



A decade of  
closing the gap in  
reproductive health research  
and putting women's priorities first

# What We Do

**Ibis Reproductive Health is an international nonprofit organization** with a mission to improve women's reproductive autonomy, choices, and health worldwide. Our core activity is original clinical and social science research, focused on issues receiving inadequate attention in other research settings and where gaps in the evidence exist. Our agenda is driven by women's needs and prioritizes increasing access to safe abortion, expanding contraceptive access and choices, and integrating HIV and comprehensive sexual and reproductive health services. We partner with advocates and other stakeholders who use our research to improve policies and delivery of services in countries around the world.

## Women's priorities

We put women's **autonomy, rights, and decision making** at the forefront of our work.

## Bold ideas

We seek out and evaluate **innovative strategies** to improve women's reproductive health and choices.

## Rigorous research

We conduct research to **uncover evidence** about what women need, what barriers they face, and what is working for them.

## Simplified access

We apply our research to create solutions that **make it easier** for women to obtain the resources and tools they need to control their fertility and protect their health.

## Strong partnerships

We implement and disseminate our research and solutions with **established advocates and health care providers on the ground**.

**3** Three areas of work to increase abortion access, expand contraceptive access and choices, and integrate HIV and comprehensive sexual and reproductive health services.

**Ten** years of bold ideas to improve women's reproductive autonomy, choices, and health worldwide.

2012  
2011  
2010  
2009  
2008  
2007  
2006  
2005  
2004  
2003  
2002

**200** Two hundred articles published to uncover and fill gaps in evidence, and to promote policy and practice change.

**14** Fourteen postdoctoral fellowships to support the next generation of reproductive health researchers.

**80** Eighty research projects in **14** countries—driven by women's priorities.

By the Numbers



Dear Ibis friends and supporters,

Nine years ago I joined my dear friend and mentor Charlotte Ellertson to build a research organization that would make a difference for women around the world by **helping them more easily obtain tools and technologies to protect their health and give them control over their fertility and reproductive lives**. I opened Ibis's South Africa office out of my apartment in the dead of winter in Johannesburg. Despite the below-freezing temperatures in winter, there is no central heat in Johannesburg and our small staff worked huddled around my dining room table, wearing wool hats and scarves, and fingerless gloves so we could type out study procedure guidelines for the large trial of the diaphragm we were launching.

We are now celebrating Ibis's tenth anniversary, and I'm amazed at what we have accomplished and how true to our original vision we have remained. We have shown over and over that although research evidence may not be sufficient, it is necessary—perhaps now more than ever—to make the case for women's ability to make their own decisions about their reproductive health. Each day for the last ten years and with every new project we begin, we have sought to learn from women themselves how to best support their decisions and choices, and we have—and will continue to—put women's priorities first.

While we have made progress, there is so much left to do. Millions of women are still unable to obtain abortion care that is safe, affordable, and high quality, many more do not have access to the full range of contraceptive choices, and the lack of integration of HIV and other sexual and reproductive health services makes it hard for women, both positive and negative, to address their full range of health needs. Moving forward we will continue to tackle hard research questions and to pursue strategies that give women control over their lives and their futures. We will partner with advocates, health care providers, and policymakers to translate our findings into real change.

Ibis would not be who we are today without our extremely talented and passionate staff and Board of Directors; it is my pleasure to work with such a phenomenal team every day. I am also deeply grateful to all of our donors. Ibis could not exist without the people who believe in our mission and make our work possible.

I am certain that Charlotte would share my pride today as we take Ibis into its second decade.

Warmly,

A handwritten signature in black ink that reads "Kelly Blanchard".

Kelly Blanchard, President

# Improving Women's Reproductive

## Our Impact



### The Methods for Improving Reproductive Health in Africa (MIRA) trial

**Every woman should have the tools to protect herself from HIV, but many women do not have an effective prevention method or are not able to convince their partner to use a condom every time.** From 2002–2007 Ibis, working with a research team led by University of California, San Francisco, set out to determine whether the diaphragm used with a lubricant gel could reduce HIV transmission. Ibis staff helped to design the study and select the study sites, and also led the data, clinical, and laboratory monitoring in South Africa and Zimbabwe. While it was disappointing that the diaphragm did not provide additional protection beyond current HIV-prevention strategies (which include condom counseling and provision and testing for sexually transmitted infections), data from the MIRA trial provided critical information on women's opinions and preferences about diaphragms and condoms, covert use of HIV-prevention technologies, and contraceptive use and effectiveness, among other topics. Our experience with the MIRA trial also contributed to improvements in the design of HIV-prevention trials, paving the way for future research to decrease HIV infection rates.

The MIRA trial is a reminder that research doesn't always generate the answers we hope for. But we at Ibis know that in order to identify lifesaving breakthroughs, we have to pursue ambitious research questions and commit the time and resources needed to answer them.

### Increasing access to medication abortion in the US via telemedicine

**Medication abortion is simple: you just take two pills. But laws in many US states require a physician to hand over the pills to the woman, making abortion less accessible, especially for women in rural areas of the US.**

In 2008 Planned Parenthood of the Heartland in Iowa launched an innovative program to offer medication abortion at outlying clinics without a doctor on site using telemedicine. Patients meet with a nurse who reviews their medical history and performs an ultrasound; a doctor reviews this information, has a video consultation with the patient, and then punches in a code to open a box that dispenses the medication, which the nurse then gives to the patient. Ibis, together with Provide (formerly the Abortion Access Project), evaluated the service and found not only that telemedicine provision is safe and effective, but also that women who had the telemedicine service were more satisfied with their experiences.

Results from this study were first published in 2011. Since then, our research has been used to fight back against proposed bans on telemedicine abortion. We also worked with other clinic systems to simplify the telemedicine model to make it easier and less costly to provide, all with the aim of increasing access to safe, high-quality care for women.

# Autonomy, Choices, and Health



## Improving availability of emergency contraception (EC) in US hospital emergency rooms

**A woman who has been sexually assaulted should have access to EC, but not all hospitals or physicians will offer it to women who come to their facilities.** In 2002, Ibis surveyed hospitals across the US and found that staff at 42% of non-Catholic hospitals and 55% of Catholic hospitals said that they do not dispense EC, even in cases of sexual assault. More respondents at Catholic hospitals reported that they provide EC only to victims of sexual assault compared to staff at non-Catholic hospitals. Among staff who said their hospital does not provide EC under any circumstance, only about half gave a valid referral.

Our findings have been used to increase sexual assault survivors' access to EC. Today 17 states and the District of Columbia require that emergency departments provide emergency contraception-related services to sexual assault victims. Our research was also cited in the Emergency Contraception Education Act of 2007, a federal bill to educate the public about EC and where to get it so that more women know about this unique option for preventing pregnancy.

## Getting medication abortion into free, public clinics in South Africa

**South Africa has one of the most progressive abortion laws in the world, but many women still face obstacles to getting a safe, legal abortion.** Since we opened our Johannesburg office in 2003, Ibis has conducted research on how to incorporate medication abortion into public sector clinics to improve women's choices. Ibis staff worked with Department of Health officials to design research and provide evidence to support adding medication abortion to existing surgical abortion services. We showed that instead of an ultrasound, an exam by a nurse could determine how far a woman was in her pregnancy, so that medication abortion could be offered in lower-level health facilities and did not require expensive equipment. We also found that women and providers were interested in medication abortion, and a significant proportion of women already came to clinics early enough to benefit from a medication abortion option. In partnership with Ipas and the University of KwaZulu-Natal, we also conducted a large-scale study that will show that medication abortion is popular and can easily be added to existing services.

In 2010 Ibis and our South African partners celebrated a significant victory when the National Department of Health allowed provinces to begin introducing medication abortion under provincial policies. We hope our study on introduction in KwaZulu-Natal province will provide a model for scale up of access to medication abortion across South Africa.

# Ibis Through the Years

2002

2003

2004

2005

2006

20

## Women's priorities

### Strengthening women's autonomy



**2002:** Charlotte Ellertson founds Ibis to bridge academic research with women's immediate health needs and tackle critical issues like abortion that few research organizations can or will address.

**2004:** After Charlotte loses her battle with breast cancer, Kelly Blanchard is appointed President and helps grow Ibis into an established organization.

### Putting women's needs at the forefront of our work



**2008:** Ibis investigates young women's barriers to sexual and reproductive health care access in South Africa, where unintended pregnancy and HIV rates are high. Staff develop a workshop for health care providers serving young women to improve their comfort discussing sex and sexuality and their knowledge of the full range of methods and services.

**2009:** Ibis develops participatory research techniques to engage young women, parents, and communities to play an active role in addressing teenage pregnancy and HIV infection in South Africa.

## Bold ideas

### Seeking out innovative strategies

**2004:** Ibis establishes the Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group to explore the feasibility of removing the prescription requirement for OCs in the US.



**2006:** Ibis begins research with the University of Texas documenting the safety and effectiveness of OTC access to OCs among US women who obtain their pills from Mexican pharmacies.

**2010:** The *New York Times* publishes an op-ed by Kelly Blanchard, who argues that moving OCs OTC could improve access to contraception. The piece launches a lively discussion in the media and blogosphere.

### Providing insight



**2011:** Women in the US military face unique challenges when it comes to accessing reproductive health care, especially in the context of a federal law that bans abortion at military facilities except for a narrow range of exceptions. To address this, Ibis undertakes the first study of US military women's experiences seeking abortion care during overseas deployment and launches research on the impact of unintended pregnancy on troop readiness.

## Rigorous research

### Analyzing barriers

**2007:** Ibis documents the effects of US federal restrictions on Medicaid coverage of abortion, finding that most women who should qualify for coverage are unable to obtain it.



**2011:** Ibis produces *Take Action* guides outlining evidence-based strategies to improve abortion coverage and presents research in several US states to catalyze action.

07

2008

2009

2010

2011

2012

### Uncovering evidence

**2008:** Ibis begins to study service providers' opinions of abortion services in South Africa, finding that shortages of doctors and nurses trained to perform second-trimester abortion contribute to poor service quality and limited access. With colleagues at the University of Cape Town, Ibis also launches a cohort study of surgical and medical second-trimester abortion in public sector hospitals to document the safety and acceptability of later termination procedures and identify research priorities to improve the care that women receive.

## Simplified access

### Creating solutions



**2003:** For women in the Middle East and North Africa, it can be challenging to find medically accurate, culturally appropriate information in Arabic about sexual and reproductive health. To fill this need, Ibis, with the Office of Population Research at Princeton University, launches the first Arabic-language website about emergency contraception.

### Making it easier to access tools and resources

**2012:** The World Health Organization cites Ibis's paper on alternatives to a follow-up visit after medication abortion in their technical and policy guidelines for safe abortion. The guidelines will inform policy that will make it easier and less complicated for women to access abortion services.

## Strong partnerships

### Working with advocates and health care providers

**2005:** Ibis brings together ob/gyns and advocates in Bolivia and Peru to strengthen advocacy for abortion access for legal indications.

**2008:** Building on this successful model, Ibis joins the International Federation of Gynecology and Obstetrics' global initiative to prevent unsafe abortion and supports participation by women's health advocates, policymakers, and journalists from eastern, central, and southern Africa.

### Disseminating our research and solutions

**2008:** With Massachusetts providers and advocates, Ibis begins research on the impact of Massachusetts health care reform on low-income women's and young adults' access to contraception, finding that reform has improved access but also created new barriers.



**2010:** Ibis and other members of the statewide REaDY coalition launch *My Little Black Book for Sexual Health* ([www.littleblackbookhealth.org](http://www.littleblackbookhealth.org)). This resource helps young adults navigate their health insurance options in the wake of statewide health reform and answers questions about finding health plans that meet their contraceptive needs.

10 YEARS

# Fellowship

## Training the next generation of abortion researchers

**Abortion is increasingly politicized and polarizing, leading many researchers and policymakers to shy away from addressing it.** Now more than ever social science research on abortion is critically important to inform policy debates and improve abortion services and access, yet few organizations and researchers conduct abortion research.

In 2003, Ibis launched the first cohort of the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health to support researchers in the beginning of their careers. From 2003–2010, 14 Ellertson fellows received salary support, mentoring, and communications and advocacy training to develop research projects that would inform abortion and reproductive health policy and build their careers in abortion research.

The fellows came from a cross-section of social science disciplines, with doctoral degrees in demography, sociology, anthropology, epidemiology, public health, and psychology. They completed their fellowships at Columbia University, the Guttmacher Institute, Ibis Reproductive Health, Johns Hopkins University, and University of California, San Francisco (UCSF), where they generated new knowledge and offered critical insight that has informed public debate and policy discussions in the US and internationally. The fellows have gone on to take prestigious jobs at universities and at private research institutions and their cutting-edge work will continue to improve reproductive health policies and advance abortion and reproductive health research.

Though the fellowship program has ended, Ibis continues to support emerging researchers both internally, with mentoring and career development for each staff member and intern, and externally through activities like the annual Social Scientists' Networking Meeting, which brings together social scientists who focus on abortion to share their work and catalyze new projects and collaborations.

*Fellowship at Columbia University Mailman School of Public Health*

**Silvia De Zordo** PhD • Marie Curie Postdoctoral Fellow • Department of Anthropology • Goldsmiths, University of London

**Joanna Mishtal** PhD • Assistant Professor • Department of Anthropology • University of Central Florida

*Fellowship at Guttmacher Institute*

**Farzana Kapadia** PhD, MPH • Assistant Professor of Public Health • NYU Steinhardt

**Megan Kavanaugh** DrPH • Senior Research Associate • Guttmacher Institute

*Fellowship at Ibis Reproductive Health*

**Danielle Bessett** PhD, MA • Assistant Professor • Department of Sociology • University of Cincinnati

**Courtney Jackson** PhD • Associate Director, Institutional Research • Northeastern University

**Kimala Price** PhD • Assistant Professor • Department of Women's Studies • San Diego State University

**Rachel Roth** PhD • Director of Communications & Foundation Support • National Network of Abortion Funds • Reproductive Justice Scholar & Activist

*Fellowship at Johns Hopkins Bloomberg School of Public Health*

**Jessica D. Gipson** PhD, MPH • Assistant Professor • Department of Community Health Sciences • University of California, Los Angeles, Fielding School of Public Health

**Alison Norris** MD, PhD • Assistant Professor of Epidemiology & Medicine • The Ohio State University

*Fellowship at UCSF Bixby Center for Global Reproductive Health*

**David Becker** PhD • Postdoctoral Fellow • Institute for Health Promotion & Disease Prevention Research • Keck School of Medicine of University of Southern California

**Jillian Henderson** PhD, MPH • Research Associate • Kaiser Permanente Center for Health Research, Northwest

**Amy Schalet** PhD • Associate Professor • Department of Sociology • University of Massachusetts Amherst

**Julia Steinberg** PhD • Assistant Professor • Department of Psychiatry • UCSF





**N E X T**  
**10**   
**Y E A R S**

Ibis has an ambitious set of goals to accomplish in the next decade. We want to:

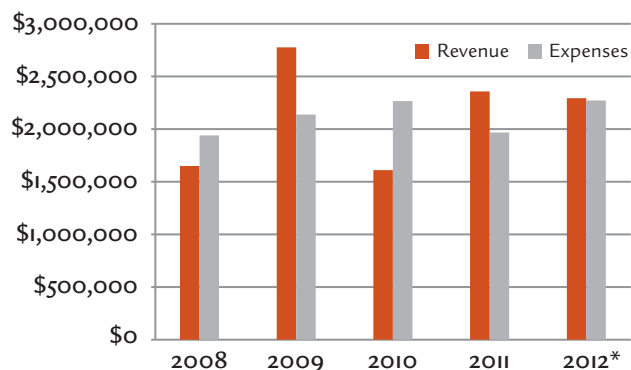
- **Move** an oral contraceptive pill over the counter.
- **Expand** public funding for high-quality abortion care.
- **Answer** outstanding questions about the best clinical approaches to second-trimester abortion care.
- **Increase** support for access to a wide range of contraceptive methods in family planning services and programs.
- **Demonstrate** the effectiveness and feasibility of new women-centered models of medication abortion provision.
- **Make** abortion an integral part of the international maternal health and HIV/reproductive health integration agendas.
- **Ensure** that services and policies address young women's comprehensive health needs, including prevention of unintended pregnancy, access to safe abortion, HIV/STI testing and treatment, and gender-based violence prevention, screening, and support.

# Finances

The following shows Ibis's revenue and expenses from 2008 (the date of our last organization report) to the present. Since 2008, Ibis has maintained a strong financial position; the changes in revenue reflect the timing of grant disbursements for multi-year grants and the launch and closure of specific programs, most notably the end of the Charlotte Ellertson Social Science Postdoctoral Fellowship Program in 2010. Given the challenging economic and funding climate of the last few years, we are especially proud that we have not only maintained Ibis's core programs and operations, but have also added new projects and attracted new donors.

	Revenue	Expenses
2008	\$1,649,016	\$1,940,741
2009	\$2,774,919	\$2,137,666
2010	\$1,609,814	\$2,266,246
2011	\$2,356,872	\$1,967,468
2012*	\$2,293,000	\$2,271,000

\* Budgeted for 2012



# Supporters

We are so grateful to the many foundations, institutions, and individuals that generously funded us over our first decade—we could not have achieved our many successes without their support. The following organizations supported Ibis between 2002 and 2012:

Advocates for Youth  
 American Institute for Maghrib Studies  
 Anonymous (6)  
 Aurum Institute for Health Research  
 The Fred H. Bixby Foundation  
 Catholics for Choice  
 Columbia University  
 Compton Foundation  
 Concept Foundation  
 The Dickler Family Foundation  
 Family Health International  
 Foley Hoag LLP  
 Ford Foundation  
 General Service Foundation  
 The Wallace Alexander Gerbode Foundation  
 Richard & Rhoda Goldman Fund  
 Guttmacher Institute  
 Gynuity Health Projects  
 Harvard University

The William & Flora Hewlett Foundation  
 International Consortium on Emergency Contraception  
 International Institute for Education  
 International Planned Parenthood Federation/Western Hemisphere Region  
 Ipas  
 Jhpiego  
 JSI Training & Research Institute  
 The Lalor Foundation  
 The John Merck Fund  
 Marie Stopes International  
 National Campaign to Prevent Teen & Unplanned Pregnancy  
 National Institutes of Health  
 National Institute for Reproductive Health  
 National Women's Law Center  
 New Morning Foundation  
 The Oma Fund of the Ms. Foundation for Women

The David & Lucile Packard Foundation  
 Palestinian American Research Center  
 PATH  
 Physicians for Reproductive Choice & Health  
 Population Council  
 PROMSEX  
 Provide (formerly the Abortion Access Project)  
 Safe Abortion Action Fund  
 Society of Family Planning  
 Tides Foundation  
 University of California, Davis  
 University of California, San Francisco  
 University of KwaZulu-Natal  
 University of Massachusetts  
 University of Texas at Austin  
 University of the Witwatersrand  
 The Mary Wohlford Foundation  
 World Health Organization

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 Angel M. Foster, DPhil, MD, AM, *Affiliated Scholar*  
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## Board

**Chair:** Beth Fredrick, *Deputy Director, Advance Family Planning, Johns Hopkins Bloomberg School of Public Health*

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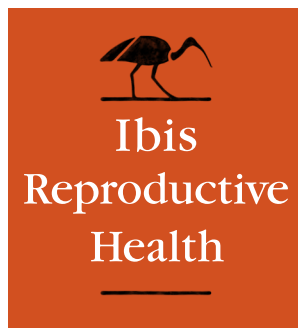
**Founder:** Charlotte Ellertson, PhD, MPA

**Founding Board:** Christopher Elias, MD, MPH • Paull Hejinian, JD • Firoze Katrak, ScD • Frances Kissling • Rebecca Kramnick, JD • Allan Rosenfield, MD

## Support Us!

Help take Ibis into its second decade and beyond! We need your support to take on the toughest issues in reproductive health and ensure that all women have what they need to control their fertility and lead healthy and fulfilling lives. Please make your tax-deductible donation today:

[www.IbisReproductiveHealth.org/support](http://www.IbisReproductiveHealth.org/support).



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