IPPF

ANNUAL PERFORMANCE REPORT 2025

WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide Federation of national organizations working with and for communities and individuals in 148 countries.

ACKNOWLEDGEMENTS

We would like to express thanks to the IPPF volunteers and staff of Member Associations and the Secretariat who have contributed to this report.

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Throughout this report, the terminology 'Member Association (MA)' includes IPPF Member Associations and Collaborative Partners.

Due to rounding, numbers presented in this report may not add up exactly to totals provided. Percentages reflect absolute and not rounded figures, and may not add up to 100 per cent.

Cover photo: Lisa Marie David/IPPF

148
Member Associations and Collaborative Partners

16,780
staff

27,380
service delivery points worldwide

CONTENTS

FOREWORD

When I joined IPPF in early 2026, I stepped into a landscape profoundly shaped by the challenges of the previous year. The global struggle for sexual and reproductive health, rights and justice is under assault in ways that feel both familiar and newly emboldened. As a feminist leader from the Global South, I bring to this role not only professional experience but lived understanding of the structural barriers that determine who accesses rights, services and choice, and who does not. That understanding shapes everything I do in this role.

2025 was a year of extraordinary pressure. The dismantling of USAID and sweeping US policy reversals had immediate, devastating consequences across our Federation. Forty-six Member Associations (MAs) lost funding. At least US$87.2 million was stripped from the Federation between 2025 and 2029. An estimated nine million people, six million in Africa alone, were unable to access essential sexual and reproductive health services. These are not statistics. These are individuals: people denied care, denied choice, denied dignity.

The anti-rights movement is not spontaneous. It is coordinated, well-resourced and strategic, using laws, disinformation, harassment and violence to silence communities and roll back decades of progress. Shrinking civic space and chronic underfunding are not new challenges. But their intensity in 2025 demanded a response equal to the moment.

IPPF has never been a federation that waits. And 2025 showed exactly why.

Through the Harm Mitigation Task Force, we moved quickly: documenting impact, sharing learning and mobilizing resources where they were needed most. Thirty Member Associations received grants totalling US$4.5 million to sustain service delivery, secure essential commodities and continue reaching communities that were deliberately denied care. That response was grounded in solidarity, and it mattered.

Even under these conditions, IPPF delivered at scale. In 2025, our Federation reached 65.1 million clients, delivered 228.8 million sexual and reproductive health services and provided 18.5 million couple-years of protection. Our humanitarian work, spanning 33 emergency responses and 13.6 million clients in humanitarian and fragile settings, demonstrated what it means to show up with courage, competence and compassion in the hardest of circumstances.

Across regions, we recorded 124 advocacy wins to defend or advance sexual and reproductive health and rights. We ran 163 campaigns, nearly 65 per cent of which were in partnership with other organizations, and more than half alongside allies outside the sexual and reproductive health and rights sector. In a world defined by interconnected crises and coordinated opposition, solidarity is not optional, it is our strategy.

Silence or neutrality is not an option when fundamental rights are at stake.

Our charter of values and renewed brand are not cosmetic exercises. They are a public, principled declaration of who we are: an organization committed to dignity, equality, justice, autonomy and care, clear-eyed about the world we operate in, and resolute in our role within it.

In my first months as Director-General, I have listened deeply across regions, Member Associations and partners. A clear message has emerged: the Federation needs to be stronger, more aligned and more capable of responding to complexity while remaining rooted in local leadership. Member Associations are not implementers. They are leaders, championing rights where it matters most. Strengthening their role is not a programme priority. It is a principle.

Looking ahead, through the Fight Back Fund, we will invest in the systems, evidence and approaches needed to protect, respond and transform. We will deepen our understanding of the full scale of the funding crisis and how best to support those most affected.

We cannot control the global context. But we can choose how we respond to it. We choose to lead with clarity of purpose, stand in solidarity with those whose rights are most under threat, and build a Federation, stronger, more inclusive, better equipped, for the moment we are in.

Hope is not passive optimism. It is a deliberate choice, grounded in the leadership, courage and commitment I see across this Federation every day.

This Annual Performance Report tells a story of resilience, solidarity and shared leadership. It reflects a Federation that understands the gravity of this time and meets it with courage, clarity and collective action. I am deeply grateful to the MAs, partners, donors, volunteers, staff and activists who make this movement possible. Together, we will continue to advance sexual and reproductive health, rights and justice for all.

Maria Antonieta Alcalde Castro
Director-General
International Planned Parenthood Federation

Expand Choice

Boost safe abortion & infertility care

Integrate HIV into SRHR package

Expand contraceptive choice

Widen Access

Reach marginalised communities

Deliver youth-centred care

Grow crisis settings preparedness & care

Advance Digital & Self Care

Invest in digital health interventions

Dignity in self-care

CENTER CARE ON PEOPLE

GOAL: QUALITY PERSON-CENTRED CARE TO MORE PEOPLE, IN MORE PLACES

Chart our Identity

Draft federation charter

Renew our brand

Build our culture

NURTURE OUR FEDERATION

GOAL: REPLENISH AND NURTURE THE FEDERATION FROM A COMMON VALUE BASE AND UNLEASH OUR COLLECTIVE POWER FOR GREATER IMPACT

Walk the Talk

Challenge discrimination

Embrace gender & sexual diversity

Youth structures & leadership

Grow our Federation

Find new members

Modernise systems & grow skills

Mobilise resource & diversify income

Ground Advocacy

Connect advocacy at all levels

Amplify community voices

Monitor commitments

Shift Norms

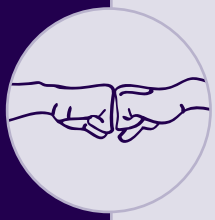
Prevent sexual & gender-based violence

Take intersectional & feminist action

Share winning narratives

MOVE THE SEXUALITY AGENDA

GOAL: SOsocietal and legislative change for universal sexual and reproductive rights



Act with Youth

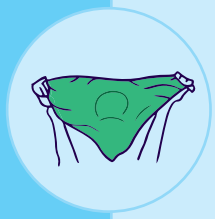
Bring youth voices to the fore

Advance comprehensive sexuality education

Engage & influence on social media

SOLIDARITY FOR CHANGE

GOAL: AMPLIFY IMPACT BY BUILDING BRIDGES, SHAPING DISCOURSE, AND CONNECTING COMMUNITIES, MOVEMENTS, AND SECTORS



Support Social Movements

Connect capacity

Amplify messages

Re-grant to movements

Innovate & Share Knowledge

Grow the IPPF centers & funds

Communicate learning

Incubate ideas & tech

Build Strategic Partnerships

Collaborate across sectors

Build alliances & consortia

Host & support community groups & networks

Scan the QR code to read the **Come Together** strategy:

Pillar 1

CENTER CARE ON PEOPLE

Key Results

EXPAND CHOICE

In the face of funding cuts, global instability and increased opposition to sexual and reproductive health and rights, Member Associations continued to provide quality, person-centred care, with specific attention to marginalized and excluded people and communities. In 2025, IPPF MAs delivered a total of 228.8 million sexual and reproductive health services, compared to 230.4 million services in 2024. This decrease of less than one per cent is directly related to some large service-providing MAs no longer reporting data due to no longer being part of the Federation. Of the MAs that reported in both 2024 and 2025, there was a six per cent growth in services. IPPF reached a total of 65.1 million clients in 2025; a four per cent decrease from the previous year. Similar to services, the decrease in clients was largely driven by MAs having left the Federation. Of MAs which reported in both 2024 and 2025, there was a one percent increase in clients reached. This illustrates the determination of MAs to sustain the delivery of care at scale to those who need it most.

Contraceptive services remain the most significant category of IPPF's service delivery offering. MAs delivered 77.8 million contraceptive services in 2025, a six per cent increase over 2024. Contraceptive supplies equivalent to 18.5 million couple-years of protection (CYP) were provided in 2025. While this is a four per cent decline overall from 2024, comparing only the MAs reporting in both 2024 and 2025 shows a two per cent increase in CYPs. The contraceptives provided by IPPF MAs saved lives: averting 8.4 million unintended pregnancies, 2.7 million unsafe abortions and 10.7 million maternal and child disability-adjusted life years (DALYs).

The provision of abortion care remains a priority to IPPF MAs, especially in a volatile context where services are restricted by legal frameworks, stigma and humanitarian crises. Across the Federation, MAs provided medical or surgical abortion services or treatment for incomplete abortion, or enabled abortion services through self-care or harm reduction approaches. Overall, 6.7 million abortion-related services were delivered, including counselling and follow-up. Forty-seven per cent of abortions were provided surgically while 53 per cent were via medical methods.

Left: Lubna Zahhour, a nurse working for PFPPA in Palestine (Samar Hazboun/IPPF)

Despite funding cuts from the US administration hitting HIV programmes and supply chains particularly hard, MAs have been able to maintain delivery of services to support people living with HIV and ensure counselling, testing and treatment are available. HIV-related services, including services addressing sexually transmitted infections, increased by seven per cent to a total of 61.3 million.

Ensuring integrated services and quality of care is a key aspect of IPPF's service delivery model. The range of services available to clients is tracked through the Integrated Package of Essential Services Plus (IPES+), which assesses the ability of MAs to provide essential services across eight different categories. In 2025, 12 MAs met all IPES+ criteria, a 100 per cent increase on the previous year. While this may seem like a small proportion of all service-providing MAs, it is important to note that IPES+ is an indicator used to assess MAs' capacity needs, and how they move through the care continuum, rather than a measure of their performance alone. Fifteen MAs provided services in all but one area (up from seven in 2024) and a further 15 MAs provided services in all but two, illustrating that MAs are increasingly on the pathway to providing a broader range of services to clients.

Quality is also measured through client satisfaction, with data gathered in client interviews. A total of 65 MAs (88 per cent of those reporting) met or exceeded IPPF's strict benchmark for quality of care.

Mousumi, a medical assistant at PTSC's clinic in the Noakhali district of Bangladesh (Syed Naem/IPPF)

WIDEN ACCESS

Member Associations are committed to delivering services to people with the highest needs: those who face stigma, discrimination or criminalization and those who may have no other access to quality sexual and reproductive healthcare. In 2025, MAs reported that 76 per cent of clients they served were poor and marginalized. For the first time, IPPF collected more in-depth data to better understand the ways in which clients are vulnerable or marginalized and how MAs define and collate this information. Data from 33 MAs indicated that the most common reasons for being classified as vulnerable were poverty, younger age and living in a humanitarian setting. Clients who were classed as marginalized due to sexual orientation, gender identity, sex work or HIV status were also identified, however, there are obvious challenges to gathering data on these categories and this is likely to be an undercount. We continue to refine our data collection, and further research will be carried out during 2026 to provide a deeper understanding of IPPF's client profiles and how MAs are responding to the needs of marginalized groups.

Delivering youth-centred, quality sexual and reproductive healthcare is central to our strategy. In 2026, 108.4 million sexual and reproductive health services were provided to 30 million young people (aged 10-24), 47 per cent of total services.

Young people aged 10-19 made up 24 per cent of total client numbers (equivalent to 15.7 million adolescent clients), a 41 percent increase over the proportion of services provided to adolescents in 2024.

MAs continued to deliver life-saving sexual and reproductive healthcare in some of the most difficult environments around the world, working in conflict zones and during natural disasters. IPPF MAs served 13.6 million clients in humanitarian settings, a three per cent decrease from 2024 (with the decrease largely driven by MAs such as Pakistan having left IPPF since last year). This total now includes people who have left their homes due to a humanitarian crisis and are served in a safe host country. See the humanitarian update on page 20 for more on this critical work.

IPPF/Mercy Juma/Kenya

ADVANCE DIGITAL AND SELF-CARE

IPPF continues to support innovative strategies to bring services closer to communities and ensure people can access care in a way that best suits their circumstances and choices. Self-care approaches allow people greater control over their care and to engage with health systems only to the degree that they wish to. In 2025, 18 MAs delivered abortion services through a facilitated self-care approach, which included accompanying clients with accurate information, provision of medication and follow-up services as needed. This represented a total of 96,680 services in 2025, an 11 per cent increase over 2024. The IPPF Secretariat continues to support MAs with online trainings and resources to implement and expand abortion self-care and improve data reporting. Our self-care programmes also include self-administered injectable contraception. In 2025, 2.2 million of these items were distributed to clients, a 50 per cent increase from 2024.

IPPF has also been strengthening the provision of services via digital health interventions (DHI). The DHI Centre, hosted by the MA in Colombia, supports MAs to scale up their digital service delivery and provision of information through apps, chatbots, call centres and the use of AI. The DHI Centre shares lessons learned and experience across the Federation and provides direct technical assistance in response to the large and growing demand from MAs for practical support in this area. MAs reported 4.2 million DHI services during 2025, a 35 per cent increase over the previous year. This area is in full expansion as MAs increasingly incorporate digital health into their core delivery modalities for sexual and reproductive healthcare in both stable and humanitarian settings.

A service provider for WHFP, the MA in Ukraine (WHFP/IPPF)

HARM MITIGATION TASK FORCE

The funding cuts announced by the US government and other donors during 2025 have had a significant impact on IPPF programmes, through the abrupt termination of approved or proposed grants to MAs and through disruptions to the supply of sexual and reproductive health commodities. IPPF mobilized swiftly and set up a Harm Mitigation Task Force to identify the scale of the cuts, raise awareness of the repercussions for MAs and clients, and mitigate the impact where possible.

MAs responded to two surveys from the Task Force in 2025, highlighting how they were affected by funding cuts and political threats and to what extent. Key findings showed that 46 MAs and the IPPF Secretariat lost a total of US$87.2 million in funding from 2025 to 2029. Cuts affected 106 MA projects, resulting in the loss of 1,394 service delivery points and 969 staff. A total of 35 MAs indicated they faced challenges in their ability to provide HIV services, particularly HIV testing and access to antiretroviral drugs, and 28 MAs reported a decline in reproductive health commodity stock levels since the start of 2025. The overall picture was one of significant impact on the ability of many MAs to continue delivering critical services in some of the most vulnerable settings.

To effectively respond to the needs of its affiliates, IPPF mobilized resources, including securing new grants from donors, to launch a fund supporting the most severely affected MAs. A total of US$8.9 million has been committed to support 41 MAs to continue operating or re-opening clinics, maintaining critical staff and securing essential commodities. Without this prompt response, the impact of the cuts could have been far more severe, with serious consequences for the people and communities we serve.

The 2025 annual results clearly show the impact of the Harm Mitigation grants in enabling MAs in some of the most challenging countries to provide continuity of care. MAs which received these grants reported a six per cent increase in services delivered from 2024 to 2025. This not only demonstrates the importance of this additional support, but also the commitment and resilience shown by MAs in the face of unprecedented disruption to funding and supply chains, and increased opposition to sexual and reproductive rights.

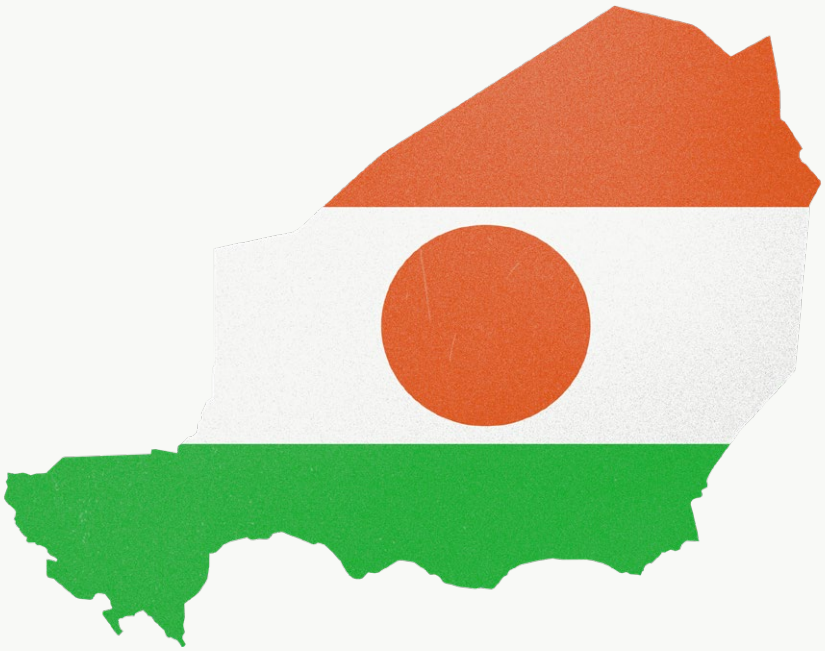
Pillar 1 Case Study 1

ADVANCING ABORTION CARE IN NIGER THROUGH MA-TO-MA SUPPORT AND MENTORSHIP

In Niger, as in many countries throughout West Africa, women and girls continue to die from unsafe abortion. Yet almost every death is preventable. A national study found that nearly all abortions in Niger are unsafe, often involving harmful methods or untrained providers.[1] Abortion is permitted to save the pregnant person's life or preserve their health, or in cases of severe foetal abnormality. However, strong religious and cultural opposition, combined with stigma, prevents open discussion on abortion care. As a result, access to vital abortion services including post-abortion care remains extremely limited, particularly in rural areas.

To advance safe abortion care in this challenging setting, the IPPF MA in Niger, the Association Nigérienne pour le Bien-Être Familial (ANBEF), received peer-to-peer support from the IPPF MA in Burkina Faso, the Association Burkinabé pour le Bien-Être Familial (ABBEF). ABBEF mobilized a multidisciplinary team to mentor ANBEF through in-person visits and remote capacity building. Before this initiative, ANBEF had not been routinely providing abortion care since the closure of their maternity unit in 2018. Leadership and staff were hesitant to engage in this area, with health care providers lacking confidence to discuss abortion freely.

Using IPPF's internal guide, '8 Steps to Introduce and Provide Comprehensive Abortion Care', ANBEF and ABBEF began by generating commitment among ANBEF's leadership to address unsafe abortion as an imperative to save women's lives. This entailed reflecting on public health data, Niger's international commitments to sexual and reproductive health and rights, and medical ethics. Workshops on values clarification were held with the board, staff, volunteers, gynaecologists, Ministry of Health officials and civil society partners. These sessions sparked frank dialogue, challenged stigma, deepened understanding and fostered support for abortion care.



ANBEF trained public and private health care providers in post-partum haemorrhage and post-abortion care. The MA established a dedicated room for manual vacuum aspiration at its main clinic, ensuring confidentiality and quality of care. ANBEF also visited the MA in Mali to learn more about community mobilization, including effective engagement with religious leaders.

In 2025, ANBEF began providing abortion services for the first time at its main clinic and eight partner clinics. In the first three quarters of 2025, 22 women received abortion care. In collaboration with gynaecologists and obstetricians, ANBEF is now advocating for legal reform, including expanding access to abortion care in cases of rape and incest.

This successful MA-to-MA model, combined with technical guidance from the IPPF Secretariat, shows that progress is possible even in highly restrictive settings. With strong partnerships, evidence and institutional commitment, life-saving abortion care can be introduced where it is needed most.

"A young girl arrived in a critical condition with a severe complication. Without the alert raised by a woman from the neighbourhood who had received training during community talks, she probably wouldn't have survived."

Provider

Pillar 1 Case Study 2

EMPOWERING MARGINALIZED COMMUNITIES IN INDIA WITH HIV PREVENTION OPTIONS

Globally, women, girls and marginalized communities are still disproportionately affected by HIV. Recent breakthroughs in developing effective biomedical HIV prevention options, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) based on antiretroviral therapy, have extended choice. But ensuring that these new methods are available and affordable to those people who need them most remains a significant challenge.

Guided by the International Medical Advisory Panel (IMAP) Statement on Biomedical HIV Prevention,[2] IPPF established a consortium in 2023 aimed at rolling out new biomedical HIV prevention methods and integrating them into comprehensive sexual and reproductive healthcare. The consortium was supported through IPPF's internal funding mechanism, Stream 2, which invests in areas of the strategy that need further acceleration. Led by the Family Planning Association of India (FPAI), it comprises MAs from Eswatini, Lesotho, Malawi, Malaysia, Nepal and Thailand. FPAI supports the consortium partners by promoting shared learning.

In India, after carrying out research, FPAI devised a successful strategy to reach communities including young women and marginalized people, such as female sex workers, men who have sex with men, transgender people and people who inject drugs. The MA's comprehensive approach was community-driven. Since many people were unfamiliar with the benefits of these new HIV prevention tools, FPAI trained community leaders as agents of change to educate their peers, developed posters and videos in eight local languages, held community events and launched social media campaigns. The focus was on conveying accurate, destigmatizing messages that were easily understood by communities. The MA

trained service providers in how to deliver PrEP and PEP and reached people in remote areas through mobile clinics and home delivery.

From September 2024 to December 2025, a total of 1,478 people started oral PrEP. Uptake was higher in outreach clinics (55 per cent) than in static clinics (45 per cent), illustrating the value of a community-based approach. As a result of its awareness-raising activities, FPAI provided PEP to four people and enrolled them on PrEP for further protection.

In 2026, FPAI is planning to develop resources on PEP and potentially advocate for increased access to lenacapavir, a groundbreaking, long-lasting injectable form of PrEP. The MA is also planning to visit the consortium partner in Eswatini and will continue to share knowledge and best practices across the consortium partners.

We know that choice matters. By expanding access to a range of innovative, discreet HIV prevention methods, FPAI is enabling people to take control of their sexual health. This not only empowers women, girls and marginalized communities with knowledge and options to protect themselves against HIV but can also significantly reduce stigma.

A client at an FPAI clinic in Mumbai (IPPF/Hannah Maule-ffinch/India)

Pillar 1 Case Study 3

LEVERAGING DIGITAL HEALTH TECHNOLOGY IN INDONESIA AND THAILAND

The benefits of digital technology for health promotion, counselling and service delivery are clear. Digital health interventions (DHIs), such as the use of apps, social media and telemedicine to deliver services, empower people to access care at a convenient time and make informed decisions about their own health and wellbeing. They reduce the stigma surrounding sensitive issues related to sexual health, and by avoiding the need for travel, DHIs can increase affordability.

DHIs can promote equitable access, enabling young people, marginalized communities, and people in remote areas to overcome barriers in accessing sexual and reproductive healthcare. That's why IPPF Member Associations are increasingly harnessing digital solutions to reach more clients with services, information and support, with 28 IPPF MAs reporting providing DHIs in 2025.

The MAs in Indonesia and Thailand are two IPPF MAs which have successfully integrated DHIs into their programmes. The Indonesian Planned Parenthood Association (IPPA) uses various digital platforms, including social media (Facebook and Instagram), online counselling, telemedicine and WhatsApp. Social media serves as an educational channel and entry point for clients to access services. Online counselling is especially popular with young people who need a safe space to discuss sexual health, relationships and mental health. Telemedicine is used to offer clinical consultations, for example, for IUDs and implants. In 2025, IPPA used WhatsApp for a wide range of services, including abortion care and contraception. This multi-channel approach creates an integrated service flow, from awareness raising to direct service delivery and distribution of health products. Taken together, these approaches have significantly increased access to safe, confidential, and accessible services, especially for groups who previously faced barriers to accessing care in person.

“I feel more comfortable asking questions online because it’s private and no one judges me. It made it easier to get the help I needed.”

21-year-old client, Thailand

The Planned Parenthood Association of Thailand (PPAT) is seeing the benefits of using telemedicine and online platforms such as Facebook and Instagram to deliver quality care. Remote consultations, counselling and referrals are particularly important for people living in poverty, in rural areas and in crisis-affected settings. To ensure continuity of care, PPAT integrates digital services into its network of clinics and mobile outreach. In 2025, over 6,000 people used telemedicine platforms for services including counselling, with clients valuing the opportunity to access confidential information and support. Crucially, in crisis-affected areas where access to services was limited, PPAT maintained delivery of essential sexual and reproductive healthcare to vulnerable migrants and displaced people.

Digital technology has the potential to shape the future of healthcare. Thanks to digital channels, MAs are reaching more people with rights-based, accessible care and support.

Ari Kresna B, a counsellor with IPPA
(IPPF ESEAOR/Ulet Ifansasti/Indonesia)

Pillar 1 Case Study 4

LOCALLY LED HUMANITARIAN ACTION FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In 2025, humanitarian needs continued to grow as the global response became more constrained, with shrinking aid budgets, abrupt withdrawals of donor funding and wider structural shifts reducing its scale and reach. For women, girls and marginalized communities, this created a double burden: the impacts of the humanitarian crisis itself as well as cuts to the vital services they rely on. In this increasingly fragile environment, life-saving sexual and reproductive healthcare was often sidelined.

However, IPPF MAs remained a critical frontline presence. In some of the world's most challenging humanitarian settings, they delivered locally led sexual and reproductive healthcare, rooted in ethical and feminist principles.

In 2025, MAs reached more than 13.6 million people in humanitarian settings. IPPF provided essential sexual and reproductive healthcare in 33 emergencies across 22 countries., Overall, 69 per cent of the emergencies were driven by conflict, protracted crises and refugee situations, while 31 per cent were related to climate shocks.

Throughout the year, MAs also strengthened their humanitarian preparedness. This included local and national advocacy to integrate sexual and gender-based violence services into government planning and ensure that women, girls, adolescents, LGBTQI+ communities and other marginalized groups were not overlooked in humanitarian action. This was not only essential for service delivery, but also to safeguard dignity, bodily autonomy and the right to care in crisis.

Looking ahead to 2026, the global humanitarian system is becoming even more politically contested. This reinforces the importance of IPPF's model of nationally owned organizations standing with women, girls and marginalized communities, defending sexual and reproductive health and rights and keeping life-saving care at the heart of the humanitarian response.

Right: Palaniyandy Sivakumar, Assistant Director of the Family Planning Association of Sri Lanka (FPASL), part of the humanitarian response after Cyclone Ditwah. (Hanna Lund Adcock/IPPF)

“I chose Sayana Press because I feel safe and in control. Today, I realize that having the right information is the first step toward taking control of your own life.”

Aline, a young mother living in Musenyi

SCALING UP OUR RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE

In 2025, reported incidents of conflict-related sexual violence surged.[3] In response, IPPF scaled up its work to prevent, mitigate and respond to sexual and gender-based violence, supporting MAs in emergency settings while developing global resources and tools.

In Sudan, where sexual violence has been weaponized, the Sudan Family Planning Association expanded its comprehensive approach to supporting survivors. Through clinics, mobile teams, hotlines and social media, the MA connected survivors to medical care, referrals and critical information in an extremely challenging environment.

In Ukraine, Women Health and Family Planning (WHFP) continued to use digital technology, including online chat services, to provide confidential support to survivors in a context where rape and sexual torture were used by the Russian military to terrorize communities in occupied areas.[4] WHFP provided frontline care, including emergency contraception, abortion care and psychological first aid.

IPPF also worked with MAs to strengthen its global standards on preventing and responding to sexual and gender-based violence so that they better reflect local realities. Joint assessments informed three new toolkits, shaped by the needs of frontline providers and survivors. These include a toolkit on preventing sexual and gender-based violence by addressing its root causes, and two toolkits aimed at counsellors to promote a trauma-informed, survivor-centred response. The toolkits will be rolled out across the Federation in 2026. Together, they reflect IPPF's commitment not only to responding to violence in humanitarian settings, but to challenging the inequalities and discrimination that drive it.

Right: A new mother in Burundi holds baby clothes after receiving support from ABUBEF (ABUBEF/IPPF)

DELIVERING ESSENTIAL REPRODUCTIVE HEALTHCARE TO YOUNG REFUGEES IN BURUNDI

Early 2025 saw a sharp escalation in conflict in the Democratic Republic of the Congo (DRC). By April, 70,000 refugees had fled to Burundi, including 2,500 pregnant women and girls in need of antenatal care and safe delivery services.

With emergency funding from IPPF, the Association Burundaise pour le Bien-Etre Familial (ABUBEF) provided urgent maternal and reproductive healthcare to young women and girls fleeing conflict, where rape and sexual violence were used as a weapon of war. ABUBEF established a youth-friendly clinic in Musenyi refugee camp, serving refugees from DRC and host communities in Burundi.

Between July and December 2025, the clinic supported 219 safe deliveries. Over 2,000 people accessed sexual and reproductive health services, including contraception, post-abortion care, prevention of vertical HIV transmission and antenatal and post-natal care. In addition, 14,773 young people under 25 received information on sexual and reproductive health. To build trust and boost uptake of services for young people, ABUBEF worked with young volunteers who were Congolese refugees.

Throughout the response, ABUBEF collaborated with partner organisations, including UNFPA and WHO, to strengthen the integration of sexual and reproductive healthcare in humanitarian settings and to reinforce its role as a national expert in this field. In recognition of its work in Musenyi, UNHCR asked ABUBEF to extend services to the refugee camp in Busuma, with the new response beginning in early 2026, thanks to further emergency funding from IPPF.

Pillar 2

MOVE THE SEXUALITY AGENDA

Key Results

GROUND ADVOCACY

MAs are continually shaping the legal and policy environment they work in so that they can advance vital sexual and reproductive rights – ensuring funding is allocated for sexual and reproductive healthcare and helping civil society organizations to operate freely, unhindered by restrictive laws. As opposition activities accelerate and intensify across the world, with coordinated anti-rights actors sharing tactics and messaging, it is increasingly important that IPPF holds the line and prevents regressive legal and policy changes taking effect. In 2025, 18 of our total advocacy successes were defensive, including reversing funding cuts for sexual and reproductive health services or blocking restrictive legislation.

Collectively, IPPF achieved 124 advocacy wins in 2025, helping to secure a positive legal or policy change, or avert a potentially negative change. This is a considerable increase of 23 per cent compared to 2024, reflecting IPPF's impact in pushing back against the anti-rights movement and making substantial gains. MAs were directly responsible for 99 of these wins; the IPPF Secretariat contributed a further nine at the global level and 16 at regional levels. In 2025, the largest number of advocacy successes related to access to sexual and reproductive health services (23 wins) followed by preventing sexual and gender-based violence (18 wins) and promoting gender equality (16 wins).

IPPF's United Nations Liaison Office expanded its work with UN Member States to mobilize support for sexual and reproductive health and rights in international fora. These are key arenas where governments who oppose sexual and reproductive health and rights not only push anti-rights language but also increasingly seek to limit the participation of global civil society in order to weaken the influence of pro-rights voices. Working closely with partners and Member States, IPPF ensured strong and well-coordinated responses in support of our mandate. More details of our work in 2025 are on pages 34 and 35.

Left: Vergey, a youth peer educator and human rights advocate with IPPF's MA in Suriname, Stichting Lobi (IPPF/Hannah Maule-ffinch/Suriname)

SHIFT NORMS

The battle of messaging over sexual and reproductive health and rights has rarely been more intense. The anti-gender movement is fuelling the spread of anti-rights themed content on social media platforms, targeting young men, in particular, and promoting harmful norms and beliefs that undermine gender equality and reproductive rights.

But IPPF is not leaving this battlefield clear for the opposition. Instead, we are fighting back, combating their narratives and aiming to win over young people with positive, inclusive, rights-first messaging. We know that words do not just reflect change; they drive it. One strand of this approach is our dynamic #WordsToWin campaign, which empowers MAs, advocates, activists and partners with language that wins hearts and minds, shifts narratives and defends sexual and reproductive rights. The campaign is grounded in research led by IPPF on the most effective winning narratives to generate support for sexual rights and counter anti-rights messaging. Rooted in decades of experience in advocacy, #WordsToWin highlights and illustrates the power of storytelling and framing, equipping MAs with key language and content they can adapt to their own communication channels.

Tackling sexual and gender-based violence is an important focus for our work on shifting norms. Of the 124 total advocacy successes in 2025, 18 concerned policy or legislative change related to sexual and gender-based violence. These included a new law in Mauritius to combat online child sexual exploitation and improved standard operating procedures on supporting survivors of sexual and gender-based violence for the national police service in Kenya. MAs across the Federation are also strengthening their service delivery response to sexual and gender-based violence, with 3.7 million services delivered covering counselling, first response for survivors and onward referral.

Indicator 6 in IPPF's Results Framework looks at the shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve. In 2025, work carried out in this area included developing a roadmap to fully implement and embed IPPF's gender equality policy throughout the Federation. The gender self-assessments carried out by 12 MAs in 2024 were used as a baseline for this work. The assessments identified some gaps in policy implementation, uneven levels of training provided to MA staff and a need to strengthen service delivery, advocacy and partnerships. The gender equality roadmap translates these findings into actionable priorities – aligning with IPPF's strategy – and builds a shared vision and commitment to a gender-transformative approach across the Federation.

ACT WITH YOUTH

Young people are at the heart of IPPF's work as peer educators, advocates and leaders, as well as key clients for services and comprehensive sexuality education (CSE). We are keenly aware of the negative impact that toxic messages on social media can have on young people. Therefore, young people are at the centre of our efforts to build a coalition that defends and promotes a positive view of sexual and reproductive health and rights. We will be incorporating our social media reach into our Results Framework for 2026 reporting onwards, tracking our ability to amplify our messages.

Indicator 7 in IPPF's Results Framework measures the quality, reach and impact of CSE, youth-centred care and progress in youth engagement in the Federation, using a qualitative approach to reflect the diversity of perspectives and outcomes. An external report on meaningful youth engagement within the Federation found that IPPF has invested in creating youth platforms and visibility, but barriers to full participation in decision making, programmatic design and evaluation are still in place. Young people are leading innovative work and shaping the sexual and reproductive health and rights landscape, but IPPF needs to transition from inclusion to justice and fund long-term youth infrastructure. Further research on other youth-focused topics will be carried out during 2026, which will be reported next year under this indicator.

In 2025, MAs provided evidence-based CSE to 39 million young people. Furthermore, 14 advocacy successes were achieved relating to expanding or protecting the provision of CSE. IPPF held a Feminist School programme on CSE in 2025 in partnership with the UN Girls' Education Initiative and Gender At Work. Aimed at activists, educators and programme implementers, the programme allowed participants to explore how inequality and oppression function and understand how intersectional analysis can be used as a practical aid for community empowerment. The programme highlighted the value of storytelling as a tool to validate lived experiences, bring activists closer together and drive collective action. This provided a safe space to speak freely on their experiences, develop solidarity with others and put feminist principles into practice. Participants reported increased knowledge on CSE and felt equipped with new tools to implement CSE in their communities.

Delivering quality services to young people is a top priority for MAs. In 2025, 47 per cent of our total sexual and reproductive health services were provided to young people under the age of 25, while 15.4 million clients (24 per cent of the total) were adolescents aged 10–19.

Left: IPPF/Hannah Maule-ffinch/Colombia

Pillar 2 Case Study 1

OVERTURNING ABORTION RESTRICTIONS IN KENYA AND MALAWI

Throughout sub-Saharan Africa, opposition movements are stepping up efforts to advance regressive legislation that limits access to safe abortion. But restricting access does not reduce the number of abortions. Instead, it drives women and girls towards unsafe abortion, causing preventable maternal mortality and morbidity. Evidence shows that the proportion of unsafe abortions is much higher in countries with highly restrictive abortion laws than in those with less restrictive legal frameworks.[5]

Alinafe Chasowa, district manager for FPAM Mzuzu (IPPF/Tommy Trenchard/Malawi)

In response, IPPF MAs continue to work for the respect of sexual and reproductive rights. In 2025, MAs in Kenya and Malawi contributed to advocacy efforts that resulted in landmark court decisions to overturn restrictions on abortion.

Reproductive Health Network Kenya (RHNK) supported activists and civil society organizations, including the Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP) and the Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN), to mount a legal challenge to a key clause in the national reproductive health policy. This clause required providers to consider the 'highest attainable standard of health of the unborn child' in decisions to terminate a pregnancy. RHNK and its allies argued that the clause was unconstitutional. In October 2025, the High Court struck down this paragraph, ruling that it was inconsistent with an article of the constitution that outlines the grounds under which abortion is permitted in Kenya, which requires that the woman's health is prioritized. This decision reaffirms that the constitution protects the rights of pregnant people to access abortion care. As such, it represents a major victory.

To achieve this advocacy win, RHNK and its allies held roundtable discussions with members of the parliamentary committee on health, shaped legal arguments and presented data on maternal mortality. They contributed expertise in human rights and a youth perspective, informed by local communities. In addition, the partners published op-eds in national newspapers, drawing attention to the devastating impact of the clause on maternal health.

In Malawi, in October 2025, the High Court ruled that survivors of sexual violence under the age of 18 have the right to access safe abortion services under the country's Gender Equality Act. The case was filed on behalf of a girl who was raped, became pregnant and was initially denied abortion care. The IPPF MA, the Family Planning Association of Malawi, supported the Nyale Institute – who led the court case – by holding meetings with members of the community, government departments, ministries, legislature and judiciary.

These rulings advance reproductive rights in Kenya and Malawi, where unsafe abortion remains a critical public health issue. In the face of fierce opposition, MAs – through sustained political engagement and coordinated advocacy with their partners – are successfully shaping laws and policy and defending the right to safe abortion.

Pillar 2 Case Study 2

ADVOCACY TO SUPPORT PEOPLE LIVING WITH AND AFFECTED BY HIV IN TUNISIA

In Tunisia, the number of new HIV infections is rising, especially among marginalized and vulnerable populations.[6] However, in 2025 the IPPF MA, the Association Tunisienne de la Santé de la Reproduction (ATSR), succeeded in pushing through two key government reforms that will make a real difference to the lives of people living with and affected by HIV.

The first advocacy win was to support the introduction of HIV self-testing. Previously, people in Tunisia faced major barriers to HIV testing, including fear of stigma and discrimination in health facilities, concerns about confidentiality and the remote location of services. Marginalized communities such as migrants were reluctant to visit testing centres.

Introducing self-testing marks a powerful step towards expanding HIV prevention options. This approach will broaden choice, particularly for hard-to-reach and excluded communities, while reducing stigma and supporting greater individual autonomy.

Working with partners, ATSR's advocacy efforts paved the way for this major reform. The MA documented the challenges marginalized communities faced when seeking HIV testing. ATSR developed impactful advocacy materials informed by community needs and took part in national consultations on the HIV response. In addition, the MA increased awareness among marginalized populations of the importance of early detection of HIV and trained community actors to support self-testing and counselling.

ATSR's second advocacy success relates to a significant national reform that will protect the rights of people living with HIV and improve their access to care. In August 2025, the Ministry of Health removed the requirement that HIV status be disclosed in official documents unless relevant to medical care. Until then, signs placed on hospital beds publicized people's HIV status. This practice breached confidentiality, exposed people living with HIV to stigma and discrimination and undermined their dignity.

In collaboration with partners, ATSR documented cases of discrimination against people living with HIV. The MA collected evidence of people whose HIV status had been disclosed without their approval, some of whom had been refused access to services and others who feared visiting health facilities – all of which affected their adherence to life-saving treatment. ATSR also engaged in targeted policy dialogue, including meetings with Ministry of Health officials, mobilized a range of stakeholders and raised awareness among healthcare providers about the importance of confidentiality and non-discrimination.

At a time when human rights are under attack across the world, these two advocacy wins spark hope. Together, they strengthen the HIV response in Tunisia by upholding rights, advancing equity and expanding access to HIV testing and care.

Pillar 2 Case Study 3

PROTECTING SURVIVORS' RIGHTS IN THE EU

Rutgers, IPPF's MA in the Netherlands, promoting comprehensive sexuality education including consent (Rutgers/2024)

On 10 December 2025 – International Human Rights Day – the Council of the EU and the European Parliament agreed an important revision to the EU Victims' Rights Directive. IPPF European Network had considerable input to the text. Working closely with selected EU Member States, IPPF European Network put forward two sets of strategic recommendations.

Significantly, the revised directive recognizes that survivors of sexual violence should have access to comprehensive sexual and reproductive healthcare. For the first time, EU legislation includes a broad definition of sexual and reproductive healthcare – including abortion – that must be made available to people who have been subjected to sexual violence. In the recitals (the preliminary text), the directive lists the specific services that survivors should have access to, in accordance with national law, including emergency contraception, post-exposure prophylaxis treatment for HIV, testing for sexually transmitted infections and abortion. This sets new legal standards to protect the rights of survivors of sexual violence in the EU, helping to guarantee their access to a range of essential sexual and reproductive health services.

IPPF European Network had considerable input to the text. Working closely with selected EU Member States, IPPF European Network put forward two sets of strategic recommendations. These were aimed at supporting a wide-ranging definition of sexual and reproductive healthcare, including abortion, and ensuring that the directive contained guarantees for access to comprehensive sexual and reproductive healthcare for survivors, including those subjected to sexual violence.

Violence has a devastating impact on the people who experience it, with severe, long-lasting consequences for physical, mental, sexual and reproductive health. Globally, women and girls are disproportionately affected by sexual violence. In Europe, around 22 per cent of women have been subjected to physical and/or sexual violence by their intimate partner.[7] Yet many survivors of sexual violence are unable to access the support and quality health services they need, denied abortion care and forced to continue an unintended pregnancy resulting from rape.

This explicit acknowledgement in EU legislation that sexual and reproductive healthcare must be made available to survivors of sexual violence is a historic milestone. Once formally adopted, the directive will enshrine survivors' healthcare needs into EU law. IPPF EN now calls on the European Parliament and Council of the EU to swiftly adopt the agreement. We also urge Member States to ensure that the directive is implemented at the national level so that survivors of sexual violence across the EU can access comprehensive sexual and reproductive healthcare.

Pillar 2 Case Study 4

HOLDING THE LINE AT THE UN

Denise Carr, founder and director of the Suriname Coalition of Sex Workers (right) and Brinnette Small, Project Manager (left) (IPPF/Hannah Maule-ffinch/Suriname)

At the United Nations in 2025, we witnessed intensified threats not just to human rights, gender equality and sexual and reproductive health and rights but to the entire multilateral system. The UN, with some agencies already underfunded, has been further undermined by the Trump administration's efforts to dismantle it. However, despite unprecedented challenges, IPPF and its allies secured two advocacy wins at the UN.

At the Commission on the Status of Women in March (CSW69), anti-rights actors were visible, well-resourced and coordinated. In partnership with far-right governments, they challenged language around gender equality, aiming to remove references to gender that had already reached consensus among many Member States. Thanks to strategic advocacy by IPPF and its allies, the text of the political declaration retained strong language on human rights, gender equality, sexual and gender-based violence and diversity. Our UN Liaison Office provided extensive technical input to Member States, presenting data and counter-arguments. With over 30 MAs taking part in CSW69, IPPF brought the lived experiences of women, girls and marginalized communities into policy discussions. During intense negotiations, sexual and reproductive health and rights became a major battleground. A trade-off to ensure that the political declaration was adopted by consensus meant that references to sexual and reproductive health and rights were omitted from the final text. Yet in this polarized landscape – in which some MAs were harassed by emboldened opposition groups – the outcome was an important defensive win.

IPPF and allies were successful in strengthening language on sexual and reproductive health and rights in the resolution on preventable maternal mortality and morbidity and human rights, adopted by the Human Rights Council in October. We provided expert input on language and submitted evidence on maternal mortality and morbidity data, trends to Member States from various regions. All hostile amendments targeting sexual and reproductive rights and comprehensive sexuality education were defeated. The resolution recognizes sexual and reproductive health and rights as integral to realizing the right to health and urges states to ensure access to justice and accountability mechanisms and effective remedies for violations.

As ultra-conservative forces seek to roll back hard-won gains and curb the influence of organizations such as IPPF in global arenas, these two victories at the UN are key advances that can bring about change at the national level. Sexual and reproductive health, rights and justice will likely face even greater threats in future. In 2026, we will launch the UN Advocacy School to further build our capacity to engage in UN advocacy and to centre strategies in the realities of MAs and our communities.

Pillar 3

SOLIDARITY FOR CHANGE

Key Results

SUPPORT SOCIAL MOVEMENTS

IPPF cannot exist in isolation. We are deeply connected to a far-reaching network of organizations, grassroots groups and activists, all fighting to win and secure sexual and reproductive health, rights and justice. We recognize that other groups can do what we cannot, and that by supporting and amplifying the work of activists – without impeding or slowing them down – we can achieve much more than we ever could alone.

One example of this approach is the Sex Work Policy Consortium. Hosted by the MA, Planned Parenthood Association of Thailand, this initiative brings together five MAs working on the ground in Thailand, Sri Lanka, Indonesia, Paraguay and Colombia with sex worker organizations. It aims to drive transformational change by uniting grassroots activism, MAs' clinical expertise, and engagement with civil society and policymakers to create a mutually beneficial ecosystem that advances the rights and wellbeing of sex workers globally. In 2025, the consortium strengthened the capacity of sex worker organizations through workshops on political advocacy and leadership, legal awareness programmes and vocational trainings. MAs advocated for reform to laws targeting sex workers and worked with the authorities to promote a more professional, sensitive approach to community safety and health, as well as raising public awareness of issues around sex work through events and campaigns. MAs also delivered essential sexual and reproductive health services to sex workers via their clinics, developed partnerships with government and private providers, and established community-led referral mechanisms. IPPF is committed to ensuring that the consortium is collaborative and equitable. An evaluation carried out by the host MA found that 77 per cent of partners involved reported high levels of satisfaction with the support provided. The consortium has learned that trust among sex workers is the foundation of productive relationships, including uptake of services, and that community ownership is key to bridging any gaps.

Indicator 8 of IPPF's Results Framework monitors IPPF's work in supporting social movements and defending activists. In-depth research will be carried out during 2026 to illustrate the work MAs do in this area and the impact this has on achieving the goals shared by grassroots groups and IPPF. We have collected data illustrating how MAs are facing increased opposition, with harassment, physical attacks and legal restrictions affecting the work of organizations fighting for sexual and reproductive health, rights and justice.

Left: IPPF/Hannah Maule-ffinch/Colombia

BUILD STRATEGIC PARTNERSHIPS

Solidarity across our movement is a foundational value for IPPF. We are collaborating with partners who share our vision, working together to identify common perspectives, key priorities and structures that can maximize our strengths and multiply our impact. Only by sharing information and experiences, finding new ways to co-operate and creating pathways together can we hope to resist shrinking civic space and authoritarianism. Integral to countering anti-rights movements is recognizing the agency of marginalized communities - especially LGBTQI+ people, sex workers, and incarcerated people - and ensuring their lived experiences inform inclusive and resilient advocacy strategies.

Winning the battle of narratives and reaching the public with our messages is a top priority. We know that partnerships with organizations that share our aims and values is essential to amplify our voice and reach new audiences. In 2025, IPPF conducted a total of 163 public campaigns to inform, educate and win over people, which represents a substantial 81 per cent increase over 2024. These campaigns covered a wide range of topics including sexual and reproductive health and rights (39 campaigns), HIV awareness and testing (12 campaigns) and comprehensive sexuality education (14 campaigns). Sixty-four per cent of the campaigns were conducted in collaboration with partner organizations and 38 per cent of the total involved working with organizations from outside the sexual and reproductive health and rights sector. Through this inclusive approach, we have been able to share and spread our messages further.

IPPF/Hannah Maule-ffinch/Nepal

INNOVATE AND SHARE KNOWLEDGE

Conducting research, identifying lessons learned and disseminating these for wider implementation is vital for IPPF if we are to meet current challenges. We do this by using a rigorous evidence-led approach to continuously innovate and improve how we operate. IPPF's Centres and Consortia are a critical part of this. These initiatives, led by MAs, focus on IPPF's strategic areas of work, bringing together knowledge and expertise from inside and outside the Federation to deliver change and share experiences. The consortium on biomedical HIV prevention and the Digital Health Interventions Centre have already been discussed on the Pillar 1 chapter in this report (page 8). Other highlights from IPPF Centres in 2025 include:

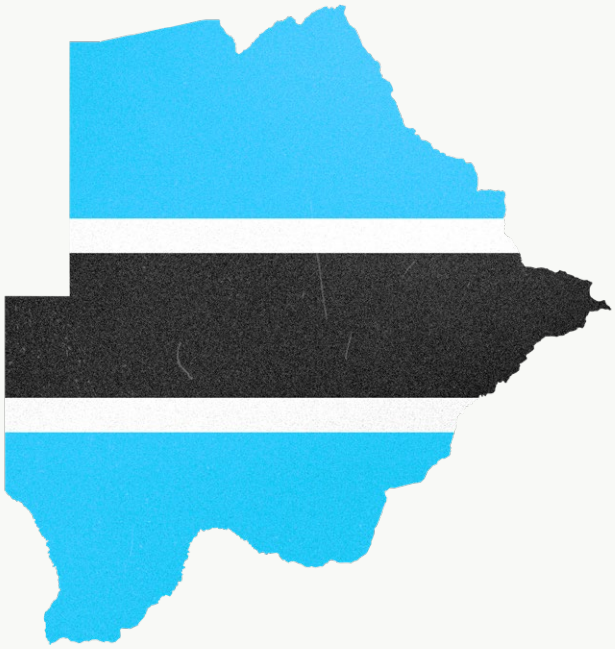
- The Centre of Excellence on Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC) continues to build capacity and share knowledge and resources across MAs in order to strengthen programmatic work relating to sexual orientation and gender identity. The centre is hosted by the Danish Family Planning Association. In 2025, the centre mapped engagement with SOGIESC throughout IPPF and found that while some MAs have well-established programmes, others are at the start of their journey and face significant challenges including hostile political climates. The centre allocated grants to 11 MAs in 2025 to support their work on SOGIESC and is establishing a community of practice for these MAs to share their experiences and lessons learned.

- Hosted by the MA in Mauritania, Association Mauritanienne pour la Promotion de la Famille (AMPF), the Centre for the Elimination of Female Genital Mutilation (FGM) has been building the capacity of MAs to counter FGM. The centre has formed partnerships with grassroots organizations, public institutions and religious groups to influence policy and shift the narrative on FGM within communities. MAs have been supported to train peer educators and include content on FGM in comprehensive sexuality education curricula so that young people understand their rights and have the information they need to navigate the world safely. Over 48,000 survivors of FGM were reached in 2025 with FGM-related services, including counselling, treatment and psychological support. MAs are also being supported to strengthen their data systems to more easily disaggregate FGM services from other services relating to sexual and gender-based violence. In support of that work, IPPF's International Medical Advisory Panel (IMAP) issued a new statement,[8] which provides guidance to MAs and partners on delivering holistic programming to prevent, respond to and mitigate the impact of FGM. The statement synthesizes the latest evidence on effective prevention strategies and survivor-centred service delivery models, and supports stakeholders working towards ending FGM, including healthcare providers, policymakers, civil society organizations, international organizations and funding agencies.

An important aspect of IPPF's approach to research is shifting resources and attention towards the Global South. This is not only more equitable but also leverages the under-utilized knowledge and skills of researchers in these countries, bringing decision-making closer to where the need is greatest. In 2025, 82 per cent of research and evidence initiatives generated by MA-led centres of learning were based in the Global South, an increase from 78 per cent in 2024.

Pillar 3 Case Study 1

UNITED ON THE FIELD, UNITED AGAINST AIDS AND GENDER-BASED VIOLENCE IN BOTSWANA



Adolescents and young people in Botswana face persistent challenges in enjoying their sexual and reproductive rights. Limited access to youth-friendly sexual and reproductive healthcare, inadequate comprehensive sexuality education in schools and communities and high rates of sexual and gender-based violence drive unintended pregnancy, STI and HIV prevalence in the country. Adolescent girls and young women bear the brunt of the HIV epidemic, accounting for about a quarter of new infections.[9]

> **"This should become a regular event where young people from diverse backgrounds come together to discuss HIV/AIDS in a lighter, more engaging and cheerful way, while motivating others."**
>
> **Christel**
> Heavenly Prestige Embassy

IPPF MAs bring information on sexual and reproductive health and rights closer to young people - whether face-to-face or online. The Botswana Family Welfare Association (BOFWA) is finding engaging ways to do this, using a sport that is particularly popular with young people: football.

In December 2025, BOFWA held a lively five-a-side football tournament comprising twelve male and eight female teams. Marking World AIDS Day, the theme of the event was Kicking Disruption, Score for Hope – United on the Field, United Against AIDS and Gender-Based Violence. Besides the main target audience of adolescents and young people aged 10–24, the tournament brought together a wide range of representatives from government, civil society organizations, private companies and faith-based organizations.

BOFWA reached over 100 adolescents and young people with compelling messages about HIV, gender-based violence and sexual and reproductive health and rights. A representative from the National AIDS and Health Promotion Agency gave a keynote address on strengthening the AIDS response and the power of teamwork. Thirteen stalls, run by partner organizations, offered various services on the day, including free condoms and HIV testing. Young people could also book appointments for pre-exposure prophylaxis, counselling and pap smears.

The tournament created a valuable opportunity for BOFWA to forge closer partnerships with diverse civil society organizations within and beyond the sexual and reproductive health and rights sector. Partners included the SRHR Africa Trust Botswana and the Botswana National Youth Council.

Raising awareness of HIV, gender-based violence and sexual and reproductive health and rights is essential to empower young people in Botswana to reach their full potential. But to be successful, this must be done in a way that appeals to young people – whether in-person or online. Using sport as a strategic tool, BOFWA engaged young people, shared effective messages, delivered healthcare and built meaningful partnerships.

Pillar 3 Case Study 2

SHAPING PUBLIC DISCOURSE ON GENDER EQUALITY IN NORTH MACEDONIA

Operating across national borders, anti-gender movements are growing in power. Highly organized, well-funded opposition movements are mobilizing to undermine advances in gender equality, weaken sexual and reproductive rights and erode hard-won gains for LGBTQI+ communities. Increasingly, they are influencing public opinion, using the media as a tool to stoke tension and spread disinformation.

IPPF MAs are not passively ceding the battlefield to the opposition. They are countering with carefully planned and coordinated responses. In North Macedonia, the Health Education and Research Association (HERA) launched an ambitious campaign in 2025 to shape public discourse on gender equality in the media and online.

HERA developed a journalist mentorship programme to strengthen reporting on gender equality and combat the rise of disinformation. Working with five national media outlets, the Equality in Action campaign led to the production of 20 feature stories on television. The features promoted gender equality across a range of sectors including sports, politics, business, parenthood and reproductive rights, framing it as a shared social value and basic requirement for democracy that is relevant to everyday life. In addition, the MA supported the development of two in-depth investigative reports. The reports analysed and exposed the opposition's funding as well as the extensive, coordinated networks that spread disinformation. In so doing, the MA contributed to shifting the narrative on gender equality in North Macedonia from one based on stereotypes and fallacies to one informed by evidence and facts.

The main target audience was the general public. In particular, HERA focused on the 'movable middle', seeking common ground with people who might respond to tailored messaging on shared values, aspirations and concerns. The MA also engaged policymakers, media professionals, civil society actors and opinion leaders through investigative reporting.

The 20 feature stories and two investigative reports were widely disseminated. HERA reached a combined audience of 290,200 people: three-quarters on television and a quarter via social media (Facebook and YouTube). The most viewed programme was 'The Next Wave and North Macedonia: A Report on the Funding and Politics in Anti-Gender Movements', based on a report by the European Parliamentary Forum for Sexual and Reproductive Rights.

HERA significantly raised the visibility of gender equality among the general public. The MA also ensured accurate media coverage of anti-gender movements and enhanced transparency by shining a light on their funding sources and coordinated efforts to spread disinformation.

Using the media and social media to influence public opinion is a central element of IPPF's Come Together strategy and a priority for many MAs. HERA's impressive results demonstrate that strategic mentorship of journalists can foster accurate reporting to counter opposition tactics and reach large audiences with compelling, evidence-based narratives.

Left: HERA Executive Director, Mila Carovska (IPPF/AnaVchkova)

Pillar 4

NURTURE OUR FEDERATION

Key Results

CHART OUR IDENTITY

More than ever, IPPF's ability to fulfil its mission depends on how we embody our values. Our new charter, discussed in more detail on page 52, outlines our commitment against seven essential values which will underpin and guide our work. Our new brand, developed in close collaboration with MAs, partners and communities, was formally approved and launched at the General Assembly in Indonesia in November 2025. It reflects our values and IPPF's determination to fight for sexual and reproductive rights.

The General Assembly – the highest decision-making body within IPPF – is held every three years. At the last General Assembly, representatives from 111 Member Associations voted on key decisions, debated the future of IPPF and shared their knowledge and experiences. As well as approving the charter of values and new brand, MAs reviewed progress against IPPF Strategy 2028 and identified important areas requiring greater emphasis and momentum. These include crafting impactful social media messaging, leveraging the potential of new digital technologies to deliver services, and rethinking how we work with partners to achieve our mutual goals. Delegates unanimously approved a declaration to form an addendum to the strategy, outlining the agreed path forward to ensure continued progress. A youth forum was held as part of the event, which brought together young people from across the Federation to strategize collectively, to reflect on emerging challenges and to examine their role in leading IPPF into the future.

IPPF/Hannah Maule-ffinch/Colombia

GROW OUR FEDERATION

IPPF has a presence in 148 countries, including 121 Member Associations. We are committed to a global footprint that allows us to deliver services and protect rights where the need is greatest. Our affiliation structure encompasses a range of categories from collaborative partnership (the main entry point to formal affiliation) to full membership of the Federation. IPPF has selection criteria for potential new members of the Federation based on the healthcare needs in the country, the human rights situation, strategic value to IPPF and international political influence. It also includes a due diligence process to ensure new affiliates can uphold IPPF's standards, policies and values. This approach enables us to balance our footprint with maintaining quality and consistency. We also partner with organizations, who are not affiliates, on a timebound basis, either as strategic partnerships or implementing partnerships.

IPPF's Secretariat is implementing a set of initiatives to improve and upgrade systems to strengthen operational efficiency. These include new human resource systems, strengthened financial systems, greater capacity in information technology and digital platforms, enhanced learning systems underpinning professional development and compliance, and greater capacity to mobilize increased financial resources. Performance against each initiative is measured every year as part of the Secretariat Efficiency Score (Indicator 12 in IPPF's Results Framework). In 2025, these results show progress in the Secretariat's ability to mobilize resources and in financial system strengthening, but highlighted the need to further support MAs in developing their data management systems. Other areas measured through this approach showed partial progress towards planned goals. A full breakdown of the scores can be seen in Annex C on page 62.

Despite global funding cuts for sexual and reproductive health and rights in 2025, the IPPF Secretariat recorded a total income of US$161 million. This enables us to continue our vital work and maintains the flow of funding to MAs, helping to mitigate the impact of further income shocks that could jeopardize their operations.

The proportion of MAs whose single largest donor accounted for less than half their total income fell to 62 per cent in 2025, compared to 71 per cent in 2024. This reflects the increased funding pressures and smaller pool of potential donors available to MAs. This highlights the importance of strengthening MAs' capacity to generate local income (more details on page 50).

WALK THE TALK

Declaring our core values is one thing, but to fulfil our mission we must embed them in everything we do. A key aspect of championing equality – one of our seven values – is to become an actively anti-racist organization. In November, the General Assembly approved a fully funded anti-racism programme of action that will allow tailored trainings and an inclusive language guide to be rolled out during 2026-2027. The Anti-Racism Working Group will lead these initiatives. Additional work will also be conducted to further strengthen organizational culture and processes including safety, security and safeguarding.

We are committed to IPPF being a safe working environment across the Secretariat, MAs, and partners. Clients should receive services in safe, respectful spaces and staff should be protected while also proactively taking actions to prevent all forms of harm and reporting issues so that people can be held accountable for any substantiated misconduct. IPPF's whistleblowing and complaints mechanism, IPPF SafeReport, is in place to receive complaints, reports of alleged wrongdoing or misconduct and to manage cases to resolution efficiently and formally. In 2025, a total of 88 new reports were submitted to SafeReport including three safeguarding cases. 107 cases were closed in 2025, of which five were safeguarding cases. A total of 17 cases remained open at the end of 2025. In 2025, the IPPF Secretariat continued to explore ways to increase the confidence of clients and communities to report wrongdoing, a challenge shared across organizations in our sector.

An induction course was developed for new staff which will be launched in January 2026. This course brings together the topics of safeguarding, safety, and security, supporting participants to understand the differences and the synergies between these areas. A Secretariat staff survey which was undertaken in 2025 showed that 97 per cent of staff know how to use the SafeReport platform, an increase of 36 points on the previous survey in 2018.

IPPF is a member-focused Federation. The Secretariat Accountability Mechanism (SAM) is IPPF's formal process for holding the Secretariat accountable to MAs. Through the SAM, Member Associations and Collaborative Partners provide structured feedback on how well the Secretariat has delivered on its commitments, enabling continuous learning and improvement across the Federation. After the initial round of the SAM in 2023-2024, a second round was initiated in 2025 to monitor change and progress since then.

SAM results directly inform Secretariat planning and deliverables. The final report will be completed in 2026. This will be accompanied by a management response, in which the Secretariat will identify key priorities from the recommendations provided and set out concrete actions, timelines and will be tracked to ensure the Secretariat's work remains aligned with the needs of MAs.

UNRESTRICTED FUNDING AS A CATALYST FOR RESILIENCE AND IMPACT

Unrestricted funding is one of the most effective tools available to donors seeking to maximize impact. At a moment when funding for sexual and reproductive health and rights is being systematically cut and anti-rights movements are advancing across the globe, unrestricted funding is not simply a financial preference - it is a strategic necessity.

As a global federation of nationally owned organizations, IPPF operates in complex, diverse and rapidly shifting contexts. Yet much of today's funding remains tightly earmarked, designed for predictable environments and predefined outputs. Although this type of financial support continues to play an important role, it delivers greatest impact when complemented by flexible funding that allows coordinated, adaptive and holistic programming, especially as the landscape becomes more complex.

The flexibility of unrestricted funding is frequently what makes service delivery possible. Many Member Associations working in low-resource or challenging environments depend on core funding for general operating support: to keep clinics open, sustain the provision of life-saving sexual and reproductive healthcare, deliver innovative programmes that can adapt to local communities' needs, and advance and defend sexual and reproductive rights.

In an era of deliberate defunding and political interference, this operational foundation is what enables locally led organizations to hold the line, and advance the sexual and reproductive health and rights agenda. It means MAs can ensure continuity of care when earmarked funding is cut or withdrawn, maintaining uninterrupted delivery of essential sexual and reproductive health services, even in fragile and rapidly changing settings, by covering the operational backbone needed to keep services running reliably over time. It means they are there before, during, and after a crisis hits.

For example, in Afghanistan, Afghan Family Guidance Association has remained one of the only functioning sexual and reproductive health service providers amid political upheaval. In Palestine, the Palestinian Family Planning and Protection Association (PFPPA) has been delivering critical sexual and reproductive health services to displaced people in Gaza amid severe conflict and destruction, including the loss of their only functioning clinic. And in Sudan, unrestricted funds have underpinned continuity of care in volatile, unpredictable environments, allowing the MA to continue to operate its network of mobile clinics.

Unrestricted funding means we can deliver at the last mile: reaching marginalised, underserved, and hard-to-reach populations through mobile outreach, community-based distribution, and tailored approaches that ensure equitable access for those most often left behind, including adolescents, rural

Members of the Cook Islands Family Welfare Association (CIFWA) youth group in Raratonga, Cook Islands (IPPF/Hannah Maule-ffinch/Indonesia)

communities, and LGBTQI+ individuals. And we can innovate and invest: piloting and rolling out digital health interventions to extend reach, or expanding self care. For example, the MA in Cameroon has extensively increased home-based abortion services via pharmacist training, community outreach, and digital health interventions, ensuring safer and more accessible abortion options.

Unrestricted funding has also made it possible to build shared infrastructure for peer learning, research, and technical support across the Federation on transformative approaches on comprehensive sexuality education, digital health interventions and combating female genital mutilation, as well as sexual orientation, gender identity and expression, and sex characteristics-inclusive programming through MA-led Centres of Excellence. All draw on the expertise of MAs and are catalytic to sharing learning and expertise across the Federation.

Supporting sustained advocacy and policy engagement to improve legal and policy environments, defend rights, and enable long-term, systemic impact takes time and investment. Again, unrestricted funds have been instrumental, enabling IPPF MAs and the Secretariat to withstand and respond to increasing pressures of anti-rights movements, including legal restrictions, funding constraints and political interference, while continuing to protect access to essential services and uphold sexual and reproductive rights.

This last point is increasingly urgent. Anti-rights actors are not only targeting legal frameworks but also the funding architecture that makes rights-based service delivery possible. Unrestricted funding directly counters this strategy. It ensures that when a project grant disappears, the organization does not; that when a government restricts access, civil society can respond; and that Member Associations are not rendered dependent, fragile, or silent precisely when they are needed most.

At a time when civic space is shrinking and civil society is coming under increased scrutiny, unrestricted support demonstrates confidence and trust in those organizations closest to communities, shifting decision-making to local levels where sexual and reproductive health and rights are realized, defended and often contested.

The case is clear. In a world of complex and evolving health challenges, unrestricted funding is not a risk – it is a necessity. It is a strategic investment in impactful programmes, greater equity and sustained progress on global health and human rights for all.

Pillar 4 Case Study 1

DRIVING COMMERCIALIZATION AT MA CLINICS

International development assistance is plummeting as major donors such as Germany, Sweden, the UK and the US slash their aid budgets. The impact of these cuts is being felt across many sectors, including sexual and reproductive health and rights, and is threatening to unravel decades of progress.

To deliver its ambitious strategy, IPPF needs to identify and secure alternative sources of funding. We must unlock new income-generating opportunities that will promote financial sustainability. This requires a new approach and radical change of mindset throughout the Federation.

In June 2024, we created a Commercial Sustainability unit to help MAs achieve clinic sustainability. Initially, the focus was on seven MAs, but this expanded to 14 with support from the Fight Back Fund. Our approach to financial sustainability is underpinned by five pillars: service offering, client marketing, income diversification, operational efficiency and, crucially, a commercial mindset.

Working closely with each MA, the IPPF Secretariat provides dedicated support in a number of areas, including performance management, pricing and investment tools, improved marketing to clients (for example, upgrading websites) and investment in vital equipment through loans and grants. Routine data reviews have strengthened commercial decision-making. As a result MAs have clarified their clinics' value proposition: trusted expertise in women's health and non-judgemental care.

A client receives services at an FGAE clinic in Ethiopia (FGAE/Ethiopia)

Among the 14 MAs, Chile, Ecuador, Ethiopia and Nigeria have experienced particularly strong growth in revenue and improved surplus. In Chile, the IPPF MA, APROFA, has seen its clinic income rise above its costs, with performance boosted in both clinics since support began in 2024. Impressive income growth of 154 per cent year-on-year has been driven by investment in ultrasound services and an e-commerce marketing campaign targeting new clients.

The MA in Ecuador, CEMOPLAF, was trained in developing a commercial mindset and understanding its target audience. Access to capital has enabled CEMOPLAF to invest in much-needed equipment including ultrasound. Thanks to these efforts, in 2025, CEMOPLAF saw the income/cost ratio improve in 15 out of 20 clinics. In that time, two clinics moved from deficit to surplus.

MAs will continue to be supported in segmenting clinics based on their geographic location (urban, etc, peri-urban, rural), on their potential to operate a commercial model and on their resource mobilization needs. The segmentation approach will help to align them with appropriate funding models. Adopting a commercial mindset will maximize income generation, making MAs more resilient and better able to withstand funding pressures.

"We will adopt a commercial mindset that supports innovation, resilience and financial sustainability. This shift must be embraced at all levels of the Federation."

Declaration by delegates at the IPPF General Assembly 2025, Bali, Indonesia

Pillar 4 Case Study 2

REAFFIRMING OUR VALUES

Against the backdrop of relentless attacks on sexual and reproductive health and rights, now is the time for us to define and reaffirm what we stand for and how we want to work as a Federation. This is an opportunity to reassess our principles, proudly assert our beliefs and boldly express the values we hold in common.

Following extensive consultation with Member Associations (MAs) and stakeholders, we agreed IPPF's first ever charter of values, which was unanimously adopted by MAs at the General Assembly in November 2025. The charter sets out seven values – dignity, equality, justice, pleasure, community, integrity and resilience – that define our identity and purpose. These values represent our renewed commitment to action, and guide our work delivering the current Come Together strategy 2028 and beyond:

Dignity: We believe in the dignity and worth of every person. We affirm that the full realization of all sexual and reproductive rights, including the right to bodily autonomy and safe abortion, is essential for dignity. We therefore commit to upholding human rights in everything we do.

Equality: We believe in a world where everyone can thrive. Our priority is the sexual and reproductive health and rights of women, girls and marginalized communities. We commit to anti-racist, feminist and intersectional practices. We aim to ensure that everyone can fulfil their sexual and reproductive health and rights.

Justice: We believe that sexual and reproductive justice is vital. This requires fair and equal treatment for all, including before the law. It also means dismantling the legacies of colonialism and imperialism.

Pleasure: We believe in celebrating pleasure. Sexual and reproductive health is not merely the absence of illness or disease; it is a positive state of wellbeing that includes pleasure. Everyone – regardless of their sexual orientation or gender identity – has the right to a satisfying sex life.

Community: We believe in being globally connected and locally led. We know that our unity and diversity are our greatest strengths. We celebrate young people, volunteers and frontline human rights defenders and commit to building inclusive communities where everyone is respected.

Integrity: We believe in acting with integrity and being held accountable for our actions, not only to our donors but also to our staff, volunteers, and crucially, the individuals and communities we serve. Our robust financial and data management is key to our sustainability.

Resilience: We believe in fostering resilience, adapting and growing. We learn from each other and from our mistakes, including the legacies of colonialism and all forms of discrimination.

Closely aligned with our vibrant new brand, these seven values are deeply embedded within our organization. Throughout 2026 and beyond, we will continue internalizing these values to direct our work across the Federation. We invite others to join us in our growing movement.

Left: A delegate at the 2025 IPPF General Assembly

NEXT STEPS: TOGETHER, WE FIGHT BACK

During 2025, IPPF faced unprecedented challenges. We confronted these with courage and conviction, working in partnership with our allies to push back against the anti-rights movement, address funding gaps and regressive policy changes while sustaining essential programmes and services.

Our current environment is still experiencing seismic shifts. Anti-rights pushback, combined with significant funding cuts, is profoundly impacting our sector - strengthening opposition influence over governments and media while restricting access to life-saving services and supplies. We must be prepared for even greater battles ahead. We will not simply react to events as they occur – we have a plan to fight back.

During our General Assembly in 2025, Member Associations identified and unanimously agreed on priority areas where IPPF needs to adjust, pivot, or intensify its efforts to respond to challenges and successfully deliver the Come Together Strategy (2023–2028). These include prioritizing our humanitarian responses and digital health interventions (Pillar 1); countering disinformation, celebrating positive masculinity and pushing back against the anti-gender and anti-rights movements (Pillar 2); redefining our approach to partnerships and identifying new, effective pathways for reaching the most marginalized communities (Pillar 3) keeping young people at the heart of the Federation and reinforcing our commercial approach to build resilience (Pillar 4). These priorities are being operationalized including developing new indicators for tracking results for the remainder of our strategy.

Thanks to the leadership of our Board of Trustees and the generous support of our donors, we have developed an ambitious portfolio of activities under the banner of IPPF's **Fight Back Fund**. The first initiative of the Fight Back Fund has been to provide grants to MAs severely impacted by funding cuts and policy changes in 2025. This has allowed critical services and supplies to continue, ensuring sustained access to sexual and reproductive health among some of the most marginalized communities. The Fight Back Fund also covers a range of areas including sustainability, fundraising, advocacy, and research. Key initiatives include:

- **Financial sustainability in a world with reduced aid.** We will strengthen our capacity to provide loans, grants and technical assistance, to support more MAs to manage their clinics on a profitable basis and underpin their overall sustainability. We will also invest in our individual giving

IPPF/Hannah Maule-ffinch/Indonesia

fundraising activities to broaden and diversify our income base.

- **Gathering intelligence on our opponents.** Since the anti-rights movement is better coordinated, better financed and more aggressive than ever, we must upgrade our intelligence capability to be able to respond accordingly. We will invest in developing skills, culture and systems, working closely with partners to gather evidence and identify threats. This includes a new Resilience and Innovation Hub, to be based in the western Balkans and central Asia, that will generate intelligence on threats to civil society and sexual and reproductive rights and build coalitions for a swift and coordinated response.

- **Movement building and campaigning.** We can only hope to defend sexual and reproductive health and rights against the anti-rights movement if our own coalition is united, focused and inclusive. We will deepen our existing partnerships and forge new ones to lead a far-reaching campaign, bringing together communities at the grassroots level and speaking with one voice globally. We will intentionally link advocacy for sexual and reproductive health, rights and justice with broader struggles for human rights, accountability, gender justice, environmental justice and collective security.

- **Data and evidence on our impact and the external environment.** The shutdown of USAID and wider funding cuts have severely compromised vital sexual and reproductive health and rights data sources on, such as the Demographic and Health Survey (DHS). We will work with partners to develop and contribute to new trackers and indices. IPPF MAs will conduct research to document the impact on communities affected by funding cuts and regressive policies. MAs will also lead on a peer support initiative to strengthen MAs' clinic data systems so that we have more relevant, accurate and timely data on service delivery and our impact.

The way ahead won't be easy. But it is essential. Over the final three years of our strategy, we will deliver on our priorities, strengthening the Federation's ability to overcome challenges, and standing firm in our commitment to equality and justice for all.

ANNEX A: IPPF'S RESULTS FRAMEWORK 2023–28

CENTER CARE ON PEOPLE Expand Choice Widen Access Advance Digital & Self Care	1. Proportion of [service providing] MAs providing IPES+ AND meeting quality standards. 2. Number of clients served by type of services and model of care (including Digital Health Interventions (DHIs), facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people. 3. Number of services provided by type of services and model of care (including DHIs, facilitated self-care) with focus on adolescents and young people, people in humanitarian settings and other marginalized and excluded people. 4. Aggregated proportion of MAs' contribution to the national SRH services provided in their countries.
MOVE THE SEXUALITY AGENDA Ground Advocacy Shift Norms Act with Youth	5. Number of successful policy initiatives and legislative changes in support or defence of SRHR. 6. Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve. 7. Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.
SOLIDARITY FOR CHANGE Support Social Movements Build Strategic Partnerships Innovate & Share Knowledge	8. IPPF's contribution in supporting social movements and defending activists. 9. Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens. 10. Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south.
NURTURE OUR FEDERATION Walk the Talk Chart our Identity Grow our Federation	11. Proportion MAs/CPs receiving less than 50% of their income from one single donor. 12. Overall Secretariat Efficiency Score.

	Pillar 1	MAs reporting	2025 result	2025 projection	2024 result	2023 result	% change 2024-25
1	Proportion of [service providing] MAs providing IPES+ AND meeting quality standards.	111	11%	25%	5%	4%	n/a
2	**Number of clients served by type of services and model of care**						
	Total clients	111	65,092,206	75,781,572	67,459,622	71,431,400	-4%
	of which:						
	Aged 10-19	111	15,704,799	10,438,189	11,129,496	9,838,994	+41%
	Aged 10-24	111	29,978,651	-	30,894,636	28,227,132	-3%
	Poor and marginalized	111	49,468,345	64,367,055	53,938,280	60,672,123	-8%
	Female	111	47,515,445	-	51,686,935	58,737,811	-8%
	Served in humanitarian contexts	40	13,616,532	14,324,454	14,030,054	12,511,533	-3%
3	**Number of services provided by type of services and model of care**						
	Total services	111	228,819,685	245,227,967	230,453,191	222,428,995	-1%
	of which:						
	Aged 10-24	111	108,441,376	112,580,017	110,406,904	102,113,394	-2%
	Self-care	18	96,680	30,080	86,919	20,889	+11%
	Digital health interventions (DHI)	28	4,218,336	324,560	3,117,751	225,389	+35%
4	**Aggregated proportion of MAs'/CPs' contribution to the national SRH services provided in their countries**						
	Proportion of contraception provided by IPPF MAs	-	Data not collected			10.8%	n/a
	Proportion of abortion services provided by IPPF MAs	-				3.9%	n/a

	Pillar 2	MAs reporting	2025 result	2025 projection	2024 result	2023 result
5	Number of successful policy initiatives and legislative changes in support or defence of SRHR	40	124	126	101	115
6	Shifts in perception and attitudes in relation to gender equality and inclusion across the Federation and the communities we serve.	-	Data not collected	n/a	Data not collected	Results of study reported in 2023 APR
7	Quality, reach and impact of CSE, youth-centred care, and progress in youth engagement in the Federation.	-	Data not collected	n/a	Data not collected	Results of study reported in 2023 APR

	Pillar 3	MAs reporting	2025 result	2025 projection	2024 result	2023 result
8	IPPF's contribution in supporting social movements and defending activists	-	Data not collected	n/a	Data not collected	Results of study reported in 2023 APR
9	Number of intra- and inter-sector campaigns delivered by the federation in support or defence of SRHR, through a diversity and decolonization lens.	52	163	60	90	48
10	Proportion of research and evidence initiatives generated by MA-led centres of learning that are from the global south	11	82%	61%	77%	56%

	Pillar 4	MAs reporting	2025 result	2025 projection	2024 result	2023 result
11	Proportion MAs/CPs receiving less than 50% of their income from one single donor	109	62%	72%	71%	66%
12	Overall Secretariat Efficiency Score	-	0	+8	+3	n/a

The report includes data from service delivery points owned and operated directly by MAs, and service delivery points owned and operated by partners, where the MA provides guidance, supervision, commodities and/or other support (known as Associated Health Facilities).

ANNEX B: SERVICES AND CYP

Table B1: Number of sexual and reproductive health services delivered, by region, by service type, 2023, 2024 and 2025

Service category	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Contraceptive Services	2025	3,542,588	41,135,695	24,133,843	232,912	4,355,988	4,420,259	77,821,285
	2024	4,039,794	34,292,819	25,233,505	360,332	4,908,751	4,768,551	73,603,752
	2023	4,141,885	37,616,512	22,766,448	208,330	5,485,616	5,481,421	75,700,212
STI/RTI	2025	6,413,892	17,092,748	3,210,226	359,689	1,599,862	2,876,405	31,552,822
	2024	5,740,447	14,164,110	5,127,147	299,030	1,766,907	2,904,063	30,001,704
	2023	5,363,698	12,545,869	4,436,856	269,490	3,439,537	3,011,577	29,067,027
Gynaecology	2025	2,504,096	15,157,831	6,541,731	391,951	1,388,458	4,026,134	30,010,201
	2024	2,728,685	13,489,756	10,630,674	221,348	1,542,114	4,030,041	32,642,618
	2023	2,763,727	9,489,572	9,525,111	146,112	2,575,607	3,562,593	28,062,722
HIV/AIDS	2025	1,256,731	20,087,719	4,182,826	190,308	1,188,761	2,863,998	29,770,343
	2024	1,171,565	17,939,399	3,404,120	185,143	1,531,641	2,816,678	27,048,546
	2023	1,117,210	15,074,294	2,425,058	176,498	1,714,308	2,835,708	23,343,076
Obstetrics	2025	1,499,083	6,419,628	10,810,438	25,189	563,204	2,213,418	21,530,960
	2024	1,661,812	8,090,707	13,965,726	43,346	702,911	2,230,988	26,695,490
	2023	1,618,270	6,975,172	16,194,205	27,622	841,314	2,927,252	28,583,835
Paediatrics	2025	8,356	1,977,079	7,200,305	2,453	957,872	1,853,675	11,999,740
	2024	7,533	3,072,859	6,376,190	1,524	599,478	2,039,729	12,097,313
	2023	19,531	1,752,401	7,996,683	766	167,792	2,439,303	12,376,476
Specialized SRH	2025	726,086	3,045,044	1,756,004	326,076	1,746,396	2,044,735	9,644,341
	2024	905,033	1,989,067	3,283,893	236,288	1,761,110	1,687,487	9,862,878
	2023	540,540	1,804,140	2,750,231	307,619	1,814,608	1,001,765	8,218,903
Abortion	2025	1,436,564	3,503,341	1,115,059	149,282	321,937	159,652	6,685,835
	2024	1,454,918	2,994,485	1,343,616	123,286	376,052	194,472	6,486,829
	2023	1,360,441	2,345,679	1,341,386	123,354	528,911	198,513	5,898,284
Urology	2025	251,719	2,063,620	936,555	14,417	120,780	808,546	4,195,637
	2024	414,982	1,766,115	2,531,739	6,738	120,621	667,956	5,508,151
	2023	427,265	1,363,817	2,765,534	5,035	271,071	753,694	5,586,416

Service category	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
SRH Other	2025	79,875	912,302	461,335	117,388	98,613	2,452,776	4,122,289
	2024	118,805	848,920	1,411,847	88,949	41,952	1,974,760	4,485,233
	2023	83,682	708,542	1,057,799	47,694	44,183	1,855,668	3,797,568
Subfertility	2025	87,491	601,236	605,265	2,689	41,429	148,122	1,486,232
	2024	124,017	575,308	1,114,163	3,188	88,616	115,385	2,020,677
	2023	136,582	418,560	1,013,386	4,282	112,510	109,156	1,794,476
Total	2025	17,806,481	111,996,243	60,953,587	1,812,354	12,383,300	23,867,720	228,819,685
	2024	18,367,591	99,223,545	74,422,620	1,569,172	13,440,153	23,430,110	230,453,191
	2023	17,572,831	90,094,558	72,272,697	1,316,802	16,995,457	24,176,650	222,428,995
Number of responses	2025	(n=19)	(n=36)	(n=10)	(n=16)	(n=23)	(n=7)	(n=111)
	2024	(n=18)	(n=34)	(n=12)	(n=15)	(n=24)	(n=8)	(n=111)
	2023	(n=18)	(n=34)	(n=12)	(n=17)	(n=22)	(n=6)	(n=109)

Table B2: Number of couple years of protection provided, by region, by method, 2023, 2024 and 2025

Method	Year	ACR	AR	AWR	EN	ESEAOR	SAR	Total
Implant	2025	1,034,309	6,575,169	318,447	1,523	50,519	68,942	8,048,909
	2024	1,169,235	5,702,648	356,872	1,343	61,889	79,671	7,371,658
	2023	1,313,713	4,975,773	240,179	1,048	79,683	91,561	6,701,957
Interuterine devices	2025	543,448	2,789,738	740,842	25,382	184,477	112,440	4,396,327
	2024	859,686	2,717,645	1,740,198	21,958	198,506	124,923	5,662,916
	2023	861,293	1,995,189	1,665,431	23,544	250,770	133,677	4,929,904
Injectables	2025	551,719	1,681,763	79,756	341	27,253	58,200	2,399,032
	2024	678,428	1,334,872	126,826	745	30,779	60,026	2,231,676
	2023	580,815	1,087,575	115,275	141	29,728	68,765	1,882,299
Oral contraceptive pills	2025	430,545	420,118	441,883	716	73,527	159,154	1,525,943
	2024	299,163	399,226	404,489	791	93,759	171,337	1,368,765
	2023	404,970	363,784	268,563	559	99,360	179,130	1,316,366
Condoms	2025	190,742	394,074	50,551	1,172	266,860	253,951	1,157,350
	2024	234,869	448,802	64,948	6,243	307,779	249,043	1,311,684
	2023	225,859	448,804	60,842	6,337	299,043	259,874	1,300,759
Voluntary surgical contraception (vasectomy and tubal ligation)	2025	529,580	30,930	270	100	18,609	193,648	773,137
	2024	712,790	44,620	73,600	130	26,323	209,976	1,067,439
	2023	794,860	39,770	79,860	420	15,616	249,561	1,180,087
Emergency contraception	2025	7,114	48,401	1,918	43	456	111,112	169,044
	2024	31,805	49,411	2,979	213	549	107,687	192,644
	2023	34,144	14,379	4,669	93	590	96,424	150,299
Other hormonal methods	2025	6	24	0	27	295	0	351
	2024	30,596	0	0	29	316	0	30,941
	2023	31,961	0	10	36	321	0	32,327
Other barrier methods	2025	0	669	24	31	880	0	1,604
	2024	0	128	20	36	851	0	1,035
	2023	1	358	20	33	797	0	1,209
Total	2025	3,287,463	11,940,886	1,633,691	29,335	622,876	957,447	18,471,697
	2024	4,016,572	10,697,352	2,769,932	31,488	720,751	1,002,663	19,238,758
	2023	4,247,616	8,925,632	2,434,849	32,211	775,908	1,078,992	17,495,207
Number of responses	2025	(n=19)	(n=36)	(n=10)	(n=16)	(n=23)	(n=7)	(n=111)
	2024	(n=18)	(n=34)	(n=12)	(n=15)	(n=24)	(n=8)	(n=111)
	2023	(n=18)	(n=34)	(n=12)	(n=17)	(n=22)	(n=6)	(n=109)

ANNEX C: INDICATOR 12

	Component	KPI/target	2024	2025	Result	Score 2025
1	Total number of MAs or CPs in top 25 countries with lowest HDI or highest SRHR unmet need	n/a	90%	90%	Static	0
2	HR systems strengthening	· 30% of countries adopt the new payroll system. · Consultation conducted on HRIS user experience for performance. · Complete staff survey and share results with leaders			Partial progress	0
3	Finance systems strengthening	**80% achievement of Phase II objectives:** · Roll out the identified restricted funding agreement solution for a majority of restricted projects. · Roll out vendor management system in at least two more offices. · Global travel management solution configured and tested and rolled out in at least three offices. · Roll out timesheet journal across all secretariat offices · Improved cost recovery methodology in place across the secretariat. · Identified a solution for planning, budgeting and forecasting for the secretariat (phase 1)			Partial progress	0
4	IT systems strengthening	**70% achievement of Phase I objectives:** · Strengthen security and data protection · Cyber Essential Plus certification for the secretariat · Policy developed and disseminated on management and mitigation of AI and machine learning-based solutions IPPF Dashboard Phase-III · Integration of MA Business Plan portal and humanitarian data · Access provided to MAs/ partners Increased capacity of Secretariat staff in IT systems, cyber risks and security measures: · Training programs and eCourses developed and rolled-out to upskill employees on IT systems and security · Best practices defined and disseminated to ensure smooth adoption and operation of applications Feedback on user experience collected and used to drive continuous improvements in systems (as demonstrated by tracking progress against an action plan based on user feedback).			Partial progress	0

	Component	KPI/target	2024	2025	Result	Score 2025
5	Data systems strengthening	Number of MAs in Enhanced Data Reporting group (providing service statistics data via extract for import)	26 MAs	28 MAs	Improvement but below target	0
6	Learning systems strengthening	60% completion of mandatory training modules for Secretariat staff			Partial progress	0
7	Proportion of MAs/CPs with 80% or more static clinics with Clinic Management Information Systems including client-based electronic health records	n/a	87%	83%	Decrease (-2 percentage points)	-1
8	Proportion of unrestricted Secretariat income allocated to youth-led programming/ interventions	n/a	0.90%	0.85%	Minimal change	0
9	Overall financial resource mobilized for the Federation (total Secretariat income)	n/a	125.2	160.8	Improvement (+28%)	1
10	Progress in anti-racism and anti-discrimination programme of action	· 70% of employees complete anti-racism e-learning. · 80% of feedback forms are positive about anti-racism learning sessions · Review and approval of 5 HR policies to make them more inclusive			Partial progress	0

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All people are free to make choices about their sexuality and well-being, in a world free of discrimination.

OUR MISSION

Building on a proud history of 70 years of achievement, we commit to lead a locally owned, globally connected civil society movement that provides and enables services and champions sexual and reproductive health and rights for all, especially the under-served.

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