

# IMAP Statement

## on sexual and reproductive health services in humanitarian settings

“A humanitarian setting is one in which an event or series of events has resulted in a critical threat to the health, safety, security, or well-being of a community or other large group of people.”

**Inter-agency Field Manual 2018**

### Introduction

This statement was prepared by the International Medical Advisory Panel (IMAP) and was approved in May 2018.

Today, unprecedented numbers of people are living in a state of crisis or emergency. In 2018, it is estimated that 135.7 million people are in need of humanitarian assistance, with conflict and natural disasters predicted to be the biggest drivers.<sup>1</sup> Of those in need, approximately one-quarter is estimated to be women and girls of reproductive age (aged 15–49) and approximately 5 million will be pregnant.<sup>2</sup> Globally, 60% of preventable maternal deaths take place in settings of conflict, fragility, displacement and natural disasters.

Women and girls are at an increased risk of sexually transmitted infections (STIs) including HIV, unintended pregnancy, maternal death and illness, and sexual and gender-based violence. Of all women or girls who are pregnant, at least 15% will likely experience pregnancy-related complications. If the unmet need for family planning were met, this would reduce maternal deaths by 29%.<sup>3</sup> The sexual and reproductive health needs in humanitarian settings are therefore irrefutable.

Whether a humanitarian crisis or emergency is caused by conflict, political unrest, natural disaster or outbreak of disease, the needs of the affected population can be great, diverse and long lasting. These include the need for sexual and reproductive health (SRH) services in any humanitarian response, with consideration for the specific needs of marginalised groups and adolescents. Adolescent pregnancy (age 10–19 years) is associated with higher risk of adverse pregnancy complications compared to women aged 20–24 years of age and 90% of births to adolescents aged 15–19 years of age occur in low- and middle-income countries.<sup>4</sup> In recognition of this, International Planned Parenthood Federation (IPPF) scaled up the delivery of SRH services provided to people in humanitarian crises from 1.3 million in 2013 to 3.2 million in 2016. IPPF has also made a commitment to Family Planning 2020 (FP2020) to reach 30 million more women with contraception (a significant contribution to the global gap of 120 million). It recognizes that many of these women and girls live in crises and fragile states and in order to meet their needs it is necessary to increase reach in those contexts.

It is imperative that the appropriate and timely SRH services are prioritised and made available in the immediate humanitarian response, such as the Minimum Initial Service Package (MISP) for reproductive health in emergencies and transition to comprehensive, as the situation allows.

All people, including those living in humanitarian settings, have the right to sexual and reproductive health. To exercise this right, affected populations must have an enabling environment and access to comprehensive SRH information and services so they can make free and informed choices.

## The purpose of this statement

This statement is intended to support and guide IPPF Member Associations and other organizations that are operating in a humanitarian setting, including those providing information and services and partnering with government and key stakeholders. It complements the commitment detailed in the IPPF *Strategic Framework 2016–2022* and the IPPF *Humanitarian Strategy 2018–2022*. This statement reflects existing experience and models and current international recommendations.

## Intended audience

The statement is aimed at IPPF Member Associations, Secretariat, SRH and humanitarian organizations and the broader development community. It serves as a brief position paper as well as a reference document for those involved in the humanitarian and reproductive health sectors, or both.

## Sexual and reproductive health in humanitarian settings

All people, including those living in humanitarian settings, have the right to sexual and reproductive health. To exercise this right, affected populations must have an enabling environment and access to comprehensive SRH information and services so they can make free and informed choices.<sup>5</sup> This includes the right to access safe, quality, affordable services that are appropriate and acceptable to a population, a human right that continues in a state of crisis or instability.

In a humanitarian crisis, the needs of the population and the severity of those needs increase and the availability of health services and skilled providers drastically diminish, resulting in dramatic rises in mortality and morbidity. As a result, health conditions that would be non-life-threatening in a stable setting give rise to increased mortality and morbidity rates. It is important to note that humanitarian crises often occur in countries with high levels of poverty and already weakened health systems before the crisis or disaster strikes.

Every day, over 500 women and girls living in emergency settings lose their lives from preventable causes related to reproductive health.<sup>6</sup> Poverty, geography and gender inequality ensure that when a crisis strikes, women and girls are disproportionately disadvantaged and less able to cope and respond to the threats and risks that they face.<sup>7</sup> Often, access to life-saving services is compromised or denied.

In humanitarian settings, with increased maternal death, unintended pregnancy, transmission of STIs including HIV, unsafe abortion, and sexual and gender-based violence, provision of quality sexual and reproductive health services, including the MISP, is not just critical but life-saving.

The timely provision of SRH services including the MISP can prevent death, disease, and disability related to unintended pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection, and a range of reproductive disorders.<sup>8</sup>

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## History and response

SRH as a priority in humanitarian response has been recognised since the mid-1990s, when following the International Conference on Population in Development in 1994 (Cairo) a group of UN agencies and non-governmental organizations made commitments to strengthen SRH response. They subsequently formed the Inter-Agency Working Group on Reproductive Health in Crises (IAWG). One of the first objectives of this group was to develop bespoke guidelines, the product of which was the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (IAFM) which is grounded in evidence-based policies and practices regarding the delivery of standardised, quality SRH services.

Used by numerous humanitarian responders, teams and organizations since the first edition in 1999, the revised IAFM (3rd Edition 2018) now has additional and updated chapters, including guidance on logistics and preventing death from unintended pregnancy. Despite this increased focus, inclusion of SRH services and support in an emergency response has historically been considered both “too difficult” and not an immediate priority. Many organizations are still yet to include SRH services in their response, or to standardise their SRH priorities at the onset of a crisis. Supportive guidance and tools such as the MISP and the IAFM (see page 4 and in Further reading) have been developed to assist organizations who are new to delivering SRH services or new to operating in humanitarian settings. The MISP enables such organizations to include SRH as an immediate priority to integrate the provision of SRH services and commodities into their humanitarian response.

It is not just the humanitarian response that needs strengthening and supporting, but also the level of preparedness in relation to SRH service delivery, especially in countries that are deemed ‘crisis prone’ – countries with political instability or in an area prone to natural disasters. Ensuring resilience of SRH services should be part of routine country office humanitarian preparedness and health systems strengthening work.

The IAWG has produced a tool for the assessment of country readiness to provide the MISP for SRH during a humanitarian crisis (available at [www.iawg.net](http://www.iawg.net)) that can help assess and improve preparedness. The tool is designed to be used by the main partners involved in SRH in country in order to: assess readiness, using a set questionnaire; prioritise actions arising from this assessment; and monitor and evaluate progress against these actions.

In the context of complex emergencies and natural disasters, women, children and young people are at heightened risk of experiencing sexual and gender-based violence. Due to breakdown of social and protection networks, communities are disrupted and support mechanisms are challenged. Acts of sexual violence can also be used systematically as a weapon of war. Evidence points to an even higher prevalence of intimate partner violence. Although gender-based violence (GBV) is often under-reported, various forms of GBV have been documented during humanitarian crises and it should be assumed that GBV is occurring from the start of crisis, regardless of whether or not reliable prevalence data is available.<sup>9</sup>

The IAFM describes how the SRH response requires cross-sectoral collaboration and coordination, allowing all sectors (including shelter, protection, health, nutrition and education as well as water, sanitation and hygiene (WASH)) to play a vital role in planning and delivering SRH services. The IAFM is further referenced on the next page.

IPPF is an organisation with global SRH capacity. It has expanded its reach and impact in humanitarian settings by developing a Humanitarian Programme with a dedicated team of skilled experts. This allows IPPF not only to deliver an effective SRH response to crises, but to engage in preparedness activities at local and regional levels.

Ensuring resilience of SRH services should be part of routine country office humanitarian preparedness and health systems strengthening work – especially in countries that are deemed ‘crisis prone’.

Whether a humanitarian crisis or emergency is caused by conflict, political unrest, natural disaster or outbreak of disease, the needs of the affected population can be great, diverse and long lasting.

## Models and guidance for service provision

### SENDAI FRAMEWORK

The Sendai Framework for Disaster Risk Reduction 2015–2030 is a United Nations instrument. It states that investing in disaster risk reduction for resilience should be a national priority. It advises that strengthening policies and social safety net mechanisms as part of preparedness promotes resilience and recovery and minimizes loss of life, particularly in the post-crisis phase.

This is applied in the framework to health, with sexual and reproductive health explicitly mentioned in article 30(j).<sup>10</sup> Further, it recommends that gender, age, disability and cultural perspectives should be incorporated into all policies and practices related to disaster risk reduction and preparedness.

### SPHERE HANDBOOK

The Sphere Handbook ([www.sphereproject.org](http://www.sphereproject.org)) is a set of principles and universal minimum standards that are common to humanitarian assistance and that assure quality and accountability. It is evidence based, developed through a consultative process across the humanitarian sector, and focuses on four key life-saving areas in sexual and reproductive health under the subsection of Essential Health Services. These four areas are (i) implementation of the Minimum Initial Services Package (MISP), (ii) reproductive health supply kits, (iii) specific focus on sexual violence and (iv) emergency obstetric and neonatal care.

### INTER-AGENCY FIELD MANUAL ON REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS (IAFM)

The IAFM is a comprehensive guiding toolkit, aimed mainly at SRH coordinators and health programme managers working within national health clusters. A product of the IAWG, it is grounded in human rights principles and evidence-based policies and practices. It promotes the advancement of sexual and reproductive health and rights of women and girls in crisis-affected settings and describes the fundamental principles and practical application of those principles for organizations to implement. It covers the immediate onset of a crisis and the provision of comprehensive services as soon as possible thereafter. The 2018 version of the IAFM includes the revised MISP with a new stand-alone objective to prevent unintended pregnancies. This focuses on provision of contraception options, including information and counselling, and also includes specific mention of safe abortion care.

The principles of the IAFM:

1. Work in respectful partnership
2. Advance human rights and reproductive rights through SRH programming
3. Ensure technical soundness, human rights, and financial accountability
4. Share information and results

The IAFM provides guidance on these principles and contains detailed content on the MISP of SRH services that should be delivered at the immediate onset. It also gives recommendations for logistics, response monitoring and evaluation, as well as technical guidance on specific issues such as the SRH needs of adolescents, comprehensive abortion care (including post-abortion care) and responding to gender-based violence. To assist in designing and implementing programming, it also includes checklists and treatment protocols endorsed by the World Health Organization (WHO) and further documentation resources. There is a detailed chapter on supplies and the reproductive health kits (RH kits), including how to forecast for and order them.

The RH kits have been designed to align specifically with the MISP for use at the immediate onset of a humanitarian crisis and are procured from UNFPA. The kits are based on a three-month calculation for a predetermined population size, depending on the health facility level the kit is designed for. This facilitates calculation of supplies needed. During this initial three-month period, an alternative sustainable supply chain should be established to replace the RH kits thereafter.

### Essential Health Services Minimum Standards Sphere Handbook, Section 2.3 Sexual and Reproductive Health

“People have access to the priority reproductive health services of the Minimum Initial Service Package (MISP) at the onset of an emergency and comprehensive reproductive health as the situation stabilises.”

In the context of complex emergencies and natural disasters, women, children and young people are at heightened risk of experiencing sexual and gender-based violence. Due to breakdown of social and protection networks, communities are disrupted and support mechanisms are challenged.

#### MINIMUM INITIAL SERVICES PACKAGE (MISP)

A significant chapter of the IAFM is dedicated to the MISP. The MISP is a set of six objectives and priority activities that focuses on SRH in the immediate onset of a crisis (first 48 hours whenever possible) and preparation for implementing comprehensive SRH services thereafter. It employs a rights-based approach to its guidance, while focusing on activities that are of greatest 'life-saving benefit'. The MISP is evidence based and therefore an in-depth health needs assessment at the onset of a humanitarian crisis is not necessary.

The MISP is a health standard within the Sphere Minimum Standards in Humanitarian Response and a Central Emergency Response Fund (CERF) minimum life-saving criterion eligible for CERF funding.

The content of the MISP guides those planning interventions through the six objectives of the package, how to implement each of them, additional SRH priorities (including abortion), necessary supplies needed, human rights and legal matters, and monitoring and evaluation.

The six objectives of the MISP:

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP
2. Prevent sexual violence and respond to the needs of survivors
3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs
4. Prevent excess maternal and newborn morbidity and mortality
5. Prevent unintended pregnancies
6. Plan to integrate comprehensive SRH services into primary health care

Each objective of the MISP has accompanying detailed guidance on specific activities, background information and case studies.

#### THE CORE HUMANITARIAN STANDARD

The Core Humanitarian Standard (CHS) is a set of nine commitments for organizations to improve their effectiveness in humanitarian settings. It places people and their communities at the centre of a humanitarian response design and implementation. The commitments include: responses should be effective, appropriate and relevant; avoidance of negative effect or impact of a response; a fair and equitable treatment of staff and use of resources; and a commitment to continual learning and improvement by humanitarian organizations.

IPPF's humanitarian programme emphasises inclusion and recognizes that the needs and capacities of people of all ages, in all their diversity, are different and distinct. Humanitarian responses should cater for marginalised groups and centre affected communities in shaping programmes and responses.

## IPPF and humanitarian settings

In 2018 IPPF launched its *Humanitarian Strategy 2018–2022* to “improve access to life-saving sexual and reproductive health services and rights (SRHR) for crisis-affected people in all their diversity.” As a locally owned, globally connected civil society movement, IPPF is uniquely positioned to bridge gaps between resilience building, humanitarian action, post-emergency recovery and development. With their local knowledge, technical expertise and reputation and presence in over 170 countries, IPPF Member Associations are in a strong position to strengthen preparedness, assessment and response for SRH in emergencies.

IPPF has responded to the needs of those living in humanitarian settings since 2007, engaging in extensive interventions in Africa, Asia and the Middle East. Building on this decade of experience, the Federation’s focus and commitment has increased in recent years, with an organizational humanitarian capacity review (2014), divisional leadership commitment (2016), inclusion of humanitarian considerations in IPPF’s *Gender Equality Framework* (2017), inclusion of humanitarian response chapter in the *IPPF Strategic Framework* (2016), establishment of a dedicated humanitarian team and operational hubs (2017) and the *IPPF Humanitarian Strategy* (2018).

The *Humanitarian Strategy* calls for a culture shift within IPPF, strengthening the Federation’s agility to quickly respond with quality, appropriate services, making adequate investments in systems such as security and building partnerships with UNFPA, the IAWG, Interagency Standing Committee (IASC) and others.

The *Humanitarian Strategy*’s five guiding principles are:

1. Accountability
2. Promotion of an enabling environment
3. Leaving no one behind
4. Provision of life-saving SRH services
5. Commitment to partnerships

The *Humanitarian Strategy* has eight strategic priorities and key actions and milestones to guide implementation and measure success. It is written in alignment with the *IPPF Strategic Framework* and the *IPPF Secretariat Implementation Plan*, to integrate delivery with IPPF’s global priorities and ensure consistency across different regions of the Federation. The humanitarian programme emphasises inclusion and recognizes that the needs and capacities of people of all ages, in all their diversity – including people with disabilities; people with diverse sexual orientations, gender identities and expression, and sex characteristics; and people living with HIV – are different and distinct. Humanitarian responses should cater for marginalised groups and centre affected communities in shaping programmes and responses. Tailored guidance on support and training is available from the IPPF Humanitarian Team.

All Member Associations of IPPF are advised to undergo risk analysis and preparedness activities. In doing so, teams can consider types of crises or emergency that could occur in that country or region, the likelihood of occurrence and the potential consequences or impact.

## Recommendations for Member Associations

As a humanitarian crisis could happen anywhere, all Member Associations of IPPF are advised to undergo risk analysis and preparedness activities. In doing so, teams can consider types of crises or emergency that could occur in that country or region, the likelihood of occurrence and the potential consequences or impact. Preparedness is about being ready to respond for the anticipated event (e.g. seasonal threats such as cyclones) and lessening the impact of the unexpected (e.g. earthquake, outbreak of disease). The sections below have been split into guidance for all Member Associations and additional guidance for those in countries or regions that are more prone to humanitarian emergencies.

### ALL MEMBER ASSOCIATIONS

All Member Associations should:

- Familiarise themselves with the models of service provision, toolkits and guidance described in this IMAP statement.
- Take the MISP e-learning module ([www.iawg.net](http://www.iawg.net))
- Take the e-learning module on adolescent sexual and reproductive health in humanitarian settings ([www.iawg.net](http://www.iawg.net))
- Analyse the risk of crisis or emergency nationally and regionally and carry out scenario planning to prepare for impact on services and resources.
- Be aware of risk level for different types of crises nationally and regionally and keep abreast of any changes to that risk level.
- Engage with national-level technical working groups and with national disaster preparedness mechanisms and organizations.
- Advocate for a reproductive health working group within the UN Health Cluster system.
- Keep up to date with global developments with SRH in humanitarian settings, internally through the Federation or externally through engagement with the humanitarian sector globally.
- Sign up to the IAWG listserv (<http://iawg.net/about-us/online-members/>) to keep up to date on current work in sexual and reproductive health in humanitarian settings.

### MEMBER ASSOCIATIONS IN COUNTRIES OR REGIONS AT RISK OF A HUMANITARIAN CRISIS

IPPF Member Associations in these countries or regions should:

- Work in collaboration with the IPPF Humanitarian team and Hubs in Bangkok and Fiji in addition to regional humanitarian focal points for preparedness activities including training and remote or in-person surge support.
- Familiarise themselves with the models of service provision, toolkits and guidance described in this IMAP statement.
- Disseminate information, toolkits and guidance to relevant team members, identifying focal points where applicable.
- Advocate at regional and national levels for MISP preparedness and implementation.
- Develop capacity statements for use in proposals for emergency funding.
- Prepare disaster risk reduction and disaster response plans for each of the possible types of anticipated emergencies and undergo consultations with stakeholders to gauge local resources, assets and potential needs.
- Develop a memorandum of understanding (MoU) with UNFPA at national level for access to RH kits in emergency responses.
- Build staff capacity through training on MISP (including e-learning module), adolescent SRH in humanitarian settings e-learning, IAWG clinical refresher modules and GBV training modules.
- Build partnerships with national, regional and global coordination mechanisms, technical working groups and humanitarian organizations to engage in national preparedness and response activities.
- Build partnerships with organizations that represent people with disabilities, marginalised groups, adolescents and people with diverse sexual orientations, gender identities and expression, and sex characteristics, including people who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI).
- Build partnership with GBV response mechanisms to establish a survivor and rights-based referral mechanism and service delivery. Services should be delivered in a safe, confidential, dignified and non-discriminatory manner that considers the survivor's gender, age and any specific needs
- Strengthen systems such as human resources (HR), logistics and supply chain, data collection, finance and security to be 'crisis-proof' to withstand the shock of a humanitarian crisis, and further specific policies to be activated at the onset of a crisis.

- Follow IAFM and MISP guidance in the event of a crisis and participate in the collaborative process of determining how to respond.
- Use the IPPF MSDG to guide transition from IPES to MISP at the onset of a crisis and back again once the crisis resolves.
- Follow the Core Humanitarian Standard on Quality and Accountability (CHS).
- Aim to provide comprehensive, quality SRH services as soon as possible after the implementation of MISP, including specific services for adolescents, SGBV survivors and marginalised groups (see Further reading).

#### FURTHER READING

- The Core Humanitarian Standard: [www.corehumanitarianstandard.org/the-standard](http://www.corehumanitarianstandard.org/the-standard)
- The Sendai Framework: [www.unisdr.org/files/43291\\_sendaiframeworkfordrren.pdf](http://www.unisdr.org/files/43291_sendaiframeworkfordrren.pdf)
- The Inter-agency Working Group on Reproductive Health in Crises: [www.iawg.net](http://www.iawg.net)
- The Inter-agency Field Manual – available at: [www.ippf.org/resource/medical-and-service-delivery-guidelines](http://www.ippf.org/resource/medical-and-service-delivery-guidelines)
- MISP e-learning module – available at: [www.iawg.net](http://www.iawg.net)
- IPPF Medical and Service Delivery Guidelines – available at: [www.ippf.org/resource/medical-and-service-delivery-guidelines](http://www.ippf.org/resource/medical-and-service-delivery-guidelines)
- UNFPA Emergencies resources: [www.unfpa.org/emergencies](http://www.unfpa.org/emergencies)
- IPPF humanitarian webpages and case studies: [www.ippf.org/our-results/humanitarian](http://www.ippf.org/our-results/humanitarian)
- SPRINT webpages: [www.ippf.org/our-approach/programmes/sprint-sexual-and-reproductive-health-crisis-and-post-crisis-situations](http://www.ippf.org/our-approach/programmes/sprint-sexual-and-reproductive-health-crisis-and-post-crisis-situations)
- IASC Guidelines for Integrating GBV in Humanitarian Action: [www.gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://www.gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)
- SPHERE Handbook: [www.sphereproject.org/handbook/](http://www.sphereproject.org/handbook/)
- Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings: [www.unfpa.org/sites/default/files/resource-pdf/AAASRH\\_good\\_practice\\_documentation\\_English\\_FINAL.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/AAASRH_good_practice_documentation_English_FINAL.pdf)

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## Acknowledgements

We would like to express our appreciation for the work of Emma Simpson who wrote this statement and to Janet Meyers, Ian Askew and Aditi Ghosh who were lead reviewers and provided technical input at its conception. We are grateful to several IPPF colleagues who reviewed the document: Elias Girma, Heidi Quinn, Katherine Roberts, Pio Ivan Gomez, colleagues from the IPPF Humanitarian and Technical Teams and to Dr Sarah Onyango for coordinating the process. Finally, we gratefully acknowledge the support from IPPF's International Medical Advisory Panel (IMAP): Dr Ian Askew, Dr France Anne Donnay, Professor Kristina Gemzell Danielsson, Dr Raffaella Schiavon Ermani, Professor Oladapo Alabi Ladipo, Professor Michael Mbizvo and Professor Hextan Yuen Sheung Ngan for their valuable and timely guidance and reviews offered during the development process.

## WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.



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UK Registered Charity No. 229476

Published September 2018