

Strategy 2028



SUMMARY REPORT: IPPF DELIVERY CONTRIBUTIONS 2016-2020

by

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Introduction

In April 2021, the Committee for Strategy, Investment and Policy (C-SIP), a standing committee of the IPPF Board, commissioned research to inform the Strategy 2028 design process.

With the objective to understand the current IPPF service delivery capability, the C-SIP requested a report that looked at the IPPF member share of delivery at the national level. The indicators used to ascertain the contributions were: 1. Abortion services, 2. Contraception and CYP, 3. STI and HIV treatments, and 4. Comprehensive Sexual Education. The study also considered humanitarian and crisis contexts.

The original research was conducted by ARQAAM, an international consulting group, whose report was supported by an interactive map. Xavier Gonzalez-Alonso, a sector data specialist, provided further input and recommendations.

This summary report was produced by Mahua Sen and Paulin Tra, who form part of the Strategy Research Team at the IPPF Secretariat.

DATA SOURCES AND METHODOLOGY

The ARQAAM research team developed a hybrid methodology to present comparable figures from different datasets. In addition to the indicators shared by IPPF, the research team used external data composed of demographic information disaggregated by year, gender, and age groups. This data was used to estimate actual numbers from data sources only providing percentages, as well as estimate or model the number of people served by IPPF.

Different data sources were used to extract the estimated needs and induced services in each country and each year for the different IPPF indicators. Lastly, mathematical models were used to predict the missing values from the external country data without trying to predict IPPF data.

The methodology faced critical limitations in terms of gathering truly comparable data as well as understanding the complexity of the data sets – both internal and external. However, the comparison was essential to calculate the share of IPPF MAs' service delivery compared to the total national services delivered, the estimated needs per SRH category, and the services delivered by Civil Society Organizations (CSO).

While that was done using conversions as required (e.g., from 'service numbers' to 'clients' totals', or 'items distributed to clinics' to 'items provided to clients' etc.) it was difficult to reflect on the comprehensiveness of IPPF services and the right-to-choose philosophy in the analyses of specific data sets. In making the data sets comparable, only the lowest common

denominators could be used. The data presented does not, therefore, do full justice to IPPF's service delivery practices around quality framework and continuity of care.

REPORT FINDINGS

In addition to the report findings, summarized here, ARQAAM produced an interactive Microsoft Power BI map. For security purposes, the map is not publicly available. An abridged map containing only the contraception data can be accessed [through this link](#). Please note that number may not fully correspond to what is cited in this summary, as some countries with sensitive contexts have been removed from the map.

SAFE ABORTION SERVICES

During 2016-2020, IPPF provided 6.1 million safe abortion services globally. In absolute figures, IPPF provided most safe abortion services in the Americas and Caribbean region. Two countries provided almost all safe abortion services in the region, the United States and Cuba.

When looking at the percentages of safe abortion services provided by IPPF relative to total services, the African region scores the highest. This is partly due to the outlier of Sao Tome and Principe, where IPPF provided a lot of services to a relatively small population.¹

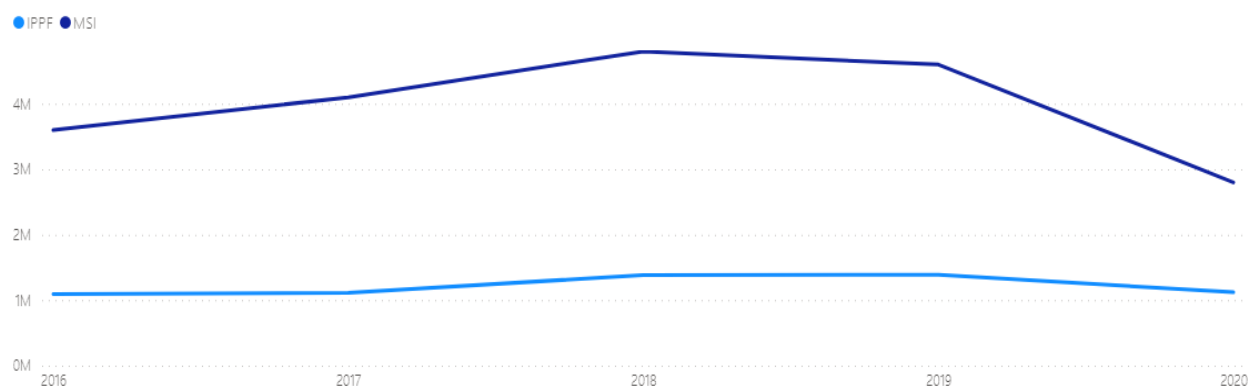
The ARQAAM data shows that IPPF, on average, provides 6,9 percent of all safe abortion procedures done by civil society worldwide.

Total worldwide services (2016-2020) (m)	374.9
Total worldwide by CSOs (2016-2020) (m)	88.4
Total worldwide by IPPF MAs (2016-2020) (m)	6.1
IPPF MAs' share (2016-2020)	6.9%
Estimated unmet need in IPPF MA countries (2023-2028)	749.4m

¹ Africa: 40.79% (1,274,945), Americas and Caribbean 27.93% (3,214,677), East and Southeast Asia and Oceania 17.9% (709,612), European Network 7.68% (44,004), South Asia 4.68% (687,470), Arab World 1.02% (75,567)

Global Comparison

Safe abortion services provided



When compared to other international providers, MSI provided significantly more safe abortion services between 2016 and 2020. However, MSI also had a much higher drop in service provision between 2019 (over 4 million services provided) and 2020, less than 3 million services provided. IPPF only had a drop of approx. 250,000 services between 2019 and 2020.

It should be noted that the comparison includes induced medical and surgical abortions only. Data pertaining to other related IPPF services has not been included, e.g. safe abortion consultations, pre- and post-abortion counselling and treatment of incomplete abortion.

CONTRACEPTION AND CYP

CYP is a standardised metric to measure and compare the provision of contraceptive items such as condoms, the pill, an IUD, or a vasectomy to each other. The total figures and percentage of services provided by IPPF is likely overstated. In total the researchers found that:

- 117 million CYP were provided by IPPF
- 1 billion were provided worldwide (only considering Africa and Asia)
- 10.6% of CYP were provided by IPPF

The study found that the average share of IPPF contraception services in total national delivery is around 11%.

The CYP metric is not widely used, and it was therefore difficult to find comparative data. Instead, the research teams worked according to country-based predictions modelled on data from Africa and Asia. While this may have led to some over-estimation of delivery share, additional factors counteract this:

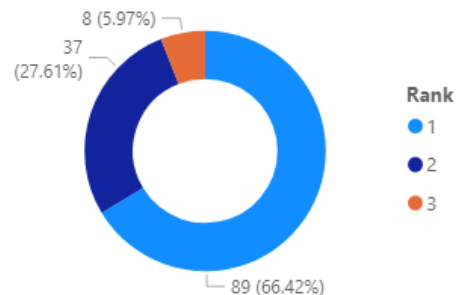
- IPPF provides a wide variety of contraceptive services in addition to method distribution and surgical interventions, including counselling, consultation, and advocacy efforts.
- The IPPF approach to contraception is firmly based on the philosophy of respecting the client's right to choose and providing the broadest possible method mix along with thorough counselling and medical consultations.
- This approach is not the one of other CSOs, as some apply the policy of orienting the use of 'more efficient methods' like LARCs over SARCs to produce better indicators (DALYS or CYPs) and donor funding.
- Besides, IPPF has a longstanding commitment to using barrier methods for double protection, safe sex, and prevention of mother-to-child transmission of STI/HIV.

Global Comparison

Three major actors (DKT, MSI, PSI) had data on CYP and 'unwanted pregnancies averted'. Two of those (DKT and MSI) provided country-breakdowns.

While IPPF often provides less CYP (as well as 'unwanted pregnancies averted') than the other organisations, it provides services in significantly more countries worldwide. IPPF provided CYP services, and thus averted unwanted pregnancies in 122 countries, DKT in 54 countries, and MSI in 34 countries.

Out of those 122 countries, IPPF was ranked first (meaning was the largest provider of those reviewed in absolute terms of 'unwanted pregnancies averted') in 89 of them.

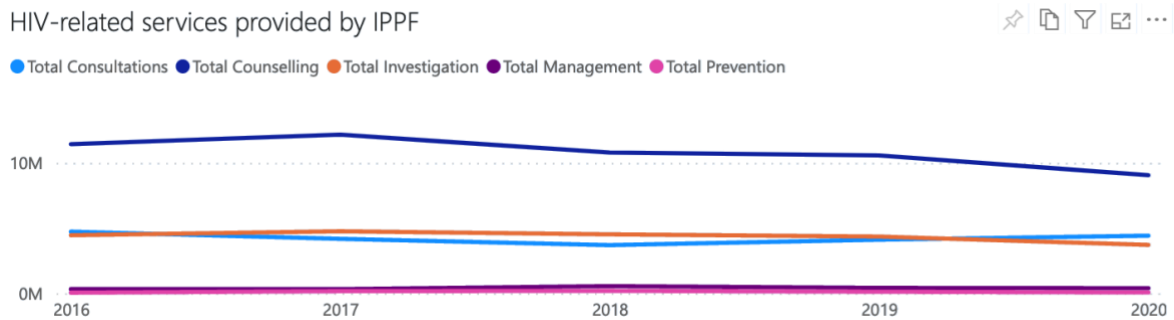


Out of those 89 countries, where IPPF was first, in 64 they were the only of the three providers providing any services in country.

The top 10 countries where IPPF provides the majority of services and averted the most of unwanted pregnancy, are not served by the other two organisations, e.g. Sudan, The United States, Burundi, or Honduras.

HIV AND STI RELATED SERVICES

IPPF Member Associations provide a host of HIV and STI-related services, include Prevention Counselling, Specialised Consultations, Testing services, Management/Prophylaxis, and HPV vaccination. The study shows nearly 100 million HIV-related services in the strategic period. More than 60 % of all services were provided in Africa. The highest number of services related to HIV testing and counselling, while least attention was paid to HIV prevention.



Worryingly, the study revealed an overall drop of ARV treatment to one-third of the unmet need in 2020. This is likely due to the pandemic effects on the global supply chains.

Concerning the IPPF share of STI services in total national service provision, in estimated need and humanitarian settings, the study reports that IPPF provided a tiny portion of the HPV and Hepatitis B vaccines worldwide and around 8.5% of the STI support services.

Global Comparison

External data was not available with adequate disaggregation to offer a meaningful comparison.

COMPREHENSIVE SEXUALITY EDUCATION

ARQAAM was not able to do conduct any data analysis, as the available data was insufficient and not comparable.

CONCLUSION

The ARQAAM report shows that IPPF member associations are significant actors, with a large contribution to national SRHR service delivery. Close to 7% of all CSO provided induced safe abortions, and more than 10% of all CYP are significant global contributions that point to the extensive impact of the Federation.

More importantly, the leading role of the Federation as the largest international CSO provider in 89 countries, of which it is the sole provider in 64 countries, illustrates the value of the model and its global market share. While other international providers reach higher numbers, they do not reach as far as the Federation.

In the coming strategic period, IPPF should build on this footprint, delivery capabilities and market share to maximise its potential for the benefit of its clients.

FOR MORE INFORMATION:

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