IPPF’s vision is that all people are free to make choices about their sexuality and well-being, in a world free from discrimination. We are a locally owned, globally connected civil society movement that provides and enables services, and champions sexual and reproductive health and rights for all, especially the marginalized. One of our main priorities is to ensure universal access to effective modern contraception and its informed use.

The burden of unintended pregnancy in the region

Unintended pregnancy and abortion are experiences shared by women and girls around the world regardless of country income level or legal status of abortion. Unintended pregnancy is highest (93) among low-income countries with 40 percent ending in abortion. From 2015-2019, there are approximately 35 million unintended pregnancies in East and Southeast Asia and 65% to 75% of these unintended pregnancies ended in abortion.

In the same period, the abortion rate for women (15-49) in most parts of Oceania (excluding Australia and New Zealand) is 34 per 1000 women.

IPPF ESEAOR PERFORMANCE

IPPF’s vision

6 out of 10 of our clients were from poor and vulnerable communities.

5.2 million people were reached with more than 15.7 million services.

8 out of 10 of our clients are women.

38% of sexual and reproductive health services were accessed by young people.

Our work has averted 272,686 unintended pregnancies and 39,508 unsafe abortions.

ESEAOR Result in 2021

163,748 first-time users of modern contraception reached

35,076,826 contraceptive items distributed to clients

490,435 abortion-related consultations with clients
Change Drivers

To address unintended pregnancy in the region, we are guided by a conceptual framework within which the most important drivers of change interact with one another.

1. **ENGAGE** communities to nurture a supportive environment free from stigma and discrimination.

2. **SHAPE** an enabling environment for universal access to contraception and abortion care.

3. **PROVIDE** the full spectrum of quality, people-centred sexual and reproductive health care.

4. **BUILD** evidence and systematic learning to improve contraception and abortion access and care.

### ER 8 - Number of Couple Years of Protection, ESEAOR

<table>
<thead>
<tr>
<th>Data / Period</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
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<tbody>
<tr>
<td>CYP Condoms</td>
<td>331,440</td>
<td>311,158</td>
<td>279,049</td>
<td>281,750</td>
<td>274,150</td>
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<tr>
<td>CYP Diaphragms/ Caps</td>
<td>127</td>
<td>62</td>
<td>836</td>
<td>929</td>
<td>877</td>
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<tr>
<td>CYP Emergency Contraception</td>
<td>1,417</td>
<td>1,256</td>
<td>996</td>
<td>1,045</td>
<td>912</td>
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<tr>
<td>CYP IUD</td>
<td>286,714</td>
<td>333,882</td>
<td>226,015</td>
<td>240,573</td>
<td>279,730</td>
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<tr>
<td>CYP Implant</td>
<td>122,257</td>
<td>97,952</td>
<td>70,259</td>
<td>88,059</td>
<td>116,403</td>
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<td>CYP Injectable</td>
<td>52,057</td>
<td>49,283</td>
<td>36,255</td>
<td>32,739</td>
<td>39,522</td>
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<tr>
<td>CYP Oral Contraceptives</td>
<td>64,440</td>
<td>57,455</td>
<td>59,969</td>
<td>66,081</td>
<td>68,105</td>
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<tr>
<td>CYP Patch/Ring</td>
<td>99.8</td>
<td>146.5</td>
<td>346.5</td>
<td>357.3</td>
<td>322.3</td>
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<tr>
<td>CYP Spermicide</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>CYP VSC (Global)</td>
<td>38,490</td>
<td>10,980</td>
<td>9,140</td>
<td>7,740</td>
<td>17,850</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>897,044.8</strong></td>
<td><strong>862,177.5</strong></td>
<td><strong>682,868.5</strong></td>
<td><strong>719,277.3</strong></td>
<td><strong>797,875.3</strong></td>
</tr>
</tbody>
</table>

### ESEAOR Delivers

Understanding the multiple and intersecting forms of discrimination and vulnerability, we provided comprehensive SRHR services to poor and vulnerable communities. The COVID-19 pandemic brought significant challenges in service provision but has also pushed us to build resilience. In 2020, there were 5.2 million people reached with more than 15.7 million services. **8 out of 10** of our clients are **women and girls** with 38 percent of services provided to **young people**. In 2021, continued service delivery using alternative methods particularly telehealth averted 272,686 unintended pregnancies and 39,508 unsafe abortions.

In the first six months of 2018 alone, across the eight Pacific MAs (excluding Papua New Guinea), over 46,900 client-friendly SRH services were provided to some of the region’s most vulnerable people. This included 60% new users of contraception, which is a significant step towards meeting a real unmet need in the region.
Between 2000 to 2020 there are over 3.7 million births to adolescent girls 15 to 19 in Asia and the Pacific. Adolescent fertility rates are now highest in the Pacific (51 births per 1,000 girls) and Southeast Asia (49 births per 1,000 girls) compared to East Asia (7 births per 1,000 girls). Almost half of all adolescent pregnancies (43%) are unintended with an estimated 3.6 million unsafe abortions each year where in highly restrictive abortion policies can lead to negative health outcomes. Almost 1 in 3 (31%) of young women aged 15-24 years old have an unmet need for modern contraception.4

Women and girls face greater vulnerability when they experience multiple and intersecting forms of discrimination, such as on account of their gender, education, ethnicity, disability or migrant status, or any other status. There are several drivers for unintended pregnancy particularly in adolescents. Lack of access to modern contraception is a key factor driving women to unsafe abortions.

Among that has changed little and not widely addressed are the negative attitudes about girls’ autonomy and sexuality. The conversation needs to be reframed to prioritise bodily autonomy as many unintended pregnancies occur because a woman or a girl has lost, or never had, autonomy over her own body. IPPF is committed to ensuring that women and girls are free to make decisions to prevent unintended pregnancies. A human rights approach is central to strengthening health, education, social protection and financial systems to support women’s and girls’ decisions on bodily autonomy.

The impact of COVID is evident across all measures of our service delivery across the region. For example, for young people (under 25 years old), the number of long-acting reversible contraception (LARC) provided went from 62,081 in 2019 to 52,761 in 2020, which is unsurprising. In 2021, however, we provided 69,504 LARC which exceeds the pre-pandemic figure.

The use of digital technology played an important factor in reaching out and providing services during COVID times. In South East Asia, for instance, online client registration and consultation became the “norm” across the Cambodia, Indonesia, Philippines, and Thailand. Tele-counselling self-care was promoted and online orders of contraceptives delivered using e-hailing services such as Grab.
What is IPPF?
The International Planned Parenthood Federation is a locally-led, globally connected civil society movement, delivering sexual and reproductive healthcare and fighting for sexual and reproductive rights.

IPPF ESEAOR is based in Kuala Lumpur, Malaysia and is one of IPPF’s six (6) regional offices, with a sub-regional office in Suva, Fiji.

References