ifpa

SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

2025 Annual Report

Who We Are

The IFPA is a specialist not-for-profit provider of sexual and reproductive healthcare and leading force in shaping Ireland's sexual and reproductive health and rights (SRHR) agenda.

We work for the right of everyone to access to the highest attainable standard of health, without coercion, discrimination or violence. We do this by engaging in advocacy, promoting gender equality and by delivering on our mission to provide high-quality, inclusive healthcare with a particular focus on those facing multiple and intersecting forms of discrimination, ensuring that no one is left behind.

Our Services

At our two Dublin clinics and nationwide network of counselling centres we provide: contraception and abortion care, cervical screening, STI testing and treatment, a service for survivors of female genital mutilation (FGM) and specialist sexual and reproductive health counselling. We deliver training to medical and social care professionals.

Our Vision

We envision a world where everyone has equitable access to the highest standards of sexual and reproductive healthcare and where their rights are respected and fulfilled. Social justice and human rights are at the heart of everything we do.

Our Advocacy

We work with healthcare professionals and civil society in Ireland and internationally to share knowledge and create forums to highlight the impact of restrictive SRHR laws and discuss pathways towards reform.

As a member association of the International Planned Parenthood Federation (IPPF) and the Irish collaborating partner of UNFPA–the United Nations agency for sexual and reproductive health and rights, we connect with global efforts to fight for SRHR for all.

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Editor: Maeve Taylor
Lead writer and production management: Erin Murphy
Design and layout: Aengus Ryan, Pixelo Design
Contributors: Caitríona Henchion, Clare O'Brien, Michelle O'Leary, Michelle Heavin, Cindy Chin, Aoife Foley, Sadhbh Gleeson

Table of Contents

A message from our Chairperson 1

A message from our CEO 3

Contraception 5

Legal uncertainty: a barrier to adolescent access to contraception 9

Early abortion care 15

Treatment for female genital mutilation 19

Sexual health screening 21

Menopause care 23

Specialist sexual and reproductive health counselling 25

Advocacy 29

Communications 33

Governance 37

Financial Statements 39

A message from our Chairperson

As Chairperson of the Irish Family Planning Association, I am delighted to introduce our annual report at a time of renewed urgency for the global sexual and reproductive health and rights movement.

Across the world, sexual and reproductive health and rights are under attack. Anti-rights actors are increasingly organised and well-resourced, and their impact is felt not only in policy debates but in the lives of people whose health, safety and autonomy are placed at risk. These pressures are compounded by significant reductions in international development assistance. Cuts to overseas aid by major donor governments are already disrupting access to essential sexual and reproductive health services, supplies and care for millions of people.

At the same time, humanitarian and development funding is increasingly constrained, placing additional pressure on organisations working to protect health, rights and dignity. In this environment, sustained investment in SRHR is more important than ever. The evidence is clear: reproductive healthcare saves lives, advances gender equality, strengthens communities and contributes to sustainable development.



It is in the face of these challenges that I am immeasurably proud of Ireland's commitment to supporting SRHR and, in particular, UNFPA's work in supporting women and girls to make decisions about their reproductive futures. With the Minister of State for International Development and Diaspora announcing additional funding for the UNFPA's work in Mozambique and Malawi, Ireland is emerging as an important advocate for SRHR around the globe.

In November 2025, I had the honour to represent the IFPA at the International Planned Parenthood Federation (IPPF) General Assembly in Bali, where the Federation unanimously adopted its first Charter of Values. That moment captured what connects us: dignity, equality, justice, community and a shared commitment to bodily autonomy. The assembly highlighted the scale of the challenges before us. At the same time, meeting with colleagues from across the globe enabled us to see the strength of a movement that continues to defend rights, expand access and support communities in some of the most challenging contexts in the world.

Here in Ireland, the IFPA has continued to bring this rights-based commitment to every aspect of our work: providing high-quality, confidential clinical services; supporting clients with compassion and respect; strengthening education and information; and contributing evidence and expertise to public policy. We continue to advocate for equitable access to contraception, abortion care, inclusive relationships and sexuality education, fertility information, and services that meet the needs of young people, migrants, LGBTQ+ communities and those facing disadvantage.

Additionally, the IFPA continues in our mission to provide and champion sexual and reproductive healthcare and rights. In 2025, the IFPA demonstrated organisation-wide commitment to implementing our strategic plan and furthering our mission. At the 2025 annual general meeting (AGM) the board passed a special resolution allowing the board to set the membership fee, including a zero-fee option, with the aim of improving accessibility for members and enabling a more pioneering and collaborative culture.

The organisation continues to remain in good financial health, and with this foundation there has been a refocused commitment to ensure that the IFPA is an organisation where staff feel supported and valued. The past year saw the organisation commit to improving pathways for career development, with targeted decisions to support staff now and in their futures. This dedication to staff empowerment reflects significant collaboration and cooperation across all levels of the organisation. I extend my sincerest gratitude to everyone in the IFPA for your continued investment in the work of yourselves and your colleagues.

The IFPA continues to strive to provide quality, person-centred care to more people in more places. This is no easy feat, and the passion and drive that the staff continue to show in achieving this goal inspires the board, encouraging us as an organisation to continue to aim higher in the expansion of our services. Understanding that this will take considerable investment of time and resources, I look forward to seeing what the organisation can achieve in the coming years.

It is with my sincerest gratitude that I thank our staff, volunteers, board members, clinical teams, partners, funders and supporters for their commitment. As we look ahead, the IFPA will remain steadfast, working in Ireland and in solidarity with global partners to defend reproductive freedom, advance gender equality and ensure that every person can make decisions about their body, health and future with dignity, safety and autonomy.



Shannon Glaspy
Chairperson

A message from our CEO

Quality of care depends on the attitude and skills of the people who deliver it: I am happy to report that a survey of IFPA staff provided positive and uplifting responses. Over 93% agree or strongly agree that they find their work meaningful and that it makes an impact. Over 79% have a sense personal accomplishment. Overall, the survey found very strong bonds among staff members and that individuals feel supported by leadership.

It is our strength of purpose, solidarity and commitment to the people we serve that sets the IFPA apart. As CEO, I am exceptionally proud to lead this organisation. I and the board take very seriously the areas for improvement that were also identified in the survey: greater clarity on roles, clearer organisational communication and progress on pay and benefits.

Enhancing the quality and sustainability of our services in line with our Strategic Plan was a core priority in 2025. A key strategy is our midwifery development plan. With this in place, two of our midwives completed training in 2025 and now have expertise to prescribe medications within their scope of practice. After a surgical skill course at DCU, midwives can also administer local anaesthetic, provide LARC insertions and elective IUCD removals. These are significant professional achievements as well as key strategies as our clinics evolve into midwife-centred services.

During the year, our counselling service expanded with three new HSE-funded counselling options for long-term infertility, complex menopause and recurring pregnancy loss.

Over the year, we also strengthened our research remit in line with the IFPA's objective to be a thought-leader in sexual and reproductive healthcare and rights. This comprised of three major strands: public opinion polling, qualitative research and clinic data analysis.

September saw the IFPA commission questions for a Red C omnibus poll. The findings make the extent of public support for sexual and reproductive healthcare and rights abundantly clear: 78% of adults believe no woman should have to leave Ireland to access abortion care; 70% agree abortion should be decriminalised; 76% agree with free access to contraception for teenagers who need it; and 70% of adults agree that Ireland must support the rights of women and girls globally to make decisions about their own bodies and health.



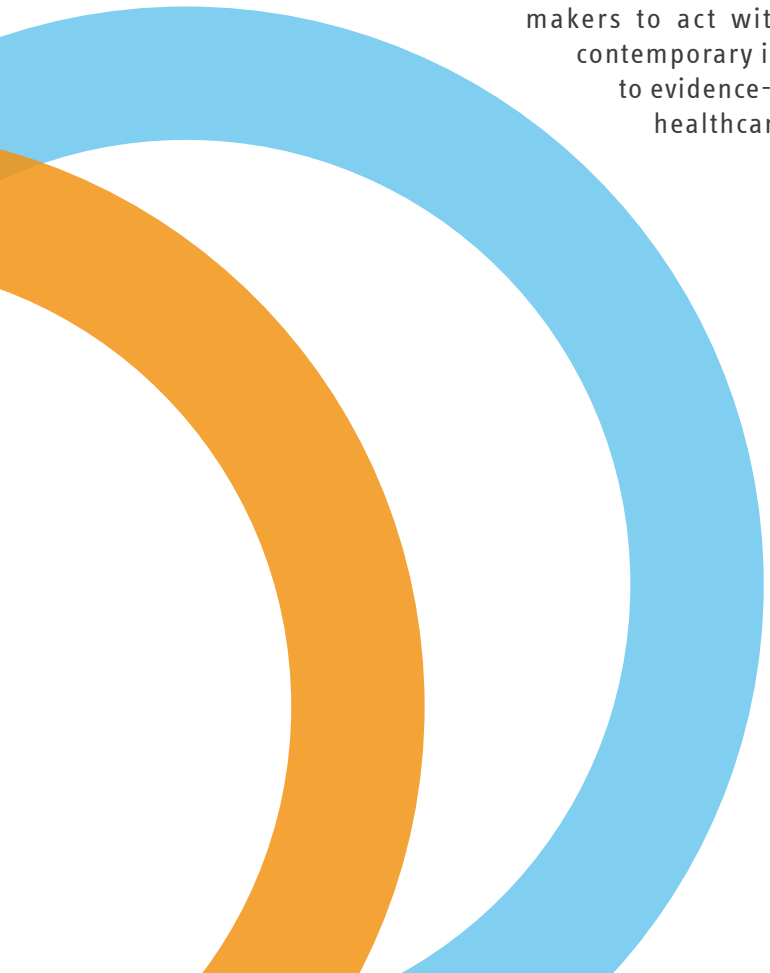
A six-page section in this report details qualitative research on consent and confidentiality in adolescent access to contraception. This was undertaken to inform our advocacy for the inclusion of under-17s within the free contraception scheme. Interviewees' relief at the IFPA raising the issue with them was equalled by frustration at legal uncertainty and the consequent neglect of adolescent sexual and reproductive healthcare.

For the fifth consecutive year, our abortion service data unambiguously demonstrates the need to remove the mandatory three-day waiting period from the law. Our cumulative findings are presented on page 15. With a bill before the Oireachtas to remove the mandatory waiting period, lawmakers have the opportunity to legislate in line with the public health evidence by removing a politically motivated barrier to access.

The mandatory waiting period is not the only provision that skews the legal framework away from international best practice standards. The World Health Organisation (WHO) 2022 Abortion Care Guideline recommends full decriminalisation and the removal of all legal and procedural barriers that delay or restrict access to abortion. Medically unnecessary restrictions, i.e. legal requirements that are not clinically indicated, including the mandatory waiting period, the rigid gestation limit and the criminal provisions, have no place in modern laws.

The WHO is clear that a restrictive gestational age-limit, such as that in the 2018 act, can impede timely access to care without improving safety or clinical outcomes and should be repealed. If governments want to prevent unintended pregnancies, the way to do it is by providing a comprehensive package of sexuality education, accurate family planning information and services, and access to quality abortion care.

The WHO recommends that rather than regulating access through arbitrary legal thresholds, abortion care should be provided according to the pregnant person's informed decision and clinical need. The IFPA calls on decision-makers to act with vision and align law and policy with contemporary international standards for equitable access to evidence-based, person-centred, quality reproductive healthcare.





Niall Behan
CEO



Contraception

We provide modern contraception options to support the widest possible range of needs and preferences, including hormonal and barrier methods and long-acting reversible contraception (LARC). LARCs include hormonal intrauterine systems (IUS) and non-hormonal intrauterine devices (IUCD), also known as coils, as well as subdermal implants and injections. The benefits of these 'fit-and-forget' methods are well documented: LARCs are both the most effective and most cost-efficient methods of contraception available. Unlike user-dependent methods, such as pills and condoms, LARCs provide continuous protection against pregnancy for between three and ten years, depending on the device.

Despite their many advantages, the uptake of LARCs was low until recently. Indeed the 2010 Irish Contraception and Crisis Pregnancy study found that only 4% of respondents age 18-25 were using them. LARCs have grown in popularity in recent years. With the advent of the free contraception scheme, the high up-front cost is no longer a barrier for 17–35-year-olds. For those who qualify for the scheme, LARCs have become as financially accessible as user-dependent methods. People aged 17–35 can now attend free contraception consultations to explore their options and try different LARCs without worrying about the cost of changing a method if their method of choice turns out not to be suitable.

The free scheme has also enhanced awareness of LARCs. Those who are aware of and eligible for the scheme get a comprehensive overview from their healthcare providers. Yet lack of information, myths and misinformation about contraception persist. Educational disadvantage, language barriers and other social determinants of poor health influence levels of knowledge. Under-17s and over-35s also need contraception and should have access to accessible and age-appropriate information that can empower them to make informed choices about pregnancy and parenting.

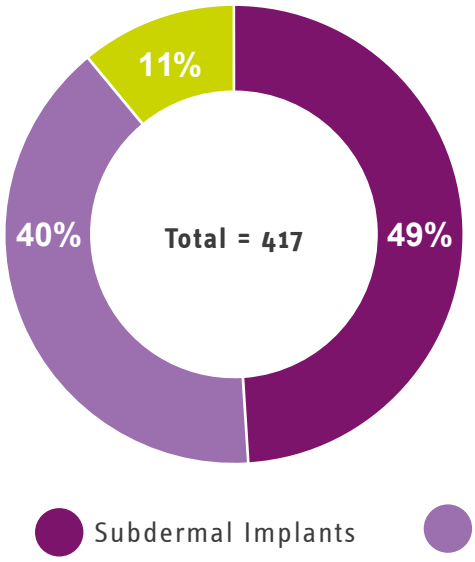
"Underpinning the IFPA's vision, values and services is our belief that everyone who wishes to use contraception should have equitable access to the method that best suits their individual needs, circumstances and stage of life. We champion this through the delivery of person-centred services, grounded in the right to health and informed by best healthcare practice, research and innovation."

Dr Caitríona Henchion, IFPA medical director

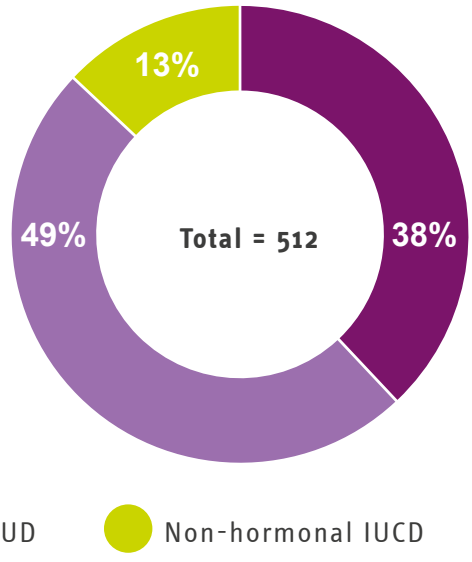
LARC uptake and method preference

LARCs are now the most frequently chosen option in our clinics. In 2025, we provided 1,325 fittings for LARC devices–a 7% increase on 2024. Fittings for these devices exceeded first-time and refill prescriptions supplied for oral contraception by 108%. Of the 1,325 LARC fittings provided in 2025, 70% (929) were for clients eligible for the free scheme. Within this group, there were notable differences in method preference between clients aged 17–24 and those aged 25–35. Among clients aged 17–24, subdermal implants were the most frequently chosen method (49%), followed by hormonal IUS (40%) and copper IUCDs (11%). Among those aged 25–35, hormonal IUS were the most popular choice (49%), while implants accounted for 38% of fittings and IUCDs for 13%

LARC method preferences among IFPA free contraception scheme clients aged 17–24



LARC method preferences among IFPA free contraception scheme clients aged 25–35



Subdermal Implants Hormonal IUD Non-hormonal IUCD

The IFPA reiterates our call for consistent and targeted public awareness campaigns, as well as the expansion of the free scheme, so that anyone who may wish to access contraception services across their lifetime is empowered to do so.

Pain relief for IUD insertion

Contraceptive choices are highly individual and influenced by a range of personal, medical and lifestyle considerations. While some people use contraception solely to prevent pregnancy, others also use it to stop or delay menstruation, manage painful or heavy periods or symptoms associated with certain reproductive health conditions, such as endometriosis. Some women use it as part of medical hormone management of the menopause or perimenopause. As these needs differ from person to person, no single explanation can fully account for the diverging method preferences between age groups. However, pain during insertion is commonly raised by clients when discussing intrauterine contraception and can be a deterring factor.

It's impossible to predict with certainty how any one person will experience an IUD insertion. Experiences of pain vary, influenced by individual pain thresholds, previous experiences and expectations. While discomfort or pain during insertion is commonly reported, anticipatory anxiety can amplify perceptions of pain before the procedure takes place. Fear of the unknown can deter people from trying LARCs and experiences of pain during previous gynaecological procedures can prevent some people from trying IUDs.

It has always been standard practice in the IFPA to provide oral pain relief to all clients attending for IUD insertions. This additional prescription is covered by GMS but not by the free contraception scheme. Based on a review of recent literature, we introduced the use of topical local anaesthetic–i.e. a gel applied to the cervix–for IUD insertions in 2024. Gel is applied to the cervix using a cotton swab. This is painless. It then takes 6-7 minutes to take effect. Following this, the pain associated with the application of instruments to the cervix is significantly reduced or eliminated. However, uterine cramping still occurs with intensity varying between individuals.

The use of topical anaesthetic for these procedures incurs an additional charge to cover the cost of the product and additional consultation time. This is not covered by the free contraception scheme, and we are therefore unable to provide it without charge. We plan to switch to a less expensive option: an anaesthetic spray which takes effect more quickly. This will reduce, but not eliminate, the cost to the client.

While many of our clients are pleased to have the option, there is a significant cohort who decline elective topical anaesthetic. Some decline the option because they've had a previous insertion with minimal pain and feel that they will not benefit from it. Others value a quicker procedure without pain relief or may be deterred by the cost.

Policy concerns

Pain relief removes a barrier that deters some people from choosing the most effective contraceptive method. It should be offered to everyone who attends for LARCs. Currently, we can provide it only to those who can afford it. Healthcare decisions should be guided by clinical need and personal preference, not financial circumstances. As best practice standards evolve, emerging innovations that can enhance choice and acceptability of methods should be equally available to everyone who may benefit from their use, i.e. anyone in Ireland of reproductive age who wishes to avoid unintended pregnancy. The inequity in access can only be resolved through the intervention of the state and the provision of all aspects of contraception care without charge. We recommend that the HSE adopt pain relief into the model of care for contraception and ensure that the additional costs, including medication and additional consultation time are built into the free scheme.

Midwives and contraception provision

Building the skills of our clinic team strengthens the quality and sustainability of our services into the future. A key initiative is our midwife development plan, launched in 2022 with the aim of upskilling our midwifery team to be able to prescribe contraception and provide LARC services. By the end of 2025, two midwives had completed RCSI's six-month intensive prescribing course, alongside the IFPA's own contraception foundation course, which is accredited by the NMBI, the nursing and midwifery board. Following structured in-house training, including supervised contraception consultations with our doctors, both midwives have registered as prescribers with the NMBI and provide consultations and prescriptions for all contraceptive methods. A third midwife has since enrolled in the RCSI course and will begin supervised prescribing by the end of 2026.

In January 2025, two midwives also began DCU's surgical skills course. Following training, mentoring and clinical support from our doctors, they are now proficient in the insertion and removal of subdermal implants. They also undertook training in insertion of intrauterine contraception, with one fully trained and the other well advanced in her training.

While implementing the development plan has required significant investment in planning, training, protocol development and clinical supervision, it has delivered a more resilient service model. The expanded role of our midwifery team has reduced appointment wait times, improved access to contraception services and created meaningful career development opportunities for staff. This achievement reflects the commitment of our midwives and the invaluable support and mentorship provided by our medical team.

Legal uncertainty: a barrier to adolescent access to contraception

The most recent (2022) Health Behaviour in School-aged Children survey found that while approximately 25% of 15- to 17-year-olds report that they have had sexual intercourse, 40% of boys and 27% of girls report that they or their partner used no contraception at last sexual intercourse. These figures indicate a need for attention to the sexual and reproductive health and rights of this age-group. However, these health needs are compromised by legal uncertainty about the status of prescribing contraception to younger adolescents.

A 2022 HSE information summary about teenage pregnancy in Ireland 2000–2020 refers to a range of factors that contribute to reducing the incidence of unintended pregnancy, including comprehensive sexuality education and access to contraception services. Notwithstanding the obvious benefits of inclusion of under-17s in the free contraception scheme, the National Sexual Health Strategy 2025–2035 does not include this as a commitment, but cites legal issues, including sexual consent, medical consent, and consent relating to the use of personal data, as complicating factors.

Adolescent access to contraception

The legal uncertainty engendered by these policy arrangements has the material consequence of inequitable access. Under 17s's who want to avoid pregnancy, or their parents or guardians, must either pay consultation and prescription costs or rely on providers or services able to absorb these costs. For adolescents who cannot safely involve their parents or guardians, or choose not to, payment requirements are only one factor. Their confidentiality is compromised as their parents have a legal right to access their medical records. This undermines access in practice even where confidential care is legally and ethically appropriate.

These legal and policy gaps operate together to create a system in which access depends not only on a young person's needs and capacity but also on whether they are fortunate enough to encounter an experienced clinician willing and able to navigate legal ambiguity and support their right to bodily autonomy. Greater legislative clarity, clinical guidelines and policy alignment are required to ensure equitable confidential access to contraception for all adolescents.

The IFPA has repeatedly called on policymakers to address this and bring the law into line with international human rights standards, which recognise adolescents' right to confidential sexual and reproductive healthcare and recommend removal of unnecessary legal and policy barriers to contraception. The free contraception scheme has reinforced inequality in access as the scheme expands eligibility beyond the original 17 to 25 age-group, to include older age-groups, while younger teenagers remain excluded.

Legal and policy framework for consent and confidentiality

The legal status of prescribing contraception to under 16s without parental consent has not been definitively established in legislation or by the courts and is therefore unclear. The HSE National Consent Policy 2022 (NCP) outlines the HSE's policy position, namely that 16 is the age of consent to medical treatment. The NCP policy position is underpinned by section 23 of the Non-Fatal Offences Against the Person Act 1997. The NCP provides guidance for healthcare workers regarding under 16s where there is no parental involvement. According to the NCP, the key consideration is the best interests of the child. Healthcare professionals must also consider the young person's maturity and ability to understand the relevant healthcare information; the purpose, risks and benefits of the treatment; and other welfare, protection and public health considerations covered by law and policy.

The legal situation is further complicated by the fact that the age of sexual consent in Ireland is 17. Under Children First, healthcare professionals are required to consider the welfare and safety of the child and make a report where there are reasonable grounds of harm occurring. The Criminal Law (Sexual Offences) Act 2017 includes a 'proximity of age' defence, for sexual activity between young people close in age (15-17); the age of sexual consent remains 17. The Children First guidance is clear that the disclosure of sexual activity or a request for contraception does not automatically constitute grounds for child protection referral. Nevertheless, the overlap between safeguarding responsibilities and mandatory reporting obligations, creates uncertainty in practice.

Implications of legal uncertainty

While the National Consent Policy provides a framework for clinical decision making without parental consent, it does not resolve all practical barriers faced by adolescents who seek contraception. The absence of a clear statutory basis for mature minors to independently consent to contraceptive care means providers must rely on professional judgment in an area of legal uncertainty. Research conducted by the IFPA shows that, despite this, many healthcare professionals are committed to ensuring adolescents are not left behind. In the absence of legislative clarity, these clinicians rely on the national policy guidelines and their professional judgment, in some cases taking on additional workload and absorbing costs. As there are no professional consequences for non-provision of contraception to under 17s, the commitment shown by these providers is particularly noteworthy. Our 2025 research process and key findings are summarised overleaf, followed by discussion and policy recommendations.

New research

Provider perspectives on adolescent access to contraception

In 2025 the IFPA engaged in qualitative research with healthcare providers to better understand how legislation and policy affect the provision of contraception to this age-group. Our study illuminates the harmful chilling effect of legal uncertainty on adolescents' access to contraception.

The study consisted of a qualitative research design comprising of desk-based research, a focus group discussion with young people aged between 17 and 19, and 10 semi-structured interviews with health and social care professionals. The data was analysed using thematic network analysis with transcripts coded and organised using NVivo. While the focus group provided important contextual insight into young people's experiences and understandings of adolescent-friendly care, the main themes and quotations presented below derive from the interviews with service providers. IFPA ethical safeguards of voluntary participation, informed consent, anonymisation of participant data and secure data storage were applied. Participants were approached based on their experience of working with adolescents in sexual and reproductive health care and related settings. Notably, many expressed relief and appreciation at being approached.

> My worry is that this status quo could continue unless the likes of yourselves would be good enough to advocate on their behalf... So, thank you for doing this work really genuinely, it's so important on the ground.

> I was so happy when your e-mail came in, I was like, finally someone's looking at this topic.

They described how gaps in legislation, conflicting legal provisions and concerns about confidentiality creates dilemmas for providers that can translate into barriers to access when under-17s attempt to access reproductive healthcare. They expressed frustration at a system they see as relying on individuals finding ways to navigate legislative and policy shortcomings. The findings suggest that adolescents' access to contraception is patchy and inconsistent, determined by where they seek care and whether they encounter an experienced provider willing to navigate the legal complexities. Here are our main findings.

Healthcare providers believe adolescents are being left behind

Participants consistently described adolescents as a neglected group within Irish healthcare policy. In the words of one interviewee:

> I mean, we're not providing the basic right to health of adolescents in Ireland at the moment. Quite simply.

Many participants argued that adolescence receives insufficient policy attention despite representing a distinct stage of development with unique healthcare needs.

> I genuinely think that adolescence, it is like a forgotten band... there's very little emphasis on that really specific cohort, like how to provide really good care to adolescents and what makes it different to look after adolescents: because they are different. They're different to kids and they're different to adults.

Healthcare depends on individual champions

Participants described healthcare providers creating informal solutions to ensure young people receive care. These include providing consultations without charge, sourcing discretionary funding to cover contraception costs and developing adolescent-specific services without formal support.

As one participant explained:

> I have developed, covertly, under the table, whatever way you want to say it, an adolescent medicine clinic.... I get absolutely no resources, absolutely no funding, absolutely no acknowledgement of this....

Another described routinely providing consultations free of charge because charging adolescents would create an unacceptable barrier. Participants argued that reliance on individual goodwill creates inequitable access and is not a sustainable model for healthcare delivery.

Legal uncertainty creates inconsistent care

Healthcare workers described considerable uncertainty surrounding the provision of contraception to under-16s in the absence of legislation recognising mature minors' ability to consent independently. Notably, participants tended to refer to UK law, rather than to the National Consent Policy.

Participants believe that legal uncertainty discourages some clinicians from providing contraception altogether.

> And then you have this whole other level of stress for doctors. If they're not protected, they just won't engage in it because it's not worth it for them. And that's the issue at the moment.

Confusing legislation compounds barriers

Participants described the interaction between different legislative provisions—including differing ages of medical consent and sexual consent, freedom of information legislation and mandatory reporting requirements—as creating confusion for both providers and adolescents. One participant observed:

> The conflicting pieces of legislation are a challenge... it would be far better if all of these different pieces of legislation were aligned.

Another described the legal framework as:

> Quite deliberately vague... I feel like everybody's in the grey.

Participants argued that this legal uncertainty contributes to fragmented care, increase provider anxiety and create additional barriers for adolescents seeking confidential contraception.

Confidentiality is routinely compromised

Confidentiality emerged as one of the strongest themes across interviews. Participants explained that young people often cannot access contraception confidentially because they depend on parents financially, may require parental involvement at different stages of care and be concerned that parents could access medical records.

Participants viewed confidentiality as fundamental to trust, disclosure and effective sexual healthcare, arguing that current legislation undermines all three.

Discussion

Our research demonstrates that current legislation and policy create avoidable barriers to contraception for adolescents under the age of 17. Healthcare providers consistently described a system characterised by legal uncertainty, compromised confidentiality and inconsistent access, leaving many young people dependent on individual clinicians willing to navigate legal ambiguity.

Rather than supporting equitable, rights-based healthcare, the healthcare professionals interviewed felt that the current framework places responsibility on them to compensate for gaps in legislation and policy. The findings indicate an urgent need to clarify the legal basis for mature minors' consent, improve protections for confidential adolescent healthcare and ensure that all young people can access contraception regardless of age, financial circumstances or family support. Such measures would not undermine other existing policies regarding child and adolescent welfare, or weaken providers' obligations regarding child protection and mandatory reporting under the Children First Act and the guidance of the National Consent Policy.

Many participants reported relying on "Gillick competence" and the "Fraser Guidelines", which derive from a 1985 UK House of Lords case, while acknowledging that these do not have legal standing in Ireland. The Law Reform Commission recommended in 2011 that these be incorporated into Irish law. While the National Consent Policy 2022 is the definitive policy statement on the right of mature minors to consent, it does not have the force of law. In the IFPA's view, the fact that healthcare providers in Ireland must resort to a UK judgment from four decades ago is an indictment of years of disregard for the specific health needs of adolescent citizens as they navigate their way to adulthood.

The IFPA is grateful to the healthcare experts who gave their time for the interviews. We also thank Spunout for facilitating the focus group, Nadine Rodrigues for research support during a placement from the University of Galway, and Dr Claire Murray and Prof Mary Donnelly, UCC for advice on the legal framework.

Special thanks to our former IFPA colleague, Molly O'Meara, who conducted the field work and analysed the raw data for this report.

Policy recommendations

The State can and must do better. In recent years, UN expert bodies have provided authoritative guidance on the rights of "mature minors" under the International Covenant on Economic, Social and Cultural Rights (CESCR) and the Convention on the Rights of the Child (CRC) children's right to health. States are obliged to remove all non-health related barriers, so that adolescents have non-discriminatory access to confidential, adolescent-responsive services and information and to a range of effective contraceptives, which are free and unrestricted by third-party authorization requirements.

The CRC has criticised the tendency to treat adolescents as incompetent and incapable of making decisions about their lives. The WHO's 2018 recommendations on adolescent sexual and reproductive health and rights reinforce the obligations under the CRC and CESCR.

Many adolescents can discuss their health needs with their parents. In the IFPA's experience, most young clients attend with a parent or adult relative. However, uncertainty in the law disproportionately impacts adolescents who lack parental supports–e.g. who are in care, homeless or otherwise vulnerable or disadvantaged; or who don't feel able to talk with their parents, whether because of religious or cultural reasons, or they think they would be in trouble. It is simply wrong that such uncertainty can result in an adolescent who wishes to avoid pregnancy having to become a parent.

In the IFPA's view, there can be no justification for persistent inaction to address the causes of identified barriers to health-seeking behaviours. Our qualitative research bears out the recommendations of the WHO and the need for legal and policy measures, in line with international human rights standards to remove the barriers to the inclusion of under-17s in the free contraceptive scheme. The sexual and reproductive health needs of adolescents can no longer be sidelined.

Early abortion care

Person-centred healthcare

From the first phone call to follow-up care, the IFPA provides a high-quality, non-judgemental wraparound service for early abortion care which respects the autonomy, dignity and individual needs of every client at each step of their care journey.

We provide early medical abortion to clients who are nine weeks pregnant or less. This involves two medications, mifepristone and misoprostol. Most clients take the mifepristone in the clinic and receive a home care pack which includes the misoprostol and a range of 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.

Clients between nine and 12 weeks are referred to hospital-based abortion services, in line with HSE guidelines. Some clients under the nine-week threshold may also be referred for hospital-based abortion services based on their medical history.

Our specialist pregnancy counselling service (page 27) is also free and available to anyone who needs it, at any point before or during an abortion or if a person chooses to parent. The service is also available post-abortion, regardless of how much time has passed and whether they had the abortion with the IFPA or elsewhere.

Constraints imposed by law

By law, the waiting period must be applied, regardless of the client's personal preferences, the stress and delay it causes and whether its application will push them past the 12-week gestation.

The IFPA is proud of the person-centred abortion care service we have developed since 2019. However, the restrictions of the Health (Regulation of Termination of Pregnancy) Act 2018 constrain us from fully supporting clients' choices and from applying the efficiencies and flexibility of our midwife-led model of contraception care to abortion. Each client must have their two appointments with a doctor, regardless of whether a midwife consultation would be more clinically appropriate.

Incidence of abortion in Ireland

Abortion is now a mainstream element of comprehensive and integrated sexual and reproductive healthcare. The incidence of abortion in Ireland (not including Northern Ireland) is close to the projected 10,000 per year anticipated by the HSE in 2018: 10,033 in 2023; 10,862 in 2024 and 10,600 in 2025, an average of 10,495.

The mandatory waiting period: time to stop interfering with autonomy

As a leading provider of early abortion care, the IFPA knows from our services that a mandatory waiting period before abortion can cause anxiety, distress, additional expense and unnecessary travel. Weekends, public holidays, ultrasound appointments and hospital referrals may extend the delay beyond three days. Combined with the rigid 12-week gestational limit, this can cause patients to become ineligible for care in Ireland or require hospital treatment or travel abroad. Rural, low-income and marginalised patients are particularly affected.

To support evidence-based healthcare policymaking, the IFPA publishes annual data from our service on clients' experiences of the mandatory waiting period. Our data insights are in line with the views and experiences of leading medical experts, and of the World Health Organisation: 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.

For the fifth successive year, our statistics confirm a clear and consistent finding: the vast majority of clients who attend an initial consultation go on to have an abortion (98%).

2025 data

In 2025, 652 clients attended an initial abortion consultation with the IFPA. Of these, 564 were verified as having been subjected to the mandatory three-day waiting period. Within this cohort, 533 clients returned to the IFPA to access abortion care; 22 accessed abortion services in a hospital setting; eight continued their pregnancy; and one client was forced to leave Ireland to access care.

A further 41 clients did not require abortion care, due to miscarriage, ectopic pregnancy or a negative pregnancy test. Another 47 clients made no further contact with the IFPA after their first appointment. As their outcomes could not be determined, we could not verify whether they had been subjected to the mandatory waiting period. All 88 clients were therefore excluded from further analysis.

In sum, of the 564 clients who could be verified as having been subjected to the mandatory waiting period, 556 (98.6%) proceeded to access abortion care. This finding is consistent with our cumulative five-year dataset.

Our dataset is based on a robust analysis of anonymised abortion service data. Non-identifiable abortion client data from our electronic charting system is input into a secure Excel file. Any anomalies are manually checked by authorised clinic personnel.

Five year data

Outcomes	Number of clients	Percentage
Accessed early medical abortion with the IFPA	2,466	89.7
Accessed hospital-based abortion services in Ireland or abroad	233	8.5
Subtotal of all clients who accessed abortion care	**2,699**	**98.2**
Continued their pregnancy	50	1.8
Total over five years (2021-25)	**2,749**	**100**

Why do we publish this data?

The mandatory waiting period is by no means the only flaw in the law, but it is one that affects every client who requests an abortion at less than 12 weeks gestation. In the early 2020s, misinformation began to circulate based on specious interpretations of reports on HSE primary care reimbursement claims for abortion care appointments. Speculative claims that statistics show a causal connection between mandatory delay and continued pregnancy are frequently repeated by groups and individuals who oppose abortion. These lack foundation in international reproductive healthcare standards or expert academic literature.

These claims are entirely at odds with our clinical experience and demonstrate lack of understanding of the HSE model of care, moreover, such assertions reflect the misogynistic presumption that decisional uncertainty on the part of all women and pregnant people is the norm, and warrants legally mandated coercion."

What really supports informed consent?

It is an established principle that people must be supported to make informed decisions about their healthcare. The mandatory waiting period is an anomaly in contemporary healthcare: the prevailing trend is away from a paternalistic approach to care and towards embedding human rights and autonomy into service provision and organisational culture.

From a provider perspective, free, accessible services where people can receive expert information from a healthcare professional while considering their options are the most effective support for informed decision-making.

Because abortion is free and widely available, there is generally less pressure on people experiencing unintended pregnancy now than before repeal. They can get the medical information they need and make an informed choice in their own time, so long as they are within the gestation limit. Whether that means 5 minutes, a couple of hours, a day, or more is up to the individual and depends on their circumstances.

Words are important

Informed consent respects autonomy; a mandatory waiting period does the opposite. The critical word is "mandatory". Our data underscores our clients' experience of the waiting period as a stigmatising and patronising legal barrier to access to healthcare. The selective use of inaccurate, benign-sounding terms, such as "reflection period" or "cooling-off period", by anti-abortion groups masks a coercive reality. In the context of a rigid gestational limit, the enforced delay can push people beyond 12 weeks and out of eligibility for care. It is not offered as a choice; it is imposed and cannot be waived under any circumstances.

WHO research makes clear that restricting access to abortions does not reduce the number of abortions that take place. Medically unnecessary waiting periods in law are unjustifiable barriers to timely access to healthcare.

The mandatory waiting period should never have been included in the 2018 act. Its removal will not fix all the flaws in the legislation but is a necessary step towards respect for reproductive autonomy and quality healthcare.



Treatment for female genital mutilation

The IFPA provides Ireland's only specialist clinic for women who have been subjected to the harmful practice of female genital mutilation (FGM), the partial or total removal of the external female genitalia for non-medical reasons. Funded by the HSE, the clinic provides free expert medical care, trauma-informed specialist counselling support and onward referral to secondary-care surgical intervention.

2025 saw the appointments booked at our service reaching a record high of 344, with more clients per month than presented in a year when the clinic was first established. The pattern of year-on-year increases since the early 2020s is largely driven by people from countries where FGM is prevalent who are seeking international protection. As political insecurity, conflict and climate crisis in fragile states such as Nigeria, Somalia and Sierra Leone, continue, the upward trend in demand shows no signs of slowing. This has placed exceptional pressure on a service designed for much smaller numbers.

Reduction in waiting times

The good news is that with additional HSE funding in late 2025, we were able to reduce the waiting time from a high of 12 months in January to an average of three months by the end of this year. The funding enabled us to provide more doctor and counselling appointments and to expand clinic capacity by introducing midwife FGM care. Following intensive training and supervision by our medical director, one of the midwifery team now operates an FGM list within the clinic.

The additional HSE funding in 2025 was invaluable and allowed the IFPA to stabilize the waiting list. As of August 2026, our service is maintaining an average wait time of three months, with 20-30 new clients joining the waiting list every month. We greatly appreciate the efforts of the HSE social inclusion officials who worked with us to achieve this. Financial security, following two years of stressful month-to-month planning to ensure the survival of the service, has supported greater forward planning, with a focus on mitigating the risk of conditions worsening and improving patient satisfaction with care provision, in line with the HSE's Waiting Time Action Plan (WTAP). We now have the capacity for more systematic and granular monitoring of the waiting list, including a new data collection mechanism. If we are to maintain progress and continue to provide timely appointments, we need sustained and reliable year-on-year funding, rather than a series of top-up grants. Otherwise, despite all our initiatives, demand at our two Dublin clinics will continue to outstrip capacity.

From a client care and human rights perspective, the IFPA's priority now is to work with the HSE to ensure that travel to Dublin from remote international protection centres does not become a barrier to FGM care for vulnerable asylum seekers. The IFPA makes considerable efforts to contribute to capacity building of other services, including through our advocacy and by facilitating FGM awareness training workshops for medical and social care professionals. The additional funding allowed us to provide more training in 2025. But without a wider network of services outside the capital, this progress will not be sustainable.



IFPA free FGM treatment service leaflet, available to view in English, French and Somali.

Sexual health screening

STI screening: get tested, get treated, get on with life

Sexually transmitted infections (STIs) are spread from one person to another through close physical contact during sex, including oral, anal and vaginal sex, sex without a condom and direct genital contact. These infections are very common with nearly 19,000 cases recorded in Ireland in 2025. With modern medical advancements, treatment for most STIs is simple and painless. Some bacterial infections, like chlamydia and gonorrhoea, can often be cured by a single course of antibiotics. Others, like HIV, can be easily managed with daily tablets.

STI trends in Ireland

Yet, many STIs can easily go undetected and lead to serious health complications if left untreated. According to the HSE's STI trends in Ireland report 2025 (May 2026), STIs impact more on younger people, particularly women aged 20–24, than other age groups. Gay, bisexual and other men who have sex with men (gbMSM) are also disproportionately affected. Chlamydia is the most common STI both in Ireland and across Europe. It commonly presents asymptomatically: approximately 70% of women and 50% of men with the infection experience no symptoms. This is why routine screening is so important.

Stigma, as well as financial and logistic obstacles, may prevent health-seeking behaviours, such as regular screening and treatment. Removing these barriers is a positive public health measure to enhance levels of early detection and treatment and to support those affected to share their status with partners.

Innovation in self-care: free STI home testing kits

Fortunately, since 2022, the HSE's free national home STI testing service has completely reshaped the way people access screening services in Ireland. By providing a convenient, cost-free route to testing for people aged 17 and over, the programme has seen rapid growth, with both the number of test kits ordered and the rate of return increasing year on year. In its first four years, the programme has seen a 43% increase in the annual number of test kits ordered, reaching a record 130,232 kits in 2025 with a return rate of over 75%. The programme's impact is also borne out in the STI trends report, which found that the home testing service accounted for almost half (47%) of chlamydia notifications. The ongoing expansion of initiatives to provide an ever-increasing range of essential sexual and reproductive healthcare at no cost to clients is transformative to public health in Ireland.

Indications for clinic-based care

In recent years, the IFPA has seen a decline in demand for consultations for STI queries. However, clinic-based services continue to play a vital role in providing STI screening, diagnosis and treatment. While the home test service allows users to self-test for HIV, chlamydia, gonorrhoea and syphilis, it's still advised that people seek in-clinic screenings if they're experiencing symptoms or are pregnant, or if a partner has tested positive for herpes (HSV), HPV, hepatitis or mycoplasma.

At the IFPA we provide comprehensive STI care with screenings for all major infections, including HIV, hepatitis B and C, chlamydia, gonorrhoea, syphilis, trichomoniasis and genital herpes. Our services are suitable for and welcoming of people of all genders and sexual orientations. Appointments last approximately 30 minutes and include a consultation, physical examination, urine and blood tests and swabs.

Cervical screening for HPV

The IFPA also provides cervical screenings for human papillomavirus (HPV) which causes most cases 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 2025, the programme enabled us to provide 1,840 cervical screenings and follow-up appointments at no cost to our clients.

Trends in uptake

According to the latest CervicalCheck programme report (2024), women aged 25–29 accounted for the largest proportion of screenings nationwide, at 20.7%. Uptake remained relatively high among women aged 30–34 (17.5%) but declined among those aged 35–39 (11.5%) and 45–49 (7.8%). Screening rates continued to drop among older age groups. Despite remaining eligible for free screening, women aged 55–59 accounted for 9.4% of screenings provided in 2024, compared with just 1.6% among 60-year-olds and 5.8% among women aged 61–65. These trends highlight the need for targeted awareness campaigns to ensure that people across all age groups understand the role of cervical screening in cancer prevention across their lifetime.

Menopause care

Since June 2025, hormone replacement therapy (HRT) is free to those with a medical card (GMS) or drugs payment scheme card (DPS) card. This significantly reduces the financial burden on women who use HRT to manage symptoms of perimenopause, menopause and post menopause. Alongside the introduction of free counselling for complex menopause, this scheme marks an encouraging stride by the HSE toward more accessible, affordable menopause care. However, despite the removal of these prescription costs, the most prohibitive financial barriers to menopause care for many remain. Unlike the free contraception scheme, the HRT scheme does not cover consultation fees which often require more in-depth assessment and clinical time than many primary care services.

What's involved in a menopause consultation?

There is more to menopause care than HRT. While HRT can be very beneficial, it is not suitable for everyone. At the IFPA, our clients' menopause care journey starts with an initial telephone consultation to elicit a comprehensive overview of lifestyle and medical history, including any history of hormone-sensitive cancer, such as breast or endometrial. This can be organised for a time when the client is at home and can easily access any medication or records they might need to reference.

A second appointment includes blood pressure and BMI checks, a blood test, a review of cervical screening and osteoporosis risk and further discussion of lifestyle. Contraception needs are also discussed if relevant. The doctor discusses options for symptom management and advises on the suitability of hormonal (HRT) and non-hormonal prescription treatments. Treatment may also be advised for heavy, painful or abnormal menstrual bleeding, such as bleeding between periods or after sex. The Mirena coil, for example, can supply the progesterone component of HRT while also providing contraception cover and treatment for heavy bleeding.

Menopause consultations are twice the length of a standard appointment to best ensure thorough discussion and help the client to develop a personalised health plan. Regular annual reviews are required to ensure appropriate ongoing care. More frequent appointments may be needed depending on a client's clinical need and the effectiveness of their first chosen treatment method.

High-quality menopause care cannot be provided by a one-size-fits-all approach and policy initiatives should reflect this reality. Meeting the cost of consultations and any required prescriptions, including for non-hormonal medications, would benefit more women with diverse clinical needs which cannot solely be met by HRT treatment alone.

Impact of the free scheme

In 2025, our team fulfilled 1,098 medical service appointments relating to menopause care. This figure largely aligns with 2024 appointments, before the roll-out of the free scheme. This could speak to a wider trend of slow uptake: a January 2026 *Irish Examiner* article reported that GPs had not yet seen a notable increase in clients in the four months following the scheme's launch. It may be too soon to gauge the initiative's impact on the uptake of HRT or determine its role in encouraging people to seek specialist advice, however the appointment fees, are clearly a barrier to accessibility.

What is included in the free scheme

- HRT, including pills, patches, gels and sprays (oestrogen and progesterone)
- Vaginal oestrogen pessaries and cream
- Mirena IUD, if advised, to supply the progesterone part of HRT

What is not included in the free scheme

- Testosterone supplements
- Non-hormonal treatments
- Cost of consultations



Specialist sexual and reproductive health counselling

> **“Steadfast in our commitment to providing person-centred care, our newly expanded counselling services underscore our support for clients across their lifetime, as their unique goals and challenges regarding reproductive health evolve.”**

Clare O’Brien, IFPA Director of Counselling

Expanding services, enhancing care

Throughout our lifetime, our bodies, goals and circumstances change, bringing new priorities and challenges. When these challenges begin to disproportionately weigh on a person’s wellbeing, specialist counselling can significantly enhance sexual and reproductive healthcare.

At the IFPA, we’re passionate about providing expert care that supports our clients at every life stage. The sustained development of our services reflects the extensive professional training and ongoing development of our counselling team, whose advanced skills, trauma-informed approaches, and deep understanding of reproductive healthcare enable them to deliver high-quality, evidence-based support.

In July 2025, we were proud to expand our counselling service with the launch of three HSE-funded initiatives: complex menopause counselling, fertility counselling and counselling for recurrent pregnancy loss.

These services are not yet accessible through self-referral and are available only to individuals referred by specialist HSE clinics. These include the six regional HSE complex menopause and fertility hubs, as well as the pregnancy loss and bereavement clinics within maternity units. Clients referred through these pathways are eligible to receive up to eight free counselling sessions funded by the HSE.

Complex menopause counselling

Everyone experiences menopause differently, and it is often associated with well-known physical and emotional symptoms that lead many women to seek support. Complex menopause, however, largely refers to cases where symptom management is further complicated by the unsuitability of HRT medications–often due to a personal or family medical history of blood clots, cardiovascular issues or oestrogen-sensitive cancers.

In addition, many clients referred to our service present with a history of cancer. Counselling can assist clients to develop coping strategies as non-medication alternatives for symptom management. By building practical strategies to help manage the lifestyle, emotional and relationship changes that menopause can bring, counselling can be transformative and ease the experience of daily symptoms. It's not uncommon for menopause to also bring up complex emotions about identity, ageing, and fertility, or to create a sense of loss. Cognitive behavioural therapy (CBT) can be especially effective in helping people reframe how they think and feel about their lives and bodies in the context of menopause. This service is meeting a real demand: complex menopause counselling has become our fastest growing service, with appointments increasing by over 300% within 6 months of the service being opened.

Fertility counselling

Everyone's journey to parenthood is unique. When hoping to conceive, the process can sometimes be more difficult than expected. This is the case for one in six heterosexual couples in Ireland, according to the HSE. Since the launch of the Assisted Human Reproduction (AHR) scheme in late 2023, couples who meet the extensive access criteria can receive one round of free fertility treatment through the HSE's network of six fertility hubs. This can be a life changing service for those who can avail of it. However, undergoing treatment can be a demanding and emotionally exhausting experience: waiting and anticipating test results can begin to feel draining as hope and excitement quickly shift to disappointment after failed cycles.

Some people will experience pressure by having to plan sex around treatment schedules. This can add emotional complexity to intimacy and increase anxiety. What one partner finds difficult may differ from the other's experiences and feelings, which can lead to misunderstandings and create stress in the relationship.

Our counsellors offer emotional support, confidentially and without judgement. Whether clients choose to attend individually or as a couple, we can help provide coping strategies for managing anxiety, uncertainty, and the challenges that come with a fertility journey ending without a pregnancy.

Due to the rigid limitations of the current access criteria, many people who may benefit from fertility treatment will not qualify for the free scheme. This includes women who are single and LGBTIQ+ couples who require donor eggs or sperm. At the IFPA, we support people of all sexual orientations and gender identities to access sexual and reproductive healthcare services. While we welcome the introduction of the AHR scheme, we hope that future developments will make it more inclusive and responsive to the diverse needs of those seeking fertility care.

Recurrent pregnancy loss counselling

The spontaneous loss of a pregnancy can be an incredibly difficult experience, frequently exacerbated by the lack of any clear medical reason for the loss. In fact, no cause or risk factor is found in around half of all recurrent miscarriages, the HSE finds. The mystery behind recurrent loss can be deeply frustrating and upsetting for couples and individuals, sometimes compounding feelings of anger and hopelessness. Some people will also experience secondary infertility issues, finding they cannot carry a pregnancy to term after previous successful live births.

Regardless of the circumstances, the loss of a wanted pregnancy can be an emotionally heavy and sometimes isolating experience. Many couples may choose not to share news of their pregnancy and subsequent loss with their loved ones. IFPA specialists provide compassionate and sensitive support around pregnancy loss. Through counselling, we support clients to process feelings of grief, sadness, anger, confusion, guilt and numbness that pregnancy loss can bring. And we provide nondirective support as they consider next steps.

Counselling as part of pregnancy and abortion care

Access to sexual and reproductive healthcare, in particular contraception and abortion, greatly impact a person's ability to make decisions about their education, finances, career and housing–all of which influence overall wellbeing.

A pregnancy that is unintended or has become a crisis can bring up issues or concerns about family, relationships, parenting, sexuality, other life decisions or past trauma. While processing their fears or concerns, many people turn to their support networks of friends and family; some prefer to attend an experienced counsellor.

Providing non-judgmental support and helping people navigate their reproductive choices with confidence is a core area of the IFPA's expertise.

Funded by the HSE Sexual Health Programme, our service is free and available to anyone who needs it, whether during a pregnancy, before or after an abortion, or if a person chooses to parent. It is not limited to clients of the IFPA's services. Post-abortion counselling is available regardless of how much time has passed.

Our counsellors are also specially trained to support people with specific needs or vulnerabilities, including minors; people who have received a diagnosis of a severe or fatal foetal anomaly; and those experiencing tokophobia–the extreme fear or pregnancy or childbirth.

In 2025, we supported 386 individual clients through the provision of 1,336 appointments. Of these, 860 sessions were provided as part of post-abortion care, while an additional 476 appointments addressed a range of needs, including support through abortion, miscarriage, or foetal anomaly, as well as support for clients whose pregnancies exceeded the 12-week limit and who were unable to access abortion care in Ireland.

When barriers to abortion create exceptionally difficult circumstances

Clients who are unable to access abortion care within Ireland's current legal framework often face exceptionally difficult circumstances. This includes when the pregnancy has surpassed the restrictive 12-week gestation limit for care, and when the narrow criteria for access under health or foetal anomaly grounds haven't been met.

These clients are left with very limited choices: either they must travel for care or, more rarely, continue the pregnancy and opt for parenting or adoption. 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 people who already have children, organising childcare can be a considerable roadblock to accessing services and managing recovery–and in situations where a woman must travel internationally, this barrier can be prohibitive.

Financial considerations can likewise prevent people from accessing care either in Ireland or abroad. Not everyone has access to abortion services in their county of residence. The costs associated with even local travel, taking time off work and potentially having to pay for childcare or overnight accommodation can add up and create undue financial strain and anxiety.

In cases where people are denied access to safe and legal abortion, they can be pushed deeper into financial hardship: this is especially true for those already living in poverty or facing systemic inequality. In this way, access to abortion can play an instrumental role in breaking cycles of poverty, giving people more control over their lives and future opportunities.

For clients facing exceptionally difficult circumstances, we provide additional specialist supports. This can include multiple sessions of trauma-informed therapy and the use of translation services when necessary to ensure that clients can engage fully with counselling.

From coordinating with international clinics to facilitating travel arrangements, we assist clients with the frequently complex logistical difficulties of accessing abortion care in another state. And, when appropriate, we signpost to financial assistance to ensure, as best we can, that legal or other barriers to abortion don't stop people from accessing the care they need. However, no one should have to navigate these obstacles.

Further to this, we urge policymakers to implement the necessary reforms to remove all barriers to abortion care and ensure timely, affordable and local access to services for everyone who needs them, without undue burden or delay.

Advocacy

For the IFPA, the standard to which we hold the state is the progressive realisation of the right to the highest attainable standard of accessible, affordable, acceptable and quality sexual and reproductive healthcare and the fulfilment of all sexual and reproductive rights. This derives from international human rights law and is the basis for our advocacy. This mandate requires the IFPA to engage in advocacy and hold the state to account for the fulfilment of these rights, in both domestic and international policies. As a member of the International Planned Parenthood Federation (IPPF) and collaborating partner of UNFPA, the UN's agency for sexual and reproductive health agency, the IFPA takes our national and international advocacy equally seriously.

National Advocacy

Reform of Ireland's flawed abortion and contraception laws and policies were the major domestic policy themes in 2025. In 2026, we continued to highlight the impacts of the restrictions in the 2018 abortion law and the exclusion of some people who need abortion from access to care. A core concern is the impact of the physical, financial and psychological burdens and travel barriers associated with seeking abortion services abroad. Denial of care is experienced disproportionately by those living in exceptionally difficult circumstances, e.g. minors, people in the international protection system and others who need visas and financial support to be able to access services in other states, or people with disabilities.

A key advocacy ask in 2025 was for the extension of the free contraception scheme–both to older age-groups and to under 17ss. Funding from the Community Foundation of Ireland in 2025 allowed us to implement a year-long project to deepen our analysis and strengthen our engagement with policymakers and civil society. The project, Accelerating action on reproductive health and rights: making the case for removing legal barriers to access to contraception for young people involved research with health/social care workers involved in adolescent sexual and reproducitve health, and young people (SpunOut). The findings are presented on page 18.

Insights from the research were shared at a consultation with civil society on the National Strategy for Women and Girls hosted by the Department of Children, Equality, Disability, Integration & Youth. The strategy, published in November 2025, commits the Government to eradicate discrimination and promote women's full participation in society. It includes a commitment to advance the provision of sexual and reproductive healthcare.

All Party Oireachtas Interest Group on SRHR

Raising parliamentary awareness of sexual and reproductive health and rights in Ireland and globally is a core aspect of the IFPA's advocacy. As such, our role as the secretariat of the All Party Oireachtas Interest Group (APG) on SRHR is a priority.

Six meetings of the APG were held in 2025 and included briefings on the need for Ireland to maintain its support for the mandates of UN Women and UNFPA and ensure that the UN80 process of reform of the UN strengthens, rather than undermines women's human rights and gender equality. Members were also briefed on the dismantling of USAID by the Trump administration and its catastrophic impacts on health and wellbeing of people in the world's poorest countries,

as well as the need for predictable multi-annual funding for UNFPA Supplies. APG members raised these issues as well as domestic policy concerns in parliamentary questions (PQs) and Seanad debates.

The IFPA briefed and prepared APG members for attendance at key international events including the G20 Parliamentary Conference on Women's Health in South Africa and the IPU Assembly in Uzbekistan.

International advocacy

The IFPA is a member of Countdown 2030 Europe (C2030E), an expert consortium of 15 leading European non-governmental organisations coordinated by IPPF European Network, which seeks to increase European SRHR funding in international cooperation and strengthen political support for sexual and reproductive freedom worldwide.

2025 was a busy year. The IFPA participated in events ranging from a meeting hosted by our Countdown partner in the UK, Plan International and the UK foreign office for government officials and civil society organisations to the annual International Dialogue held in Berlin in October, as well as online seminars and workshops organised by our organisations such as the European Parliamentary Forum on SRHR and the Centre for Reproductive Rights. We joined the IPPF for a meeting with Irish Aid and held briefings for representatives of UNFPA and the Gates Foundation in relation to their engagements with the Irish government. The IFPA provided a briefing for Irish Aid gender equality focal points in September. Throughout the year, we issued alerts and analyses to officials in relation to intergovernmental policy forums, including the UN Commissions on Population and Development and on the Status of Women.

We welcomed Ireland's consistently strong support and increasingly strong voice on SRHR, as evidenced in its funding, policy positions, public statements, including in response to parliamentary questions.

Public opinion

In September 2025, the IFPA commissioned a Red C online poll to gauge the level of public support for Ireland's global role with respect to gender equality and sexual and reproductive health and rights. A Red C omnibus online poll was conducted with 1003 adults between 4th and 10th September 2025. Participants were invited to select how strongly they agreed or disagreed with six individual statements relating gender equality and sexual and reproductive health and rights. The poll found strong support for Ireland's role as a champion of these issues.

- 70% of respondents agree that Ireland has a responsibility to support the rights of women and girls globally, including their right to make decisions about their own bodies and health.
- 60% of respondents agree that Ireland should prioritise funding for global development programmes that support the rights and empowerment of women and girls in other countries.

- 67% of respondents agree that gender equality should remain a core part of Ireland's foreign policy.
- 66% of respondents agree that Ireland should use its influence in international organisations like the United Nations (UN) to promote gender equality worldwide.
- 70% of respondents agree that Ireland has a responsibility to support the rights of women and girls globally, including their right to make decisions about their own bodies and health.
- 57% of respondents agree that Ireland should continue to fund programmes around the world that support reproductive rights.
- 63% of respondents agree that Ireland should advocate at the United Nations (UN) for access to sexual and reproductive health services, including safe abortion, as a human right.

Overall, women showed the strongest support for SRHR in ODA, with significantly greater support for reproductive health and autonomy. Support was highest among women aged 55 and over.

UNFPA State of World Population (SWOP) report

The APG and IFPA co-hosted the Irish launch of the 2025 UNFPA State of World Population (SWOP) report, The Real Fertility Crisis: The pursuit of reproductive agency in a changing world. The event brought together politicians, civil servants, healthcare experts and civil society to discuss reproductive agency and the imperative to ensure that all people, wherever they live, can both decide freely whether, on when and how many children they want to have and access quality healthcare services.

Chairing the proceedings, Senator Lorraine Clifford-Lee, Co-Chair of the All-Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights (SRHR), welcomed Minister of State for International Development and Diaspora, Mr Neale Richmond TD, who formally launched the report. A detailed presentation of the key findings by Ms Monica Ferro, Director of the UNFPA London Representation Office followed. Ms Ferro was joined by Senator Alice-Mary Higgins, Ms Karol Balfe, CEO of Action Aid and Irish Aid director general, Mr Michael Gaffey for a panel discussion.

In her final public role before she moved on from the IFPA at the end of December, the IFPA's research and policy coordinator, Alison Spillane, reminded parliamentarians of their responsibility to champion the sexual and reproductive rights of women and girls worldwide.



Formal Irish launch of the 2025 UNFPA SWOP report. From L to R: Senator Lorraine Clifford-Lee, Neale Richmond TD and Ms Mónica Ferro.
Credit: Barry Cronin

Civil society engagement

For the January visit to Dublin of Dr Álvaro Bermejo, then director general of the IPPF, we convened a civil society event to discuss the new Trump administration's plans for overseas development assistance and multilateralism. Representatives of Plan International Ireland, Community Foundation Ireland, Beyond Stigma, ActionAid, Immigrant Council of Ireland, Irish Global Health Network (IGHN), Comhlámh, the Irish Gender Based Violence Consortium and the Trinity College Dublin Reproductive Justice Society joined us to reflect on what was just the beginning of a year of catastrophic attacks on essential funding for healthcare in the world's poorest countries.



Dr Álvaro Bermejo, former Director General of IPPF, with IFPA board members and staff at a civil society event in January 2025. From L to R: Caitlin Faye Maniti, Erin Murphy, Molly O'Meara, Shannon Glaspy, Niall Behan, Dymphna Kenny and Dr Bermejo

Over the year, we engaged with these and other global-focused organisations, as well as domestic NGOs, including the National Women's Council's abortion working group and AkiDwA. IFPA advocacy and counselling leads held regular meetings with UK abortion provider Bpas and the Abortion Support Network (ASN), as well as the Immigrant Council of Ireland to coordinate and share information on the increasingly fraught journey to care of women and girls who were ineligible for abortion in Ireland.

In November, to coincide with the launch of the State of World Population report, we co-hosted a gathering of leading healthcare providers and civil society at the National Maternity Hospital. Discussions focused on the topic of the report and on wider issues relating to law and policy on abortion and contraception in Ireland.

We connected with Somali Community Mobilisers, Ifrah Foundation, AkiDwA and other stakeholders who engage with people who have been subjected to FGM. With the National Steering Committee on FGM, we met CUAN, the national agency on domestic and gender-based violence. In October, IFPA hosted the Latvian SRHR organisation Papardes Zieds at a capacity building workshop on delivering CSE to young people and professionals working with people with intellectual disabilities. A return visit takes place in 2026.

Communications

By securing high-level media coverage and maintaining an active presence on social media, we increased visibility of our specialist services and amplified our advocacy for sexual and reproductive health and rights.

IFPA experts in the media

Throughout 2025, IFPA spokespersons were quoted in national media highlighting challenges facing sexual and reproductive healthcare, providing expert insights and making the case for rights-based and person-centred policies and quality services nationwide.

In April, IFPA Counselling Director Clare O'Brien spoke to The Journal Investigates about ongoing barriers to abortion care, which continue to force some people to travel abroad for services. Highlighting the undue burden created by restrictive legal barriers and bureaucratic hurdles, particularly for those who require visas to travel, Ms O'Brien said: "Everything can come crashing down, leaving a pregnant woman who desperately needs time-sensitive healthcare to start over again. This compounds the impact on the psychological well-being of a person who is already in an immensely stressful situation."

After social media posts announcing the launch of the IFPA's new counselling services caught the attention of the Irish Examiner, Ms O'Brien was contacted to shared more about the new supports available to people who have experienced recurrent pregnancy loss.



There was nothing integrated alongside medical care, up until now. Women who have experienced recurrent miscarriage, and their partners, will now be referred to our specialist counselling services by their local maternity hospital.

IFPA Counselling Director, Clare O'Brien

As the organisation that provides Ireland's only primary care treatment service for FGM, the IFPA is frequently contacted for comment based on our firsthand knowledge. IFPA leadership CEO Niall Behan and medical director Dr Caitríona Henchion were quoted in The Journal Investigates in November in relation to the growing demand for treatment, highlighting the urgent need for a network of nationwide services to meet the need and calling for a national strategy to support women and girls who have been subjected to FGM.



It is clear that a single service is no longer sufficient to meet the needs of the population of FGM survivors in Ireland

IFPA Medical Director, Dr Caitríona Henchion



It is not appropriate that women have to travel from all parts of the country to access specialist care with the IFPA service in Dublin

IFPA Chief Executive, Niall Behan

In the context of growing concern at the misinformation promoted by social media influencers, Dr Henchion also provided advice on the limitations of period-tracking apps in a piece for HealthNews.ie and shared myth-busting insights on the safety and efficacy of hormonal contraception with The Journal:



Hormonal contraception does not suit everyone. However, the majority, who are likely to have little or no adverse effects, are being frightened off even trying it," Dr Henchion warned. "Many fears are based on totally false claims made, usually on social media.

IFPA Medical Director, Dr Caitríona Henchion

Other media highlights included Women in Medicine in Ireland Network's publication of a profile of Dr Henchion in its Sunday series, which highlights contributions of women in medicine. The findings from the IFPA ongoing data analysis of the mandatory waiting period for abortion access was covered across multiple outlets.

IFPA on social media

In 2025, we strengthened the reach and impact of our messaging by keeping the conversation going on social media. Audience research helped to identify priority platforms and inform our engagement strategy, while new post templates refreshed the organisation's visual identity across Instagram and Facebook. Consistently, our top performing posts were about new services and schemes which launched in 2025. A series of posts announcing the IFPA's new HSE-funded counselling services received 26,565 combined views and 318 engagements. Posts about the roll out of the free HRT scheme, the seven-year anniversary of repeal the 8th and the need to remove the mandatory waiting period also received high engagement and were widely shared by our network. We collaborated on posts with Countdown2030, the International Planned Parenthood Federation (IPPF), UNFPA and the Trinity College Dublin Reproductive Justice Society. We also used our platforms to mark international awareness days, including the International Day of Zero Tolerance for FGM, Abortion Provider Appreciation Day, Global Day to Destigmatise Abortion, International Day of Action for Women's Health and the International Day for the Elimination of Violence Against Women.

Our metrics

114 original and collaborative posts across Instagram, Facebook and LinkedIn

76,641 views on original feed posts across all active platforms

1,673 post engagements



Education and training

Speakeasy Plus

Comprehensive sexuality education equips people with the knowledge, skills and values to protect their health and wellbeing, build safe and respectful relationships and understand and exercise their rights while respecting the rights of others. People of all ages need access to evidence-based, age-appropriate resources that support their autonomy and empower them to become informed adults.

The IFPA's Speakeasy programme is designed to support those who have the responsibility to ensure this need is met–parents, guardians and carers–by building their knowledge and confidence to have open, positive conversations about relationships, sexuality and sexual health.

Created for parents and carers of children and adults with physical or intellectual disabilities or additional support needs, our Speakeasy Plus course offers practical guidance on supporting people to maintain healthy boundaries and make safe, informed choices. Our educators provide an overview of sex and disability and explore key topics such as body awareness, the rules of public and private and of different types of touch. Participants are encouraged to adapt what they learn to the individual needs of the people they support. Funded by the HSE, Speakeasy Plus is delivered at no cost to participants. It usually consists of four half-day sessions; however, the course can be modified to suit diverse needs e.g. by delivering the content over shorter or longer sessions.

In 2025, Speakeasy Plus reached 155 parents and professionals across 10 organisations nationwide, all championing the rights of adults and young people living with disabilities: Ability West Galway, Children's Disability Network Team (CDNT) Athlone, CDNT Carlow, Delta Centre Carlow, CDNT Clare, CDNT Waterford, HSE RHA Dublin and South-East, HSE RHA South-West and the National Learning Network.

> "By sharing knowledge and promoting best practice, the IFPA works to support the development of the next generation of sexual and reproductive healthcare experts."
>
> Lorna Breen, Education and Training Coordinator

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 2025, IFPA medical director Dr Caitríona Henchion and senior doctor Shauna Fagan participated in the Cervical Check Sample Takers Advisory Group and provided training for pharmaceutical company Consilient Health during its introduction of a new IUCD, Yanae, in Ireland. Dr Henchion also contributed to the National Termination of Pregnancy Service Improvement Group and Termination of Pregnancy Data Governance Group.

Dr Fagan took up membership on the Menopause Society of Ireland Education Subcommittee in September arranged a menopause education webinar series for GPs. She also gave a talk on contraception and sexual health updates to student health nurses at TUD and delivered presentations at an ICGP early medical abortion workshop and a Bayer long-acting reversible contraception provider workshop.

FGM awareness training

As Ireland's only specialist primary care service for women affected by FGM, the IFPA is committed to strengthening awareness and understanding among medical professionals and frontline service providers. Facilitated by Dr Henchion and FGM counsellor Áine Ward, our workshops provide a comprehensive overview of FGM, covering its origins and context, global prevalence, health consequences and clinical presentations.

In 2025, we strengthened education and capacity in FGM care through training initiatives across multiple settings. Our team delivered workshops to several organisations providing care and residential support to unaccompanied minors, including separated children seeking international protection: Orchard Residential Care, Peter McVerry Trust, Rowan Child & Parent Services and Tusla.

Dr Henchion led a presentation on FGM for students on the ICGP Community Gynaecology Course and facilitated a dedicated webinar-based study day on FGM for students at Cork University Maternity Hospital. An in-person workshop was delivered to the Trinity College Dublin Reproductive Justice Society, a group of cross-specialty medical students interested in sexual and reproductive healthcare and equity. We also facilitated clinical placements, enabling healthcare providers to gain experience in the diagnosis and management of FGM. Outreach activities were held in collaboration with AkiDwA, the Ifrah Foundation, the Irish Somali Integration Forum and Somali Community Mobilisers.

Contraception Foundation Course

In 2025, we were proud to launch our revitalised Contraception Foundation Course. Accredited by the Nursing and Midwifery Board of Ireland (NMBI), this e-learning course is designed to build confidence of nurses and midwives in contraception care. It covers essential theory on all contraceptive methods, including long-acting contraception procedures; the tools required; and how to manage issues, such as vasovagal episodes. It also provides an overview of menopause and abortion care, common gynaecological presentations in primary care, child protection in sexual and reproductive healthcare and the role of counselling in this setting.

The course provides essential theory for nurses and midwives who wish to provide contraception and sexual healthcare services and progress to training in long-acting reversible contraception procedures. All of our nurse-midwives have completed the course as part of their training to provide a wider range of contraceptive care. See page 8 for more information on the central role of our midwifery team in delivering our contraception service.

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 revised and ratified in 2024.

IFPA board of directors in 2025

- Áine Travers
- Aisling Maloney (resigned July 2025)
- Alannah Wrynn (elected June 2025)
- Caitlin Faye Maniti (resigned July 2025)
- Dymphna Kenny
- Ella Joyce (elected June 2025)
- James McGrath (elected June 2025)
- Kevin Lynch (elected June 2025)
- Mary Short (resigned September 2025)
- Megan Giblin
- Sarah Manning (resigned December 2025)
- Shannon Glaspy (Chair)

The board met five times in 2025 (February, May, June and October). Chief executive officer Niall Behan attended all meetings.

Codes of practice

As a member of Dóchas, the Irish association for non-governmental development organisations, our Board is guided by the association's Code of Corporate Governance, Guidelines for Annual Reports and Financial Statements, Code of Conduct on Images and Messages, and Statement of Guiding Principles for Fundraising. As an accredited member association of the International Planned Parenthood Federation (IPPF), the IFPA also adheres to the IPPF Code of Good Governance.

Funding

The IFPA is funded by the Health Services Executive (HSE) to provide services to clients eligible for a medical card (GMS) and for the free contraception scheme clients. The HSE also funds our specialist sexual and reproductive health counselling (HSE Sexual Health Programme), early medical abortion care (HSE National Office) and treatment service for those who have been subjected to FGM (HSE social inclusion office). Our cervical screening service is funded by Cervical Check, Ireland's national screening programme. The organisation also generates income from fee-paying clients.

We are grateful to the following for funding our research, advocacy and communications work in 2025: UNFPA, the United Nations sexual and reproductive health agency; the International Planned Parenthood Federation (European Network); and Community Foundation Ireland.

IFPA management team

- Niall Behan, Chief Executive Officer
- Dr Caitríona 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

Personnel changes

In 2025, the IFPA welcomed new team members across the organisation and bade farewell to several valued colleagues.

Dr Aoife Doran, Dr Javaria Imam, Dr Laura Cooke and Dr Sinead Keohane joined our medical team. Oluwajomiloju Ambode joined the reception team at our Tallaght clinic.

Dawn Brown, Fiona Giltinan, Laura McCaffery, Sandra McAdam, Stephanie Ruschin-Burke and Tara Prunty joined our counselling service, assuming roles across our nationwide network of nine centres.

We also welcomed Aoife Quigley (sexual health educator), Michelle Heavin (executive assistant), Nora Furlong (finance officer) and Erin Murphy (communications officer), and said goodbye to Adam Smith (administrative assistant), Dr Lisa Freyne and Margret Lenihan (counsellor).

Alison Spillane, Research and Policy Coordinator with the advocacy team, concluded her tenure with the organisation in December 2025 after ten years during which she made a significant and lasting contribution to sexual and reproductive health and rights in Ireland.

Financial Statements

Statement of Financial Activities (incorporating income and expenditure account) for the year ended 31 December 2025

	Restricted funds 2025 €	Unrestricted funds 2025 €	Total funds 2025 €	Total funds 2024 €
Income from:				
Charitable activities	**1,699,517**	**850,590**	**2,550,107**	2,569,620
Total income	**1,699,517**	**850,590**	**2,550,107**	2,569,620
Expenditure on:				
Charitable activities	**1,706,281**	**861,024**	**2,567,305**	2,445,652
Total expenditure	**1,706,281**	**861,024**	**2,567,305**	2,445,652
Net (expenditure)/income	**(6,764)**	**(10,434)**	**(17,198)**	123,968
Transfers between funds	**6,764**	**6,764**	**-**	-
Net movement in funds	**-**	**(17,198)**	**(17,198)**	123,968
Reconciliation of funds:				
Total funds brought forward	**-**	**327,797**	**327,797**	203,829
Net movement in funds (see above)	**-**	**(17,198)**	**(17,198)**	123,968
Total funds carried forward	**-**	**310,599**	**310,599**	237,797

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

Balance sheet as at 31 December 2025

		2025 €		2024 €
Fixed assets				
Tangible assets		**42,963**		34,714
		42,963		34,714
Current assets				
Stocks	**17,347**		17,245	
Debtors	**123,303**		109,606	
Cash at bank and in hand	**397,741**		364,186	
	538,291		491,037	
Creditors: amounts falling due within one year	**(270,655)**		(197,954)	
Net current assets		**267,636**		293,083
Total net assets		**310,599**		327,797
Charity funds				
Restricted funds		**-**		-
Unrestricted funds		**310,599**		327,797
Total funds		**310,599**		327,797

The financial statements were approved and authorised for issue by the board on June 24th, 2026

Notes

Notes



We strive to use gender-neutral language and 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 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. When we use a term to refer to specific categories of people, it is not intended to exclude others.



ifpa

SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

IFPA Dublin City Centre Clinic
5/7 Cathal Brugha Street, Dublin 1
Tel: 01-872 7088
Email: reception@ifpa.ie

IFPA Head Office
South Point – Iconic Offices
Herbert House, Harmony Row,
Dublin 2 D02H270
Email: 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

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.