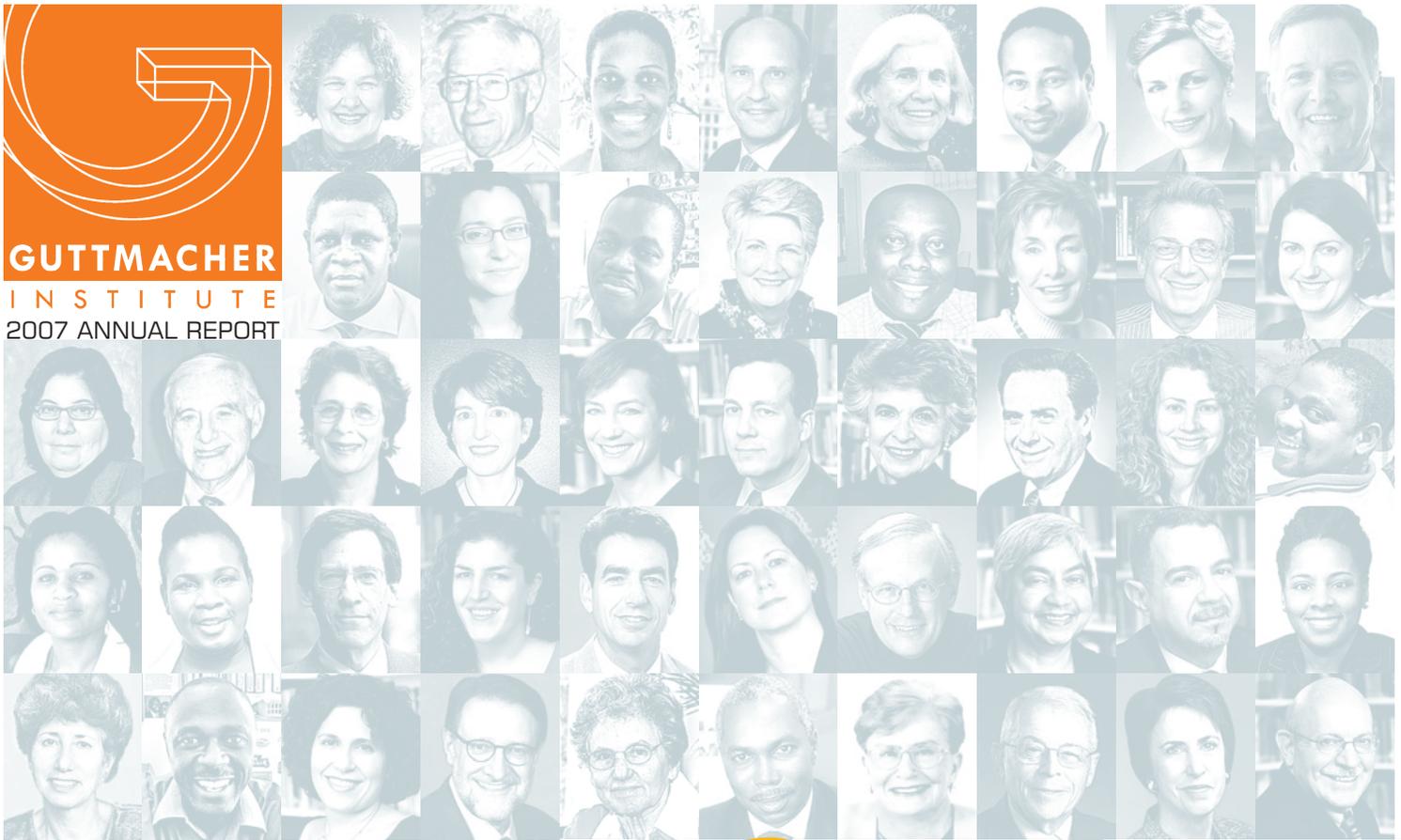




GUTTMACHER
INSTITUTE
2007 ANNUAL REPORT



40 YEARS ▶ 4 DEFINING ACHIEVEMENTS

Advancing sexual and reproductive health worldwide through research, policy analysis and public education



MISSION STATEMENT ›

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

Dear Friends,

I hope you have as much fun reading this 2007 Annual Report as we have had putting it together.

It's not our usual fare. Although 2007 was definitely a banner year for the Guttmacher Institute—with the move to our new office condominium at 125 Maiden Lane, five major new reports topping off our six years of research on African adolescents, the release with the World Health Organization of new worldwide and regional estimates of abortion, a spate of studies on U.S. teens that helped turn the tide against abstinence-only sex education and dozens of other successes—we chose to make this report a celebration of our longer term contributions.

That is because this year marks our 40th anniversary!

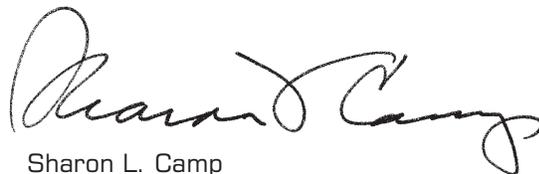
From the tiny historical photos of current and former staff, trustees and partners on the cover to the famous Guttmacher data scattered throughout the report and the honor roll of our many longtime contributors, this report is a proud walk down memory lane.

The report does, of course, include the standard 2007 financial and donor information. But its bulk is devoted to telling four remarkable success stories: our role in creating a national network of family planning clinics; in putting teen pregnancy on the map; in achieving equitable coverage for contraceptives in prescription drug plans; and in documenting the reality of abortion in women's lives.

We know we did not achieve these victories on our own. But we feel confident that our special contributions to each of these issues were, and continue to be, uniquely important.

Thank you for your own contributions to our success.

Warm best wishes,



Sharon L. Camp

One in six U.S. women recent contraceptive

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS

This year, the Guttmacher Institute celebrates its 40th anniversary. In recognition of this special milestone, we devote the bulk of this Annual Report to looking back over the past four decades and highlighting four of our defining institutional achievements: our central role in creating and fostering a nationwide network of family planning clinics in the United States; our successful efforts to put, and keep, the problem of teenage pregnancy on the map; our campaign of research and action that played a central role in establishing “contraceptive equity” in private health insurance coverage; and our determined drive to compel public and official recognition, at home and abroad, of the role of abortion in women’s lives.

Over the last 40 years, the number of Guttmacher allies in the sexual and reproductive health field has grown. But Guttmacher has retained its position as the preeminent source for sexual and reproductive health information and analysis. With its unique blend of top-quality research, sophisticated communications and evidence-based advocacy and policy analysis, Guttmacher’s

contributions remain central to the field—advancing the state of knowledge and shaping the public discourse.

As the field has expanded, so has Guttmacher. Our staff capacity has grown, expanding to include new areas of expertise, and our operating budget has increased tenfold. Today, the Institute’s work covers an ever more complex and wide-ranging set of issues and encompasses formal collaborations with dozens of U.S., European and developing country institutions.

While Guttmacher has evolved over the past four decades, one thing has remained constant: our core belief that scientific evidence can and should shape public policy. Our experience has only strengthened our conviction that well-designed, rigorously conducted research, compellingly presented and systematically disseminated, can fundamentally shift the public debate and help usher in critical policy and program reforms. The four Guttmacher achievements highlighted below are testimony to the power of science to drive human progress.

health care obtained at a publicly funded

n who received or reproductive

HELPING TO CREATE A NATIONAL NETWORK OF FAMILY PLANNING CLINICS

In 1970, landmark federal legislation was enacted establishing a national family planning program. The purpose of the new law—Title X of the Public Health Service Act—was to address the unmet contraceptive needs of low-income women and narrow the wide gap between rich and poor women in unintended pregnancy. Two years before, as congressional deliberations were just getting under way, the Center for Family Planning Program Development was born. Alan F. Guttmacher, one of the country's most eminent obstetrician-gynecologists and then-president of the Planned Parenthood Federation of America, recognized the need for the Center and nurtured its development as a semiautonomous division within Planned Parenthood. Dr. Guttmacher provided critical moral and institutional support to the fledgling organization that now bears his name, but its founding visionaries were Frederick S. Jaffe, its first president, and Vice President Jeannie I. Rosoff, who was dispatched to Washington to lead the Institute's advocacy efforts.

Jaffe and Rosoff were not content to simply shepherd the Title X legislation through Congress. They were determined to ensure that the new program would endure—because it would be built on sound science. Through the decade of the 1970s, the Center's expert staff provided hands-on assistance in developing the network of clinics authorized under Title X by creating regional family planning councils; helping state agencies and community clinics make an evidence-based case for Title X funding; guiding prospective Title X grantees through the application process; and fostering best practices in family planning services, as documented by the Center's ongoing research. In 1974, following Alan Guttmacher's death, the Center was renamed in his honor, and in 1977, it became an entirely independent agency.

Meanwhile, the Title X clinic network grew to encompass over 4,000 family planning clinics, serving more than four million low-income women and adolescents. By the 1990s, Guttmacher research was able to document a substantial narrowing of gaps in contraceptive use and unintended pregnancy among women in

these services clinic.

Between 1995 and 2005, the rate of unintended pregnancy in the U.S. **declined** by 14%

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS

different racial, ethnic and income groups, proof of the public health benefits brought about by Title X. Today, there are family planning clinics in nine out of every 10 U.S. counties, which together constitute a major national provider of preventive health care. According to Guttmacher data, one in four U.S. women of reproductive age who obtain a contraceptive service, one in three who obtain an STI service and one in six who obtain either a Pap test or a pelvic exam do so at a Title X family planning clinic.

Public support for family planning services remains a mainstay of Guttmacher research and action, at home and abroad. The Institute's periodic censuses of U.S. family planning clinics, estimates of unmet need in the United States and worldwide, tracking of financial flows and calculation of family planning's cost-effectiveness still provide the basic evidence behind public health policies and advocacy campaigns.

While Title X funding continues to play a key role in the U.S. family planning effort, Guttmacher research has also documented a fundamental transition in financing for family planning services. Medicaid

has gradually overtaken Title X as the principal source of support, accounting, by 2005, for more than 70% of all family planning public funding. This sea change came about in no small measure because of innovative income eligibility expansions first developed in a handful of states in the early 1990s. The original advocate for these programs, Guttmacher has since served as a clearinghouse for information on their operations and impact, as well as provided technical assistance to states engaged in the arduous process of obtaining the required federal approval to expand coverage. Thanks in part to our efforts, three in four American women in need of publicly subsidized family planning now live in a state where expanded Medicaid coverage is available. In 2006, Guttmacher research showed the potential these Medicaid program expansions have to reduce unintended pregnancy and the need for abortion while saving federal and state dollars. These findings helped accelerate efforts to extend these programs nationwide and rocketed the issue to the top of the reproductive health and rights agenda.

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PUTTING—AND KEEPING—TEENAGE PREGNANCY ON THE POLICY AGENDA

Guttmacher's blockbuster report *11 Million Teenagers*, published in 1976, was a wake-up call for Americans. At the time, adult fertility had been on the decline in the United States for nearly two decades, but pregnancy and abortion rates for adolescents were climbing rapidly. Guttmacher's study provided the first comprehensive picture of adolescent sexual activity and its consequences. It documented that 11 million teenagers—the overwhelming majority of whom were unmarried—were already sexually active, and that one million of them were getting pregnant every year. Nearly all teen pregnancies are unintended, and their social consequences are wide-ranging. The report put teen pregnancy on the policy agenda, and within a few years, reducing teen pregnancy had become a top national priority.

Six years later, Guttmacher published the first international comparison of adolescent sexuality, documenting major differences between the United States and western Europe.

The study showed that American and European teenagers initiated sex at the same age, but that European teens had longer relationships and fewer sexual partners, were much more likely to use contraceptives and had startlingly lower rates of pregnancy and abortion. Behind these differences were very different societal responses to the reality of adolescent sexuality. In Europe, teenagers were getting comprehensive sex education and had ready access to confidential contraceptive services, even as they were given the clear message that they should not get pregnant before they were ready to become a parent.

The new evidence refocused the debate in the United States, helping to spur the development of teen pregnancy prevention programs across the country and prompt the enactment of new laws in 21 states ensuring minors' access to confidential contraceptive services and the growth of comprehensive, school-based sex education programs. The incidence of teenage pregnancy, which peaked in 1991, began to drop. By 2005, it had declined by a whopping 36%.

proved contraceptive teens' delaying sex.

27 states have laws insurers cover contr

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS

Unfortunately, increased support for adolescent services and sex education generated its own opposition in the form of the abstinence-only movement and a wave of “junk science” claiming a key role for abstinence in recent teen pregnancy declines. Guttmacher moved quickly to counter this growing threat to evidence-based policies with a series of analyses showing that declines in teen pregnancy were due mainly to improved contraceptive use, not less sex. As federal abstinence programs became more hard-line, targeting not only young adolescents but unmarried adults as old as 29, Guttmacher countered with research showing that 95% of Americans have sex before marriage and have done so for three generations.

In recent years, Guttmacher has expanded its focus to include adolescents in the developing world. Early this year, the Institute released the last of a dozen studies based on qualitative research and national surveys of nearly 20,000 African adolescents aged 12–19. The evidence shows that most African adolescents (like their American counterparts) become sexually active by their late teens and already have an active interest in sex by their early teens. But few of them have the in-depth information or health services they need to protect themselves from unwanted pregnancy and HIV/AIDS, even in countries with a generalized AIDS epidemic.

The studies make clear that meeting their needs will be critical to preventing unintended pregnancy and halting the AIDS epidemic in Africa.

ACHIEVING CONTRACEPTIVE EQUITY IN PRESCRIPTION DRUG COVERAGE

In addition to charting the path toward sexual and reproductive health coverage in the public sector, Guttmacher has played a pivotal role in the fight to increase coverage of these services by private health insurance plans. Amidst the Clinton-era uproar over health care reform, Guttmacher's 1993 study of insurance coverage for reproductive health care put the issue of contraceptive coverage on the map. It showed that coverage patterns, in the words of the study report's title, were wildly “uneven and unequal.” Some private health plans with drug benefits covered no prescription contraceptives at all, and fewer than three in 10 plans typically covered the five most popular types of reversible birth control; a similar proportion of plans covered none of the five leading methods. These gaps in coverage left women with the considerable economic burden of paying out of pocket for necessary care.

The Institute's study galvanized broad support for change at the federal and state levels, and set off a chain of litigation and progressive state legislation. In 1997, a bipartisan group of members of Congress introduced legislation requiring

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coverage of contraceptive services and supplies in health plans nationwide. Although that bill has yet to pass, Congress did move in 1998 to require coverage in the largest employer-sponsored health insurance program in the country, the constellation of plans offered to federal employees, retirees and their dependents. And in 2000, the Department of Health and Human Services made increasing private-sector insurance coverage of contraceptives an official public health goal for the nation in Healthy People 2010.

Meanwhile, even more significant progress was occurring at the state level. Beginning with California in 1994, only months after publication of the Guttmacher study, measures to require coverage of contraceptive services began to be introduced in state legislatures. Maryland was the first state to enact such a law, in 1998; eight states followed suit the next year. Today, fully 27 states mandate coverage, and 54% of women of reproductive age live in a state that requires contraceptive coverage in insurance plans.

A follow-up Guttmacher study done in 2002 cast this progress in sharp relief. By that year, nearly nine in 10 group insurance plans purchased by employers for their employees covered a full range of prescription contraceptives—three times the proportion just a decade earlier. Moreover, the proportion of plans covering no method at all plummeted from 28% to only 2%.

UNDERSTANDING ABORTION IN WOMEN'S LIVES

The legalization of abortion in 1973 was an immense stride forward in self-determination for American women. Given the different levels of abortion reporting among states, however, there was no accurate count of how many women chose abortion, much less any clear picture of who they were, what kind of care they received and why they chose to terminate a pregnancy. Guttmacher recognized that a lack of reliable data on abortion would only work to the advantage of a growing antiabortion movement.

In 1974, Guttmacher helped fill in the blanks with its first of 14 periodic censuses of U.S. abortion providers. These surveys still provide the best estimate of abortion incidence in the United States and shed light on the characteristics of abortion patients. Although abortion remains one of the most divisive issues in American politics, partisans on all sides of the abortion debate accept—and use—Guttmacher data.

Guttmacher's periodic counts of U.S. abortion procedures have made possible accurate calculations of unintended pregnancy—the underlying cause of nearly all abortions. In addition, the Institute's quantitative and qualitative research on U.S. abortion patients has helped put a human face on abortion, showing, for example, that fully six in 10 women seeking abortion already have one or more children and that nearly all

scription drugs.

Worldwide, one in th end in abortion;

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS

women make the decision to terminate a pregnancy out of concerns for their responsibilities to other family members. Recent Guttmacher studies also document the growing disparities in unintended pregnancy and abortion between rich and poor women in America. After years of declining unintended pregnancy rates among low-income women (largely a result of public support for family planning services), the gap between rich and poor is again increasing. Women living in poverty are now four times as likely to have an unintended pregnancy, three times as likely to have an abortion and five times as likely to have an unplanned birth as are other women. Poor women seeking abortion are also more likely to have their abortions later than they want—an average of two weeks later than nonpoor women—because in the absence of public funding, they face multiple financial and logistical barriers to timely procedures.

In its most recent survey of abortion providers, released in January 2008, Guttmacher documented the continuing—if somewhat slowed—decline in U.S. abortions. Contrary to the claims of anti-abortion groups that Americans are turning away from abortion, Guttmacher was able to show that the majority of the declines in abortion occurred in a handful of states that impose the fewest restrictions on abortions and in most cases pay for abortion for Medicaid-eligible women. What's more, these same states all have very

strong family planning programs and tend to have good school-based sex education. The message from the study is simple: Prevention works; prohibition does not.

That is also the message from the worldwide and regional abortion estimates jointly released in October 2007 by the Guttmacher Institute and the World Health Organization. The lowest rates of abortion are in the western European countries that place few restrictions on abortion and provide easy access to contraceptives and comprehensive sex education. The sharpest declines in abortion over the past decade occurred in neighboring eastern Europe, where access to and use of modern methods of contraception soared after the collapse of the Soviet Union. The highest rates are in Latin America and Sub-Saharan Africa, where almost all abortions are illegal. In many of these countries, couples want smaller families, but access to contraceptives is limited and sex education largely absent. In Uganda, the Bush administration's poster child for abstinence-only programs, the abortion rate is twice that of the United States. Such national- and regional-level Guttmacher studies confirm that restrictions rarely reduce abortions; they just make them dangerous, especially for poor and young women. These data are crucial to informing better, evidence-based policies and interventions in countries around the world.

there are 42 million

ree pregnancies

GUTTMACHER'S PROGRAM AREAS

- **PROTECTING THE NEXT GENERATION** In this program, the Institute works to convince key decision makers to acknowledge and address young people's sexual and reproductive health needs with regard to sex education, contraceptive access and counseling, and prevention of STIs, including HIV. It documents and analyzes young people's knowledge, concerns, preferences and behavior; examines and suggests evidence-based improvements to policies and programs; and communicates the findings to a broad audience, including policymakers, health care providers, media, researchers and activists.
- **ADDING IT UP** In this program area, the Institute seeks to provide policymakers with an accounting of the substantial returns that accrue from investments in sexual and reproductive health, both in the United States and in developing countries, including information about the direct economic benefits of expanded sexual and reproductive services. In addition, it examines the scope and reach of services, and offers recommendations on ways to overcome barriers to introducing new services.
- **RIGHTS AND RESPONSIBILITIES** In this program area, the Institute works to protect, expand and equalize access to information, services and rights that will enable all women and families to avoid unplanned pregnancies; achieve healthy pregnancies and births; and exercise the right to choose abortion safely and with dignity. It documents disparities in women's access to affordable services and accurate information, and seeks to persuade decision makers of the benefits of policies and programs that ensure that all women have the ability to exercise their reproductive rights and responsibilities.
- **HEALTHY SEXUALITY** In this program area, the Institute addresses relationships, intimacy and sexual behavior, with the goal of convincing key decision makers to acknowledge the universality of sexual relationships and to understand the societal benefits of empowering people to have healthy and satisfying sexual relationships. The work covers such issues as the prevention and treatment of STIs, including HIV; the sexual and reproductive health needs of men; and the effects of social, economic and political contexts on sexual relationships.

abortions annually.

Some 201 million world developing countries

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS ▶ STATEMENT OF FINANCIAL POSITION

December 31, 2007

ASSETS

Cash and cash equivalents	\$ 813,226
Investments	17,116,733
Contributions and grants receivable	3,144,283
Other receivables	743,403
Prepaid expenses and other assets	92,783
Security deposits	85,839
Deferred debt issuance costs, net	481,275
Property and equipment, net	12,324,125
Total assets	\$34,801,667

LIABILITIES AND NET ASSETS

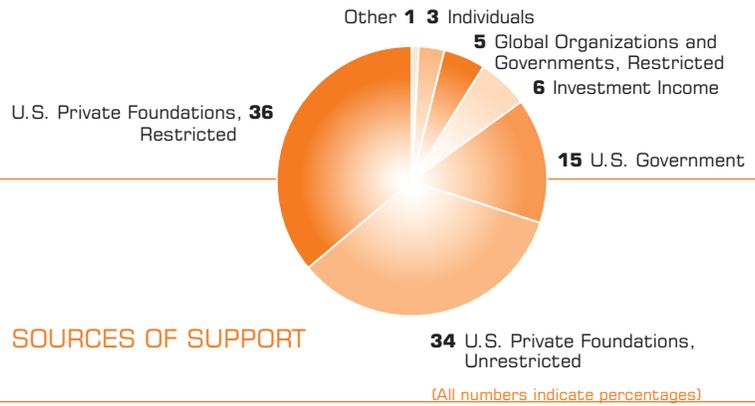
Accounts payable and accrued expenses	\$ 448,872
Deferred lease incentives	22,894
Deferred subscription revenue	7,438
Note payable	966,667
New York City Industrial Development Agency bonds	10,910,000
Total liabilities	12,355,871

Net assets:

Unrestricted:	
Undesignated, available for general activities	2,497,084
Designated by Board of Directors	3,766,127
Net investment in property and equipment	928,733
	7,191,944
Temporarily restricted	10,398,614
Permanently restricted	4,855,238
Total net assets	22,445,796
	\$34,801,667

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STATEMENT OF ACTIVITIES

	Year Ended December 31, 2007			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and support:				
Contributions	\$ 419,862		\$ 980,329	\$ 1,400,191
Grants and contracts from government agencies	1,904,127			1,904,127
Grants from private organizations	3,120,261	\$ 8,221,196	252,834	11,594,291
Investment income	594,611	31,189		625,800
Net realized and unrealized gains (losses) on investments	175,383			175,383
Publication income and other revenue	110,943			110,943
Total	6,325,187	8,252,385	1,233,163	15,810,735
Net assets released from restrictions	6,078,064	(6,078,064)		0
Total revenue and support	12,403,251	2,174,321	1,233,163	15,810,735
Expenses:				
Program services:				
Research	3,620,822			3,620,822
Public education	2,995,509			2,995,509
Public policy	1,221,106			1,221,106
Total program services	7,837,437			7,837,437
Supporting services:				
Management and general	3,424,788			3,424,788
Fund-raising	656,888			656,888
Total supporting services	4,081,676			4,081,676
Total expenses	11,919,113			11,919,113
Increase in net assets	484,138	2,174,321	1,233,163	3,891,622
Net assets at beginning of year	6,707,806	8,224,293	3,622,075	18,554,174
Net assets at end of year	\$ 7,191,944	\$ 10,398,614	\$ 4,855,238	\$ 22,445,796

receptive services.

About 60% of abortions in the United States are performed on women who have one or more children

40 YEARS ▶ 4 DEFINING ACHIEVEMENTS ▶ SOURCES OF SUPPORT

The Guttmacher Institute's program of research, policy analysis and public education is made possible by generous contributions from individuals, private foundations, government agencies and global organizations.

Thank you to all who have joined the fight to advance sexual and reproductive health worldwide by providing critical financial assistance in 2007.

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re children.

Nearly half of pregnant American women are

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United States Agency for International Development
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