia and Peru. In the process, I found national data on treatment for post-abortion complications, leading me to develop an indirect methodology to estimate abortion incidence. That approach became the Abortion Incidence Complications Method, or AICM.

Guttmacher: *Those early country studies grew into two flagship streams of work. How did Abortion Worldwide and Adding It Up take shape?*

Susheela: In 1999 we published the first global estimates on abortion, based on my idea of combining work that one of our researchers had done on safe/legal abortion with estimates that the WHO was producing on unsafe abortions. That work grew into Abortion Worldwide, Guttmacher's ongoing global estimates of abortion incidence across 150 countries and all regions and subregions. Before this, you could not get country-level data.

Those first global estimates were arithmetic, a simplistic way of combining the data we had. Later, around 2014, Jonathan Bearak joined the staff and figured out a better way to do these estimates statistically, using Bayesian models to build robust, country-specific estimates. These new estimates were published for the first time in 2022, in collaboration with WHO.

In 2003–2004, Guttmacher developed a methodology to estimate the costs and health benefits of providing contraceptive services to meet the need in low- and middle-income countries. I led that effort with essential contributions from other staff and a consultant. That project became Adding It Up.

Guttmacher: *Given the increasing rise of the anti-rights movement, can you talk about the importance of the work you helped lead with the Guttmacher–*Lancet *Commission in 2016? Why did the field need a single, shared definition of sexual and reproductive health and rights?*

Susheela: The four essential components of SRHR (sexual health, reproductive health, sexual rights and reproductive rights) are interconnected. Developing its comprehensive definition has given the field a common foundation. Our community uses this to argue for all SRH services as we resist the anti-rights movement.

The anti-rights movement has grown stronger in the past decade, and the comprehensive definition and framework of the Commission remains more relevant than ever for our field and for pushing back against that movement.

Guttmacher: *The methodology you co-developed for estimating abortion in countries with restrictive laws has been adopted for use in the United States as abortion bans and restrictions increase. What's it like to see that work applied here?*

Susheela: It has been gratifying to see how Guttmacher researchers working on domestic and international projects have been able to come together to adapt the methodology to states in which abortion is banned or severely restricted. It shows one of our key strengths as a truly global organization. While it's nice to see the work I helped start living on, I find it deeply unfortunate that the method needs to be used in the US context.

Guttmacher: *Guttmacher doesn't have offices abroad. All in-country work happens through partners. What does an equitable partnership look like to you?*

Susheela: It means partnerships where there is mutual trust and respect, work that advances participating partners' agendas and transparent communication. It also means placing equal value on each partner's contribution.

Because we do not have offices in other parts of the world, all of our in-country and in-region work is done with partner organizations. Equitable partnership is essential to that model. The African Coalition for Research and Communication on Abortion (ACORCA) has been a model for partnership in that region. Guttmacher was part of the coalition–building process, working with founding partners across the region and ultimately shifting power for our in-country partners to lead.

ACORCA is an example of what the future of global research on SRHR will look like, with power and resources shifting to in-country researchers so that they can set the scientific agenda and deliver evidence that meets the needs of their own context. Looking back over my years at Guttmacher, I am proud to have played a role in getting our program of global research off the ground and in helping transition that program to a new model and a new generation of leaders.

In Their Own Words:

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> I've been supporting Guttmacher for many years. I feel that women need reproductive health support to have any chance to compete equally in our world.
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> **– RICHARD H., FAMILY FOUNDATION DONOR**

> I support Guttmacher because they support my work as a physician and educator with their incredible data on reproductive health in the US and around the world.
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> I have always looked to Guttmacher as a reliable source of scientifically accurate information. I also greatly admire your keeping to your mission through all of these difficult years.
>
> **- DR. SUZANNE P., DONOR-ADVISED FUND DONOR**

> I've known Guttmacher for decades, and it's one of my favorite organizations. People should have the freedom to choose when they want to have children; having that choice forcefully taken away inflicts suffering on families. Guttmacher has done much good by providing the facts on reproductive health and rights. I want them to continue this work for a long time to come.
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> **– VICKY K., LEGACY DONOR**

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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.

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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 or more.

Learn more about the Leadership Circle by contacting our development office (See below).

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 (See below).

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.

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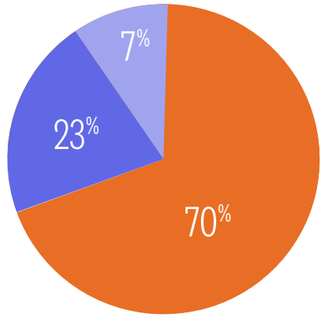
Behind the Data

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





ESTIMATED 2026 EXPENDITURE



- 70% Program Services
- 23% Management & General
- 7% Fundraising

guttmacher

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