# At a glance

## Our key achievements

policy and/or legal changes in support of sexual and health services provided reproductive health and rights





















## Who we are

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.



153

Member Associations

# Millions 30,000+ of volunteers

85%

of Member Associations have at least one young person on their governing

have at least one staff

48% of Member Associations of Member Associations have volunteers and/or staff openly living member who is under 25 years old. with HIV.

staff

78%

of our funding goes

or medium levels of

human development.

to countries with low

Our work contributes to four Millennium Development Goals:







## Our results

**6**(PPF)



42.5m

Contraceptive services provided

31% Intrauterine devices (IUDs)

21%

oluntary surgical

57% Long-acting

and permanent

**15%**Oral contraceptive

16% Condom

9.1m

Couple years of protection,\*

by method

43%

Short-acting

methods

marginalized, socially-excluded and/or under-served.



Sex workers

People who

use drugs



with HIV

6





populations

+6



diverse

groups







Survivors of gender-based have sex with men violence

People with

Looking ahead

and to ourselves.

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**कू** 

(3)

IPPF's Change Goals: Unite, Deliver and

**Perform** provide us with focus and priority to achieve accelerated results by 2015 and

to maximize impact for those people with

the greatest unmet needs for sexual and

reproductive health and rights. These goals

reflect our zero-tolerance to human rights violations, and they ensure accountability

to our partners and donors, to the public

unite

a global

movement

fighting for

sexual rights and

reproductive rights for all

deliver

access for all:

to reduce unmet

eed by doubling

pertorm

a relevant and

accountable

Federation

y

disabilities

47.1m Non-contraceptive services provided











1.6m Abortionrelated



2.3m SRH medical



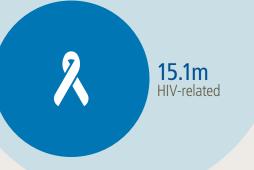
7.8m Specialized counselling



9.2m Maternal and child health

10.5m Gynaecological











Published in August 2012 by the International Planned Parenthood Federation

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Couple years of protection refers to the total number of years of contraceptive protection provided to a couple. The number of unintended pregnancies averted is based on a conversion factor of 0.288 pregnancies averted for each couple year of protection.

\*\* Including emergency contraception

UK Registered Charity No. 229476

Advocacy reates an enabling environment to increase access to services, promote sexual rights and gender equality, and reduce stigma and discrimination. Member Associations make a significant difference to the lives of millions by advocating for changes to laws and policies in support of sexual and reproductive health and rights, and opposing those that are harmful.



From 2005 to 2011, **Member Associations** contributed to

policy and/or legislative changes

in support of sexual and reproductive health and rights in 130 countries.









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Combating gender-based

In Latin America, up to a third of in their lifetime, and up to 16 per cent have experienced sexual violence.1 Legally, women's rights in the regio are least protected in the private and domestic realms, where the majority of gender-based violence occurs. In many countries, domestic violence remains hidden and beyond the scope of law.<sup>2</sup>

Six Member Associations in the Western Hemisphere region, in Bolivia, successfully advocated for 12 policy and legislative changes to reduce sexual and gender-based violence, to recognize domestic violence as a punishable form of violence against women, and to create standards for services and support for survivors. The Associations worked with decision makers at district and national levels, civil society organizations, justice ministries and the media to bring about these significant changes.

### Increasing financial commitment to contraception

Nearly a quarter of the 222 million women worldwide who have an unmet need for modern contraception live in sub-Saharan Africa.<sup>3</sup> Inadequate financial support from international donors and national governments has led to a funding gap for contraception.

Member Associations in Africa led advocacy campaigns to persuade their its to close some of this gap by increasing financial commitments to contraception. In **Benin**, a new budget line for contraceptive supplies was created; in **Senegal**, **Tanzania** and **Uganda**, Member Associations convened civil society and led coalitions to convince their governments to make significant budgetary increases for contraceptive provision. Each of these Associations overcame substantial opposition by making persuasive economic and development arguments to stakeholders, including parliamentarians and officials from the minstries of health and finance, and by working with the media.

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## Ensuring access to safe and legal abortion

Every year, 47,000 women and girls die from unsafe abortion,<sup>4</sup> and evidence shows that restrictive abortion laws contribute to maternal mortality from unsafe abortion.5

Member Associations in Europe

overcame strong opposition from anti-choice groups, religious communities, politicians and doctors to successfully advocate for changes to abortion laws in seven countries. In Germany, Russia, Slovakia and the United Kingdom, Member Associations have fought tirelessly to block changes in legislation that would have restricted access to abortion. In Austria, the cost of abortion is much higher in private clinics than in hospitals, and the Austrian Member Association worked with politicians to change the law to require all hospitals to provide abortion. The Member Associations in Israel and Tajikistan successfully advocated for improved quality of abortion services including safe abortion and post-abortion care.

### Supporting people living with HIV

The number of new HIV infections in the Middle East and North Africa more than doubled from 2001 to 2009,6 and up to 90 per cent of people living with HIV go untreated for fear of stigma and discrimination.7 There is an urgent need for targeted progran for marginalized groups at risk of HIV

environments, Member Associations in **Sudan** and **Syria** successfully advocated for changes to HIV legislation in their countries. For example, in Sudan, the national HIV strategic plan now focuses more on socially-excluded populations including men who have sex with men, sex workers and prisoners. It sets out how to challenge stigma and discrimination, and outlines how to integrate reproductive health and HIV services. The plan ensures that people living with HIV can access the information, support and treatment they need in a stigma-free environment.

# Upholding women's

In **Pakistan**, strong opposition from religious and other conservative groups threatens women's rights.

Despite these challenges, the unwavering efforts of Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP) ensured that a bill was passed that criminalizes forced marriage and Swara – a practice where women disputes – and supports women's inheritance. Rahnuma-FPAP also advocated for the Acid Control and Acid Crime Prevention Bill which ensures a 14-year to life sentence and fine for those convicted of acid-throwing Rahnuma-FPAP worked in partnership with civil society, convened meetings between parliamentarians and survivors of forced marriage, provided technical support to policy makers and government officials in writing the bills, raised awareness through the media and advised key parliamentarians who then went on to table the bills.

## **East and South East**

### Providing comprehensive sexuality education

IPPF's approach to comprehensive sexuality education (CSE) emphasizes sexual expression, fulfilment and pleasure. CSE supports young people to make positive, healthy choices about sex and contraception.8 However, it is still not included in many school

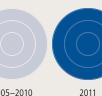
The Member Associations in Australia and Cambodia worked in close partnership with their respective ministries of education to incorporate CSE into school curricula. The Cambodian Association worked with international partners and trained education ministry staff and local authorities on CSÉ and its benefits Young people will now receive CSE in school, and peer educators will provide CSE to out-of-school youth. n Australia, students in Tasmania will benefit from the new CSE component, which is aimed at reducing the high rate of unintended pregnancy and sexually transmitted infections among young

# Key

Number of policy and/or Year of policy and/or legislative change







2005-2010

# Advocacy successes by theme 2011

Nember Associations contributed to

policy and/or legal changes in support of sexual and reproductive health and rights.



Education and services to young people



Access to SRH services





violence







abortion





5 Guttmacher Institute (2012) Legalization alone does not guarantee availability of safe abortion services. 10 May 2012, New York: Guttmacher Institute.
6 UNAIDS (2010) Global Report Fact Sheet: Middle East and North Africa. Geneva: UNAIDS.

Support for people living with HIV



Access to emergency contraception



papillomavirus vaccine

7 Solomon, E (2010) Interview: HIV stigma stifles outreach in Arab states. Dubai: Reuters.
8 Kirby, D, Laris, B and Rolleri, L (2005) Impact of sex and HIV programs on sexual behaviours of youth in developing and developed countries. Youth Research Working Paper Series, Paper No. 2. New York: Family Health International.

1 UN Women (2011) Factsheet: Latin America and the Caribbean. Progress of the World's Women 2011–2012: In Pursuit of Justice. New York: UN Women.
2 UN Women (2011) Progress of the World's Women 2011-2012: In Pursuit of Justice. New York: UN Women.