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INTRODUCTION

Within the past year, the World Health Organization (WHO) released global unsafe abortion estimates for 2008, updating the previous 2003 estimates. The new data show that Ipas’s job is not done: the number of unsafe abortions continues to rise—now estimated at 21.6 million per year.¹ This increase is principally due to slow progress in changing restrictive abortion laws and an increasing number of women of reproductive age. The good news is that collective efforts are having an important impact on mortality. Based on the new estimates, total global deaths from unsafe abortion have declined significantly from the figure we had been using, about 67,000, to about 47,000. The case fatality rates—even in Africa—have dropped, which means women’s lives are being saved through improved postabortion care (PAC) and safer induced abortions. However, because we know that every one of these deaths from unsafe abortion could be prevented with known technologies, the work of Ipas and our partners on behalf of women and girls across the globe remains critical and urgent.

Founded in 1973 as a non-profit, non-governmental organization, Ipas works around the world to reduce deaths and injuries caused by unsafe abortion and to improve women’s ability to exercise their reproductive and sexual rights. Ipas programs emphasize increasing women’s access to providers trained in high-quality, safe abortion care; increasing the use of safe, early abortion technologies such as manual vacuum aspiration (MVA)² and medical abortion (MA) in collaboration with WomenCare Global (WCG),³ and promoting advances in policy and practice that support access to life-saving reproductive health services, including postabortion family planning.

During FY11, Ipas worked globally, with programs and multidisciplinary professional staff in 13 countries: Ethiopia, Ghana, Kenya (from which Ipas’s Africa Alliance office serves a number of countries including Malawi, Mozambique, Senegal, Uganda, and Zambia), Nigeria, South Africa, India, Nepal, Pakistan, Brazil, Mexico, Bolivia, Nicaragua (serving Central America), with headquarters in the United States. In collaboration with local partners, we work in more than 25 other countries; major activities include:

- Focusing on a comprehensive approach to abortion that includes induced abortions to the extent of local laws as well as postabortion care
- Expanding and strengthening health-workforce capacity
- Developing state-of-the-art training curricula and standards and guidelines
- Developing, testing, and disseminating intervention approaches, models, tools, and best practices for improved abortion services and access
- Developing and implementing a comprehensive monitoring and evaluation system

² Manual vacuum aspiration is a safe and effective method for uterine evacuation. The MVA instrument is portable and does not require expensive machinery or electricity. Medical abortion is a safe method for early termination of a pregnancy through the use of medications, most effectively a combination of mifepristone and a prostaglandin such as misoprostol. In its technical guidelines on safe abortion, the World Health Organization states that “vacuum aspiration and medical abortion are preferred methods for abortion in the first trimester. Both methods are safe, effective, and suitable for the primary level of care and should also be available at levels of care with greater capacity and in many private clinical settings.”
³ For more information about WCG see section on abortion technologies, page 5
• Manufacturing and distributing MVA instruments and building sustainable access to affordable, high-quality abortion, contraception, and other reproductive health commodities through Ipas’s subsidiary, WomanCare Global
• Integrating MA into all Ipas programs
• Increasing women’s ability to safely prevent and manage unwanted pregnancy through outreach at the community level
• Addressing the needs of young people for sexual and reproductive health information and services
• Advocating for policy and practice reform and mobilizing commitment and action at local, national, regional, and global levels
• Collaborating with a wide range of partners and serving as a catalyst for change

IPAS GOALS AND ACTIVITIES

Ipas seeks to ensure that all women can safely exercise their sexual and reproductive rights and access the full range of reproductive health services, including safe abortion care. In order to achieve these goals, Ipas implements a three-pronged approach to our activities:

• **Enhance Health System Access**: Comprehensive abortion care, including contraception, is integrated into organized health systems and utilized by women.

• **Increase Community Access**: Women have knowledge, skills, social support, and sources of care in their communities to make and act upon their reproductive decisions.

• **Improve Policy Environment**: The policy, legislation, and rights environment supports access to comprehensive abortion care and prevention of unwanted pregnancy.

FY11 COUNTRY PROGRAM HIGHLIGHTS

During FY11, Ipas’s work focused on addressing underserved and vulnerable populations, particularly women in Africa, Asia and Latin America/the Carribbean. The following are a few highlights of our work during the past year:

**Africa**

During FY11, Ipas opened an office in **Zambia**, a country of 13 million people with a liberal abortion law that has not been implemented. Following a national strategic assessment of abortion in Zambia conducted with WHO in 2008, Ipas initiated a series of interventions to build capacity for safe abortion services. A significant result of Zambia’s national strategic assessment was the Ministry of Health’s (MOH) approval of new national standards and guidelines for provision of abortion care in mid-2009. Ipas played a critical role in developing the guidelines, which specify who can provide abortions; when, where, and under what circumstances; and clinical protocols providers must follow. In 2010, we supported the MOH in disseminating the guidelines to health facilities and providers and incorporating them into training programs. A key step in introducing the guidelines and preparing the health workforce for service delivery was a series of sensitization meetings for program managers incorporating Ipas’s Abortion Values
Clarification and Attitude Transformation curriculum. Managers received information about reproductive health and abortion in Zambia and orientation to the standards and guidelines, with emphasis on the legal indications for abortion.

Ipas achieved significant progress this year on an MA operations research study that we are conducting in collaboration with the MOH, University Teaching Hospital, and Planned Parenthood Association of Zambia. As part of the study Ipas trained 91 providers. The study sites are the first facilities in Zambia to purposefully include midwives and primary-care facilities in provision of PAC and induced abortion services. Ipas also supported necessary renovations at 28 health-facility sites (which include 22 primary-care sites). The combined mifepristone-misoprostol product Medabon® was registered for use in Zambia, Concept Foundation donated 800 doses for the study, and Ipas provided MVA kits. All participating sites have begun providing services and entering logbook data into computer records.

A potentially significant outcome of the MA study will be a body of evidence to support expanding the law to allow midwives to provide comprehensive abortion care (CAC). In Zambia, midwives receive three years of training in all aspects of reproductive health and prenatal care, health management information systems, and management of health facilities. Based on the new standards and guidelines, midwives are involved at all levels of CAC and may provide first-trimester abortion; however, the law does not reflect this. MOH officials have indicated that they are looking to the study results to evaluate changing the law to match the standards and guidelines.

In November 2010, Ipas held a regional conference on unsafe abortion in Accra, Ghana. Keeping our Promise: Addressing Unsafe Abortion in Africa was the third major conference Ipas has organized to bring together key stakeholders from across Africa. This seminal event reflects the cumulative impact of Ipas’s long-term work to address unsafe abortion in Africa and galvanize further action. More than 230 participants from 24 countries shared experiences and contributed to the development of new strategies to reduce the impact of unsafe abortion, including increasing women’s access to effective contraception. Key themes included the needs of youth, MA, the role of midlevel providers, and the impact of legal restrictions.

The broad array of organizations co-sponsoring the conference attests to the increased visibility of unsafe abortion as a major public-health concern in Africa. Global and regional partners included Marie Stopes International, the International Planned Parenthood Federation Africa Regional Office, the African Union, the United Nations Economic Commission for Africa, the African Network for Medical Abortion, and the African Women's Development and Communication Network. The local host committee comprised Ghana’s MOH, the Parliamentary Select Committee on Health, the Nursing and Midwifery Council, the Federation of Women Lawyers-Ghana, the Ghana Medical Association, the National Union of Ghana Students Women’s Commission, the Planned Parenthood Association of Ghana, and the Reduction of
Maternal Mortality and Morbidity Program. All conference participants reaffirmed their commitment to keep Africa’s promise to save the lives of women and families by working to prevent deaths and injuries from unsafe abortion. Ipas’s experience with the two previous Africa regional conferences leads us to believe that the strategies, partnerships, and momentum generated in Accra will translate into increased actions at the country level supporting Ipas’s mission.

Asia

Significant progress has been made in Cambodia since the country’s abortion law was liberalized in 1997. With a limited investment over the past few years, and without opening a country office, Ipas worked with a consortium of partners on the Reduction in Maternal Mortality Project led by Options UK starting in 2006. Ipas’s role was to work with the public sector to introduce high-quality CAC services, including helping to develop standards and guidelines, train providers, and introduce MA. Our work there ended in December 2010.

In Cambodia, Ipas had a unique and important opportunity to measure the impact of project interventions at the national level by conducting a national baseline study and then repeating the same study five years later. Compared to 2005 data indicating high rates of PAC and unsafe abortion attempts, our 2010 data show that there have been dramatic increases in facilities offering induced abortion care and in the use of MVA and MA in Cambodia, as well as a decrease in the severity of complications and reported abortion-related deaths.4

Ipas launched a major program with the State Government of Bihar, one of India’s poorest states, designed to accredit eligible, interested private-sector providers to offer free abortion care services including first-trimester CAC, treatment of abortion complications, and stabilization and referrals for abortion complications and second-trimester abortions. Because most residents of Bihar depend on the private sector for health care, the program will increase women’s access to safe abortion services.

Latin America

Throughout FY11, Ipas worked to improve the ability of Central American health-care workers to deliver high-quality PAC services and to strengthen the skills of university students, teaching staff, and nursing association members, encouraging them to approach women’s health-care needs through a framework of human rights and sexual and reproductive rights. In El Salvador, we carried out training activities with doctors and nursing staff from departmental hospitals and the two hospitals where residents train in obstetrics and gynecology. In coordination with authorities from the MOH, we held refresher trainings on the health-system monitoring system, which continues to be used in all maternity hospitals in the public system. Implementation of this monitoring system helps decisionmakers to analyze and improve provision of PAC services. In Honduras, we supported completion and publication by the MOH of PAC guidelines as part of maternal health norms.

Abortion Technologies

Over the years, Ipas has built a robust global supply chain for MVA instruments reaching more than 90 active distributors who in turn made MVA instruments available in 60 countries during FY11. WomanCare Global, the sole distributor of Ipas MVA instruments globally, now manages this supply chain. Launched in late 2009, WCG was formed under Ipas’s 501(c)(3) tax-exempt status and is guided by Ipas’s mission, with strategic oversight by the Ipas Board of Directors. WCG addresses women’s reproductive health needs above and beyond the scope of unsafe abortion, with a focus on high-quality and innovative health-care technologies, while Ipas remains committed to reducing abortion-related death and injury and supporting women’s sexual and reproductive health and rights.

Ipas continues to identify needs for safe abortion services, including site monitoring and technical assistance for the health systems in which we work. Ipas has also used our knowledge and experience to help facilitate approval, registration, and introduction of MA drugs. We believe the combined efforts of WCG and Ipas will increase the availability and accessibility of both reproductive health equipment and commodities and safe abortion services.

Medical abortion remained a key focus of Ipas’s service-delivery work in FY11. Ipas staff have incorporated MA fully into all training activities, and we continue to make progress in increasing the availability of MA drugs and advancing MA-related policies in a number of countries. Selected highlights of this work include:

- Ipas is assessing facility requirements for providing MA and clients’ adherence to MA protocols in Ethiopia. The results will help us revise service guidelines in support of expanded public- and private-sector MA services.

- South Africa is nearing approval of national MA guidelines and initiation of MA services in the public sector. An important supporting activity is a MA operations research project Ipas is conducting with Ibis Reproductive Health and the University of KwaZulu Natal.

- Ipas is working in Nigeria, Kenya, and Zambia to increase pharmacists’ understanding of MA, particularly misoprostol. Since pharmacists are a primary source of both information and drugs in many settings, it is essential that they provide women with accurate information, for example, about dosages. In Nigeria, more than 800 pharmacists have participated in workshops focused on expanding their MA knowledge. The Pharmaceutical Society of Zambia (PSZ) invited Ipas to make an abortion care presentation to 250 participants at its annual meeting, which then led to PSZ-Ipas collaboration on a tool for following up with trained pharmacy staff.
Community Access

Our work to reach women in their communities continues to progress. Ipas’s regional work in Africa during FY11 included supporting local partners in becoming more effective advocates for women’s sexual and reproductive health and rights, including access to safe abortion. Through a variety of initiatives, we strengthened our relationships with and enhanced the capacity of a wide range of women’s groups, including those representing women lawyers, youth networks, and journalists. Activities included assessing youth needs and creating training tools for providers to increase their awareness of differences in the care needed by young women (see box). We also conducted a workshop for 20 journalists from across East Africa, initiated new partnerships in Zambia with community groups working on youth and HIV/AIDS issues, and built the capacity of new and existing partners to implement community projects focused on sexual and reproductive health and rights.

Meeting Young Women’s Needs

Today, more than 1.7 billion of the world’s inhabitants are aged 10 to 24. Young women face significant challenges in obtaining comprehensive reproductive health information and care, and they disproportionately bear the burden of unsafe abortion. Despite these facts, few organizations effectively address young women’s needs for abortion information and services. Ipas is placing an increasing emphasis on understanding and meeting the needs and rights of young women. As we begin implementing Ipas’s new strategic plan, we will continue working to expand our knowledge and initiatives in this area.

In addition to initiating country assessments in Nicaragua, Nepal, and Nigeria, we are applying the youth lens across our thematic priority areas: developing training tools for abortion providers, examining legal and policy obstacles to abortion care, and reviewing the clinical literature on MA, which shows a significant gap in data on adolescents’ use of MA.

Another important aspect of Ipas’s work is building youth leadership. Through our work with the International Federation of Medical Students Associations, we are nurturing the next generation of practitioners and building their capacity for advocacy at the same time.

IPAS GOVERNANCE AND LEADERSHIP

Ipas’s global effort is led by an international Board of Directors (see Attachment 1) of 14 experts from diverse disciplines, including medicine, finance, and human rights.

Ipas’s Executive Team includes Elizabeth S. Maguire, MA, President and Chief Executive Officer; Barbara B. Crane, MA, PhD, Executive Vice President, Technical Leadership and Advocacy; Tom Hill, Executive Vice President, Finance and Administration; Anu Kumar, PhD, MPH, Executive Vice President, Development, Communication, and Community Access; Ann H. Leonard, RN, MSPH, Senior Advisor to the President; and Mary Luke, RN, MBA, Executive Vice President, Programs.
FINANCIAL INFORMATION

Ipas receives funding from private foundations, bi-lateral and multi-lateral organizations, partner organizations, and individuals.

We would be happy to send Ipas’s donors our FY11 audited financial statement upon request as soon as it is available (projected for November 2011).

ATTACHMENTS

Attachment 1: Ipas Board of Directors
Attachment 1

Ipas Board of Directors
June 2011

Marie Bass
Cofounder and Former Partner, Bass and Howes, Inc., USA

Pouru Bhiwandiwala, MD, MSPH, FACOG
President, Gyn Center for Women, USA

Gabriela Cano Azcarraga
Cofounder and Director, Espacio Espiral, Cultural Promotion, Sustainable Development and Equity, Mexico

Lida Coleman, CPA
Founder and Managing Partner, Coleman, Huntoon, & Brown, PLLC, USA

Jolynn Dellinger, JD, MA
Program Manager for Data Privacy Day, The Privacy Projects, USA

Jemima Dennis-Antwi, PhD, Msc, BScN, RNM, PHN, FWACN
Regional Midwifery Adviser, Anglophone Africa, International Confederation of Midwives, Ghana

Nicki Nichols Gamble, EdD, EdM, MAT
Board Member, Center for Reproductive Rights, USA

Bene E. Madunagu, PhD
Cofounder and Chair, Girls’ Power Initiative, Nigeria

Roland Edgar Mhlanga, MD, MPH
Cluster Manager: Maternal, Child and Women's Health, National Department of Health of South Africa

Njoki Ndungu, LLM
Director, Leadership Development Company, Kenya

Tracey Ramsay, HBSc, MBA
Chief Marketing Officer and Senior Vice President of Sales, Afexa Life Sciences, Edenton, Canada

Nozer Sheriar, MD, DNBE, FICOG, FCPS, DGO
Deputy Secretary General, Federation of Obstetric and Gynecological Societies of India

Otobo Innocent Ujah, MBBS
Member, Global Doctors for Choice, Nigeria

Elizabeth S. Maguire, MA (ex officio)
President and CEO, Ipas, USA
Board Chair, WomanCare Global (WCG)