



From choice, a world of possibilities



At a glance

2006–2007

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

#### **Photographs**

Front cover: IPPF/Chloe Hall Syria

Page 3: IPPF/Jon Spauld Colombia

Page 4: IPPF/Chloe Hall Gambia

Back cover: (left to right)

IPPF/Gabe Amadeus Cooney Brazil;

IPPF/Chloe Hall Bulgaria;

IPPF/Chloe Hall Indonesia;

IPPF/Peter Caton India

# Now more than ever

IPPF's work is essential in defending the sexual and reproductive health and rights of people everywhere.

The Millennium Development Goals cannot be achieved if women are not equal partners in development. Empowering women and girls to exercise control over their own bodies and their fertility is crucial in combating all forms of gender discrimination and inequality, and in breaking the cycle of ill health and poverty. IPPF plays a vital role in working with both women and men to ensure that there is a commitment to promoting and protecting the sexual and reproductive health and rights of all. IPPF also meets the unmet needs of millions of people by providing sexual and reproductive health information and services.

- The need for effective contraception is greatest in developing countries where 201 million women do not have access to modern contraceptive methods each year; of these women, 137 million are not using any contraception and 64 million rely on a less effective, traditional contraceptive method.<sup>1</sup>
- Every year, nearly 529,000 women die during pregnancy or childbirth – globally, this means that one out of every 74 women will die from maternal causes.<sup>2</sup>
- One quarter of all pregnancies worldwide – approximately 52 million each year – end in abortion.<sup>3</sup>
- In countries where access to safe abortion is restricted, unsafe abortion can account for up to 30 per cent of all maternal deaths.<sup>4</sup>
- In 2006, the number of HIV positive people increased to an estimated 39.5 million and 2.9 million people died of AIDS.<sup>5</sup> Across all age groups, 59 per cent of people living with HIV in sub-Saharan Africa in 2006 were women.<sup>6</sup>




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**'IPPF at a glance' provides the key facts and figures highlighting IPPF's achievements in 2006.\* Sexual and reproductive ill health causes over one-third of the global burden of disease among women of childbearing age<sup>7</sup> and without IPPF, this burden would be even greater.**

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\*The key facts and figures on IPPF's programmes are drawn from global indicators data. Member Associations are asked to complete an online survey and a service statistics module to provide IPPF's global indicators data. In 2006, 96 per cent of IPPF's Member Associations responded to the online survey, and 80 per cent of Associations that provide sexual and reproductive health services completed the service statistics module.



# Adolescents and young people

**Goal:** All adolescents and young people are aware of their sexual and reproductive rights, are empowered to make informed choices and decisions regarding their sexual and reproductive health, and are able to act on them.

Upholding and promoting the sexual and reproductive health of young people in a manner that respects their sexuality and values them as sexual beings is the cornerstone of IPPF's work with young people. In 2006, IPPF undertook a review of its youth programmes to ensure that they are effective in meeting the diverse needs of young people.

- The current generation of young people under the age of 25 is the largest in history – more than three billion people – and accounts for over half of the world's population.<sup>8</sup>
- In 2006, Member Associations provided 11.5 million sexual and reproductive health services to young people under the age of 25, including over six million contraceptive services, over three million gynaecological and maternal and child health services, and over 700,000 HIV-related services.
- Seventeen per cent of Member Associations have already achieved at least 20 per cent young people on their governing boards, and 65 per cent of Member Associations have young people among their staff, including nurses, peer educators, and project coordinators.
- Most Member Associations (99 per cent) advocate for improved access to sexual and reproductive health services for young people, targeting teachers, parents, the media and government.

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The government of **Armenia** adopted a 'Youth Health Strategy' in 2006 after vigorous advocacy by the Member Association. The strategy prioritizes the area of youth health, development and protection, and promotes youth friendly services in clinics providing sexual and reproductive health services.

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In **Palestine**, the Member Association worked with UNFPA to integrate sexual and reproductive health into the school curriculum for fourth and ninth grades.

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The Planned Parenthood Association in **Indonesia** promotes the rights of transgender youth, young people in juvenile detention centres, young sex workers and young men who have sex with men. It also provides sexual and reproductive health information and services to these diverse groups of youth.

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**“Youth trust in us, they talk to us freely, some have sexual relations and they ask us for advice regarding protection from both sexually transmitted infections and pregnancy. They ask about issues I never thought they would ask about.”**

Peer educator, Family Planning Association, **Egypt**.

# HIV and AIDS

**Goal: Reduction in the global incidence of HIV and AIDS and the full protection of the rights of people infected and affected by HIV and AIDS.**

HIV is exceptional in nature, and hence requires an exceptional response. In 2006, IPPF focused on what this means for our programmes and policies, and for the broader sexual and reproductive health community. Linking sexual and reproductive health and HIV recognizes the vital role that sexuality plays in people's lives, and the importance of empowering people to make informed choices about their sexual and reproductive health, including people living with HIV.

IPPF's comprehensive approach includes providing women with family planning services, delivering comprehensive education for young girls, managing sexually transmitted infections, ensuring access to condoms and providing antiretroviral treatment (ART) as part of a global response to HIV and AIDS. IPPF focuses on a continuum of prevention to care and responds to the unique regional and national characteristics of the epidemic.

- Every minute in 2006, five people were newly infected with HIV and four people died from AIDS in sub-Saharan Africa. These deaths account for over 70 per cent of all AIDS-related deaths globally in 2006.<sup>9</sup>
- In 2006, IPPF's Member Associations distributed over 105 million condoms and provided 2.5 million HIV-related services, including 1.5 million sexually transmitted infection services.
- More than 610,000 HIV-related counselling services were provided, including HIV prevention counselling and pre- and post-test HIV voluntary counselling.
- Of our Member Associations, 76 per cent implement strategies to reach the people who are most vulnerable to HIV infection, including people living with HIV, sex workers, men having sex with men, injecting drug users and newly married women. A variety of strategies are used including mobile clinics, voluntary counselling and testing for specific populations, participation of people living with HIV in governance and advisory capacities, and partnerships with other organizations working with vulnerable groups.
- More than 40 per cent of Member Associations have a written HIV and AIDS workplace policy.

**“I was given all the information about how to live life with HIV and about safer sex. Earlier I had the impression that a person living with HIV cannot have sex with anyone.”**

Babu, a client at the Madurai Family Care Centre, FPA India.

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The Member Association in **Fiji**, in collaboration with the Fiji National AIDS Council, was successful in advocating for a new national HIV and AIDS policy, and the Member Association in **Guinea-Conakry** participated in the development of a new law to protect people living with and affected by HIV.

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# Abortion

**Goal: A universal recognition of a woman's right to choose and have access to safe abortion, and a reduction in the incidence of unsafe abortion.**

IPPF is committed to making safe abortion services accessible to the fullest extent of the law, and to advocating for the liberalization of restrictive abortion laws and the maintenance of liberal laws. In 2006, particular attention was placed on discussing and promoting early medical abortion and building the capacity of young volunteers and service providers to advocate for and provide safe abortion services.

- Some 68,000 women die each year from abortions performed in unsafe conditions;<sup>10</sup> in 99 per cent of cases, death from unsafe abortion occurs in developing countries.<sup>11</sup>
- More than 54 per cent of IPPF's Member Associations advocate for reduced restrictions and/or increased access to safe, legal abortion.
- In 2006, our Member Associations provided 435,294 abortion-related services worldwide, 139,441 of these to young women under 25.
- In 2006, the UK Government requested IPPF to act as Secretariat for the 'Safe Abortion Action Fund', a US\$11.1 million programme which supports 45 projects to reduce unsafe abortion worldwide.<sup>12</sup>

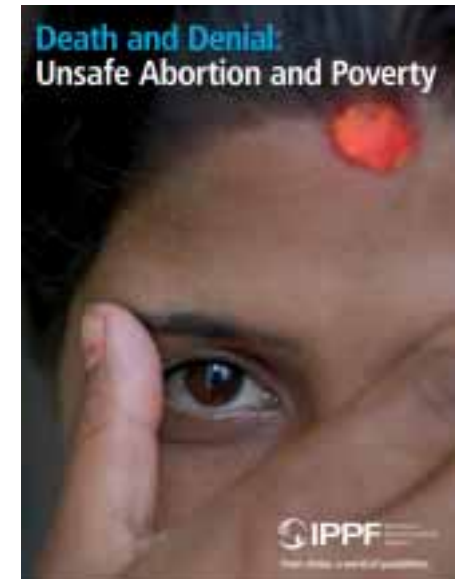
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The Family Guidance Association of **Ethiopia** worked with other organizations to develop technical and procedural guidelines to implement recently liberalized abortion laws. The guidelines state that medical abortion using mifepristone and misoprostol is acceptable, that midwives and other mid-level providers can perform abortions, and that any woman eligible for abortion should obtain it within three working days thus preventing health care providers using delaying tactics to block a woman's access to abortion.

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The Member Association in **Kyrgyzstan** was the leading organization counteracting the attempt by the government's ombudsman to criminalize abortion after 12 weeks. The Association brought together key stakeholders, including civil sector, government, international organizations and medical professionals to successfully defend a woman's right to abortion after 12 weeks.

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In February 2006, IPPF launched this publication to provide an overview of the current situation regarding unsafe abortion around the world.

# Access

**Goal: All people, particularly the poor, marginalized, the socially-excluded and under-served are able to exercise their rights, to make free and informed choices about their sexual and reproductive health, and have access to sexual and reproductive health information, sexuality education and high quality services including family planning.**

In 2006, IPPF provided a broad range of sexual and reproductive health services to millions of people. Many of these are poor, marginalized, socially-excluded and/or under-served due to their gender, age, language, marital status, religion or location. IPPF is contributing substantially to the Millennium Development Goal of women's empowerment and equality through programmes addressing gender-based violence. We are also building international support to ensure the rights of existing and potential victims of child marriage.

- Due to a lack of access to modern contraceptive methods, nearly one half of all pregnancies worldwide are unplanned, and one quarter unwanted.<sup>13</sup>
- From IPPF's 56,000 service delivery points, Member Associations provided over 20 million contraceptive services and over 18 million other sexual and reproductive health services in 2006.
- In 2006, our Member Associations provided nearly eight million couple years of protection\* (CYP); of these, over three million CYP were provided by IUDs and nearly 1.5 million CYP were provided by oral contraceptives.
- Seventy-seven per cent of Member Association clients in low HDI (human development index)\*\* countries are poor, marginalized, socially-excluded and/or under-served. In 2006, 81 per cent of IPPF's Member Associations conducted programmes aimed at increasing access to sexual and reproductive health services by poor, marginalized, socially-excluded and/or under-served groups.
- More than 90 per cent of Member Associations are implementing gender-focused programmes addressing women's empowerment, women's rights in clinics and gender-based violence.

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The Member Association in **Pakistan** launched a successful campaign with other partners against the 'Hudood' laws of 1979. These laws were amended in 2006 so that women who have been sexually abused against their will can no longer be accused of extra-marital sexual relations.

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The Member Association in **Peru** campaigned for unrestricted use of emergency contraception and this was approved by the Constitutional Court in 2006.

\* Couple years of protection (CYP) refers to the total number of years of contraceptive protection provided to a couple by method.

\*\* The United Nations Human Development Index (HDI) measures poverty, literacy, education, life expectancy, and other factors.

**“The major problem facing women is that there is no work and this means that they are economically dependent on men. Sometimes men make women have children so women don't have any say in their lives. PROFAMIL helps women get the contraceptives they need to have control over their own bodies.”**

Yvrose, a client at Port-au-Prince clinic, PROFAMIL, Haiti.

# Advocacy

**Goal: Strong public, political and financial commitment to and support for sexual and reproductive health and rights at both the national and international level.**

In 2006, IPPF focused its advocacy efforts on increasing political and financial support for sexual and reproductive health and rights at the country and regional levels, recognizing the importance of national ownership and leadership in policy development, including budget allocation. IPPF will continue to strengthen regional and country level advocacy capacity through innovative advocacy models such as the Country Global Pathways initiative.<sup>14</sup>

- In 2006, IPPF's Member Associations contributed to 56 successful national policy or positive legislative changes on sexual and reproductive health.
- In 2006, 85 per cent of Member Associations advocated for national governments to commit more financial resources to sexual and reproductive health and rights. This includes advocating for specific financial commitment in national budget lines and for meeting the financial commitments made under international agreements such as Cairo.
- Eighty three per cent of IPPF's Member Associations are involved in counteracting opposition to sexual and reproductive health and rights that includes misinformation or misinterpretation of sexual and reproductive health and rights issues, and opposing new policy or legislation blocking access to sexual and reproductive health and rights.
- Over 70 per cent of Member Associations are currently involved in influencing public opinion on sexual and reproductive health and rights.

**“IPPF's strength as an advocate at the global, regional and national levels comes from our network of grassroots, volunteer-led organizations working with and for communities and individuals worldwide. We have an obligation to ensure that the needs of the millions of people we serve each year are heard at the highest international level; this is an obligation from which we will not retreat.”**

Dr Jacqueline Sharpe, President of IPPF.

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IPPF played a key advocacy role in the successful adoption by African Union Heads of State of the 'Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007-2010)'; this landmark decision will have a significant, positive impact for sexual and reproductive health and rights at the national and regional levels in **Africa**.

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The Member Association of the **Philippines** and other networks were able to defend the threatened funds provided to local governments to ensure access to a stable supply of contraceptives. The Member Association in the **Slovak Republic** successfully opposed a proposal to restrict access to sexual and reproductive health services through a treaty on the 'Right to Exercise the Objection of Conscience with the Holy See'.

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# Management and finance

Organizational effectiveness enables IPPF to fulfil its mission through sound management, good governance, and a persistent dedication to achieving results.

As a volunteer-led organization, IPPF involves its volunteers at all levels from the local peer educators supporting young people to the highest decision-making body of the Federation, the Governing Council. One of the key initiatives undertaken by IPPF in 2006 was the establishment of a governance task force. This group is reviewing the contribution of volunteers, identifying the kind of support volunteers need and how best to bring new volunteers into the Federation to support its goals and objectives.

- The collaborative partnership between millions of volunteers and over 28,000 staff stretching across IPPF's global network supports the mission of the Federation's Strategic Framework, and results from 2006 indicate significant progress in working towards our objectives.
- In 2006, IPPF received US\$107.4 million from governments, foundations and other sources, an increase of 34 per cent since 2001.
- Of IPPF's US\$98.2 million expenditure in 2006, US\$61.3 million went directly to Member Associations and a further US\$20.4 million was provided for programme activities and technical support to Member Associations.
- In 2006, IPPF supplied US\$6.7 million worth of commodities such as contraceptives and condoms to Member Associations.
- IPPF channels 86 per cent of its unrestricted grants to those Member Associations in countries identified by the United Nations Population Fund as having the highest or high need in the area of sexual and reproductive health and rights.
- Of the Member Associations reviewed by the end of 2006, 57 per cent have achieved accreditation; others are receiving technical support and guidance to make the improvements needed to achieve accreditation. Three of the Associations reviewed in 2006 complied with all standards at the time of review.

**"I have a long history with Profamilia, my mother was a volunteer during the days of the original founder, Dr Tamayo, and I was a youth volunteer until my early 20s. I think my work with Profamilia generated a lifelong love of and commitment to working with the community, which helped other areas of my life. It helped hone my organizational skills and helped me learn about leadership too."**

Angela Gomez, volunteer with Profamilia, Colombia.

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In 2006, Member Associations in the Western Hemisphere Region exchanged their experiences in governance in a series of workshops covering advocacy, resource mobilization, relations between volunteers and management, youth participation and board diversity.

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Published in August 2007 by  
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