

Witness Statement from Alvaro Bermejo, IPPF Director General
Sexual and Reproductive Health and Rights of Women Globally
to the Standing Committee on Foreign Affairs and International Development (FAAE).
7 March 2023

Thank you, Mr. Chairperson.

Building on a proud history of 70 years of achievement, **the International Planned Parenthood Federation (IPPF)** is a global service provider and leading advocate of SRHR for all – especially women, girls and adolescents in all their diversities, with priority to vulnerable and marginalized groups, including those living in humanitarian and fragile contexts.

Today, IPPF is a worldwide federation of 119 member associations and 29 collaborative partners working with and for communities and individuals **in 149 countries**. These local partners are nationally owned and governed CSOs, and leading SRH service providers in their respective countries. This gives IPPF a global presence, unparalleled among other SRHR CSOs.

IPPF contributes to the SRHR of all people by increasing service delivery access and choice, contributing to strengthening health systems and advocating changes to policies and laws to improve SRHR.

We defend the right of all young people to enjoy their sexual lives free from ill health, unintended pregnancy, violence, and discrimination. In 2021, we achieved 121 advocacy wins to support or defend SRHR and gender equality.

We deliver Comprehensive Sexuality Education (CSE) to young people, in and out of school, to help them understand and claim their sexual rights. In 2021, we provided 34.8 million young people with quality-assured CSE and trained over 100,000 educators to provide CSE.

And we support a woman's right to terminate her pregnancy, legally and safely. IPPF works to ensure that every woman and girl has the human right to choose to be pregnant or not and we will continue to supply and support safe and legal abortion services and care. We are committed to reducing the number of deaths of women and girls who are forced to turn to unsafe abortion methods.

Our Member Associations operate within the legal framework of their respective national contexts and provide abortion care to the full extent of the law of the country in which they operate. IPPF Member Associations provide comprehensive abortion care including providing person-centred, non-directive counselling to support the pregnant person to make an informed choice about their pregnancy.

We trust women and believes that the right to decide the outcome of a pregnancy should rest with the pregnant woman, because they are best placed to understand their circumstances and needs. We condemn all forms of coercion including forced motherhood and forced abortions. IPPF works to support, empower and enable women to make reproductive health decisions that are right for them, and we tackle the root causes of gender-based discrimination by implementing rights-based programmes that promotes gender equality, and empower women and girls.

As a technical expert, IPPF strengthens national health systems, working alongside the government providing technical assistance and training, supporting commodity security, providing guidance in the development of policy and curricula, and ensuring quality assurance and integrated SRH services in private and public health facilities.

As an international movement, IPPF provides a platform for stakeholder groups from around the world to come together. Our global presence makes IPPF a powerful **advocate for SRHR at all levels**. Our programmes and services give us the evidence base and credibility to press governments to commit resources and revise policy.

IPPF believes that comprehensive access to SRHR (as outlined by the Guttmacher-Lancet definition) are foundational to what has long been considered a key pillar of recognizing and achieving gender equality more broadly.

Investing in, and empowering women, adolescents and girls to make informed decisions about their bodies leads to more equal and just societies where women, girls, men and boys can live free from violence and vulnerability.

Globally, around 257 million women who want to avoid pregnancy are not using safe, modern contraception, and nearly half of all pregnancies are unintended. Young, poor women are particularly vulnerable to unsafe abortion, which is a leading – but preventable – cause of maternal mortality and morbidity. Failure to uphold human rights in law, policy and practice reinforces the barriers marginalized people, including LGBTQ+ communities, face in accessing healthcare.

In 2021, IPPF delivered a total of 231.4 million services globally. We provided a range of quality contraception to clients which resulted in 29 million couple years of protection (CYP), avoiding 12.5 million unintended pregnancies and averting 3.8 million unsafe abortions, saving lives and enabling individuals to realize their reproductive rights. And we delivered 4.5 million abortion-related services including 583,000 clinical abortion services relating directly to abortion procedures.

Around the world, attempts to roll back hard-won reproductive rights and gender equality are gathering pace. The current climate – characterized by a bold, organized opposition – is extremely challenging. This, combined with political polarization and the rise of extremism in many countries, threatens sexual and reproductive justice, human rights and gender equality.

It is against this backdrop, that I would like to share some recommendations with the committee. These are informed by our global presence, supported by our programs and services which give us the evidence base and credibility, and recent research we commissioned to inform our new Strategic Framework (2023-2028).

It is essential to continue emphasizing **Leaving No One Behind** which not only entails reaching the poorest of the poor but requires combating discrimination and inequalities and their root causes. It is important to emphasize inclusivity and proactively seek to ensure equitable access to SRH services for the most vulnerable who are left behind by government and private service providers.

Family planning and contraception. Recognising the right to health, women and girls must have access to a comprehensive package of SRHR services and care. Investments in a continuum of care on reproductive, maternal and newborn health presents gains that address substantial health burdens in low- and middle-income countries.

Emphasis should be given to interventions proven to improve access for under-served groups – including mobile outreach, postpartum family planning, integration with HIV, prevention of gender-based violence and with a focus on adolescent and youth-friendly programmes.

Access to safe abortion services and post-abortion care is required to prevent further sexual and reproductive challenges to guarantee women's right to abortion care and to prevent mortality and morbidity due to unsafe abortion.

We need interventions at all levels and the engagement of a wide range of stakeholders including advocacy with policy makers for legislative and policy reform to support women's agency and bodily autonomy, the creation of movements of abortion champions for the provision of accurate and accessible information, and the expansion of access to a full spectrum of services from facilitated self-care to telehealth and client-centred in-clinic care.

Canada, as a progressive voice on this topic, must continue to be outspoken on the need to prioritise access to safe abortion as a critical component of healthcare, especially, as this is an area often overlooked or underplayed in other donor SRHR, gender and health strategies.

The provision of **quality comprehensive sexuality education** is a critical enabler for young people to realise and claim their rights, and to challenge harmful norms, for girls and women, and for boys and men. Without CSE, young women and girls can experience severe forms of inequalities – including sexual violence, child, early and forced marriage, female genital mutilation, and other harmful practices.