

Bridging research and advocacy.
Shifting decision making to women.
Tackling under-researched and
controversial topics. Simplifying
services and technologies. Training
the next generation of reproductive
health researcher-advocates. Advancing
reproductive health and rights.
Supporting evidence-based policies.



Ibis
Reproductive
Health

2006 – 2008 Organization Report



Letter from Our President

Dear Friends: I am delighted to share Ibis Reproductive Health's latest Organization Report, which provides highlights of our completed and current work from 2006 through 2008.

Over the last three years we have moved forward our ambitious research and advocacy program, launching exciting new projects focused on increasing access to abortion and contraception, and promoting HIV and STI prevention and treatment strategies that meet women's needs. We have also secured much-appreciated support from many new donors. In addition to continuing to work in sub-Saharan Africa and the Middle East and North Africa, we have expanded our work in the United States and developed a portfolio of projects in the Latin America and Caribbean region.

We celebrated Ibis's fifth anniversary in 2007 and both recognized Ibis's many accomplishments and looked ahead to a new phase in Ibis's history. In addition, in 2007 the results of the Methods for Improving Reproductive Health in Africa (MIRA) trial—co-coordinated by Ibis and RTI/University of California, San Francisco (UCSF)—were released. We are extremely proud of this contribution to the field of HIV research.

Ibis's staff are our greatest asset and their hard work, passion, and dedication are the key to Ibis's excellence and growing reputation for producing high-quality, rigorous reproductive health research that makes a real difference in women's lives. We at Ibis are grateful to all of our friends, colleagues, and funders who make it possible for us to do this critical work. We look forward to continuing to partner with you as we strive to improve the reproductive health of women everywhere.

~ Kelly Blanchard, President, Ibis Reproductive Health, October 2008

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide

Who We Are

At Ibis we design and carry out research to identify and test policies and services that improve women's lives. Our team of highly trained clinicians and social scientists conducts rigorous original research on neglected and often controversial topics like abortion that are critical to women's health and well-being. We make sure that research results do not sit on a shelf by working closely with advocates, health care providers, and policy makers to translate research results and evidence into action. We partner with advocates and arm them with the evidence they need to wage stronger campaigns for policies that support women's reproductive rights and self-determination.



erikapearson@erikapearson.com



Why Ibis?

Ibis Reproductive Health was founded in 2002 by Dr. Charlotte Ellertson (1966-2004), who envisioned a dynamic organization that could bridge clinical and social science research and policy analysis and advocacy. Charlotte's energy and bold ideas fueled Ibis's swift growth. To name the organization, Charlotte looked back to her childhood in South Africa, where ibises flourish. Like storks, ibises are often associated with fertility. The birds also represent forbidden women's health knowledge because of the resemblance of the birds' curved bills to the clyster syringes used by midwives. Additionally, the ibis is the incarnation of the Egyptian lunar deity Thoth who was responsible for writing, law, logic, and calculation. Charlotte's memory inspires us to work toward a world in which women's autonomy and choice bring them healthy reproductive lives.

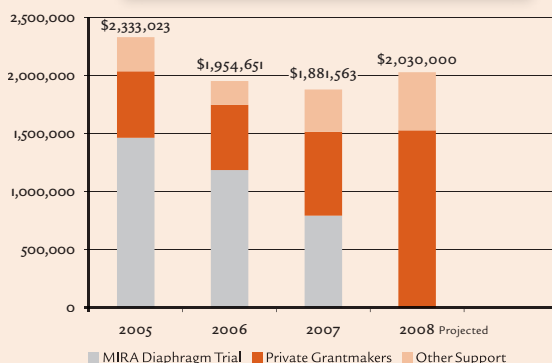
Our Staff

Danielle Bessett, PhD
Kelly Blanchard, MSc
Rachel Bohloko
Denisse Córdova, MPH
Amanda Dennis, MBE
Angel Foster, DPhil, MD, AM
Laaiah Gani
Daniel Grossman, MD

Adila Hargey, BSocSci (Hons)
Diana Lara, MD
Naomi Lince, MPH, MIA
Laurel Morrison
Kelsey Otis, MA
Mthokozisi Radebe
Jessica Stone
Britt Wahlin, AM



erika.pearson@enika.pearson.com



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We at Ibis mourn the passing of board member Dr. Allan Rosenfield (1933–2008), who played a key role in the launch and growth of our organization. We honor Dr. Rosenfield's passionate commitment to the idea that women should have the information and tools to make decisions about their reproductive health.

Annual Revenue 2005-2008

Ibis was launched with funding for the MIRA diaphragm trial and the support of several generous foundations. This allowed us to hire excellent staff and establish offices in Cambridge, Massachusetts, and San Francisco, California, USA; and Johannesburg, South Africa. Funding for the MIRA trial was a substantial part of Ibis's budget from 2003 to 2007. We are proud that since that project ended, Ibis has been able to add many new projects and funders and continues to operate with an annual budget of roughly \$2 million.

Our Funders

We are grateful to the many foundations, institutions, and individuals whose generous support makes our work possible. The following organizations supported Ibis between 2006 and 2008:

Abortion Access Project ■ Anonymous (4) ■ Aurum Institute for Health Research ■ The Fred H. Bixby Foundation ■ The Ford Foundation ■ General Service Foundation ■ The Wallace Alexander Gerbode Foundation ■ Richard and Rhoda Goldman Fund ■ The Guttmacher Institute ■ Gynuity Health Projects ■ Harvard University ■ The William and Flora Hewlett Foundation ■ Ipas ■ National Campaign to Prevent Teen and Unplanned Pregnancy ■ National Institute for Reproductive Health ■ National Women's Law Center ■ New Morning Foundation ■ The David and Lucile Packard Foundation ■ Palestinian American Research Center ■ PATH ■ Physicians for Reproductive Choice and Health ■ Population Council ■ Safe Abortion Action Fund of International Planned Parenthood Federation ■ Society of Family Planning ■ Tides Foundation ■ University of California, Davis ■ University of California, San Francisco ■ University of Texas ■ University of the Witwatersrand ■ The Mary Wohlford Foundation

Please consider making a tax-deductible donation to support Ibis's work to advance women's reproductive health and rights around the world. Visit www.ibisreproductivehealth.org/support or call 1-617-349-0040 for more information.

ABORTION

Ibis works to increase access to safe abortion, especially for women who face obstacles in accessing services.

Simplifying medication abortion: Ibis explores ways to simplify medication abortion in order to help more clinics and health facilities offer this safe method of pregnancy termination. Ibis's operations research in South Africa showed that a clinical exam could replace ultrasound—which requires costly equipment that many clinics cannot afford—to determine the duration of a woman's pregnancy. In Mexico, we evaluated a less-sensitive urine pregnancy test that may be able to replace the post-procedure ultrasound to confirm that the woman is no longer pregnant. In 2006, Ibis and Gynuity Health Projects convened in Tunisia clinicians and researchers from Algeria, Lebanon, Mauritania, Morocco, and Tunisia to share information on medication abortion and on the experience of offering this method in family planning clinics. We have also developed Arabic-language materials on medication abortion for providers.

US abortion restrictions: Ibis documents the impact of abortion restrictions on US women, and partners with advocates to promote policies that support women's reproductive rights and health. We are currently leading a study on the federal Hyde Amendment, which prohibits public Medicaid funding for abortions in most cases, and are conducting in-depth interviews with abortion providers about their experiences with obtaining Medicaid coverage for abortion. Results from the first phase indicate that many providers are not able to obtain Medicaid coverage for abortions in cases of rape, incest, or life endangerment, which should legally qualify for funding.



Misoprostol Alone: A Safe Regimen for Early Abortion

Research led by Ibis and UCSF shows that increased use of misoprostol alone—an effective medication abortion regimen—instead of riskier methods, could significantly reduce maternal deaths from unsafe abortion. Each year it is estimated that over 65,000 women die due to unsafe abortion—almost all of them in developing countries. The model indicates that if 60% of unsafe abortions were initiated with misoprostol, abortion-related mortality would decrease by approximately one-half.

Second trimester abortion: Ibis and the University of Cape Town are conducting research on second trimester abortion in South Africa, where a high proportion of women have abortions later in pregnancy due to barriers to access. Ibis's research in the Western Cape focuses on understanding better providers' and women's experiences and acceptability of second trimester abortion. We also aim to expand access to surgical (dilation and evacuation) services and introduce evidence-based medical induction protocols with mifepristone and misoprostol into public sector hospitals to expand choice and improve quality of care.

Latina reproductive health in the US: Ibis has a growing portfolio of work on the health needs of Latinas and women living on the US-Mexico border. We are conducting research to learn more about Latinas' and immigrant women's use of misoprostol and other substances to self-induce abortions. Ibis is interviewing women in Boston and San Francisco, and we are working with Gynuity Health Projects, which is conducting interviews in New York City. The results of this study will provide insight into why women choose self-induction and their knowledge about abortion laws and services. This will inform interventions to improve access to services in the US.

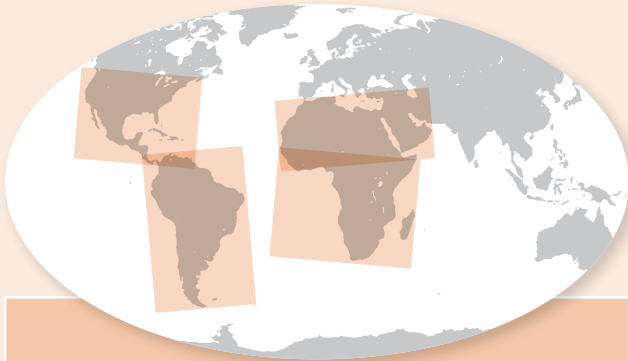
Health professions education and training in the US: Ibis seeks to address the growing shortage of abortion providers by assessing the abortion and reproductive health content of medical and nursing school curricula. We completed a national study on the factors influencing ob/gyn residents' decisions to train in and intentions to provide abortion, which included a content analysis of residency program websites, a mailed survey, and in-depth interviews. Our data showed that training opportunities in pregnancy options and abortion procedures counseling and in first trimester abortion procedures need to be strengthened. We have also conducted curricular assessments of advanced practice clinician and nursing education. These results are informing national and local efforts to reform health professions curricula.

Collaborating with ob/gyn societies: Ibis works in countries where abortion is severely restricted and where it can be difficult for women to access abortion even in cases that may be permitted under law. Ibis collaborates with ob/gyn societies and women's NGOs in Bolivia and Peru to develop partnerships and protocols to ensure abortion access for legal indications, such as rape or life endangerment. We are working to expand this model in sub-Saharan Africa.

C O N T R A

Ellertson Fellowship Program

The Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health is named for Ibis's founder, who was passionate about the need for social science research on abortion. Ibis coordinates the Ellertson Fellowship, with fellows housed at five sites in the US: Columbia University, the Guttmacher Institute, Ibis, Johns Hopkins University, and UCSF. The goal of the two-year program is to train and mentor promising social scientists committed to careers in abortion research and advocacy. Graduated fellows have gone on to tenure-track faculty positions at universities, joined the staff and boards of advocacy organizations, and pursued independent writing, research, and teaching on reproductive rights.



Where We Work

Ibis's regions of focus include Latin America and the Caribbean, the Middle East and North Africa, sub-Saharan Africa, and the United States. In addition, much of our work spans and has relevance to multiple regions. We also work locally in the cities and regions where our offices are based: Cambridge, Massachusetts, and San Francisco/Oakland, California, USA; and Johannesburg, South Africa. Over the 2006–2008 period, we have deepened our collaborations with Johannesburg-based organizations, and have also grown our work and networks in the Greater Boston area and the San Francisco Bay Area.

Ibis works to expand women's access to the full range of contraceptive technologies, including hormonal, barrier, and long-term methods and emergency contraception (EC).

Simplifying contraception: Ibis critically reviewed the global evidence on the ways that contraceptives are provided and highlighted how labeling and service delivery guidelines could be updated to give women more options and better access. We are currently exploring two strategies to simplify provision: removing prescription requirements for oral contraceptives and increasing young women's access to intrauterine devices (IUDs). Together with UCSF, we are conducting a study in San Francisco comparing the use and acceptability of the Mirena IUD and Depo-Provera among young women. This will provide new data about young women and long-term contraception.

Investigating barriers to access: Ibis documents gaps in access to contraception in order to inform policy and practice change. As part of our investigation into the feasibility of making oral contraceptives available without a prescription in the US, we are holding focus groups with young women to learn more about how they access pills and about barriers, such as cost, that inhibit access. Also in the US, we are collaborating with the Massachusetts Department of Public Health Family Planning Program to explore the impact of the state's groundbreaking health care reform on low-income women's access to contraception. This study involves provider surveys and interviews, as well as focus groups with English- and Spanish-speaking women.



EC Legislation



Ibis's 2005 study on EC provision in US hospital emergency departments found that staff at 42% of non-Catholic hospitals and 55% of Catholic hospitals said they do not dispense EC, even in cases of sexual assault. Data from this research was referenced in the text of the Emergency Contraception Education Act of 2007, a federal bill introduced in September 2007.

EC in hospitals and sexual assault: Ibis conducts research and policy analysis on EC access for survivors of sexual assault. Our research on Catholic hospitals in the US showed that many were not following state laws that mandated providing EC to sexual assault survivors. In another study in the state of South Carolina, Ibis found that hospitals which conduct rape kit exams have fairly consistent policies, but hospitals that do not conduct these exams do not provide EC to sexual assault patients before transferring them to another facility. The findings in both of these studies have been used by advocates, hospital administrators, and public health officials to change policy and share information so that their practices are consistent with the highest standards of care and state laws.

EC in the Middle East and North Africa: Ibis is active in efforts to expand the awareness and availability of EC in the Middle East and North Africa region. We are conducting research on pharmacists' knowledge of and attitudes towards EC in Jordan, Palestine, and Tunisia to learn more about EC availability. We are also developing an Arabic-language manual on EC for health care providers.

Nursing Education in Palestine

The political and economic situation in Palestine has had a dramatic impact on reproductive health services, which are primarily delivered by nurses and midwives. Ibis's national survey of nurse educators and final-year nursing students in Palestine assessed the reproductive health content of nursing curricula and identified both inclusion and implementation gaps in didactic and clinical instruction. Our findings revealed that education and training in abortion, EC, HIV/AIDS, and gender-based violence are particularly lacking. In May 2008, we convened deans, faculty members, and other stakeholders in the West Bank to develop recommendations for curricular reform to better prepare nurses to meet the comprehensive needs of Palestinian women.

Should Oral Contraceptives Be Available without a Prescription?

Oral contraceptives (OCs) are one of the safest and best-studied medications on the market today, and they are also one of the most popular and effective contraceptives available worldwide. But in most countries, including the United States, women need a prescription in order to obtain them, which restricts access and increases the cost of the method. Current evidence shows that OCs meet many of the US Food and Drug Administration criteria for over-the-counter (OTC) access. In collaboration with the University of Texas, Ibis is evaluating OC use among women who live on the US-Mexico border. The first phase of the study found that women were able to accurately identify medical conditions that might make taking the birth control pill dangerous for them—without the help of a clinician. The second phase of this study is comparing OC users in El Paso who obtain their pills in Mexico OTC with those who obtain them in clinics in the US. Ibis also coordinates the Working Group on OCs OTC, a coalition of more than 70 researchers, advocates, and clinicians that is exploring the feasibility of an OTC switch in the US.

H I V and S T I s

Ibis works to improve HIV and sexually transmitted infection (STI) prevention and treatment strategies and services so that they better meet the needs of women.

Linking reproductive health and HIV: Ibis's work to link provision of family planning and HIV services is a growing priority for us as a way to mitigate the impact of the HIV epidemic on women. With UCSF and the Kenya Medical Research Institute, we have launched a study to assess whether integrating contraceptive provision into HIV care and treatment services improves contraceptive uptake, continuation, and acceptability among HIV-positive women in Kenya. For another study with UCSF, we are surveying health care providers in South Africa, the United States, and Zimbabwe about their contraceptive and HIV prevention counseling strategies for women who are HIV-positive or at risk of HIV infection.

Young women: Ibis works to improve the sexual and reproductive health and rights of adolescent and young women. Our work currently focuses on South Africa, where adolescent pregnancy and HIV infection rates are extremely high, and the Middle East and North Africa, where youth often lack knowledge about sexual and reproductive health, including ways to protect themselves from HIV. We have completed studies in Jordan, Palestine, and Tunisia on the knowledge, behaviors, and attitudes of never-married university students and are working to develop interventions to improve university health services. In Soweto, South Africa, we are leading work focused on providers who serve young women to expand their clinical knowledge and skills in order to address the full range of sexual and reproductive health issues. Topics include attitudes toward adolescent sexuality, access to abortion, dual-method use, and gender-based violence.

Female-controlled methods: Ibis advocates for increased research on urgently needed female-controlled methods to prevent the transmission of HIV and other STIs, while also working to increase access to existing methods. We lead the Cervical Barrier Advancement Society, which highlights global research on the potential of cervical barriers and other barrier methods to prevent HIV and other STIs. With the Population Council, we led a study exploring the acceptability of the diaphragm and the female condom among sex workers in the Dominican Republic. The results underscore the need for greater investment in the female condom.



MIRA Trial

Methods for Improving Reproductive Health in Africa

(MIRA) was a randomized controlled trial that evaluated whether the diaphragm used with lubricant gel could reduce HIV transmission. MIRA was led by researchers at UCSF (now based at RTI International) and concluded in 2007. Ibis co-coordinated the trial and led the data, clinical, and laboratory monitoring at trial sites in South Africa and Zimbabwe. Although the results do not support the addition of the diaphragm to current HIV prevention strategies, MIRA made significant contributions by generating valuable information on conducting HIV prevention trials; providing health services to trial participants and their partners; and educating women and their communities about HIV prevention options. Ibis also led the MIRA Social Science Study, which collected rich qualitative data that provide insights into power and negotiation within women's sexual relationships and their experiences participating in clinical trials.



OUR WORK

Selected Publications

To see a complete list of our publications, please visit the Ibis website at www.ibisreproductivehealth.org.

Grossman D, Fernandez L, Hopkins K, Amastae J, Garcia SG, Potter JE. Accuracy of self-screening for contraindications to combined oral contraceptive use. *Obstetrics & Gynecology*. September 2008;112(3):572-578.

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A study conducted by **Ibis Reproductive Health** for Catholics for a Free Choice. Complying with the law? How Catholic hospitals respond to state laws mandating the provision of emergency contraception to sexual assault patients. January 2006.

Ibis Websites

www.ibisreproductivehealth.org

www.cervicalbarriers.org

www.medicationabortion.org

<http://ec.princeton.edu/arabic/>



Ibis Contact Info

Cambridge Office (Headquarters)

Ibis Reproductive Health
17 Dunster Street, Suite 201
Cambridge, MA 02138
United States of America
Phone 1-617-349-0040 ■ Fax 1-617-349-0041
admin@ibisreproductivehealth.org

San Francisco Bay Area Office

Ibis Reproductive Health
1330 Broadway Street, Suite 1100
Oakland, CA 94612
United States of America
Phone: 1-510-986-8941 ■ Fax: 1-510-986-8960
sanfran@ibisreproductivehealth.org

Johannesburg Office

Ibis Reproductive Health
First Floor, Block B, Regent Place
Cradock Avenue, Rosebank 2196
Johannesburg
Republic of South Africa
Phone: 27-11-447-1346 ■ Fax: 27-11-447-1353
joburg@ibisreproductivehealth.org

We are grateful to the Ibis staff members from 2006 to 2008 who have moved on to other exciting opportunities: Ann Brown ■ Chiweni Chimbwete ■ Shannon Duncan ■ Sarah Gilbert ■ Teresa Harrison ■ Sarah Jane Holcombe ■ Courtney Jackson ■ Signy Judd ■ Deborah Kacanek ■ Mantwa Lerobane ■ Khwezi Madikiza ■ Sarah Martin ■ Julia Matthews ■ Tanusha Mudlay ■ Kimala Price ■ Ethel Qwana ■ Rachel Roth ■ Kate Schaffer ■ Emily Shortridge