

2024

**IFPA**

# Annual Report

**ifpa**

Irish Family Planning Association



## Table of contents

About the IFPA.....	01
Chairperson’s message.....	02
New IFPA constitution.....	04
Chief executive officer’s introduction.....	06
Our vision, purpose and mission.....	08
IFPA Strategic Plan 2024-29 summary.....	10
Contraception.....	12
Female genital mutilation treatment.....	14
Sexual health screening and treatment.....	16
Menopause.....	17
Special feature: Abortion care 2019-2024—a deep dive.....	18
Respect for reproductive autonomy: our early abortion service in 2024.....	18
The mandatory waiting period: data makes the case for reform.....	19
Highlight of IFPA's abortion care work 2019-2024.....	21
Specialist sexual and reproductive health counselling.....	23
Critical flaws in the legal framework and their impacts on health.....	24
National advocacy.....	26
International advocacy.....	28
Launch of UNFPA annual report 2024.....	29
Global policy engagement, collective action and solidarity.....	30
Our model of practice: how the IFPA works for change.....	31
Communications.....	32
Education and training.....	34
In memoriam: heroes of reproductive autonomy.....	36
Governance.....	38
Financial statements.....	40

## **Editorial team**

*Editor, lead writer: Maeve Taylor*

*Design and layout: Erin Murphy*

*Research, additional material, data verification and proof-reading: Molly O'Meara, Erin Murphy, Alison Spillane*

*Other contributors: Caitríona Henchion, Clare O'Brien, Eimir Molloy, Michelle O'Leary, Cindy Chin*

*Proof-editing: Tara Conlon*

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# About the IFPA

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Founded in 1969 by a group of seven volunteers, the Irish Family Planning Association (IFPA) is a leading force in shaping Ireland's sexual and reproductive health and rights (SRHR) agenda. For over five decades, the IFPA has been committed to providing the highest standard of sexual and reproductive healthcare to people across the country and has been at the forefront of many major advances in SRHR in Ireland.

Building on this legacy of leadership, the IFPA envisions a world where everyone has equitable access to the highest standards of sexual and reproductive healthcare and where their sexual and reproductive rights are respected and fulfilled.

Our mission is to deliver high-quality, inclusive healthcare with a particular focus on those facing multiple and intersecting forms of discrimination—ensuring that no one is left behind. We pursue this by providing specialist services, engaging in advocacy, and promoting gender equality.

In line with our mission, we offer a broad range of affordable sexual and reproductive healthcare services. These include contraception and abortion care, STI and cervical screening at our two Dublin clinics, and specialist sexual and reproductive health counselling through a nationwide network of nine centres. We also offer training for doctors, nurses, care providers, and community groups, and operate Ireland's only dedicated treatment service for survivors of female genital mutilation (FGM).

Social justice is at the heart of everything we do. In addition to service provision, our work includes many forms of policy engagement at the domestic level—from submitting recommendations to government departments and collaborating with parliamentarians, to providing evidence-based public health briefings to policy makers and Oireachtas committees.

We hold the State accountable for its obligations under international human rights law and promote gender equality as a core principle of healthcare delivery. We provide evidence of the impacts of restrictive laws and policies and amplify the voices of our clients by contributing to United Nations human rights monitoring processes and supporting strategic legal challenges.

Collaboration is essential to our advocacy efforts. We work closely with healthcare professionals, civil society organisations, and NGOs—both in Ireland and internationally—to share knowledge and strengthen efforts to advance sexual and reproductive health and rights. As part of this work, we create forums where healthcare providers and civil society can come together to examine the impact of restrictive SRHR laws and discuss pathways towards reform.

## Note on language

*Most, but not all users of the IFPA's sexual and reproductive health services are women and girls; trans men and nonbinary people also need this healthcare. At the IFPA, we do our best to use inclusive terms, both to capture the full spectrum of clients who access our services, and to underscore our commitment to equitable access to the highest standards of sexual and reproductive healthcare for all.*

*We work from a human rights perspective to influence sexual and reproductive health and policy. This includes highlighting the impacts of policies on those who experience direct, indirect, structural and systemic discrimination and disadvantage. We therefore refer to women and girls, LGBTQI+ people, people with disabilities, migrants etc. and make every effort to use gender-neutral language, where appropriate and depending on the context. When we use a term to refer to specific categories of people, it is not intended to exclude others.*

## Chairperson's message

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The IFPA was founded in 1969 to challenge the restrictive and stigmatising laws that prevented access to sexual and reproductive healthcare. Its vision was radical. Its founders had to be creative and strategic in devising ways to provide our services without technically breaching the law. Our establishing charter was therefore carefully crafted to protect our services and staff. Subsequent governance documents continued to reflect the law of the day.

At the 2024 annual general meeting (AGM), I was proud to present a revised memorandum and articles of association: a new constitution for the IFPA. The product of the work of many current and past members of the board and staff team, it unambiguously situates the IFPA as provider of and advocate for sexual and reproductive healthcare and rights. It makes us accountable to maintain the IFPA's leadership as a critical voice on these issues.

My predecessors on the board and the IFPA's current and past staff members are as proud as I am of our main object: "To provide and champion sexual and reproductive healthcare and rights in Ireland and globally, through providing specialist services, engaging in advocacy and promoting gender equality. This will be achieved by providing quality sexual and reproductive health information and services to the public in Ireland". This is our commitment: to work for the right of everyone to access to the highest attainable standard of health, without coercion, discrimination or violence.

Seven subsidiary objects—ranging from service delivery and training to research, policy implementation, and rights-based advocacy—flow from the main object and define the IFPA's unique and specific purpose for future years. These reflect the changed socio-political status of sexual and reproductive health and rights in Ireland. Our strategic plan provides guidance for how we will work for a world where everyone has equitable access to sexual and reproductive healthcare and where their rights are respected and fulfilled.

Advocacy, monitoring implementation of human rights obligations, participation in policymaking and critiquing power structures that maintain and reinforce inequalities are core functions of civil society—essential to a vibrant civic space and democratic resilience. In the context of current threats to and undermining of democracy at national and global levels, it is critical that the IFPA continues this kind of work—and that the constitution both empowers and makes us accountable to do so.

Together, the constitution and strategic plan reaffirm the IFPA's role as a forward-looking, rights-based organisation that is committed to work within civil society at both domestic and global levels and meet the challenges to our vision and mission that may arise.

*"Much as we celebrate the gains in SRHR in Ireland since 2018, this report highlights many gaps and flaws that remain and have material impacts on people's health and wellbeing."*

Much as we celebrate the gains in SRHR in Ireland since 2018, this report highlights many gaps and flaws that remain and have material impacts on people's health and wellbeing. Along with our counterpart member associations in the International Planned Parenthood Federation (IPPF), the IFPA closely monitored the troubling developments in the US and in some European countries in 2024.

We are deeply concerned by the threats to the UN system and global democracy, the disregard of international human rights norms, the rise of racist and misogynistic discourse and policies, the dismantling of USAID and cuts to overseas development budgets for gender equality and healthcare, and the impacts of war and genocide on the lives of civilians. There is a gender and an SRHR dimension to all of these. We will continue to advocate for Ireland to champion SRHR at the intergovernmental level and strengthen its support for the work of UNFPA, the UN agency for sexual and reproductive health, IPPF and other organisations that work to provide essential services and vindicate rights.

## Chairperson's message

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With a renewed purpose and a strengthened framework, the IFPA is well positioned to lead the next phase of advancing sexual and reproductive health and rights—both in Ireland and internationally. The Board looks forward to supporting this transformative journey and the positive change it promises to deliver.

On behalf of the board, I extend my sincere thanks to everyone, staff and members, who contributed to the development of the strategic plan and revised constitution. Your insights, expertise, commitment, and passion were, and continue to be, instrumental in shaping a bold and ambitious vision for the IFPA's future.



**Shannon Glaspy**  
Chairperson

# IFPA Constitution

## Main Object

The main object of the IFPA is to provide and champion sexual and reproductive healthcare and rights in Ireland and globally, through providing specialist services, engaging in advocacy and promoting gender equality. This will be achieved by providing quality sexual and reproductive health information and services to the public in Ireland.

## Subsidiary Objects

As objects incidental and ancillary to the attainment of the main object, the Company shall have the following subsidiary objects:

1

To provide quality sexual and reproductive health information and services to the public, including contraception and abortion care

2

To provide training and education about sexual and reproductive health and rights

3

To engage in research in relation to sexual and reproductive health and rights

4

To implement internal policies and protocols based on best practice standards of relevant national and international expert bodies

5

To promote the right of every person over their lifetimes to the information, resources, services and support necessary to enjoy sexual and reproductive health free from discrimination, coercion, exploitation and violence, in Ireland and globally

6

To promote the right of all pregnant individuals to make decisions about their pregnancy and to access the full range of services that support that right

7

To raise awareness of the Irish state's obligations under international human rights law with regard to the realisation of sexual and reproductive health and rights

8

To promote cooperation with national and international organisations with similar objects

# Chief executive officer's introduction

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It is my pleasure to introduce this report which details the ways the IFPA furthered our strategic objectives in 2024 and worked for sexual and reproductive health and rights to be mainstreamed into the public healthcare system.

2024 saw the IFPA equipped with critical new governance frameworks to reinvigorate our work. In the IFPA's view, the 2018 referendum was an irrefutable mandate from the electorate and created a political imperative for the progressive realisation of sexual and reproductive health and rights. In response, the IFPA's new constitution positions the organisation unambiguously as a champion of sexual and reproductive health and rights and gender equality, and as a provider of essential specialist services, including abortion and contraception. This will guide our evidence-based human rights advocacy, best healthcare practice, and strategic policy engagement into the future. Our ambitious strategic plan, Accelerating Sexual and Reproductive Health and Rights, a title we have borrowed from the 2018 Guttmacher-Lancet Commission report, underpins the constitution and sets out high-level objectives for the next five years.

A new national sexual health strategy (NSHS) published by the Department of Health has provided the first significant opportunity since the 2018 repeal of the 8th amendment for the public healthcare system to commit to rights-based reproductive healthcare. The strategy acknowledges that much recent policy reform would not be possible without repeal. This is a critical recognition that the introduction of abortion care has galvanised progressive policy-making. The free contraception scheme is a clear, positive outcome of a recommendation by the 2017 Oireachtas committee on the 8th amendment. Recent advances—such as the expansion of the IFPA's HSE funded free counselling service to include clients who present with “complex menopause”, i.e. when HRT is not suitable, endometriosis, infertility and recurrent miscarriage—are also attributable to the public, political and media attention to reproductive health that has origins in the work of this committee and of the citizens' assembly the same year. These in turn were responding to decades of advocacy and campaigning on the basis of public health evidence and human rights by the IFPA and others.

The new strategy includes the strongest statement yet in a public policy document of the state's commitment to the progressive realisation of the right to health, i.e. that the state's obligation is to continuously improve the availability, accessibility, acceptability and quality of healthcare.

*“We will provide services that improve access and experience of care, linking sexual health with fertility, maternity, men's, women's and LGBTIQ+ health, termination of pregnancy and other related issues, to ensure co-ordinated, equitable, and person-centred delivery of services supporting sexual and reproductive health and rights, and providing services for patients that are as seamless as possible, regardless of where they first choose to access care.” (NSHS 2025, p.13)*

We look forward to working with the HSE and the Department of Health towards the realisation of this vision. We are committed to collating public health data from our services, both as a support to evidence-informed policy-making and, as necessary, to hold the state to account for implementation of best international practice standards and norms.

Regarding contraception, the commitment of health minister, Jennifer Carroll MacNeill TD, to the expansion of the free scheme to the “full reproductive age range” and to eligibility up to age 55 during the timeframe of the strategy is encouraging. We welcome the plan to “scope and develop legislative supports” prior to introducing free contraception for adolescents under 17. This cannot happen soon enough. A clear legislative statement that consent of 16 year-olds

## Chief executive officer's introduction

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and over is valid for civil law purposes must be a priority, but, regrettably, no time-frame is indicated. And no specific reference is made to under-16s. While policy-makers figure this out, therefore, younger teenagers who wish to avoid pregnancy continue to be at higher risk of unintended pregnancy than 17- to 19-year-olds.

The strategy is far from perfect. As with previous strategies, the primary focus is on men's sexual health, with reproductive healthcare in second place. Moreover, with regard to abortion care, the strategy merely states that the recommendations of the O'Shea report on the review of the 2018 Act are being "considered" but are outside its remit. It is not made clear where the remit lies.

As ever, these failings motivate the IFPA even more determinedly to call the state to account. At the same time, it is important to acknowledge people whose conscientious commitment to sexual and reproductive health care and rights has contributed to reforms that were unthinkable only a decade ago. I pay tribute to the policy makers and public servants, including TDs and senators, the current and former ministers for health, the current and former minister for development aid, the officials of the Department of Health, the Department of Foreign Affairs and the HSE, as well as committed providers of abortion and contraception care whose championing of sexual and reproductive health continues to be indispensable to the achievement of rights.

In the context of the determined and powerful push against medical science, particularly in the USA, Irish policy makers and public servants will play critical role in ensuring consistent application of evidence-based reproductive healthcare policies and practices globally.

Finally, I would also like to thank IFPA staff and board for their continued commitment and unwavering dedication to sexual and reproductive health and rights.



**Niall Behan**  
Chief executive officer

# Our mission

We provide the highest standards of sexual and reproductive healthcare through our specialist services, focusing on those who experience multiple, intersecting forms of discrimination and ensuring we leave no one behind. We work from a human rights perspective to influence sexual and reproductive health and policy.

We work with healthcare professionals, civil society, Irish and international non-governmental organisations and other actors to contribute knowledge and expertise and to strengthen sexual and reproductive health and rights in Ireland and globally.

# Our vision

A world where everyone has equitable access to the highest standards of sexual and reproductive healthcare and where their sexual and reproductive rights are respected and fulfilled.

# Our purpose

To champion sexual and reproductive health and rights by providing specialist services, engaging in advocacy and promoting gender equality.

## Our Values

### Accessibility

We believe in universal access to high quality sexual and reproductive health information, education and services.

### Equity

We believe in equitable access to sexual and reproductive healthcare in Ireland and globally as a matter of human rights. We work to create an inclusive sexual and reproductive healthcare system, with a strong focus on meeting unmet need.

### Rights

We believe in the State's responsibility to protect, promote and fulfil sexual and reproductive health and rights. We are vigilant and proactive, ensuring the State fulfils its obligations to progressively realise sexual and reproductive health and rights.

### Gender equality

We believe sexual and reproductive health and rights are essential to gender equality.

### Quality

We believe in delivering the highest standards of sexual and reproductive healthcare and advocacy. We are informed by national and international evidence-based best practice guidance, standards and human rights values. We believe in continually improving everything we do.

### Empowerment

We believe in providing the resources to empower our people to be effective decision-makers and leaders, problem-solvers and to deliver high quality services within a collaborative, pioneering culture.

# Our Goals

1

Provide quality, person-centred care to more people in more places.

2

Champion counselling services as essential to sexual and reproductive health and wellbeing.

3

Drive progressive and rights-based sexual and reproductive health policy.

4

Progress sexual and reproductive health and rights by shaping discourse, sharing knowledge and promoting best practice.

5

Establish the IFPA as an organisation where people who are passionate about sexual and reproductive health and rights aspire to work.

6

Ensure long-term financial sustainability.

# Contraception

Central to the IFPA's vision, values, and services is our belief that everyone who wishes to use contraception should have equitable access to the most effective method for them as per their circumstances and stage of life.

## Long-acting reversible contraception

Long-acting reversible contraceptives (LARCs) are specialised medical products, which must be fitted by a doctor or nurse-midwife. They are both the most effective method of preventing pregnancy and the most cost-effective contraceptive options, yet their uptake in Ireland has been historically low, likely due to a combination of low levels of awareness and high up-front costs.

For those eligible, the free scheme has made LARCs as accessible as user-dependent methods like patches and pills. It has increased awareness. Moreover, people can try different LARC methods without worrying that their money will be wasted if their chosen method doesn't suit them.

In 2024, our clinics provided 1,236 LARC fittings for devices including hormonal coils (IUS), copper coils (IUCD) and implants. Of these appointments, 71.6% were for clients within the age criteria of the free contraception scheme. Free fittings were also available to clients with medical cards; however, many in the remaining 28.4% did not qualify and therefore had to pay out-of-pocket.

As part of our LARC service, our clinics also fulfilled 141 contraception injection appointments. The hormonal contraceptive injection is effective for three months following administration; therefore, the vast majority of clients who attend for this service attend several repeat appointments within a one-year period. Of the 141 appointments completed in 2024, 71% were covered by the free scheme.



*IFPA medical director Dr Caitríona Henchion demonstrating the insertion of an IUD. Credit: Conor Healy*

## Remaining gaps in access

The cost barrier to contraception undermines meaningful choice in access, and its removal is essential to equity for two reasons: first, the out-of-pocket cost burden disproportionately falls on women; second, informed choice is meaningless when decisions about methods are dictated by affordability.

Initially limited to individuals aged 17-25, the HSE's free contraception scheme has expanded incrementally to cover those aged 17-35. Removal of cost considerations has widened this group's access to the most effective contraceptives, empowering them to consider the full range of options and make informed decisions.

As an organisation committed to the international human rights imperative of the fulfilment of the right of everyone to the highest attainable standard of health, the IFPA advocates for equitable access to reproductive healthcare. The exclusion of under-17s and over-35s from the free scheme is inherently inequitable: it discriminates against younger and older women and girls, whose contraceptive needs are no less pressing.

# Contraception

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Those under the age of 17 often do not have the financial means to access contraception. Retaining a cost barrier, which does not exist for those aged 17-35, inexcusably puts under-17s at a higher risk of unintended pregnancy at a life stage where it will disproportionately impact their well-being, education, and career prospects.

For those over 35, the cost barrier creates significant challenges which too are inexcusable. For this cohort, health conditions can often make higher-cost LARCs the most suitable contraceptive option. These women should not be priced out of quality care.

Contraceptive needs vary widely—some may be planning a pregnancy, others may never wish to have children. These decisions are shaped by personal circumstances, not age, and should be supported across all phases of reproductive life.

The new National Sexual Health Strategy commits to expand the free scheme “until all women aged 17-55 are eligible for free contraception.” It is the IFPA’s firm view that the scheme must be expanded to enable everyone, including under-17s, who wishes to access contraceptive advice and services to do so without cost. No one of any age should be left behind.

## The awareness barrier

Despite extensive press coverage of the free scheme and excellent information materials on the HSE website, lack of awareness is a serious concern. Clients frequently present for contraception unaware that they can avail of their choice of contraception at no cost and do not have to pay for the consultation, insertion or removal of an IUD. This points to the need for ongoing awareness-raising and promotion of both the scheme and of contraceptive methods more generally.

As an organisation with a mandate to provide sexual and reproductive health services to marginalised and disadvantaged communities, the IFPA is very concerned that information about the scheme is not reaching a significant section of the population we serve.

We recommend strategically targeted marketing on diverse social media platforms, as well as billboards, bus stop ads and information in traditional print and broadcast outlets.

### Trending now: cycle tracking apps

2024 saw an increase in a concerning trend of misinformation on social media about hormonal contraception and the irresponsible promotion of cycle tracking apps as a universally suitable alternative.

Indeed, in 2025 the HSE found that one in five 18- to 30-year-olds surveyed think cycle-tracking apps are effective at preventing pregnancy.

NB: Tracker apps can be a great resource. However, informed choice is key: anyone using them to avoid pregnancy should be aware that their failure rate is much higher than any modern contraceptive method. If an unintended pregnancy would be a crisis, these apps should not be relied on as a replacement for contraception.



# Female genital mutilation treatment

The Council of Europe Istanbul Convention on preventing and combating violence against women and domestic violence obliges states to establish appropriate support services for victims/survivors, including those subjected to female genital mutilation or cutting, a practice recognised in international human rights law as a form of gender-based violence.

As part of this obligation, the state funds the IFPA to deliver medical and psychological care to women and adolescent girls who have been subjected to this harmful practice.

## FGM/C

Female genital mutilation or cutting involves the partial or total removal of external female genitalia, or other injury to the female genital organs, for non-medical reasons.

In human rights contexts, the term female genital mutilation (FGM) is used to highlight the practice in terms of its harm, whereas “cutting” is a descriptive term frequently used by affected communities. Most commonly carried out on girls between infancy and age 15, FGM has significant short- and long-term health consequences.

The IFPA provides Ireland’s only specialist clinic for the treatment of women who have been subjected to FGM. Our small team is highly experienced and deeply committed to supporting survivors. Launched as a pilot programme in 2014, May 2024 marked the ten-year anniversary of this pioneering service. Funded by the HSE, the service is free for FGM survivors, who can access expert medical care, trauma-informed specialist counselling support, and onward referral to secondary-care surgical intervention for those who need it.

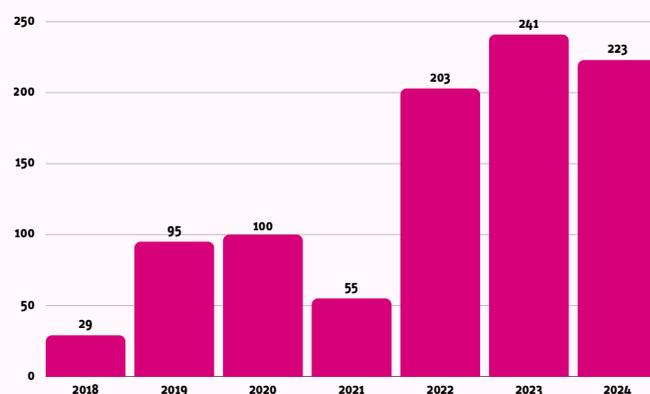
## Growth in demand for treatment

Demand for treatment has grown by over 300% since 2021, with 223 appointments fulfilled in 2024 alone. This increase primarily reflects a growing population from countries where FGM is prevalent and from where people continue to flee due to ongoing political insecurity, conflict and a severe climate crisis. This includes those from Somalia, Sudan and Sierra Leone.

The proportion of cases that present with a high level of complexity has also grown. Many of the women we see carry significant trauma from their country of origin or migration journey; most are also seeking international protection.

Their care requires coordinated efforts across multiple agencies, including translation services and referrals to the Rotunda hospital for FGM-related surgery. Medical and psychological consultations can be lengthy and numerous, and the referrals between different services can be complex and time-consuming.

Fig.1: FGM treatment appointments by year 2018-2024



# Female genital mutilation treatment

## An unsustainable burden

We greatly appreciate additional funding received from the HSE to support FGM survivors. However, there are systemic pressures on our service that are beyond our control: soaring demand means it is no longer sustainable or acceptable that one service should be the sole national focal point for primary-care FGM treatment. Indeed, in May 2024, the IFPA was very close to marking the clinic's 10<sup>th</sup> anniversary by its closure. While the clinic survived, over the course of the year we served significantly higher numbers than it is designed for—even with additional funding. The considerable strain of stretched resources on our operations results in lengthy waiting times, which is neither equitable for clients nor sustainable for the organisation.

The Department of Health Waiting List Action Plan is clear that a multi-annual plan is needed to achieve sustained reductions in waiting lists and times. This includes “delivering additional activity in both acute hospital and community settings to clear backlogs” and “incorporating reforms alongside capacity increases to improve long-term efficiency”. The IFPA is of the view that this must be applied to FGM treatment if more services are to be delivered. Furthermore, it is simply not acceptable that people must travel from all parts of Ireland to access a primary care service that is only available in Dublin.

To this end, the IFPA has prioritised capacity building of other healthcare providers to increase the number and geographical spread of treatment options. However, without dedicated funding, other primary care providers cannot be expected to fill the significant gaps in FGM treatment around the country. Action is urgently needed to develop a network of state-funded FGM treatment services. The expectation that a single service will meet the growing nationwide demand is not an acceptable response by the State to its obligations under the Istanbul Convention.

## Advocacy

In parallel with our clinical services, the IFPA continued to address issues related to FGM, including child protection, through advocacy, training, and interagency collaboration in 2024. We maintained active engagement with Tusla regarding mandatory reporting obligations and support required to protect children. A dedicated FGM workshop was provided to Tusla staff working in a residential centre for young people. In February and March, we delivered FGM workshops to HSE social inclusion staff and established a connection with the HSE Centres of Nursing and Midwifery Education (CNMEs) in Donegal and Cavan/Monaghan to facilitate future training.

In early July 2024, the IFPA's medical director and the director of advocacy and communications met the national domestic, sexual and gender-based violence (DSGBV) agency, Cuan, to discuss national service delivery and policy issues related to FGM. We were encouraged by the level of engagement and commitment to follow-up. We continued our engagement with AkiDwA Network of Migrant Women Living in Ireland, including meetings with CEO Dr Salomé Mbugua and other members of the AkiDwA team, to advance collaboration on referral pathways and outreach.

The IFPA's dedication to providing our specialist FGM treatment service remains unwavering, as does our commitment to call the state to account for its obligation to make these services available, accessible, acceptable and of high quality to all who need them. This requires a whole of government policy approach and sustainable, long-term funding for both the IFPA's FGM service and additional service options nationwide.

# Sexual health screening and treatment

Further to our belief that universal access to high-quality sexual and reproductive health information, education, and services is essential to the fulfilment of sexual and reproductive health and rights, the IFPA is deeply concerned about public knowledge gaps regarding sexually transmitted infections (STIs)—some of which have been highlighted in recent studies by the HSE.

In November 2025, the agency published findings of a survey of 1,134 adults aged 18 to 30 which detailed that over 50 per cent had never undertaken an STI test. Of those who had tested, the most common reasons were: to know their STI status and for peace of mind; because they had sex without a condom; and because they had met a new partner and wanted to test before having sex.

Almost 80 per cent of all respondents had engaged in sexual intercourse without a condom. The most common reasons were: not having one to hand; finding sex less enjoyable with a condom; perceived allergies to latex; and being under the influence of drugs or alcohol. A significant minority also believed that contraception methods such as the pill and emergency contraception could prevent STIs.

Many STIs show no signs or symptoms but, if left untreated, can lead to serious health complications—this is why regular screening is essential for sexual health and wellbeing. To further our mission of delivering the highest standards of sexual and reproductive healthcare for all, we provide specialist screening and treatment services in our Dublin city centre and Tallaght clinics.

Our doctors offer comprehensive, non-judgemental STI care, with screenings that test for all major infections: HIV, hepatitis B and C, chlamydia, gonorrhoea, syphilis, trichomonas and genital herpes.

Each year, many clients access screenings opportunistically while attending for other services. However, appointments for dedicated STI services remain consistently in demand. 2024 was no exception, with 265 full STI screenings and 90 follow-up appointments fulfilled.

## HPV

Human papillomavirus (HPV), one of the most common STIs, is the primary cause of cancer of the cervix. The cervix is the small canal that connects the uterus to the vagina. Anyone with a female reproductive system can develop cervical cancer, this includes women who identify with their sex at birth, trans men and some nonbinary people.

Through Ireland's national cervical screening programme, CervicalCheck, HPV cervical screenings are free for those who need them aged 25 to 65. In 2024, the programme enabled us to provide 1,663 screenings at no cost to our clients. To track the success of the programme, CervicalCheck produces quarterly reports on the coverage of screening uptake in Ireland. In March 2024, it was reported that 74% of people within the screening population had completed at least one cervical screening within the previous five years. As of March 2025, the figure remains unchanged, falling short of pre-pandemic levels and the programme standard of 80 per cent.

Even with a national screening service which is nearing twenty years of operation, barriers to achieving high, nationwide uptake remain. As revealed by a 2024 HSE survey, nearly one in four women aged 25 to 44 mistakenly believe cervical screening is unnecessary if they have received the HPV vaccine.

Closing knowledge gaps through improved sexual health education and public awareness campaigns about HPV—and STIs more broadly—is essential to dispel misconceptions and achieve universal health coverage.

# Menopause

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Over the last four years, menopause has emerged as the reproductive health topic of the moment among Irish media.

From 2022-25, mentions of menopause in both the Irish Independent and Irish Examiner increased dramatically—by 239% and 166% respectively, compared to the previous four-year period. This encouraging trend of destigmatisation comes at a time when the government has placed major emphasis on the advancement of menopause care through studies, campaigns, new services and public health initiatives.

Prompted by a 2022 survey, which found that 52% of women currently in menopause describe their experience as negative, the Department of Health devised a public awareness campaign to shed light on people’s experiences and dismantle the taboo. Launched by then health minister Stephen Donnelly, the campaign called for people to have more open conversations and “take the mystery out of menopause.”

Mainstreaming discussions of menopause enables people to become more proactive about symptom management. In recent years, our service has sustained an increased demand for menopause care. This was a trend that continued in 2024, when our clinics fulfilled a record number of 1,187 menopause service appointments, a 34% increase on appointments recorded in 2023.

Government efforts to destigmatise menopause have crucially been matched by practical improvements to the system of care. Since 2022, we have also seen the launch of the HSE’s network of complex menopause clinics. The service offers specialist care to the minority of people whose symptoms cannot effectively be managed by primary care alone, these might include individuals experiencing premature menopause or with underlying conditions which make HRT unsuitable.

Addressing the emotional impacts of menopause is just as important as managing the physical symptoms. For some, this life transition can bring up complex emotions about identity, ageing and fertility. As part of a series of enhancements made to the IFPA counselling service in 2025, we now offer free menopause counselling to HSE hub clients upon referral. Our service offers a confidential space for clients to talk through their experience, while our counsellors support their exploration of lifestyle changes and skills which can promote mental wellbeing.

For the larger cohort whose symptoms can be managed through primary care, supports have likewise been improved. First announced in October 2024, the free HRT scheme has since launched, enabling anyone with a valid prescription to access free HRT products—no matter their age. We hope that this inclusive approach will be extended to other initiatives, including the free contraception scheme, to ensure that every single person who wishes to access sexual and reproductive healthcare has equitable access to state supports.

# Abortion care 2019-2024: a deep dive

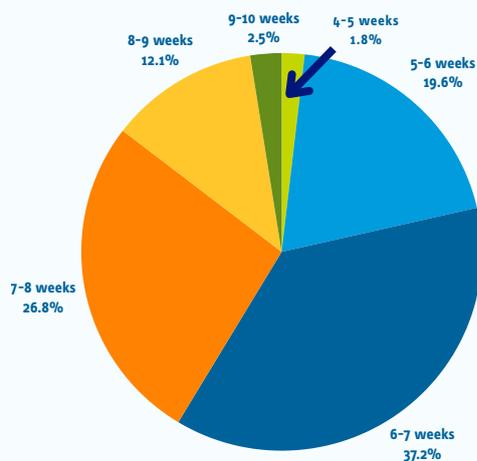
The introduction of abortion care services in January 2019 was transformative for reproductive health, wellbeing and autonomy in Ireland. The introduction of free, safe and legal abortion care after decades of work to bring about the necessary reforms to the law was a momentous achievement for the IFPA. In addition to 2024 data, this special feature provides an overview of findings from our first five years of abortion care provision in relation to the operation of the legislation and the need for reform of an imperfect legal framework.

## Respect for reproductive autonomy: our early abortion service in 2024

Our clinics offer a sensitive, non-judgemental wraparound service for abortion clients, from the first phone call to follow-up care. By law, abortion is available on request up to 12 weeks and clients must attend two consultations, with a mandatory waiting period of three days between appointments.

Our abortion service provided 748 initial consultations in 2024. As expected with a relatively new service, uptake has increased year on year, in line with the growth in access to this service nationally since it was introduced in 2019. Figure 1 captures the gestation stage of these clients. Most (85%) presented under eight weeks; 15% were between eight and ten weeks.

*Fig.1: Early medical abortions at IFPA clinics by gestation period 2024*



The process begins with our receptionists, who provide information about the care pathway, including the availability of free specialist pregnancy counselling. Doctors take a relevant medical history and explain everything a client needs to know about the abortion process, taking time to answer questions and ensure understanding. If a client is 9 weeks pregnant or less, they can continue their care with the IFPA and have an early medical abortion at home. Clients between 9 and 12 weeks are referred to hospital-based abortion services, in line with HSE guidelines.

At the second appointment, the doctor clarifies any remaining questions. If the client is ready to proceed, they take the first medication in the clinic and receive a home care pack which includes the second medication and information materials so that they can manage the abortion at home.

After two weeks, clients take a low sensitivity pregnancy test to confirm the abortion is complete. The last stage is a final check-up call from one of our nurse-midwives.

The early medical abortion service is one of the most rewarding areas of care provision. This is not unique to the IFPA's experience but is borne out by a 2023 study by the law faculty of University College Cork for which the IFPA was the civil society partner. The outcome was a 2024 peer-reviewed journal article by Professor Mary Donnelly and Dr Claire Murray, entitled *Choosing to Provide: Early Medical Abortion and Clinician Conscience in Ireland*, which found that, for many providers, the experience of abortion provision is extremely positive and reflects a moral commitment to women's autonomy and health, and a determination that harms of the past are never repeated. This is certainly the case for the IFPA clinical team.

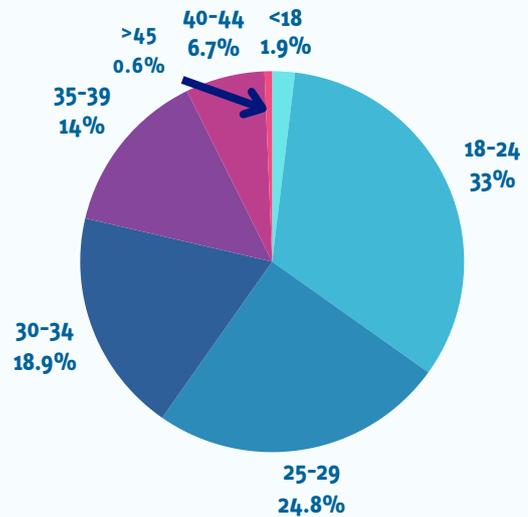
# Abortion care 2019-2024: a deep dive

## The mandatory waiting period: data makes the case for reform

The IFPA has been concerned for some time about unfounded and misinformed assertions by anti-choice groups and politicians about the mandatory waiting period. Specifically, it has been claimed that because of the waiting period, a number of women decide against abortion. Such claims are entirely at odds with our clinical experience.

To rebut this kind of unscientific misinformation and enhance public understanding, in 2021 the IFPA began conducting an annual analysis of anonymised abortion service data. This multi-year deep dive into our records unambiguously confirms that the vast majority of clients who have an initial consultation go on to have an abortion.

Fig.2: Age profile of IFPA early medical abortion clients 2024



In 2024..

**748**

clients attended an initial consultation for abortion with the IFPA last year.

**31**

did not need abortion care due to miscarriage, ectopic pregnancy or because of a negative pregnancy test.

**40**

clients made no further contact with the IFPA following their first appointment.\*

After excluding the 31 clients who did not need abortion care due to miscarriage, ectopic pregnancy or because of a negative pregnancy test; and all 40 clients who were lost to follow up after their first appointment, we had a cohort of 677 clients for our analysis. Their outcomes are summarised in the table below.

Outcomes	Number of clients	Percentage
Accessed early medical abortion with the IFPA	<b>628</b>	<b>92.8</b>
Accessed hospital-based abortion services	<b>36</b>	<b>5.3</b>
Continued their pregnancy	<b>11</b>	<b>1.6</b>
Forced to leave Ireland to access abortion care	<b>2</b>	<b>0.3</b>
<b>Total</b>	<b>677</b>	<b>100</b>

\*The forty clients who were lost to follow were excluded from further analysis as their outcomes could not be determined. The IFPA recognises this as a limitation of the research.

# Abortion care 2019-2024: a deep dive

## Discussion: taking time vs. enforced delay

In sum, of the 666 IFPA clients who were required by law to endure the mandatory waiting period, and for whom we know the outcome, 98.4% accessed abortion care in 2024. Forty clients did not return after an initial consultation. While most clients decide on abortion before seeing a doctor, others are still considering their options. This is also the case with contraception. The availability of accessible, free services allows people to get expert information from a healthcare provider while they're considering their options. That is, because abortion is legally available, they can get the medical information they need and make an informed choice in their own time. If they decide to continue the pregnancy, or experience a miscarriage, or if it turns out they are not pregnant, they have no further need for our service.

This is an unsurprising and positive benefit of free, legal abortion, and would be the case without the mandatory waiting period. Standard practice regarding informed consent is that doctors encourage patients to take additional time if that is what they need. Whether that means a couple of hours, a day or more than that is up to the patient and depends on their individual circumstances. Experienced healthcare practitioners ensure informed consent as an aspect of medical ethics and are used to picking up on signs of hesitation and uncertainty. What is inappropriate and paternalistic is the imposition of a delay on every single person who seeks abortion care. This stigmatises both pregnant women and healthcare providers. It implies that women would otherwise take an unconsidered decision and that doctors would ignore signs of uncertainty, or worse, rush someone into a termination. There is no evidence for either scenario.

The 2024 data is consistent with our cumulative four-year data set (2021-24): 98% of clients who were subjected to the imposed delay of a mandatory waiting period proceeded to have an abortion. Our data insights are in line with the views and experiences of leading medical experts, and of the World Health Organisation, that an enforced waiting period before abortion care is unjustifiable, demeaning and patronising. There is nothing in our data to indicate that the enforced three-day wait influences decisions about pregnancy.

## Enforced delay is an infringement of the right to health

Mandatory waiting periods inject an unfounded concern about decisional uncertainty in relation to pregnancy into laws and demonstrate a distrust of pregnant women's capacity to make autonomous decisions about their reproductive health and future.

We know from our clinical experience that the delay causes stress and harm to women. In a 2024 RTÉ Prime Time Investigates documentary, Barrister Marie O'Shea—who carried out the review into the operation of the 2018 legislation—drew on this reality as she unambiguously condemned the waiting period, explaining: “Up against a tight timeline, the required three-day wait can impose a physical and psychological burden on women, possibly causing them to time out of care here.”

The World Health Organization is clear that such waiting periods for abortion are unjustifiable barriers, with no health-related rationale. The United Nations Committee on the Elimination of Discrimination against Women (CEDAW), which oversees states' fulfilment of their obligations to promote and achieve gender equality, regularly criticizes governments for imposing undue barriers to healthcare that women need.

In July 2025, CEDAW called on the Irish government to “consider fully decriminalizing abortion and abolishing the mandatory three-day waiting period.” The IFPA will continue to advocate for the removal of the waiting period from the law.

# Abortion care 2019-2024: a deep dive

## Highlights of IFPA's abortion care work 2019-2024

### Early abortion service

- A client-centred model of care including information, medical consultation and specialist counselling
- Values clarification training for IFPA staff delivered by the World Health Organisation (2019)
- Internal training and capacity building to continually enhance the IFPA's abortion care service
- Close working relationships and referral pathways with maternity hospitals
- Redesign of our clinic waiting rooms to create spaces which promote reproductive autonomy and rights

### Specialist pregnancy counselling

- Development of a counselling practice focusing in particular on people in exceptionally difficult circumstances
- Increased specialisation in trauma informed counselling therapies
- Enhanced therapeutic support and pathways for women who need to seek abortion care outside Ireland
- Collaboration with the Abortion Support Network, BPAS, the Immigrant Council of Ireland and other agencies
- Supports for clients who wish to consider parenting or to explore adoption
- Specialist training in issues such as tokophobia—the extreme fear of childbirth and/or pregnancy—to enable us to support clients and their partners

### Covid-19 pandemic

- Continuity of care and quality of access maintained throughout the Covid-19 pandemic and associated lockdowns
- Rapid development of supports and training for clinic staff through adaptation to protocols and telemedicine provision of abortion care throughout the pandemic
- Supplementary resources, including videos, leaflets and a Home Care Pack, to support access to care
- Additional informational and emotional supports from the counselling team during the Covid-19 pandemic
- Analysis of and advocacy for the provision of telemedicine care and its retention as a positive innovation

### Public health data

- Ireland's first statistical data set on abortion care clients, based on analysis of the first six months of 2019
- Qualitative data from two-year research project on client experiences of EMA care
- A methodology for analysis of client experience of the mandatory waiting period, which has allowed us to produce annual and cumulative data to support the removal of the mandatory waiting period
- Two peer-reviewed articles published in the International Journal of Gynaecology & Obstetrics and Best Practice & Research: Clinical Obstetrics & Gynaecology, along with contributions to several other journals as subject-matter experts

### Support to national level service development and capacity building

- Lead role in developing the initial early abortion model of care and participation in the HSE Clinical Advisory Forum and subsequent Termination of Pregnancy Service Improvement Group
- Membership of the HSE Steering Group for the Unplanned Pregnancy and Abortion Care study and the Ethics and Law in Pregnancy Network (ELPIN)
- Participation in a range of abortion-related research projects, led by the World Health Organization, TCD School of Social Work and Social Policy and University College Cork School of Law
- Capacity building of providers nationally through incorporation of abortion into the IFPA's accredited contraception course and sharing of expertise via GP and maternity hospital training courses
- Public and other events on abortion care, law and human rights hosted by the IFPA with national and international experts, including from the National Maternity Hospital, Irish Human Rights and Equality Commission, Mayo Regional Hospital, the Universities of Toronto, Birmingham and Bristol, Queen Mary University, London and University College Cork
- Webinar on the roles of data and human rights standards in promoting equitable access to abortion care in collaboration with the World Health Organization and the Guttmacher Institute

# Abortion care 2019-2024: a deep dive

## Contribution to abortion rights at the international level

- Participation in the International Planned Parenthood (IPPF) funded Globalcare consortium (2021 to 2023) with other member associations of the IPPF from the Africa, Asia, Latin America and Europe regions, as well as international NGOs, The International Protection Accommodation Service (IPAS) and Women on Web
- Presentations and keynote addresses at international professional conferences, including the European Society for Contraception and Reproductive Health Congress and the Conference of the International Federation of Abortion and Contraception Professionals; and at academic conferences and meetings at University College Cork, the Trinity Constitutional Law Centre, the Trinity School of Social Work and Social Policy, the University of Barcelona, Queen Mary University London, and multiple events hosted by international organisations such as IPPF, the Global Safe Abortion Dialogue, the Centre for Reproductive Rights and UNFPA
- Support to members of the all-party Oireachtas interest group on SRHR to participate in delegations and forums with parliamentarians from across the globe
- Meetings with parliamentarians, government officials and civil society of countries with restrictive laws to share the IFPA's model of practice in advocacy, policy work and morally transparent framing

## Policy engagement and awareness raising

- O'Shea review of the operation of the 2018 act: extensive submission, information briefings, presentations and policy papers for Oireachtas members and media
- Meetings with review chair, relevant ministers and policy makers
- Focus on abortion care and rights in submissions regarding the National Sexual Health Strategy, the Department of Health working group on contraception, the National Strategy for Women and Girls
- Presentations to the Joint Oireachtas Committee on Health and meetings with committee members

## Communications

- Online information materials in various languages, including: a what to expect guide; an early medical abortion companion guide on supporting someone through their abortion; a contraception and abortion care leaflet entitled Choice, Autonomy, Freedom; as well as the development of a home care pack and accompanying online information to support self-management of early abortion at home
- Making the case for reform of the law: opinion pieces, interviews and comment in national broadsheets and radio
- A strong social media presence highlighting advocacy and our health promotion priorities
- IFPA service featured in major RTÉ documentary: RTE Investigates: Ireland's Abortion Services (April 2024) and extensive coverage of IFPA policy issues in associated online resources produced by the broadcaster

## Funding

- Funding from the HSE Sexual Health Programme, Social Inclusion Units and Primary Health Care
- Grants from the IPPF, Wellspring Foundation, Open Society Foundation, Irish Human Rights and Equality Commission, Community Foundation of Ireland and Lottery Fund to support our services, awareness raising, public health evidence and thought leadership on sexual and reproductive health and rights

# Abortion care 2019-2024: a deep dive

## Specialist sexual and reproductive health counselling

At the IFPA we understand that an unintended pregnancy, or a pregnancy that has become a crisis, can bring on a range of emotions. It can sometimes bring up issues or concerns about family, relationships, parenting, sexuality, other life decisions or past trauma. Talking through these worries can help make sense of complex feelings. Many people turn to their support networks of friends and family; some choose to see an experienced counsellor.

Not all women, girls and pregnant people will need the same level of support to process an unintended pregnancy: at the IFPA we provide care that not only encompasses emotional support, but includes practical signposting to help our clients to give effect to any decision they make about their pregnancy.

The IFPA provides free, confidential and non-directive specialist counselling for pregnant women and their partners. This is funded by the HSE Sexual Health Programme and available at any time during a pregnancy, including before or after an abortion or if a person chooses to parent.

The IFPA is a leading provider of specialist sexual and reproductive health counselling services. In 2024, we provided 1,536 counselling appointments. Of these, 670 related to post-abortion care while 866 addressed a range of needs including support through abortion, miscarriage or foetal anomaly; and support for clients whose pregnancies exceeded the 12-week limit for abortion care in Ireland.



*IFPA director of counselling Clare O'Brien in conversation during a client support session. Credit: Conor Healy*

## Exceptionally difficult circumstances

In 2024, nearly 10% of clients who attended for pregnancy counselling had exceeded the gestation limit; 3% were diagnosed with a foetal anomaly. These are considered exceptionally difficult circumstances, as the law limits access to abortion care in these situations.

These clients are left with very limited choices: if the pregnancy does not fit within the restrictive grounds for health or fatal foetal anomaly, they must travel abroad for abortion care, or, more rarely, continue the pregnancy and opt for parenting or adoption. In these cases, the IFPA provides additional specialist supports.

While the law does not stop anyone from travelling for abortion, not everyone can travel. Marginalised groups—including minors, those in state care, women experiencing abuse or violence, those living in poverty, and people with travel restrictions—face profound legal, social, and economic barriers.

Barriers to travel, for example, are especially severe for non-citizen Irish residents who require visas, international protection applicants and those who may not have passports.

For these clients, our team of expert counsellors provides wraparound care and support. This include multiple sessions of trauma-informed therapy, using translation services when necessary to ensure that clients can engage fully and be understood when receiving the information they need. We also assist clients with the frequently complex logistical difficulties of accessing abortion care in another state.

# Abortion care 2019-2024: a deep dive

In 2024, 20 clients sought this kind of assistance from the IFPA. Twelve were able to travel with our support, which included assistance with passport renewals and visa applications; and coordination with international clinics in the UK, USA, Spain, Belgium, and the Netherlands. When appropriate, we signposted clients to financial assistance by leveraging our network of contacts. We facilitated travel plans—including flights and other transport—to clinics abroad and ensured that clients received the support they needed throughout this fraught journey.

In providing these supports, the IFPA coordinates with the Department of Justice, the Immigrant Council of Ireland, and embassies of destination countries. We also work in close collaboration with the Abortion Support Network, a UK-based NGO, and the British Pregnancy Advisory Service (BPAS). Even with extensive support in place, however, bureaucratic hurdles can delay passports and derail clinic bookings—often increasing the complexity, cost and emotional stress involved.

Sometimes a pregnant person in need of urgent care must restart the process from the beginning. Others may be forced to give up because of legal and other barriers to international travel.

We know of three clients in 2024 who could not travel to access abortion care abroad due to bureaucratic and logistic hurdles—including one client who was repeatedly denied a visa. Subsequently, one of these clients was forced to continue the pregnancy against their will. The outcomes for two clients are unknown as they made no further contact with our service after their first appointment.



*The IFPA's reproductive healthcare services leaflet, updated in 2024 to include a section on how to access abortion services in Ireland*

# Abortion care 2019-2024: a deep dive

## Critical flaws in the legal framework and their impacts on health

The 2018 act has made a significant contribution to health and wellbeing since its introduction. Many of its provisions—such as the statutory guarantee of early abortion care on request and without cost up to 12 weeks gestation, along with the availability of care from GPs and specialist reproductive healthcare providers—support mainstream access and normalisation of abortion as essential healthcare. However, the IFPA has repeatedly highlighted key aspects of the 2018 act that cause undue distress and delay, diminish reproductive autonomy or infringe on reproductive rights.

The eligibility cut-off of 12 weeks means that anyone whose pregnancy is over that gestation stage is excluded from accessing abortion on request. The standard interpretation in pregnancy care is that “12 weeks” is understood to mean up to 12 weeks plus 6 days. For the purposes of the 2018 legislation, the chief medical officer decided that it should mean exactly 12 calendar weeks. This has led to rare, but shocking situations where, following a failed medical abortion, women are denied continuation of treatment because the pregnancy now exceeds 12 weeks.

Moreover, the law excludes pregnancies that are over 12 calendar weeks unless they meet the criteria of the rigid health grounds and restrictive eligibility regarding fetal anomaly. These criteria limit the scope for doctors to act in the best interests of patients and force women to continue a pregnancy against their will or leave Ireland to seek an expensive private termination elsewhere. Our pregnancy counsellors can provide support and information, but the situation is unacceptable. No one should be forced by law to seek abortion care outside the state. It is unfair that the financial and emotional burden of arranging time-sensitive reproductive healthcare falls on people whose pregnancy has become a tragedy or who are living in exceptionally difficult circumstances.

Law matters. It not only codifies and regulates, it also influences and shapes attitudes and beliefs in ways that have material consequences for individuals. For example, the Irish Medical Council’s ethical guidance on conscientious objection and refusal of care clearly outlines the permissible scope of objection and the responsibilities of healthcare providers towards patients whom they refuse to treat. The conscientious objection provision of the abortion law is therefore unnecessary as a support to good practice. However, its inclusion is not neutral: it endorses refusal as a moral choice. It recognises only the conscience of those who refuse to provide abortion care, omitting recognition of the morality of those who need and those who provide care. We know from our clients of circumstances where this has been understood as a general entitlement to ignore the medical council guidance regarding respectful treatment and referral of abortion care patients to providing practices.

The IFPA has repeatedly highlighted that alongside its progressive provisions, the 2018 act reinforces harmful gender stereotypes and unacceptably reinserts aspects of the 8th amendment into the post-repeal legal framework. The mandatory waiting period creates a presumption that women would fail to fully consider the impact of their decision to have an abortion unless forced to wait for three days.

Furthermore, the criminal offence of ending the life of a foetus (section 23 of the 2018 act) is both stigmatising and unnecessary. Ample civil and criminal provisions and professional regulations exist to address wrongdoing or deliberate harm in the sphere of healthcare, including abortion. This offence arguably reintroduces the pre-repeal recognition of fetal personhood into law; a concept removed from Bunreacht na hÉireann in 2018.

The IFPA raised awareness of the harms of the flaws in the law prior to and during the review of the 2018 legislation and following publication in April 2023 of the O’Shea Report. The Oireachtas health committee endorsed this report and its recommendations for legislative reforms. The legislation has now been reviewed; it is not fully compliant with human rights standards. Policy makers have a moral imperative to implement the committee’s recommendations.

# National advocacy

Ireland has made enormous progress in sexual and reproductive health rights in recent years. Yet inequities, regional gaps, and systemic barriers remain. The IFPA’s mandate is to hold the state accountable to international human rights standards which require progress towards the highest attainable standard of health for all. This is reinforced by Section 42 of the Irish Human Rights and Equality Commission Act 2014, which obliges public bodies to uphold human rights and equality considerations in the performance of their functions.

At the national level, in 2024 we focused on greater access to abortion care for those ineligible under the current legislation and to contraception for those excluded from the free scheme; improved availability of services for women and girls who have been subjected to female genital mutilation; and the implementation of a national strategy to ensure no girl in Ireland is subjected to this harmful practice.

These issues were raised in our submissions to the National Strategy on Women and Girls, the National Sexual Health Strategy, and in our 2024 general election manifesto.

## Abortion

Calling on policymakers to address gaps in the 2018 legislation was central to our abortion advocacy. Our priority issues included:

- The stigmatising and medically unnecessary three day mandatory waiting period for access to early abortion. We published three years of anonymised abortion service data which unequivocally demonstrated that the enforced delay achieves no purpose but to stigmatise and add to distress.
- The strict 12 week gestational cut-off for access to abortion on request. We worked to increase understanding of the cruel and degrading situation of those who are unable to continue a pregnancy due to personal, financial, health, accommodation, emotional or relationship issues, or because of the circumstances of the pregnancy, but are excluded from accessing abortion care in Ireland (see page 23 for more).
- The restrictive grounds for access to termination after 12 weeks. The narrow criteria for accessing abortion under health grounds, and the legal uncertainty around fatal foetal anomaly grounds, are unfair to both pregnant women and their medical teams. Legal definitions are not appropriate guides for clinical decision-making. Requiring doctors to judge whether a foetal condition is “fatal enough” is unacceptably distressing and inhumane.
- The inclusion in the 2018 act of criminal liability for anyone who assists in the ending of a pregnancy outside the terms of the legislation. Criminalisation creates a “chilling effect” whereby healthcare providers may be overly cautious in deciding eligibility for care. It puts the partners, friends and family members of those who are unable to access care within the legal framework at risk, if they assist in securing abortion care. They could be treated as criminals: reported to the Gardaí, prosecuted and, if found guilty, receive a prison sentence.



*IFPA launches general election 2024 manifesto: Accelerating Sexual and Reproductive Health and Rights.  
Photo: Andres Poveda*

# National advocacy

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## Contraception

Our calls for the expansion of the free contraception scheme continued in 2024. To progress our mission of securing equitable access to the highest standard of sexual and reproductive healthcare for all, we focused on examining adolescents' experiences of consent and confidentiality in accessing services.

Funding from the IPPF Europe Regional Office enabled us to deepen our work in this area. In partnership with youth information and support platform, Spunout, we conducted a focus group discussion and carried out a range of in-depth interviews with healthcare providers and others with experts to better understand young people's experiences of accessing contraception. In December we received the good news that we could further develop this work in 2025, with funding from the Community Foundation Ireland. We greatly appreciate this support.

We developed a youth-friendly leaflet on reproductive healthcare options, including regular contraception, emergency contraception and abortion (see page 24).

We also maintained our relationships with Dublin City University Students Union and Trinity College Dublin Reproductive Justice Society to explore future cooperation.

## External events

IFPA civil society engagement and advocacy officer, Molly O'Meara co-chaired a session on SRHR at the Irish Global Health Network's (IGHN) biannual conference, Fostering Humanity–Promoting Health Equity for a Better Planet, in October. The workshop attracted a wide range of healthcare providers, academics, civil society and international development NGOs.

Also in October, the IFPA participated in an event organised by Informing Choices, our Northern Ireland peer organisation. At the event, Maeve Taylor gave a presentation entitled Breaking the Walls of Silence, about abortion stigma prior to repeal of the 8th amendment.

A group from the IFPA took a table at AkiDWA's gala in November: IFPA director of advocacy and communications Maeve Taylor was one of the speakers. Counselling director Clare O'Brien and midwife Joanna Baxter also attended.

In December, the IFPA participated in a forum organised by UNFPA and the European Parliamentary Forum for SRHR to discuss the role of parliamentary advocacy for SRHR in the context of the political trends to the right in the US and in many European countries. The IFPA joined UNFPA, EPF, other IPPF member associations, Fos Feminista and some private sector representatives for two interesting days of meetings. UNFPA premiered a powerful short film about reproductive health and rights in conflict settings, The Woman in the Wardrobe. The IFPA intends to show this film in Dublin in 2026.

# International advocacy

## The all party Oireachtas interest group on SRHR

As the Irish collaborating partner of UNFPA, the United Nations agency for sexual and reproductive health, IFPA provides the secretariat to the All Party Oireachtas Interest Group on sexual and reproductive health and rights (APG). The APG includes members from all political parties, and independents.

Through the year, we supported parliamentarians with briefings, information and analysis which were used in the submission of parliamentary questions on contraception, FGM, abortion, and Ireland's global commitments to SRHR. The APG wrote to then Tánaiste and Minister for Foreign Affairs, Micheál Martin TD, calling for accelerated progress on SRHR and continued with parliamentary questions and other engagements through the year.

A key focus in 2024 was the 30th anniversary of the International Conference on Population and Development—the 1994 global conference that set out the human rights basis for sexual and reproductive health.

APG members also represented the group at international events. Senator Catherine Ardagh attended the Women Deliver conference in Rwanda, and Senator Annie Hoey attended the International Parliamentarians' Conference on the Implementation of ICPD (IPCI) in Norway, where she spoke about the need to address technology-facilitated gender-based violence and the importance of telemedicine abortion. Senator Hoey was accompanied by IFPA research and policy coordinator Alison Spillane.



*Senator Annie Hoey at the International Parliamentarians' Conference on the Implementation of the ICPD 2024.*

## Launch of UNFPA annual report 2024

In April 2024, the IFPA and the APG hosted the formal Irish launch of the flagship UNFPA State of the World Population report in the Radisson Blu Hotel, Dublin 2. Entitled *Interwoven Lives, Threads of Hope: Ending Inequalities in Sexual and Reproductive Health and Rights*, the report was a powerful call for equality and rights. The launch brought together a broad cross-section of stakeholders, including current and former APG members, leading development NGOs, civil society organisations and networks, representatives from the Department of Foreign Affairs and the HSE, as well as academics and SRHR advocates.

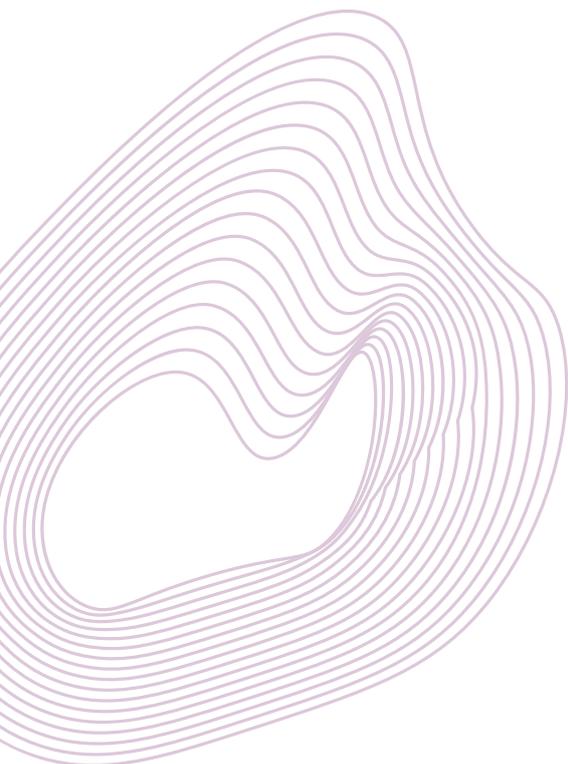
Tánaiste Micheál Martin TD made a keynote address at the launch, which was chaired by Senator Lorraine Clifford Lee, co-chair of the APG on SRHR. The senator is also president of the health advisory group of the Inter-Parliamentary Union. In his address, the Tánaiste commended UNFPA's vital work and underscored the commitment of DFA to continue to work with UNFPA. He announced Ireland's renewed multi-annual pledge of \$2 million per year to the UNFPA Supplies Partnership.

A key area of IFPA and APG advocacy is Irish Aid's sexual and reproductive health and rights initiative, which was finally signed off in September 2023—four and half years after being promised in *A Better World*, the Irish Aid policy for international development.

The Tánaiste reaffirmed Irish Aid's commitment to scaling up, enhancing and expanding work on SRHR. He further announced an additional €7.9 million annually to support the initiative, with UNFPA and IPPF identified as key partners in its implementation.



*IFPA CEO Niall Behan (extreme right) with IFPA board member Caitlin Faye Maniti (extreme left), former Tánaiste and Minister for Foreign Affairs Micheál Martin (centre), and Senator Lorraine Clifford-Lee (centre) at the 2024 UNFPA SWOP report launch. Credit: Barry Cronin*



# Global policy engagement, collective action and solidarity

The IFPA is the Irish member of Countdown 2030 Europe, an expert SRHR consortium made up of 15 leading European non-governmental organisations and coordinated by the IPPF. Its aim is to increase European funding for SRHR in international cooperation and to strengthen political support for sexual and reproductive freedom worldwide.

The consortium produced a range of briefings in 2024, which we disseminated to politicians and civil society organisations. For example, the IFPA shared a briefing on the crisis in Gaza with Lynn Boylan MEP, chair of the European Parliament's delegation for relations with Palestine. We engaged frequently with the Irish Aid global health and multilateral teams throughout the year, and greatly appreciated Irish Aid's collaboration with data compilation for the the annual Countdown 2030 Europe (C2030E) Tracking What Counts report.

As an associate member of Dóchas, the umbrella organisation of development NGOs, we joined a delegation of its policy working group which held an online meeting with Irish MEPs from Fine Gael. This included discussion of their stance on SRHR and Palestine within the European Parliament.

The IFPA works at the domestic level and with consortium colleagues to engage in focused and collective actions to progress the achievement of sexual and reproductive autonomy and rights globally. We monitor the policy, programme and funding priorities of the Department of Foreign Affairs (DFA) to ensure that the commitments made in Ireland's international development policy, A Better World, are fulfilled. During 2024, we provided Irish Aid with timely updates and policy briefings on UN intergovernmental processes, including the Commission on the Status of Women (CSW) and the UN Commission on Population and Development (CPD).

In 2024, the IFPA was pleased to see DFA adopt a proactive stance on SRHR during intergovernmental forums and negotiations. This included strongly worded speeches at the CPD.

In the context of the outcome of the US presidential election in November 2024, Ireland's role as a champion of SRHR at the intergovernmental level is more critical than ever. We continue to support the officials who represent Ireland within these forums with critical briefings and alerts.



*IFPA research and policy coordinator Alison Spillane (second row, corner left) and civil society engagement and advocacy officer Molly O'Meara (second row, centre) with Countdown 2030 Europe consortium colleagues in Madrid*

## Reflection and critical thinking

The IFPA participates in the Countdown 2030 Europe working group on Agenda 2030, which focuses on UN advocacy for SRHR and the decoloniality task force, which leads the consortium in critical reflection on intersectionality, anti-racism and decoloniality.

Following a reflection workshop in Madrid in January 2024, IFPA's Molly O'Meara, who co-chairs the taskforce, worked on development of decoloniality guiding principles, which serve as an accountability tool for ongoing work. The IFPA is grateful to UNFPA and IPPF for funding our work on SRHR in the global context.

## Our model of practice: how the IFPA works for change

In 2020, the IFPA commissioned research for a case study of the IFPA’s advocacy on SRHR, with a particular focus on our work from 2002 to the 2018 repeal of the 8th amendment. The aim was to capture the range of strategic, mutually reinforcing strategies and approaches the IFPA adopted over that period, from a time when there was virtually no political interest in abortion rights to the removal of the constitutional ban. Social researcher Lorraine O’Rahilly carried out interviews with key stakeholders, including current and former staff members, government officials and international allies. Her key findings on the IFPA’s multiple ways of working for social change have been shared with IPPF member associations and other SRHR advocates in international seminars, workshops and webinars, most recently at the International Dialogue, Berlin, October 2025.

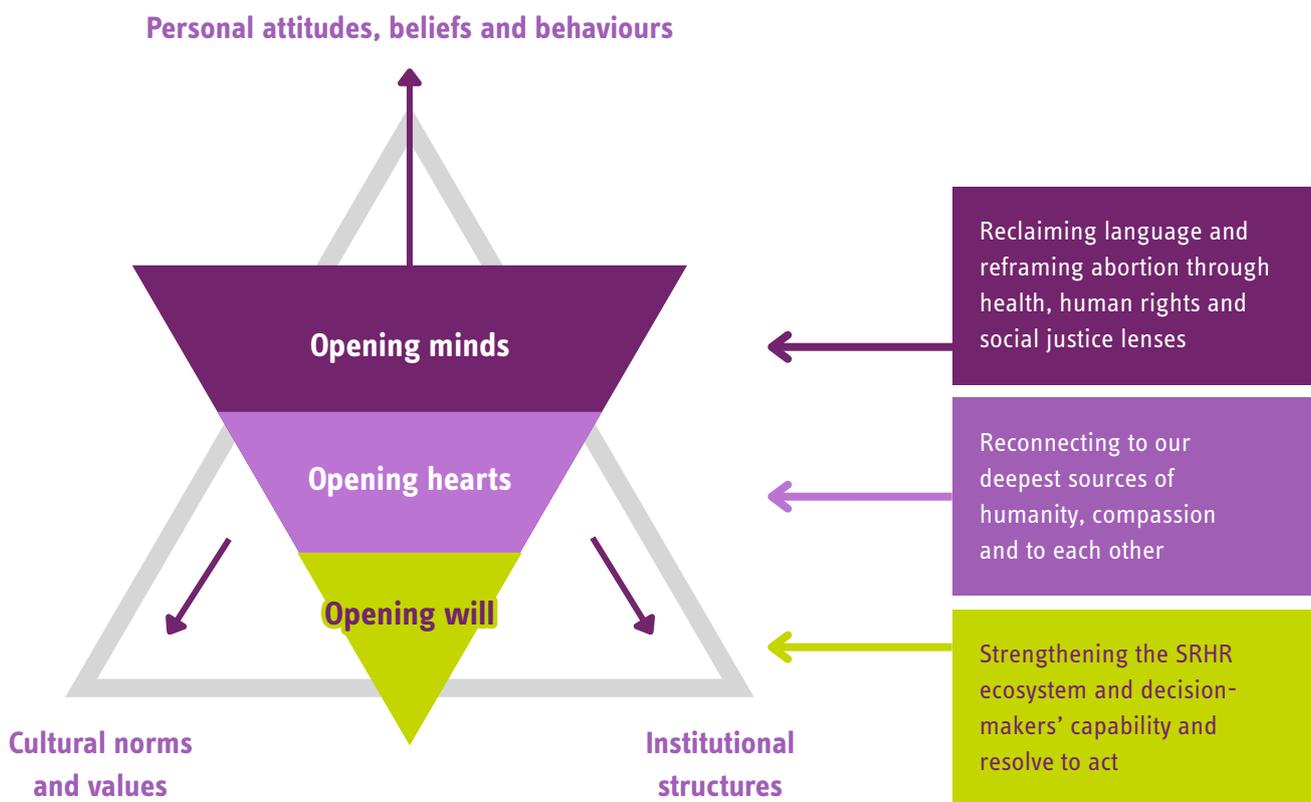


Fig. 4: Bending the arc towards reproductive autonomy, choice and rights: Opening minds, hearts and will

# Communications

In 2024, IFPA secured high-level, influential media coverage, amplifying our advocacy for sexual and reproductive health and rights.

Early in the year, our evidence-based advocacy on the mandatory waiting period in abortion law was brought to national attention when an RTÉ Prime Time Investigates documentary, Ireland's Abortion Services, featured interviews with medical director Dr Caitríona Henchion and counselling director Clare O'Brien. To complement the broadcast, RTÉ published an online article featuring IFPA abortion service data.

In April, the IFPA's launch event for UNFPA's 2024 State of World Population report, Interwoven Lives, Threads of Hope: Ending Inequalities in Sexual and Reproductive Health and Rights was covered by RTÉ and Newstalk. Later in the year, Dr Henchion was interviewed by the health correspondent of the Irish Times to coincide with the launch of our annual report.

Throughout the year, we called for the expansion of the free contraception scheme, receiving coverage in key national outlets, including the Irish Examiner and the Irish Farmers Journal.

In 2024, we received...

14

Journalist enquiries

53

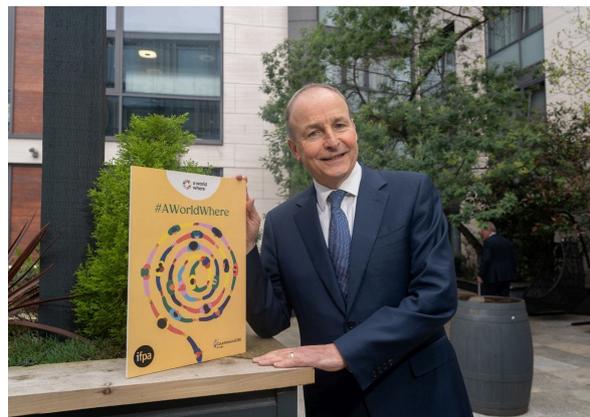
media mentions across print, digital, broadcast channels

## Social media

Social media content highlighting the barriers to contraception access gained over 23,000 impressions across our accounts. An Instagram collaboration with DCU students' union to increase public awareness of contraceptive options was very successful, receiving over 400 engagements.

In May, IFPA launched the Irish #AWorldWhere campaign, in partnership with the Countdown 2030 Europe consortium. The initiative advocated for universal access to sexual and reproductive health and rights and achieved wide visibility, with 2,924 social media impressions. It gained further momentum when then Tánaiste and Minister for Foreign Affairs, Micheál Martin TD, promoted it on his social media.

In tandem with the launch of the UNFPA report, we collaborated on a special edition of the Irish Global Health Network (IGHN) podcast. IGHN executive director Nadine Ferris France explored insights from the report with UNFPA principal adviser for international development finance Jacqueline Mahon.



*Former Tánaiste and Minister for Foreign Affairs Micheál Martin holding #AWorldWhere campaign banner. Credit: Barry Cronin*

# Communications

We marked significant events throughout the year, including the 16 Days of Activism Against Gender-based Violence, five years of abortion services, Global day to Destigmatise Abortion, International Day of Zero Tolerance for FGM, World Sexual Health Day and World Menopause Day.

Our weekly posts on X (formerly Twitter) and Instagram covered topics such as cervical screening, abortion rights, contraception services, and HRT.



*Jennifer Carroll MacNeill TD, now Minister for Health, supporting IFPA's #AWorldWhere campaign*



*My Body is My Own; artwork by Rebeka Artim*

## Client information leaflets

As part of our work on consent and confidentiality in adolescent access to sexual and reproductive healthcare, the IFPA produced a new guide to free reproductive healthcare services (see page 24). Entitled Choice, Autonomy, Freedom, the guide includes information on contraceptive methods—including “fit-and-forget” methods, user dependent methods, emergency or post-sex contraception—abortion care and STI prevention.

With funding from the HSE National Lottery Grant scheme, we produced a new leaflet about the IFPA's FGM/C treatment service (see page 14). The leaflet and an accompanying poster feature a powerful image by artist Rebeka Artim. The image was created for the 2021 UNFPA report, My Body is My Own, claiming the right to autonomy and self-determination, and is used with the artist's permission.



# Education and training

## Capacity building for medical professionals

Under the umbrella of our education and training service, we provide and contribute to a range of capacity building initiatives on sexual and reproductive health service provision.

In collaboration with the ICGP, Dr Henchion hosted a module on emergency contraception as part of an online training course in April 2024. She also worked with the STI Foundation (STIF) to facilitate their course at both St. James's Hospital and the Mater Hospital during the year.

In-house, our Contraception Foundation Course began adaptation for online delivery. This e-learning course, which has launched in 2025, combines theoretical knowledge with practical training about relevant contraceptive methods to nurses and midwives.

These developments mark the enhancement of IFPA's capacity to meet growing demand, increase nationwide access, and ensure the long-term sustainability of high-quality, rights-based sexual and reproductive health education.

## Contraception Foundation Course

This online course is designed to meet the learning needs of **nurses and midwives**, combining theoretical knowledge with practical training about relevant contraceptive methods.

It is facilitated by the IFPA Medical Director with contributions from leading experts in the field. This online course is approved by the Nursing and Midwifery Board of Ireland (Category 1)

The image displays three course cards for the Contraception Foundation Course. Each card features a title, a price tag of €150, and an 'Enroll Now' button.

- Module 1:** Combined Hormonal Contraception. Facilitated by Dr. Shauna Fagan.
- Module 2:** Intra Uterine Contraception for the Irish Family Planning Assoc. Facilitated by Deirdre Lundy.
- Module 3:** Abortion in early pregnancy. Facilitated by Dr. Catherine Henchion, Medical Director IFPA.

*As of 2025, the IFPA Contraception Foundation Course has been fully adapted for online delivery. All modules are now available through our website.*

# In memoriam: heroes of reproductive autonomy

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## Séamus McGee: a true hero of reproductive rights in Ireland

The landmark Supreme Court case of *McGee v The Attorney General* pitched a young Dublin couple against the legal machinery of the state in a bid to overturn the ban on contraception. During the four-day hearing, Seamus McGee was asked by a barrister representing the State if he liked the idea of his wife using contraceptives. His reply was dignified and powerful:

*"I'd prefer to see her use contraceptives than be placing flowers on her grave."*



*May and Séamus McGee at a Trinity College Dublin event in 2023. Photo: Zoya Kherani*

On the Sunday following the judgment, the couple were verbally abused by their local priest from the altar. Speaking to *The Irish Times* in a 2025 interview, May McGee reflected on the couple's experience at mass that day.

"We were condemned from the altar. They said, 'Certain people in this parish have brought the church into disrepute'. So, we all got up and walked out. I never went back again," she said.

"It was a case of wanting to do our own thing, whereas before that we were like puppets. What would the church know about family planning? They don't get into bed with us, do they."

The McGee case was successful in challenging the law. The case overturned the ban on contraception, paving the way for access in Ireland. Actively involved with the legal team, the couple catalysed reforms that changed the lives of people in Ireland for the better.

May and Séamus McGee were happily married for 60 years. In her interview, May described her husband as her "greatest support".

"He was a quiet man. My God, he didn't say much, but he was always there. He never ever said, 'No, you shouldn't do it'." Séamus, also known as Shay, died peacefully in January 2024.

## In memoriam: heroes of reproductive autonomy

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### Mary Banotti (1939–2024)

An advocate for human rights and global reproductive justice, Mary Banotti served as a member of the European Parliament for over two decades and was appointed as UNFPA Goodwill Ambassador for Ireland in 1999.

Through her role with the UNFPA she engaged with the Face-to-Face campaign and worked to amplify the voices of women and young people who were denied access to basic healthcare. Her legacy is one of compassion and tireless advocacy.

Throughout her political career, she was a vocal advocate for access to contraception, comprehensive sex education, and overseas development assistance focused on reproductive health.

Mary Banotti worked closely with the IFPA, UNFPA's partner in Ireland, to champion women's rights and promote international solidarity in family planning. A progressive voice in Irish politics, she also attended all sessions of the Citizens' Assembly in 2017 and supported the campaign to repeal the Eighth Amendment, underscoring her long-standing commitment to ensuring reproductive autonomy for all.



*Mary Banotti in 1999 as UNDP Goodwill Ambassador. Credit: UN/DPI photo by Evan Schneider*



*Mary Banotti (left) with Barry Desmond, former Health Minister and MEP, (centre) and Simon Harris, Tánaiste and Minister for Foreign Affairs and Trade (right)*

# Governance

The Irish Family Planning Association (IFPA) is registered in Ireland as a company limited by guarantee and is fully compliant with the Charities Regulator’s Charities Governance Code. The organisation is governed by its Constitution (Memorandum and Articles of Association) which was developed in the 1980s and ratified in 2024.

The newly ratified Constitution reaffirms the IFPA’s commitment to advancing sexual and reproductive health and rights in Ireland and globally. It outlines seven subsidiary objects that define our strategic goals and organisational priorities from 2024 onward. This updated Constitution reflects our rights-based approach and was approved by the Charities Regulator in 2024.

## IFPA Board of Directors

Board members in 2024 were:

- Áine Travers
- Aisling Moloney (joined September 2024)
- Caitlyn Faye Maniti
- Cian Power (resigned December 2024)
- Dymphna Kenny
- Fiona McNulty (resigned September 2024)
- Kevin Lynch (joined Jan)
- Mary Short
- Megan Reilly (resigned September 2024)
- Sarah Manning
- Shannon Glaspy



*IFPA CEO Niall Behan (centre) reporting to board members at the 2024 AGM. Credit: Maeve Taylor*

The board met four times in 2024 (April, June, September, and December). Chief executive officer Niall Behan attended all meetings along with other members of the IFPA senior management team.

## Codes of practice

The board is guided in its governance by best practice principles including the Dóchas Code of Corporate Governance and the Dóchas guidelines for Annual Reports and Financial Statements, the Dóchas Code of Conduct on images and messages, and the Statement for Guiding Principles for fundraising. The IFPA is an accredited member association of the International Planned Parenthood Federation (IPPF). The IFPA board upholds and promotes the IPPF Code of Good Governance which includes 48 compliance standards that represent good practice in governance.

## Funding

The IFPA generates income from fee-paying clients at our two clinics. We are also funded by the Health Services Executive (HSE) for our service to GMS clients; by the HSE sexual health and crisis pregnancy programme and HSE National Office for our specialist sexual and reproductive health counselling and early medical abortion care, respectively. Our cervical cancer screening programme is funded by the National Screening Service for cancer. The IFPA is grateful to the following for funding our research, advocacy and communications work in 2024: the United Nations Population Fund; the International Planned Parenthood Federation (European Network); and the HSE national lottery fund grant scheme.

# Governance

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## IFPA management team:

- Niall Behan, chief executive officer
- Dr Cairíona Henchion, medical director
- Maeve Taylor, director of advocacy and communications
- Michelle O’Leary, financial controller
- Eimir Molloy, clinical operations manager
- Clare O’Brien, director of counselling

## Staff changes

In 2024, the IFPA welcomed new colleagues across the organisation and bade farewell to several valued team members whose contributions we greatly appreciate.

## Clinic team

Our clinical services were strengthened by the addition of Shauna Whitty (senior receptionist, Cathal Brugha Street clinic), Dr Maria O’Mahony, Dr Lisa Freyne, and Joanna Baxter (midwife). At the same time, we said goodbye to a number of dedicated staff: Dr Vina Kessopersadh, Dr Maeve McCarthy, Dr Stephanie McInerney, Dr Nicola Fortune, and Angela Lawlor (senior receptionist, Tallaght clinic).

We also marked the retirement of Liz McLaughlin, a long-serving receptionist at our Cathal Brugha Street clinic, who was with the IFPA for 26 years. Liz was a core member of the IFPA team and had a deep commitment to the organisation and for our clients. Her consistent support of both colleagues and service users left a lasting impact, and her presence at the clinic will be greatly missed. We are deeply grateful for her years of dedicated service and wish her the best in her retirement.

## Board of governance

At board level, we welcomed Ashling Malony who brought valuable perspectives and expertise. We also said farewell to outgoing board members Cian Power, Megan Reilly and Fiona McNulty.

In addition, Christina Connolly, who served as executive assistant and board secretary, concluded her tenure with the organisation. Christina worked closely with the chief executive and played a key role in supporting the governance function of the IFPA. Her professionalism, enthusiasm, and strong work ethic were greatly appreciated by colleagues across the organisation.



*Former IFPA executive assistant Christina Connolly (first row, centre-left) with participants at the 2024 AGM. Credit: Maeve Taylor*

# Financial statements

## Statement of Financial Activities (incorporating income and expenditure account) for the year ended 31/12/2024

	Restricted funds €	Unrestricted funds €	Total funds 2024 €	Total funds 2023 €
<b>Income from:</b>				
Charitable activities	1,629,844	939,776	2,569,620	2,375,360
<b>Total income</b>	<b>1,629,844</b>	<b>939,776</b>	<b>2,569,620</b>	<b>2,375,360</b>
<b>Expenditure on:</b>				
Charitable activities	1,631,847	813,805	2,445,652	2,308,192
<b>Total expenditure</b>	<b>1,631,847</b>	<b>813,805</b>	<b>2,445,652</b>	<b>2,308,192</b>
<b>Net (expenditure)/income</b>	<b>(2,003)</b>	<b>125,971</b>	<b>123,968</b>	<b>67,168</b>
Transfers between funds	2,003	(2,003)	-	-
<b>Net movement in funds</b>	<b>-</b>	<b>123,968</b>	<b>123,968</b>	<b>67,168</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward	-	203,829	203,829	136,661
Net movement in funds (see above)	-	123,968	123,968	67,168
<b>Total funds carried forward</b>	<b>-</b>	<b>327,797</b>	<b>327,797</b>	<b>203,829</b>

The Statement of Financial Activities includes all gains and losses recognised in the year.

# Financial statements

## Balance sheet as at 31/12/2024

	2024 €	2023 €
<b>Fixed assets</b>		
Tangible assets	<b>34,714</b>	80,543
	<b>34,714</b>	80,543
<b>Current assets</b>		
Stocks	<b>17,245</b>	17,794
Debtors	<b>109,606</b>	197,638
Cash at bank and in hand	<b>364,186</b>	136,046
	<b>491,037</b>	351,478
Creditors: amounts falling due within one year	<b>(197,954)</b>	(228,192)
	<b>293,083</b>	123,286
<b>Net current assets</b>	<b>293,083</b>	123,286
<b>Total net assets</b>	<b>327,797</b>	203,829
<b>Charity funds</b>		
Restricted funds	-	-
Unrestricted funds	<b>327,797</b>	203,829
<b>Total funds</b>	<b>327,797</b>	203,829

The financial statements were approved and authorised for issue by the board on June 25th, 2025.





**IFPA Dublin City Centre Clinic**

5/7 Cathal Brugha Street, Dublin 1

Tel: 01-872 7088

Email: [reception@ifpa.ie](mailto:reception@ifpa.ie)

**IFPA Head Office**

South Point – Iconic Offices

Herbert House, Harmony Row,  
Dublin 2 D02H270

Email: [reception@ifpa.ie](mailto:reception@ifpa.ie)

**IFPA Tallaght Clinic**

Level 3, The Square Shopping Centre

Tallaght, Dublin 24

Tel: 01-459 7685/459 7686

Email: [reception@ifpa.ie](mailto:reception@ifpa.ie)



**The Irish Family Planning Association (IFPA) is a Company Limited by Guarantee. Registration number: 28395.**

**Registered charity numbers: CHY5694 and 20008949. The IFPA is compliant with the Charities Regulator's Charities Governance Code.**