

IFPA ANNUAL REPORT 2019

www.ifpa.ie

access choice & advocacy



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

About the IFPA

At the IFPA we envisage an Irish society where all people can enjoy a fulfilling sex life and can make informed choices in their sexual and reproductive lives. We aim to see an Ireland where there is full access to high-quality information, education and health services regarding sex, sexuality, conception, contraception, safe abortion and sexually transmitted infections.

We advocate for the sexual and reproductive health and rights of women, girls and couples and provide clinical care, counselling services and training to those who need it.

As Ireland's leading sexual health provider, we offer quality services at our two medical clinics in Dublin and ten counselling centres across Ireland. These include contraception, early abortion care, post-abortion care, pregnancy and post-abortion counselling, cervical cancer screening, vasectomy and screening and treatment for sexually transmitted diseases.

We advocate for the implementation of the State's obligations under international human rights law and for the highest attainable standard of reproductive health. We are committed to ensuring that sexual and reproductive health and rights are prioritised in national health policy and in Ireland's overseas development policy and programmes.

The IFPA is an accredited member association of the International Planned Parenthood Federation (IPPF) and is the Irish collaborating partner of the United Nations (UN) agency for sexual and reproductive health, UNFPA. The IFPA maintains membership of FIAPAC (the International Federation of Professional Abortion and Contraception Associates) and the European Society for Contraception and Reproductive Health.

The IFPA provides the Secretariat for the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and is affiliated to the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).

IFPA PRIORITY OBJECTIVES

- 1** Ensure that the IFPA is governed in such a way that it effectively achieves its objectives.
- 2** Change IFPA clinical services from mostly family planning services to comprehensive sexual and reproductive health services.
- 3** Improve quality, planning, delivery, consistency and accountability in the provision of IFPA services.
- 4** Advance a health promotion approach to sex, sexuality, contraception and unplanned pregnancy through information, education and campaigns.
- 5** Promote positive public discourse on the right to access abortion services.
- 6** Hold the State accountable at the UN and European level to bring its laws and policies on SRHR, in particular abortion, into conformity with international human rights law and commitments under international agreements.
- 7** Secure support across the political, health and civil society spheres for access to abortion services in Ireland.

Our Impact in 2019



Medical

13,677 Sexual and reproductive health consultations, including:

955 STI screenings

2,327 Cervical screenings

1,200 Counselling sessions

1,015 Early medical abortion (EMA) appointments

1,049 Long-acting reversible contraceptive (LARC) devices fitted



Media

2 Clinical articles published

1 Letter in a national newspaper

6 Press releases issued

15 Media mentions

4,833 Twitter followers

2,026 Facebook followers



Education & Training

40 Nurses and midwives trained in contraception

12 Lectures and workshops on reproductive health

19 FGM outreach activities

167 Participants in Speakeasy programmes

192 Post-primary school students in RSE programmes



Our Events

2 WHO workshops for IFPA staff

2 Major 50th anniversary events

3 Workshops on abortion and human rights with healthcare providers

85 Attendees at the launch of the State of World Population report

100 Participants at Unfinished Business event

5 Seminars and workshops marking ICPD25

3 Statements delivered at the Nairobi Summit



Advocacy

4 Written submissions

2 Policy briefing seminars for parliamentarians

1 Presentation to Oireachtas Committees

4 Meetings with

Chairperson's Foreword

2019 was a year of celebration and reflection as the Irish Family Planning Association (IFPA) marked its 50th anniversary. When seven brave volunteers, in defiance of Ireland's blanket ban on contraception, decided to establish a family planning clinic in 1969, there is no doubt that they changed Ireland. 50 years later this tradition of dedication and service innovation still holds strong in the IFPA.

In June, our visionary founders and past and present members and staff gathered in the Rotunda's Pillar Room to mark five decades of struggle, service and advocacy for sexual and reproductive health and rights. At the event, then Minister for Health, Simon Harris, acknowledged how the IFPA's "courageous and pioneering work" has had a "profound impact" on Irish society. In November, at a reception in Áras an Uachtaráin, President Michael D Higgins paid powerful tribute to the association and its founders, noting that "as every advance in reproductive rights and health in Ireland was achieved, the Irish Family Planning Association was at the vanguard".

The IFPA has always looked to international best practice and human rights standards in the development of services. In February, we closed our doors for two days to engage in intensive values clarification training facilitated by the World Health Organisation. In June, partnering with the law faculty of University College Cork, we hosted international human rights experts who delivered high-level seminars to abortion care providers on the fulfilment of rights and conscientious provision of reproductive healthcare.

In 2019 we joined international colleagues in marking the 50th anniversary of UNFPA, the United Nations agency for reproductive health, as well as the 25th anniversary of the landmark International Conference on Population and Development (ICPD) held in Cairo. In April, Dr Natalia Kanem, Executive Director of UNFPA, joined with Minister Josepha Madigan to launch "Unfinished Business", the 2019 State of World Population Report. Throughout the year we worked closely with the Department of Foreign Affairs to promote the ICPD25 process.

In November, I had the honour of representing the IFPA at the ICPD25 Nairobi Summit, as part of a delegation headed by then Minister for Children and Youth Affairs, Katherine Zappone. I was proud to see the Irish government champion sexual and reproductive health and rights (SRHR) on the international stage and witness the Minister deliver Ireland's National Commitments. At the summit the IFPA committed to providing quality services and to holding the government to account for the fulfilment of SRHR in Ireland's domestic and overseas development policies.

The Nairobi Summit provided a space to connect with parliamentarians, activists and member associations of the International Planned Parenthood Federation (IPPF) from all over the world at a critical time for sexual and reproductive health and rights. The IFPA is firmly committed to the IPPF and actively engaged in the IPPF's radical reform process.

The unfinished business of sexual and reproductive health and rights was a major focus throughout 2019. In October, we partnered with the Guttmacher Institute to promote the landmark report, *Accelerate Progress: Sexual and reproductive health and rights*. And, in November, our ICPD25 civil society dialogue brought together 100 stakeholders to discuss the needs and priorities for the progressive realisation of these rights. The need for further reform of Ireland's abortion laws and the provision of comprehensive sexuality education emerged as strong themes.

Internally, the Board and management team embarked on a process of reflection on the IFPA's values, its purpose, its ethos and its future. This has led to the development of a restoration plan, designed to guide the IFPA as it embarks on the next 50 years of its journey as a values-led organisation.

I want to pay tribute to the IFPA staff and Board who worked tirelessly throughout 2019 to deliver quality sexual health, education and advocacy services, including for the first time early medical abortion care. The contents of this report are a testament to their bravery, hard work and dedication.

“The IFPA knows from our long history of the harms that women and girls experience when they are denied reproductive freedom. We are acutely aware of the damage caused by the denial of safe and legal abortion care—and of the transformative impact on women and girls of reforming restrictive abortion laws.”

FIONA TYRRELL, NAIROBI SUMMIT, NOVEMBER 2019



IFPA Chair, Fiona Tyrrell, at the International Planned Parenthood Federation (IPPF) General Assembly, New Delhi, December 2019. Photo: IPPF.

Chief Executive's Overview

No one could have imagined that in 2020 a global pandemic would require us to reinvent all of our IFPA clinic services, including the newly established abortion service.

When the government issued its guidance on remote access to abortion care in April, the IFPA moved swiftly to introduce a care pathway consisting of telephone appointments, new online materials and additional supports from our specialist pregnancy counsellors. The response from service users has been very positive.

The government has rightly been lauded worldwide for its recognition of abortion as an essential service and the introduction of remote access to abortion care. This has allowed us to provide early abortion care safely and within public health guidance in ways that enhance choice, autonomy and safety.

Amid so much uncertainty and fear this year, I feel very proud of the IFPA's staff, who have risen to the challenges of providing a range of sexual health services during the pandemic with commitment, expertise, compassion and sheer hard work.

The IFPA's new model of care is built on the expertise developed in 2019. The Health Service Executive published its guidance for abortion care in late December 2018. Our medical director, Dr Caitríona Henchion, developed protocols and a training programme for all staff and contributed significantly to the development of the national model of care.

I want to wholeheartedly thank the committed and conscientious IFPA staff team—nurses, doctors, specialist pregnancy counsellors, receptionists and administrators—who worked tirelessly, with the support of the advocacy and communications team, to develop new procedures, practices and protocols so that we could open our new service and provide abortion care from the first week of January 2019.

Many challenges remain. Inequalities in access to care exist, within the law and arising from the uneven distribution of services. Only 50% of relevant hospitals provide abortion care and there is little or no community-level provision of early abortion care in some counties.

With the publication of Irish government statistics on abortion for 2019, there is official data for the first time on the level of need for abortion care in Ireland. Over 6,600 women were able to access safe and legal abortion care within the State last year.

But 375 women and girls left the State to access abortion in UK clinics.

Most were excluded from care under Irish law because the pregnancies exceeded 12 weeks. However, a significant number (65) were less than 9 weeks pregnant and 33 were between 9 and 12 weeks pregnant. This data highlights flaws in the law and raises concerns about the quality of access and acceptability of care in Ireland. The 2018 legislation requires a review of its implementation by the end of 2021. This review must be evidence-based, informed by international best practice and focused on the quality of access to abortion care.

Ireland impressed the world with the repeal of the 8th amendment. Yet having recognised abortion as a social good in 2018 and established a Working Group on Access to Contraception in 2019, measures have not yet been taken to address cost and other barriers to universal access to contraception.

Moreover, Irish education is failing young people: school ethos denies too many young people evidence-based and comprehensive sexuality education and leaves them vulnerable and at risk of sexually transmitted infections and unintended pregnancy. Reforms recommended by the Joint Oireachtas Committee on Education and the National Council for Curriculum Assessment have not been implemented.

As long as the law on abortion restricts access, imposes a rigid mandatory waiting period and retains criminal sanctions, and until our policies on sexuality education and contraception are radically revised, Ireland will fall short of fulfilling sexual and reproductive rights.

Our work in 2019 has motivated the IFPA to work harder for the right of everyone in Ireland to the highest attainable standard of sexual and reproductive health, so that no one is left behind.

“In the referendum on the 8th amendment, we voted for abortion care with a resounding “yes”. In 2019, the law said “no” to over 300 women who needed that care. The IFPA will advocate for reproductive rights until no one who needs abortion care is left behind.”

NIALL BEHAN, IFPA CEO



IFPA CEO, Niall Behan, speaking at Áras an Uachtaráin on the occasion of a reception to mark the IFPA's 50th anniversary, November 2019. Photo: Maxwell Photography.

Specialist Pregnancy Counselling

The IFPA's specialist pregnancy counselling service is delivered by trained and accredited therapists in ten locations nationwide. It is an invaluable resource for women who experience an unintended or crisis pregnancy, whether they choose to parent or to access abortion care.

Specialist pregnancy counselling is informative, supportive and therapeutic. It helps women feel more empowered and in control of their situation. A counselling session provides an opportunity to talk openly and without judgement about the pregnancy and the particular circumstances, anxieties and concerns a woman or girl is confronting. The counselling room is a supportive space outside the hospital maternity services for women who have received a diagnosis of foetal anomaly. Counsellors provide non-directive information and facilitate women to think through their options and make the right decision for them in their individual situation.

State-funded pregnancy counselling began in Ireland when women were denied access not only to abortion care, but to knowledge about abortion services elsewhere. Provision of information about abortion services to women who requested it was one of the counsellor's key roles, along with therapeutic support in relation to the circumstances of a crisis pregnancy, which were often complex.

It is not surprising, therefore, that 2019, the first year when abortion care was available, saw continued need for specialist pregnancy counselling. The number of appointments provided by the IFPA last year was 75% of the previous year's figure. Clients included women or girls who opted for abortion care and also those who opted to parent. Some clients attended for multiple sessions.

In 2019, we provided counselling to clients who planned or had already had an abortion. We also saw clients whom the law excluded, whether because a foetal anomaly diagnosis was not deemed fatal or because a pregnancy exceeded 12 weeks but was not considered to involve risk of severe harm to health. This included women who were still pregnant after a failed abortion.

Migrant women can experience particular barriers to access to healthcare. In 2019, IFPA counsellors provided support to vulnerable migrant women, some of whom were living in direct provision, frequently working through interpreters. In these cases our counsellors' role goes above and beyond the counselling room and requires days of practical and logistical support and liaison with other services to ensure that vulnerable women and girls can access the care they need.

Because minors and children who present with a crisis or unintended pregnancy have particular needs and vulnerabilities, IFPA counsellors and doctors work closely together to ensure that they are safeguarded during their care. The counsellors act as advocates on behalf of the young person, placing them at the centre of their own care pathway. We prioritise continuous improvement and revised and developed our protocols for working with minors in 2019.

Our counsellors also worked with women from Northern Ireland. While entitled to care under the law, the State failed to provide a guarantee of access or a clear care pathway, leaving women angry, frustrated and feeling betrayed.

In 2019, IFPA counsellors reported an increase in clients seeking support following contact with rogue crisis pregnancy agencies—anti-abortion ideologues who aim to prevent women from accessing abortion. Exposure to these groups can be distressing and trauma-informed counselling was required for some clients.

It is unacceptable that anyone seeking lawful healthcare should be at risk of traumatising encounters with such groups, whether online, outside a hospital, GP practice or clinic or elsewhere. Safe zone legislation has been repeatedly promised, but not enacted.

Those who need pregnancy counselling should have the same protection as clients of dietitians, opticians, physiotherapists, social workers: regulation by Corú, the State's multi-profession health regulator. This would allow service users to identify trained, accredited and nonjudgmental pregnancy counsellors.

The IFPA calls on the government to accelerate promised measures to protect and fulfil women's right to access nonjudgmental, professional and rights-based care, including specialist pregnancy counselling.

“We meet our clients where they are, and in a safe and non-judgmental space. And we walk some of the way with them on their own personal and unique journey.”

RÓISÍN VENABLES, IFPA HEAD OF COUNSELLING AND SUPERVISION



Róisín Venables, IFPA Head of Counselling and Supervision. Client played by a volunteer actor. Photo: Barry Cronin.

Clinical Focus: Early Abortion Care

Abortion care became available nationally in January 2019, only weeks after the enabling legislation was enacted. For most women, the experience of accessing care was seamless, non-stigmatising and empowering.

However, the rushed introduction of the service created numerous challenges for service users and healthcare providers. The failure of almost half of the maternity hospitals to provide termination services to women who needed onward referral from community based healthcare further complicated matters.

However, 2019 also saw the emergence, at both the community level and within hospitals, of a cohort of conscientious providers of abortion care: dedicated healthcare practitioners who are committed to reproductive autonomy and choice.

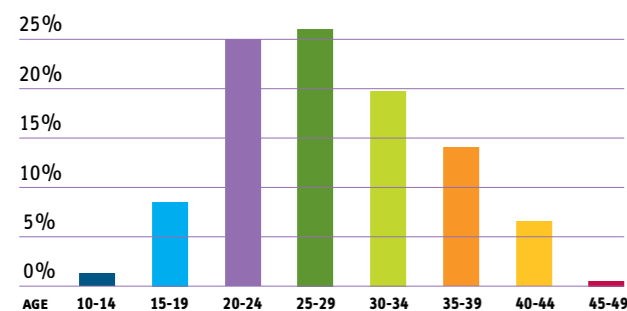
Audit of client data

The IFPA is committed to providing the best possible standard of abortion care. To this end, in 2019, we conducted an audit using anonymised client data.

The audit sample was drawn from different months throughout the year and comprises approximately half of our total abortion care clients for 2019. The information gathered enables us to assess whether our service is operating in line with international trends along key metrics, such as complication rates.

The sample includes 177 clients. There was a broad age range, with the majority of women in their 20s. Approximately half (49%) were mothers. Most (68.4%) were not using a method of contraception when they became pregnant. By far the most common contraceptive methods used were condoms (20%) and short-acting methods (8%), such as the contraceptive pill. The remainder had used a long-acting method (2.2%) or a contraceptive strategy such as withdrawal or emergency contraception (1.7%).

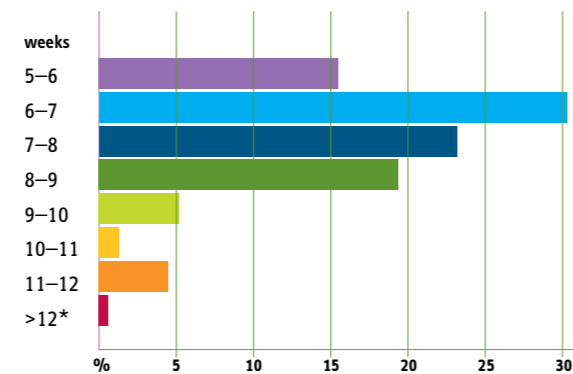
AGE PROFILE OF CLIENTS WITH UNINTENDED PREGNANCIES



This data serves as a reminder that even the most effective methods of contraception carry a risk of failure, and therefore it is not possible to completely eliminate the risk of unintended pregnancy.

12% of clients did not continue through our abortion service. Of the remaining 155 clients, the vast majority (94%) were less than 10 weeks pregnant at the time of their abortion.

GESTATION



*Outside legal limit: travelled abroad to access care.

Specialist pregnancy counselling is integrated into the IFPA's abortion care pathway and is offered to all women who present to our service. Approximately one-fifth of the sample clients (21%) availed of this service.

Just under half (48%) of clients availed of STI screening as part of their care. STI prevalence was low amongst this cohort, with 7% testing positive for a sexually transmitted infection. Chlamydia was the most commonly diagnosed infection.

Uptake of post-abortion contraception was high, with 77% of clients leaving our services with a contraceptive method. In the majority of cases, this was a short-acting method. However 22% of clients either left with or returned to the clinic for a long-acting contraceptive method. Others chose to avail of this from their GP.

Gestation stage

Roughly half (53%) of clients were referred for ultrasound scanning to confirm gestational age. 8.5% of this cohort were unaware of their dates. In 84.2% of cases, the initial dates provided by women were either accurate or their pregnancy was less advanced than they had expected. Scan results for a minority of clients (73%) indicated that their pregnancy was more advanced than they thought, in some cases by several weeks. In almost all these cases, the scan results meant women could not access community-based abortion care, which is available only up to 9 weeks. They were either referred for hospital care here, or, in some cases, were now outside the legal gestational limit and no longer legally entitled to care in Ireland.

Healthcare providers have no discretion to waive the gestational limit, regardless of a woman's circumstances. The strict interpretation of the legal gestational limit (12 weeks + 0 days) by the Department of Health precludes women who are over 12 weeks but less than 13 weeks from accessing care, even if their first engagement with services was before 12 weeks of pregnancy.

A significant minority of clients (5%) were close to or just over the legal gestational limit of 12 weeks. Navigating complex referral pathways under the pressure of a rigid legal cut-off point can be a very stressful experience for both women and healthcare providers. In some instances, despite the best efforts of IFPA staff, it was not possible to arrange care within the time limit. Two women in the sample group subsequently travelled to Britain for abortion care because their pregnancies exceeded 12 weeks.

Hospital care

Our data indicates that abortion care does not constitute a significant burden for hospital services. Only 8% of our clients were referred for hospital-based abortion care. 5% attended hospital to receive Anti-D only, having self-managed their abortion at home.

4.5% of women in our sample experienced complications and required additional care. In most of these cases, women presented with incomplete abortion and were referred to hospital for treatment.

COMPLICATIONS

EMA failure	0.6%
Incomplete abortion	3.2%
Infection	0.6%

Post-abortion

All clients take a low-sensitivity pregnancy test following an abortion: 10% of women in our sample had a positive test. Approximately one-third of this cohort were referred to hospital by our staff due to real concerns that they would not be eligible for care if any continuing pregnancy was discovered after the 12-week limit.

A positive pregnancy test is not of itself a complication. However, the gestational limit in the law, as applied to this group, is placing a burden of medically unnecessary hospital referral and investigation onto women, healthcare providers and the health service. This limit applies even to women who started treatment well within the gestational limit—and in spite of the fact that the medication involved has teratogenic potential (may cause adverse effects to the pregnancy). In the absence of this legal constraint, most of these cases could be followed up with a simple repeat pregnancy test. Hospital referral would not be needed. In our experience, these unnecessary investigations are a significant cause of anxiety to women.

Conclusions

Overall, our audit found that most abortion care can be successfully managed in the community: 92% of our clients self-managed medical abortion at home. Uptake of post-abortion contraception was high. There is substantial demand for specialist pregnancy counselling and STI screening, which highlights the importance of providing a comprehensive service.

The data indicate that our complication rate is in line with international evidence*: the risk of abortion failure is 1 to 2 per 100 procedures and the need for further intervention to complete the procedure occurs in 5 out of 100 medical abortions. The Irish model of community-based abortion care, therefore, compares well with services in health systems where women are routinely scanned.

Ongoing monitoring and evaluation is crucial to the delivery of quality, patient-centred care. The IFPA will continue to analyse service activity data to inform our service provision. However, there is no mechanism in place at present for the collection by the State of such data. Detailed statistics on abortion access—including availability at the county level—and on quality of care are vital to ensuring high-quality abortion care is accessible to all who need it.

* Royal College of Obstetricians and Gynaecologists *Best Practice in Comprehensive Abortion Care* Best Practice Paper No.2 2015

Clinical Focus: Contraception

Choice of contraceptive method is empowering for women. Access to contraception is key to health and wellbeing: it enables people to have a satisfying and safe sex life and plan if and when to have children.

Fortunately, there have never been so many contraceptive options: long- and short-acting methods, barrier methods and permanent methods. We provide all methods at our clinics.

The IFPA has a policy of actively promoting uptake of long-acting reversible contraception (LARCs) as the best option for those who are sexually active and who wish to avoid pregnancy. We promote LARCs through comprehensive information and counselling about the full range of LARCs by our doctors, all of whom who are trained LARC specialists. And we have well-established practices and protocols to ensure informed decision-making and the safe provision of LARCs.

We also provide specialist support to general practitioners. We have trained many GPs in the insertion of LARCs. And, as a recognised expert provider, we regularly get referrals for complex cases and difficult insertions from GPs.

Not every contraceptive suits everyone, and the same contraception won't suit every woman throughout her life. Many women switch contraceptive methods as their needs and priorities change. For example, a subdermal implant is frequently the choice of teenagers, while the pill, patch or barrier method are often preferred by women who are spacing their families.

Intrauterine contraception is suitable for anyone who wants a long-term fit and forget method. This includes younger women, women with no previous pregnancies and women who have had only C-section deliveries. Yet IUS and IUCD are less likely to be offered to these cohorts in many settings.

The most recent official data on contraceptive usage and understanding in Ireland, the 2010 Irish Contraception and Crisis Pregnancy study (ICCP), found that only 4% of respondents aged 18-25 were using LARCs.

Experienced, specialist providers in women's health settings, such as the IFPA, or in general practice, are more likely to offer information on all types of LARC.

The availability of a wider selection of copper coils and hormonal IUS—including the Mirena coil and also smaller and lower-dose devices, such as Jaydess and Kyleena—empowers more women and girls to opt for LARCs.

Choice is key to the uptake of more effective methods, and access to comprehensive information is key to choice. In the Contraceptive CHOICE study in the United States, 10,000 women aged 14-45 years who wanted to avoid pregnancy for at least one year received education about reversible contraception and long-acting reversible options. They were offered all methods of contraception at no cost, so that access, cost and information barriers were removed. Seven out of 10 young women chose a LARC over other contraceptive options. Participants, including those who received LARCs, the pill, the patch or the ring, had 4 to 5 times lower rates of teenage pregnancy, births and abortions, as compared to sexually active teens in their age range.



Dr Caitríona Henchion, IFPA Medical Director, explaining LARCs Client played by a volunteer actor. Photo: Barry Cronin

Clinic data from 2019

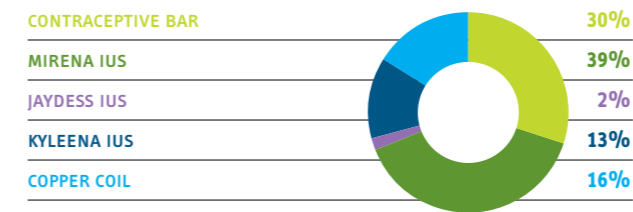
In 2019 our clinics saw 1,153 women and girls for consultations about long-acting reversible contraception and supplied a total of 1,049 contraceptive devices. All suitable long- and short-acting methods were available, and all were discussed with each client.

The highest percentage of clients (39%) opted for a Mirena intrauterine device, while the Kyleena and Jaydess intrauterine devices were chosen by 13% and 2% of clients, respectively. 30% of clients chose the contraceptive bar and 16% opted for copper coil devices.

In 2019, 37% of LARC clients had never been pregnant; while 48% had a previous pregnancy. (15% of clients did not provide this information). One-fifth (20%) of those who attended our clinics in 2019 to discuss LARCs were under the age of 24, while 80% were over 24.

Out of the appointments provided in IFPA clinics to under-24s, 43% related to contraceptive pills, while 45% were LARC-related, and 12% were for injections. This appears to support the IFPA's view that the uptake of the most effective LARC methods is higher when clients are provided with specialist contraceptive counselling and when the widest choice of contraceptive methods is offered.

LARC UPTAKE BY DEVICE



LARC UPTAKE BY AGE



LARC UPTAKE BY PREGNANCY HISTORY



Barriers to access

However, some women are denied meaningful choice because they simply can't afford their preferred method, even though long-acting reversible methods are both the most effective means of controlling fertility and cost less in the long term. Women who don't have medical cards may find the upfront cost beyond their means.

The State had the vision to provide abortion care without cost to women in 2019. However, the failure to include post-abortion contraception within the care provided exposes some women to risk of a further unintended pregnancy, because they have to continue with the contraceptive method that let them down in the first place.

When women can control their fertility, they can plan their lives. Removing cost and providing universal free access to contraception will allow women to exercise greater choice and autonomy in their personal lives and relationships, their work and their families.

CONTRACEPTIVE METHODS

Long-acting, reversible contraceptives (LARCs) last from three months to ten years. They include **intrauterine systems (IUS)** also known as **hormonal coils**; **hormone-free intrauterine copper devices (IUCD)**, or **copper coils**; **implants** (small rods under the skin in the arm that release hormones over up to three years); and **injections of hormones** that are effective for up to three months.

Barrier methods include **diaphragms** and **condoms**.

Short-acting, **hormonal contraceptives**, such as the **combined pill**, **vaginal ring** and **patch**, and **mini pill**, work by preventing the ovaries from producing eggs and/or preventing sperm passing the cervix.

Emergency contraception prevents pregnancy when regular contraception has failed or wasn't used. The hormone-based emergency contraceptive pill and the copper coil are effective for up to five days after unprotected sex.

Permanent methods—**vasectomy** and **tubal occlusion**—are ideal for those whose family is complete or who don't want to have children.

Other contraceptive strategies include **fertility awareness methods**, also known as "natural family planning", which involves tracking ovulation, and withdrawal. These are much less reliable for pregnancy prevention than modern methods.

Education and Training

Comprehensive sexuality education (CSE) plays a critical role in preparing young people for a safe, productive and fulfilling life by providing them with information and confidence that supports them to make informed decisions about relationships and sexuality.

The IFPA provides a range of comprehensive sexuality and sexual health education and training programmes for schools, third-level institutions and non-formal settings. Our programmes are tailored to meet the diverse needs of young people, parents, guardians, teachers, youth workers and carers.

'Speakeasy' is a programme for parents, guardians or carers, which provides the information, skills and confidence needed to talk to children openly about sexuality. Speakeasy is taught in an engaging, relaxed and informal way by specialist IFPA Speakeasy facilitators over several weeks. Participants learn about changes that occur during puberty and are also provided with advice on sexuality education in the context of family life. The programme also contains information on social and cultural attitudes towards sex and can help participants better understand how sexuality education is provided within schools. As the programme can be tailored depending on the participants, we can also discuss contraceptive options and STIs.

Our 'Speakeasy Plus' programme is for those who care for children with physical or intellectual disabilities or who have extra support needs. Many parents, guardians or carers of a child with special needs fear the time when their child enters puberty and begins to take an interest in others on an emotional and sexual level. They want to protect children while also giving them the empowerment to develop as informed adults. Speakeasy Plus supports and encourages communication with children about sex, relationships and growing up.

There is always a high demand for Speakeasy and Speakeasy Plus: indeed, 2020 was fully booked before the end of 2019.

In 2019, 167 individuals availed of Speakeasy and Speakeasy Plus training in counties Tipperary, Louth, Westmeath, Donegal, Cork, Galway, Longford, Sligo and Dublin. Participants reported that our programmes increased their confidence to communicate effectively with their children and with service users.

At the request of the HSE's Sexual Health and Crisis Pregnancy Programme (SHCPP), the IFPA provided interactive information stands for students at the Technological University Dublin and the National College of Art and Design (NCAD), during the annual SHAG (Sexual Health and Guidance) Week in 2019.

We facilitated eighteen participants in our one-day sexual health course in September. Participants included university students and health and social care professionals. This course contains information on consent, contraception, STIs and female genital mutilation (FGM).

In 2019 we continued to provide our revised and updated Sexual Health Display Kits to sexual health educators, including health and community workers, GPs and other health professionals, post-primary school teachers and counsellors. The kit is an invaluable resource for educators who aim to provide accurate information about safer sex, sexual health and contraceptive methods.

In 2019 we delivered comprehensive sexuality and sexual health education to over 190 students aged 15-18 in Malahide Community College. Over five days, working in small groups and using participatory activities, IFPA Training Coordinator, Breanna Coyle, took the students through topics including confidentiality; consent; fantasy vs reality; healthy and unhealthy relationships; gender, sex and relationship diversity; contraception and STIs. Mixed learning methods were employed to foster discussion and critical thinking, so that students could seek out facts and challenge their own and their peers' prejudices and misinformation.

Evaluations confirmed that the students enjoyed and valued these sessions. They reported having more knowledge about sexual health and greater motivation to explore these topics further.

We know from our years of experience of delivering CSE programmes that the programmes in many schools fail to meet the needs of young people. Exposure to sexualised content on social media makes the need for CSE increasingly urgent. Many young people uncritically accept social media imagery, language and portrayals of sexual behaviour as fact, and they may be unable to distinguish between healthy relationships and abusive or exploitative relationships.

Once-off initiatives or short-term projects are an inadequate substitute for continuous and consistent resourcing of age-appropriate evidence-based sexuality education in schools.

“We promote a positive approach to sexuality, gender identity and reproduction. Trust and communication, as well as accurate information and understanding of rights, are critical in promoting self-esteem and well-being, and are central to our programmes.”

BREANNA COYLE, IFPA TRAINING COORDINATOR



Volunteers examine the beer goggles used at IFPA interactive stands during SHAG Week. Backdrop: Graphic record of the IFPA's Unfinished Business event (page 20): created by Eimear McNally. Photo: Barry Cronin.

National Policy

Abortion

The IFPA's advocacy entered a new phase with the introduction of abortion care in January 2019. Throughout the year, we highlighted inequities in abortion access, such as the uneven geographical spread of services, lack of choice of method and access to care for women in Northern Ireland.

IFPA Medical Director Dr Caitríona Henchion sits on the Clinical Advisory Forum for Termination of Pregnancy Services, which provides a national forum to highlight emerging issues in service provision. The IFPA also sits on the HSE Sexual Health and Crisis Pregnancy Programme steering group for its research on women's experiences of unintended pregnancy and abortion services. The advocacy team also briefed Oireachtas members on a regular basis during the year.

In September, we secured Irish Research Council funding. This allowed IFPA Policy and Research Officer, Alison Spillane, to begin research on women's experiences of the IFPA's abortion service. Her employment-based PhD, at the School of Social Policy of Trinity College, will inform our policy analysis and advocacy towards an evidence-based government review of access to care under the 2018 abortion legislation.

Contraception

In April, the Minister for Health established a Working Group on Access to Contraception. The IFPA embarked on advocacy to raise awareness among policy makers of the impacts of the cost of contraception and to make the case for universal free access.

A detailed briefing paper, including discussion of contraceptive methods and a comparison of costs over 1, 5 and 10 years, was developed. It outlined policy issues and women's human rights considerations. The paper emphasised the need for measures to address the needs of underserved populations, such as young people, Travellers, people with disabilities, refugees, asylum seekers and migrant communities.

An information session for parliamentarians in July, with speakers from the IFPA, the Institute of Obstetricians and Gynaecologists and the Irish College of General Practitioners (ICGP) was very well-attended. In August we made a comprehensive submission to the Working Group calling for universal free access to contraception. The IFPA then met with representatives of the Working Group, whose subsequent report included material from our submission.

The Working Group reported in October 2019. It recommended three potential directions for contraception policy, including a universal, State-funded contraception scheme. The IFPA advocated for the implementation of this option in a meeting with the Minister for Health and a presentation to the Oireachtas Health Committee.

Relationships & Sexuality Education (RSE)

In February 2019, the IFPA made a submission to the review of Relationships and Sexuality Education by the National Council for Curriculum and Assessment (NCCA).

Our submission highlighted the public health impact of inadequate, inconsistent and poor-quality sexuality education in schools. This arises not only from religious ethos, but also from the patchy and inconsistent approach to RSE and its low status in many school settings. We called for the provision of comprehensive sexuality education (CSE). CSE requires an age and developmentally appropriate curriculum, which is evidenced-based and informed by human rights principles, prioritised within schools and the education system as a whole and delivered by qualified, experienced educators.

During 2019, we made the case for CSE at two consultative meetings convened by the NCCA and attended by leading experts and key organisations with expertise and experience in the area of RSE. The NCCA report, published in December, recommended that the provision of RSE be grounded in human rights.

Priorities in 2020

The 2020 Programme for Government includes commitments to: initiate the three-year review of the abortion law; introduce safe zones to protect those accessing abortion care; provide free contraception over a phased period; and develop inclusive and age appropriate RSE across primary and post-primary levels.

The IFPA will advocate for the implementation of these commitments within a rights-based framework. And we will continue to bring public health evidence from our services into relevant policy spaces to advocate for the progressive realisation of the right to the highest attainable standard of sexual and reproductive health.

“Both the Citizens’ Assembly and the Joint Oireachtas Committee on the 8th Amendment understood the importance of a holistic approach to unintended pregnancy. They recommended reforms to contraception and sexuality education, but this is not reflected in State policy.”

DR CLIONA MURPHY, CONSULTANT GYNAECOLOGIST AND CHAIR OF THE INSTITUTE OF OBSTETRICIANS AND GYNAECOLOGISTS, IFPA BRIEFING ON CONTRACEPTION, JULY 2019



IFPA briefing for parliamentarians. In photo: Jan O'Sullivan TD, Marcella Corcoran Kennedy TD, Andy Conlon (Chair of the Working Group on contraception), Dr Mary Short (ICGP), Dr Cliona Murphy (Chair of the IOG), Dr Caitríona Henchion, Alison Spillane and Maeve Taylor (IFPA), Dr Michael Harty TD, (Chair of the Oireachtas Committee on Health), Shauna Rust (IFPA), Senator Catherine Noone and Kate O'Connell TD. Photo: Siobhán Silke.

In Brief

Communications

The IFPA maintained a consistent media presence throughout the year. IFPA spokespeople were interviewed for and quoted in a wide range of broadcast programmes and publications throughout 2019, including all the major broadsheets, as well as various print and online magazines.

Articles were published in health professional publications, including the GP magazine, Forum. In March, articles by Dr Henchion on STIs and contraception appeared in a Women's Health supplement launched with the Irish Independent. The IFPA's 50th anniversary was covered in the Irish Medical Times in June. IFPA staff also participated in "How the YES Was Won": a podcast about repealing the 8th Amendment.

In 2019 we launched new colourful patient information leaflets about early medical abortion. The leaflets provide clear guidance on the medical abortion process. They are available in eight languages on our website. We also produced an animation for our website on what to expect from an early medical abortion.

In June, we produced a commemorative brochure to celebrate our founders and highlight some of the critical milestones of five decades of service provision, policy and advocacy for sexual and reproductive health and rights in Ireland. A display based on the brochure was created for the 50th anniversary celebration event at the Rotunda's Pillar Room.

In 2019 we used our social media channels to generate discussion on sexual and reproductive health and rights. We also established an IFPA Instagram account, which was particularly active during our civil society dialogue and at the Nairobi Summit.



Still from IFPA EMA information video.

Female genital mutilation

The IFPA provides free specialised medical care and counselling to women who have experienced female genital mutilation (FGM). Established in 2014, this service is funded by the HSE Social Inclusion Unit. Significant work has gone into growing the service, and client numbers continue to grow. Counselling is a key component of the care pathway. 2019 saw an increase in demand and a total of 68 counselling sessions were delivered throughout the year. Several clients attended for multiple appointments. The FGM treatment service is an entry point to other sexual and reproductive health services and some clients went on to attend for cervical screening and testing for sexually transmitted infections (STIs).

For 2019, outreach activities with women from affected communities remained a priority. The IFPA produces information about FGM treatment and other sexual and reproductive health services in seven languages. The Arabic and French versions were redesigned in 2019.

The IFPA Medical Director and FGM Project Officer travelled to Tralee in early 2019 for an outreach session with migrant and asylum-seeking women. We also shared information about the FGM Treatment Service at the Cairde/AkiDwA Health Fair, at AkiDwA's FGM Conference and at an event to mark International Day of Zero Tolerance for FGM. We also worked with the Ifrah Foundation to increase awareness of and engagement with the FGM Treatment Service amongst the Somali community.



IFPA Clinic, Cathal Brugha St, Dublin City Centre. Photo: Barry Cronin.

External capacity building

During 2019, the IFPA's Medical Director, Dr Caitríona Henchion, participated in a broad range of meetings and training events to support capacity building among healthcare professionals. This included the delivery of training sessions on early medical abortion with the Irish College of General Practitioners in April and May 2019.

She also made presentations to GPs participating in the Diploma in Women's Health at the National University of Ireland Galway in May.

Dr Henchion participated in meetings of abortion care providers convened by the National Maternity Hospital (NMH) in March, May and June and attended a meeting organised by the National Women and Infants Health Programme (NWIHP) in March.

Capacity building of healthcare professionals in relation to the treatment of women who have undergone female genital mutilation (FGM) is an integral part of our specialist treatment service. Dr Henchion made presentations to attendees at the Annual Conference of the Irish College of General Practitioners; staff at University Hospital Kerry; and students on the Health Services Executive (HSE) Foundation Programme in Sexual Health. FGM Project Officer, Alison Spillane, also delivered a session on FGM as part of the IFPA's one-day sexual health training.

The IFPA continued to participate in the HSE Sexual Health and Crisis Pregnancy Programme migrant communications working group.



Dr Caitríona Henchion, IFPA Medical Director. Photo: Barry Cronin.

Public sector duty of care

Until May 2018, human rights were principally relevant to abortion in Ireland as a framework to call attention to the ways in which Ireland's restrictive abortion laws violated women's right to health under international human rights law. Now that abortion care is provided by the State, we can draw on international human rights law for guidance on standards of care and patient safety, autonomy and access to quality reproductive healthcare with dignity and without discrimination. That is, the fulfilment of the right to reproductive health.

The IFPA received funding from the Irish Human Rights and Equality Commission (IHREC) for a project to put the public sector equality and human rights duty into practice through advancing a rights-based and patient-centred approach to the provision of abortion care in Ireland.

In June, the IFPA collaborated with the law faculty of University College Cork (UCC) to organise two high-level events. A roundtable was hosted by the National Maternity Hospital in Dublin on the theme, "What does the attainment of the highest attainable standard of reproductive healthcare mean in the context of abortion care?" A seminar was held in UCC entitled, "Reclaiming Conscience: Developing Ethical Frameworks for Reproductive Healthcare in Ireland". In October, we organised a workshop on "Human Rights and Abortion: Enabling access to quality abortion care at Mayo University Hospital".

Speakers at these events included eminent international and Irish experts, Professor Sir Sabaratnam Arulkumaran, St George's University, London; Professors Rebecca Cook and Bernard Dickens of the University of Toronto; Dr Aoife Mullally (Coombe Women's Hospital); Dr Rhona Mahony (Ireland East Healthcare Group); Professor Mary Higgins (National Maternity Hospital) Professor Siobhan Mullally (IHREC Commissioner); Professor John Morrison (Galway University Hospital); Dr Méabh Ni Bhuinnean (Mayo University Hospital) and Dr Sheelagh McGuinness (University of Bristol).



Sir Sabaratnam Arulkumaran, Maeve Taylor, Deirdre Lundy, Siobhán Mullally, Rhona Mahony, Dr Caitríona Henchion, Bernard Dickens, Ruth Fletcher, (Front) Róisín Venables, Mary Higgins, Rebecca Cook. Photo: IFPA.

Unfinished Business: Civil Society Dialogue

In November 2019 the IFPA held the flagship event of our programme of work in advance of ICPD25 and the Nairobi Summit (page 22). With diversity and critical engagement as our priorities, we brought together a broad expert group from civil society: women's organisations, global development organisations, human rights organisations, service providers, youth leaders, rights holders; representatives of people with disabilities, lesbian, gay, bisexual, trans people, sex workers, people with HIV; academics; activists and representatives from the Departments of Foreign Affairs, Health, Justice and Education.

Civil society came together with policymakers and elected representatives to reflect on both achievements to date and, critically, the policy gaps and the barriers to the progressive realisation of the highest attainable standard of the right to reproductive health.

Katherine Zappone, then TD and Minister for Children and Youth Affairs, gave a wide-ranging keynote speech. Beginning by recalling how unmarried women and girls in Ireland were shunned, shamed and conspired against, Zappone illustrated how women were deprived of choice, autonomy and respect. In reflection she noted that change was brought about by years of activism and advocacy. She highlighted the need for open, honest conversations about love and relationships, and underscored the evidence of the societal benefits of age-appropriate comprehensive sexuality education from early childhood.

Unequivocally reaffirming Ireland's commitment to sexual and reproductive health and rights as critical to universal health coverage and to gender equality, Zappone reiterated Ireland's policy of dedicating 0.7% of gross national income to development assistance by 2030.

Nine experts from government and civil society gave their perspectives on gaps and challenges in relation to sexual and reproductive health and rights. Orla McBreen, Department of Foreign Affairs and Trade, moderated the first expert panel and encouraged everyone to question, challenge and criticise government. The second moderator, Maria Ní Fhlatharta, of the Centre for Disability Law and Policy at NUI Galway, emphasised that while sexual and reproductive health and rights are rooted in the core ideals of human rights, they are too often considered as "side" rights. Panelists Dr Thomas Strong (Act Up), Orla O'Connor (National Women's Council of Ireland), Lucy Peprah (AIMS Ireland), Megan Reilly (Union of Students in Ireland), Alison Spillane (IFPA), Bella Fitzpatrick (ShoutOut), and Salome Mbugua (AkiDWA, Irish Human Rights and Equality Commissioner) weighed in with insights from their sectors.

Prompted by the panelists' reflections, participants got stuck into the roundtable discussions. These touched on myriad issues, from unintended pregnancy to the lack of care during menopause, and from access to choice of contraception to the lack of sexual health services for older people. Choice and dignity in relation to maternity care and the dearth of services for LGBTQI people were discussed in detail. Inequities in access to abortion, in vitro fertilisation and fertility care were named as critical issues.

Representatives of Irish Aid and the major development agencies discussed the need for equity and participation by affected communities if the Sustainable Development Goals are to be achieved. They also highlighted the need for funding for the delivery of sexual and reproductive health services that are appropriate to meet the needs of the furthest behind in Ireland's priority aid countries.

The experience of regional inequalities in access to healthcare and different forms of prejudice and discriminations were highlighted repeatedly. In the context of backlash against sexual and reproductive health and rights globally, participants voiced pride at Ireland's role in providing a model of progress and fulfilment of rights.

There was agreement that the review of the 2018 abortion legislation must be evidence-based and centred on rights, care and access. Much was said at every table about personal experiences of inadequate sexuality education—and the urgent need for reform.

The event aimed to inform engagement at the Nairobi Summit. We swiftly produced a report on the outcomes and discussion points and the many members of the Irish delegation to the Summit who participated in the dialogue were able to take this report with them to the global meeting the following week.

“The IFPA are celebrating their 50th anniversary. Their contribution to Ireland and Irish society has been remarkable. They are pioneers—pioneers who do not know the meaning of the word complacency. And that is very evident in the work they are doing here today.”

KATHERINE ZAPPONE, MINISTER FOR CHILDREN AND YOUTH AFFAIRS 2016-2020;
UNFINISHED BUSINESS EVENT, NOVEMBER 2019



Maria Ní Fhlatharta Disabled Women Ireland, speaking at the Unfinished Business event, November 2019. Photo: Barry Cronin.

ICPD25

In November 2019, the governments of Kenya and Denmark and the UNFPA, the United Nations agency for sexual and reproductive health and rights, convened the Nairobi Summit on ICPD25 to mark 25 years since the International Conference on Population and Development (ICPD) adopted its landmark Programme of Action. The aim of the Summit was to re-energise the global community, breathe new life into the ICPD agenda, and sustain and amplify gains made since 1994.

For the IFPA it was important that the year of ICPD25 be forward looking and visionary. We worked closely with the Guttmacher Lancet Commission (GLC) to organise workshops for civil society and the Department of Foreign Affairs on the Commission's report, *Accelerate Progress: Sexual and Reproductive Health and Rights for All*. The report includes a new comprehensive definition of sexual and reproductive health and rights.

The GLC defines sexual and reproductive health as a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. A positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and well-being.

The workshops, facilitated by Alanna Galati of the Guttmacher Institute, explored the implications of the new definition and the ways in which achieving sexual and reproductive health relies on realising sexual and reproductive rights.

The Irish delegation to the Nairobi Summit was led by Katherine Zappone, then TD and Minister for Children and Youth Affairs, and included members of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights, officials of the Department of Foreign Affairs and Trade, the IFPA, youth delegates organised by the National Youth Council of Ireland, development agencies and health experts, including Dr Rhona Mahony and Dr Meabh Ní Bhuinnean.

Ireland's journey towards reform and championing of rights was a source of hope and inspiration to many at the Summit from countries where abortion remains criminalised and stigmatised. Zappone spoke at several plenary sessions and participated in panels and discussions. She highlighted the actions in A Better World, Ireland's international development policy, and the actions promised therein to promote gender equality and sexual and reproductive health. She noted Ireland's long-term support for UNFPA as a valued partner in our collective efforts.

Representatives from the All Party Group also spoke at a range of events (page 24).

The IFPA's Maeve Taylor was a keynote speaker at a major event on "Ending unsafe abortion by 2030: How do we get there?" convened by 12 leading international nongovernmental organisations, including Marie Stopes International, Center for Reproductive Rights, FIGO, the Guttmacher Institute, She Decides, UNFPA and WHO/HRP.

Ireland's national commitments

During the Summit, then Minister Zappone delivered Ireland's national policy and financial commitments to progress the ICPD agenda.

Ireland undertook to implement measures in relation to:

- Humanitarian crises
- Female genital mutilation
- Domestic, sexual and gender-based violence
- Gender pay gap
- Overseas development assistance
- Adolescent and youth SRHR
- Abortion care, national maternity strategy, coherence between SRHR in Ireland and in international development policy
- Sexual health strategy, RSE curriculum and population survey
- Universal health coverage

IFPA commitments at ICPD25

Non-governmental organisations also made commitments during the Summit. The IFPA delivered the commitments of Countdown 2030 Europe, a consortium of 15 leading European non-governmental organisations that works to ensure advancement of human rights and investment in family planning.

Speaking to a room packed with abortion activists and champions from all regions of the world, Fiona Tyrrell delivered the IFPA's commitments. These included providing quality abortion and other sexual and reproductive health services and delivering comprehensive sexuality education programmes in schools and other educational settings.

Most importantly, she stated our commitment to continue to champion these issues and push for them as priorities for Irish government policy and funding in the domestic and national spheres.

“The IFPA knows from our long history of the harms that women and girls experience when they are denied reproductive freedom. We are acutely aware of the damage caused by the denial of safe and legal abortion care—and of the transformative impact on women and girls of reforming restrictive abortion laws.”



FIONA TYRRELL, NAIROBI SUMMIT, NOVEMBER 2019



Irish Delegation at the Nairobi Summit, 2019. Photo: Irish Aid.

All Party Group

The IFPA is the Secretariat of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights. Throughout the year, the All Party Group (APG) focused its attention on the theme of accelerating progress towards sexual and reproductive health and rights for all.

The APG was established in 2000 with the aim of promoting the implementation of the 1994 International Conference on Population and Development (ICPD) within domestic and international development policy. In 2019 the APG redoubled its work in the context of the 25th anniversary of ICPD25, and focused on:

- promoting the ICPD25 agenda
- following up on recommendations of the Joint Oireachtas Committee on the 8th Amendment in relation to contraception and access to abortion
- championing Ireland's partnership with and funding for UNFPA, the United Nations sexual and reproductive health agency
- pushing for more concerted interdepartmental action in relation to female genital mutilation (FGM)

Five meetings of the APG were held in 2019. Members submitted parliamentary questions on domestic and international development policy throughout the year.

In April, the IFPA hosted the launch of UNFPA's flagship annual State of World Population report. Co-chair of the APG, Marcella Corcoran Kennedy, presided over the packed Dublin launch of the 2019 report: *Unfinished Business: The pursuit of rights and choices for all*.

We were honoured to welcome UNFPA Executive Director, Dr Natalia Kanem and then Minister for Culture, Heritage and the Gaeltacht, Josepha Madigan, to launch the report. Nicola Brennan, Director of Policy at Irish Aid, gave a detailed presentation on sexual and reproductive health and rights within Ireland's international development policy, A Better World. Attendees at the event included representatives of civil society organisations, the healthcare sector, UN institutions, government departments, universities and parliamentarians.

The IFPA also hosted a lunch meeting for Dr Kanem and her colleague, Jacqueline Mahon, Head of UNFPA in Tanzania, with Irish Aid personnel and some key members of the APG, including Deputy Corcoran Kennedy, Senator Ivana Bacik and then Senators Colette Kelleher and Catherine Noone. Former Chair, Olivia Mitchell also attended.

In July, we organised an in-depth briefing on contraception, which was addressed by our Medical Director, the Irish College of General Practitioners, the Institute of Obstetricians and Gynaecologists and the Chair of the Government Working Group. In addition to seven APG members, the Chair of the Oireachtas Health Committee, Dr Michael Harty, attended the briefing, along with several parliamentary researchers.

In October Alanna Galatti of the Guttmacher Lancet Commission briefed the All Party Group on its report, *Accelerate Progress: Sexual and reproductive rights for all*.

In November, APG Co-chair Marcella Corcoran Kennedy, accompanied by the IFPA's Dr Cairíona Henchion and Alison Spillane, met with then Minister for Health, Simon Harris TD to discuss the development and rollout of a State-funded contraception scheme.

The APG is affiliated to the European Parliamentary Forum on Sexual and Reproductive Rights (EPF). Senator Alice Mary Higgins is a member of the EPF Executive; during 2019, she represented the EPF at the Commission on the Status of Women in New York in March and the Women Deliver Conference in Vancouver in June.

Nairobi Summit ICPD25

The APG participated actively in the Nairobi Summit in November. Former Senator Catherine Noone was a member of the International Steering Committee for the event. Former Senator Colette Kelleher and Senator Alice Mary Higgins participated at the Parliamentary Forum held in parallel to the Summit. At the Summit, Noone addressed a session on the legal and policy environment for abortion reform; Senator Higgins spoke on intergenerational challenges and on financing; an interview with Kelleher and Senator Higgins in the activists' Pamoja Zone was subsequently broadcast as a podcast.

A highlight of the Nairobi Summit was the APG's participation in the launch of the Global Parliamentary Alliance for Health, Rights and Development, which focuses on improving health, upholding and expanding human rights and meeting the Sustainable Development Goals at Nairobi.

“From the creation of UNFPA in 1969, to the Cairo conference of 1994, to the creation of the SDGs in 2015 to right here today in 2019, UNFPA has been a steadfast and determined lighthouse of hope as well as providing thought leadership and practical action for families, women and girls, in complex contexts.”

MINISTER JOSEPHA MADIGAN THEN MINISTER FOR CULTURE, HERITAGE AND THE GAELTACHT; SWOP LAUNCH, DUBLIN 2019



Nicola Brennan, Policy Director in the Development Cooperation and Africa Division of the Department of Foreign Affairs and Trade speaking at the launch of the State of World Population report. Photo: Conor Healy.



Marcella Corcoran Kennedy TD, Josepha Madigan TD and Natalia Kanem, Executive Director of UNFPA at State of the World Population report launch. Photo: Conor Healy.

IFPA 50th Anniversary

Two major events celebrated the IFPA's 50th anniversary. In June, current and former staff and volunteers, politicians, healthcare influencers, activists, IFPA supporters and allies came together to recall the IFPA's history of struggle and success.

Among the guests were members who successfully challenged the censorship of the IFPA's 1971 family planning booklet. Also present were volunteers who, in 1985, set up the IFPA's pioneering confidential phone helpline and took hundreds of calls from young people about sexual health, their sexuality, their bodies and relationships. Attendees also included the IFPA's early sexuality education facilitators.

Former health minister, Barry Desmond, who deregulated condoms, former senator, Dr Mary Henry, a founder of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights (APG), and Senator Ivana Bacik, a former IFPA Board member and a member of the current APG, also attended.

Speaking at the event, Simon Harris TD, then Minister for Health, thanked the IFPA and its staff for their "courageous and pioneering work in fighting for better access to sexual health and reproductive rights". He praised the staff of the IFPA for the help and treatment they have provided to women nationwide over the past 50 years, noting that their work has had a "profound impact" on Irish society and helped to make Ireland a country of "tolerance and respect".

Keynote speaker, Máiréad Enright, of the University of Birmingham and Lawyers for Choice, took participants through the IFPA's history of "transformative illegality". Former Chair, Catherine Forde BL, reflected on the courage and vision of the IFPA leadership over the decades and its critical decision to maintain its advocacy work and role as a thorn in the side of the State.

IFPA Chief Executive Niall Behan recognised the IFPA founders for their bravery in opening Ireland's first family planning centre. "That spirit of defiance has defined the IFPA since then," he noted. Reflecting on the recent reforms in the law, he added that the IFPA will keep on working until neither cost, nor stigma, nor inequalities stand in the way of equitable access to quality reproductive healthcare and the realisation of the sexual and reproductive rights of all people in Ireland".

This page, from left to right

01. Máiréad Enright (speaker) 02. Clinic staff: Liz McLoughlin, Deirdre Jones, Ursula Lawlor and Jennie Scott 03. Former Chair, Catherine Forde 04. Founder Dr Jim Loughran with activist Frank Crummy 05. Former CEOs Tony O'Brien and Catherine Heaney with Catherine Forde and Niall Behan.

Page opposite, from left to right

06. Former Board and staff members, Louise Tierney, Richie Keane, Frank Power and Anita Ghafoor Butt 07. Former senator Dr Mary Henry and Minister Harris 08. Minister Harris with Senator Ivana Bacik and Dr Peter Boylan 09. Dr Andrew Rynne, Dr Niall O'Leary and guest. 10. Former ministers, Norah Owen and Barry Desmond with Minister Harris.

Photos: Barry Cronin.



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“The IFPA stood up against injustices in the most hostile of environments and provided a sanctuary for many people in the most difficult of days. We owe them a debt of gratitude for their courageous and pioneering work in fighting for better access to sexual health and reproductive rights.”

FORMER MINISTER FOR HEALTH, SIMON HARRIS TD



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“I know that, in parallel with the key milestones which you helped to achieve, there was work that went largely unseen but was transformative. At times when abortion reform was not on the political radar, and indeed was seen as politically toxic, your organisation insistently took the State to task for failing in its human rights obligations to women, including by supporting women in their challenges to the State.”

PRESIDENT OF IRELAND, MICHAEL D HIGGINS, NOVEMBER 2019



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Reception by President Higgins

In November 2019, President Michael D Higgins hosted a reception in honour of the IFPA's 50 years. President Higgins, a former member of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights, commended the IFPA for its transformative work in Ireland. He noted the important role the work of the IFPA plays in collective efforts for sustainable development and the achievement of the Sustainable Development Goals.

The IFPA's 50th anniversary was an opportunity, he said, to celebrate the ethos of respect for the dignity and rights of those who need our services, and to look forward to the challenges of the future.

The President framed the IFPA's work in the context of Ireland's transformation with regard to reproductive rights. But he cautioned against resting on our laurels: work is still needed on comprehensive sexuality education and contraception access.

He encouraged the IFPA to continue to work tirelessly so that our vision of "a society where all people have the power to make informed choices about their own sexual and reproductive lives" is achieved.

Niall Behan, IFPA CEO, thanked President Higgins and his wife, Sabina, for their commitment to and support for reproductive health and rights. He spoke about the contributions of the IFPA's founders, members, directors, volunteers, administrators, receptionists, counsellors, cleaners, CEOs, medical directors, policy officers and lawyers, nurses, doctors, trainers & tutors, financial controllers and directors of counselling.

Some, he said, were the rock-solid foundations of the IFPA: the unsung heroes who opened clinics and counselling centres to support women. Others created key moments in modern Irish history, such as the McGee case, A, B and C v Ireland, the Virgin condom case, the defeat of regressive constitutional amendments in 1992 and 2002 and the introduction of abortion care in 2019. All contributed to social justice and human rights.

Pictured with the President and Sabina Higgins at Áras an Uachtaráin; this page, from left to right

01. Niall Behan and Áine Ward 02. Louise Tierney, Liz Harper, Ben Howe and Michelle Thomas 03. Dr and Mrs Jim Loughran and Yvonne Pim 04. Dr George Henry and guest. 05. Madeline Stringer, Sheila Jones, Wendy Lyon, Gareth Jones, Anita Ghafoor Butt and Natasha O'Brien.

Page opposite, from left to right

06. Frankie Nesirky, Laura Lebreton, Síona Cahill and Sarah Maloney 07. Fiona Tyrrell, Síona Cahill and Anita Ghafoor Butt 08. Pauline O Flynn, Brenda Grace and Nuala Gethings 09. Rosie Toner and Maeve Taylor. 10. Catherine Heaney and Anthea McTiernan.

Photos: Maxwell Photography.

Financial Report

Statement of Financial Activities for the Year Ended 31 December 2019

CONTINUING OPERATIONS	2019			2018
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
INCOME				
Charitable activities	784,014	1,390,652	2,174,666	2,147,154
Total Income	784,014	1,390,652	2,174,666	2,147,154
EXPENDITURE				
Charitable activities	759,776	1,390,652	2,150,428	2,124,970
Total expenditure	759,776	1,390,652	2,150,428	2,124,970
Net Income/(expenditure)	24,238	—	24,238	22,184
Transfer to fund deficit	—	—	—	—
Total funds brought forward	63,433	—	63,433	41,249
Total funds carried forward	87,671	—	87,671	63,433

THERE ARE NO RECOGNISED GAINS OR LOSSES OTHER THAN THE NET INCOME / (EXPENDITURE) FOR THE ABOVE TWO FINANCIAL YEARS.

Balance Sheet as at 31 December 2018

FIXED ASSETS	2019		2018	
	€	€	€	€
Tangible assets		86,523		55,478
CURRENT ASSETS				
Stocks	11,434		14,660	
Debtors	59,929		47,402	
Cash at bank and in hand	195,227		353,159	
		266,590		415,221
Creditors: amounts falling due within one year	(265,442)		(407,266)	
Net current assets / (liabilities)		1,148		7,955
Total assets less current liabilities		87,671		63,433
Net assets		87,671		63,433
THE FUNDS OF THE CHARITY				
Unrestricted Reserves		87,671		63,433
Total Charity Funds		87,671		63,433

Governance & Management

BOARD OF DIRECTORS

The members of the Board in 2019 were: Ruth Fletcher, Fiona Tyrrell, Jennifer Gargan, Natasha O'Brien, Rosemary Wokocha, Wendy Lyon, Patricia Prendiville, Síona Cahill, Marianne Byrne, Megan Reilly. The Board met seven times in 2019.

At the Annual General Meeting (AGM) in September, Fiona Tyrrell was elected Chair. Rosemary Wokocha and Marianne Byrne stepped down from the Board at the AGM and were warmly thanked for their service on the Board. Síona Cahill took a temporary leave of absence from the Board in September 2019.

ORGANISATIONAL DEVELOPMENT

In 2019, the Board of the IFPA prioritised planning for the IFPA's future. Key challenges included maintaining our independence and our role as a thorn in the side of the State, while also working effectively within mainstream service provision.

In early May, the IFPA Board commissioned Corporate Community to lead an organisational review. Building on the achievements of the organisation's work over 50 years, the review aimed to fortify the IFPA into its next phase and ensure its sustainability.

Liz Hayes and Seamus O'Leary of Corporate Community worked with the Board and senior management staff throughout the year. A day-long management think-in on the future of the IFPA was held in June in Finnstown House, with a second meeting of the Board and staff members in December. This work resulted in a plan to take the organisation into 2020 and beyond.

The IFPA looks to best international healthcare practice and the international framework of human rights norms and principles to inform our practice. In February, we closed our clinics over two days for rights-based values clarification training for all IFPA staff facilitated by experts from the Department of Reproductive Health and Research of the World Health Organisation. We are grateful to Dr Ronnie Johnson and Dr Antonella Lavalanet for their expert facilitation.

To ensure compliance with national child protection and safeguarding requirements, a workshop on the provision of services to minors and vulnerable adults was facilitated by leading child protection organisation, 1 in 4, in December.

PERSONNEL

During 2019, we welcomed Róisín Venables as our new Head of Counselling and Paula Tierney to our counselling team. Dr Louise Hickey, Dr Katie McElroy, Dr Heidi O'Neill, Dr Helena Sheeran and Dr Jessica Barnes, Carrie Powles and Natalie Delaney joined our medical staff. Frankie Nesirky joined the IFPA as our EMA Coordinator.

We said goodbye to a number of staff in both our clinics, including Dr Siti Sulani, Tina Brosnan, Deirdre McMullen, Jennie Scott, Rachel Groves, June Flood and Catherine Sheridan, and to communications officer, Siobhán Silke.

Special thanks to Síona Cahill, who came on board for our ICPD programme and ensured that the Unfinished Business event drew a wide and diverse group of participants. We're grateful to volunteer interns Shauna Rust and Mackenzie Piper who provided invaluable support with desk research for policy briefings. Shauna also conducted comparative research on policy in other European countries. Ailish Toal worked tirelessly as a volunteer researcher and organiser for the IFPA's 50th anniversary events and our commemorative brochure.

FUNDING

The IFPA generates income from private clients at our two clinics. We are also funded by the Health Services Executive (HSE) for our service to GMS clients; by the HSE Sexual Health and Crisis Pregnancy Programme and HSE National Office for our specialist pregnancy counselling and early medical abortion care, respectively. Our cervical cancer screening programme is funded by the National Cancer Screening Service.

The IFPA is grateful to the following for funding our research, advocacy and communications work in 2019: the Department of Foreign Affairs and Trade (Irish Aid); the United Nations agency for sexual and reproductive health (UNFPA); the Foundation to Promote Open Society (Women's Rights Program); International Planned Parenthood Federation (European Network); the Irish Human Rights and Equality Commission; the Irish Research Council.

Full details of the IFPA's finances are included in the Directors' Report, which is available on the website.

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