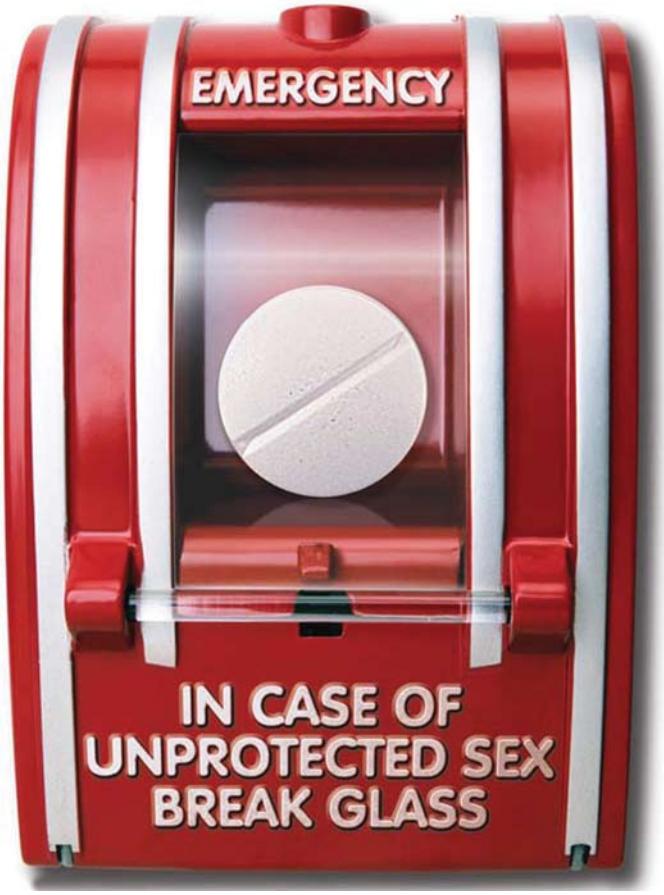

Mainstreaming Emergency Contraception

A Report on the Compton Foundation's

Emergency Contraception Initiative

2002-2007

Prepared by Robert C. Blomberg, Dr.P.H.

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Executive Summary

In 2002, in response to a challenge from Board Member Ann Compton Stephens, the Compton Foundation launched a major initiative to increase awareness of and access to emergency contraception worldwide, with an emphasis on domestic, Latin American and African efforts. Emergency contraceptive (EC) pills provide a low-tech, woman-controlled method of birth control that does not require the intervention of a clinician. It differs from other forms of contraception in that it empowers women with a "second chance" to prevent pregnancy. Although first reported on in 1967, emergency contraception had, until recently, been a well kept secret in the world of reproductive health.

Thanks to the noteworthy leadership of the Compton Foundation in partnership with a number of other foundations and many grantee organizations, emergency contraception is no longer the secret that it was. The initiative brought the foundation a new way of doing business, one in which a significant amount of money was committed over a significant period of time to keep an on-going focus on the goal of increasing awareness of and access to EC globally. While this approach is not new in the philanthropic community, achieving such a valuable return on investment resulted in the initiative being a success above and beyond the usual.

In the years of its operation, the initiative was at the forefront of funding, either directly or through leveraging of other resources, every major activity aligned with the goal of increasing awareness of and access to emergency contraception worldwide. The initiative became a nexus for work on EC and became recognized in the foundation community as a source of well-vetted grant making. In so doing, it earned the confidence and commitment of other funders, thereby leveraging its investment and expanding the range of work that could be undertaken.

Emergency contraception can now be considered mainstreamed as part of any high quality reproductive health service, and in fact can be considered an indicator of whether a program is high quality. But cost remains a major barrier to wider access in the US context, even as women in other countries enjoy greater choice and availability of dedicated EC products. Much work remains to be done to secure access to EC for low income women everywhere. And until mandates exist to assure that all women who are victims of sexual assault are informed about EC and given the option of receiving it, the mainstreaming work cannot be considered finished.

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Background

A long-standing and passionate interest in population and reproductive health on the part of Compton Foundation board member Ann Compton Stephens led to her request that the Foundation provide major funding in this field prior to her retirement from the board in 2002. With the board's concurrence, several large grants were made for population and reproductive health activities. The largest such endeavor was the Foundation's five-year,

$5 million initiative to expand awareness of and access to emergency contraception worldwide. The initiative was launched in 2001 with the first grants being made in 2002. With a subsequent grant to Compton of $2 million by the Packard Foundation, the period of the initiative was extended to six years, and the total funding rose to $7 million.

The Foundation had a significant history of grant related support for emergency contraception issues prior to this initiative. It provided early funding of the International Consortium for Emergency Contraception (ICEC) and made a program related investment in the Women's Capital Corporation, the organization responsible for bringing to the U.S. market Plan B® in 1999. Plan B® is the only dedicated emergency contraception pill currently available to American women. (Emergency contraceptive pills are made of a common progestin birth control hormone, levonorgestrel, taken in one or two pill formulations at doses higher than that found in the daily dose when used as a regular oral contraceptive. A single pill version is now marketed internationally in fourteen different brands, none of which is available in the U.S. Intrauterine devices (IUDs) also work as emergency contraceptives when inserted within four days of unprotected intercourse, but they have not been a programmatically significant factor in the provision of EC.)

The impassioned fervor felt by activists who sought to expand awareness of and access to emergency contraception revolved around its empowerment of women to make personal choices about their reproductive lives without having to depend on any healthcare provider; to paraphrase the late Felicia Stewart, M.D., it is a low-tech, woman-controlled method that should be well known and readily available. It differs from all other methods of family planning in that it gives women a "second chance" to prevent pregnancy.

As the concept of emergency contraception became known, a line of thinking developed that it could potentially have a major impact on the incidence of unwanted pregnancy, thereby resulting in a concurrent reduction in the need and demand for abortion. This was an especially significant and appealing prospect for the United States where nearly half of all pregnancies are unintended, and more than 40 percent of these result in early terminations.

At the time the initiative was launched, branded emergency contraceptive pills were available in Europe and elsewhere[1], and had been before they became available in the U.S., even achieving over-the-counter status in drugstores in some countries. However, they were not readily available in most countries of the world, and were not on the family planning commodities procurement lists of either the United States Agency for International Development (USAID) or the United Nations Fund for Population Activities (UNFPA). These two organizations are the largest providers of low-cost modern contraception to countries of the developing world. While EC had been known to the interested medical community for more than 30 years, it was virtually unknown to women of the world.

Emergency contraception had not been mainstreamed into reproductive health care practice by 2001. However, in years prior, the ICEC had undertaken major groundwork for mainstreaming by bringing together representatives of key organizations, including the World Health Organization, to develop uniform standards and guidelines, protocols and patient education materials to legitimize the method and establish it as an integral part of high quality reproductive health care. Of equal importance was the ICEC effort to promote

1 In baseline information collected in 2002, the initiative advisory committee found that the International Consortium for Emergency Contraception listed 81 countries on its website in which 21 different dedicated EC products, manufactured by 10 different companies, were registered for sale. Then as now, there was concern about the lack of quality control in the manufacture of many of these pills.

the creation of a dedicated EC product, one that didn't require taking multiple regular birth control pills to achieve the effect. It was recognized that a dedicated EC product would be required if the method were to ever be mainstreamed in health care.

By 2001, funding for emergency contraception issues was no longer a high priority for the philanthropic community that had previously supported work on the topic. With the advent of Plan B, many donors believed that the private sector would now see to it that women would be informed and demand would assure access. Edith Eddy, executive director of the Compton Foundation, was not of that opinion. She felt that emergency contraception had not achieved a status that would guarantee rapid expansion of both awareness and access for women of the world. She brought this concern and suggestion for the initiative to Ann Stephens, and together they set the wheels in motion to develop the initiative.

The Initiative: Process

Both the size of the resource commitment to the emergency contraceptive initiative and its duration were unique in the Foundation's history. While the Foundation had an on-going history of support for work on emergency contraception, it had never dedicated such a large amount over such an extended period of time. The initiative would require an approach to grant-making different from anything it had done in the past, and would require someone to lead the process for its duration.

To lead the initiative, Ms. Eddy wanted a smart, passionate, committed, entrepreneurial individual who was well known in the field and who had extensive experience and credibility; she found that in Francine Coeytaux, a well-known and highly respected researcher and activist, whom she selected for the assignment. This decision consequently brought many outstanding additional benefits to the initiative. Ms. Coeytaux was asked to develop a process for: 1) identifying significant EC projects that merited funding; 2) making recommendations on these to the Foundation's staff and board; and 3) monitoring progress toward the initiative's goals.

Ms. Coeytaux suggested that a request for proposals (RFP) procedure be put in place that would assure transparency to the field about the grant making, and would provide for an open application process. She created a five-person team, including herself, whose members had decades of experience in the reproductive health field, including work on EC projects. The announcement of the initiative was widely publicized to organizations and individuals working in the reproductive health field; those receiving notice of the initiative were encouraged to forward the announcement to colleagues. Overtime, the initiative became well known in the field and the number of proposals grew.

The goal of the initiative remained constant throughout the six years, but the targets of each year's grant making were modified in each RFP to adjust to the evolution of the status of EC that was taking place. Experts and activists working to further awareness of and access to EC were consulted each year to learn what they felt were priority activities for the coming year.

Each member of the team independently rated proposals and then met to tally and discuss their ratings. There was a high degree of concurrence among raters as to which proposals deserved priority for funding, but there were always more meritorious proposals than there were funds to support them. This is one of the areas where the selection of Ms. Coeytaux brought significant secondary benefits to the initiative. She was able to broker many proposals to other foundations, either as partners in funding or sole funders,

thereby expanding the number of projects that could be supported. The total value of brokered projects over the course of the initiative more than doubled the Compton Foundation's original commitment of $5 million. Appendix D provides a list of projects funded in this manner along with the funding source.

The Initiative: Grants Made

Over the six years of the emergency contraception initiative, the Foundation made 131 programmatic grants and seven more that were for administration and/or evaluation of the initiative, or for technical assistance to grantees. The table below shows the number of grants made each year.

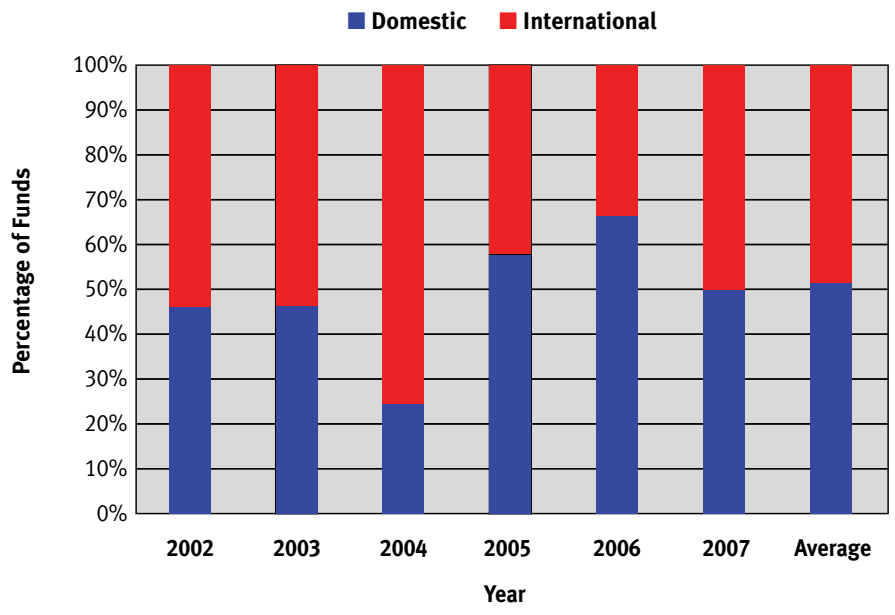
Grants Made by Year: Domestic vs. International

	2002	2003	2004	2005	2006	2007*	Total
Domestic	7	8	5	15	18	11	64
International	5	10	17	17	13	5	67
Total	12	18	22	32	31	16	131

* Fewer grants were made in 2007 because of large grants made to ECafrique and International Health Programs as part of re-granting programs. If their small grants were counted individually, the number of grants made in 2007 would have been nearly 40.

Tables in Appendices B and C provide the names of organizations that were recipients of grants, by year, including dollar amounts. The graph below shows the percent of grant funds allocated by year to domestic or international programs. By the end of the initiative, a nearly equal amount of money had been granted to support domestic and international programs.

Percentage Allocation of Grant Funds by Year: Domestic vs. International



Of the international grant funds, including grants made to consortia, nearly 55 percent went to projects in Latin America. Approximately a third went to projects in Africa, ten percent went to projects with a global reach, and two percent went for consortium work in

Asia. This division of funds reflected both opportunities and the Foundation's geographic priorities.

The dollar value of the international grants made would not have been as high had it not been for the decision by the Packard Foundation to grant to Compton the $2 million return on investment it had received from the sale of Plan B® by Women's Capital Corporation to Barr Pharmaceutical, Inc. The Packard grant was allocated to domestic projects in 2005 and 2006, thereby freeing up more Compton Foundation funds for international grants.

It is worth noting the high regard other foundations had for the Compton Foundation initiative. The Packard Foundation and the John Merck Fund allocated their funds because they recognized the leadership of the Compton Foundation in this area, and had confidence in the process that had been established to solicit proposals from the field and the due diligence with which they were vetted. Staff of other foundations interviewed in the preparation of this report expressed similar sentiments. For some partnering foundations with limited staff resources, being offered the chance to fund a vetted proposal was a huge benefit.

Nineteen foundations participated in the emergency contraceptive initiative by independently funding 41 proposals and partnering in the funding of 15 other projects. The indispensable role played by Ms. Coeytaux in brokering these projects to other foundations cannot be overstated. The esteem, admiration and trust she enjoys among colleagues in the reproductive health community – activists, researchers and funders alike – allowed the Compton Foundation's initiative to accomplish far more than it could have absent her leadership.

The Initiative: Highlights of Accomplishments and Benefits

The Compton Foundation's emergency contraceptive initiative is considered a resounding success, both by those who have been its beneficiaries and those who have not. Its impact has been far in excess of the resources allocated to it; to put it in the vernacular, the foundation got a terrific bang for its buck. In the years of its operation, the initiative was at the forefront of funding, either directly or through leveraging of other resources, every major activity aligned with the goal of increasing awareness of and access to emergency contraception worldwide[2]. The grants were strategic, catalytic, or both. The initiative provided seed money to many projects and activities that were later picked up for funding by other foundations. The initiative was, in essence, the nexus for global emergency contraception activities and came to be a clearinghouse for ideas and the linking of people and organizations that had a common interest and purpose, to create new synergies among them.

To help them monitor the effectiveness of the initiative, Ms. Coeytaux and her team defined a set of indicators that would serve as a framework for determining if progress toward the initiative's goals was being achieved. In constructing this framework, the team was not suggesting that the Compton Foundation initiative should, could or would take credit for all the changes to be seen over its six-year period of operation. Rather, they wanted to challenge themselves to be thinking how projects they would recommend for

2 Appendix A shows a list of milestones in the history of emergency contraception, taken from the various websites. Specifically, these were ec.princton.edu "EC in the news," Association of Reproductive Health Professionals EC resource center, and Mother Jones. Activities that were made possible in part by Compton initiative grant funds are highlighted in red.

funding would contribute to these ends. Some answers to their questions are found in the table below and the narrative which follows.

Domestic Programs	Current Status
Product availability • Has EC achieved over-the-counter (OTC) status in the US? • Have more EC products become available?	• EC has achieved "behind-the-counter" status but not true OTC where it can be bought off the shelf; it is not available to consumers under 18 without a prescription. • In the US market, only one EC product is sold; in some other countries, as many as 10 or more EC brands are sold.
Public awareness • Has women's knowledge of proper use and availability of EC increased?	• There has been wide coverage of EC in magazines, newspapers, radio and television; some stories have focused on proper use and how to obtain EC. Websites such as "Not-2-Late.com" and "Back Up Your Birth Control. Org" provide orientation and guidance on all aspects of EC. A Kaiser Family Foundation (KFF) study in 2003 found nearly 70% of US women knew about the idea of EC, up from 40% in 1997, and 50% in 2000.
Emergency contraceptive use • Has EC use increased?	• Sales of EC have increased dramatically since it became available without a prescription for those 18 and older. The 2003 KFF study mentioned above reported EC use among 6% of respondents, up from 1% in 1997 and 2% in 2000.
Insurance coverage • Has EC coverage through insurance plans and government supported programs improved?	• Results across states are mixed; as a result of achieving "limited OTC status," some government programs no longer pay for EC. Information on insurance coverage was not readily available.
Provider Practice • Has there been progress in how EC is being provided (patients routinely informed about EC, advance provision, etc.)?	• Some clinics, such as those operated by Planned Parenthood, promote advanced provision of EC and encourage women to obtain it before leaving the clinic. A 2003 survey by Kaiser Family Foundation found only 25% of ob-gyns and 14% of general practitioners (GPs) routinely counsel women about EC, but this up from 10% of ob-gyns and 9% of GPs in 1997.
Legislation • Is the legislative environment more conducive to EC access?	• The legislative environment regarding EC is mixed, with some states passing very supportive legislation and others passing unsupportive legislation.

Domestic Programs	Current Status
Systems Mainstreaming • Is EC included in the appropriate clinician education programs (medical school, nursing and pharmacy curricula)? • Has provision of EC in emergency rooms increased? • Has access through student health centers increased? • Has access to EC services through pharmacies increased?	• An ad-hoc group of pharmacy school faculty are developing a reproductive health curriculum that includes content on EC. Online training for pharmacists is also available on the California Pharmacy Access Partnership website. Information on advances in curricula in medical and nursing schools was not available. • Only 16 states have legislation mandating that victims of sexual assault reporting to emergency rooms be provided with information on EC and only 15 of those require dispensing of EC if requested by the victim. • Information as to EC availability in student health centers was not available. • Pharmacy access programs were expanding up to the time that EC went OTC; EC is now more readily accessible at pharmacies but pharmacists may not be well informed about the method.

International Programs	Current Status
Product Availability • Has there been an increase in access to registered dedicated EC products?	• Throughout most of the world, the choice of dedicated EC products is greater than in the US. There are 68 different EC brands on the market. It is available in more than 140 countries, 44 of them without a prescription.
Use of emergency contraception • Has EC use increased in Latin America and the Caribbean? • Has EC use increased in sub-Saharan Africa? • Has EC use increased in Asia? • Has EC use increased in Eastern Europe? • Has EC use increased globally?	• EC use has increased worldwide.
Systems Mainstreaming • Do major international donor commodity procurement systems include EC products? • Do government family planning/health programs include EC services? • Has the availability of EC in refugee settings increased?	• The United Nations Fund for Population Activities (UNFPA) includes EC in its commodity procurement program. The Reproductive Health Supplies Coalition includes EC among the commodities for which it seeks to assure availability in developing and transitional countries. The US Agency for International Development (USAID) does NOT include EC among the family planning commodities it makes available for international programs. • The availability of EC in government family planning/health programs varies widely across the globe, ranging from free to not available at all. • There is definite concern for assuring access to EC in refugee settings, but what is actually available in refugee camps in different countries could not be determined during this review.

Domestic Projects

In April 2003, the Women's Capital Corporation first filed an application with the Food and Drug Administration to allow Plan B® to be sold over-the-counter. It was not until August 2006 that a partial victory was achieved when the drug became available OTC to women 18 and older[3]. This victory can be tied directly to the Compton Foundation's grants to such national organizations as the Reproductive Health Technologies Project and the National Women's Health Network, as well as grants to state level organizations, all of which focused on advocacy and mobilization of support from other interested groups. Their work included FDA hearing strategies, commissioner confirmation strategies, and press work.

The carefully planned work of these organizations constitutes a fascinating story of successful accomplishment in the face of adversity, political intrigue and partisan ideology. The Foundation's funding was cited as critical for its contribution to upholding the integrity of science in the process of getting EC approved for over-the-counter sale to people 18 and over. These groups, while hoping that the next administration will extend OTC status without age or identity restrictions, are not leaving anything to chance. They have filed a lawsuit arguing that the age restriction is arbitrary and capricious and not supported by scientific evidence.

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The Compton initiative provided extensive support to the Pharmacy Access Partnership whose purpose was to change legislation in California to enable women to have direct access to emergency contraception at pharmacies without requiring a prior visit to a doctor or clinic. The Partnership was modeled on a similar ground-breaking demonstration project undertaken in Washington with support of the Packard Foundation, and subsequently replicated in California and elsewhere. In 2002, California became the first state in the nation to pass legislation specifically designed to ease and increase consumers' access to EC at pharmacies. As of June 2007, more than 1100 pharmacies in the state provide EC directly to consumers.

The pharmacy access model has been replicated, with some variations, in nine states (AK, CA, HI, MA, ME, MT, NH, NM, VT) and a number of states have introduced legislation or pursued changes in pharmacy practice that would allow them to adopt similar policies. The initiative funded a number of these successful state efforts as well as efforts in other states that have not yet been successful.

The pharmacy access movement was instrumental in obtaining FDA over-the-counter approval of EC because it could contribute evidence that the product could safely be dispensed without clinician intervention. The movement substantiated the claim that EC was safe, with years of evidence that could be used in testimony at FDA hearings.

The fact that EC is now available over-the-counter for people 18 and older would seem to diminish the importance of the pharmacy access movement. However, until the over-the-counter status of EC applies to people under 18 as well as undocumented people, there will be a continuing need to use this mechanism to assure that younger clients and people who are not citizens are able to access the method at pharmacies without a prior visit to a clinician. Unfortunately, many pharmacists have construed the OTC rule of "18 and older" to supplant the pharmacy access legislation for all women. This has created a

3 Although the Food and Drug Administration does not have a behind-the-counter status designation for any drugs, because of the age limitation on OTC sales of EC in the US, it is not truly available "over-the-counter" like aspirin but rather is available "behind-the-counter" with access to it controlled by pharmacy staff and limited to people who have identification documenting their date of birth.

problem requiring continuing education of both consumers and pharmacy providers.

Ironically, now that EC is available over-the-counter, it may be less available to low-income women who qualify for Medicaid services because Federal funds may not be used to pay for drugs available over-the-counter. Eight states have chosen to continue to cover EC for Medicaid eligible women by using state general funds to cover the cost. However, these states limit the number of Medicaid-subsidized EC doses a woman can receive in a year, ranging from two to twelve units, a restriction that may not be responsive to the needs of all consumers. In most other states, women on Medicaid can still get coverage for EC, but need to take the added and time consuming step of getting a prescription, even if they meet the OTC age requirement.

The pharmacy access movement was instrumental in obtaining FDA over-the-counter approval of EC because it could contribute evidence that the product could safely be dispensed without clinician intervention.

The initiative made several grants aimed at assuring, through legislative and regulatory advocacy, that emergency contraception is available in hospital emergency rooms for women who have been sexually assaulted. Currently, 16 states have passed laws or regulations requiring hospital emergency rooms to provide information about emergency contraception, but only 15 of these include the requirement that EC be dispensed to the victim on request. While this represents progress over conditions in 2001, activists recognize that there is much more work to be done.

The legislative climate for expanding access to EC varies among states, and in some it is quite negative. Only two states have laws in effect requiring that all valid prescriptions be filled by pharmacies (CA, NJ) and only one requires any pharmacy dispensing birth control methods to also dispense EC (IL). Four states have laws allowing individual pharmacists to refuse to dispense emergency contraception (AR, GA, MS, SD) and one of these (MS) extends refusal coverage to pharmacies as well.

International Projects

Today, dedicated emergency contraception products are available in over 140 countries, and are available without a prescription in more than 30 of them. As of April 2008, Canada joins the group of countries providing EC without a prescription.

Through its funding of the International Consortium for Emergency Contraception and that organization's affiliated regional consortia, the initiative has sped the rate of diffusion of information about emergency contraception, and provided a structured way in which information, ideas and strategies could be shared among advocates. The consortia have been a resource for distributing the latest scientific findings, spreading news of the latest policy developments across the globe, creating talking points on hot button issues, and providing technical assistance to activists in disparate countries and regions of the world. These functions are enormous timesavers and eliminate vast duplication of effort that would be required if the consortia did not exist.

The consortia have played a key role in defending access to emergency contraception in regions where it has come under attack, such as in Latin America where the Catholic Church has actively campaigned against it. It has been noted with some irony that a positive consequence of the public opposition of the Catholic Church is that the concept and method have become better known and more widely used.

The Latin American Consortium is now well established, with a large, growing and diverse membership composed of over 100 governmental and non-governmental organizations, family planning agencies, academics, women's groups, activists, social marketing specialists, youth organizations and pharmaceutical companies. It holds elections for the two-year consortium coordinator job (a part-time, paid position) and has conducted

internal reviews of organizational performance aimed at improving its services to members. The coordinator position was first staffed by the Pacific Institute for Women's Health in Los Angeles, but then rotated to organizations in Chile, then Bolivia, and now Peru.

The initiative supported a large number of small grant projects in Mexico and Central America. In the first years of the initiative, these started as direct grants to organizations in the region; later initiative funds were distributed through a re-granting program managed under the Emergency Contraception Leadership Initiative of International Health Programs, a center of the Public Health Institute. Some of these projects aimed at increasing awareness of EC in indigenous communities while others focused on educating health care providers about EC. Still other projects focused on advocacy that attempted to create a more favorable environment for the promotion of EC access. The cumulative and long-term impact of these small grants cannot be assessed by methods available in the current review.

Through its funding of the International Consortium for Emergency Contraception and that organization's affiliated regional consortia, the initiative has sped the rate of diffusion of information about emergency contraception, and provided a structured way in which information, ideas and strategies could be shared among advocates

Emergency contraception is now widely available in the private sector throughout Latin America. The same cannot be said for public health services. With few exceptions, public sector clinics in Latin America do not provide dedicated EC products to clients; if they do, it is usually the so-called Yuzpe[4] Regimen. Most recently, as a result of a decision in April of this year by Chile's Constitutional Court, free emergency contraception is banned from public health centers in that country; in the opinion of the justices, it is an abortifacient. This argument flies in the face of overwhelming scientific evidence that the method works primarily and maybe entirely through delaying or preventing ovulation. More than 10,000 people took to the streets to decry the court's decision. EC remains available in the private sector in Chile for $25 US.

Many Latin American countries have multiple brands of EC available; women in Brazil have 10 to choose from, and women in Peru have 21. While most Latin American countries have incorporated emergency contraception into their norms for family planning and reproductive health care, according to data on the consortium website, very few have incorporated them into their norms for care of victims of sexual assault.

In Africa, efforts to expand access to emergency contraception have moved more slowly. However, once again, the Compton initiative has played an essential role in the progress to date. By introducing to the Hewlett Foundation the initial proposal from the Population Council to establish an African consortium, modeled on the Latin American Consortium, the initiative served as the midwife for the birth of ECafrique. The Hewlett Foundation has now provided or committed multi-year funding in excess of $1.2 million for ECafrique programs.

The consortium in Africa has a smaller and less diverse membership base than the one in Latin America. It works to promote EC access in both English and French speaking countries, however rather than being membership operated, the consortium is managed by the Population Council through its office in Nairobi.

ECafrique has evolved since its inception in 2003. At that time, it had a re-granting program that provided support to large international non-governmental organizations (NGOs) working to bring emergency contraception, and reproductive health services generally,

4 The Yuzpe Regimen is a method of emergency contraception using a combination of estrogen and progestin hormones. This formulation was sold briefly in the United States under the trade name Preven. It has been superseded by the progestin-only hormonal regimen which has been shown to be more effective and have fewer side effects. The method was first developed by Canadian Professor A. Albert Yuzpe who published the first studies demonstrating the method's safety and efficacy in 1974.

to African countries. Now, it focuses its re-granting program on smaller, local NGOs, and provides them with substantial amounts of technical assistance to develop their proposals and to execute their projects once funded.

Efforts to broaden awareness of and access to EC in Africa suffer from the endemic weaknesses in the health service infrastructure. In addition, where it is influential, the Catholic Church has attacked EC in some countries such as Uganda. In other countries, the media have editorialized on the potential of EC to contribute to promiscuity among young women, another fear that is not substantiated by the research evidence. Nonetheless, their stories have slowed progress in making EC available in public health clinics. In countries such as Kenya where, until recent election violence, there was observable economic growth and a burgeoning middle class, the cost of EC at the pharmacy is within the reach of young women in urban areas who have salaried jobs.

Because of the large number of both internal and international refugees in many African countries, there has been concern for women in refugee camps who have been victims of sexual assault in these settings. Sexual violence as a form of political terror is also on the increase in some areas, creating the need for heightened awareness on the part of caregivers for addressing the needs of women (often young women) subjected to these atrocities. Providers and policy makers overwhelmingly recognize EC as necessary in cases of rape, even if they are reluctant to make it available for women generally. The UNFPA has created "rape kits" to address this sad circumstance. Among other things, the kits contain both emergency contraceptive pills and anti-retroviral drugs, targeting the prevention of HIV.

Status of Emergency Contraception at End of Initiative

In 2008, emergency contraception is considered and integral part of high quality reproductive health care. While EC may not yet have achieved full mainstream status globally, it is well on the way to achieving it. There has been expanded awareness and availability worldwide. There are now an estimated 30 manufacturers marketing 68 different brands of EC, most based on the levonorgestrel formulation, in over 140 countries. In 44 of these countries, EC is readily available. Unfortunately, most of these products still do not have any quality assurance built into their manufacture.

While EC may not yet have achieved full mainstream status globally, it is well on the way to achieving it.

It is estimated that emergency contraception can be found in 90% of the countries in sub-Saharan Africa. The same is true for countries in Latin America, where it is available with only a few exceptions. However, having EC present in a country does not guarantee either awareness or availability for all, or even average, residents. Private sector pricing continues to be a barrier to access in many places including the U.S., and distribution systems may have regional weaknesses that limit access, such as in rural areas. Recently published findings from surveys on contraceptive knowledge and use in 35 developing and transitional countries found that emergency contraception was still among the least known methods of avoiding unwanted pregnancy.

It is probably safe to say that the private sector (including private, non-profits) leads the public sector in making EC available in most countries. Domestically, for example, sales of EC pills at Planned Parenthood affiliates nationwide increased by an average of 25% a year between 2001 to 2006, going from fewer than 500,000 units in 2001 to nearly 1.5 million in 2006, the latest year for which figures are available. While many Planned Parenthood clients qualify for subsidized EC, those that don't are able to purchase it on a sliding price schedule. For example, Planned Parenthood Mar Monte sells Plan B® for

between $20 and $40 per unit, depending on a client's income. In a personal communication, the CEO of the affiliate reported that since EC went over-the-counter they now have men, as well as parents and grandparents, buying it; the latter are not buying it just for their daughters and granddaughters but also for their sons and grandsons.

When Plan B® went over-the-counter for consumers 18 and over in August 2006, sales surged in the following year according to an article in The Washington Post. The Post reported that Barr Pharmaceutical expected sales to total about $80 million in 2007, almost double the total for 2006 and up eightfold from 2004 when it acquired the product as a prescription-only drug.

. . . promoting access to emergency contraception is justified from a human rights perspective for the benefit it provides to individual women; it gives women a second chance to prevent pregnancy.

During the six years of the initiative, there has been a greater understanding of emergency contraception's mode of action and its efficacy. It is now known that EC prevents ovulation and has its highest effectiveness when used up to five days prior to ovulation. It is not effective after fertilization and therefore cannot be considered an abortifacient. Because there is no routine way to know when ovulation will occur or is occurring, much EC is consumed when it is not required or providing benefit.

Research completed or compiled to date on the potential role of EC in reducing unintended pregnancy has not met earlier heightened expectations; no "population" effect has been found. EC advocates have been pro-active in asking questions about efficacy. Possible reasons for the outcomes to date include the likelihood that EC is not being taken after every act of unprotected intercourse in the studied populations; the efficacy of the method is less than originally calculated; and that the sample sizes of the study populations are too small to accurately measure the effect. Not much is known about the characteristics of the consumers and their motivation, e.g., why don't they take it after every act of unprotected intercourse? Have they tried it once and found the experience too uncomfortable to repeat? Many providers also believe that EC has not achieved utilization levels that would produce a noticeable public health effect; they believe that as use increases, an effect will be achieved. When we understand more about what women think regarding EC and what those who have used it tell their friends, we may gain insights into how messaging about appropriate use of EC can be enhanced.

Irrespective of the absence of a measurable effect on the incidence of unintended pregnancy, promoting access to emergency contraception is justified from a human rights perspective for the benefit it provides to individual women; it gives women a second chance to prevent pregnancy. One interviewee offered an analogy: many people benefited from seatbelt use before seatbelt use became widespread enough to produce a statistical reduction in morbidity and mortality. Those early adopters of seatbelt use were the beneficiaries of seatbelt availability. Women today who chose to use EC are those early adopter beneficiaries. When women everywhere have ready access to affordable emergency contraception, the public health benefits will be seen.

Future Directions and Continuing Work

As reported above, much progress has been made in mainstreaming emergency contraception in reproductive health care, but there are continuing challenges and much work remains to be done.

The price, combined with age restrictions on its OTC status in US pharmacies, continues to be a major barrier to adequate EC access for low-income women and teens. US pharmacies typically charge between $35 and $50 for a packet of EC pills; in other countries, the drugstore price of EC is dramatically lower, and the public sector price is even lower. For

example, in Bangladesh, EC pill sell for 2 cents, the subsidized price in the public sector, without restriction on the number of doses a woman can obtain.

It is essential that the price of EC be brought down for American women if it is to be accessible to everyone whenever it is needed. To address these issues, policy advocates recognize the need for a larger advocacy mix and a broader advocacy strategy, using online social networks, for example, and expanding the coalition to address the needs of all low-income and uninsured women, not just those who are Medicaid eligible.

There are reports of efforts underway to bring another generic EC pill to the US market when the current non-patent exclusivity for Plan B® ends in August 2009. It is anticipated that this product will break the price barrier.

Since research has shown that taking both pills in an EC packet at the same time has the same benefit as taking them 12 hours apart, it is likely that a single pill version of EC will come to the US market in the not-too-distant future. There are already 14 single-pill brands being sold in other countries. This may improve the efficacy, at least in those instances when the consumer fails to take the second pill at the right time.

New EC compounds and delivery modalities are also being developed and tested. Stage III clinical trials of a new pill to be marketed under the trade name "Ella" have just been completed and it is anticipated that application for FDA approval will occur in the first quarter of 2009. The clinical trials will determine if Ella has a longer duration of efficacy than currently available compounds. If it does, this product's greater efficacy may be more likely to contribute to the desired population effect of reducing unintended pregnancies. Additional compounds are in exploratory phases of development and will not be brought to market for years, if ever.

The Population Council is developing a vaginal ring for regular birth control that contains a different hormone in association with an estrogen. The ring, when first inserted, has a "burst effect" which results in it working as a possible form of emergency contraception. If removed, the burst effect upon later reinsertion reoccurs but at a much lower level. The ring can be inserted late in the cycle and blocks ovulation but its efficacy as an EC method has not been established. If left in, the ring provides normal birth control for up to 12 months. The ring, developed for a regular birth control method, is in Stage III clinical trials but its availability for reproductive health programs is likely to be a few years away. Another possibility is an injectable form of levonorgestrel that would work as emergency contraception initially and would continue to provide contraceptive protection for the period of time that it remains in the bloodstream; the World Health Organization is in early stage exploration of this modality according to one of the people interviewed for this report. It is unlikely that such an injectable EC will be available for many years, if ever.

There is a great deal of interest in so-called "bridging" of EC users to regular contraceptive measures. Studies are underway in Africa that will look at how programs can increase the likelihood that women who seek EC can be persuaded to adopt a longer-term method of birth control. Both the vaginal ring and the injectable method mentioned above have the prospect of being "self-bridging" methods, automatically providing the EC benefit while continuing to provide longer-term contraceptive coverage. Another suggested approach to bridging puts EC pills in the same package with a monthly cycle of birth control pills, with the EC pills being the first taken. Several people have observed that EC users may not want to be "bridged." One study in Kenya found that one-quarter of the women in the study used EC as their primary method of birth control. One observer suggested that Plan B® might in fact be Plan A for some women.

Not much is known about EC users and their motivations. It is widely reported that women use EC after some acts of unprotected intercourse but not others. There are anecdotes referring to the user's feelings about her partner that influence the decision whether to take EC: if she definitely would not want to become pregnant by the partner, she will take EC; if she would not mind becoming pregnant by the partner, she may not. A better understanding of EC consumers' thinking and behavior with regard to EC use could help providers better frame their communications and perhaps increase consistency of use; research is needed in this area. A recently completed online survey of EC users undertaken by the Academy for Educational Development may provide some early clues and interesting findings, but the acknowledged bias in the sample limit the lessons that can be learned.

It is anticipated that in the future there will be reduced donor interest in funding programs that focus exclusively on emergency contraception. It would be unfortunate if some of the organizations that have developed the capacity to continue forward momentum of the EC movement, such as the consortia, were unable to obtain funding to continue their work. Their work increases the efficiency and effectiveness of efforts to fully achieve mainstreaming of EC as a component of quality reproductive health programs. Moreover, a number of very experienced experts interviewed for this report noted that the emergency contraceptive movement has re-energized reproductive health advocates, and as a result there has been a spill-over effect that has renewed the field generally. Clearly, when emergency contraception is fully mainstreamed – readily available and affordable – the need for an "EC Movement" will disappear, but that time has not yet arrived.

What Edith Eddy believed at the launch of the Compton EC initiative remains true today. The private sector in the U.S. has not come forward to promote awareness of and access to emergency contraception at anywhere near the level that some had expected and hoped. The manufacturers of Plan B® have been the beneficiaries of years of major investment by many foundations in the promotion of emergency contraception, as well as the tireless energy of advocates and activists who are committed to assuring all women can obtain this woman-empowering, second-chance method of birth control. We can only hope that increased competition in the marketplace will be a catalyst to action in the private sector.

Afterword: Some Lessons Learned

The initiative, by virtue of the size of its commitment in dollars and length of implementation, positioned the Foundation as a leader in the area of emergency contraception. Moreover, in so doing, it resulted in the attraction of other donors and the leveraging of additional resources to help achieve its goal.

The innovative use of an initiative coordinator, combined with an expert committee, proved to be a successful model that contributed to the positioning of the Foundation as a leader in this field. Without this structure, the initiative might not have achieved the recognition that it did nor have accomplished as much. It brought the Foundation expertise, input, reach and influence that it might not have obtained under traditional grant-making mechanisms.

By becoming established as the nexus of activities in the EC advocacy and service delivery community, the initiative was able to promote synergies among organizations and individuals, contributing to the better use of resources by both donors and recipients.

By focusing on projects aimed at mainstreaming EC into health systems, the initiative invested its money in ways that will have lasting impact.

Appendix A: Milestones in The History of Emergency Contraception—2002-2008

The author wishes to thank Elisa Wells for compiling this list of milestones from various sources in order to identify activities and outcomes accomplished by organizations funded through the Compton Foundation EC initiative.

The milestones in emergency contraception that were influenced by Compton Foundation grantees are highlighted in red.

2008

- March 27, 2008: Publication Addresses Misconceptions About Emergency Contraception from PR Newswire (click here for a link to the full supplement)
- March 19, 2008: Emergency Contraception Case Lands in Illinois Supreme Court from The Wall Street Journal
- March 18, 2008: Court to hear complaints about dispensing 'morning-after' pill from WAND TV
- March 17, 2008: Hospital Emergency Contraception Bill Becomes Law from WBAY
- March 4, 2008: UPDATE 3-US court dismisses suit on Barr's Plan B® pill from Reuters
- March 3, 2008: Oregon Implements New Emergency Contraception Law for Sexual Assault Victims from Salem-News
- February 27, 2008: Calls for lifting pill restrictions from The Irish Times
- February 17, 2008: Missouri bill would reclassify morning-after pill, protect pharmacies from The Kansas City Star
- February 15, 2008: Judge again rules druggists can deny morning-after pill from Seattle Post-Intelligencer
- February 13, 2008: Missouri lawmakers consider bill that could reduce access to morning-after pill from Kansas City Star
- February 13, 2008: Site maps stores that don't sell Plan B® from Seattle Post-Intelligencer
- January 24, 2008: Emergency birth control bill tabled from Seattle Post-Intelligencer
- January 23, 2008: Assembly passes emergency contraception bill from The Capital Times
- January 22, 2008: Ind. Senate rejects contraception amendment from The Louisville Courier-Journal
- January 15, 2008: "Morning after" pill for girls over 13 from Doncaster Free Press
- January 9, 2008: Pharmacist wants power to dispense morning after pill from The Anglo-Celt
- January 8, 2008: Ask Dr. Sue: How does morning-after pill work, and how safe is it? from The Daily News

2007

- FDA is considering the official creation of a new "behind the counter" class of drugs which would include Plan B.
- Federal judge suspends Washington State's requirement that pharmacists dispense emergency contraception.
- Sales of Plan B® are soaring, yet conservative groups attempt to reverse OTC status.
- This site (www.ec.princeton.edu) wins the Outstanding Achievement Award for 2007 from OBGYN.net, for the site's unique design and significant contribution to the women's health community.
- Mergerwatch releases its Pharmacy Refusal Toolkit, "Protecting Women's Rights at the Pharmacy Counter: Advocacy Strategies from States and Localities."
- Use of Plan B® has surged in the United States since the over-the-counter switch; so has controversy.
- Canadian government approves one-step dosing regimen for Plan B®
- National Women's Law Center releases publication on pharmacy refusal laws, policies and practices.
- New York State to cover Plan B® under Medicaid.

2006

- HRA Pharma commences US phase III trial of second-generation emergency contraceptive.
- This site (www.ec.princeton.edu) wins the 2006 Health Improvement Institute's Aesculapius Award, their top honor for a website or public service announcement that provides health information to the public.
- Barr Launches Plan B® OTC/Rx Dual-Label Product; Awarded 3 Years New Product Exclusivity
- Premiere Emergency Contraception Website Ramps Up to Fill Education Void as 'Morning After Pill' Goes Over-the-Counter.
- Kaiser Daily Women's Health Policy Report provides comprehensive coverage of the FDA decision and a summary of media coverage.
- On August 24th, 2006, Plan B® was approved by the FDA for nonprescription sale to those 18 and older in the United States.
- RHTP Closely Watching Plan B® Submission: Possible restriction imposes unnecessary barriers for young women [PDF, 95KB]
- "Conscientious objection" legislation, which would allow pharmacists to refuse to fill certain prescriptions, including those for emergency contraception, was introduced in about half of state legislatures this year; none were approved.
- Barr resubmits nonprescription Plan B® application to FDA, and President Bush says that he supports the OTC switch but with age restrictions.
- Research shows that physicians in clinics with religious affiliations are less likely to prescribe EC than those in nonreligious-affiliated clinics.

- Barr cannot require pharmacies to abide by age restrictions for nonprescription sales of Plan B, CEO says.
- Barr Laboratories to resubmit application for nonprescription sales of Plan B; FDA expected to act quickly.
- Kaiser summarizes more national editorials and opinion pieces on nonprescription sales of Plan B® here.
- Mother Jones offers an updated timeline of the FDA decisions on Plan B® (and other events in its political life in the US).
- FDA scientist was told nonprescription Plan B® application would be rejected 'to appease the administration's constituents,' deposition says.
- Barr Laboratories, FDA to meet on Tuesday, August 8th in Washington, D.C. to discuss application for nonprescription sales of Plan B. Kaiser provides a summary of national editorials and opinion pieces responding to the news that the FDA is reconsidering nonprescription sales of Plan B.
- FDA chief calls for meeting with Barr subsidiary, says age restriction in nonprescription Plan B® application should be raised to 18. The sudden renewal of FDA interest in the Plan B® application for over-the-counter status comes on the eve of von Eschenbach's confirmation hearings. At the hearings, Senate Democrats question new FDA requirements for nonprescription Plan B® application.
- Statements from Dr. Susan Wood and Kirsten Moore on Andrew von Eschenbach's nomination to head the FDA. [DOC, 36 KB]
- Felicia Stewart, a fierce advocate for expanded access to emergency contraception, died of cancer on April 13th. This site contains accounts of her advocacy for women's health and fond memories from those who knew her.
- Wisconsin Attorney General seeks to join CRR as plaintiff in the lawsuit against the FDA over Plan B® delay.
- Wal-Mart to stock EC Plan B® at all pharmacies nationwide; Conn. health plans will not cover pharmacies not carrying EC, AG says.
- New videos promote awareness of emergency contraception as tool to prevent unintended pregnancies among teens. The videos can be downloaded from the CFHC website, www.cfhc.org.
- Lawsuit to force US government to allow nonprescription sales of Plan B® can continue.

2005

- To view the 60 Minutes special on EC and the FDA, click here to go to the CBS video archives.
- Read the final GAO report, "Food and Drug Administration Decision Process to Deny Initial Application for Over-the-Counter Marketing of Emergency Contraceptive Drug Plan B® Was Unusual."
- Women's Health Coalition Urge FDA to Heed Science and Stop Delaying Over-the-Counter EC [PDF, 103KB]
- Crawford did not cooperate with GAO investigation of nonprescription Plan B® application rejection, congressional staffers say.
- FDA's 2004 decision to reject application for nonprescription sales of Plan B® was unusual, GAO draft report says.
- Senators Clinton and Murray circulate a petition to the FDA to make Plan B® available over-the-counter to US women.
- 62 legislators urge acting FDA Commissioner Von Eschenbach to approve Plan B® for nonprescription sales.
- Former member of FDA Advisory Panel resigns over handling of Plan B® application.
- A pharmacist at a Target store in Fenton, Missouri, refuses to fill a 26-year-old woman's prescription for EC. Several pro-choice advocacy groups launch letter-writing campaigns to protest the company's policy.
- FDA Commissioner Crawford resigns amid criticism over delay in Plan B® application; Bush names NCI Director as acting head.
- Massachusetts legislature overrides governor's veto of bill requiring hospitals to offer EC to rape survivors, allowing pharmacies to dispense EC.
- Read Kaiser's summary of more national editorials and opinion pieces on the FDA non-decision, and more here.
- 13 US senators ask GAO to release findings from investigation into FDA's delayed decision on Plan B.
- India approves emergency contraception for nonprescription sales
- An editorial in the New England Journal of Medicine calls the FDA's delay a "sad day for science."
- The American Academy of Pediatrics releases policy statement supporting nonprescription sales of EC to teenagers. Numerous other medical organizations support nonprescription access to EC for US women.
- Susan Wood, the Assistant Commissioner for Women's Health at the FDA, resigns from the FDA over the agency's treatment of Plan B. Read Kaiser's summary of national editorials on the FDA's delay in making a decision on Plan B.
- The FDA postpones decision on Barr Laboratories' application to take Plan B® over the counter for US women over 16. Senators Clinton and Murray express outrage. Read the FDA's statement and Barr's press release.
- FDA to make decision on Plan B® application by Sept. 1; senators lift holds on Crawford's FDA Commissioner nomination.
- Making EC available without prescription does not increase use of drug, study says.
- New Hampshire governor signs bill allowing emergency contraception to be sold without doctor's prescription.
- 55% of Catholic, 42% of non-Catholic U.S. hospitals do not dispense EC in emergency departments, study says.
- Studies show that emergency contraception prevents fertilization, not implantation.
- Illinois Gov. Rod Blagojevich signs an emergency rule—later made permanent—to prohibit pharmacies from refusing to fill a lawful contraceptive prescription. "No delays. No hassles. No lectures," he says

- As of 19 April, 2005, it became legal for pharmacists in Canada to dispense Plan B® without a prescription.
- Kaiser Daily Reproductive Health Report summarizes opinion pieces on FDA's delayed decision on Plan B.
- Senators Murray, Clinton announce plans to "hold" nomination of FDA head; senators unsatisfied with continued delays on approval of over-the-counter status of Plan B.
- Health Canada is going to make the progestin-only emergency contraceptive Plan B® available behind-the-counter from pharmacists (without a doctor's prescription) sometime in April 2005.
- Acting New Jersey Governor Richard J. Codey has signed legislation requiring health care facilities that provide care to survivors of sexual assault to provide information about emergency contraception and the contraceptives upon request. New Jersey joins California, Colorado, Illinois, New Mexico, New York, Texas, and Washington as states which require emergency care facilities to provide information about emergency contraception to rape survivors and to either provide EC or refer patients to a provider who will.
- FDA decision on Plan B® OTC status delayed, and a lawsuit is filed against the FDA.
- Kaiser summarizes editorials on DOJ guidelines for treatment of sexual assault survivors, which failed to mention the use of emergency contraception.
- Women with easy access to emergency contraception not more likely to engage in unprotected sex, study says.

2004

- A large-scale trial in China found that it is just as effective to take the second dose of levonorgestrel-only emergency contraception 24 hours after the first dose as it is to take it 12 hours later
- US Department of Justice omits emergency contraception from sexual assault treatment guidelines. Read the full protocol here.
- Barr Laboratories applies for OTC status for emergency contraceptive Plan B® for women age 16 and older.
- The Feminist Majority Foundation organizes a petition urging the FDA to stop playing politics with women's lives; more than 70,000 Americans send an e-mail to the FDA in support of making Plan B® available over-the-counter, without a prescription and without an age restriction.
- Pharmacists can now take online course in prescribing emergency contraception. The Pharmacy Access program satisfies California's training requirement for pharmacists to provide EC.
- FDA scientists disagreed with agency's reasons for rejecting OTC status for EC Plan B, internal documents show.
- American Medical Association House of Delegates approves resolution supporting sale of Plan B® without prescription.
- PREVEN IS NO LONGER AVAILABLE IN THE U.S. MARKET. If you have a prescription for Preven, ask your doctor to change it to Plan B, a progestin-only emergency contraceptive.
- Robert Steinbrook, M.D., criticizes the FDA's decision in the New England Journal of Medicine.
- Canadian government proposes selling emergency contraception without doctor's prescription
- Read more editorials on the FDA decision here and here.
- Read Kaiser Network's summary of nation-wide editorials and opinion pieces on the FDA decision to block Plan B® from going over-the-counter.
- ACOG criticizes FDA decision using particularly strong language, calling it "morally repugnant" and "a tragedy for American women."
- FDA rejects Barr's application to take Plan B® over-the-counter. See the FDA's letter here, and read the Kaiser Network's report here.
- ACOG leaders call for FDA approval of OTC status for emergency contraceptive Plan B®
- USA Today publishes opposing opinion pieces on FDA decision on OTC status for emergency contraception.
- FDA decision on over-the-counter status for EC 'Influenced by Political Considerations,' NEJM editorial says.
- Young women with advance supply of EC no less likely to use other contraceptives than women without EC, study says.
- Maine Governor Signs Bill To Authorize Pharmacists To Dispense EC Without Doctor's Prescription.
- Barr completes acquisition of Women's Capital Corporation and Plan B® emergency contraceptives.
- A new Kaiser Family Foundation survey examines Californian's experiences with emergency contraception, including findings on the state's "pharmacy access" program.
- The FDA postpones making a decision on Barr's application to take Plan B® over-the-counter, asks for more information on adolescent use of EC.

2003

- Kaiser summarizes further editorials and opinion pieces responding to the FDA panels' recommendation to take EC over the counter. And here are yet more summaries of editorials from Kaiser.
- Opinion/editorials respond to FDA panels' recommendation to allow sale of emergency contraception without prescription: Kaiser summarizes a national sampling of articles on the recent FDA meeting.
- FDA advisory panels recommend that EC be sold without prescription.
- Adolescents unaware of emergency contraception, according to survey
- FDA to review emergency contraceptive Plan B® for over-the-counter status
- Increased access to EC would save New York State $452 million annually, comptroller report says. You can view the complete report here.
- Most Pennsylvania pharmacists cannot fill emergency contraception prescriptions same day as request

- Barr Labs announces decision to acquire the emergency contraceptive Plan B® from Women's Capital Corporation.
- California governor Davis signed a bill that will make emergency contraception more widely available by allowing pharmacists to prescribe EC to women without entering into collaborative agreements with doctors. Another bill makes the pills more affordable by capping the fees pharmacists can charge for consultation.
- New York Governor signs measure requiring hospitals to offer emergency contraception to rape survivors.
- Hawaii enacts legislation to allow pharmacists to dispense EC without a prescription.
- You can now view and download digital versions of Planned Parenthood's series of television ads for emergency contraception. Search our database of educational and promotional materials for "tv spots," or go directly to http://ec.princeton.edu/ecmaterials/ecads.html.
- Internet filters block access to important sexual health information, including the emergency contraception website www.not-2-late.com.
- The Kaiser Family Foundation surveys women's health care providers' experiences with emergency contraception.
- Australian officials approve sale of emergency contraception without doctor's prescription. The public has four weeks to respond to the decision, and the committee will vote again in October to confirm the new rule.
- A new study published in Obstetrics and Gynecology shows that emergency contraception is effective up to 120 hours after unprotected sex. Another study in the same issue shows that women can use combined oral contraceptives other than those containing levonorgestrel, and also suggests that eliminating the second dose in the Yuzpe regimen can reduce side effects without compromising effectiveness. Click here to find references to the two articles authored by Ellertson et al.
- The New York Times examines increasing awareness, use of emergency contraception since 1999.
- On Monday, April 21, 2003, the Women's Capital Corporation submits its application to the FDA to switch Plan B® from prescription-only to over-the-counter (OTC) status in the United States.
- New York City Council Overrides Mayor Bloomberg's Vetoes of Emergency Contraception Bills, requires city hospital emergency rooms to provide EC to rape survivors.
- New York City mayor signs into law bill requiring city STD clinics, health facilities to offer EC, vetoes two other EC bills.
- The New York Times examines access to emergency contraception in the United States. Kaiser Network summarizes the article and provides a link.
- New York legislators, health advocates push for expanded access to emergency contraception, including over-the-counter availability and mandatory hospital provision of EC to rape survivors.

2002

- New Mexico's pharmacy board allows pharmacists to provide EC without a prescription.
- A new analysis conducted by the Alan Guttmacher Institute shows that emergency contraception has played a key role in abortion rate declines between 1994 and 2000. In 2000 alone, AGI estimates that EC averted as many as 51,000 abortions.
- Catholic hospitals limit women's access to emergency contraception treatment. A national survey of all 597 US Catholic hospital emergency rooms found that the availability of emergency contraception to women in general, and rape victims in particular, is restricted. The study suggests some hospitals are on a collision course with state law.
- A new WHO study finds that progestin-only emergency contraceptive pills (Plan B, NorLevo, Estinor, Postinor and Postinor II) can be taken in one dose of 1.5mg levonorgestrel instead of two doses of 0.75 levonorgestrel, and that they can be taken up to 120 hours (5 days) after intercourse. A second study also shows that both doses are just as effective if they are taken at the same time.
- The Guttmacher Report examines the need to increase public awareness about emergency contraception in the United States.
- The Kaiser Network continues to profile emergency contraception with the second part of a two-part article, "The Last Chance Contraceptive".
- Emergency Contraception not widely available in New York City, survey finds. Nearly half of U.S. University-based health clinics do not offer emergency contraception, study says.
- California hospitals are now required by law to offer emergency contraception to rape survivors in emergency rooms.
- Washington governor signs law requiring hospitals to offer emergency contraception to rape survivors.
- Women in Alaska can now receive emergency contraceptive pills from select pharmacies without the need for a clinician's prescription.
- Great Britain's largest supermarket chain is now dispensing emergency contraception to teens at no charge.
- The Back Up Your Birth Control campaign aims to put emergency contraception into women's hands before they need it.
- French government allows minors to receive free emergency contraception from pharmacies.
- Read The Last-Chance Contraceptive, a Special Report by the Kaiser Daily Reproductive Health Report and kaisernetwork.org, a free service of the Kaiser Family Foundation.
- Women in California can now receive emergency contraceptive pills from participating pharmacies without a clinician's prescription.

Appendix B: Summary of Grants by Region and Year—2002-2007

Year	2002		2003		2004		2005		2006		2007		All Years	
Domestic	**435,000**	**44%**	**456,357**	**46%**	**180,000**	**24%**	**1,014,339**	**58%**	**1,000,000**	**65%**	**410,000**	**48%**	**3,495,696**	**51%**
International	**540,000**	**54%**	**543,643**	**54%**	**570,000**	**76%**	**739,529**	**42%**	**512,392**	**33%**	**410,000**	**48%**	**3,315,564**	**48%**
Africa					209,596		286,620				100,000		596,216	
Latin America			293,643		209,289		290,819		302,392		250,000		1,346,143	
Global	150,000		75,000										225,000	
Consortia	390,000				151,115		127,363		210,000		60,000		938,478	
Africa	150,000		75,000		34,983		41,780		135,000		20,000		456,763	
Asia					35,000				25,000		20,000		80,000	
Latin America	200,000		100,000		46,149		55,583		25,000		20,000		446,732	
Global	40,000				34,983		30,000		25,000				129,983	
Grant Administration	**25,000**	**3%**					**34,727**	**2%**	**35,046**	**2%**	**38,385**	**4%**	**133,158**	**2%**
Total Grants	**1,000,000**		**1,000,000**		**750,000**		**1,753,868**		**1,547,438**		**858,385**		**6,909,691**	

Appendix C: Grants Made in 2002

Domestic	
Public Health Institute/Pharmacy Access Partnership - Pharmacies as Community Partners: Promoting a New Way to Access EC (Two year grant: $125,000/ year)	125,000
Feminist Majority Foundation - Prescribe Choice Campaign Message to Increase Access to EC on College Campuses Nationwide (Two year grant: $50,000/year)	50,000
Reproductive Health Technologies Project - Preserving Adolescents' Access to EC: Getting on Message	80,000
Family Tree Inc./Clinic - Emergency Contraception Solutions Project to replicate CA/WA projects in Minnesota (Two year grant: $75,000/year)	75,000
Planned Parenthood – Alaska - Emergency Contraception Project to replicate CA/WA projects in Alaska (Two year grant: $40,000/year)	40,000
National Women's Health Network - What Do You Think About These New Pills? (Building informed community support for EC in preparation of FDA hearings)	35,000
Fund of Family Planning Advocates of NY State - Mainstream Access to EC in Hospital Emergency Rooms (nationwide)	30,000
Subtotal Domestic	$435,000
International	
Latin American Consortium for Emergency Contraception/Pacific Institute for Women's Health - Advancing Knowledge and Women's Right to EC:LACEC	200,000
International Consortium for Emergency Contraception/Family Health International - Coordination of and Support to the International Consortium for EC	40,000
Equilibres & Population - Promoting Emergency Contraception in Francophone Africa (Two year grant: $150,000/ year)	150,000
International Rescue Committee/Women's Commission for Refugee Women & Children - Increasing Awareness of and Access to EC Among Refugees	75,000
Program for Appropriate Technology in Health - Advocacy to Action: Mainstreaming EC	75,000
Subtotal International	**$540,000**
Management of Initiative	
Alaska Pro-Choice Alliance - Evaluation of the Compton Foundation's EC Initiative	**25,000**
Total Year 1 Grants	**$1,000,000**

Appendix C: Grants Made in 2003	
Domestic	
National Women's Health Network - What Do You Think About These New Pills? (Building informed community support for EC in preparation of FDA hearings)	39,200
Planned Parenthood of Maryland - Instating "Behind the Counter" Access to EC in Maryland Pharmacies	40,000
Planned Parenthood of New Mexico, Inc. - EC: Promoting Pharmacy Access in New Mexico	31,157
Continued Domestic Grants from 2002	
Education Fund of Family Planning Advocates of NY State - Mainstream Access to EC in Hospital Emergency Rooms (nation-wide; 2nd year of 2 year grant)	31,000
Family Tree Inc./Clinic - Emergency Contraception Solutions Project (replicate CA/WA projects in Minnesota; 2nd year of 2 year grant)	75,000
Feminist Majority Foundation - Prescribe Choice Campaign Message (to increase access to EC on college campuses nation-wide; 2nd year of 2 year grant)	50,000
Public Health Institute/Pharmacy Access Partnership - Pharmacies as Community Partners: Promoting a New Way to Access EC (2nd year of 2 year grant)	150,000
Planned Parenthood – Alaska - Emergency Contraception Project (replicate CA/WA projects in Alaska; 2nd year of 2 year grant)	40,000
Subtotal Domestic	**$456,357**
International	
Asociacion Para El Desarrollo Humano - Education & Promotion of the Use of the EC Pill in Sonsonate, El Salvador	41,214
Fronteras Unidas Pro Salud A.C. - Emergency Contraception Distribution Project in Baja California	50,000
Instituto Mexicano de Investigacion de Familia Poblacion, A.C. (IMIFAP) - Disseminating EC in Mexico Through Mass Media	81,068
La Asociacion de Salud y Desarollo Rxiin Tnamet - Promotion of EC Among Indigenous Communities of Guatemala	20,000
Meridian Development Foundation/International Consortium for Emergency Contraception - Coordination of and Support to the International Consortium for EC	43,336
Movimiento Salvadoreno de Mujeres - La Informacion Es Un Derecho Y La Decision Es Mi Responsabilidad	33,025
Pacific Institute for Women's Health/Latin American Consortium for Emergency Contraception - Advancing Knowledge and Women's Right to EC:LACEC	100,000
Population Services International/ProSalud-Inter-Americana (PSI) - Introduction of EC in Ecuador Through Social Marketing	25,000
Continued International Grants from 2002	
Equilibres & Population - Promoting Emergency Contraception in Francophone Africa (with $75,000 more to be dispersed in Year 3)	75,000
PATH - Advocacy to Action: Mainstreaming EC (2nd year of 2 year grant)	75,000
Subtotal International	**$543,643**
Total Year 2 Grants	**$1,000,000**

Appendix C: Grants Made in 2004	
Domestic	
Advocates for Youth - Mobilizing Young People as Advocates for OTC Emergency Contraception	$25,000
Alan Guttmacher Institute - Even When FDA Says Yes: Assessing State Mechanisms for Regulating EC	$50,000
Education Fund of Family Planning Advocates of New York State, Inc. - Mainstreaming Access to Emergency Contraception for Rape Victims	$30,000
Feminist Majority Foundation - Prescribe Choice Campaign	$30,000
National Womens Health Network, Inc. - What do You Think About These New Pills?	$45,000
Subtotal Domestic	**$180,000**
International	
Latin America	
Asociacion Organizacion de Mujeres Salvadorenas por la Paz - Institutionalizing the Services of Information, Counseling and EC Use	$40,009
Asociacion de Salud y Desarrollo Rxiin Tnamet - Promoting EC in Indigenous Communities in Guatemala	$20,000
Centro de Investigacion, Capacitacion y Apoyo a la Mujer - Strengthening the Integral Attention to Women Surviving Violence	$27,500
Equidad de Genero, Ciudadania, Trabajo y Familia/ National Network for Sexual and Reproductive Rights - Promotion of EC Among Mexican Young People	$35,000
Pacific Institute for Women's Health - Mainstreaming Access to EC Among Youth in Central America	$20,000
Population Council Regional Office: Latin America, Carribean - EC in the Mexican Family Planning Norms At Last: Mainstreaming Its Use	$35,000
Population Services International - Expanding Awareness, Availability and Use of EC in Mexico (2 years)	$20,000
Public Health Insititute/International Health Programs - Technical Support for Emergency Contraception Programs	$11,780
Subtotal for Latin America	**$209,289**
Africa	
Centre for the Study of Adolescence - Mainstreaming EC through Private Providers Networks in Western Kenya	$50,000
Child Care and Rescue Programme - Consortium of Advocates and Consumers of EC in Uganda	$47,796
Marie Stopes International/ Reproductive Health Response in Conflict Consortium - Increased Awareness and Utilization of EC Among Communities in Uganda	$41,800
PATH - Mainstreaming EC into the Kenyan Public Health Sector	$40,000
Wits Health Consortium (Pty) Ltd/ University of the Witwatersrand/Reproductive Health Research Unit - Mainstreaming Access to EC in South African Pharmacies: A Pilot Study (2 years)	$30,000
Subtotal for Africa	**$209,596**
Consortia	
Instituto de Medicina Reproductiva - Latin American Consortium for EC Advancing Women's Right to EC	$46,149
Meridian Development Foundation - Coordination of and Support to the International Consortium for EC	$34,983
Pacific Institute for Women's Health - Coordination of the Asia Pacific Network for Emergency Contraception	$35,000
Population Council - Support to ECafrique, the African Forum on Emergency Contraception	$34,983
Subtotal for Consortia (all international)	**$151,115**
Subtotal Domestic	**$180,000**
Subtotal International including Consortia	**$570,000**
Total Year 3 Grants	**$750,000**

Appendix C: Grants Made in 2005

Domestic	
Academy for Educational Development - Rx for EC Access: NYC	49,980
Alaska Pro-Choice Alliance - Alaska EC Project	40,000
Champaign County Health Care Consumers - Campaign for Access to EC	39,600
Healthy Mothers Healthy Babies - Coalition of Hawaii	49,896
Institute for Reproductive Health Access - EC Access Campaign	120,000
NARAL Pro-Choice Missouri Foundation - Tearing Down the Barriers	25,650
National Network of Abortion Funds - Organizing for EC Pharmacy Access	40,000
National Women's Health Network - What Do You Think About These New Pills?	40,700
Pacific Institute for Women's Health - Building California's EC Firewall	150,000
Planned Parenthood of Central North Carolina - EC Education Program	78,000
Planned Parenthood of the Columbia/Willamette - Mainstreaming EC Initiative	50,000
Pro-Choice Massachusetts Foundation - Massachusetts Pharmacy Access Project	50,000
Public Health Institute/ Pharmacy Access Partnership - Building CA's EC Firewall	200,000
University of Washington Department of Pharmacy - Expanding Adolescent EC Access	48,000
WV Free - Mainstreaming EC in WV	32,513
Subtotal Domestic	**$1,014,339**
International	
Africa	
Equilibres & Populations - Promotion of EC in Francophone Countries	30,000
IPPF/WH - PP Association of Ghana - Mainstreaming EC into Reproductive Health Care in Ghana	64,133
PIWH/ Women's Health and Action Research Centre, Benin City - Building Capacity	50,000
PIWH/Uganda Women Medical Doctors -Strengthening the Ugandan EC Consortium	67,796
Private Agencies Collaborating Together - EC in Adolescent Reproductive Health in Ethiopia	44,691
Population Council - Introducing Emergency Contraception: Senegal	30,000
Subtotal for Africa	**$286,620**
Latin America	
Catolicas por el Derecho a Decidir - EC: Promoting Progressive Catholic Messages	50,000
Population Media Center - Dimensiones Sexuales: Integrating EC	35,000
PHI – Servicios Humanitarios - EC in Yucatan, Mexico	48,235
PHI – Health and Development Association Rxiin Tnamet - EC into Mayan Services Centers	20,000
PHI – AsociacionTan Uxil - Improving Information Access about EC in Health Service Providers	25,100
PHI – Despertar - EC Access for Service Providers	22,500
PHI – Women Transforming - Promoting and Providing EC in Santo Tomas	40,000
PHI – International Health Programs - Emergency Contraception Leadership Initiative	49,984
Subtotal for Latin America	**$290,819**
Consortia	
Instituto de Medicina Reproductiva - Advancing Women's Right to EC	40,000
Family Care International - Core Support to International EC Consortium	30,000
Population Council - Support to ECafrique	30,000
Subtotal for Consortia	**$100,000**
Technical Assistance	
Alaska Pro-Choice Alliance - Compton Foundation EC Initiative, Year 5 Coordination	34,727
PHI/International Health Programs - Technical Assistance to Latin American grantees	15,583
Pacific Institute for Women's Health - Technical Assistance to African grantees	11,780
Subtotal Technical Assistance	**$62,090**
Subtotal Domestic	**$1,014,339**
Subtotal Total International Including Consortia	**$677,439**
Subtotal Technical Assistance	**$62,090**
Total Year 4 Grants	**$1,753,868**

Appendix C: Grants Made in 2006	
Domestic	
Association of Reproductive Health Professionals - The National EC Hotline and Website	43,000
Center for Reproductive Rights, Inc. - Tummino, et. al. v. Eschenbach	50,000
Education Fund of FP Advocates of NY - Building Bridges: NYS Pharmacists and EC	30,000
Healthy Mothers Healthy Babies Coalition of Hawaii - Hawaii Statewide EC Access Project	50,000
Institute for Reproductive Health Access - Emergency Contraception Access Campaign	150,000
Intermountain Planned Parenthood - Montana EC Access Project	37,750
Missouri NARAL Foundation - Tearing Down the Barriers	31,540
National Network of Abortion Funds - Organizing for EC Pharmacy Access	50,000
National Womens Health Network - What Do You Think About These New Pills?	23,000
New York University - Dept. of Ob/Gyn, Adolescent Comprehension of EC in NYC	15,000
Pacific Institute for Women's Health - Building California's EC Firewall	100,000
Planned Parenthood - New Mexico - EC Youth Education Initiative	67,000
Planned Parenthood Chicago Area - Emergency Contraceptive Access Project	25,000
Planned Parenthood of Columbia Willamette - Mainstreaming EC Initiative	35,000
Planned Parenthood of Delaware - Delaware Emergency Contraception Initiative	27,710
Planned Parenthood of Northern New England - VT/NH EC Access Project	65,000
Public Health Institute/Pharmacy Access Partnership - Building California's EC Firewall	150,000
University of Puerto Rico - Saludpromujer, Working for EC Access in Puerto Rico	50,000
Total Domestic	**$1,000,000**
International	
Latin America	
Catholics for a Free Choice Equidad de Genero - Institutionalizing EC in Zacatecas	38,000
Engenderhealth - Mainstreaming Emergency Contraception Services in Honduras	39,287
PHI/IHP - Emergency Contraception Leadership Initiative, Regional	60,000
PHI Enlace de Mujeres Negras de Honduras - Creating a Positive Political Climate for EC	28,325
PHI Tan Uxil - Improving Access to Information about EC, Guatemala	20,000
PHI CEMUJER - Access to EC for Victims of Sexual Violence, El Salvador	30,000
PHI AGMM - Implementation of EC within the Medical Services Protocol: Guatemala	37,000
PHI AGCDH - Promotion of EC at the Primary Healthcare Level in Guatemala	38,000
PHI/IHP Emergency Contraception Leadership Initiative (fiscal sponsor)	11,780
Subtotal for Latin America	**$302,392**
Consortia	
Family Care International Inc. - International Consortium for Emergency Contraception	25,000
Pacific Institute for Women's Health - Asia Pacific Network for Emergency Contraception	25,000
Population Council, Inc. - Support to ECAfrique (including subgranting of $100K for Africa)	135,000
Social Training Research Center (CISTAC) - Latin American Consortium for EC	25,000
Subtotal for Consortia (including Africa)	**$210,000**
Management of initiative	
Alaska Pro-Choice Alliance - Compton Foundation EC Initiative, Year 6 Coordination	$35,046
Subtotal Domestic	**$1,000,000**
Subtotal International Including Consortia	**$512,392**
Management of initiative	**$35,046**
Total Year 5 Grants	**$1,547,438**

Appendix C: Grants Made in 2007

Domestic	Grant Amount
Center for Reproductive Rights, Inc. - Tummino, et al. v. Eschenbach	40,000
Education Fund of Family Planning Advocates of NY State, Inc. - Building Bridges: NYS Pharmacists and EC	40,000
Institute for Reproductive Health Access . Inc. - Emergency Contraception Access Campaign	50,000
NARAL Pro-Choice Oregon Foundation - Emergency Contraception and Pharmacy Access	30,000
National Network of Abortion Funds - Challenging Behind-the-Counter Obstacles to EC	40,000
National Women's Health Network - The Final EC Mile	30,000
Northwest Women's Law Center - EC Access in the Northwest	30,000
Pacific Institute for Women's Health - Building California's EC Firewall	40,000
Public Health Institute Berkeley Media Studies Group - EC Advocacy Case Study	25,000
Public Health Institute Pharmacy Access Partnership - Building California's EC Firewall	60,000
Southwest Women's Law Center - Increasing EC Access in New Mexico	25,000
Subtotal Domestic	**$410,000**
International	
Latin America and Africa	
Public Health Institute/International Health Programs - Emergency Contraception Latin America Program	250,000
Population Council - Facilitative Re-granting for EC Mainstreaming in Africa	100,000
Subtotal for International	**$350,000**
Consortia	
Family Care International Inc. - International Consortium for Emergency Contraception	20,000
Pacific Institute for Women's Health - Asia Pacific Network for Emergency Contraception	20,000
Social Training Research Center (CISTAC) - Latin American Consortium for EC	20,000
Subtotal for Consortia	**$60,000**
Subtotal International and Consortia	**$410,000**
Management of Initiative	
Alaska Pro-Choice Alliance - Compton Foundation EC Initiative: Year 7 Coordination	23,854
Alaska Pro-Choice Alliance - EC Evaluation Year 7	14,531
Subtotal Management	**$38,385**
Total Year 6 Grants	**$858,385**

Appendix D: Grants Made by Other Donors in Partnership with the Compton EC Initiative

The author wishes to thank Francine Coeytaux for the preparation of this appendix.

Year 1 – 2002				
	Summit Foundation	$367,592	over 3 years	Pacific Institute for Women's Health for Latin America
	Anonymous donor	$150,000		Pharmacy Access Partnership, CA
	Open Society Institute	$200,000		Pharmacy Access Partnership, CA
		$120,000		Family Planning Associates of NY State
		$50,000		Pacific Institute for Women's Health for Latin America
	Richard and Rhoda Goldman Fund	$125,000	over 2 years	Pacific Institute for Women's Health for Latin America
	Anonymous donor	$150,000	over 2 years	Family Tree Clinic in MN
		$100,000	over 2 years	Feminist Majority Foundation (US)
	California Wellness Foundation	$100,000		Pharmacy Access Partnership, CA
	Mary Wolford Fund	$35,191		International Planned Parenthood/ WH for Latin America
		$25,000		Reproductive Health Technologies Project (US)
	Wallace Global Fund	$40,000	matching funds	International Consortium for Emergency Contraception
	Year 1 total	**$1,462,783**		
Year 2 – 2003				
	Hewlett Foundation	$400,000	over 2 years	Population Council for ECAfrique
	Erik and Edith Bergstrom Foundation	$100,000		PSI for work in Ecuador
	Richard and Rhoda Goldman Fund	$150,000	over 2 years	Pharmacy Access Partnership, CA
		$100,000		Feminist Majority Foundation (US)
		$40,000		National Women's Health Network (US)
	Summit Foundation	$35,000		Pacific Institute for Women's Health for Latin America
	John Merck Fund	$31,000	matching funds	Planned Parenthood of New Mexico
		$30,000	matching funds	NARAL Pro-Choice Colorado Foundation
	MacArthur Foundation	$50,000		DKT for work in Mexico
	Wallace Global Fund	$50,000	matching funds	International Consortium for Emergency Contraception
	Mary Wolford Fund	$50,000		Feminist Majority Foundation (US)
	Jake Family Fund	$10,000		Planned Parenthood, New Mexico
	Year 2 total	**$1,046,000**		

Appendix D: Grants Made by Other Donors in Partnership with the Compton EC Initiative

Year 3 – 2004				
	Open Society Institute	$75,000		Pharmacy Access Partnership, CA
	John Merck Fund	$46,000	matching funds	Alaska Emergency Contraception Project
		$30,000	matching funds	Education Fund of Family Planning Advocates (US)
		$30,000		NARAL Pro-Choice Colorado Foundation
	Richard and Rhoda Goldman Fund	$75,000		Reproductive Health Technologies Project (US)
		$25,000		Alaska Emergency Contraception Project
	Westwind Foundation	$35,000		Pacific Institute for Women's Health for Latin America
	Jake Family Fund	$10,000		Public Health Institute for Latin America
	Year 3 total	**$326,000**	Note: This year saw less funding because multi-year grants were made in Year 2	
Year 4 – 2005				
	Packard Foundation	$1,000,000		Compton Foundation for EC work in the United States
	Hewlett Foundation	$250,000		Population Council for ECAfrique
		$150,000	over 2 years	FCI for International Consortium for Emergency Contraception
	Richard and Rhoda Goldman Fund	$100,000		Feminist Majority Foundation (US)
	John Merck Fund	$50,000	matching funds	MergerWatch (US)
		$30,000	matching funds	Education Fund of Family Planning Advocates (US)
	STARR Foundation	$75,000		EngenderHealth (Global)
	Dyson Foundation	$50,000		Feminist Majority Foundation (US)
		$50,000		Family Planning Associates of NY State
	Westwind Foundation	$65,000		Pacific Institute for Women's Health for Latin America
		$25,000		Public Health Institute for Latin America
		$20,000		Reproductive Health Technologies Project (US)
	Chicago Women's Foundation	$39,600		Champaign County Health Care Consumers in Illinois
	Year 4 total	**$1,904,600**		

continued

Appendix D: Grants Made by Other Donors in Partnership with the Compton EC Initiative				
Year 5 2006				
	Packard Foundation	$1,000,000		Compton Foundation for EC work in the United States
	Hewlett Foundation	$575,000	over 2 years	Population Council for ECAfrique
	John Merck Fund	$40,000		MergerWatch (US)
		$35,000	matching funds	National Women's Health Network (US)
		$20,000		Education Fund of Family Planning Advocates (US)
	Richard and Rhoda Goldman Fund	$125,000		Pharmacy Access Partnership, CA
		$100,000		Feminist Majority Foundation (US)
		$75,000		Reproductive Health Technologies Project (US)
	Year 5 total	**$1,970,000**		
Year 6 – 2007				
	United Nations Foundation	$65,000		Public Health Institute for Ethiopia and Central America
	John Merck Fund	$50,000	matching grant	Association of Reproductive Health Professionals (US)
		$40,000		MergerWatch (US)
	Richard and Rhoda Goldman Fund	$30,000		National Women's Health Network (US)
	Anonymous donor	$17,400		National Women's Health Network (US)
	Year 6 total	**$202,400**		
Years 1-6 – 2002-2007				
	Amount directly leveraged over the course of the 6 Years: Total	**$6,911,783**		
	Amount committed by the Compton Foundation: Total	**$5,000,000**		
	Amount of funds dedicated to emergency contraception as a direct result of the Compton Foundation's Initiative: Grand Total	**$11,911,783**		
Pending				
	United Nations Foundation	$1,200,000		Public Health Institute for Ethiopia and Central America

Appendix D: Grants Made by Other Donors in Partnership with the Compton EC Initiative				
Other EC grants made during this time period (independently from the Compton Initiative)				
	Hewlett Foundation	$1,280,000	over 6 years	Family Health International (amount dedicated to EC estimated)
		$1,175,000	over 5 years	Pharmacy Access Partnership, CA
		$228,000	over 2 years	FCI for International Consortium for EC (global)
		$575,000	over 5 years	Reproductive Health Technologies Project (US)
		$30,000	over 2 years	Princton University for American Society for EC (US)
		$1,515,000		PSI for EC program in Kenya
		$2,200,000	over 3.5 years	PSI for social marketing of EC in India
		$510,000		Population Council for an EC initiative in Africa
		$440,000		Association For Reproductive Health Professionals (US)
	Hewlett Foundation Total	**$7,953,000**		
	Packard Foundation	$500,000		PSI for social marketing in Pakistan
		$375,000	over 2 years	Pharmacy Access Partnership, CA
	Packard Foundation Total	**$3,450,000**		
	Richard and Rhoda Goldman Fund	$175,000		Ibis Reproductive Health for Middle East
	Open Society Institute	unknown		Made several grants over first three years to US groups
	Additional grants made for EC outside of Compton Initiative: Total	**$9,003,000**		

Appendix E: Individuals Interviewed or Communicated With in Preparing This Report

The author wishes to thank the following people who made their time and expertise available to him in the preparation of this report.

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President and CEO
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About The Author

Robert C. Blomberg, Dr.P.H., served for 27 years as the head of the San Francisco national office of the Planned Parenthood Federation of America. For 19 years he was the Western Region Director of the Federation, overseeing the Federation's relations with Planned Parenthood affiliates in the 14 Western states. He subsequently was named director of the Federation's Innovations Group which was responsible for speeding the adoption of best practices among affiliates nationwide. Prior to his service with Planned Parenthood, Dr. Blomberg was the Population Program Advisor of the Ford Foundation in their Bogotá office, overseeing the foundation's reproductive health grant-making in Colombia, Venezuela, Ecuador, Peru and Bolivia. He holds a doctorate and a master's degree in public health, with an emphasis in population studies and family planning, from the University of California, Berkeley. He is currently an independent consultant.