

ADVOCACY COMMON AGENDA

An ambitious strategy for national political change and accountability – influencing at sub-national, national, regional and international levels for the realization of sexual and reproductive health and rights for all





WHO WE ARE

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

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

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FOREWORD

Far too many people around the world still don't enjoy their sexual and reproductive rights.

Broken international promises have failed women, girls and young people, whose lives remain unchanged as a result.

Progress is far too slow. We must do more to reduce the dramatic number of deaths from preventable causes related to pregnancy, childbirth and unsafe abortions. We must improve access to modern contraception; self-testing technologies and self-administration procedures; pre- and post-exposure prophylaxis for HIV; HPV vaccines; and treatment for curable sexually transmitted infections.

Now is the time to speak up and take a stand. These figures are the result of patriarchal and unjust societies in which the voices of women are still not equal, restricting their access to power and decision-making across the world.

Undeterred by many recent political setbacks, women and girls have continued to raise their voices and persevered in the fight for their rights to equality and social justice.

The Advocacy Common Agenda is the International Planned Parenthood Federation's (IPPF) first advocacy strategy. It is inspired by the vision of a world that is more equal and more just, in which gender inequalities are an issue of the past, and in which everyone lives in societies and communities that celebrate, respect and embrace diversity, providing the environment for people to realize their rights to choose the lives they want for themselves and for their families.

This year marks the 25th Anniversary of the historic achievements of the International Conference on Population and Development in Cairo, where all 179 governments endorsed a Programme of Action for the world, recognizing sexual and reproductive health and rights (SRHR) as human rights.

Twenty-five years on, IPPF is recommitting to this unfinished agenda. Through our Advocacy Common Agenda we will focus on: universal access to sexual and reproductive health; liberalising abortion laws and policies and eliminating barriers to their implementation; integrating comprehensive sexuality education into national curricula; ending sexual and gender-based violence; and ensuring that SRHR and gender equality are part of the political architecture around the world.

Our presence in 170 countries comes with the responsibility of making sure that we connect the sub-national, national, regional and international levels to make sure that those aspirational international commitments are a reality for every woman, girl and young person.

As the largest SRHR provider, I am convinced that IPPF must expand its role as a leading advocate for SRHR. The aim of the Advocacy Common Agenda is to influence national change and to ensure governments' accountability.

The job is urgent and the time is now.

Alvaro Bermejo
Director General
International Planned Parenthood Federation



EXECUTIVE SUMMARY

The **International Planned Parenthood Federation (IPPF)** is at the forefront of making sexual and reproductive health and rights (SRHR) a reality for all. As a global provider of quality sexual and reproductive health (SRH) services, and a leading advocate, IPPF is committed to gender equality and to ensuring that women, girls and young people realize their rights and have control over their own bodies, their lives and their futures.

A multitude of barriers still exists, resulting in shocking data on health outcomes: 214 million women who want to avoid pregnancy do not have access to modern contraception; 25 million have an unsafe abortion every year; and one in three experiences sexual violence at some point in their lives.¹ Conservative and more organized opposition, backed up by populist political leaders and regressive policies, increasingly present a threat to the realization of SRHR and gender equality.

Governments worldwide have signed numerous international political commitments that clearly state that everyone must have access to sexual and reproductive health and rights. However, these aspirations are far from being translated into urgent action.

In the face of these ongoing challenges, social movements and grassroots organizations of women, young people and other activists are springing up around the world to demand their rights. Through its new advocacy strategy – the **Advocacy Common Agenda** – IPPF will be part of this powerful wave of change.

The Advocacy Common Agenda will guide our work at all levels of the Federationⁱ to achieve **Outcome 1 of the IPPF Strategic Framework 2016–2022**, namely to ensure that **100 governments respect, protect and fulfil sexual and reproductive rights and gender equality**. In doing so, IPPF will contribute to the International Conference on Population and Development Programme of Action, and to the Sustainable Development Goals.

The Advocacy Common Agenda is focused on achieving national political change, placing accountability at the centre. IPPF will influence governments to change or uphold laws and policies to ensure that endorsed international agreements are translated into national action to improve the lives of women and girls.

We will build on the Federation's existing skills and experience as a major provider of SRHR to the most vulnerable and underserved populations, and use our Federation presence in 170 countries to work at four **interconnected levels of influence: sub-national, national, regional and international**.

Placing the underserved and most vulnerable at the centre, the Advocacy Common Agenda will be led by core IPPF **principles** of human rights and gender equality. Our advocacy will be rights-based, youth centred and gender-transformative and will prioritise humanitarian action. Our actions will be inspired and guided by the [IPPF Charter Guidelines on Sexual and Reproductive Rights and Sexual Rights: An IPPF Declaration](#).²

The Common Agenda defines five **high-level changes** that will be contextualized at the national level. We will influence governments, mobilise civil society and support grassroots movements to:

- ensure **universal access to SRHR**, especially for underserved populations;
- liberalise **abortion** laws and policies and eliminate barriers to their implementation;
- integrate **comprehensive sexuality education (CSE)** into education policies, programmes and curricula;
- issue laws, policies, regulations and protocols to prevent, combat and respond to **sexual and gender-based violence (SGBV)**; and
- recognize and **integrate SRHR and gender equality into the political architecture** at sub-national, national, regional and global levels, ensuring financing for SRHR and gender equality is adequate and sustainable.

We will do this using six **pathways**. **Social mobilization** will support, amplify and connect social movements; **countering opposition** will develop critical mechanisms to increase knowledge, intelligence and connection, anticipate rapid response, and ensure safety of SRHR defenders; **learning and evidence** will ensure that our advocacy is informed by evidence, data and research and that we learn from our practice; by our **direct advocacy** we will continue influencing decision-makers at all levels; through **strategic partnerships** IPPF will share goals and work closely with a wide range of current and new partners across sectors; and **institutional strengthening** will enable us to achieve our goal of being leading advocates at all levels, with every IPPF staff member, including service providers, technical and programmatic staff, feeling empowered and equipped to advocate for political change in favour of SRHR and gender equality.

ⁱ Including Member Associations, collaborative and associated partners, Regional Offices, the Central Office and Liaison Offices.



SECTION 1

BACKGROUND

A. CONTEXT

IPPF has been at the forefront of making sexual and reproductive health and rights a reality for all since it was founded in 1954. As a global provider of quality sexual and reproductive health services and a leading advocate, IPPF is committed to gender equality and to ensuring that women, men and young people everywhere realize their rights and have control over their own bodies, their lives and their futures.

Despite some progress in recent decades, a multitude of barriers persists. As a result, data on health outcomes is shocking and millions of people across the world still do not realize their sexual and reproductive rights – a situation that is unacceptable. Still, 214 million women who want to avoid pregnancy do not have access to modern contraception; 25 million women have an unsafe abortion every year; and one in three women experiences intimate partner violence or non-partner sexual violence at some point in their lives.³ Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health unrealized due to inadequate sexual and reproductive health care over the course of their lives.⁴

The various international and regional human rights political commitments such as: the *United Nations (UN) 2030 Agenda for Sustainable Development*; the *International Conference on Population and Development Programme of Action (ICPD)*; the *Beijing Declaration and Platform for Action*; the *Montevideo Consensus*; the *Maputo Protocol and Plan of Action*; the *African Union (AU) Agenda 2063*; and the *African Charter on Human and Peoples' Rights (Banjul Charter)*, clearly define what needs to be done. They state that everyone – including those made vulnerable through conflict, disaster or crisis – must have access to life-saving sexual and reproductive health care. However, these progressive aspirations are not translating into action and are still not making enough of a difference to women's lives.

Conservatism, populism and a questioning of multilateralism are gaining space and influence, presenting a real threat to the realization of human rights, SRHR and gender equality. However, even in the face of geo-political turmoil and repression, social movements are springing up around the world. Where governments have failed their citizens and care has been denied, grassroots organizations of women, young people and others are stepping in. From the feminist mobilization on safe abortion in Colombia and Mexico; the successful referendum on abortion in Ireland and the rise of [SheDecides](#)⁵; to the decriminalization of same sex relationships in Angola and India, the fight for the right to be free from reproductive coercion is changing our world, despite ongoing challenges.

Through advocacy, IPPF will be part of this powerful wave of change. We will contribute to reshaping sub-national and national political contexts, influencing nationally, regionally and internationally to ensure that everyone's human rights are fulfilled, protected and respected; that they are free from violence and discrimination; and that they have access to quality SRHR services, contributing to the achievement of gender equality.

Now is the time to increase our efforts, to hold governments to account and to ensure that these political commitments become a reality for all women, girls and young people.

B. RATIONALE

This advocacy strategy – the **Advocacy Common Agenda (ACA)** – aims to guide and enable the Federationⁱⁱ to achieve Outcome 1 of the *IPPF Strategic Framework 2016–2022*, namely to ensure that **100 governments respect, protect and fulfil sexual and reproductive rights and gender equality**.

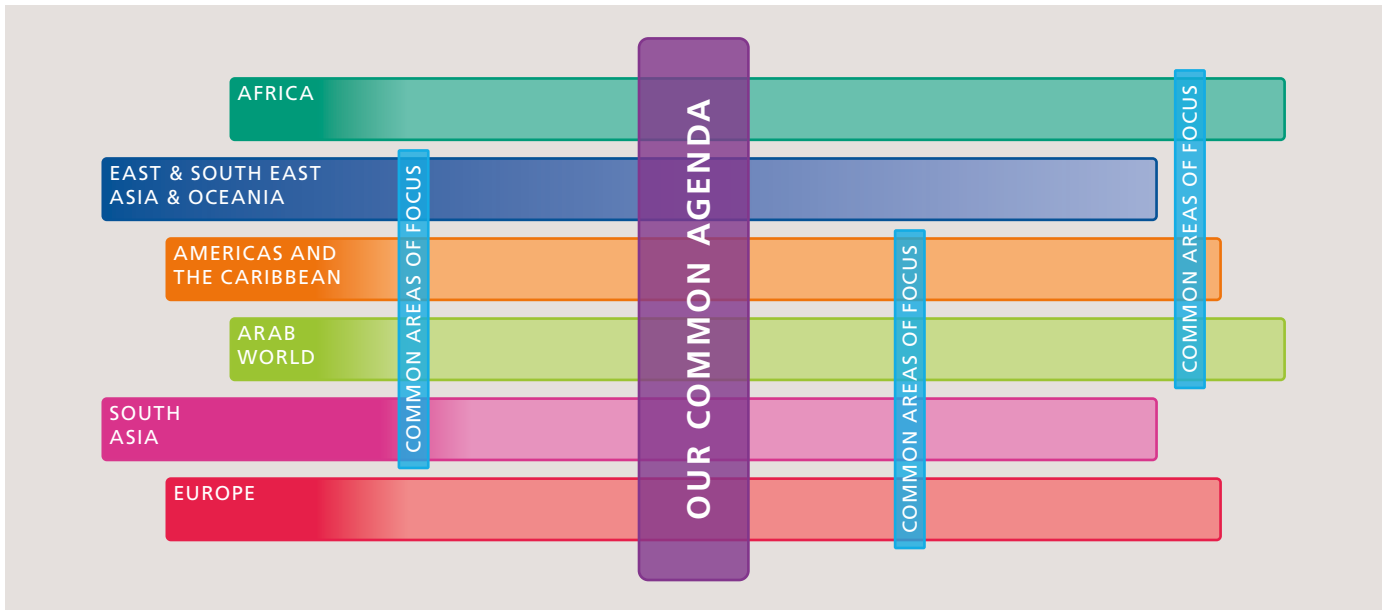
It is called the *Advocacy Common Agenda* because it prioritises areas of work that are *common to all levels* of the Federation while leaving space for regions and countries to work on their own advocacy priorities. It highlights where urgent action is needed, and where IPPF commits to achieving change by aligning efforts at all levels. The Advocacy Common Agenda also leaves space for advocacy to be tailored to specific contexts.

The objective of this strategy is to achieve sustainable, national political change and accountability that advances SRHR and gender equality.

We will influence governments to change, uphold laws and policies, and to ensure national implementation that endorses global and regional agreements on SRHR and gender equality. We will also influence at intergovernmental level to achieve progressive global norms and regional standard setting.

Placing accountability at the centre, this strategy aims to ensure that governments fulfil the promises they have made and adhere to the agreements they have signed. Through social accountability and human rights accountability mechanisms, such as the Universal Periodic Reviews and Treaty Bodies, we will work at all levels to make sure that policies are implemented and funded, and that greater numbers of women and girls are empowered to exercise their rights. Our actions will be inspired and guided by the [IPPF Charter Guidelines on Sexual and Reproductive Rights and Sexual Rights: An IPPF Declaration](#).⁶

ii Including Member Associations, collaborative and associated partners, Regional Offices, the Central Office and Liaison Offices



IPPF regions and their Member Associations are shown as horizontal bars; vertical bars are those areas of advocacy focus that will involve some but not all regions. The broad vertical bar represents the ACA and indicates advocacy areas that all regions and Member Associations will prioritise and adapt to their contexts.

The Advocacy common agenda sets a strategic direction and defines high-level changes that will be contextualized at the national level.

It will deliver change through horizontal learning and institutional strengthening, by utilizing the depth of skills and the breadth of experience that exists across the Federation. IPPF's role as a major provider of SRH services that reach the most vulnerable populations, which are often left behind by governments, will work hand-in-hand with our role as leading advocates. The Advocacy Common Agenda aims to reinforce our advocacy identity internally, strengthening our organizational structures, and amplifying our voice and political influence in the external environment. To do this, and to foster ownership at all levels, this strategy will engage, not only advocacy teams, but also service providers and technical colleagues.

The Advocacy Common Agenda will increase the Federation's interconnectivity across Member Associations, regional offices, Central Office and Liaison Offices through innovative ways of working, recognizing that our interactions in sub-national, national, regional and international spaces are multi-directional. It builds on and links with existing IPPF strategies such as the [Humanitarian Strategy 2018–2022](#)⁷ and the [Gender Equality Strategy and Implementation Plan 2017](#).⁸

By achieving Outcome 1 of the *IPPF Strategic Framework*, we will contribute to *Sustainable Development Goals (SDGs) 3* and *5*, and their specific targets related to SRHRⁱⁱⁱ and gender equality,^{iv} as well as to other related SDGs. To remain relevant in a rapidly changing and polarized world, we will work in coalitions, cultivating existing relationships and building new

strategic partnerships to make the 2030 Agenda a reality at the national level.

C. OVERVIEW

The IPPF Advocacy Common Agenda will achieve political change and accountability using three lenses:

- **Thematic:** The high-level changes we aim to achieve
- **Pathways:** The mechanisms and tactics that we will use to achieve those high-level changes
- **Interconnected levels of influence:** The work will happen at all levels and will connect strategy and progress between them, ensuring that change is multi-layered and mutually reinforcing.

D. PRINCIPLES AND INTERNAL CONNECTIONS

Principles

The Advocacy Common Agenda describes IPPF's advocacy priorities and aligns with a diverse range of existing organizational strategy documents. Underpinning it is a series of core principles that will define and shape our work:

- **Rights-based approach:** Our work is based on international human rights law and aims to ensure that governments fulfil, protect and respect human rights. This will help to ensure that political change is sustainable, empowering rights-holders themselves – especially the most marginalized – to participate in policy formulation and to hold duty-bearers

iii **Target 3.7:** By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

iv **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform of Action and the outcome documents of their review conferences

THE IPPF ADVOCACY COMMON AGENDA

OUTCOME 1
100 GOVERNMENTS RESPECT, PROTECT AND FULFIL SEXUAL AND REPRODUCTIVE RIGHTS AND GENDER EQUALITY
 (IPPF STRATEGIC FRAMEWORK 2016-2022)

INTER-CONNECTING
 LEVELS OF INFLUENCE

NATIONAL POLITICAL CHANGE AND ACCOUNTABILITY

PRINCIPLES: RIGHTS-BASED, YOUTH-CENTRED, GENDER TRANSFORMATIVE



Universal
 access to
 SRH services



Abortion



Comprehensive
 sexuality
 education



Sexual and
 gender-based
 violence

UNDERSERVED AND VULNERABLE POPULATIONS



SRHR and Gender equality
 in the political architecture

Social
 mobilization

Countering
 opposition

Direct
 advocacy

Learning and
 evidence

Strategic
 partnerships

Institutional
 strengthening

PATHWAYS

SUB-NATIONAL

NATIONAL

REGIONAL

INTERNATIONAL

The five priority **thematic** high-level changes:

Universal access to SRHR: Governments ensure universal access to SRHR, especially for underserved populations:

- **Abortion:** Governments liberalise abortion laws and policies and eliminate barriers to implementation
- **Comprehensive sexuality education (CSE):** Governments integrate CSE into education policies, programmes and curricula
- **Sexual and gender-based violence (SGBV):** Governments issue laws, policies, regulations and protocols to prevent, combat and respond to SGBV
- **SRHR and gender equality:** Governments recognize and integrate SRHR and gender equality into the political architecture at sub-national, national, regional and global levels; ensuring financing for SRHR and gender equality.

The six **pathways** through which we will achieve change:

Amplifying and connecting social movements: Mobilize women in all their diversity, youth and other movements to co-create shared demands for socio-political change

Countering opposition: Neutralize opposition attacks and maintain or gain ground in key countries and regional and global spaces

Direct advocacy: Use our leadership position to effectively and systematically influence decision-makers

Learning and evidence: Learn from each other's experiences and use strategic information based on research to influence political change and increase accountability

Strategic partnerships: Share goals and work closely with a wide range of strategic partners across sectors

Institutional strengthening: Ensure IPPF increases its identity and positioning as a leading advocate, with the internal systems and capacity to enable more colleagues to become effective advocates in their contexts and communities.

The four **interconnected levels of influence** that we will work at with our Member Associations, collaborative and associated partners, regional offices, Central Office and Liaison Offices are: **Sub-national, national, regional and international.**

accountable. Our work is explicitly guided by the [IPPF Charter Guidelines on Sexual and Reproductive Rights and Sexual Rights: An IPPF Declaration](#),⁹ which describe the set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, bodily autonomy, integrity and dignity of all people.

- **Youth-centred:** We systematically place young people at the centre of our advocacy, and recognize them as diverse and autonomous rights-holders. We ensure they are meaningfully involved in decision-making processes, and that their needs and the unique barriers that they face are a priority. Our youth-centred approach is strengthened by our respect for an individual's sexuality and reproductive life at every stage in the life course, and the different demographic challenges and social pressures each phase poses.
- **Gender-transformative:** Our advocacy takes a gender-transformative approach, is based on holistic and feminist principles, and includes sexual orientation and gender identity and expression. This enables us to address intersecting structural aspects of people's identities; as well as multiple layers of stigma, oppression and discrimination associated with social determinants including age, race, wealth, ability, status and sexual orientation.
- **Prioritising the underserved and most vulnerable:** Marginalized and most vulnerable people^v are at the centre of IPPF's programming and advocacy. If we achieve political change for those most in need, those excluded from society and those experiencing stigma, violence and discrimination, we will achieve change for all. Populations facing humanitarian crises are an integral part of the Advocacy Common Agenda, and we will advocate for their SRHR both in disasters risk reduction (DRR) work and in our responses to emergencies and humanitarian crisis and conflict.

Internal connections

By implementing this strategy, we will strengthen our multi-directional connections across the Federation, recognizing that the concept of 'sub-national', 'national', 'regional' and 'international' levels as totally separate entities is outdated.

For example, some Member Associations with national roles

also engage in regional spaces, as well as leading or participating in international advocacy efforts. Member Associations with International Programmes will influence progress on SRHR and contribute to advocacy in their national contexts, at the same time as working on international development policies and efforts to gain funding for their governments. This will often happen alongside partnering with other Member Associations and civil society organizations (CSOs) across continents. Institutional strengthening will create more connections and efficiencies, avoiding duplication of work and funding as well as enabling smarter use of human resources and expertise within the Federation.

The **secretariat**^{vi} will continue to play its role as coordinator and convener through the Advisory Advocacy Group, and we will ensure that we expand our interconnections and raise our voices *together as IPPF* externally. **Regional Offices** will continue to lead on regional intergovernmental influencing, and to provide strategic guidance to Member Associations, convening their efforts in their regions.

The national focus of the Advocacy Common Agenda requires that **Member Associations** play a central role in implementation of its priorities. Their contribution will go beyond contextualizing and bringing high-level changes to their national contexts. It will place Member Associations at the centre of decision-making on advocacy strategies, tactics and mechanisms for analysing the external political environment. They will be active in monitoring progress, sharing evidence and learning and fostering strategic partnerships. Across the Federation we will amplify our voices in regional and international spaces, and cross-regional connections will be encouraged. By engaging Member Associations we will ensure that IPPF's regional and international advocacy is relevant for national political change.

Member Associations with International Programmes will play a key role in enhancing our advocacy and influence as a Federation at all levels. The implementation of the Advocacy Common Agenda will require increased collaboration across functions and new matrix ways of working.

v IPPF defines 'vulnerability' as including those who are poor, marginalized and underserved. These terms are defined in the *IPPF Measuring Vulnerability Guide* as follows: **Poor:** People living below the national poverty line; **Marginalized:** People who are wholly or partially excluded from full participation in the society in which they live, and have not benefited from education, employment or other opportunities because of their culture, language, religion, gender, education, migrant status, disability or other factor. **Underserved:** People who are not usually or adequately served by established sexual and reproductive health service delivery programmes because of a lack of capacity and/or political will. This includes, for example, people living in rural or remote areas, internally displaced people or young unmarried people. In most countries across the world, young people have a higher unmet need for sexual and reproductive health services compared to adults and are therefore categorized as underserved. It may also include young people, people who use drugs, people living with HIV, sex workers, people in crisis settings, sexually – and gender-diverse groups, survivors of sexual and gender-based violence and people with disabilities.

vi The IPPF Secretariat is comprised of the Central Office in London, six Regional Offices and Intergovernmental Liaison Offices in New York, Geneva and Addis Ababa.

Intergovernmental advocacy

Through our **intergovernmental advocacy** we will continue to advance SRHR and gender equality's norms-setting by influencing governments in international and regional spaces. We will aim to ensure that they are accountable for their human rights obligations and political commitments, for example through the participation of Member Associations in human rights international mechanisms such as: the *Universal Periodic Review (UPR)*, the *Agenda 2030's Regional Forums for Sustainable Development (RFSD)*, the *High-level Political Forum (HLPF)* and the *Voluntary National Reporting (VNR)*.

We will intensify our influence in international spaces and UN processes, creating more connections and efficiencies across our Liaison Offices, and collaborating closely with Member Associations with International Programmes as well as international coalitions. We will increase our intergovernmental impact by creating an intergovernmental task force within the Federation, including Regional and Liaison Offices and Member Associations, which will develop an intergovernmental framework in line with the Advocacy Common Agenda.

Our current presence in New York, Addis Ababa and Geneva will continue. The **United Nations Liaison Office (UNLO)** that is responsible for the coordination of IPPF's efforts to influence both intergovernmental and inter-agency UN processes at the New York headquarters, will prioritise key negotiations in the *UN General Assembly (GA)* and the *UN Economic and Social Council (ECOSOC)*, including the *Third Committee of ECOSOC*; the *High-Level Political Forum* (both under the auspices of the General Assembly and ECOSOC); the *Commission on Population and Development*; and the *Commission on the Status of Women* and high-level negotiations related to the Advocacy Common Agenda priorities.

The focus for the **African Union Liaison Office (AULO)** will be two-fold. It will hold governments accountable for their existing policy commitments on SRHR, gender and population and development, focusing on dissemination, domestication, reporting and monitoring and evaluation; and work with the *African Union Commission (AUC)* to influence revision of retributive SRHR policies and legislation at the national level that infringe on the rights of African citizens. AULO will contribute to accelerating and engaging member states to recommit to domestic funding for Universal Health Coverage; safe abortion in line with the *Maputo Protocol* and the *Maputo Plan of Action*; and a uniformed CSE continental policy. The AULO will also ensure that the *African Union Gender Strategy* is implemented at national level; and will strengthen the network of champions among selected Ambassadors of African missions.

The **Geneva Liaison Office (GLO)** will focus on influencing negotiations and ensuring civil society presence on UN mechanisms related to three areas: health, humanitarian and human rights. The GLO will continue to mobilize member states to influence key processes to ensure that women and girls, human rights, and the SRHR of adolescents and young people remain high on the agenda. This will enable Member Associations to effectively engage with international processes and to have closer relationships with key Geneva-based UN Agencies, including the Office of the United Nations for Human Rights (OHCHR); United Nations Human Rights Council (UNHRC); Joint United Nations Programme on HIV/AIDS (UNAIDS); and the World Health Organization (WHO), as well as human rights treaty body mechanisms. The GLO will strengthen partnerships with CSOs working on SRHR issues in Geneva.

We will also engage with intergovernmental platforms beyond the UN and the African Union. Special efforts will be put into formalizing our current engagement with the European Union (EU) and its member states.

Links to existing IPPF strategies

The Advocacy Common Agenda has been informed and influenced by other IPPF initiatives and strategies. Its gender-transformative principle is in line with IPPF's [Gender Equality Strategy and Implementation Plan 2017](#),¹⁰ and by prioritising sexual and gender-based violence (SGBV), and by mainstreaming gender equality throughout the Advocacy Common Agenda, we will contribute its objectives. The Advocacy Common Agenda's principles and priority areas also reflect the [IPPF Humanitarian Strategy 2018–2022](#),¹¹ focusing on populations affected by humanitarian crises and including national advocacy and international engagement with the global humanitarian community, particularly as members of the Inter-Agency Working Group on Reproductive Health in crises. The Advocacy Common Agenda links with the [IPPF Secretariat Business Plan 2019–2022](#),¹² especially with the areas of social mobilization and countering opposition which are pathways of the Advocacy Common Agenda.

Measuring success

We will be accountable for achieving the objectives of the Advocacy Common Agenda through continually measuring our progress and success. The Advocacy Common Agenda has developed 10 specific expected results that are linked with the current IPPF performance framework. There will be a mid-term evaluation and an external evaluation of the Advocacy Common Agenda after 2022.

What we will not do

Prioritising is not easy in a large and diverse Federation. The Advocacy Common Agenda leaves space for context-related advocacy on themes not prioritised by the Federation as a whole. These themes could be led by Member Associations according to their expertise and strategic focus. This is the case for emerging and important issues such as climate change, cervical cancer, and female genital mutilation, among others. Important advocacy strategies which are instrumental in achieving policy change, such as strategic litigation, will be worked on in partnership with organizations with the focus, skills and resources in these areas.





SECTION 2

OUR PRIORITIES

To ensure that we are strategic and impactful, this strategy prioritises high-level changes in specific thematic areas. These areas were chosen applying three criteria: **relevance**, **opportunity** and **capacity**.

More details on the process to identify our priorities can be found in 'Appendix 1: Methodology' on page 24.

A. HIGH-LEVEL CHANGE:

Governments ensure universal access to sexual and reproductive health and rights, especially for the underserved

Challenge: There are many barriers to health care, ranging from unsupportive policy and programmatic environments, insufficient and inefficient funding and lack of commodities and essential medications, to weakness and cultural inappropriateness of health care systems, especially in rural or poor areas. These barriers are even greater for women and girls, adolescents and young people, indigenous people and key populations. These groups often face additional obstacles due to social, cultural and/or traditional norms and harmful practices, stigma and discrimination, which prevent them accessing sexual and reproductive health information, education and services, as well as infringing on their human rights and fundamental freedoms.

As a result, data on health outcomes are shocking. Globally, access to contraceptives has increased and unintended pregnancies have declined, yet the overall picture of contraceptive coverage obscures dramatic disparities in access. Each year worldwide, 25 million unsafe abortions take place. Access to contraceptives is at a crisis point – if current trends continue there will be a funding shortfall of US\$290 million in 135 low- and middle-income countries.¹³

The HIV epidemic is disproportionately affecting women, with girls making up three out of four new infections among adolescents aged 15–19 years in sub-Saharan Africa.¹⁴ One-quarter of people affected by humanitarian crisis are women and girls aged 15–49, and approximately 5 million are likely to be pregnant and need medical care.¹⁵ WHO estimates that 35 per cent of women have been exposed to physical or sexual abuse by their intimate partner or someone else during their lifetime.¹⁶ Sexual and gender-based violence (SGBV) remains a major public health issue and a fundamental violation of woman's rights. Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health

unrealized due to inadequate sexual and reproductive health care over the course of their lives.¹⁷

Sexual and reproductive health information, together with services, is essential for Universal Health Coverage (UHC) and Primary Health Care (PHC) at country level. Our efforts to realize health for all at the country level will contribute to achieving UHC globally.

We will advocate for:

- the integration of SRHR into the Universal Health Coverage (UHC) and Primary Health Care in national UHC packages to strengthen health systems, and for increasing domestic funding for SRHR.
- SRH to be recognized as integral to PHC in humanitarian settings.
- the development of government policies in support of SRHR in crisis, including the Minimum Initial Services Package, and the integration of SRHR into disaster management at all levels.
- increasing domestic and donor funding for, and removing barriers to, the availability of contraceptive commodities to ensure women and girls have access to a range of contraceptive methods that meets their needs.
- ensuring access to SRHR services for the underserved, emphasizing youth and adolescents and marginalized populations.

Advocacy Expected Results:

- 1 SRHR included as an essential component of UHC in the Declaration of the High-Level Meeting on UHC in the United Nations General Assembly in 2019
- 2 Governments of 30 countries establish new or revised policy initiatives and/or legislative changes that include SRHR in their UHC primary or essential health care packages
- 3 Governments of 13 countries establish new or revised policy initiatives and/or legislative changes in support of SRHR in humanitarian crises situations (Minimum Initial Services Package for SRH, disaster risk reduction / National Emergency Response policy) to which IPPF contributed by 2022

Highlight actions, audiences and strategic partnerships

We will collaborate with governments, movements, non-governmental organizations (NGOs), donor governments and UN Agencies, including those working on UHC, to ensure continued funding and support for SRHR programmes, as well

as working to ensure the availability, affordability, accessibility and quality of SRHR services at national level, particularly for underserved women, girls and young people. We will work with local and religious leaders and community representatives to change attitudes and social norms; support medical professionals to provide quality care; and work to ensure that comprehensive SRHR services are reflected in nationally-funded essential health packages. We will collaborate with humanitarian stakeholders to ensure SRHR is integrated into disaster management at all levels. We will convene and/or participate in UHC specific spaces with Member States, civil society, academia and the health sector to explore how to increase support for SRHR within UHC, and its implementation.

B. HIGH-LEVEL CHANGE:

Governments liberalise safe abortion laws and policies and eliminate implementation barriers

Challenge: Women and girls around the world are facing situations of extreme reproductive coercion due to failure in all regions to ensure that access to safe abortion is available. Despite common and life-saving medical interventions, many women and girls are forced through full pregnancies or are abandoned by the medical profession. Even in countries where abortion is relatively unrestricted, barriers such as compulsory counselling, denial of care by extensive use of conscientious objection, cost and travel requirements, restrict access for women and girls. As a result, over 25 million women each year are forced to find their own, often dangerous solutions to opt out of a pregnancy.¹⁸ Complications resulting from these unsafe abortions cause high rates of morbidity and mortality, accounting for approximately 47,000 deaths per year.¹⁹ Young women are disproportionately affected by restrictions on abortion services: every year, over 10 million young women in low- and middle-income countries have an unintended pregnancy,²⁰ and as many as 65 per cent of these young women decide to seek abortion, often under unsafe conditions.²¹ Given the highly sensitive nature of abortion and the increasing radical movements and individuals who oppose it, many activists and care providers also face great risk. Liberalising restrictive laws and policies and removing barriers to implementation are an urgent advocacy priority.

We will advocate for:

- increasing the grounds where safe abortion is legally accessible.

- removing implementation barriers where abortion is legal, including denial of care, to ensure access for women and girls, and to encourage a more liberal interpretation of the law.
- increasing the provision of abortion services in humanitarian settings.

Advocacy Expected Result

- 4 Governments of 20 countries establish new or revised policy initiatives (including guidelines and protocols) and/or legislative changes to increase access to safe and legal abortion to which IPPF contributed by 2022

Highlight actions, audiences and strategic partnerships

We will connect Member Associations working on abortion in different regions to strategize together to advance women's right to safe abortion. This will include building alliances with SRHR and non-SRHR networks and civil society organizations (CSOs) to mainstream abortion within broader movements. Through a Federation peer-to-peer learning system, we will support and assist Member Associations to create partnerships with national media and influential decision-makers, to shift public attitudes. At the intergovernmental level, we will support the efforts of Member Associations to include demands around abortion in intergovernmental accountability via engagement with the Universal Periodic Review and Treaty Bodies. We will work with communities, including traditional and religious leaders, to fight against stigma and discrimination related to abortion. We will undertake direct advocacy with key decision-makers to push for the liberalisation of laws; the removal of barriers; and the creation of health systems that provide comprehensive care, and services that include medical abortion. We will partner with legal organizations and networks on litigation efforts.

We will work with influential professional associations and medical partners at all levels, such as the International Federation of Gynaecology and Obstetrics (FIGO), to strengthen the case for access to abortion, including medical abortion. Through our regional and global intergovernmental work, we will work in partnership with CSOs to increase support from the more moderate/conservative governments in relevant processes and fora. We will formulate arguments and political action based on evidence, developing position papers and amplifying those developed by partner organizations regarding denial of care and non-legal barriers to abortion, as well as the importance of access to abortion, including in humanitarian settings.

C. HIGH-LEVEL CHANGE:

Comprehensive sexuality education is integrated into education policies, programmes and curricula

Challenge: Comprehensive sexuality education (CSE)^{vii} remains politically and socially controversial, and resistance from different fronts, including governments, parents and religious leaders, prevents young people from accessing information informed by evidence about sexuality and SRHR services.

According to the Sexual Rights Initiative database,²² CSE is mandated by law or policy in only 60 countries in the world. There is a lack of understanding and consensus on the contents of the CSE curriculum, with some governments selecting only those areas that they feel comfortable with. Many countries lack political commitment and institutional capacity to mainstream effective CSE in and out of schools, and the topic is not well-addressed in protracted contexts. There are concerted and organized opposition campaigns against CSE, and governments are cautious about making it a political priority. Where countries have laws and/or policies that require the teaching of comprehensive sexuality education, implementation may be weak, with teachers having inadequate training, funding, support, capacity or materials, as well as a limited curriculum. Parents may also bar students from attending. Tracking the implementation of progressive laws and policies on CSE remains challenging.

We will advocate for:

- governments to pass laws or develop official strong and well-funded strategies, policies and curricula on CSE, or to strengthen them where they already exist.
- the implementation of the United Nations Educational, Scientific and Cultural Organization's (UNESCO) *International Technical Guidance on Sexuality Education (ITGSE)* 2018,²³ in partnership with global youth networks and UNESCO and other UN agencies.
- more governments to endorse international intergovernmental agreements and commitments on CSE.

Advocacy Expected Result

- 5 Governments of 42 countries establish new or revised policy initiatives and/or legislative changes to include comprehensive sexuality education (CSE) into curricula of formal education or programmes for out of school adolescents and young people to which IPPF contributed by 2022

Highlight actions, audiences and strategic partnerships

We will work with governments, in particular ministries of education, to increase political support for and understanding of CSE. We will create a 'sharing best practices' system within the Federation to ensure learning from Member Associations' advocacy experiences across and between regions, including best practices on digital content for CSE. We will advocate with global youth networks and UN agencies, in particular UNESCO, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Health Organization (WHO) to prioritise CSE and influence governments to implement UNESCO's ITGSE, and ensure the implementation of progressive negotiated agreed outcome documents. We will review, and if needed, update IPPF's existing materials related to CSE to ensure that IPPF colleagues are able to provide the rationale for CSE in their own contexts.

D. HIGH-LEVEL CHANGE:

Governments issue laws, policies, regulations and protocols to prevent, combat and respond to sexual and gender-based violence

Challenge: Sexual and gender-based violence (SGBV) hampers the realization of basic human rights throughout the life course and blocks access to critical SRH information, education and services. It is a major public health concern in all parts of the world; a barrier to women and girls' empowerment and gender equality; prevents full and open integration of lesbian, gay, bisexual, transgender, queer/questioning and intersex people in their communities; and is a constraint on individual and societal development.

vii IPPF uses UNESCO's definition: Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. See: United Nations Educational, Scientific and Cultural Organization (UNESCO) 2018 *International technical guidance on sexuality education: An evidence-informed approach*. Available at: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

Women and girls who experience violence are more at risk of unintended pregnancies, maternal and infant mortality and STIs, including HIV.^{24,25} Such violence can cause direct and long-term physical and mental health issues. Sexual and gender-based violence compounds other types of gender discrimination and disempowers women and girls in many ways. Research shows that girls who undergo early and forced marriage face reduced educational opportunities.²⁶ Women and girls living with disabilities have up to a three times greater risk of rape than their peers.²⁷ Sexual violence is aggravated in humanitarian settings and the victims are usually women and adolescents, whose vulnerability is exacerbated in the chaos of a crisis.²⁸ Being separated from their families and communities puts them at even greater risk of exploitation and abuse. A breakdown in law and order means that perpetrators often abuse with impunity. Research on sexual violence in conflict shows that women's bodies become battlegrounds, with rape used as a tactic to humiliate, dominate or disrupt social ties.²⁹

We will advocate for:

- governments to adopt or strengthen SGBV laws and policies, including on intimate partner violence, marital rape and violence based on sexual orientation and gender identity.
- increasing access to emergency contraception and safe abortion after situations of violence, in particular in cases of rape.
- health, justice and enforcement systems to create and/or expedite and facilitate referral systems to ensure that victims and survivors of violence have the legal and social protection they need.
- governments to include prevention and response to SGBV within disaster preparedness and response policies and plans.
- humanitarian response plans to include prevention and response to SGBV.
- the international community to embrace the SRHR component of SGBV.

Advocacy Expected Result

6 Governments of 57 countries establish new or revised policy initiatives (including regulations, protocols and guidelines) and/or legislative changes to prevent, combat, or respond to sexual and gender-based violence (SGBV) to which IPPF contributed by 2022

Highlight actions, audiences and strategic partnerships

Taking a strong feminist and intersectional approach, we will build partnerships with relevant government departments and

ministries, including ministries of justice, to expand provision of SGBV care and services, including protection and legal support. We will leverage our SGBV services to increase access to emergency contraception, safe abortion, HIV care and legal referrals. We will establish partnerships with research organizations to develop advocacy positions on SGBV, including in humanitarian settings, and continue to advocate for recognition of women's needs in emergency settings. We will work with national human rights commissions and other relevant organizations, including girls' and women's groups and faith-based organizations, to seek accountability and enforce human rights redress mechanisms.

E. HIGH-LEVEL CHANGE:

Sexual and reproductive health and rights and gender equality recognized in the political architecture at sub-national, national, regional and global levels; ensuring financing for SRHR and gender equality

Challenge: SRHR and gender equality as holistic approaches are still not adequately embedded in national, regional and international legal architecture, frameworks and funding. The initiatives and structures that have been designed to advance SRHR are siloed, short-term and under-funded. The weaknesses in these structures are compounded by a lack of implementation at the national level, with governments not following through on the international and regional obligations and commitments that they have made.

Funding for SRHR is inadequate at all levels. Domestic funding is insufficient, and donor funding, while still essential, has faced a downward trend in recent years, especially for middle-income countries.

IPPF will contribute to the creation of a sustainable, meaningful and enabling environment for the realization of SRHR at all levels. We will respond to these trends by advocating for SRHR as a comprehensive agenda that is recognized in national constitutions, regional binding documents and global agreements. We will advocate for effectiveness and efficiency in health domestic and Official Development Assistance (ODA) funding, particularly SRHR funding. IPPF will play a leading role in influencing and reshaping the existing landscape for SRHR, beyond our specific thematic priorities.

We will advocate for:

- intergovernmental agreements, global programmes, and human rights accountability mechanisms to make the case for SRHR and gender equality as key drivers for sustainable development, human rights and social justice.
- governments to include, maintain or increase funding for SRHR and gender equality in their domestic budgets and ODA, including for humanitarian responses.

Advocacy Expected Results

- 7 Governments of 7 countries have included specific reference to SRHR and/or gender equality in the revision of their national legal frameworks to which IPPF contributed by 2022
- 8 12 regional bodies establish new or revised policy initiative and/or legislative change that promote SRHR and/or gender equality as key drivers for sustainable development and/or for the realization of human rights and social justice to which IPPF contributed by 2022
- 9 Governments of 42 countries establish new or revised policy initiatives to increase funding for SRHR within Official Development Assistance and/or domestic budgets to which IPPF contributed by 2022

Highlight actions, audiences and strategic partnerships

We will advocate for a progressive human rights and development paradigm through participating in national debates regarding major legal frameworks, intergovernmental negotiations and global programmes, and will link human rights accountability mechanisms to the national arena. We will develop position papers and mapping exercises, making the case for integrated SRHR within existing structures to influence the renewal/revision of strategic national or sub-national strategies on SRHR. We will work with progressive donor governments, foundations and UN agencies, using our expertise as a health care delivery body, to implement the commitments made on the ground. We will map and analyse traditional and emerging development funding initiatives, and work to ensure that they are effective, comprehensive and accountable, including through collaborating with technically strong and credible CSO partners. We will also advocate for increased and more efficient domestic funding, including humanitarian financing, focusing on localization.

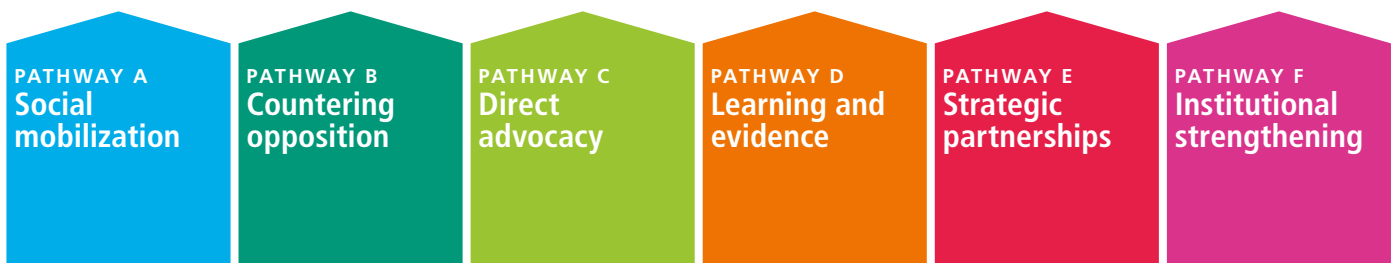


SECTION 3

OUR PATHWAYS FOR CHANGE

To achieve these high-level changes and increase IPPF’s influence and positioning, we will follow a series of six pathways that set out our actions across all priority areas.

Our pathways are:



PATHWAY A
SOCIAL MOBILIZATION

IPPF will engage with social movements to achieve political change. Through this pathway we aim to contribute to resilient and open societies that take ownership and safeguard SRHR, with equal opportunities and shared responsibility. Success means that IPPF mobilizes women, youth and other relevant movements to co-create shared demands for socio-political change, leading to governments’ guaranteeing universal access to quality SRHR information, education and services, and the

empowerment of all people to exercise and enjoy their rights. As one of the accelerators of the [IPPF Secretariat Business Plan](#),³⁰ this pathway will include the creation of ‘centres of expertise and implementation’ that will channel funds to social movements. These ‘centres’ or ‘labs’ will also develop expertise to support and strengthen national movements – increasing their impact, rapid response and critical solidarity for social justice.

<p>INITIATIVE 1 Supporting social movements</p>	<p>IPPF will support national or sub-national movements. Movements will develop their own national strategies to achieve shared demand on areas such as communication and social accountability, and IPPF will support them with its international connections and expertise generated by the centre or lab.</p>
<p>INITIATIVE 2 Building influential allies, especially with the undecided or ‘movable middle’</p>	<p>This initiative will build arguments informed by evidence to convince movable middle decision-makers, politicians, opinion leaders and health service providers to join social movements.</p>

PATHWAY B**COUNTERING OPPOSITION**

The opposition to SRHR has become more coordinated and has increased in capacity and funding. IPPF will ensure that opposition fails in regressing SRHR, and that its staff, Member Associations and partners are safe and able to develop and implement strategies that are ahead of the opposition.

This pathway aims to ensure that Member Associations and collaborative partners have increased and more agile access to information, intelligence, resources and critical strategies for neutralizing the opposition, including safety. Success in

this pathway means that IPPF Member Associations and collaborative partners are safe and equipped to advance SRHR and neutralize opposition attacks.

As one of the accelerators of the IPPF Secretariat Business Plan, this pathway will also include the creation of 'centres of expertise' or 'labs' on opposition. A centre on 'winning narratives' will serve both pathways on movements and opposition and will provide verbal framing based on values and emotions.

INITIATIVE 1
Research and knowledge

We will create an 'opposition think tank' comprised of a variety of organizations (including NGOs, foundations, academia and others) with recognized relevant expertise. It will develop intelligence, share information and provide advice, and will constitute a coordinated platform for the SRHR community. A knowledge-sharing mechanism will provide a secure, agile and effective way of collecting, analyzing and disseminating information relating to the opposition.

INITIATIVE 2
Creating winning narratives
(For pathways A & B)

IPPF, CSO partners and social movement actors will effectively and efficiently deploy powerful and accessible SRHR and gender equality narratives and messaging. The Federation and its partners will have access to a continuous and up-to-date cascade of state-of-the-art knowledge of the most effective ways to drive narratives and messaging.

INITIATIVE 3
Security and rapid response

This initiative will develop risk assessments on opposition in order to evaluate the internal and external factors that make Member Associations and partners vulnerable to opposition attacks. It will also create security protocols to assess and address Member Association's capacity to prevent and respond to online and physical attacks, and to deploy security support when needed. Technical and financial support to Member Associations in imminent risk of attacks will be provided.

PATHWAY C

DIRECT ADVOCACY

The aim of this pathway is for governments to develop progressive and pro-SRHR policies, programmes and positions, as well as creating an enabling environment for access to services. Success means that IPPF uses its leadership position effectively

and systematically, and influences decision-makers to advance the SRHR agenda at the sub-national, national, regional and international levels.

<p>INITIATIVE 1 Engagement</p>	<p>➤ Increase IPPF engagement with decision-makers at all levels to directly advocate for change, identifying the most effective, context-specific tactics, including for use in restrictive environments.</p>
<p>INITIATIVE 2 Visibility</p>	<p>➤ Increase IPPF's visibility, leadership and positioning in influential spaces relevant to our priorities.</p>
<p>INITIATIVE 3 Consensus</p>	<p>➤ Convene spaces with decision-makers to form strategies and to influence progress and consensus-building on SRHR.</p>

PATHWAY D

LEARNING AND EVIDENCE

The objective of this pathway is to guarantee that decision-makers have accurate information informed by evidence, data and research, to make changes that advance SRHR; and that IPPF constantly shares and learns from advocacy

experiences from different parts of the world. Success will be achieved when IPPF's learning and partnerships are regarded as a source of credible knowledge and strategic information on political change and accountability

<p>INITIATIVE 1 Evidence</p>	<p>➤ Accurate, accessible and up-to-date research that is informed by evidence is analysed or conducted on issues related to the Advocacy Common Agenda, and used to inform political positions and strategic advocacy at all levels of the Federation.</p>
<p>INITIATIVE 2 Learning</p>	<p>➤ Development of a cross-Federation learning system that connects analysis and strategic research, and includes compelling case studies from all countries and regions, documenting lived experience to illustrate the importance and impact of the full range of SRHR services.</p>

PATHWAY E

STRATEGIC PARTNERSHIPS

Through this pathway we will ensure that IPPF is a trusted and sought-after partner for political change, and that our participation and engagement at national, regional and international levels is valued. Success in this pathway means

that IPPF shares goals and works closely with a wide range of strategic partners across sectors, cultivating strong and trusted partnerships for political change.

INITIATIVE 1 Maintain



Maintain strategic partnerships with a wide range of organizations relevant to the Advocacy Common Agenda priorities, from all sectors and backgrounds; support partners by participating in, convening, coordinating and leading coalitions at all levels.

INITIATIVE 2 Expand or discontinue



To integrate SRHR issues into a wide range of development and human rights processes and priorities we will build relationships with new partners, or discontinue others, where it is necessary and strategic to do so to achieve the objectives of the Advocacy Common Agenda.

PATHWAY F

INSTITUTIONAL STRENGTHENING

The objective of this pathway is for IPPF at all levels to have the necessary internal systems, capacity and connections to influence decision-makers to advance the objectives of the Advocacy Common Agenda, and to hold governments to account for the commitments that they have made. Success means

that IPPF advocacy is high-performing, unified, effective and well-resourced across the Federation, and that every IPPF staff member, including service providers, technical and programmatic staff, feels empowered to advocate for political change in favour of SRHR and gender equality.

INITIATIVE 1 Positioning



Ensure that IPPF increases and strengthens its external profile as a leading advocate for SRHR and gender by encouraging the development of advocacy leaders across the Federation.

INITIATIVE 2 Capacity



Ensure that all IPPF staff across the Federation have the tools, skills and knowledge to engage in advocacy to advance the Advocacy Common Agenda, and that learning, capacity building and information sharing on key advocacy issues build on the strengths and leadership of individuals across the full Federation.

INITIATIVE 3 Commitment



Increase organizational commitment to advocacy through raising its profile within the Federation, and creating an organizational culture that champions advocacy, where all international, regional and national IPPF staff feel committed to work towards our common advocacy goals.

APPENDIX 1: METHODOLOGY

IPPF identified the need to develop an advocacy strategy in 2017, as part of efforts to achieve its current strategic framework. Starting in January 2018, the Advocacy Advisory Group (AAG) led a consultation and decision-making process across the Federation to determine strategic advocacy priorities. These included the importance of developing 'a common broad political strategy that is shaped by agreed overarching strategic priorities for the coming years'; and the 'need to shift the nature of our work from events-focused to more strategic advocacy, and to work more strategically on opposition'.

IPPF ADVOCACY COMMON AGENDA DESIGN

The process has been the result of extensive research, consultation and discussion. The process has included preparatory research, key informant interviews, a four-day externally facilitated workshop with the Advisory Advocacy Group (AAG), programme and technical teams at Central Office (CO) and the Director General, and three executive meetings to refine the workshop's outcome held by the AAG strategy task force. Regional office colleagues consulted with their Member Associations, including those with International Programmes, and further external discussions and consultations took place.

RESEARCH

Since February 2018, various pieces of research were commissioned or developed to inform the development of the Advocacy Common Agenda.

Strategy workshop preparatory analysis

The preparatory analysis covered three distinct areas of work:

1. **Rapid research and analysis:** Rapid research was commissioned to inform strategic decisions on two of the deliverables of the Secretariat Implementation Plan. An analysis of former work on accountability was prepared by Raffaella Dattler and Laura Malajovich. Two reports were commissioned: a) "Horizon scanning of Women's groups" by IWords Global and b) "Analysis of IPPF's Internal Youth Networks and Partnerships with External Youth Groups" by Dr Kelly Thompson.
2. **Questionnaires:** Regional offices, Liaison Offices in Geneva, Addis Ababa and New York and the Central Office completed a detailed questionnaire covering the external environment, the situation on SRHR and gender equality, IPPF's advocacy focus, key partners, opposition, work with women and youth and thoughts on future directions.
3. **Key informants Interviews:** An external consultant conducted key informant interviews with regional directors, or senior regional staff, donors, the Director General and the Central Office Programme Director. The interview guides asked for perspectives of the issues currently affecting SRHR, gaps and the role that IPPF could play.

IPPF Horizon Scanning of Groups and Networks (2018) focused on identifying and analysing the Federation's experience, challenges and opportunities in working with women's groups. The findings of this report resulted from desk-review, in depth-interviews with key informants and questionnaires, which showed that, the prioritisation of MAS for collaborating with more resource rich organisations rather than with small women's groups may hinder the Federations' success. One key opportunity for strengthening collaboration is liaising with entities that provide granting alternatives to women's groups.

The report on analysis of IPPF's Internal Youth Networks and Partnerships External Youth Groups (2008) concerned IPPF's regional and national youth networks and partnerships. Findings resulted from desk review of documentation and interviews with 13 key informants. In spite all regions having staff dedicated to youth advocacy, the presence of formal youth strategies is very limited. The main enablers of youth advocacy are dedicated young volunteers, however budgeting and staffing issues impacts their continued engagement, as well as the development of a clear advocacy plan and strategy. The report recommends further support from the CO for capacity building, resource mobilisation, and movement-building in various regions and countries.

Intergovernmental Review

IPPF commissioned an external review of its intergovernmental advocacy work to inform the Advocacy Common Agenda. The purpose of the review was to identify achievements and challenges of IPPF's intergovernmental advocacy and to propose recommendations to enhance impact, increase synergies, learning and relevance. The review included political, internal articulation and managerial/financial dimensions. The methodology

included documentation review and 40 interviews with key informants, 22 within the Federation and 18 with external informants. The intergovernmental review included the analysis of the Member Association with International Programmes (MAIPS) advocacy work as well as the analysis of their resources and discussion of collaboration with the rest of the Federation. Findings reveal that externally IPPF can increase its political influencing. Furthermore, there seems to be a lack of synchronised advocacy approach at the national, regional and global levels. Recommendations include the need to focus on UHC discussion more profoundly, set up a task force on intergovernmental advocacy, for more staff and resources to be involved in intergovernmental work, and for the advocacy team to become a facilitator and mobilizer for the intergovernmental advocacy agenda.

STRATEGY DEVELOPMENT MEETINGS

Strategy Workshop

An externally facilitated strategy workshop took place in Fes, Morocco 25th-28th April 2018, hosted by the Moroccan Family Planning Association and the Arab World Regional Office. The workshop explored challenges, opportunities and regional and global trends in the external environment, the type of strategy required and defined key focus areas. It was attended by the AAG in the first two days and joined by the Director General, the Director Institutional Delivery, Director Humanitarian Hub and the Acting Director of External Relations and Director of Communications. It included a half day focused on national advocacy, led by the Association Marocaine de Planification Familiale (AMPF).

Executive Meetings

Following the strategy workshop, three executive meetings with advocacy colleagues across the Federation were held in May, September and October 2018 to further define the principles, priorities, high-level changes, pathways and expected results. They also defined how youth, gender and vulnerable populations would be reflected in the strategy and defined the pathways for achieving change. These meetings included the analysis and decision-making on the feedback from Member Associations, internal and external stakeholders.

PRIORITISATION CRITERIA

The thematic and political priorities of the ACA were identified through the application of the following criteria:

1. **Relevance:** the area is aligned with the Strategic Framework 2016–2022, is a priority across the secretariat, has relevance at sub-national, national, regional and global level and is identified by IPPF partners, reflecting a clear need
2. **Capacity:** IPPF has the experience, geographical representation, leadership and resources to make a difference and that the secretariat can bring added value
3. **Opportunity:** IPPF carries expectation from others to contribute significantly to this issue, is already positioned to act, is on the cutting edge of the issue and that there is the opportunity for cross-federation learning.

Through applying these criteria, we identified five main priorities where we believe that IPPF is best positioned and able to make a tangible change, and where we are committed to doing so.



Diagram 4: Prioritisation criteria in the Advocacy Common Agenda



Diagram 5: High level change

LIAISING HIGH LEVEL CHANGES AND CONTEXTUALISING PATHWAYS

To define how the high-level changes will be attained we followed an inductive process, strategizing from the particular (each region) to the general (high level change). Inspired in the socio-ecological model of change, we defined tactics by high level change and audiences by pathways at the national, regional and global levels as depicted in Diagram 5. We called this diagram ‘the sunshines’.

Contextualising high level change by pathways

Each region, liaison office and the central office filled one diagram per high level changes. The process was participatory and involved regional staff from different departments. The ‘sunshines’ were compiled by Central Office and analysed by the AAG.

In examining the changes by pathway, each office was able to define how the ACA could be reflected in their context and the unique role that each team has in achieving the shared objectives. As part of this process, regional offices consulted on their pathways for action, ensured that it had the support of the Member Associations that they work with, and that it reflected a shared vision for the whole Federation

CONSULTATIONS WITH MEMBER ASSOCIATIONS

Member Associations were consulted in different stages of the process. Most regions held special meetings or sessions within meetings aimed to consult and discuss the draft of the Advocacy Common Agenda. Face to face meetings involved Executive Directors of Member Associations (ESEAOR) or the advocacy directors or staff of Member Associations across the Americas and the Caribbean Region (ACR), European Network (EN), South Asia Region (SAR), Arab World Region (AWR) and Africa Region (ARO). In some regions such as EN, feedback was requested in writing and MAs provided valuable input which were discussed in detail by the AAG in the executive meetings.

The Member Associations with International Programmes met with the AAG in London in September 2018 to discuss intergovernmental collaboration and their contribution to the Advocacy Common Agenda. In early 2019, a summary of the Advocacy Common Agenda was translated into three languages and sent to all member associations by IPPF Director General for a final round of feedback. Important points were added before the final text was presented to the Directors Leadership Team and approved in March 2019.

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ABBREVIATIONS

ACA	Advocacy Common Agenda
AUC	African Union Commission
AULO	IPPF African Union Liaison Office
CRR	Centre for Reproductive Rights
CSE	Comprehensive sexuality education
CSO	Civil Society Organization
DRR	Disasters risk reduction
ECOSOC	The United Nations Economic and Social Council
EU	European Union
UNGA	The United Nations General Assembly
GLO	IPPF Geneva Liaison Office
HLPF	High-level Political Forum
ICPD	International Conference on Population and Development
ITGSE	International Technical Guidance on Sexuality Education
NGO	Non-governmental organization
PHC	Primary Health Care
RFSD	Regional Forums for Sustainable Development
SDG	Sustainable Development Goal
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SRI	Sexual Rights Initiative
STI	Sexually transmitted infection
UHC	Universal Health Coverage
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Fund
UNLO	IPPF United Nations Liaison Office in New York
UPR	Universal Periodic Review
VNR	Voluntary National Reporting
WHO	World Health Organization

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