Findings

The following section presents key findings from the background assessment.

Key functions of the network

Survey respondents and stakeholders were asked how a network addressing abortion stigma could be helpful to their work. Furthermore, network websites were scanned for their functionality and benefits.

How inroads could be helpful to potential members' work

Survey respondents

- Central resource repository

- Space to share best practices

- Collaboration; networking; connecting with colleagues

- Messaging and strategy; common language

- Tools; models to share with others

- Scales and measures

- Further understanding of nuanced intersections with other areas

Stakeholder interviews

- Space to share program learning, research, tools in one common library

- Development of shared language about stigma

- Development of visionary and positive language

- Serve as a platform for collaboration

- Link members to other fields who have worked on stigma (for example: HIV, mental health, LGBTQ)

- Priority focus on stigma, rather than a hope that other priorities will lead to decrease in stigma

Existing networks were reviewed for the functionality provided to members. Networks offered a variety of functions to members, including access to latest updates in the relevant field, opportunities to participate in meetings, publicize organizations and their work, be nominated for leadership roles, learn and share through discussion and exchanges, receive materials, access and link to other global coalitions and networks, joint fundraising and partnership opportunities, and networking opportunities.

Network engagement

According to the survey responses, there are already 89 individuals who are interested in joining the network. We asked survey respondents and stakeholders about ways they would prefer to engage with the network in order to inform communication and engagement strategies. Survey respondents most frequently selected using a listserv (57 percent), sharing research findings on abortion stigma (51 percent), and sharing practical tools to mitigate abortion stigma (58 percent) (See Table 2 in Appendix A). For US-based respondents, priorities included the listserv, e-newsletters, webinar series, a yearly conference, and the ability to share research findings and practical tools. Respondents from outside of the United States (referred to as global respondents for the remainder of this report) indicated slightly different priorities, with a lower interest in a listserv (33 percent Global vs 76 percent US). Global respondents were most interested in a yearly conference, the ability to share practical tools and research findings, and webinar series.

Respondents were also asked about what other capacities they would like to be involved in the event that they didn't elect to join the network. Respondents were most interested in webinar series, tools around abortion stigma, and an annual conference (see Table 3 in Appendix A).

Survey respondents were asked about the skills and resources that individuals or organizations would be willing to contribute to the network. Sixty-nine individuals offered up specific skills and resources as suggestions for contributing to the network.

Skills, resources and other strengths to contribute to inroads: Key themes

Skills and expertise

- Teaching and research skills
- Mass media content analysis
- PhotoVoice
- Cultural competence
- Survey development
- Data collection and analysis
- Behavioral theory
- Conceptualization of stigma
- Youth engagement
- Video documentary skills
- Strategic planning
- Grant writing

Resources

- Tools and strategies
- Survey results
- Findings from formative research on stigma
- Contacts and networks
- Direct access to women seeking abortion
- Direct access to abortion providers
- Workshop materials

Other strengths

- Collaboration in research activities
- Build awareness and mobilize local communities
- Share insights about how stigma manifests locally

Online tools

Respondents were asked about their preferences for the functions of web-based network tools. Overall, respondents prioritized a database of stigma tools (e.g., scales, evaluations, interventions), a database of current projects, a research library, and a calendar of relevant events (See Table 4 in Appendix A).

Seventy-one percent of respondents indicated that they would use a members-only space on a network website. Respondents most frequently selected sharing resources and tools, learning about the research of other members, and online discussion as ways they would use a members-only space.

Social media

Respondents were asked about their existing social media use. Respondents most frequently use Facebook (62 percent) and Twitter (54 percent).

Network integration

While growing inroads, it is important to look at similar networks, coalitions, and groups that already exist. It is helpful to learn from the best practices and models that other groups have utilized. Respondents emphasized the importance of integrating this new network into the landscape of networks and coalitions that already exist; both in open-ended survey responses and in stakeholder interviews. Several respondents mentioned the problem of duplication of efforts and how it is important to determine how this network can work together with the existing systems and groups already in the field of SRHR. Several themes emerged about considering the role of inroads in the larger context of networks and coalitions working on abortion-related issues.

Considering inroads in larger landscape of networks, coalitions and organizations

Shifting abortion stigma is a prerequisite for all of the work around abortion, including politics, research, access, advocacy, service delivery, etc.

There is an emergent need for attention and resources on stigma specifically, with a space to share resources, ideas, tools and results on stigma

Duplication of efforts and resources

- Work on stigma should not be done in isolation from other political, legal or access efforts

- Large number of networks, campaigns, coalitions already exist

- Some regions are more densely networked than others, and a network should try to prioritize less densely networked regions and populations

Fears around a new network competing for resources

International and global networks are particularly challenging, but also crucial for this context

Important to talk about abortion stigma in intersectional ways—not just in the context of other work on abortion, but of intersection with other sources of stigma

Network membership structure

Forty-six network and coalition websites across a variety of fields were reviewed for membership structure (see Appendix B). Structures ranged from fluid and open to having defined levels of membership where membership was restricted. For example, the Post-Abortion Care (PAC) Consortium is open to all individuals and organizations working on and/or interested in PAC issues. Other networks and consortia had some defined levels of membership. For example, the International Consortium for Emergency Contraception (ICEC) has different levels of membership. Organizational members must pay an annual fee and be committed to ICEC's mission. Individual membership is for individuals who sign up to be part of a listserv and may attend a yearly conference. Other networks have more restricted membership. For example, the Women's Global Network on Reproductive Rights (WGNRR) requires references from an organization that can describe a potential member's work and confirm that the individual or organization supports WGNRR's principles. Some networks carefully screen and vet potential members, such as the National Abortion Federation and the Abortion Care Network.

In order to connect members, a number of networks scanned use the Knowledge Gateway to manage member databases and listservs, host discussions and archive files. This Gateway is hosted by the World Health Organization's Implementing Best Practices Initiative. Other networks use their own or a supporting organizations' technology.

Stakeholders had several recommendations for inroads membership structure:

- Ask potential members to endorse some values statement about abortion stigma in order to join. This will keep membership to a more manageable size of individuals and organizations who are interested in stigma. Several stakeholders emphasized that a smaller network of individuals and organizations that are committed to the work would be more beneficial to both members and to the larger field.

- However, stakeholders cautioned against creating too many barriers to the useful benefits of the network (such as password protected log-in to website, requiring references, requiring potential members to disclose a burdensome amount of information in the membership process).

- Stakeholders across a number of networks and organizations emphasized that ultimately the structure of both membership and leadership should be generated from the needs and capacities of active members.

Survey respondents were also asked about the level of commitment that should be required of network members. Most suggested that members should be required to share information with other members of the network (75 percent) and to incorporate work on abortion stigma into ongoing activities (60 percent). (See Table 5 in Appendix A).

Lessons and recommendations for effective networks

Survey respondents and stakeholders had several recommendations for creating effective networks. Several key themes emerged and are described below:

- **Clear goals.** Survey respondents and stakeholders emphasized the need for clear goals, since stigma is such a high level concept. Clarity of goals can also help the network integrate more successfully with the existing efforts around abortion and SRHR.

- **Generate up from the membership.** When network priorities are generated from the membership, networks are more effective and sustainable. When the agenda is set by one or a few stakeholders and imposed on the membership, then networks struggle and fail.

- **Transparency of network structure and leadership.** It is important to be clear about who is responsible for decision-making, and what the roles and responsibilities are of organizations and individuals.

- **Transparency around funding.** If funding is available for participation in the network, it should be clear how it is allocated and who is eligible to receive it.

- **Manageable size.** Create a structure that allows for groups of manageable size, rather than prioritizing a large number of members.

- **Consider security.** Anti-choice groups are expanding efforts to infiltrate networks, campaigns and organizations.

Successes from most effective networks

- Sharing information, resources, and opportunities

- Creating a common voice

- Clear and consistent communication

- Combining multiple modes of communication

- Galvanizing members into action

- Capitalizing on triggering events to catalyze network action

- Being responsive to member needs

- Building member capacity

- Staying true to a clear purpose

- Linking people to resources

- Fostering communication among members

- Developing a functional infrastructure based on mission, goals

- Ensuring that all members are heard from

- Having reasonable and clear expectations of contributors

- Creating a culture of learning

- Fun

- Have one organization or person championing the network — none are self-sustaining

Struggles from least effective networks

- Lack of commitment from members

- Lack of opportunities to engage

- Too large of a membership base

- Goals that are funder or secretariat driven rather than member driven

- Too centralized decision-making

- Lack of functional communication

- Unclear objectives

- Trying to get too many people involved too quickly

- Expectations that exceed resources or capacity of members

- Duplication of other networks

- Lack of fundraising to support the network

- Too much emphasis on meeting; not enough on action steps

- Coopting of others' ideas

- Lack of trust

Recommendations

Based on this background assessment, including a survey of potential network members, stakeholder interviews, and a scan of existing SRHR networks, it is clear that abortion stigma is emerging as a global area of focus. It is clear that there is a need to further understand stigma and how it manifests globally and locally. Furthermore, a forum of sharing knowledge and experiences (e.g., formative research findings, best practices, tools, existing and emerging resources, etc.) would support individual and organizational efforts worldwide to challenge and mitigate abortion stigma. To address these critical needs, as well as to support the research and action steps identified in the learning agenda for abortion stigma (Hessini, in press), the Bellagio Expert Group are proposing the following goals, thematic areas, and structure for inroads, a global knowledge network and community of practice to understand, challenge and mitigate abortion stigma.

Proposed goals

The International Network for the Reduction of Abortion Stigma and Discrimination seeks to:

Goal 1: Bring together diverse stakeholders to share information, tools, and resources around abortion stigma and discrimination.

Goal 2: Learn from promising practices for stigma intervention.

Goal 3: Expand programmatic, research and advocacy strategies.

Goal 4: Support coordination among research, policy and practice.

Goal 5: Raise awareness about abortion stigma.

Goal 6: Develop capacity and resources for abortion stigma research and program work.

Goal 7: Create an innovative technology platform for inroads members.

Proposed thematic areas

Based on findings from this background assessment and discussions at the June 2013 Bellagio Working Group meeting, we propose the following thematic areas of focus for inroads. We fully anticipate that these areas will be discussed, refined, and perhaps revised at membership meetings.

1. Abortion stigma in culture and discourse, including language, popular discourse and media, and news coverage

2. Abortion stigma in governments and civic structures, including laws and policies

3. Abortion stigma in organizational and institutional settings, including abortion service delivery

4. Abortion stigma in communities

5. Abortion stigma at the individual level

6. The intersection of abortion stigma with other areas of stigma and discrimination.

Inroads will foster the knowledge sharing and linkages in order to catalyze members' efforts to understand, challenge, and mitigate abortion stigma across these domains. Because our understanding of abortion stigma is nascent, inroads will serve as a community of practice for individuals and organizations considering abortion stigma as a topic for research and programmatic intervention.

Proposed network structure

To move forward a global understanding of abortion stigma, the following network structure is proposed, based on findings from this background assessment. Ipas, as host organization, will establish preliminary membership guidelines (outlined below), develop a website and initial membership engagement strategy, and convene a Steering Committee representing the diverse geography of the membership. The Bellagio Expert Working Group will serve as an initial advisory group, providing general feedback and input.

In order to ensure a truly global voice, the network advisor will issue an open call to existing members to apply to join the Steering Committee and will select members based on geographic region and based on commitment and contribution to identifying, mitigating, and challenging abortion stigma. Once the Steering Committee is convened (likely during the summer of 2014), the network advisor will engage and receive input from Steering Committee members. The network advisor will also work with the Steering Committee to establish an advisory committee consisting of key stakeholders from relevant sectors (e.g., existing networks in SRHR, researchers, intervention developers and implementers, advocates, and donors). Members of the Steering Committee will form and serve on working groups that will identify key thematic areas and push forward the work of each of those areas.
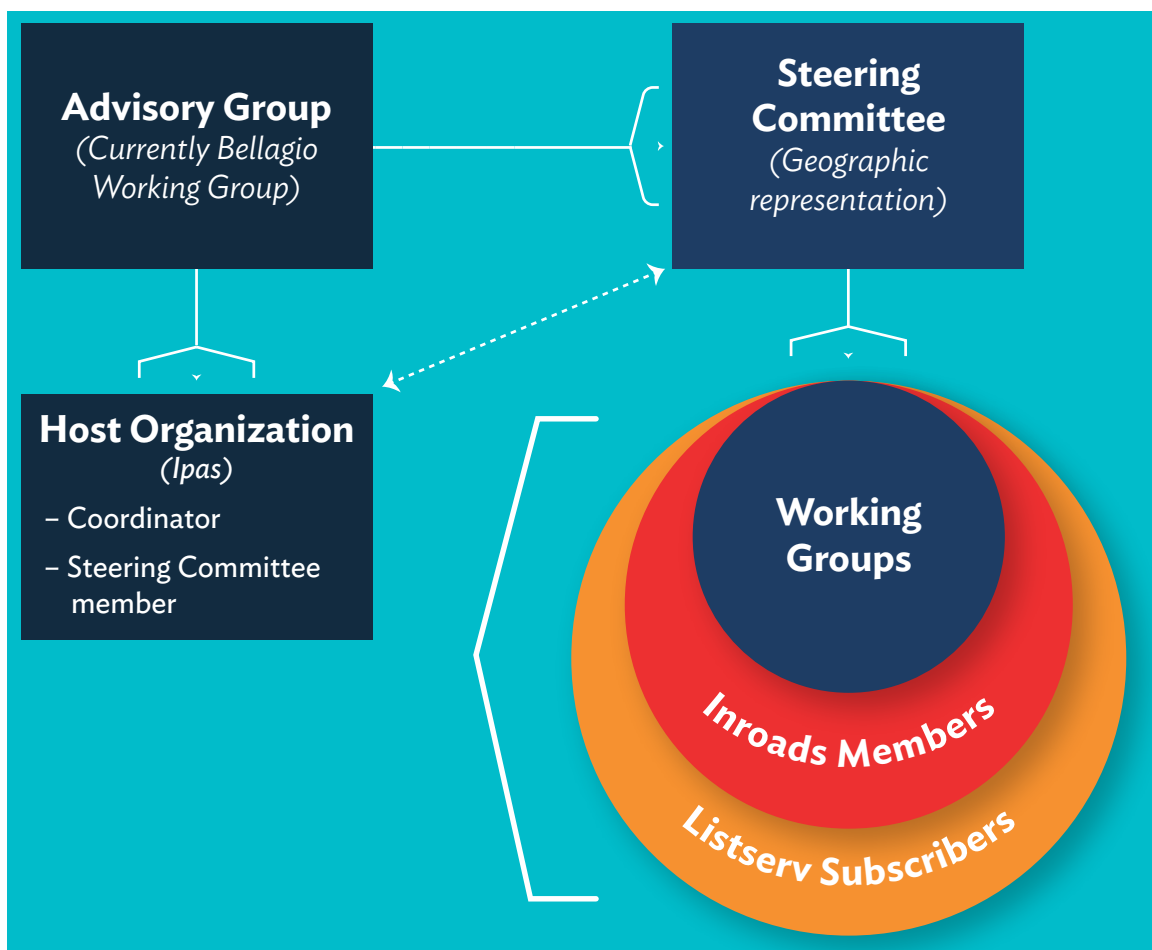
Preliminary membership guidelines.

General membership will be open to interested individuals and organizations that are committed to understanding, challenging and mitigating abortion stigma. In order to join, potential members will review responsibilities and benefits (outlined below), and endorse the network's value statement:

I/we are committed to the advancement of sexual and reproductive health and rights, including the right to abortion. Abortion stigma contributes to the social, medical and legal marginalization of abortion worldwide. As part of inroads, I/we are committed to understanding, challenging and mitigating abortion stigma.

Responsibilities of membership:

Members may choose to be listed on the network website, and can be listed as either individuals or as organizations.

1. Participate in network events at least once a year (such as webinars, meetings, conference calls, etc.)

2. Participate in the network listserv and share information with others in the network

3. Initiate work on abortion stigma or incorporate work into ongoing activities, where appropriate

4. Share information about inroads and its work with colleagues and partners

5. Attend and actively participate in membership meetings and conferences

Benefits of membership:

1. Participate in a Community of Practice with world leaders on abortion stigma

2. Access shared research and collaboration opportunities

3. Highlight and publicize innovative work via inroads resources (e.g., website, in publications, listservs, etc.)

4. Connect and strategize with organizations, individuals, and allies all working on similar issues around the world

5. Share new information and lessons learned with colleagues

6. Contribute to determination of inroads network structure at first member meetings

7. Serve in network leadership/structure

8. Participate in inroads meetings and conferences

9. Disseminate information about your organization or your work on the inroads website

It is expected that the network structure will evolve over time as member capacity grows, and the fields' understanding of abortion stigma, how it manifests, and how to challenge and mitigate it grows.

Preliminary inroads activities

The background assessment established that there is an eager audience of individuals and organizations poised to collaborate in a network to understand, challenge, and mitigate abortion stigma. Potential members are ready to get engaged and to share their expertise and resources in a community of practice around abortion stigma. It is equally clear that there can be considerable obstacles to network success. Potential members prioritize clear goals, a forum for sharing and collaboration, and a network that is responsive to member-driven priorities. To that end, we suggest the following activities:

• **Build and launch a network website and listserv.** The first phase of the website has been populated with existing tools and resources for individuals and organizations working around abortion stigma. A second phase will involve an innovative platform for collaboration and resource sharing, including a database of tools, research, and interventions as they emerge. The website and associated listserv will highlight what members are doing to understand, mitigate and challenge abortion stigma.

- **Convene a webinar series.** Potential members are very interested in what others are doing around abortion stigma research and programming. A webinar series will be one tool to share information. Collaborative webinar tools will also be used to solicit information and feedback from members and potential members.

- **Develop a strategic plan for inroads.** The host organization will draft a strategic plan with recommendations for membership cultivation, communication, fundraising, and thematic areas of priority. Once the steering committee is convened, the committee will finalize a strategic plan.

- **Convene an initial in-person membership global meeting or series of regional meetings.** Members are especially interested in collaborating in person, despite challenges. In person meetings will serve as opportunities for members to collaborate and share resources with one another. The network advisor will ensure participatory methods for meeting agenda development and for meeting facilitation.

- **Develop opportunities for ongoing monitoring and evaluation.** In order to ensure that inroads is making progress in shifting the global conversation on abortion, the technical secretariat will develop and implement a multi-modal M&E strategy.

Appendix A: Tables

Table 1. Selected survey respondent characteristics

Respondent Characteristics	Total (%) (N=106)	US-based (%) (N=58)	Global (%) (N=48)
Area of expertise			
Policy/Advocacy	23%	17%	29%
Academic	8%	12%	4%
Research/Evaluation	11%	17%	4%
Program Implementation	19%	21%	17%
Clinical Provider	13%	12%	15%
Donor	1%	2%	0
Fundraiser	3%	3%	2%
Community Activist	17%	16%	19%
Legal	1%	0	2%
Area of focus			
Local	23%	—	—
National	42%	—	—
Regional	16%	—	—
Global	24%	—	—
Country	**(Number)**		
Argentina	1	—	—
Australia	1	—	—
Bangladesh	1	—	—
Belgium	4	—	—
Brazil	2	—	—

Cameroon	2	—	—
Canada	2	—	—
Colombia	2	—	—
Denmark	1	—	—
Ethiopia	1	—	—
Ghana	1	—	—
India	3	—	—
Kenya	5	—	—
Lesotho	1	—	—
Malawi	1	—	—
Malaysia	1	—	—
Mexico	9	—	—
Nepal	1	—	—
New Zealand	1	—	—
Nicaragua	1	—	—
Pakistan	7	—	—
Philippines	1	—	—
Poland	1	—	—
Romania	1	—	—
Sierra Leone	1	—	—
Switzerland	1	—	—
South Africa	2	—	—
Tanzania, United Republic of	2	—	—
United Kingdom	10	—	—
United States	90	—	—

Table 2. Preferred ways to engage as a member of inroads

Engagement with network	Total (N=106)	US-based (N=58)	Global (N=48)
Listserv	60 (57%)*	**44 (76%)**	16 (33%)
Members-only website section	36 (24%)	12 (21%)	13 (27%)
Conference calls	25 (24%)	14 (24%)	11 (23%)
Electronic newsletter	46 (43%)	30 (52%)	16 (33%)
Yearly conference	43 (41%)	21 (36%)	22 (46%)
Webinar series	51 (48%)	21 (36%)	22 (46%)
In-person meetings	39 (37%)	23 (40%)	16 (33%)
Share research findings on abortion stigma	54 (51%)	31 (53%)	23 (48%)
Share practical tools to mitigate abortion stigma	**62 (58%)**	37 (64%)	**25 (52%)**
No Response	14 (13%	6 (10%)	**25 (52%)**

*Percentages will not add up to 100 as respondents were allowed to select more than one response.
 Bolded responses are the most selected responses in each group.

Table 3. Preferred ways to be involved other than membership

Engagement with network	Total (N=106)	US-based (N=58)	Global (N=48)
Webinar series	**39 (37%)***	**23 (40%)**	**16 (33%)**
Listserv	27 (25%)	20 (34%)	7 (15%)
Electronic newsletter	21 (20%)	7 (12%)	14 (29%)
Yearly conference	29 (27%)	12 (21%)	17 (35%)
Suggested research on abortion stigma	23 (22%)	13 (22%)	10 (21%)
Tools around abortion stigma	35 (33%)	21 (36%)	14 (29%)
No Response	26 (25%)	12 (21%)	14 (29%)

*Percentages will not add up to 100 as respondents were allowed to select more than one response.
 Bolded responses are the most selected responses in each group.

Table 4. Preferred functions of web-based network tools

Functions of website or online tools	Total (N=106)	US-based (N=58)	Global (N=48)
Definition and background on abortion stigma	31 (29%)	19 (33%)	17 (35%)
Background on inroads network	16 (15%)	5 (9%)	6 (13%)
Media resources	16 (15%)	11 (19%)	8 (17%)
Webinars or Power Point slides on best practices or case studies	36 (34%)	25 (43%)	15 (31%)
Stigma tools (scales, evaluations, interventions) database	**65 (61%)**	**41 (71%)**	**22 (46%)**
Research library	38 (36%)	21 (36%)	16 (33%)
Ability to upload resources into shared resource library	24 (23%)	11 (19%)	12 (25%)
Web forums to collaborate on projects and receive feedback from colleagues	24 (23%)	12 (21%)	12 (25%)
Ability to collaborate virtually on projects with peers (e.g., Google Docs, video conferencing)	21 (20%)	10 (17%)	9 (19%)
Professional social network group (e.g., LinkedIn, Facebook)	12 (11%)	6 (10%)	5 (10%)
Calendar of relevant events, trainings, webinars, conferences	36 (34%)	26 (45%)	15 (31%)
Database of current projects being undertaken in the community around a specific topic	45 (42%)	25 (43%)	17 (35%)
List of member organizations	18 (17%)	11 (19%)	9 (19%)
None of these services are useful to me	0	0	0
No Response	18 (17%)	6 (10%)	12 (25%)

*Percentages will not add up to 100 as respondents were allowed to select more than one response.
 Bolded responses are the most selected responses in each group.*

Table 5. Preferred level of commitment for inroads membership

Level of commitment	Total (N=106)	US-based (N=58)	Global (N=48)
Incorporate work on stigma into ongoing activities	64 (60%)	34 (59%)	30 (63%)
Share information with other members of the network	**79 (75%)**	**46 (79%)**	**33 (69%)**
Participate in listserv	58 (55%)	37 (64%)	21 (44%)
Collaborate on joint projects	52 (49%)	23 (40%)	29 (60%)
Listed on network website	18 (17%)	9 (16%)	9 (19%)
No response	18 (17%)	9 (16%)	9 (19%)

*Percentages will not add up to 100 as respondents were allowed to select more than one response. Bolded responses are the most selected responses in each group.

Appendix B: Networks Scanned

Network[2]	Website	In-depth review[3]
28th of September Campaign	http://www.september28.org/	✓
Abortion Care Network	http://www.abortioncarenetwork.org/	✓
African Youth and Adolescents Network on Population and Development (AfriYAN)	No link available	
Asian-Pacific Resource and Research Centre for Women (ARROW)	http://www.arrow.org.my/	
Association for Women's Rights in Development (AWID)	http://www.awid.org/	✓
ASTRA - Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights	http://www.astra.org.pl/	
CLADEM	http://www.cladem.org/	
Coalition for Adolescent Girls	http://coalitionforadolescentgirls.org/	✓
CoreAlign	http://corealign.org/	✓
Coalition of Sexual Violence and Bodily Rights in Muslim Societies (CSVBR)	http://www.csbronline.org/	✓
CWGL's Post-2015 Women's Coalition	http://www.cwgl.rutgers.edu/coalition-building/post-2015-sustainable-development	
Development Alternatives for Women in a New Era (DAWN)	http://www.dawnnet.org/feminist-resources/	
Every Mother Every Child		✓
FEMNET: African Women's Development and Communications Network	http://femnet.co/index.php/en/	
FIGO — International Federation of Gynecology and Obstetrics	http://www.figo.org/	✓

2 Six networks that were reviewed do not have a public presence and are not included in this list.

3 In-depth review includes a review of the network's website and other written materials when available. We also conducted stakeholder interviews with representatives from a small selection of networks reviewed. We have not identified those in order to protect the anonymity of those individuals interviewed.

Network[2]	Website	In-depth review[3]
Gender-Based Violence Prevention Network	http://preventgbvafrica.org/	✓
Global Coalition on Women and AIDS (GCWA)	http://www.womenandaids.net/Home.aspx	✓
International Consortium for Medical Abortion (ICMA)	http://www.medicalabortionconsortium.org/	✓
• Asia Safe Abortion Partnership (ASAP)	http://www.asap-asia.org/	
• Eastern European Alliance for Reproductive Choice	http://en.reprochoice.org/	
• International Campaign for Women's Right to Safe Abortion (coordinated by ICMA)	http://www.safeabortionwomensright.org/	
• CLACAI	http://www.clacai.org/	
• Africa Network for Medical Abortion		
International Consortium for Emergency Contraception (ICEC)	http://www.cecinfo.org/	✓
• American Society for Emergency Contraception		
• Latin American Consortium for EC		
• ECafrique		
• European Consortium for Emergency Contraception (ECEC)		
Just Associates (JASS)	http://www.justassociates.org/	✓
Later Abortion Network (LAN)		✓
Maternal Health Task Force (MHTF)	http://www.mhtf.org/	✓
National Abortion Federation (NAF)	https://www.prochoice.org/	✓
National Network of Abortion Funds	http://www.fundabortionnow.org/	✓

Network[2]	Website	In-depth review[3]
New Leadership Networking Initiative	http://clpp.hampshire.edu/leadership-programs/new-leadership-networking-initiative-nlni	✓
Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group	http://ocsotc.org/	✓
Partnership for Maternal, Newborn and Child Health (PMNCH)	http://www.who.int/pmnch/en/	
Postabortion Care Consortium (PACC)	http://www.pac-consortium.org/	✓
Realising Sexual and Reproductive Justice (RESURJ)	http://www.resurj.org/	
Safe Abortion Action Fund (SAAF)	http://www.ippf.org/our-work/programmes/Safe-Abortion-Action-Fund	✓
Sexual Rights Initiative (SRI)	http://sexualrightsinitiative.com/	
Sexuality Policy Watch (SPW)	http://www.sxpolitics.org/?cat=1	
Strategies from the South	http://www.feim.org.ar/strategiesfromthesouth/	
Strong Families — led by Forward Together	http://forwardtogether.org/strong-families	✓
Women Human Rights Defenders International Coalition (WHRDIC)	http://defendingwomen-defendingrights.org/	✓
Women Living Under Muslim Laws (WLUML)	http://www.wluml.org/	✓
Women's Global Network on Reproductive Rights (WGNRR)	http://www.wgnrr.org/	✓
YouAct: European Youth Network on Sexual and Reproductive Rights	http://www.youact.org/	
Youth Coalition for Sexual and Reproductive Rights	http://www.youthcoalition.org/	✓

Appendix C: Bellagio Working Group Members

First Name	Last Name	Affiliation
Leila	Adesse	Affirmative Actions on Rights and Health (Ações Afirmativas em Direitos e Saúde)
Leslie	Cannold	Reproductive Choice Australia
Kate	Cockrill	The Sea Change Program
Rebecca	Cook	University of Toronto
Kelly	Culwell	International Planned Parenthood Federation
Lana	Dakan	David and Lucile Packard Foundation
Tine	Gammeltoft	University of Copenhagen
Bela	Ganatra	World Health Organization
Lisa	Harris	University of Michigan
Leila	Hessini	Ipas
Anu	Kumar	Ipas
Manisha	Mehta	Independant participant
Jazmin	Mora-Rios	National Institute of Psychiatry"Ramón de la Fuente"
Laura	Nyblade	Senior Technical Advisor for Stigma and Discrimination, Stigma Action Network Steering Committee member
Monica	Oguttu	Kisumu Medical and Education Trust (KMET)
Renu	Rajbhandari	National Alliance of Women Human Right Defenders
Annik	Sorhaindo	Population Council
Tracy	Weitz	Independent participant
Nana	Yaa Appiah	Ghana Women's Voices Foundation