IRELAND'S UNFINISHED BUSINESS

CIVIL SOCIETY DIALOGUE REPORT

Achieving sexual and reproductive health and rights for all

THE IRISH FAMILY PLANNING ASSOCIATION

The Irish Family Planning Association (IFPA) is Ireland's leading sexual health charity.
We promote the right of all people to sexual and reproductive health information and dedicated, confidential and affordable healthcare services.

- The IFPA was established by seven volunteers in 1969 and has been to the fore in setting the agenda for sexual and reproductive health and rights both nationally and internationally since then.
- Today, the IFPA offers a comprehensive range of services which promote sexual health and support reproductive choice on a not-for-profit basis from our clinics in Dublin city centre and Tallaght, and pregnancy counselling services at ten locations nationwide.
- We also deliver contraceptive training to medical professionals and sexual health training to service providers, young people, parents and community groups.
- With a strong track record in providing high quality medical, counselling and education services, the IFPA is a respected authority on sexual and reproductive health and rights and is regularly called upon to give expert opinion and advice.
- The IFPA works with partner organisations and civil society to raise awareness of the importance of sexual and reproductive health and rights at home and all over the world.
- The IFPA's mission is to enable people to make informed choices about their sexual and reproductive health and to understand their rights.

In 2019 the IFPA celebrated its 50th anniversary.

IN THIS REPORT

> We've convened this event today to have a conversation here in Ireland about how we can ensure that every person enjoys the highest attainable standard of sexual and reproductive health, and that rights in this context are promoted, protected and fulfilled.
>
> - Maeve Taylor, IFPA (November 6th, 2019)

CIVIL SOCIETY DIALOGUE: ACHIEVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL

WHY WE CONVENED THE DIALOGUE

The IFPA convened a civil society dialogue event on November 6th 2019. Held in Dublin and organised with the support of the Department of Foreign Affairs and Trade, the event brought women's organisations, community groups, global development organisations, elected representatives, youth leaders, policy-makers and activists together to reflect on sexual and reproductive health and rights in Ireland: both the achievements to date and, critically, the work still to be done.

The event was convened in advance of the Nairobi Summit—a three-day international conference which marked the 25th anniversary of the landmark International Conference on Population and Development (ICPD) held in Cairo in 1994. At the Cairo conference, 179 governments, including Ireland, adopted a Programme of Action that firmly established sexual and reproductive health and rights as core human rights and gender equality issues.

Twenty five years later, in November 2019, the Nairobi Summit brought together heads of state, ministers, parliamentarians, thought-leaders, technical experts, civil society organisations, grassroots organisations, young people, business and community leaders, faith-based organisations, indigenous peoples, international financial institutions, people with disabilities, academics and many others to make commitments to accelerate progress on sexual and reproductive health and rights.

The aim of our pre-Nairobi dialogue was to gather insights, priorities and perspectives from civil society that can contribute to the progressive realisation of sexual and reproductive health and rights (SRHR) in the Irish context.

A compilation of the speeches and discussion points from the dialogue was circulated to the Irish delegates to the Summit, many of whom also participated in the event.

HOW WE DEVELOPED THIS REPORT

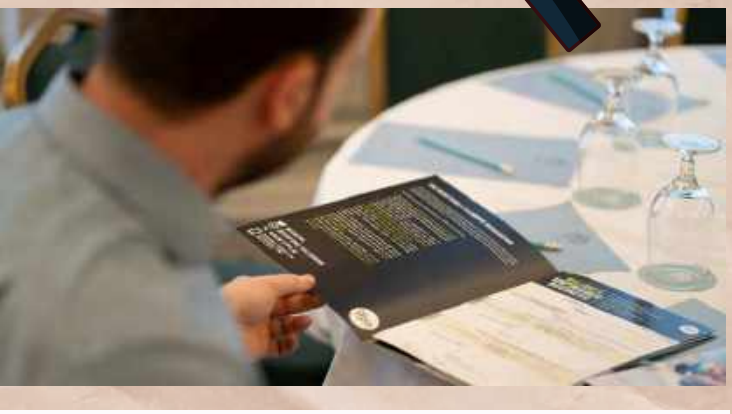
This report provides a record of the proceedings and the key concerns identified by the participants.

Audio recordings were made of the two panel discussions, and some panelists also submitted written notes. The panels were followed by roundtable discussions which were focused around key questions. Table note-takers recorded the main points and the report writer, Deirdre Duffy, interviewed the table facilitators after the event.

Liz Harper, IFPA coordinator of services, listened in for a short time at each table and presented an overview of the discussions after each session. Artist Eimear McNally created a graphic record of the proceedings, images from which are used throughout this report.

Finally, participants were invited to leave comments on post-its with additional insights in relation to the themes, content and organisation of the day. The final edited report draws on all of this material and includes some supplementary information. We hope it captures something of the energy, participation and engagement that attendees brought into the room on the day and that it can be used as a resource for those working to advance sexual and reproductive health and rights in Ireland.

GLOSSARY



ORGANISATIONAL ACRONYMS

DFAT	Department of Foreign Affairs and Trade
IFPA	Irish Family Planning Association
NCCA	National Council for Curriculum and Assessment
HSE	Health Service Executive
SHCPP	Sexual Health and Crisis Pregnancy Programme, HSE
UNFPA	United Nations sexual and reproductive health agency
WHO	World Health Organisation

ADDITIONAL ACRONYMS

AAAQ	Availability, accessibility, acceptability and quality. The UN Committee on Economic, Social and Cultural Rights (ESCR Committee) has set forth these four essential elements of the right to health, also known as the AAAQ framework. This informs states' obligations under the right to health. [Source: Center for Reproductive Rights]
CSE	Comprehensive Sexuality Education
FGM	Female Genital Mutilation. It is defined as the partial or total removal of the external female genitalia, or any practice that purposely changes or injures the female genital organs for non-medical reasons. The practice is internationally recognised as a violation of the human rights of women and girls. [Source: HSE]
GBV	Gender-based violence. This is violence directed against a person because of their gender. Women and men experience gender-based violence but the majority of victims are women and girls. [Source: European Institute of Gender Equality]
HIV	Human immunodeficiency virus. HIV is a virus that attacks the human immune system and weakens its ability to fight infection and disease. [Source: sexualwellbeing.ie]
ICPD/ ICPD25	International Conference on Population and Development. 2019 marked the 25th anniversary of ICPD Cairo, which took place in 1994. At that conference, 179 governments including Ireland adopted a Programme of Action, that firmly established sexual and reproductive health and rights as core human rights and gender equality issues.
LARC	Long-acting reversible contraception is a range of highly effective contraceptive methods that last for an extended period of time. They include the hormonal coil, the copper coil, the hormonal injection and the hormonal implant. LARCs are reversible methods, meaning that it is possible to remove them, after which fertility (ability to get pregnant) returns to normal. [Source: IFPA]
LGBTI+	Acronym widely used to refer to lesbian, gay, bisexual, trans/transgender, and intersex people. A plus sign is usually added to denote that there are more sexualities and gender identities than those within the acronym e.g. non-binary, pansexual, asexual. There are three broad categories within LGBTI+: sexuality (lesbian, gay, bisexual, pansexual), gender (trans/transgender, non-binary), and sexual characteristics (intersex). [Sources: BelongTo, ShoutOut]
MSM	Men who have sex with men.
PrEP	Pre Exposure Prophylaxis is a medication taken by HIV-negative people to reduce the chance of getting HIV from having sex without a condom and from sharing needles or equipment to inject or use drugs. PrEP stops HIV from establishing itself inside the body. When taken correctly PrEP has been found to be about 99% effective. [Source: HIV Ireland]

RSE	Relationships and Sexuality Education.
SDGs	UN Sustainable Development Goals. The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests. [Source: United Nations]
SRHR	Sexual and reproductive health and rights. They are human rights as applied to sexuality and reproduction. This means that people have the right to achieve a state of complete physical, mental and social well-being in all matters relating to sexuality and the reproductive system, free from coercion, discrimination and violence. SRHR enable persons to make free and informed decisions about their sexuality, sexual health, and reproduction. [Source: WHO]
U=U	Undetectable=Untransmittable. The amount of HIV in the blood of someone who has HIV is called their viral load. Without HIV medication, the viral load can be high. HIV medication stops HIV from making copies of itself, and the viral load can be made so low that it is not detectable in a standard blood test. This is called having an 'undetectable viral load'. U=U means that when a person with HIV has a viral load that is not detectable, they cannot pass on HIV through sex. [Source: HIV Ireland]

(Centre) Eimear Sparks, 25x25 Young Leader with SheDecides

Fiona Tyrrell, Chair of the Irish Family Planning Association

GLOSSARY

BRIEF EXPLAINERS OF OTHER TERMS USED

Assisted human reproduction

Assisted human reproduction (AHR) is defined as any procedure that involves the handling of eggs, sperm, or both, outside the human body. This includes artificial insemination, intrauterine insemination, in vitro fertilization, and ovarian stimulation (with medication). [Source: The society of obstetricians and gynaecologists of Canada] Currently there is no specific legislation in Ireland governing assisted human reproduction.

Conscience-based refusal of care/conscientious objection

In the context of abortion care, conscientious objection is when a health care worker or institution refuses to administer abortion services or information on the grounds of conscience or religious belief. When conscientious objection is not regulated, it can significantly undermine access to abortion services. [Source: Center for Reproductive Rights]

Gender

The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and for men. Gender is an ideological and cultural concept, not a biologically determined one. [Source: Amnesty UK]

Gender expression

The external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns. [Source: TENI]

Gender identity

Refers to a person's deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth. [Source: TENI]

Intersex

Refers to individuals who are born with sex characteristics (such as chromosomes, genitals, and/or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time. [Source: TENI]

Mandatory waiting period

A mandatory waiting period is a requirement in law that someone seeking abortion care must wait a set period of time before accessing abortion care. Currently, the mandatory waiting period in Ireland is three days, with no exceptions.

Reproductive rights

Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. [Source: International Conference on Population and Development, Programme of Action]

Rights-based care/rights-based policy

Policy informed by human rights standards.

Safe access zones

Designated areas where protests and demonstrations are expressly prohibited outside clinics which offer abortion care. This protected area is intended to be safe for patients, healthcare workers, other staff and local residents to pass through without intimidation.

Sexual and Reproductive Health and Rights

Sexual and reproductive health is 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. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

Achieving sexual and reproductive health relies on realising sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected.
- freely define their own sexuality, including sexual orientation and gender identity and expression.
- decide whether and when to be sexually active.
- choose their sexual partners.
- have safe and pleasurable sexual experiences.
- decide whether, when and whom to marry.
- decide whether, when and by what means to have a child or children, and how many children to have.
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.

[Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights (2018). See resources section for more information]

OPENING CONTRIBUTIONS

The following contributions were made as speeches at the civil society dialogue on November 6th, 2019.

MAEVE TAYLOR
DIRECTOR OF ADVOCACY AND COMMUNICATIONS OF THE IRISH FAMILY PLANNING ASSOCIATION (IFPA).

We have seen momentous advances in Ireland since the International Conference on Population and Development (ICPD) in 1994—reform of our Constitution; transformative changes in law and policy within Ireland; the introduction of marriage equality and abortion care. Ireland has been a strong supporter of the ICPD at the intergovernmental level and of UNFPA, the United Nations agency for reproductive health.

Ireland's new international development policy, *A Better World*, which was launched in February 2019, has a strong focus on sexual and reproductive health and rights.

This signals the potential for increased focus on the fulfilment of these rights, including, we hope, funding.

In 1994, world governments placed women's reproductive health and rights at the centre of national and global development efforts and they agreed a global consensus that reproductive health and rights are human rights.

Governments, civil society and other actors will convene at the Nairobi Summit next week to reaffirm global commitments to the ICPD. We've convened this event today to have a conversation here in Ireland about how we can ensure that every person enjoys the highest attainable standard of sexual and reproductive health and that rights in this context are promoted, protected and fulfilled.

Those rights include the rights to bodily integrity, privacy and personal autonomy; the right to freely define one's own sexuality, including sexual orientation and gender identity and expression; the rights to decide whether and when to be sexually active and to choose sexual partners; the rights to have safe and pleasurable sexual experiences and to decide whether, when and whom to marry; and whether, when and by what means to have a child or children, and how many children to have; the right to access the information, resources, services and support necessary to achieve all of these, free from discrimination, coercion, exploitation and violence.

We have a very diverse and knowledgeable participant group today. It includes youth organisations, health organisations, healthcare practitioners, women's organisations, activist groups, academics, elected representatives and officials from government departments. There are a number of people here who will be travelling to Nairobi next week.

Everyone is here as an equal participant. Everyone here has a valuable perspective, a set of experiences and a range of insights that can inform our collective thinking about the provision of sexual and reproductive healthcare and the progressive realisation of sexual and reproductive rights.

Dr. Catriona Henchion, Medical Director of IFPA (left), Dr. Rhona Mahony (Centre), Dr. Louise Campbell, Lecturer in Medical Ethics, NUI Galway

KATHERINE ZAPPONE, TD.

MINISTER FOR CHILDREN AND YOUTH AFFAIRS, GOVERNMENT REPRESENTATIVE TO THE NAIROBI SUMMIT, NOVEMBER 2019

I am delighted to be here today at this very important Civil Society Dialogue among the champions of sexual and reproductive health and rights. Our wonderful hosts, the Irish Family Planning Association, are celebrating their 50th birthday this year. 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 evident in the work that they are doing here today.

I am honoured to be representing the Irish Government at the International Conference on Population and Development in Nairobi next week. We have made significant progress but we are also aware that there is a lot of work still to be done. The theme for today is "Ireland's Unfinished Business". The organisations and individuals here today have done a lot of business. Advocates are not in the habit of looking back – they always look forward to see "what next". But I would like to open today by going back a bit – not to the distant past, but to a recent past which is very relevant to our present and our future.

Firstly, I would like to reflect on the issues faced by the women, girls and children of Tuam and many others who suffered the same deprivation and disrespect as them.

We are all aware to varying degrees of the field in a town in Ireland in which the remains of up to 796 babies lie. Some of these babies are in a sewage system. Their mothers were sent to the nearby "Home" to have their babies. They were sent there because they were unmarried women and girls. **The State, Society and the Church conspired to shame these women and to condemn their babies.** I have met some of the babies that lived. I stood with them in the field. They told me about their lives. The babies are now women and men.

They are mothers and fathers, grandmothers and grandfathers. Standing there in the field – below me were the children who were treated so badly in death, and beside me were the children, treated so badly in life. This is where I want to start our story.

The course of their lives was determined by their conception. Their mothers had no rights. They had no say in their own sexual and reproductive health.

They had no access to contraception and so had no freedom to determine whether or not to become pregnant. They had no access to abortion and so had no choice about whether to continue their pregnancy or not.

They had no moral, financial or practical support to raise and nurture their children and so had no choice but to leave their children behind.

They were shunned, shamed and conspired against. They were deprived of choice, deprived of autonomy and deprived of respect.

Like many countries we tiptoed our way out of this oppressive state.

Contraception

We have made progress. Contraception is now easily available but there remains an economic barrier for some people. For example, for many women, the cost of long-acting reversible contraception is out of their reach. The initial payment of €334 for a consultation and the insertion of an IUD is simply not affordable. This means that they do not have choice or control over their own fertility. The Minister for Health published a report less than two weeks ago on Access to Contraception. Cost should never be a barrier to good sexual and reproductive health. The Oireachtas Committee on Health will examine the report and I hope we make progress with it. It is part of our Unfinished Business.

Abortion

After more than three decades of activism, repeated nudges from international human rights institutions and the courage of women who brought their cases to these institutions, a huge majority voted to repeal the 8th amendment.

We now have lawful abortion available in the first 12 weeks of pregnancy and abortion which is subject to legal conditions thereafter. It is free but I know that many advocates, not least the IFPA are working to ensure that there are no other cost-related barriers for women who need to access the service. We also need to continue to address the stigma which can be associated with accessing this service – human rights should not be stigmatised.

Assisted Human Reproduction

Just as women are entitled to choose whether to remain pregnant, I believe that individuals and couples, whether they are same-sex or heterosexual are entitled to be helped in their choice of becoming parents. Our progress with legislation on Assisted Human Reproduction has been slow. However, in parallel with the drafting of legislation, the Department of Health has been developing a model of care for infertility.

This will have a public funding element and will include a €1 million fund. An announcement of this is due to be made by Minister Simon Harris in the coming weeks. Fertility treatment is very expensive. It is out of the reach of many people. We need to do better on this.

The Choice to Raise and Nurture Children

While thankfully, there is no longer an obvious, inherent stigma associated with the choice of mothers to raise their children as single parents, there remains an economic barrier.

We know that many single parents live in poverty or at risk of poverty. Census 2016 shows that one in four families with children is a lone parent family. They face many challenges.

I am acutely aware that one of these is the cost of childcare. The budget for childcare has increased by 138% since 2014 from €264m to €628m. In my three years as Minister for Children and Youth Affairs, I have placed a particular focus on lone parents and those most in need. The impact of this will be seen when the new National Childcare Scheme opens on the 20 November next. I will illustrate one example, the parent of a child under 1 year who currently receives the maximum subsidy of €95 euro a week will receive €204 euro per week when the NCS opens in a few weeks' time. Under new measures introduced as part of Budget 2020, this parent can receive €229.50 per week in September 2020. It is my hope and expectation that this will have a significant impact of the lives of lone parents and their children. **Economics is a big factor in sexual and reproductive health. It is a big factor in the choice to become a parent. While gender equality is certainly an issue, it is closely linked with social equality.**

Eimear McNally, Visual Artist captures the civil society dialogue discussions

Consent

In the 25 years since the Cairo Summit our world has changed. The exposure that has come with technology has allowed us to move from an insular mind-set to a new world of experiences and possibilities. But with technology also comes a more destructive exposure. Our children now see, hear and learn behaviours that are not conducive to basic respect for one another. Regular exposure has normalised violence and aggression. I know this is something that concerns parents greatly.

We are losing our capacity to understand consent. We need to re-learn respect for other people's bodies, for their choices and for their right to say "No". Many of our partners in the voluntary sector have teamed up with government to try to address this through sexual consent programmes and courses aimed primarily at children and young people in second and third level education.

At the junior and senior infant classes, *Relationships and Sexuality Education* focuses on helping children understand their own bodies and staying safe from sexual abuse. It is my belief that if we truly want our children to learn respectful boundaries towards each other, we may to need to start even younger. By the time children have started school they have already been exposed to stereotypes and gender-based bias and some children may, through unmonitored internet exposure, have reviewed damaging age-inappropriate content.

We need to be able to counter these influences by positive messaging regarding respect, self-respect and gender equality. And to some extent, we are doing this in Ireland already. Respectful, sensitive and reciprocal relationships is one of the core principle under *Síolta*, the National Quality Framework for Early Childhood Education which supports all aspects of early childhood education and care in Ireland. Learning and developing through loving and nurturing relationships with adults and other children, is also central to *Aistear*, which is the early childhood curriculum framework.

As these early interactions with other children, carers and our families lay the foundations for all our relationships later in life, it is vitally important that the early learning and care sector is part of this debate and solution. I believe we can, through positive interactions at this age, start to challenge gender stereotypes, learn to talk to children about sexual development and 'appropriate touch' without shame or embarrassment. In the Netherlands, "comprehensive sexuality education," starts as early as for 4 years old.

The *Dutch Sexuality Research Institute* is behind the progressive and inclusive curriculum which focuses on open, honest conversations about love and relationships. This approach has attracted a lot of international attention, largely because the Netherlands boasts some of the best outcomes when it comes to teen sexual health.

There is compelling evidence for comprehensive, child-centred and age appropriate education related to sexuality, beginning in early childhood. In my view, this would empower children to build loving relationships in their lives, where respect, tolerance and equality are self-evident.

HIV

New HIV diagnoses in Ireland are at a rate that is worrying. This is despite a reduction in the overall number of new HIV infections globally. I am aware that advocates like Dr Thomas Strong who is present here today have been critical of the Governments efforts in terms of access to effective HIV prevention tools such as PrEP. I commend your efforts Dr Strong and you were right to be critical! You gave a voice to those who felt they could not speak out. It has been heard.

The PrEP programme started this week in a number of STI clinics and will be fully rolled out in 2020. I know that the Taoiseach was adamant that we could wait no longer. Clinical interventions are critical and this is a good step forward. I acknowledge the words of Stephen O'Hare of HIV Ireland that **PrEP is a significant gamechanger but not a panacea**. We still have a lot of work to do in order to end the stigma and marginalisation of people with HIV.

Ignorance is a barrier. We need to demystify HIV. As a country, we still have a way to go and we need to support those who are showing us the way.

LGBTI+

Our LGBTI+ community never rests. We are all proud, happy and relieved that our country voted for marriage equality in 2015. It was a momentous day, celebrated enthusiastically by all genders! We need to keep working.

I am very proud of the fact that Ireland produced the World's first ever LGBTI+ Youth strategy and it was done by my Department. It involved an extensive consultation and this has demonstrated that poor mental health and isolation among young LGBTI+ people is a very real issue.

Isolation and lack of services for LGBTI+ people outside Dublin is an issue. We celebrated the referendum in Dublin and many of our larger cities. In small rural towns and villages there remains a stigma, but this has improved, and it was genuinely heartening to see how many towns and villages held Pride parades for the first time this year. **We need to accelerate our national celebration of our progressive realisation of rights.**

Government Commitments

In Nairobi next week, on behalf of the Irish Government, I will be committing to achieving universal access to sexual and reproductive health and rights as part of universal health coverage.

- It should be of good quality, available, accessible and acceptable to all women and girls throughout their lives, free of stigma, discrimination, coercion and violence.
- We are committing to putting women's voices at the centre of efforts to improve women's health.
- We are committing to reviewing and updating the national curriculum for relationship and sexuality education and how it is taught.
- We are committing to conducting a general population survey on the knowledge, attitudes and behaviours of sexual health and well being and crisis pregnancy in Ireland.

- Minister Katherine Zappone

We have reaffirmed our commitment to delivering 0.7% of Gross National Income to Official Development Assistance by 2030.

Our international development policy *A Better World* has gender equality as one of its four overarching themes. I am particularly proud of that. I am proud of what our people and our country have achieved. I am proud of the supportive role that government has played. I am optimistic that we will continue along this path of progress. I look forward to hearing about the rest of today's dialogue and wish you well in your deliberations.

DISCUSSION PANEL 1

UNMET NEEDS: CONSIDERING EXPERIENCES IN SUPPORTS AND SERVICES

PANEL MODERATOR

ORLA MCBREEN

DIRECTOR OF THE CIVIL SOCIETY AND DEVELOPMENT EDUCATION UNIT, DEPARTMENT OF FOREIGN AFFAIRS AND TRADE (DFAT)

Since joining the Department in 2000 Orla has held a number of roles: in the Department's EU Division, at the Irish Mission to the Council of Europe, Strasbourg and Northern Ireland, working on justice and security, including five years at the Permanent Mission of Ireland to the UN in New York with responsibility for Human Rights and Gender Equality.

- The title of this event: 'Unfinished Business' is very apt because it implies a journey. Ireland has been on a journey since the ICPD in 1994, and we may have moved the dial in one direction in Ireland but this is not the same elsewhere in the world for the ICPD.
- At the Department of Foreign Affairs, we represent Ireland overseas and work with other Irish Departments to do this to reflect the Irish position in negotiations at the UN, EU and other fora. This is because, of course, we can't advocate abroad for things we don't do at home. And in doing so, we approach it in a humble manner, we know issues can be difficult, but we seek to persuade, for example, with countries that can be resistant to LGBTI+ rights or girls' rights, it is important to note that we all start from a point of agreement and to try to be persuaders.
- At the UN, no matter what the Irish position was, we always tried to have an engagement, including with the people whose positions we really disagreed with.
- Many issues are covered within Sexual and Reproductive Health and Rights (SRHR) and Sexual and Reproductive Health Services (SRHS) and those are not abstract concepts. They are in fact very real experiences for all of us and for people we know. I know people have strong and passionate views but it is important to be mindful of the issues we talk about – crisis pregnancies, sexual orientation and gender identity, fertility – they are issues which resonate for people personally and for people close to us.
- Sometimes these issues can be very difficult and emotional. Already this morning I have met people who are new to this discussion and haven't been doing this for years. It's really important that we have these new voices in the conversation.
- I am very glad to live in a country where people can question, challenge and criticize government and this is so important for pluralist democracy.
- So, if people want to be critical of government, that is such an important part of this discussion, so 'have at it"!

DR. THOMAS STRONG

LECTURER, DEPARTMENT OF ANTHROPOLOGY, MAYNOOTH UNIVERSITY

Since 2009, Dr. Strong has been active in NGO and activist organisations responding to the HIV epidemic in Ireland; he is a founding member of **ACT UP Dublin**. Dr. Strong's current research project is entitled, "Culture and Sexual Risk: An Ethnographic Analysis of Gay Male Sexual Worlds in Ireland Today," and is funded by the Irish Research Council and the HSE Sexual Health and Crisis Pregnancy Programme.

We have achieved enormous medical advances in the fight against HIV, both in Ireland and internationally. When people like myself who are living with HIV, receive treatment, we can expect to have a normal life expectancy, and in many respects to live healthy lives.

Two positives:

- HIV positive people like myself who are on effective treatment cannot pass on the virus sexually. When you hear the phrase "U = U" it refers to the fact that when treatment suppresses a person's HIV to an undetectable level, it means that their virus is untransmissible. People should not fear sex with HIV+ people who are on effective treatment

- Some of these same medications are used as pre-exposure prophylaxis, otherwise known as PrEP. This is when HIV-negative people take these medications as a kind of shield from infection. PrEP is more effective than condoms at preventing HIV infection.

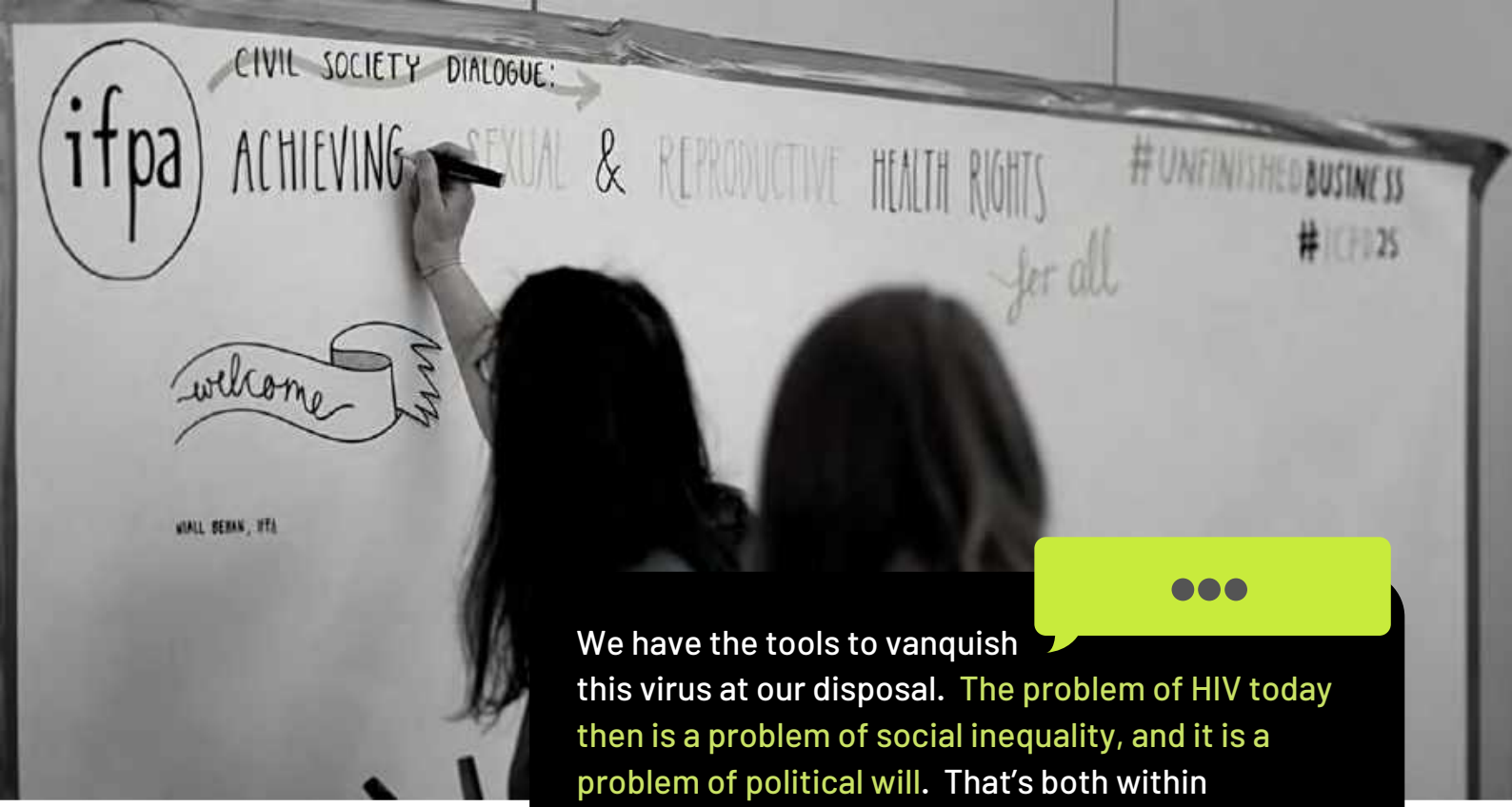
- As of Monday, this week, Ireland has become a world leader in PrEP by rolling out a national programme that will make the drug available for free to those who need it. This is a revolutionary public health initiative. It is in its early stages, and work remains to be done.

- Right now, we must acknowledge and thank government for taking this bold step toward combatting HIV in Ireland, and toward embracing sexual health as an important aspect of public health. This programme comes at a time when Ireland continues to record its highest ever rates of new HIV diagnoses. We have been in the midst of an HIV crisis, and government is now responding.

There are myriad challenges on the horizon, but I want to highlight just two:

- First, over the last many years, a relatively new population vulnerable to HIV has emerged as important in Ireland's epidemic: gay men from Latin America. In fact, a large percentage of this population who are diagnosed in Ireland are in fact transferring care from their countries of origin. This means that these are men who are undetectable when they come to Ireland, but need help in accessing services and care after they arrive. Moreover, HIV-negative gay migrants are amongst those most in need of the protections afforded by PrEP. We must look closely at how the PrEP programme administers access, overcoming barriers in paperwork and bureaucracy that may be especially difficult for migrants, in order to ensure that access is equitable and fair.

- Second, HIV also affects women. But the images and discussions on HIV that circulate rarely include women. For example, though the gay male community has in some ways led the national discussion on PrEP, women also need it. We must make sure that we maximize PrEP's potential to reduce new HIV infections by getting it to the people who most need it, including women. Moreover, the lives of women living with HIV in Ireland remain almost entirely invisible. This reflects the punishing stigma associated with HIV, especially for women. All stakeholders and actors in reproductive and sexual health must make efforts to rectify this imbalance. Because government is in fact now finally tackling HIV with the urgency it requires, I believe some of the most pitched battles lie elsewhere: in addressing the neglect, secrecy, shame, and denial in our own communities — in everyday life, in organisations that do not make HIV a priority, in conventions of representation that disappear women from the epidemic and so on.



We have the tools to vanquish this virus at our disposal. The problem of HIV today then is a problem of social inequality, and it is a problem of political will. That's both within countries, visible in the inequalities that structure who is vulnerable to infection in Ireland and whose suffering is seen and addressed here, and so on. But it also a problem of inequality between the rich world and the poor world. And in this context, it is a moral crime for people to die because of our collective failure to act.

- Dr. Thomas Strong

ORLA O'CONNOR

DIRECTOR, NATIONAL WOMEN'S COUNCIL OF IRELAND (NWCI)

- Ireland falls short of full equality for women's life decisions, including reproductive choices. Women experiencing homelessness, women in direct provision and seeking asylum, women with addiction, older women, migrant women, women living with disabilities, Traveller and Roma women, rural women and women in prison all face multiple discrimination because of their gender.

- While we think about our 'unfinished business' today, it also important to recognise Ireland's reproductive achievements and the personal and collective struggles which secured them. We must always remember that none of these gains have come easy – they have been hard-won. And we can see across the globe that women's rights – and reproductive rights specifically – can quickly be rolled back.

- Without doubt the unfinished business for reproductive health in Ireland disproportionately impacts on women who were already disadvantaged: those with little or no income, women with care responsibilities, minors in state care, Traveller women, members of the LGBTQI community and women who are undocumented.

- NWCI is working to call attention to the ongoing gaps in reproductive health provision.

- Despite the significance of the Repeal Referendum, there are many issues left unresolved. Abortion must be decriminalised. All women have to be able to access care. And we must end anti-abortion activity seeking to intimidate women away from services.

- I want to highlight the relationship between gender-based violence and reproductive rights.

We know that it is women who are overwhelmingly affected by domestic and sexual violence, with:

- over a quarter of women experiencing physical and or sexual violence since the age of 15.
- An estimated 6,000 women in Ireland have experienced FGM.
- One in 8 women surveyed by the Rotunda hospital were being abused during pregnancy.

Violence disempowers women from all sections of society and can be barrier to women accessing reproductive health services.

As part of the #MeToo movement, Irish women have bravely spoken about their experiences of sexual violence. And the health system and reproductive healthcare providers have a major role to play in supporting survivors.

As the WHO outlines, violence against women has serious health consequences, from death, physical injury, unintended pregnancy, sexually transmitted diseases, depression and post-traumatic stress disorder. Women who are abused are more likely to seek healthcare and it is crucial that healthcare workers can provide effective, empathetic support and that health facilities themselves provide safe and confidential care.

LUCY PEPRAH

MINORITY AND MIGRANT SUPPORT OFFICER, AIMS IRELAND

Lucy has worked and volunteered in the area of social inclusion and migrant integration in Ireland since 2002. She is the Vice Chair of AIMS and sits on the boards of Migrants Rights Centre Ireland (MRCI) and Break-forth Ireland.

- We represent and advocate for women who have suffered trauma and difficulty accessing maternity services in Ireland. Recently we have worked on the campaign to repeal the Eighth Amendment and the HSE National Consent policy during labour and childbirth. Racism remains a huge issue for migrants and ethnic minority health users. This manifests in racial comments, dog-whistle politics by healthcare providers, physical racial attacks and maltreatment veiled as care.
- Some migrant and ethnic minority women cannot enjoy the birthing experience because of racist behaviour.
- In Ireland there is a lack of religious and cultural birthing preferences like Lotus and home birth. Some healthcare providers use the laws as a threat to bully families who want to express their religions and cultures while accessing maternity services.
- Some women have reported a misunderstanding of the pain threshold of Black women, expressing an understanding from some in the healthcare system in Ireland that "Black women have a different pain threshold"
- Some practical aspects which are lacking include a translation and interpretation service and diversity training. The latter would benefit from an understanding that minority ethnic women do not form a homogeneous group (and are not always poor).
- There is a resistance of healthcare services to change. However, without reform the mental health of migrants and ethnic minority health users will continue to suffer due to the trauma of racism and discrimination.
- The consequences we see are 40 percent of maternal deaths in Ireland are migrant women, despite migrant men and women only making up 17 percent of the general population.We have witnessed these deaths: Savita Halappanavar; Bimbo Onanuga; Malak Thawley to name only a couple.

MEGAN REILLY

VICE PRESIDENT FOR EQUALITY AND CITIZENSHIP, UNION OF STUDENTS IN IRELAND (USI)

Megan is the former President of NUI Galway Students' Union as well as former Vice President for Welfare. She is a board member of the Irish Family Planning Association.

- The referendum last year gave us the opportunity to open a dialogue that wasn't there previously in Irish society. We see it now in the open discussions that we are having now around contraception. Yesterday, USI welcomed the National Condom Distribution Service which is going to provide condom dispensers for free in third level educational institutions and this is a far cry from when people used to smuggle contraception across the border.

However, barriers remain:

- There is a massive cost associated with Long Acting Reversible Contraception (LARC) and this is particularly outside the budget of students.

- I want to recognise as well the intersections of students who are oppressed: students in direct provision, from the Travelling community, students with disabilities and how their identity seems to compound these additional intersections of oppression.

- When students reach third level, they have received very inadequate sexual education and this is manifesting itself in certain ways within third level institutions.

- We welcome the National Consent Framework for third level institutions. However, sexual assault is still rife across third level institutions and often the institutions fail to address this issue, because they see it as tricky with legal sensitivities. However, we need them to take it seriously, we have a framework, and it can't just be lip service.

- Finally, we can do all the sexual health campaigns we wish, but this must be backed up with the provision of services, particularly for young people.

- For example, looking outside the large cities for STIs and sexual health clinics....it is quickly clear that students do not have sexual health provision close to them.

Student organisations continue to take up the mantle to fill gaps in education or provision – as they did when it came to buying bulk condoms – now it is in consent education and sexual health education.

DISCUSSION PANEL 2

UNFINISHED BUSINESS: POLICY GAPS AND CHALLENGES

PANEL MODERATOR

MARIA NÍ FHLATHARTA

CENTRE FOR DISABILITY LAW AND POLICY, NUI GALWAY/DISABLED WOMEN IRELAND

Maria Ní Fhlatharta is a researcher at the Centre for Disability Law and Policy. She holds an LLM in Comparative International Disability Law and Policy. Maria is a founding member of **Disabled Women Ireland** and participates in the Re(al) Productive Justice project at NUI Galway.

- Sexual and reproductive health rights are not new rights, they are rooted in some of the core ideals that have guided human rights since its inception: self-determination, bodily integrity, privacy, but also the right to family life, and health. However, they have also sat uneasily within traditional human rights frameworks: although they embody much of civil and political rights and socioeconomic rights, they are often overlooked and seen as "side rights", which are not central.

- Many people have said that Ireland has gone on a journey with regard to SRHR, and we have, as a nation, begun to truly view sexual and reproductive health as a human rights issue. We still have a way to go, and the true measure of our progress is if it reaches all people in Ireland. Those who exist on the margins—refugees, those seeking asylum, migrants, disabled people, sex workers, LGBTI people, Irish speakers, poorer people and those from rural areas—should be able to access SRHR. These vulnerabilities are socially constructed: we will know we have succeeded when we erase these barriers.

- For disabled people, significant barriers exist. Disabled people are often considered asexual, or are not given adequate access to contraception as it is considered unnecessary. Where sex education exists, it's often optional, only looking at puberty and menstrual management.

- There are additional barriers for disabled people who wish to access abortion under the current framework. But disabled people also find that their continuation of a pregnancy and their right to parent is often questioned or denied. Disabled people find that their reproductive decisions can be made by services—or by the High Court—something which is written into law under our current legislation.

- We all need to be trusted to know best about our own reproductive lives.

ALISON SPILLANE

IRISH FAMILY PLANNING ASSOCIATION

Alison Spillane is Policy and Research Officer with the Irish Family Planning Association. She is currently pursuing a PhD in the School of Social Work and Social Policy, Trinity College Dublin on women's pathways to and experiences of abortion care in early pregnancy.

- There is now a very clear recognition at both the public and political levels that abortion is one aspect of sexual and reproductive life and that policy approaches must be holistic: contraception and sexuality education have to be part of the conversation if we are serious about addressing unintended pregnancy.

> I think we have a huge opportunity now to **secure wide-ranging reforms on contraception to ensure that all individuals can access the full range of contraceptive options** and make informed choices about the method that's most appropriate for them and where they're at in their sexual and reproductive lives.

- From the IFPA's perspective, a universal, State-funded contraception scheme is the way forward.
- Integrating human rights into national policy on sexual and reproductive health is a challenge, but not one that is unique to this area. Across a range of policy areas (housing, education, climate action), we see gaps between what the State has signed up to in terms of the international human rights framework and the implementation (or lack of implementation) of these obligations in practice.
- A rights-based approach to sexual and reproductive health policy means looking at the interrelated elements of the right to health—availability, accessibility, acceptability and quality—and how these can be integrated into service delivery.
- There's a challenge in maintaining public and political interest in these issues and ensuring there is sufficient momentum to see commitments implemented.
- The huge groundswell of activism and support that culminated in last year's referendum receded very quickly after the vote. In practice, this meant there was insufficient coordination amongst civil society actors to secure amendments that would have made the new abortion law more rights-based and more workable in practice.
- I think there is a responsibility on those of us who are advocates and activists to hold the State to account.
- If we want to achieve sexual and reproductive health and rights for all, we have to be **careful to ensure that political rhetoric is matched by policy commitments and policy change.**

BELLA FITZPATRICK
SHOUTOUT

Bella is the Executive Director of ShoutOut, a charity which provides LGBTQI+ awareness and acceptance training.
Bella has been involved in the current review of Relationships and Sexuality Education (RSE) with the aim of ensuring that it is inclusive of LGBTQI+ experiences.

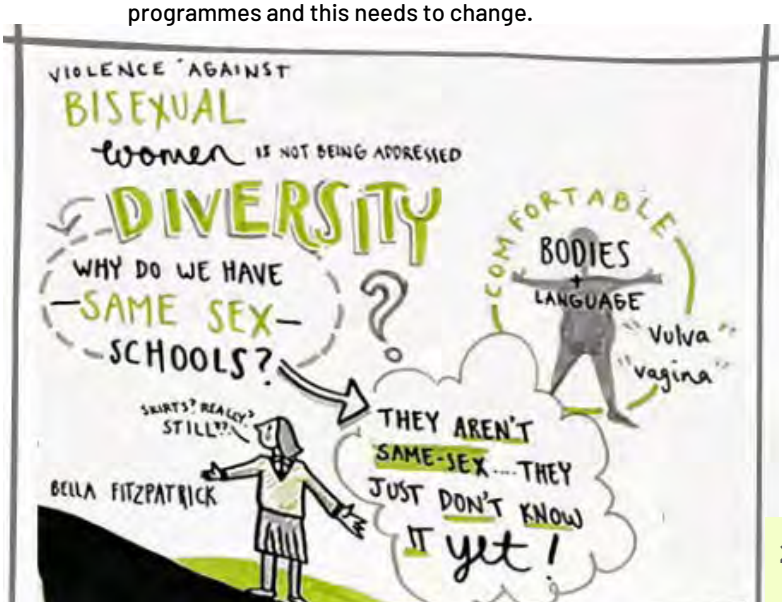
- Since Marriage Equality, people have assumed that things have improved, but that is not always the case. Last year we provided 462 school workshops, nine a week. Yes, we have come a long way since decriminalisation of sex between men in 1993 and have achieved marriage equality and gender recognition, but these things don't really impact kids (marriage is for adults; gender recognition is still really only available to over-18's).
- Those legal changes really haven't made things easier for young people in schools who are still being bullied all of the time for being LGBTI+.
- If we want to have a reasonable interpretation for something like gender, that's fantastic, but we are still segregating kids by sex in schools all of the time and that doesn't really make sense. I work in many all-girls schools where students have to wear skirts. That's not that uncommon. All these students are not all girls. They are just in all-girls schools.
- Those who are responsible for the babies buried in fields which the Minister referenced are still running our schools. We have been without significant reform of any kind. I think it is despicable that we are seemingly ok with this. This is not an individual issue. I have many positive relationships with monks, nuns, priests who have invited me into schools. This is a systemic issue.

Teachers are genuinely terrified of losing their jobs by bringing something like ShoutOut into their schools and by coming out and being an 'out and proud' teacher.

This is like a freezing effect: a system of silencing and of inaction. It might not be as direct, but the outcome is the exact same.

In Ireland we have this concept that the worst thing for someone is to be accused of being homophobic, transphobic or racist or something. But that's not the worst thing: the worst thing is having homophobia, transphobia or racism as part of your everyday life.

- Bisexual women are at increased risk of rape and domestic violence. Bisexual women have no allies. 0.01% of LGBT funding goes to bisexual–related programmes and this needs to change.



SALOME MBUGUA

AKIDWA, IRISH HUMAN RIGHTS AND EQUALITY COMMISSIONER

Salome Mbugua is the founder and former CEO of AkiDwA, the Migrant Women's Network. Since 2015 she has been supporting the development of Wezesha, an African Diaspora-led development organisation supporting women and children. She is the chairperson of the European Network of Migrant Women and sits on the EU Expert group on Economic Migration. Salome also sits on the Observatory Experts Group on Violence against Women with the European Women's Lobby and is a 2015 OHCHR-UN Fellow and 2010 Eisenhower Fellow.

- I feel really good to be living in an Ireland that is changing, that is becoming an island of opportunity. When I came here 25 years ago, I thought of women from Ireland who had to take the train to Belfast for contraceptives. Whereas where I come from, Kenya, contraception was available for women.

- I would like to see an Ireland where we would all want to live, where all of us are embraced, regardless of our origin or background. That when I go to hospital, pregnant or not pregnant, I won't be disbelieved or treated differently.

- AkiDwA works with women from different backgrounds, beliefs, cultures and immigration status. Some categories have been mentioned here today, such as, asylum seekers and refugees, but I would also like to mention students, the spouses of migrant workers and women migrant workers who might be looking for contraception or other sexual and reproductive health services. The immigration status of these categories of women may hinder them from accessing services and support.

- There are real struggles and challenges facing migrant women living here. Since July 2018, AkiDwA has been receiving support from the HSE Sexual Health and Crisis Pregnancy Programme and has delivered training on Sexual and Reproductive Health to women in 29 direct provision centres in Ireland, reaching over 500 women.

From our engagement with women in direct provision, we have learned that we were leaving men behind.

Women are finding difficulty in negotiating with their husbands or partners...for instance on the use of condoms, as well as access to contraception.

It is very important that we bring men along in this conversation.

This isn't just a 'women's issue'.

- The SHCPP has in recent months funded AkiDwA to pilot delivery of sexual health information with men and our organisation has delivered training to 212 men in 10 accommodation centres.

- This is important: because they contribute to the challenges that women are facing, they also need to understand how their sexual behaviour impacts on women's lives.

Health inequality

> We must consider the intersectionality between gender, health and migration.
>
> Women in Ireland are not a homogenous group, migrant women's ability to access services and supports is determined by their immigration status, cultural beliefs, economic ability and relationships.

- The immigration journey might have impacted on some women differently, some may have experienced rape before and during their immigration journey or after arriving in the country.

- What happens therefore if they want to access abortion? Even with the new abortion laws, what happens if you decide to have abortion after 12 weeks? The three-day wait can also be traumatising for migrant women who are already very stressed.

- These health inequalities are important to note when we are planning for services.

- We must also ensure the services are culturally competent. Information, privacy (compromising your confidentiality and privacy): in the case of women living in direct provision, consider that they have to tell the site manager about their upcoming surgery regarding FGM treatment. That is a significant ask and a barrier.

Translation

- Some women have to bring their children to translate for them about issues that should be private, and that is not appropriate for their children or for them. We need to be able to provide equality and better translation services.

Cultural competency issues

- In many of our front line services, healthcare professionals are still not open to understanding about different beliefs, different backgrounds, behaviours or cultures.

Leaving no one behind

- We need to ensure that we address all women and accept that migrant women are not just a homogenous group. Indigenous women and women from other backgrounds need to be treated better.

Nem Kearns with Senator Colette Kelleher

Oluchi Porter, Oxfam Ireland with Salome Mbugua, Akidwa and IHREC

Gillian McInerney (dialogue notetaker) with Roisin O'Donovan, Union of Students in Ireland

Breda Gahan, HIV Global Advisor, Concern Worldwide

UNMET NEEDS AND UNFINISHED BUSINESS: POLICY, SUPPORTS AND SERVICES

ROUNDTABLE DISCUSSIONS

Suzanne Keatinge, Dóchas

HOW IT HAPPENED

One of the aims of the event was for diverse perspectives to be heard and discussed between people working within different sectors.

Two breakout sessions took place in roundtable format, each lead by an expert facilitator and supported by a note-taker. These dialogue spaces brought together people representing various civil society groups, politicians and representatives of statutory bodies and government departments.

The sessions followed the panel presentations.

Participants shared opinions, evidence, information and questions in response to the specific themes raised by the panelists.

<u>On the broader theme of protecting and advancing SRHR in Ireland, discussions focused around some guiding questions:</u>

What barriers to accessing sexual and reproductive health and rights affect your community/group?

What are the most critical changes that need to happen to address the issues that are critical for your community you have identified here or during the day? How can these changes happen?

Are there any key issues not raised so far by the two panels or during previous discussions today?

What can we learn from what has been discussed today to take us forward?

The diversity and breadth of experience and knowledge in the room lent itself to rich and vibrant discussions.

Outlined below:

- a summary of positive developments identified by dialogue participants in relation to SRHR in Ireland
- a synopsis of the remaining barriers to the full realisation of SRHR in Ireland.

REALISING SRHR

Participants were asked to consider the areas of sexual and reproductive health and rights in which Ireland is performing well, i.e. advances in law, supports and services which protect, promote sexual and reproductive rights and enable equal access to sexual and reproductive healthcare.

A Positive Discourse

The mindset in Ireland has shifted in recent years and we are a nation committed and open to social change. The nature of the conversation during the referendum to repeal the Eighth Amendment was critical. As part of the national debate, personal stories around abortion were normalised and this destigmatised abortion, and framed it as an issue of access to healthcare, rather than a political or ideological debate.

One of the impacts of a public, national debate is that now there is more dialogue around issues of women's health and safety. It has led to improved understanding of SRHR as a multi-faceted issue. Moreover, young people are learning more about SRHR in light of the repeal and marriage equality referendums and public debate.

Civil society actors feel that they have greater access to health leaders and a seat at the table of decision and policy making. It was noted that certain State agencies, such as the Sexual Health and Crisis Pregnancy Programme, have adopted a greater evidence-based approach around the development of sexual health interventions.

Participants were positive regarding the model of care in relation to abortion, which has involved the integration of services into primary care.

"We are able to shine a light on things that we couldn't talk about 25 years ago due to the improvements made to reproductive and sexual health services"

Sexual and reproductive health services

More recently, Ireland has done a good job of informing individuals about their human rights and changing the mentality of communities so that they understand their entitlements as rights-holders: this change means that they are empowered to access resources more freely.

Though barriers to availability and access remain (outlined below), it was acknowledged that Ireland moved swiftly following the 2019 referendum to provide a full rollout of abortion services through primary care providers as well as acute hospital settings.

Participants welcomed the HIV related, PrEP national programme that will make the drug available for free to those who need it, in addition to the Report of the Working Group on Access to Contraception.

Global Leadership and Solidarity

Participants expressed pride in Ireland's standing and its championing of human rights in the global arena. The commitment to gender equality globally, which is one of the overarching goals of Ireland's international development policy, A Better World, and the centrality of sexual and reproductive health and rights (SRHR) in the document were particularly commended. But a clear accountability framework is needed if it is to make a difference.

The integration of SRHR into Primary Health Care and as an aspect of Universal Health Coverage was emphasised, especially with regard to adolescents and young people. Key challenges include the fragile operating contexts for many international NGOs, funding for the delivery of services and the often additional costs of 'reaching the furthest behind first'. Additional resources are needed to implement A Better World—and the new initiative on SRHR promised therein. Cost-benefit analysis of the economic and social impacts of SRHR could provide evidence to support greater investment.

Donor countries can encourage the implementation of sexual and reproductive health and rights in aid recipient states. And states must also hold each other accountable for the fulfilment of commitments to SRHR undertaken as part of the Sustainable Development Goals and Universal Health Coverage. Civil society organisations should work together to have deeper and more meaningful engagement with the State on SRHR policy, programmes and funding and a greater capacity to hold the state accountable for the realisation of these rights.

Growing political and religious backlash to SRHR, including comprehensive sexuality education, is a significant challenge: it is vital that ICPD commitments are reaffirmed.

> Now that the chilling effect of the Eighth Amendment has been removed, Ireland's representatives can engage in more nuanced discussions and negotiations around SRHR at the intergovernmental level. Indeed, Ireland can be a champion of sexual and reproductive health and rights.

Lucy Watmough. Amnesty International Ireland

Maeve Taylor IFPA with Deputy Jan O'Sullivan

Stephen O'Hare, HIV Ireland with Patricia Prendiville, IFPA Board

IDENTIFYING BARRIERS AND ROUTES TO FULFILLMENT OF RIGHTS

As a human rights-based dialogue, where participants sought the full protection and promotion of SRHR, there was lively discussion regarding the remaining barriers to accessing sexual and reproductive health and rights for various communities and groups. Those cross-cutting issues identified are organised below in relation to the right to health framework of ***availability, accessibility, acceptability and quality*** *(commonly known as the AAAQ framework).*

Availability

Geographical spread of abortion services

Regional access to abortion care services remains a struggle: the geographical distribution of services is uneven. Sexual and reproductive health services are not spreading out from Dublin quickly enough. They are also more expensive in rural areas and simply harder to access. In some parts of Ireland, poor public transport services are a significant barrier to access to abortion care, especially for women whose pregnancies are close to the limit for access to early abortion or who need to access care outside Ireland.

Targeted services for those who are hard to reach should be directed as part of an inclusive universal strategy so as to prevent alienation of more vulnerable people. It was suggested that access to abortion services on student campuses would be useful. Additionally, services in the vicinity of accommodation centers for people seeking international protection would be beneficial.

Refusal of abortion care

Participants noted that it is not sufficient for abortion to simply be available within the law: for example, conscience-based refusal of care must be regulated in a way that prevents it from being a barrier to access. Media reports have shed a light on hospitals where individual refusals of care have essentially become institutional refusals to provide a service to which women have a legal entitlement.

Safe access to abortion care

Legislation for safe access zones, to protect women and providers from the actions of anti-abortion campaigners —who seek to stigmatize abortion and also those who access and provide this care—is imperative.

Decriminalisation

Decriminalisation of abortion service providers is key to addressing availability as the chilling effect of the criminal law on clinicians remains, despite the 2018 legislation.

Cost of sexual and reproductive healthcare

Regarding the cost of accessing sexual and reproductive health services, while abortion services are free to women living in Ireland, cost is a barrier to many other crucial sexual and reproductive services. A universal contraceptive scheme available for everyone was considered a priority (including, for example, availability in third level institutions for students).

Other key issues raised by participants:

- Lack of focus on care through menopause and a sense that older people in Ireland are being left out of sexual and reproductive healthcare discussions and provision.
- Lack of availability of home birthing options for women.
- Protections were severely lacking regarding the right to have a family, for example in terms of access to IVF treatments. It was indicated that this situation is due to poor legislation on IVF or fertility care within the state. This particularly affects and excludes LGBTI+ people and couples.
- Used condoms are being used as evidence for the practice of sex work in order to prosecute sex workers who are working in pairs or in groups for safety: this prevents and discourages sex workers from carrying and using condoms, an added danger which must be urgently addressed.
- Lack of specific services for intersex people,and lack of understanding from mainstream services regarding the specific needs and health requirements of this group.

Accessibility

Within this section, we note participants' comments in relation to the application of non-discrimination under the right to health. One of the main themes that emerged was the intersectionality of SRHR and race, disability, gender, sexual orientation and age. Participants strongly voiced the opinion that intersectionality needs a practical approach beyond just naming different groups and moving on. It was generally considered that there are huge barriers to access for Mincéirí/Traveller women, homeless women, sex workers, people with disabilities and immigrants (people who are non-nationals). Additionally, it was noted that there can be an inter-generational gap between attitude and approach to sexual and reproductive health services.

People with disabilities

The autonomy of disabled individuals to make their own decisions should be respected. Currently, people with intellectual disabilities are not considered to have the capacity to consent in law to sexual activities. The sexual health needs and the sexual and reproductive rights of women with disabilities are not taken seriously, as an assumption is made that they are not sexually active.

People who are non-Irish nationals

Doctors' services are under pressure generally, and the services frequently struggle to accommodate the needs of migrant people whose first language is not English.

People who live in direct provision accommodation centers have difficulties if they fall outside the 12-week gestation limit for abortion on request. If they need to travel to the UK for an abortion, they may not be able to do so if they do not have the travel documents or permission to re-enter the State. Undocumented people experience particular barriers to access to care because a Personal Public Service (PPS) number is required for access to most healthcare services.

Age-related issues

The HPV vaccine not available to men over 45 for free and free screening through the BreastCheck programme stops for women at 68, despite the average life expectancy now at 85. On the other hand, participants noted that there should be easier access for younger people: their care can be restricted due to their age or when health professionals seek parental consent. Many young people require sexual and reproductive health (SRH) services before they are of legal age to consent to medical treatment and before they reach the age of consent to sex.

Access to Information

Overall there is a lack of information about SRH services. Healthcare literacy should be improved by more accessible resources. There is insufficient availability of information in languages other than English. (This is exacerbated in populations with literacy challenges). On the other hand, there are campaigns of disinformation about SRH and there are "rogue clinics" which use deception and misinformation in an attempt to prevent women from accessing abortion. Confidentiality with healthcare providers and protection of personal data and privacy are considered key aspects of dignity and autonomy.

Access to Education

This was a core theme emerging from all roundtables. Many young people are not informed about sexuality and sexual education. This is also related to lack of confidence. Sex education in schools should start earlier and include a full spectrum over different levels for all genders. The mode of education should be open and non-judgmental and embrace sex positivity.

Policies that teach the importance of self-respect, consent and respectful relationships must be integrated into education.

Delivery of sexuality and sexual education would benefit from more specialized training for youth workers in relation to sexual and reproductive health.

Moreover, it was noted that a change from within the family dynamic in relation to sexual and reproductive health would be very beneficial. We need an integrated approach with men and women and information for parents on how to talk about sex in an age appropriate way.

Additionally, for communities not in formal education, who may not be aware of their rights, education must extend beyond schools. Participants were also in favour of sexual health education moving beyond schools to be covered in workplaces as well. This education should include consent and how to prevent against coercion including how to protect oneself.

While it would be useful to have a sex education-specific teacher in schools, it is important to train all teachers to talk about these issues with children and young people. It shouldn't be a 'one-time thing' but continuous learning is required.

The role of social media as a source of information and an influence on young people's attitudes, understanding and expectations in relation to sexuality was a concern.

Ireland should look into other countries' models to see what works and what doesn't before it develops new policies and programmes.

Stigma

Participants considered that in many areas, healthcare services remain patriarchal and heteronormative.

This results in issues of shame and self-stigma, with some people feeling unworthy of care. Coupled with this, there can be a lack of focus on mental health. A question arose regarding anonymity for people living in smaller cities. Stigma remains and participants noted that training of healthcare providers in relation to unconscious bias should be prioritised.

Abortion is still stigmatized: participants considered that the voices of affected women need to be heard and placed at the forefront of the discussion. Furthermore, for sex workers, treatment in clinics should be free of judgment, and confidential.

Overall, service providers should treat patients with the respect and dignity they deserve.

A packed room of dialogue participants

Representatives of the Irish Department of Foreign Affairs (DFAT)

Acceptability

Cultural differences

Participants suggested that core principles should be enshrined in any final document emerging from Nairobi so that Member States and religious institutions cannot shy away from sensitive issues due to cultural differences. There was the view expressed that a rights-based approach should trump cultural differences.

Moreover, the sexual and reproductive health rights of women in conflict should be prioritised and protected.

Cultural competency

Irish service providers of SRH services should be consistent. At present, different providers adopt various approaches. To move beyond this, training programmes should be established and work developed on culture and values. This will take time.

Anti-racism and cultural competency training was identified as a key priority for immediate action.

Participants noted that further intersectional discussion on racism and accessing services was required. Regarding service provision, one suggestion was to mainstream services for all (with built in anti-racism training), ensure people from all backgrounds are employed, and to bring the services into the populations that need to be served.

Ciarán McKinney, Age and Opportunity

Quality

Training

Regarding issues of quality of services, participants noted that there was a lack of necessary education on disability and Trans health issues in medical training. It was noted that ignorance was displayed by some healthcare workers due to privilege (ignorance through privilege) and that it was imperative that all healthcare workers could avail of ongoing education including communication skills.

Data

Ireland has no indicators that measure implementation of SRHR and our progress to full realisation of these rights. Participants noted that there was an urgent need for a 'baseline' study.

Public Sector Duty

The public sector equality and human rights duty should be applied in the development of policies, practices and structures delivering sexual and public health initiatives.

Law and policy

Civil society should be preparing for the review of the Health (Regulation of Termination of Pregnancy) Act 2018. It was suggested that the gender recognition review process is an example of good practice that should be further developed and applied to the abortion legislation review in 2 years time (2021).

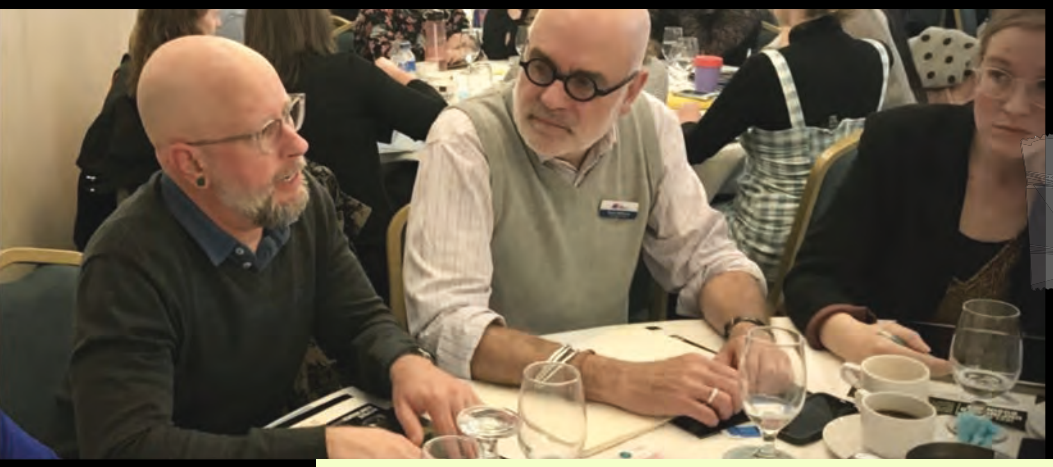
The 5-year National Sexual Health Strategy is coming to an end and civil society should be involved in the development of a new one through an inclusive consultation process.

Moreover, sexual and reproductive health can be seen as a 'side issue'; whereas it should be part of mainstream health policy.

(L-R) Fiona Tyrrell (Chair of the IFPA), Alison Spillane (Policy Officer), Maeve Taylor (Director of Advocacy and Communications), Róisín Venables (Head Counsellor and Supervisor), Liz Harper (Director of Services), Caitríona Henchion (Medical Director), Frankie Nesirky (Medical Administrator), Laura Lebreton (IFPA Youth Representative), Niall Behan (IFPA CEO) and Síona Cahill (Event Organiser)

Dr. Siobhán Donohue, Terminations for Medical Reasons (TFMR) with Dialogue Report Writer Deirdre Duffy

Roundtable discussions with activists, medical professionals, academics and elected representatives



Andrew Leavitt ActUP Dublin, with Ciaran McKinney Age and Opportunity, and Anna Cosgrave, REPEAL Project

Megan Smith, Researcher with University of Galway Center for Disability Law and Policy speaking during roundtable discussions

THE NAIROBI SUMMIT

NOVEMBER 2019

Irish participants in Nairobi Summit, November 2019

Background: ICPD 1994

At the International Conference on Population and Development (ICPD) held in 1994 in Cairo, 179 governments including Ireland adopted a revolutionary Programme of Action.

The Programme of Action called for all people to have access to comprehensive reproductive healthcare, including voluntary family planning, safe pregnancy and childbirth services, and the prevention and treatment of sexually transmitted infections. It recognised that reproductive health and women's empowerment are intertwined, and that both are necessary for the advancement of society.

Today, "ICPD" is often used as a shorthand to refer to the global consensus that reproductive health and rights are human rights; that these are a precondition for women's empowerment; and that women's equality is a precondition for securing the well-being and prosperity of all people.

ICPD, Egypt 1994

The ICPD Programme of Action brought the global community together and reflected a new consensus that the rights and dignity of individuals were the best way for people to realise their own fertility goals.

Furthermore, governments acknowledged that these rights are essential for global development.

The programme represented a resounding endorsement that securing reproductive health, individual rights and women's empowerment is the obligation of every country and community.

ICPD25: the Nairobi Summit

Despite remarkable progress over the 25 years since the ICPD Programme of Action was agreed, its promise remains a distant reality for millions of people across the world. Universal access to the full range of sexual and reproductive health information, education and services has not been achieved.

The Nairobi Summit was co-convened by the governments of Kenya and Denmark with UNFPA (the United Nations sexual and reproductive health agency) to reenergise the global community, breathe new life into the ICPD agenda and sustain and amplify gains made since 1994.

Over 8,300 delegates from more than 170 countries took part. They included heads of state, ministers, parliamentarians, technical experts, civil society organisations, grassroots organisations, young people, business and community leaders, faith-based organisations, indigenous peoples, international financial institutions, people with disabilities, academics and many others.

The Nairobi Statement establishes a shared agenda to complete the ICPD Programme of Action.

During the Summit, governments and nongovernmental organisations announced voluntary commitments to accelerate progress towards the full and final implementation of the ICPD Programme of Action.

You can read the full Nairobi Statement here: http://bit.ly/NairobiStatementICPD

Minister Katherine Zappone with Michelle Bachelet, United Nations High Commissioner for Human Rights

Irish participants in Nairobi Summit, November 2019

Irish civil society representatives and Oireachtas members who participated in the Civil Society Dialogue and attended the Nairobi Summit.

Fiona Tyrrell, IFPA Chair, addressing the Nairobi Summit to outline IFPA's ICPD Commitments

Oireachtas Members
Minister Katherine Zappone
Senator Alice Mary Higgins
Senator Colette Kelleher
Senator Catherine Noone

Dr. Rhona Mahony

Youth Delegates
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Mairead Coady, Carlow Regional Youth Service,
Stephanie Fogarty, LINC Cork
Sally Daly (NYCI Support to Youth Delegates)

Maeve Taylor, IFPA
Fiona Tyrrell, IFPA

Maeve Taylor and Fiona Tyrrell, IFPA

Minister Katherine Zappone meeting NYCI Youth Delegate to the Nairobi Summit Stephanie Fogarty

IRELAND'S NATIONAL COMMITMENTS

During the Summit, Minister Katherine Zappone announced the Irish government's voluntary commitments to accelerate progress towards implementation of the ICPD Programme of Action.

As Ireland's Minister for Children and Youth Affairs, I am humbled to present Ireland's commitments in support of the International Conference on Population and Development Programme of Action. It is a great privilege to be here amongst friends at this great gathering of national and global advocates for the human rights of all women and girls.

I would like to thank the UNFPA and the Governments of Kenya and Denmark for uniting us in Nairobi to mark 25 years of the ICPD Programme of Action. Many of you will be aware of recent breakthroughs in Ireland. In 2015 we became the first country in the world to introduce marriage equality through public vote. And last year we held a successful referendum to make abortion care a choice for all women and girls in Ireland.

Two extraordinary public votes for momentous change. Change that would not have come about without overwhelming public support. On both issues, marriage equality and reproductive care, we reached out to the public, to our families and our communities.

Our campaigns breathed love, life and meaning into the debate through real stories of lives lived without human rights. Stories told by selfless individuals and couples, sharing their experience of the human cost of living in a world where their basic rights were denied. Stories of families whose loved ones were denied recognition, full lives and free choice.

Through bearing witness to these real human needs, the public came to empathise with the human need for human rights.

These were not campaigners, not activists. They were the people in our neighbourhoods. They weren't liberals or radicals. They were people who saw the need for change. They voted with hope in their hearts and their loved ones in mind. They gave a clear political mandate for decisive legislative change. But, more importantly, the size of the votes indicated the extent of public understanding of the issues and the country's appetite for change.

This is what we can achieve when we challenge social stigma and isolation. When we learn we are not alone. When we trust each other with choice.

No woman is an island.

Ireland stands with all people in the world who have been denied recognition of their full humanity. Ireland stands with each individual who has not been able to realise their full potential. Ireland will speak up for those who are not in the room.

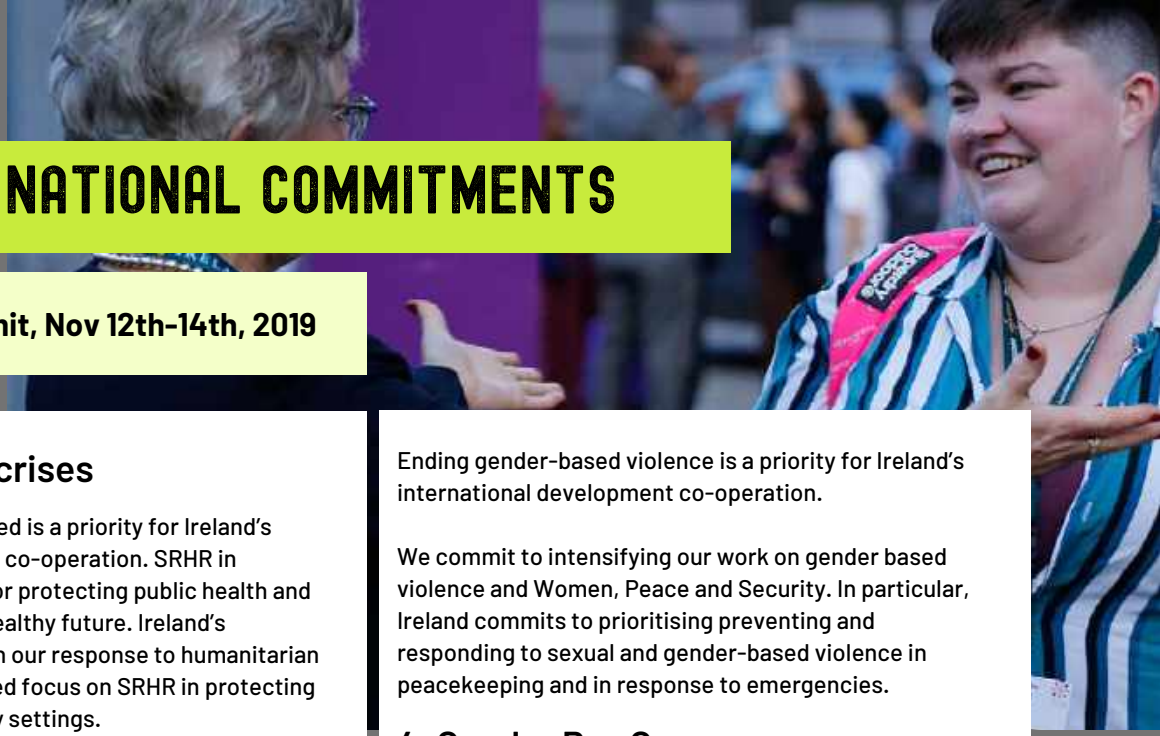
We will work with others to deliver on the ambition of the SDG's—which means dramatically reducing the number of women at risk each year of dying during pregnancy and childbirth. And as we all are aware, the burden of these risks is most acute in developing countries. Achieving this is a critical part of our unfinished business.

Earlier this year, my Government reaffirmed Ireland's commitments to the Cairo values and principles in its new international development policy, A Better World, as part of our intensified efforts to achieving a more equal, peaceful and sustainable world.

A Better World commits Ireland to advancing and protecting the ICPD agenda, including actions on gender equality, sexual and reproductive health, and women's economic empowerment, ameliorating the effects of humanitarian crises, and contributing to conflict prevention and resolution. This is because we see gender equality as fundamental to the transformations required to achieve the SDGs, at home and abroad.

Ireland's commitment is to continue to champion the ICPD Programme of Action by working in collaboration with countries on their own journeys, and with the UNFPA, a valued partner, in our collective efforts.

An old Irish proverb says: 'We live in one another's shelter.' We cannot achieve our shared ambition without working together. Thank you.



IRELAND'S NATIONAL COMMITMENTS

ICPD25 Nairobi Summit, Nov 12th-14th, 2019

1. Humanitarian crises

Reducing humanitarian need is a priority for Ireland's international development co-operation. SRHR in emergencies are critical for protecting public health and providing the basis for a healthy future. Ireland's commitment to strengthen our response to humanitarian crises will include increased focus on SRHR in protecting public health in emergency settings.

2. Female Genital Mutilation

FGM is illegal in Ireland under the Criminal Justice (Female Genital Mutilation Act) 2012. Under the Act, it is a criminal offence for a person living in Ireland to perform FGM or to take a girl to another country to undergo FGM. The Government of Ireland commits to continuing to raise awareness in Ireland of Female Genital Mutilation (FGM), to fostering collaboration between networks representing migrant women living in Ireland and An Garda Síochána, the national police force and to inform and train Garda members responding to FGM.

Through the implementation of the Second National Intercultural Health Strategy the Government of Ireland commits to develop and implement education and public awareness campaigns, among all health professionals and communities affected by female genital mutilation (FGM). The Government of Ireland also commits to provide training to increase the knowledge and competence of healthcare providers, and other relevant frontline professionals, in relation to appropriate care and protection for FGM survivors and women and girls at risk nationwide.

3. Domestic, sexual and gender-based violence

The Government of Ireland is committed to changing societal attitudes to domestic, sexual and gender-based violence, to improving services to survivors of violence, and holding perpetrators to account.

We commit to adopting a whole of government approach to ending gender based violence through support for the implementation of the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021. We commit to collaboration between State agencies and the community and voluntary sectors to ensure the delivery of a successful strategy.

Ending gender-based violence is a priority for Ireland's international development co-operation.

We commit to intensifying our work on gender based violence and Women, Peace and Security. In particular, Ireland commits to prioritising preventing and responding to sexual and gender-based violence in peacekeeping and in response to emergencies.

4. Gender Pay Gap

The Government of Ireland commits to reducing the gender gap in employment and the gender pay gap. The Government of Ireland commits to take action to support increased access to education, training and employment opportunities for social excluded women, particularly those living in poverty and Traveller and Roma women, to encouraging increased action by businesses on equality and diversity, and to provide support for female entrepreneurship, including in rural communities.

The Government of Ireland commits to strengthen our interventions to reach the furthest behind first in our international development co-operation. We will increase our focus in understanding key drivers of marginalisation and the needs of most marginalized groups in order to inform the implementation of our international development co-operation.

5. Overseas Development Assistance

In Ireland's new international development policy, the Taoiseach reaffirmed our commitment to delivering 0.7 per cent of Gross National Income to Official Development Assistance by 2030. That policy, *A Better World*, has gender equality as one of its four overarching themes. This policy and financing commitment will support the implementation of our international development cooperation including in advancing the ICPD programme of action and sustaining the gains made to date.

6. Adolescent & youth SRHR

The Government of Ireland recognises that our burgeoning global adolescent and youth population have distinct sexual and reproductive health needs that too often remain unmet. How we respond to the needs of these young people will define our common future. The Government of Ireland commits, through our international development co-operation, to increasing

our efforts to enable young people access the information and services they require to protect themselves from unwanted pregnancies and sexually transmitted infections like HIV/AIDs.

7. Abortion care, national maternity strategy, coherence between SRHR in Ireland and in international development policy

The Government of Ireland is committed to ensuring that termination of pregnancy services are provided as a normal part of the Irish health care system, in an accessible and safe environment in line with the Health (Regulation of Termination of Pregnancy) Act 2018.

The Government of Ireland is committed to support the continued implementation of the National Maternity Strategy 2016-2026. The strategy outlines actions for maternity and neonatal care in Ireland, to ensure that it is safe, standardised, of high quality and offers a better experience and more choice to women and their families.

The Government of Ireland commits to deepen and expand our engagement on sexual and reproductive health and rights as part of our international development co-operation. In the implementation of our new Policy for International Development, A Better World, Ireland will develop a new initiative around Sexual and Reproductive Health and Rights, incorporating our partnerships for health and HIV/AIDS. Coherence with the evolution of SRHR in Ireland, amongst all relevant departments and agencies, will underpin our approach to human rights, gender equality, health and SRHR issues.

8. Sexual health strategy, RSE curriculum & population survey

The Government of Ireland commits to continue to prioritise the implementation of the National Sexual Health Strategy 2017-20 by ensuring that everyone has access to appropriate sexual health education and information, that high quality sexual health services are available and affordable, and that good quality data is available to guide the delivery of services.

The Government of Ireland is committed to reviewing and updating the national curriculum for relationship and sexuality education in school settings. This review includes a review of both the national curriculum for relationship and sexuality education and how it is taught. This review will include information and education related to contraception, healthy, positive, sexual expression and relationships and consent, safe use of the internet, social media and its effects on relationships and self-esteem, and LGBTQ+ matters.

The Government of Ireland commits to conduct a general population survey on the knowledge, attitudes and behaviours of sexual health and wellbeing and crisis pregnancy in Ireland.

9. Universal health coverage

Ireland believes that if Universal Health Coverage is to be genuinely universal, it should embrace all health services.

As we collectively agreed in the *Sustainable Development Goals* this includes access to Sexual and Reproductive Health. This should to be of good quality, available, accessible and acceptable to all women and girls throughout their lives, free of stigma, discrimination, coercion and violence.

The Irish Government's new international development policy, *A Better World*, prioritises gender and equality and commits to a number of new initiatives in this area.

The Government of Ireland is committed to putting women's voice at the centre of efforts to improve women's health. The Department of Health has established a new Women's Health Taskforce to improve women's health outcomes and experiences of healthcare. The first action of this Taskforce will be to lead a 'radical listening' exercise that will invite women in Ireland to share their experiences of and solutions for the health system. This data combined with the available evidence will form the basis for future policy and action to improve women's health in Ireland.

IFPA COMMITMENTS

Fiona Tyrrell, chairperson of the IFPA, was allocated 3 minutes at the Nairobi Summit to present the IFPA's organisational commitments.

Excellencies, chairperson and delegates. It is my profound privilege to share with you the commitments of the Irish Family Planning Association to accelerate the progress to achieving the ICPD plan of action. The Irish Family Planning Association is Ireland's leading provider of sexual and reproductive health services and is this year celebrating its 50th anniversary. As a member of the International Planned Parenthood Federation, the IFPA is part of the global movement for sexual and reproductive health and rights.

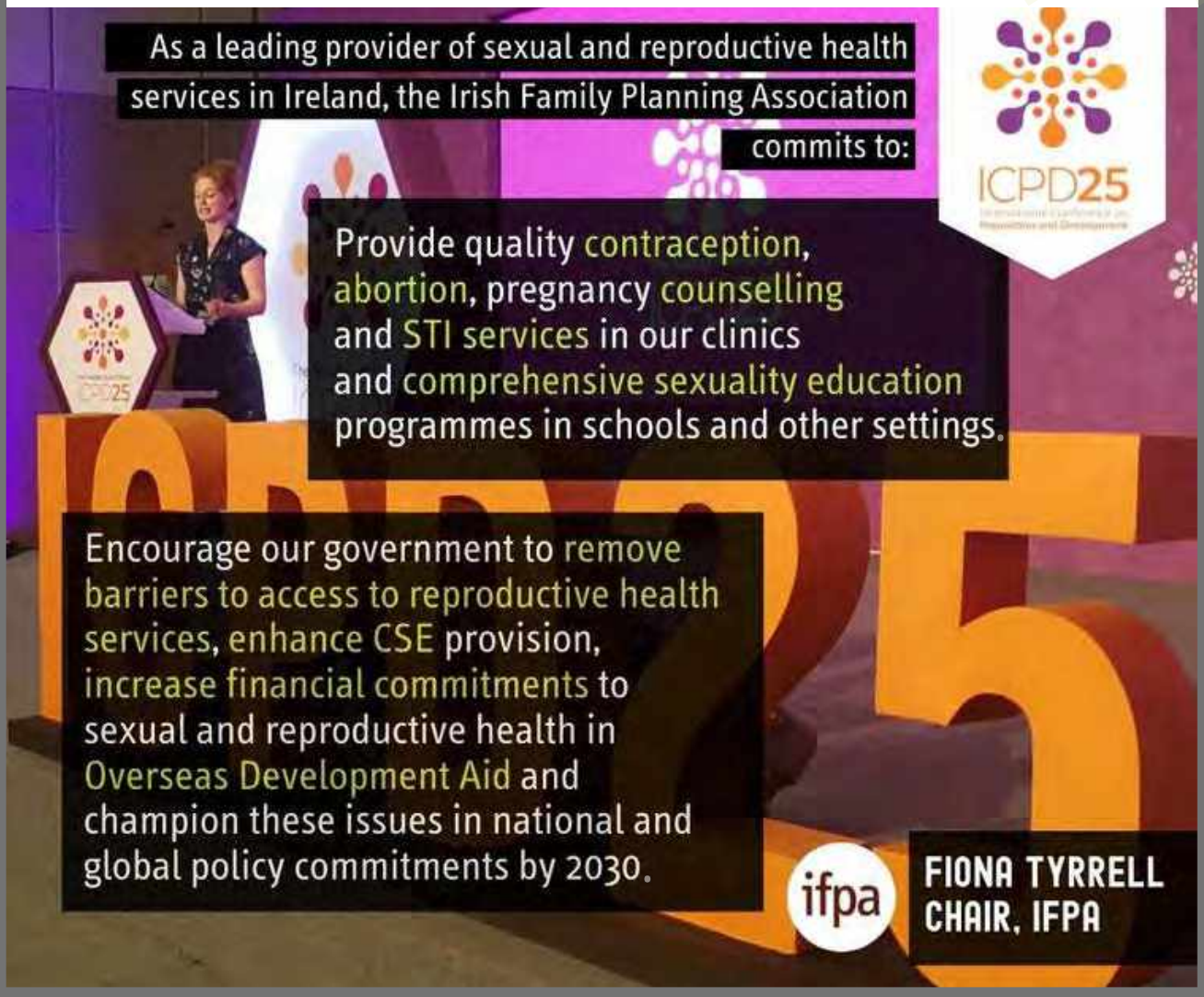
We are keenly aware of the barriers people experience in their access to sexual and reproductive healthcare. We know from our long history of the harms that women and girls experience when they are denied the means to control their fertility and the freedom to decide on the number and spacing of their children.

We are also acutely aware of the damage caused by the denial of safe and legal abortion care and the transformative impact on women and girls of reforming restrictive abortion laws.

The IFPA firmly believe that the highest attainable standard of reproductive healthcare cannot be achieved without the realisation of sexual and reproductive health and rights, free from coercion, discrimination or violence.

In Ireland, we have seen momentous advances in the recognition and fulfilment of these rights since ICPD in 1994. There have been transformative changes in Irish law and policy. Most recently we have seen the introduction of marriage equality and abortion care. Before coming to Nairobi the IFPA organised a civil society dialogue to explore the unfinished business of the ICPD and to gather insights, priorities and perspectives from civil society on how best to contribute to the progressive realisation of sexual and reproductive rights in the Irish and global context.

Following on from this process the IFPA is proud to be here today to make the following commitments to accelerate the progress to achieving the ICPD plan of action.



CONTRIBUTIONS MADE AT NAIROBI

*Delegates from Ireland to the Nairobi Summit contributed to a range of panel discussions. **Below are some highlights taken from those contributions.***

NAIROBI SESSION

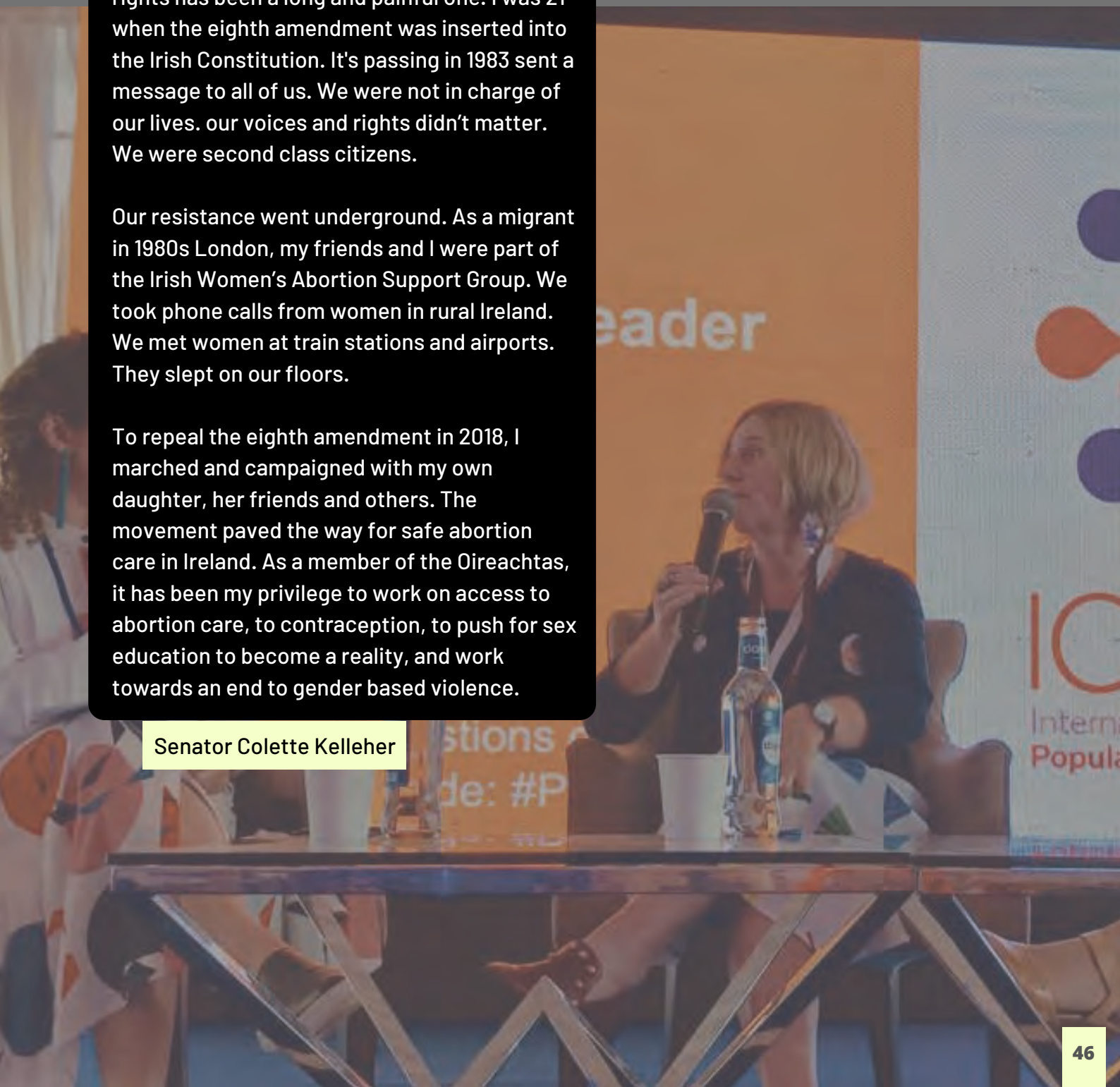
'Meet the Leader'

Ireland's journey to realising women's health and reproductive rights has been a long and painful one. I was 21 when the eighth amendment was inserted into the Irish Constitution. It's passing in 1983 sent a message to all of us. We were not in charge of our lives. our voices and rights didn't matter. We were second class citizens.

Our resistance went underground. As a migrant in 1980s London, my friends and I were part of the Irish Women's Abortion Support Group. We took phone calls from women in rural Ireland. We met women at train stations and airports. They slept on our floors.

To repeal the eighth amendment in 2018, I marched and campaigned with my own daughter, her friends and others. The movement paved the way for safe abortion care in Ireland. As a member of the Oireachtas, it has been my privilege to work on access to abortion care, to contraception, to push for sex education to become a reality, and work towards an end to gender based violence.

Senator Colette Kelleher



NAIROBI SESSION

Health workforce: The Dream Team for Sustainable Transformation

214 million women of reproductive age have unmet contraceptive needs

37% of women do not receive adequate antenatal care

300,000 women die every year in childbirth

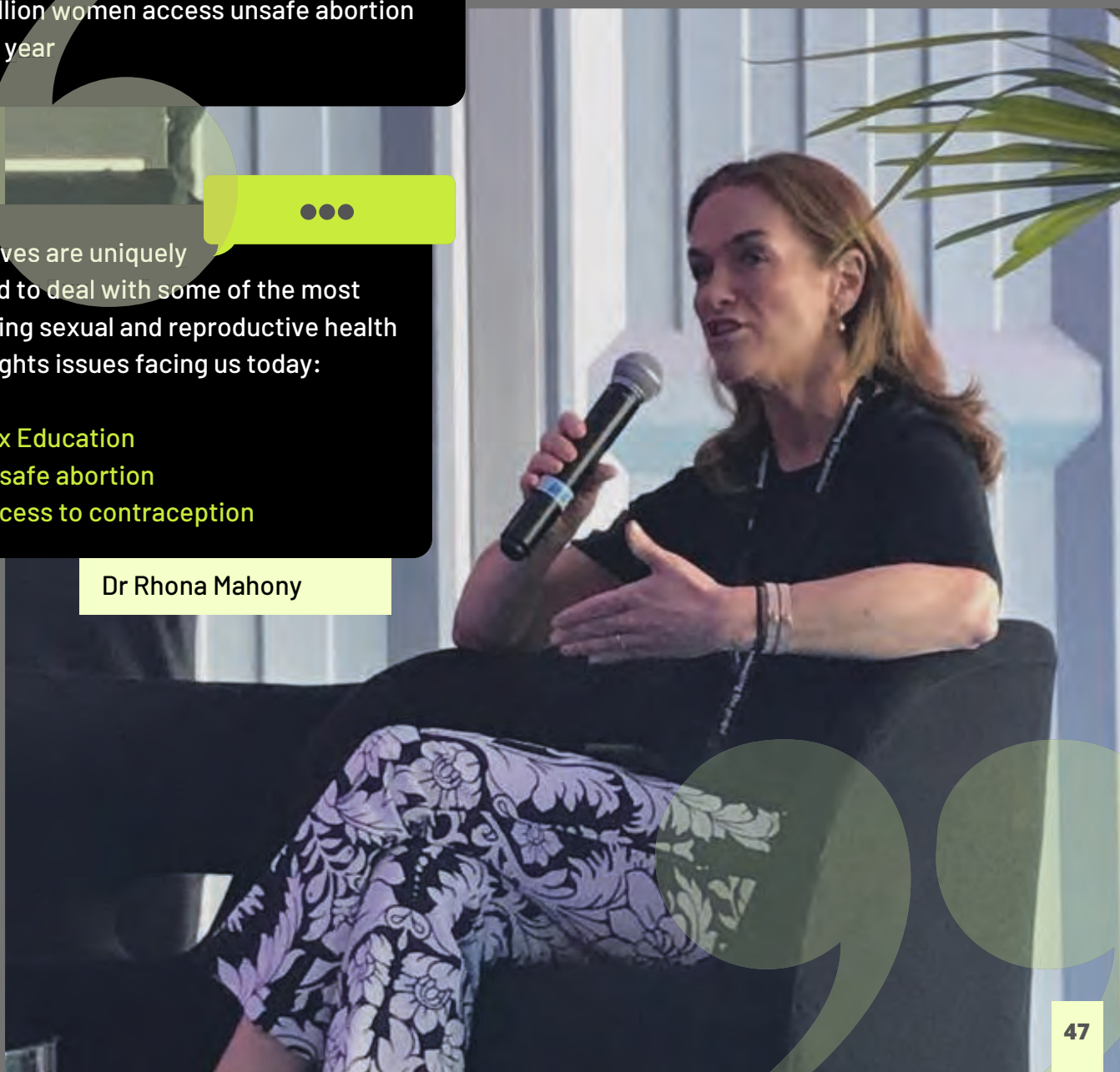
Neonatal deaths account for 45% of deaths in under 5's

25 million women access unsafe abortion every year

Midwives are uniquely placed to deal with some of the most pressing sexual and reproductive health and rights issues facing us today:

- Sex Education
- Unsafe abortion
- Access to contraception

Dr Rhona Mahony



NAIROBI SESSION

Financing Partnerships: Elaborating what works

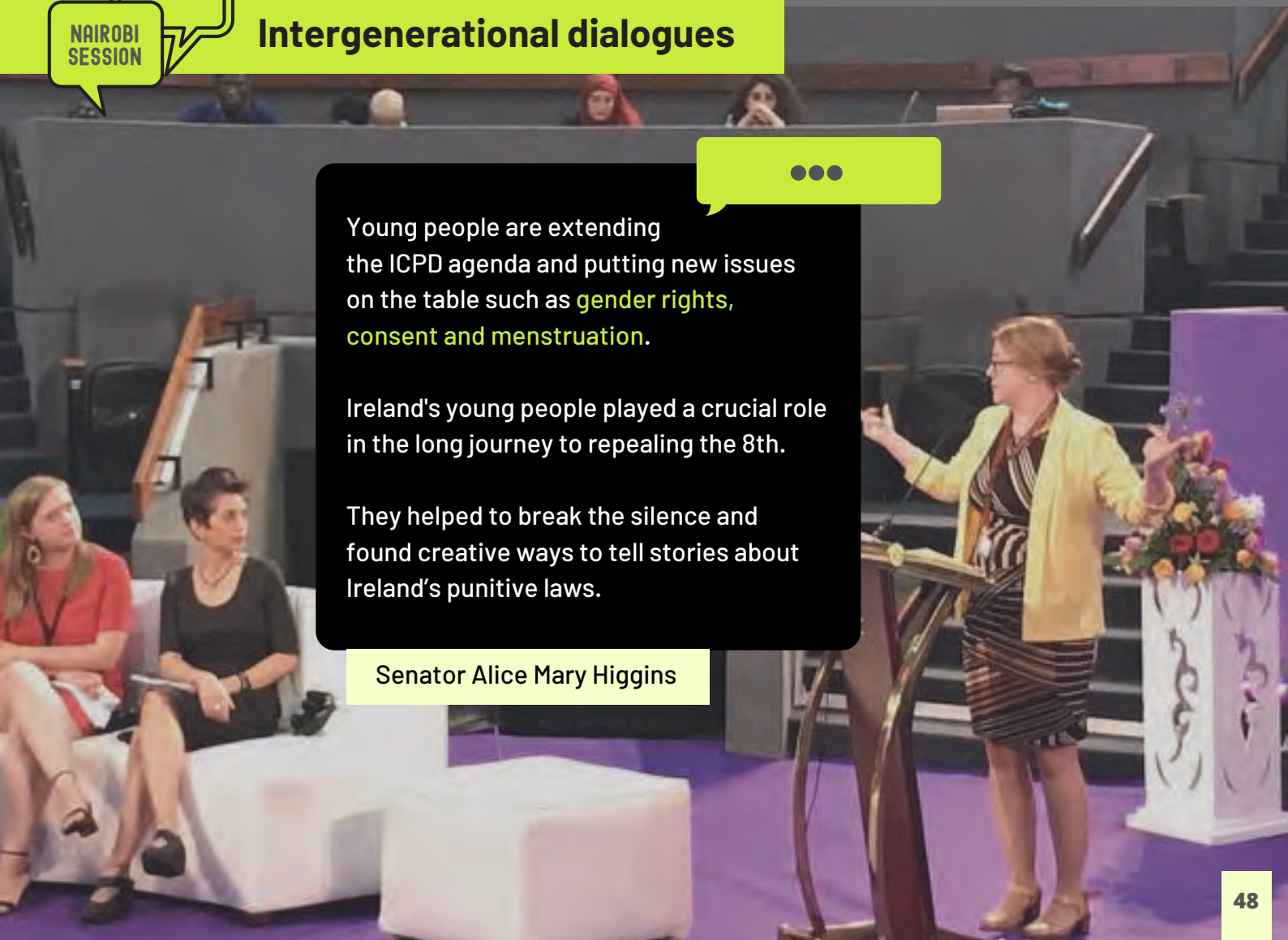
The SDGs are a common frame that allows us to talk to each other on a local, national & international level about the standards we need to achieve for women's health and lives.

Wherever goals are not achieved for women's health and lives, it is a shared challenge, not an isolated one.

Senator Alice Mary Higgins

NAIROBI SESSION

Intergenerational dialogues



Young people are extending the ICPD agenda and putting new issues on the table such as gender rights, consent and menstruation.

Ireland's young people played a crucial role in the long journey to repealing the 8th.

They helped to break the silence and found creative ways to tell stories about Ireland's punitive laws.

Senator Alice Mary Higgins

NAIROBI SESSION

Recent Legal Changes in Abortion

On the joint Oireachtas [Parliament] Committee:

A gender balance of elected members of the parliament was absolutely critical - women were needed in the room to advance these issues and engage.

There was initial shock by other members of Irish parliament at the strong recommendations by the joint committee.

But the provision for expert evidence and space for discussion between parliamentarians allowed many members to change their minds on the issue.

On the Citizens' Assembly process:

A deliberative forum was crucial in the case of Ireland for bringing citizens together to listen and to review evidence

A deliberative process which was given time, covered issues in-depth and in an organised and transparent way.

Personal stories of people affected by the law were critical in sharing and highlighting key concerns and impacts.

Senator Catherine Noone

NAIROBI SESSION

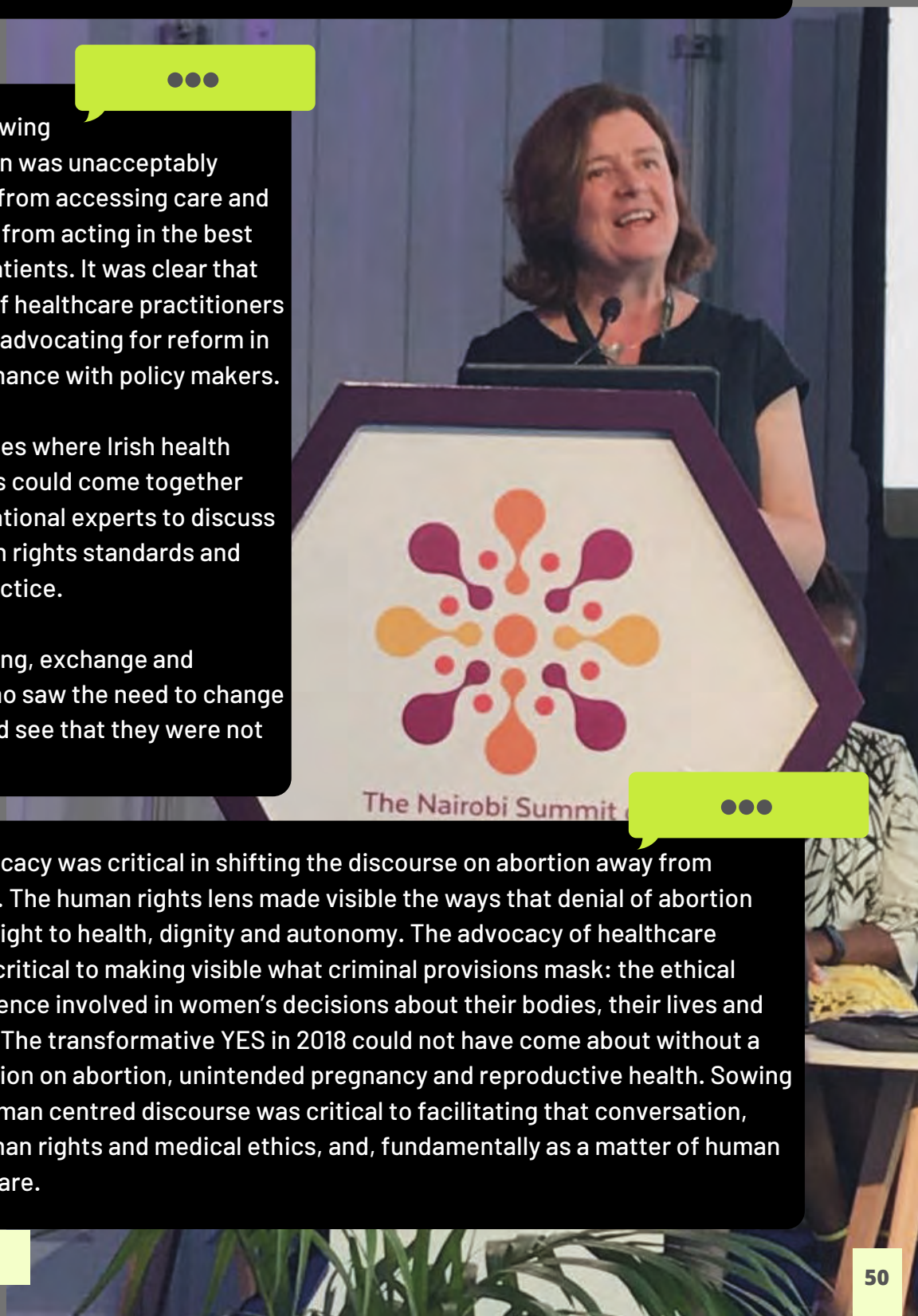
Ending unsafe abortion by 2030: How do we get there?

The IFPA's human rights advocacy over many years aimed to challenge stigma, change the discourse on abortion, make the harms of the law visible and unsettle the prevailing political inertia. In the context of the refusal of successive governments to acknowledge the harms inflicted on women by the abortion laws, the IFPA supported a group of women to challenge the State before the European Court of Human Rights.

Consensus was growing that the constitution was unacceptably preventing women from accessing care and preventing doctors from acting in the best interests of their patients. It was clear that the voice and role of healthcare practitioners would be critical to advocating for reform in ways that had resonance with policy makers.

So we created spaces where Irish health experts and lawyers could come together with leading international experts to discuss international human rights standards and best healthcare practice.

This fostered learning, exchange and solidarity: those who saw the need to change the status quo could see that they were not alone.



Human rights advocacy was critical in shifting the discourse on abortion away from ideological debate. The human rights lens made visible the ways that denial of abortion violated women's right to health, dignity and autonomy. The advocacy of healthcare practitioners was critical to making visible what criminal provisions mask: the ethical exercise of conscience involved in women's decisions about their bodies, their lives and their pregnancies. The transformative YES in 2018 could not have come about without a national conversation on abortion, unintended pregnancy and reproductive health. Sowing the seeds for a woman centred discourse was critical to facilitating that conversation, grounding it in human rights and medical ethics, and, fundamentally as a matter of human rights and health care.

Maeve Taylor, IFPA

RESOURCES

Documents referred to on the day, or in this report:

- **A Better World, Ireland's Policy for International Development** http://bit.ly/InternationalDevPolicyIRL
- **Aistear, Early Childhood Curriculum Framework** http://bit.ly/EarlyChildhoodNCCA
- **BelongTo LGBT School Climate Survey** http://bit.ly/SchoolClimateSurveyBelongTo
- **Dublin Rape Crisis Centre Annual Report 2018** http://bit.ly/DRCCAnnualReport2018
- **HIV Ireland Annual Report 2018** http://bit.ly/HIVIreland2018
- **HSE National Condom Distribution Service** http://bit.ly/CondomDistribution
- **IFPA Annual Report 2018** http://bit.ly/IFPA2018
- **National LGBTI Youth Strategy** http://bit.ly/LGBTIYouthStrategyIRL
- **National LGBTI+ Inclusion Strategy** http://bit.ly/LGBTIStrategyIRL
- **National Framework for Consent in Third Level Higher Education Institutions** http://bit.ly/ConsentFrameworkIRL
- **Report of the Working Group on Access to Contraception** http://bit.ly/WGonContraception
- **Síolta, the National Quality Framework for Early Childhood Education** http://bit.ly/38TsuUC
- **UNFPA State of the World Population Report 2019** http://bit.ly/UNFPASWOP2019.
- Women's Aid Impact Report 2018 http://bit.ly/ImpactReportIRL2018

Accelerate Progress: Sexual and Reproductive Health and Rights for All

Since the International Conference on Population and Development (ICPD) in 1994, the global health and human rights communities have worked to define and advance SRHR, experiencing both advances and setbacks over that time.

While the SRHR community widely recognises that each component of SRHR is linked to the others, and that fulfilling sexual and reproductive rights is essential to attaining sexual and reproductive health, most global agreements have taken a narrow view of SRHR.

The **Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights** has developed a comprehensive, evidence-based, bold and actionable agenda for key sexual and reproductive health and rights (SRHR) priorities globally. This includes a new, comprehensive definition of SRHR that integrates the full range of peoples' needs and services, including sexual well-being and personal autonomy. Building on numerous international and regional agreements, and on international human rights treaties and principles, the new definition reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals.

The Commission also recommends an essential package of sexual and reproductive health interventions that align with this comprehensive definition of SRHR. The package includes the commonly recognised components of sexual and reproductive health, including contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS.

It also includes less commonly provided interventions that are necessary for a holistic approach to addressing SRHR:

- care for STIs other than HIV;
- comprehensive sexuality education;
- safe abortion care;
- prevention, detection and counselling for gender-based violence;
- prevention, detection and treatment of infertility and cervical cancer;
- and counselling and care for sexual health and well-being.

https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary

CIVIL SOCIETY DIALOGUE PARTICIPANTS

The IFPA sends warm thanks to all those who participated in this civil society dialogue.

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