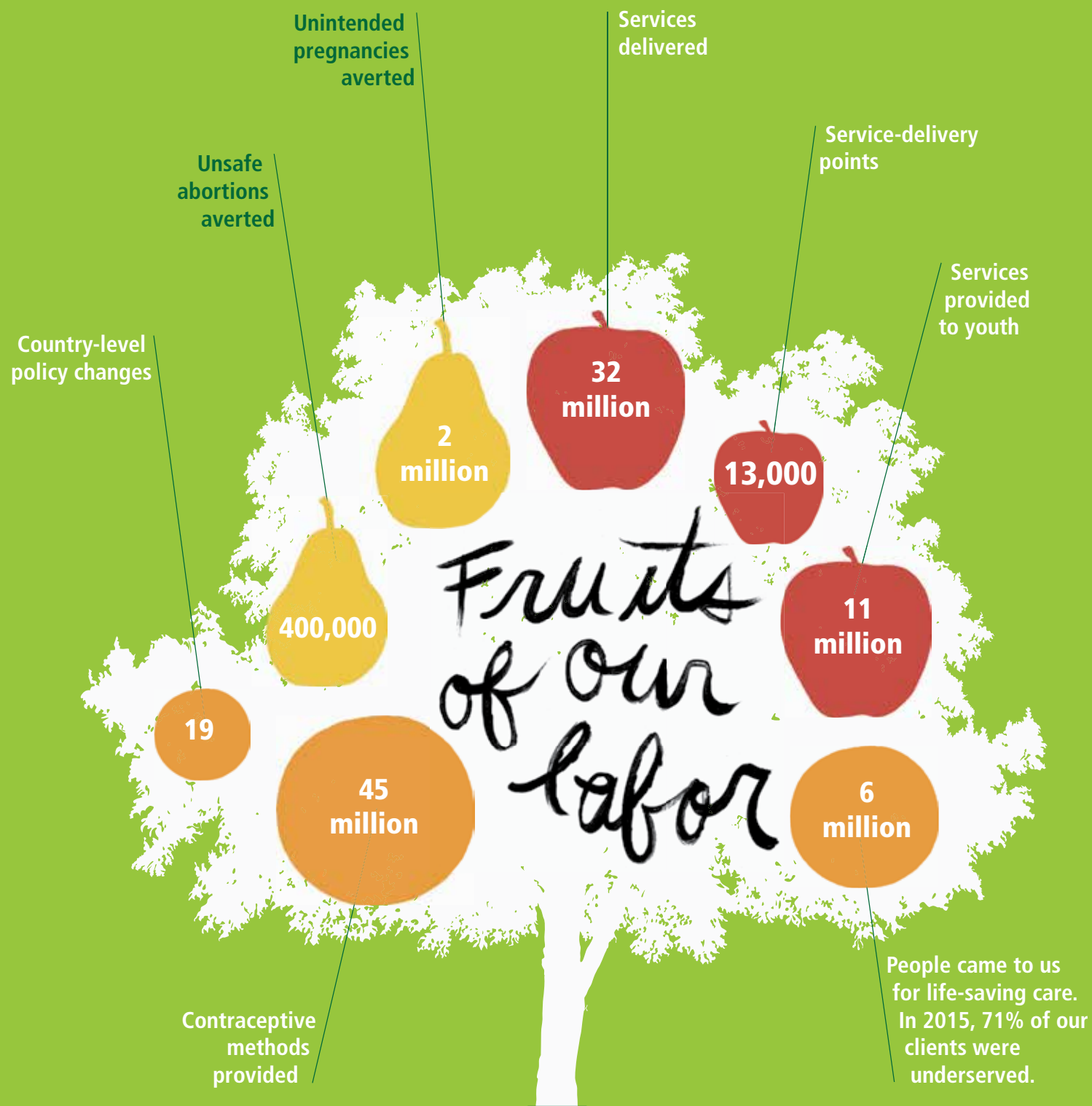


No tree
grows in a
forest
alone.





Dear Friends:

We are delighted to share the International Planned Parenthood Federation/Western Hemisphere Region's (IPPF/WHR) 2015–2016 annual report, which is blooming with new achievements for sexual and reproductive health and rights in the Americas and Caribbean.

At IPPF/WHR, we are one tree in a forest of social justice. It is our vision—and our mission—to ensure that every individual has the care they need and deserve so that they may thrive under the shade of our collective efforts and live happy and healthy lives.

With your support, we planted seeds of change throughout the Americas and Caribbean. We supported 50 local partners in 40 countries to deliver more than 32 million quality health services. We strengthened a movement that advocates for the policies and laws needed to uphold the sexual and reproductive rights of all. And, we made smart investments to ensure that our local partners are able to create sustainable and cutting-edge approaches to meet the needs of the most underserved.

Our movement for equality and justice exists because you and thousands of like-minded individuals come together to seed change—after all, no tree grows in a forest alone.

Thank you for believing that we will change the lives of youth for the better, and that women and girls deserve the chance to reach their full potential. You have given us energy and hope in the face of opposition and uncertainty, and because of you, we have so much to celebrate. Let's keep the momentum growing.

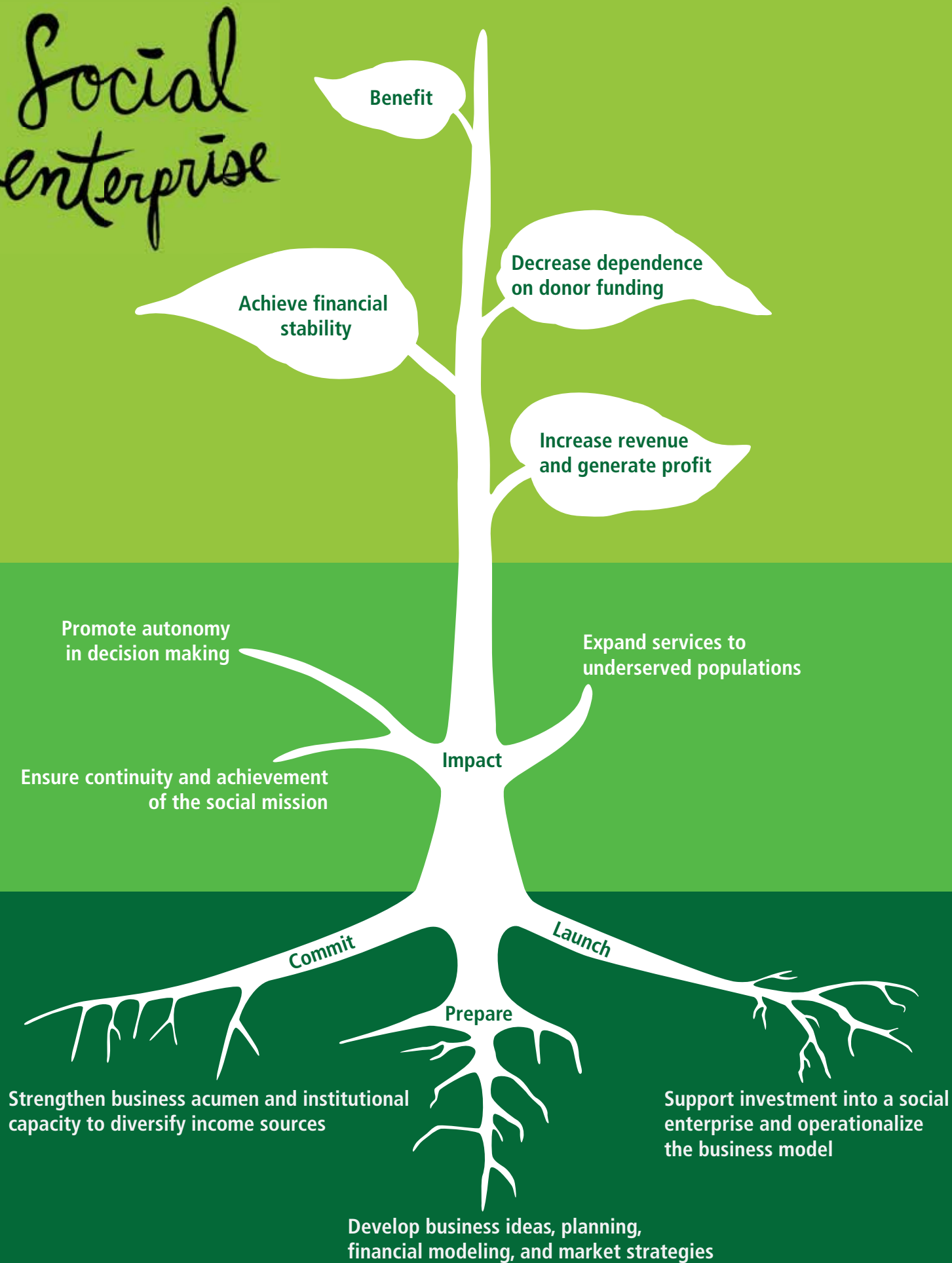
Giselle Carino
Regional Director

Andrea Cohen Barrack
Board Chair

Esther Vicente
President of the Region



Social enterprise



Social enterprise: An innovative method for non-profits to achieve their social mission by using business methods.

Seeding a Self-Sustaining Model to Grow Social Good

In 2015, IPPF/WHR launched a new social enterprise program to build our local partners' capacity to deliver vital health services now—and long into the future.

The program builds the business acumen of our local partners and allows them to better position and market their services, products, and training programs to generate local income. As a result, our partners are able to use the surplus revenue to subsidize health services for the most underserved clients. Social enterprise also gives donors an exciting opportunity to seed change by making an initial investment that grows into a self-sustaining and impactful model for the future.

In the first year of the pilot program, seven of nine participating partners increased their combined local income by 14%, and sexual and reproductive health service delivery by 38%.

seed

For every one *Healthlink* package delivered to a corporate employee, two equivalent packages serve vulnerable individuals in the community.

Case Study: Multiplying Impact in Trinidad and Tobago

In Trinidad and Tobago, more than 91% of the population lives in rural areas where health services are virtually nonexistent. Our partner, the Family Planning Association of Trinidad and Tobago (FPATT) developed *Healthlink*, which offers health service packages to corporate employees in order to finance services for underserved populations.

Healthlink meets the commercial sector's need to provide employees with affordable and convenient health services delivered at the workplace, while making a direct impact on society by delivering life-saving care to vulnerable communities.

IPPF/WHR invested \$18,000 in FPATT's social enterprise model, which is projected to generate \$23,000 in revenue surplus. This surplus will subsidize and sustain a 30% growth in services to vulnerable populations over two years—a significant number in a country with just over a million inhabitants.

23 million women in Latin America and the Caribbean want—but lack access to—modern contraception.

growth



“Women and girls are confronted with difficult decisions and should be empowered with information and tools to effectively make and carry out their own decisions—not only during the Zika crisis, but 365 days-a-year.” –Giselle Carino

Putting Women’s Rights at the Center of the Zika Response

Since exploding in Brazil in 2015, the Zika virus has spread alarm across the Americas, prompting the World Health Organization to declare it a “public health emergency of international concern.”

The Zika virus is like no other. Spread primarily by the bite of infected mosquitoes, the virus can also be transmitted sexually, from mother to child, and through breastfeeding, leading many experts to worry that Zika could take off as HIV/AIDS did decades ago. Zika can also be passed from an infected woman to her fetus, and has been proven to cause an array of neurological impairments, including microcephaly.

Zika highlights the inequality in our region: The virus disproportionately affects the urban and rural poor, who are more likely to live in areas with poor sanitation and open water sources, and are less likely to have access to repellent and window screens, as well as sexual and reproductive health services. As Debora Diniz, a Brazilian ethicist who leads our local partner Anis – Institute of Bioethics, Human Rights and Gender, has said, “This is an emergency of unknown women. The problem is, they were unknown before the epidemic.”

A truly effective Zika response means empowering women to make informed reproductive choices. It also means that men share responsibility for pregnancy prevention and sexual health, that parents of children affected by Zika receive social support for their caregiving work, and that women’s partners and the broader community have knowledge and tools to support them in these life decisions.

When the virus first emerged, governments concentrated on controlling mosquitoes and advised women not to get pregnant—in the case of El Salvador, for two years!

As the largest private provider of family planning services in Latin America and the Caribbean, IPPF/WHR is leading the regional response to Zika. Our early response to the spread of Zika in prominent media including *The New York Times* and *The UK Guardian* drew public attention to the needs of women and girls in light of the epidemic.

Our response is evolving as fast as the virus and includes key initiatives to help women affected by Zika by:

- Providing urgently needed assistance to our local partners.
- Mobilizing global emergency funding and bringing to scale the immense commitment needed to respond to an epidemic.
- Taking on new partners in the region who are leading the response on the ground. IPPF/WHR welcomed Anis – Institute of Bioethics, Human Rights and Gender, our newest partner in Brazil, at the height of the outbreak. In August, Anis petitioned Brazil’s Supreme Court demanding the full protection of rights for women, families, and children affected by Zika. Anis called on the government to provide financial support and rehabilitation to all individuals with congenital Zika syndromes; launch a public education campaign on Zika; ensure access to contraception, including long-acting methods; and allow pregnant women with Zika the option to obtain safe and legal abortions.

Rights for all

“This is an emergency of unknown women. The problem is, they were unknown before the epidemic.” –Debora Diniz

Safe

The Uruguay model was featured in *The New York Times* in June 2016. To read more, visit: <http://nyti.ms/2bHZLTY>

Scaling Up Successful Programs

Although abortion is medically safe when done in accordance with recommended guidelines, restrictive laws force many women to undergo unsafe procedures that jeopardize their lives.

It was in this context that, in 2001, a group of health professionals in Uruguay that would later found our local partner, Iniciativas Sanitarias, piloted a program to eliminate the deaths and injuries caused by unsafe abortion.

Inspired by "harm reduction" models designed to reduce the transmission of HIV/AIDS among intravenous drug users, Iniciativas adopted a similar approach to the problem of unsafe abortion in Uruguay. The primary goal of the model is to provide women contemplating abortion with judgment-free, accurate information on, among other things, the use of misoprostol to terminate a pregnancy. The program, which consists of two visits, also includes post-abortion care and access to contraception that give women the power to prevent future unintended pregnancies.

Evaluations of the Uruguayan model found that it eliminated maternal deaths among women who participated in the program. The model also helped pave the way for the legalization of abortion in Uruguay in 2012 by reframing abortion as a public health issue.

IPPF/WHR has supported the replication of this model throughout the region, and in the past two years, in East Africa. After a visit to Iniciativas, the former president of Uganda's association of gynecologists and obstetricians implemented the model at a hospital in the capital city, and neighboring Tanzania soon followed in Uganda's footsteps. The Iniciativas model has been very well received in both countries, and implementation is progressing steadily.



Access

Strong

Community Roots

Our work is grounded in the belief that our experienced local partners are best able to meet the real-life needs of local communities. In a region with staggering levels of social and economic inequalities, we pioneer innovative strategies to reach those most in-need with free or low-cost quality health care.

Thanks to our continued financial and technical assistance, in 2015, 71% of our services went to poor and underserved individuals. From hosting community health fairs to navigating treacherous roads to reach indigenous communities, we meet people where they are—and in the process, create a strong movement of individuals dedicated to improving sexual and reproductive health in their communities.

Honduras: Home is where the health is

In Honduras, there is little public discussion around contraception or sexual and reproductive health and rights, including in schools. Teen pregnancy rates are the second highest in the region, and 46 percent of all Honduran women of reproductive age want—but can't access—modern contraception.

ASHONPLAFA, our partner in Honduras, has expanded access to contraception by employing community-based distributors in rural and poor urban communities. These volunteers distribute contraceptive information and supplies out of their homes, small roadside stores, and other local businesses. Marked with small square "ASHONPLAFA" signs, these homes and distribution sites are safe, confidential spaces run by trusted community members trained by ASHONPLAFA.

ASHONPLAFA's medical staff complement this work by monthly visits to provide other health services such as cervical cancer screenings.

together

Milagros has been providing women and youth with contraception and information from her home on the outskirts of Honduras' capital for nearly 35 years.



"There was a girl I helped who wanted to leave her husband. She had three children and wanted to continue her studies, but he wanted more kids. When I first started working with ASHONPLAFA, she came to my house. She started asking [my advice]. At first, she hid the birth control pills from her husband. He finally came with her to talk to me and learn more about family planning, and eventually, she was able to use contraception and finish her studies."—Milagros

Marjorie and Nolvina are a dynamic mother-daughter team of health promoters in Honduras' rural mountainous region. Marjorie is a student in high school and an aspiring doctor. Her mother Nolvina, is a nurse. Together, they are trusted confidants for young people and parents alike.



"There are a lot of young people that do not trust their parents because their parents don't talk to them. But I do, and we talk about different situations, not only family planning, but things like drugs. We need to talk to young people about these topics. And, we also need to talk to parents."—Nolvina



“When the women say how satisfied and grateful they are [for our services], I feel wonderful. It’s a great relief to see a woman have access to contraception, to know that I have helped avert a maternal death, and given families a choice.” –Heidy Escalante



Heidy Escalante, an assistant nurse with one of APROFAM’s mobile health units, rises at four each morning to prepare for the day. Since the units are on the road for approximately 20 days each month, Heidy, who is also studying towards her BA in science and letters, is often left with little time to spend with her family. But for Heidy, the sacrifice is worth it.

Medicine on the Move

In a region with high rates of inequality, IPPF/WHO and its local partners provided nearly 900,000 health services to the most underserved communities through our mobile health units in 2015. These units, equipped with health professionals and contraceptive supplies, traverse dangerous mountain passes, dirt roads, and rivers to provide low-cost or free sexual and reproductive health services to those who would otherwise go without.

In Guatemala, where nearly half of the population lives in rural areas, our local partner APROFAM is reaching the most underserved with quality sexual and reproductive health services and information, including youth education, contraception, and vasectomies for little or no cost. The mobile health team cares for up to 28 people per day, though some areas have seen numbers as high as 70.



Visit our online interactive annual report to see a video on a day in the life of Heidy: 2015report.ippfwhr.org

Seeds of Change



No One Left Behind

In 2015, world leaders committed to a new 15-year global development agenda designed to eliminate poverty and inequality, and ensure environmental sustainability.

The adoption of the 2030 Agenda for Sustainable Development—which includes targets on gender equality and universal access to sexual and reproductive health—was a hard-won victory that required years of sustained advocacy by IPPF/WHR and the IPPF UN Liaison Office, as well as our local partners, who brought their expertise and voices to the floor of the United Nations through our technical support, strong relationships with UN member states, and funding.

The 2030 Agenda has the potential to transform the lives of women and girls, as it drives global financial policies and influences national priorities. But, to ensure that this change happens, we will continue to build the advocacy capacity of our local partners to hold their governments accountable for the promises they made.

In 2014, the richest 10% of people in Latin America had amassed 71% of the region's wealth. Experts predict that if this trend continues, in just six years, the richest 1% in the region will have accumulated more wealth than the remaining 99%.

Chile is one of a handful of countries in Latin America and the Caribbean where abortion is prohibited in all circumstances, including to save the life of the woman.

Uprooting Chile's Total Abortion Ban

In January 2015, Chilean President Michelle Bachelet introduced legislation that would overturn the country's complete ban on abortion to allow access to safe and legal services in cases of sexual violence, fatal fetal impairments, and when the woman's life is at risk.

IPPF/WHR quickly marshalled funding and provided technical support to our local partners, APROFA and MILES—as well as a larger coalition of organizations dedicated to promoting abortion rights—for a multi-faceted advocacy strategy aimed at educating lawmakers and health authorities, and building long-term public support for the decriminalization of abortion.

MILES serves as a technical expert on safe abortion in congressional committees and educates lawmakers on the public health consequences of the estimated 200,000 unsafe abortions that occur each year in Chile. MILES also launched a robust communications campaign in social and traditional media, and has developed a strong base of support for the legislation among key medical professionals and midwives.

Building on its long history of training teachers to provide quality sexuality education, APROFA developed a series of case studies and teaching guides to generate conversations around abortion and the proposed law reform. APROFA found that the majority of teachers and students had a low level of knowledge about the proposed abortion law reform, but that both groups generally supported the right to abortion under the three proposed exceptions.

Chile's lower house of congress voted in favor of the legislation in March. The next step is for the bill to move through the Senate, where advocates are hopeful that the measure will become law.

More than 97% of women of childbearing age in Latin America and the Caribbean live in countries where abortion is restricted or banned altogether.

From Pledges to Programs: Making Comprehensive Sexuality a Reality

In 2008 at the International AIDS Conference, 30 health and education ministers from Latin America and the Caribbean signed a historic agreement. In adopting the Ministerial Declaration *Prevenir con Educación*—or Preventing Through Education—ministers pledged to dramatically increase young people’s access to sexual and reproductive health services and education by 2015.

Since that time, IPPF/WHR has been mobilizing a regional alliance to ensure that governments follow through on the commitments laid out in the Ministerial Declaration. We also publish a yearly evaluation of how far governments have come towards implementing the Declaration, a tool our partners have found to be critical in holding their governments accountable.

In El Salvador, for example, the country had no sexuality education program when the Declaration was signed. Our local partner ADS led the creation of a nationwide coalition for sexuality education and helped oversee the development and implementation of a new national program. In 2014, the Ministry of Education published curricular guidelines on comprehensive sexuality education, which scored highly in our evaluation, that are currently being used to implement programs beginning with primary schools. ADS and other civil society partners will continue to monitor these efforts to ensure that all young people have access to the accurate information they need to navigate adolescence in good health.

“We need comprehensive sexuality education. We all do. We need it to navigate relationships, to understand ourselves, to make healthy choices and to have pleasurable sex lives. Accepting your body, accepting yourself the way you are and learning what’s right for you is one of the best things that can happen to you as a young person, and is something that can stay with you throughout your life.”
—Genesis Luigi, IPPF/WHR Youth Network Coordinator, in *Ms. Magazine*



Progress

CEPIA, our collaborating partner in Brazil, launched a smart phone application (app) created by young people, for young people, in Rio de Janeiro called Partiu Papo Reto. The app provides information about sexual and reproductive health and rights. Through the app, young people are also able to rate the quality of care they receive at clinics for other users to see. Rio’s local department of health is promoting Partiu Papo Reto on its website as part of its popular health campaign, dramatically increasing the reach and impact of the app. CEPIA hopes to eventually expand the app to other areas of Brazil.



impact

**To our amazing supporters: *Thank you!*
*¡Gracias! Obrigado! Merci! Mèsi!***

"Thank you for the support you have given my people. In Guatemala, there is so much poverty—extreme poverty. Thanks to IPPF/WHR and its donors, I am able to continue my work and help people lead better lives. It is a great blessing. Thank you very much."

—Heidy Escalante, *assistant nurse with APROFAM*



The true meaning
of life is to
plant trees
under whose shade
you do not
expect to sit.

—Nelson Henderson

Donors Seed Change

Our supporters are from every state in the US, Puerto Rico, D.C., and 15 countries. They transcend geography, language, and culture to make a difference in women's lives.

Top three petitions signed by supporters demanding change

3,633 supporters called on the United Nations to put women and girls at the front and center of the 2030 Agenda.

More than 3,000 supporters called for the release of the 17 women imprisoned for allegedly having an abortion in El Salvador.

3,759 supporters called on Chile's government to lift the country's abortion ban.

5,992 new donors

18,572 donors

2,484 donors celebrating 5+ years with IPPF/WHR

\$96,453 raised in 2015 by monthly Partners for Choice donors*

179 Legacy Donors

1st average gift: \$96

*That's enough to provide more than 19,000 women with contraception for an entire year!

Get involved at 2015advocate.ippfwhr.org

Top Five Reasons to Be a Proud IPPF/WHR supporter:

- **More women, men, and youth have care because of you:** With your support we increased our services by four million since 2014! If that's not enough to make you proud, see the "fruits of our labor" on the inside cover.
- **You're saving lives and the planet:** Your impact has a ripple effect. You know that when you invest in women and girls, you create healthier communities and a more sustainable and just world for all.
- **You're with us...in good times:** Like when Chile made a historic move towards decriminalizing abortion, or Belize overturned its harsh anti-sodomy law, and that time when we put women and girls at the center of the Sustainable Development Goals.
- **And bad:** When we spoke out about the 17 women imprisoned under El Salvador's extreme total abortion ban and needed your help, and right this very moment when millions of women still live in fear that one mosquito bite will change the entire course of their lives.
- **And in times of great change:** You gave our beloved Carmen Barroso a memorable send off by contributing to her youth leadership program, Carmen's Youth Catalysts. Then, you welcomed our new Regional Director Giselle Carino with open arms and an outpouring of support.

IPPF/WHR celebrates the determination, comradery, and willful persistence of our brothers and sisters in the reproductive rights community and beyond.

"I was once young, scared, and in need of healthcare. IPPF/WHR was there for me. Now my daughter is 21, and it is even harder for her and her friends to get information and treatment in a non-judgmental, safe medical environment. I am grateful for all the work IPPF/WHR does to support women's health."

—Lily Keyes, *North Carolina, Supporter since 2011*

"The amazing work you do gives me hope and energy. The fight for women's health and reproductive rights is universal: When we help others, we end up helping ourselves as well."

—Sandy Wynne, *Vermont, Supporter since 2014*

"IPPF/WHR has been a strong strategic partner for the WestWind Foundation. Its dedication to service delivery, advocacy, and youth empowerment speaks to the work we are doing at the Foundation. We are currently partnering with IPPF/WHR on engaging parents and teachers around comprehensive sex education geared towards younger adolescents, and to support them with the online resources they need to do so."

—The Miller Family, *WestWind Foundation*

Whether supporting racial justice, LGBTQ+ rights, disability rights or environmental sustainability, we all make up this forest where human rights and justice are upheld.

"IPPF/WHR has never been more relevant as it takes on the underlying policies and norms that deny reproductive and sexual rights. It is for that reason that we're excited to be working together to promote men's engagement as equitable and non-violent partners and fathers across the Americas."

—Gary Barker, *President and CEO, Promundo-US*

"IPPF/WHR is a leader in the promotion of public policies that uphold equality and social justice for all in Latin America and the Caribbean. Its leadership and structure—a network of local organizations connected globally—is a huge asset for all of those in our region who work towards achieving human rights for all."

—Leonel Briozzo, *former Vice Minister of Health, Uruguay*

"IPPF/WHR was there for us during the earthquake when we first founded the Haiti Adolescent Girls Network and they will be there for us—and girls across Haiti—long into the future. They bring together partners from across the region to eradicate the deep inequalities faced by girls, and their support has been priceless."

—Myriam Narcisse, *Coordinator for the Haiti Adolescent Girls Network*

"It is fantastic that a large organization like IPPF/WHR partners with progressive, faith-based organizations to create long term change. Few organizations in the region work not only to help meet our shared goals, but also to help strengthen the capacity of our diverse movement. This work is critical given the tremendous challenges, such as unsafe abortion, we face as a region."

—Maria Consuelo Mejía, *Executive Director, Catholics for the Right to Decide, Mexico*

"Sanctuary for Families provides a range of social services to survivors of domestic violence in New York City, including employment support. We have partnered with IPPF/WHR to provide internships and full-time employment and the impact of our partnership is immeasurable: The importance of providing women with a career pathway with an established, mission-driven organization like IPPF/WHR cannot be overstated."

—Angelo J. Rivera, *Director, Sanctuary for Families Economic Empowerment Program*

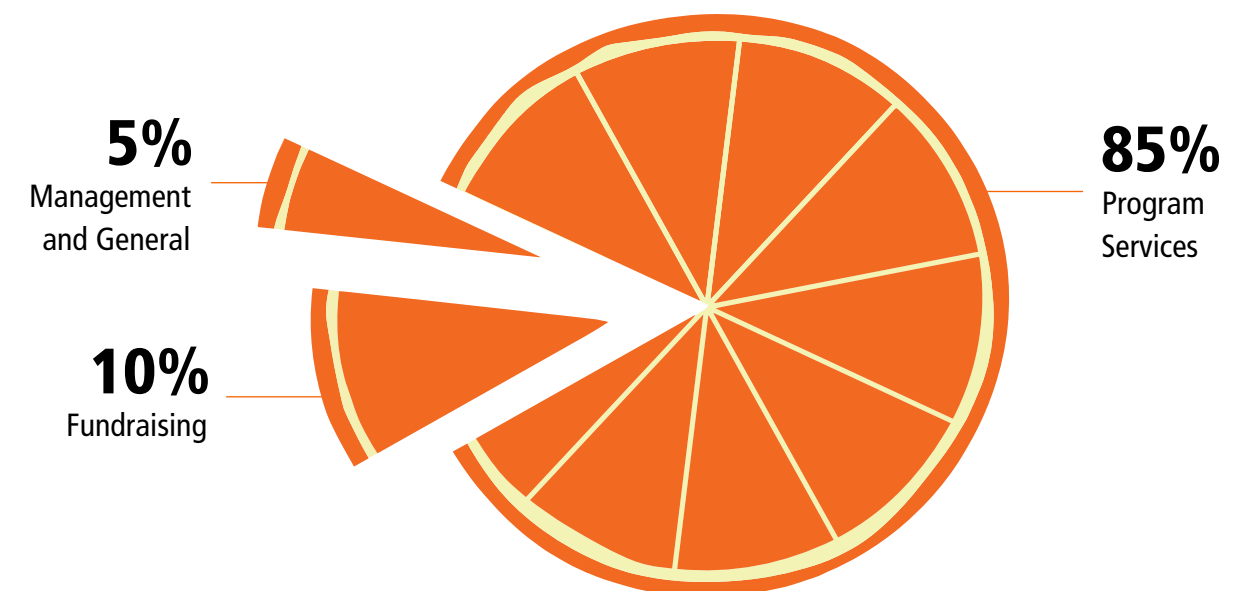


2015 IPPF/WHR Financials

Total operating support and revenue



Total expenses



Statement of Activities

Year ended December 31, 2015 (with summarized financial information for the year ended December 31, 2014)

	2015			2014
	Unrestricted	Temporarily Restricted	Total	Total
OPERATING ACTIVITIES:				
Operating support & revenue:¹				
Operating contributions & grants:				
IPPF/London	9,306,049	802,332	10,108,381	10,142,259
Foundations	447,512	8,204,981	8,652,493	4,916,223
Government & inter-government grants	—	1,574,790	1,574,790	1,778,363
Bequests	452,854	6,980	459,834	945,377
Support from Member Association	—	—	—	3,148,082
Private contributions	3,557,932	891,121	4,449,053	3,468,122
Total operating contributions & grants	\$13,764,347	\$11,480,204	\$25,244,551	\$24,398,426
Interest and dividends, net of management fees of \$67,847 and \$70,570 in 2015 and 2014 respectively ²	67,056	69,905	136,961	133,047
Net (depreciation) appreciation in fair value of investments	(68,051)	(125,572)	(193,623)	14,733
Other	124,987	—	124,987	165,282
Endowment fund investment return used in operations	158,644	—	158,644	147,312
Distributions from The IPPF WHR Fund	—	1,009,489	1,009,489	854,845
Net assets released from restrictions	11,662,238	(11,662,238)	—	—
Total operating support and revenue	\$25,709,221	\$771,788	\$26,481,009	\$25,713,645
Expenses:				
Program services:				
Core programs – Member Associations (MAs)	7,394,024	—	7,394,024	7,052,577
Adolescents	1,332,225	—	1,332,225	1,067,081
HIV/AIDS/STIs	213,882	—	213,882	133,039
Access	1,675,134	—	1,675,134	1,355,432
Abortion-related activities	4,133,485	—	4,133,485	4,941,910
Advocacy	2,800,062	—	2,800,062	3,225,109
Institutional development	3,192,645	—	3,192,645	3,093,523
Accreditation and governance	367,255	—	367,255	690,038
Evaluation	364,481	—	364,481	608,744
Communications	723,874	—	723,874	593,802
Total program services	\$22,197,067	—	\$22,197,067	\$22,761,255
Supporting services:				
Resource development	2,762,731	—	2,762,731	2,425,579
Management & general	1,228,998	—	1,228,998	1,053,295
Total supporting services	\$3,991,729	—	\$3,991,729	\$3,478,874
Total expenses	\$26,188,796	—	\$26,188,796	\$26,240,129
(Deficiency) excess of operating revenues over expenses	(\$479,575)	\$771,788	\$292,213	(\$526,484)
Nonoperating activities:				
Change in interest in the net assets of The IPPF WHR Fund	—	(1,510,419)	(1,510,419)	(105,053)
Change in value for charitable gift annuities	(499,414)	—	(499,414)	(212,326)
Endowment fund investment return (less than) in excess of spending rate	(351,004)	—	(351,004)	(109,382)
Loss on foreign currency translation	—	(610,324)	(610,324)	—
Decrease in net assets	(\$1,329,993)	(\$1,348,955)	(\$2,678,948)	(\$953,245)
Net assets, beginning of year	\$23,161,391	\$35,692,261	\$58,853,652	\$59,806,897
Net assets, end of year	\$21,831,398	\$34,343,306	\$56,174,704	\$58,853,622

¹ Total amount of a multiyear restricted grant is recorded in year 1 per US Generally Accepted Accounting Principles (US GAAP)

² Includes fees on various investment activities, including charitable gift annuities and fees related to stock payments on multiyear restricted grants where the revenue may have been recorded in a different year

Statement of Financial Position

December 31, 2015 (with comparative financial information as of December 31, 2014)

	2015			2014
	Unrestricted	Temporarily Restricted	Total	Total
Assets				
Cash & cash equivalents	2,917,843	4,746,564	7,664,407	7,768,286
Grants & contributions receivable, net	2,775,275	2,750,901	5,526,176	9,260,442
Loans receivable & other assets	71,417	959,412	1,030,829	901,109
Investments	22,854,796	8,051,464	30,906,260	32,037,006
Interest in The IPPF WHR Fund	—	20,114,174	20,114,174	21,624,593
Due from The IPPF WHR Fund	—	—	—	140,164
Property, plant, & equipment, net	11,911,233	—	11,911,233	12,414,381
TOTAL ASSETS	\$40,530,564	\$36,622,515	\$77,153,079	\$84,145,981
Liabilities & Net Assets				
Liabilities:				
Accounts payable & accrued expenses	621,974	488,955	1,110,929	1,141,492
Grants payable	1,503,349	1,561,389	3,064,738	6,312,411
Deferred revenue	—	228,865	228,865	844,217
Charitable gift annuities payable	1,451,475	—	1,451,475	1,197,025
Amounts held for IPPF/London for Cape Verde & APROFAM Guatemala MA	15,122,368	—	15,122,368	15,797,184
TOTAL LIABILITIES	\$18,699,166	\$2,279,209	\$20,978,375	\$25,292,329
Net assets:				
Unrestricted:				
Board designated	2,230,212	—	2,230,212	2,080,140
Board endowment fund	4,002,482	—	4,002,482	4,000,420
Invested in fixed assets	11,911,233	—	11,911,233	12,414,381
Reserve for charitable gift annuities	1,498,653	—	1,498,653	1,587,564
Undesignated	2,188,818	—	2,188,818	3,078,886
Temporarily restricted:				
Interest in The IPPF WHR Fund	—	20,114,174	20,114,174	21,624,593
Endowment fund for sustainability	—	1,649,431	1,649,431	1,702,478
Other	—	12,579,701	12,579,701	12,365,190
TOTAL NET ASSETS	\$21,831,398	\$34,343,306	\$56,174,704	\$58,853,652
TOTAL LIABILITIES & NET ASSETS	\$40,530,564	\$36,622,515	\$77,153,079	\$84,145,981

For our full financial statements, visit: 2015report.ippfwhr.org/financials.pdf

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Community

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The International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) leads a locally-owned, globally connected movement that champions sexual and reproductive health and rights for all.

IPPF/WHR works with 50 partner organizations in 40 countries across the Americas and Caribbean. Our partners are autonomous, local organizations that share a common mission: to ensure sexual and reproductive rights for all, including universal access to high-quality sexual and reproductive health services and comprehensive sexuality education.

We connect our local partners to the global movement for sexual and reproductive rights and ensure their long-term sustainability by providing technical assistance in areas such as program planning, organizational development, and fundraising. Together, we build strong institutions and healthy communities throughout the region.

*Planned Parenthood Federation of America is IPPF/WHR's local partner in the United States.

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