



# U.S. REPRODUCTIVE EQUITY STRATEGY — 2024-2027 —

March 2024 | Gender Equity and Governance Program

*The William and Flora Hewlett Foundation invests in creative thinkers and problem solvers working to ensure people, communities, and the planet can flourish. Together with our partners, we are harnessing society’s collective capacity to solve our toughest problems — from the existential threat of climate change to persistent and pervasive inequities and to attacks on democracy itself. A nonpartisan philanthropy, the Hewlett Foundation has made grants in the U.S. and globally for nearly six decades, based on an approach that emphasizes long-term support, collaboration, and trust.*

*The Gender Equity and Governance Program seeks to foster inclusive societies so that all people, and especially women and girls, have a meaningful opportunity to thrive. Focusing on sub-Saharan Africa, Mexico, and the U.S., we make grants to expand women’s reproductive and economic choices, increase governments’ responsiveness to the people they serve, and improve policymaking through the effective use of evidence.*

*The team of Hewlett staff that informed this refreshed strategy included: Aimee Arrambide, Mallika Dutt, Nathalie Scholl, Amy Arbretton, Carla Aguirre, Lori Grange, and Pooja Raval. Deep gratitude to Larry Kramer for his guidance, insights, and support. We have made this strategy public to partners, funders, and civil society to promote collaboration and shared understanding, and as part of the foundation’s commitment to openness, learning, and transparency. A memo detailing this refreshed strategy was shared with the Hewlett Foundation’s board in November 2023.*

## Acknowledgements

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**Cover:** *Members of the Mississippi Youth Council (MYCouncil) advocate at the state capitol around sex education in their schools. CREDIT: Nina Robinson/Getty Images/Images of Empowerment*

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# Summary: Hewlett Foundation's U.S. Reproductive Equity Strategy

Reproductive freedom — the ability to determine whether, when, and under what circumstances to have children — enables people to achieve personal autonomy, economic empowerment, family well-being, and ultimately, to thrive. For over 50 years, the William and Flora Hewlett Foundation has supported women and girls to fulfill their life aspirations by expanding access to safe, effective, and affordable contraception and abortion care — particularly for those facing the greatest barriers. Today, our Gender Equity and Governance Program remains as committed as ever to these efforts.

In the U.S., reproductive health, rights, and justice (RHRJ) is in a time of upheaval. The 2022 *Dobbs v. Jackson Women's Health Organization* decision was a seismic event that has resulted in a confusing state-by-state policy landscape and heightened challenges for many pregnant people and providers. As significant as *Dobbs* has been, it reflects decades-long trends that have prevented millions of people — particularly Black, Indigenous, and people of color; low-income; rural; LGBTQ+; and young people — from experiencing full reproductive freedom. In this context, we at the Hewlett Foundation have been considering how we can contribute to turning the tide for reproductive health, rights, and justice and fostering enduring progress toward reproductive equity.

Our updated goal reaffirms our commitment to reproductive equity in service of providing everyone with a meaningful opportunity to thrive. Our goal is **to ensure that people in the U.S. — particularly those facing the greatest barriers — have the freedom and resources to access the abortion care and contraception they need and want to achieve their life aspirations.**

We have intentionally shifted to using the word “people” to be inclusive of cisgender women and girls, transgender, and nonbinary individuals. By “freedom,” we refer not just to rights formally enshrined in our laws but also to the broader culture that influences whether and under what circumstances people seek care. “Resources” comprise accessible, acceptable, and affordable reproductive health services.

Our updated strategy deepens pivots in our approach that we had begun in the last few years. Namely, we aim to do the following:

- Shift more resources into the hands of organizations that are focused on state and local advocacy and organizing to make accessible, unbiased, and supportive reproductive health care available to those facing the greatest barriers, including Black, Indigenous, and people of color; low-income and rural communities; young people; people with disabilities; and LGBTQ+ individuals.
- Increase our support for innovative efforts that are shifting culture and narratives to grow people's support for reproductive health, rights, and justice and move them to action.
- Continue funding abortion care and contraception services to expand access to care for those facing geographic, economic, and cultural barriers compounded by racism and other biases.

We aim to equip organizations with a range of resources and learning opportunities to maximize the impact of their work. This includes enabling shared learning and exchange with actors doing aligned work across the globe, through coordination with our colleagues leading our Global Reproductive Equity portfolio. We know that prioritizing learning will be particularly important in today's rapidly shifting context. We will regularly gather input from our grantee partners, engage in reflection and adaptation, and share what we learn with the field for collective learning.



A woman holds a placard saying, My abortion saved by life. CREDIT: Jeremy Hogan/SOPA Images/LightRocket via Getty Images

## Introduction

Reproductive freedom — the ability to determine whether, when, and under what circumstances to have children — enables people to achieve personal autonomy, economic empowerment, family well-being, and ultimately, to thrive. For over 50 years, the William and Flora Hewlett Foundation has supported women and girls to fulfill their life aspirations by expanding access to safe, effective, and affordable contraception and abortion care — particularly for those facing the greatest barriers. Today, our Gender Equity and Governance Program remains as committed as ever to these efforts.

In the U.S., reproductive health, rights, and justice (RHRJ) is in a time of upheaval. The 2022 *Dobbs v. Jackson Women’s Health Organization* decision was a seismic event that has resulted in a confusing state-by-state policy landscape and heightened challenges for many pregnant people and providers. As significant as *Dobbs* has been, it reflects decades-long trends that have prevented millions of people — particularly Black, Indigenous, and people of color; lower-income; rural; LGBTQ+; and young people — from experiencing full reproductive freedom.

In this context, we at the Hewlett Foundation’s Gender Equity and Governance program recently undertook a process to learn from our previous efforts and consider how we can contribute to turning the tide for RHRJ and fostering enduring progress toward reproductive equity. Our process was grounded in current available information, including the reflections of grantee partners, other field leaders, and our staff; external research and media reporting; and the on-the-ground experience of a program officer who joined Hewlett after leading a state advocacy organization. With this document, we are sharing our reflections and updated strategy to facilitate mutual understanding and collaboration with grantee partners and fellow funders, and in keeping with our principle of openness, transparency, and learning.

Part I provides an overview of our strategy from 2016-2023. In Part II, we summarize insights from looking back at our work and looking around at the current landscape. This lays the groundwork for Part III, in which we describe our refreshed U.S. Reproductive Equity strategy. Part IV outlines our plans for learning with partners as we move forward.

As we share our reflections on the past and our strategy going forward, we do so with deep gratitude to those doing the crucial work, day in and day out, to provide information and care, connect people with resources, and advocate for change. We also express our appreciation to the grantee partners, peer funders, field leaders, and Hewlett Foundation staff who informed this strategy refresh.

# I. Where We Have Been: Overview of Our Previous Strategy

To understand the shifts embedded in our updated strategy, it is helpful to understand the trajectory of the foundation's work over the years.

Originally, the foundation focused primarily on supporting local health providers. Over time, as access to reproductive health care hinged increasingly on the policy environment, we shifted our grantmaking to organizations leading advocacy at the federal level. Most grants went to national legal, advocacy, and policy-focused organizations working to defend *Roe v. Wade*, to beat back regulatory efforts to restrict it, and to expand and improve access to contraception and supportive health services.

In 2016, we refreshed our strategy to include a stronger focus on equity and to support a wider range of advocacy, narrative shift, and service delivery efforts, including those led by state and local advocacy and reproductive justice organizations. From 2016 to 2023, our grantmaking focused on an array of efforts to advance an ambitious three-part goal: to (a) prevent unintended pregnancies; (b) ensure access to safe abortion services; and (c) make family planning an integral part of women's economic empowerment, social mobility, and family stability efforts.

- **To prevent unintended pregnancies**, we supported policy advocacy to reduce barriers to effective contraception. We funded efforts to demedicalize hormonal contraception, improve implementation of the Affordable Care Act's contraception provisions, and increase the capacity of providers to make available the full range of contraception methods.
- **To ensure access to safe abortion services**, we supported advocacy to limit restrictions and promote policies that protect access. We funded efforts to shift narratives and reframe abortion debates, reduce stigma, and counter false and misleading information. We sought to increase access by supporting telemedicine and other new models of care and by fortifying service delivery in states bordering those with abortion bans. And recently, we supported cross-organizational strategy development to enable stronger collective action across the field.
- **To make family planning an integral part of women's economic empowerment, social mobility, and family stability efforts**, we supported policy advocacy and research, as well as narrative development. We funded efforts to increase access to contraception information and effective methods by supporting programs delivered through nonmedical channels such as community colleges, job training, home visiting, and social services.

To enable the leadership and flexibility of the grantee partners leading this work, we primarily provided general operating support. We also provided select project support for organizations to test new ideas and to strengthen their operations.

## II. What We Have Learned: Looking Back and Looking Around

The decision in Dobbs fundamentally changed the landscape for RHRJ. Abortion is now banned entirely in 14 states, restricted more than was permitted under Roe in 11 more states, and inaccessible in Guam, American Samoa, and the U.S. Virgin Islands. Only six states allow abortion without restrictions.

This moment has called upon us to view both the trajectory of the movement toward reproductive health, rights, and justice<sup>1</sup> and our own role in a new light. Although we anticipated Roe's fall and had already begun shifting our strategy, we recently sought a deeper understanding of the dynamics that led us to where we are today, hoping to derive lessons to make our work more effective going forward. This section summarizes the lessons we learned.

### 1. Increasing support for organizations that are grounded in communities and leading state and local work is key to turning the tide for abortion care, securing contraception, and achieving an expansive vision for reproductive equity.

In the years since Roe v. Wade, the field has increasingly recognized how the decision undermined grassroots activism for reproductive equity in favor of relying on courts to protect a narrow definition of access. The quest to overturn Roe also motivated anti-abortion activists like few other issues.

Meanwhile, grassroots advocacy and organizing has generally been underfunded compared with federal advocacy and legal work. State and local advocates focused on abortion and contraception access and reproductive justice groups (which take an intersectional and multi-issue approach to advancing reproductive equity) tend to ground their work in a holistic understanding of factors that enable or inhibit people in seeking and receiving reproductive health care.<sup>1,ii</sup> They have been doing strong work with minimal support, but years of underinvestment have constrained their ability to deepen their strategies and build sustainable organizational infrastructure. The philanthropic community has largely funded state and local efforts through national organizations or has funded local organizations to work on time-sensitive efforts, which has led to relatively low and geographically uneven investment in grassroots advocating and organizing. This has unintentionally contributed to the RHRJ movement's struggles to shape the cultural narrative and build a strong base for securing policy gains. Efforts to develop movement wide strategy have not sufficiently included state and local organizations and have thus not been as complete or effective as they could have been.

We see an opportunity for improved coordination in the distribution of funding across states and in the support available for RHRJ leaders to build strong organizations. The window is now open for funders to amplify the leadership and impact of state and local reproductive rights and reproductive justice organizations, and state, regional, and national reproductive organizations — and the national organizations that directly support their work — so they can make and secure reproductive equity gains over the long term. We see hopeful signs of change in the landscape of support for this work. Recently, several other national funders and new philanthropies to this space have begun expanding their funding to these organizations. While these trends are promising, gaps remain, such as a shortage of general operating and capacity building support, and disparities across states receiving funding.

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1. We refer to the constellation of policy advocacy, organizing, legal, research, service delivery, communications, arts and culture, and philanthropy organizations working to advance reproductive equity as the movement toward reproductive health, rights, and justice (RHRJ). In doing so, we acknowledge that these actors operate from three main frameworks — reproductive health (focused on direct services), reproductive rights (focused on legal rights), and reproductive justice (focused on movement building toward social justice) — which are based in different histories, philosophies, and areas of expertise. (For an expanded explanation of each framework, see National Latina Institute for Reproductive Justice's resource [What is the difference between reproductive health, rights, and justice?](#)). While there are important differences between these frameworks (and sometimes tensions), there are also many intersections, and we believe that our collective effort will be needed to make and sustain progress. Thus, we include all three types of organizations in our strategy.

## 2. Although innovations such as medication abortion and telemedicine have enabled continued access to care for many, we must act urgently to ensure access for millions who face the significant barriers.<sup>2</sup>

According to recent research, where less than 1% of the U.S. population was farther than 200 miles from a provider when Dobbs was decided in mid-2022, “as of April 2023, 14% of the population is more than 200 miles from the nearest abortion facility.”<sup>iii</sup> Clinics in states where abortion remains legal have had to absorb an influx of patients from restrictive states, with increased costs (both financial and nonfinancial) that providers are struggling to meet.<sup>iv, v</sup>

The consequences of Dobbs and the related state restrictions have reinforced or exacerbated pre-existing inequities. People living in rural areas, people with disabilities, and people with lower incomes and less flexible employment (who are disproportionately people of color) must grapple with heightened costs and travel burdens to obtain abortion care.<sup>vi</sup> And while this is really an intensification of burdens that have long been experienced unequally by these communities, this intensification is meaningful — made worse by parallel challenges in the form of decreased labor protections, varied health insurance coverage, and a national child care shortage. These trends are likely to worsen, and the number of abortion providers continue to decline due to fear of criminal liability, inability to treat patients according to best medical practices, lack of training in many medical schools, and rising threats of harassment and violence.<sup>vii</sup> This is an urgent situation and practitioners, researchers, and advocates are responding through innovation, but this work will require resources to continue and expand.

## 3. To maintain the nation’s contraceptive wins, we must overcome the anti-abortion stigma and misogyny that undergirds anti-contraception rhetoric, and we must integrate work related to women’s economic empowerment into holistic efforts being led by grassroots organizations.

Advocates, practitioners, educators, researchers, and community leaders have had tremendous impact in reducing unintended pregnancies. The rate of unintended pregnancies in the U.S. is the lowest it has been in 30 years, and while disparities remain, the rate has been falling for all groups.<sup>viii</sup> Important to achieving this impact is people’s greater access to new and more effective methods of contraception, including hormonal birth control and long-acting reversible contraceptives (LARCs). Meanwhile, the Affordable Care Act has resulted in durable changes to federal and state contraceptive coverage and services.

These gains notwithstanding, the anti-choice movement has continued maneuvering to restrict access. Opponents of contraception often leverage anti-abortion stigma to advance their cause: deceptively claiming that contraceptive methods work after conception or tapping into misogynistic narratives that have been used to attack abortion care. Unfortunately, some organizations in the RHRJ movement have defended contraception in ways that unintentionally contributed to anti-abortion stigma. The process of reflecting on how our funding and influence could address remaining barriers to full contraceptive access highlighted the need to support organizations that unapologetically stand by the full spectrum of reproductive health care, including abortion care, regardless of the direct focus of their work.

Moving forward, we also see it as important to integrate linkages with economic mobility into broader efforts aimed at equipping community-embedded organizations to pursue whatever avenues for expanding reproductive health care are most relevant for their communities, grounded in local history, culture, preferences, existing programs, and unique policy contexts.<sup>3</sup>

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2. *Alongside the recent setbacks there have been some promising developments on which we and others can build. Expansions in medication abortion, practical support networks, and clinic capacity in border states have made continued access to abortion care possible, even for a considerable number of people in restrictive states. A recent analysis found that the number of abortions has risen since 2020 — suggesting that people have been able to obtain care despite recent bans and that there are ways to provide access even for those who face great barriers.*

3. *We state this with the awareness that reproductive justice advocates have elevated the need to ensure that, in promoting access to contraception as a means of economic empowerment, advocates and policymakers take care to avoid arguments that recall the history of contraceptive coercion as part of anti-poverty efforts.*



#### 4. The RHRJ movement would benefit from stronger linkages with advocates around the globe.

Events in the U.S. are occurring amid a global trend toward liberalization. In 2021, Benin passed one of the most liberal laws in sub-Saharan Africa,<sup>ix</sup> and a “green wave” in Latin America has included legalization in Argentina in 2020 and Colombia in 2022 and nationwide decriminalization in Mexico in 2023.<sup>x</sup> Nearly 60 countries have liberalized their laws over the last 30 years. These gains have been the result of long-term advocacy and grassroots organizing that can provide helpful lessons for U.S. advocates.<sup>xi</sup> Until now, the RHRJ movement in the U.S. has been largely siloed from our global counterparts. The few opportunities for learning and exchange have been meaningful, and it is time to forge stronger connections.



Demonstrators attend Women's March to defend reproductive rights. CREDIT: Stephanie Keith/Bloomberg via Getty Images

# III. Where We Are Going: Our Updated Strategy

Dobbs may have escalated the nation’s abortion care crisis, but it also created an opportunity for RHRJ proponents to activate a wider public, find new allies, and pursue innovative strategies. We intend to seize this opening to support the RHRJ movement to achieve and sustain reproductive equity over the long term. We also aim to meet immediate needs for abortion care and contraception among those facing the greatest barriers.

## Our Updated Goal

The Hewlett Foundation believes everyone should have a meaningful opportunity to thrive, which requires access to safe, effective, affordable abortion care and contraception in a culture that supports people’s reproductive decisions. With that in mind, we will seek the following in our U.S. Reproductive Equity strategy:

*To ensure that people in the U.S. — particularly those facing the greatest barriers — have the freedom and resources to access the abortion care and contraception they need and want to achieve their life aspirations.*

We have intentionally shifted to using the word “people” to be inclusive of cisgender women and girls, transgender, and nonbinary individuals. By “freedom,” we refer not just to rights formally enshrined in our laws but also to the broader culture that influences whether and under what circumstances people seek care. “Resources” comprise accessible, acceptable, and affordable reproductive health services and products. And to fulfill our commitment to equity, we will focus on making accessible, unbiased, and supportive reproductive health care available to those facing the greatest barriers, including Black, Indigenous, and people of color; low-income and rural communities; young people; people with disabilities; and LGBTQ+ individuals.

### Hewlett’s updated U.S. Reproductive Equity strategy

**Goal:** To ensure people in the U.S. - particularly those facing the greatest barriers - have the freedom and resources to access the abortion care and contraception they need and want to further their life aspirations.

#### Intermediate Outcomes

1. State and local movements are stronger and are wielding greater power and influence to advance reproductive health, rights, and justice at the local, state, and national levels

2. Successful efforts to shift culture and narratives are emerging, and the broader movement has improved knowledge to grow public support and action for reproductive health, rights, and justice

3. More people have access to the abortion and contraception options of their choice, especially those facing geographic, economic, or cultural barriers compounded by racism and other biases

## Outcomes Along the Way

To achieve this goal, we will focus over the next few years on advancing three intermediate outcomes.

### Outcome #1: State and local organizations are resourced and are wielding greater power and influence to advance reproductive health, rights, and justice at the local, state, and national levels.

We believe our most promising opportunity to advance RHRJ is to support organizations that are focused on state and local advocacy and organizing to make accessible, unbiased, and supportive reproductive health care available to those facing the greatest barriers, including Black, Indigenous, and people of color; low-income and rural communities; young people; people with disabilities; and LGBTQ+ individuals. This group includes state and local organizations focused primarily on abortion care and contraception as well as reproductive justice organizations that use an intersectional and multi-issue framework to overcome multiple forms of reproductive oppression.

These organizations deeply understand the barriers to accessing reproductive health care faced by people in their communities and they are experienced at making reproductive health care relevant and actionable to communities and decision makers. They aim to mobilize communities over the long-term and they have deep knowledge of state and local policies to enable more effective advocacy.

State and local advocates and organizers are already doing this work, despite often-limited resources. We can augment and amplify their efforts by providing robust general operating support as well as funding for strengthening their organizational infrastructure and supporting the well-being of their staff.<sup>4</sup> We can also contribute to a stronger national movement by supporting state and local leaders to engage in cross-state and national strategy development.

In addition to investing in individual organizations, it will be important to foster a strong ecosystem by supporting state and local coalitions and networks, and funding the shared infrastructure successful movements require, including robust data and analysis, shared tools, collaborative forums, and dedicated resources for coalition building.

We cannot do this alone, of course, and we will seek to engage other funders to support these efforts. We will direct Hewlett's resources to underfunded states, collect information about the state and local funding landscape, and convene funders to coordinate how we can collectively distribute funding across states to build long-term strength in the RHRJ movement and seize shorter-term opportunities.

### Outcome #2: Successful efforts to shift culture and narratives are gaining traction, and the broader movement has improved knowledge to grow public support and action for reproductive health, rights, and justice.

By now, it is well known how profoundly influenced policymaking is by culture and public narratives, which create windows of possibility for some solutions while foreclosing others. Shifting culture and narratives can heighten the public's understanding, empathy, and action orientation, while having the added benefit of improving the social environment in which people seek care. And engaging people through narratives plays a direct role in mobilization efforts.

If we want abortion care to be destigmatized and accepted, and if we want contraception to be seen as a normal and safe part of people's lives, we need new and more effective narratives that will inspire people who are generally supportive of reproductive health care to act. For this work, too, the moment is opportune, given the public's heightened engagement due to Dobbs and its aftermath.

The RHRJ movement has long sought to understand what narratives are effective, for whom, and in what contexts, but our efforts have not been sufficiently effective at the scale we need. To engage currently disengaged groups and move passive supporters to action, we must understand dynamics we have not fully explored or adequately understood around who holds culture-building and decision-making power, what narratives they hold, and where and how new narratives can be advanced to shift perspectives. Some culture and narrative shifting efforts may prove universal, while others may be place- or population-specific. We will need to support on-the-ground experiments to be effective.

We will back promising organizations to craft and test new narratives, access larger audiences, and produce knowledge to benefit the entire field. This is work particularly well suited to be explored and advanced through a decentralized network of local, state, and nationally focused organizations that can experiment with a range of approaches. We will support a variety of efforts to promote empathy (by elevating people's real-life experiences); encourage boldness (by building the evidence base for riskier, creative efforts); and strengthen connection (by engaging people in their own communities).

### Outcome #3: More people have access to the abortion and contraception options of their choice, especially those facing geographic, economic, or cultural barriers compounded by racism and other biases.

Despite the often hostile political environment, innovation has abounded in delivering family planning and abortion care. Medication and telemedicine abortion, and convenient, affordable, and acceptable methods of contraception (such as over-the-counter hormonal birth control and long-acting reversible contraception methods) have been instrumental in expanding access to reproductive health care. These improvements are helping people weather the current crisis, and they also advance our long-term goal.

To address today's inequities in reproductive health care, we need to support practitioners, researchers, and advocates across the country who are identifying new ways of meeting needs for abortion care and contraception — for example, by protecting and expanding telehealth, piloting mobile clinics, developing new accompaniment models, and supporting providers to evolve their service delivery models to maintain clinical infrastructure around the country.

As Hewlett has historically done, we aim to provide timely resources that enable the acceleration of service and policy efforts that hold promise for improving equity in the accessibility, affordability, and acceptability of abortion care and contraception. In doing so, we will pay particular attention to the needs of those who face the greatest barriers, including people in the most restrictive states, communities that are home to Black, Indigenous, and people of color; low-income communities; rural communities; and other marginalized populations. We understand that the legal landscape for these investments is particularly dynamic and confusing. As always, we will follow legal guidelines and support grantee partners to do so as well.

Inasmuch as the field is in flux and there is much to learn, we intend to fund a range of efforts that show promise but require additional resources to grow. We will also support data collection and research and help disseminate the resulting insights to the broader field for replication and scaling.

## Connecting U.S. and Global Reproductive Equity

The strategy update process highlighted Hewlett's opportunity to strengthen connections between the RHRJ movement in the U.S. and similar movements around the globe. To embrace this, we will engage in shared learning and coordinated efforts across our U.S. and Global Reproductive Equity portfolios. We will co-fund organizations leading important work in both the U.S. and international contexts. And we will explore collaborating on investments and grantee learning in emerging areas that bridge our geographies, such as developing new narratives that support reproductive health, rights, and justice; countering misinformation; and increasing access to medication abortion in restrictive environments.

## IV. What We Hope to Learn with Our Partners

In today's rapidly shifting context, it is important that we prioritize learning, both within the foundation and with grantee partners and peer funders. To ensure we do this effectively, we will work closely with learning partners to gather input from grantees, reflect, and share what we learn with the field.

The chart below outlines our approach to tracking progress and learning from our efforts:

Outcome	Progress we hope to see in the next three years
1. State and local organizations are resourced and are wielding greater power and influence to advance reproductive health, rights, and justice at the local, state, and national levels.	<ul style="list-style-type: none"> <li>State and local organizations' operations are stronger.</li> <li>State and local organizations are expanding their work, implementing bolder efforts, and/or working more adaptively.</li> <li>States have stronger ecosystems (i.e., organizations collaborating on a range of complementary strategies).</li> <li>State and local organizations are influencing national strategies and approaches.</li> </ul>
2. Successful efforts to shift culture and narratives are emerging, and the broader movement has improved knowledge to grow public support and action for reproductive health, rights, and justice.	<ul style="list-style-type: none"> <li>Organizations are identifying effective narrative and culture-shift approaches.</li> <li>Organizations are producing knowledge about narratives that drive action and the field is engaging with this new knowledge.</li> <li>Other organizations are adopting innovative approaches.</li> <li>New narratives are beginning to gain traction.</li> </ul>
3. More people have access to the abortion and contraception options of their choice, especially those facing geographic, economic, or cultural barriers compounded by racism and other biases.	<ul style="list-style-type: none"> <li>Service delivery models and policies that are improving access to abortion care and/or contraception are expanding to additional geographies or demographic groups, particularly those facing the greatest barriers.</li> </ul>

We will also engage in information-gathering and reflection related to the following learning questions:

Outcome	Learning questions
1. State and local organizations are strong and are wielding greater power and influence to advance reproductive health, rights, and justice at the local, state, and national levels.	<ul style="list-style-type: none"> <li>To what extent are we meeting state and local organizations' resourcing needs (directly and by engaging other funders)? How can we foster increased and better-distributed investment in state and local organizations?</li> <li>How well is our approach to providing general operating support, technical assistance, and other resources contributing to organizational infrastructure, expanded efforts, and/or adaptive capacity? What can we do differently?</li> <li>What are ecosystems' learning, collaboration, and shared infrastructure needs, and how can we meet them?</li> <li>What approaches support strong coalitions?</li> <li>What approaches promote cross-geography learning, and greater inclusion of state and local organizations in a national strategy setting?</li> </ul>

Outcome	Learning questions
<p>2. Successful efforts to shift culture and narratives are emerging, and the broader movement has improved knowledge to grow public support and action for reproductive health, rights, and justice.</p>	<ul style="list-style-type: none"> <li>• Why have past narrative-change efforts had limited impact, and what would increase new efforts' potential for success?</li> <li>• What are the most effective approaches to promoting the adoption of innovative narrative-shift efforts across contexts?</li> </ul>
<p>3. More people have access to the abortion and contraception options of their choice, especially those facing geographic, economic, or cultural barriers compounded by racism and other biases.</p>	<ul style="list-style-type: none"> <li>• Which service delivery and policy efforts are most promising for expanding access to abortion care and/or contraception for those facing the greatest barriers, what is their potential to spread, and how can we help them proliferate?</li> </ul>
<p>Cross-cutting</p>	<ul style="list-style-type: none"> <li>• In what ways is the cultural, political, and economic context for RHRJ evolving, and what are the implications for our strategy and approaches?</li> </ul>

We will take three main approaches to learning over the next three years.

- First, we will engage in a reflection exercise every six months, supported by grantee observations shared through reports and regular check-ins. These reflections are meant to identify relevant changes in the external context, understand grantee partners' progress, assess the effectiveness of our approach, and identify needed changes and emerging opportunities.
- Second, we will be proactive in fostering learning among and across grantees. We plan to convene our grantee partners to engage in shared learning.
- Third, we will formally evaluate our efforts in three years. The evaluation will inform how the strategy should move forward in the context of the foundation's Gender Equity and Governance Program.

# Conclusion

Recent years have brought difficult but invaluable lessons about what it will take to secure reproductive freedom for all. Despite the deep uncertainty of this moment, we have been galvanized by the renewed commitment that the fall of *Roe v. Wade* has prompted among so many people across the country. Our refreshed strategy seeks to capitalize on this silver lining to foster enduring progress toward reproductive equity. We are excited for this next era of building on the Hewlett Foundation's 50-year commitment to supporting people to fulfill their life aspirations by enabling them to access safe, effective, and affordable contraception and abortion care, in partnership with local, state, and national leaders who share our goal.



Two Young Latina Women Leaning Together. CREDIT: Justin Lewis, Getty Images.

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