Establishing a safe abortion referral system for women from Burma residing in Chiang Mai, Thailand

Results from situation analysis research

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CAMBRIDGE REPRODUCTIVE HEALTH CONSULTANTS

ARHZ
Adolescent Reproductive Health Zone

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List of abbreviations & acronyms

ARHZ	Adolescent Reproductive Health Zone
BWU	Burmese Women's Union
CBO	Community based organization
CRHC	Cambridge Reproductive Health Consultants
D&C	Dilation and curettage
FGD	Focus group discussion
KWAT	Kachin Women's Association Thailand
LWO	Lahu Women Organization
MAP	MAP Foundation
MMR	Maternal mortality ratio
MSH	Mae Sot Hospital
MTC	Mae Tao Clinic
MVA	Manual vacuum aspiration
NGO	Non-governmental organization
PAC	Post-abortion care
SAAF	Safe Abortion Access Fund
SYP	Shan Youth Power
ULYO	United Lahu Youth Organization
uOttawa	University of Ottawa

Executive summary

The decades-long conflict in Burma, with its continued human rights violations and lack of development, has led to the displacement of more than 1.5 million people into Thailand. This population includes approximately 150,000 residents of nine unofficial refugee camps along the Thailand-Burma border and a far greater number of undocumented migrants. That these populations face significant barriers to accessing reproductive health services in Thailand and are at an increased risk of rape and sexual exploitation has been well documented.

In Burma, abortion is only legally permissible if the life of the woman is endangered by the pregnancy and this exception is narrowly interpreted. As a result, unsafe abortion practices are common. In Thailand, abortion is legal if the woman's life, physical health, or mental health is endangered by the pregnancy, if the pregnancy was the result of rape or incest, or if the woman was 15 years or younger when she became pregnant. However, although abortion is legally permissible in Thailand for a broader array of circumstances than in Burma, women from Burma residing in Thailand are generally unable to access safe abortion care, even for legal indications. Unsafe abortion remains a leading cause of maternal mortality. Thus identifying mechanisms for expanding access to safe abortion care is of critical importance.

In 2010, the Mae Tao Clinic (MTC) in Mae Sot, Thailand in partnership with a team of researchers at the University of Ottawa (Canada) and Ibis Reproductive Health (Cambridge, MA USA) collaborated to develop an innovative pilot project to refer refugee and migrant women from Burma who meet the criteria for a safe, legal abortion in Thailand to a qualified, legal Thai provider. After conducting initial situational analysis research and spending 18 months building relationships and engaging with stakeholders, a pilot referral system launched in February 2012. Over the first year of the project, 24 women in Mae Sot were able to successfully obtain safe and legal abortion care through the referral system.

The expansion of the pilot project to Chiang Mai, Thailand aims to reduce harm from unsafe abortion for a larger population of women from Burma living in Thailand. This larger program in Chiang Mai is a collaborative initiative between MTC, Cambridge Reproductive Health Consultants (Cambridge, MA, USA), the Adolescent Reproductive Health Zone (Chiang Mai, Thailand), and researchers at the University of Ottawa and is funded through the Safe Abortion Action Fund.

In preparation for the expansion of the safe referral program to Chiang Mai we conducted rigorous situation analysis research in the fall of 2014 to understand better the current climate surrounding abortion in the Chiang Mai area, learn about comparable referral programs to Thai facilities for populations from Burma, and engage with local community leaders, decision-makers, and community based organization (CBO) representatives. In completing this research we carried out numerous community outreach meetings, in-depth interviews with hospital administrators and providers, and a focus group discussion with migrant women in the Chiang Mai area.

The findings from our research indicate that access to safe and legal abortion care is limited in Chiang Mai and that unsafe abortion frequently occurs. Numerous challenges impact whether women from Burma are able to seek care from Thai facilities. As a result of this research we conclude that a referral system that minimizes the existing barriers to accessing safe care can be established between local CBOs and Thai facilities in Chiang Mai. We recommend that community trainings take place to improve knowledge of Thai abortion law, safe abortion options in Chiang Mai, women's right to post-abortion care, and pregnancy options counseling.

Background & context

The internal conflict of Eastern and Northern Burma (Myanmar)[1] has resulted in widespread human rights violations and remains one of the world's longest running civil conflicts [1]. Despite numerous ceasefires, these areas of Burma continue to feature high levels of violence, including state-sanctioned rape, forced labor, population displacement, forced requisition of food supplies, and endemic land mines [1,2,3]. Due to the long-term conflict, underdevelopment characterizes this region of Burma and the Burmese government has followed an official policy of denying health care and education to populations suspected of supporting ethnic militias [4,5].

The longstanding conflict has resulted in population dislocation, disruption of services, and shortages of trained health service personnel and has had a significant impact on reproductive health outcomes. Although the reported maternal mortality ratio (MMR) for Burma as a whole has stayed relatively constant over the last decade at 320 deaths per 100,000 live births, the MMR in the longstanding conflict region of Eastern Burma is thought to be significantly higher, at approximately 1,000 deaths per 100,000 live births [6]. Women in Eastern Burma are also at increased risk of unintended pregnancy. The national contraceptive prevalence rate is just 34% and is estimated to be even lower in Eastern states [6,7,8,9]. One of the greatest markers of unmet contraceptive need in Eastern Burma is the prevalence of unsafe abortion. Under Burmese law, abortion is only legally permitted to save the life of the woman and this legal exception is narrowly interpreted. These restrictions on abortion, which are among the most stringent in the world, combined with heightened unintended pregnancy risk, have devastating health consequences; the best available evidence suggests that unsafe abortion is a leading cause of maternal death and may account for as much as 50% of maternal mortality in Eastern Burma [10,11].

The decades-long conflict, continued human rights violations, and lack of development have led to the displacement of more than 1.5 million people from Burma into Thailand. This population includes approximately 150,000 residents of nine "unofficial" refugee camps along the Thailand-Burma border and a far greater number of undocumented migrant populations.[2] That these populations face significant barriers to accessing reproductive health services in Thailand and are at an increased risk of rape and sexual exploitation has been well documented [10,12,13,14]. Abortion is legally permissible in Thailand for a broader array of circumstances than in Burma; in cases where the pregnancy threatens the life, physical health, and/or mental health of the woman, when the pregnancy is the result of rape or incest, and when the woman became pregnant at 15 years of age or younger. However, women from Burma residing in Thailand are generally unable to access safe abortion care, even for legal indications [10,14,15]. The lack of

[1] Out of respect for local stakeholders, we will refer to the country as "Burma" throughout this report.
[2] Thailand is not a signatory to the 1951 United Nations Convention on the Status of Refugees. As a consequence, populations residing in these camps have not been recognized as having refugee status by the Thai government and these camps are not recognized by the United Nations and are thus deemed "unofficial."

awareness about the legal status of abortion in Thailand among community based organizations (CBOs), linguistic and cultural barriers between Thai providers and patients from Burma, and the absence of systems of referral between CBOs and Thai facilities create access barriers for refugee and migrant women [14,16]. Thus identifying mechanisms for expanding access to safe abortion care within these legal constraints is of critical importance.

Safe abortion referral pilot program

In 2010, the Mae Tao Clinic (MTC) in Mae Sot, Thailand in partnership with a team of researchers at the University of Ottawa (uOttawa, Canada) and Ibis Reproductive Health (Cambridge, MA USA) collaborated to develop an innovative pilot project to refer refugee and migrant women from Burma who met the criteria for a safe, legal abortion in Thailand to a qualified, legal Thai provider. After conducting initial situational analysis research and spending 18 months building relationships and engaging with stakeholders, a pilot referral system was launched in February 2012. Over the first year of the project, 24 women in Mae Sot were able to successfully obtain safe and legal abortion care through the referral system [16]. The results of the pilot project demonstrated the overall feasibility and acceptability of the initiative and suggested that this project could be scaled-up in Mae Sot and expanded to other areas of northern Thailand.

In 2015 we aim to expand the safe abortion referral program to Chiang Mai, Thailand. Through this initiative we hope to reach a larger population of women from Burma residing in Thailand in an effort to reduce maternal mortality and morbidity from unsafe abortion. The expanded program is a collaborative initiative between MTC, Cambridge Reproductive Health Consultants (CRHC, Cambridge, MA, USA), the Adolescent Reproductive Health Zone (ARHZ, Chiang Mai, Thailand), and researchers at uOttawa and is funded through the Safe Abortion Action Fund (SAAF).

Overall project objectives

Over a three-year period the safe abortion referral project in Chiang Mai aims to:

1. Increase the number of refugee and migrant women receiving safe and legal abortions in the greater Chiang Mai area;
2. Improve knowledge of Thai law and safe abortion procedures among CBOs working along the Thailand-Burma border; and
3. Build capacity among local researchers and program personnel to ensure sustainability of the program.

Methods

During the fall of 2014, the project team conducted situation analysis research in order to understand the dynamics that would likely shape the development and introduction of a safe abortion referral system in Chiang Mai, Thailand. Our multi-methods approach included holding community outreach meetings, conducting in-depth interviews with representatives of 10 CBOs, facilitating a focus group discussion (FGD) with seven migrant women, and reviewing institutional documents. Our aim was to understand better the current environment surrounding access to safe abortion care in Chiang Mai and surrounding areas, document women's experiences accessing safe abortion services, explore different stakeholders' perceptions of unsafe abortion within their

communities, and gauge potential interest in participating in the Chiang Mai safe referral program. In addition, we reviewed hospital institutional policies and conducted key informant interviews with five clinicians, social workers, and external agencies that refer to Maharaj Nakorn Chiang Mai Hospital in order to identify comparable referral systems that have been established for populations from Burma living in Thailand.

Interviewers took detailed notes during each interview and community outreach meetings. Content from these meetings was immediately summarized and field coded using Microsoft Word. Data analysis was an iterative process as we explored emerging themes throughout data collection. We followed-up with various CBOs and key informants via telephone and email in order to confirm information while compiling the findings. We received ethics approval from the Community Ethics Advisory Board at MTC and the steering committee of ARHZ.

In this report, we present our key findings. In order to contextualize those findings we begin with a brief description of key local stakeholders and then turn to the perceptions of need for a safe referral program and current barriers for women accessing safe abortion care in Chiang Mai. We then discuss the feasibility of a referral program, possible challenges, and mechanisms that will be put in place to mitigate any barriers to ensure sustainability. Finally, we conclude this report with recommendations for moving forward and list additional resources.

Description of key local stakeholders

Mae Tao Clinic

MTC is the largest provider of health care along the Thailand-Burma border region. The clinic provides care for more than 150,000 migrants and patients from Eastern Burma each year and advocates for essential health care systems, education, and protections for vulnerable and displaced persons. For over a decade MTC has worked to improve post-abortion care (PAC), both within its facilities and at the nearby Mae Sot Hospital (MSH) where more complicated cases are referred. In 2013, 658 women sought PAC from MTC's reproductive health in-patient department. As a result, MTC has prioritized increasing client access to comprehensive PAC services, improving the clinical and counseling skills of reproductive health staff members, raising awareness about (un)safe abortion in surrounding communities, and increasing access to safe, legal abortion care through the safe abortion referral program with MSH [17].

Adolescent Reproductive Health Zone

Based in Chiang Mai, Thailand, ARZH is a grassroots network of six CBOs: Burmese Women's Union (BWU), Kachin Women's Association Thailand (KWAT), Lahu Women Organization (LWO), MAP Foundation (MAP), Shan Youth Power (SYP), and United Lahu Youth Organization (ULYO). Since 2006 ARHZ has advocated for the sexual and reproductive health of Burmese and other displaced adolescents ages 12-25 along the Thailand-Burma border and in areas inside Burma. ARHZ's mandate is to improve the reproductive health of Burmese and ethnic minority populations through sexual and reproductive health education and training. Their network carries out programming related to raising community awareness about adolescent reproductive health by addressing issues associated with HIV/AIDS and gender based violence, advocating for reproductive rights, training peer counselors, and distributing family planning technologies to prevent unintended pregnancy.

Maharaj Nakorn Chiang Mai Hospital

Maharaj Nakorn Chiang Mai Hospital is an adjunct facility of the Faculty of Medicine at Chiang Mai University. The hospital is a nationally acclaimed training and education center and provides comprehensive medical care for patients originating from 18 northern Thailand provinces, including Chiang Mai province. Each year the hospital provides care for 1,300,000 outpatients and 48,000 inpatients. The hospital is committed to providing quality medical and academic services and engages in a number of interdisciplinary and collaborative initiatives, including referral systems for low resource facilities and complicated medical procedures. Partners at Maharaj Nakorn Chiang Mai Hospital who will help facilitate the safe abortion referral program include stakeholders from the Department of Social Services and the Department of Obstetrics and Gynecology.

Findings

A number of maternal, child, and newborn health referral programs have been established between non-governmental organizations (NGOs) working along the Thailand-Burma border and Maharaj Nakorn Hospital. Channels through which populations from Burma are referred to Chiang Mai also exist for survivors of sexual violence and landmines. However, currently there are no documented programs referring women from Burma for safe, legal abortion care. A community leader explained that when their CBO meets with a client who requires medical attention and cannot afford to access the Thai hospital on his/her own, the CBO uses an emergency referral fund, or refers to another CBO with the capacity to refer. In most cases, religiously affiliated organizations or private funders sustain emergency referral funds. One key informant explained that for this reason her CBO has not referred clients for safe abortion care, even if the woman may have been eligible under Thai law.

Many of the community leaders and migrants we spoke with were familiar with women in the community "drinking medicine" to self-induce an abortion. Illegal and unmarked clinics in Chiang Mai were discussed as common locations where migrant women seek pregnancy terminations. Informants corroborated that such clinics often charge women upwards of 2,000-3,000 Thai baht (USD 67-100) for services. Many community leaders acknowledged that while these providers are illegal and likely not adequately trained, they are often the only option for women who fear using Thai facilities due to a myriad of barriers.

Perceived barriers to safe abortion in Chiang Mai

- Language
- Transportation
- Shame
- Discrimination and power dynamic between patient and provider
- Financial burden
- Family dynamics and social pressure
- Limited knowledge about accessing mainstream health care services
- Lack of knowledge regarding safe abortion options
- Community perceptions and abortion stigma

Informants raised several challenges during our meetings and FGD, including unregistered migrants' fear of deportation. Among registered migrants financial barriers continue to pose a challenge despite the fact they hold insurance cards that provide coverage for some health care services in Thailand. Community perceptions and family dynamics surrounding abortion were also raised and the shame a woman experiences in the community when she chooses not to continue pregnancy is evident. However, several migrant women discussed access to abortion as critical for

their health after recounting the narratives of family and friends whose morbidity and mortality resulted from unsafe abortion, as Winn Winn's story below reveals.

Winn Winn's story: Unsafe abortion in Chiang Mai, Thailand

Winn Winn was 21 years old when she became pregnant for a second time. Before coming to Chiang Mai she lived and studied up to high school in her village in Kayah state. Winn Winn's first daughter was born with a disability and after learning she had become pregnant a second time she feared her child would be born with the same condition. She decided to take a traditional medicine to prevent the pregnancy from continuing, but it did not work. She became scared and asked her friend to terminate the pregnancy for her. Her friend refused but told her she knew of a place that could help her – an illegal abortion clinic that only operates at night. Winn Winn went to the unmarked clinic and paid the "doctor" to perform the abortion. During her abortion the police raided the illegal clinic. The doctor was not sure that the abortion was complete, but hurried her out the back to hide her from the police.

Three days after returning home Winn Winn became ill and experienced severe stomach pain. She took traditional medicine to help with the pain instead of going to the hospital. She did not speak the Thai language very well and was told by her cousins that since she was unregistered she would be deported if she sought care. After Winn Winn lost consciousness her family took her to the hospital. Although she briefly regained consciousness she had suffered an incomplete abortion and was septic. After five nights in the hospital she died. Her cousin and fellow community members have now adopted Winn Winn's first child.

Maharaj Narkorn Chiang Mai Hospital's abortion policies align with those defined by the Thai Medical Council. Terminations are mostly performed in the first and early second trimesters. However, in exceptional cases that pose severe health risks late second and third trimester abortions are performed. Women are eligible for legal abortion services in cases of life endangerment, rape and/or incest, physical health risks, mental health conditions, and when the patient was 15 years of age or younger when she became pregnant. Pregnancy terminations are also performed in cases where there is a known/suspected fetal anomaly. Residents in the Department of Obstetrics and Gynecology are trained to perform terminations using various techniques including, misoprostol, manual vacuum aspiration (MVA) and dilation and curettage (D&C). The department works closely with the departmental social worker who is responsible for assisting on cases related to sexual violence or when extended patient counseling is required.

Perceived need for a safe referral system in Chiang Mai

- Access to safe procedures given the documented morbidity and mortality resulting from unsafe abortions in Chiang Mai migrant communities
- Interest in learning about institutions, clinics, or providers in Chiang Mai that are safe for migrant populations to use
- Access to a confidential, non-judgmental, and supportive system since many migrant women who choose not to continue a pregnancy feel ostracized by their families, friends, or communities
- Ability for Chiang Mai based CBOs to refer their clients to a separate program that can support and fund safe abortion care since many cannot provide such support due to existing funding restrictions
- Interest in raising awareness about safe abortion options in migrant communities in order to engage dialogue and improve knowledge

Discussion & conclusion

The aim of the safe abortion referral program is to directly impact the lives of women from Burma residing in Thailand and address a pressing reproductive health need. Our situation analysis and continued outreach activities with CBOs and NGOs along the border demonstrate an unmet need for safe abortion services and education.

Our findings suggest that scaling-up the safe referral program in Chiang Mai is warranted and that uptake among CBOs and migrant communities has the potential to reach a large population of women from Burma. That the safe referral program in Chiang Mai is informed by a successful pilot initiative based in Mae Sot is indicative of overarching acceptability and feasibility. Moreover, based on shared perceived needs and widespread support for such a project among local CBOs and key stakeholders, we believe this project is feasible and can be launched in early 2015. Establishing the referral program within ARHZ's already existing sexual and reproductive health programming will strengthen the program and help yield successful project outcomes. The presence of a number of other NGO referral programs for medical procedures at Maharaj Narkorn Chiang Mai will also contribute to the overall success of the safe referral program. Given that administrative and logistical elements of medical referrals have been previously mapped out at this institution by the Department of Social Services, pre-existing protocols and resources can be used as a foundation for this program. Aligning logistical elements of this referral system with other referral programs, including documentation and transfer of funds, will support the success and sustainability of the program.

Our results showcase the importance of conducting safe referral trainings with CBOs, NGOs, and leaders in the community before launching the program and highlight key elements that should be discussed. Of course, it will be important for stakeholders to be trained on how to refer clients to the program and how to assess client eligibility. However, based on comments made during several community outreach meetings it is also evident that there is limited knowledge surrounding pregnancy options counseling, which suggests that an understanding of non-judgmental, non-directive, open-ended counseling will benefit many participants. Current challenges related to limited knowledge and misconceptions in the community surrounding abortion law in Thailand, safe abortion options, and channels to access care through Thai facilities can be addressed during these trainings. Even in cases of clandestine or restricted abortions, women are entitled to comprehensive PAC without legal consequence. Our findings indicate that there exists limited knowledge in the community about a women's eligibility for PAC. This is reflected in the numerous stories participants shared regarding friends and family members with septic abortions who feared going to the hospital and only sought medical attention after it was too late. Improving knowledge surrounding the right to and safety of accessing PAC aligns with the safe referral program objectives and should be explored further through dialogue during future trainings and community outreach events.

The economic burden of paying for a safe termination and supplementary costs emerged as the leading barrier to seeking care. Financial barriers were discussed by many migrant women in our FGD as being the deciding factor as to whether they would be able to access a safe abortion. As such, covering the costs of abortion care through the SAAF grant has the possibility of dramatically expanding access to safe services. Moreover, due to the religious affiliation of several NGOs and CBOs in the area, at present none are providing safe referrals or financial support for clients seeking safe abortion care. This context stresses the importance of a program that is able to cover comprehensive care and train CBO leaders in options counseling.

Relationship-building efforts for this project have been ongoing, yet the activities undertaken for this situation analysis generated new relationships with social services stakeholders. The findings suggest that sustaining relationships between MTC, ARHZ, and Maharaj Narkorn Chiang Mai Hospital are essential for overall success. We propose that these relationships be maintained though holding annual coordination meetings and conducting ongoing monitoring and evaluation. Moreover, continuing to develop relationships in the community will ensure that the program is both culturally and contextually resonant since reproductive health, and in particular abortion, can be contentious. All of our interviews and community outreach meetings were met with strong support and there was significant interest expressed in the program, thus suggesting a referral program would be both locally relevant and valuable.

Recommendations

- Establish a safe referral system for women from Burma living in the Chiang Mai area. The program should be based on existing successful referral systems to ensure feasibility, acceptability, and sustainability
- Continue to strengthen relationships and ongoing communication between ARHZ and Maharaj Nakorn Chiang Mai Hospital in order to oversee implementation and refine logistical elements of the program as necessary
- Implement ongoing monitoring and evaluation efforts at six month increments; activities should include logbook monitoring, follow-up inquiries with patients, and in-depth open-ended interviews
- Support the project directly using SAAF funds since no other funding exists at other NGOs or CBOs
- Integrate education about the right to PAC in trainings and community outreach activities

In conclusion, the safe referral program in Chiang Mai is informed by successful programming in Mae Sot and extensive research in Chiang Mai. In addition to providing women from Burma with referrals for safe and legal abortion care, the referral program will educate CBO staff on pregnancy options counseling, Thai law regarding abortion and PAC, and the dangers of unsafe abortion, thereby addressing additional community needs. This collaborative program between MTC, ARHZ, and Maharaj Nakorn Chiang Mai Hospital will thus serve as a broader and multi-faceted for women from Burma living in northern Thailand.

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Biographies of project personnel

Grady Arnott, MSc, is a research fellow with Cambridge Reproductive Health Consultants currently working to expand access to safe and legal abortion care along the Thailand-Burma border. In 2014 she completed her M.Sc. in Interdisciplinary Health Sciences at the University of Ottawa. Her multi-methods thesis explored the implications of health policy on access to reproductive health commodities and programming in refugee, conflict, crisis, and emergency settings. Her research interests include reproductive justice, health policy, and action-oriented research. She is a recipient of the 2014 OceanPath Fellowship, formerly known as the PFF Community Leadership Fellowship.

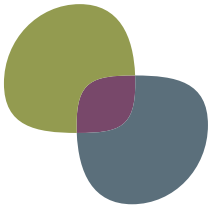
Ra Khin La, is the current coordinator of the Adolescent Reproductive Health Zone (ARHZ) based in Chiang Mai, Thailand. Her mother organization is Lahu Women Organization (LWO), which is one of the six founding members of ARHZ. Since 2008 she has attended and conducted trainings related to adolescent reproductive health needs in a number of Lahu communities inside Burma and migrant areas in Chiang Mai and surrounding regions. As the ARHZ coordinator she leads implementing activities, operationalizes monitoring and evaluation, manages grants, and represents ARHZ at national conferences and forums, including the Asia Pacific Beijing+20 Civil Society Forum 2014.

Eh Tho, is the current coordinator of reproductive health outreach at the Mae Tao Clinic in Mae Sot, Thailand. Since 2005 she has worked with Mae Tao Clinic in the reproductive health in-patient department and on programs related to adolescent reproductive health, traditional birth attendant training and safe abortion. As the reproductive health outreach coordinator she implements activities and trainings, and coordinates with other community-based organizations in the border region to improve reproductive health programming. As coordinator of the safe referral program she conducts ongoing monitoring and assists with leading evaluations and trainings.

Cari Sietstra, JD, is a specialist in reproductive health and justice issues and non-profit organization management. She a Co-Founder and Principal of Cambridge Reproductive Health Consultants. She earned her JD from Stanford University and her BA from Harvard College. Her current projects focus on decreasing maternal mortality and harm from unsafe abortion among vulnerable Burmese populations living on both sides of the Thailand-Burma border. She was the founder and first Executive Director of Law Students for Choice (now Law Students for Reproductive Justice).

Meredith Walsh, MPH, NP-C is currently practicing as a Family Nurse Practitioner at the Edward M. Kennedy Community Health Center in Worcester, MA. She is also a consultant with Cambridge Reproductive Health Consultants. She received her MPH with a focus on International Health and Development from Tulane University and her advanced practice nursing degree from the University of Massachusetts Graduate School of Nursing. She has served as a technical advisor for reproductive health at the Mae Tao Clinic, Burma Medical Association, and Adolescent Reproductive Health Network. Her current work involves conducting translational research and applying evidence-based outcomes to improve the quality of health care for displaced people from Burma. She is Executive Director of a non-profit that assists refugees from Burma newly resettled in Worcester, MA.

Angel M. Foster, DPhil, MD, AM holds an Endowed Chair in Women's Health Research at the University of Ottawa where she is an Associate Professor in the Faculty of Health Sciences. She is also a Co-Founder and Principal of Cambridge Reproductive Health Consultants and an Affiliated Scholar at Ibis Reproductive Health (Cambridge, MA). She received her DPhil in Middle Eastern studies from the University of Oxford, attending as a Rhodes Scholar, her MD from Harvard Medical School, and both a Master's degree (AM) and a Bachelor's degree (BAS) from Stanford University. Dr. Foster has conducted social science and health policy research in Burma/Myanmar, Canada, Egypt, Jordan, Lebanon, Morocco, Palestine, Thailand, Tunisia, and the US. Her research portfolio focuses on contraception and abortion, young women's sexual behaviors and practices, and health professions education. Dr. Foster speaks French and Arabic and has authored or co-authored nearly fifty articles, book chapters, and reports on sexual and reproductive health. Her first book, which she co-edited with Dr. L.L. Wynn, is entitled, *Emergency contraception: The story of a global reproductive health technology*, and was published by Palgrave MacMillan in 2012. She is currently the Chair of the Population, Reproductive, and Sexual Health (PRSH) Section of the American Public Health Association (APHA) and is a former member of the Steering Committee of the International Consortium for Emergency Contraception. In 2004, Dr. Foster was named one of Choice USA's *30 Under-30 Activists for Reproductive Freedom* and in 2009 she received the *Outstanding Young Professional Award* from the PRSH Section of APHA.



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About Cambridge Reproductive Health Consultants

Cambridge Reproductive Health Consultants (CRHC) is a non-profit organization dedicated to improving reproductive health and fostering reproductive justice worldwide. By leveraging the skills of professionals from a variety of fields, CRHC focuses on increasing access to safe, legal, high quality, and affordable abortion care, reducing harm from unsafe abortion, increasing access to emergency contraception and long-acting reversible contraceptive methods, and advancing new reproductive health technologies in low resource and protracted refugee and conflict settings. CRHC accomplishes its mission by conducting action- and intervention-oriented research, creating and incubating new and innovative programs, and developing and delivering evidence-based reproductive health information, resources, and trainings.

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