


IFPA ACTIVITY REPORT 2020 & 2021

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access choice & advocacy



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About the IFPA

The Irish Family Planning Association (IFPA) is Ireland’s leading sexual health charity. The organisation promotes the right of all people to sexual and reproductive health information and dedicated, confidential and affordable healthcare services. Established by seven volunteers in 1969, the IFPA has been instrumental in setting the agenda for sexual and reproductive health and rights nationally and internationally for over 50 years.

We offer a comprehensive range of sexual and reproductive health services on a not-for-profit basis in our Dublin city centre and Tallaght clinics, as well as specialist pregnancy counselling services at nine locations nationwide.

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

The IFPA offers specialist training to medical professionals. We conduct peer-to-peer training in long-acting reversible contraceptives for doctors and an annual contraception course for nurses and midwives. We also provide education and training on sexual and reproductive health, relationships and sexuality to service providers, young people and parents, healthcare and social care workers, and community groups.

The IFPA is an accredited member association of the International Planned Parenthood Federation (IPPF) and is the Irish collaborating partner of the United Nations agency for sexual and reproductive health, UNFPA. The IFPA is a member of FIAPAC (the International Federation of Abortion and Contraception Professionals) and the European Society of Contraception and Reproductive Health. The IFPA is the Secretariat of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights, and is affiliated to the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).

With a strong track record in providing high-quality medical, pregnancy counselling, and education and training services, the IFPA is a respected authority on sexual health in Ireland and internationally and is regularly called upon to give expert opinion and advice in the area.

Our Vision

The IFPA envisages an Irish society where all people can enjoy a fulfilling sex life and can make informed choices in their sexual and reproductive lives; where there is full access to high quality information, education and health services regarding sex, sexuality, conception, contraception, safe abortion, and sexually transmitted infections.

Mission Statement

The IFPA, its members, affiliates and supporters:

- 1

Promote and protect individual basic human rights in reproductive and sexual health, relationships and sexuality
- 2

Promote and defend the right of all persons, including young people, to decide freely the number and spacing of their children (if any), so that every child is a wanted child.
- 3

Are committed to obtaining equal rights for women and young people, and to their empowerment in obtaining full participation in, and benefit from, social, political and economic development.
- 4

Are committed to working in alliance with all those who share our aims, and in co-operation with interested government and non-governmental bodies.

Chairperson's Foreword

2020 and 2021 were years of exceptional challenges globally, but also of exceptional resilience, adaptation, development, and solidarity. The IFPA steadfastly continued to work to fulfil its mission and vision as Ireland's leading sexual and reproductive health provider and advocate.

Every area of our work – services, advocacy, management, and governance – was affected by the global pandemic, and every member of the IFPA staff and Board was affected in their personal and professional lives. Despite this, the IFPA met the needs of its clients and kept a focus on the future governance and sustainability of the organisation – and on the future of sexual and reproductive health services in Ireland.

I want to thank the medical, counselling, and advocacy teams for their resourcefulness and determination; this has ensured that the organisation continued to deliver the high level of service that our clients depend on. Under the leadership of medical director Dr Caitríona Henchion and director of counselling Róisín Venables, these years saw the innovative integration of the specialist pregnancy counselling service with our new early abortion service. This development meant that the services team could effectively implement person-centred responses to changing pathways of HSE care models during the pandemic. As a result, appropriate and high-quality clinical arrangements were in place to provide care to those who needed it in a rapidly changing environment.

Despite the challenges of maintaining our services throughout 2020 and 2021, the IFPA kept a clear eye to the future and continued to work on the restoration plan initiated in 2019, on new management structures and governance, and on enhanced processes of accountability to our clients and our funders.

I would like to thank our CEO Niall Behan, who is a passionate ambassador and advocate for the IFPA. He has expertly led the organisation to deliver on its mission and vision in these turbulent years.

The diverse knowledge, expertise, and capabilities of our Board of Directors reflect the ongoing attention the Board gives to identifying and fostering skilled and strategic volunteer leadership for the organisation. I would like to thank my co-directors for their indispensable contributions to the Board throughout the year. They have worked tirelessly to voluntarily lead, oversee and manage the IFPA. They bring varied expertise and diversity to their role and responsibilities, which include developing, monitoring, working to, and evaluating our strategic plan. The current five-year strategic plan comes to an end in 2022. The time has come to develop new, innovative, ambitious, and aspirational ideas about what the organisation plans to achieve next.

I would like to extend warm thanks to Jennifer Gargan, who chaired our Finance Audit and Risk Committee (FARC) alongside committee members Carmen Tracey and Megan Reilly. They generously gave of their time, overseeing the financial and risk management of the IFPA, regularly reporting to, and making recommendations to the Board. Their guidance was more crucial than ever during these years and included a full review of all financial policies and protocols and the IFPA risk management strategy. I would also like to recognise the work of the Governance Committee, chaired by Jessica Zaldavar, for their indispensable contribution across both years.

The IFPA Board has been fortunate in the experience, skills and leadership qualities of my predecessors as Chair, Fiona Tyrell and Patricia Prendiville, who embodied the IFPA's values. Their terms came to an end during 2020 and 2021. We also said farewell to Board members Wendy Lyons, Louise Caffrey, Natasha O'Brien, and Ruth Fletcher; as sexual and reproductive health and rights advocates, they brought a wealth of expertise in law, policy, health systems, research and activism to the IFPA over a number of years.

The IFPA is proud to stand at the forefront of sexual and reproductive health and rights in Ireland. We are greatly appreciative of the ongoing support of the HSE, in particular the Sexual Health and Crisis Pregnancy Programme, and that of nongovernmental funders, without which we could not deliver our services or engage in critical, rights-based advocacy.

The IFPA aspires to a society where everyone can make informed choices about their sexual and reproductive lives and have access to high-quality information, education, and health services to do so. Our effectiveness is evidenced in the exceptional level of service we provide to our clients and relies on the engagement and commitment of our members, Board, staff, and senior management. I wish each of them the very best with the new set of challenges, aspirations and goals which lie ahead.

Cian Power
Chairperson

“2020 and 2021 were years of exceptional challenges globally, but also of exceptional resilience, adaptation, development and solidarity. The IFPA steadfastly continued to work to fulfil its mission and vision as Ireland's leading sexual and reproductive health provider and advocate.”

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Cian Power, IFPA Chairperson
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Cian Power, IFPA Chairperson

Chief Executive’s Overview

2020 and 2021 were tumultuous years, and as CEO I am proud to say that the IFPA team stepped up to the challenge. Amidst all the uncertainty and fear arising from the pandemic, the organisation responded rapidly and efficiently to introduce measures to reduce the spread of the virus, keep staff safe, and ensure continued access to high-quality, essential sexual and reproductive health services for women and girls.

Clinic staff faced unprecedented upheaval in 2020, with the need to reinvent clinic services almost overnight. Radical changes in operational guidelines and work practices were swiftly put in place. We prioritized our early medical abortion service. New HSE guidelines meant most clients could receive care remotely by telephone consultation and, as restrictions eased, we introduced blended approaches, using phone consultations and face-to-face appointments. We reopened services heavily impacted by pandemic restrictions such as routine contraception, full STI screening, and cervical screening as soon as was possible.

The IFPA continued to play a key role in the delivery of Ireland’s National Cervical Screening Programme, CervicalCheck, and was invited to participate in the HSE’s pilot programme to introduce Primary HPV screening in advance of the programme’s national launch in 2020.

I want to acknowledge the work of the entire IFPA staff – the clinic leadership team, nurses, doctors, counsellors, administrators, the advocacy and communications team, the cleaning staff – who have worked tirelessly to develop and implement these procedures. I thank them for their unrelenting hard work, commitment, and service across these very difficult and demanding years. Our clinics and staff demonstrated how, in the face of adversity, innovative service measures can make a significant impact on the wellbeing of our clients. We came up with new ways of working that continue to contribute to care quality. We embraced opportunities for innovation, such as the use of telemedicine in the abortion care pathway.

During 2020 and 2021, a number of long serving IFPA staff members retired. I would like to extend my utmost thanks and appreciation to Annette Smith, Lynda Kemp, Margaret Nally and Maria Jackson for their long years of service and dedication to the organisation, including in times when the IFPA was attacked and our clients stigmatized by prominent individuals and organisations opposed to reproductive rights.

The IFPA’s role during the pandemic brings the organisation’s role as an integral, essential, and highly functioning cog in Ireland’s healthcare system into sharp focus. Yet we lack resources to implement the HSE’s recommendation to not-for-profit healthcare providers to offer the same salary and conditions as are provided by the HSE. Non-competitive pay and benefits pose risks, highlighted in a recent HSE audit, including of difficulties with retention of critical staff. We will continue to engage with the HSE and advocate for the resources necessary to ensure that the IFPA is in a position to redress the current inequalities in remuneration and conditions.

The IFPA engaged in intensive advocacy for the implementation of the 2020 Programme for Government promise of free contraception. The initial rollout to 17 to 25s in 2022, and the commitment to extension in 2023 to girls aged 16 and women aged 26 to 30, were major steps forward. We will continue to advocate for the scheme’s expansion to all age-groups, and the necessary legislation to bring under-17s into the scheme as matters of urgency.

Throughout both years we continued our research, data collection and analysis in preparation for the review of the Health (Regulation of Termination of Pregnancy) Act 2018. We promoted the benefit of telemedicine during and beyond the public health emergency, and used media and parliamentary processes to highlight the barriers to abortion access. The 2018 Act transformed reproductive healthcare in Ireland. The review must now address its legislative and operational failings. It must lead to comprehensive reforms that support reproductive autonomy and ensure that abortion care in Ireland is available, accessible, and acceptable to all who need it. The IFPA will continue to work for a greater understanding of reproductive health rights, and of reproductive autonomy as the principle that must underpin person-centred abortion care. We will support the community of conscientious abortion care providers. But we believe that committed providers are not sufficient and we will continue to work for the further development of a sustainable national institutional infrastructure to secure the future of abortion care as a vital pillar of public healthcare in Ireland.

Niall Behan
Chief Executive Officer

“The 2018 Act transformed reproductive healthcare in Ireland. The review must now address its legislative and operational failings. It must lead to comprehensive reforms that support reproductive autonomy and ensure that abortion care in Ireland is available, accessible, and acceptable to all who need it.”

Niall Behan, IFPA CEO



Niall Behan, IFPA CEO

Clinical Services

Despite restrictions on face-to-face care owing to the Covid 19 pandemic across 2020 and 2021, the IFPA provided 21,806 sexual and reproductive health appointments at our clinics in Dublin city centre and Tallaght. These included: early abortion care, post-abortion check-ups, contraceptive consultations and fittings, emergency contraception, sexually transmitted infection (STI) screening and treatment, HPV cervical screening, fertility advice, breast examination, menopause check-ups, vasectomy, specialist pregnancy counselling, and specialised care for women and girls who have experienced female genital mutilation (FGM).

The IFPA worked hard to keep as many of its clinical services as possible open throughout Covid-19 restrictions. As soon as it was possible, we reopened all services with appropriate precautions in place.

The IFPA continued to play a key role in the delivery of Ireland’s National Cervical Screening Programme, CervicalCheck. A total of 3,034 women and people with a cervix were screened for cervical cancer at IFPA clinics in 2020 and 2021. In 2020 we participated in the HSE pilot programme on Primary HPV screening ahead of the programme’s national launch that year. HPV cervical screening is a new and more effective way to screen for cervical cancer. Instead of looking for abnormal cells, it detects the high-risk types of HPV that cause almost all cervical cancers. If HPV is found, the sample is then checked for abnormal cells. HPV cervical screening is free for anyone with a cervix aged between 25 and 65.

Covid 19 had the greatest impact on non-urgent services that can only be provided in person, such as routine screening for sexually transmitted infection. During the most restrictive phases of the lockdowns, STI care could only be provided to clients who had symptoms of an active STI. Full screening services were reopened as soon as restrictions allowed.

Female genital mutilation (FGM)

The IFPA runs Ireland’s only clinic for the treatment of female genital mutilation (FGM). The clinic provides free specialised medical care and counselling to women who have experienced FGM and is led by medical director Dr Caitríona Henchion.

The service involves four key components: clinical services, including referral to secondary care; training and capacity-building with service providers; sexual and reproductive health outreach with affected communities; and building and maintaining relationships with key stakeholders. All clients who attend the FGM treatment service are offered free specialised counselling and can avail of a full sexual and reproductive health check-up.

Despite pandemic restrictions, the FGM service provided 144 appointments across 2020 and 2021. Over the past eight years, we have found that women who engage with the FGM treatment service are more likely to return to the IFPA to avail of other essential sexual and reproductive services, such as cervical screening, STI testing, and contraception. The service therefore provides a valuable entry point to sexual and reproductive health services for a group of people who may otherwise be marginalized.

“Access to contraception is critical to gender equality and the achievement of the right to health. We know from our services that cost is a barrier for some women, of all ages, in choosing their preferred method of contraception. The Government’s free contraception scheme has removed this barrier for those aged 17 to 25. This is a major step forward for reproductive autonomy in Ireland. We look forward to free access to contraception for all as soon as possible.”

Dr Caitríona Henchion, IFPA Medical Director



Dr Caitríona Henchion, IFPA Medical Director

Focus on Specialist Pregnancy Counselling

The IFPA's specialist pregnancy counselling service is an invaluable resource for anyone experiencing a pregnancy that is unintended or has become a crisis. All IFPA abortion care clients are offered the option of specialist pregnancy counselling as part of their care pathway.

The IFPA counselling team has decades of experience and training in providing women, girls, and pregnant people, their partners and families, with a non-directive, non-judgemental and safe service. Our counselling team provides the opportunity either by phone, face-to-face, or online, for people to receive accurate information, stress reduction, and therapeutic support. We know that many people who attend our service can have additional stressors and our team have expert training to support them.

Whether a woman's pregnancy pathway involves accessing abortion or continuing with pregnancy, clients report that the service helps them feel more empowered and confident, as well as helping them reduce stress.

The service is funded by the HSE Sexual Health and Crisis Pregnancy Programme and delivered by trained and accredited counsellors.

Demand for specialist pregnancy counselling in 2020 and 2021

The service provided 3,323 counselling appointments across 2020 and 2021. These included specialist pregnancy counselling and post abortion counselling appointments.

Clients seek the additional support of post-abortion counselling for a variety of reasons – including to address the difficulties or barriers they encountered within the healthcare system and to process the secrecy and shame induced by abortion stigma, whether experienced or internalised. Women may need to process the grief of a much-wanted pregnancy diagnosed with foetal anomaly or begin to work through issues related to pre-existing mental ill-health, addiction, or trauma. In the latter situations, as well as providing crisis support, significant work is done to prepare people for a meaningful handover to appropriate longer-term services.

“One day can make a difference between a woman being able to access abortion services here or being forced to travel because of the 12-week rule. That's highly distressing.”

Róisín Venables IFPA Director of Counselling

Response to the Covid-19 pandemic

There was widespread uncertainty and fear as the pandemic unfolded. Anxieties about the spread of the virus, strict restrictions on personal movement, and the risk of transmission within health care settings, all combined to create extra layers of difficulty for people who needed to access abortion care.

The pandemic brought with it a set of unique stressors that had a notable impact on the demand for specialist pregnancy counselling. This resulted in a high uptake of a counselling appointment offer in the first stage of the early medical abortion (EMA) care pathway. The significant demands placed on the service were effectively, efficiently, and fully met by the specialist counselling team.

Clients who were ineligible for abortion care under the 2018 Act and were forced to travel outside of Ireland for abortion care during the pandemic experienced heightened stress, insecurity, expense, and increased risk of exposure to Covid 19. One IFPA client was stranded for four days in the UK as England went into lockdown on her arrival. This client later attended for counselling, which helped her work through this extremely stressful experience. Difficulties in accessing accommodation abroad at that time compounded the enormous stress of these situations.

The counselling service swiftly adapted to the restrictions and changes imposed by the pandemic. Almost all in-person appointments at our 10 locations nationwide switched to telephone appointments, with face-to-face appointments provided for minors and people with particularly complex situations. Prior training in telehealth meant that the team was able to successfully transition immediately. Online workshops built on this training and ensured continuous service improvement. Feedback to IFPA counsellors highlighted that telemedicine created an accessible and acceptable new care option for clients and enhanced access for previously 'hard to reach' individuals with complex or additional needs.

Who does the specialist counselling service support?

During both years, the IFPA provided specialist pregnancy counselling, information and support to women, girls, and pregnant people from all walks of life. The majority were eligible for abortion care in Ireland. However, we also supported women who were excluded from care because their pregnancies were outside the gestation limit, or they did not meet other criteria for eligibility under the law. This included women, girls, and pregnant people whose pregnancy was the result of rape or other forms of coercion, who had received a diagnosis of foetal anomaly, and who were undocumented or living in direct provision. While most people who avail of the service have decided to access abortion care, the service also supported people who chose to continue their pregnancy.

Pregnancies exceeding 12 weeks

The IFPA counselling service regularly supports women and pregnant people who are unable to access abortion in Ireland because their pregnancy exceeds the 12-week gestation limit for abortion on request, yet does not fit into the narrow criteria for termination after 12 weeks. These women's circumstances and needs are varied and diverse.

One IFPA client was pushed over the 12-week limit because the three-day waiting period coincided with the beginning of a bank holiday weekend. Even though she accessed medical services within the 12-week limit, she could not find a hospital in Ireland with a clinic open over this period. This meant she was no longer eligible for an abortion under the law. She found this very difficult to accept.

In rare cases where an early medical abortion fails, further medical treatment is needed to complete the abortion. However, if at that point the pregnancy is more than 12 weeks + 0 days' gestation, Department of Health guidelines preclude the pregnant person from receiving care to complete the abortion. IFPA counsellors supported a number of clients in this situation in 2020 and 2021.

IFPA counsellors work collaboratively with agencies in other countries to support women in these situations to access the care they need. We also offer emotional and psychological support to these women where needed.

At a glance

3,323

counselling appointments provided by the specialist pregnancy counselling service across 2020 and 2021



Foetal anomalies

Receiving a diagnosis of foetal anomaly can be devastating. Our counsellors supported women, pregnant people, and couples in these situations throughout 2020 and 2021.

Both the initial grief and emotional impact of the diagnosis and the stress of an often-fragmented care pathway require skilled and sensitive counselling. Many women reported significant distress about the length of time some assessments take to be finalised in Ireland and the non-availability in some hospitals of all termination methods once an anomaly is certified. Too many women are still forced to undertake long journeys within Ireland to access the care they are entitled to under the law, such as those living outside the capital who must travel to Dublin for feticide and then return home to complete the termination.

Moreover, after 12 weeks the law permits abortion only for fatal foetal anomaly cases that are deemed unlikely to survive beyond 28 days after birth. Where anomalies are detected at the 20-week scan, further tests to confirm the precise conditions present can delay a decision on eligibility for termination in Ireland by up to three weeks. Exclusion from access to care within the Irish healthcare system at this stage, and the need to organise healthcare outside the State, add significant additional layers of distress to a foetal anomaly diagnosis.

Women from Northern Ireland

People from Northern Ireland faced particular barriers in accessing abortion care during this time. Pandemic travel restrictions to the UK and changing legislation on access to abortion in Northern Ireland meant many women turned to the IFPA for emotional and practical support and guidance. We provided much needed psychological services, which helped them navigate these crises.

Minors

The IFPA counselling service also provides care for minors. We have procedures in place to ensure that they are given the best possible care, treatment, support, and safeguarding. We continue to make sure to see these young people face-to-face. We offer a dual appointment system where the young person will meet with our doctor and counsellor on the same day where possible. Our counsellors aim to ensure that every young person is protected from possible coercion and has appropriate supports.

Safe access

Anti-abortion individuals and groups continue to delay and obstruct access to abortion care. IFPA counsellors regularly support people who have had emotionally abusive encounters as a result of targeted harassment outside abortion providers.

IFPA counsellors are also receiving increasing reports of women inadvertently coming into contact with extremist agencies after being signposted by internet searches. These agencies attempt to obstruct and delay access to abortion care in several ways. Clients have reported receiving distressing misinformation, such as being told that abortion can cause breast cancer and infertility. They have also reported delay tactics, including purported scan results that date pregnancies to earlier gestations; this attempts to make women believe that they have more time to access abortion care than they actually have. It is the IFPA’s experience that a person who has encountered an extremist agency is more advanced in their pregnancy by the time they come to the service. They have also experienced a traumatic event that can, for some, add to their crisis.

It is unacceptable that anyone seeking essential healthcare should be the subject of these traumatising encounters. The IFPA will continue to advocate for government action to protect people from these harms.



Róisín Venables, IFPA Director of Counselling

Conclusion

IFPA counsellors are recognised nationally as specialists in the field of crisis and unintended pregnancy. We continually strive to develop strong working relationships with other care providers. Since the introduction of abortion care in 2019, we have established new collaborative relationships with local service providers in clinic and hospital settings. These include GPs, public health nurses, midwives, medical social workers, health promotion officers, students’ union officers and health services, as well as maternity services at national and local level.

The years 2020 and 2021 brought substantial challenges and the service responded with the level of commitment and expertise it is well known for. The service’s strength lies in its ability to tune into the needs of the women it serves. Through our strong organisational ethos and collaborative leadership, we will continue to evaluate, develop, and enhance the way we operate to meet the needs of all women, girls, and pregnant people experiencing unintended and crisis pregnancies.

Pandemic restrictions exacerbated the harms of denying abortion care. Restrictions have now been lifted, but because of barriers to access in the law, women and pregnant people must continue to travel for abortion care. This continues to be cruel, inhumane, and degrading. It is an unacceptable infringement on women’s right to reproductive autonomy and self-determination.

In the IFPA’s view, the review of the Health (Regulation of Termination of Pregnancy) Act 2018 must consider the harm caused to women’s health and wellbeing by forced travel outside the State for abortion care and make recommendations so that everyone who needs to access abortion can do so within the Irish healthcare system.

Abortion and the Law

The Health (Regulation of Termination of Pregnancy) Act 2018 allows access to abortion care in four situations:

- Where a medical practitioner certifies that the pregnancy has not exceeded 12 weeks – the Department of Health interprets this to mean 12 weeks plus zero days;
- Where there is a risk to the life, or of serious harm to the health of the pregnant woman, and the foetus has not reached viability;
- Situations of immediate risk to the life or of serious harm to the health of the pregnant woman;
- Where there is a condition likely to lead to the death of the foetus within 28 days of birth.

Those who are over 12 weeks pregnant, or whose pregnancy involves a foetal anomaly that does not fit the strict legal definition in the Act, are denied care in Ireland and forced to seek care within the UK’s over-burdened health system.

A clinician or anyone else who assists with a termination outside these defined circumstances risks prosecution and a maximum sentence of 14 years. Criminal liability does not apply to pregnant people; however, the inclusion of abortion in criminal law fosters abortion stigma.

The law provides for early abortion care on request; no one is required to explain or justify their decision about their pregnancy. However, “conscientious objection” can be invoked in all but emergency situations. The law thereby conveys that only those who refuse care act with conscience. In addition, the mandatory three-day waiting period implies distrust of pregnant women’s decisions and forces delay, for no medical reason, on everyone who needs an early abortion.

Glaring geographical disparities in community and hospital provision exist, meaning some women are denied locally accessible care. Most are also denied choice of method and offered only home-self-management of medical abortion, regardless of whether they have a suitable home environment.

Abortion care is free to those “ordinarily resident in Ireland”. Yet, the HSE only reimburses medical practitioners for abortion services if a Personal Public Service Number (PPSN) is provided. This questionable procedural decision affects newly arrived asylum seekers, students and others who are experiencing delays in being issued PPSNs.

These barriers disproportionately burden the most vulnerable and disadvantaged. They create an excluded minority who are denied abortion in Ireland or endure delays in accessing care.

Focus on Early Abortion Service

Since 2019, the positive impact of the legalisation of abortion has been evident at the IFPA's clinics. Most women in Ireland now have timely access to local abortion care, without having to explain or justify their decision. This has been transformative for women's health and wellbeing.

The IFPA provides abortion care at our two Dublin clinics. We provide early medical abortion (EMA) up to nine weeks of pregnancy. We also refer clients for hospital-based abortion care when over nine weeks pregnant or where clinically indicated. We provide specialist pregnancy counselling at any time during a pregnancy. We also provide post-abortion counselling and post-abortion medical check-ups. These services are available to people who have accessed their care through the IFPA or another provider.

The Covid 19 pandemic presented significant challenges to the early abortion service. The IFPA is proud to say that we did not suspend provision of any part of the service at any point during Covid restrictions.

A total of 758 people accessed abortion care through the IFPA in 2020 and 2021.

Pandemic response and innovation

New operational protocols were put in place when the pandemic hit. Of particular concern were the two face-to-face consultations required in the HSE's model of care for early medical abortion. These were contrary to new public health guidance issued to contain the spread of Covid 19. In April 2020, the IFPA welcomed updated HSE guidance that allowed the use of telemedicine in abortion care. Our medical director developed a detailed implementation plan to make sure that those who accessed abortion care remotely using telemedicine would have all the information and support they needed to self-manage their abortion and would receive the same high standard of care as IFPA clients did before the pandemic.

The result was a comprehensive, patient-centred care pathway integrating the EMA and specialist pregnancy counselling services. Clients had either one or both of their consultations by phone before collecting their Home Care Pack from the clinic. The pack contained detailed information and instructions on EMA, as well as everything necessary for women to safely self-manage their abortion at home.

We maintained an open-door policy of face-to-face consultations for those who did not have a private space for phone consultations or if a clinical need was identified at any stage before or after the EMA.

In July 2020, the IFPA began using a blended approach to early abortion care, with clients having their first consultation by phone and attending clinic for their second consultation, where they receive their Home Care Pack. When clinically indicated, fully remote or fully in-person care is facilitated.



IFPA clinic, Cathal Brugha Street, Dublin city centre



IFPA Step-by-Step Guide to early medical abortion

Telemedicine abortion: global best practice

Telemedicine abortion enabled the IFPA to maintain an essential health service, while minimising the risk of Covid-19 exposure for both patients and staff. Telemedicine, and a blended model, that combines telemedicine and face-to-face care, are now well integrated into the abortion care pathway.

Telemedicine in abortion care is endorsed by global reproductive health standard-setting bodies such as the International Federation of Gynecology and Obstetrics and the UK Royal College of Obstetricians and Gynaecologists. It is supported by strong international evidence: a 2019 review found it has similar outcomes to in-person care, and a recent major study of over 50,000 women in England concluded that it is effective, safe and improves access to care. On the 30th of August 2022, the use of telemedicine in abortion care was made permanent in England and Wales.

The permanent integration of telemedicine into abortion care in Ireland could significantly improve access for many people. The two in-person appointments that were required to access abortion before April 2020 can be onerous for many, including people with care responsibilities or in abusive relationships, disabled people, and those living in counties with few abortion care providers. We know that only 11 out of 19 maternity units in the country currently provide abortion services, and of these, only six provide choice of method. Large gaps in community-level abortion care provision exist in rural regions. GPs without a referral pathway to a providing maternity hospital may be reluctant to take up the service without secondary care backup. Evidence from the United States and Australia indicates that telemedicine care is a valuable support for those living in remote areas.

Telemedicine was introduced as a pandemic-related measure. However, it has proved to work well, enhance patient choices and reproductive autonomy, and enable people to access care sooner and in a manner consistent with their own needs and preferences. The IFPA believes that, in order to ensure access to abortion in law and practice for all who need it, telemedicine must be maintained. We welcome the HSE's recent support for the retention of telemedicine as part of the routine abortion care pathway, and we hope the Department of Health will soon confirm the permanent retention of telemedicine as part of a blended approach to abortion care.

Telemedicine supports

To support clients through the introduction of telemedicine, the IFPA introduced several new materials and additional supports. These helped reassure clients, allay any potential anxieties about remote care, and ensure that they were fully prepared to receive medical care via telephone consultation.

New materials included:

- A revised Home Care Pack, with everything needed for early medical abortion self-care following telemedicine appointments. A key element was a detailed Step-by-Step leaflet designed to support clients through the abortion process. It includes guidance on taking the two medications, details of contact phone numbers for support, information and emergency medical assistance, and a system to keep note of dates when medications and pregnancy tests were taken.
- Additional website materials included four online videos explaining in detail what happens before, during, and after someone manages an EMA at home. A new translation function was also added to the website.
- The translation of the IFPA's EMA medication information leaflets into seven languages: Romanian, Chinese, Brazilian Portuguese, Arabic, French, Polish and Urdu.

Abortion Care: Clinical Data

In its 2022 Abortion care guideline, the World Health Organisation (WHO) states that “effective monitoring and evaluation (M&E) are essential for measuring abortion quality and trends, as a basis for policy dialogue and evidence-based decision-making to further improve service delivery and quality.”

The WHO further notes that M&E of abortion services “remains weak” in most national health systems. This is the case in Ireland, where national-level abortion statistics provide information only on total abortion numbers, abortions per month, and service-user county of residence.

This information, collected by the Department of Health and published annually, has no public health rationale and is insufficient to inform service delivery. As a result, there is very little statistical data available about the people who access abortion care and associated trends in service delivery.

In the absence of a comprehensive national dataset, the IFPA began looking at our own service activity statistics to inform our understanding of abortion care. The client data presented here were anonymised prior to analysis.

A total of 758 people accessed abortion care through the IFPA in 2020 and 2021.

Most clients attending the IFPA’s abortion service live in Dublin, but approximately 50 travel from surrounding counties (Meath, Kildare, Wicklow) each year and a small proportion come from further afield, travelling from counties such as Carlow, Wexford, Laois and Offaly.

The age profile is consistent across both years: more than 80% of clients were in their 20s and 30s (Figure 1).

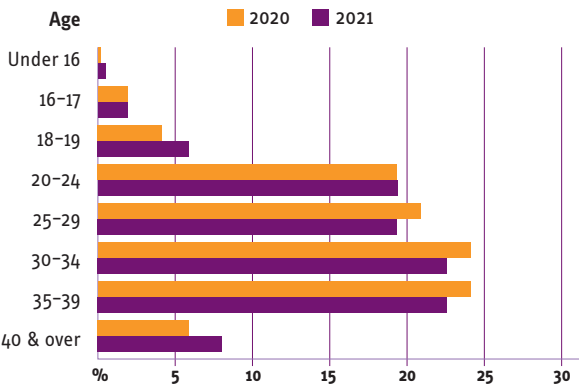


Figure 1: Client age at presentation

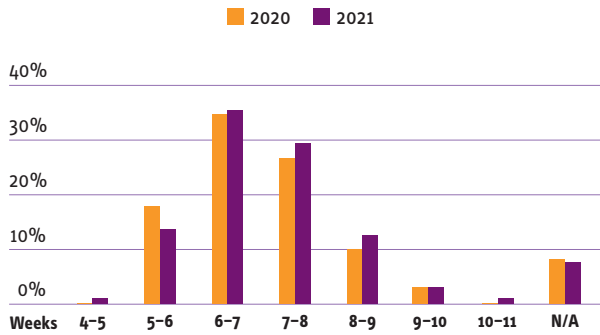


Figure 2: Pregnancy gestation at time of abortion

The abortion law requires women and pregnant people to have two consultations with a doctor, separated by a mandatory waiting period of three days. However, the logistical challenges of implementing this requirement means people may have to wait longer in practice. In the IFPA’s service, the average waiting time between consultations was five days in both 2020 and 2021. This underscores how mandatory waiting periods delay access to care and should be removed from abortion laws.

International evidence is clear that a waiting period has a negative impact on the abortion-seeker because it restricts their access to care. The need to take additional time off work or education, or arrange childcare, may also compromise their privacy and confidentiality. A review of global evidence found mandatory waiting periods have no benefits for women.

IFPA clients tend to engage with abortion services early, with one-third accessing care between six and seven weeks’ gestation. Overall, 89% of those who attended our service were less than nine weeks pregnant at the time of their abortion. As shown in Figure 2, the gestation at time of abortion was unknown to the IFPA for approximately 8% of clients because these individuals accessed abortion care in hospital.

Around one-quarter (25% in 2020; 23% in 2021) were referred for ultrasound scanning. This information supports the approach taken by the HSE when community-based abortion services were established in 2019 to make ultrasound scanning available when clinically required, but not mandatory for all women as part of the care pathway. While a majority of IFPA clients do not need a scan, community-level abortion providers still need ready access to ultrasound scanning to support the delivery of quality care.

The vast majority of IFPA clients (92%) had early medical abortions at home: 335 in 2020 and 367 in 2021. As our data show, home self-management of medical abortion is suitable for most people, and international evidence demonstrates that it is viewed positively by a majority of clients, with high levels of acceptability and effectiveness.

In both years, 8% of clients were referred for hospital-based abortion services (Figure 3). As per national best practice guidelines, people are referred to hospital when their pregnancy is between 10 and 12 weeks or when there is a clinical indication that makes them unsuitable for home self-management of medical abortion. Due to the rigid gestational limit of 12 weeks + 0 days’, these referral processes are often intensely pressurised for women, referring doctors and staff in hospital-based abortion services. In some instances, the lack of abortion services in a woman’s local maternity unit necessitates significant travel to a distant hospital, further increasing stress.

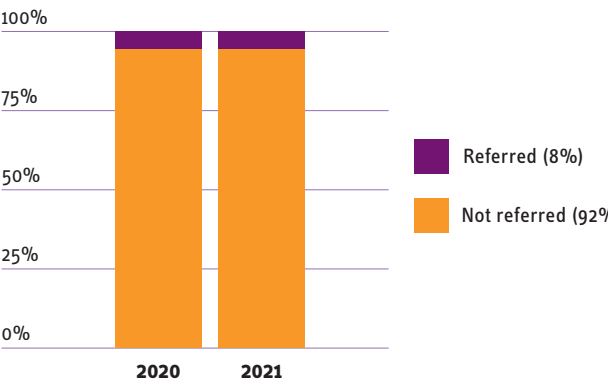


Figure 3: Referral rate for hospital-based abortion care

A review of global evidence found that gestational limits disproportionately impact people with added vulnerabilities, including adolescents, low-income women and those who must travel for abortion care. The WHO recommends the removal of gestational limits from abortion laws.

As abortion services in Ireland continue to develop, ongoing monitoring and evaluation is crucial to the delivery of quality, patient-centred care. The absence of a robust mechanism for the collection of detailed national-level abortion statistics should be addressed by policymakers as part of the abortion law review to support service improvement into the future.

At a glance

Clients tend to engage with abortion services early:

89% of those who attended our service were less than nine weeks pregnant at the time of their abortion

Abortion Care: Client Perspectives

Our in-house research project into the experience of accessing abortion care with the IFPA delivered rich data in 2020 and 2021. Launched in 2019, the project involves interviews with IFPA service-users, analysis of IFPA service activity data, and documentation of the organisation’s work in establishing and delivering an abortion service following the introduction of the 2018 abortion law.

Through in-depth interviews, we are learning more about the service-user perspective on abortion care. Women have shared their experiences of navigating abortion services and spoken positively about the care provided by the IFPA. Interviewees report feeling supported throughout our abortion care pathway and well-informed by our staff about what to expect during a medical abortion. The availability of specialist pregnancy counselling was viewed positively by study participants, who appreciated the support and reassurance of a confidential, non-judgmental space.

Stigma is a common thread in women’s experiences, with many carrying abortion stigma when they first contact the IFPA, fearing negative attitudes from healthcare providers. In this respect, women frequently commented that they valued the non-judgmental approach of IFPA staff and the helpful, welcoming, and supportive nature of the service. Participants also expressed concerns about societal attitudes to abortion, feeling that it is still a heavily stigmatised topic. This underscores the need for continuous efforts to normalise abortion care and educate the public about its role in supporting health, well-being, and reproductive autonomy.

As outlined elsewhere in this report, the onset of the Covid-19 pandemic in early 2020 led to the introduction of remote consultation for early abortion care, more commonly known as telemedicine abortion. This development generated a new direction for the research as we sought to understand how clients were experiencing the new remote care pathway. Several pieces of work were produced through this strand of the project.

An online survey of IFPA clients accessing telemedicine abortion provided valuable feedback about the acceptability of remote access to care. Respondents were very satisfied with the overall service and the level of information provided. They identified several advantages to accessing care by phone. Most commonly, it meant they did not have to take time off work or education, it reduced their risk of Covid-19 exposure, and it was more convenient. Some felt it gave them more privacy, enabled them to access care sooner, and meant they did not have to arrange childcare or other care or incur transport costs. Few disadvantages were identified, though some respondents felt it was hard to take in all the information and one stated that they would prefer to be able to see the person speaking to them.

Through an academic article published in the International Journal of Gynecology & Obstetrics, we documented the work undertaken by the IFPA to maintain access to early abortion care during the pandemic by developing a telemedicine service. We reviewed global evidence on telemedicine abortion and explored what its introduction in Ireland means for the future of abortion law, policy and service delivery. The article was written by Alison Spillane with Dr Catherine Conlon of Trinity College Dublin and IFPA colleagues Maeve Taylor, Dr Caitríona Hinchion and Róisín Venables. An opinion piece based on the findings was published in The Irish Examiner and called for telemedicine abortion to be retained beyond the pandemic in order to expand service-user choices and support their reproductive autonomy.

The collation and analysis of abortion service activity data (see pages 14 and 15) was another critical area of research that gave us insights into the profile of people accessing abortion care through the IFPA. It also provided information on associated service delivery trends, such as referral rates for ultrasound scanning and hospital-based abortion services. Together, this information enables us to understand how our abortion service is working and supports the delivery of quality care.

The research project is led by senior policy and research officer Alison Spillane, as part of an employment-based PhD with the School of Social Work and Social Policy at Trinity College Dublin. The project is co-supervised by Maeve Taylor (IFPA) and Dr Catherine Conlon (TCD) and is funded by the Irish Research Council.

“I found the phone consultation to be very helpful. The thought of a face-to-face consultation can be very daunting. The phone consultation felt less scary.”

“I am quite a shy person so I felt more comfortable having an open conversation with all the team over the phone. I would have been anxious about it in person.”

IFPA clients share their experiences of telemedicine abortion

“Through this project, we are gaining critical insights into how IFPA clients experience the abortion care pathway. Their perspectives illuminate the positive impacts of innovations in care, like the introduction of telemedicine abortion, whilst also highlighting remaining challenges, such as the persistence of abortion stigma.”

Alison Spillane, IFPA Senior Policy and Research Officer, speaking about the IFPA research project on abortion care



Alison Spillane, IFPA Senior Policy and Research Officer

Clinical Focus: Contraception

The IFPA has been at the vanguard of contraception provision since our foundation in 1969. Access to contraception was the IFPA's raison d'être. The organisation was crucial to the success of the 1973 Supreme Court case *McGee v The Attorney General*, which paved the way for contraception to become legal in Ireland. The years 2020 and 2021 presented the IFPA with unique pandemic-related challenges in contraception provision. But this period also initiated a revolution in reproductive healthcare with the promise of a free contraception scheme.

Contraception policy

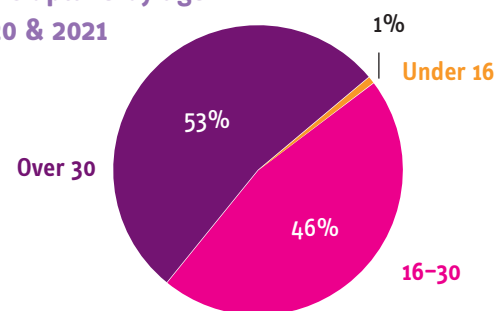
At the time of writing, the government's free contraception scheme for 17 to 25-year-olds has just launched. The IFPA is proud to provide the scheme in both of its clinics and has already seen the positive impact that removal of the cost barrier brings.

This scheme is a landmark public health policy and the IFPA has warmly welcomed it as such. It covers all methods of contraception for these age groups, including the fitting and removal of long-acting reversible contraception (LARCs).

Budget 2023 now also makes provision for the scheme to be extended to girls aged 16 and women aged 26 to 30 from next year. We welcome this commitment and call for its rapid implementation. However, under 16s and over 30s who don't have medical cards will still have to pay, including for the most effective "fit and forget" LARC methods.

Our clinic data shows that 53% of our LARC clients in 2020 and 2021 were over 30. This demonstrates significant demand for the most effective method of contraception among those who will not be eligible for the government's free scheme. We know from our services that cost is a barrier for women of all ages in accessing the contraceptive of their choice, with many unable to afford the high upfront costs associated with LARCs. It is of particular concern to the IFPA that the most vulnerable under 17 cohort are excluded from this scheme until 2023 and that under 16s will continue to be excluded. 2018 data* shows that 24% of 15- to 17-year-olds report having had sex.

LARC uptake by age 2020 & 2021



Access to contraception by under 17s

The Minister for Health's commitment to extend the free scheme to 16-year-olds as a priority is welcome, but this commitment should, in the IFPA's view, also include under 16s. The Minister has clarified that legislation is needed to broaden eligibility to under 17s. This is a welcome opportunity to address the unclear legal status of prescribing contraception to young people.

The HSE's policy position, according to the National Consent Policy 2022, is that 16 is the age of consent to medical treatment. However, the legal status of prescribing contraception to under 16s without parental consent has not been definitively established by the Courts and is therefore unclear.

The HSE through its National Consent Policy, however, provides guidance for healthcare workers in cases where there is no parental involvement. According to the Policy, the key consideration is the best interests of the child. Healthcare professionals must also take into account the young person's maturity and ability to understand the relevant healthcare information; the purpose, risks and benefits of the treatment; and other welfare, protection and public health considerations covered by law and policy.

The legal situation is further complicated by the fact that the age of sexual consent in Ireland is 17. Despite the National Consent Policy and the additional guidance of Children First about reporting to Tusla and/or the Gardaí, some doctors may adopt a cautious approach and refuse to provide contraception services to under 17s, or feel they are only protected from prosecution by informing parents.

It is unacceptable that the law should ever deter healthcare providers from acting in the best interests of young people who wish to avoid the risk of unintended pregnancy. The law must now be brought into line with an understanding of contraception as essential healthcare.

New legislation also provides an opportunity to address a legacy of outdated attitudes to sexuality. The Health (Family Planning) Act 1979 includes a wide-ranging right to refuse to provide, prescribe, sell, import, manufacture, advertise or display contraceptives. This is entirely at odds with human rights standards and the contemporary understanding of contraception as routine essential healthcare. As Ireland recognizes contraception as an unambiguous public good by making it free, it is time to remove the last vestiges of stigma from the law.

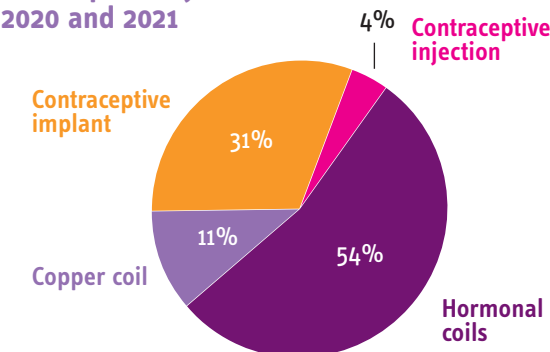
*Health Behaviour in School-aged Children (HBSC) survey 2018, NUI Galway

Contraception provision during the pandemic

Through the most severe phases of the Covid 19 lockdown in 2020 and early 2021, it was not possible to provide LARC fittings due to Covid restrictions. The IFPA made sure to maintain contraception for affected clients by offering bridging contraception; anyone having a LARC deferred got the option of a short-acting method such as the pill to use until their appointment for a LARC could be safely scheduled. We also provided bridging contraception for clients of other services who were unable to secure appointments. Our clinics kept a waiting list for LARC fittings and as soon as restrictions eased, we began providing these appointments again.

Despite pandemic restrictions, the IFPA carried out 1,993 LARC counselling consultations across both years and fitted 1,728 LARCs across 2020 and 2021.

LARC uptake by device 2020 and 2021



Contraceptive needs

A woman's contraceptive needs will change throughout her life; what works for a woman in her twenties, for example, may not necessarily suit her in her forties. The suitability and acceptability of methods depends on a woman's needs, wants and priorities at any given period in life. Clear information and informed choice are key to a woman being able to make the decision that is best for her. During a contraceptive consultation, IFPA doctors discuss the client's needs, wants and priorities, and give them the information they need to choose the method that works best for them.

Effective 'fit and forget' methods of long-acting reversible contraception (LARCs) are the most effective way to prevent pregnancy. Unlike user-dependent methods, such as pills and condoms, which rely on perfect use every time, LARCs are not prone to human error. Our doctors are LARC specialists, and the IFPA has trained many GPs on the insertion of LARCs.

Methods of Contraception

User Dependent Methods:

Barrier methods

These methods work by stopping sperm from entering the womb.

They include:

- Male and female condoms
- Diaphragm

Short-acting hormonal methods

These methods work by stopping the ovaries from producing an egg each month.

They include:

- Mini pill
- Combined pill
- Vaginal ring
- Patch

Fit and Forget Methods

Long-acting reversible contraceptives are inserted by a doctor and last from three months to 10 years.

They include:

- Intrauterine systems (IUS) such as Mirena, Kyleena, and Jaydess – also known as hormonal coils
- Hormone-free intrauterine copper device (IUCD) – also known as the copper coil
- Contraceptive implant
- Contraceptive injection

Emergency Contraception

Emergency contraception methods can prevent pregnancy for up to five days after unprotected sex. They include:

- Emergency contraceptive pill
(The sooner it is taken the more effective it is)
- Copper coil

Permanent methods:

- Tubal occlusion
- Vasectomy

Advocacy

The IFPA advocates for sexual and reproductive health and rights (SRHR) in Ireland and globally. The years 2020 and 2021 were marked by global events that had major impacts on SRHR: these included the pandemic; the end of the Trump administration and the withdrawal of the global gag rule; and the slashing of the UK Official Development Assistance (ODA) budget. Nationally, contraception, telemedicine abortion, and the review of the abortion law were centre stage.

National policy

The 2020 Programme for Government committed to “provide free contraception over a phased period, starting with women aged 17-25”. Our advocacy focused on pushing for a robust and rights-based implementation strategy to ensure an equitable rollout of the scheme. We raised concerns with the Department of Health and the Oireachtas Health Committee and met the Minister for Health to make the case that the scheme should include all methods of contraception and that the first phase should rapidly expand to include all women.

We participated in a series of focus groups to gather perspectives on the proposed scheme and highlight critical issues regarding its implementation. We worked with other stakeholders to develop a major report that outlined a rights-based approach to access to contraception and presented the report to the All Party Oireachtas Interest Group (APG) on Sexual and Reproductive Health and Rights.

We welcomed the funding commitment given in October 2021 to begin the scheme in 2022 and have continued to raise critical policy issues with regard to its parameters and rollout.

An ongoing focus throughout this period was the fulfilment of rights in the context of legal abortion care. When the pandemic reached Ireland, we immediately highlighted the ways the face-to-face model of care for abortion posed health risks to pregnant people and to healthcare providers with the Department of Health. We welcomed the introduction of telemedicine in April 2020 and have worked since then to highlight its benefits to service users beyond the pandemic public health imperative.

The government was required to begin a review of the abortion law before January 2022. We engaged in consistent advocacy in relation to the review process, making the case for the establishment of a stakeholder review group with an independent chair that could bring together national and international evidence on accessing and providing abortion care and draw on international human rights standards and best healthcare practice in assessing the law and service provision. We participated in the civil society Abortion Working Group, working collaboratively with other organisations to advocate for a review process inclusive of service-user and service-provider perspectives. We also raised

our concerns directly with the Minister for Health, the APG, and the Oireachtas Health Committee. We welcomed the appointment in January 2022 of Ms Marie O’Shea as independent chair of the review process.

International policy

At the global level, we continuously raised the need for increased funding for SRHR in the context of UK funding cuts, the pandemic and A Better World, Ireland’s policy for international development. We also pressed for the publication of the SRHR initiative that was promised in this policy.

The IFPA was an active member of Dóchas – the Irish association of non-governmental development associations – during this period. In March 2021, we joined a delegation of Dóchas members to address the Oireachtas Committee on Foreign Affairs on the impacts of the pandemic on gender equality in priority aid countries.

The Generation Equality Forum was a major focus for 2021; this was a civil society-centred, global gathering for gender equality, organised by UN Women in partnership with the governments of Mexico and France. We worked with APG members to table parliamentary questions about Ireland’s commitments and priorities for the forum.

The IFPA held regular meetings with officials from the Department of Foreign Affairs, providing briefings on SRHR prior to major events. We shared information and analysis from our colleagues in the IPPF in relation to UN processes, such as the Commission on Population and Development, the Commission on the Status of Women, the World Health Assembly, and the High-Level Political Forum on the sustainable development goals.

At the European level, we advocated for Ireland to be a voice for SRHR in international development, highlighting the need to maintain existing ODA funding and ensure the integration of SRHR into the EU’s pandemic response.

“The IFPA works for the inclusion of sexual and reproductive rights in laws and policies, both in Ireland and globally, and for state accountability so that these rights are fulfilled in practice.”

Maeve Taylor, IFPA Director of Advocacy and Communications



Maeve Taylor, IFPA Director of Advocacy and Communications

Communications

Communications play a critical role in advancing and fulfilling the IFPA’s mission and vision. Through our communications we campaign, advocate, inform and empower. We promote and catalyse rights-based thinking around choice and access in sexual and reproductive health and rights. We target, reach and influence policy makers, health care providers, journalists, clients and the wider public.

The public funding of abortion care conveys a clear message to society – abortion is an established social good. But harmful narratives and stigma around abortion persist. The past two years have seen IFPA communications place a strong focus on the promotion of positive narratives around abortion care, framing it firmly as an integral aspect of reproductive healthcare.

Health promotion

The years 2020 and 2021 were unique. The IFPA’s communications proved crucial in informing, reassuring and supporting our clients. During the most serious pandemic restrictions, we ensured services users knew that the IFPA was continuing to provide care and support, without compromising standards. Information notices on the IFPA website and social media channels were regularly updated as restrictions changed, providing vital information about services.

To ensure clients were fully supported when receiving telemedicine abortion care, we created several communications supports. Four online videos on how to self-manage an early medical abortion at home were produced and released. The communications and clinical services teams worked together closely to create a detailed Step-by-Step guide to early medical abortion for inclusion in clients’ Home Care Packs.

We also supported the Ifrah Foundation to produce a version of our FGM clinic leaflet in Somali.

Press and media

The IFPA had a high-profile media presence across both years, with IFPA spokespeople interviewed for, or quoted, in national and international publications.

The IFPA secured extensive national coverage in print and broadcast media, including The Irish Times, the Irish Independent and RTÉ news. IFPA medical director Dr Caitríona Henchion contributed to articles in the Irish Examiner, Medical Independent and two articles in the Irish Independent’s health supplement. The articles discussed the benefits of the new HPV screening programme, debunked myths and misinformation about long-acting reversible contraception, examined the importance of telemedicine as a critical health innovation, and provided tips

on safe sex. Other press highlighted IFPA advocacy priorities around the review of the Health (Regulation of Termination of Pregnancy) Act 2018 and the government’s free contraception scheme.

Senior policy and research officer Alison Spillane authored a piece in the Irish Examiner on the need for the retention of telemedicine in abortion care following the pandemic. Ms Spillane also jointly authored an article with IFPA medical director Dr Caitríona Henchion discussing an analysis of the IFPA’s service activity data on early medical abortion, which was published in the HSE’s Sexual Health News.

A key communications role for the IFPA across both years was commenting on the Irish annual abortion statistics and the figures released by the UK Department of Health and Social Care, which show the number of Irish residents who accessed abortion care in England and Wales. Both provide a robust picture of the need for abortion care in Ireland, with the England and Wales statistics illustrating the harsh reality for many pregnant people who are unable to access abortion care in Ireland because the law is too restrictive.

Website and social media

Throughout both years we used our social media channels to generate discussion, circulate information on our services, and highlight the IFPA’s position on sexual and reproductive rights in Ireland and internationally. We engaged in successful online campaigns including the #BecauseSheCounts campaign, #WorldContraceptionDay, and the Irish launch of the UNFPA State of World Population reports. The highly impactful three-week long #BecauseSheCounts campaign asked Irish decision-makers to put universal health care, human rights and equality at the centre of all public policy and funding decisions. There was lively participation by politicians from all political parties, including members of the All Party Oireachtas Group on Sexual and Reproductive Health and Rights, who posted images of themselves on social media along with key campaign messages.

235,000 users visited the IFPA website across 2020 and 2021.

“A principal reason for introducing abortion care was to end the unacceptable cruelty of forcing people to travel to another state for abortion services. In 2020, travelling abroad became its own health risk. Yet these women were forced by the law to leave the State to access health services in the UK, with heightened anxiety, stress, insecurity, and expense during the pandemic.”

Niall Behan, IFPA CEO, commenting on the 2020 England and Wales abortion statistics in The Irish Times (June 2021)



Senator Alice-Mary Higgins, member of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights, participating in the #BecauseSheCounts campaign on Twitter



Still from IFPA information video on how to self-manage an early medical abortion

Events

Nairobi Summit information session

In February 2020 the IFPA held an information session with parliamentarians, civil servants, and civil society representatives to reflect on the 2019 Nairobi Summit.

The Nairobi Summit was a high-level conference on the implementation of the International Conference on Population and Development (ICPD). It aimed to re-energise the global community, breathe new life into the ICPD agenda, and sustain and amplify gains made since 1994. The IFPA formed part of the Irish delegation.

The information session reflected on the outcomes and feedback from the summit, discussing the national and global commitments made and how to work towards their implementation. It included important discussions about youth engagement, intersectional approaches, and the need for collaboration and solidarity to realise sexual and reproductive rights for all. Speakers included: Jill Clements (Department of Foreign Affairs and Trade); Becky Ashmore (Plan International UK); Fiona Tyrell, IFPA 2020 Board chairperson; and IFPA director of advocacy and communications Maeve Taylor.

Equitable Access to Abortion Care

The IFPA held a very successful online event with the Guttmacher Institute in September 2020. The ‘Equitable Access to Abortion Care’ webinar brought together international and domestic experts to discuss the role of data and human rights standards in the design and delivery of abortion care.

The webinar was chaired by Professor Mary Donnelly, University College Cork, and featured expert speakers in sexual and reproductive health and rights, including Susheela Singh, VP for global science and policy integration at the Guttmacher Institute, and Antonella Lavelanet, medical officer at the World Health Organisation. Irish healthcare providers shared their perspectives on delivering abortion care and discussed the remaining barriers to equitable access in Ireland. Aoife Mullally, HSE clinical lead for termination of pregnancy services and consultant obstetrician and gynaecologist, Coombe Women & Infants University Hospital, was a keynote speaker. The IFPA’s medical director, Dr Henchion, also presented the results of the IFPA’s statistical analysis of initial abortion service provision.

UNFPA State of World Population reports

As collaborating partner with the United Nations sexual and reproductive health agency (UNFPA), the IFPA hosts the Irish launch of the UNFPA State of the World Population Report each year. Both launch events in 2020 and 2021 were held online. The 2020 report, ‘Against My Will: Defying the practices that harm women and girls and undermine equality,’ focused on harmful practises against women and girls across the world. Speakers included Tanzanian activist Rhobi Samwelly and Irish-Somali activist Ifrah Ahmed. Dr Ann Nolan of the Centre for Global Health at Trinity College Dublin chaired a panel discussion after the launch. At the launch of the 2021 report, ‘My Body is My Own: Claiming the Right to Autonomy and Self-Determination,’ speakers included Tanzanian activist Rebeca Gyumi, Irish Aid policy director Michelle Winthrop, and the IFPA’s Niall Behan and Dr Caitríona Henchion. The report featured an interview with Dr Henchion.

We were honoured to welcome Minister for Overseas Development Colm Brophy to formally launch the report on each occasion and Jacqueline Mahon, acting deputy director of UNFPA, to present both reports. The events were attended by representatives from civil society organisations, the healthcare sector, UN agencies, academia, the Department of Foreign Affairs, and parliamentarians.

The IFPA as part of the IPPF family

The IFPA also presented with other members of the International Planned Parenthood Federation (IPPF) at a number of international events. Highlights include the April 2021 Global Safe Abortion Dialogue; the IFPA joined colleagues from IPPF members in Poland, Macedonia and Italy for a panel entitled, ‘It was the best of times; it was the worst of times: Momentum and Reversals: Learnings on safe abortion from a divided Europe.’ In November 2021, the IFPA spoke at a high-level IPPF strategy seminar, entitled ‘It’s my body, and it’s my future: abortion advocacy for autonomy and choice.’

Through the IPPF, we also created spaces to share our experience of law reform with peer organisations in the UK and San Marino.

“Getting to zero harmful practices by 2030, as set out in Sustainable Development Goal 5, requires much faster progress. Ireland will not be found wanting in our support for these efforts.”

Colm Brophy, TD, Minister for Overseas Development, speaking at the Irish launch of the UNFPA State of the World Population Report ‘Against My Will: Defying the practices that harm women and girls and undermine equality’ (2020)



Panel discussion at the IFPA's Nairobi Summit Information Session held in February 2020

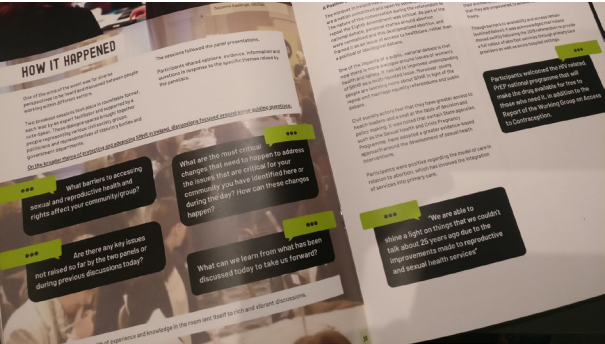
In Brief

Publications

‘Unfinished Business,’ a report on the IFPA’s November 2019 Civil Society Dialogue of the same name, was published in early 2020. The report captures the discussions around ongoing and emerging issues relating to sexual and reproductive health and rights (SRHR) that took place among the 100 participants from key organisations, activists and policy makers at the event. The report contains a comprehensive SRHR glossary and a report on the Nairobi Summit, including an outline of the commitments the Irish government made to accelerate the fulfilment of sexual and reproductive health and rights. The report also included statements from key speakers such as then Minister for Children and Youth Affairs Katherine Zappone.

In January 2020, ‘The Irish Journey: Removing the shackles of abortion restrictions in Ireland’ was published in the 62nd volume of Best Practice & Research Clinical Obstetrics & Gynaecology. The paper was co-authored by IFPA director of advocacy and communications Maeve Taylor, IFPA senior policy and research officer Alison Spillane, and Professor Sir Sabaratnam Arulkumaran from St George’s, University of London. The article explores the complex process over many years which led to the repeal of the eighth amendment and the introduction of abortion services in Ireland. It concludes that, although abortion is now broadly accessible in Ireland up until 12 weeks of pregnancy and has been successfully reframed as an issue of women’s health, rather than foetal rights, continued advocacy is needed to make sure that access to care is fully secured in law and meets international human rights standards.

The IFPA collaborated with DHR Communications and life sciences company Bayer on the framework report ‘Universal Free Access to Contraception in Ireland,’ published in September 2021.



IFPA’s Unfinished Business report published in early 2020

Education and Training

The IFPA’s education programmes aim to empower people to make informed choices in their sexual and reproductive lives. Our popular Speakeasy programmes support parents, guardians, carers, and service providers in building the skills, knowledge and confidence to speak openly with children and young adults about sex and sexuality.

Speakeasy is suitable for children of all ages; it provides accurate, factual and appropriate sexual health information and is taught in an engaging, relaxed and informal way. Participants expand their knowledge about relationships, boundaries, keeping safe from harm, developing bodies, contraceptive choices, negotiation of first sexual activity, and sexually transmitted infections (STIs). They explore ways in which they can communicate this information in an age-appropriate manner to their children.

Our Speakeasy Plus programme builds on the Speakeasy premise and is tailored specifically for parents and support workers of children, young people, and adults with physical or intellectual disabilities or who have extra support needs. The course is interactive and gives practical tips on how to safeguard young people while also enabling them to make healthy, informed choices. It covers a range of topics including managing the challenges of puberty, types and rules of touch, reproductive changes, and the skills needed to form and maintain healthy friendships and relationships. Research suggests that sexual knowledge among people with intellectual disabilities is generally lower than that of the general population. Appropriate, accessible sexual health information is key to empowering people with intellectual and/or physical disabilities to protect themselves from abuse and negative consequences of consensual sexual activity, such as an unintended pregnancy and STIs.

Due to pandemic restrictions, and following much training and preparation, an online format for Speakeasy was developed and piloted. With continuing increased demand for the programme, online delivery has increased our reach and opened up possibilities for engaging more participants nationwide.



The Speakeasy programme provides accurate, factual and appropriate sexual health information.

External capacity building

The IFPA is committed to supporting the development of sexual and reproductive healthcare in Ireland. We prioritise sharing our expertise to enhance the capacity of key stakeholders working in the field.

Throughout 2020 and 2021 our medical director, Dr Caitríona Henchion, continued to play an active role at national and international levels to support the development of abortion services.

Dr Henchion is a member of the Irish Association of Sexual and Reproductive Healthcare Providers and the European Society of Contraception and Reproductive Health. She sits on the Clinical Advisory Forum for termination of pregnancy services, which is convened by the National Women and Infants Health Programme and chaired by Dr Aoife Mullally, national clinical lead for termination of pregnancy services.

Across both years, Dr Henchion supported the education of healthcare professionals in relation to early abortion provision. This included three presentations as part of the termination of pregnancy education programme in The Coombe and a webinar organised by the UK Faculty of Sexual and Reproductive Health on the topic ‘Abortion reform in Northern Ireland – What does it mean for healthcare professionals?’ in November 2020.

Dr Henchion also served as a peer-reviewer for the National Clinical Guideline on the management of female genital mutilation (FGM) developed by the Institute of Obstetricians and Gynaecologists, Royal College of Physicians of Ireland, and the Clinical Strategy and Programmes Division of the HSE.

In 2021, Dr Henchion was invited to become a member of the CervicalCheck primary care clinical advisory group. The group advises the CervicalCheck senior management team on clinical and operational aspects of the primary care arm of the screening programme.

In May 2021, Dr Henchion devised and delivered the IFPA contraception foundation course for nurses and midwives as well as presenting a ‘contraception update’ at the Irish College of General Practitioners (ICGP) AGM. Later in the year, she delivered the contraception module of the ICGP’s community gynaecology course.

During this time, the IFPA also accepted an invitation to join the HSE Steering Committee for the Unplanned Pregnancy and Abortion Care (UnPAC) study, led by Dr Catherine Conlon of Trinity College Dublin. Our clinic staff supported data collection by inviting service-users to take part in the research study.

As part of our work on the fulfilment of rights and the public sector duty to promote equality and human rights, the IFPA made presentations at a range of events. In particular, we supported a number of workshops convened by the ELPIN (Ethics and Law in Pregnancy) network, which is convened by the Law faculty of University College Cork. ELPIN facilitate interdisciplinary engagement by academics and activists on ethical and legal questions relating to all aspects of pregnancy from a position which highlights the importance of agency, autonomy, and dignity.



Dr Caitríona Henchion, IFPA Medical Director

All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights (APG)

The IFPA provides the secretariat for the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights (APG), which works to ensure that sexual and reproductive health and rights (SRHR) are central to Irish government policy. Founded in 2000 as an informal interest group, the APG has members from all political parties and independents, in the Dáil and the Seanad.

The IFPA provides expertise, research and logistical support to the APG in the implementation of its activities and publishes a regular newsletter to keep members abreast of global and national policy priorities and arising issues.

The February 2020 general election brought about significant changes to the membership of the APG. Some stalwart members either retired or were not returned to the Oireachtas; however, many of the newly elected TDs and Senators brought experience of activism in relation to SRHR. The IFPA and the APG extend a very warm thanks to former TDs Jan O'Sullivan and Marcella Corcoran Kennedy, who stepped down as co-chairs of the APG. Their hard work and dedication to the group was far-reaching and impactful.

With 28 members, the current APG is the largest since its formation and is led by three co-chairs: Senators Lorraine Clifford-Lee (Fianna Fáil) and Annie Hoey (Labour), and Holly Cairns TD (Social Democrats).

During 2020 and 2021, the APG prioritised raising awareness and seeking political accountability for the government commitments on national and international reproductive health policy made at the Nairobi Summit in 2019. Members participated in an information session about the summit held by the IFPA in Dublin just before the pandemic. Speakers included Frances FitzGerald MEP and Senators Alice-Mary Higgins and Colette Kelleher, who were in Nairobi with delegations of the FEMM Committee of European Parliament and of the European Parliamentary Forum for Sexual & Reproductive Rights (EPF), respectively.

The APG consistently highlighted the impact of the pandemic on SRHR globally. Members were active in the #BecauseSheCounts social media campaign, highlighting Ireland's SRHR commitments in the global context. Throughout the current government term, the APG has worked to maintain a focus on commitments in the Programme for Government relating to abortion, contraception and sexuality education.

The IFPA briefed members on issues related to funding of sexual and reproductive health and rights in Ireland's overseas development assistance budget and regarding progress on the SRHR issues in the Programme for Government. Members kept these issues on the agenda of the Oireachtas through parliamentary questions, Seanad motions and engagement with the Health and Foreign Affairs Committees. In June 2021, the co-chairs met the Minister for Health to discuss the review of the Health (Regulation of Termination of Pregnancy Act) 2018. In May 2021, a cross-party statement about the abortion law review was widely covered in national media.

The chairs met regularly throughout 2020 and 2021. Meetings of the wider APG were held periodically; they included briefings from leading SRHR experts and abortion care providers, who shared updates and insights on issues relating to community provision of abortion care, treatment options in cases of foetal anomalies, and the experience of anti-abortion protests. These briefings served to counterbalance a sustained campaign of anti-abortion myth-making and attempts to stigmatise both abortion and those who avail of and provide it.

The APG participated in collective actions of European parliamentary groups in relation to the denial of abortion care in Poland. Members held an International Women's Day press event in 2021 to highlight the plight of activists and pregnant women. In October, Senators Lorraine Clifford-Lee and Lisa Chambers represented the APG at a European Parliamentary Forum for Sexual & Reproductive Rights (EPF) conference in Warsaw and signed a Statement of Commitment to the Rule of Law and Sexual and Reproductive Rights for All in Europe on behalf of the group.

The APG maintains strong links with Brussels-based parliamentary network EPF. Senator Alice-Mary Higgins serves on the EPF Executive. In May 2021, members signed a European parliamentarians' letter to Boris Johnson demanding the inclusion of sexual and reproductive health and rights in the G7 agenda.

“Whenever and wherever women’s fundamental human rights are under attack, that must be a matter of international concern. Today, we join parliamentarians and civil society across Europe to stand in solidarity with those in Poland and worldwide who are challenging regressive and damaging restrictions on sexual and reproductive health.”

Senator Alice-Mary Higgins, speaking at APG solidarity action with Poland on International Women's Day 2021



Co-Chairs of the APG Senator Annie Hoey, Senator Lorraine Clifford-Lee, and Deputy Holly Cairns, with APG member Senator Alice-Mary Higgins outside the Dáil on International Women's Day 2021 as part of collective actions by European parliamentary groups in relation to the denial of abortion care in Poland.

Financial Report

Statement of Financial Activities for the Year Ended 31 December 2021

Continuing Operations	2021		2020	
	Unrestricted funds	Restricted funds	Total funds	Total funds
	€	€	€	€
Income from				
Donations	916	–	916	411
Charitable activities	740,739	1,417,472	2,158,211	2,176,889
Total income	741,655	1,417,472	2,159,127	2,177,300
Expenditure				
Charitable activities	(720,337)	(1,470,330)	(2,190,667)	(2,069,862)
Total expenditure	21,318	(52,858)	(31,540)	107,438
Operating income/(expenditure)	21,318	(52,858)	(31,540)	101,319
Interest payable	–	–	–	(6,119)
Net income/(expenditure)	21,318	(52,858)	(31,540)	101,319
Transfer between funds	–	–	–	–
Net movement in funds	21,318	(52,858)	(31,540)	101,319
Reconciliation of funds				
Total funds brought forward	188,990	–	188,990	87,671
Total funds carried forward	210,308	(52,858)	157,450	188,990

Incoming and outgoing resources relate to continuing operations.
There are no recognised gains or losses other than the net income / (expenditure) for the above two financial years.

Balance Sheet as at 31 December 2021

	2021	2020
	€	€
Fixed assets		
Tangible assets	143,274	66,767
Current assets		
Stocks	18,334	–
Debtors	59,135	61,670
Cash at bank and in hand	360,238	452,803
	437,707	514,473
Creditors: amounts falling due within one year	(423,531)	(392,250)
Net current assets	14,176	122,223
Total assets less current liabilities	157,450	188,990
Net assets	157,450	188,990
Funds of the charity		
Accumulated funds – unrestricted	157,450	188,990
Total charity funds	157,450	188,990

Governance & Management

Board of Directors

The members of the Board in 2020 were Louise Caffrey, Siona Cahill, Mairead Enright, Jennifer Gargan, Wendy Lyon, Fiona McNulty, Patricia Prendiville, Megan Reilly, Jessica Zaldivar, Fiona Tyrrell, Natasha O'Brien and Ruth Fletcher. In 2021, Carmen Tracey joined the Board. The Board met six times in 2020 and eight times in 2021.

At the annual general meeting (AGM) in September 2020, Patricia Prendiville was elected chair. Fiona Tyrrell, Ruth Fletcher and Natasha O'Brien stepped down from the Board. At the 2021 AGM, Cian Power was elected as chair and Patricia Prendiville, Louise Caffrey and Wendy Lyon stepped down. All departing board members were warmly thanked for their service.

Restoration Plan

Amidst the challenges of the pandemic, the IFPA continued to work to its restoration plan – a unique organisational development initiative with several key goals. The plan was borne out of critical reflection on the IFPA's capacity to organise and make informed decisions on how best to deliver on its vision and mission. It focused on strengthening the IFPA's role as a thought leader in sexual and reproductive health and rights in Ireland and beyond; and re-enforced the IFPA's foundations, supporting and enabling the organisation's infrastructure to respond to the challenges and opportunities of a post-referendum environment. Through the restoration plan, the IFPA continuously reviews its governance policies, its Articles of Association, and its Memorandum. The restoration plan has strengthened the IFPA's capacity to function as a resilient and transparent organisation that is at all times accountable, sustainable and effective.

A number of practical improvements were also made during this time to the IFPA clinics and head office. These included the installation of a new telephone system, developing a HR database, installing air purifiers throughout all IFPA locations, and investment in making the organisation fully GDPR compliant.

Funding

The IFPA generates income from providing sexual and reproductive healthcare services at our two clinics.

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

The IFPA is grateful to the following for funding our research, advocacy, and communications work in 2020 and 2021: the Department of Foreign Affairs and Trade (Irish Aid); the United Nations agency for sexual and reproductive health (UNFPA); the Foundation to Promote Open Society (Women's Rights Program); International Planned Parenthood Federation (European Network); and the Irish Research Council.

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



SEXUALITY, INFORMATION
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