IPPF

Ensuring sexual and reproductive safety in times of COVID-19

IPPF Member Associations' advocacy good practices & lessons learned

Summary

The COVID-19 pandemic and its consequences are negatively affecting the availability of and access to basic services, including sexual and reproductive health (SRH) care, and is further exacerbating existing inequalities. IPPF Member Associations have been impacted by the spread of COVID-19, as service delivery points have been forced to close and some operations have had to be suspended.

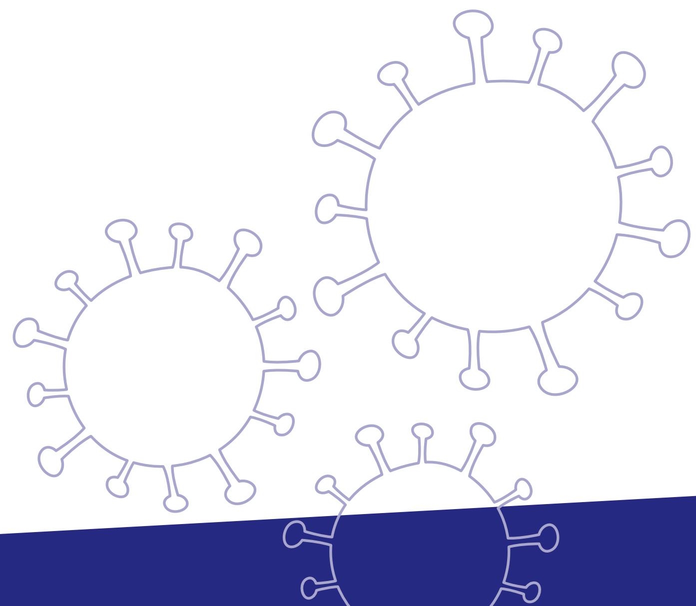
Concerted political action to secure sexual and reproductive health and rights (SRHR) provision is necessary to adequately face this challenge – to this end, IPPF Member Associations have been actively engaging in advocacy with decision makers at national, regional and international levels to ensure that access to SRHR and SRH services is safeguarded and available to all who need it. They have demonstrated exceptional innovativeness, leadership and resilience in their advocacy efforts to secure these goals.

IPPF Member Associations have been engaging through a wide range of strategies with policy makers:

- to secure and promote the **continued provision of and access to SRH care and SRHR programmes**,
- **champion innovative approaches to service provision and programme delivery**,
- **counter attacks on SRHR** and
- **ensure that long-term policy design and programming on SRHR is not impacted by a shift in priorities**.

The Member Associations have been inspiring and encouraging each other, stimulating a vibrant and diverse advocacy response to the challenges posed by COVID-19.

The examples of national advocacy actions included in this paper re-emphasize the importance of thinking strategically and in partnership in order to act ahead of those utilizing health crises such as COVID-19 to oppose progress and undermine SRHR. The good practices in this paper also show that even in highly challenging contexts, meaningful change and improvements can be achieved, and that these changes can offer opportunities for longer term political adaptation and sustained progress for SRHR, for instance recognising the use of telemedicine and digital ways to provide SRHR.



1. Impact of COVID-19 on Sexual and Reproductive Health and Rights[i] (SRHR)

The COVID-19 pandemic is the largest health and socio-economic crisis of our generation. As the impact of the pandemic continues to worsen, governments and health systems actors are taking unprecedented action to contain the spread of the disease, restricting movements and redirecting resources. As data have shown us[ii], the pandemic and its consequences are negatively affecting the availability of and access to basic services, including sexual and reproductive health (SRH) services, as well as programmes delivering comprehensive sexuality education (CSE)[iii] and preventing or responding to Sexual and Gender Based Violence (SGBV).

The impact of COVID-19 has increased SRHR-related needs for communities in lockdown and resulted in a rise in SGBV, unmet need for contraception, restricted access to safe and comprehensive abortion care, compromised SRH services, and limited access to CSE.[iv] This is highly worrying, as access to SRH services, information and commodities, including those related to contraception and menstrual health, cannot be separated from women and girls' rights, health, empowerment, and human dignity.[v]

Far from being the 'great leveller' hitting poor and rich alike, COVID-19 has exacerbated and amplified existing inequalities and injustices.[vi] Those likely to endure the most suffering during the crisis – and in its aftermath – are those already negatively impacted by marked health inequities and lacking access to quality and affordable health services in normal circumstances: women and girls, and underserved and vulnerable groups experiencing discrimination, including refugees, migrants, indigenous and minority groups, older people, people living with disabilities, people living with HIV, members of the LGBTQI+ community, and those living in extreme poverty.

In some countries, the pandemic has been used by conservative or religious fundamentalist forces to call for restrictions on access to SRH or spread misinformation or messages stigmatising contraceptive usage and access to safe abortion.[vii] Some have begun to frame the pandemic as an opportunity to return to traditional gender roles,[viii] others have used the opportunity of widespread lockdowns and bans on public protests to attempt to roll back legislation on SRHR.[ix]

IPPF Member Associations and partners have been actively engaging in advocacy with their governments as well as regional and international decision makers, and other civil society organisations, to ensure that access to SRHR is safeguarded and available to all who need it, and counter extremist positions which seek to rob women and girls of their human rights and undermine their ability to access SRHR.

This paper aims to provide examples of advocacy best practices[x] to showcase the diversity of strategies and approaches applied by IPPF Member Associations to ensure the continued provision of SRH care and delivery of SRHR programmes, champion innovative approaches to service provision, counter attacks on SRHR, and ensure that long-term policy and programming on SRHR is not negatively impacted by a shift in priorities.

While IPPF advocated for SRHR and to prevent SGBV in the response to COVID-19 at all levels in which the Federation works (including regional and global), this paper primarily focuses on examples from country-level advocacy.

These examples of good practices aim at inspiring similar actions, securing SRHR in the immediate as well as the long-term, and building expertise in responding to future crises.

2. IPPF's advocacy response

The role of SRHR advocacy in times of crises, especially health crises, is paramount – it serves to hold governments to account for their national and international SRHR commitments and their responsibility to deliver essential services, and to highlight the indispensable nature of SRHR programmes. IPPF members are actively engaging with policy and decision makers at national, regional and global levels to ensure that the right to access SRHR programmes by all, especially those most vulnerable, is upheld and that service provision is maintained even in times of crisis.

While IPPF Member Associations have been primarily active in national-level advocacy towards their governments, the IPPF regional, liaison and central offices have assisted them in delivering their messages to policy makers at regional and international levels.[xi] At the beginning of the pandemic, IPPF provided its Member Associations with a list of advocacy key messages[xii] which could be adapted and tailored according to regional and national contexts.

In a survey released in June 2020, around 85% among the 124 IPPF Member Associations who responded declared being engaged in some form of advocacy in response to COVID-19. Sixty-one Member Associations reported working with governments to ensure the continuation of SRH service provision and 51 in efforts related to CSE. Several members and partners also reported having led or participated in actions against attempts from the opposition to counter progress. These efforts are not in vain, as 31 Member Associations say they have contributed to policies or changes in legislation in support or defence of SRHR and gender equality since January 2020. Most of these changes specifically relate to putting in place policies related to the COVID-19 pandemic, although some have begun to be advocated for beforehand, and have been achieved despite of the crisis – some examples are listed below.[xiii]

In response to the pandemic's disproportionate impact on underserved populations and the increase in SGBV under lockdown, a significant number of IPPF Member Associations have conducted targeted advocacy. Fifty-nine members reported advocating to ensure the continuation of access to SRHR for vulnerable groups and 54 members reported working with governments to find ways to combat SGBV.

Securing and promoting the continued provision of, and access to, SRH care and SRHR programmes

As restrictions on the availability of healthcare services were introduced as part of the lockdown measures, efforts to cut these down to essential services were put into place by governments across the world. It became evident that advocacy for SRH services to be included onto these essential services lists was essential. IPPF Member Associations actively engaged in advocacy with national governments to ensure the continued provision and access to SRHR especially for those most vulnerable. Member Associations also advocated for ways to combat SGBV, which affects women and girls in lockdown to a greater degree than ever.

In **Bolivia**, the *Centro de Investigacion, Educacion y Servicios* (CIES) used its existing membership in national working groups on SRHR and maternal health to push for the inclusion of SRH on the list of the essential services. In **Thailand**, the *Planned Parenthood Association of Thailand under the patronage of H.R.H the Princess Mother* (PPAT), was able to leverage its existing relationships with local authorities to obtain approval for cross border movement during the lockdown for the purposes of access to SRH services, primarily contraception and safe abortion care, at PPAT clinics. Women were thus able to travel across the provincial border from Roi et, Maha Sarakham and Chaiyaphum to receive SRH services at the PPAT Khon Kean clinic. Building on ongoing advocacy and leveraging existing well-established connections has been essential to ensure continuity of SRH care.

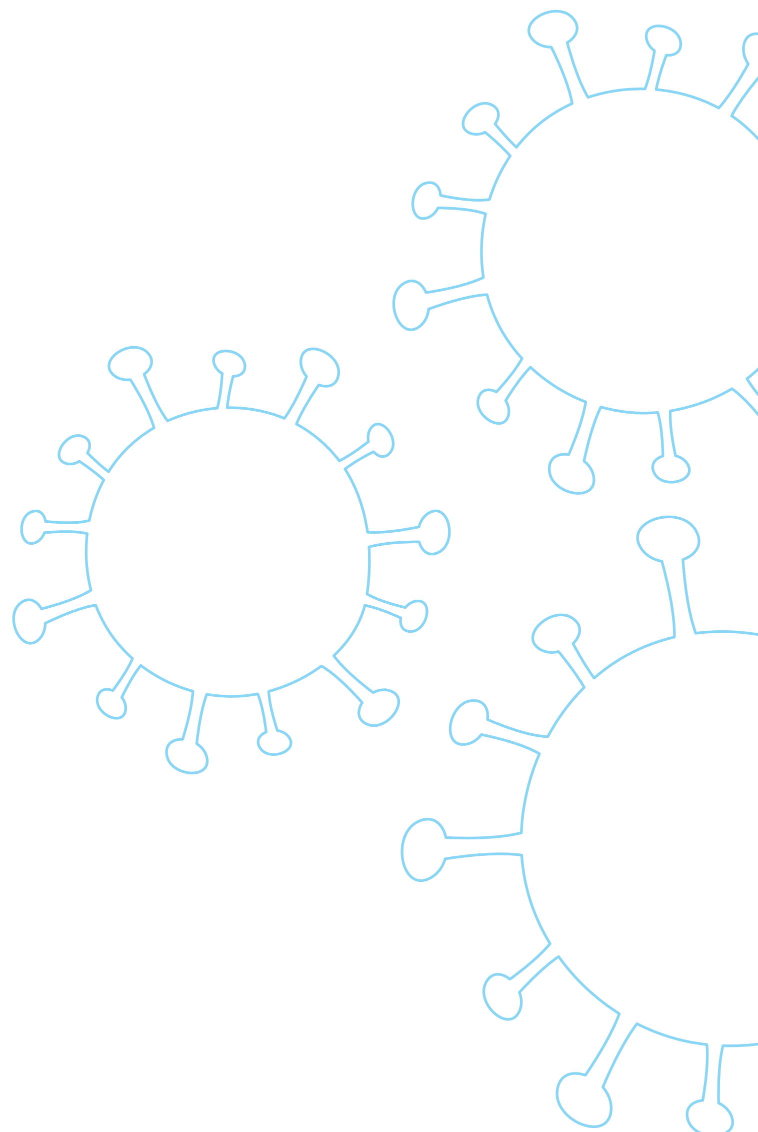
In **Nepal**, it is mandatory for a woman to visit a clinic to access abortion care. Due to the pandemic, health systems have become already overstretched and almost solely aimed at treating COVID-19 patients, leaving behind women in need of abortion. A vibrant civil society, including the *Family Planning Association of Nepal* (FPAN), has played an instrumental role in ensuring that in May 2020, the government approved de-medicalised abortion and the home use of medical abortion drugs under a self-care approach. Civil society organisations (CSOs), including the *Family Planning Association of India* (FPAI) have also played an important role in influencing the government of **India** to include SRH in the list of essential services to maintain continuity of SRH care delivery. They advocated for time-bound sensitive services including services related to reproductive health (e.g. care during pregnancy and childbirth; medical and surgical abortion services) to be ensured at appropriate facility level, along with counselling for post abortion care and provision of contraception. Strong and strategic CSO partnerships have allowed to advance such asks.

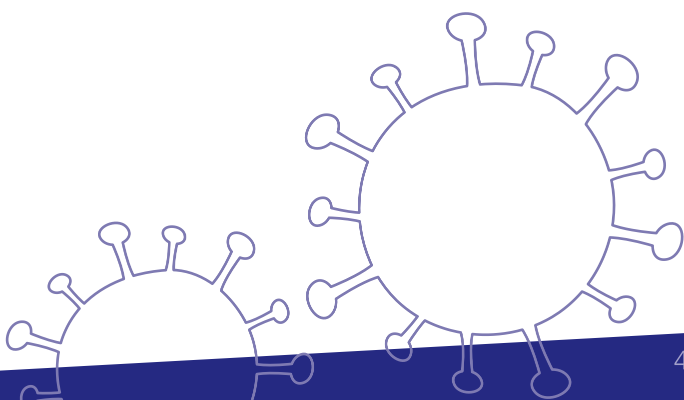
To combat the incidence of SGBV in **Uganda** during the pandemic, *Reproductive Health Uganda* (RHU) provided women and youth leaders with platforms to spread their messages through radio talk shows. They further worked in partnership with its Ministry of Health to educate communities against SBGV and reached out to the President to call on him to talk about SGBV in his address to the nation. In **Uruguay**, *Iniciativas Sanitarias* has advocated for the continued provision of integrated services to victims of sexual and gender-based violence (SGBV).

To ensure continued access of vulnerable groups to essential SHR services, *Family Planning Association of Sri Lanka* (FPASL) in **Sri Lanka** has set up weekly online meetings to connect vulnerable communities with government stakeholders to help bridge service provision gaps on the provision of HIV-related medicine. In **Tunisia**, the *Tunisian Sexual and Reproductive Health Association* (ATSR), in partnership with like-minded CSOs called on the government to allow sub-Saharan migrants and refugees to be able to access medical services free of charge. As a result of this advocacy, these populations are allowed the same access to healthcare as Tunisians; ATSR has also been able to mobilise additional funds to help migrants and refugees during the pandemic.

Key takeaways

Being able to leverage the existing well-established contacts with decision makers built over the years has allowed IPPF Member Associations to have a rapid and efficient dialogue with governments and ensure the continuity of SRH services. This time, however, Member Associations went beyond traditional direct advocacy; working in partnership with broader civil society was key in reaching the specific SRHR objectives. Member Associations further invested in novel approaches such as securing access to media platforms for youth and women's groups and supported vulnerable groups in directly reaching out to decision makers, providing a direct voice to the communities affected.





Championing innovative approaches to service provision and programme delivery

Given the exceptional measures taken by governments, such as widespread lockdowns, curfews and limitations of free movement and service provision, IPPF Member Associations have had to come up with pioneering solutions to continue providing essential SRH services. As in-person medical consultations or appointments at clinics have become impossible for many, telephone and online consultations (telemedicine) and new technological approaches such as providing information and advice through mobile applications have become widespread. Since schools and non-formal educational establishments have been closed, many Member Associations are also delivering comprehensive sexuality education (CSE) through digital and social media platforms. Often, these solutions have not been previously officially recognised as equivalent to in-person service provision, meaning that members have had to advocate to their governments for permissions to apply them.

In **Ireland**, the *Irish Family Planning Association* (IFPA), has worked hard to ensure access to abortion care during the COVID-19 crisis and to limit unnecessary exposure to the virus among healthcare workers and women seeking abortion care. The association issued a letter urging the Minister of Health to change the model of care for early medical abortion (EMA) to allow to introduce innovative approaches, such as the provision of medical abortion care through remote consultation. Since the introduction in April of a revised model of care by the Health Service Executive, the IFPA developed additional counselling and information support for its EMA clients. The IFPA's media and communications strategy in relation to the remote delivery of abortion care has resulted in positive, non-stigmatising media reports about abortion in the context of the pandemic. This supports the IFPA's wider strategy of normalising abortion as part of essential women's reproductive healthcare.

In **Kazakhstan**, the *Kazakhstan Association on Sexual and Reproductive Health* (KPMA) has participated in a working group developing new national guidelines on providing antenatal care though telemedicine and online consultation. In **France**, the *Mouvement Français pour le Planning Familial* (MFPF) called on the Ministry of Health to secure the continuity of SRH service provision across the country through the introduction of telemedical consultations, waiving prescriptions and extending delays for medical abortion at home. MFPF's advocacy for contraceptive and abortion access was successful, as the ministry agreed to relax the rules. The *Family Planning Association of **Bangladesh*** (FPAB), like many other IPPF Member Associations in the South Asia Region has invested in leveraging changes in service delivery as a response to the COVID-19 situation by expanding its teleconsultation and counselling for SRH and SGBV services. To ensure that these services would be allowed to be rolled out, FPAB advocated towards the government for their accreditation.

The *Sudan Family Planning Association* (SFPA) in **Sudan** has been permitted to provide SRH services through its call centre and smartphone application, following direct advocacy to the government. In the **Democratic Republic of Congo**, the youth peer educators of ABEF-ND have been using their WhatsApp and Facebook CSE groups to inform adolescents and youth about protective measures against COVID-19, as well as SRHR. By engaging with their target audiences in this way, they have recorded the impact of the pandemic on SRHR, such as unintended pregnancies, sexually transmitted infections and unsafe abortions. The peer educators then formed a delegation to meet the Ministry of Health and advocate for better CSE and access to SRH services for young people based on the information they collected.

Key takeaways

Advocating for innovative ways of delivering SRH services is essential in the response to health crises such as the COVID-19 pandemic. A key element of an efficient SRHR response to the pandemic has been advocacy for the introduction and/or approval of telemedicine, online consultations and use of social media tools and the provision of CSE online. While the approaches were in some cases introduced as temporary measures, they offer an opportunity to pilot, test out, and potentially retain, solutions that can be used in the long term. When combined with consistent and long-term communications and advocacy strategies, they have the potential to become standard means of providing SRH services. IPPF members must continue to document these learnings and advocate for their permanent roll-out.

Countering opposition to SRHR and gender equality

Around the world, opponents of SRHR are using the COVID-19 pandemic to push back against hard-won gains on women's rights, attempting to restrict access to SRHR. Opponents employ a range of tactics such as: spreading misinformation (e.g. in Georgia, social media platforms were used to spread a message that "COVID-19 is God's answer to abortion"); framing the pandemic as an opportunity to reinforce traditional values (e.g. in Chile, opponents of equality say that the pandemic shows that a woman's place is in her home, performing domestic tasks for her family); increasing discrimination against vulnerable populations (e.g. in Portugal, a parliamentarian called for the targeted confinement of the Roma people); and pushing for regressive measures against SRHR and blocking progressive debates on SRHR laws and policies (e.g. in Mauritania, opponents attempted to prevent the passage of a parliamentary bill combatting violence against women, claiming the pandemic was a "dictate from the West" and passage of the bill contrary to Sharia Law). IPPF Member Associations have deployed efforts to counter these push backs, defending and protecting SRHR.

In **Poland**, where bills effectively banning abortion care and criminalizing relationship and sexuality education where placed on the agenda of the parliament, SRHR defenders in the country, partners of IPPF, organised protest campaigns on social media, as well as socially distanced physical demonstrations. These social movement's actions were amplified through IPPF's advocacy toward European institutions in Brussels and Strasbourg and at national level by IPPF members in EU countries, resulting in social media solidarity campaigns, significant media coverage and statements from European parliamentarians and Council of Europe officials opposing the proposed laws.

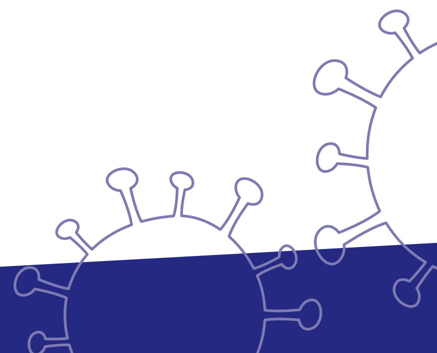
In **Mexico**, opponents of SRHR have attempted to position abortion care as non-essential, disseminating messages that shame women for seeking abortion during the lockdown. At the same time, the government continues to deny that there has been an increase in SGBV during this period and has provided falsified statistics on instances of violence. *Mexfam* has joined other CSOs and social movements in a campaign entitled "We Have Other Data", demanding an adequate response to the SGBV crisis.

In **Lithuania**, where the Minister of Health urged women to carefully consider their need for abortion care, the *Family Planning and Sexual Health Association of Lithuania* (FPSHA) issued a statement together with other CSO partners demanding that

the minister apologise and confirm the availability of safe abortion during the lockdown period. The FPSHA has fought to counter attempts that would halt a contraceptive reimbursement scheme for girls. To counter these attacks, the FPSHA focused on communication activities: the FPSHA Executive Director gave interviews to different types of media and organised a press conference organised jointly with the parliamentary group on SRHR.

Key takeaways

What has been effective when countering attacks on SRHR during this time is leveraging strong and broad partnerships with civil society actors as well as social movements, domestically as well as internationally. Alliances help amplify and legitimise voices of SRHR defenders, and international solidarity further strengthens their cause and the leverage they have vis-à-vis the opponents. Coordinated communication and strong and positively framed messaging allows to counter misinformation and false claims made by opponents and secure public support.



Maintaining SRHR on the Agenda

As resources – human and financial – are being shifted towards combating the pandemic, there is a risk that SRHR may drop further down on the political agenda or be seen as less pressing or urgent to deal with. IPPF Member Associations have been actively advocating towards their governments to make sure that SRHR does not become deprioritised in the fight against COVID-19, to ensure the sustainability of service provision and programme delivery as well as to secure long-term investment, funding and support for SRHR.

In **Morocco**, where there is a risk that financial resources earmarked for SRHR will be reallocated in the upcoming budget, the *Association Marocaine de Planification Familiale* (AMPF) is working to ensure the continuation of SRH provisions at national level. The AMPF is therefore developing a policy brief calling on parliamentarians to maintain the resources foreseen for SRH in the forthcoming health budget, and to ensure that the medical staff working to provide SRH care are not be redeployed to fight the pandemic.

In **Zambia**, the *Planned Parenthood Association of Zambia* (PPAZ) has been engaging government and development partners to ensure that funding levels and the commitment to promoting SRHR are secured and even increased, despite a need to channel funding to pandemic recovery efforts.

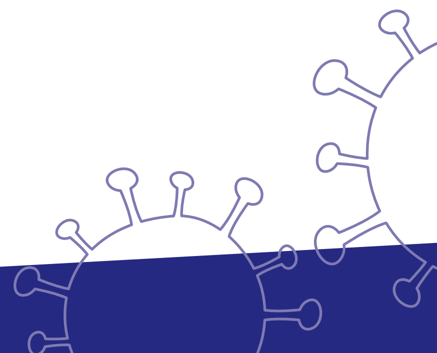
In **Spain**, the *Federación de Planificación Familiar* (FPFE) is in contact with regional parliamentarians and members of parliament from different political parties sitting on committees for international cooperation, health, and women's rights as well as the intergroup on population, development and Sexual and Reproductive Rights (SRR). Their objective is to secure the inclusion of SRHR into the pandemic response at national and international levels.

In **Norway**, *Sex og Politikk* engaged in advocacy towards the Ministry of Foreign Affairs to secure its prioritisation of SRHR in its COVID-19 related development and humanitarian efforts. They have further developed factsheets for parliamentarians on the pandemic and SRHR, hosted webinars with other IPPF members and the Norwegian Government and are planning a COVID-19 and SRHR briefing with the UNFPA for Nordic MPs. *Sex og Politikk* have also supported IPPF European and global advocacy initiatives towards the UN and the WHO.

In **Fiji**, the *Reproductive and Family Health Association of Fiji* (RFHAF) and the IPPF Sub-Regional Office of the Pacific have engaged with the Ministry of Women, Children and Poverty Alleviation to, amongst others, strengthen the SRHR and SGBV ecosystem to respond to the needs of the population. RFHAF has been successfully integrated into the national referral network for gender and protection, specifically for SRHR information and risk mitigation, during the COVID-19 response and will maintain this responsibility also in non-crisis times, positioning them for sustainable advocacy in the longer term.

Key takeaways

Foreseeing long term impact while at the same time reacting quickly to the immediate crisis is essential to respond to both the urgent needs as well as mitigating the future consequences: balancing advocacy efforts between both paves the way to a sustainable response to such crises. Responding with well documented and well-coordinated advocacy efforts is crucial to ensuring that SRHR will be retained as a priority for decision makers in the long term. Engaging in a dialogue at multiple levels, with governments, parliamentarians, as well as supportive actors such as civil society and donors is needed to ensure that messages are heard. Linking national level efforts with those at regional and international levels, through IPPF regional and global offices, adds leveraging to advocacy efforts and allows for stronger outcomes.



3. Key learnings

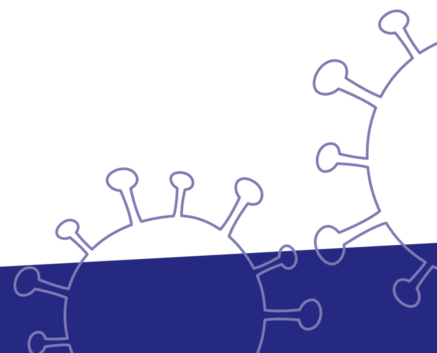
Although facing unprecedented challenges, IPPF Member Associations have been able to mobilise effectively to protect, promote and even advance SRHR in the face of the COVID-19 pandemic. They have demonstrated exceptional innovativeness, leadership and resilience in their advocacy efforts to secure these goals. This is reflective of the **double role of civil society** as a watchdog and advocate for human rights, and a service provider ensuring that access to basic services for all, especially those most at risk, is maintained and that rights can be fulfilled. Indeed, IPPF Member Associations are accountable towards the populations they serve and stand for, and have been in a position to advocate for the protection of their rights: in many countries, they are important partners in the pandemic response and form part of national COVID-19 task forces, enabling them to push for positive SRHR outcomes.

Besides short-term technical initiatives to address the COVID-19 crisis, political decisions and longer-term strategies are essential to ensure that changes are made allowing for better resilience and response to similar health crises in the future. IPPF, as one of the largest SRHR advocacy and service delivery organisations, is making a significant contribution to secure the long-term sustainability of these efforts, guided by the priorities of its Advocacy Common Agenda: universal access to SRHR, safe abortion, CSE, combatting SGBV and integrating SRHR and gender equality in the political architecture. It is important to highlight that IPPF's membership model gives Member Associations a political and technical role to work with and advocate towards governments, to influence developments and realise women's, adolescents' and girls' rights, backed up by IPPF regional, liaison and central offices, which are well placed to support their national advocacy thus allowing the organisation to **advocate at all levels: national, regional and international**.

Coordination and linking advocacy efforts is key to preventing negative developments and secure long-term solutions which prioritise SRHR and the provision of SRH as essential services. While in some cases IPPF members efforts have focused on maintaining the hard-won gains, avoiding regression, the examples above show that **meaningful change and improvements can be achieved** even in highly challenging and unexpected contexts. Many Member Associations have been able to capitalise on the advocacy opportunities that have presented themselves and build closer relationships with policy makers, which will allow them to further push for SRHR in the future.

The SRHR sector as a whole – CSOs, donors and governments – should use this crisis as an opportunity to reflect and **adapt to the future** by securing access to SRH services, including SGBV services, as essential and life-saving services, using innovative solutions and technologies for both SRH care and SRHR programme delivery, thinking and acting ahead of the opponents of SRHR, working closely with policy makers and other supportive partners and ensuring that SRHR are safeguarded in the long-term. To ensure this, IPPF recommends that:

- **Donors, governments and CSOs** support movements and local civil society, especially those working on youth and women's rights, who play a crucial role in realizing and defending human rights, including SRHR for all.
- **Donors and governments** mobilize and ensure adequate resources for SRHR, including specifically for SRHR advocacy in times of crisis.
- **Governments** ensure that countries have emergency preparedness plans, to secure access to essential SRH services, including CSE provision and SGBV services and prevention, during emergencies. A strong focus should be placed on innovative approaches, such as self-care protocols and the use of telemedicine for the SRH sector and online resources and mobile applications for the provision of CSE.
- **Governments** ensure that all political responses, whether aimed at the domestic or international action, are people-centred and gender transformative, guarantee the right to health, uphold the commitment to universal health coverage (UHC) and strengthening health systems with adequate resources for SRHR, able to mitigate the impact of future epidemic outbreaks.
- **Governments** ensure the inclusion of civil society and community groups in the international and national response committees to emergencies and pandemics.
- **Governments and CSOs** secure popular support for rights-based approaches to SRHR by championing open and positive discussions and campaigns at national levels, safeguarding already secured progressive laws and policies.
- **CSOs** advocate for the prioritisation to reach those left behind, developing and championing adapted solutions, such as: telemedicine, mobile applications and self-care protocols for the SRH sector, developing online CSE resources and training for online CSE delivery among others.



Acknowledgements

This paper was developed by IPPF's Advocacy Advisory Group and written by Elena Zacharenko, Fabian Cataldo, and Eef Wuyts.

Links and references

[i] Sexual and reproductive health and rights (SRHR) are defined in this text in line with the Lancet-Guttmacher Commission definition, cf. Starrs, A., Ezeh, A.C., Barker, G. et al., 2018, Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. Lancet. 2018).

[ii] Riley, T. et al, 2020, Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries, IPSRH, Vol. 46/2020, pp. 73-76.

[iii] This paper will arbitrarily focus on three aspects of SRHR which have been particularly impacted in the context of the COVID-19 pandemic and the associated lockdowns: SRH services, CSE programme delivery and SGBV response and prevention programmes.

[iv] WHO, June 2020, Coronavirus disease (COVID-19) and Sexual and Reproductive Health, https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/

[v] UNFPA, 2020, State of the World Population Report 2019, https://www.unfpa.org/swop-2019

[vi] The Lancet, 2 April 2020, Why inequality could spread COVID-19, https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(20)30085-2.pdf; UNFPA, March 2020, COVID-19: A Gender Lens, https://www.unfpa.org/resources/covid-19-gender-lens, UN Women, 21 May 2020, COVID-19 exposes the harsh realities of gender inequality in slums, https://www.unwomen.org/en/news/stories/2020/5/news-covid-19-exposes-gender-inequality-in-slums

[vii] See for example: IPPF, 21 April 2020, COVID-19 Impact: What we know so far – Georgia, https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-georgia

[viii] IPPF, 8 June 2020, Opponents of sexual and reproductive health and rights step up pressure during COVID-19, https://www.ippf.org/news/ippf-members-see-opponents-sexual-and-reproductive-health-and-rights-step-pressure-during

[ix] See for example: IPPF EN, 14 April 2020, Polish ruling party exploits the current health crisis to undermine women and young people's safety, https://www.ippfen.org/news/polish-ruling-party-exploits-current-health-crisis-undermine-women-and-young-peoples-safety

[x] Due to brevity of this paper and the limitations on data collection placed by the pandemic, it is not possible to capture the full extent of these types of activities across the IPPF membership. A snapshot of a range of examples will be showcased.

[xi] Specific work towards the UN, AU, EU and other regional bodies has been carried out by IPPF, but due to brevity of the paper has not been included here.

[xii] IPPF Advocacy Key Messages: SRHR and COVID-19, https://ippf-covid19.org/wp-content/uploads/2020/04/IPPFKeyMessagesCOVID19-SRHR.pdf

[xiii] A comprehensive list of examples of the advocacy wins achieved can be found at https://ippf-covid19.org/

[xiv] IPPF Advocacy Common Agenda, 2019, https://www.ippf.org/resource/ippfs-advocacy-common-agenda

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 (IPPF Member Associations) working with and for communities and individuals.

IPPF
4 Newhams Row
London
SE1 3UZ
United Kingdom

tel: +44 20 7939 8200
fax: +44 20 7939 8300
web: www.ippf.org
email: info@ippf.org

Instagram: @ippf_global
Facebook: @ippfglobal
Twitter: @ippf

UK Registered Charity No. 229476